

# IL Colon CARES Portal Innovation to Establish Linkage to Care



Colorectal cancer remains the second leading cause of cancer deaths in the US for both men and women.

Colorectal cancer can be **PREVENTED** through screening, yet *23 million individuals have not been screened.*

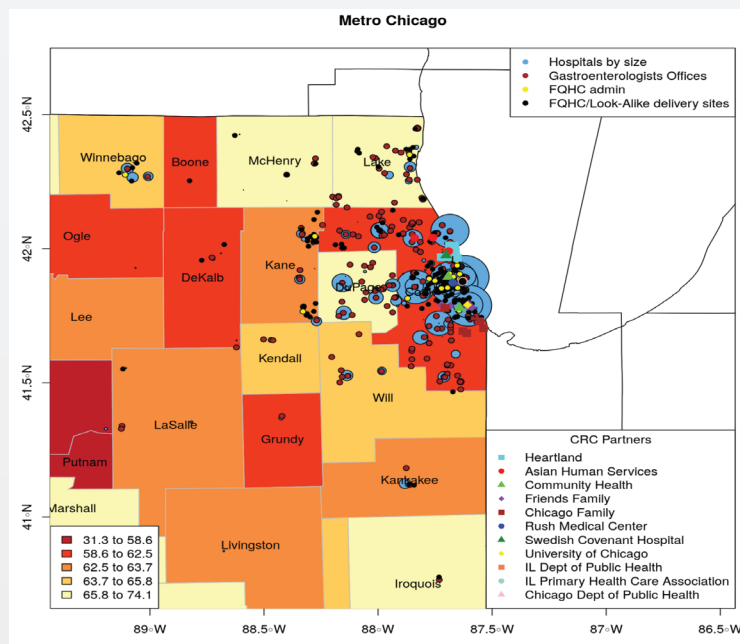
## Problem

Colorectal cancer screening rates in Cook County region remains low in spite of the highest density of health care service delivery sites in Illinois.

Abnormal stool test needs to be followed up with diagnostic colonoscopy.

One year delay in screening **increases** cancer risk twofold

## Cook County Region CRC Screening Status and Health Care Access 1



## Barriers leading to Burden

The burden of cancer is magnified by a fragmented healthcare system



Sporadic communication

Inefficiency and medical delays



No point-of-service specialty care scheduling

Failed screening



Unfilled capacity

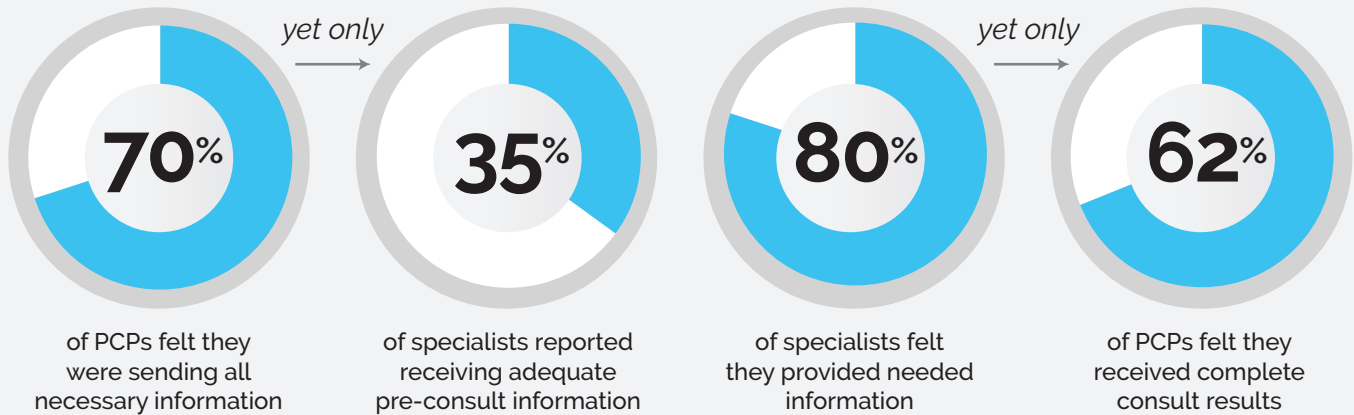
Missed revenue



Lack of screening

**COLON CANCER**

## Provider level <sup>2</sup>



## Patient level

50% referrals fail to result in a procedure

## System level <sup>3</sup>

up to 29% of scheduled screening colonoscopy appointments result in same-day cancellations and no-show appointments

6 out of 10 colorectal cancer deaths could be prevented if all men and women age 50 and older were routinely screened

## Solution

Cloud based portal is an end-to-end solution for linkage to Specialty care services.

- Connects out-of-network health care systems
- Provides Point of care scheduling for patients
- Provides physician-to-physician communications
- Linkage to specialty care services with follow-up reporting

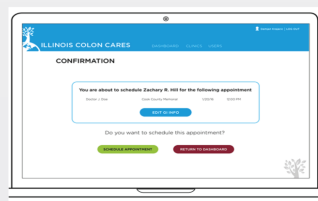
## How it works

Hospital allocates procedure slots



To fill capacity

Clinic schedules appointment



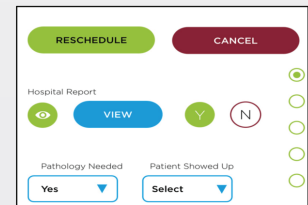
Before patient leaves clinic

Patient completes colonoscopy



Reducing colorectal cancer risk

Clinic receives results and quality benchmarks



Closing the information loop

## Impact

- 91% patients fully prepped
- Only one no-show
- Polyps removed in half of scheduled patients
- Cancer diagnosis and treatment in 1 patient

## References:

1. Small Area Estimates for Cancer-Related Measures (NIH), State Cancer Profiles (CDC, National Cancer Institute), American Community Survey, 2011-15 (US Census)
2. O'Malley AS, Reschovsky JD. Referral and consultation communication between primary care and specialist physicians: finding common ground. Arch Intern Med. 2011 Jan 10;171(1):56-65. doi: 10.1001/archinternmed.2010.480.
3. Kalayjian E, Bringman D, Naughton A, Bond S, Sarver W, Mion LC. Improving Adherence to Screening Colonoscopy Preparation and Appointments: A Multicomponent Quality Improvement Program. Gastroenterol Nurs. 2015 Nov-Dec;38(6):408-16. doi: 10.1097/SGA.0000000000000194.

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