

Field Strategies to Increase Colorectal Cancer Screening and Promote Colorectal Cancer Health Equity in Communities Across the US

January 24, 2023 – 3:00-4:00 PM ET



Purpose of Today's Webinar

- Learn about example strategies to increase colorectal cancer screening in different clinical settings and geographic areas.
- Understand best and promising practices for tailoring colorectal cancer screening outreach and delivery to reach underrepresented communities.
- Q&A

Field Strategies to Increase Colorectal Cancer Screening



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Virtual Housekeeping

- The event is being recorded. The replay and slides will be emailed to you and made available on www.nccrt.org within a few days.
- All participants are muted.
- Submit questions through the Q&A box at any time.
- Please complete our evaluation.

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

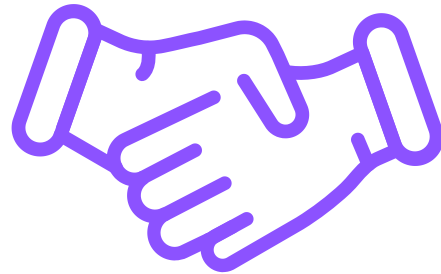
Jacobs School of Medicine and Biomedical Sciences

University at Buffalo – SUNY

Hertel Elmwood Internal Medicine Clinic

Disclaimer

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



Agenda

01 Purpose of the study

02 Inequity Problem

03 Methods

04 Deliverables

05 Results

06 Lessons learned

06 Conclusion

08 Future directions

Purpose of the Study

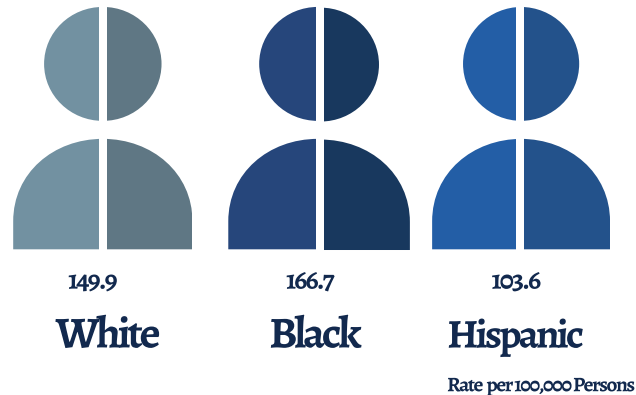
The aim of this quality improvement (QI) project is to improve colorectal cancer (CRC) screening rates in patients aged 50 to 75 from <30% to 40% within 12 months.

Problem

Health Disparities in CRC screening

2020 Death Rate by Race/Ethnicity & Sex: Colorectal Cancer United States

(ACS, 2021)



African Americans (AA), Hispanics, and other groups that have been economically or socially marginalized have lower rates of CRC screening in the US

Hertel Elmwood Internal Medicine Clinic



- Most of our patients come from marginalized communities
- Patient pool : ~ 3000 patients/year

Family of Measures

Outcome

- CRC Screening rates

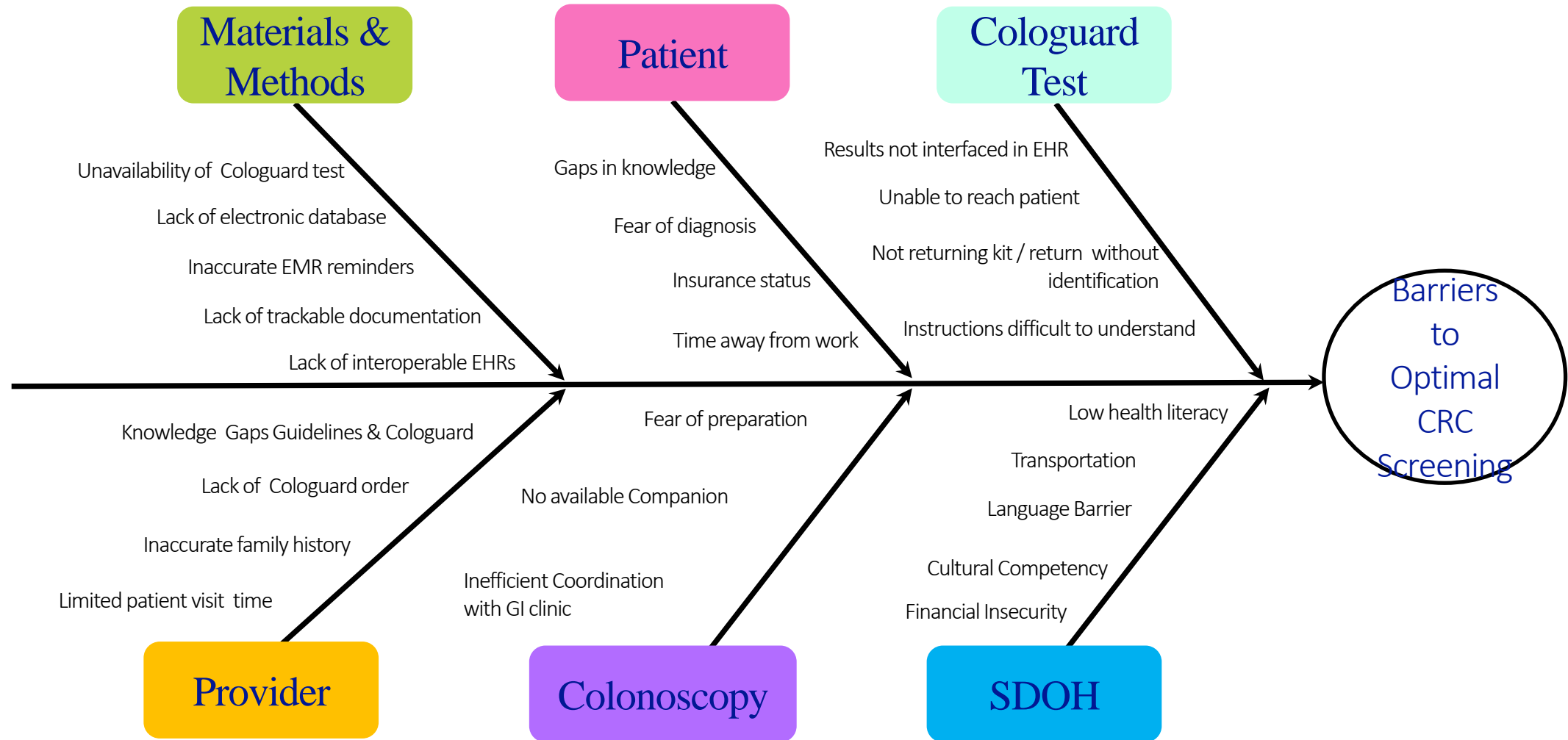
Process

- Cologuard & colonoscopy order and completion rates
- Improvement in knowledge

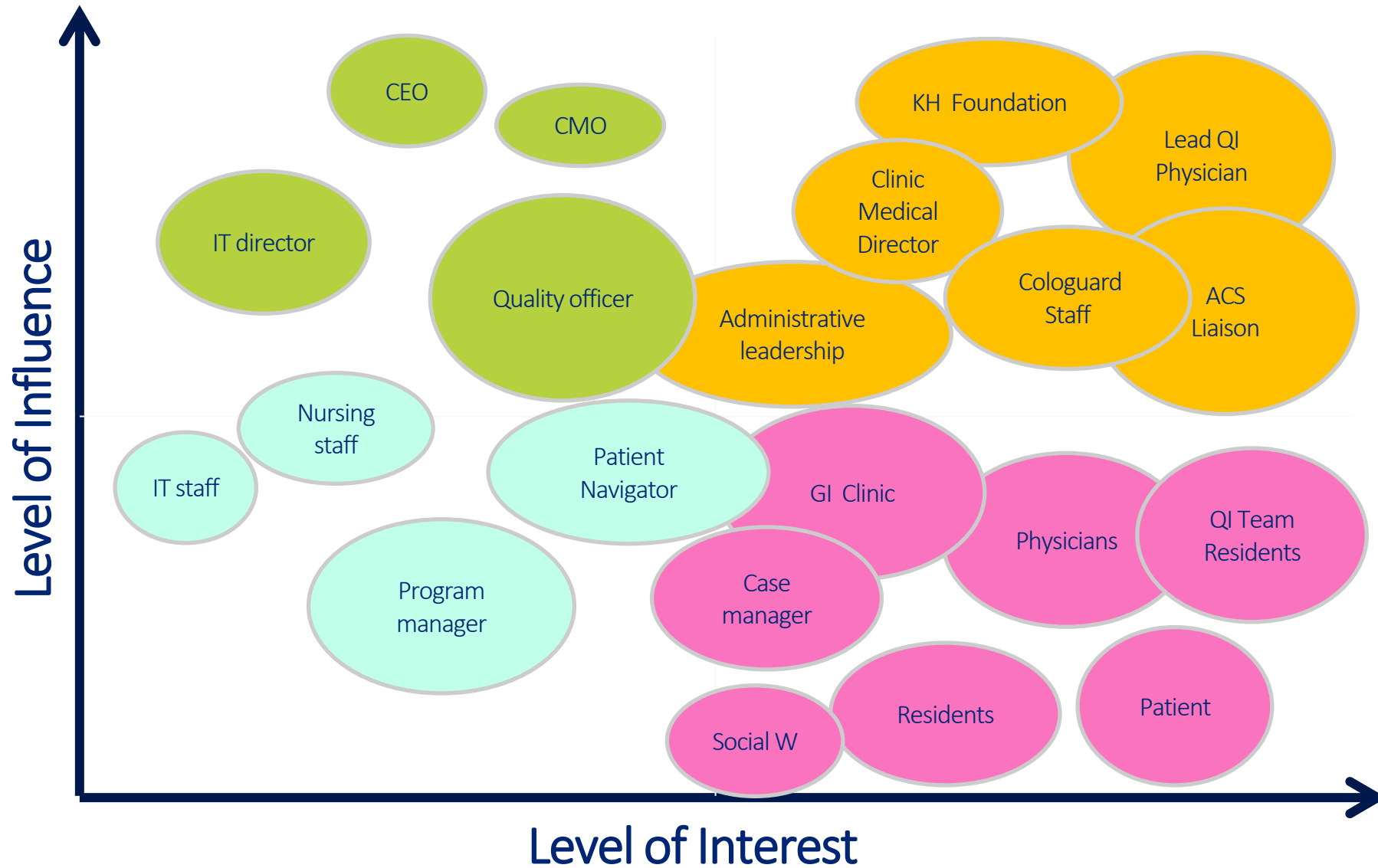
Balancing

- Patient satisfaction
- Provider/staff satisfaction

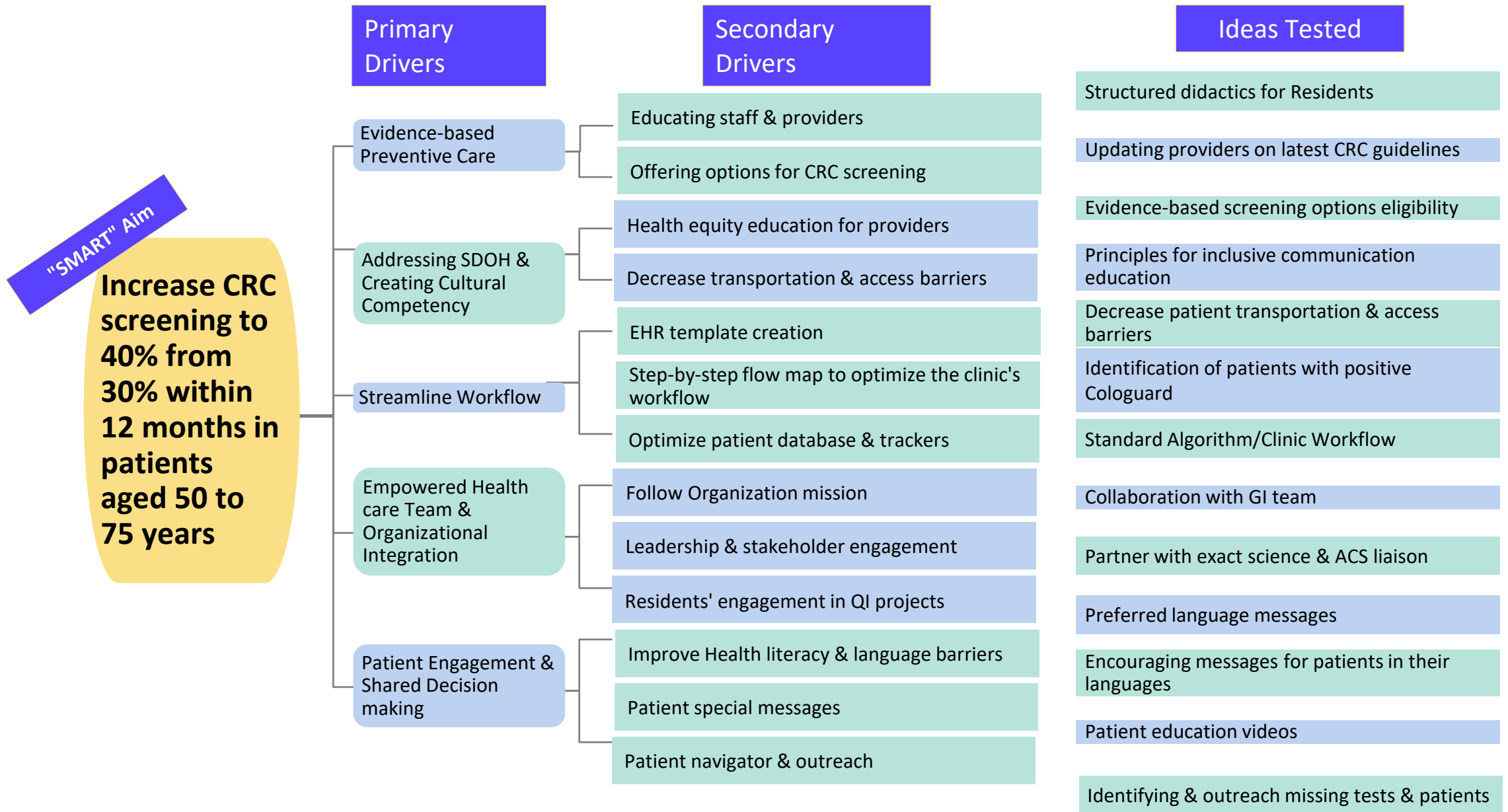
Root Cause Analysis Ishikawa Diagram



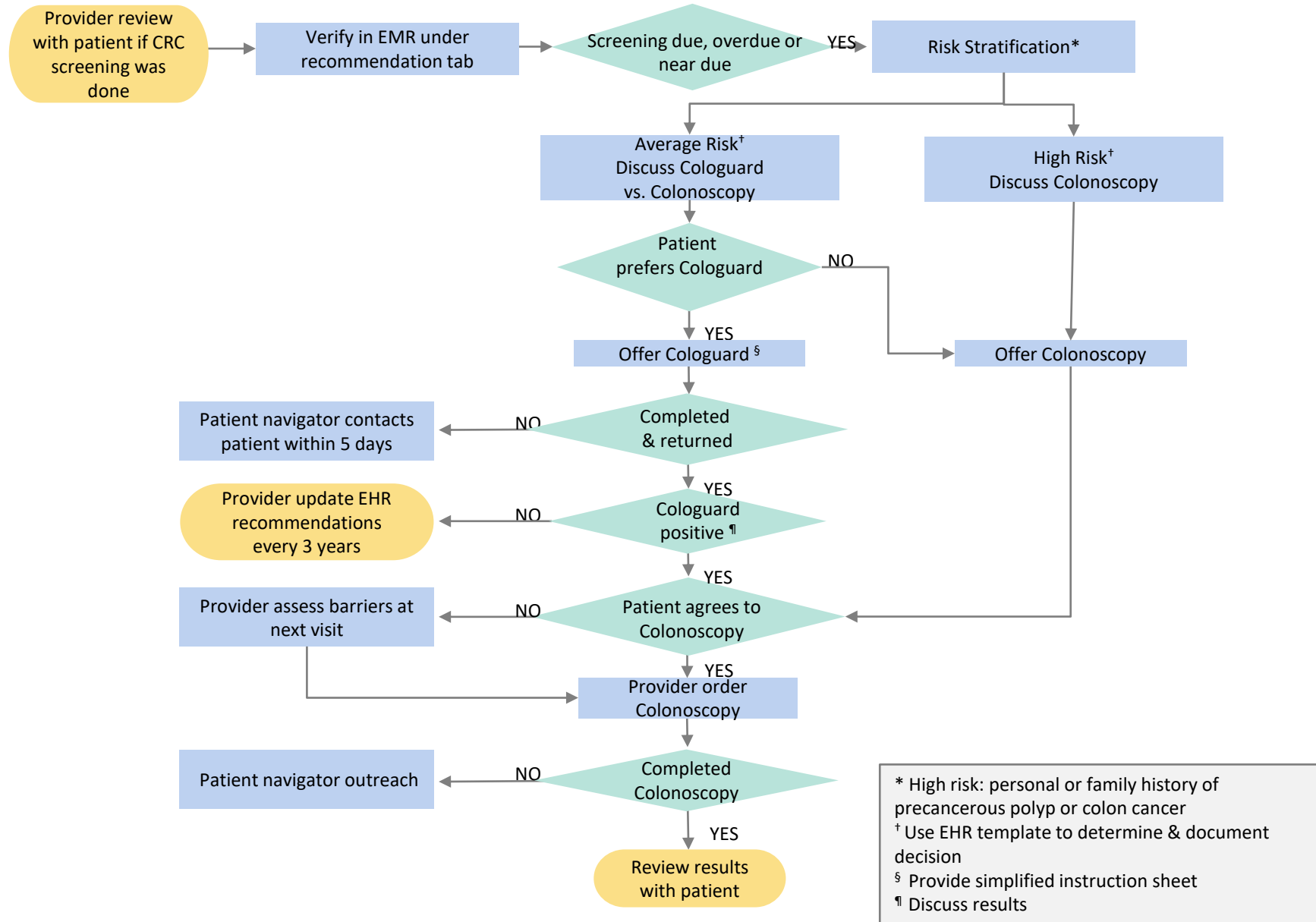
Stakeholder Mapping



Driver Diagram

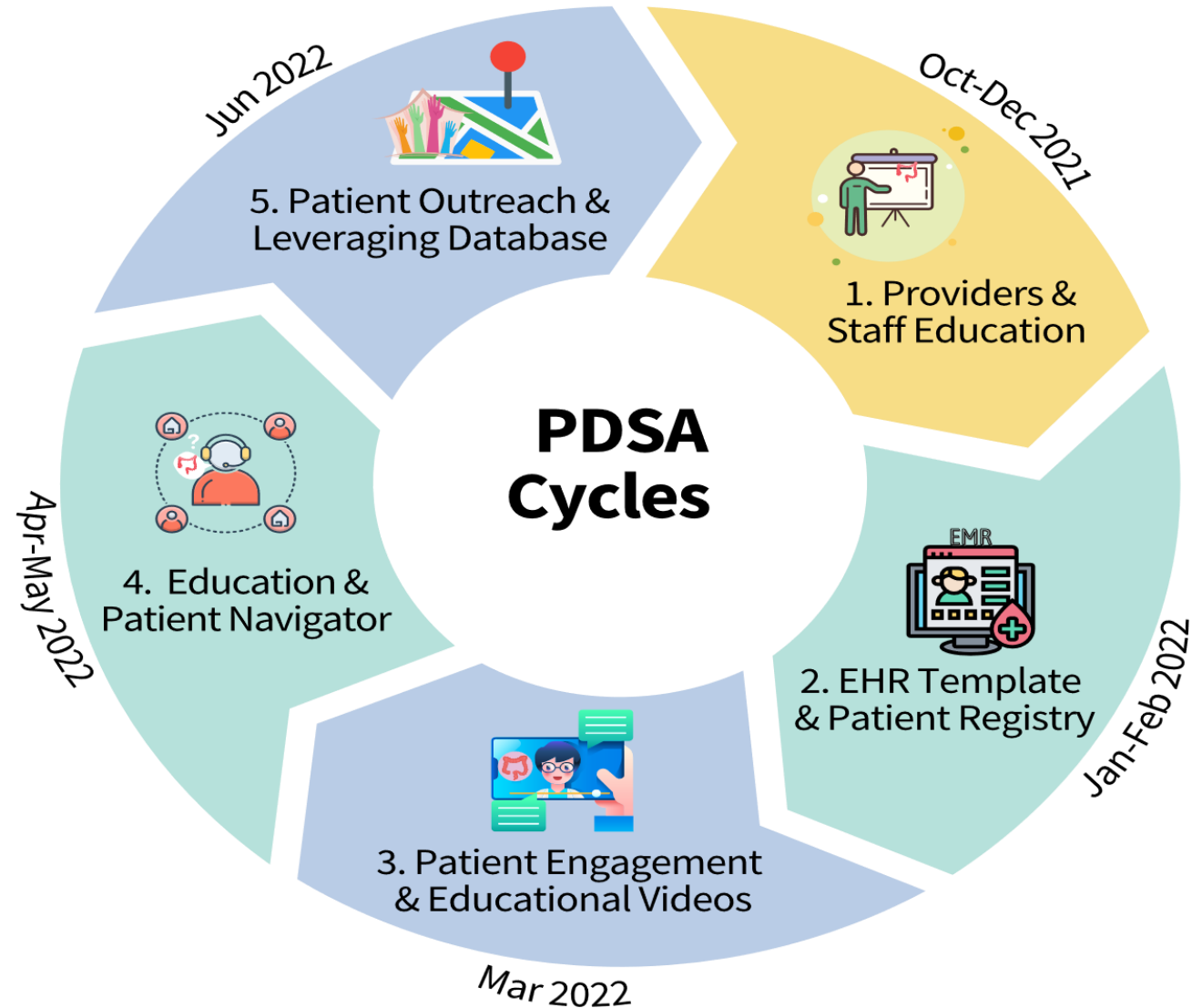


Process Flow Map



Strategy

Plan – Do – Study – Act (PDSA) Cycles



Deliverables

Simplified Instructions For Stool collection

Five Steps
to perform

English,
Arabic,
Spanish

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.

First Name	John
Last Name	Doe
Date of Birth (mm/dd/yy)	05/16/58
Date of Collection (mm/dd/yy)	03/20/16
Time of Collection (00:00)	08:15 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

Call 1-844-870-8870 for customer service to schedule your pick up.

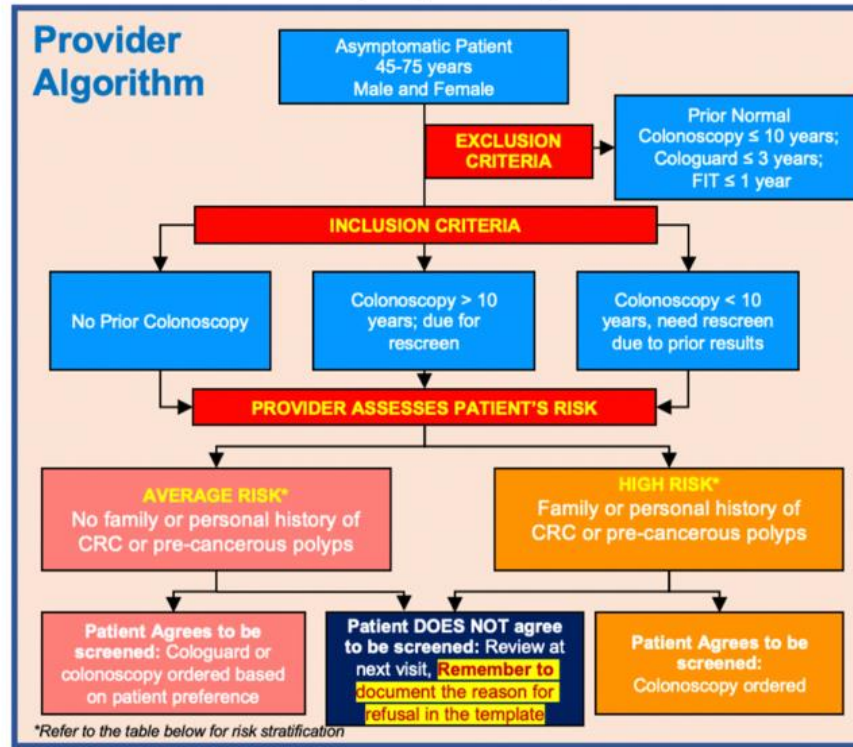


Complete
Within 5
Days

Provider Pocket Cards

This was printed as a memory guide for all residents

Colorectal Cancer (CRC) Screening 45-75 Years



*Refer to the table below for risk stratification

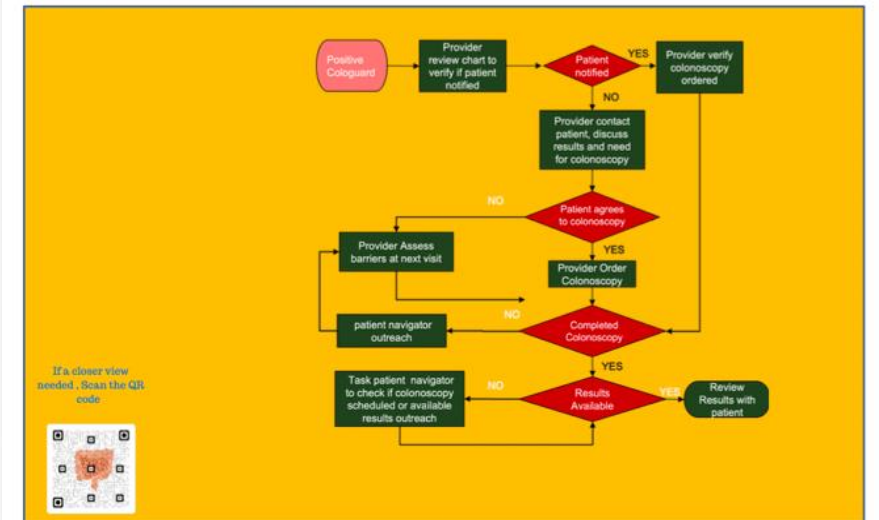
If any Red Flags: abdominal cramping, blood in the stool, rectal bleeding, significant changes in stool habits, weight loss, anemia, vomiting → require diagnostic Colonoscopy, not eligible for Cologuard

CRC Risk Stratification / Tests	Average Risk	High Risk
Has had CRC, an adenoma, or any other related cancer, or a positive result from another CRC screening method within the last 6 months	No	Yes
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	No	Yes
Has been diagnosed with a relevant familial (hereditary) cancer syndrome that places him/her above average risk for CRC	No	Yes
Colonoscopy	YES	YES
Cologuard	YES	NO

Process Flow Map



Positive Cologuard

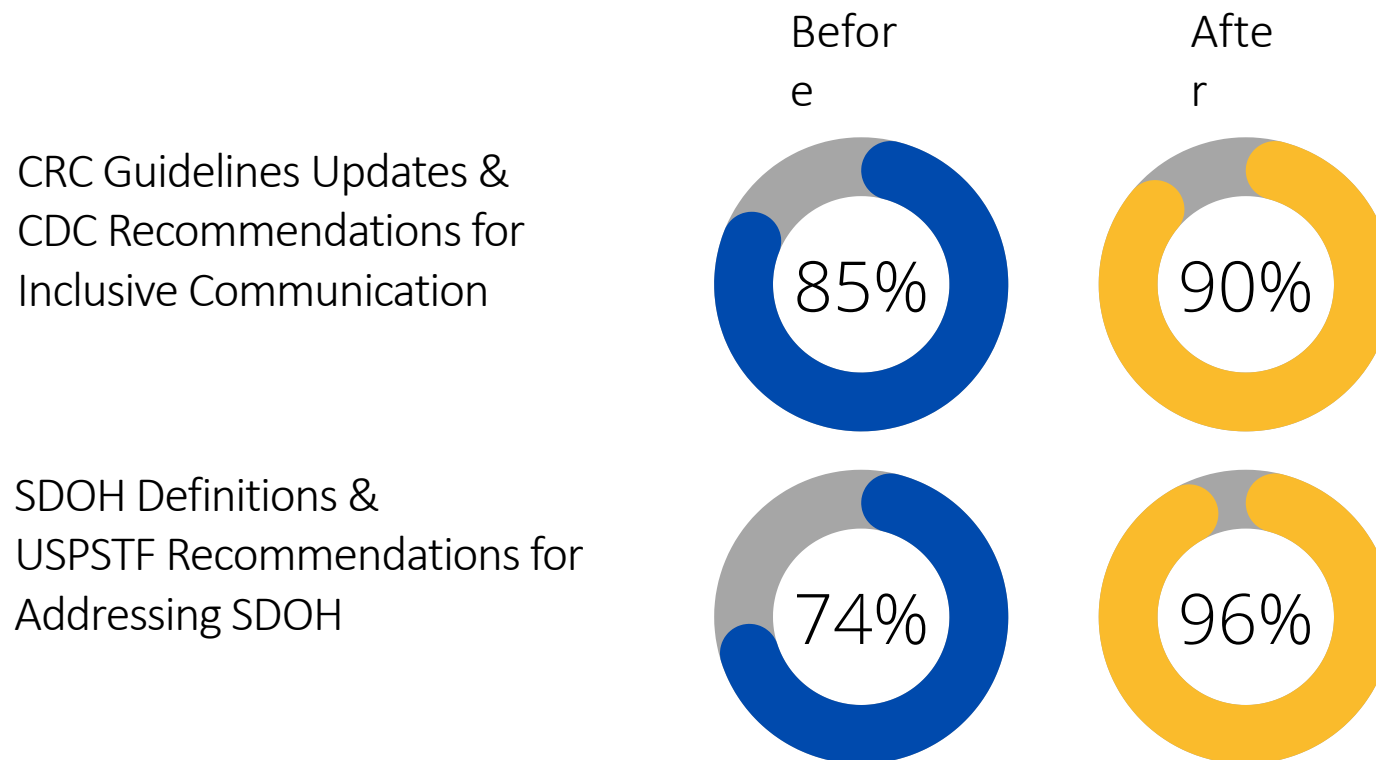


Educational Videos Sample



Results – Knowledge

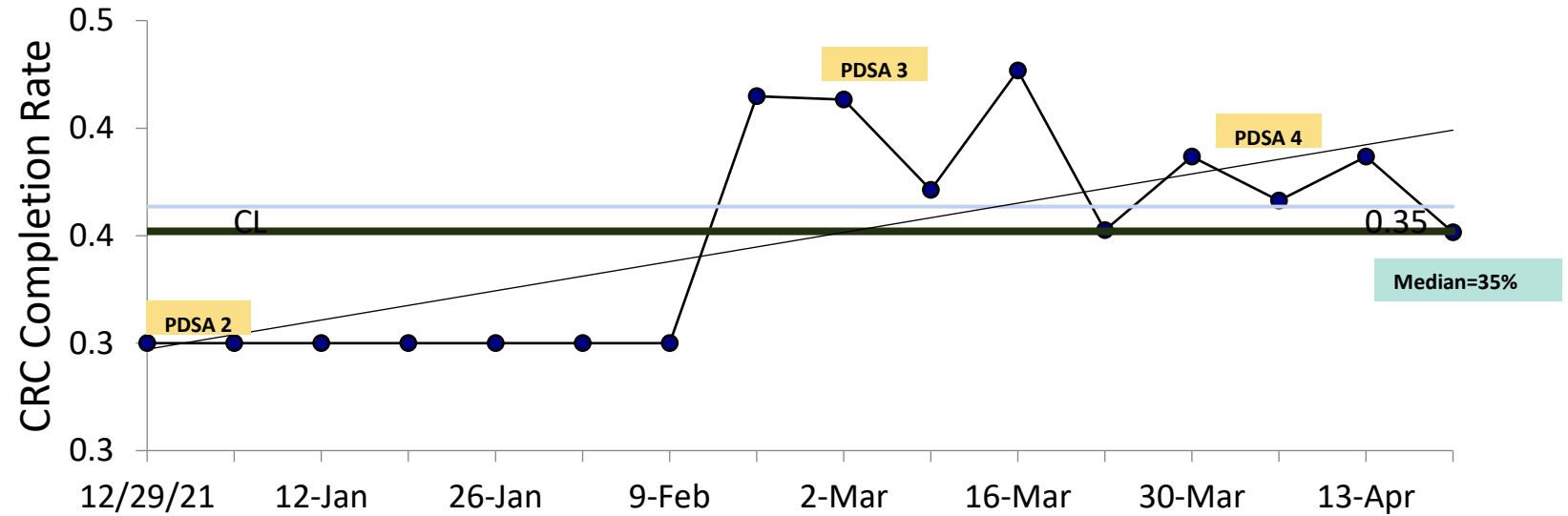
Knowledge Before and After Education



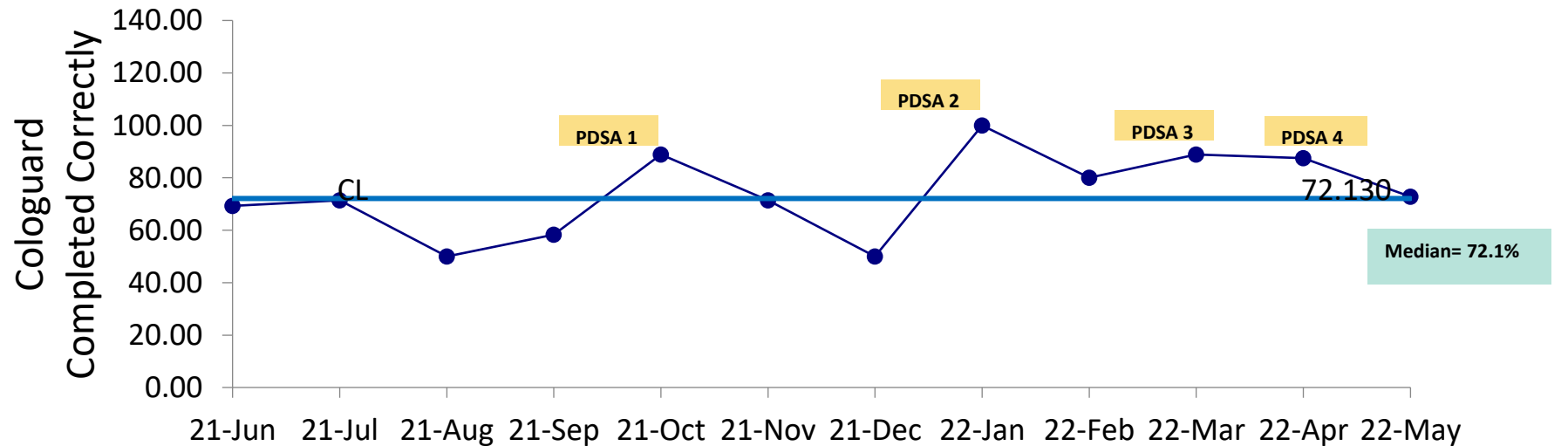
Progress Run Charts

Overall CRC screening rate improved to 38% from the baseline of 30%

Weekly CRC Completion Rates with Linear Trend Line

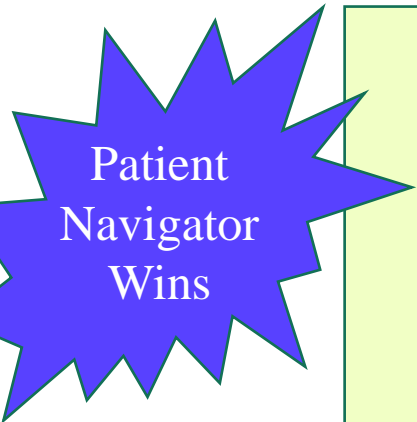


Monthly Cologuard Correctly Completed Rates

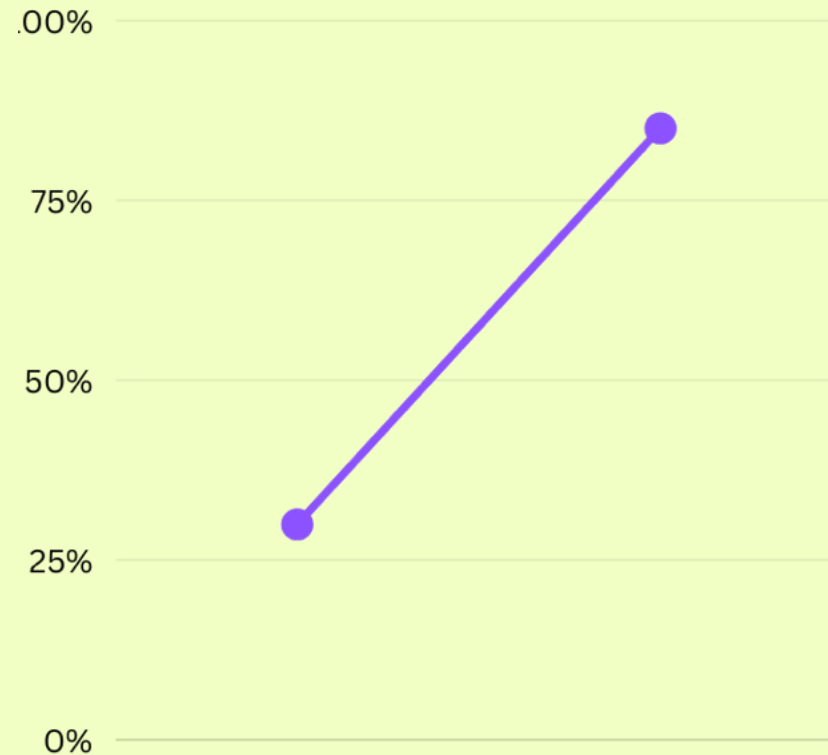


Cologuard Results and Follow up

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)



Limitations and lessons learned

Limitations

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

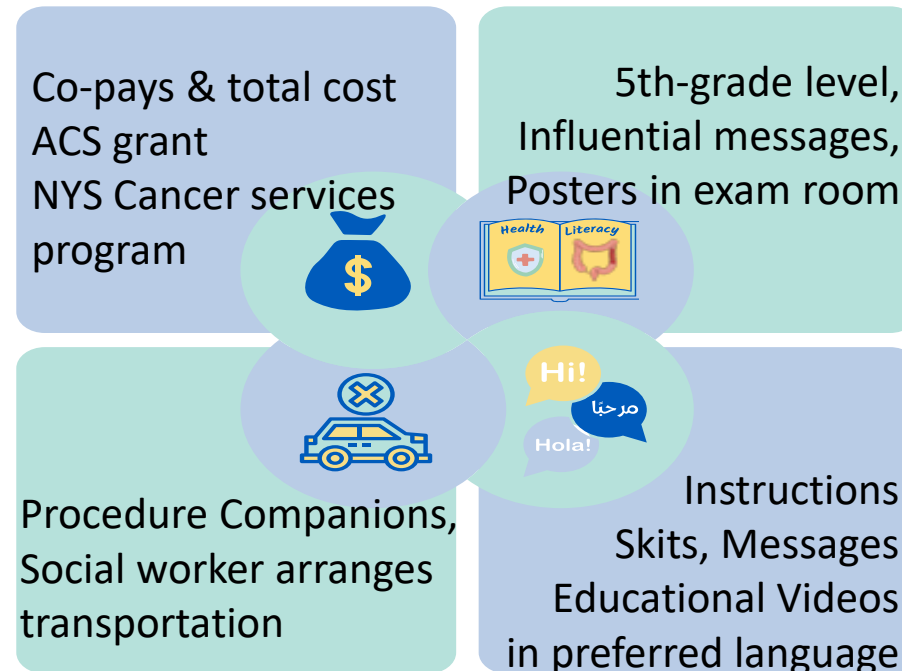
Lessons Learned

- 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

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?



SDOH Interventions

Future Directions

Recent PDSA Cycles

1. Pilot study to evaluate patients' feedback on videos
2. Mass Mailing > 2000 copies of reminder cards with information in 3 languages
3. Creation of population health registry by race and ethnicity and tracking

Future PDSA Cycles

1. Sustainability analysis (6 months)
2. Stakeholder feedback & satisfaction
3. Motivational interviewing & shared decision-making training
4. Display of educational videos and brochures in examination rooms

Reminder Cards Sample



Kaleida Health
Hertel-Elmwood Medicine Center

If you're 45 or older, contact your provider at Hertel Elmwood through your patient portal or by calling 716-871-1571 to discuss your colon cancer screening options.

Si tiene 45 años o más, comuníquese con la Clínica Hertel Elmwood o través del portal del paciente o llame al 716-871-1571 para obtener información sobre la detección del cáncer de colon y explorar sus opciones.

إذا كان عمرك 45 عامًا أو أكثر ، فاتصل بطبيبك في عيادة Hertel Elmwood لمناقشة خيارات فحص سرطان القولون من خلال بوابة المرضى الإلكترونية أو عن طريق الاتصال بالرقم 716-871-1571.

Help stop colon cancer before it starts.

Ayuda a parar el cáncer de colon antes de que empiece.



ساهم في إبقاء سرطان القولون قبل أن يبدأ.



Regular colorectal cancer screening can help find colorectal cancer early, when it's small, hasn't spread, and might be easier to treat.

There are several tests available, including take-home options.

After speaking with your provider and deciding on the right test for you, our team will guide you through every step, whether it's scheduling your colonoscopy or completing a stool sample collection.

Don't wait – take control of your health today and contact us! We've made the process simpler than ever to get screened quickly.

Hacer las pruebas programadas de rutina para la detección del cáncer colorrectal puede ayudar a encontrarlo en etapa temprana, cuando es de menor tamaño, aún no se ha propagado y sea posiblemente más fácil de tratar.

Hay varias opciones de pruebas disponibles, incluyendo aquellas que puede hacer en su hogar.

Después de hablar con su médico y determinar la prueba adecuada para usted, nuestro equipo lo guiará en cada paso, ya sea programar una colonoscopia o completar una muestra de heces.

¡No esperes más; toma el control de tu salud hoy mismo y contáctanos! Hemos simplificado el proceso para que puedas ser examinado rápidamente.

يمكن أن يساعد الفحص المبكر لسرطان القولون في اكتشافه مبكرًا ، عندما يكون صغيرًا وقبل الإلتئشار. وقد يكون من الأسهل علاجه.

هناك العديد من الاختبارات المتاحة ، بما في ذلك فحوصات يمكن إجراؤها في المنزل.

بعد التحدث مع طبيبك واتخاذ قرار بشأن الاختبار المناسب لك ، سيرشدك فريقنا خلال كل خطوة ، سواء كانت تحديد اختبار القولون أو كيفية التعامل معه في المنزل.



Hertel-Elmwood
Medicine Center

716-871-1571



Acknowledgments

- ACS Liaison: Jason Coleman
- Residents
- 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*

Congratulates

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

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THANK YOU

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Scan the code to directly save
my contact information



Point your camera at the QR code.

Hospital Systems Capacity Building Communities of Practice

Tiffany Taylor, MBA, FACHE
Ambulatory Administrative Director
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January 24, 2023

Acknowledgements

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$500,000 with 100 percent funded by the CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U. S. Government.



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 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

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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



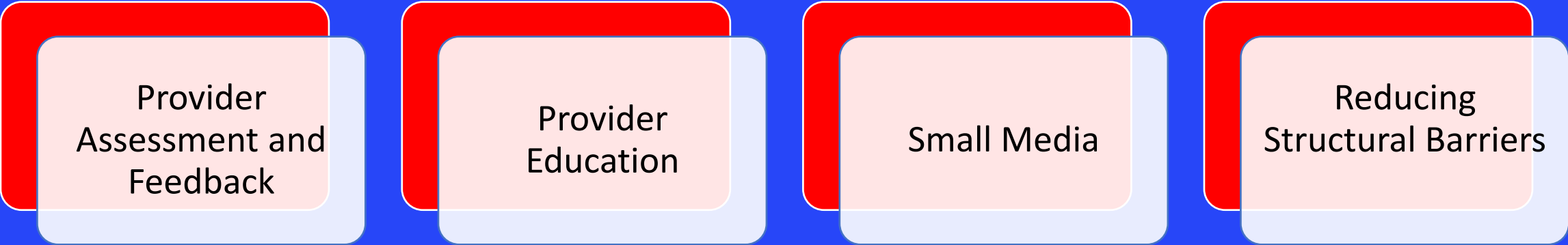
Vision Statement

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**

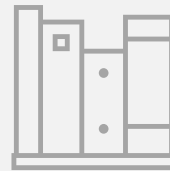


**PROGRESS WILL BE MEASURED BY
INCREASED SCREENING RATES**

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**

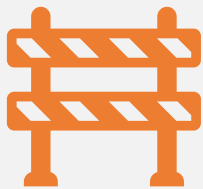


**FACEBOOK COLORECTAL CANCER
AWARENESS CAMPAIGN**



**MEASUREMENT BY NUMBER OF
IMPRESSIONS**

Reducing Structural Barriers



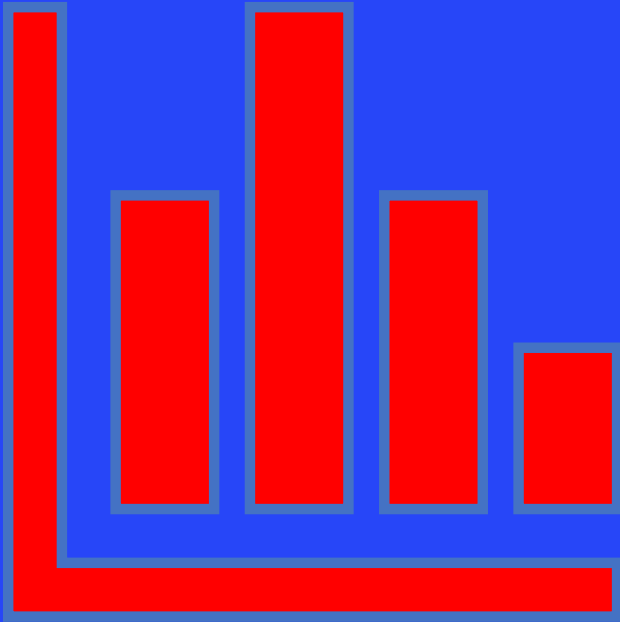
IDENTIFY BARRIERS



IDENTIFY RESOURCES TO REDUCE BARRIERS
TO COLORECTAL CANCER SCREENING AND
SHARE WITH MEDICAL COMMUNITY



MEASUREMENT IS NUMBER OF NEW
RESOURCES IDENTIFIED



The Data

Comprehensive Adult Wellness					
Colorectal Cancer Screening					
	Complete Count	Incomplete Count	Completion Percentage	Prior Month	Comp Count Change
Clinic 1	926	1619	36.39	36.37	0
Clinic 2	968	1758	35.51	35.04	25
Clinic 3	542	965	35.97	35.34	13
Clinic 4	228	332	40.71	39.78	6
Clinic 5	281	1867	13.08	13.1	1
<u>System Median</u>			35.97	35.34	
<u>System Average</u>			32.33	31.93	

Data compiled from HealtheAnalytics Platform (EMR and Claims data, across Medicare and Medicaid dataset) *data as of 12/31/22

COL Screening Trends Percent Completion-Dec 2021- Jan 2023



	Dec-2021	Jan-2022	Feb-2022	Mar-2022	Apr-2022	May-2022	June-2022	July-2022	Aug-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023
Clinic 1	40.34	40.47	40.94	41.06	40.95	40.81	40.75	35.62	35.61	35.2	36.6	36.37	36.39
Clinic 2	35.61	36.20	36.65	37.0	37.25	37.81	37.50	34.67	34.17	34.1	35.1	35.04	35.51
Clinic 3	38.17	37.16	37.0	37.52	38.43	38.13	37.11	34.52	35.18	34.0	34.81	35.34	35.97
Clinic 4	39.24	39.37	39.29	38.99	39.05	40.55	39.39	36.13	35.03	37.8	39.07	39.78	40.71
Clinic 5	10.78	11.21	14.33	14.38	15.03	15.14	15.67	13.55	13.38	13.24	13.03	13.1	13.05
Average	32.83	32.83	33.64	33.79	34.14	34.49	34.08	31.42	30.67	30.87	31.72	31.93	32.33
Median	38.17	38.17	37.0	37.52	38.43	38.13	37.50	35.62	35.03	34.1	35.1	35.34	35.97



2022 Quarterly Updates

Median Q1	37.52	Median Q2 2022	38.13	Median Q3 2022	35.03	Median Q4	35.1
Average Q1	33.42	Average Q2 2022	34.24	Average Q3 2022	30.75	Average Q4	31.51

	Dec-2021	Jan-2022	Feb-2022	Mar-2022	Apr-2022	May-2022	June-2022	July-2022	Aug-2022	Oct-2022	Nov-2022	Dec-2022	Jan-2023
	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den	Num/Den
Clinic 1	963/2387	977/2414	994/2428	968/2359	966/2359	966/2367	954/2341	988/2774	875/2457	855/2429	852/2328	926/2546	926/2545
Clinic 2	875/2457	884/2442	891/2431	887/2397	897/2408	910/2407	938/2501	1003/2893	951/2783	856/2510	900/2564	943/2691	926/2726
Clinic 3	192/503	194/522	202/546	209/557	216/562	220/577	259/698	253/730	254/722	495/1456	511/1468	529/1497	542/1507
Clinic 4	239/609	239/607	244/621	239/613	239/612	251/619	284/721	250/692	220/628	192/508	209/535	222/558	228/560
Clinic 5	164/1522	173/1543	222/1549	221/1537	235/1564	245/1618	257/1640	265/1955	260/1943	269/2031	272/1816	280/2138	281/2148



Health Equity

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

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Utilizing Project ECHO to “Stay Ahead of Colon Cancer”

Koosh Desai MD

Hospitalist, Phoebe Putney Memorial Hospital
SE Medical Director, Georgia Colorectal Control Program
Assistant Dean of Curriculum, SW Campus, Medical College of
Georgia



HORIZONS
COMMUNITY SOLUTIONS

GEORGIA
core
CENTER for ONCOLOGY
RESEARCH & EDUCATION



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
OF GEORGIA**

**STAY
AHEAD**
of Colon Cancer
GET SCREENED TODAY!

About me

- Early interest in CRC screening
- Community based Internal Medicine
- Assistant Dean for Medical College of GA, SW Campus
- **SE Medical Director, Georgia Colorectal Control Program (CDC funded)**
- **CRC Screening Project ECHO, Clinical Lead**



Hardest Hit Regions in Georgia

Figure 31. Age-Adjusted Colorectal Cancer Incidence Rates by Public Health District, Georgia, 2009-2013.

Georgia Rate: 41.9 per 100,000 population

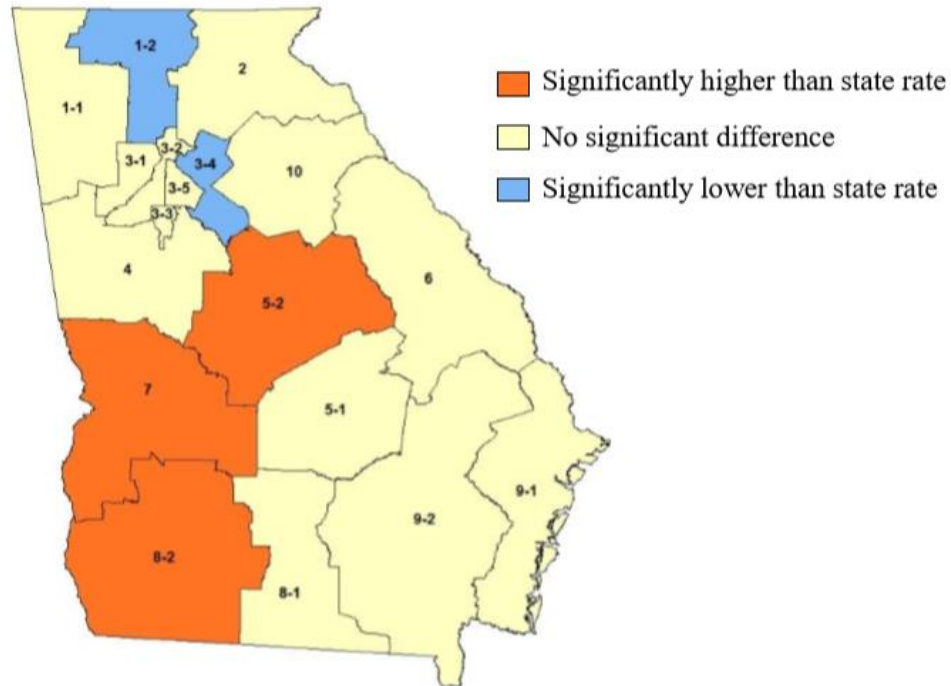
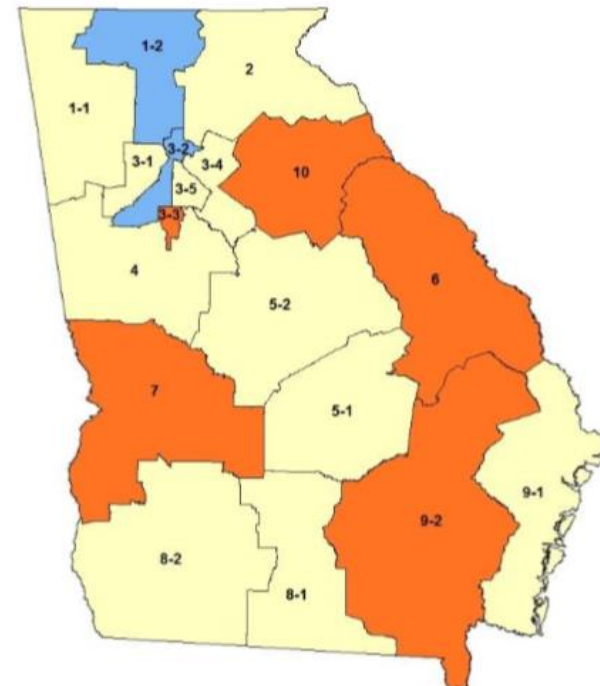
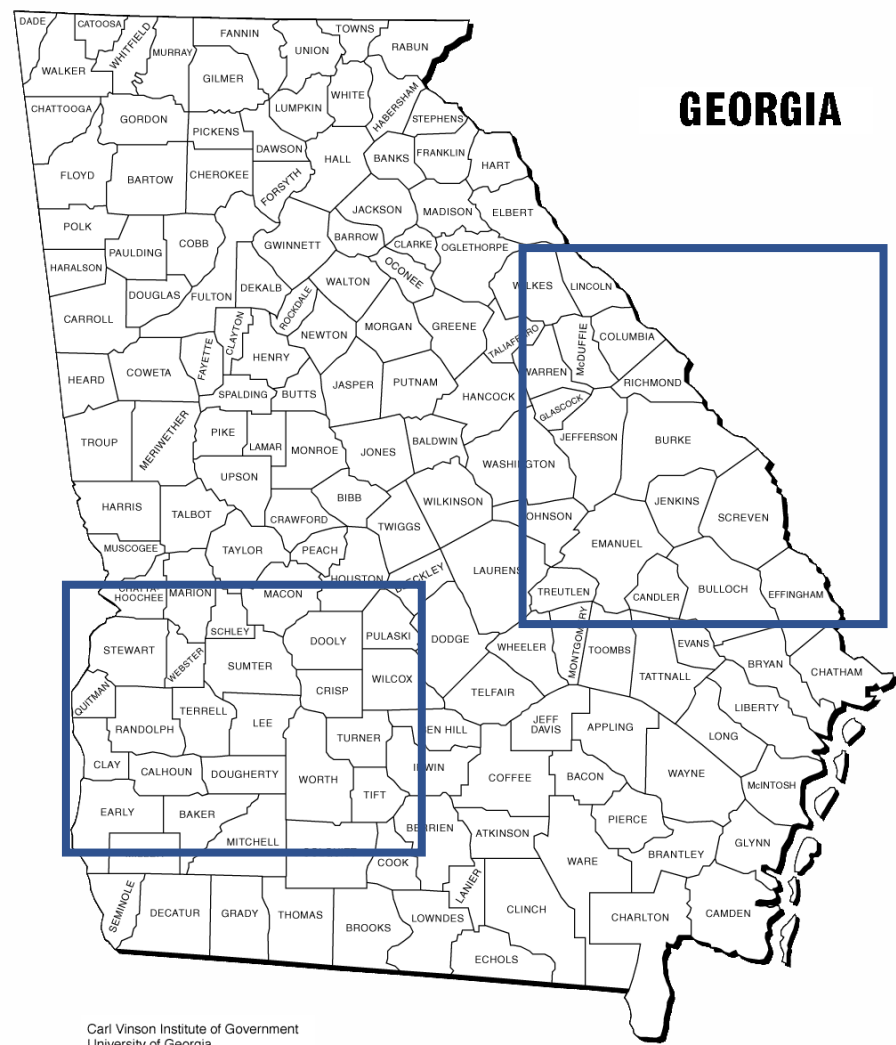


Figure 32. Age-Adjusted Colorectal Cancer Mortality Rates by Public Health District, Georgia, 2008-2013.*

Georgia Rate: 15.4 per 100,000 population



*Because of data quality issues, 2009 mortality data are not used for analysis.



GEORGIA



Carl Vinson Institute of Government
 | University of Georgia

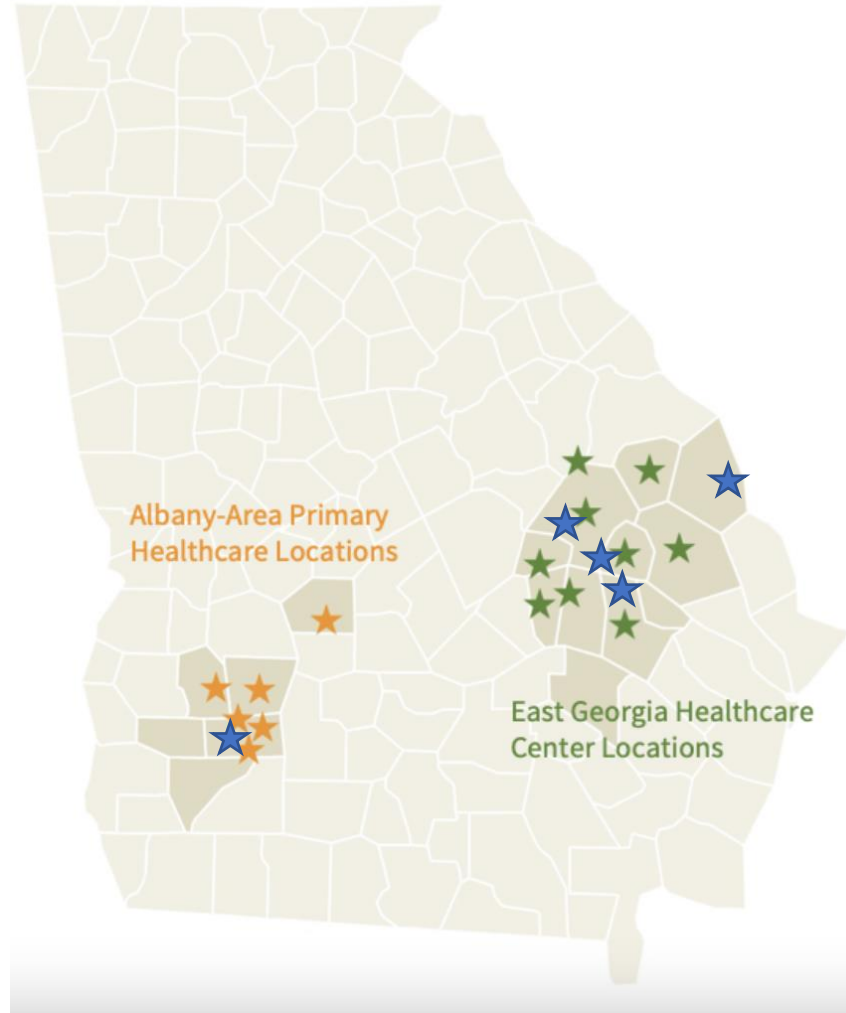
STAY
 AHEAD
 of Colon Cancer
 GET SCREENED TODAY!

Evidenced based interventions

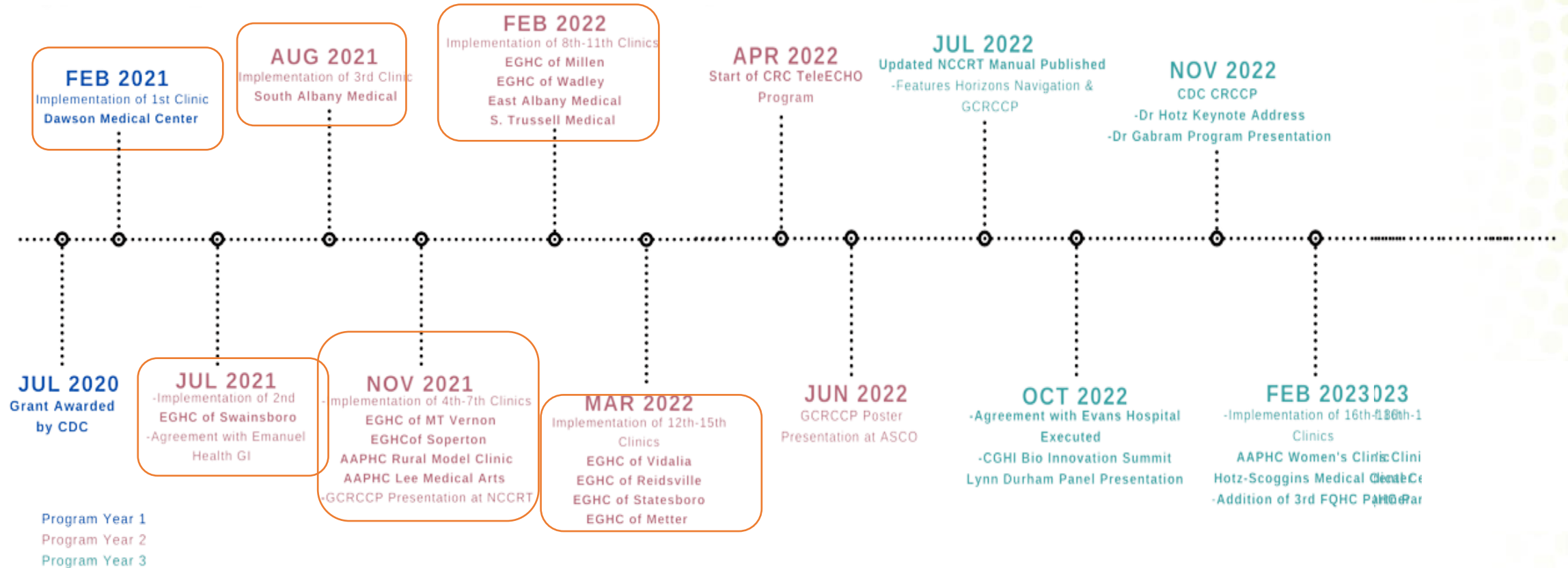
- Patient Reminders
- Provider Reminders
- Reduction of Structural Barriers
- Provider Assessment and Feedback

Patient Navigation

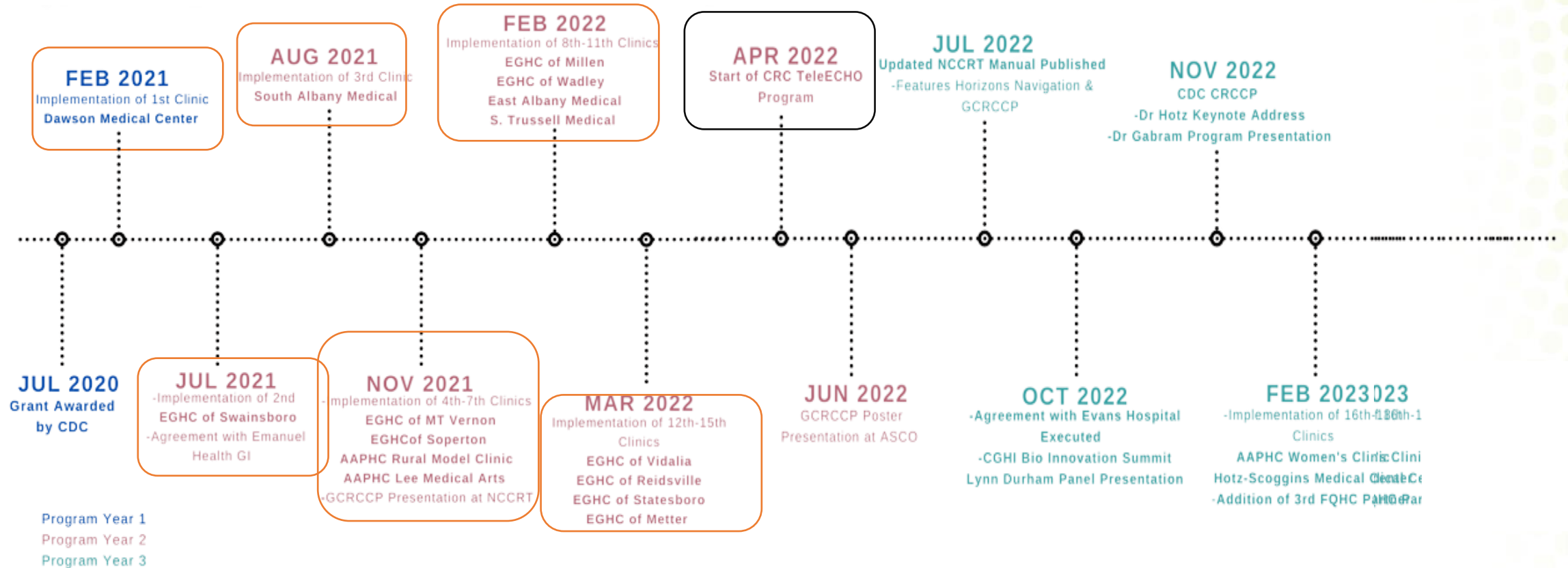
Project ECHO



Major Milestones



Major Milestones



Pre-Implementation and Oct 2022 Rates

Albany Area Primary Healthcare

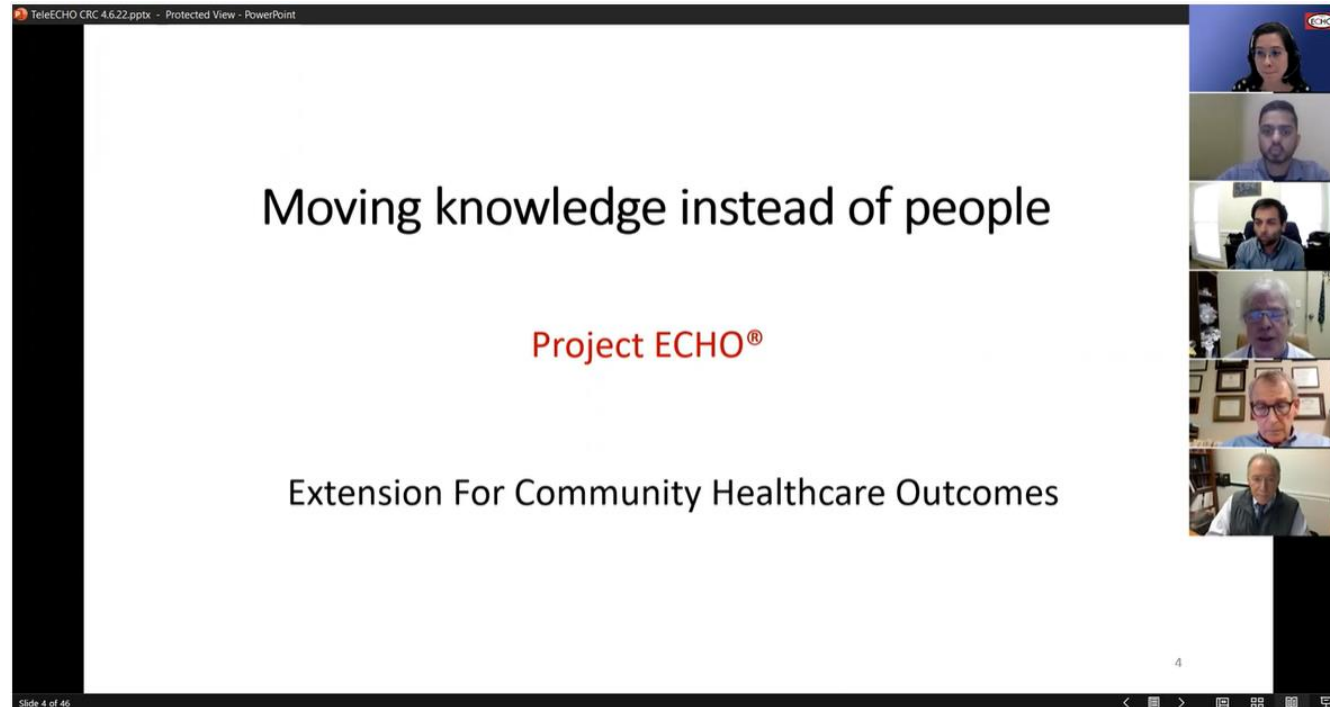
AAPHC	2021	2022	Delta
Dawson Medical Center	60.60	56.82	3.78
S. Albany Medical Center	55.60	58.47	2.87
Rural Model Clinic	61.10	67.50	6.4
E. Albany Medical Center	56.43	59.37	2.94
S. Trussel Medical Center	49.32	51.38	2.06
Lee Medical Arts Center	57.0	65.44	8.44

East Georgia Healthcare Center

EGHC	2021	2022	Delta
Swainsboro	40.0	46.0	6.0
Mt. Vernon	52.0	55.0	3.0
Soperton	35.0	51.0	16.0
Millen	28.0	44.0	16.0
Wadley	31.0	43.0	12.0
Vidalia	31.0	40.0	9.0
Reidsville	31.0	37.0	6.0
Statesboro	27.0	40.0	13.0
Metter	32.0	38.0	6.0

What's Project ECHO?

- “Extension for Community Healthcare Outcomes” (ECHO)
- Educational concept developed by a gastroenterologist, Dr. Arora, to provide ‘TeleMentoring’ for hep C
- **Right knowledge** exists at the **right place** at the **right time**



TeleECHO CRC 4.6.22.pptx - Protected View - PowerPoint

Moving knowledge instead of people

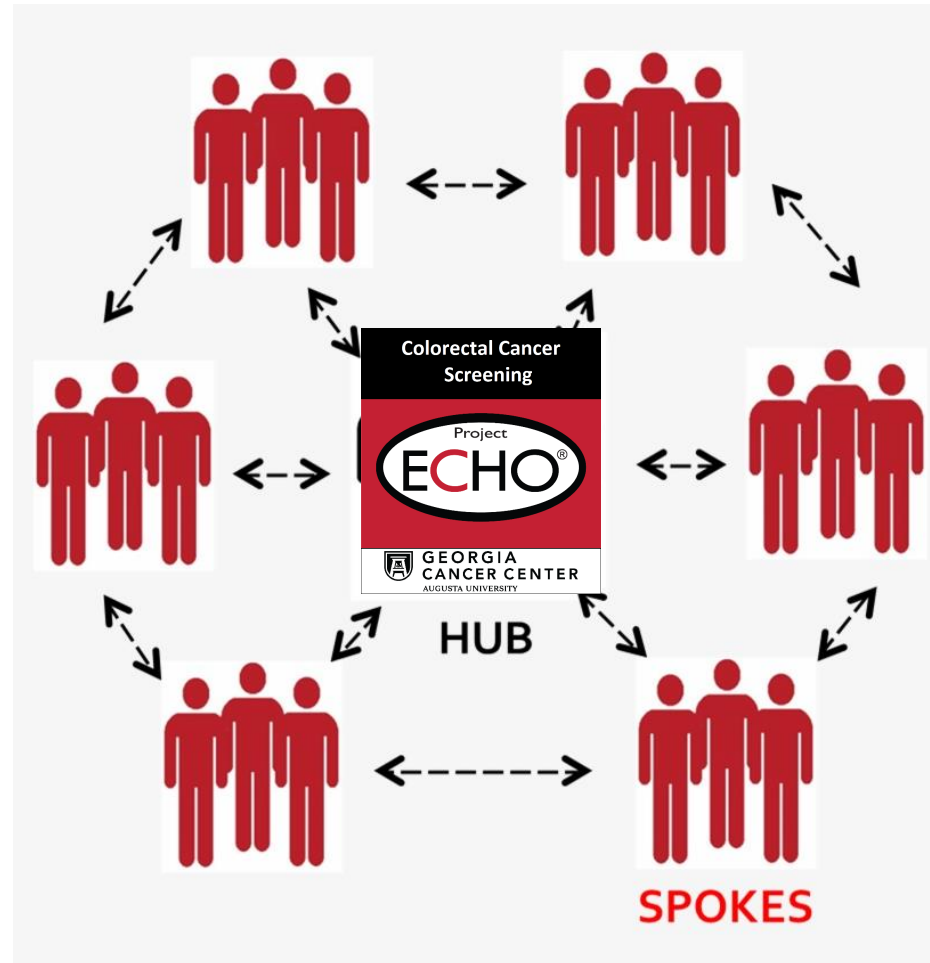
Project ECHO®

Extension For Community Healthcare Outcomes

4

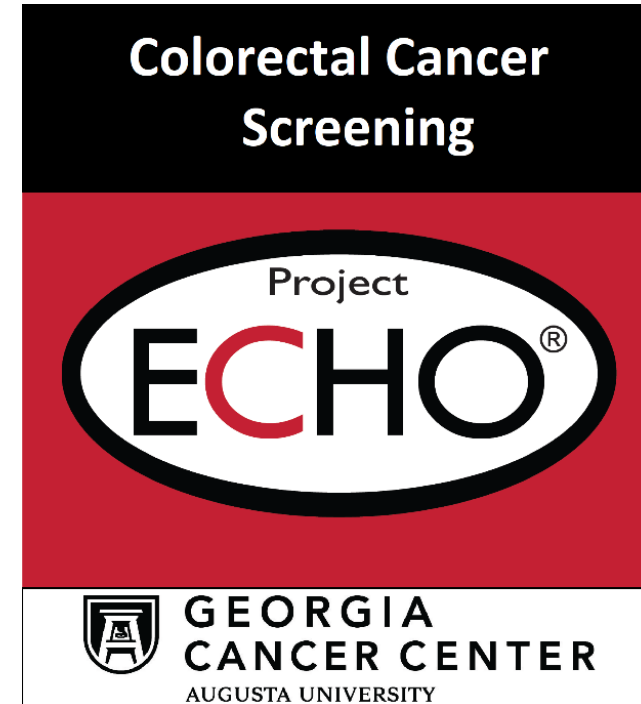
Side 4 of 46

Project ECHO Hub and Spoke Model

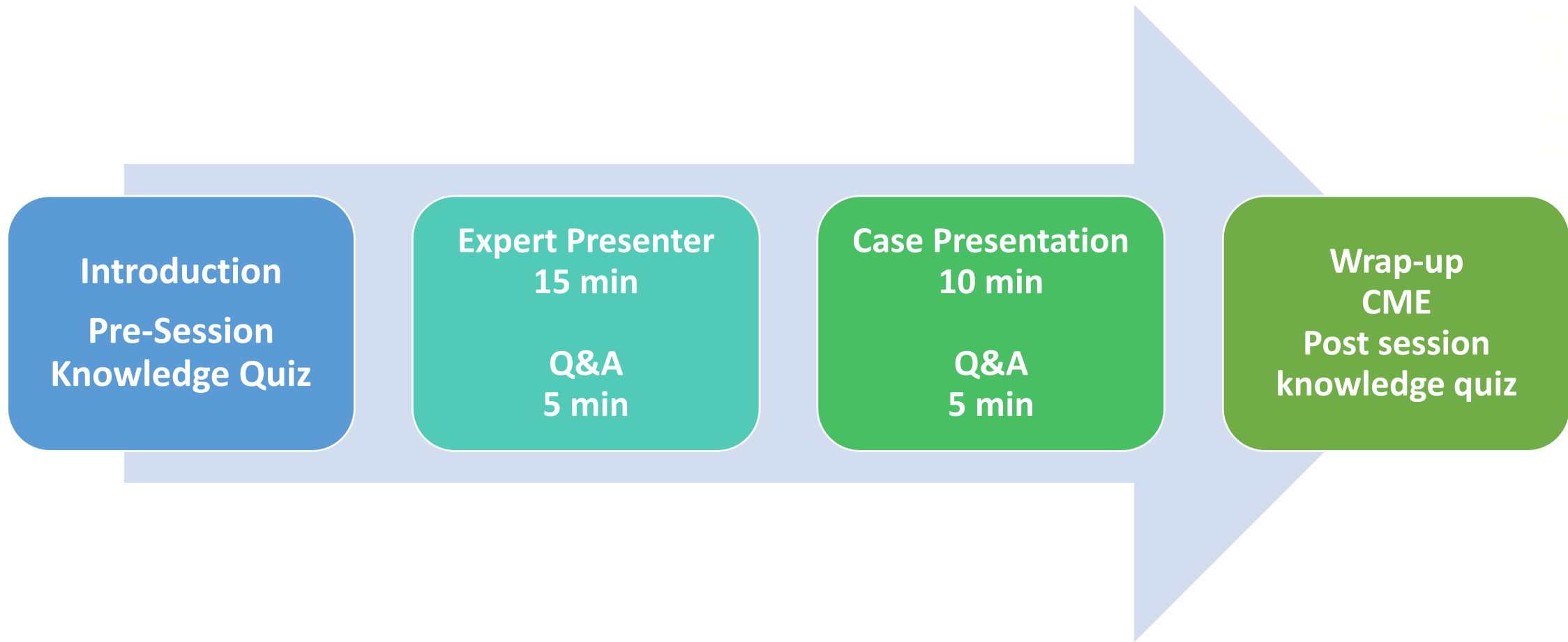


CRC Screening Project ECHO Goals

- Platform for EBI **provider assessment and feedback**
- Create high quality clinically relevant content to **increase provider knowledge**
- **Scale** our screening work nationally and internationally
- **Increase** rates at health systems across the globe



Session schedule





TeleECHO™ CRC Screening

Georgia Colorectal Cancer Control Program



Overview of the CDC's Colorectal Cancer Control Program

Presenter

Lisa C. Richardson, MD, MPH
Director, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention

Case Topic: Patient Navigation in Practice

Presenters

AAPHC Providers and Patient Navigators from Horizons Community Solutions

Target Audience

Physicians, Nurse Practitioners, Physician Assistants, and other Healthcare Providers

CME/CNE AVAILABLE (no cost)

[1.8 Contact Hours](#)

Three Rivers AHEC is an approved provider of continuing nursing education by the Alabama Board of Nursing

Provider #: A2NP1430
Expiration date: July 31, 2022

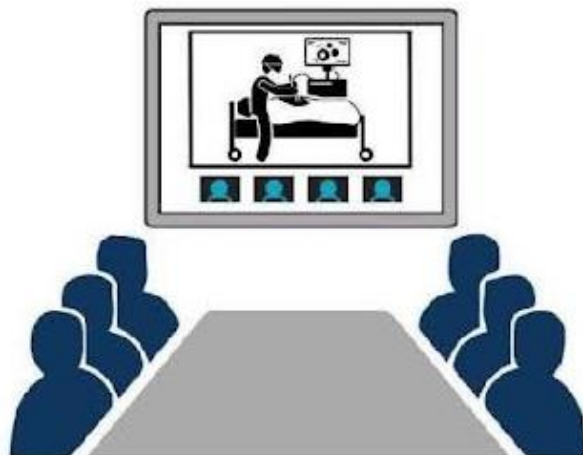


This activity has been approved for 1.8 AMA PRA Category 1 credit (s)™



For more information, please contact:
AU_CRCScreening@augusta.edu

"Moving knowledge, not patients."



Get expert support for your patients in a virtual learning network with Colorectal Cancer experts.

[Register Here](#)

Wednesday, June 1, 2022
4:00 – 5:00 p.m. (ET)



Funded by CDC Colorectal Cancer Control Program (CROCP) Grant



STAY
AHEAD
of Colon Cancer
GET SCREENED TODAY!

All-Star Content Expert Lineup



Steven Itzkowitz:
Colorectal Cancer
Pathogenesis and
Screening
Guidelines



Gloria Coronado:
Evidenced Based
Intervention (EBI):
Patient Reminders



Lisa Richardson:
Overview of the
CDC's Colorectal
Cancer Control
Program



Robert Smith:
The Value of
Beginning Colorectal
Cancer Screening at
Age 45- the Evolving
Evidence

All-Star Content Expert Lineup



Gail Sullivan:
Patient Navigation



Francis Colangelo:
Assuring
Successful CRC
Screening Rates



Asha Nayak:
Screening and
Treatment of
CRC

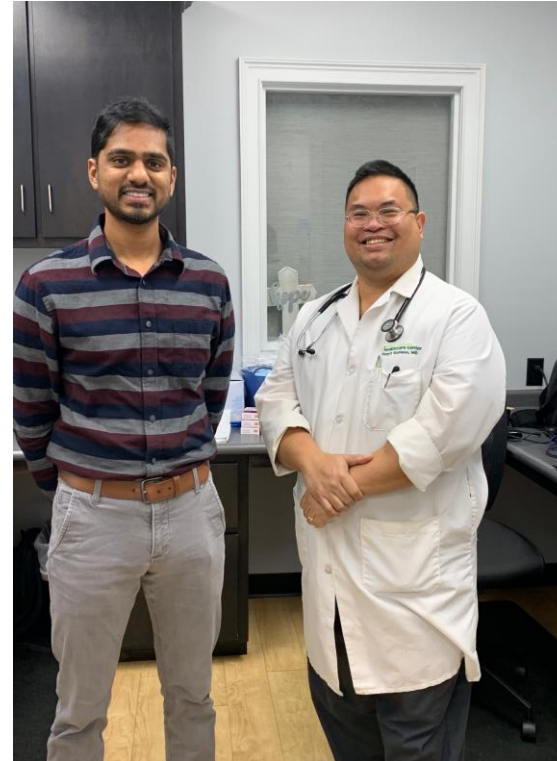


Bryan Green: A
Contagious Mentality in
South Carolina GI Doctors
Donate Their Time to
Serve the Uninsured

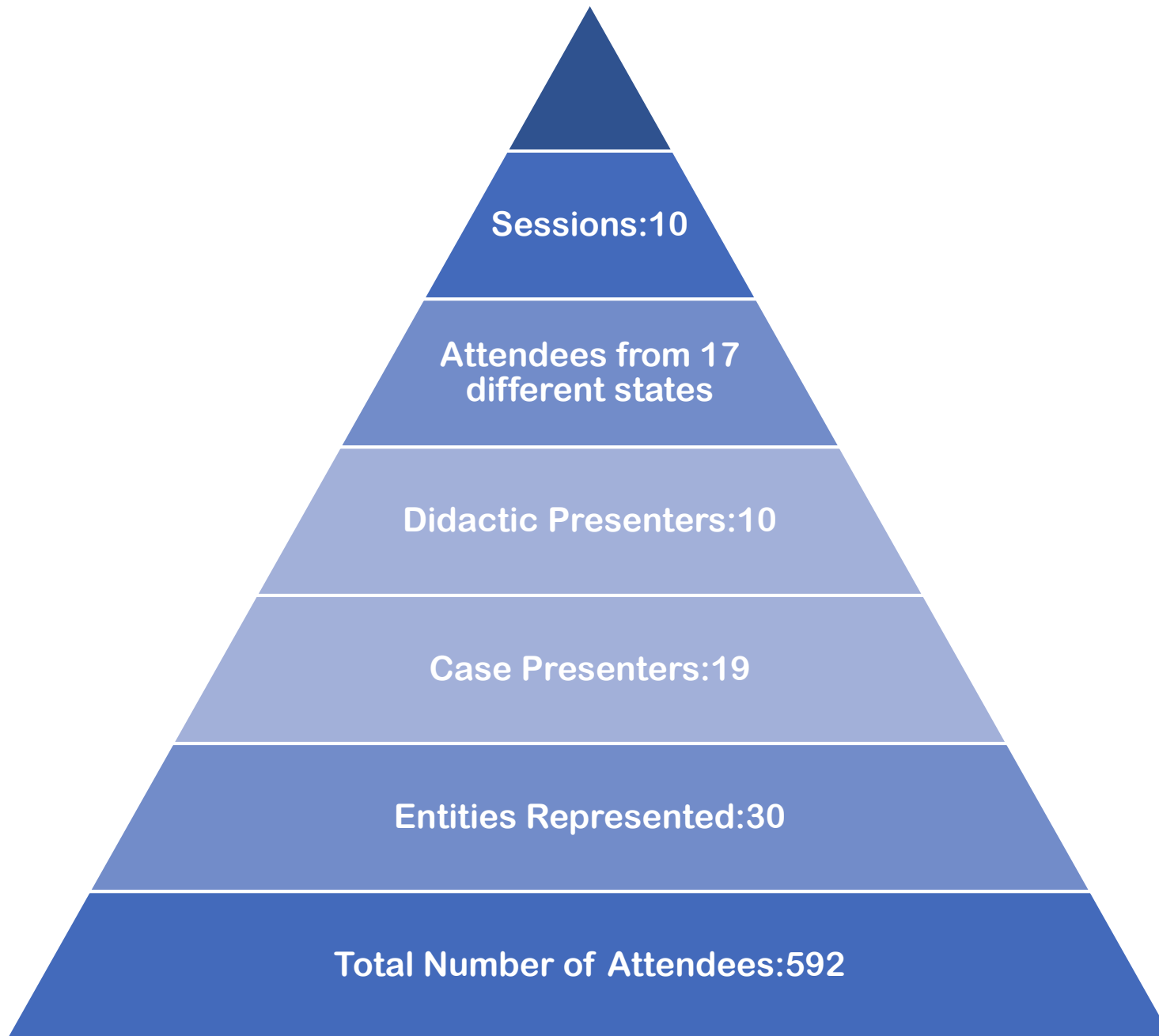
Case Presenters from Our Clinics



Factors for success in screening
Swainsboro, Georgia Team



Barriers to screening in
Metter, Georgia Provider



Increase in Knowledge



Participants able to correctly identify CRC Screening age recommendation (45-75)

Pre-session: 89.13%

Post-session: 92.9%



Participants able to correctly identify how long it takes CRC to Develop

Pre-session: 57.14%

Post-session: 71.43%



Participants able to correctly identify the EBI Patient Reminders

Pre-session: 66.67%

Post-session: 78.57%

Reinforce the Value of Interventions

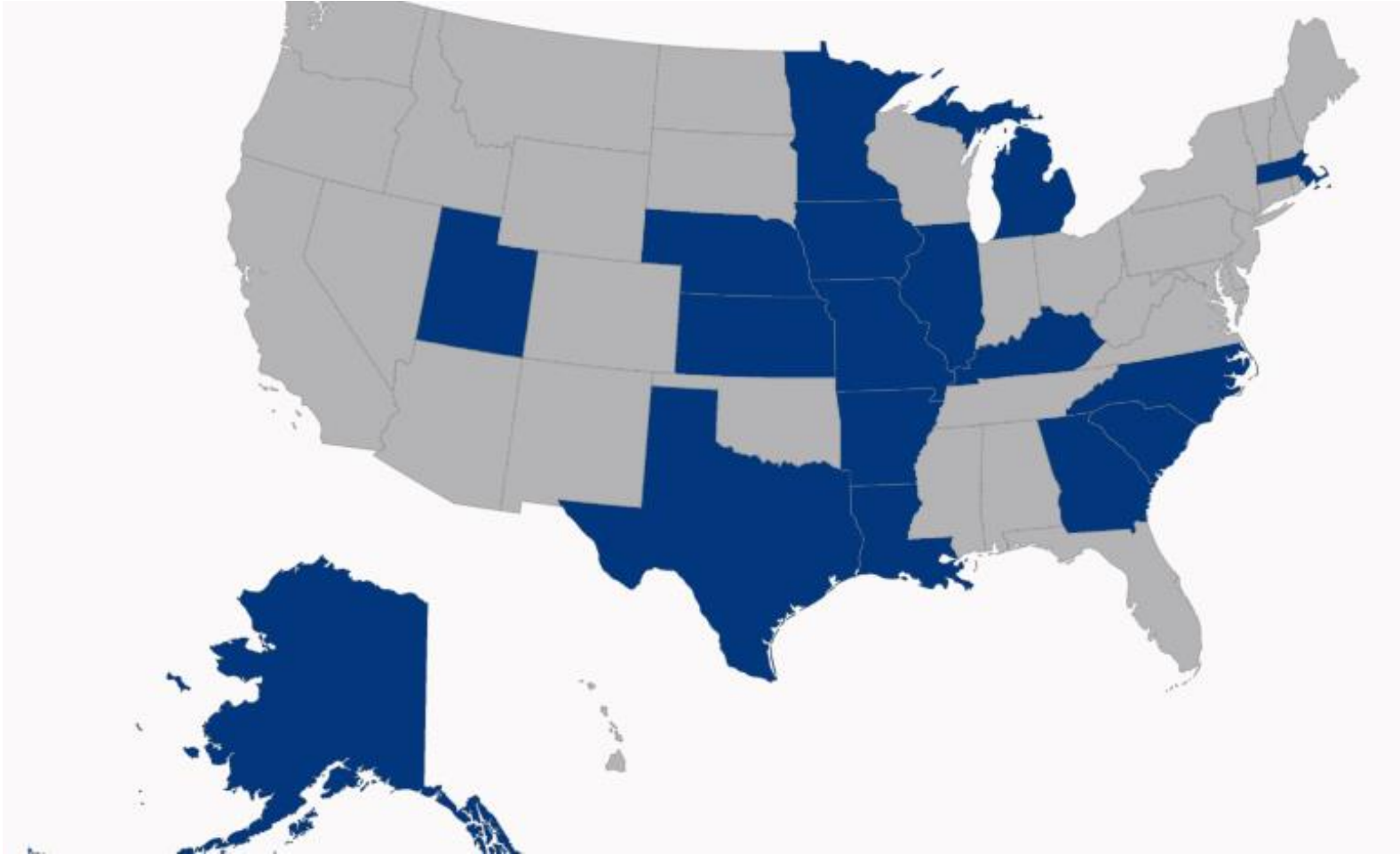
“CRC screening increases with the implementation of EBIs”

- Pre-session: 21.43%
- Post-session: 78.57%

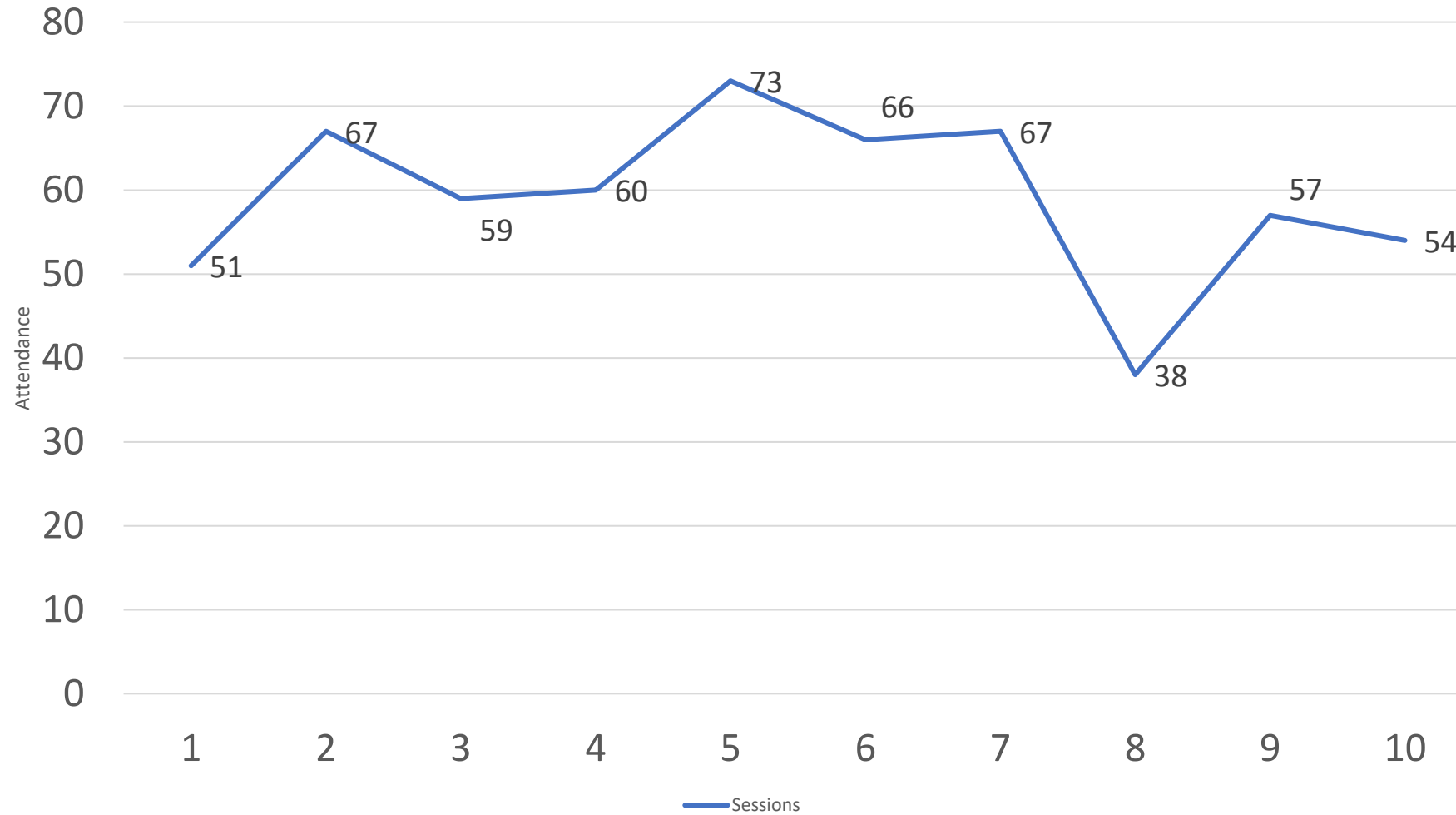
“CRC screening rates increase more if a clinic has a CRC Champion”

- Pre-session: 58.34%
- Post-session: 61.43%

Increase in Knowledge



CRC Screening TeleECHO Attendance





Q&A

Learn More!

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

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Thank You!



nccrt.org

Questions? Contact nccrt@cancer.org