

## 80 by 2018 – Professional Education and Practice

**Voting Criteria:** 1. What seems right to our relevant partners? 2. What’s doable by the Roundtable? 3. Which are we in the best position to advance in the near term?

### Primary Care Practices

Vote	Recommendation
24	1. Teaching team based approach to care (possibly to include navigation) as a way to address workload issues
20	1. Help practices improve EHR systems to track screenings and automate screening reminders and invitations and how to do population management with what you have; providing feedback to the physicians
10	2. Provide PCPs education about screening guidelines, testing options, achievable first steps and systems changes with CME; resident training and MOC
2	1. Promote solutions to common barriers; provide “consultations” to help PCPs overcome barriers to screening
0	2. Recognize high performing practices

### Cancer Control Programs and Coalitions

Vote	Recommendation
16	1. Develop overview of the human and economic toll of CRC
14	1. Create a toolkit to develop state level CRC Roundtable with the right partners at the table – primary care, payers, CoC, state health departments
11	2. Promote connection between Comprehensive Cancer Control and Primary Care
4	1. Provide guidance on communications strategy
1	2. Provide evidence-based actionable items on a regular basis

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### Quality Stool Blood Testing

Vote	Recommendation
19	1. Educate the public, doctors, clients, physicians on the option, existence and effectiveness of different screening methods. Provide criteria for evaluating test effectiveness; promote high quality, high value evidence-based FOBT products
17	2. Encourage guideline organizations to define screening continuum to include colonoscopy after positive stool blood test; define quality measures using this definition
5	1. Work with the FDA to improve oversight on approved tests
1	1. Find ways to provide valued low cost tests to uninsured
	2. Work with vendors to improve literacy levels of patient instructions

### Payers

Vote	Recommendation
19	1. Develop toolkit with and for payers on high quality screening processes.
13	2. Speak their language. Make business/ORI case for CRC; stress both paying for good services and ceasing coverage for bad; short-term and long-term investment
8	1. Encourage use of databases to inform clinicians, do patient reminders and target unscreened subpopulations; influence what is in EMR
1	1. Push for required quality measures on CDC and pay for performance incentives
0	2. Do literature review to show what interventions by payers have been effective; do report on best practices;

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	recognize high performers
0	3. Improve payer awareness of proper coding for procedures covered under the ACA