

Improving Colorectal Cancer Screening for Individuals with Severe Mental Illness in a Canadian Mental Health Hospital

Tania Tajirian, MD, CCFP, FCFP, DTMPH^{1,2}, Brian Lo, MHI^{1,2}, Brian (Po-Yen) Chang, MD, CCFP^{1,2}, Cristina de Lasa, MD, CCFP(COE), FCFP^{1,2}, Elnathan Mesfin, MSc¹, Satinder Kaur, RN, MSc(N), MEd(HPE), PhD(N), CPMHN(C)¹, Vicky Stergiopoulos, MD, MHPE,¹ Sanjeev Sockalingam, MD, MHE, FRCPC¹
¹Centre for Addiction and Mental Health, Toronto, ON, Canada; ²University of Toronto, Toronto, ON, Canada



Background

- In Ontario, individuals with severe mental illness (SMI) are:

Less likely
to be
screened

2.15 X
less likely to receive
curative surgery

2.07 X
less likely to receive colorectal
cancer (CRC) treatment¹

- Stigma and lack of access are key barriers contributing to the gap in screening for this population
- There is a critical and timely opportunity for specialized mental health organizations to address this care gap by offering Colorectal Cancer Screening (CRCS) to long stay inpatients

Aims

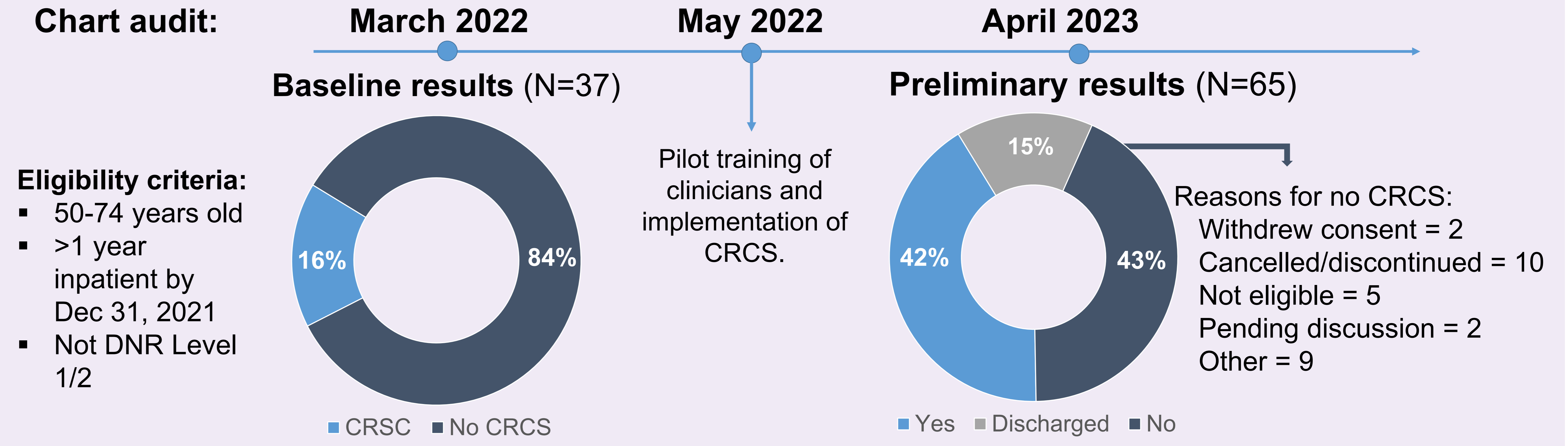
- To implement CRCS in a large teaching mental health hospital.
- To improve CRCS for long stay inpatients between 50 to 74 years to 30% by December 2023.

Approach

- Literature review to identify models of care for CRCS in patients with SMI.
- Roll-out of CRC FIT Screening to 10 inpatient units with chronic long-stay patients
- Chart audit and clinician engagement for baseline CRCS and outcome measures.

Summary of Results

Chart audit:



Findings from Clinician Engagements:

- Important initiative for care
- Processes and Responsibility
- EHR Design and Reminders
- Continuity of Care Post-Discharge

Lessons Learned

- The roll-out of FIT Screening at the organization have led to a 30% increase in the number of patients with up to date CRCS compared to our baseline data among eligible long stay inpatients.
- Stakeholder engagement led to a number of factors that contributed to the sustainability and uptake of screening across units.
- Next steps involve exploring its impact on health equity and approaches to streamline process and enhance sustained uptake of digitally enabled screening across the organization.

References

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