

**MICHIGAN COLORECTAL CANCER CONTROL PROGRAM:
SUCCESS STORY TEMPLATE**

AGENCY NAME: Institute For Population Health, Inc.

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TITLE: Reasons to Delay Colorectal Cancer Screening

SUMMARY [Word Limit: 600]

In August 2023 a survey was given to adults 40 years and older. The purpose of the survey was to assess the clients' reasons for delaying colorectal cancer screening. The aim of this survey was to learn why clients are not screened for colorectal cancer and learn what changes are needed to adhere to the current evidence-based clinical guidelines and standards of care for colorectal cancer screening.

In addition, QI/QA assessments were performed on a quarterly basis in 2023. The process for reminding health care providers that a client is due or overdue for CRC screening during an office visit was analyzed. In order to identify and reduce burdens or obstacles, it was necessary to understand the patient's knowledge of colorectal cancer screening and/or the reasons to delay accessing cancer screening.

The results of the patient survey provided insights and feedback regarding the health center clinic flow and missed opportunities to increase colorectal cancer screening rates.

The Survey data collection tool was created in partnership with the MDHHS CRCCP staff. The tool asked questions about the types of colon cancer received, the reason for the colon cancer screening, the reason for not having a colon cancer screening, demographics, race, ethnicity, zip code, and what are your sources of information about colon cancer and cancer screening?

Nine (n=9) people completed and returned their surveys. Of those respondents, 4 lived in Detroit, 5 lived outside of Detroit such as 2 from Westland, 1 from Center Line, 1 from Southfield, 1 from Beverly Hills Michigan, 100% Black Non-Hispanic, 56% females, 44% males, 45% 40-49 years, 33% 50-59 years, and 22% 60 years and older. Zero percent had a colonoscopy and 22% had a different type of screening for colorectal cancer.

While the number of respondents are low (n=9) the data was informative. The most important reason for not completing colorectal cancer screening was "no symptoms" at 50% and "screening not recommended by doctor" at 33%. A trusted source of information about colorectal cancer screening was "Your doctor or health care provider" and "Health Experts on National News" both at 67%. Health Insurance was 63%, followed by 44% family, friends, or social media at 44% also. How much trust for the following sources of information about colon cancer screening indicated strong trust of the American Cancer Society from 86% of the respondents, 63% strong trust of hospital or clinic where you get care, 44% of strong trust from state or local health department, 33% of strong trust of the CDC, and 25% strong trust from the labs or medical.

SUBMITTED ON: *September 25, 2023*

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These survey findings were discussed at the Quality Assurance meeting and a decision was made that providers will make certain a screening is ordered and documented because 33% of the respondents reported the screening was not recommended by the doctor.

The Health Center will use materials from the American Cancer Society because 86% of the survey respondents trusted that source of information.

CHALLENGE [Word Limit: 800]

The percentage of clients screened for colorectal cancer at our community health center was zero percent of eligible patients in 2022. There was a need to understand practice and process improvement strategies to increase colorectal cancer screening at the IPH Community Health Center.

SOLUTION [Word Limit: 700]

As a result of the patient survey results, the health center will be working with the Michigan Primary Care Association and the AZARA software to access the Enabling Alerts feature. This alert will trigger the provider to order a colonoscopy if not done in the past 10 years or a high risk for colon cancer and needed a screening.

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RESULTS/ACCOMPLISHMENT/IMPACT [Word Limit: 800]

The accomplishments of the partnership with the MDHHS CRC is that IPH Health Center had zero percentage of colorectal cancer screening in 2022. The goal for 2023 was to reach 10% of the eligible clients.

As of August 2023, a total of 221 patients were eligible for a colorectal cancer screening at 27 or 12.2%.

DIRECT QUOTE/TESTIMONIAL [Word Limit: 300] *(from a Patient, Provider, Partner)*

Once the screening is ordered by the provider, dedicated staff spend time and effort to follow up with the patient to make certain the Cologuard or Colonoscopy was completed.

The dedicated staff make weekly calls, during evenings or week-ends as necessary. The staff also call the referring agency for a copy of the results.

LESSONS LEARNED/SUSTAINING SUCCESS [Word Limit: 700]

Once the screening is ordered by the provider, dedicated staff spend time and effort to follow up with the patient to make certain the Cologuard, FIT DNA, or Colonoscopy was completed.

The dedicated staff make weekly calls, during evenings or week-ends as necessary. The staff also call the referring agency for a copy of the results.

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The patient survey provided insight as to why patients delay a screening as 50% of the respondents reported “no symptoms” as the reason. More teaching is needed that waiting for symptoms may be too late to have better outcomes.

Quarterly QI/QA data analysis and PDSA cycles are necessary to understand the root cause of low performance on colorectal cancer screening metrics at the community health center.

This project demonstrated a Community Health Center Linked to Improve Colorectal Cancer screening in the City of Detroit and surrounding communities.

CONTACT INFORMATION:

Gwendolyn A. Daniels, DNP, RN

gdaniels@ipophealth.org

PICTURE

- 1 picture/logo and/or data infographic can be provided
- Send a jpeg, gif file.



HEALTH SYSTEMS INTERVENTIONS



ENVIRONMENTAL APPROACHES



EPIDEMIOLOGY AND SURVEILLANCE



COMMUNITY PROGRAMS LINKED
TO CLINICAL SERVICES

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Success Story Pointers

- ✓ Keep paragraphs short – no more than 5-6 sentences.
- ✓ Keep story to no more than two pages.
- ✓ Include direct quotes if they strengthen the story.
- ✓ Limit use of acronyms. If you use acronyms, spell them out on first mention.
- ✓ Use plain language.

Check Key Word(s) and Area(s)

Disparate/Hard to Reach Population

Tribal and Territorial Health

Community Health Workers

Patient Navigators

Electronic Health Records/Health Information Technology

Partnership Development & Sustainability

Medical Homes

Policy Development and Change

Community Based Organizations

Patient Reminders (*i.e. phone calls, e-mails, postcards, text message*)

Provider Reminders (*i.e. EMR reminders, client charts, e-mails*)

Provider Assessment and Feedback (*i.e. performance reports*)

Reducing Structural Barriers (*i.e. reducing time/distance to services, transportation, child care, extending clinic hours, non-clinical setting, simplifying administrative procedures*). Select all that apply.

Media (*i.e. radio, television, billboards, flyers, social media, brochures*) Select all

Community Health Centers (*i.e., FQHCs*)

Medical Advisory Group and Coalitions

Employer and Professional Organizations

Chronic Disease Program Integration

Employer Worksite/Workplace Wellness

Outreach and Education (*i.e., group, one on one, events*)

Healthcare Providers Clinics

Service Delivery (*screening, diagnostics*)

Quality Improvement

Data Sources and Utilization

Professional Development Training

Federal Agencies

Facilitating Enrollment in Insurance Plan & Coverage

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