2021 NCCRT Annual Meeting – November 15-17

Thank you for joining!
The session will begin shortly.

The Critical Role of Primary Care: Updates to the NCCRT Steps Manual and Leveraging the Power of Professional Societies to Advance Colorectal Cancer Screening

Tuesday, November 16, 3:00 PM

The Critical Role of Primary Care

Keith Winfrey
MD, MPH, FACP

NOELA Community Health Center

Michelle Tropper
MPH

HealthEfficient

Robby Amin
MD

Horizons: South Georgia's Cancer Coalition

James Rogers
MD

Mercy Health System

Donald Balasa
JD, MBA

American Association of Medical Assistants

Deborah Novak
CMA (AAMA)

American Association of Medical Assistants

Healthefficient

Greater insight. Better care.

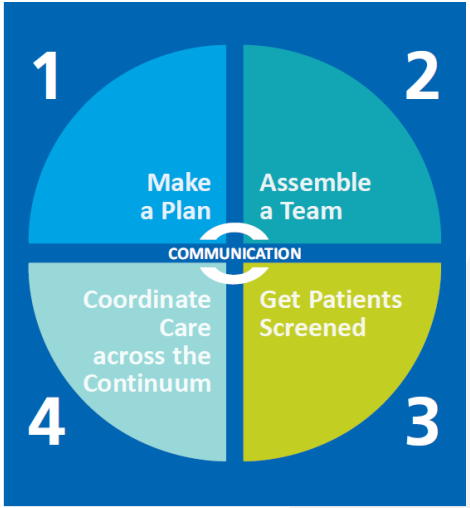
Newly Updated Steps Guide for Increasing CRC Screening: A Manual for Primary Care

Michelle Tropper, MPH

November 16, 2021

Overview

- Approach to updating the Steps Guide and Advisory Committee Process
- Updates include:
  - ✓ New screening modalities included (mt-sDNA, CT Colonography and high-sensitivity stool testing)
  - ✓ Updated literature review / annotated bibliography
  - ✓ Updated screening guidelines
  - ✓ New appendices and tools
  - ✓ Geared to all primary care audiences
- 10 Interviews and Case Studies
- Abnormal stool tests: NCCRT Best Practices Brief



How the Guide has been used

- Credible reference to brainstorm ideas
- Identify evidence-based recommendations to increase screening rates
- Identify ways to pay for colorectal cancer screening
- Flu-FIT
- Identify tested messages
- Generate ideas for tracking follow-up and provider
- Guideline resource

Most helpful / What to include (Content)

Most Helpful
Step-by-step guide of what to do Ability to assign team members to steps
Tested messages that could be replicated in practice
Patient instructions on how to do FOBT/ FIT
Information on how to identify patients who need to be screened
Guidelines/Overview of screening process

What to include in revision
Greater emphasis on patient navigation beyond the separate navigation guide.
More input from rural component
Video and virtual tutorials to address different learning styles
How to regain engagement post- COVID and catch up with backlog; how to rebound from the decline in screening rates
Tested messages and text reminders for patient reminders
Algorithm / process to help identify patients eligible and due for screening
Epic users would like to see more information specific to their EHR (i.e., smart phrases and reports developed by others that could be replicated)

Updated Steps

Step #1: Make a Plan

- Included steps for data validation and readiness assessment and clinical decision support for quality improvement

Step #2: Assemble a Team

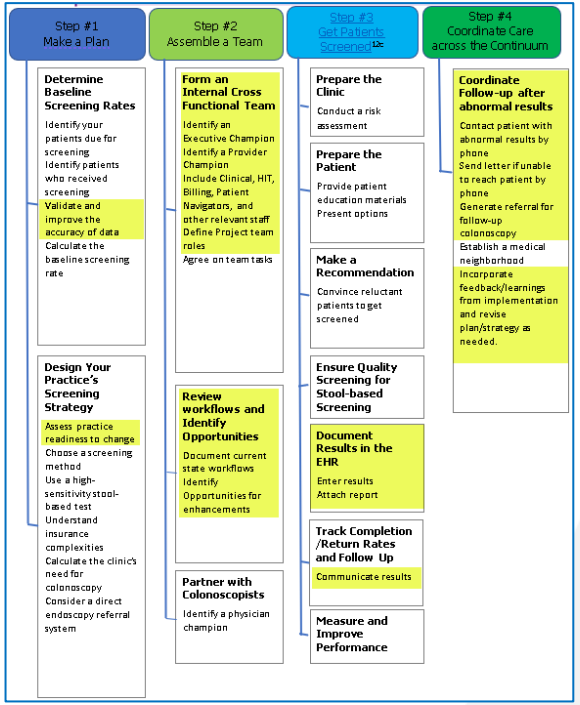
- Included steps for an Internal Cross Functional Team
- Added Step for Reviewing workflows and identifying opportunities

Step #3: Get Patients Screened

- Added documentation of results in EHR

Step #4: Coordinate Care across Continuum

- Included process for follow-up with patients for **any** abnormal results



Steps Guide Refresh – Highlights

New Appendices:

a. New NCCRT Colonoscopy Needs calculator
   https://learning.nccrt.org/colonoscopy-calculator-form/

b. Readiness Assessment Tools for Practices:

   i. HealthEfficient Colorectal Clinical Decision Support for Quality Improvement (CDSQI) Example

   ii. West Virginia Partnership to Increase Colorectal Cancer Screening (WV PICCS) Partner Clinic Readiness Assessment Toolkit

   iii. New York State Colorectal Cancer Clinic Readiness Assessment Tool

c. FIT/FOBT Sample Workflow Process

d. Updated EHR Workflow Documentation Screenshots

Primary Care Practice Case Studies

10 Case studies and appendices:

1) Allegheny Health Network Premier Medical Associates
2) Coal Country Community Health Center
3) East Boston Neighborhood Health Center
4) Family Medical and Counseling Services
5) Mercy Health System
6) NOELA Community Health Center
7) North Hudson Community Health Center
8) Sanford Health
9) Triburcio Vasquez Health Center
10) Zufall Community Health Center

Case Study Innovations and Tools Shared

	Patient Navigators/Community Health Worker		Dashboard
	Mailed FIT		Abnormal FIT results follow-up
	HIT Intervention		Patient and/or Provider Education
	Care Team		Reminders
	Clinical Champion		Outreach
	Open Scheduling		

Thank you to all who shared and contributed to the updated Steps Guide!

Second Edition Advisory Committee

- Lynn Basilio, MS
- Lynn Butterly, MD
- Gloria Coronado, PhD
- Neeraj Deshpande, MBBS, MPH, MHA
- Andrea Garcia
- Beth Graham
- James Hotz, MD
- Djenaba Joseph, MD, MPH
- Cheryl Modica
- Michael Potter, MD
- Catherine Rohweder, DrPH
- Laura Scott, MBA
- Kaitlin Sylvester, MPA

Second Edition Contributing Editors:

- Michelle Tropper, MPH
- Stephanie Rose, CCE
- Emily Butler Bell, MPH
- Caleb Levell, MA

Second Edition Reviewers/Contributors

- Robby Amin, MD
- Debra Barnhart
- Rachel Benatar
- Durado Brooks, MD, MPH
- Frank Colangelo, MD
- Amanda DeCrew
- Chastity Dolbec
- Heidi Emerson
- Kathleen Felezzola, RN
- Magdalene Godena
- Marquita Iddirisu, MPH
- Jessica Jamieson
- Rita Knause, MD
- Suzanne LaGarde, MD
- Karin Leschly, MD
- Laura Makaroff, DO
- Benjamin Oldfield, MD
- Nishie Perez, MA, BSN, RN
- Rina Ramirez, MD
- Joseph Ravenell, MD
- James Rogers, MD
- Michael Serlin, MD
- Swathi Sudha Suresha
- Christopher Utman, PhD
- Stacy Will, MSB, BSN, RN
- Keith Winfrey, MD
- Trudy Wright, BSN, RN, CLSSGB

Q&A

Michelle Tropper, MPH
Director of Clinical Programs
mtropper@healthefficient.org

Healthefficient

Greater insight. Better care.

NCCRT Presentation

Robby Amin, M.D.

HORIZONS
SOUTH GEORGIA'S CANCER COALITION

AAPHC
Albany Area Primary Health Care

east georgia healthcare center
Bringing Healthcare Home

GEORGIA core
CENTER for ONCOLOGY RESEARCH & EDUCATION

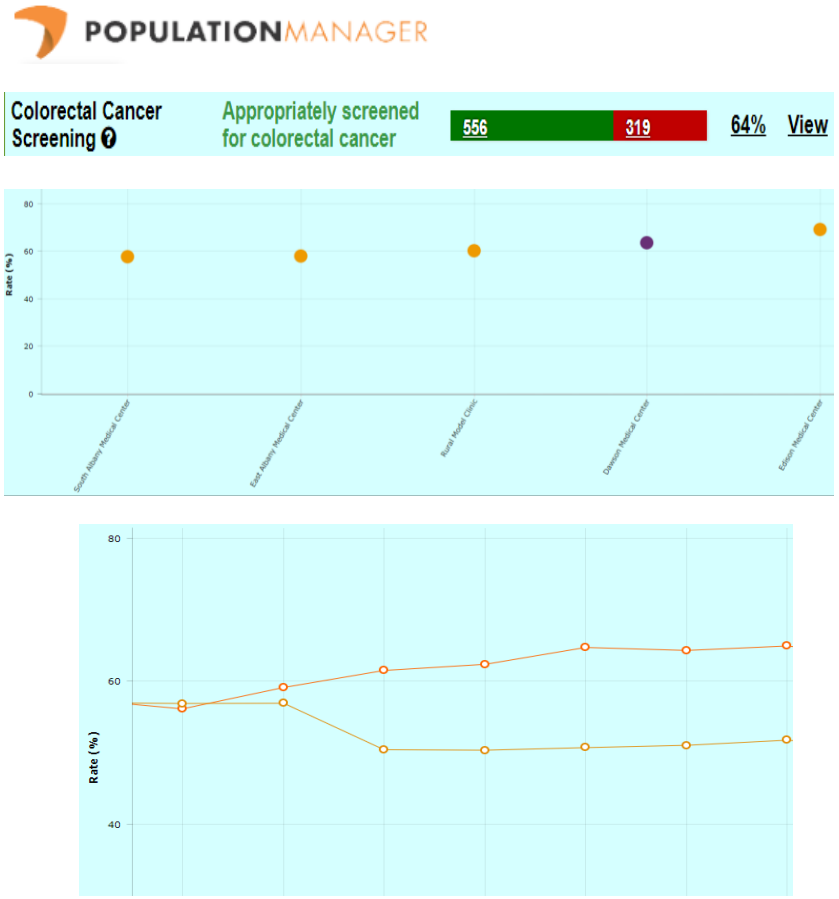
AUGUSTA UNIVERSITY

Georgia Cancer Control Program

- CDC grant (part of national ScreenOutCancer initiative) awarded to increase CRC screening for areas of need in South Georgia.
- Implement evidence based interventions for sustainable improvement
- Goal to implement in 15 clinics across the southern region of Georgia (7 enrolled to date)
- Goal (short-term) minimum 60% screening rates. Ultimately: 80%
- Utilize many of the same strategies outlines in the Steps Manual

Plan

- Baseline Rates
  - PopulationManager by Forward Health Group
    - Identify patients in need of screening
  - Validate through EHR
- Need community buy-in/partnership
  - AAPHC and Phoebe Putney Memorial Health System
- FIT First (or other stool based-testing)



Team

- Horizons Patient Navigation
  - Most effective intervention
  - For colonoscopies: 2% no show, less than 5% inadequate prep
  - Dawson Medical Center
    - Terrell County – highest rate of colon cancer mortality in the country 2007
    - 1st implemented under grant
    - Baseline screening rate (Feb ‘21) – 56.1%
    - Current rate: 64.9%
    - Navigated FIT Tests: 78% return rate
    - Challenge: initiating the referrals
- Champions
  - Physician and Clinic
- Hospital System Partnership
  - HCCRT Colonoscopy Calculator

- Evidence Based Interventions
  - Provider Reminders
    - EHR reminders, eCW “sticky notes”, chief complaint issues
  - Patient Reminders
    - Targeted reminders using EHR
  - Provider Assessment & Feedback
    - Quality Improvement – Key Performance Indicators
    - By clinic and sub-divided into care teams
  - Reducing Structural Barriers
    - Transport, literacy, technology, costs

Screening/Sustainability

- Horizons Patient Navigation
  - EBI's funnel into navigation
  - Provide education material
  - Prepare/inform patients
  - Track return rates and follow up
- Clinical Workflow Changes
  - AAPHC CRC policies, referral systems, order sets
- "Establish a medical neighborhood"

- Challenges
  - COVID-19
    - Increased Patient Load
      - "Denominator dilemma"
    - Colonoscopy Wait Times
      - Requirements of COVID testing
  - Mail – FIT Tests
    - Slow shipping
    - Lost/non-viable samples
  - Physician Fatigue
    - Demands of EHR, ease of ordering diagnostic tests/labs
    - Click burden
    - Order Sets – facilitated referrals to navigation
  - Screening age change
    - Education & Outreach for new age group

FIT FIRST

High value colon cancer detection

Dr. Jim Rogers, MD, FACP

Mercy | *Your life is our life's work.*

6/30/2020

- **Performance Status:**
  - Calendar Year 2019 all patients = 60.4% screened
  - Calendar Year to Date 2021 Medicare patients = 76% screened

Approaches to Screening

Opportunistic	Programmatic
• one clinician interacting with one patient	• system-wide, organized plan offering screening to a population

- **Patient Population:** MA and ACO patients with a Mercy PCP
- **Patients due for screening and without a visit scheduled for remainder of CY21:** 32,358
  - 32,107 Average Risk
  - 251 Above-average Risk (IBD, Lynch, Familial Polyposis etc.)

Pandemic Delays

out of service 2-5 mo's, long scheduling delays

Manpower Shortage

Skilled scope-ist = 1,728 – 2,106 year (1,917)

8-10 screenings/day

4.5 days/week

48 weeks/year

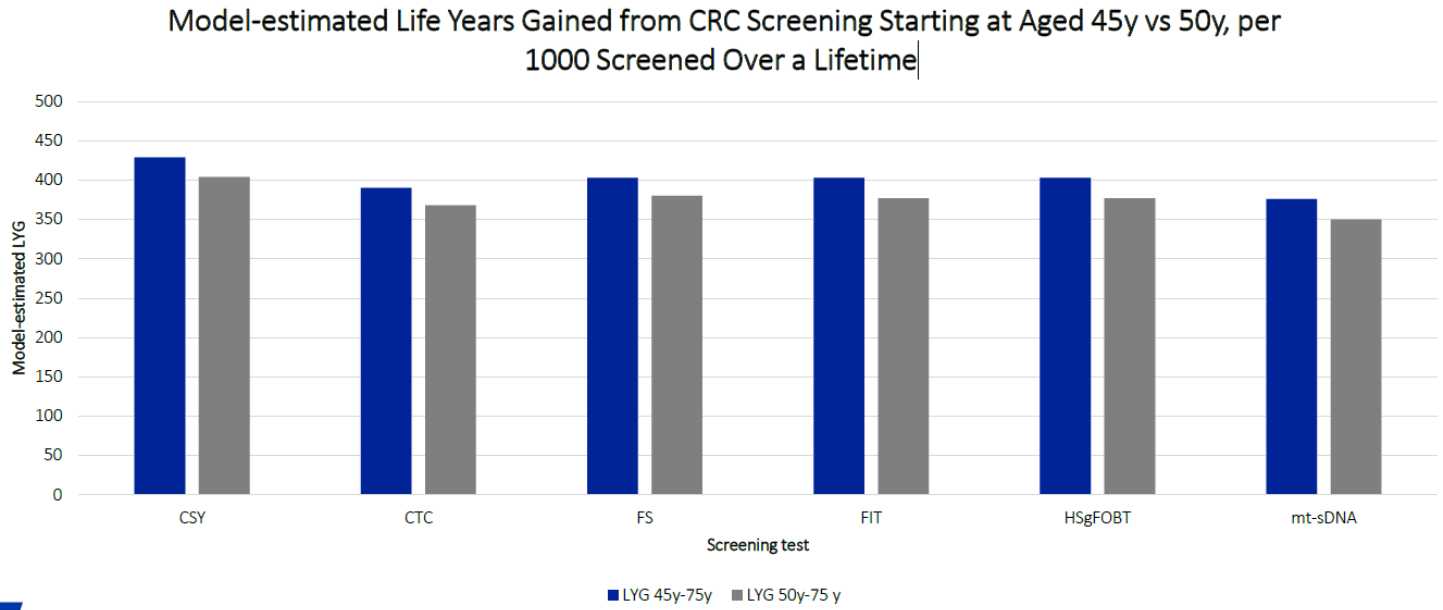
# of FTE's needed for screening = 32.44 FTE's

(Rescope @ 10%/yr = 9.9 FTE's)

American Cancer Society Guidelines

- Any of the recommended screening options can be used. **“best test is the one done”**
  - Colonoscopy every 10 years
  - Flex sig every 5 years
  - CT colonography every 5
  - Multi-target stool DNA every 3 years
  - FIT or HSgFOBT annually

Model-estimated Benefit CRC Screening by Starting Age



American Cancer Society

@RichWender

Source: Wolf AMD, Fontham ETH, Church TR, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. CA Cancer J Clin. 2018; 68: 000-000

Mercy

Procedure “costs”

Test	MCR FEE	Fee sch	Yearly cost MCR/Fee
Colonoscopy 10 yrs	$994	$1109*	99.40/110.90*
Flex Sig 5 yrs	$158.57*	$324*	31.74/64.80*
CT colonography 5 yrs	$117.75*	$462*	23.55/92.40*
DNA stool 3 yrs (Cologuard)	$508.87	$1098	169.62/366
FIT 1 yr	$18.05	$66	18.05/66
FOBT 1 yr	$15.92	$66	15.92/66

* Does not include facility fees

“Get Health Care Right”

Sister Catherine McAuley

- Get the rates up & colon cancer down
  - We must get more screened
- Get the value right
  - Consider costs
    - Economic
    - Morbidity
    - Mortality
- Get the process right
  - Driven by value and patient guidance

How the AAMA Became a Dedicated Partner of the NCCRT in the “80% in Every Community” Initiative

THE AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS® (AAMA)

DEBORAH NOVAK, CMA (AAMA), VICE PRESIDENT

DONALD A. BALASA, JD, MBA, CEO, LEGAL COUNSEL

DBALASA@AAMA-NTL.ORG

NOVEMBER 2021

Medical assistants and the AAMA

Medical assistants work in outpatient settings and perform both back-office clinical and front-office administrative duties.

60% of CMAs (AAMA) work in primary care.

The American Association of Medical Assistants (AAMA) represents over 90,000 medical assistants throughout the United States.

Why CRC screening?

There are many worthy public health causes (e.g., preventing alcohol-exposed pregnancies and FASDs).

AAMA national and state leaders were encountering a number of tragic colorectal cancer situations in their professional and personal lives.

They realized that medical assistants could make a significant difference in increasing CRC screening rates.

How medical assistants make a difference

OFTEN MEDICAL ASSISTANTS ARE "COMMUNICATION INTERMEDIARIES" BETWEEN PROVIDERS AND PATIENTS.

FOR EXAMPLE, MEDICAL ASSISTANTS ARE OFTEN ASSIGNED PATIENT EDUCATION.

MEDICAL ASSISTANTS ARE ASSUMING PATIENT NAVIGATOR AND PATIENT ADVOCATE ROLES.

Strategies

AAMA continuing education courses and articles in *CMA Today* were geared toward empowering medical assistants to be more effective advocates for CRC screening.

The focus intensified during CRC Awareness Month and Medical Assistants Recognition Week.

Medical Assistants' Role in Improving CRC Screening Rates: Getting to 80%; Durado Brooks, MD, MPH

Results

3,964 health professionals successfully completed the course for AAMA CEU credit.

AAMA posts in Facebook, Instagram, LinkedIn, and Twitter resulted in 183,613 impressions.

AAMA state societies, local chapters, and academic programs created their own CRC screening educational events, thus multiplying the impact.

Partnership with NCCRT

Medical assistant managers used NCCRT materials and information to provide in-service training for staff.

They also used NCCRT materials as a basis for role playing so staff would be more comfortable talking with patients about CRC screening.

Thoughts for other professional societies

Don’t underestimate the generosity and commitment of health professionals. They are often motivated by noble challenges.

Ongoing bravery and self-sacrifice in response to COVID-19 pandemic.

Verifying CRC screening should become just as integral a component of primary care practice as verifying patient immunizations.

Questions & Answers

2021 NCCRT Annual Meeting – November 15-17

See You Tomorrow!