

0:0:0.0 --> 0:0:12.170

8332d868-7f31-434e-8fcd-bffb713baeb6

Can access later and you can use that in your clinic to show patients how to accomplish this type of screening. The prepaid postage that's on the return envelope helps with the return rate.

0:0:12.800 --> 0:0:27.220

8332d868-7f31-434e-8fcd-bffb713baeb6

Be sure to label the bile with the patient information. Those two identifiers, name and date of birth.

They will also need to date and time when they actually collect a specimen, because they're only good for a certain amount of time.

0:0:28.270 --> 0:0:49.620

8332d868-7f31-434e-8fcd-bffb713baeb6

There's a program called Poop on Demand next slide. This is a process where patients can complete the test before leaving the clinic. Perhaps they happen to be ready to have a ball movement or can actually poop on demand, but this is the population that can facilitate it by submitting their sample before they even leave the clinic that day.

0:0:50.800 --> 0:1:21.650

8332d868-7f31-434e-8fcd-bffb713baeb6

Next, we'll talk about how to complete the test. It's a good idea to have a sample package as you're educating the patients and so open the package and explained the content. One thing that people sometimes don't understand is the purpose of the paper that's in there. This is a flushable paper that goes on to the toilet water to keep the stool out of the water for two reasons. One, so it's easy to access and get a specimen, but also if they have.

0:1:22.10 --> 0:1:53.490

8332d868-7f31-434e-8fcd-bffb713baeb6

Chemical in the water like that. Tidy bowl. Blue stuff. You wouldn't want that to get into the specimens. So it serves 2 purposes, but if they put the paper down and they didn't have to complete the ball movement or weren't able to get the specimen, there's other ways that facilitate collecting the stool and some examples I have listed here are have them scoot forward on a elongated toilet seat and have the stool fall right onto the toilet bowl and then they can access it and collect the specimen.

0:1:53.940 --> 0:2:5.780

8332d868-7f31-434e-8fcd-bffb713baeb6

They can put a substantial amount of toilet tissue on to the toilet bowl and target there for the stool so they can collect it. They can turn off the water to the toilet.

0:2:6.470 --> 0:2:11.620

8332d868-7f31-434e-8fcd-bffb713baeb6

Flush the toilet and now there's a dry toilet for them to collect their stool and sample.

0:2:12.330 --> 0:2:33.70

8332d868-7f31-434e-8fcd-bffb713baeb6

And then when they're done, turn the water back on and flush and the old fashion way. When people used to use the stick for the hemopoietic cards, they would use a coffee can, yogurt container, paper

plate, ice cream bucket some way to collect it, and sample the specimen and flush the stool down the toilet.

0:2:34.210 --> 0:2:58.110

8332d868-7f31-434e-8fcd-bffb713baeb6

So Umm, let them know that if they call a number you can send them a new kit if they need to. If they flush the paper because they weren't able to have a ball movement and a whole another kid this another option, make sure you write your name and phone number on the outer envelope that's provided. Like maybe we're the peel and stick area is so if they do have some questions they can give you a Jingle.

0:2:59.590 --> 0:3:0.460

8332d868-7f31-434e-8fcd-bffb713baeb6

Next slide.

0:3:1.300 --> 0:3:32.850

8332d868-7f31-434e-8fcd-bffb713baeb6

How to collect the specimen? The fit test is usually like a little green stick there and and a vial so that applicator stick has some spirals in the tip of it, and that's about 1/2 an inch thick that past that spiraled area several times. So that substantial stool sticks there. And also you go to multiple areas so that you increase the odds that you are in area of the stool. That might have some blood.

0:3:33.920 --> 0:3:51.130

8332d868-7f31-434e-8fcd-bffb713baeb6

So then they reinsert that probe into the bile, write the date and time they collected the specimen, wrap it with the absorbent paper, put it in the biohazard bag and into the mailing envelope, and either bring it back to the clinic or put it in the mail.

0:3:52.70 --> 0:3:52.970

8332d868-7f31-434e-8fcd-bffb713baeb6

Next slide.

0:3:53.750 --> 0:4:22.660

8332d868-7f31-434e-8fcd-bffb713baeb6

Why is this such an important test? Well, colon cancer is the most preventable, treatable, beatable cancer that we have. But unfortunately, it ranks second for cancer deaths because people don't want to talk about it and really don't want to do these things. So the extra encouragement that we can provide our patients is certainly going to be helpful. So, like Nikki mentioned, we've been doing this through several courts. And during this time.

0:4:23.490 --> 0:4:50.200

8332d868-7f31-434e-8fcd-bffb713baeb6

Everyone has dropped the screening raid page 245 years, so that's a whole population aged 45 to 50 that we need to get up to speed and we also need to start doing the education earlier like 40, because people like to procrastinate. And if you start educating them at 40, by the time they're 45, they've heard it enough that they realized that's the normal thing for 45 year olds to do.

0:4:51.60 --> 0:4:52.20

8332d868-7f31-434e-8fcd-bffb713baeb6

Next slide.

0:4:53.510 --> 0:5:25.620

8332d868-7f31-434e-8fcd-bffb713baeb6

So yes, it's a dramatic issue in this country. So we can make a big difference in the statistics. The next slide has more statistics. It's kind of the disease of aging because 90% of cases are in people over age 50, which is why we had fifty as the start of screening. But unfortunately due to lifestyle and diet, the age of early onset colon cancer is more prevalent and that's why we dropped the age to.

0:5:25.710 --> 0:5:26.450

8332d868-7f31-434e-8fcd-bffb713baeb6

45.

0:5:27.250 --> 0:5:57.360

8332d868-7f31-434e-8fcd-bffb713baeb6

The average person has a risk of 1 in 20 will get pulling cancer in their lifetime, but there are people who are at higher risk and those would be people who have a first degree relative which is a parent, a sibling or a child who has colon cancer, and they're risk is 2 to three times higher. So one out of seven or one out of 10 for those people, people who are at higher risk shouldn't be doing the stool test.

0:5:57.680 --> 0:6:25.690

8332d868-7f31-434e-8fcd-bffb713baeb6

Because they are at higher risk, they should jump right to the colonoscopy of screening. But one thing that they say is the best test is the patient, the one that the patient is going to have done. So if they're resisting a colonoscopy, then for that population, offer the 5th test, and then, you know, if they really need to get that second step, colonoscopy if they have a family history.

0:6:26.300 --> 0:6:33.600

8332d868-7f31-434e-8fcd-bffb713baeb6

And there is also an increased risk if people have a family history of colon polyps. So that's a good indicator.

0:6:34.760 --> 0:6:40.340

8332d868-7f31-434e-8fcd-bffb713baeb6

People are at higher risk, may have diabetes, obesity, heavy smokers.

0:6:41.30 --> 0:6:50.690

8332d868-7f31-434e-8fcd-bffb713baeb6

So even teenagers can get colon cancer, so we're something we need to think about when people present with various complaints.

0:6:51.830 --> 0:6:55.570

8332d868-7f31-434e-8fcd-bffb713baeb6

Some reasons to get tested for colon cancer on the next slide.

0:6:56.280 --> 0:7:26.410

8332d868-7f31-434e-8fcd-bffb713baeb6

Of course, do it for yourself, but sometimes you have to bribe people with other reasons. Like imagine the impact that we have on your children, your friends, your extended family, and your own future, because that might hold things like chemo, radiation, surgery and even death. So they'll lots of reasons to find this cancer early. There are no early signs in the next slide of.

0:7:26.900 --> 0:7:28.0

8332d868-7f31-434e-8fcd-bffb713baeb6

Colon cancer.

0:7:28.890 --> 0:7:34.340

8332d868-7f31-434e-8fcd-bffb713baeb6

So waiting for symptoms is, meaning you're going to wait until it's too late.

0:7:35.540 --> 0:7:36.550

8332d868-7f31-434e-8fcd-bffb713baeb6

Next line.

0:7:37.920 --> 0:7:41.530

8332d868-7f31-434e-8fcd-bffb713baeb6

The symptoms of colon cancer all of these are late signs.

0:7:42.450 --> 0:8:2.280

8332d868-7f31-434e-8fcd-bffb713baeb6

Blood in the stool. Unexplained weight loss, change in bowel habits. Persistent cramps or low back pain, fatigue. Feeling bloated, anemia. All of these would be reasons to act regardless of the patient age and do a diagnostic colonoscopy for this group.

0:8:4.200 --> 0:8:5.130

8332d868-7f31-434e-8fcd-bffb713baeb6

Next slide.

0:8:6.740 --> 0:8:36.110

8332d868-7f31-434e-8fcd-bffb713baeb6

Finding the polyps early before they turn to cancer is really important. It's really a gift of a condition because it takes so long to develop and that's what makes it so preventable and treatable. The polyps start small like you see in figure A, and they grow larger over time. It takes about 10 years to turn to cancer, but even then, it's probably still in that polyp that's easily removed. And so that's a wonderful benefit.

0:8:36.180 --> 0:8:47.720

8332d868-7f31-434e-8fcd-bffb713baeb6

Of colon cancer evolution that we have that time to look for the polyps and remove the pileups before they turn to cancer and literally prevent the cancer.

0:8:48.860 --> 0:9:2.230

8332d868-7f31-434e-8fcd-bffb713baeb6

So we're looking for large enough polyps that start to bleed. Of course, there can be other causes of bleeding, but that's the principle behind the stool tests for colon cancer screening. Next slide.

0:9:3.80 --> 0:9:33.330

8332d868-7f31-434e-8fcd-bffb713baeb6

All of the stool tests are a 2 step process, so anytime there's a positive fit or another stool test then we have to do the second step, which is the colonoscopy. And during a colonoscopy we look for polyps and next slide. It's very easy to take these polyps out. Only takes a minute and that literally is a life saving procedure and it's so simple to accomplish.

0:9:36.10 --> 0:9:36.850

8332d868-7f31-434e-8fcd-bffb713baeb6

Next slide.

0:9:38.90 --> 0:10:9.960

8332d868-7f31-434e-8fcd-bffb713baeb6

So gratitude on our part can really change our patient behavior by using thank you and the power of positive thinking or power positive thinking. So thank the patient at multiple steps along the way. Thank them for collecting their test sample. Thank them for calling you at the phone number you provide to ask any questions that they might have. Thank them for letting you know if they need a new kit or anything that you can do to help them.

0:14:17.779 --> 0:14:35.859

8332d868-7f31-434e-8fcd-bffb713baeb6

Review the screening that patient have or what kind of testing that they're due for. So when you have patients who come to acute visits, that is a colon cancer screening opportunity. So verify there are current on their colon cancer screening, among other conditions.

0:14:36.509 --> 0:15:7.759

8332d868-7f31-434e-8fcd-bffb713baeb6

So if they're not, then that might be a good indicator to walk them to your appointment desk and make sure that they set up an appointment for a complete physical, because patients typically only come in when things are bothering them and there are no symptoms of colon cancer in the early stages. So it does require us to be on top of it and intervene. Another idea is the CDC offers free posters and brochures so you can have those in your.

0:15:7.859 --> 0:15:18.409

8332d868-7f31-434e-8fcd-bffb713baeb6

Exam rooms and brochures in the waiting area that people can look at while they're waiting for either nurses or physicians to see them in the rooms.

0:15:19.269 --> 0:15:31.279

8332d868-7f31-434e-8fcd-bffb713baeb6

The next slide has the colon cancer screening intervals, so the bit is annually. The Cologuard is every three years and a screening colonoscopy is done every 10 years.

0:15:32.19 --> 0:15:39.419

8332d868-7f31-434e-8fcd-bffb713baeb6

But anytime there's a positive test and there's been a colonoscopy and polyp is found.

0:15:40.489 --> 0:16:8.789

8332d868-7f31-434e-8fcd-bffb713baeb6

The interval reverts to what is discovered on the pathology, so the pathology report would recommend the screening interval. So depending on how big and ominous the polyp is, sometimes we follow up in a month. We literally tattoos a spot and go back and investigate again in a month and see if anything's growing or three months or six months. And so depending on the severity.

0:16:9.389 --> 0:16:42.39

8332d868-7f31-434e-8fcd-bffb713baeb6

So once people have polyps, then the time frame is going to change and then if they don't have polyps after a while they might extend to five years. People who are at high risk should not only have the colonoscopy instead of the stool testing, they're also at A5 year interval. So it's quite complicated. And that's why colon cancer screening is so difficult to describe. We have so many different tests and so many variations on the results.

0:16:42.129 --> 0:16:53.789

8332d868-7f31-434e-8fcd-bffb713baeb6

Like to talk to your patients and follow up with those pathology that is really important and make sure that they get the best test and the test that they will actually do.

0:16:54.769 --> 0:16:55.669

8332d868-7f31-434e-8fcd-bffb713baeb6

Next slide.

0:16:57.409 --> 0:17:29.979

8332d868-7f31-434e-8fcd-bffb713baeb6

So the worst part of the colonoscopy is actually the the second worst part is the Ivy. So once they arrive at a GI clinic, then the worst part is actually over. We used to use a lot of gold lightly and that's kind of daunting to drink that gallon. A lot of people would get nauseated from it. So if you know your patient is one that would get nauseated, then it's useful to also prescribe a medication for nausea to help get that down.

0:17:30.269 --> 0:17:53.259

8332d868-7f31-434e-8fcd-bffb713baeb6

The nice thing about the Golightly prep is they show up at the pharmacy. It's covered by their insurance. It's all in one step. It's easy to obtain. We have a lot of other preps now, like in this diagram. It shows that we use the miralax and we use the magnesium citrate. Lots of gold.

0:17:55.179 --> 0:18:2.439

8332d868-7f31-434e-8fcd-bffb713baeb6

Powerade and so that Powerade, you know, the summer it was in short supplies. So doing the prep was difficult.

0:18:3.469 --> 0:18:18.839

8332d868-7f31-434e-8fcd-bffb713baeb6

They need to be on a clear liquid at this time and so this is a lot of expense for some people and that in itself can be a barrier. It's also more complicated because you go to the grocery store and the drug store and so.

0:18:19.969 --> 0:18:45.489

8332d868-7f31-434e-8fcd-bffb713baeb6

If there are of low literacy, then maybe the easier strategy is to use the go lightly and so actually what I'm seeing these days in the GI clinic is a lot of people are just going back to the good old go lightly. So understand that there's a variety of perhaps and different patient situations might make one type of prep far better than another.

0:18:46.629 --> 0:18:47.639

8332d868-7f31-434e-8fcd-bffb713baeb6

Next slide.

0:18:48.509 --> 0:19:18.619

8332d868-7f31-434e-8fcd-bffb713baeb6

So patients who are constipated might need a few days of clear liquids. The procedure is only as good as the prep. So if there's leftover stool, lots of polyps can hide. It also prolongs the duration of the procedure because the physician has to wash out all that residual stool, and in the end, a poor prep necessitates a more frequent colonoscopy because they need to get cleaned out better and make sure that nothing was actually missed.

0:19:19.59 --> 0:19:22.679

8332d868-7f31-434e-8fcd-bffb713baeb6

So a poor prep can end up being an expensive proposition.

0:19:23.389 --> 0:19:54.289

8332d868-7f31-434e-8fcd-bffb713baeb6

So patients who would be constipated? Well, people can be constipated at any age for any reason, but people on diuretics get their right dehydrated and tend to have Constipation. Immobile patients, people with diabetes, because that has association with some neuropathy and just immobility. So new your patients and know whether they tend to get nauseated and whether they might need.

0:19:54.489 --> 0:19:55.389

8332d868-7f31-434e-8fcd-bffb713baeb6

Longer prep.

0:19:56.79 --> 0:20:26.129

8332d868-7f31-434e-8fcd-bffb713baeb6

At the time of scheduling the colonoscopy, make sure that they have arrangements for transportation. Everyone needs to have a driver because we give sedation to make it a more palatable experience. And so when people show up and they don't have the driver, then the procedure doesn't happen and precious appointment time is wasted. And perhaps the patients even been cleaned out and went to all that trouble and then doesn't get to have.

0:20:26.249 --> 0:20:29.669

8332d868-7f31-434e-8fcd-bffb713baeb6

They're paid, they're pulling off copy and they need to reschedule.

0:20:30.709 --> 0:20:42.69

8332d868-7f31-434e-8fcd-bffb713baeb6

Referring to you facilities that offer patient navigators to assist with the preparation as an awesome strategy because they're often are a lot of questions with the preparation.

0:20:43.139 --> 0:20:47.649

8332d868-7f31-434e-8fcd-bffb713baeb6

And our job in the clinic is to watch where the colonoscopy results.

0:20:48.279 --> 0:21:3.259

8332d868-7f31-434e-8fcd-bffb713baeb6

And if they don't arrive, then we need to investigate why the patient did not have the colonoscopy. Reschedule the procedure, rescheduled the transportation and resolve any barriers that the patient presented.

0:21:4.989 --> 0:21:19.899

8332d868-7f31-434e-8fcd-bffb713baeb6

So this is important work that we do. And so I know a lot of people in different areas have a lot of experience. So we're wondering if anyone has any barrier breaking tips that they could share today.

0:21:31.129 --> 0:21:42.339

8332d868-7f31-434e-8fcd-bffb713baeb6

Alright, how about can you think of any missed opportunities for improving your practice and increasing your screening rates among the patients that you serve?

0:21:50.509 --> 0:21:55.399

Nikki Medalen

I'm surprised that you guys aren't speaking up because you've done such a fabulous job.

0:21:57.409 --> 0:22:0.759

Nikki Medalen

Please don't be afraid to share what you've what you've been doing.

0:22:3.449 --> 0:22:4.899

8332d868-7f31-434e-8fcd-bffb713baeb6

Maybe I'm just telling you what.

0:22:2.629 --> 0:22:6.429

Kristen Pastorek

I'll speak to the barriers. OHP, sorry, go ahead.

0:22:7.379 --> 0:22:10.929

8332d868-7f31-434e-8fcd-bffb713baeb6

I'm just saying maybe you heard everything you already know.

0:22:13.209 --> 0:22:13.829

8332d868-7f31-434e-8fcd-bffb713baeb6

That's good.

0:22:14.319 --> 0:22:42.669

Kristen Pastorek

I this is Kristen from unity. I'll speak up to one of the barriers that are I have seen in in the past going along with the colonoscopy prep. So we currently use the Gatorade Miralax Prep and we have had a page had some patients that say they can't afford the the prep that goes along with that. So when we do have those patients and they oftentimes are on some sort of medical assistance, then we do offer them the goal lightly.

0:22:42.959 --> 0:22:59.739

Kristen Pastorek

That's not our physicians favorite to use by any means, but if it helps them get the product through their insurance for no cost to them, then we'll go that route with them and just make sure that they are not skipping out on the colonoscopy just for that reason of purchasing the supplies.

0:23:1.29 --> 0:23:1.729

8332d868-7f31-434e-8fcd-bffb713baeb6

Umm.

0:23:3.599 --> 0:23:3.919

Kristen Pastorek

Yeah.

0:23:3.249 --> 0:23:18.99

8332d868-7f31-434e-8fcd-bffb713baeb6

Yeah, it it is about \$20.00 for the if you even if you go to Walmart or an inexpensive place which is not always available in rural areas, it's \$20 or more to buy that all that prep out of pocket.

0:23:25.749 --> 0:23:34.39

8332d868-7f31-434e-8fcd-bffb713baeb6

How about any extra tips on how to get the stool test accomplished? Because digging in their school is not something.

0:23:34.839 --> 0:23:40.789

8332d868-7f31-434e-8fcd-bffb713baeb6

People like to do or to actually get that colonoscopy prep arranged.

0:23:48.759 --> 0:23:52.689

Nikki Medalen

This is Nikki. And I think one of the best tips that we have.

0:23:53.419 --> 0:24:10.359

Nikki Medalen

Heard I I don't know, Beverly. If we first heard it from you or or where. But just writing the due date that

you expect that has to back by whether that's, you know, writing it on a card for their, for their fit DNA or colon.

0:24:11.179 --> 0:24:27.229

Nikki Medalen

Can't talk today, Cologuard. Or if you're writing a directly on their fit test, giving them a date is so important to getting that test back in a reasonable amount of time. It's the whole makes your tracking system a whole lot easier if they're getting it back in two to three weeks rather than.

0:24:28.99 --> 0:24:30.309

Nikki Medalen

You know, getting it strung out six months at a time.

0:24:31.529 --> 0:24:33.279

8332d868-7f31-434e-8fcd-bffb713baeb6

Alright, get her done.

0:24:36.179 --> 0:24:38.89

8332d868-7f31-434e-8fcd-bffb713baeb6

I think another one is.

0:24:35.739 --> 0:24:38.299

Nikki Medalen

Well, in the interest of time here, go ahead.

0:24:40.339 --> 0:24:42.979

8332d868-7f31-434e-8fcd-bffb713baeb6

The odds are one out of 20.

0:24:44.119 --> 0:25:14.69

8332d868-7f31-434e-8fcd-bffb713baeb6

And if you have a family history and we should know our family history is and that should be part of serving our patients, it can be as much as one as seven. And what I say is if I was selling a lottery ticket in your odds of winning a car or one of 20, you'd get pretty excited and you buy a couple tickets. But when they tell you, you're odds of getting colon cancer are one of 20 or for high risk people, one of 10.

0:25:14.989 --> 0:25:17.919

8332d868-7f31-434e-8fcd-bffb713baeb6

They still don't want to listen.

0:25:18.539 --> 0:25:19.539

8332d868-7f31-434e-8fcd-bffb713baeb6

So. Umm.

0:25:20.369 --> 0:25:36.419

8332d868-7f31-434e-8fcd-bffb713baeb6

It's a pretty important test and and yet the odds of finding a polyps, small and intervening, and preventing a disaster, are so good and so breaking it down to that kind of statistic is sometimes helpful for people.

0:25:39.839 --> 0:26:12.179

Nikki Medalen

Thank you, Beverly. I think in the interest of time, we're going to skip ahead here and finish up this slide just shows you some of the resources that we have available for this particular module and those will be shared right with the module on thescreen.org website. They're also in our resources list. So next steps, just thinking about how you can share what you learned today with others on your staff, we will have the recording available and I do encourage you to share it with the nurses or staff who might be educating your patients directly.

0:26:12.469 --> 0:26:28.59

Nikki Medalen

I think sometimes we feel like these are some of the things we've heard before, but there's always little things that you pick up. I love the slide that has all the different things you can do if you're concerned about getting your sample from the stool.

0:26:28.459 --> 0:26:44.399

Nikki Medalen

Umm, you know your stool sample from the toilet? I should say. And some of those things are just really important to people. They they don't want the hassle of it. They want it to be as quick and easy as possible. So things that you can do to make that easy are just so helpful.

0:26:46.559 --> 0:27:10.489

Nikki Medalen

And then things like considering with your team whether or not you use a standardized set of patient education tools. And I know we've been encouraging you to do that and think about that not only for this tools that are in your waiting room, but the tools that you provide to patients when they're going to have a test coming up. So I don't know if you have five different providers, are they using five different tools and?

0:27:11.159 --> 0:27:25.569

Nikki Medalen

Not sending the same message all of the time. It might be helpful to take a look at those and find which is the most comprehensive or the easiest to understand, or one that might fit a population that has a lower reading comprehension.

0:27:26.769 --> 0:27:30.699

Nikki Medalen

We do have an evaluation today and will pop that in the chat.

0:27:32.159 --> 0:27:39.369

Nikki Medalen

The link to it you should also I will send it out with a follow up e-mail as well when we have the.

0:27:39.449 --> 0:27:49.589

Nikki Medalen

The recording available and then I just want to remind you that our next call is February 14th, Valentine's Day. We'll be talking about patient navigation.

0:27:50.299 --> 0:27:57.209

Nikki Medalen

So with that, I just appreciate all of you participating today and I hope you have a very productive day.

0:28:1.789 --> 0:28:8.139

Nikki Medalen

And you're welcome to stay on and ask questions if you'd like, but we'll we will let you go and.

0:28:11.479 --> 0:28:16.439

Nikki Medalen

But as long as Beverly's here, if any of you have questions for her, please don't be afraid to ask.