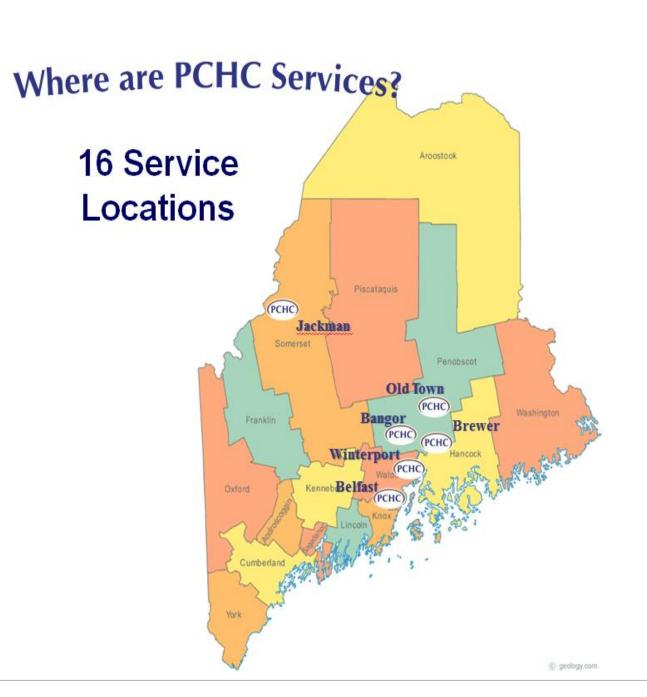
Improving Colorectal Cancer Screening Rates Through Outreach and Recall

Challenge Cancer Conference

Theresa Knowles, FNP-C

May 1st, 2018





Strategies for Improvement of Colorectal Cancer Screening Rates

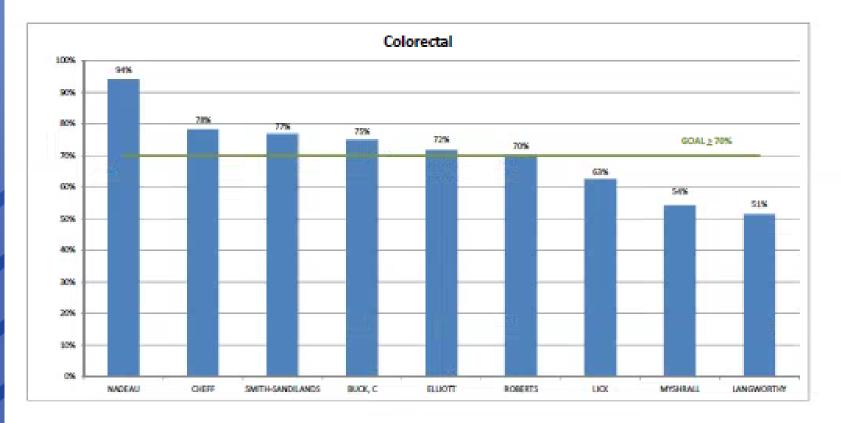
- Postcards for those turning 50 in 3 months
 - Vignette 1
- Letters/phone calls to patients overdue for colorectal cancer screening
 - Vignette 2
- Letters to patients who have had CRC screening in the past and will be due in 3-6 months
 - Vignette 3

Strategies for Improvement (Cont.)

- Outreach to patients who have cancelled or no showed for colonoscopy
 - Vignette 4
- Use of a different anesthetic for colonoscopy if no one to accompany the patient home
 - Vignette 5
- Outreach MA follow-up with patients 1wk after sending out FIT kits to answer questions/identify barriers or concerns
 - Vignette 6

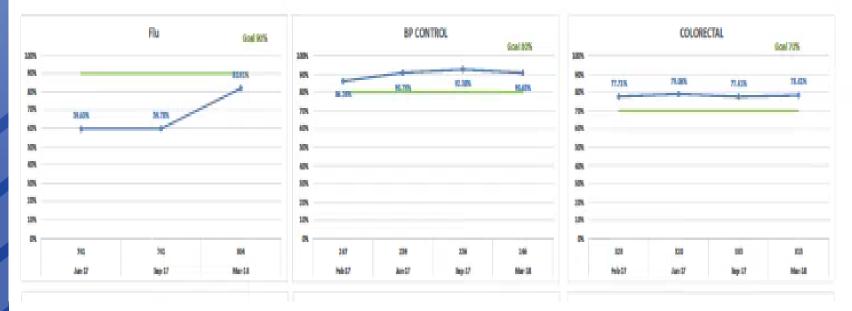
Strategies for Improvement (Cont.)

- Use of data to drive improvement
 - Vignette 7



Strategies for Improvement (Cont.)

SUSAN CHEFF, MD	Au	BP Control	Colorectal	Mammo	A16(9	PAPS	ACEI/AR8	IVD with Antithrombotic	CAD with Lipid Lowering Therapy
YOUR RESULT	82%	91%	78%	78%	91%	77%	67%	90%	89%
GOAL	90%	80%	70%	70%	88%	75%	85%	90%	80%
Number of Pts to Reach Goal	25	0	0	0	0	0	3	0	0
PRACTICE AVERAGE	70%	89%	68%	70%	82%	71%	81%	92%	71%
Organizational Average	62%	83%	64%	67%	77%	60%	74%	90%	80%



Lessons Learned

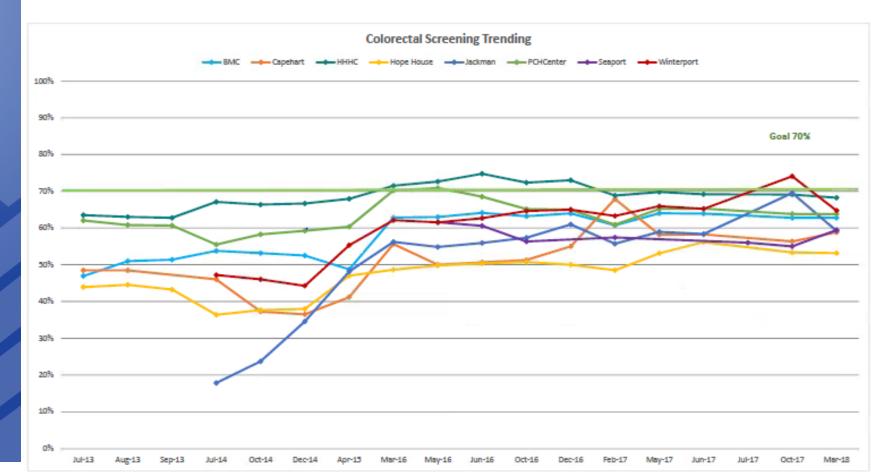
We now know:

- Funding through Maine Cancer Foundation was key in developing our program
- Calling patients is more effective than just sending letters
- Offering IFOB/FIT testing is as important as offering colonoscopy
- Normalizing the screenings makes them easier to sell
- Standardizing work flow ensures consistency
- Creating easy ways to identify patients due for screening is most efficient (use EMR)
- Scripting for staff who offer screenings to patients increases the "Yes" rate
 - Use of motivational interviewing is key

Results to date

October 2012- June 2015- March 2018

38.85%→57.69%→64%





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