0:0:0.0 --> 0:0:10.540
Nikki Medalen
Yeah, it's, it's that time of the year where I, I realize we have to be careful, but at the same time, it's North Dakota. And don't we expect it. I'm a little hardened to it, I guess.

0:0:14.840 --> 0:0:27.220
Nikki Medalen
But well, I think we will get started. I have 1:00 o'clock. Welcome to everyone who joined Meredith. I think you're the last one that I haven't. I haven't greeted you yet. So welcome.

0:0:28.270 --> 0:0:28.510
Merideth Bell
Thank you.

0:0:29.930 --> 0:0:41.300
Nikki Medalen
So today is the third module of the screened rapid Action Collaborative and of course John is also on this call. So if at the end you have any questions about data or.

0:0:42.680 --> 0:0:57.590
Nikki Medalen
Or anything else for that matter, between the two of us, we should be able to answer those. I do ask that you chat in your name, title, and facility, as this will serve as our sign in sheet for CUS. And of course, at the end we'll share with you a.

0:0:58.560 --> 0:1:2.490
Nikki Medalen
Link to the evaluation and I would ask that you complete that as well.

0:1:3.610 --> 0:1:22.280
Nikki Medalen
I think sometimes we don't realize how important those evaluations are, but there's certainly important for us if there's something that we're missing or can improve on, we definitely wanna hear that from you. We take these pretty seriously, so please do complete that. And of course, they do have to be completed in order for you to receive the CU for this module.

0:1:24.510 --> 0:1:47.980
Nikki Medalen
So it's a matter of choice. So our our work today is really about expanding the way we think about about the screening options. And so there are many tests that are appropriate for CRC screening, but which one is the best. And John, I think we have this in the polls which you open the poll please there we go.

0:1:52.100 --> 0:1:55.970
Nikki Medalen
And I'll give you about 30 seconds to vote if all of you can see.

0:1:56.680 --> 0:1:58.180
Nikki Medalen
The pole in the middle of your screen.

0:2:27.20 --> 0:2:28.510
Nikki Medalen
About 5 seconds.

0:2:33.150 --> 0:2:34.820
Nikki Medalen
All right. Can we see the results?

0:2:56.660 --> 0:2:59.950
Nikki Medalen
Alright, if you've if you've voted, I think the results come up for you.

0:3:1.570 --> 0:3:2.160
Nikki Medalen
So.

0:3:1.630 --> 0:3:2.840
Jonathan Gardner
Should be in the chat.

0:3:3.690 --> 0:3:5.860
Nikki Medalen
Oh, OK, I better open the chat.

0:3:7.550 --> 0:3:22.20
Nikki Medalen
Thank you. So we have 44% saying colonoscopy, 22% saying fit and 33% with Cologuard. And it was a turf question. Ha ha. It's the test that the patient completes.

0:3:23.200 --> 0:3:30.430
Nikki Medalen
You know, we we now have the science behind each of these tests to recognize that they have.

0:3:31.330 --> 0:3:43.470
Nikki Medalen
That they are all very sensitive and very specific for colorectal cancer screening. And of course, if you have a positive stool test, you would, it would require follow up with colonoscopy. And so the experts.

0:3:44.110 --> 0:4:11.900
Nikki Medalen
Umm. And this is very much confirmed at the national Colorectal Cancer Roundtable that we attended in November, that there's absolutely no reason to prefer one test over the other as long as the test is appropriate for that patient. So of course, recognizing that the stool tests are most appropriate for the average risk patient and colonoscopy is really required for the high risk patient. And then those who have had a positive stool test, so.

0:4:12.910 --> 0:4:15.710
Nikki Medalen
The best test is really the one that the patient will do.

0:4:17.830 --> 0:4:44.800
Nikki Medalen
So I wanna share with you a vignette that we recorded from Dan Beach, who is a practitioner from South Central Health. He practices a lot of his time in Napoleon, ND and also in Wishek and he just has a passion for colorectal cancer screening. And I wanted to interview him this when I start this recording, it gives about 6:00 or 7 seconds of of just letting you read the question before his.

0:4:46.860 --> 0:4:47.850
Nikki Medalen
Before it starts.

0:4:48.760 --> 0:4:52.970
Nikki Medalen
But John, I'm counting on you to tell me that you can hear the sound.

0:6:13.320 --> 0:6:38.100
Nikki Medalen
I really appreciate this video just because two things. So first of all, that all of the patients are offered options. We know that that increases rates altogether just by being able to say you're 45 years old. It's time you begin screening for colorectal cancer screening. Here are your options and walk through those pros and cons of each of the tests.

0:6:38.780 --> 0:6:47.700
Nikki Medalen
And then the answer isn't no, I don't wanna be screened. It's really choosing the test that's best for them. And the other thing that I appreciate, appreciate about this video is that.

0:6:48.670 --> 0:6:55.320
Nikki Medalen
In a lot of cases where we've begun working with clinics, there's some resistance to offering stool tests because.

0:6:55.990 --> 0:7:25.940
Nikki Medalen
In the providers mind, especially if you have a gastroenterology available or colonoscopies available in House, there's this perception that for some reason the numbers of colonoscopies performed will go down and everyone's worried about losing revenue. But we find in every case that that is the opposite, where options are offered. You know, you're already getting all of the people who would have colonoscopy anyway.

0:7:26.220 --> 0:7:29.440
Nikki Medalen
But when you offer options, he makes this point that.

0:7:30.260 --> 0:7:44.970
Nikki Medalen
Some of those people say, OK, so fit every year, Cologuard, every three years, or you're gonna leave me alone for 10 years. If I choose colonoscopy. And if you're response can be well, yes, assuming that the colonoscopy is clear.

0:7:46.10 --> 0:7:49.220
Nikki Medalen
Then yes, 10 years and they say, you know, let's just get it over with.

0:7:49.780 --> 0:8:6.390
Nikki Medalen
Umm, but those other options also allow them to make some choices, especially for those who are still of working age to select something that's a little less that there are less barriers too. And we'll talk about that a little bit more as we go through this presentation.

0:8:7.930 --> 0:8:34.910
Nikki Medalen
I also wanted to share with you a clinic story. So the CDC shares best practices from organizations who've participated in this program in the past. And this one is from a series of stories that were specific to offering choice of test. And this one happens to come from Watertown, SD, which I appreciated just because of its proximity to us and similar types of communities that to two hours.

0:8:36.90 --> 0:9:6.850
Nikki Medalen
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. They were afraid of colonoscopy and 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 and different tests available to them. As a result, 21 patients scheduled a colonoscopy. The care managers mailed.

0:9:6.930 --> 0:9:13.590
Nikki Medalen
100 stool test kits to patients not getting a colonoscopy, more than half of the tests were completed and returned.

0:9:14.360 --> 0:9:31.710
Nikki Medalen
Three completed test kits had positive results and all three had a follow up colonoscopy. The clinics screening use went up from 66% to almost 75% within just a few months. Actually, I think this reminds me of what work you have been doing in Grafton.

0:9:32.870 --> 0:9:40.280
Nikki Medalen
Umm, so thinking about this scenario, what do you think were some key ways or some keys to making it successful?

0:9:46.620 --> 0:9:51.470
Nikki Medalen
Mary Meredith. Jennifer, are there things that you are doing that you?

0:9:52.210 --> 0:9:54.610
Nikki Medalen
That are similar to what this story is telling.

0:9:55.920 --> 0:10:29.290
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
So this is Kerry and I think yeah, you know we had buy in by the group that started this project and got immediate buy in from the nursing staff and the providers. I think some of them are still a little hesitant about the stool test versus the colonoscopy. But we've already seen proof where a positive Cologuard came back and ended up having a colonoscopy for the patient. So we're seeing exactly that. So we're looking at how much longer do we give it before we start going back to our list again.

0:10:29.580 --> 0:10:33.740
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
But I'm we're booking colonoscopies into January already.

0:10:34.870 --> 0:10:35.340
Nikki Medalen
Wow.

0:10:34.960 --> 0:10:40.840
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
To the end of January. So and they're doing 7 to 8 every Friday.

0:10:41.550 --> 0:10:43.750
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
Right now going forward so.

0:10:44.580 --> 0:10:46.180
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
Roughly so.

0:10:47.400 --> 0:10:48.90
Nikki Medalen
That's great.

0:10:48.70 --> 0:11:3.100
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
Umm but yeah, I think we just need to now regroup and and go back and look at that list again and see who we really need to target. We kind of did that ballpark and got everybody notified first and then go back and now really work that list again.

0:11:4.430 --> 0:11:34.600
Nikki Medalen
Yeah, absolutely. So one of the things that they did here in in Watertown was that they mailed out stool

tests to patients who were of average risk and who had refused to colonoscopy. So they offered them other options. And at the time that this was done, really afford FOBT and fit where the stool tests that were offered. But now, of course, we have Cologuard. And Cologuard actually encourages this.

0:11:34.680 --> 0:11:35.810
Nikki Medalen
Same kind of.

0:11:37.270 --> 0:11:43.160
Nikki Medalen
Plan to be done where you may order Cologuard to be sent to the patient's home.

0:11:43.800 --> 0:11:46.570
Nikki Medalen
Umm, you know, they don't need to have a.

0:11:47.260 --> 0:12:16.760
Nikki Medalen
The office visit in order for that to happen. And so if your facility has a standing order or you have the buy in from your physicians to do this, you can also do this with Cologuard. And what I love about this is that the patients were called ahead of time. They knew that it was coming and one more little tip, just to make this even better, we have found where patients have an opt out rather than an opt in option.

0:12:17.380 --> 0:12:38.300
Nikki Medalen
It's it's actually worked even better. So when they're called and this is ordered for them, if they absolutely don't want to test, they have to say that to you. But if they don't opt out, then the test would be sent to them and the return rates have been between 50 to 75% nationwide. The nice thing about.

0:12:39.160 --> 0:13:1.910
Nikki Medalen
About Cologuard and I, I sound like I'm promoting it. I just really appreciate that there's no cost to the facility. You have a cost if you're sending out fit kits to your facility. If to purchase those kits before they can be sent out, of course. But with Cologuard, there is no bill until there is a valid result. And so all of the burden of that cost is on exact sciences.

0:13:3.250 --> 0:13:6.420
Nikki Medalen
So it's kind of a something to think about for the future.

0:13:7.330 --> 0:13:39.300
Nikki Medalen
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 the gold standard, but we're finding over the last decade, while that this is true for those at high risk for people of average risk, there are much less invasive and much lower cost methods that are nearly equally effective. So some of the concerns that patient might patients might have include the risk level. So your risk of colon cancer might influence the choice of screening.

0:13:39.380 --> 0:13:50.360
Nikki Medalen
Yes, it should enter influence. That choice if the patient is at increased risk for colorectal cancer, then of course colonoscopy is the appropriate test.

0:13:52.200 --> 0:14:21.20
Nikki Medalen
That includes persons with a personal history of colon cancer, or precancerous polyps having a parent sibling or a child who've had who's had colon cancer. If the person carries a gene for a hereditary colon cancer syndrome, or if they have a history of inflammatory bowel disease such as ulcerative colitis or Crohn's disease, these patients, of course, should be screened with colonoscopy. But if they don't have those factors, then other considerations need to be weighed.

0:14:21.130 --> 0:14:41.100
Nikki Medalen
And of course it is always, you know, a shared decision. Convenience is another consideration. How long will the test take? How often do you need to repeat the test? Do you need to have sedation for this test? How much follow up care will you need the possible need for follow up testing to investigate a false positive finding or to remove tissue?

0:14:42.210 --> 0:14:47.380
Nikki Medalen
So of course we have to think about that also comfort with the doctors approach to screening.

0:14:48.550 --> 0:14:54.640
Nikki Medalen
So here we want to make sure that we're comfortable with the colon cancer screening test that the doctor recommends again.

0:14:55.620 --> 0:15:11.290
Nikki Medalen
On on our scale here I have this as shared decision making. It should always be a conversation that the provider or nurse or someone in the facility who's trained to have this conversation has with the patient so that.

0:15:12.50 --> 0:15:19.750
Nikki Medalen
It's not pushed on the patient, but that the patient makes that decision along with the recommendations from their health care provider and staff.

0:15:21.570 --> 0:15:48.200
Nikki Medalen
Cost and insurance coverage, of course, is always a concern. Are they willing to pay out of pocket if they're insurance does not cover a portion of the test? And I just encourage you to watch the snapshot newsletter. We did have some updates to cost to the coverage that is changing now with the new year for the better, but we will continue to be watching that and I just.

0:15:48.860 --> 0:15:50.610
Nikki Medalen
Kind of want to put in a plug here that.

0:15:52.870 --> 0:16:6.530
Nikki Medalen
At the federal level, at the Medicare level and some changes happening even with Medicaid expansion, we're going to see some of that coverage improve in 2023 and we wanna be sure that you're aware of that.

0:16:8.190 --> 0:16:32.300
Nikki Medalen
The preparation involved, so preparing for colon cancer screening can be a little bit uncomfortable or inconvenient, but it's also necessary for the test to be effective. So if your patient is choosing colonoscopy, that bowl prep is just so critically important. So we need to really consider the willingness or even ability of the patient to follow preparation instructions for specific colon cancer screening tests.

0:16:33.850 --> 0:16:48.860
Nikki Medalen
You know, some tests may require that they avoid solid food the day before they exam. They may even do adjust some medications, or of course the colon prep where they drink the laxative solution, or even having an enema to empty the colon. That's not as common here, but.

0:16:50.170 --> 0:16:54.660
Nikki Medalen
It is done in in some cases and for some medical considerations.

0:16:55.870 --> 0:17:25.570
Nikki Medalen
Also, a meeting to weigh the attitude towards screening. So the more thorough the colon cancer screening test, the more likely it is to detect any cancer or precancerous polyps. Of course, conversely, I'm more through a test might also mean more inconvenience or more uncomfortable preparation or even a slightly higher risk of serious complications. So we really need to ask our patients, will they feel the best if they know they've chosen the most thorough screening test possible? Will they worry?

0:17:25.660 --> 0:17:28.840
Nikki Medalen
Or doubt the results. If they choose a less sensitive test.

0:17:29.600 --> 0:17:36.170
Nikki Medalen
And then how concerned are they about the convenience and the preparation or the possibility of serious complications?

0:17:37.930 --> 0:17:44.890
Nikki Medalen
So then finally, I'm just weighing the pros and cons of each test and we will do that in the next couple of slides.

0:17:46.120 --> 0:18:2.420
Nikki Medalen
So actually I slim this down to 1 slide. Initially I had all of the screening options, but I slammed this to just the three that are most common in North Dakota. We don't necessarily see a lot of CT colonography in North Dakota except in some very.

0:18:3.700 --> 0:18:33.780
Nikki Medalen
Limited places, so the first of course is fit or FOBT and I always encourage the immunochemical test. There is also a guaiac test that is really not recommended anymore, but there are a couple of quick tests that are acceptable, but I really encourage you to use fit or IFBB and I think all of our clinics are. This is of course an annual test needs to be done once a year. The pros include that they can sample.

0:18:34.570 --> 0:18:35.630
Nikki Medalen
The collection the.

0:18:36.540 --> 0:18:42.990
Nikki Medalen
Sample collection can be done at home. It does not require any prep some of the.

0:18:43.700 --> 0:18:45.970
Nikki Medalen
Kits only require one bowl.

0:18:47.320 --> 0:18:54.340
Nikki Medalen
Bowel movement. Some of them require more, so that is something you really want to look at when you're ordering the test for your facility.

0:18:55.500 --> 0:18:57.540
Nikki Medalen
Some physicians were finding.

0:18:58.940 --> 0:19:2.150
Nikki Medalen
Really are not comfortable with A1.

0:19:3.800 --> 0:19:20.520
Nikki Medalen
Paul movement test. Others are and all of the science is actually based on the one bowel movement test. So when we're comparing fits, specificity and sensitivity to Cologuard, they are using A11 bowel movement test.

0:19:21.180 --> 0:19:33.580
Nikki Medalen
Umm, of course it does not require sedation and the diagnostic accuracy is at about 95% the lowest. This is the lowest cost option at between 75 and $125.

0:19:34.200 --> 0:19:46.350
Nikki Medalen
The cons include that it fails to detect polyps. Of course, if you have a positive test, you would need a follow up colonoscopy, but it is the lowest it does have the lowest risk of false positive results.

0:19:47.960 --> 0:19:55.160
Nikki Medalen
Uh. The stool DNA, or Cologuard, is done every three years. And again, the sample collection is done at home. It does not require prep.

0:19:56.590 --> 0:20:6.750
Nikki Medalen
It does require collecting an entire ball movement, or at least alert a portion of that ball movement, generally a bowel movement about the size of the human fist.

0:20:9.40 --> 0:20:15.280
Nikki Medalen
It does not require sedation and the cost. Actually I should have updated. This is at about $600.00 out of pocket.

0:20:16.440 --> 0:20:19.730
Nikki Medalen
It's $508.00 on the Medicare reimbursement schedule.

0:20:21.130 --> 0:20:36.770
Nikki Medalen
Umm this is less sensitive than colonoscopy at detecting precancerous polyps. But and of course, additional tests are needed if positive and there is an occasional false positive result. However, remember that it is both a fit and a DNA.

0:20:38.210 --> 0:20:40.370
Nikki Medalen
Collection so it has all of the.

0:20:41.220 --> 0:21:11.530
Nikki Medalen
Pros of the fit test and it also has this DNA component. When Cologuard first came out, there was a lot of concern whether that that component would cause anxiety among patients if they had a positive test and yet had a negative colonoscopy would they want to be screened every year in fear that they had DNA that was indicative of cancer. And although that idea was shared broadly, we have not really seen that happen.

0:21:13.640 --> 0:21:33.240
Nikki Medalen
I'm colonoscopy, of course, is takes about 30 to 60 minutes and it's done every 10 years. If it's clear it's one of the most sensitive tests currently available here, the doctor can view the entire colon and ******, and any abnormal tissue such as polyps or tissue samples or biopsies, can be removed through the scope during the exam.

0:21:35.600 --> 0:21:41.850
Nikki Medalen
No test is perfect. There is some room for human error, so it may not detect all small polyps and cancers.

0:21:42.380 --> 0:21:44.400
Nikki Medalen
Umm, I think that's one of the.

0:21:45.110 --> 0:22:15.60
Nikki Medalen
Kind of misconceptions we have about colonoscopy. Is that all colonoscopies are equal. But of course, because we have the human component, we actually do have a lot of differences between qualities of colonoscopy, bowel prep, of course, is required, as is sedation. The patient will need a driver when they're done. And occasionally there are some rare complications, including bleeding from the site of a polyp or biopsy. And rarely, but possibly a tear in the colon or the ****** wall.

0:22:15.590 --> 0:22:17.950
Nikki Medalen
And cramping and bloating can occur afterward.

0:22:20.300 --> 0:22:33.780
Nikki Medalen
Of course, there are some additional options, so if you offer CT COLONOGRAPHY or another type of screening, please reach out to us. If you'd like assistance with evaluating the pros and cons of those and coming up with a document that you can share with your patients.

0:22:36.470 --> 0:23:7.500
Nikki Medalen
So with that, I wanted to share with you a couple of decision making tools that we find really helpful. This first one is from the American Cancer Society and it really does an excellent job of describing each of the tests and it also has a questionnaire for the patient with questions about the patient's concerns that can help guide the conversation. There's also a myths and fact section that can help dispel some misinformation that maybe circulating. We do have a link to this tool on the screen website for this module and it will also be included.

0:23:7.590 --> 0:23:23.120
Nikki Medalen
In the items that go with this module, if you're looking at the recording I have the second page of this document showing. As you can see, it's a three page document and I put this page toward the front just because I appreciate the pictures.

0:23:25.820 --> 0:23:53.690
Nikki Medalen
I think for someone who may have some health literacy issues, this might be a really great visual for them. One thing I don't like about this document is it is 3 pages, but I think there's great information that we could shorten up and make this a front and back if we. If you took the information and

customized it for your patients, the other shared decision making tool that I really like is the exact sciences.

0:23:54.440 --> 0:24:14.430
Nikki Medalen
Tear sheet and the reason for that is that on the front it just has a picture of of colorectal cancer. What it really is and what it looks like. And on the back this comparison between these three options and I appreciate that they like us have this adage that the best test is the one that gets done.

0:24:16.800 --> 0:24:39.200
Nikki Medalen
I'm not gonna go through this map in detail, in part because it's a little bit old, but what this is showing in 2016, we went through the work of determining where colonoscopy was available and how much capacity was available in each of those locations. So what this is really showing the fuller the circle. So the bigger the circle, the more.

0:24:40.60 --> 0:24:41.740
Nikki Medalen
Colonoscopies are.

0:24:42.400 --> 0:25:8.470
Nikki Medalen
Performed at that location and if the circle is full of red, that means that they are already seeing their greatest capacity. So like, look at Minet for instance. They had very little additional capacity for colonoscopy at that time, where up in this northwest corner of the state, you had a little room for capacity. However, I think this is Crosby, very little additional space.

0:25:9.610 --> 0:25:30.500
Nikki Medalen
The point of this really comes in our next slide, which is how to make the best use of the resources that we have. This is actually one of my favorite slides. Each of the dots here represents 20 patients. So on the left hand side, if we're just screening with colonoscopy, we're ordering all of these eligible patients to have.

0:25:31.750 --> 0:25:47.110
Nikki Medalen
Have the test and we know that there are certain number of patients that refuse or are no shows. And what we find is that by using colonoscopy only we find one cancer in 400 to 1000 colonoscopies.

0:25:48.430 --> 0:25:57.740
Nikki Medalen
That's not very many for all of the work that we do, right. But if we use fit and now this is a little bit old slide, this slide was done in 2018.

0:25:58.570 --> 0:26:4.80
Nikki Medalen
We could we could insert fit or Cologuard. Here, we could test twice as many patients.

0:26:4.850 --> 0:26:7.550
Nikki Medalen
Umm, so the eligible population would be.

0:26:9.370 --> 0:26:25.0
Nikki Medalen
Ordered Cologuard, or fit first, then we go through this cone of of finding patients with a positive and you see that those patients are here. And then of course, of those patients, there's always some who refused to have the follow up colonoscopy.

0:26:25.860 --> 0:26:28.720
Nikki Medalen
But of those who do, what we find is that we.

0:26:29.350 --> 0:26:34.130
Nikki Medalen
We actually diagnose for cancers into 160 colonoscopies.

0:26:35.100 --> 0:26:44.850
Nikki Medalen
So the point here is just to. It looks like we're doing less colonoscopies, but the point is really that the colonoscopies that we do are.

0:26:46.120 --> 0:26:46.920
Nikki Medalen
To find.

0:26:47.600 --> 0:26:48.480
Nikki Medalen
The most.

0:26:49.310 --> 0:26:52.960
Nikki Medalen
Umm, the most cancers that we're using that.

0:26:53.760 --> 0:27:0.680
Nikki Medalen
Capacity for colonoscopy that we do have for the most appropriate patients or the highest risk patients. I hope that makes sense.

0:27:1.740 --> 0:27:12.210
Nikki Medalen
The other thing that I wanted to point out today is that fit tests are not created equal and I think there's a big misconception about that. Not all of the providers of the makers of fit tests.

0:27:13.840 --> 0:27:25.530
Nikki Medalen
Publish their sensitivity and specificity, but of those who do, we do have a resource. The issue brief for clinicians reference and we have this again.

0:27:26.250 --> 0:27:53.220
Nikki Medalen
I connected to this module but I want you to see that there are some differences here and I'm not gonna tell you which ones to use unless you specifically ask us in a TA call, but I want you to have the data that you need to make the best decision. So take a look at what product you do have and if it's not listed here. This is just a subsection of those that are listed in this clinicians reference.

0:27:53.690 --> 0:28:0.850
Nikki Medalen
Umm, but let's make sure that you're using one that you're comfortable with in terms of sensitivity and specificity.

0:28:4.60 --> 0:28:7.230
Nikki Medalen
Are your providers hesitant to use stool tests?

0:28:10.760 --> 0:28:11.800
Nikki Medalen
Are you finding that?

0:28:17.860 --> 0:28:19.890
Merideth Bell
Hear your Jen? I guess I can't, really.

0:28:19.850 --> 0:28:22.80
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
Yeah, I would say.

0:28:24.80 --> 0:28:30.510
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
A couple of them are just because they're the ones that are doing the colonoscopies and they're, I mean they they will order the.

0:28:31.420 --> 0:28:37.970
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
Cologuard, or the fit, preferably the Cologuard, I don't, we were really not seeing very many fit tests ordered.

0:28:39.90 --> 0:28:40.410
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
But they're coming around.

0:28:41.180 --> 0:29:0.830
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
And I think they'll come around even more when they realize how busy you are. But when we're when they see the data of the cologuards coming back, that is creating that colonoscopy because it is a positive. So I think that's just gonna take a little bit more time, but I think the other providers are on board with ordering Cologuard.

0:29:1.740 --> 0:29:6.70
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
Forfeit. But like I said, most of it at the time. It's a fit or a cold hard test.

0:29:8.710 --> 0:29:9.280
Nikki Medalen
You know.

0:29:8.480 --> 0:29:33.920
Merideth Bell
And I think the more education that comes out and the more you know, the more efficiently they can explain it to patients and nurses or, I mean, they're all in curiously like God. Such a great group there to talk about the options, and they're asking for more resources all the time. So they're engaged. And I think the more information they have on hand to explain that to patients, you know, you have a.

0:29:43.540 --> 0:29:43.800
Nikki Medalen
Right.

0:29:34.570 --> 0:30:3.30
Merideth Bell
15 minute visit and you have to tell the patient. You know you got you can't spend 10 minutes telling them about what a fit test is, you know? So how do we get that information to them so that they can efficiently explain it to their patients. And then those patients can then call their insurance companies and you know effectively and efficiently talk to them about what's approved, you know, so there's lots of things to to think about when when we order these.

0:30:3.640 --> 0:30:12.660
Nikki Medalen
And definitely at our TA calls we can discuss like some of the things that we know about what's covered for which groups, Medicare, Medicaid and those kinds of things.

0:30:13.860 --> 0:30:45.170
Nikki Medalen
And then we do, we will offer you an opportunity to have jecinta Scott who is a medically is liaison, be able to speak to your group, will probably not offer that to you until we get through the rapid Action collaborative. But she has a wealth of knowledge too and provides a lot of information about the science behind the test, which generally have helped providers be a lot more. They have the resources then to understand why.

0:30:45.240 --> 0:30:49.410
Nikki Medalen
And how these tests can be, you know, the outcome can be equal.

0:30:51.260 --> 0:31:12.200
Nikki Medalen
She just has a great way of of making them comfortable with that science, so I also want to compliment you. I think everyone on the call today is from unity. I'm not quite sure why we don't have participation

from Crosby, but we definitely will will share this recording with them. But I want to compliment you on the.

0:31:13.140 --> 0:31:15.190
Nikki Medalen
Survey that you did with your.

0:31:16.30 --> 0:31:23.710
Nikki Medalen
Staff in are they screened and then asking the questions. If they aren't screened, why aren't they screened? I think that.

0:31:24.680 --> 0:31:28.550
Nikki Medalen
The responses that you got are just so amazing in helping to.

0:31:29.220 --> 0:31:52.950
Nikki Medalen
Develop messaging to the community because what you found is that it's going to be the same exact concerns that your patients have, not just staff, but patients. So I just really applaud that idea and I want you to know we've shared that with some others and we'll continue to do that and encourage them to do that, especially during March, colorectal Cancer Awareness Month. So thank you for that idea.

0:31:55.200 --> 0:32:23.680
Nikki Medalen
So I want to share some resources here. The effectiveness of interventions to increase colorectal cancer screening among Native Americans and Alaskan natives may be important in some locations and maybe less so in others. But I always want to share that document. The American Cancer Society's flu foot Implementation guide is included here. I didn't take this out because I feel like we're not 100% through the flu season yet, but I realized that that's coming a little bit late.

0:32:24.640 --> 0:32:41.530
Nikki Medalen
Colorectal cancer screening, which test is right for you? That decision aid is available. I believe you all have access to the tariff sheet, which I have here from from you probably can't see it from exact sciences if you don't, we can send you some.

0:32:44.40 --> 0:33:5.600
Nikki Medalen
If if that's something you'd like to take a look at, I can send you a copy of of a scan of it too. If you want to just take a look at it. But we've got tons of those in our office and then also the fit Ipopt clinician reference so that you can determine which, if you're you are ordering and using fit or ifob T which one is the best product to use.

0:33:6.520 --> 0:33:19.30
Nikki Medalen
The next steps, of course, are our TA calls that are coming up and then the evaluation, if you would

please complete that evaluation. John, could you put that link in the chat? I think it's easier to get to than from this screen.

0:33:19.940 --> 0:33:42.270
Nikki Medalen
And just to notice that the next collaborative call will be on the 10th of January and the topic unintended is crappy communication and we will be inviting Beverly Greenwald, who is a family nurse practitioner from the Fargo area who has worked with colorectal cancer screening for about 40 years. And she is currently teaching at San Angelo University. But she is just.

0:33:43.810 --> 0:34:5.540
Nikki Medalen
Absolutely. One of the most a person who just says so direct about colorectal cancer screening and about helping with directions how to talk to patients about poop. Sometimes people are hesitant to want to talk about that, but everybody does it. And so she just comes with this very direct way of communicating with patients that we want to share with you.

0:34:7.690 --> 0:34:8.570
Nikki Medalen
And with that.

0:34:8.810 --> 0:34:14.100
Nikki Medalen
I'm our contact information. Do you have any questions of us before we leave?

0:34:21.520 --> 0:34:25.190
Merideth Bell
I don't. I don't have any specific ones I guess.

0:34:25.630 --> 0:34:31.400
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
I just wanna thank you for all your guidance. It's made it easy for us to.

0:34:32.550 --> 0:34:33.790
a0337d5f-2c1d-4081-b92d-f7f3166fd13e
To start this project.

0:34:34.450 --> 0:34:36.800
Nikki Medalen
Ohh, thank you, we so appreciate hearing that.

0:34:38.800 --> 0:34:50.50
Nikki Medalen
Well, I do thank you for joining today and we hope that you have a great holiday season. We'll see you hope. I think we will see you before the end of the year, but Merry Christmas and Happy New Year to all of you.

0:34:51.150 --> 0:34:52.720
Nikki Medalen
And with that, we will close.

0:34:54.320 --> 0:34:54.890
Merideth Bell
Thank you.