00:00:00.000 --> 00:00:30.500
Nikki Medalen
All right, well, welcome to the first module of the screened Rapid Action Collaborative. My name is Nikki Madeline and I will be the facilitator of these calls. I am a quality improvement specialist with Quality Health Associates of North Dakota, but my background is in public health nursing. I was the McHenry County nurse for a decade or so and then top public health nursing at Minot State for about 10 years and then came to QA to work on population health initiatives that were being promoted at that time. This is the second colorectal cancer project that I've worked on it and it's.

00:00:30.560 --> 00:00:54.860
Nikki Medalen
Truly, a subject matter that is near and dear to my heart. Shortly after we were married, my husband was diagnosed with an early stage colon cancer at the age of 27 and luckily we were able to mitigate it fairly quickly, but it was an eye opener at that early age. That cancer is not just to disease of older adults, and while it can absolutely be devastating, prevention and treatment can absolutely save lives and so I'm very glad to be working on this program.

00:00:55.690 --> 00:01:00.110
Nikki Medalen
My role is leading the technical assistance for this project with the help of Jon Gardner.

00:01:01.240 --> 00:01:07.870
Nikki Medalen
And he is my partner on the technical assistance component. So John will you introduce yourself?

00:01:08.800 --> 00:01:39.170
Jonathan Gardner
Yeah, thanks Nikki. So I'm Jonathan Gardner. I'm a network administrator with Quality Health Associates, North Dakota. I've been with Quality health Associates for about 10 years and specializing it before that. I worked at health it at an airport base hospital and it's my pleasure to be providing technical assistance with data collection instruments and maximizing the use of your electronic health record to support cancer screening initiatives.

00:01:39.270 --> 00:01:40.200
Jonathan Gardner
Such as this one.

00:01:42.940 --> 00:02:03.970
Nikki Medalen
Well, we welcome you all to this series of calls. This is the third cohort of participants joining the screen program and so this group includes South Central health clinics in Wishek, Napoleon, Kalaman, Gackle, the Jacobson Community Hospital Care Center, clinics in Elgin, Richardton and Glen Allen and Southwest Healthcare Services in Bowman.

00:02:04.640 --> 00:02:25.830
Nikki Medalen
We've also extended the invitation to UND family practice in Bismarck, as they were very busy changing

over to the epic platform during the book Cohort 2 Rapid Action Collaborative series, and also to First Care Health Center and Park River who experienced a change in staff and so we wanted the new people in that role to have all of the same information as their predecessor.

00:02:26.870 --> 00:02:46.010
Nikki Medalen
So we are just asking that you chat in your name, the your facility and your role in title because we do extend ceu's for this. For these calls and so we will consider our chat or sign in sheet. So please make sure that you that you do that.

00:02:47.040 --> 00:03:03.950
Nikki Medalen
There will also be an evaluation to complete at the end of this event, and so we'll put that in. The chat will also send out an email with the link to that evaluation at the end in order to receive CE use, we do need to have that evaluation back from you.

00:03:06.390 --> 00:03:18.480
Nikki Medalen
So before we get started here, just in case anyone is not familiar with the teams for platform John, will you kind of go through what to expect with this platform?

00:03:19.160 --> 00:03:28.560
Jonathan Gardner
Yeah, absolutely well if you're joining us from a web browser such as Chrome, Firefox or Edge, Your view of teams will look something like this.

00:03:28.610 --> 00:03:28.870
Jonathan Gardner
Yes.

00:03:29.370 --> 00:03:42.320
Jonathan Gardner
Uh, so long along the bottom you'll see the the action buttons there. Use the camera button to turn on your webcam if you have one. We would love to see everyone if you're able, but if not, that's OK.

00:03:43.370 --> 00:03:54.100
Jonathan Gardner
You can use the microphone button to mute or unmute yourself. Uh, this is if you're not connected by phone. While we strongly encourage discussions, so don't be shy to unmute.

00:03:55.340 --> 00:04:04.330
Jonathan Gardner
You can use the raise hand button if you'd like to speak or have a question, but this is a small group and we won't be offended if you interrupt us with a question.

00:04:06.010 --> 00:04:19.040
Jonathan Gardner

In the chat box button will show or hide the chat box, so occasionally will have polls, attachments or answer questions in the chat. So you may want to keep that open.

00:04:20.430 --> 00:04:25.940
Jonathan Gardner
You can page through the slides on your own. Uh, if you'd like using the pager buttons on the left.

00:04:26.810 --> 00:04:41.680
Jonathan Gardner
And depending on your organization security soda settings, it is sometimes necessary to give teams additional permissions in your web browser. In most browsers that can be done from that site settings button to the left of the address bar.

00:04:45.810 --> 00:04:46.590
Nikki Medalen
Thank you John.

00:04:47.660 --> 00:05:15.030
Nikki Medalen
So as you all know, the goal of this initiative is to improve CRC screening rates in North Dakota, focusing on rural frontier in tribal populations. You may be wondering what that assistance will look like from us. So John and I will be assisting participating clinics by facilitating completion of your comprehensive readiness assessment. We like to do that in person if at all possible, so most of you have completed that at this point.

00:05:15.640 --> 00:05:35.190
Nikki Medalen
Providing individual technical assistance to your clinics. And so this might also be in an online format such as the teams meeting that we're on now, or it might be in person. We do have funding to travel, so if there's a particular time that you would like us to meet face to face with your team, we will always be happy to do that at your request.

00:05:36.250 --> 00:05:57.410
Nikki Medalen
We will also lead the rapid Action collaborative with small groups to share information and ideas that transcend everyones action plan. And when I say that I would just want to make it clear how important it is that at least one person from your organization attend each meeting and that is just to assure that you have the information needed. We've done a little PSA of our own and so.

00:05:58.690 --> 00:06:25.010
Nikki Medalen
PDSA not not PSA and what we learned is that we wanted to give a little more time between rapid action collaborative meetings to actually have some technical assistance time with you in between each one. And so we've set that up a little bit differently. This time you'll see that will meet with the group and then will meet with your individual teams in between each of the rapid action collaborative cycle so.

00:06:26.200 --> 00:06:29.400
Nikki Medalen
Hopefully that will assure that.

00:06:30.760 --> 00:06:37.960
Nikki Medalen
That we discussed those questions that you might have or concerns directly with you before we move on.

00:06:39.970 --> 00:07:09.010
Nikki Medalen
We will also be conducting site visits and coaching calls on a regular basis with each of your team's to assess progress, identify barriers, develop strategies to meet any challenges that you're having, and to assist you with developing new goals and interventions as you determine that your initial interventions are either already in place or that they're not meeting your needs and so that goes along with the action plan that you develop. We will guide the development of clinic specific action plans for implementing evidence based interventions to address CRC screening.

00:07:10.130 --> 00:07:30.620
Nikki Medalen
When we've completed your detailed assessment, most of you already know that we've provided feedback to you with suggestions for those evidence based interventions, but ultimately your action plan is yours, so you can choose to use that feedback or create an entirely different plan. Either way, we will do our best to assist you in the implementation of that plan.

00:07:31.760 --> 00:07:44.460
Nikki Medalen
We will also advise and support leveraging your electronic health records to collect and report colorectal cancer screening program measures and of course, we will make resources, tools and materials available to you.

00:07:47.700 --> 00:08:10.930
Nikki Medalen
As a method to gauge your progress through the screen program, we've designed a milestone program that's based on a 3 year plan. This information has been provided to you in the recruitment documents that you received. You will also note that the levels of accomplishment are based on moving through the required steps of the program and sort of a chronological manner and include requirements for submitting data.

00:08:12.130 --> 00:08:35.800
Nikki Medalen
We know that data can be a real challenge for clinics, and I know two of the groups that are in this cohort are currently using the Centriq platform, but we are confident that once you are armed with the information from today's meeting and with the technical assistance that John can provide to your teams that this is not going to be a problem for anyone.

00:08:36.280 --> 00:08:38.500
Nikki Medalen
Uhm, on the way home from those.

00:08:38.790 --> 00:08:39.300
Nikki Medalen
Uh, hum.

00:08:40.750 --> 00:08:52.280
Nikki Medalen
A comprehensive readiness assessments. We did a lot of talking about building some tools that can be used to pull data and filter the data that is available in those platforms.

00:08:53.940 --> 00:09:00.450
Nikki Medalen
Specifically to be used for this program, so please don't let that scare you or hold you back from.

00:09:01.980 --> 00:09:04.410
Nikki Medalen
From fully participating in this project.

00:09:05.400 --> 00:09:32.430
Nikki Medalen
As I said, this is a three year plan. If you remain committed in one years time, you should be able to achieve the silver milestone. We expect the gold milestone to be completed at the end of year two and the platinum by the end of year three, and so just keep that in mind that you know, basically, in this first year, silver is about as far as you can probably get, and then those last two are just to keep you engaged in to help us sustainability over those next two years.

00:09:34.550 --> 00:09:37.130
Nikki Medalen
The copper, which is the first milestone.

00:09:38.320 --> 00:10:09.990
Nikki Medalen
Includes all of the items needed to get off to a good start, so of course assigned commitment letter or your participation agreement forming your multidisciplinary innovation team. Completing the clinic readiness assessment so that includes both the initial and the detailed assessments that one is the one that includes those workflow diagrams that you've completed and then completing the introductory meeting, which is often done or alongside the the detailed clinic readiness assessment. We also ask that you set your goal for year one.

00:10:10.040 --> 00:10:30.460
Nikki Medalen
Then submit your baseline data in order to achieve that, and you can see I listed the teams that are specifically in cohort three and the self Central Health team with the Wishek Napoleon Column and Gackle clinics have already achieved copper. So great good for you. Everyone else is not far behind. As soon as we're done with these.

00:10:30.770 --> 00:11:01.120
Nikki Medalen
Uhm, implementation planning summaries, which means that we've received all the information we need from you. We will award the the milestone to those other clinics as well. I'm not going to go through each one. I think you have this document, so I'm gonna I'm gonna skip over that part. But I do want to let you know that this project is CDC funded in. This funding allows us to provide incentives to clinics, so we are providing a monetary award of $1000 per milestone per clinic.

00:11:01.360 --> 00:11:23.450
Nikki Medalen
Just support staff time and activities related to implementing evidence based interventions to improve CRC screening rates. So when you achieved the copper milestone you your clinic will get a check for $1000. If you are a system like South Central Health and you have four clinics, you would get $4000, so we want to make sure we congratulate South Central Health on already accomplishing that milestone.

00:11:26.890 --> 00:11:54.460
Nikki Medalen
We do have a website and this is where all the resources that we shared during these meetings can be found. This is just a picture of what the website looks like when you open it. It is screend.org. You can see that there are four tabs, program resources, rapid action, collaborative and news and events, and these buttons seem fairly self explanatory, but I just want to point out that under the rapid Action Collaborative button is where you'll find the recordings of these events.

00:11:54.880 --> 00:12:04.340
Nikki Medalen
A link to the evaluations and any resources that we've talked about during each event. Currently, we're trying to spend some time on the news and events section.

00:12:05.730 --> 00:12:28.140
Nikki Medalen
With cohorts one and two starting in January and March, we are starting to see some really good success in some stories to share, and so I encourage you also to be very assertive and letting us know when you have something to share, 'cause we would really love for this section to help us document all the great work that you're doing to improve CRC screening rates in North Dakota.

00:12:29.600 --> 00:12:32.410
Nikki Medalen
Are there any questions about the screen program at this time?

00:12:34.030 --> 00:12:36.690
Nikki Medalen
You can feel free to unmute yourself or two.

00:12:37.960 --> 00:12:40.190
Nikki Medalen
Chat those questions in.

00:12:51.540 --> 00:13:11.730
Nikki Medalen
Hearing none, I'm going to move on, so we've kind of given you an orientation to the program. Now I want to share some facts with you so that we are all working off a common set of information and facts to understand why the work of cancer screening is so important and why it's important for our patients to understand why they should be screened.

00:13:13.040 --> 00:13:42.950
Nikki Medalen
We know that one in 24 people in the US developed colon cancer. If you've been in healthcare for long, you know that cancer has long been considered a silent killer. It is insidious and often does not have symptoms until it's too late, but we need to use that information to encourage our patients to be screened. We know that symptoms of colorectal cancer include blood in the stool, unexplained weight loss, change in bathroom habits, persistent cramps, or low back pain, fatigue, feeling bloated.

00:13:43.190 --> 00:13:49.420
Nikki Medalen
And anemia, but in its early stages when it's easiest to treat it may have no symptoms at all.

00:13:50.930 --> 00:14:03.390
Nikki Medalen
Half of all new colorectal cancer diagnosis are in people 66 years of age or younger. In fact, if you were born in the 1990s, so we're talking about people who are now in their 20s and 30s years old.

00:14:04.710 --> 00:14:05.750
Nikki Medalen
They have a 2.

00:14:06.010 --> 00:14:14.390
Nikki Medalen
Uh, uh, they have two times the risk of colon cancer and four times the risks of rectal cancer than those born in the 1950s.

00:14:15.140 --> 00:14:41.320
Nikki Medalen
We're not sure why that is. I would suspect that diet probably has a lot to do with it, but we know that we are seeing younger and younger people being diagnosed with cancer. With colorectal cancer, we know that CRC is the 2nd deadliest cancer in when colorectal cancer is detected in its early stages. It's most likely to be cured. The treatment is much less extensive and the recovery is much faster if we can catch it early.

00:14:42.930 --> 00:15:02.610
Nikki Medalen
The five year relative survival rate for stage one and stage 2 colon cancer is 90%, but the five year survival rate for patients diagnosed at stage three is only 71%, and at stage four it's only 14%, and so obviously screening and catching it at an early stage is absolutely essential to survival.

00:15:03.280 --> 00:15:15.550
Nikki Medalen
For me this is an especially important fact to consider. Following you know the year that we just had in 2020 where there's so much of our health care system that was shut down due to COVID and people were not getting screened during that time.

00:15:16.340 --> 00:15:26.490
Nikki Medalen
How many people would have been diagnosed in 2020 will now be diagnosed in 2021 or even later and now at that later stage of cancer?

00:15:28.130 --> 00:15:34.410
Nikki Medalen
You know they may have a less chance of survival than they would have even last year.

00:15:38.710 --> 00:15:42.930
Nikki Medalen
So for some of you, the economic data is really important.

00:15:44.040 --> 00:16:11.270
Nikki Medalen
And so I wanted to share a little bit about that with you. The total annual medical cost of colorectal cancer care is $14.1 billion in the US, with the total reaching about 158 billion for all cancers combined. We know that 11% of all cancer treatment costs in the United States are for colorectal cancer. Colorectal cancer also has the second highest cost of any cancer in the United States.

00:16:12.360 --> 00:16:43.220
Nikki Medalen
We know that the average Medicare spending for patients with newly diagnosed colorectal cancer ranges from 40 to $80,000, depending on the stage. On average, cancer survivors have annual losses and work productivity due to miss work days and unemployment and employment disability that are about $1000 higher compared to people without a cancer history. Some cancer survivors are not able to return to work while others report not being able to perform all of the tasks because of current illness or distress.

00:16:43.820 --> 00:16:46.710
Nikki Medalen
And of course there are many other costs related to cancer.

00:16:47.450 --> 00:16:56.360
Nikki Medalen
US costs outside of the hospital, including things like rehabilitation, missed days of work, premature death.

00:16:56.970 --> 00:17:16.710
Nikki Medalen
Increase in health insurance premiums. Transportation to outpatient services such as chemo or radiation, child or elder care housekeeping assistance and and personal care associated with cancer.

And so we really want to keep in mind how important it is to catch this cancer early and begin treatment as early as possible.

00:17:19.330 --> 00:17:20.060
Nikki Medalen
Hello.

00:17:22.020 --> 00:17:36.460
Nikki Medalen
Yeah, I'm in the right spot here, so I want to do a polling question here. How do you think the COVID-19 pandemic has impacted screening and outcomes in your service area? And you'll see that there are four.

00:17:38.550 --> 00:17:45.500
Nikki Medalen
It's just coming up in the chat here. There will be 4 responses to that, and so I'll give you about 30 seconds to vote.

00:17:48.380 --> 00:17:56.350
Nikki Medalen
And I want you to pick the one that is closest to how you feel about it. These might be a little bit different than what you experienced in your facility.

00:18:06.810 --> 00:18:08.200
Jonathan Gardner
All.

00:18:22.680 --> 00:18:34.950
Nikki Medalen
I think everyone has had a chance to vote and it looks like 100% nine people voted here. Screening rates decreased as adjustments were made to delay elective procedures and Daniel.

00:18:35.810 --> 00:18:38.830
Nikki Medalen
Physical and annual Wellness visits were delayed.

00:18:39.850 --> 00:18:41.880
Nikki Medalen
So we all experienced the same.

00:18:43.970 --> 00:19:01.900
Nikki Medalen
The same kind of issues with that and nationally we know that to be true as well. So just to give you a little bit of an idea of where we are now, and this is a little bit deceiving because our data of course is delayed and so the data that we do have available was pre COVID and at that time.

00:19:01.950 --> 00:19:09.850
Nikki Medalen
But UM, and at the end of 2019, thirty 3% of eligible adults in North Dakota were not up to date with screening.

00:19:11.000 --> 00:19:37.330
Nikki Medalen
41% of colorectal cancer cases were diagnosed at a late stage with only 13% reaching a five year survival rate, so 41% were being diagnosed at a late stage. Pre COVID. Imagine how that might be increasing now with so much preventative care being delayed in the last year and a half now coming up on two years.

00:19:38.180 --> 00:19:46.360
Nikki Medalen
Uhm, we know that our priority populations in North Dakota are males, American Indians, and individuals without a post high school education.

00:19:47.970 --> 00:20:06.560
Nikki Medalen
The current North Dakota screening rate is was in at the end of 2018 about 67% and we know that the CRC screening rates in our tribal communities are lower than than the state as a whole by about 15%. So we're seeing our tribal communities at about 52% and again. This was pre COVID

00:20:08.210 --> 00:20:29.890
Nikki Medalen
using information collected during the initial clinic readiness assessment. The CRC screening rates among this group are about 40%. We don't have all of those in yet, so we wanna. We will probably be following up on that in a few weeks with you. It is estimated that there were 380 new cases of colorectal cancer screening in North Dakota in 2019.

00:20:30.930 --> 00:20:36.170
Nikki Medalen
And as I shared before, I just can't help but be concerned that in 2020 and 2021 there would be.

00:20:36.540 --> 00:20:45.610
Nikki Medalen
Uhm, maybe less cancers diagnosed but more cancers to be diagnosed. And so we need to be attentive to that.

00:20:48.920 --> 00:20:51.370
Nikki Medalen
Uh, so moving on to the next slide.

00:20:52.110 --> 00:20:52.650
Nikki Medalen
Uhm?

00:20:53.540 --> 00:21:03.830
Nikki Medalen
We are interested in your goals and so some of you may not have done this yet. So I want you to take a stab at it. Vote. Anyway. Vote how you think.

00:21:04.440 --> 00:21:09.990
Nikki Medalen
Uh, you will plan when you do your thumb.

00:21:10.830 --> 00:21:28.170
Nikki Medalen
Action plan and so on. Your action plan? It's going to ask you to set a goal for your organization, and so we're asking if you're setting that at less than a 25% improvement. A 26 to 50% improvement, 51 to 75% improvement, or 76 to 100% improvement.

00:21:45.110 --> 00:21:47.810
Nikki Medalen
Will give you about 15 more seconds to vote.

00:22:06.730 --> 00:22:21.220
Nikki Medalen
Alright, so we have seven votes this time and six of you said between 26 and 50% improvement in one person said 51 to 75% improvement. That's awesome. Thank you very much for for setting those kinds of goals for yourself.

00:22:23.920 --> 00:22:24.560
Nikki Medalen
Uhm?

00:22:27.950 --> 00:22:43.930
Nikki Medalen
Today our goal is to help you use data in a way that's meaningful to your team and that helps you recognize that data doesn't have to be difficult, but it is a way to help understand why we're choosing the work that we are on this project. And then as we move through.

00:22:44.970 --> 00:22:45.520
Nikki Medalen
Uhm?

00:22:47.850 --> 00:23:00.550
Nikki Medalen
I'm sorry I'm losing track of my of my thoughts here. As we move through the implementation of our action plans, we want to help you see if the interventions are working or not.

00:23:01.150 --> 00:23:31.960
Nikki Medalen
John and I were recently talking about using data and John made clear to me that data for this project is a numerator and denominator that on their own, really aren't impactful, but the stories that go with those numbers is information that can be used in. So please keep in mind how important it is that although you turn that data into information, how important it is to turn that data into information that your staff, your leadership, your board, even your patients, whoever your audience is can really wrap their minds around what it means.

00:23:32.250 --> 00:23:34.540
Nikki Medalen
And understand what you expect them to do with it.

00:23:36.590 --> 00:23:39.300
Nikki Medalen
It's important to know that your current rate.

00:23:39.670 --> 00:24:09.400
Nikki Medalen
Uh, uhm, it's important to know what your current rate is before you set your goal, and this it might seem kind of crazy to set a goal at 100% improvement, but after a few years ago, working with a different set of clinics, we had an experience where there was a clinic that simply had not focused on prevention in the past, and they're screening rates were very low, like 1 to 2% of their eligible population for them. Improving 100% might have meant.

00:24:09.460 --> 00:24:36.100
Nikki Medalen
Only screening two to five more people in a whole years time and so even though it sounded lofty, the reality was it wasn't nearly as lofty as someone who is already at 55% and wanting to improve to 65%. So I want to remind you, first of all that the goal nationally is 80% in every community, and although we don't expect you all to reach that in this time frame, that certainly is the goal that we're working on.

00:24:37.550 --> 00:24:39.200
Nikki Medalen
As we move through this work.

00:24:40.340 --> 00:24:41.040
Nikki Medalen
So.

00:24:41.660 --> 00:24:52.120
Nikki Medalen
Uh, I encourage you to set a goal that is at least 15% higher than your current rate. We want to set the bar at a level that requires attention.

00:24:53.550 --> 00:25:10.260
Nikki Medalen
So the goal you set for yourself should really be considered in light of the national goal. Think about where you are now and where you want to be a year from now. Two years from now in three years from now, you've also done your clinic reading readiness assessments, and you should have a pretty good idea of where some of your biggest challenges are.

00:25:12.740 --> 00:25:26.760
Nikki Medalen
So one thing that might help you set your goal is to figure out what it actually means in terms of the work that needs to be done so that you can see if it's reasonable. So an easy way to do that is to figure out what this might mean for your staff.

00:25:27.870 --> 00:25:39.260
Nikki Medalen
So for instance, if I see 1000 patients and I have a current screening rate of 25%, that means that 250% to excuse me, 250 of my thousand patients are up to date.

00:25:39.860 --> 00:25:45.000
Nikki Medalen
We've got 52 weeks in a year, so that means that we're we're screening about five patients per week.

00:25:47.660 --> 00:26:19.310
Nikki Medalen
But if I set my goal 15% higher at 40%, that means that I would need to screen 400 patients per year, or 8 patients per week. That is only three more than what we're currently screening, and if that seems doable, then that is a good goal to set for yourself. So you see how I've taken a piece of data and applied the story behind those numbers to provide information to staff who can really use it and understand that in their work it seems like it would be a lot easier to ask them to screen.

00:26:19.360 --> 00:26:25.430
Nikki Medalen
Three more people a week than it is to just give them a target rate that they might seem overwhelmed by.

00:26:26.560 --> 00:26:34.080
Nikki Medalen
So now I'm going to turn this over to John to discuss some specifics about data collection and validation for the screen program.

00:26:36.750 --> 00:26:37.440
Jonathan Gardner
Thanks nick.

00:26:38.310 --> 00:26:43.520
Jonathan Gardner
And I'll run through this pretty quick because I know we only have a couple minutes left in our scheduled time.

00:26:43.880 --> 00:26:45.730
Nikki Medalen
So we have 45 minutes today.

00:26:45.900 --> 00:26:55.710
Jonathan Gardner
In 45 minutes. OK perfect so one of the most important tasks associated with this or any quality improvement project is of course data collection.

00:26:47.110 --> 00:26:47.360
Nikki Medalen
Yeah.

00:26:56.380 --> 00:27:04.460
Jonathan Gardner
So data collection for this project can be completed on a monthly or at least quarterly basis. The more often the better.

00:27:05.710 --> 00:27:16.960
Jonathan Gardner
So each month you want to use your electronic health record system or other data sources to pull reports and then log in to red cap and complete the form that you see here.

00:27:18.070 --> 00:27:20.730
Jonathan Gardner
So you'll only see a few data points.

00:27:21.580 --> 00:27:25.250
Jonathan Gardner
They include your overall colorectal cancer screening rate.

00:27:26.040 --> 00:27:32.390
Jonathan Gardner
Uh, fecal kit return rate and then screening and diagnostic colonoscopy completion rates.

00:27:33.030 --> 00:27:43.230
Jonathan Gardner
The monthly or quarterly values reported here will be used to complete your annual aggregate data record for your clinic. That's what gets reported to the CDC.

00:27:43.280 --> 00:27:43.580
Jonathan Gardner
See.

00:27:49.340 --> 00:28:16.570
Jonathan Gardner
Now we recognize that electronic medical records are not always complete or the data may be entered in different ways. So this can cause your electronic reports to be inaccurate. If you can get them at all. So as a result, we ask that you validate your rates with some chart reviews, but we recommend approximately 10 charts per reporting month to to reach about 100 charts over reporting year you can do.

00:28:16.620 --> 00:28:20.770
Jonathan Gardner
More than that, and of course, if you don't have that many, that's OK too.

00:28:22.040 --> 00:28:47.270
Jonathan Gardner
We have designed the chart review to require as little data entry as possible so only the patients age or date of birth is required. Otherwise the chart review follows a simple colorectal cancer screening

algorithm consisting of up to 8 yes no questions. To determine whether the chart is included in the denominator and whether any screening results have been documented appropriately.

00:28:48.060 --> 00:28:58.530
Jonathan Gardner
This will not only validate your HR generated rates, but also help you identify those charts that may not be properly documented in the electronic medical record.

00:29:03.380 --> 00:29:20.970
Jonathan Gardner
Uhm, baseline data is important to you know we have to know where we're starting, so your baseline timeframe must be prior to implementing any interventions for the screen to project, and it'll determine your monitoring timeframe you'll use for the remainder of the project.

00:29:22.220 --> 00:29:39.470
Jonathan Gardner
The measure definition should be one of the four recognized measure definitions if possible, or it may be defined separately. It is important that the measure definition you use for your baseline be the same As for the monthly monitoring data collection and the remainder of the project.

00:29:41.180 --> 00:29:51.900
Jonathan Gardner
If you are unable to pull baseline rate directly from your electronic medical record, you can use chart reviews or other data sources to determine your baseline rate.

00:29:57.310 --> 00:30:04.440
Jonathan Gardner
So some of the tools that you might use for this is of course your electronic medical record. So in a numerator.

00:30:04.860 --> 00:30:30.870
Jonathan Gardner
Uh, might be those who have had a fit or FOBT tests in the last year fit DNA such as Cologuard in the last three years, flexible sigmoidoscopy or CT calling ography in last five years or a colonoscopy in the last 10 years. The denominator, active clients meeting people who have been seen in the last year ages 51 through 75.

00:30:32.640 --> 00:30:54.880
Jonathan Gardner
Now some medical records. Of course, you can't easily pull information like this, and in that case you can use billing data for example. So you might be able to pull the CPT codes and other codes that are used in billing to collect this information.

00:30:56.320 --> 00:31:04.440
Jonathan Gardner
This can only be done if the billing data contains primary care billing information, uh, lab test and endoscopy procedures.

00:31:06.370 --> 00:31:20.870
Jonathan Gardner
Other data sources might include a bit the behavioral risk Factor, Surveillance Survey data burfi's, but it's usually outdated or Gibbard data. If your facility reports that.

00:31:38.120 --> 00:31:39.070
Jonathan Gardner
You're on mute Nikki.

00:31:40.590 --> 00:31:41.530
Nikki Medalen
Sorry about that.

00:31:42.140 --> 00:31:42.860
Nikki Medalen
Thank you John.

00:31:44.020 --> 00:32:01.200
Nikki Medalen
I think everyone struggles with thinking about data, but it really doesn't have to be complicated, so I want to turn your attention now to thinking about your pre visit prep as really a data dig and how you can use that data to improve your rates. One patient or one clinic day at a time.

00:32:02.190 --> 00:32:18.130
Nikki Medalen
The American Medical Association estimates that pre visit planning can save 30 minutes of both physician time and staff time per day and save about $26,400 a year. Whether you're already doing a pre visit prep or maybe consider it in the future, here's some key things to consider.

00:32:19.130 --> 00:32:31.190
Nikki Medalen
First, use a visit planning checklist that is specific to your facility, so make sure that it is a list that includes any screening exams or labs that are priorities for your facility.

00:32:31.850 --> 00:32:49.430
Nikki Medalen
If you already have a checklist to make sure it's up to date with the initiatives that your clinic is currently working on, but by using a checklist, you'll also be aware to arrange for lab work to be completed before the next visit. That way when the physician sees the patient, they already have the information they need to make decisions with the patient.

00:32:50.440 --> 00:32:55.170
Nikki Medalen
Will share a link to the to an example visit planning checklist.

00:32:56.610 --> 00:33:26.360
Nikki Medalen
We also reviewed the notes from the patients last visit and ensure that notes from other physicians who

delivered care since the last visit are in the record. Make sure to complete appropriate dates, checkboxes or discrete fields to assure that test results are. Lab results are entered in a way that can be pulled into a report. During this review, you may also identify gaps in care such as preventive or chronic care needs. Some nurses find it very helpful to make a pre visit phone call or to send the patient and.

00:33:26.420 --> 00:33:46.550
Nikki Medalen
Email or a text to confirm the appointment. Perhaps completed medication reconciliation, or to set the agenda for the appointment, and this can really help patients to come prepared for the appointment with their concerns or questions and help move the appointment along more efficiently. It's also been noted to reduce no show rates.

00:33:47.630 --> 00:33:55.030
Nikki Medalen
Some organizations have the patient complete a pre appointment questionnaire so that they can better be prepared to respond to the patients concerns.

00:33:56.530 --> 00:34:10.690
Nikki Medalen
A third item to remember to improve teamwork. Many clinics find that a morning team huddle is helpful. This time can be used to alert the team to any last minute changes in the schedule or any special patient needs.

00:34:12.080 --> 00:34:40.100
Nikki Medalen
Well, we think of pre visit prep is something that's done the day before the visit. The process really continues on through the patients visit and helps you get a little more upstream with the patient by setting up the next appointment at the conclusion of the current visit. Arranging lab test to be completed for that next visit, and it can also be used as an opportunity to make Wellness suggestions for patients who are currently visiting even within acute condition. How easy would it be to say to the patient who is in the clinic for, let's say, an ear infection?

00:34:40.980 --> 00:34:51.870
Nikki Medalen
We're glad that we could help you with this infection today, but would really like to see you again when you're feeling better and help you get caught up on your screening exams. Would you like to make an appointment for an annual exam where we can talk about that?

00:34:53.010 --> 00:34:54.170
Nikki Medalen
Doesn't take but a minute.

00:34:55.620 --> 00:35:09.860
Nikki Medalen
If you're interested in in taking your pre visit prep up and notch, I included a link in one of the slides coming up here to a really simple article called 10 Steps to Pre visit planning that can produce big savings. Actually it's at the bottom of this.

00:35:10.970 --> 00:35:11.660
Nikki Medalen
This slide.

00:35:16.800 --> 00:35:45.260
Nikki Medalen
So here's a piece of information that everyone should take note of a few years back. The American Cancer Society surveyed patients who are not up to date on their screenings, and they learn that the primary reason patients say they are not screened is because their doctor didn't recommend it. That should really make us think about our pre visit prep and how we can use the data that we find there to determine what screening exams the patient is due for and how we can thread that conversation into our patients visit on every single visit.

00:35:45.720 --> 00:36:00.250
Nikki Medalen
Obviously some exams are only do every 135 or 10 years, so it isn't that we talk about the same thing every time, but rather it's an awareness of what the patient may be due for assuring that recommendations are made appropriately.

00:36:03.800 --> 00:36:09.870
Nikki Medalen
So what are your concerns about reporting or using data in your practice?

00:36:13.670 --> 00:36:15.410
Nikki Medalen
We welcome any questions here.

00:36:37.130 --> 00:36:38.750
Nikki Medalen
No one has any questions.

00:36:43.550 --> 00:36:53.030
Nikki Medalen
We're pretty happy about that, but we know that there will be some coming up and so please don't hesitate to reach out to either John or I if you have any questions about.

00:36:53.700 --> 00:36:55.810
Nikki Medalen
Collecting data reporting data.

00:36:56.940 --> 00:37:00.890
Nikki Medalen
You know, just getting started. All of those kinds of things. We're here to help with that.

00:37:05.300 --> 00:37:06.080
Nikki Medalen
So.

00:37:07.740 --> 00:37:11.020
Nikki Medalen
Some resources for the journey ahead I.

00:37:12.150 --> 00:37:17.140
Nikki Medalen
I say here that I link four documents, but I will provide these documents in.

00:37:19.270 --> 00:37:32.230
Nikki Medalen
In the email that will follow, these documents will also be available on thescreened.org website. So if you go under rapid Action collaborative, you'll be able to see.

00:37:32.850 --> 00:37:44.270
Nikki Medalen
The recording of this event. A copy of the slide deck and then will provide links to the documents that we list here, and these are all related to to pre visit planning.

00:37:45.060 --> 00:38:04.380
Nikki Medalen
Some next steps up a month from now when we meet again, we'll be talking about action plans, and so I encourage you to complete your action plan prior to that meeting. Some of you already have and those who still have their their detailed assessment coming up. The end of this week.

00:38:05.000 --> 00:38:28.360
Nikki Medalen
Uh, you will learn more about that at that time, and so we'll make sure that everyone has that done within the next month. We also ask that you disseminate your goal to your entire staff. It's certainly not enough that the people who are joining this call or these meetings. No, it really is something that your entire staff needs to know and get involved with, and so we encourage you to share that at your next team meeting.

00:38:29.280 --> 00:38:54.290
Nikki Medalen
Also review your current policies around CRC Andor screening. If you have a current policy, then identify some areas for improvement. If you don't have a current policy will be talking about that in the next rapid action collaborative call and so will also provide you some examples of what what we would like to see in those policies, but of course ultimately those are are completely up to you.

00:38:55.460 --> 00:39:00.420
Nikki Medalen
And then we ask that you complete the evaluation. So John, if you'd put that link in the chat box.

00:39:00.890 --> 00:39:07.550
Nikki Medalen
Uh, teams does not have a platform where it automatically comes up at the end of the call, so we'll ask that you click on that.

00:39:08.730 --> 00:39:09.750
Nikki Medalen
SurveyMonkey

00:39:10.830 --> 00:39:21.540
Nikki Medalen
and or complete it when you receive the follow up email and I will just remind you that our next call is October 12th at 1:00 o'clock with the topic of practical policy.

00:39:24.120 --> 00:39:30.090
Nikki Medalen
This is our contact information, so if you ever have questions feel free to reach out to either one of us.

00:39:31.670 --> 00:39:39.710
Nikki Medalen
And with that, uhm, I just thank you for joining today and we hope that you have a very productive day.

00:39:40.390 --> 00:39:51.510
Nikki Medalen
We will stay on the call for the next 3-4 minutes or so until everyone is hung up, but if anyone has questions that you'd like to ask separately from the rest of the group, please feel free to stay on the line.

00:39:53.410 --> 00:39:54.450
Nikki Medalen
Have a great day everyone.

00:39:55.630 --> 00:39:57.200
Hostetter, Jeff
Thanks Nikki, thanks Jonathan.

00:39:57.960 --> 00:39:58.650
Hostetter, Jeff
Good to see you.

00:39:58.120 --> 00:39:59.700
Nikki Medalen
Thanks for coming Doctor Health Center.

00:39:59.970 --> 00:40:01.300
Hostetter, Jeff
You're welcome, will.

00:40:02.520 --> 00:40:06.490
Hostetter, Jeff
We will get started in earnest. I think now so.

00:40:06.200 --> 00:40:06.760
Nikki Medalen
Awesome.

00:40:08.420 --> 00:40:09.910
Hostetter, Jeff
Yeah, we're good.

00:40:11.140 --> 00:40:11.800
Hostetter, Jeff
You guys have a good.

00:40:11.350 --> 00:40:15.380
Nikki Medalen
That must. That must mean that epic transfer went well.

00:40:15.540 --> 00:40:17.970
Hostetter, Jeff
Epic is good. Epic is awesome.

00:40:18.730 --> 00:40:19.240
Hostetter, Jeff
Cool.

00:40:19.690 --> 00:40:20.780
Nikki Medalen
That's great to hear.

00:40:20.850 --> 00:40:27.980
Hostetter, Jeff
Spending less time I'm getting to do a lot more time doing patient care than documenting, so it's good deal so.

00:40:20.930 --> 00:40:21.720
Jonathan Gardner
Good to hear.

00:40:28.930 --> 00:40:32.250
Hostetter, Jeff
Alright, see you in our all our other venues, Nikki.

00:40:33.030 --> 00:40:33.660
Nikki Medalen
Sounds good.

00:40:34.530 --> 00:40:35.010
Hostetter, Jeff
Bye.

00:40:34.790 --> 00:40:35.210
Nikki Medalen
Bye bye.

00:40:54.090 --> 00:41:00.770
Nikki Medalen
Well, I'm very excited that it went so well for UND with two more groups from this cohort.

00:41:01.460 --> 00:41:05.080
Nikki Medalen
Also switching, I think they'll have a lot to offer each other.

00:41:06.040 --> 00:41:07.440
Jonathan Gardner
Yep, absolutely.