

Project: Using Shared Decision Making and Team-Based Care to Overcome Socioeconomic and Cultural Barriers to Colorectal Cancer Screenings

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Team Members: Kristin Rowse, Misty Weeman, Rachel Kidder, MMP Population Health, MMP IM-Pediatric Clinic Team: PSRs, MA's, Physicians, Nurses, Providers, Interns, and Residents

Problem/Impact Statement:

Colorectal cancer disproportionately affects minorities and those in lower socioeconomic groups. As one of the oldest and most rural states in the nation, Maine has needed to be innovative in its efforts to screen the growing population of eligible patients. Additionally, our particular patient population is comprised of many newly arrived immigrants to the US, which presents additional challenges for cancer screening. Annual use of fecal immunochemical testing (FIT) represents a low barrier, low cost and low risk screening tool with the potential to reach patients that might otherwise never be screened for colorectal cancer. In appropriate patients, FIT use offers the opportunity to overcome social determinants of health, such as low health literacy, lack of access to care in rural communities and other socioeconomic barriers.

Scope:

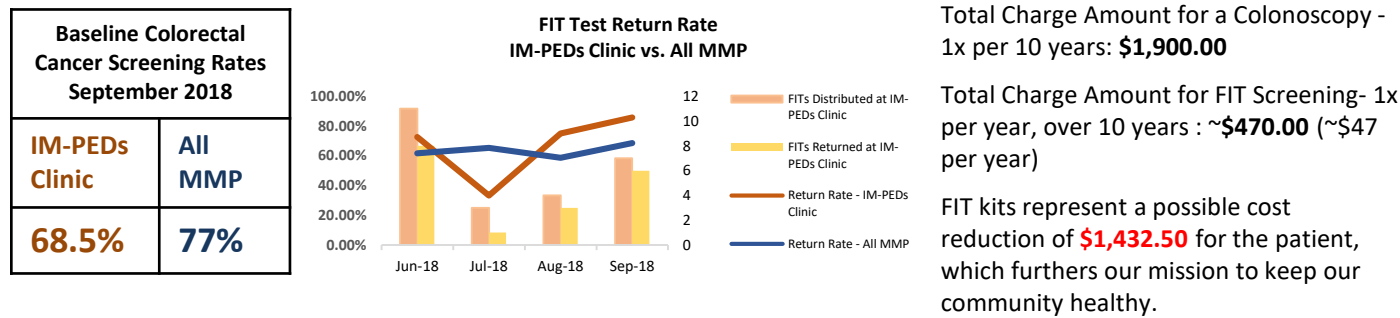
In scope: Patients at MMC Internal Medicine-Pediatric Clinic
 Out of scope: Patients at other MMC/MH/MMP clinics, patients outside the MH system

Goal/Objective:

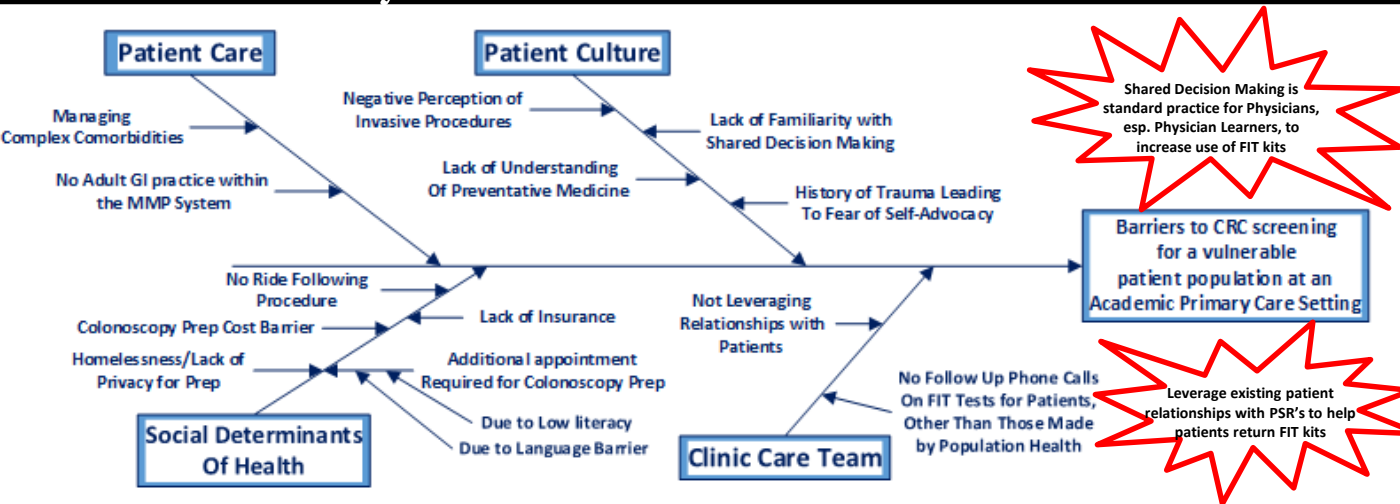
A minimum of **80% of eligible patients will be screened for colorectal cancer by October, 2019**

- Increase patient use of FIT Kits as a low barrier, low cost high impact option
- Increase rate of return for FIT Kits

Baseline Metrics/Current State:



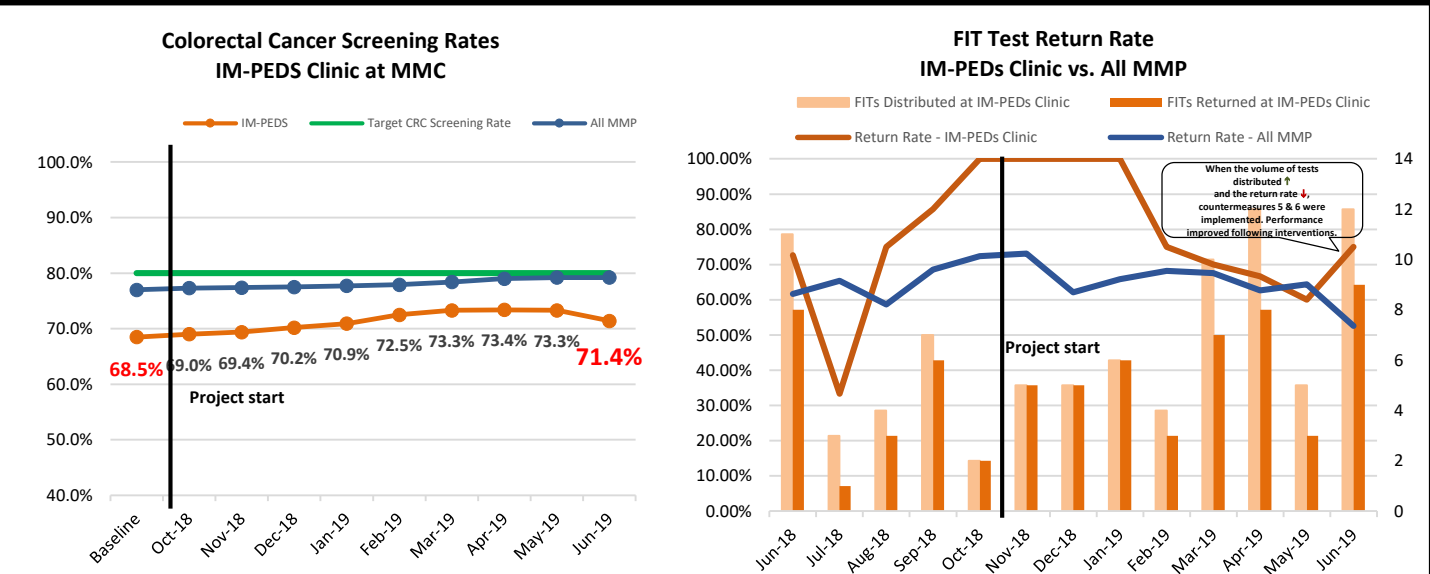
Root Cause Analysis:



Countermeasures

Action	Owner	Status
1. Resident education	Amanda Powell	Ongoing
2. Graphic reminder for residents to put in order for colonoscopy or FIT during office visits	Rebeca Sulem	Feb 2018 - October 2018
3. KPI: All patients age 50-75 will have an order for a colonoscopy or FIT in their chart	IM-PEDS Clinic Team	Feb 2018 - October 2018
4. Project KPI - F/U with patients for FIT completion. Phone calls x2, then a letter to patients to remind them to complete and return tests	PSRs	November 2018 - March 2018
5. Clinical staff maintaining kit inventory & expiration dates	MA, LPN, Unit Helper	Ongoing
6. Reissuing kits to patients who have either lost them or the kit has expired	MA, LPN, Unit Helper	Ongoing
7. Population Health making reminder phone calls and mailing CRC health letters to patients	Population Health	Ongoing

Outcomes



Since the start of the project in October, 2018, out of 64 ordered, **6** FIT tests have indicated that patients need further testing. This represents 6 potential opportunities to rule out or diagnose colon cancer early. Rule-outs and early diagnosis are essential to improving patient outcomes and reducing cost of care.

Next Steps

- Continue to identify interventions to meet the 80% target
- Increase use of whole care team to impact other MMP heat map metrics, including breast cancer screening
- Correlate care team participation in patient care with employee engagement scores

Plan

Do

Study

Act