

# Increasing Primary Care Referrals for Screening Colonoscopy in NYC

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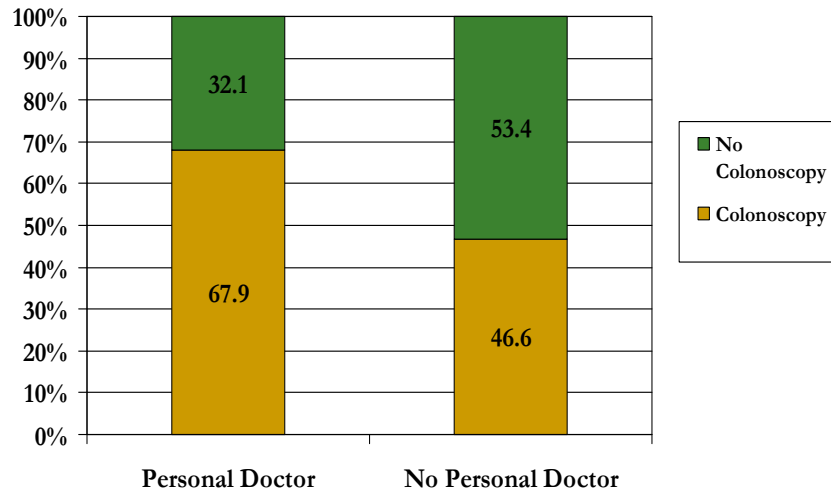


## Essential Role of the Primary Care Provider

- **Recommendation by a primary care provider** is one of the most important factors for a patient completing colorectal cancer screening.

Seeff LC, et al., Cancer 2004; Wolf MS, et al., J Healthcare Poor Underserved 2006; Etzioni DA, et al, Cancer 2004; Zapka JG, et al., Am J Prev Med 2002; Green AR, et al., Journal of General Internal Medicine 2008

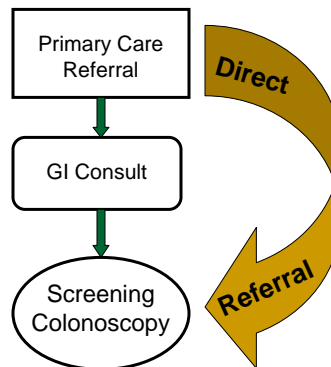
## Impact of Primary Care Provider Referral



\*New Yorkers Age 50+. Source: 2008 NYC Community Health Survey

## Direct Endoscopic Referral System (DERS)/Open Access Endoscopy (OAE)

- Eligible patients skip the GI consultation prior to a routine screening colonoscopy.



## Physicians and Patients Benefit from DERS

- **Physicians: Increased colonoscopy capacity.**
  - Streamlines referral process for clinicians.
  - GIs can increase colonoscopy procedures.
  
- **Patients: Improved colonoscopy adherence rates.**
  - Shorter time to procedure.
  - Fewer lost work hours.
  - Less travel.
  - Fewer co-pays.

NYC DOHMH, unpublished data; Green AR, et al., Journal of General Internal Medicine 2008

## Increasingly the Standard of Care

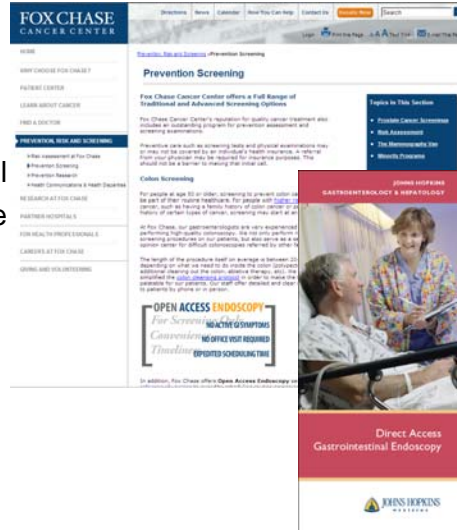
- **Growing Use**
  - 1979 – First mention of DERS in the literature
  - 1997 – Over 300 GIs report practicing open access endoscopy
- **American Society for Gastrointestinal Endoscopy**
  - Standards of Practice Committee Guidelines
- **Professional Endorsement**
  - National Colorectal Cancer Roundtable
  - New York Society for Gastrointestinal Endoscopy

Mahajan RJ and Marshall JB., Gastrointest Endosc 1997; Eisen GM, et al., Gastrointest Endosc 2002; Sifri R, et al., CA Cancer J Clin 2010

# Widespread Use of Direct Referral

- Facilities include:

- Johns Hopkins Medicine
- Temple University Hospital
- Baylor College of Medicine
- Fox Chase Cancer Center
- University of Michigan Health System
- National Naval Medical Center



# DOHMH/C5 Direct Referral Assessment Form

Patient assessment tool:  
Patient's medical history and list of medications

**Direct Referral For Screening Colonoscopy**

Instructions: To assess patient fitness for direct referral for colonoscopy, fill out the form below. For patients who are appropriate candidates for direct referral: 1) fax this form to a participating endoscopist (see reverse for referral sites); 2) provide the patient with a copy of this form and the endoscopist contact information; 3) instruct patient to call the referral site to schedule their procedure and to receive bowel preparation instructions. For patients who are **not** appropriate candidates for direct referral, refer patient to a GI specialist for assessment prior to colonoscopy.

Date of Referral: \_\_\_\_\_

**Reason for procedure:**

Asymptomatic person age 50 years and older  
 Asymptomatic person at high risk  
 First degree relative with colon cancer or adenomatous polyps  
 Personal history of colon cancer or adenomatous polyps (Most recent exam: \_\_\_\_\_)

**Medical History:** Check "yes" or "no" for each item below. If "yes" is selected for any of the items below, the patient may not be a good candidate for direct referral. Consult with a GI specialist.

| To the patient:  | Yes | No | Notes: |
|--|-----|----|--------|
| Age 75 or older?   |     |    |        |
| Under treatment for heart failure or valve-related concerns?   |     |    |        |
| Under treatment for advanced kidney, liver or lung disease?  |     |    |        |
| On anti-platelet or anticoagulation medication (including over-the-counter medication such as aspirin) and cannot safely stop it for one week? |     |    |        |
| Under active treatment for acute diverticulitis?   |     |    |        |
| Pregnant or possibly pregnant?   |     |    |        |

| Does the patient have...:  | Yes | No | Notes: |
|--|-----|----|--------|
| Iron in blood, hemochromatosis, or iron deficiency anemia?   |     |    |        |
| A pacemaker or automatic implantable cardioverter or defibrillator?  |     |    |        |
| Inflammatory Bowel Disease (Ulcerative Colitis or Crohn's Disease)?  |     |    |        |
| A history of severe cardiac/pulmonary/hepatic disease requiring oxygen supplementation or causing high risk for sedation/anesthesia? |     |    |        |
| A history of endocarditis, rheumatic fever, or intravascular prostheses?   |     |    |        |
| A history of difficult, incomplete, or poorly prepaced colonoscopy?  |     |    |        |
| A history of difficulty with previous sedation/anesthesia?   |     |    |        |
| A history of sleep apnea?  |     |    |        |

**Is the patient on medication for diabetes?**  Yes  No  
**Request an A.M. appointment. Advise patient on how much and when to take their oral diabetes medications, insulin or Exenatide (Byetta) to avoid hypoglycemia with oral clear liquid bowel preparation and during procedure.**

**Is the patient allergic to LATEX?**  Yes  No  
**Is the patient allergic to any MEDICATION?**  Yes  No  
 List: \_\_\_\_\_

**Please list all medications and OTC supplements below (attach additional sheets as necessary):**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
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**Please note any other relevant medical/surgical history:**

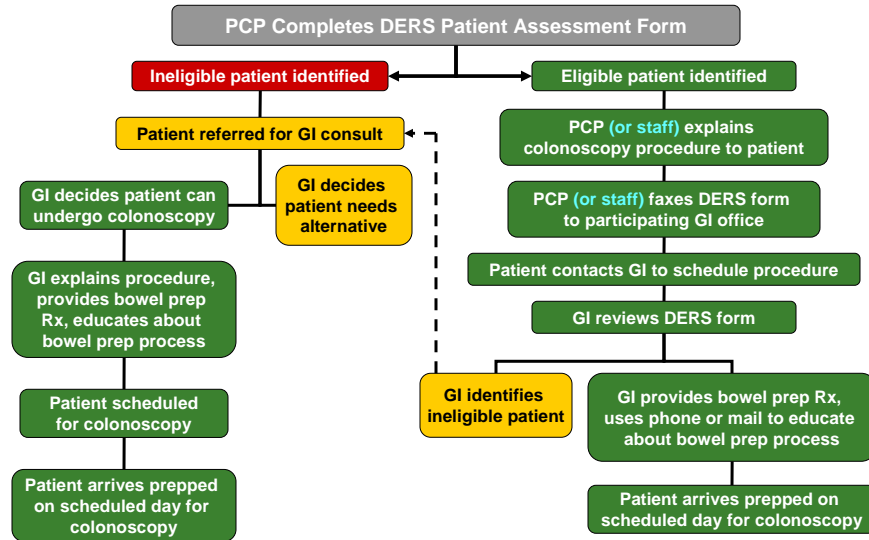
Abdominal/pelvic surgery  
 Abdominal/pelvic radiation  
 Other, please list: \_\_\_\_\_

**Assessment: This patient is a good candidate for a direct referral for colonoscopy.**  Yes  No

Physician Signature: \_\_\_\_\_  
 Physician Name (Print): \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Preferred method to send results?  PHONE  FAX  MAIL

**NYC** New York Citywide Colon Cancer Control Coalition

## DERS Workflow: Office Practice



## Increasing Primary Care Referrals with DERS

- Expands C5 DERS initiative
- DOHMH and ACS collaboration
- One and a half year pilot project
- Encourage PCP direct referral through training and systems improvement
- Link primary care and gastroenterology clinics through direct referral system

## Lessons from Research on Direct Referral

| <u>LESSONS FROM RESEARCH</u>                        | <u>SOLUTIONS/RESOLUTIONS</u>   |
|---|--|
| <b>Inappropriate referrals</b>                      | Created structured referral form. Undertaking physician education.   |
| <b>Missed contraindications for direct referral</b> | Referral form prompts for specific diagnoses and medication to prevent errors of omission.                                       |
| <b>Low patient education</b>                        | Lower literacy DOHMH patient education materials available in English, Spanish, and Chinese.                                     |
| <b>Poor bowel prep quality</b>                      | DOHMH materials have easy-to-follow instructions. Patient navigators (or other GI staff) act as health educators.                |
| <b>High no-show rate</b>                            | Patient navigators (or other GI staff) use postcard and telephone reminders to ensure that patients remember their appointments. |

Charles RJ, et al., *Gastrointest Endosc* 2003; Grassini M, et al., *Gastrointest Endosc* 2008; Kisloff B, et al., *Gastrointest Endosc* 2006; Staff DM, et al., *Gastrointest Endosc* 2000; Nash D, et al. *J Urban Health* 2006; Christie J, et al., *J Natl Med Assoc* 2008; Chen LA, et al., *Clin Gastroenterol Hepatol* 2008

## Identifying Primary Care Partners

- Focus on Federally Qualified Health Centers
  - 41% of patients have Medicaid
  - 28% of patients are uninsured
- Selection criteria included:
  - Size of eligible patient population/clinic network
  - Number of boroughs served
  - Low neighborhood colonoscopy rate
  - High neighborhood poverty rate

CHCANYS. 2010 Media Fact Sheet.

## Participating Primary Care Clinics

- **Community Healthcare Network**
  - 9 clinics in Bronx, Brooklyn, Manhattan, Queens
- **Institute for Family Health**
  - 9 clinics in Bronx, Manhattan, plus 7 sites for homeless services
- **Beacon Christian Community Health Center**
  - 1 clinic in Staten Island
- **Project Renewal**
  - 3 clinics for homeless services plus 3 mobile vans

## Potential Impact of Pilot Project

- **Total population: 15,747**
  - Beacon Christian Community Health Center = 593
  - Project Renewal = 3,785
  - Institute for Family Health = 6,710
  - Community Healthcare Network = 4,659
- **Projected screening increase: 4% annually**
- **Project program impact: 630**

## Collaborating with Select Gastroenterology Clinics/Groups

- Hospitals: 18
- Office-based surgery practices: 2
- Ambulatory surgery center affiliated practices: 1
- Diagnostic and treatment centers: 1
- Individual gastroenterologists/endoscopists: 65

## Participating Gastroenterology Locations

The screenshot shows the NYC Department of Health and Mental Hygiene website. The main heading is "Chronic Disease Prevention & Control". Below it, there is a section titled "DOMHI Colonoscopy Direct Referral Initiative". The text describes the initiative's goal to encourage the use of direct referrals for colonoscopy for appropriate patients. It mentions that primary care physicians who have assessed their patient's medical history using the DIRECTREFERRAL tool can refer their patients for colonoscopy. The website also provides information on how to access the tool and how to refer patients.

<http://www.nyc.gov/directreferral>

The screenshot shows the NYSGE NYC DOHCS Direct Colonoscopy Referral Program website. The main heading is "The New York Society For Gastrointestinal Endoscopy". Below it, there is a section titled "NYSGE NYC DOHCS Direct Colonoscopy Referral Program". The text describes the program's goal to encourage the use of direct referrals for colonoscopy for appropriate patients. It mentions that primary care physicians who have assessed their patient's medical history using the DIRECTREFERRAL tool can refer their patients for colonoscopy. The website also provides information on how to access the tool and how to refer patients.

<http://www.nysge.org/search.php>

## Project's Direct Referral Network

- Primary Care
- Gastroenterology/  
Endoscopy



## Training and Technical Assistance

- Direct referral webcast
  - Archived at [cdnetwork.org](http://cdnetwork.org)
  - CME credits through AAFP
- Presentations
  - Richmond University Medical Center
  - Association of Chinese American Physicians
- Consultations with PCPs and GI partners
- Letters from GIs to their PCP referral network



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## Assessing Program Impact

- Data Collection
    - Colonoscopy rate at baseline and end of project.
    - Number of eligible patients and demographics at baseline and end of project.
    - Number of completed colonoscopies and direct referrals at baseline, middle, and end of project.
  - Survey to Assess Staff Acceptance
    - Online staff survey at baseline and end of project.
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## Challenges Ahead and Lessons Learned

- Inconsistent protocols across GI facilities
  - Long wait times at some GI facilities
  - Uneven acceptance of patient's health insurance across spectrum of services
  - Integration of paper form into electronic medical record systems at PCP clinics
  - Complexity of referral networks in health care safety-net system
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## Referring Provider Experiences

- *“Our direct referral system with Ryan/Chelsea-Clinton Community Health Center provides a friendly interface for all users, in order to make inroads against colon cancer and promote efficient use of our clinic at a time when more and more people are depending upon community health care.” - Victoria Drake, ANP, St. Luke’s-Roosevelt Hospital, Department of Gastroenterology*
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## Referring Provider Experiences

- *“This is a GREAT program that has completely changed our ability to refer our Medicaid patients for screening colonoscopies. In the past, a patient would have to wait months to be seen in the GI clinic, and then a while longer until the colonoscopy was finally scheduled. Most of the time, the procedure never happened because of delays in appointments and/or provider/patient frustration...”*  
– Primary Care Physician at Columbia University Medical Center
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For more information about the  
DOHMH direct referral  
initiative:

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212-361-2147  
[www.nyc.gov/directreferral](http://www.nyc.gov/directreferral)