Purpose
Colorectal cancer is the second leading cause of cancer-related deaths in the United States, despite the highly effective screening tools available to patients. The rates at a provider and clinic level for Farmington Health Center had no significant improvement in the 12 months prior to starting the quality improvement project.

Background
The Farmington Health Center had a colorectal cancer screening rate of 63.2% in October 2016. The average screening rate in the state of Utah was 70.46%. Farmington was a full 7.26% lower than the state’s average screening rate, and 4.4% lower than the University of Utah Community Clinic’s goal of 67.6%.

Objective
• Increase the screening rate for colorectal cancer screening at Farmington Health Center.
• Increase the screening rate for colorectal cancer screening for each provider in Primary Care at Farmington Health Center.

Methods
Developed a comprehensive plan to address the main reasons contributing to low screening rates.
Tailored outreach to patients unaware they were due for screening. This outreach was tailored to their preventative health needs and consisted of, scheduling an annual exam, addressing preventative health needs at next primary care visit, or direct referral for screening.
Proactive identification of patients coming into the clinic due for screening through “Pre-Visit Planning Sheets” and daily huddles to review the patient’s gaps in care.
Empowering the entire care team to address the need for screening. Nursing staff addressed colorectal cancer screening while rooming the patient and pended orders for the provider to finalize.
Improved health information exchange by having a staff member dedicate time to finding outside colonoscopy records and updating the patients record.

Results
As of March 2017, Farmington Health Center has increased their screening rates by 7.8%. This increase in screening correlates to an additional 485 patients screened for colon cancer during our six-month quality improvement project.

All seven of the primary care providers at Farmington Health Center increased their screening rate, with two providers increasing their screening rates 36.9%.

Conclusions
The screening rate for Farmington Clinic as well as all of the primary care provider’s individual rates increased during our six month project. Providers new to the clinic had the most improvement. Even providers who were already meeting the goal still saw improvement. The process developed will continue to increase screening rates. Future efforts will need to address technological limitations and scalability.

Future Projects:
• Centralized, automated notification of preventative health recommendations centralized at the Community Clinics Call Center for select health topics.
• Increased utilization of FOBT, FIT, and other non-invasive colorectal cancer screening products.
• Better communication with CHIE and outside EHRs to obtain the most up to date patient records.

References
3. September 2016 and March 2017 Primary Care Priority Quality Measures Report