



Professional Education and Practice Task Group Report



Task Group Co-Chairs

- Michael Potter, MD
Individual Member
- Dorothy Lane, MD, MPH
American College of Preventive Medicine



Charge:

To identify barriers to colorectal cancer screening in clinical practice and to develop tools to help practices and healthcare organizations increase screening rates.

James	Allison
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Emily	Butler
Edwin	Diaz
Matt	Flory
Jasmine	Greenamyre
Maureen	Killackey
Carrie	Klabunde
Dorothy	Lane
Lori	Ludlow
Nina	Miller
Greg	Parkington
Michael	Potter
Julie	Shaver



Agenda

- Welcome & Introductions
- Accomplishments and upcoming projects
- Name change
- Discussion/Q&A
- Gaps/remaining needs
- Opportunities for NCCRT
- Discussion on Cancer Center meeting
- Next Steps



FY16 Accomplishments:

- Developed Health Plan Handbook on CRC
- Launched effort to develop Hospitals Systems Change Package on CRC screening
- Continued work on EHRs
 - Commissioned EHR Best Practices and Workflow Guide for NextGen
 - Hosted Webinar on eCW guide
 - eCW guide downloaded 2,500 times
 - eCW receptive to recommended enhancements
 - Serve on ACS CAN task group to improve EHRs



FY16 Accomplishments:

- Draft manuscript on practical guidance for FIT based screening programs
- Published brief on 80% by 2018 for Radiologists
- GI 80% by 2018 brief co-branded by all three GI societies
- Hosted 80% by 2018 webinars on
 - PCMH and CRC screening
 - Implementing FIT testing



FY17 Project Plan

- Disseminate health plan handbook
- Finalize hospital systems change package
- Publish FIT paper/Update FOBT/FIT brief
- Continue to work with other Task Groups on EHR improvements
- Host strategy meeting on 80% by 2018 and Cancer Centers with local community and public health mandate focus



Task Group Name

- Do we need to change the name to reflect the broadened scope of our work with health plans and hospitals?
- Possible words that were endorsed:
 - Systems Change, Practice Transformation, Implementation
- Proposed name change:
 - Professional Education and Practice Implementation



Proposed New 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.

(Proposed changes in wording in red)

Discussion

- **More tools for clinic teams around practice coaching and patient navigation, e.g.**
 - *more sharing of success stories via podcasts or other avenues*
 - *more comprehensive self-assessment tools for clinics to identify needs and create strategies likely to be effective locally*
 - *more guidance on how to garner local support and sustain successful interventions*

Discussion

- **More tools for patients, especially in multiple languages with tailoring and high production values.**
- **More tools to engage endoscopists in volunteering procedures and to help them achieve lower no-show rates (screening navigation is key).**

Discussion

- **More flow of info between NCCRT, State Roundtables, CDC, ACS, and other successful organizations like the VA and Kaiser. There is still too much “reinventing the wheel” going on.**
- **Could best practices be characterized by practice setting?**

Discussion

- **There was interest in the statement that “75% of unscreened are insured” – how do we help those groups?**
- **How do we partner with industry without conflict of interest?**
- **Why isn't CRC screening a Medicaid HEDIS measure?**

Discussion

- **Interest in “bundling” CRC screening with other outreach activities.**
- **Interest in supporting better population management through patient registries.**
- **Continued concern about lax FDA rules and lack of regulation of false advertising, especially for new stool tests.**

Summary

1) Endorse current 2017 priorities

2) New Ideas –

- a) Develop a forum for more active and rapid sharing of existing resources, best practices, and success stories across stakeholder organizations, moderated by NCCRT. Possibilities include a developing a listserv or some other informal online space for sharing. Before building this, a survey of NCCRT stakeholders might be needed to be sure there is sufficient demand and interest.

Summary

New Ideas (cont.) –

b) Survey NCCRT members to identify top priorities for new education and implementation materials to develop in 2017 or 2018. There were many suggestions during the meeting, and it would be hard to prioritize without more stakeholder input.

c) Leadership and priority setting on FDA situation, HEDIS incentives, payment issues, can is perhaps best deferred to Policy Action Task Group