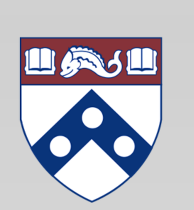

Penn Medicine

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

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Background

- Colorectal cancer (CRC) is the 2nd leading cause of cancer death in the US despite multiple modalities for CRC screening.[1]
- Disparities in CRC screening are prevalent in academic primary care clinics.[2]
- Non-office based interventions are essential for increasing CRC screening rates.[3]
- 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

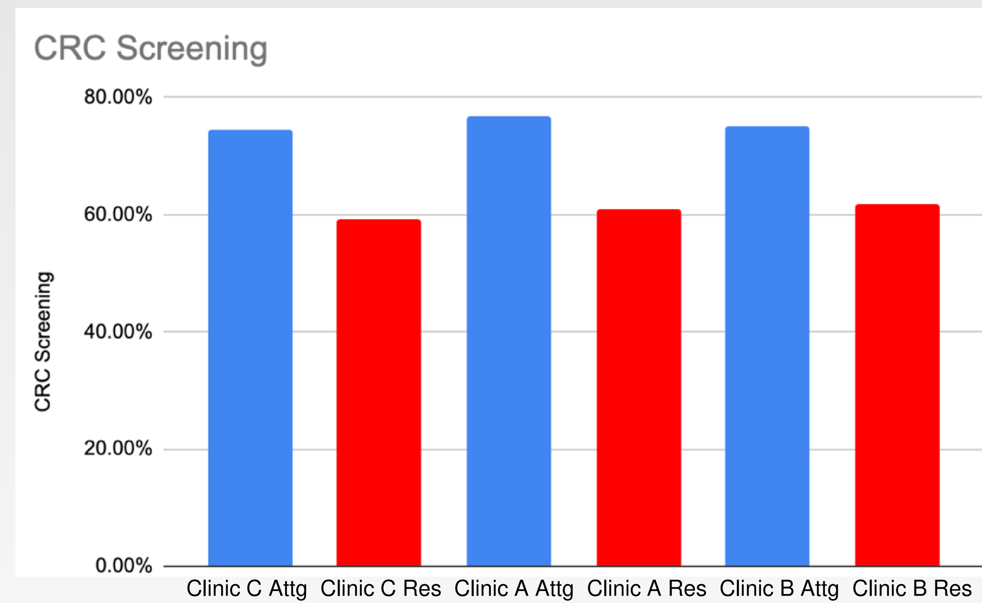
Innovation

- 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

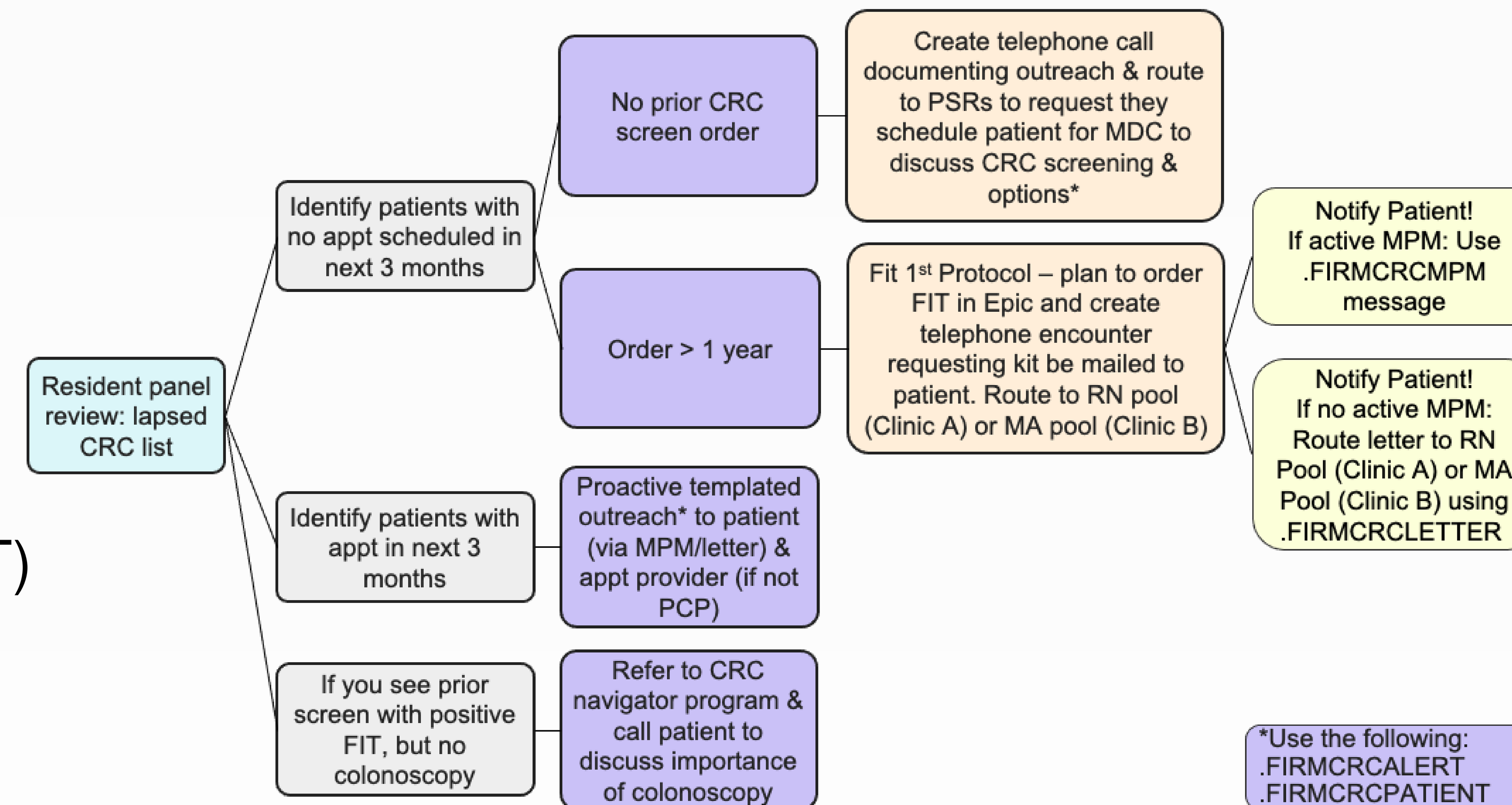
- 15% lower CRC screening in resident vs. attending panels (62% vs. 77%)
- Resident patient panels with higher complexity and higher Medicaid population



	Clinic A Resident Panel	Clinic A Attending Panel	Clinic B Resident Panel	Clinic B Attending Panel
Total Patients	4372	6780	4115	7378
High Risk	177	134	149	271
% High Risk	4%	2%	4%	4%
% Medicaid	22%	6%	25%	13%
CRC Screen Eligible	1783	4310	1612	3874
% CRC Eligible Black	70%	27%	78%	59%

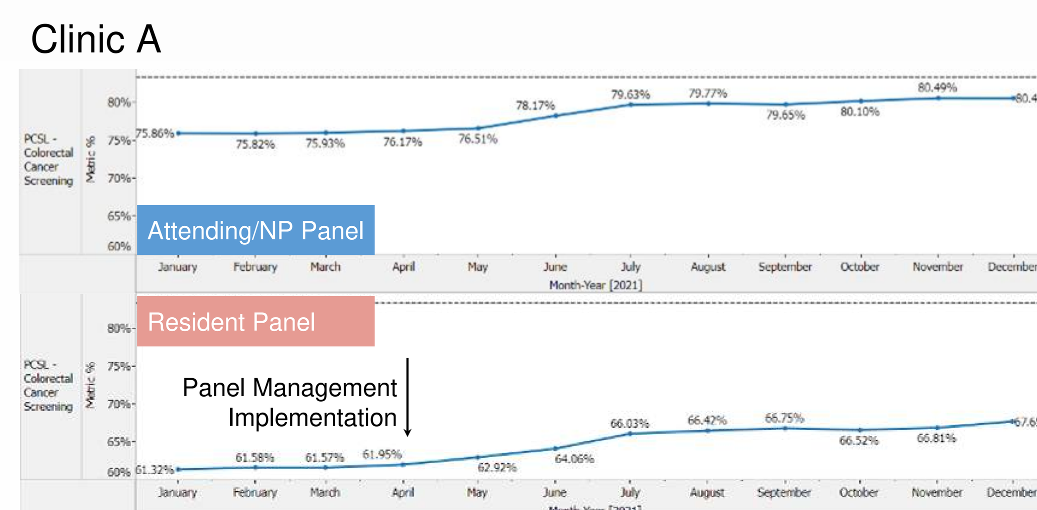
Intervention

- Two academic primary care practices
- Resident-led panel management intervention
- Proactive review of lapsed CRC lists
- Interdisciplinary outreach:
  - Scheduled telemedicine visit
  - Mailed fecal immunochemical test (FIT)
  - CRC-focused outreach prior to scheduled visit
  - Referral to a CRC navigator program

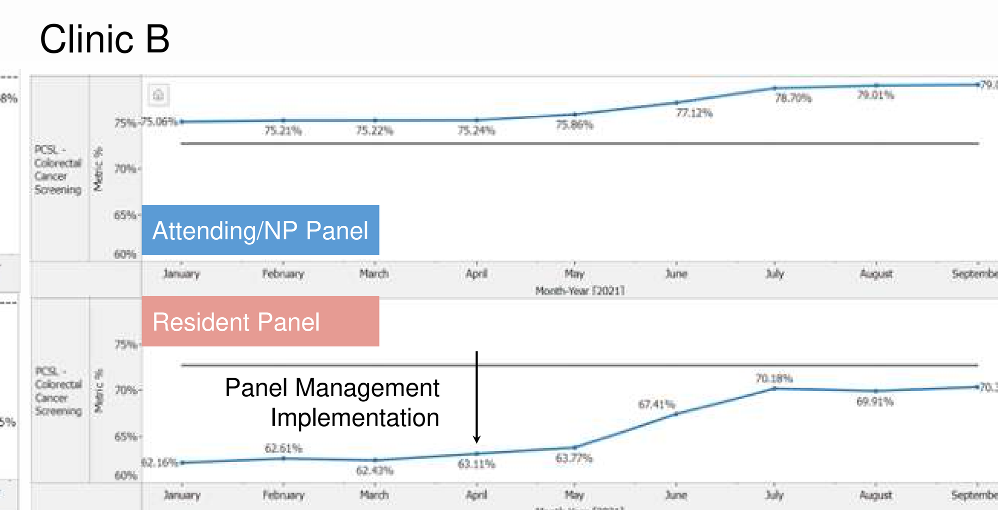


Outcomes to Date

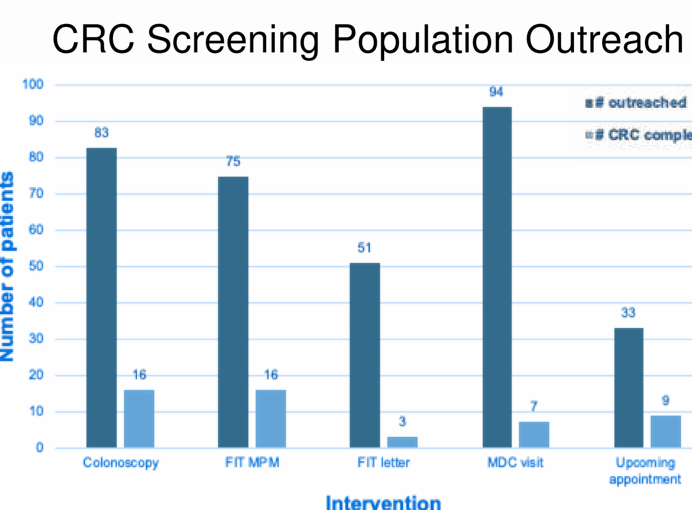
Clinic A



Clinic B



CRC Screening Population Outreach



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
- Televisits 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

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