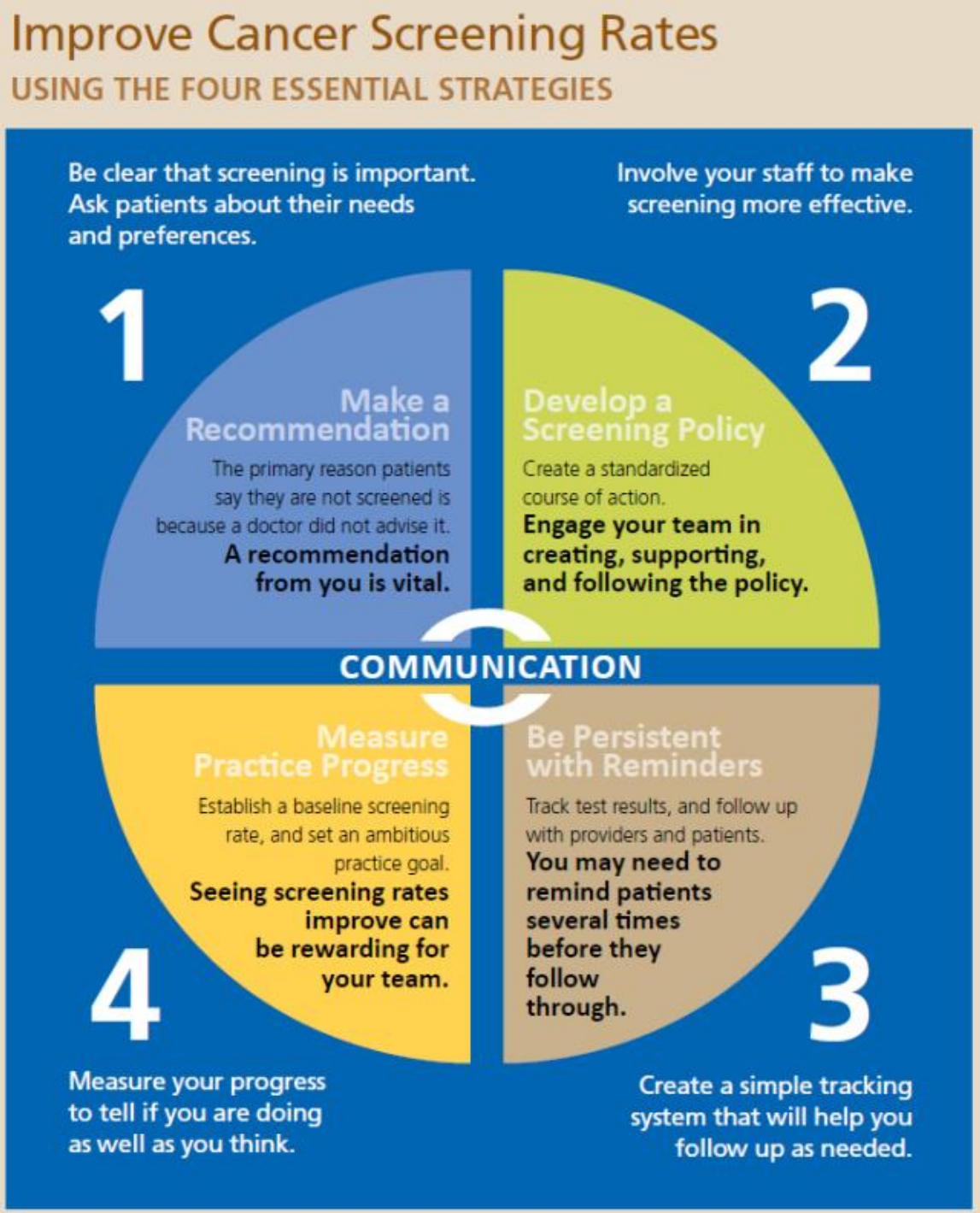
SCREEND

Improving Colorectal Cancer Screening Rates in North Dakota

Practical Policy

Quality Health Associates *of* North Dakota

4 Essentials of Improving CRC Rates



Definitions

Bottom line, what is the message of a standing order?
We believe strongly that this screening test is so important that we want to assure that every single one of our patients who meet the screening criteria is offered the test.

- Policy: A deliberate system of principles to guide decisions and achieve rational outcomes; it is a statement of intent and implemented as a procedure or protocol
- Protocol: Standard that includes general and specific principles for managing certain patient conditions
- Standing Order: Allow patient care to be shared among non-clinician members of the care team, such as medical assistants and nurses. Often based on national clinical guidelines but customized for the clinic's patient population and care environment.

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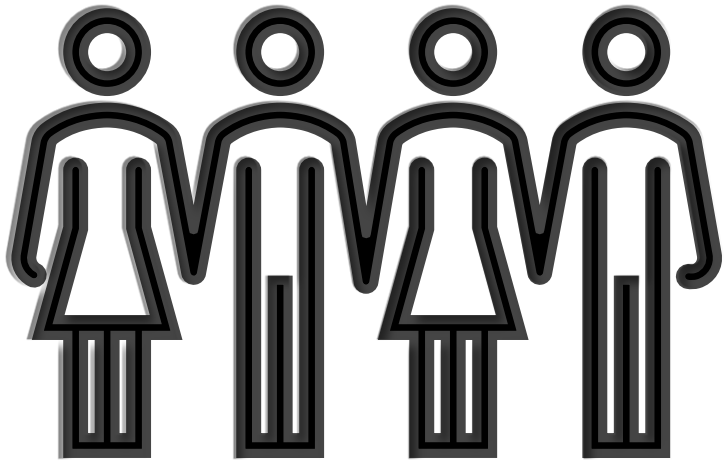
How has having a screening policy made a difference in your screening rates?

Dr. Jeff Hostetter
Monica Paczkowski
UND Center for Family Medicine

What is Team-based Care?



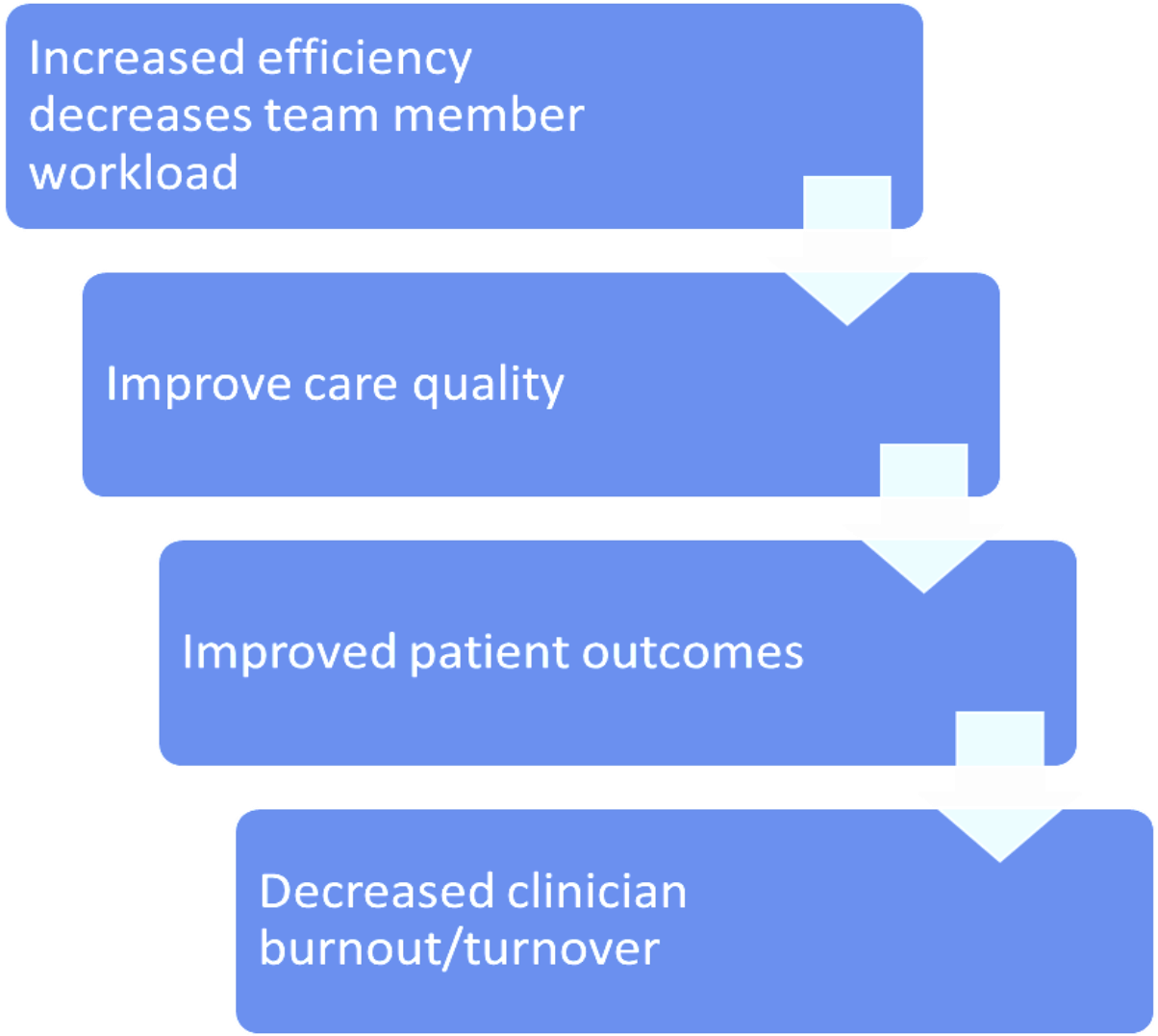
A group of healthcare professionals coordinating actions for a common purpose

Collaboration to prevent and/or treat disease and promote health

Actively engaging patients as full participants in their care

Encouraging all team members to work to the full extent of their education, knowledge, skills, and abilities

Practice Benefits of Team-Based Care



Importance of Providing Care in Teams

Deliver high value care

Reduce duplication or redundancy of services

Prevent medical errors

Improve patient safety

What is Good Policy?

Template:

- ✓Purpose
- ✓Definitions
- ✓Policy
- ✓Procedures
- ✓References

Consider:

- National screening guidelines
  - USPSTF
  - American Cancer Society
- Realities of your practice
- Patient history and risk level
- Patient preferences and insurance coverage
- Local medical resources
- Include guidance for distribution, tracking and follow-up of take-home test (FIT/iFOBT or mts-DNA)
- Documentation

https://www.health.state.mn.us/diseases/cancer/sage/documents/ICCScreeningToolkit.pdf

Realities of your Practice

- Waiting room/exam rooms
- Patient Check-in
- During the Visit
- At Checkout
- Communication outside the office
- Tracking patient compliance

Why Standing Orders?

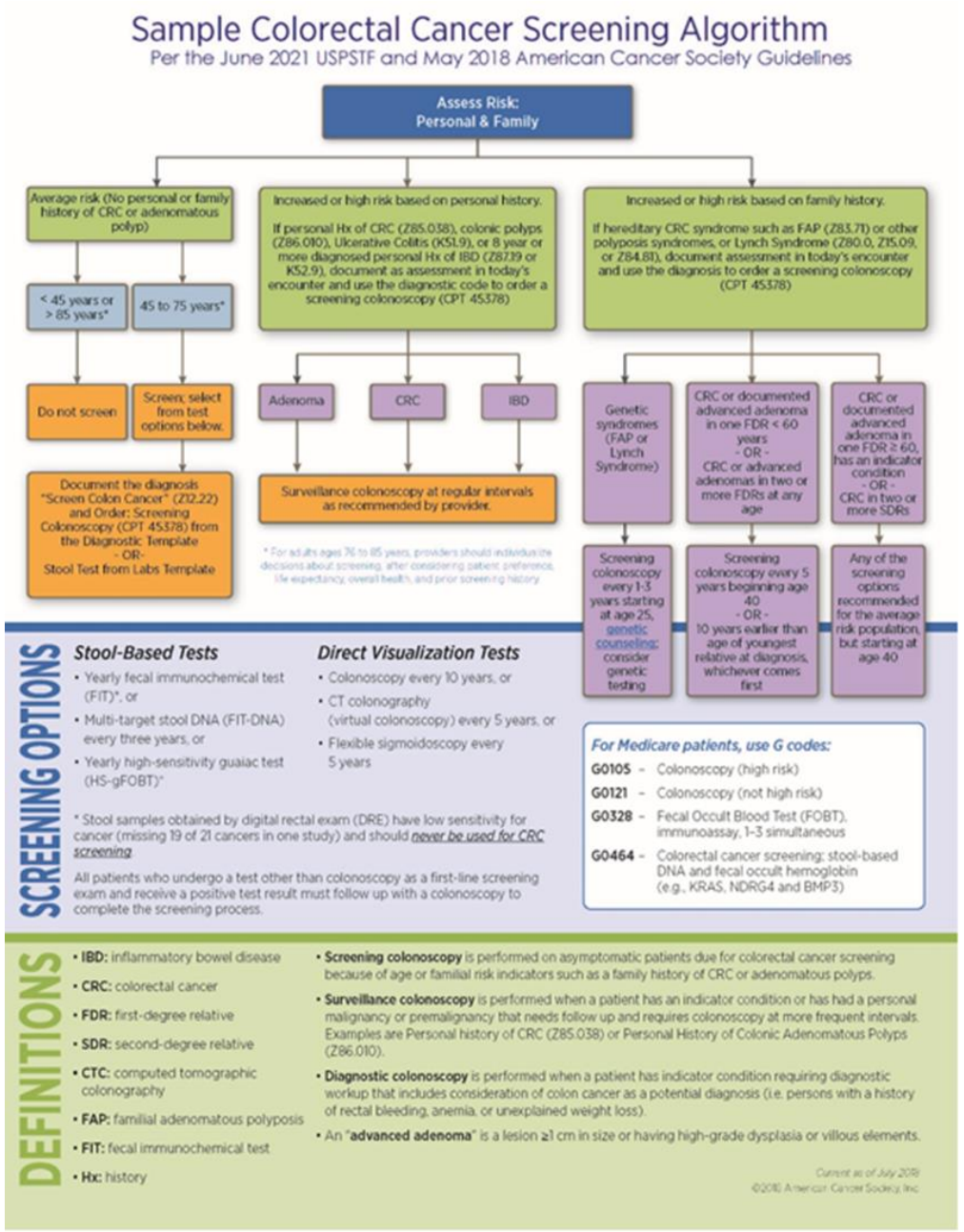
Problem

- Medical practice is demand (patient) driven
- Practice demands are numerous/diverse
- Few practices currently have mechanisms to assure that every eligible patient gets a recommendation for screening
- Screening rates are less for persons with less education, no health insurance, lower socio-economic status

Solution: Standing Orders

- Divide the work
- Assures screening of all eligible patients
- Improve rates

A picture is worth 1000 words!



NO Digital Rectal Exam Samples!

Use of DRE to collect a stool sample should NEVER be used.

Missed 19 of 21 cancers in largest study

- Dr. Durado Brooks, ACS (2016)

"Screening for colorectal cancer following digital rectal exam is not recommended and should not be done."

- Ang et al., The diagnostic value of digital rectal examination in primary care for palpable rectal tumour, Colorectal Disease, Volume 10, Number 8, October 2008 (UK)

No guidelines recommend FOBT obtained by digital rectal examination as an adequate colorectal cancer screening test.

- Thad Wilkins, MD/ Peter L. Reynolds, MD; AAFP.org (2010)

Stool samples obtained by digital rectal exam (DRE) have a low sensitivity for cancer …an should **never** be used for CRC screening.

- ND Colorectal Cancer Roundtable

A provider's guide to colorectal cancer screening - NCCRT

Option to cobrand the flyer with your logo!

Do

- ✔ **Do** make a recommendation! Be clear that screening is important. Ask patients about their needs and preferences. The best test is the one that gets done.
- ✔ **Do** use the American Cancer Society or the USPSTF recommendations for colorectal cancer screening in average-risk adults, starting no later than age 50.*
- ✔ **Do** assess your patient's family history, medical history, and age.
- ✔ **Do** be persistent with reminders.
- ✔ **Do** develop standard office operating procedures and policies for colorectal cancer screening, including the use of EHR prompts and patient navigation.

** The American Cancer Society recommends starting colorectal cancer screening at age 45, while the USPSTF recommends starting at 50. Patients under age 50 should talk to their insurance provider about their coverage.*

Don't

- ✘ **Do not** use digital rectal exams (DREs) for colorectal cancer screening. In 1 large study, DREs missed 19 of 21 cancers.
- ✘ **Do not** repeat a positive stool test. Any abnormal finding should be followed up with a colonoscopy.
- ✘ **Do not** use stool tests on those with a higher risk. A colonoscopy must be performed.
- ✘ **Do not** minimize or ignore symptoms in patients younger than screening age. Evaluate and refer symptomatic patients to colonoscopy as needed, regardless of age.
- ✘ **Do not** forget to use non-clinical staff to help make sure screening gets done. They can hand out educational materials and schedule follow-up appointments.
- ✘ **Do not** forget to coordinate care across the continuum.

For more tools and resources, please visit nccrt.org or contact Kelly Durden, Georgia Colorectal Cancer Roundtable (GCCRT) project manager, at kelly.durden@cancer.org.

NATIONAL Colorectal Cancer ROUNDTABLE

American Cancer Society

80% IN EVERY COMMUNITY

Remove

Click here to add a logo, or click the Remove button to clear the space.

Peer Sharing

- What key points in your policy would you recommend to others?
- Did you find weaknesses in your policy that you would like to improve on?

Review your initial assessment: Consider addressing the gaps in your policy!

Part VI: Rescreening					
	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The clinic tracks when patients are due for regular CRC screening.	○	○	○	◉	○
Staff ask about previous CRC screening if none are known or documented.	○	○	◉	○	○
Staff have a process for obtaining past screening results if unknown.	◉	○	○	○	○

Resources for the Journey Ahead

Resources

- USPSTF: CRC Guidelines
- ScreeND.org:
  - ICC Screening Toolkit
  - QHA CRC Screening Policy Example
  - CRC Sceening Standing Order Policy
  - Sample CRC Screening Algorithm
  - Sample Screening Algorithm
  - A Providers Guide to Colorectal Cancer Screening

Next Steps

- Action Plan: Policy Development or Review
- Evaluation (required for CEUs): https://screend.org/eval/c4m2

Next collaborative call: December 13th, Matter of Choice

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