2022 NCCRT Steps Guide Update

Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices

July 25, 2022, 1:00 PM ET

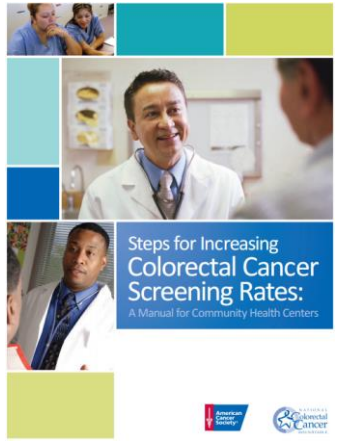
National Colorectal Cancer Roundtable

80% In Every Community

American Cancer Society®

A Sentinel Resource in NCCRT's 80% Campaigns

2014 **2018** **2019** →



80% by 2018

80% in Every Community

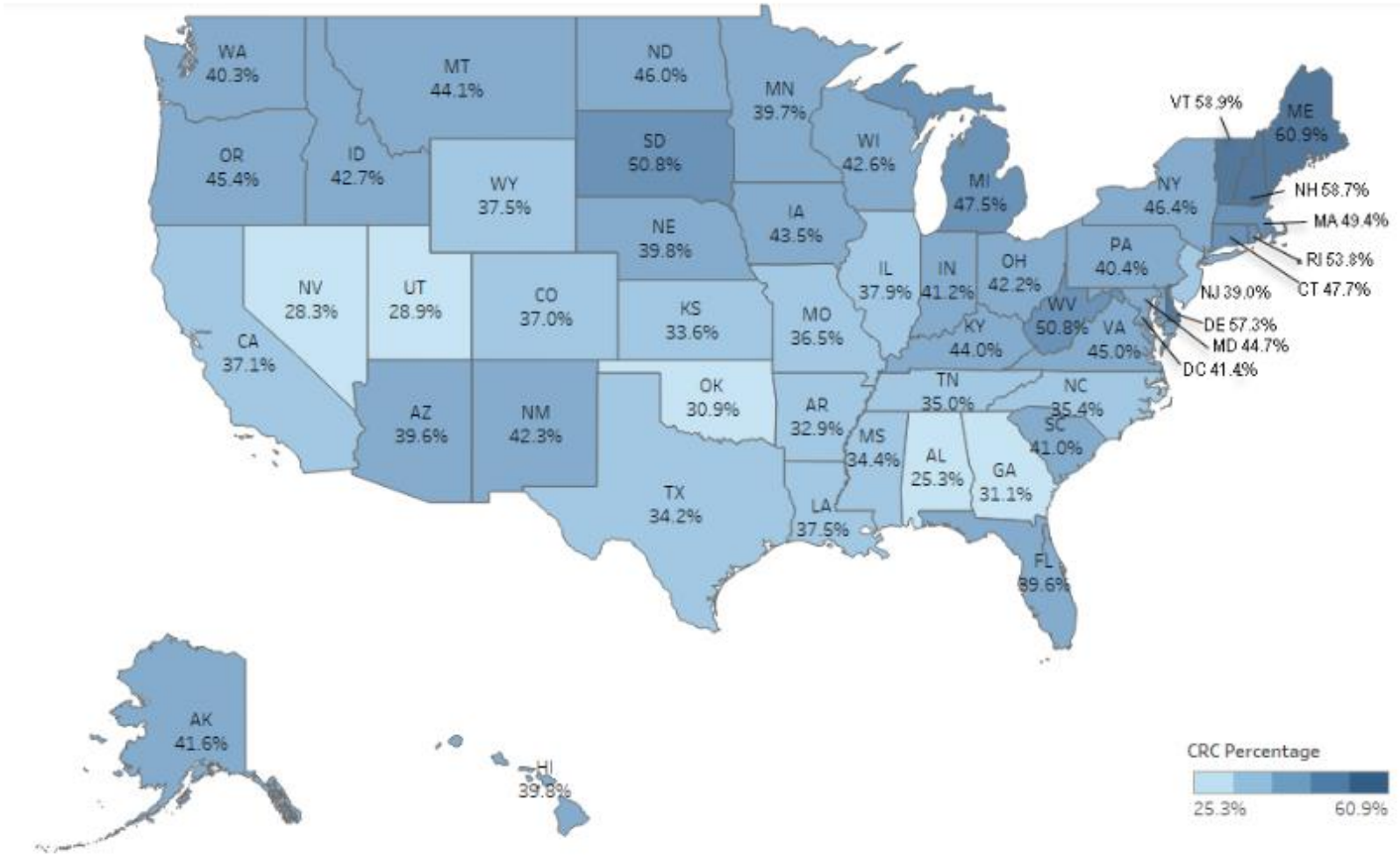
Dr. Howard Koh, then US Assistant Secretary for Health, challenges NCCRT to take on a bold goal

CDC data show 7.5 million more people screened

Continue to bring down barriers and address screening inequities so that everyone can live a life free of colorectal cancer

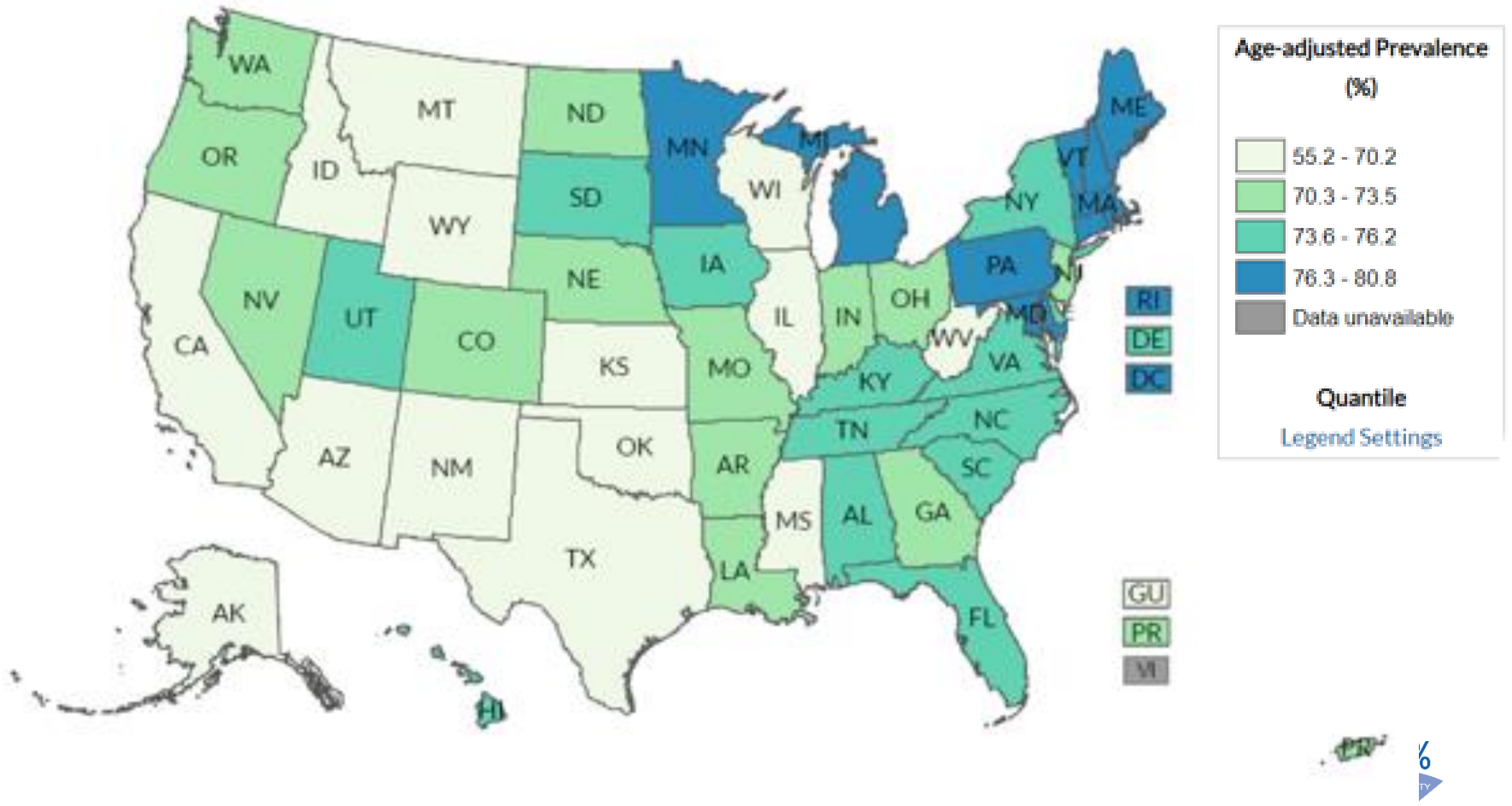
UDS CRC Screening Rates by State, 2020

Percentage of HRSA-funded Health Center Patients ages 50-75 years Up-to-Date with CRC Screening, Uniform Data System, 2020



BRFSS CRC Screening Rates by State, 2020

Adults ages 50-75 years Up-to-Date using USPSTF Recommendation, Behavioral Risk Factor Surveillance System, 2020



Purpose of Today's Webinar

- Introduce the ***Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices***
- Learn about the what is new in the 2022 update
- Introduce the 4 steps for increasing colorectal cancer screening rates
- Share an overview of the contents and steps to implementation
- Learn about the case studies and how two primary care practices used Steps Guide strategies to transform CRC screening delivery
- Q&A

Our Presenters

Laura Makaroff, DO

Senior Vice President, Prevention and Early Detection, American Cancer Society

Keith Winfrey, MD, MPH, FACP

Chief Medical Officer, New Orleans East Louisiana Community Health Center

Michelle Tropper, MPH

Director of Clinical Programs, HealthEfficient

Frank Colangelo, MD, MS-HQS, FACP

Chief Quality Officer, Premier Medical Associates

Thank You!

The NCCRT would like to thank the many contributors who generously offered their time and expertise to the development of this updated second edition.

First Edition Authors:
- Maria Syl D. de la Cruz, MD
- Mona Sarfaty, MD, MPH

First Edition Contributing Editors:
- Durado Brooks, MD, MPH
- Mary Doroshenk, MA
- Richard Wender, MD

Second Edition Contributing Editors:
- Michelle Tropper, MPH
- Stephanie Rose, CCE
- Emily Butler Bell, MPH
- Caleb Levell, MA

Second Edition Reviewers/Contributors:
- Robby Amin, MD
- Debra Barnhart
- Rachel Benatar
- Durado Brooks, MD, MPH
- Frank Colangelo, MD
- Amanda DeCrew
- Chastity Dolbec
- Heidi Emerson
- Katleen Felezzola, RN
- Magdalene Godena
- Marquita Iddirisu, MPH
- Jessica Jamieson
- Rita Knause, MD
- Suzanne LaGarde, MD
- Karin Leschly, MD
- Benjamin Oldfield, MD
- Kathy Orchen, PA, MPH, MS
- Nishie Perez, MA, BSN, RN
- Rina Ramirez, MD
- Joseph Ravenell, MD
- James Rogers, MD
- Michael Serlin, MD
- Swathi Sudha Suresha
- Christopher Utman, PhD
- Stacy Will, MSB, BSN, RN
- Keith Winfrey, MD
- Trudy Wright, BSN, RN, CLSSGB

Second Edition Advisory Committee
- Lynn Basilio, MS
- Lynn Butterly, MD
- Gloria Coronado, PhD
- Neeraj Deshpande, MBBS, MPH, MHA
- Andrea Garcia
- Beth Graham
- James Hotz, MD
- Djenaba Joseph, MD, MPH
- Cheryl Modica
- Michael Potter, MD
- Catherine Rohweder, DrPH
- Laura Scott, MBA
- Kaitlin Sylvester, MPA

This publication was made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number **6 NU58DP006460-01-04**. The views expressed in the materials do not necessarily reflect the official policies of the Department of Health and Human Services.

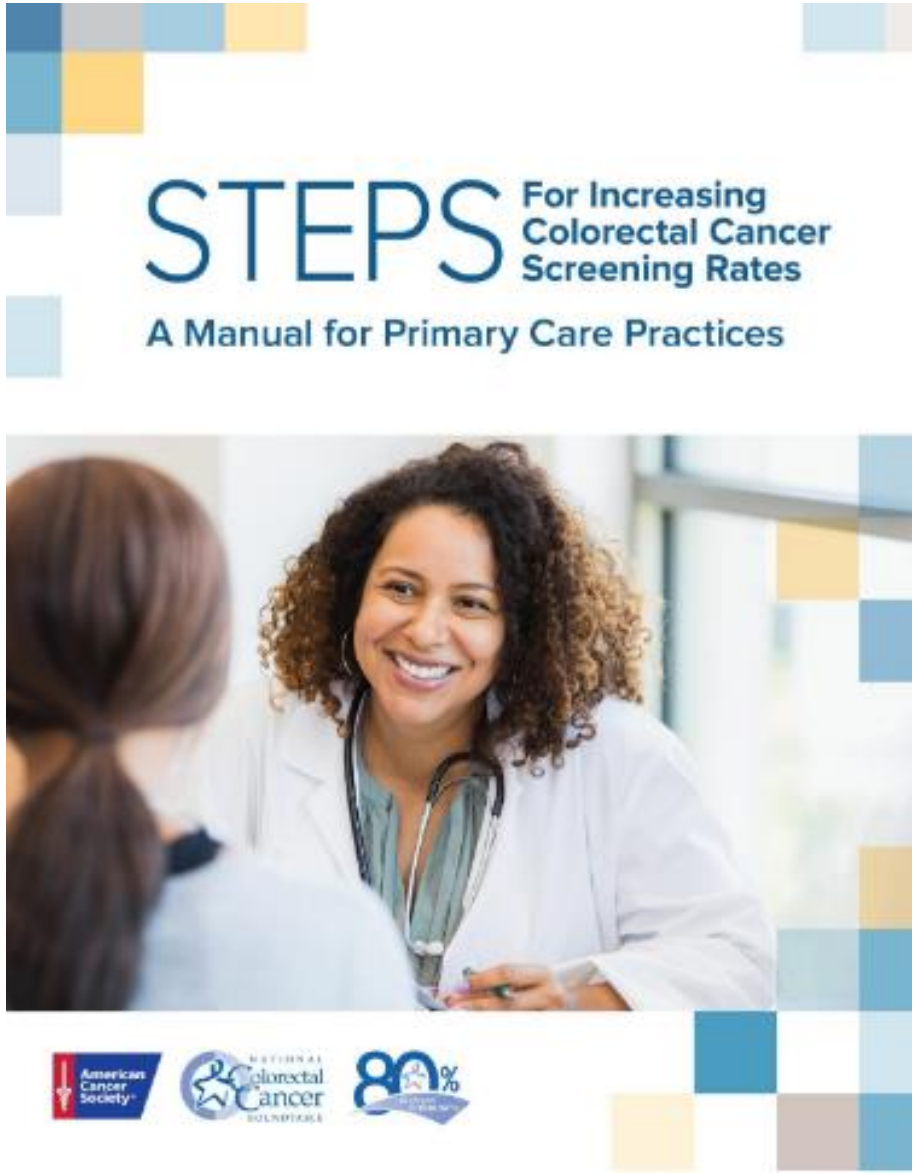
Healthefficient

Greater insight. Better care.

Newly Updated Steps Guide for Increasing CRC Screening: A Manual for Primary Care

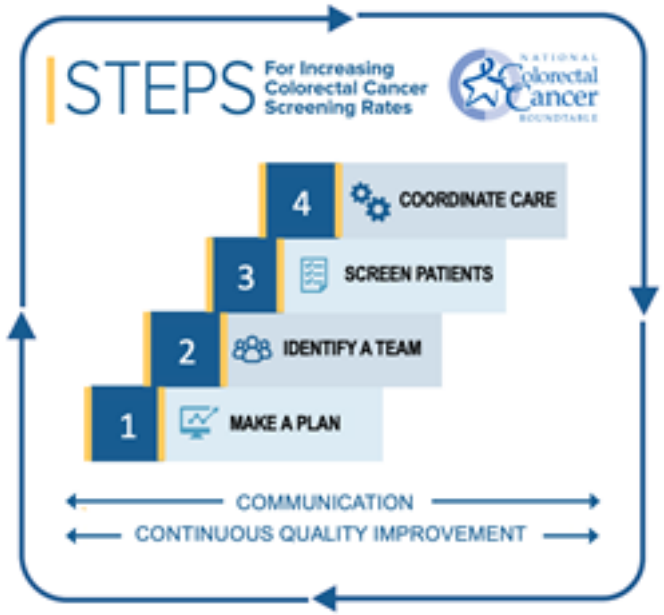
Michelle Tropper, MPH

July 25, 2022


STEPS For Increasing Colorectal Cancer Screening Rates
A Manual for Primary Care Practices
American Cancer Society
National Colorectal Cancer Roundtable
80%

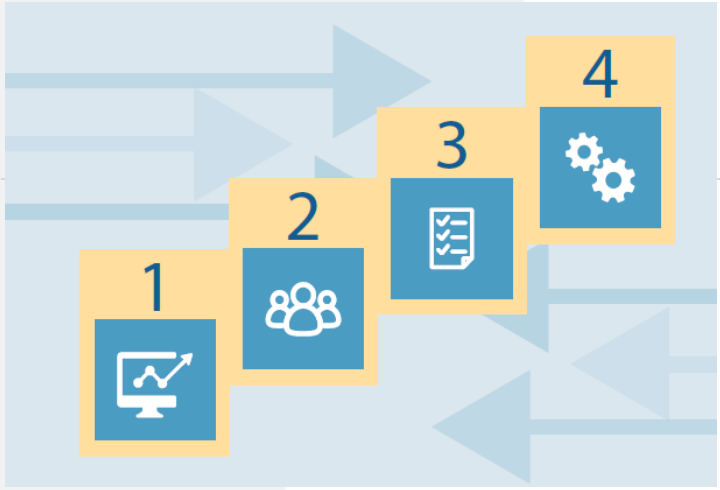
Overview

- Approach to updating the Steps Guide and Advisory Committee Process
- Updates include:
  - ✓ New screening modalities included (mt-sDNA, CT Colonography and high-sensitivity stool testing)
  - ✓ Updated literature review / annotated bibliography
  - ✓ Updated screening guidelines
  - ✓ New appendices and tools
  - ✓ Geared to all primary care audiences
- 10 Interviews and Case Studies
- Abnormal stool tests: NCCRT Best Practices Brief



How the Guide has been used

- Credible reference to brainstorm ideas
- Identify evidence-based recommendations to increase screening rates
- Identify ways to pay for colorectal cancer screening
- Flu-FIT
- Identify tested messages
- Generate ideas for tracking follow-up and provider recall
- Guideline resource



Updated Steps

Step #1: Make a Plan
- Included steps for data validation and readiness assessment and clinical decision support for quality improvement

Step #2: Identify a Team
- Included steps for an Internal Cross Functional Team
- Added Step for Reviewing workflows and identifying opportunities

Step #3: Screen Patients
- Added documentation of results in EHR

Step #4: Coordinate Care
- Included process for follow-up with patients for any abnormal results

Steps Guide Refresh – Highlights

New Appendices:

a. **New NCCRT Colonoscopy Needs calculator**
   https://learning.nccrt.org/colonoscopy-calculator-form/
b. **Readiness Assessment Tools for Practices:**
   i. HealthEfficient Colorectal Clinical Decision Support for Quality Improvement (CDSQI) Example
   ii. West Virginia Partnership to Increase Colorectal Cancer Screening (WV PICCS) Partner Clinic Readiness Assessment Toolkit
   iii. New York State Colorectal Cancer Clinic Readiness Assessment Tool
c. **FIT/FOBT Sample Workflow Process**
d. **Updated EHR Workflow Documentation Screenshots**

Primary Care Practice Case Studies

10 Case studies and appendices:

1) Allegheny Health Network Premier Medical Associates
2) Coal Country Community Health Center
3) East Boston Neighborhood Health Center
4) Family Medical and Counseling Services
5) Mercy Health System
6) NOELA Community Health Center
7) North Hudson Community Health Center
8) Sanford Health
9) Triburcio Vasquez Health Center
10) Zufall Community Health Center

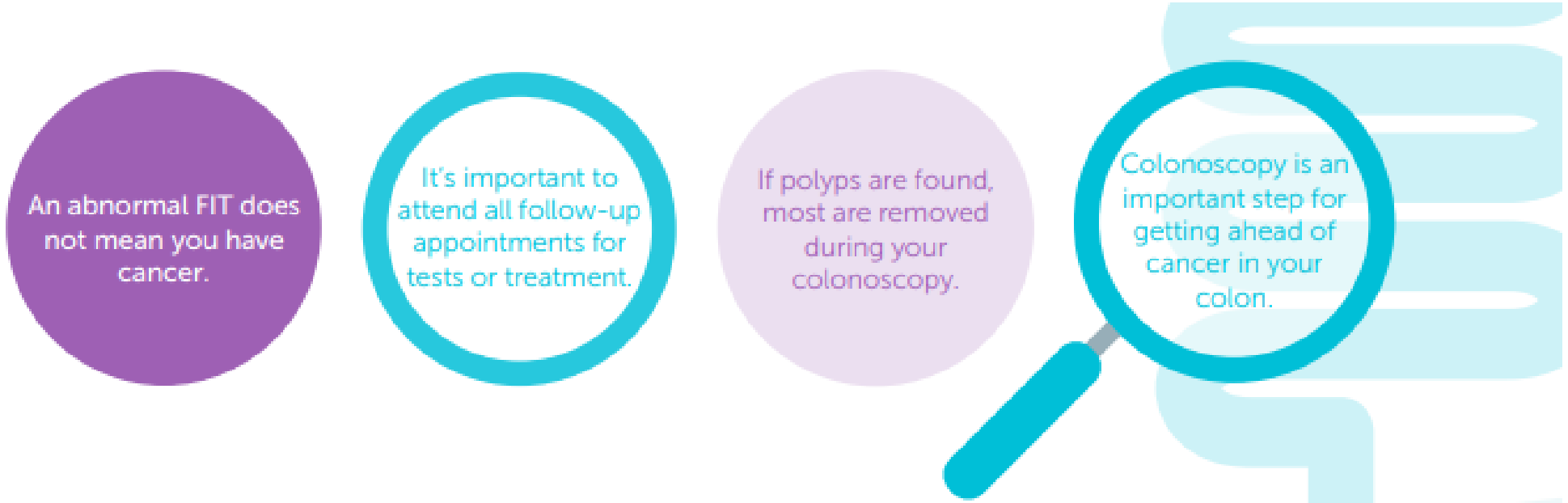
Case Study Innovations and Tools Shared

	Patient Navigators/Community Health Worker		Dashboard
	Mailed FIT		Abnormal FIT results follow-up
	HIT Intervention		Patient and/or Provider Education
	Care Team		Reminders
	Clinical Champion		Outreach
	Open Scheduling		

Importance of Follow-up of Abnormal Results

- Stool tests only save lives if they are followed up appropriately when abnormal.
- Colonoscopy within 1 year of an abnormal result rarely exceeds 50%.
- Practices need to develop workflows and implement steps to close the loop on the screening process and verify that the test was completed as ordered.

Clearly Communicate Results and Next Steps to Patients



Source: http://www.bccancer.bc.ca/screening/Documents/Abnormal-FIT-Brochure.pdf

The USPSTF clearly states in its colorectal cancer screening guidelines that *"Follow-up of positive screening test results requires colonoscopy regardless of the screening test used."*

Best Practices for Follow-up of Abnormal Results

Use registries to track patients with abnormal FIT results

Standardized and scripted approach to follow-up

- ✓ Delivering results to patients
- ✓ Scheduling follow-up tests within one month of receiving abnormal test results

Utilize patient navigators

Identify a clinical champion

Ensure quality screening for a stool-based screening program

- ✓ Stool samples collected at home
- ✓ Verify date of collection with patient

- ✓ Use trained, experienced personnel to develop and report test kits
- ✓ Send test kits to a central laboratory for processing, when possible
- ✓ Monitor test positivity rates

Best Practices for Follow-up of Abnormal Results (continued)

Mailed FIT test outreach

- ✓ Track return rates and follow-up
- ✓ Use closed loop system to track lab orders and diagnostic imaging/referrals ordered

Coordinate follow-up after colonoscopy

Delaying colonoscopy after an abnormal stool test can have major consequences, including increased risk for cancer diagnosis, late-stage cancer at diagnosis, and death from colorectal cancer. – Dr. Samir Gupta, VA San Diego Healthcare System

Establish a medical neighborhood

- ✓ Understand insurance complexities
- ✓ Use consistent language to describe the entire screening process; use “follow-up colonoscopy”, rather than “diagnostic colonoscopy”

Thank you!

Michelle Tropper, MPH
Director of Clinical Programs
mtropper@healthefficient.org

Case Study Spotlights

NOELA Community Health Center

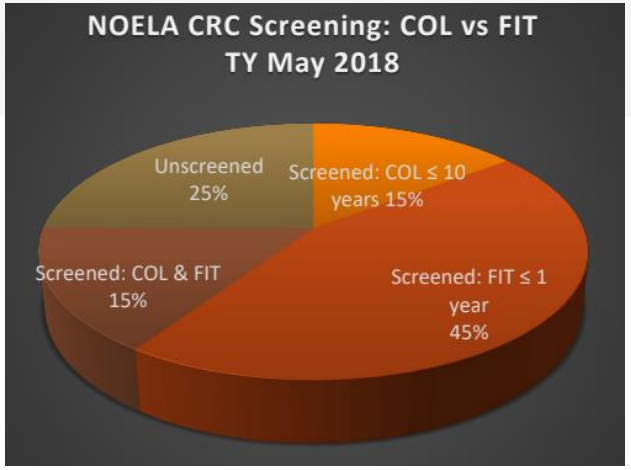
- **Practice Type:** Federally Qualified Health Center
- **Location:** New Orleans, Louisiana
- **Health System Statistics (2020 UDS Data):**
  - 4,164 unique patients
  - 95% of patients at or below 200% Federal Poverty Guideline
  - 61% of patients best served in a language other than English
  - 27% of patients are uninsured
  - EHR: AthenaHealth

NOELA Community Health Center

- **Major Challenge:** FIT return rates
- **Strategies:**
  - Mailed FIT
  - Patient navigators educate patients about CRC screening
  - Train all staff on how to distribute FIT kits to patients
  - Provider dashboards/share data and feedback with all staff
- **Results:** UDS CRC screening rates increased from **70.4% in 2016 to 80% in 2018**. In 2020, the rate was 75.5%. The initial UDS rate in 2012 was 3%!

NOELA Community Health Center

- **Spotlight on Step #1: Make a Plan**
- Choose a Screening Method
  - There are multiple screening tests available to screen patients for colorectal cancer. Achieving target screening rates will require use of both colonoscopy screening and a stool-based strategy.
- Calculate the Need for Colonoscopy
  - Calculating the extent of the need for colonoscopy will help organizations find a solution for meeting the need. Approaching specialists and local hospitals for a specific number of colonoscopies per year is more effective than making an open-ended request.



Colonoscopy Needs Calculator

This calculator is designed to estimate the number of colonoscopies your practice or healthcare system may require with a high quality stool-based colorectal cancer screening program, based on a specific patient population.

Allegheny Health Network Premier Medical Associates

- **Practice Type:** Multi-specialty physician practice
- **Location:** Greater Pittsburgh area
- **Primary Care System Statistics:**
  - 81,000+ patients
  - .2% (153 patients) are best served in a language other than English
  - 11% (8,939 patients) Black
  - 0.8% (679 patients) Hispanic
  - 1% (1,026 patients) of patients are uninsured
  - EHR: Allscripts

Allegheny Health Network Premier Medical Associates

- **Major Challenge:** Provider preference for colonoscopy
- **Strategies:**
  - Provider education and shift to offering a menu of CRC screening options
  - Transparent data reporting
  - Proactive outreach to patients reaching screening age
  - Automated robocall reminders
  - Test completion tracking with a FIT registry and abnormal FIT registry
- **Results:** CRC increased from **57.5% in 2012 to 80% in 2015**.

Allegheny Health Network Premier Medical Associates

- **Spotlight on Step #3: Get Patients Screened**
- Make a Recommendation
  - Multiple studies have shown that a recommendation from the provider (or a member of the provider's team) is the most influential factor on patient screening behavior.
- Track Return Rates and Follow-up
  - An organized system to track screening tests and follow-up is very important in a screening program.

Robocall/text (sent 1 month before 50th birthday if a patient has never been screened before)

Happy 50th Birthday!

Colon cancer rates are increasing for the 50-54 year age group.

A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.

Patient name	DOB	MRUN	Date of + FIT	Home office	Provider	Action taken	Patient mailing address

Please put your questions in the Q&A box!

Learn More!

- Follow NCCRT on Twitter
  - ✓ @NCCRTnews
  - ✓ #80inEveryCommunity
- Sign up for the newsletter
- Take the 80% Pledge
- Apply for NCCRT membership
- Visit: *nccrt.org/get-involved*

Thank You!

nccrt.org Questions? Contact nccrt@cancer.org