



Making a Difference: How Stakeholders are Working Together to Increase Colorectal Cancer Screening in North Dakota

Joyce Saylor, Community Partnership Coordinator, NDDoH
 Tasha Peltier, Quality Improvement Specialist, QHA
 Nikki Medalen, Quality Improvement Specialist, QHA
 Shannon Bacon, Health Systems Manager, ACS

"The barrier to reducing the number of deaths from colorectal cancer is not a lack of scientific data, but a lack of organizations, financial, and societal commitment."

Daniel K Podolsky, MD (NEJM 7/20/2000)

Objectives

- Describe "80% by 2018" and identify the importance of this initiative at a local and statewide level
- Apply evidence-based strategies, using "80% by 2018" tools and resources, applicable to each stakeholder to increase local and statewide CRC screening rates
- Assess "80% by 2018" Initiative benefits for the clinical practice team, their patients and other statewide stakeholders

"80% by 2018"



Great Plains Quality Improvement Network, 2017





Coal Country Community Health Center, 2016

Thank You, ND Pledge Signers!

- CHI St. Alexius
- Coal Country Community Health Centers
- Custer Health
- Essentia Health
- Family HealthCare
- Great Plains Tribal Chairmen's Health Board
- North Dakota Cancer Coalition
- North Dakota Department of Health
- North Dakota Medical Association
- Northland Community Health Center
- Quality Health Associates of North Dakota
- Sanford Health
- Sakakawea Medical Center
- Valley Community Health Center




More than 1,000 Pledges Nationwide!

A Pledge is Just the First Step

The nation has become energized by the goal of "80% by 2018".

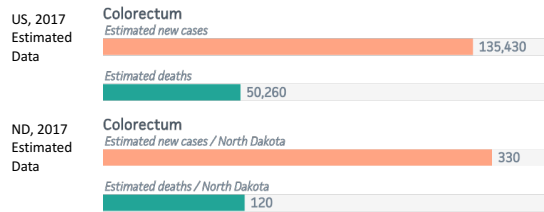
- Signing a pledge is easy
- Action after signing the pledge



What will it really take?

Colorectal Cancer Significance

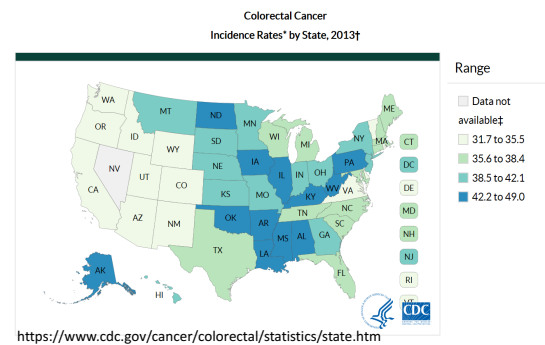
4th most common cancer and 2nd most common cause of cancer incidence and death in North Dakota



<https://cancerstatisticscenter.cancer.org/#/data-analysis/NewCaseEstimates/compare/DeathEstimates>

7

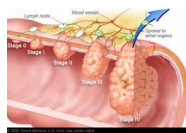
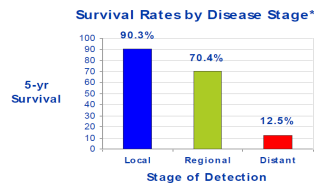
ND Colorectal Cancer Incidence Rates



8

Decline in CRC Incidence and Mortality

- Decline due to:
 - Improvements in treatment
 - Screening → earlier cancer detection → improved survival



For the National Cancer Institute © (June 13, 2017) Terese Winslow LLC, U.S. Govt. has certain rights

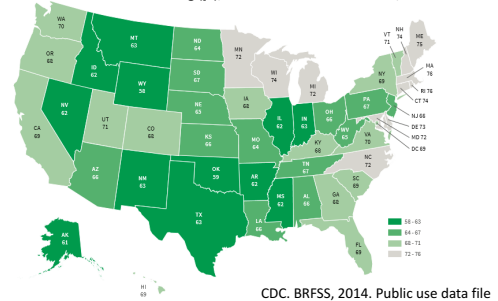
* 42% of N.Dakota CRC cases diagnosed at late stage

Brooks, D., MD, MPH. (May 25, 2016). Improving Outcomes in Colorectal Cancer: The Science of Screening [Presentation, PPT]

9

CRC Cancer Screening Rates

Colorectal Cancer Screening (%), in Adults 50 years and Older, 2014



10

Potential Barriers to Screening*

- Affordability
- Lack of symptoms
- No family history of colon cancer
- Perceptions of the unpleasantness of the test
- Doctor didn't recommend it
- Priority of other health issues

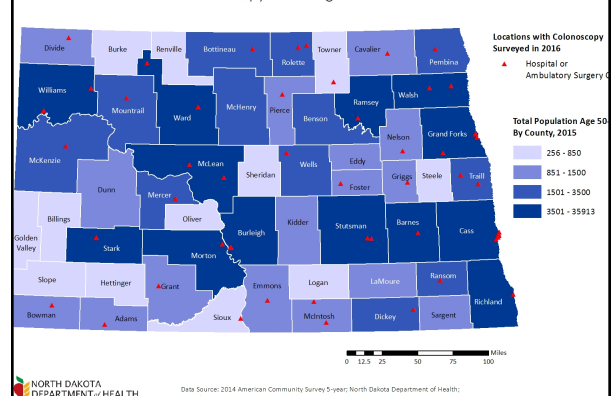
"I fear it will be uncomfortable. My doctor had never mentioned it to me, so I just let it go."

Based on 2014 Consumer Surveys (Nationwide)

11

North Dakota

Demand for vs. Access to Colonoscopy Screening



Despite the Limited Capacity....

Question	% of Agreement
Which colorectal cancer screening test do you most often recommend for average risk patients?	Colonoscopy – 77.5% Take home stool test (FOBT/FIT) – 15.5%
How often do you present more than one option when discussing colorectal cancer screening?	Usually – 50% Rarely & Sometimes – 50%

Provider Barriers and Facilitators to Colorectal Cancer Screening Survey Overview

Recommended Screening Tests for Average Risk (ACS and USPSTF)

- Colonoscopy
- High Sensitivity Fecal Occult Blood Testing
 - High Sensitivity Guaiac Tests
 - Fecal Immunochemical Tests
- FIT DNA (eg. Cologuard)
- Flexible Sigmoidoscopy (FSIG)*
- CT Colonography*

(NOTE: DRE is not an approved method of sample collection)

*Highly limited utilization in US at present

Why Colonoscopy is NOT Gold Standard

- Evidence does not support “best test” or “gold standard”
 - Wide variation in quality (when data is captured and available)
 - Access
 - Patient preference
 - Potential for patient injury

15

Advantages of Stool Tests

- Less expensive
- No bowel preparation
- Done in privacy at home
- No need for time off work or assistance getting home after the procedure
- Non-invasive – No risk of pain, bleeding, perforation
- Limits need for colonoscopies – Required only if stool blood testing is abnormal

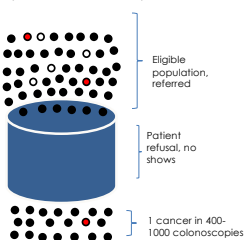


Brooks, D., MD, MPH. (May 24, 2016). Improving Outcomes in Colorectal Cancer: The science of screening [Presentation, PPT].

Making the Best Use of Scarce Resources: Screening colonoscopy vs. FIT

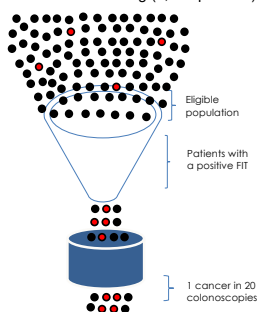
• Represents 20 patients

Screening colonoscopy (refer 1000 patients)



Slide courtesy of Dr. G. Coronado

FIT Testing (2,000 patients)

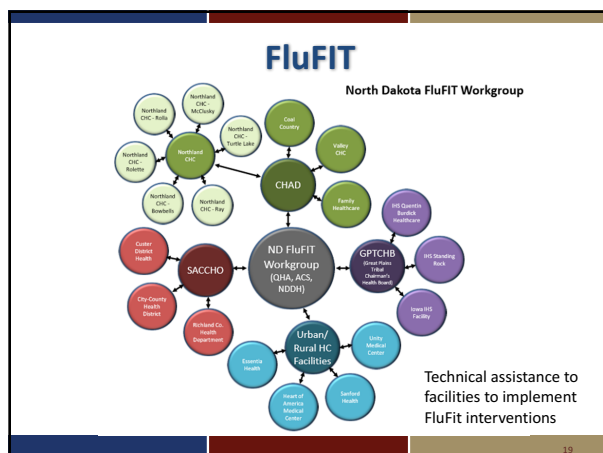


North Dakota Colorectal Cancer Roundtable

- Who: Organizations dedicated to reducing the incidence of and mortality from colorectal cancer in N.D.
- What: Coordinated leadership and strategic planning to reduce colorectal cancer rates
- Workgroups:
 - FluFIT
 - Access to Care
 - Provider Education
 - Public Awareness



18



Access to Care Workgroup

- Focused on increasing CRC screening within the workforce population
- Employer toolkit with strategies in support of preventive screenings



Provider Education

- Expanding medical professionals' knowledge about best practices in CRC Screening
- Coming in 2017: North Dakota Colorectal Cancer Screening Achievement Awards



Public Awareness

- Distribute materials to raise awareness about the importance of CRC screening:
 - [2017 CRC Screening Messaging Toolkit](#)
 - [ND Awareness Poster Template](#)

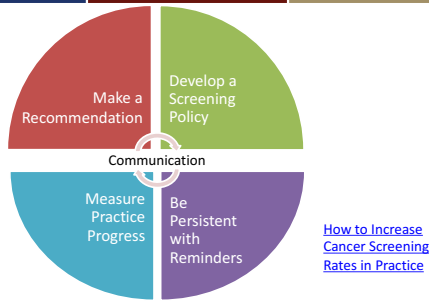
Everyone Has a Role in Increasing Screening Rates



What Can You Do? Primary Care and Hospitals

1. Make CRC Screening a high priority = Goal > "80% by 2018"
1. Monitor and report system-wide screening rates
2. Develop system of care to facilitate screening
3. Educate patients, physicians and staff
4. Monitor the quality of screening
5. Promote 80% by 2018 to local primary networks
6. Partner with FQHC's and other safety net practices

Four Essential Steps to Improve Screening Rates



25

Staff Involvement

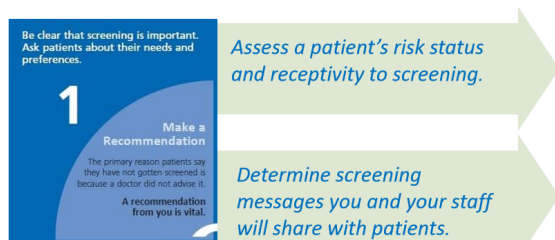
- Key Point....the clinicians cannot do it all!
- Time that patients spend with non-clinician staff is underutilized
- Standing orders can empower nurses, intake staff, etc. to distribute educational materials, schedule appointments, etc.
- Involve staff in meetings to discuss progress in achieving office goals for improving the delivery of preventive services



Brooks, Durado. 04/12/2017. Improving colorectal cancer screening rates through systems change [PowerPoint].

26

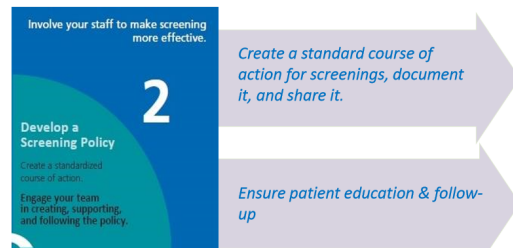
#1: Make a Recommendation



Brooks, Durado. 04/12/2017. Improving colorectal cancer screening rates through systems change [PowerPoint].

27

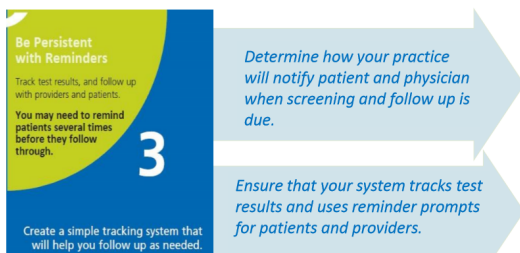
#2: Develop a Screening Policy



Brooks, Durado. 04/12/2017. Improving colorectal cancer screening rates through systems change [PowerPoint].

28

#3: Be Persistent with Reminders



Brooks, Durado. 04/12/2017. Improving colorectal cancer screening rates through systems change [PowerPoint].

29

#4: Measure Practice Progress



Brooks, Durado. 04/12/2017. Improving colorectal cancer screening rates through systems change [PowerPoint].

30

System Barriers to Colorectal Cancer Screening

Question	% of Agreement
It is challenging to recommend colorectal cancer screening during an acute care visit and may cause me to defer or miss discussion of colorectal cancer screening with patients.	73.9%
Limited time during patient visits has caused me to defer or miss discussion of colorectal cancer screening with patients.	56.5%
Inability to track down prior dates of screening has caused me to defer or miss discussion of colorectal cancer screening with patients.	53.6%

ND Survey: Provider Barriers and Facilitators to Colorectal Cancer Screening

What Can You Do? Employers/Insurers

1. Adopt "80% by 2018" as a corporate commitment and establish a company-wide goal for CRC testing
2. Educate your employees on important facts about colon cancer and testing options
3. Create a cancer testing-friendly work culture
4. Engage your insurance provider to ensure colon cancer testing is a top priority
5. Be a leader!

What Can You Do? Community Organizations, Survivors and Families

1. Partner to make "80% by 2018" a community-wide goal
2. Work with your community's clinic(s) to learn CRC screening rate and set a goal for improvement
3. Leverage local dignitaries/leaders/champions to communicate with those in your community who are less likely to get tested and those at high risk
4. Commit to educating your community on testing options, reimbursement and local resources

Patient Facilitators to Colorectal Cancer Screening

Question	% of Agreement
I am more likely to discuss or recommend a colorectal cancer screening test if the patient inquires about it or makes a request.	59.4%
I am more likely to discuss or recommend a colorectal cancer screening test if the patient has a history of cancer.	57.1%

Provider Barriers and Facilitators to Colorectal Cancer Screening Survey Overview

Activating Messages that Motivate

Most successful communications campaigns relay three messages to allow consumers to comprehend what is being asked to motivate action.

There are several screening options available, including simple take home options. Talk to your doctor about getting screened.
Colon cancer is the second leading cause of cancer deaths in the U.S., when men and women are combined, yet it can be prevented or detected at an early stage.
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.

Call to Action

- What are you going to do by next Tuesday?
 - Sign the [80% by 2018 pledge](#)
 - Sign up for NDCCRT email list
 - Review your clinic's CRC Screening Policy for the four essentials
 - Hold a planning meeting
 - Ask for help: QIO, ACS, NDDoH...we are here!
 - Join an NDCCRT Workgroup: ndcrc@cancer.org

NCCRT Tools, Resources and Publications



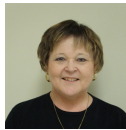
Resources available at
nccrt.org

Resources

- [80% by 2018 Pledge](#)
- [North Dakota Colorectal Cancer Round Table](#)
- [National Colorectal Cancer Round Table: 80% by 2018 Resources](#)
- [Colorectal Cancer Facts & Figures 2017-2019](#)
- [Clinician's Reference: FOBT for Colorectal Cancer Screening](#)
- [FluFIT](#)
- [Increasing Screening Rates in Practice: An Action Plan for Implementing a Primary Care Clinician's* Evidence-Based Toolbox and Guide](#)

38

Contact Information



Joyce Sayler,
Community Partnership
Coordinator
NDDoH – Division of
Cancer Prevention and
Control
701-328-2596
jsayler@nd.gov



Tasha Peltier, MPH,
R.T. (R), Quality
Improvement
Specialist, Quality
Health Associates
of ND
701-509-8797
Tasha.Peltier@area-a.hcqis.org



Nikki Medalen, MS,
BSN, APHN-BC, Quality
Improvement
Specialist, Quality
Health Associates of
ND
701-537-5548
Nicole.Medalen@area-a.hcqis.org



Shannon Bacon, MSW,
Health Systems
Manager, American
Cancer Society, Inc.
701-433-7593
Shannon.bacon@cancer.org

This material was prepared by the Great Plains Quality Improvement Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 1250N-GPQIN-ND-FY-12/08/17

39