HOW TO ASSURE FOLLOW UP COLONOSCOPY FOR POSITIVE FIT FROM THE PROCESS SIDE

JANUARY 30\textsuperscript{TH}, 2018
1:00 PM ET

@NCCRTnews
Purpose of Todays’ Webinar

- Review evidence and processes to help ensure that patients obtain a follow-up colonoscopy after a positive test result.
- Get practical advice for making sure patients get the life-saving follow up they need.
- Q&A
Presenters

Jason A. Dominitz, MD, MHS, FASGE, AGAF (Moderator)
Department of Veterans Affairs

Amanda Petrik, MS
Kaiser Permanente Center for Health Research

Kevin Selby, MD
Kaiser Permanente Division of Research

Frank Colangelo, MD, FACP
Premier Medical Associates
NCCRT Webinar on Links of Care

Links of Care Update – July 27, 2017

Clinician’s Reference: Stool-based Tests for Colorectal Cancer Screening

• Newly revised in 2017.
• State-of-the-science information about stool-based tests, including characteristics of high-quality stool-based screening programs.

nccrt.org/clinicians-reference
NCCRT Webinar on FIT-Based Programs

Guidance On Implementing FIT-Based Screening Programs – June 29, 2016

nccrt.org/webinar-FIT
Interventions to Improve Follow-up of Positive Results on Fecal Blood Tests

Results of a systematic review and Kaiser experience

Kevin Selby, M.D.
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National Colorectal Cancer Roundtable 2017
No conflicts of interest to disclose

Funding:
- National Cancer Institute PROSPR (Population-based Research Optimizing Screening through Personalized Regimens) consortium (U54 CA163262 [Corley])
- Swiss Cancer Research Foundation (BIL KFS-3720-08-2015 [Selby])
Low rates of follow-up colonoscopy after positive fecal blood tests are a problem

- Fecal immunochemical tests are ideal for mass screening
- Real-world efficacy depends on colonoscopy follow-up of positive tests
- As low as 50% after 6 months
- Challenging: follow-up involves interaction of multiple levels of care
- Patients are often reluctant

Dis Colon Rectum. 2006;49:1002-10
Colonoscopy delays after a positive fecal test are important

Analysis of 70,000+ FIT-positive patients shows an increased risk of CRC, and specifically advanced-stage CRC, when time to colonoscopy is greater than 6 months.
Interventions to Improve Follow-up of Positive Results on Fecal Blood Tests
A Systematic Review

Kevin Selby, MD; Christine Baumgartner, MD; Theodore R. Levin, MD; Chyke A. Doubeni, MD, MPH; Ann G. Zauber, PhD; Joanne Schottinger, MD; Christopher D. Jensen, PhD; Jeffrey K. Lee, MD; and Douglas A. Corley, MD, PhD


Annals.org
**Systematic review objective:**

- Evaluate interventions to improve rates of follow-up colonoscopy for adults after a positive result on fecal immunochemical tests (FIT) or guaiac fecal occult blood tests (gFOBT)

**Study Selection:**

- Randomized and nonrandomized studies
- Interventions to improve colonoscopy follow-up of positive fecal test results
Overall results

• 23 studies eligible for analysis
• 7 randomized and 16 nonrandomized studies
• Only 3 at low risk of bias
• No meta analysis performed given significant heterogeneity
1. Patient-level Interventions

Changes to invitation strategy to screening

- 2 studies, 1 randomized trial at low-risk of bias
- Interventions to increase screening rates don’t worsen follow-up of positive tests

Provision to patients of test results or follow-up appointments

- 4 studies, 1 randomized trial at moderate risk of bias
- Mailing or calling all patients to provide test results or directly providing appointments to discuss follow-up colonoscopy
- RCT: among initial non-responders in Italy, a specialized nurse increased follow-up (+12% (CI 0.5 to 24))
Patient navigation

1. Patient-level Interventions - continued

• 5 studies, 2 randomized trials at low-risk of bias

• RCT 1: Registered nurse patient navigators increased follow-up from 80.8% to 91.0% at 6 months (+ 10.1% (CI -1.5 to 22)). Trial was underpowered

• RCT 2: Patient navigators for multiple cancers using “strengths-based” approach increased from 58% to 79% at 1 year (+ 21% (CI 9.5 to 33))
2. Provider-level Interventions

Provision to providers of reminders and/or performance data

- 5 studies, 2 cluster randomized
- All used electronic algorithms to clearly identify ordering providers / assigned primary care physician
- Remind those with inadequate action after 60 or 90 days
- 4 from integrated systems in the US, generally multi-component interventions, showed positive results (+9 to +25%)
- 1 used centrally generated reports in a provincial screening program, showed no difference (HR 0.95, CI 0.79 to 1.13)
3. System-level Interventions

**Automated referral to gastroenterologist**
- 2 studies, all positive fecal test results sent directly to gastroenterologists
- Both from VA medical centers, integrated EHR allowed transfer of patient information

**Replacement of precolonoscopy visit with telephone call**
- 1 study, patients given choice of phone call instead of face-to-face consultation

**Registry to track patients with positive results**
- 1 study, registry reviewed regularly by nurse manager, +23% improvement over several years (CI 21 to 26)

**Multicomponent quality improvement efforts**
- 3 studies, all from VA, Pre-post or observational designs, only 6 to 10% improvement
Discussion

• Moderate evidence to support patient navigators: adds to strong evidence in screening and follow-up of symptomatic patients
  • One RCT calculated an additional $275 USD per patient

• Moderate evidence to support provider reminders and/or performance feedback
  • Done in integrated systems with EHR tracking
  • Another low-cost intervention: Directly notifying endoscopists of all positive fecal test results

• Low-level evidence for all other intervention types
Follow-up of positive FIT at Kaiser Permanente Northern California

• Mailed FIT outreach since 2006

• Approximately 20,000 positive FIT per year

• Median time to colonoscopy in 2015 of 36 days (IQR 24 to 73), with 83% having had a colonoscopy by 6 months

• How is this being done?

Traditional flow

FIT read as positive → Primary care provider (PCP) notified → Patient given result and appointment scheduled → Sees GI for colonoscopy
Increasing responsibility assumed by GI to manage FIT positive patients

- FIT read as positive
  - Primary care provider (PCP) notified
  - e-consult
  - GI receives FIT+ patient list and/or e-consult
  - Patient given result and appointment scheduled
  - ‘Navigator’ call to explain colonoscopy logistics, risks and preparation
  - Colonoscopy completed
Overall organization of FIT-positive follow-up within Kaiser Permanente Northern California

- FIT read as positive
  - Primary care provider (PCP) notified
    - e-consult
    - GI receives FIT+ patient list and/or e-consult
  - Minimum 3 attempts to contact patient
    - Patient given result and appointment scheduled
  - Registered letter if no phone or e-mail contact
    - ‘Navigator’ call to explain colonoscopy logistics, risks and preparation
- Colonoscopy completed
FIT read as positive

Primary care provider (PCP) notified

e-consult

GI receives FIT+ patient list and/or e-consult

Minimum 3 attempts to contact patient

Patient given result and appointment scheduled

‘Navigator’ call to explain colonoscopy logistics, risks and preparation

Colonoscopy completed

Adequate colonoscopy capacity (staff and endoscopy suites)

Registry of FIT+ patients with real-time updates (PROMPT)

GI Staff member designated responsible

Frequent feedback of FIT+ follow-up performance

Financial rewards to management for attaining colonoscopy access targets

Organizational supports in place to ensure success
Take home points

1. More work and research are needed
2. Patient navigators appear to work, but can be expensive
3. Provider reminder systems and direct referral: promising, lower cost interventions for those with integrated EHRs
4. At KPNC, GI departments are increasingly taking primary responsibility
5. High-performing KPNC service areas are:
   a. Proactive in patient outreach
   b. Have a clearly designated team-member responsible for FIT-positive follow-up
Thank you!

Follow-up questions:

T.R. Levin Theodore.Levin@kp.org

Kevin Selby Kevin.J.Selby@kp.org
How to Assure Follow-up to a Positive FIT in Safety Net Settings

Gloria D. Coronado, PhD
Kaiser Permanente Center for Health Research
The problem

- An estimated 8.7 million individuals complete a fecal test each year.
- Yet, not all individuals who test positive get a follow-up colonoscopy.
- For these patients, the benefit of fecal testing is nullified!
In safety net practices, only 52% - 54%* of individuals who screen positive on FIT obtain a follow-up colonoscopy.

* Liss et al. 2016; STOP CRC study
Key points

- Patients’ experience with follow-up colonoscopy
- Providers’ experience with performing colonoscopy
- Selecting patients for patient navigation
## Reasons for No Referral or Colonoscopy among Patients with a Positive FIT*

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<th>Reason</th>
<th>Not Referred (n = 84) N (%)</th>
<th>Referred, No Colonoscopy (n = 195) N (%)</th>
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<td>Recent colonoscopy</td>
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<td>Other</td>
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*based on chart abstraction of 613 patients w/positive FIT results
### Barriers to CRC Follow-up: Perspectives from Providers (n = 15) and Patients (n = 10)

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Follow-up colonoscopy rates, by age

Follow-up Colonoscopy completion w/i 12 months of FIT+ result (n = 2165)

*Based on 1743 patients aged 50-64 and 422 patients aged 65-74
Follow-up colonoscopy rates, by health insurance

Follow-up Colonoscopy completion w/i 12 months of FIT+ result (n = 2165)

*Based on 204 patients with commercial insurance, 1011 with Medicaid, 560 with Medicare, 335 uninsured, and 55 with unknown insurance.
The reality...

Patient navigation is widely endorsed as a way to improve colonoscopy completion rates, yet not everyone needs patient navigation.

Colonoscopy completion in some usual care groups ~50 – 70%.
How to winnow the targets for patient navigation

Candidate best practices:

- Select patients who screen positive on FOBT/FIT
- Select patients who have never had a colonoscopy
- Select patients who have no appointment for a colonoscopy within xx days/weeks of referral
- Use direct provider assessment / referral to navigation
- Risk prediction model
Fundamental problem: Follow-up colonoscopy

Standard patient navigation
All patients are offered navigation, whether they need it or not

SMART patient navigation
Patients are assessed for adherence probability,
Those with low/moderate probability are offered navigation
Fundamental problem: Follow-up colonoscopy

Standard patient navigation

- All patients are offered navigation, whether they need it or not

SMART patient navigation

- Patients are assessed for adherence probability,
- Those with low/moderate probability are offered navigation

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Risk prediction model

EHR data in the model:
- age,
- race,
- insurance,
- income inequality (GINI),
- anticoagulant use,
- prior no-show encounters,
- receipt of a flu vaccine in the past year, and
- health center
Conclusion

- Low rates of follow-up colonoscopy is a significant problem;
- Several patient- and system-barriers contribute to the problem;
- Patient navigation is widely endorsed, but not needed by everyone;
- Precisely delivering patient navigation to those who need it can save health care costs, and improve the colorectal cancer outcomes.
Acknowledgements

It takes a village…

- CHR research team:
  - Bill Vollmer, PhD
  - Amanda Petrik MS
  - Jennifer Rivelli, MA
  - Jennifer Schneider, MA
  - Jamie Thompson, MPH
  - Erin Keast, MS
  - Sally Retecki, MBA
  - Rich Meenan, PhD

- Funding source: NIH Common Fund [UH2AT007782 and 4UH3CA188640-02] and Kaiser Permanente Community Benefit

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  - Joy Woodall, MA

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- NIH:
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  - Jerry Suls, PhD
  - Nila Geta, PhD
  - Erica Breslau, PhD

- STOP CRC Advisory Board
Closing the Gap Following a Positive FIT

Francis R Colangelo MD, MS-HQS, FACP
Chief Quality Officer
Premier Medical Associates
Conflicts of Interest

• I have none to report
Outline of Talk

• Introduction of practice
• Overall 80% by 2018 efforts
• Description of problem with positive FIT follow up
• Description of practice’s interventions to improve follow up
• Results from improvement effort
INTRODUCTION OF PRACTICE
Premier Medical Associates

- Formed 1993
- 100 providers
- 22 specialties
- 1:1 ratio PCPs to specialists
- Part of Highmark Health
- Member of the Allegheny Health Network
Premier Medical Associates

- 2016 377,000 patient visits
- All adult and pediatric offices have level 3 PCMH certification
- AMGA Analytics For Improvement member
- AMGA Acclaim Award winner 2016
Eligible Population-as of 9/30/17

• 18,700 active 50-75 yo
• 3,516 choose to be screened with FITs
EHR and Registry

- Allscripts Touchworks
- CQS (Clinical Quality Solutions) registry
OVERALL 80% BY 2018 EFFORTS
Colon Cancer Screening Efforts

• Campaign kick off 12/13/12
• 57.5% screening rate 1/1/13
• Provider and staff education
• Emphasized importance of FIT
• Learned the power of transparent reporting
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We did it!

yay! yay!

80.2%

10/24/16
Colon Cancer Screening Efforts

1st Runner Up Recipient of the
80% by 2018
National Achievement Awards 2016
PROBLEM WITH POSITIVE FIT FOLLOW UP
March 2013 a list of all positive FIT results from the past year was requested from PMA’s lab information system
- 205 positive results
- 118 had completed colonoscopy
- 57.5%
IMPROVEMENT ACTIVITIES IMPLEMENTED
Provider Education

• Some providers would order confirmatory FITs for patients with positive FITs
  • Reminded them that all positive screening tests must be followed by a diagnostic test
Provider Education

• Gave providers a new script:
  • “I will agree to allow you to be screened with a FIT if you promise me that you will have a follow up colonoscopy if the FIT result is positive”
Staff Education

- Explained the absolute need for the follow up diagnostic testing
- Armed staff with scripted responses for reluctant patients
- Made contact back with ordering provider a must when patients are hesitant
Other Action Plans

• Created a positive FIT registry
• Emailed from lab every Monday
Alert added to EHR Banner
Reported in Positive FIT Registry

<table>
<thead>
<tr>
<th>Patient name</th>
<th>DOB</th>
<th>MRUN</th>
<th>Date of + FIT</th>
<th>Home office</th>
<th>Provider</th>
<th>Action taken</th>
<th>Patient mailing address</th>
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On the 1st of each month

Dear [Name],

As your Primary Care Physician at Premier Medical Associates, I am writing to ask you to schedule a very important test. Our records show that within the past year you completed a FIT Test (the at home stool test for colon cancer screening) which showed a positive result for small amounts of blood in your stool. As a result, I recommended that you have a colonoscopy. To date, our records show that you have not completed your colonoscopy, and as your doctor, I am very concerned.

A positive FIT test result is often a warning sign that a person has pre-cancerous colon polyps (growths) that need to be removed to prevent them from turning into colon cancer. Rarely, a positive FIT test is a warning sign of early stage colon cancer that needs to be taken care of promptly.

If our records are inaccurate and you have had a colonoscopy done, please contact your GI doctor and have them forward your results to our office. If you have not had a colonoscopy done, it is critical that you do so and I ask that you contact our office in the next 10 days, or as soon as possible, to schedule this test.

Let's face it, few people consider themselves at risk for cancer and these screenings are very easy to put off. For some reason, the idea of a colonoscopy itself is daunting. However, the reality is that colon cancer is the second leading cause of cancer related deaths in Pennsylvania and the United States. Most colon cancer related deaths can be prevented. If detected early, this cancer has a 90% survival rate. Early detection can mean the difference between life and death.

Our team at Premier Medical Associates stands by to assist you any way we can.

If you have questions about how this test is done, how it will be paid for, or any other concerns we can address or you a member of your family as you follow through on this important test, please contact our GI nurse at 412-457-0427.

Sincerely,
Dr. Colangelo, Francis

Electronically signed by: Holly Kern, OMIRN.; Jan 15 2018 2:53PM EST (Administrative)
Every 6 months...
As of 11/11/2017

- Since 3/30/12 there have been:
  - 1385 positive FITs
  - 1207 completed colonoscopies
  - 5 colonoscopies scheduled/pending
  - 173 refusers/procrastinators
  - 87.5% completion rate
Time to Follow-up Colonoscopy: PMA Experience

Colonoscopy Completion Rate

Number of Days Since Positive FIT

0-30
31-60
61-90
91-120
21-150
151-180
181-210
211-240
241-270
271-300
300+
Contact info

• Frank Colangelo
• fcolangelo@pmamail.com
• 412-380-2800
Please submit your questions in the chat box.
Thank You!

- Kevin Selby, MD
- Amanda Petrik, MS
- Frank Colangelo, MD, FACP

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Join Us for the Following Upcoming Event:

Mark Your Calendars - Thursday, March 8th 4:00pm Eastern/1:00pm Pacific - for a Live Broadcast!

To follow NCCRT on social media:

Twitter: @NCCRTnews
Facebook: www.facebook.com/coloncancerroundtable

For more information contact:
nccrt@cancer.org