

Evidence-Based Interventions and Supporting Activities such as Patient Navigation Improve Colorectal Cancer Screening Rates



Nationally, colorectal cancer (CRC) is the third leading cause of cancer deaths among both men and women [American Cancer Society, 2021]. Arkansas has one of the lowest colorectal screening rates in the United States. Through Partnerships in Colorectal Cancer Screening for Arkansas (PiCS-AR) we hope to increase CRC screenings in Arkansas and thereby reduce the number of late-stage colorectal cancer rate.

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SIGNIFICANCE

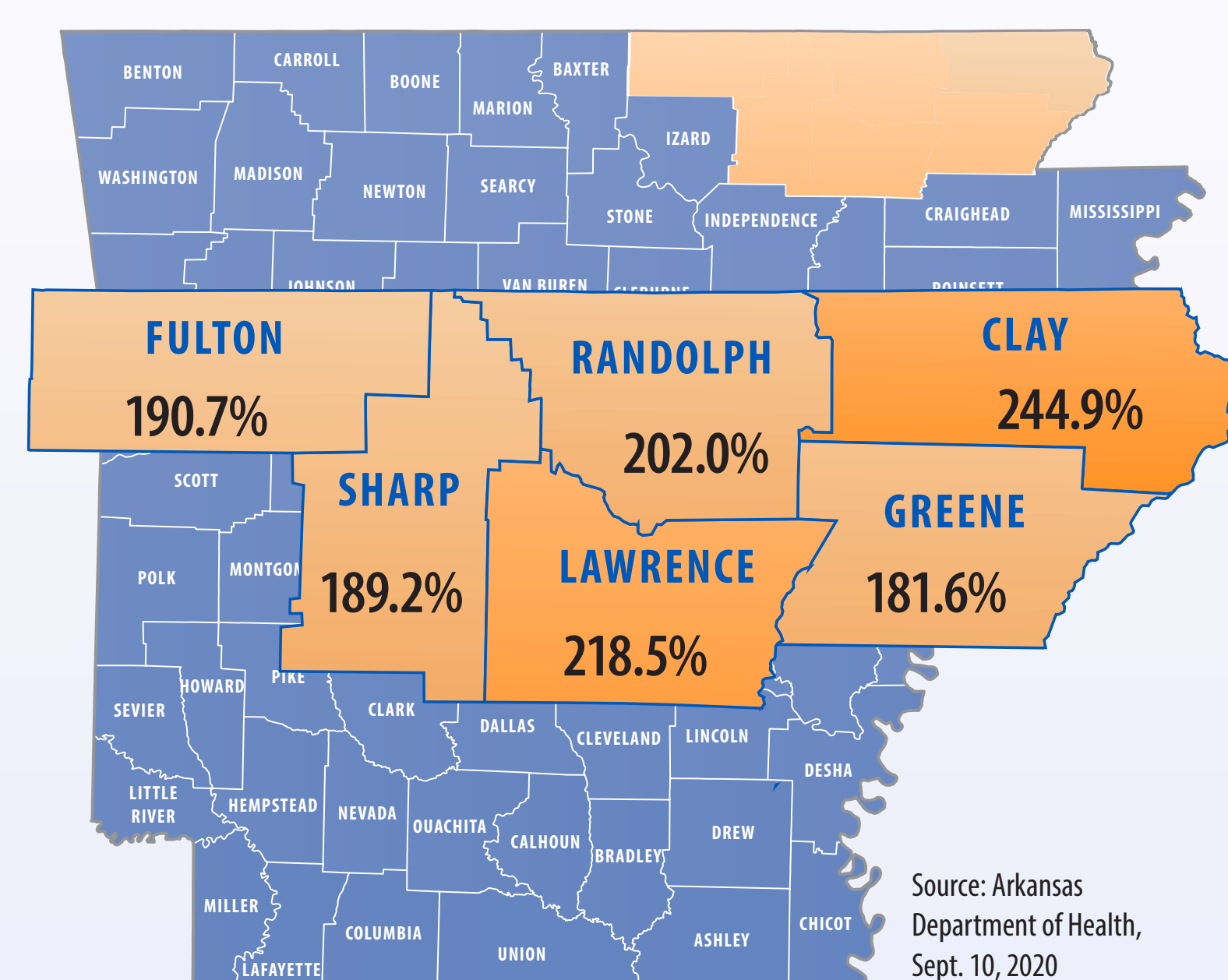
PiCS-AR partnered with a healthcare system in Northeast Arkansas. The federally-qualified healthcare system has six clinics in the program, five of which are in in red or yellow counties according to the 2018 Arkansas Red County Life Expectancy report (ADH, 2020). In addition, the 2021 State of Arkansas Cancer Plan's chart on age-standardized incidence rates for all cancers, urban and rural, one of these counties (Clay) rank second in the state for cancer incidence with another one of their clinic's counties (Lawrence) a close third (Arkansas Cancer Plan, 4th ed., 2021). A more daunting statistic is



Clay County ranks number one in the state for age-standardized mortality rates for all cancers, urban and rural, for 2013–2017 (ACP, 2021) and has the highest mortality rate in the state for Colorectal Cancer (CRC) from 2004–2013 (AR Cancer Facts, 2017). Statewide, colorectal cancer was the third leading cause of new cancers among both males and females in 2013–2017 according to the 2020

Arkansas Cancer Report (Healthy Arkansas, 2020). Colorectal cancer was the third leading cause of cancer deaths in women and the second leading cause of cancer deaths in men. (Cancer Guide, 2020).

Age-standardized Mortality Rates per 100,000, All Cancers, 2013–2017 Combined



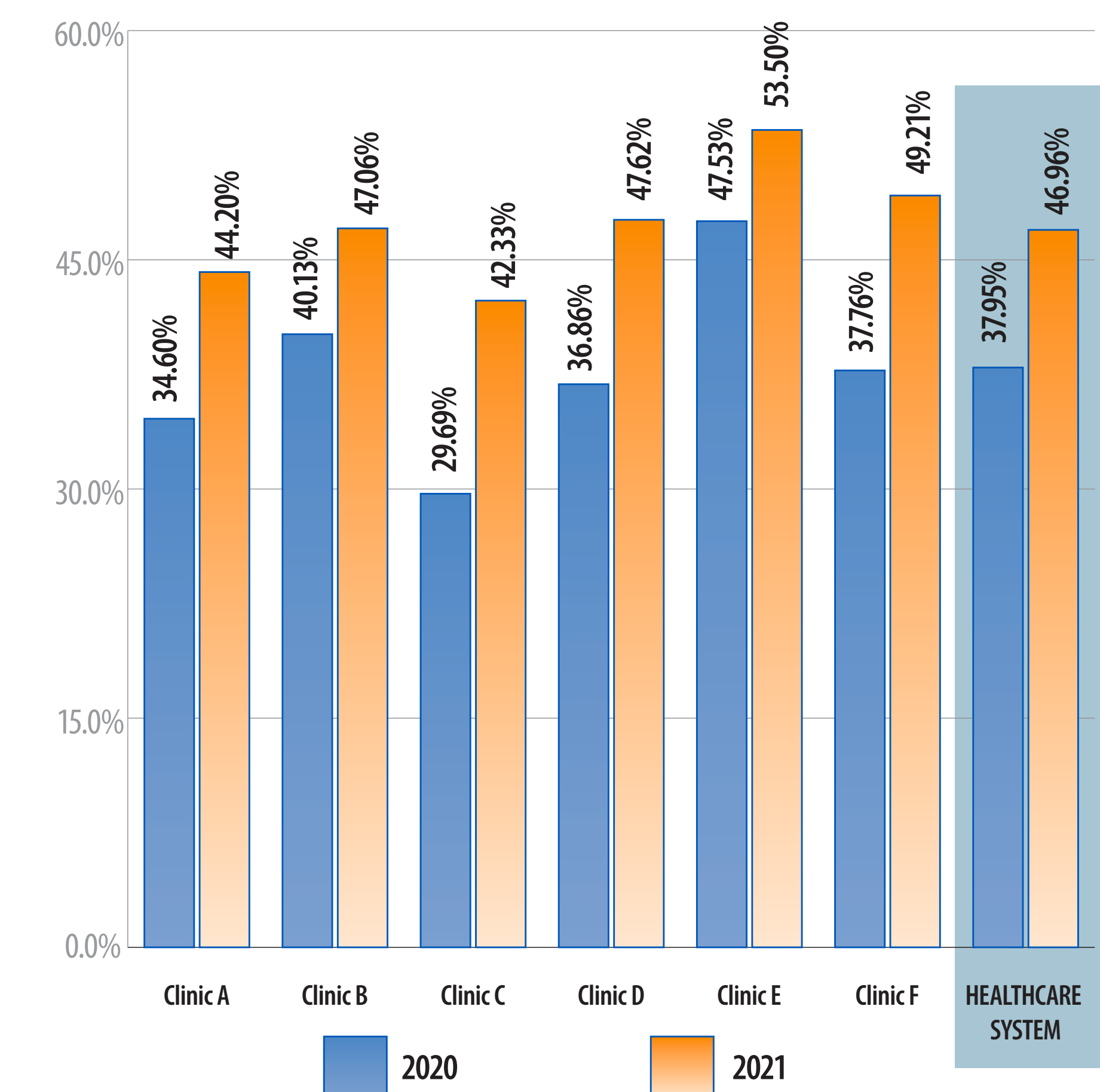
METHODS/RESULTS

Colorectal cancer screening baseline data was collected from six clinics within the participating healthcare system (HCS) for calendar year 2019. Practice transformation (PT) outreach specialists began meeting with the healthcare system in November 2020. In November 2020, the PT outreach specialists began bi-monthly virtual visits with the HCS leadership team and provided education on

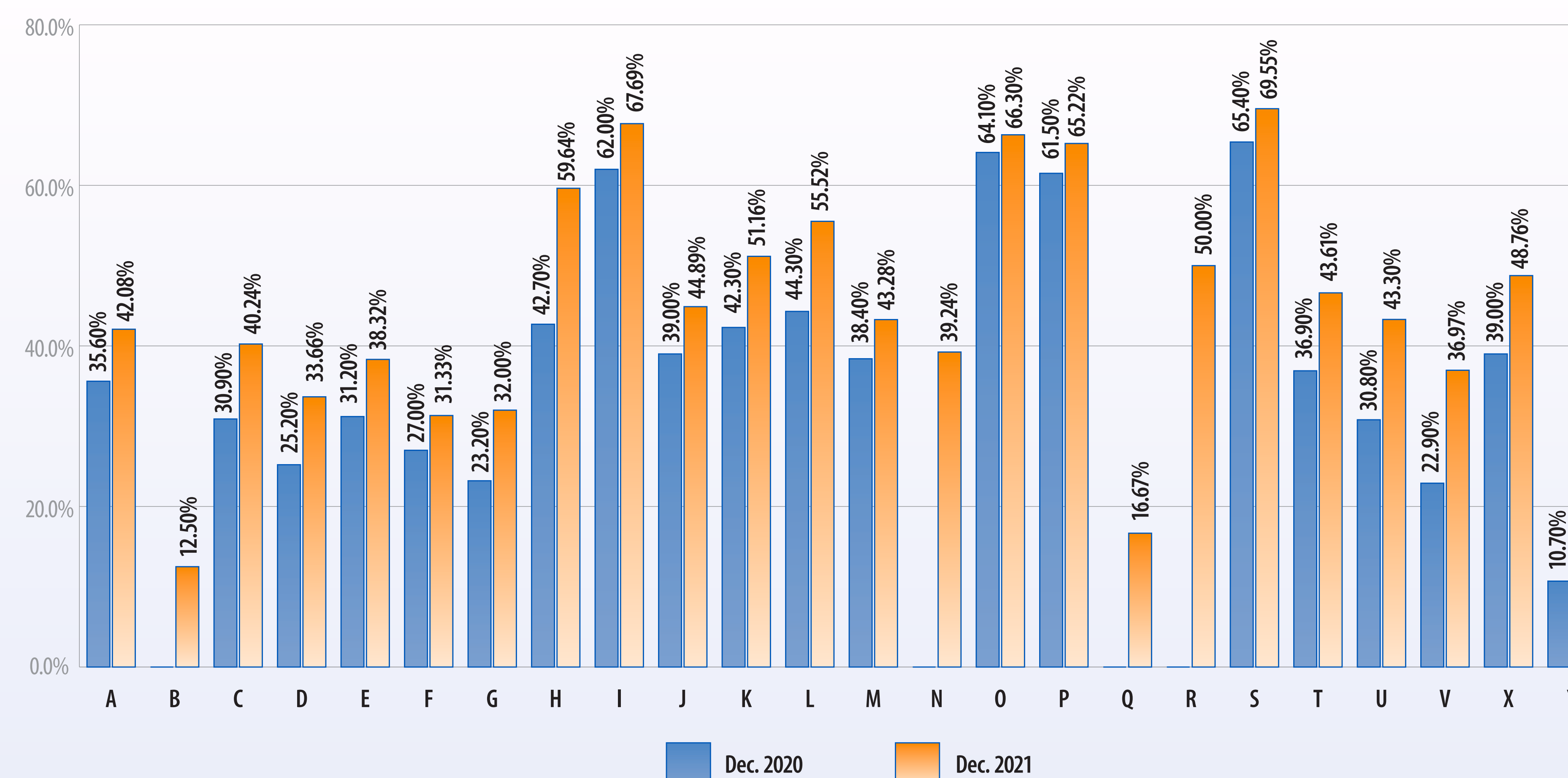
evidence-based interventions and supporting activities, while closely monitoring clinical quality measure data from their electronic health records. Thus far the focus has been on the evidence-based intervention of provider reminders and provider feedback and assessment; and the supporting activities of patient navigation and professional development training. Patient navigators were put into place December

2020. These navigators focus on validating screening rates and adding provider reminders to patient records for anyone who was due/overdue for a colorectal cancer screening. After twelve months of implementing evidenced-based interventions and supporting activities, all six clinics surpassed goals on their CRC screening rates. One clinic improved by 12.64% and the healthcare system improved by 9.01%.

December 2020 – December 2021
Colorectal Cancer Screening Comparison



CRC Screening Rates December 2020 to December 2021



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