2022 NCCRT Annual Meeting

CONCURRENT SESSION 4
FIELD STRATEGIES

American Cancer Society | National Colorectal Cancer Roundtable | 80% In Every Community

Field Strategies to Increase Colorectal Cancer Screening

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MD

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Augusta University

Hospital Systems Capacity Building Communities of Practice

Friday, November 18, 10:00 AM

American Cancer Society | National Colorectal Cancer Roundtable | 80% In Every Community

Hospital Systems Capacity Building Communities of Practice

Tiffany Taylor, MBA, FACHE
Ambulatory Administrative Director
Charleston Area Medical Center Family Medicine Center

November 18, 2022

Acknowledgements

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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 a 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

TIFFANY TAYLOR
Ambulatory Administrative Director

Family Medicine Center
Charleston Area Medical Center

EMMA GILHAM, RN
Colorectal Cancer Nurse Navigator

CAMC Cancer Center

KATHLEEN LANHAM
Population Health Specialist Supervisor

WEST VIRGINIA Health NETWORK

JACQUELINE PROCTOR
Deputy Commissioner

West Virginia Bureau of Senior Services

REV. KAY ALBRIGHT
Health Equity Outreach Coordinator

Covenant House
Championing the rights of all West Virginians for food, housing, and healthcare.

SHAUNA SHAFER
Cancer Support Strategic Partnerships Manager

American Cancer Society®

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

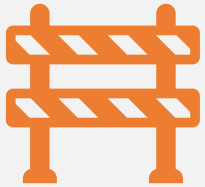
Small Media

TARGETED DIGITAL MARKETING AND GEO FENCING

FACEBOOK COLORECTAL CANCER AWARENESS CAMPAIGN

MEASUREMENT BY NUMBER OF IMPRESSIONS

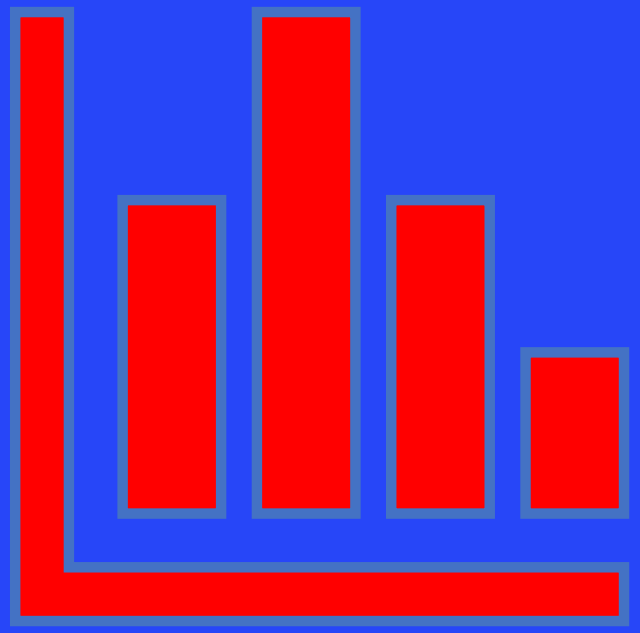
Reducing Structural Barriers



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	852	1476	36.6	35.2	-3
Clinic 2	900	1664	35.1	34.1	44
Clinic 3	511	957	34.81	34	16
Clinic 4	209	326	39.07	37.8	17
Clinic 5	272	1816	13.03	13.24	3
System Median			**35.1**	**34.10**	
System Average			**31.72**	**30.87**	

Data compiled from HealtheAnalytics Platform (EMR and Claims data, across Medicare and Medicaid dataset) *data as of 11/7/22
Complete Count Change of Negative Displayed in RED

COL Screening Trends Percent Completion-Aug 2021- Nov 2022

	Aug-2021	Sept-2021	Oct-2021	Dec-2021	Jan-2022	Feb-2022	Mar-2022	Apr-2022	May-2022	June-2022	July-2022	Aug-2022	Oct-2022	Nov-2022
Clinic 1	42.03	41.70	42.0	40.34	40.47	40.94	41.06	40.95	40.81	40.75	35.62	35.61	35.2	36.6
Clinic 2	33.85	33.82	34.4	35.61	36.20	36.65	37.0	37.25	37.81	37.50	34.67	34.17	34.1	35.1
Clinic 3	34.55	35.44	35.22	38.17	37.16	37.0	37.52	38.43	38.13	37.11	34.52	35.18	34.0	34.81
Clinic 4	38.0	38.02	39.27	39.24	39.37	39.29	38.99	39.05	40.55	39.39	36.13	35.03	37.8	39.07
Clinic 5	9.0	9.35	10.36	10.78	11.21	14.33	14.38	15.03	15.14	15.67	13.55	13.38	13.24	13.03
Average	31.49	31.67	32.25	32.83	32.83	33.64	33.79	34.14	34.49	34.08	31.42	30.67	30.87	31.72
Median	34.55	35.44	35.22	38.17	38.17	37.0	37.52	38.43	38.13	37.50	35.62	35.03	34.1	35.1

WEST VIRGINIA Health NETWORK

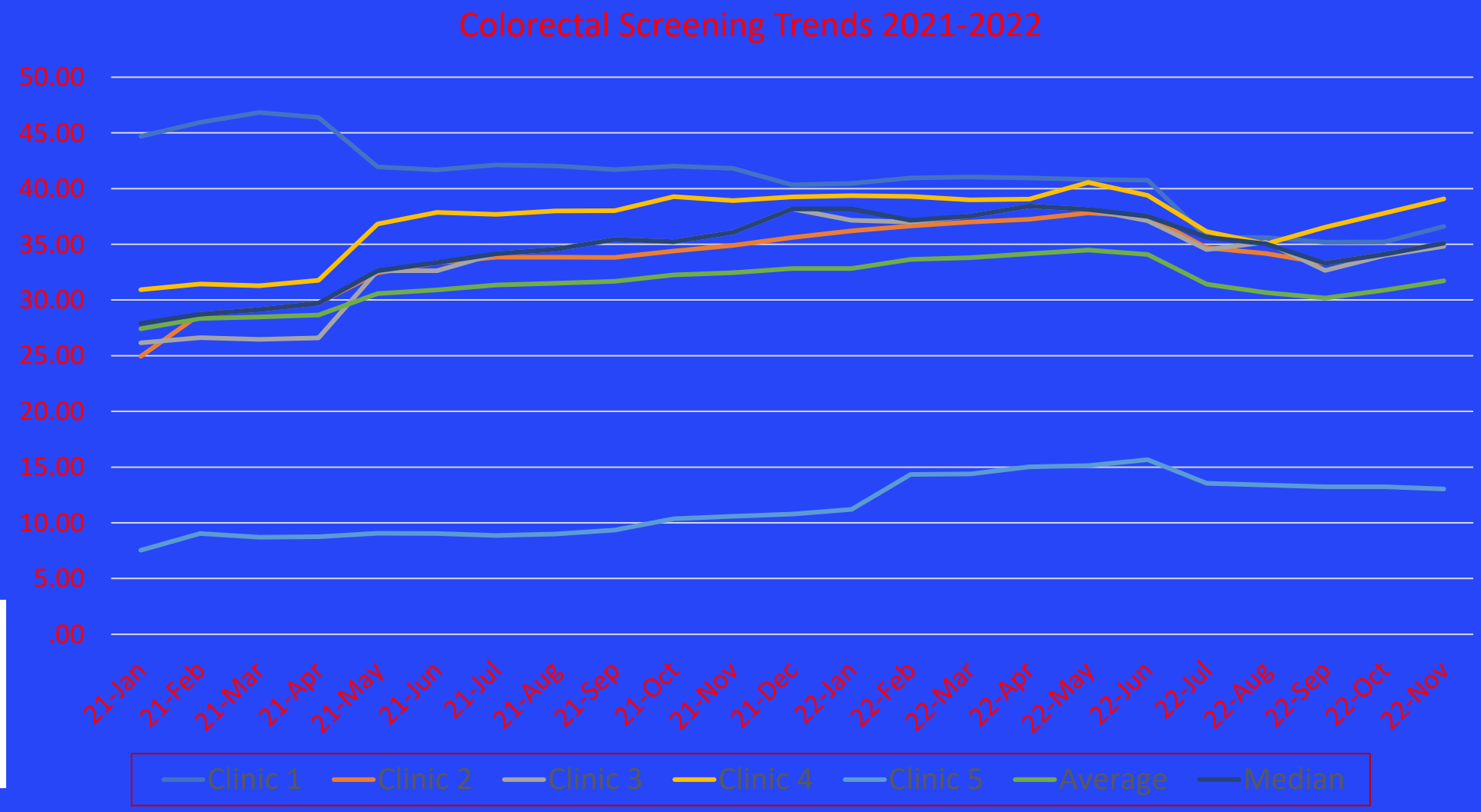
2022 Quarterly Updates

Median Q1	37.52
Average Q1	33.42

Median Q2 2022	38.13
Average Q2 2022	34.24

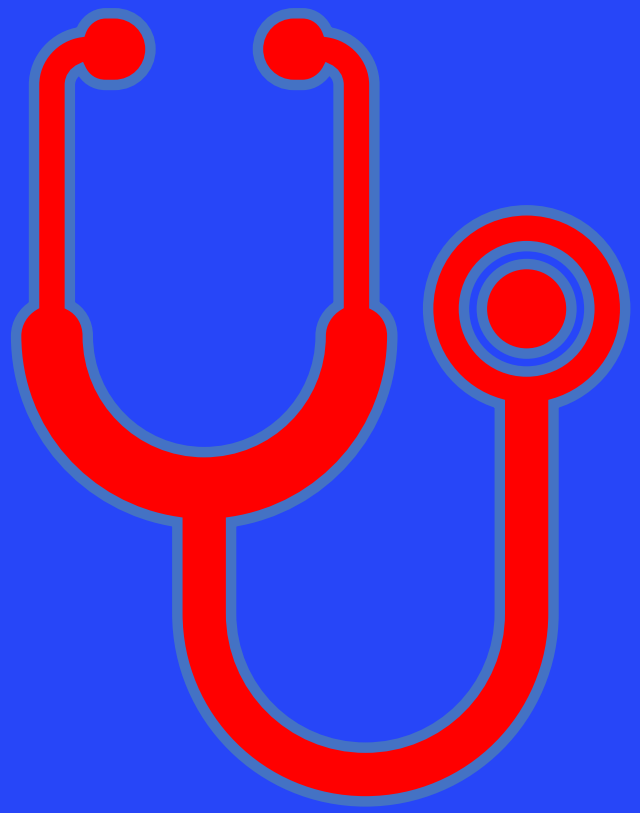
Median Q3 2022	35.03
Average Q3 2022	30.75

COL Screening Trends-Percent Completion



WEST VIRGINIA Health NETWORK

	Oct-2021 Num/Den	Nov-2021 Num/Den	Dec-2021 Num/Den	Jan-2022 Num/Den	Feb-2022 Num/Den	Mar-2022 Num/Den	Apr-2022 Num/Den	May-2022 Num/Den	June-2022 Num/Den	July-2022 Num/Den	Aug-2022 Num/Den	Oct-2022 Num/Den	Nov-2022 Num/Den
Clinic 1	906/2157	911/2179	963/2387	977/2414	994/2428	968/2359	966/2359	966/2367	954/2341	988/2774	875/2457	855/2429	852/2328
Clinic 2	837/2433	851/2439	875/2457	884/2442	891/2431	887/2397	897/2408	910/2407	938/2501	1003/2893	951/2783	856/2510	900/2564
Clinic 3	168/477	172/447	192/503	194/522	202/546	209/557	216/562	220/577	259/698	253/730	254/722	495/1456	511/1468
Clinic 4	238/606	237/609	239/609	239/607	244/621	239/613	239/612	251/619	284/721	250/692	220/628	192/508	209/535
Clinic 5	155/1496	159/1503	164/1522	173/1543	222/1549	221/1537	235/1564	245/1618	257/1640	265/1955	260/1943	269/2031	272/1816



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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Thank You!

American Cancer Society | National Colorectal Cancer Roundtable | 80% In Every Community

Strategies to Advance Health Equity in Colorectal Cancer Screening in Marginalized Communities

Friday, November 18, 10:00 AM

American Cancer Society | National Colorectal Cancer Roundtable | 80% In Every Community

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

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.

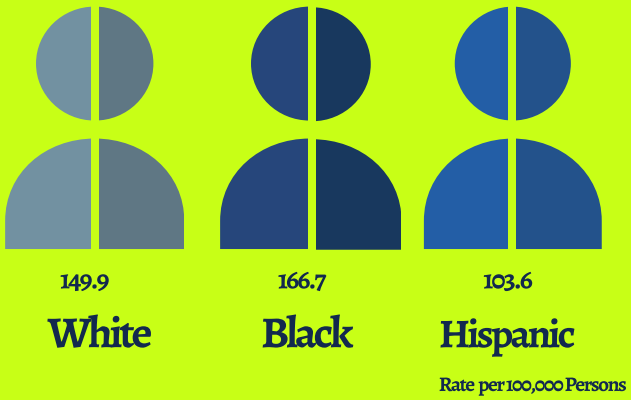
Background

Why this is Important?

- Screening is the most effective method to minimize the risk of CRC [2,3]
- CRC is the 2nd leading cause of death in the US, African-Americans have the highest mortality and shortest survival [1,4]
- Routine screening starts at age 45 years for people at average risk [2,4]
- Disparities in CRC screening have magnified during the COVID-19 pandemic [1,4]

Problem

Health Disparities in CRC screening



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 and and the rate of screening is suboptimal

Family of Measures

Outcome

- CRC Screening rates

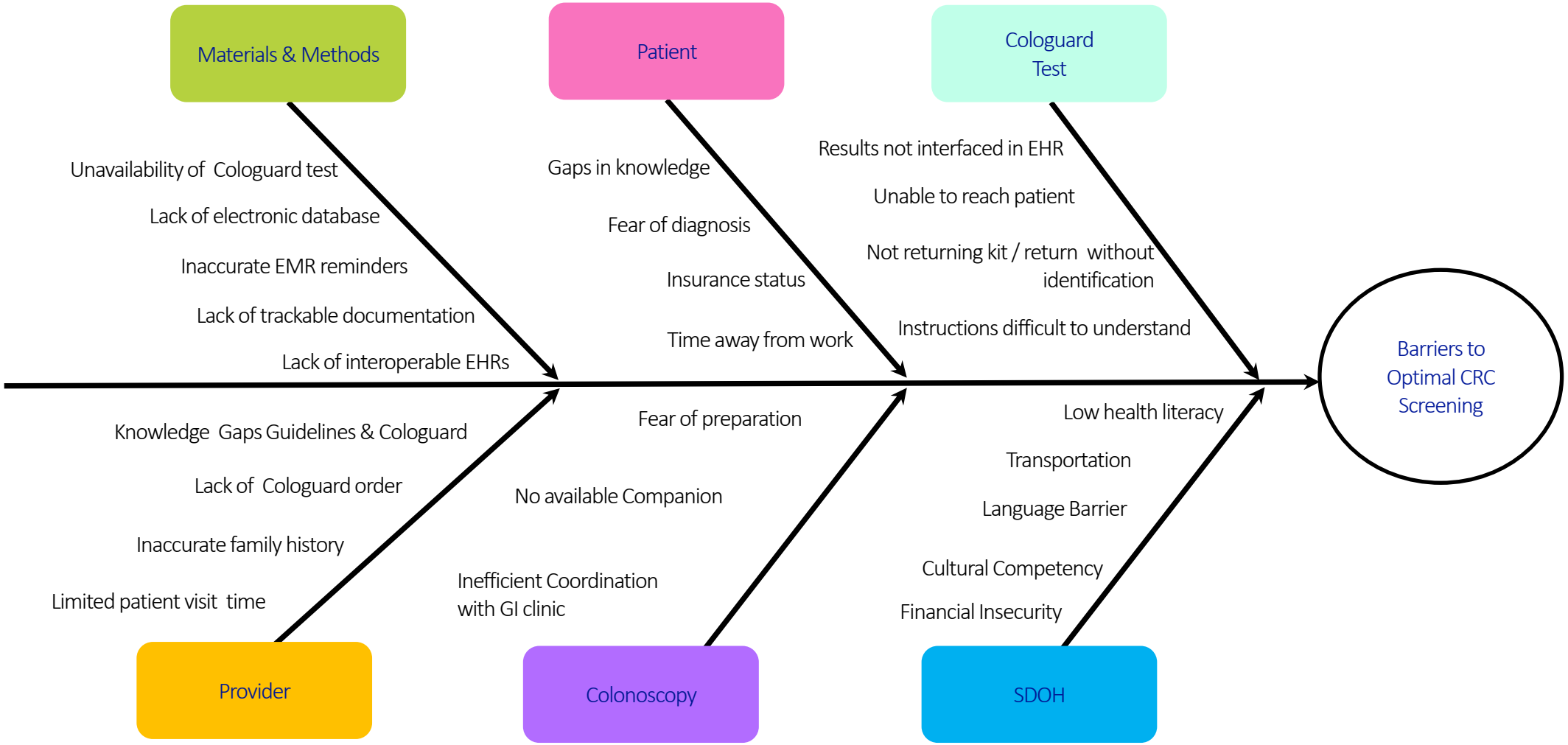
Process

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

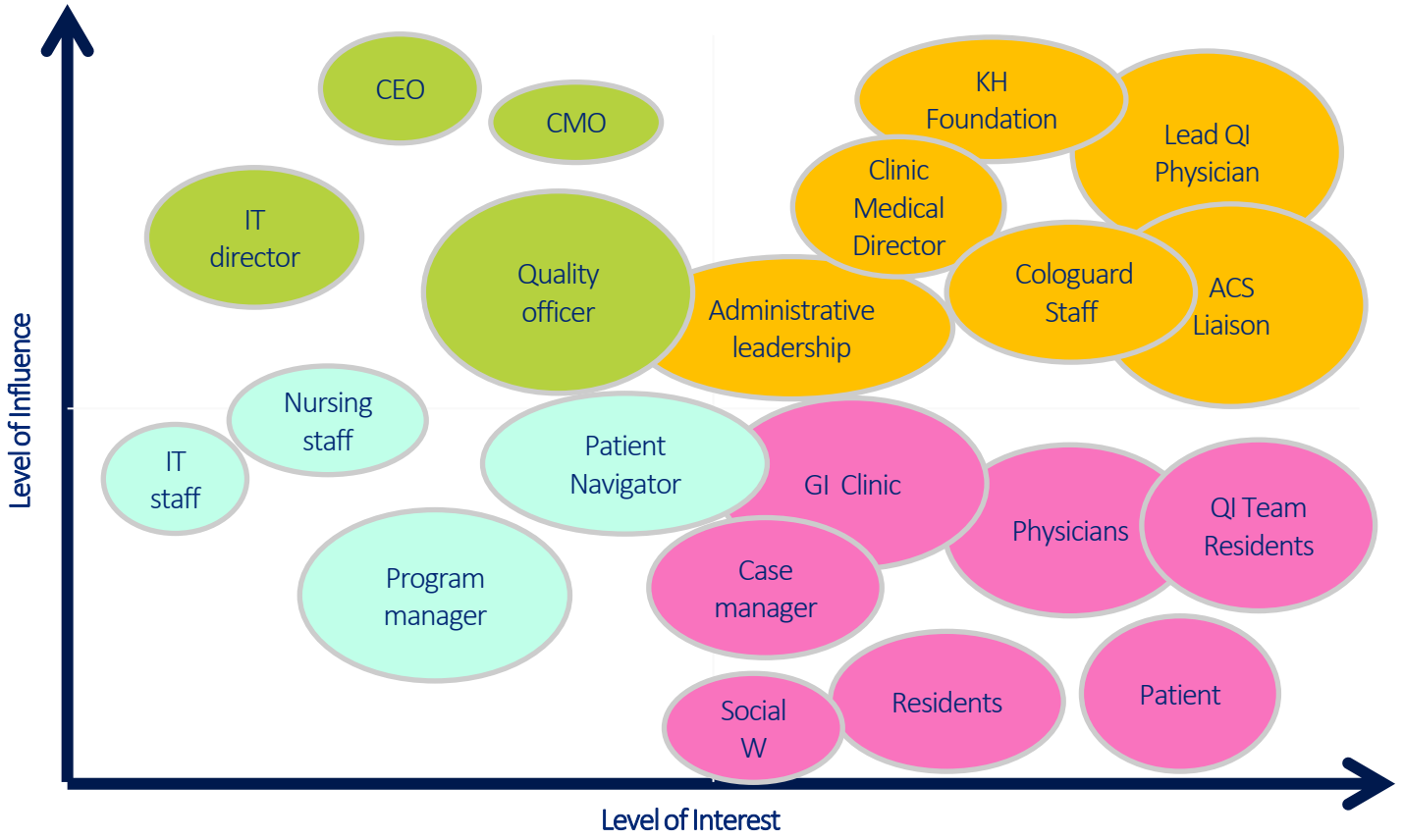
Balancing

- Patient satisfaction
- Provider/staff satisfaction

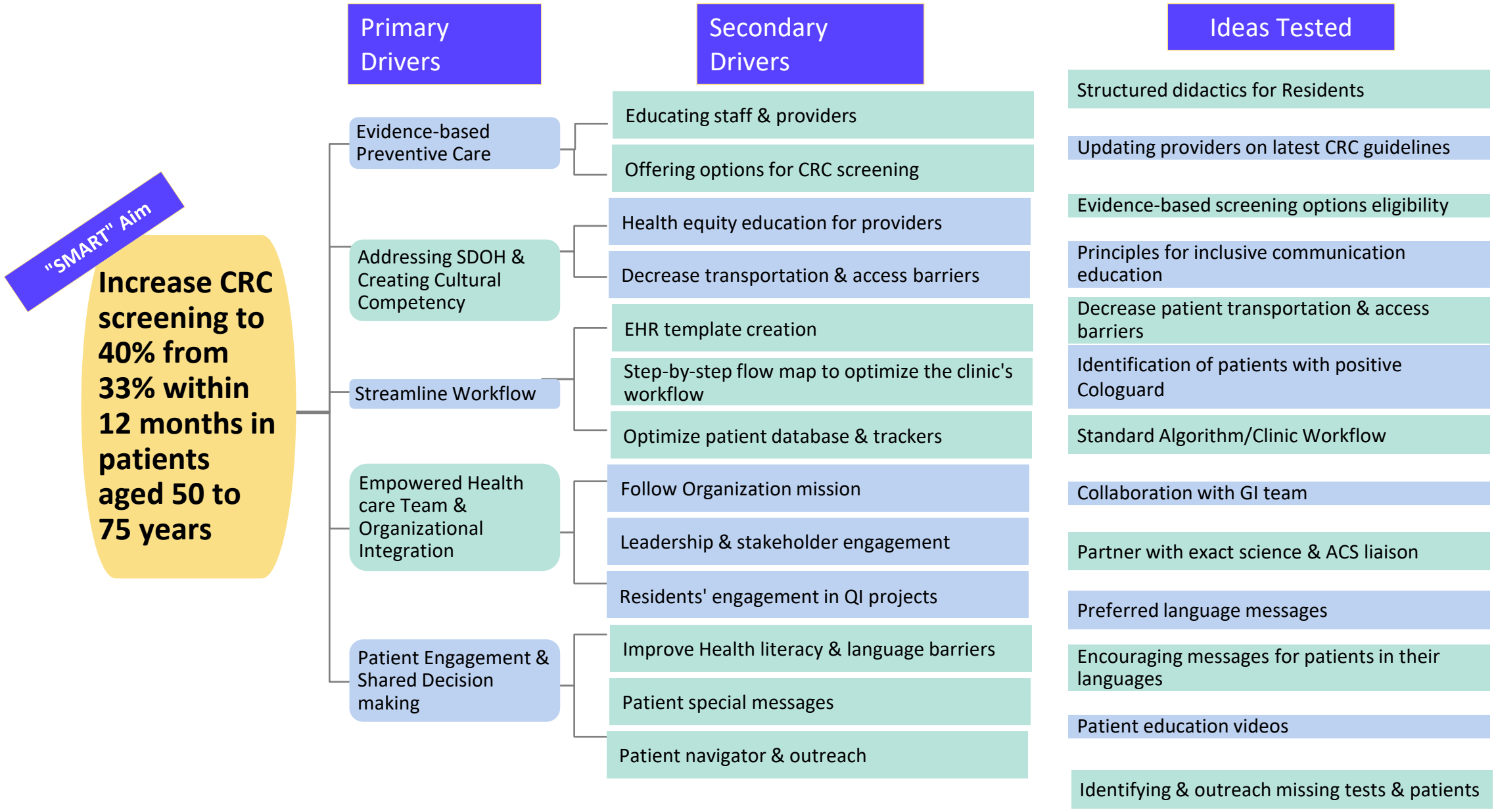
Root Cause Analysis Ishikawa Diagram



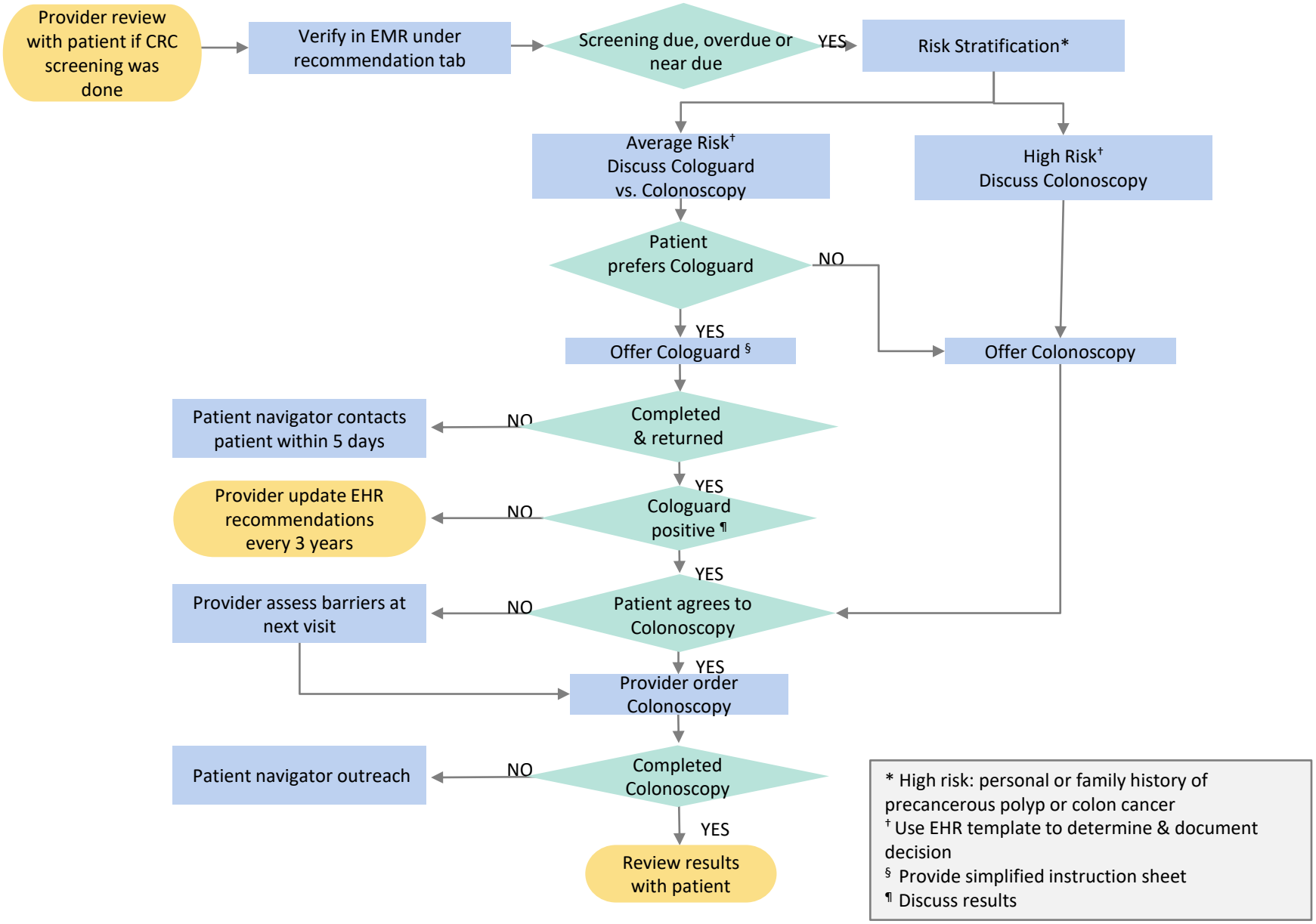
Stakeholder Mapping



Driver Diagram

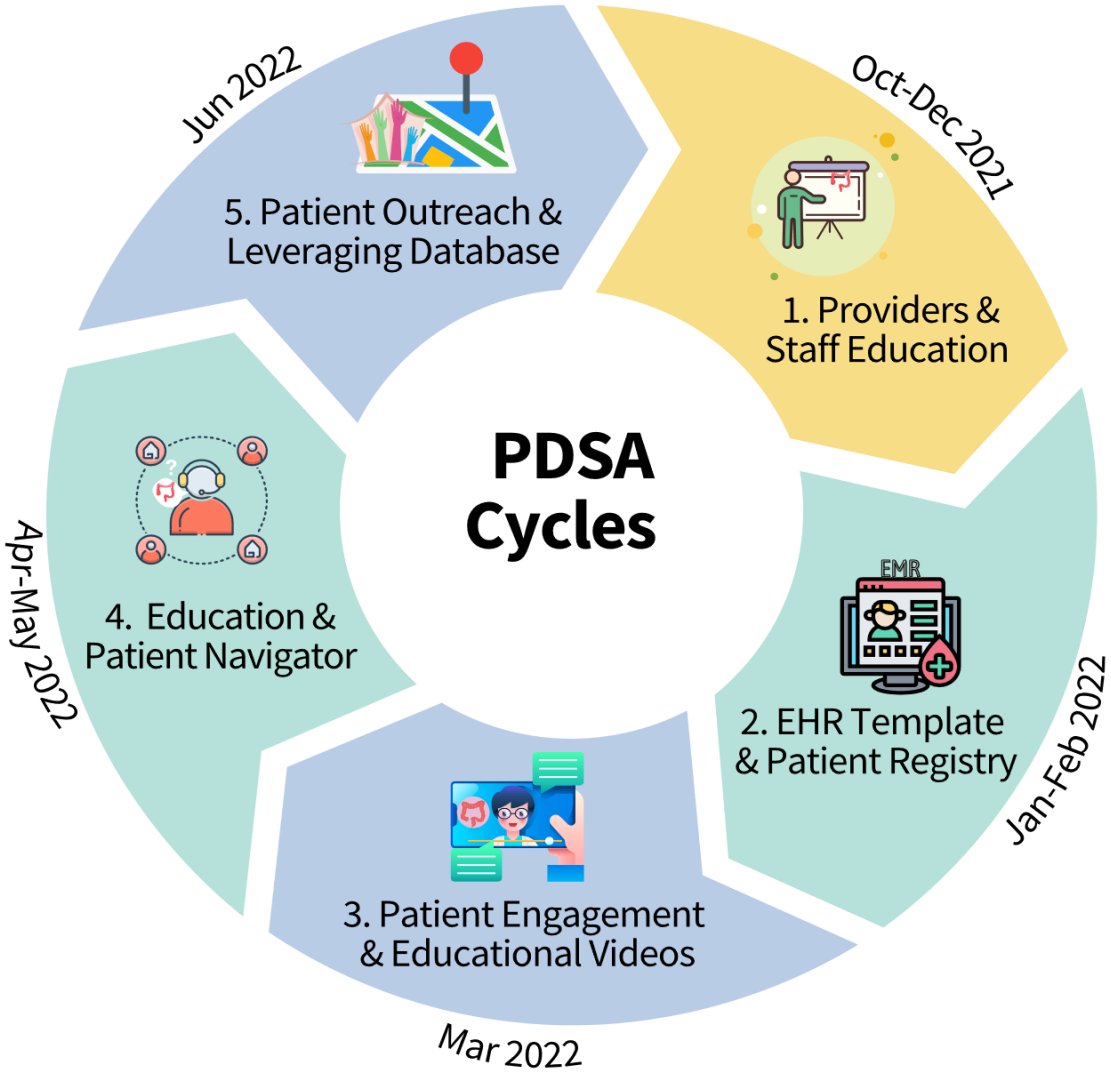


Process Flow Map



Strategy

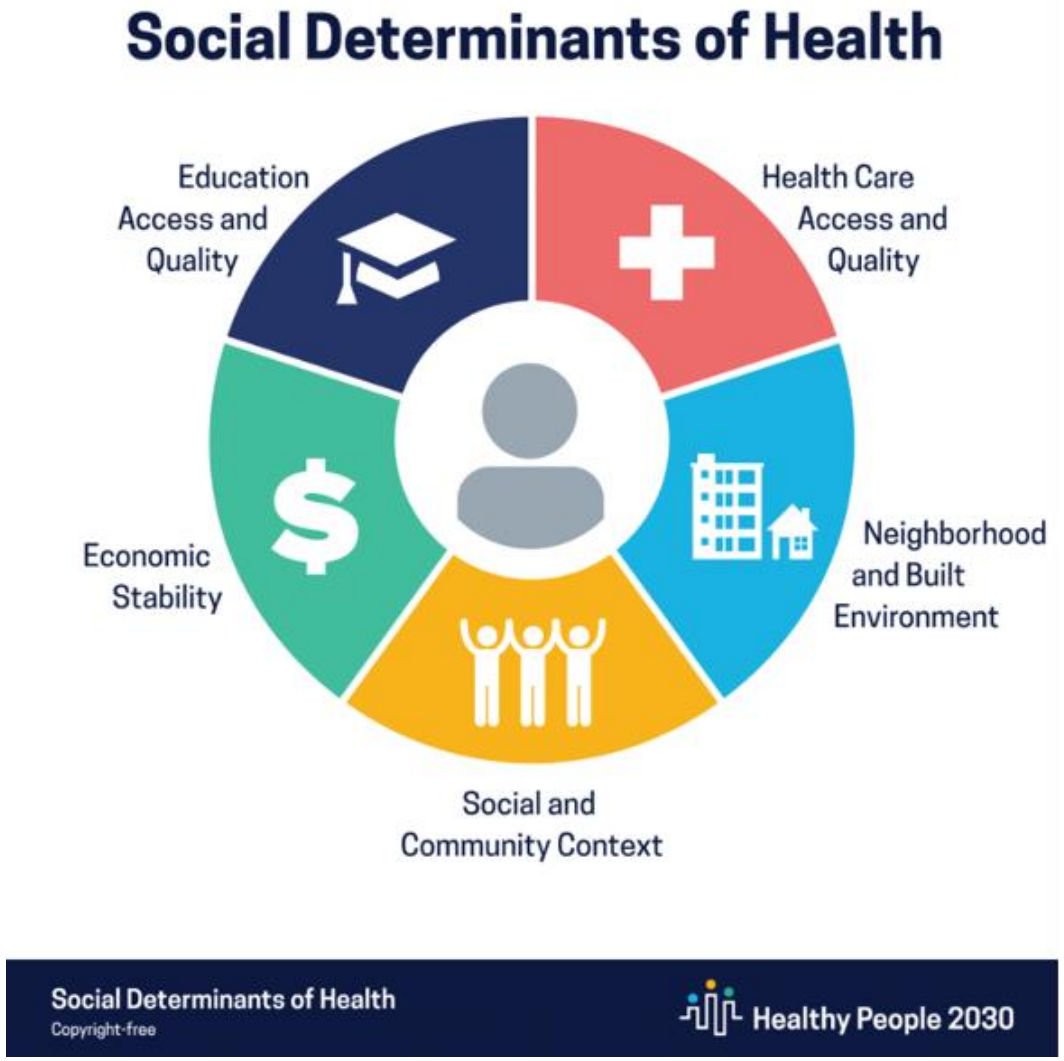
Plan – Do – Study – Act (PDSA) Cycles



Education

1- Understanding of Social determinants of health (SDOH)

2- Updated CRC screening guidelines



Deliverables

Simplified instructions

Five Steps to perform

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 (AM / PM)

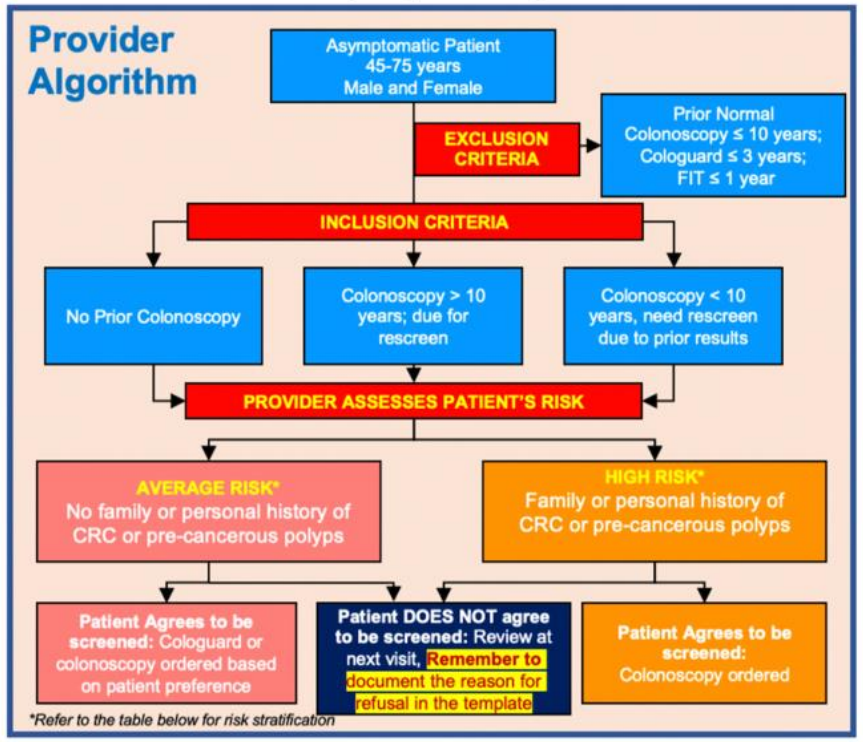
Call 1-844-870-8870 for customer service to schedule your pick up.

Complete Within 5 Days

English, Arabic, Spanish

Provider Pocket Cards

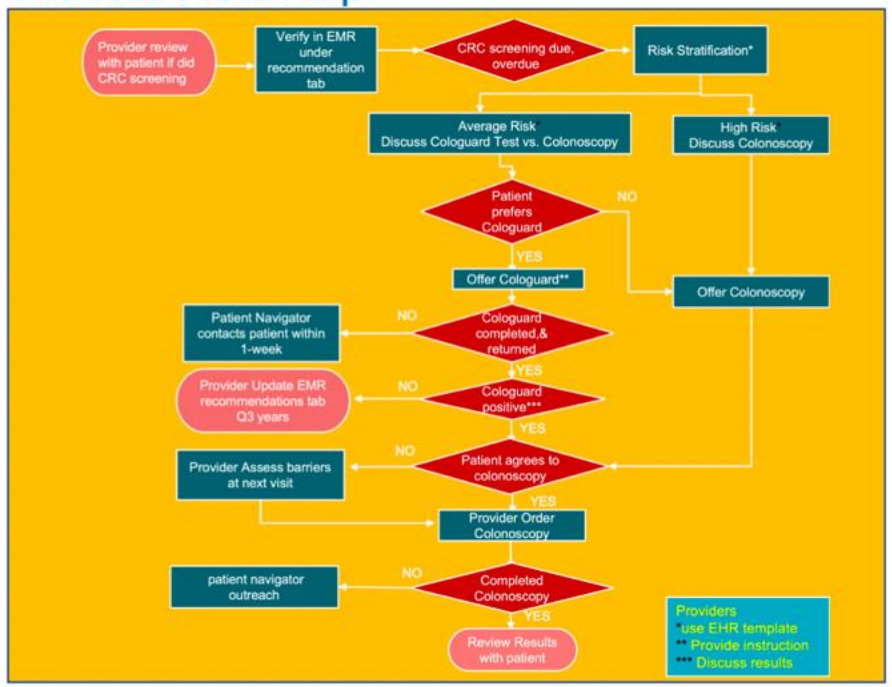
Colorectal Cancer (CRC) Screening 45-75 Years



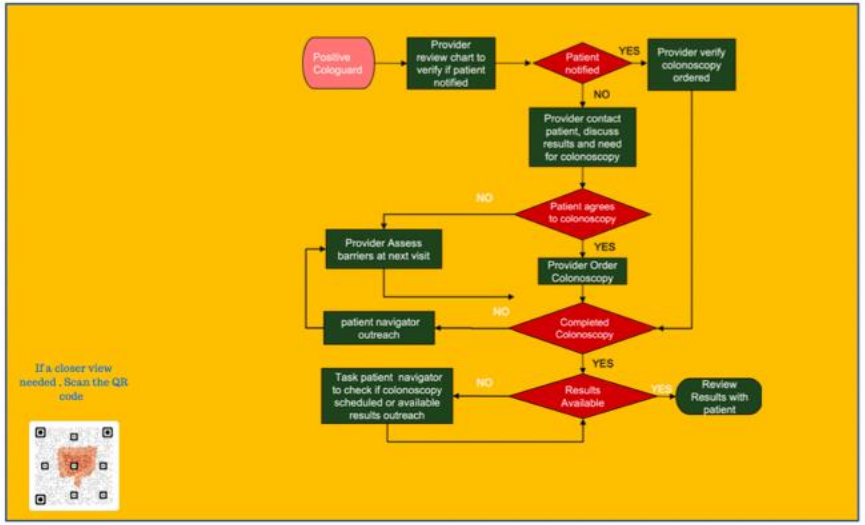
If any Red Flags: abdominal cramping, blood in the stool, rectal bleeding significant changes in stool habits weight loss, anemia, vomiting → **require diagnostic Colonoscopy, not eligible for Cologuard**

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

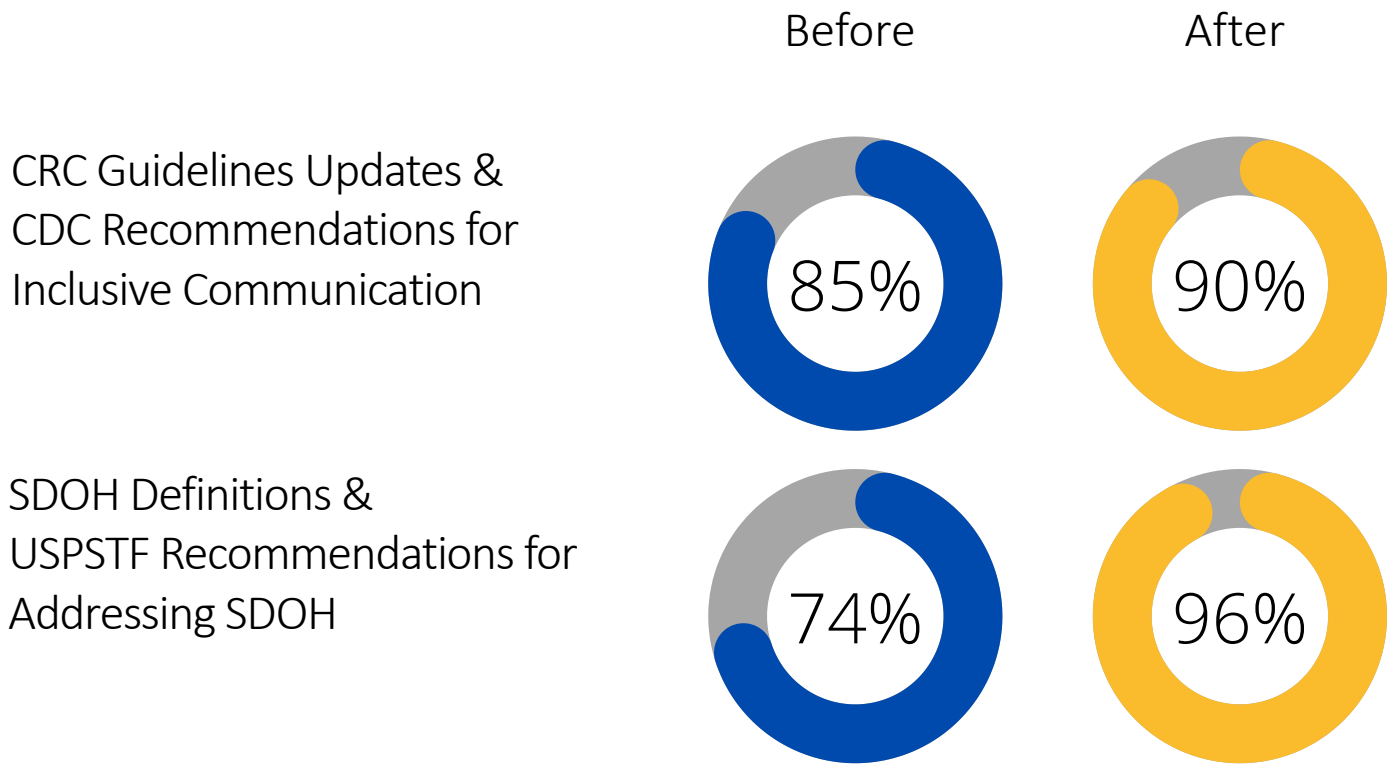


Positive Cologuard



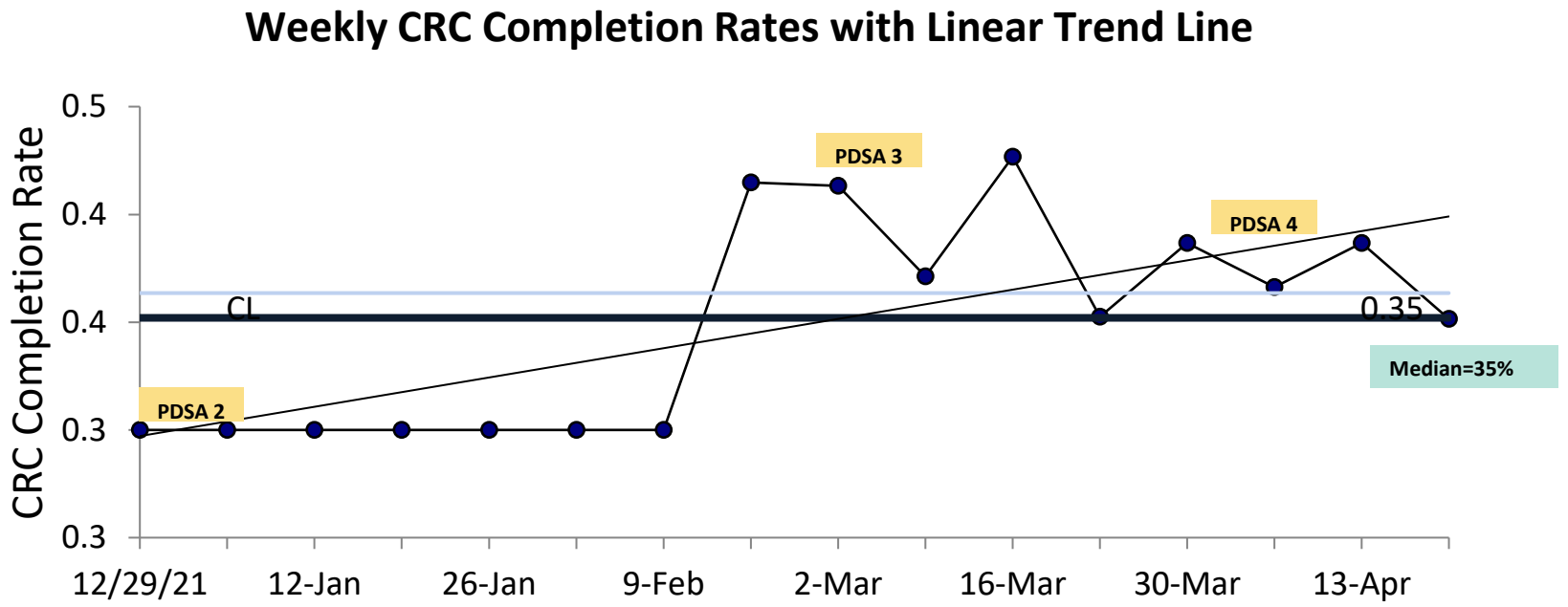
Results – Knowledge

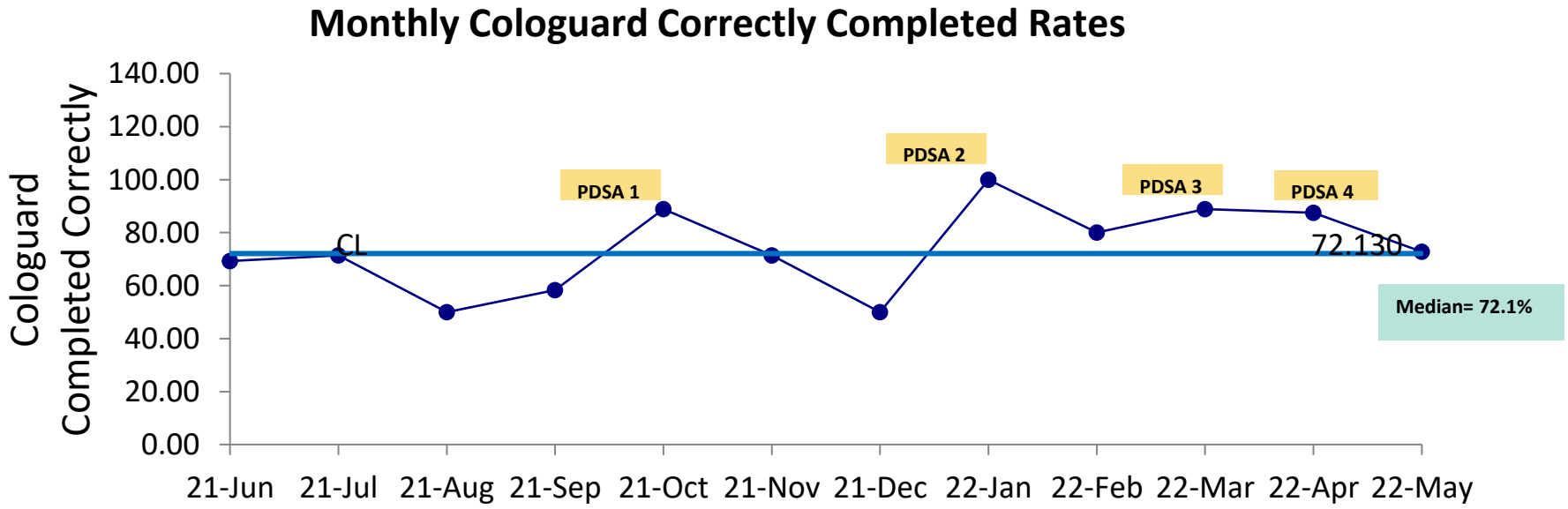
Knowledge Before and After Education



Progress Run Charts

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



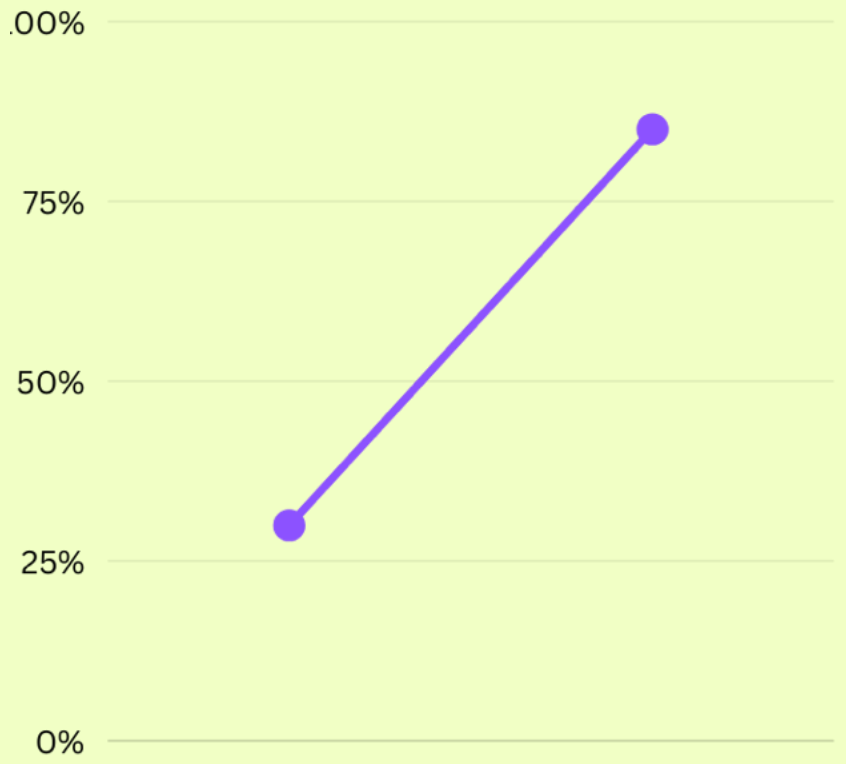


Cologuard Results and Follow up

Cologuard positivity rate was 24.7% within 12 months

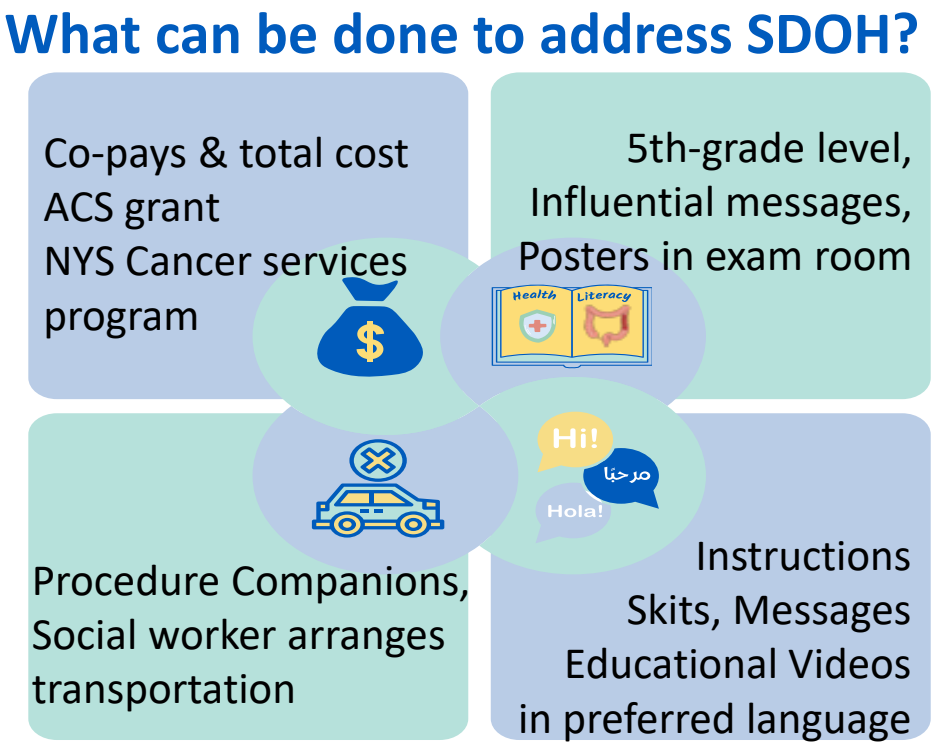
Patient Navigator Wins

Scheduled Diagnostic colonoscopy rates after positive Cologuard improved to 85% (18/21) from baseline of 30% (6/20)



Conclusion

- Engagement of high functioning QI in addressing SDOH may increase CRC rates
- Leveraging & optimization of EHR & clinic workflows is crucial



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

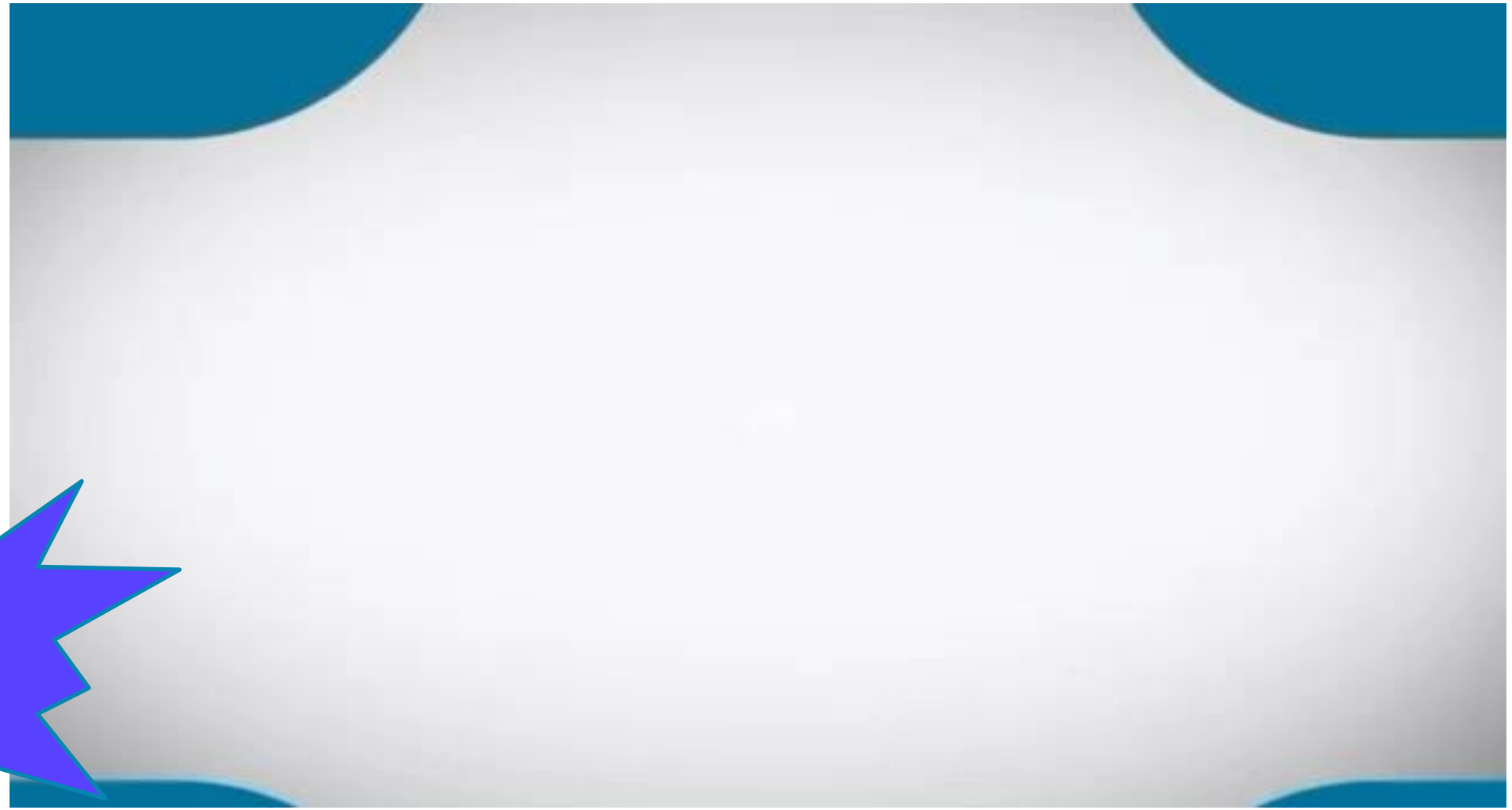
Future Directions

- Expand CRC screening to age 45-49 (USPTF 2021)
- Streamline Colonoscopy data extraction
- Creation of population health registry by race and ethnicity

Future PDSA Cycles

1. Pilot study to evaluate patients' feedback on videos
2. Tracking variations in CRC screenings rate across race and ethnicity
3. Stakeholder feedback & satisfaction
4. Motivational interviewing & shared decision-making training
5. Display of educational videos in exam rooms

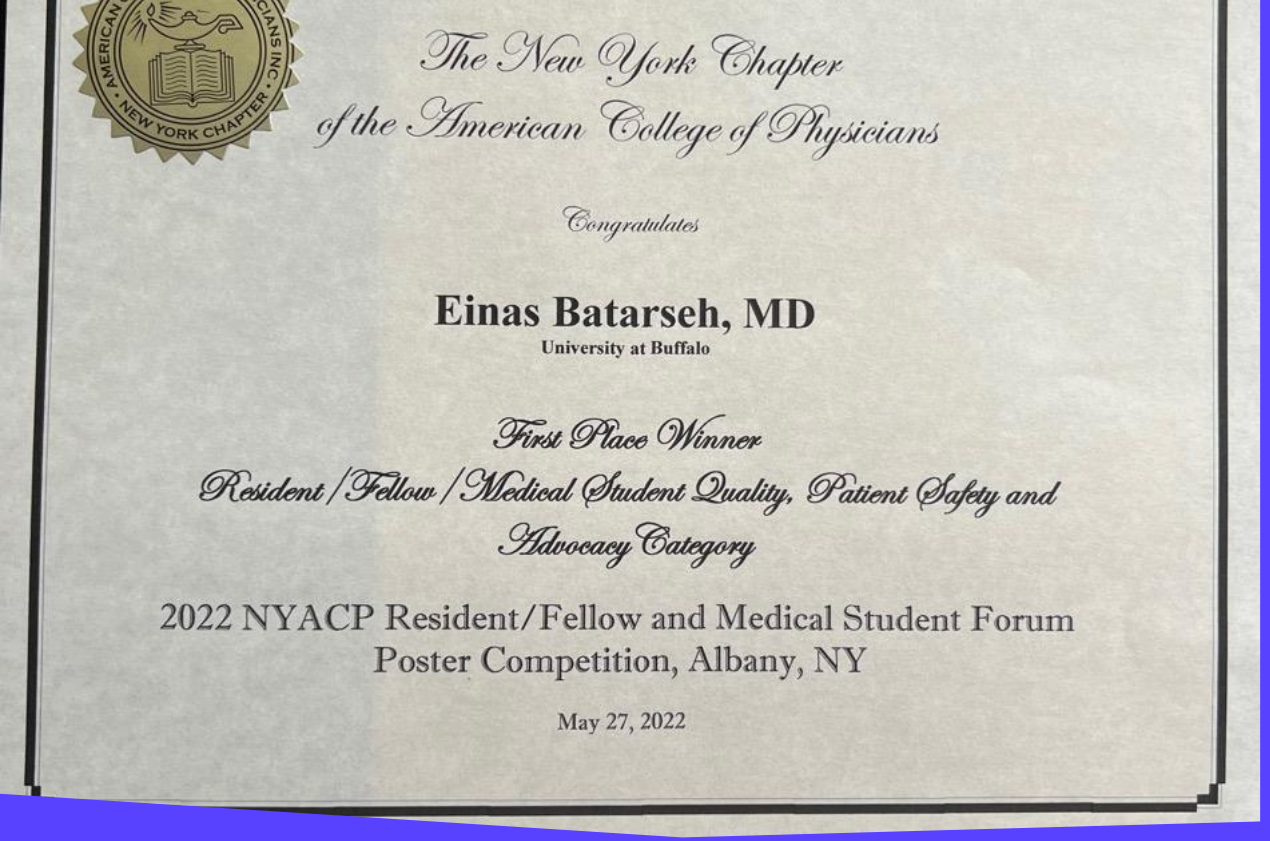
Educational Videos Sample



English,
Arabic,
Spanish

Acknowledgments

- GME Social & Justice Award
- Kaleida administrative and IT Leadership
- Hertel Clinic administrative and nursing staff
- Hertel Clinic medical director and providers



AWARDS

NYACP

First place winner for QI and advocacy

ACPM

Scientific Excellence AWARD semifinalist

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THANK YOU

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Q&A

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