00:00:00.000 --> 00:00:29.680
Nikki Medalen
And I will be the facilitator for these calls. I'm a quality improvement specialist with quality health associates of North Dakota. My background is in public health nursing. I was the McHenry County nurse for about a decade and then top public health nursing at Minot State for about 10 years and then came to quality health associates when they were promoting some population health initiatives that I was especially interested in. This is the second colorectal cancer project I've worked on and it is truly a subject that is.

00:00:30.000 --> 00:00:52.060
Nikki Medalen
Pretty near and dear to my heart, I'm very glad to be working on this program and my role this time is as the leader of the technical assistance for this project. With the help of Natasha Greene who is already working with both Quentin Burdick and Standing Rock through the path program, John Gardner is my partner on the technical Assistance Component, so John will you introduce yourself?

00:00:53.390 --> 00:01:22.920
Jonathan Gardner
Absolutely thanks Nikki. My name is Jonathan Gardner. I'm the network administrator for Quality Health Associates of North Dakota. I've been there for about 10 years now and specialize in it. Before that, I worked in health IT at an Air Force Base hospital. It's my pleasure to be providing technical assistance around data collection instruments and maximizing the use of your electronic health record to support cancer screening initiatives such as this one.

00:01:24.500 --> 00:01:25.220
Nikki Medalen
Thanks John.

00:01:26.170 --> 00:01:57.800
Nikki Medalen
John and I would like to thank you for your commitment to the screened program and this rapid Action Collaborative. We have very high expectations for interaction with your teams through these events, so please do use the chat and the discussions to discuss any questions that you have. Share your concerns and of course your best practices. We really want you to feel comfortable sharing with us and your peers. Today's event is scheduled for 45 minutes and as this is the first event and we wanted to spend a little more time but the remaining 5 events will each be.

00:01:57.850 --> 00:02:21.420
Nikki Medalen
About 30 minutes long. The purpose of our meeting today is to Orient you to the screened program so that you're clear about our expectations and then to help you feel comfortable with the data that we're asking you to collect. So we want you to see the value in collecting it and being able to use it to enhance your work. So before we even start, I'm going to ask John to Orient you to the teams platform, John.

00:02:23.320 --> 00:02:53.090
Jonathan Gardner
Thanks well if you're joining us from a web browser such as Chrome, Firefox or Edge, your view of teams

will look something like like this. Let me switch the next slide. There we go, so you'll see a bar across the bottom that has a few buttons on it camera you can use to turn on your webcam if you have one. We would love to see everyone if you're able, but if not, that's OK.

00:02:53.710 --> 00:03:04.150
Jonathan Gardner
The microphone button right next to it can be used to mute or unmute yourself. We strongly, strongly encourage discussion, so please don't be shy to unmute.

00:03:05.710 --> 00:03:17.580
Jonathan Gardner
There's a raise hand button if you'd like to speak or have a question you can click that raise hand button. However, this is a small group and we won't be offended if you interrupt us with the.

00:03:19.400 --> 00:03:32.000
Jonathan Gardner
The chat box button will open and close the chat box so occasionally will have polls, attachments or answer questions in the chat. So you might want to keep that open.

00:03:33.480 --> 00:03:53.680
Jonathan Gardner
You could also page through the slides on your own on the left hand side there's a left and right you can use to flip through the slideshow on your own. If you would like. If you are not on the same slide as the presenter, there will be a button up there to to switch back to show the current slide that we're on.

00:03:55.380 --> 00:04:12.730
Jonathan Gardner
And finally, depending on your organization security settings, it's sometimes needed to give teams some additional permissions in your web browser. On most browsers that can be done from the site settings button, you'll see that just to the left of the address bar at the top.

00:04:15.500 --> 00:04:16.370
Nikki Medalen
Thank you John.

00:04:17.590 --> 00:04:36.910
Nikki Medalen
As you know, the goal of this initiative is to improve CRC screening rates in North Dakota, and we're really focusing on rural frontier and tribal populations. You may be wondering what that assistance will look like from us, so John, Natasha, and I will be participating with clinics by facilitating completion of a comprehensive readiness assessment.

00:04:37.680 --> 00:04:44.180
Nikki Medalen
I believe all of the tribal communities have completed that. At this point we like to do that in person if possible.

00:04:45.730 --> 00:04:55.110
Nikki Medalen
We also will provide individual TH that your clinics and this might be in an online format such as the teams meeting, where on now or again we would prefer to do those in person.

00:04:55.970 --> 00:05:03.250
Nikki Medalen
We will lead this rapid action collaborative with small groups to share information and ideas that transcended everyones action plan.

00:05:03.940 --> 00:05:36.150
Nikki Medalen
Will conduct site visits and coaching calls on a regular basis with each of your teams to assess progress, identify barriers and develop strategies to meet any of the challenges that you're having. An to assist you in developing new goals and interventions as you determine that your initial interventions are either in place or are no longer meeting your needs. We will guide the development of clinic specific action plans for implementing Ebi's to address colorectal cancer screening. When you've completed your detailed assessment, we provide feedback to you with suggestions for.

00:05:36.620 --> 00:05:38.780
Nikki Medalen
Evidence based interventions that we.

00:05:39.350 --> 00:06:07.150
Nikki Medalen
We think match the gaps that we saw during the Clinic readiness assessment, but ultimately your action plan is yours so you can choose whether or not to use our feedback or create an entirely different plan. Either way, it's our job to assist you in implementing that plan. We will advise and support leveraging your EA chars to collect and report CRC screening program measures, and of course will make resources, tools and materials available to you.

00:06:11.840 --> 00:06:41.260
Nikki Medalen
Alright, as a method to gauge your progress through the screen, does North Dakota program we have designed a milestone program based on a 3 year plan. This information has been provided to you in the recruitment documents. You will note that the levels of accomplishment are based on moving through the required steps of a program in a chronological manner and include requirements for submitting data. We know that data can be a real challenge for clinics, but we are confident that once you are armed with the information from today's meeting.

00:06:41.590 --> 00:06:47.380
Nikki Medalen
And of course, the technical assistance that John can provide to your teams that this is not going to be a problem for anyone.

00:06:48.680 --> 00:06:55.720
Nikki Medalen

As I said, this is a three year plan, so if you remain committed in one years time, you should be able to achieve the silver milestone.

00:06:56.300 --> 00:06:59.850
Nikki Medalen
Gold by the end of year two an platinum by the end of Year 3.

00:07:00.590 --> 00:07:07.120
Nikki Medalen
All of you are working on completing the copper phase right now, which includes all of the items needed to get off to a good start.

00:07:14.060 --> 00:07:36.990
Nikki Medalen
Our website is a work in progress, but this is a picture of what the home page will look like. You can see four buttons, program resources, Rapid Action, Collaborative, an news, and events. These buttons seem fairly self explanatory, but I will just point out that under the Rapid Action Collaborative button is where you'll find the recordings of these events. A link to the evaluations an any resources that we've talked about for each event.

00:07:37.630 --> 00:07:51.760
Nikki Medalen
By Monday, you're really going to start to see these pages populated for today because this is not fully up and running yet. I will send an email out at the end of this call with any of the resources that are key to today's information.

00:07:52.580 --> 00:07:57.370
Nikki Medalen
Your progress through the milestones will be shared on our web page. In the program tab.

00:08:02.410 --> 00:08:17.900
Nikki Medalen
I want to make sure that we have a common set of facts to understand why this work of cancer screening is so important and also why it's so important for our patients to understand why they should be screened. We know that one and 24 people in the US develop colon cancer.

00:08:18.640 --> 00:08:28.010
Nikki Medalen
If you've been in healthcare for long, you know that cancer has long been considered a silent killer. It's insidious, and it doesn't have symptoms until it's too late.

00:08:28.760 --> 00:08:44.840
Nikki Medalen
So we need to use that information to encourage our patients to be screened. We know that symptoms of CRC include blood in the stool, unexplained weight loss, a change in bathroom habits, persistent cramps, or low back pain, fatigue, feeling, bloated anemia.

00:08:45.740 --> 00:09:04.460
Nikki Medalen
And some other symptoms, but in its earliest stages, when it's easiest to treat, it may have no symptoms at all. We know that half of all new cancer diagnosis are in people 66 years of age or younger. In fact, if you were born in the 90s, so we're talking about people who are now in their 20s and 30s.

00:09:05.210 --> 00:09:13.080
Nikki Medalen
They have two times the risk of colon cancer and four times the risk of rectal cancer than those who are born in the 1950s.

00:09:14.030 --> 00:09:45.920
Nikki Medalen
We know that CRC is the 2nd deadliest cancer when colorectal cancer is detected in its early stages. It's more likely to be cured. Treatment is less expensive than the recovery is, of course, much faster. The five year survival rate for stage one and two colon cancer is around 90%, but the five year survival rate for patients diagnosed at stage three is 71%, and it's stage four. It's only 14%. So obviously screening and catching it at an early stage is absolutely essential to survival.

00:10:02.800 --> 00:10:06.350
Nikki Medalen
And at a much later stage of cancer then they would have been last year.

00:10:10.720 --> 00:10:28.410
Nikki Medalen
Some of you are probably motivated by economic data, so I wanted to share that the total annual medical cost of colorectal cancer is about $14.1 billion in the US, with the total reaching about 158 billion for all cancers combined. And that is an annual number.

00:10:29.340 --> 00:10:34.100
Nikki Medalen
11% of all cancer treatment costs in the United States are for colorectal cancer.

00:10:35.390 --> 00:10:39.870
Nikki Medalen
Colorectal cancer has the second highest cost of any cancer in the United States.

00:10:40.560 --> 00:10:48.120
Nikki Medalen
Average Medicare spending for patients with newly diagnosed colorectal cancer ranges from 40 to $80,000, depending on the stage.

00:10:49.480 --> 00:11:19.630
Nikki Medalen
On average, cancer survivors have annual losses and work productivity due to missed workdays. An employment disability an are about $1000 higher compared to people without a cancer history. Some cancer survivors are not able to return to work and others report not. Being able to perform all the tap

tasks that they have at work because of illness or distress associated with their cancer. And of course, there's many other costs related to cancer. Thinking about rehabilitation, the costs of.

00:11:19.930 --> 00:11:35.650
Nikki Medalen
Care outside of the hospital premature death increase in insurance premiums. Transportation to outpatient services such as chemo and radiation, child and elder care or housekeeping assistance, even personal care assistance in the home.

00:11:37.330 --> 00:12:00.770
Nikki Medalen
One thing that I think might be interesting for our tribal communities to take a look at is is to really understand the amount of purchased referred care dollars that are utilized for CRC. Whether that's for colonoscopies or cancer treatment, knowing that number and looking again later in this project to see if the work that you've done has impacted that dollar amount at all.

00:12:03.390 --> 00:12:06.190
Nikki Medalen
So where are we now? Where are we in North Dakota?

00:12:07.510 --> 00:12:29.710
Nikki Medalen
So the information on this slide was taken from the North Dakota colorectal round table and the data of course is a little bit old as most data often is. We have to get to the end of the year before we can even collect that data, and then it takes time to analyze it and so forth. And so this data was actually reported in 2000.

00:12:30.450 --> 00:12:35.120
Nikki Medalen
Uh, it right at the beginning of 2019, but it's for 2017 data.

00:12:36.200 --> 00:12:50.890
Nikki Medalen
So at that time 33% of eligible adults in North Dakota were not up to date with CRC screening. 41% of colorectal cancer cases are diagnosed at a late stage in North Dakota, with only about 14% reaching A5 year survival rate.

00:12:51.790 --> 00:12:59.230
Nikki Medalen
The priority populations in North Dakota have been identified as males, American Indians, an individuals without post high school education.

00:13:00.160 --> 00:13:19.310
Nikki Medalen
We know that the current screening rate, that is as of 2018. This is our latest data is about 67%, but we know that the colorectal cancer screening rates in our tribal communities is lower than the state as a whole by about 15%. So in 2018, that average would have been about 52%.

00:13:20.220 --> 00:13:51.000
Nikki Medalen
Using the information collected during the initial clinic readiness assessment, the CRC screening rates among the three facilities in this group averages about 40%. And that's we're not surprised by that. With 2020, we are actually probably pleasantly surprised that it's as high as it is, but that's helped a lot by the fact that many of the colorectal cancer screening tests do not need to be done in an annual basis, and so there's a portion of your population that will remain screen for.

00:13:51.050 --> 00:13:52.560
Nikki Medalen
A number of years at a time.

00:13:53.850 --> 00:14:13.690
Nikki Medalen
It is estimated that there were 380 new cases of colorectal cancer in North Dakota in 2019, and as I shared in the previous slide that I can't help but be concerned that in 2020 there would have been at least that many additional cases, but many of them did not get diagnosed because of the pandemic, and so now they're being found at those later stages.

00:14:14.800 --> 00:14:16.260
Nikki Medalen
So our.

00:14:17.860 --> 00:14:21.970
Nikki Medalen
I will move on. We're not going to do the polling questions at this recording.

00:14:23.870 --> 00:14:25.580
Nikki Medalen
OK, so setting a goal.

00:14:27.010 --> 00:14:47.100
Nikki Medalen
Today our goal is to help you use data in a way that's meaningful to your team and to help you recognize that data does not have to be difficult. But it is a way to help you understand the why we're doing this work, and then as we move through the implementation of our action plans that will help us to see if our interventions are actually working or not.

00:14:47.890 --> 00:15:11.610
Nikki Medalen
John and I were actually talking yesterday about using data. An John made it clear to me that the data for this project is really, you know, numerators and denominators that on their own are not really impactful, but the stories that go along with those numbers, that information that you know about your patience in about about how this data came to be.

00:15:12.270 --> 00:15:30.140
Nikki Medalen
Is really what can be used, so please keep in mind that it is so important that that you turn that data into

information that your staff, your leadership, your board, your patience, whoever that audiences can really wrap their minds around what it means, an understand, what you expect them to do with it.

00:15:32.940 --> 00:15:45.470
Nikki Medalen
So as you develop your own goal, we really encourage that you set your goal A at least 15% higher than your current rate. We want to set the bar at a level that requires attention.

00:15:46.180 --> 00:16:03.470
Nikki Medalen
Note that the National Colorectal Roundtable has set the goal of 80% in every community in the US, So the goal you set for yourself should really be considered in light of that national goal. Think about where you are now, where you want to be a year from now. Two years from now, three years from now.

00:16:04.560 --> 00:16:10.580
Nikki Medalen
You've also done your clinic readiness assessments, and so you should have a pretty good idea of where some of your biggest challenges are.

00:16:12.930 --> 00:16:25.490
Nikki Medalen
One thing that may help you set your goal is to figure out what it actually means in terms of work that needs to be done to just see if that's even reasonable and an easy way to do that is to figure out what it means for your staff.

00:16:27.040 --> 00:16:38.110
Nikki Medalen
So for instance, if I see 1000 patients a year and I have a current screening rate of 25%, it means that 250 of my 1000 patients are up to date.

00:16:38.770 --> 00:16:44.230
Nikki Medalen
We have 52 weeks in a year, so that means that we're screening at least five of my patients per week.

00:16:45.250 --> 00:17:15.570
Nikki Medalen
If I set my goal at 15% higher, that is 40%, I would need to screen 400 patients in a year or 8 patients per week. And really, that's only three more patients a week than what we're currently screening, and that seems much more doable. So you see, I've taken a piece of data and applied the story behind those numbers to provide the information that my staff could really use to understand their work and what it means for them. It seems like that's a whole lot easier than to just give them a target.

00:17:15.890 --> 00:17:19.870
Nikki Medalen
Percentage rate, which they might seem overwhelmed by.

00:17:24.270 --> 00:17:42.410
Nikki Medalen

During the Clinic readiness assessment, you were asked to identify a clinic champion for the project. Keep in mind that the champion in the medical director can be a single individual or two different people, but both roles are core elements to successful program. But we understand that in our small clinics many many people wear multiple hats.

00:17:43.330 --> 00:18:13.440
Nikki Medalen
The clinic champion should be someone who is respected by the team and has credibility among the healthcare community. Some key qualities to look for include someone with good leadership skills who has passion for this topic. They might be fairly charismatic and of course they have expertise in CRC screening. This person is an advocate for the pro program internally seeking support and assuring program it integrity but also externally promoting the program's vision and value to potential stakeholders.

00:18:13.820 --> 00:18:19.870
Nikki Medalen
This person will work with QA staff to develop your action plan. An will represent your organization Antier calls.

00:18:20.450 --> 00:18:46.060
Nikki Medalen
We believe the time commitment will work out to about one to two hours a week, although that might be a little more up front and then taper off as you get more into the program itself. If you have not yet identified your clinic champion, please do so this week and be sure to let myself or the OR Natasha know who that is. So now I'm going to turn it over to Jonathan to discuss some specifics about data collection and validation for the screen program.

00:18:52.830 --> 00:18:53.800
Nikki Medalen
You're on mute, John.

00:18:53.950 --> 00:19:13.810
Jonathan Gardner
Go take myself off mute. Thanks Nikki. Appreciate it. So one of the most important tasks associated with this or any quality improvement project is of course a data collection. The data collection for this project can be completed on a monthly or at least quarterly basis.

00:19:14.860 --> 00:19:44.490
Jonathan Gardner
Uh, and we designed this to to be as short and simple as possible, so each month you'll use your electronic health record or other data sources to pull some reports and then log into red cap on this tool that we're using for data collection and you'll complete the form that you see here. This is the entire form. You'll only see a few data points, including your overall colorectal cancer screening rate your feet.

00:19:44.770 --> 00:20:03.330
Jonathan Gardner
Hit return rate and the screening and follow up colonoscopy completion rates. The monthly or quarterly

values that are reported here will be used to complete the annual aggregate data record of for your clinic.

00:20:08.070 --> 00:20:39.030
Jonathan Gardner
But we recognize that electronic medical records are not always complete, and that data may be entered in different ways. This may cause your electronic reports to be inaccurate. As a result, we ask that you validate your rates with some chart reviews, but we recommend approximately 10 charts per reporting month to reach about 100 charts over reporting year. So we've designed this chart review to require as little data entry as possible. We want to reduce that.

00:20:39.220 --> 00:21:08.760
Jonathan Gardner
That burden where we can so only the patients age or date of birth is required. Otherwise the chart review follows a simple colorectal cancer screening algorithm consisting of up to 8 yes or no questions, and this determines whether the chart is included in the denominator and whether any screening results have been documented appropriately. This will not only validate your EHR generated screening rates.

00:21:09.290 --> 00:21:15.480
Jonathan Gardner
Will also help you identify those charts that may not be properly documented in the electronic medical record.

00:21:19.330 --> 00:21:42.830
Jonathan Gardner
So in order to actually compare the data and see where the project is going, you're going to need a baseline, so your baseline time frame must be set prior to implementing any interventions for the screen to project, and it will determine the monitoring time frame that you'll use for the remainder of the project.

00:21:43.960 --> 00:21:56.630
Jonathan Gardner
I also selecting measure definition. It should be one of the four recognized measure definitions, including gebra, hetas, UDS, or NQF.

00:21:58.290 --> 00:22:14.550
Jonathan Gardner
Possible yeah, if not, it can be defined separately, so it is important that the measure definition that you use for the baseline is the same definition that you'll use for monthly monitoring data collection and for the remainder of the project.

00:22:16.110 --> 00:22:31.040
Jonathan Gardner
Now, if you're unable to pull a baseline rate from your electronic medical record, but you may also use chart reviews to determine your baseline right, and that would be about 100 cases over a one year time frame.

00:22:36.160 --> 00:22:37.080
Jonathan Gardner
Of the.

00:22:38.610 --> 00:23:08.880
Jonathan Gardner
Different data sources that you can use to generate those colorectal cancer screening rates. Of course, your electronic medical record and what you see on this slide is 1 example of a measure definition that you can use for that. It's also possible to use billing data if the billing data contains primary care billing information. A lab test and endoscopy procedures and we can provide you with lists of.

00:23:09.060 --> 00:23:12.730
Jonathan Gardner
Codes that can be used to generate reports from a billing system.

00:23:14.320 --> 00:23:30.730
Jonathan Gardner
Other data sources might include burfi's, the behavioral Risk Factor, Surveillance survey data, or get Pro Government Performance Results Act, which I think is is probably most appropriate to this particular group.

00:23:40.780 --> 00:23:41.860
Jonathan Gardner
You're on mute Nikki.

00:23:43.550 --> 00:23:45.480
Nikki Medalen
It's a hard thing to remember, thank you.

00:23:46.710 --> 00:24:01.440
Nikki Medalen
I think everyone struggles with thinking about data, but it doesn't have to be complicated. I want to turn your attention now to thinking about how your pre visit prep is really a sort of data dig and how you can use that data to improve your rates. One patient or one clinic day at a time.

00:24:02.240 --> 00:24:24.800
Nikki Medalen
The American Medical Association estimates that pre visit planning can save about 30 minutes of both physician timan staff time per day, or about $26,400 a year. I'm not sure what size clinic or at the number of providers that their average clinic might have had, so I'm not quite sure how to apply those numbers, but the bottom line is that it can save time and money.

00:24:26.070 --> 00:25:00.850
Nikki Medalen
Whether you're already doing pre visit prep or you may consider it in the future, there are some key things to consider. First, use a visit planning checklist that is specific to your facility so you want to make sure that this list includes any screening exams or labs that are priorities for your facility. If you already have a checklist you want to make sure that it's up to date with the initiatives that your clinic is currently

working on by using a checklist, you'll also be aware to arrange for lab work to be completed before the next visit. That way when the physician sees the patient, they already have the information they need to make decisions.

00:25:00.990 --> 00:25:02.220
Nikki Medalen
With the patient.

00:25:03.040 --> 00:25:08.820
Nikki Medalen
I will share a link to visit planning checklist that I found that I think might be helpful.

00:25:10.040 --> 00:25:41.240
Nikki Medalen
Another key is to review notes from the patients last visit and also to ensure that notes from other physicians who delivered care. Since that visit are in the record, so you want to make sure that the appropriate dates have been completed. Any boxes that need to be checked or discrete fields filled in to assure that test result of laboratory results are entered in a way that can be pulled into a report. During this review, you're likely to identify some gaps in care such as preventative or chronic care needs.

00:25:41.750 --> 00:25:57.690
Nikki Medalen
And some nurses find it really helpful to actually make a pre visit phone call or to send a text or an email to confirm the appointment. But with that phone call they have the opportunity to do a Med reconciliation or just to set the agenda for the appointment itself.

00:25:58.500 --> 00:26:12.210
Nikki Medalen
This can be really helpful for patients to come prepared for their appointment and come prepared with questions or concerns that help move the appointment along more efficiently. It's also by noted that those phone calls reduce knochel rates.

00:26:13.320 --> 00:26:23.510
Nikki Medalen
Some organizations have the patient completed pre appointment questionnaire so that they can be better prepared to respond to the patients concerns and I'll share a document about that as well.

00:26:24.480 --> 00:26:28.430
Nikki Medalen
To improve teamwork, many clinics find a morning team huddle.

00:26:29.020 --> 00:26:36.870
Nikki Medalen
Really helpful, this is a good time to alert the team to any last minute changes in the schedule or any special patient needs.

00:26:37.620 --> 00:27:09.810
Nikki Medalen

While we think of the previous, at prep is something that's done the day before the visit. The process really does continue through the patients current visit, and it helps you get a little more upstream with the patient. You can set the next appointment at the conclusion of the current visit. Arrange lab test to be completed for that next visit, and it can also be used as an opportunity to make Wellness suggestions for patients who are currently visiting with an acute condition. Think about how easy it would be to say to the patient who's in clinic for an ear infection. We're really glad we could help you with this infection today, but.

00:27:10.100 --> 00:27:15.610
Nikki Medalen
Really like to see you again when you are feeling better and help you get caught up with your screening exams.

00:27:18.420 --> 00:27:48.050
Nikki Medalen
Would you like to make an appointment for an annual exam or we can talk about that? So those conversations should be, you know, two or three second to say in a minute to complete that and it would make such a big difference in getting your patients back in for those screenings. So if you're thinking about taking your pre visit prep up a notch, I'll include a link to a really simple article or have included a link at the bottom of this slide to an article called 10 Steps to pre visit planning that can produce big savings.

00:27:48.110 --> 00:27:51.480
Nikki Medalen
It's a very simple short article, but it had some really great.

00:27:52.630 --> 00:27:54.480
Nikki Medalen
Examples and suggestions.

00:27:57.990 --> 00:28:15.240
Nikki Medalen
This is a piece of information that everyone should take note of a few years back. the American Cancer Cancer Society serve aid patients who are not up to date on their screenings and what they learned was that the primary reasons patient said that they were not screened is because their doctor did not recommend it.

00:28:16.020 --> 00:28:47.230
Nikki Medalen
And so this really should make a stop and think about that. Pre visit prep and how we use the data we find there to determine when screening exams for the patient is do and how we thread that conversation into our conversations with patients on every single visit. Obviously some exams are only do every 135 or 10 years, so it isn't like we're talking about the same thing every time, but rather just being aware that what the patient may be due for an ensuring that we make those recommendations appropriately.

00:28:53.750 --> 00:29:18.670
Nikki Medalen
So some resources for pre visit planning are going to be available on our website, but for today when our website isn't quite ready to go yet, I will be sending out an email at the end of this event with those documents attached so you can see there are four documents that all attached to that email and then some next steps. If you haven't already completed your action plan.

00:29:18.720 --> 00:29:30.080
Nikki Medalen
Please do so and submit that to me if you if you have done that and you've selected what your goal is going to be, I really encourage you to share that with your entire clinic staff.

00:29:31.310 --> 00:29:49.590
Nikki Medalen
Share where you are now, where you want to be a year from now, and I really encourage you to think about how you can put that into a number where your staff can really understand what they are to do with that piece of information. So what does that mean for them in terms of the work that you're asking them to do and when you do that?

00:29:50.900 --> 00:30:04.680
Nikki Medalen
Ask them what how they think you're able to reach that goal. I think you'll be surprised at what you might hear, but it's a really nice way to get staff engaged and feel like they're contributing to the action planner. The work that you're going to do.

00:30:05.870 --> 00:30:29.200
Nikki Medalen
Internext collaborative meeting will be talking about policy, so I encourage you to review your current policies around CRC and or any kind of screening and identify areas for improvement. So come prepared on March 25th to talk about some of your concerns about your policy. And of course, if you've got best practices that you're willing to share with our our other participants, that would be warmly welcomed.

00:30:31.620 --> 00:30:46.190
Nikki Medalen
So until next time, if you have any questions or concerns, please feel free to contact Natasha Jonathan or me and we would be happy to answer your questions. Thank you for joining today joining us today. We hope you have a very productive day.

00:30:58.780 --> 00:30:59.250
Jonathan Gardner
Right?