



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP160122

Project Title:
Reducing Racial/Ethnic Disparities in CRC Screening: A Comprehensive
EMR-Based Patient Navigation Program Including Technology-Driven CRC
Outreach and Education

Award Mechanism:
Evidence-Based Prevention Programs and Services

Principal Investigator:
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Entity:
Baylor College of Medicine

Lay Summary:

Need: This application responds to the critical need to improve systems efficiency for navigating and coordinating timely completion of Colorectal Cancer (CRC) screening, including completion of FOBTs and colonoscopies at Baylor College of Medicine (BCM) clinics and Harris Health System (HHS) community health centers. The current CRC screening rate (FOBT and colonoscopy combined) at HHS clinics is 50.0%, which is below the benchmark target of >64% CRC screening set by the institution. Furthermore, CRC is the second leading cause of cancer-related deaths among male and female residents of Harris County. In 2015, the number of new cases of CRC in Harris County was projected at 1,055 (men, 570; women, 485) with 459 deaths.

Overall Project Strategy: Our approach to increasing timely CRC screening and follow-up for our racially/ethnically diverse patient population includes several strategies: 1) Harnessing of key features of the EMR system to better coordinate patient navigation and follow-up of patients who are age-eligible to receive CRC screening and who are at high risk for developing CRC; 2) Implementing a patient navigator (PN) module in the EMR that will facilitate identification of gaps in care and integrate care management and coordination to help providers achieve cancer screening goals for their patients; 3) Providing interactive, culturally and linguistically appropriate PN-led CRC outreach and education to dispel myths/misconceptions about screening, improve completion and quality of colonoscopies, and encourage adoption of healthy lifestyle CRC risk reduction behaviors; 4) Implementation of a user-friendlier version of NCI's CRC Risk Calculator in a CRC education application; 5) Leveraging of existing culturally and linguistically appropriate multi-media CRC education resources currently already deployed at HHS community clinics, including point of care FOBT and colonoscopy videos, as well as other CRC educational materials available on BCM's web page.

Specific Goals: 1) Provide tailored education and counseling regarding CRC prevention and screening guidelines for age-eligible and high-risk underserved Harris County residents. (HHS and BCM patients); 2) Implement a patient navigator-led Colorectal Cancer navigation program integrated in the Electronic Medical Record to increase access to CRC screening services for eligible BCM patients; 3) Improve the referral, scheduling and completion of colonoscopies for high risk BCM patients (iron deficiency anemia,

positive FOBT, rectal bleeding); 4) Assess cost-effectiveness of the colonoscopy patient navigation program relative to standard CRC care; and 5) Conduct ongoing evaluation of systems performance and efficiency.

Innovation: We propose to execute goals and objectives by implementing an EMR-based CRC patient navigation module that will include several patient navigation features: 1) CRC screening registry in the EMR to include age-eligible and high-risk patients targeted for navigation; 2) Patient navigation data, which include capturing CRC screening data, outcomes of patient navigation including navigation status (CRC screening referrals, FOBT completed, colonoscopy scheduled and completed, cancellations, reschedules, and no shows; 3) CRC counseling aid to help tailor CRC education; and 4) Web-based CRC education application that will include interactive features such as a standardized colonoscopy preparation guide, education on modifiable CRC risk factors, and links to existing resources. Embedding the EMR-based patient navigation module in the daily patient care flow will maximize the likelihood that the project will be sustained beyond funding period.

Significance and Impact: CRC disproportionately affects African Americans; the overall age adjusted incidence for CRC in African Americans in Harris County is 54.0 per 100,000 (68.2 per 100,000 men and 44.5 per 100,000 women). CRC is the second most common type of new cancer diagnosed in Hispanics (41.8 per 100,000 men and 28.2 per 100,000 women). For Asians, CRC ranks third (42.4 per 100,000 men and 23.5 per 100,000 women). For non-Hispanic Whites, CRC also ranks third in new cancers (51.7 per 100,000 men and 34.6 per 100,000 women). Other than biological factors, the prevalent view for differences in CRC incidence includes delay in diagnosis, lack of insurance, lack of knowledge and understanding about the benefits of early initiation of CRC screening, cultural and behavioral health differences for modifiable factors such as diet and physical activity, previous experiences resulting in lack of trust in health care systems, and cultural beliefs about cancer, all of which contribute to major gaps in essential CRC screening services. The multi-faceted approach taken with the proposed project, coupled with strong institutional support from two world-class academic institutions, places this project in a unique position to begin to close these gaps.