Great Plains Quality Innovation Network–Quality Improvement Organization (QIN-QIO)

Improving Colorectal Cancer Screening Rates

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the third leading cause of cancer death in both men and women in the United States (U.S.). The American Cancer Society estimates about 49,700 deaths will occur during 2015 to CRC in the U.S.1.

Prevention and early detection of colorectal cancer (CRC) improves health, saves lives and reduces healthcare costs. Although the incidence of colon cancer has declined significantly over the past 10 years largely due to improvement in screening and early detection, rates of CRC remain highest in the Midwest2.

CRC Screening*Prevalence (%) Among Adults Age 50 Years and Older by State, 2012

<table>
<thead>
<tr>
<th>State</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas</td>
<td>65.7</td>
<td>68.5</td>
</tr>
<tr>
<td>Nebraska</td>
<td>62.1</td>
<td>62.9</td>
</tr>
<tr>
<td>North Dakota</td>
<td>59.8</td>
<td>63.7</td>
</tr>
<tr>
<td>South Dakota</td>
<td>63.8</td>
<td>68.6</td>
</tr>
</tbody>
</table>

*Either a fecal occult blood test within the past year or a sigmoidoscopy or colonoscopy within the past 10 years (includes diagnostic exams)

Source: Behavioral Risk Factor Surveillance System Public Use Data Tapes 2012, National Center for Chronic Disease Prevention and Health Promotion, CDC

The Need for Improvement in the Great Plains Region

The four states served by the Great Plains Quality Innovation Network (QIN) - Kansas, Nebraska, North Dakota and South Dakota - continue to have CRC incidence rates that are higher than the national average and CRC screening rates that are far below the national average.

Great Plains Quality Innovation Network
www.greatplainsqin.org
Quality Innovation Network – Quality Improvement Organizations
Improving the Health Status of Communities:
Improving Colorectal Cancer Screening Rates

According to Centers for Disease Control and Prevention (CDC) data, the national average incidence of CRC is 39.9/100,000. Incidence rates in the Great Plains QIN region are mostly higher than the national average, ranging from 44/100,000 in North Dakota to 39.8/100,000 in Kansas. BRFSS data shows that North Dakota ranks 42 out of 51 for colorectal screening prevalence, Nebraska ranks 38 of 51, South Dakota ranks 32 of 51 and Kansas ranks 25 of 51, demonstrating significant room for improvement in care delivery systems within the Great Plains QIN region.

Working Together to Improve Colorectal Cancer Screening Rates
We will work with primary care clinics to implement the intervention that supports the primary determinant of individuals having a CRC screening test - a physician recommendation - and the implementation of a systematic process that ensures recommendation and follow-up for all patients. Implementation will include a three-part strategy consisting of: 1) facilitate a regional Learning and Action Network; 2) offer tailored technical assistance and 3) align public education and awareness with the National Cancer Roundtable 80% by 2018 campaign. The 80% by 2018 is a movement in which dozens of organizations have committed to eliminating CRC as a major public health problem and are working toward the shared goal of reaching 80% screened for colorectal cancer by 2018.

According to the ACS and the National Colorectal Cancer Roundtable, a practitioner’s recommendation is the single most influential factor in persuading individuals to be screened for cancer. A study published in 2012 indicated that because of barriers associated with embarrassment, inconvenience and cost, many patients may forgo screening if they are not offered an alternative to colonoscopy. We will work with primary care clinics to provide practitioner education to help them fully understand the screening options for CRC including, but not limited to, colonoscopy and stool tests (guaiac Fecal Occult Blood Test [FOBT] and Fecal Immunochromic Test [FIT]). Offering an option that fits with patient preferences has significant potential for increasing screening rates and reducing late stage diagnosis.

Additionally, we will align with the American Cancer Society (ACS), ACS local affiliates, CDC grantees (Departments of Health) and the Health Information Exchanges in each state. We will also partner with the Great Plains Tribal Chairman’s Health Board and with local public health units working on or near the tribal areas to support efforts to improve CRC rates in the Native American population.

Learn More and Become Involved
The Great Plains QIN and the QIO Program invites all providers, community stakeholders, Medicare consumers, family members and caregivers to partner in our improvement initiatives. To get involved and connected, join the Great Plains Learning and Action Network (LAN) by registering at www.greatplainsqin.org

References:

Disclaimer: 2014 BRFSS data has been released; we will update numbers/comparisons when available