Clinical Reminder: Colorectal Cancer Screening

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In recognition of National Colorectal Cancer Awareness Month, Coverys would like to share some recent colorectal cancer (CRC) claims data and provide some risk management strategies to reduce the risk of a diagnostic error claim and improve patient safety in your practice setting.

According to the 2015 Institute of Medicine (IOM) report, "diagnostic errors are the leading type of paid medical malpractice claims, are almost twice as likely to have resulted in the patient's death compared to other claims, and represent the highest proportion of total payments" (IOM, 2015, p. 1). Coverys data are consistent with the IOM report findings. Diagnosis-related concerns are the leading source of claims and represent 46 percent of total paid indemnity. Data also indicate that indemnity payments related to diagnostic error claims are rising, increasing 40 percent between 2011 and 2014. The failure to diagnose cancer is the leading allegation in diagnosis-related claims, and the failure to diagnose CRC is the third leading source.

Coverys has been collaborating with diagnostic error expert Gordon Schiff, MD and his team to identify trends and patterns in our outpatient diagnostic error claims data. In-depth review of CRC claims indicates that the failures to perform appropriate colorectal cancer screening and diagnostic examinations are the most common diagnostic pitfalls.

Examples of screening pitfalls include:

- Failure to recommend age-appropriate screening, such as:
  - Failure to recommend colonoscopy for a patient over the age of 50 with chronic disease
  - Failure to recommend colonoscopy for a patient over the age of 40 with a family history of colorectal cancer
- Failure to ensure that colon cancer screenings are conducted on non-compliant patients

Examples of diagnostic pitfalls include:

- Failure to investigate rectal bleeding when confounding factors are present, such as:
  - The patient is young
  - The patient has a history of heavy menses
  - The patient has hemorrhoids
- Failure to investigate CRC as a potential cause of anemia when the patient has heavy menses
- Failure to consider diagnostic tests for CRC when the patient has a strong family history and/or weight loss and/or abdominal pain

Early stage colon cancer is often asymptomatic, making it difficult to identify and treat (ACS, 2014). Screening and early identification of symptoms, including occult blood, are essential practices for facilitating diagnosis and treatment. Consider implementing the following strategies to reduce the risk of failing to screen patients appropriately for CRC and to improve patient safety overall in your practice setting:

- Follow published colorectal cancer screening guidelines such as:
  - American Cancer Society Recommendations for Early Detection
  - American College of Obstetricians and Gynecologists (ACOG), Colorectal Cancer
Engage your patients in the screening process. Explain the importance of screening and provide resources such as brochures or website recommendations. Give them the opportunity to participate by obtaining their own specimens at home, as appropriate. In addition to the traditional fecal occult blood test cards (stool for guaiac), consider other options, such as the fecal immunochemical test (FIT) or stool DNA, which may be more sensitive. Follow-up positive home tests with confirmatory testing, such as a colonoscopy. The American Cancer Society has developed a comprehensive patient resource that may be useful to you and your patients; click here to access.

Establish a consistent system to identify patients due for colon screening and ensure follow through and follow-up. If your EMR system has screening reminder and tracking functionality, make sure to use it to the fullest. If your system does not have that functionality, work with your vendor to develop templated screening protocols and include them in the appropriate section (for example, physical exam, treatment plan, and/or physician orders).

Maintain the past history, family history and social history sections of your patients' records and update these sections regularly. Having taken an inadequate history is a common allegation in diagnostic error claims. Colon cancer risks increase with age, a positive family history, and social factors such as smoking.

Follow-up with non-compliant patients. Contact patients who have not followed up on a recommended screening protocol in order to explain the benefits of the screening procedure, the risks associated with failing to complete the screening and/or other screening methods that may be available, and encourage the patient to complete the screening. Use three escalating attempts at contact. Start with a phone call. If the patient does not respond to the telephone call or message, send a letter. If the patient fails to respond to the letter, validate the address and send a certified letter return receipt requested. Document all efforts at contact in the patient's medical record. If contact is achieved and the patient refuses the screening exam, consider obtaining signed informed refusal.

Colon cancer is common. It is the second leading cause of cancer death in the United States and the third leading cancer in men and women (CDC, 2016). Protect your patients and practice setting by respecting this potential and screening consistently.

We hope you found this Risk Alert helpful. If you have questions or would like further resources on this topic, please contact your Coverys risk management consultant.

References


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