

Battle Creek Michigan practice sets its sights on improving colorectal screening rates by improving its internal processes.

By Rhoda Robinson, Historic Family Physicians & Dorothy Esterline, IHP Practice Coach

Public Health Challenge

In partnership with Integrated Health Partners (IHP), Michigan Department of Human & Health Services and the Center for Disease Control and Prevention (CDC), **Historic Family Physicians**, a Family Practice office located downtown in Battle Creek, Michigan, joined forces to improve colorectal screening rates by implementing patient and provider reminders. **The CDC selected Historic Family Physicians as their 2022 success story!**

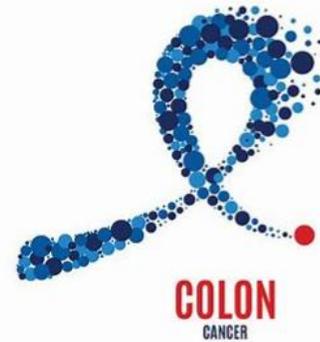
Approach

Historic Family Physicians is a medical practice made up of two providers, Stephen Robinson, MD, and Seth Egelston, DO, that care for 600+ patients.

Historic's Admin Team meets routinely with the health partners above to review the latest evidence-based guidelines and clinical protocols, receive tools and education, engage in performance improvement & lean principles, and collaborates with other clinical practices located across Michigan to promote sharing of best practices.

To incorporate a robust reminder system for the patients & providers, the Historic team worked with Integrated Health Partners Coach, Dorothy Esterline, to map out their current and future state in order to glean their gap analysis projects from these events.

One of the first projects they tackled was how they were going to track colorectal screening orders and results to determine their rate (numerator ÷ denominator = rate). They needed to be able to track their orders and results to measure their success.



¹The American Cancer Society's estimates for the number of colorectal cancers in the United States for 2023 are:

- 106,970 new cases of colon cancer
- 46,050 new cases of rectal cancer

Colorectal Cancer **IS PREVENTABLE!** Early detection **SAVES LIVES!** The U.S. Prevention Services Task Force, an independent, volunteer panel of national experts in prevention and evidence-based medicine, now recommends that screenings for colorectal cancer should start at age 45 and should continue until age 75.

Types of screenings that are available to help detect colorectal cancer:

- Highly sensitive fecal immunological test (FIT) – every year.
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) – every year.
- Multi-targeted stool DNA test (MT-sDNA) – every three years.
- Colonoscopy – every 10 years.
- CT colonography – every 5 years.
- Flexible sigmoidoscopy (FSIG) – every 5 years.

“It has been a pleasure working with this Practice where the goal is to improve colorectal screening rates. The processes they are working through will affect many other preventative screening areas that can be capitalized on with the foundation of this project.”

-Dorothy Esterline, IHP Practice Coach and Lean Facilitator.

Results

For the numerator, a copy of every order and result received for colorectal screening is given to the Referral Coordinator for tracking. The Referral Coordinator enters the order or result into their new tracking spreadsheet. Each test is tracked independently so they have stats for each screening test.

For the denominator, to figure out who met the guidelines for screening that is a current and active patient (patients aged 45-75 that are due or overdue), the practice had to clean up their roster for only patients seen in the last three years. This step took several months to comb through every chart. This step was also essential so their new electronic patient reminder system will only call or text the right, active patients.

Setting up the measures for tracking sounds easy but it was a lot of work behind the scenes. Now that these steps are in place, tracking is underway **very successfully**.

Additional successes on this journey:

- Development of a new gaps in care protocol and process.
- Development of new job descriptions and evaluation process that incorporates reward and accountability to maintain the gaps in care protocol and processes.
- New standard work and routine auditing to track that the new processes are soundly kept.
- Clean up of their health maintenance quality alert system (order date).
- A new preplan quality checklist, a new reminder was added to encounter tool, and a verbal reminder is now given to help remind the Providers to order the screenings.
- A new automated patient reminder system was kicked off. Their first electronic colorectal patient reminder went out in early December 2022 - paving the way for a successful rollout in 2023.

What's Next

The practice is getting staffed up and monitoring their scheduling access to handle patient appointment requests due to their new electronic patient reminder system asking patients to call in to request appointments for the various needs.

Historic Family Physicians is very excited to start 2023 with new tools and processes that they hope will improve their colorectal screening rates. Eventually utilizing these same tools and processes to close ALL gaps in care.

¹American Cancer Society. Cancer Facts & Figures. Atlanta, Ga: American Cancer Society; 2023.

[Colorectal Cancer Statistics | How Common Is Colorectal Cancer?](#)

[Colorectal Cancer Guideline | How Often to Have Screening Tests](#)