

Executive Summary

Statewide Capacity for Colorectal Cancer Screening

Project Purpose

The purpose of this study was to replicate components of a national study of colorectal cancer (CRC) screening capacity in order to evaluate the state of South Dakota's current CRC screening practices and capacity indicators.

Methods

The sample included all healthcare facilities in the state of SD that potentially offered any type of CRC screening. After screening for eligibility and completion of initial contact, a total of 179 facilities agreed to complete the survey and 87 surveys were returned (48.6% response). For this study, the project partners created a modified version of the survey used to measure CRC screening capacity in the national study.

Results

Most of the 87 facilities that participated in the study were family practice clinics ($n=47$) and federally qualified health centers ($n=11$). Many facilities (64%) reported participation in the "GetScreenedSD" CRC screening program. Nearly two-thirds offered the guaiac testing of a digital rectal exam (DRE) specimen (63%) and/or a guaiac-based 3-card fecal occult blood test ([gFOBT], 62%). Fecal immunochemical testing (FIT/iFOBT) was offered by 51% of facilities. Flexible sigmoidoscopy was performed by 19% of facilities and 32% of facilities performed colonoscopies. The most frequently reported CRC screening procedure was the colonoscopy (56%) followed by a guaiac test of a DRE specimen (25%).

Of the participating facilities, 5% had a written protocol or practice standards in place for CRC screening. Ten facilities had a system in place to distribute provider feedback on their rates of CRC screening. Overall facility adenoma detection rates (ADRs) were calculated by 33% of the 21 reporting facilities that performed colonoscopies. Provider-specific ADRs are calculated by 19% of these same 21 facilities. Most facilities (71%) indicated that quality measures were not reported to a quality registry.

Priority Recommendations with further details in the Report:

1. Educate healthcare providers in the state of South Dakota about current clinical practice guidelines for CRC.
 - Screening tests for CRC that follow the guidelines.
 - Screening tests that do not follow the current CRC screening guidelines.
 - Available resources to assist with CRC screening cost barriers.
2. Develop CRC screening protocols and educational resources for healthcare facilities and providers. Disseminate these resources as part of a CRC screening tool kit.
3. Educate the people of SD on the importance of CRC screening and screening options using population-based media and other innovative approaches that reach large numbers of age-eligible community members.
4. Educate healthcare providers and systems about colonoscopy quality measures in an effort to increase participation in these initiatives.