



COLORECTAL CANCER SCREENING BEST PRACTICES

A Handbook for Hospitals and Health Systems



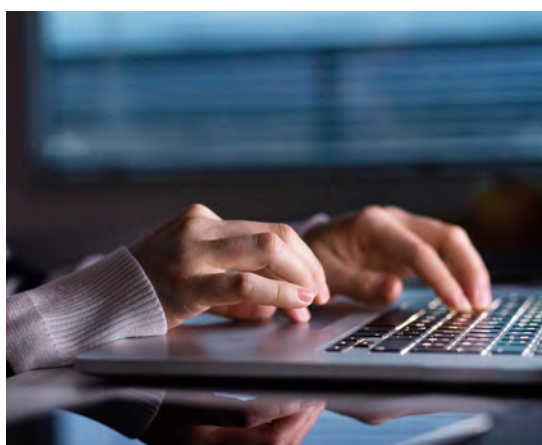


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The organizations profiled in this handbook may be willing to share additional information about their work on a case-by-case basis.

Please contact nccrt@cancer.org with questions.

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MESSAGE FROM THE CHAIR

Dear Colleagues:

If you are reading this handbook, you know that colorectal cancer screening saves lives and that hospitals and health systems are in a key position to help increase colorectal cancer screening rates. Colorectal cancer remains the second leading cause of cancer death among men and women combined, but it doesn't have to be. The National Colorectal Cancer Roundtable (NCCRT) has launched an ambitious goal to regularly screen 80% of adults of recommended screening age for colorectal cancer, and hospitals and health systems are a growing part of the solution.

As the United States health care system transforms, hospitals are playing a greater role in building a culture of health in their communities¹. With expertise in improving health and building strong relationships, hospitals and health care systems are uniquely positioned to play a pivotal role in increasing colorectal cancer screening as leaders in their communities.

Indeed, hospitals and health systems make up the largest number of partnering organizations that have signed the pledge to get to an 80% screening rate. The potential to work with hospitals to leverage their unique position in the community to save lives from this disease is huge, and we are grateful for this incredible commitment and enthusiasm.

Of course, signing the pledge is only a start. Many of you have asked – what more can we do? There's no better way than to learn than from your peers, so the NCCRT convened an advisory group of hospital and health system experts and interviewed numerous health systems to understand what works and what doesn't when it comes to increasing colorectal screening among those you serve. We've captured numerous examples – from hospitals that focus on screening their employees to hospitals that have improved the care of their primary care patients to hospitals that have taken responsibility for serving the underserved in their community – we're confident this handbook has something no matter where you are in the process. This handbook provides a compilation of best practices, case studies, templates and tools that will kick start or infuse your efforts to save more lives and prevent more cancers.

Here's to your success! We look forward to hearing about your colorectal cancer screening achievements in the near future.




Richard C. Wender, MD
Chair, NCCRT
Chief Cancer Control Officer, American Cancer Society

INTRODUCTION

Colorectal cancer is the nation's second-leading cause of cancer-related death when men and women are combined, however it is one of only a few cancers that can be prevented through screening.

The National Colorectal Cancer Roundtable (NCCRT) has launched an initiative in which nearly 1,700 organizations have committed to substantially reducing colorectal cancer as a major public health problem and are working to regularly screen 80% of adults of recommended screening age for colorectal cancer.

Given the potential to save thousands of lives from this disease, leading public health organizations, such as NCCRT, Centers for Disease Control and Prevention (CDC) and the American Cancer Society (ACS) are rallying organizations to embrace this shared goal.

Those who work in hospitals and health systems see the result of missed opportunities every day, such as when someone who has never been screened faces a cancer diagnosis. You also see the stories of success, such as when individuals detect cancer early or prevent colorectal cancer through screening. You see first-hand the opportunity to reduce the toll taken by this disease.

Many hospitals and health systems are looking for guidance on how to improve the health of your patients through screening. Not only will these efforts save lives, they can also help non-profit hospitals meet their community benefit requirements, fulfill Commission on Cancer standards, attract new primary care patients, generate more patients in endoscopy suites, and even potentially avoid treatment costs for uninsured patients who develop colorectal cancer and seek treatment in the ER.

The purpose of this handbook is to provide hospitals and health systems with advice on the design and delivery of a variety of effective colorectal cancer screening interventions to help all hospitals and health systems move forward.

The case studies included in this handbook are intended to provide a wide range of models and should be considered a sample of possible evidence-based approaches, rather than an all-inclusive list. We sought representation from both large multi-hospital health systems with a primary care network as well as smaller, stand-alone hospitals. Additionally, we worked to feature hospitals that played a variety of roles in the screening effort, ranging from hospitals working to ensure that their own employees get screened to hospitals working to build partnerships with neighboring community health centers to improve access to care and address screening disparities in their community.

To identify the hospitals included, we surveyed the hospitals and health systems who had signed the 80% by 2018 pledge and then narrowed those responders down to a smaller sample to be interviewed, based on the description of their efforts and the desired variety mentioned above. After those interviews were complete, an NCCRT advisory group further narrowed the case studies for inclusion in the guide, based on each case study's use of evidence-based interventions and the effectiveness or impact of efforts.

Note: All case studies were gathered prior to the release of the 2018 ACS guideline for colorectal cancer screening

EVIDENCED-BASED RECOMMENDATIONS FOR COLORECTAL CANCER SCREENING

The American Cancer Society now recommends that colorectal cancer screening begin at age 45, while the USPSTF recommends CRC screening at age 50. See the Tools and Resources section for a chart comparing the two recommendations, and view an FAQ about the new guidelines [here](#). The ACS firmly believes that the evidence, including a concerning trend in colorectal cancer incidence in younger adults, now points to colorectal screening initiation starting at age 45. Having said that, we do anticipate that implementation will be a multi-year process, as measurement and coverage issues are worked out. We recognize that many organizations will continue to follow the USPSTF recommendations for the time being.

MESSAGE ABOUT STARTING SCREENING AT AGE 45

For those that follow the ACS guideline, we recommend the message at right.

More extensive materials to demonstrate language that incorporate the new ACS guideline can be found [here](#).

“If you’re age 45 or older, the American Cancer Society recommends that you start getting screened for colorectal cancer. Several types of tests can be used. Talk to your health care provider about which test is the best option for you and check with your health insurance provider about your insurance coverage for screening. No matter which test you choose, the most important thing is to get screened.”

MESSAGE ABOUT STARTING SCREENING AT AGE 50

For those that follow [USPSTF](#), we recommend leveraging the ACS recommendation by using this message:

“If you’re 50 and older, and have not yet been screened, you should start getting screened for colorectal cancer now. If you are overdue for regular screening, please do not wait any longer. In fact, the American Cancer Society has recently lowered the recommended age to start colorectal cancer screening to age 45. Several types of screening options are available, including simple, affordable, take-home options. Talk to your health care provider about which screening tests might be good options for you and talk to your health insurance company about your insurance coverage for screening.”

The information presented in this document has been collected from physicians and staff members at each of the hospitals profiled. Participants represent a range of positions, including Director of Oncology Services, Medical Director, Outreach Coordinator, Cancer Service Line Administrator, GI Oncology Nurse Navigator, Director of Endoscopy Services, and physician champion.

Featured organizations include:

- [Advocate Illinois Masonic Medical Center](#)
- [Advocate Sherman Hospital](#)
- [Blessing Hospital](#)
- [CentraState Healthcare System](#)
- [Deaconess Health System](#)
- [Geisinger Health System](#)
- [KentuckyOne Health](#)
- [Orange Coast Memorial](#)
- [Phoebe Putney Memorial Hospital](#)
- [Southwest General Health Center](#)
- [SSM Health](#)
- [Surgery on Sunday, Louisville, Inc.](#)

Finally, this guide also provides examples of materials to illustrate how hospitals and health systems have executed their plans.

DO YOU HAVE A SUCCESS STORY TO SHARE?

In the future, we hope to update this handbook with more case studies from high-performing hospitals and health systems. If you have a story to share about how your organization has worked to raise colorectal cancer screening rates, please email nccrt@cancer.org.



HOW TO USE THIS GUIDE

This handbook is a combination of best practices that have been incorporated into the hospital setting, along with observations from those with many years of experience implementing programs at hospitals and health systems; sample resources, templates and tools are also included.

It is intended to be a useful and practical resource for anyone within a hospital or health system. As such, the handbook has been designed to give you easy and direct access to the material most relevant to your needs and specific challenges as you implement a colorectal cancer screening initiative. You may choose to read it in sequential order, or quickly refer to a topic or case study.

The handbook has been organized into four sections:

SECTION ONE: CRITICAL STEPS

This section contains 12 specific steps that hospitals and health systems can take to get on the path to increasing colorectal cancer screening rates. These steps were observed in the case studies gathered specifically for this handbook.

SECTION TWO: CASE STUDIES

This section includes a wide range of actual programs from a variety of healthcare delivery systems, including individual community hospitals, large hospital systems that serve multiple counties or states, and Accountable Care Organizations. To help you find a case study that is most relevant to your needs, please refer to the table on the following page.

Note: If you use the live hyperlinks, you can get back to where you were by pressing **Alt+LeftArrow** on a PC or **Command+LeftArrow** on a Mac.

SECTION THREE: IMPLEMENTATION

This section includes guidance on implementation, such as strategic considerations, developing an action plan, advice on messaging, and principles of sound marketing strategies.

SECTION FOUR: TOOLS & RESOURCES

This section provides a collection of material used by the hospitals and health systems featured in this guide, as well as from other resources, related to improving colorectal cancer screening rates.

This collection is by no means exhaustive. It is meant to offer an overview of current activities and thinking which may spark inspiration for your own efforts. When possible, we have included web links to the source content, so you can dig deeper into topics that capture your interest.

It is our hope that you will use this handbook to plan and execute your system's colorectal cancer screening initiatives in your community or catchment area.



SUMMARY OF HOSPITAL INITIATIVES

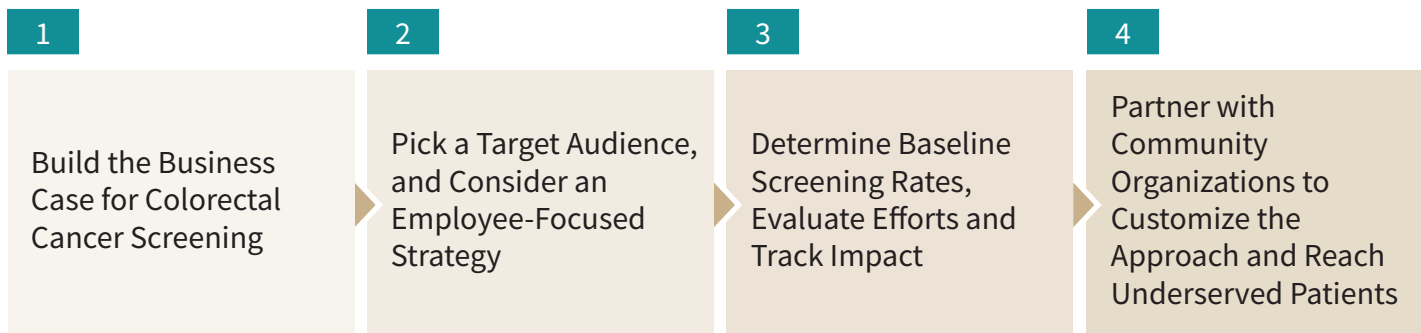
Hospital or Health System	Location	Primary Target Audiences	Best Practices Highlighted	Page #
Advocate Illinois Masonic Medical Center	Chicago Metro, IL	<ul style="list-style-type: none"> Community members Primary care patients 	<ul style="list-style-type: none"> Direct Access Screening Colonoscopy Patient navigation Workflow modification 	20
Advocate Sherman Hospital	Chicago, IL	<ul style="list-style-type: none"> Medically underserved, Spanish-speaking community members 	<ul style="list-style-type: none"> Community education events Patient navigation (financial) Free test distribution Community partnerships 	25
Blessing Hospital	Quincy, IL	<ul style="list-style-type: none"> Community members 	<ul style="list-style-type: none"> Free test distribution 	29
CentraState Healthcare	Central New Jersey	<ul style="list-style-type: none"> Community members 	<ul style="list-style-type: none"> Community education events Free test distribution Patient navigation 	33
Deaconess Health System	Southern Indiana	<ul style="list-style-type: none"> Primary care patients and community members 	<ul style="list-style-type: none"> Workflow modifications Test choice EMR data mining Mass media outreach 	36
Geisinger Health System	Pennsylvania	<ul style="list-style-type: none"> Primary care patients 	<ul style="list-style-type: none"> EMR data mining Workflow modifications Automated patient outreach 	41
KentuckyOne	Kentucky	<ul style="list-style-type: none"> Primary care patients 	<ul style="list-style-type: none"> Patient navigation Direct Access Screening Colonoscopy Workflow modifications 	46
Orange Coast Memorial	California	<ul style="list-style-type: none"> Vietnamese-American community members 	<ul style="list-style-type: none"> Community partnerships Community education events Free test distribution Patient navigation 	49
Phoebe Putney Memorial Hospital	Albany, GA	<ul style="list-style-type: none"> Uninsured and underinsured community members 	<ul style="list-style-type: none"> Community partnerships Patient navigation Test choice 	54
Southwest General	Cleveland Metro, OH	<ul style="list-style-type: none"> Employees and community members 	<ul style="list-style-type: none"> Direct Access Screening Colonoscopy Employee pilot strategy Patient navigation 	59
SSM Health	St. Louis, MO	<ul style="list-style-type: none"> Employees and community members 	<ul style="list-style-type: none"> Flu-FIT screening model Employee pilot strategy Physician incentives 	64
Surgery on Sunday, Louisville	Louisville, KY	<ul style="list-style-type: none"> Uninsured and underinsured community members at high risk of CRC 	<ul style="list-style-type: none"> Patient navigation Volunteer model Community partnerships 	68

Critical Steps

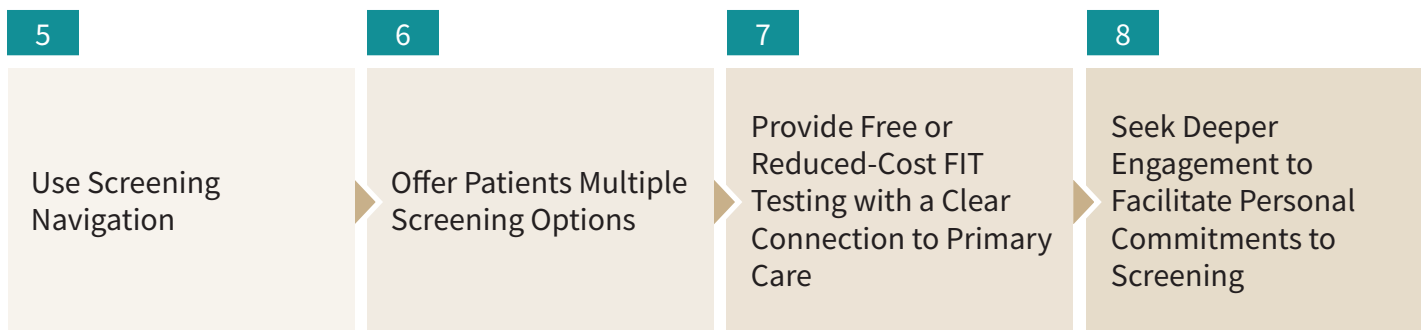
SECTION ONE

CRITICAL STEPS FOR HOSPITALS

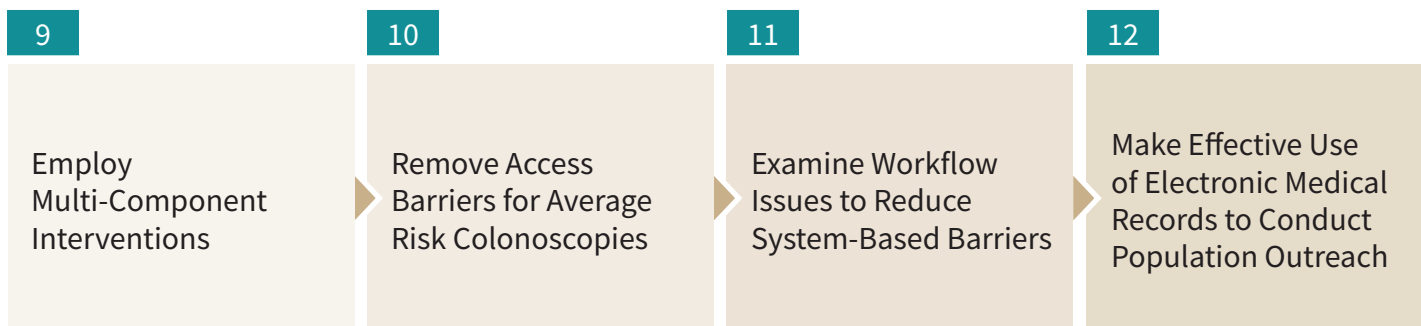
GETTING STARTED



DESIGN A PROGRAM RELYING ON EVIDENCE-BASED STRATEGIES



IMPROVE INTERNAL PROCESSES





GETTING STARTED

1 BUILD THE BUSINESS CASE FOR COLORECTAL CANCER SCREENING

With solid data on the impact of a colorectal cancer screening program, hospitals have been able to build a strong business case to support program expansion that appeal not only to the Chief Medical Officer, but other senior administrative officials, such as the Chief Financial Officer. Evidence-based screening programs meet non-profit hospitals' community benefit requirements and fulfill Commission on Cancer standards. Additionally, screening programs have been credited with the acquisition of new primary care patients, higher volumes for GI service lines, and avoidance of treatment costs for uninsured patients who develop advanced colorectal cancer and seek treatment in their local ER. When developing a screening program, it is important to design an approach that will enable the health system to track business metrics such as the number of new patients who were connected to a primary care provider (PCP) in the system, new attributed lives for an Accountable Care Organization (ACO), or uninsured cancer patients. Finally, it's important that an internal champion emerges who will carry the water and, once there is buy-in from leadership, ensure that staff understand that these programs are a priority.

2 PICK A TARGET AUDIENCE, AND CONSIDER AN EMPLOYEE-FOCUSED STRATEGY

The beauty of a hospital or health system is that their potential reach is broad. Many have an extensive patient base or primary care network that benefit from a CRC screening intervention. Further, hospitals are often seen as leaders in the community, whose voice is respected, meaning that hospitals can extend their intervention work beyond the hospital walls.

There is no right or wrong target; it depends on a hospital or health system's mission, values, resources, and goals. For those just getting started in this arena, an employee strategy may be attractive.

Hospitals often represent some of the largest employers in their communities. As a result, targeting their own employees with screening efforts can reach a significant number of area residents (including reaching out to spouses and other family members). This strategy can also serve as a means of pilot testing new messages and outreach strategies before rolling them out to the broader community.

High performers in this handbook report learning important lessons during their initial employee screening efforts, including tweaks to their workflow, program materials, or marketing messages.

3 DETERMINE BASELINE SCREENING RATES, EVALUATE EFFORTS AND TRACK IMPACT

Measuring the impact of your screening program is important for program planning, obtaining outside financial support, and justifying organizational expenditures. There are a variety of approaches that hospitals report using to measure their impact, but the most important first step is to determine your baseline screening rate for the population you are trying to target.

ACOs can look at changes in CRC screening rates for their attributed lives. Health systems that are pursuing a primary care strategy are examining the screening rates of affiliated primary care groups. Those that are partnering with community organizations to reach underserved audiences may look at the screening rates of their local FQHC for a proxy measure of their impact, especially if they have a referral agreement in place.

To assess long term outcomes such as cancer incidence and stage at diagnosis, large hospitals and health systems that provide the majority of care in a particular county might look to their hospital or state's cancer registry², county-level CDC statistics³ or SEER registry data. Hospitals that are accredited by the Commission on Cancer should include these factors in their community needs assessment.

Other strategies for measuring impact include examining self-reported employee screening status, fecal immunochemical test (FIT) return rates, patient satisfaction scores, colonoscopy volume, patient show rates, and even colonoscopy wait times.

Finally, many systems find that sharing individual provider screening rates with providers can serve as a motivator to get screening rates up.

4 PARTNER WITH COMMUNITY ORGANIZATIONS TO CUSTOMIZE THE APPROACH AND REACH UNDERSERVED PATIENTS

Strong partnerships with organizations such as Federally Qualified Health Centers (FQHCs) and community organizations can provide hospitals with important knowledge, access, and resources with which they can more effectively reach medically underserved patients.

Community partners understand the needs of local or specialized populations. Community partnerships can provide trusted and efficient channels for promoting messages about the importance of screening, generating referrals, and even hosting screening events.

These organizations further provide valuable in-depth knowledge about the types of cultural, economic, educational, or access barriers that may be unique to a particular patient population, so that hospitals can tailor their programming accordingly.

Some hospitals are delivering screening and educational programs in locations that are more convenient for their target audiences (e.g. community centers, malls, YMCAs, schools). Innovative, non-traditional program delivery options are working well in some areas, including a drive-through one-on-one education/FIT test distribution strategy in one location and Saturday colonoscopy scheduling in other areas.



DESIGN A PROGRAM RELYING ON EVIDENCE-BASED STRATEGIES

5 USE SCREENING NAVIGATION

Research has shown that effective patient navigation dramatically increases patients' likelihood of following through with colorectal cancer screening.⁴ Navigators can help implement efficiently other evidence-based interventions, such as the provider recommendation, patient reminders, and provider reminders. Hospitals that devote staff time to navigate patients through screening have dramatically higher show rates and a greater percentage of patients that are properly prepped.

If funds are not available for a full-time navigator, consider partially transitioning a staff member who can devote a portion of his/her time to navigation. Some systems have even seen screening navigators pay for themselves in terms of improving an endoscopy suite's efficiency and show rates.

High performers highlighted in this guide have had success with this approach, eventually proving the return on investment in navigation and being able to obtain resources for hiring one or more navigators to do this work.

6 OFFER PATIENTS MULTIPLE SCREENING OPTIONS

Hospitals that promote not just colonoscopies, but also FIT and other recommended screening options improve the odds that patients will follow through on a physician's screening recommendation. There are multiple screening test options, that are recommended by both the American Cancer Society and the US Preventive Services Task Group.

Research has shown that offering patients a choice of tests results in a higher percentage of patients completing screening.⁵ Using multiple screening modalities is a particularly important strategy in areas where there may be a shortage of endoscopists or a large uninsured patient population who cannot afford colonoscopy. It can also be helpful in overcoming barriers related to cultural bias and convenience/access. The best test is the one that gets done.



7 PROVIDE FREE OR REDUCED COST FIT TESTING WITH A CLEAR CONNECTION TO PRIMARY CARE

Hospitals say that “people like free,” even when it comes to cancer screening. A number of high performers incorporate some type of free FIT kit distribution program into their screening strategy, often in conjunction with educational events.

They caution, however, that simply handing out free test kits is not an effective strategy. Rather, to encourage high return rates and reduce waste, hospitals promote the offer of a free kit to draw patients to an event. At the event, kits are distributed with appropriate educational context and guidance, a clear plan for kit return, and a connection to primary care.

With a well-designed program, many hospitals have had success finding external funding for FIT kit distribution via grants, local funders, or their own hospital foundation.

8 SEEK DEEPER ENGAGEMENT TO FACILITATE PERSONAL COMMITMENTS TO SCREENING

Both group and one-on-one education interventions are evidenced based interventions, according to the Community Guide. Many hospitals are encouraging patients and employees to get screened by engaging them with “long-form” educational events. Hospitals have designed educational events focused exclusively on colorectal cancer screening that deliver a deeper level of education and engagement around the topic. These events encourage patients to spend an hour or more hearing from clinicians about the benefits of screening, test options, and requirements. Attendees can speak one-on-one with clinicians to get their questions answered before taking home a free test kit or scheduling a colonoscopy. Return rates for test kits distributed in this context have been very high. This strategy has been shown to work particularly well with individuals who have cultural or language barriers, particularly when a culturally competent approach is taken.





IMPROVE INTERNAL PROCESSES

9 EMPLOY MULTI-COMPONENT INTERVENTIONS

Colorectal cancer interventions that make use of two or more evidence-based strategies have been shown to increase screening rates by a median of 15.4 percentage points when compared to no intervention.⁶ Many hospitals in this guide have found success employing multiple strategies—for example, focusing on increasing community demand through outreach efforts, facilitating greater access to screening with alternative scheduling options, conducting patient and provider reminders, tracking and sharing provider screening rates, and partnering with providers to encourage them to deliver the vital provider recommendations to patients. Visit the Community Guide to learn more about evidence-based interventions for CRC screening.

10 REMOVE ACCESS BARRIERS FOR AVERAGE RISK COLONOSCOPIES

Some high performing hospitals have had dramatic success allowing average-risk patients to schedule screening colonoscopies directly, without first having a consultation with a gastroenterologist or surgeon. This option has been particularly beneficial for patients who do not want to take multiple days off from work or who have transportation challenges and cannot easily come to multiple appointments. Hospitals who use this “direct access” strategy stress the importance of a disciplined approach to qualifying patients. They have established clear protocols and guidelines regarding the situations where patients do and do not require a pre-procedure consultation, based on factors such as medical history and current medications.

11 EXAMINE WORKFLOW ISSUES TO REDUCE SYSTEM-BASED BARRIERS

When introducing a new screening program or making changes to an existing one, hospitals report that it is important to pay careful attention to issues that are likely to impact workflow. Key workflow issues that hospitals say are important to address include: clear guidance on staff roles and responsibilities, guidance to primary care providers on screening tests and current recommendations for average risk patients, direct access scheduling of colonoscopies, a clear plan for navigating patients to prepare for a colonoscopy, and solid steps for following up on positive stool tests. Making sure that there is consistency and clear protocols for these situations can deliver significant gains in efficiency and volume, happier patients, and more satisfied providers.

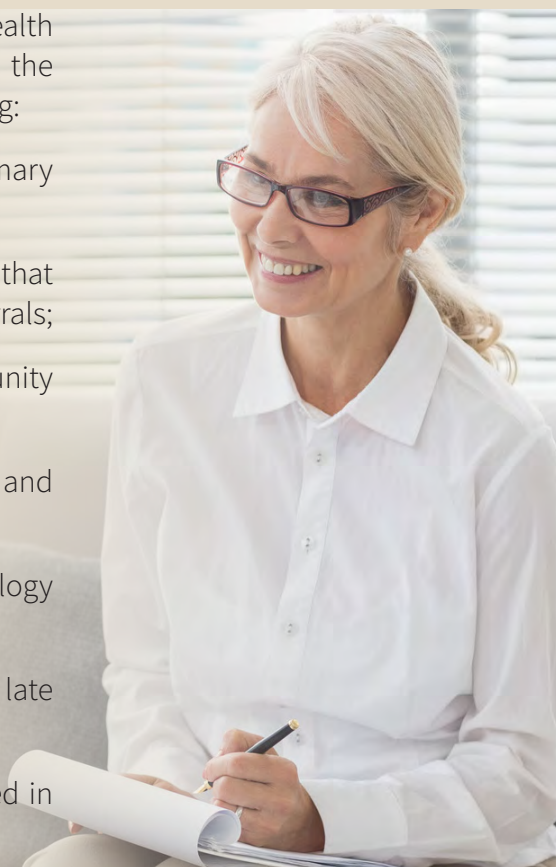
12 MAKE EFFECTIVE USE OF ELECTRONIC MEDICAL RECORDS TO CONDUCT POPULATION OUTREACH

High performing health systems make use of their Electronic Medical Records to identify patients who are due for screening, send out automated reminders, alert primary care providers to provide a recommendation and track test completion. EMRs that are shared across a health system are also important resources for facilitating a direct access colonoscopy program, as navigators or nurses can review patients' medical history and medications to determine if they are a candidate for colonoscopy without a consult. Further, health systems who are self-insured report using data shared by their plan provider to assess screening rates for their employees and evaluate the impact of employee-targeted screening programs.

HOW HOSPITALS AND HEALTH SYSTEMS BENEFIT

As you will see from the following case studies, hospitals and health systems reported a wide range of improvements following the implementation of programs to increase CRC screening, including:

- Increased CRC screening rates among employees and primary care patients;
- An expanded patient base brought in through network PCPs that increase CRC screening outreach, recommendations and referrals;
- Increased hospital visibility through expanded community engagement;
- Improved efficiency around colonoscopy scheduling and completion; fewer no-shows, better prep;
- Improved relationships and workflows between GI and Oncology Departments;
- Lower costs associated with treating uninsured patients for late stage colorectal cancer in the ER;
- Increased CRC screening rates among medically underserved in the community.





Case Studies

SECTION TWO



ADVOCATE ILLINOIS MASONIC MEDICAL CENTER



DIRECT-ACCESS SCREENING COLONOSCOPY

AT-A-GLANCE

- By reducing barriers for patients and improving workflow across teams, Illinois Masonic's Direct Access Screening Colonoscopy (DASC) program has dramatically increased the hospital's screening rates with average risk patients.
- The program was designed in partnership between multiple departments across the medical center, Advocate is now working to implement this collaborative program at their other hospitals.

OVERVIEW

TYPE OF ORGANIZATION

- Accountable Care Organization

ACTIVITIES

- Direct access colonoscopy
- Patient navigation
- Saturday colonoscopy scheduling

RESOURCES

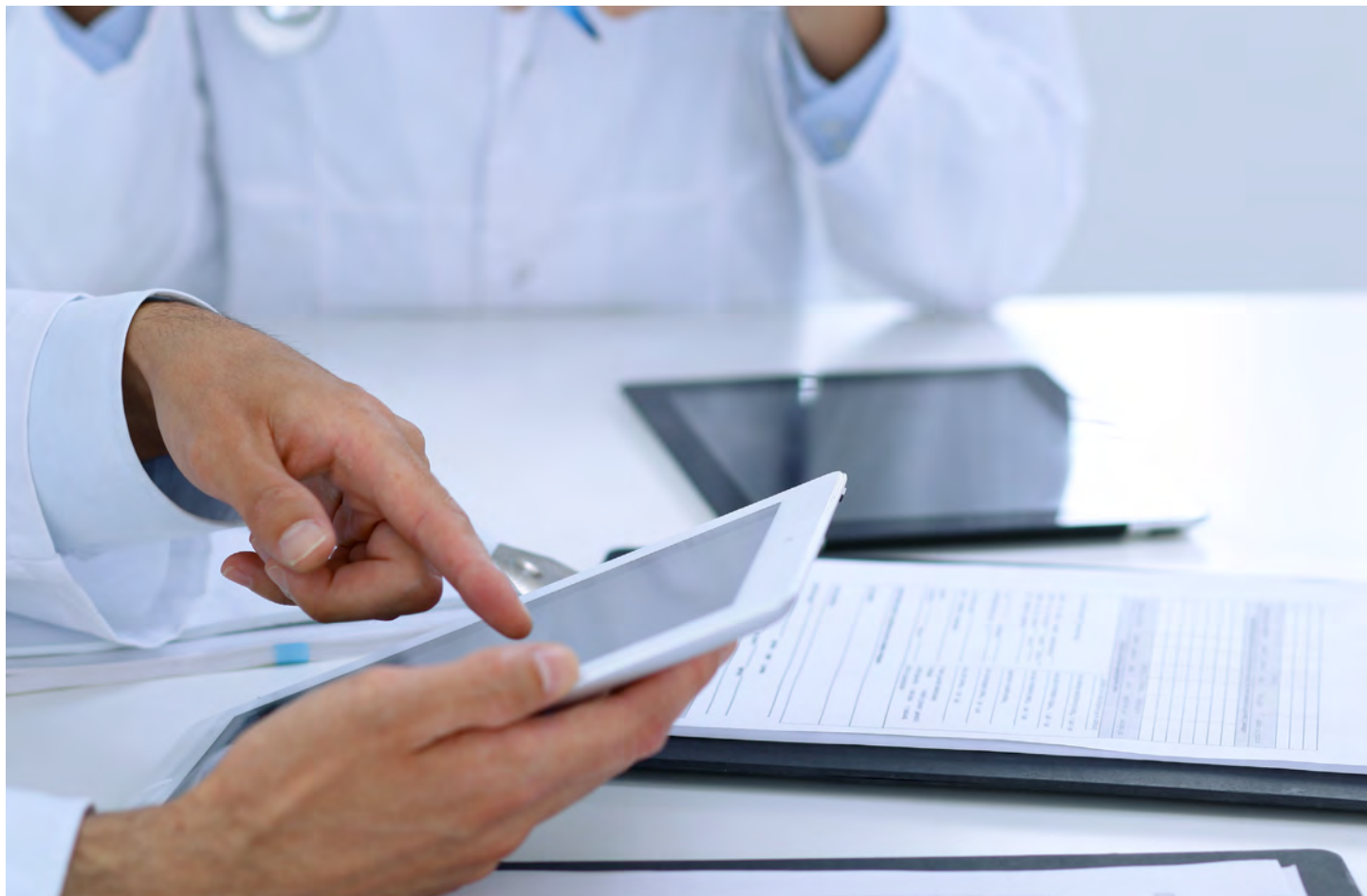
- 1 FTE Nurse Navigator

IMPACT

- CRC screening rate increased from 26% to 70% among 50–65 year olds and 17% to 74% among 65 and older

KEY LESSONS LEARNED

- Involve as many stakeholders as possible in the planning process—from physicians to administrators—so that everyone has a stake and understands the potential benefits for them and their patients.
- Identify and address any barriers that may be preventing patients from following through with screening and take steps to make the process as easy as possible for them.
- Dream big and don't be afraid to try something new and ambitious. Stay the course no matter how hard it is because what you are working to achieve is so important.
- Be patient. Results do not come overnight and it can take time for people to get comfortable with culture change and new processes.



BACKGROUND AND AUDIENCE

Illinois Masonic Medical Center is located on the north side of Chicago and serves a large and diverse urban population. The hospital is part of the Advocate health system, which serves the Chicagoland area with 13 hospitals and a large physician group. While Illinois Masonic has been steadily working to improve colorectal cancer screening rates in recent years, in 2014 they saw an important opportunity to dramatically improve their efforts in conjunction with signing the 80% by 2018 pledge. Hospital leadership also wanted to focus on population health and respond to a perceived gap in patient knowledge about colorectal cancer screening. At 25% screening in 2014, they knew they were not meeting the screening standards for their new structure as an Accountable Care Organization. As a result, Illinois Masonic developed a screening program that targets both patients in the health system's primary care practices and in the broader community.

The program developed out of a need recognized by all stakeholders, including gastroenterologists who were seeing patient referrals that never came to fruition and hospital administrators who saw blocks of time available for screening colonoscopies that were going unused. As a result, primary care physicians, endoscopists, and hospital administrators all saw an important opportunity to collaborate to improve access and efficiency.



PROGRAM ACTIVITIES

Illinois Masonic decided to reduce patient barriers to screening and improve workflow by building a fully navigated Direct Access Screening Colonoscopy (DASC) program which would facilitate seamless access to screening for average risk patients. The program was designed in partnership with surgeons, gastroenterologists, hospital administrators, and primary care providers. This collaborative approach broke down some of the “silos” that are often present between departments in a large medical center and helped ensure that all departments were fully invested in its success from the start.

Direct access programs allow primary care providers to refer medically and age appropriate patients to schedule a colonoscopy without first having a consult with a gastroenterologist. Specifically, a PCP who wants to refer a patient simply faxes a form over to the DASC navigator, who then contacts the patient directly to ensure they meet the medical criteria for the program and schedule them for a colonoscopy. Patients can also contact the program directly without first seeing a primary care provider. Prior to setting up the procedure patients work with the hospital’s insurance verification team to make sure that the patient’s insurance will cover a screening colonoscopy at Illinois Masonic, given that coverage varies by carrier.

The personal touch from a navigator eliminates safety issues. It increases efficiencies, increases compliance, and increases screening. Ultimately, it even increases revenue for the hospital because all their spots are more efficiently filled.

One key to the success of the program is that patients are carefully evaluated by a nurse navigator before being scheduled for a colonoscopy. Specifically, nurse navigators take patients’ medical history and go through their medications. Those whose medical history does not meet the standards for Direct Access are required to see a gastroenterologist for a pre-procedure evaluation. Qualified patients will be scheduled for a colonoscopy, and the navigator will provide instruction on prep, answer patients’ questions, and follow up with them after the procedure to share results and discuss next steps (if needed). Patients appreciate the easy access of the system as well as having a single point person to contact with questions.

To further improve access for patients whose work schedules do not permit them to easily take time off during the week, Illinois Masonic has also started offering Saturday colonoscopies as a part of the Direct Access program. Approximately 12–15 Saturday colonoscopies are now being offered each week.

In order to engage the support of both primary care providers and gastroenterologists in private practice for the Direct Access program, Illinois Masonic delivers “road shows” to area primary care groups to explain the DASC program and how it can benefit patients and physician practices. A nurse navigator and gastroenterologist will lead these sessions to familiarize PCPs with the entire process and develop trust in the program. Partnering gastroenterologists have allotted several hours each week to the Direct Access program and allow Illinois Masonic navigators to populate those time slots. The program is of great value to these private practice physicians because the hospital is taking care of all associated administrative tasks; gastroenterologists need only show up and they know that patients will be prepped and ready for them. PCPs in the system further benefit by acquiring new patients who sign up for the screening program but do not have a primary care provider.



Figure 1: Direct Access Screening Colonoscopy: What to Expect

RESOURCES AND FINANCIAL SUPPORT

A critical resource for the success of the program is one FTE nurse navigator position; patient navigation has been shown to significantly increase the odds that patients will comply with screening recommendations.⁷ The Illinois Masonic navigator began by only committing a portion of her time to navigation, and gradually increased the time commitment as demand grew and the success of the program was proven. This strategy was beneficial from a resource standpoint, particularly given that the program was brand new. The position is now covered by the budget of the hospital's digestive health program.

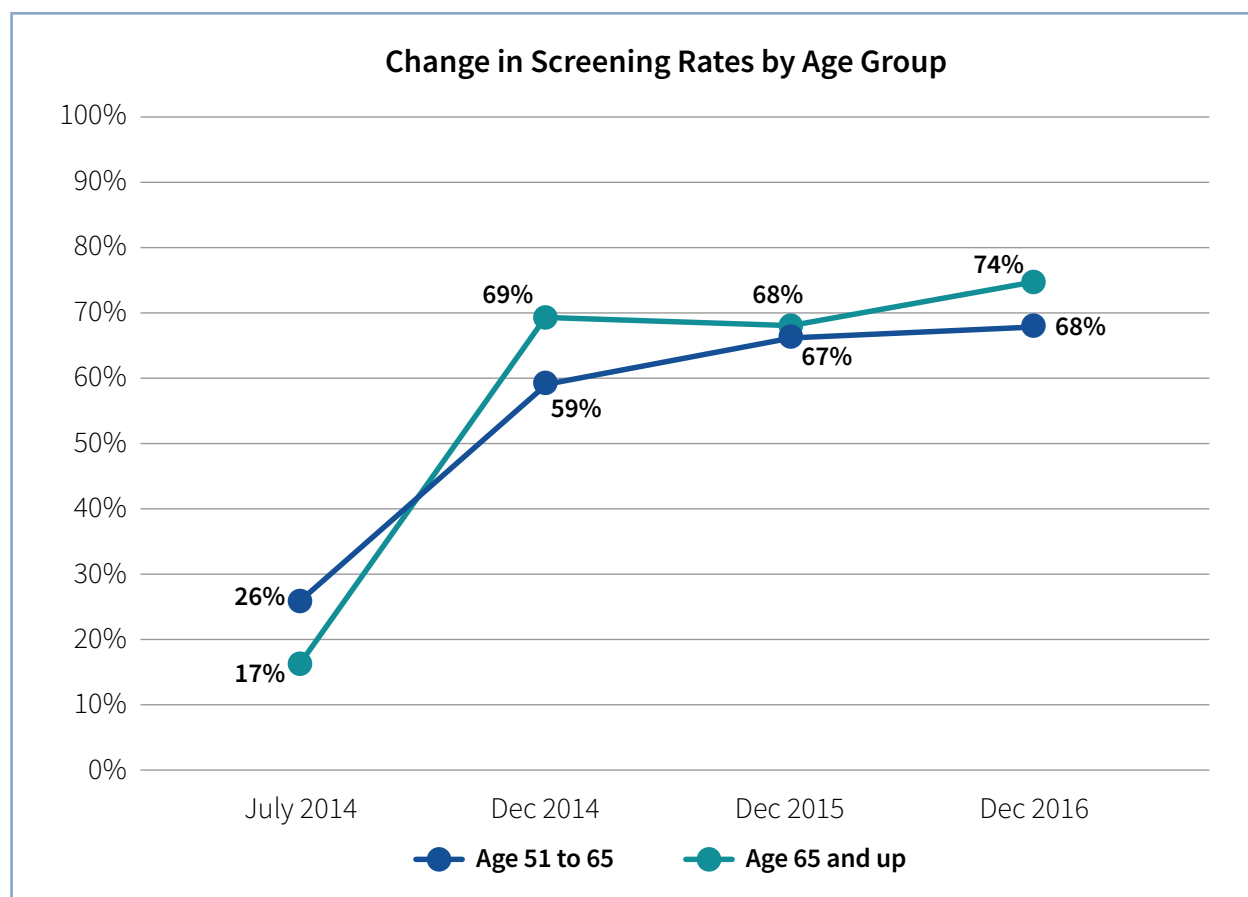
Illinois Masonic also received a grant from the Colon Cancer Coalition to purchase FIT tests to use in their outreach to underserved or uninsured community members. In particular, they are partnering with a Federally Qualified Health Center that serves a large LGBTQ population that historically has had limited access to care. Advocate hosts an annual event with health symposia targeted toward LGBTQ residents in their service area, with colorectal cancer screening being one of many topics addressed. Advocate's charitable foundation covers the cost of colonoscopies that are needed to follow up on positive FITs for the uninsured. The hospital also has a table at community events and health fairs for the Latino community, where they give lectures about colorectal cancer, distribute FIT tests, and connect patients to their Direct Access Program nurse navigator.



IMPACT

As an Accountable Care Organization, Illinois Masonic tracks the impact of their program by examining screening rates for attributed lives, which includes primary care physician offices that are part of the Advocate system as well as independent private practices that are aligned with Advocate.⁸ Using this denominator of more than 73,000 patients over age 50, Illinois Masonic raised their screening rates for 50–65 year-olds from 26% to nearly 70% in a 3 year period. Among Medicare patients aged 65 or older, screening rates went from 17% to 74%. They have also reduced wait times for colonoscopies from over 2 months to just 2 weeks and improved their adenoma detection rate (an important measure of colonoscopy quality) to 33%. They have navigated nearly 700 patients through the program, and found 10 unanticipated cancers or precancerous lesions.

Patient satisfaction has also improved since the Direct Access program was launched, with satisfaction rates in the digestive health program increasing by five percentage points. Patients and providers are very pleased with the more efficient, streamlined process. Additionally, there is anecdotal evidence to suggest that the department is drawing in patients from a larger catchment area than before, given that patients from suburban areas no longer have to travel a long distance for two appointments, but can get their procedure done with just one visit. The Advocate system is now working to implement the program in their other hospitals, using monthly calls with physician leadership and hospital administration to identify and address barriers to implementation. Advocate's executive team has also raised their system-wide screening goal to 80%.



ADVOCATE SHERMAN HOSPITAL



PARTNERING WITH COMMUNITY HEALTH CENTERS TO REACH THE MEDICALLY UNDERSERVED

AT-A-GLANCE

- Working with local community health centers to offer education, free stool testing and financial navigation support is helping Sherman Hospital effectively reach their medically underserved and low-income patients.
- Sherman increases the impact of their outreach program by committing to free colonoscopies for patients with positive FIT tests, funded through grants and fund-raising efforts.

OVERVIEW

TYPE OF ORGANIZATION

- Community Hospital, part of larger health system

ACTIVITIES

- Spanish-language community education and screening events
- Financial navigation services

RESOURCES

- \$25,000 in grant funding
- \$25,000–\$30,000 from hospital fundraisers
- Volunteer time from Sherman gastroenterologists

IMPACT

- 130 individuals screened; 11 positives
- 10 free colonoscopies provided to patients in need

KEY LESSONS LEARNED

- Recognize and address affordability barriers for both insured and uninsured patients. Educating patients about their existing insurance coverage for cancer screening will pave the way for them to follow through on screening recommendations now and to continue with screening in the future.
- Make the most of community partnerships to share resources and expertise, especially when reaching out to new or medically underserved audiences.
- Get to know the charitable foundations that have funding to support cancer screening programs. Find out what they are looking for, when their funding decisions are made, and stay on top of the deadlines to maximize your opportunities to secure outside funding.

BACKGROUND AND AUDIENCE

Advocate Sherman Hospital serves a suburban Chicago patient population that includes a large proportion of medically underserved and low-income Hispanic families. It is also part of the Advocate 13-hospital health system.

The hospital decided to address colorectal cancer screening after a community needs assessment identified colorectal cancer as an important issue to be addressed among its at-risk population. Additionally, colorectal cancer incidence and mortality rates were above Healthy People 2020 targets for key parts of Sherman's service area.

Sherman has historically had a strong relationship with the American Cancer Society and the Colon Cancer Coalition, and has been able to take advantage of these partnerships and resources to plan and deliver successful colorectal cancer education and screening programs.

PROGRAM ACTIVITIES

Beginning in July 2015, Sherman Hospital partnered with the Greater Elgin Health Center, a community health center that serves a large Hispanic population, to provide colorectal cancer education and free stool testing. Sherman also hosts Spanish-language screening education events at other community locations, including libraries and the local community center.

At these programs, a Sherman gastroenterologist presents information about the importance of screening, the benefits of early detection, and steps in the screening process. Attendees can take home a free stool test kit or receive information about other screening options. Hospital staff have found that these events are valuable for addressing patients' fears and misconceptions (especially pain), dispelling myths, and describing the benefits of colorectal cancer screening (e.g. that colorectal cancer can be prevented through polyp removal).

A lot of people don't do their cancer screenings because they don't understand their insurance benefits. They don't understand if it will be covered. Our financial navigators help them understand that even if they haven't met their deductible, that doesn't necessarily mean they're going to pay out of pocket for screening.

Program content is typically delivered in Spanish, but for English language content, they have provided headphones and a simultaneous translator. Sherman has seen attendance at these events range from 20 to 75 people depending on the location.

To complement their colorectal cancer screening education program, Sherman Hospital also provides financial navigation services to help patients who lack insurance and may struggle to afford screening and follow-up, or who do not fully understand what their insurance plan actually covers. This service provides proactive service to patients by identifying "red flags" that may indicate a patient is likely to forgo screening or treatment due to financial/insurance challenges.

Red flags include those with only Medicare coverage (no Medigap) or Medicare Advantage plans, insured patients who are unemployed, and those whose plans have high out-of-pocket costs (deductibles or copayments). The financial navigation process screens new patients and offers assistance with understanding insurance benefits, identifying copay assistance programs, free medication programs, help with denials, and other advice before and after patients receive medical bills. Sherman has found that addressing these barriers with navigation helps to improve compliance with screening recommendations and improves overall coordination of care.

EXPANDING ON A SUCCESSFUL MODEL

In 2017, Sherman Hospital is further expanding their efforts with implementation of a FluFIT screening program. They will also establish a Direct Access scheduling program using the model developed by Illinois Masonic Medical Center.



RESOURCES AND FINANCIAL SUPPORT

This effort was spearheaded by Sherman's Community Wellness Department, in conjunction with the American Cancer Society. Sherman gastroenterologists volunteer their time at the educational events. For those attendees whose FIT tests are positive but who lack insurance for follow up colonoscopy, Sherman has committed to provide free colonoscopies; between 2015 and 2017, ten free colonoscopies were completed under the program. The program is supported by a grateful patient fund, a \$25,000 grant from the Colon Cancer Coalition, which pays for the educational programming, FIT tests and colonoscopies. An annual Get Your Rear in Gear 5K event raises \$20,000 to \$30,000 annually, with funds specifically tagged to support both free colonoscopies and community education events.

IMPACT

Sherman Hospital's community events have drawn 20–75 attendees each, and feedback from participants suggests that they have been successful at helping to break down barriers to screening by directly addressing patients' fears and cost concerns. Since they began their program, Sherman has screened more than 130 people through the program, with 11 positives. No cancers have been detected yet, though they have identified several patients with high risk tubular adenomas who will need monitoring via more frequent colonoscopies in the future. Since the program's inception, Sherman Hospital has provided ten free colonoscopies to low-income patients.



SHERMAN HOSPITAL CRC SCREENING FLOW CHART

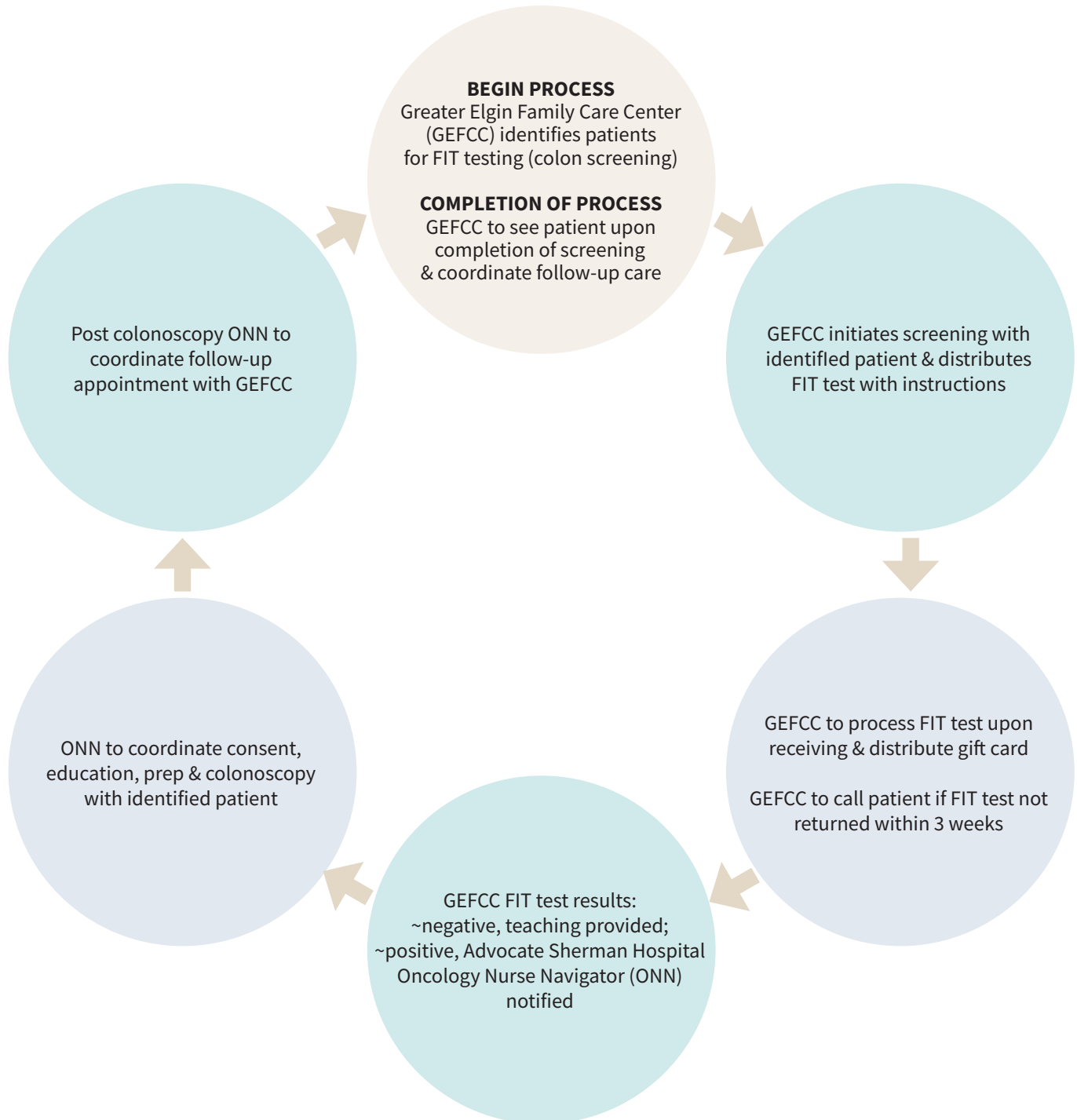


Figure 2: Sherman Hospital CRC Screening Flow Chart, modified

BLESSING HOSPITAL



INNOVATIVE APPROACHES TO REMOVING BARRIERS TO SCREENING

AT-A-GLANCE

- Blessing Hospital’s ongoing “drive through” colorectal cancer screening distribution program emphasizes convenience for patients, inviting them to pick up free FOBT kits and receive education at several locations across multiple communities in the hospital’s service area.
- Recent improvements to the program, including stronger coordination with patients’ primary care physicians, allow Blessing to more effectively track each patient’s screening status and conduct follow-ups when necessary.

OVERVIEW

TYPE OF ORGANIZATION

- Community Hospital

ACTIVITIES

- “Drive through” CRC screening education and FOBT distribution events
- Community partnerships for kit distribution

RESOURCES

- One outreach educator
- Cost of FOBT kits (covered by hospital)

IMPACT

- 319 kits distributed in past three years
- 60% average return rate

KEY LESSONS LEARNED

- Get to know the nuances of each community and audience you are serving. Those who come to a screening event at a YMCA might be more engaged than those who do so at a mall. Be willing to continually adjust your approach based on patient feedback and results from each event.
- Work with someone at the site (clinic, fitness center, senior center) to customize the event based on local dynamics. Take into account the lunch rush, timing of classes, and overall setting/drive-up area. Use advance marketing and on-site signage to reach out to a broad range of potential participants.
- Think creatively about opportunities to make each step of the screening process as easy as possible for patients.



BACKGROUND AND AUDIENCE

Blessing Hospital serves a community of approximately 35,000 people in and around Quincy, Illinois. It is the largest hospital within a 100-mile radius, serves more than 13,000 inpatients annually, and has a COC certified cancer center. The hospital's innovative "drive through" colorectal cancer screening program has been in place for many years, and allows the hospital to conduct one-on-one education with members from largely rural community in a geographically diverse hospital service area.

PROGRAM ACTIVITIES

For more than five years, the Blessing Cancer Center has operated a drive-through colorectal screening distribution program. The effort was begun by the Cancer Center's Community Outreach Educator and has recently expanded with the support of a physician champion who is a colorectal surgeon, and an organizational commitment to the 80% by 2018 initiative. Through the screening program, patients can conveniently pick up free FOBT kits at more than a dozen locations, including clinics, fitness centers, senior centers, schools, malls and other community settings.



Figure 3: Signage at a Drive-Up Screening Site

At each “drive through” event, the Cancer Center’s Outreach Educator works each location for a 2–3 hour period, typically including the lunch hour so that it is convenient for working people. When planning the events, Blessing coordinates with each facility to plan times when there is likely to be higher foot traffic or attendance from people in the target age range. Staff members have found that some attendees will have heard of the event in advance and come specifically for it, but others will come across it in their usual routine (such as attending an exercise class) and decide to pick up a kit simply because it is convenient.

When they arrive, community members can drive up, park, and an outreach specialist comes out to greet them at their car. There, they complete a one-page written consent form (see The Tools and Resources section), answer a few questions about their medical history, receive verbal instructions about how to complete the test, and take home a free FOBT kit. (Blessing is transitioning to FIT kits this spring.)

Patients are given an addressed envelope for returning their kit, but also have the option of dropping it off in person. The entire pick-up and education process takes about 10–15 minutes per person. Patients are also informed during the education process that if their test is positive, they will need to complete a colonoscopy. Before they leave, patients are given the outreach educator’s phone number in case they have questions about the process after they get home.

Blessing Hospital has a standing order for processing the test kits from their physician champion, who also receives all test results. Those with a negative result receive a letter in the mail from the outreach educator informing them of their results. Patients with positive test results receive a certified letter and a phone call informing them that they need to follow up with a physician to complete a colonoscopy.

IMPROVING COORDINATION WITH PRIMARY CARE PROVIDERS

For 2017, Blessing Hospital made an adjustment to their approach and began asking participants to list their primary care physician’s name and contact information on their consent form. If a name is provided, the hospital is mailing test results to both the physician and the patient.

This represents an important addition to the program because partnering physicians will be better able to track their patients’ screening status.

In the past, the hospital found that oftentimes patients would only report their results to their doctors if they received a positive, assuming that a negative result was not particularly notable.

The outreach educator also follows up after several weeks have passed to make sure patients with positive results have actually contacted their doctor and made plans for a colonoscopy. If they have not done so, the Outreach Educator will explain the importance of follow up; given that results are now being sent to patients’ primary care providers, they can expect to hear from their PCP as well. If patients do not have a regular primary care provider, the Outreach Educator will connect them with one.

PROMOTION AND OUTREACH

Each year, most of the kit distribution events are held in March, in conjunction with Colorectal Cancer Awareness Month; in 2017 ten events were held in March. Other screening events are also held at different times of the year if they are requested by specific clinics or partnering organizations. Both Blessing Hospital and their partners advertise the events in advance through the web, social media, and on-location.

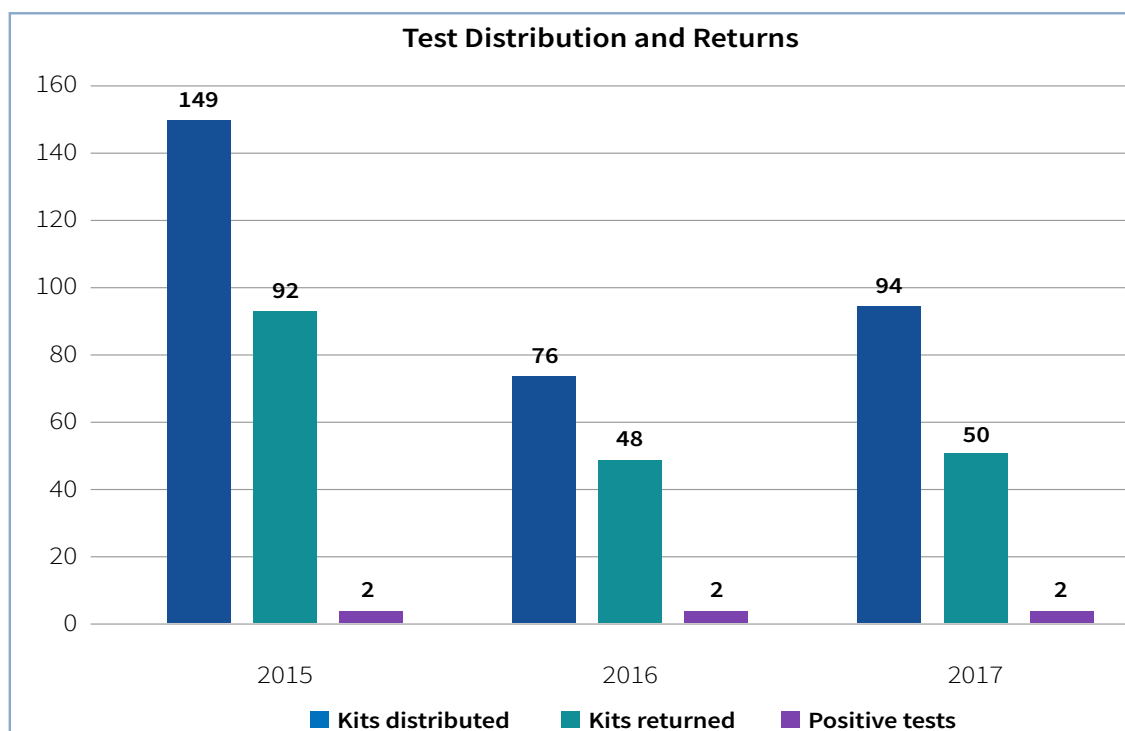
RESOURCES AND FINANCIAL SUPPORT

Blessing Hospital covers the cost of the kits, but recipients are asked to provide a small donation (\$5 used to be recommended, but any amount is now accepted), which goes to the hospital's charitable foundation. Any uninsured patients who have a positive result and cannot afford the cost of a colonoscopy are covered by a community outreach clinic, which is funded by the hospital's charitable foundation.

IMPACT

Over the past three years, Blessing has distributed 319 kits, with 190 returned (a 60% average return rate), with no reminder calls used before 2017. Notably, program managers found that when they asked people to provide a donation in 2016, their return rates improved by almost 15 percentage points compared to when they were free. While the number of kits they distributed did decline, their return rates were higher when they required patients to contribute just a \$5 donation.

Staff feel that patients like the drive through program because it is very convenient and offers something for free. Feedback suggests that many patients participate because they are trying to avoid a colonoscopy, but are not aware that they can get stool test kits through their own doctors.



CENTRASTATE HEALTHCARE SYSTEM



USING COMMUNITY EVENTS AND PATIENT NAVIGATION TO PROMOTE COLORECTAL CANCER SCREENING

AT-A-GLANCE

- By conducting educational lectures for patients who have never been screened for colorectal cancer, CentraState Medical Center helps “normalize” the process for patients and guides them into screening through high-touch interactions and patient navigation.
- CentraState has achieved a 91% return rate on distributed iFOBT kits, and also utilizes survey tools to measure attendees’ knowledge and “intent to receive a screening” following events.

OVERVIEW

TYPE OF ORGANIZATION

- Multi-hospital System

ACTIVITIES

- Community education events with free iFOBT kit distribution
- Patient navigation

RESOURCES

- New Jersey CEED grant
- Donated services from gastroenterologists
- Fundraising from annual walk/run event

IMPACT

- 5 screening events per year with 30+ attendees each
- 91% kit return rate

KEY LESSONS LEARNED

- You can achieve a high return rate with free FIT kit distribution if patients connect with the system, are given clear instructions on how to return the kits and receive reminder phone calls, when needed.
- Community education events may be an effective means of attracting “unaffiliated” patients to your hospital and connecting them with primary care providers or specialists.

BACKGROUND AND AUDIENCE

CentraState Medical Center, part of the CentraState Healthcare System, serves a large population across two counties in central New Jersey that suffers from above average incidence of colorectal cancer. CentraState conducts a significant amount of community education and outreach through its Health Awareness Center, but the hospital recognized a need to increase their colorectal cancer screening efforts in particular. The counties they serve rank in the top six in the state (out of 21 counties) for incidence of colon cancer and include a large population of seniors.

PROGRAM ACTIVITIES

In 2014 CentraState's Health Awareness Center began providing educational lectures about colorectal cancer screening for community members who have never been screened for colorectal cancer. Events are approximately 90 minutes long and are held at the hospital or at senior centers, rehab centers, or other community locations. Lectures are advertised on social media, CentraState's website, at senior centers, retirement communities, health fairs, local companies, and other channels.

At the events, a physician or nurse educator explains the screening process, distributes free iFOBT kits and provides detailed instructions for sample collection, packaging, and returning the kits to CentraState's outpatient lab. Presenters use the event to not only educate patients, but also to normalize screening, taking a light-hearted approach in order to make attendees feel more comfortable with the process. After the lecture, attendees have the opportunity to talk to a nurse one-on-one if they need more information. Program managers have found that many patients take advantage of this option, given the potential for embarrassment if they have questions about the testing process.

We found that by having people sign up for a lecture and having them listen to a physician, ask questions, and talk to a nurse, they were more engaged. They had more of a tie to the program and more of a commitment to follow through with screening.

While iFOBT kits are distributed for free at the events, attendees must first complete consent forms and provide contact information before receiving one. They are also provided with names and phone numbers of a CentraState nurse in case they have further questions after they get home. Those who do not return a kit within one week of the event receive two personal phone calls from a Community Outreach Coordinator to encourage them to complete the screening. These efforts have resulted in an impressive return rate of 91%.

Patients whose kits come back positive receive a registered letter with their results as well as a follow-up call from a patient navigator to discuss the importance of completing their screening with a colonoscopy. This follow up process is managed by the Coordinator and support staff. If they do not already have a primary care provider, navigators will refer them to one as well as a gastroenterologist. Ultimately, the goal is for participating patients to establish a relationship with a PCP so that their physician can not only follow up on positive iFOBT tests, but also manage the patient's screening in the future.

RESOURCES AND FINANCIAL SUPPORT

CentraState's screening education programs are funded through several mechanisms. The hospital pays for the kits themselves. They also have New Jersey CEED⁹ grant funds (Cancer Education and Early Detection, which is CDC-funded), which helps cover the cost of colonoscopies for those who are uninsured. If CEED is not able to cover all the needed colonoscopies, CentraState offers free procedures to some patients. They have also worked with gastroenterologists in the community who are willing to do procedures for free or on a sliding scale for patients who cannot otherwise afford a colonoscopy.

Program funding also comes from an annual walk/run named for a colorectal cancer patient who unexpectedly developed cancer at a young age. Now in its eighth year, all of the funds raised from the event go to CentraState's colorectal cancer services. The event is put on by the hospital foundation and sponsored by a diverse mix of local companies, some of which also contribute in-kind products and services.

IMPACT

Since January 2015, CentraState has run an average of five screening events per year, with an average attendance of over 30 people per event. Most attendees take home a test kit, and nearly all complete and return them to the lab (91%). In addition to tracking the kit return rate, CentraState is currently using screening rates for the state of New Jersey as an outcome measure for their program, with the goal of moving from 68% to 80%. They are also using a survey tool to measure attendees' knowledge, intent to follow up with a physician, and intent to make behavior changes (see the Tools and Resources section for a copy of the survey). For two recent screening events, they found that 75% to 79% of attendees reported intent to be screened.

SECURING PHYSICIAN SUPPORT

CentraState reached out to primary care providers and gastroenterologists in their community to make sure that they were on board with the hospital's proposed stool testing program. Using provider education materials developed by the NCCRT¹⁰, they communicated about the role that stool testing can play in a high-quality screening program.

Materials and tools were distributed to physician offices with information on starting the screening conversation and how to discuss the topic with different patient populations who may find it to be uncomfortable or embarrassing.

CentraState has found that most attendees at screening events have insurance, but may not have a primary care provider, while others have just been putting off screening. For those without a primary care provider, the events have proven to be an opportunity to encourage patients who have not yet established a medical home to connect with CentraState and choose a primary care provider. Although they have not formally measured the resulting ROI, there is evidence to show that the program helps unaffiliated patients be more comfortable with the CentraState system and more likely to complete screenings there and/or use the system for all of their healthcare needs.

DEACONESS HEALTH SYSTEM



MAKING SCREENING A SHARED SYSTEM-WIDE GOAL

AT-A-GLANCE

- With the support of senior leadership, Deaconess Health System has made the 80% by 2018 pledge a system wide effort, bringing together a team of stakeholders from across the organization to set benchmarks, harness EMR data and develop a multi-year plan for increasing screening rates.
- By coordinating their health system's resources and utilizing tools from the American Cancer Society, Deaconess has seen an increase in screening rates each month since the program's launch in 2015.

OVERVIEW

TYPE OF ORGANIZATION

- Multi-hospital System and Physician Group

ACTIVITIES

- EMR data mining & health maintenance alerts
- System-wide clinical guideline for CRC screening
- Physician engagement, education & pledge
- Outreach to Deaconess patients and community

RESOURCES

- Community Engagement Specialist
- Population Health Team
- Robust EMR system

IMPACT

- 77% screening rate among Medicare population
- 61% screening among non-Medicare population

KEY LESSONS LEARNED

- It is critical to have leadership on board before you begin. Engage stakeholders early so that everyone is involved in decisions that they will need to carry out on a day to day basis.
- Don't reinvent the wheel. Use the tools that the American Cancer Society has already validated and recommended to help you improve awareness, educate, and engage patients.
- Determine the best data source to establish a baseline screening rate for the population you are seeking to influence and then work collaboratively to create a long-term plan for raising their screening rates.



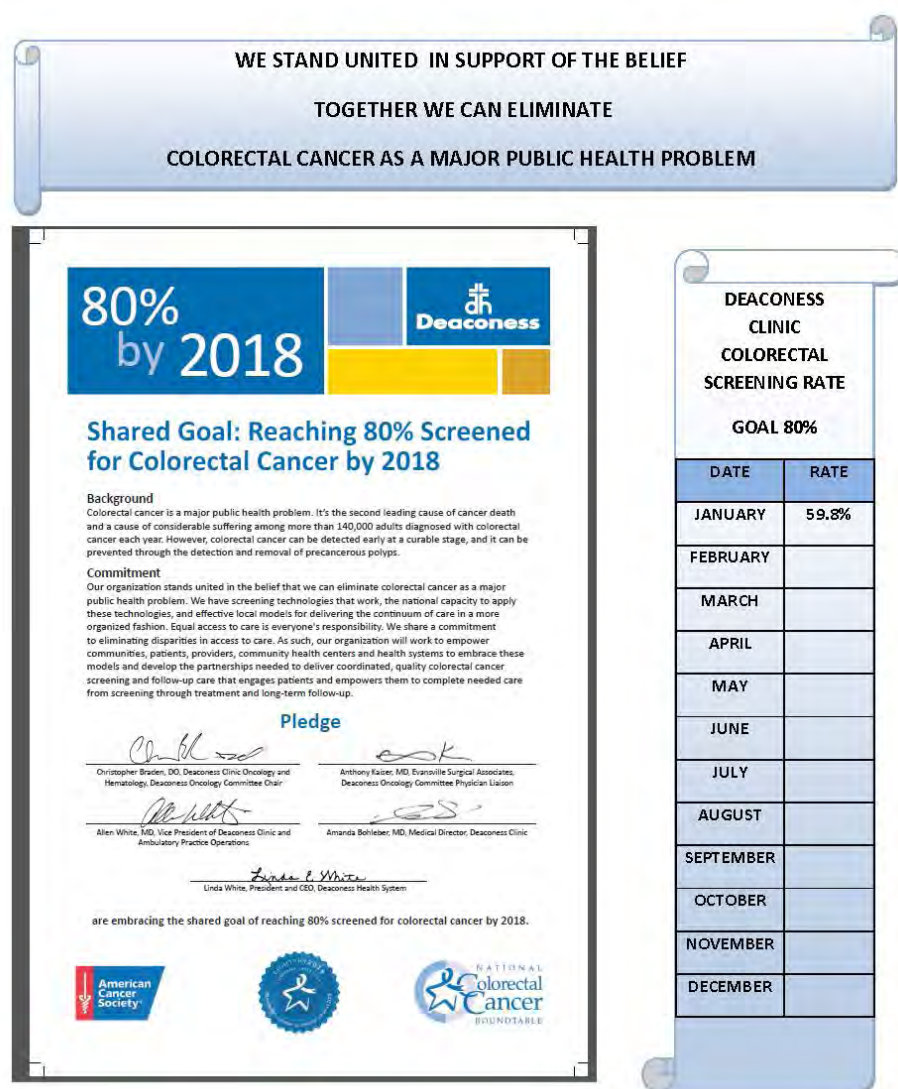
BACKGROUND AND AUDIENCE

Deaconess Health System (DHS) consists of six hospitals and an integrated multispecialty physician group in southern Indiana. Deaconess signed the 80% by 2018 pledge in 2015, recognizing the importance of addressing a major public health problem in their region.

To gain support from hospital leadership for committing additional resources to colorectal cancer screening, the Deaconess team—which included the Director of Cancer Services, Medical Director of Deaconess Clinic, and the Community Engagement Specialist—approached their CEO with information from the American Cancer Society on the importance of early detection and population health benefits of a screening program. The 80% by 2018 pledge was aligned with the mission of the organization and its commitment to high quality health care. They made the case by referencing Deaconess’s important role as a community leader and partner in population health management. After gaining support from gastroenterologists and the oncology committee, they made a strong financial case by comparing the costs of early screening with treatment costs for cancer. Their CEO’s response was positive and emphasized the importance of reaching three primary targets: patients of the Deaconess primary care group, physicians/providers, and the broader community.

PROGRAM ACTIVITIES

A team of stakeholders from across the Deaconess organization—which included system leadership, primary care providers, gastroenterologists, practice managers, health coaches, nurses, and practice managers—worked together to develop a detailed three-year plan for raising screening rates. Year 1 of the plan focused primarily on increasing awareness and educating both patients and providers about Deaconess’s commitment to the 80% by 2018 pledge, the importance of screening, and the various screening tools that are available. In the first year, Deaconess’s Population Health Team (part of the Deaconess Accountable Care Organization) collaborated to mine their EMR for relevant data and establish a baseline screening rate for DHS patients.



Year 2 of the plan continued the focus on awareness/education, and further added engagement with primary care providers and addressing structural changes that would facilitate increased screening. Most importantly, the 80% by 2018 team worked with primary care providers and gastroenterologists to develop a new system-wide clinical guideline for CRC screening. This was a significant achievement because there had been some concern that the seven different screening modalities would cause confusion. Working together to develop a consistent indication algorithm for selecting the best screening modality for a given patient helped to make sure all stakeholders were in agreement with the way any DHS clinic or primary care provider would approach screening discussions with patients.

Figure 4: Example of Lobby Poster Featuring Progress on System-Wide Screening Rates

Everybody in the organization knows how to speak to colon cancer screening. They all know the right verbiage. They understand the plan and the algorithm. Even the front office staff can feel comfortable coaching a patient to make a decision to do some sort of colon cancer screening.

To ensure consistency about their choice of screening modalities and keep all providers up to date on the latest screening guidelines, Deaconess' gastroenterologists have provided educational presentations for primary care providers.

These cover not just how to choose from amongst different screening modalities, but also appropriate screening documentation in the EMR. The presentations have highlighted the important role that everyone in primary care office setting can play, including physicians, practice managers, registration staff, and other non-clinical staff.

Deaconess encourages all staff members to be empowered and responsible for improving screening rates. To support this, a quality metric and performance incentive program for both staff and providers was established.

Colorectal cancer is one of several quality measures that providers and staff can choose for their incentive program. To promote transparency and accountability, Deaconess created large-format 80% by 2018 pledge posters that were signed by staff and physicians and placed in central areas for patients to see. The posters show how the overall organizational screening rate is improving on a monthly basis.

Deaconess's electronic medical record system is a valuable tool that helps providers to address screening gaps among their patient base. Each primary care practice receives health maintenance alerts, monthly metrics on care gaps, and lists of unscreened patients, which are used to facilitate patient outreach and provide unscreened patients with a provider recommendation—one of the most effective ways of getting people screened. Deaconess also provides physicians with tools and patient education handouts from the American Cancer Society, which help them coach patients to overcome barriers and accept a screening recommendation.

PROMOTION AND OUTREACH

In addition to a primary care provider strategy, Deaconess pursues a variety of community education efforts, which make effective use of ACS-developed outreach materials and messaging. Media outreach, marketing and public relations efforts to promote screening are managed by the Community Engagement Specialist. Deaconess uses a robust mix of channels, including patient handouts, outdoor billboards, posters, blog posts, health fairs, and social media. Their Director of Cancer Services even allowed her own colonoscopy to be televised by a local news station, along with an interview with a Deaconess gastroenterologist who discussed the screening process, polyp removal, and the importance of early detection.

EXPANDING ACCESS TO COLONOSCOPY

In order to address patient barriers associated with taking time off work for screening, Deaconess is exploring opportunities to offer colonoscopies on Friday evenings, Saturdays, or Sundays.

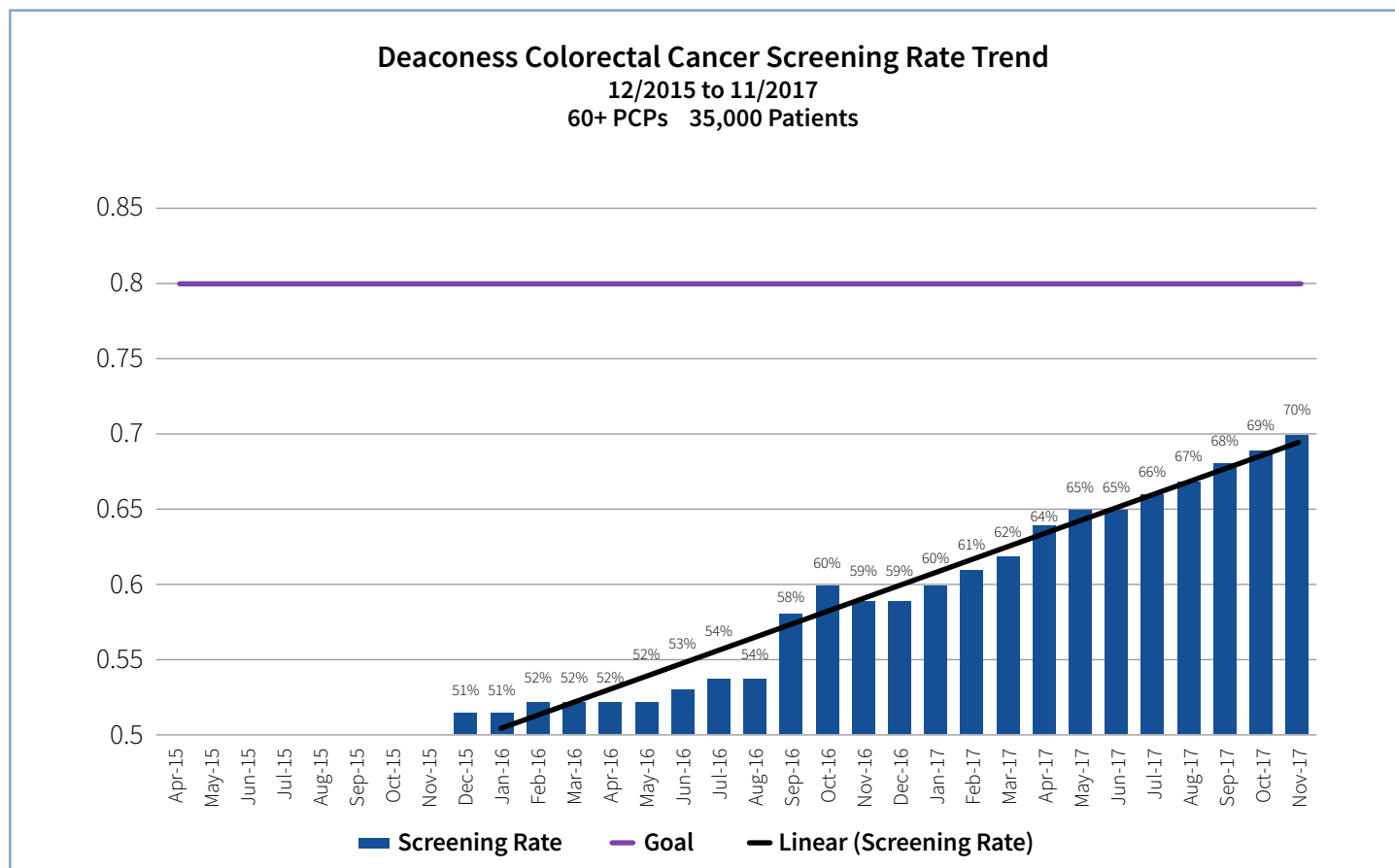
They have pursued a media relations strategy that highlights the stories of patients who had early stage colorectal cancer detected by a screening colonoscopy. Anecdotal feedback from patients indicates that these efforts have been effective at addressing patient fears about screening and conveying a positive message about colonoscopy.

Year 3 of the plan is underway now, which will continue the efforts described above and broaden the focus of the effort across the tri-state area. Deaconess will be conducting additional outreach in this year, including colorectal cancer awareness seminars and screening outreach at community health fairs.

IMPACT

Deaconess is using their EMR to track improvement in screening rates among their primary care patient base. All patients age 50–75 who have a Deaconess Clinic primary care provider are tracked to determine if they have received any USPSTF-approved screening tests within the recommended intervals. Deaconess has also used their community health needs assessment data for baseline screening rates for the community that they serve. The assessment is not scheduled to be done again until 2019, at which time they will look to assess the impact of their outreach efforts on their community.

Screening rates among primary care patients have increased from 51% in 2015 to 70% in 2017, with a steady increase each month since the program launched. Among their Medicare population, screening rates have reached 77%.



GEISINGER HEALTH SYSTEM



USING EMRS TO TARGET PRIMARY CARE PATIENTS FOR SCREENING

AT-A-GLANCE

- By utilizing electronic medical record (EMR) data to target patients who are due for colorectal screenings, Geisinger has dramatically improved screening rates among primary care patients.
- Making effective use of its EMR system allows Geisinger to run highly targeted efforts to specific populations, to actively market in defined geographic areas and to exclude patients for whom screening may not be appropriate.

OVERVIEW

TYPE OF ORGANIZATION

- Multi-hospital System and Physician Group

ACTIVITIES

- EMR data mining & best practice screening alerts
- Personalized mailings to patients

RESOURCES

- Robust EMR system

IMPACT

- Screening rates rose from 44% in 2007 to 66.7% in 2016

KEY LESSONS LEARNED

- The ability to demonstrate results with hard data on the scope of an outreach campaign and the resulting number of colonoscopies or other types of screening is extremely valuable information to share with system leadership.
- Make effective use of electronic medical records so that outreach is going to the most accurate and appropriate patient population.
- Targeting patient reminders can be an effective intervention.



BACKGROUND AND AUDIENCE

Geisinger is a large integrated health services organization with 13 hospital campuses and numerous primary care practices across Pennsylvania; the organization also includes a health plan, though patients do not need to be Geisinger Health Plan members to access their health care facilities. Geisinger serves a diverse patient population across the state. Its northeast Pennsylvania service area has colorectal cancer rates that are higher than the national average. Geisinger signed the 80% by 2018 pledge in 2016, but its EMR-facilitated screening efforts have been in place for many years. Geisinger's screening initiative was developed with the input of a systemwide steering committee which included representatives from gastroenterology, labs, marketing, care gaps, Geisinger Health Plan and physician leaders within the system. The effort targets patients of Geisinger's primary care practice.

PROGRAM ACTIVITIES

To facilitate an efficient screening program, Geisinger makes effective use of its robust, long-standing EMR system and provides staff with access to hospital and primary care patient records. Geisinger has a strong data team that writes code to pull reports of all patients who are eligible for screening (see the Tools and Resources section for patient selection criteria). Primary care staff uses these reports to guide a systematic patient outreach strategy.



PROMOTION AND OUTREACH

To ensure that screening recommendations are delivered to all eligible patients, Geisinger sets up best-practice alerts in the EMR that trigger when a patient comes in and is overdue for any type of preventive health screening. These alerts help nursing staff or providers start a screening conversation with patients.

Primary care offices also run pre-visit planning reports so that the medical team can identify care gaps in advance and alert patients up to two weeks prior to their visit that they will need a colonoscopy, mammogram, lab test or other service. Patients are encouraged to schedule these tests before seeing their provider, if possible, so that the results can be reviewed during the office visit. In the case of colorectal cancer screening, colonoscopy is the first recommendation given, but if the patient refuses, providers will offer stool testing options and are beginning to incorporate Cologuard®.

The screenshot displays a best practice alert titled "BPA CANCER SCREENING, MALE 50-75, COLON #4469". It is organized into three main steps:

- 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 5: Geisinger EMR Best Practice Alert for CRC

Because this is based on specs documented in EPIC, you need a strong data team that knows how to write the code to get the information you need. It's not just identifying the inclusion criteria—it's also identifying exclusion criteria.

Geisinger primary care providers send patients around their birthdays, suggesting colorectal cancer screening and any other tests and procedures for which they may be overdue. (Letters are sent electronically if the patient is active on the myGeisinger patient portal.)

Geisinger's Care Gap Department does additional outreach mailings specifically for colorectal cancer screening. This letter provides more information about the 80% by 2018 initiative (now called simply the 80% Pledge) and the importance of screening. In the past, the letter focused on screening by colonoscopy, but it now mentions alternative screening methods in an effort to appeal to those who do not want to undergo colonoscopy.

A GI scheduler will call those patients who do not follow through and get screened. Geisinger will mail stool-testing kits to patients for those who indicate a preference for this type of test.



IMPACT

Screening rates for Geisinger's primary care patients have improved from 44 percent in 2007 to 66.7 percent in 2016. As of 2017, Geisinger has identified significant barriers to further improving screening rates related to access issues. (There is a four-month waiting period for a colonoscopy in some regions of Pennsylvania.)

As a result, Geisinger has not actively marketed colonoscopy in those regions since it cannot necessarily fulfill demand, but is offering FOBT and Cologuard as appropriate. Geisinger has only recently confirmed that payors will be covering Cologuard and expects that its screening rates will improve considerably now that it can begin proactive outreach to promote this option.

Although Geisinger has not yet run an evaluation of the program, its systems will allow assessment of whether the patients contacted via a Care Gaps campaign have been screened based on their medical records.

Analysts will look at billing data and generate a return on investment calculation based on the actual procedures that were completed. Factoring in pay-for-performance incentives received for raising screening rates, Geisinger is confident that the investments it is making in the program are paying off.

ENSURING ACCURACY IN SCREENING RATES

Geisinger pays particular attention not only to tracking those who have been screened, but also to ensuring that they are reaching out to the right patients and excluding those for whom screening is not appropriate or who are not likely to be screened at a Geisinger location.

Patients in the EMR who have permanent residences in other states, those who are in skilled nursing facilities and those who are incarcerated are all removed from the denominator of screening-eligible patients.

KENTUCKYONE HEALTH



IMPROVING COLONOSCOPY EFFICIENCY THROUGH PATIENT NAVIGATION

AT-A-GLANCE

- As part of its effort to increase screening rates, KentuckyOne's Cancer Prevention Services team established a direct access colonoscopy scheduling program which saw great success through the use of extensive patient navigation.
- Because navigators provide in-depth education to patients and manage reminders, they have eased the burden on office staff and dramatically increased show rates for appointments (to 100% for navigated patients).

OVERVIEW

- | | |
|-----------------------------|--|
| TYPE OF ORGANIZATION | ■ Multi-hospital System and Physician Group |
| ACTIVITIES | <ul style="list-style-type: none"> ■ Direct access colonoscopy scheduling ■ Patient navigation |
| RESOURCES | <ul style="list-style-type: none"> ■ Shared EMR system ■ Two nurse navigators |
| IMPACT | ■ 100% show rate for 1000+ patients scheduled |

KEY LESSONS LEARNED

- Patient navigation is critical to ensuring proper prep and strong show rates because colonoscopy can be complicated to prepare for and it can trigger fear and a tendency toward procrastination for some patients. Navigation and personal attention is necessary to convince patients to overcome their fear, confusion or displeasure at completing this type of screening.

BACKGROUND AND AUDIENCE

KentuckyOne is a large health system serving the state of Kentucky with more than 200 locations, including hospitals, primary care groups, specialty institutes, and clinics. With a high volume of colonoscopies taking place at their hospitals, KentuckyOne developed a patient navigation program to facilitate greater efficiency and higher show rates among patients. The program concept was originally developed by a hospital gastroenterology team that sought to correct weaknesses and inefficiencies in the traditional approach to colonoscopy scheduling. They recognized that it was frequently unnecessary for a patient to see a gastroenterologist prior to receiving a colonoscopy. The team also saw an opportunity to improve coordination and communication with referring primary care providers, who oftentimes did not know if their patients followed through with screening.

PROGRAM ACTIVITIES

Several years ago, KentuckyOne's Cancer Prevention Services staff (part of the Oncology service line) established a direct access colonoscopy scheduling program where average-risk, medically qualified, patients could schedule a screening colonoscopy without first seeing a specialist. While most patients were referred to the program by primary care providers within the KentuckyOne medical group, the health system also advertised the direct access program to the general public, so patients could call the hospital directly and determine if they qualified.

A team of two hospital nurse navigators managed the program, which was facilitated by two key features: 1) a shared EMR system that enabled hospital staff to access the medical records of patients from the medical group, and 2) navigators' detailed knowledge of the preferences of endoscopists, including reasons why they would want to see a patient for a consultation prior to the procedure.

Criteria that would result in a consultation was used to develop an algorithm (shown below) for guiding the scheduling and screening process. Primary care providers could refer a patient to the navigators, who would then review their medical records and determine if the endoscopist would want a consult first. Navigators would look at factors such as a history of cardiac or kidney issues, family history, and medications to make this determination.

Extensive patient navigation was a critical component of the success of the program. If the navigator received a referral, they made multiple efforts to contact the patient and ensure follow through. Additionally, navigators would typically spend 20 to 30 minutes on the phone with each patient, explaining the prep and the procedure. One KentuckyOne navigator even tried every prep on the market so that she could have complete credibility in coaching patients through the process. This attention to detail resulted in outstanding prep and show rates. Patients were very well informed and were even given the personal cell phone number for a navigator in case they had any questions after hours or on weekends.

Staff members credit the program's success in part to the fact that the navigators were entirely focused on scheduling and educating patients for one procedure. Unlike primary care office staff who might otherwise be responsible for making sure that patients followed up on a referral, they did not have to simultaneously concern themselves with patients' other medical issues.

Both primary care providers and endoscopists at KentuckyOne were very pleased with the program. It eased the burden on their own staffs because navigators took care of all prior authorizations, reminders, and patient education. Endoscopists were particularly pleased with improved efficiency and show rates; they knew that they would receive a consistent packet of information on each patient and could be confident that patients would be properly prepped and ready for the procedure.

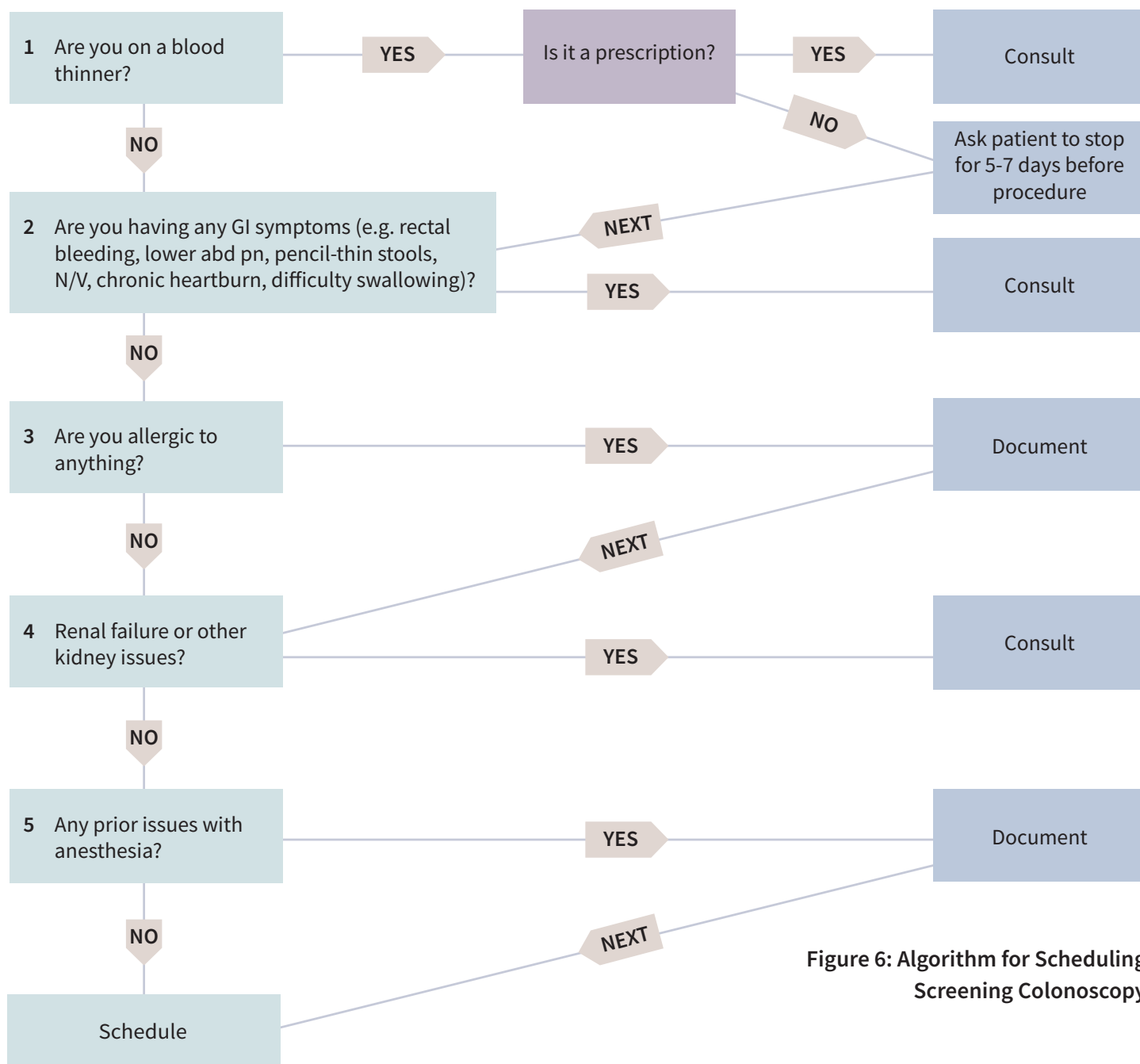


Figure 6: Algorithm for Scheduling Screening Colonoscopy

IMPACT

Scheduling more than 1000 colonoscopies per year, the KentuckyOne team saw remarkable 100% show rates for their navigated patients. In the future, Cancer Prevention Services staff are hoping to set up a larger dedicated team of navigators and schedulers who could navigate a larger percentage of the screenings done across the entire system (estimated at more than 10,000 annually).

ORANGE COAST MEMORIAL



DELIVERING CULTURALLY-APPROPRIATE SCREENING OUTREACH

AT-A-GLANCE

- To increase screening rates among their large Vietnamese-American population, Orange Coast Memorial conducts regular education and screening events with content specifically tailored to this audience's sensitivities and concerns.
- By partnering with organizations already established in the community, Orange Coast has greatly enhanced the effectiveness of the program and removed cultural barriers between them and their vulnerable populations.

OVERVIEW

TYPE OF ORGANIZATION

- Community Hospital, part of larger health system

ACTIVITIES

- Vietnamese-language community education events and FIT distribution

RESOURCES

- Partnership with VACF
- Vietnamese-speaking community liaison, navigators, physician presenters, and interpreters
- \$3900 for promotion, lab fees, event materials

IMPACT

- 339 attendees
- 90% FIT return rate

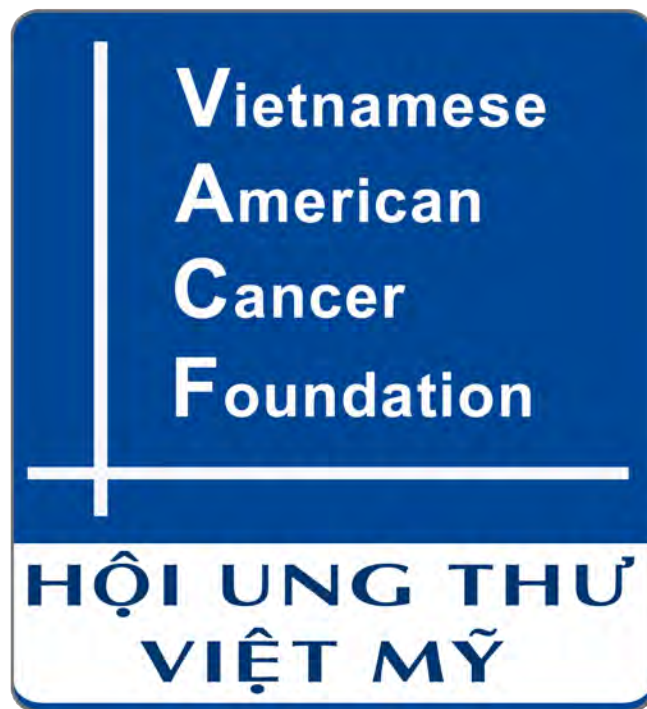
KEY LESSONS LEARNED

- Cultural competency holds the same value as clinical excellence when reaching underserved populations.
- Respect the cultural capital, experience, and trusted relationships that community partners can bring to the table. Work alongside them and do not try to take over the process.
- Colorectal cancer screening is the type of service that often requires a customized approach in order to reach vulnerable populations. One size does not fit all.

BACKGROUND AND AUDIENCE

Orange Coast Memorial Medical Center provides colorectal cancer screening outreach to the entire population they serve in southern California; however, they recognized a particular need to raise screening rates among the large Vietnamese-American population in their immediate community. Asian Americans have one of the lowest rates of colorectal cancer screening in the U.S.¹¹ and approximately one-third of the patient base they serve is Vietnamese-American. Orange Coast partnered with the Vietnamese American Cancer Foundation (VACF) to develop a culturally appropriate program in the hopes of raising screening rates in their community, particularly among those who are more comfortable receiving health information in Vietnamese.

To obtain support from hospital leadership, the Director of Oncology Programs, in conjunction with the other program's champions (which included the hospital's Vietnamese Community Liaison and the Executive Director of the VACF) developed a strong business case that identified not only high levels of community need, but strong alignment with the hospital's overall strategic initiatives. The development of a colorectal cancer screening program for the Vietnamese community had clear potential for market differentiation, effective utilization of internal resources, and service line growth. While there was an expectation that the hospital might see increased revenue from the program, the primary motivation to pursue the program was the need to serve the health needs of their community.



We weren't doing this all by ourselves. We were doing it in partnership with a long-standing, grassroots organization that already had ties here in the Vietnamese community. So we partnered to share the resources, education, follow-up, and tracking.

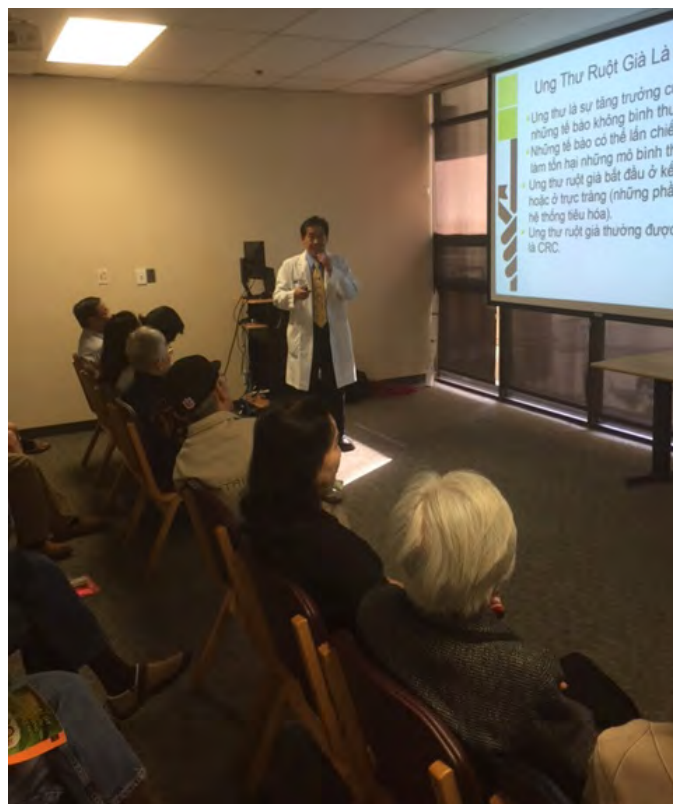
PROGRAM ACTIVITIES

To develop the Vietnamese Colorectal Education and Screening Event, Orange Coast Memorial took advantage of pre-existing partnerships with the American Cancer Society and the VACF to plan and execute a series of screening events. The VACF was a critical partner in this effort because of their long-standing presence in the community. VACF conducts its own outreach and education¹² and is well versed in the cultural barriers to cancer screening that exist with the Vietnamese-American community, including not only language barriers but also cultural relevancy and competency outside of the immediate community and trust in thought leaders.

Events were held at the hospital and featured educational presentations in Vietnamese. Presenters and staff included Vietnamese-speaking physicians (colorectal surgeon and a primary care physician), the Executive Director of the VACF, VACF community lay navigators, and a Vietnamese community liaison from Orange Coast Memorial. The presentations focused on how colorectal cancer impacts the Vietnamese community in particular and how screening can save lives.¹³

Attendees received FIT kits with personal, culturally sensitive instruction on how to complete them, and assistance completing necessary forms. Given the sensitivity of the subject matter, one-on-one instruction was important for some participants. Presenters fielded many questions and also assisted attendees with completing forms. Attendees were very comfortable talking with the event leaders about such a sensitive subject because there were recognizable faces and names from the community.

After approximately five weeks, those whose tests came back positive were invited to return for a “results day” presentation about what a positive test means and why they need to have a colonoscopy to complete the screening.



Attendees at a colorectal cancer screening event

In collaboration with the OCM Vietnamese Community Liaison, the community-based navigators at the VACF helped participants interpret the results and determine next steps in ensuring good colon health. Nearly all whose tests were positive attended the results day. Navigators also reached out to those with positive results by phone to make sure that they completed a follow-up colonoscopy.

Thanks to this proactive follow-up, approximately two-thirds of attendees have had a colonoscopy, followed up with a doctor, or plan to do so; navigators were not able to connect with another third, so data is not available on whether they completed follow-up. Participants with negative test results receive a letter in Vietnamese that confirms their negative result and explains the importance of repeating the screening every year.

AGENDA HIGHLIGHTS FROM SCREENING EVENTS

- ▶ Importance of colorectal screening in the Vietnamese community
- ▶ Facts and figures about the impact of colorectal cancer on Vietnamese-Americans
- ▶ Physician presentations on late stage colorectal cancer and cancer surgery.
- ▶ Instructions on completing a test kit at home
- ▶ Returning the kits, receiving results
- ▶ Follow up process for abnormal results
- ▶ Community resources for participants who need financial assistance with colonoscopy or cancer treatment

RESOURCES AND FINANCIAL SUPPORT

Resources required to run the program include staff from the hospital and the VACF, both of whom provided staff for navigation services. The VACF also approached a FIT vendor to obtain a discounted rate for the kits and processing. The overall cost to organize the event is estimated at \$3,900, which includes lab costs for returned kits. This covers the kits, refreshments, decorations, printing, and promotion/marketing.

This expense was shared by the VACF, ACS, and Orange Coast Memorial. Interpreters and educational materials in Vietnamese are provided by the VACF.



PROMOTION AND OUTREACH

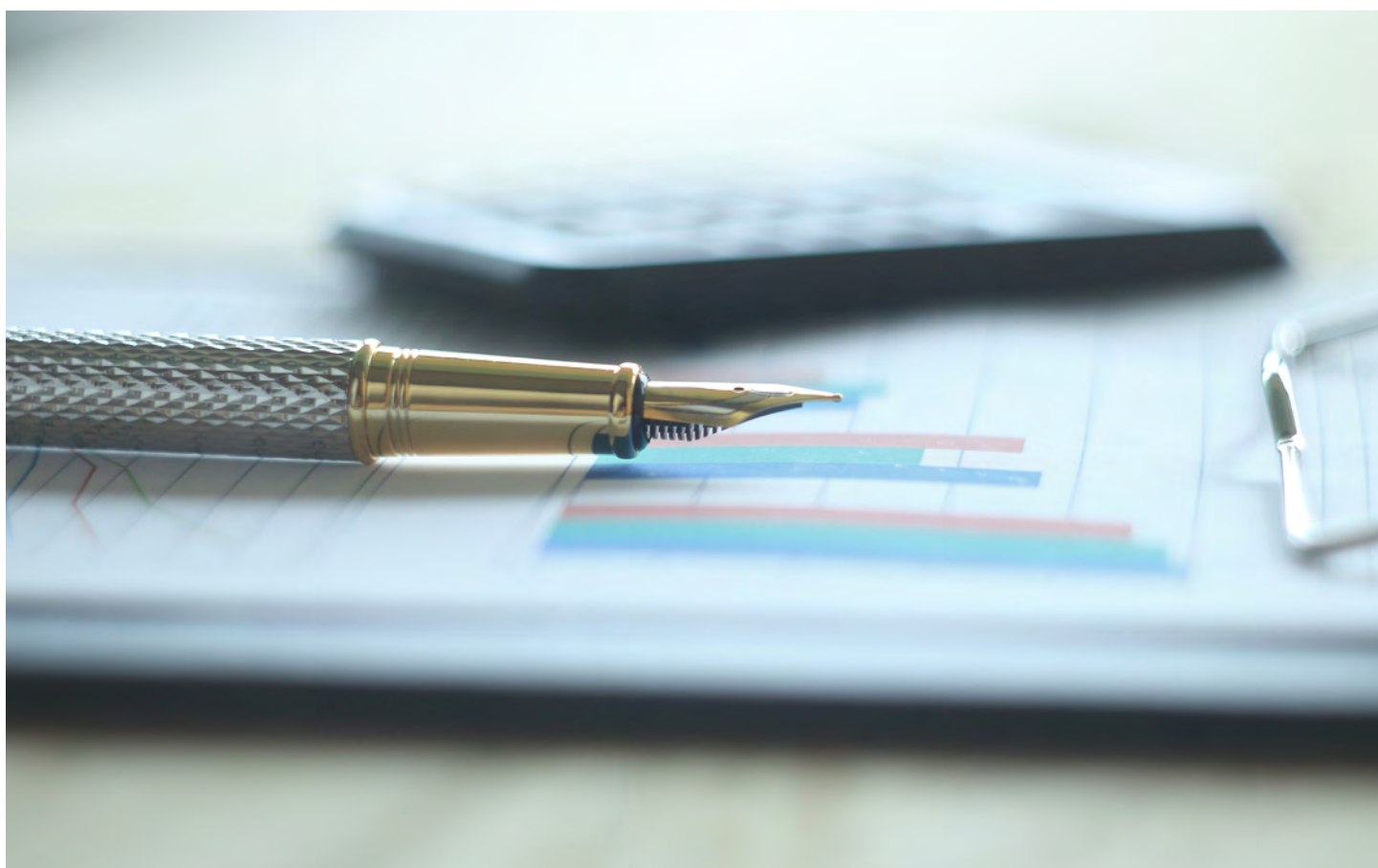
Screening events were promoted by the hospital and VACF in Vietnamese media (radio, TV, newspapers), and through hospital communications (see the Tools and Resources section for an example of a promotional flyer).

IMPACT

Across three screening events conducted nine months apart, 339 individuals attended. Although not all participants took a FIT kit home, nearly all who did take a kit ultimately returned it, with a total of 230 FIT kits returned. At one of these series of events, the FIT return rate was nearly 90%. Approximately 31 positives were found. Among those with positive results, approximately one-third reported that they scheduled or completed a colonoscopy. Another 28% followed up with a primary care physician, with additional steps unknown at this time. (Note that 36% could not be reached and their outcome is also unknown.) From the first event in 2015 (90 attendees) to the most recent in 2017 (155 attendees), interest from the community has increased with each program.

Despite an early assumption that these events might appeal primarily to the uninsured, Orange Coast has found that most attendees are actually well insured. They were attending the event for the information and knowledge, not necessarily because of the promise of free screening. For the few who need assistance, Orange Coast established cash rates for any attendees who were not insured or had high deductible plans and preferred to pay cash. The VACF worked to navigate anyone who did not have insurance and needed a follow-up colonoscopy to obtain coverage through Medi-Cal or other avenues.

Orange Coast hopes to continue these events and to roll out a similar program for its Hispanic and other special population communities in the future.





PHOEBE PUTNEY MEMORIAL HOSPITAL



PARTNERSHIP WITH COMMUNITY HEALTH CENTERS TO REACH VULNERABLE PATIENTS

AT-A-GLANCE

- By forging relationships with local organizations, including the local cancer coalition, community health centers and patient navigation services, Phoebe Putney Memorial Hospital is better able to provide colorectal screenings to its medically underserved populations.
- Phoebe utilizes multiple measures to assess of the performance of their program, from number of colonoscopies performed to projected savings in unreimbursed treatment costs (by catching cancers in early stages).

OVERVIEW

- | | |
|-----------------------------|--|
| TYPE OF ORGANIZATION | <ul style="list-style-type: none">■ Community Hospital |
| ACTIVITIES | <ul style="list-style-type: none">■ Partnership with FQHC and cancer coalition■ FIT testing and donated colonoscopies for uninsured patients■ Patient navigation |
| RESOURCES | <ul style="list-style-type: none">■ In-kind colonoscopy and full continuum of care services provided by Phoebe■ Patient navigators (hospital and cancer coalition) |
| IMPACT | <ul style="list-style-type: none">■ 2,600+ colonoscopies on uninsured patients since 2006■ 21 early stage cancers found■ Excellent show rates (98%) and bowel prep (96%)■ Some partnering clinics have exceeded 80% screening |



KEY LESSONS LEARNED

- Make FIT part of your testing approach, especially for the uninsured or underinsured. Relying only on colonoscopy for all patients strains capacity and is not likely to be economically viable over the long run.
- Construct your board purposefully and consider cross-pollination with the boards of other health care organizations. Pursue board members who genuinely care about improving the health status of the entire community. Invite leaders from community health centers to serve, and ask hospital leadership to serve on the board of your local FQHC.
- Create a community of interested people and organizations, including not just hospitals but also FQHCs, large employers, social service organizations, and the faith community.
- In making the case for setting aside hospital resources for a colorectal cancer screening program, recognize that the costs to screen even a largely uninsured/underinsured population are likely to be lower than the costs to treat late-stage cancer.

BACKGROUND AND AUDIENCE

The community of Albany, Georgia has a very high poverty rate, high rates of uninsured residents, and significant racial disparities. When Phoebe Putney Memorial Hospital began their work on colorectal cancer many years ago, their county had the highest colorectal cancer death rate in the country. The hospital decided to address this issue because it takes its service to the community very seriously and recognized an important opportunity to make a significant difference in people's lives. They also recognized that the effort made strong business sense. The cost to treat an uninsured resident who arrives in the ER with advanced colorectal cancer is far higher than the cost to screen them. The hospital and their partners in the community sought to “go upstream” to prevent these cancers from occurring in the first place.

Our region is one of the poorest areas in the country and has had historical access issues. So if somebody comes into my emergency room with advanced colorectal cancer, the cost that's going to be expended in scarce resources to treat that person is exponentially higher than if that same individual had gotten appropriate screening much earlier in the disease process.



ESSENTIAL CONTRIBUTIONS FROM A LOCAL CANCER COALITION

Phoebe is one of four hospital systems that collaborate with The Cancer Coalition of South Georgia, a division of Horizons Community Solutions, to facilitate better preventive health in the rural, impoverished areas they serve.

Horizons provides a variety of essential services that make it possible for partners like Phoebe Putney to deliver essential health programming like colorectal cancer screening in an efficient manner.

Horizons conducts public education campaigns and conducts outreach to primary care physicians to educate them about the importance of offering patients test options

Most critically for colorectal cancer screening, Horizons provides patient navigation services that increase patient compliance by addressing barriers such as transportation and cost. They provide support and consultation for patients to make sure they are properly prepped before their colonoscopy.

Transportation assistance is provided via gas reimbursement, arrangement of reservations, and payment of fares for local shuttle transit systems that provide non-emergency medical transportation in the region.



While Phoebe's primary target audience for their colorectal cancer screening program is the large number of underserved, underinsured, and uninsured patients, they are also working to improve screening for their employees and the rest of the community.

Phoebe has a strong strategic partnership with Albany Area Primary Health Care (AAPHC), a multi-site community health center that provides care to the medically underserved audience that the hospital targets with its screening efforts. These two organizations have overlapping board members and have worked together for many years on strategic planning to address colorectal cancer (along with many other health conditions). They have a carefully developed workflow across organizational lines that ensures all the pieces are in place to find colorectal cancer early or prevent it from occurring. Many years ago, a non-profit regional cancer coalition (Cancer Coalition of South Georgia¹⁴) was also set up with the participation and financial support of Phoebe, other area hospitals, the state of Georgia, local businesses, and other partners. The cancer coalition, a division of Horizons Community Solutions, provides critical patient navigation services, paid for by soliciting the financial support of wellness-minded companies in the area via their board of directors.

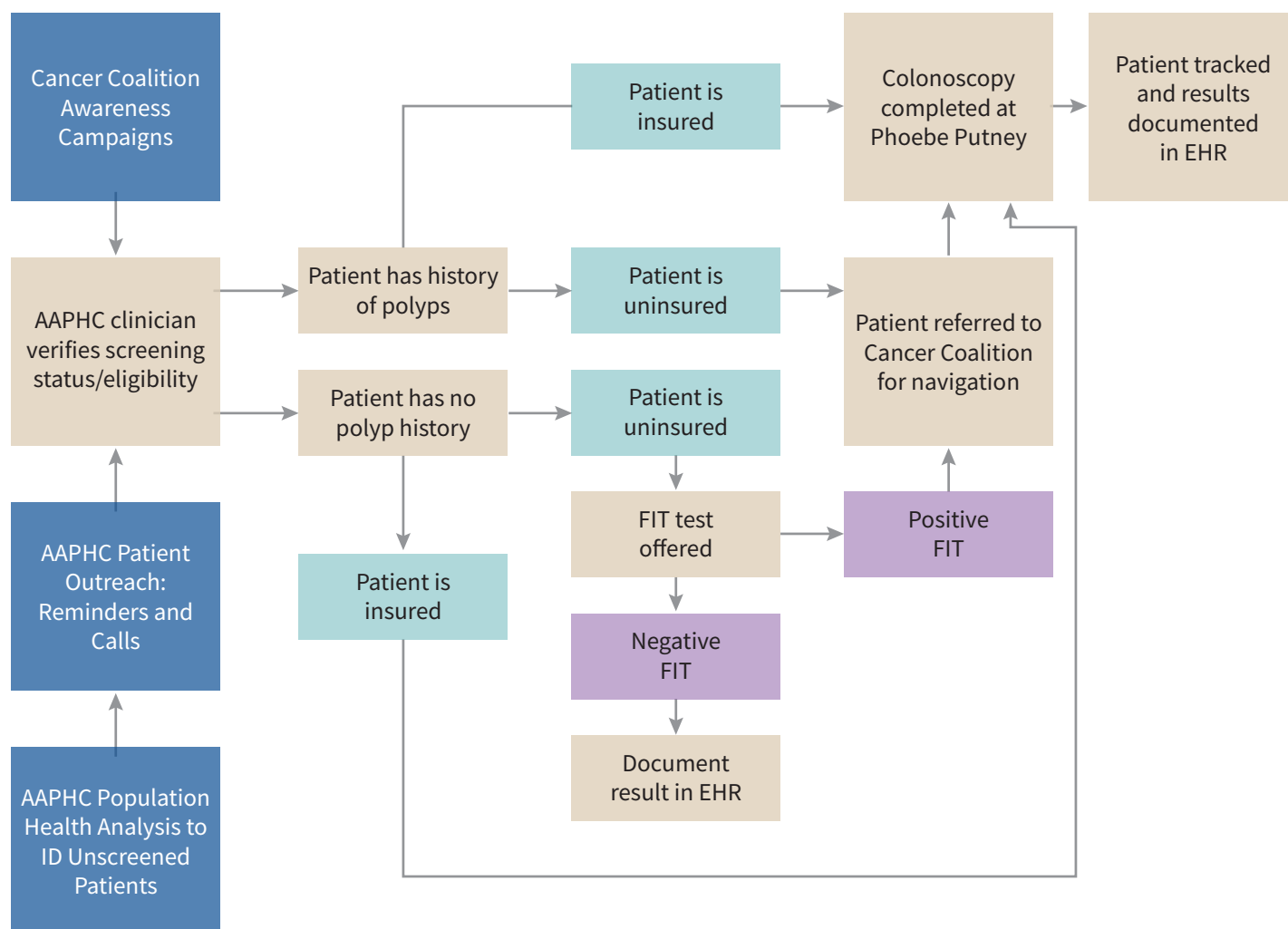


Figure 7: Work flow illustrating collaboration and contributions from Phoebe Putney Memorial Hospital, AAPHC, and Horizons Community Solutions (Cancer Coalition)

PROGRAM ACTIVITIES

Patients who are identified at a community health center clinic as due for screening receive either a FIT test (if they are uninsured) or colonoscopy. Those whose FIT tests come back positive are referred to a navigator from Horizons, the local cancer coalition, who work to ensure that they complete a follow-up colonoscopy. Horizons navigators make an average of eight calls to patients in order to help them with education about the procedure, proper prep, transportation, reminders, etc.

Phoebe has a program to cover colonoscopy and treatment costs for uninsured patients, so the coalition navigator can then hand-off patients to a hospital navigator for scheduling and follow up. At that point, the hospital has committed its full continuum of care, including radiology, oncology, and surgical services, regardless of the patient's ability to pay

RESOURCES AND FINANCIAL SUPPORT

There are a variety of factors that make it possible for Phoebe to pursue this program. Gastroenterologists are now employed by the hospital, so the hospital has the ability to fully commit those staff resources to the program.

However, even before they became employed, private GI groups in the area were committed to this program and offered regular time slots (at least one per week) to the uninsured. These gastroenterologists had been willing to do this because they recognized the significant health disparities in their community and knew that the workflow that had been developed would mean that the burden on them would be relatively minimal.

The navigation ensured that patients would be properly prepped and show up for the appointments on time, which meant that the process of adding the patients into the daily endoscopy schedule would be efficient.



IMPACT

Phoebe believes that the screening program is not only the right thing to do for the community, but also a cost savings, given that they are obliged to provide care to uninsured patients who use their ER. Hospital leadership estimates that a single case of advanced colorectal disease in an uninsured patient might otherwise have an impact of close to \$400,000 in unreimbursed treatment costs to the hospital – far exceeding the cost for colonoscopy screening.

Since 2006, Phoebe has performed more than 2,600 colonoscopies on uninsured patients and found 21 early stage cancers. On average, they provide 25 colonoscopies per week (via 5 providers), with excellent show rates (98%) and bowel prep (96% good/adequate/excellent). The hospital is proud to point to their colorectal cancer screening program as evidence of their compliance with the Commission on Cancer screening initiative and benefiting their community.

Phoebe is looking to a variety of data points to further measure their impact on the community. For example, they are tracking screening rates among affiliated primary care practices, as well as UDS CRC screening rates for AAPHC. The colorectal cancer UDS measure for AAPHC has gone from 26% in 2012 to 56% in 2016, placing them among the highest performing health centers in the nation on this measure. Some AAPHC clinics have actually exceeded the 80% target screening rate. They have also tracked a decline in the number of advanced stage colorectal cancers.



SOUTHWEST GENERAL HEALTH CENTER



REMOVING PATIENT BARRIERS WITH AN OPEN ACCESS COLONOSCOPY

AT-A-GLANCE

- By first piloting its Open Access colorectal screening program with employees, Southwest General was able to assess performance and make adjustments before launching to the broader community.
- The trial period allowed clinicians to adjust to workflow changes and increased volumes, which helped maximize the effectiveness of the program overall; in 2016, Southwest General conducted 37% more colonoscopies than the previous year.

OVERVIEW

TYPE OF ORGANIZATION

- Community Hospital

ACTIVITIES

- Open Access Colonoscopy Program
- Employee screening program

RESOURCES

- Grant funding from ACS and Omnicare

IMPACT

- Screening rates rose from 40% to 45% in one year

KEY LESSONS LEARNED

- Be willing to make changes to your access points, workflow, and overall approach in order to minimize barriers and accommodate the needs of patients.
- When you are trying something new, expect this to be an iterative process; apply what you learn along the way to improve your processes.



BACKGROUND AND AUDIENCE

Southwest General is a 350-bed community hospital serving the Cleveland metro area. The hospital's Open Access Colorectal Cancer Screening Program was developed by a collaboration between hospital gastroenterologists, anesthesiologists, and general surgeons who recognized a need to remove barriers to access to increase colorectal cancer screening rates. The effort began in response to results of an analysis of employee preventive screening rates, which was performed by the hospital's employee benefits analytics firm as part of its regular reporting process. This analysis revealed that colorectal cancer screening rates among Southwest General's employee base were well below rates for other preventive screenings (40% in 2015). As a result, the hospital began targeted screening efforts with employees, and then expanded its efforts to serve the broader community.



PROGRAM ACTIVITIES

In 2016, Southwest General developed an Open Access Colonoscopy Program, which facilitates direct scheduling of screening colonoscopies without the need for a consultation with a gastroenterologist for medically appropriate patients.

This approach was intended to address barriers such as the amount of time patients must take off from work in order to get a colonoscopy. With a traditional approach, patients may need to take time off from work two or more times (once for a consult before the procedure, once for the procedure itself, and possibly once for the prep).

The Open Access Program was piloted with employees for three months before it was rolled out to the community. This gave Southwest General a valuable opportunity to anticipate volume, see how the program would work, and make necessary adjustments to workflow, paperwork, and scheduling.

Now, both employees and community members are able to contact the Open Access Program directly, complete an application, and schedule a colonoscopy if they meet the clinical requirements. Prospective patients can download the necessary forms from the Southwest General website (for community members) and on the hospital's Intranet (for employees). (See the Tools and Resources section for an example of the questionnaire.) Patients simply complete the form and fax or mail it in—where they are reviewed on a daily basis.

PROMOTING SCREENING AND THE OPEN ACCESS PROGRAM

- ▶ The hospital ran a Blue Star Pledge campaign in 2017 where 250 patients and family members signed a pledge star representing their commitment to being screened or making sure their loved ones get screened. Southwest General posted the signed stars on the walls at their hospitals and clinic locations. These pledge events resulted in more than 20 Open Access colonoscopy applications.
- ▶ Southwest General runs screening education events for the public at the hospital as well as rec centers, colleges, malls, and other community locations. They have featured the “Strollin’ Colon” as well as other educational material, giveaways, and promotions at these events. Attendees are also able to complete and submit an Open Access form at the events.

Some people just found it was easier to fill out this application rather than having to call a physician office and schedule a consult beforehand.



A surgical scheduler or nurse reviews the forms to assess whether the patient needs a consult (based on prior procedures, health conditions, medications, etc.) prior to scheduling their colonoscopy. If the patient answers yes to certain questions (e.g. taking blood thinners or insulin, recent heart attack or stroke, history of kidney failure) the application is forwarded to the physician team for further review by an anesthesiologist and gastroenterologist. The physicians then determine if a consultation is necessary before scheduling the patient.

After being accepted for the Open Access Program, patients receive a packet of information (either by email or mail) that includes instructions for the prep, what to expect from the procedure, and answers to other common questions. Patients are also given a phone number they can call with any questions about the process.

PROMOTION AND OUTREACH

Southwest General promotes colorectal cancer screening and the Open Access Program through social media, at health fairs and other community events, as well as internally through employee programming. The hospital is also reaching out to primary care providers to encourage them to promote screening with their patients and to make sure they are familiar with how the Open Access Program works. Primary care providers also promote Cologuard as an alternative screening option for patients who do not want to have a colonoscopy. The hospital is also currently exploring options for using FIT testing as another screening choice for all patients.

This year, Southwest General is planning a biannual postcard campaign that will reach any patient in their EMR who is turning 50 and has been seen at the hospital within the past two years. The campaign will reach all patients in the system who are turning 50 in a given year, not just those who were seen by a primary care provider in the system. (See the Tools and Resources section for a copy of the postcard campaign.)



Figure 8: Blue Star Signature Pledge



RESOURCES AND FINANCIAL SUPPORT

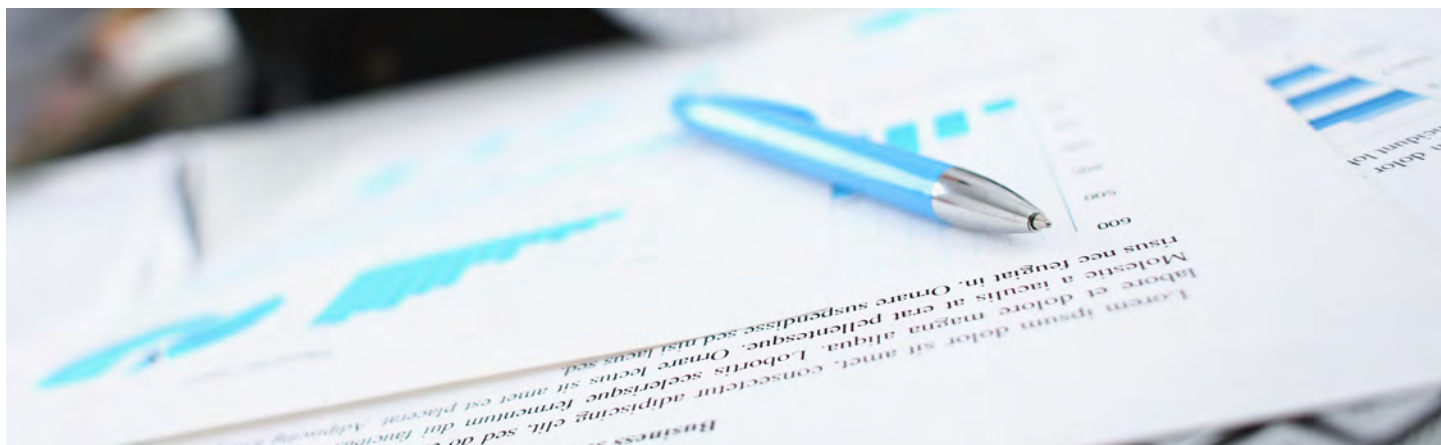
The program has been supported by a 2016 grant from the American Cancer Society and Omnicare, which provided funding for promotional materials (flyers, forms, raffle prizes, blue star pins, etc.), community awareness events (health fairs, community events), postcard reminders, and additional staff time. Southwest General was also able to eliminate one financial barrier to screening by standardizing the prep (using only SUPREP) and working with their sales representatives to provide prep at no cost for patients in financial need. Employees receive the prep at no cost through the hospital's in-house outpatient pharmacy.

At their current volume, Southwest General has been able to run the Open Access Program by incorporating the patient review process into the existing roles of several current staff members. This approach has been both successful and enjoyable for the nurses and schedulers who have the opportunity to do something that is a departure from their normal routine. The hospital feels the Open Access Program could eventually grow to the point where they will need a separate FTE for this role.

IMPACT

At first, some physicians were hesitant about the Open Access Program due to workflow changes. However, after going through a trial period, they have found that both primary care physicians and endoscopists have been very happy with the program. PCPs appreciate the ease with which their patients can get scheduled. Endoscopists find that they are spending less time on unnecessary appointments and capturing new patients that they otherwise might not have seen. Patients are pleased with how easy the process is and many have referred their spouses to the program as well. Anecdotally, hospital staff has found that some patients are also more inclined to do a colonoscopy because they can just fill out a form to get the process going—rather than calling a physician and making an appointment first.

As a result of the program, employee colorectal cancer screening rates rose from 40% to 45% in one year. In 2016, Southwest General performed 37% more colonoscopies compared to the same period in 2015. They have averaged more than one application per week for the Open Access Program, and expect their numbers to double in 2017 as they continue to promote the program. Thus far, about half of those who have participated in the Open Access Program have been hospital employees.





SURGERY ON SUNDAY, LOUISVILLE



HOSPITAL AND PROVIDER COLLABORATION TO INCREASE SCREENING ACCESS AMONG THE UNDERSERVED

AT-A-GLANCE

- Surgery on Sunday, Louisville is a non-profit organization formed by volunteer clinicians across Louisville, KY committed to screening and providing care for colon cancer as early as possible, before it incurs significant costs to patients and hospitals.
- Because their volunteer board also includes many non-clinicians, from lawyers to marketers to administrative professionals, SOSL has been able to advance their mission through more effective fundraising and strategic planning efforts.

OVERVIEW

TYPE OF ORGANIZATION

- Not-for-profit organization

ACTIVITIES

- Free colonoscopies for high risk patients

RESOURCES

- Volunteer GIs, anesthesiologists, surgeons, and nurses
- Provides malpractice insurance, navigation, and fundraising
- Clinics and hospitals donate facilities

IMPACT

- 138 free colonoscopies since 2012
- Three colorectal cancers identified

KEY LESSONS LEARNED

- Never say no to a new volunteer who wants to help. Everyone's ideas have the potential to contribute to growth and innovation.
- Cultivate a diverse pool of volunteers, including more than just clinicians. Community members and experts with other non-clinical skills can be extremely valuable to the success of your program.
- Providing a structured forum for physicians to give back to the community may uncover an untapped reservoir of volunteers who are excited about the opportunity.

BACKGROUND AND AUDIENCE

Surgery on Sunday, Louisville (SOSL) is a not-for-profit organization in Louisville, Kentucky that provides colonoscopies to high-risk patients who are either uninsured or underinsured, as well as other needed procedures. Seven area hospitals currently contribute staff and facilities to the program, including hospitals in the Jewish and Norton systems, Baptist Health, the University of Louisville, and Premiere Surgery Center. The organization has grown rapidly and now has hundreds of volunteers providing in-kind services.

Surgery on Sunday, Louisville began in 2013 when local clinicians were looking for a way to give back to the community and prevent colorectal cancer, rather than just treating it. It was modeled after a successful outpatient surgery program in Lexington, KY. The program got its start with a special meeting of interested members of the Greater Louisville Medical Society, which included endoscopists, surgeons, physicians, and administrators from many hospitals and organizations.

PROGRAM ACTIVITIES

Surgery on Sunday, Louisville was formed as non-profit organization to organize the work of many volunteers and to provide them with malpractice insurance coverage. Their model is based on the idea that it is important to provide care as early as possible before there are significant costs to patients or hospitals due to more advanced disease. Volunteers in the organization include endoscopists, pathologists, anesthesiologists, and nurses.



SURGERY ON SUNDAY, LOUISVILLE HOSPITAL PARTICIPANTS

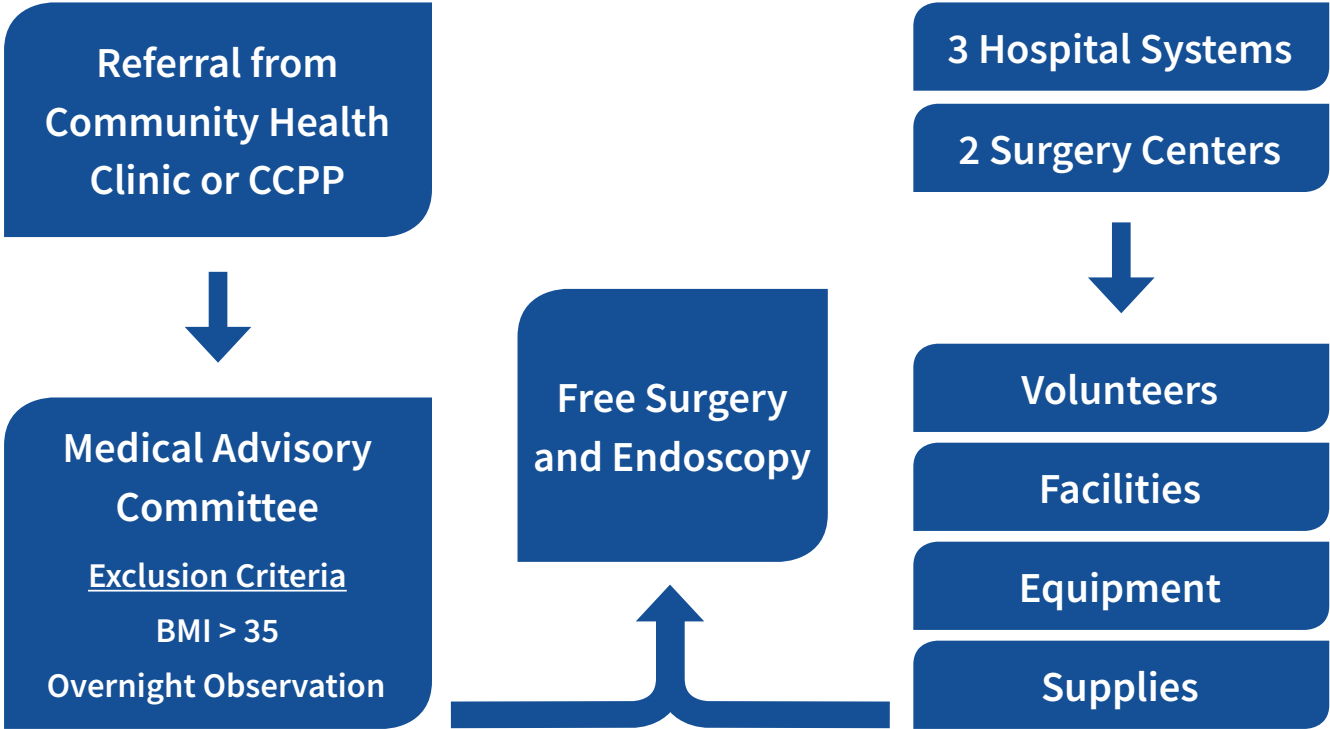
- ▶ University of Louisville Hospital Health Care Outpatient Center
- ▶ Jewish Hospital
- ▶ Jewish Medical Center East
- ▶ Jewish Medical Center South
- ▶ Baptist Eastpoint
- ▶ Baptist Health Floyd
- ▶ Norton Healthcare
- ▶ Premiere Surgery Center
- ▶ Dupont Surgery Center
- ▶ Metro Specialty Surgery Center

PROMOTION AND OUTREACH

SOSL promotes its services and receives referrals from a variety of sources, including community health centers and social service organizations. The organization works with patients to determine what type of testing is appropriate, and reserves colonoscopies for patients who are at high risk for colon cancer, based on family history, symptoms, or personal health history or who need a follow up to a positive FIT test. Patients who are not high risk are given FIT tests through a partnership with the Colon Cancer Prevention Project.

While the volunteers could have provided these services without forming a separate charitable organization, they found it was valuable to do so for a variety of reasons. For one, one of their participating hospitals indicated they could not legally ask their employees to volunteer their time to do a job that they are otherwise paid to do. However, the same individual representing a non-profit organization like SOSL can recruit volunteers. Additionally, SOSL is able to provide malpractice insurance for volunteers, which increases the pool of people who are willing to contribute their time. They found that providing insurance coverage was particularly important for anesthesiologist volunteers.

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.



RESOURCES AND FINANCIAL SUPPORT

Every hospital in Louisville shares responsibility to provide volunteer colonoscopy services and facilities to the uninsured.

Currently, there are 7 hospitals providing colonoscopy services on a rotating basis, and endoscopies are performed every other month.

SOSL also has clinics donating exam rooms on certain nights and weekends so that they can provide education/consultation services and follow-up care. SOS recently hired a part-time clinical coordinator to take on these patient navigation duties, providing patient education in English and Spanish.

Patient education to prepare for colonoscopy takes place at these clinic visits and also by phone. On average, patients receive four contacts prior to their screening exam.

THE VALUE OF NON-CLINICAL CONTRIBUTIONS

Surgery on Sunday, Louisville's volunteer board consists of more than just clinicians. The organization invited individuals with little or no health care experience—including lawyers, IT professionals, marketers, students, and administrators—to lend their expertise.

The value of this diverse pool of talent was quickly apparent and contributed significantly to their success. The board provided valuable guidance when it came to strategic planning, marketing, community input, grant writing, and fundraising. The group's input helped them to grow, conduct more effective outreach, and hire two part-time employees, which has in turn expanded the number of patients they are able to serve.

IMPACT

Surgery on Sunday, Louisville has used a variety of methods to measure the impact of their efforts. CDC data for their county has shown that overall screening is now over 70%. Other measures of impact they have used include the number of patients and volunteers, dollars raised, visits to their Facebook and web page. SOS has had over 500 volunteers in a three year period. In addition to other services they provide, they have provided 138 free colonoscopies to high risk patients since 2013. Three cases of colorectal cancer were identified.

SOSL has also run an economic analysis demonstrating that the program is—by a conservative assessment—at least cost neutral from the hospital perspective as compared to providing pro bono care to uninsured patients who present with later stage colorectal cancer.¹⁵ The analysis does not factor in lost work time and personal suffering incurred after a cancer diagnosis, which would weight the balance toward the benefits of screening rather than treatment. This program is now working with other cities in Indiana and Massachusetts to replicate their model.

SSM HEALTH



USING A FLU-FIT SCREENING MODEL FOR EMPLOYEE AND COMMUNITY OUTREACH

AT-A-GLANCE

- As a large hospital system with a significant employee population, SSM Health has launched several of its colorectal screening efforts as employee-focused programs first, before expanding to community outreach.
- SSM has found success in implementing their screening efforts by leveraging tools and programs developed by the NCCRT, and by enlisting “champions” from within their system to help address questions or concerns with clinicians.

OVERVIEW

TYPE OF ORGANIZATION

- Large Health System with Physician Group

ACTIVITIES

- Flu-FIT employee campaign
- Employee awareness and education program
- Outreach to primary care physicians
- QI initiative and screening-related incentives

RESOURCES

- SSM charitable foundation covers cost of FIT kits
- NCCRT educational materials

IMPACT

- 565 participants in employee awareness program
- 245 FIT kits to eligible SSM Health Employees during the FLUFIT event

KEY LESSONS LEARNED

- It is critical to find the right people on the hospital team who are knowledgeable and passionate about screening to champion the effort. Those people often have personal stories about colorectal cancer that make them particularly effective communicators.
- Make use of existing tools and best practices; there is no need to reinvent the wheel. The NCCRT has videos, educational messages, provider toolkits, and strategies that have been tested and implemented in many settings.
- Find opportunities to motivate providers through goal setting, incentives, and regular reporting of individual screening rates.
- Try to incorporate humor in your communications. People are often hesitant to talk about colorectal cancer and the screening process, and a little humor can break the ice.



SSM Health is a large health system headquartered in St. Louis, Missouri. With eight hospitals, nearly 2,500 staff physicians and 11,500 employees, SSM Health in St. Louis is committed to serving the comprehensive health needs of St. Louis area residents. SSM's 80% by 2018 colorectal cancer screening effort began in early 2015 with the help of a strong partnership with the American Cancer Society. Signing the 80% by 2018 pledge was viewed as an easy decision for the health system because of high levels of need in their service area (Missouri is not a Medicaid expansion state and has no state or federal funding for a colorectal cancer screening program) and because colorectal cancer is such a preventable disease.

SSM leadership were encouraged to support this effort through a variety of ways. Presentations were given by SSM's Community Health Resource Nurse and the initiative's physician champion—a gastroenterologist—at an SSM Cancer Committee meeting as well as a separate meeting with the leadership of SSM's Medical Group.

The leadership team, including the VP of Oncology Operations, the physician champion, and Community Health Resource Nurse attended an 80% by 2018 presentation by the American Cancer Society, which provided important information about how a screening program can reduce the high cost of treating advanced colorectal cancer in vulnerable populations who rely on the hospital for emergency services.

Given that they are one of the largest employers in the region (with more than 11,500 employees), SSM decided to start with an employee strategy and then expand their efforts to the broader community. Staff members designed their approach by following many existing best practices in the field as well as resources from the NCCRT's 80% by 2018 Communications Guidebook.¹⁶

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.

PROGRAM ACTIVITIES

In 2016, SSM created an employee awareness and education campaign using the Flu-FIT model, an evidence-based best practice. Although they did not have the funding to distribute FIT tests in their first year, SSM used the model to educate employees about colorectal cancer screening in conjunction with delivering flu shots.

During these informational sessions, SSM discussed the availability of a variety of screening options, including colonoscopies, CT colonography, FIT tests and sigmoidoscopies. Rather than recommending any one particular test, their primary message was that the best screening test is the one that gets done.

SSM further stressed the importance of knowing one's family history in order to assess risk for cancer. Attendees were given tools to reinforce learning and determine their level of risk, including a symptom diary, quizzes, and family health history tree.

SSM used a multiphase, plan to provide education about prevention, early detection and screening options during their mandatory annual flu-shot program in the fall of 2016. Information tables were set up to strategically capture employees while waiting in line for their flu shot.

During the 2017 flu season, SSM is continuing this program with a full Flu-FIT program, distributing FIT kits to age-appropriate employees who are getting a flu shot. SSM is also now keeping track of those employees who are up to date with their screening and do not need screening reminders.

SSM's charitable foundation is covering the cost of 1,500 FIT kits and SSM labs will process them at no charge as part of their Community Benefit Inventory/Social Accountability activity. They are also planning an incentive program to encourage employees to return their kits. Raffles for gift cards and other prizes will be held. Given the discomfort that some people have with the subject matter, the hospital is trying to keep their communications light, humorous, and memorable; hence, one raffle prize will be a year's supply of toilet paper.

SSM has also mapped out their approach to following up with employees and plan to send letters and conduct follow up calls for those who have abnormal results.

Recognizing that the referral of a primary care physician carries significant weight with patients, SSM has also reached out to primary care physicians in the SSM Health physician group to encourage them to refer all age-appropriate patients for screening. SSM employed physicians are also now also being incentivized by the health system to improve their colorectal cancer screening rates. This is part of a larger quality improvement initiative that includes measures for several categories including heart failure, diabetes, and preventive screenings. Physicians receive individual reports from the Medical Group's Quality Department documenting their progress on these measures on a quarterly basis. Additionally, these reports provide national benchmark levels at the 50th, 75th and 90th percentiles.

SSM Oncology and Medical Group Administration worked collaboratively with gastroenterologists who were initially concerned with the possibility that the hospital would be encouraging FIT testing over colonoscopy. They were able to overcome these concerns by explaining their screening strategy and patient benefits in detail—specifically FIT is an important option for patients who cannot afford or are simply not willing to have colonoscopy. SSM also benefitted greatly from the active involvement of their physician champion, a gastroenterologist who passionately supports the FIT-inclusive screening strategy and was able to help generate support from other gastroenterologists..



PROMOTION AND OUTREACH

As they expand the screening outreach program, SSM expects to reach out to the broader community and increase education efforts in geographic areas that have the highest rates of death from colorectal cancer. They are also working closely with the American Cancer Society to coordinate with FQHCs in establishing referral systems between the clinics and the hospital. Additional community outreach efforts will include participation in health fairs, a church screening program, and partnerships with other community organizations.

IMPACT

On September 25th-29th and October 2nd- during FluFit employees were encouraged to participate in a pre-assessment questionnaire to test baseline knowledge, and were then given a short presentation, followed by a post-test to evaluate effectiveness. Of the 565 participants tested, 100% stated they would be screened for colon cancer. SSM distributed 245 FIT kits to eligible SSM Health Employees during the FLUFIT event. Each participant received a FIT kit with instructions for use.

Looking to the future, SSM will expand its community outreach, but also plans to bring the employee program to the entire SSM network across the four-state region. The SSM Medical Group's Quality Department will continue to monitor screening rates via HEDIS measures.

Implementation

SECTION THREE

STRATEGIC CONSIDERATIONS

Below are strategic questions hospitals and health care systems can use to evaluate their level of readiness and engagement to advance colorectal cancer screening initiatives.

(The following is adapted from the Hospital Based Strategies for Creating a Culture of Health, produced by the Robert Wood Johnson Foundation and the Health Research and Educational Trust.)

MISSION ALIGNMENT

To what degree are your organization's mission, vision and values aligned with community and population health? Does your strategic plan incorporate goals to improve community health? Does the culture of your organization support a culture of health in your community?

LEADERSHIP ENGAGEMENT

To what degree is your board of trustees committed to population health as an institutional priority? To what extent are your CEO and senior management team passionate about population health? Do they make commitments of time, resources and/or money? Do you have an organizational champion(s) who is assigned to lead population health initiatives (e.g., chief population health officer, leader who has significant time dedicated to population health initiatives)?

RESOURCE COMMITMENT

What resources can your organization commit to support culture of health initiatives (e.g., financial, time, facility space, staff, information technology, in-kind or other resources)?

CORE COMPETENCIES

Does your organization have staff expertise and internal capacity to support population health initiatives? Does your organization provide continuing staff education and skill building on population health? What expertise and competencies can your organization contribute toward building a culture of health in your community?

FINANCIAL AND CARE DELIVERY MODEL ALIGNMENT

To what degree do your financial and care delivery models align with population health? For example, does your organization participate in financial reimbursement or care delivery models that support population health (e.g., accountable care organizations, patient-centered medical homes, value-based payments such as bundled payments or capitation)? How can you make a business case for engaging in culture of health initiatives? Are other funding sources available to support culture of health initiatives (e.g., community benefit, revenue tithing, grant funding)? Are your clinicians committed to care delivery practices that promote population health across the continuum of care (including prevention and wellness)?

COMMUNITY INFLUENCE

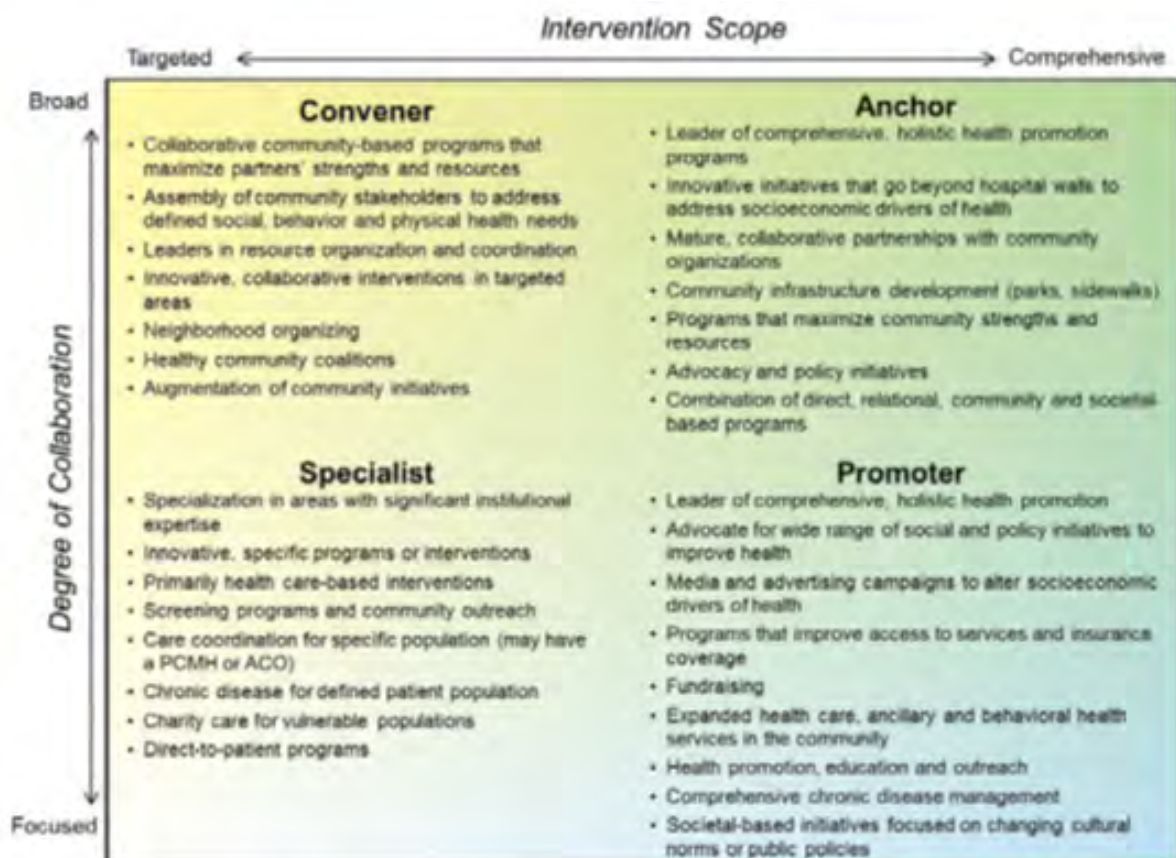
What is your organization's level of influence in the community (e.g., size, market share, brand strength, reputation)?



Based on the strategic considerations, hospitals and health care systems can decide which potential roles they can play to build a culture of health in their community.



Source: HRET, 2014.



DEVELOP AN ACTION PLAN

*(The following is adapted from the Centers for Disease Control and Prevention's Guide, **Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems**. Atlanta: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013. <https://www.cdc.gov/cancer/crccp/pdf/colorectalactionguide.pdf>)*

You should now have lots of food for thought for developing an action plan to work to increase colorectal cancer screening rates in your health systems. Use these steps to help develop an action plan:

- **Identify a goal.**

Work with your champion and other key decision makers to set a goal. For example, the goal may be to increase the system's colorectal cancer screening rates by a certain percentage or it could be to fully implement a reminder system for all health care providers in the system or it could be to regularly screen 80% of the system's primary care patients who are 50 or older for colorectal cancer.

- **Identify your target audience.**

Depending on your goals, resources and partners, you may target the hospital system's employees, its primary care patients or members of the surrounding community.

- **Choose your evidence-based strategies.**

Use the information presented in the case studies to help pick the evidence-based strategies to use.

- **Identify existing methods, processes, and programs to build on.**

A key element of planning your strategy is to identify existing methods, processes, and programs that you can use. If you build on existing efforts, you will need fewer resources and are more likely to succeed than if you try to create something from scratch. For example, if a patient reminder system is in place for other cancer screening tests (e.g., for mammograms), can a colonoscopy reminder be added?

- **Determine how progress will be tracked.**

Decide what data will be collected, how these data will be collected, and how often. Decide what reporting methods you will use and who will receive the resulting information.

- **Implement the action plan.**

Use the Action Plan Work Sheet on the following page or the Deaconess Action Plan on page 118 to identify the specific tasks needed to implement the strategy (or strategies) chosen. You can also use this template to identify each person's responsibilities and what resources are needed and to create a timeline.

As you implement the action plan, remember to communicate often with your key stakeholders, key staff and your champions. Make sure everyone is aware of the project timeline and what tasks they are responsible for.

Action Plan Worksheet ¹⁷

Name of Health System:

Colorectal (CRC) screening goal:

Existing methods, processes, and programs that can be used to achieve the goal:

How will progress be checked and how often?

Evidence-Based Strategies Chosen	Major Tasks to Implement Strategy	Expected Outcomes	Challenges and Potential Solutions	Person(s) Responsible	Due Date	Information or Resources Needed

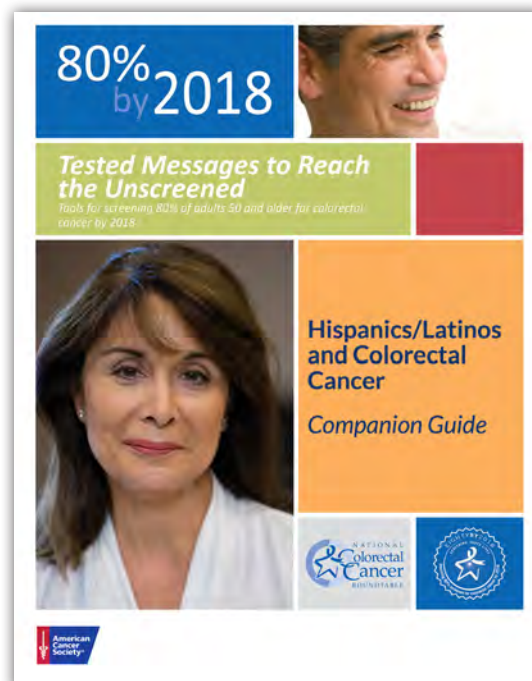


KEY MESSAGES FOR COLORECTAL CANCER SCREENING

Following are excerpts from the NCCRT [80% by 2018 Communications Guidebook: Recommended messaging to reach the unscreened](https://nccrt.org/80by2018-Communications-Guidebook) (nccrt.org/80by2018-Communications-Guidebook), a set of principles and resources designed to help any organization communicate more effectively about colorectal cancer screening. The guidebook includes focused information on reaching hard-to-reach, often unscreened audiences, including:

- The newly insured
- The insured procrastinator/rationalizer
- The financially challenged
- African Americans
- Hispanics/Latinos

NCCRT's recently released [Hispanics/Latinos and Colorectal Cancer Companion Guide](https://nccrt.org/Hispanics-Latinos-Companion-Guide) (nccrt.org/Hispanics-Latinos-Companion-Guide) and [Asian Americans and Colorectal Cancer Companion Guide](https://nccrt.org/Asian-Americans-Companion-Guide) (nccrt.org/Asian-Americans-Companion-Guide) introduce market research about the unscreened from these populations and include tested messages in Spanish and several Asian languages.





TOP BARRIERS TO SCREENING

It's important to know more about the populations we are targeting. Overall, unscreened audiences have some similarities in attitudes, aspirations, values, fears and other psychological criteria (psychographics) as the unscreened, but they all have unique barriers and will respond best to personalized messages. When we look at the barriers to screening, we are able to see these main barriers emerging within the target populations.

1 RATIONALIZED AVOIDANCE

While the unscreened base is knowledgeable about screening, they fail to recognize its importance and have typically rationalized avoidance.

5 NO DOCTOR RECOMMENDATION

Many cite that their doctor has not recommended screening to them. This is the number one reason among the Black/African Americans, and the number three reason among the Hispanics.

2 LACK OF AFFORDABILITY

Socioeconomic gaps are evident in the unscreened population. Affordability is the number one issue given for not being screened.

6 NO PERSONAL CONNECTION

Interestingly, the unscreened are less likely to have a personal connection to cancer. They tend not to have had a close friend or family member with cancer, or are unaware of their family history.

3 NO SYMPTOMS OR FAMILY HISTORY

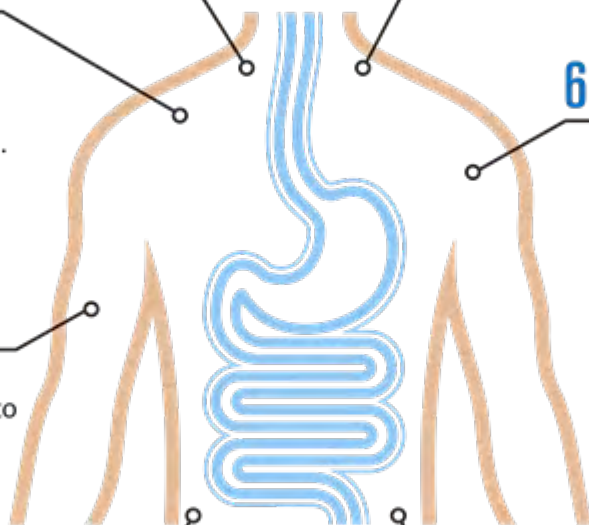
The unscreened often feel that screening messages do not apply to them, either because they do not have symptoms or do not have a family history of the disease.

4 NEGATIVE CONNOTATION

The unscreened population typically has some baseline familiarity with the tests, particularly colonoscopies. However, there is a negative connotation with the test, as many of the unscreened describe it as invasive, unpleasant, or embarrassing.

7 LOW LEVELS OF HEALTHY BEHAVIOR

Despite self-identifying as "healthy" at similar levels as the screened, the unscreened population underindexes on numerous metrics of healthy behavior, such as caring about their health, visiting the doctor, or talking to their doctor about screening.





Message #1

There Are Several Screening Options Available, Including Simple Take-Home Options. Talk To Your Doctor About Getting Screened.

Why does this message work?

Ties to emotional driver of empowerment

- Consumers have a need to be informed, knowledgeable, prepared and responsible about their health.
- This message allows consumers to feel control regardless of barriers they may face (e.g. affordability, fear, etc.).

Alleviates a diverse set of barriers

- Diminishes fear associated with standard procedures and prep.
- Too easy for even procrastinators to put off.
- Suggests a more affordable option.

Appeals more than other “options” messages

- The phrase “at home” was very important to the success of this message. Other “options” messages that did not specify the test could be done at home did not resonate as well with consumers.

Message #2

Colon cancer is the second-leading cause of cancer death in the U.S. when men and women are combined, yet it can be prevented or detected at an early stage.

Why does this message work?

Ties to emotional driver of empowerment

- Educates people about their ability to take control of their own health through prevention and early detection.
- Detecting issues early means that there is an opportunity to fix problems and prevent future issues.
- Appeals to the desire to stay in good health as long as possible.

Challenges assumptions

- Challenges the assumption that colorectal cancer “can’t happen to them,” particularly for those who don’t believe they are at risk unless they have symptoms or a family history.

Appeals more than other “empowerment” messages

- Describes the problem while simultaneously giving the consumer a way to address it.



Message #3

Preventing colon cancer or finding it early doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Why does this message work?

Ties to emotional driver of empowerment

- Consumers have a need to be informed, knowledgeable, prepared and responsible about their health.
- Encourages consumers to take control of their health, while addressing concerns about affordability.

Alleviates major barrier

- Hits the affordability issue head on.
- Alleviates the stress of financial hardships that often comes with health care.

Appeal of “options” message continues

- Couples “options” messages with key information about why those options might work for them.

Message #4

Most health insurance plans cover lifesaving preventive tests. Use the health benefits you are paying for to get screened for colon cancer. Call your doctor today.

Why does this message work?

Ties to emotional driver of empowerment

- This message empowers people who are newly insured to use their newly acquired health insurance to have a positive impact on their health.
- This group feels optimistic about their health after receiving coverage. At a time when they are feeling newly empowered and optimistic, now is the time to motivate them to get screened.

Alleviates major barrier

- This messages also addresses affordability issues by educating the audience about access to services they may not have enjoyed before.

Uniquely appealing for Newly Insured audiences

- While the other top three messages resonated with all groups, this message was unique, in that it only resonated with the newly insured.
- This message taps into the interest of the newly insured to use benefits they may not have enjoyed previously.

Uniquely appealing message for the Newly Insured.

The most effective messages will resonate with the priority audience, both rationally and emotionally, and include a call-to-action that motivates.

SAMPLE COLLATERAL FEATURING TESTED MESSAGES

The NCCRT developed the tools below as examples of how messages can be incorporated into advertising, social media campaigns, emails, etc. Additional guidance on how to use and modify these examples to specialized audiences is available in the full guidebook.

- Banner Ads <http://nccrt.org/80by2018-Communications-Guidebook-Banner-Ads>
- In-Office Screen Slides <http://nccrt.org/80by2018-Communications-Guidebook-In-Office-Slides>
- Infographics on Colorectal Cancer <http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=145>
- Sample Radio/TV PSA Scripts <http://nccrt.org/wp-content/uploads/Radio-and-TV-PSA-Scripts.pdf>
- Sample CEO Champion Letter <http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=164>
- Sample Email from a CEO to Employees <http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=166>
- Spanish-language postcards and brochures <http://nccrt.org/tools/80-percent-by-2018/hispanics-latinos-companion-guide/>



SUCCESSFUL OUTREACH PROGRAMS

APPLYING THE FUNDAMENTALS OF MARKETING COMMUNICATIONS TO COLORECTAL CANCER SCREENING

As evidenced by the case studies in this handbook, many health systems are achieving results with their colorectal cancer screening programs through outreach programs that apply the fundamentals of marketing communications strategy.

Even if your health system is currently applying some (or all) of these principles to your current outreach efforts, it is always worthwhile to review these four core tenets, either as a refresher or to ask yourself where enhancements are possible within your organization.



1 CLEARLY DEFINE YOUR CHALLENGE AND SET MEASURABLE GOALS.

Too often, communications efforts begin without a clear definition of the challenge and the desired results. By beginning a communication program with a clearly articulated “problem statement,” you provide necessary focus to everyone responsible to your effort and ensure resources and energies will be applied toward a common purpose. This might be related to raising your HEDIS rate or meeting a state-level goal.

Take a look at the trends in colorectal cancer screening and the claims data that is available to see what your overall screening rates are and note any subpopulations that may benefit from more intensive interventions around screening.

“How can we reduce the screening gap between our African American and Caucasian members?”

“How can we utilize incentives to motivate our older Medicare members to return their FIT kits?”

The more specific the articulation of the challenge and driven by data, the better. Ideally your problem statement is accompanied by a tangible goal, a metric for assessing the performance of the campaign.

Examples of desired outcomes include: a percentage increase in total screenings compared to last year, a desired number of attendees at an educational event, the percentage of FIT kits returned after a mailing campaign, or a number of appointments scheduled after an IVR outreach effort.

2 BE SPECIFIC IN IDENTIFYING YOUR TARGET AUDIENCE.

Who exactly are you trying to reach? What motivates them? What are their barriers to being screened?

A “target market” is a defined segment of a population with common characteristics – ranging from demographic traits (such as age, race, language spoken, and gender), to shared behavior patterns, lifestyles or preferences (such as dual-eligible members in rural areas). It is important to identify your target audience with as much precision as possible, driven by the mining of data in Step 1, as this will enhance the potential effectiveness of your campaign.

Some think that if you cast the net wide you’ll reach more people, but often the opposite is true. You are often more likely to have greater impact by narrowing your focus to a specific audience and then reaching out to them with a targeted campaign (e.g. unscreened Hispanic males, ages 50–75 who have previously completed a FIT). Of course, health plans may not always have member data that enables this level of precision, but the more the better.

Determining your target market at the earliest stages of planning makes it much easier to choose the appropriate communication channels, and to measure the results of your effort. Just as important, you’ll be able to craft tailored messages with specific appeal to the mindset and emotional state of your target audience. You are now empowered to connect with them as individuals.

See the [80% by 2018 Communications Guidebook](#)¹⁸ and the companion guides for [Hispanic/Latinos](#)¹⁹ and [Asian Americans](#)²⁰ for an overview of common barriers to screening for the unscreened and tested messages in multiple languages to help address those barriers.

3 DEVELOP AN INTEGRATED MARKETING PLAN WITH MORE THAN ONE TOUCH POINT.

It is uncommon for a single piece of communication to inspire someone to take action. One email, phone call, or letter, on its own, may not lead to the results you desire.²¹

Instead it usually requires a collection of touch points to make an impression on your target audience and motivate them to schedule their screening—a blend of tactics such as direct response letters, emails, phone calls, etc., particularly using channels that are most appropriate for the population you are trying to reach. They should work together in concert, delivering a consistent message and driving your audience to the same action, whether it is to schedule a screening or contact their primary care physician.

Of course, your approach does not need to be too complicated or require an overabundance of touch points to be effective. Many marketers see improved results by simply following a direct response letter with a second mailing one-to-two weeks after the first mailing.

The key is to think in terms of coordinated campaigns, rather than stand-alone efforts, and to experiment with different blends of tactics and timing to achieve the best results.





4 MEASURE YOUR RESULTS AND REFINE FOR FUTURE EFFORTS.

Was your program successful? Did results meet or exceed expectations? And if not, why?

Make sure your investment is worthwhile by putting the tools for monitoring its performance and effectiveness of your efforts in place. Are you ready to determine how many new screenings might be attributed to your campaign? Or how many calls your phone center will receive as a result of your communication effort? How many members took advantage of an incentive program?

It is important to have these measurement tools in place, because you will depend upon this data to assess the performance of your campaign and gather learnings for future efforts. This is what makes marketing communications a discipline; learning from your successes (and even your failures) so you can continually refine and make each subsequent campaign stronger.

The NCCRT's [Evaluation Toolkit](https://nccrt.org/evaluation-toolkit) (nccrt.org/evaluation-toolkit) can provide guidance to those who may be new to the process of evaluating their programs.



Tools and Resources



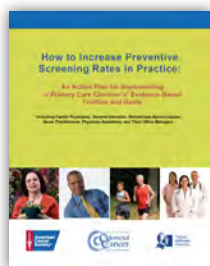
SECTION FOUR

TOOLS AND RESOURCES

Following are samples of outreach and educational materials developed by the hospitals and health systems profiled in this guide. Samples include the following:

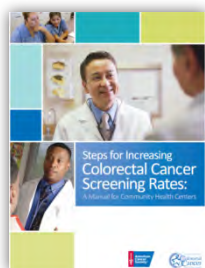
- Promotional materials for screening events
- FIT/iFOB instructions
- Program evaluation materials
- Outreach materials for primary care patients and employees
- Patient forms/questionnaires for risk assessment and colonoscopy screening
- Multi-year CRC program plans

Hospitals may also benefit from reviewing the following resources, some of which can be deployed in coordination with primary care partners.



[How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidenced-Based Toolbox and Guide](https://nccrt.org/crc-clinician-guide/) (nccrt.org/crc-clinician-guide/)

Evidence-based tools, sample templates, and strategies to help practices improve their screening performance.



[Steps for Increase Colorectal Cancer Screening Rates: A Manual for Community Health Centers](https://nccrt.org/CHC-Manual) (nccrt.org/CHC-Manual)

Instructions to help community health centers implement processes that will reduce physician workload and increase colorectal cancer screening.



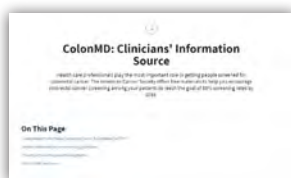
[The FOBT Clinician's Reference Resource](https://nccrt.org/FOBT-Resource) (nccrt.org/FOBT-Resource)

This 2-page resource is designed to introduce (or reintroduce) clinicians to the value of stool blood testing.



[Screening for Colorectal Cancer: Optimizing Quality](http://www.cdc.gov/cancer/colorectal/quality/) (www.cdc.gov/cancer/colorectal/quality/)

Continuing education from the CDC, including guidance and tools for clinicians to implement colorectal cancer screening.



[Colon MD: Clinicians Information Source](http://www.cancer.org/ColonMD) (www.cancer.org/ColonMD)

Tools for primary care providers, including sample reminder letters, printable wall charts, and sample presentations.



[American Cancer Society FluFOBT Program](http://www.cancer.org/healthy/informationforhealthcareprofessionals/colonmdcliniciansinformationsource/flufobtprogram/index)
(www.cancer.org/healthy/informationforhealthcareprofessionals/colonmdcliniciansinformationsource/flufobtprogram/index)

Implementation guide and resources on developing a successful FluFOBT or FluFIT program.



[The Community Guide](https://www.thecommunityguide.org/) (<https://www.thecommunityguide.org/>)

The Community Guide is an online collection of evidence-based interventions of what works to promote health communities.



[Increasing Quality Colorectal Cancer Screening: An Action Guide for Working with Health Systems](https://www.cdc.gov/cancer/crccp/pdf/colorectalactionguide.pdf) (<https://www.cdc.gov/cancer/crccp/pdf/colorectalactionguide.pdf>)

The purpose of the guide is to help CRCCP grantees work with health systems to increase high-quality CRC screening at the population level.



[Hospital-based Strategies for Creating a Culture of Health \(http://www.hpoe.org/Reports-HPOE/hospital_based_strategies_creating_culture_health_RWJF.pdf\)](http://www.hpoe.org/Reports-HPOE/hospital_based_strategies_creating_culture_health_RWJF.pdf)

A study of the approaches that hospitals and health care systems are using to build a culture of health.



[Issue Brief and FAQ for American Cancer Society 2018 Colorectal Cancer Screening Guidelines \(http://nccrt.org/wp-content/uploads/CRC-Issue-Brief_FINAL_NCCRT5_30.18.pdf\)](http://nccrt.org/wp-content/uploads/CRC-Issue-Brief_FINAL_NCCRT5_30.18.pdf)

This document is intended to: provide general background information for NCCRT Members and 80% partners, help NCCRT members and partners talk about the guidelines in an informed manner, and answer common questions about the new guideline.

CRC SCREENING GUIDELINES FOR AVERAGE RISK ADULTS: ACS (2018); USPSTF (2016)

Recommendations	ACS, 2018	USPSTF, 2016
Age to start screening	Age 45y Starting at 45y (Q)	Aged 50y (A)
S-strong Q-Qualified	Screening at aged 50y and older - (S)	
Choice of test	High-sensitivity stool-based test or a structural exam.	Different methods can accurately detect early stage CRC and adenomatous polyps.
Acceptable test options	<ul style="list-style-type: none"> FIT annually HSgFOBT annually mt-sDNA every 3y Colonoscopy every 10y CTC every 5y FS every 5y All positive non-colonoscopy tests should be followed up with colonoscopy.	<ul style="list-style-type: none"> HSgFOBT annually FIT annually sDNA every 1 or 3 y Colonoscopy every 10y CTC every 5y FS every 5y FS every 10y plus FIT every year
Age to stop screening	<ul style="list-style-type: none"> Continue to 75y as long as health is good and life expectancy 10+y (Q) 76-85y individual decision making (Q) >85y discouraged from screening (Q) 	76-85y individual decision making (C)

ORANGE COAST MEMORIAL: PROMOTIONAL FLYER FOR COLORECTAL CANCER COMMUNITY EVENT



TAM LE, M.D.
GENERAL AND COLORECTAL SURGERY

Free Health Seminar & Screening **COLORECTAL CANCER**

Orange Coast Memorial Medical Center, in collaboration with the Vietnamese American Cancer Foundation and the American Cancer Society, invites you to attend a free health seminar about colorectal cancer presented by Dr. Tam Le, a general and colorectal surgeon. Dr. Tam Le will answer questions regarding the signs, symptoms, risk factors, prevention and new methods for the early detection and treatment of colorectal cancer.

Date: Sunday, August 16, 2015
Time: 10:00 a.m. - 1:00 p.m.
Location: Orange Coast Memorial Medical Center
9920 Talbert Ave, Fountain Valley, CA 92708
(at the corner of Brookhurst and Talbert)
CONFERENCE ROOM A

Limited to the first 100 people to register

REFRESHMENTS WILL BE SERVED

PLEASE CALL TO REGISTER: 714-378-7403



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OF BIRTHDAYS.®



BÁC SĨ LÊ HỮU TÂM
CHUYÊN KHOA GIẢI PHẪU TỔNG QUÁT VÀ RUỘT GIÀ

Thuyết Trình Y Tế và Thử Nghiệm Truy Tầm Miễn Phí

Ung Thư Ruột Già

Bệnh viện Orange Coast Memorial hợp tác với Hội Ung Thư Việt Mỹ và Hội Ung Thư Hoa Kỳ kính mời quý vị tham dự buổi thuyết trình về Ung Thư Ruột Già với sự trình bày của bác sĩ Lê Hữu Tâm, chuyên khoa giải phẫu tổng quát và ruột già. Bác sĩ Lê Hữu Tâm sẽ trả lời những câu hỏi thắc mắc liên quan đến dấu hiệu, triệu chứng, sự nguy hiểm, cách phòng ngừa, và đề cập đến phương pháp mới để truy tầm và chữa trị ung thư ruột già.

Ngày: Chủ nhật, ngày 16 tháng 8, 2015
Giờ: 10:00 a.m. - 1:00 p.m.
Địa điểm: Bệnh viện Orange Coast Memorial Medical Center
9920 Talbert Ave, Fountain Valley, CA 92708
(góc đường Brookhurst và Talbert)
PHÒNG HỌA A

Ghi danh thử nghiệm miễn phí giới hạn cho 100 người gọi đầu tiên

CÓ GIẢI KHÁT VÀ THỨC ĂN NHẸ

VUI LÒNG GỌI GHI DANH: 714-378-7403



ORANGE COAST MEMORIAL
MEMORIALCARE HEALTH SYSTEM

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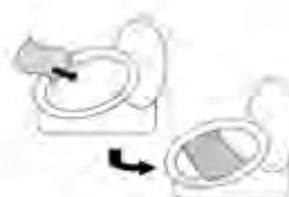
FIT KIT TESTING INSTRUCTIONS

Please read and follow the instructions below thoroughly to collect the sample. This will ensure you have the most accurate results.

Please **mail or bring your sample to a lab location listed on the back of the CMB form.**
VACF is covering the lab services fee pertaining to this screening

Sample Deposit

1. Place collection paper (included in the kit) inside the toilet bowl on top of the water.



2. Deposit stool sample on top of collection paper.
3. Collect sample from stool before paper sinks and stool sample touches water.
4. Flush the toilet as normal. Collection paper is biodegradable and will not harm septic systems.



Sample Collection

1. Fill in all required information on the sampling bottle.



Open green cap by twisting and lifting.



2. Scrape the surface of stool widely or stab it at 5-6 different points with the sample probe.



Cover the grooved portion of the sample probe completely with stool sample.



3. Close sampling bottle by inserting the sample probe and screwing the cap tightly to the right. **Do not reopen.**



Sending the sample

1. Wrap sampling bottle in absorbent pad from envelope.



Absorbent Pad and Plastic Bag

2. Make sure the information that you provided on the CMB screening form is correct.



CMB Screening Form

3. **Place your sampling bottle and absorbent pad and screening form into the hard envelope provided.** The envelope is approved by the USPS.



Sample Mailing Envelope

Please note: Please only use the envelope provided. Current US Postal Regulations prohibit mailing completed samples in this or any other standard envelope.

4. Peel tape from flap. Fold flap at pre-folded line. Press firmly to seal.
5. Mail or bring the package with a sample to a CMB lab location located on the back of the screening form. **Please do not mail to Polymedco or VACF.**

Thank you for participating in the colorectal cancer screening. For more information, please contact VACF at (714) 751-5805. VACF also welcomes any donations that make screening activities like this possible. Thank you.

ADVOCATE SHERMAN HOSPITAL: COLORECTAL CANCER SCREENING FUNDRAISER

**GET YOUR
REAR
IN GEAR
ELGIN**

Facts from 2014 Race

* 500 Runners / Walkers

* 19 Teams

* 27 Sponsors

* Raised \$35,000

* Educational Outreach:
April 2015 at The Centre of Elgin

* Advocate Sherman Hospital partnering
with Greater Elgin Family Care Center to
screen 100 patients and provide up to 10
colonoscopies to those with "+" results.

Goals for 2015 Race

* 800 Runners / Walkers

* 30 Teams

* 30 Sponsors

* Raise \$50,000

* Increase Educational Outreach

* Continuing our work with Advocate
Sherman Health & Greater Elgin Family Care
Center to increase numbers of screenings
and colonoscopies to save lives!



ADVOCATE SHERMAN HOSPITAL: COLORECTAL CANCER COMMUNITY EDUCATION EVENT

Learn about colon cancer

WHO: Dr. Sonia Godambe,
gastroenterologist on staff at
Advocate Sherman Hospital

WHAT: Dr. Godambe will discuss
colon cancer, as well as prevention
and treatment methods, etc.

WHEN: 5 to 7 pm, Tuesday, April 21

WHERE: The Centre of Elgin
(Heritage Ballroom), 100 Symphony
Way, Elgin, IL 60120



Dr. Sonia Godambe

The free program will also be available in Spanish.

To register for the event, call 1.800.3ADVOCATE or visit
www.advocatehealth.com/shermanclasses. Associates who
attend this free program will receive 100 Healthe You points.



Advocate Sherman Hospital

Inspiring medicine. Changing lives.

CENTRASTATE: POST-EVENT QUESTIONNAIRE

COLORECTAL SCREENING QUESTIONNAIRE

1. **After attending the lecture/discussion/instructions. I feel more knowledgeable about colorectal cancer and screening guidelines.**

☐ YES ☐ NO ☐ NOT SURE

2. **I will follow through with an AT HOME testing kit and return it to the lab.**

☐ YES ☐ NO ☐ NOT SURE

3. **I will share the results with my physician and/or follow through on any positive findings.**

☐ YES ☐ NO ☐ NOT SURE

4. **I will make some changes in my diet, exercise and/or health behaviors that may put me at risk for colon cancer.**

☐ YES ☐ NO ☐ NOT SURE

If yes, check which changes:

☐ diet ☐ activity ☐ smoking ☐ alcohol ☐ weight

5. **If you are over 50, have you ever had a colonoscopy?**

☐ YES ☐ NO

6. **If **NO** to Question 5, will you now see you physician and discuss scheduling a colonoscopy?**

☐ YES ☐ NO ☐ NOT SURE

COMMENTS:

Name (optional): _____

CENTRASTATE: PATIENT IFOBT INSTRUCTIONS

HEMOSURE[®] iFOB TEST

One-step Immunological Fecal Occult Blood Test

Part No: Y0311108702

Patient Instructions

For assistance with these instructions contact:

- Your physician's office
- or —
- Hemosure technical support: 1-888-Hemosure (436-6787)
- Monday - Friday, 8:00 am to 5:30 pm, P.S.T.
- E-mail: techsupport@hemosure.com

STEP 1

Sample Deposit

Fill out personal information on attached label on tubes.

STEP 2

Sample Collection

Attention!

(A) Lift toilet seat and position sample collection paper across the rim of the toilet bowl. Secure adhesive tabs to the sides of toilet rim. Lower the toilet seat.

(A) Unscrew the purple cap from the sample collection tube. DO NOT POUR OUT THE LIQUID.

(B) Make bowel movement onto collection paper.

(B) Poke spiral applicator into stool at 6 different sites. Use only enough fecal material to cover the tip of the applicator. DO NOT CLUMP, SCOOP, OR FILL THE TUBE.

(C) Screw the applicator back into the tube and secure tightly.



DEACONESS POSTCARD OUTREACH CAMPAIGN

Many colon cancers could be prevented or found early through regular screening. If you are 50 or older, it's time. Talk to your doctor about which screening option may be right for you.

Deaconess believes that we can eliminate colorectal cancer as a major public health problem through regular screenings. Our goal is to screen 80% of at-risk people by 2018.



www.deaconess.com

We **save lives** and create more birthdays by helping you stay well, helping you get well, by finding cures, and by fighting back.

cancer.org | 1.800.227.2345



50 or older?

Get tested.

It could save your life.



THE OFFICIAL SPONSOR OF BIRTHDAYS®

cancer.org | 1.800.227.2345



DEACONESS 80% BY 2018 PLEDGE AND TRACKING POSTER



80%
by 2018

Shared Goal: Reaching 80% Screened for Colorectal Cancer by 2018

Background
Colorectal cancer is a major public health problem. It's the second leading cause of cancer death and a cause of considerable suffering among more than 140,000 adults diagnosed with colorectal cancer each year. However, colorectal cancer can be detected early at a curable stage, and it can be prevented through the detection and removal of precancerous polyps.

Commitment
Our organization stands united in the belief that we can eliminate colorectal cancer as a major public health problem. We have screening technologies that work, the national capacity to apply these technologies, and effective local models for delivering the continuum of care in a more organized fashion. Equal access to care is everyone's responsibility. We share a commitment to eliminating disparities in access to care. As such, our organization will work to empower communities, patients, providers, community health centers and health systems to embrace these models and develop the partnerships needed to deliver coordinated, quality colorectal cancer screening and follow-up care that engages patients and empowers them to complete needed care from screening through treatment and long-term follow-up.

Pledge

Christopher Braden, DO, Deaconess Clinic Oncology and Hematology, Deaconess Oncology Committee Chair

Anthony Kaiser, MD, Evansville Surgical Associates, Deaconess Oncology Committee Physician Liaison

Allen White, MD, Vice President of Deaconess Clinic and Ambulatory Practice Operations

Amanda Bohleber, MD, Medical Director, Deaconess Clinic

Linda White, President and CEO, Deaconess Health System

are embracing the shared goal of reaching 80% screened for colorectal cancer by 2018.

DEACONESS CLINIC COLORECTAL SCREENING RATE	
GOAL 80%	
DATE	RATE
JANUARY	59.8%
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

GEISINGER HEALTH SYSTEM: CRC SCREENING PATIENT SELECTION CRITERIA

- Current age greater than or equal to 50 and less than 75 years

AND

- Colonoscopy completed in last 10 years based on a resulted order or a HM record entry

OR

- Cologuard completed in last three years ages 18 – 90 years

OR

- Flex Sig completed in last five years based on a resulted order or a HM record entry

OR

- FOBT completed in the past year based on a resulted order or a HM record entry

OR

- Patient has health maintenance modifier to ‘Permanently Discontinue Colonoscopy’

GEISINGER CARE GAP OUTREACH LETTER

Geisinger Medical Center
100 N. Academy Ave.
Danville, PA 17822



MRN: <Insert MRN>

<Insert date>

<Insert first name> <Insert last name>
<Insert address>

Dear <Insert first name> <Insert last name>,

Did you know that colon cancer is the second leading cause of cancer death in the U.S when men and women are combined, yet it can be prevented and detected at an early stage? And did you know that when caught in its early stages, colon cancer is about 90 percent curable?

That's why we are writing you. In reviewing your medical record, we see that you are due for a routine colonoscopy.

Having a screening colonoscopy and removing any polyps can stop colon cancer before it has a chance to start. Because we believe so strongly in the benefit of screening colonoscopies, we have joined with hundreds of other organizations in supporting the **80% by 2018 initiative**, led by the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC) and the National Colorectal Cancer Roundtable, in working toward the goal of 80% of adults aged 50 or older being regularly screened for colorectal cancer by 2018.

While screening colonoscopy is considered the standard for colon cancer detection, other screening tools are available as well – like fecal occult blood tests (FOBTs). We are happy to tell you about these other options.

Won't you please call today to make an appointment for your colonoscopy? Call Geisinger's toll-free appointment line at 1-800-230-4565 or 1-814-272-7200, Monday through Friday 7:30 am - 5:00 pm. You do not need a referral and appointments are usually available within two weeks. Please be certain to check with your insurance provider to make sure this service is covered.

Sincerely,

<Insert Primary Care Provider>

P. S. If you have recently had a colonoscopy or have an appointment for one already scheduled, we congratulate on taking this important step. If you received your colonoscopy outside of Geisinger, please call us so that we can update your medical record.

BLESSING HOSPITAL: PROMOTIONAL FLYER FOR DRIVE-THROUGH SCREENING EVENT



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

BLESSING HOSPITAL: PATIENT CONSENT FORM



Fecal Occult Blood Screening

Print Name:	Date of Birth	Age
Address:		
City, State, Zip:		
Email:		
Telephone #:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
<u>Health History Questions:</u>	Do you have a known history of colon cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
	Have you previously performed a stool for blood test (hemoccult)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
	Have you had a colonoscopy within the past: <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10 years or more <input type="checkbox"/> Never	
<u>OPTIONAL:</u> Race: (Information will be used for demographic purposes.) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other		

Consent for Screening:

I understand this screening is **ONLY** for the limited purpose of detecting Fecal Occult Blood. It is **NOT** a complete medical examination. No other diagnosis of symptoms, diseases, defects or conditions will be made. No treatment will be provided to me at this screening. I know to contact my physician if this limited Fecal Occult Blood screening requires further evaluation or if I have any questions or concerns. I consent to my results being used for statistical purposes provided my identity is not disclosed. I consent to my Fecal Occult Blood Screening results being reviewed for quality assurance by a physician of the Cancer Committee.

I, and on behalf of my heirs, beneficiaries and personal representatives, Release and Hold Harmless Blessing Hospital, Blessing Corporate Services, Blessing Physician Services and their employees, representatives and agents from any and all claims of liability associated with my participation in the Fecal Occult Blood Screening, including but not limited to any accidents, injuries, illnesses or other damages, risks or losses of any kind, whether foreseen or unforeseen, known or unknown, which may arise.

I consent to the Fecal Occult Blood Screening.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I hereby consent the release of my Fecal Occult Blood Screening results to me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I hereby consent the release of my Fecal Occult Blood Screening results to my Primary Care Provider, _____ (Named).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I HAVE READ, OR HAD READ TO ME, THIS CONSENT FORM AND I UNDERSTAND AND AGREE TO ITS CONTENTS.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Participant Signature: _____ Date: _____ Time: _____

SOUTHWEST GENERAL: EMPLOYEE FLYER FOR OPEN ACCESS PROGRAM

Open Access Colonoscopy Screening Program



Southwest General's Digestive Health Service Line and the "You at Your Best" wellness initiative are partnering to raise awareness of the importance of colorectal cancer screening. Southwest General is offering a new Open Access Colonoscopy Screening Program that provides eligible candidates open scheduling for screening colonoscopies. Additionally, "You at your Best" provides the preparation kit for the actual procedure at no cost, to eligible Southwest General employees.

About the Program

The Open Access Program provides an alternative way for healthy individuals, aged 50 and older, to schedule a screening colonoscopy procedure on their own without having to obtain a physician consult prior to booking the appointment. Patients who qualify for the Open Access Program are scheduled based on the next available appointment with participating physicians, who are on the Medical Staff at Southwest General.

One important benefit of the program is that it can be ideal for busy lifestyles because you control your scheduling options without having to see a physician first. It is important to understand that while the Open Access Program is intended for screening procedures, any participating physician may allow a current patient to go through the Open Access Program for a diagnostic or surveillance colonoscopy, if applicable. However, according to billing/coding guidelines, if a colonoscopy was performed in the past, the patient may be responsible for an out-of-pocket cost when deemed as diagnostic and not preventative.

Qualifications

Qualified candidates for the Open Access Program are:

- Men and women, aged 50 and older
- Individuals with NO gastrointestinal symptoms
- Individuals with NO significant illness

Steps to Being Screened

First, you must find out if you qualify for an Open Access Colonoscopy Screening. To do this:

1. Print and complete a mandatory form and questionnaire, which can be found on the Intranet, under the "Employee" tab and then under "Open Access Colonoscopy Screening Program."
2. Either fax the form and questionnaire to ext. **8677** or mail to:

Southwest General Surgery Scheduling
ATTN: Open Access Program
18697 Bagley Road
Middleburg Heights, OH 44130

If you meet the eligibility requirements for the Open Access Program, an Endoscopy Department staff member will contact you to make arrangements for your procedure.

Please contact the Endoscopy Department at ext. **8086** if you have any questions.

Did You Know?

- Colorectal cancer is the second leading cause of cancer death in the U.S.
- Colorectal cancer usually starts from polyps in the colon or rectum. Over time, polyps can become cancerous. A colorectal screening finds polyps and allows the physician to remove the growth before it becomes cancerous.
- Under the Affordable Care Act (ACA), screening colonoscopies are covered by private health plans even when a polyp is removed, making the screening free to the patient.

What Are the Symptoms of Colorectal Cancer?

- Blood in or on stool
- Change in bowel habits
- Unexplained weight loss
- General abdominal discomfort
- Frequent gas or pain
- Feeling that the bowel is not completely empty
- Weakness or tiredness
- Nausea or vomiting


If you experience any of the symptoms above, consult your physician BEFORE scheduling a screening colonoscopy.



Southwest General

Member of the Cleveland Clinic

SOUTHWEST GENERAL: PATIENT QUESTIONNAIRE FOR OPEN ACCESS PROGRAM

Digestive Health Services			Employee Form
Open Access Colonoscopy Screening Program			
Patient's Full Name: <input type="text"/>			
Address: <input type="text"/>			
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	
Contact Phone Number: <input type="text"/>			
Date of Birth: <input type="text"/>	Age: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Email Address: <input type="text"/>		Can we contact you via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Primary Care Physician: <input type="text"/>		Pharmacy of Choice: <input type="text"/>	
City, State: <input type="text"/>		Street Address: <input type="text"/>	
Primary Insurance Information		Secondary Insurance Information	
* Insurance <input type="text"/>		Insurance <input type="text"/>	
* Identification # <input type="text"/>		Identification # <input type="text"/>	
* Group # <input type="text"/>		Group # <input type="text"/>	
* Policy Holder <input type="text"/>		Policy Holder <input type="text"/>	
* Relationship to Patient <input type="text"/>		Relationship to Patient <input type="text"/>	
* Holder's Date of Birth <input type="text"/>		Holder's Date of Birth <input type="text"/>	
* Since screening costs are covered by insurance providers, this information is required.			
<p>Southwest General's Open Access Colonoscopy Screening Program is available to expedite patient care for screening colonoscopies for patients who are healthy and are not experiencing signs or symptoms of a GI health concern. Patients of this program must be in stable, good health and should not require a thorough evaluation by a gastroenterologist prior to scheduling the screening procedure. At the time of endoscopy, a provider will obtain a brief history and physical of the patient to determine the medical safety of the procedure and to confirm the indication; patients do not receive a full consultation. Once the procedure has been performed, a report and interpretation of findings will be mailed to the referring provider or primary care provider listed by the patient and available on the Patient Portal (as functionality allows). Additional reports (such as biopsy and cytology) from specimens obtained during the procedure will be forwarded when available. Patients also will receive a letter stating the findings for pathology. This program is not intended for patients experiencing gastrointestinal symptoms or problems and should not be used to obtain medical attention for a medical condition or emergency. Any concern that arises from the questionnaire when the physician reviews the information is subject to result in exclusion from the program and require a full consultation prior to the procedure being scheduled. Southwest General has time slots for all the gastroenterologists on the Southwest General Medical Staff who have chosen to participate in this program. The physicians participating in the open scheduling program are members of the Southwest General Medical Staff and have not paid the hospital to be included in the program. Any participating physician may allow a current patient to go through the Open Program for a diagnostic or surveillance colonoscopy, if applicable. However, according to billing/coding guidelines, if a colonoscopy was performed in the past, the patient may be responsible for an out-of-pocket cost when deemed as diagnostic and not preventative.</p>			
Signature <input type="text"/>		Date <input type="text"/>	
Please fill out the medical questionnaire on the next page			
 Southwest General <small>A University of Michigan Hospital</small>			

SOUTHWEST GENERAL: PATIENT QUESTIONNAIRE FOR OPEN ACCESS PROGRAM

Digestive Health Services		Employee Form			
Open Access Colonoscopy Screening Program		page 2			
Medical Questionnaire					
Patient's Full Name: <input type="text"/>					
Have you had a colonoscopy before?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, when was your last colonoscopy?		<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 <input type="checkbox"/> Anagrelide <input type="checkbox"/> Apixaban <input type="checkbox"/> Argatroban <input type="checkbox"/> Cilostazol	Trade <input type="checkbox"/> Agrylin <input type="checkbox"/> Eliquis <input type="checkbox"/> Acova <input type="checkbox"/> Pletal	Generic <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Dabigatran <input type="checkbox"/> Fondaparinux <input type="checkbox"/> Prasugrel	Trade <input type="checkbox"/> Plavix <input type="checkbox"/> Pradaxa <input type="checkbox"/> Arixtra <input type="checkbox"/> Effient	Generic <input type="checkbox"/> Rivaroxaban <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Ticlopidine <input type="checkbox"/> Warfarin	Trade <input type="checkbox"/> Xarelto <input type="checkbox"/> Brilinta <input type="checkbox"/> Ticlid <input type="checkbox"/> Coumadin
<p>Please fill out and print this form and either:</p> <p>1. Mail it to Surgery Scheduling via interoffice mail</p> <p>2. Fax it to ext. 8677</p>					

SOUTHWEST GENERAL: POSTCARD OUTREACH CAMPAIGN FOR PATIENTS TURNING 50



SCHEDULE A
**Colonoscopy
Screening.**
**No doctor
consultation
required.**

Call 440-816-5050 or
visit swgwellaware.com

Show off your smarts by scheduling a colonoscopy screening today.

Colon cancer is one of the leading causes of cancer death in men and women. The good news is that with regular screening, it can either be prevented or found early, when it's easier to treat.

For healthy adults 50 and older, we offer an alternative way to schedule a colonoscopy screening—no need to take time from your busy schedule to visit a physician first.

Find out if you qualify for our Open Access Colonoscopy Screening Program. Just call **Health Connection at 440-816-5050**, and speak with one of our nurses to get started or visit swgwellaware.com.

Southwest General Health Center
18697 Bagley Road
Middleburg Heights, OH 44130-3417



Get Better Here.

I-71 at Bagley Road | Middleburg Heights | 440-816-5050 | swgeneral.com



SSM HEALTH: SAMPLE COLORECTAL CANCER PREVENTION PROGRAM PLAN

Health System XXX has joined the American Cancer Society and the National Colorectal Roundtable on a nationwide initiative to ensure 80% of adults age 50 or older, are being regularly screened for colon cancer by 2018. Health System XXX is committed to increasing colon cancer screening rates within their employee population by implementing evidence-based interventions to motivate the unscreened. As a partner in the 80% by 2018 effort, Health System XXX is committed to providing education to their employees about the life saving benefits of screening. Colon cancer is the second-leading cause of cancer death in the U.S. when men and women are combined, yet it is highly preventable, detectable, and treatable.

all materials marked () are available through American Cancer Society*

SEPTEMBER – PREVENTION AND EARLY DETECTION EDUCATION/ AWARENESS

■ Colon Cancer Awareness Education Campaign

- American Cancer Society Content Subscription - online resource of Health Awareness and Cancer Information for Helping Employees Get Well and Stay Well - <http://www.acsworkplacesolutions.com/contentsubscriptionservice.asp>
 - Provide health resources for employee, family
 - Youth Health Information/ Resources
- NCCRT Evaluation toolkit Preparing Budget Worksheet - http://nccrt.org/wp-content/uploads/ACS_EvaluationToolkit.pdf (pg. A-29)
- Letters / Flyers / Infographics
 - Letter from Leadership to Hospital Staff – sample included
 - Employee Eligibility and Risk Factor Survey – sample included
 - *Colorectal Cancer: Catching it Early
 - Colon Cancer Worksite Flyer – sample included
 - Postcards - http://nccrt.org/wp-content/uploads/Postcard_r0512_back.pdf

- Social Media Messaging/ E-blast
 - www.miyoworks.org
 - <http://nccrt.org/wp-content/uploads/ColorectalCancerSocialMediaMessagesfortheUnscreened.pdf>
 - <http://nccrt.org/wp-content/uploads/WebBanner.pdf>
- Screen Savers
 - 80% by 2018 Sizzle Reel (40 seconds) <http://youtu.be/u67YZbajVR4>
 - Medical Office Slides - <http://nccrt.org/tools/80-percent-by-2018/80-by-2018-communications-guidebook/80-by-2018-communications-guidebook-medical-office-screen-slides/>



SEPTEMBER 26 – OCTOBER 7, 2016

- Employee Flu Clinics Program
 - Table Event during Employee Health Week. Health System XXX Cancer Center provide Educational about prevention, early detection and types of testing
 - *Guidelines for the Early Detection of Cancer (booklet)
 - *Colorectal Cancer: They know how to prevent colon cancer - and you can, too. (booklet)
 - *Screening and risk reduction flyers (for both men & women)
 - *7 Things to Know About Getting a Colonoscopy
 - Colon Cancer Model with Polyps
 - Hemosure iFOB take home colorectal screening kit sample
 - 80% by 2018 Sizzle Reel (40 seconds)
<http://youtu.be/u67YZbajVR4>

NOVEMBER – DECEMBER 2016

- Program Evaluation
 - NCCRT Evaluation toolkit –
<http://nccrt.org/wp-content/uploads/ACS-EvaluationToolkit.pdf> (pg. A-40 - A-46)
- Report Outcomes at Cancer Committee
 - NCCRT Evaluation toolkit - samples of outcome reports provided in toolkit

FEBRUARY 2017

- Presented and Approved 2017 plans to distribute 1500 iFOB test to employees during fall flu clinic
- Applied to Health System XXX Foundation for kit funding- approved late February

MARCH/ APRIL 2017

- Colon Cancer Awareness Education Campaign
 - Sent Save the Date which included information on prevention and screening options to all Health System XXX employees
 - Providing an incentive to increase participation and kit return

SEPTEMBER – OCTOBER 2017

- Provide 1500 kits to eligible Health System XXX employees in 5 locations
- Provide educational about prevention, early detection and types of testing

Provide questionnaire to access knowledge pre- and post-education.



SSM HEALTH: SAMPLE SELF-ASSESSMENT

COLORECTAL CANCER RISK ASSESSMENT QUESTIONNAIRE

- What is your race? _____
- What is your age? _____
- What is your sex? _____
- During the past 10 years, did you have a colonoscopy, sigmoidoscopy, or both?
Yes _____ No _____ I don't know _____
- In the past 10 years did a healthcare provider tell you that you had a colon or rectal polyp?
Yes _____ No _____ I don't know _____
- Think only about your biological mother and father, full brothers and sisters, and your biological sons or daughters. At any time in their lives, did any of these relatives ever have cancer of the colon or rectum (cancer of the lower intestine)?
Yes _____ No _____ I don't know _____
- How many of these relatives had cancer of the colon or rectum (cancer of the lower intestine)?
1 relative _____ 2 or more relatives _____ I don't know _____

SSM HEALTH: BUSINESS CASE PRESENTED TO PRIMARY CARE PHYSICIAN GROUPS

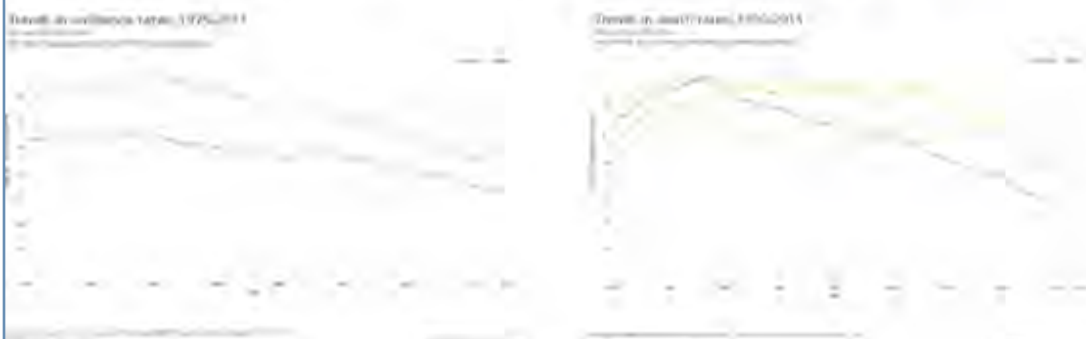
Increasing Colorectal Cancer Screening Rates in SSM Health Primary Care Practices: 80% by 2018 National Achievement Award & Quality Improvement Program

National Colorectal Roundtable was established by the American Cancer Society and the Centers for Disease Control and Prevention in 1997 is dedicated to reducing the incidence of and mortality from colorectal cancer in the United States. The ultimate goal of the roundtable is to increase the use of proven colorectal cancer screening tests among the entire population for who, screening is appropriate. **80% by 2018** is a movement in which over 1000 organizations have committed to substantially reducing colorectal cancer as a major public health problem and are working toward the shared goal of reaching 80% screened for colorectal cancer by 2018. Visit some of the links below to learn more about this effort and how you can be a part of it.

➤ <https://www.youtube.com/watch?v=u67Y2haiVR4&feature=youtu.be>

Progress to Date

- **Incidence Rates** have been declining for several decades due to changing patterns in risk factors and the increase in screening.
- **Mortality Rates** decreased by 50% between 1975 and 2014 due to declines in incidence and improvements in early detection and treatment. From 2005 to 2014, the rate declined by 2.5% per year



Five Things You Can Do to Be a Part of 80% by 2018

1. **The Power of the Physician Recommendation** – Your recommendation is the **most influential factor** in whether a person decides to get screened. Surveys show that **90 percent** of people who reported a physician recommendation for colon cancer testing were screened versus 17 percent of those who reported that they did not have a provider recommendation
2. **Measure the colorectal screening rates in your practice**; set goals to increase screening rates; share advice and best practices with other physicians that could be doing better
3. **Use evidence-based practice changes** to systematize screening in your office
4. **Understand the screening options for colorectal cancer.** Educate patients and staff on the various, often less expensive options. Provide high quality Fecal Immunochemical Test (FIT) as an option for screening
5. **Educate patients and staff** that most insurance companies are required to cover preventative screenings

Primary Care Physicians Resources and Tools for large scale education of medical office staff and providers

 Clinician's Portal E-page.pdf

 80 by 2018 PCP.pdf

 Letter to PCPs.pdf

 Fact-Sheet on Cost of CRC.pdf

SSM HEALTH: 80% BY 2018 CANCER COMMITTEE PRESENTATION



80% by 2018

Next Steps

- Signing the Pledge
 - » Publicize signing the pledge
- Assess screening & diagnosis rates in community
 - » Create evidence based targeted campaign
- Find a Champion within the hospital
 - » Someone knowledgeable and passionate about CRC screening
 - » Has time to dedicate to this process
- Create a work group to plan and execute the initiative
 - » March- Awareness Campaign
 - » October- Flu/Flu- hand out kits during flu shot clinics

CRC Screening Process

Successful Program needs solid information

2015 Screening Program Results	Screening Program
475 tests Distributed <ul style="list-style-type: none"> » 28 positive results » 253 negative results » 3 inconclusive » 191 were not returned 60% return rate	<ul style="list-style-type: none"> » Offer kits throughout March » Participants must provide personal information » Must meet screening guidelines » Reminder calls for non-returned kits » Written report sent for all results

Increasing the Scope of CRC Screening

Think outside the box, colorectal screening is equally as important as mammography

- Offer FIT screening at annual mammogram
- Also offering take home kit to significant other
- Review results
- Offering FIT screening during Prostate Screening
- Also offering take home kit to significant other
- Report results to cancer committee

CRC Screening Discovery

Name of Facility: _____ Location: _____
Contact Person: _____ Email address: _____

- ☐ Does your facility/hospital/clinic provide colorectal screenings (FOBTs/ FIT)?
- ☐ What is the cost for this test?
- ☐ Are these tests ever offered FREE during the year?
- ☐ If so, does the lab provide results at no cost to the patient?
- ☐ What Lab reads the tests for you?
- ☐ Who does the follow-up/referrals on the test?
- ☐ What physicians in your community perform colonoscopies?
- ☐ Do you know the % of screenings done at your facility/hospital/clinic each year?
- ☐ Are you aware that the ACS has an 80/2018 pledge available for workplaces to have 80% of the employees screened by 2018?
- ☐ Would your hospital/facility/clinic be interested in participating in the St. Louis Colorectal Coalition?

SSM HEALTH: SAMPLE EMAIL FROM A HEALTH SYSTEM CEO TO EMPLOYEES



Subject: Colon Cancer Awareness Month

March is National Colorectal Cancer Awareness Month, a great time to make sure you and your family take advantage of life-saving colon cancer screening. Colon cancer is the second-leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.

You are more likely to get colon cancer as you age. If you're over 50, you should get screened for colon cancer. Similarly, talk to your doctor about screening if you have a family history of the disease, even if you are under 50. If you have coverage through [enter name of employee plan], your health plan provides full coverage for recommended colon cancer screening tests. There are several screening options available, including simple take-home options. Talk to your doctor about getting screened.

Now is also a great time to remind your family and friends who are over 50 to get screened. Most health plans now provide coverage for colon cancer screening, and many people now qualify for health care coverage with [Name of state health exchange and/or expanded Medicaid plan if available]. [Add information how to access charitable screening services for the uninsured if available].

Learn more about colon cancer and recommended screening tests at www.cancer.org/colon. If you or your family members have additional questions about colon cancer screening, contact the American Cancer Society at 1-800-227-2345 or [insert other partner if desired].

SSM HEALTH: SAMPLE PRE/POST-SURVEY FOR EDUCATIONAL PROGRAMS

KNOWLEDGE QUESTIONS:

These questions can be asked as part of an evaluation of program outcomes. They can be used before and after program activities to assess any changes in knowledge, or can be asked after the activities have been completed. (Adapted from HINTS 2003)

At what age are most people supposed to start colorectal cancer screening? _____

Colorectal cancer can be prevented through screening.

☐ Agree ☐ Disagree

Is colorectal cancer screening recommended for men, women, or both?

☐ Men ☐ Women ☐ Both

People 50 and older should be screened for colorectal cancer, even if they do not have any symptoms.

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree

Which of the following tests are recommended for colorectal cancer screening? Choose all that apply.

☐ A take-home blood stool test, such as FOBT or FIT

☐ A blood stool test performed in a health care provider's office

☐ Colonoscopy ☐ Flexible Sigmoidoscopy ☐ Digital rectal exam

In general, once people reach the age for colorectal cancer screening, if they choose the {INSERT TEST CHOSEN: FOBT home blood stool test; FIT home blood stool test; colonoscopy; flexible sigmoidoscopy} option for screening, how often should they have them done assuming results are normal? Choose only one.

☐ Every year ☐ Every 2 years ☐ Every 3 years

☐ Every 5 years ☐ Every 10 years ☐ Other, specify: _____

INTENTION, MOTIVATION, AND PLEDGE TO SCREEN QUESTIONS:

In the future, would you say that...

☐ You plan to get screened for colorectal cancer

☐ You don't plan to get screened for colorectal cancer

☐ You're undecided

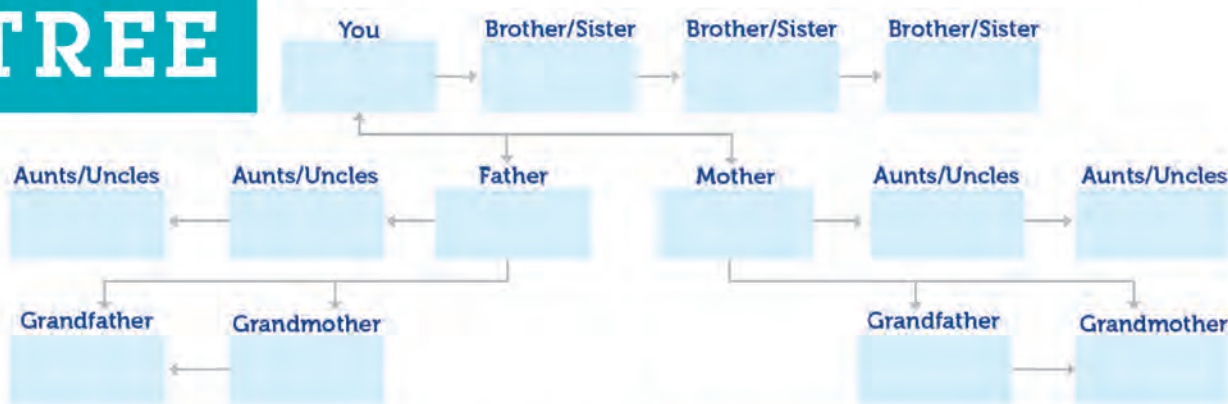
SSM HEALTH: FAMILY HEALTH TREE DISTRIBUTED TO SSM EMPLOYEES



We highly recommend shaking up your family tree and learning your family health history. It could save a loved one's life – or yours.*

IF YOU HAVE A FAMILY HISTORY OF:

- colon or rectal cancer
- cancer or rectal polyps
- stomach or bowel problems
- other cancers such as endometrial, kidney, stomach, small intestine and liver
- Crohn's or colitis



- For each blood relative, **write in all the diseases** (in boxes in chart above) we mentioned and the age at diagnosis.
- **Make copies** for family members.
- Ask family members to **share this information with their doctor**.
- **Keep your family health tree in a safe place** and **update it** at regular family gatherings, vacations, holidays and family reunions



As each generation ages, important information can be forgotten or lost – start a dialogue with your family today to complete your family tree.

Share this information with your healthcare professional.

*Only health professionals can counsel you about your cancer risk. Even family trees that show several occurrences of cancer do not automatically imply high cancer risk. This is meant as a tool to begin the conversation with your family and healthcare professionals. This is not intended as medical advice and should not be relied as such.



ccalliance.org • (877) 422-2030

SSM HEALTH: FLUFIT FLYER DISTRIBUTED TO EMPLOYEES

Colorectal Cancer can be prevented!

Get tested! It can save your life.



If you are **50 years of age or older**, you need to be tested for colon cancer.
Most people who get colon cancer have **no** family history of the disease.

Free in-home testing kits will be distributed to SSM Health Employees

Quantities Limited

SSM Health DePaul Hospital - St. Louis
Hallway Employee Safety Office
Sept 26th 2-6:30 p.m.
Oct 2nd 8 a.m. -1 p.m.

SSM Health St. Joseph Hospital – Lake Saint Louis
Outpatient Infusion Center (Level 1)
Sept 29th 7:30 a.m.-1 p.m.
Oct 5th 7:30 a.m.- 1p.m.

SSM Health St. Joseph Hospital – St. Charles
Employee Safety Office (Ground Level)
Sept 27th 7:30 a.m.-9a.m. & 11 a.m.-1 p.m.
Oct 6th 7:30 a.m.-9a.m. & 11 a.m.-1 p.m.

SSM Health St. Mary's Hospital – St. Louis
Hallway outside cafeteria (by back elevators)
Sept 25th 8:30 a.m.-3:30 p.m.
Oct 3rd 2-4 p.m.

SSM Health St. Clare Hospital – Fenton
Garden Level Conference Center Atrium
Sept 28th 8 a.m.-1 p.m.
Oct 4th 2-4 p.m.

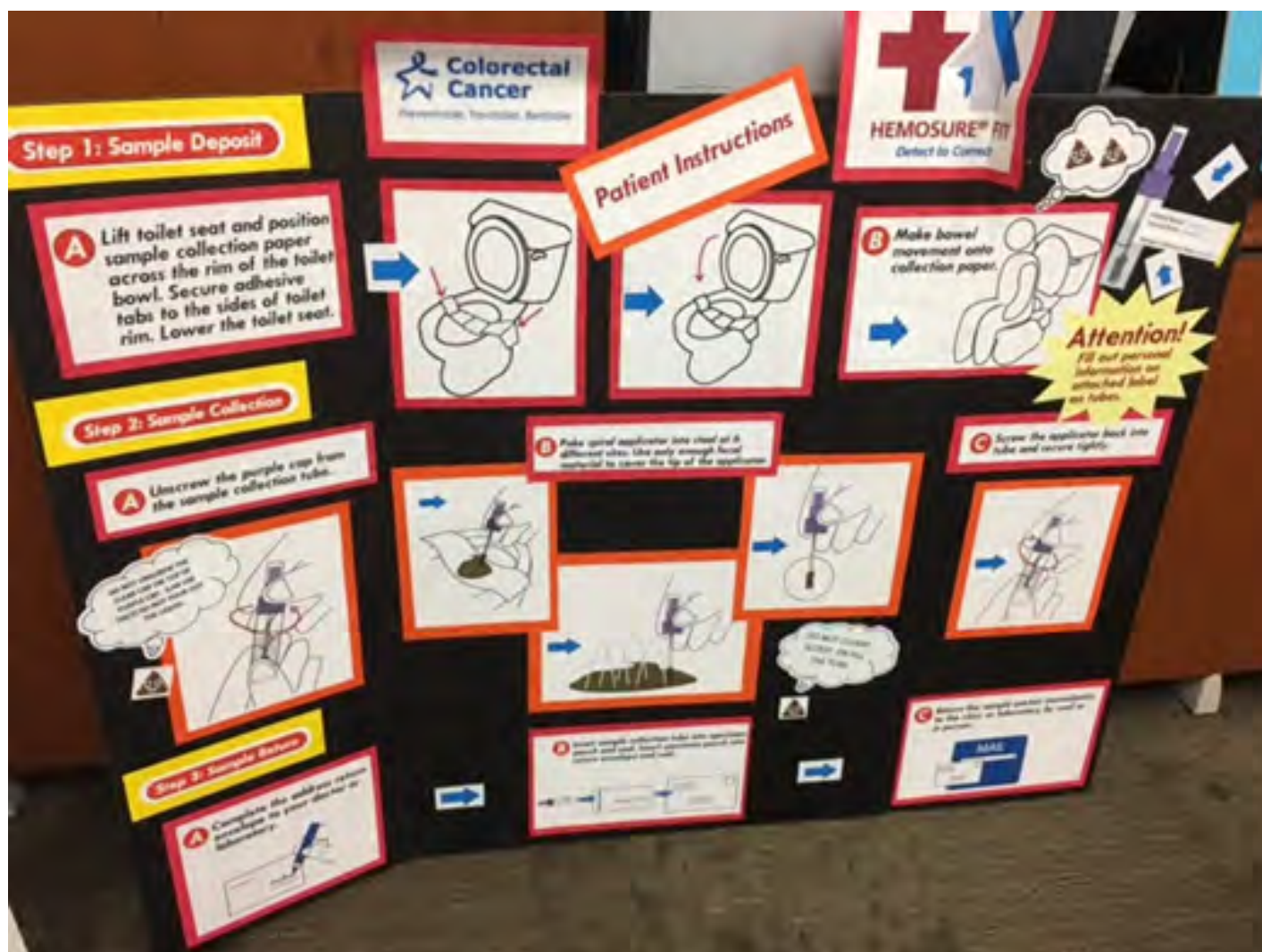
Contact Kim.emge@ssmhealth.com or 636-947-5304




BEYOND THE BATTLE AGAINST CANCER

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SSM HEALTH: HEMOSURE INSTRUCTION DISPLAY BOARD



SSM HEALTH: FLUFIT KITS FOR DISTRIBUTION AND TRACKING



DEACONESS THREE-YEAR 80% BY 2018 ACTION PLAN

DHS 80% by 2018 Colorectal Cancer Screening Initiative Action Plan 2015-2018			
FY 15/16	Year One - Focus: Increase awareness/education Target: Deaconess Clinic Primary Care Areas, DHS Wellness Screenings Team: Physician Champion, Health Coaches, Nurses, Wellness Dept.		
	Structure	Process	Outcome
	Increase awareness of Screening Guidelines and 5/5 of colorectal cancer	Provide Education material at all Deaconess Clinic Primary Practices; provide colorectal cancer specific education material at health fairs and other outreach events; physician champion to promote screening guidelines to other physicians	Completed and ongoing
	Increase awareness of Deaconess's goal/pledge to meet 80% screening rates by 2018	Post Pledge in all areas of DHS	Completed
	Evaluate current screening rates within DHS	Collaboration with Population Health Management teams, EPIC reporting systems, and Physicians Practices	Completed and ongoing
	Evaluate current screening tools/test/kits within DHS	Collaboration with Lab Teams	Completed
FY 16/17	Year Two - Focus: Continue Increase awareness/education Target: Deaconess Clinic Primary Care Areas, DHS Wellness Screenings, Community clinics/Outreach areas who serve at risk populations Team: Physician Champion, Health Coaches, Nurses, Wellness Dept., Lab Dept., Volunteers		
	Structure	Process	Outcome
	Pilot new screening test/kits	Identify new test/kit and coordinate with Lab Dept.	Did not move forward
	Pilot new screening test/kits	Identify Primary Care Practice, coordinate with clinical team and utilize Survivorship Nurse Navigator to monitor pilot	Did not move forward
	Colorectal Cancer Screening Clinical Guideline	Create CRCS Clinical Guideline approved by DC Quality Committee and roll out to PCPs	Completed
	Colorectal Cancer Screening Quality Metric	Add CRCS Quality Metric performance to physician quality scorecards	Completed
	Colorectal Cancer Screening Incentive Alignment	Align On-Target goals for staff and Incentive Comp goals for management with achieving CRCS goals	Completed
	Performance Transparency	Create Pledge Posters for PCP Lobby at Check-In with monthly tracker of DC Performance on CRCS. Posters signed by physicians in office	Completed
FY 17/18	Year Three - Focus: Continue Increase awareness/education Target: Tri-State Community Team: Physician Champion, Health Coaches, Nurses, Wellness Dept., Lab Dept., Volunteers, GI Specialist, Oncologist, Radiation Therapy Professionals		
	Structure	Process	Outcome
	Colorectal Cancer Awareness Seminar	In Evaluation for March 2018	
	Deaconess Clinic Quality Indicator	Current-Added FY 17/18	
	Population Health Management	Current-Added FY 17/18	

REFERENCES

1. Health Research & Educational Trust. (2014, October). Hospital-based Strategies for Creating a Culture of Health. Chicago, IL: Health Research & Educational Trust. Accessed online 11.28.17. http://www.hpoe.org/Reports-HPOE/hospital_based_strategies_creating_culture_health_RWJF.pdf
2. Cancer-rates.info
3. www.statecancerprofiles.cancer.gov
4. Evaluation of a Patient Navigation Program to Promote Colorectal Cancer Screening in Rural Georgia, USA. S Honeycutt et al. Cancer 119 (16), 3059-3066. 2013 May 2.
5. <https://www.ncbi.nlm.nih.gov/pubmed/22493463>
6. <https://www.thecommunityguide.org/sites/default/files/assets/OnePager-CancerScreening-Multicomponent-ColorectalCancer.pdf>
7. Honeycutt, S., Green, R., Ballard, D., Hermstad, A., Brueder, A., Haardörfer, R., Yam, J. and Arriola, K. J. (2013), Evaluation of a patient navigation program to promote colorectal cancer screening in rural Georgia, USA. Cancer, 119: 3059–3066. doi:10.1002/cncr.28033
8. Screening rates for attributed lives are calculated using a combination of payor data and Advocate's own EMR.
9. New Jersey Cancer Education and Early Detection (NJCEED) <http://www.nj.gov/health/ces/public/resources/njceed.shtml>
10. NCCRT 80% by 2018 Tools & Resources <http://nccrt.org/tools/80-percent-by-2018/>
11. QuickStats: Colorectal Cancer Screening* Among Adults Aged 50–75 Years, by Race/Ethnicity† — National Health Interview Survey,‡ United States, 2000–2015. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6538a6.htm>
12. Colorectal cancer educational brochure in Vietnamese, distributed by the VACF: <http://www.ungthu.org/PDFs/VACFColorectalBrochure2010.pdf>
13. For additional information on how to communicate with Asian American audiences about colorectal cancer screening, see the NCCRT Asian Americans and Colorectal Cancer Companion Guide. <http://nccrt.org/tools/80-percent-by-2018/asian-american-companion-guide/>
14. Now a division of Horizons Community Solutions
15. Cost Analysis of Free Colonoscopies in an Uninsured Population at Increased Risk for Colorectal Cancer. Sutton, Erica R.H. et al. Journal of the American College of Surgeons, Volume 223, Issue 1, 129–132.
16. <http://nccrt.org/tools/80-percent-by-2018/80-by-2018-communications-guidebook/>
17. Centers for Disease Control and Prevention. Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems. Atlanta: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013.
18. nccrt.org/80by2018-Communications-Guidebook
19. nccrt.org/Hispanics-Latinos-Companion-Guide
20. nccrt.org/Asian-Americans-Companion-Guide
21. How many “Get Screened” messages does it take? Evidence from colorectal cancer screening promotion in the United States, 2012. Cooper, Crystale Purvis, Cynthia A. Gelb, Nikki A. Hawkins. Preventive Medicine 60 · December 2013 <http://dx.doi.org/10.1016/j.ypmed.2013.12.001>