Increasing Timely Colorectal Cancer Screening using a Shared Decision Making Tool at an urban FQHC

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Background

- Colorectal cancer (CRC) is the third leading cause of cancer-related deaths in the United States.
- Thirty-seven percent (37%) of New Mexico residents who are recommended to be screened for CRC do not get screened.
- It is estimated that there will be 97,230 new cases of CRC and 35,010 CRC-related deaths in the year 2018.
- Since the recognition and implementation of routine CRC screening in the 1990s, CRC incidence and mortality have decreased by up to half.
- CRC screening should start at age 50 and continue until age 75, as grade A recommendations.
- At the beginning of 2018, an audit of First Choice Community Healthcare (FCCH) North Valley Clinic (FVC) revealed that only 49% of applicable patients completed their CRC screening.
- Despite 52% of patients having a discussion with their providers regarding CRC screening.
- In primary care, it is best practice to discuss CRC screening options with patients and assist them in making an informed decision based on individual risk factors.
- The development of clinical decision tools improves chronic disease prevention and screening.
- Strengths: Team
- The more informed patients are, the more confident they are when making a decision.
- The emphasis of providers regarding CRC screening.
- The development of clinical decision tools improves chronic disease prevention and screening.
- The more informed patients are, the more confident they are when making a decision.

Aim

Increase the percent of patients between the ages of 50 and 75 who complete timely CRC screening through the use of a SDM Tool from 35% to 100% within a 90 day period, with a minimal increase in staff perception of visit time.

Planned Improvement

- The framework of this quality improvement project was screening, brief intervention, and referral to treatment (SBIRT).
- Four primary interventions were initiated with small tests of change over a 90 day period (Plan-Do-Study-Act Cycles).

Ramp A: Team Engagement

- Kick-off meeting
- Mock OC Light kit activity
- Monthly staff meetings
- Twice weekly QI meetings
- Daily Huddles
- Constant Team Building

Ramp B: Patient Engagement

- Implementation and use of a CRC screening Shared Decision Making (SDM) Tool
- Increase provider teams for each CRC cycle

Ramp C: Worksite

- Implement Shared Decision Making tool
- “Need 50% sign in rooms, patients to do kits while in clinic

Ramp D: Colorectal Referral

- Provider emphasis on the benefits of colonoscopy verses stool based kits
- Provider reminder to document patient discussions in EHR using template
- Colonoscopy benefit posters in exam rooms
- Play colonoscopy information in lobby

Measures

- All ramp process changes were audited every three days and examined using a data collection tool, recorded in run charts separated by ramp process and outcome, and analyzed for data trends in run charts.

Conclusions

- Our aim was accomplished.
- SDM tool increased overall CRC screening rates from 35% to 90.2%.
- This project is sustainable.
- This project will be extended to the South Valley location of FCCH in Albuquerque, NM by the Quality Improvement Champion at the site.
- I propose that the findings be presented to the PCCH board for spread to all 8 adult care sites.
- I support the need for the professional development of the SDM tool for further utilization.
- There is still room for improvement to reach the USPSTF goal and recommendation of 100% of patients aged 50 to 75 to be screened.

Lessons Learned

- Strengths: Team Engagement
- Direct correlation with team based activities and team survey completion, staff education and perception of support, and the percentage of ordered CRC screenings.
- The more informed patients are, the more confident they felt
- Introducing Spanish tools and posters doubled the utilization
- Barriers: vast types, complex patients, patient determinations, increase in visit time, system and EHR difficulties
- Negative outcomes of the project included an increase in perceived visit time and specialist visit does not necessitating or allaying time for CRC screening (Hep C, Suboxone, procedures, urine care visits, new patients, etc.).

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References


The SDM Tool

Run Chart illustrating the increase in the number of patients who chose for colorectal cancer over time, starting at 37% and ending at 49.5% by the end of the 90 day project.

Run Chart illustrating the Ramp B Process of the patient utilization of the Shared Decision Making (SDM) tool to 41.9% by the end of the 90 day project.

Run Chart illustrating the Ramp C Process increase in the number of patients who chose the OC Light stool-based kit as their screening method choice from 29% to 61.9% by the end of the project with a high of 75% during PDCA cycle 2.

Run Chart illustrating the Ramp D Process increase in the number of patients who chose colonoscopy as their screening method from 0% to 28.6% by the end of the 90 day project.

Note: Ramps C and D were interrelated.