

Improving Colorectal Cancer Screening in Durham Outpatient Family Medicine Clinic

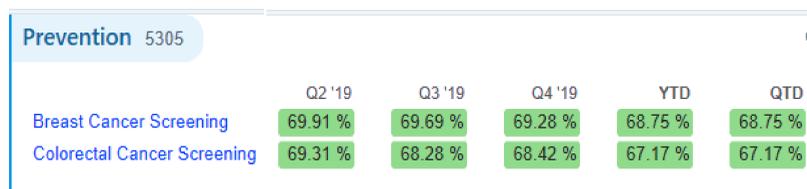
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INTRODUCTION

- Lifetime risk of colorectal cancer (CRC) is approximately 5%; incidence is rising across all age categories.
- 3rd leading cause of cancer related deaths in the US, with 53,000 deaths expected in 2021. Unfortunately, mortality rate of younger patients (less than 55 y/o) is rising.
- Risk Factors
 - Modifiable Risk factors: overweight/obesity, type 2 diabetes, sedentary lifestyle, smoking, red and processed meat, low vegetable and fruit intake, low vitamin D, and alcohol use
 - Non-modifiable risk factors: Elderly, personal or family history of colon cancer, IBD, inherent disorders, and ethnicity
- The American Cancer Society recently updated their guidelines to advocate for initiation of screening at age 45. USPSTF still advising initiation of screening at age 50 in normal risk patients.
- Current Screening Modalities include colonoscopy/flex sigmoidoscopy, Stool DNA test, and fecal immunochemical test.

BACKGROUND

- Durham Outpatient Family Medicine Clinic consists of 34 providers including faculty physicians, APPs, and resident physicians
- No current streamline process for colorectal cancer screening



- Department of Family Medicine set CRC screening goal of 70.78% for fiscal year 2020; stretch goal of 72.17%

Methods

- Develop low-literacy handout to distribute to eligible patients upon check-in.
- Create workflow for easier CRC screening ordering.
- Educate providers about metric gaps and new workflow.
- Track quality metric data from clinic.

COLORECTAL CANCER SCREENING

Colorectal cancer is a cancer of either the colon (large intestine) or rectum. About 5% of people in the United States will be diagnosed with colorectal cancer. It can have no symptoms, especially when found early, though it can cause changes in bowel habits, abdominal pain, or blood in your stool. Colorectal cancer usually is a slow growing disease, and patients who are diagnosed early have a better chance of surviving. All adults aged 50-75 should get screened for colorectal cancer. There are 3 different screening tests available at Nebraska Medicine.

Colonoscopy

- Process: The day before your procedure, follow a clear liquid diet, drink a laxative medicine that helps to empty your colon, and go to the bathroom (poop) often. You will receive sedation during the procedure, which happens in the operating room. A flexible tube with a camera is used to look at your whole colon.
- Frequency: Every 10 years.
- Pros: Examines the whole colon and can remove any suspicious growths (polyps) directly during the test.
- Cons: Requires preparation. Is an invasive procedure. Uses sedation, so must have a ride home.

Stool DNA Test: Cologuard

- Process: Complete an insurance form today. Cologuard mails a kit to collect your stool sample, mail it back.
- Frequency: Every 3 years.
- Pros: Do not have to prepare or fast. Can be done at home.
- Cons: If positive, you would then need a diagnostic colonoscopy, which may have a higher cost to you, as it would no longer be considered a screening test for insurance.

Fecal Immunochemical Test (FIT)

- Process: Take a kit home today to collect your stool sample. Mail or bring back to Nebraska Medicine lab.
- Frequency: Yearly.
- Pros: Do not have to prepare or fast. Can be done at home.
- Cons: If positive, you would then need a diagnostic colonoscopy, which may have a higher cost to you, as it would no longer be considered a screening test for insurance.

Screening History

Please complete to allow your provider to help you determine the best screening test for you.

1. Do you have a history of colorectal polyps (growths) or cancer? Yes No
2. Do you have a history of inflammatory bowel disease or radiation to your abdomen? Yes No
3. Do your parent, sibling, or child have a history of colorectal polyps or cancer? Yes No
If yes, age of diagnosis: _____
4. Have you ever had a colorectal cancer screen before? Yes No
If yes, please describe your most recent screen, including when and where it was done, and the result:

Figure 1 – CRC screening handout that is given to eligible patients

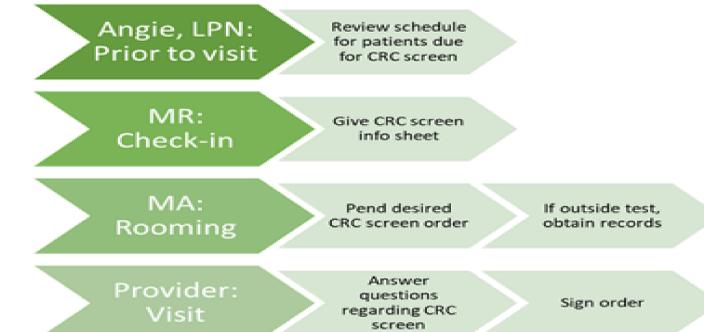
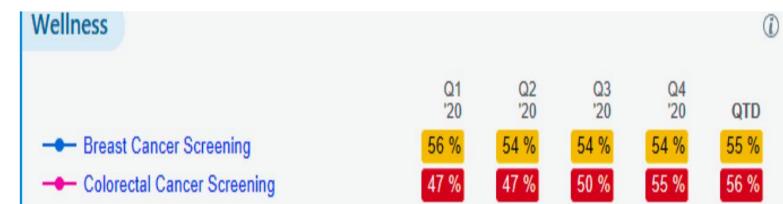


Figure 2 – Current workflow proposal

Results



CONCLUSION & FUTURE DIRECTION

- Due to pandemic, original start date was pushed back from March 2020 till mid 2020.
- Since implementation, gradual climb in colorectal screening despite COVID-19 pandemic.
- Plan to send out refresher information about project to clinic and continue project through next fiscal year.

References

1. American Cancer Society
2. Colon cancer screening: Weighing the options - Mayo Clinic
3. Colorectal-Cancer-Screenings_Facts-for-Patients-Jan-29-2019-with-Appendix.pdf (ndhealth.gov)