

UnityPoint Health – Trinity 2013 Colorectal Cancer Prevention Program

Needs Assessment

It is well established that colorectal cancer screenings save lives. Screening can find precancerous polyps (abnormal growths in the colon or rectum) so that they can be removed before turning cancerous. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure. The Center for Disease Control reports that if everyone aged 50 or older had regular screening tests and all precancerous polyps were removed, as many as 90 percent of deaths from colorectal cancer could be prevented.

Unfortunately, screening rates remain low across the nation, and according to the American Cancer Society, “While ‘screening saves lives’, in 2010, only 60 percent of Illinoisans aged 50+ have had any CRC screening, per ACS guidelines.” In addition, the ACS reports incidence of colorectal cancer is higher in Hispanic and African American populations compared to Caucasian. Low income, uninsured, or underinsured members of our community face economic, educational, and access barriers to getting screening services that often result in putting off scheduling a colonoscopy until it is too late. An analysis of the Trinity Cancer Center registry database reveals that from 2000 to 2010, late stage colon cancer incidence is 38 percent.

For several years, Trinity Medical Center, along with staff from The Center for Digestive Health, Gastroenterology Consultants, and Digestive Disease Specialists have worked together as the Colon Cancer Free QCA Coalition to promote the importance of colorectal cancer screening in the Quad Cities area. In 2010, Colon Cancer Free QCA began working with the Good Samaritan Free Clinic in Moline to provide free colonoscopies to a number of uninsured patients. Doctors, nurses, and support staff, from competing practices, volunteered their services to make this one day only free screening possible. Earlier this year, cancer was identified and a life was saved due to the work of this group. But Illinois still ranks seventh lowest across all 50 states for colorectal cancer screening.

Through Jan. 2012 – Oct. 2012, UnityPoint Health – Trinity, Rock Island performed 498 screening colonoscopies, of which 16 were for uninsured patients. Though occasional screenings for uninsured patients are performed at local ambulatory centers, the area remains greatly underserved.

A screening program that operates throughout the year would further position Trinity Medical Center as an integral health partner in the Quad Cities community and it will help meet cancer services program objectives:

- Provide a valuable colorectal cancer education to the general Quad Cities communities.
- Provide a valuable colorectal screening program to the uninsured in the Quad Cities.
- Strengthen relationship with the area ACS, IHA, local gastroenterology practices, Trinity Medical Center and Trinity Cancer Center by creating a partnership for this important initiative.
- Fulfill ACoS requirements whereby Trinity Cancer Center provides, on-site or coordinated with local agencies, a minimum of one cancer prevention program each year.

Projected Program

Andrea Schelin, Oncology Program Director, met in the fall of 2012 with the American Cancer Society (ACS) along with the Illinois Hospital Association (IHA) to learn about the program. These two organizations would like to partner with Trinity Medical Center and the Trinity Cancer Center for a CRC screening program. Support for the initiative was gained from Dr. Constantinou, Cancer Program Medical Director, Dr. Eddy, and section chair for GI services, Rick Seidler, CEO and Director of Surgical Services. Andrea also presented the idea to the Cancer Nurse Navigator, (Community Outreach Coordinator) and the endoscopy staff on Nov. 30, 2012 at a special sub-committee meeting. A presentation was made to the Cancer Review Committee with approval on March 20, 2013.

Disposition of Project

All patients participating in the Trinity/ACS Colorectal Cancer Screening Initiative must complete and qualify for the Financial Assistance program through Trinity Medical Center to be eligible for a free colonoscopy. The current policy is that the patient must have income at or below 200 percent of the federal poverty guideline, consistent with the UnityPoint Health Financial Assistance Policy. Acceptance in the financial assistance program prior to receiving a colonoscopy ensures no delays in care, should any follow-up services be needed at UnityPoint Health – Trinity or UnityPoint Health Clinic.

To qualify for a free screening the patient must meet the following criteria:

- Be between 50 to 64 years of age, without insurance coverage or with inadequate insurance
- Be under age 50, with conditions resulting in increased or high-risk for colorectal cancer
- A personal history of colorectal cancer or adenomatous polyps
- A personal history of inflammatory bowel disease such as ulcerative colitis or Crohn's disease
- A strong family history of colorectal cancer or polyps
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)

Screenings will be scheduled on a first-come, first-serve basis, and should be scheduled through the Trinity Endoscopy department lead nurse. The Endoscopy department lead nurse will coordinate requests for colonoscopies with the requesting referring provider and the partnering physician to perform the colonoscopy. The physicians performing screening procedures have consented to donate their services. Trinity also will donate services making this a free screening. All patients participating in the program will be entered into the Colorectal Screening Program database by Trinity Medical Center staff, regardless of where the colonoscopy is performed.

Any needed follow up care resulting from the free colonoscopy will be coordinated through the Trinity patient advocate, involving the financial assistance program and the Community Health Care Clinic, Good Samaritan Clinic, or primary care physician clinic, as appropriate. The Cancer nurse navigator will coordinate care and follow up with all patients requiring surgery.

The program will be ongoing throughout the next two years. The ACS will assist in providing a statewide media public awareness campaign and will provide marketing materials to promote our internal screening promotion and education.

National Guidelines

American Cancer Society recommends beginning at age 50, both men and women should follow one of these testing schedules:

- Flexible sigmoidoscopy every 5 years or
- Colonoscopy every 10 years or
- Double contrast barium enema every 5 years or
- CT colonography (virtual colonoscopy) every 5 years.

Some people should be screened using a different schedule because of their personal history or family history. They should talk with their doctor about their history and what colorectal cancer screening schedule is best for them.

Evidence-based Interventions

The National Institute of Health (NIH) states on their website that "sigmoidoscopy proves to be an effective screening tool for colorectal cancer. In a large randomized trial involving healthy men and women aged 55-74, a sigmoidoscopy substantially reduced the incidence and mortality from colorectal cancer."

The NCI also stated that "colonoscopy reduces risk of death from colorectal cancer in high-risk patients. Long term results from the National Polyp Study confirm that removing precancerous adenomas not only reduces the risk of colorectal cancer, but also reduces the number of deaths from the disease by more than one-half. These findings appeared Feb. 23, 2012 in the New England Journal of Medicine."

Action Plan

Nurse Navigator will provide an annual report for the duration of the project. The Cancer Review Committee will monitor the outcomes of the cancer prevention and screening project and will provide a follow-up action plan as needed to raise colonoscopy screening rates and to increase the incidence of early stage colorectal diagnosis within our community.

Evaluation

- Number of participants: 18
- Number of cancer diagnosis: 3