



Addressing Patients' Concerns About Colonoscopy: Starting the Conversation

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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.

Results

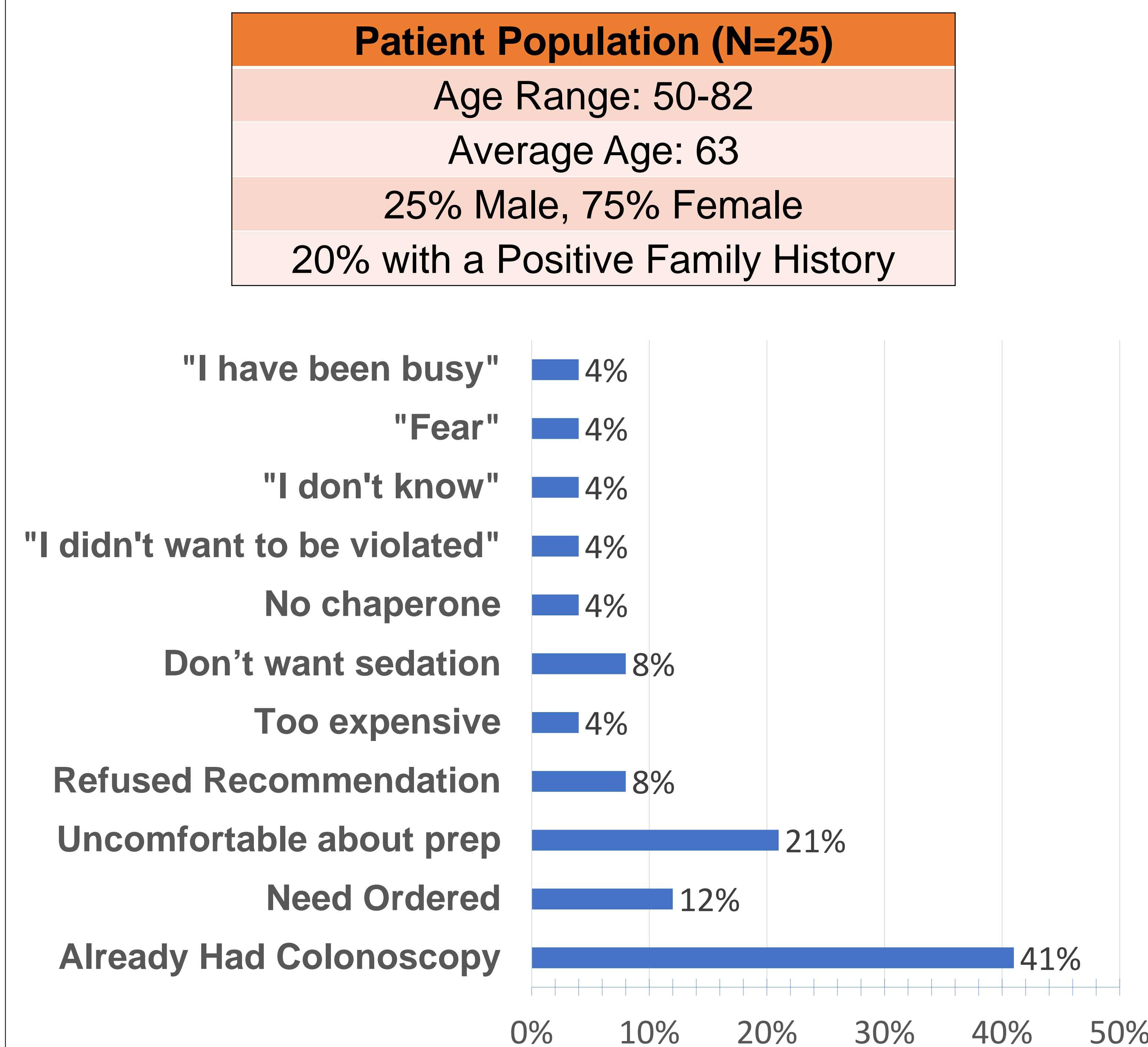


Figure 1 : Patient Questionnaire Results

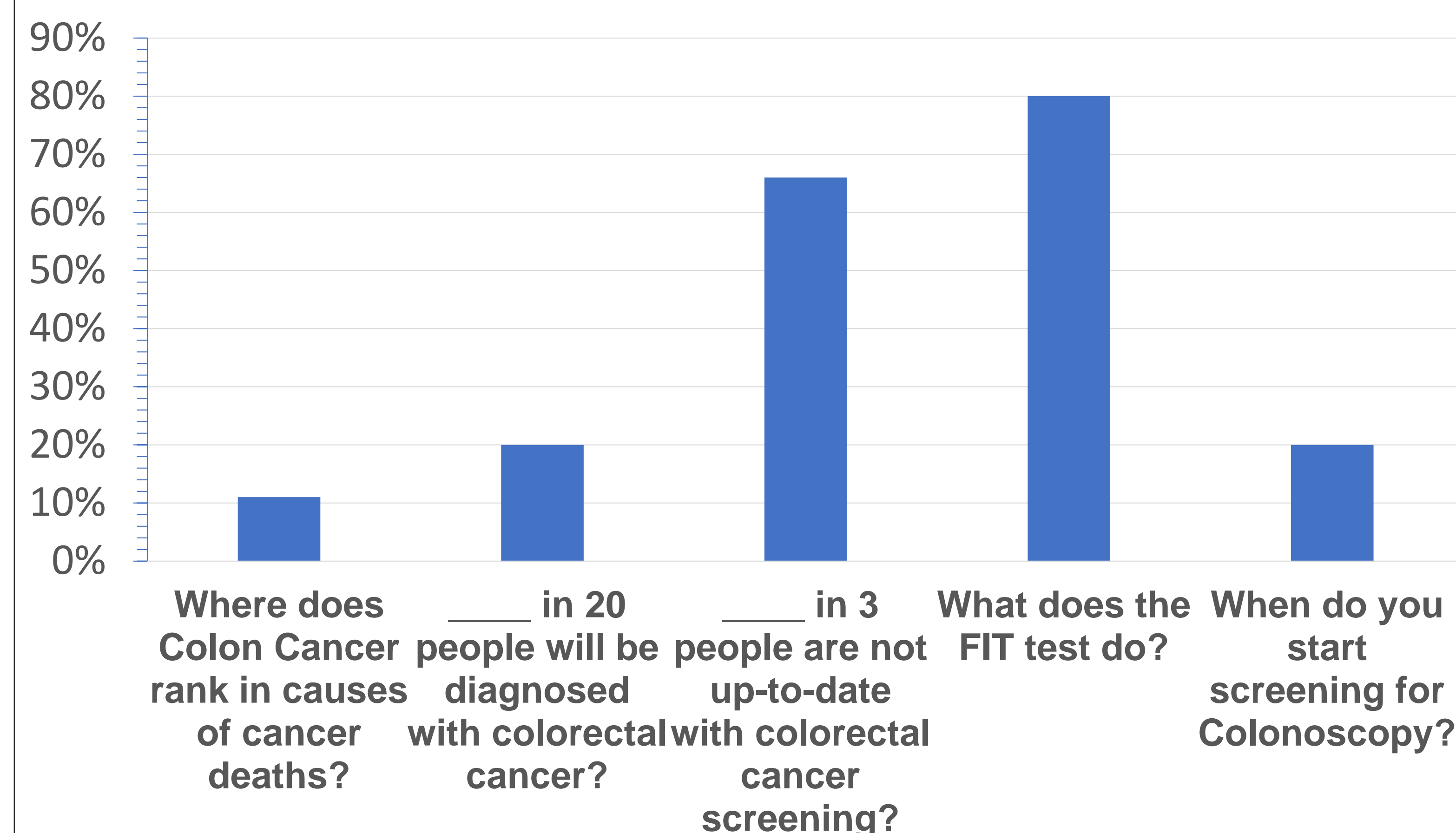


Figure 2: Staff Survey Results (% Correct)

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

- Centers for Disease Control and Prevention
 - Use of colorectal cancer tests—United States, 2002, 2004, and 2006. MMWR Mortal WklyRep2008;57:253