

**Title of Intervention:** Continuous Quality Improvement in Federally Qualified Health Centers

**Intervention Strategies:** Provider Education, Individual Education, Environments and Policies

**Purpose of the Intervention:** To increase provider recommendation and patient compliance for colorectal cancer screening

**Population:** Health care providers and racial and ethnic minority patients over 50 years old who were not following colorectal cancer screening recommendations

**Setting:** Federally qualified health centers in urban Chicago; health care facility-based, home-based

**Partners:** Local university, local community hospital, federally qualified health center network

**Intervention Description:**

- **Provider Education:** Health care facility staff conducted chart audits to determine which patients were not up-to-date on colorectal cancer screening. A blank screening referral form was placed inside the charts of non-compliant patients to remind providers to recommend colorectal cancer screening. Providers also attended an education course on promoting colorectal cancer screening to the most recent health literacy recommendations to help providers improve their communication with patients.
- **Individual Education:** Patients who were not up-to-date with screening recommendations were sent a letter encouraging them to speak with their health care provider about colorectal cancer screening at their next medical appointment. The mailing included a Spanish or English version of the Center for Disease Control and Prevention's "Screen for Life" brochure, which explained options for screening.
- **Environments and Policies:** The federally qualified health center network established a relationship with a community hospital to offer screenings and any necessary follow-up on a sliding-scale fee for those without adequate health insurance.

**Theory:** Not mentioned

**Resources Required:**

- **Staff/Volunteers:** Health care providers, instructor knowledgeable in colorectal cancer screening, health care center staff
- **Training:** Training to conduct chart audits
- **Technology:** Electronic chart system (optional), printer
- **Space:** Meeting space for provider education
- **Budget:** \$4,676 total, could be approximately \$2,583 with medical assistant performing audit and electronic chart system
- **Intervention:** Spanish and English "Screen for Life" brochures, recommendation letters, reminders, mailing supplies, access to patient charts
- **Evaluation:** Patient chart audit and coding protocol

**Evaluation:**

- **Design:** Pre- and post-test
- **Methods and Measures:**
  - A chart review measured whether patients received a provider recommendation for screening and completion of any colorectal cancer screening test 12 months after the intervention.
  - Providers recorded patients' qualitative reasons for not being screened.
  - A preliminary cost-effectiveness analysis for screening promotion was conducted.

**Outcomes:**

- **Short Term Impact:** Provider recommendation for screening significantly increased. Scheduling for screening test significantly increased.
- **Long Term Impact:** Patient screening rates significantly increased.

**Maintenance:** Not mentioned

**Lessons Learned:** Patients who received two or more recommendations from their health care provider during the intervention period were less likely to complete a screening test compared to patients who only received one. This could be attributed to patient readiness. The intervention was cost-effective, but could be even more cost effective if electronic medical records were implemented and medical assistants performed chart audits.

**Citation(s):**

Khankari K, Eder M, Osborn CY, et al. Improving colorectal cancer screening among the medically underserved: a pilot study within a federally qualified health center. *J Gen Intern Med.* Oct 2007;22(10):1410-1414.