00:00:00.000 --> 00:00:02.660
Nikki Medalen
Hello and welcome everyone to the third.

00:00:03.940 --> 00:00:15.240
Nikki Medalen
Module of our Rapid action collaborative. This topic is called a matter of choice, and so we're going to be exploring some of the different options that we have for screening today.

00:00:16.100 --> 00:00:18.670
Nikki Medalen
We were going to start with some peer sharing, but.

00:00:20.080 --> 00:00:30.560
Nikki Medalen
As we know that in any clinic situation it's sometimes hard to get started right on time or have everyone joined right on time and so.

00:00:32.150 --> 00:00:34.870
Nikki Medalen
We'll just wait for a few more people to come on.

00:00:37.100 --> 00:00:41.710
Nikki Medalen
Onto the call before we start that peer sharing will just come back to this and move on.

00:00:43.910 --> 00:00:44.520
Nikki Medalen
Uh.

00:00:45.170 --> 00:00:51.240
Nikki Medalen
Before we get started, there's always discussion about what the best screening tests are.

00:00:53.760 --> 00:01:01.710
Nikki Medalen
We know that there's lots of options for colorectal cancer, and we're just wondering if you will take the pole for what is the best option.

00:01:02.650 --> 00:01:04.590
Nikki Medalen
So John, if you want to put that pull up.

00:01:18.730 --> 00:01:19.430
Jonathan Gardner
There you go.

00:01:20.660 --> 00:01:26.790
Nikki Medalen
What is the best colorectal screening test colonoscopy fit Cola guard or the one the patient completes?

00:01:39.270 --> 00:01:42.930
Nikki Medalen
Well just give me about 10 more seconds to complete that pole.

00:01:55.620 --> 00:02:13.300
Nikki Medalen
Alright, and the answer is the one that the patient completes and that is absolutely right and we happen to be on a webinar earlier. This last week. I guess it was where this picture was shown as one of the options, and so John calls this the direct option.

00:02:15.650 --> 00:02:16.600
Nikki Medalen
But of course.

00:02:17.770 --> 00:02:18.240
Nikki Medalen
Uh.

00:02:19.440 --> 00:02:26.650
Nikki Medalen
We tend to think of colonoscopy as the gold standard, and it simply is not any longer, especially for those of average risk.

00:02:24.540 --> 00:02:25.670
"\"Crystal Allery (Guest)\""
Meeting organizer

00:02:29.870 --> 00:02:31.700
Nikki Medalen
Welcome Crystal, thanks for joining.

00:02:32.470 --> 00:02:34.230
"\"Crystal Allery (Guest)\""
can you keep can you hear me?

00:02:34.590 --> 00:02:35.460
Nikki Medalen
Yes we can.

00:02:36.470 --> 00:02:38.180
"\"Crystal Allery (Guest)\""
I think my phone audio works for this.

00:02:42.230 --> 00:03:10.780
Nikki Medalen

Alright, so I wanted to start today with a little bit of a clinic story and this this is a South Dakota example of calling patients and offering stool test kits to raise colorectal cancer, screening use. And so this was a clinic in Sanford Sanford Clinic in Watertown. Tried but could not raise its colorectal cancer screening. Use patient said that they didn't get screened because of the cost and they didn't like the prep.

00:03:10.830 --> 00:03:41.990
Nikki Medalen
Needed for a colonoscopy. They were afraid of a colonoscopy or they couldn't take time off of work, so care managers at the clinic made a list of patients who needed to be screened. An called those patients to talk about why they should be screened, and the different tests available to them. As a result. 21 patient scheduled a colonoscopy. The care managers mailed 100 stool test kits to patients not getting a colonoscopy, of which more than half of the test kits were completed and returned. Three completed test kits had positive results.

00:03:42.040 --> 00:03:59.050
Nikki Medalen
And all three people then went to have a colonoscopy. The clinic screening use went from 66%, almost 75% within a few months. So just a nice example from another very rural area, much like ours, where this kind of outreach really worked well.

00:04:00.020 --> 00:04:22.550
Nikki Medalen
This clinic story is actually from the CDC best practices stories that are on the CRC screening page of their website. It shares best practices from organizations who participated in the Sea Ark program, which is the program that funds this this project.

00:04:24.090 --> 00:04:29.730
Nikki Medalen
So this is just one of a series of stories that were specific to simply offering a test choice.

00:04:36.090 --> 00:05:02.010
Nikki Medalen
So the purpose of our call today is really to understand all of the options available for colorectal cancer screening. Colonoscopy has long been considered the gold standard, but we're finding that over the last decade while this is still true for people with high risk of colon cancer, for those of average risk, there is much less invasive and much lower costs. Methods that are nearly equally as effective. So we're going to walk through some of the.

00:05:02.080 --> 00:05:15.030
Nikki Medalen
Concerns that patients have that might help them make a decision about which test is best for them. So of course we will start with their risk level. The risk of colon cancer might influence the choice of screening tests.

00:05:17.080 --> 00:05:33.600
Nikki Medalen
If a person has an increased risk of colon cancer, their doctor should recommend colonoscopy and

depending on their risk level, may even, uh, you know, make it available more often than every 10 years. The 10 years is a screening test, but if they're at high risk, they may need to.

00:05:34.190 --> 00:05:36.460
Nikki Medalen
To actually be screened every five or.

00:05:37.470 --> 00:06:04.560
Nikki Medalen
And an interval that's between them and their doctor. And the factors that put them at higher risk. Of course, our personal history of colon cancer or precancerous polyps, if they've got a parent, sibling, or child who's had colon cancer if they carry a gene for hereditary colon cancer syndrome, or if they have a history of inflammatory bowel disease, such as all sort of colitis and Crohn's disease. And we talked about that last week in our policy discussion were used. We used the algorithm.

00:06:05.190 --> 00:06:10.250
Nikki Medalen
To determine their risk level and all of those items are assessed for in that algorithm.

00:06:12.600 --> 00:06:23.530
Nikki Medalen
If a patient does not have those risk factors than other considerations need to be weighed. I apologize for my person, my home phone. I cannot shut it off.

00:06:25.790 --> 00:06:38.080
Nikki Medalen
So the next consideration is convenience, and many people are concerned about how long the test will take, how often they need to repeat the test, whether they'll need sedation or not, how much follow up care will be needed.

00:06:39.640 --> 00:06:56.270
Nikki Medalen
And then the need for follow up testing to investigate a false positive finding order. Remove it issue so we know that if you have a positive stool based test, it actually is considered a two part screening. So you have the stool test and then the follow up for a positive would be a colonoscopy.

00:06:57.120 --> 00:06:57.640
Nikki Medalen
Uhm?

00:06:58.880 --> 00:07:03.560
Nikki Medalen
Often times the doctors approach to screening is a consideration, so.

00:07:05.120 --> 00:07:25.000
Nikki Medalen
Patient should make sure that they're comfortable with the colon. Cancer screening tests that their doctor recommends if their doctor specializes in a particular test, but they would rather have another

test. They should feel free to express their wishes. Their doctor might offer a referral to someone trained in the test in which they feel most comfortable. If that doctor isn't familiar with it themselves.

00:07:25.610 --> 00:07:43.000
Nikki Medalen
Of course, cost and insurance coverage, whether or not they're willing to pay anything out of pocket, we know that in some cases you can go into a screening colonoscopy, assuming that everything is right, and if they find a polyp.

00:07:44.070 --> 00:07:46.870
Nikki Medalen
Then that becomes a diagnostic.

00:07:47.460 --> 00:07:49.490
Nikki Medalen
Test and so they may.

00:07:50.210 --> 00:08:04.540
Nikki Medalen
Well, how I've heard it worded in the past is they may go into the test without a bill and come out with one or go to sleep be sedated without a bill and come out with a bill and so that cost of a colonoscopy may be very.

00:08:05.360 --> 00:08:12.010
Nikki Medalen
Prohibitive for those who have very low income or who are simply not wanting to spend their money that way.

00:08:12.810 --> 00:08:38.910
Nikki Medalen
Also, the preparation involved so preparing for colon cancer screening can be uncomfortable or inconvenient, but it's necessary for the test to be effective. So as part of their decision they should consider their willingness or ability to follow the preparation instructions for specific colon cancer screening test. This may, to varying degrees, include avoiding solid food the day before the exam, adjusting medications or drinking a laxative solution or even using any animus to empty their colon.

00:08:40.040 --> 00:08:45.690
Nikki Medalen
Also, attitudes toward screening. We know that this is on a continuum from absolutely not to.

00:08:46.550 --> 00:09:02.680
Nikki Medalen
To really aggressively wanting to be screened, the more through the color colon cancer screening test, the more likely it is to detect any cancer or precancerous polyps, but Conversely, a more thorough test might also mean more inconvenience or more uncomfortable preparation.

00:09:03.410 --> 00:09:31.210
Nikki Medalen

A slightly higher risk of serious complications, or both, so the patient really needs to ask them their themselves, or we need to bring these questions up in our conversation with them. Will you feel best if you know that you've chosen the most thorough screening test possible? Will you worry or doubt the results if you choose a less sensitive test? And how concerned are you about convenience, preparation, or the possibility of serious complications?

00:09:32.440 --> 00:09:48.940
Nikki Medalen
So then of course we need to weigh the pros and cons of each test, and we're going to go through that right now. So these are the different types of scopes that are typically used. Of course, there's always a few more. There's a capsule endoscopy that.

00:09:55.980 --> 00:10:25.400
Nikki Medalen
So we're just going to run through these more common tests. A colonoscopy, a virtual colonoscopy which uses a CT or MRI to visualize the colon, and then a flexible sigmoidoscopies which really only looks at the rec to man the sigmoid colon. So if a flexible sigmoidoscopies reveals a polyp or cancer, that patient would still need to have a full colonoscopy to view the rest of the colon.

00:10:27.340 --> 00:10:43.110
Nikki Medalen
Some of the pros of a colonoscopy. Of course we know it's probably the most sensitive test we can see the entire colon and the ****** in that one test if there is abnormal tissue such as polyps, biopsy's can be removed through the scope during the exam.

00:10:44.120 --> 00:11:00.640
Nikki Medalen
The cons it still might not detect all small polyps and cancers, and of course there's a lot of discussion about how many colonoscopies that provider would have to do in a year to be very proficient, or whether or not someone who only does them on occasion would.

00:11:01.220 --> 00:11:04.320
Nikki Medalen
Miss something so having.

00:11:05.230 --> 00:11:05.940
Nikki Medalen
He

00:11:07.030 --> 00:11:38.600
Nikki Medalen
experienced gastroenterologist or or physician who is providing that may make a difference in how effective those are. There is bowel prep required that most people dread. It's usually not as bad as they think it's going to be, but for some people that is a real discomfort. Sedation is almost always used and it may take hours to wear off and so they need a driver and there are rare complications. Bleeding from the site of a polyp or biopsy, or a tear in the colon or ****** wall.

00:11:39.730 --> 00:11:55.540
Nikki Medalen
And cramping and bleeding may occur afterward with the virtual colonoscopy, no sedation is required, but there is bowel prep required. Diet medication adjustments before the test. Here we have an added risk with radiation exposure.

00:11:56.120 --> 00:12:26.240
Nikki Medalen
Tissue samples cannot be taken during the exam. A follow up test is needed. A colonoscopy if positive there is some cramping and bloating experienced afterward. It may detect abnormalities and other abdominal organs, and tests may be needed to determine the cause of those, and then a flexible sigmoidoscopies. Again, one of the most sensitive tests, although if abnormal tissue is removed and found to be positive during the exam, then they do need to have a colonoscopy.

00:12:26.480 --> 00:12:32.040
Nikki Medalen
The ball prep for a flexible sigmoidoscopies, usually a little less complicated than for a full colonoscopy.

00:12:33.660 --> 00:12:35.740
Nikki Medalen
But on the downside, it can only.

00:12:36.640 --> 00:12:39.340
Nikki Medalen
Only look at the ****** and the lower third of the colon.

00:12:41.040 --> 00:12:44.590
Nikki Medalen
With stool tests, we have a little broader.

00:12:46.160 --> 00:12:54.510
Nikki Medalen
Understanding of what the best tests are in fit is generally considered by the American Cancer Society, the the.

00:12:55.340 --> 00:12:56.460
Nikki Medalen
CDC

00:12:57.570 --> 00:13:01.680
Nikki Medalen
best PST F All indicate that the Fit test is the.

00:13:02.500 --> 00:13:06.870
Nikki Medalen
Most desirable test it is the most sensitive.

00:13:08.740 --> 00:13:25.760
Nikki Medalen

Patients can do this sample collection at home. There is no colon prep, they only need to have one one Bal movement and collect 1 sample for a fit test. There's no sedation, there's no prep. The overall diagnostic accuracy is 95%.

00:13:26.460 --> 00:13:42.220
Nikki Medalen
And it is the lowest cost. So generally the kid itself costs about $10 to to get the cost to the clinic, but it is reimbursed between 75 and $125 depending on the patients insurance.

00:13:44.090 --> 00:13:50.920
Nikki Medalen
But even if the patient does not have insurance, that cost is generally more palatable to them then.

00:13:51.950 --> 00:14:04.410
Nikki Medalen
Other tests might be. It does fail to detect polyps, so if the test is positive they will need to have a follow up colonoscopy, but it it has the lowest risk of a false positive result.

00:14:06.110 --> 00:14:25.680
Nikki Medalen
The stool DNA are Cola. Guard is done every three years, so a nice option again, this tool is collected at home. There's no prep. It does require collecting an entire ball movement. Some patients are very uncomfortable with that, others it's not a big deal.

00:14:27.560 --> 00:14:42.130
Nikki Medalen
There is no sedation and the cost is about $500. Now when you compare that to a fit of $100 every year versus $500 every three years for some people that is a cost there willing to offset.

00:14:42.780 --> 00:14:52.130
Nikki Medalen
The cons is that it's less sensitive than colonoscopy at detecting precancerous polyps, and of course if it is positive they need to have a come.

00:14:53.430 --> 00:15:20.330
Nikki Medalen
Uh colonoscopies follow up the false positive result is does occur on occasion, and of course that requires follow up with colonoscopy as well because we don't know that it's a false positive. I think this is improved dramatically over the last five years when Cologuard first came out there was a lot of anxiety about it. They were having a higher rate of false positives. They have adjusted that.

00:15:20.910 --> 00:15:23.010
Nikki Medalen
To be more of the same.

00:15:24.580 --> 00:15:50.890
Nikki Medalen
Fit the the portion of it that is the immunochemical portion is much more in alignment with what fit is,

but they has that added DNA result that DNA result initially was causing a lot of anxiety with patients. If they had a negative fit. Part of that test, but the DNA showed a positive result. Patients were wanting to be screened more often, and it wasn't necessarily.

00:15:52.030 --> 00:16:03.310
Nikki Medalen
Resulting in any greater screening result, so it wasn't considered appropriate, and then they were having a lot of out of pocket costs, so that needs to be weighed.

00:16:04.620 --> 00:16:34.270
Nikki Medalen
And then a distant distant recommendation at following the fit India installed in air Cologuard. We are still using some FOBT. The high sensitivity guaiac test this is much lower on the recommendations from USPS, TF and the Cancer Society, in part because it's just more cumbersome. We have far fewer patients that complete this test, in part because it requires three Bal movements.

00:16:34.530 --> 00:16:43.480
Nikki Medalen
Three samples and so for patients, especially who don't have a ball movement. Everyday those samples are sitting in their bathroom for weeks at a time sometimes.

00:16:44.960 --> 00:16:55.860
Nikki Medalen
Maybe they only have about movement every four days. Then one happens to be when they're not at home. It could take weeks for them to collect these three samples.

00:16:57.620 --> 00:17:16.230
Nikki Medalen
Course there is no prep, no sedation, so those are positives, but the cons again it fails to detect polyps. There are some food and medication restrictions for days before the test. Additional tests are still needed if positive for in the form of a colonoscopy, and there is a low risk of a false positive result.

00:17:19.980 --> 00:17:21.010
Nikki Medalen
This.

00:17:21.860 --> 00:17:43.650
Nikki Medalen
Decision tool is from the American Cancer Society and is probably one of the best decision tools that I've seen. One of the things I really like about it is that on the third page it has a questionnaire that asked the patients about their concerns that can guide the conversation about which test is best for them. There's also a myth and a FAQ section on the third page.

00:17:45.460 --> 00:17:48.790
Nikki Medalen
That can really help dispel some misinformation that might be circulating.

00:17:49.500 --> 00:18:06.810
Nikki Medalen
We do have a link to this tool on the screen website for your use and a link at the end of this slide deck, so this is something if you don't have it on hand. It might be something that you want to have in your exam rooms so that it can guide your conversation with with patients.

00:18:08.510 --> 00:18:34.150
Nikki Medalen
No, I want to turn your attention a little bit to the fact that we would like we know that we do not have the capacity in North Dakota to screen every person with colonoscopy and so this map shows the relative capacity for each facility to perform colonoscopy. So as you can see, the larger the size of the circle, the greater capacity that that location has four.

00:18:34.720 --> 00:18:35.300
Nikki Medalen
Uhm?

00:18:36.180 --> 00:18:37.640
Nikki Medalen
For providing the test.

00:18:39.010 --> 00:18:42.820
Nikki Medalen
So you can see that mine at Grand Forks Fargo have larger circles then.

00:18:44.710 --> 00:18:48.570
Nikki Medalen
You know some of the the more rural areas of the state.

00:18:50.000 --> 00:19:08.400
Nikki Medalen
Annual maximum capacity of colonoscopies per year range from about 25 to 9100 colonoscopies. Additionally, the proportion of the maximum capacity used at each facility has ranged from about 13.8% were hardly any colonoscopies were being done to 100%.

00:19:09.410 --> 00:19:19.040
Nikki Medalen
In 2016, six facilities reported being at 100% capacity and this map is. I just checked last week has not been redone since 2016.

00:19:21.010 --> 00:19:43.820
Nikki Medalen
In addition to capacity, there are some differences in the distribution of facilities across the state, and if you're looking at this map, you can see that if we split the state in half, including Bismarck and everything West, there are roughly half as many facilities that perform colonoscopy in that area as compared to the eastern half of the state. This coincides with them much more rural and lower population density in the western part of the state.

00:19:44.520 --> 00:19:59.600
Nikki Medalen
In terms of population distribution, most of the age eligible population is near the major cities, and although this population display is limited to the average risk age, eligible population for CRC screening, a more accurate proxy for population.

00:20:01.330 --> 00:20:11.700
Nikki Medalen
Would need to integrate factors that affect the actual need and demand for these services, such as whether or not the patient had prior screening and personal risk factors, so this does not take that into account.

00:20:14.240 --> 00:20:42.950
Nikki Medalen
This visualization is intended to just be a starting point for reference. For stakeholder discussions. It is not surprising that facilities offering colonoscopy surface services are in more highly populated counties, but and this map highlights the differences in distribution between various parts of the state. Travel to the facility that offers colonoscopy or one that has an adequate availability introduces additional barriers, including time off from work. Lost wages.

00:20:43.090 --> 00:21:01.100
Nikki Medalen
And the cost of food and lodging and transportation with the availability of alternative tests to colonoscopy for CRC screening. This might point to opportunities for increased use. An uptake of stool based screening tests such as fit in areas where health systems, surgical procedures and resources are limited.

00:21:02.380 --> 00:21:04.970
Nikki Medalen
Or or not available at all.

00:21:05.560 --> 00:21:20.530
Nikki Medalen
Store based tests also addressed issues of cost. Is there generally more affordable than colonoscopy and facilities that use less than 100% of their colonoscopy capacity would then have the potential for pursuing interventions that maximize that use.

00:21:23.750 --> 00:21:36.500
Nikki Medalen
This is, uh, uh, slide that Doctor Dorado Brooks had used. I think some of you who are on this call. We're probably in that first meeting. We had a meeting in Jamestown.

00:21:37.450 --> 00:21:39.140
Nikki Medalen
Where I remember some of you being.

00:21:39.880 --> 00:22:00.730
Nikki Medalen

And he have used this slide ever since, and it to me it really helps visualize how using stool tests can filter the need for colonoscopies, so that we can reserve that what capacity we do have for the people who needed the most. So on the left side of the screen.

00:22:02.070 --> 00:22:10.830
Nikki Medalen
If 100,000 patients are referred for colonoscopy, that's all of those black and white dots in the eligible population.

00:22:11.850 --> 00:22:22.850
Nikki Medalen
And we filtered them through a cone for at the number of people who actually get a colonoscopy. So that rules out all the patients that refuse, and all of our no shows.

00:22:24.190 --> 00:22:30.890
Nikki Medalen
And we did 400 colonoscopies. We would find one cancer among those 400 colonoscopies.

00:22:32.070 --> 00:22:45.690
Nikki Medalen
Now if we use fit testing so that diagram on the right and we fit test 2000 patients twice as many, we offered the test to that 2000 eligible patients.

00:22:46.730 --> 00:22:50.280
Nikki Medalen
And with the screen it through that cone each.

00:22:51.110 --> 00:23:08.900
Nikki Medalen
Black Dot represents 20 patients. Anna Red Dot is 1 positive patient, so you can see if we did those 2000 fit tests. We have 4 red dots and I think it's five or six black dots. So we have 4 positive tests.

00:23:10.220 --> 00:23:17.250
Nikki Medalen
Excuse me, those dots represent the patients who would need colonoscopy, so we're at about 100 and.

00:23:18.640 --> 00:23:48.380
Nikki Medalen
24 patients that we would screen for colonoscopy and we would find one cancer in those twenty colonoscopies. One cancer in 20 of those colonoscopies, so we would recognize that we have a much narrower number of colonoscopies that needed to be done, but are the counters that we find would be more frequent among those very few, if that makes sense. So we're using colonoscopy in the best possible.

00:23:48.630 --> 00:23:48.980
Nikki Medalen
Way.

00:23:51.550 --> 00:24:09.790
Nikki Medalen
Hopefully that helps us to see especially now following a year like 2020 where we had so many delayed counter screenings where we can see why we wouldn't have the capacity to screen everyone with colonoscopy and how we can best use those resources.

00:24:11.370 --> 00:24:41.940
Nikki Medalen
Uh, this diagram is from an article entitled Effectiveness of Interventions to increase colorectal cancer screening among American Indians and Alaska Natives. And I just wanted to share this with you. This was an intervention that was studied. They wanted to know if direct mailing of faecal immunochemical tests are fit. Tests could address patient to an structural barriers to screening, and their objective was to determine if such an evidence based intervention could increase colorectal cancer screening among.

00:24:42.230 --> 00:24:44.450
Nikki Medalen
To Indian or Alaska native populations.

00:24:45.220 --> 00:25:08.690
Nikki Medalen
They recognize some structural barriers that existed, including some geographic isolation. The lack of a regular health care provider, failure of providers to recommend a screening, the lack of clinical tracking and reminder systems, a lack of transportation patients expressing concerns about embarrassment are privacy concerns and distrust in the health care system, and insufficient knowledge about colorectal cancer and his risk factors.

00:25:10.100 --> 00:25:41.040
Nikki Medalen
So what they did is they recruited study participants from 3 tribally operated healthcare facilities and randomly assign them to one of three study groups. Either their usual care which included the patient coming into the physicians office and being introduced to fit that way. Mailing of fitc. It's just random randomly too without any outreach and then mailing a fit clip fit kit. Plus follow up outreach by telephone and or home visit from Community Health representative.

00:25:42.390 --> 00:25:59.260
Nikki Medalen
And the article describes their intervention design and their tracking procedures, but the outcome was that for patients who received the kit through their usual care, only 6.4% returned the completed fit test.

00:25:59.860 --> 00:26:09.130
Nikki Medalen
Among the participants were mailed fit kits without any outreach. 16.9% Return the kits, which is a significant improval over their usual care, which was.

00:26:10.420 --> 00:26:31.790
Nikki Medalen

Unintended or unexpected finding among participants who received mailed fit kits, plus outreach from their community health worker. 18.8% Return the kits, which was also a significant increase over their usual source of care, but not necessarily a significant increase compared with the mailed fit only group.

00:26:34.460 --> 00:27:02.610
Nikki Medalen
Of the 165 participants who return fit kits during the study, 39 had a positive result and were referred for colonoscopy, of which 23 completed the colonoscopy and 12 participants who completed the colonoscopy had polyps, and one was diagnosed with colorectal cancer and we would celebrate that is 13 wins because if they had polyps, they had potential to advance to two colon cancer.

00:27:03.250 --> 00:27:14.900
Nikki Medalen
So their conclusion was that direct mailing of fit kits to eligible community community members may be a useful population based strategy to increase colorectal cancer screening among the American Indian and Alaska Native people.

00:27:17.930 --> 00:27:46.060
Nikki Medalen
I would be remiss if I didn't spend a minute on flu fit. I think most of you on this call of probably heard of flu fit. This is an American Cancer Society program that was intended to assist primary care clinics and other healthcare settings to increase colorectal cancer screening. And it's been demonstrated in the literature that offering and providing take home ***** occult blood tests or faecal immunochemical test to patients at the time of their annual flu shot increases CRC screening rates.

00:27:46.820 --> 00:27:53.220
Nikki Medalen
The functional component here is standing orders, so this allows those non clinic.

00:27:53.890 --> 00:28:18.690
Nikki Medalen
Non clinician staff to offer flu shots and a fit or FOBT together with to any client who is between the ages of 50 and 75 years old. Seen during the flu shot season. And of course, this has been used in Community health centers, pharmacies, managed care organizations, healthcare settings. I think this has been used in the Standing Rock area in collaboration with Custard District health, if I'm correct.

00:28:20.170 --> 00:28:25.820
Nikki Medalen
And I did include the flu fit implementation guide here with a link to it.

00:28:27.290 --> 00:28:59.940
Nikki Medalen
Most recently we heard of a clinic in Bismarck that was basically doing the same concept with Covid vaccine when they were vaccinating those eligible age groups for kovit they would distribute fit tests at the same time and it it was actually so successful that they decided to do similar Wellness or prevention promotions with each age group increment as those changed throughout the covid vaccination season

that we just had. So if anyone is interested or more want more information on flu fit, please do reach out to me.

00:29:00.040 --> 00:29:02.190
Nikki Medalen
And we can work that into your action plan.

00:29:05.360 --> 00:29:18.550
Nikki Medalen
Before we go on to that, does anyone have any questions? So far? We're going to come back to our discussion here and actually we should come back to our discussion right now, so I'm going to go back to that slide now that we have a few more of you on the call.

00:29:20.520 --> 00:29:21.210
Nikki Medalen
Uhm?

00:29:23.370 --> 00:29:33.530
Nikki Medalen
If you have questions, feel free to ask them now, but I really want to hear from you what CRC screening options you are currently offering your patients and how that was decided.

00:29:35.020 --> 00:29:47.470
Nikki Medalen
So if any of you have information about that, or if your patients refused CRC screening are barriers to the test discussed or options offered? Or how do you continue that conversation with your patients?

00:29:58.170 --> 00:30:02.440
Nikki Medalen
I think Crystal has dropped off again. Denise, do you currently offer?

00:30:04.220 --> 00:30:05.990
Nikki Medalen
Options for screening tests.

00:30:07.040 --> 00:30:07.950
+17*******31
Yeah we do.

00:30:09.630 --> 00:30:39.400
+17*******31
So we try to screen all over patients that are coming through the facility that have appointments to see if they need colorectal cancer screening and if they do, we offer them fit test and we have set up a program where we have the kits that we give them an then if they live out of town and they can bring the kid back in that we have posted on there and they can Mail it into our lab or they can bring it into our lab so we could do the fit the fit test that we do and then also.

00:30:39.600 --> 00:31:08.140
+17*******31

If any of those are positive, we have a tracking system with somebody. Does the tracking for us and calls all the positive labs she works with are all the positive blood tests in our labs and they work together and then she calls all of them schedule them for follow up and then also if the Doctor deems that we need to do a full colonoscopy. Doctor has ever comes down here and doesn't pre-op so those and then they work with that group that also sets up the.

00:31:09.460 --> 00:31:11.770
+17*******31
Colonoscopies through und.

00:31:12.600 --> 00:31:36.390
+17*******31
So we have kind of a little networking group going on and we offer to everyone that we can and we have gas gift cards, gas cards that we give out. We have posters hanging up that to remind everybody every year to do this to get your fit test and you get $25 gift gas card gift card. If you bring your kid back and so that's been successful and then also the barriers of the postage on the.

00:31:37.090 --> 00:31:50.180
+17*******31
Fits test to be returned. We've been able to get someone had a grant money for that and they gave us money for postage and then last year but not this year we were all able to offer motel rooms for people up in Bismarck to help with the barrier of the.

00:31:51.460 --> 00:32:01.870
+17*******31
Of the prep, you know when they getting to Bismarck and then not having bathroom along the way. So but this year we would still not have that much AL option. But yes, we try to screen all of our patients.

00:32:03.760 --> 00:32:07.900
Nikki Medalen
Awesome, thank you and thank you for using both the types of tests.

00:32:10.630 --> 00:32:11.290
Nikki Medalen
Uhm?

00:32:13.270 --> 00:32:24.800
Nikki Medalen
So as we move on, I we have one announcement that we wanted to make here today. I'm little disappointed that we don't have more people on the call because this is a pretty exciting announcement we have.

00:32:26.410 --> 00:32:48.450
Nikki Medalen
Recently we became aware that funding for this program could be used to provide incentives to you to the clinics, so we were able to modify our proposal contract to include a monetary award of $1000 per milestone to support staff time and activities related to implementing evidence based interventions to promote improve CRC screening rates.

00:32:49.000 --> 00:32:53.710
Nikki Medalen
So you will all be contacted in the next week or two.

00:32:54.430 --> 00:33:04.720
Nikki Medalen
To sign a memorandum of Agreement to receive these financial incentives for completing the milestones and both Standing Rock in Quentin Burdick have.

00:33:06.330 --> 00:33:33.560
Nikki Medalen
Achieved the copper milestone at this time and so we are waiting to give you $1000 and we know that there's a little bit of complication or different ways that mechanisms that we need to go through in order to to give you this money because of the restrictions for receiving it through IHS. But we are working through that now and hope to be able to get you this money just as quickly as possible.

00:33:38.000 --> 00:34:01.050
Nikki Medalen
So some resources for the journey ahead. There's four resources listed here. I wanted to make sure that all of those were on thescreened.org website and they all are at this time, so the effectiveness of interventions article that that I shared with you. The flu foot implementation guide and then the decision aid from the American Cancer Society.

00:34:02.330 --> 00:34:16.760
Nikki Medalen
Is available all three are available on the screen website. Next step is setting up some technical assistance calls with all of you and then we ask that you complete the evaluation in order to.

00:34:18.520 --> 00:34:34.950
Nikki Medalen
Be eligible for the ceu's that are available now, so John if you want to put that in the chat I would appreciate that. Our next collaborative call is 2 weeks from today at 9:30 in our topic. Will be patient navigation.

00:34:37.200 --> 00:34:45.570
Nikki Medalen
So thank you for joining us today. This is our contact information. If you have any questions, feel free to reach out to either myself or Natasha with.

00:34:47.400 --> 00:34:52.370
Nikki Medalen
Clinical technical assistance questions and to John with any data questions that you have.

00:34:54.580 --> 00:34:57.150
Nikki Medalen
It's a beautiful day to save lives. Have a great day.

00:35:27.200 --> 00:35:30.460
Nikki Medalen
Carla, I just see her now. I didn't see that before.

00:35:32.260 --> 00:35:34.250
Nikki Medalen
I'm sorry I didn't call and you carletta.