DISPARITIES IN COLORECTAL CANCER SCREENING
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BACKGROUND & CONTEXT

NI-V PROJECT FOCUS:
COLORECTAL CANCER (CRC) SCREENING
• CRC is an Aurora Health Care (AHC) Quality Metric and a care gap per AHC’s Community Health Needs Assessment (CHNA)
  o Our residency clinics face challenges associated with urban underserved populations
  o Clinics currently <goal for the CRC screening quality metric
• Studies have identified disparities in CRC screening with screening less prevalent among patients who are:
  o Uninsured and/or lower socioeconomic status
  o African American/Black, Asian;
  o Non-English speaking Hispanic patients
  o Local variations do exist/deviate from national experiences
• Age related disparities in CRC screening rates among eligible patients limited/no reporting in literature

TEAM OBJECTIVES, PLAN & PROGRESS

OBJECTIVES & PROGRESS (RAPID PDSA CYCLE)
PLAN: □ Identify disparities in clinic CRC screening rates using REAL*
□ Obtain provider/patient perceptions re: CRC screening barriers
□ Identify intervention(s) to address targeted disparity
DO/STUDY/ACT: Implement invention(s), monitor progress using AHC metrics, revise intervention(s) as needed
Outcome Measures – March 2016
• 5% decrease in CRC screening age disparity in residency clinics

DATA: AGE DISPARITY CRC SCREENING
• Largest CRC screening REAL* disparity was age
  o Patients 50-54 were 13-15% less likely to be screened vs > 65
  o Race, ethnicity, and gender disparities were <10%
  o Equivalent results for resident/non resident Milwaukee clinics

VISION & MISSION STATEMENTS

VISION
• To improve the health and equality of our community by identifying and addressing disparities in colorectal cancer screening rates

MISSION
• To identify disparities in CRC screening that may exist in our resident clinics based on REAL* data (race, ethnicity, age, language plus gender, interpreter, insurance data) and develop a targeted intervention to successfully decrease this disparity

BARRIERS TO CRC SCREENING
1. Resident/faculty schedules conflicts and duty hours
2. Limited clinic level data sets / errors for some REAL* categories

DATA: AGEDISPARITYCRCSCREENING

GROUP FEEDBACK

BARRIERS TO CRC SCREENING
1. Resident/faculty schedules conflicts and duty hours
2. Limited clinic level data sets / errors for some REAL* categories

NEXT STEPS

PLAN:
(A) Gather 50-54 patients perceptions re CRC Screening
(B) Evaluate and Choose Intervention Methodology
• Considering recommending use of DNA-CRC screening test
• Evaluating efficacy, cost, feasibility

DO/STUDY/ACT:
(A) May-June 2016 Initial cycle with selected providers
(B) July 2016-March 2017 Implement and revise as needed