THE ROLE OF THE CLINICAL CARE TEAM IN COLORECTAL CANCER SCREENING

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Financial Disclosure

- Neither I nor my immediate family members have a beneficial financial relationship, arrangement or affiliation (activities for which remuneration is received or expected) with one or more commercial organizations that could be perceived as real or apparent conflict of interest. (A commercial conflict of interest is defined as a proprietary entity producing health care goods and services, with the exception of non-profit or government organization)

General Webinar Objectives

- 1. Demonstrate team management and leadership skills
- 2. Describe each team member's care roles for colorectal cancer screening and follow-up
- 3. Discuss the role of patient navigation and a team approach to coordinated care

Sub-Objectives

COLORECTAL CANCER SCREENING:

- Understand the impact of cancer on mortality rates in DC
- Understand the impact of cancer screening on mortality
- Know one FQHC's current cancer screening rates and goals for improvement
- Be able to implement the USPSTF cancer screening guidelines
- Identify at least 2 ways team based care can improve colorectal cancer screening

POLL Question

- How many of you are already using a team based approach to Colorectal Cancer screening?

Some Cancer Facts…

Washington, DC ranked:

- 3rd highest in the nation for colorectal cancer deaths
- 1st in the nation for deaths due to cervical and breast cancers

African Americans residents of the District are:

- More likely to develop all cancers
- More likely to be diagnosed after the cancer has spread

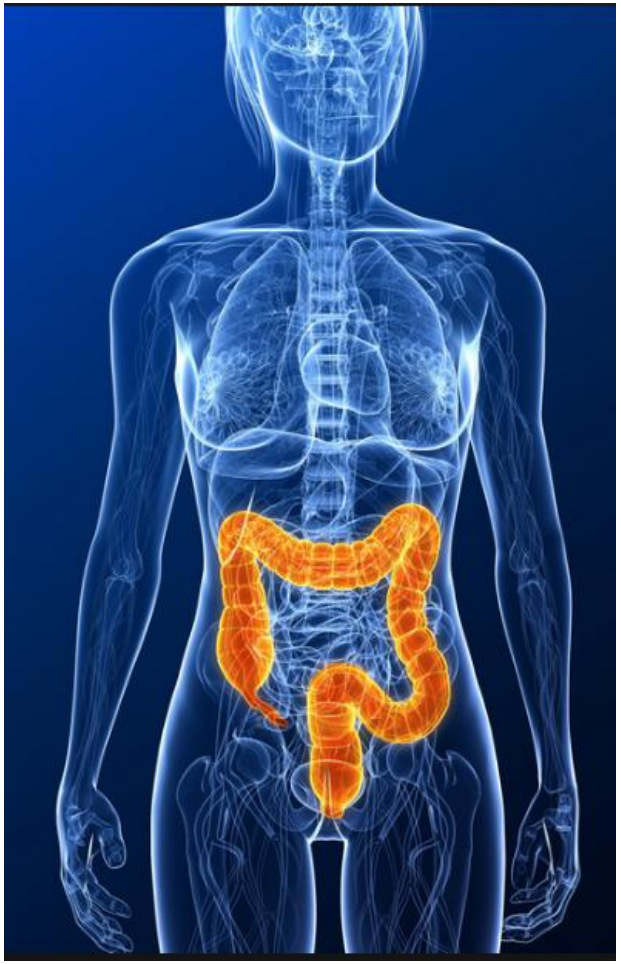
And in the United States:

- About one-third of cancer deaths each year are related to poor nutrition, lack of physical inactivity, and being overweight or obese, and thus could be prevented
- Smoking accounts for 30% of all cancer deaths

https://minorityhealthdisparities.georgetown.edu/washington

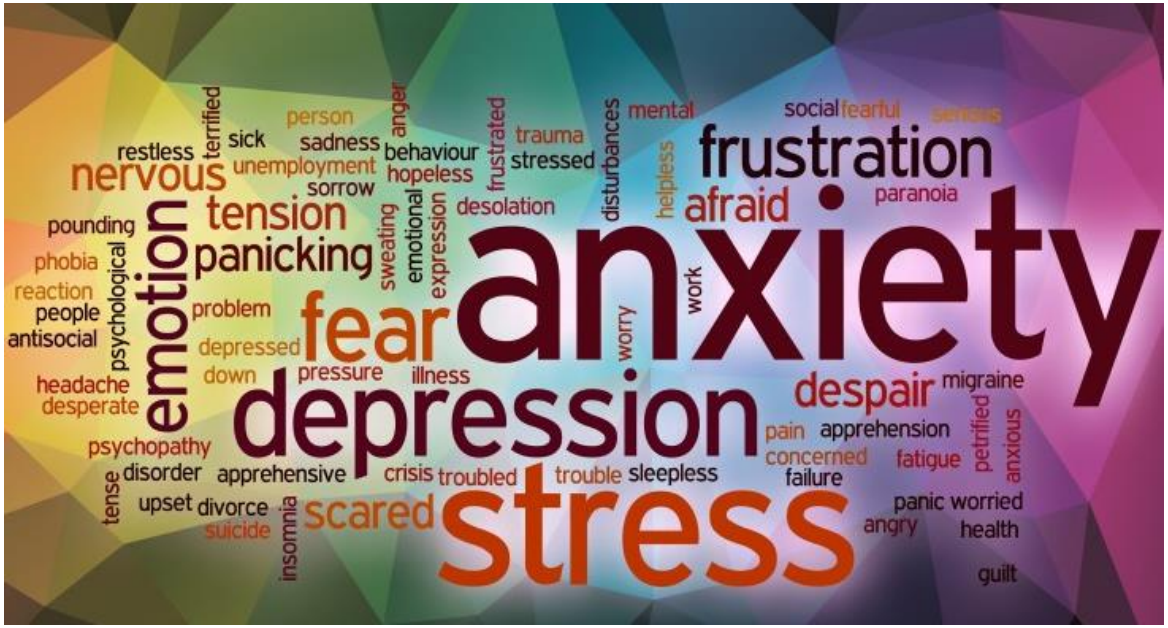
Colorectal Cancer

- Third most common type of cancer and the second leading cause of cancer death in the US
- Incidence and mortality higher in minority populations
- Any of the three recommended tests reduce colorectal cancer mortality
- Consider earlier screening for those with IBD and those with relatives with colorectal adenomas or cancer



Poll Discussion:

- What are the biggest challenges you face in getting your patients screened for cancer?



- Discuss: then type in chat box

US Preventive Services Task Force (USPSTF)

- An independent panel of experts in primary care and prevention
- Systematically reviews the evidence of effectiveness
- Develops recommendations for clinical preventive services

Recommendation Grades

- Letter grades are assigned to each recommendation statement. These grades are based on the strength of the evidence on the harms and benefits of a specific preventive service.

- **A:** The USPSTF **recommends** the service. There is high certainty that the net benefit is substantial.
- **B:** The USPSTF **recommends** the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
- **C:** The USPSTF **recommends selectively** offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.
- **D:** The USPSTF **recommends against** the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
- **I**: The USPSTF concludes that the **current evidence is insufficient** to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

COLORECTAL CANCER SCREENING

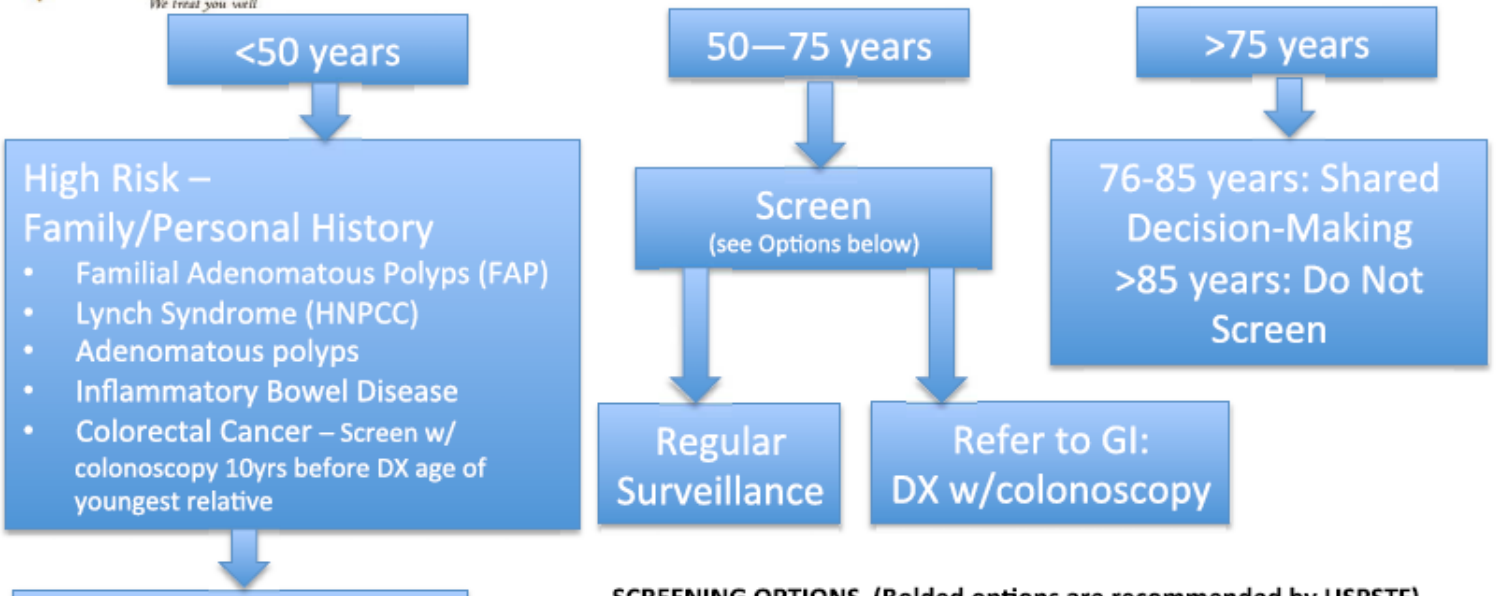
Colorectal Cancer Screening

- Adults age 50-75: Screen using fecal occult blood testing(yearly), sigmoidoscopy(5 yrs) or colonoscopy(10 yrs) (GRADE A)
- Adults 76-85: recommend against screening for colorectal cancer though there may be considerations in an individual patient to screen(GRADE C*)(FYI- this is being reviewed to add specific recommendations on who to screen)*
- Adults older than 85: recommend against screening (Grade D)

UNITY HEALTH CARE
We treat you well

Algorithm for Colorectal Cancer Screening

Adapted from October 2008 USPSTF Recommendations



SCREENING OPTIONS (Bolded options are recommended by USPSTF)

Tests That Detect Polyps and Cancer	Tests That Primarily Detect Cancer
Colonoscopy q10yrs	**Yearly fecal immunochemical test (FIT)***
Flexible sigmoidoscopy q5yrs w/FOBT q3yrs	Yearly fecal occult blood test (FOBT)
Double-contrast barium enema q5 yrs	Stool DNA test (SDNA), interval uncertain
CT colonography (virtual colonoscopy) q5yrs	

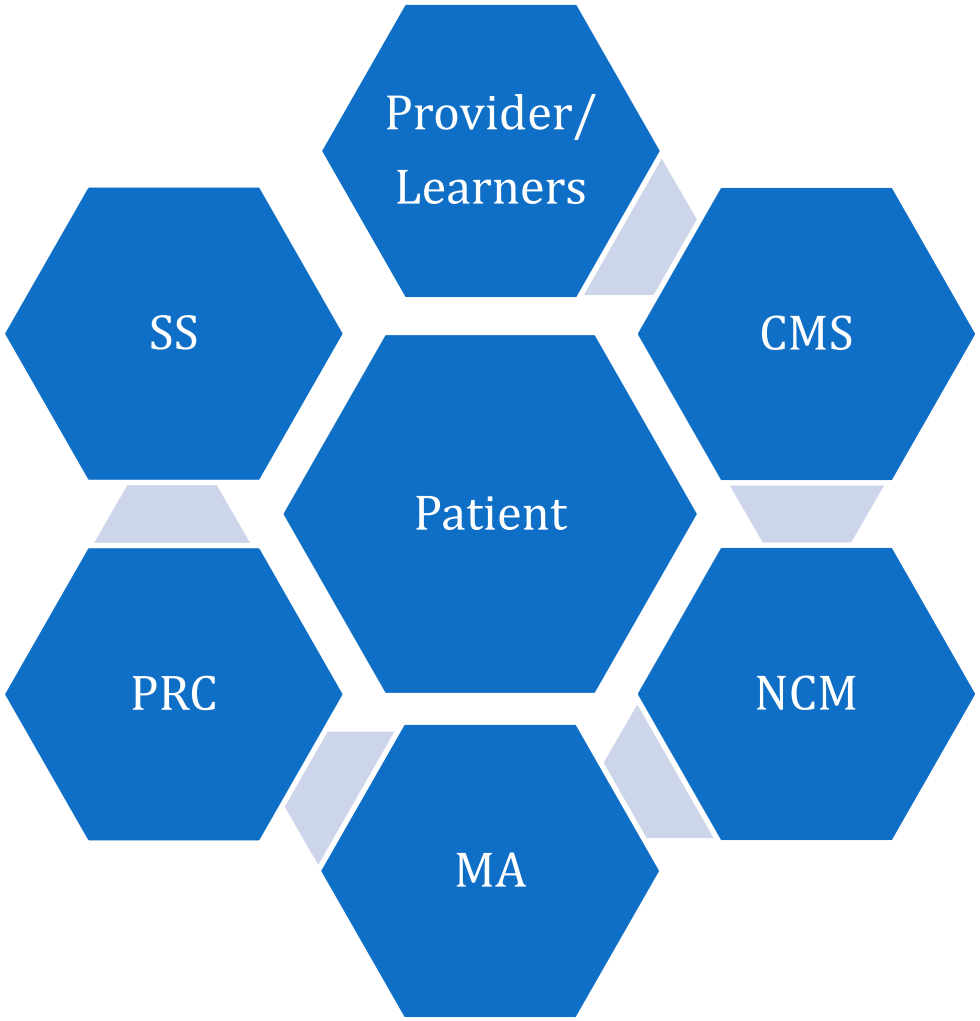
*Multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing.

REMINDER:

Log CRC screening referrals and results on eCW:

Social History → Preventative Health→ Colorectal Cancer Screening

PCMH Model Team Members



Team Leadership

- Shared Decision Making
- Team Communication
  - Daily Huddles
  - Individual MA/Provider Communication
  - Unity-Wide Training Webinar in April presented by members of our Preventative Medicine QI Working Group
  - Emphasis everyone's role in improving these outcomes

Team Roles: QI Working Groups

- Medical Directors, Health Center Directors, and Nurse Managers, and Unity/GW Quality Scholars are organized into 10 working groups based on the Uniformed Data Set categories reported for FQHCs and look alikes each year by HRSA
- We concentrated specifically on the 10 areas where we wanted to see the most improvement as an organization
- The groups designed interventions using the input of all members. The interventions capitalize on the skills of each member of the clinical team.

FIT Test Standing Orders COMING SOON!

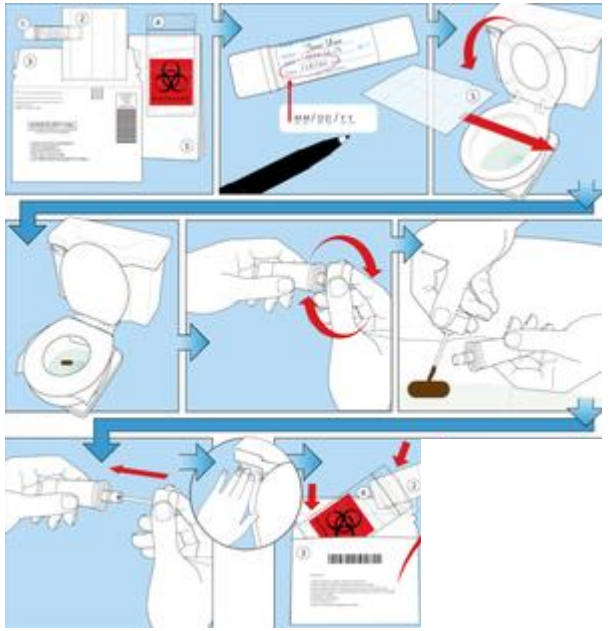
Medical Assistant

- Identify that the patient is between the ages of 50-75 AND had a normal stool FIT test 11 months ago or more.

  Labs→UHC-Occult Blood Fecal IA→Normal
- Order lab test

  Treatment→Labs→Lab, UHC- Occult Blood Fecal IA (FIT)

  as a ***future*** order.
- Notify Provider that patient is due for FIT/COLON CANCER screening by documenting in the **Chief Complaint: "Due for colon CA screen".**



Provider

- Identify the correct assessment and link it to the lab test. The most common assessment used is **Screening for Colon Cancer, Z12.11**)

Patient

- Follow the site-based process for picking up and returning the FIT test kit.

Team Roles: Research, QI, Learners

- Research, QI, and Learners
  - Found that a hand audit of charts revealed much higher CRC screening rates
  - Found that patients overwhelmingly preferred FIT testing while providers preferred Colonoscopy

Team Roles: EMR and IT support

- Made it easier to order and search FIT testing in the EMR system

Team Roles: Lab MA

- Calls the patient 2x and reminds them to bring their completed FIT test if the patient has not brought it back within 30 days

Team Roles: Practice Management

- All Unity Patients over 50 get an automated phone call reminding that that they need to come in and schedule a wellness appointment with their Unity provider to come in and discuss age related prevention and cancer screening guidelines.

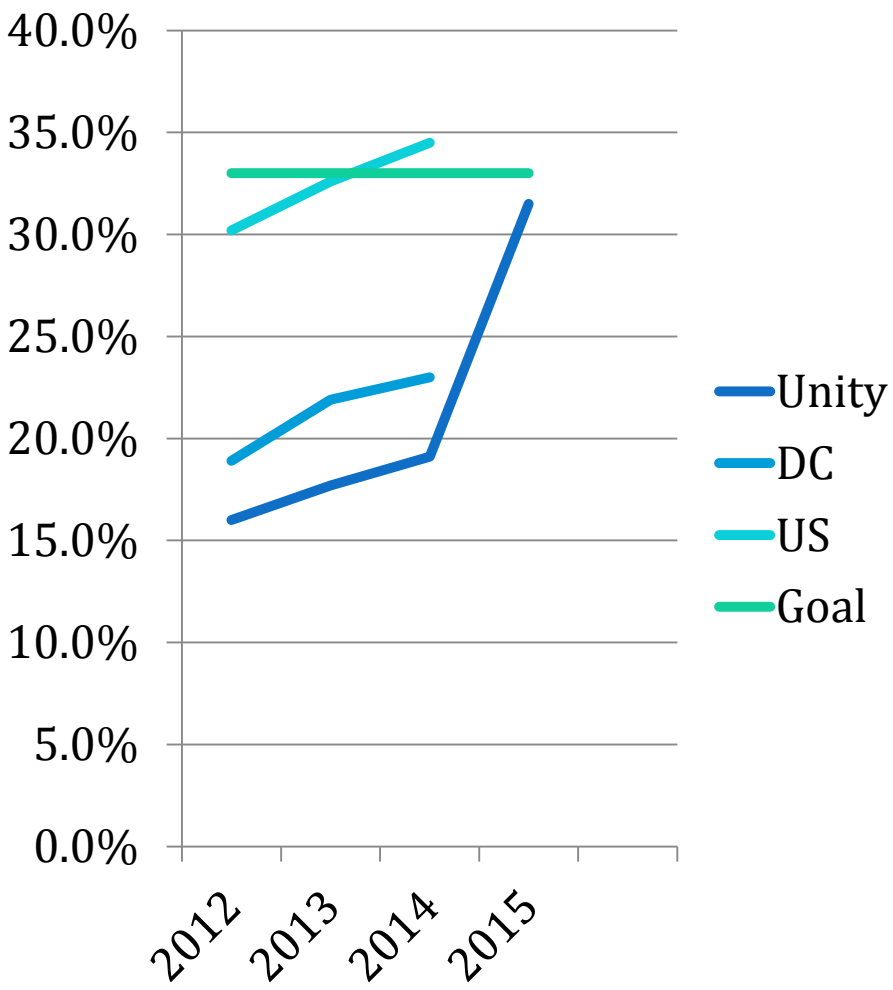
- Patients with uncompleted lab orders get an automated text or voice call reminding them to come in for their lab orders.

Colorectal cancer screening

Defined as Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer

This has been the primary focus of our Preventive Medicine working group, and we made big strides in 2015, in part through starting FIT testing, which has been very well-received by patients.

Look at our significant (> 10%!) improvement between 2014 and 2015! ☺



Reflections and Lessons Learned

- Improved Documentation – Providers, HIMS, CMS
- Finding out what the patients wanted
- Creating standard workflows
- Educating all members of the health care team
- Recruitment of learners

Clinical Question

- Our patient Ms. Patricia Carter
- 55 years old
- Referred two times for colonoscopy at GI office; missed both appointments
- No family history of colon cancer

TEAM DISCUSSION: What would you recommend?

How will you engage Ms. Carter?

Acknowledgements

Preventative Care Working Group

Dr. Rona Schwartz

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AT Still Medical Students

Unity/GW Quality Scholars

Role of Patient Navigation and A Team Approach to Coordinated Care

June 13, 2016

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- **Consultant for Bayer and Taiho and is on the Speaker's Bureau of Genentech, Bayer and Taiho.**
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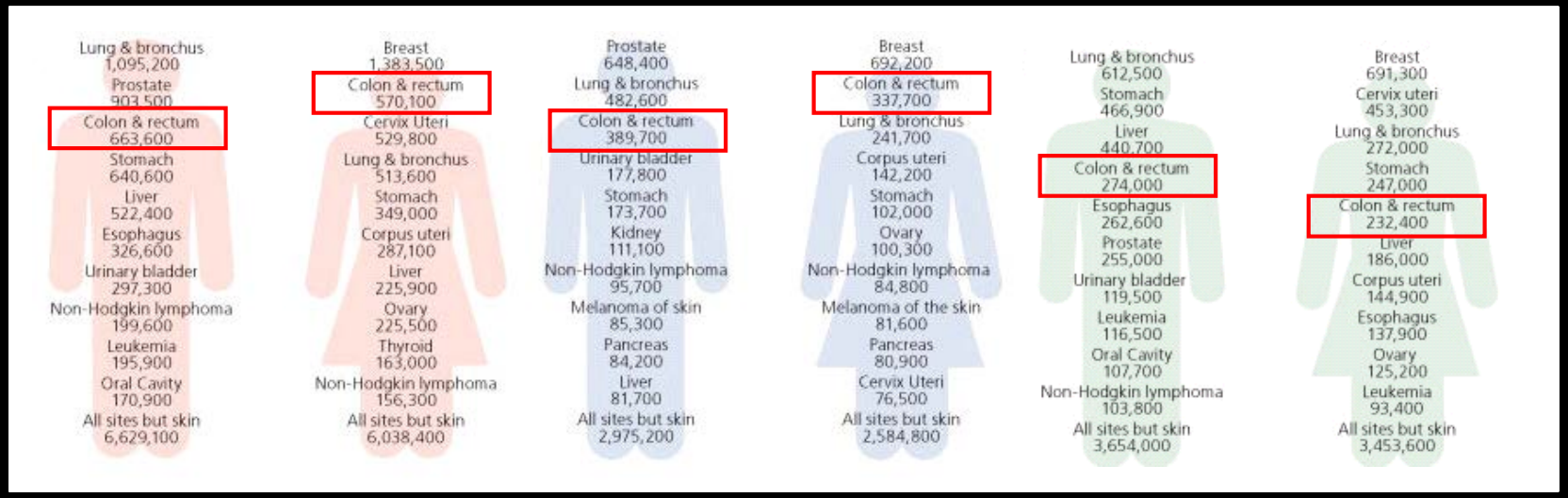
CRC as a worldwide health problem

- **CRC Global Statistics:**
  - **3rd highest incidence rate (~ 1,200,000/yr)**
  - **4th highest mortality rate (~ 608,000/yr)**



Worldwide **Developed** **Developing**

CA: A Cancer Journal for Clinicians 2011;61:69-90

Epidemiology and Natural History

- 141,210 patients will be diagnosed and 49,700 will die from the disease (2015 estimates)
- The second leading cause of cancer-related deaths in the United States (men and women combined)
- 5-year survival is less than 12%

	Deaths per year	Deaths per month	Deaths per day	10 - year
CRC	49,700	4,141	136	500,000

Breast Cancer Nation

You have CANCER!!

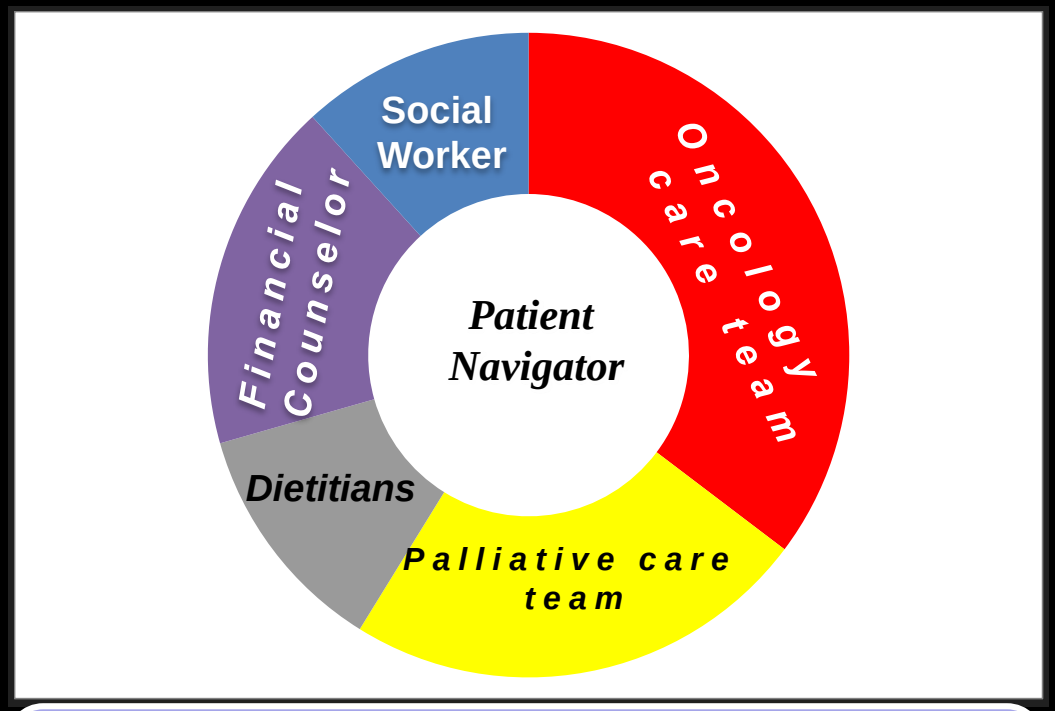
What do patients really want?

The Conspiracy To End Cancer

Bill Saporito April, 2013

It is a team sport …..

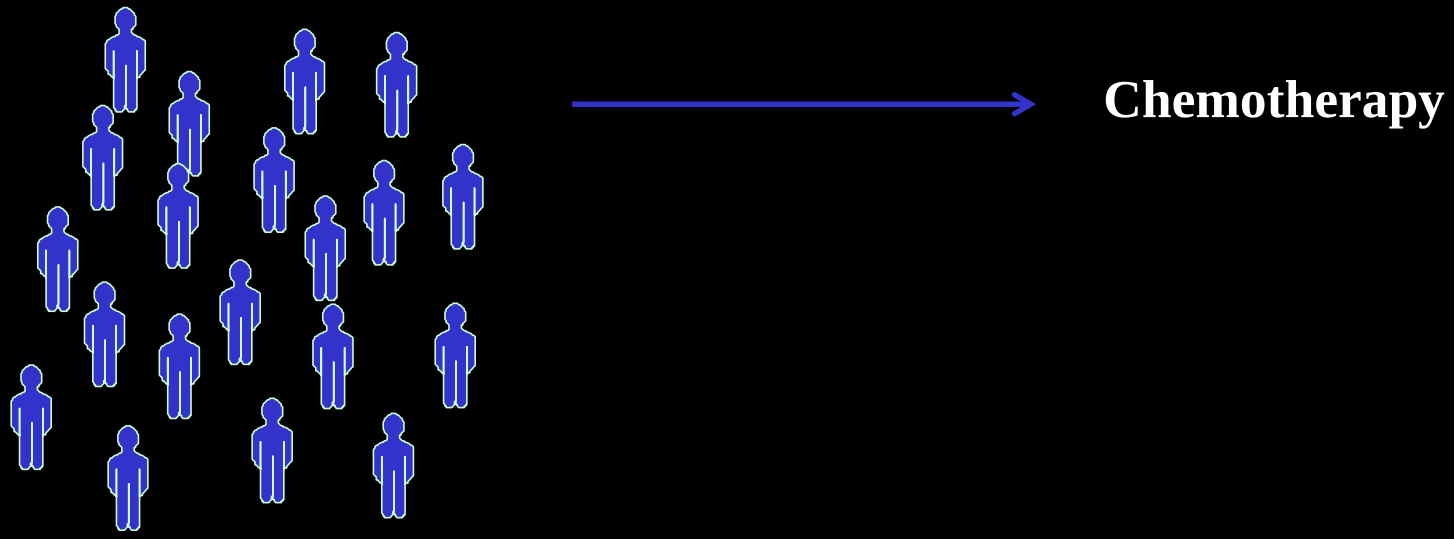
Continuum of Care



Oncology care team: *Medical Oncologists, Surgical oncologists, Radiation oncologists,* Interventional radiologists, Clinical nurse coordinator, Research team, Chemotherapy nurse, and Oncology nurses

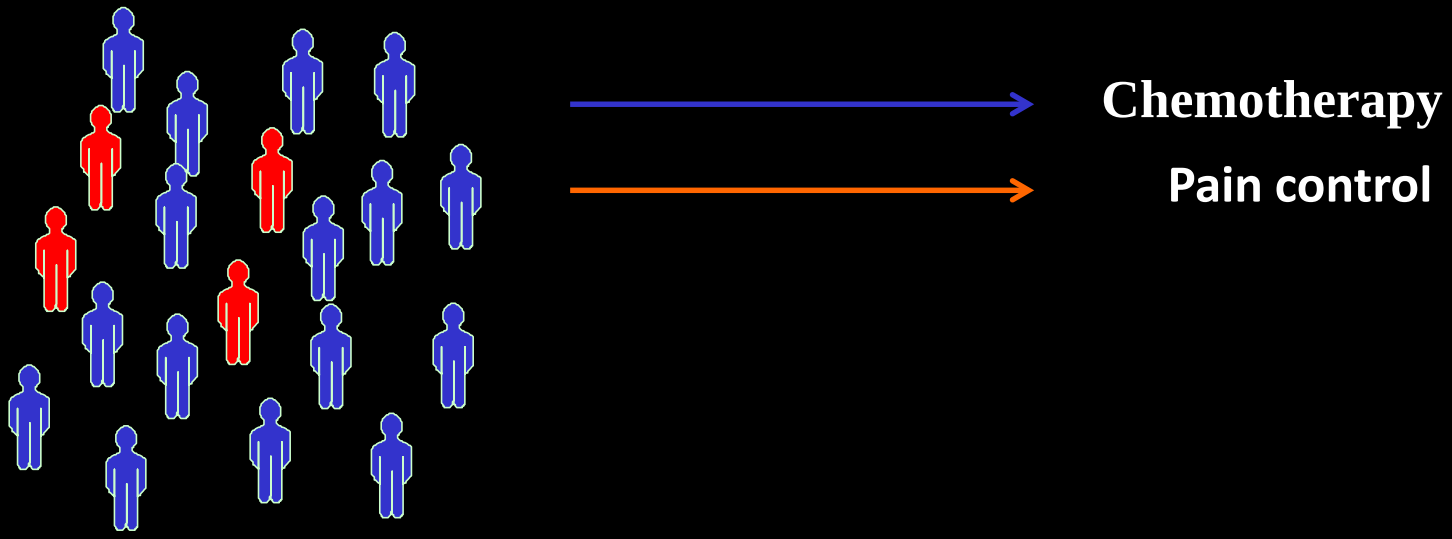
Colon cancer is not one disease

- **Exploit differences to personalize treatment**



Stage II colon cancer is not one disease

- **Exploit differences to personalize treatment**



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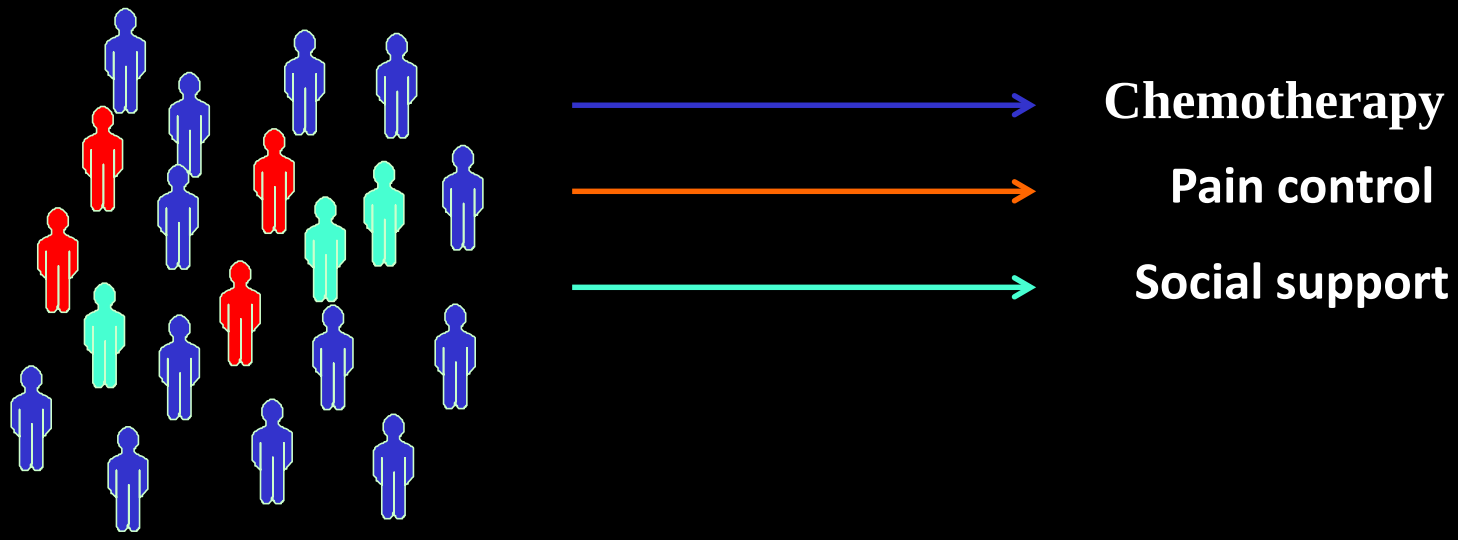

Stage II colon cancer is not one disease

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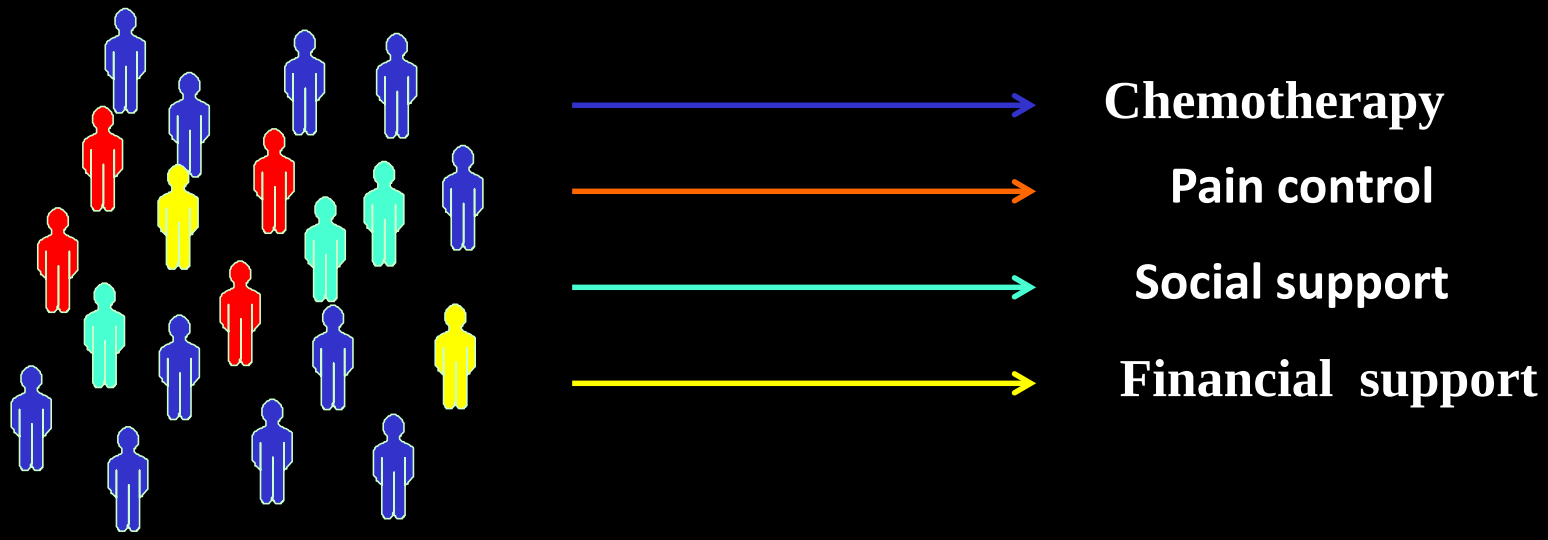


What Is Patient Navigation?

Patient Navigation

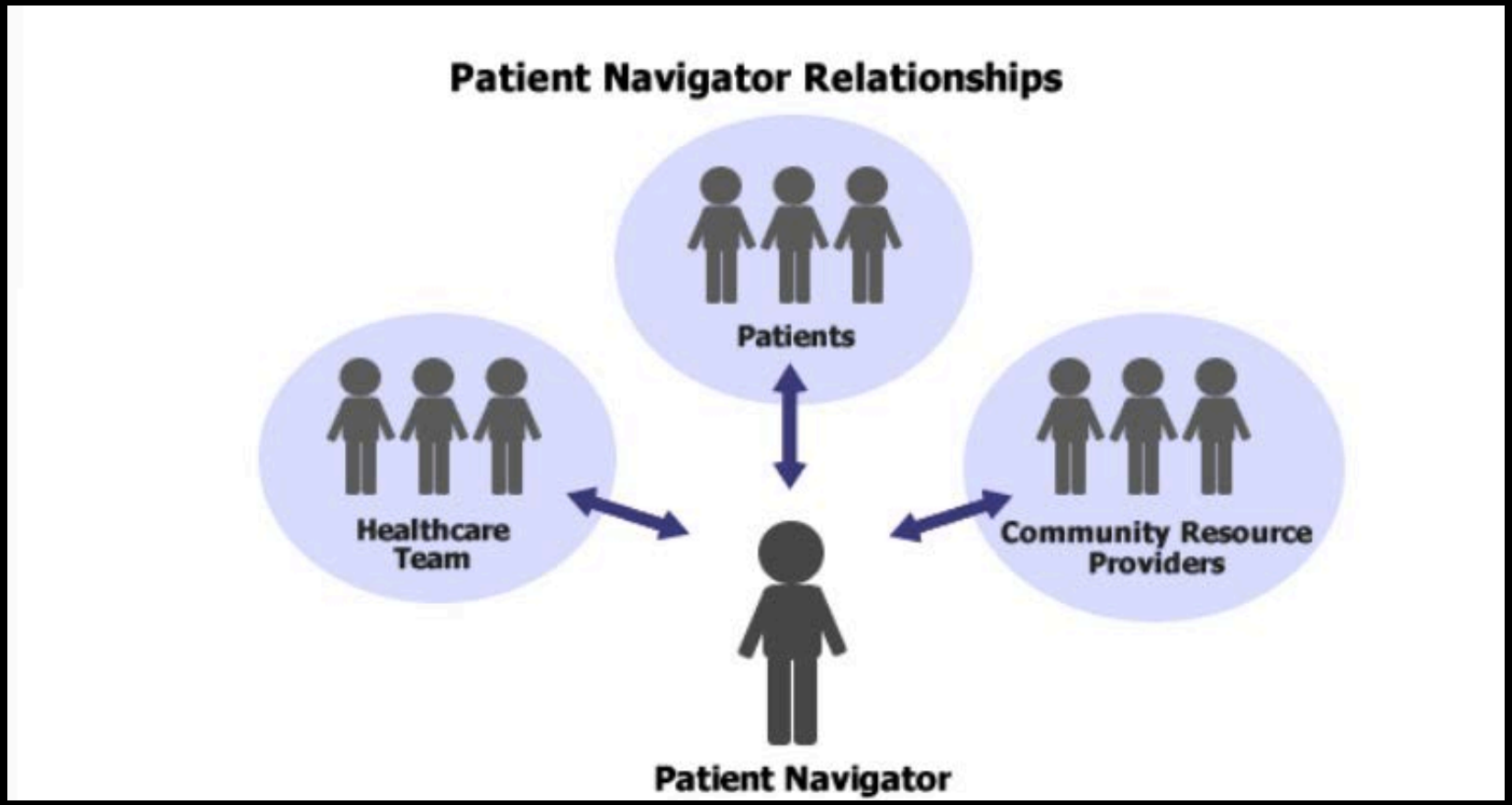
- The original concept of patient navigation was pioneered in 1990 by Dr. Harold P. Freeman, a surgical oncologist at Harlem Hospital, for the purpose of eliminating barriers to timely cancer screening, diagnosis, treatment, and supportive care.

What Is Patient Navigation?

- **Patient navigation is a process by which an individual—a patient navigator—guides patients with a suspicious finding (eg, test shows they may have cancer) through and around barriers in the complex cancer care system to help ensure timely diagnosis and treatment.[1] Barriers to quality care fall into a number of categories:[2]**
  - **Financial and economic - Health care system**
  - **Language and cultural - Transportation**
  - **Communication - Fear**

[1]Freeman HP. A model patient navigation program. Oncol Issues. September/October 2004:44-46
[2]Freeman HP. Voices of a Broken System: Real People, Real Problems. President's Cancer Panel: Report of the Chairman 2000-

Patient navigator roles & responsibilities



What is a Patient Navigator?

- **Patient Navigators** are healthcare extenders that guide patients through and around barriers in the complex healthcare system. These health professionals guide patients through the healthcare system, helping them overcome obstacles faced in accessing or receiving treatment.
- **Nurse Navigators** should not be doing what laypeople can do, such as financial and logistical care, so that they can focus, rather, on the medical treatment of the individual.

What responsibilities does a Patient Navigator have?

- Ensuring that their patients feel comfortable and guided in an efficient way is a top priority for navigators. Leading the concept of patient-centered care, these professionals aim to make their treatments and patient journeys as simple as possible.
- According to The National Cancer Institute, some responsibilities include:
  - Coordinating appointments with providers to ensure timely delivery of diagnostic and treatment services.
  - Maintaining communication with patients, survivors, families, and the health care providers to monitor patient satisfaction with the cancer care experience.

What responsibilities does a Patient Navigator have?

- Ensuring that appropriate medical records are available at scheduled appointments.
- Arranging language translation or interpretation services.
- Facilitating financial support and helping with paperwork.
- Arranging transportation and/or child/elder care.
- Facilitating linkages to follow-up services.

Patient Navigators Compared with Other Support Workers

- Proactive: Deliver specific services
- Address individual patients only

- Reactive: Seek solutions to a variety of problems
- Address individual patients only

- Proactive: Deliver specific services
- Address individual patients and healthcare systems

- Reactive: Seek solutions to a variety of problems
- Address individual patients and healthcare systems

Source: Dohan and Schrag, Using Navigators to Improve Care of Underserved Patients, Cancer 104, no. 4 (2005): 8484-855.

Role of the Nurse Navigator

- Initial contact
- Gather basic history, diagnosis, and treatment information
- Direct to appropriate physician or outside source
- Retrieve records from all sources
- Schedule patient for initial consultation

Challenges

- Large work volume
- Medical records departments are overloaded with requests
- Unable to accommodate all patients
- Difficult patients/family members

An RN? Really?

- Expertise, experience, medical knowledge, passion
- Nursing is more than laying hands on a patient
- Satisfaction from knowing you were there for someone at their darkest hour and offered hope
- Evenings, holidays, weekends at home

It is a team sport …..

“Together we shall defeat cancer, together we shall win, whatever the cost may be, we shall fight for the cure; we shall never surrender”

All of us together

THANK YOU

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