



2021 LEAD Capstone Poster Session

Improving Colorectal Cancer Screening Among North Texas Veterans

Divya B. Bhatt

Assistant Professor of Internal Medicine
Division of Digestive and Liver Diseases



Abstract

- **Background:** Colorectal cancer (CRC) is expected to claim 52,980 lives in 2021. Screening includes non-invasive modalities, such as a fecal immunochemical test (FIT). An abnormal FIT should be further investigated with colonoscopy, however many patients refuse colonoscopy due to hesitation or stigma regarding the procedure. Patient engagement by a healthcare provider is one of the few ways to mitigate this gap.
- **Objective:** Implement a patient navigation system to address the stigma against and fears regarding CRC screening and prevention.
- **Methods:** Veterans who refuse colonoscopy after FIT, or who cannot be reached by usual scheduling methods, will be referred to a trained nurse navigator. The nurse navigator will call them to provide information and answer questions about CRC screening and prevention.
- **Outcomes:** Evaluate the program effectiveness by determining colonoscopy completion rates one year after implementation, as compared to historical controls.



Objectives

- Develop a telephone-based outreach program to improve colonoscopy compliance after abnormal screening
 - Train a healthcare navigator to use empathy and education to counter stigma against colonoscopy and act as a resource for veterans
- Track colonoscopy compliance rates after implementing the program
- Compare colonoscopy compliance rates before and after implementation



Background Information

- Colorectal cancer (CRC) is expected to claim 52,980 American lives in 2021. Most of these deaths could have been prevented by screening. CRC is the second-leading cause of cancer death among men and women combined, yet only 65% of Americans have ever been screened for CRC. CRC screening tests incorporate multiple modalities, including non-invasive fecal immunochemical testing (FIT).
- An abnormal FIT should be further investigated with colonoscopy, however many patients with an abnormal FIT do not undergo appropriate follow-up. Reasons for incomplete screening include hesitation regarding colonoscopy and stigma against CRC. Patient engagement by a healthcare provider, more than other measures such as mailed pamphlets or community involvement, is one of the few ways to mitigate this gap.
- I was awarded the VA New Investigator Program Grant in 2019 to assess barriers that our North Texas veterans are facing, and found that 38% did not undergo colonoscopy after an abnormal FIT. The majority refused or no-showed for colonoscopy.

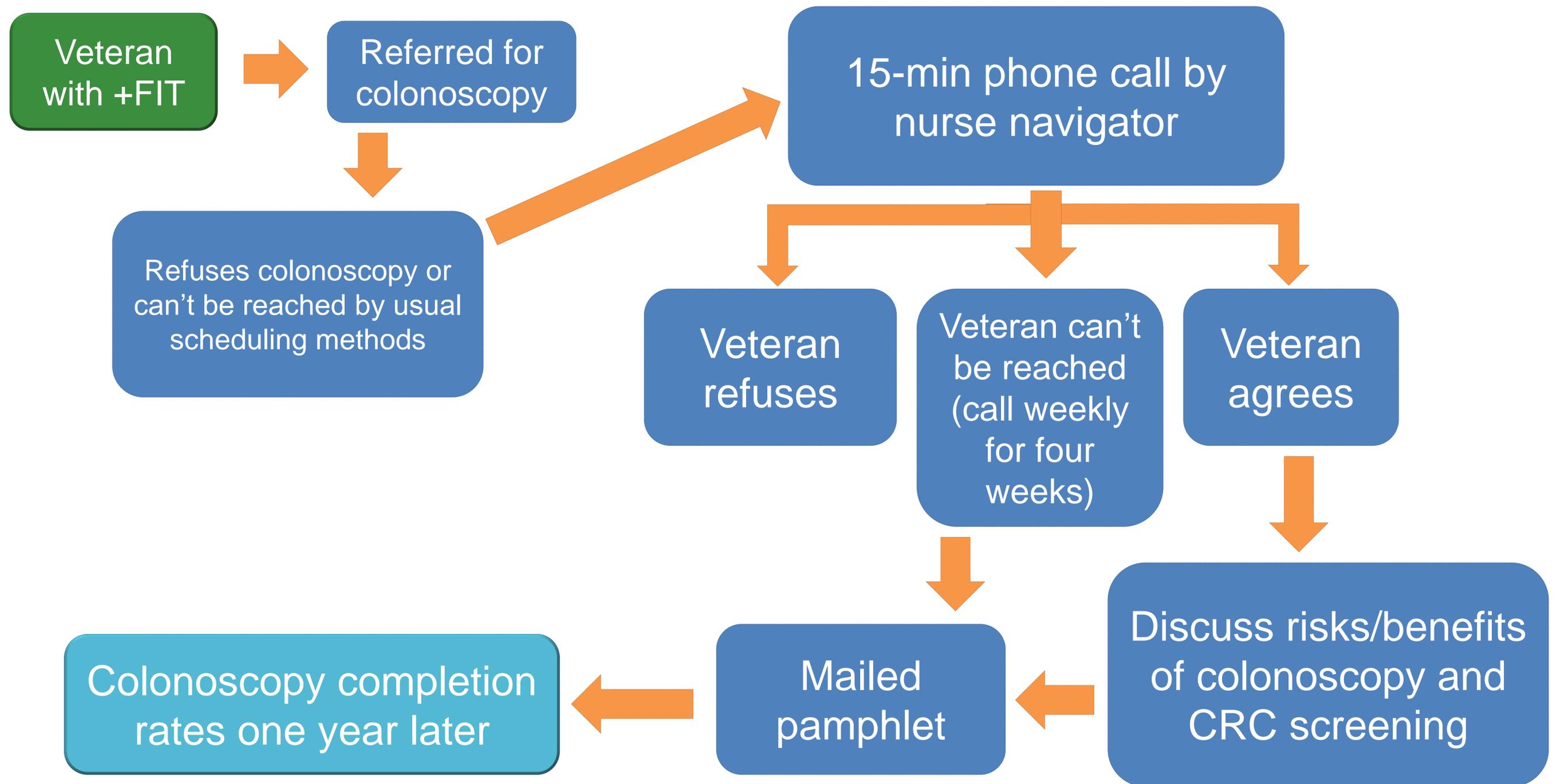


Specific Aims

- Increase CRC prevention awareness among the North Texas population
- Increase awareness of UTSW and VA North Texas as a center for patient education and cancer prevention
- Reduce burden of CRC by educating patients regarding the importance of screening and follow-up
- Create a resource team to assist patients with questions and concerns regarding CRC screening and facilitate colonoscopies when needed



Project Plan





Application of What You Learned at LEAD

- Involving stakeholders
- Using empathy to connect with others
- Communicating in an impactful way
- Negotiation and conflict management
- Working as a team to accomplish shared goal



Proposed Budget

- 10% protected time
- Nurse navigator salary (\$100,000.00)
- Printed materials



Innovation and Significance

- If successful, this Capstone project would establish an outreach program to help patients complete CRC screening.
- Investing in this resource could result in thousands of colorectal cancers prevented and lives saved.
- The cost of colorectal cancer treatment is estimated at \$14 billion dollars per year, the second highest cost of any cancer in the United States. This burden could be dramatically reduced with more effective screening.
- The results of this project could be extrapolated to other cancer screening programs across the nation.



References

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