

Background

Colorectal cancer (CRC) is the **second leading cause of cancer-related deaths** in the U.S., yet many eligible individuals are not receiving timely screenings, despite clear evidence showing the benefits of early detection. **The USPSTF recommends regular CRC screenings for adults aged 45-75**, but our clinic has observed a gap in meeting this important preventive health measure.



Hypothesis

We hypothesized that identifying patients overdue for colorectal cancer screening and leveraging Epic's existing health maintenance alerts—combined with direct outreach—would increase the clinic's screening rate.

Methods

- We utilized **Epic's existing health maintenance alerts** during pre-charting to identify patients with **overdue CRC screenings**, ensuring opportunities for screening were addressed during scheduled visits.



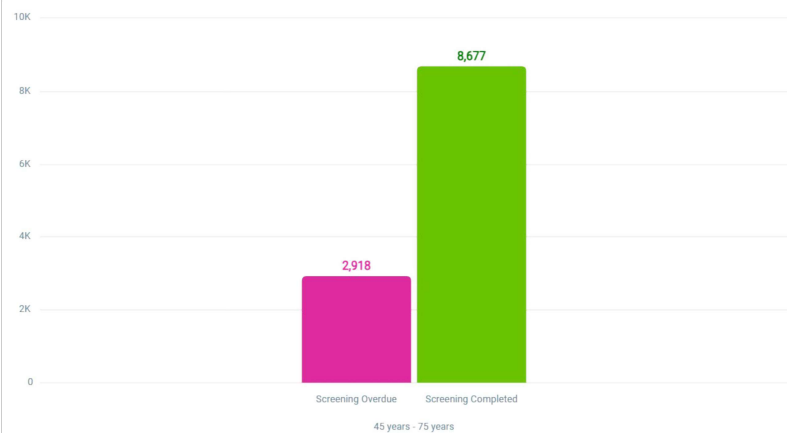
Methods

- Using **Epic's SlicerDicer** tool, we generated a list to identify patients **aged 45-75** who were **overdue for CRC screening**.
- This list was further broken down by health maintenance status and provider
- From that list, nursing staff, medical assistants, and students can contact patients and discuss their overdue screening

Results

- In 2024, there were a **total of 11,595 patients** identified as eligible for CRC screening
- Of those eligible, **8,677 (75%)** patients had a CRC screening completed per recommended USPSTF guidelines
- However, **2,918 (25%)** of patients were overdue for CRC screening

Colorectal Cancer Screening Gap Among Eligible Patients at Ascension Family Medicine – Rawson (2024)
Between 1/1/2024 and 12/31/2024



Discussion

The project demonstrated that simple workflow changes, such as **targeted patient outreach and proactive use of existing EMR health maintenance alerts**, can significantly improve preventive screening compliance. Barriers such as forgetfulness and lack of awareness were addressed effectively through patient engagement efforts. Most patients responded positively when contacted or offered Cologuard during visits. The success of this initiative suggests that even brief, student-led interventions can have measurable impacts on care quality.

Future Work

Train clinic staff to continue patient contact efforts.
Automate EMR reports and alerts to maintain screening awareness.
Present findings at the clinic's quality committee meeting for sustained implementation.

Acknowledgements

Thank you to the nursing staff, medical assistants, and my mentor, **Dr. Scalzitti**, at Ascension Franklin Family Medicine Clinic for their ongoing support and collaboration.

References

- US Preventive Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;325(19):1965–1977.
- CDC. Colorectal Cancer Screening Rates. Centers for Disease Control and Prevention

*Assisted by an AI platform, for formatting and content clarification