Advocate Illinois Masonic Medical Center Digestive Health Institute

A Destination Program Journey

December 7, 2017 | Andrew Albert, MD, MPH
2009: Background

• State of GI section
  o Subsection of Surgical Services
  o No dedicated administrative support
  o No hospital-based GI programs

• State of GI Lab “The Wild West”
  o Facilities were small
  o GI groups utilized the Lab as an uncoordinated “workshop”
  o Low associate/MD satisfaction
  o No engagement

  o Weak section identity
Colon Cancer Awareness Month: 2011
2011: A Year of Change

Dedicated Leadership

• New GI lab manager
• New medical director
• New surgical director
• GI part of Internal Medicine

Process Improvement

• Tackled more complex operational issues
• Identified wants/needs of department
• Asked questions (harder choice – more work)
• Remove barriers for physicians
• Weekly Digestive Health Institute meetings
  • Issues? Ideas? Growth opportunities? Identity established
With tools we can build programs…

- Who are our customers?
- What are their needs?
- Where do referrals come from?
- What should be our focus?
- What can we do differently?
- Who are our role models?
2015 Physician Road Show

- Harsh reality
- Strong negative feedback
  - Not related to Hepatology, IBS, IBD or disease state
  - Related to Colonoscopy
- Wait time >3 mos
- PCP burden significant
- Patients sent to competing system
- CRC Screening Rate: 17%
Significant Disconnect

- Patients Frustrated
- Physicians struggling
- GI lab with low volumes
- Fragmentation of care
- System feeling leakage
- Measures for ACO not met
Direct Access Screening Colonoscopy

Goals:

- Begin a navigated Colon Cancer Screening Experience
- Reduce patient colonoscopy wait time to 2-3 weeks
- Increase access with stable patients, skipping the traditional face-to-face consultation
- Create a closed loop of communication between Digestive Health providers and referring MDs
- Facilitate quality growth and efficient scheduling in the Dig. Health procedural area
Patient enters DASC* 
(Multiple entry points)

Digestive Health APN screens patient H&P remotely

If patient meets program criteria, APN schedules colonoscopy in 2-4 weeks

APN communicates timeline to PCP

APN uses a rotating list of DASC participating GIs to fairly assign patients

APN gives prep instructions and hospital/appt. details to the patient

After the procedure, the APN ensures the pathology report/next steps are communicated to PCP

APN ensures the patient receives follow-up instructions/care
Ultimately...we did it!

- Began a navigated Colon Cancer Screening Experience
- Reduced patient colonoscopy wait time to 2-3 weeks
- Increased access with stable patients, skipping the traditional face-to-face consultation
- Created a closed loop of communication between Digestive Health providers and referring MDs (i.e. pathology).
- Facilitate quality growth and efficient scheduling in the Dig. Health procedural area
- Achieved the ACO measure target for CRC screening among 50-65 year olds (now across the system)
- DASC then deployed across the entire Advocate system for Screening!
Additional Benefits

• Facilitation of care: GI → CRS → Oncology
• Extrapolate to other program
  – Cervical Cancer, Anal Cancer
• Closer relationship with all stakeholders
• Collaboration beyond Advocate with other groups
  – FQHCs and Grants for FIT testing
• Social Media and outreach
Shared Goal: Reaching 80% Screened for Colorectal Cancer by 2018

Background

Colorectal cancer is a major public health problem. It is the second leading cause of cancer death, and a cause of considerable suffering among more than 135,000 adults diagnosed with colorectal cancer each year. However, colorectal cancer can be detected early at a curable stage, and it can be prevented through the detection and removal of precancerous polyps.

Commitment

Our organizations stand united in the belief that we can eliminate colorectal cancer as a major public health problem. We have screening technologies that work, the national capacity to apply these technologies, and effective local models for delivering the continuum of care in a more organized fashion. Equal access to care is everyone's responsibility. We share a commitment to eliminating disparities in access to care. As such, our organizations will work to empower communities, patients, providers, community health centers, health systems, employers and others to embrace these models and develop the partnerships needed to deliver coordinated, quality colorectal cancer screening and follow up care that engages the patient and empowers them to complete needed care from screening through treatment and long-term follow-up.

Pledge

[________________________] [organization name] is embracing the shared goal of reaching 80% screened for colorectal cancer by 2018.

Approved by___________________________ Date__________
CRC Screening Rates
Advocate Physician Partners (PHO)
AIMMC Clinical Integration Rates

July 2014: 26%
July 2015: 30%
July 2016: 69%

DASC implemented July 2015

- 50-65
- >65

TOMORROW STARTS TODAY.
Advocate Health Care
As a result...

National Colorectal Cancer Roundtable Recognizes Leaders in Colorectal Cancer Prevention Effort with 80% by 2018 National Achievement Award

Award honors individuals and organizations that contribute to ongoing progress in the fight against colorectal cancer

NEWS PROVIDED BY
American Cancer Society
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ATLANTA, Feb. 1, 2017 /PRNewswire-USNewswire/ -- The National Colorectal Cancer Roundtable (NCCRT), an organization co-founded by the American Cancer Society and the Centers for Disease Control and Prevention, has recognized a combined total of six honorees as 2017 80% by 2018 National Achievement Award winners, a prestigious national honor recognizing leadership in the ongoing effort to increase colorectal cancer screening rates across the United States.

The 80% by 2018 National Achievement Award recognizes individuals and organizations who are dedicating their time, talent and expertise to advancing needed initiatives that support the shared goal to regularly screen 80% of adults 50 and over by 2018. Over 1,300 organizations — including medical professional societies, academic centers, survivor groups, government agencies, cancer coalitions, cancer centers, payers, and many others — have signed a pledge to make this goal a priority. This program seeks to highlight the work of 80% by 2018 partners and other leaders and organizations who are advancing this important goal.

After a competitive review of nominees from all over the country, the NCCRT has named Advocate Illinois Masonic Medical Center of Illinois as this year's grand prize winner. This medical center will receive $3,000 to support their continued efforts in the fight against colorectal cancer. Other notable honorees include C. L. Brumback Primary Care Clinics of Florida; Candace Henley of the Blue Hat Foundation in Illinois; Great Plains Quality Innovation Network of
In Summary...

- Take a good look in the mirror
- An integrated team approach is important:
  - Transformation has challenges but work with dedicated people
  - We must collaborate across disciplines and beyond (CRS, Anesthesia, Oncology, Administration)
  - **Culture change must happen to succeed**
- The resources you need are right in front of you!
- We are now an entire system, covering the state of Illinois...
- What do you plan to accomplish in 2018?
Colon Cancer Awareness – Today
Thank you!