00:00:00.000 --> 00:00:00.620
Jonathan Gardner
Good to go.

00:00:01.970 --> 00:00:32.260
Nikki Medalen
Alright, well then with that we'll get started so welcome everyone to the second module of the screen. Rapid action collaborative. I think you all know me now. I am Nikki, Madeline and Jonathan Gardner and I are both on the call today. John will be taking care of some of the behind the scenes work including recording of the meeting and monitoring our chat. He will also be putting up our polling questions and he is available to answer any of the questions that you might have, but I will be facilitating most of this call.

00:00:34.250 --> 00:00:34.860
Nikki Medalen
Uhm?

00:00:36.080 --> 00:00:46.620
Nikki Medalen
If you would please chat in your name, your title in your facility as this will serve as our sign in sheet for the CEO is so even though I've written your names down, we would appreciate it if you could do that.

00:00:47.480 --> 00:00:49.370
Nikki Medalen
This list will stay.

00:00:50.160 --> 00:00:53.320
Nikki Medalen
With our recording so that I can't lose it.

00:00:55.610 --> 00:01:23.300
Nikki Medalen
For those of you who could not attend the recording on September 14th, the session is available at screend.org under the Rapid Action Collaborative tab, and if you've not been to that part of the website before, in the upper left hand corner, there will be a login button that you can push, and because these recordings are not available to the general public, we do ask that you sign in and it might take a little bit of time.

00:01:23.580 --> 00:01:35.180
Nikki Medalen
For you to be assigned cohort three, but once you are, that usually just takes an hour or two, but once you're signed in and approved for Cohort 3, then you'll be able to see those.

00:01:35.750 --> 00:01:49.050
Nikki Medalen
Uhm, Rapid Action collaborative recordings that are have already been completed and you'll see those available on the website as they are done. This I want to call it a semester, but this session.

00:01:50.970 --> 00:01:57.850
Nikki Medalen
When you are done with those, we do ask that you complete the survey for those modules so that you can still be eligible for those ceu's.

00:01:59.860 --> 00:02:29.330
Nikki Medalen
So to begin today I was going to start this session with the new BRFSS data that we received last week. However, we have some questions about that data and we want to make sure that we understand it correctly before we really discuss it with you and so you can expect that in our meeting next month, but you may have seen that I had included that slide originally in the handout that I'd sent to you last week. So you can certainly take a look at it. That's not going to change, we just want to really understand.

00:02:29.650 --> 00:02:30.130
Nikki Medalen
Uhm?

00:02:30.750 --> 00:02:42.670
Nikki Medalen
You know the the the data collection period and some of the questions that we have around that information so that it's better explainable to us. We know that during COVID screening was.

00:02:43.690 --> 00:02:54.210
Nikki Medalen
Delayed or in many cases shut down. And yet our numbers are really good for the this 2020 breakfast data. So we want to really make sure that we understand the parameters of that.

00:02:55.260 --> 00:03:04.120
Nikki Medalen
So today we're going to discuss practical policy, as is our plan, and so let's start with today's polling question, John, do you wanna put that up?

00:03:14.170 --> 00:03:16.320
Nikki Medalen
There we go. You should see it in the middle of your screen.

00:03:18.200 --> 00:03:25.040
Nikki Medalen
The CDC estimates that what percent of deaths from colorectal cancer could be avoided if all eligible people got screened?

00:03:34.510 --> 00:03:35.080
Nikki Medalen
Just.

00:03:35.130 --> 00:03:36.220
Nikki Medalen
Give you one more minute.

00:03:40.190 --> 00:03:59.360
Nikki Medalen
Alright, I think I see that everyone has voted and 68% of you said excuse me, 57% of you said 68% which is correct. 68% of deaths from colorectal cancer could be avoided if all eligible people got screened. And so as we talk about policy, I really want you to think about.

00:04:00.380 --> 00:04:16.160
Nikki Medalen
Getting as many people screend as possible that really should be our goal is to screen every eligible person in our community or in our patient population. And so how do we do that? How can we set up our policy to assure that we are doing exactly that?

00:04:17.710 --> 00:04:31.120
Nikki Medalen
In 2008, the American Cancer Society and the National Colorectal Cancer Roundtable published the guide how to increase colorectal cancer screening rates in practice and that included these four essentials.

00:04:31.730 --> 00:05:03.040
Nikki Medalen
The document has been reviewed more recently in 2017 and confirmed these same for essentials. So the first is to make the recommendation. Remember, as we've said in the first module, the primary reason patients say that they're not screend is because their doctor didn't advise it, and so that's bar none. The most appropriate's first step. The second essential is to develop a screening policy to create a standardized course of action so that everyone on your team knows their role policy is absolutely necessary.

00:05:03.090 --> 00:05:08.960
Nikki Medalen
To make this sustainable when you make it a policy, it becomes. That's how we do it here.

00:05:10.800 --> 00:05:15.840
Nikki Medalen
Thirdly, be persistent with reminders provider reminders, patient reminders.

00:05:17.010 --> 00:05:34.810
Nikki Medalen
Knowing that patients may need to hear something multiple times before they're ready to follow through, it's important that we take every opportunity we can to remind them of not just colorectal screening, but all kinds of cancer screenings and other preventative measures that they can take to improve their health.

00:05:35.580 --> 00:06:05.420
Nikki Medalen
And finally, measuring practice progress. Once you know your current rate, it's important that we set an ambitious practice goal and then share that progress with the entire team, and I think you'll find that through the work that we do with the screen project, we're kind of leading you to do each of these

things. Every screen participating clinic is required to develop or review their screening policy, and so of course, today we're going to help you think about the kinds of things that you need to do when you're reviewing or building that policy.

00:06:07.430 --> 00:06:29.760
Nikki Medalen
It seems like the terms policy and protocol are used interchangeably and standing orders are kind of a subset of those. So to be clear, I wanna run through these definitions with you. A policy is a deliberate system of of principles to guide decisions and achieve rational outcomes. It is a statement of intent and is implemented as a procedure or protocol.

00:06:30.820 --> 00:06:38.650
Nikki Medalen
A protocol is a standard that includes general and specific principles for managing certain patient conditions and a standing order.

00:06:39.370 --> 00:06:57.740
Nikki Medalen
UH, allows patient care to be shared among non clinician members of the care team such as medical assistants or nurses. It's often based on national clinical guidelines, but can be customized for the clinics patient population in care environment. Standing orders enable all members of the care team to function at their fullest capacity.

00:06:58.810 --> 00:07:11.440
Nikki Medalen
So I might need to think about the tasks or conditions for the standing orders that you currently have in your facility. It might include orders for medication refills, treatment for uncomplicated UTI, eyes, mammograms.

00:07:12.500 --> 00:07:35.450
Nikki Medalen
Fluent ammonia vaccinations or ordering of lab tests for certain chronic disease patients, such as those with diabetes. But when you think about how the patient interprets a standing order or even a policy, what you're really saying to them is, we believe so strongly that this screening test is important that we want to assure that every single one of our patients who meet the screening criteria is offered the test.

00:07:40.470 --> 00:08:01.510
Nikki Medalen
Implementation and institutionalization of evidenced based interventions and other process improvements will help to establish more organized approaches to colorectal cancer. Screening in partner health systems. Most cancer screening in the United States is opportunistic. Patients are offered to screening tests when they come to the doctor's office for another reason. Or maybe they ask about it at that time.

00:08:02.260 --> 00:08:15.360
Nikki Medalen

Organized cancer screening systems have the following characteristics. The first, an explicit policy with specified age categories. The method and interval for screening a defined target population.

00:08:16.690 --> 00:08:23.140
Nikki Medalen
A management team responsible for implementation a health care team for decisions and care.

00:08:24.490 --> 00:08:30.020
Nikki Medalen
Quality assurance, structure and then method for identifying cancer occurrence in the population.

00:08:32.340 --> 00:08:59.330
Nikki Medalen
Relative to opportunistic screening, organized screening places a greater emphasis on reaching the entire population of those to be screened rather than just those who happen to come into the health care system and and also on the quality of the screening process, particularly on follow up for additional testing or rescreening use of evidence based interventions calls attention to the entire screening process and promote CRC screening among those who do not regularly have contact with the health care system.

00:09:03.500 --> 00:09:11.850
Nikki Medalen
So now we're going to talk about what makes good policy, and so here are some of the considerations for developing or reviewing your screend policy.

00:09:12.800 --> 00:09:14.940
Nikki Medalen
The first is national screening guidelines.

00:09:16.090 --> 00:09:27.600
Nikki Medalen
Most the USPSTF most recently updated their guidelines on May 18th of this year to reflect their recommendation that screening begin at 45 rather than at age 50.

00:09:28.210 --> 00:09:55.820
Nikki Medalen
So this now matches the 2018 American Cancer Society recommendation. This recommendation is made through the age of 75 adults, ages 76 to 85 years. The decision to screen for colorectal cancer is usually an individual one, taking into account the patients overall health and prior screening history. So that's a decision that they make with their doctor and then it is recommended that screening be discontinued after age 85 years.

00:09:57.560 --> 00:10:04.350
Nikki Medalen
Another consideration is the realities of your practice, and Moxley. Talk about that in a little more detail on the next slide.

00:10:05.480 --> 00:10:22.990
Nikki Medalen
You also want to take into consideration the patients history and risk level, so you'll want to include a decision making tool that provides options for average risk patients so that you can optimize the availability of colonoscopy for your highest risk patients. So we'll show you an example algorithm in another slide.

00:10:24.290 --> 00:10:37.850
Nikki Medalen
Of course, patient preferences and insurance coverage should be considered. Not all patients have the same options available to them, so we need to provide options that for screening that are appropriate to their risk level and that can be manageable to them.

00:10:38.840 --> 00:10:55.520
Nikki Medalen
I want to remind you that the best screening test is the one that the patient will actually complete, and so we tend to really like colonoscopy. A lot of our providers have almost exclusively recommended colonoscopy to their patients, and when they.

00:10:56.300 --> 00:11:03.240
Nikki Medalen
The patient hasn't wanted that. They haven't necessarily offered other screening options such as Cologuard or the Fit test.

00:11:03.870 --> 00:11:34.530
Nikki Medalen
And we recently had a discussion with one of our participating clinics. They had decided to go with Cologuard. They felt like it was easier. They didn't have to do the patient navigation Cologuard or an exact sciences would do that for them, but what they weren't realizing is that sometimes Cologuard is not covered for a patient with certain kinds of insurance and or a patient who doesn't have insurance at all. And so Cologuard out of pocket costs about $500. It's a it's to be completed every three years and so that.

00:11:34.590 --> 00:11:48.460
Nikki Medalen
Overall, the cost might be similar to fit, which is costs the patient about $75 each year, but in reality the patient couldn't come up with $500 at one time and so.

00:11:49.630 --> 00:11:56.420
Nikki Medalen
I just want to remind you that this is a really good reason to have all of the options available. You might not use them for every patient.

00:11:58.570 --> 00:12:14.160
Nikki Medalen
That's completely up to you. We would certainly recommend that all options are offered and that you

work with the patient to determine what test is best for them. But this was just a really good reminder for us that while Cologuard is a fit plus of a DNA test.

00:12:15.370 --> 00:12:18.010
Nikki Medalen
It isn't always the best dancer for every patient.

00:12:19.270 --> 00:12:23.070
Nikki Medalen
And and even though it's got some nice caveats with that.

00:12:24.480 --> 00:12:26.930
Nikki Medalen
Patient navigation, peace kind of being done for you.

00:12:27.550 --> 00:12:28.120
Nikki Medalen
Uhm?

00:12:28.900 --> 00:12:33.380
Nikki Medalen
There's still some patients who really need to have the fit test available for them.

00:12:35.790 --> 00:12:51.760
Nikki Medalen
The next consideration is local medical resources. Of course, you need to consider what resources you have in house. It's unlikely that you have the capacity to screen every eligible patient with colonoscopy, nor is it really appropriate. Even if you did.

00:12:52.550 --> 00:12:57.020
Nikki Medalen
And of course, your policy should include guidance for distribution, tracking and follow up.

00:12:57.810 --> 00:13:10.020
Nikki Medalen
Of the take home tests to be sure that the patient receives support, encouragement, or instruction if they need to complete the test and to be sure that it is accurately documented in the EHR in a manner that can be retrieved into a report.

00:13:12.760 --> 00:13:44.250
Nikki Medalen
So here's where we're going to talk about these realities of your practice. Your policy should reflect the reality of the conditions that you're working in, so consider what procedures should be delegated to each step of the patient. Visit and make sure to assign responsibility. So let's start in the waiting room media such as posters, Flyers, handouts, even the good health TV, or the digital systems that you might have in your waiting rooms should be customized to express your policy and cues to action.

00:13:44.610 --> 00:13:49.640
Nikki Medalen
There are certain materials that you want to make sure are there, and you'll want to make sure that you.

00:13:50.710 --> 00:13:59.920
Nikki Medalen
Include who is responsible to order those and to make copies and it to assure that there are in the waiting room. In a way it displayed in a way that it can be.

00:14:01.030 --> 00:14:02.480
Nikki Medalen
Visible to your patience.

00:14:04.010 --> 00:14:26.590
Nikki Medalen
At patient check in, you might want to consider having a questionnaire that patients complete regarding their risk status, screening history and their preferences. Do staff ask about preventive Karen and highlight services that are needed or past due. If the status has changed, is there an opportunity to flag the chart or prevent care flow or a a preventive care flow sheet?

00:14:28.500 --> 00:14:37.770
Nikki Medalen
During the visit, of course we want to make that recommendation complete the algorithm or and and of course complete the screening if that's appropriate to find the most appropriate tests.

00:14:38.230 --> 00:14:44.410
Nikki Medalen
Uhm, explore options or preferences with the patient and scheduled that screening before the patient leaves the office.

00:14:45.850 --> 00:14:59.470
Nikki Medalen
At check out, maybe have the patient fill out a reminder card with the date of the plan to notification and their contact preferences doesn't do us any good to send emails if the patient never opens their email but would prefer to be text.

00:15:00.180 --> 00:15:02.220
Nikki Medalen
Or would prefer to be texted I should say.

00:15:03.200 --> 00:15:12.200
Nikki Medalen
I am also communication beyond the office, so it should be included in the policy how and when patients who are due for screening will be contacted.

00:15:13.140 --> 00:15:24.970
Nikki Medalen

In some cases Mailedfit has been used in this situation, so some clinics may laffitte test in anticipation of an upcoming visit or as a result of reminder letter or phone call with the patient.

00:15:26.470 --> 00:15:41.020
Nikki Medalen
Also, tracking patient compliance, we want to assure that changes to an office visit achieve what is intended by tracking the patients compliance through chart reviews or keeping a list of referrals and checking for results in a timely manner.

00:15:45.970 --> 00:15:56.890
Nikki Medalen
For the purposes of this presentation, I'm going to use the term policy and standing orders as almost synonymous, but I want to talk a little bit about why we would want to use standing orders.

00:15:58.300 --> 00:16:29.360
Nikki Medalen
In the Screend work, we strongly encourage you to have standing orders for colorectal cancer screening. We know that medical practice is changing from a fetus service mechanism from a fee for service mechanism to a reimbursement based on quality. But regardless, as we push for patients to become engaged in their care, and as long as there are television commercials and radio ads for everything from the latest miracle drug, two surgical procedures, we know that medical practice.

00:16:29.420 --> 00:16:34.470
Nikki Medalen
Will in part at least, at least in some part, remain demand driven.

00:16:35.580 --> 00:16:46.520
Nikki Medalen
We know that practice demands are numerous and diverse. We've been practicing individual patient care for so long that sometimes we forget that there are things that apply to everyone and those. Of course, we call standards of practice.

00:16:47.250 --> 00:16:53.150
Nikki Medalen
Few practices currently have mechanisms to ensure that every eligible patient gets a recommendation for screening.

00:16:54.130 --> 00:17:20.130
Nikki Medalen
Screening rates are generally less for persons with less education. No health insurance or lower socioeconomic status. So standing orders allow nursing staff or medical assistants to discuss colorectal cancer screening options provide the take home kits and instructions and submit referrals for screening colonoscopy and these have been demonstrated to increase colorectal cancer screening rates.

00:17:23.680 --> 00:17:26.790
Nikki Medalen
This is the algorithm that I said I would share with you.

00:17:28.270 --> 00:17:41.910
Nikki Medalen
We highly encourage you or procedure or your policy to include an algorithm or a decision making tool. This one happens to be from the national Colorectal Cancer Roundtable for screening starting at age 45.

00:17:44.390 --> 00:17:46.700
Nikki Medalen
We know that patients.

00:17:47.480 --> 00:18:02.440
Nikki Medalen
Who are between the ages of 45 and 75 with no history of an adenomatous polyp, no history of inflammatory bowel disease or any family history of colon cancer are considered to be of average risk and based on those findings.

00:18:03.750 --> 00:18:06.080
Nikki Medalen
We can instruct them that they have.

00:18:07.180 --> 00:18:21.530
Nikki Medalen
A number of choices to make of which type of screening they would like based on average risk. If the patient is younger than 45, we generally don't screen them, but if they've had a family history of someone, if they have a family history with someone.

00:18:21.930 --> 00:18:30.200
Nikki Medalen
A man who has colorectal cancer. We would want to begin screening 10 years younger than the person that was diagnosed.

00:18:33.940 --> 00:18:34.590
Nikki Medalen
Uhm?

00:18:36.810 --> 00:18:50.540
Nikki Medalen
So of course there are all kinds of all of the options listed here for the types of screening that they have in this. Excuse me, the types of screening that they are eligible for and this example is available on our screen.org website.

00:18:54.270 --> 00:18:57.530
Nikki Medalen
I think everyone pretty familiar with this one, so I'm going to.

00:18:58.300 --> 00:18:59.480
Nikki Medalen
To keep moving forward.

00:19:00.210 --> 00:19:00.780
Nikki Medalen
Uhm?

00:19:01.930 --> 00:19:20.310
Nikki Medalen
Whenever we're thinking about cancer screenings or really any population health management policy, it's important to consider our portfolio approach or what we call a 521 approach. A portfolio approach is a comprehensive approach that provides multiple opportunities for interaction with the patient about the same topic.

00:19:21.250 --> 00:19:46.510
Nikki Medalen
We know that interventions that involve many components five or more are about 40% more effective, not just doing 5 interventions, but doing them well every time for every patient. Which is why a policy is so important. We also know that care that significantly involves at least two individuals besides the patient is about 30% more effective.

00:19:47.550 --> 00:19:53.790
Nikki Medalen
So make sure that you know who those people are in your facility, who is owning responsibility for that care.

00:19:54.440 --> 00:20:12.670
Nikki Medalen
And processes that support and increased the patients capacity for self care are 30% more effective, so we want to coach up. We want to make sure that the patient has all the support and education they need to make a good decision on what kind of tests they want to have and then follow with the support and education they need to complete that test.

00:20:13.180 --> 00:20:18.100
Nikki Medalen
So for colorectal cancer, this means that it isn't enough just to make a recommendation.

00:20:20.000 --> 00:20:31.860
Nikki Medalen
That's just one intervention, but rather a policy with five or more interventions to assure that every opportunity for success is made available. And I've listed some of those interventions on the right hand side.

00:20:37.120 --> 00:20:56.110
Nikki Medalen
One more item that needs to be considered in your policy is to assure that no provider is doing a digital rectal exam to obtain a sample for you, send a stool card. This is not been acceptable for nearly two decades, and yet we still hear or see clinicians using this method, such as collecting a sample when performing a pap smear.

00:20:59.180 --> 00:21:04.540
Nikki Medalen
So here are just some quotes from different credible sources that remind us.

00:21:05.830 --> 00:21:06.320
Nikki Medalen
That

00:21:07.200 --> 00:21:09.890
Nikki Medalen
digital rectal exams should not be used.

00:21:16.530 --> 00:21:27.700
Nikki Medalen
So the national screening guidelines. These are the policy updates and you'll see that they're highlighted in red, which means that these are links. If you want to visit.

00:21:29.120 --> 00:21:29.800
Nikki Medalen
These

00:21:30.810 --> 00:21:33.750
Nikki Medalen
sites you can get the full.

00:21:34.910 --> 00:22:02.730
Nikki Medalen
Recommendation on each. So for the American Cancer Society, actually in May of 2018, they released an updated guidance to begin screening for colon and rectal cancer. In average risk adults at age 45. And then of course in May of 2021. The USPSTF released updated guidance to begin screening at 4 CRC and average risk adults also at age 45, and so these finely match.

00:22:04.340 --> 00:22:29.520
Nikki Medalen
In terms of how this impacts your policy, if you've already gotten if you already have a policy in place, you might want to take a look at how your EHR is flagging when people are do for colorectal cancer screening. If it's still at 50, you'll want to reset that flag for 45. Maybe you'll want to check the parameters of the reports that you print. Most of them are likely set at 50.

00:22:30.650 --> 00:22:58.860
Nikki Medalen
And for the purposes of this project, actually we are still collecting data on 50 to 75 until we receive an update from the CDC on that, and so it might just be that you want to collect that information separately from the data that you're collecting for this project. But we highly encourage you to begin screening at 45 now so that at the time that those recommendations changed to be screening from 40.

00:23:00.270 --> 00:23:06.840
Nikki Medalen
To to add that additional population from 45 to 50 that your rates don't just plummet.

00:23:08.280 --> 00:23:17.260
Nikki Medalen
You know you'll have a whole another age group in there that has never even been addressed. Probably, so let's start really thinking about getting those persons screend now.

00:23:21.480 --> 00:23:37.330
Nikki Medalen
There is a providers guide to colorectal cancer screening from the national Colorectal Cancer Roundtable. It's pretty simple. The dudes, I think, are things that you probably already are doing, but the things in the don't list are kind of interesting, so this might be something that you want to.

00:23:38.900 --> 00:23:48.550
Nikki Medalen
Provide to your to your providers. Make sure that they're aware of the, UM, the new updates to the national recommendations, and as you.

00:23:50.070 --> 00:23:51.300
Nikki Medalen
Publish or.

00:23:52.360 --> 00:24:07.280
Nikki Medalen
Uhm, announced your policy to your providers and staff. This might be something that you want to hand out. Along with that. And of course it's available on our screen.org website and it is available for you to Co brand the flyer with your own logo.

00:24:08.130 --> 00:24:12.360
Nikki Medalen
This might be something that you want to use as it is, or it might be something you want to add too.

00:24:13.180 --> 00:24:14.710
Nikki Medalen
Just want you to know that it's out there.

00:24:17.460 --> 00:24:29.670
Nikki Medalen
So last Thursday when I sent you the reminder for this, I asked that you be prepared to share some key points in your policy that you would recommend to others or some things that.

00:24:30.960 --> 00:24:35.610
Nikki Medalen
Maybe you don't have, but you you've seen elsewhere that you think are really important.

00:24:37.030 --> 00:24:44.010
Nikki Medalen
To be a part of your policy, does anyone have any suggestions that they want to share with everyone?

00:24:48.740 --> 00:24:54.850
Nikki Medalen
I'm not sure on this group, if everyone has even started on their policy yet.

00:25:05.800 --> 00:25:09.350
Nikki Medalen
Are there any weaknesses in your policy that you'd like to improve on?

00:25:18.660 --> 00:25:30.090
Sauter, Shannon
This is Shannon with UND. One of our weaknesses, I think, is consistency making sure that you know every patients when they come in. If they're eligible for screening that we address it.

00:25:19.000 --> 00:25:19.530
Nikki Medalen
It's a shame.

00:25:31.420 --> 00:25:37.990
Sauter, Shannon
And not just with the I mean with the providers with the nurses kind of across the board. Consistency will be a big thing for us.

00:25:40.480 --> 00:25:57.550
Nikki Medalen
You know recently from one of our other participants in another cohort, we saw and eat. She actually CCTS on the email that she had sent to all the providers in her clinic and she had collected the data on the number of patients seen in that clinic.

00:25:59.520 --> 00:26:04.910
Nikki Medalen
That were eligible for CRC screening versus the number of patients where it was documented that they had.

00:26:05.720 --> 00:26:15.380
Nikki Medalen
Uhm introduced CRC screening or or ordered a test and it was so interesting, the way that she's done that so she's providing. Excuse me.

00:26:16.870 --> 00:26:24.120
Nikki Medalen
Excuse me, she was providing feedback to each provider in it. It was. It was really nicely done. It was in a way that was saying.

00:26:24.860 --> 00:26:29.100
Nikki Medalen
You know, we really have to work at this as a team. We're trying to meet this goal.

00:26:30.410 --> 00:26:37.310
Nikki Medalen
And then she explained how she had collected this data and just pointed out that they were missing.

00:26:37.980 --> 00:27:01.620
Nikki Medalen
Uhm, they'd missed opportunities and she wasn't in any. It didn't seem to me anyway. Reading this that she was pointing out to anybody like shame on you. It was more, you know. Here's the proof that we're we're missing opportunities when patients are coming into our practice. Let's do better next month, and it was such a nice way to provide that feedback, but.

00:27:03.980 --> 00:27:18.760
Nikki Medalen
I don't know actually have to go back and look now and see if that's a part of of their policy that she's following through that way, but it really was a great way for them to kind of measure the progress that they're making. And if she continues to do that, they'll be able to see some change on a very regular basis.

00:27:26.120 --> 00:27:28.140
Nikki Medalen
One other thing, I just want to point out.

00:27:30.150 --> 00:27:40.910
Nikki Medalen
You know, we did a really thorough community assessment and you all have access to your completed detailed assessments in red Cap.

00:27:41.880 --> 00:27:46.120
Nikki Medalen
Am I right Jon? They do have access to their detailed assessment.

00:27:47.040 --> 00:27:48.690
Nikki Medalen
I know that we do OK.

00:27:47.360 --> 00:27:51.930
Jonathan Gardner
Yes, Yep, everybody should have access to their detailed assessment. Yep.

00:27:52.190 --> 00:28:14.880
Nikki Medalen
So as you're building your policy, you might want to go back and look at the detailed assessment and see where you rated yourself lower just to make sure that you are addressing gaps in your facilities where

you had said. You know, maybe it maybe like what I have circled. Their staff have a process for obtaining past screening results if unknown.

00:28:15.770 --> 00:28:21.550
Nikki Medalen
In some cases, and in this case, this facility ranks themselves as strongly disagree.

00:28:22.210 --> 00:28:33.720
Nikki Medalen
Well then maybe we need to include in the policy the procedure for doing that so that that now becomes a part of the way that they do business. So that's just another suggestion for for.

00:28:34.640 --> 00:28:46.760
Nikki Medalen
As you're planning it out and thinking about what this policy should look like, that's a real good place to go back and and you've already evaluated this about yourself. This is not something that we have.

00:28:47.540 --> 00:28:53.240
Nikki Medalen
Uhm, adjusted or or make changes to this was all self evaluation so.

00:28:55.040 --> 00:29:00.180
Nikki Medalen
It it would be prudent, I think, to go back and take a look at at that and see where.

00:29:02.320 --> 00:29:09.610
Nikki Medalen
There may be some places that you can use the policy to improve your your standards of practice in your organization.

00:29:12.660 --> 00:29:29.520
Nikki Medalen
So some resources for the journey ahead. Of course, the USPSTF guidelines also under screen.org. I've listed some of the resources that are available to help you build your policy. We do have a sample screening policy as well as a sample standing order.

00:29:30.110 --> 00:29:38.080
Nikki Medalen
Uhm, we encourage you to take a look at those. They are certainly not meant to be the ideal. And of course we expect that everyone would have.

00:29:38.530 --> 00:29:44.160
Nikki Medalen
Uhm, certain caveats in their own organizations for the way that they practice or.

00:29:45.470 --> 00:29:55.880
Nikki Medalen
What it looks like in one clinic is not going to look the same in another, and so we provide this to you. Just as a starting point, but there certainly that no.

00:29:57.330 --> 00:29:58.620
Nikki Medalen
Wrong or right?

00:29:59.840 --> 00:30:08.940
Nikki Medalen
Policy, we just want you to to make sure that you have one so that it becomes the way that you do business and it becomes a very sustainable intervention in your in your facility.

00:30:10.350 --> 00:30:30.980
Nikki Medalen
The next steps, of course, would be to complete your action plan if you haven't already done that. I think everyone in this group has done that and then begin your policy development or review when you are finished with that policy, we will ask that you submit a copy to us. We don't share those with others, we just need to know that you have one and we can mark that off on your milestones.

00:30:31.530 --> 00:30:36.330
Nikki Medalen
And also there is an evaluation survey for this.

00:30:37.040 --> 00:30:40.990
Nikki Medalen
Rapid Action collaborative session and so we ask that you complete that.

00:30:41.960 --> 00:30:53.150
Nikki Medalen
And just a reminder that the next collaborative call is on November 9th and the topic will be a matter of choice and will be going through all the different options available for colorectal cancer screening.

00:30:54.270 --> 00:30:56.540
Nikki Medalen
Does anyone have any questions or comments?

00:31:05.330 --> 00:31:16.740
Nikki Medalen
Hearing none, then until next time. If you do have any questions or concerns, please feel free to contact either. John Ryan would be happy to answer your questions and we thank you for joining today. We hope you have a very productive day.

00:31:18.940 --> 00:31:20.460
Hostetter, Jeff
Thank you guys. Have a good.

00:31:19.930 --> 00:31:20.580
Sauter, Shannon
Thanks Nikki.