Professional Education and Practice Implementation Task Group

Pre-Annual Meeting Task Group Informational Webinar

2018 Updates / 2019 Planning

October 23, 2018

1:00 p.m. EST

Agenda

-Welcome & Introductions

-Task Group Charge

-Accomplishments

-Current projects

-Possible topics for annual meeting task group
        session

-Q&A

Task Group Co-Chairs

- Karen Kim, MD, MS
  - *University of Chicago School of Medicine*

- Joe Ravenell, MD, MS
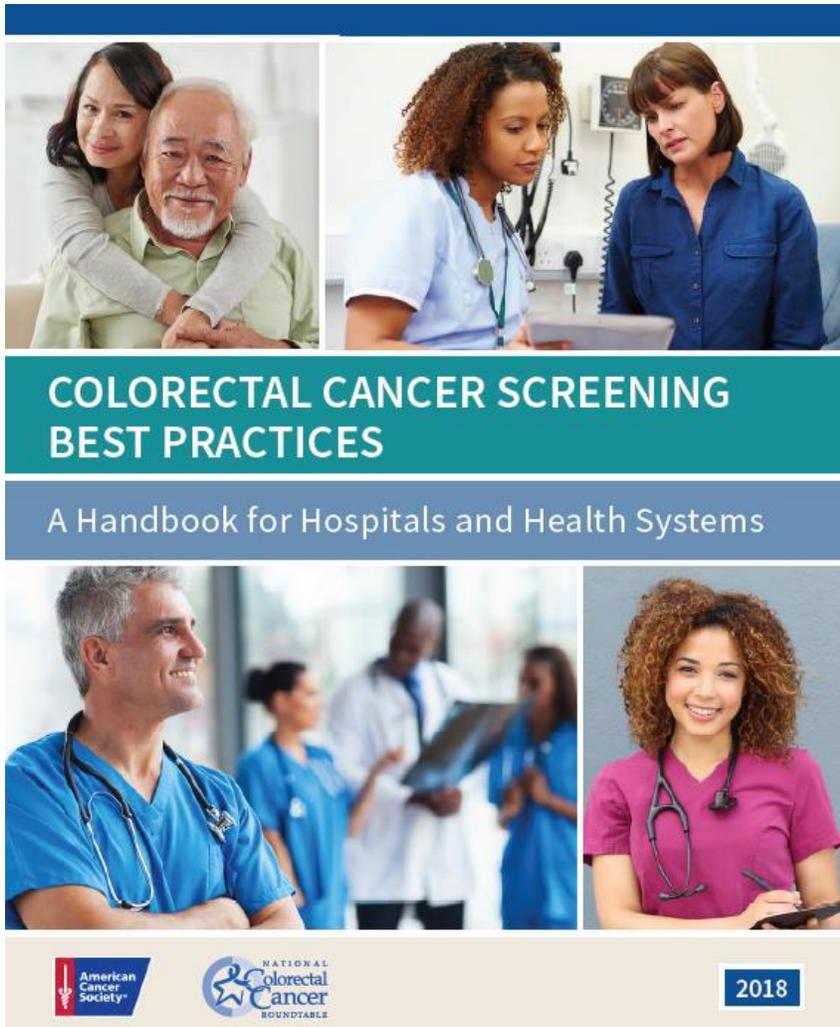 - *New York University School of Medicine*

Charge:

To develop educational resources and implementation tools to help clinicians, practice teams, and healthcare organizations improve colorectal cancer screening rates, screening quality, and follow up care.

FY18 Projects (December 2017)

- ☐ Finalize and disseminate *Colorectal Cancer Screening Best Practices: A Handbook for Hospitals and Health Systems*

- ☐ Release Cancer Center Meeting report and next steps

- ☐ Finalize CRC Screening EHR guide with NextGen

- ☐ Disseminate *Clinician's Reference: Stool-based Tests for Colorectal Cancer Screening*

- ☐ Continue to work with other Task Groups on EHR improvements and other projects as appropriate
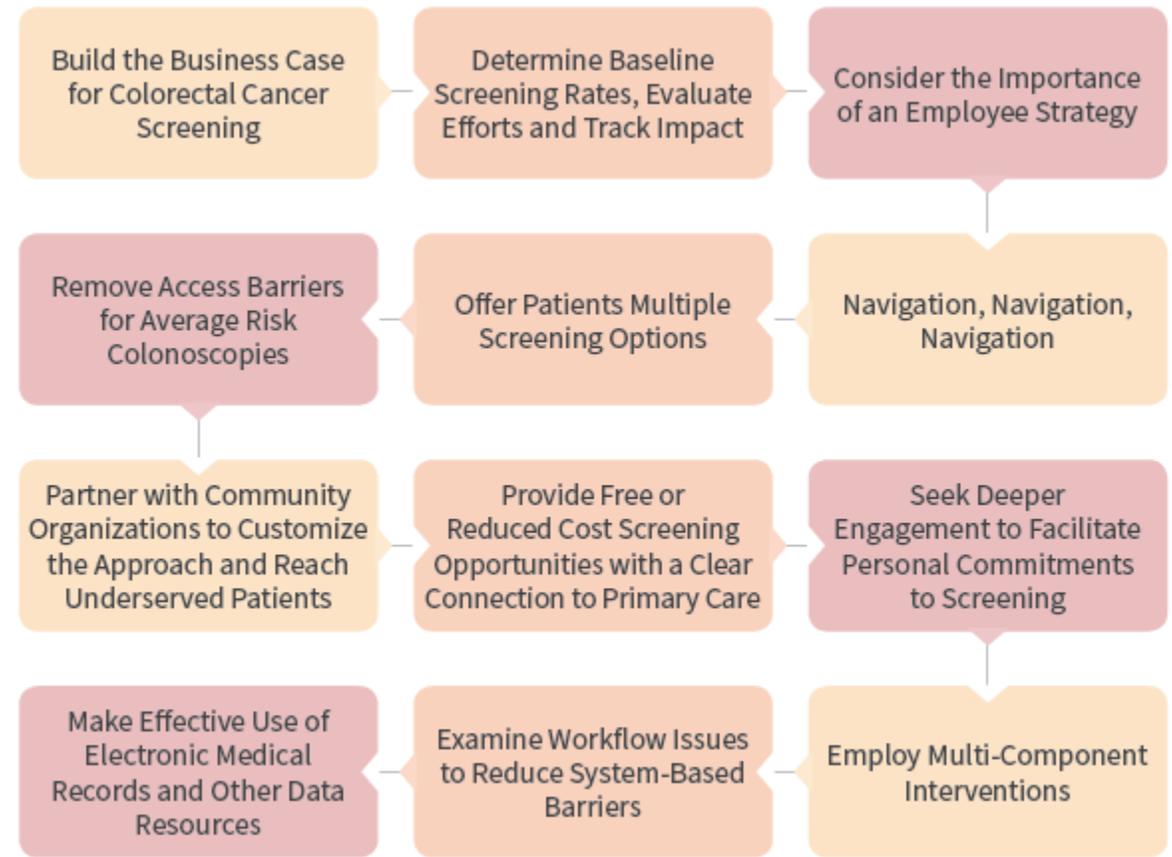
FY18 Accomplishments

- Released *Colorectal Cancer Screening Best Practices: A Handbook for Hospitals and Health Systems*

- Hosted corresponding webinar
  - http://nccrt.org/resource/colorectal-cancer-screening-best-practices-for-hospitals-and-health-systems-webinar-july-18-2018/
  - Panel included:
    - Andrew Albert, MD, MPH, Advocate Illinois Masonic Medical Center
    - Amanda Bohleber, MD, Medical Director, Deaconess Clinic

- 512 downloads since July 18 release

☐ **What's in the guide?**

- Identifies 12 critical steps for hospitals

- Case studies describing strategies being used by individual hospitals and health systems

- Describes program origination, staffing, financial resources, activities, outcomes/impact, and lessons learned

- Provides advice on implementation

- Points to other resources

- Provides samples and templates from hospitals and health systems (e.g. CRC action plans, workflows, community and employee outreach materials, program evaluation tools)

Build the Business Case for Colorectal Cancer Screening	Determine Baseline Screening Rates, Evaluate Efforts and Track Impact	Consider the Importance of an Employee Strategy
Remove Access Barriers for Average Risk Colonoscopies	Offer Patients Multiple Screening Options	Navigation, Navigation, Navigation
Partner with Community Organizations to Customize the Approach and Reach Underserved Patients	Provide Free or Reduced Cost Screening Opportunities with a Clear Connection to Primary Care	Seek Deeper Engagement to Facilitate Personal Commitments to Screening
Make Effective Use of Electronic Medical Records and Other Data Resources	Examine Workflow Issues to Reduce System-Based Barriers	Employ Multi-Component Interventions

FY18 Accomplishments

- Continued to promote and disseminate the *Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening*

- This resource is designed to introduce (or reintroduce) clinicians to the value of stool-based testing for colorectal cancer.

- More than 750 downloads since release

Guidelines from the American Cancer Society, the US Preventive Services Task Force, and others recommend Fecal Immunochemical Tests (FIT), High-Sensitivity Fecal Occult Blood Tests (HS-gFOBT) and FIT-DNA testing as options for colorectal cancer (CRC) screening in men and women at average risk for developing colorectal cancer.

This document provides state-of-the-science information about these tests.

Clinician's Reference
STOOL-BASED TESTS FOR COLORECTAL CANCER SCREENING

American Cancer Society

80% by 2018

The number of colorectal cancer cases is dropping thanks to screening. We are helping save lives. We can save more.

- Continued planning, support, and development of EHR tools
  - NextGen CRC Screening EHR guide
    - Final version drafted; approval pending NextGen
    - Provides focused documentation to assist users to improve the process of assessing, documenting, tracking, and following up on colorectal cancer screening.
    - Particular attention to:
      - 1) Assessment of personal and family risk;
      - 2) Follow-up on screening results;
      - 3) Development and implementation of workflows that produce accurate and reliable data.
  - Continued to work with ACS CAN on EHR vendor improvements with particular interest in CRC screening and family history collection.
    - Members from multiple NCCRT task groups serving
    - Elevated ACS CAN working group's recommendations to NCCRT Steering Committee for NCCRT endorsement

- Released meeting report from *Cancer Center Summit: A Strategic Look At Cancer Centers And Colorectal Cancer Screening*

  - Summarizes meeting discussions, key points, and decisions; includes case studies of NCI-designated Cancer Centers that excel in advancing CRC screening efforts

- Meeting held on October 17, 2017 in Washington, DC by the American Cancer Society NCCRT

- Purpose: Convene representatives from key national and local organizations (NCI, CDC, cancer centers) to explore how to leverage the expertise and community presence of cancer centers in the effort to increase CRC screening rates.

- Meeting Objectives:

  - Understand cancer center barriers to focusing on CRC screening as a priority issue;

  - Identify strategies to overcome barriers so that cancer centers can leverage their role in the community to achieve higher CRC screening rates;

  - Begin the process of developing a strategic plan to spur cancer center action.

CANCER CENTER SUMMIT REPORT
A Strategic Look at Cancer Centers and Colorectal Cancer Screening

Washington, DC

ACS CRC Screening Guideline Update

- In May 2018, American Cancer Society modified the organization's CRC Screening Guideline.
    - Among other changes, new recommendations says to begin screening at age 45 for people at average risk.

- NCCRT does not endorse any one guideline and supports individual member organization decisions about which of the major screening recommendations they choose to follow.

- NCCRT has starting to respond to divergent guideline issue:
    - Sept 2018: An in-person strategy session held to determine how best to continue our work, provide guidance to members, and still advance shared goal of saving live from CRC.
    - A draft NCCRT position statement has been presented to NCCRT Steering Committee
    - A general consensus on emphasizing an "on time" screening message for 50 y/o (where do we all agree approach)

- Looking ahead for PEPI: How does our work change in supporting the NCCRT and external health systems / partners in navigating divergent screening issues, still producing universal guides, toolkits, and technical assistance.

- Continue getting NCCRT tools and resources off the shelf
  - Promotion of *Colorectal Cancer Screening Best Practices: A Handbook for Hospitals and Health Systems*
  - *Re-promotion of Health Plan Handbook and Clinician's Reference*
- Release NextGen Guide (corresponding webinar on EHR?)
- Form advisory group to prioritize and begin follow-up on action steps from Cancer Center Report
- Work with FH/EAO Task Group to increase utilization of FH Toolkit in practices
- Refocus on process improvement of follow up colonoscopy after positive stool test

FY20 Project Plan – Early Thoughts

- Resource / toolkit development

  - How to: Measures and Metrics for positive FIT and Follow up

  - Brief on transportation

  - How to: systems and practices deliver more culturally competent care. (think success of Hispanic/Latino and Asian Companion Communication guides)

  - Continue to increase engagement for cancer centers – how to increase CRC screening in catchment areas (advisory group to lead efforts)

  - Education to primary care (and patients) about screening age recommendations (include FH / early signs and symptoms)

- Work with FH/EAO Task Group to validate Risk Assessment and Screening Toolkit in practice

- Identify NCCRT Ambassadors (type of speakers bureau) for toolkits and projects

  - Take resources out on road / within state

  - Produce video summaries of toolkits along with webinars

- More aggressive education on quality stool testing

To be continued on
Wednesday, November 14, 2018
5:00 to 6:30 p.m.

Sheraton Inner Harbor
Baltimore, MD
See you there!

Questions & Suggestions?