Collaborative Outreach Initiative to Improve Colorectal Cancer Screening: One Year Later

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The Problem

- Colon cancer is a leading cause of death but can be prevented. Colorectal Cancer (CRC) Screening is recommended for most people at age 50 (or younger if patient is at high risk).
- CRC Screening rates for Healthcare Associates (HCA), a large academic primary care practice at BIDMC, is 74.6%. While consistent with national averages, there are opportunities for improvement.
- Given limited resources in primary care to manage a growing number of health concerns, a collaborative HCA and Gastroenterology (GI) outreach initiative was developed.

Aim/Goal

- To maximize resources and develop a collaborative HCA and Gastroenterology (GI) initiative to provide outreach for CRC Screening
- To increase the number of HCA patients with appropriate CRC Screening.
- To assess what type of written communication – informational; question/answer interactive; alternative Fecal Occult Blood Test (FOBT) emphasis; or patient stories – is the most effective form of outreach in facilitating patient action and follow-up on CRC screening.
- To assess clinical impact of screening

The Team

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The Interventions

- Identified patients who had not had appropriate CRC Screening using procedures performed at BIDMC and Boston Endoscopy Center; screening sheet data from OMR; and insurance claims.
- Patient lists were distributed and reviewed by their primary care physicians who were given the opportunity to opt out any of their patients from outreach.
  - Outreach letters to inform and recommend patients for CRC Screening were drafted - Four versions (i.e., informational; question/answer interactive; informational including FOBT alternative; and patient stories). Letters were reviewed for readability and for content by the team.
  - Patients were randomly assigned to receive one of four outreach letters.
  - Follow-up to letters, patients received an outreach telephone call at 2 and 4 weeks.
  - Outreach letters and follow-up were sent out in batches to patients and spread out over a year period based on resources available to support outreach.
  - Administrative support staff in GI tracked outreach calls, scheduling of tests, and when the test occurred.
- Initial outreach pilot to 500 patients, resulted in 61 patients having colonoscopies and 3 patients who had FOBT

The Results/Progress to Date

Primary Care-Gastroenterology Collaborative Colorectal Cancer (CRC) Screening Outreach Initiative

	Number of Patients
Patients aged 50-75 years overdue for CRC Screening	**2281**
Post Intervention Colonoscopy	490
Post Intervention Fecal Occult Blood Test (FOBT)	27
Post-intervention CRC Screening To Date - All*	**517 (23%)**

*The results to-date include 400 patients who received the outreach only 4 weeks ago, and some of whom may subsequently complete CRC Screening

Clinical Findings from Colonoscopy from Target Outreach Group	
Patients who received a Colonoscopy following outreach	**490**
Adenoma	127
Adenocarcinoma	3
Serrated Adenoma	1
Sessile Serrated Adenoma	16
Patients with CRC Screening with one or more significant findings	**141 (29%)**

To date, there is insufficient data to indicate patients responded more to one type of communication. Response rate by letter version ranged from 20-25%.

Preliminary data query of new cohort of patients for 2013 (which includes newly eligible patients) indicates that 80%(13940 of 17445) of HCA patients had appropriate CRC screening.

Lessons Learned

- Integration of various data sources, along with physician review of populations, can offer improved identification, but is resource-intensive.
- Structured fields in Online Medical Record (OMR) can enhance data capture of screenings completed external to our health system and save time.
- A medical neighborhood approach with collaborative outreach by primary care and GI specialty practice can be effective model to share resources and increase screening rates.

Next Steps Implemented

- Implemented new structured fields for Screening Sheets in OMR to improve data capture.
- Incorporated lessons learned and continue outreach intervention with new cohort.
- Developed registry reports that regularly update patients who are due for CRC screening and CRC screening completed.
- Developed outreach letters that incorporate date of next scheduled visit to encourage timely follow-up on screening.
- Continued assessment of response to different types of outreach letters.

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