

Using EHRs for Quality Improvement: Colorectal Cancer Screening

Colorectal Cancer Screening

Dr. Nguyen has attested to Meaningful Use and her first incentive check is in the mail. She has harmonized her elective quality measures around cancer screenings because her EHR product is certified for screening measures, and she consistently gets the same denominator with accurate reports. Dr. Nguyen discovers the rate of colorectal cancer screening (NQF #0034) among her eligible patients is much lower than she'd like. An REC representative works with IT staff and the doctor's EHR vendor to review the system's functionality, repeat the reports, and confirm they are accurate. As a strong advocate of preventive care, particularly prevention of cancer deaths, Dr. Nguyen wants to learn about systematic ways to improve. First, the REC representative advises Dr. Nguyen to generate a patient list that identifies the names, addresses, and phone numbers of all appropriate patients in her practice who have not been screened. The REC representative then presents Dr. Nguyen with these potential options:

- Discuss colorectal screening with patients aged 50 to 75
 - Take a patient-centered approach to colorectal screening options.²
- Use the patient education function
 - Use print-outs, websites, and/or kiosks specified for a low-health literacy audience
 - Have staff use it to assess patient knowledge and use teach back at subsequent visits

Implement a Workflow that Supports Quality Improvement

- Start this change cycle and workflow with one provider:
 - Perfect the mechanics and team roles
 - Repeat the process to if process is consistent
 - Repeat measurement and assess if improvement has occurred
 - Employ a “team huddle” before each of these clinic sessions
 - Review the patients who have had difficulty making or keeping their appointments from the entire staff's perspective
 - Use hypothetical cases to ensure the team understands the protocols well
 - Ensure that appropriate patient information is gathered and/or obtained as appropriate
 - Divide important educational tasks
- Spread to other providers and set up staff meetings to give provider-specific feedback
 - If the feedback is public in a peer group, the incentive to adhere to the workflow and achieve improvement is intensified

Engage at Risk Patients

- Identify the patient's preferred method of receiving reminders. Note reminder frequency depends on the screening approach used¹
- If the patient does not respond to electronic or mail reminders, schedule an office visit
- Discuss any barriers to receiving a screening – e.g. fear of the procedure, cost issues, side effects

Use EHRs to Engage Patients

- Activate clinical decision support interventions:
 - Using birthdates, create an automated reminder and generate postcards or secure e-messages for colorectal cancer screenings specific to the preferred screening approach
 - Conduct pre-visit planning to identify due and overdue colorectal screening services and discuss during the patient's visit

¹ Acceptable methods of colorectal cancer screening include fecal occult blood screening (3 cards) every year, flexible sigmoidoscopy every 5 years, or colonoscopy every 10 years.

² For risk-benefit information on each test, go to <http://www.cancer.gov/cancertopics/factsheet/detection/colorectal-screening> (items #4 & #5)