00:00:00.000 --> 00:00:22.800
Nikki Medalen
Alright, it looks like we are recording now so welcome everyone to our first module of the screened Rapid Action Collaborative. My name is Nikki Madeline and I will be the facilitator for these calls. I'm really excited to see so many of you on the call that we just recently met. We've completed all but one of our detailed assessments for this cohort and so many of you we have.

00:00:23.600 --> 00:00:58.330
Nikki Medalen
Faces to put with your names and we're really excited to be working with all of your clinics just a little bit about my background. I am a quality improvement specialist with quality health associates of North Dakota and my background is in public health. I was the McHenry County nurse for a decade or so and then taught public health nursing at mine at state for about 10 years and then came to quality health associates to work on population health initiatives that were being promoted at that time. This is the second colorectal cancer project that I've worked on and it is truly a subject that's near and dear to my heart as we've had.

00:00:58.480 --> 00:01:00.300
Nikki Medalen
Colorectal cancer in my family.

00:01:01.240 --> 00:01:14.220
Nikki Medalen
So I'm really glad to be working on this program. My role is leading the technical assistance for this project, and John Gardner is kind of my partner in crime, so John, I'll let you introduce yourself.

00:01:15.250 --> 00:01:45.000
Jonathan Gardner
Yeah, thanks Nikki. So I'm Jonathan Gardner. I'm a network administrator with quality health associates and I've been with QA now for about 10 years and I specialize in it. Before that I worked in health IT at an Air Force Base hospital so it's my pleasure to be providing technical assistance with data collection instruments and maximizing the use of your electronic health record to support cancer screening.

00:01:45.050 --> 00:01:46.960
Jonathan Gardner
Patient is such as this one.

00:01:48.510 --> 00:02:20.650
Nikki Medalen
Thank you John. Well, we would like to thank you for your commitment to the screen program an to the Rapid Action Collaborative. We have very high expectations for interaction with your teams through these events and so please do use the chat in discussions to ask questions, share your concerns and will also be asking you to share a lot of your best practices. We want you to feel comfortable sharing with us and also with your peers. We always say that we have no carrot and we have no stick and So what we mean by that is that.

00:02:20.700 --> 00:02:46.290
Nikki Medalen
You know, we can't really reward anybody, for you know. Being the most outgoing, but we also aren't going to, you know, use that to make you do something you're uncomfortable with, but we want you to see this as just a a platform or a room, so to speak, where you can exchange ideas. Ask the questions, even if you feel like they're dumb ones. We do not feel that there are any dumb questions.

00:02:47.790 --> 00:02:57.570
Nikki Medalen
But sometimes you're just stuck and you can't think outside the box that you're in, but someone else can kind of help lead you through that. Or maybe they've been in your position so they.

00:02:58.300 --> 00:03:00.820
Nikki Medalen
Know what worked for them and maybe it will work for you.

00:03:01.720 --> 00:03:13.370
Nikki Medalen
Our purpose for the call today is to really Orient you to the screen program. As I said, we've been to most of your clinics, and so I think you have some motive. A handle on that, but we want to make sure that everyone has the same message.

00:03:14.040 --> 00:03:45.320
Nikki Medalen
And then we're also going to talk about data. This seems to be a topic that is kind of a hump in most of our projects where people are nervous about data, are nervous about collecting data, and we want to make sure that you understand that we're trying to make this as easy as possible, and that we're here to help you if you do get stuck. And then we want to use a little bit of time at the end to really talk about using that data, or using some of your everyday work to make that data very real.

00:03:45.550 --> 00:03:51.400
Nikki Medalen
And how we can use that to enhance your work before we even do that? I'm going to ask John to just.

00:03:52.950 --> 00:03:56.700
Nikki Medalen
Help us Orient you to the teams platform testing.

00:03:58.000 --> 00:04:26.510
Jonathan Gardner
Yeah, absolutely well if you're joining us from a web browser such as Chrome, Firefox or Edge, your view of teams will look something like this course. Microsoft is always making changes, so it might be a little bit different, but it's going to be very similar across the bottom. You'll see a toolbar there. The camera button will allow you 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.

00:04:27.420 --> 00:04:30.880
Jonathan Gardner
Right next to it is the microphone button.

00:04:31.870 --> 00:04:42.880
Jonathan Gardner
And the that will allow you to mute or unmute yourself. We strongly encourage discussion in these calls, so feel free to unmute.

00:04:43.960 --> 00:04:53.060
Jonathan Gardner
The raise hand button you can use if you like to speak or if you have a question, but this is a small group and we won't be offended if you interrupt us.

00:04:54.310 --> 00:05:07.390
Jonathan Gardner
The chat box will show an hide the chat box on the side occasionally will have polls, attachments or answer questions in the chat, so you might want to keep that open.

00:05:08.960 --> 00:05:19.280
Jonathan Gardner
On the left hand side you'll see a pager button. You can you can flip through the slides on your own if you would like just using the left and right buttons there.

00:05:20.810 --> 00:05:37.040
Jonathan Gardner
And finally, depending on your organization security settings, sometimes it's necessary to give teams some additional permissions in your web browser. In most browsers that can be done from that site settings button just to the left of the address bar.

00:05:41.790 --> 00:05:42.730
Nikki Medalen
Well, thank you John.

00:05:43.860 --> 00:05:56.900
Nikki Medalen
So as all of you know, the goal of this initiative is to improve colorectal cancer screening rates in North Dakota, focusing on rural frontier and tribal populations. You may be wondering what that assistance will look like from us.

00:05:57.520 --> 00:06:13.130
Nikki Medalen
So John and I will be assisting all participating clinics by facilitating completion of a comprehensive readiness assessment. We like to do that in person as much as possible. So, as I said, we've completed 9 out of 10 of those for this cohort.

00:06:14.630 --> 00:06:33.840
Nikki Medalen

We will be providing individual technical assistance to your clinics and this may come in a virtual platform or we may visit you. We do have funding to come to your communities so anytime that you would like a visit from us, we just ask that you reach out to us and we can meet with you or your team in person.

00:06:35.630 --> 00:07:05.260
Nikki Medalen
We will be leading, of course, this rapid action collaborative with small groups or or cohorts. So in this code word there are 10 clinics that will be participating and it's really our intention that the collaborative provides information that all of you need to know, not just the individual TA that will assist you to complete your individual clinic action plans, but this is kind of meant to be that overarching information.

00:07:07.490 --> 00:07:17.390
Nikki Medalen
That will kind of trance trance end everybody's action plan. We will conduct site visits and coaching calls on a regular basis with your teams too.

00:07:18.440 --> 00:07:35.470
Nikki Medalen
Assess your progress, identify barriers, maybe develop some strategies to meet challenges that you're having. And of course, our job is really to assist you in developing new goals and interventions as you determine that your initial interventions are either in place or are not meeting your needs.

00:07:36.720 --> 00:08:04.320
Nikki Medalen
We will guide the development of clinics, specific action plans for implementing your evidence based interventions to address CRC, screening. When you've completed your detailed assessment, we have provided feedback to you with suggestions for those evidence based interventions, but ultimately that action plan is really yours so you can choose whether you use our feedback or create an entirely different plan. But either way, we'll do our best to assist you in implementation of that plan.

00:08:05.160 --> 00:08:15.430
Nikki Medalen
We will advise and support leveraging your EH Rs to collect and report CRC screening program measures and of course will make resources, tools and materials available to you.

00:08:17.170 --> 00:08:45.330
Nikki Medalen
We do have a milestone program to kind of gauge your progress through the screen program and this is set up on a 3 year plan. You'll note that the levels of accomplishment or based on moving through the required steps of the program in a chronological manner and include requirements for submitting data. We know that data can be a real challenge for clinics, but we're confident that once you're armed with the information from today's meeting and with the information that John has shared at our.

00:08:46.890 --> 00:08:55.170
Nikki Medalen

Detailed assessment meetings with you and of course with the technical assistance that he can provide. We know that this is not going to be a problem for anyone.

00:08:56.280 --> 00:09:24.960
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. So the copper, bronze and silver are really meant to be in that first year, and then the gold is to be accomplished at the end of your two. An platinum by the end of year three, and so it's really set up as a three year program. All of you are working on completing the copper phase right now, which includes.

00:09:57.110 --> 00:09:58.230
Nikki Medalen
As of yesterday.

00:09:59.720 --> 00:10:20.470
Nikki Medalen
And recently we became aware that funding from the CDC could be used to provide an incentive to clinics, and so we were able to modify our proposal and include a monetary award of $1000 per milestone to support staff time and activities related to implementation of evidence based interventions.

00:10:21.280 --> 00:10:36.960
Nikki Medalen
And so, uh, screened participants will now sign a memorandum of Agreement to receive those financial incentives for completing the milestone. So our program director, Judy Beck is actually working with your administrators right now to get those signed.

00:10:38.530 --> 00:10:50.500
Nikki Medalen
So as soon as those are signed, will be able to deliver $1000 for both 2 clinics have completed and as everyone completes each milestone, you will also be receiving those funds.

00:10:53.780 --> 00:11:00.290
Nikki Medalen
We do have a website. Recently this website is made great progress in the last week or two.

00:11:01.330 --> 00:11:10.770
Nikki Medalen
Just everything is just really come to fruition there, so you see that there are four buttons. I just I'm going to Orient you a little bit to this website.

00:11:13.010 --> 00:11:42.290
Nikki Medalen
The four buttons are the program which will have just basically program information. You'll be able to see where you are on the milestones project as as that begins to populate. So now that we've got a few have met the criteria we will start to to populate that and then just program information that you can

find their. The Resources tab will have all of the resources that we are directing you through this program. It might be things that we have included in our.

00:11:42.880 --> 00:12:12.820
Nikki Medalen
Our feedback when we give you feedback after the detailed assessment and we offer that there are resources available to help you with those you'll find all of those resources in that tab. The Rapid Action Collaborative tab will include recordings of the meetings that we have, as well as the resources that we mentioned during each collaborative call and then the news and events section is one that we're working on right now, and currently the only thing there, although it's very important, is a.

00:12:13.760 --> 00:12:30.840
Nikki Medalen
A video that Doctor Hostetter had put together. He is the chair of the North Dakota Colorectal Cancer Roundtable and he did a very nice video encouraging everyone to continue to do regular cancer screening during the COVID-19 pandemic. And so you can view that.

00:12:31.390 --> 00:12:36.390
Nikki Medalen
There I'm just going to ask that everyone mute themselves. We are getting a little bit of feedback.

00:12:41.360 --> 00:12:42.090
Nikki Medalen
Moving on.

00:12:44.220 --> 00:12:58.420
Nikki Medalen
Uh, I want to make sure that we all have a common set of facts to understand why this work of colorectal cancer screening is so important and why it's so important for our patients to understand why they should be screened.

00:12:59.090 --> 00:13:05.740
Nikki Medalen
So the first fact that I want everyone to know is that one and 24 people in the US develop colon cancer.

00:13:06.570 --> 00:13:20.570
Nikki Medalen
If you've been in healthcare for long, you know that cancer has long been considered considered a silent killer. It is insidious and often does not have symptoms until it's too late, but we need to use that information to encourage our patients to be screened.

00:13:21.190 --> 00:13:33.560
Nikki Medalen
We know that symptoms of CRC include blood in the stool. Unexplained weight loss may be a change in bathroom habits, persistent cramps, or low back pain, fatigue, feeling, bloated anemia.

00:13:34.980 --> 00:13:40.820
Nikki Medalen
But in its early stages, when it's easiest to treat, it may have no symptoms at all.

00:13:41.880 --> 00:14:12.230
Nikki Medalen
We know that half of all new cancer, colorectal cancer diagnosis are in people 66 or younger. I think that's a something that often gets overlooked. In fact, if you were born in the 1990s and we're talking about people who are now in their 20s and 30s, they have two times the risk of colon cancer an four times the risk of rectal cancer than those born in the 1950s, and I think when I think about that, the first thing that comes to my mind is just how our diet has changed from.

00:14:12.590 --> 00:14:24.850
Nikki Medalen
Growing our own food to eating a lot of highly processed food and just start lifestyle changes, but I'm hoping that that is changing. Again, it seems like our culture is moving back to knowing where your food came from and.

00:14:26.190 --> 00:14:46.520
Nikki Medalen
Lee, and emphasis on on eating fresh fruits and vegetables and meats and those kinds of things. We also know that colorectal cancer is the 2nd deadliest cancer when colorectal cancer is detected in its early stages. It is more likely to be cured. We know that treatment is, of course less expensive, and the recovery is much faster.

00:14:47.500 --> 00:14:52.670
Nikki Medalen
The five year survival rate for stage one and Stage 2 colon cancer is 90%.

00:14:53.310 --> 00:15:08.870
Nikki Medalen
But the five year survival rate for patients who are diagnosed at stage three and four is 71% and 14% respectively. So obviously screening an, catching it at an early stage is absolutely essential to survival.

00:15:09.570 --> 00:15:40.760
Nikki Medalen
For me, this is especially important to consider following the year that we just had in 2020, where so much of our health care system was either shut down or even once it was opened. We know that people were not getting screened because they were afraid to come in and many clinics, and especially in North Dakota. Where are our surge in Kovid was really in in late summer and fall last year, so we just really want to think about how many people were not diagnosed in 2020.

00:15:40.820 --> 00:15:48.920
Nikki Medalen
But will now be diagnosed in 2021, an now, of course, at a later stage. Then they might have been if they would have had their regular screenings last year.

00:15:51.430 --> 00:15:56.030
Nikki Medalen
You know, for those of you that are are motivated by economic data, I want to share some of that as well.

00:15:56.600 --> 00:16:07.670
Nikki Medalen
The total annual medical cost of colorectal cancer care is $14.1 billion in the US, with the total reaching about 158 billion for all cancer combined.

00:16:09.170 --> 00:16:18.640
Nikki Medalen
11% of all cancer treatment costs in the USR for colorectal cancer, and it has the second highest cost of any cancer in the United States.

00:16:19.410 --> 00:16:50.140
Nikki Medalen
Average Medicare spending for patients with newly diagnosed colorectal cancer ranges from 40 to $80,000, depending on the stage. On average, cancer survivors have annual losses in work productivity due to missed work days and of course, employment disability that are about $1000 higher compared to people without a cancer history. Some cancer survivors are not able to return to work while others report not being able to perform all the tasks that they did previously because of the illness that they have or or distress.

00:16:50.860 --> 00:17:11.910
Nikki Medalen
And of course, there's a lot of other costs related to cancer, the costs of rehab of premature death, increased health insurance premiums, all of the transportation needed to attend outpatient services such as chemo or radiation, especially if they're traveling from a rural area to a more urban area for that treatment.

00:17:13.300 --> 00:17:18.050
Nikki Medalen
Many people have associated costs with childcare or eldercare.

00:17:19.400 --> 00:17:21.440
Nikki Medalen
Housekeeping assistance we could go on and on.

00:17:22.660 --> 00:17:27.490
Nikki Medalen
But it might be interesting for you as champions of this project to know how much.

00:17:29.910 --> 00:17:45.160
Nikki Medalen
How much it costs each of your patients with whether that's in the in the form of colonoscopies or cancer care treatment, and see if there is some way that you can impact those costs through the work that you do with this project.

00:17:46.560 --> 00:17:51.700
Nikki Medalen
So where are we now? Well, according to the North Dakota Cancer Roundtable.

00:17:52.530 --> 00:18:09.950
Nikki Medalen
33% of eligible adults in North Dakota are not up to date with cancer screening. 41% of colorectal cancer cases are diagnosed at a late stage with only 13% reaching a five year survival rate. I think that's an especially important statistic for us to recognize.

00:18:10.940 --> 00:18:17.840
Nikki Medalen
Priority populations in North Dakota are males. American Indians in individuals without a post high school education.

00:18:18.570 --> 00:18:22.210
Nikki Medalen
And I apologize. It never fails if I'm presenting my phone will ring.

00:18:24.400 --> 00:18:41.150
Nikki Medalen
The current North Dakota screening rate is 67.67% and that was in 2018. We know that the CRC rates in tribal communities is lower as a state by about 15%. Using the information collected during the initial.

00:18:43.940 --> 00:18:44.670
Nikki Medalen
Apologize.

00:18:49.940 --> 00:19:00.790
Nikki Medalen
During the initial clinic readiness assessment, we asked you what your facility rates were and it averages at about 47%.

00:19:01.980 --> 00:19:29.650
Nikki Medalen
It is estimated that there were 380 new cases of colorectal cancer in North Dakota in 2019 and they share it on the previous slide that I can't help but be concerned about 2020. There should have likely been about 380 additional cases of colorectal cancer diagnosed in North Dakota, but of course, because of the pandemic, they were not found in. Now will be founded in even later stage and all of this data on the slide, of course, is from before.

00:19:30.720 --> 00:19:32.480
Nikki Medalen
The Covid pandemic began.

00:19:34.860 --> 00:20:01.380
Nikki Medalen
So our first polling question, John, if you would put that up please, I want to know what goal did your

organization set for itself in terms of of your colorectal cancer improvement rate and if we've been to your organization, you know that we have really encouraged you to set a goal that is at least 15% higher. And of course this is relative improvement. So if you only had a rate.

00:20:02.770 --> 00:20:13.520
Nikki Medalen
That was at 20%. For instance. We really encourage you to set that goal as a stretch goal and think about how you could improve. So if you would.

00:20:15.020 --> 00:20:27.530
Nikki Medalen
Answer this question and we'll just take a look at where everyone is at an. If you don't know, take your best guess of or or where you would like to see your clinic answered this question.

00:20:30.430 --> 00:20:31.950
Nikki Medalen
Give me a few more seconds.

00:20:48.070 --> 00:20:48.980
Nikki Medalen
Alright.

00:20:53.100 --> 00:21:19.620
Nikki Medalen
It looks like we have about 50% saying less than 25% improvement, but as I said before, we've encouraged everyone to do at least 15%. So thank you for that. About 12% at the 26 to 50% improvement and 37% of you answered between 51 and 75%, and I think that's fabulous. Some of you have not necessarily had a.

00:21:20.250 --> 00:21:33.130
Nikki Medalen
Real intentional effort Tord colorectal cancer screening and you definitely are showing that you are committed to this project. With that with that response. So thank you for that.

00:21:39.070 --> 00:22:07.070
Nikki Medalen
So I did mention this already, but we are asking you to set that goal at 15% or higher. But what I really want to emphasize here is that we want to figure out what that means or what that what that looks like and how you explain that to your your staff. So if you set your goal at 60% improvement, it might sound overwhelming, but what I'm really asking you to do is think about what that looks like per week.

00:22:07.480 --> 00:22:08.610
Nikki Medalen
Or per day.

00:22:09.210 --> 00:22:23.690
Nikki Medalen

So if we had 1000 eligible patients in our clinic in a years time and our current rate was 25%, that means that 250 of our patients are up to date with screening and that.

00:22:25.850 --> 00:22:30.390
Nikki Medalen
And that we would need to screen about five patients per week in order to accomplish that.

00:22:31.280 --> 00:22:52.380
Nikki Medalen
At 40 percent 400 patients per year would need to be screened, and that really means that we would need to scream 8 patients per week, so that is really only three more than we're currently doing. And so if I went to my staff and I said we need to screen three more people a week for colorectal cancer screening, that would seem so much more.

00:22:54.050 --> 00:23:10.760
Nikki Medalen
Doable than to try to improve our rates. Now this is a 15% example, but when we put it that way it just really adds more meaning and allows our staff to wrap their mind around what that really means and what you're expecting them to do with this information.

00:23:15.990 --> 00:23:29.040
Nikki Medalen
Go back here, so I want to talk about the responsibilities of a screened clinic champion when we come to your organization for that detailed assessment, we've asked you who your clinic champions are going to be.

00:23:30.390 --> 00:23:51.760
Nikki Medalen
Keep in mind that the champion in the medical Director certainly can be the same person, or they might be two different individuals, but both roles are core elements to a successful program. The clinic champion should really be someone who is respected by the TMB, has good leadership skills, passion for the topic, charisma, and of course, expertise in CRC screening.

00:23:52.500 --> 00:24:06.190
Nikki Medalen
This person is an advocate for the program internally seeking support in assuring program integrity, but also externally promoting the program's vision and value to potential stakeholders. So that might be partners in your community.

00:24:06.780 --> 00:24:19.230
Nikki Medalen
For instance, if you're working on a structural barriers and you want to talk about transportation in, you're trying to meet with your local bus service or taxi service. You want to be able to help them share in your vision of.

00:24:19.890 --> 00:24:30.730
Nikki Medalen
You know what it is you're trying to accomplish, so if you're if you're trying to have a 28 to 25%

screening improvement, we want to be able to share that with them in a way that makes it valuable to them as well.

00:24:32.880 --> 00:24:59.910
Nikki Medalen
This person will work with our staff to develop your action plan and will represent your organization on those technical assistance calls. We believe that the work time or the commitment that will take is about one to two hours a week, maybe a little bit more front, but as we get going that should slim down to one to two hours a week. If you have not yet identified your champion, please do so this week and let me know as soon as you can.

00:25:01.450 --> 00:25:08.270
Nikki Medalen
I'm going to turn this over now to Jonathan to discuss some specifics about data collection and validation for the screen program.

00:25:10.420 --> 00:25:11.290
Jonathan Gardner
Thanks Nikki.

00:25:12.930 --> 00:25:42.120
Jonathan Gardner
Or one of the most important tasks associated with this, or any quality improvement project is data collection. So data collection for this project can be completed on a monthly or at least quarterly basis. So each month you will use your electronic health record system or other data sources to pull reports and then log into redcap and complete the form that you see here.

00:25:43.180 --> 00:25:48.130
Jonathan Gardner
Of this form, we did show up at the detailed assessments.

00:25:49.660 --> 00:26:09.580
Jonathan Gardner
And then for those of you who saw that. But this is just a screenshot of of the bulk of that form. You only see a few data points here, including the overall colorectal cancer screening rate fee, coquetry turn round, and then screening an fun.

00:26:10.790 --> 00:26:21.450
Jonathan Gardner
Follow up colonoscopy completion rate so the monthly or quarterly values that are reported on this form will be used to complete the annual aggregate data record for your clinic.

00:26:24.960 --> 00:26:49.440
Jonathan Gardner
And we've recognized that electronic medical records are not always complete or the data may be entered into different ways, so this may cause your electronic reports to be inaccurate. As a result, we ask that you validate your rates with some chart reviews. We recommend approximately 10 charts per reporting month to reach about 100 charts over reporting year.

00:26:50.490 --> 00:26:52.520
Jonathan Gardner
We also recognize that some of these.

00:26:53.730 --> 00:26:59.470
Jonathan Gardner
Some of the clinics are very, very small and you might not have 10 charts per month, and that's OK.

00:27:00.980 --> 00:27:27.030
Jonathan Gardner
We have designed the chart review to require as little data entry as possible so only the patients age or date of birth is required. Otherwise the chart review follows a simple colorectal cancer screening algorithm A consisting of up to 8 yes or no questions that determine whether the chart is included in the denominator and whether any screening results have been documented appropriately.

00:27:27.800 --> 00:27:38.640
Jonathan Gardner
This will not only validate your EHR generated screening rates, but also help you to identify those charts that may not be properly documented in electronic record.

00:27:44.130 --> 00:28:01.560
Jonathan Gardner
The baseline data is also very important for measurement, so your baseline time frame must be prior to implementing any interventions for this for this project, and it'll determine your monitoring time frame they will use for the remainder of the project.

00:28:02.480 --> 00:28:07.580
Jonathan Gardner
So you want to terminate one year baseline time frame.

00:28:08.740 --> 00:28:21.570
Jonathan Gardner
And then select a measure and the measure should be one of the four recognized national measure definitions if possible. Or it can be a measured that.

00:28:22.550 --> 00:28:25.590
Jonathan Gardner
That you are system already reportes.

00:28:26.450 --> 00:28:38.540
Jonathan Gardner
It is important that the measure definition you use for your baseline is the same as the measure that you use for monthly monitoring data collection and for the remainder of this project.

00:28:40.510 --> 00:28:48.630
Jonathan Gardner
If you are unable to pull the baseline rate from your electronic medical record, you may use chart reviews to determine that rate.

00:28:54.320 --> 00:29:20.220
Jonathan Gardner
So the the tools that you can use of course are the electronic medical record and showing here is an example excerpt from. I think it's the NQF definition of the colorectal cancer screening, right? So the numerator would be those who had fit in the last year fit DNA such as Cola guard within the last three years, flexible sigmoidoscopies.

00:29:20.960 --> 00:29:25.260
Jonathan Gardner
Within five years or the colonoscopy in the last 10 years.

00:29:25.910 --> 00:29:35.550
Jonathan Gardner
You're done denominators. Active clients, meaning patients who have had a visit at the clinic within the last year or within the reporting year.

00:29:36.760 --> 00:29:49.880
Jonathan Gardner
Uh, age is 51375, but excluding those with the the recurrent colorectal cancer diagnosis or or total colectomy.

00:29:51.560 --> 00:30:01.600
Jonathan Gardner
You may use billing data, which can only be done in billing data, contains primary care billing information, lab test and thus can be procedures.

00:30:08.340 --> 00:30:19.150
Jonathan Gardner
Information would be worthless. That behavioral risk factor surveillance survey data or get pro government performance and Results Act data sources.

00:30:28.480 --> 00:30:29.310
Nikki Medalen
Thank you John.

00:30:31.130 --> 00:30:37.740
Nikki Medalen
I think everyone struggles a little bit with thinking about data, especially if you're not. If that's not your background, I know is the nurse.

00:30:39.020 --> 00:30:43.160
Nikki Medalen
I think it's been helpful for me to be able to think about how I can.

00:30:44.000 --> 00:31:02.370
Nikki Medalen
Apply the story to that data and one of the ways that we can do that is through a pre visit prep. And so I

want you to kind of start to think about whether or not you already do a pre visit proper. You need to beef that up or you've never done one. Then you you think this might be helpful in your clinic.

00:31:04.000 --> 00:31:12.750
Nikki Medalen
Start to think about how that pre visit prep is really a day to dig in. How you can use that data to improve your rates, one patient or one clinic at a time.

00:31:13.540 --> 00:31:24.620
Nikki Medalen
The American Medical Association estimates that pre visit planning can save 30 minutes of both physician time in staff time per day. That's up to $26,400 a year.

00:31:25.960 --> 00:31:45.380
Nikki Medalen
We've we know that when this first begin began in several clinics, they've reported that it takes a lot of time. But as they get used to it or have a standardized method to do it, it becomes quicker and easier, and they recognize the time that it can save.

00:31:46.820 --> 00:31:55.810
Nikki Medalen
So here are some things to consider if you are thinking about doing a prep, or if you already do it. Hopefully these are good reminders for you.

00:31:57.200 --> 00:32:14.540
Nikki Medalen
We encourage you to use a pre visit planning checklist that is specific to your facility. We want you to make sure that that list includes any screening exams or labs that are priorities for your facility. If you already have a checklist to make sure that it's up to date with the initiatives at your clinic is currently working on.

00:32:15.260 --> 00:32:27.850
Nikki Medalen
By using a checklist, you're also 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 that they need to make decisions with the patient.

00:32:29.290 --> 00:32:40.660
Nikki Medalen
Will share an example in in the screened website and on the last slide where we will show you what resources we have available. So we have an example of that.

00:32:41.860 --> 00:32:47.990
Nikki Medalen
Next, we encourage you to review notes from the patients last visit and ensure that notes from other.

00:32:49.330 --> 00:33:05.650
Nikki Medalen

From other complete from other physicians who delivered care since the last visit are in the record. Make sure to complete appropriate dates, checkboxes or discrete fields to assure that the test results are lab results are entered in a way that can be pulled back into a report.

00:33:06.510 --> 00:33:18.430
Nikki Medalen
And during this review, you might identify some gaps in care such as preventive or chronic care needs. Some nurses find it very helpful to make a pre visit phone call or send the patient an email or text to confirm the appointment.

00:33:19.670 --> 00:33:44.420
Nikki Medalen
They may even do a medication reconciliation or set the agenda for the appointment, and this can really help patients come to come prepared for the appointment with their questions or concerns and help move that appointment along more efficiently. It also has been noted to reduce knochel rates. Some organizations have the patient completed pre appointment questionnaire so that they can be better prepared to respond to the patient concerns.

00:33:45.380 --> 00:34:01.210
Nikki Medalen
And finally, using that pre visit prep to improve teamwork, many clinics find a morning team huddle helpful and this is a time that is used to alert the team to any last minute changes in the schedule or any specific patient needs.

00:34:03.220 --> 00:34:32.560
Nikki Medalen
Well, we think of pre visit prep is something that's done the day before the visit. The process really does continue on through the patients visit and helps you get a little more upstream with the patient by setting the next appointment at the conclusion of the current visit. Arranging lab test to be completed for that visit an it can be used as an opportunity to make Wellness suggestions for patients who are currently visiting with an acute condition. How easy would it be to say to the patient who is in the clinic for an ear infection?

00:34:32.610 --> 00:34:43.930
Nikki Medalen
We're glad we could help you with this infection today, but we'd really like to see you again when you're feeling better and help you get caught up on your screening exams. Would you like to make an appointment for an annual exam where we can talk about that?

00:34:45.640 --> 00:34:57.890
Nikki Medalen
If you're interested in taking your pre visit prep up a notch, I included a link to a really simple article called 10 Steps to pre visit planning that can produce big savings and you see that link at the bottom of this slide.

00:35:03.100 --> 00:35:19.310
Nikki Medalen

So this is a piece of information I think everyone should take note of a few years back. The American Cancer Society serve aid patients who are not up to date with their screenings and they learned that the primary reason patients say they are not screened is because the doctor did not recommend it.

00:35:20.120 --> 00:35:33.540
Nikki Medalen
And that should really make us think again about our pre visit prep and how we use that data to find or determine what screening exams the patient is due for and how we can thread that conversation into our visit.

00:35:34.470 --> 00:36:05.150
Nikki Medalen
Obviously some exams are only do every one three 5-10 years, so it isn't that we're going to have that same conversation every time, but rather just creating an awareness of what the patient might be due for an assuring that those recommendations are made appropriately. We've talked about this a little bit on our trips to all of your clinics and and you know, we're just seeing that our culture is changing. Our older population still believes that you know whatever their doctor tells them to do, they're going to do it.

00:36:05.820 --> 00:36:17.200
Nikki Medalen
But they're waiting for you to tell them, and the younger population might be aware of what needs to be done, but they aren't going to bring it up, so there waiting again for us to say.

00:36:17.930 --> 00:36:33.960
Nikki Medalen
You're due for your mammogram. You're do for. You know you're 50 years old now you're due for your color to cancer screening, and so we really need to be comfortable in making those suggestions regardless of the type of clinic visit that the patient is present for today.

00:36:37.340 --> 00:36:39.740
Nikki Medalen
So some resources for the journey ahead.

00:36:41.810 --> 00:37:10.950
Nikki Medalen
I told you about a couple of the documents related to the pre visit planning checklist. We have four of them. Actually the pre visit planning implementation Checklist, a pre visit checklist for the patient Up Reappointment Questionnaire. It's just suggestions for the types of questions that might be asked, but of course we encourage you to modify that so that it's specific for your clinic and also a pre visit plan order sheet.

00:37:11.620 --> 00:37:15.080
Nikki Medalen
These are all available on thescreened.org website.

00:37:16.620 --> 00:37:41.310
Nikki Medalen

And then I just want to mention some next steps. If you have not completed your action plan at this time, I really encourage you to do that. We would love to see. We were hoping that they'd all be in before this call, but we we know that we have just recently completed those detailed assessment visits in some of your clinics, and so we encourage you to complete that action plan in the next week or so.

00:37:43.490 --> 00:38:05.620
Nikki Medalen
Also, once you've set your goal setting, that goal is a part of that action plan. We encourage you to to disseminate that information to your entire staff. We know that you have selected a group of of people who will be working on this project directly with you, but we want you to make sure that all of your staff are aware of those.

00:38:07.780 --> 00:38:20.660
Nikki Medalen
Those goals so that there may be people who you've not thought of who are willing to step up and take some action. But it also needs to be something that your entire staff is aware of that you're doing together as a team.

00:38:22.320 --> 00:38:34.740
Nikki Medalen
We also ask that you review your current policies around colorectal cancer screening and that you are very aware of what that policy states. I would like you to know whether or not you're.

00:38:36.160 --> 00:38:51.200
Nikki Medalen
Clinic uses an algorithm, and that's going to be important for our next topic. We're going to have our next call on April 5th, Wednesday, April 5th at 12 noon and our topic will be practical policy and so.

00:38:54.510 --> 00:39:18.270
Nikki Medalen
Being aware of what is currently in your policy and using our suggestions for what you might want to change or how we can update those policies will be a key piece. A key thing for you to know ahead of time. You'll get the most out of that discussion if you have reviewed your policy and then of course we now have approval for.

00:39:19.450 --> 00:39:26.440
Nikki Medalen
See use and so we need you to complete the evaluation in order to receive the continuing Ed credits for each of these.

00:39:28.590 --> 00:39:33.010
Nikki Medalen
Rapid action collaborative meetings. A total of 3.25.

00:39:33.950 --> 00:39:39.900
Nikki Medalen
Hours of credit will be given at the end of the Rapid Action Collaborative based on the number of.

00:39:41.500 --> 00:40:05.270
Nikki Medalen
Meetings that you attend and how you've completed those evaluations. If you do have people in your organization who weren't able to be here today, the recordings will be available and we will have a mechanism so that they can register for having done that and can complete the evaluation through the website as well. And so everyone still will be able to achieve those.

00:40:06.430 --> 00:40:08.220
Nikki Medalen
See you as if they so choose.

00:40:10.940 --> 00:40:12.970
Nikki Medalen
And finally I want to.

00:40:14.270 --> 00:40:17.100
Nikki Medalen
Make sure that you have our contact information.

00:40:18.690 --> 00:40:41.080
Nikki Medalen
Jonathan and my information is there and you see Natasha Green as well. Natasha is providing some technical assistance to our tribal communities, so we have a separate cohort that actually started in February with that group. And so there about. Actually, tomorrow is our 4th module of their rapid action Collaborative with them and so.

00:40:41.920 --> 00:40:57.060
Nikki Medalen
You probably will not need to have her information, but I have included her on all of our slides, so I just thank you for joining us today. If you have any questions or concerns, we have about four minutes left.

00:40:58.260 --> 00:41:12.470
Nikki Medalen
Please feel free to answer those if you choose to leave us. We just thank you for joining in and hope you have a very productive day so we will open the lines now for for questions you'll just need to unmute yourself if you have any concerns.

00:41:14.280 --> 00:41:15.740
Nikki Medalen
Please bring this up here.

00:41:19.310 --> 00:41:27.910
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
This is Shelly when when we're doing our plan or action plan and we're looking at our data and I'm.

00:41:30.080 --> 00:41:34.680
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Collecting data that it all going to base.

00:41:35.720 --> 00:41:39.530
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
What would I enter in or we collect? Is it on screening?

00:41:40.520 --> 00:41:44.320
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Screenings only enter as part of the improvement.

00:41:46.590 --> 00:41:48.810
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Or follow UPS on previous.

00:41:51.570 --> 00:41:53.570
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Patients that have had diagnostic.

00:41:54.370 --> 00:42:02.350
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
And are coming back in five years present if you will call him of some sort, are those considered to be part a portion of that data?

00:42:07.940 --> 00:42:19.290
Jonathan Gardner
Well, you're kind of kind of breaking up there, but I I think I understood the gist of your of your question, and that is if.

00:42:20.850 --> 00:42:33.090
Jonathan Gardner
You know, in your colorectal cancer screening, right? If you're counting patients who have had the diagnostic colonoscopies in addition to.

00:42:34.740 --> 00:42:41.090
Jonathan Gardner
You know other other completed methods? If you will and and yeah, the answer would be.

00:42:42.260 --> 00:42:53.340
Jonathan Gardner
Would be that they they would indeed be considered a part of the both the numerator and the denominator in your colorectal cancer screening, right? Yes.

00:42:54.210 --> 00:42:54.970
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Thank you John.

00:43:00.130 --> 00:43:04.140
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
I also have another question for Nikki, I think she's frozen if she or are you?

00:43:05.960 --> 00:43:06.470
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
OK.

00:43:05.970 --> 00:43:07.480
Nikki Medalen
I don't think so, I'm here.

00:43:07.610 --> 00:43:13.690
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
OK, last week when I was going into some of your resources.

00:43:14.750 --> 00:43:20.280
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
If I tell you that I found a screening questionnaire for a patient.

00:43:21.130 --> 00:43:37.160
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
That was had a diagram of a body and a bunch of writing over to the right, and that it had questions for the patient, and it would be a tool that came with them to the appointment. Or we gave it to them at the appointment. I just can't find it again. I should have saved the PDF.

00:43:37.740 --> 00:43:38.440
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
And I'm not.

00:43:39.100 --> 00:43:41.750
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
When I've had time to look, I have not come across it again.

00:43:42.580 --> 00:43:44.950
Nikki Medalen
You found it on our screen website.

00:43:44.590 --> 00:43:49.010
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
I was, I think it was in one of those like the community for.

00:43:49.890 --> 00:43:53.400
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Colorectal cancer screening. Their community organization.

00:43:54.500 --> 00:43:55.150
Nikki Medalen
OK.

00:43:57.810 --> 00:44:01.650
Nikki Medalen
I can do some research to see if I can find that.

00:44:02.110 --> 00:44:14.560
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Yeah, it was like a patient tool. You know it had a lot of education on it, but it was clear and concise and then it also could be something you could maybe send with them for an upcoming appointment.

00:44:16.390 --> 00:44:21.660
Nikki Medalen
OK, and was it specific to colorectal cancer or was it more broad with?

00:44:22.180 --> 00:44:25.700
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
No, it was specific to colorectal cancer screening.

00:44:26.760 --> 00:44:30.520
Nikki Medalen
OK, well I will certainly look for a tool like that an will.

00:44:31.810 --> 00:44:37.200
Nikki Medalen
Provide it to you as soon as I can, and actually if that's something that you liked, we can post it to our resources as well.

00:44:37.530 --> 00:44:45.990
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
OK, thank you I'll I'll look again too if I mean when I get a minute here, but I have it wrote down to try to find it again. So thank you.

00:44:46.260 --> 00:44:46.940
Nikki Medalen
You're welcome.

00:44:48.370 --> 00:44:58.860
Jonathan Gardner
Based on your description, I found one that you might be referring to. I added the link to that in the chat, so maybe maybe that's what you're looking for. Maybe not, take a look.

00:45:00.810 --> 00:45:01.320
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Thank you.

00:45:00.880 --> 00:45:06.230
Nikki Medalen
I'm seeing the one that John is that he posted a nice actually one of my very favorite so.

00:45:07.940 --> 00:45:09.430
Nikki Medalen
I was thinking of the same one.

00:45:13.590 --> 00:45:16.210
Nikki Medalen
Can you take a look quick Shelly and see if that's it?

00:45:25.010 --> 00:45:26.410
Nikki Medalen
Any other questions?

00:45:34.850 --> 00:45:39.150
Nikki Medalen
Well, hearing none. We are right at our time. Please feel free to contact us at any time.

00:45:40.800 --> 00:45:42.920
Nikki Medalen
And again, have a great day.

00:45:44.240 --> 00:45:46.710
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Thank you before we close, that's it. Thank you, John.

00:45:47.250 --> 00:45:47.890
Nikki Medalen
Perfect.

00:45:49.690 --> 00:45:50.100
"\"\\\"\\\\\\\"Shelle Berg (Guest)\\\\\\\"\\\"\""
Wonder?

00:45:56.690 --> 00:45:57.610
Nikki Medalen
Goodbye everyone.