Screening the uninsured in South Carolina: building and sustaining linkages to care using patient navigation

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INTRODUCTION

Nationally, colorectal cancer (CRC) screening rates remain far below the goal of 80% as set by the National Colorectal Cancer Roundtable. Among medically underserved populations, adherence to CRC screening is substantially lower (i.e., 20-40% in FQHC populations).

In South Carolina, a state in which Medicaid was not expanded using federal funds, providing CRC screening to the medically underserved remains a concern. The **South Carolina Colon Cancer Prevention Network (SCCCPN) partnered with a statewide network of hospitals, free medical clinics (FMCs), federally qualified health centers (FQHCs), and endoscopy centers to screen medically underserved South Carolinians.**

The SCCCPN has coordinated and implemented a navigation-based, colonoscopy screening program for the medical underserved in South Carolina since 2008. The goal of the SCCCPN is to use outreach and navigation in partnership with clinical service providers to offer no-cost colonoscopy screening to the medically underserved in South Carolina to reduce CRC incidence and mortality.

Our goal was to describe key SCCCPN screening program components, and highlight key clinical quality and program evaluation indicators.

METHODS

We measured navigation and colonoscopy quality indicators for the population screened in the past 12 months using our web-based data capture software. This **included patients aged 50-64 (45-64 for African Americans) who were navigated through the program from 47 participating free medical clinics and FQHCs, and 14 participating endoscopy practices.**

Figure 1. SC Colon Cancer Prevention Network Screening Program Flowchart

*Most patients also consent to have their data included in a research registry
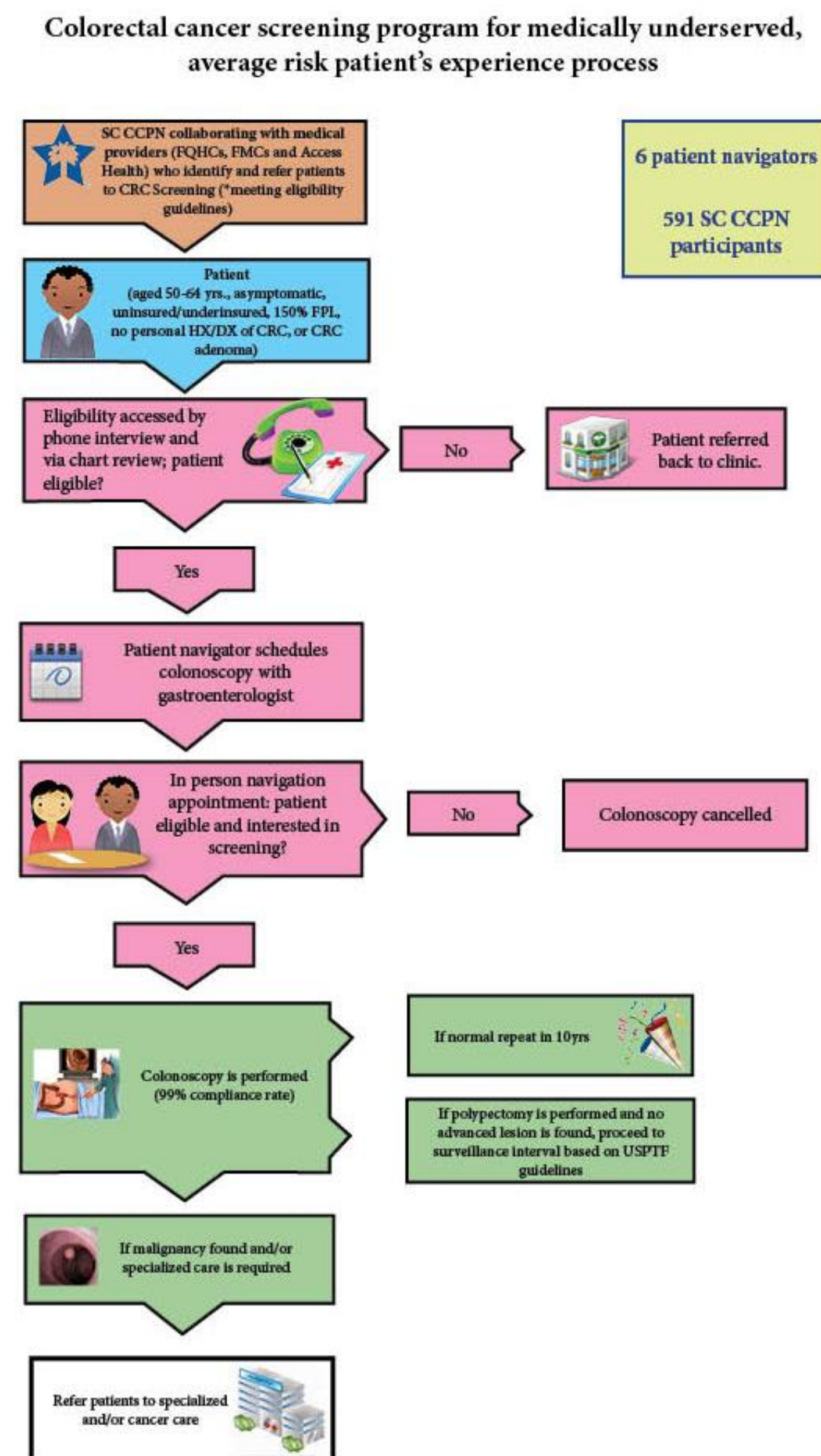
RESULTS

In the past 12 months, we screened 591 persons from 25 SC counties (representing 54% of all SC counties). Overall, recruitment sites and endoscopy practices reported high levels of satisfaction with the program. In a sample of patients for whom detailed colonoscopy data were available (n=254), the polyp and adenoma detection rate for those screened far exceeds published recommended benchmarks. Our patients were also well prepped and compliant with scheduled colonoscopy appointments, leading to high satisfaction among our recruitment and endoscopy sites.
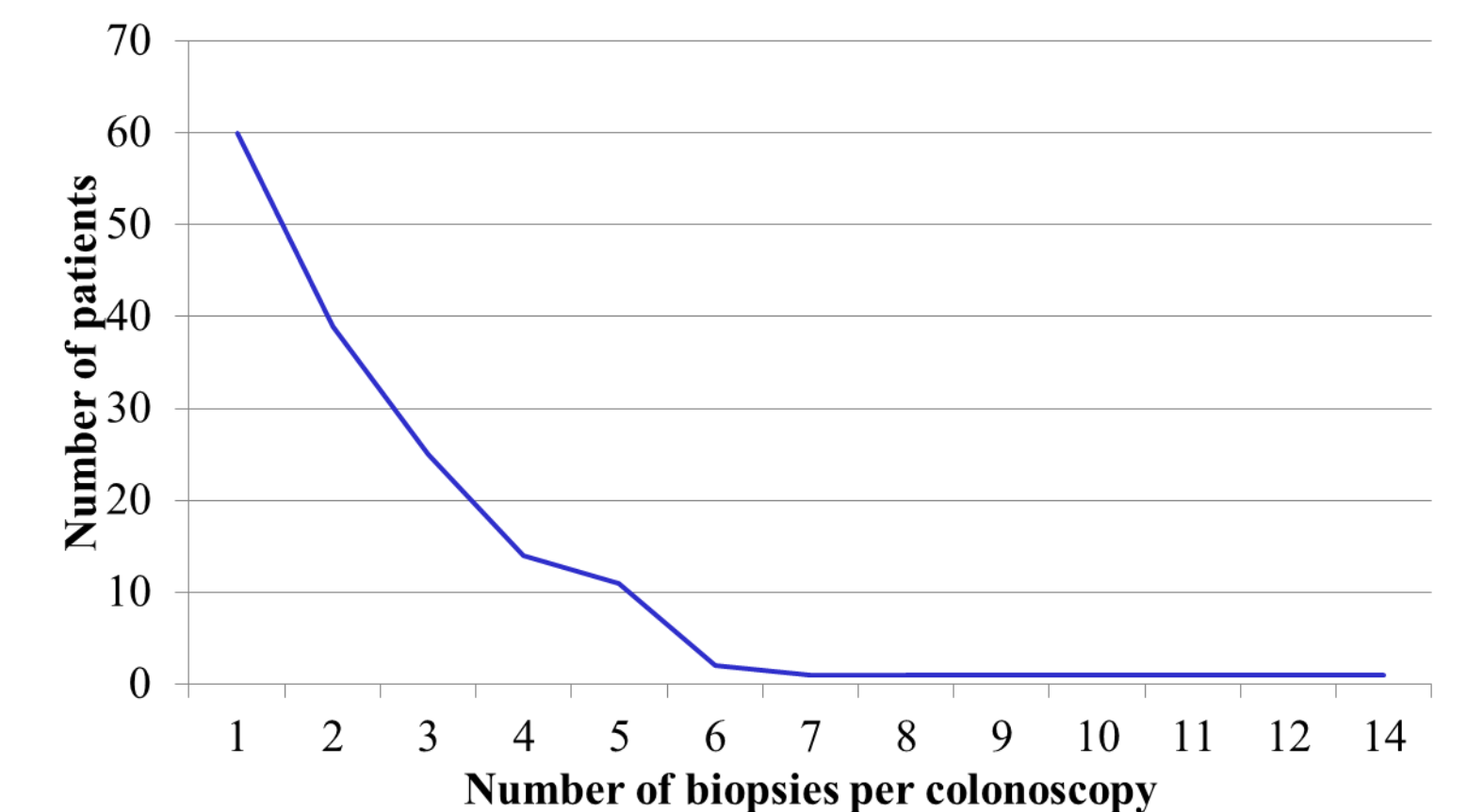
Key Clinical Quality Indicators:
Adenoma Detection Rate = 37%
**Polyp Detection Rate = 55%**
Cecal Intubation Rate = 94%
Good-to-Excellent Colon Prep =85%

Key Program Evaluation Indicators:

	Recruitment Sites	Endoscopy Centers
How would you rate your interaction with the SCCCPN navigator?	1.4	1.3
Overall, how would you rate the level of service provided by the SCCCPN navigator?	1.2	1.5
How would you rate your interactions with the SCCCPN patients at the endoscopy center?	---	1
How well do you understand the policies and procedures required for seeing SCCCPN patients?	---	1
In general, how satisfied are you with your communication with the SCCCPN?	1.6	1
In general, how satisfied are you with the organization of the SCCCPN?	1.5	1.3
In general, how satisfied are you with the administrative requirements of the SCCCPN?	1.3	1.4

Averages are provided with means closest to 1 = highest rating/most satisfied; 5 = lowest rating/least satisfied

Other includes: Hemorrhoids, Melanosis Coli, Diverticulosis
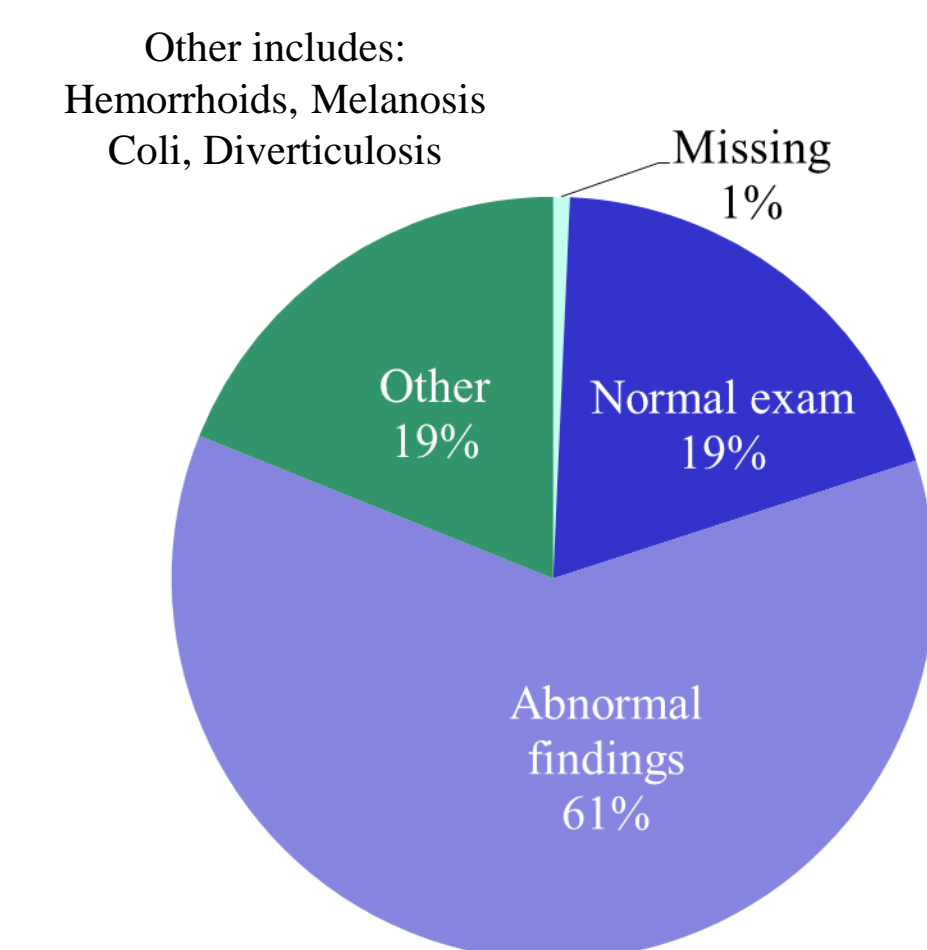
CONCLUSIONS

Our statewide network of partnerships has expanded rapidly in the past 18 months, allowing us to screen 500 more persons per year from 4 times more counties than was previously available in 2011-2013. Our program experience shows that patient navigation has improved screening compliance and colonoscopy quality metrics, without out-of-pocket cost to the patient. Persons interested in data from the research registry should contact Dr. Jan Eberth (jmeberth@mailbox.sc.edu; 803-576-5770) to discuss project ideas/feasibility.