Thank you for joining!
The session will begin shortly.
Navigating Through COVID-19: Adapting to Meet the New Normal in Healthcare to Deliver Colorectal Cancer Screening

Monday, November 15, 3:10 PM
Navigating Through COVID-19

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Colorectal cancer screening and outcomes during the COVID-19 pandemic

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@IssakaMD
THE IMPACT OF COVID-19 ON CANCER SCREENING RECOMMENDATIONS

March 13, 2020

Surgeon General advises hospitals to cancel elective surgeries

March 14, 2020

Member Alert from the following organizations:

March 15, 2020

Mid-March 2020

CMS Releases Recommendations on Adult Elective Surgeries, Non-Essential Medical, Surgical, and Dental Procedures During COVID-19 Response

Mid-March 2020

*These recommendations apply to people at average risk of cancer who do not have any signs or symptoms of cancer

@IssakaMD
41% of U.S. adults delayed or avoided medical care March to June 2020

4 in 10 U.S. adults reported avoiding medical care because of concerns related to COVID-19.

- Delaying or avoiding urgent or emergency care was more common among:
  - People with disabilities
  - People with two or more underlying conditions

Telehealth may help people get the care they need.

Even during the COVID-19 pandemic, people who experience a medical emergency should seek care without delay.

CDC.gov

bit.ly/MMWR91020

MMWR

Czeisler ME et al. MMWR Morb Mortal Wkly Rep 2020

@IssakaMD
IN APRIL 2020, CANCER DIAGNOSES DECLINED BY 46% COMPARED TO 2019

FROM 3/2020 TO 3/2021, COLORECTAL CANCER SCREENINGS DOWN 25%

https://ehrn.org/articles/delayed-cancer-screenings-a-second-look
AN ESTIMATED 4,500 EXCESS DEATHS FROM COLONRECTAL CANCER BY 2030

Modeled cumulative excess deaths from colorectal and breast cancers, 2020 to 2030*

- Colorectal
- Breast

*Figures represent estimated excess deaths.
**INCREASED USE OF FIT COULD INCREASE COLORECTAL CANCER SCREENING**

<table>
<thead>
<tr>
<th>Scenario</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
</tr>
<tr>
<td>Baseline</td>
<td>Normal</td>
<td></td>
<td></td>
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<tr>
<td>Scenario 1</td>
<td>Normal</td>
<td>No screening</td>
<td>Colonoscopy screening (50%)</td>
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<tr>
<td>Scenario 2</td>
<td>Normal</td>
<td>No screening</td>
<td>Colonoscopy screening (50%)</td>
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<tr>
<td>Scenario 3</td>
<td>Normal</td>
<td>No screening</td>
<td>Colonoscopy screening (50%) + increased FIT</td>
</tr>
<tr>
<td>Scenario 4</td>
<td>Normal</td>
<td>No screening</td>
<td>Colonoscopy screening (50%) + increased FIT</td>
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</table>

With a prolonged period of reduced CRC screenings, increasing FIT use from 15% to ~21% was associated with an additional **655,825 CRC screenings** and **2,715 cancer diagnoses**, of which **1,944 (71.6%)** were early stage.
COVID-19 MAY WORSEN COLORECTAL CANCER DISPARITIES

- Decreased screening participation
  - Federally qualified health centers and community health centers
- Delayed follow-up of abnormal stool results
- Limited community-based research and partnerships
- Limited community engagement and advocacy
## PROPOSED SOLUTIONS TO MITIGATE POTENTIAL DISPARITIES

<table>
<thead>
<tr>
<th>Impacted area</th>
<th>Potential solutions</th>
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<tbody>
<tr>
<td><strong>CRC screening</strong></td>
<td>• Encourage use of noninvasive screening modalities.</td>
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<td>• Increase use of mailed FIT outreach programs.</td>
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<td>• Establish safe protocols to pick up and return FIT kits.</td>
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<td><strong>Follow-up after abnormal FIT/fecal occult blood test screening</strong></td>
<td>• Identify gastroenterologist partners to improve coordination of care.</td>
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<td>• Prioritize patients with the earliest abnormal FIT results, highest quantitative FIT values, and/or the development of interval symptoms associated with CRC.</td>
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<td><strong>CRC-related research activities</strong></td>
<td></td>
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<tr>
<td><strong>Community-based research</strong></td>
<td>• Leverage the most accessible technology to sustain communication.</td>
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<td>• Engage consistently with community partners.</td>
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<td></td>
<td>• Obtain a waiver of signature for minimal risk studies.</td>
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<td>• Provide incentives where appropriate.</td>
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<td><strong>External factors</strong></td>
<td>• Alert funding programs early of changes in projected research.</td>
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<td>• Develop contingency budgets for funded projects.</td>
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<td><strong>Engagement, advocacy, and policy</strong></td>
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<td><strong>Community outreach and engagement</strong></td>
<td>• Use existing platforms to provide COVID-19 information and offer aid programs.</td>
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<td>• Extend CRC awareness events to year-round.</td>
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<td>• Seek timely and innovative opportunities to serve medically underserved populations.</td>
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<td><strong>Advocacy and policy</strong></td>
<td>• Shift advocacy events and policy campaigns to virtual platforms whenever possible.</td>
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<td>• Use social media platforms, calls, and letters to connect with policymakers.</td>
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CRC, Colorectal cancer; COVID-19, coronavirus disease 2019; FIT, fecal immunochemical test.
THANK YOU
@IssakaMD
Lincoln Community Health Center
Newport, Oregon

• We are a Federally Qualified Health Center that typically serves around 5,000 unique patients a year.
• Around 50% of our patient population is Medicaid enrolled and around 20% is uninsured
• On average 16% of our patient population identify as Hispanic or Latino/a
• 2 Primary Care Clinics and 4 School-Based Health Centers
• Tier 4 Patient-Centered Primary Care Home
• Behavioral Health Clinics
Key team members: Panel Coordinator and Certified Medical Assistants

Introductory Letter

FIT Kit mailing

Outreach by Telephone Call

Outreach by mailed letter
Outreach Experience

Letters:

- Well received by patients
- Transient population – returned mail

Telephone Calls:

- Hard to reach patients
- Distrust in unknown telephone numbers
- Positive discussions when contact was made
FIT KIT RETURN RATE

Q1: 57%
Q2: 31%
Q3: 27%
Q4: 29%

FIT KIT RETURN RATE BY QUARTER
LCHC Colorectal Cancer Screening Project 2020

- FIT kits given/mailed out: 677
- FIT kits returned: 227 – 33.5%
- Abnormal FIT result: 15 – 6.6%
- Referral to colonoscopy: 30
- Colonoscopy completion: 20 – 66%
- 75% with polyps
  1% diagnosed with cancer
Challenges That Kept Us On Our Toes

- COVID
  - Staff working from home
  - Patients being seen virtually
  - Elective procedures being postponed
- FIT Supply Issues
LCHC vs National FQHC CRC Screening Rates

- **LCHC Screening Rates**
  - 2014: 10.2%
  - 2015: 22.4%
  - 2016: 26.8%
  - 2017: 33.6%
  - 2018: 40.4%
  - 2019: 45.9%
  - 2020: 40.09%

- **National FQHC UDS Data**
  - 2014: 34.50%
  - 2015: 38.30%
  - 2016: 39.90%
  - 2017: 42%
  - 2018: 44.10%
  - 2019: 45.56%
  - 2020: 62.0%
Next Steps:

Technical Assistance:
- ORPRN – Oregon Rural Practice Research Network
- Kaiser Permanente Northwest

Areas of Focus:
- Identifying and addressing the screening disparity between Hispanic/Latino (32.8%) and Non-Hispanic/Latino patients (40%).
- Aggregating data between care teams to identify areas of success and strain
Acknowledgements

- Our primary care staff
- Our technical assistance partners over the past several years
  - ORPRN - OHSU
  - OPCA
  - Dr. Gloria Coronado
Penn Medicine

- 6 hospitals
- 8900 physicians
- 90 primary care practices
Penn Medicine Team Goal focused on Equity

- Colorectal cancer screening rates among all primary care patients
- Colorectal cancer screening disparity between Black and non-Black patients
- Colorectal cancer screening rates among Black patients

Goal set in Sept 2021: Baseline 69.70%
- Threshold +0% (69.70%)
- Target +0.5% (70.20%)
- High +1% (70.70%)
Colorectal Cancer Strategy Group

- Gastroenterology
- Primary Care
- Marketing
- Women's Health
- Cancer Center
Colonoscopy utilization trends during pandemic

Colonoscopy volume across 4 CPUP Endoscopy Centers

- **Initial surge**
- **Winter surge**

**STOPPED colonoscopy emails due to long wait times in call center**

**Post office delays for FIT kits mailed from practices**
Foundation for mailing FIT kits
Mailed FIT Outreach Sprint

Goal set in Sept 2021: Baseline 69.70%
• Target +0.5% (70.40%)

- 25% response rate
- 6% FIT positivity rate
- 24% FIT+ scheduled or completed colonoscopy
Lessons learned

- Importance of executive-level support for team goal

- Systemwide infrastructure needed from the CRC strategy group

- Opportunity for a learning health system approach

- Need to stay focused on screening process completion and outcomes
See You Tomorrow!