

Increasing Colorectal Cancer Screening in Family Medicine Practices Through the Patient-Centered Medical Home







Ohio Academy of Family Physicians (presented by: Kate Mahler, CAE)

In collaboration with the Ohio Department of Health Comprehensive Cancer Control Program, American Cancer Society - East Central Division, New Jersey Academy of Family Physicians, and TransforMED

Problem

- Colorectal Cancer (CRC) is the third leading cause of cancer death in the United States in
- According to the 2010 Centers for Disease Control's Behavioral Risk Surveillance System (BRFSS), 53% of Ohioans 50 years or older reported having had a ioidoscopy or colonoscopy within the past five years
- Ohio Cancer Facts and Figures states that the relative five-year survival is 90% for colorectal patients diagnosed at an early, localized stage; however only 43% of cases are disanosed at this stage
- Colorectal cancer is one of the only cancers that can be prevented through screening because precancerous polyps can be identified and removed. Of the 51,370 people expected to die of colorectal cancers in 2010 in the United States, early detection could have saved more than half.
- Screening through fecal occult blood test, sigmoidoscopy, and colonoscopy offers opportunities to reduce the incidence of invasive CRC by detection and removal of enomatous polyps and to reduce mortality by finding tumors at their earliest and most treatable stages followed by appropriate and timely treatment.
- Consultation with colleagues at the American Cancer Society East Central Division and a review of recent, peer-reviewed published papers regarding CRC screening reveals that barriers to physician referrals for screening include, but are not limited to: (a) outdated knowledge, (b) inconsistently followed guidelines, and, (c) inadequate resources and

Goal Statement

Assist family physicians and their care teams to increase colorectal cancer screening rates in their practice through a multi-stage, quality improvement program that focused on a systematic approach to enhanced primary care.

Program Overview

The Ohio Academy of Family Physicians, in conjunction with the Ohio Department of Health Department of Comprehensive Cancer Control and the American Cancer Society - East Central Division, planned and executed a quality improvement (QI) program centered on increasing colorectal cancer screenings through a multi-stage approach that encouraged practice team engagement in the primary care office. With a nationwide push for patientcentered medical homes (PCMH), cultivating an efficient and effective primary care practice is critical. Now more than ever, it is time for physicians to understand the importance of working in teams and when team-based care is mastered, positive health outcomes skyrocket. The overall goal of the project was for practice teams to understand the prevalence of colorectal cancer, identify office wide interventions needed to promote screenings, and to explore PCMH topics such as enhanced team communication, the importance of physician leadership, and skills building on managing sustainable practice

In order to measure achievement and meet our goals, our program included an online module that helped practices assess areas of strength and opportunities for improvement by collecting baseline patient data, develop a QI plan to implement meaningful interventions, and establish a post-assessment process to determine if improvement was achieved through measurable outcomes data.

Physician Workgroup Members (Champions)

The following OAFP member physicians volunteered to serve on a workgroup that helped to develop the content and curriculum guidelines for the CRC screening improvement program All of the physicians listed represent various family medicine practice types and all have had extensive experience integrating quality improvement and PCMH components into their own

- Brian Bachelder, MD (Akron, OH) Primary Physician Project Leader
- Ken Bertka, MD (Toledo, OH)
- Keith Lehman, MD (Archbold, OH) Gary LeRoy, MD (Dayton, OH)

Evidence-Based Intervention

The OAFP created a collaborative, evidence-based intervention program to increase referrals for, and completion of colorectal cancer screening. This intervention focused on OAFP members using the professional education materials developed by the Thomas Jefferson University, Department of Family Medicine in collaboration with the American Cancer Society: How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Tool Kit and Guide. These professional education materials include three evidence-based strategies to increase colorectal cancer screening rates

- Establish office policies
- Create reminder systems Enhance team communication

Data Collection, Measurement and Practice Improvement In partnership with the New Jersey Academy of Family Physicians, our intervention plan included an online professional development tool to help family physicians and their teams incorporate quality improvement initiatives into practice. The colorectal cancer screening rement module assisted practices to do the following:

- Establish a baseline colorectal cancer screening rate for the practice
- Provide insight into practice delivery coordination, decision support, and clinical information systems
- Selection of a quality improvement plan (QIP), suggest quality improvement goals, recommend changes to implement, and steps to make the change
- Track the completion of colorectal cancer screening to detect if an increase in screening is taking place as a result of the professional education intervention

In addition to the strategies outlined in the toolkit and online data collection module, the intervention program paired family physicians experienced in quality improvement processes and PCMH approaches with practice teams interested in enhancing practice delivery and increasing colorectal cancer screening rates. The mentors and practice teams were paired based upon similar acographic location and practice type. Armed with evidence-based resources, a robust agenda to cover toolkit aims, mentors and practice teams met individually to discuss how to strengthen practice efficiencies and promote effective communication between all members of the care team.

Workflow/Process Mapping: Team Exercise

One exercise incorporated in the mentor/team training session was a workflow/process mapping exercise which allowed each practice team to create a visual map of the steps that the team (including the patient) takes to conduct a routine visit where colorectal cancer screening discussions are appropriate. The workflow exercise allows everyone to see what role/contribution their colleagues make to the overall goal, creates appreciation for what other members of the care team do and provides a visual aide to show backs up, where work can be standardized to improve patient flow/work flow and to identify problem areas that can be tweaked for maximum efficiency

PCMH/Leadership Webinars

Over the course of a year, the OAFP, with the help of practice transformation experts from TransforMED, produced a three-part, webinar series featuring leadership and PCMH topics. Each webinar was accredited by the American Academy of Family Physicians for prescribed continuing medical education (CME) credit and is archived for one calendar year on the OAFP website: www.ohioafp.org.

- Managing Practice Change: Implementing and Sustaining Transformational Change Speaker: Ana Jensen, PhD - TransforMED Practice Enhancement Facilitator
- August 29, 2012 Culture Shift: Establishing Effective and Efficient Practice Teams Through Physician
- Team Huddles: Communication that Enhances Patient Care and Practice Team

Speaker: Bruce Bagley, MD - TransforMED Medical Director for Quality Improvement

Speaker: Mark Holcomb, MHA, RN, FACHE - TransforMED Practice Enhancement

The entire evidence-based initiative is included as an objective in the Ohio Cancer Prevention and Control Plan 2011-2014

Mentors and Practice Teams

Sunday, March 25, 2012

10 a.m. - 4 p.m. at the OAFP office in Columbus, Ohio Lead Expert: Durado Brooks, MD

OAFP recruited eleven physicians to serve as physician mentors to practices wishing to engage the Colorectal Cancer Screening Improvement Program. Mentors were required to participate in a full-day training session where they were introduced to the quality mprovement curriculum and trained on how to effectively present the materials and learning exercises that were to be used during their one-on-one encounters with their assigned community practice. Post training, each mentor made contact with the practice champion of their assigned practice team and scheduled a time of mutual convenience for the ment team training to take place. Mentors received compensation for participating in the initial training session and for each practice team training they led. In most cases, mentors were paired with only one practice within their community but a few exceptional physician leaders led two team sessions

Physician Mentors

- Brian Bachelder, MD Michael Holliday, MD
- Keith Lehman, MD
- Rvan Kauffman, MD Robert Kelly, MD
- Ratna Palakodeti, MD
- William Sawver, MD Jon Seager, MD
- Steve Ulrich, MD
- Terry Waaner, DO Biplav Yadav, MD

Practice Recruitment and Training

OAFP recruited 20 practice teams to take part in the Colorectal Cancer Screening mprovement Program with the promise to provide the following components:

- In-office facilitation of the customized training program with a trained physician mentor at a time and date of mutual convenience
- Free team registration in a three-part CME webinar series focused on quality improvement techniques, leadership, and PCMH themes
- Free online access to colorectal cancer screening improvement tools and quality
- \$ 100 stipend to cover food and beverage cost incurred during the mentor/practice team
- Ability to complete the American Board of Family Medicine (ABFM) approved Maintenance of Certification (MC-FP) Part IV module on colorectal cancer screening through the New Jersey Academy of Family Physicians.

Trained Family Medicine Practice Teams

- Akron General Medical Center for Family Medicine
- Beavercreek Family Physicians
- Byron B. Morales, MD Center for Family Medicine at Fairview Hospital
- Clinton Memorial Hospital/ U.C. Family Medicine Residency
- Fairborn Medical Canter Huber Heights Family Practice
- Metropolitan Family Care
- Montrose Family Practice
- New London Family Practice LLC
- NOMS Family Medicine Associates
- North Canton Family Physicians Inc.
- North Hills Family Medicine Northern Ohio Medical Specialists
- Premier Physician Center Rittman Family Practice
- Riverside Family Practice Center Summa Center at New Seasons: Center for Health Equity
- Versailles Medical Center Wyoming Family Practice Center



Results and Conclusions

The New Jersey Academy of Family Physicians, the administrator of the online data collection/practice improvement module, provided data for all Ohio physicians who are in various stages of completing the colorectal cancer screening improvement process. Each practice was required to enter at least ten and no more than 25 patient records into the module then answer a series of questions regarding screening referrals, screenings received, outcomes of screenings, and reasons patients have not being screened. Once the data was entered, each practice could view their data measured against national standards. Based upon these results, each practice could assess their practice and determine areas for

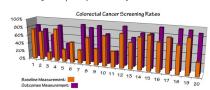
For reporting purposes, all data has been de-identified to protect physician confidentiality. enter into the module. The following data was collected in early February 2013 and indicates

- A total of 44 physicians are in some stage of completing the module (completed the module, in the action phase, or registered and started quality improvement phase.)
- Of the 44 total physicians, 20 have completed the entire module. These are their results:

| Practice Identifier | Baseline Measurement (raw data) | Outcome Measurement (raw data) | Percent Increase/Decrease |
|------------------------|------------------------------------|--------------------------------|------------------------------|
| 1 | 75% (9:12) | 82% (9:11) | 9% |
| 2 | 70% (7:10) | 73% (8:11) | 4% |
| 3 | 19% (3:16) | 59% (10:17) | 211% |
| 4 | 79% (11:14) | 85% (11:13) | 8% |
| 5 | 31% (4:13) | 40% (4:10) | 29% |
| 6 | 50% (16:25) | 0% | NA NA |
| 7 | 33% (4:12) | 90% (9:10) | 173% |
| 8 | 64% (16:25) | 84% (21:25) | 31% |
| 9 | 40% (4:10) | 90% (9:10) | 125% |
| 10 | 72% (18:25) | 72% (18:25) | 0% |
| 11 | 37% (10:27) | 32% (8:25) | -4% |
| 12 | 80% (8:10) | 93% (13:14) | 16% |
| 13 | 62% (8:13) | 68% (17:25) | 10% |
| 14 | 76% (19:25) | 80% (8:10) | 5% |
| 15 | 82% (9:11) | 80% (8:10) | -2% |
| 16 | 68% (17:25) | 96% (24:25) | 41% |
| 17 | 80% (8:10) | 73% (11:15) | -8% |
| 18 | 65% (11:17) | 95% (19:20) | 46% |
| 19 | 82% (14:17) | 94% (15:16) | 15% |

Overall, the outcome data indicates that the goal of the initiative (to increase colorectal cancer screening rates in practice) was achieved by an overall net increase of 17%.

88% (15:17)



Resources

20 31% (5:16)

- "How to Increase Practice Screening Rates in Practice Action Plan
- American Board of Family Medicine (ABFM) approved Maintenan Certification (MC-FP) Part IV module on Colorectal Cancer Scree Improvement through the New Jersey Academy of Family Physici
- 2011–13 Colorectal Cancer Facts and Figures American Cancer Society
- Promoting Cancer Screening within the Patient-Centered Medical Mona Sarfaty, MD, MPH; Richard Wender, MD; Robert Smith, PhD CA CANCER J CLIN 2011:00:000-000

