Field Strategies to Increase Colorectal Cancer Screening and Promote Colorectal Cancer Health Equity in Communities Across the US

January 24, 2023 – 3:00-4:00 PM ET
Purpose of Today’s Webinar

• Learn about example strategies to increase colorectal cancer screening in different clinical settings and geographic areas.

• Understand best and promising practices for tailoring colorectal cancer screening outreach and delivery to reach underrepresented communities.

• Q&A
Field Strategies to Increase Colorectal Cancer Screening

Annie Thibault  
*Director, Colorectal Cancer Prevention Network*

Einas Batarseh  
*MD, MPH*  
*Chief Resident, U Buffalo University of New York*

Tiffany Taylor  
*MBA, FACHE*  
*Administrative Director*  
*Charleston Area Medical Center*

Koosh Desai  
*MD*  
*Assistant Professor of Medicine*  
*Augusta University*


Virtual Housekeeping

- The event is being recorded. The replay and slides will be emailed to you and made available on www.nccrt.org within a few days.

- All participants are muted.

- Submit questions through the Q&A box at any time.

- Please complete our evaluation.
Strategies to Advance Health Equity in Colorectal Cancer Screening in Marginalized Communities

Lead Resident: Einas Batarseh MD MPH
Team Members: Elizabeth Onyechi MD, Anthony Khoury DO
Mentor: Smita Bakhai MD MPH FACP

Department of Medicine
Jacobs School of Medicine and Biomedical Sciences
University at Buffalo – SUNY
Hertel Elmwood Internal Medicine Clinic
Disclaimer

- No conflict
- This Project received funds from the American Cancer Society
Agenda

01 Purpose of the study
02 Inequity Problem
03 Methods
04 Deliverables
05 Results
06 Lessons learned
06 Conclusion
08 Future directions
The aim of this quality improvement (QI) project is to improve colorectal cancer (CRC) screening rates in patients aged 50 to 75 from <30% to 40% within 12 months.
African Americans (AA), Hispanics, and other groups that have been economically or socially marginalized have lower rates of CRC screening in the US.

- Most of our patients come from marginalized communities
- Patient pool: ~ 3000 patients/year
Family of Measures

**Outcome**
- CRC Screening rates

**Process**
- Cologuard & colonoscopy order and completion rates
- Improvement in knowledge

**Balancing**
- Patient satisfaction
- Provider/staff satisfaction
Root Cause Analysis Ishikawa Diagram

Materials & Methods
- Unavailability of Cologuard test
- Lack of electronic database
- Inaccurate EMR reminders
- Lack of trackable documentation
- Lack of interoperable EHRs
- Knowledge Gaps Guidelines & Cologuard
- Lack of Cologuard order
- Inaccurate family history
- Limited patient visit time

Patient
- Gaps in knowledge
- Fear of diagnosis
- Insurance status
- Time away from work
- Fear of preparation
- No available Companion
- Inefficient Coordination with GI clinic

Cologuard Test
- Results not interfaced in EHR
- Unable to reach patient
- Not returning kit / return without identification
- Instructions difficult to understand
- Low health literacy
- Transportation
- Language Barrier
- Cultural Competency
- Financial Insecurity

Provider

Colonoscopy

SDOH

Barriers to Optimal CRC Screening
**Driver Diagram**

**Primary Drivers**
- Evidence-based Preventive Care
- Addressing SDOH & Creating Cultural Competency
- Streamline Workflow
- Empowered Health care Team & Organizational Integration
- Patient Engagement & Shared Decision making

**Secondary Drivers**
- Educating staff & providers
- Offering options for CRC screening
- Health equity education for providers
- Decrease transportation & access barriers
- EHR template creation
- Step-by-step flow map to optimize the clinic's workflow
- Optimize patient database & trackers
- Follow Organization mission
- Leadership & stakeholder engagement
- Residents' engagement in QI projects
- Improve Health literacy & language barriers
- Patient special messages
- Patient navigator & outreach

**Ideas Tested**
- Structured didactics for Residents
- Updating providers on latest CRC guidelines
- Evidence-based screening options eligibility
- Principles for inclusive communication education
- Decrease patient transportation & access barriers
- Identification of patients with positive Cologuard
- Standard Algorithm/Clinic Workflow
- Collaboration with GI team
- Partner with exact science & ACS liaison
- Preferred language messages
- Encouraging messages for patients in their languages
- Patient education videos
- Identifying & outreach missing tests & patients

**“SMART” Aim**

Increase CRC screening to 40% from 30% within 12 months in patients aged 50 to 75 years.
Provider review with patient if CRC screening was done

Verify in EMR under recommendation tab

Screening due, overdue or near due

Risk Stratification*

Average Risk†
Discuss Cologuard vs. Colonoscopy

High Risk†
Discuss Colonoscopy

Patient prefers Cologuard

Offer Cologuard §

Patient navigator contacts patient within 5 days

Provider update EHR recommendations every 3 years

Provider assess barriers at next visit

Patient navigator outreach

Completed & returned

Cologuard positive ¶

Patient agrees to Colonoscopy

Provider order Colonoscopy

Completed Colonoscopy

Review results with patient

Offer Colonoscopy

* High risk: personal or family history of precancerous polyp or colon cancer
† Use EHR template to determine & document decision
§ Provide simplified instruction sheet
¶ Discuss results
Strategy

Plan – Do – Study – Act (PDSA) Cycles

1. Providers & Staff Education
2. EHR Template & Patient Registry
3. Patient Engagement & Educational Videos
4. Education & Patient Navigator
5. Patient Outreach & Leveraging Database

Mar 2022
Apr-May 2022
Jun 2022
Oct-Dec 2021
Jan-Feb 2022
Deliverables
Simplified Instructions
For Stool collection

Five Steps to perform

1. Receive Cologuard kit and open the kit.

2. Place your Cologuard Collection Unit on rim of toilet.

3. Collect and scrape sample, then place in tube.

4. Fill container with liquid preservative.

5. Fill out patient information on label. Stick label on container.

English, Arabic, Spanish

Complete Within 5 Days

For Name: John
Cell Name: Doe
DOB: 05/16/58
Sex of Birth: Male
Date of Specimen: 03/20/16
Time of Specimen: 08:15 AM

Call 1-844-870-8870 for customer service to schedule your pick up.
Provider Pocket Cards

This was printed as a memory guide for all residents
Educational Videos Sample
Results – Knowledge

Knowledge Before and After Education

CRC Guidelines Updates & CDC Recommendations for Inclusive Communication
- Before: 85%
- After: 90%

SDOH Definitions & USPSTF Recommendations for Addressing SDOH
- Before: 74%
- After: 96%
Overall CRC screening rate improved to 38% from the baseline of 30%
Cologuard positivity rate was 24.7% within 12 months

Scheduled Diagnostic colonoscopy rates after positive Cologuard improved to 85% (18/21) from baseline of 30% (6/20)
Limitations and lessons learned

Limitations

• Findings cannot be generalized to other settings
• Lack of population health registry is the biggest barrier

Lessons Learned

• Simplified instructions in patients’ preferred language may improve Cologuard completion rates
• Initially Colonoscopy wait time > 4 months, subsequently increasing the access to additional GI providers resulted into wait time < 1-2 months
Conclusion

- Engagement of high functioning QI in addressing SDOH may increase CRC rates
- Leveraging & optimization of EHR & clinic workflows is crucial

**What can be done to address SDOH?**

- Co-pays & total cost
  - ACS grant
  - NYS Cancer services program

- 5th-grade level,
  - Influential messages,
  - Posters in exam room

- Procedure Companions,
  - Social worker arranges transportation

- Instructions
  - Skits, Messages
  - Educational Videos
  - in preferred language

SDOH Interventions
Future Directions

Recent PDSA Cycles
1. Pilot study to evaluate patients’ feedback on videos
2. Mass Mailing > 2000 copies of reminder cards with information in 3 languages
3. Creation of population health registry by race and ethnicity and tracking

Future PDSA Cycles
1. Sustainability analysis (6 months)
2. Stakeholder feedback & satisfaction
3. Motivational interviewing & shared decision-making training
4. Display of educational videos and brochures in examination rooms
Reminder Cards Sample

Kaleida Health
Hertel-Elmwood Medicine Center

If you’re 45 or older, contact your provider at Hertel-Elmwood through your patient portal or by calling 716-871-1571 to discuss your colon cancer screening options.

Si tienes 45 años o más, comunícate con tu clínica Hertel-Elmwood a través del portal del paciente o llámalo al 716-871-1571 para obtener información sobre la detección del cáncer de colon y explorar sus opciones.

Help stop colon cancer before it starts.

Añada a su equipo de colon antes de que sea tarde.

Kaleida Health
Hertel-Elmwood Medicine Center 716-871-1571
Acknowledgments

• ACS Liaison: Jason Coleman
• Residents
• GME Social & Justice Award
• Kaleida administrative and IT Leadership
• Hertel Clinic administrative and nursing staff
• Hertel Clinic medical director and providers
NYACP
First place winner for QI and advocacy

ACPM
Scientific Excellence AWARD semifinalist
References


2. NCCRT: 2021 Messaging Guidebook: Effectively Messaging Cancer Screening During the COVID-19 Pandemic


THANK YOU

Speaker Contact Info

Einas Batarseh MD MPH
University at Buffalo -SUNY
einasbat@buffalo.edu

Scan the code to directly save my contact information
Hospital Systems Capacity Building
Communities of Practice

Tiffany Taylor, MBA, FACHE
Ambulatory Administrative Director
Charleston Area Medical Center Family Medicine Center
Acknowledgements

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $500,000 with 100 percent funded by the CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U. S. Government.
American Cancer Society
Hospital Systems Capacity Building Initiative

• CDC funded, 5 year cooperative agreement

• Engage hospital systems in a Communities of Practice (COP) Model

• Incorporate cancer prevention and screening interventions into hospital systems’ mission priority setting, quality standards and investment practices

• Help facilitate community partnerships to better address cancer prevention and screening priorities in order to improve population health outcomes over the next five years (2018-2023)
THE TEAM

TIFFANY TAYLOR
Ambulatory Administrative Director

EMMA GILHAM, RN
Colorectal Cancer Nurse Navigator

KATHLEEN LANHAM
Population Health Specialist Supervisor

JACQUELINE PROCTOR
Deputy Commissioner

REV. KAY ALBRIGHT
Health Equity Outreach Coordinator

SHAUNA SHAFER
Cancer Support Strategic Partnerships Manager
Vision Statement
West Virginia will raise awareness of colorectal cancer (CRC) screening to decrease unnecessary deaths, provide ease of access for individuals including the disabled and LGBTQ+ communities, remove fear of financial burden and increase more moments with loved ones in the Kanawha Valley.

Aim Statement
By December 31, 2022, CAMC and partners will increase colorectal cancer screening by 4% (28%-32%) in the Kanawha Valley Region (Clinics: Nitro, Family Medicine Center CAMC (Kanawha), Winfield, Teays Valley (Putnam), and Logan) for ages 45-75 in order to reduce high incidence, late-stage diagnosis and mortality in this region. We will assess and focus on the Senior and LGBTQ+ communities.
2022 Evidence Based Interventions

- Provider Assessment and Feedback
- Provider Education
- Small Media
- Reducing Structural Barriers
Provider Assessment and Feedback

Provide 2021-Year End Individual Baseline Reports to All Providers in Five Clinics

Provide Quarterly Reports to All Providers

Progress will be measured by increased screening rates
Provider Education

- Provider Education in Charleston Area Medical Center Edu-Track System
- Colorectal Cancer Screening Continuing Education Credits Shared with Providers
- Measurement of Number of Providers Completing Training
Small Media

Targeted Digital Marketing and Geo Fencing

Facebook Colorectal Cancer Awareness Campaign

Measurement by Number of Impressions
Reducing Structural Barriers

- Identify barriers
- Identify resources to reduce barriers to colorectal cancer screening and share with medical community
- Measurement is number of new resources identified
The Data
## Comprehensive Adult Wellness

### Colorectal Cancer Screening

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Data compiled from HealtheAnalytics Platform (EMR and Claims data, across Medicare and Medicaid dataset) *data as of 12/31/22*
## COL Screening Trends Percent Completion-Dec 2021- Jan 2023

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### 2022 Quarterly Updates

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<td>194/522</td>
<td>202/546</td>
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<td>284/721</td>
<td>250/692</td>
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</table>
Health Equity
LGBTQ+ & Homeless

Dr. Rainbow
Covenant House
Sensitivity training for providers
Geo fencing Pride event
Senior Citizens

- Grab and Go lunch at Senior centers
- Follow up survey
- Identify barriers to screening
- Identify resources for screening
Thank You

Tiffany Taylor, MBA, FACHE
Ambulatory Administrative Director
Charleston Area Medical Center
Department of Family Medicine
Tiffany.taylor@camc.org
Utilizing Project ECHO to “Stay Ahead of Colon Cancer”

Koosh Desai MD
Hospitalist, Phoebe Putney Memorial Hospital
SE Medical Director, Georgia Colorectal Control Program
Assistant Dean of Curriculum, SW Campus, Medical College of Georgia
About me

• Early interest in CRC screening
• Community based Internal Medicine
• Assistant Dean for Medical College of GA, SW Campus
• SE Medical Director, Georgia Colorectal Control Program (CDC funded)
• CRC Screening Project ECHO, Clinical Lead
About me

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• Community based Internal Medicine
• Assistant Dean for Medical College of GA, SW Campus
• SE Medical Director, Georgia Colorectal Control Program (CDC funded)
• CRC Screening Project ECHO, Clinical Lead
Hardest Hit Regions in Georgia

Figure 31. Age-Adjusted Colorectal Cancer Incidence Rates by Public Health District, Georgia, 2009-2013.

Georgia Rate: 41.9 per 100,000 population

Figure 32. Age-Adjusted Colorectal Cancer Mortality Rates by Public Health District, Georgia, 2008-2013.*

Georgia Rate: 15.4 per 100,000 population

*Because of data quality issues, 2009 mortality data are not used for analysis.
Evidenced based interventions
- Patient Reminders
- Provider Reminders
- Reduction of Structural Barriers
- Provider Assessment and Feedback

Patient Navigation

Project ECHO
# Pre-Implementation and Oct 2022 Rates

## Albany Area Primary Healthcare

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<td>S. Albany Medical Center</td>
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<td>58.47</td>
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<td>Rural Model Clinic</td>
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## East Georgia Healthcare Center

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<td><strong>3.0</strong></td>
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<td>Soperton</td>
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<td>Millen</td>
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<td>Wadley</td>
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<td>Reidsville</td>
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<td>Statesboro</td>
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<tr>
<td>Metter</td>
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<td>38.0</td>
<td><strong>6.0</strong></td>
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What’s Project ECHO?

• “Extension for Community Healthcare Outcomes” (ECHO)
• Educational concept developed by a gastroenterologist, Dr. Arora, to provide ‘TeleMentoring’ for hep C
• **Right knowledge** exists at the **right place** at the **right time**
Project ECHO Hub and Spoke Model
CRC Screening Project ECHO Goals

• Platform for EBI provider assessment and feedback

• Create high quality clinically relevant content to increase provider knowledge

• Scale our screening work nationally and internationally

• Increase rates at health systems across the globe
Session schedule

Introduction
Pre-Session
Knowledge Quiz

Expert Presenter
15 min
Q&A
5 min

Case Presentation
10 min
Q&A
5 min

Wrap-up
CME
Post session
knowledge quiz
TeleECHO™ CRC Screening
Georgia Colorectal Cancer Control Program

Overview of the CDC's Colorectal Cancer Control Program

Presenters
Lisa C. Richardson, MD, MPH
Deakle, Stolz Colorectal Promotion and Control Centers for Disease Control and Prevention

Case Topics: Patient Navigation in Practice

Presenters
AAPHC Providers and Patient Navigators from Horizons Community Solutions

Target Audience
Provider, Nurse Practitioners, Physician Assistants, and other Healthcare Providers

CME/CNE AVAILABLE (no cost)

1.5 CEs/CEUs

Three Rivers AHEC is an approved provider of continuing nursing education by the Alabama Board of Nursing

Funded by CDC Colorectal Cancer Control Program (CRCCCP) Grant

Get expert support for your patients in a virtual learning network with Colorectal Cancer experts.

Register Here

Wednesday, June 1, 2022
4:00 – 5:00 p.m. (ET)

For more information, please contact:

Tips AHEAD of Colon Cancer
GET SCREENED TODAY!
All-Star Content Expert Lineup

Steven Itzkowitz: Colorectal Cancer Pathogenesis and Screening Guidelines

Gloria Coronado: Evidenced Based Intervention (EBI): Patient Reminders

Lisa Richardson: Overview of the CDC’s Colorectal Cancer Control Program

Robert Smith: The Value of Beginning Colorectal Cancer Screening at Age 45 - the Evolving Evidence
All-Star Content Expert Lineup

Gail Sullivan: Patient Navigation

Francis Colangelo: Assuring Successful CRC Screening Rates

Asha Nayak: Screening and Treatment of CRC

Bryan Green: A Contagious Mentality in South Carolina GI Doctors Donate Their Time to Serve the Uninsured
Case Presenters from Our Clinics

Factors for success in screening Swainsboro, Georgia Team

Barriers to screening in Metter, Georgia Provider
Sessions: 10

Attendees from 17 different states

Didactic Presenters: 10

Case Presenters: 19

Entities Represented: 30

Total Number of Attendees: 592
# Increase in Knowledge

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre-session (%)</th>
<th>Post-session (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants able to correctly identify CRC Screening age recommendation (45-75)</td>
<td>89.13</td>
<td>92.9</td>
</tr>
<tr>
<td>Participants able to correctly identify how long it takes CRC to Develop</td>
<td>57.14</td>
<td>71.43</td>
</tr>
<tr>
<td>Participants able to correctly identify the EBI Patient Reminders</td>
<td>66.67</td>
<td>78.57</td>
</tr>
</tbody>
</table>
Reinforce the Value of Interventions

“CRC screening increases with the implementation of EBIs”
- Pre-session: 21.43%
- Post-session: 78.57%

“CRC screening rates increase more if a clinic has a CRC Champion”
- Pre-session: 58.34%
- Post-session: 61.43%
Increase in Knowledge
Q&A
Learn More!

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