00:00:00.000 --> 00:00:31.220
Nikki Medalen
Welcome everyone to module five of the Screen Rapid Action Collaborative. If you have not muted yourself, I would encourage you to do so. If you're not going to be speaking, but we also encourage you of course to unmute yourself at any time that you have a question or concern. We are fairly informal here as we get started. We would appreciate it if you would enter your name, title and facility in the chat. And if you are in a room where there are multiple people with you, if you would enter their names as well as.

00:00:31.280 --> 00:00:41.930
Nikki Medalen
We will need to have that list in order to provide the ceu's. We have a guest speaker today, so I want to get started right away so that there's time for questions at the end of the presentation.

00:00:44.440 --> 00:01:12.380
Nikki Medalen
Uh, I first met Beverly Greenwald through the North Dakota Colorectal Cancer roundtable. An I knew immediately that I wanted to invite her to be a part of our rapid Action Collaborative series. So I called her in January and made this request, and we visited for nearly an hour an I wrote down a lot of the things she said at that time, but when I look back at my note, this quote stuck out and that is the one you see on your screen. People are dying of embarrassment or ignorance and it's just completely unnecessary.

00:01:12.950 --> 00:01:19.760
Nikki Medalen
So I'm totally delighted to have her with us today. I think she has such practical information and she is so.

00:01:21.420 --> 00:01:44.030
Nikki Medalen
Just passionate about colorectal cancer screening. She is a family nurse practitioner and in nursing professor at Angelo State University. She's assisted with colonoscopies since 1989 and has followed 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 turn it over to you.

00:01:45.220 --> 00:02:16.230
Beverly Greenwald
Alright, thank you for this opportunity to help everybody get their screening numbers up in North Dakota. Few years ago, one the national award from the American Cancer Society for the Most Improved state for colon cancer Screening, an R number was 68% but a few years ago is under 50%. So we've made great progress. But there's a lot more to be done because there are actually clinics that are in the 96% range.

00:02:16.870 --> 00:02:36.130
Beverly Greenwald
The round table has a goal of 80% in every community, so I hope you'll take these tips into action and try

to get your community up to 80%. There are several reasons for it, and it's just a simple way to save lives and a lot of.

00:02:37.430 --> 00:02:47.700
Beverly Greenwald
Insurance or CMS is looking at your numbers and can be at clinic priority and so these are ways that you can improve the success in your clinic.

00:02:48.740 --> 00:02:51.760
Beverly Greenwald
So shall I take control Nikki or you wanna?

00:02:51.390 --> 00:02:53.190
Nikki Medalen
Yes, go ahead and take control.

00:02:53.500 --> 00:02:54.150
Beverly Greenwald
OK.

00:02:58.960 --> 00:02:59.450
Beverly Greenwald
K.

00:03:02.240 --> 00:03:29.420
Beverly Greenwald
So a common method of screening is the fit test, and so this is a highly specific and accurate test for colon cancer are better than the mammogram is for breast cancer, so we're lucky to have that and is also very inexpensive, so if you use this in your clinic then you can print a guide like this one to show the patients what to do so they have a take home visual.

00:03:30.310 --> 00:03:59.890
Beverly Greenwald
It's important to remind them to get back as soon as possible. The test is requires no refrigeration or anything, and so they just need to record their name, date and time of collection because it cannot be held indefinitely because that delay would affect the accuracy of the results. So while you're talking to the patient about these directions, these are some tips to do while the patient is still.

00:04:00.160 --> 00:04:26.370
Beverly Greenwald
In the office, and so get a feel for when do they have Bal movements. So a lot of people think people have bowel movements daily, but in fact some people might only once every five or seven days. So the longer the duration between Bal movements, the more important it is to emphasize the collection and to have this kit available wherever they typically have their bowel movements.

00:04:26.950 --> 00:04:34.160
Beverly Greenwald
So also on the package that they get. Then you can include.

00:04:35.820 --> 00:05:06.770
Beverly Greenwald
Your contact information so they can contact you with questions, but set a time frame for when this is going to be returned. Make an agreement as to when they will collect it and the date they'll return it. Make sure there are mail address is up to date in case they need to have another kit sent. Get the correct phone number in case you have to do a follow up phone call to prompt them to get that sent in. Provide a video link.

00:05:06.820 --> 00:05:08.100
Beverly Greenwald
To the directions.

00:05:08.900 --> 00:05:13.300
Beverly Greenwald
And do what you can to ensure success from the get go.

00:05:14.340 --> 00:05:44.900
Beverly Greenwald
A lot of times the labs distribute. These tests are not given to patients by the providers in this is to ensure proper record keeping and they might come in and do fasting labs and then get this kit at the same time and so they develop this poop on demand procedure where people are there first thing in the morning when a lot of people have their first ball movement of the day, and so they're actually able to collect the specimen before they leave the clinic. Don't even take it home.

00:05:45.260 --> 00:05:54.330
Beverly Greenwald
So that's a good way to really help. Make sure that the test is returned by never letting it leave the clinic so.

00:05:58.720 --> 00:06:28.120
Beverly Greenwald
The package provides a piece of paper and that's intended to lay on top of the stool water so that the stool be floating in. Available for specimen collection, but sometimes by the time people put that paper down and everything. The urge to have a ball movement passes or the paper sinks or something like that. And so that's sometimes an obstacle for people collecting it as if there is a sacred way to collect the stools specimen, but.

00:06:28.180 --> 00:06:56.930
Beverly Greenwald
Really, there's not. There's a lot of ways to do it, like scooting forward on a long gated toilet so that the stool falls right on to the porcelain. Or to put a large amount of toilet paper on the toilet water so it collects on top of the toilet paper. Or you can even go so far as to turn off the water to the toilet, flush the toilet, and now the toilet bowl is dry and easily collecting the.

00:06:57.780 --> 00:06:58.670
Beverly Greenwald
Sample.

00:06:59.250 --> 00:07:09.720
Beverly Greenwald
And people used to use coffee cans, yogurt, containers, paper plays, anything to collect the specimen and then collect the specimen from there.

00:07:10.460 --> 00:07:11.150
Beverly Greenwald
So.

00:07:11.200 --> 00:07:23.670
Beverly Greenwald
And if they do insist on using paper, then give them your number so they can contact you for a new kit, or if they have any questions about the collection.

00:07:27.770 --> 00:07:41.750
Beverly Greenwald
The important thing with the fit test is in this green toothpick kind of thing. I described that as a tooth back. It's got some spirals on the tip of it. Those grooves are how deep into this tool this.

00:07:42.850 --> 00:08:07.230
Beverly Greenwald
This two techniques to be inserted to collect sufficient sample for the test, and then they simply reinsert it into the bile shake, put their name, date and time on there an wrap it in the absorbent paper. Put in the biohazard bag and put it in the mail, hopefully with the postage paid envelope to help get the specimen back in a timely manner.

00:08:10.210 --> 00:08:19.340
Beverly Greenwald
Is important for people to understand why they need to complete this test is the most preventable treatable and beatable cancer that we have.

00:08:20.370 --> 00:08:39.990
Beverly Greenwald
An yeah, it's the number 2 cause of cancer death, so that's just like a oxymoron so far apart. You don't have to die from this, but it's number 2 and it's because people aren't talking about it. So being frank and talking about it helps the patient understand that they do need to return it.

00:08:41.020 --> 00:09:11.190
Beverly Greenwald
So it says on here if you're 50 and older, get tested, so that's probably what insurance is covering at this point. However, in 2018, the American Cancer Society drop the age to 45. The American College of Gastroenterologists had 45 for heavy smokers, obese people and African Americans years ago 2009. But now they have it as 45 and also most recently in March I believe.

00:09:11.330 --> 00:09:42.960
Beverly Greenwald
The US Preventive Services Task Force also dropped it to 45, which is significant because that is what directs what Medicare and Medicaid will covered. See Ms and so once they start covering something,

then the private insurance companies will follow. But we have to get the message out. So even if your patients are approaching 45, it's time to start talking about it because people tend to procrastinate and that's going to be a lot of work for us to do to catch up with that age.

00:09:43.010 --> 00:10:04.950
Beverly Greenwald
45 to 50 population when the time arrives, but even if it's not covered, these kits cost $22.00 out of pocket, so that's not an exorbitant amount an compared to before the pandemic. That's $10 thing is doubled in price in the last year or so of that price stayed the same. It's still a bargain.

00:10:07.780 --> 00:10:11.290
Beverly Greenwald
The average Oh no, like it's something and now my.

00:10:13.250 --> 00:10:15.440
Beverly Greenwald
Everybody is on my screen and not the.

00:10:16.040 --> 00:10:19.790
Nikki Medalen
I can bring it back up Beverly. Grab it here.

00:10:17.910 --> 00:10:18.550
Beverly Greenwald
Yeah.

00:10:19.640 --> 00:10:21.260
Beverly Greenwald
PowerPoint, thank you.

00:10:31.320 --> 00:10:32.980
Nikki Medalen
Then we'll just advance.

00:10:33.980 --> 00:10:35.590
Beverly Greenwald
This one slide 10.

00:10:37.780 --> 00:10:39.590
Nikki Medalen
There you go and you can take control again.

00:10:39.000 --> 00:10:40.390
Beverly Greenwald
Thank you so much.

00:10:41.090 --> 00:11:01.430
Beverly Greenwald
So the provider recommend recommendation is the major factor as to why people get screened. So the

power of what we say an in clinic is incredible. So please be talking about it and that will help get our patients on board.

00:11:06.660 --> 00:11:34.490
Beverly Greenwald
One of 20 people gets colon cancer, but I did a study and if you ask people to talk about it with their friends and family that they want to keep on average, you'll talk to about three people. So when you talk to one person and ask them spread the word you know, talk to four people, and when the odds are one out of 2020 / 4 is you only need to talk to five people before you access somebody who really needs this information because they will get.

00:11:34.560 --> 00:11:38.780
Beverly Greenwald
Colon cancer, so that's a tip is to help.

00:11:39.930 --> 00:11:43.220
Beverly Greenwald
Get your patience to share this message.

00:11:45.650 --> 00:11:47.510
Beverly Greenwald
Sometimes people don't really.

00:11:48.120 --> 00:12:11.900
Beverly Greenwald
Have such concern for themselves and then you have to invoke the do it for your friends, do it for your kids, your extended family, your future. It's really sad to see people live their life and work so long and hard and then retire and die within months from colon cancer which has been brewing inside of them for 10:15 and 20 years.

00:12:14.240 --> 00:12:15.970
Beverly Greenwald
So that's the strategy to try.

00:12:17.230 --> 00:12:47.600
Beverly Greenwald
We're still here is, but I'm not having any symptoms. Well, there are no symptoms with early cancer, colon, cancer, and so going by symptoms is not what we should be doing. In fact, when people wait for symptoms and I have them listed here, these are late signs of cancer. People presented the ER with Constipation and sometimes they die within a month, and so that's how bad the cancer is before symptoms make them present to a health care provider.

00:12:47.940 --> 00:13:18.660
Beverly Greenwald
One of the symptoms is blood in the stool. Only 25% of people will talk to their doctor about blood in her stool, and it's easy to pass it off as hemorrhoids. I actually worked with the nurse to pass it off as hemorrhoids working in endoscopy. So if nurses who should know better do that, then imagine the

average patient and specifically ask about blood not only in the stool but anywhere else because those are bad signs for cancer when patients do have these symptoms regardless of the age.

00:13:18.930 --> 00:13:48.780
Beverly Greenwald
They should have a diagnostic colonoscopy to see what's going on. A sad state of affairs is that we have an increase in early onset colon cancer, so keep a high index of suspicion when a patient has these issues that it could be colon cancer and even teenagers could have a familial cancer and need to have their entire colons removes. So don't be so quick to pass off the thought that patients complaint could be colon cancer.

00:13:49.010 --> 00:13:52.030
Beverly Greenwald
When they're under 45 or 50.

00:13:55.320 --> 00:14:21.930
Beverly Greenwald
The nice thing about colon cancer is it takes so long to evolve and they start as tiny polyps which grow larger over time. Eventually they start to bleed and this blood is what is used to be detected in the stool tests, and so there's a variety of other reasons we could have blood in the stool, but this is one of them and we need to do colonoscopy to see if there are bleeding polyps and figure out what's going on.

00:14:22.330 --> 00:14:23.780
Beverly Greenwald
If there is a polyp.

00:14:24.490 --> 00:14:29.320
Nikki Medalen
I'm going to interrupt you quickly. I don't think our slides are advancing. Did you take control?

00:14:30.640 --> 00:14:32.850
Beverly Greenwald
Take control OK yes?

00:14:32.830 --> 00:14:33.510
Nikki Medalen
Thank you.

00:14:33.660 --> 00:14:36.430
Beverly Greenwald
I'm advancing in here. Thank you for finding that out.

00:14:37.140 --> 00:14:38.040
Beverly Greenwald
Ann

00:14:38.750 --> 00:15:09.580
Beverly Greenwald
so this is how during a colonoscopy the scope is used to insert a snare which is just a wire that can be

connected to Kotori, and if it's larger pool up like a centimeter or larger than actual blood vessel will grow in there. There's you know like artery going into these well you get artery feeding something then you're getting lots of nutrition and they're going to grow quickly and so that artery needs to be.

00:15:09.630 --> 00:15:22.880
Beverly Greenwald
Carter eyes to prevent bleeding after the procedure, but you know, it's just like putting a piece of string through butter. It cut it off. It's so simple. If we could get in there and look for these polyps and remove them.

00:15:23.470 --> 00:15:43.130
Beverly Greenwald
So this is another view of what we would be doing to remove a polyp during a colonoscopy, so the colonoscopy is the second step if any stool test is ever positive, you don't ever repeat the test, it has to be done on spontaneously pass stool and so.

00:15:44.410 --> 00:15:45.430
Beverly Greenwald
The goal is.

00:15:46.340 --> 00:15:56.560
Beverly Greenwald
To find out if there is a pilot and remove it, we don't know which polyps turn to cancer. All of them do not turn to cancer, but at this point we have to remove all of them.

00:15:57.740 --> 00:16:23.350
Beverly Greenwald
So starting with the thank you is important because you know, thank them from their family friends. All of the providers at the clinic, and people that care about them and that the follow through and completing this test is essential. An incredibly important and so. Starting there you can make the process go very smoothly with every patient.

00:16:24.720 --> 00:16:50.890
Beverly Greenwald
So when the results are not returned by the anticipated date, we should keep a log of what tests have been ordered and allow a reasonable amount of time and then contact the patient to see what's going on. Maybe it's a lack of understanding or they forgot, or they lost the kit all kinds of reasons, but find the barrier an help remove the barrier so that they actually complete their screening.

00:16:52.920 --> 00:17:23.480
Beverly Greenwald
We all know that non adherent patients and tracking these is essential because the job is not over until the paperwork is completed and so that paperwork would be the results of a colonoscopy if necessary. So when tip for addressing the nonagenarian patient is the use of color guard which you've seen advertised on TV, this is the content of color guard, which is a stool DNA test and so.

00:17:23.770 --> 00:17:50.130
Beverly Greenwald

This bracket and the bright in the right upper hand corner and that goes across the toilet bowl and the sample container to the left fits inside that circle and they actually pass the specimen right into their minimum of 30 grams or basically three films worth would be the amount that needs to be for this test. We also shouldn't be too full because the.

00:17:51.160 --> 00:18:20.690
Beverly Greenwald
Biol of preservative which you see in the bottom right hand corner, needs to be able to cover this specimen, but this kit also includes you'll see two between the container and the bracket is another fit test, so it's a dual test where they have the fit test. Plus they do analysis of aberrant DNA and so the good thing about the Cologuard test is they.

00:18:20.740 --> 00:18:22.910
Beverly Greenwald
Provide a lot of resources.

00:18:23.480 --> 00:18:31.710
Beverly Greenwald
And that includes patient navigators, so maybe some of your clinics have patient navigators or health coaches which help.

00:18:32.270 --> 00:18:43.760
Beverly Greenwald
Baka patient through a process, and that's their entire job, is to ensure adherence with different populations of patients like diabetics, an SEO pedion

00:18:45.390 --> 00:18:53.320
Beverly Greenwald
CHF patients, but if you don't have that luxury then this is a good method to use.

00:18:54.070 --> 00:19:24.430
Beverly Greenwald
So this test is about $600, so substantially more expensive, but it's covered by insurance. And see Ms and eventually the patient has a zero out of pocket cost. So for the patient there is no different. But for the provider it can be a vast difference or for the obtaining results it can be a vast difference that $600 is divided over the course of three years, because this is every three year test, while the fit test.

00:19:24.480 --> 00:19:34.940
Beverly Greenwald
Test is done annually, so the Color Guard provides this video and so many resources for making sure that the results happen.

00:19:36.760 --> 00:20:05.260
Beverly Greenwald
So, and the reason for that is they don't actually get paid anything until the results are available to the provider and they can build the insurance companies so they do their very best to make sure that the patient is adherent and that can be a real win for it clinic, especially if there's some sort of penalty associated with the colon cancer screening numbers.

00:20:06.460 --> 00:20:39.190
Beverly Greenwald
So because of the importance of this screening test in the prevalence of colon cancer and the fact that we do have clinics that are in the 90% success, I hope that you all make colorectal cancer screening your routine. If you think about it, at every office visit an confirmed that the patients are up to date on their screening and also provide some of these free resources from the CDC. They have brochures and pamphlets and posters that you can.

00:20:39.240 --> 00:20:58.550
Beverly Greenwald
Put in the exam room so that patients can read about it, so if they don't read it before you come into the room. If you have to go out or wait on a lab or something that gives them something to do while they're waiting, and that coupled with sharing the message can really help get your numbers up in your clinic.

00:21:01.820 --> 00:21:33.470
Beverly Greenwald
These are the intervals for colon cancer screening. If the screening is done by colonoscopy, which is considered to be the gold standard and a lot of people will poo poo on anything but the colonoscopy. The reality is there are no perfect tasks and there are folds in the colon. Called has treanda. Polyps can hide behind there and so they column interval cancers where people develop colon cancer after a negative screening exam. It's also highly dependent on the.

00:21:33.890 --> 00:22:04.180
Beverly Greenwald
Efficacy of the preparation and so polyps can hide behind any residual stool and they did a study on back to back colonoscopies by some of the best pulling naskapis in the country and there was a 26% miss rate rolling the patient from one room to the next immediately. So don't use the false sense of security that the colonoscopy is the best test.

00:22:04.460 --> 00:22:34.410
Beverly Greenwald
Because in reality that annual fit test has just as good outcome for saving lives and preventing colon cancer because of how colon cancer develops an what we know about it. People might have a negative mammogram one year and breast cancer the next year, and it's like literally there overnight, but colon cancer because it starts as those polyps takes.

00:22:34.470 --> 00:23:05.620
Beverly Greenwald
About 10 years to develop an even, you know if it's in the polyp itself, it takes awhile to get through the mucosa and certainly to metastasize. So eventually that fit tests will turn positive. And if we act on it with those colonoscopies then we will intervene in a timely fashion and so the exact time of that follow up colonoscopy well, the sooner the better. So other ways that we can.

00:23:06.250 --> 00:23:16.360
Beverly Greenwald
Yet patience to be screened are too, if the prep is a barrier, they can't go out and buy all of these golytely prep, I mean.

00:23:19.150 --> 00:23:36.350
Beverly Greenwald
Gatorade Prep then write a prescription, if they're nauseated, give them a prescription for nausea, but finishing the prep and showing up with the driver is going to be ascential, so transportation could be an issue, and.

00:23:38.010 --> 00:23:49.880
Beverly Greenwald
If you prefer to clinics that used navigators, that takes a load off of you, which is helpful, and it's a win for them because canceled cases are money for their business, so they don't really want to have that.

00:23:50.430 --> 00:24:20.070
Beverly Greenwald
So be sure to watch for those colonoscopy results and do the appropriate follow up. If people do have follow-ups, it depends on the pathology as to when the next colonoscopy should be done and so that is determined by the endos capice and they do send out those letters so that it's not just for every 10 years. If they have a polyp then the timeframe changes dependent on what their pathology is.

00:24:21.510 --> 00:24:45.480
Beverly Greenwald
So those are some great tips to help you increase your numbers in your clinic. So now we'll do a little discussion and do you have questions about how to address this specific barrier to screening that's common in your population, or anything in particular you want to know about how to motivate your patience?

00:24:53.070 --> 00:25:03.430
Nikki Medalen
I welcome anyone to ask any kind of question that that they have, uh, there's a couple of coming to my mind. I know in the past, Beverly, we've had a conversation about.

00:25:04.860 --> 00:25:19.040
Nikki Medalen
The missed opportunities in in clinic visits and one of the things that you've talked about is using even the emergency department as an opportunity to talk about colorectal screening. Can you elaborate a little bit on that?

00:25:19.850 --> 00:25:34.960
Beverly Greenwald
Right see we know where family practice setting is for an. Yet the patient doesn't know the difference between an emergency room, they just think doctor like. I worked in an urgent care center and people would come in with heart attacks and stabbings.

00:25:36.380 --> 00:26:04.790
Beverly Greenwald
They just want to get to a medical facility, so even if you're seeing a patient in the ER or any type of walk in visit sinus infection, those are good times to talk about. All of these health issues. Or better yet, walk

them to the registration desk and have them set up an appointment for a complete physical because we never know what's going to be brewing under the surface. The analogy I make is you take your.

00:26:05.060 --> 00:26:35.380
Beverly Greenwald
Card to the auto mechanic to have your oil change because your oil change light comes on and what do you know? Are you a mechanic? Will know you're not a mechanic so you have to trust them to guide you for safe driving. In that car. You don't want to drive a car without brakes. You would not appreciate it if they had your car up on a lift and they're changing the oil, which is all you ask them to do an they're looking around and they say is brake shoes are totally gone now.

00:26:35.520 --> 00:27:05.570
Beverly Greenwald
I hope they will be able to stop when they get in the garage when they get home, that would be unconscionable for the mechanic to let you drive out of there was such bad breaks, but think of the things that could be brewing in our patience and it would be our job as the knowledgeable professionals to guide them to the best care. So anytime that we access a patient is a good time to get them on a better path to health, not only for calling cancer screening but.

00:27:05.860 --> 00:27:10.590
Beverly Greenwald
Other screenings and preventive care, like controlling blood pressure.

00:27:14.810 --> 00:27:17.740
Beverly Greenwald
Did anybody have any great tips for?

00:27:18.970 --> 00:27:25.740
Beverly Greenwald
Making sure patients complete the tests in addition to what we have, I'm sure there's been a lot of persuasion gone out.

00:27:37.310 --> 00:27:57.500
Nikki Medalen
Not hearing any. I just recently read an article on Split Prep and I really had never heard that talked about much before. Do you have any opinion on on that? The article just spoke about how the prep was split between the day before and the morning of their test.

00:27:57.770 --> 00:28:00.590
Beverly Greenwald
Right, because you know you're a sapaga's.

00:28:00.640 --> 00:28:22.990
Beverly Greenwald
And now in two years, they'll make is a couple of feet, maybe, and then your small intestine is 23 feet. The colon itself is only five or six feet, and so even if things start to come out clear, then the medication is making its way through that small bowel and so.

00:28:24.520 --> 00:28:43.010
Beverly Greenwald
It still has some even after the stool has become clear, so they do the split prep so that you have another dose coming through, and you know when you clean the scope, you flush with water and then you flush with air and that air flush is what actually purges.

00:28:43.690 --> 00:28:48.620
Beverly Greenwald
Uh, that contents out of the scope better than the liquid flesh.

00:28:49.630 --> 00:29:01.820
Beverly Greenwald
So that split Pep Prep really helps propel the contents from the small balls, so you actually end up with a clear colon at the time of the exam.

00:29:02.460 --> 00:29:08.230
Beverly Greenwald
So, but people who are constipated, they might need to have a few days of.

00:29:10.150 --> 00:29:27.590
Beverly Greenwald
Clear liquids and so older patients who just have overall slowing of the nervous system. You know, older people are constipated diabetics, people with other nervous disorders, people who are immobile.

00:29:28.290 --> 00:29:58.630
Beverly Greenwald
They tend to be more constipated, and so, uh, longer prep is necessary because if you don't have a good prep, you don't have good visualization and a lot of polyps can be hidden, and that's where we get these interval cancers, which are cancers that develop shortly after a negative colonoscopy. So good clinics will evaluate the quality of the prep and recommend earlier repeat screening.

00:29:58.680 --> 00:30:26.140
Beverly Greenwald
Yes, the prep is not adequate. Another thing to look at for a good quality colonoscopy services the adenoma detection rate and so you should know those numbers because you know if they don't find polyps all day long, they're probably not looking adequately, because probably about 25% of people that they screen just normal screening should have Apollo.

00:30:26.800 --> 00:30:28.150
Beverly Greenwald
So that's important.

00:30:30.380 --> 00:30:37.900
Nikki Medalen
Well, thank you Beverly. We appreciate your experience and your wisdom, which of course can only come from doing this work for many years.

00:30:39.090 --> 00:30:43.830
Nikki Medalen
You have truly gotten to the heart of of what patients are really seeking from their providers and staff.

00:30:45.140 --> 00:30:49.430
Nikki Medalen
And so we just appreciate your your expertise. Thank you for joining.

00:30:48.940 --> 00:31:17.470
Beverly Greenwald
Yeah, and thank you everybody for applying these techniques and getting your screening race. Just give yourself a personal goal of knowing whatever you're screening rate is to get that increase Dan and know that high 90s or possible you'll probably never get 100%, but if you don't keep trying, you definitely won't. So play with your own numbers and inspire yourself to inspire your patience too.

00:31:17.690 --> 00:31:48.530
Beverly Greenwald
Get this important screening done because you'll feel really bad when patient has colon cancer and it's actually preventable. I had a physician patient one time and he said I didn't use to put so much emphasis on colon cancer screening until I got it myself. Well, I hope you don't need that kind of a wake up call, but also people get sued for not offering the screening. So if you offered the screening documented because those kinds of lawsuits are actually happening, is.

00:31:48.580 --> 00:31:52.030
Beverly Greenwald
People are more aware of what their provider should be doing.

00:31:53.580 --> 00:32:22.760
Nikki Medalen
Excellent point, so I just want to go through a few resources and next steps as a result of this. So I want to remind you that the colorectal cancer screening messaging guide book is available. That's a 2019 resource. And just recently I heard that they're working on updating that with the 45 to 50 year old. You know, population added. They do have some research available from the work that they did to develop the original guidebook and are working on.

00:32:22.810 --> 00:32:40.400
Nikki Medalen
Updating that data as well also get screened partner toolkit from the American Cancer Society just came out. I just in the last week or so and so I will be sending an email to specifically with that resource link today.

00:32:41.240 --> 00:33:00.800
Nikki Medalen
Uh, tomorrow I'll send that tomorrow also, the CDC, the American Cancer Society fight colorectal cancer, and the Colorectal cancer alliance all have really good communication toolkits or messaging guidelines. Their guidance available, so please take a look at those and and.

00:33:01.810 --> 00:33:07.860
Nikki Medalen
If you need help searching for something specific, give me a call and I'd be happy to help research that for you.

00:33:08.540 --> 00:33:33.750
Nikki Medalen
I encourage you to share what you've learned today with others on your staff. As you know what this is being recorded and so that recording will be available in the next day or two will make sure that that link goes out to you, but can always be find on our screen to dot Org website. You do need to sign in now in order to access those so that we can track and provide ceu's to those who access that as well.

00:33:34.480 --> 00:33:37.250
Nikki Medalen
I also encourage you to.

00:33:39.150 --> 00:34:11.040
Nikki Medalen
To meet with your team and develop or standardize the set of patient education tools that you are using. We didn't talk a lot about small media or the brochures or handouts or anything that you have today in regards to patient education, but there's a lot of tools available and as you know, with the change from the USPS TF, updating their recommendation to starting screening at 45 that there will be new tools available and we are very aware that in many cases you've removed some of those education tools, especially if they were paper.

00:34:11.400 --> 00:34:41.790
Nikki Medalen
From your waiting rooms, an exam rooms and so forth. And so, as you put those back out, we encourage you to not use just what you had before, but to really be aware of the new recommendations and making sure that what you put out is up to date and accurate. We have many resources on thescreen.org website, and again I'd be happy to help you select some of those. There is an evaluation today for today's event and John has put that in the meeting chat.

00:34:41.840 --> 00:35:07.990
Nikki Medalen
So you can link from it there and I will also send a follow up email with that link and encourage you to join us next time, which will be June 30th, 2 weeks from today at noon central time always and our topic will be on measuring practice progress and that is our last module in the rapid action collaborative. So we really want to make sure that we have as many people participating in that event as possible. So please share with your.

00:35:09.440 --> 00:35:16.730
Nikki Medalen
Your counterparts, your constituents, at work, and the staff that are working on this project.

00:35:18.120 --> 00:35:30.910
Nikki Medalen

As always, we include our contact information if you need to reach out to either John or I would be happy to answer any questions at anytime. And with that we thank you for joining today and hope that you have a very productive day.

00:35:38.560 --> 00:35:40.070
Beverly Greenwald
Alright, well thanks Nikki.