INTRODUCTION

- Colorectal cancer is the nation's 2nd leading cause of cancer-related deaths.
- The lifetime risk of developing colorectal cancer is 1 in 20 (5%).
- Adequate screening allows for early detection.
- Adenomatous polyps are the most common precursors of colorectal cancer.
- Goal of screening is to reduce mortality and the incidence of advanced disease.

Importance of colorectal cancer screening:

- The relative 5-year survival rate for colorectal cancer when diagnosed at an early stage before it has spread is about 90%.
- 4 out of 10 colorectal cancers are found at that early stage. When cancer has spread outside the colon, survival rates are lower.
- Cost-effectiveness of colorectal screening is consistent with many other kinds of preventive services.
- It is much less expensive to remove a polyp during screening than to try to treat advanced colorectal cancer.
THE MEASURE

THE U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF) RECOMMENDATIONS FOR SCREENING:

AGE 50-75 YEARS; BOTH MALES & FEMALES, WITH
- High-sensitivity fecal occult blood testing yearly, OR
- Sigmoidoscopy every 5 years, OR
- Colonoscopy every 10 years

BARRIERS TO SCREENING
- LACK OF EDUCATION/ AWARENESS
- LACK OF HEALTH INSURANCE
- TRANSPORTATION
- FINANCIAL

PROCESS
- MULTIDISCIPLINARY APPROACH
- PDSA QI CYCLE
- CURRENT PRACTICES & IDENTIFICATION OF BARRIERS
- BARRIERS WERE ANALYZED & A PILOT STUDY WAS INITIATED AROUND FIT TESTING
TEST

*Colonoscopy is the gold standard

FIT

Greater specificity and sensitivity

Patient convenience

No dietary restrictions

Patient compliance

Intervention

- Use of fecal immunochemical test for screening
- FIT kits were ordered & distributed
- Patient education by medical assistants
- Reinforcement by providers
- Analysis and validation of data to confirm results

Overcome barriers

- Patient centered care
- Care co-ordination
- Patient convenience
- Team based approach
# RESULTS

## Pilot Group that Received the Test Materials Only

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td># of patients who received the test kits</td>
<td>108</td>
</tr>
<tr>
<td>Test results documented in EHR</td>
<td>98</td>
</tr>
<tr>
<td># of patients who received the test kits and completed the test with results documented</td>
<td>91%</td>
</tr>
<tr>
<td>Patients with positive FIT result</td>
<td>6</td>
</tr>
<tr>
<td>Colonoscopy results documented in chart</td>
<td>5</td>
</tr>
</tbody>
</table>

* 1 - refused colonoscopy; complete documentation in EHR

## FIT Test Results

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>54</td>
</tr>
<tr>
<td>Negative, CS</td>
<td>5</td>
</tr>
<tr>
<td>Positive, CS</td>
<td>1</td>
</tr>
<tr>
<td>Positive, refused CS</td>
<td>1</td>
</tr>
</tbody>
</table>

## Positive FIT Results

- 6 Positive FIT (6.1%)
- Colonoscopy ordered
- 4 Positive CS (Polyps, TA, HP, Diverticulosis)
- 1 Negative CS
- 1 Patient Refused (Documented)
KEY AREAS OF SUCCESS

OVER 90% COMPLIANCE IN PATIENTS INCLUDED IN THE PILOT

REASONS FOR TIMELY COMPLETION OF TESTING:
- Personal approach - Providers encouraging and educating the patients on the importance of screening
- Education provided by medical assistants in a linguistically appropriate manner and addressing the health literacy needs of the patients
- Patient convenience by distributing the kits in-house to the eligible population

GOALS
- Replicate the pilot results at all Adelante sites
- Track the denominator for screening opportunities & true screening numbers
- Identify positive FIT results and build GI partnerships for colonoscopy referrals for better patient care
- Increase our overall screening numbers

EFFORTS
- All sites have the FIT kits available in-house (LC/SQ)
- Medical Assistants have been trained on the use of these kits
- EMR updated with FIT/FOBT codes for both labs under practice favorites to facilitate easy ordering
- Monthly reporting on screening numbers and results
80 BY 2018 INITIATIVE

- NATIONAL COLORECTAL SCREENING ROUNDTABLE EFFORT
- Increasing screening rates to 80% by 2018 would reduce the rates of new colon cancer cases by 17% and death rates by 19% by the end of 2020.
- By 2030, colon cancer incidence rates would drop by 22% and death rates would drop by 33%.
- Those reductions add up to 277,000 new cancers and 203,000 colon cancer deaths prevented from 2013 through 2030.
- Source: American Cancer Society

COST EFFECTIVENESS

- The costs for one year of treatment for a patient with late-stage colon cancer are as high as $310,000, with an estimated annual cost nationwide of $14 billion.
- Early detection will help mitigate these costs when the cancer is most preventable and treatable.
- Investing in screening is a good use of limited healthcare dollars