

Reducing Health Care Disparities: Assessing Quality of Bowel Preparation and Rates of Colonoscopy Completion in the Underserved



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INTRODUCTION

Inadequate bowel preparation is a major barrier to the successful completion of colonoscopies, particularly in disadvantaged populations. In our GI fellows' clinic, we care for underinsured patients with low socioeconomic status, most of whom (56%) are Hispanic and Spanish-speaking only.

We aimed to compare the quality of bowel prep and rates of colonoscopy completion in fellows and faculty panels and to identify whether implementation of a patient navigator bridges the gap in health care disparities.

INTERVENTION

Table 1. Patient navigator role and responsibilities. (Main role: Provides individualized education of the pre-procedural testing and bowel preparation instructions in Spanish).

<p>Calls patients (in Spanish if preferred language) 2 weeks prior to their scheduled procedure to:</p> <ul style="list-style-type: none"> -Confirm procedure and appointment time -Review bowel preparation instructions and level of comprehension -Ensure clarity of COVID-19 testing instructions -Verify if patients are on any antiplatelet/anticoagulant agents and timing of periprocedural cessation -Give his contact information for any more questions
<p>Sends an email to the patient with the procedure information and bowel preparation instructions (in Spanish if preferred language)</p>
<p>Calls patients to ensure they have started the financial aid process to avoid cancellations and financial burdens</p>
<p>Calls patients 5 days before the procedure to verify they will be starting the prep</p>
<p>Present during the procedure day and procedure itself to assist with patient translation, if needed</p>

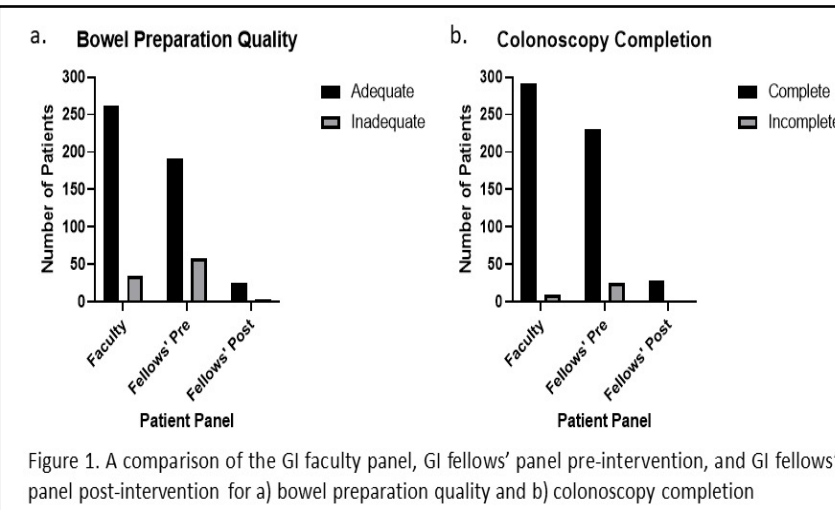
RESULTS

- Total # Colonoscopies
 - Faculty: 297
 - Fellows: 250
- # Inadequate Bowel Preps
 - Faculty: 35/297; 12%
 - Fellows: 58/250; 23%
- # Procedure Completions
 - Faculty: 288/297; 97%
 - Fellows: 225/250; 90%
- Post Intervention – Bowel Prep
 - 23% → 10%
- Post Intervention – Colonoscopy Completion
 - 90% → 97%

METHODS

- Retrospective chart review
- N= 547 colonoscopies performed
 - GI faculty panel 2019-2021
 - Fellows' panel from 2019 to date.
- Preparation quality was classified as adequate or inadequate
- Completion of procedure was defined as advancement of the colonoscope into the cecum.

RESULTS



CONCLUSIONS

- Difference exists between the fellows' and faculty panel in the rate of adequate bowel preparation and incomplete procedures due to poor bowel prep.
- This impacts time to diagnosis which leads to increased morbidity and mortality.
- Dedicated of Spanish-speaking navigator has improved the rate of adequate bowel preparation, thereby improving colonoscopy completion rates.
- Improved the QOC we deliver and will reduce healthcare disparities within our community