## CASE STUDY SPOTLIGHT

### Zufall Health Community Health Centers

<table>
<thead>
<tr>
<th>Type</th>
<th>Federally Qualified Health Center</th>
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<tbody>
<tr>
<td>Location</td>
<td>Dover, NJ</td>
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<tr>
<td>EHR</td>
<td>eClinicalWorks</td>
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<tr>
<td>Patients</td>
<td>41,497</td>
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<tr>
<td>• 87.9% of patients at or below 200% Federal Poverty Guideline</td>
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<tr>
<td>• 66.4% of patients are best served in a language other than English</td>
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<tr>
<td>• 51.6% of patients are uninsured</td>
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### Patient Strategies

- Patient reminder or recall/in reach
- Patient education
- Reducing client out-of-pocket costs
- Navigator/Community Health Worker
- Automated campaigns
- Patient incentives

### Clinician/Staff Strategies

- Provider reminder or recall
- Provider education
- HIT interventions dashboard
- Standing orders
- Follow up to abnormal (positive) FIT

### Background

In 2015, Zufall Health Community Health Centers’ (Zufall Health’s) colorectal cancer (CRC) screening UDS rate was 50%. Zufall Health prioritized CRC screening after engaging with the Screen NJ Initiative and identifying a burden on individual providers managing the entire CRC screening process on their own.

### Results

By employing CRC screening navigators as additional support for providers, completing follow-up colonoscopies, and provider feedback/assessments, the health center increased its UDS CRC screening rate to 65% in 2019.
Evidence-based Strategies and Innovations

Zufall Health used multiple strategies to improve its CRC screening rates and processes. The health center credits employing six CRC screening navigators who dedicated time to providing support to the practice in conducting outreach, education, and follow-up of patients due for CRC screening as essential to their success. Additional patient-focused strategies include patient education, reminders, reducing out-of-pocket costs, and patient incentives. Clinician and staff-focused strategies include educating staff and providers and using dashboards to track progress. The health center shared the following summary of solutions and lessons learned while improving CRC screening in their practices:

CRC Screening Navigation

Over the last several years, Zufall Health has been funded to provide CRC screening and navigation at seven of their locations by Screen NJ, an initiative between Rutgers Cancer Institute of New Jersey and the New Jersey Department of Health to increase CRC screening rates. Zufall Health’s six CRC screening navigators are medical assistants (MAs) who receive special training to conduct outreach, communicate with, and follow up with patients throughout all steps of the CRC screening process. The CRC screening navigators also work very closely with and provide additional support to the primary care providers. Navigators receive specialized training on the importance of CRC screening, current practice guidelines, health center screening rates, and practice workflow for ordering tests, communicating with patients and providers, and following up with patients with their test results.

Reducing Patient Out-of-pocket Costs

The Screen NJ Initiative also helps subsidize the cost of FITs and colonoscopies so that the cost is not a burden to the patient.

FIT Champions

The CRC screening navigators are empowered to remind providers about patients who are due for CRC screening. They reinforce the Clinical Decision Support System (CDSS) alerts in the EHR, which identify patients due for screening. They also remind providers to order the FIT or colonoscopy by entering the standing orders for the providers when rooming the patient.

The CRC screening navigators receive specialized training that enables them to speak with patients about the importance of CRC screening. When the provider meets with the patient, the educational message is reinforced, and that helps patients to better understand why they should complete the screening test.
Peer Learning and Mentoring

The CRC screening navigators meet at least quarterly to discuss how best to encourage patients to return their FITs and follow through with colonoscopy if needed. The more experienced CRC screening navigators facilitate the discussions and are also champions within the practice to ensure that providers and front desk staff are aware of workflows for distributing and receiving FIT kits. The quality improvement process of using Plan-Do-Study-Act (PDSA) cycles of change for implementing evidence-based interventions is discussed. For example, screening navigators might volunteer to test the process of mailing FIT to patients that are due or overdue for screening. During these meetings, the team shares successes and ideas that have worked at their site for implementation at other sites.

Dashboards

Quarterly reviews of the health center’s CRC screening dashboards and providing shout-out “gold stars” to teams with the highest results helps to motivate providers and teams to outperform each other and continuously improve their outreach and follow up with patients to complete their screenings.

Text and Voicemail Messaging Campaigns

Zufall Health uses the Luma Health text and voicemail messaging platform, coupled with an EHR-based patient registry, as an initial reminder to encourage patients to schedule their appointments for CRC screening. The messages lead with, “Our records show it is time for your colorectal cancer screening.” By using an automated messaging campaign first, it helps reduce the number of calls that the CRC screening navigators need to make to follow up with patients who are due for screening but haven’t yet scheduled their appointments.

Front Desk Staff Training

The practice trains the front desk staff on how to greet and assist patients who bring completed kits back to the office and where to drop them off when returning them.

Contactless FIT Drop-off Boxes

During the COVID-19 pandemic, Zufall Health set up several contactless drop-off boxes where patients can return their completed FIT without entering the building.

Patient Incentives

The practice provides $10 gift cards to all patients who return their completed FITs to the practice. The CRC screening navigators promote incentives to patients when providing them with instructions about how to do the test.
Positive FIT Dashboard

The focus of the Positive FIT dashboard is to enable follow-up with patients who have positive (or abnormal) FIT results. Within one week of receiving positive or abnormal FIT results, CRC screening navigators call patients and assist them in scheduling their follow-up colonoscopy.

Tools Shared

- Contactless FIT drop-off box (photograph provided) – Appendix CS10-1.
- Sample positive FIT dashboard used for quality improvement – Appendix CS10-2.
- Standing order policy for MAs – Appendix CS10-3.
- PowerPoint for MA training – Appendix CS10-4.
- Sample patient text and voicemail reminders – Appendix CS10-5.
- Sample quarterly patient newsletter with an article about FIT incentive – Appendix CS10-6.

Interviewees

Rina Ramirez, MD
Chief Medical Officer
Zufall Health Community Health Centers

Kathleen Felezzola, RN
Director of Nursing
Zufall Health Community Health Centers

Kathy Orchen, PA, MPH, MS
Quality Assurance Program Manager
Zufall Health Community Health Centers
CASE STUDY APPENDICES

CS10-1
Contactless FIT drop-off box
CS10-2
Sample positive FIT dashboard used for quality improvement

If FIT Order Date is Null = test not yet ordered & patient is due for screening
FIT Result Date = Date Fit results are returned to the health center from the lab
CS10-3

Standing order policy for MAs

Colon Screening for Patients 45 and older (until 75)

All patients 45 years and over need education on getting colon cancer screening, either with a FIT test annually or a colonoscopy every 3-10 years, depending on the risk of the patient and the results of previous colonoscopies. Patients, younger than 45, with specific health concerns, may be offered colon cancer screening.

To check if they have a colonoscopy in the chart, look under the DI tab and see if there is a colonoscopy result. Colonoscopy results should be attached to an order under DI for ease of locating the test and for reporting. If the report is not in DI, look under Patient Documents. If not on the chart but the patient says they had one, ask when and where they had their procedure and obtain consent for release of information. If it has been more than 10 years, they need to be screened again. If they cannot get the test result, advise them that they need to be screened again either with a FIT test or another colonoscopy.

- To order FIT, use the drop down menu under colon cancer screen in eCW to check off advice given.
- Then go to assessment, add Z12.11 and order the *Fecal Immunochemical Test or FIT-FOBT IH (inhouse).
- If the provider agrees, discuss how to do the test with patient, including collecting the specimen and returning the cassette, at the end of the visit.

If the provider orders a GI consultation and colonoscopy instead, information regarding where and how to get the colonoscopy done will be given by the MA.

Please note that if a patient has a positive FIT test, the patient must get a colonoscopy. A repeat FIT test the following year is not indicated.
Purpose of Grant: Allow Zufall to expand its CRC screening

- We will be building upon our prior experiences with funding from ACS for activities in Dover and Morristown and a pilot program through Screen NJ/Rutgers in West Orange

Project Lead: Kathleen Felezola, RN
WHO WILL MAKE THIS HAPPEN?

- Navigator/Trainer
- Navigators at each site
- Identified GI specialists who will provide needed care to our patients who may have financial barriers to care.
- All Zufall team members including Providers and MA’s who see the patients each and every day and can provide education and reinforce the importance of this screening to support this program

CURRENT COLORECTAL SCREENING RATES BY SITE
Patients between the ages of 45 and 75 years old who are screened using FIT (LabCorp) or FIT-FOBT (Insure FIT – inhouse) testing must be screened annually.

Patients younger than 45 and between the ages of 76 and 85 will be screened at providers discretion based upon age and personal and/or family history.

Patients who are screened using Colonoscopy must be screened every 10 years and do not need a FIT or FIT-FOBT testing in the interim unless deemed necessary by provider.

If patient has been tested prior to becoming a Zufall Patient, please have patient sign release at first visit and request copies of any Colorectal screening results.

WHO SHOULD BE SCREENED?—
COLORECTAL SCREENING

Proposed Activities

- Provide FIT-FOBT tests to all of Zufall’s eligible uninsured patients across all centers
- Conduct Patient Navigation to encourage return of tests
- Process the returned kits in house or prepare them for LabCorp
- Refer and navigate patients with positive result to colonoscopy services

Expected Outcomes

- CRC screening rates increase across Zufall’s sites
- Let’s get to 80%!!!

COLORECTAL CANCER SCREENING
**Activity**
- FIT tests will be distributed and returns will be tracked in Zufall’s EMR by staff
- Timeline will be as follows:
  - FIT kits given at any visit
  - Navigator will follow up at 3 days, 7 days, and 14 days
  - Navigator will confirm lab results or follow up to request lab results 5 days after FIT return/delivery to lab

**FIT TEST DISTRIBUTION**

**Outcome**
- 5000 FIT kits will be distributed to our target patient population
- 3500 or more kits will be returned by our target population and processed

**Activity**
- Navigators will reach out to positive patients with follow-up reminders and assistance with further diagnostic testing, via phone and patient portal
- Zufall will provide 50 patients annually with $25 to eliminate the GI visit Copay
- Zufall will provide Financially indigent patients requiring colonoscopies with subsidies for up to $300 of copays

**FOLLOW UP**

**Outcome**
- An estimated 280 patients with positive FIT tests will have access to Colonoscopies
EXPENSES TO BE CHARGED TO GRANT

BILLING

All purchases/invoices related to the Screen NJ grant must have the following information noted on the PO:

- Date of purchase
- Site
- Screen NJ #658

For example: 01.31.2019DoverScreen NJ#658
For most of you—navigator responsibilities should account for 20% of your schedule or approximately 8 hours per week.

Somerville: Due to the presence of CEED at your site, ScreenNJ Navigation should account for 10% or approximately 4 hours per week.

Schedules for participating in the Screen NJ project will be unique to each site and must be arranged with your site manager and ensure appropriate staffing at all times for each site.

HOW DOES THIS AFFECT YOUR SCHEDULE?
CS10-5

Sample patient text and voicemail reminders

Text Message

English
Our records show it is time for your colorectal cancer screening. Please call {{FACILITY_TELEPHONE}} to schedule an appointment.

Spanish
Nuestros registros indican que es tiempo de hacer su examen para detección de cáncer de colon. Por favor llame al (telephone number in Spanish) para hacer su cita.

Voice Message

English
Our records show it is time for your colorectal cancer screening. Please call {{FACILITY_TELEPHONE}} to schedule an appointment. Once again, the telephone number is {{FACILITY_TELEPHONE}}.

Spanish
Nuestros registros indican que es tiempo de hacer su examen para detección de cáncer de colon. Por favor llame al (telephone number in Spanish) para hacer su cita. Otra vez, el número de teléfono es (telephone number in Spanish).
Steps for Increasing Colorectal Cancer Screening Rates

1 New Guidelines for Colorectal Cancer Screening

New guidelines from the American Cancer Society recommend that people at average risk of colorectal cancer start regular screening at age 45. Colorectal cancer is the third most common cancer in the United States. Screening is important because it can find cancer at an early stage when treatment works best. Two tests are available for screening:

- Fecal Immunochemical Test (FIT): Looks for hidden blood in the stool, can be done at home, and should be done every year.
- Colonoscopy: Finds abnormal growths that can be removed before they turn into cancer. It is performed by a doctor and should be done every 5 to 20 years depending on your risk factors.

Talk to your provider about which test is right for you. For more information, visit http://bit.ly/2Mag5p.

2 Eat Less Salt for a Healthier Heart

A diet high in salt (also called sodium) can lead to high blood pressure and other serious illnesses. The American Heart Association recommends less than 2,300 milligrams, or a total of one teaspoon of salt, each day. Here are some ways to help you use less salt:

- Eat more fresh foods and fewer processed foods.
- Read food labels and choose “low sodium” or “no sodium” options.
- Cook fresh meals at home using little or no salt.
- Drain and rinse vegetables canned in salted water.
- Flavor foods with salt-free seasonings to enjoy strong flavors.

Zufall’s Supplemental Nutrition Assistance Program Education (SNAP-Ed) team can help you choose healthier food options for good heart health. SNAP-Ed is a nutrition and physical activity program that teaches N.J. residents how to make healthy, budget-friendly food choices and lead more active lives. Virtual classes are free and open to the public. Learn more about SNAP-Ed classes: http://bit.ly/3spvAXm.

3 Free COVID Testing Still Available

Zufall is offering COVID testing at scheduled, off-site events in Morris and Sussex counties. Testing is available in Morris County at St. Margaret of Scotland Church in Morristown and Casa Puerto Rico in Dover. In Sussex County, residents can obtain tests at three alternating public sites in Augusta, Newton, and Sparta. You do not need to be a Zufall patient to get tested at these locations. Register for an appointment online at http://bit.ly/zufall1. Walk-ins are welcome.

Established patients can also get tested at most Zufall medical locations. Call to make an appointment: http://bit.ly/2u4Kpi.

All COVID testing will be a nasal swab. Rapid testing is NOT available. There is no charge for COVID testing. LabCorp bills insurers directly. If you’re uninsured, the federal CARES Act will cover the fee. However, if your employer requires regular, repeat testing, you may not be covered.


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