



Designing a Colorectal Screening Training Plan

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Designing a training plan

Who to train?

- Providers, clinic champions (PCPs, MAs, nurses, etc.)
- Patient navigators, care coordinators, case managers, project leads
- Outreach workers, patient engagement coordinators, health care advocates
- Front desk staff, lab staff, others

Key messages for each group

Providers	Outreach workers	Office / lab staff
<ul style="list-style-type: none">■ CRC screening recommendations■ FIT vs. Colonoscopy■ Evidence for a specific approach (e.g. mailed FIT outreach)■ How to talk to patients	<ul style="list-style-type: none">■ How to talk to patients■ Common patient barriers	<ul style="list-style-type: none">■ How to talk to patients

May need to train on a specific workflow

Provider recommendation is the strongest predictor of colorectal cancer screening behavior.

Question for the audience

What is your preferred way of learning a new skill?

- 1 Reading information
- 2 One-on-one training
- 3 Attending a workshop
- 4 Watching videos
- 5 Storytelling

Developing a training plan

How to train
providers?





Understanding challenges

- Not convinced about fecal testing effectiveness
- Do not believe that patients can follow-through with a colonoscopy
- May be unaware of the new guidelines
- May be unaware of recommendations for a patient with a family history
- Uncomfortable with shared decision making

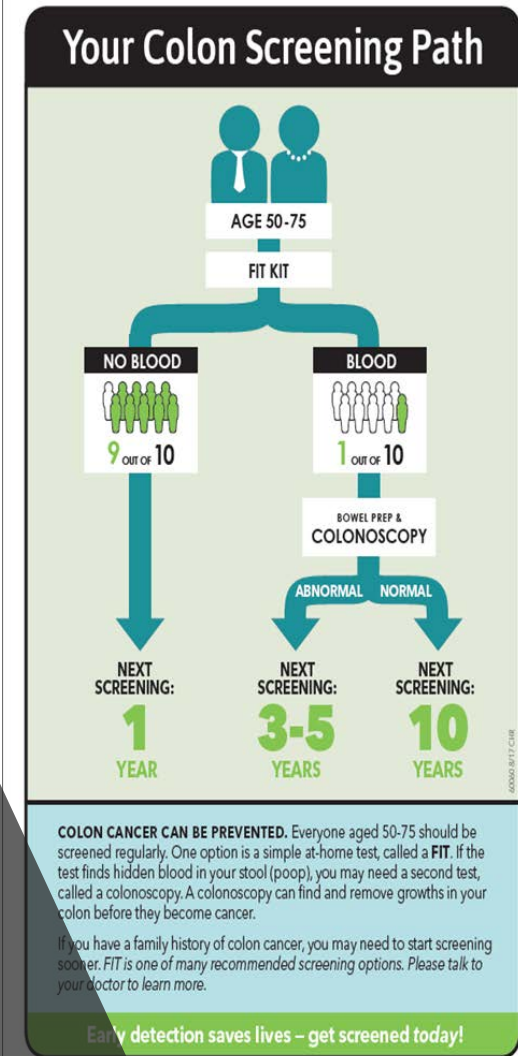
Show a (5 minute) CRC
screening video at every
provider meeting

Task the clinic champion to
prepare and deliver a
presentation



Two-step process:

FIT first... then
colonoscopy (if
positive)

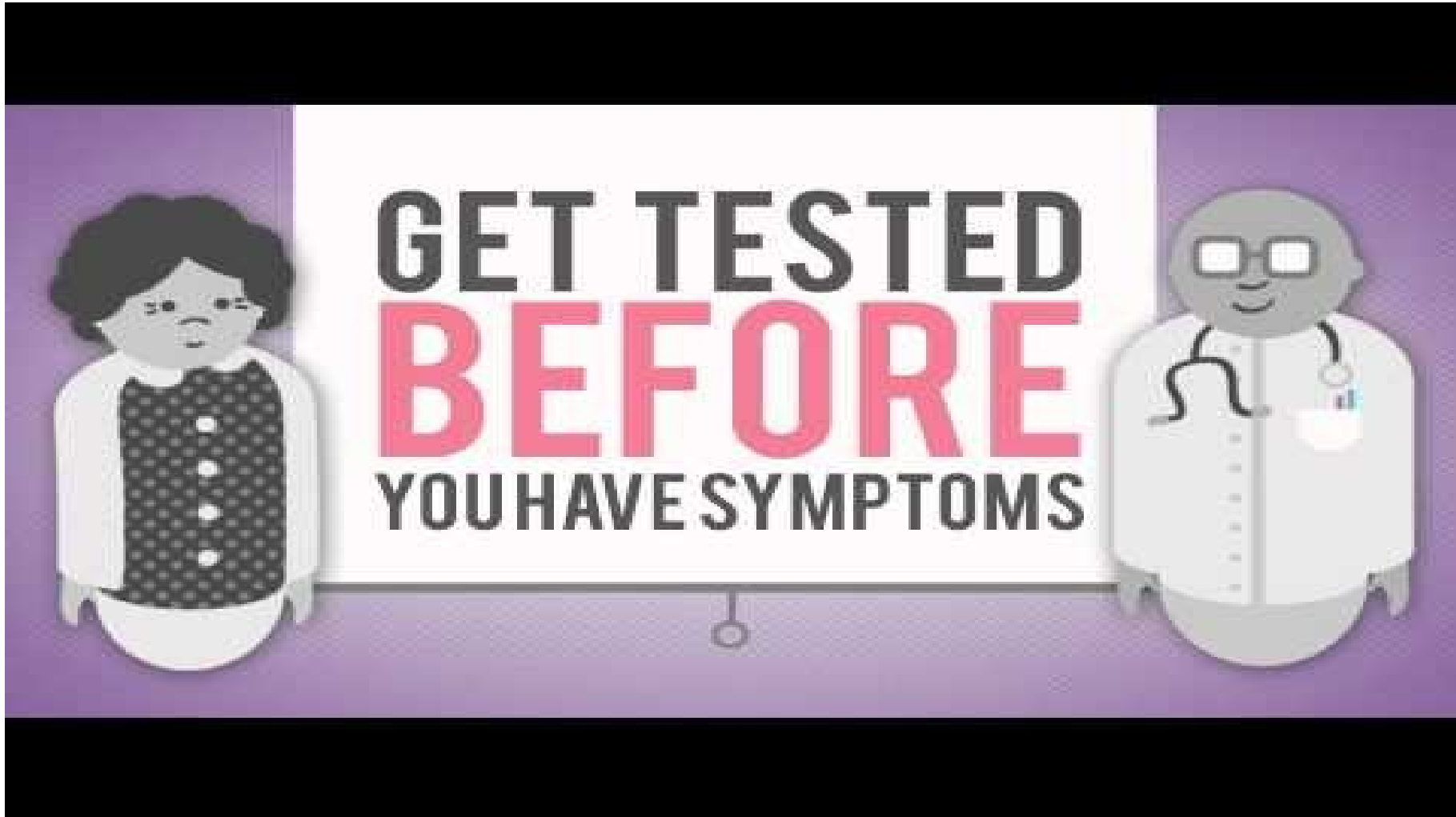


How to talk to patients...?



Dr. Elizabeth Liles, Kaiser Permanente Northwest

Video example – Sandra turns 50



NO TIME FOR GUESSWORK

WHEN IT COMES TO CANCER, EVIDENCE-BASED INTERVENTIONS SAVE LIVES AND DOLLARS.

Public health agencies offer proven strategies for improving the quality and rate of cancer screening. Working with health systems and other partners to implement evidence-based interventions can significantly reduce health care costs and increase lives saved.

CANCER IS COSTLY; STATES PAY THE PRICE
In less than 10 years, the total medical cost of cancer in the United States has nearly doubled. All payers bear the impact. States bear much of the cost.

\$2 BILLION Median state-level costs for cancer treatment
32.5% Median costs paid by Medicare
4.8% Median costs paid by Medicaid

SCREENING NOW SAVES DOLLARS LATER

60 to 89% of the costs of screening pre-Medicare patients from 10 to 14 for colorectal cancer would be offset by savings in future Medicare treatment costs.*

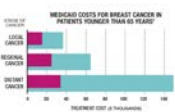
CANCER AFFECTS WORKFORCE PRODUCTIVITY
Cancer is one of the top five most costly diseases in the United States and needs to substantial work loss.*

6.1 DAYS Median state-level days lost per year among employed and non-employed patients
\$115.9 MILLION Median annual state-level cancer absenteeism costs

EARLY DETECTION REDUCES COSTS

Later-stage cancer requires more expensive treatment. Colon cancer stage 4 treatment is three times more expensive than stage 1 treatment costs.*

\$10 THOUSAND Additional Medicaid end-of-life costs during final 4 months for patients with cancer compared to those without cancer.*



The Dos and Don'ts of Colorectal Cancer Screening

Do's	Don'ts
<ul style="list-style-type: none"> ✓ Do make a recommendation! Be clear that screening is important. Ask patients about their needs and preferences. The best test is the one that gets done. ✓ Do use the American Cancer Society and/or the USPSTF recommendations for colorectal cancer screening in average-risk adults, starting at age 50.* ✓ Do assess your patient's family history, medical history, and age. ✓ Do be persistent with reminders. ✓ Do develop standard office operating procedures and policies for colorectal cancer screening, including the use of EHR prompts and patient navigation. 	<ul style="list-style-type: none"> ✗ Do not use digital rectal exams (DREs) for colorectal cancer screening. In a large study, DREs missed 19 of 21 cancers. ✗ Do not repeat a positive stool test. Always refer the patient for a colonoscopy. ✗ Do not use stool tests on those with a higher risk. A colonoscopy must be performed. ✗ Do not forget to use non-clinical staff to help make sure screening gets done. They can hand out educational materials and schedule follow-up appointments. ✗ Do not forget to coordinate care across the continuum.

* If a patient at any age is symptomatic, please evaluate and refer them as needed for a colonoscopy. For more tools and resources, please visit nccr.org or contact

Resources

- Training materials and videos
 - Screen Out Campaign
 - National Colorectal Cancer Roundtable

How to train
clinic staff?





Understanding challenges

- Patient barriers:
 - Resistant patients
 - Patients who procrastinate
 - Populations subgroups (e.g. homeless, limited English-proficiency / low health literacy, Latinos, Asians, African Americans)
- Staff may need training in:
 - Motivational interviewing
 - CRC screening
 - Clinic workflows
 - How to do Plan-Do-Study Act Cycles
 - Patient Navigation

Tested message from NCCRT



COLON CANCER CAN BE PREVENTED EL CÁNCER DE COLON PUEDE SER PREVENIDO



If you are 50 or older, you're at a higher risk for colon cancer – even if you are healthy. Ask your doctor for a screening test. You can do a simple test at home.

Models used for illustrative purposes only.

Si tienes 50 años o más, estás a un mayor riesgo del cáncer de colon, incluso si te sientes saludable. Pide a tu médico una prueba de detección. Puedes hacerte una prueba simple en tu casa.

Modelos utilizados sólo para propósitos ilustrativos.

cancer.org/colon | cancer.org/prevenir-cancer-de-colon

Tested message from NCCRT



COLON CANCER CAN BE PREVENTED

EL CÁNCER DE COLON PUEDE SER PREVENIDO





Colon polyps
Colon con pólipos

Colon cancer starts with a polyp in the large intestine, which is also called the colon. Polyps are very common in people age 50 or older, but they can be found and removed before they turn into cancer. Don't die of cancer. Talk to your doctor about colon cancer prevention.

photo courtesy of Stephen Holland, M.D., Naperville Gastroenterology

El cáncer de colon comienza con un pólipo en el intestino grueso, el cual también es conocido como el colon. Los pólipos son muy comunes en las personas de 50 años o mayores, pero pueden ser encontrados y eliminados antes de que se conviertan en cáncer. No mueras debido al cáncer. Habla con tu médico sobre la prevención del cáncer de colon hoy.

Foto cortesía del Dr. Stephen Holland, médico gastroenterólogo de Naperville



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Tested message from NCCRT

**COLON CANCER CAN BE PREVENTED****EL CÁNCER DE COLON PUEDE SER PREVENIDO**



You are so important to your family;
don't let them down! Don't procrastinate
any longer! Get screened for colon cancer
today! It could save your life.

Models used for illustrative purposes only.

Tu eres muy importante para tu familia, ¡no les falles! ¡Ya no
demores más esto! ¡Hazte una prueba de detección del cáncer
de colon hoy mismo! Esto puede salvar tu vida.


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COLON CANCER CAN BE PREVENTED

EL CÁNCER DE COLON PUEDE SER PREVENIDO






Colon cancer is the second-leading cancer killer in the US among Hispanics, but it doesn't have to be. Colon cancer can be prevented or found at an early stage. Getting screened is absolutely necessary! Call a doctor today.

Models used for illustrative purposes only.

El cáncer de colon es la segunda causa de fallecimientos por cáncer entre los hispanos en los EE.UU., ¡pero es algo que se puede evitar! El cáncer de colon se puede prevenir o detectar en sus etapas tempranas. ¡Es absolutamente necesario que te hagas una prueba de detección! Llama al médico hoy mismo.

Modelos utilizados sólo para propósitos ilustrativos.



cancer.org/colon | cancer.org/prevenir-cancer-de-colon

Tested message from NCCRT



COLON CANCER CAN BE PREVENTED EL CÁNCER DE COLON PUEDE SER PREVENIDO



Hi, my name is Maria. I lost my father to colon cancer. He was too stubborn to get screened, but the cancer might have been prevented if he did. Don't let your family lose you, too. Get screened, and prevent colon cancer.

Models used for illustrative purposes only.

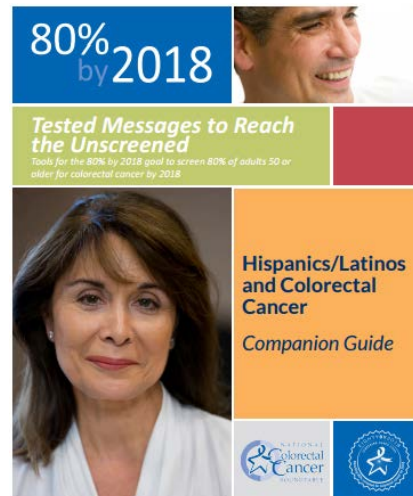
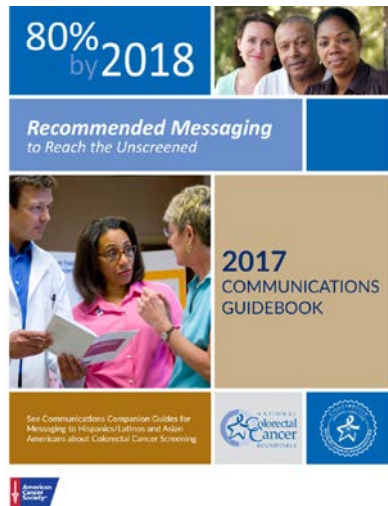
Hola, me llamo María. Perdí a mi padre a causa del cáncer de colon. Él era demasiado testarudo para hacerse una prueba de detección, pero el cáncer podría haberse evitado por completo si la hubiese hecho. No dejes que tu familia también te pierda. Hazte una prueba de detección para prevenir el cáncer de colon.

Modelos utilizados sólo para propósitos ilustrativos.



cancer.org/colon

cancer.org/prevenir-cancer-de-colon



Resources

- Training opportunities:
 - Washington Association of Community and Migrant Health Centers – Motivational interviewing training
 - Community Health Worker training
 - PDSA training
 - NCCRT Roundtable
 - Screen for Life

Making the plan

Provider activities

- Attend provider meetings:
 - Show videos
 - Distribute flyers
 - Update providers on clinic activities
 - Promote peer learning
 - Invite an annual speaker



Staff activities

Attend staff meetings:

- Motivational interviewing training / booster sessions
- Plan-Do-Study Act Cycles
- Community Health Worker
- Show videos/ Distribute flyers
- Train staff on a given workflow
- Role play patient conversations



Resources

Training plans

Knowledge expands



Summary

Ways to boost awareness about CRC screening and skills in talking to patients, and implementing clinic workflows and improvements

Overall training ideas

- Make it fun!
- Show up (on-site!)
- Training takes time, plan for it!

Provider training ideas

- Videos
- Expert speakers / webinars
- Screen out campaign handouts
- Peer learning (leverage champions)

Staff training ideas

- Motivational interviewing training (WACMHC)
- Plan-Do-Study Act Cycles (WACMHC)
- Community Health Worker / Patient Navigator (WACMHC)
- Learn tested messages and role play them

Resources

- Screen for Life Campaign
- National Colorectal Cancer Roundtable
- MailedFIT.org

Questions?

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<https://research.kpchr.org/mailedfit>

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Mailed FIT – Resources to Optimize Colorectal Cancer Screening



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- Research Projects
- Program Materials
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- Workflow

Contact
Gloria Coronado, PhD

We, at the Center for Health Research, and with our partners, are trying to understand how to

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