Field Strategies to Increase Colorectal Cancer Screening

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Hospital Systems Capacity Building
Communities of Practice

Friday, November 18, 10:00 AM
Hospital Systems Capacity Building
Communities of Practice

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November 18, 2022
Acknowledgements

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American Cancer Society
Hospital Systems Capacity Building Initiative

• CDC funded, 5 year cooperative agreement

• Engage hospital systems in a Communities of Practice (COP) Model

• Incorporate cancer prevention and screening interventions into a hospital systems’ mission priority setting, quality standards and investment practices

• Help facilitate community partnerships to better address cancer prevention and screening priorities in order to improve population health outcomes over the next five years (2018-2023)
THE TEAM

TIFFANY TAYLOR
Ambulatory Administrative Director

EMMA GILHAM, RN
Colorectal Cancer Nurse Navigator

KATHLEEN LANHAM
Population Health Specialist Supervisor

JACQUELINE PROCTOR
Deputy Commissioner

REV. KAY ALBRIGHT
Health Equity Outreach Coordinator

SHAUNA SHAFER
Cancer Support Strategic Partnerships Manager
Vision Statement
West Virginia will raise awareness of colorectal cancer (CRC) screening to decrease unnecessary deaths, provide ease of access for individuals including the disabled and LGBTQ+ communities, remove fear of financial burden and increase more moments with loved ones in the Kanawha Valley.

Aim Statement
By December 31, 2022, CAMC and partners will increase colorectal cancer screening by 4% (28%-32%) in the Kanawha Valley Region (Clinics: Nitro, Family Medicine Center CAMC (Kanawha), Winfield, Teays Valley (Putnam), and Logan) for ages 45-75 in order to reduce high incidence, late-stage diagnosis and mortality in this region. We will assess and focus on the Senior and LGBTQ+ communities.
2022 Evidence Based Interventions

- Provider Assessment and Feedback
- Provider Education
- Small Media
- Reducing Structural Barriers
Provider Assessment and Feedback

- Provide 2021-year end individual baseline reports to all providers in five clinics
- Provide quarterly reports to all providers
- Progress will be measured by increased screening rates
Provider Education

- Provider Education in Charleston Area Medical Center Edu-Track System
- Colorectal Cancer Screening Continuing Education Credits Shared with Providers
- Measurement of Number of Providers Completing Training
Small Media

TARGETED DIGITAL MARKETING AND GEO FENCING
FACEBOOK COLORECTAL CANCER AWARENESS CAMPAIGN
MEASUREMENT BY NUMBER OF IMPRESSIONS
Reducing Structural Barriers

Identify Barriers
Identify Resources to Reduce Barriers to Colorectal Cancer Screening and Share with Medical Community
Measurement is Number of New Resources Identified
### Comprehensive Adult Wellness

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Complete Count</th>
<th>Incomplete Count</th>
<th>Completion Percentage</th>
<th>Prior Month</th>
<th>Comp Count Change</th>
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<tr>
<td>System Median</td>
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<td></td>
<td><strong>35.1</strong></td>
<td><strong>34.10</strong></td>
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<tr>
<td>System Average</td>
<td></td>
<td></td>
<td><strong>31.72</strong></td>
<td><strong>30.87</strong></td>
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</table>

Data compiled from HealtheAnalytics Platform (EMR and Claims data, across Medicare and Medicaid dataset) *data as of 11/7/22

Complete Count Change of Negative Displayed in **RED**
## COL Screening Trends Percent Completion-Aug 2021- Nov 2022

<table>
<thead>
<tr>
<th></th>
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<td>31.72</td>
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<tr>
<td>Median</td>
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<td>35.44</td>
<td>35.22</td>
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<td>35.03</td>
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<td>35.1</td>
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## 2022 Quarterly Updates

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<th>Median Q2 2022</th>
<th>Average Q2 2022</th>
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<td>Median Q3 2022</td>
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<td>30.75</td>
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<tr>
<td>Average Q1</td>
<td>34.24</td>
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</table>
COL Screening Trends - Percent Completion

Colorectal Screening Trends 2021-2022

Clinic 1  Clinic 2  Clinic 3  Clinic 4  Clinic 5  Average  Median
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinic 1</td>
<td>906/2157</td>
<td>911/2179</td>
<td>963/2387</td>
<td>977/2414</td>
<td>994/2428</td>
<td>968/2359</td>
<td>966/2359</td>
<td>966/2367</td>
<td>968/2359</td>
<td>969/2367</td>
<td>977/2414</td>
<td>988/2774</td>
<td>875/2457</td>
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<tr>
<td>Clinic 2</td>
<td>837/2433</td>
<td>851/2439</td>
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<td>1003/2893</td>
<td>951/2783</td>
<td>856/2510</td>
<td>900/2564</td>
</tr>
</tbody>
</table>
LGBTQ+ & Homeless

Dr. Rainbow
Covenant House
Sensitivity training for providers
Geo fencing Pride event
Senior Citizens

- Grab and Go lunch at Senior centers
- Follow up survey
- Identify barriers to screening
- Identify resources for screening
Thank You

Tiffany Taylor, MBA, FACHE
Ambulatory Administrative Director
Charleston Area Medical Center
Department of Family Medicine
Tiffany.taylor@camc.org
Thank You!
Strategies to Advance Health Equity in Colorectal Cancer Screening in Marginalized Communities

Friday, November 18, 10:00 AM
Strategies to Advance Health Equity in Colorectal Cancer Screening in Marginalized Communities

Lead Resident: Einas Batarseh MD MPH
Team Members: Elizabeth Onyechi MD, Anthony Khoury DO
Mentor: Smita Bakhai MD MPH FACP

Department of Medicine
Jacobs School of Medicine and Biomedical Sciences
University at Buffalo – SUNY
Hertel Elmwood Internal Medicine Clinic
Disclaimer

- No conflict
- This Project received funds from the American Cancer Society
Purpose of the Study

The aim of this quality improvement (QI) project is to improve colorectal cancer (CRC) screening rates in patients aged 50 to 75 from <30% to 40% within 12 months.
Background

Why this is Important?

• Screening is the most effective method to minimize the risk of CRC
• CRC is the 2nd leading cause of death in the US, African-Americans have the highest mortality and shortest survival
• Routine screening starts at age 45 years for people at average risk
• Disparities in CRC screening have magnified during the COVID-19 pandemic
Most of our patients come from marginalized communities and the rate of screening is suboptimal.
## Family of Measures

<table>
<thead>
<tr>
<th>Category</th>
<th>Measures</th>
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<tbody>
<tr>
<td><strong>Outcome</strong></td>
<td>• CRC Screening rates</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td>• Cologuard &amp; colonoscopy order and completion rates</td>
</tr>
<tr>
<td></td>
<td>• Improvement in knowledge</td>
</tr>
<tr>
<td><strong>Balancing</strong></td>
<td>• Patient satisfaction</td>
</tr>
<tr>
<td></td>
<td>• Provider/staff satisfaction</td>
</tr>
</tbody>
</table>
Root Cause Analysis Ishikawa Diagram

Materials & Methods
- Unavailability of Cologuard test
- Lack of electronic database
- Inaccurate EMR reminders
- Lack of trackable documentation
- Lack of interoperable EHRs

Patient
- Gaps in knowledge
- Fear of diagnosis
- Insurance status
- Time away from work

Cologuard Test
- Results not interfaced in EHR
- Unable to reach patient
- Not returning kit / return without identification
- Instructions difficult to understand

Provider
- Knowledge Gaps Guidelines & Cologuard
- Lack of Cologuard order
- Inaccurate family history
- Limited patient visit time

Colonoscopy
- Fear of preparation
- No available Companion
- Inefficient Coordination with GI clinic

SDOH
- Low health literacy
- Transportation
- Language Barrier
- Cultural Competency
- Financial Insecurity

Barriers to Optimal CRC Screening
Stakeholder Mapping

- Level of Influence
- Level of Interest

- Administrative leadership
- Lead QI Physician
- Physicians
- Quality officer
- ACS Liaison
- IT director
- CMO
- IT staff
- Nursing staff
- Patient Navigator
- GI Clinic
- Cologuard Staff
- KH Foundation
- Clinic Medical Director
- Program manager
- Case manager
- Social W
- Residents
- Patient
- QI Team Residents
- Nursing staff
- IT staff
- CMO
- CEO

Stakeholder Mapping Diagram
Increase CRC screening to 40% from 33% within 12 months in patients aged 50 to 75 years

**Primary Drivers**
- Evidence-based Preventive Care
- Addressing SDOH & Creating Cultural Competency
- Streamline Workflow
- Empowered Health care Team & Organizational Integration
- Patient Engagement & Shared Decision making

**Secondary Drivers**
- Educating staff & providers
- Offering options for CRC screening
- Health equity education for providers
- Decrease transportation & access barriers
- EHR template creation
- Step-by-step flow map to optimize the clinic's workflow
- Optimize patient database & trackers
- Follow Organization mission
- Leadership & stakeholder engagement
- Residents' engagement in QI projects
- Improve Health literacy & language barriers
- Patient special messages
- Patient navigator & outreach

**Ideas Tested**
- Structured didactics for Residents
- Updating providers on latest CRC guidelines
- Evidence-based screening options eligibility
- Principles for inclusive communication education
- Decrease patient transportation & access barriers
- Identification of patients with positive Cologuard
- Standard Algorithm/Clinic Workflow
- Collaboration with GI team
- Partner with exact science & ACS liaison
- Preferred language messages
- Encouraging messages for patients in their languages
- Patient education videos
- Identifying & outreach missing tests & patients
Strategy

Plan – Do – Study – Act (PDSA) Cycles

- **PDSA Cycles**
  - **Jan-Feb 2022**: 2. EHR Template & Patient Registry
  - **Mar 2022**: 3. Patient Engagement & Educational Videos
  - **Apr-May 2022**: 4. Education & Patient Navigator
  - **Jun 2022**: 5. Patient Outreach & Leveraging Database
  - **Oct-Dec 2021**: 1. Providers & Staff Education

Plan – Do – Study – Act (PDSA) Cycles - shown in a circular diagram with each phase scheduled for different months.
1- Understanding of Social determinants of health (SDOH)

2- Updated CRC screening guidelines
Deliverables
Five Steps to perform

1. Receive Cologuard kit and open the kit.

2. Place your Cologuard Collection Unit on rim of toilet.

3. Collect and scrape sample, then place in tube.

4. Fill container with liquid preservative.

5. Fill out patient information on label. Stick label on container.

Call 1-844-870-8870 for customer service to schedule your pick up.
**Provider Pocket Cards**

**Colorectal Cancer (CRC) Screening 45-75 Years**

**Provider Algorithm**

- **Asymptomatic Patient 45-75 years, Male and Female**
  - **Exclusion Criteria**
    - Prior Normal Colonoscopy ≤ 10 years; Colonoscopy at 5-3 years; FIT ≤ 1 year
  - **Inclusion Criteria**
    - No Prior Colonoscopy
    - Colonoscopy > 10 years, due for rescreen
    - Colonoscopy < 10 years, need rescreen due to prior results

**Provider Assesses Patient's Risk**

- **Average Risk**
  - No family or personal history of CRC or pre-cancerous polyps

- **High Risk**
  - Family or personal history of CRC or pre-cancerous polyps

**If any Red Flags:** abdominal cramping, blood in the stool, rectal bleeding, significant changes in stool habits, weight loss, anemia, vomiting → require diagnostic Colonoscopy, not eligible for Cologuard

### CRC Risk Stratification / Tests

<table>
<thead>
<tr>
<th>Risk Stratification / Tests</th>
<th>Average Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has had CRC, an adenoma, or any other related cancer, or a positive result from another CRC screening method within the last 6 months</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Has been diagnosed with a condition associated with high risk for CRC, such as IBD (including chronic UC or Crohn’s disease) or FAP or has a family history of CRC</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Has been diagnosed with a relevant familial (hereditary) cancer syndrome that places him/her above average risk for CRC</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Cologuard</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

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**Process Flow Map**

- **Positive Cologuard**

  - **Provider**
    - Review results with patient
    - If positive, refer to a specialist

  - **Patient Navigator**
    - Provide follow-up care and support

  - **Provider**
    - Follow up with patient after Cologuard

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Results – Knowledge

Knowledge Before and After Education

 CRC Guidelines Updates & CDC Recommendations for Inclusive Communication

Before: 85%  After: 90%

SDOH Definitions & USPSTF Recommendations for Addressing SDOH

Before: 74%  After: 96%
Progress Run Charts

Overall CRC screening rate improved to 38% from the baseline of 30%
Cologuard Results and Follow up

Cologuard positivity rate was 24.7% within 12 months

Scheduled Diagnostic colonoscopy rates after positive Cologuard improved to 85% (18/21) from baseline of 30% (6/20)
Conclusion

- Engagement of high functioning QI in addressing SDOH may increase CRC rates
- Leveraging & optimization of EHR & clinic workflows is crucial

What can be done to address SDOH?

- Co-pays & total cost
- ACS grant
- NYS Cancer services program
- 5th-grade level, Influential messages, Posters in exam room
- Procedure Companions, Social worker arranges transportation
- Instructions
- Skits, Messages
- Educational Videos in preferred language

SDOH Interventions
Limitations and lessons learned

Limitations
• Findings cannot be generalized to other settings
• Lack of population health registry is the biggest barrier

Lessons Learned
• Simplified instructions in patients' preferred language may improve Cologuard completion rates
• Initially Colonoscopy wait time > 4 months, subsequently increasing the access to additional GI providers resulted into wait time < 1-2 months
Future Directions

- Expand CRC screening to age 45-49 (USPTF 2021)
- Streamline Colonoscopy data extraction
- Creation of population health registry by race and ethnicity

Future PDSA Cycles
1. Pilot study to evaluate patients’ feedback on videos
2. Tracking variations in CRC screenings rate across race and ethnicity
3. Stakeholder feedback & satisfaction
4. Motivational interviewing & shared decision-making training
5. Display of educational videos in exam rooms
Educational Videos Sample

English, Arabic, Spanish
Acknowledgments

• GME Social & Justice Award
• Kaleida administrative and IT Leadership
• Hertel Clinic administrative and nursing staff
• Hertel Clinic medical director and providers
The New York Chapter
of the American College of Physicians

Congratulations

Einas Batarseh, MD
University at Buffalo

First Place Winner
Resident/Fellow/Medical Student Quality, Patient Safety and Advocacy Category

2022 NYACP Resident/Fellow and Medical Student Forum Poster Competition, Albany, NY

May 27, 2022

AWARDS

NYACP
First place winner for QI and advocacy

ACPM
Scientific Excellence AWARD semifinalist
References


2. NCCRT: 2021 Messaging Guidebook: Effectively Messaging Cancer Screening During the COVID-19 Pandemic


THANK YOU

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Thank You!
Q&A
Thank You!

nccrt.org #NCCRT2022 @NCCRTnews #80inEveryCommunity