

**North Dakota
Cancer Coalition**

Planning for a cancer-free future.



**NORTH DAKOTA
COLORECTAL CANCER
ROUNDTABLE**

**Joint Conference Call
Monday, Feb 5, 2018
12pm CST**

Agenda

- 1. Welcome & Roll Call**
- 2. North Dakota Cancer Coalition Standing Items**
- 3. Colorectal Cancer Screening, Beyond 2018**
- 4. Case Example: Family HealthCare**
- 5. Gearing Up for Colorectal Cancer Awareness Month**
- 6. NDCC Membership Information**
- 7. NDCCRT Involvement Information**



Standing Items, North Dakota Cancer Coalition

- a. Approval of [October minutes](#)
- b. Treasurer's Report
- c. New members



Beyond 2018

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NORTH DAKOTA
COLORECTAL CANCER
ROUNDTABLE

**80%
by 2018**

Shared Goal: Reaching 80% Screened for Colorectal Cancer by 2018

Background
Colorectal cancer is a major public health problem. It is the second leading cause of cancer death, and a cause of considerable suffering among more than 140,000 adults diagnosed with colorectal cancer each year. However, colorectal cancer can be detected early at a curable stage, and it can be prevented through the detection and removal of precancerous polyps.

Commitment
Our organizations stand united in the belief that we can eliminate colorectal cancer as a major public health problem. We have screening technologies that work, the national capacity to apply these technologies, and effective local models for delivering the continuum of care in a more organized fashion. Equal access to care is everyone's responsibility. We share a commitment to eliminating disparities in access to care. As such, our organizations will work to empower communities, patients, providers, community health centers and health systems to embrace these models and develop the partnerships needed to deliver coordinated, quality colorectal cancer screening and follow up care that engages the patient and empowers them to complete needed care from screening through treatment and long-term follow-up.

Logos at the bottom: American Cancer Society, North Dakota Cancer Coalition, National Colorectal Cancer Roundtable.

“I’m so proud of all we’ve accomplished together. Let’s commit today to leverage the capacity we’ve worked so hard to build and continue the amazing progress we’ve made.”

- Dr. Richard Wender, Chief Cancer Control Officer, American Cancer Society



Family Healthcare

Colorectal Cancer Screening:
Increasing Rates



Identifying and Conquering Barriers



The North Dakota State Department of Health awarded Family HealthCare the North Dakota Colorectal Cancer Screening grant in December of 2015. We began enrolling patients March of 2016.

- With this grant we have been working on ways to reduce out-of-pocket costs for our patients, improve language barriers and increase our screening rates.
- From March 2016 to March 2017, we enrolled 101 patients in the initiative!
- We stopped enrolling patients to ensure all pending colonoscopies and billing claims would be processed within the biennium.
- Our current biennium kicked off in July 2017, so far we have enrolled 37 patients, some of whom are re-enrollments!



Financial & transportation barriers

The Problem:

- Ability to pay for colorectal cancer screening
 - 44.1% of our patients are uninsured or are on our Sliding Fee Scale (SFS)
 - Patients that qualify for our SFS will more than likely qualify for the colorectal cancer screening program.
- Postage to return the iFOBT kit and/or over the counter colonoscopy bowel prep
 - To help increase our patient compliance

Financial & transportation barriers



Intervention:

- **To qualify for the initiative :**
 - Live in North Dakota
 - Must meet income guidelines
 - Must be between the ages of 50 through 64 (high risk patients may be eligible at a younger age)
 - Have no insurance
 - Have health insurance that does not cover the cost
 - Cannot afford to pay the health insurance deductibles or co-pay
 - Is not enrolled in Medicaid, Medicaid Expansion or Medicare Part B
 - Is 40 through 49 years of age and at increased risk for colorectal cancer and meets above requirements
 - Is 65 through 74 years with only Medicare Part A and meet above requirements.
- **Bowel prep for a colonoscopy is paid for with initiative dollars from our pharmacy**
- **Prepaid postage on our iFOBT kits**

Colon Cancer is... Preventable Treatable and Beatable

Need help with the cost of
colon cancer screening?

The North Dakota
Colorectal Cancer
Screening Initiative
may be a program
for you.



Ask Family HealthCare clinic
staff about the program or
call 701.551.2459

Front

North Dakota Colorectal Cancer Screening Initiative What is available?

- Take home stool test
- Colonoscopy
- Patient Navigation

Talk to the Family HealthCare staff to see what is
available for you.

Who might be eligible?

A woman or man who

- Lives in North Dakota
- Is between the ages of 50 through 64
- Has no health insurance
- Has health insurance that does not cover the cost
- Can't afford to pay the health insurance deductibles or co-payments
- Is not enrolled in Medicaid, Medicaid Expansion or Medicare Part B
- Is 40 through 49 years of age at increased risk for colorectal cancer and meets the requires above
- Is 65 through 74 years with only Medicare Part A and meets the requires above

2016 Income Guidelines

Household Number	Yearly Income	Monthly Income
1	\$23,760	\$1,980
2	\$32,040	\$2,670
3	\$40,320	\$3,360
4	\$48,600	\$4,050
5	\$56,880	\$4,740

For each additional person, add
\$8,320 per year or \$693 per month



Call today
701.551.2459



NORTH DAKOTA
DEPARTMENT of HEALTH

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Back

Financial & transportation barriers



Impact:

- Removed financial burden of paying for the cost of bowel prep, which increases the rate of a patient being properly prepped for their colonoscopy.
- Pre-paid postage for returned take-home stool tests (iFOBT) increases rate of return and removes transportation and financial barriers for patients



Language barriers

The Problem:

- Reduce the number of inaccurate test results due to performing the test incorrectly.
- Assist lab staff to eliminate having to “act out/demonstrate” to non/minimal English speaking patients.

Language barriers



- **Intervention:** *The Videography Project*
- Created to improve communication with our non/minimal English speaking patients when an interpreter is unavailable.
 - English, Arabic, Bosnian, Farsi, French, Kinyarwanda, Kirundi, Kurdish, Nepali, Oromo, Pashto, Somali, Spanish, Swahili, Vietnamese
- We hired TellWell, a local videographer to create videos in coordination with Lab and Interpreter Services
- Created the **4** different instructional videos, iFOBT's, PFT's (Pulmonary Function Test), H. Pylori and Glucose tests in **15** different languages
- Videos were voiced over by our interpreters and uploaded onto tablets used in all three lab locations.

FHC iFOBT Collection Video





Language barriers

Impact:

- We are in the early stages of determining the impact but, we have no doubt that this will be so incredibly helpful when our in-house interpreters are unavailable.



Increase Screening Rates

Problem:

- To increase our overall rates for colorectal cancer, cervical cancer, and breast cancer

Increase Screening Rates



Intervention: *Patient Navigation*

Daily

Chart prep by reviewing the daily schedule with patients ages 50-74

- let nursing staff and providers know if preventive care is due
- if they qualify for Initiative

We assist patients in completing the initiative paperwork and walking them through the entire process

Enter patient initiative information into the spreadsheet and database to ensure patient is navigated throughout

Follow up with patients that haven't returned iFOBT's or scheduled colonoscopies and answer any questions the patient may have on Colon Cancer screening

Recall Letters

Research patient charts and obtain records if available.

Update records with ones that have had preventative (cervical, breast and colon) cancer screenings

Send out reminders to patients due for preventative cancer screening

Increasing Screening Rates

Outreach & Employee/Patient Engagement



Outreach

- *Media:* Radio ads, Newspaper ads
- *Partnership:* Sanford, Essentia, ND Department of Health, Women's Way, our Homeless Health Services, local shelters
- *Our Patient Portal*
- *FHC Facebook page*

Employee/Patient Engagement

- interactive awareness activities, floor & table top banners displayed during cancer awareness months, wellness fairs, palm cards

Personnel

- *Orient new providers and nursing staff, attend provider meetings as needed*
- *We offer navigation to any patient that is in need of guidance*
- *Coordination with Interpreters*

Get Screened for Colorectal Cancer

There are colorectal cancer screening options available, including a simple take-home test. Talk to your provider about getting screened.



FAMILY
HealthCare

*Affordable Quality Healthcare
For Every Person*

www.famhealthcare.org
701.271.3344

 NORTH DAKOTA
DEPARTMENT of HEALTH

Increased Screening Rates As of October 2017

Colorectal 23% to 33%

Get Screened for Cervical Cancer

Talk to your provider about cervical cancer screening to determine the right test at the right time.



*Affordable Quality Healthcare
For Every Person*

www.famhealthcare.org
701.271.3344

 NORTH DAKOTA
DEPARTMENT of HEALTH

Increased Screening Rates
As of October 2017

Cervical 38.7% to 42.2%

Get Screened for Breast Cancer

Talk to your provider about your risk for breast cancer. Learn when and how often to get screened.



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HealthCare

*Affordable Quality Healthcare
For Every Person*

www.famhealthcare.org
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 NORTH DAKOTA
DEPARTMENT of HEALTH

Increased Screening Rates As of October 2017

Breast 26% to 34.7%

Questions and Contacts

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Gearing Up for Colorectal Cancer Awareness Month!



**North Dakota
Cancer Coalition**

Planning for a cancer-free future.



**NORTH DAKOTA
COLORECTAL CANCER
ROUNDTABLE**

2018 Governor Proclamation



**North
Dakota
will be a
“Blue
Star
State”**

Colorectal Cancer Awareness Videos

Launch Date:
March 5

*Watch for a
YouTube link in
your emails*




Elliott's Story



Amanda's Story

FAQ Documents for Clinical Teams




Colorectal Cancer Screenings | Facts for Clinicians

This document addresses some of the most common questions from clinicians relating to colorectal cancer (CRC) screening.

In North Dakota
35%
OF ELIGIBLE ADULTS
are not up to date with a CRC screening

This delay in screening contributes to a late-stage diagnosis rate of 42%

QUESTIONS	ANSWERS
<p>Who needs to be screened for colorectal cancer (CRC)?</p> <p><i>See Appendix B for risk assessment recommendations.</i></p>	<ul style="list-style-type: none"> There is a consensus in the medical community, all adults male and female age 50-75 need CRC The U.S. Preventive Services Task Force (USPSTF) gives CRC screening an A recommendation Some patients may need to begin screening earlier based on certain risk factors
<p>What are current recommended screening guidelines?</p> <p><i>See Appendix A for full screening guidelines from USPSTF.</i></p>	<p>The current recommended screening guidelines from USPSTF are:</p> <ul style="list-style-type: none"> Fecal Immunochemical Test (FIT) annually and if positive proceed with colonoscopy Colonoscopy every 10 years
<p>What is the FIT test and what evidence is available supporting its efficacy in clinical practice?</p> <p><i>See Appendix C for more details.</i></p>	<ul style="list-style-type: none"> FIT looks for hidden blood in the stool specifically for non-digested human blood from the GI tract; not impacted by food or medication; FIT requires collection of 1 or 2 specimens for a complete stool sample; specificity varies with the test used FIT is as effective as any other screening method when strict adherence and needed follow-up recommended intervals over a lifetime Use stool tests only for average risk patients (no personal or family history of CRC, adenoma syndromes); high-risk patients should have colonoscopy screening Stool samples obtained by digital rectal exam (DRE) have low sensitivity for cancer (missing one study with guaiac-based FOBT) and should never be used for CRC screening¹
<p>What is the FIT-DNA (Cologuard) test and what evidence is available supporting its efficacy in clinical practice?</p> <p><i>See Appendix C for additional supporting data.</i></p>	<ul style="list-style-type: none"> Cologuard is a stool-based test which detects DNA mutations present in colorectal cancer and adenomatous polyps; it also detects blood in the stool by FIT² Screening interval is every 3 years Cost of the FIT-DNA is significantly more than a FIT, and abnormal results will require a follow-up colonoscopy Sensitivity 92.3%; specificity 84.4% Patients should check with their insurance about coverage
<p>What is the cost and insurance reimbursement available for these take home methods?</p>	<ul style="list-style-type: none"> The lowest out-of-pocket cost option for CRC screening is a FIT; a colonoscopy is required if FIT is positive Coverage of CRC screening is mandated under the ACA preventive benefit requirement Grandfathered health plans may or may not cover CRC screening; 49% of North Dakotans grandfathered health plan; patients should be encouraged to contact their insurance company for details of their coverage Patient navigation services can assist patients in reducing their individualized cost and offer these services at your facility
<p>What is the difference between a screening and diagnostic colonoscopy?</p>	<ul style="list-style-type: none"> A screening test is one provided to a patient in the absence of signs or symptoms to detect disease;³ whether a polyp or cancer is ultimately found does not change the screening intent procedure; as part of the Affordable Care Act (ACA), Medicare and most third-party payers cover CRC screening without a co-pay or deductible Diagnostic colonoscopy is a test performed because of an abnormal finding, sign or symptom (abdominal pain, bleeding, diarrhea, etc.); Medicare and most payers do not waive the co-pay or deductible when the intent of the visit is to perform a diagnostic test



Colon Cancer Screenings | Facts for Patients

This document addresses some of the most common questions from patients regarding colon cancer screening.

In North Dakota
35%
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are not up to date with a CRC screening

This delay in screening contributes to a late-stage diagnosis rate of 42%

QUESTIONS	ANSWERS
<p>Who should be screened for colon cancer?</p>	<ul style="list-style-type: none"> Starting at age 50, men and women at average risk for developing colorectal cancer should be screened. If you are at an increased or high risk of colorectal cancer, you might need to start colorectal cancer screening before age 50 and/or be screened more often.
<p>Do I really need to get tested? I feel fine.</p>	<ul style="list-style-type: none"> All people should get tested for colon cancer beginning at age 50, even without symptoms. Colon cancer screening can prevent cancer or detect it early when it is very treatable (or even curable). Many patients do not have symptoms until the disease is more advanced. This is why it is so important to keep up with regular screenings.
<p>What are the symptoms of colon cancer?</p>	<p>Colorectal cancer might not cause symptoms right away, but if it does, it may cause one or more of these symptoms:</p> <ul style="list-style-type: none"> A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool that lasts for more than a few days A feeling that you need to have a bowel movement that is not relieved by having one Rectal bleeding with bright red blood Blood in the stool, which may make the stool look dark Cramping or abdominal (belly) pain Weakness and fatigue Unintended weight loss <p>Even with no symptoms, it's important to get screened on time.</p>
<p>What are the testing options?</p> <p><i>See Appendix A for the most common testing options and their pros and cons.</i></p>	<ul style="list-style-type: none"> If you are at high risk of colon cancer, we recommend a colonoscopy. If you are average risk, there are two main types of testing options: <ul style="list-style-type: none"> Tests that find both colorectal polyps and cancer (usually done every 10 years) Tests that mainly find cancer (usually done every 1-3 years, depending on the test type) <p>The best test is the one that gets done!</p>
<p>How do I complete the take-home test?</p>	<ul style="list-style-type: none"> The stool test can be taken home from the clinic. You will get a kit with instructions. It will explain how to take stool samples at home.

Watch your email for these 2 FAQ documents, coming soon!

CRC Testimonials & Social Media Posts



“Thanks to early detection, my mom is a 12-year colon cancer survivor this year. Please talk with your doctor about getting screened, and remind your loved ones to do the same.”

- Laurie (Rugby, ND)




Turn ND Blue Photo Contest



 **WINNER**
Hospitals 



 **WINNER**
Educational Groups 



#TurnNDBlue
for colon
cancer
awareness!

Submit your photos
March 1 – April 3!



WINNER
Non-Medical Worksites



WINNER
Other Direct Patient Care Organizations



<https://www.surveymonkey.com/r/2018TurnNDBlue>

CRC Data Factsheet ... Coming Soon!



The factsheet, targeted to health professionals, will provide an overview of:

- CRC Incidence in ND
- CRC Screening rates in ND, including evidence of progress
- Priority populations and disparities in ND
- Screening Resources

NDCC Membership Information

North Dakota Cancer Coalition

Planning for a cancer-free future.

Roundtable Involvement



Workgroups:

- Provider Education
- Public Awareness

Distribution List for latest resources & trainings

Questions?

Shannon.bacon@cancer.org

COLORECTAL CANCER SCREENING

COAST TO COAST

DRIVING TOWARD 80%



PRESENTED BY:



WITH SUPPORT FROM:



- Save the Date! March 8th Live Broadcast from the “Blue Carpet”
 - Submit your CRC Screening PSA for possible airing: mdoroshenk@cancer.org
 - Host a watch party. Post pictures/videos with #80by2018 or #CRCcoast2coast
- Add your awareness event to the national map: <http://crccoast2coast.org/>
- Share a 30 second YouTube video about your 80% by 2018 successes. Email to NCCRT@cancer.org

