



Colorectal Cancer

Minneapolis, MN

QUERI Fact Sheet

June 2006

QUERI currently focuses on ten conditions that are prevalent and high-risk among veteran patients: chronic heart failure, colorectal cancer, diabetes, HIV/ Hepatitis, ischemic heart disease, mental health, polytrauma and blast-related injuries, spinal cord injury, stroke, and substance use disorders.

Colorectal cancer (CRC) is both a high volume and high-risk disease. CRC is the second leading cause of cancer deaths, accounts for approximately 11% of all new cancer cases, and is the third most common cancer among men and women in the United States. The 5-year relative survival rate is more than 90% for people whose CRC is found and treated in Stage I, as compared to 5% for people with Stage IV disease. Unfortunately, fewer than 40% of CRC cases are detected at an early stage.

Current CRC screening guidelines recommend that veterans age 50 and older should have a:

- Fecal Occult Blood Test (FOBT) series once a year,
- Sigmoidoscopy or double contrast barium enema (DCBE) every 5 years, or
- Colonoscopy every 10 years.

Best practice recommendations state that all positive FOBT or sigmoidoscopy findings should receive a follow-up diagnostic evaluation by colonoscopy within 60 days.

The VA Office of Quality and Performance reports that, nationally, 24% of eligible veterans fail to receive guideline-adherent CRC screening, and estimates of failure to perform timely diagnostic follow-up colonoscopy range from 30% to 50%. These estimates highlight a need for systematic efforts to close the gap between best and current colorectal cancer screening and surveillance practices in the Veterans Health Administration (VHA).

Colorectal Cancer Quality Enhancement Research Initiative

The Colorectal Cancer Quality Enhancement Research Initiative (CRC-QUERI) uses the QUERI process (see back page) to identify, address, and monitor these and other gaps in best practices for colorectal cancer prevention, early detection, and treatment in the VHA. Funded in 2001, the primary mission of the CRC-QUERI is to reduce incidence, late detection, suffering, and mortality from CRC among all veterans by promoting the implementation of research discoveries and innovations into patient care and systems improvements. The current priorities of the CRC-QUERI are to:

- improve the rate of timely diagnostic evaluation following positive screening tests,
- reduce variation in and improve overall rates of CRC guideline-adherent screening, and
- improve the quality of cancer care among CRC patients.

CRC-QUERI Projects and Findings

Following are some examples of current CRC-QUERI projects.

The Colorectal Cancer Care Collaborative (C4)

The goal of C4 is to improve colorectal cancer diagnosis and care through system redesign. More specifically, this project seeks to decrease delays from symptom presentation or positive screening test to complete diagnostic evaluation – and to increase use of guideline-based treatment. This project, which is a partnership among CRC-QUERI, the Office of Quality and Performance (OQP), and Advance Clinic Access (ACA), takes quality improvement measures developed from CRC-QUERI research projects and combines them with the expertise and networking previously established by ACA and OQP to support quality improvement teams at 21 VA facilities (one from each VISN). In the first phase of this project, CRC-QUERI provided

The CRC-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research coordinator for CRC-QUERI is **Melissa R. Partin, PhD**, and the clinical co-coordinators are **John Bond, MD** and **Dawn Provenzale, MD**. This Executive Committee includes other experts in the field of CRC, including: Jason Dornitz, MD, MHS; Mark Enderle, MD; Mark Helfand, MD; Lynnette Nilan, PhD, MN; Patricia Parkerton, PhD, MPH; Thakor Patel, MD, MACP; **Adam Powell, PhD, MBA** (Implementation Research Coordinator); Jackilen Shannon, PhD; Michelle van Ryn, PhD, MPH; Sally Vernon, PhD; Michael Schwartz, PhD, MBA; and Elizabeth Yano, PhD, MSPH.

detailed reports to the quality improvement teams at participating facilities describing processes from positive initial screening for CRC through complete diagnostic evaluation. In the second phase, CRC-QUERI will provide similar reports regarding guideline-concordant cancer care. Local C4 teams are using these reports to map their care processes and identify local improvement needs. CRC-QUERI is consulting with C4 partners to design and implement quality improvement strategies. Together, C4 local teams and partners are working to refine measures and identify novel measurement strategies. CRC-QUERI is also providing process and outcome evaluation that will provide valuable information on the potential effectiveness of collaborative improvement efforts.

The Colorectal Cancer Event Notification System (CRC-ENS) project

Research conducted by QUERI investigators suggests that there is room for improvement in the proportion of patients with a positive fecal occult blood test (FOBT) that are referred for complete diagnostic evaluation (CDE). This project is implementing and evaluating a colorectal care screening event notification system intervention to increase the proportion of patients with a positive FOBT that are referred for CDE. The CRC-ENS intervention employs a simple alteration to the current electronic mechanism for notifying the clinicians when a positive FOBT is recorded, forwarding all positive FOBT results to both the gastrointestinal (GI) clinic and primary care clinicians. Eight VA facilities are participating in this study. The evaluation will determine whether the program increased the number of patients scheduled for positive FOBT follow-up.

Survey of Colorectal Cancer Education and Environmental Needs (SCREEN)

Current CRC screening rates fall below the levels needed to significantly impact CRC mortality. Unfortunately, however, the existing literature on patient CRC screening behavior does not provide a sufficient evidence base for making sound recommendations regarding how to most effectively improve upon these rates in the VA. The CRC-QUERI is conducting a national survey of veteran patients to assess colorectal cancer screening barriers and preferences to identify patient-level targets for future screening promotion interventions. The products anticipated from this study will include recommendations regarding the most fruitful patient and system directed strategies for promoting CRC screening in the VA, and what to consider in developing culturally competent and sensitive CRC screening promotion strategies.

VA Cancer Care Outcomes Research and Surveillance (VA CanCORS)

The VA CanCORS project was initiated in 2003 to evaluate the quality of lung and colorectal cancer care in 13 geographically diverse VAMC's. VA CanCORS is part of the national Cancer Care Outcomes Research and Surveillance (CanCORS) Consortium, an NCI/VA funded collaboration of seven teams of investigators from around the United States. The goal of the CanCORS Consortium is to examine the care delivered to population-based cohorts of newly diagnosed patients with lung and colorectal cancer in multiple regions of the country, and to assess outcomes associated with that care. VA CanCORS will identify strengths and gaps in VA care compared to established guidelines, as well as patient-centered quality of care such as satisfaction with care. This information will be used to help VA clinicians and policy makers improve the care and experiences of cancer patients in the VA.

THE QUERI PROCESS

QUERI utilizes a six-step process to diagnose gaps in performance and identify and implement interventions to address them:

- 1) Identify high-risk/high volume diseases or problems;
- 2) Identify best practices;
- 3) Define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) Identify and implement interventions to promote best practices;
- 5) Document that best practices improve outcomes; and
- 6) Document that outcomes are associated with improved health-related quality of life.

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**VA's Research and Development QUERI Website: www.hsrdr.research.va.gov/queri
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