Profiles of Success: Innovations and Best Practices from Health Systems

Concurrent Session
November 21, 2024
11:00 AM - 12:15 PM

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Speakers

Moderator: **Elizabeth Ciemins**, PhD, MPH, MA, American Medical Group Association @eciemins

- **Nkem Akinsoto**, MSc, UW Medicine
- **Rebecca Kaltman**, MD, Inova Saville Cancer Screening and Prevention Center
- **Joseph J. Perez**, MD, Lehigh Valley Health Network and University of South Florida Morsani College of Medicine

Learn more about our 2024 ACS NCCRT Annual Meeting **speakers** by reading their **bios**.

AMGA's Colorectal Cancer Screening Best Practices Learning Collaborative

Elizabeth L. Ciemins, PhD, MPH, MA, Senior Vice President, Research & Analytics

National Colorectal Cancer Roundtable Annual Meeting, Dallas, TX

November 22, 2024

HEALTH EQUITY

Best Practices Learning Collaborative

Shared-Learning

National Advisory Committee

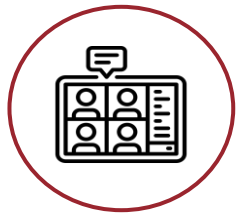
Clinical Outreach and Coaching

Site Visits

Measures & Quarterly Benchmarking

QI Reporting & Documentation

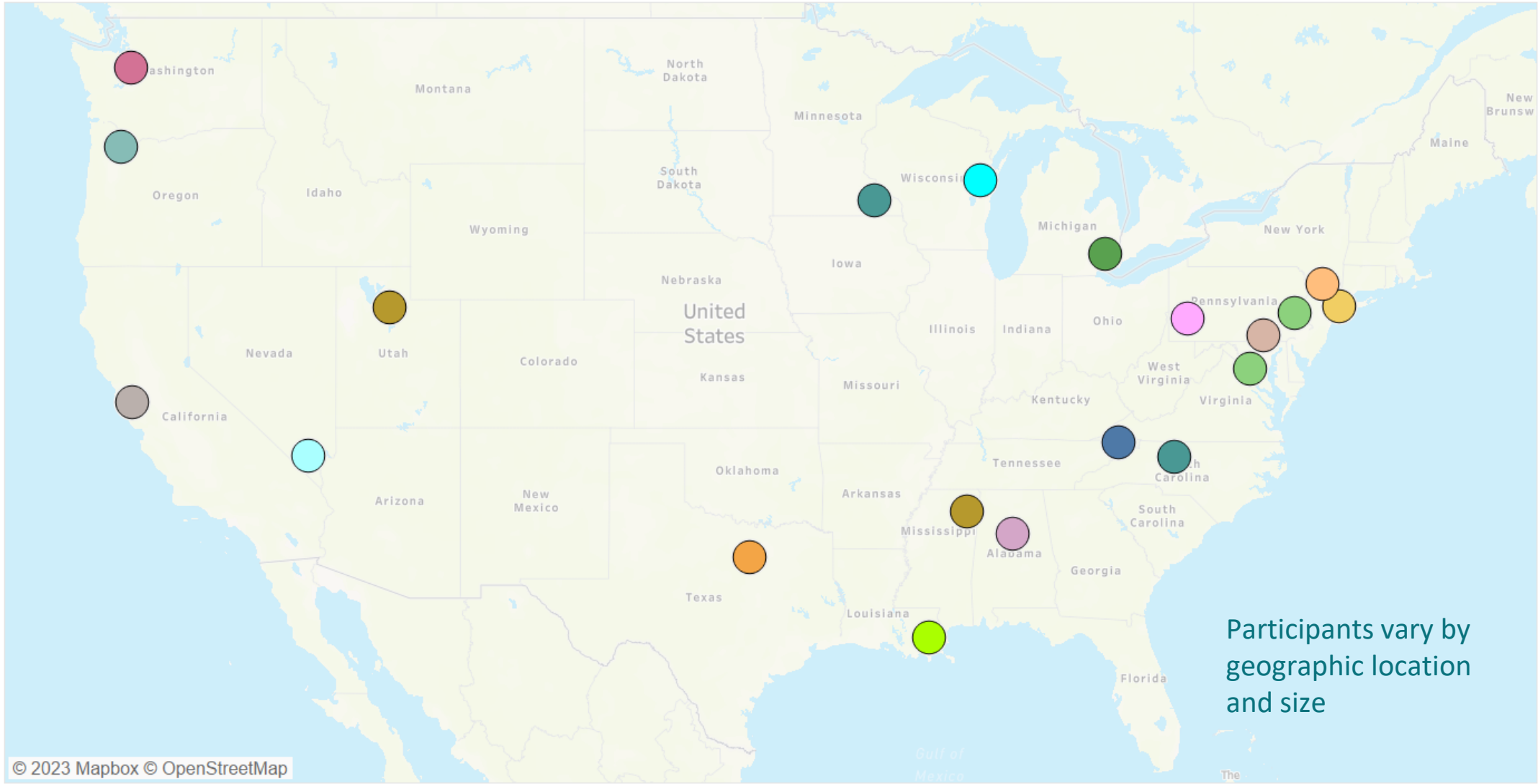
Resources & Tools



Webinars & Meetings

Publication & Dissemination

Participating Health Care Organizations (n=20)



AMGA Best Practices Learning Collaborative on Colorectal Cancer Screening: Performance Measures*

- Up-to-Date (UTD): CRC screening among active† patients (age 45–75)
  - Percent of patients up-to-date with CRC Screening
- FU-CY: CRC screening follow-up among active† patients (age 45–75)
  - Percent of patients with a follow-up colonoscopy (FU-CY) within 90 days of abnormal non-colonoscopy (non-CY) CRC screening test result

* Health Equity: HCOs are required to identify a disparity (target) population unique to their organization and develop and implement an intervention to address the disparity in one or more of the measures. All measures are stratified by age, race, ethnicity, sex, and insurance (a proxy for income).

† Active patients are those with a visit in the last 24 months with any specialty and an assigned PCP, PCP visit, or enrollment.

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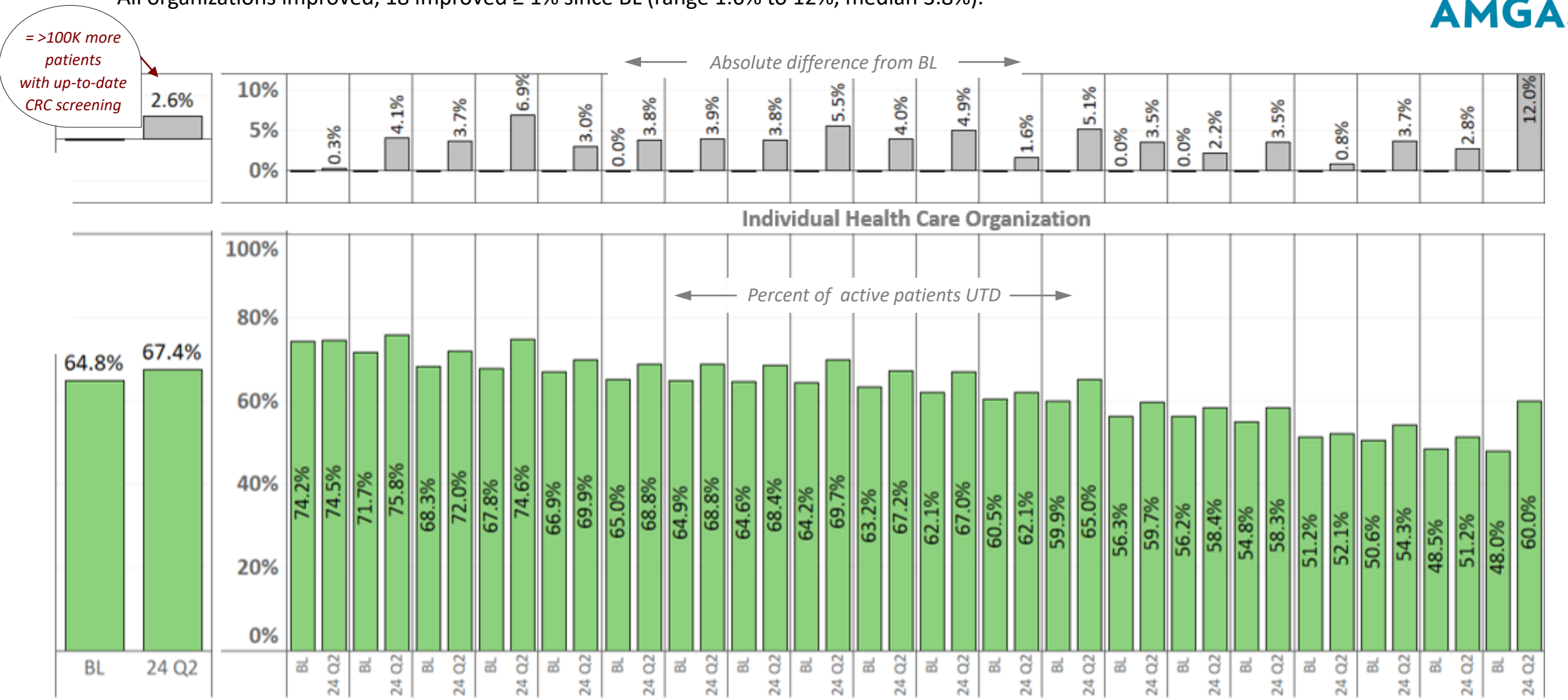
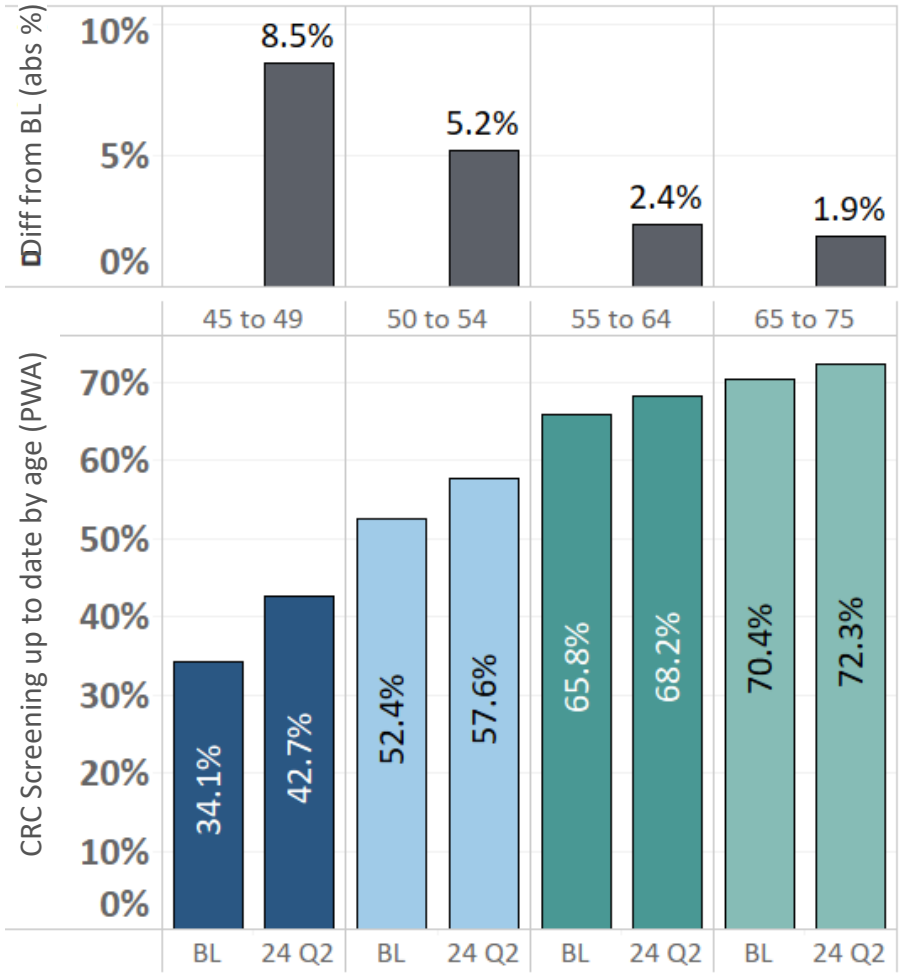
Percent of Patients with CRC Screening Up-to-Date (UTD) in 20 HCOs

- Top - absolute percent difference in the UTD rate from BL to Q2 2024
- Across more than 4 million active patients, **screening increased by 2.6 percentage points from baseline** (BL=Q2 2023). All organizations improved, 18 improved ≥ 1% since BL (range 1.6% to 12%, median 3.8%).



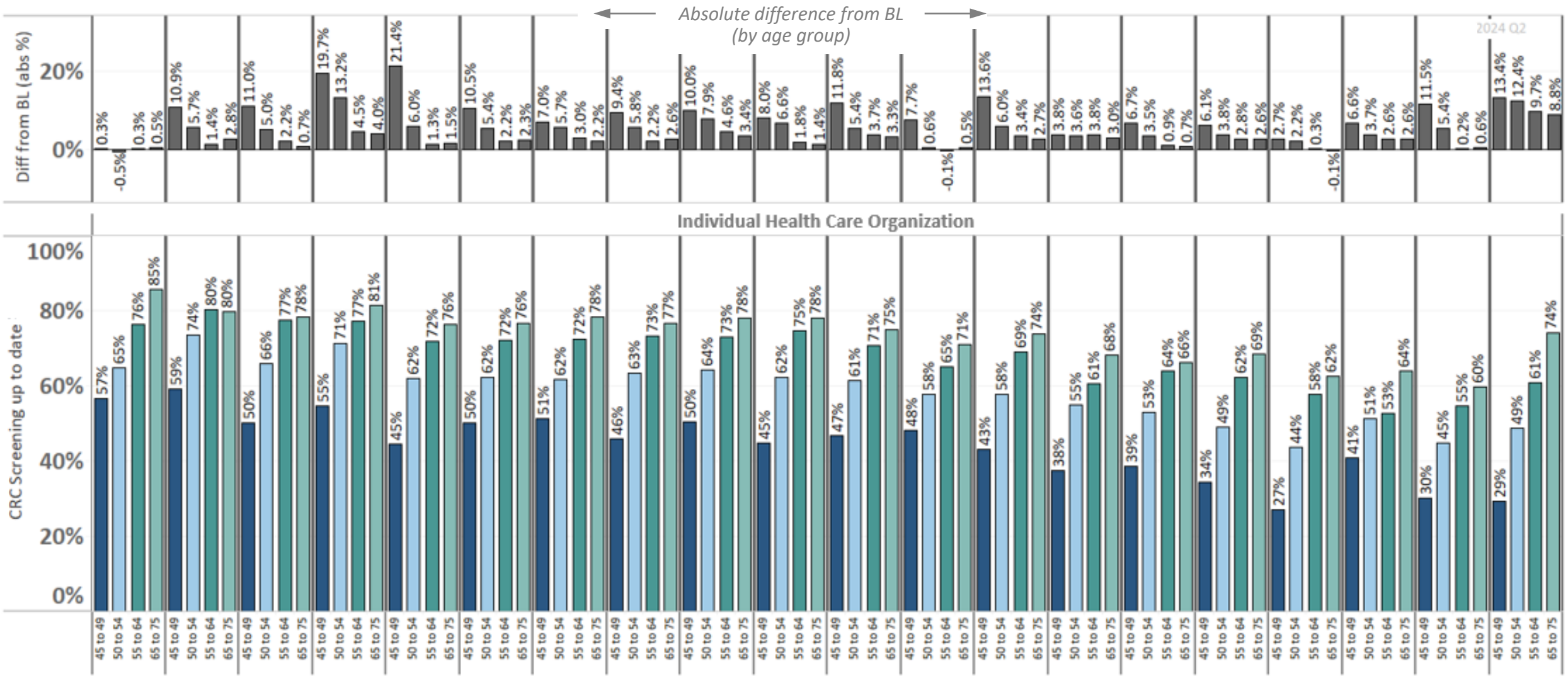
Q2 2024 UTD Rates for All Patients by Age Group

- Top: dark gray bars show the absolute change from BL in UTD rate for each corresponding age group.
- Bottom: baseline (BL) and current UTD rate for all active patients by age (PWA).



Q2 2024 UTD Rates for Patients by Age Group (by individual HCO) (n=20)

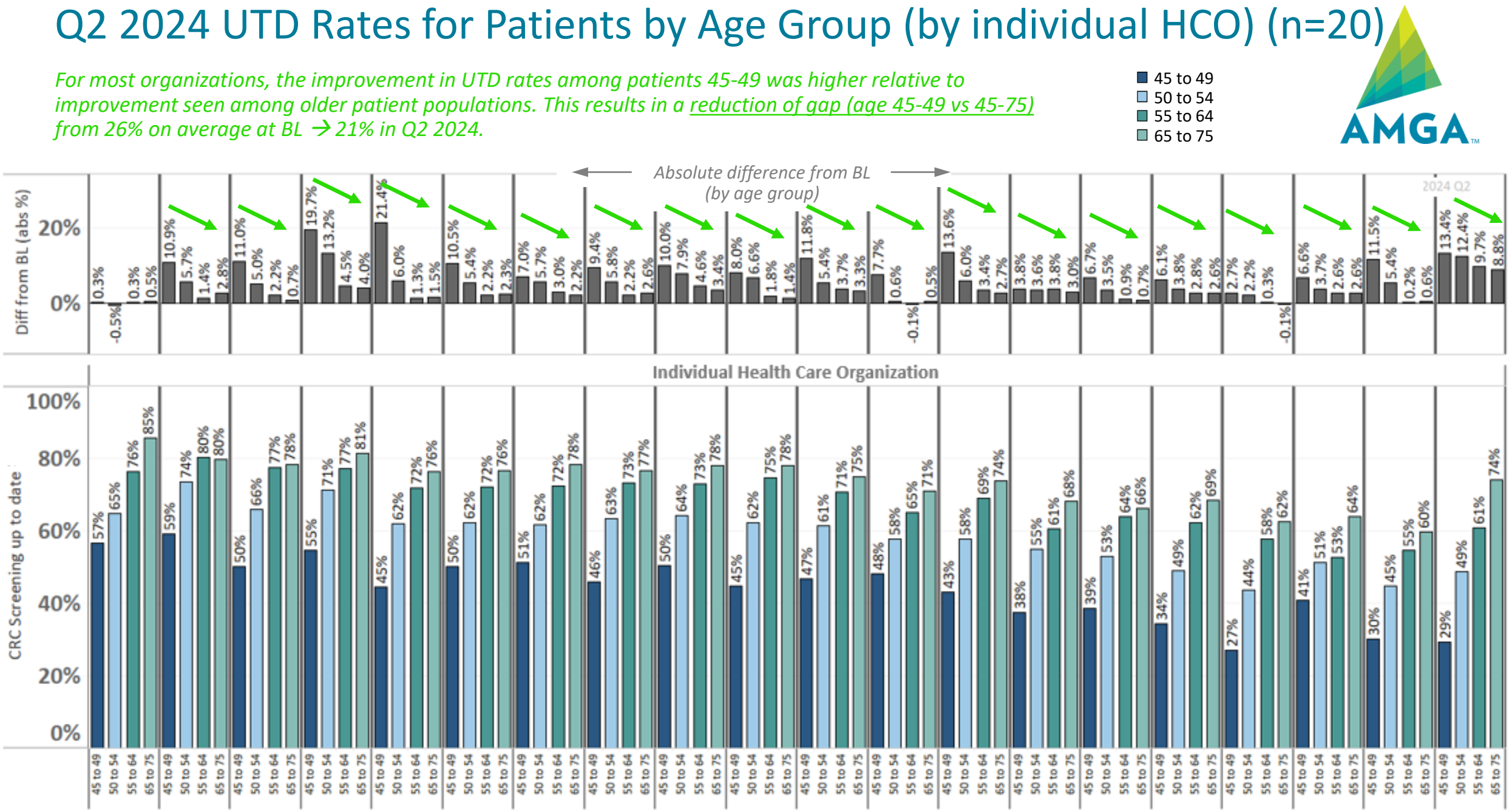
- Bottom: current UTD rate by age group by HCO; Top: bars show absolute change in UTD rate from BL to Q2 2024 for each age group.
- Improvement in 45-49 is mostly higher than improvement in the other age groups, leading to a decrease in the gap for these younger patients.



Sorted by BL UTD rate, descending.

Q2 2024 UTD Rates for Patients by Age Group (by individual HCO) (n=20)

For most organizations, the improvement in UTD rates among patients 45-49 was higher relative to improvement seen among older patient populations. This results in a reduction of gap (age 45-49 vs 45-75) from 26% on average at BL → 21% in Q2 2024.

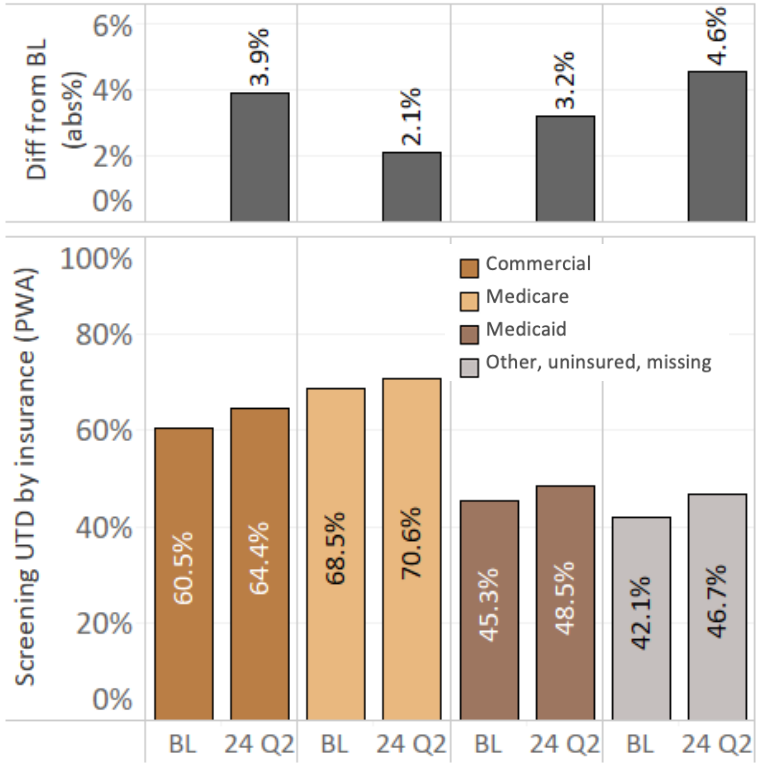


Sorted by BL UTD rate, descending.

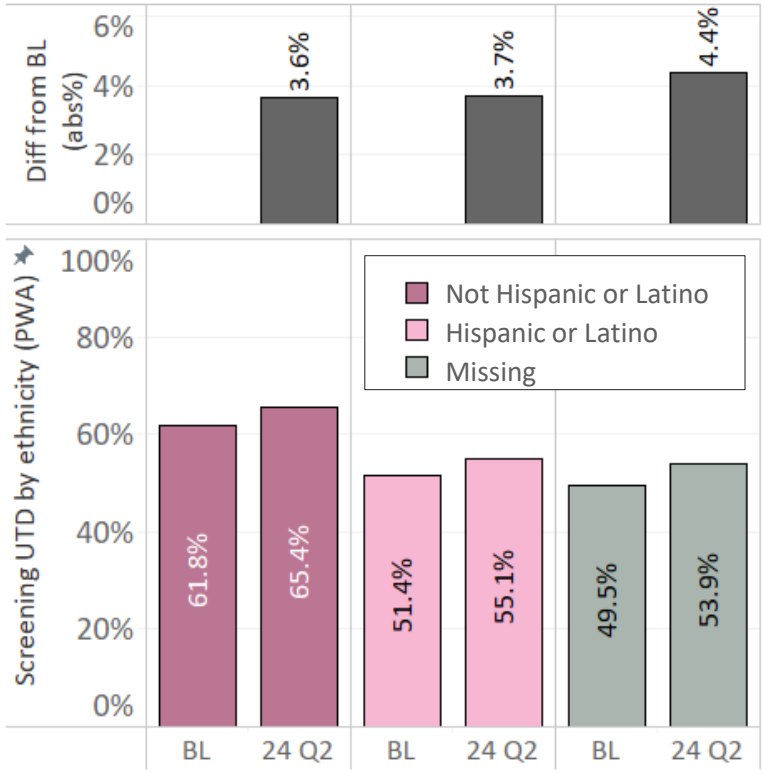
Q2 2024 UTD Rates for All Patients by Insurance, Ethnicity, and Race

- Top: dark gray bars show the absolute change from BL in UTD rate for each corresponding group.
- Bottom: baseline (BL) and current UTD rate for all active patients by insurance type, ethnicity, or race (PWA).

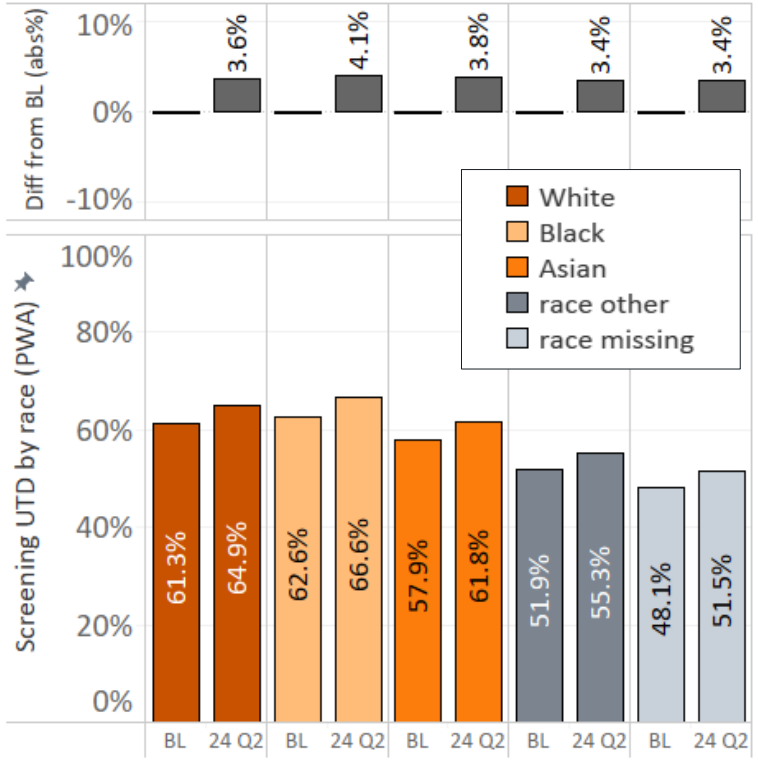
Insurance Type



Ethnicity



Race



Profiles of Success: Innovations and Best Practices from Health Systems

UW Medicine – University of Washington Physicians Network

Nkem Akinsoto, MSc
Assistant Director, Population Health

About UW Medicine

- UW Medicine is an urban integrated clinical, research and learning health system with a mission to improve the health of the public. As the only comprehensive clinical, research and learning health system in the pacific northwest region, we provide services ranging from primary and preventive care to the most highly specialized care.
- Nearly 3,000 faculty and non-faculty medical practitioners and over 25,000 staff work towards this mission through excellence in clinical, research and education/training programs.
- Our health system spans three hospitals owned by public entities, and a fourth non-profit hospital. Our primary care network and physician practices are also non-profit entities.
- Our system includes 6 safety-net clinics with over 18,000 patients. Some of our clinics serve over 60% Medicaid beneficiaries, and almost 230,000 patients participate in value-based programs and expect reduced out of pocket costs, improved patient experience, and better health outcomes.

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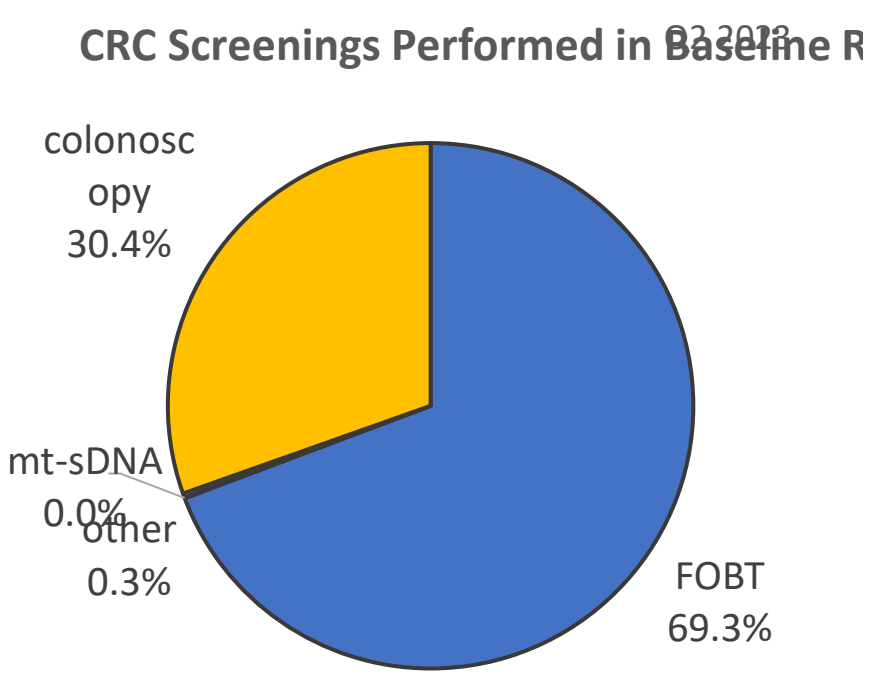
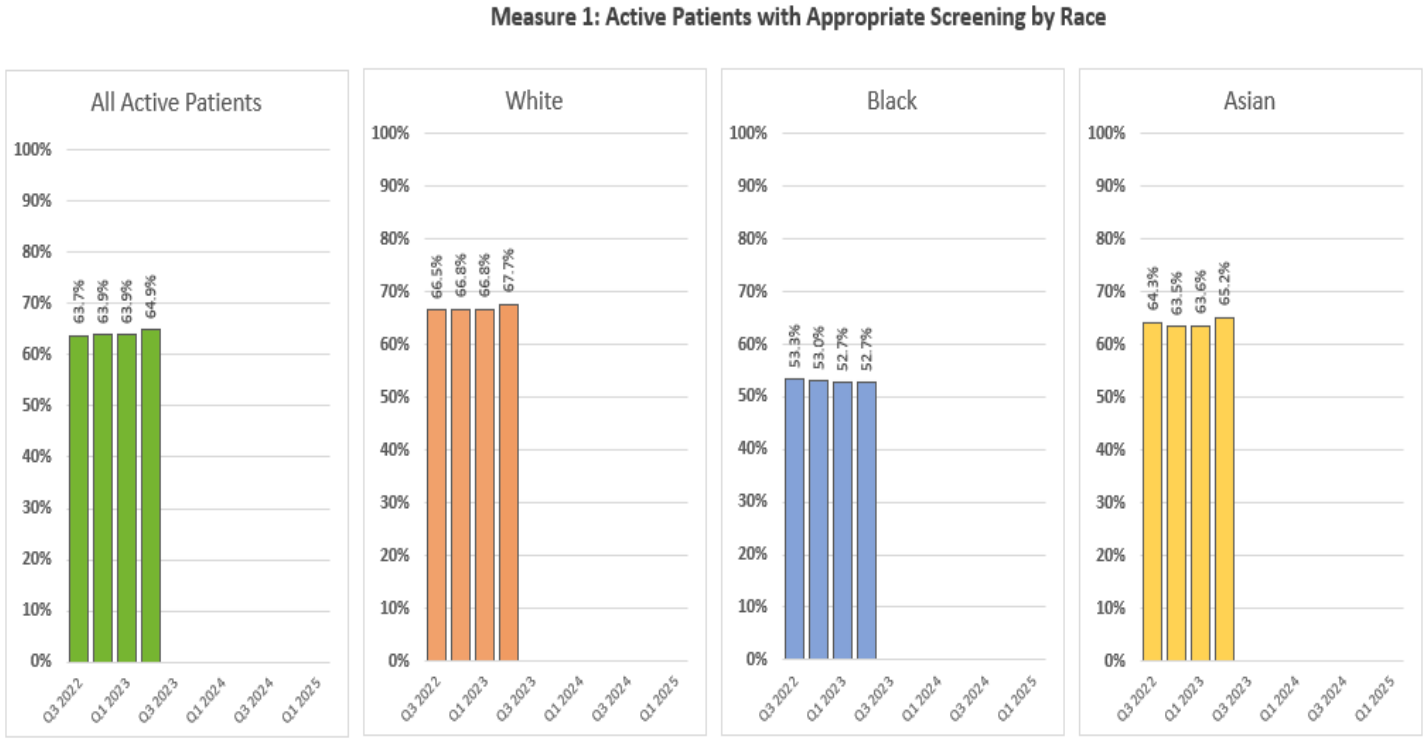
Baseline Data





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Strategies

Developed Smartphrase and Smartlist : PCP training to document Shared Decision-Making and patient instructions in AVS

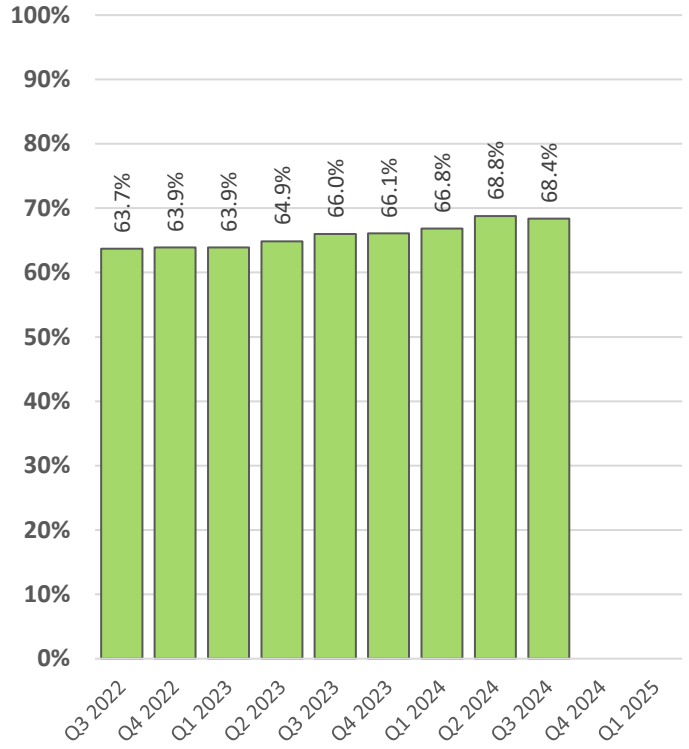
Updated Orders sections in Medicare Wellness Visit Smartset and in Male and Female Preventive visits Smartsets – PCPs use CRC Screening options for documentation and ordering.

Revamped Orders for FOBT and Colonoscopy to improve processes – to validate billing dx, reduce GI backlogs, eliminate similarity in naming, streamline and standardize scheduling, etc.

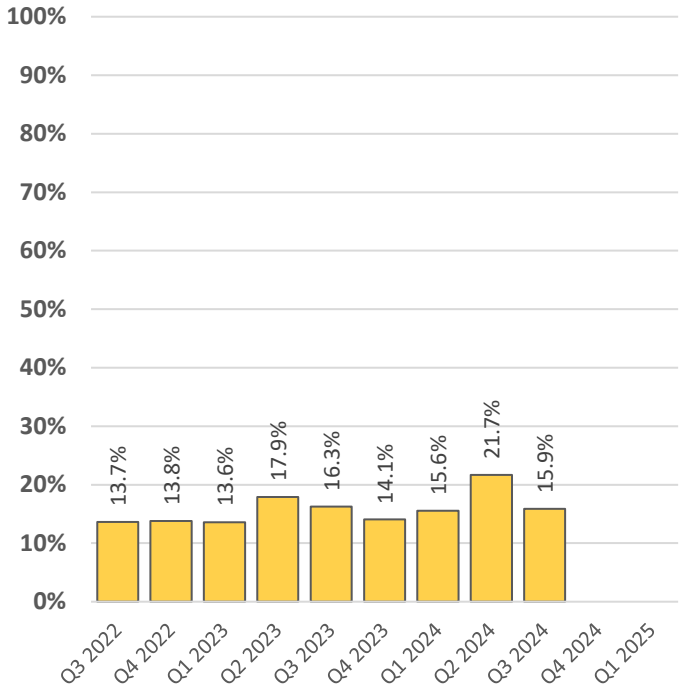
Printed patient facing Visual tool in multiple languages – English, Spanish, Russian – and sent to clinics.

Progress to Date

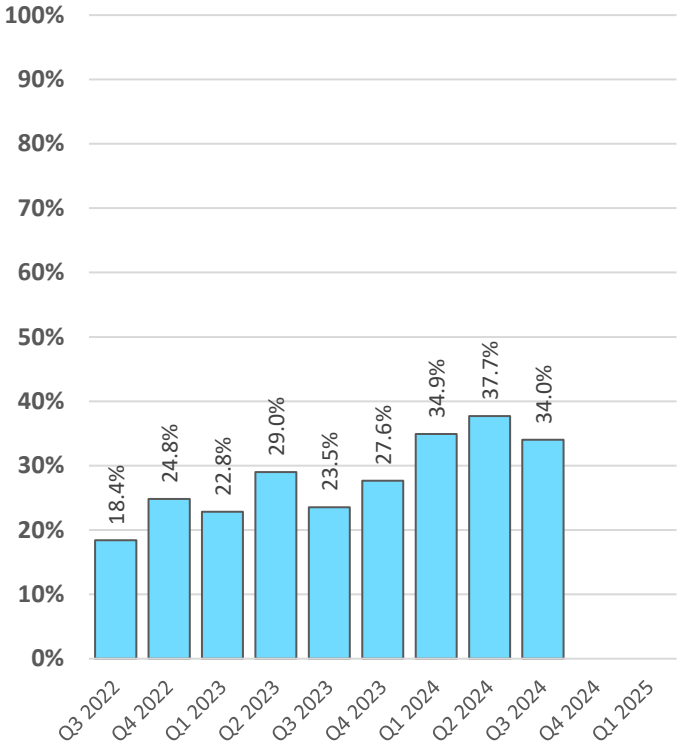
Percent with appropriate CRC screening



Percent with CRC screening gap closed in RQ



Percent with follow-up colonoscopy within 90-days



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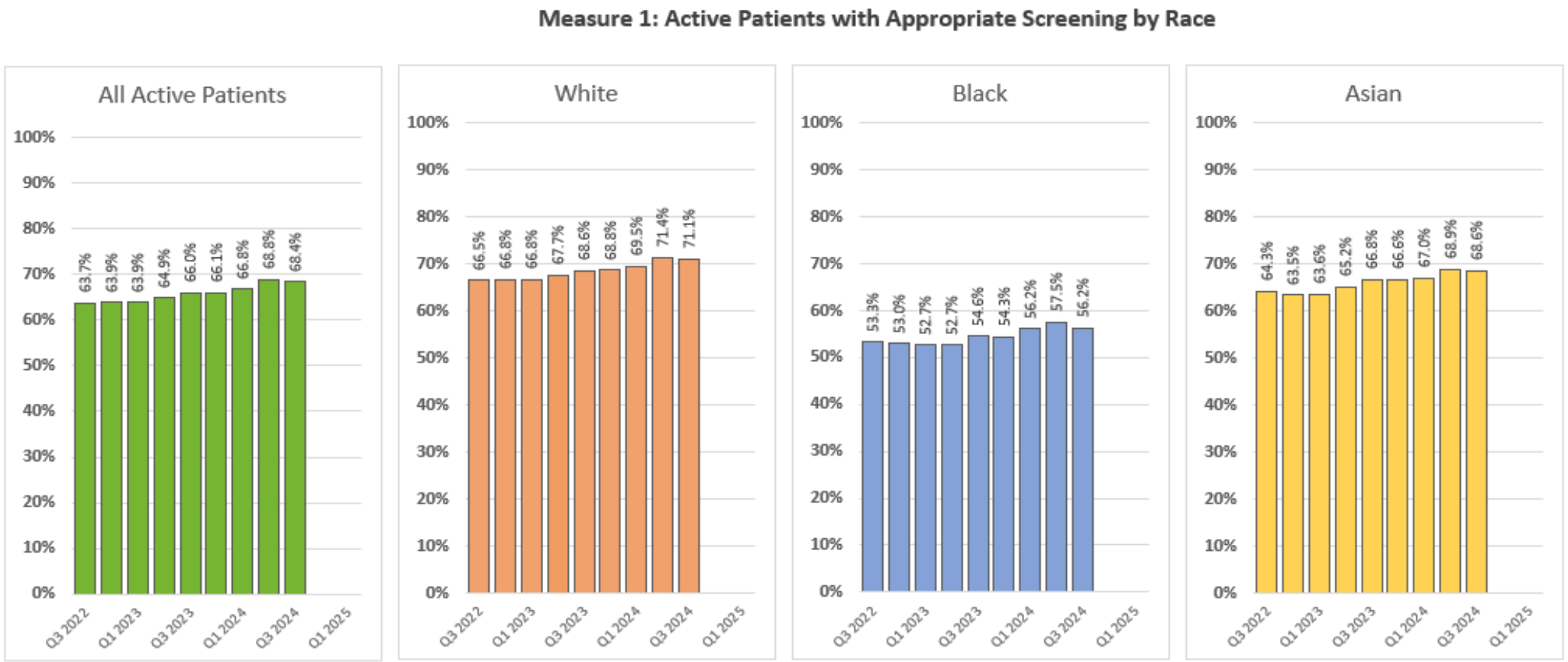
Progress to Date



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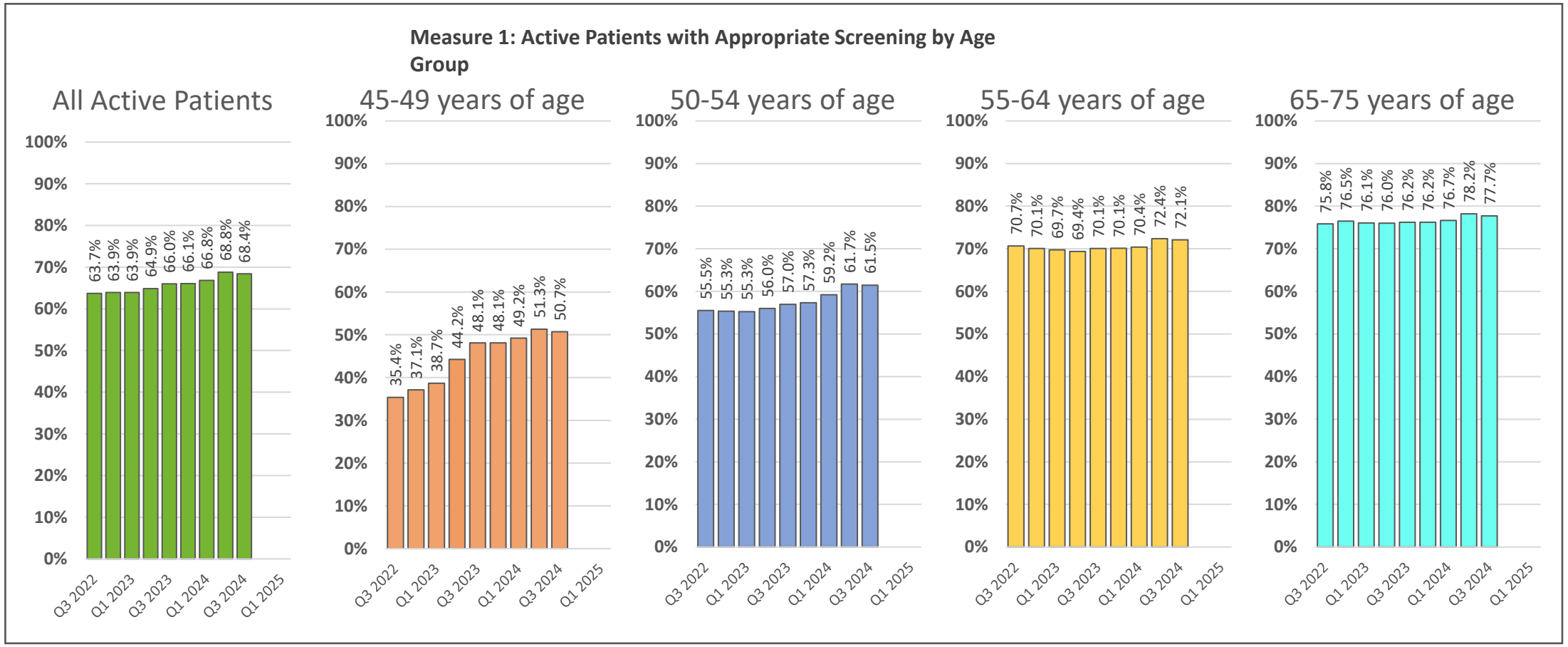
Progress to Date



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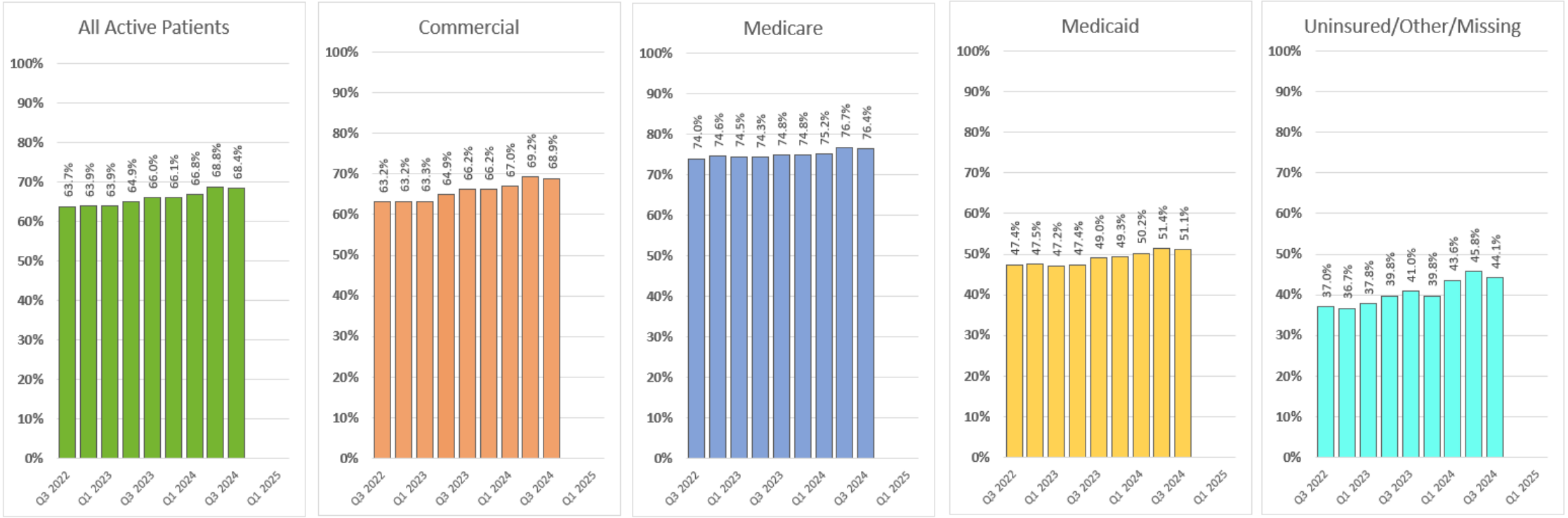
Progress to Date

Measure 1: Active Patients with Appropriate Screening by Insurance



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Lessons Learned & Best Practice Tips

- Be responsive to provider feedback - communication and messaging is critical
- Monitor Epic upgrades relating to Health Maintenance and auto reminders.
- Use available Epic resources like the Extended Payer Dashboard
- Streamline health information materials with marketing/branding
- Expect integration with Exact sciences to be an ongoing project

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Next Steps

1. Build out more Cologuard tests ordering and resulting reports within Epic, for monitoring and also bulk ordering.
2. Expanded PCP training with detailed communication on using the electronic Cologuard referral.
3. Leverage Epic Provider Liaisons to support Cologuard ordering and manual update of CRC Health Maintenance topic.
4. Translate the visual tool into more languages especially for Black and African American populations.

Thank You!

nkemoa@uw.edu

Uwmedicine.org

Profiles of Success: Innovations and Best Practices from Health Systems

Inova Health System

Rebecca Kaltman, MD
Executive Director, Saville Cancer Screening and Prevention Cent

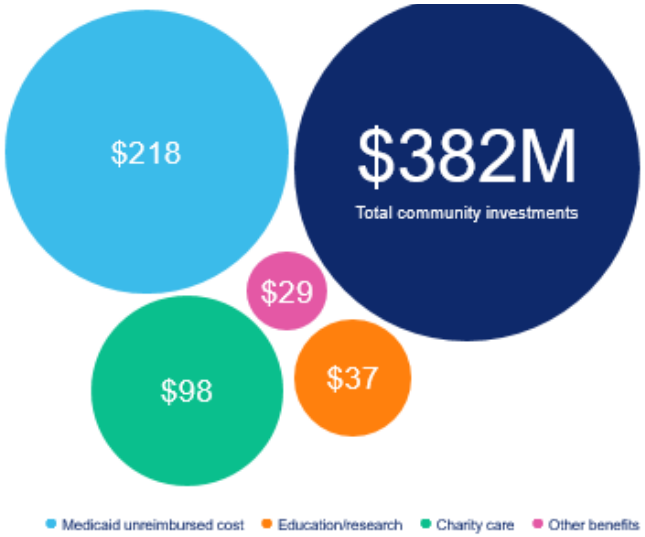
About Inova

By the numbers

810,239 Outpatient referred visits	18,673 Children born
509,120 Emergency room visits	99,947 Inpatient admissions
24,000 Team members	1,546 Physicians
1,814 Licensed hospital beds*	7,893 Nurses

*Data obtained from Acute Hospital Financial Statements 2021

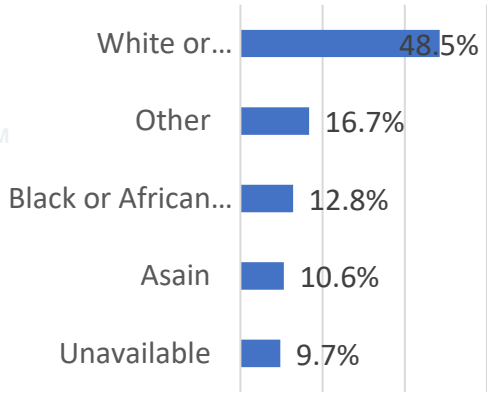
Community investments



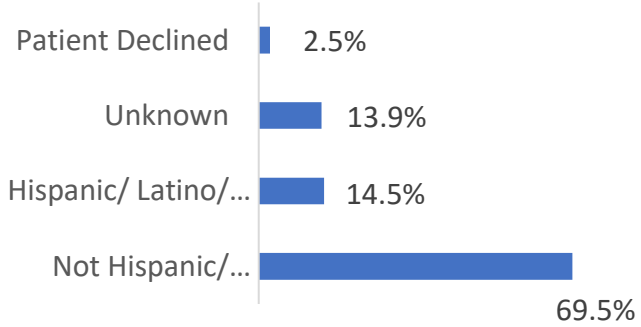
- 5 hospitals
- 250+ care sites

1. Loudoun Hospital
2. Ashburn HealthPlex
3. Reston/Herndon
4. Fair Oaks Hospital
5. Fairfax Hospital
6. Fairfax City
7. Alexandria Hospital
8. Oakville at Potomac Yard
9. Mount Vernon Hospital
10. Springfield Hospital
11. Lorton HealthPlex

Race



Ethnicity



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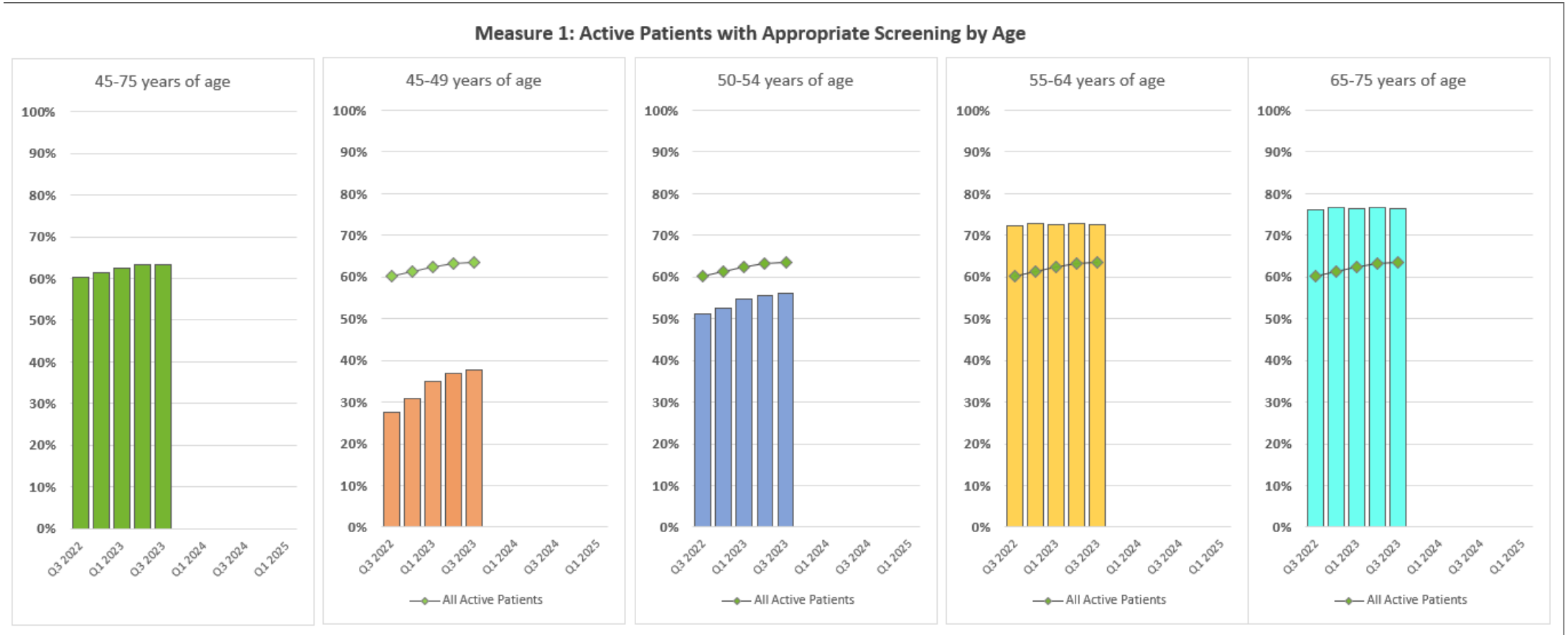
Baseline Data, n = 204K Primary Care Patients



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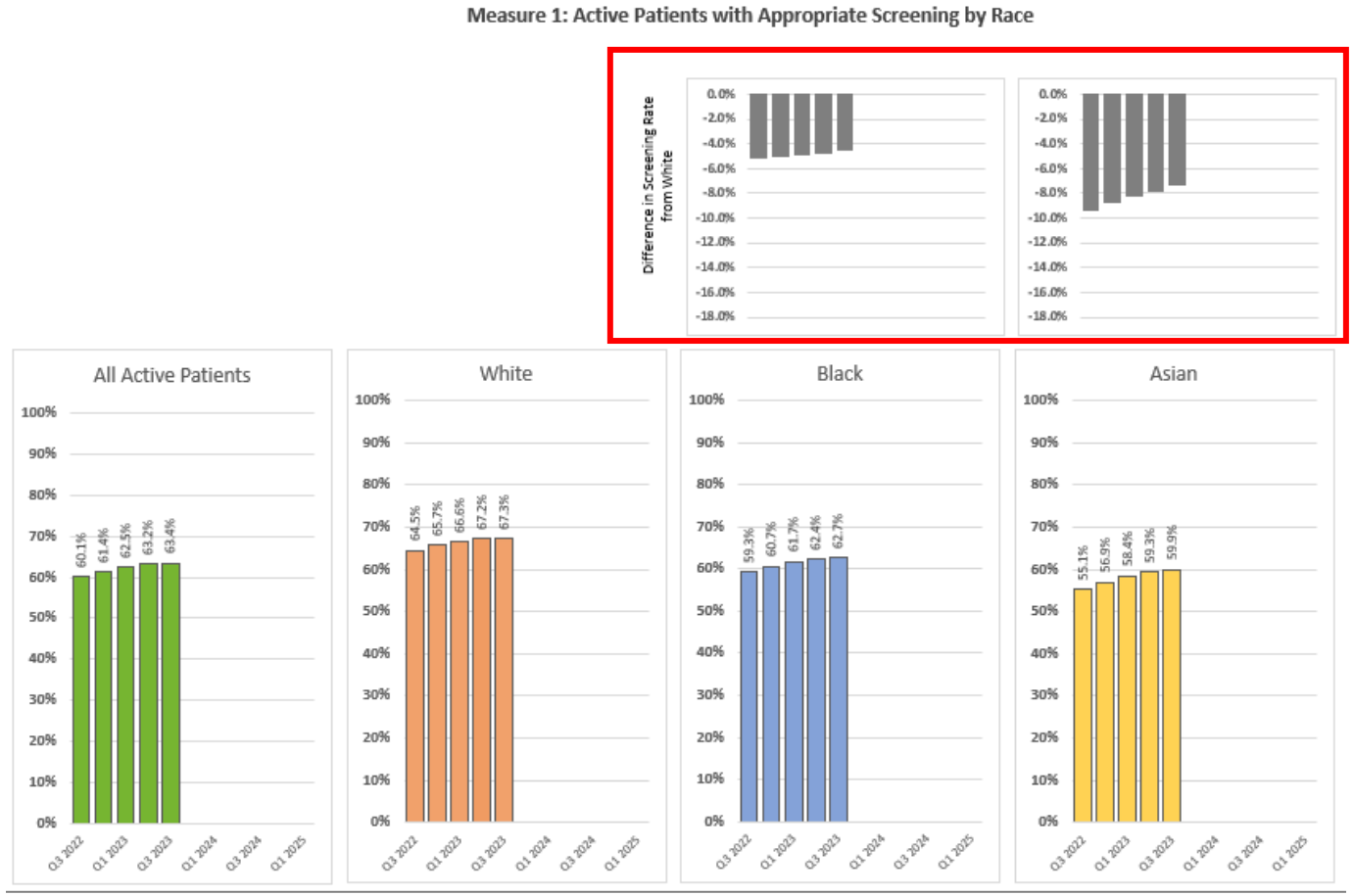
CRC Screening Disparity by Race and Ethnicity



Strategies

- Change messaging
  - Colonoscopy first to FIT first, via messaging through primary care
- Developed Shared Decision-Making Tool (SDMT)
  - To take burden off providers of having to devote extra time explaining options
- Address disparity
  - Plan to send SDMT, a video in multiple languages, via MyChart message to those with open care gaps, piloting in two different patient populations within Inova Primary Care.
- Address age gap in screening
  - Developed birthday postcards for those turning 45 to remind them about the importance of CRC screening

Progress to Date

Video:

- Plan was to send SDMT via MyChart message to those with open care gaps → PIVOT
- Pilot on ipads in two different clinics with different patient populations → PIVOT
- Laminated QR code for patients to view video while waiting for the provider (show pic)

Postcard:

91 Post cards mailed to patients turning 45

- 38 Cologuard kits mailed with
  - 10 results received

23 Cologuard kits waiting to be mailed for November Birthdays

30 postcards mailed to patients without Primary Care Providers

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Progress to Date

Inova™

Colorectal Cancer Screening

Colon cancer screening is recommended for adults ages 45 to 75. Your specific recommendation may be younger if you have a family history or a genetic predisposition. Colorectal cancer screening can find precancerous polyps, so they can be removed. When found early, colorectal cancer is highly treatable, although in its early stages, colorectal cancer usually presents no symptoms. Symptoms tend to appear as the cancer progresses, which is why early screening is vital.

Inova has created a shared decision-making tool to help patients discover the different screening options. The key is to start screening early. Using your personal cell phone camera, scan the QR codes below to watch the video for different screening methods.

Scan for English | Scan for Spanish | Scan for Korean

Inova™

Happy Birthday!

It's time to start thinking about screening for colon cancer!

The American Cancer Society recommends routine screening for those aged 45 to 75 with average risk. Starting screening at 45 is crucial!
If a parent or sibling has been diagnosed colon cancer, please reach out to your primary care provider for tailored advice.

Scan the QR code and discover the different screening options. The key is to start screening—choose the method that works best for you.

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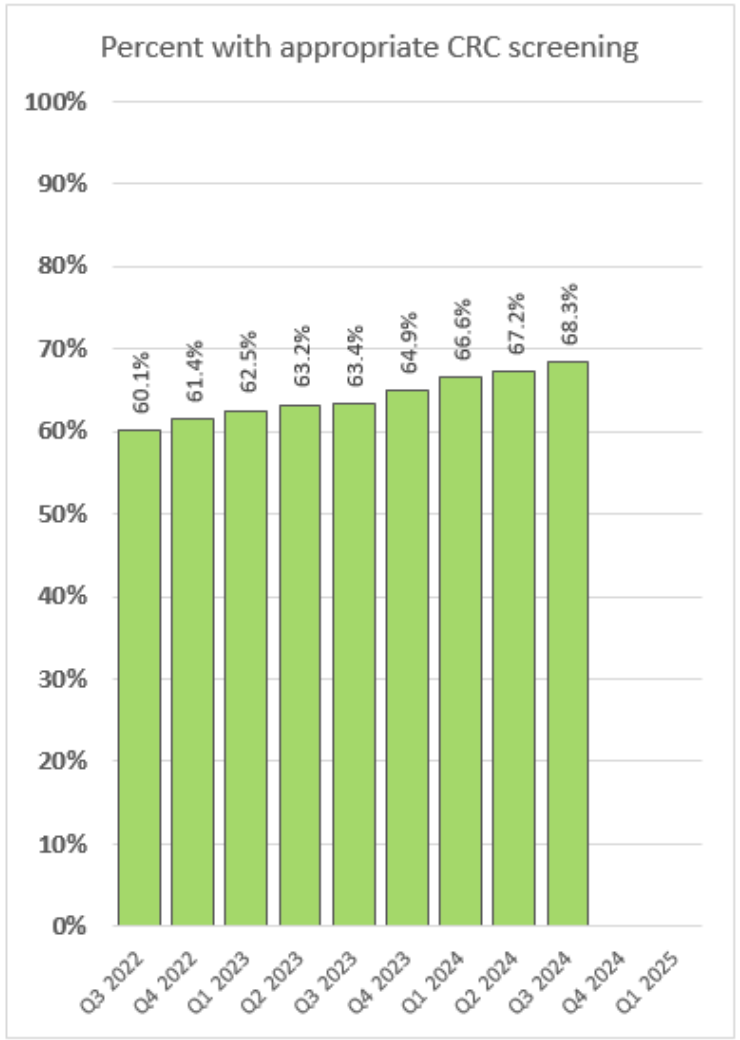
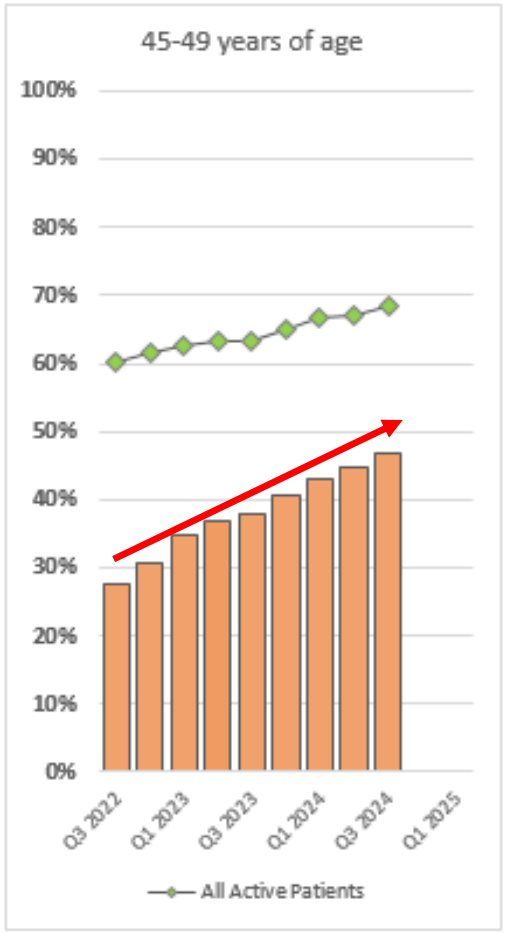
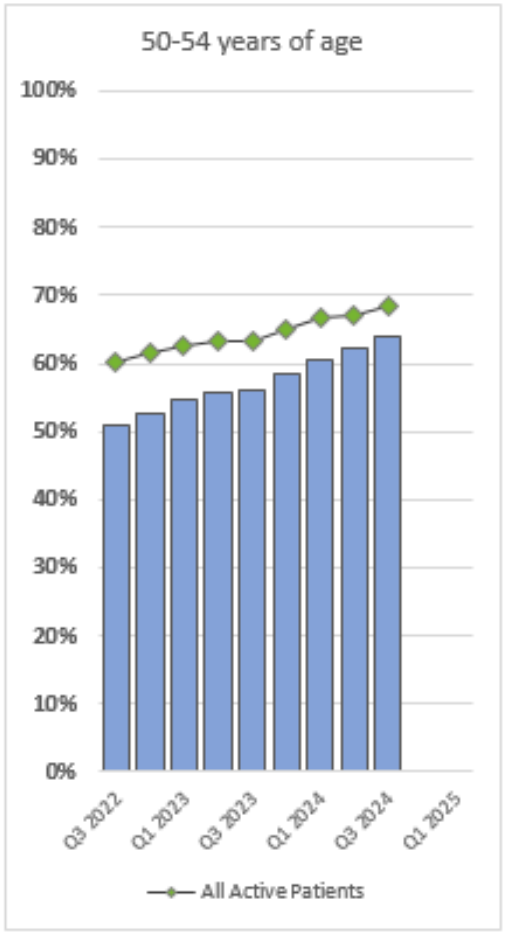
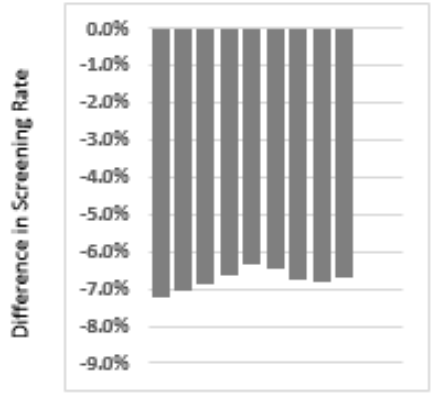
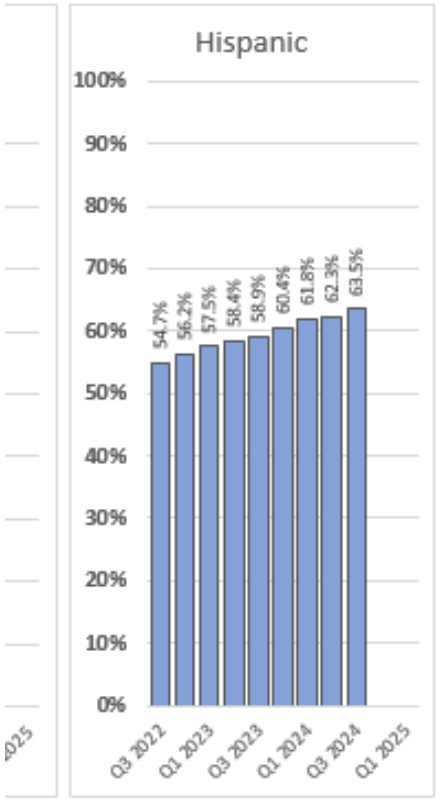
Progress to Date: Age and Ethnicity











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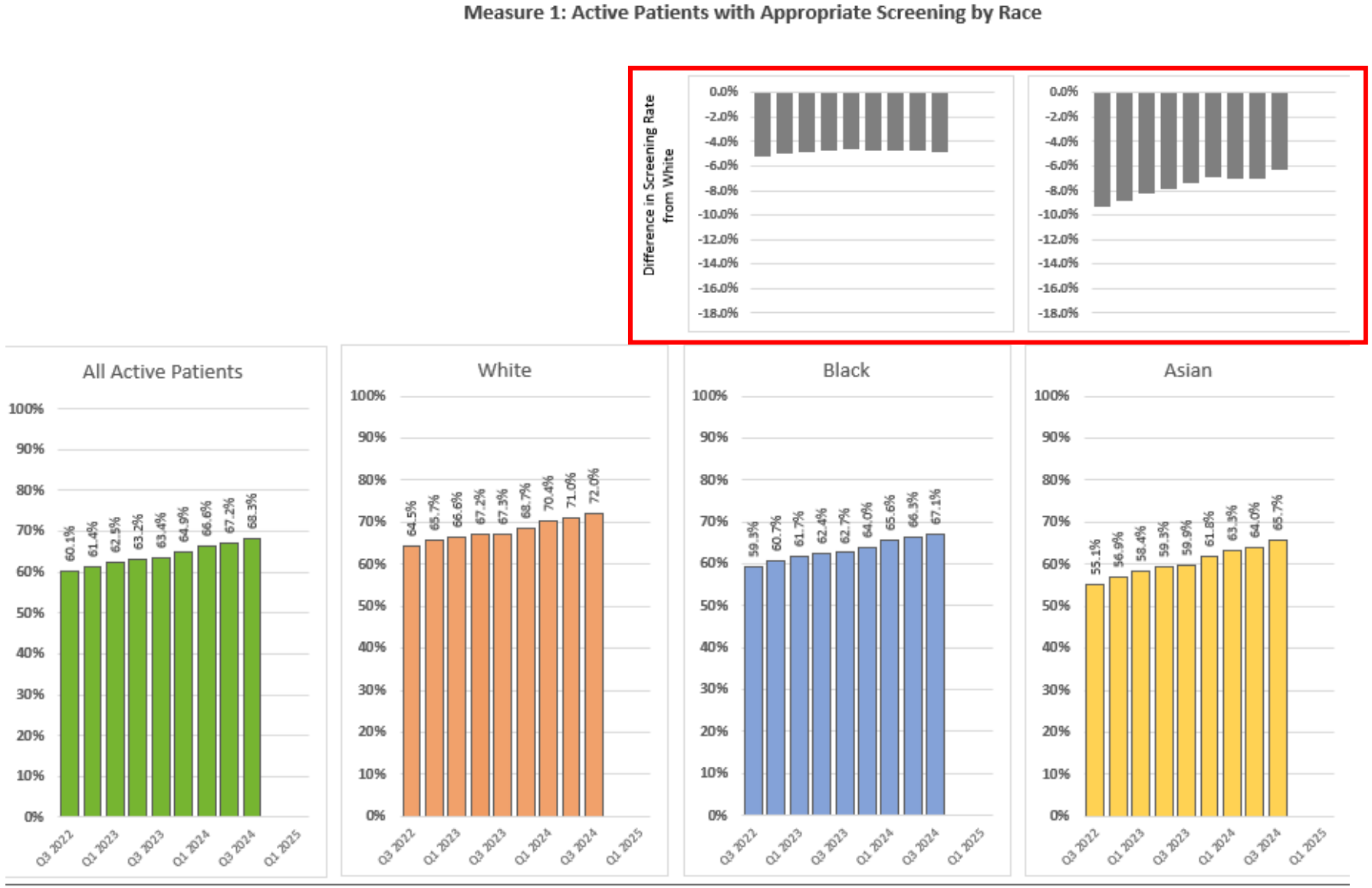
Progress to Date: Race



Lessons Learned & Best Practice Tips

- Flexibility is key
- Keep it simple
- Not one right approach
  - Different populations require different strategies
  - Different health systems require different solutions
- Don’t reinvent the wheel, collaborate and learn from others

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Next Steps

- CRC is a KPI for Ambulatory in 2025
  - Use lessons learned to make progress across the system
    - Expand birthday card program
  - Utilize system resources to expand reach
    - EPIC resources to send bulk messaging with SDMT
- Working with SDMT to triage those waiting for colonoscopy
- Bringing CRC screening to underserved communities:
  - Mobile unit launching in 1/2025
  - Exact Sciences to offer free Cologuard through mobile unit

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Thank You!

Rebecca.Kaltman@inova.org

#NCCRT2024

www.inova.org/saville

Profiles of Success: Innovations and Best Practices from Health Systems

Lehigh Valley Health Network

Joseph J. Perez, MD
LVPG Family Medicine Bangor
Associate Medical Director Quality Assurance and Patient Safety, LVPG

About

WHO WE ARE

LEHIGH VALLEY HEALTH NETWORK

- 13 HOSPITAL CAMPUSES
- 5 INSTITUTES
- 1 CHILDREN'S HOSPITAL
- 300+ PRACTICE LOCATIONS
- 9 COMMUNITY CLINICS
- 28 HEALTH CENTERS
- 20 EXPRESSCARE LOCATIONS
- 2 CHILDREN'S EXPRESSCARE LOCATIONS
- 55 REHABILITATION LOCATIONS
- 80+ TESTING AND IMAGING LOCATIONS
- 20,300+ EMPLOYEES
- 1,600+ PHYSICIANS
- 850+ ADVANCED PRACTICE CLINICIANS
- 3,700+ REGISTERED NURSES
- 72,800 ACUTE ADMISSIONS
- 235,500 ED VISITS
- 1,700+ LICENSED BEDS
- 5-TIME MAGNET® HOSPITAL

American Cancer Society®

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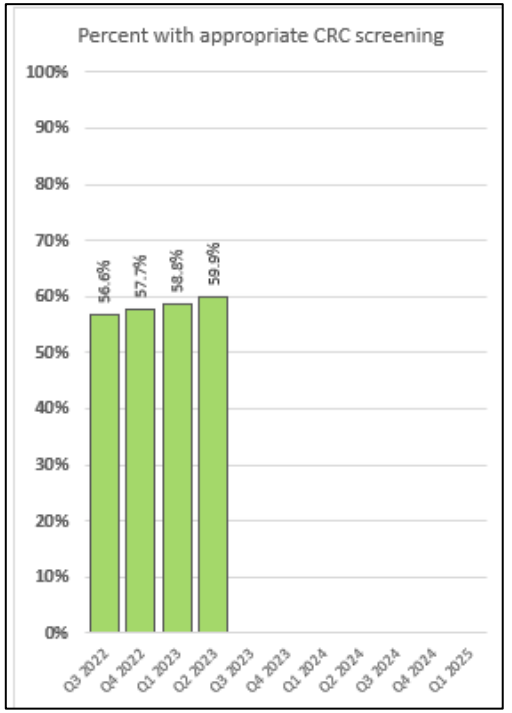
Baseline Data

LVHN		Measure 1: Screening		
	Reporting Quarters	*Active Patients [1] (APs) (denominator)*	*APs with appropriate CRC screening [2] (numerator)*	*Percent with appropriate CRC screening*
Baseline Period	Q3 2022	172561	97746	56.6%
	Q4 2022	173253	99953	57.7%
	Q1 2023	174613	102595	58.8%
	Q2 2023	175289	104929	59.9%



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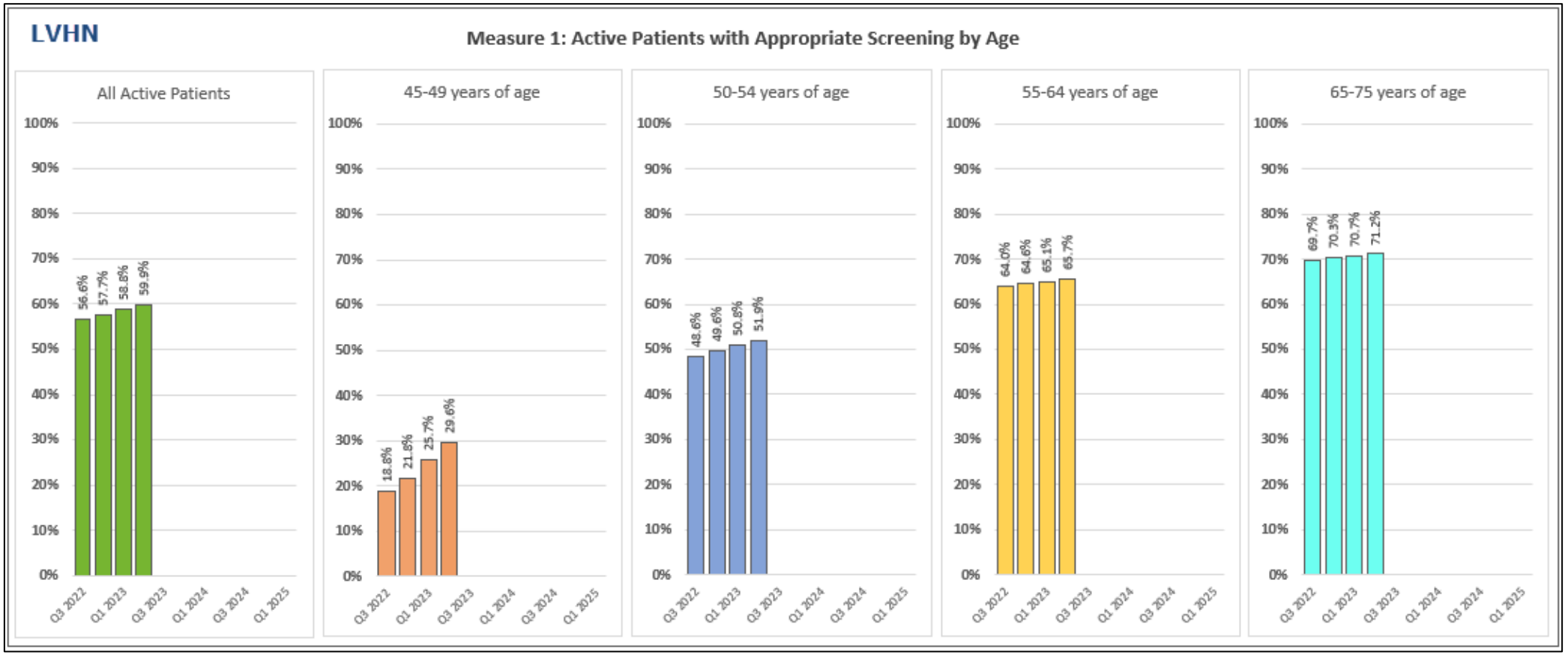
Baseline Data



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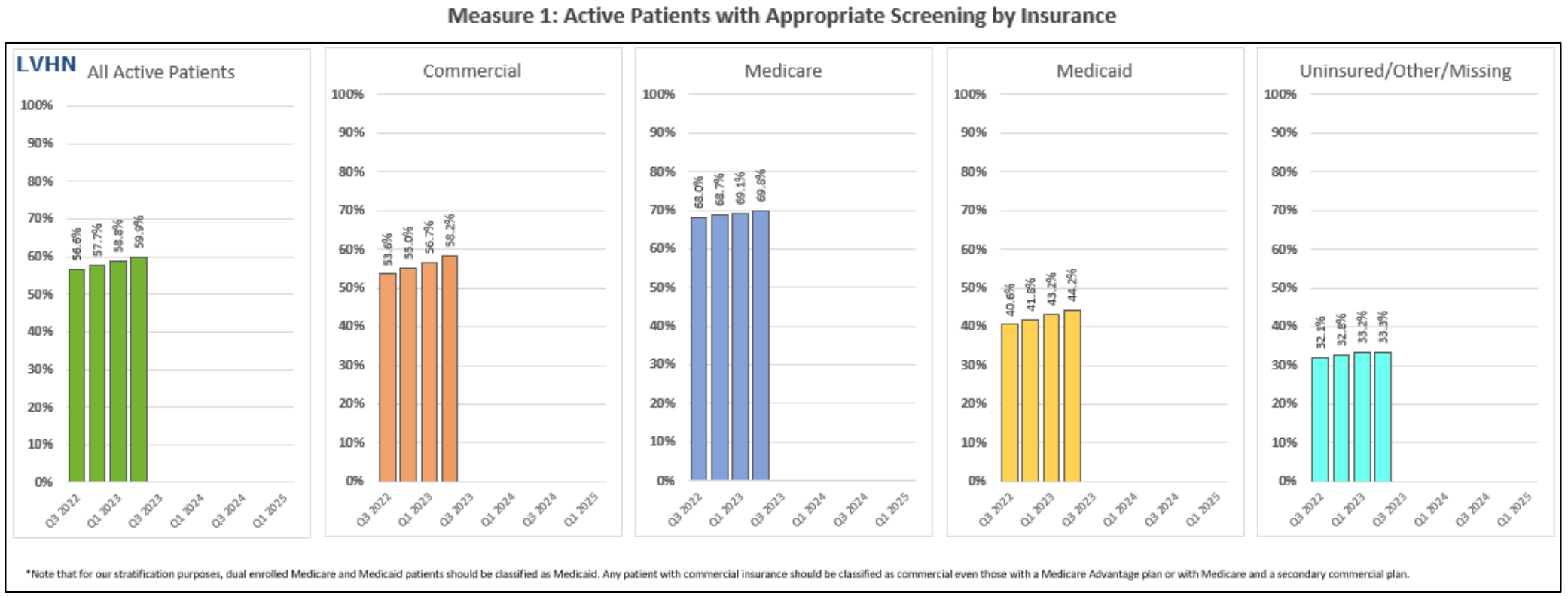
Baseline Data



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Strategies

- Executive leadership sponsorship
- Network wide quality goal
- Dedicated CRC Screening Physician & Nurse champions
- Engage all team members
- Align CRC Screening Initiatives
- Department level quality management oversight
- Leverage technology
- Monitor data

Strategies

Quarter 1

- Added the new age group >45 to the quality dashboard metric update.
- Updated patient education to support shared decision-making.
- Updated CRC screening clinical staff protocol & workflow to include Cologuard.
- Launched a FIT test mail campaign

Quarter 2

- Promoted Preventative & Medicare Wellness Visits.
- Centralized bulk communication outreach to patients listed on the CRC screen Not Met report.
- Conducted proactive outreach to patients listed on the Met report who would soon become overdue.

Strategies

Quarter 3

- Provided re-education as needed, implemented a 90-day QI plan for low-performing departments.
- Updated data reports to include SBT results & dates and CRC risk condition columns.
- Conducted outreach by department to patients with active stool-based test orders.
- Finalized telephone outreach for FIT test pilot patients who did not return their kits.
- Promoted CRC awareness with Dress in Blue day and a social media video.
- Conducted a Cologuard bulk order pilot

Quarter 4

- Continued monitoring trends weekly
- Ensured follow-up on active CRC screening orders.
- Tracked follow-up for positive SBT results.
- Conducted community education to raise CRC screening awareness.

Challenges & Countermeasures

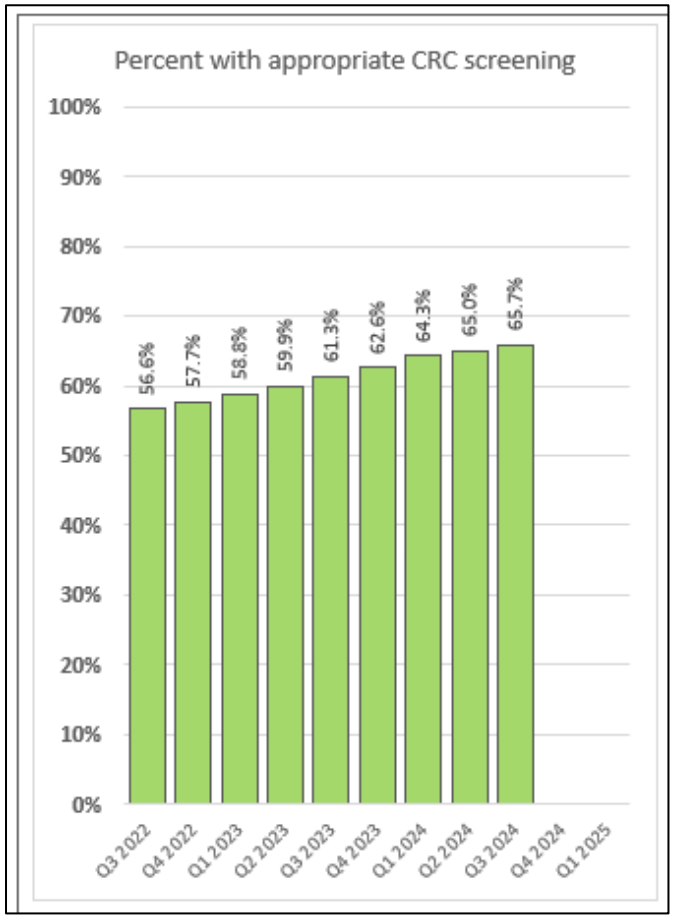
- Workflow variations, lack of time & competing priorities
  - Clinical Manager/Coordinator QM oversight, PDCA as needed, Daily/Weekly Huddles, Clinical staff/provider CRC screening protocol education
- Manual process for sending electronic patient reminders for screening
  - Centralized outreach support by remote Patient Partnership Model Team (PPM), Quality metric cadence calendar
- Patient resistance or reported health priorities
  - Shared decision discussion with PCP/Specialist, patient education
- Lack of patient response to outreach via portal messages or voicemails
  - Contact next of kin; Unable to reach letter, if no response after 3 attempts
- High volume follow up telephone outreach
  - Shared intervention between clinical, PPM, & admin staff

Challenges & Countermeasures

- Lack of access to external GI or Colorectal Surgery information (appts, consults, or Colonoscopy results)
  - Lack of timely access due to preferred location with preferred provider
  - Mode of transmission of data and frequency of receiving external follow up information
    - Collaborative partnership: Primary point of contact, Temporary process for follow up on GI on positive SBT referrals, Direct Referral line
    - GI: CCDA document in Epic, CareQuality, Follow Up letter from GI to PCP
- Manual process to update HM frequency for next Colonoscopy due date
  - Staff education in primary care & internal General surgery depts

Progress to Date

LVHN		Measure 1: Screening		
	Reporting Quarters	*Active Patients [1] (APs) (denominator)*	*APs with appropriate CRC screening [2] (numerator)*	*Percent with appropriate CRC screening*
Baseline Period	Q3 2022	172561	97746	56.6%
	Q4 2022	173253	99953	57.7%
	Q1 2023	174613	102595	58.8%
	Q2 2023	175289	104929	59.9%
Intervention Period	Q3 2023	176198	107955	61.3%
	Q4 2023	176906	110726	62.6%
	Q1 2024	178535	114787	64.3%
	Q2 2024	178722	116160	65.0%
	Q3 2024	180328	118493	65.7%
	Q4 2024	#N/A	#N/A	#N/A
	Q1 2025	#N/A	#N/A	#N/A



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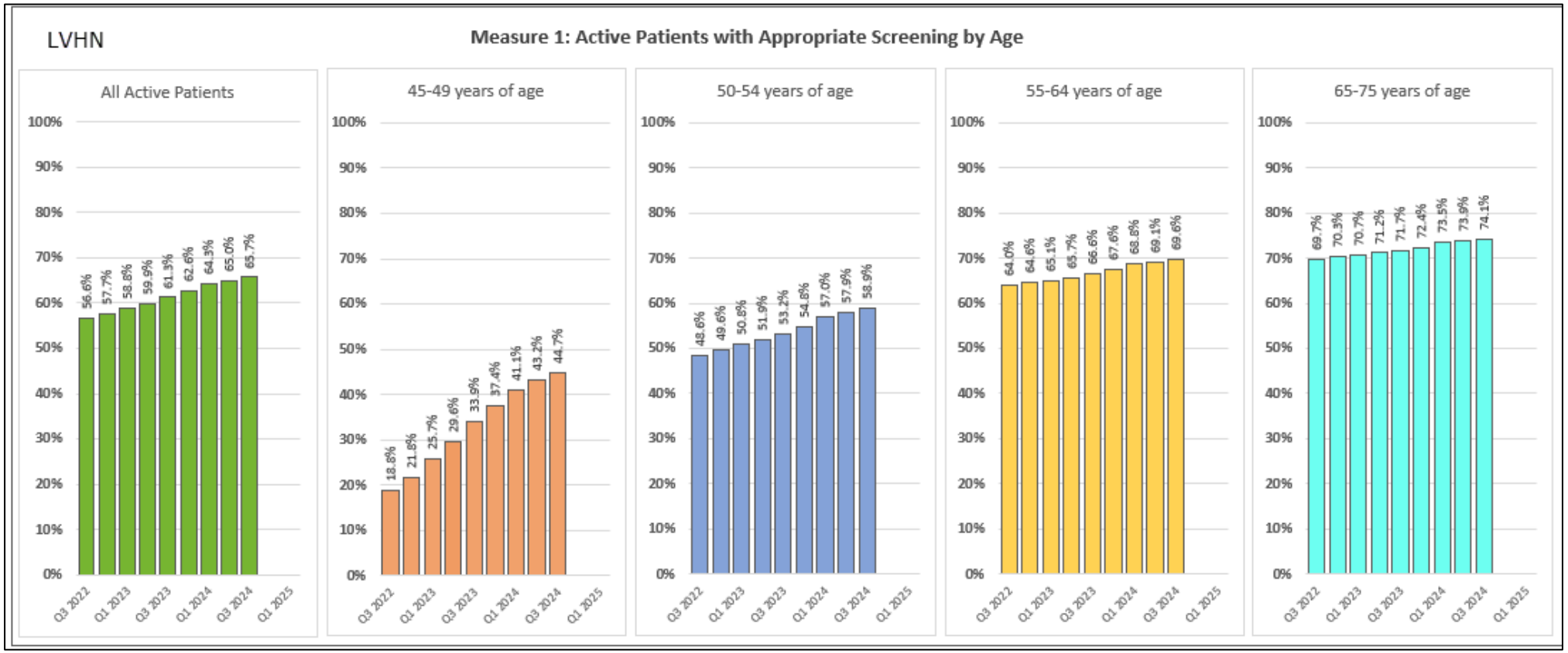
NATIONAL COLORECTAL CANCER ROUNDTABLE

Progress to Date



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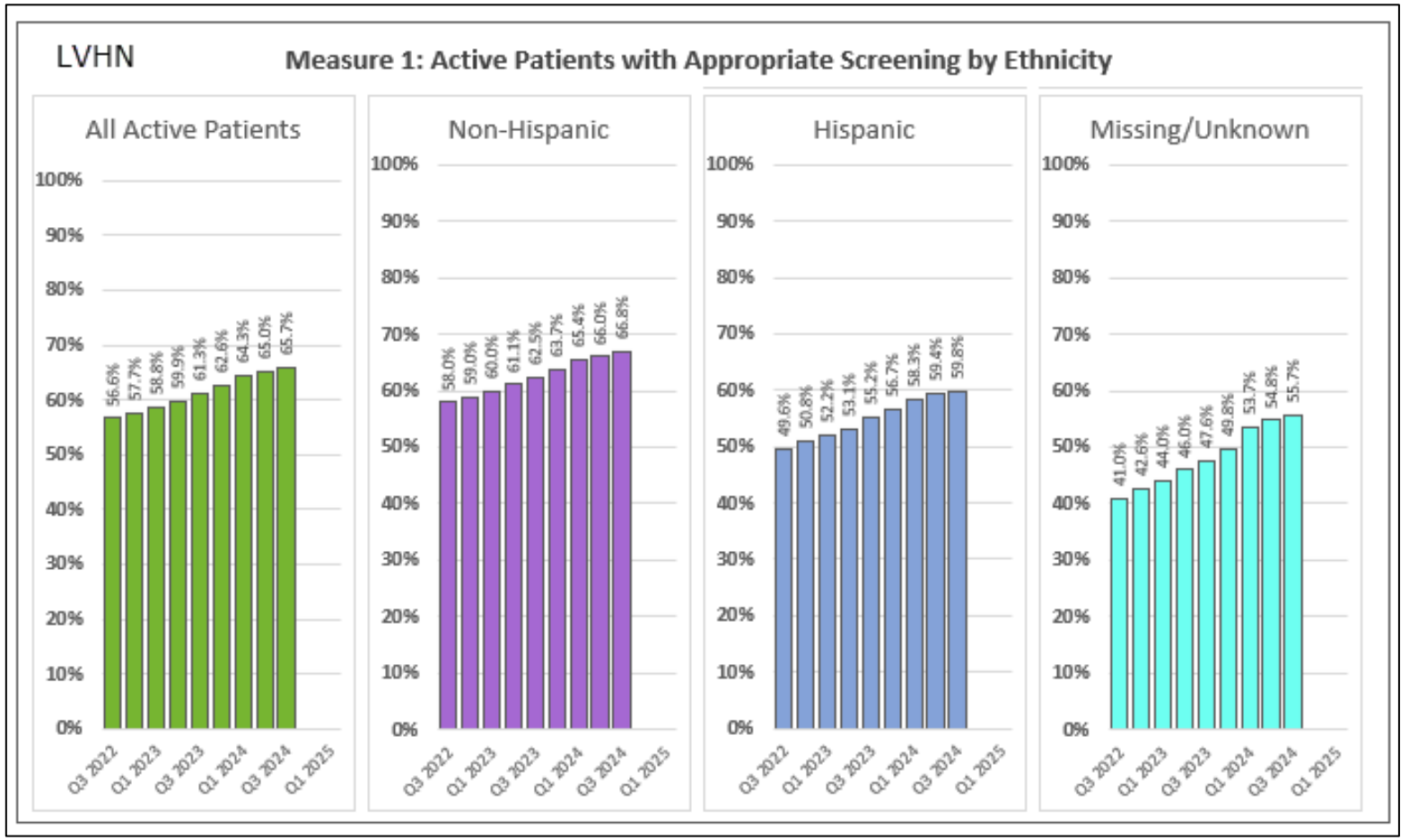

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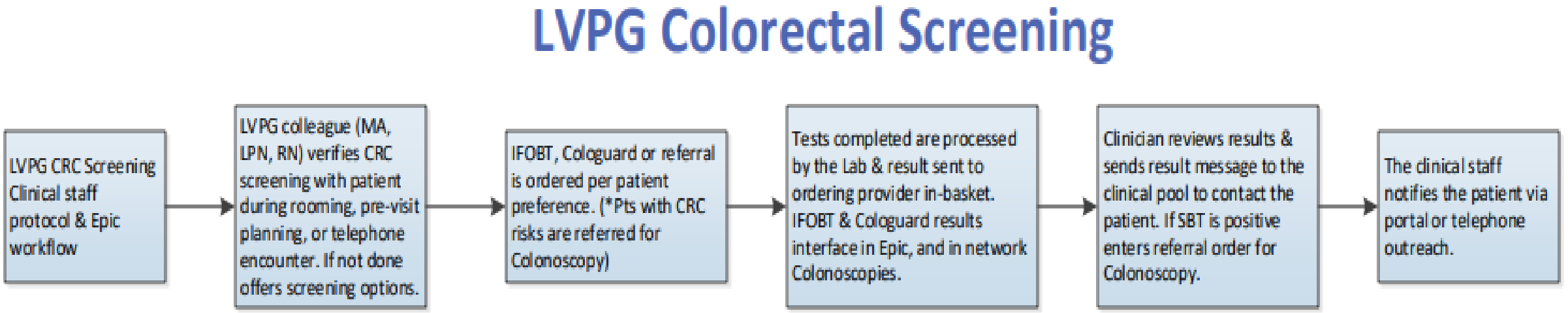
Clinical Staff Workflow



Cologuard bulk order pilot

Cohort 1: 42%

Row Labels	Count of Procedure Order Epic Id
KIT DELIVERED TO PATIENT	36
RESULT AVAILABLE	15
EXACT SCIENCES PROCESSING ORDER	2
EXACT SCIENCES AWAITING SELF-PAY PAYMENT	2
NO RESULT - PATIENT BEING CONTACTED	1
Grand Total	**56**

Completion rates after 90 days for kits delivered group.

Cohort 2: 26%

Row Labels	Count of Procedure Order Epic Id
KIT DELIVERED TO PATIENT	38
RESULT AVAILABLE	10
NO RESULT - PATIENT BEING CONTACTED	2
PATIENT REQUESTED CANCELLATION	1
INCOMPLETE ORDER - AWAITING INFORMATION FROM PROVIDER	1
EXACT SCIENCES PROCESSING ORDER	1
EXACT SCIENCES AWAITING SELF-PAY PAYMENT	1
Grand Total	**54**

- Combined cohorts: **39%** completion rate after 4 months.

Best Practice Tips

- Implement CRC screening clinical staff protocol & rooming workflow
- Promote shared decision making with patients
- Provide easy to understand patient education that explains different screening options: electronic, paper handout, QR code/video (available in multiple languages)
- Enhance clinical decision support tools in EHR: Health Maintenance reminders for patient & staff, & smartsets
- Enhance CRC Screening reports to show test completed, result, & presence of *CRC Risk Conditions*
- Utilize bulk messaging & orders for stool based tests (open orders or rescreen outreach)
- Centralize Care Gap closure & outreach support
- Raise community awareness
- Conduct annual IFOBT Mail campaign

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Next Steps

- ❑ Improve HIE
- ❑ Continue to collaborate with external Gastroenterology & Colorectal physician groups for solutions to improve timely access.
- ❑ Explore Cheers campaign for CRC screening
- ❑ Enhance referral order in Epic & expand Open access to Colonoscopy
- ❑ Explore having centralized patient navigator to address barriers, provide resources, or schedule appointments
- ❑ Develop community partnerships to improve access to CRC screenings for low or no income patients

Thank You!

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Thank You