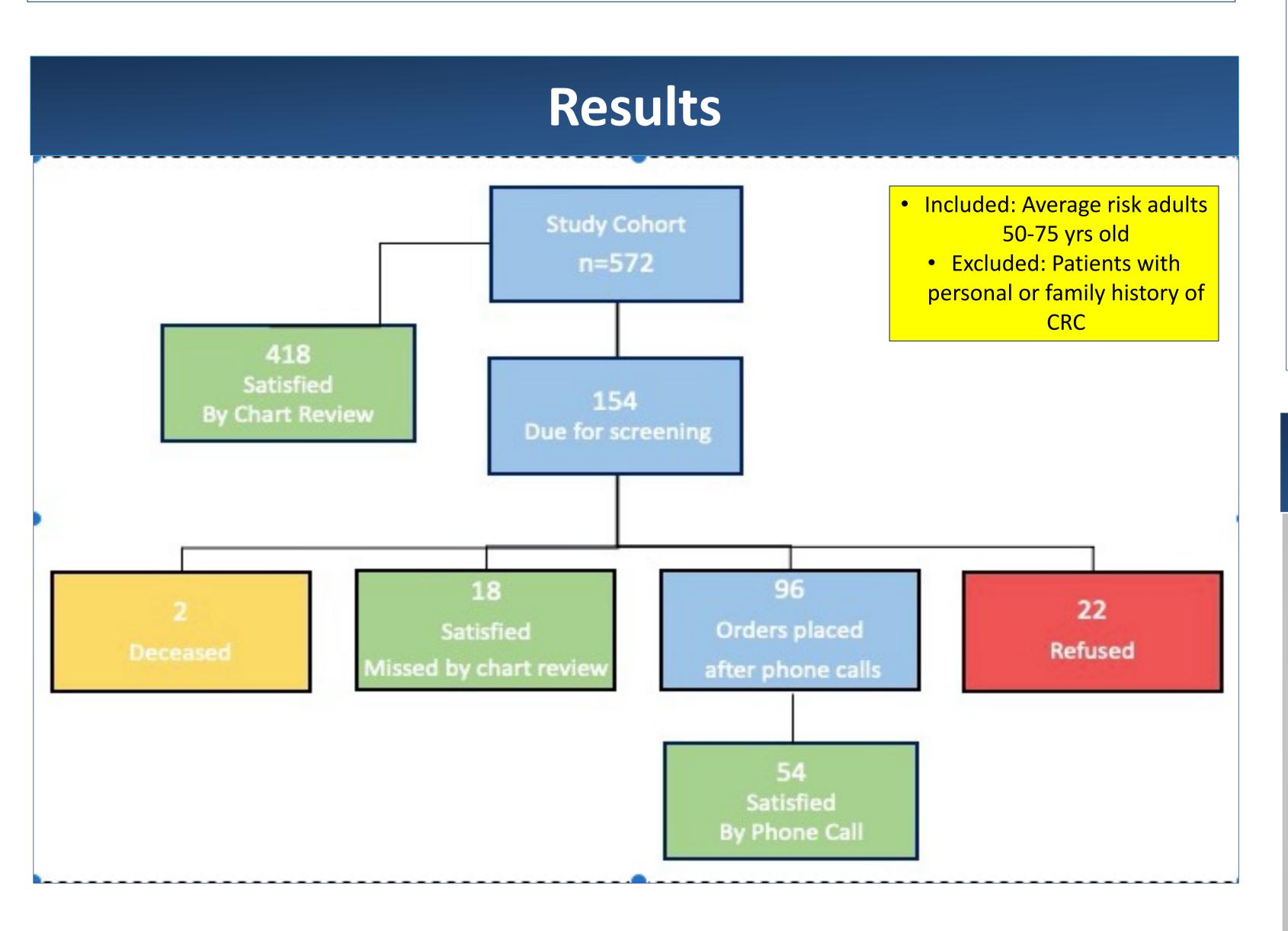
Increasing Colon Cancer Screening Compliance in a Residency Clinic by means of Personalized Patient Phone Calls

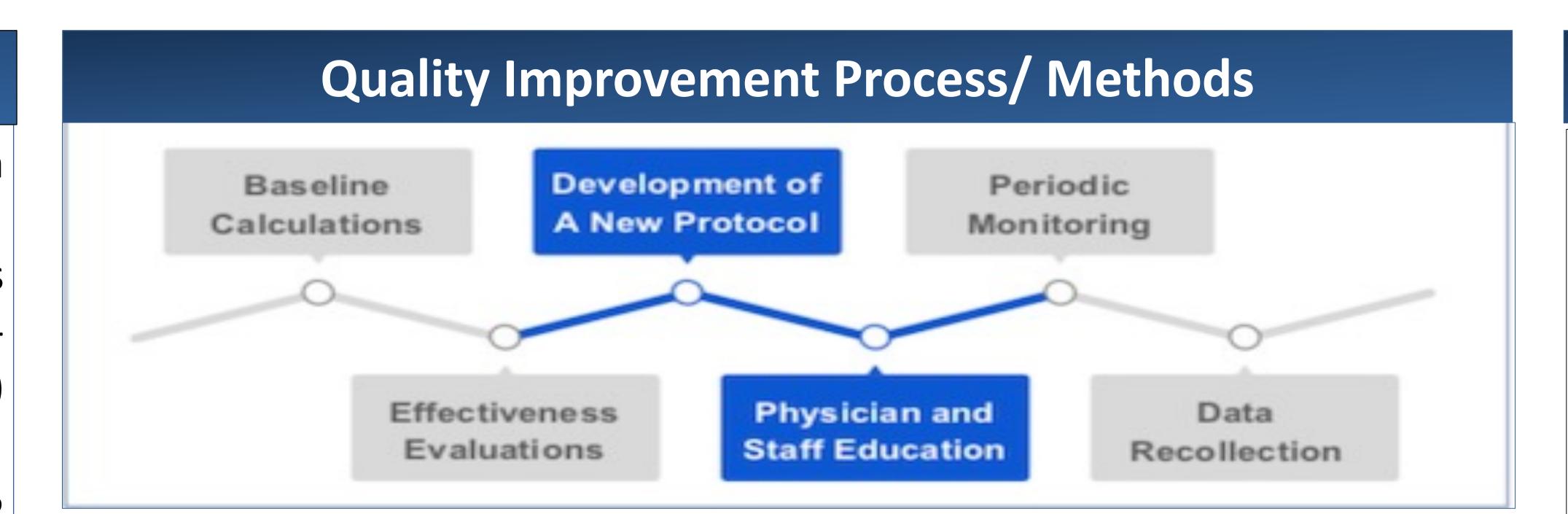
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Introduction

- Colorectal Cancer (CRC): 3rd most prevalent cancer in U.S. and 2nd most common cause of cancer mortality.
- ❖USPSTF recommends that average-risk adults; 45 years and older undergo regular screening with either a high-sensitivity stool-based test or a visual exam (Colonoscopy). (Grade B, 2021)
- ❖ National screening rate: 65.7% in U.S. adults aged 50-75 in 2016 with a goal to reach 80% by 2018. Most recent screening rate 69.4% per CDC (2020)
- Objective: Increase CRC screening rates in our primary care clinic.

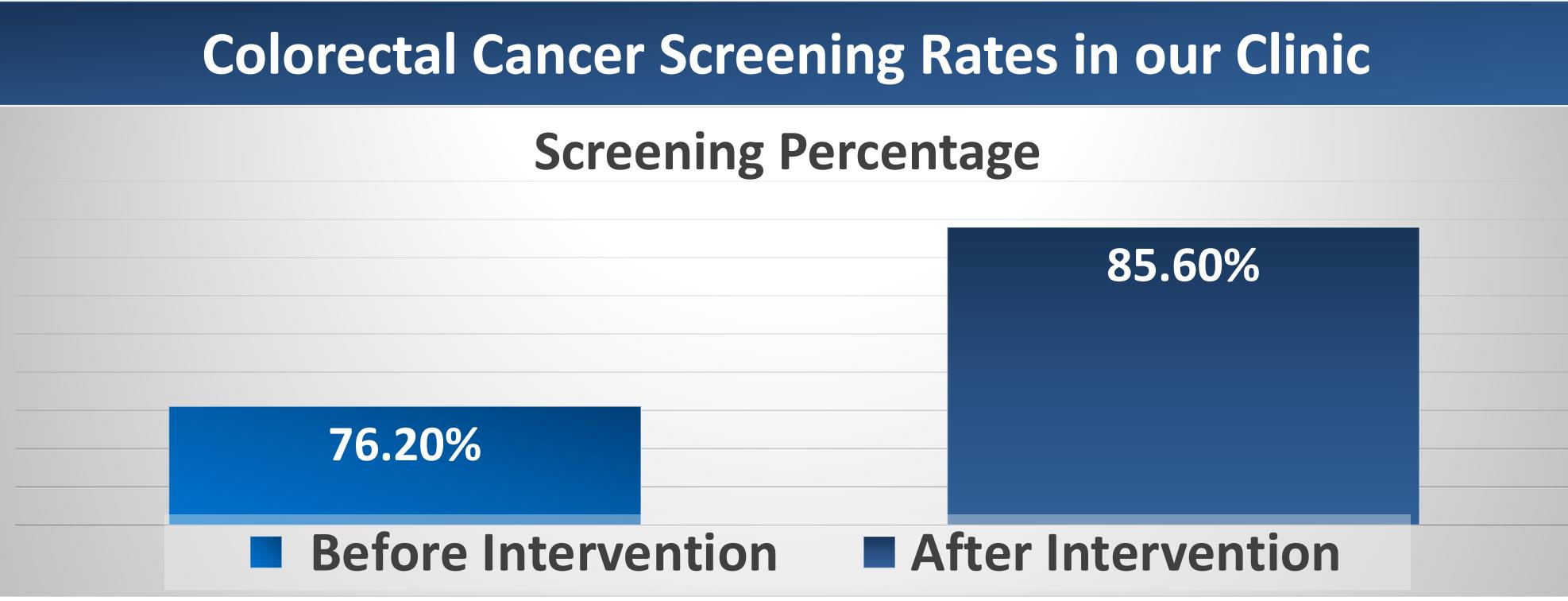


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Included in Agendas Medical Assistants Physicians

- Baseline chart review (50-75 average-risk adults
- Records request
- Due for screening: 10 years since last colonoscopy, 1-3 years for stool-based testing.
- Provide CRC Screening Brochure
- Confirm and record in EHR if satisfied screening
- Discuss different screening options via phone and provide orders/ referrals
- Follow up 6 months to 1 year after intervention



Results

- Phone call interventions significantly increased the colorectal cancer screening compliance in our clinic by 9.4%
- The baseline CRC screening compliance before interventions was 76% and post-intervention compliance rates were 85% which is above the national screening rate and goal at the time of intervention.
- Phone calls generated a 45.7% response rate.

Conclusions

- Propagation of our interventions to other similar primary care and gastroenterology practices can potentially increase the national screening rate.
- Considering relatively large workload on physicians, face-to-face opportunities esp. annual wellness visits, letters/automated calls should be considered to encourage screening.

Reference

Montminy EM, Karlitz JJ, Landreneau SW. Progress of colorectal cancer screening in United States: Past achievements and future challenges. Prev Med. 2019;120:78-84. doi:10.1016/j.ypmed.2018.12.004

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