



**80% by 2018 Strategy Meeting:  
*Working with Hospitals to Improve  
CRC Screening Delivery***





# Pre-Meeting Survey Results

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## **What:**

- Participants took a 12 question on-line survey

## **Participants:**

- 24 individuals responded the survey

## **Purpose:**

- To gather feedback from representatives from key organizations to explore the strategic role of hospitals in the effort to achieve an 80% colorectal cancer screening rate by 2018.



## **What are the most important roles for hospitals in the delivery of quality CRC screening?**

**Leverage the hospital's role as a respected health leader in the community to promote and advocate for screening**

**Prioritize delivery and care coordination of quality CRC screening across the continuum, including for employees**

**Establish, disseminate, and monitor benchmark quality standards for programs and providers**

**Lead the way in establishing partnerships with other stakeholders, particularly primary care**

**Lead the effort to improve access to screening for the underserved**



## **What are the most important roles for hospitals in the delivery of quality CRC screening?**

**Participate in quality registries, optimize use of EHRs and make data available to providers and facilities**

**Work through primary care networks to promote screening or in the case of ambulatory centers, prioritize screening delivery**

**Identify patients who are in need and provide timely referral to colonoscopy**

**Establish programs that better engage the community in screening**



## **What are the most important roles for hospitals in the delivery of quality CRC screening?**

**Provide education, outreach, navigation to ensure timely colorectal screening**

**Expand access by donating procedures and care, provide transportation and expand screening hours**

**Establishing formal, specific agreements with FQHCs and other safety net providers**

**Coordinate downstream financial, clinical, and operations steps post screening**



## What are some of the best practices you have seen hospitals utilize?

Be the source for colonoscopy in the community by coordinating w/ primary care for underserved/M'caid

Remove patient barriers by using modern bowel prep, weekend/open hours and providing transportation

Follow national guidelines (CO-RADS) for reporting results and recommending follow up intervals.

Promote value of CRC screening in the community, including communicating with primary care

Full systems strategy: Community outreach + integration with primary care + employee campaign, etc.



## What are some of the best practices you have seen hospitals utilize?

Lead consortium to formalize agreements to provide low cost/no cost care across the continuum

Provide leadership in the use of patient navigators

Conduct community needs assessment to reach unscreened with targeted campaigns

Integrating screening in EHR so screening is tracked, past due screening is flagged and systems talk to each other

Provide dedicated endoscopy room time for screening with assigned staff, etc.



## **What are some of the biggest challenges hospitals face with respect to this role?**

Hospitals don't always see themselves as beacons of preventive care

They don't have strong linkages to or feel they can impact primary care; EHRs can't even talk to each other

Business model is not clear; hospitals face financial pressures, competition and mergers; some contracts limit their ability to waive fees

There is fear of being overwhelmed by charity care and not having the capacity to meet this demand



## **What are some of the biggest challenges hospitals face with respect to this role?**

**Divergence in culture - voluntary vs. employed providers; can be hard to convince local GIs and other to help**

**They don't know how to reach patients that are underinsured or not insured; can require cultural change**

**Fulfilling a collaborative, community-based role is a new role**

**Navigation is not reimbursed; struggles with managing patient challenges, such as transportation**



## What do you recommend to overcome these challenges?

Leadership and persistence; high level conversation with hospital C Suite, ACS, community, and medical leaders; need providers *and* administrators to champion

Help hospitals understand how supporting screening for the underserved can fulfill community benefit requirements; develop other economic arguments

Help hospitals understand how they can support screening and their role in the screening continuum

Use community assessment to develop careful strategies; including hospital role in disease prevention



## What do you recommend to overcome these challenges?

Accept that quality care requires resources

Work with specialty societies to legitimize effort with local GIs; seek help with volume and capacity estimates

Develop screening system outside of the financial flow

Provide innovative programs such as Flu-FIT and set up programs in senior centers, food pantries, etc.



## **What are the specific issues we need to address in hospitals serving rural and underserved communities?**

**Financial challenges for patients; narrow insurance networks; non-Medicaid expansion states; Who pays for treatment?**

**Limited number of endoscopy facilities and endoscopists; wait times; long distances**

**Poor communication with FQHCs post follow up**

**Solutions require intensive coordination on many levels and even then, the system can be cumbersome**



## **What do you recommend to help overcome challenges with serving rural and underserved communities?**

**Convene the entire community to accomplish something amazing**

**Have hospitals rely on their unique strengths (people and programs) to address problems in novel ways**

**Use lower cost test like FIT for screening**

**Enlist rural surgeons and other alternative providers in areas where there are not enough GIs; find ways to improve efficiency of endoscopy suites**



**What do you recommend to help overcome challenges with serving rural and underserved communities?**

**Coordinate closely with FQHCs on navigation protocols to overcome patient barriers; rely on strong models and continue to work to streamline the system**

**Work with local clinics and providers to provide services locally and decrease patients' need to travel**

**Conduct education to stress screening, including focused marketing campaigns to specific communities**

**Secure resources to address needs of non English speaking populations**



## **What do you recommend to help overcome challenges with serving rural and underserved communities?**

**Work with legislature to provide screening dollars; support coverage of diagnostic colonoscopy and treatment**

**Address policy issues related to reimbursement for case management and navigation**

**Develop plug-and-play programs or change packages; easier to mimic a successful plan**



## **What are some financial challenges hospitals face in supporting the delivery of quality CRC screening?**

**Treatment of disease (status quo) is more highly compensated than prevention or early detection**

**It can be hard and take time for large organizations to prioritize changes in CRC screening**

**Some providers refuse to see Medicaid and indigent patients**

**Free care programs can have daunting application processes**



## **What are some financial challenges hospitals face in supporting the delivery of quality CRC screening?**

**Some patients are reluctant to get screened because of high deductible plans; copay issues; some patients can't even afford prep**

**Some hospitals go after patients relentlessly to pay and then after the patient can't pay call this "charity care"**

**No reimbursement for concrete needs: transportation, childcare, time off work**

**Dealing with third party payers is challenging**



## **What are some ways hospitals have attempted to address these financial challenges?**

**Embrace population health strategies where financial risk is taken for management of the health of a population**

**OR hospitals can play a non-funding convener role**

**Make sure everyone who is eligible signs up for Medicaid; assist patients with “free care” applications**



## **What are some ways hospitals have attempted to address these financial challenges?**

**Partner with Project Access or other health access partners**

**Seeks grants/contracts from DOH for reimbursement for screening**

**Hospitals donate services or provide sliding scale**

**Collaborate with drug companies to get tests (FIT/FOBT)**

**Incentivize employed physicians to provide the appropriate care to underserved populations**



**What are some ways hospitals have attempted to address these financial challenges?**

**Develop partnerships with FQHCs and educate about the benefits of FITs**

**Establish clearly defined commitments and protocols with FQHCs, supported by effective patient navigation that eliminate waste and no shows**



## Which essential partners should hospitals work with?

- FQHCs
- GIs, surgeons, PCPs, PAs, nurses
- State cancer plans
- Departments of health
- CHCs, FQHCs
- Professional organizations
- ACS Health Systems staff
- Community-based organizations
- Churches
- Survivor groups
- Local politicians
- Local media outlets



## **What should national leaders do to support hospitals efforts?**

**Convene national partners and make clear this is a priority**

**Improve coordination among national partners**

**Develop and disseminate best practices and models that fit all types of hospitals**

**Address barriers from a hospital point of view**

**Develop action plans for hospitals to adopt**

**Convene meeting of members to share successful models**



## **What should national leaders do to support hospitals efforts?**

**Identify a network of community resources**

**CoC needs to expand their guidance documents for programs planning screening initiatives to comply with the screening standards of accreditation.**

**Develop and disseminate educational tools for providers and patients that follow current screening guidelines**

**Work with the national hospital association; push members to get involved**



## **What should national leaders do to support hospitals efforts?**

**Coordinate efforts on policy issues; push for Medicaid expansion**

**Increase awareness; get the message out**



## **What issues could benefit from a policy of legislative approach?**

**Filling the gaps in coverage for all recommended modalities of CRC screening for the underinsured or uninsured; co-pays, anesthesia**

**Strengthen the requirements for FIT and FOBT products to reduce clutter in the market**

**Employers to cover time off and paid time off for CRC screening**

**Make CDC CRC funding available in each state**



## **What issues could benefit from a policy of legislative approach?**

**Hospitals receiving federal dollars should be required to provide a certain amount of free and discounted care**

**Malpractice liability relief or protection and tax benefits for physicians and facilities providing services for underserved populations**

**Enhanced P4P programs for rural hospitals that are more dependent on government programs**

**More pressure brought on state legislatures, governors from Red states to expand Medicaid**



## Other advice?

- Leverage the strong leadership of cancer centers and the strong relationships cancer centers have with ACS to bring additional key players to the table
- Formulate an expert-approved change package
- Make the business case
- Get celebrities and high government officials to promote this
- More education that this is a PREVENTABLE disease



**Thank you for your  
feedback!**