

00:00:00.000 --> 00:00:05.620

Nikki Medalen

To be able to do we make you the presenter or do you want me to advance your slides?

00:00:05.910 --> 00:00:10.760

Beverly Greenwald

Well, I see it's gotta take control tab here for me to hit so I was going to do that.

00:00:11.150 --> 00:00:11.730

Nikki Medalen

There you go.

00:00:11.270 --> 00:00:13.030

Jonathan Gardner

Yep, you can go ahead and do that.

00:00:12.260 --> 00:00:13.360

Beverly Greenwald

I'll see if that works.

00:00:13.820 --> 00:00:31.190

Nikki Medalen

Alright, then we will get started. So I want to welcome everyone to module 5, the screened of the screen, Rapid Action Collaborative and as we get started here, if you would enter your name, title and facility in the chat, that will serve as our sign in sheet for the CE use that we will award at the end of of our.

00:00:31.740 --> 00:00:54.110

Nikki Medalen

A set of modules, and so this is module 5 will have one more to go in a month and then we will be counting those CEOs and and providing certificates to all of the participants. We do have a guest speaker today, so I want to get started right away so that there's some time at the end if we can to have some questions. As you can see this.

00:00:55.920 --> 00:01:00.470

Nikki Medalen

Module isn't titled crappy communication and there is a pun intended there.

00:01:01.690 --> 00:01:06.330

Nikki Medalen

Beverly, you want to dance to the next? I guess I can. Well, there we go.

00:01:07.010 --> 00:01:07.570

Nikki Medalen

Uhm?

00:01:08.370 --> 00:01:37.360

Nikki Medalen

People are dying of embarrassment or ignorance, and it's completely unnecessary. This is a quote from

Beverly. I first met Beverly through the North Dakota Colorectal Cancer Roundtable and immediately knew that I wanted to invite her to be a part of our Rapid Action Collaborative C series. And so I called her about a year ago. Actually, to make this request, and we visited for nearly an hour and I wrote down a lot of the things that she said, but when I looked back in my notes, this quote really struck stuck out.

00:01:38.650 --> 00:02:08.440

Nikki Medalen

People who people are dying of embarrassment or ignorance, and it's completely unnecessary, so I'm really delighted to have Beverly with us today. Beverly Greenwald is a family nurse practitioner and a nursing professor at Angelo State University. She has assisted with colonoscopies since 1989 and has followed the evolution of colorectal cancer screening. She advocates to save lives through education of both patients and their healthcare and healthcare providers by promoting this important screening so Beverly, I will turn it over to you.

00:02:09.070 --> 00:02:10.340

Beverly Greenwald

Alright, thanks Nikki.

00:02:12.770 --> 00:02:43.680

Beverly Greenwald

So we all want you to be champion colon cancer screeners because we have a lot of work to do. We've kind of fallen behind with the COVID pandemic. People aren't presenting as much, not following through, so we need champion level skills to encourage the people who are not screened to become screend. About 1/3 of North Dakota is unscreened but we are making great progress. We did get the 2020 American Cancer Society Award.

00:02:43.740 --> 00:03:13.890

Beverly Greenwald

For the most improved states, so that's awesome. That's a demonstration of the wonderful skills that everyone is using. North Dakota does rely heavily on colonoscopy for colon cancer screening, but the stool tests are just as effective as calling colonoscopies for preventing cancer deaths, and so that is a much easier sell. It's an easier test on the patient's, it's more economical, and yet just as effective.

00:03:13.950 --> 00:03:21.900

Beverly Greenwald

So our presentation today is how to entice people to complete the colon cancer screening through stool testing.

00:03:22.520 --> 00:03:53.520

Beverly Greenwald

So this is what is a example of what is included in the fit test, and so it comes with this vile with so little liquid and a probe that's removable to collect the stool specimen. The paper that floats on the toilet water, so the stool will float, where it's retrievable via the patient and absorbent pad in case the there's a leak in the mail and biohazard bag. So all that is in a kit.

00:03:53.580 --> 00:04:23.490

Beverly Greenwald

It's a good idea to have a kit available in your your patient care rooms so that you can pull it out and demonstrate to them what they need to do. This requires no refrigeration, so stool tests can be left in the bathroom so it good conversation to start with is where do you most often have your Bal movements? 'cause some people might have it out work or at home? What time a day, and so that's where you want to keep the kit.

00:04:24.240 --> 00:04:54.970

Beverly Greenwald

And then also ask about how frequently they have bowel movements, because some people might have a ball movement only every week, and that's normal for them. So if you missed that one time, that's a whole nother week delay. So establishing an agreement that they will return this kid in a timely fashion allows you to make sure that you can get this task off your plate. So get it commitment as to when the kit will be returned, and then they can put a higher priority.

00:04:55.020 --> 00:04:55.370

Beverly Greenwald

On it.

00:04:56.370 --> 00:05:13.990

Beverly Greenwald

I also have their phone numbers updated because if you do need to contact them then to remind them then you have the correct number and if you need to mail another kit. If you already have the updated mailing address, that's a helpful.

00:05:15.320 --> 00:05:26.410

Beverly Greenwald

Addition to the process, be sure to label the two with their name and date of birth and in the process of collecting the specimen, they would label the.

00:05:28.580 --> 00:05:29.810

Beverly Greenwald

Time of collection.

00:05:30.520 --> 00:05:50.260

Beverly Greenwald

There's also a strategy called poop on demand, and so that's when they get the kit at the clinic and actually have to go at that time or can go at that time. It has to be done on spontaneously pass stool, and they can complete the kit before leaving the clinics, so that makes it easy on everyone.

00:05:52.250 --> 00:06:21.950

Beverly Greenwald

So the flushable paper goes on to the toilet water to keep the stool out of the water. You don't want to get any toilet bowl cleaner, or that blue stuff from toilet water onto the kids. Other ways to be able to collect the stool itself is to just scoop way forward on a elongated toilet toilet bowl so that the stool falls onto the toilet bowl instead of into the water. They can put a lot of toilet paper into the toilet.

00:06:22.000 --> 00:06:53.050

Beverly Greenwald

And then that will hold the stool out of the water. They can turn the water off to the toilet bowl with that spicket underneath and then flush the toilets or it's dry. Collect the stool specimen and then turn the water back on to flush the toilet and otherwise they can use something like a yogurt container or coffee can paper plate. All those types of things that people did years ago when we did the hemocult cards so.

00:06:53.250 --> 00:07:03.200

Beverly Greenwald

And then if you write your phone number right on the the kit that they were given, then they can call and ask any questions that might come up.

00:07:04.330 --> 00:07:34.140

Beverly Greenwald

So that actual Stewart collection is done by removing this probe from the vile and the distal tip for about 1/2 an inch has some grooves in it, and that's to help grab onto the stool better. So you stick it in as far as those grooves and then reinserted into the bio. Wrap it with the OR label it with the date and time and wrap it in the absorbent paper. Put it in the biohazard bag and.

00:07:34.190 --> 00:07:36.940

Beverly Greenwald

Put it in the mail so it's that simple.

00:07:39.280 --> 00:08:09.600

Beverly Greenwald

Why do they need to complete this test? A lot of people haven't heard of colon cancer or when I first started doing this work. People did not hear of colon cancer and they had not heard of colon cancer screening, so the knowledge is out there. But people are surprised to hear it's preventable and so easily treated by just cutting off the polyps. One thing I say is you wouldn't go around with something like that on your face, would you? You would want to have it cut off, but if you're not looking on the inside then.

00:08:09.650 --> 00:08:40.540

Beverly Greenwald

It's just left to grow. It says I'm here that if your 50 year old or you should be tested. The American Cancer Society, the American College of Gastroenterologists and the US Preventive Services Task Force, recently dropped the age to 45 because we're having earlier onset colon cancer. But whether insurance covers it at this point is is the obstacle. So they need to check with their insurance company to see if screening would be covered.

00:08:40.810 --> 00:09:02.490

Beverly Greenwald

But it's still a conversation that we need to start having with the 45 and older crowd, and they've dropped the age for the reason that we have this early onset. So we all need to keep a higher index of suspicion when patients complain of symptoms in the abdomen, so we'll go through those symptoms in a little bit here.

00:09:04.370 --> 00:09:05.020

Beverly Greenwald  
And.

00:09:06.310 --> 00:09:22.040

Beverly Greenwald  
So it's the number 2 cause of cancer deaths in men and women combined. And yet cancer is one of the most feared things that there is, so it's easy to get this conversation started. It should just be part of our clinic routine.

00:09:23.800 --> 00:09:29.700

Beverly Greenwald  
So people are average risk if they don't have a family relative or.

00:09:29.750 --> 00:09:59.780

Beverly Greenwald  
Uh, with first degree relative with colon cancer or colon polyps, or a personal history of colon cancer or colon polyps, so these stool tests are for most people. But if you have something like all sorts of colitis or Crohn's or bleeding hemorrhoids, then you wouldn't do the stool tests. If anybody is having blood in their stool, it is going to be positive you should just go straight to.

00:10:00.110 --> 00:10:01.300

Beverly Greenwald  
A colonoscopy.

00:10:01.940 --> 00:10:32.630

Beverly Greenwald  
One of 20 people gets colon cancer, so that sounds really good if you're trying to win a raffle, but not so good if you're gonna get colon cancer, which means that 19 of 20 don't get colon cancer. And that is what makes these stool tests so cost effective as we don't have to do colonoscopies on 19 people who weren't going to get it, we only need to do it on the one in 20 who are gonna have polyps that could turn to cancer, and so it's a good screening.

00:10:32.680 --> 00:10:36.090

Beverly Greenwald  
In the first step, so uhm.

00:10:41.740 --> 00:11:02.880

Beverly Greenwald  
Sometimes you have to appeal to why should you get screened and it might not be for themselves, but their children need them. Their spouses need then the rest of their family need them and they want a healthy future. So that's one strategy is to appeal that it could save their life, but also a lot of suffering.

00:11:04.790 --> 00:11:21.690

Beverly Greenwald  
So there are no early signs of colon cancer. Sometimes people present to the ER with Constipation and then die within four weeks, but that cancer has been there for 20 years, so you have to just do the screening and not wait for any symptoms.

00:11:23.450 --> 00:11:55.150

Beverly Greenwald

These are the symptoms of colon cancer. Blood in the stool, so they're losing their energy. Unexplained weight loss, change in bowel habits, persistent cramps, or abdominal pain, fatigue, feeling bloated and anemia, and nine of which we wanted to have to live with. So, but especially in younger people, even under 45 if they're having these symptoms, that answer is to do a colonoscopy and see what's going on. But definitely if people have these symptoms.

00:11:55.200 --> 00:11:56.910

Beverly Greenwald

Then we need to check into it.

00:11:58.620 --> 00:12:28.310

Beverly Greenwald

So our goal is to find a tiny polyps before they turn to cancer, so this process this evolution takes ten 1520 years and the polyps will start to bleed before they turn to cancer. We are constantly losing blood through our colon as it is, but as the surface of the pilot becomes a regular than more blood comes out and it gets to the point where it is going to be detected. In this fit test or.

00:12:28.360 --> 00:12:30.940

Beverly Greenwald

In your stool tests like the hemocult test.

00:12:32.050 --> 00:13:01.980

Beverly Greenwald

And so then you know that we need to go find where where this blood is coming from, possibly from polyps, possibly from something else like a V. Malformations. And so the beauty of colon cancer is it's this long drawn out process. I know you all have seen people who had a mammogram, for instance last year and then this year they have cancer. Colon cancer is not like that and so that is why.

00:13:02.420 --> 00:13:13.990

Beverly Greenwald

Uh, these stool tests are just as effective in preventing cancer deaths as the colonoscopy and those colonoscopy itself is not a perfect test.

00:13:14.700 --> 00:13:46.220

Beverly Greenwald

So any positive stool tests needs to be followed by colonoscopy and during the colonoscopy it just takes literally 30 seconds to run a snare down. That's a wire loop and it gets closed onto the base of the pole up and cuts that polyp off. If it's a large pile up like a centimeter, then it can turn to cancer and it often will have a blood vessel down the middle of it. Sometimes a very large tough blood vessel, and so they might use Kotori during the process.

00:13:46.280 --> 00:13:58.570

Beverly Greenwald

To help make sure that that polyp doesn't bleed once the scab falls off in a week or so. So it's so easy to take off these polyps and that's actually saves the lives.

00:14:02.590 --> 00:14:33.540

Beverly Greenwald

So being grateful to our patients further assistance in taking care of themselves is going to go a long ways. So at every step of the way, if you say thank you for doing it in a positive way, then they'll respond in a positive way by actually getting it accomplished. So call the patient if you don't get the stool back, so assessment back. Keep a log of which ones have been given out and which ones have been returned.

00:14:33.600 --> 00:15:03.860

Beverly Greenwald

Also, the positives need to have a follow up colonoscopy. Thank them for collecting the sample, thank them for calling you with further questions. Thank you for requesting a new kit. If they lost it or destroyed it in some way and thank you for putting it in the mail at the time that we agreed upon so that they really know that you want to have this kit returned. Some patients are not so adherent as we know.

00:15:03.910 --> 00:15:16.650

Beverly Greenwald

And so a lot of encouragement is helpful, but another strategy that is helpful is this multitarget stool DNA test. The fit test and the hemocult test.

00:15:17.570 --> 00:15:47.470

Beverly Greenwald

Needs to be done on your light. This test needs to be done just every three years, so if you're trying to get your percentage of patients who are adequately screened up, then this is a good way to do it. Because once you get the kit bag then you don't have to bring it up for three years. And another good reason is they have a patient navigators and you don't have to be the one doing all the calling. They actually helped the patient make sure that they get that collected.

00:15:47.820 --> 00:16:17.820

Beverly Greenwald

And the reason is they don't get paid unless that kid gets turned back in. So they're there to help you. It's one of the services that the company offers. So in this stool DNA kit you get a bracket to put over the toilet with a little chamber that goes into the hole, and so that's where this tool is collected. You need 30 milligrams, which is the size of a Med cut, not very much and this.

00:16:17.870 --> 00:16:38.200

Beverly Greenwald

Includes the fit test, so it's a really good test in that it's as good as the fit test 'cause it's included, but it also has advanced DNA technology and so when the results are given, it's just a positive. It doesn't tell you which portion is positive or both portions are positive.

00:16:39.360 --> 00:17:08.990

Beverly Greenwald

But so before they add this bottle of preservative, they have to collect the fit test and so then the preservative is added on top of the stool and it's put in the box and sent back within a day. So here's a video that people can watch to walk them through the process, and so once the kid gets returned to the company they run the test and.

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Beverly Greenwald

The provider actually gets the results and then they either arrange for follow up in three years or the follow up colonoscopy that needs to follow every positive stool test.

00:17:25.920 --> 00:17:37.050

Beverly Greenwald

So this is about the patient navigator, and that is honestly their top selling point that they will get this test accomplished and you will have.

00:17:38.850 --> 00:17:41.070

Beverly Greenwald

A good result from that patient.

00:17:43.900 --> 00:18:14.630

Beverly Greenwald

So if we all had colon cancer screening to our routine, we can have any office visit being an opportunity for colon cancer screening. So a lot of people don't present to a clinic unless they have something that's bothering them, so most often that's going to be pain or some type of an infection. And so we tend to treat those acute visits as just acute visits, and it's really an opportunity to invite.

00:18:14.690 --> 00:18:44.560

Beverly Greenwald

People for a complete physical and a total assessment of their health and work on preventive care. But another thing that clinics do is just mass mailings. They mass mailed the stool tests every year to the appropriate patients and then that helps their clinic just stay at a high number. So there's the Kaiser Permanente out in California. They've had over 90% clinic success.

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Beverly Greenwald

On colon cancer screening through those bulk mailings, and so it's a high priority for them to do that. Preventive type of care.

00:18:54.970 --> 00:19:25.990

Beverly Greenwald

So we can all adopt that strategy. Also, the CDC has free posters and brochures, so it could keep those in the room as a patients or sitting there waiting for whatever to happen next. Then they have an opportunity to read about that and refresh their memory. And another thing is to really ask for them to share the information that it's so easy. I work with colonoscopy patients and I tell them send all of your friends and family that.

00:19:26.040 --> 00:19:40.610

Beverly Greenwald

You wanna keep because, uh, it is the number 2 cause of cancer deaths in men and women. And and it's no reason for that. So inviting people to participate and send their families for these.

00:19:41.260 --> 00:19:46.090

Beverly Greenwald

Important screenings is another way to get everybody on board with you.

00:19:48.030 --> 00:20:18.190

Beverly Greenwald

So again, the fit test is done, the anjalee, the stool DNA test is every three years screening colonoscopies are every 10 years. If there are polyps found then they look at the pathology and depending on what is found during the colonoscopy, people might have a one month, six month or one year or three year or five year follow up so that is dependent on what they actually find so.

00:20:18.440 --> 00:20:21.730

Beverly Greenwald

But if nothing is found then it's 10 years.

00:20:23.820 --> 00:20:53.870

Beverly Greenwald

To get those second steps completed, they have to do the prep and the prep is honestly the worst part. Everybody says the same thing. The prep is the worst part. So once you show up for a colonoscopy, that worst part truly is over. There are ways that we can make that easier to accomplish. We used to use golytely all the time, but now we use a two step method. We mostly use miralax mixed in Gatorade. It's more palatable to the patients we add.

00:20:54.320 --> 00:21:24.590

Beverly Greenwald

Dulcolax tablets and clear liquids and people are constipated. They might have clear liquids for a few days. People get nauseated and something for nausea might be helpful, but this ends up being a pretty expensive prep and if people have low income or low literacy, it's a lot more complicated than drinking the gallon of golytely which is a prescription. So actually obtaining the prep itself.

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Beverly Greenwald

Might be a barrier for some people, so keep that in mind when you're choosing what kind of prep the patient should have.

00:21:34.130 --> 00:22:07.430

Beverly Greenwald

Another way to make things easier is to refer to colonoscopy services where they do have patient navigators to help them navigate that prep. Whenever you arrange a colonoscopy, you also need to arrange transportation, so maybe they do have a driver, or because of the sedation they need a driver, but otherwise some other transportation needs to be arranged or it's going to be a fail. If you find out a patient did not complete their second step which is the colonoscopy.

00:22:07.760 --> 00:22:26.910

Beverly Greenwald

Then we need to remove whatever barrier happened and reschedule that patient because we really

have not screened that patient until the colonoscopy is completed. There's a good index of suspicion that there's a bleeding polyp in there that could turn to cancer, so we cannot drop the ball on that.

00:22:28.950 --> 00:22:30.240

Beverly Greenwald

So anyway.

00:22:30.290 --> 00:22:59.940

Beverly Greenwald

You know the work you do every day is so important to encourage people to be screened. These tests are so effective and so simple to do from home, and yet there's a lot of resistance to it, so a lot of encouragement by all the people in your clinic. Everyone being on board is going to help. North Dakota is not only the most improved state, but my goal is for it to become the most screened state.

00:23:00.320 --> 00:23:15.090

Beverly Greenwald

Because this is so important to our population, the people that haven't been screened really need our support to make sure that they are among the people that are screened so that they can live long and healthy lives. Here in North Dakota.

00:23:18.780 --> 00:23:30.110

Beverly Greenwald

So does anybody have any recommendations on how to address specific barriers or what you see commonly in practice that you could add to our discussion?

00:23:41.430 --> 00:23:59.200

Nikki Medalen

We often have a quiet bunch, but I do want to make sure everybody feels welcome to ask any questions you have with by really. She's been doing this a long time and she's got some pretty practical advice for us. So if you have a specific barrier that you're finding in your population, don't be afraid to bring it up here.

00:24:00.800 --> 00:24:12.250

Nikki Medalen

One of the questions I have Beverly is you know in some of the locations where Cologuard or even FIT are fairly new to their screening options.

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Nikki Medalen

What one piece of advice do you have for physicians who might still be hesitant about using a screening test versus colonoscopy?

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Beverly Greenwald

Well, the best test is the test that's going to get done and so.

00:24:29.320 --> 00:24:31.990

Beverly Greenwald

They're all equally good.

00:24:32.920 --> 00:25:02.790

Beverly Greenwald

And I think there's a lot of people who don't actually believe that, but the key is that the IT takes so long for the cancer to develop, and the bleeding can go on for years 1st. And yet the cancer is still in that pile up where it's easily removable and so another thing is people think of a colonoscopy as the perfect test. 'cause you know, it's like we're looking with our own eyes, but the.

00:25:03.640 --> 00:25:34.380

Beverly Greenwald

Colon has what are called, has strong or folds that propel the well. As peristalsis pushes the mass through the hoster kind of stop it from the back flow a lot of little valves in there and you would not believe how many times that we see a polyp, and in the brief moment it takes to grab the snare out of the package and send it down the scope the peristalsis.

00:25:34.710 --> 00:25:43.120

Beverly Greenwald

Keeps changing the shape of the colon and we have to look and look and look to find that pilot that was just there.

00:25:43.810 --> 00:25:57.380

Beverly Greenwald

So what that leaves you feeling yes, like holy cow, you know how many did we miss when we saw it? We saw a glimpse of it and now we can't find it again. And yet it was just there.

00:25:58.180 --> 00:26:23.960

Beverly Greenwald

And they did back to back colonoscopies. Very skilled in Dos Capas, one of whom is Rex at the Indiana University. He does massive amounts of research studies but they would real a patient from one colonoscopies to the next colonoscopies. Back to back immediate colonoscopies and there was a 26% miss rate on polyps.

00:26:24.910 --> 00:26:41.210

Beverly Greenwald

So and another study showed that 5% of people diagnosed with colon cancer had a negative colonoscopy in the past three years, so that's why they put colonoscopies at such a high level. It's the gold standard.

00:26:41.920 --> 00:26:42.460

Beverly Greenwald

But

00:26:43.600 --> 00:26:55.560

Beverly Greenwald

there are no perf tests and so you couple that lack of perfection with the colonoscopy, with the fact that it takes so long for these pallets to turn to cancer.

00:26:56.700 --> 00:27:08.310

Beverly Greenwald

It really, truly saves as many lives to start with this and it's so much easier for people in rural areas or people who are really embarrassed.

00:27:09.350 --> 00:27:17.630

Beverly Greenwald

More physicians will do a colonoscopy for themselves, but then refer patients for doing the stool tests.

00:27:18.310 --> 00:27:36.180

Beverly Greenwald

You know so, but it doesn't matter. They're all equally effective, and so people really embrace it. And when people tell people about what to do, there's a lot of people that will share or just poop on a stick and get it done with and.

00:27:36.660 --> 00:27:53.440

Beverly Greenwald

Uhm, the odds are 19 added twenty. You might not need a colonoscopy for your follow up test, so I would go with that. I actually did in spite of doing colonoscopies for.

00:27:54.040 --> 00:27:58.980

Beverly Greenwald

Since 1989, for many years I just did the stool test.

00:27:59.790 --> 00:28:06.800

Beverly Greenwald

And then this year I'm 61. I had a colonoscopy, it's a disease of aging.

00:28:07.660 --> 00:28:37.710

Beverly Greenwald

And so, uhm, every decade you're 10 times more likely to have colon cancer. So when you're young and got better things on your plate to do, you know, young people they're raising children? They might be taking care of their parents. They're very busy taking a day off for a colonoscopy prep and a colonoscopy is not something they can fit into their lives. But that doesn't mean they have to shorten their lives with colon cancer, so.

00:28:37.900 --> 00:28:49.180

Beverly Greenwald

And it's still testing is a wonderful option. And the increased use of the stool tests as what has helped us get more people screened.

00:28:51.260 --> 00:28:54.950

Nikki Medalen

Thank you, does anyone have other questions?

00:29:04.070 --> 00:29:15.780

Nikki Medalen

Well, hearing none. I just want to thank you Beverly for sharing your experience and your wisdom that can only come from doing this work for many years. You have truly gotten to the heart of what patients are really seeking from their providers and staff.

00:29:17.420 --> 00:29:47.410

Nikki Medalen

Uh, I wanted to share some resources with you. All of these resources are available on thescreen.org website. I just confirmed that this morning, making sure that they match. So there's a patient education for stool sample collection. Kind of a A1 pager that you can share with your patients. The 2019 colorectal cancer screening messaging book. This gives you a lot of tips and tricks for not only communicating with your patients face to face, but also some social media ideas and.

00:29:47.650 --> 00:29:51.020

Nikki Medalen

Uhm, helps you understand the way that.

00:29:51.750 --> 00:30:22.790

Nikki Medalen

People are receiving the message. You might think that you're giving a message and you're saying one thing, but they're they're taking it in another way, so there's a lot of research around how those messages were interpreted by our target audience. Improving cancer screening rates in your practice, and reducing related disparities. As a little bit of a toolkit, if you want to take a look at that and then just the resources on the CDC colorectal cancer site for patient education, there's some short video clips there.

00:30:23.400 --> 00:30:26.340

Nikki Medalen

As well as some of the videos that.

00:30:27.080 --> 00:30:29.060

Nikki Medalen

That Beverly had mentioned.

00:30:29.720 --> 00:30:34.850

Nikki Medalen

In terms of next steps, we expect that you will share what you learned today with others on your staff.

00:30:36.440 --> 00:31:00.450

Nikki Medalen

Really think about whether or not your team uses standard a standardized set of patient education tools so that all of your providers are are kind of sending the same message. So if we have a couple who might have different providers, I think getting the same message from those providers in terms of how important colorectal cancer screening is and at what point in their life span they should be beginning.

00:31:02.260 --> 00:31:19.370

Nikki Medalen

Just making sure that your facility as a whole is sending a similar message, and then of course we have the evaluation Jon if you'd put that link in the chat, you can click on it from the chat. I think you can click on it from the screen here. And of course I will send that out to you in a follow up email.

00:31:20.190 --> 00:31:32.570

Nikki Medalen

Our next rapid action collaborative call will be February 8th and it will be on the topic of measuring practice progress. So with that I thank you for your time today and we will let you go. Have a great day.

00:31:33.500 --> 00:31:34.460

Beverly Greenwald

Thank you everyone.

00:31:45.310 --> 00:31:53.770

Nikki Medalen

Thank you Beverly. We really appreciate having you. You are. You are just a wealth of information and I love how you answered my question.

00:31:47.590 --> 00:31:48.470

Beverly Greenwald

You're welcome.

00:31:55.350 --> 00:31:56.190

Nikki Medalen

You just nailed it.

00:31:58.280 --> 00:31:58.490

Beverly Greenwald

Yeah.

00:31:58.540 --> 00:31:59.790

Beverly Greenwald

Yeah, well.

00:32:01.500 --> 00:32:04.390

Beverly Greenwald

Seems so simple, but yes, it's hard.