



Colorado Department
of Public Health
and Environment

BACKGROUND

Since 2011, the Colorado Department of Public Health and Environment's breast, cervical and colorectal screening programs have collaborated to assess clinic population screening rates and conduct quality improvement activities to improve client adherence to screening guidelines. Client demographics were gathered and used to assess and reduce disparities among clinic populations. Based upon success of the project at two Federally Qualified Health Centers (FQHCs), the department developed a toolkit and expanded use to tobacco and cardiovascular disease screening. The toolkit will be initiated at four additional FQHCs by June, 2014.

OBJECTIVE

Assess pre- and post- screening rates across clinic populations and make improvements in rates through provider education, policy and protocol review, and recommendations that foster a sustainable cancer screening environment and ensure screening guidelines are followed.

METHOD

Summit Community Care Clinic (1) and High Plains Community Health Center (2) were enlisted to participate in health systems change activities to improve colorectal cancer (CRC) screening rates. A weighted random sample of active clients was reviewed at each clinic via a department-funded chart auditor who assessed screening rate data from an Electronic Health Record (EHR) and chart review, including client race, ethnicity, age, income, and insurance status. When available, clinics provided comparable data per National Quality Forum (NQF) endorsed and/or Uniform Data System (UDS) measures for comparison to chart audit results. The department provided quality improvement guidance, including EHR reporting capacity clinic policy implementation, after which measures were reassessed via and measures are reassessed via EHR reporting the following year.

Data Extract Period 1= 7/1/2011-6/19/2012

Data Extract Period 2= 7/1/2012-6/30/2013



Figure 1: Colorado Ski Resort Map. 1) Summit Community Care Clinic 2) High Plains Community Health Center (Source: <http://teachaki.com/brochure/indexes/ColoradoBrochures.htm>)

CONCLUSION & SIGNIFICANCE

Using clinic-wide cancer screening rate information to inform and structure quality improvement activities significantly improved CRC screening rates. Reviewing and making recommendations to clinic policies and protocols is an efficient way to reduce structural barriers and health disparities within a provider setting.

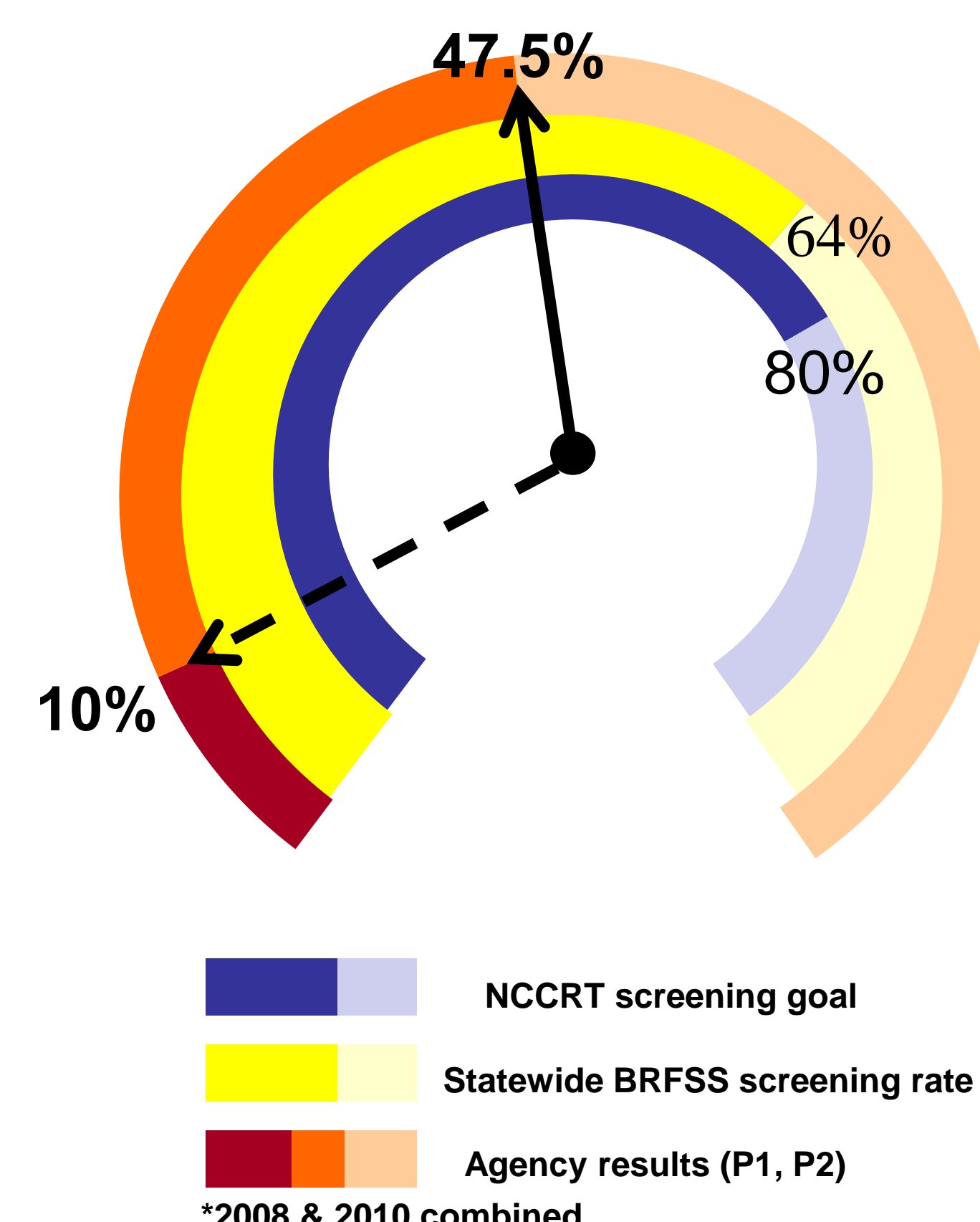
Knowledge is power: Informing clinic-wide cancer screening quality improvement through data

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RESULTS

Summit Community
Care Clinic
Frisco, CO

Figure 2: Change in overall CRC screening rate.



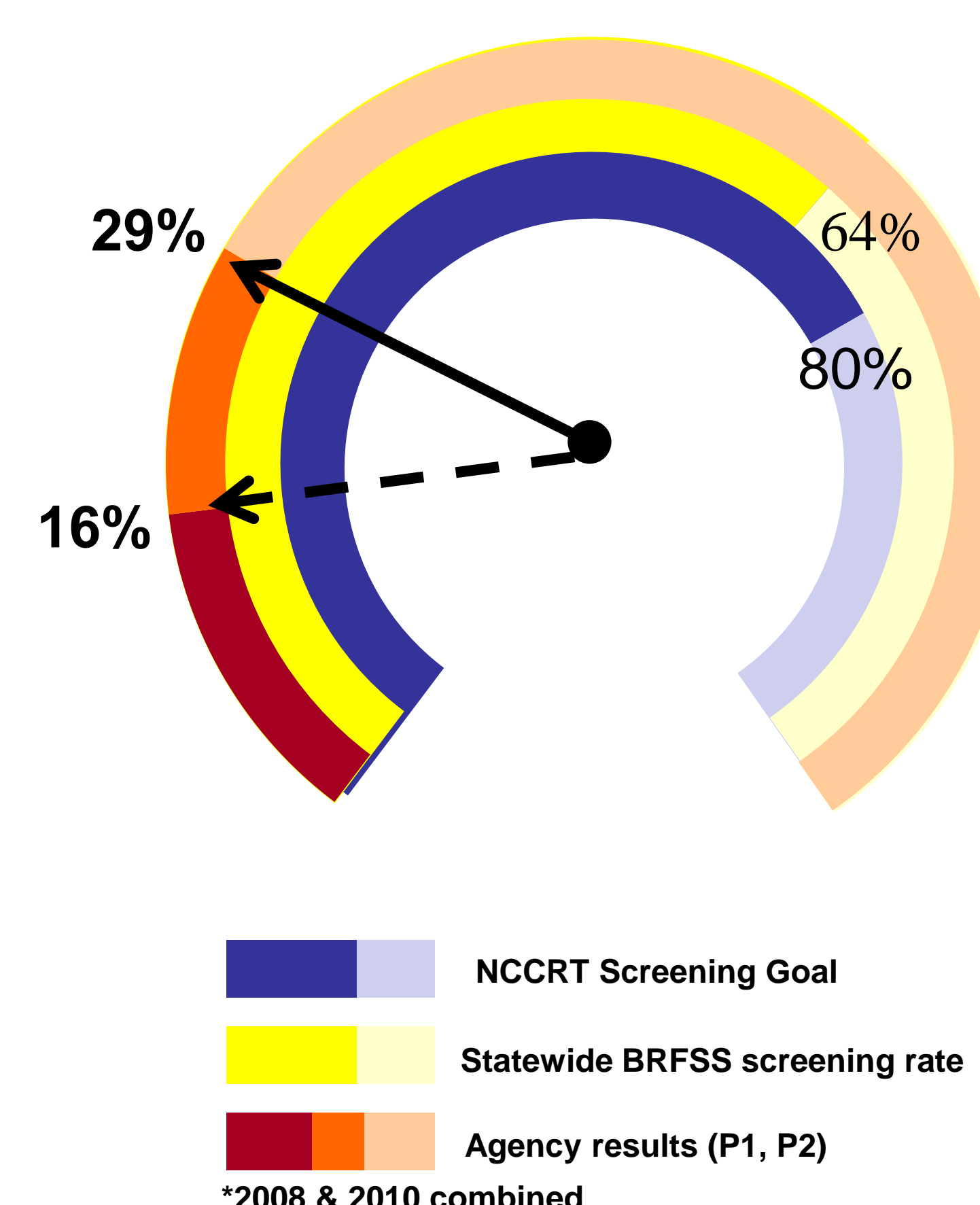
➤The **overall CRC screening compliance** rate **nearly quadrupled** (10% to 48%)

➤The percent of clients receiving a **colonoscopy** **increased 5-fold** (4.4% to 26%)

➤The percent of clients receiving **FIT kits** **increased 3-fold** (5.7% to 22.1%)

High Plains
Community Health
Center
Lamar, CO

Figure 3: Change in overall CRC screening rate



➤The **overall CRC screening compliance** rate **nearly doubled** (16% to 29%)

➤The **total volume** of clients screened for CRC **increased by 97%**, from 348 to 686 clients

➤The percent of clients receiving a **colonoscopy** **decreased by a quarter** (13.8% to 9.4%)

➤The percent of clients receiving **FIT kits** **increased 3.5-fold** (4.8% to 19.8%)

Qualitative Feedback From Clinics'

What systems changes
promote sustaining colorectal
cancer screening
compliance?

•“There has to be someone in charge...someone responsible for championing the issue.” [Summit]

•“[Practice leaders] need to pass on the importance...our leadership is committed to the process and makes assisting staff aware of how important this issue is.” [High Plains]

•“A good system is essential...to follow-up, record, and remind. You must have good organization and a system that implements the organization” [Summit]

•“We’ve made it a part of everyday routine care...we put the tests in the room, emphasize the simplicity” [High Plains]

•“We’ve had good success in getting patients to return the test by using phone calls. Patients feel like we care and that we want them to do the test for their health.” [Summit]

STEPS TO SUCCESS

QUALITY IMPROVEMENT ACTIVITIES

- ✓ Identified Clinic Champion
- ✓ Baseline Assessment & Provider Feedback
- ✓ Ensured use of high-sensitivity FOBT/FIT
- ✓ Developed CRC Screening Policy and Workflow
- ✓ Implemented Provider and Patient Reminder & Recall Systems
 - Health maintenance rules in electronic health record (EHR)
- ✓ Enhanced EHR reporting capacity
- ✓ All Staff Training

*Steps to success were modeled after the National Colorectal Cancer Round Table's, "How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide"

Figure 4: Summit Community Care Clinic Comprehensive CRC Screening Workflow

