Panel Session: The COVID-19 Pandemic & Impacts to Colorectal Cancer Screening

November 16, 2020
2:05 to 3:05 p.m. EST
Impact of Covid-19 on Colorectal Cancer

- Screening & Early Detection
- Advocacy & Community Engagement
- Research
- Cancer Care
National Pause on Screening Colonoscopy

• **March 14, 2020**: U.S. Surgeon General advised that all hospitals cancel non-urgent, elective surgeries and procedures.

• **In March and April**, gastroenterology professional societies released joint society guidance for endoscopic procedures during the COVID-19 pandemic.
U.S Data: Colonoscopies Dropped by 89%

Periyanayagam et al. Komodo Health. Fight CRC. May 2020
U.S Data: Colorectal Cancer Diagnoses Down One-third

Colorectal Cancer Diagnoses per 100,000 people

- 2019 utilization rates
- 2020 utilization rates

Periyanayagam et al. Komodo Health. Fight CRC. May 2020
Colorectal Cancer Surgery Decreased by 53%

Colorectal Cancer Surgeries per 100,000 people

2019 utilization rates

2020 utilization rates

Periyanayagam et al. Komodo Health. Fight CRC. May 2020
Potential Impact on Cancer Mortality

Percent Excess Breast and Colorectal Cancer Deaths Per Year
Compared to a Scenario without Delayed Screening and Diagnosis

Percent excess deaths

Breast Cancer
Colorectal Cancer

2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030
0.0% 0.5% 1.0% 1.5% 2.0% 2.5% 3.0% 3.5%
Mark Pochapin, MD
President of the American College of Gastroenterology; Gastroenterology Division Director at NYU Langone Health

Carmen Guerra, MD, MSCE, FACSP
Vice-Chair of Diversity and Inclusion, Department of Medicine; Associate Director of the Office of Diversity, Abramson Cancer Center; University of Pennsylvania

Cheryl Modica, PhD, MPH, BSN
Director, Quality Center, National Association of Community Health Centers

Jay Bhatt, DO, MPH, MPA
Principal, JDB Strategies LLC; former SVP & Chief Medical Officer of the American Hospital Association
NCCRT ANNUAL MEETING: COVID AND CRC SCREENING

Mark B. Pochapin, MD, FACG
Director, Division of Gastroenterology
Vice Chair, Clinical Affairs
Department of Medicine
NYU Langone Health, New York, NY
Immediate Past President,
American College of Gastroenterology
National Perspectives / High-level themes for COVID impact and considerations

• What is the availability of COVID testing?
• Do we need to test patients prior to having endoscopic procedures?
• What is the community prevalence of COVID positivity
• What is the availability of PPE for medical staff, APPs, nurses and physicians
Most pressing challenges / obstacles

• Reluctance of patients to come to a health care facility
• Availability of COVID testing
• Availability of PPE
Overcoming challenges

• Recognition of community prevalence
  – High Prevalence: Stool testing
  – Low Prevalence: Screening as usual

• Education on safety of colonoscopy for any prevalence
  – See ACG Testing/PPE decision tree

• Emphasize the consistency of the screening message:
  – “The best test is the one that gets done”
Testing and PPE DECISION TREE

Low Prevalence

- Low Prevalence Area/ Negative Rapid Test/ Negative Symptom Screen
- Low Prevalence Area/ No Rapid Test/ Negative Symptom Screen

High Prevalence

- High Prevalence Area/ Negative Or No Rapid Test/ Negative Symptom Screen
- High Or Low Prevalence Area/ positive Rapid Test Or Positive Symptom Screen

COVID TESTING

- Consider standard precautions (surgical masks, face shields, gloves, gowns)
- N95 or elastomeric mask (EM) if available
- Face shields/gowns/Allow time for donning/doffing
- Hospital if procedure is required with N95 or EM mask
THANK YOU

#Reach4TheStars

Mark.Pochapin@NYULangone.Org
The COVID-19 Pandemic & Impacts to Colorectal Cancer Screening: Primary Care

Carmen E. Guerra, M.D., M.S.C.E., F.A.C.P.
Ruth C. and Raymond G. Associate Professor of Medicine
Vice Chair of Diversity and Inclusion, Department of Medicine
Associate Director of Diversity and Outreach, Abramson Cancer Center

November 16, 2020
National Colorectal Cancer Roundtable Annual Meeting
Most pressing challenges and obstacles to CRCS in primary care

- **PCP Workforce Disruptions**
  - PCPs pulled to cover COVID-19 wards
  - NPs pulled to cover ILI tents
  - Physical distances policies limiting no. PCPs on site
  - PPE shortages

- **50-60% Reduction in PCP Patient Volumes**
  - (disproportionately older and low SES populations)

- **90% Decline in Colonoscopy Screening**

- Stay at/Work from Home orders
- Patient apprehension, anxiety, fear
- Loss of job related health insurance
- Lack of broadband access/technology literacy
Overcoming those challenges with innovation and working under new/altered healthcare models

- FIT-based CRCS overcomes many of the COVID-19 challenges
  - Does not require an office visit
    - thereby overcomes workforce disruptions and many patient concerns
  - Risk stratifies individuals who need to be prioritized for colonoscopy
  - Lower cost than colonoscopy
Drive By Flu-FIT

Effectiveness and Reach of the FLU-FIT Program in an Integrated Health Care System: A Multisite Randomized Trial

Michael B. Potter, MD, Lynn M. Ackerson, PhD, Vicky Gomez, MPH, Judith M. E. Walsh, MD, MPH, Lawrence W. Green, PhD, Theodore R. Levin, MD and Carol P. Somkin, PhD

http://flufit.org/
The COVID-19 Pandemic & Impacts to Colorectal Cancer Screening

NACHC’s Value Transformation Framework: A Model for Cancer Screening in Primary Care

November 16, 2020
National Colorectal Roundtable Presentation
Transforming Systems: COVID-19, Cancer Screening, Diabetes, HTN...Other
Systems Approach to Cancer Screening

New Modalities:
Virtual
Just-in-time

Personalized, Whole-Person Care

Scalable

Data-driven

Leverages and Maximizes Workforce

Cultural Shift

LEADING CHANGE: TRANSFORMING AT-HOME CARE
Leading Change: Transforming At-Home Care

As health care providers more fully transition to virtual models of care delivery and explore new and advanced ways to expand medical capacity and patient care while reducing the spread of COVID-19, NACHC’s Quality Center is leading a health center pilot project to provide medically underserved patients the tools they need to manage their health safely in their home.

20 FQHCs across 16 states selected from a national pool of applicants

Each participant health center will engage 20 patients in application of patient self-care tools and remote monitoring (400 total patients)

Pilot runs from September 2020 – June 2021

16 States

400 Patients

10 Months
Leading Change: Transforming At-Home Care

PILOT PROJECT GOALS:

• Test the impact of providing patient self-care tools (supplies, instructions, education), combined with follow-up and coaching, on health outcomes, patient experience, staff experience, and cost.

• Develop models and workflows for health center use of Patient Care Kits and remote patient monitoring

Mailable FIT test  Home A1c test  Thermometer  Scale

Patient Instructions and Educational Materials  Patient Logs and Recording Tools  Blood pressure monitor
Panel Session: The COVID-19 Pandemic & Impacts to Colorectal Cancer Screening

November 16, 2020
2:05 to 3:05 p.m. EST