

UND CFM Bismarck Success Story

By Dr. Jeffrey Hostetter

In 2020 our baseline rate of CRC screening from our EMR reports was 24.4% of patients from ages 50-75 years. At the start of 2021 when the COVID pandemic was just getting underway, our rates had dropped to less than 20%! This was woefully under the national goal of the American Cancer Society (ACS) of 80%. We had to do something.

In April 2021, we were approached by Quality Health Associates (QHA) to participate in the ScreeND program to help us learn strategies to increase our levels of colorectal cancer (CRC) screening. Additionally, as a training site for new Family Medicine providers, we were interested since evidence shows that physicians form lifelong habits surrounding QI early in their careers.

Our initial steps resulted in very little improvement as we learned about the pitfalls of implementing QI. As we met and learned from QHA, they provided valuable tools to help us improve our quality improvement process. We saw a small increase in our rates of CRC screening as early as December 2021. None of our staff or providers had formal training in QI, and despite our best efforts, our CRC screening rates remained low at 23% at the beginning of 2022; a glimmer of hope. We continued to engage monthly with the ScreeND team, and key personnel completed QI training. QI training was also formally included in the residency curriculum in July of 2022. Finally we upgraded our EMR so we could get better QI data, and so that QI would be "front-and-center" to providers in real time when they saw patients in the clinic.

As you can see in Figure 1 below, these last few interventions were game changers: formal, mandatory education, an EMR focused on quality data, and expert guidance from QHA ScreeND. Other incentives and strategies we have used in our journey are also listed in Table 1. Our CRC screening rate has gone from 24% to over 60%; a 140% increase. Importantly, we have been able to sustain our gains despite having seven new residents each year.

Figure 1

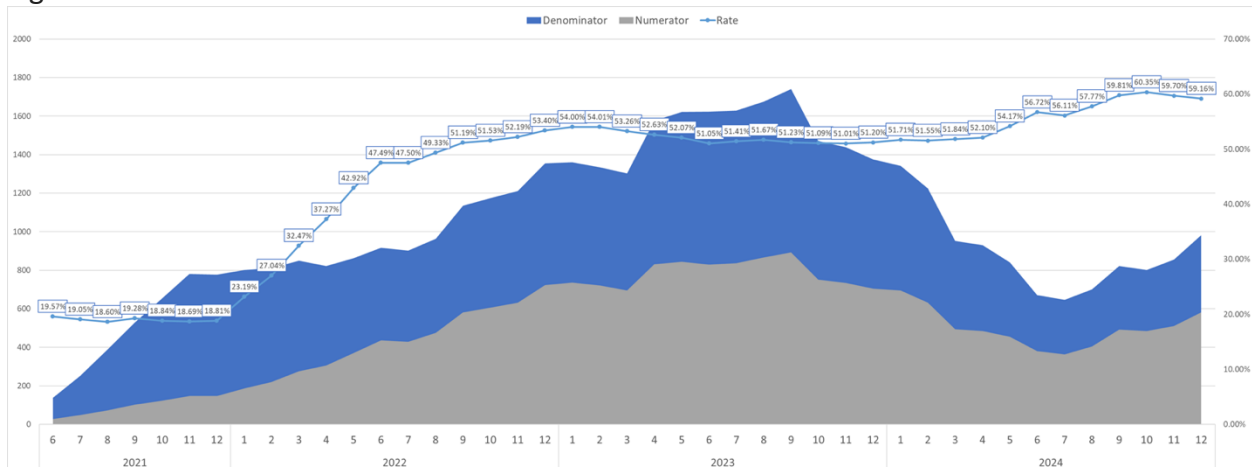
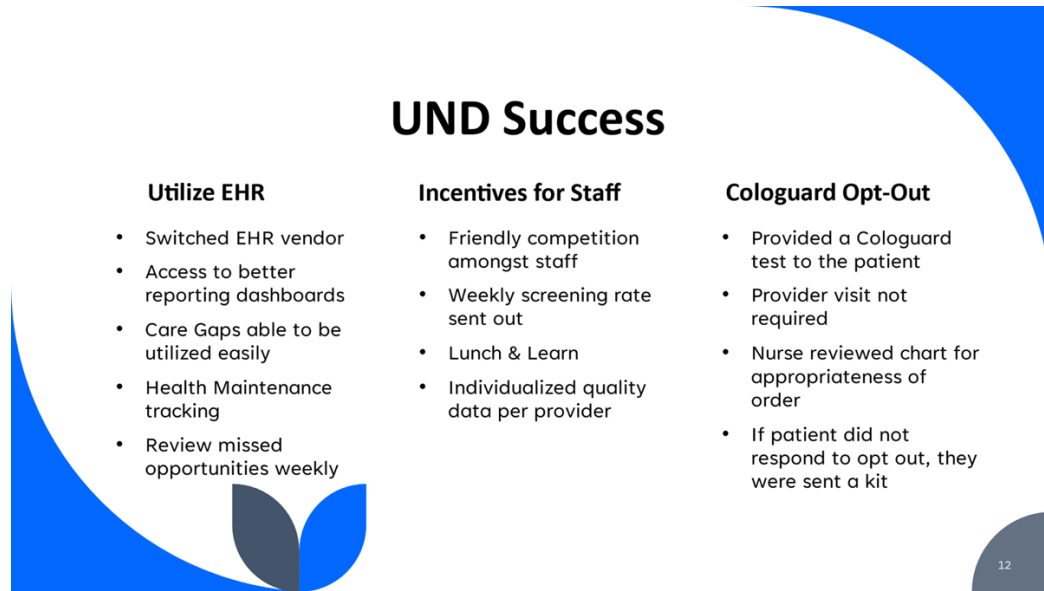


Table 1



UND Success		
Utilize EHR	Incentives for Staff	Cologuard Opt-Out
<ul style="list-style-type: none">• Switched EHR vendor• Access to better reporting dashboards• Care Gaps able to be utilized easily• Health Maintenance tracking• Review missed opportunities weekly	<ul style="list-style-type: none">• Friendly competition amongst staff• Weekly screening rate sent out• Lunch & Learn• Individualized quality data per provider	<ul style="list-style-type: none">• Provided a Cologuard test to the patient• Provider visit not required• Nurse reviewed chart for appropriateness of order• If patient did not respond to opt out, they were sent a kit

Finally, as an important "side effect" of focusing on better quality of CRC screening, the clinic culture has transformed into one where QI is applied to many more areas than just CRC. We currently have projects to improve rates of Annual Wellness Visits, improve our systems for hospital follow up and chronic care management, improve compliance with pain management standards, and improve the care we give elders through the Age Friendly initiative. And there are new projects being brainstormed all of the time by our young and motivated learners. The results have been gratifying to see. We are not only giving measurably better patient care, but the clinic has also improved its revenue stream through payment for quality programs like Medicare MIPS and BCBS BlueAlliance.

We still have not reached the ultimate goal of screening 80% of patients aged 45-75 years, but we are a lot closer. I am grateful to my staff for taking on this challenge, to the UND SMHS for being supportive, and for QHA ScreeND for encouragement and guidance.