

80% in Every Community Conference &
2020 NCCRT Annual Meeting

Concurrent Session 1: Innovative Strategies to Reach Patients for Colorectal Cancer Screening During COVID-19

*November 16, 2020
3:15 to 4:15 p.m. EST*



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PANELISTS

- ***Renay Caldwell***, Director of Navigation Services, Colorectal Cancer Prevention Network
- ***Michael Sapienza***, CEO, Colorectal Cancer Alliance
- ***David A. Greenwald***, MD, FACG, Director of Clinical Gastroenterology and Endoscopy, the Mount Sinai Hospital; President-elect, American College of Gastroenterology; Co-chair, NCCRT Public Awareness & Social Media Strategic Priority Team



Colorectal Cancer
Prevention Network
at the University of South Carolina

AN INNOVATIVE APPROACH TO
ACHIEVE FIT COMPLETION



The Colorectal Cancer Prevention Network

Reduce colorectal cancer mortality through education, awareness, and provisions of screening services.

Patient navigation


The CCPN screening program provides CRC screening services coordinated through our regionally located patient navigators. An individualized navigation approach to provide CRC education and full colonoscopy instruction to the medically underserved and uninsured individuals we serve has enabled the program to attain exceptional compliance in both FIT and Colonoscopy screening.



Contents of FIT package

- Navigator education
- FIT kit
- Simple instructions in XX font
- Images to assist with language/reading barriers
- Gloves to address the "ICK" factor
- Postage paid envelope for return
- Tracking labels applied (post COVID19)



 Colorectal Cancer Prevention Network

STEP 1: LABEL YOUR SAMPLE

1. Females: If you are menstruating, wait 7 days after cycle is completed to collect stool sample.

2. Write the date the sample is being collected on the label on the bottle.

Patient Name
 Medical Record Number
 Collection Date

STEP 2: COLLECT A SAMPLE

1. Put on gloves.

2. Unfold the collection paper to collect your stool ("poop") sample.

3. Lay the collection paper flat inside your toilet on top of the water.

4. Have a bowel movement on top of the paper.

5. Twist and lift the cap off the sample bottle.
Keep the liquid in the bottle. We need it for the test.

6. Using probe, scrape and collect stool sample making sure to cover the grooved portion completely.

7. Push the stick into the sample bottle until the green cap locks. Do not flush. This is safe to flush and will not harm septic system.

STEP 3: SUBMIT YOUR SAMPLE

Seal the envelope (Biohazard) and seal.

Place in mailbox today.

Navigator once you have mailed the envelope with your sample.

Navigation education example



Things you cannot change

- Age
- Family/ personal history of colon cancer
- Polyps in the colon or rectum
- Genetics



Things you can change

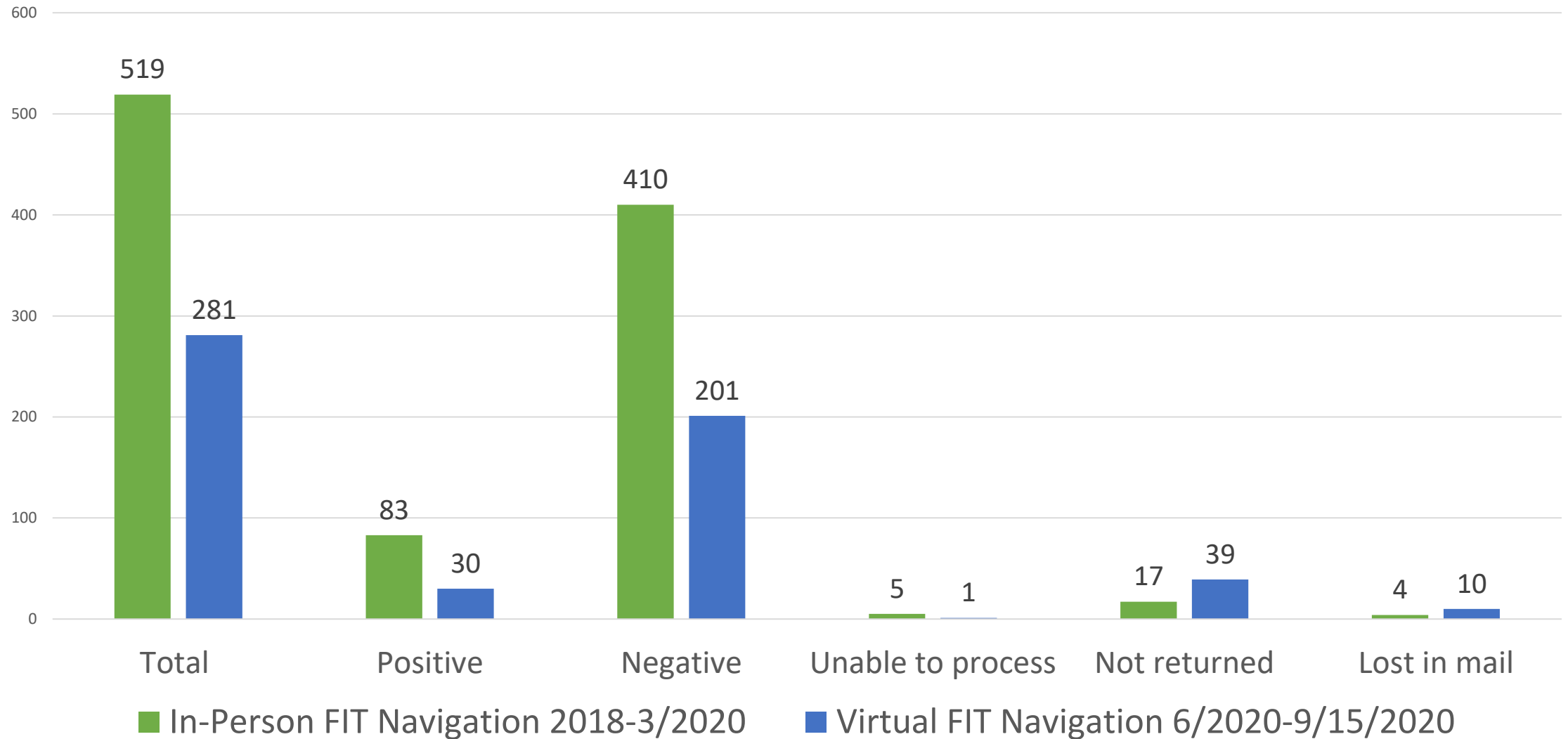
- Exercise
- Overweight/obese
- Diet high in red meat (beef, pork, lamb)
- Fiber and vegetable intake
- Alcohol and tobacco use



Education in the virtual setting



FIT Success in a Virtual Setting



95% return rate

83% return rate



KNOW YOUR COLORECTAL CANCER FACTS.

[LEARN MORE](#)

Signs & Symptoms



Family History



Risk Factors



Screening



Statistics

Screening During COVID-19 Awareness Campaign and Patient Navigation

Michael Sapienza, CEO



Prepared for NCCRT Annual Meeting
November 2020



Campaign Goals

- **Save lives and increase CRC screening rates** (back to pre-COVID-19 levels) in key markets
- **Reach at-risk and underserved communities** to increase awareness of screening options and drive engagement with the navigation tool and providers
- **Deliver messages and resources to providers** about the urgency of resumption of all forms of CRC screenings during COVID-19
- Tie into a **long-term strategy for patient navigation** to drive CRC screening beyond COVID-19

A Two-Prong Approach to Increase Screening During the COVID-19 Era

Objectives

Strategies

Tactical Approach



**Up-to-date
screening
rates**

- **Promote importance of screening** as cancer prevention
- **Allay baseline fears** of screening and of screening during COVID-19
- **Drive to patient navigation**

**Public Awareness
Campaign to feed
screening funnel**



**Increasing
screening
completion
rates by test**

- **Stratify patient CRC risk** to provide screening options that fit risk level
- **Increase screening compliance** through patient navigation
- **Connect patients with providers** (primary care and GIs)
- **Close delays in timely follow-up** on positive stool-based tests

**Centralized Patient
Navigation to drive
screening
completions**

Audience Definition

Primary -- Patients

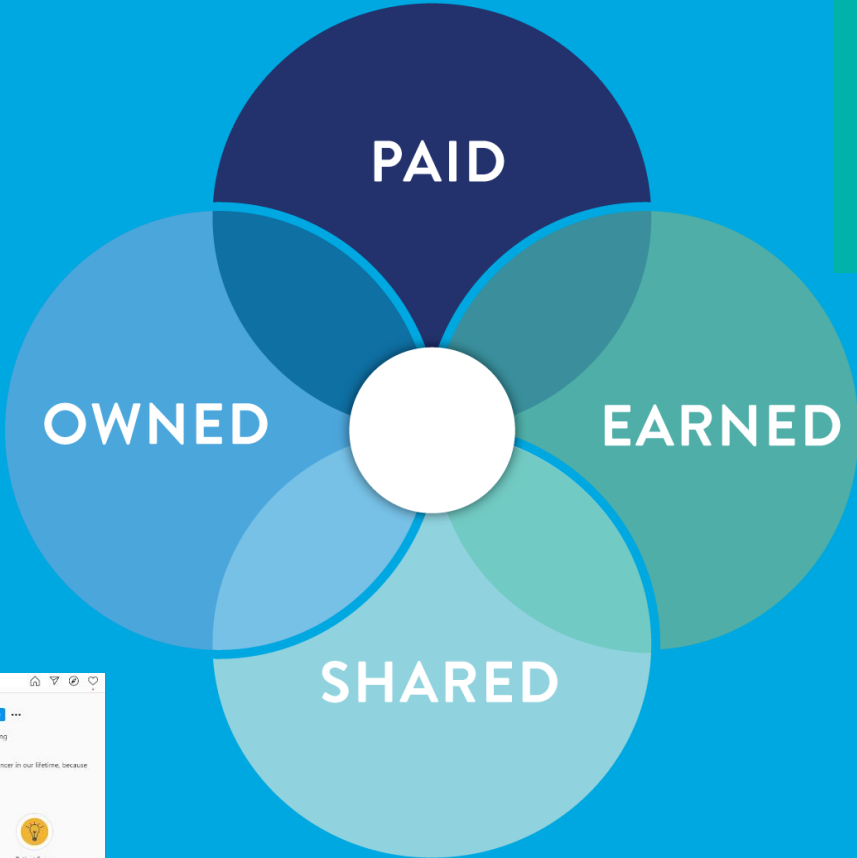
- **Age:** 45-65 (prioritizing 45-54 for media buy)
- **Race/Ethnicity:** White, Black, Hispanic/Latino
- **Segmentation:**
 - Unscreened/Late screenings (avg. risk)
 - High risk
 - Experiencing symptoms
 - Black and Brown communities
- **Additional criteria for targeting ad buys:**
 - ✓ *Family history of cancer*
 - ✓ *Other indicators: irritable bowel syndrome or colitis*
 - ✓ *Some college or less*
 - ✓ *Income of \$50K or less*
 - ✓ *Lifestyle habits – smoking, obesity*

Secondary -- Providers

- Primary care healthcare providers in key markets determined by primary qualifiers

Multi-Channel Communications Campaign

Strategy: Reach our audiences where they are and drive them to action.



Markets (Phase 1, Phase 2+)

1. Philadelphia, PA
2. Washington, D.C.
3. Houston, TX
4. Atlanta, GA
5. Phoenix, AZ
6. Dallas, TX
7. Los Angeles, CA
8. Denver, CO
9. Nashville, TN
10. Indianapolis, IN
11. Detroit, MI
12. Grand Rapids, MI
13. Chicago, IL
14. Cleveland, OH
15. Select markets in New Mexico/Florida

} 2-week test



Key Messages

Main Message: Cancer didn't stop when COVID-19 started.

Key Messages	Takeaway
Colorectal cancer screening can save your life.	It's important.
All screening options are safe.	It's safe.
There are several ways to get screened for colorectal cancer, even at home.	I have options.

Calls to Action:

- **Consumers/Patients:** Visit the patient navigation tool to find the screening options that are right for you.
- **Providers/Payers:** Use the patient navigation tool to help engage your patients in screening.
- **Allies:** Share your screening/cancer story to emphasize importance of screening and utilization of the nav tool.

Consumer-Focused Insight to Drive Creative

You ARE in control right now.

The World Has Changed

 **Colorectal Cancer Alliance**
Sponsored · 🌐

Don't let COVID-19 stop you from getting screened. Your healthcare provider is waiting to talk with you TODAY about your screening options.



 colorectal cancer alliance

**The world has changed.
Your risk for colon cancer has not.**

QUIZ.GETSCREENED.ORG
Take control of your health.
Get checked NOW. [Learn More](#)

👍 Like 💬 Comment ➦ Share

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👍 Like 💬 Comment ➦ Share

 **Colorectal Cancer Alliance**
4,462 followers
Promoted

Patients report being concerned about the safety of getting screened for colon cancer right now. The good news – they also report trusting their healthcare provider's guidance on their screening options.



**The world has changed.
The risk for colon cancer has not.**

Your patients are waiting to hear from you NOW. <https://tinyurl.com/y5c9u4eu> [Learn More](#)

🕒 127

👍 Like 💬 Comment ➦ Share ✉ Send

GET SCREENED

Find your colorectal cancer screening options

CLICK TO START

Colon cancer did not stop when COVID-19 started. Screening can save your life. Take this survey to learn more about which screening options are best for you.

Screening is safe. You have options. So take control of your health now.

By taking the survey you agree to the Colorectal Cancer Alliance's [terms](#) and [privacy policy](#).

Patient Navigation High-level Workflow



Navigation Development for Advisory Committees

Medical Advisory Committee

- Chyke Doubeni
- David Lieberman
- Durado Brooks
- Djenaba A. Joseph
- Laura Porter
- Mark Pochapin
- Rich Wender
- Steven H Itzkowitz

Technical Advisory Committee

- Anne-Louise Oliphant
- Christina Hester
- Lee Dranikoff
- Lina Jandorf
- TR Levin
- Uri Ladabaum

Measuring Success

Key metric: Traffic by channel to navigation tool vs use of tool

Awareness

- Overall Impressions/reach (paid, shared, earned)
- Estimated Ad recall (social)
- Message pull through (earned)

Engagement

- CTR from programmatic display ads and social channels
- Unique visitors/new users of nav tool
- Clicks on nav tool landing page CTA
- Questionnaire completion

Acquisition

- Email/mobile capture
- Calls to live navigators

Timeline

Key:

- Awareness campaign
- Patient navigation



July

- Define scope for awareness campaign and nav tool RFPs
- Hire creative firm

August

- Define audience and DMAs
- Develop dissemination strategy
- Draft creative brief
- Develop creative concepts

September

- Refine concepts and develop assets for launch
- Secure vendor for patient navigation development
- Develop Phase 1 patient navigation (minimum viable product)

October-December

- Launch awareness campaign (test markets before full launch)
- Optimize creative and paid media buy based on performance
- Phase 2 roadmap definition and gates
- Develop Phase 2 patient navigation for January launch

January- March

- Turn awareness campaign back on
- Optimize paid media buy
- Launch Phase 2 patient navigation tool

All paid and earned media will be planned on a 3-month cycle in order to monitor and adapt to the changing market. Considerations in play include but are not limited to election cycle impact on digital inventory and costs, COVID-19 impacts on markets and economy, and holiday digital inventory.

Michael Sapienza, CEO

For more information, please contact
Trudy Loper, Senior Director of Screening at
tloper@ccalliance.org.



Prioritizing Patients for Colonoscopy Following Resumption of Routine Endoscopy in NYC

David Greenwald, MD

NCCRT 2020 Annual Meeting

November 2020

The Tsunami



Who are we opening for? (TRIAGE templates)

- HIGH Priority: therapeutics (stricture dilations, PEG/PEJ), early CA Rx, alarm symptom, mass on imaging
- LOWER Priority: Sxs w/o alarm features, FIT/cologuard, surveillance
- Urgent **Priority** vs Urgent **Elective**

Time-Sensitive* (within 24 hours-8 weeks)			Non-Time Sensitive
Threat to the patient's life or permanent dysfunction of an organ	Risk of metastasis or progression of stage of disease	Risk of rapidly worsening progression of disease or severity of symptoms	No short-term impact on patient-important outcomes
e.g. diagnosis and treatment of GI bleeding or cholangitis	e.g. work up of symptoms suggestive of cancer	e.g. management decisions, such as treatment for IBD	e.g. screening or surveillance colonoscopy, follow up colonoscopy for +FIT

AGA Institute Rapid Recommendations for GI Procedures during Covid19
In press

NYSGE recommends delaying elective procedures until the COVID-19 outbreak is considered over, using the following priority classification:

Elective Procedures that May be Delayed

1. Screening and surveillance colonoscopy in asymptomatic patients
2. Screening and surveillance for upper GI diseases in asymptomatic patients
3. Evaluation of non-urgent symptoms or disease states where procedure results will not imminently (within 4-6 weeks) change clinical management (e.g., EGD for non-alarm symptoms, EUS for intermediate risk pancreatic cysts)
4. Motility procedures - esophageal manometry, ambulatory pH testing, wireless motility capsule testing and anorectal manometry



Urgent/Emergent Procedures that May Not be Delayed

1. Upper and lower GI bleeding
2. Suspected GI bleeding
3. Dysphagia significantly impacting oral intake
4. Cholangitis or impending cholangitis
5. Symptomatic pancreaticobiliary disease
6. Palliation of GI obstruction (UGI, LGI and pancreaticobiliary)
7. Patients with a time-sensitive diagnosis (evaluation/surveillance/treatment of premalignant or malignant conditions, staging malignancy prior to chemotherapy or surgery)
8. Cases where endoscopic procedure will urgently change management
9. Exceptional cases will require evaluation and approval by local leadership on a case by case basis



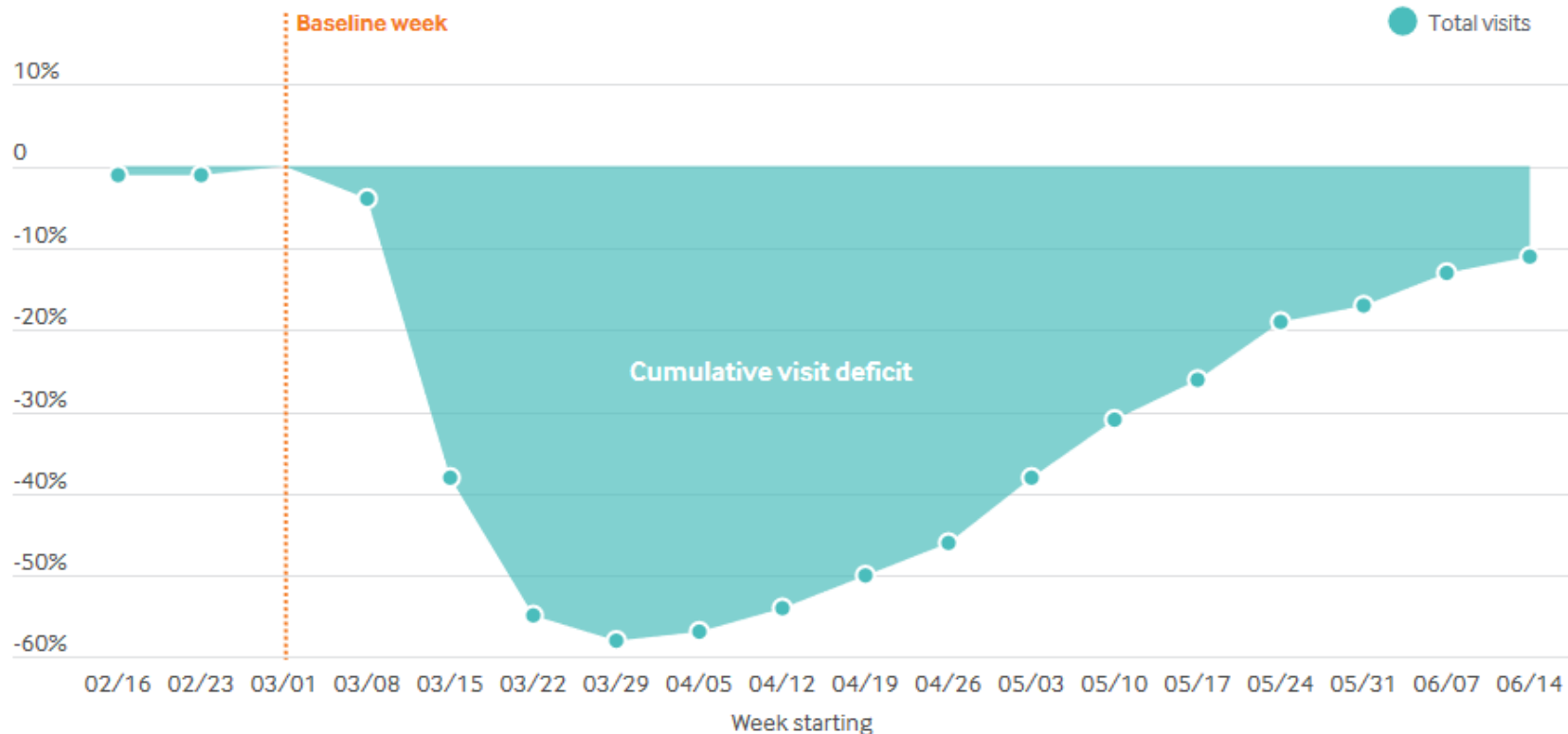
When do we reopen in NYC? (Predicted 4/2020)

- Plan for limited reopening of ASCs /Offices once the number of new cases begins to decline: Mid-May / June
 - Bring in the semi-urgent patients first
 - Symptomatic patients
 - FIT positive patients
- Summer: Elective procedures
- COVID swab test all doctors, nurses and other staff
- COVID test all patients

Are patients avoiding care?

The number of visits to ambulatory practices had declined nearly 60 percent by early April. Since that time, the numbers have rebounded substantially, though the rebound may be beginning to plateau.

Percent change in visits from baseline



Source: Ateev Mehrotra et al., The Impact of the COVID-19 Pandemic on Outpatient Visits: Practices Are Adapting to the New Normal (Commonwealth Fund, June 2020).
<https://doi.org/10.26099/2v5t-9y63>

Reassuring patients

[1-800-MD-SINAI](#)[For Physicians](#)[Same-Day Appointments](#)[MyChart](#)

Mount Sinai Safety Hub

[Keeping Our Patients Safe](#)[Keeping Our Staff Safe](#)[Find a Doctor](#)[Mount Sinai Now](#)[1-800-MD-SINAI](#)[For Physicians](#)[Same-Day Appointments](#)[Keeping Our Patients Safe](#)[Keeping Our Staff Safe](#)[Find a Doctor](#)

Your Safety in the New Normal

Throughout our community, conditions still need to be treated, procedures still need to be performed, and screenings still need to be scheduled to prevent disease. Your health is too important to put on hold.



Reassuring patients

Before Your Appointment

Phone Screening: We will call you prior to your visit to ask if you have any COVID-19 symptoms.

Online Check-In: To reduce your wait time and contact with others, as much of your check-in as possible will be handled electronically before you come in.

When You Arrive

Symptom Screening: All patients will be screened for COVID-19 symptoms, including temperature checks. Patients showing symptoms will be referred for appropriate care.

Mandatory Masking: Throughout your visit at Mount Sinai, all patients and staff are required to wear face coverings, as well as appropriate protective equipment. Patients and visitors will be provided with a mask, if needed.

Visitor Policy: Mount Sinai welcomes visitors to the hospitals, including Emergency Departments. Please see the [visitor policy](#) for the Mount Sinai Health System.

During Your Visit

Hand Hygiene: During your visit, we encourage you to practice hand hygiene. We recommend that you frequently wash your hands with soap and water at least for 20 seconds and use the alcohol-based hand sanitizers readily available throughout our health system.

Social Distancing: We are minimizing contact by scheduling more time between appointments, minimizing the number of patients in waiting areas, and spacing furniture. We are monitoring the number of patients in elevators; you will see visual aids of our elevator safety guidelines. We follow the guidelines for social distancing, which is to keep six feet between people.

Behind the Scenes

Continuous Cleaning: All areas—including waiting rooms, patient rooms, operating rooms, and high-touch surfaces—are rigorously disinfected. Patient rooms receive a ceiling-to-floor cleaning after a patient has been discharged and before a new patient is admitted; this takes approximately two hours and includes several quality assurance checks. At our outpatient practices, examination and treatment rooms are disinfected between patient visits, and high-touch surfaces such as door knobs and kiosks are continually cleaned.

Staff Screening: Staff are self-monitoring for signs and symptoms of COVID-19 twice daily and being tested for exposure to COVID-19.

Separation of COVID-19 Patients: All of our patients who are being treated for COVID-19 are isolated from other patients.

Prioritizing patients for colonoscopy in NYC

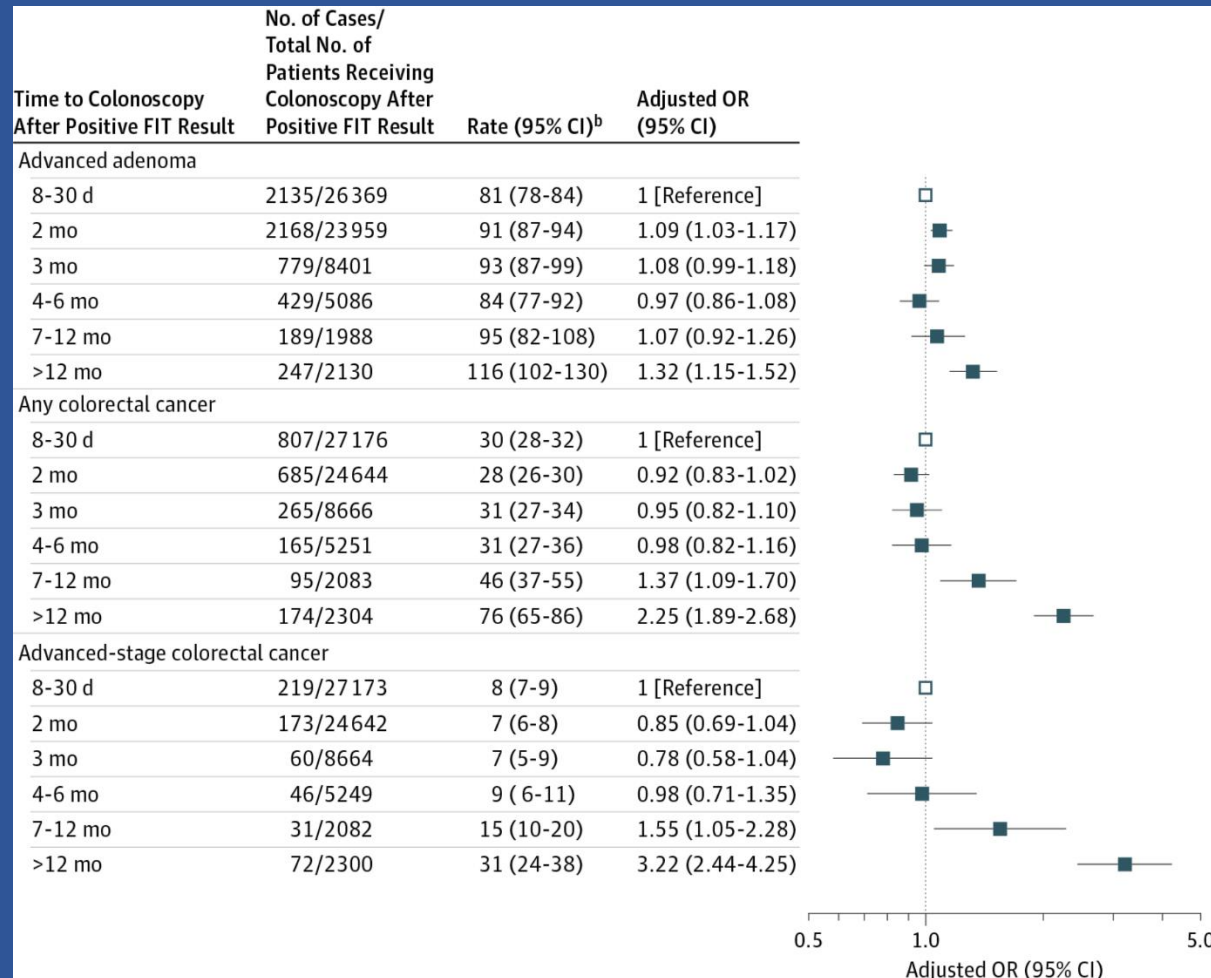
Premise:

- Colonoscopy remains safe---- a good option for screening
- Identifying patients who should receive higher priority for colonoscopic screening is a critical step.

Issues:

- Confidently reassure patients about the safety of visiting a health facility to receive health care of any kind, and the safety of colonoscopy during the COVID era.
- Higher priority colonoscopies:
 - Abnormal stool-based cancer screens
 - Family history of adenomas or cancer
 - Inflammatory bowel disease
 - Genetic syndrome
- Strengthen community partnerships between primary care and GI
- Primary care providers will need to be aware of the level of burden (if any) experienced by local endoscopy facilities
- Community organizations and coalitions will need to understand the communication priorities from local health systems and facilities to better disseminate messages that promote CRC screening options

Timely colonoscopy after a positive FIT is very important



Corley et al. JAMA. 2017;317(16):1631-1641.

NCCRT Playbook Applied to NYC

- C5 Coalition and its partners/stakeholders continue to promote importance of CRC screening year-round
- Develop robust communication between primary care referring practitioners and GI specialists to adjust screening strategies around changing COVID rates
- Develop and implement systems for tracking stool-based screening tests, with any necessary navigation/call-back measures.
- Work closely with New York State and City Depts of Health to monitor COVID infection rates:
 - For low COVID infection rates:
 - Continue to perform screening colonoscopies as usual
 - Make efforts to reassure patients about the safety of coming for screening colonoscopies
 - For high COVID infection rates:
 - Prioritize screening colonoscopies among higher-risk patients
 - Utilize stool-based testing



The Artist: Josef Lee

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