

Improving Follow Up Rate for 3-year Surveillance Colonoscopies at the Minneapolis VA

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Research Question: Colorectal cancer is the 3rd most common cancer in both men and women and the 2nd leading cause of cancer-related death, with 52,000 deaths annually in the United States. Early detection is critical for improving mortality. This QI project sought to improve the rate of follow-up surveillance colonoscopies for patients at the Minneapolis VA Medical Center who had been identified as high risk and given a 3-year follow-up timeline based on prior colonoscopy findings. Interventions: Using a database at the VA listing patients overdue for follow-up colonoscopies based on prior high-risk findings, the population of interest first had to be narrowed down to only include patients that had missed a 3-year follow up. Next, a chart review was performed to identify trends between patients of why they had not gotten a subsequent colonoscopy to help brainstorm different interventions. An initial intervention centered around creating custom patient lists for each primary care provider was devised, but after concerns were raised by the PCPs about the viability of them taking on this additional task, this intervention was tabled. A second intervention was then developed that split the list of identified overdue patients and divided them between the following groups to be processed: medical students and their preceptors, resident clinics, and a trained advance practice provider within the GI department. Each of these groups would assess the patients on their lists and place a consult for those willing and able to undergo another colonoscopy or remove them from the list if they were too sick or declined further surveillance. Data/Results: The initial dataset contained 777 patient records that were flagged in the system as overdue for high-risk colonoscopy follow-up. After further focusing the list to active Minneapolis patients that were actually overdue for a 3-year follow-up colonoscopy, the list was 268 patients. A chart review of 100 patients from this list found that 26% of these patients were likely good candidates for a repeat colonoscopy and were therefore the target demographic for the proposed interventions. Another 30% of the patients had received colonoscopies at outside facilities or had temporary reasons to delay a colonoscopy in the short term, and 38% of patients had either declined to undergo any further colonoscopy surveillance or their health had deteriorated to the point where they were no longer a good candidate for a colonoscopy. The intervention that was implemented is currently ongoing, but in the first two weeks two patients from this identified high-risk list had already scheduled colonoscopies and over a dozen others had either declined screening or been deemed ineligible to continue screening, thus removing them from the list of high-risk patients and making the list more accurate.

Discussion: Early identification of colon cancer is crucial to improving patient outcomes, and for patients who have had high-risk findings on previous colonoscopies it is important to ensure they are not lost to follow up. This project sought to identify a list of patients that were truly overdue for their 3-year surveillance colonoscopy and create an intervention that would help get those that were still candidates for a colonoscopy scheduled and those who were not removed from the list. A challenge encountered during this project was finding a way to get these colonoscopies ordered without placing further burden on primary care providers who are already stretched very thin. The intervention that was ultimately devised to split the list between different groups is still in its early stages, but initial results are promising. Future directions for the project include following up on the results of the intervention over time, ensuring that more education is provided to residents so that they are aware of when and how to order surveillance colonoscopies for high-risk patients, and creating internal protocols for the GI department to play a more active role in ensuring these highrisk patients continue getting their colonoscopies