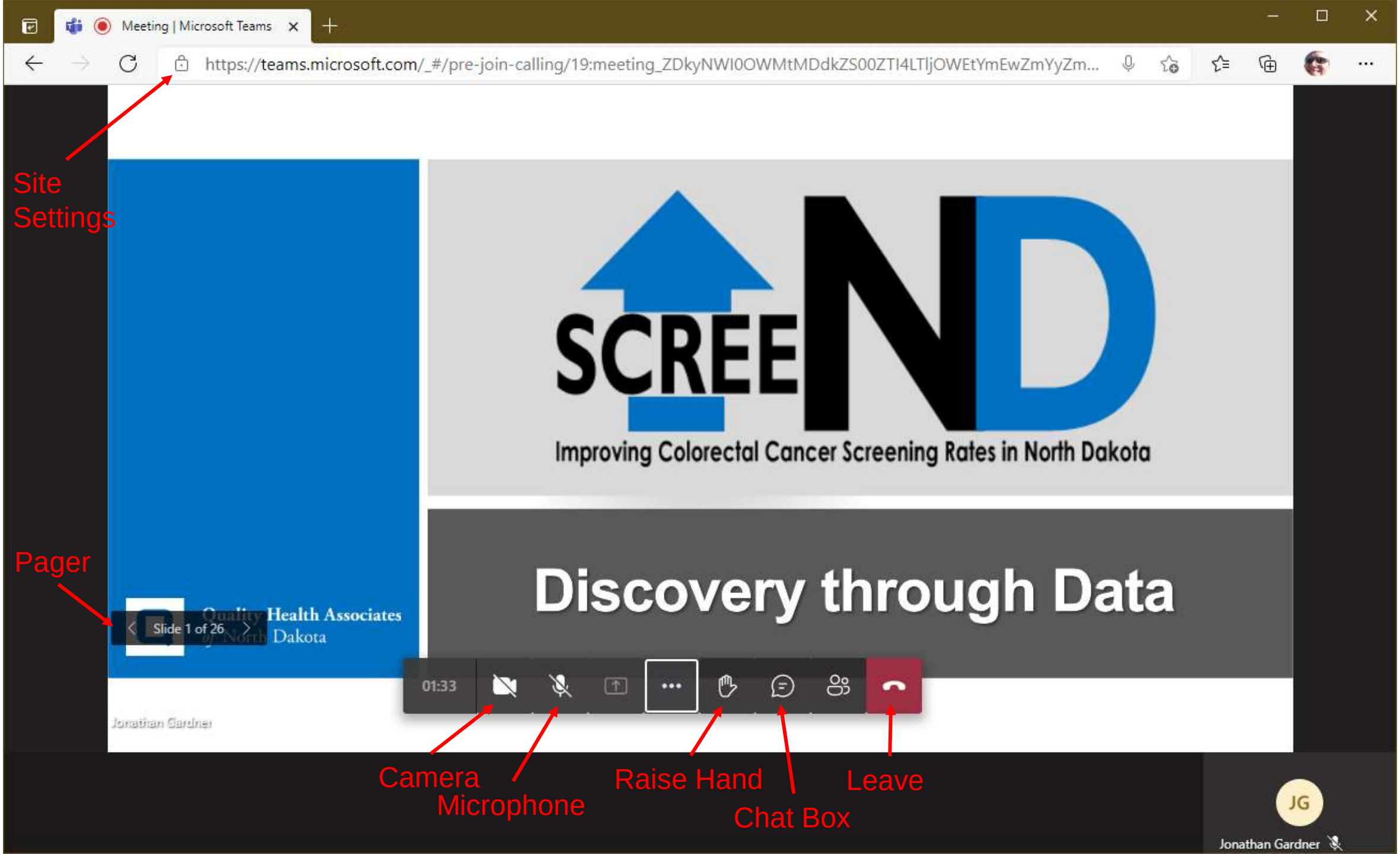
SCREEND

Improving Colorectal Cancer Screening Rates in North Dakota

Discovery through Data

Quality Health Associates *of* North Dakota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Quality Health Associates of North Dakota (QHA) is partnering with ND's primary care clinics to increase colorectal cancer (CRC) screening rates for rural, frontier, and Native American populations.

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Assistance from QHA

QHA will assist participating clinics using the following strategies:

- ✓ Facilitate completion of a comprehensive readiness assessment

- ✓ Provide individual technical assistance
- ✓ Lead a rapid-action collaborative structure with small groups to target specific needs
- ✓ Conduct site visits and coaching calls to assess progress, identify barriers, and develop mitigation strategies

- ✓ Guide the development of clinic-specific action plans for implementing at least two evidence-based interventions (EBIs) to address CRC screening

- ✓ Advise clinic staff in leveraging their electronic health records (EHRs) to collect and report CRC screening program measures

- ✓ Share resources, tools and materials

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Milestones Program

COPPER 	❒ Signed commitment letter ❒ Formed multidisciplinary innovation team ❒ Completed Clinic Readiness Assessment ❒ Completed introductory meeting ❒ Set goal for year 1 ❒ Submitted baseline data
BRONZE 	❒ Data submission is current ❒ Developed and submitted Action Plan and initiated two (2) evidence-based interventions ❒ Submitted current clinic policy for CRC Screening
SILVER 	❒ Team members participatee in scheduled coaching calls and rapid action collaborative ❒ Implemented at least two (2) evidence-based interventions specific to improving CRC screening rates ❒ Achieved 1st year goal for improving CRC screening rate ❒ Shared SCREEND performance with Clinic Board or Leadership
GOLD 	❒ Reviewed and updated Action Plan annually ❒ Submitted at least one success story or lesson learned related to the interventions selected ❒ Achieved 2nd year goal for improving CRC Screening rate ❒ Distributed clinician level data to medical staff
PLATINUM 	❒ Achieved 3rd year goal for improving CRC Screening rate ❒ Used EHR to fullest potential to sustain EBIs such as flagging for follow-up, tracking screening results, pulling reports, generating and sending reminders to both providers and patients

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Quality Health Associates of North Dakota


Program


Resources

Rapid Action Collaborative

News/Events

Website: https://www.screend.org/

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Get the Facts

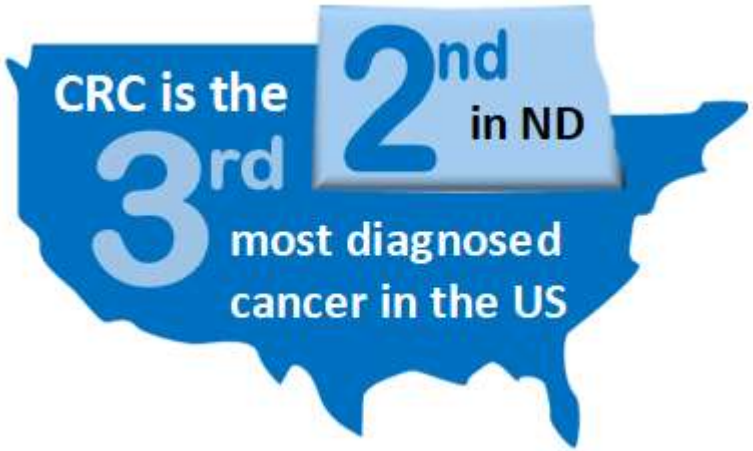
Economic Data

The High Cost of Colorectal Cancer

$14.1 BILLION **total annual medical cost of colorectal cancer care**

- 11% of all cancer treatment costs
- # 2 in cost
- Average cost of new diagnosis of CRC: $40,000-$80,000
- On average, cancer survivors have annual losses in work productivity (due to missed workdays and employment disability) that are about $1,000 higher compared to people without a cancer history.

Cost-Effectiveness of Colorectal Cancer Interventions | Power of Prevention (cdc.gov)



Where are we now?

How do you think the COVID-19 pandemic has impacted screening and outcomes in your service area?

- 33% of eligible adults in ND are not up to date
- 41% of CRC cases are diagnosed at a late-stage with only 13% reaching a 5-year survival rate
- Priority Populations:
  - Males
  - American Indians
  - Individuals without post-high school education
- Current ND Screening rate: 67%, Tribal Communities about 52% overall.
- Estimated 380 new cases of CRC in ND in 2019

http://www.ndhealth.gov/compcancer/wp-content/uploads/2020/02/19-NDDH-0734-ColorectalCancer-FactSheet-191017-EmailFinal.pdf

Setting a Goal

Polling Question: What goal did your organization set for itself?

- Encourage to set a goal that is at least 15% higher than current rate
- Figure out what that means – Is it 1 more patient screened per week? 1 per day?

1000 eligible patients/year: Current rate is 25%

= 250 patients are up to date/screen 5 patients per week

40%: 400 patients per year would need to be screened

= 8 patients per week (or 3 more than current)

Responsibilities of a ScreeND Clinic Champion

- Internally, the Champion ensures there is organizational support and program integrity
- Externally, the Champion promotes the program's vision and value to potential partners and stakeholders
- Advocate for the program
- Work with QHA staff to develop a year-long action plan
- Act as a spokesperson when called upon by your health care organization or QHA staff
- Serve as a representative for QHA staff and participate in TA calls that are set up for your clinic.
- Average time commitment of champions is 1-2 hours per week

Reporting Month	Reporting Year	Reporting Quarter
January	2021	1 View equation

Colorectal Cancer Screening Rate (Overall)

Numerator	Denominator	Calculated Rate
0	0	View equation

Measure Definitions: HEDIS | UDS | GPRA | NQF

Fecal Kit Return Rate

Number of patients given fecal kits	Number of patients returning fecal kits	Calculated Rate
0	0	View equation

Measure Definition: Fecal Kit Return Rate

Screening Colonoscopy Completion Rate

Number of patients referred for colonoscopy	Number of patients completing colonoscopy	Calculated Rate
0	0	View equation

Measure Definition: Colonoscopy Completion Rate

Diagnostic / Follow-up Colonoscopy Completion Rate

Number of patients referred for follow-up colonoscopy	Number of patients completing follow-up colonoscopy	Calculated Rate
0	0	View equation

Data Collection: REDCap

Patient Information		
Medical Record Number	Optional	
Date of Birth	M-D-Y Optional	
Age * must provide value	51	
Age at Encounter	51 View equation	
Population Criteria		
Patient has been diagnosed with colorectal cancer any time * must provide value	○ Yes ◉ No	reset
Patient has had a total colectomy * must provide value	○ Yes ◉ No	reset
Other criteria will exclude this patient from colorectal cancer screening * must provide value	○ Yes ◉ No	reset
Screening History		
Patient documentation indicates a completed Fecal Occult Blood Test (iFOBT / HSgFOBT), or Fecal Immunochemical Test (FIT) within one (1) year * must provide value	◉ Yes ○ No	reset
Electronic Health Record		
The Electronic Health Record (EHR) for this patient is adequately and appropriately documenting colorectal cancer screening for this patient.	◉ Yes ○ No Optional	reset
Score		
Numerator: 1 **Denominator: 1**		

Data Validation: Chart Review

Data Collection: Baseline Data

- Determine a one-year baseline timeframe
- Select a measure (GPRA, HEDIS, UDS, or NQF)
- Use your Electronic Health Record or another system to generate a baseline CRC rate

Your Tools

Electronic Medical Record

- Numerator: Include those who had FOBT or FIT in last year, FIT-DNA in last 3 years, flexible sigmoidoscopy in last 5 years, or colonoscopy in last 10 years
- Denominator: Active clients age 51 -75 (Exclude those with current CRC diagnosis)

Billing data: Can only be done if billing data contains primary care billing information, lab test and endoscopy procedures

Behavioral Risk Factor Surveillance Survey Data (BRFSS)

Government Performance and Results Act (GPRA)

Pre-visit Prep as a Data Dig

Pre-visit planning can increase efficiency often saving 30 minutes of both physician time and staff time per day and save about $26,400/year! (AMA, 2015)

- Use a visit planning checklist
  - What screening exams/labs are priorities for your facility?
  - Arrange for labs to be completed before next visit
- Review notes from the patient's last visit and ensure notes from other physicians who delivered interval care are in the record.
  - Are dates, check boxes or fields completed to assure they are included in the data pulls?
  - Identify gaps in care: preventive and chronic care needs
  - Pre-visit phone call, email or text: medication reconciliation, set the agenda (this also reduced no show rates!)

    *Pre-appointment questionnaire – responses prepopulate visit notes
- Pre-clinic care team huddle
  - Alert team to last-minute changes or special patient needs

https://www.ama-assn.org/practice-management/sustainability/10-steps-pre-visit-planning-can-produce-big-savings

Did you know?

The primary reason patients say they are not screened is because their doctor did not recommend it.

- ACS

Resources for the Journey Ahead

Pre-visit Planning

- Link 4 documents:
  - Previsit planning implementation checklist
  - Previsit checklist
  - Pre appointment questionnaire
  - Previsit plan order sheet

Next Steps

- Complete Action Plan
- Disseminate goal to your entire staff
- Review your current policies around CRC and/or screening and identify areas for improvement.

Next collaborative call: 03/25/2021, 9:30 a.m. CT | Topic: Practical Policy

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