Society of General Internal Medicine

View Abstract

CONTROL ID: 3186050

TITLE: FIT vs Colonoscopy: A Shared Decision Making Workshop to Optimize Colorectal Cancer Screening in an Urban Underserved Population

ABSTRACT BODY:

Statement of Problem or Question (one sentence): Will a resident run workshop on shared decision making (SDM) improve colorectal cancer (CRC) screening completion rates in an underserved population?

Objectives of Program/Intervention (no more than three objectives): To optimize CRC screening completion of FIT vs colonoscopy through SDM in an urban underserved population.

Description of Program/Intervention, including organizational context (e.g. inpatient vs. outpatient, practice or community characteristics) : A retrospective analysis reviewed colon cancer screening rates in average risk patients, as per the U.S. Preventive Services Task Force (USPSTF) guidelines, in an urban underserved resident primary care practice between January and February 2017. The intervention was a resident-run SDM 3-hour workshop using lecture, worksheets, and group practice to teach residents patient-centered CRC screening. A prospective cohort study reviewed charts from August 28th to October 24th, 2018 to assess completion of screening.

Measures of success (discuss qualitative and/or quantitative metrics which will be used to evaluate program/intervention): Overall CRC screening test ordering and completion rates, pre- and post-intervention, were assessed for eligible patients. A subgroup analysis of fecal immunochemical testing (FIT) and colonoscopy completion rates was also performed.

Findings to Date (it is not sufficient to state →findings will be discussed→): At baseline, 52 patient charts reviewed
9 (17%) FIT test ordered, 78% completion rate
43 (82%) colonoscopies ordered, 26% completion rate
Overall baseline completion rate: 34%

Post-intervention: 45 patient charts reviewed
22 (48%) FIT chosen, 59% completion rate
23 (52%) colonoscopies chosen, 43.4% completion rate
Overall post-intervention completion rate: 51%

There is a 17% difference (p=0.092, 2 proportion test, trending but not statistically significant) from baseline overall completion rate, however there was statistical significance in patient choice of test after the workshop (p=0.0011).

Key Lessons for Dissemination (what can others take away for implementation to their practice or community?): Although CRC is the third most common cancer among men and women and is projected to cause more than 50,000 deaths in 2017, only 62.6% of adults 50 years and older were screened (CDC, 2015). Access, insurance/immigration status, education, burden of preparation and ethnicity impact cancer screening. Urban underserved populations are disproportionately affected by these barriers. This study demonstrates that improving SDM between patients and providers can decrease barriers and improve CRC screening.
An efficient resident-led curriculum can be easily integrated into a residency schedule. Though the completion rates only trended towards statistical significance, there was a clear difference in tests ordered, reflecting that SDM influences choice of screening method.
While SDM improved the show rate for colonoscopy, the no-show rate remained high. Further investigation on patients' reasons for not completing their colonoscopy is a possible area for future investigation.

Impact: Myriad social determinants can influence healthcare decision making, of which patients are the best

judges. Teaching residents tools to appropriately provide options to patients through shared decision making fosters individualized empowerment and supports patient self-efficacy ultimately leading to more patient-centered care.

PRESENTATION TYPE IP SHARED DETAILS PAGE URL:

AUTHORS (FIRST NAME INITIAL LAST NAME): D. Yusupov[1, 2], J. Brown[1, 2], C. Grant[1, 2], N. Gupta[1, 2], G. Malhotra-Gupta[1, 2], M. Likhtshteyn[1, 2], M. S. Lee[1, 2], D. L. Stevens[1, 2], A. A. Chang[1, 2]

INSTITUTIONS (ALL): 1. Ambulatory Medicine, NYC Health + Hospitals/Kings County, New York, NY, United States.

2. Medicine, SUNY Downstate Medical Center, Brooklyn, NY, United States.

SGIM MEMBERSHIP STATUS (IHD):

Denis Yusupov : Non-Member → Resident

Jordonna Brown : Non-Member → Resident

Christon Grant : Non-Member → Resident

Nikita Gupta : Non-Member → Resident

Gayatri Malhotra-Gupta : Non-Member → Resident

Michelle Likhtshteyn : Non-Member → Resident

Melissa Lee : Non-Member

David Stevens : Non-Member

Andrew Chang : Full Member

PRESENTATION FORMAT: No Preference