

CASE STUDY SPOTLIGHT

Sanford Health



Type

Primary Care System

Headquarters

Bismarck, ND

EHR

Epic

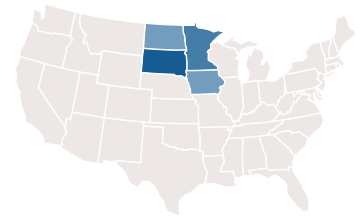
5.2M

outpatient and clinic visits

40%

rural population

Practices in



Patient Strategies

- Patient reminder or recall/in reach
- Patient education
- Small media



Clinician/Staff Strategies

- Provider education
- Shared decision-making model
- Follow up to abnormal (positive) FIT



Reducing Structural Barriers

- Mailed FIT
- Transportation
- Open scheduling
- Expanded office hours

Background

Sanford Health serves a large rural community with unique challenges related to accessing colorectal cancer (CRC) screenings. Patients may live 100+ miles away from their locations, making fecal immunochemical test (FIT) drop-off and colonoscopy appointments difficult. Furthermore, Sanford serves those on Native American Reservations where regular access to bathrooms is not guaranteed, so prep for colonoscopy may not be feasible.

Results

As of June 2019, twenty-nine of Sanford Health's primary care clinics were exceeding the 80% CRC screening goal, with a system-wide screening rate of 78%, up 9.4 percentage points from 2015. CRC screening rates decreased in 2020 and 2021 due to challenges with COVID, but Sanford Health remains committed to working toward the 80% goal.

Evidence-based Strategies and Innovations

Sanford Health has implemented several FIT and colonoscopy-focused innovations for increasing rural patients' access to CRC screenings. While using a shared decision-making tool, providers and patients were educated about “the best test is the test that gets completed”, focusing on a grant-funded mailed FIT campaign. Patients were empowered to schedule their own colonoscopies and Sanford Health expanded hours and transportation assistance for those who required it. Sanford Health shared the following solutions and lessons learned from their CRC screening interventions:

Provider and Patient Education

The best test is the test that gets completed – focusing on any screening test is better than not screening at all.

Mailed FITs

The health system received a \$10K grant from the North Dakota Department of Health Comprehensive Cancer Control Program to implement a pilot project to mail FIT kits to patients in rural and remote areas. The project involved contacting patients to see if they were interested in participating and mailing FIT kits to their homes.

- **Eliminates transportation barriers** by offering patients who live more than 100 miles from the practice the option of having FIT kits mailed to their homes.
- **Use self-addressed stamped envelopes** for FIT returns to minimize inconvenience and cost to patients.
- **Outreach phone calls to existing patients to assess readiness for intervention** – patients were called to see if they were interested in receiving a FIT by mail. Patients were informed that they were overdue for CRC screening, benefits of screening were explained, the test was described, and then they were asked if they'd be interested in receiving a FIT in the mail to complete the test at home and return it to the health center by mail.
- **Mail and track for follow-ups** – If the FIT was not returned within 30 days, the practice phoned the patient with a reminder to return the kit.

Provide Transportation Assistance

For positive or abnormal FIT results requiring follow-up colonoscopy, the health system provides taxi vouchers, as well as occasional overnight lodging assistance to patients who can't get to their follow-up colonoscopy due to transportation barriers.

Saturday Colonoscopy Screening Days

The practice has conducted several Saturday CRC screening day blitzes over the past few years that were both advertised and directly promoted with letter mailings to patients. They have conducted them in March for CRC awareness month and in November and December as well. They found that the November and December timeframe was much more effective, due to insurance coverage and meeting deductibles for the year. These colonoscopy screening events were so successful that they have increased the frequency from one Saturday in March the first year, to now conducting two dates in November and two in December each year.

Use of a Shared Decision-making Communication Tool

The practice uses an internally developed shared decision-making tool to start the conversation between the staff and the patient about the three CRC screening test options they offer (FIT, mt-sDNA and colonoscopy). Patients are offered a one-page, pocket-card handout that describes available screening options. The shared decision-making tool is also available for patients to download from the patient portal.

Enable Patients to Schedule Their Own Colonoscopy via the Patient Portal

The patient portal automatically displays an alert when patients are of age and overdue based on their screening schedule. Since the practice is part of an integrated health system, the patient can schedule their colonoscopy directly from the patient portal which is then triaged by an RN in the scheduling department. Patients are either scheduled for a procedure based on past history without having to get an order from their primary care physician or are scheduled for a gastroenterology consult. Staff encourage the use of the patient portal at every visit or have them sign up if they're not already connected.

Tool Shared

Homegrown shared decision-making tool – [Appendix CS08-1](#).



Interviewee

Stacey Will, MSB, BSN, RN
Quality Improvement Advisor
Sanford Health

CASE STUDY APPENDIX

CS08-1

Shared Decision-making Tool

Choosing which colorectal cancer screening option is right for you



You can make choices about your health. Screening for colorectal cancer is recommended for everyone between the ages of 50 to 75. Choosing to do screening can save your life. Your age and other health factors affect when and how you should be screened.

Use this tool to talk to your doctor about 3 screening options. Each column below outlines 1 way to do screening. Compare each option to choose which screening method is best for you. Remember, the **best** screening option is the one that gets done!

Note: if you have a history of colorectal cancer or bowel disease, or have a close relative with colorectal cancer or polyps, a colonoscopy may be the best choice for you.

	FIT	Cologuard FIT-DNA	Colonoscopy
What is it?	Fecal Immunochemical Test: Stool is checked for blood (not seen by the naked eye) by taking a sample and mailing it in.	Stool is checked for cancer markers and blood (not seen by the naked eye) by taking a sample and mailing it in.	A lighted scope with a camera is used to look at the colon and rectum. This finds tissues and cells that are not normal.
Where is it done?	You collect a sample at home and return test kit to lab or mail it back (often pre-paid postage is included).	A test kit will be mailed to your home. You will collect a sample and mail the test kit back (address label and postage stamp included).	Your provider will give this test at the hospital in a procedure room. Medicines will be given to you to provide comfort.
How often?	Completed every 1-year if normal. *If test is not normal, you will need a colonoscopy.	Completed every 3-years if normal. *If test is not normal, you will need a colonoscopy.	Completed every 10-years if normal. *May include a biopsy or polyp removal if needed.
How do I get ready?	No preparation or diet restrictions required.	No preparation or diet restrictions required.	Requires fasting and a cleansing of the colon with a laxative.
What is the cost?	Low Cost – check with your insurance (often covered).	Variable cost – Check with insurance (sometimes covered).	Higher cost – check with insurance (often covered if qualified).

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