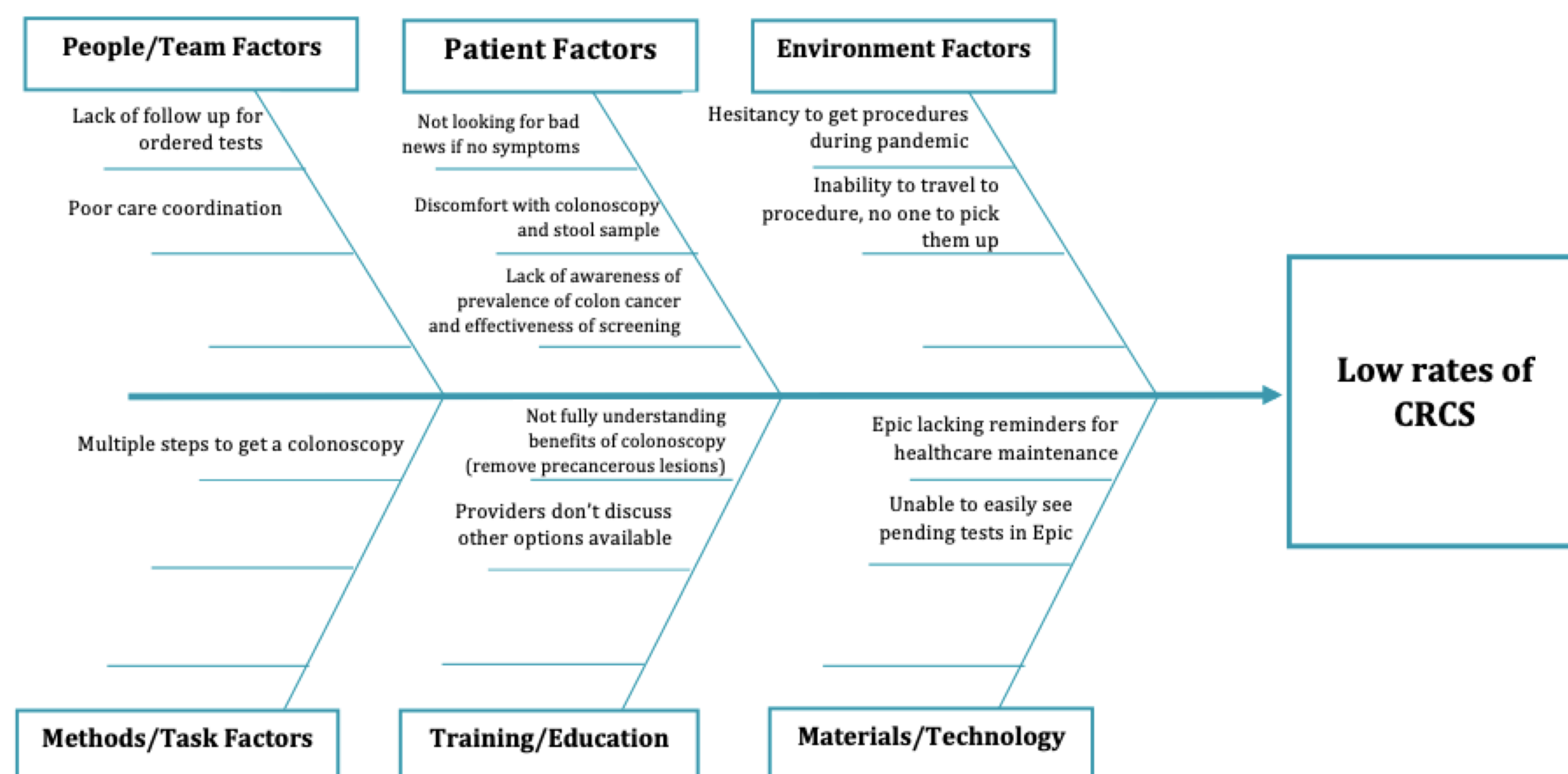


## Problem Definition

In the US, colorectal cancer (CRC) is the third leading cause of cancer-related deaths. According to the 2018 CDC Behavioral Risk Factor Surveillance System survey, 68.8% of US adults between 50 and 75 were up to date on colorectal screening (CRCS) across all screening modalities. In light of the COVID-19 pandemic, screening has dropped even further and is still 50% below pre-pandemic levels. At Jefferson, our CRCS rate is below the national average at 55.4%. Given the importance of regular screening for CRC prevention, this is clearly inadequate. There are several barriers to completing an invasive screening modality like a colonoscopy, but FIT testing may be a more feasible option.



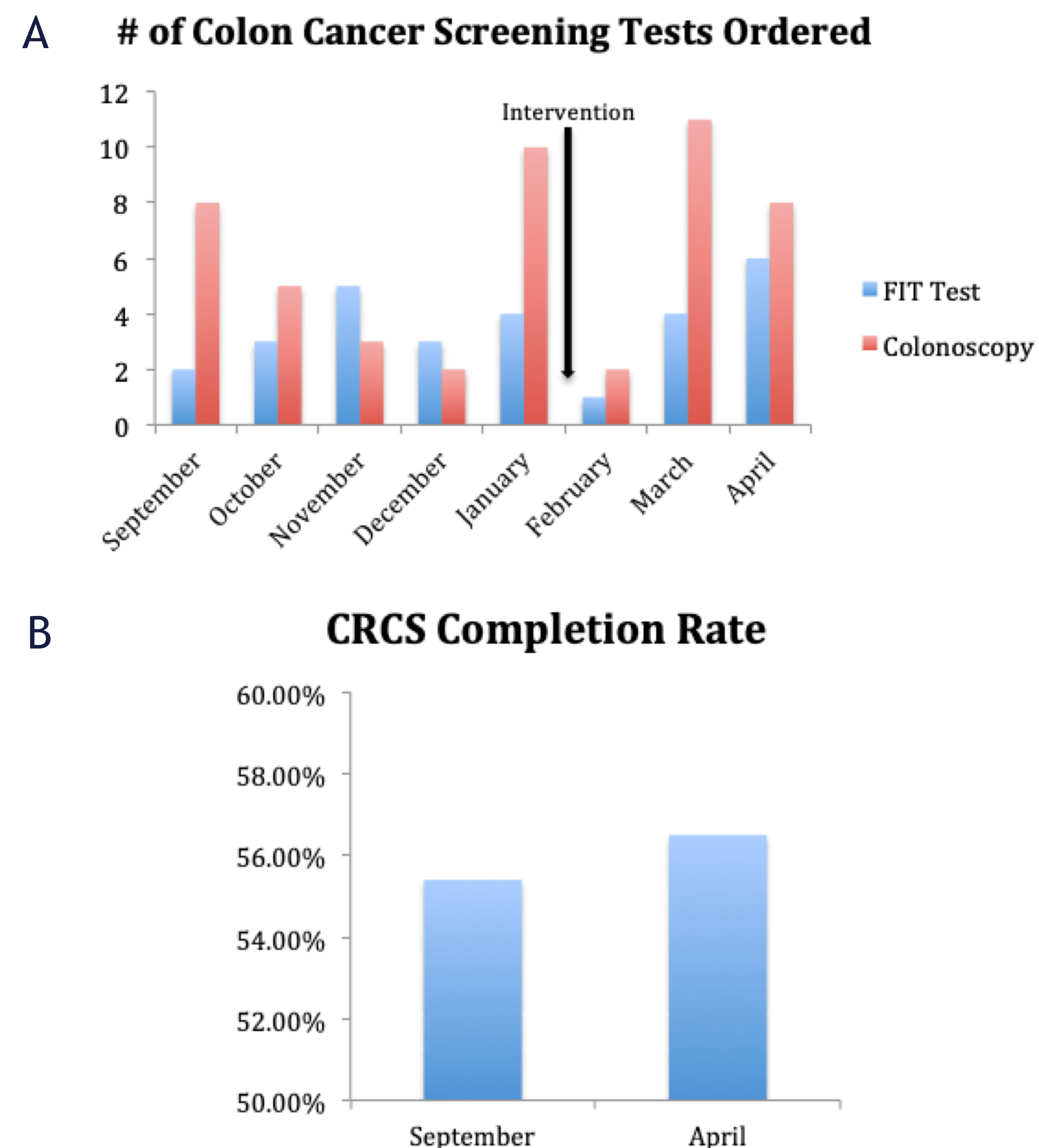
## Aims For Improvement

Our aim was to increase the colonoscopy screening rate at JHAP by 15% over a period of eight months (September-April).

## Intervention

In order to increase colon cancer screening within our cohort, we provided clinicians at our practice with a step-by-step guide of how to order a FIT test. Instructions for patients were included using a dot phrase that could be included in patients' after visit summaries.

## Results



- A. The number of CRCS tests (FIT and colonoscopy) ordered by month at JHAP  
B. The CRCS completion rate at JHAP

## Lessons Learned

The primary objective of increasing colon cancer screening within our patient cohort was achieved. After implementing the intervention, the number of FIT tests ordered had increased substantially in the following months. Patients were also more likely to complete screening.

Our results indicate that educating clinicians about ordering FIT tests may improve screening outcomes. This shows that some of the major barriers in reaching screening goals were 1) failing to discuss alternative forms of screening with patients, 2) not being familiar with ordering FIT tests, and 3) not effectively discussing the steps involved in completing a FIT test with patients. Although screening rates were low overall, likely from fewer number of colonoscopies performed during COVID-19, our findings suggest that the FIT test was able to offset the reduction in screening. The implications of our findings are consistent with conclusions reached in other studies conducted during the era of COVID-19.

Future studies should aim to implement measures to follow up with patients about pending tests and encourage clinicians to order more FIT tests.

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