

Provider Recommendation: Influence on Colorectal Cancer Screening

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Acknowledgements

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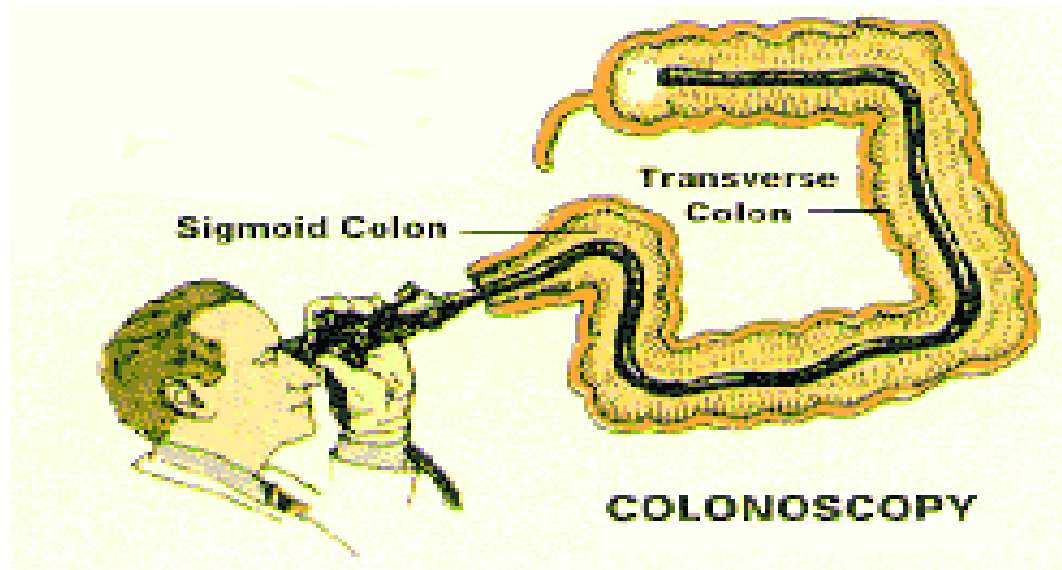
Background

- Colorectal Cancer : 3rd leading cause of cancer related death
- Healthcare Cost \$51,327 (National Cancer Institute, 2010)
- 2016 = 95,270 new cases (American Cancer Society, 2016)
- Provider recommendation has a positive impact on screening rates



Gap Analysis

- Goal: 80% by 2018
- Gap: 40% of eligible Texans



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Literature Review

- Impact of Screening and Screening Options
- Adjuncts to Provider Recommendation
- Effect of Provider Recommendation



Framework

Iowa Model Seven Steps to Increase Colorectal Cancer Screening

- Step 1: Identify a Trigger
- Step 2: Form Team
- Step 3: Evidence Retrieval
- Step 4: Grade the Evidence
- Step 5: Developing an EBP Standard
- Step 6: Implement the EBP- Pilot
- Step 7: Evaluation

PICOT

- In patients 50-75, does a standard provider script increase CRCS compared to usual care by 2018?



Methods

- **Design:** A pre- and post- intervention design
- **Population/Setting/Data Collection Period:** A convenience sample
- **Inclusion Criteria:** Average risk patients ages 50-75 without prior screening
- **Exclusion Criteria:**
 - Prior History of Colon Cancer
 - Patients not Seen in Clinic During Intervention Period
 - Terminal Illness
- **Privacy and Confidentially:** IRB approval from UTA and the hospital system

Data Analysis/Results

- A two-sample chi-square test examining post-intervention data showed no significant difference ($p > 0.005$, 95%), (Fisher's Exact $p = 0.156$, $N = 169$).
- Descriptive statistics revealed white men had the highest rates of completing screening after receiving intervention.

Discussion

- Primary Care Providers positively impact CRCS rates by making recommendations
- No significant difference was found in pre-intervention screening rates vs post-intervention
- Use of a standard script is sustainable
- Follow up phone calls after intervention could further increase CRCS

Limitations

- Small sample size
- Natural disaster
- Shift in community priorities
- Use of convenience sample
- Inaccuracies in Information Technology (IT) report
- Patient refusal to participate
- Lack of privacy
- Missed opportunities

Implications



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- Provider recommendation has a positive effect on CRCS rates.
- Using a standard script provides consistency
- Embedded Script in the EMR

Conclusion

- Provider recommendation is one of the most important measures that influences a patient's decision to complete CRCS (ACS, 2014).
- Utilizing a standard script can provide consistency in recommendations (ACS, 2014).

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