

2021 NCCRT Annual Meeting – November 15-17



Thank you for joining!
The session will begin shortly.



Navigating Through COVID-19: Adapting to Meet the New Normal in Healthcare to Deliver Colorectal Cancer Screening

Monday, November 15, 3:10 PM



Navigating Through COVID-19



Lisa Richardson

MD, MPH

Centers for Disease Control and Prevention



Rachel Issaka

MD, MAS

Fred Hutch



Jaraka Carver

LPN

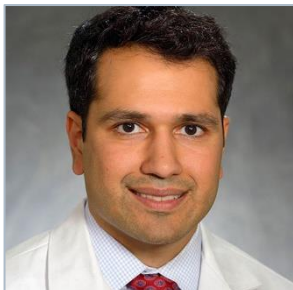
Lincoln Community Health Center



Michael Anderson

MHA, CPHQ

Virginia Mason Franciscan Health



Shivan Mehta

MD, MBA, MSHP

University of Pennsylvania

Colorectal cancer screening and outcomes during the COVID-19 pandemic

Rachel Issaka, MD, MAS

Assistant Professor of Medicine

Fred Hutchinson Cancer Research Center, Clinical Research Division

University of Washington, Division of Gastroenterology

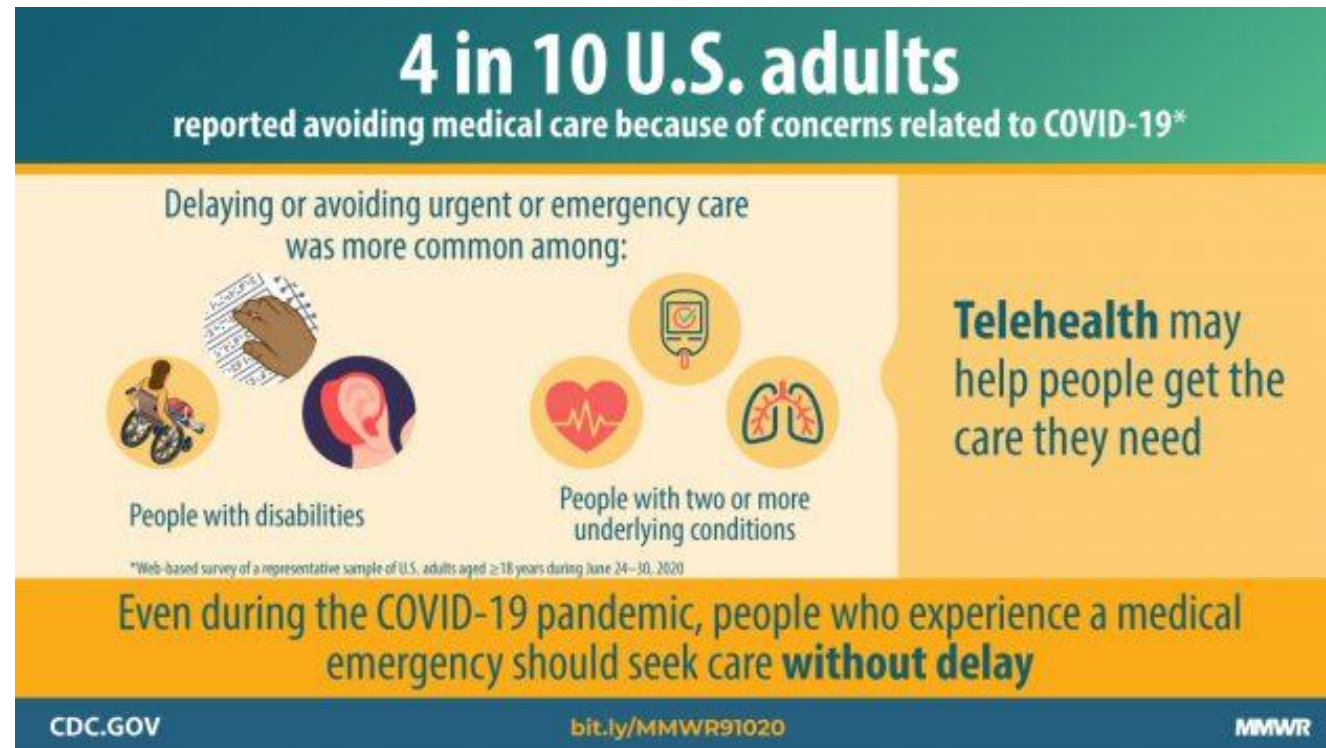
 @IssakaMD

THE IMPACT OF COVID-19 ON CANCER SCREENING RECOMMENDATIONS

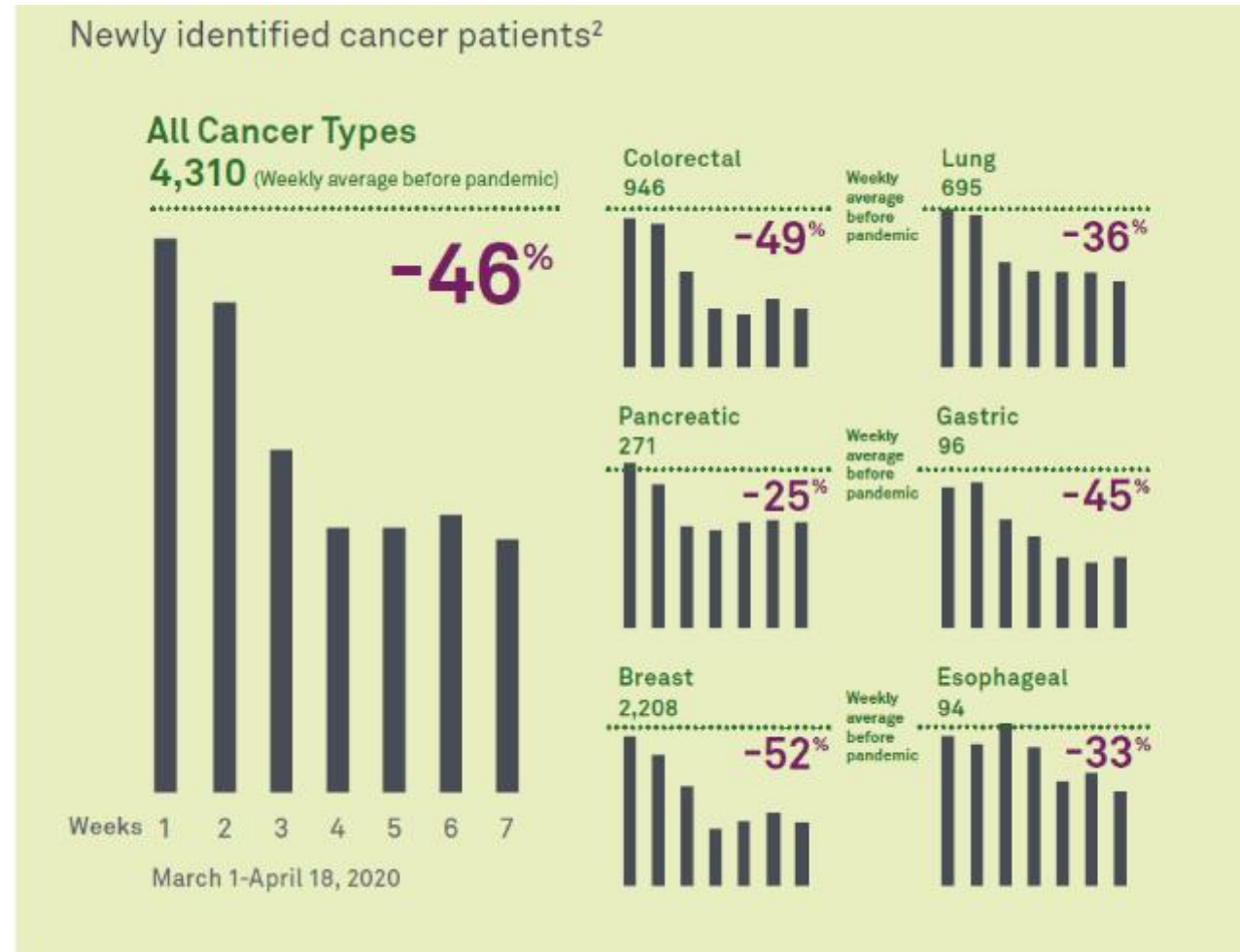


*These recommendations apply to people at average risk of cancer who do not have any signs or symptoms of cancer

41% OF U.S. ADULTS DELAYED OR AVOIDED MEDICAL CARE MARCH TO JUNE 2020

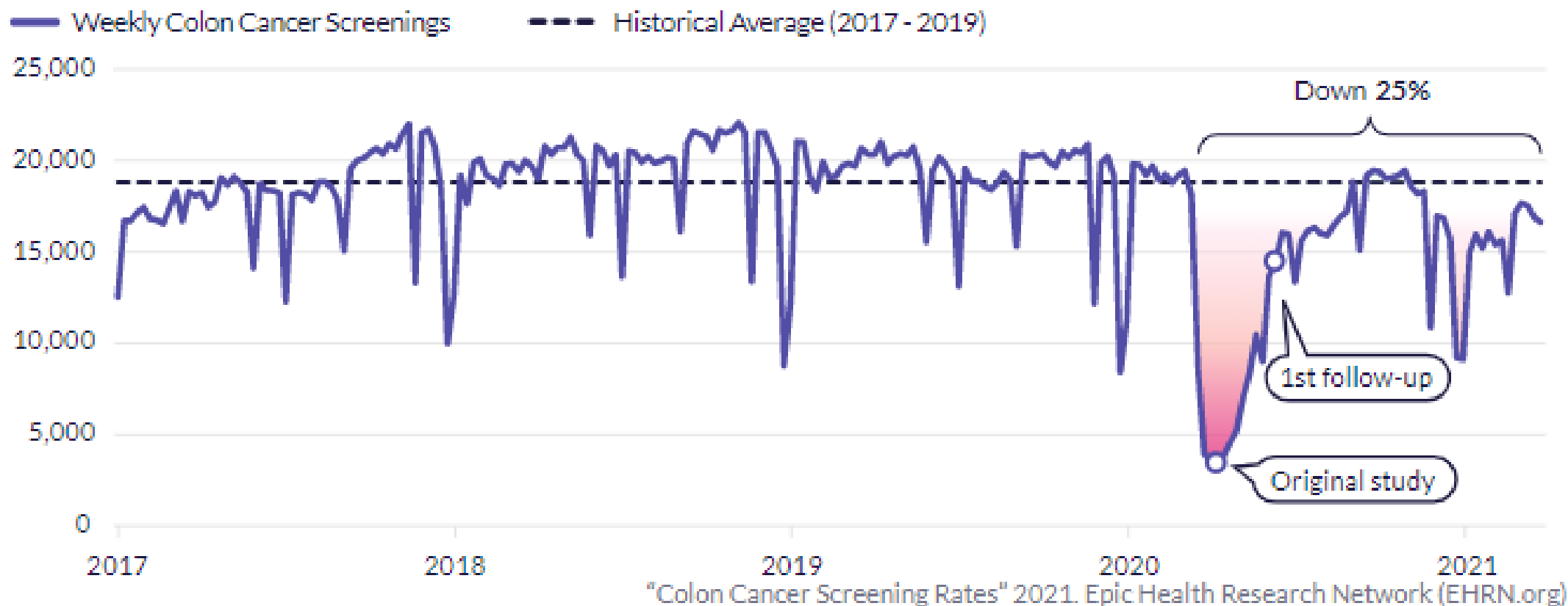


IN APRIL 2020, CANCER DIAGNOSES DECLINED BY 46% COMPARED TO 2019



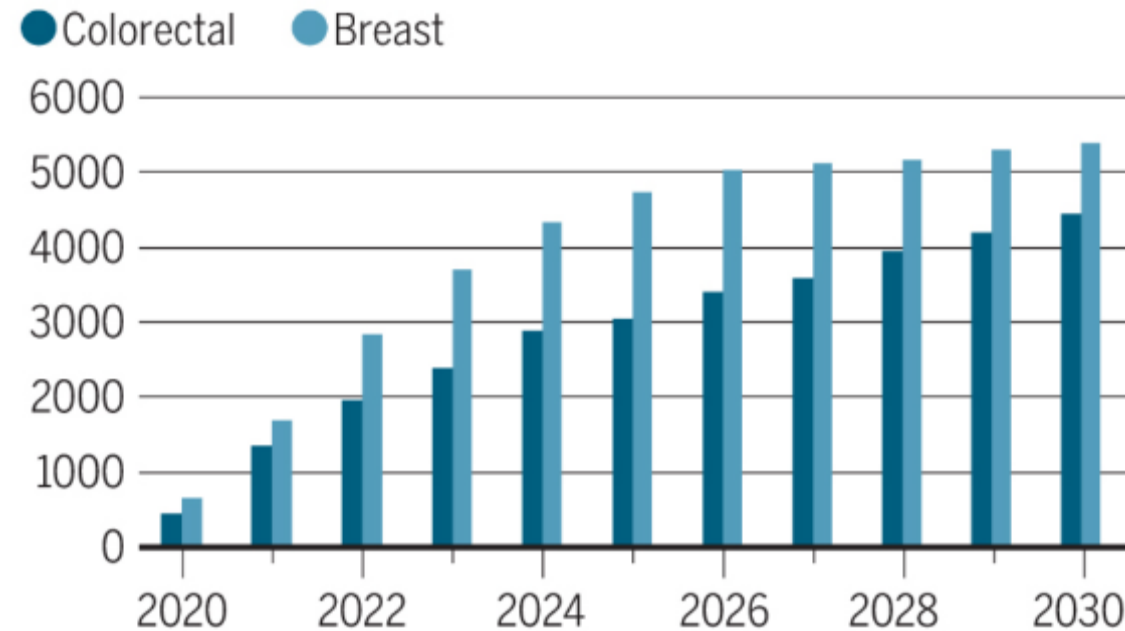
FROM 3/2020 TO 3/2021, COLORECTAL CANCER SCREENINGS DOWN 25%

Colon Cancer Screening Rates



AN ESTIMATED 4,500 EXCESS DEATHS FROM COLORECTAL CANCER BY 2030

Modeled cumulative excess deaths from colorectal and breast cancers, 2020 to 2030*



INCREASED USE OF FIT COULD INCREASE COLORECTAL CANCER SCREENING

	2020				2021				2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Baseline	Normal											
Scenario 1	Normal	No screening	Colonoscopy screening (50%)		Colonoscopy screening (75%)							
Scenario 2	Normal	No screening	Colonoscopy screening (50%)						Colonoscopy screening (75%)			
Scenario 3	Normal	No screening	Colonoscopy screening (50%) + increased FIT		Colonoscopy screening (75%) + increased FIT							
Scenario 4	Normal	No screening	Colonoscopy screening (50%) + increased FIT						Colonoscopy screening (75%) + increased FIT			

With a prolonged period of reduced CRC screenings, increasing FIT use from 15% to ~21% was associated with an **additional 655 825 CRC screenings** and **2715 cancer diagnoses**, of which **1944 (71.6%) were early stage**.

COVID-19 MAY WORSEN COLORECTAL CANCER DISPARITIES

- ▶ Decreased screening participation
 - ▶ Federally qualified health centers and community health centers
- ▶ Delayed follow-up of abnormal stool results
- ▶ Limited community-based research and partnerships
- ▶ Limited community engagement and advocacy

PROPOSED SOLUTIONS TO MITIGATE POTENTIAL DISPARITIES

TABLE 1. Summary of areas related to CRC prevention in the medically underserved that have been impacted by COVID-19 and potential solutions

Impacted area	Potential solutions
<i>CRC screening</i>	
CRC screening participation	<ul style="list-style-type: none"> • Encourage use of noninvasive screening modalities. • Increase use of mailed FIT outreach programs. • Establish safe protocols to pick up and return FIT kits.
Follow-up after abnormal FIT/fecal occult blood test screening	<ul style="list-style-type: none"> • Identify gastroenterologist partners to improve coordination of care. • Prioritize patients with the earliest abnormal FIT results, highest quantitative FIT values, and/or the development of interval symptoms associated with CRC.
<i>CRC-related research activities</i>	
Community-based research	<ul style="list-style-type: none"> • Leverage the most accessible technology to sustain communication. • Engage consistently with community partners. • Obtain a waiver of signature for minimal risk studies. • Provide incentives where appropriate.
External factors	<ul style="list-style-type: none"> • Alert funding programs early of changes in projected research. • Develop contingency budgets for funded projects.
<i>Engagement, advocacy, and policy</i>	
Community outreach and engagement	<ul style="list-style-type: none"> • Use existing platforms to provide COVID-19 information and offer aid programs. • Extend CRC awareness events to year-round. • Seek timely and innovative opportunities to serve medically underserved populations.
Advocacy and policy	<ul style="list-style-type: none"> • Shift advocacy events and policy campaigns to virtual platforms whenever possible. • Use social media platforms, calls, and letters to connect with policymakers.

CRC, Colorectal cancer; COVID-19, coronavirus disease 2019; FIT, fecal immunochemical test.

THANK YOU

 @IssakaMD



CRC Screening During COVID-19

Lincoln Community Health Center
Newport, Oregon

Lincoln Community Health Center Newport, Oregon

- We are a Federally Qualified Health Center that typically serves around 5,000 unique patients a year.
- Around 50% of our patient population is Medicaid enrolled and around 20% is uninsured
- On average 16% of our patient population identify as Hispanic or Latino/a
- 2 Primary Care Clinics and 4 School-Based Health Centers
- Tier 4 Patient-Centered Primary Care Home
- Behavioral Health Clinics





Key team members: Panel Coordinator and Certified Medical Assistants



Introductory Letter



FIT Kit mailing



Outreach by Telephone Call



Outreach by mailed letter

FIT Mailer Workflow

Materials from Mailedfit.org

September 2020

Dear Patient Name,

At Lincoln Community Health Center, we care about your health. Part of staying healthy is making sure you stay up to date on routine screenings.

Our records show that you are due for a colon cancer screening test.

Why is it so important to regularly screen for colon cancer?

- ✓ Colon cancer is the second leading cause of cancer deaths. About 1 in 20 people will have colon cancer in their lifetime.
- ✓ The American Cancer Society recommends screening for colon cancer between the ages of 50 and 75.
- ✓ Colon cancer can be prevented or treated if found early!
- ✓ Most people with colon cancer feel no symptoms.
- ✓ Most people with colon cancer have no family history of the disease.



Did you know that there is a simple test that can find signs of colon cancer before you have symptoms?



This test is called a *fecal immunochemical test*, also called FIT. It tests for hidden blood in the stool, which can be an early sign of cancer.

If blood is found, your provider may ask you to get a second test called a colonoscopy. A colonoscopy can find and remove growths in your colon before they become cancerous.

For example, if results are still unclear, a FIT test which tests for blood

To help you stay healthy, we have sent you this colon cancer screening test. At our clinic, we offer everyone over the age of 50 this screening test because:

- People can have colon cancer and not know it. Even if you feel healthy, it could happen to you.
- Colon cancer can be prevented or found early when it is most curable.
- Stool tests should be done every year. It's very important!

After you complete the test:

1. **Write the date of the test on the bottle.**
2. Mail it using the prepaid envelope—within 5 days is best.

If you have any questions, please call our Patient Coordinator Jazaka at 541-265-6611 ext. 3227.

Thank you!

Para ayudar a mantenerlo/la saludable le he enviado la prueba de detección del cáncer de colon. En nuestra clínica le ofrecemos esta prueba a todos los pacientes mayores de 50 años para detectar el cáncer de colon porque:

- La gente puede tener cáncer de colon y no saberlo. Aunque se sienta saludable, le puede pasar a usted.
- El cáncer de colon puede ser prevenido o detectado temprano.
- Las pruebas de crecimiento necesitan hacerse cada año. ¡Es muy importante!

Después de haber completado la prueba:

1. **Escriba la fecha en que hizo la prueba en la botella.**
2. Devolver en el sobre prepagado—dentro de 5 días es mejor.

Si tiene alguna pregunta, llame a nuestro Coordinador del Paciente Jazaka al 541-265-6611 ext. 3227.

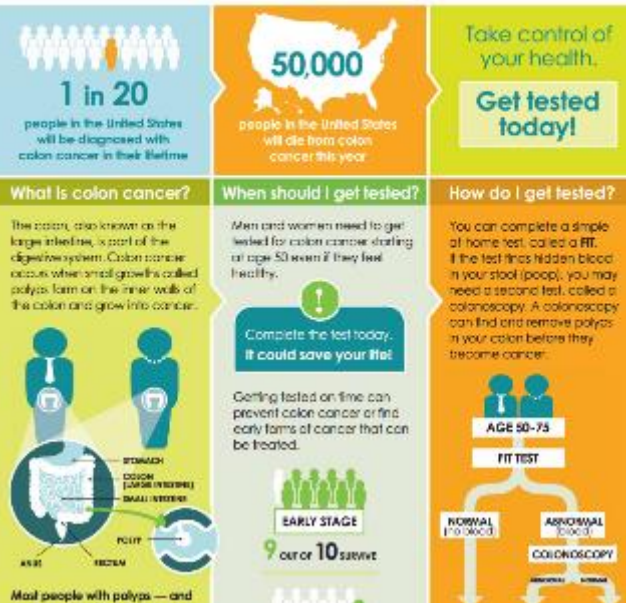
¡Gracias!



Put this test in your bathroom to remind yourself to do it!

Coloque la prueba en su baño para recordarle de completarla.

COLON CANCER CAN BE PREVENTED



We care about you

Return your stool test today!



¡Mande por correo su prueba fecal hoy!

This simple test can ensure that your colon is healthy — and that's one less thing you have to worry about.

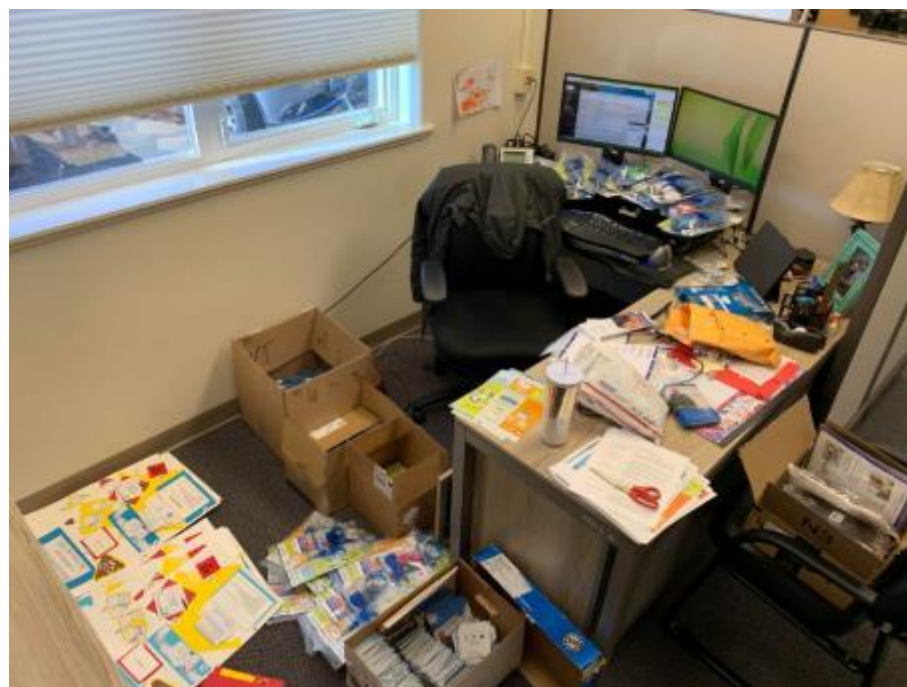
Esta sencilla prueba puede asegurar que su colon este saludable — es una cosa menos que usted tiene de que preocuparse.

If you recently returned the stool test to us, please ignore this reminder.

Si usted acaba de mandar la prueba fecal, por favor, no haga caso a esta carta.

If you have questions, please call (541) 265-4947.

Si usted tiene preguntas por favor contáctenos al (541) 265-4947.



Outreach Experience

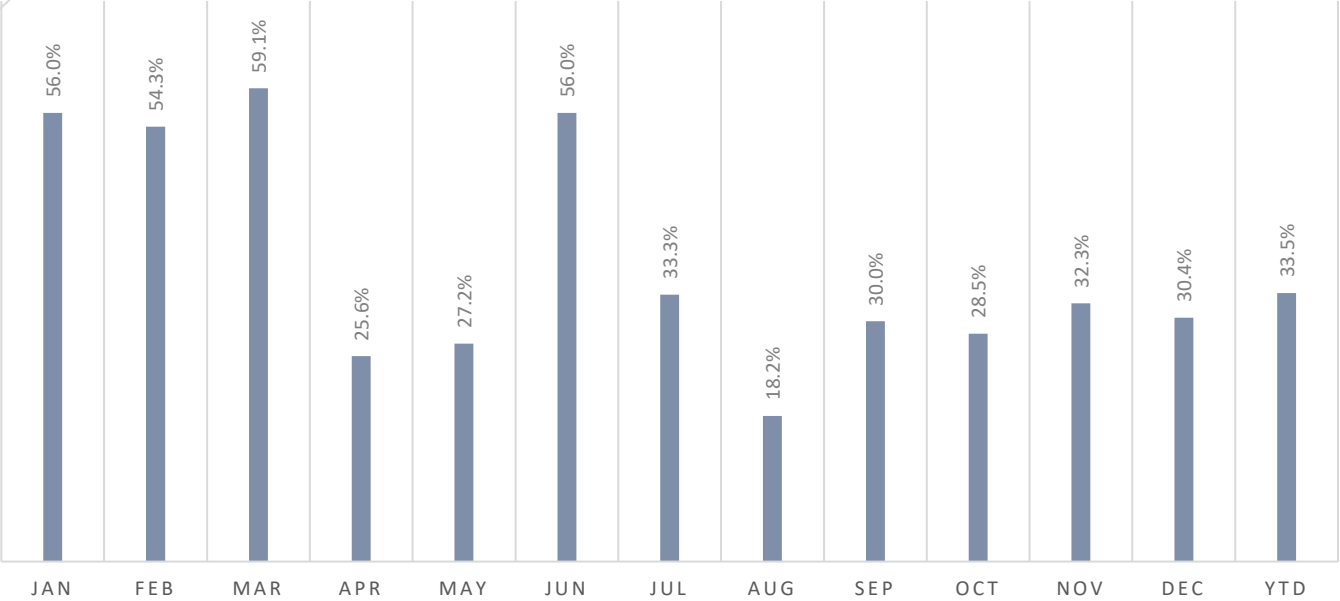
Letters:

- Well received by patients
- Transient population – returned mail

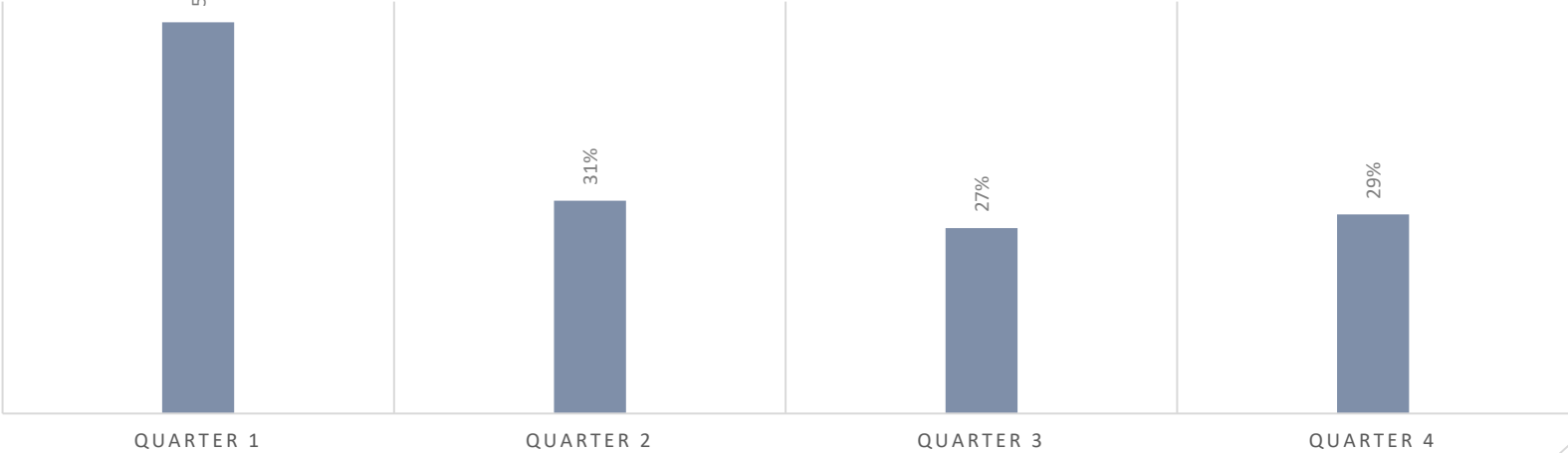
Telephone Calls:

- Hard to reach patients
- Distrust in unknown telephone numbers
- Positive discussions when contact was made

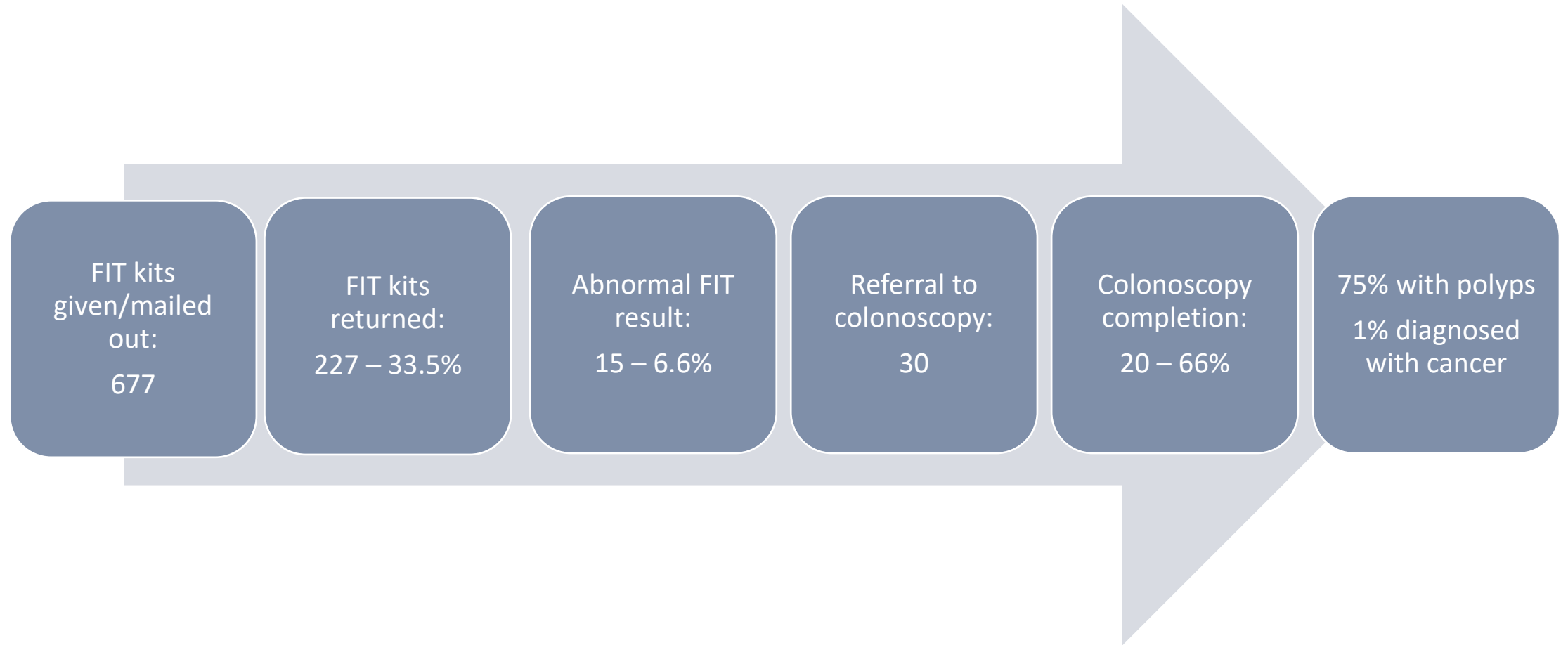
FIT KIT RETURN RATE



FIT KIT RETURN RATE BY QUARTER



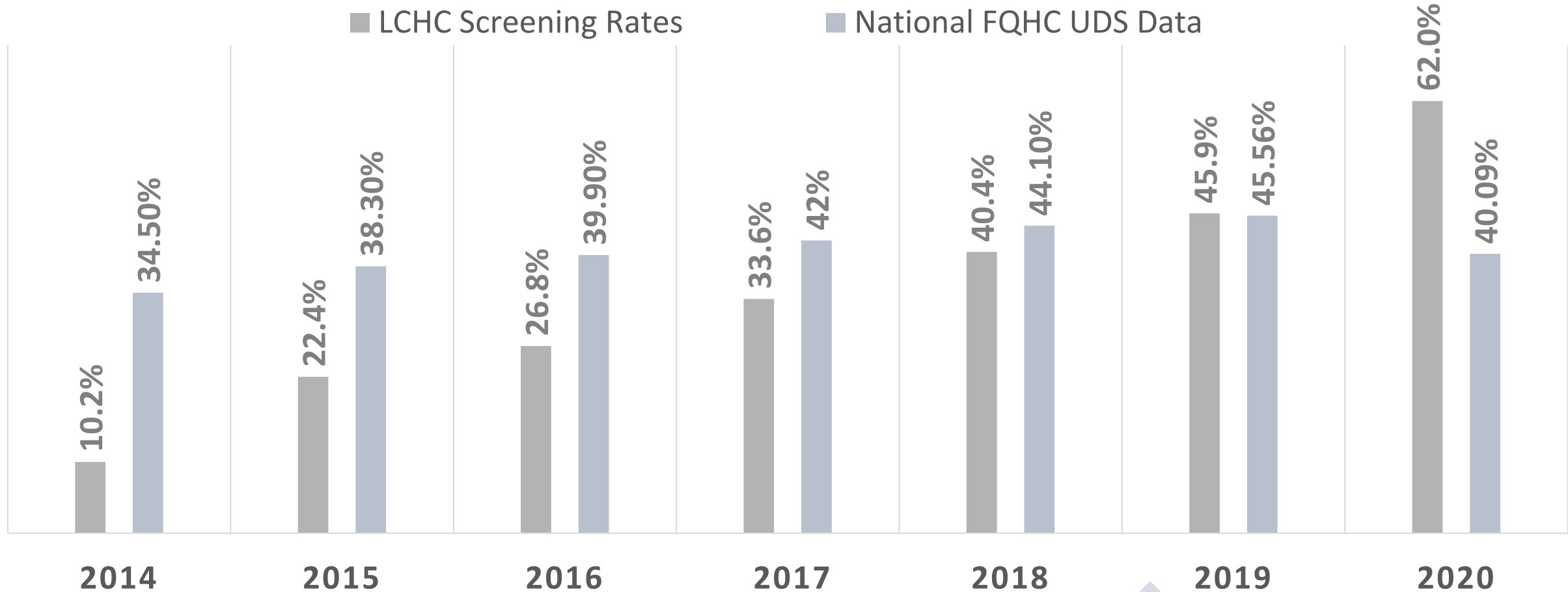
LCHC Colorectal Cancer Screening Project 2020



Challenges That Kept Us On Our Toes

- COVID
 - Staff working from home
 - Patients being seen virtually
 - Elective procedures being postponed
- FIT Supply Issues

LCHC vs National FQHC CRC Screening Rates



Next Steps:

Technical Assistance:

- ORPRN – Oregon Rural Practice Research Network
- Kaiser Permanente Northwest

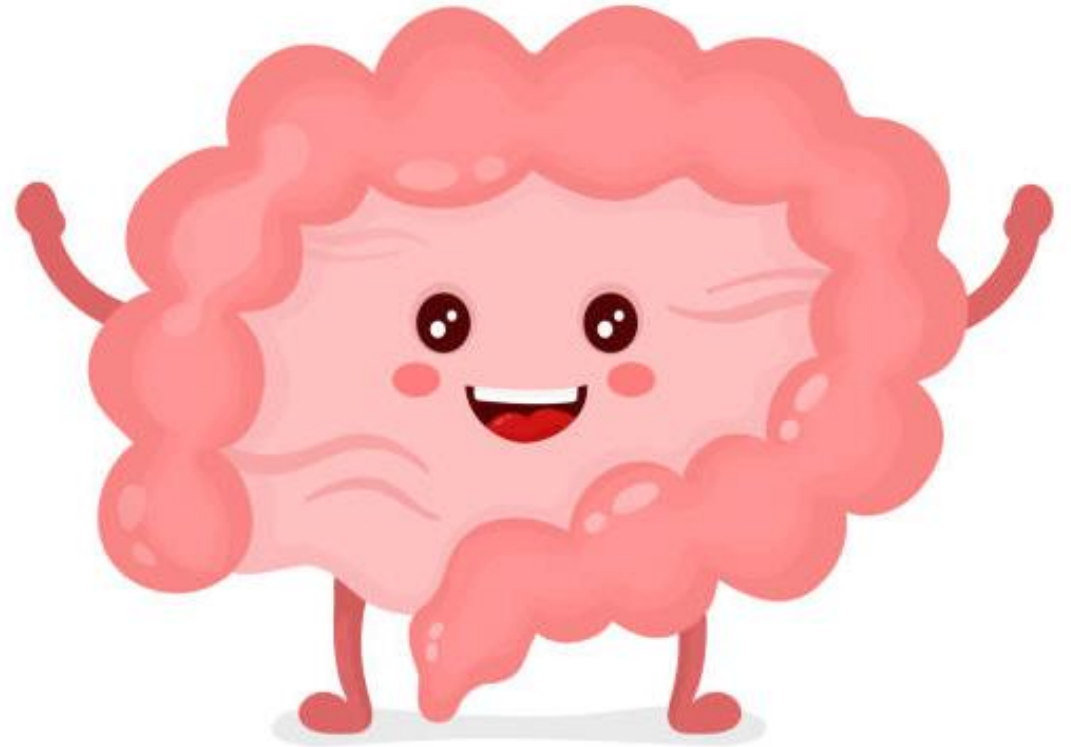
Areas of Focus:

- Identifying and addressing the screening disparity between Hispanic/Latino (32.8%) and Non-Hispanic/Latino patients (40%).
- Aggregating data between care teams to identify areas of success and strain

Acknowledgements

- Our primary care staff
- Our technical assistance partners over the past several years
 - ORPRN - OHSU
 - OPCA
 - Dr. Gloria Coronado

THANK YOU!



National Colorectal Cancer Roundtable

Colorectal Cancer Screening at an Academic Health System during the COVID-19 Pandemic

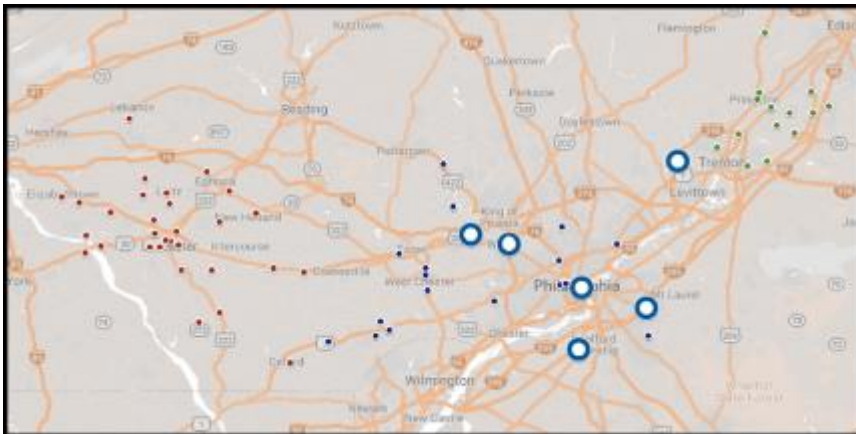
Shivan Mehta, MD, MBA, MSHP
Associate Chief Innovation Officer, Penn Medicine
Assistant Professor of Medicine and Health Policy
University of Pennsylvania

November 15, 2021



Penn Medicine

- ▶ 6 hospitals
- ▶ 8900 physicians
- ▶ 90 primary care practices



Penn Medicine Team Goal focused on Equity


- ▶ Colorectal cancer screening rates among all primary care patients
- ▶ Colorectal cancer screening disparity between Black and non-Black patients
- ▶ Colorectal cancer screening rates among Black patients

Goal set in Sept 2021: Baseline 69.70%


- Threshold +0% (69.70%)
- Target +0.5% (70.20%)
- High +1% (70.70%)

Colorectal Cancer Strategy Group

- ▶ Gastroenterology
- ▶ Primary Care
- ▶ Marketing
- ▶ Women's Health
- ▶ Cancer Center

 Penn Medicine

CHOOSING THE RIGHT TEST
Know Your Risk for Colon Cancer. Early Detection is Key.

 Colonoscopy is the most effective method to reduce colorectal cancer-related deaths because it is the most sensitive test among all the available screening tests and it can BOTH detect and prevent cancer.

DO YOU HAVE
Family history of colorectal cancer or advanced polyps?
OR Personal history of inflammatory bowel disease?

YES

NO

COLONOSCOPY
Provider and patient determine if testing should be started before age 50.

ARE YOU
BETWEEN THE AGES OF
50-75

YES

NO

DISCUSS OPTIONS
Provider and patient decide which test is preferred.
(See table on reverse side.)

IF YOU ARE
YOUNGER THAN 50 Years
Testing is not recommended.

OLDER THAN 75 Years
Provider and patient decide if testing is needed.

LOCATIONS
Penn Medicine Radnor*
145 King of Prussia Rd,
Radnor, PA 19087

Penn Presbyterian Medical Center
51 N 39th St,
Philadelphia, PA 19104


Perelman Center for Advanced Medicine
3400 Civic Center Blvd,
Philadelphia, PA 19104

Pennsylvania Hospital
Farm Journal Building, 4th Floor
230 West Washington Square
Philadelphia, PA 19107

* A facility of the Hospital of the University of Pennsylvania

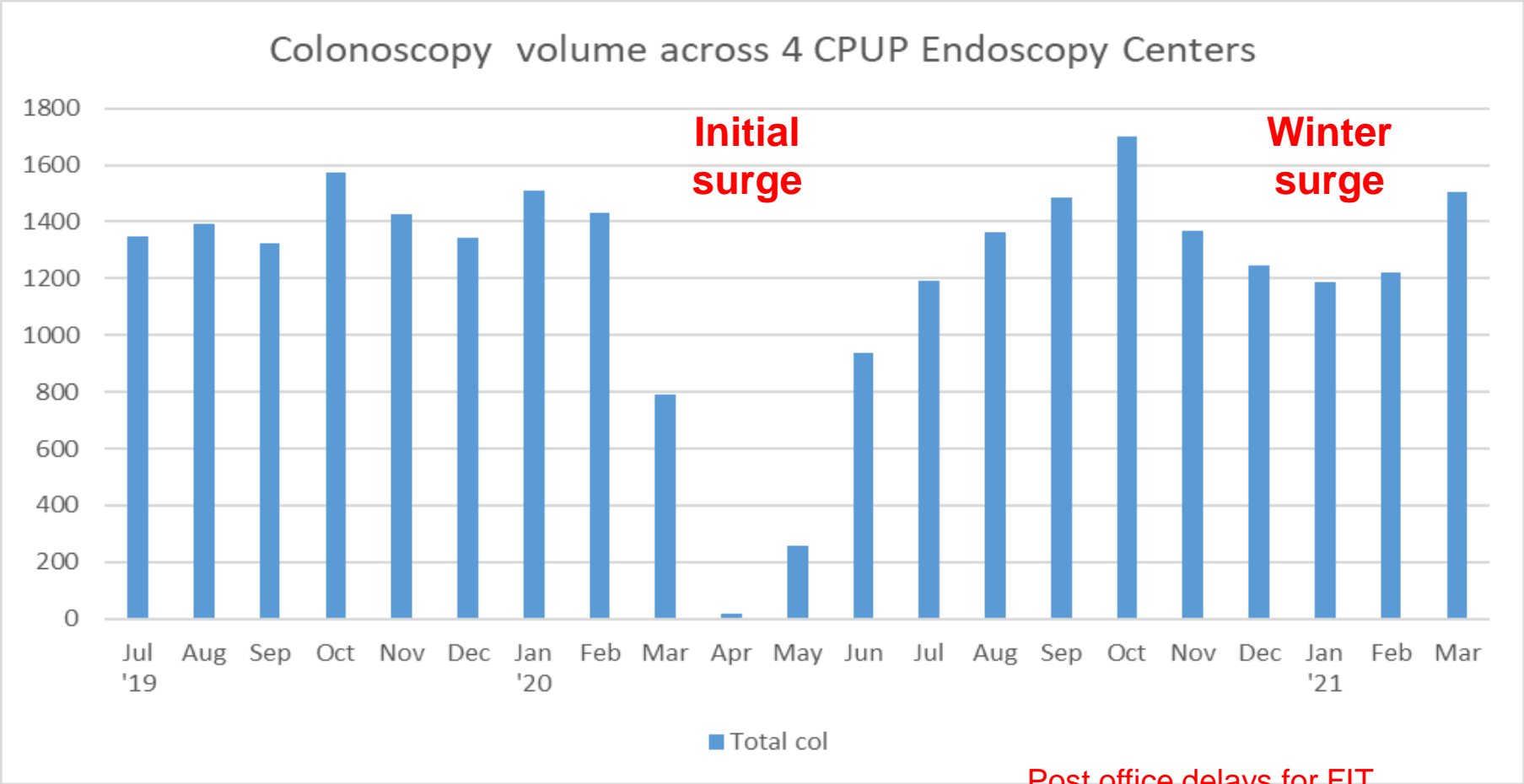
For more information or to schedule an appointment, please call 215.349.8222 or 800.789.PENN (7366)

© 2021 Penn

 Penn Medicine

29

Colonoscopy utilization trends during pandemic

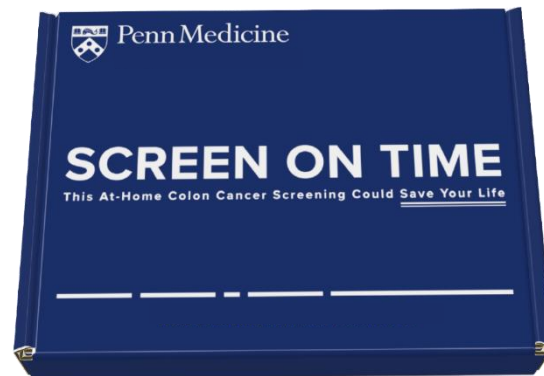
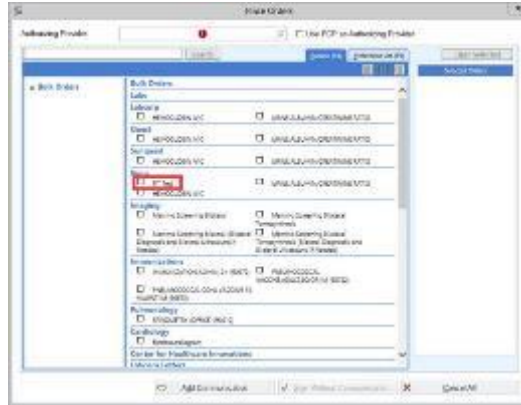


Post office delays for FIT kits mailed from practices

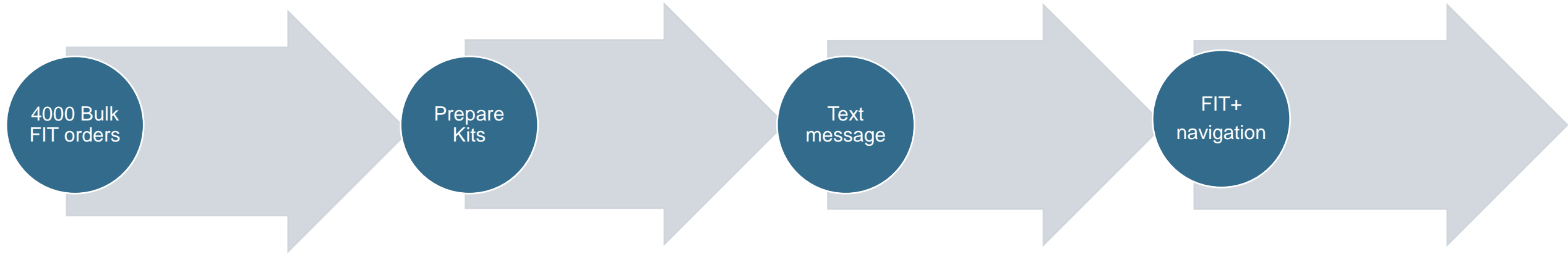
STOPPED colonoscopy emails due to long wait times in call center



Foundation for mailing FIT kits



Mailed FIT Outreach Sprint



- ▶ 25% response rate
- ▶ 6% FIT positivity rate
- ▶ 24% FIT+ scheduled or completed colonoscopy

Goal set in Sept 2021: Baseline 69.70%

- Target +0.5% (70.40%)

Lessons learned

- ▶ Importance of executive-level support for team goal
- ▶ Systemwide infrastructure needed from the CRC strategy group
- ▶ Opportunity for a learning health system approach
- ▶ Need to stay focused on screening process completion and outcomes





Questions & Answers

2021 NCCRT Annual Meeting – November 15-17



See You Tomorrow!