Session Three

Panel
Texas-Based Colorectal Cancer Screening Innovations

American Cancer Society | National Colorectal Cancer Roundtable

1:25 PM to 2:20 PM

Panel

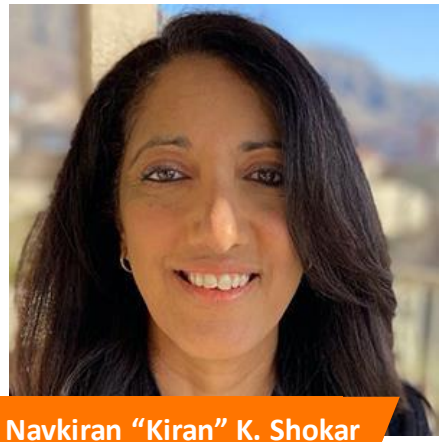
Texas-Based Colorectal Cancer Screening Innovations

Moderator
Carlton Allen
MS, CHW, MCHES

Jennifer Molokwu
MD, MPH, FAAFP

María Fernández
PhD

Scott A. Larson,
MD, PhD, AGAF, FACG, FASGE



Navkiran "Kiran" K. Shokar
MD, MPH

How CPRIT is Making Strides in Colorectal Cancer for Texas

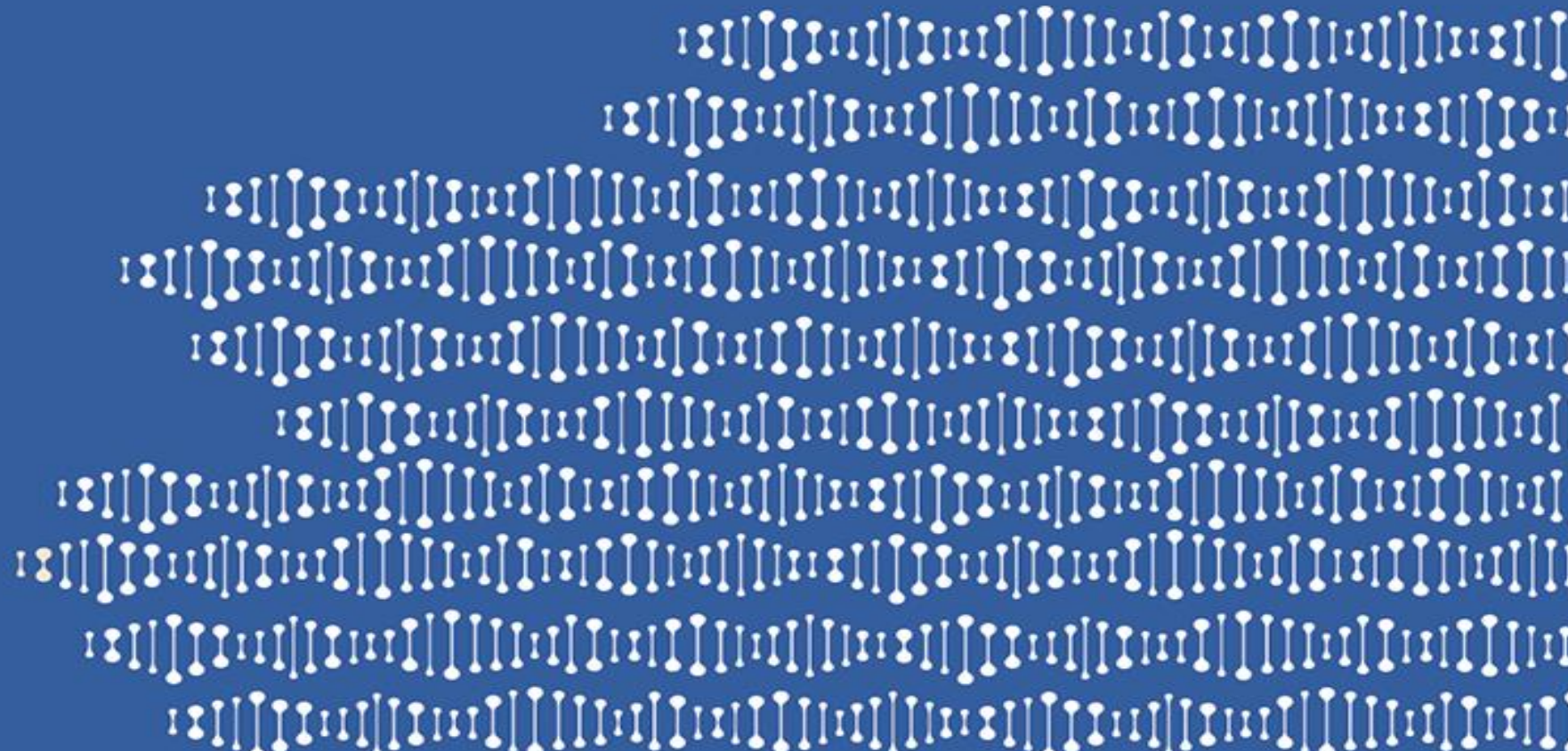
Carlton Allen, MS, CHW, MCHES
Program Manager for Prevention, Cancer Prevention & Research Institute of Texas

CANCER PREVENTION & RESEARCH
INSTITUTE OF TEXAS

How CPRIT is Making Strides in Colorectal Cancer for Texas

November 2023

Presented by:
Carlton Allen, MS, CHW, MCHES®
Program Manager for Prevention



Prevention Program

Goals

- Prevent or reduce the risk of cancer, detect it early, mitigate cancer effects through delivery of evidence-based interventions
- Fund programs and services aimed to help those in most need
- Build capacity to deliver programs by promoting innovations and best practices across Texas

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Prevention Portfolio

Focus

Deliver a program or service to Texans

- Reach underserved populations
- Reach as many people as possible in every region of the state

Evidence-Based

- Direct intervention, e.g., vaccinations, weight control, smoking cessation
- Screening and diagnostics
- Survivorship

Results oriented

- Measurable public health impact in ways that exceed current performance in a given service area

Prevention Program

Goals

- Prevent and reduce cancer risk, mitigate effects
- Serve populations in greatest need
- Build capacity by promoting innovations and best practices across Texas

Prevention Portfolio

Grants

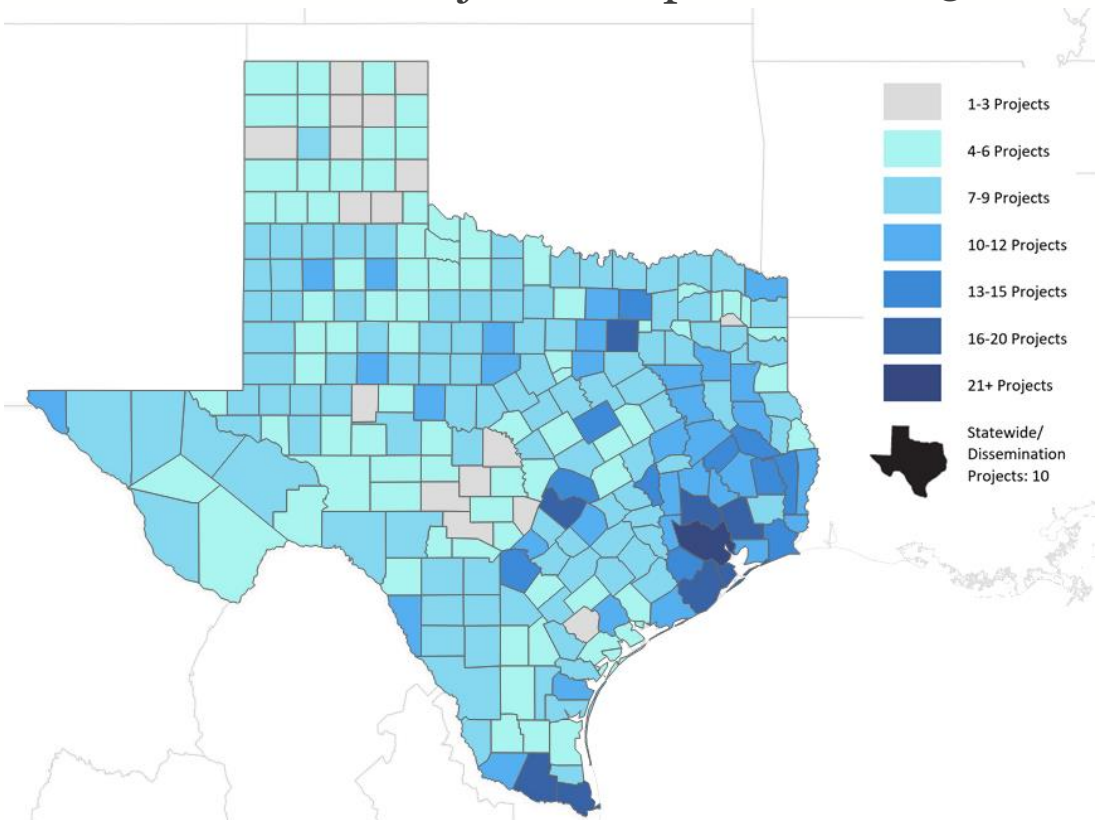
- **Prevention Grants**
  - **291 awarded**
  - **$354.8 M granted**
  - **9.3 million services provided to Texans**

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Prevention Program
Services & Geographic Coverage

COUNTIES OF RESIDENCE OF PEOPLE SERVED BY CPRIT PREVENTION PROJECTS

68 Active Projects – September 2023

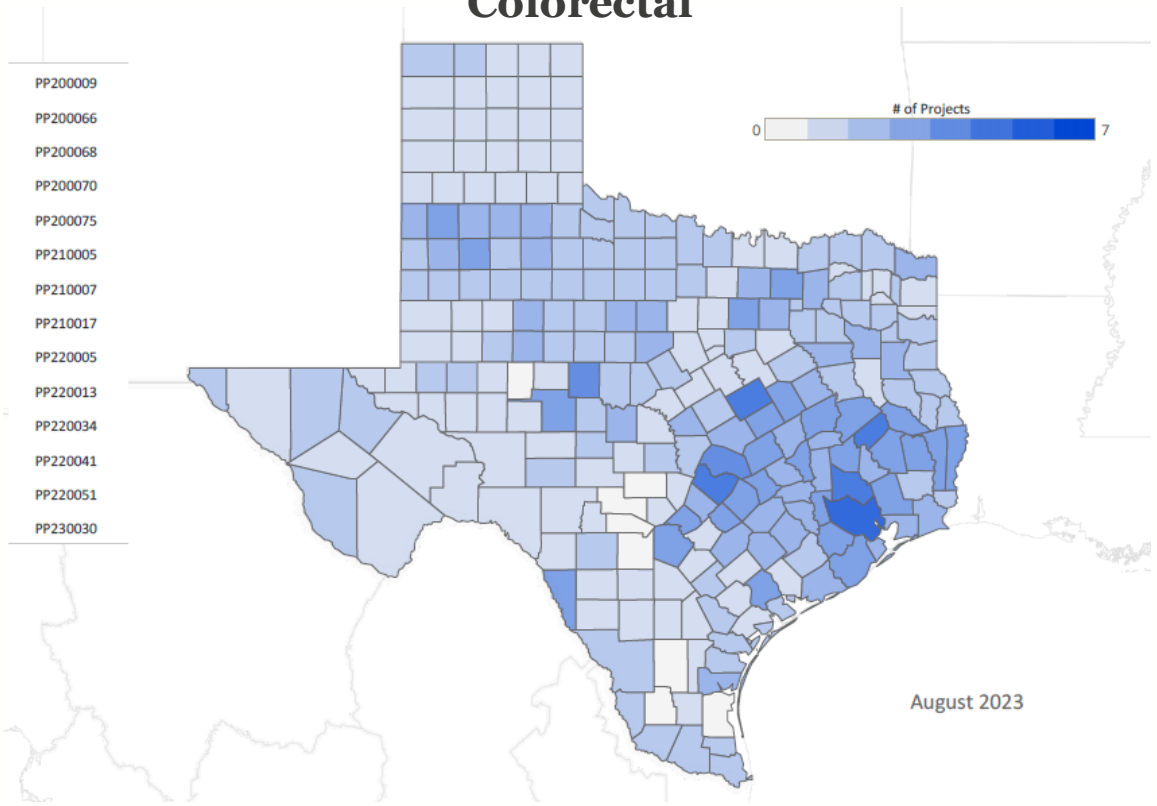


Screening Outcomes

- 1,957,369 screenings/diagnostics
- 408,178 people never before screened
- 34,096 precursors identified
- 5,058 cancers detected

Prevention Program
Services & Geographic Coverage

Counties of Residence of Populations Served by CPRIT Prevention Projects
Clinical Services - Screening/Early Detection - Colorectal



CRC Treatment Initiative in TX

- The Legislature approved a rider to HB 1, establishing a pilot program to fund colorectal treatment for uninsured and underinsured Texans.

- This initiative was championed by CPRITs Prevention Advisory Committee (PAC).

Questions?

Contact Information

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Website

https://cprit.texas.gov

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

nccrt.org @NCCRTnews #80inEveryCommunity

Implementation Science for Advancing Colorectal Cancer Control Equity

María Fernández, PhD
Vice President of Population Health and Implementation Science, the University of Texas Health Science Center at Houston (UTHealth Houston)
Founding Co-Director, the UTHealth Houston Institute for Implementation Science

Implementation Science for Advancing Colorectal Cancer Control Equity

National Colorectal Cancer Roundtable
November 15, 2023

María E. Fernández, PhD

Vice President of Population Health and Implementation Science
Lorne Bain Chair of Public Health and Medicine
Co-Director, UTHealth Houston Institute for Implementation Science
Professor, Department of Health Promotion and Behavioral Sciences
Director, Center for Health Promotion and Prevention Research
University of Texas Health Science Center at Houston

UTHealth Houston

UTHealth Houston School of Public Health
Center for Health Promotion and Prevention Research

PRC PREVENTION RESEARCH CENTERS

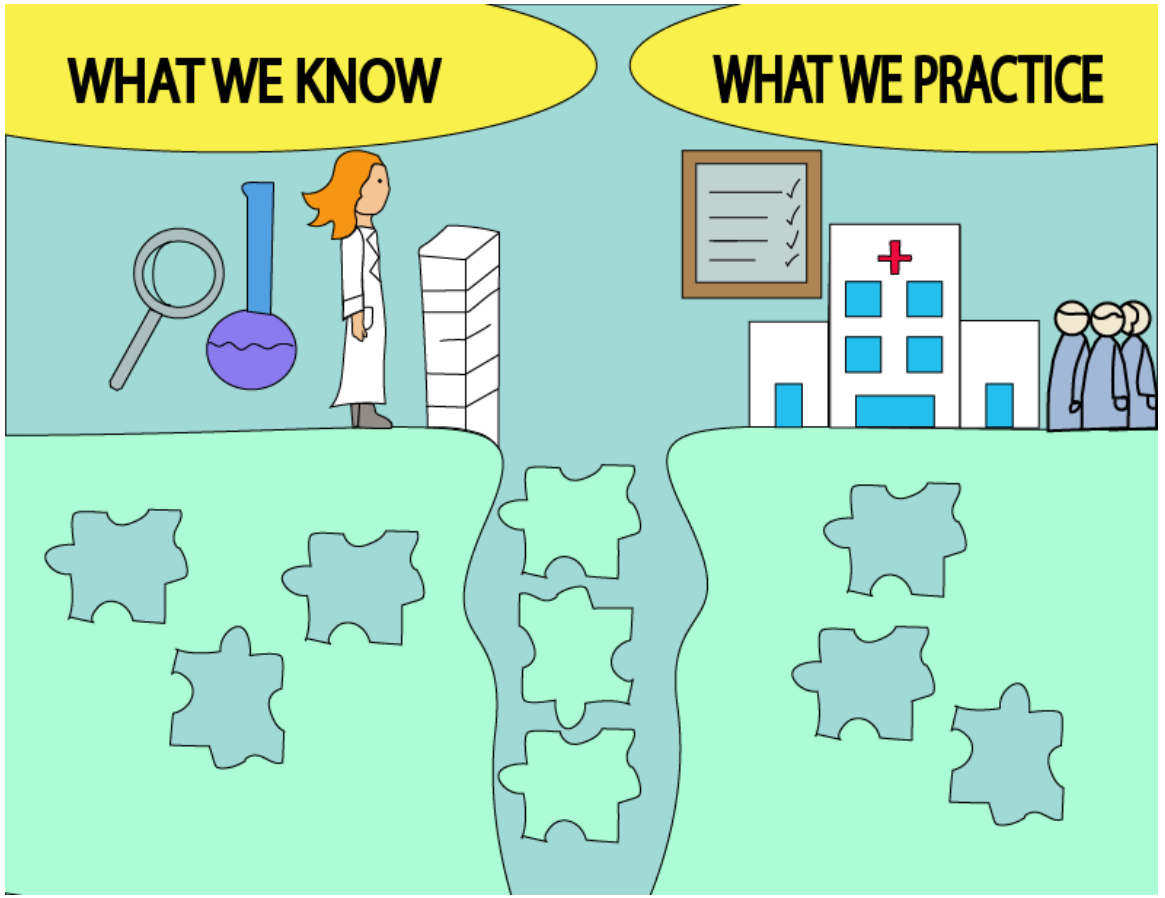
"A LITTLE KNOWLEDGE THAT ACTS IS WORTH INFINITELY MORE THAN MUCH KNOWLEDGE THAT IS IDLE."

-Kahlil Gibran

What is Implementation Science?

The study of methods to promote the adoption and integration of evidence-based practices, interventions and policies into routine practice.

Continues the job of clinical and public health research, taking evidence-based innovations and testing strategies to move them into wider practice.



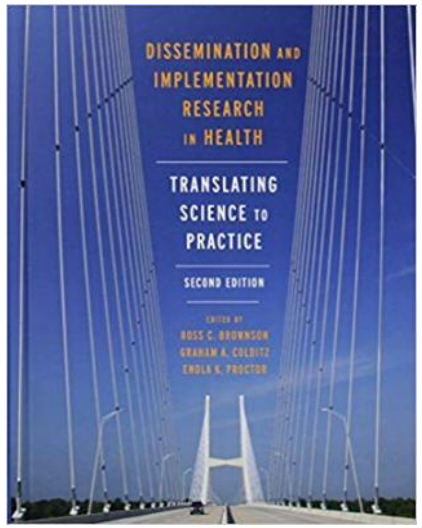
Wensing *et al. Implementation Science* (2020) 15:42
https://doi.org/10.1186/s13012-020-01006-x

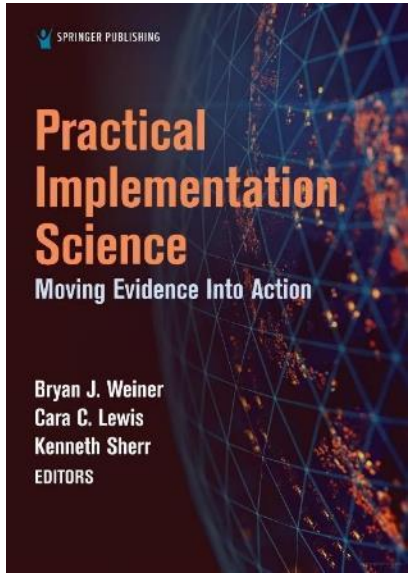
Implementation Science

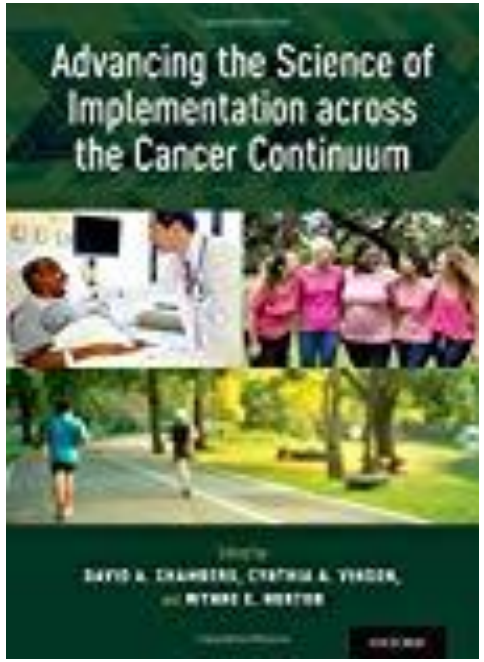
EDITORIAL Open Access

Implementation science in times of Covid-19

Michel Wensing[1,2*], Anne Sales[3,4], Rebecca Armstrong[5] and Paul Wilson[6,7]







Implementation Research & Practice

Viewpoint

Implementation Research and Practice
Volume 1: Jan-Dec 2020 1–4

DOI: 10.1177/0020764020925994
journals.sagepub.com/home/irp
SAGE

Considering the intersection between implementation science and COVID-19

David A Chambers

SIRC
SOCIETY FOR IMPLEMENTATION RESEARCH COLLABORATION

NIH National Institutes of Health

AcademyHealth

December10-13th, Washington DC

HOW CAN IMPLEMENTATION SCIENCE HELP?

IDENTIFY FACTORS

Influencing the implementation of interventions, clinical practice innovations, new technology, policies, etc.

ADAPT

Existing interventions to improve fit with new populations and settings and ensure cultural relevance.

STRATEGIES

To accelerate and improve the adoption, implementation, and sustainment of evidence-based practices, policies, and programs.

DE-IMPLEMENT INTERVENTION

To remove or reduce costly or potentially hazardous approaches to care.

DISSEMINATE AND SCALE UP

Effective interventions to public health and clinical practice settings.

Seeks to systematically close the gap between what we know and what we do.

COMMUNITY & STAKEHOLDER ENGAGEMENT

Cancer causes & control : CCC
Author Manuscript HHS Public Access

Participatory implementation science to increase the impact of evidence-based cancer prevention and control

Shoba Ramanadhan, ScD, MPH, Melinda M. Davis, PhD, [...], and Ross C. Brownson, PhD

Knowledge generation comes from the hands of practitioners/implementers as much as it comes from those usually playing the role of intervention researcher.

Hawe, P. (2015). Lessons from Complex Interventions to Improve Health. Annual Review of Public Health, 36(1), 307–323. doi: 10.1146/annurev-publhealth-031912-114421

MULTIFACETED STRATEGY OR IMPLEMENTATION INTERVENTION

MULTIPLE DISCRETE STRATEGIES

IMPLEMENTATION STRATEGIES

Methods or techniques used to enhance the adoption, implementation, sustainment & scale-up of program or practice.

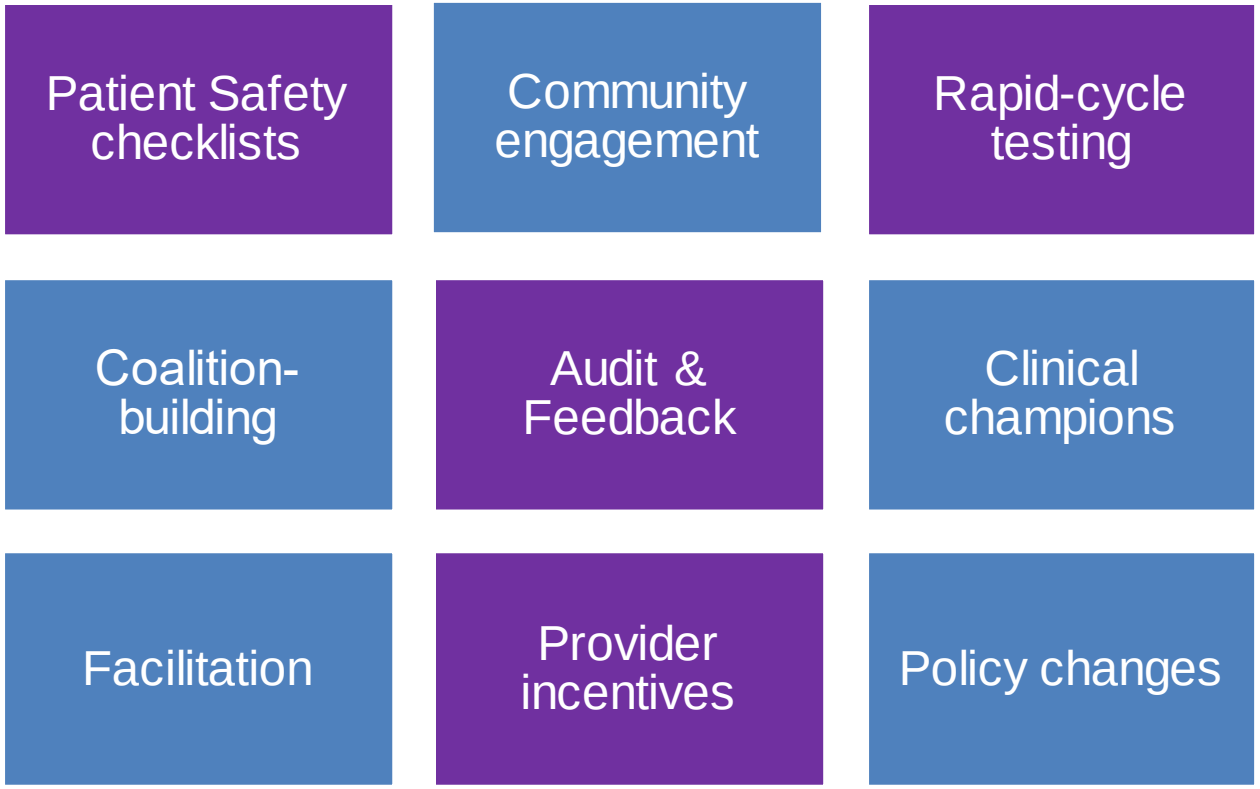
"Making the right thing to do the easy thing to do"
Dr. Carolyn Clancy

DISCRETE STRATEGY

SINGLE ACTION OR PROCESS

Powell et al. (2012; 2015; 2019); Proctor et al. (2013)

Examples of Implementation Strategies



Strategies that "*push*" treatments into use

Transactional-focused strategies process driven changes → provider technical skills, system-level incentives

Strategies that "*pull*" from the local level to drive practice change

Transformational-focused strategies – relationship-driven changes → empower individuals in strategic thinking , ownership in delivering treatment

Powell et al. 2015; Leeman et al. 2017; Miake-Lye, 2020, Avolio B, *Full-range Leadership Development*

Slide curtesy of Dr. Amy Kilbourne

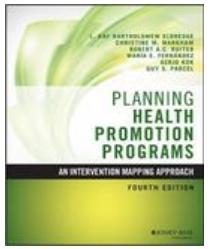
INTERVENTION MAPPING

A systematic approach to multilevel intervention development, adaptation, implementation, and evaluation.

DESIGNING

Designing interventions based on theory, evidence, new data, and community engagement.

Planning Health Promotion Programs: An Intervention Mapping Approach, 4th Edition



ADAPTING

Adapting interventions using IM Adapt to improve fit of evidence-based interventions.

www.imadapt.org

STRATEGIES

Designing implementation strategies to influence the adoption, implementation, and sustainment of evidence-based interventions (Implementation Mapping).

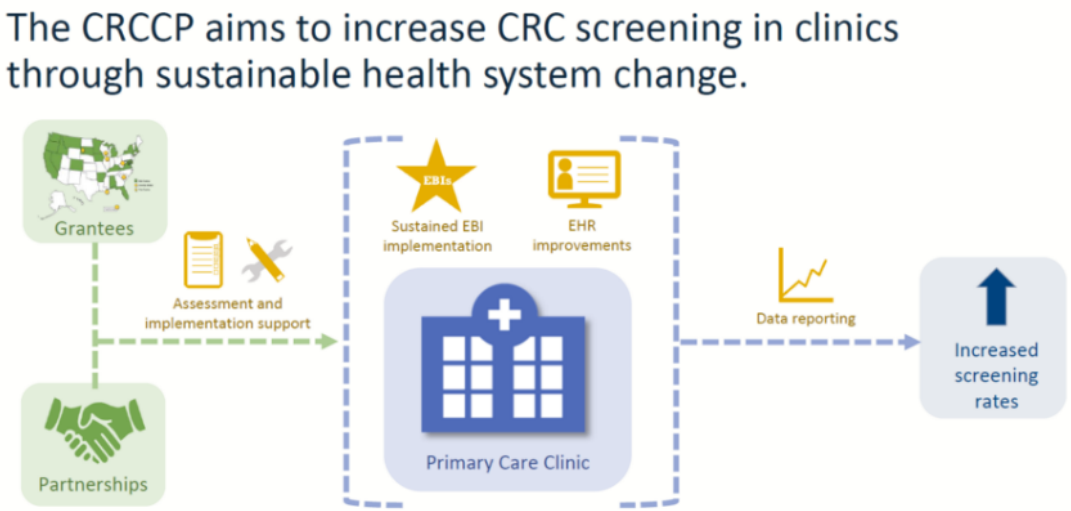
Implementation Mapping: Using Intervention Mapping to Develop Implementation Strategies.

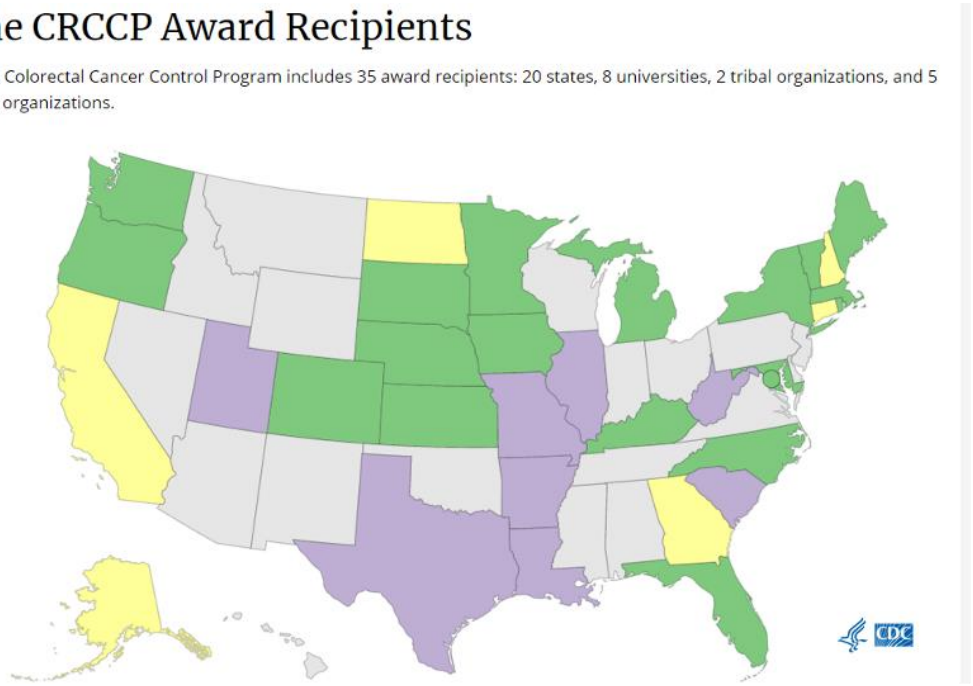
Bartholomew Eldredge, LK, et al. Planning health promotion programs: An Intervention Mapping approach (4th ed.). San Francisco, CA: Jossey-Bass. 2016; Fernández ME, Ruiter RAC, Markham CM and Kok G. Intervention Mapping: Theory- and Evidence-Based Health Promotion Program Planning: Perspective and Examples. Frontiers in Public Health. 2019; Fernández ME, , et al. Implementation Mapping: Using Intervention Mapping to Develop Implementation Strategies, Frontiers in Public Health, 2019

COLORECTAL CANCER CONTROL PROGRAM (CRCCP)

Project Goal

Improve effective use of EBIs recommended by the Guide to Community Preventive Services to overcome system-, provider-, and patient-level barriers to CRCS





UTHealth Houston

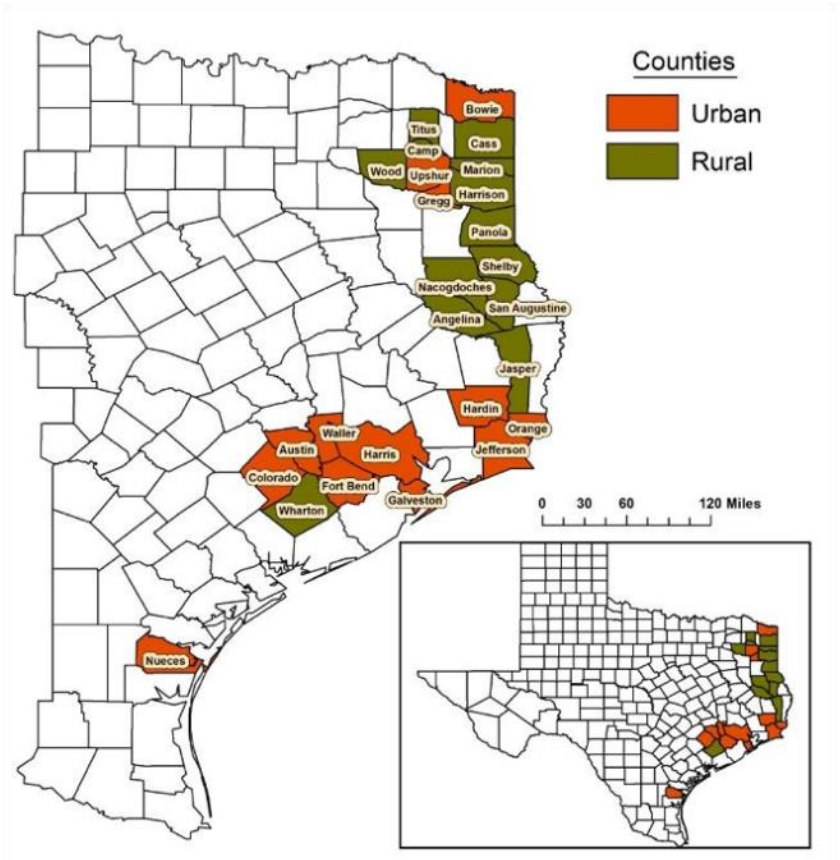
UTHealth
The University of Texas Health Science Center at Tyler

CDC
Centers for Disease Control and Prevention

The University of Texas MD Anderson Cancer Center
Making Cancer History®

COLORECTAL CANCER CONTROL PROGRAM (CRCCP)

Texas FQHC Partners	Counties Served Urban/Rural	# of Clinic Sites	CRCS Rate (%)	CPRIT CRCS Program	1115 Waiver CRCS Program
TEXAS GULF COAST REGION					
Gulf Coast Health Center	Jefferson, Orange, Hardin/Jasper	5	4.8	X	
Coastal Health & Wellness	Galveston	2	15.4	X	
Amistad Community Health Center	Nueces	1	18.8	X	
Access Health	Austin, Colorado, Fort Bend, Waller/Wharton	5	31.8		X
Avenue 360	Harris	6	34.4		X
EAST TEXAS REGION					
Hope Community Medicine	Panola, Shelby, San Augustine	3	6.0	X	
Genesis PrimeCare	Bowie, Gregg/Cass, Harrison, Marion	3	25.6	X	
Wellness Pointe	Gregg, Upshur/Camp, Titus, Wood	5	27.8	X	
East Texas Community Health Services	Angelina, Nacogdoches	3	53.0	X	
Carevide	Collin, Hunt, Fannin, Delta, Kaufman, Hopkins	6	29.0	X	
Total: 10 FQHCs	**Urban: 16** **Rural: 16** **Total: 32**	**39**	**24.7**		



Evidence-Based Interventions (EBIs) for Increasing Colorectal Cancer Screenings

Primary EBIs

- Patient (or client) reminders
- Provider reminders
- Provider assessment & feedback strategies
- Reducing structural barriers

Supportive EBIs

- Small media
- Patient navigators
- One-on-one education

The Community Guide

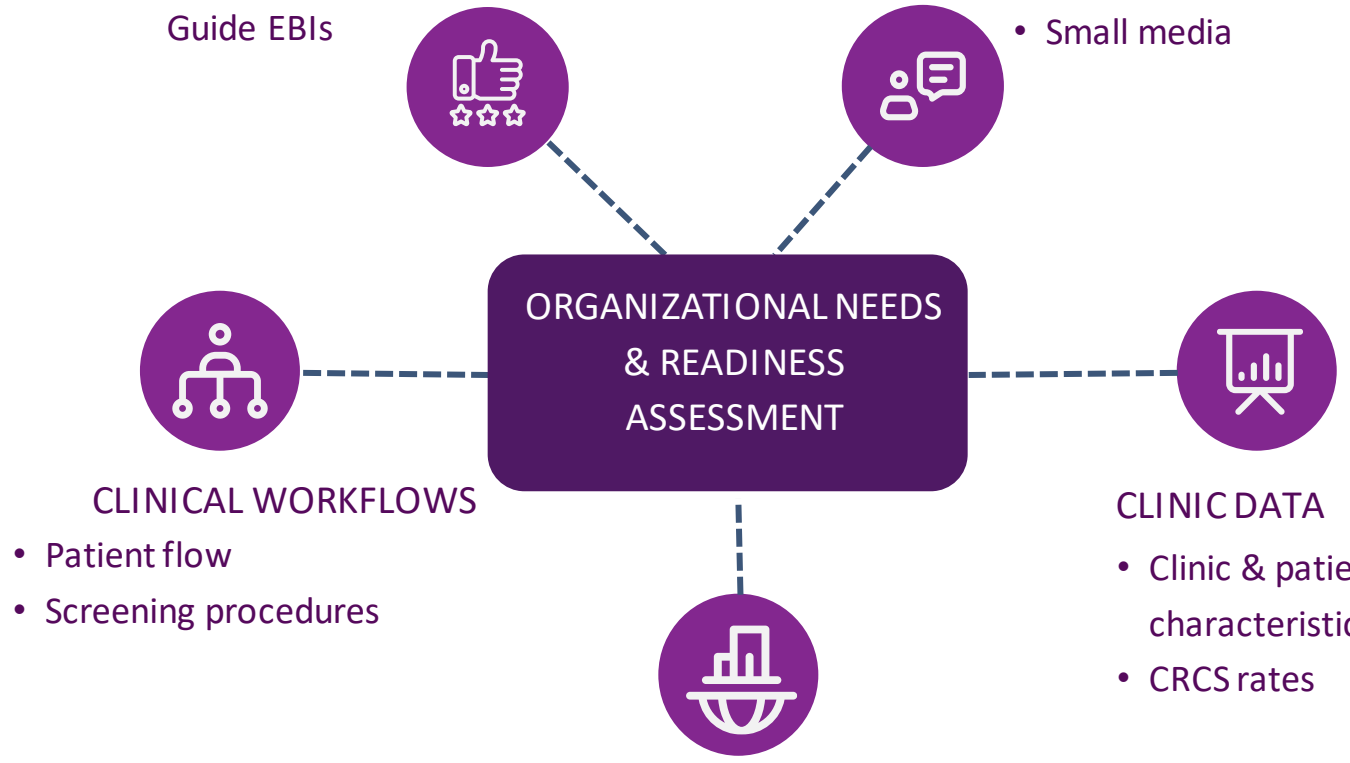
https://www.thecommunityguide.org

TEXAS CRCCP READINESS ASSESSMENT

R=MC2

- MOTIVATION
- CAPACITY (GENERAL)
- CAPACITY (INNOVATION-SPECIFIC)

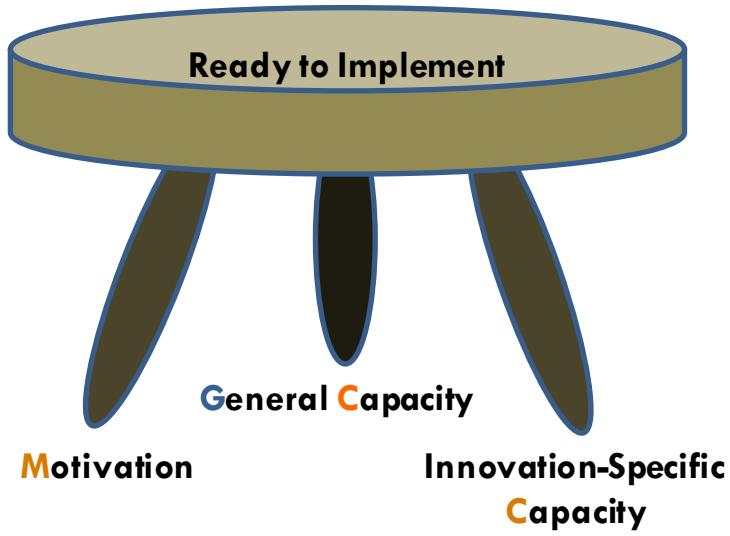
Multi-method approach: in-depth interviews, clinic-level surveys, and direct workflow observations.



Scaccia, Cook, Lamont, Wandersman, Castellow, Katz, & Beidas, 2015

Using Implementation Mapping to Build Organizational Readiness

$R=MC^2$



Readiness

=

Motivation

x

Capacity (Innovation-Specific)

x

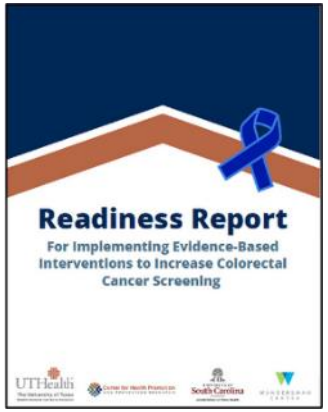
Capacity (General)

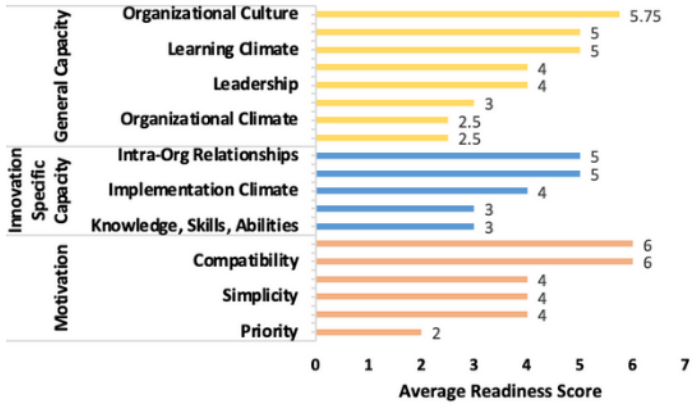
WANDERSMAN CENTER

- **Motivation:** Degree to which we want the innovation to happen, given all priorities
- **Innovation-specific capacity:** The human, technical and fiscal conditions important to the successful implementation of a particular innovation.
- **General capacity:** Pertains to aspects of organizational functioning (e.g., culture, climate, staff capacity, leadership)

(Scaccia, Cook, Lamont, Wandersman, Castellow, Katz, & Beidas, 2015)

READINESS REPORTS





Clinic	Organizational Culture	Leadership	Organizational Innovativeness	Organizational Climate	Staff Capacities	Organizational Structure	Learning Climate	Resource Utilization	Mean General Capacity Score
5	6.7	6.5	6.4	6.6	6.6	6.6	6.6	6.6	6.6
7	6.5	6.2	6.4	6.2	6	6.2	6.3	6.4	6.3
6	6.4	6.4	6.2	6.2	5.8	6.2	6.2	6.2	6.2
2	6.3	6	6.3	6	6	6.3	5.8	5.3	6.0
1	5.6	5.4	5.2	5.2	5.2	5.2	5.1	5	5.2
4	5.2	4.9	4.7	5.1	5.1	4.9	4.7	4.6	4.9
3	4.6	4.8	4.3	4.6	4.2	4.4	4.4	4.1	4.4

READINESS REPORT CAN BE USED TO HELP CLINICS:

Understand strengths & areas for improvement

Determine which aspects of readiness to focus efforts on & why

Develop a plan for building and/or maintaining readiness

Develop a plan for building and/or maintaining readiness

IMPLEMENTATION STRATEGIES

Examples of implementation strategies

PRACTICE FACILITATION

PROJECT ECHO

PROGRAM CHAMPION

PROVIDER AND STAFF TRAINING

LINKING WITH EXTERNAL PARTNERS

CONCLUSIONS

IMPLEMENTATION SCIENCE CAN HELP ADVANCE COLORECTAL CANCER SCREENING BY:

- Building an actionable and pragmatic knowledge base to equitably accelerate implementation and dissemination of effective strategies for CRCS
- Advancing models and frameworks to understand relationships between; predictors of CRCS implementation outcomes
- Developing strategies to accelerate and improve scale-up and spread of effective CRCS strategies
- Engaging stakeholders at all levels.

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Ella Garza, MPH

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Crystal Costa, MPH

Crystal Alexander

Damita Hines

Erik McKenny

Patenne Mathews, MPH

Cesar Rodriguez, MPH

Ileska Valencia Torres

Joe Padilla, MPH

THANK YOU

Online Channels

@uthpromotion

@uthpromotion

@uthealthchppr

Let's talk!

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UTHealth Houston School of Public Health
Center for Health Promotion and Prevention Research

PRC PREVENTION RESEARCH CENTERS

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

nccrt.org @NCCRTnews #80inEveryCommunity

Inclusiveness Matters: The ACCION / SuCCCeS Program Experience

Jennifer Molokwu, MD, MPH, FAAFP
Vice-Chair for Research and Director of Cancer Prevention and Control, Departments of Family and Community Medicine and Molecular and Translational Medicine
Texas Tech University Health Sciences Center El Paso

Inclusiveness Matters: The ACCION /SuCCCeS Program Experience

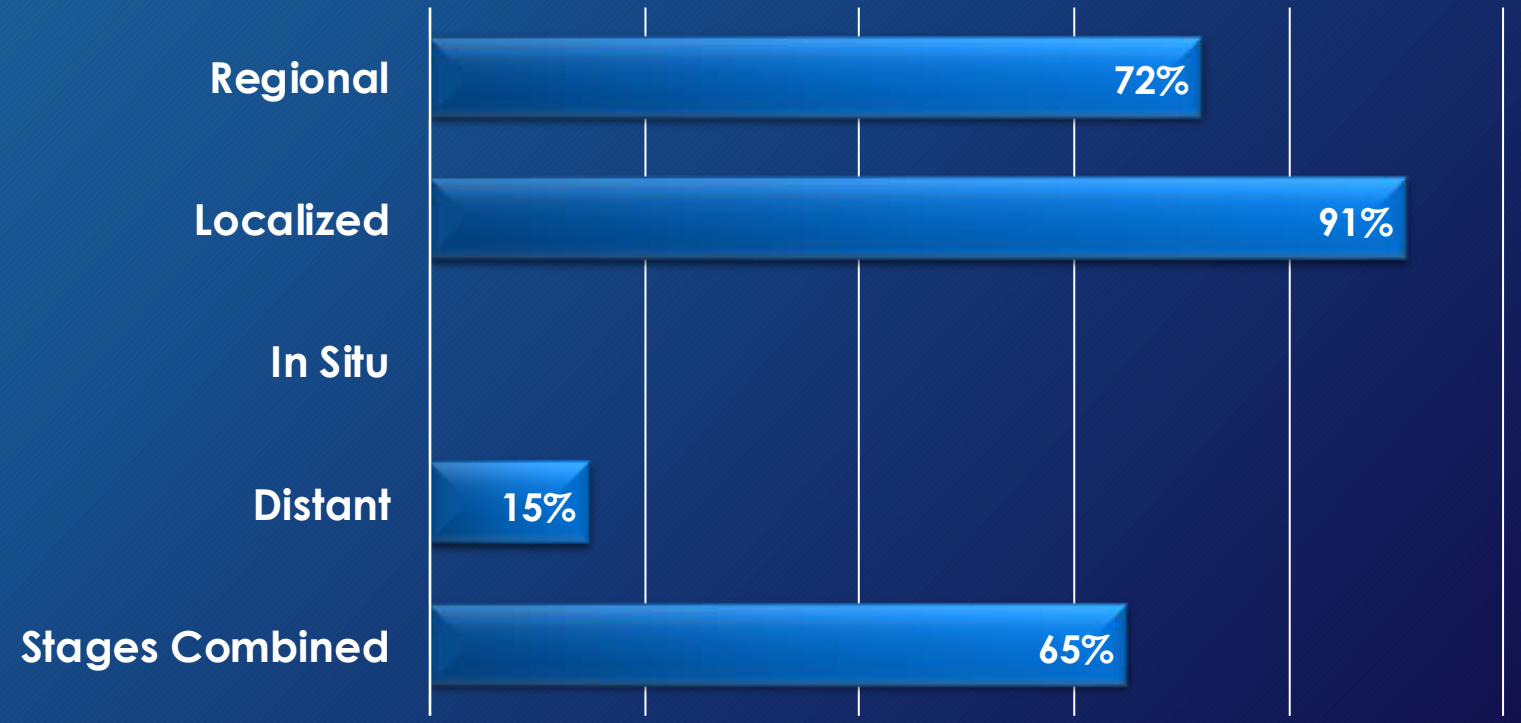
Jennifer Molokwu MD, MPH, FAAFP

CRC Epidemiology ACS, 2022

Incidence Rates, 2014-18	Overall
El Paso	36.4
Hispanic Males	49.8
Hispanic Females	26.9

Mortality Rates, 2014-18	Overall
El Paso	12.6
Hispanic Males	18.5
Hispanic Females	7.7

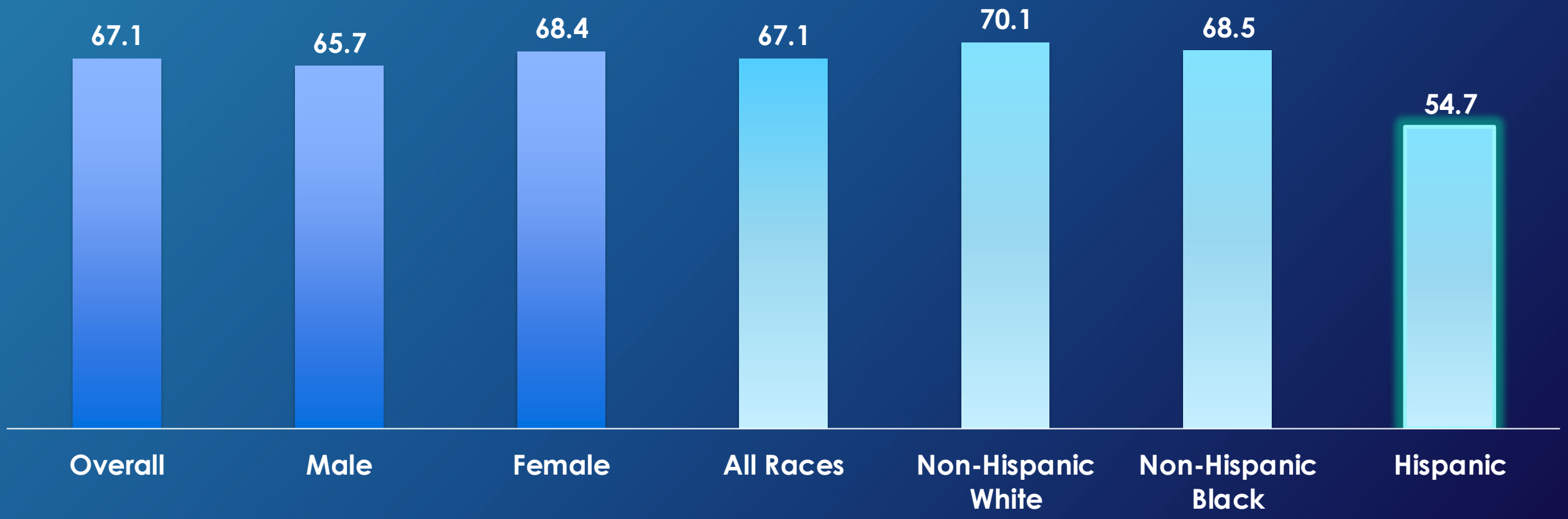
5-Year Relative Survival, 2011-17



Screening Utilization

CDC, National Center for Health Statistics, National Health Interview Survey, 1987–2019.

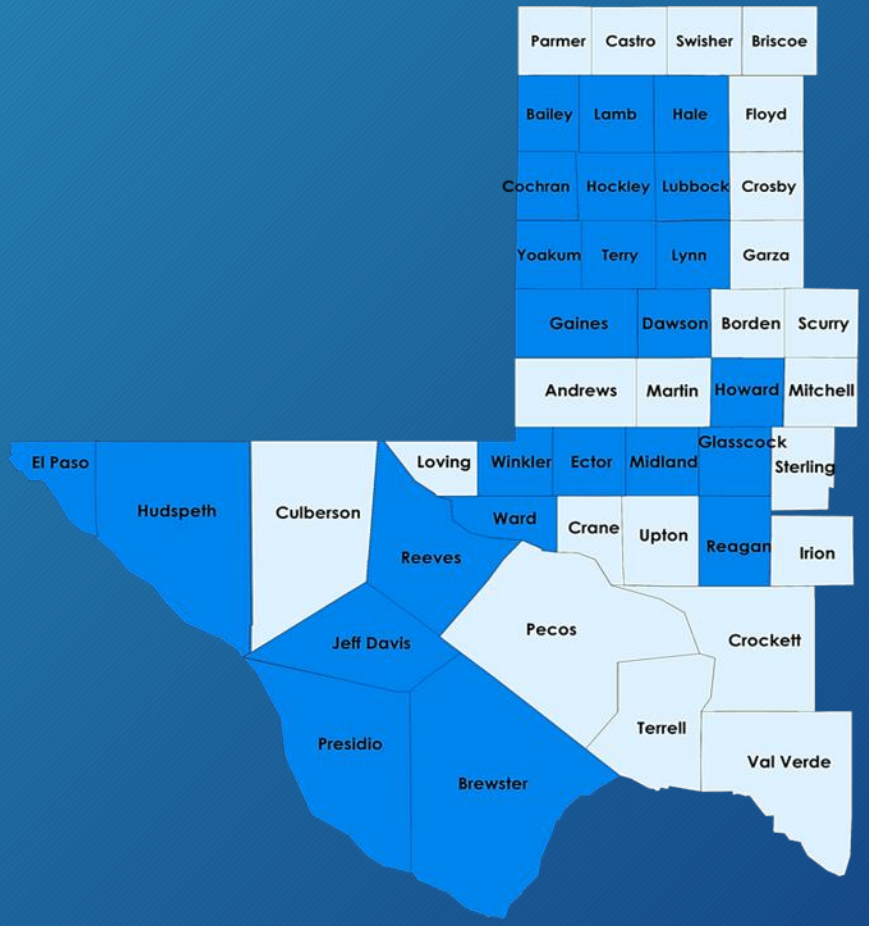
Adults Aged [50-75] Up-to-Date with CRC Overall Screening, 2000-2019



Barriers To Screening

▪ **Fear & Embarrassment**	Fear of a cancer diagnosis & embarrassment are common themes due to testing being invasive and performed on a part of the body that is taboo to discuss.
▪ **Unpleasantness Of Tests**	There are different types of screening tests; many individuals are not aware of the alternate screening methods.
▪ **Transportation**	There are many individuals who do not have a way in getting to the testing site.
▪ **Lack Of Insurance/Cost**	The cost of screening being expensive and possibly inaccessible due to lack of health insurance.
▪ **Physician Recommendation**	Lack of provider recommendations play a significant role in screening barriers, which is more likely seen among ethnic minorities.
▪ **Lack Of Symptoms**	Symptoms of CRC may not always be present at first and the individual may be feeling perfectly well.
▪ **Health Education**	Lack education about CRC and other health topics, particular insufficient education regarding CRC screening, the causes of CRC, symptoms and how to prevent it.

Who are We and Where We Serve



- Initially developed in 2011 with funding from CPRIT.
- The ACCION /SuCCCeS program is a well-established, theory-based, culturally tailored, bilingual, evidence-based screening program.
- Developed to address specific disparities and barriers in the communities we serve.

El Paso experience

Colorectal Cancer screening program developed By Dr. Navkiran Shokar in 2011 funded with support from CPRIT

Community involved in all stages

Use of community health extension workers.

(Promotor/a)

Meet the community where they are

Wide range of collaborators

How we Serve

SuCCCeS
Southwest Coalition for Colon Cancer Screening

Core Community Program Services

Community Outreach & Education

- Earned Media
- Health Fairs
- Community Events
- Community Organizations Partnerships

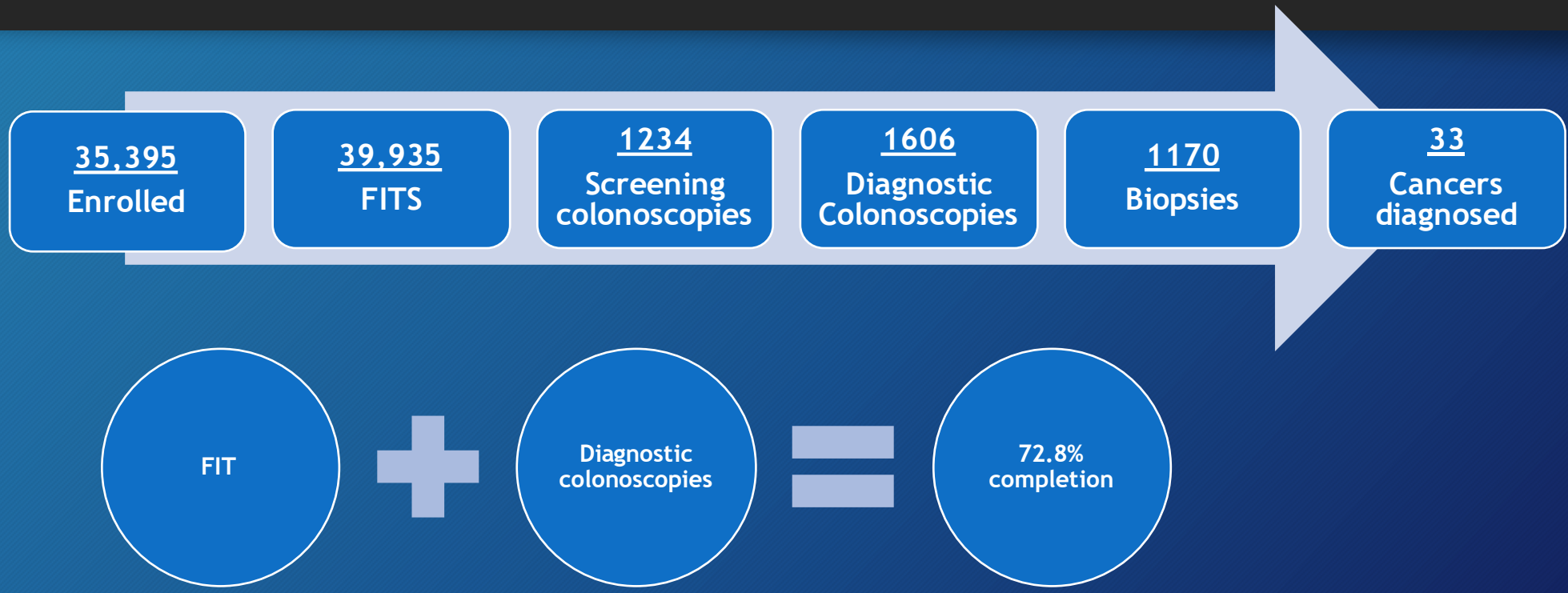
Provision Of Screening & Diagnostic Tests

- **Fit**
- **Colonoscopy**

Patient Navigation

- Tracking & Reminders
- Case Management
- Address Barriers To Testing
- RX & PCP Access

Outcomes


35,395
Enrolled
39,935
FITS
1234
Screening colonoscopies
1606
Diagnostic Colonoscopies
1170
Biopsies
33
Cancers diagnosed
FIT
Diagnostic colonoscopies
72.8% completion

Questions

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Thank You

nccrt.org @NCCRTnews #80inEveryCommunity

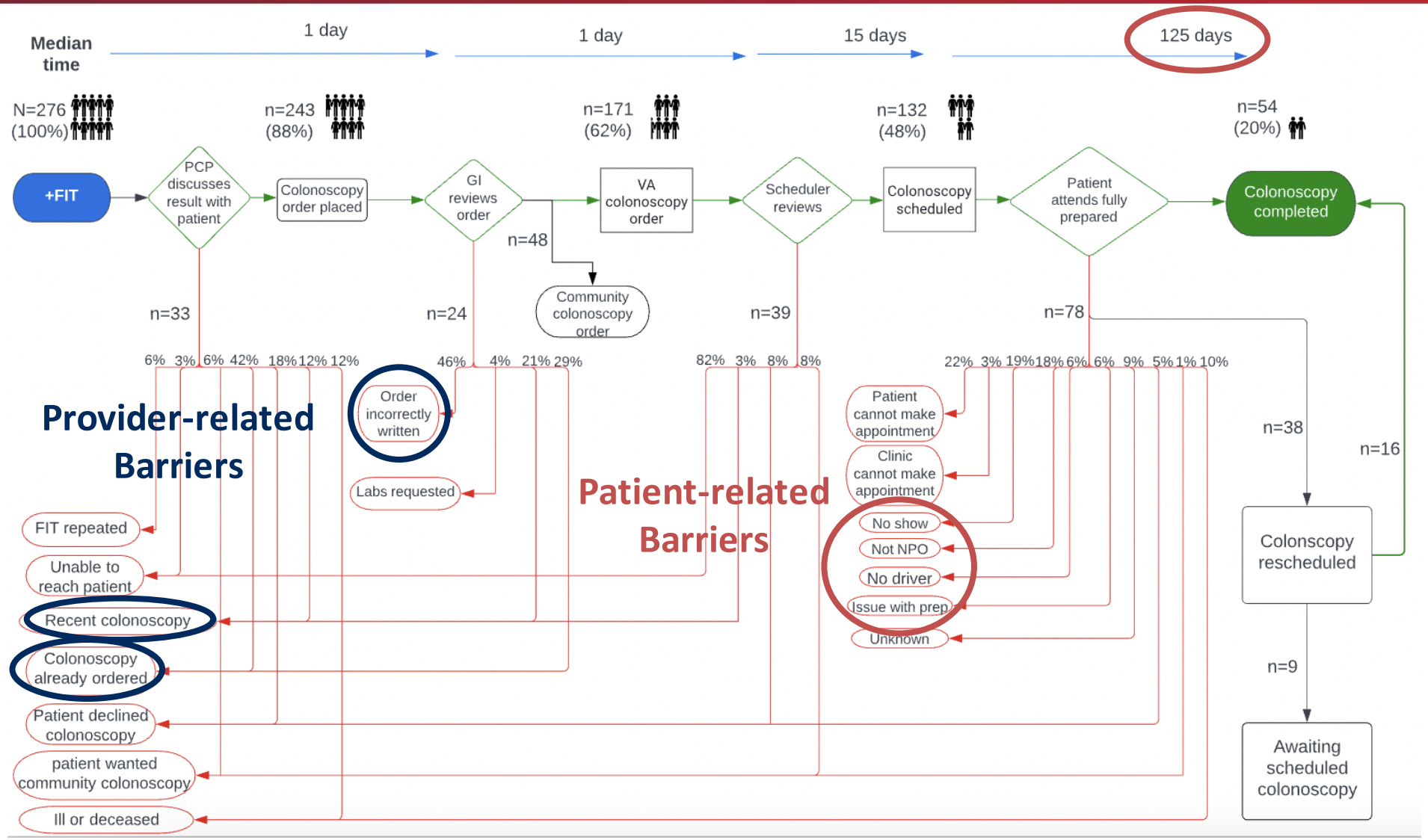
Identifying Current Clinical Care Processes To Reduce Delays In Colorectal Cancer Diagnoses

Scott A. Larson, MD, PhD, AGAF, FACG, FASGE
Site Director Quality and Fellowship Program, Michael E. DeBakey VA Medical Center
Assistant Professor & Clinical Educator, Baylor College of Medicine

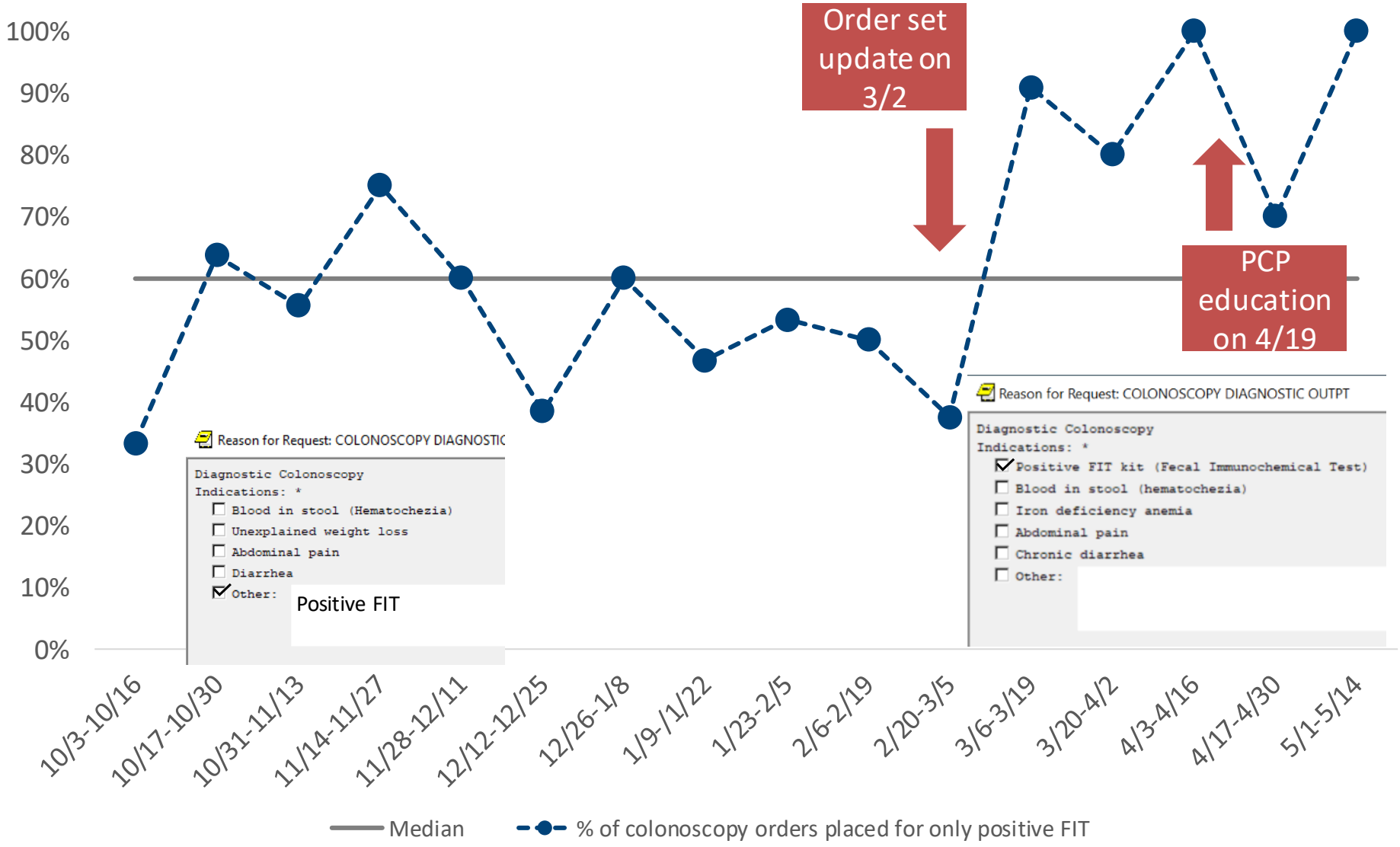
Identifying Current Clinical Care Processes To Reduce Delays In Colorectal Cancer Diagnoses

Scott A. Larson MD, PhD, AGAF, FACG, FASGE
Assistant professor
Site Director Quality Academy and GI Fellowship
Michael E. DeBakey VA Medical Center
Academic Affiliate: Baylor College of Medicine

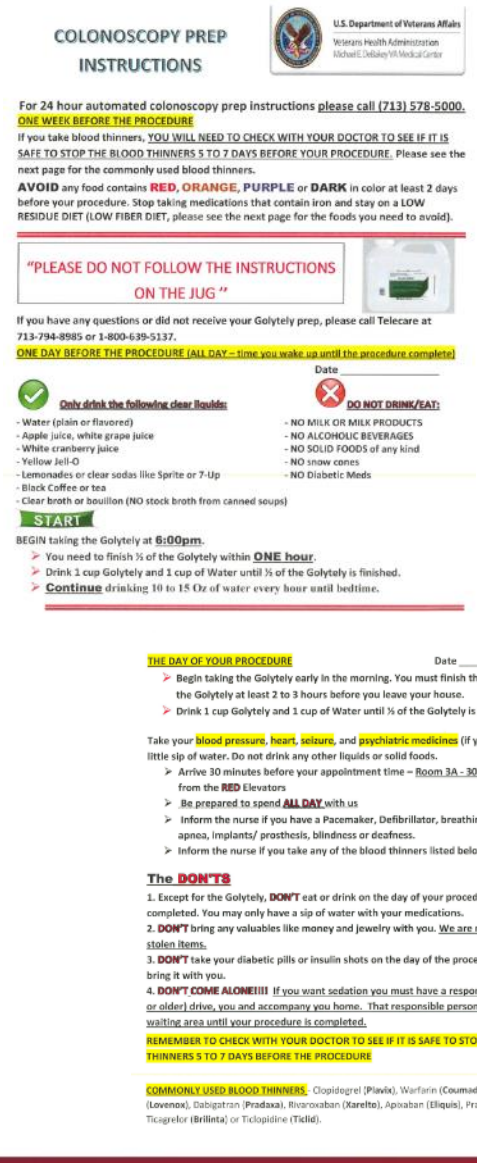
PROCESS MAP


Median time
1 day
1 day
15 days
125 days
N=276 (100%)
n=243 (88%)
n=171 (62%)
n=132 (48%)
n=54 (20%)
+FIT
PCP discusses result with patient
Colonoscopy order placed
GI reviews order
VA colonoscopy order
Scheduler reviews
Colonoscopy scheduled
Patient attends fully prepared
Colonoscopy completed
n=48
Community colonoscopy order
n=33
n=24
n=39
n=78
6% 3% 6% 42% 18% 12% 12%
46% 4% 21% 29%
82% 3% 8% 8%
22% 3% 19% 18% 6% 6% 9% 5% 1% 10%
Provider-related Barriers
Order incorrectly written
Labs requested
FIT repeated
Unable to reach patient
Recent colonoscopy
Colonoscopy already ordered
Patient declined colonoscopy
patient wanted community colonoscopy
Ill or deceased
Patient-related Barriers
Patient cannot make appointment
Clinic cannot make appointment
No show
Not NPO
No driver
Issue with prep
Unknown
n=38
n=16
Colonscopy rescheduled
n=9
Awaiting scheduled colonoscopy

DIAGNOSTIC COLONOSCOPIES ORDERED WITH APPROPRIATE INDICATION



PATIENT-RELATED BARRIERS



COLONOSCOPY PREP INSTRUCTIONS

U.S. Department of Veterans Affairs
Veterans Health Administration
Michael E. DeBakey VA Medical Center

For 24 hour automated colonoscopy prep instructions please call (713) 578-5000.

ONE WEEK BEFORE THE PROCEDURE

If you take blood thinners, YOU WILL NEED TO CHECK WITH YOUR DOCTOR TO SEE IF IT IS SAFE TO STOP THE BLOOD THINNERS 5 TO 7 DAYS BEFORE YOUR PROCEDURE. Please see the next page for the commonly used blood thinners.

AVOID any food contains **RED**, **ORANGE**, **PURPLE** or **DARK** in color at least 2 days before your procedure. Stop taking medications that contain iron and stay on a LOW RESIDUE DIET (LOW FIBER DIET, please see the next page for the foods you need to avoid).

"PLEASE DO NOT FOLLOW THE INSTRUCTIONS ON THE JUG "

If you have any questions or did not receive your Golytely prep, please call Telecare at 713-794-8985 or 1-800-639-5137.

ONE DAY BEFORE THE PROCEDURE (ALL DAY – time you wake up until the procedure complete)

Date _____

Only drink the following clear liquids:
- Water (plain or flavored)
- Apple juice, white grape juice
- White cranberry juice
- Yellow Jell-O
- Lemonades or clear sodas like Sprite or 7-Up
- Black Coffee or tea
- Clear broth or bouillon (NO stock broth from canned soups)

DO NOT DRINK/EAT:
- NO MILK OR MILK PRODUCTS
- NO ALCOHOLIC BEVERAGES
- NO SOLID FOODS of any kind
- NO snow cones
- NO Diabetic Meds

START

BEGIN taking the Golytely at **6:00pm**.
- You need to finish ½ of the Golytely within **ONE hour**.
- Drink 1 cup Golytely and 1 cup of Water until ½ of the Golytely is finished.
- **Continue** drinking 10 to 15 Oz of water every hour until bedtime.

THE DAY OF YOUR PROCEDURE Date _____
- Begin taking the Golytely early in the morning. You must finish the **second hal**
  the Golytely at least 2 to 3 hours before you leave your house.
- Drink 1 cup Golytely and 1 cup of Water until ½ of the Golytely is finished.

Take your **blood pressure**, **heart**, **seizure**, and **psychiatric medicines** (if you are on any) w
little sip of water. Do not drink any other liquids or solid foods.
- Arrive 30 minutes before your appointment time – Room 3A - 300 - 3rd floor acro
  from the **RED** Elevators
- Be prepared to spend **ALL DAY** with us
- Inform the nurse if you have a Pacemaker, Defibrillator, breathing problems, sle
  apnea, implants/ prosthesis, blindness or deafness.
- Inform the nurse if you take any of the blood thinners listed below:

The DON'TS

1. Except for the Golytely, **DON'T** eat or drink on the day of your procedure until it is completed. You may only have a sip of water with your medications.
2. **DON'T** bring any valuables like money and jewelry with you. We are not responsible f stolen items.
3. **DON'T** take your diabetic pills or insulin shots on the day of the procedure but you ma bring it with you.
4. **DON'T COME ALONE!!!!** If you want sedation you must have a responsible adult (age or older) drive, you and accompany you home. That responsible person must stay in the waiting area until your procedure is completed.

REMEMBER TO CHECK WITH YOUR DOCTOR TO SEE IF IT IS SAFE TO STOP YOUR BLOOD THINNERS 5 TO 7 DAYS BEFORE THE PROCEDURE

COMMONLY USED BLOOD THINNERS. Clopidogrel (**Plavix**), Warfarin (**Coumadin**), Enoxaparin (**Lovenox**), Dabigatran (**Pradaxa**), Rivaroxaban (**Xarelto**), Apixaban (**Eliquis**), Prasugrel (**Effient**), Ticagrelor (**Brilinta**) or Ticlopidine (**Ticlid**).

Learn more at the Houston

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Frequently Asked Questions

What is a colonoscopy? A safe and common procedure to look at the lining of the large intestine.

How does a colonoscopy prevent cancer? A colonoscopy can find polyps, or precancerous lesions, that can be removed before they turn into cancer.

What if cancer is found? Finding cancer early can help your chances for treatment or cure.

Will it hurt? No. You may feel pressure, bloating, or cramping during the procedure. You will be given medications to help you relax and feel sleepy.

How long does it take? The colonoscopy usually takes less than 30 minutes, but expect to stay with us all day for preparation and recovery.

Your Timeline

2 WEEKS BEFORE If you take a blood thinner, diabetes or weight loss medication, ask your primary care provider when or if you need to stop taking it.

1 WEEK BEFORE Find a family member or friend to give you a ride and stay with you ALL DAY. Start a low fiber diet (no nuts, whole grains, fruits, vegetables).

1 DAY BEFORE Stop eating food. Only drink clear liquids (lemonade, clear sodas, clear broth, sports drinks). Avoid red drinks.

THE EVENING BEFORE Drink 1 glass of Golytely with 1 glass of water and repeat this until half the Golytely is gone. Do not eat or drink anything else.

THE MORNING OF Wake up early. Keep drinking the Golytely with water and finish at least 3 hours before you leave for the VA for your procedure.

COLONOSCOPY

Stool Chart

As you complete the Golytely prep, look at your bowel movements and compare them to the examples below. When your stool looks like the sample on the bottom **right** you are ready.

DARK AND MURKY **NOT OK**

BROWN AND MURKY **NOT OK**

DARK ORANGE AND SEMI-CLEAR **NOT OK**

LIGHT ORANGE AND MOSTLY CLEAR **ALMOST THERE!**

YELLOW AND CLEAR, LIKE URINE **YOU'RE READY!**

Any Issues? Call the GI Lab!

713-791-1414 ext. 25152
- o Problem with Golytely prep
- o You cannot make your appointment
- o You don't have a ride or someone to stay with you
- o Your bowel movements are not clear yellow after finishing the Golytely prep
- o You are unsure what you can or cannot eat
- o You have a question not answered here

Presumed Inadequate Bowel Prep (PIBP)

275 scheduled colonoscopies (Nov 2020-March 2021)

9% (n=39) cancelled the day-of-procedure due to Presumed Inadequate Bowel Prep (PIBP)

69% (n=27) were rescheduled

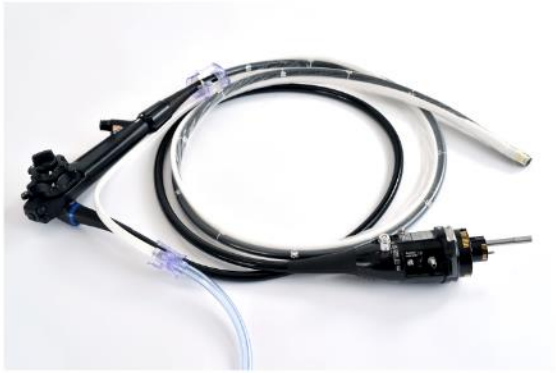
- completed 8.2 months (average) from initial colonoscopy order
- completed 4.1 months (average) from day of cancellation

30.8% (n=12) have not had a repeat colonoscopy within the VA system at the time of data review (Nov 2022)

- 25%-67% Reported in literature

Over the Scope Irrigation System

- The Pure-Vu System is indicated to help facilitate the cleaning of a poorly prepared GI tract during an endoscopy procedure.



Over the Scope Irrigation System

Rooming algorithm

Solid stool

Liquid stool

Reschedule

Completed <50% of prep

Completed >50% of prep

Reschedule

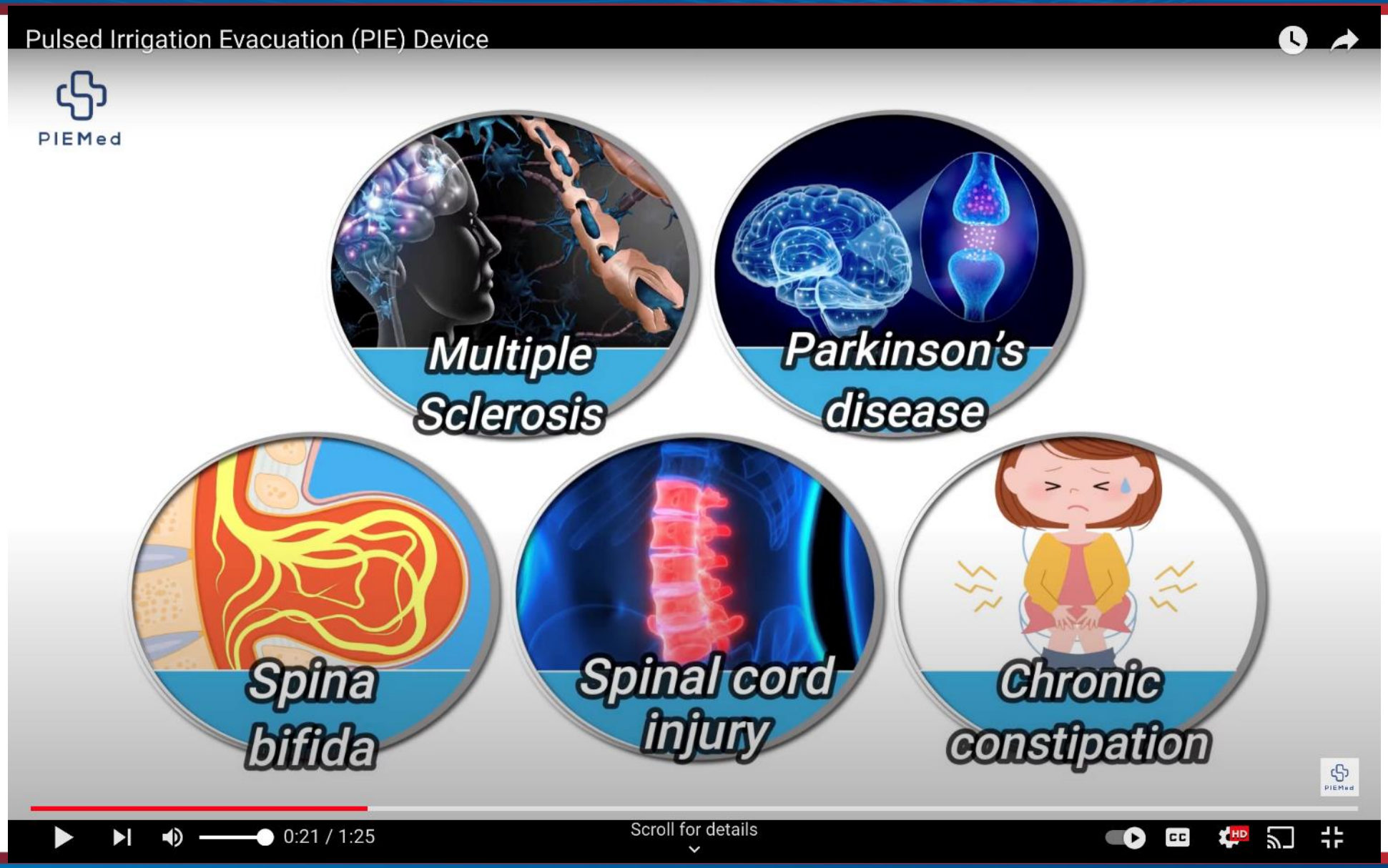
Last meal before 12 pm

Last meal after 12 pm

Any endoscopy room

Pure-Vu capable room

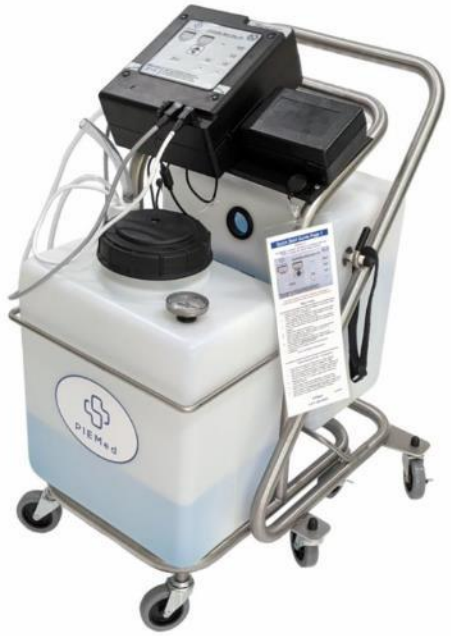
Pulsed Irrigation Evacuation



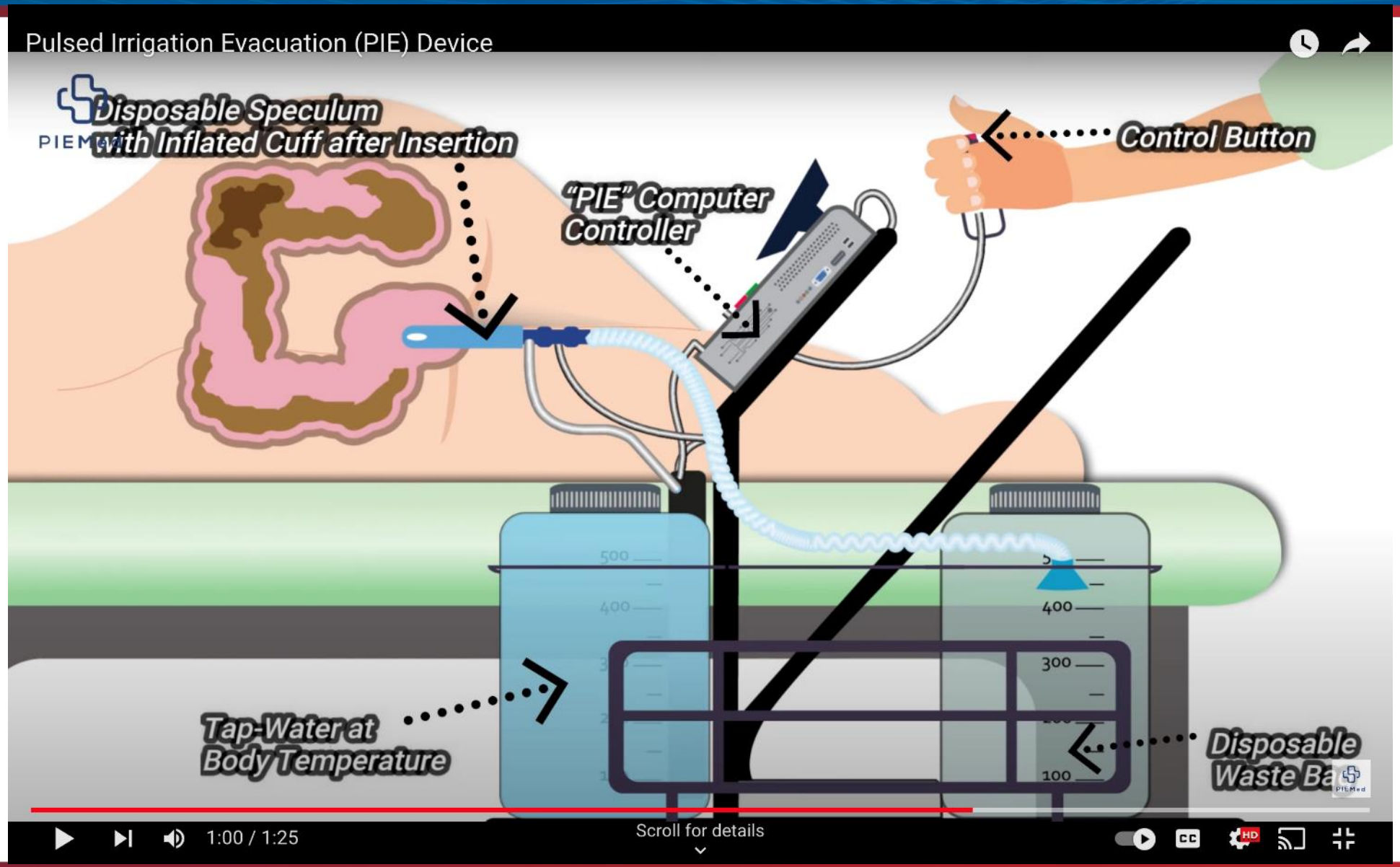
Pulsed Irrigation Evacuation

Pie Device Animation

https://youtu.be/Lrwq6C2B1Lc



Pulsed Irrigation Evacuation



THANK YOU & QUESTIONS

CRQS

Angie Rao
Molly Horstman
Lindsay Vaclavik
Kamal Hirani
Wendy Podany

Resident

Kaitlyn Carlson
Lauren Comer

GI

Jason Hou
Rhonda Cole
Disha Kumar

Data

Andy Zimolzak

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Thank You

nccrt.org @NCCRTnews #80inEveryCommunity

CRC Screening in Texas

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Chair, Department of Population Health
Co-Program Leader of Cancer Prevention & Control, Livestrong Cancer Institutes
The University of Texas at Austin Dell Medical School

The University of Texas at Austin
Dell Medical School

COLORECTAL CANCER SCREENING IN TEXAS

NAVKIRAN K. SHOKAR, MA MD MPH

Professor and Chair Department of Population Health
Associate Dean for Community Affairs
Program Leader, Cancer Prevention and Control
Dell Medical School at the University of Texas at Austin

CRC Screening In Texas

1

Current CRC screening status in Texas

2

Experiences implementing CRC screening interventions

3

Future Directions →Statewide CRC Screening Coordinating Center

► *Galvanizing CRC screening across Texas*

CRC Screening In Texas

Texas

- 30.1 million population
- 5.2 million uninsured (16.6%)
- Majority minority state
- 3.2 million residing in rural areas
- Non-Medicaid expansion state
- 9.7M age eligible for CRC screening
- ~1.1M uninsured

CPRIT

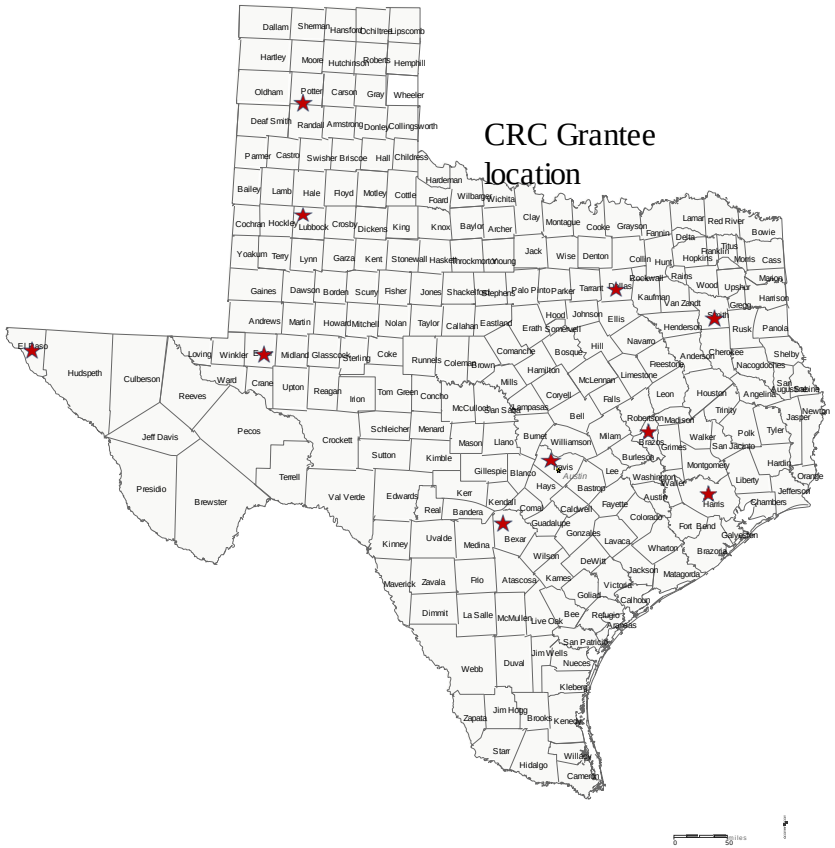
- CPRIT Prevention Program funding: $300 Million/yr over 10 years
- Focus on uninsured/underinsured

CRC Grantees

- 15 CRC screening programs → 65-75K screenings/yr
- Primarily FIT based screening; some risk-based screening & diagnostic colonoscopy, outreach, navigation support
- Challenge: access to treatment

CRC Grantees cont.

- Unique regional solutions: geographically dispersed
- Primarily academic health center led



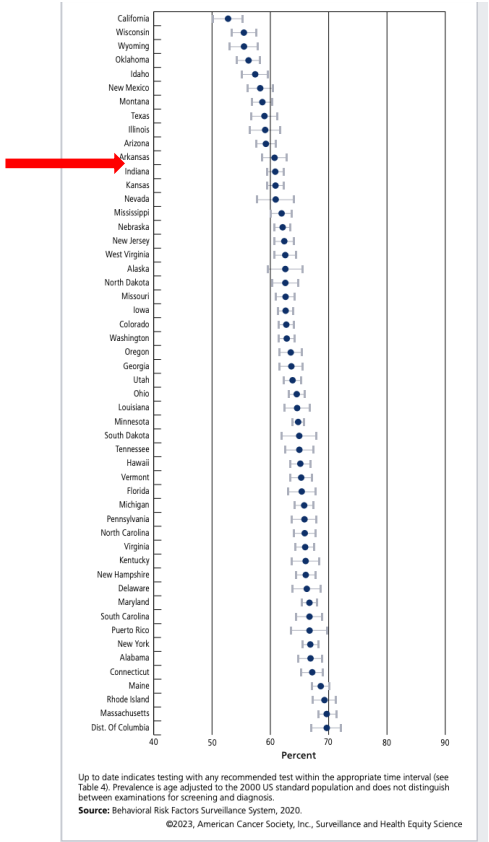
CRC Screening

% UTD 2012 to 2022:

TX: → 58.5 to 66.8

US: → 65 to 72

UDS: → 30.2 to 42.8 (TX 34.8%)



Scaling Effective Interventions

Across settings

Delivery within clinical settings
-Opportunistic
-Visit-based
-Non visit based

Public health – community approaches
-Community-based
-Non-traditional settings

Multicomponent

Build client demand
Reducing structural barriers
Provision of FIT
Patient navigation
Patient education
- **One-on-one education**
- **Group education**
- **Small media**

Reminder letter or call
Behavioral theories to guide development

Multilevel

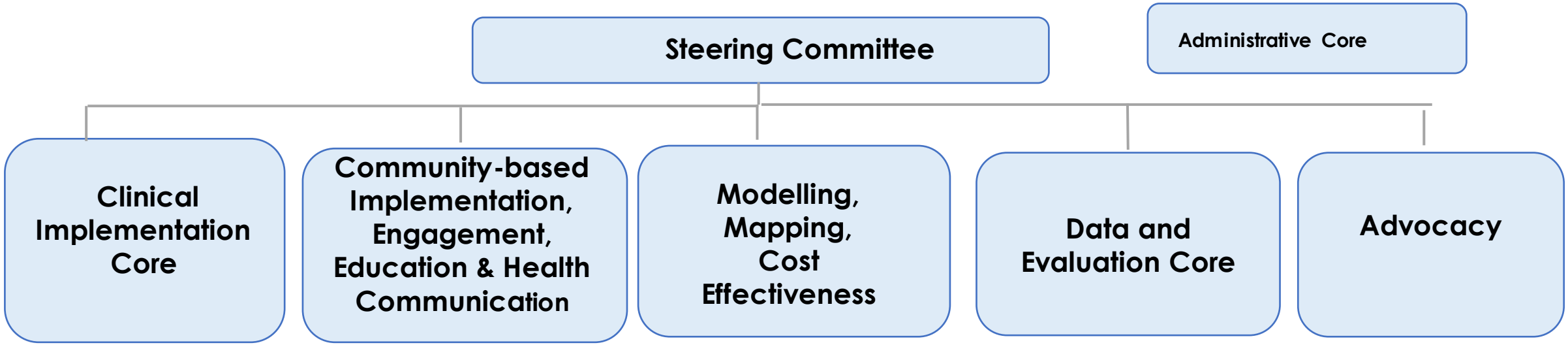
- Policy
- Community
- Organizational
- Interpersonal
- Individual

Effective program features

- Locally adaptive, responsive, creativity, resourcefulness
- High level champions
- Stakeholder engagement
- Convening entity
- Data driven, scientific approaches
- Clear goals
- Understanding of assets and resources
- Identifying synergies across organizations
- Collaborative
- Learning systems

Coordinating Center For Colorectal Cancer Screening Across Texas

- -- - ► [connect] ► - --



Initial Stakeholder Network

American Cancer Society, Texas association of Community Health Centers, Texas Association of Public Health, CPRIT, CPRIT Program grantees & regional networks, Texas Society of Gastrointestinal Endoscopy, Safety-net systems, AHCs: (TTUHSC, University of Texas System, Texas A &M, Texas State University, Moncrieff Cancer Center, UT Southwestern, MD Anderson)

* PI: N Shokar, co-developed with Mike Pignone

- -- -►[connect] ►- -- -
- Overall Approach

- Galvanize CRC screening efforts across Texas
- Develop a comprehensive state-based strategy
- Scale evidence-based strategies into clinical and community settings.

- Collaborate: partnerships
- Create: Hub and spoke model
- Develop: Scalable approach and interventions
- Become: Source of expertise, tools and resources
- Facilitate: Care pathways, networking, standardize & scale colonoscopy, lab, oncology access.
- Support: Tailoring for populations and barriers
- Integrate: Community, public health, patient, practice & provider focused approaches
- Advocacy: Payors, policy makers, program implementers,

- -- -►[connect] ►- -- -

Community-based Implementation, Engagement Education & Health Communication Core (CIEEHC)

1. Provide outreach and engagement support for all stakeholders
2. Create a repository of CRC screening education and health promotion materials and a mass media strategy
3. Provide expertise for development and training of navigators and community health workers to support and facilitate screening.
4. Provide awareness building and education for all stakeholders associa ted with the CRC screening care pathway

- -- -►[connect] ►- -- -
Clinical Implementation Core (CLIC)

Practice facilitation & support for implementation of evidence-based CRC screening strategies for clinics & community programs

Stakeholder engagement and management

Develop centralized mailed FIT processing center

Create colonoscopy network for screening across Texas

Create oncology network for treatment access

Support for developing CPRIT funded prevention programs

► *Galvanizing CRC screening across Texas*

- - -►[connect] ►- - -
Modelling, Mapping, Cost Effectiveness and Data Core (MACE)

Perform updated geospatial analysis and mapping of FQHC systems, endoscopy facilities, and distribution of unscreened age-eligible persons who could benefit from screening

Perform and update micro-cost analyses and modeling of the key elements of a statewide CRC screening to account for recent cost increases and new information about potential benefits of screening, including cancer equity outcomes

Create a dashboard to translate modeling outcomes to advocacy groups and policy makers.

Data collection, coordination, sharing, harmonization and pragmatic research design support

- – -►[connect]►- – -
Advocacy Core

The favorable economic effects of CRC screening and net benefits of investing in increasing screening (working with the modeling core).

The need to ensure convenient, safe, affordable, and effective colonoscopy resources to all parts of the state, especially in underserved rural areas.

The critical role of funding high-quality, community-focused patient navigation services.

The importance of ensuring access to treatment, through the state-level initiative described above and/or other efforts to ensure access to treatment.

- – -►*[connect]*►- – -
Innovation

- Combination of public health, population-based and clinical approaches.
- Strong health communication and community engagement expertise to support awareness building + equitable approaches across all stakeholders
- Modelling and mapping to inform development
- Web-based tool to evaluate impact of changing model parameters on screening uptake and outcomes
- Cost comparisons to facilitate flexible and tailored approaches
- Practice facilitation, implementation support, QI framework

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Q&A