00:00:00.000 --> 00:00:10.210
Nikki Medalen
Welcome everyone if you have been on the call for a little bit, you'll see that I have the the orientation slide to the screened.

00:00:11.880 --> 00:00:14.070
Nikki Medalen
Meeting room upon.

00:00:15.690 --> 00:00:31.280
Nikki Medalen
Display, so I believe everyone should be fairly oriented to team, so he won't probably be showing this in the future, but I just wanted to make sure everyone knew how to use the microphone. Raise your hand mute and unmute yourself and so forth.

00:00:34.280 --> 00:00:59.270
Nikki Medalen
Welcome to the second module of the screened Rapid Action Collaborative. I am Nikki Madalin, Jonathan Gardner and I are both on the call. Today. John will be taking care of some of the behind the scenes work, so he will be recording the meeting, monitoring the chat, putting up our polling questions and and will be available to answer questions and I will be facilitating this call for those of you who are early, the orientation to team slide was showing.

00:01:00.450 --> 00:01:06.740
Nikki Medalen
Just to make sure that we know how to use it. If you're familiar with the platform, I'd like you to raise your hand, please.

00:01:07.960 --> 00:01:10.040
Nikki Medalen
Just to show us that you know how to do it.

00:01:16.870 --> 00:01:20.420
Nikki Medalen
Alright, thank you and you can take your hand down if you would please.

00:01:21.940 --> 00:01:41.860
Nikki Medalen
Helps us just to be able to facilitate the cause a little better. An allows us to know when you have something you'd like to add or or say you are certainly welcome to raise your hand and we will call on you. But we do want you to ask questions and feel free to interrupt us or ask questions in the chat and we'll get to those as soon as we possibly can.

00:01:43.060 --> 00:02:03.280
Nikki Medalen
For those of you who could not attend on March 11th, a recording of the session is available at skreened.org under the Rapid Action Collaborative tab. So please make sure that you complete the

survey for that module. When you are finished. The link to the survey is also available there. If you have any questions about that, feel free to email me and I'll make sure that you get that link as well.

00:02:04.330 --> 00:02:26.370
Nikki Medalen
Note that we did have some technical difficulty. Last time. That is, we forgot to push the record button, so we did re record that session. But of course we didn't have the discussion in the really good comments that were provided in that module last time. So just so that you know that is a little bit different. So let's get started with today's discussion on practical policy.

00:02:29.430 --> 00:02:39.270
Nikki Medalen
It seems like the terms policy and protocol are often used interchangeably, and standing orders come as a subset of those. So to be clear, I wanted well, excuse me, I think I.

00:02:40.930 --> 00:02:42.040
Nikki Medalen
Page in my own.

00:02:47.600 --> 00:02:48.570
Nikki Medalen
My goodness.

00:02:50.330 --> 00:02:53.180
Nikki Medalen
Alright, I'm going to win this slide.

00:02:55.610 --> 00:03:25.820
Nikki Medalen
About 10 years ago there was a document that came out from the American Cancer Society and the National Roundtable that identified four essentials of improving CRC rates in practice, and those were reviewed about five years ago, and they kept them the same, so the first was to make a recommendation and I think last time we made a real point of reminding you that the number one reason that people don't get screened is because that provider did not.

00:03:25.870 --> 00:03:37.080
Nikki Medalen
Recommend it and so we know that that's the absolute number one essential to improving CRC rates, but the second is to develop a screening policy which is really what we're going to talk about today.

00:03:37.790 --> 00:04:04.400
Nikki Medalen
The third was to be persistent with reminders, making sure that once we have recommended a test that we remind the patients, especially if it's a fit or Cola guard. To get that completed and turned into the appropriate lab so that it can be processed in resulted and then measuring practice progress. So keeping track of your current rate, what your goal is, how you're moving toward that rate, and making sure that you're sharing that with your team.

00:04:05.920 --> 00:04:36.230
Nikki Medalen
So those are the four essentials, and again, we're going to talk about screening policy today. So as we said, the terms policy and protocol are used interchangeably and standing orders are often a subset of those, so we're going to run through these definitions just so that we all have the same idea in our minds about what about how these are different from each other. So policy is a deliberate system of principles to guide decisions and achieve rational outcomes. It's a statement of intent.

00:04:36.530 --> 00:04:40.150
Nikki Medalen
And it is implemented usually as a procedure or protocol.

00:04:40.890 --> 00:05:10.540
Nikki Medalen
A protocol is a standard that includes general and specific principles for managing certain patient conditions and a standing order allows patient care to be shared among non Commission non clinician members of the care team such as medical assistants and nurses. It is often based on national clinical guidelines but customized for the clinic's patient population, an care environment, standing orders enable all members of the care team to function at their fullest capacity.

00:05:11.150 --> 00:05:32.300
Nikki Medalen
Think about the tasks or conditions for the standing orders that you currently have in your facility. It might include orders for medication refills, treatment for uncomplicated urinary tract infections, mammograms, flu and pneumonia, vaccinations or ordering lab tests for certain chronic disease patients such as those with diabetes.

00:05:33.030 --> 00:05:50.020
Nikki Medalen
But when you think about how the patient interprets a standing order, what you're really saying to them is that we believe so strongly that this screening test is important, and we want to assure that every single one of our patients who meet the screening criteria are offered the test.

00:05:53.430 --> 00:06:14.720
Nikki Medalen
So when we think about good policy, there's some things that we really want to consider. An. My hope is that by bringing these up today that it will stimulate some ideas in your head about what you would want to see in your policy. Or maybe what you're missing in your policy. Now, if you if you already have one, and when you take the time to review it, what you might want to add or where the gaps might be.

00:06:15.710 --> 00:06:46.760
Nikki Medalen
So some of those considerations are national screening guidelines, and so we know that this is recently changed. In 2018, the American Cancer Society began to recommend that the age for routine colorectal cancer screening started age 45 rather than 50, and currently the USPS TF is in the process of updating its recommendation, and I've been kind of watching this this week. On Monday, I looked in the morning and the banner for the draft was across the screen.

00:06:46.920 --> 00:07:19.340
Nikki Medalen
And in the afternoon it just said in progress and there had been some some changes. So I know this week they are making big changes to what they have on the website. It should match. Every indication has been that they are also adopting the 45 to 50 age group as well, but you might want to wait a week or two to decide exactly how you want your policy to read so that it can match those guidelines. We're going to talk about realities of your practice in the next slide, so I'm not going to go into that here.

00:07:20.620 --> 00:07:22.970
Nikki Medalen
In terms of patient history and risk level.

00:07:23.780 --> 00:07:43.060
Nikki Medalen
We really want to include decision making tools that provide options for average risk patients so that you optimize the availability of colonoscopy for your highest risk patients. So making sure that even in your policy you have adopted multiple types of screening.

00:07:44.970 --> 00:08:02.640
Nikki Medalen
Patient preferences and insurance coverage. Of course, we know that not all patients have the same options available to them, so we need to provide options for screening that are appropriate to their risk level and then can be manageable for them. So in terms of of what kinds of insurance they have, how they're covered, what their out of pocket costs might be.

00:08:04.300 --> 00:08:06.080
Nikki Medalen
Local medical resources.

00:08:05.070 --> 00:08:08.090
"Crystal Allery (Guest)"
Join the meeting organizer press star now.

00:08:09.460 --> 00:08:12.080
Nikki Medalen
Welcome Crystal, thank you for joining.

00:08:13.020 --> 00:08:13.570
Nikki Medalen
Uhm?

00:08:16.220 --> 00:08:17.690
Nikki Medalen
Local medical resources.

00:08:16.580 --> 00:08:20.840
"Crystal Allery (Guest)"
After the tone, please record your name and then press #.

00:08:21.740 --> 00:08:24.880
Nikki Medalen
Not sure why you're getting that option, but will make sure that that.

00:08:26.180 --> 00:08:56.970
Nikki Medalen
Is adjusted afterwards. Thank you for joining so in terms of local medical resources, you need to take into consideration what resources you have and what you don't have. It's unlikely that you have the capacity to screen every eligible patient with colonoscopy, nor is it appropriate. Even if you did have that capacity. And of course your policy should include guidance for distribution, tracking and follow up of the take home test to be sure that the patient receives the support, encouragement or instruction that they need to complete the test.

00:08:57.190 --> 00:09:03.690
Nikki Medalen
And to be sure that it is accurate, accurately documented in the EHR in a manner that can be retrieved in a report.

00:09:07.820 --> 00:09:13.770
Nikki Medalen
So this goes back to the realities of your practice, and we're just going to go into a little bit more in depth with this one.

00:09:15.030 --> 00:09:24.670
Nikki Medalen
You know, we really want to make sure that your policy reflects what you actually do in your clinic, but we also want to make sure what you do in your clinic is.

00:09:25.710 --> 00:09:38.930
Nikki Medalen
How your policy is written. So if it says you're going to do it, make sure that you're doing it, but some of the things that we want to consider are all of the different aspects of your.

00:10:00.910 --> 00:10:09.870
Nikki Medalen
Clear what it is that you want the patient to know, so it should express what is your policy so that there are cues to action.

00:10:10.920 --> 00:10:28.660
Nikki Medalen
Are there certain materials that you want to make sure are there and who is responsible to order our make copies and that kind of information should be available in your policy? Want to make sure that everyones tasks are well expressed in the policy?

00:10:30.760 --> 00:10:58.070
Nikki Medalen
So the patient now comes to check in, so is there a questionnaire that patients should complete regarding their risk, their current status, their screening history or their preferences? Do staff ask about

preventive care and highlight the services that are needed or are do if the status has changed, is there an opportunity to flag the chart or or do you have a preventative care flowsheet that travels with the patient throughout their visit?

00:10:59.310 --> 00:11:22.860
Nikki Medalen
Then during the visit, is the is the recommendation made? Also, do you use an algorithm or any kind of decision making tool to be sure that you're using the appropriate test for this patient? Have you explored the options that you have with this patient and then also, if it's required that a.

00:11:24.070 --> 00:11:31.050
Nikki Medalen
New appointment be made so if they need to have a colonoscopy, do you need to schedule that screening before the patient leaves the office?

00:11:32.640 --> 00:12:03.500
Nikki Medalen
At checkout, have the patient fill out a reminder card with the date of the planned notification and their contact preferences. So if you've distributed a fit test, for instance, do you have an index card that you can use to make that recall and does it have the patients preferred method of being contacted? Maybe that's a cell phone number rather than a home number? Or are you able to text them?

00:12:04.420 --> 00:12:12.500
Nikki Medalen
And then communication beyond the office. It should be included in your policy. How and when patients who are due for screening will be contacted.

00:12:13.980 --> 00:12:16.090
Nikki Medalen
Is mailed fit ability.

00:12:17.820 --> 00:12:19.520
Nikki Medalen
Hello Audrey, thank you for joining.

00:12:21.030 --> 00:12:31.900
Nikki Medalen
Some clinics mayela fit testing in in anticipation of an upcoming visit and as the reason and then follow up with a reminder letter or a phone call with the patient.

00:12:33.110 --> 00:12:51.580
Nikki Medalen
Also, tracking patient compliance, we need to assure that changes it to an office visit, achieve what is intended by tracking patient compliance through the chart reviews and keeping a list of referrals or checking for results in a timely manner. So these are just some of the things that we hope that you will consider as you're reviewing your policy.

00:12:55.200 --> 00:12:57.770
Nikki Medalen
We strongly recommend.

00:12:58.600 --> 00:13:32.480
Nikki Medalen
I'm standing order in your facilities so you will hear us. It really encourage you to do that throughout our technical assistance with your facilities over the next several months and and really for the next three years. We know that medical practice is changing from a fee for service mechanism to reimbursement based on quality, but regardless, we also push for patients to become really engaged in their care and as long as there are television commercials and radio ads for everything from the latest miracle drug to surgical procedures.

00:13:32.610 --> 00:13:49.790
Nikki Medalen
We know that medical practice will, in some part remain demand driven. We know that practice demands are diverse, but sometimes we've been practicing individual care for so long that we forget that there's some things that apply to everyone. These are the things we call standards of practice.

00:13:50.460 --> 00:13:55.870
Nikki Medalen
Few practices currently have mechanisms to assure that every patient gets a recommendation for screening.

00:13:56.810 --> 00:14:19.780
Nikki Medalen
Screening rates are less, so the rates are lower for persons with less education. No health insurance or a lower socioeconomic status. So when you have a standing order, it really allows your nursing staff or your medical assistants to discuss colorectal cancer screening options. They can provide the fit or fobt kits and instructions.

00:14:20.410 --> 00:14:27.840
Nikki Medalen
Or they could submit referrals for screening colon colonoscopy that have been demonstrated to increase colorectal cancer screening rates.

00:14:31.830 --> 00:15:01.060
Nikki Medalen
So I talked about an algorithm I would really like to see everyone be using an algorithm or a decision making tool, and this is one that I really like. There are multiple algorithms out, out and about. I mean, as we look at them, sometimes there's something missing. This one is from the National Roundtable, the National Colorectal Cancer Roundtable, and this is just been out in the last couple of months. It was a little more simplified or not quite as detailed in the past.

00:15:01.110 --> 00:15:03.720
Nikki Medalen
And this one has a little bit more.

00:15:05.390 --> 00:15:18.280
Nikki Medalen
The verbage within this the shapes that the squares, is it more clear, so we really have appreciated what they've added to this in the last couple of months.

00:15:19.280 --> 00:15:40.010
Nikki Medalen
So this particular one you see at the top, it says per recommendations just start screening at age 50. If you go to the website that I've got on this slide, they also have one for screening starting at age 45, so if that's what you adopt in your policy, note that there is an appropriate algorithm that goes along with that.

00:15:41.400 --> 00:15:42.660
Nikki Medalen
College eyes for my phone.

00:15:43.680 --> 00:16:05.670
Nikki Medalen
So the first thing, of course we do, is assess risk. So patients with an average risk are 50 to 75 years of age or 45 to 75 depending on which one you use with no history of an adenomatous polyp, no history of inflammatory bowel disease, no family history of colon cancer. Based on those findings, there are instructions for the appropriate types of screening, as you see.

00:16:06.840 --> 00:16:29.090
Nikki Medalen
Then based on average risk, so we're on the left. The first green box on the left side. If the patient is younger than 50. Of course we would not screen if the patient is older than 50, we would have all of the options available, either a stool test or the colonoscopy, and you can see in that blue box on the bottom screening options you see all of the screening options listed there.

00:16:31.060 --> 00:17:00.620
Nikki Medalen
The middle green box. If they've got an increased risk based on personal history of adenoma, CRC or irritable bowel disease, then they should have a surveillance colonoscopy, which allows for a little more flexibility in terms of the interval. Gives the physician control of screening more often per their knowledge of the patient's condition, and then on the far right the green box increased risk based on family history or Lynch syndrome, which previously may have been used interchangeably with.

00:17:01.120 --> 00:17:05.660
Nikki Medalen
Hmm, PCC, which is hereditary nonpolyposis colorectal cancer.

00:17:08.790 --> 00:17:10.640
Nikki Medalen
Good morning, Sharon. Thank you for joining.

00:17:11.460 --> 00:17:12.080
+17*******00
Good morning.

00:17:13.240 --> 00:17:43.050
Nikki Medalen
So HNP CC is now we know that those patients can have polyps and so we've really just changed the words that we used to Lynch syndrome rather than HM PCC or IF patients have a familial, adenoma's, faps familial adenomatous polyp ossis. So for patients who have any of these risk factors, they would need a screening colonoscopy.

00:17:43.100 --> 00:18:13.720
Nikki Medalen
Everyone to three years starting at age 25, they should be referred for genetic counseling or considered genetic testing for patients with family history of colorectal cancer or advanced adenoma in one first degree relative who is less than 60 years old or two or more. First degree relatives of any age, then we would test with the screening colonoscopy every five years beginning at age 40 or 10 years earlier than the youngest relative at diagnosis, whichever is first.

00:18:15.220 --> 00:18:37.670
Nikki Medalen
And then for patients with colorectal cancer or documented advanced adenoma in one first degree relative older than 60 years old or two or more second degree relatives, any of the screening options recommended for the average risk population would be appropriate, but starting at age 40 and so you can see that this this is much more detailed than what we had before.

00:18:39.220 --> 00:18:57.100
Nikki Medalen
I again there's numerous algorithms available. If you search the Internet, even if you just put in colorectal cancer screening algorithm and click on images, you'll find multiple versions available and you need to choose the one that's most appropriate for your facility.

00:18:59.290 --> 00:19:17.100
Nikki Medalen
Whenever we are thinking about cancer screenings or really any population health management policy, it's really important to consider a portfolio approach or what we call a 521 approach. A portfolio approach is a comprehensive approach that provides multiple opportunities for interaction with the patient about the same topic.

00:19:17.670 --> 00:19:25.640
Nikki Medalen
So we know that interventions that involve many components that is 5 or more components are 40% more effective.

00:19:27.070 --> 00:19:36.130
Nikki Medalen

Not just doing 5 interventions, but doing them every doing them well every time for every patient. And that's why it's so important to have a policy.

00:19:37.660 --> 00:20:00.220
Nikki Medalen
We know that care that significantly involves at least two individuals besides the patient are 30% more effective, so we need to make sure we know who those people are who's responsible for that, who is owning the care of this patient, and processes that support and increase the patient's capacity for self care are 30% more effective. So of course we will always want to coach up.

00:20:02.150 --> 00:20:12.120
Nikki Medalen
She has all the support and education that they need to make a good decision on what kind of test they want to have and then follow up with the support and education they need to complete that test.

00:20:14.320 --> 00:20:29.470
Nikki Medalen
For CRC, this means that it isn't enough to just make the recommendation to be screened. That's just one of the interventions, but rather a policy that includes five or more interventions to assure that every opportunity for success is made available.

00:20:33.120 --> 00:20:41.570
Nikki Medalen
My next this is a big point that we absolutely need to make and that is that no digital rectal.

00:20:42.430 --> 00:20:51.590
Nikki Medalen
Exam samples should ever be used. This has been completely unacceptable for about 20 years now, but we still see that this is occurring.

00:20:53.080 --> 00:20:54.950
Nikki Medalen
So we need to make absolute.

00:20:55.960 --> 00:21:13.160
Nikki Medalen
With absolute certainty that no provider is doing a digital rectal exam to obtain a sample for a stool card, we know that this often happens with Pap smears that that rectal exam is collected. It's just not acceptable, and you can see in that first box.

00:21:14.730 --> 00:21:16.660
Nikki Medalen
When a digital rectal.

00:21:17.230 --> 00:21:24.490
Nikki Medalen
Exam is used to collect that sample. The sample actually miss Mrs. 19 of 21 cancers.

00:21:25.770 --> 00:21:30.660
Nikki Medalen
There's absolutely no point in doing it, so all of these are.

00:21:32.530 --> 00:22:02.740
Nikki Medalen
Documentation that it should not be done. If you need more, I can certainly provide you with more, but I chose these because they're from multiple groups across the nation and across the world. No guidelines recommend FOBT obtained by Digital Rectal Exam is an adequate colorectal cancer screening test. We know that screening for colorectal cancer following digital rectal exam is not recommended and not and should not be done. That is from an article in the UK.

00:22:02.900 --> 00:22:24.050
Nikki Medalen
And then the North Dakota Colorectal Cancer Roundtable is also recognized. This stool samples obtained by digital rectal exam have low sensitivity for cancer and should never be used for CRC screening. So this is another thing that I believe everyone should have in their policy. Absolutely no digital rectal exams.

00:22:26.190 --> 00:22:29.730
Nikki Medalen
For the purpose of collecting a stool sample.

00:22:31.370 --> 00:22:37.640
Nikki Medalen
This slide is just a reminder of the policy updates, so we as we said before in May.

00:22:38.210 --> 00:22:57.650
Nikki Medalen
Of 2018, the American Cancer Society released the updated guidance to be given screening for colorectal cancer among average risk, adults begin at age 45 and have given you the citation for the article and a link there. And then the USPS TF that is a live link also.

00:23:00.290 --> 00:23:14.440
Nikki Medalen
This will be available on our website as well, but as of Monday that progress that topic was in progress on their website and it was it was changing throughout the day. So I have not looked this morning. It could be complete at this time.

00:23:16.810 --> 00:23:37.830
Nikki Medalen
And then when you do update, if you make this change in your policy, of course it will have a lot of domino effect, so make sure that if you do make that change that you are also making sure that it changes your flagging inury HR that you set new parameters there. The parameters of your reports will need to change.

00:23:38.460 --> 00:23:50.360
Nikki Medalen

The messaging in your small media will need to change, and of course how we message to patients and then also the patient reminders. So just kind of a reminder of all of that.

00:23:53.330 --> 00:23:54.710
Nikki Medalen
This is a, uh.

00:23:56.420 --> 00:24:25.340
Nikki Medalen
PDF that's available for you. If you are feeling like you need to remind your providers about what. What are the dues and don'ts of colorectal cancer screening? And so? Again, this is the underlined that providers guide to colorectal cancer screening is a live link. We will also have this available on our screen website. This may be something that you want to put in your providers mailboxes and make sure that everyone is doing the same thing in your organization.

00:24:27.400 --> 00:24:34.750
Nikki Medalen
So now we want to hear from you what are, what are some of the key points in your policy that you would recommend to others?

00:24:39.200 --> 00:24:43.180
Nikki Medalen
Or what weaknesses do you find in your policy that you'd like to improve on?

00:24:56.720 --> 00:24:58.730
Nikki Medalen
To unmute yourself if you just.

00:25:01.080 --> 00:25:08.010
Nikki Medalen
If you can see the microphone in the upper right hand corner right next to the camera icon.

00:25:09.060 --> 00:25:13.130
Nikki Medalen
You can click and unclick that to mute and unmute yourself.

00:25:22.110 --> 00:25:23.980
Nikki Medalen
We don't have a lot of shares today.

00:25:26.410 --> 00:25:27.190
Nikki Medalen
There we go.

00:25:28.700 --> 00:25:31.170
Nikki Medalen
I will I will mute myself. Go ahead and speak.

00:25:39.280 --> 00:25:40.650
"\"Sharon Whitmer (Guest)\""
Nikki, this is share it.

00:25:44.150 --> 00:25:44.760
"\"Sharon Whitmer (Guest)\""
Nikki

00:25:44.980 --> 00:25:45.640
Nikki Medalen
Go ahead.

00:25:47.040 --> 00:25:47.930
"\"Sharon Whitmer (Guest)\""
can you hear me?

00:25:49.830 --> 00:25:54.060
Nikki Medalen
Yes, I can hear you. I'm going to mute myself while you're speaking so that we don't get echo.

00:25:56.670 --> 00:25:57.290
Nikki Medalen
Go ahead.

00:26:03.240 --> 00:26:03.780
Nikki Medalen
Hello.

00:26:05.380 --> 00:26:06.360
Nikki Medalen
Click to exit.

00:26:07.280 --> 00:26:09.320
"\"Sharon Whitmer (Guest)\""
Nikki this is Sharon. Can you hear me?

00:26:09.980 --> 00:26:11.170
Nikki Medalen
Yes, I can hear you.

00:26:10.310 --> 00:26:10.750
"\"Sharon Whitmer (Guest)\""
Yeah.

00:26:11.460 --> 00:26:14.980
"\"Sharon Whitmer (Guest)\""
OK, sorry about that. I think I finally got this figured out.

00:26:16.250 --> 00:26:24.820
"\"Sharon Whitmer (Guest)\""
As far As for Spirit Lake Health Center, I guess ours is pretty easy at this point because we don't have a.

00:26:25.560 --> 00:26:35.000
"\"Sharon Whitmer (Guest)\""
I guess to be honest, I don't think we have any policy or an algorithm to go by, so we're starting at.

00:26:35.810 --> 00:26:36.670
"\"Sharon Whitmer (Guest)\""
Square one.

00:26:37.760 --> 00:26:43.010
"\"Sharon Whitmer (Guest)\""
And I think sometimes that's maybe easier, could be harder, but could be easier.

00:26:43.970 --> 00:27:01.630
Nikki Medalen
I'm glad you brought that up. We actually will will post this with our recording of this module, but we do have a starting point for you. It absolutely does not mean that you have to use it, but it is kind of a a template.

00:27:03.200 --> 00:27:28.900
Nikki Medalen
That includes most of the items that we would, you know, Monta. Make sure that you have, but if it's completely customizable for your facility and so I will post that template at with this module and maybe can can use it as a starting point so that you're not necessarily having to reinvent the wheel. But there's plenty of opportunity for you to make it your own. With that, be helpful.

00:27:29.780 --> 00:27:32.340
"\"Sharon Whitmer (Guest)\""
That would be greatly appreciated.

00:27:33.140 --> 00:27:33.600
Nikki Medalen
Good.

00:27:35.720 --> 00:27:36.590
+17*******62
Can you hear me?

00:27:37.120 --> 00:27:37.880
Nikki Medalen
I sure can.

00:27:40.810 --> 00:27:42.890
+17*******62
This is Audrey Brucie. Can you hear me?

00:27:43.300 --> 00:27:44.790
Nikki Medalen
Yes, we can hear you, Audrey.

00:27:45.560 --> 00:27:47.700
+17*******62
I'm at Belford Turtle mountain.

00:27:48.520 --> 00:28:00.500
+17*******62
And we have a policy in place already, and if I think if you talk to Julie Lattice or she can send you a copy of our policy too. If you wanna share that.

00:28:01.120 --> 00:28:03.290
Nikki Medalen
Well, absolutely thank you for offering that.

00:28:06.100 --> 00:28:12.530
Nikki Medalen
Do you have any any key points in your policy that you'd recommend that others use as well?

00:28:17.010 --> 00:28:28.020
+17*******62
I guess that you know we pretty much use your template and then we kind of adjusted it a little bit. We've been using the Ifo BT kit for quite awhile.

00:28:29.690 --> 00:28:32.210
Nikki Medalen
Good are people receptive to that.

00:28:30.150 --> 00:28:30.760
+17*******62
And we.

00:28:33.270 --> 00:28:43.940
+17*******62
A couple Oh yeah, yes, definitely. It's it's really, really improved and exceeded our gift. Rough numbers for colorectal cancer screening.

00:28:44.970 --> 00:28:52.490
+17*******62
We had a huge outreach through with public health, nursing and tribal health.

00:28:45.230 --> 00:28:45.610
Nikki Medalen
That's.

00:28:54.460 --> 00:29:04.900
+17*******62

And we had incentives incentive cards for people when they brought in their test. So we had a pretty good return rate due to that program.

00:29:06.630 --> 00:29:13.360
Nikki Medalen
That's great to hear, and I'm so glad to hear that you're using other partners to help you improve those rates as well.

00:29:16.170 --> 00:29:18.700
+17*******62
Yeah, it's been really successful.

00:29:16.240 --> 00:29:16.790
Tasha Peltier
We're at.

00:29:19.480 --> 00:29:27.290
Tasha Peltier
Quick question where the incentives that through the Great Plains tribal terms Health Board program that you guys got incentives and things.

00:29:28.430 --> 00:29:29.000
Tasha Peltier
Do you know?

00:29:28.750 --> 00:29:43.190
+17*******62
I'm I'm not sure where it came from. It was our tribal health person, Donna Sinclair. She was the one that wrote, wrote a grant or something and we got these twenty. I think they would.

00:29:44.170 --> 00:29:55.280
+17*******62
15 or $25 visa first. The first time, the first year we did it, we had gas cards and then the next time that we did it we just had those visa cards.

00:29:55.830 --> 00:29:57.260
+17*******62
And we got quite a few.

00:29:58.670 --> 00:29:59.000
Tasha Peltier
Awesome.

00:30:03.430 --> 00:30:06.120
Tasha Peltier
For your improvement efforts, so that's awesome.

00:30:09.090 --> 00:30:16.400
Nikki Medalen
Thank you for sharing that. I wanted to point out too that in the initial assessment we had had. Do you.

00:30:17.690 --> 00:30:18.280
Nikki Medalen
Uh.

00:30:19.070 --> 00:30:25.920
Nikki Medalen
Rank yourself on a Likert scale of how well you were doing certain tasks within each intervention.

00:30:26.510 --> 00:30:55.970
Nikki Medalen
And if you rated yourself low in any one of those, that would be another way to kind of identify some gaps in your policy so you know, use that as a tool when you're doing your policy review, and this is something that, as we provide technical assistance, E technical assistance to each of your facilities we will be bringing up developing this policy or reviewing your policy as one of our first.

00:30:56.580 --> 00:30:58.490
Nikki Medalen
Big items.

00:31:00.570 --> 00:31:02.520
Nikki Medalen
In light of our time oh, go ahead.

00:31:00.860 --> 00:31:01.630
+17*******62
OM.

00:31:04.510 --> 00:31:11.600
+17*******62
When going back to the logarithm for deciding which modality for screening.

00:31:12.470 --> 00:31:14.420
+17*******62
You recommend or order.

00:31:14.980 --> 00:31:23.610
+17*******62
We had a couple years back. We had a kind of like a colorectal cancer focus screening.

00:31:24.270 --> 00:31:54.410
+17*******62
Uh, activity for the the public. We had like that the role in colon in stuff here and what we did was we set up a couple rooms in the very first room. Uh, Nurse would give the patient like a questionnaire like you know, do you have a family history of polyps and whatnot and the patient would fill that out and then they gotta punch on a card and then the next station they went to we had.

00:31:54.790 --> 00:32:13.840
+17*******62
A nurse that would show an explain how to do the FOBT test and then the then they got another punch and then the next. The next station was nurses from our surgery Department and they had the actual colonoscope and stuff and they show.

00:32:16.150 --> 00:32:28.780
+17*******62
They showed people what a colonoscopy was all about and talked about it. Had I think they had a jug of golytely there to show him what it looked like and stuff, and then the last room I was in there.

00:32:29.720 --> 00:32:53.790
+17*******62
And I would talk. I would ask them based upon what you have learned, what modalities are you interested in, and then they would tell me or they would ask me questions and then I would put in the appropriate order a referral for them. And that was really helpful with educating our public and with the punch cards you gotta punch for all the stations UN too. And then once your punch your card was punched, you got a prize.

00:32:55.510 --> 00:32:56.810
Nikki Medalen
I love that.

00:32:57.880 --> 00:33:00.900
Nikki Medalen
That is a great idea. People know exactly what they are.

00:33:02.080 --> 00:33:07.260
Nikki Medalen
Getting into or what they're signing up for and then when they've made the choice, then we're likely to complete it as well.

00:33:08.440 --> 00:33:09.310
Nikki Medalen
That's a great idea.

00:33:10.330 --> 00:33:10.940
Nikki Medalen
Thank you.

00:33:14.710 --> 00:33:18.350
Nikki Medalen
Alright, in night of our time I'm going to have to move ahead here.

00:33:19.920 --> 00:33:34.390
Nikki Medalen
Just to remind you of the resources that are available, we will make sure that all of these are posted on

thescreen.org website. I have a link there to the USPS TF guidelines that are again in the process of changing.

00:33:36.140 --> 00:33:52.590
Nikki Medalen
Own our next steps really are asking you to either develop a policy or to review the policy that you have and then to complete the evaluation. John, do you want to put the evaluation link in the chat and then I will also make sure that when we follow up with.

00:33:53.970 --> 00:34:23.990
Nikki Medalen
Email that follows this. That will put that SurveyMonkey link in as well. Note that we have to have that evaluation from you in order to give you credit for continuing Ed. Credits are next. Collaborative call will be on marked our excuse me, April 8th and the topic will be a matter of choice. So literally going through those different options at the patient hasn't making sure that we know who exactly who are the most appropriate patients for each one.

00:34:24.700 --> 00:34:26.790
Nikki Medalen
And again, our contact information.

00:34:27.410 --> 00:34:40.330
Nikki Medalen
So if you have any questions, make sure to reach out to either myself, Natasha or Jonathan with any concerns that you have and we will be happy to answer those. So thank you for joining today. I hope you have a very productive day.