



Panel:
**Timely Colonoscopy Follow-
Up to Positive (Abnormal)
Non-Colonoscopy Tests**

9:30 AM – 10:40 AM

Panel: Timely Colonoscopy Follow-Up to Positive (Abnormal) Non-Colonoscopy Tests



Moderator
Gloria Coronado, PhD
ACS NCCRT Vice Chair Elect



John Kennedy, MD
AMGA



Nkem Akinsoto, MSc
UW Medicine



Joseph J. Perez, MD
University of South Florida
Morsani College of Medicine



Rebecca Kaltman, MD
Inova Saville Cancer Screening
and Prevention Center

Timely Colonoscopy Follow-Up to Positive Non-Colonoscopy Tests: AMGA's CRC Screening Best Practices Learning Collaborative Overview

John Kennedy, MD

President, AMGA Foundation &
Chief Medical Officer, AMGA

CRC Screening Collaborative Goal

Participating organizations will work to develop and implement strategies to increase complete colorectal cancer screening rates among all average risk patients age 45-75 in multi-specialty groups and integrated delivery systems.

CRC Screening to 80%

Follow-up: 30% care gap closure goal



Objectives

Improve identification & screening of the population of patients age 45 to 75 for colorectal cancer

Identify groups of patients that have lower rates of screening and develop health equity based multi-level strategies to address barriers and to close care gaps

Improve colorectal cancer screening shared-decision making, including patient preference for screening modality, for average risk patients, age 45-75

Improve completion of colorectal cancer screening after abnormal stool based testing with timely follow-up in the population of patients, age 45-75

Improve coordination of services between primary care and specialty departments for patients with abnormal colorectal cancer screening

EXACT SCIENCES



NATIONAL
COLORECTAL
CANCER
ROUNDTABLE

National Advisory Committee



Andrew Albert, MD, MPH
Illinois Masonic Medical Center & Advocate
Illinois Masonic Medical



Frank Colangelo, MD, MS-HQS, FACP
Premier Medical Associates



Theodore Levin, MD
Kaiser Permanente Medical Center



Laura Makaroff, DO
American Cancer Society



Pascale White, MD
Icahn School of Medicine at Mount Sinai



Durado Brooks, MD, MPH
Exact Sciences

Colorectal Cancer Screening Collaborative Organizations



**Best Practices
Learning Collaborative**
Shared-Learning



Key Stakeholders



Measures Reports &
Benchmarking



Quality Improvement Documentation
& Performance Comparison



Engagement Activities &
Resources



Synthesis &
Dissemination

Data Collection

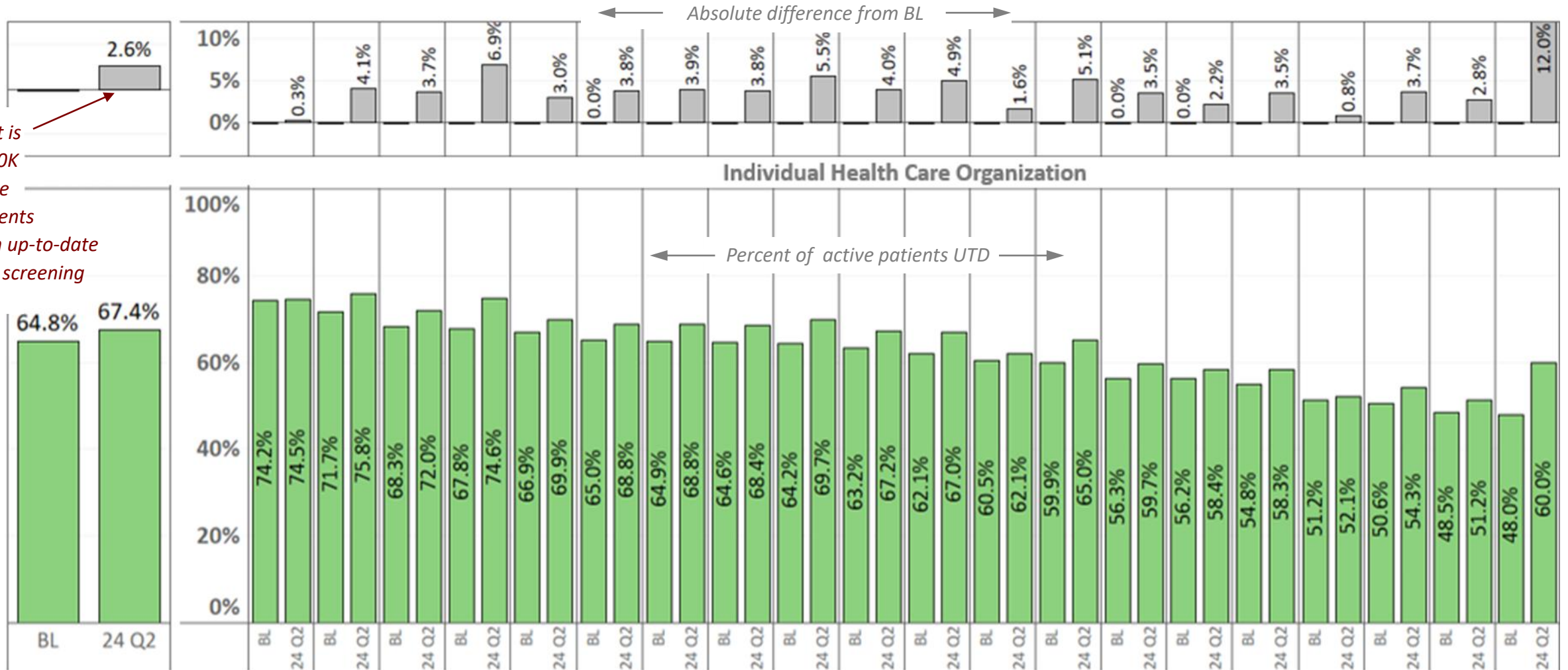
- ***CRC screening*** among patients age 45–75
 - Percent with up to date CRC Screening, any modality
- ***CRC screening follow-up*** among patients age 45–75
 - Percent with follow-up colonoscopy within 90 days of abnormal non-colonoscopy screening test
 - Denominator: Patients with abnormal non-colonoscopy screening result in the prior quarter
 - FOBT, mt-sDNA, flexible sigmoidoscopy, and CT colonography
 - Numerator: Patients with evidence of a follow-up colonoscopy within 90 days

Percent of Patients with CRC Screening UTD

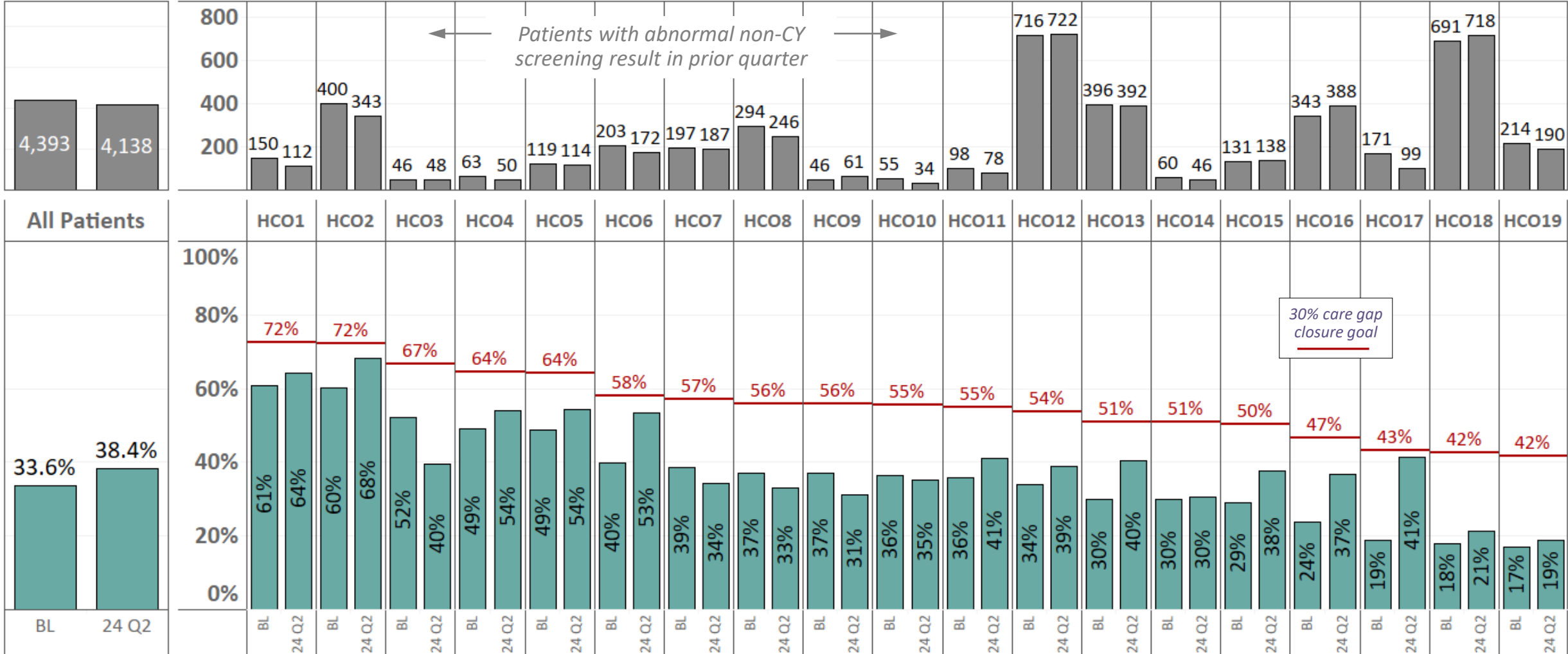


- Across more than 4 million active patients, **screening has increased by 2.6-percentage points from baseline** (BL=Q2 2023). All organizations have seen some improvement, 18 improved $\geq 1\%$ since BL (range 1.6% to 12%, median 3.8%)

That is
>100K
more
patients
with up-to-date
CRC screening

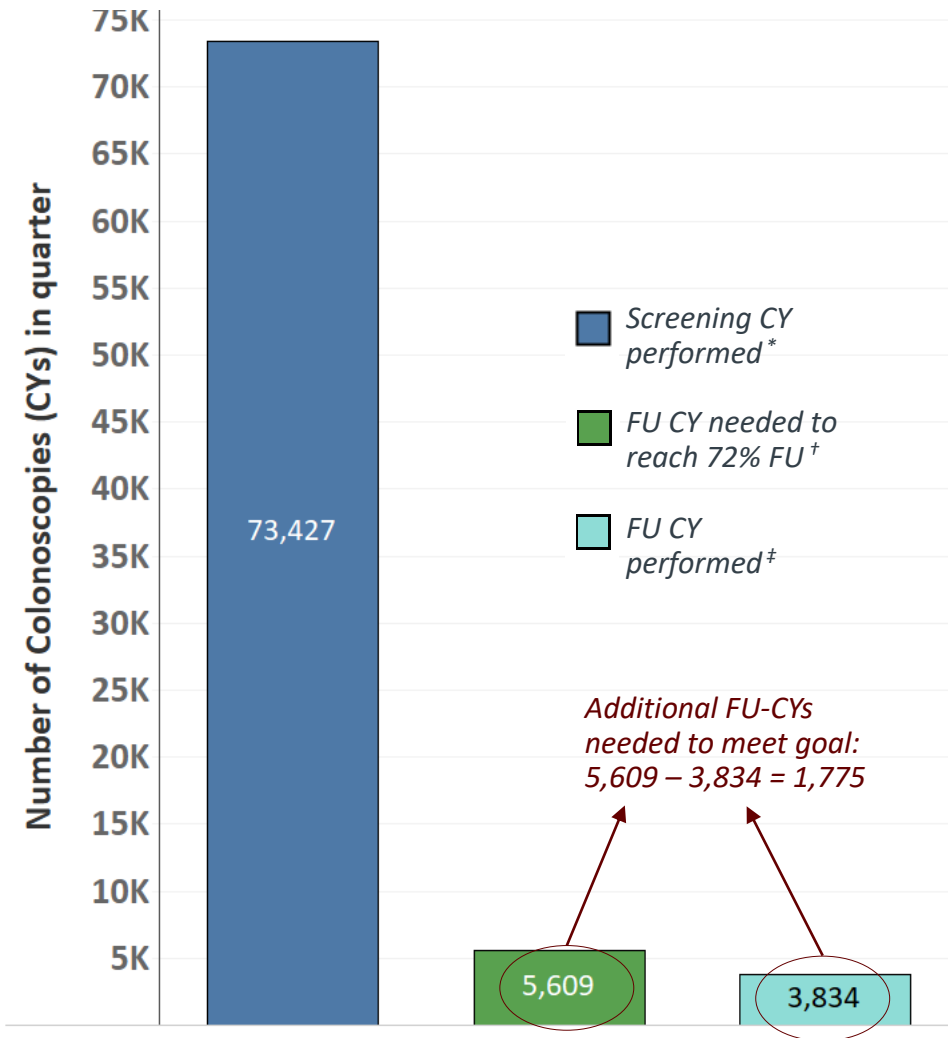


Percent of Patients with CRC screening follow-up within 90 Days



Sorted by BL FU-CY rate, descending.
BL=Q2 2023

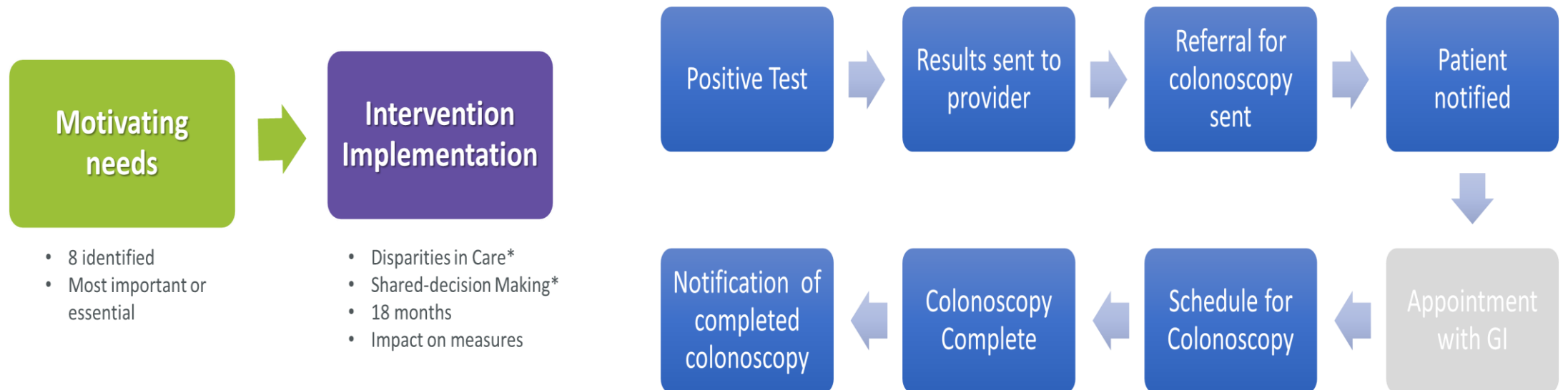
Follow-up Colonoscopy Gap to Goal



- In total, to reach the 72% with 90-day FU goal this quarter, organizations would have needed to perform **1,775 additional FU-CYs.**
- **1775 / 20 HCO = 88 FU-CY's per HCO per quarter**
- **Approx 1 additional FU-CY per HCO per day**

* M2 numerator stratification (number of CY screening tests performed in reporting quarter).
† 0.72* M3 denominator (number of patients with abnormal non-CY test result in prior quarter). 72% FU within 90-days is equivalent to 85% with FU within 6 months.
‡ M3 numerator (number of patients with a FU-CY within 90 days of abnormal non-CY result).

Quality Improvement



Successful Interventions

- Patient Navigators/Panel Navigators/Centralized Teams
- Open access –no GI consult required
- Direct scheduling—PCP office access to GI templates
- Designated colonoscopy appointment slots for + stool based screen
- Patient Outreach –call, portal, letter
- Increased access to Ambulatory Surgical Center
- PCP & specialty collaboration on colonoscopy scheduling workflow



Thank You

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Amga.org

Timely Colonoscopy Follow-Up to Positive Non-Colonoscopy Tests: Progress to date at UW Medicine – University of Washington Physicians Network

Nkem Akinsoto, MSc

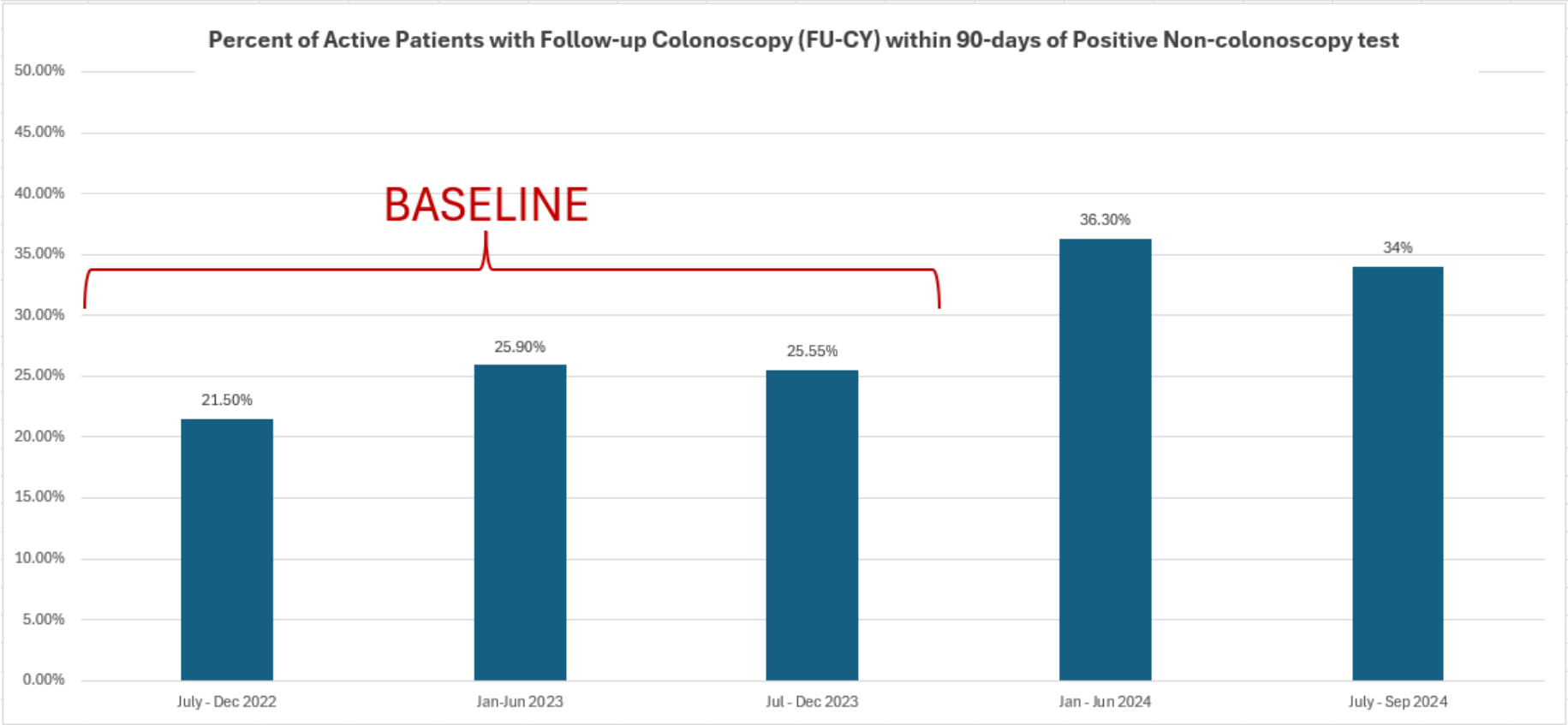
Assistant Director, Population Health
UW Medicine

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.



Baseline Data



Strategies – Interventions

Colonoscopy –
Bypass Med
Review

GICOLONSS order
will not be queued
for Med Review

Update orders in
Preventive Visit
Smartsets

Patient Education
for follow up
colonoscopy

In-clinic visuals in
multiple languages

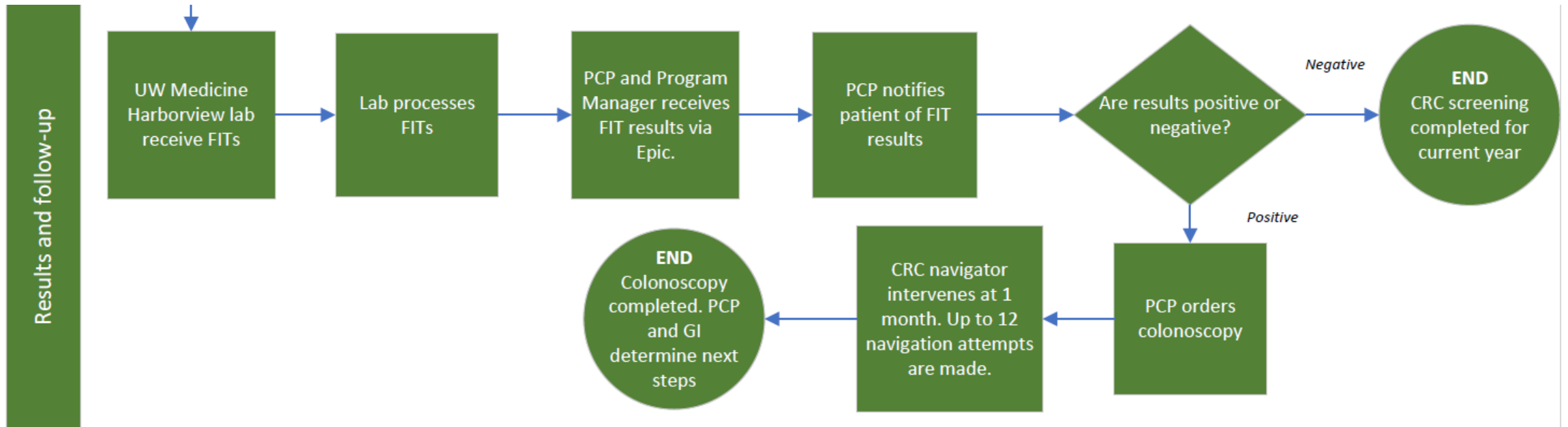
Automated
Reminders via
Mychart

Patient Navigation
after positive FIT

Expand beyond
mailed FIT
campaign

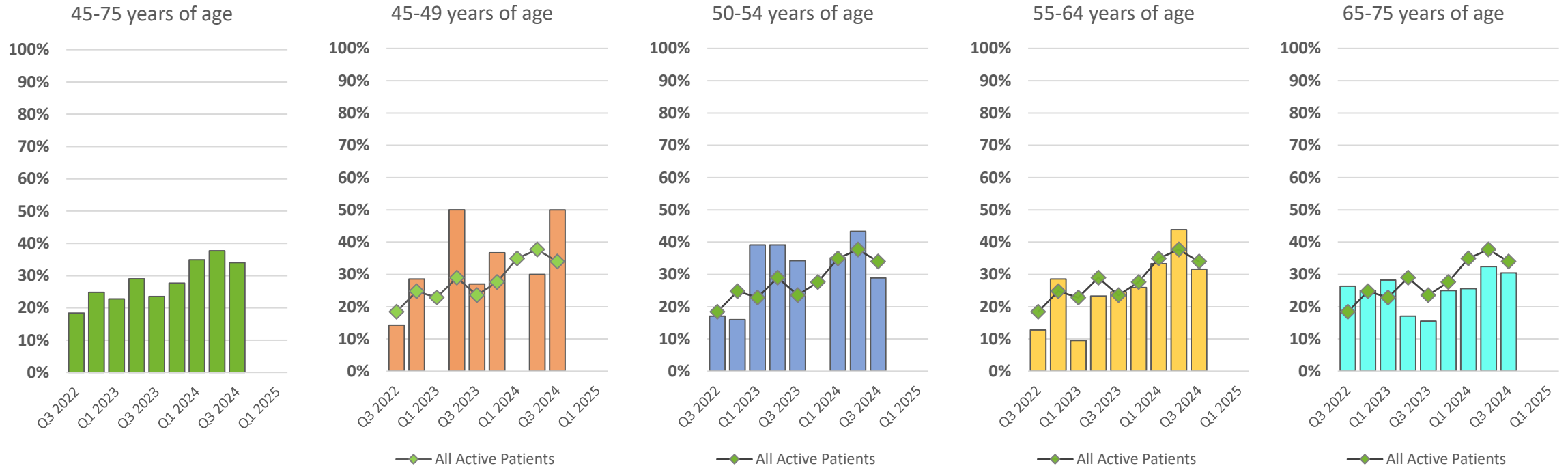
Cross-site
scheduling access

Strategies – Process Map



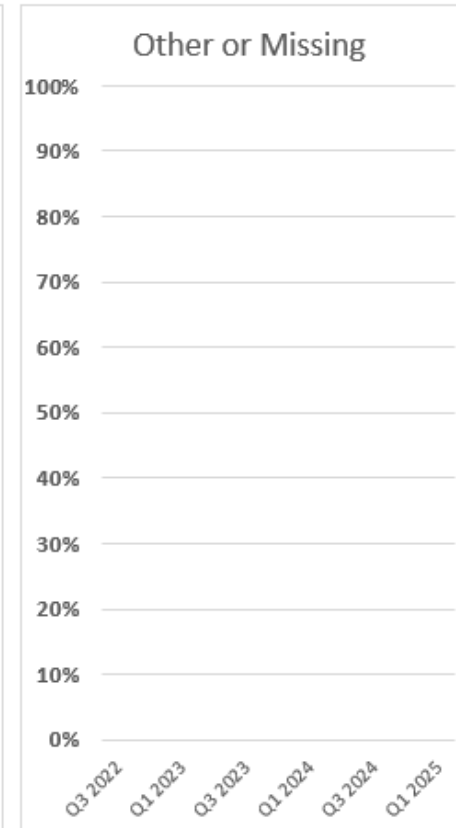
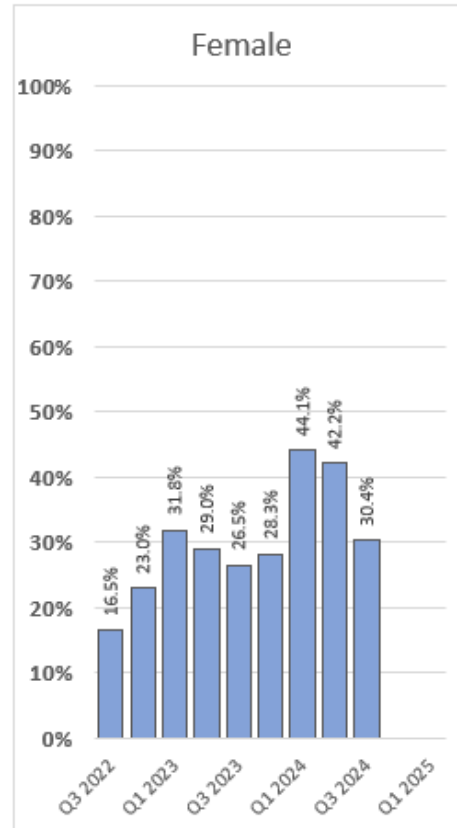
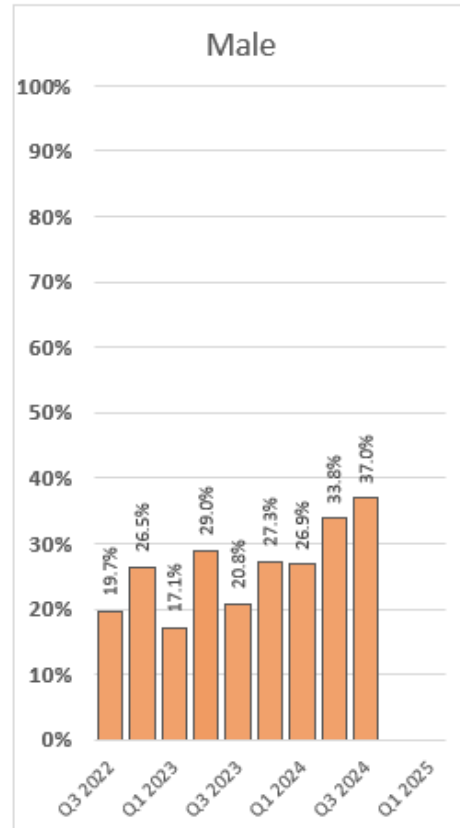
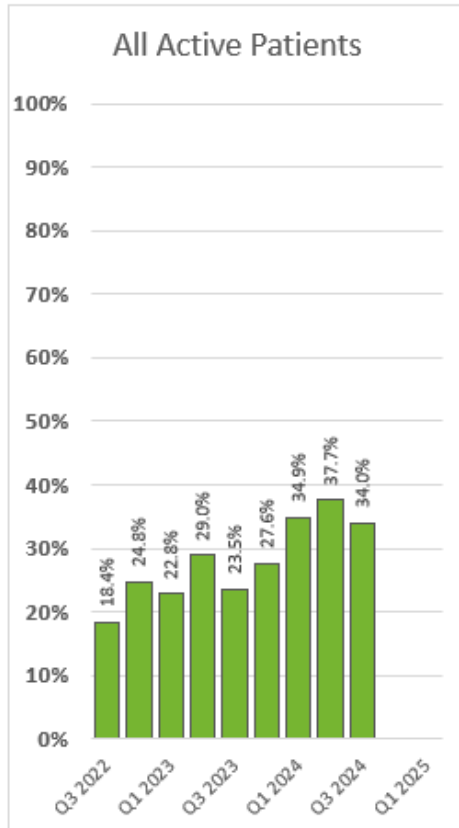
Progress to Date – Age Groups

Measure 3: Active Patients with Follow-up Colonoscopy (FU-CY) within 90-days of Positive Non-colonoscopy (n/c) Test by Age Group

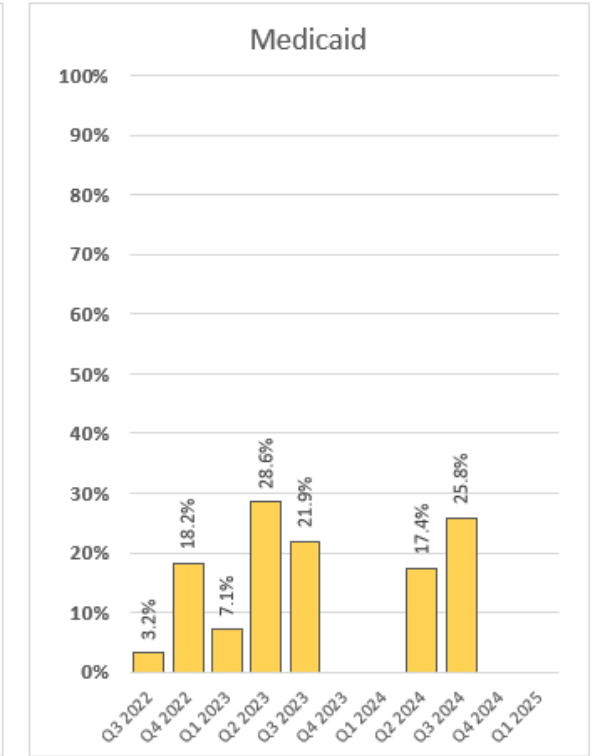
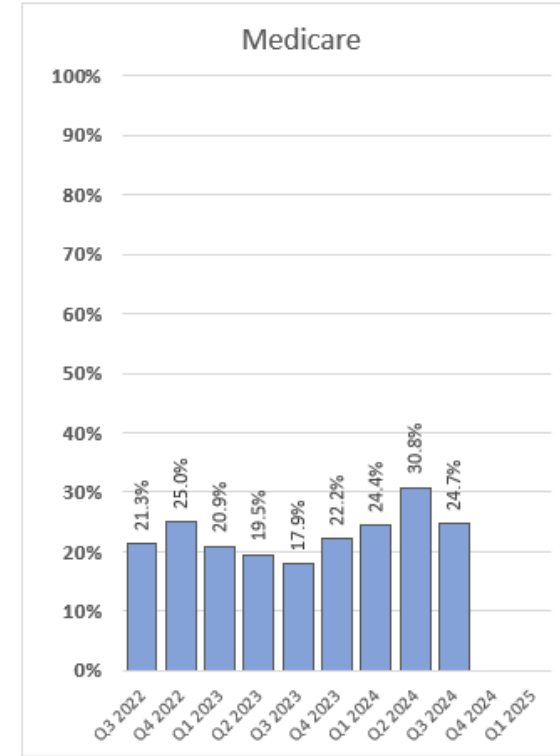
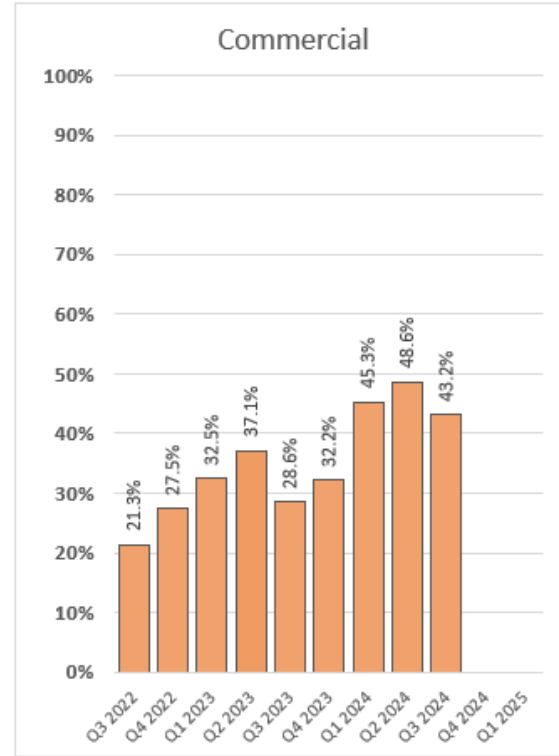
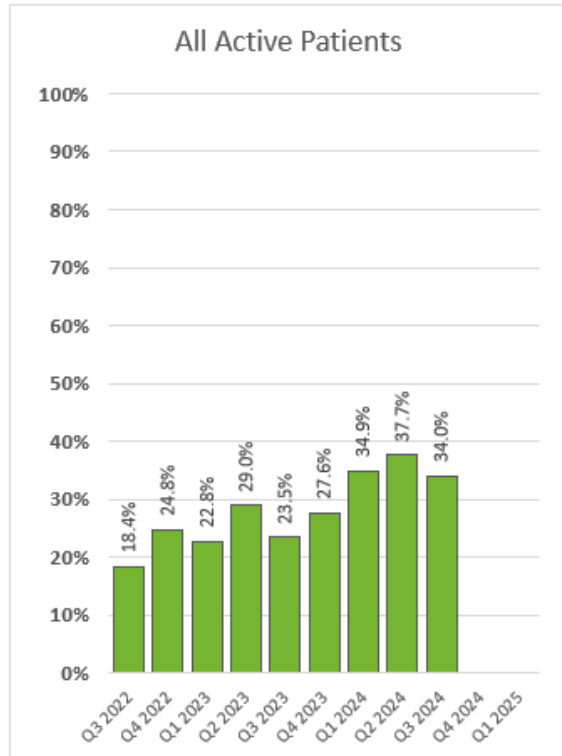


NOTE: Rates will not be charted for reporting quarters with a denominator < 20 active patients.

Progress to Date - ASAB



Progress to Date - Insurance



NOTE 1: For our stratification purposes, dual enrolled Medicare and Medicaid patients should be classified as Medicaid. Any patient with commercial insurance should be classified as commercial even those with a Medicare Advantage plan or with Medicare and a secondary commercial plan.

NOTE 2: Rates will not be charted for reporting quarters with a denominator < 20 active patients.

Lessons Learned & Best Practice Tips

1. Prepare for limited access for Colonoscopy procedures.
2. Consider cost to Patients and design messaging as appropriate
3. Get Clinic Operations agreement on workflows
4. Utilize processes with least demand on Primary Care Provider and Care Team bandwidth
5. Ensure accuracy of data – with comprehensive result updates – for improved patient experience.

- ✓ Robust Mailed FIT outreach program with leadership by Gastroenterologist (Dr. Issaka) – ***collaboration with UW Medicine cancer care provider***
- ✓ Investment in CRC Screening Navigator – with cross-site colonoscopy scheduling access ***for patients with positive FIT***

Next Steps

1. Collaborate with Gastro providers to prioritize positive FIT follow ups and update Health Maintenance Frequency after colonoscopy.
2. Refresh workflow for Clinic Labs with take home FIT
3. Leverage automated Health Maintenance Reminders
4. Utilize clinic Panel Navigators for targeted patient outreach – calls, texts, Mychart and mail.
5. Continue messaging for primary care providers to discourage patients requesting second FIT tests after initial positive results.



Thank You

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uwmedicine.org

Timely Colonoscopy Follow-Up to Positive Non-Colonoscopy Tests: Progress to date at Inova Health System

Rebecca Kaltman, MD

Executive Director, Inova Saviile Cancer Screening and Prevention Center

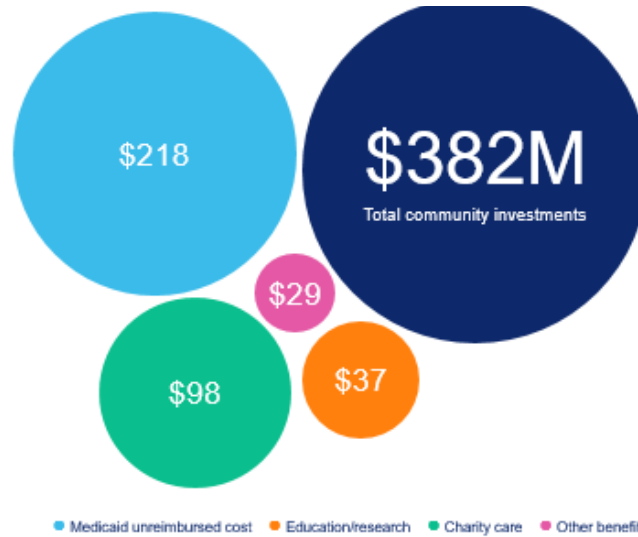
About Inova

By the numbers

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

*Data obtained from Acute Hospital Financial Statements 2021

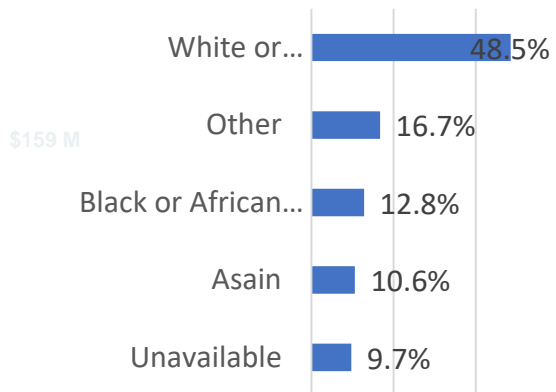
Community investments



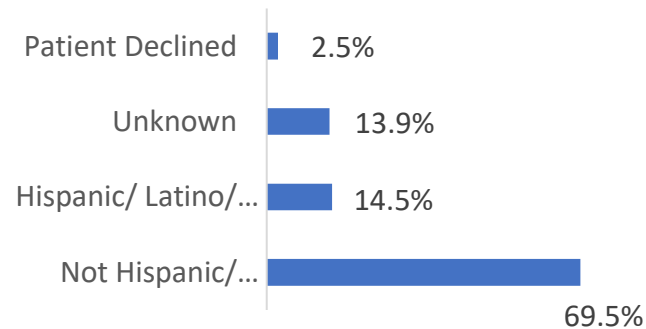
- 5 hospitals
- 250+ care sites

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



Baseline Data , n = 204K Primary Care Patients

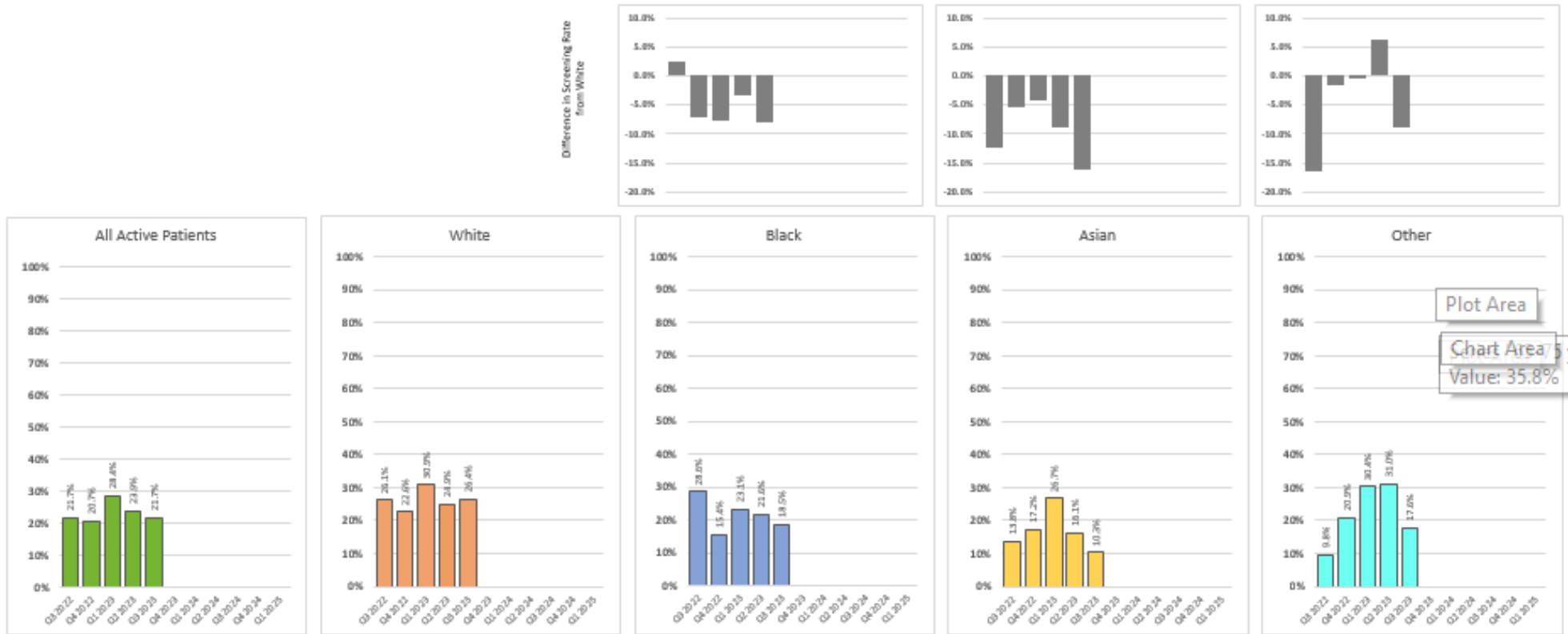
Measure 3: Active Patients with Follow-up Colonoscopy (FU-CY) within 90-days of Positive Non-colonoscopy (n/c) Test by Age



NOTE: Rates will not be charted for reporting quarters with a denominator < 20 active patients.

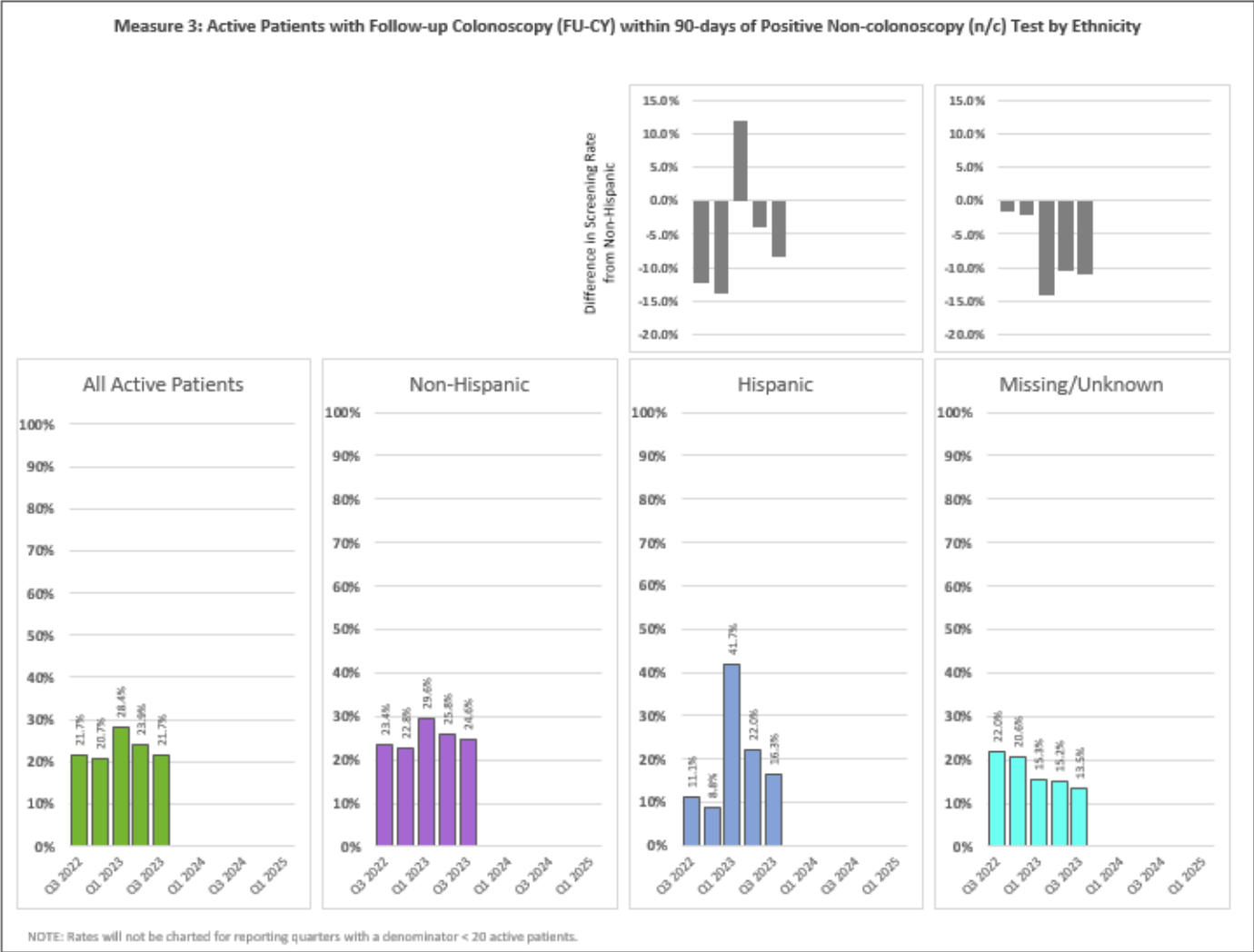
Baseline Data

Measure 3: Active Patients with Follow-up Colonoscopy (FU-CY) within 90-days of Positive Non-colonoscopy (n/c) Test by Race



NOTE: Rates will not be charted for reporting quarters with a denominator < 20 active patients.

Baseline Data



Strategies

1. Automatically capture reports: dot phrase creation for GI team

The screenshot shows a patient's Health Maintenance chart for Abby Test. The patient is a 43-year-old female with MRN 99000437. The chart lists various care gaps and their statuses:

Topic	Status
OPHTHALMOLOGY EXAM	Overdue since 3/29/2018
DXA Scan	Overdue since 3/29/2022
DEPRESSION SCREENING	Overdue since 8/2/2024
Shingrix Vaccine 50+ (1)	Never done
URINE MICROALBUMIN	Ordered on 2/11/2022
MAMMOGRAM	Ordered on 2/29/2024
PAP SMEAR	Ordered on 6/13/2024
DTAP/IDAP/TD Series (2 - Td or Tdap)	Next due on 11/18/2024
Annual Exam	Next due on 7/24/2025
INFLUENZA VACCINE	Completed
COLONOSCOPY TEN YEARS	Discontinued

The left sidebar shows patient information, including allergies (6), active treatments (IHS(O) - Adult - Oncology Treatment Plan - BLANK), and breastfeeding status. The bottom section shows the last 10 visits, including Cardiology, Ped Card, and Pulmonology.

2. Flag placed on positive stool-based tests for GI-referral

The screenshot shows a referral form for a patient. The form includes the following fields and options:

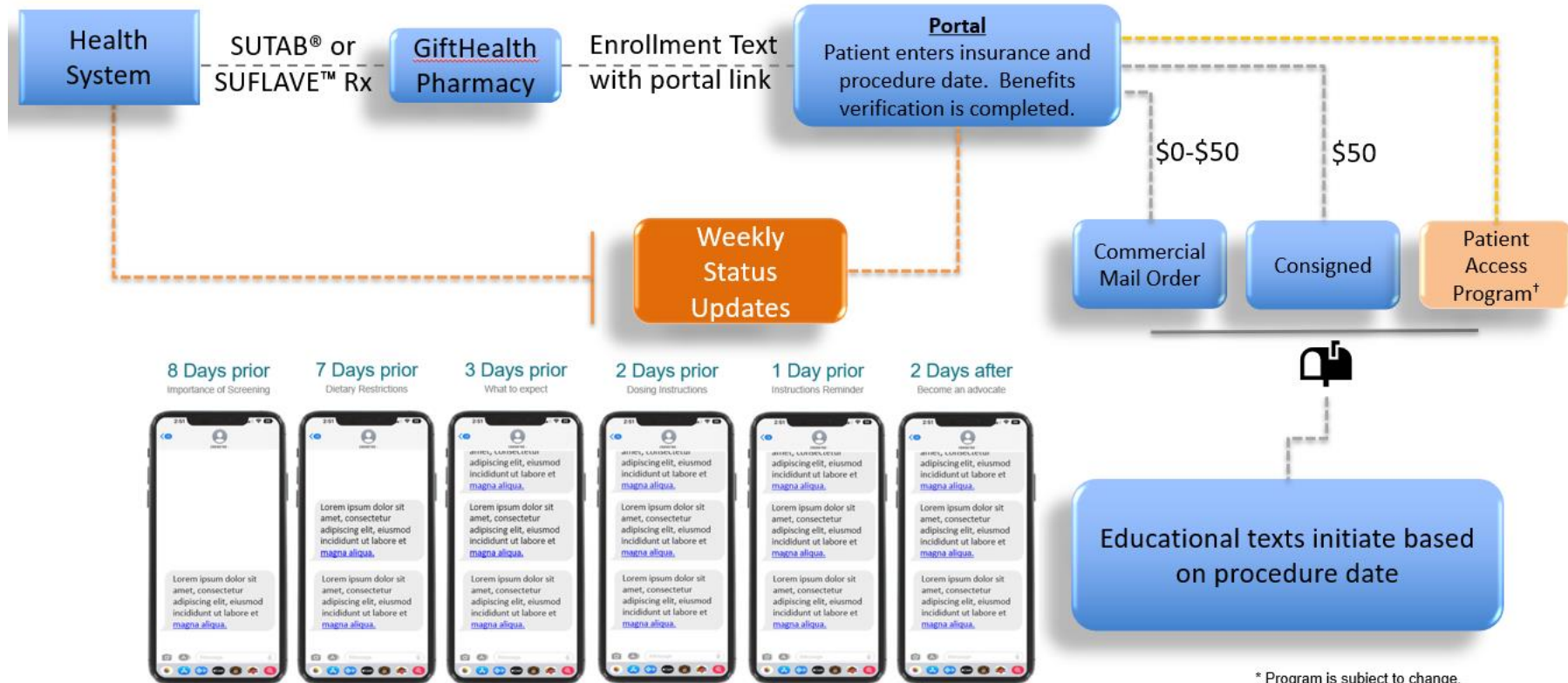
- Referral Priority: Urgent (selected), Routine, Urgent (highlighted)
- Class: Internal Referral (selected), Internal Referral (highlighted), External Referral
- Dept Specialty: Gastroenterology (selected)
- Provider Specialty: Gastroenterology (selected)
- Ref to Department: (empty)
- Scheduling Instructions: Thank you for choosing Inova to continue your care journey. Please review the listed ...
- Comments: Add Comments
- Reason for referral: Screening for colorectal cancer, Positive FIT/FOBT/Cologuard (selected), Esophagus, Stomach, Gallbladder, Liver, Pancreas, Bowel/intestines, Colon, Anus/rectum, Weight Loss Program/Endoscopic Obesity Management, Urgent GI problem
- Does the patient have any relevant history, recent hospitalizations or active infections? Yes No
- Does the patient have any ONE of the following? None of the below Diarrhea Unintentional weight loss Recent significant change in bowel habits Rectal bleeding Recent/active abdominal pain Taking anti-platelet or anti-coagulant

The form has "Accept" and "Cancel" buttons at the top and bottom right.



Strategies

3. Sebelia Gift Health Program



* Program is subject to change.
† In development.

Progress to Date

Intervention #1

- Worked with GI
- Developed script for dot phrase
- Awaiting EPIC implementation

Intervention #2

- Flag working
- Improvements reflected in shorter interval to colonoscopy

Intervention #3

- Tracking system working relatively well
- Just in pilot phase
- Need to be able to offer off-label preps

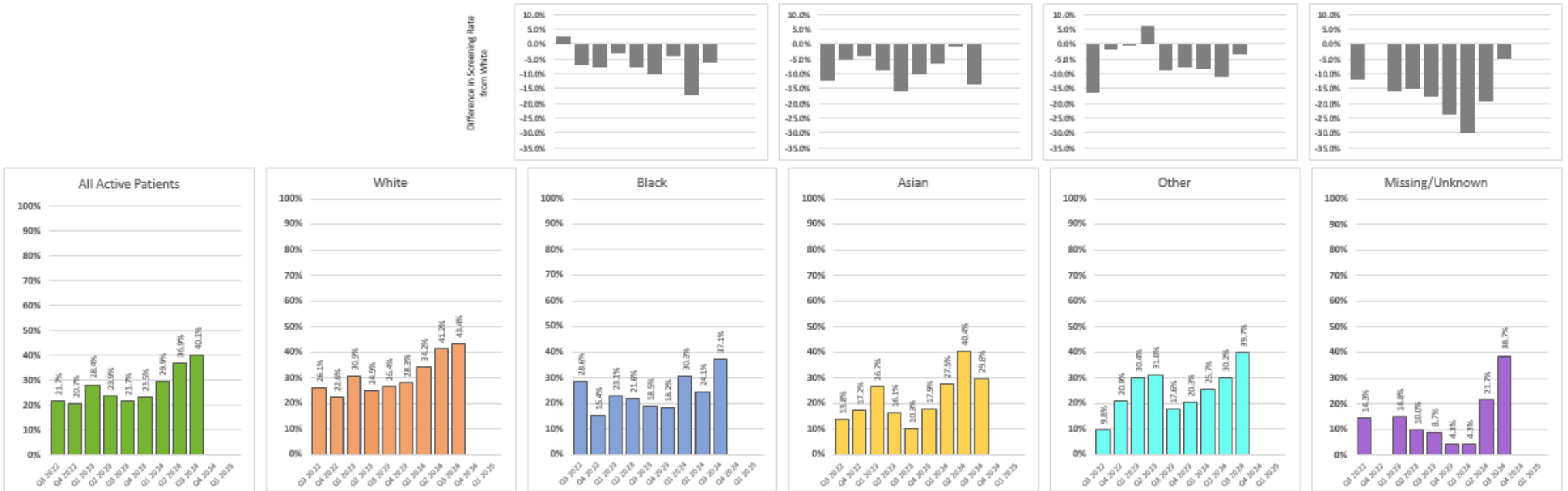
Progress to Date

Measure 3: Active Patients with Follow-up Colonoscopy (FU-CY) within 90-days of Positive Non-colonoscopy (n/c) Test by Age



Progress to Date

Measure 3: Active Patients with Follow-up Colonoscopy (FU-CY) within 90-days of Positive Non-colonoscopy (n/c) Test by Race

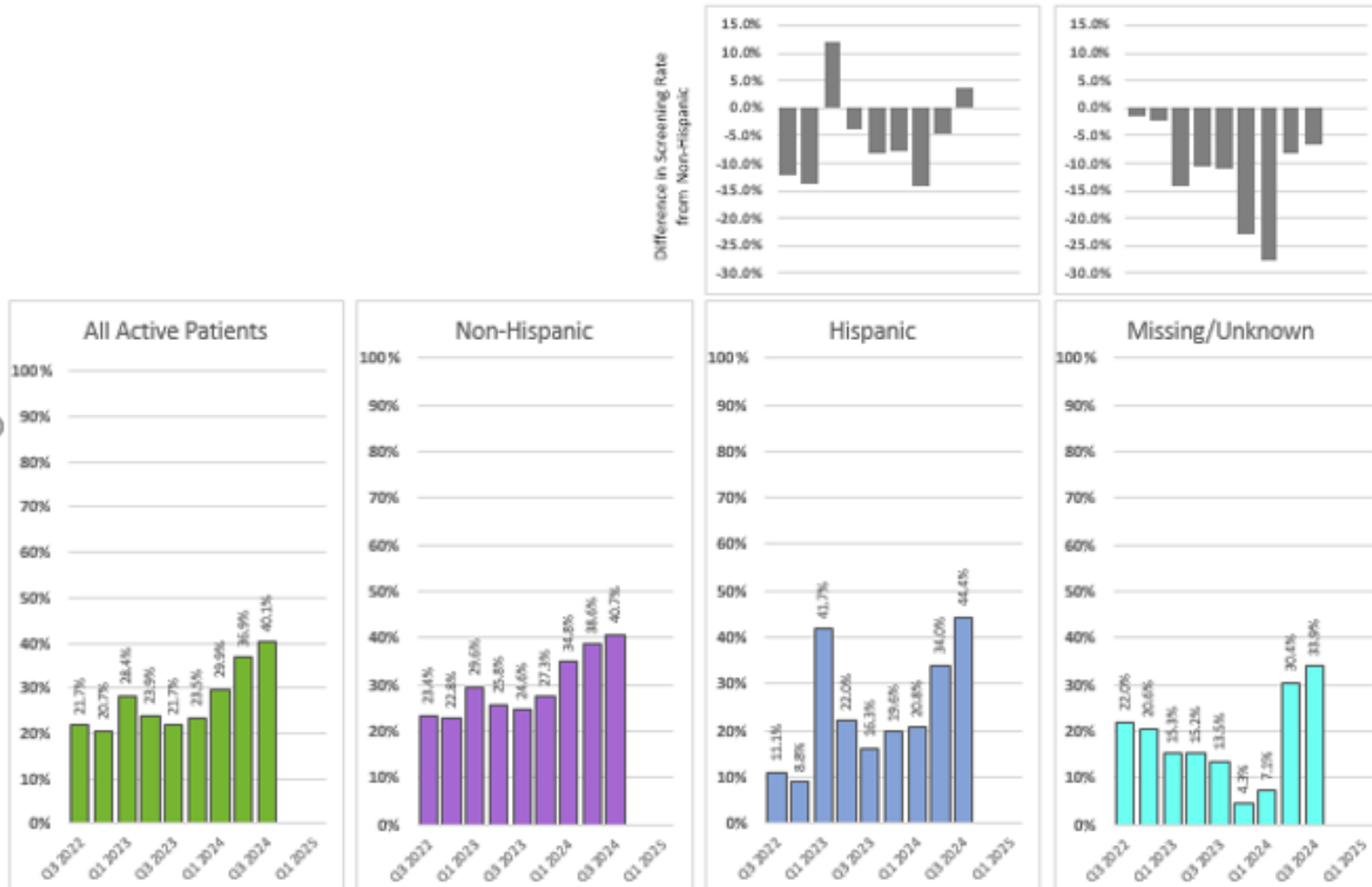


NOTE: Rates will not be charted for reporting quarters with a denominator < 20 active patients.



Progress to Date

Measure 3: Active Patients with Follow-up Colonoscopy (FU-CY) within 90-days of Positive Non-colonoscopy (n/c) Test by Ethnicity



NOTE: Rates will not be charted for reporting quarters with a denominator < 20 active patients.



Lessons Learned & Best Practice Tips

- Flexibility is key
- 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



Next Steps

- GI hiring
- Trim colonoscopy waitlist:
 - Triage by sending bulk-message using SDMT
- Automate satisfaction of CRC care gap for those who complete screening





Thank You

Rebecca.Kaltman@inova.org

www.inova.org/Saville

Timely Colonoscopy Follow-Up to Positive Non-Colonoscopy Tests: Progress to date at Lehigh Valley Health Network

Joseph J. Perez, MD

LVPG Family Medicine Bangor

Associate Medical Director Quality Assurance and Patient Safety, LVPG

About

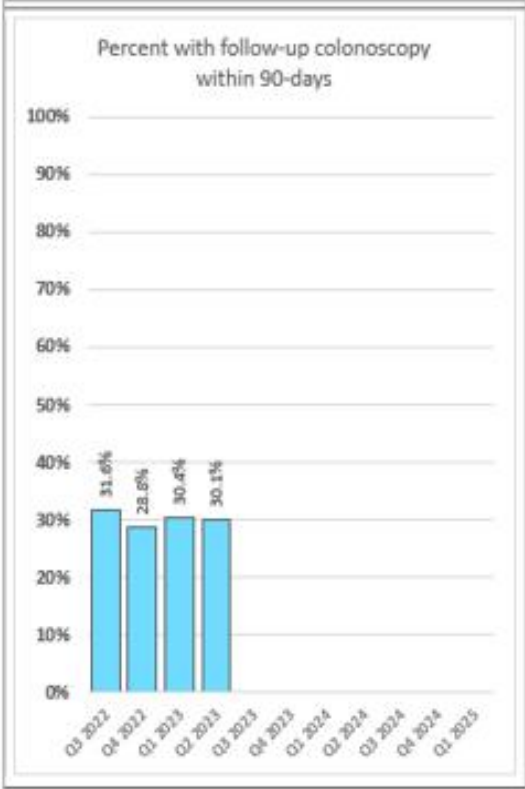
WHO WE ARE LEHIGH VALLEY HEALTH NETWORK

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



Baseline Data

LVHN		Measure 3: Follow-up		
	Reporting Quarters	APs with a positive n/c CRC screening ⁴ in quarter prior to RQ (denominator)	Denominator patients with FU-CY ⁵ within 90 days of positive result (numerator)	Percent with follow-up colonoscopy within 90-days of positive result
Baseline Period	Q3 2022	291	92	31.6%
	Q4 2022	285	82	28.8%
	Q1 2023	342	104	30.4%
	Q2 2023	396	119	30.1%



Strategies

- Dedicated CRC Screening physician & clinical nurse champions
- Collaborative partnerships to assess, discuss, and align CRC strategies
- Enhanced Health Maintenance with new *'Place order'* option for CRC topic
- Enhanced CRC Screening report with IFOBT & Cologuard results & *CRC Risk Conditions* columns
- New specific *Care Gap Closure* Inbasket staff message
- Centralized team for Care Gap Support
- Centralized monthly positive results review process
- Piloting Colonoscopy within 90 day of positive result workflow

Strategies

- Rooming PDCA:
 - Addressing CRC options for every patient that is due for CRC screening
 - Demo Fit kit in every patient room for clinical staff to review with patient
 - Kit ordered and handed to every patient due.
 - Exception: patient that does not meet criteria for stool-based testing or a patient that has a colonoscopy scheduled.

Strategies

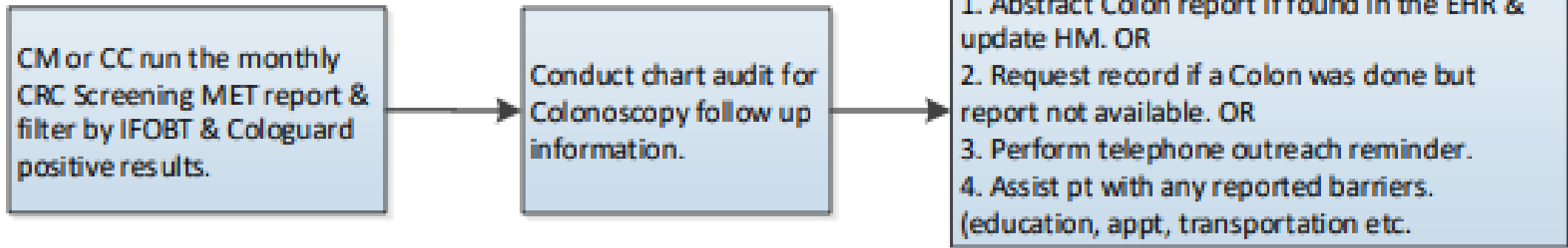
- Outreach:
- Every month the Clinical Manager follows the quality cadence calendar and outreaches to the patients on the met report. This reminds patients they are due soon. See quality cadence calendar below for cadence and smart phrases used.
- Every 3rd month send portal message to patients with active fit and Cologuard orders to remind patients to complete their test. Smart phrase- .fitduesoon
- Every 4th month staff completes the telephone outreach
 - Run Not Met report- in office staff works from the top of the Not Met Report and CNP works from the bottom of the Not Met Report
 - staff carefully reviews chart and discusses options with the patient via telephone

Strategies

Clinical Coordinator/Clinical Manager Monthly Metric Calendar		CNP Monthly Metric Calendar		
Week 1	Smart phrase for Bulk message		NO ACTIVE ORDER	ACTIVE ORDER
Mammo met report (CC) - NO portal only	.ccmammodue OR .ccmammoduesp (spanish)	Jan	CRC .CNPCRCOUTREACH/.CNPCRCOUTREACHSP	.CNPCRCORDER/.CNPCRCORDERSP
Week 2			ADULT INFLUENZA (FLU) .CNPFUDOCUMENTATION	PHONE OUTREACHES, PTS W/O PORTAL. .CNPFUDOCUMENTATION
DM eye met report (CC) - many variables - if possible review each chart before sending bulk message. Some may have had an unreadable retina exam and already contacted	.cceyedue OR .cceyeduesp (spanish)	Feb	A1C (MET report) .CNPDMOUTREACH .CNPDMOUTREACHSPANISH	.CNPDMDOCMYCHART .CNPDMDOCMYCHARTSPANISH
Week 3		March	Cervical cancer (PAP) .CNPCERVICALCANCEROUTREACH / .CNPCERVICALCANCEROUTREACHSPANISH	CHART REVIEW
CRC - FIT met report (CC)	.ccfitdue OR .ccfitduesp (spanish)	April	Breast cancer (Mammo)	phone outreach only for patients without portal
CRC - Cologard met report (CC)	.cccgdue OR .cccgduesp (spanish)	May	A1C (MET report) .CNPDMOUTREACH .CNPDMOUTREACHSPANISH	.CNPDMDOCMYCHART .CNPDMDOCMYCHARTSPANISH
CRC - Colonoscopy met report (CC)	.cccolongdue OR .cccolongduesp (span.)	June	DM eye .CNPEYEOUTREACH .CNPEYEOUTREACHSPANISH	PHONE OUTREACHES, PTS W/O PORTAL. .CNPMEYEDOC
		July	CRC .CNPCRCOUTREACH/.CNPCRCOUTREACHSP	.CNPCRCORDER/.CNPCRCORDERSP
		Aug	A1C (MET report) .CNPDMOUTREACH .CNPDMOUTREACHSPANISH	.CNPDMDOCMYCHART .CNPDMDOCMYCHARTSPANISH
		Sept	Cervical cancer (PAP) .CNPCERVICALCANCEROUTREACH / .CNPCERVICALCANCEROUTREACHSPANISH	CHART REVIEW
		Oct	Breast cancer (Mammo)	phone outreach only for patients without portal
		Nov	A1C (MET report) .CNPDMOUTREACH .CNPDMOUTREACHSPANISH	.CNPDMDOCMYCHART .CNPDMDOCMYCHARTSPANISH
		Dec	DM eye .CNPEYEOUTREACH .CNPEYEOUTREACHSPANISH	PHONE OUTREACHES, PTS W/O PORTAL. .CNPMEYEDOC

Clinical Staff Workflow

Plan: 90 day to Colonoscopy Follow Up



CRC Screening workbench report

▼ Last Colonoscopy Dt	Last Cologuard Dt	▼ Last Cologuard Value	Last FOBT Date	Last FOBT Value	Last Sigmoid Dt	Last CT Colonography Dt	CRC Risk Conditions?	Patient Refused	FIT Order Date	Cologuard Order Date
08/12/2024	03/20/2024	Positive*					No	No	●	●
09/27/2024	08/22/2023	Positive*	08/17/2022	Negative			No	No	●	●
06/09/2023	04/17/2023	Positive*					No	No		●
12/03/2021	04/01/2021	Positive*					No	No	●	●
06/19/2023	01/28/2023	Positive*					No	No		●

Progress to Date

LVHN		Measure 3: Active Patients with Follow-up Colonoscopy (FU-CY) within 90-days of Positive Non-colonoscopy (n/c) Test by Age Group															
		All Active Patients			45-49 years of age			50-54 years of age			55-64 years of age			65-75 years of age			
Reporting Quarters		APs with a positive n/c CRC screening ¹ in quarter prior to RQ	Denominator patients with FU-CY ² within 90 days of positive result	Percent with follow-up colonoscopy within 90-days of positive result	APs with a positive n/c CRC screening ¹ in quarter prior to RQ	Denominator patients with FU-CY ² within 90 days of positive result	Percent with follow-up colonoscopy within 90-days of positive result	APs with a positive n/c CRC screening ¹ in quarter prior to RQ	Denominator patients with FU-CY ² within 90 days of positive result	Percent with follow-up colonoscopy within 90-days of positive result	APs with a positive n/c CRC screening ¹ in quarter prior to RQ	Denominator patients with FU-CY ² within 90 days of positive result	Percent with follow-up colonoscopy within 90-days of positive result	APs with a positive n/c CRC screening ⁴ in quarter prior to RQ	Denominator patients with FU-CY ² within 90 days of positive result	Percent with follow-up colonoscopy within 90-days of positive result	
Baseline Period	Q3 2022	291	92	31.6%	13	7	53.8%	38	8	21.1%	104	28	26.9%	136	49	36.0%	
	Q4 2022	285	82	28.8%	15	4	26.7%	32	6	18.8%	91	27	29.7%	147	45	30.6%	
	Q1 2023	342	104	30.4%	28	10	35.7%	34	10	29.4%	112	30	26.8%	168	54	32.1%	
	Q2 2023	396	119	30.1%	38	13	34.2%	57	22	38.6%	138	43	31.2%	163	41	25.2%	
Intervention Period	Q3 2023	339	81	23.9%	33	10	30.3%	36	7	19.4%	114	30	26.3%	156	34	21.8%	
	Q4 2023	371	116	31.3%	38	15	39.5%	35	16	45.7%	131	39	29.8%	167	46	27.5%	
	Q1 2024	322	108	33.5%	30	8	26.7%	31	11	35.5%	117	37	31.6%	144	52	36.1%	
	Q2 2024	392	158	40.3%	27	12	44.4%	52	18	34.6%	124	45	36.3%	189	83	43.9%	
	Q3 2024	367	143	39.0%	31	11	35.5%	51	19	37.3%	117	40	34.2%	168	73	43.5%	
	Q4 2024	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
	Q1 2025	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A

¹ Non-colonoscopy (n/c) screening tests include FOBT (gFOBT, FIT or iFOBT), mt-sDNA, flexible sigmoidoscopy, CT colonography.

² Follow-up colonoscopy (FU-CY).

Lessons Learned & Best Practice Tips

Lessons

- It takes a lot of time to conduct manual chart audits to verify results and referral orders.
- Optimization of EHR can help with lack of access to external referral information & Colonoscopy results.
- A consistent process is required to ensure timely follow up.
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Tips

- Optimize HIE
- Evaluate & enhance reporting tools
- Develop 30/60/90 f/u reminders in EHR
- Collaborate with specialists & cross functional teams
- Conduct Pilots
- Implement simple workflows
- Evaluate & enhance reporting tools
- Develop 30/60/90 f/u reminders in EHR

Next Steps

- ❑ Continue to collaborate with Gastroenterology & Colorectal physician groups for solutions to improve timely access & access to Colonoscopy results.
- ❑ Adopt a standard follow up process for positive results in primary care and specialties.
- ❑ Implement a centralized patient navigation strategy to address barriers, provide resources & schedule follow up Colonoscopy.
- ❑ Automate patient & staff 30/60/90 reminders that a Colonoscopy is due.
- ❑ Explore options to prioritize Colonoscopy in the referral order in Epic & expand Open access order to ensure timely follow up.



Thank You

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