Assignment: Collaboration Café – Week 5 – Grade 50/50

Initial Post

My clinical practicum setting is a primary care office that services clients of all ages by focusing on preventative care and screenings. The female population, particularly women in their early 50s, make up most of the population I have seen within the practice. The US Preventative Services Task Force (USPSTF) identifies preventative care screenings across the lifespan including recommendations that are specifically for the population described. Breast cancer screening and colorectal cancer screening are two of the recommended screening measures for women in their early 50s.

Breast cancer screening is recommended to begin in women aged 50 to 74 years old and involves biennial screening or screening every other year through mammograms (USPSTF, 2016). Breast cancer screening for ages 50 to 74 years is a grade B recommendation and is described as moderate benefit with screening to begin earlier in individuals that have a first-degree relative with breast cancer. Breast cancer risks increases with age and is a major cause of death among women that with regular screening has a mortality reduction rate of 40% (Monticciolo et al., 2021). The process of a mammogram involves a low-dose x-ray that is performed by placing each breast between two plastic plates to detect breast abnormalities.

Colorectal cancer screening should also be performed in adults aged 50 to 75 years old and is a grade A recommendation which is strongly recommended and with substantial benefit (USPSTF, 2021). Within the past few years, the recommendation was updated in that asymptomatic individuals should initially begin being screened for colorectal cancer at age 45. Screening methods involve stool-based and direct visualization screening tests and may include the combination of methods. The stool-based screening measures include the high-sensitivity guaiac fecal occult blood test (gFOBT), fecal immunochemical test (FIT), and stool DNA test. When stool-based tests are performed and indicate abnormal results then a colonoscopy is recommended to be performed to further evaluate the inside of the colon. Between the stool-based tests described, screening can be performed with an annual high-sensitivity gFOBT which requires three stool samples and dietary restriction, an annual FIT requiring one stool sample, or an sDNA-FIT every one to three years with one stool sample. Direct visualization tests involve a colonoscopy every 10 years, a CT colonography every 5 years, a flexible sigmoidoscopy every 5 years, or a flexible sigmoidoscopy every 10 years with a FIT every year. A colonoscopy is the gold-standard screening method involving direct visualization of the colon and involves less frequent screening measures but does require a bowel preparation, anesthesia, and can be costly. A CT colonography, flexible sigmoidoscopy, and flexible sigmoidoscopy with FIT tests can all detect colon cancer but also require a colonoscopy as a follow up for abnormal results.

My preceptor follows the U.S. Preventative Services Task Force (USPSTF) recommendations in determining which screenings to offer as well and provides well-rounded and excellent patient-centered care. At the end of each day, the nursing staff prints off the client list for the next day and writes out any preventative screening measures that are due for each individual client so that the preventative screening is not forgotten during the client's scheduled visit. For example, for individuals that are 45 years and up they will recommend a colonoscopy to be scheduled or a FIT test if the client does not have insurance or does not want an invasive

procedure performed. This reminder process enables the staff to provide equal preventative and screening care for all clients despite their differences or vulnerabilities within the population and has proven to be effective in increasing clients that accept preventative screening measures. The provider addresses health literacy and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care to aid in eliminating health care discrepancies through several processes (U.S. Department of HHS and Office of Minority Health, n.d.). Some examples include the use of a language line for patients that do not speak or understand English, asking the patients to repeat back what they were told, providing paper copies or other resources for patients to enhance understanding on their diagnoses, and allowing clients to aid in making decisions for their health.

The primary care location sees vulnerable client populations including individuals that have insurance, that have Medicare, Medicaid, and those that do not have insurance at all and/or are homeless. Clients without insurance often pay on a sliding scale or do not pay anything to be seen and will never receive a bill depending on their overall situation. At each visit, clients are provided with a list of preventative screening recommendations for their age/gender/status. Client's that are homeless, or are not seen on a regular basis, are presented with several opportunities to receive different types of screening measures prior to leaving the office. For example, a client will be sent home with a FIT test that can be brought back at their earliest convenience instead of having to return at another date for the test. Also, women that qualify for assistance are given information on free breast cancer screening clinics which take place in the area two times each year. Clients that are less likely to return when recommended can also have their annual blood work, pap smears, and other measures combined within one visit. This practice already has several interventions in place for clients to receive preventative care including federal and state funding and free screening clinics for different types of medical care. However, with most clients not having insurance expensive procedures like colonoscopies are almost always denied.

A way the clinic can add to the methods they already have in place is to provide educational handouts or videos that break down the importance of preventative care and the options available. At the clinic, I see the provider print handouts out describing what disease or infection that they have been diagnosed with, but I have not seen materials being given to patients explaining the importance of preventative care. Also, the clinic could hang informational flyers on the walls directly in front of where they sit in each room so while waiting for the provider they can read about preventative care and options available to them. One way to increase the frequency of preventative screenings within vulnerable populations would be to place flyers throughout the town in public places like in Wal-Mart or in gas stations. These flyers could contain information that is new to some individuals that have not seen a doctor or had any type of preventative care performed on them since they were a child and may push them to make an appointment.

References

Monticciolo, D. L., Malak, S. F., Friedewald, S., M., Eby, P. R., Newell, M. S., Moy, L., Destounis, S., Leung, J. W. T., Hendrick, R. E., & Smetherman, D. (2021). Breast cancer screening recommendations inclusive of all women at average risk: Update from the ACR