

Professional Education and Practice Implementation: Healthcare Systems Task Group



Task Group Updates Session

November 21, 2019



Task Group Co-Chairs

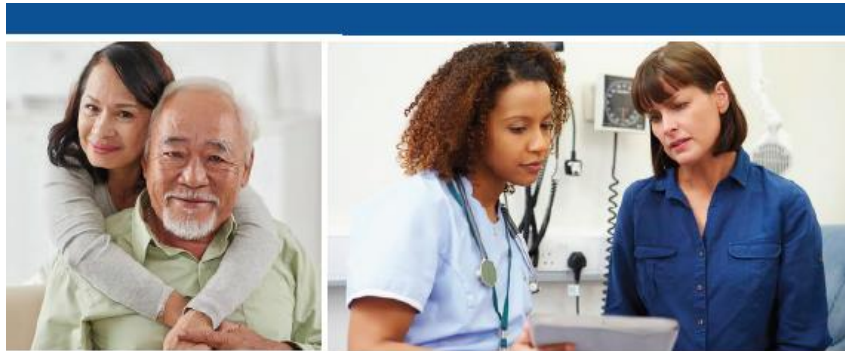
- Karen Kim, MD, MS
 - *University of Chicago School of Medicine*
- Joe Ravenell, MD, MS
 - *New York University School of Medicine*



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.

Past Projects



COLORECTAL CANCER SCREENING BEST PRACTICES

A Handbook for Hospitals and Health Systems



- *Colorectal Cancer Screening Best Practices: A Handbook for Hospitals and Health Systems*
- *Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening*



Task Group Challenge

What is the **most important and boldest action** the NCCRT should take on in the next 3 years to achieve colorectal cancer screening rates of 80% and higher in every community?



Bold Idea 1

Description: Targeted interventions for providers that provide primary care to adults age 45-60 who are insured- start talking about screening at early age & increase screening in non-Medicare insured populations



Bold Idea 1

What's exciting about this idea?

- Brings in multiple partners for a multifaceted solution
- Navigators assigned to health plan members and connect with providers
- Aligns medical home with health plan
- Helps populations understand what is covered



Bold Idea 1

Who needs to be involved?

- State Coalitions
- Comprehensive cancer centers
- Roundtables can lead
 - NCCRT secures partners and process mapping
 - Work with employers to identify barriers and solutions
 - Develop whole person wellness campaigns

What resources will be required?

- investment by state comp cancer and leadership
- support by NCCRT members to develop tools to support states



Bold Idea 2

Description: Speaker's Bureau comprised of regional experts who would do provider outreach about the "80% in Every Community" campaign AND best practices for CRC screening

Replicate the Durado Brooks effect!



Bold Idea 2

What's exciting about this idea?

- Involves local champions
- Develop slide deck that has everything a primary care team needs to know about CRC screening
- Customizable to local practice environment
- Helps providers and patients



Bold Idea 2

Who needs to be involved?

- NCCRT Experts
- State Roundtables

What resources will be required?

- Templates from NCCRT members
- Mechanism for keeping slide deck current
- Consider other types of media



Bold Idea 3

Description: Change the UDS screening measure to include follow-up colonoscopy after positive FIT as completed screening; UDS screening is not complete until colonoscopy is performed

Who needs to be involved: CDC, ACS, NCCRT, HRSA, NCQA, NACHC – can NCCRT be the convener?



Thank you, PEPI-HCS!