

Background and Objectives

- Colorectal cancer (CRC) is the third most common cancer in the US after lung and breast cancer.
- In May of 2021, USPSTF decreased the screening age of CRC from 50 to 45 years old allowing for earlier detection of CRC.
- Several screening methods have been developed throughout the years to identify CRC as early as possible: fecal-occult blood testing, sigmoidoscopy, DNA stool test, and the gold standard colonoscopy.
- Out of these varied CRC screening options, adherence to colonoscopy was less than 40% in the United States.
- Multitarget stool DNA testing (Cologuard), was approved in 2014 as the first non-invasive stool-based screening test for CRC.
- Cologuard detects hemoglobin and DNA mutations found in stool. These may indicate the presence of CRC or its precursors with a 92% sensitivity and 89% specificity.
- Cologuard has multiple advantages. It can be completed at home while also eliminating the need for bowel preparation and sedation.
- The purpose of this project is to explore how physicians can improve test completion and quality measures regarding colon cancer screening.

Method

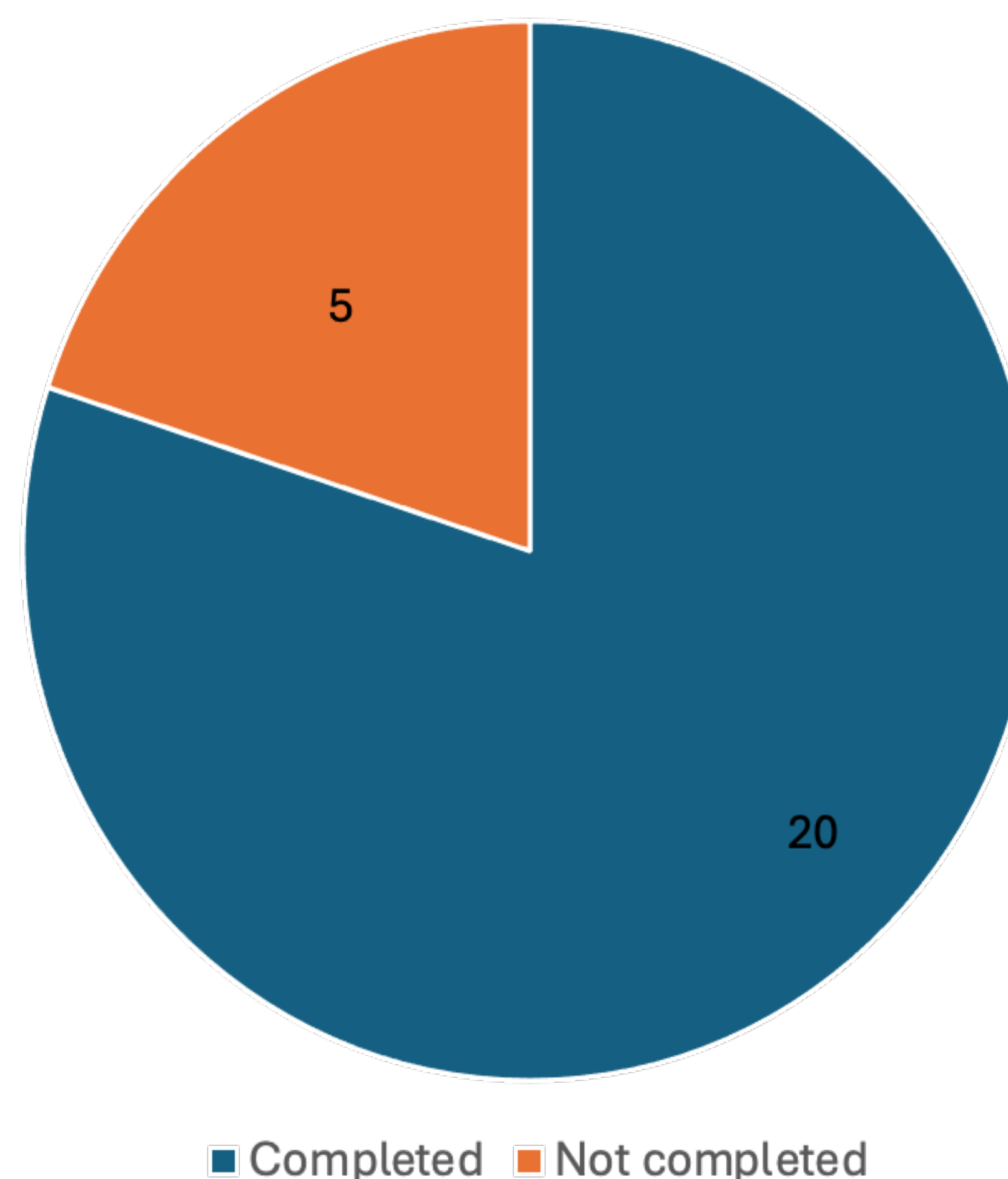
- Using an average-risk population, Cologuard test completion rate was measured for each patient after they were provided with an instructional video to watch at the end of their clinic visit. This completion rate was determined by the number of patients who submitted the sample successfully.
- This rate was then compared to that of the rest of the clinic census who qualified for Cologuard and submitted their samples without video intervention within the same time frame.

Analysis

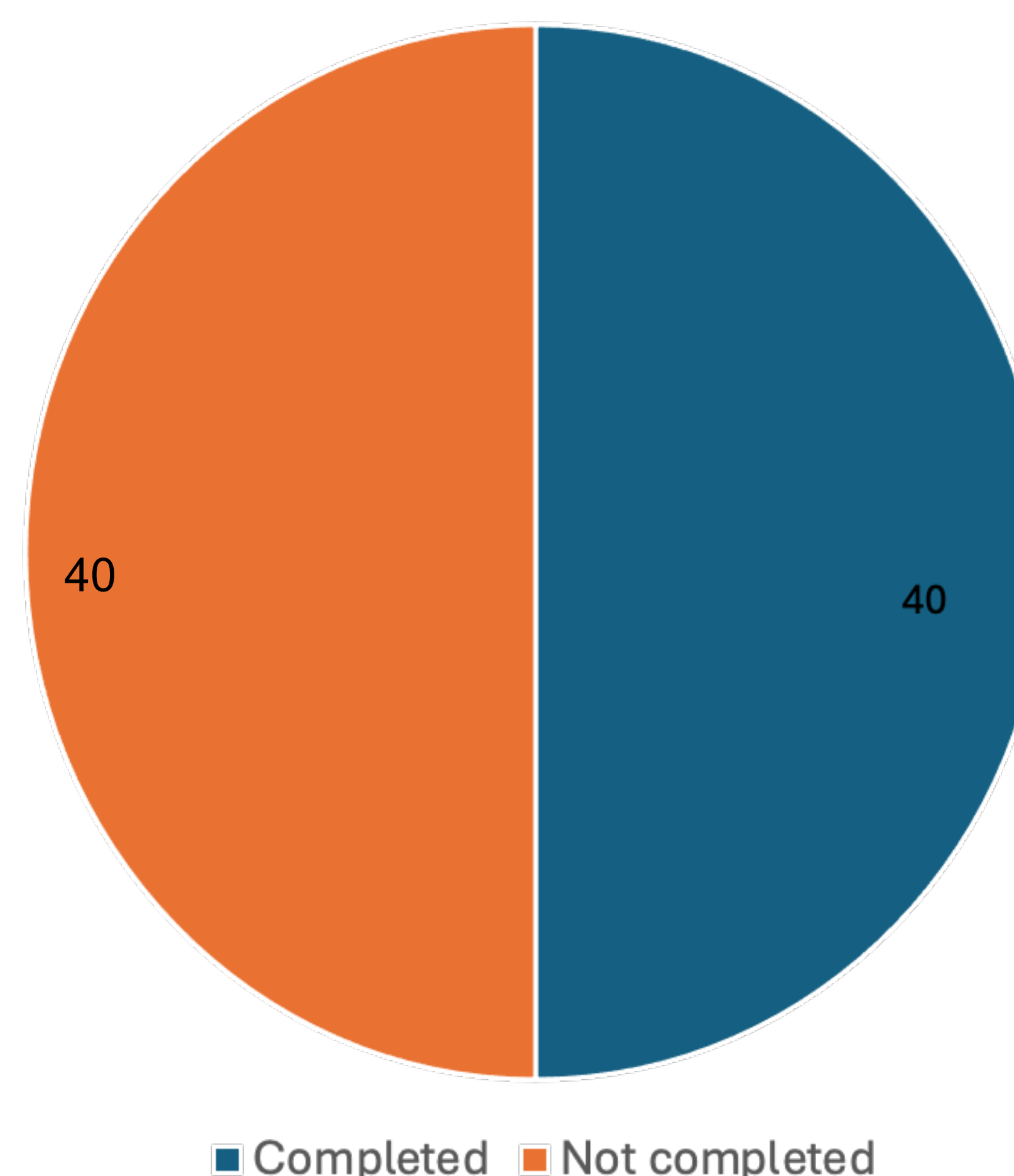
- Out of a total of 25 patients who were shown the instructional video, 20 patients completed Cologuard testing. Only 5 of the 25 patients did not complete Cologuard despite receiving the home testing kit. This reflects an 80% completion rate for those who received video instructions, compared to 50% completion rate for the rest of the clinic census who qualified for Cologuard and submitted their samples without video intervention. The 50% completion rate in clinic is on par with facility wide completion rate of 55.4% that is based on over 27,000 orders in the same selected time period.

Results

Cologuard Completion Rate With Video



Cologuard Completion Rate Without Video



Conclusion

- The simple addition of a 4-minute Cologuard instructional video at the end of a clinic visit on top of routine CRC screening discussion increased Cologuard completion rates compared to those who did not receive video education.
- Increasing efforts at patient education is an effective way to improve quality measures of CRC screening in an outpatient clinic setting.

References

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