

Introduction

- Colorectal cancer (CRC) is the second-leading cause of cancer deaths among men and women in the United States (Centers for Disease Control and Prevention,2019).
- CRC mortality can decrease if screening increases (Triantafillidis et al.,2017).
- Readily available screening methods :
 - guaiac-based fecal occult blood test (gFOBT),
 - FIT-DNA test (Cologuard)
 - fecal immunochemical test (FIT)
 - Colonoscopy
- Colorectal screening rates and adherence can increase through the use of non-invasive screening test, supportive communication tools, and patient engagement. (Triantafillidis et al., 2017)
- Can CRC Screening adherence and screening rates in the primary care practice setting improve with team education and the use of evidence-based toolkits .

Background & Significance

- There are a variety of available screening options, however colorectal screening rates remain low. The national screening adherence for 2018 was at 68.8% (America's Health Rankings, 2020).
- New Jersey's CRC screening adherence is 69.7% for the 2019 calendar year and 67.7% for the 2018 calendar year (America's Health Rankings, 2020).
- New Jersey is improving in this metric but still ranks below the national average for CRC screening .

Problem

- Colorectal cancer is the second leading cause of cancer deaths in the United States. The clinical problem is that the screening rate for eligible patients remain below the acceptable benchmark for this potentially preventable/treatable disease.

Clinical Question

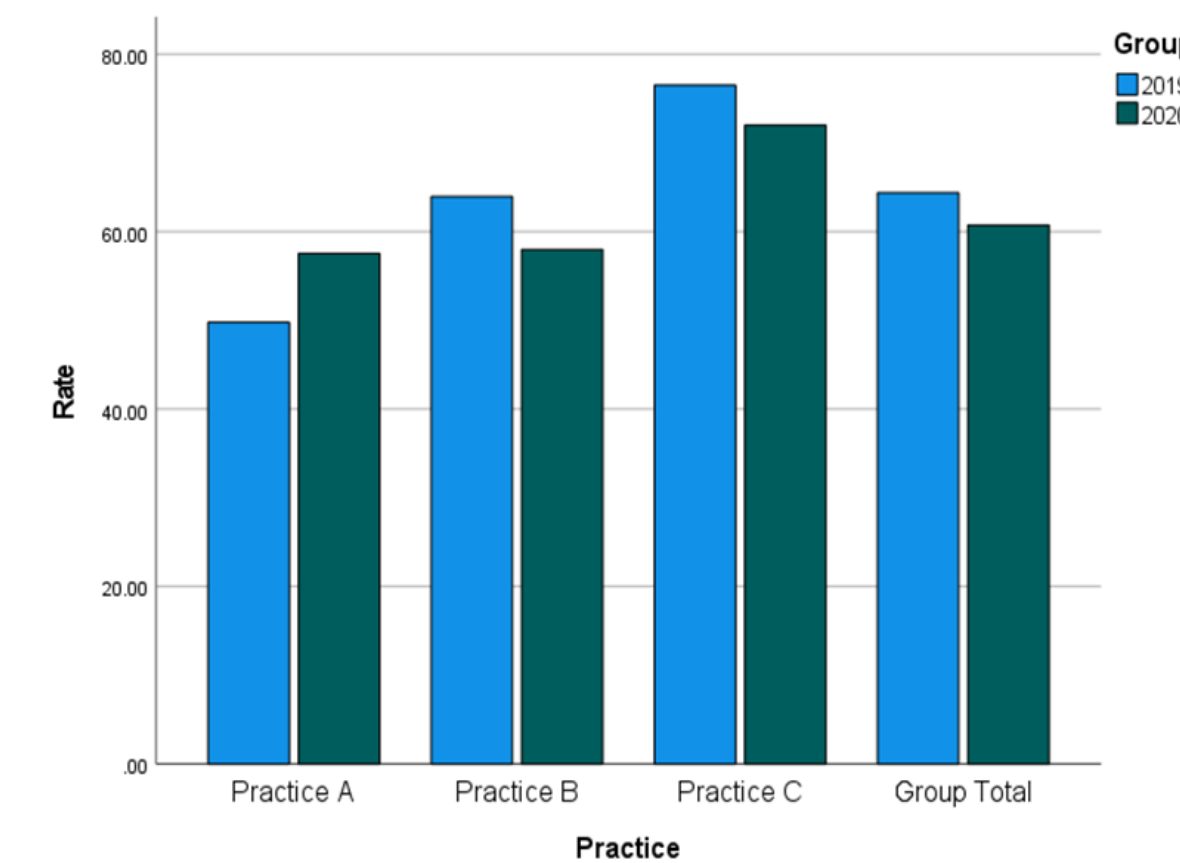
- Can CRC Screening adherence and screening rates in the primary care practice setting improve with team education and the use of evidence-based tools

Methods

- Design: Quality improvement with an educational intervention
 Study Population: male and female patients within the ages of 50-75 who have never been screened or are due for a repeat screen based on previous screening .
 Setting : 3-practice primary care group.
 Intervention:
- Clinical staff of the 3 primary care practices attended a 1-hour educational webinar
 - Four Essentials to Cancer Screening
 - 3 Role specific evidenced-based toolkits
 - Physician
 - Office manager,
 - Medical assistant
 - 2019 and 2020 CRC Screening data assessment

Outcome Measures:

- Actual number of CRC screenings completed after the educational training webinar.



Results

Rates	Practice A	Practice B	Practice C
2019	51.25	64.75	78.54
2020	59.23	58.33	75.12

Mann Whitney U Test Comparing CRC Rates Across 3 Practices and total Sept-Dec

Test Statistics^a

	Rate
Mann-Whitney U	97.000
Wilcoxon W	233.000
Z	-1.168
Asymp. Sig. (2-tailed)	.243
Exact Sig. [2*(1-tailed Sig.)]	.254 ^b

Mann Whitney U Test Comparing CRC Rates for Practice A for 2019 and 2020

Test Statistics^a

	Rate
Mann-Whitney U	.000
Wilcoxon W	10.000
Z	-2.309
Asymp. Sig. (2-tailed)	.021
Exact Sig. [2*(1-tailed Sig.)]	.029 ^b

Discussion

CRC adherence outcomes do not have a relationship with a practice-driven campaign using non-invasive screening methods for colon cancer to improve HEDIS outcomes in three primary care practices in New Jersey H_0 CRC adherence outcomes have a relationship with a practice-driven campaign using non-invasive screening methods for colon cancer to improve HEDIS outcomes in three primary care practices in New Jersey. H_1 .

Results based on the clinical question:

There were no statistically significant findings ($z = -1.168, p = .254$), and the data does not support the clinical question that a practice-driven campaign using non-invasive screening methods for colon cancer could improve HEDIS outcomes in three primary care practices in New Jersey.

Results based on Practice A

CRC adherence outcomes do not have a relationship with using evidence-based tools to train clinical teams and patients H_0 CRC adherence outcomes do have a relationship with using evidence-based tools to train clinical teams and patients H_1 . Practice A has a statistically significant improvement ($z = -2.309, p = .029$).

Evidenced –Based Practice

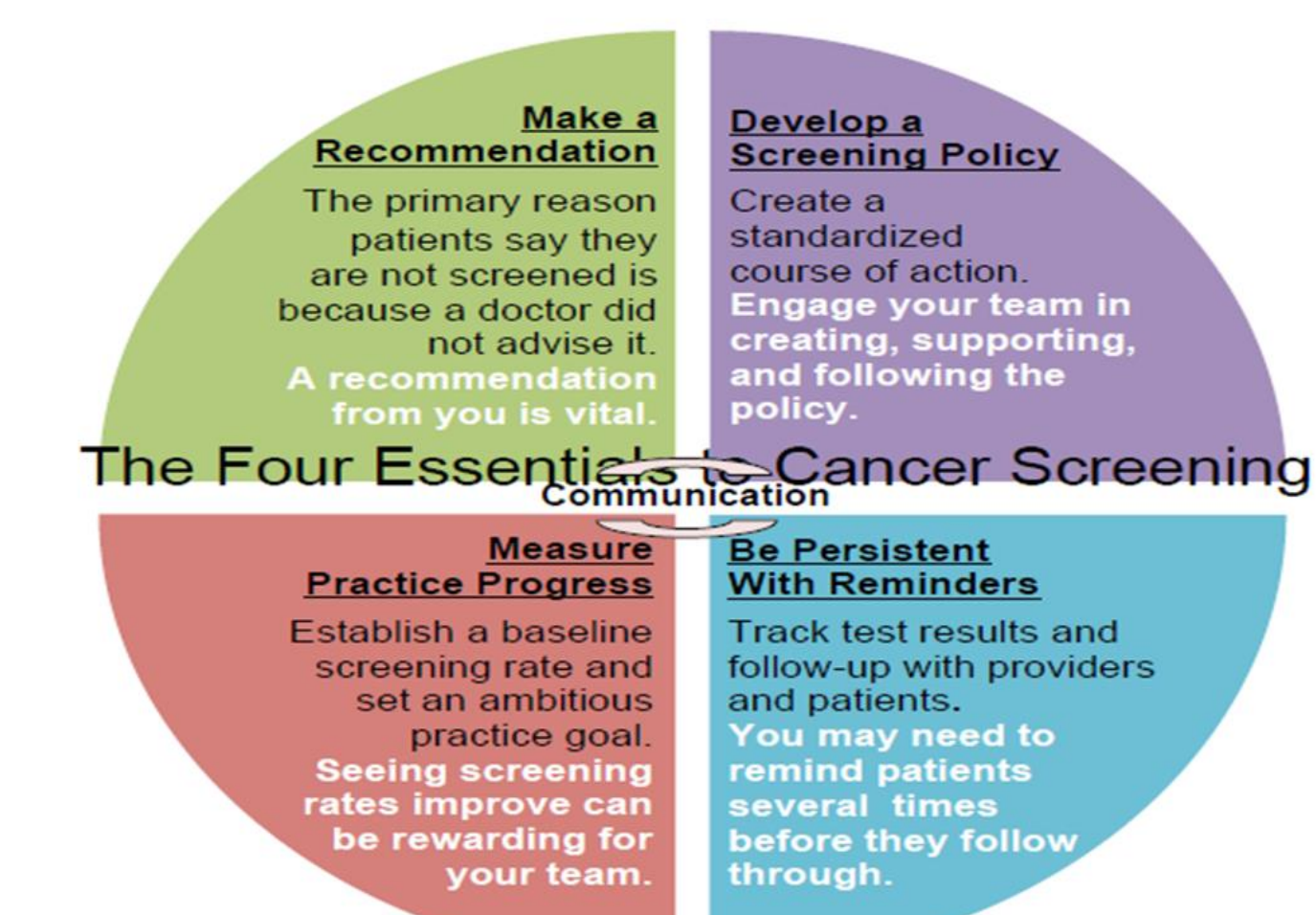
- The results of this quality improvement project showed that
- evidence-based communication tools such as Shared Decision Making and Motivational Interviewing increase the likelihood of patients participating in their care

Primary Care Practice

- The results of this quality improvement project can lead to further use of evidence-based tools to support clinical staff and patient engagement for CRC screening recommendations.

Education

- Educating PCP teams on available tools and resources can positively affect practice performance and patient outcomes



References

America's Health Rankings. "Explore Colorectal Cancer Screening in New Jersey | 2019 Annual Report." America's Health Rankings, 2020, www.americashealthrankings.org/explore/annual/measure/colorectal_cancer_screening/state/NJ. Accessed 25 Apr. 2020.

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