

THE CENTER FOR WELLNESS



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INTRODUCTION

Welcome to March!

In this month's newsletter, the Quality department will highlight colorectal cancer awareness and the recommendations to improve. As a reminder, due to COVID-19's continued presence, it is important to ensure patients exercise precaution and lead a healthy lifestyle especially as it pertains to the heart. Because many health centers have opened up their facilities, it is important to remind people to schedule appointments with their providers to ensure quality health.

Now, more than ever, it is important to perform screenings for various health measures as awareness has encouraged people to seek out help and resources.

In addition, with vaccinations widely available, we encourage people to get vaccinated when possible.

COLORECTAL CANCER FACTS

Colorectal cancer is the third most common cancer diagnosed in both men and women in the United States, excluding skin cancers. The American Cancer Society's estimates for the number of colorectal cancer cases in the United States for 2022 are:

- 106,180 new cases of colon cancer
- 44,850 new cases of rectal cancer

The rate of people being diagnosed with colon or rectal cancer each year has dropped overall since the mid-1980s, mainly due to more people are getting preventative screening and changing their lifestyle-related risk factors.

However, this downward trend is mostly in older adults and does not account for rising incidence among younger adults

since at least the mid-1990s (The American Cancer Society).





MARCH IS
COLORECTAL CANCER
AWARENESS MONTH



HRSA GUIDELINES

Down below are recommendations for satisfying colorectal cancer screening, provided by HRSA (Health Resources and Services Administration). These are also available under the quality management tab of our EMR, Athena.

Colorectal Cancer Screening

Measure Description

Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer

Calculate as follows:

Denominator

- Patients 50 through 74 years of age with a medical visit during the measurement period

Note: Include patients with birth date on or after January 2, 1946, and birth date on or before January 1, 1971.

Numerator

Patients with one or more screenings for colorectal cancer. Appropriate screenings are

defined by any one of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period
- Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
- Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
- Colonoscopy during the measurement period or the 9 years prior to the measurement period

Exclusions/Exceptions

- Denominator Exclusions
- Patients with a diagnosis of colorectal cancer or a history of total colectomy
- Patients aged 66 and older with advanced illness and frailty

DRVS ANALYTICS

Azara DRVS is a our newest addition to our data analytic platform. This centralized data reporting aid, facilitates care transformation, drives quality improvement and simplifies reporting. Colorectal Cancer Screening analytics of eligible patients, for the **Trailing Year (TY)** from DRVS, are as follows:

2472 Gaps in Care

372 FIT-FOBT Tests Issued

365 Received Results

22 Were Positive

4 Colonoscopy Results Received

Colorectal Cancer Screening Completed Trailing Year March 2022

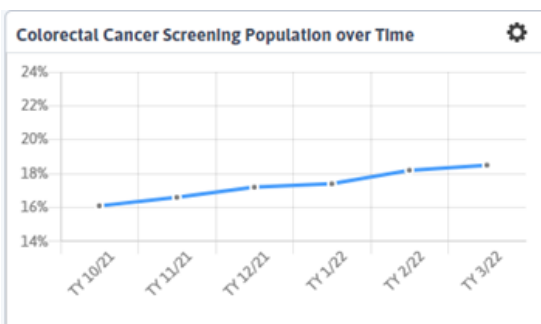
18.5% +5.2% ▲
% Pts w/ Colorectal Cancer Screening TY 3/21

This chart depicts the rate of patients that have been screened for colorectal cancer trailing year through March 2022

Colorectal Cancer Screening for Population Eligible

3,165 -3% ▼
Pts w/ Qual Visit TY 10/21

This chart depicts the number of patients we currently have that are eligible for colorectal cancer screening.



This chart depicts the population of patients that will be screened over time. So far we are seeing an increase and hope it will go in this trajectory.

QUALITY SPOTLIGHT

QI REQUEST FORM

The Quality Team has some exciting news! We have officially added our QI Request form to the Henry J. Austin Website.

When on the Henry J. Austin website you may type in the tiny search box: **Form** and the first option that will pop up will be **QI Data Request Form**. You can click on that to get you to the next page. Once on that page you can start filling out the form.



Search Results for: FORM



QI Data Request Form

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SPOTLIGHT (CONT.)

QI Data Request Form



Home | QI Data Request Form

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The form will take approximately 5 minutes to complete. The questions marked with an asterisk are mandatory.

Your Name *(Required)*

First

Last

Your Email *(Required)*

Today's Date *(Required)*

\$

Attach files or previous sample reports here

Drop files here or

Accepted file types: doc, docx, ppt, png, webp, ppt, mov, mp4, mp3, Max. file size: 50 MB, Max. files: 8.

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It should only take you approximately **5 minutes** (depending on how much more you may need to write). After you are done you may attach any documents if needed and then click **submit**. Congratulations, you have just completed your QI Request!

We look forward to helping you deliver quality healthcare.

QUALITY GOALS

Ensuring that colorectal cancer measures can be satisfied, we are collaborating and utilizing all our resources to ensure our patients receive quality care. Providers, clinical staff and the Quality team are among our primary resource we use in satisfying colorectal cancer screening measures.

In addition, as variants of COVID-19 are present, Henry J. Austin Health Center efforts are continuing to be focused on responding to our patient population needs in COVID-19 testing, providing vaccinations and booster shots.



SCORECARD

Henry J. Austin Health Center's monthly scorecard highlights or year to date (YTD) performance on 14 of our priority quality measures on an organizational level.

The scorecard is a fundamental aid to drive and monitor quality improvement at Henry J. Austin Health Center.

Measure Type	Program	February	March
Breast CA	UDS	37.9%	41.1%
Cervical CA	UDS	46.8%	47.5
Childhood immunizations (fully)**	UDS	11%	16.6%
Colorectal CA	UDS	18%	18.9%
Hypertension	UDS	33.5%	34.6%
<i>Diabetes</i>	<i>UDS</i>	<i>51.6%</i>	<i>52.6%</i>
HIV (Screening)	UDS	37%	37.1%
IVD	UDS	91.2%	91.2%
Adult BMI	UDS	44.8%	54.2%
Depression (Follow-Up)	UDS	70.7%	71.0%
Pediatric Dental Sealants	UDS	36%	N/A
Statin Therapy	UDS	86.4%	86.1%
Tobacco Use	UDS	69.3%	69.5%
Pediatric BMI & Counseling	UDS	65%	65.5%

Scorecard Key

Measure type - UDS ** Childhood Immunization for children who turned 2 only

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QUOTE OF THE MONTH

*"Screening for colon cancer can help
stop cancer in its tracks"*

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