Addressing Barriers to Colorectal Cancer Screening in a Federally Qualified Health Center

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INTRODUCTION

Colorectal Cancer (CRC) is the second leading cause of cancer death in the U.S. At Federally Qualified Health Centers, we discovered barriers preventing compliance to the recommended guidelines for CRC screening tests. Low screening rates were due to providers omitting entering orders for CRC, lack of resources and prioritizing by staff of significance of patient education regarding test completion and patients forgetting to complete tests, not understanding enclosed kit instructions, and resistance of patients to handling feces.

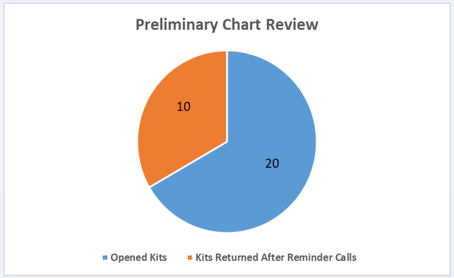
PURPOSE

The purpose of this Quality Improvement (QI) project was to raise the Uniform Data System (UDS) for CRC screening at Henry J Austin Health Center (HJAHC), a Federally Qualified Health Center (FQHC) from 25.3% to 30% by June 1, 2023.

OBJECTIVES

- Identify provider factors and patient barriers that contributed to decreased CRC screenings,
- Increase provider awareness for CRC screening and patients' awareness of its significance
- Create interventions to increase CRC screening rates through improved workflow practices, including providing training to nurses, medical assistants, and unit receptionists to educate patients
- Utilized a Community Health Worker (CHW) to assist with follow-up phone calls if tests were not completed by one month

RESULTS OF PRELIMINARY CHART REVIEW AND 30 PATIENT CALLS



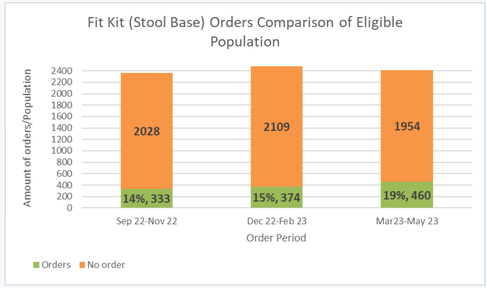
MATERIALS & METHODS

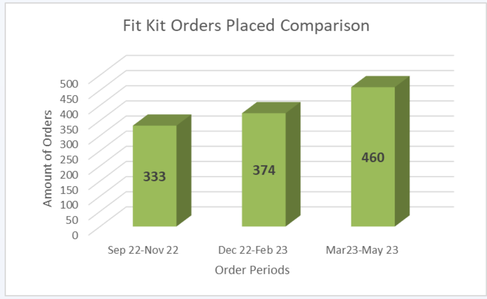
- Weekly reminders for providers to order CRC screening kits for eligible patients using email, Zoom meetings and e-newsletter, provider e-chat media
- Workflow changes:
  - simplifying patient instructions
  - pre-filling patient information
  - asking receptionists to print lab orders
- Patients were given infographics in their preferred language, gloves and instructions to "Poke the Poop"
- A designated community health worker (CHW) tracked UDS data and called patients one month after test was ordered to remind them to complete the FOBT kits and take to the lab

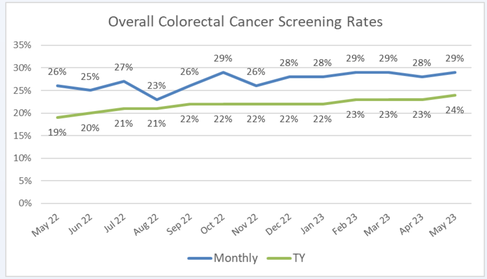
DATA COLLECTION

- UDS data for CRC were captured and reported by utilizing Azara DRVS; a centralized data reporting and analytics solution.
- We were assisted with data analysis by the Director of Quality Improvement at HJAHC.

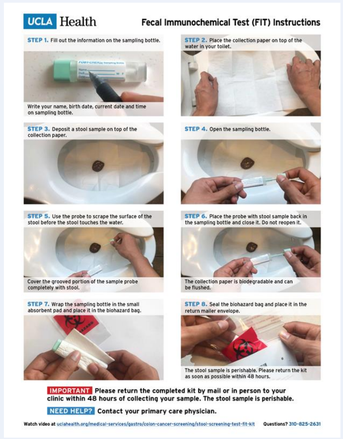
RESULTS







EXAMPLE OF PATIENT INSTRUCTIONS



CONCLUSIONS

- This project has enhanced patient understanding of the stool collection process, reduced patients' resistance to stool collection and increased provider awareness of the importance of early CRC screening and the urgency of ordering test.
- The rate of CRC screening orders increased by 5%, thus improving the quality of care.
- A multimedia, multi-strategy, multidisciplinary team approach is needed to improve quality of CRC screening

LESSONS LEARNED

- Improving workflow involved education of not only patients but clinical and non-clinical staff members
- The measures implemented for QI in practice should be sustainable
- Learned to overcome competing priorities, constraints of time and residents' schedules
- Involve stakeholders earlier

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