Colorectal Cancer Professional Development Webinar Series:

COLORECTAL CANCER SCREENING AND THE PRIMARY CARE PROVIDER: CZARS AND PATIENT EDUCATION

May 31, 2018

1:00pm-2:00pm

This Live activity, Colorectal Cancer Screening And The Primary Care Provider: Czars And Patient Education, with a beginning date of 05/31/2018, has been reviewed and is acceptable for up to 1.00 Prescribed credit(s) by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in the activity.

Colorectal Cancer Screening and The Primary Care Provider: Czars And Patient Education

KANDIE TATE, MD, MPH, FAAFP

Family Medicine Physician, Stone Family Medicine

President, DC Academy of Family Physicians

Colorectal Cancer Screening and the Primary Care Provider: Czars and Patient Education

Kandie Tate, MD, MPH, MEd, FAAFP

DCAFP

May 31, 2018

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No Financial Disclosures

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Why this matters?

- An estimated 97,220 cases of colon cancer and 43,030 cases of rectal cancer will be diagnosed in the United States in 2018.

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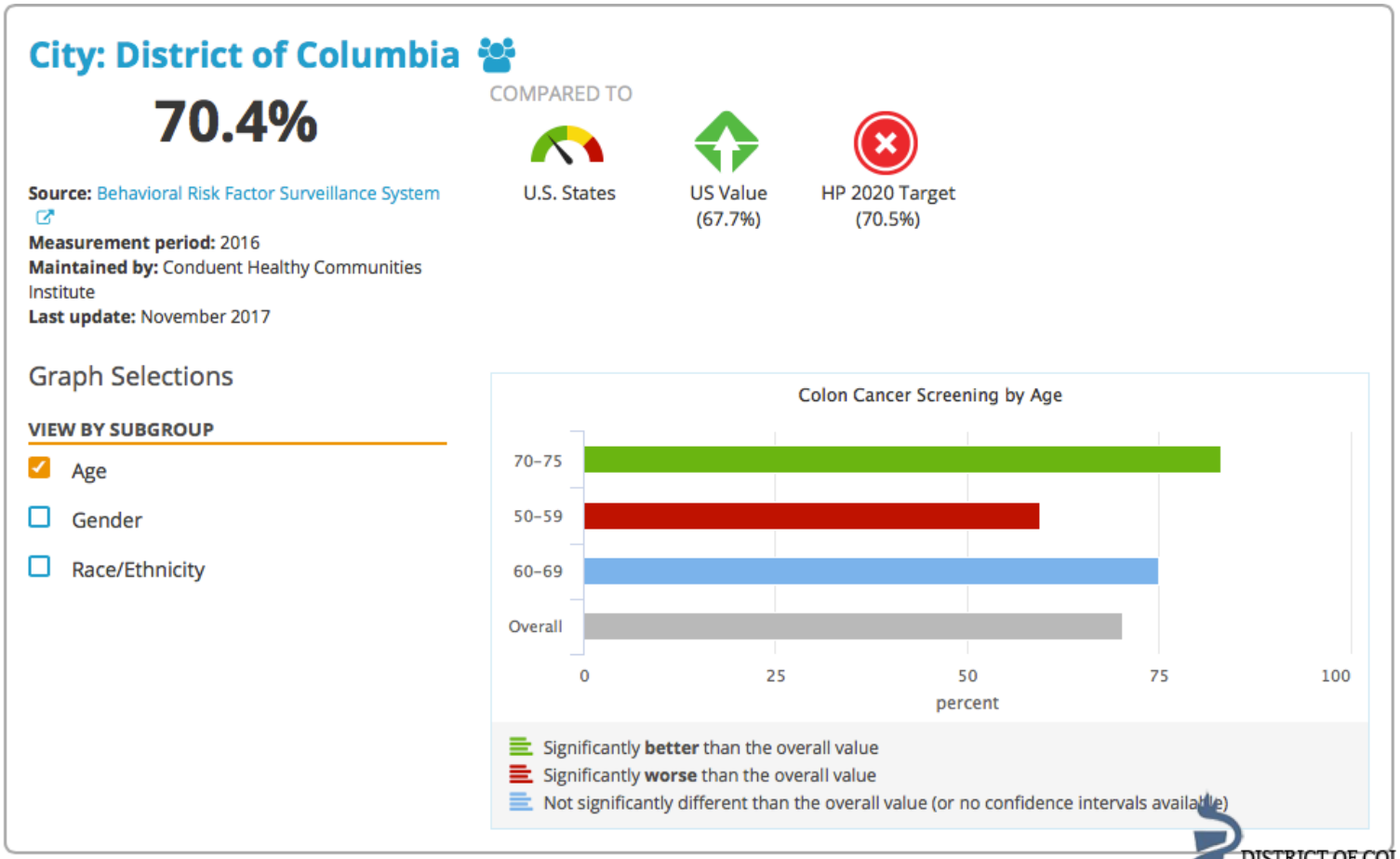
Why It Matters



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Never been screened

- 85% are insured
- 82.3% are 50-64 years old

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Objectives

- 1. Outline 3 factors that can contribute to increased CRC screening within your patient population.
- 2. Develop and implement an educational program to enhance patients and their families' understanding of colorectal cancer risks factors.
- 3. Identify and eliminate workflow barriers to colorectal cancer screening among office staff.
- 4. Identify and eliminate provider barriers to recommending colorectal cancer screening to patients.

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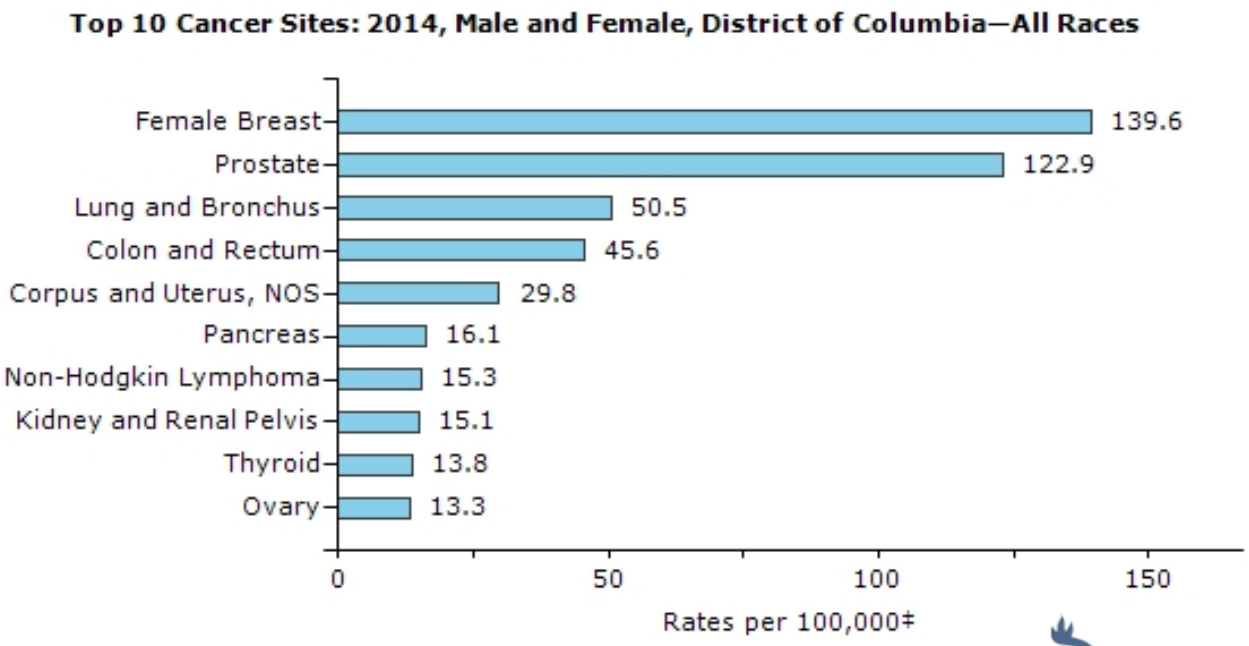
Colorectal cancer basics

- In DC Colorectal cancer is the number 4 leading cancer



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Colorectal cancer screening basics

- Who gets screened
- Available screening options
- Follow up
- Up dated screening

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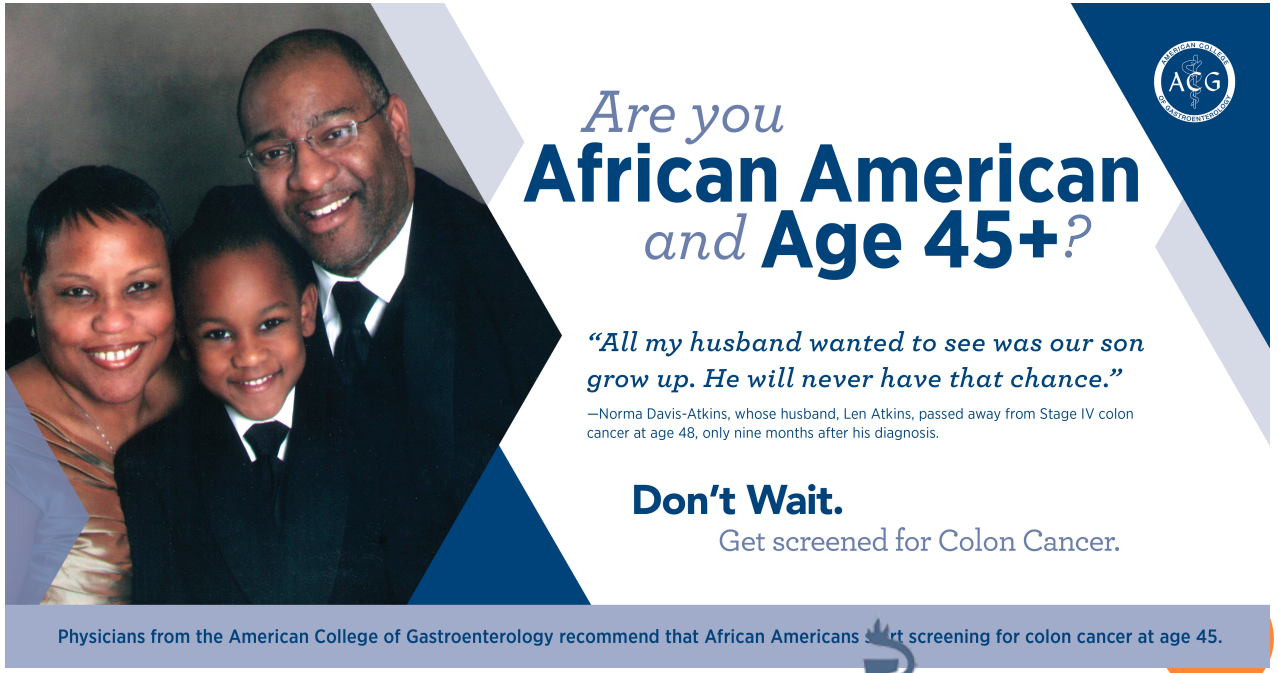
Who Gets Screened

- Everyone over the age of 50

Risk Category	Age to Begin Screening
Average risk, asymptomatic	50 years
Increased risk	
Family history CRC or adenoma (1 FDR <60 or 2 FDR any age)	Colonoscopy at 40 years old or 10 years before the youngest case in the FDRs
Family history CRC or adenoma in 1 FDR >= 60	Start screening (any method) at 40 years old
Genetic syndrome: FAP HNPCC	 Puberty 21 years old
Inflammatory bowel disease	8 years after start of pancolitis; 12-15 years after start of left sided colitis

Increased Risk

- Seeing an increase in younger patients
- Increase in African American patients



Screening facts

Increased screening since 2014

Up 1.1%--representing an increase of 3.3 million adults ages 50-75 screened for CRC

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Screening options

- Flexible sigmoidoscopy
- Colonoscopy—gold standard
- Barium enema with air contrast
- Computed tomographic colonography (CTC)

Screening options

- Stool Test
  - FOBT
  - FIT
  - Stool DNA test

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Follow up

- 3 year interval
  - 3-10 adenomas
  - One or more tubular adenomas with villous features
  - One or more adenomas with HGD (high grade dysplasia)

Follow up

- 5 year interval
  - >10 adenomas
  - Sessile serrated polyps

Follow up

- 10 year interval
  - No polyps
  - Small hyperplastic polyps in rectum or sigmoid

Poll Question #1:

CRC is the number one cancer in D.C.?

A. True
B. False

Screening barriers

- 67.3 percent of all eligible patients have been screened
- 7.1% are not up to date with screening
- 25.6% have never been screened

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Insurance helps

- With insurance
  - 71.1% are up to date on screening
    - 78.4%--aged 65-75
    - 61.8%--aged 50-64

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Screening barriers

- Cost
- Access to care
- Insurance
- Patient Education
- Provider-Patient Communication
- Personal barriers

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Increasing screening

- Access to care
  - Primary care specialist teamwork
    - Coordinated care and transitions of care
    - Soft transitions whenever possible
      - Help with scheduling
  - Community resources
    - Health Fairs
    - Senior Citizen Centers

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Access to Care

- Local Resources
- Local Specialist

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Local Resources

- Free Colonoscopies
  - Howard University
  - George Washington University

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Poll Question #2:

Common barriers to CRC screening include all of the following except:

A. Cost
B. Personal Barriers
C. Provider Comfort
D. Access to Care

Increasing Screening

- Provider-Patient Communications
  - What does this mean for your practice
  - Where does it start
  - When does it end
  - Who can do it

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Provider Communications

- Best way to discuss screening
- Assess patient knowledge
- Shared decision making

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Provider perspective

- Give as much info as wanted and needed
- Use handouts as needed
- Discuss all options
- Discuss barriers
- Document
- Implement shared decision making

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Patient Education

- Patient Education
  - Who to target
  - How to educate
    - Brochures
    - Handouts
    - Discussion
    - Websites

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Patient Handouts

- AAFP colon cancer screening
- American College of Gastroenterology
- CDC Screen for Life
- Colon cancer coalition
- National Cancer Institute
- American Cancer Society

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AAFP COLON CANCER SCREENING

- https://www.aafp.org/afp/2015/0115/p93-s1.html

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American College of Gastroenterology

Colon Cancer... You Can Prevent It

America's #2 Cancer Killer

- Colorectal cancer is the number 2 cancer killer in the United States, yet it is one of the most preventable types of cancer. Colorectal cancer is often curable when detected early.

Risk Factors

- Lifetime risk of colorectal cancer is roughly equal in men and women.
- Colorectal cancer is most common after age 50, but it can strike at younger ages. The risk of developing colorectal cancer increases with age.

Symptoms

Most early colorectal cancers produce no symptoms. This is why screening for colorectal cancer is so important. Some possible symptoms, listed below, do not always indicate the presence of colorectal cancer, but should prompt a visit with your physician and a check-up:

- New onset of abdominal pain
- Blood in or on the stool
- A change in stool caliber or shape
- A change in typical bowel habits, constipation, diarrhea

Who is Considered High Risk?

Colonoscopy is recommended for individuals of any age who are at higher than average risk for developing colorectal cancer by virtue of:

- Personal history of colorectal cancer or colorectal polyps
- A strong family history of the disease
- Inherited forms of colorectal polyps or cancer
- Predisposing chronic digestive condition such as inflammatory bowel disease (Crohn's disease or ulcerative colitis)

Recommendations for how often colonoscopy should be performed vary for different subsets of high risk individuals, and they should consult with their physician.

Colonoscopy: Preferred Screening Strategy

Colonoscopy is the preferred method of screening for colorectal cancer. The American College of Gastroenterology considers colonoscopy the "gold standard" for colorectal screening because colonoscopy allows physicians to look directly at the entire colon and to identify suspicious growths. Colonoscopy is the only test that allows a biopsy or removal of a polyp at the very same time it is first identified.

Colorectal Screening for African Americans

African Americans are diagnosed with colorectal cancer at a younger age than other ethnic groups, and African Americans with colorectal cancer have decreased survival compared with other ethnic groups.

Physician experts from the American College of Gastroenterology in 2005 issued new recommendations to healthcare providers to begin colorectal cancer screening in African Americans at age 45 rather than 50 years.

Data support the recommendation that African Americans should begin screening at a younger age because of the higher incidence of colorectal cancer and a greater prevalence of proximal or right-sided polyps and cancer in this population. The recommendations were published in the March 2005 issue of the *American Journal of Gastroenterology*.

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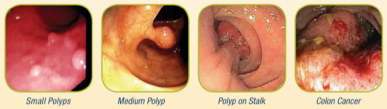
Digestive Disease Specialists Committed to Quality in Patient Care
www.acg.gi.org

The Anatomy of Colorectal Cancer Progression from Polyp to Cancer

Screening tests can find polyps so they can be removed *before* they turn into cancer

- Most colorectal cancers develop from polyps, which are abnormal growths in the colon. If polyps grow unnoticed and are not removed, they may become cancerous.
- Screening tests can find precancerous polyps so they can be removed *before* they turn into cancer.
- The development of more than 75-90 percent of colorectal cancer can be avoided through early detection and removal of pre-cancerous polyps.*



Small Polyps *Medium Polyp* *Polyp on Stalk* *Colon Cancer*

What are the Screening Options?

Talk to your doctor about what screening tests are right for you.

Colonoscopy

For normal risk individuals, the American College of Gastroenterology recommends colonoscopy screening every 10 years beginning at age 50 (see new recommendations for African Americans).

Flexible Sigmoidoscopy & Fecal Occult Blood Test

An alternative strategy for average risk individuals is an annual stool test for blood, and a flexible sigmoidoscopy exam every 5 years. Unlike colonoscopy, this approach does not allow identification and removal of polyps in the entire colon.

[* Winawer SJ, et al. Prevention of colorectal cancer by colonoscopic polypectomy. The National Polyp Study Workgroup. *N Engl J Med*. 1993 Dec 30;329(27):1977-81]

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CDC Screen for Life

COLORECTAL CANCER SCREENING

What Is Colorectal Cancer?

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

Screening Saves Lives

Colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If you are 50 or older, getting a colorectal cancer screening test could save your life. Here's how:

- Colorectal cancer usually starts from precancerous polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find precancerous polyps, so they can be removed before they turn into cancer.
- Screening tests also can find colorectal cancer early, when treatment works best.

Who Gets Colorectal Cancer?

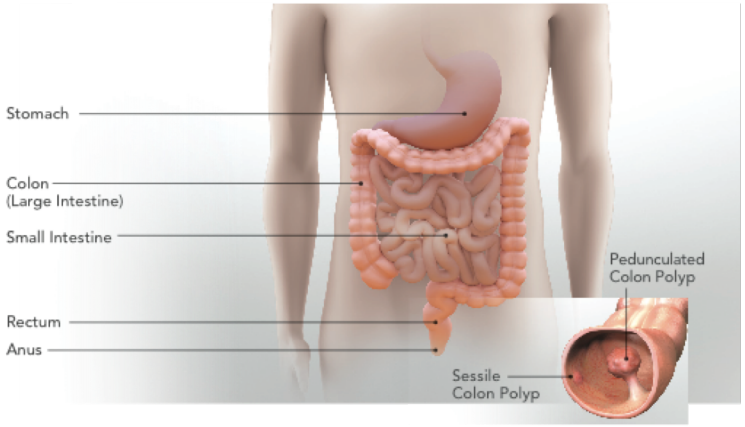
- Both men and women can get it.
- It is most often found in people 50 or older.
- The risk increases with age.

Are You at Increased Risk?

Your risk for colorectal cancer may be higher than average if:

- You or a close relative have had colorectal polyps or colorectal cancer.
- You have inflammatory bowel disease, Crohn's disease, or ulcerative colitis.
- You have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer.

People at increased risk for colorectal cancer may need earlier or more frequent tests than other people. Talk to your doctor about when to begin screening, which test is right for you, and how often you should be tested.



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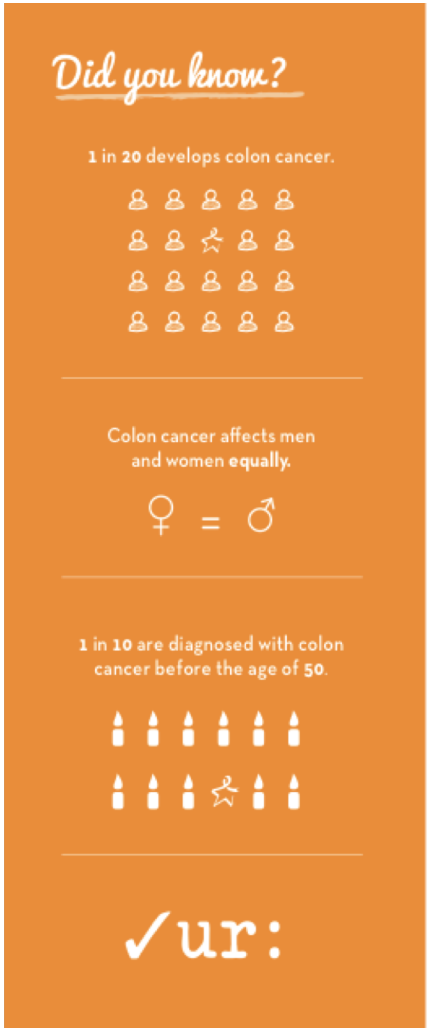
Colon cancer coalition



GET YOUR REAR IN GEAR | TOUR DE TUSH

Get Your Rear in Gear® and Tour de Tush™ events are the signature fundraisers of the Colon Cancer Coalition. Held in nearly 50 cities annually, funds raised stay in the local community for education, screening and support programs.

Find an event near you at **coloncancercoalition.org/events.**

For more information and education on colon cancer, visit: **coloncancercoalition.org**

Help us increase awareness by liking, sharing, and following us.

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Colon Cancer Screening: 101

Get Educated.
Get Screened.
Get over the embarrassment.

COLON CANCER COALITION
coloncancercoalition.org

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National Cancer Institute

- https://www.cancer.gov/types/colorectal/patient/colorectal-screening-pdq

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American Cancer Society

Get tested for

Colorectal cancer

Doctors know how to prevent colon or rectal cancer- and you can, too.
Take a look inside.

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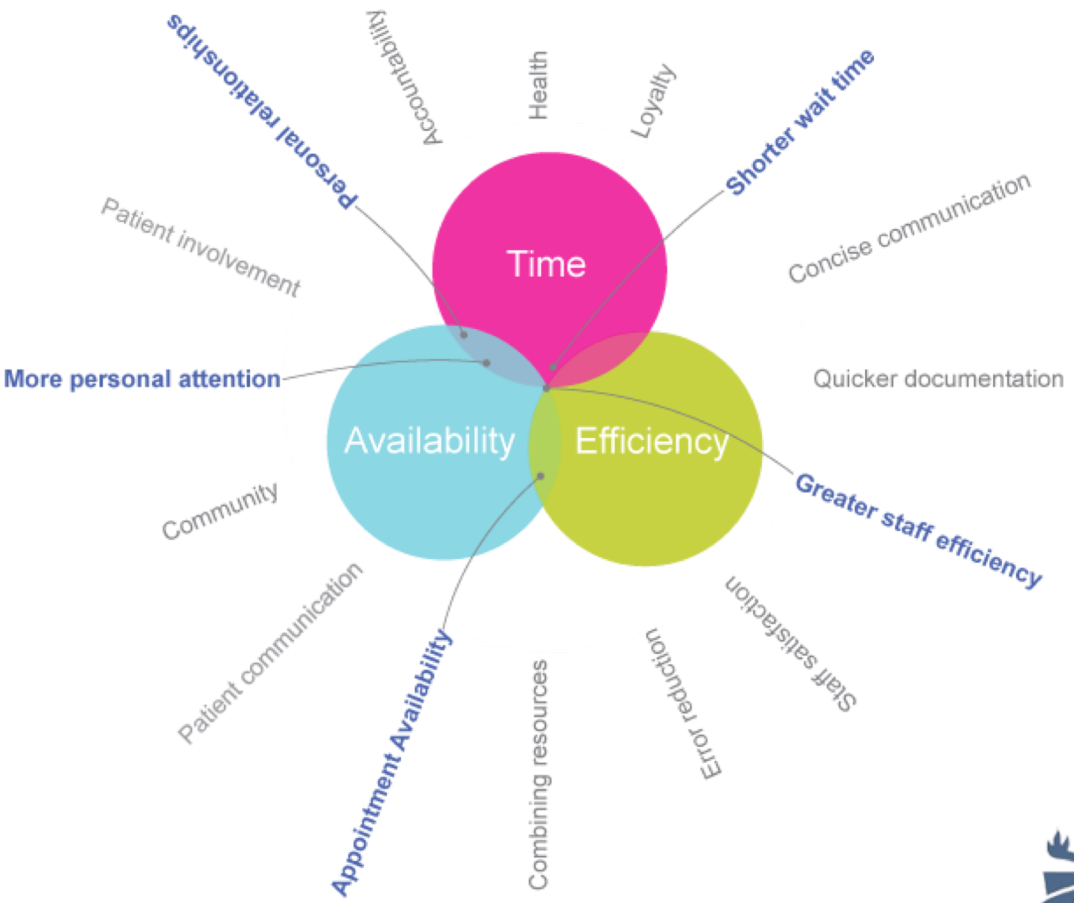
Workflow



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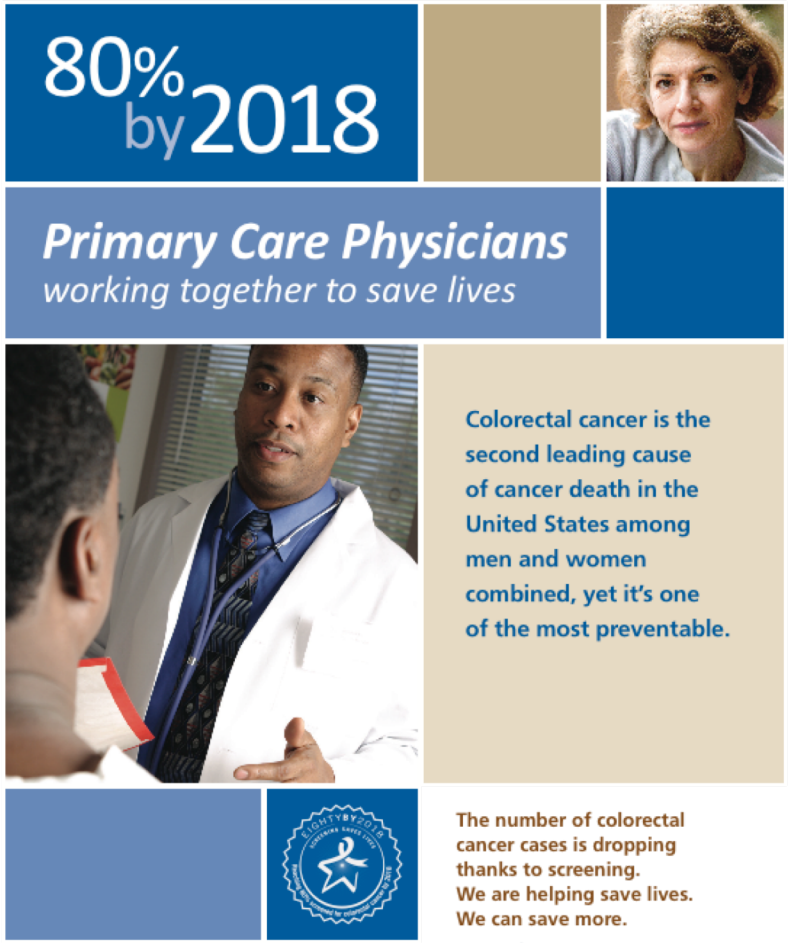
CRC Screening Office workflow

- Goals
- Who's involved
- Creating a Czar



CRC Screening office goals

- Create a culture of excellence
  - Goal of 100% of patients appropriately screen
  - Goal of all clinical staff playing a role in screening
  - Updates on clinic goals minimally bi-annually

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Front office staff

- Reports on Patient panels
  - Daily, weekly, monthly
- Have shorts for giving referral information for screening
- Reminder phone calls, postcards or letters for screening
- Alerts nursing staff of needed screening

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Nursing staff

- CRC screening education for patients
- Updates EMR on completed screening
- Remind about upcoming screening or screening that is out of date
- Alerts Provider regarding needed CRC screening

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Physicians/Providers

- Address CRC screening recommendations
- Discuss barriers
- Discuss screening options

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Follow up

- Workflow for getting screening results
  - Specialist interaction
- Workflow for follow up on results with patient
  - Follow up appoint for review of results
- Updating the EMR

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Workflow Barriers

- Out dated patient information
- Assuming someone else is doing it

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Creating a Czar/Czarina

- Need a CRC screening cheerleader
- Keeps updated reports
- Updates on goals

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Physician/Provider Barriers

- Time Constraints
- Patient barriers
- Follow up

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Poll Question #3:

CRC Screening for office workflow can include:

A. Front office staff
B. Nursing Staff
C. Providers
D. All of the above

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- September 16, 2016"Colorectal Cancer in African Americans: An Update," *Clinical and Translational Gastroenterology, published online July 28, 2016.*
- *ACG MAGAZINE Colorectal Cancer Special Issue, Spring 2018*

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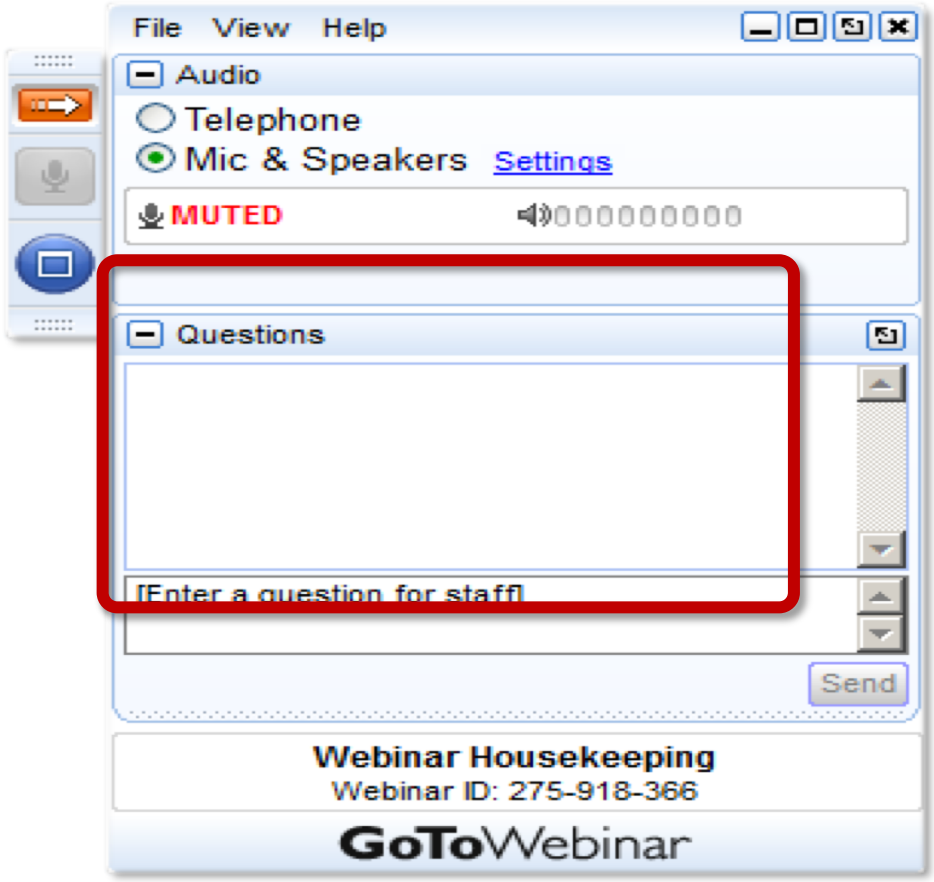
Q&A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