00:00:00.000 --> 00:00:29.630
Nikki Medalen
Welcome everyone to the 4th module of the Rapid Action Collaborative, this one on patient navigation. John Gardner and I are both on the call today, so if you have any questions for either of us, please feel free to ask at anytime. I do want to mention that last week we had a meeting where we went over all of the evaluations from both the first rapid action collaborative and those so far in this cohort two and we are very appreciative of everyone who completes those the the constructive.

00:00:29.690 --> 00:00:52.630
Nikki Medalen
Comments we take very seriously and will consider in our next iteration of the Rapid Action Collaborative. There's been some really helpful comments there and then. The positive comments are just really reaffirming for us that this is important information that we're sharing with you, and that is actually being utilized in your work. So thank you for those. We we appreciate that a lot.

00:00:53.690 --> 00:00:59.250
Nikki Medalen
We are going to start today's collaborative call with a pole.

00:00:59.880 --> 00:01:05.250
Nikki Medalen
So our question is, what should the top two barriers to CRC screening among your patients?

00:01:05.900 --> 00:01:07.740
Nikki Medalen
The pool is coming up here.

00:01:10.430 --> 00:01:11.980
Nikki Medalen
You can select two.

00:01:27.350 --> 00:01:29.740
Nikki Medalen
Now give that another 10 seconds or so.

00:01:38.220 --> 00:02:04.280
Nikki Medalen
Well, thank you for voting. We have a nice variation. Ball Prep was 50% and modesty and embarrassment, fear of procedure and transportation each at 17% and no one answered fear of the results are fatalism about cancer. And I'm really glad to see that. But the nice thing about this is patient navigation can resolve all of these issues. So thank you for your input and and we'll address those things in our conversation.

00:02:07.210 --> 00:02:36.880
Nikki Medalen
So we're going to start with a quote here, and this is taken from the patient Navigation Manual, which I will talk about quite a bit during this presentation. I do have a link for it at the end of of our presentation, the New Hampshire colorectal Cancer screening program replication manual, and there is

a ton of science behind this. It's not just a toolkit where they're sharing with you. Here's what we did. It worked for us. Maybe it'll work for you. There's a lot of science behind this this.

00:02:36.930 --> 00:03:06.680
Nikki Medalen
Replication manual and so I hope that you will all download it and take a look at it. It's very complete and you'll see that as we move through this presentation. So this is from Lynn Butterleigh medical doctor. He was the principle investigator in the New Hampshire colorectal cancer screening program in my many years as a gastroenterologist. Navigation is the only approach I've seen that resulted in colonoscopy completion by over 96% of patients.

00:03:07.360 --> 00:03:17.820
Nikki Medalen
Underserved low income uninsured population, many of whom did not speak English, some of whom are homeless. The importance of the work that you are doing cannot be overstated.

00:03:18.410 --> 00:03:50.170
Nikki Medalen
And I just loved that. Here was a person working with a extremely difficult population and still was able to achieve 96% cola nut, colorectal cancer screening and so if they can do it. I just think anyone can do it. There's a lot of evidence for navigation, but here you see some statistics, so 24% increase in adults up to date with colorectal cancer screen. After using patient navigators plus client reminders, an provider reminders.

00:03:50.330 --> 00:03:55.200
Nikki Medalen
And we've talked before how using multiple evidence based interventions increases screening rates.

00:03:55.830 --> 00:03:56.780
Nikki Medalen
In addition.

00:03:58.490 --> 00:04:27.610
Nikki Medalen
Patient navigators reduced knochel cancellation rates by 3%. Generated revenue that paid for two navigator salaries after only three and a half months, and they actually generated $150,000 in additional hospital revenue per navigator. Patient navigators an increased access to screening at an urban hospital center increased five year survival rates in breast cancer from 39% to 70%. Wow, that's huge.

00:04:29.510 --> 00:04:59.150
Nikki Medalen
You know when I think about how when a patient leaves the typical office visit, they just have so much on their mind, not only their agenda for the rest of their day or their week, but now they're likely needing to pick up a prescription or two there, digesting the information that was shared with them by their providers and staff there trying to figure out, you know, when they're going to fit that next test in, or you know what. What that test was for and whether or not they have a drawing or or what what they need to arrange in their own schedules. And then probably.

00:04:59.210 --> 00:05:08.560
Nikki Medalen
Coming up with all of the scenarios in their head that that test could imply. So for someone who is otherwise compromise this, this can just be overwhelming.

00:05:09.890 --> 00:05:12.340
Nikki Medalen
I thought this was an interesting little.

00:05:14.330 --> 00:05:20.360
Nikki Medalen
Perspective we have a high conversion rate. 98% of our visitors exit the site confused.

00:05:20.990 --> 00:05:36.490
Nikki Medalen
And of course, they're confused about what their responsibilities are, whether or not someone from the clinic will be calling them, how to make that next appointment with the test is actually for, and what, what? The reason, the reaction from that test might be. What will that follow up look like?

00:05:38.900 --> 00:05:45.480
Nikki Medalen
Last week we talked her last rapid action collaborative. We talked about the options that there are for colorectal cancer screening.

00:05:46.100 --> 00:06:17.190
Nikki Medalen
But perhaps understanding some of the barriers to screening can really give us a new perspective on helping them choose the right test. All screening can present some barriers, but colonoscopy obviously presents the most barriers among the colorectal cancer screening tests. We do know that it's the only test that allows for polyp removal, and it's the best test for those with increased risk, or for those who've other head other positive screening tests. So it's very crucial for us to understand and help patients overcome barriers to colonoscopy.

00:06:17.590 --> 00:06:33.510
Nikki Medalen
So we're going to go through this slide rather quickly, and these are some questions that I think once you've adopted a policy for your organization, you really should look at some of these barriers an as a team. Understand who and how.

00:06:34.680 --> 00:07:06.000
Nikki Medalen
These could be addressed in your facility and how you know how that's going to look, who to refer to in your facility, how we're going to direct those persons to maybe a medical social worker? Or maybe there's a specific nurse in your clinic that that does this. If you do not have patient navigators. And of course I would be remiss if I didn't say that patient navigation isn't for every patient we want to make sure that we're directing patient navigation services to a very select group of patients who have been pre identified.

00:07:06.110 --> 00:07:36.210
Nikki Medalen
Prescreened that and they meet a certain set of criteria, so this isn't something we do for everyone but those who are certainly at highest risk for colorectal cancer screening and those at highest risk for not completing their screening because of multiple barriers. So some of these might be a belief that the screening is not needed. We know we have a ton of medical misinformation out there these days, and colonoscopy or colorectal cancer screening is certainly among some of those topics where people are.

00:07:36.360 --> 00:07:49.950
Nikki Medalen
Are misinformed ball preparation may be unpleasant, or they're not understanding how to take the ball prep. We're going to talk a little bit more about that in our next rapid action collaborative when we talk about communication.

00:07:50.590 --> 00:08:18.550
Nikki Medalen
Challenges with child or eldercare difficulty getting time off of work for the proper. The procedure discomfort or fear of the procedure. Of course embarrassment and modesty. We've talked about that before. Fear the results are fatalism about cancer. I probably tend to be one of those people. People in my family tend to get cancer very young Anne, regardless of what treatment they have, they tend to die, and so I'm probably someone who is among this group of people who.

00:08:19.150 --> 00:08:23.050
Nikki Medalen
Put sophomore hesitates to have any cancer screening because.

00:08:25.230 --> 00:08:28.610
Nikki Medalen
I don't have a lot of trust that it can be cured.

00:08:29.840 --> 00:09:01.550
Nikki Medalen
I'm not saying that as a nurse, I'm saying that the patient and what I would tell a patient is very different than what goes through my own head, just based on my own family history geographically too. Far from an endoscopy site, that might be much more true in the very rural areas, and we're certainly notice that more on the western side of the state, homelessness of course might limit what kinds of tests you're willing to have and how you're going to pay for that. Inability to identify someone to accompany the patient home.

00:09:01.600 --> 00:09:33.630
Nikki Medalen
On test Day, lack of knowledge about colonoscopy and what it really is. Lack of knowledge about colorectal cancer and they need for screening, lack of transportation to and from the procedure. Mistrust of the medical system, whether or not they have insurance or being aware or unaware that most insurance does cover CRC screening with no out of pocket costs under the Affordable Care Act. The fact that they may not have a medical home is a huge barrier. Other priority health issues or as always, I think we've said this on every.

00:09:33.800 --> 00:09:39.450
Nikki Medalen
Meeting the provider did not recommend screening and we know that to be the number one reason people don't get screened.

00:09:42.000 --> 00:09:47.910
Nikki Medalen
Uh, some implications of the COVID pandemic on anseer colorectal cancer screening.

00:09:48.580 --> 00:10:18.400
Nikki Medalen
We know that aside from the direct impact from COVID-19 in terms of cases and deaths, there are additional health related consequences from the COVID-19 pandemic in the early stages of the pandemic, the Centers for Medicare and Medicaid Services, the American Cancer Society and and the gastroentrology associations all made the recommendation to delay non urgent procedures but very quickly as early as April 19th of 2020, it was recommended that those procedures be reopened.

00:10:18.700 --> 00:10:49.410
Nikki Medalen
But this snapshot depicts the challenges ahead due to delays in screening and misdiagnosis of colorectal cancer, and this info graph was actually done prior to June 30th of 2020, and so these challenges have just been compounded in the next six months, and I'm not going to go through this slide. But I think these are things we've talked about a more that you've seen another presentation. So just knowing that we are extremely behind in colorectal cancer screening in all cancer screenings and really looking.

00:10:49.470 --> 00:10:52.960
Nikki Medalen
For ways that we can jump, start that again and make sure that we catch up.

00:10:55.300 --> 00:11:11.380
Nikki Medalen
The national colorectal cancer Brown Table developed a playbook in June of 2020 for the purpose of reigniting that interesting colon cancer screening in general, but certainly colorectal cancer screening.

00:11:12.020 --> 00:11:43.010
Nikki Medalen
This resource provides an action oriented guide to be adopted throughout the pandemic and afterward and it aims to align colorectal cancer team members. The 80% in every community pledged partners. An CRC screening advocates across the nation to work together to reignite screening efforts appropriately safely. An equally for all communities, and they provide these four overarching messages first. We know that there are several safe and effective test to screen for colorectal cancer, including stool tests.

00:11:43.060 --> 00:12:13.890
Nikki Medalen
Hopes and CT colonography. Despite the challenges we face during the pandemic, colorectal cancer remains a public health priority and we must provide the public with safe opportunities to prevent and detect colorectal polyps and cancer. In our last module, we discussed each option. It's already been a

year since EMS updated its recommendation to encourage resumption of non urgent preventive procedures, but we're hearing in our visits with clinics that many clinics still limit chronic and.

00:12:13.940 --> 00:12:26.150
Nikki Medalen
And Wellness visits even long after April 19th of 2020. In here in North Dakota, we know that the the surge in COVID cases happened in the fall and so.

00:12:28.670 --> 00:12:45.840
Nikki Medalen
Again, just compounded that problem as proponents of colorectal cancer prevention. We should confidently reassure patients about the safety and importance of colorectal cancer screening, including the unique advantage of stool based cancer screening tests which can be completed at home. Individuals who test positive.

00:12:46.660 --> 00:12:58.250
Nikki Medalen
Or abnormal on a noninvasive stool tests have a higher likelihood of polyps or cancer. These individuals should therefore be assigned a high priority for completing colonoscopy.

00:12:59.380 --> 00:13:12.720
Nikki Medalen
Due to the availability of multiple screening test options, colorectal cancer screening does present a unique opportunity to limit pandemic related excess mortality and address health care inequities. Both caused an accentuated by the pandemic.

00:13:14.800 --> 00:13:25.360
Nikki Medalen
Our messages two and three. I'm kind of going to put together screening. Disparities are already evident and without deliberate focus are likely to increase as a result of the Cova 19 pandemic.

00:13:26.080 --> 00:13:34.270
Nikki Medalen
Efforts to promote screening in populations with low screening prevalence must be at the forefront of our focus and accelerated immediately.

00:13:35.130 --> 00:13:53.340
Nikki Medalen
The third message is for those at highest risk access to colonoscopy should be prioritized. We know that colonoscopy does remain safe and is a good option for screening, and of course it quickly reopened around the country. But identifying patients who should receive higher priority for colonoscopy. Colonoscopy screening is a critical step.

00:13:55.620 --> 00:14:24.880
Nikki Medalen
And #4 #4 pertains to overcoming the barriers and delays in screening, and notes that close collaboration with every partner in health care in the healthcare system. An critical policy. Changes will help us accomplish this critical preventive health goal, gaining momentum and reigniting screening

activities. An public messaging will be highly dependent on local regulatory requirements, public health priorities and policy change. A first requirement and reigniting

00:14:25.510 --> 00:14:55.220
Nikki Medalen
screening activities across the US is realizing that simply reopening facilities and offering screening will not be enough for patients who are already procrastinating about getting screened. These added precautions are likely to reinforce their inclination to delay screening. Secondly, another requirement for local response efforts is recognizing the need to develop new approaches in recommending in completing colorectal cancer screening. In a COVID-19 aware environment, things like Tele health and mailed fit programs, for instance.

00:14:56.010 --> 00:15:05.590
Nikki Medalen
A third consideration relates to addressing the large number of missed colorectal cancer screenings due to Cova 19. By seeking critical, an high impact policy changes.

00:15:06.440 --> 00:15:36.150
Nikki Medalen
An essential policy opportunity to 8 or recovery efforts is the elimination of financial barriers to the completion of screening, such as Co pays for patients who have biopsies during game exam that was initially ordered as a screening colonoscopy and the requirement by many insurers that a patient pay the patient pays a deductible or Co pay for colonoscopy performed following an abnormal stool test and you'll find in our newsflash at the end that we do have some relief coming for this.

00:15:37.490 --> 00:16:04.520
Nikki Medalen
Failure to define the colonoscopy following an abnormal stool test is a continuation of the screening process results in patient cost sharing hundreds of dollars in many instances and serves as a major barrier to reseat a follow up colonoscopy. Earlier this year. The North Dakota affiliated the American Cancer Society did do a webinar and encouraging the use of mailed fit. I'm not sure how well advertised it was because of the change in staff and I actually don't believe that this.

00:16:06.180 --> 00:16:17.450
Nikki Medalen
Uh, recording is still available, but I will forward that on to you in an email if it is still available. I do need to look that up today.

00:16:21.890 --> 00:16:24.180
Nikki Medalen
I don't think I set the pull up for this.

00:16:27.000 --> 00:16:27.710
Nikki Medalen
But

00:16:28.750 --> 00:16:49.980
Nikki Medalen

uh, so I'm going to just make a statement here. The CDC estimates that 68% of colorectal cancer screening desk could be avoided if all people were screened, and I think that's so important for us to keep in mind we're not talking about 10% of deaths or 20% a despot. 68% of deaths from colorectal cancer screening should be avoided. If everyone were screened.

00:16:52.430 --> 00:17:21.970
Nikki Medalen
So the New Hampshire colorectal cancer screening program developed this patient navigation replication mod mock scuse Me manual and included their logic model model cannot talk today included their logic model in their manual, and so I'm not going to go through all of this, but I want you to recognize how detailed they were with long term outcomes, including decreased colorectal cancer mortality, decrease colorectal cancer.

00:17:22.020 --> 00:17:37.880
Nikki Medalen
Incidents improved state colorectal cancer screening rates increased in early stage detection and the reducing colorectal cancer related health disparities. So I encourage you to take a look at this more carefully on your own time.

00:17:40.560 --> 00:17:46.450
Nikki Medalen
There are seven core elements that they included, they they.

00:17:48.590 --> 00:18:19.220
Nikki Medalen
In making sure that their model is followed, nurse navigators were at the very top of the list. Nurse navigators provide clinical expertise, psychosocial assessment skills, and have organizational skills to do an excellent job with patient navigation. Patient navigation, champions with clinical expertise, provide leadership, passion, charisma, an expertise in CRC screening, medical, oversight of patient of the navigation intervention.

00:18:19.410 --> 00:18:41.530
Nikki Medalen
This person overseas the details and quality of the navigation. There probably the trainer, the mentor of the communicator. They also noted that partnerships were very important to making this work. Whether that was endoscopy centers, primary care providers, pathology labs, pharmacies, transportation services, translators and more.

00:18:43.120 --> 00:19:00.230
Nikki Medalen
Navigation protocol was considered a core element. This world where there were established topics at defined time intervals which included and allowed for patient education, assessment and resolution of patient barriers, patient coaching and encouragement and very timely reminders.

00:19:01.290 --> 00:19:14.530
Nikki Medalen

Another core element was ineffective data system where patient tracking was supported. Patient care quality monitoring. Any valuation took place and then also a philosophy of shared success.

00:19:15.220 --> 00:19:15.940
Nikki Medalen
So.

00:19:17.010 --> 00:19:22.410
Nikki Medalen
In that patients were better prepared to take a more active role in their overall health care.

00:19:24.690 --> 00:19:54.540
Nikki Medalen
Navigators in New Hampshire followed established protocol to deliver 6 important topics by telephone to patients at very defined time intervals. In the screening process. This six topic protocol incorporated comprehensive patient education assessment and resolution of patient barriers, patient coaching and encouragement, and timely reminders. The content of the calls and the patient navigator relationship developed during these calls were critically important, as opposed to simply.

00:19:54.590 --> 00:20:13.910
Nikki Medalen
A number of calls it wouldn't have mattered if 20 calls would have been. Let me rephrase that. 20 calls would have been ineffective if the navigator did not cover this specific content that they included here, and if the relationship is not established between the navigator in the patient, it didn't work.

00:20:15.010 --> 00:20:20.690
Nikki Medalen
Some patients will need more calls from the navigator than others to work through the process, especially during the ball prep.

00:20:21.240 --> 00:20:38.080
Nikki Medalen
The number of calls for each topic would vary depending on the patient's ability to to understand and follow instructions. But what was most critical was that these topics were covered by the navigator. The navigator did record the details of each call in real time.

00:20:39.300 --> 00:20:40.920
Nikki Medalen
Similar to a log.

00:20:42.820 --> 00:21:03.810
Nikki Medalen
But all members of the team could access that log at any time. Each patient was given the navigators dedicated work cell phone number and could call for additional help, although this extra assistance was rarely required, the program did use text messages. An used email only for setting up a date and time for the phone call. If the patient agreed.

00:21:04.770 --> 00:21:25.510
Nikki Medalen
I don't expect that you can read these checklists, but the point of showing them to you is that this group found that a very specific set of topics were needed to be included in order for the colonoscopy to be complete, and they found very specific time frames were important to their patients, so all of these checklists and preparation requirements for the calls can be found in the manual.

00:21:28.090 --> 00:21:33.100
Nikki Medalen
Do either one of you have patient navigators in your facilities?

00:21:37.440 --> 00:21:39.590
Obrien, Lisa
We don't in our clinic here in Jamestown.

00:21:41.350 --> 00:21:42.080
Nikki Medalen
Let's say in the.

00:21:41.480 --> 00:21:45.610
+17*******11
Yeah, we don't have. We don't have anyone with that title, but.

00:21:43.030 --> 00:21:43.510
Nikki Medalen
Go ahead.

00:21:48.200 --> 00:21:50.320
+17*******11
It's a lot of it is what I do.

00:21:52.010 --> 00:21:54.390
Nikki Medalen
Yes, and I think Lisa you would say the same.

00:21:55.320 --> 00:21:57.230
Nikki Medalen
I know you work the list that you.

00:21:57.690 --> 00:21:58.730
Obrien, Lisa
Yep, Yep.

00:21:58.340 --> 00:21:58.760
Nikki Medalen
Print

00:22:00.420 --> 00:22:06.200
Nikki Medalen
so do some of these topics. Sound familiar or with this? Would it be helpful to have?

00:22:07.750 --> 00:22:10.120
Nikki Medalen
Have this information printed out in this way.

00:22:15.570 --> 00:22:16.650
+17*******11
Yeah, I think.

00:22:19.610 --> 00:22:25.860
+17*******11
Yeah, I think it could be helpful, like the first two checklists.

00:22:27.510 --> 00:22:34.230
+17*******11
Aren't really being utilized here, but the rest of it is utilized. You know, that's the part of it that I take over.

00:22:38.320 --> 00:22:44.820
Nikki Medalen
On average, for a patient with who is preparing for a colonoscopy, how many calls do you think you make?

00:22:50.750 --> 00:22:52.620
+17*******11
If I would say too.

00:22:53.720 --> 00:22:54.070
Nikki Medalen
OK.

00:22:55.350 --> 00:23:06.100
+17*******11
But I usually don't begin. Our nurses go over their prep instructions with him the day of their pre op. So I only have to reinforce it. I don't have to. It's not all brand new to them.

00:23:08.280 --> 00:23:12.310
+17*******11
So that part of it's done and then following up.

00:23:14.060 --> 00:23:22.430
+17*******11
But when I do column it's kind of link the I would say 10 to 15 minutes per patient for that pre colonoscopy questionnaire.

00:23:24.560 --> 00:23:31.960
Nikki Medalen
And I imagine that you also have some patient education, some something hands on that they can take home with them that they also have to read.

00:23:33.080 --> 00:23:35.570
+17*******11
Yep, they get that at their pre op appointment.

00:23:36.800 --> 00:23:38.340
+17*******11
With their prep instructions.

00:23:36.940 --> 00:23:37.300
Nikki Medalen
Great.

00:23:39.260 --> 00:23:39.890
Nikki Medalen
Thank you.

00:23:44.250 --> 00:23:57.070
Nikki Medalen
So we're really not asking that you run out and start a navigation program tomorrow, but we do encourage you to download that New Hampshire patient navigation replication manual and consider some of the ideas in it with your team.

00:23:57.780 --> 00:23:58.450
Nikki Medalen
Uhm?

00:23:59.200 --> 00:24:12.070
Nikki Medalen
Some of those might be really applicable within your clinic, others may not, but just consider how you could take that navigation protocol and use it to develop, and you maybe even just in new education tool.

00:24:13.260 --> 00:24:45.230
Nikki Medalen
So with this comparison study and they don't have the link for this on here I I will find that the the results of this comparison study showed that navigated patients were eleven times more likely to complete a colonoscopy than non navigated patient. So excuse me this does this is from right within the replication manual. This is an infograph shared in that manual. There were 40 times less likely to miss a colonoscopy appointment in six times. More likely to have an adequate ball prep.

00:24:45.520 --> 00:25:01.450
Nikki Medalen
On navigated patients, and I think, for those who are always worried about the money. Part of the

money aspect of this, just consider how much more revenue that would bring to your clinic. So it may be worth the time and effort to put into a patient navigation.

00:25:03.910 --> 00:25:32.570
Nikki Medalen
Some of you are also participating in the age friendly health system work that's being done in our state. This framework is certainly not as detailed or intense as patient navigation, but it does provide a really nice tool for thinking about what might be important topics to discuss with the patient in regard to colorectal cancer screening. So when we'll start with what matters if you're if you're familiar with the forums framework or the age friendly framework, what matters? Medications, mentation, and mobility.

00:25:32.680 --> 00:25:50.220
Nikki Medalen
Are discussed in in every visit, So what matters here? We've learned that having a choice about what kind of test understanding the pros and cons and getting a clear instruction of how to complete their chosen test.

00:25:51.690 --> 00:26:19.460
Nikki Medalen
Understanding the risk factors and so forth. Medications we know that colonoscopy consider consideration of alterate altering or stopping meds before the procedure and resuming following the procedure should be talked about. That would include blood thinners, diabetes medications, iron supplements, prescription pain meds. Of course, we do not want to be stopped, but many patients do believe that they should, and so we just need to remind them that they don't.

00:26:20.980 --> 00:26:29.620
Nikki Medalen
Color of course. The Colon prep instructions being very, very clear about what that might look like, and again, we're going to be talking about that in our next.

00:26:31.670 --> 00:26:33.030
Nikki Medalen
Rapid action collaborative.

00:26:34.200 --> 00:26:39.720
Nikki Medalen
Mentation there isn't an article by Doctor Nandy.

00:26:41.110 --> 00:26:51.750
Nikki Medalen
The three biggest fears about getting a colonoscopy and those include that it's going to be embarrassing. It's going to be painful or afraid to get the results, and so having that discussion up front with patients about.

00:26:52.550 --> 00:26:59.830
Nikki Medalen
Why they don't need to be embarrassed that you know how? How that is handled, how how they can be reassured.

00:27:00.960 --> 00:27:15.080
Nikki Medalen
About that colonoscopy and dementia, we know that where patients are over 75 years old and they are determined to have less than 10 years to live, colonoscopy is not.

00:27:15.650 --> 00:27:24.640
Nikki Medalen
Recommended as CRC screening in general is not recommended, but for patients with dementia, experts agree that colonoscopy is.

00:27:25.300 --> 00:27:26.430
Nikki Medalen
Not recommended.

00:27:26.980 --> 00:27:27.810
Nikki Medalen
And really

00:27:28.990 --> 00:27:46.710
Nikki Medalen
should be. We should really look at whether or not even a stool test is recommended for patients with dementia simply because of the complications of of trying to have that patient complete a stool test. Who is going to help them with it? And even whether or not?

00:27:47.980 --> 00:28:07.190
Nikki Medalen
When we know the answer, what are we going to do with those results? If if we're not planning to treat, then we probably don't need to do the test and then about mobility. So what special instructions might be needed to prepare someone with limited mobility? Maybe they are at risk for falls, or maybe they need an assistant.

00:28:08.820 --> 00:28:14.000
Nikki Medalen
The transportation or a driver the day of their their colonoscopy.

00:28:16.760 --> 00:28:44.640
Nikki Medalen
Another opportunity to do some health coaching or begin the process of patient navigation is at the annual Wellness visit where we can encourage individuals to take an active role in accurately assessing and managing their health and consequently improve their well being quality of life. This refocusing on an individual's active role in health care is accomplished by evaluating beneficiaries current health and Wellness behaviors followed by advice and counsel on ways to become healthier and remain healthy for as long as possible.

00:28:46.600 --> 00:28:49.100
Nikki Medalen
And we've already talked about a few of these.

00:28:50.500 --> 00:28:54.470
Nikki Medalen
Are there any lessons learned that you would like to share about patient navigation?

00:29:04.950 --> 00:29:17.340
Obrien, Lisa
I can say I do annual Wellness visits here, so I do a lot of talking about their screenings in their colonoscopies and and stuff during those visits so.

00:29:18.020 --> 00:29:19.390
Obrien, Lisa
We do talk about that a lot.

00:29:20.630 --> 00:29:21.240
Nikki Medalen
Thank you.

00:29:24.490 --> 00:29:28.470
Nikki Medalen
So I want to make sure that you know about a couple of.

00:29:29.370 --> 00:29:36.560
Nikki Medalen
Fairly new items. The meta care loophole Bill was passed in December of 2020.

00:29:38.130 --> 00:29:57.180
Nikki Medalen
The passage of the Affordable Care Act in 2010 enabled seniors on Medicare to get a no cost screening colonoscopy. However, the loophole in the law meant that if polyps were removed during the procedure, the patient would receive an unexpected charge. So over the years, some private insurers remove this charge, but.

00:29:58.020 --> 00:29:58.410
Nikki Medalen
Ah.

00:29:59.970 --> 00:30:21.880
Nikki Medalen
In order to change, change the meta Care Law Congress needed to act, and so there will be a gradual phase out of the out of pocket cost over time rather than removing it immediately, which is a little bit of a disappointment, but it is certainly a step in the right direction, so patients will be responsible for a decreasing Co insurance with the cost being completely phased out by 2030.

00:30:23.590 --> 00:30:44.540
Nikki Medalen
Another news flash is that as of May 18th, so just a couple of weeks ago, the US Preventive Services Task Force updated its colorectal cancer screening recommendation to lower the screening age from 50 to 45, and you may be aware that there is a national colorectal Cancer Roundtable webinar.

00:30:46.160 --> 00:31:09.720
Nikki Medalen
Explaining the implications for this change on Monday next Monday, June 7th from 12:00 to 1:00 Eastern Time. So that would be 11 to 12 central time and you can see there what the points of discussion will be. I will encourage everyone of you to sign up for this and John. Can you put the link in the chat for this meeting?

00:31:10.780 --> 00:31:11.860
Nikki Medalen
Or maybe you already have.

00:31:18.760 --> 00:31:33.980
Nikki Medalen
And finally, some resources for the journey ahead. The national Colorectal cancer playbook. New Hampshire patient navigation model replication manual are both on our screen.org website. They'll also be linked in the.

00:31:35.700 --> 00:31:44.730
Nikki Medalen
PowerPoint that you see here. I wanted to make sure that you knew about the fightcolorectalcancer.org website that is more of a.

00:31:48.090 --> 00:32:07.390
Nikki Medalen
Advocacy group I guess you would say they're the ones who worked really hard to get that Medicare change, and so there's a lot of great resources there, specially for patients and families, but also for provider. So just want to make sure that you're aware of that and and look doctor Nandy's. Three biggest fears article is also linked here.

00:32:08.910 --> 00:32:29.190
Nikki Medalen
Some next steps I really encourage you to have a team meeting where you discuss the barriers that are common among your patients and see how many of those can be resolved within your organization. Sometimes it feels like the four walls of your hospital just weren't set up to address some of these, which is why we need community partners, and I think.

00:32:31.550 --> 00:32:36.830
Nikki Medalen
It by my background in public health makes me understand or believe that there is always someone.

00:32:37.650 --> 00:33:09.290
Nikki Medalen
Who can resolve that problem within your community if they're just asked? Sometimes it's hard to see the needs that are in the community. If nobody brings them up to those groups, so I encourage you to reach out to partners in your community to help you resolve some of those problems. Also, discuss with your team who might be the most appropriate patients for navigation services, so so you're not working the whole list, but maybe a piece of that list of your eligible patients who.

00:33:10.320 --> 00:33:23.140
Nikki Medalen
Need the most support in order to get those services completed. And of course we have the evaluation. If you would please complete that and John if you would put that in the chat.

00:33:23.750 --> 00:33:54.130
Nikki Medalen
I want to remind you that our next call will be June 16th at 12 noon. We will have a guest speaker, Beverly Greenwald. You may be familiar with her. She is a family nurse practitioner in Fargo who has been working with colorectal cancer for about 30 years and there is just nothing she's not willing to talk about. We're titling this crappy communication with a pun intended. She is very comfortable talking about colonoscopies, stool tests and giving patients instructions, so I highly encourage you.

00:33:54.400 --> 00:34:19.160
Nikki Medalen
To have your nursing staff I Caroline, I know you mentioned that your your nursing staff are who are giving those instructions and really opening this up to to anyone who is giving patient instructions about stool test, colonoscopy, Cologuard, whatever your facility is using please have them attend this or of course the recording will be available.

00:34:20.680 --> 00:34:22.250
Nikki Medalen
As always, this is our.

00:34:23.690 --> 00:34:25.160
Nikki Medalen
Contact information

00:34:25.910 --> 00:34:30.270
Nikki Medalen
before we close. Does anyone have any questions or concerns they want to share?

00:34:35.730 --> 00:34:37.010
+17*******11
I do not know.

00:34:38.260 --> 00:34:44.880
Nikki Medalen
Alright, well thank you for joining today. I appreciate your time and we hope you have a very productive rest of your day.

00:34:47.450 --> 00:34:48.470
+17*******11
Thank you guys.

00:34:49.570 --> 00:34:50.250
Nikki Medalen
You're welcome.

00:34:50.780 --> 00:34:51.880
Obrien, Lisa
Thanks, have a good day.

00:34:52.500 --> 00:34:53.040
Nikki Medalen
You too.