Team-based Outreach to Improve Colorectal Cancer Screening Rates in an Urban Family Medicine Practice

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Problem Definition

- Colorectal cancer is the #2 cancer-related cause of death in the U.S., and screening (CRCS) that leads to early treatment is vital
- Our clinic's goal: >74% of adults age 50-74 up-to-date on CRCS
- At project start, 56.4% of eligible resident patients (*n*=440) were up-to-date on CRCS

Aim For Improvement

- Aim to increase CRCS rates for our resident team patients by 5% by May, 2021
- Target Population (*n*=99): Age 50-74, due for CRCS, office visit within last 2 years, team resident listed as PCP, active on MyChart, and speak English

Interventions

Intervention #1

- **Chart review** for prior CRCS
- **Patient portal message** to educate, invite to schedule visit or select CRCS method, or remind to complete ordered test

Intervention #2

- **Follow-up phone call** from medical assistant (MA) or resident with similar messaging

Measurements | Results

- CRCS rates increased among resident panel patients from 56.4% to 58.6% (+2.2%) over ~3-month period during and following interventions
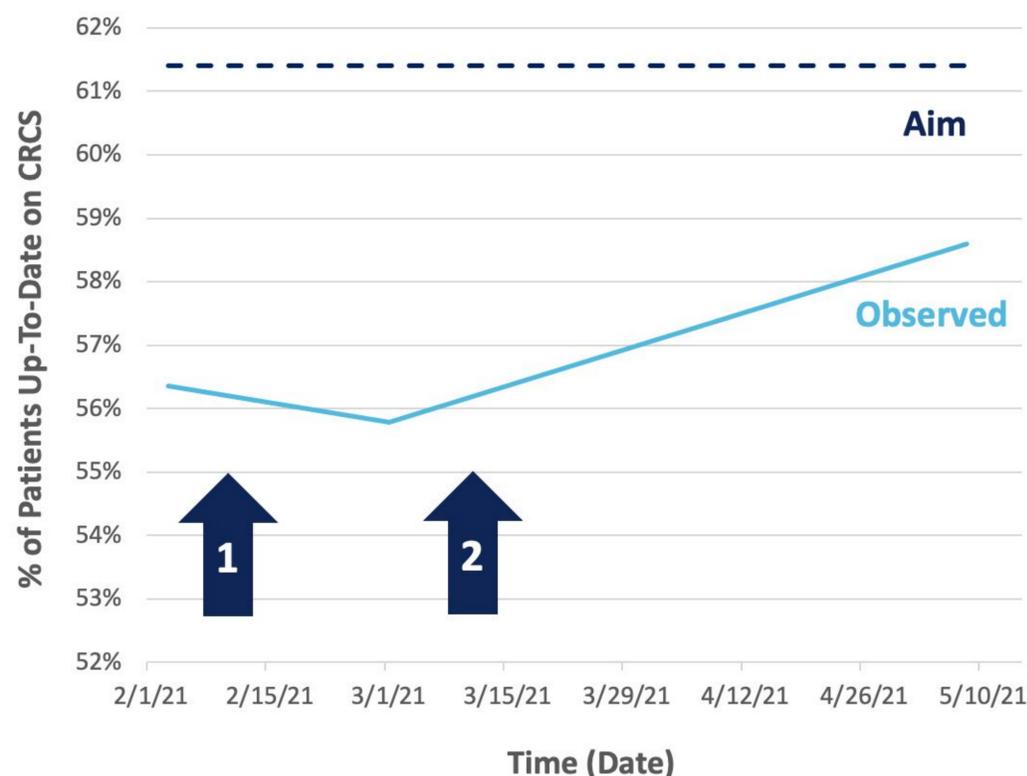

Figure 1. Run chart of CRCS rates among eligible resident patients (arrows: approx. intervention dates). *Eligible panel size varied, from n=440 at baseline to n=454 at end*.

Outcome	Number of patients, *n*
CRCS identified by chart review	6
New CRCS completed	6
Screening discontinued	1
Total CRCS updated	**13**

Table 1. CRCS outcomes for target population (*n*=99). *All new CRCS completed after intervention #2*

Discussion

- CRCS rates increased overall, but we did not achieve our aim
- Team-based approach improved screening efforts
- Phone call more effective than portal message in facilitating CRCS
- Many barriers to CRCS (hesitancy, COVID-19 pandemic, transportation, colonoscopy preparation, FIT processing errors, social support)
- For future, consider: involving team (MAs, nurses, registration) in CRCS efforts earlier; CRCS patient education handouts during visits