

Increasing Colorectal Cancer Screening Completion Through Alternative Testing

A Quality Improvement Project at Lynn Primary Care Center

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INTRODUCTION

Lynn Primary Care Center (LPCC) is a small clinic that provides primary medical care and behavioral health services to the local community, serving a large Cambodian population. The clinic works closely with the Lowell Primary Care Center, and both operate under the Bayon Medical Group. LPCC includes only two outpatient practices and five physicians, yet it has become a key referral site for many Southeast Asian refugees and immigrants in the area, providing care to roughly 300 patients.



OBJECTIVE

To improve colorectal cancer screening completion rates at Lynn Primary Care Center with patients who did not finish their initial Cologuard tests.

RELATED LITERATURE

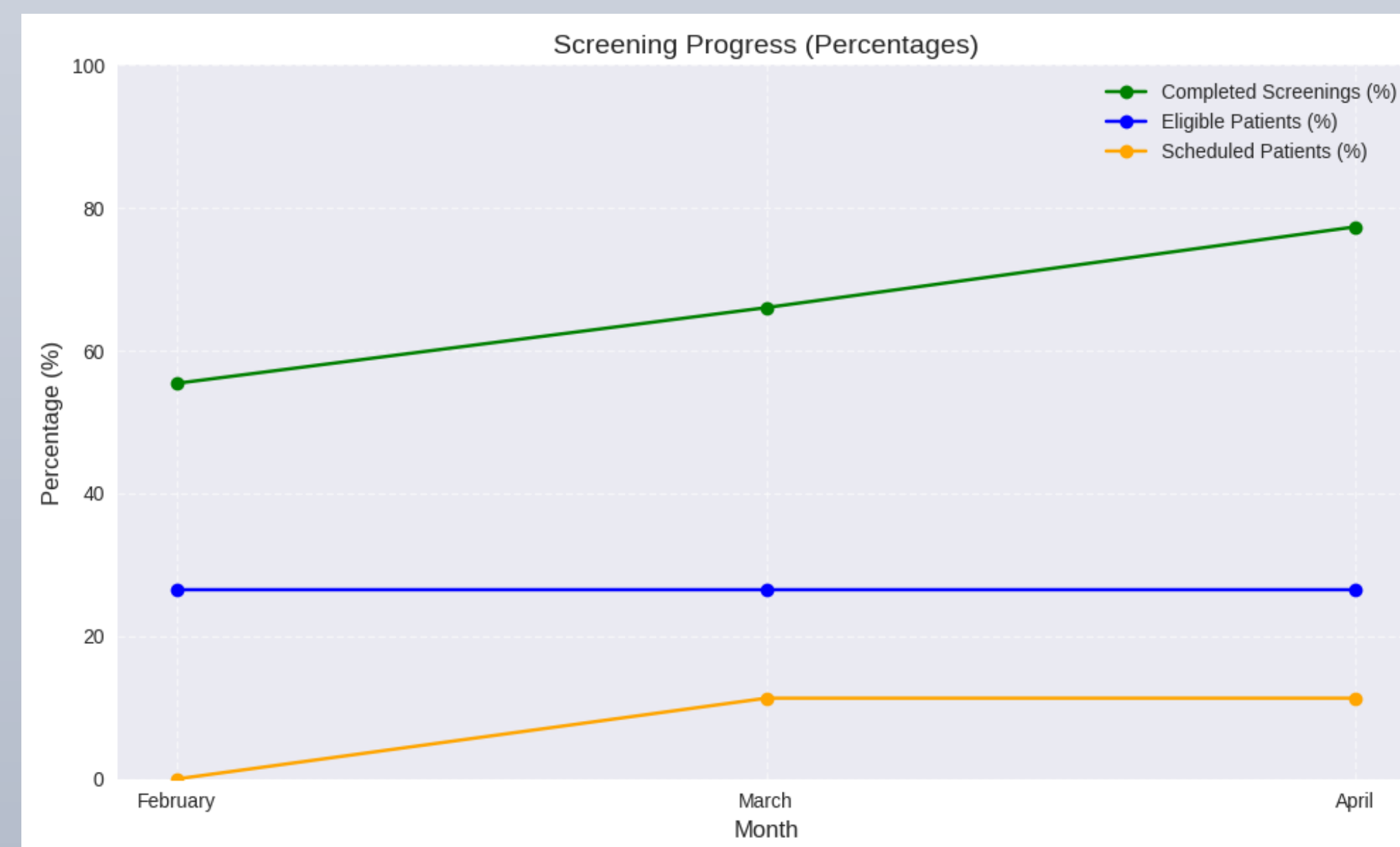
- Among individuals who previously declined colonoscopy and Fecal Immunochemical Test (FIT), offering a blood test as a secondary option increased screening by 7.5% without decreasing uptake of first-line screening options. However, completion of a full screening strategy did not increase. These findings indicate that a blood test is a promising method to improve colorectal cancer screening, but obtaining a timely colonoscopy after a positive non-invasive test remains a challenge (Liang et al., 2023)
- Colorectal cancer (CRC) is the fourth leading cause of cancer and second leading cause of mortality from cancer in the United States. As the population ages, decisions regarding the initiation and cessation of screening and surveillance for CRC are of increasing importance (Nee, Chippendale, & Feuerstein, 2020)

MATERIALS AND METHODS

- Obtained list of patients who received orders for screening from testing company (Cologuard) that did not successfully complete the screening.
- Utilized excel to create a new list of patients who were eligible for a new alternative screening (Shield by Guardant) due to new insurance and policy changes.
- Patients were called to communicate the new health information clearly and ensure that testing was non-invasive, to help make them feel comfortable to schedule appointments for the new blood test.

RESULTS

Screening completion increased from 55.4% (29 patients) in February to 79.4% (41 patients) by mid-April 2026 after identifying incomplete tests and offering a new alternative. Through clear, culturally responsive outreach, 12 of 14 eligible patients were successfully scheduled, 6 patients in March and 6 in April 2026 significantly improving preventive care participation.



CONCLUSIONS

This project showed that offering clear explanations and alternative screening options can significantly improve colorectal cancer screening rates. By identifying patients who had not completed their original tests, determining eligibility for the new blood-based screening, and conducting culturally responsive outreach, completion rates increased from from 55% to nearly 80% by mid-April. The work highlighted how language barriers, low health literacy, and insurance confusion affect patient participation, and how small, patient-centered interventions can close these gaps. Overall, this project strengthened my communication skills and supported the clinic's goal of improving preventive care access for diverse patient populations.

REFERENCES

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