00:00:00.000 --> 00:00:00.630
Jonathan Gardner
Could you go?

00:00:02.290 --> 00:00:03.020
Nikki Medalen
Thank you.

00:00:10.410 --> 00:00:11.880
Nikki Medalen
Hello Shannon, welcome.

00:00:15.390 --> 00:00:16.330
Sauter, Shannon
Hey Nikki, how are you?

00:00:17.140 --> 00:00:18.340
Nikki Medalen
Great, thank you.

00:00:37.050 --> 00:01:01.720
Nikki Medalen
Alright, well it's 1:00 o'clock, so we will get started. I want to welcome you all to the third module of the Skreened Rapid Action Collaborative for any of you who are new to these calls. My name is Nikki Medalen and Jonathan Gardner is also with on the call today. We ask that you chat in your name, title, and the facility that you are working at as this will serve as our sign in sheet for RC use.

00:01:03.640 --> 00:01:35.160
Nikki Medalen
As always, this session is being recorded and it will be available at thescreen.org website under the Rapid Action Collaborative tab, along with any accompanying documents and evaluation. Ceu's will be calculated based on your participation or your viewings of the modules and of course, the completed evaluations at the end of the six sessions and at that time certificates will be emailed to you. So just remember that we have to have an evaluation in order for it to count in order for you to get CEO's.

00:01:38.160 --> 00:02:06.810
Nikki Medalen
In order to be the modules on thescreen.org website, you will have to sign in to the website. These modules are not available to the general public, so in the upper left hand corner you'll see the option to log in or register, and if you haven't registered before, click register and then everything will be available to you. There may be a little bit of a delay as John does put you into cohorts, so just to make sure that you have everything available to you in your cohort, he will.

00:02:07.200 --> 00:02:08.540
Nikki Medalen
He'll approve you for those.

00:02:11.990 --> 00:02:14.180
Nikki Medalen
So today we're talking about.

00:02:15.950 --> 00:02:22.050
Nikki Medalen
The choices that are available for colorectal cancer screening and so obviously.

00:02:23.180 --> 00:02:37.480
Nikki Medalen
The direct visual is not our method of choice, as you see in this picture. There are other options available, So what we want to know is which screening test is the best? What's the best one?

00:02:38.440 --> 00:02:40.910
Nikki Medalen
So John, do you want to put the poll up for that?

00:02:44.360 --> 00:02:45.450
Nikki Medalen
We'll see what you think.

00:03:04.490 --> 00:03:07.550
Nikki Medalen
Right, I think we have all eight responses. 9 responses so.

00:03:08.690 --> 00:03:24.760
Nikki Medalen
You said 67% of beside colonoscopy, 33% said Cologuard nobody said fit, which that's kind of surprising to me. But the real answer is that the best test is the one that the patient completes, which kind of a trick question. Since we didn't have that option on there.

00:03:25.130 --> 00:03:31.910
Nikki Medalen
Uhm, but the science now says that the stool tests are every bit as.

00:03:32.380 --> 00:03:32.890
Nikki Medalen
Uhm?

00:03:34.250 --> 00:03:56.250
Nikki Medalen
Accurate as colonoscopy they do a little bit different thing, so colonoscopy of course polyps can be removed and whatnot, but but the science says that for the average risk client the stool tests are equally effective and so we want to make sure that we're screening our patients and allowing them to have the test that's most appropriate for them and we'll go over what those are.

00:03:57.420 --> 00:04:04.970
Nikki Medalen

So I wanted to share with you a clinic story. This comes from self Dakota so all their clinics are very similar to ours and I thought that this was.

00:04:07.160 --> 00:04:09.790
Nikki Medalen
An appropriate example for us.

00:04:10.980 --> 00:04:11.610
Nikki Medalen
This.

00:04:13.400 --> 00:04:16.560
Nikki Medalen
Prior to this initiative.

00:04:17.230 --> 00:04:22.630
Nikki Medalen
The self Dakota physicians were basically offering colonoscopy as their main.

00:04:24.400 --> 00:04:25.190
Nikki Medalen
Testing

00:04:26.040 --> 00:04:56.140
Nikki Medalen
methodology and so they wanted to see what difference it would make in offering other tests. So the Sanford Watertown Clinic tried but could not raise its colorectal cancer screening. Use patients said that they didn't get screened because of the cost. They didn't like the preparation needed for colonoscopy somewhere afraid of the colonoscopy, or they couldn't take time off of work care managers at the clinic made a list of patients who needed to be screened. They called these patients to talk about why they should be screened.

00:04:56.420 --> 00:05:23.490
Nikki Medalen
And the different tests available to them. As a result, 21 patients scheduled a colonoscopy. The care managers mailed 100 stool test kits to patients not getting a colonoscopy, and more than half of the tests were completed and returned. Three completed tests kits had positive results, and all three people then had a colonoscopy. The clinics screening use went up from 66% to almost 75% within a few months.

00:05:26.000 --> 00:05:27.370
Nikki Medalen
So great reason to share.

00:05:28.640 --> 00:05:29.270
Nikki Medalen
Uhm?

00:05:30.530 --> 00:05:58.610
Nikki Medalen
There are a lot of considerations, so the purpose of our call today is really to understand all of the options available for colorectal cancer screening. Colonoscopy has long been considered kind of the gold standard, but we're finding over the last decade that while this is true for people of high risk for colon cancer, for people of average risk, there really are much less invasive and much lower cost methods that are nearly equally effective, so we want to walk through some of the concerns that patients have.

00:05:59.420 --> 00:06:01.050
Nikki Medalen
And the first is the risk level.

00:06:01.790 --> 00:06:30.420
Nikki Medalen
So a person risk for colon cancer might influence their choice for screening tests. If you have an increased risk of colon cancer. Of course, the doctor should recommend more frequent calling colorectal cancer screening with colonoscopies and those, of course, include people who have a personal history of colon cancer or precancerous polyps. If a person has a parent, sibling, or child who's had colon cancer, if the patient carries a gene for a hereditary colon cancer syndrome.

00:06:31.090 --> 00:06:46.750
Nikki Medalen
If they've got a history of inflammatory bowel disease, such as all sort of colitis or Crohn's disease, then those patients of course should be screened with colonoscopy. However, if they don't have any of those risk factors than other considerations will need to be weighed.

00:06:46.800 --> 00:06:46.960
Nikki Medalen
It.

00:06:48.050 --> 00:07:09.150
Nikki Medalen
So another consideration is convenience. How long will the test take? How often do you need to repeat the test? Whether or not you'll need sedation, how much follow up care will you need? Do you need follow up testing to investigate a false positive or to remove tissue comfort with the doctors? Approach to screening is another consideration.

00:07:09.570 --> 00:07:33.890
Nikki Medalen
Uhm, of course you want to make sure that you're that you're comfortable with. The colon cancer screening tests at the doctor recommends, but if the patient, if the doctor specializes in a particular tests, but you'd rather have another test, then the patient should be free to express their wishes, and the doctor might need to refer to someone trained with with that test to make sure that both the physician and patient are most comfortable.

00:07:35.260 --> 00:07:44.670
Nikki Medalen

Of course, insurance coverage or costs are consideration. How much is the patient willing to pay out of pocket if their insurance is not covering the tests that they want?

00:07:45.330 --> 00:07:47.420
Nikki Medalen
Uhm, preparation involved.

00:07:48.020 --> 00:08:18.030
Nikki Medalen
Preparing for colorectal cancer screening can be uncomfortable or inconvenient, but it is necessary for the test to be effective. So as part of the decision, it really you really, the patient, really does need to consider the willingness or ability to follow the prep instructions for specific colorectal cancer screening tests and and this might be, you know, kind of on a scale from avoiding solid food the day before the exam. Adjusting medications, of course, with Cole, colonoscopy.

00:08:18.080 --> 00:08:22.750
Nikki Medalen
They have to drink the laxative solution or use an enema to empty their colon.

00:08:23.800 --> 00:08:30.300
Nikki Medalen
So there's lots of variation in the prep that's needed for stool test versus colonoscopy.

00:08:31.260 --> 00:08:33.830
Nikki Medalen
Or any scoping exam?

00:08:35.140 --> 00:08:38.400
Nikki Medalen
Also, attitudes towards screening so.

00:08:39.070 --> 00:08:55.270
Nikki Medalen
The more thorough the colon cancer screening tests, the more likely it is to detect any cancer or precancerous polyps. Conversely, a more thorough test might also mean more inconvenience or more uncomfortable preparation, or even a slightly higher risk of serious complications.

00:08:57.430 --> 00:09:17.350
Nikki Medalen
So of course the patient should ask themselves will they feel best if they know they've chosen the most thorough screening test? Will they worry or doubt the results if they choose a less sensitive test, they need to also consider how concerned they are about convenience, preparation or the possibility of serious complications.

00:09:18.250 --> 00:09:27.740
Nikki Medalen
And of course there are pros and cons to each test, which we will go through and then the other slide starting here. So these are the scopes that are.

00:09:28.770 --> 00:09:34.900
Nikki Medalen
Typical for colorectal cancer screening. Of course. Colonoscopy, virtual colonoscopy or flexible sigmoidoscopy.

00:09:36.210 --> 00:09:36.780
Nikki Medalen
Uhm?

00:09:37.710 --> 00:09:54.090
Nikki Medalen
There is also a capsule endoscopy, which is a procedure that uses a tiny wireless camera to take pictures of the digestive tract and then that capsule endoscopy camera sits inside a vitamin sized capsule that the patient swallows. This isn't very common around here that I'm aware of.

00:09:55.880 --> 00:10:04.780
Nikki Medalen
But then the pictures that are that the camera takes are transmitted to a recorder that that they wear around their waist, so we don't see that a lot here.

00:10:05.610 --> 00:10:06.110
Nikki Medalen
Uhm?

00:10:07.640 --> 00:10:30.930
Nikki Medalen
Colonoscopy, of course, is considered one of the most sensitive tests the doctor can view the entire colon and any abnormal tissue such as polyps can be removed, but there are some cons of. Of course, it may not detect all small polyps or cancers. That was very dependent on the physician doing the test. Bowel Prep is required, and oftentimes this can be complex for a patient.

00:10:31.750 --> 00:10:51.370
Nikki Medalen
Sedation is almost always used and it may take some time to wear off so they may need a driver and rarely there are some complications either bleeding from the site of a polyp or biopsy, or very rarely a tear in the ****** wall or colon. Cramping and bloating may occur afterwards so the patient may need to take some time off of work to have this test done.

00:10:52.920 --> 00:11:13.360
Nikki Medalen
With a virtual colonoscopy, the doctor can view the entire colon and no sedation is required. But the cons here again, they may not protect. Excuse me, detect all small polyps and cancers. Again, the football prep is required and and diet medication adjustments made before the test. There is some risk from radiation exposure here.

00:11:14.670 --> 00:11:23.360
Nikki Medalen

Tissue samples cannot be taken during the exam and a follow up test is needed, or colonoscopy needed. If this is positive, again cramping and bloating afterward.

00:11:24.380 --> 00:11:31.560
Nikki Medalen
But this test may detect abnormalities and other abdominal organs, and so there may be additional tests needed to determine the cause of those.

00:11:32.780 --> 00:11:52.700
Nikki Medalen
Flexible sigmoidoscopies I guess we haven't been talking about how frequently these need to be done with colonoscopy. Of course every 10 years virtual colonoscopy every five flexible sigmoidoscopies that can vary a little bit and with flexible sigmoidoscopies they still recommend that if it be done annually. Along with this test.

00:11:53.640 --> 00:12:05.610
Nikki Medalen
We have not found flexible sigmoidoscopy to be used very frequently in the state. Although we were in the South East corner of the state this spring and they talked about a population of people there that.

00:12:06.900 --> 00:12:25.210
Nikki Medalen
Where where they did have public transportation that would deliver them to and from the hospital, but they wouldn't if they needed to have sedation and with flexible sigmoidoscopy that sedation was usually not needed and so they were able to do that test.

00:12:25.780 --> 00:12:35.350
Nikki Medalen
I am a little less cost than colonoscopy, but also for that particular patient population it was a better test for them.

00:12:36.560 --> 00:12:37.170
Nikki Medalen
Uhm?

00:12:38.640 --> 00:13:08.110
Nikki Medalen
So I think we're familiar with those with the stool tests. We have some options here fit or I FOBT and these are immuno immunochemical tests that need to be done on an annual basis. There are some pros. The sample of course can be collected at home. There is no colon prep in many cases. The kits only require 1 sample so if you're using more than one sample just know that there are kids out there that only require 1 sample and many of the.

00:13:09.320 --> 00:13:15.010
Nikki Medalen
The brand names or whatever the cost is very similar, but.

00:13:15.910 --> 00:13:20.870
Nikki Medalen
And the tests equally as accurate. I will share a document with you that compares some of those tests.

00:13:21.620 --> 00:13:51.580
Nikki Medalen
Uhm, here of course there's no sedation required. The overall diagnostic accuracy is about 95% and it is the lowest cost at between 75 and $125.00. The cons again, or that it fails to detect polyps. So of course colonoscopy is the way to go if we believe we have some polyps present, additional tests are needed if positive. Of course the patient needs a follow up colonoscopy and then it is the lowest.

00:13:51.960 --> 00:13:54.650
Nikki Medalen
Risk of false positive results.

00:13:57.340 --> 00:14:24.600
Nikki Medalen
Cologuard is done every three years. This is the stool DNA test in. At this point, Cologuard is the only brand available. This sample is also collected at home. Requires no colon prep. It does require collecting a larger sample or nearly an entire bowel movement. There is no sedation and we have here the cost of $500 or this done every three years. I just got the test.

00:14:24.830 --> 00:14:39.240
Nikki Medalen
Uhm amounts. Just the other day from the Cola Cola guard Rep and it's actually $681.00 if charged to insurance. $581.00 out of pocket so the cost is a little bit more.

00:14:39.300 --> 00:14:47.080
Nikki Medalen
Yeah, UM, the cons here are less that it's less sensitive than colonoscopy at detecting polyps, of course.

00:14:48.330 --> 00:14:58.300
Nikki Medalen
Additional tests are needed if it is positive, so again follow up colonoscopy and there are there is a higher risk of a false positive result with Cologuard.

00:15:00.150 --> 00:15:19.280
Nikki Medalen
And finally, in a very distant recommendation, is the guaiac high sensitivity guaiac test, which is a fecal occult test as well. Again, the collection can be done at home. There's no prep. This one does require three bowel movements, so it takes a little bit more on the patients end. There is no sedation.

00:15:20.190 --> 00:15:35.720
Nikki Medalen
The cons include that it fails to detect polyps. There are some food and medication restrictions for a few days before the tests. Additional tests are needed. Again colonoscopy, if it is positive, but there is a low risk of a false positive result with this test.

00:15:37.390 --> 00:15:57.950
Nikki Medalen
You know one of the things that we keep talking about over and over again is that in many cases where colonoscopy has been the method of choice for many years and we're we're just starting to use stool tests. Cologuard is often the one that is chosen, and in part because exactsciences, the makers of Cologuard.

00:15:58.930 --> 00:16:28.580
Nikki Medalen
Do a lot of the work for you in in terms of the follow the tracking and follow up of the kids that are ordered. They do a really nice job of following up with patients and helping them navigate. How to do that stool test but we see over and over again a real need to also have a fit or and I FOBT test available because in many cases the patient simply can't afford the Cologuard either. They have not met their deductible or they've got a.

00:16:29.020 --> 00:16:56.730
Nikki Medalen
Uhm, a grandfathered plan that does not cover the cost of Cologuard, and so for those patients who want to be screened. But that cost is going to come out of pocket. That $581.00 is probably more than they wanted to spend on that, but they maybe could come up with around 100 bucks and so that fit test is a really nice option for them. Again, it has to be done annually, but.

00:16:57.770 --> 00:16:58.260
Nikki Medalen
Uhm?

00:16:59.020 --> 00:17:04.200
Nikki Medalen
You know for for that patient population it might be the test that they are most likely to complete.

00:17:07.870 --> 00:17:20.800
Nikki Medalen
This is a decision making tool that's available from the American Cancer Society. We call it. Which test is right for you, and it doesn't. Excellent job of describing each of the tests you see. The second page there, the middle.

00:17:21.930 --> 00:17:22.600
Nikki Medalen
Image.

00:17:25.060 --> 00:17:33.440
Nikki Medalen
So it doesn't excellent job of explaining to the patient exactly what each test does and how it works and what the pros and cons are and helps them make that decision.

00:17:34.130 --> 00:17:34.730
Nikki Medalen
Uhm?

00:17:36.300 --> 00:17:57.510
Nikki Medalen
It's a really nice guide to the conversation on the third page, you can see that there's like a Likert scale there, and it's describing each of the tests and then it has this questionnaire for the patient with questions about the patients concerns that can help guide that conversation with the doctor. There's also a section on the bottom here. I guess I don't have my pointer out here, but this section.

00:17:57.950 --> 00:18:17.060
Nikki Medalen
Uhm, that is kind of a myth versus fact section that can help dispel some misinformation that may be circulating so we do have a link to this tool on thescreen.org website and it's it will be listed with this module as well as a link on the final slide or the last couple of slides.

00:18:20.100 --> 00:18:43.150
Nikki Medalen
One of the reasons that we really want to use stool tests is to maximize capacity for colonoscopy in our state, and so this is getting to be a little bit old. On this map was done actually during the time we were doing a SIP project, a special innovation project around colorectal cancer screening about five years ago, and so this.

00:18:43.220 --> 00:18:44.910
Nikki Medalen
Uhm, map.

00:18:45.570 --> 00:18:47.830
Nikki Medalen
Indicated where in the state.

00:18:48.480 --> 00:18:57.050
Nikki Medalen
Colonoscopies were being done, and what their capacity was, so the larger the circle, the greater the capacity at that facility.

00:18:58.280 --> 00:19:05.270
Nikki Medalen
But the the interesting thing here is that the pink the lighter color you can see that.

00:19:07.650 --> 00:19:08.380
Nikki Medalen
That

00:19:09.820 --> 00:19:12.750
Nikki Medalen
if there's a lot of pink around the circle, then there is.

00:19:14.260 --> 00:19:15.750
Nikki Medalen
Time or or.

00:19:16.730 --> 00:19:45.460
Nikki Medalen
Openings in the schedule to do colonoscopy, and where that circle is completely filled in. There's very little additional capacity available, so you can see, for instance, in my net that that circle is pretty full for patients who want a colonoscopy, at least a in 2016, there may have been quite a long waiting period for that versus in some of those areas, say the North East corner of the state, where there's quite a lot of pink.

00:19:45.970 --> 00:19:59.890
Nikki Medalen
And those communities had more capacity available for additional colonoscopies to be done. This is one of my favorite slides. It's a little bit hard to understand until you've studied it for awhile, but I'll do my best explaining it.

00:20:00.720 --> 00:20:28.970
Nikki Medalen
So on the left we see this the number of patients who are screened with colonoscopy like we are using 1000 patients here and so we have this thousand patients that are eligible to be referred. The blue cone is the number of patients who refuse cola, colonoscopy or have no shows and for the rest who actually becomes who get screened with colonoscopy we find about one cancer in every 400 to 1000 colonoscopies.

00:20:30.170 --> 00:20:46.080
Nikki Medalen
On the right, this is what it's demonstrating what's happening when we use fit testing first. So if we screen 2000 patients with a stool test or fit test, and then of course we we screen them through the patients who don't.

00:20:47.190 --> 00:21:17.300
Nikki Medalen
Excuse me, then we filter out the patients who have a positive fit and then of course there's that blue cone that filters out a few patients who really refuse to have a colonoscopy. But what we find is that about 160 people would need to be screened with colonoscopy fall as a result of having a positive fit, and we would find 4 cancers in about 160 colonoscopies, and so you can see that this is a much more efficient use of the capacity for colonoscopy.

00:21:17.350 --> 00:21:18.180
Nikki Medalen
That we do have.

00:21:19.230 --> 00:21:28.770
Nikki Medalen
And of course, we already knew that if we tried to screen all of our patients in the State 50 to 75. With colonoscopy, we simply would not have, you know.

00:21:30.050 --> 00:21:44.960
Nikki Medalen

Colonoscopy capacity to do that, and now we've added the 45 to 50 year old age group. And of course we know that that would put even more pressure on that system, so we're really trying to show here how using a fit test can help us maximize.

00:21:46.020 --> 00:21:48.720
Nikki Medalen
The use of that capacity that is available.

00:21:52.540 --> 00:21:54.470
Nikki Medalen
So here we have just.

00:21:54.880 --> 00:22:16.250
Nikki Medalen
Uh, some clinical data on this is the analysis of the effectiveness of two non invasive fecal tests used to screen for colorectal cancer in average risk adults and of course the here. The results showed that and annual fit was more effective than the three yearly cola Garden reducing CRC cases. Averting colorectal cancer related deaths and increasing the.

00:22:18.860 --> 00:22:19.750
Nikki Medalen
Years of.

00:22:21.830 --> 00:22:22.800
Nikki Medalen
LYG

00:22:23.900 --> 00:22:27.200
Nikki Medalen
life years good grief I can't remember the acronym.

00:22:28.240 --> 00:22:43.740
Nikki Medalen
Uh, my life years gained compared to know screening on average. Annual fit resulted in 3.5 fewer colorectal cancer cases and 2.9 fewer colorectal cancer deaths per 1000 compared to the three year Cologuard.

00:22:44.850 --> 00:23:13.950
Nikki Medalen
Annual fit usage resulted in a .18 life years gained compared to Cologuard which allowed 8.16 years life years gained and in annual fit screening led to a total of 203 more colonoscopies performed compared to Cologuard. One way sensitivity analysis conducted over the sensitivity rates of each screen by type of lesion showed that fit remained the more effective strategy for all ranges of sensitivity.

00:23:14.610 --> 00:23:45.120
Nikki Medalen
Threshold analysis results identified. The lowest fit sensitivity value at which Cologuard or multi target DNA performed better for conventional high risk adenomas and CRC detection to be .016 and .052,

respectively. So the conclusion was that both of the non invasive screens were effective compared to know screening. Additionally, annual fit as a first step non invasive screening test for CRC appears to be the more effective tests compared to.

00:23:45.500 --> 00:23:47.970
Nikki Medalen
But every three year Cologuard.

00:23:50.820 --> 00:23:55.190
Nikki Medalen
So I'm just another reason maybe to have fit on hand as well as Cologuard.

00:23:57.900 --> 00:24:08.110
Nikki Medalen
No one thing that we have been aware of is that not all fit tests are created equal, and this is kind of a shock to a lot of people, but.

00:24:09.310 --> 00:24:17.710
Nikki Medalen
Five years ago when we were working on this, doctor Dorado Brooks had shared a document with us that identified which of the?

00:24:18.280 --> 00:24:21.330
Nikki Medalen
Uhm, fit tests had published.

00:24:23.010 --> 00:24:24.660
Nikki Medalen
Data on there.

00:24:25.000 --> 00:24:50.650
Nikki Medalen
Uhm, sensitivity and specificity for colon cancer and not all tests have published that, and so there is a new document. This is a clinician and reference that is available. We downloaded it from the national colorectal cancerroundtable.org but it is a a document that is published by the American Cancer Society and it identifies or provides for you.

00:24:52.100 --> 00:25:11.180
Nikki Medalen
This this information so that you can make the best choice of which fit test is right for your organization. There's a lot more information in there than just what I'm showing you here, but I want to make you aware that it's not just a matter of finding the cheapest tests or the one that you know.

00:25:12.950 --> 00:25:19.460
Nikki Medalen
Don't just pick the first one available in the list from your vendor. Make sure that it's.

00:25:20.160 --> 00:25:22.740
Nikki Medalen
It's the tests that you want to use for screening.

00:25:24.620 --> 00:25:36.030
Nikki Medalen
I feel like I would be a little bit remiss if I didn't give you a little bit of information on what flu fit is, especially this time of the year. We like to talk about this a little bit earlier.

00:25:37.360 --> 00:25:39.050
Nikki Medalen
Just because it is.

00:25:39.870 --> 00:25:40.420
Nikki Medalen
Uhm?

00:25:41.110 --> 00:25:52.170
Nikki Medalen
It's already flu season and so you know this is something we like to think ahead a little bit on. But flu fit pairs colorectal cancer screening with.

00:25:53.310 --> 00:26:14.000
Nikki Medalen
Flu shots so that when the patient presents, they're given information on on both their given their flu shot. But they're given the opportunity to also take home a fit test. And given the instructions for how that works, where they can return it. And this has actually worked very well in North Dakota and a couple of different places.

00:26:14.350 --> 00:26:44.340
Nikki Medalen
Uhm, a few years ago, coal, country, Community Health partnered with Custer District Health Unit, where Custer was providing a lot of flu shots in the areas, especially in senior centers and community, making it available to the community. Those nurses also provided information on fit distributed tests, gave the instructions, and gave them an envelope where they could mail back the fit test to the Coal Country Lab, where it would be processed and recorded.

00:26:44.830 --> 00:26:59.170
Nikki Medalen
In their HR and they were able to raise their rates. In fact, coal, country, Community Health Center, I believe is one of the first communities to receive the 80% by 2018 award and they received that, I believe in 2017.

00:27:01.360 --> 00:27:02.760
Nikki Medalen
So now I want to hear from you.

00:27:03.250 --> 00:27:07.840
Nikki Medalen
Uhm, are your providers in your clinic hesitant to use stool tests?

00:27:08.900 --> 00:27:16.500
Nikki Medalen
And what can we help with in terms of providing information that they might need to reconsider that that hesitancy?

00:27:26.830 --> 00:27:29.600
Nikki Medalen
Don't be afraid to speak up here in the cone of safety here.

00:27:34.920 --> 00:27:35.970
Jonathan Gardner
Or use the chat.

00:27:35.360 --> 00:27:35.660
Nikki Medalen
Thanks.

00:27:37.540 --> 00:27:38.060
Nikki Medalen
Yes.

00:27:40.380 --> 00:27:47.270
Nikki Medalen
You know, we've got three providers on the call here. I I kind of want to pick your brain about how you have come.

00:27:47.960 --> 00:27:54.150
Nikki Medalen
You know how do you feel about it? How what? What kind of information do you need to help make that?

00:27:55.200 --> 00:27:59.030
Nikki Medalen
Kind of transition from colonoscopy to stool tests, especially when you're.

00:27:59.830 --> 00:28:05.960
Nikki Medalen
You know your providers of colonoscopy is that. Is that something that makes it difficult to recommend a stool test or?

00:28:09.120 --> 00:28:13.890
Hostetter, Jeff
Let's start here. I stated I don't have any trouble at all. I just let the patient decide.

00:28:14.550 --> 00:28:15.040
Hostetter, Jeff
Uhm?

00:28:15.990 --> 00:28:19.500
Hostetter, Jeff
The biggest barrier that most of them.

00:28:20.650 --> 00:28:31.470
Hostetter, Jeff
Have for fit cards is that every year they don't. They won't remember, you know they really. I think most people don't want to if they don't want to have a colonoscopy.

00:28:32.960 --> 00:28:51.990
Hostetter, Jeff
Then they usually choose Cologuard 'cause they don't have to remember so much. That's been my personal experience, but some people just do the fit cards and ioffer all of them. I think all of the providers in our clinic pretty much do that. Don't think anybody believes one is sort of vastly superior the other. At least they're not taught that.

00:28:52.680 --> 00:28:53.080
Hostetter, Jeff
So.

00:28:53.960 --> 00:28:54.500
Nikki Medalen
Thank you.

00:28:54.130 --> 00:28:54.670
Hostetter, Jeff
That's fine.

00:28:55.430 --> 00:28:57.850
Tammy Clemetson (Guest)
This is Tammy and I I agree with what you said.

00:28:57.900 --> 00:29:13.830
Tammy Clemetson (Guest)
And it's sometimes easier to get the patient to commit to the colon colonoscopy, because you have him there and you get him scheduled and you give him the instructions and the prep, whereas you have them get a color guard sent to home. Or you send the fit test home with them.

00:29:14.810 --> 00:29:22.650
Tammy Clemetson (Guest)
It's very hard to get them to complete the Cologuard and send it in on time or to return the fit.

00:29:23.320 --> 00:29:27.890
Tammy Clemetson (Guest)
So it just seems like once you have them in the clinic and you can get them scheduled, it's just.

00:29:28.440 --> 00:29:31.170
Tammy Clemetson (Guest)
It seems like it's easier and they follow through.

00:29:32.010 --> 00:29:34.450
Tammy Clemetson (Guest)
A lot more with a colonoscopy.

00:29:38.250 --> 00:29:38.990
Nikki Medalen
Interesting.

00:29:40.160 --> 00:29:55.110
Nikki Medalen
So Cologuard does it really great job of patient navigation and you know, calling back if those tests aren't returned within a few weeks, they'll they'll call them over and over. And the nice thing about Cologuard is they don't charge for the test until it's actually completed and resulted.

00:29:56.010 --> 00:30:09.200
Nikki Medalen
But what we're finding is that for fit, somebody has to take on that responsibility of calling the patient, asking if they've you know, did they lose the test? Did they mess it up and feel like they couldn't?

00:30:09.900 --> 00:30:18.520
Nikki Medalen
Couldn't bring it in for for processing, do they need a new test? Do they have questions about it and that does take a lot of time?

00:30:19.270 --> 00:30:32.810
Nikki Medalen
And so we know that if if it's just a matter of handing out the fit test and expecting it to be returned, you're absolutely right. The percentage of return is much lower where there's no navigation.

00:30:38.510 --> 00:30:43.860
Nikki Medalen
Uh, when patients refuse CRC screening are barriers to the tests discussed or options offered?

00:30:48.570 --> 00:30:50.460
Tammy Clemetson (Guest)
Which test are you talking about? All three of them.

00:30:51.810 --> 00:31:02.090
Nikki Medalen
Yes, if if they refuse that should read if they're if they refuse, colonoscopy are barriers to the tests discussed or I guess it could be read either way.

00:31:02.650 --> 00:31:07.640
Nikki Medalen
Uhm, when somebody just says, Nope, I don't want that done. Do you? Do you go into detail about?

00:31:08.340 --> 00:31:12.440
Nikki Medalen
Why or what you know? What if they're afraid, or if they're?

00:31:13.110 --> 00:31:17.950
Nikki Medalen
It's a cost issue or transportation, or what those barriers might be.

00:31:19.060 --> 00:31:40.350
Tammy Clemetson (Guest)
Yes, yeah. After you know after you screen them and see you who they what they qualify for. I usually go through all three of them and let them decide. And and if they still refuse then I try and figure out why. And I mean we set up transportation for people you know we do whatever we can to get those barriers gone but.

00:31:42.960 --> 00:31:46.760
Tammy Clemetson (Guest)
Then it's if they still refuse. You know it's like I don't know what else you gonna do.

00:31:47.250 --> 00:31:47.980
Nikki Medalen
Right?

00:31:48.360 --> 00:31:52.730
Nikki Medalen
You know we, we recognize that this isn't something that's done the first time that.

00:31:53.420 --> 00:32:22.540
Nikki Medalen
That it's offered to them. It's like we don't just see a commercial on TV one time and we see it over and over and over again before we take action and we feel like the same thing happens here that you know the first time you mentioned it to a patient, it's easy for them to decline, but overtime when you're you know, offering and suggesting or making that recommendation over and over again, they're more likely to take action on that. So we like to spread that message out over a lot of people in your clinic and.

00:32:23.600 --> 00:32:38.310
Nikki Medalen
You know, have their be messaging in your waiting room and having the nurse asked them about it when they are rooming the patient and then the physician comes in and or provider comes in and offers it again and makes that recommendation pretty soon.

00:32:39.440 --> 00:32:43.450
Nikki Medalen
It really makes them think. Well, maybe you know, I didn't think I needed this, but maybe I do.

00:32:45.730 --> 00:33:01.190
Nikki Medalen
So thank you for for your participation in that. I want to remind everybody you should have received a

invitation to the 2021 North Dakota Colorectal Cancer Roundtable annual meeting, which will be happening on December 2nd.

00:33:02.280 --> 00:33:05.270
Nikki Medalen
From one to four, this will be a virtual event, so.

00:33:07.280 --> 00:33:20.290
Nikki Medalen
We invite you all to participate if you have not received an invitation or you want to get another one, I would be happy to send that to. You can just email me. These are live links if you can click on them here.

00:33:21.420 --> 00:33:30.320
Nikki Medalen
John, I believe in the notes I have the registration link and the agenda link if you want to put those in the UM.

00:33:31.650 --> 00:33:33.170
Nikki Medalen
In the chat, that would be great.

00:33:36.440 --> 00:33:42.400
Nikki Medalen
And then our resources for the journey ahead. Of course, the effectiveness of interventions to increase colorectal cancer screening.

00:33:42.450 --> 00:33:49.080
Nikki Medalen
Uhm, among American Indians and Alaska natives. I put that in there just because we have this large population and.

00:33:50.850 --> 00:33:53.160
Nikki Medalen
In our state and thought that might be of interest to you.

00:33:53.210 --> 00:34:15.140
Nikki Medalen
So the flu fit implementation guide. If anyone is interested in that, the decision aid that we showed in one of the slides, the which test is right for you. I wanted to make sure you had a link to that and the fit I FOBT clinician reference that will provide the published information on fit so you can make your best selection.

00:34:15.850 --> 00:34:19.800
Nikki Medalen
All of those are available and will also be linked on thescreen.org website.

00:34:21.030 --> 00:34:42.380
Nikki Medalen
Along with the recording, so of course our next steps are the technical assistance calls. We really look

forward to these this last round of calls was just amazing. We feel like we've made so much progress and as our clinics are really starting to submit data and we've got a few months to look at. We've been able to really make some progress in how we want to address.

00:34:42.910 --> 00:34:46.860
Nikki Medalen
Uhm, quality improvement in each of those clinics.

00:34:47.870 --> 00:34:58.340
Nikki Medalen
So again, encourage you to register for the annual roundtable meeting, and there is an evaluation journal. Also, have you put that link in the.

00:34:59.230 --> 00:35:04.950
Nikki Medalen
The chat our next call will be December 14th and our.

00:35:05.280 --> 00:35:20.910
Nikki Medalen
Uhm, topic will be patient navigation. This is kind of an interesting call. We don't have a lot of clinics who are doing navigation now, but we want to share with you some ideas about how that can be done. Kind of on a scale from as simply as possible all the way to.

00:35:22.480 --> 00:35:27.030
Nikki Medalen
The full patient navigation and all of the complexity that that entails.

00:35:28.780 --> 00:35:36.970
Nikki Medalen
And as always, this is our contact information. If you have any questions or comments or would like to reach us for any reason, please feel free to do so.

00:35:38.310 --> 00:35:39.800
Nikki Medalen
I brings us to the end of our time.

00:35:42.970 --> 00:35:45.840
Nikki Medalen
Thank you all for coming. Have a great day.

00:35:46.360 --> 00:35:47.810
Hostetter, Jeff
Thank you guys, take care.

00:35:48.500 --> 00:35:49.020
Nikki Medalen
You too.