Best Practices in Colorectal Cancer

Quick Stats

FluFIT Best Practices & Overview

Four Essentials to Cancer Screening

Tools Into Practice

Closing
Implementing “Flu-FIT”: An Innovative Way to Incorporate Influenza Vaccination & Colorectal Cancer Screening

Shimeka Chretien-Bass, American Cancer Society, Inc.
Sr. Manager, State & Primary Care Systems
ACS FluFIT/ FluFOBT Program

Learning Objectives:

- Explain the value of FluFIT as an evidence-based intervention to increase access to colorectal cancer screening.

- Understand the key planning steps of a quality FluFIT program and discuss how colorectal cancer screening with a FIT test aligns with Flu shot vaccination in a clinical setting and leads to positive outcomes for increasing rates of both.

- Identify the components of a successful and sustainable FluFIT program, as well as the tools and resources to develop a program in a clinic or pharmacy setting.
The FluFIT Program is an innovative and effective way to increase colorectal cancer screenings in primary care settings. When men and women come in for their annual flu shot, health center staff provide either a take-home gFOBT kit or FIT kit to those who are also due for colorectal cancer screening. The Program is a population-based intervention that has been shown to increase screening rates in a variety of clinical settings.
Summary

1. FluFIT Programs are just one of many ways to “kickstart” or “enhance” colorectal cancer screening activities in primary care.

2. FluFIT Programs reinforce the message that “just like a flu shot, we need to offer FIT to our patients every year.”

3. Lessons learned from doing FluFIT programs can be used to improve screening practices throughout your organization.
Summary

• 4. Keys to success
  – Decide that screening is important.
  – Engage the whole clinic team.
  – Make it feasible.
  – Make it fun and creative.
  – Map effective processes.
  – Learn from mistakes
  – Celebrate small successes
  – Share stories on Facebook
  – Don’t give up!
BEST PRACTICE IDEAS FOR COLORECTAL CANCER SCREENING FROM THE CHC PERSPECTIVE

Know Your Rates
Run Quarterly UDS Report Data & schedule meetings to review Provider Assessment & Feedback information and/or Provider Score Cards

Upgrade Your Tests
Change from a FOBT to a FIT

Huddles
Managed care meetings for care gap lists; Prepare to review gaps at EVERY VISIT!

Improve Partnerships
Create care coordination agreements with referral sources such as GI groups or hospitals

Prompt & Aggressive F/U
Update screening protocols to include a prompt and detailed timeline of follow up with patients, employees & referral agencies to close the loop

EHR Enhancements
Setup alerts & reminders for preventative maintenance services; create & have all staff follow standing orders

Source: Suggestions gathered from CHC teams during ACS Clinicians Dinner
Perform Risk Assessments
Gain insight on family history, age, and other risk factors.

Training & Education
Provide staff training on policies, protocols, and clinical workflows. Provide patient education on screening options, test instructions, & insurance incentives.

Identify Clinical Champions
Identify champions who’ve done well with screening rate %s and are passionate about the cause. Encourage them to use their influence to motivate clinic change & improvement.

Identify Barriers & Work toward Solutions
Identify barriers that your patients face and find resources to support. Common barriers include fear, illiteracy, transportation, etc.

Shared Decision Making
Provide the options and let the patients decide. The best test is the one that gets done!

Marketing
Use small media to guide screening conversations. Place videos and posters in offices & rooms for patients to view while they are waiting to see their providers.

Source: Suggestions gathered from CHC teams during ACS Clinicians Dinner
IDEAS TO COMBINE BEST PRACTICES TO IMPLEMENT A SUCCESSFUL FLUFIT PROGRAM

- **Plan Annual Events**
  Select a team lead and pull together a team to discuss planning events around FluFIT activities each year.

- **Outreach & Reminders**
  Create an outreach and follow up plan to get patients in for their Flu Vaccinations & to provide prompt follow up to make sure tests are returned.

- **Identify Provider Champions**
  Identify champions who’ve done well with screening rate %s and are passionate about the cause. Encourage them to use their influence to motivate clinic change & improvement.

- **Track Results**
  Keep track of the amount of patients that successfully completed both vaccination and FIT test completion. Use this information to plan future events. Review EHR reports and discuss in Huddle/ Care Gap meetings.

- **Stock Inventory**
  Be sure that prior to starting your FluFIT campaign, you have enough FIT tests and Influenza vaccinations in stock to support efforts.

- **Marketing**
  Use small media to guide screening conversations. Place videos and posters in offices & rooms for patients to view while they are waiting to see their providers.

Source: Suggestions gathered from CHC teams during ACS Clinicians Dinner
Standing Orders
Create standing orders to support the combination of Flu Vaccination & FIT Testing and assure that all staff are trained on the process and follow the order.

Monitor Progress
Staff to have an open forum to share feedback on the successes and challenges of the program. Conduct PDSA Cycles based on findings. Reports shared in real time.

Staff Engagement
The clinical team must be committed to the process. Avoid opt-outs. Identify strategies to tie to staff performance or provide incentives.

Source: Suggestions gathered from CHC teams during ACS Clinicians Dinner
WHAT DOES COLORECTAL CANCER SCREENING LOOK LIKE IN MISSISSIPPI?
Quick Facts
Colorectal Cancer (CRC) Screening in Mississippi
Behavioral Risk Factor Surveillance System - 2016

CRC screening test use* in Mississippi has increased since 2012.

In 2016, 59.9% of age-eligible residents had a current CRC screening test. 345,000 residents were not currently screened. African Americans lagged behind whites when it came to having a current screening test. Screening occurred more frequently in men and people aged 65 to 75, who were more likely insured by Medicare.

CRC screening test use, by race/ethnicity:

- Whites (61.9%)
- African Americans (56.3%)

CRC screening test use, by insurance status:

- Insured (59.4%)
- Uninsured (22.9%)

CRC screening test use, by age:

- 50 to 64 Years (54.0%)
- 65 to 75 Years (71.1%)

Men and women aged 65 to 75 years eligible for Medicare insurance.

*Proportion of people who reported completing a screening test for CRC among all people who could be screened based on age (50 to 75 years).

People who were current with CRC screening in 2016 either received a home-based blood test within the past year; a colonoscopy within the past 10 years; or sigmoidoscopy within the past 5 years combined with a blood test within the past 3 years (2008 U.S. Preventive Services Task Force Recommendations).

Footnotes:
Prevalence of screening test use account for the differences in age among states; estimates based on small numbers not shown. The U.S. CRC screening test use prevalence estimate excludes Puerto Rico.

Self-reported screening test use rates from CDC's Behavioral Risk Factor Surveillance System - 2016.

Population estimates for states and D.C. are from CDC's National Center for Health Statistics (released 6/28/2017).

Available on CRC WORKS. Population estimates for Puerto Rico are from the U.S. Census Bureau. Annual Estimates of the Resident Population: April 1, 2000 to July 1, 2016 (Release Date: June 2017).
### MISSISSIPPI DATA

#### TABLE 6B: QUALITY OF CARE MEASURES

Section K – Colorectal Cancer Screening

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CONGRATULATIONS TO THE 16 CHC’S RECEIVING THE FY 2019 Quality Improvement Grant Awards
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What Other CRC Best Practices Can Enhance My Potential For These Types Of Opportunities In The Future??
Making CRC Screening a Priority

- 80% IN EVERY COMMUNITY
- Assessment of Current Needs & Activities
- Focusing on Evidence Based Interventions
- Quality Improvement Activities
• From 80% by 2018 to 80% in Every Community
What is 80% In Every Community?

- 80% in Every Community is an NCCRT campaign to substantially reduce colorectal cancer as a major public health problem.
- Over the past five years, more than 1,700 organizations have committed to the shared goal of increasing colorectal screening rates to 80% for adults aged 50 and older.
- With 80% in Every Community, we intend to continue this work until we see every community benefitting from increased colorectal screening rates.
- This initiative emphasizes evidence-based colorectal cancer screening activities that respond to individualized needs, barriers, and motivations within a community.
- The 80% in Every Community initiative is led by the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC), and the NCCRT (an organization co-founded by the ACS and CDC).
THANK YOU TO ALL 80% IN EVERY COMMUNITY PARTNERS!

- Community Health Center Association of Mississippi
- Aaron E. Henry Community Health Services
- Central MS Health Services Inc.
- Claiborne County Family Health Center
- East Central MS Health Care, Inc.
- G.A. Carmichael Family Health Center
- Jefferson Comprehensive Health Center
- Mallory Community Health Center
The Four Essentials

**Make a Recommendation**
The primary reason patients say they are not screened is because a doctor did not advise it. A recommendation from you is vital.

**Develop a Screening Policy**
Create a standardized course of action. Engage your team in creating, supporting, and following the policy.

**Measure Practice Progress**
Establish a baseline screening rate, and set an ambitious practice goal. Seeing screening rates improve can be rewarding for your team.

**Be Persistent With Reminders**
Track test results, and follow up with providers and patients. You may need to remind patients several times before they follow through.
#2 Office Screening Policy

Factors to Consider in Your Office Policy

1. Individual Risk Level ("risk stratification")
2. Medical resources (e.g. location and accessibility of endoscopy facilities)
3. Insurance (deductible? copay? resources for uninsured?)
   a. Impact of Affordable Care Act on preventive services
4. State and federal program policies and processes (CDC program,…)
5. Patient preferences/options
# System-Based Interventions

## #2 Develop A Policy

- Decide on the best methods to promote within your organization
- Determine the screening tests and related messages you and your staff will share with patients.

## Goal = Recommendation to each eligible patient

- Requires an opportunistic/global approach*
  - Don’t limit efforts to “check-ups”
- Requires a system that doesn’t depend on the doctor alone
- Requires consistent messaging from clinicians and staff, taking into account patient knowledge and concerns
- Compile a list of screening resources and determine the screening capacity available in your community.
#2 Office Screening Policy

**Standing orders**

- Standing orders allow nursing staff or medical assistants to discuss CRC screening options, provide FOBT/FIT kits and instructions, and submit referrals for screening colonoscopy have been demonstrated to increase CRC screening rates.

- Staff training on risk assessment, components of the screening discussion, ... is essential for a successful program.

- Check State practice regulations.

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J Am Board Fam Med 2009
#3 Reminders (Provider)

- Chart Prompts
  - Problem lists
  - Screening schedules
  - Integrated summaries

- Alerts — “Flags” placed in chart
  - Follow-Up Reminders
    - Tickler System
    - Logs and Tracking

- Electronic Reminder Systems
Patient Reminders
#4 Measure Practice Progress

- Determine your baseline
- Set Realistic Goals
- Chart audits or other tracking measures (i.e. EHR reports)
- Provide staff-specific feedback on performance
- Seek patient feedback
- Identify strengths and weaknesses, barriers, opportunities to improve efficiency
- Track progress and periodically reassess goals
Follow up Reminders

• Track test completion, reports, appropriate follow up for positives
  • EMR
  • “Tickler” System
  • Logs and Tracking

• Requires staff time and commitment
So what can you do to increase your screening rates?

Evidence Based Interventions Proven to Increase Colorectal Screening....
### CPSTF FINDINGS ON CANCER SCREENING

The Community Preventive Services Task Force (CPSTF) has released the following findings on what works in public health to increase cancer screening. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify intervention strategies you could use for your community.

Legend for CPSTF Findings:
- **Recommended**
- **Insufficient Evidence**
- **Recommended Against**
- **See notes for detailed descriptions**

#### Increasing Breast, Cervical, and Colorectal Cancer Screening

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For more information on Cancer findings, visit The Community Guide website at [www.thecommunityguide.org/topic/cancer](http://www.thecommunityguide.org/topic/cancer). Other related resources include [one pager](http://www.thecommunityguide.org/one-pager) and Community Guide in Action stories.
Small Media

12.7% increase

- videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer

Client Based Reminders

11.5% increase

- Client reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening.
One to One Education

19.1% increase

- One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening.

Reducing Structural Barriers

16.1% increase

- Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening.
Quality Improvement/Practice Facilitation: What do we want, training new staff, lessons learned

- Use Collaborative Action Plans as guide in meetings
- More robust QI for PDSA cycles
- Assist with teaching staff about EBIs, QI processes and tools
- Identify more professional development opportunities
- Provide better reporting
• Client reminder templates
  • Letters, automated messages
• Professional Development PowerPoints
  • Motivational Interviewing
  • CRC Screening guidelines
  • Presentations for communities
• CMEs
  • ACS, CDC, LCCRT
• Solutions Toolkit

• How do we improve?
• Better dissemination
Quality Improvement/Practice Facilitation: What do we want, training new staff, lessons learned

- Use Collaborative Action Plans as guide in meetings
- More robust QI for PDSA cycles
- Assist with teaching staff about EBIs, QI processes and tools
- Identify more professional development opportunities
- Provide better reporting
Primary Care Systems

Our overarching goal is to partner to improve cancer control policy and practice at community health centers.

Together we work to:

• Understand the community challenges and barriers to cancer screening and prevention
• Expand the adoption of evidence-based interventions to increase:
  • Colorectal Cancer Screening
  • Breast Cancer Screening
  • HPV Vaccination
  • Access to care
  • Lung Cancer
• Save lives and reduce health disparities
Benefits of our Collaboration

• Trust our commitment and our collaboration
• Increased screening rates
• Ongoing educational resources and support, including the latest on ACS cancer screening guidelines
• Help clinics focus on the process
• Facilitation of evidenced-based interventions that apply across multiple chronic diseases
• Free CME/CNE educational opportunities
• Quality improvement tools & support
• Outputs can be synced for PCMH attestation
American Cancer Society
Regional and Local Contacts

Mississippi Primary Care Systems
Cancer Control Local/Primary Contact
Name: LaQuita Cooper
Jackson, MS
Laquita.cooper@cancer.org
O- 601-321-5508/ M- 601-754-3487

Mississippi Primary Care Systems
Cancer Control Regional Contact
Name: Shimeka Chretien-Bass
Shimeka.chretien@cancer.org
American Cancer Society Regional and Local Contacts

Mississippi Primary Care Systems Cancer Control Regional Contact
Name: Shimeka Chretien-Bass
Shimeka.chretien@cancer.org

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THANK YOU!