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.

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

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 success to encourage continued effort in the program
- Created a comfortable environment for patients to remove the stigma surrounding CRC

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 Program Workflow

- FIT Call Reminder Program Data for Cohort Year 3 Clinics

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.

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