2013 Colorectal Cancer Screening Improvement Project Final Report

Background:

The Colorectal Cancer Screening (CRC) Improvement Program is an evidence-based intervention to increase referrals for, and completion of, CRC screening through a collaborative intervention with the Ohio Comprehensive Cancer Control Program, ACS East Central Division, and the Ohio Academy of Family Physicians (OAFP). The peer-reviewed published literature and consultations with the ACS and the OAFP clearly demonstrate that a recommendation from a primary care physician is the strongest predictor for a patient to be screened for CRC. This intervention will focus on OAFP members using the professional education materials developed by Thomas Jefferson University Department of Family Medicine in collaboration with the ACS: How to Increase CRC 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 CRC screening rates: (1) office policies, (2) reminder systems, and (3) communication. Other activities will include: (4) establishing a baseline CRC screening rate for the practice, and (5) tracking the completion of CRC screening to detect if an increase in screening is taking place as a result of the professional education intervention.

Practice Intervention:

Step 1: Data collection and practice assessment:
All participating practice teams were asked to engage the CRC screening improvement module which serves as our data collection and project analysis instrument. The online professional development tool is designed to be user-friendly, interactive and help incorporate QI initiatives into the practice. Through this process, practices identify areas of practice strength and opportunities for improvement through the collection of patient and practice data, develop a QI plan, implement interventions and complete a post-assessment process to determine if improvement was achieved. The data collection and practice assessment module is housed on the New Jersey Academy of Family Physicians website and is free to access: http://www.njafp.org/education/maintenance-certification. Once the practice completed the required phases of the module and determined their practice intervention for improvement, team members created an action plan that served as the impetus for their Team Training Day activity.

Step 2: Team Training:
18 practices were selected to participate in a unique quality improvement training session to customize an office protocol to properly identify patients at risk for colorectal cancer and when to recommend appropriate screening. By utilizing the skills of the entire office team, the system developed during the Team Training Day helped to streamline the referral or procedural process that improves patient care while increasing physician payment and office efficiency. See attached agenda and evaluation results.

The Team Training Day took place on Saturday, June 22 at the Crowne Plaza Hotel in Dublin with the following practices participating:
- Arrowhead Clinic
- Bachtel and Associates, Inc.
- City of Cincinnati Health Department - Elm St. Health Center
- Cleveland Clinic Beachwood Dept. Family Medicine
- Fairfield Medical Associates
- Family Healthcare, Inc.
- Family Physicians, Inc.
The Team Training Day agenda is attached and titled, “Attachment A” and the final Team Training Day evaluation report is attached and titled, “Attachment B”.

**Additional Education:**
As an enhancement to the overall project, OAFP enlisted the help of TransforMED, an organization committed to advancing Patient-Centered Medical Home (PCMH) transformation among primary care practices, to lead a series of webinars centered on achieving practice improvement – free of charge to all OAFP members and each accredited for up to .75 credits of CME. All webinars are archived and available on the OAFP website: [http://www.ohioafp.org/quality-improvement-cme/oafp-programs/pcmhleadership-webinar-series/](http://www.ohioafp.org/quality-improvement-cme/oafp-programs/pcmhleadership-webinar-series/)

- **“Screening for Lynch Syndrome and the Role of the Practice Team”**  
  Tuesday, March 26, 2013 @ 12:15 – 1:00 p.m.  
  Speaker: Heather Hampel, MS, CGC, Associate Director, Division of Human Genetics and Professor, Internal Medicine at The Ohio State University Comprehensive Cancer Center

- **“Working at the Top of your License Effectively and Efficiently”**  
  Wednesday, May 29, 2013 @ 12:15 – 1:00 p.m.  
  Speaker: Cindy Campbell, RN, BSN, MBA, TransforMED

- **“Prepare Your Team for the Tidal Wave of Change / Small Test of Change”**  
  Wednesday, Aug. 28, 2013 @ 12:15 – 1:00 p.m.  
  Speaker: Tracy Hartman, MHA, CPHQ, TransforMED

- **“Integrating Care Coordinators into Your Team…and Get Paid For It!”**  
  Wednesday, October 23, 2012 @ 12:15 – 1:00 p.m.  
  Speakers: Colleen Stack, CMPE and Pete Moyer, CCLS, MHCL, TransforMED

**Final Outcomes:**
14 of 19 practice teams completed their online data collection and practice assessment module by the target date – Dec. 31, 2013. Each practice that completed the module received a pre- and post-assessment measurement result, as well as information about the effectiveness of the interventions and processes that were implemented on the practice level. Listed below are de-identified practice data indicating whether a practice improvement was achieved or not.

<table>
<thead>
<tr>
<th>2013 Practice #</th>
<th>before</th>
<th>after</th>
<th>Improvement %</th>
</tr>
</thead>
<tbody>
<tr>
<td>8656</td>
<td>56%</td>
<td>100%</td>
<td>79%</td>
</tr>
<tr>
<td>8748</td>
<td>20%</td>
<td>80%</td>
<td>300%</td>
</tr>
<tr>
<td>8376</td>
<td>64%</td>
<td>68%</td>
<td>6%</td>
</tr>
<tr>
<td>8498</td>
<td>48%</td>
<td>100%</td>
<td>108%</td>
</tr>
</tbody>
</table>
Overall, the improvement is quite remarkable. If you assume the samples are of equal size, the basic arithmetic average of improvement for all the practices that completed the program in 2013 averages a 60% increase in colorectal cancer screening rates. There are still 14 physicians who have not completed the module to date. These physicians are most likely waiting to complete the module in 2014 in order to earn credit in the year their requirements are due for the American Board of Family Medicine (ABFM) Maintenance of Certification process.

Based upon the data collected from the NJAFP, it appears that several physicians engaged in our 2012 program completed their module in 2013. I assume they waited to complete the program for the same reason as listed above. These are their results:

<table>
<thead>
<tr>
<th>2012 Practice #</th>
<th>before</th>
<th>after</th>
<th>Improvement %</th>
</tr>
</thead>
<tbody>
<tr>
<td>6235</td>
<td>50%</td>
<td>70%</td>
<td>40%</td>
</tr>
<tr>
<td>6168</td>
<td>76%</td>
<td>72%</td>
<td>-5%</td>
</tr>
<tr>
<td>6218</td>
<td>50%</td>
<td>70%</td>
<td>40%</td>
</tr>
<tr>
<td>6135</td>
<td>82%</td>
<td>77%</td>
<td>-6%</td>
</tr>
<tr>
<td>6154</td>
<td>40%</td>
<td>20%</td>
<td>-50%</td>
</tr>
<tr>
<td>6205</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>6163</td>
<td>60%</td>
<td>50%</td>
<td>-17%</td>
</tr>
<tr>
<td>6241</td>
<td>53%</td>
<td>100%</td>
<td>89%</td>
</tr>
<tr>
<td>6337</td>
<td>75%</td>
<td>75%</td>
<td>0%</td>
</tr>
<tr>
<td>6164</td>
<td>65%</td>
<td>91%</td>
<td>40%</td>
</tr>
<tr>
<td>6228</td>
<td>60%</td>
<td>100%</td>
<td>67%</td>
</tr>
<tr>
<td>6187</td>
<td>70%</td>
<td>73%</td>
<td>4%</td>
</tr>
<tr>
<td>6211</td>
<td>19%</td>
<td>59%</td>
<td>211%</td>
</tr>
</tbody>
</table>
Combined, these physician teams averaged a 32% increase in colorectal screening improvement rates. I’m sure a quality improvement researcher and statistician would be able to explain why these practices recorded less of an improvement.

Two factors separate the 2012 from 2013 figures: 1) the 2012 program was offered on the mentor to practice level and not in a group learning session like it was in 2013 and 2) the 2012 numbers reflect the impact of a longer period between baseline and outcomes measurement.

Planning for 2014 CRC Screening Improvement Program:
Plans are already in the works to execute another successful CRC Screening improvement program for 2014. Practice recruitment began in January and the Team Training Day has been set for June 14, 2014 at the Embassy Suites in Dublin, Ohio. The 2014 PCMH/Leadership Webinar Series is already underway with terrific topics for the entire practice team to enjoy:

- **“Beyond PCMH... The Medical Neighborhood and Integrated Delivery Systems”**
  Wednesday March 5, 2014 @ 12:15 – 1:00 p.m.
  Speaker: Charles “Chuck” Moses, MBA, MSHA, FACMPE, Centers for Excellence Consultant, TransforMED
  Archive available at: [https://transformed.adobeconnect.com/_a993371154/p90dxukwmap/?launcher=false&fcsContent=true&pbMode=normal](https://transformed.adobeconnect.com/_a993371154/p90dxukwmap/?launcher=false&fcsContent=true&pbMode=normal)

- **“Partnering with Community to Support Patient Outreach”**
  Wednesday, April 23, 2014 @ 12:15 – 1:00 p.m.
  Speaker: Rachel Wallis, MPH, CPCI Program Facilitator, TransforMED
  Registration available on the OAFP website: [www.ohioafp.org](http://www.ohioafp.org)

- **“Paying for Quality: Getting Support from your Medicaid HM”**
  Wednesday, May 21, 2014 @ 12:15 – 1:00 p.m.
  Speaker: Russell Kohl, MD, FAAFP, medical director, Innovation for Centers for Excellence, TransforMED
  Registration available on the OAFP website: [www.ohioafp.org](http://www.ohioafp.org)
2013 Colorectal Cancer Screening Improvement Project
Family Medicine Team Training Day Schedule
Saturday, June 22
Crowne Plaza Hotel - Dublin, Ohio
9:30 a.m. – 3:30 p.m.

Schedule at a Glance

9:30 a.m.  Registration/ Buffet Breakfast

10:00 - 10:30 a.m.  Welcome and Introductions/Ice Breaker
Jon Seager, MD, FAAFP – Practicing Family Physician, North Canton, Ohio

10:30 - 11:30 a.m.  Importance of Team Engagement and Quality Improvement
Ted Wymyslo, MD, FAAFP – Director, Ohio Department of Health
• Importance of Quality Improvement (QI) and its impact on enhanced patient care
• Making the connection between QI and the Patient-Centered Medical Home
• The important role of the practice team on patient health outcomes
  Activity: Creating a Team Vision/Mission of the Ideal Medical Practice
  What is the area your team plans to focus your CRC Screening Improvement intervention?
  Make a sign and place on your table station for reference throughout the day.

11:30 a.m. – 12:15 p.m.  Review the Toolkit and Action Plan
Durado Brooks, MD, MPH – Director, Prostate and Colorectal Cancers, American Cancer Society
• Discuss the burden of CRC and impact on stage of diagnosis
• Main components of the document that compels practice redesign
• Recommendation from a physician is the key factor for patient compliance in getting a colonoscopy

12:15 – 1:00 p.m.  Informal networking lunch (seated regionally with assigned ACS representatives)

1:00 – 1:45 p.m.  Tailoring an Office Protocol to Fit the Practice (Durado Brooks, MD)
While almost all primary care providers recommend screening for CRC, few have office systems in place to assure compliance. Effective clinical outcomes are enhanced by clear office policies, well designed systems, effective communications, and quality reviews. These can vary from practice to practice, but their presence is necessary. Refer to toolkit for this discussion.

1:45 – 2:30 p.m.  Exercise: Workflow & Process Mapping (Jon Seager, MD)
Eliminating unnecessary or wasteful steps in a process makes work run more smoothly and is more satisfying for the entire staff. The practice will be able to keep the map as a reminder to their agreed upon workflow process. A staff member will be asked to later document process for the practice’s future reference. This exercise will help the practice establish or amend their office protocol.
Office Reminder Systems and Follow-up Tracking Process (Durado Brooks, MD)
Research has demonstrated that practices that use reminder systems are more effective. These systems can be directed at physician offices, patients or both. The reminders focus on action, not on information. They are not intended to educate but rather to instigate action. The reminders can be delivered passively, in the form of postcards, prescriptions etc., and actively, in the form of phone calls or messages communicated in person.

Team-Training Conclusion: Review what has been accomplished (Jon Seager, MD)
Review four key elements that improve effectiveness:
- A Recommendation
- Setting an Office Policy & Enhanced Workflow
- Creating a Reminder System
- Building an Effective Communication System and Tracking Progress
Share new insights and goals for practice change.

Final Announcements:
- CME webinar series schedule
- Resources available on OAFP Web site
- ACS regional representative contact information

Adjourn
Thank you in advance for your time in completing the questions below.
Your feedback is valuable to us as we plan future programs.

Please rate the following areas and circle the answer which appropriately reflects your opinion.

<table>
<thead>
<tr>
<th>Topic / Speaker</th>
<th>Topic Met Educational Objectives</th>
<th>Topic Relevant to Practice</th>
<th>Increased My Knowledge and Competence</th>
<th>Speaker(s) Were Organized/ Presented Clearly</th>
<th>Invite Speaker(s) Again? YES or NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of Team Engagement and Quality Improvement</td>
<td>Yes – 35 No – 1</td>
<td>Yes – 35 No – 1</td>
<td>Yes – 35 No – 1</td>
<td></td>
<td>Yes – 36 No – 1</td>
</tr>
<tr>
<td>Ted Wymyslo, MD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toolkit, Action Plan and Tailoring an Office Protocol to Fit the Practice</td>
<td>Yes – 38 No – 0</td>
<td>Yes – 38 No – 0</td>
<td>Yes – 37 No – 1</td>
<td></td>
<td>Yes – 38 No – 0</td>
</tr>
<tr>
<td>Durado Brooks, MD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workflow &amp; Process Mapping Exercise</td>
<td>Yes – 37 No – 0</td>
<td>Yes – 38 No – 0</td>
<td>Yes – 38 No – 0</td>
<td></td>
<td>Yes – 38 No – 0</td>
</tr>
<tr>
<td>Jon Seager, MD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General comments about any specific speaker(s):

- Very informative. Dr. Brooks was very good, he knew his stuff.
- Next time, shorten the introductory speech. Perhaps even start 10 minutes early.
- Dr. Brooks was knowledgeable.
- Dr. Seager was approachable, practical but needs to be more focused.
- Where is the patient responsibility? Is the state going to pay patients for wellness? What is the poverty rank for the state of Ohio related to poor health outcomes? Just political influence. Need tax write off for wellness. Insurance and community must work together to improve quality. Right now we are paying people to be sick, and stay disabled and sick. We need to make wellness a priority.
- Enjoyed today’s meeting. All the speakers were excellent.
- Guest speakers were very informative.
- All very good. The moderator is awesome and funny.
- Very good.
o Excellent. Very concise and informative for this topic and application to simulate to peers.
o All very succinct and on target.
o Good conference. I’m really glad I came. My partner and I are making a plan to improve our processes to do CRC screening.
o Great place for conference.
o Poverty insurance coverage minimized by Dr. Wymyslo in my opinion.
o I liked the fact that these speakers are or have been in practice; their comments clearly demonstrate that and make their information more valid and accessible.
o I could listen to Dr. Ted Wymyslo as well as Dr. Brooks and Dr. Seager all day. Thank you.
o Dr. Wymyslo had a little too much information and went a little too long. Thank you.
o Dr. Brooks was excellent, very knowledgeable, communicated well.
o Dr. Seager was a good facilitator.

Were any speakers under undue commercial influence? (Please circle one)       Yes - 1             No – 36

Please rate the following areas and circle the answer which appropriately reflects your opinion.

Pre-Work Phase
• How useful were the step-by-step instructions and/or video on how to use the CRC module during the module start-up process?  
  Helpful – 23           Somewhat Helpful – 7           Not Helpful at All – O

• Overall, did you find the online module easy to use?  
  Very Easy – 21           Somewhat Easy – 7           Not Easy at All - O

• For participating physicians, how likely are you to complete the module at the conclusion on this program?  
  Very Likely – 25           Somewhat Likely – 1           Not Likely at All

Presentation, Materials & Resources
• Were the presentation materials (i.e. toolkit, handouts, and PowerPoint presentation) applicable to your practice needs?  
  Very Applicable – 32           Somewhat Applicable - 4           Not Applicable at All

• Do you plan to use the materials/resources as part of your quality improvement intervention plan?  
  Yes – 35                 No – 2     Maybe

• How useful did you find the process mapping exercise?  
  Very Helpful – 28           Somewhat Helpful – 9           Not Helpful at All
  o Somewhat helpful – maybe not show the handout until exercise is over.
• Will you put into practice the results of your team mapping exercise?
  Yes – 30  No – 1  Maybe – 4

Practice Team Experience
• Did you find today’s training a positive team building experience for your practice?
  Yes – 32  No – 1  Maybe – 2
  ○ Yes – would have had better participation if have regionally and not on a Saturday morning.
• Were non-physician members of your care team given an opportunity to participate equally to their physician counter parts?
  Yes – 27  No – 4  Undetermined
  ○ No – Not at this meeting but large participation in our practice setting.

Please rate the following areas and circle the answer which appropriately reflects your opinion.

General
• Was participation in the program worth your time?
  Yes – 34  No  Somewhat – 3
• Was the program relevant to the needs of a busy family medicine practice?
  Yes – 35  No  Somewhat – 2
• Are there any barriers that you anticipate in making permanent practice improvement changes?
  Yes – 23  No – 8  Undetermined – 6

If you answered Yes or No, please explain:
  ○ Yes – How good is our registry? Time/resources to reach out to patients. Access to colonoscopy.
  ○ Yes – Patients being responsible for their care/health.
  ○ Yes – Support from higher level management not ideal.
  ○ Yes – Lack of EMR.
  ○ Yes – Delay in training staff, of course time constraints.
  ○ Yes – For uninsured patients the wait time at UC for colonoscopy, indigent services is greater than 9 months, patients forget.
  ○ Yes – Large practice, getting all 9 practitioners on board for consistency.
  ○ Yes – We’ve had a lot of trouble implementing EHR “decision support system.”
  ○ Yes – Getting support from administration.
  ○ No – The best way to implement is reinforcement.
  ○ Yes – Would be easier if we had EMR.
Yes – Closing the communication loop.
Yes – Staff support.
Yes – Flow will be better now after understanding mapping.
Yes – Time constraints. Small changes at a time.
Yes – Time, compliance, access, insurance, other issues by patient.
Yes – Working on improving health care team knowledge and skills.
Yes – Staff acceptance of role change.
Yes – Takes extra work to organize. Takes time to educate staff (but both these are doable).
Remembering to follow through.
Yes – Some patients are illiterate, so teaching.

• Please identify a specific change in your practice that you intend to make as a result of this program:
  - Try to more formalize all screenings (pap, mammo, c-scopy, vaccines, etc.) as part of one well UBAS.
  - Reminder posters in office.
  - Once yearly preventative screening questionnaire.
  - Involving front desk.
  - Identifying all folk older than 50.
  - Increase use of FOBT-FIT, confirm type used.
  - Review of record day before appointment to identify colonoscopy.
  - Change the type of stool cards given to the patient (FOBT or FIT will be recommended).
  - Screen for high risk.
  - Closer interaction with network of GI physicians.
  - Follow up/close loop that definitive screen was done.
  - Involve all team members.
  - Have more visuals to follow up what is being said.
  - Work on an accurate registry and on closing the communication loop after referral.
  - Patient education.
  - Work on reminders.
  - Involve MA in prevention.
  - Investigate registry.
  - Close loop of referrals.
  - Pay more attention to high risk group.
  - Check tracking of FIT.
  - Looking for a registry.
  - Registry investigation.
  - 1 month follow up call after giving home FOBT.
  - Referral tracking.
  - Educate patient on what we are doing.
  - Emphasis on follow-up and reminders.
  - Team concept implementation.
  - Use ACS resources more.
  - Better communication in office.
  - Staff training.
  - Identifying all patients 50 years plus when they check in.
- Implement registry use.
- Increase patient education and identify high risk patient. Involve staff.
- Will implement comprehensive CRC screening program.
- Educate patient and staff.
- Work on follow-up on ordered tests.
- Wellness visits separate from sick visits.
- Systematically set up practice for wellness.
- Call back list for their results/colonoscopy scheduling.
- Tracking patient reminders.
- All patients given handout with importance of CRC.
- At first visit give them paper to choose CRC screening method.
- Give cards or schedule appointment.
- Referral tracking.

- Please make any suggestions that would help OAFP improve the quality of our CME programs in the future:
  - Please keep presentations (didactic style) less than 30 minutes.
  - More small-group work with facilitators at the tables.
  - I like the online/in-person combination program.
  - Keep up the good work.
  - Offer more of these workshops – great!
  - Give restroom breaks.
  - Have a 10 minute break between lectures.
  - Loved the breakfast/lunch.
  - Liked having several different speakers.

- In effort to plan future programs, what other topics would you like to learn about? Please elaborate on what you’d specifically like to learn about on that topic (i.e care coordination, practice-based services, quality & safety, etc.):
  - The well exam (for kids, adults, seniors).
  - Improving wait times.
  - Improving patient satisfaction.
  - Adult immunization module.
  - In-office labs.
  - Recommend doing similar seminar on health maintenance screening.
  - Health insurance exchanges.
  - ACO's.
  - Affordable Care Act.
  - Quality and safety.
  - Getting started on team visit/group visits.
  - Outcome bases services.