

Using a process map to identify workflow and intervention points for colorectal cancer screening in community health centers

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BACKGROUND

- ❖ Increased screening rates for colorectal cancer (CRC) may reduce late-stage diagnosis of CRC when recommended evidence-based interventions (EBIs) are implemented (1)
- ❖ The American Cancer Society's target CRC screening goal is 80% (2), whereas, national average for the percent of patients screened for CRC in 2018 was 44% (3)
- ❖ Examples of CRC EBIs include client reminders, small media, on-on-one education, reducing structural barriers, provider assessment and feedback, provider reminder and recall systems (4)

OBJECTIVES

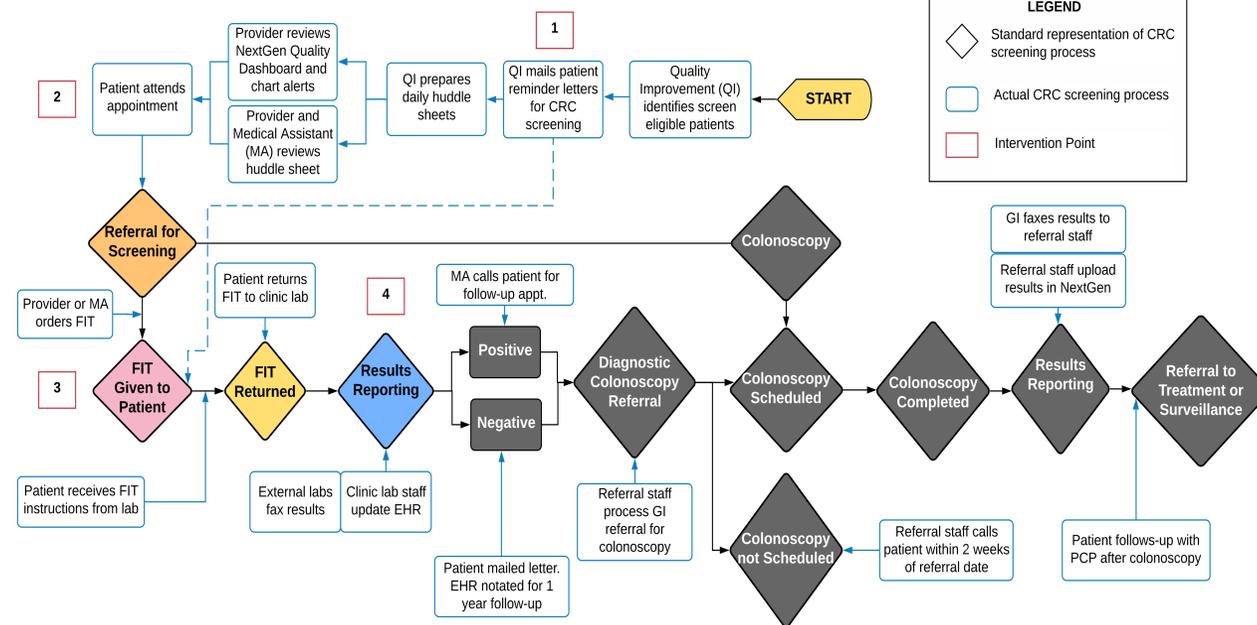
- ❖ Understand the CRC screening process at one community health center (CHC)
- ❖ Identify intervention points and EBIs that could be adapted and implemented based on existing clinic level characteristics and a process map

METHODS

- ❖ Secondary Data Collection:
 Step 1: Collected descriptive clinic data from Health Resources & Services Administration (HRSA): Health Center Data
 Step 2: Requested coordinator secondary clinic data
- ❖ Developed a "Process Map" tool identifying the CRC screening process and capacity at the CHC
- ❖ In partnership with the CHC, discussed the process map findings for accuracy and completeness
- ❖ Identified key intervention points and selected CHC specific EBIs using the CHC's CRC process map tool

RESULTS

Figure 1. Example process map for CRC screening at one community health center



CONCLUSIONS

- ❖ The CHC process map suggests the CHC could implement multi-level EBIs to improve screening rates (e.g. patient screening reminders, one-on-one education for FIT kit completion, in-depth assessment and feedback of the documentation of colonoscopy results, and the reduction of structural barriers)
- ❖ The complexity of the example process map depicted in Figure 1 indicates the need for individualized multi-component evidence-based interventions for differing community health centers, as well as, multi-level evidence-based interventions implemented at clinic and health system levels

REFERENCES

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3. Health Resources and Services Administration (HRSA). 2018 National Health Center Data. Accessed Nov.12 2019 and Jan. 27 2020. <https://bphc.hrsa.gov/uds/datacenter.aspx>
4. Community Preventative Services Task Force (CPSTF). 2017 What Works Cancer Screening Factsheet.

Identified Intervention Point

1. **QI Mails Patient Reminder Letters for CRC Screening:** The CRC screening process begins with patient screening reminders via mailed letters and provider recommendation at appointments.
2. **Patient Attends Appointment:** The CHC in this study is a low resource health center whose patients have income rates below national poverty level (2). Twenty-five percent of patients are uninsured.
3. **FIT Given to Patient:** Some patients kits were not completed properly, even with instructions available for CRC screening kits from their providers.
4. **Results Reporting:** Clinic personnel reported inaccuracy in patients' electronic health records due to improper naming of documents.

Recommended Evidence-Based Intervention

1. **Client Reminders via Telephone:** Automated messages or phone calls.
2. **Reducing Structural Barriers:** Assisting with appointment scheduling, setting up alternative screening sites, adding screening hours, addressing transportation barriers, providing language translation services, and offering childcare.
3. **One-on-one Education:** Conducted by telephone or in person in medical, community, worksite, or household settings.
4. **Provider Assessment and Feedback:** Feedback may describe the performance of a group of providers (e.g., mean performance for a practice) or an individual provider, and may be compared with a goal or standard.