COLORECTAL CANCER SCREENING & AMERICAN INDIAN/ALASKA NATIVE POPULATIONS

NOVEMBER 28TH, 2017
2:00 PM ET
Purpose of Todays’ Webinar

• Understand basic facts about colorectal cancer (CRC) among American Indian/Alaska Native (AI/AN) populations
• Learn about the ACS and NCCRT’s work to address this issue
• Take an in-depth look at two AI/AN-serving healthcare systems’ innovative approaches to increasing CRC screening
• Q&A
Presenters

Kris Rhodes, MPH  
(Moderator)  
Chief Executive Officer  
American Indian Cancer Foundation

Laura Makaroff, DO  
Senior Director, Cancer Control Intervention  
American Cancer Society, Inc.

Richard Mousseau, MS  
Director, Community Health Prevention Programs  
Great Plains Tribal Chairmen’s Health Board

Jessica Deaton, RN, BSN  
Care Manager  
Oklahoma City Indian Clinic
AI/AN Cancer Burden

Cancer in AI/ANs is the:

- #1 cause of death for women
- #2 cause of death for men

CRC in AI/ANs is the:

- #3 cause of cancer death for women
- #2 cause of cancer death for men


AI/AN & Non-Hispanic White (NHW) Death Rates, CRC, by Region, Males & Females, 1999-2009
CRC Mortality & AI/AN

Age-adjusted Colorectal Cancer Death Rates and Joinpoint Trend Lines in CHSDA Counties, 1990-2009, Males

Age-adjusted Colorectal Cancer Death Rates and Joinpoint Trend Lines in CHSDA Counties, 1990-2009, Females
CRC Screening Among IHS User Population (GPRA)

Healthy People 2020 Goal is 70.5%

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Screened</th>
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<tbody>
<tr>
<td>2013</td>
<td>35.0</td>
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<tr>
<td>2014</td>
<td>37.5</td>
</tr>
<tr>
<td>2015</td>
<td>38.6</td>
</tr>
<tr>
<td>2016</td>
<td>39.6</td>
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Regional Variation

INDIAN HEALTH SERVICE
SERVICE POPULATION BY AREA

TOTAL IHS SERVICE POPULATION
FOR CY 2016: 2,199,830
CRC Screening: GPRA 2016 results, by IHS Area
Other CRC Disparities Among AI/AN

- Higher CRC death rates among AI/AN in rural areas
- Stage of disease often more advanced at diagnosis
- Age of onset is often younger than age 50
- High burden of cancer risk factors
- Significant community and system level barriers

Diagram:

- Cigarette smoking and chew tobacco
- Secondhand smoke
- Alcohol abuse
- Lack of fruits & vegetables
- Diets low in fiber
- Diets high in fat
- Lack of regular physical activity
- Obesity
- Diabetes
Together We Are Making a Difference
ACS & NCCRT Work to Address CRC Disparities in AI/AN Populations

Laura Makaroff, DO
Senior Director, Cancer Control Intervention
American Cancer Society, Inc.
April 25, 2016 CRC & AI/AN Summit

- Hosted by ACS and NCCRT in Grand Traverse, MI
- 30 participants from CDC, Indian Health Service, AI/AN-serving non-profit organizations, regional epicenters, and AI/AN-serving clinics and health systems
- Participants outlined barriers and solutions and began drafting a “framework for change” to guide future work
April 2016 Post Meeting Report

• Provides an overview of the burden of CRC among AI/AN, as well as key incidence, mortality, and screening rate data
• Summarizes meeting presentations and discussions
• Presents the participants’ collaborative “framework for change”

www.nccrt.org/AIAN-2016-report
## Framework for Change

### Four Strategic Drivers: Patients, Providers, Systems, and Policy

<table>
<thead>
<tr>
<th>Strategic Driver</th>
<th>Goals</th>
<th>Priority Tactics</th>
<th>Barriers</th>
<th>Potential Community of Solution &amp; Roles</th>
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<tbody>
<tr>
<td>System</td>
<td></td>
<td>Develop and provide tailored TA to implement clinic policies and procedures, including EHR improvements</td>
<td>Resource/capacity issues (colonoscopy not avail., long waits, lack of funding)</td>
<td>NCCRT work on EHRs (guides for NextGen and eClinicalWorks)</td>
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<td></td>
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<td>Develop tutorials on documenting/pull data from EHRs</td>
<td>Insufficient EHRs, reminder and tracking systems</td>
<td>IHS could explore prioritizing and incentivizing CRC screening and follow up</td>
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<td>Centralize population outreach on CRC screening (e.g. automated reminders, mailed FIT)</td>
<td>Lack of time to clean data in EHRs</td>
<td>IHS support for RPMS/EHR optimization and training</td>
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<td></td>
<td></td>
<td>Develop and implement CRC policy and procedure templates for clinics</td>
<td>Lack of provider training on correct data entry procedures</td>
<td>IHS to address FIT uptake/selection</td>
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<td>Negotiate bulk pricing for evidence-based screening tests (e.g. FIT, stool DNA) and prep (e.g. through IHS and community based clinic settings)</td>
<td>Lack of provider assessment and feedback (no individual provider rates)</td>
<td>AICAF to provide system support to unify clinic and</td>
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<td></td>
<td>Implement flu-FIT (to emphasize annual screening)</td>
<td>Lack of care coordination</td>
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<tr>
<td></td>
<td></td>
<td>Implement phone-based patient</td>
<td>Lack of clear workflows/ screening protocols and policies</td>
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<td></td>
<td></td>
<td></td>
<td>Prevention is not a priority</td>
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<td></td>
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<td></td>
<td>Lack of support for systems change</td>
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<td></td>
<td></td>
<td></td>
<td>RPMS, insufficient templates</td>
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CHANGE Grant Program

- Community Health Advocates Implementing Nationwide Grants for Empowerment and Equity
- Supports cancer prevention, screening, and early detection in underserved communities
- CHANGE has funded 252 projects focused on increasing colorectal screening rates

| 577 grants provided to community-based partners | 2.8 million evidence-based interventions | 800,000 cancer screenings | $38.4 million invested in CHANGE by corporate partners |
AI/AN Funding is Focused on Improving Outcomes and Decreasing Disparities

- Increasing colorectal screening rates in AIAN communities through:
  - Patient and Provider reminders
  - Implementing systems and policies, including standing orders
  - Patient education about available CRC screening options
- Ensuring coordination of care of all positive non-colonoscopy screening exams with follow-up colonoscopies and treatment of all confirmed colorectal cancer diagnoses
Five Health System Partners

ALASKA
Arctic Slope Native Association

ARIZONA
Native Americans for Community Action

CALIFORNIA
Riverside San Bernardino County Indian Health, Inc.

MICHIGAN
Keweenaw Bay Indian Community

MINNESOTA
Fond du Lac Human Services Division

Red states on map include providers that received funding.
CRC Screening Goals for Health System Partners

- Baseline Screening Rate
- Year 1 Target Screening Rate
- Year 2 Target Screening Rate
# Initial Progress

<table>
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<tr>
<th>700</th>
<th>COLORECTAL CANCER SCREENINGS</th>
<th>1,700</th>
<th>EVIDENCE-BASED INTERVENTIONS</th>
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<tbody>
<tr>
<td>10</td>
<td>ABNORMAL OR POSITIVE GFOBT/FIT</td>
<td>7</td>
<td>COLONOSCOPIES WITH ADENOMAS DETECTED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>CANCER DIAGNOSIS</td>
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Information based on initial self-reported data, as submitted to the American Cancer Society, November 2017.
Early Success

ALASKA | Arctic Slope Native Association
• Panel Manager hired.
• Reached 22% of population with client reminders and 40% with reducing out of pocket expenses.

ARIZONA | Native Americans for Community Action
• Trained health staff and promotional materials developed.
• Leveraged ACS resources in creating an implementation framework.
• Conducted CRC survey at annual health conference.

CALIFORNIA | Riverside San Bernardino County Indian Health, Inc.
• Panel Manager hired.
• Process mapping completed and QI activities implemented.
• Examining all 2017 positive FIT test records to ensure follow up.
Early Success

MICHIGAN | Keweenaw Bay Indian Community
• Utilization of ACS materials in exam rooms.
• Performance evaluations conducted and shared with providers.

MINNESOTA | Fond du Lac Human Services Division
• Health Manager hired.
• CRC process mapping completed and QI activities implemented.
• Client reminders sent to eligible patients.
**Identified Needs and Next Steps**

- **Identified Needs**
  - Four grantees requested training
  - One grantee requested screening equipment

- **Next Steps**
  - Provider and team education
  - Technical assistance to support systems change
  - Development of longer term TA strategy to increase capacity and support sustainability
"Hecel Oyate Kin Nipi Kte -- So That The People May Live"
Great Plains Colorectal Cancer Screening Initiative

Community Health Department
Richard Mousseau, MS
Great Plains Tribal Chairmen’s Health Board

Our mission is to provide quality public health support and health care advocacy to the tribal nations of the Great Plains by utilizing effective and culturally credible approaches.

Statement of Purpose: The Great Plains Tribal Chairmen’s Health Board is established to provide the tribal nations in the Great Plains region with a formal representative Board as a means of communicating and participating with the Great Plains Area Indian Health Service and other Health and Human Services entities and organizations on health matters.
Great plains Colorectal Cancer Screening Initiative

• The Great Plains Tribal Chairmen’s Health Board was awarded a cooperative agreement from the Centers for Disease Control and Prevention (CDC) to increase colorectal cancer screening rates within 18 tribes in a four state region - South Dakota, North Dakota, Nebraska, and Iowa.

• Great Plains American Indian (GPAI) men and women have the highest and second highest cancer incidence rate among all American Indian/Alaskan Native population groups.
Great plains Colorectal Cancer Screening Initiative

• The Great Plains Area Office in Aberdeen, South Dakota, works in conjunction with its 19 Indian Health Service Units and Tribal managed Service Units to provide health care to approximately 122,000 Native Americans located in North Dakota, South Dakota, Nebraska, and Iowa.

• Great Plains Area IHS also provides health services to approximately 6,000 Native Americans who are not counted in the user population of the Area.
Great plains Area Indian Health Service

Cheyenne River Service Unit
Elbow Woods Memorial (TAT)
Fort Thompson Service Unit
Flandreau Service Unit
Lower Brule Service Unit
Omaha Service Unit
Nebraska Urban Indian Health
Ponca Service Unit
Pine Ridge Service Unit
Rapid City Service Unit

Rosebud Service Unit
Sac and fox Service Unit
Spirit Lake Service Unit
Standing Rock Service Unit
Trenton Service Unit
Turtle Mountain Service Unit
Winnebago Service Unit
Woodrow Wilson Keeble Memorial (SWO)
Yankton Service Unit
27% of American Indian adults 50-75 have been screened for colorectal cancer in the Great Plains region (GPRA, 2015).
CRC Priority Evidence Based Interventions

1. Provider assessment and feedback;
2. Provider reminders;
3. Client reminders;
4. Reducing structural barriers
CRC Supporting Strategies

1. Small media;
2. Patient navigation;
3. Professional development and training;
4. Community-clinical linkages;
5. Health informatics
Small Media

Patient Education Materials

• Mail
• Email
• Social Media
• Other Media (Radio, TV, Newspaper, Billboards, etc...)
Patient Navigation

Address Barriers at:

- Patient Level
- Community Level
- Staff Level
Professional Development & Training

Optimizing Quality

- Explain the importance of offering both stool blood testing and colonoscopy as colorectal cancer screening options.
- Select appropriate colorectal cancer testing for each patient, consistent with screening and surveillance guidelines for different population subgroups.
- Identify the elements of a high-quality stool blood testing program.
- Identify the characteristics of high-quality colonoscopy services.
Community-Clinical Linkage

• Assessment and Evaluation
• Community Engagement
• Individual and Community Education
• Skill building
• Promotion
Health Informatics

• Electronic Health Record (EHR)
• Resource and Patient Management System (RPMS)
• iCare
Great Plains American Indian CRC Screening Rate

- 33.4% of American Indian adults 50-75 have been screened for colorectal cancer in the Great Plains region (GPRA, 2017).
Thank you

GREAT PLAINS TRIBAL CHAIRMEN’S HEALTH BOARD (GPTCHB)
1770 Rand Road
Rapid City, SD 57702

Phone: 605.721.1922
Toll Free: 1.800.745.3466
Fax: 605.721.1932

Email: info@gptchb.org
Colorectal Cancer Screening at Oklahoma City Indian Clinic

Jessica Deaton RN-BSN
Care Manager
* Founded in 1969 by a group of volunteer physicians that saw patients for approximately 5 hours a week.
* In 1974 Oklahoma City Indian Clinic (OKCIC) was incorporated and developed a clinic in the downtown area of OKC.
* Due to continuous growth, the clinic was relocated to an area that allowed for expansion. Currently OKCIC is operating out of two buildings and is in the process of developing a third.
Who We Serve

- Members of federally recognized tribes that have a Certificate Degree of Indian Blood (CDIB) card
  - Majority of patients come from Oklahoma City area
  - Patients from over 220 different tribes
  - Approximately 20,000 individuals consider OKCIC to be their Medical Home
  - Current CRC screening population is approximately 3,400 individuals
- Vision: To be the national model for American Indian health care.
- Mission: To provide excellent healthcare to American Indians.
Screening Rates

*Indicates logic change, which was based on the HEDIS definition. Also removed double contrast Barium enema (DCBE) as a indicator.
Identified Barriers

- Transportation
- Financial
- Education
- Insurance status
Evidence Based Interventions

* Reminder postcards
* Reminder calls
* Educational mail outs
* Publications about CRC screening in our quarterly magazine
* Incentives for completing screening at our Health Fairs
Evidence Based Interventions

- Quarterly CRC Quality Improvement meetings
- Modify appointment details
- Staff education
- Nursing Care Protocol
- National Wear Blue Day
Evidence Based Interventions

* Clinic competitions
* Flu FIT
* CHR transportation
* ACS partnership
* NCCRT 80% by 2018
Strategies To Increase Screening Rates

* Interdepartmental collaboration
  * Raised screening rates by 3% in two month period
* Oncology Case Manager
  * Reorganization of public health
* Cancer registry
* CRC QI meetings

* Future Planning
  * Grant opportunities
  * Support groups
  * Consult visits at clinic
  * POD
  * On demand CHR
  * FIT Kit return postage
  * Anniversary reminders
  * CRC bi-annual education night
Impact of CRC Screening

* 4% of FIT Kits returned are positive
  * Down from 17% the previous year

* Approximately 10% of our cancer patients have CRC
  * Patients range from 40-75 y/o
  * 63% of these are males

* Screening rates
  * Continue to rise despite increases in patient population
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<tr>
<th></th>
<th>US Estimates</th>
<th>Oklahoma Estimates</th>
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<tbody>
<tr>
<td>AI/ANs</td>
<td>47.7%</td>
<td>53.8%</td>
</tr>
<tr>
<td>Non-Hispanic Whites</td>
<td>67.6%</td>
<td>55.8%</td>
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<tr>
<td></td>
<td>US Estimates</td>
<td>Oklahoma Estimates</td>
</tr>
<tr>
<td>AI/ANs</td>
<td>60.0%</td>
<td>62.4%</td>
</tr>
<tr>
<td>Non-Hispanic Whites</td>
<td>69.1%</td>
<td>62.3%</td>
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</table>
Thank You
Please submit your questions in the chat box.
Thank You!

- Laura Makaroff, Richard Mousseau, and Jessica Deaton
- The individuals and organizations that participated in the ACS/NCCRT April 2016 AI/AN and CRC Summit and contributed to the post meeting report
- The numerous other partners that are working to address cancer-related disparities among AI/AN populations

This webinar was made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number 5U38DP004969-03 and -04. The views expressed in the materials do not necessarily reflect the official policies of the Dept. of Health and Human Services.
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