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INTRODUCTION

- Cancer is the 2nd leading cause of mortality in the United States.
- Across the San Diego VA Healthcare System, rates of individuals who are up to date with cancer screenings are below the national VA rates.
- With primary care physicians being the first line of defense against screening for cancer, it is essential to address this gap in healthcare.
- While there are automated reminders within CPRS for screening for breast, colorectal, and cervical cancer, there is not one yet in place for lung cancer and prostate cancer.

AIM

This quality improvement project aimed to increase the percentage of cancer screenings across multiple cancers (breast, colorectal, prostate, cervical and lung) among patients at the VA La Jolla Primary Care clinic.

METHODS

- Cancer screening was incorporated into the primary care note template to prompt the primary care provider to screen for the different types of cancer.
- A customized after visit summary (AVS) that included cancer screening was created as part of this project and was given to the patient.
- Primary outcome: proportion of cancer screenings completed between October 2023 and March 2024.
- We analyzed the trend of cancer screenings across our patient panel from December 2023 to March 2024.

RESULTS

- 28 patients were found to be eligible and due for age-appropriate cancer screening.
- 43 cancer screening tests were ordered.
- As of March 2024, 27 of these 43 (63%) tests were completed.
- Completed tests:
 - 5/5 (100%) of mammograms
 - 5/9 (56%) of fecal immunochemical tests
 - 1/8 (13%) of colonoscopies
 - 14/16 (88%) of PSA labs
 - 1/1 (100%) of Pap smears
 - 1/4 (25%) of low-dose CTs

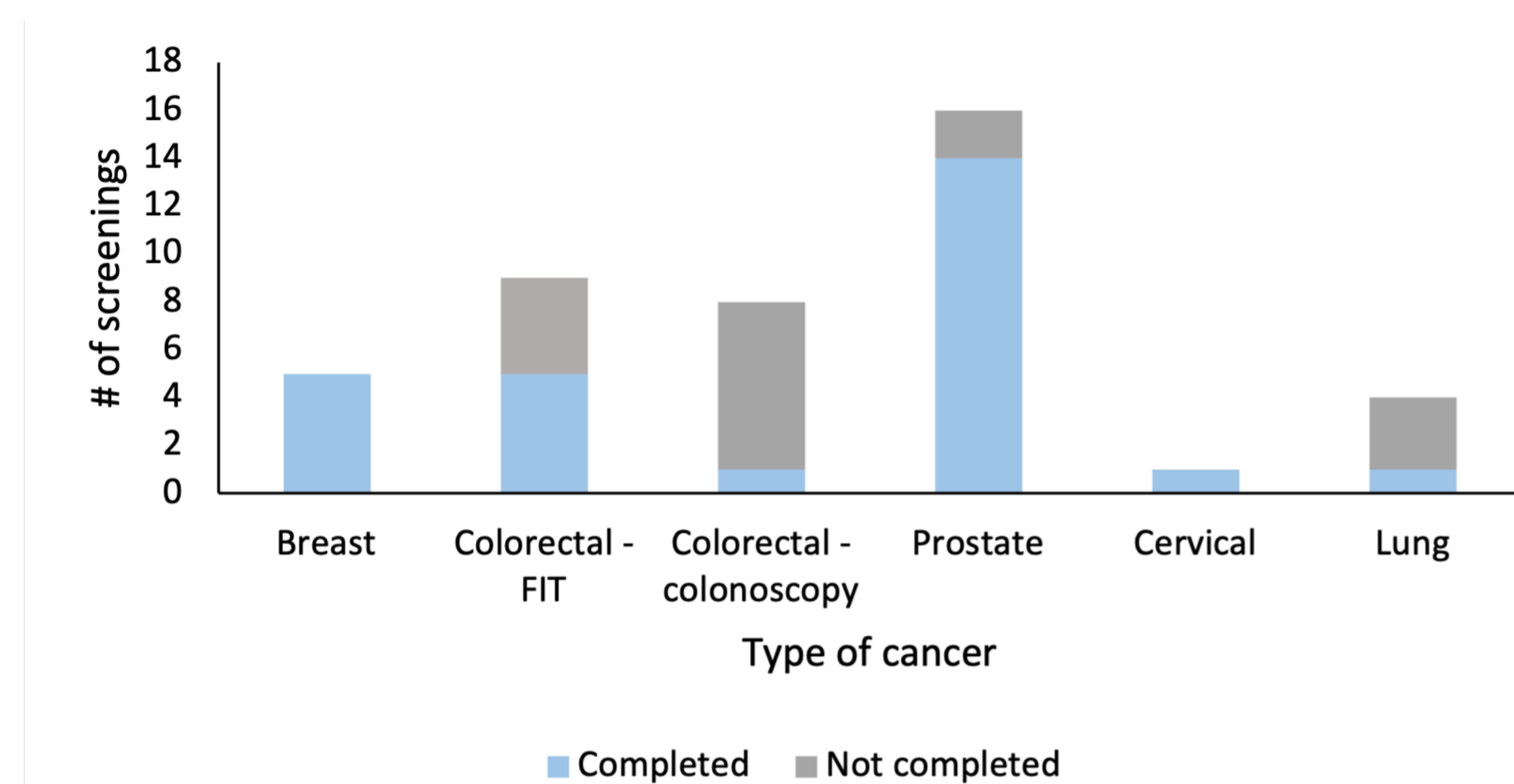


Figure 1. Proportion of cancer screenings ordered that were completed.

- Screening uptake improved in the three cancer types recorded on the Almanac database.
 - Colorectal cancer screening increased from 48.6% to 50.2%
 - Breast cancer screening increased from 70.4% to 76%,
 - Cervical cancer screening increased from 69.8% to 72.6%.

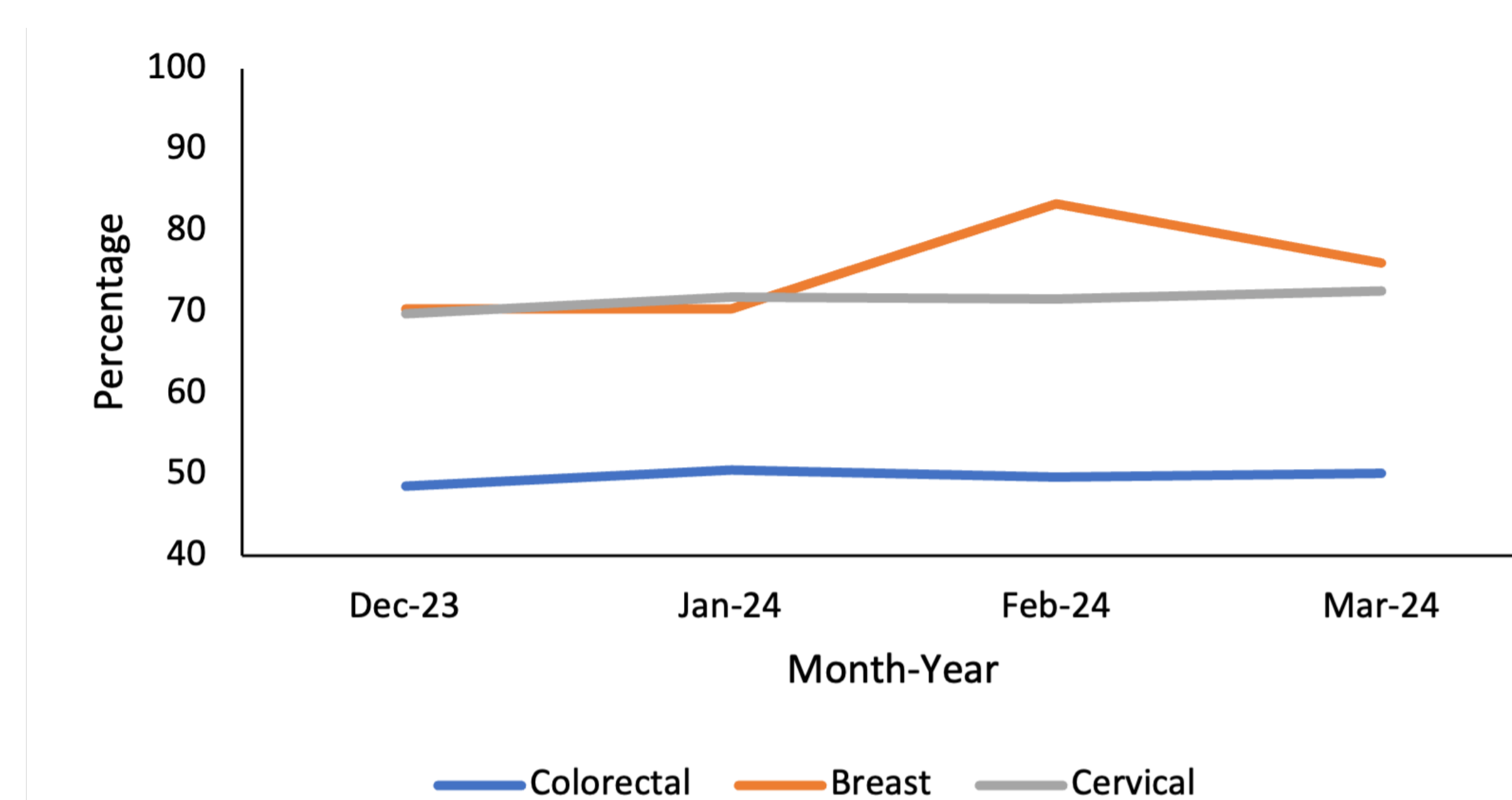


Figure 2. Rates of up-to-date cancer screening within the patient panel.

DISCUSSION

- 63% of screening tests ordered were completed during the time period of the study.
- Breast cancer and cervical cancer had the highest proportion of completed screenings.
- Lung cancer had the lowest proportion of completed screenings.
- The lowest proportion of completed screening test was for colonoscopies, though some exams had been scheduled for the future.
- From December 2023 to March 2024, rates of up-to-date cancer screening within our patient panel increased slightly among colorectal, breast, and cervical cancers.

CONCLUSIONS

- Identifying and addressing barriers to ordering and completing cancer screening is essential for successful implementation of cancer screening into the primary care setting.
- Incorporation of cancer screening into the AVS creates a tool that is patient-centered, and this tool has been distributed across the primary care clinic.
- However, further efforts are needed to increase completion of screening tests.
- The addition of an automated reminder for lung cancer screening is in progress, and future projects could study the effects of this reminder on screening rates.
- Completion of cancer screening requires steps outside of the primary care visit, such as scheduling with other departments including Radiology and Gastroenterology.
- To improve completion rates, this may need to involve interventions outside the primary care visit, such as automated reminders sent to patients if tests are completed within a specific period of time.