Addressing Patients’ Concerns About Colonoscopy: Starting the Conversation

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Results

<table>
<thead>
<tr>
<th>Patient Population (N=25)</th>
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<tr>
<td>Age Range: 50-82</td>
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<td>Average Age: 63</td>
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<td>25% Male, 75% Female</td>
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<td>20% with a Positive Family History</td>
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Background

• Colorectal Cancer is the 2nd leading cause of cancer death among men and women combined, and at least 1 in 3 eligible patients have not been adequately screened1.
• The USPSTF recommends that all adults receive a screening colonoscopy for colon cancer starting at age 50 and repeated every 10 years unless abnormal.
• Those with positive family history start screening at age 40, or 10 years prior to the age of when the family member was diagnosed, whichever comes first.
• One of the challenges in discussing screening colonoscopy with patients is poor patient education, multiple screening modalities available, and addressing anecdotal claims.
• Addressing patient concerns and providing patient education regarding screening colonoscopy is a crucial, yet time consuming activity in primary care offices.

Objective

The aim of this project was to increase the referral percentage of eligible patients for colonoscopy from 40% to 70% by better addressing patient’s main concerns as to why they do not want to be screened.

Methods

• Questionnaires were completed by patients who had been flagged in the EHR as yet to be screened by colonoscopy at Kaiser Outpatient Parkside Medical Offices.
• Questionnaire asked for age, family history of colon cancer, age of family member diagnosis if known, and a checklist of the primary reasons as to why they have not yet had a colonoscopy.
• Patients that already had a colonoscopy performed were used to gauge percentage of patients at clinic that were adequately screened.
• A survey of 10 staff members at the clinic was also implemented to determine knowledge base of colon cancer screening guidelines.

Discussion

• The number of patients adequately screened at Kaiser was above the national average (41% vs 33%)
  • Disproportionately female
  • Only 50% of patients with a positive family history were adequately screened.
• The main concerns identified were regarding bowel preparation and sedation, however these concerns were often ill-informed, necessitating clarification.
• Clinic staff knowledge regarding colon cancer, Colonoscopies, and other screening modalities for colon cancer is poor.
• Simply providing the questionnaire often started an important conversation regarding colonoscopy. This allowed for many patients to reconsider and agree to have a referral placed during the visit.
• Intervention #1: Created a flyer to place in exam rooms that addresses common patient concerns about colonoscopy to facilitate patient-staff discussion.
• Intervention #2: Increase staff knowledge regarding colon cancer, colonoscopy, and other screening modalities to encourage conversation with patients.

Future Directions

• Continue to measure staff education through group-led discussions so that they are better prepared to have discussions with patients in order to dispel common concerns regarding colon cancer and Colonoscopies
• Increase patient education for those with positive family history regarding screening guidelines
• Measure referral rates after flyer placement.

References

1. Centers for Disease Control and Prevention