

Title of Intervention: Increasing Colorectal Cancer Screening in an Urban Public Hospital by Reducing Health System Barriers

Intervention Strategies: Supportive Relationships, Environments and Policies

Purpose of the Intervention: To increase access and efficiency in health care facilities for colorectal cancer screening

Population: Hispanic and African American adults aged 50 and older

Setting: Lincoln Medical Center in the Bronx borough of New York City; health care facility-based

Partners: None mentioned

Intervention Description:

- **Supportive Relationships:** Two patient navigators were hired to assist patients in obtaining a screening by helping to complete paperwork, schedule appointments, provide reminders and facilitate referrals.
- **Environments and Policies:** To reduce waiting time for a screening appointment, a direct referral system was created to allow health care providers to refer individuals directly to bypass many of the normal barriers to screening. The gastrointestinal suite was remodeled to improve efficiency. Additional screenings devices and video processors were brought in, and the instrument cleaning area moved closer to the suite to reduce damage and increase turnaround. Recovery areas were redesigned so that more individuals could be monitored by one provider, allowing more to assist in procedures, and an anesthesiologist performed sedation and completed paperwork to reduce procedure time. Coverage of screenings was slightly adjusted by some health care providers at the hospital.

Theory: Not mentioned

Resources Required:

- **Staff/Volunteers:** Two patient navigators, health care providers
- **Training:** Not mentioned
- **Technology:** Screening instruments, audiovisual equipment
- **Space:** Not mentioned
- **Budget:** Not mentioned
- **Intervention:** Ability to reorganize screening clinic, procedure forms, medical supplies
- **Evaluation:** Medical records, analysis software

Evaluation:

- **Design:** Comparison study
- **Methods and Measures:** A review of patients' charts assessed the number of cancelled appointments and number of completed appointments.

Outcomes:

- **Short Term Impact:** The likelihood of keeping the screening appointment after the patient navigators were hired increased by nearly three-fold and the amount of broken appointments decreased dramatically.
- **Long Term Impact:** The proportion of uninsured persons and Medicaid-insured persons who received a screening increased significantly. The proportion of screenings that had a patient navigator associated with them increased significantly. The number of screenings dramatically increased over time.

Maintenance: Not mentioned

Lessons Learned: Not mentioned

Citation(s):

Nash D, Azeez S, Vlahov D, Schori M. Evaluation of an intervention to increase screening colonoscopy in an urban public hospital setting. *J Urban Health*. Mar 2006;83(2):231-243.