



One Stop Shop:

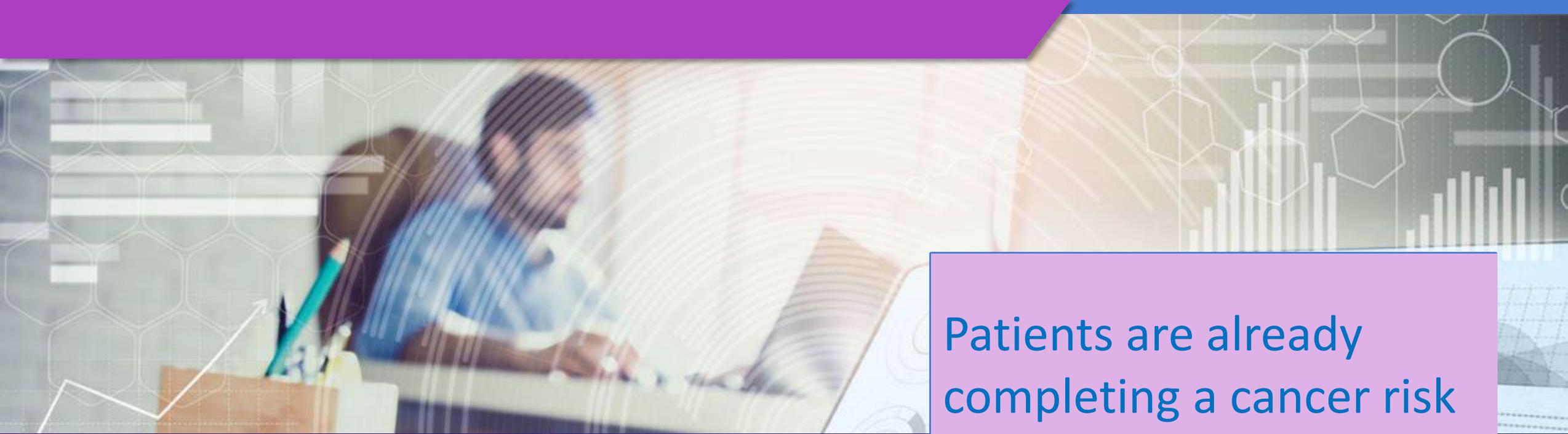
Comprehensive Quality
Improvement Screenings for
Patients Eligible for Low-Dose
Lung CT and Colonoscopy in
Mammography Setting

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CHRISTUS OCHSNER HEALTH SOUTHWESTERN LOUISIANA IN COLLABORATION WITH CANCERIQ

- Over 2020 and 2021, many health systems across the country have identified increasing lung cancer and colon cancer screenings as a system quality initiative. Christus Ochsner is no exception.
- Most systems, however, put this initiative in the primary care setting. While that is effective, primary care can get very busy and can have variations in workflow across different clinics.
- This study looks more closely to see if patients are being missed for low-dose lung CT and standard of care colon cancer screenings and whether or not we can improve patient capture and uptake to those programs by screening in the mammography setting due to its high patient volume.



Patients are already completing a cancer risk assessment upon arrival. Additional questions have been added to the questionnaire in a seamless process.



HOW IS THIS INFORMATION CAPTURED?

BEFORE THE PILOT BEGAN, PATIENTS WERE ALREADY BEING ASKED QUESTIONS ABOUT PERSONAL AND FAMILY HISTORY OF CANCER AND PERSONAL CLINICAL INFORMATION NEEDED TO ASSIST WITH IDENTIFYING IF HIGH-RISK BREAST CARE AND/OR GENETIC TESTING IS INDICATED.

IN ORDER TO ASSESS FOR COMPLIANCE WITH RECOMMENDED CANCER SCREENINGS FOR THOSE AT AVERAGE RISK, QUESTIONS WERE ADDED REGARDING SMOKING HISTORY AND COLONOSCOPY SCREENING HISTORY.

OVER A 7 WEEK PERIOD, 1,519 PATIENTS WERE SCREENED WITH OUR QUESTIONNAIRE WHILE GETTING A SCREENING MAMMOGRAM

88 Patients met criteria for low-dose Lung CT



Of the patients that were contacted for low-dose lung CT, 50% were already being followed by their primary care, but 50% were new patients and all were interested in getting the low-dose lung CT.

237 Patients were out of date with their standard of care colon screenings



Of the patients that were contacted for colon screenings, 53% were already being followed by their primary care, but 47% were new patients. Of the newly identified patient group, 30% opted for FIT/Cologuard test while the remaining 70% opted to schedule a colonoscopy.

To allow our mammography center to serve as a safety net, these questions will continue to be included in the questionnaire.



After a review of the data with administration and our mammography team, we have elected to continue to include these questions as part of the patient questionnaire. Our navigation coordinates referrals as needed to assist patients with being connected with indicated screenings. Patient feedback has been very positive regarding the new screening questions as well as follow-up assistance.

DISCUSSION

The 7 week pilot demonstrates that patients are able to complete the questionnaire quickly and easily within the flow of mammography. Women were already completing a cancer risk assessment that averaged 3 minutes to complete. The addition of the smoking history and colonoscopy history questions added less than 1 minute.

We were able to effectively identify patients who were eligible for low-dose lung CT as well as colon screening.

Only around 50% of those patients identified were actively being followed through their primary care providers, meaning that **we were missing about 50% of these patients.**

By screening in mammography, we were able to close the loop, capture the patients falling through the cracks, and improve the quality of our patient care.



RESULTS

Week	Screened	Lung CT	Smoking Cessation	Colonoscopy (Never)	Colonoscopy >10 years	Total needing colonoscopy
Week 1	244	17	N/A (question added at week 3)	32	N/A (question added at week 3)	32
Week 2	222	8	N/A	27	N/A	27
Week 3	189	11	10	20	13	33
Week 4	222	11	14	22	8	30
Week 5	213	12	7	19	16	35
Week 6	216	16	10	28	12	40
Week 7	213	13	9	27	13	40
Total	1519	88	50	175	62	237

FOR ANY QUESTIONS ABOUT THE
PRESENTATION, PLEASE CONTACT
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THANK YOU!