Quality Assurance Review of Completion of Diagnostic Colonoscopies Following Positive Fecal Immunochemical Test Result Among Uninsured Patients in Salt Lake City

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Community Partner: Maliheh Free Clinic; Douglas Douville MD, MPH - *University of Utah.*

I. Introduction

Community partner: Maliheh Free Clinic in Salt Lake City, Utah. The clinic serves the uninsured (not eligible for Medicaid/Medicare) whose household income < 150% of the federal poverty level.

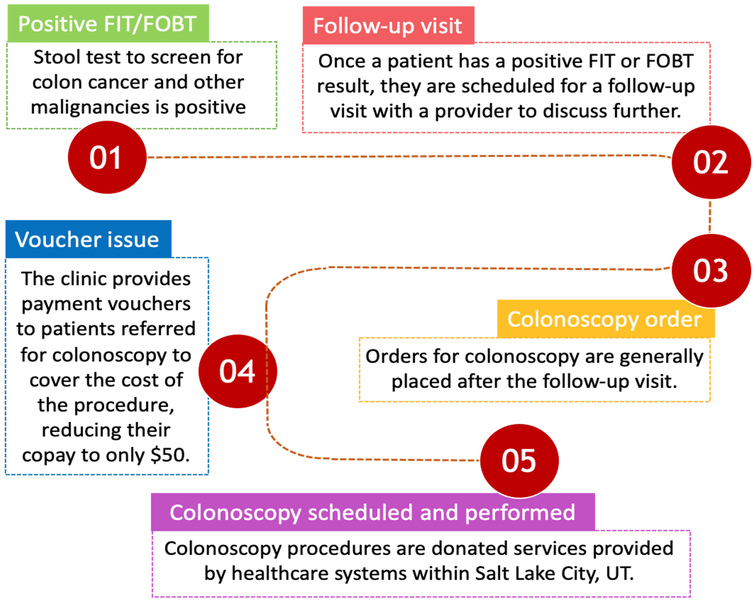
Research Question:

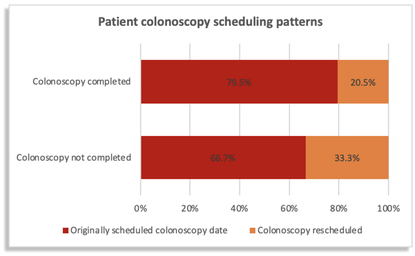
Among patients with a positive FIT result, how do patient demographics, scheduling delays, and schedulers' perceptions of colonoscopy significance impact diagnostic colonoscopy completion rates?

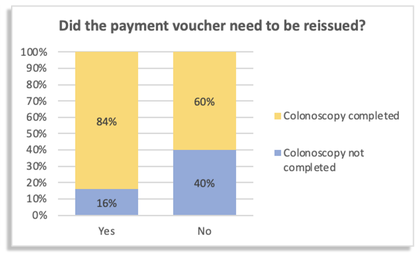
- The United States Preventive Services Task Force (USPSTF) recommends that adults between the ages of 50 and 75 should be regularly screened for colon cancer.[1]
- The Maliheh Clinic sees patients with low colonoscopy completion rates following a positive Fecal Immunochemical test (FIT), a colorectal cancer (CRC) screening modality.

II. Methods

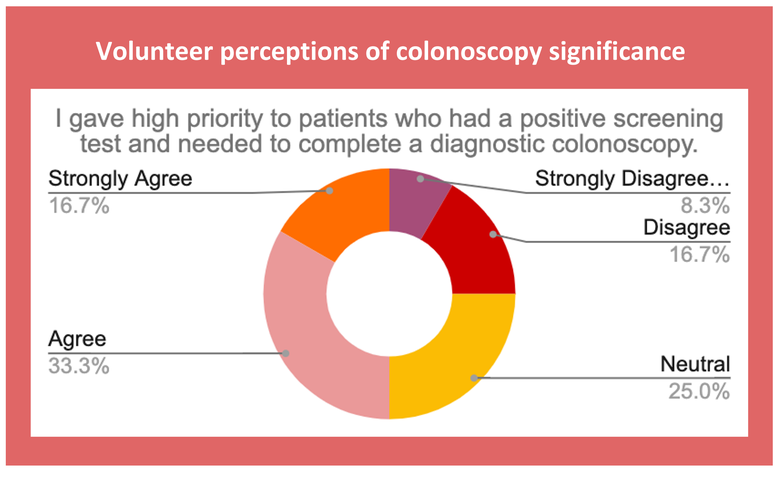
- A retrospective cohort study was performed using chart review data from Athena EMR and self-administered survey data
- Chart review inclusion criteria: eligible patients had a positive FIT result between January 2018 and September 2020
  - Exclusion criteria: deceased status
- Patient chart review data was used to assess:
  - Patient demographics
  - Scheduling delays
- Volunteer survey inclusion criteria: surveys were only distributed to volunteers who worked at Maliheh between January 2018 and September 2020
- Survey data was used to assess:
  - Volunteer confidence in scheduling external procedures
  - Volunteer perceptions of colonoscopy significance and reasons for low colonoscopy completion rates







"The only way an order was prioritized was if the provider wrote urgent on the order or voucher. Everything else was treated the same. I would say if [the clinic] wants certain orders prioritized to either write that on the voucher or teach a triage in the Resource training."



III. Results

Among the 73 patients that met the inclusion criteria, 45 patients (62%) completed a colonoscopy, and 28 patients (38%) did not complete a colonoscopy. Of the 37 patients whose colonoscopy was scheduled once, 35 patients (94.6%) successfully completed their colonoscopy procedure, compared to 9 patients (90%) of patients whose colonoscopy was rescheduled. There were 65 patients who were issued payment vouchers; 84% of patients who needed a payment voucher reissue completed a colonoscopy compared with 60% of patients who did not require a payment voucher reissue. Self-administered surveys showed that 50% of resource volunteers gave high priority to patients who had a positive FIT result and needed to complete the diagnostic colonoscopy.

IV. Discussion & Conclusion

Based on the findings of our study, efforts to increase colonoscopy completion should focus on colonoscopy appointment scheduling, maintaining patient adherence to these appointments, and prompt voucher reissuance if needed. We recommend interventions at multiple levels to enhance completion rates. Multimedia reminders and educational materials in the form of brochures, pamphlets, and video links explaining the procedure, its significance, and bowel preparation steps have been shown to significantly improve patient colonoscopy completions with fewer canceled procedures.[2] Providing volunteers with more specialized training may be beneficial as well in helping with the prioritization of colonoscopy orders.

Strengths

- Contributes to further understanding of colonoscopy completion patterns and system-level barriers in a high-risk population
- Demographic parameters and survey questions customized to Maliheh's patient population and clinic processes

Limitations

- Small sample size from a single safety-net clinic
- Lack of demographic data in EMR

Suggestions for further study in this area include investigating barriers to scheduling colonoscopy, keeping appointments, and patient-perceived barriers.

References

1. Centers for Disease Control and Prevention. Colorectal (Colon) Cancer: What should I know about screening?. https://www.cdc.gov/cancer/colorectal/basic_info/screening/index.htm Accessed February 28, 2021.
2. Nayor J, Feng A, Qazi T, Hurwitz S, Saltzman JR. Impact of Automated Time-released Reminders on Patient Preparedness for Colonoscopy. *J Clin Gastroenterol*. 2019;53(10):e456-e462. doi:10.1097/MCG.0000000000001211
3. Corley DA, Jensen CD, Quinn VP, et al. Association between time to colonoscopy after a positive fecal test result and risk of colorectal cancer and cancer stage at diagnosis. *JAMA*. 2017;317(16):1631-1641. doi:10.1001/jama.2017.3634

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