SOUTHERN REGIONAL AHEC

PART OF NC AHEC

IMPROVING LUNG CANCER SCREENING IN A FAMILY MEDICINE RESIDENCY CLINIC

Although SR-AHEC has a higher smoking population than the national average, an inadequate number of Low dose CT (LDCT) scans were being performed for lung cancer screening. There are a few reasons why screening was insufficient: (1) Screening guidelines for lung cancer changed around the time data was initially collected. (2) Change in EMR system caused difficulty with history and data collection process. We sought to refine our data collection methods, improve our screening rates and educate our providers, staff and patients to ensure that eligible patients were properly identified and screened.

Smoking Data

-Nearly 40 million US adults smoke
-18.5% of the North Carolina population smoke

Current smokers defined as individuals who were at least 18 years old and reported smoking at least 100 cigarettes during their lifetime. Data above is collected from cdc.gov

TEAM MEMBERS

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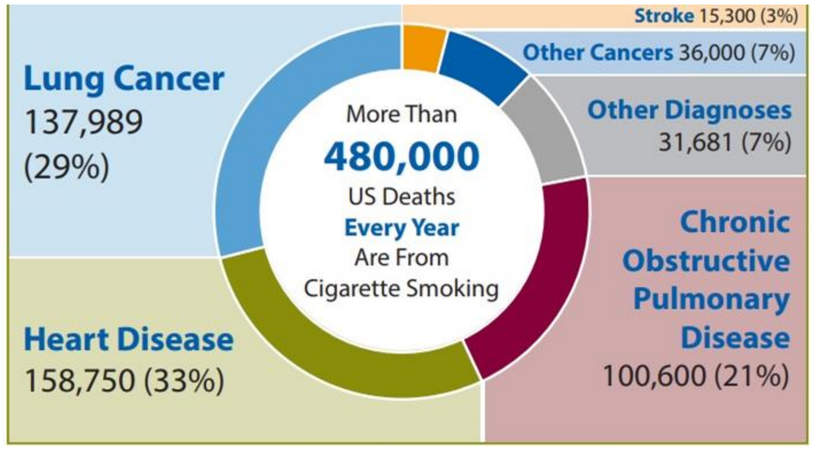


Note: Average annual number of deaths for adults aged 35 or older, 2005–2009.
Source: 2014 Surgeon General's Report, Table 12.4, page 660.

What did we do?

PDSA 1
Maintain improvement in data collection methods which included staff training and standardizing data collection in the new EMR

PDSA 2
Increase percentage goal for LDCT to continue improving screening rates for lung cancer

PDSA 3
Implementation of brochures/posters in patient rooms to increase patient's awareness regarding lung cancer screening

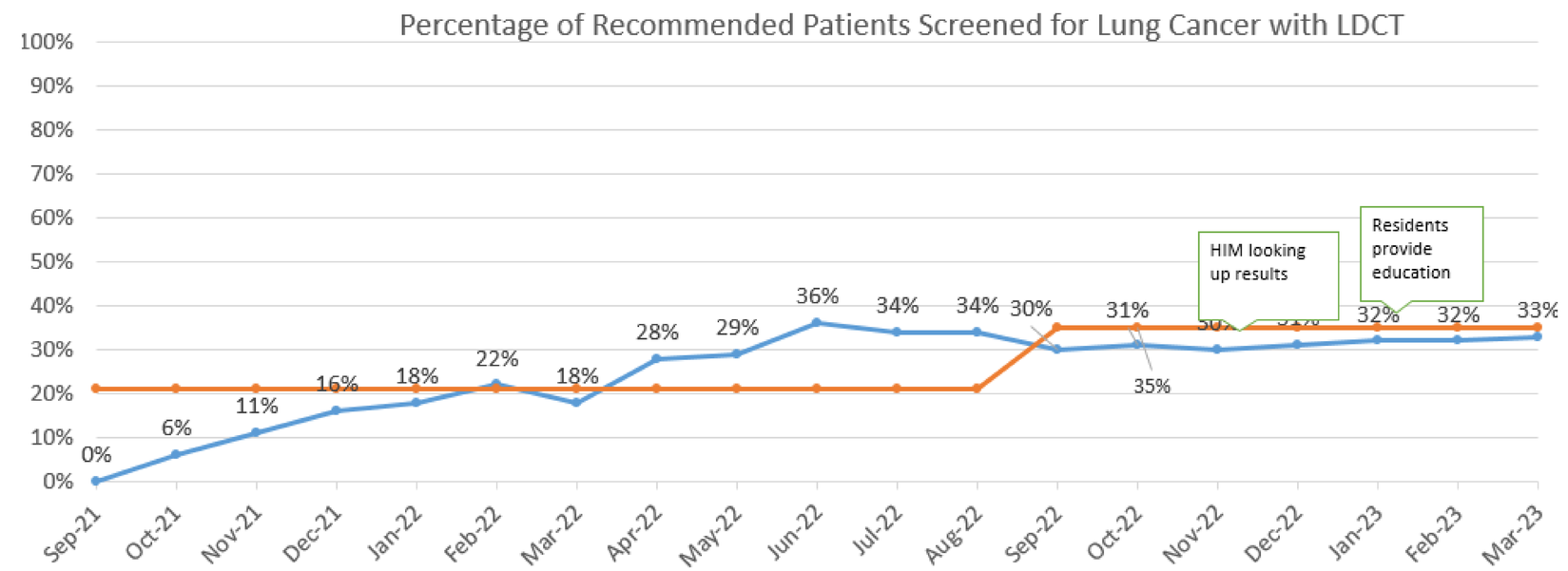
What were the results?

- PGY-1 data was used as a baseline for continued data collection for the majority of the PGY-3 year (*data collected for >20 months).*
- There was a decline in LDCT obtained after increasing goal percentage. This was around the time the new resident class started and there was increased turnover amongst supportive staff.
- In order to improve screening, LDCT posters were placed in patient rooms. A steady increase in LDCT followed the implementation of posters.

What lessons were learned?

- There were continued challenges and discrepancies regarding collecting smoking history with new EHR.
- The implementation of proper orders for insurance coverage of LDCT continued to improve.
- Engaging patients increased understanding of lung cancer screening and who qualifies.
- Future research will need to include information about newer smoking habits (e-cigarettes) as their effects are not fully understood.

Lung Cancer Screenings at SR-AHEC

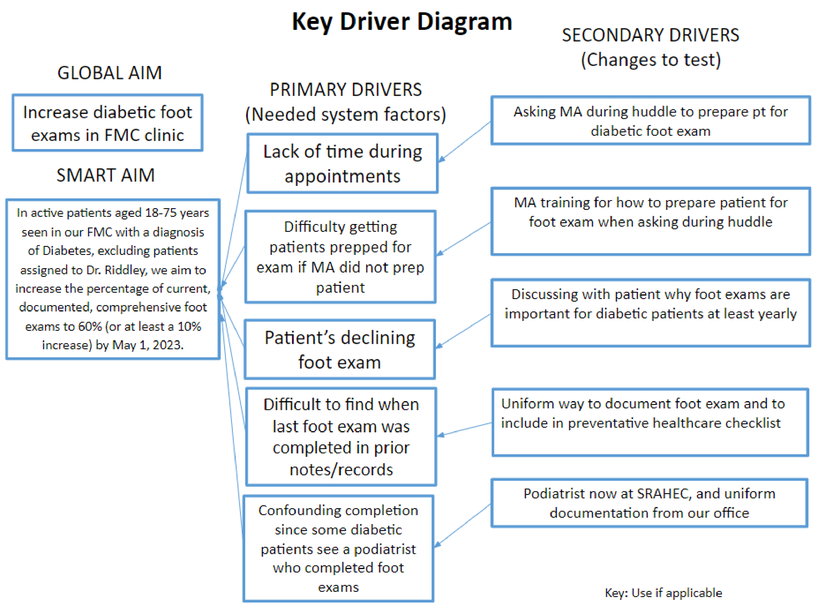


PGY-2| May 2023

Increasing the Percentage of Diabetic Foot Exams Performed in Clinic

Nerve and vascular changes caused by diabetes reduce blood flow and sensation to lower extremities. This can predispose to ulcers and later amputations. Therefore, foot exams detect these changes and prevent those outcomes. The American Diabetes Association recommends annual foot exams for diabetics. Prior to this project, staff members were not documenting diabetic foot exams that were performed in the clinic, resulting in no information as to whether patient had exam performed or not.

Key Driver Diagram

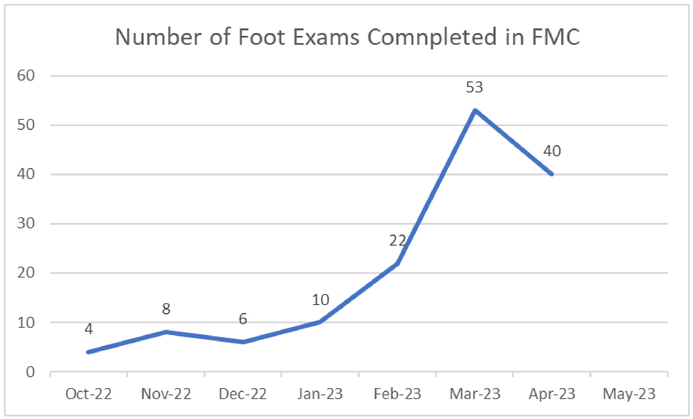


Methods:

An athena template was created and embedded into the physical exam portion of patient chart. Members of clinical staff were coached on where to find the template and how to complete for billing. The process included a total of 2 PDSA cycles, which demonstrated improvement in use.

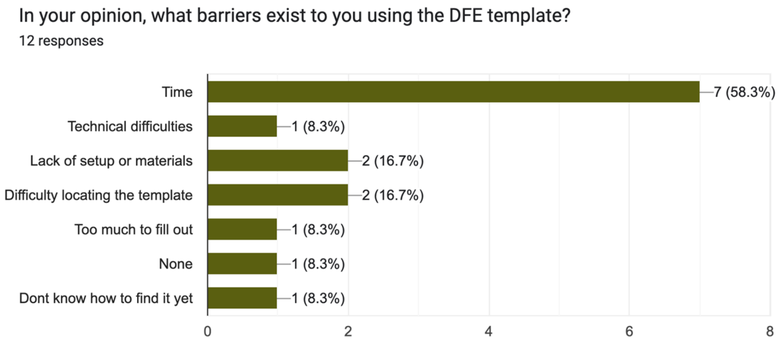
Results:

- Initial uptick with screening rate after two clinical staff tutorials
- No significant increase in screenings



Lessons learned:

Major barriers to implementing routine foot exams during visit included time followed by preparation and knowledge of where the template was located. Additionally, automatically populating template for CCM/diabetes visits, could help improve number of exams performed.



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