

CRC Screening revisited

By Jonathan Cartsonis, MD

It is not the first time I've dedicated this space to colorectal cancer (CRC) screening, and it won't be the last. By now I hope everyone is aware that improving CRC screening rates is a CVN quality priority. That's because as a network we stand to save patient lives and spare patients, their families, and their communities the trauma from even one invasive cancer diagnosis. We have an obligation to do our best where the evidence shows we can make a difference--and this is one area where that is clearly the case.

Several of our member CHC's have taken on the challenge, and each is identifying its own strategy best suited to that center. There is no singular approach to raising the screening rates as the barriers are varied depending on the circumstances of the clinic, patients, and the community in which it resides. However, highlighting the efforts of one center may help others generate new ideas and that will inform quality improvement. This is the basis of the recently launched Colorectal Cancer Screening Initiative recently launched by American Cancer Society, AACHC, CVN, and United Health Care.

I recently spoke with Davinder Singh, MD, CMO at Mountain Park CHC about recent improvements in screening rates in their centers. Aware that Mountain Park was not achieving the AHCCCS alternative payment method threshold of 65 percent (no centers so far have reached that level), Dr. Singh decided, with his team, to walk through the process of completing a FIT test. He quickly discovered several points in the process that could be improved.

Overall, providers needed encouragement to focus on the CRC measure and patients needed a simplified process for receiving and returning the FIT card after the order was made--they also needed clearer instructions.

Medical Providers:

On the provider side, one innovation is to generate two patient lists on a daily basis for all to see: The first includes all patients who had been seen "yesterday," and were eligible for CRC screening but did not have it ordered. The second was a "tomorrow" list; patients who are eligible for screening and should have it offered the following day. During daily huddles, both lists are reviewed by MA and provider. Medical providers order FIT tests and are prompted by MA's who place the tests on the computer keyboard or other hard-to-miss location to serve as a reminder. MA's ensure FIT tests are in the hands of the patient at the end of the clinic visit and they give direction for proper use, later texting a Mountain Park video link describing proper technique in the patient's preferred language. Finally, each medical provider sees their own screening rate compared to colleague's, tapping into competitive medical culture drive to be the best. The approaches have motivated providers and MA's to keep the daily focus on CRC screening and do better.

Patients:

On the patient side of the challenge, the QI team realized that patients first saw medical provider and later were directed to the lab to retrieve a FIT card. The process meant patients not only waited for the medical visit but also waited for the lab technician. The inconvenience led to many simply going home without a FIT card. The team also discovered that inadequate FIT instructions left many patients confused about how to complete it. The Mountain Park solution to these barriers: Standing orders directing MA staff to give patients FIT cards, in-person instructions, and to text the web-video instructions (described above). Care coordinators then play a crucial role, calling patients after two weeks to remind them to return completed cards.

These are just some of the solutions the Mountain Park team arrived at, and according to Dr. Singh, improvement became evident just a month after initiating the changes. In my conversations with other centers it's clear that approaches to improve screening will have to be as varied as the different CHC's. Benefits will accrue applying established QI strategies. This happens also to be the emphasis of our ongoing CRC Screening Collaborative.