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Nikki Medalen

Well, welcome everyone to module five of the screened Rapid Action Collaborative. As we get started here, I would like it if you would enter your name, title and facility in the chat, because that will serve as our sign in sheet for the ceu's. So as you know, whenever we have ceu's we need to sign in sheet and in evaluation so the link for the evaluation will be provided at the end of this webinar.

00:00:26.240 --> 00:00:33.270

Nikki Medalen

We do have a guest speaker today, so I want to get started right away so that there's time for questions at the end of this. At the end of our presentation.

00:00:37.450 --> 00:01:04.950

Nikki Medalen

So Beverly Greenwald is our guest speaker today. An I first met Beverly through the North Dakota Colorectal Cancer Roundtable and I immediately knew that I wanted her to be a part of this rapid Action collaborative series. So we called her in January to make that request, and we visited for nearly an hour. I wrote down a lot of the things that she said, but when I look back at my quotes or my notes from that day, this is one that absolutely stuck out to me.

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Nikki Medalen

People are dying of embarrassment or ignorance and it is completely unnecessary.

00:01:10.660 --> 00:01:39.800

Nikki Medalen

So I'm delighted to have Beverly join us today. She is a family nurse practitioner and a nursing professor at Angelo State University. She has assisted with colonoscopies since 1989 and is followed the evolution of colorectal cancer screening, and I can vouch that she is a history book of the evolution of colorectal cancer screening. She advocates to save lives through education of both patients and their health care providers by promoting this important screening. So Beverly, I will let you take over.

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Beverly Greenwald

OK thanks. Yeah it's a great topic because you can challenge yourself and set your own goals if you don't bring it up. The patients are certainly not going to bring up colon cancer screening and so it has to be one of your priorities an you score yourself 'cause every time you talk about it is a chance to get somebody screened. And if you ask them to share the information I did a study and people will share it with the people that they care about.

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Beverly Greenwald

On average 2.9 people, so spreading the message is important. And even if your re return rate is not that great, it gets better over time and so just keep in mind to always be pushing the colon cancer screening and in fact apply it to other types of screening also.

00:02:39.830 --> 00:02:42.140

Beverly Greenwald

OK, I'll I'll take control here and.

00:02:43.770 --> 00:02:45.350

Beverly Greenwald

Go to the next slide.

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Beverly Greenwald

So when you're teaching patients about colon cancer screening using these fit tests, it's a good idea to have some sort of props. Or you could print out picture like this and keep it in the exam room to talk about it. They usually go and get the kit from the lab, so it's helpful to have something to talk about before they go to the lab. So either this picture or you could get an actual kit and keep that and label it as a sample so.

00:03:17.210 --> 00:03:28.100

Beverly Greenwald

They have a visual to go by, so we're going to go over how to ensure your patients understand what they're supposed to do and make sure they get the.

00:03:29.220 --> 00:03:30.400

Beverly Greenwald

Kid returned.

00:03:31.090 --> 00:03:37.820

Beverly Greenwald

I had this bar over the top of some of my slides, so I can't tell what's underneath it.

00:03:39.310 --> 00:04:13.350

Beverly Greenwald

But these are some tips to do while the patient is still in your office. You open the package and show them what to do and ask about when do they have their bowel movements normally. So if people normally do that at work, then they should keep it at work. If they do it before they go to work, then keep it in the bathroom at home. The bathroom at home that they are most likely to use it. There's a misunderstanding. The kit needs to be kept in the refrigerator, but it doesn't need to be kept in the refrigerator.

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Beverly Greenwald

Keep it where you're actually going to use it, and not everybody has a ball movement everyday, so it might be once every four days or even longer, and so ask about that and kind of get a commitment as to when they will be able to return the kit and so then now bumps it up on their priority. And when you are talking to the patient, make sure you have the accurate phone number so you can call and remind them to return the kit.

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Beverly Greenwald

Make sure you have the accurate mailing address, so if they need another kit mailed, sometimes they lose it or mess it up in some way and so that gives you the opportunity to provide another kit and included here is video that you can go over, maybe just play it on a computer in the exam room or send it to the patient and it helps them understand what they're supposed to do.

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Beverly Greenwald

Be sure to label the kit before you give it to the patient, but then they'll also be expected to write the date and time of collection because sometimes they sit on it for awhile, and if it's too long after collection, then you know there's criteria that the lab will use for when it would be acceptable to actually run the test versus when it was collected.

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Beverly Greenwald

There's also a process called poop on demand, and this is for people who maybe have multiple Bal movements today or happen to have to go well there at the clinic and you could ask the patient if they were able to complete the test. Now important thing is, this is supposed to be from spontaneously pass stools, so something like a digital rectal exam and collecting specimen on the glove is not an acceptable method, but maybe they'll even be able to collect the specimen.

00:06:07.320 --> 00:06:09.430

Beverly Greenwald

Before they leave the clinic that day.

00:06:12.170 --> 00:06:41.320

Beverly Greenwald

Discuss how to complete the test so there's a piece of paper included in the kit and this is a flushable paper. The purpose of it is to float on top of the toilet water, and so that will keep the stool out of the water, and so once the specimen is collected, the stool and the paper is flushable. But there's other ways to collect the stool, if perhaps by the time they got the paper down there.

00:06:41.370 --> 00:06:43.220

Beverly Greenwald

We have to go anymore.

00:06:44.660 --> 00:07:16.010

Beverly Greenwald

Waited so long, the paper saying or something other ways to collect it would be to just scoot forward on an elongated toilet seat and collect the specimen right on the edge of the toilet before the water starts. If they do flush the paper down, they can just put a lot of toilet paper on to the edge of the water and with some good eye. But coordination to get those tools to land on the toilet tissue.

00:07:16.060 --> 00:07:40.180

Beverly Greenwald

For collection, another method is to turn off the water to the toilet at that shut off valve underneath, flush the toilet. Collect this stool and it dry toilet and then flushed. Turn the water back on and flush it.

What people used to do for the hemo called cards is used yogurt container or a coffee can or paper plate or something.

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Beverly Greenwald

And another way is if people can use like a baseball Mitt, a whole padded hand of toilet tissue and with some good eye hand coordination collect. The specimen is just for a brief time and make sure that they.

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Beverly Greenwald

Put the date and time on it and if you write your name on the envelope and phone number, then they can actually call you if you have. If they have some questions.

00:08:14.080 --> 00:08:44.040

Beverly Greenwald

So actually go through the process and take this little by a lot of the package and tell them to just take the cap off. It doesn't unscrew, it just kind of pulls off and show them that there are grooves at the end of this toothpick like probe, and that's how far into the stool the specimen needs to be. At a minimum, it's calibrated to collect a certain volume of stool, and so once that that spiral tip is.

00:08:44.330 --> 00:09:16.080

Beverly Greenwald

This tool that's enough and you reinsert it into the file, add the date and time of collection, and then there is an absorbent paper because there's liquid in that vile and so for safe transport in the Mail. Then they should wrap it in absorbent paper and place it in the envelope. And I've only ever seen them with postage paid, but I have heard of some brands or not postage paid, so if your facility puts the stamp on it.

00:09:16.130 --> 00:09:21.010

Beverly Greenwald

It's going to make sure you're going to get them back more easily.

00:09:22.170 --> 00:09:25.720

Beverly Greenwald

'cause who even has stamps anymore with online bill pay?

00:09:26.480 --> 00:09:58.100

Beverly Greenwald

So it's important for the patients to understand why do they need to complete this test? Well, colon cancer Fortunately is the most preventable, treatable and beatable cancer that there is, and that is based upon regular testing. And if we find it early, so there are no early symptoms, so they recommend screening. Start at age 50. Although the American Cancer Society and the American College of Gastroenterologists have dropped that age too.

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Beverly Greenwald

45 a lot of insurance is not covering that, so whether you go by 40 U 45 or 50 depends on what your population has for insurance and whether that's probably going to be covered.

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Beverly Greenwald

So it's the cancer that no one needs to die from, but unfortunately is the number 2 cause of cancer deaths when men and women are combined and every 4 minutes.

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Beverly Greenwald

Someone is diagnosed with colon cancer an every 9 minutes. Someone dies from colon cancer. An that's really ridiculous when it's the cancer that no one needs to die from.

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Beverly Greenwald

What are the odds of getting colon cancer one out of 20? So if you were doing a raffle and somebody could win a car like a brand new Ford F-150 or F-250 which runs about \$76,000, then that's the average cost of treating colon cancer, and so that's a pretty significant raffle. But when it comes to being colon cancer or people say, yeah, well, that one happened to me, but the facts are the facts.

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Beverly Greenwald

And so that is why you just have to keep advertising colon cancer screening because once you hit 20 people, you know that you've spoken to somebody who really needs to do this test. So you probably see 20 people in a day. So one person in that day is going to get colon cancer. So we do need to be talking about it.

00:11:38.700 --> 00:11:39.470

Beverly Greenwald

And.

00:11:40.790 --> 00:12:11.330

Beverly Greenwald

Most cases are in people over age 50, but people with a parent or sibling first degree family member who has either colon polyps or colon cancer are at higher risk of developing colon cancer. So we've done a great job and increasing screening and saving a lot of lives, but we have a lot more work to do. I want to say at this point that.

00:12:11.620 --> 00:12:25.840

Beverly Greenwald

There are people who should not be using the fit test for colon cancer screening, and it would be that population we just talked about. If there are at higher risk because of having these first degree relatives with.

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Beverly Greenwald

Polyps or colon cancer. So they should start with a colonoscopy, but honestly the best test is the test

that will get done, so if they don't want to do the colonoscopy, even that group is better off doing the FIT test.

00:12:46.840 --> 00:13:16.340

Beverly Greenwald

An amazing thing is, is such a simple, convenient at home test and you can get some buy in by telling people that you OK. Well, if you don't really want to do it for yourself then do it for your kids or your friends or your family or think about your future. I've known several people who got to retirement age and then within a year died of colon cancer. So I always appeal to.

00:13:16.550 --> 00:13:22.100

Beverly Greenwald

Having a better future for yourself and taking care of this as soon as possible.

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Beverly Greenwald

There are no early symptoms, so people might say, well, I'm not having any symptoms. There are literally no symptoms of early colon cancer when it's most treatable because the polyps start small and grow larger over time, and so when they're just tiny polyps, that's the time to take them out, and so the fact that they're not having symptoms is why we want to be doing the screening. Now. If we wait for symptoms, then the prognosis.

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Beverly Greenwald

Is not very good, so all of the actual symptoms of colon cancer like having red blood in your stool, unexplained weight loss, change in bathroom habits, persistent cramps, or low back pain, fatigue, feeling bloated, or anemia are all late signs of cancer and people will present to the ER because they are not able to have a bowel movement and that cancer might have been there for 20 years.

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Beverly Greenwald

And that's when they finally show up and talk about the symptoms. And they literally die within a month. So if you wait for symptoms than your chances of survival are much less so screening is very important.

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Beverly Greenwald

So here's the progression of the polyps that start very small. So what this test is doing is looking for blood in the stool.

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Beverly Greenwald

And so in picture A is just a tiny pile up that pool up would be.

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Beverly Greenwald

Yeah, like a fourth the size of a pencil eraser, so that's very tiny and we use a snare and cut it off during the colonoscopy. And not all polyps do turn to cancer, but we don't know which ones are which, and so

during colonoscopy we take them all off. You see him be that that pilot might be growing longer and in see you see is this is called up a donkey lated Paul up. It's like a mushroom on a stock.

00:15:19.020 --> 00:15:19.410

Audrey Bercier (Guest)

Yep.

00:15:21.820 --> 00:15:22.210

Audrey Bercier (Guest)

Thank you.

00:15:36.020 --> 00:16:08.230

Beverly Greenwald

In that stock is a blood vessel, so we use Kotori as we cut this pool up off, and so you know it's totally removable. Like picking a mushroom and then we monitor to see if polyps come back. After these polyps are removed, but that has a blood supply and that is going to encourage the growth of this uncontrolled cell reproduction and in figure D you see that the surface of the pool up has become.

00:16:08.760 --> 00:16:39.210

Beverly Greenwald

Irregular and blood just oozes right out of it because the cancer cells don't hold well together and so that blood starts to appear into this tool. But originally you know this one might lose blood constantly. Originally an might bleed sometimes and not sometimes, and that's why this fit test is done annually because it might not have been bleeding last year at the time that the specimen was collected, but this year it is so this is.

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Beverly Greenwald

In annual test and the goal is to find these polyps back when they're at A&B and not getting as far as D. If that's that D is left in place, then it will start to invade the colon wall an get into the bloodstream and travel to the lungs and brain and bones and side chat, and that's called metastatic colon cancer and the odds of survival of that.

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Beverly Greenwald

Are less than 19% versus you take cough A&B. Hey it's like winning the lottery because you it's just a win win situation.

00:17:22.980 --> 00:17:52.290

Beverly Greenwald

So here's what happens if the fit test comes out, pause comes back positive. We need to go in and into the colon and see what's going on, because there's other things that could be causing this bleeding, bleeding polyp is just one of the possibilities, but if it is a polyp then we use this stair so that black thing going in is the scope itself and we send this wire loop down and we just last do it like.

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Beverly Greenwald

Last, doing a cow and then as that's near, is pulled back into the scope. Then the polyp gets cutoff and

the small polyps actually **** right through aluminum the scope and we catch it in a trap and they're all sent for pathology to see what is going on in the cells of that pool up and any follow up is going to depend on the pathology report.

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Beverly Greenwald

So this is the overall reason why we're doing the FIT test is to determine if there is blood in whether a colonoscopy is necessary to see what is causing that bleeding. It's not always cancer.

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Beverly Greenwald

So it's important to remember that any positive fit test is going to need a colonoscopy, so that's a two step screening process. People either go straight to the colonoscopy, but those services are not always available. People might not want to take a day off from work. They start the prep the day before they need to be accompanied by a driver. Some people have health problems that make having the sedation of a colonoscopy.

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Beverly Greenwald

Risky and some people just mind that whole idea of a colonoscopy unpleasant just the thought of having a 64 items sent up their rear is not that appealing so, but if they do have bleeding we do need to find out where it's from and that might take a lot of special intervention to get them to present for the colonoscopy.

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Beverly Greenwald

So being grateful to the patient for taking care of themselves and their families and their future is going to make a difference on whether or not they adhere to the recommendation to do this screening. You can thank people and use the power of positive thinking and thank you for collecting this sample. Thank you for getting this back to me and the next 5 days.

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Beverly Greenwald

Thank you for calling me. If you have any questions or issues an thank you for emailing that back as soon as possible because they're going to be expecting that in the lab, and so if you say thank you many times, then they might feel a little more obligated to follow through, so you cannot thank these people enough for helping you with the screening. And since this is one of the measures that clinics monitor, then your whole clinic is going to.

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Beverly Greenwald

Look better when everyone has these better results.

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Beverly Greenwald

So when the test samples are not returned by on the agreed upon date, then call the patient at the number that you've kept to remind them to return it an resolve. Any problems like they might have lost

the test, or maybe they've not been to work or wherever they intended to collect the specimen. Thank them again for collecting it and haven't when you have your name and phone number on the envelope, they're able to call.

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Beverly Greenwald

And when they do call about further questions or for a new kid, thank them for that and set up a new date for them to return the kit by and agree on that so we actually get this process completed.

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Beverly Greenwald

If you do have nonadherent patients, many clinics are using the patient navigators. These have been shown to be cost effective monetarily in terms of the efforts they put forth in getting the tests accomplish for these patients, but in the long run the earlier we are intervening with these health issues then that magnifies the savings. So use a tracking system to keep up with how many.

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Beverly Greenwald

At these fit tests that have been provided to patients, and actually when they get returned.

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Beverly Greenwald

So that tracking is very important and becomes the job of a lot of patient navigators, although costs are serious issues in some clinics, and maybe there are not available another type of test that is covered by in either private insurance. Medicare covers any type of colon cancer screening, including this one, and this is a multitarget stool DNA test and so.

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Beverly Greenwald

The only one available in the United States is kolegar Dan. Patients ask about this because it's heavily advertised on TV, so this is the contents of the Cologuard test and basically it sets up a system like hat that we use in hospitals to collect a urine specimen, or you're using them in clinics when patients need to collect a urine specimen so that top right bracket.

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Beverly Greenwald

Suspends across the width of the toilet and that sample container in the top in the middle fits into the circle area and so the target is to get the stool specimen into that sample container. So how much is necessary to be collected? Well, the minimum is 30 milligrams, which is about an ounce or a a Med cop. If you've seen those men plastic Med cups there, they have the.

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Beverly Greenwald

MLS on the side and so if you think about the size of that, you could use that as a sample to show and the volume of the stool specimen has to be less than the volume of the liquid, which is demonstrated in the bottom right.

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Beverly Greenwald

And so the target is somewhere between there. So ultimately that bottle of liquid is poured on to the sample before mailing. But the thing about the.

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Beverly Greenwald

Color guard is it includes a fit test, so you'll see in towards the top right? Yeah, that's a sample fit test that you do in addition to collect the actual stool sample. This doesn't get flushed.

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Beverly Greenwald

So that's what that looks like.

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Beverly Greenwald

So the.

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Beverly Greenwald

The sample has to be mailed to the manufacturer within 24 hours so it wouldn't be a good thing to do on a Saturday if they don't have access to returning it on a Sunday and there's a video link that you can show patience and help them do the test and adhere to returning this to the manufacturer. So once the order is made by the physician then the Cologuard actually sends this kit to the patient.

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Beverly Greenwald

It's not something that's Captain to the in the lab. If mailed directly to the patients home, and when the kid is return that company mails the results to the provider. So then you take it from there as to what kind of follow up would be necessary so there's not a separate result for the fit test or the stool DNA test. It's either a positive result or a negative result. And again, this is going to need to be followed.

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Beverly Greenwald

Why a colonoscopy? So most patients pay no out of pocket for doing this test.

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Beverly Greenwald

So if your clinic does not have a patient navigator and you know your patient is particularly non adherent, this might be a good test to use instead of the fittest, because this company does provide a patient Navigator an their on call 24 hours to help the patients collect the specimen and answer any questions. They would be responsible for mailing a nuke it if necessary.

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Beverly Greenwald

And another benefit, in addition to the Patient Navigator is that this test is completed only every three years, so initiating the process of trying to get people to complete the test is instead of annually only

every three years, so that in itself is helpful for your adherence rate in the clinic, and these patient navigators will call the patient until the test gets returned.

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Beverly Greenwald

Because this is a business and they do not get paid for the tests until the test gets returned. So they will be on the patient like white on Rice to return this test so they take over on those difficult patients. If you know them in advance. So if you have a struggle on one year to return the fittest then maybe the next year the thing to do is.

00:27:23.020 --> 00:27:26.340

Beverly Greenwald

Uh, suggest ordering the Cologuard

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Beverly Greenwald

so we all need to make colon cancer screening our routine and any office visit is an opportunity to talk about colon cancer screening because, you know, one year blends with the next. If you do an annual physical that's covered by insurance, you know you can't come in the day before.

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Beverly Greenwald

Your anniversary of that test. So then, by the time you make the appointment now, it's instead of on your birthday, then it's a couple of weeks later or then the next year or ends up being a month later. And so there's really no way for people to keep track of when did I last do my physical, and so the analogy I make is it's kind of like when you take your card too.

00:28:18.920 --> 00:28:49.110

Beverly Greenwald

Your mechanic can you go there and all you want? Is your tires rotated or there's a funny noise or whatever, and when they're looking under your car they see oh, these brakes are really bad. You know it's unconscionable for that mechanic to not mention you really need some new brakes, 'cause I'm worried about you being able to stop and or if something is really amok, that's a safety hazard. You would totally expect your mechanic too.

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Beverly Greenwald

Mention that word. Other analogy I make is you go to the drive up and all you want is the hamburger and a Coke. They're going to say do you want fries with that they were always upselling. It's a business. Well you know our clinics are also a business and we're in the business of keeping healthy people healthy number one. But we'd also like to keep our own jobs and maybe even grower clinic. And so the better care we take of our patients and the more lambs that we ordered that are necessary.

00:29:20.970 --> 00:29:50.350

Beverly Greenwald

Colon cancer screening and mammograms and PSA test when appropriate, that's really going to result in healthier patients that live longer and healthier lives. So we should all be very motivated to add here to

the best recommendations and to make that process easier. The CSC CDC has free posters and brochures and if you keep them in the patient room then maybe they can be reading about them. Between the time that the.

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Beverly Greenwald

Nurse talks to the patient, and the physician comes in to do the exam and so these are wonderful brochures that you can order to give to the patient or have hanging on the wall like these free posters. And another thing I do is they have the public service announcements and if you contact your radio station during March, is colon Cancer Awareness Month. They'll play those for free. You know they're looking to fill the air time and so it's a win for.

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Beverly Greenwald

The radio station or TV station in your community, and a win for the patients and a win for the clinics. 'cause they're going to get some benefits from having done these tests.

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Beverly Greenwald

So here are the intervals for colon cancer screening tests and it depends on which one is ordered and these are the most commonly used. The barium enema is highly uncomfortable test and so that's kind of fallen by the wayside because you have to do a prep for that. And ultimately then people have to present for a colonoscopy to take out.

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Beverly Greenwald

In findings of that. So then there's the virtual colonoscopy. Well, that's not very much used because, well, frankly, radiologists want to use their time to do interventional radiology, so the most common or the fit test, which is done annually that stool DNA test done every three years and a screening colonoscopy, is done every 10 years. Well, if there is a polyp found, then it's not called a screening colonoscopy, then it's called surveillance colonoscopy to see if.

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Beverly Greenwald

Any polyps have returned and like I said earlier, how often that would be done. If you have a massive pileup, doubt starting to invade the mucosa, man.

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Beverly Greenwald

Patient might return in a month or three months or six months to inspect the spot in. See if there's any active growth going on there, and so that's kind of out of the hands of the family practice that's determined by the Indos Capice and what they see necessary based upon how competent they are that everything is removed and the pathology report. So they might actually tattoo the spot, so it's.

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Beverly Greenwald

Easier to return to the exact same spot and inspect it, so another thing is if a patient is having

symptoms, then that's called a diagnostic colonoscopy. And people of young age is or any age having symptoms should have a diagnostic colonoscopies, so that's for symptoms not really necessarily colon cancer.

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Beverly Greenwald

So how do you get the second step accomplished? Once there's a positive fit test, so the screening is not completed until that colonoscopy is finished. So I thought this was kind of amusing if 2020 was it drink, it would be a colonoscopy prep and you hear how awful it is. And that's really more about the old fashioned drinking a whole gallon of golytely.

00:33:27.990 --> 00:33:56.900

Beverly Greenwald

And so most places do not do the golytely prep anymore, and the reason is, the miralax prep is more palatable to the patients, but I've seen people actually shopping at Walmart or whatever for their colonoscopy prep, and it's quite involved to get everything, and so if your patient is kind of on the non adherence side and.

00:33:59.040 --> 00:34:30.400

Beverly Greenwald

They need to have their prep covered by Medicare or Medicaid or insurance, then a prescription might be the easiest option. So think about that. Would they be able to afford to go to the grocery store and buy everything that they need? Or would it be better to have it all covered by their insurance in order the one stop by the gallon of golytely? So if cost is an issue?

00:34:30.490 --> 00:34:33.240

Beverly Greenwald

Then Golightly might be a solution.

00:34:33.790 --> 00:34:54.610

Beverly Greenwald

On the left hand side is what it takes to do the colonoscopy prep so that purple cap bottle. That is the miralax and it takes almost 500 grams of miralax and two bottles of the.

00:34:55.780 --> 00:35:06.310

Beverly Greenwald

What is that called? Gatorade and some places have people take a bottle of magnesium citrate or citrate and magnesium or.

00:35:08.270 --> 00:35:42.030

Beverly Greenwald

A few hours before the actual procedure, because this tool continues to move down. So to make sure people are cleaned out and when people use that kind of prep. The worst part, they say is that citrate of magnesium. So now they make it all clear and they can choose a flavor which might be helpful. Fortunately, it's not that large of a volume either, but it can be nauseating. So if you have a patient who tends to be nauseated from different medications.

00:35:42.280 --> 00:36:10.290

Beverly Greenwald

Then adding a nausea medication like the film of Zofran that dissolves in the mouth because you know when you're nauseated you might vomit it up, and the prep tends to go through quickly and not be things aren't being absorbed anymore due to the amount of the rate that the GI system is functioning that orally dissolving. Zofran is a wonderful option for patients.

00:36:11.500 --> 00:36:41.960

Beverly Greenwald

So under day of the prep there they can have clear liquids and lots of liquid, so giving the patient examples of what are clear, liquid's nothing red or purple is a good idea so that they can shop accordingly but also make sure that they do hydration drink a lot of water. This is important because the medications they get with a colon ask be dropped their blood pressures. So if people tend towards.

00:36:42.450 --> 00:37:05.340

Beverly Greenwald

Attention and painting as it is an even after the colonoscopy people sometimes go home and paint because you know they're just so dehydrated. So I always like to give the full bag of fluid when they're there for the colonoscopy and remind people to rehydrate once they get home 'cause it's quite quite the traumatic prep.

00:37:07.080 --> 00:37:37.580

Beverly Greenwald

So helping people with that prep is essential if you refer to a facility that has patient navigators, most patient navigators might take up some of your job in getting the patient ready for the prep. If patients are not properly prepped then they might have to come back another day or the procedure will be just cancelled that day without even getting it started or.

00:37:37.630 --> 00:38:08.580

Beverly Greenwald

They might not be. The doctor might not be able to see the lining of the colon as well, and then the interval to the next colonoscopy would be shorter, so they might not be so confident they saw everything and have them come back in three years instead of 10 years just over what competence they had in the prep. And that's one thing that quality and naskapis or endoscopy center does is monitor their adenoma detection rate.

00:38:08.640 --> 00:38:39.370

Beverly Greenwald

And the quality of the prep because they're poor quality prep necessitates a shorter interval, so you might see that on a report. So understand that that's the hallmark of a good endoscopy center. People who are constipated might need to start their prep a few days early by starting with some clear liquid's, so make sure that they're getting an adequate number of calories, and so that's by using lots of.

00:38:39.440 --> 00:39:03.680

Beverly Greenwald

Things like jello, an juices that have calories, plus the electrolytes and issue might be arranging the

transportation to the colonoscopy facility because they need to be accompanied by a driver, and if not then the facility is not going to allow the colonoscopy to happen and so.

00:39:05.730 --> 00:39:26.570

Beverly Greenwald

If you use the transport service, that would be OK with facility is, but a lot of facilities don't let people take a cab or Uber or something like that, so that's good to know about the facility that you intend to use. What are the transportation options that there are willing to accept?

00:39:28.000 --> 00:39:45.870

Beverly Greenwald

No, like in Fargo here we have public transportation that will take you to all hospital, but we're not going to let our patients get into a bus because of the summation. Then for their own protection they would be considered vulnerable.

00:39:47.030 --> 00:40:16.450

Beverly Greenwald

So then also if you refer to facility, sometimes they do the rescheduling for patients that don't show. Sometimes it's your responsibility, but we need to know whose responsibility is it to reschedule that colonoscopy connect with the patient and learn what was the barrier that they had that they didn't show up the first time and really work to resolve that barrier so the colonoscopy.

00:40:16.660 --> 00:40:45.070

Beverly Greenwald

Can get accomplished. They've done some studies and there's no hard and fast recommendation as to when that colonoscopy should occur, but the general consensus is within six months of a positive fit test and the sooner the better because they have shown that the longer the interval, the more pour the outcome, and so we do need to follow up and get that second step accomplished.

00:40:47.760 --> 00:41:00.590

Beverly Greenwald

So do you have any questions about how to address the specific barrier to screening that is common in your population? Does anybody have any particular question on that?

00:41:06.140 --> 00:41:19.950

Nikki Medalen

I would invite anyone to ask any questions that you have. At this time we're nearing the end of our time, but I encourage anyone who wants to ask Beverly any questions you can sure stay on for a few more minutes and I'm sure she'd be happy to answer.

00:41:22.440 --> 00:41:53.160

Beverly Greenwald

So in the chat we have Audrey saying that her facility developed an incentive program for return fit tests in collaboration with the Tribal health program. When the kid is turned in, the patient gets a \$25 gift card. That's a nice idea. Or even if you don't have that amount of money, if you enter them in a raffle to maybe get a \$25 gift card, that's a good thing, so.

00:41:53.680 --> 00:42:24.400

Beverly Greenwald

Any small token or chance of a token is going to increase the adherence and Jonathan is sharing a YouTube video for the color guard, so I don't know if that's the same option is what I included in the presentation. I know I did a survey and they offered a \$75 gift card and I actually want it. So that was kind of fun. Let's see what else we have.

00:42:25.350 --> 00:42:28.420

Beverly Greenwald

People just identifying themselves for the.

00:42:29.010 --> 00:42:30.190

Beverly Greenwald

See use.

00:42:32.080 --> 00:42:42.560

Nikki Medalen

You know one of the discussions that we had had on the phone was you had talked about. Even turning an emergency room visit into an opportunity to discuss screening.

00:42:32.270 --> 00:42:32.740

Beverly Greenwald

Yeah.

00:42:43.130 --> 00:43:13.330

Beverly Greenwald

Right, because there's a lot of people who use that as their only health care. People on Medicare and Medicaid, they don't have to pay for those ER visits. And so whenever they decide they're ready to go to the ER, there they are. And so again, it's like we're the health professionals and we know what needs to be done and what is in the best interest of our patients. So when I worked in the ER

00:42:43.770 --> 00:42:44.140

Nikki Medalen

Speak.

00:43:13.620 --> 00:43:35.250

Beverly Greenwald

treated it as a family practice clinic and talked about all the things that patients needed to hear and it was an opportunity for patient education. So anything from oral health, visit for children and vaccination visits so.

00:43:36.940 --> 00:44:08.020

Beverly Greenwald

Where the professionals share our knowledge and get people where they need to be. I've suggested that patients make an appointment in my clinic and tell them that you know you are visits like \$400 and clinic visits only \$100, and that's not of their concern since the Medicare or Medicaid pays for it. And so to them they saw a doctor. Was last time you saw a doctor? Well, they don't think of it as.

00:44:08.510 --> 00:44:38.520

Beverly Greenwald

And doctor or a complete physical, and in fact those ER visits are an opportunity to take the patient to the appointment desk and set up a time for a complete physical. Say you are too busy in the ER at that particular time. Talk to them about the importance of these screening exams and why not needs to be accomplished. So maybe you do have for some reason to do a hemocult card for.

00:44:38.760 --> 00:44:45.610

Beverly Greenwald

Blood in the stool that they're having abdominal pain and it's just part of your diagnostic work up then.

00:44:47.100 --> 00:44:57.010

Beverly Greenwald

Talk about that. Maybe it would be a good idea to do a colon cancer screen, and they could also be sent home with a fit test from.

00:44:59.040 --> 00:45:18.480

Beverly Greenwald

ER visit or set up that colonoscopy when they should have followed up in three years and now here they are, and it's been four years, so review those charts and and take care of the patients like you would might you or your family who are not health professionals to understand to be taken care of.

00:45:18.610 --> 00:45:25.120

Nikki Medalen

Second, well thank you Beverly.

00:45:25.360 --> 00:45:26.860

Beverly Greenwald

I say another thing.

00:45:28.410 --> 00:45:58.740

Beverly Greenwald

What I tell patients all the time when they show up for a colonoscopy is, you know now that the prep is done. The worst parts over and after the prep. The second worst part is starting the lvs, which is not a big deal because people who work in and Oscar B are very good at IBS when they might start 20 in a daytime. So they're very good lvs, so that's really nothing either. And patients get verse said so they.

00:45:58.820 --> 00:46:29.850

Beverly Greenwald

Generally, don't even remember the exam at all. It's like the exam literally did not happen in their minds, so that kind of reassurance is helpful. And again, if you know the prep is difficult for the patient, there's ways to make it easier on the patient, more convenient to pick up at a pharmacy or give them something for nausea. They might not be paying for any nausea medication, and so it's best to air on the side of caution.

00:46:30.050 --> 00:47:00.420

Beverly Greenwald

And give them something for nausea and maybe they won't end up using it, but you know I would say

one out of 100 patients gets nauseated. The key to not being nauseated is they give you an interval like the golytely should be. They should drink it in an hour or so, a glass every 15 minutes. Or hey, if there are nauseated, then slow it down and take a glass bowl and every half hour.

00:47:00.700 --> 00:47:12.890

Beverly Greenwald

Ann is still going to work, so I included. Here are some other resources that are helpful. There's just so many wonderful resources on that.

00:47:15.550 --> 00:47:22.600

Beverly Greenwald

Colorectal cancer roundtable. It said national program with the American Cancer Society and so.

00:47:23.990 --> 00:47:33.610

Beverly Greenwald

If you're interested in more helpful tips to get your patients where they need to be, then the round table is an awesome source to check out.

00:47:34.770 --> 00:47:45.720

Nikki Medalen

Thank you Beverly. We really appreciate your experience and your wisdom that can only come from doing this work for a very long time. You've clearly gotten to the heart of what patients are really seeking from their providers and staff.

00:47:46.700 --> 00:47:49.560

Nikki Medalen

So for the participants.

00:47:47.670 --> 00:48:17.660

Beverly Greenwald

Welcome and thank you to everybody who just bumps this up and takes it seriously and set your own goals. As to today, I'm going to talk to 100% of my patients and you know, look at it that way that I talked to 100% of my patients. I get an A plus if you don't talk to your patients about it, you know what your return rate is going to be. It's going to be 0 and think about.

00:48:17.710 --> 00:48:48.430

Beverly Greenwald

You know honestly, in family practice, adherence to the best recommendations, no matter what the diagnosis, hypertension, diabetes, opiate addiction, absolutely everything, or even taking a round of antibiotics. People are not going to be 100% adherent, it just doesn't happen. It's truthfully more like 40% on everything. So don't be too **** ** yourself if your return rate.

00:48:48.480 --> 00:49:19.130

Beverly Greenwald

Is 40% our goal is, you know, just to improve the round table has 80% in every community in through the mailed fit test, like just Mail it to everybody enrolled in the clinic every year. The Kaiser Permanente in California has had this is their priority from like 2005 or 6 and so they do mass mailings and follow ups and they get an 80%.

00:49:19.430 --> 00:49:45.830

Beverly Greenwald

Response rate is higher and so that would be one strategy is to just Mail out annual fit tests and and get them returned and then at office visits do follow ups with the people that fall through the cracks or work on getting those colonoscopies scheduled. So whatever you know, that's the Hawthorne effect.

Whatever you're going to look at.

00:49:46.560 --> 00:50:17.280

Beverly Greenwald

That's what's going to improve when it's not on your radar, you don't get any better with it, and so just keep all of these screenings on the radar, and we happen to have a population. That rural is just not as well screened as urban places. And minorities are less well screen, so knowing those types of things helps you adjust your thinking too. Hey, this is really important for my population.

00:50:17.460 --> 00:50:48.530

Beverly Greenwald

And so I am going to do my part and I'm going to have a focus on today. I'm going to be 100%, and when you do 100% then your results will follow, even if they're not at 40% or the state of North Dakota is at 68%. We do have clinics like Pull Country out and you'll I think it is. They have a very high rate over 80% because they put it as a priority.

00:50:48.630 --> 00:50:53.790

Beverly Greenwald

So prioritizing colon cancer screening does make it a real possibility.

00:50:55.660 --> 00:51:08.700

Nikki Medalen

Thank you Beverly. I know that we're over our time. I appreciate everyone staying on line. I do have the evaluation. SurveyMonkey, not monk it in the chat will also send this out following.

00:51:10.230 --> 00:51:30.440

Nikki Medalen

Following this meeting so that you will have easy access to that link. Our next call is May 20th at 9:30 and it is our final Rapid Action collaborative event and it is on measuring practice progress. So as always, if you have a need to contact us, we want you to feel free to do that with any question or concern.

00:51:31.910 --> 00:51:40.800

Nikki Medalen

Our contact information is here and you've got it in many places by now, so we thank you and hope that you have a very productive day.

00:51:44.220 --> 00:51:45.970

Beverly Greenwald

Can you percent starts today?

00:51:47.700 --> 00:51:48.290

Nikki Medalen

Awesome.