Addressing Colorectal Cancer Screening Disparities in Resident-Delivered Primary Care Through Proactive Panel Management

Sabrina Layne, MD, Sarju Panchal, MD, PharmD, Shivan Mehta, MD, MBA, Neha Patel, MD, Amber-Nicole Bird, MD

1Internal Medicine Residency Program, University of Pennsylvania, 2Division of Gastroenterology, University of Pennsylvania, 3Division of General Internal Medicine, University of Pennsylvania

1* Co-First Authors

4372 6780 4115 7378 4% 2% 4% 4%
1783 4310 1612 3874 177 134 149 271 70% 27% 78% 59%

Background

- Colorectal cancer (CRC) is the 2nd leading cause of cancer death in the US despite multiple modalities for CRC screening.
- Disparities in CRC screening are prevalent in academic primary care clinics.
- Non-office based interventions are essential for increasing CRC screening rates.
- Few interventions exist for residents to decrease the disparity in CRC screening rates in their patient panels compared to attending patient panels.

Objective

- Investigate causes for disparities in CRC screening between patients receiving primary care from attending versus resident physicians
- Implement a novel interdisciplinary quality improvement (QI) intervention to improve CRC screening in resident patient panels

Innovation

- Interdisciplinary panel management protocol
- Guide residents on proactive outreach for CRC screening based on patient risk stratification
- Interdisciplinary implementation of outreach plan

Results

Baseline Data

- 15% lower CRC screening in resident vs. attending panels (62% vs. 77%)
- Resident patient panels with higher complexity and higher Medicaid population

<table>
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<th>Clinic A Resident Panel</th>
<th>Clinic A Attending Panel</th>
<th>Clinic B Resident Panel</th>
<th>Clinic B Attending Panel</th>
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<td>6780</td>
<td>4115</td>
<td>7378</td>
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<tr>
<td>High Risk</td>
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<td>70%</td>
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Discussion

- Interdisciplinary panel management interventions can significantly increase the CRC screening rate for patients receiving primary care from residents
- A multipronged outreach approach may be more successful in improving CRC screening rates
- Televists are resource intensive but resulted in little CRC completion

Next Steps

- Expansion to 3rd academic practice
- Assess sustainability in non-academic practice model
- Assess long-term impact on CRC screening - FIT vs. Colonoscopy selection
- Expand to new USPSTF guidelines
- Assess rate of lapsed CRC screening after positive FIT screening

References


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