

00:00:00.000 --> 00:00:06.500

Nikki Medalen

Well Kristen John is starting the recording and we will get started. I hope that we have some others join. I know this is a topic that's a little bit.

00:00:07.860 --> 00:00:11.650

Nikki Medalen

I, I think people feel like they they can't afford a patient and have a Gator and so they.

00:00:12.800 --> 00:00:19.970

Nikki Medalen

Avoid talking about it, but regardless that our numbers are low today, we will start with a pole.

00:00:19.620 --> 00:00:20.050

Melby, Kristin

OK.

00:00:20.720 --> 00:00:21.200

Nikki Medalen

Uhm?

00:00:22.170 --> 00:00:30.520

Nikki Medalen

So I want to know what the top two barriers to CRC screening are among your patients, and you can choose from the list that should pop up in your chat.

00:00:30.790 --> 00:00:31.880

Melby, Kristin

OK.

00:00:32.430 --> 00:00:34.230

Nikki Medalen

Or it might pop up on your screen.

00:00:41.250 --> 00:00:44.590

Nikki Medalen

No, that's only pick one. It's supposed to be multiple.

00:00:43.490 --> 00:00:44.530

Melby, Kristin

Now it's just pick one.

00:00:45.410 --> 00:00:47.890

Nikki Medalen

Yeah, I am intended for this coal to be.

00:00:48.470 --> 00:00:49.710

Nikki Medalen

Choose multiple, but.

00:00:50.340 --> 00:00:52.320

Nikki Medalen

So I guess you're gonna have to pick your top one.

00:00:52.840 --> 00:00:53.840

Melby, Kristin

Ankur.

00:00:57.060 --> 00:00:59.110

Melby, Kristin

No, that's tough to pick just one.

00:01:03.800 --> 00:01:06.780

Nikki Medalen

So let's talk about that a little bit. What do you think are the top 2?

00:01:07.630 --> 00:01:09.400

Melby, Kristin

Well, I know they don't like the ball prep.

00:01:11.490 --> 00:01:17.050

Nikki Medalen

Do you think that they don't? I mean, nobody likes it, but do you think they fear it?

00:01:11.570 --> 00:01:12.110

Melby, Kristin

Ah.

00:01:15.010 --> 00:01:32.180

Melby, Kristin

I think that my people have talked about it and kind of been told stories about it. You know those sorts of things, and so as out there as kind of not a fun thing to do. So the preparation, the time to get it done kind of think is stressful for people.

00:01:32.610 --> 00:01:36.320

Nikki Medalen

Right and it is a little bit different for each person so.

00:01:38.180 --> 00:01:43.230

Nikki Medalen

So yeah, the unknown, or especially the first time that you do it can be tricky.

00:01:43.790 --> 00:01:45.180

Melby, Kristin

Right, right?

00:01:46.730 --> 00:01:49.630

Nikki Medalen

What do you think is the other top barrier for you?

00:01:50.500 --> 00:01:51.260

Melby, Kristin
Uhm?

00:01:52.560 --> 00:01:53.680

Melby, Kristin
I put.

00:01:54.500 --> 00:01:57.330

Melby, Kristin
Fear of procedure down.

00:01:59.380 --> 00:02:00.720

Melby, Kristin
Because a lot of people are.

00:02:02.520 --> 00:02:04.890

Melby, Kristin
Scared to get the procedure done this uh.

00:02:06.420 --> 00:02:16.430

Melby, Kristin
Volunteered procedure to get it done now like they have to, you know get their appendix out or something like that so they're kind of scared to get it done because it's not mandatory.

00:02:17.220 --> 00:02:17.620

Nikki Medalen
Right?

00:02:18.660 --> 00:02:29.930

Melby, Kristin
She get it done as an emergency, so they're have more fear about it. I think 'cause they're saying the OK to do it. It's in their control.

00:02:30.970 --> 00:02:31.420

Nikki Medalen
Right?

00:02:32.360 --> 00:02:37.230

Nikki Medalen
Well, I agree with you, and that's actually what I chose as well. Do you want to show the results, Jon?

00:02:35.650 --> 00:02:36.110

Melby, Kristin
Uh-huh

00:02:42.290 --> 00:02:45.850

Nikki Medalen
Think it should show in the chat chat. I need to have the chat open.

00:02:50.480 --> 00:02:55.570

Nikki Medalen

So we did pick fear of the procedure for all, and you know?

00:02:53.500 --> 00:02:53.990

Melby, Kristin

uh-huh

00:02:57.630 --> 00:03:01.370

Nikki Medalen

I think fear comes again from the unknown and.

00:03:02.040 --> 00:03:07.300

Nikki Medalen

Being able to talk to someone about it and asked the crazy questions that they may not want to ask.

00:03:08.000 --> 00:03:11.850

Nikki Medalen

In a clinic setting or or whatnot might.

00:03:12.500 --> 00:03:22.920

Nikki Medalen

Might be part of the problem, or maybe that's just not when they can take that information in. So that's the kinds of things we're going to talk about today. And Melanie, I just want to welcome you to the call. Thank you for joining.

00:03:26.400 --> 00:03:37.190

Nikki Medalen

So this is a quote from Lynn Butter Butter Lee, who was a principal investigator in the New Hampshire colorectal cancer screening program and one of the.

00:03:38.080 --> 00:04:08.130

Nikki Medalen

Resources that we have available when you go on thescreen.org website and look at module four, we have the the replication manual that was created by the New Hampshire colorectal Cancer screening program and a lot of the information in this PowerPoint comes from that document. But this was a quote from him in my many years as a gastroenterologist. Navigation is the only approach I have seen that resulted in colonoscopy completion by over 96% of patients.

00:04:08.810 --> 00:04:35.130

Nikki Medalen

In and underserved low income uninsured population, many of whom did not speak English, some of whom were homeless. The importance of the work that you are doing cannot be overstated. And I thought this was just so important because I think in this group we often feel like we have so many barriers to colonoscopy, especially if they're not done in House. Some of our clinics are blessed to be able to provide that, but in other cases.

00:04:36.760 --> 00:05:05.610

Nikki Medalen

You know patients have to travel. They don't necessarily have good insurance, but in this population they still achieved a 96% rate, and so I just love that this to me just shows that it can be done if it can be done there, it can be done anywhere. Now I feel like I would be remiss if I didn't make it clear that navigation services are not provided to every patient who agrees to be screened for CRC. Rather, we really need to look at our patient population and.

00:05:05.670 --> 00:05:14.240

Nikki Medalen

Who is at most risk for not completing their colonoscopy screening or or CRC screening? In general this may include.

00:05:14.700 --> 00:05:37.720

Nikki Medalen

Uh, my stool tests as well, so we need to assess who that population might be in specifically pull them out for patient navigation. That's truly the only way that we can actually accomplish this because we know that we don't have the time or the staffing to to begin with everyone and so that step is particularly important and will be specific to each group.

00:05:39.010 --> 00:05:47.340

Nikki Medalen

So previously I had a slide here from the CDC that was called no time for guesswork and it gave a lot of statistics.

00:05:48.020 --> 00:05:48.510

Nikki Medalen

Uhm?

00:05:49.120 --> 00:06:11.330

Nikki Medalen

But the bottom line of those statistics were that early detection saves lives when we find cancer at stage one. Of course it is going to be much less expensive than when we find stage four cancers, and so just reiterating that early detection is so important and just recently the CDC added some new rural.

00:06:11.750 --> 00:06:26.750

Nikki Medalen

Uhm, patient stories are are success stories. I should say to their website and this is one of them. And I thought because of their proximity to North Dakota and our our common barriers that I would add this.

00:06:28.080 --> 00:06:31.960

Nikki Medalen

Success story here, so it's a lot of words on your screen, but I want to read it to you.

00:06:33.040 --> 00:07:05.630

Nikki Medalen

This is called working together to bring women back for screening. Several organizations work together to help women in the Oglala Sioux tribe get screened for breast and cervical cancer. The partners

included the Oglala Sioux Tribe, Tribal Health Education Program and Avera McKennan Hospital and University Center walking Forward research program and the Pine Ridge IHS unit, the Great Plains Tribal Leaders Health Board and awardee of the CDC's National Breast and Cervical Cancer Early Detection Program also supported this effort by providing a patient navigator through The Walking Forward Program.

00:07:05.890 --> 00:07:20.220

Nikki Medalen

From July 19th through August of 2020, the patient navigator worked with staff at the Women's Clinic. She called her sent letters to women who are due for cancer screening tests. The patient navigator in clinic staff members also educated women about cancer screening and prevention.

00:07:20.870 --> 00:07:51.950

Nikki Medalen

The patient navigator gave gas cards 225 women who needed help with the cost of transportation to the clinic for screening from February to August of 2020, 225 women got screened. Despite the pandemic, a patient told me her provider informed her about the gas card that would help alleviate her travel expense and that was the only reason she came to get her mammogram. A radiology technician at Pine Ridge IHS units said the certified nurse midwife who referred the patient added that patient was diagnosed with breast cancer. She had no symptoms.

00:07:52.280 --> 00:07:58.900

Nikki Medalen

But had not had a mammogram for years because of this program. We detected breast cancer and saved this woman's life.

00:08:00.140 --> 00:08:07.300

Nikki Medalen

So I don't know how familiar you guys are with the CDC's efforts, but right now, they're pairing colorectal cancer and.

00:08:08.520 --> 00:08:37.760

Nikki Medalen

Breast and cervical cancer programs and delivering or offering very similar grant programs. And so these success stories are both posted to their website. But I think what was done here is so very similar to some of the projects that have been done in North Dakota. I know that Gaspar temping given on both the Standing Rock and Turtle Mountain reservations for exactly this purpose.

00:08:37.820 --> 00:08:41.610

Nikki Medalen

And that of getting colorectal cancer screening as well.

00:08:42.440 --> 00:08:43.020

Nikki Medalen

So.

00:08:44.120 --> 00:09:12.840

Nikki Medalen

I guess my point here is just re thinking about how we approach this rather than saying you know that's not how we do it. Kind of changing our approach to what do we need to do in order to reach our goal? And if that is, you know, helping patients in this very specific way or addressing a very specific barrier? Then let's figure out how we can do that rather than you know, kind of trying to still work within the same parameters that were used to.

00:09:16.300 --> 00:09:47.310

Nikki Medalen

Uh, I like this diagram. I had general create this for us because I we were just thinking about all the different things that are patient has going on in their head when they leave your office. So when a patient leaves a typical office visit they just have so many things on their mind. Not only the agenda for the rest of their day or week, but now they're likely to need to pick up a prescription or two. They're probably digesting the information that was shared with them by their providers and staff trying to figure out when they're going to fit in this new test they were introduced to.

00:09:47.510 --> 00:09:48.630

Nikki Medalen

Whether or not they've.

00:09:49.250 --> 00:10:04.730

Nikki Medalen

Need to have a driver or who they might have for that driver. What they need to rearrange in their schedules and then probably coming up with all of the scenarios that the test could imply for someone who is otherwise compromised. This can be truly overwhelming.

00:10:06.290 --> 00:10:14.640

Nikki Medalen

So confused about what their responsibilities are, whether or not someone from the clinic will be calling them, how to make the next appointment, what the test is actually for?

00:10:15.690 --> 00:10:19.400

Nikki Medalen

And I just thought that this cartoon was so relevant.

00:10:20.800 --> 00:10:51.920

Nikki Medalen

You know if we have patients who are leaving our offices confused, then we've not really done our job of educating the patient and making them feel confident in the system and therefore more likely to complete whatever screening it is that we've asked them to do. And so we need to really look at breaking down these barriers. Last month we talked about the options that there are for colorectal cancer screening and perhaps understanding some of those barriers to screening could give us a new perspective on helping them choose the right test.

00:10:52.610 --> 00:10:59.280

Nikki Medalen

All screaming can present some barriers, but colonoscopy generally poses more barriers than the stool tests do.

00:11:00.120 --> 00:11:20.220

Nikki Medalen

We do know that it is the only test that allows polyp removal, and so it's the best test for those who are at increased risk or those who have had another positive screening test. Therefore it's crucial to understand and help patients overcome barriers to colonoscopy and so think about some of these types of barriers. I want you to consider these with your team.

00:11:21.170 --> 00:11:52.270

Nikki Medalen

Think about the advice that you might have for patients in order to address these, or is there a specific person on your team whose job it is or whose job it could be to assist patients with any or all of these barriers? So some of those barriers might include in I already have their no particular order, a belief that the screening is not needed, either they've got no symptoms or no family history, so they don't. They don't understand why they need the test at all. Perhaps the ball prep is unpleasant or they don't understand how to take.

00:11:52.330 --> 00:11:52.940

Nikki Medalen

About prep

00:11:53.510 --> 00:12:23.660

Nikki Medalen

uhm, maybe they've got challenges related to child or eldercare difficulty getting time off of work for the proper procedure. You know we just talked to one clinic and they were sending out client reminders and with that client reminder they were required to schedule an appointment and so the patient would take off. You know an hour of work to come to this appointment where they would be scheduled for a pre op appointment so that they could have their colonoscopy and then the colonoscopy and so in this case.

00:12:24.000 --> 00:12:27.370

Nikki Medalen

For one patient to have a colonoscopy required 3.

00:12:28.080 --> 00:12:31.820

Nikki Medalen

Three separate visits to their health care provider.

00:12:33.120 --> 00:12:45.170

Nikki Medalen

And so we just started to think about how you know how can we streamline that and make that a little less daunting, especially for I mean for anyone that would be very inconvenient and might provide a barrier, but.

00:12:46.200 --> 00:12:52.120

Nikki Medalen

You know for patients who are on a wage and aren't getting paid time off, that can be particularly.

00:12:52.830 --> 00:12:54.260

Nikki Medalen

I'm difficult to overcome.

00:12:54.890 --> 00:13:00.440

Nikki Medalen

Somebody have discomfort or fear of the procedure we already have established that that was our most common barrier.

00:13:01.030 --> 00:13:04.360

Nikki Medalen

Uhm, embarrassment, embarrassment or modesty.

00:13:06.280 --> 00:13:14.530

Nikki Medalen

You know, we just really need to reassure those patients of how that procedure will be done and how we protect their modesty during that procedure.

00:13:15.160 --> 00:13:19.900

Nikki Medalen

Uhm, fear of the results. Fatalism about cancer. I know this is occurs in my family.

00:13:20.980 --> 00:13:26.240

Nikki Medalen

You know, I I hear my aunts say you know everyone dies of cancer and our families. So what's the point of getting screened?

00:13:27.740 --> 00:13:40.560

Nikki Medalen

Once they're diagnosed, they're they're dead in six months. Well, I've heard that my entire life and it really has changed how I look at cancer screening and now working in this job. I've had to kind of re-evaluate how I think about that.

00:13:41.340 --> 00:13:58.590

Nikki Medalen

Uhm, graph geographically. They're too far away from the endoscopy site homelessness. How do we? How do we assess homelessness or how do we provide treatment for those who are homeless? It certainly doesn't mean that they don't need to be screened. In fact, in one area of our state, when we were doing our.

00:14:00.160 --> 00:14:01.390

Nikki Medalen

Detailed assessments.

00:14:02.100 --> 00:14:23.880

Nikki Medalen

Uh, we were talking about virtual colonoscopy and whether or not that really even needed to be on the list, and this particular clinic said, oh, we use that. We use it because we have a large homeless

population and the virtual colonoscopy does not require sedation and so for patients who are homeless who required someone to stay with them.

00:14:25.050 --> 00:14:38.540

Nikki Medalen

If if they were sedated, they would require a driver in this particular town. They did have some public transportation, but they would not take a patient who had been under anesthesia. And then of course.

00:14:39.550 --> 00:14:46.160

Nikki Medalen

They they didn't have a driver, they most of them didn't have a car and so for them. Virtual colonoscopy was a real.

00:14:46.690 --> 00:14:52.830

Nikki Medalen

A good option for that patient population and mind you this is in North Dakota in a small community.

00:14:53.940 --> 00:14:54.450

Nikki Medalen

Uhm?

00:14:55.430 --> 00:15:14.740

Nikki Medalen

Another barrier, inability to identify someone to accompany the patient home on Test Day again to wait for that. Anesthesia to fully wear off. Lack of knowledge about colonoscopy. Lack of knowledge about CRC. Lack of transportation, maybe mistrust in the medical system? I think we've seen that grow over the last couple of years.

00:15:15.500 --> 00:15:22.870

Nikki Medalen

No insurance or being unaware that most insurance covers CRC screening with no out of pocket costs under the Affordable Care Act.

00:15:24.440 --> 00:15:54.050

Nikki Medalen

Maybe they don't know about the NDCRCI program, which will be talking about probably in another rapid action collaborative call, but that is a screening program, much like women's way that covers the cost of CRC screening for patients who cannot afford it. Perhaps they have no medical home or have other priority issues, and so how do we address these with our patients? Again, I want to reiterate that not every patient who comes through clinic needs patient navigation.

00:15:54.420 --> 00:16:04.040

Nikki Medalen

But for patients with some of these barriers, they may be the appropriate patients that you want to refer to that one person who can really help them navigate the system.

00:16:07.970 --> 00:16:15.620

Nikki Medalen

In June of 2020, the national Colorectal Cancer Roundtable published the document reigniting.

00:16:16.830 --> 00:16:27.920

Nikki Medalen

Colorectal cancer screening. In response to the COVID-19 pandemic and this was their playbook, this resource provides an action oriented guide to be adopted throughout the pandemic and aims to align.

00:16:29.040 --> 00:16:30.300

Nikki Medalen

Roundtable members.

00:16:30.930 --> 00:17:03.320

Nikki Medalen

80% in every community pledged partners and CRC screening advocates across the nation to work together to reignite screening efforts, appropriately, safely, and equally for all communities. And they provide these four overarching messages first that there are several safe and effective test to screen for colorectal cancer, including stool tests, scopes and CT colon ography. Despite the challenges we faced during the pandemic, colorectal cancer remains a public health priority and we must provide the public with safe opportunities to prevent and detect colorectal.

00:17:03.580 --> 00:17:04.830

Nikki Medalen

Polyps and cancer.

00:17:07.150 --> 00:17:08.660

Nikki Medalen

The second and third.

00:17:10.230 --> 00:17:19.540

Nikki Medalen

Messages are screening. Disparities are already evident and without deliberate focus are likely to increase as a result of the COVID-19 pandemic.

00:17:20.150 --> 00:17:50.430

Nikki Medalen

Efforts to promote screening in populations with low screening prevalence must be at the forefront of our focus and accelerated immediately, and #3 for those at highest risk access to colonoscopies should be prioritized, and I hope that we're really talking about this in our communities. Colonoscopy does remain safe, and it is a good option for screening in his has reopened across the country, but identifying patients who should receive higher priority for colonoscopy screening is a critical step.

00:17:52.060 --> 00:18:24.610

Nikki Medalen

So, as those endoscopy facilities started performing colonoscopies again, prioritization of the patient population is essential, with patients at higher risk for adenomas or cancers given priority access. Once every effort has been made to accommodate emergency and urgent colonoscopy and indications,

elective screening, colonoscopy exams can be made available following a priority order. Higher priority for access to screening. Colonoscopies should be assigned to patients at higher risk for colorectal cancer and polyps, such as those with abnormal stool based.

00:18:24.940 --> 00:18:43.810

Nikki Medalen

Counselor screens patients with a family history of adenomas or cancer and patients with inflammatory bowel disease or of course, those patients who have a genetic syndrome that elevates their risk for colorectal cancer patients at average risk for colorectal cancer or those do for surveillance, colonoscopy should be assigned a lower priority.

00:18:44.760 --> 00:18:45.460

Nikki Medalen

Excuse me

00:18:48.340 --> 00:18:57.730

Nikki Medalen

you know this is one thing that's concerned me for a long time with the pandemic, and that is that when patients were either not being scoped.

00:18:58.570 --> 00:18:59.340

Nikki Medalen

Because.

00:19:00.480 --> 00:19:04.000

Nikki Medalen

The endoscopy units were essentially closed that was considered a.

00:19:04.940 --> 00:19:06.860

Nikki Medalen

You know non essential service.

00:19:07.460 --> 00:19:08.030

Nikki Medalen

Uhm?

00:19:08.650 --> 00:19:14.010

Nikki Medalen

And then following that, even once they were open, patients were hesitant to come back in for preventive care.

00:19:14.990 --> 00:19:18.550

Nikki Medalen

You know, we really have to think about how far behind we are on screening and.

00:19:19.500 --> 00:19:39.800

Nikki Medalen

For those patients we maybe findings cancers even later. We know that in North Dakota we were already finding most of our colorectal cancers at stage four, and So what does this mean for our in our

mortality rate related to colorectal cancer? So this is really a high concern for some of us who are thinking about this every day.

00:19:41.300 --> 00:20:01.430

Nikki Medalen

The 4th message was that close collaboration between every partner in the health care system and critical policy changes will help us accomplish this critical preventive health goal. Gaining momentum in reigniting screening activities in public messaging will be highly dependent on local regulatory requirements, public health priorities, and policy change.

00:20:04.520 --> 00:20:20.060

Nikki Medalen

So we recognize that it's not enough just to reopen those facilities, but that we really need to have. We really need to have market the fact that these opportunities are safe and available and for whom we are prioritizing them.

00:20:22.500 --> 00:20:25.970

Nikki Medalen

This might even be an opportunity to kind of rethink how we screen.

00:20:27.690 --> 00:20:39.870

Nikki Medalen

The ACS earlier this year did a webinar encouraging the use of mailed fit, and I'm not sure if that's really a great option for us, but we also have recognized that Cologuard has.

00:20:41.340 --> 00:21:11.540

Nikki Medalen

There's just more and more clinical data available about Cologuard all the time. Where five years ago we weren't promoting Cologuard as much as we are now, simply because we now have the clinical data that we need to understand that the impact of using Cologuard is equal to or nearly equal to that of fit or colonoscopy, and so that's another really nice option, which may or may not, depending on your area and your patients.

00:21:11.790 --> 00:21:13.760

Nikki Medalen

Take the place of a mailed fit program.

00:21:17.800 --> 00:21:19.030

Nikki Medalen

So our next poll.

00:21:19.300 --> 00:21:22.370

Nikki Medalen

Uhm, I would like you to tell me.

00:21:24.040 --> 00:21:30.190

Nikki Medalen

Uhm, what percentage of CRC desk could be avoided if all eligible people were screened?

00:21:50.620 --> 00:21:53.000

Nikki Medalen

It's keeping sponsors for once. That's OK.

00:21:56.020 --> 00:21:58.300

Nikki Medalen

I'll give you 5 seconds more to answer.

00:22:07.600 --> 00:22:15.730

Nikki Medalen

Alright, and do we have our answers? We had seven responses. I think there's some that have been kept from our last poll.

00:22:17.860 --> 00:22:25.310

Nikki Medalen

The answer is 68 percent. 68% of deaths from colorectal cancer could be avoided if all people were screened.

00:22:30.040 --> 00:22:31.270

Nikki Medalen

So, uhm.

00:22:31.970 --> 00:22:34.150

Nikki Medalen

As I stated at the beginning.

00:22:36.710 --> 00:23:05.340

Nikki Medalen

Much of this information comes from the New Hampshire colorectal cancer screening programs, patient navigation and replica replication manual, and this is their logic model for their project in New Hampshire. It was recognized that they had all of the infrastructure in place. They had provider reminders, patient reminders. They were giving their providers and clinic team feedback reports. They had worked to reduce structural barriers and develop partnerships within their communities to do education.

00:23:05.640 --> 00:23:35.730

Nikki Medalen

In messaging to clients, but they still didn't have their screening rates where they wanted and so they turned to the idea of patient navigation and they want you to especially focus on the middle three columns. Here you can see that they were very intentional about the activities that they would use to achieve their goals during the delivery of six topics in their navigation protocol, providing services to facilitate what the patient needed in order to complete the appropriate test and rigorous tracking documentation and communication.

00:23:36.110 --> 00:24:04.120

Nikki Medalen

Between the navigator, the patient and the provider, but from that intentional work came this kind of list of short term and intermediate outcomes that would make the effort worthwhile and you can see

that some of those are improved quality of bowel prep improve, completion of colonoscopy, improved accuracy of re screening and surveillance intervals. The intermediate outcomes include increased clinic level, screening rate, enhanced access to screening, another clinic services.

00:24:04.890 --> 00:24:11.530

Nikki Medalen

Providing timely, complete and timely diagnostic follow up and so you can see that this worked very well for them.

00:24:14.770 --> 00:24:16.940

Nikki Medalen

There were some core elements that were.

00:24:18.630 --> 00:24:21.960

Nikki Medalen

That were really important and that they identified as being.

00:24:22.570 --> 00:24:42.090

Nikki Medalen

Uhm, kind of absolutes to their program, and so I've listed those here. There, nurse navigators, they recognized had clinical expertise, and they were also able to do psychosocial assessment with their patients and had very good organizational skills so they could recognize what the patient needed and they were able to provide.

00:24:42.600 --> 00:24:54.690

Nikki Medalen

Uhm, resources for that patient did help them identify where that helped could come from and get those patients the resources that they needed in order to complete the screening tests.

00:24:56.360 --> 00:25:07.060

Nikki Medalen

Each clinic had a patient navigation champion again, that person with clinical expertise, but this person provided leadership, passion, charisma and expertise in CRC screening.

00:25:07.900 --> 00:25:19.320

Nikki Medalen

They recognize that medical oversight of the navigation intervention was a strong requirement. This was a person who oversaw oversaw. Not sure if that's a good word.

00:25:19.370 --> 00:25:25.280

Nikki Medalen

It details and quality of the navigation. They were a trainer, a mentor and a communicator.

00:25:26.620 --> 00:25:34.690

Nikki Medalen

Also, partnerships were important. Partnerships with endoscopy centers the the primary provider.

00:25:35.600 --> 00:25:40.320

Nikki Medalen

Pathology labs pharmacies transportation services translators.

00:25:41.060 --> 00:25:47.570

Nikki Medalen

They also saw a navigation protocol as important and so over time they were able to establish topics.

00:25:48.930 --> 00:26:01.920

Nikki Medalen

That that they determined had very specific time intervals which allowed for patient education assessment, resolution of patient barriers, patient coaching and encouragement, and timely reminders.

00:26:03.500 --> 00:26:26.000

Nikki Medalen

They also recognized how important it was to have an effective data system. This was important to support patient tracking, patient care, quality monitoring and evaluation of their program, and then they had a philosophy of shared success. They recognize that patients were better prepared to take a more active role in their overall health care when they share that success with their patients.

00:26:28.340 --> 00:26:59.580

Nikki Medalen

Uh, navigators followed an established protocol to deliver 6 important topics by telephone to patients at defined time intervals. In the screening process, the six topic protocol incorporates comprehensive patient education assessment in resolution of patient barriers, patient coaching and encouragement, and timely reminders. Now, when I show you these six cards, these were kind of the the templates for the calls that they used, and I'm not saying that all of you need to go out and establish this exact protocol.

00:26:59.920 --> 00:27:07.910

Nikki Medalen

But I think, uh, when you look at your patience, you might pick out 235 patients a month who need more intensive.

00:27:08.550 --> 00:27:09.090

Nikki Medalen

Uhm?

00:27:09.890 --> 00:27:17.950

Nikki Medalen

Direction and support. In order to complete a colonoscopy, orc, or really any.

00:27:18.610 --> 00:27:22.070

Nikki Medalen

Colorectal cancer screening and, of course, this works with any cancer screening.

00:27:23.800 --> 00:27:48.070

Nikki Medalen

But I think you can. You can go to this resource, take a look at these templates and pick out what's most important for you. I don't expect anybody to finish this call in run out and started an entire patient navigation program, but I think at minimum, some patient coaching and helping nurses understand, or anyone who's giving the patient advice or or sharing.

00:27:49.320 --> 00:27:56.110

Nikki Medalen

You know, prep for either the stool tests or colonoscopy could benefit from seeing the kinds of.

00:27:56.560 --> 00:28:03.170

Nikki Medalen

Uhm, topics that they recognize is important. In order for the patient to complete. That's the screening.

00:28:06.250 --> 00:28:24.470

Nikki Medalen

So again, we're not asking that you run out and started navigation program tomorrow, but we encourage you to download the patient navigation replication manual and consider some of the ideas in it with your team. What portions of those ideas could be done in your clinic? Or consider how you could take the navigation protocol and use it to develop a new patient education tool.

00:28:25.730 --> 00:28:30.730

Nikki Medalen

Some of the results from the New Hampshire program included that the patient.

00:28:31.640 --> 00:28:31.900

Nikki Medalen

The.

00:28:32.520 --> 00:28:48.940

Nikki Medalen

The patients were eleven times more likely to complete colonoscopy than non navigated patients. The patients were 40 times less likely to miss the colonoscopy appointment and six times more likely to have adequate ball prep than the non navigated patients. It's pretty impressive data.

00:28:52.160 --> 00:29:07.230

Nikki Medalen

Some of you are also developing age friendly health systems. This framework is certainly not as detailed or intense as patient navigation, but it does provide a really nice tool for thinking about what might be important topics to discuss with the patient in regard to colorectal cancer screening.

00:29:08.140 --> 00:29:38.410

Nikki Medalen

So in regard to what matters, if you want to refer back to module 3, the choice of test understanding the pros and cons and getting clear instructions of how to complete the screening test could be included in the What matters section in terms of medications. I'm really thinking about colonoscopy and consideration of altering or stopping meds before the procedure or resuming following the procedure. Drugs like blood thinners, diabetes medications, iron supplements, prescription.

00:29:38.710 --> 00:29:49.120

Nikki Medalen

Heads up, you know, providing those clear instructions on whether or not to stop those. Of course we know the prescription pain meds should not stop, but those other medications should be.

00:29:49.650 --> 00:29:53.740

Nikki Medalen

Uhm, at the you know, at the discretion of of their provider.

00:29:54.920 --> 00:29:57.910

Nikki Medalen

Also, providing colon prep instruction.

00:29:58.560 --> 00:29:59.000

Nikki Medalen

Uhm?

00:30:00.250 --> 00:30:02.400

Nikki Medalen

In terms of Mentation, the third AM.

00:30:03.030 --> 00:30:03.640

Nikki Medalen

Uhm?

00:30:05.170 --> 00:30:17.740

Nikki Medalen

Doctor Nandy in a in a magazine. Had a a simple little article called the three biggest fears about getting a colonoscopy, and he determined that the three fears were that the test was embarrassing.

00:30:18.560 --> 00:30:30.290

Nikki Medalen

Uhm, so we need to assure that the patient assure the patient that this isn't about judging their body. Nobody is in the room to be looking at their backside. They're only looking at your insides.

00:30:30.650 --> 00:30:31.160

Nikki Medalen

Uhm?

00:30:32.070 --> 00:30:39.910

Nikki Medalen

Patient felt that it was painful, but we know that anticipation is worse than the real deal. Doctor Nandy.

00:30:39.960 --> 00:30:40.920

Nikki Medalen

The UM?

00:30:41.910 --> 00:31:06.000

Nikki Medalen

It provided a video of colonoscopy without anesthesia, which is available online so the patient understands that they can be comfortably sedated before the cult. The colonoscope is inserted and so they won't feel anything, so we need to make sure that some patients might experience some mild bloating, especially post procedure, but that it's nothing compared to the fear that they have about the pain.

00:31:07.590 --> 00:31:16.760

Nikki Medalen

And really understanding that the pain is just trapped gas that will naturally make its way out and not you know, likely not a perforated colon.

00:31:18.020 --> 00:31:20.800

Nikki Medalen

Also, he recognized that patients were afraid of the results.

00:31:21.780 --> 00:31:32.200

Nikki Medalen

Preventive action is the best thing you can do to protect yourself if there isn't issue catching it early is the best bet for a positive outcome, and so we need to reinforce that with our patients.

00:31:33.380 --> 00:31:33.950

Nikki Medalen

Uhm?

00:31:34.660 --> 00:31:52.130

Nikki Medalen

Also, in terms of of mentation really understanding the relationship between colonoscopy and and dementia. Most experts agree that it's a bad idea. So in many cases or most cases we have policies that state that we stopped cancer screening in patients with dementia.

00:31:54.280 --> 00:31:58.270

Nikki Medalen

You know, and if a family member or a patient is insisting on having.

00:31:59.890 --> 00:32:04.860

Nikki Medalen

Or colonoscopy, there may be at a completely different level of preparation that's required.

00:32:07.680 --> 00:32:16.650

Nikki Medalen

Uh, and then in terms of mobility, what special instructions might be needed to prepare someone with limited mobility? Are they at greater risk for falls during bowel prep to they need an assistant?

00:32:18.730 --> 00:32:30.660

Nikki Medalen

Maybe they need transportation or driver the day of colonoscopy. Actually all patients need that, but with patients who have limited mobility themselves, does that person.

00:32:30.980 --> 00:32:37.140

Nikki Medalen

Uh, we maybe need to be chosen more carefully than they might otherwise.

00:32:40.910 --> 00:33:07.290

Nikki Medalen

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

00:33:10.720 --> 00:33:33.340

Nikki Medalen

I'm going to skip this question today. Did you know? I mean, this is just a couple of items that I wanna make sure everyone knows the passage of the Affordable Care Act in 2010 enabled seniors on Medicare to get a no cost screening colonoscopy. However, a loophole in the law meant that if polyps were removed during the procedure, patients would receive an unexpected charge.

00:33:34.390 --> 00:33:50.430

Nikki Medalen

Over the years, some private insurers remove this charge, but to change Medicare Law, Congress needed to act. And so in 2012 they begin this legislative process. And this was finally closed on December 22nd of 2020.

00:33:51.340 --> 00:34:00.930

Nikki Medalen

Unfortunately, this isn't going to happen overnight. Patients will be responsible for a decrease in core insurance, with the cost being completely phased out by 2030.

00:34:03.240 --> 00:34:12.710

Nikki Medalen

Oh, I thought I had another little did you know, and I think the other one was simply a reminder that the. The USPSTF recommendations now.

00:34:13.380 --> 00:34:22.370

Nikki Medalen

Uh, are to begin screening at age 45, and I know all of you who have been with us for awhile, absolutely understand that.

00:34:23.510 --> 00:34:25.650

Nikki Medalen

So some resources for the journey ahead.

00:34:26.830 --> 00:34:29.840

Nikki Medalen

The national Colorectal Cancer Roundtable playbook.

00:34:30.410 --> 00:34:54.450

Nikki Medalen

Uhm, this New Hampshire colorectal cancer project patient navigation model replication manual. That's a long name. The link for that is there fight colon. Colorectal cancer.org has some very good resources for patient navigation and then I didn't include the article Doctor Ghandi's three biggest fears of colonoscopy.

00:34:55.800 --> 00:34:56.600

Nikki Medalen

All of these.

00:34:56.650 --> 00:35:02.600

Nikki Medalen

Uhm, resources are all available on thescreen.org website. If you go to the.

00:35:03.620 --> 00:35:04.160

Nikki Medalen

Uhm?

00:35:07.030 --> 00:35:13.750

Nikki Medalen

Rapid Action Collaborative tab and click on module 4. You'll see all of these listed there.

00:35:15.260 --> 00:35:23.150

Nikki Medalen

So some next steps, consider reserving a team meeting agenda to discuss the barriers list and see how many of those that you can resolve.

00:35:24.000 --> 00:35:34.160

Nikki Medalen

Maybe discuss with your team who might be the most appropriate patients for navigation services. That's a nice start and will be asking some of these questions on our next.

00:35:36.270 --> 00:35:37.640

Nikki Medalen

TA calls with you.

00:35:38.630 --> 00:36:08.530

Nikki Medalen

There isn't evaluation for today's meeting, so we will send that link out in a follow up email. But if you would like Jon will put that link in the chat and you can do that right away. Just a reminder that our next call is January 11th at 1:00 O'clock Central time or Noon Mountain time and our topic is crappy communication and there is a pun intended there. We have a special guest, Beverly Greenwald. If you have not met her before, she's.

00:36:08.940 --> 00:36:13.710

Nikki Medalen

A pretty dynamic nurse practitioner in the Fargo area and is just.

00:36:15.310 --> 00:36:27.320

Nikki Medalen

So intentional about how she talks to patients about colorectal cancer screening, and so we will have her speaking next time and so please invite all of your staff who.

00:36:28.040 --> 00:36:38.140

Nikki Medalen

Talk to patients about colorectal cancer, whether that's the physicians or nursing staff. They are welcome to join us for that call, as they all are always welcome.

00:36:38.980 --> 00:36:46.560

Nikki Medalen

Does anyone have any questions about patient navigation or resources that you're looking for that maybe we can help you find?

00:36:54.570 --> 00:37:00.950

Nikki Medalen

Hearing none, we will close for the day. As always, I'll share our contact information with you.

00:37:01.790 --> 00:37:02.310

Nikki Medalen

Uhm?

00:37:03.020 --> 00:37:15.560

Nikki Medalen

Until next time if you have any questions or concerns, please feel free to reach out to either Jonathan or myself and we will be happy to answer those. Thank you for joining today and we hope you have a very productive day.

00:37:18.090 --> 00:37:18.820

Melby, Kristin

Thank you.

00:37:19.910 --> 00:37:20.670

Nikki Medalen

Have a good day.