

Guthrie Robert Packer Hospital, Sayre, PA

80% by 2018? Accelerating Colorectal Cancer (CRC) Screening in NY and PA

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Background: Rural dwellers are known to have lower rates of colorectal cancer (CRC) screening than their urban counterparts. The Sayre Internal Medicine (IM) Clinic hosts about 17,000 visits a year from patients from at least 6 surrounding rural counties in New York and Pennsylvania. Approximately one-fifth of these visits are to residents in their first, second, or third years of training. The project goal was to meet the American Cancer Society target of 80% CRC screening of average-risk persons aged 50–75 years by 2018.

Methods: The project assumption was that all Bradford County, PA residents use Guthrie Robert Packer Hospital (RPH) (the sole hospital in this county) for medical/primary care. To promote community engagement, the Guthrie Cancer Center hosted a CRC Community Health Day on the RPH campus in August 2016. The project outcome measure was screening rates obtained via EMR. The preintervention rate was calculated as persons who had completed appropriate CRC screening divided by the total number of patients aged 50–75 years. The postintervention rate included persons who undertook screening, as well as those who took any of these actions toward screening: commit to colonoscopy, with order placed in Epic; commit to fecal occult blood test; or elect to discuss screening with his/her PCP.

Results: The preintervention screening rate was 67.6%. The postintervention screening rate was 80%. One-fifth of patients at average risk for CRC committed to having screening done after direct contact/discussion of the issue. Although colonoscopy is typically the most common form of screening performed, as many patients in this study as planned colonoscopy chose fecal occult testing. Nearly another one-fifth expressed willingness to discuss screening with their PCPs, suggesting that patients rely on their PCPs to help them navigate screening for colorectal and perhaps other cancers.

Conclusion: It is possible to increase CRC screening rates in IM resident clinics via direct approach of patients by a resident in the practice. If the improvement seen so far is confirmed, spread, and sustained, our region will achieve the national goal of 80% screening by 2018, thus eliminating a disparity and saving lives.

PROJECT MANAGEMENT PLAN – 80% by 2018? Accelerating Colorectal Cancer (CRC) Screening in NY and PA

Vision Statement	Our vision is to create positive measurable change in our local communities. Our mission is to create and implement a unique and sustainable approach to a local health disparity to move toward fulfillment of a national health objective.
Team Objectives	Our objective was to meet the American Cancer Society target of 80% CRC screening of average-risk persons aged 50–75 years by 2018.
Success Factors	The most successful part of our work was the direct outreach to patients. We were inspired by the enthusiasm of team members as they joined the team.
Barriers	The largest barrier encountered was team attrition. We worked to overcome this challenge by networking with like-minded individuals and admitting/readmitting to the team as needed.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to offer opportunities for participation to residents at all levels, knowing that some may graduate or disengage.