

Professional Education and Practice Implementation Task Group





Task Group Co-Chairs

□ Michael Potter, MD

Individual Member

□ Dorothy Lane, MD, MPH

American College of Preventive Medicine



Updated Charge:

To develop educational resources and implementation tools to help clinicians, practice teams, and healthcare organizations improve colorectal cancer screening rates, screening quality, and follow up care.

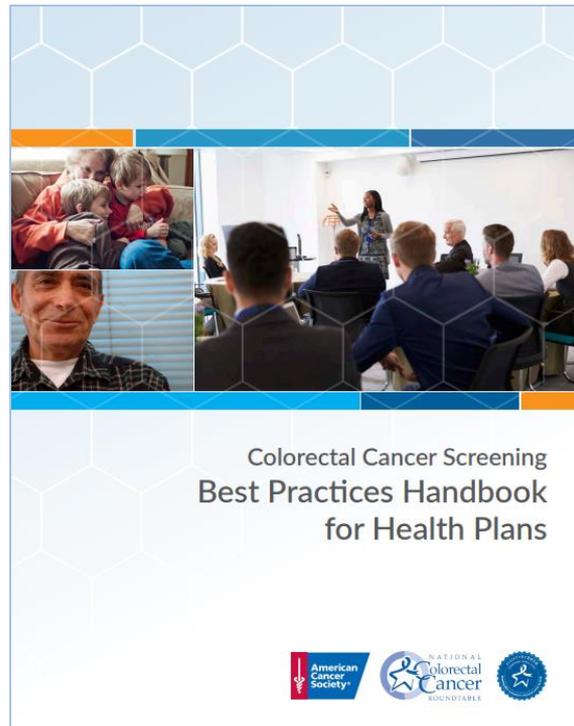


FY17 Project Plan (November 2016)

- ❑ Disseminate health plan handbook
- ❑ Finalize hospital systems change package
- ❑ Update FOBT/FIT brief
- ❑ Host strategy meeting on 80% by 2018 and Cancer Centers with local community and public health mandate focus
- ❑ Continue to work through other Task Groups on EHR improvements

FY17 Accomplishments:

- Launched Health Plan Handbook on CRC
 - ▣ Hosted webinar on March 28th, 2017
- Released updated clinicians reference on stool-based testing



American Cancer Society
NATIONAL Colorectal Cancer RESEARCH ALLIANCE

Clinician's Reference
**STOOL-BASED TESTS FOR
COLORECTAL CANCER
SCREENING**

**80%
by 2018**

Guidelines from the American Cancer Society, the US Preventive Services Task Force, and others recommend Fecal Immunochemical Tests (FIT), High-Sensitivity Fecal Occult Blood Tests (HS-gFOBT) and FIT-DNA testing as options for colorectal cancer (CRC) screening in men and women at average risk for developing colorectal cancer.

This document provides state-of-the-science information about these tests.

The number of colorectal cancer cases is dropping thanks to screening. We are helping save lives. We can save more.

FY17 Accomplishments:

- Finalizing Hospitals Systems Change Package on CRC screening
- Continued work on EHRs
 - ▣ Finalized EHR Best Practices and Workflow Guide for NextGen (under review with NextGen)
 - ▣ NCCRT members are serving on ACS CAN task group to improve EHRs
- Hosted Oct. 2nd Strategy Meeting on Cancer Centers and CRC Screening



FY18 Projects

- Finalize and disseminate Hospital Systems CRC Change Package
- Finalize NextGen Guide
- Release Cancer Center Meeting report and next steps
- Continue to work with other Task Groups on EHR improvements and other projects as appropriate



FY19 Pre-Meeting Planning

- Focus on process improvement of follow up colonoscopy after positive stool test
- More aggressive education on quality stool testing – What should this look like?
- FIT and the FDA – approvals of tests should be evidence-based
- How to best get new products off shelf (Health Plan Handbook, Hospital Change Package, etc)?
- How to evaluate efforts at dissemination and implementation of PEPI committee materials?



Key Points of Discussion

- EMR continues to be a barrier to CRC Screening surveillance.
 - What is it's capacity? Is the data collected being used? The EMR informs if a pt. is due for a screening. But does it indicate a FIT was positive and a colonoscopy is required?
 - How is FIT test results extracted from a EMR?
- How is access created that supports a positive pt experience? Does location matter?
- What is the capacity of ACS Staff to continue to support the 80% Initiative?
- Next Training Initiatives – what are the next steps? what is missing? Awareness is still an issue.
- The resource tools available are excellent, but lengthy; developing one/two pagers with key points to intrigue providers may result in an increase utilization of all resources. Is there a pocket tool already available to direct providers to appropriate screening options?
- Hospital Systems Handbook distributed - how to maximize the role of hospitals as community leaders? What about screening employees?
- What will continue to maintain the momentum post 2018
- Cancer Center Handbook – *hurrah!* How do leverage this tool with NCI designated centers and hospitals affiliated with Cancer Centers?
- What is the role of patient navigators when a FIT is positive?
- It is important the entire medical community has one message; it is imperative to engage oncologists & cancer specialty societies to have voice at the roundtable.
- Follow up with survivors



Gaps/needs:

- Who follows up? Opportunity to create a process improvement of f/u colonoscopy after a positive stool test.
 - Is there a role for Pt Navigation? Contact patients with a positive FIT to facilitate scheduling for f/u colonoscopy.
 - Create a guide/map/pathway to resolution of potential barriers (Jordan Dominic) Who should be in the room to complete this task
 - Telephone notification of pts with a + test result, including education about colonoscopy, and identification/resolution of barriers impacting pt's ability to f/u with a colonoscopy.
- Education of all health providers re test options; education of all health providers/health care systems re: non adherence with f/u colonoscopy after a positive stool test;
- Is there a process for annual FIT
- Do new guides for EMR address what to do re positive FIT
- Transportation for f/u appointments – is it a geographic issue? What are the issues for marginal populations, such as the homeless?

Gaps and Needs Continued

- How can we increase screening rates amongst 50-64? What systems should be engaged to move the mark? Material needed? Marketing?
- Are the NCCRT resource tools being used and are they effective?
 - ▣ How are the tools being marketed?
 - ▣ What is the plan to evaluate the tools? To update the tools?
 - ▣ Convert the content of the tools to a “business case format” to streamline/target for intended audience (Edwin Diaz)
 - Offer coaching opportunities for those promoting tools
 - ▣ Review Case Studies from tools to identify solutions to common CRC screening barriers
- Hospitals and health systems – their role as anchor institutions in promoting screening to community and even for their own employees
- Cancer Centers/NCI
 - ▣ Need for departments dedicated to population health
- Decrease in screening rates in 50 – 54 yo.



Opportunities/FY19 NCCRT Projects

- Review educational material re f/u for abnormal test; Create a plan for referral
- Map out next steps to create a work flow.
- Transportation is a priority for ACS for diagnosis population to treatment; can it be addressed for pts with a positive test result? Consider a pilot? Identify resources needed to support this effort?
- Strategically disseminate handbooks;
- Evaluate utilization of “new” handbooks ; assure training to those who are in role of disseminating tools
 - What are the issues – assure clear & easy accessible to topics known to be challenging
 - Create value propositioning/ marketing tools including on follow up after a positive FIT
- Cancer Ctr Summit –
 - Identify centers with dedicated screening depts.
 - What are the benefits to cancer centers that do this work
 - New guidelines (NCI) define need for centers to identify their catchment area



Immediate Next Steps

- Work with Evaluation Committee to track use of NCCRT materials and assure that members are both aware of them and find the information contained in them to be both easily accessible and useful.
- Leverage NCCRT member organizations, such as industry or advocacy organizations with experience in sales and marketing to help us continue to expand awareness of NCCRT resources beyond NCCRT member organizations.

Immediate Next Steps (cont.)

- Evaluate current tools and explore ways to index or re-package info that is “buried” in longer handbooks to make them more readily accessible. **Possible areas** that have been worked on in the past that should be re-visited include:
 - Tools to engage younger populations – e.g. 50-64 and making sure everyone gets the opportunity to be screened on their 50th birthday. May need to start addressing the issue before 50 if we want high screening rates in these younger groups.
 - Tools to alert public and providers about early symptoms & high risk (family history) that should trigger referral for colonoscopy.
 - Tools to help health systems track abnormal FIT and navigate these patients to colonoscopy.
 - Tools for rural communities, including special needs around transportation and increasing access to colonoscopy when needed. (Links of Care)
 - Tools for working with anchor institutions (e.g. hospitals, large employers) to do more workplace initiatives (education or screening programs) to reach into these younger working populations.
 - Tools to assist individuals within organizations to develop a business case for CRC screening interventions



Immediate Next Steps

- Follow-up with Cancer Centers – to engage more cancer centers in partnering with community and providing leadership with their catchment areas. In particular, we need to engage with a broader range of cancer centers and identify low resource opportunities that can provide easy wins.
- Follow-up with Hospitals/Health Systems/Health Plans – integrated health systems with built-in incentives are doing well with screening, but stand-alone hospitals need to be encouraged to promote screening to the community through their community benefit programs and to their employees. May need additional tools/initiatives beyond the handbooks.

PARKING LOT

FIT and the FDA – our stakeholders continue to care deeply about this. We need to continue to focus on raising awareness of evidence-based screening methods, perhaps through dissemination of materials recently updated. We should continue to explore opportunities to improve communication with the FDA both to address shortcomings of their processes and keep them aware of our concerns.

Tools for other special populations were requested by some – e.g. how to screen the homeless (especially if they need a colonoscopy), what to do about undocumented patients, more patient education materials in more languages, how to reach out to certain rural populations that may still be resistant to messages about cancer prevention (e.g. populations discussed in Andi Dwyer's presentation).



Advisory Groups/Volunteers:

Feel free to use paper sign up sheets in room.