



Improving Colorectal Cancer Screening Rates in North Dakota

**Discovery through Data**



Quality Health Associates  
of North Dakota

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# SCREEN AND

Improving Colorectal Cancer Screening Rates in North Dakota

# Discovery through Data

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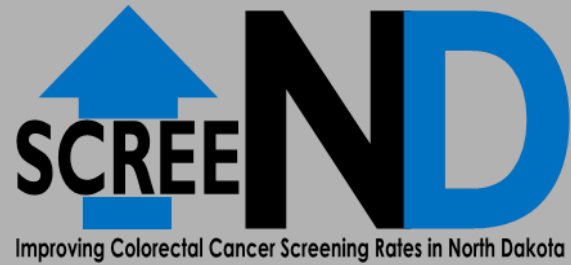
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Quality Health Associates of North Dakota (QHA) is partnering with ND's primary care clinics to increase colorectal cancer (CRC) screening rates for rural, frontier, and Native American populations.



## 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



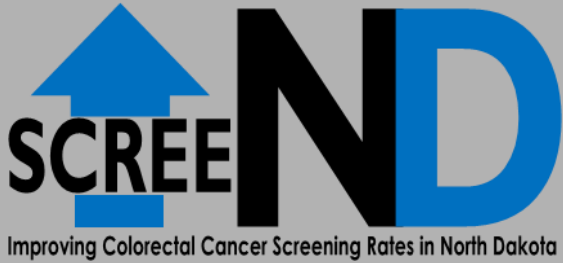
✓ Guide the development of clinic-specific action plans for implementing at least two evidence-based interventions (EBIs) to address CRC screening



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



✓ Share resources, tools and materials



# Milestones Program

\*Towner County Medical Center

\*UND Family Practice

<p><b>COPPER</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Signed commitment letter</li> <li><input type="checkbox"/> Formed multidisciplinary innovation team</li> <li><input type="checkbox"/> Completed Clinic Readiness Assessment</li> <li><input type="checkbox"/> Completed introductory meeting</li> <li><input type="checkbox"/> Set goal for year 1</li> <li><input type="checkbox"/> Submitted baseline data</li> </ul>
<p><b>BRONZE</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Data submission is current</li> <li><input type="checkbox"/> Developed and submitted Action Plan and initiated two (2) evidence-based interventions</li> <li><input type="checkbox"/> Submitted current clinic policy for CRC Screening</li> </ul>
<p><b>SILVER</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Team members participated in scheduled coaching calls and rapid action collaborative</li> <li><input type="checkbox"/> Implemented at least two (2) evidence-based interventions specific to improving CRC screening rates</li> <li><input type="checkbox"/> Achieved 1st year goal for improving CRC screening rate</li> <li><input type="checkbox"/> Shared SCREEND performance with Clinic Board or Leadership</li> </ul>
<p><b>GOLD</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reviewed and updated Action Plan annually</li> <li><input type="checkbox"/> Submitted at least one success story or lesson learned related to the interventions selected</li> <li><input type="checkbox"/> Achieved 2nd year goal for improving CRC Screening rate</li> <li><input type="checkbox"/> Distributed clinician level data to medical staff</li> </ul>
<p><b>PLATINUM</b></p> 	<ul style="list-style-type: none"> <li><input type="checkbox"/> Achieved 3rd year goal for improving CRC Screening rate</li> <li><input type="checkbox"/> 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</li> </ul>



Improving colorectal cancer screening rates in North Dakota



Quality Health Associates  
of North Dakota



Program



Resources



Rapid Action Collaborative



News/Events

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



Improving Colorectal Cancer Screening Rates in North Dakota

# Get the Facts

## COLORECTAL CANCER SYMPTOMS

- 🩸 Blood in your stool
- ⚖️ Unexplained weight loss
- 🚽 Change in bathroom habits
- 👤 Persistent cramps or low back pain
- 🥱 Fatigue
- 🐛 Feeling bloated
- 💧 Anemia

**24**  
**1 IN ~~23~~**  
DEVELOPS COLON CANCER

Get educated Get screened.

THE SYMPTOMS  
OF COLORECTAL  
CANCER CAN BE  
**NO SYMPTOMS**  
AT ALL.

IF YOU WERE BORN  
IN THE 90'S...  
YOU HAVE **2X** THE  
RISK OF **COLON**  
**CANCER** AND **4X**  
THE RISK OF **RECTAL**  
**CANCER** THAN  
THOSE BORN IN 1950.

COLORECTAL  
CANCER  
IS THE **2<sup>ND</sup>**  
DEADLIEST  
CANCER.

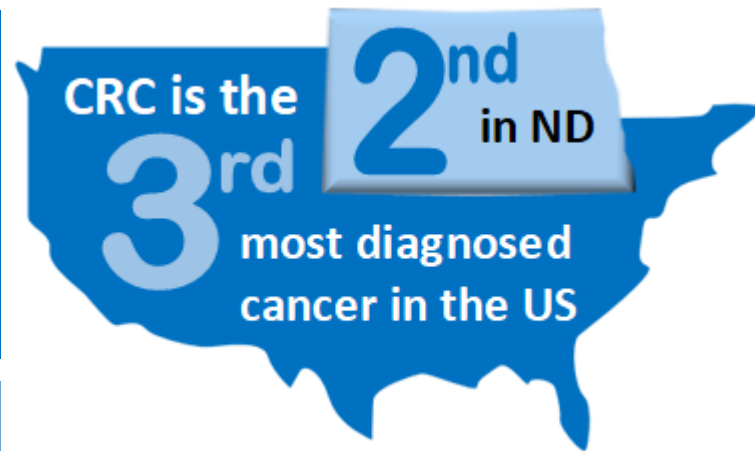


**\$14.1 BILLION**  
**total annual**  
**medical cost**  
**of colorectal**  
**cancer care**

## Economic Data

### The High Cost of Colorectal Cancer

- 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.



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

## Where are we now?

- 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



# 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)



**Let's unite to reach our shared goal:  
80% in Every Community.**

# Responsibilities of a ScreenND 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

Age at Encounter

 [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



# Discussion

- How does CRC screening compare with other preventive screening rates in your system?
- Is your data complete? How can you find out?
- What are your concerns about reporting or using data in your practice?
- What is your best tip for pre-visit preparation?

# 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.
- Complete Evaluation:  
[https://www.surveymonkey.com/r/ScreenD\\_Module\\_1\\_042121](https://www.surveymonkey.com/r/ScreenD_Module_1_042121)

**Next collaborative call: 04/05/2021, 12 noon CT | Topic: Practical Policy**

# ScreenND Contact Information

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