



NCCRT HOSPITAL CHANGE PACKAGE

Workshop: Best Practices for Hospitals and Health Systems in Support of Colorectal Cancer Screening

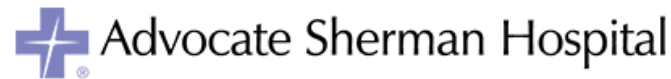
Prepared by: QNA Group

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WHAT IS IN THE GUIDE?

- Case studies describing strategies being used by individual hospitals and health systems
 - Program origins
 - Staffing and financial resources
 - Activities
 - Outcomes/impact
 - Key lessons learned
- Excerpts and messages from NCCRT Communications Guidebook
- Samples and templates from hospitals and health systems (e.g. CRC action plans, workflow, community and employee outreach materials, program evaluation tools)

PARTICIPATING HOSPITALS AND HEALTH SYSTEMS



WHY HOSPITALS ARE FOCUSING ON CRC

- Good Business Sense

“We worked to educate hospital leadership about how much money it would save to find these people early. If they show up in the emergency room with stage three or four colon cancer and they have no insurance, then it could cost the hospital \$250,000.”

- Achieving Greater Health Equity

“Physicians want patients to have access to care. They want health equity. We describe our work broadly as health equity because that’s an idea that everybody can support, even if you haven’t been affected by colon cancer.”

WHY HOSPITALS ARE FOCUSING ON CRC

- Addressing Identified Screening Needs among Key Audiences
 - Employees
 - Community assessment results
 - Primary care patients
 - Medically underserved or unaffiliated
- Fulfilling Organizational Mission

“By detecting cancer early it really achieves the triple aim. The patient experience around quality and safety is going to be there. It's going to increase health of a population. It's also going to decrease costs.”

HOSPITAL ACHIEVEMENTS

- Improved efficiency in scheduling and completing colonoscopy screening
- Fewer no-shows, better prep
- Higher screening rates among medically underserved audiences in the community
- Higher screening rates among employees and primary care patients
- Expanded community engagement with health systems—connecting new patients with PCPs
- Avoiding costs associated with treating uninsured emergency cases

HOSPITAL AND HEALTH SYSTEM STRATEGIES

Best Practices Highlighted in the Guide:

1. Build the business case for colorectal cancer screening
 - Screening is more cost effective than treating late-stage cancer, addresses community benefit requirements, fulfills COC standards, and helps with acquisition of new patients
2. Determine baseline screening rates, evaluate efforts, and track impact
 - Measuring impact helps with program planning, obtaining outside financial support, and justifying organizational expenditures.
3. Consider the importance of an employee strategy
 - Hospitals are large employers with the ability to reach a significant number of area residents through employee outreach. Employee programs are also a good way to pilot new approaches.

HOSPITAL AND HEALTH SYSTEM STRATEGIES

Best Practices Highlighted in the Guide:

4. Patient navigation

- Hospitals that navigate patients effectively have dramatically higher show rates and proper prep. In some cases, navigation can be done by transitioning a nurse on a part-time basis.

5. Offer patients multiple screening options

- Research shows that promoting a choice of tests (e.g. colonoscopy, FIT, or DNA-based tests) increases odds that patients will complete screening.

6. Remove access barriers for average risk colonoscopies

- Scheduling screening colonoscopies without first requiring a consultation (if medically appropriate) increases efficiency and patient show rates.

HOSPITAL AND HEALTH SYSTEM STRATEGIES

Best Practices Highlighted in the Guide:

7. Partner with community organizations to customize the approach and reach underserved patients
 - FQHCs and community organizations provide knowledge of unique cultural or economic barriers, access points, and resources for referring and screening underserved patients.
8. Provide free screening opportunities with a clear connection to primary care
 - Free FIT distribution programs with appropriate educational context and primary care referrals are opportunities to reach unaffiliated patients.
9. Seek deeper engagement to facilitate personal commitments to screening
 - Signed pledges, “long form” educational events and one-on-one consultation with clinicians deliver deeper engagement and high rates of follow-through on screening.

HOSPITAL AND HEALTH SYSTEM STRATEGIES

Best Practices Highlighted in the Guide:

10. Employ multi-component interventions

- CRC interventions that make use of two or more strategies has been shown to increase screening rates by a median of 15.4 percentage points.

11. Examine workflow issues to maximize efficiency and impact

- Key workflow issues that impact screening: clear guidance on staff roles and responsibilities, defined navigation process, follow-up on positive stool tests

12. Make effective use of electronic medical records and other data resources

- Identifying primary care patients who are due for screening, sending out automated reminders, and alerting primary care providers to deliver a recommendation

SAMPLE BEST PRACTICE



Community Partnerships, Workflow, Patient Navigation, and Building a Business Case for Colorectal Cancer Screening

- Phoebe Putney Medical Center partners with Albany Area Primary Health Care (FQHC) and a local community cancer coalition to screen a population with significant poverty and health disparities.
- Commitment to free screening derived from:
 - 1) commitment to serving their community
 - 2) recognition that the cost to treat uninsured residents who use their ER after cancer has already advanced is far higher than the cost to screen
- Carefully developed workflow with strong patient navigation = 98% show rates & 96% proper prep for colonoscopy patients
- 2,600+ free colonoscopies for uninsured patients in the past decade
- AAPHC screening rates are used to measure their impact on the community; some clinics have already exceeded 80%

Partnering with Community Organizations to Reach Underserved Audiences

- Orange Coast Memorial focused on screening in the large Vietnamese-American population in their community
- Strong partnership with Vietnamese American Cancer Foundation provided insight into cultural barriers as well as access to the community
- Vietnamese-language community education events held at the hospital
 - Vietnamese-speaking physicians presented on CRC screening
 - Lay navigators and community liaison from Orange Coast distributed FIT kits and provided one-on-one consultation to attendees
 - Follow up “results day” for attendees who had positive FIT tests
- Three events: 339 attendees
- 90% return rate for FIT kits

SAMPLE BEST PRACTICE



Navigation. Navigation. Navigation.

- Kentucky One Cancer Prevention Services team developed a colonoscopy navigation program
- Managed by two nurse navigators focused exclusively on CRC
- Navigators took care of all prior authorizations, patient education, and reminders
- Navigators spent average of 20-30 minutes on the phone with each patient to explain prep and the procedure
- Outcomes: greater efficiency, more satisfied endoscopists, satisfied patients
- Improved information sharing, follow up with referring PCPs
- 100% show rates for 1000+ navigated patients

SAMPLES AND TEMPLATES: WORK FLOW

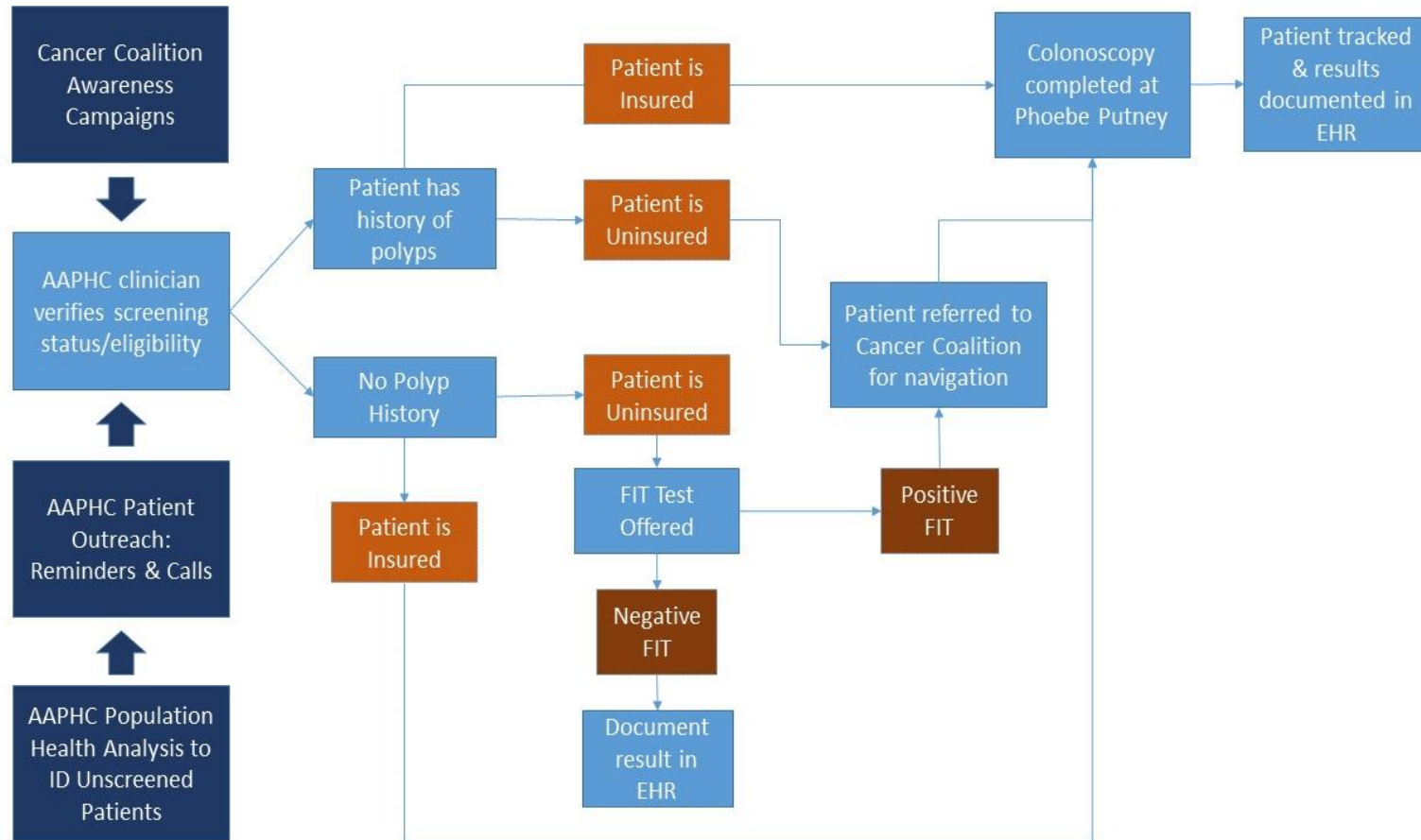



Figure 1: Work flow illustrating collaboration and contributions from Phoebe Putney, AAPHC, and the South Georgia Cancer Coalition

SAMPLES AND TEMPLATES: PATIENT QUESTIONNAIRE

Digestive Health Services		Employee Form
		
Open Access Colonoscopy Screening Program		
Medical Questionnaire		page 2
Patient's Full Name: <input type="text"/>		
Have you had a colonoscopy before? If so, when was your last colonoscopy?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Have you ever had kidney failure or dialysis?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take insulin or diabetic medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been diagnosed with congestive heart failure?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an implanted defibrillator?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have mitral valve prolapse or other heart valve problem?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a heart attack or stroke in the past 2 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a heart stent placed in the past 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require oxygen at home for lung problems? (As opposed to oxygen for sleep apnea, which would be acceptable)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have sleep apnea? Do you wear CPAP, BiPAP, or NIPPV?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had unexplained chest pain or shortness of breath in the past 3 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you weigh over 250 pounds (female); 300 pounds (male)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a fever or felt ill in the past two weeks?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an alcohol or other chemical dependency?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you regularly taking any prescription pain medications?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you allergic to latex?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a colon polyp removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking blood thinners other than aspirin? If yes, please mark all that apply on the list below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Generic	Trade	Generic
<input type="checkbox"/> Anagrelide	<input type="checkbox"/> Agrylin	<input type="checkbox"/> Clopidogrel
<input type="checkbox"/> Apixaban	<input type="checkbox"/> Eliquis	<input type="checkbox"/> Dabigatran
<input type="checkbox"/> Argatroban	<input type="checkbox"/> Acova	<input type="checkbox"/> Fondaparinux
<input type="checkbox"/> Cilostazol	<input type="checkbox"/> Pletal	<input type="checkbox"/> Prasugrel
<input type="checkbox"/> Plavix	<input type="checkbox"/> Pradaxa	<input type="checkbox"/> Arixtra
<input type="checkbox"/> Effient	<input type="checkbox"/> Coumadin	<input type="checkbox"/> Xarelto
<input type="checkbox"/> Brilinta	<input type="checkbox"/> Ticlid	<input type="checkbox"/> Rivaroxaban
<input type="checkbox"/> Ticagrelor	<input type="checkbox"/> Ticlopidine	<input type="checkbox"/> Warfarin
<input type="checkbox"/> Warfarin	<input type="checkbox"/> Coumadin	
Please fill out and print this form and either:		
1. Mail it to Surgery Scheduling via interoffice mail		
2. Fax it to ext. 8677		
Print		

**SAMPLES
AND
TEMPLATES:
PROMOTIONAL
MATERIALS**

COLON CANCER SCREENING



**Drive Thru
Colorectal Cancer Screening**

Please note the 2013 screening location change to Blessing Hospital at 14th Street.
Enter via Vermont Street ramp driveway. No entrance from Broadway.

Wednesday, March 20 • 11 a.m. - 2 p.m.

Kits must be picked up by the person using the kit,
consent form signature is required.

Pick up your free screening kit, no appointment, no cost.

Brought to you by the Regional Cancer Partnership of Illinois. This project was
made possible through funding from the Illinois Department of Public Health.



Improving Your Life
For more information
call 217-223-8400, ext. 7718
blessinghealthsystem.org

SAMPLES AND TEMPLATES: EMR ALERT

▼ BPA CANCER SCREENING, MALE 50-75, COLON #4469

◦ - Colon Cancer Screening Tool Fast Facts

Step 1: Orders for Colonoscopy (If Done Elsewhere: Obtain Result and FIMS/Scan Against Order)

▼ Nurse to Offer: Colonoscopy Referral (Patients 50-64 should check with insurer) (Sign Smartset/Complete)

- Colonoscopy GI Referral
- Colonoscopy Surgery Referral

▼ Nurse to Offer: Cologuard (Sign Smartset/Complete)

- Cologuard [COLOGD] (Not for High Risk Patients)
Routine, Qty-1

▼ Nurse to Order: If Patient Refuses Colonoscopy/Cologuard (Sign Smartset/Complete)

- Occult Blood - EIA Mail In
■ Qty-1, Expected-S Approximate, Expires-S+365

> Nurse to Order: If Colonoscopy Being Performed Outside of Geisinger (Sign Smartset/Complete)

Step 2: Diagnosis for Cancer Screening

▼ Autoselected with Orders

- Special screening for malignant neoplasms, colon [Details](#)

Step 3: Patient Instructions for Colorectal Cancer Screening

▼ Select to Autoprint at Check Out

- Gastro Colonoscopy Prep Instructions [20834] [Edit](#)
- Gastro Colonoscopy Prep Instructions (Spanish Version) [Edit](#)
- Nurse to Order: FOBT Instructions if Patient Refused Colonoscopy/Cologuard [Edit](#)

Figure 2: Geisinger EMR Best Practice Alert for CRC

NEXT STEPS

- Design and layout is still being finalized
- Expected release in a few weeks