

Funding Opportunity Assists in Increasing Colorectal Cancer Screening Rates

Summary

Approximately 67% of all age-eligible South Dakotans are up-to-date with colorectal cancer screening. Screening rates for federally qualified health centers located in medically underserved areas are significantly lower and range from 8% to 51% based on 2014 Uniform Data System statistics.

While cancer screening and detection can prevent colon cancer, one in three South Dakotans age 50-75 are not up-to-date with these potentially life-saving tests. Promoting the test options, including simple take home blood stool kits, in addition to managing reminders and follow-up within health care facilities, are key factors for increasing screening and decreasing cancer incidence.

Challenge

Both insured and uninsured patients face a variety of obstacles including access to care, transportation, language barriers and health care costs. These barriers often hinder the completion of appropriate screening, thus increasing the probability of a later stage diagnosis and lower survival rate.

Increasing awareness and encouraging action to increase risk-appropriate colorectal cancer screening will ultimately reduce the incidence and mortality from colorectal cancer across South Dakota.



Solution

Policy and systems change improves health outcomes by increasing prevention and early detection using evidence-based interventions. A proactive systems approach saves lives and results in long-term reductions in health care costs.

The South Dakota Comprehensive Cancer Control Program awarded grants to four health care organizations to support the implementation of evidence-based interventions focused on increasing colorectal cancer screening rates. Grantees were chosen from various geographic locations across the state, including medically underserved areas. Patient populations included urban, rural, uninsured, underinsured and those with language barriers.

Grantees focused on increasing distribution of the affordable take-home fecal occult blood stool test (iFOBT) or fecal immunochemical test (FIT), as well as referral for colonoscopy. Evidence-based interventions included client reminders, provider reminders and provider assessment and feedback.

Results

Guidelines recommend yearly blood stool testing as one testing method for colorectal cancer screening. As South Dakota has one of the highest flu vaccination rates in the country, taking advantage of this preventive care routine to capture age-eligible patients on an annual basis proved to be an effective solution. This intervention contributed to one grantee's impressive increase in their colorectal cancer screening rate from 18% to 36% over a 12-month period.

Engaging patient navigators/patient care coordinators in the reminder process was determined to be a best practice for increasing blood stool kit return rates with an initial phone call followed by reminder letters determined as the most effective.

Informing providers of their individual and organization-wide colorectal cancer screening rates with regular updates served as motivation for provider reminders and also increased screening recommendations. Developing a system to determine baseline rates and measure ongoing progress served as an essential foundation for successful quality improvement work.

A health care professional team approach, including staff commitment to data collection through electronic medical records and patient surveys, served to solidify colorectal cancer screening within the grantee organizations to elevate the quality improvement work as a priority and secure leadership support.

While grantees' focus was initially on blood stool test kit distribution, progress reports reflected an increase in colonoscopy procedures, including one grantee having doubled the number of colonoscopies provided from the previous year.



“The amount distributed provided the 'jump-start' the organization needed to implement new processes and workflows to improve colorectal [cancer] screening.”

The funding has provided a “foundation for establishing ongoing processes that outlive the grant funding.”

- feedback from grantees

Resources

www.cancersd.com
www.getscreened.sd.gov
www.goodandhealthysd.org

Local Contacts

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