

Case Study of a Comprehensive Team-Based Approach to Increasing Colorectal Cancer Screening

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Background

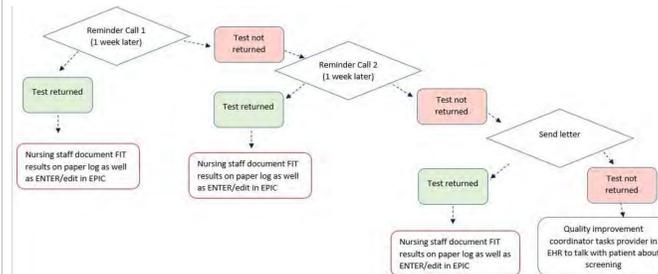
- Colorectal cancer (CRC) is the fourth most diagnosed cancer and the second leading cause of cancer deaths among men and women in West Virginia (WV).¹
- From 2011 to 2015, 51% of all colorectal cancers diagnosed were detected at either the regional (31%) or distant (20%) stage, indicating a need for improved early detection.¹
- The West Virginia Program to Increase Colorectal Cancer Screening (WV PICCS) facilitates practice-based change in primary care health systems to implement evidence-based interventions (EBIs) to increase their CRC screening rates to the national goal of 80% or at least 10% over baseline.
- WVU Cheat Lake Physicians, a family practice clinic of the WVU Medicine health system, is one of the 10 clinics partnering with WV PICCS in 2017-2019.
- WVU Cheat Lake Physicians is located in Morgantown, WV and treats 2,626 patients aged 50-75.

Methods/Approach

- Identified a clinic champion to lead the effort and assembled a team consisting of an electronic health record (EHR) analyst, quality improvement coordinator, medical assistant, nurse manager, head nurse, provider, and front desk staff member
 - Selected EBIs of client reminders and provider assessment and feedback
 - Developed an implementation plan
 - Tasked individual team members to be responsible for relaying implementation plans to respective clinic groups
- Increased provider and staff awareness of and buy-in to CRC screening
 - Conducted training on CRC, current screening guidelines, communication strategies for discussing screening with patients, and EBIs
- Assured data capture on an accurate patient population by utilizing front desk staff
 - Assigned patients to active providers in EHR
 - Ran patient lists in EHR to remove inactive patients (patients who had not been seen in three or more years)
- Improved clinic workflows to effectively remind patients to be screened and to return take-home screening tests

Methods/Approach

FIT Call Reminder Program Workflow

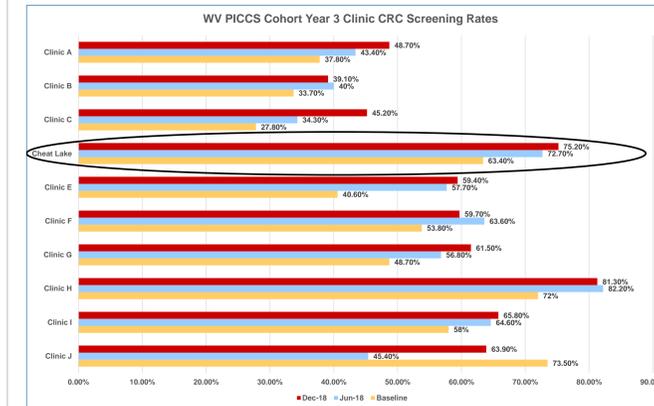


- Developed individual tracking methods for each completed screening modality (colonoscopy, FIT, and Cologuard) that were collected and tracked in a master Excel spreadsheet
 - Quality improvement coordinator created tracking workflows for individual screening tests
 - FIT kits tracked with order stickers placed in binder by nursing staff
 - Cologuard kits tracked with faxed orders and faxed results
 - Colonoscopies tracked with faxed orders and faxed results
- Implemented provider assessment and feedback protocol
 - Provider screening rates collected quarterly and summarized in visual dashboards
 - Quarterly reports included tailored messages serving as prompts, reminders, and encouragement
 - Clinic champion disseminated and discussed reports at provider meetings
- Championed the CRC initiative
 - Conducted monthly team meetings to review implementation plan progress and make adjustments
 - Involved each team member in decision-making and solutions-oriented work processes
 - Created a healthy competition among provider/nurse care teams to increase screening rates
 - Fostered a positive work environment of staff achievements and successes to encourage continued effort in the program
 - Created a comfortable environment for patients to remove the stigma surrounding CRC

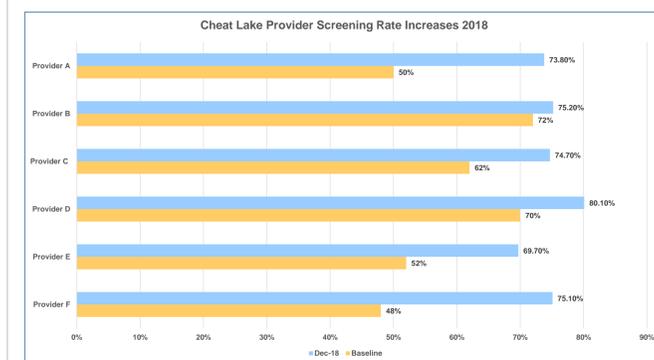


Results

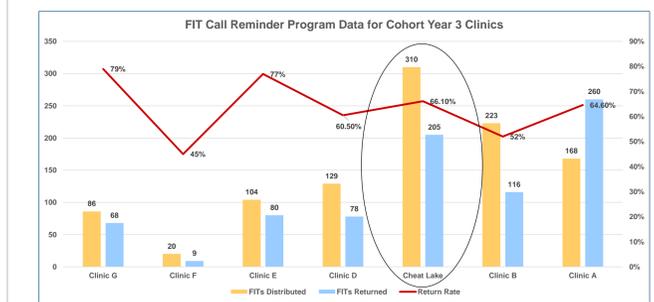
- Increased overall screening rate from 63% to 75% within the first year
 - As a result of the intervention an additional 859 patients were screened



- Increased provider and staff knowledge about CRC and screening guidelines
 - Providers and staff scored an average of 64% on pre-tests and 95% on post-tests during initial training
- Provider assessment and feedback graphs depicted improvements in CRC screening rates
 - All providers exhibited impressive increases in CRC screening rates from baseline with the largest rate increase being 27%



- FIT Call Reminder Return Rates for Cohort Year 3 Clinics
 - WVU Cheat Lake Physicians ordered more FIT kits than any other cohort clinic and achieved a 66% return rate



Conclusions

- Utilizing a team-based care approach is an effective way of implementing EBIs to increase CRC screening rates.
- Having a team that includes at least one member from each clinic area helps in creating realistic implementation plans, redesigning workflows, sharing outcomes, and gaining feedback from staff.
- Effective tracking methods are vital to the success of a screening program. Having a staff member lead this effort to create workflows and tracking logs that are easy to use is necessary for accurate and consistent tracking.
- The success experienced here has implications for other cancer and disease prevention efforts in the primary care setting.

Quotes

- “The WV PICCS program was phenomenal in increasing our numbers and letting staff know that they can make a difference. This is one thing. Imagine the difference we could make if we applied this to everything.” Sarah Bright, BSN, RN, Quality Improvement Coordinator
- “Participating in the PICCS program was a tremendous experience for our staff. Their assistance with planning meetings and gathering statistics enabled us to stay organized and focused on CRC tracking and screening. Something that was important to our team was removing some of the stigmas and barriers associated with CRC screening, and we were able to accomplish that through lighthearted activities such as having staff wear CRC screening hats and custom-made t-shirts, hand out CRC awareness toys to patients, and participate in friendly inter-team competition using the provider assessment and feedback graphs. All of this helped the staff stay engaged with the project and committed to reaching our screening goals.” Dr. Holly Hartman-Adams, MD, Provider

Acknowledgements

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Reference

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