00:00:00.000 --> 00:00:04.440
Nikki Medalen
OK, I'm going to start the recording or there it goes OK.

00:00:05.420 --> 00:00:19.030
Nikki Medalen
Well, welcome everyone. This is our 4th module of the Rapid Action Collaborative and we're going to be talking about patient navigation today. One of the things that we've become acutely aware of is that as we are have.

00:00:20.680 --> 00:00:23.670
Nikki Medalen
I mean Ed credits. We need to make sure that we have everyone.

00:00:25.770 --> 00:00:29.050
Nikki Medalen
And your clinic location and everything. So if you would.

00:00:30.520 --> 00:00:37.040
Nikki Medalen
Go to the chat. If you look at your task bar at the top, you'll see a little cloud looking.

00:00:38.630 --> 00:00:54.560
Nikki Medalen
Icon if you click on that, you'll be able to see the chat an if you would put your name in your title an which clinic you are associated with in the chat. We would greatly appreciate it and that just helps us track your continuing Ed credits.

00:00:57.240 --> 00:01:08.970
Nikki Medalen
Also, as we get started, we're going to start with a poll today. I want to know what the top two barriers are to CRC screening among your patients. So John, if you would open that pole.

00:01:11.990 --> 00:01:12.930
Jonathan Gardner
Absolutely.

00:01:13.790 --> 00:01:14.690
Jonathan Gardner
Just a moment.

00:01:32.260 --> 00:01:39.640
Nikki Medalen
Of course they didn't have room. It doesn't allow us to have everyone or every possible barrier here, but.

00:01:40.210 --> 00:01:46.470
Nikki Medalen
If some of these are things that your patients experience, please mark two of them for me.

00:01:54.300 --> 00:01:56.390
Nikki Medalen
Now give you a few more seconds to answer.

00:02:13.430 --> 00:02:26.210
Nikki Medalen
Alright, well it looks like bowel prep, embarrassment or modesty and transportation are issues and I'm so glad to see that those are some of the things that we're going to be talking about today.

00:02:27.500 --> 00:02:29.930
Nikki Medalen
So thank you, we will take the pull down.

00:02:30.740 --> 00:02:31.370
Nikki Medalen
Uhm?

00:02:34.600 --> 00:03:01.950
Nikki Medalen
Here I've got to remind myself how to do this. Alright, I really appreciated this quote. We're going to be talking about the New Hampshire colorectal cancer screening program, replication model replication manual today, and I want to share some of the things that that that includes, but I would really encourage you to go to ourscreen.org website and download that navigation manual. After our conversation today.

00:03:03.090 --> 00:03:33.790
Nikki Medalen
But one of the things that was included there was this quote from Lynn Butterleigh, who was one of the principal investigators working with the the New Hampshire colorectal Cancer Screening program. She said in many in my many years as a gastroenterologist, navigation is the only approach I have seen that resulted in colon ASCII colonoscopy completion by over 96% of patients in an underserved low income uninsured population, many of whom didn't speak English, some of whom were homeless.

00:03:34.030 --> 00:04:04.430
Nikki Medalen
The importance of the work that you were doing cannot be overstated and they just thought this was so important for us as we've been traveling around our state and doing the the detailed assessments, we've recognized that this is an issue. I'm not just in our tribal populations, but in many areas of our state we have clinics that are serving this population that seemed to be more difficult to get to be screened and navigation, really.

00:04:04.700 --> 00:04:34.950
Nikki Medalen
Made such a difference in those areas. I would be absolutely remiss if I didn't make it clear right up front that navigation services are certainly not provided to every patient who needs CRC screening, but rather a select group of patients who meet a very specific predetermined set of criteria, including their risk for

colorectal cancer and those who are assessed to be less, less likely to complete screening on their own, and so they are referred to this program.

00:04:36.050 --> 00:05:07.210
Nikki Medalen
I also don't want you to think that we are pushing you to implement a complete navigation program, but maybe just start. I mean ultimately that would be great, but I think what we're really asking you to do is look at some of the strategies that navigation includes an to maybe see which ones might be your first step toward navigation, or maybe something that you have someone in your clinic who is naturally gifted to be able to do this kind of work and so.

00:05:07.730 --> 00:05:12.690
Nikki Medalen
If they can take on one small piece of this, that is a step in the right direction.

00:05:14.770 --> 00:05:22.450
Nikki Medalen
So this slide is just kind of making the case for patient navigation.

00:05:23.730 --> 00:05:33.770
Nikki Medalen
Using multiple evidence based interventions increases screening rates by as much as 24% and the 24% was win.

00:05:34.330 --> 00:06:04.660
Nikki Medalen
The use of patient navigators was paired with client reminders, an provider reminders some of those things that you're already doing. Patient navigators at a major health major urban health system. Notice that they reduce no show or cancellation rates by 3% generated revenue that paid for two Navigator salaries after only three and a half months, they generated $150,000 in additional hospital revenue per Navigator, and I think there's this.

00:06:04.710 --> 00:06:12.930
Nikki Medalen
Perception that navigation is going to cost a lot of money and it certainly you know there certainly is some upfront cost, but it is.

00:06:13.790 --> 00:06:29.510
Nikki Medalen
Quickly able to make those dollars back again. Patient navigators an increased access to screening at an urban hospital center increased five year survival rates in breast cancer from 39 to 70%. That's amazing.

00:06:30.670 --> 00:06:44.330
Nikki Medalen
And we know that late stage cancer requires more expensive treatment. So if we can use patient navigation to get patient screen to earlier when they're at stage one, the costs of cancer treatment can be reduced greatly.

00:06:46.230 --> 00:07:13.480
Nikki Medalen
Last week we talked about the options that there are for colorectal cancer screening. Perhaps understanding some of the barriers to screening could give us a new perspective on helping our patients choose the right test. All screening can present barriers, but colonoscopy often poses more barriers. We do know that it is the only test that allows polyp removal, and it is the best test for those who are at increased risk or have had other positive tests.

00:07:14.370 --> 00:07:28.500
Nikki Medalen
Therefore it's crucial to understand and help patients overcome the barriers to colonoscopy, and so these were just some of the barriers that were identified in the New Hampshire patient navigation replication manual that I'm referring to.

00:07:29.390 --> 00:07:39.000
Nikki Medalen
One is the belief that screening is not needed. They don't have a family history or they've not had symptoms themselves and so they just don't think it's necessary, and we know that's not true.

00:07:40.480 --> 00:08:11.440
Nikki Medalen
Find ball preparation unpleasant or they're not understanding how to do the ball prep. We're going to talk about that a lot next week in our our fifth module, which is called crappy communication, pun intended, and Beverly Greenwald will be our guest speaker on that call. So if you've met Beverly, you know that she's got a lot of very practical information to share with patients, and she's going to share that with you. Just really nice detail on on understanding the patients apprehension around.

00:08:11.500 --> 00:08:12.160
Nikki Medalen
Ball prep

00:08:13.190 --> 00:08:43.910
Nikki Medalen
we know that many patients have challenges with child or eldercare difficulty getting time off of work for the proper procedure, discomfort or fear of the procedure, embarrassment or modesty as we identified, fear of results or fatalism about cancer. Well, everyone in my family dies of cancer anyway, so what's the point of being tested? I tend to have a little bit of that in my family geographically, too far away from an endoscopy site, I know that those of you at.

00:08:43.960 --> 00:08:51.270
Nikki Medalen
Standing Rock have really worked hard to to reduce this barrier and the work that you've done with.

00:08:52.180 --> 00:09:02.880
Nikki Medalen
Custer District Health has been instrumental in overcoming that homelessness. Just imagine how difficult it would be to do that ball prep if you're homeless.

00:09:04.270 --> 00:09:08.910
Nikki Medalen
I recently had someone asked me about this. You know how to handle?

00:09:10.260 --> 00:09:19.070
Nikki Medalen
You know someone who is just really unable to do that ball prep, and really, that is a really great time to be considering.

00:09:20.930 --> 00:09:28.590
Nikki Medalen
The the virtual colonoscopy or CT colonography where there isn't a prep. Well, actually there is a prep.

00:09:30.130 --> 00:09:36.850
Nikki Medalen
I guess that response was more in relation to transport transportation where the hospital was not.

00:09:39.420 --> 00:09:45.350
Nikki Medalen
Allowing those patients to use public transportation under sedation and with CT colonoscopy.

00:09:46.100 --> 00:09:55.760
Nikki Medalen
See 2 colon ography excuse me, there is no sedation and so that might be a more appropriate test for those who are homeless or might be in danger using public transportation.

00:09:58.180 --> 00:10:19.740
Nikki Medalen
Identify someone to accompany the patient home on test day. The lack of knowledge about colonoscopy. What it is, what it can do, why it's important. Uh, the lack of knowledge about colorectal cancer in general in the need for screening black of transportation to and from the procedure or mistrust of the medical system. And I think we're seeing this after 2020. A little bit more than we had in the past.

00:10:21.690 --> 00:10:45.530
Nikki Medalen
No insurance or being unaware that most insurance cover CR screening. CRC screening with no out of pocket costs under the Affordable Care Act, we do see a little bit of difference with that. If the patient has had a positive screening test an returns for colonoscopy, some insurances are considering that a two step test and covering those costs, others are not.

00:10:46.760 --> 00:10:59.220
Nikki Medalen
Some believe that that is now a diagnostic test, and so they're not covering it, but we've got some good news about Medicare that will share with you at the end of this presentation.

00:11:00.040 --> 00:11:09.750
Nikki Medalen

Also, having no medical home, so where does that patient seek screening and when do they become our patient? When are we responsible for them?

00:11:10.410 --> 00:11:24.400
Nikki Medalen
And I would say if they've accessed your clinic they are a part of your patient population and therefore should at least be offered screening and every effort made to screen them as you would any impaneled patient.

00:11:25.110 --> 00:11:34.000
Nikki Medalen
Other priority health issues so we know we have a lot of competing issues. Patients who have very complex medical issues, multiple diagnosis and.

00:11:34.690 --> 00:11:55.780
Nikki Medalen
Prevention just come secondary to that, but we have to remember that our job is really to help them achieve health and health to the degree possible in that patient. And so where screening is appropriate, it absolutely should be offered, especially to complex patients.

00:11:56.450 --> 00:12:04.010
Nikki Medalen
And then we know that the fact that a provider did not recommend screening is the number one reason that patients site for not being screened.

00:12:06.640 --> 00:12:08.960
Nikki Medalen
I could spend a lot of time on this.

00:12:10.270 --> 00:12:11.000
Nikki Medalen
This slide.

00:12:11.820 --> 00:12:14.770
Nikki Medalen
But what I really want you to know that.

00:12:15.610 --> 00:12:24.370
Nikki Medalen
Aside from the direct impact from COVID-19 in terms of cases and deaths, there were additional health related consequences.

00:12:25.080 --> 00:12:47.060
Nikki Medalen
In the early stages that the pandemic, the Centers for Medicare and Medicaid Services, the American Cancer Society, an gastroenterology associations, made the recommendation to deley all non urgent procedures and that a curd in the middle of March. But by April 19th of 2020, it was recommended that those procedures continue or be reinstated.

00:12:47.750 --> 00:13:02.570
Nikki Medalen
That's actually a year ago this week that those procedures have been opened again. And yet this snapshot depicts the challenges that have a curd just from that one month of closure. And of course in North Dakota. Where are?

00:13:04.360 --> 00:13:09.090
Nikki Medalen
Surge in the pandemic was late summer, early fall. Some of those.

00:13:10.940 --> 00:13:41.180
Nikki Medalen
Procedures may not have been completed or patients may have cancelled appointments due to fear of going to the clinic and getting kovid. So just in that one month's time, this snapshot is from the national Colorectal Cancer Roundtable and they identified that there was a 90% drop in colonoscopies and biopsies by mid April compared to the same period in 2019. They estimated that there was 18,800 Mr delays, delays, diagnosis.

00:13:41.230 --> 00:13:44.940
Nikki Medalen
A colorectal cancer from early March through early June.

00:13:45.640 --> 00:13:59.570
Nikki Medalen
Uh is a total of 1.7 million missed colonoscopies nationwide and 4500 X 4500 excess deaths from CRC will occur over the next decade, just as a result of that.

00:14:00.910 --> 00:14:02.940
Nikki Medalen
One month's impact.

00:14:04.270 --> 00:14:18.830
Nikki Medalen
So I could go through this slide in detail and I really want you to take a look at it because we just know that they're going to be a lot of challenges in the future. Related to that dilay in screening that occurred in 2020.

00:14:22.750 --> 00:14:51.030
Nikki Medalen
Then in June of 2020, the National Colorectal Cancer Roundtable published this document. Reigniting colorectal cancer screening in response to the Cova 19 pandemic, which they called the Playbook. This resource provides an action oriented guide to be adopted throughout the pandemic and aims to align national Colorectal Cancer Roundtable members 80% in every community delegated partners and the CRC screening advocates across the nation to work together.

00:14:51.190 --> 00:15:15.040
Nikki Medalen
To reignite screening efforts appropriately, safely, and and equally for all communities, and so they

provide these four overarching messages. And again, I could spend a lot of time on this, but I'm just going to go through these messages quickly. Number one. There are several safe and effective test to screen for colorectal cancer. They are absolutely encouraging stool tests to be used so that we can reduce the.

00:15:17.190 --> 00:15:28.880
Nikki Medalen
The need to use colonoscopy as our only method of screening and to reduce the pressure on those those colonoscopy requirements.

00:15:30.200 --> 00:15:51.110
Nikki Medalen
Screening disparities are already evident and without deliberate focus are likely to increase as a result of the COVID-19 pandemic, so we recognized that there were populations with low screening prevalence. Who were the most likely to not be screened during that time, and so we really want to focus on those who.

00:15:51.680 --> 00:16:14.870
Nikki Medalen
Have the highest risk and making sure that our colonoscopy capacity is reserved for them but also to be very aware of who might have been missed during that time, and ask them to be screened or or seek them out. Do a lot of outreach to assure that their screened as early as possible for those at highest risk. Access to colonoscopy should be prioritized.

00:16:15.450 --> 00:16:29.010
Nikki Medalen
So where we know that we have a patient who already has had a positive screening test. Let's make sure that we get them in for colonoscopy as soon as possible, and also those who are at highest risk by by their risk factors.

00:16:29.960 --> 00:17:00.800
Nikki Medalen
And then #4 is close collaboration with every partner in the health care system and critical policy changes that will help us accomplish the critical preventive health goal. So think about things that are going on in your health system. What kind of policy is that you might have about what kind of patients might be able to enter? Have all of those been lifted who is not seeking care at this point? And how can we bring those patients back into the clinics as we've been traveling, we're still recognizing or hearing that patients are still.

00:17:00.860 --> 00:17:10.960
Nikki Medalen
Apprehensive about coming in if they don't feel that they have an acute need? So how can we return their attention back to preventive health care?

00:17:14.050 --> 00:17:21.280
Nikki Medalen
This is the logic model that was shared by the New Hampshire colorectal cancer.

00:17:23.180 --> 00:17:38.560
Nikki Medalen
Project I want you to pay attention to the middle three columns, so the activities that they did and then there short an intermediate outcomes. And of course the long term outcomes will be things that will be seen in the future.

00:17:39.900 --> 00:18:05.410
Nikki Medalen
In New Hampshire, it was recognized that they had all of the infrastructure in place. They had provided reminders, patient reminders. They were already giving their providers in clinic teams their feedback reports, and they had really worked hard at reducing structural barriers. They had developed some partnerships within their communities to do education, an messaging to clients, but but they still didn't have their screening rates where they wanted, and so they turned to this idea of patient navigation.

00:18:06.740 --> 00:18:21.170
Nikki Medalen
You can see that they were very intentional about the activities that they would use to achieve their goals, including the delivery of six topics in their navigation protocol, and you can see those listed under the activities that first bullet.

00:18:22.890 --> 00:18:23.500
Nikki Medalen
Uhm?

00:18:24.090 --> 00:18:55.200
Nikki Medalen
They also were providing services to facilitate what the patient needed in order to complete the appropriate test. They included rigorous tracking documentation and communication between the Navigator, the patient and the provider, but from that intentional work came. This list of short term and intermediate outcomes that would make this effort where worthwhile and those are reduced. Missed appointments, reduced rate of cancellations of appointments, improved quality of broad bowel prep.

00:18:55.260 --> 00:19:10.240
Nikki Medalen
Improved completion of colonoscopy. Improved receipt of colonoscopy results by the patients. Improved receipt of colonoscopy results by primary care providers. Improved accuracy of re screening and surveillance intervals.

00:19:10.940 --> 00:19:29.550
Nikki Medalen
They also improved coordination and continuity of care between primary care providers and their patients. Increased clinic level screening rates, enhanced access to screening another clinic services. So it wasn't just their colorectal cancer screening rates that went out, but other cancer screening rates as well.

00:19:30.370 --> 00:19:48.200
Nikki Medalen

Provided complete and timely diagnostic follow-up. Created timely access to medical treatment for persons diagnosed with colorectal cancer and increased adherence to recall in surveillance intervals. And so I think those are all things that we've been talking about in our work with. With all of you.

00:19:49.740 --> 00:20:02.460
Nikki Medalen
There were some core elements of their model. The first was that their navigators were all nurses. They had clinical expertise. They had psychosocial assessment skills and organizational skills.

00:20:04.440 --> 00:20:15.780
Nikki Medalen
They had patient navigation champions with clinical expertise so that included people in positions of leadership, those who had passion about this topic.

00:20:17.540 --> 00:20:26.150
Nikki Medalen
That clinic champion really needs to have a lot of charisma, be able to to share their passion with others, and expertise in CRC screening.

00:20:28.290 --> 00:20:47.230
Nikki Medalen
Another element was medical oversight of navigation interventions so they had a a medical person who oversaw the details and and the quality of that navigation. So this person served as a trainer, a mentor and a communicator to those navigators.

00:20:48.000 --> 00:20:59.840
Nikki Medalen
Also they saw partnerships, partnerships with endoscopy centers, their primary care providers, Pathology labs, pharmacy, transportation systems within their community.

00:21:01.090 --> 00:21:04.900
Nikki Medalen
So with translators, if you have patients who are speaking other languages.

00:21:06.240 --> 00:21:12.890
Nikki Medalen
The partnerships that they formed where absolutely important in their navigation.

00:21:15.380 --> 00:21:16.390
Nikki Medalen
Strategies.

00:21:17.990 --> 00:21:49.550
Nikki Medalen
Uh, they also saw that it was important to have a very specific navigation protocol, so they established very specific topics that were communicated to patients at very defined time intervals, which included and allowed for patient education, assessment and resolution of patient barriers, patient coaching and encouragement, and then timely reminders of when their appointments were do when to start the ball.

Prep all of those kinds of things. They also developed a very effective data system where they supported patient tracking.

00:21:49.720 --> 00:21:52.920
Nikki Medalen
Patient care, quality monitoring and evaluation.

00:21:53.470 --> 00:21:59.860
Nikki Medalen
And then the final element was a philosophy of shared success, and so.

00:22:01.330 --> 00:22:15.810
Nikki Medalen
This was both shared success with the staff at the clinic, so sharing the success of a life saved but also sharing that success with their patients and helping their patients to take a more active role in their overall health care.

00:22:18.510 --> 00:22:48.480
Nikki Medalen
So I know that these are probably hard to read, but I wanted to share with you how very specific the navigators were in the protocol where they delivered these six important topics, and they did this by telephone. So they called patients at very defined time intervals in the screening process. The six Topic protocol incorporated comprehensive patient education assessment and resolution of patient barriers. They included patient coaching and encouragement.

00:22:48.540 --> 00:22:58.490
Nikki Medalen
And timely reminders. The content of the calls and the Patient Navigator relationship developed during these calls were critically important to, as opposed to simply, the number of calls.

00:22:59.100 --> 00:23:09.640
Nikki Medalen
So well, 20 calls would have been probably ineffective if the Navigator did not cover these six topics, and if the relationship wasn't established between the Navigator in the patient.

00:23:11.220 --> 00:23:15.680
Nikki Medalen
They established that they needed exactly 6 calls if they.

00:23:16.240 --> 00:23:20.690
Nikki Medalen
Pop covered these topics accurately and specifically.

00:23:24.440 --> 00:23:25.650
Nikki Medalen
Some patients.

00:23:26.260 --> 00:23:26.920
Nikki Medalen
Uh.

00:23:27.640 --> 00:23:41.810
Nikki Medalen
May have needed more calls, especially during the ball prep, but that was a discussion between the Patient Navigator and that that patient. The number of calls could vary a little bit depending on the patient's ability to understand and follow instructions.

00:23:42.930 --> 00:24:12.760
Nikki Medalen
The Navigator recorded the details of each call in a real time data system similar to a log type system that each member of the navigation team could access at all times. Each patient was given the patient, the Navigators dedicated work number and could call for additional help. Although this extra assistance was rarely required, the program did not use text messages and they did not use email except for setting up the date and time for the phone call. If the patient agreed to that.

00:24:13.600 --> 00:24:41.960
Nikki Medalen
And again, I don't expect that you can read these checklists, but the point of showing them to you is that this group found a very specific set of topics that needed to be included in order for colonoscopy to be complete, and they found that the very specific time frames were also important for their patients. All of these checklists and the preparation requirements for the calls can be found in the patient navigation replication manual, which we have on our screened website and will be linked in the document at the end of this call.

00:24:42.830 --> 00:24:45.310
Nikki Medalen
Up the patient navigators on the call.

00:24:46.320 --> 00:24:55.040
Nikki Medalen
If you have this service in your facilities, what have you found to be? Some of the critical elements in your conversations with patients to help them get through a barrier?

00:24:59.310 --> 00:25:03.770
Nikki Medalen
Denise, I know you've done some of this work or or been a part of some of this.

00:25:05.520 --> 00:25:09.450
Nikki Medalen
Is there specific conversation that you seem to have over and over with patients?

00:25:16.020 --> 00:25:18.420
Nikki Medalen
Or Lisa, I know your case manager, are you?

00:25:19.770 --> 00:25:22.940
Nikki Medalen
Are you seeing some of this?

00:25:25.050 --> 00:25:29.480
Nikki Medalen
Some of these topics that that you have experienced as well.

00:25:42.330 --> 00:25:43.980
Nikki Medalen
They may have had to step away.

00:25:49.760 --> 00:25:50.740
Nikki Medalen
Lisa, are you?

00:25:51.010 --> 00:25:54.310
Lisa Oswald (Guest)
Yep, I'm there. Sorry figuring out my microphone.

00:25:55.880 --> 00:26:03.030
Lisa Oswald (Guest)
I would say one of the main issues here is transportation. An that patients don't want to do the prep.

00:26:06.300 --> 00:26:08.430
Nikki Medalen
So how are you addressing that with patients?

00:26:10.330 --> 00:26:15.700
Lisa Oswald (Guest)
I haven't found a way yet other than just education and trying to encourage them.

00:26:17.400 --> 00:26:25.890
Nikki Medalen
OK, well next week we'll be talking a lot about that ball prep and hopefully will be able to give you some very specific instructions for helping patients get through that.

00:26:28.730 --> 00:26:49.330
Nikki Medalen
So the outcomes, the result of a comparison study showed that the patients who received navigation services were eleven times more likely to complete colonoscopy than non navigated patients. They were 40 times less likely to miss the colonoscopy appointment in six times. More likely to have adequate ball Pep prep than non navigated patients.

00:26:52.370 --> 00:27:21.000
Nikki Medalen
Another way of framing this conversation is using the age friendly forums framework. This framework certainly is not as detailed or intense as patient navigation, but it really does provide a nice tool for thinking about what might be important topics to discuss with the patient during CRC screening. And so I

want you to recall that the four M's in the age friendly framework are what matters. Medications, mentation, and mobility.

00:27:21.350 --> 00:27:23.750
Nikki Medalen
And so when we're thinking about what matters.

00:27:26.200 --> 00:27:27.310
Nikki Medalen
Think about.

00:27:30.610 --> 00:27:42.470
Nikki Medalen
The choice of test. We talked a lot about that and what is important to the patient. Maybe they are fearful of a colonoscopy or they don't understand all the pros and cons, so they really need clear instructions about.

00:27:43.130 --> 00:28:13.300
Nikki Medalen
What options are available to them and what one is right for them? So really, being able to assess their risk factors and being able to help them choose a stool test versus colonoscopy, you see 2 colon ography whatever their choice might be. There's some really great tools to help be able to navigate that with the patient. Also, medications, colonoscopy, consideration of altering or stopping medications before the procedure are resuming.

00:28:13.820 --> 00:28:35.260
Nikki Medalen
Medications following the procedure we really need to think about blood thinners, diabetes medications, iron supplements, and then of course we don't want them to stop their prescription pain meds, but we want to make sure that they know that that they are clear about that, because that could be a barrier to them actually going to their appointment if they're in pain.

00:28:36.810 --> 00:28:41.910
Nikki Medalen
This also includes very clear instructions about the ball prep and how to take.

00:28:43.720 --> 00:28:48.100
Nikki Medalen
The medication they need to clear their ball also mentation.

00:28:48.740 --> 00:29:13.040
Nikki Medalen
We hear over and over about the the fear about getting a colonoscopy. It's going to be embarrassing. It's going to be painful or I'm afraid to get the results. And if this is a subject that you're experiencing over and over with your patience, I really encourage you to read this article. The three biggest fears about getting a colonoscopy again, we have that link for you in the final slide.

00:29:14.290 --> 00:29:27.690
Nikki Medalen
And then also thinking about colonoscopy and dementia, if we have patients with dementia or patients who are within who are assessed to be within five years of end of life, then.

00:29:28.780 --> 00:29:39.640
Nikki Medalen
Colon any kind of colon screening is probably not necessary, but when patients have dementia, most experts agree that colonoscopy especially is a bad idea.

00:29:40.930 --> 00:29:53.550
Nikki Medalen
Patients are unable to navigate the ball prep. They don't understand what's going on. It's very difficult for them to get to the bathroom in time. They may need tremendous assistance in order to do that, and.

00:29:54.460 --> 00:29:57.400
Nikki Medalen
You know the discussion really needs to be had with family if.

00:30:06.620 --> 00:30:34.510
Nikki Medalen
Treated then at that point we need to determine that screening is no longer required. Also mobility, so we might have patients who are healthy but have an issue with ambulation. So what special instructions might we need to prepare them with for someone with limited mobility? Are they at greater risk for falls during the ball prep? Do they need an assistant and then also really?

00:30:35.170 --> 00:30:45.640
Nikki Medalen
Comes back down to the transportation for for every patient do they have a driver the day of the colonoscopy? Do they have someone who can stay with them as the sedation wears off and so forth.

00:30:48.650 --> 00:31:12.760
Nikki Medalen
Another opportunity to do some health coaching or beginning the process of patient navigation is during the annual Wellness visit where we can encourage individuals to take an active role in accurately assessing in managing their health and consequently improve their well being and quality of life. This refocusing on an individual's active role in health care is accomplished by evaluating the beneficiaries current health and Wellness behaviors.

00:31:14.300 --> 00:31:20.430
Nikki Medalen
And then also advice and counsel on ways to become healthier and remain healthy for as long as possible.

00:31:23.770 --> 00:31:29.050
Nikki Medalen
I'm not going to spend a lot of time on this slide except for that. If you were thinking about.

00:31:29.860 --> 00:31:54.010
Nikki Medalen
Uh, navigation services. Some of these might be questions that you really need to ask yourself. How much time do you think it will take to get a navigation program running efficiently? What is the specific purpose and mission of your navigation system? Maybe it is. It starts with just colorectal cancer, and if that goes well you can always expand to other topics as well.

00:31:55.270 --> 00:32:02.730
Nikki Medalen
Seeking out lessons learned from others that have gone before you and then who your partners might be in your community.

00:32:04.470 --> 00:32:27.280
Nikki Medalen
And then as you move through really setting appropriate goals for your program and thinking about how you track that progress, how are you going to know if the patient navigation is working? Or if you need to make adjustments and how you communicate to the team all of the work, or the outcomes that are being accomplished through navigation?

00:32:32.340 --> 00:32:59.440
Nikki Medalen
I shared with you earlier that we had some news about meta care. I wanted to share with you that the loophole Bill has passed as of December 22nd. This information that has really just come out in the last month or so this legislative process began in 2012 and was finally accomplished eight years later. But what this means is that there will be a gradual phase out of the out of pocket costs.

00:32:59.490 --> 00:33:29.790
Nikki Medalen
Overtime, so it's not going to happen immediately. Patients will be responsible for a decreasing Co insurance with the cost being completely phased out by 2030. And if you're not sure what I'm talking about here, this is the copay that would go along with with a colonoscopy that is in follow up to a positive test. So if we have a Medicare patient who completed a fit test, for instance, that was positive and now they have a follow up colonoscopy, in many cases they had a.

00:33:30.560 --> 00:33:37.530
Nikki Medalen
A Co pay for that colonoscopy, but by 2030 that will be completely eliminated.

00:33:39.380 --> 00:33:55.800
Nikki Medalen
Now that this has passed through Medicare, typically they are the leader among insurance companies. What Medicare does often other companies follow, so this is a really important piece of legislation that will help move that needle with other insurance is as well.

00:33:57.630 --> 00:34:26.870
Nikki Medalen
So some resources for the journey ahead. I we have the national Colorectal Cancer Roundtable playbook

that we talked about. The patient navigation replication manual. I also included a link to fightcolorectalcancer.org. This is a website that I keep finding myself returning to over and over again and so I wanted to make sure that you had a link to that and then the article from Doctor Nandy. The three biggest fears.

00:34:27.000 --> 00:34:45.330
Nikki Medalen
Around colonoscopy, all of those are available on our website screen.org. If you have not looked there recently in the last probably 10 business days the website has just bloomed so please do go there if you look under.

00:34:47.050 --> 00:35:10.800
Nikki Medalen
The Rapid Action Collaborative section you will see each module, all of the resources that were associated with it, and the recording for the module. So if you've missed a module in the past month or so, please go there. You can access those modules. You can complete the evaluation forms and still get the continuing Ed credits that were associated with that.

00:35:12.090 --> 00:35:16.770
Nikki Medalen
Next steps, I really encourage you to reserve a team meeting.

00:35:18.210 --> 00:35:28.670
Nikki Medalen
One of your team meetings to discuss the barriers. Create a list of those and see how many of those that you can resolve just with the people in the room.

00:35:30.100 --> 00:35:37.290
Nikki Medalen
How you know? Just pick one out and and talk about how you can resolve that particular barrier for your patience.

00:35:38.750 --> 00:36:03.190
Nikki Medalen
Also discuss with your team who may be the most appropriate patients for navigation services, so don't try to swallow the whole pill. Just think about the patients who are hardest to get screened or who need screening the most, but have the most difficult time completing that screening so you can kind of hone in on a specific group of patients, and that might mean starting with.

00:36:03.830 --> 00:36:34.770
Nikki Medalen
Five patients this month an working through the barriers that they have and you may learn a lot from that and be able to pick out some of those berries that you can work on with your team. We also have the evaluation link for this module, John, if you would put that in the chat and I will also send that out in a follow up email within an hour or so of this meeting and they just want to remind you that our next call is May 6th at 9:30.

00:36:35.510 --> 00:36:52.400
Nikki Medalen
The topic will be crappy communication, pun intended and Beverly Greenwald will be our guest. So if you have never heard Beverly speak before, I really encourage you to join that call and to encourage others on your team to join. She's a very dynamic speaker.

00:36:55.170 --> 00:37:05.640
Nikki Medalen
And again, our contact information. If you have any questions, concerns would like us to attend one of your team meetings. Just reach out to us and we will gladly.

00:37:07.960 --> 00:37:10.060
Nikki Medalen
Be able to to set that up.

00:37:11.830 --> 00:37:16.570
Nikki Medalen
With that I think will close. Thank you for joining an. I hope you have a very productive day.