Professional Education and Practice Implementation: Healthcare Systems Task Group

Task Group Updates Session

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Task Group Co-Chairs

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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*

• *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!