

Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

Return to Screening Let's Discuss Interventions

Dr. Heidi Nelson
Dr. Rachel Hae Soo Joung
Jessica Dangles

Kelly Durden
Meg Fischer
Jessie Sanders
Jane I. Smith



AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*

Today's Agenda

Introduction: Dr. Heidi Nelson

Updates: Dr. Rachel Joung

Interventions: Meg Fischer

Break Out Sessions

Breast: Meg Fischer

Cervix: Jane I. Smith

Colon: Jessie Sanders

Lung: Kelly Durden

Panel: Meg Fischer

REDCap: Jessica Dangles

Webinar topic poll

An Urgent, National Problem

COVID-19 & CANCER | NCI DIRECTOR'S REPORT

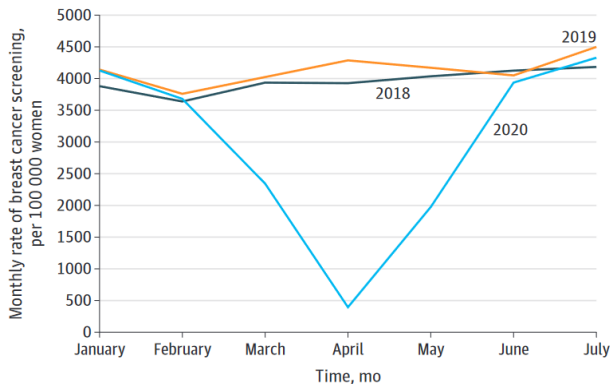
Sharpless: COVID-19 expected to increase mortality by at least 10,000 deaths from breast and colorectal cancers over 10 years

Unnecessary Cancer Deaths

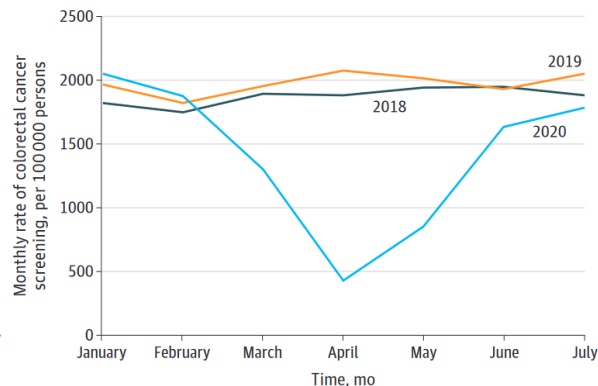
Screening Gaps

2020 Screening Deficit = 9 million

A Breast cancer screening among female enrollees



B Colorectal cancer screening among enrollees



JAMA Oncology | Original Investigation

Association of Cancer Screening Deficit in the United States With the COVID-19 Pandemic

Ronald C. Chen, MD, MPH; Kevin Haynes, PharmD, MSCE; Simo Du, MBBs, MHS; John Barron, PharmD; Aaron J. Katz, PharmD, PhD

Return to Screening PDSA

Goal: Accelerate
Return To Screening



American Cancer Society Urges People to Get Screened

May 17, 2021



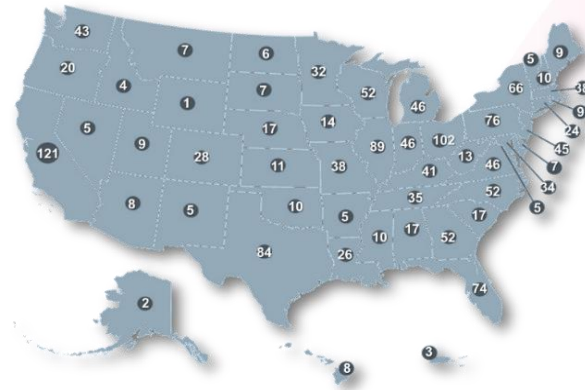
The American Cancer Society (ACS) has launched a [Get Screened campaign](#) that encourages people to schedule regular cancer screening tests. Regular screening for cancer can help save lives. Screening increases the chance of finding certain cancers early when they might be easier to treat. And, some screening tests can prevent cancer by detecting and treating pre-cancers or cell changes before they have a chance to become cancer.



1500



650



American Cancer Society screening **toolkits:**

[Evidence-Based Interventions for Cancer Screening from the Community Guide](#)

Return to Screening PDSA and Study



749 Accredited Programs Enrolled in PDSA Study

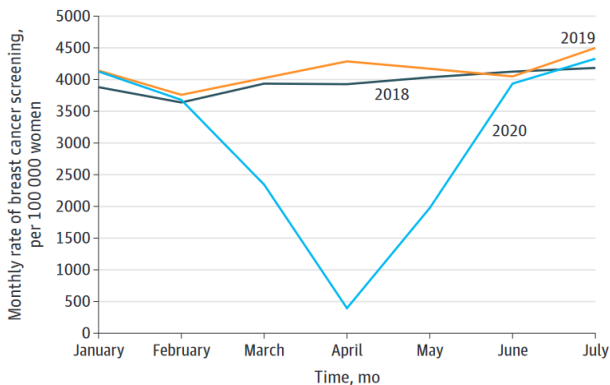
814 Quality Improvement Projects Initiated

70,000 Potential Additional Screenings A Month



CoC and NAPBC ENROLLMENT TARGETS

A Breast cancer screening among female enrollees

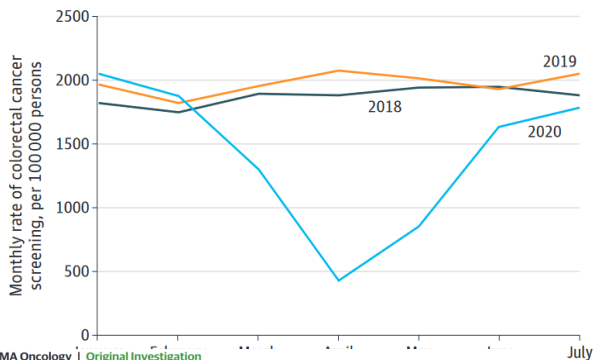


← 25 % Restore Screening

← 75 % Address 2020 Deficit

**Breast
Targets**

B Colorectal cancer screening among enrollees



← 64 % Restore Screening

← 36 % Address 2020 Deficit

**Colorectal
Targets**

Top 7 Selected Interventions

Increase Community Demand

CLIENT REMINDERS

- Individual Patient Reminder/Outreach by Healthcare Providers (49%)

SMALL MEDIA

- Social Media Posts and/or Press Releases (63%)

PATIENT EDUCATION

- Facility-wide Patient Outreach (34%)
- Dissemination of guideline/messaging to patients across hospital system (30%)

Increase Provider Delivery

PROFESSIONAL EDUCATION

- Dissemination of guideline/messaging across Community sites (23%)
- Dissemination of guideline/messaging information to Primary Care (49%)
- Dissemination of guideline/messaging to Specialists (23%)

Status Update – Good News and Not So Good News!

Some institutions are meeting targets:

Breast: 40%

Colorectal: 47%

Lung: 72%

Cervical: 40%

Data is too incomplete to assess progress:

Breast: 28%

Colorectal: 28%

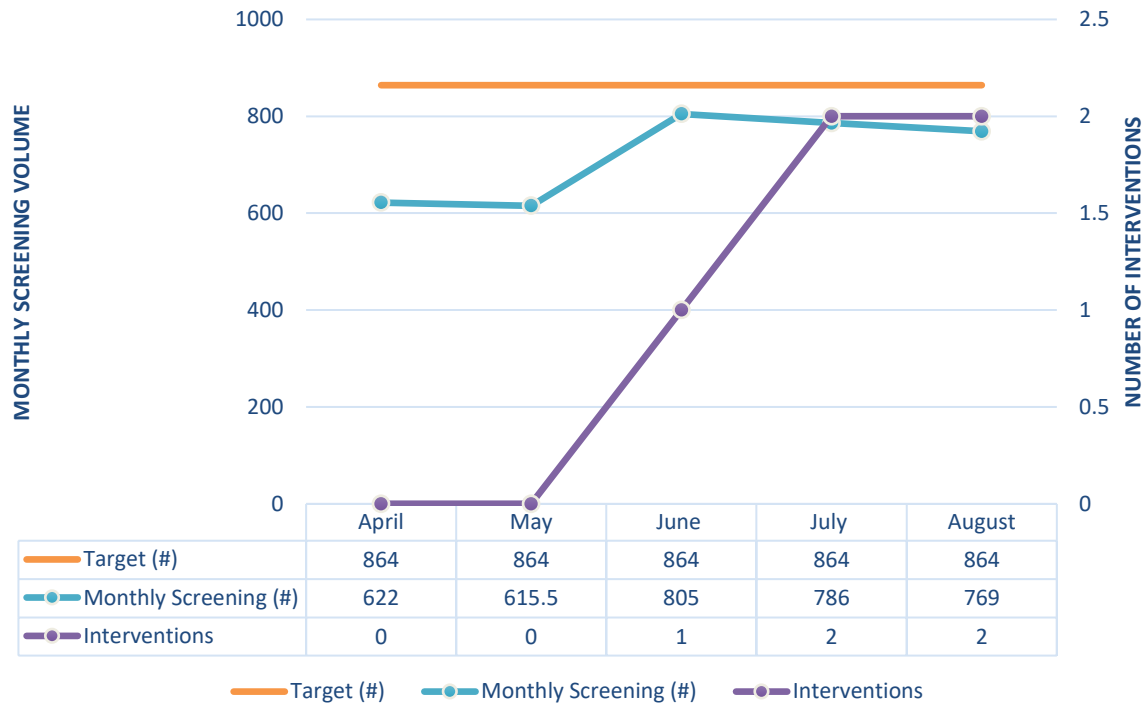
Lung: 33%

Cervical: 30%



Trends We Do See - Breast

BREAST CANCER SCREENING

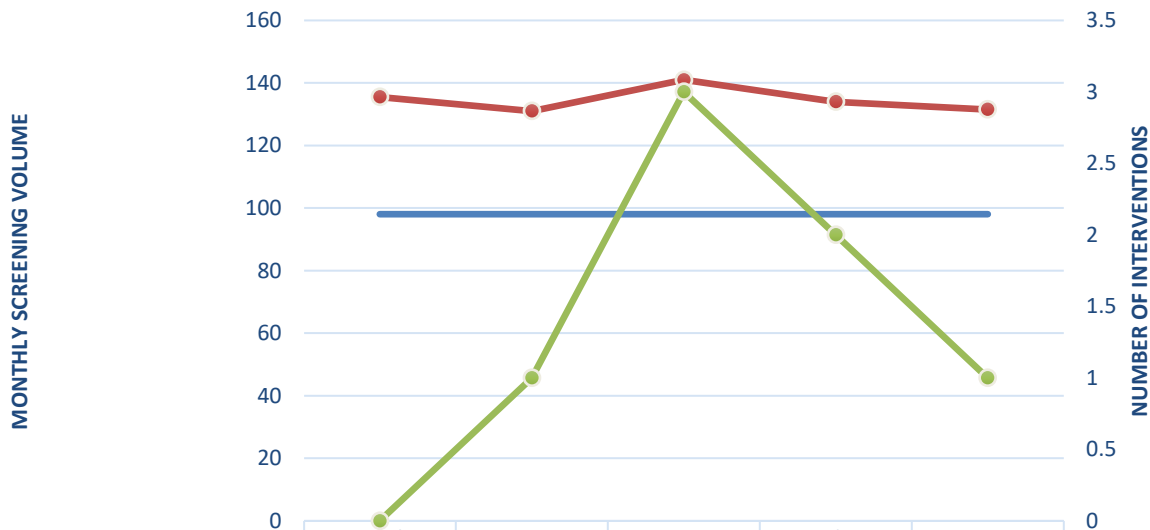


- Interventions are up, but screening numbers are not meeting target



Trends We Do See - Colon

COLON CANCER SCREENING



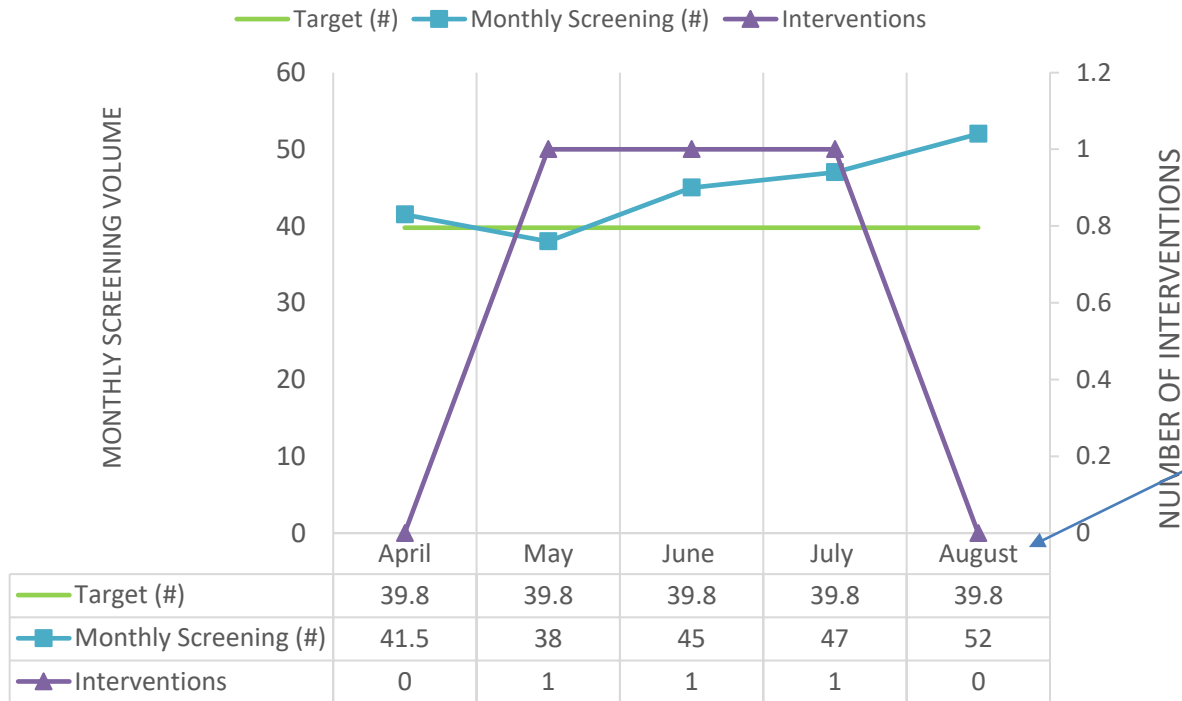
	April	May	June	July	August
Target (#)	98	98	98	98	98
Monthly Screening (#)	135.5	131	141	134	131.5
Interventions	0	1	3	2	1

— Target (#) —●— Monthly Screening (#) —●— Interventions

- Monthly screening volumes exceed target
- Interventions declining
- Could FIT testing be responsible?



LUNG CANCER SCREENING



- Monthly screening volumes exceed target
- Interventions declining
- Under-reporting of interventions?

How the Evidence is Generated

Evidence Derived from Research



Interventions that have been tested in a
research study

Systematic review of multiple interventions

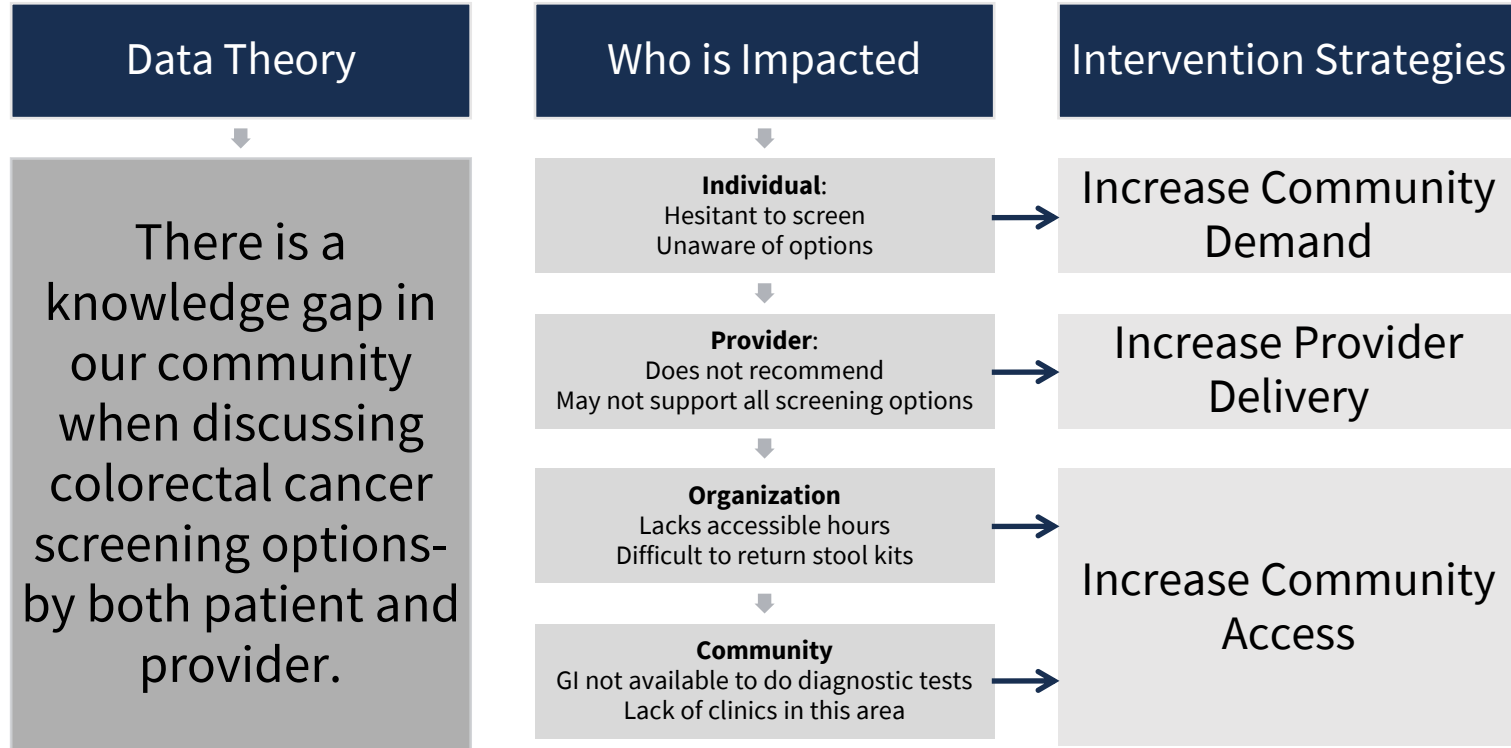
Policy analysis

Evidence Derived from Practice



Intervention developed, implemented and
evaluated in an organization, community or
geographic region

Intervention Selection: EXAMPLE



Recommended Evidence-Based/Informed Interventions by Strategy

Increase Community Demand

CLIENT REMINDERS

- Breast, Cervical, Colorectal, HPV Vaccination

CLIENT INCENTIVES

- Colorectal

SMALL MEDIA

- Breast, Cervical, Colorectal

PATIENT EDUCATION

- Breast, Cervical, Colorectal, HPV Vaccination

Increase Provider Delivery

PROVIDER REMINDERS/ RECALL

- Breast, Cervical, Colorectal, HPV Vaccination

PROVIDER ASSESSMENT & FEEDBACK

- Breast, Cervical, Colorectal, HPV Vaccination

PROFESSIONAL EDUCATION

- Breast, Cervical, Colorectal, HPV Vaccination

PROVIDER INCENTIVES

- Colorectal

STANDING ORDERS

- HPV Vaccination

Increase Community Access

REDUCE BARRIERS

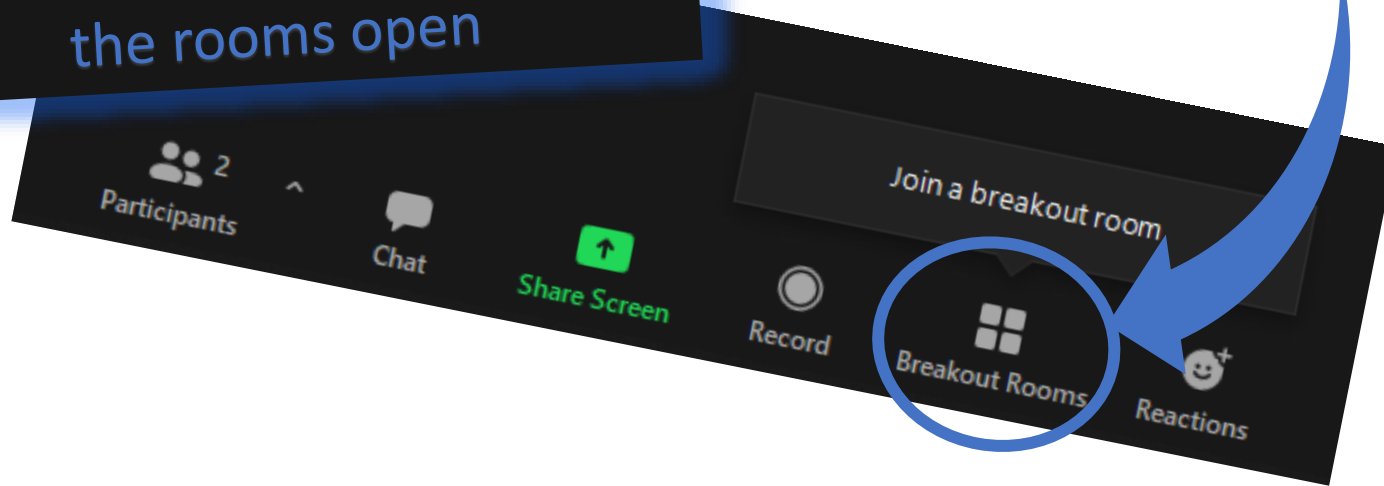
- Breast, Cervical, Colorectal, HPV Vaccination

REDUCE OUT-OF-POCKET COSTS

- Breast, Colorectal

BREAKOUT- Area of Focus

This is what you will see at the bottom of your screen when the rooms open



INTERVENTIONS TO INCREASE COMMUNITY DEMAND FOR CANCER SCREENING/VACCINATION
AMERICAN CANCER SOCIETY RECOMMENDATIONS

CLIENT REMINDERS / RECALL
CRC Screening
HPV Vaccination
Breast Cancer Screening

CLIENT INCENTIVES
CRC Screening

SMALL MEDIA
CRC Screening
Breast Cancer Screening

PATIENT EDUCATION
CRC Screening (1-3)
HPV Vaccination (1-3)
Breast Cancer Screening (1-3 & Group)

To be used in association with
CRC Hospital Handbook &
HPV Steps Action Guide

INTERVENTIONS TO INCREASE COMMUNITY DEMAND FOR CANCER SCREENING/VACCINATION
AMERICAN CANCER SOCIETY RECOMMENDATIONS

CLIENT REMINDERS / RECALL
Client reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening. Client reminders may be enhanced by one or more of the following:

- Follow-up printed or telephone reminders
- Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening
- Assistance in scheduling appointments

 These interventions can be untailored to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.

CLIENT INCENTIVES
Client incentives are small, non-coercive rewards (e.g., cash or coupons) that aim to motivate people to seek cancer screening for themselves or to encourage others (e.g., family members, close friends) to seek screening. Incentives are distinct from interventions designed to improve access to services (e.g., transportation, child care, reducing client out-of-pocket costs).

SMALL MEDIA
Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.

PATIENT EDUCATION
One-on-one education delivers information to individuals about indications for, benefits of, and ways to seek recommended screening with the goal of informing, encouraging, and motivating them to professionals, lay health advisors, or volunteers, and are conducted by healthcare workers or in person in medical, community, worksite, or household settings.
 These messages can be untailored to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment. One-on-one education is often accompanied by supporting materials delivered via small media (e.g., brochures), and may also involve client reminders.
 Group education conveys information on indications for, benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended presentations or other teaching aids in a lecture or interactive format, and often incorporate role modeling or other methods. Group education can be given to a variety of groups, in different settings, and by different types of educators with different backgrounds and styles.

This publication was supported by Grant or Cooperative Agreement number 1U49CE001029-01-02, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the author(s) and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



Resources



[ACS Comprehensive Cancer Control Resource Page](#)



[National Colorectal Cancer Roundtable Resource Page](#)



[National Lung Cancer Roundtable Resource Page](#)



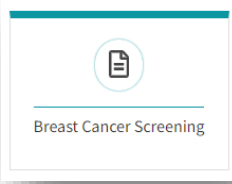
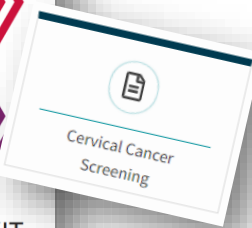
[National HPV Vaccination Roundtable Resource Page](#)



[National Navigation Roundtable Resource Page](#)



[NCI Evidence-Based Cancer Control Programs \(EBCCP\) Website](#)



NAVIGATION METRICS TOOLKIT

August 2020



Common questions

- Why did I not receive Form B/C?
 - Email from REDCap@facs.org went to spam/junk
 - Form A contact email needs updating (i.e. person no longer in role or moved)
- How is Form A different than Form B/C?
 - Form A contains pre and pandemic screening data
 - (Form A completed June 1)
 - Form B/C contains ongoing screening data & interventions
 - (Form B/C encourage monthly data submission)
- What do I do if my contact person has changed?
 - Revise Form A; add new contact person
 - Requires an email to Jessica Dangles: jdangles@facs.org



Form A: Breast Cancer Screening Enrollment and Baseline Data Collection Page 1

For clinical research study participation, complete this form and submit no later than May 31st. Fill out separate Form A for each cancer screening target if your facility has more than one target screening focus.

Note: This study is IRB exempt. This study does not require submission of any individual patient information. The only information required is aggregate institutional-level screening rates.

Response was added on 05-27-2021 11:33.

Please refer to this document for detailed instructions

[Attachment: "Return_to_Screening_PDSA_and_Clinical_Study.pdf"]

Contact Information

Name of Individual Completing this Form

Email of Individual Completing this Form

Phone Number of Individual Completing this Form

Name of Local Study PI (as it should appear on authorship byline for final manuscript)

Email of Local Study PI

- Form A email contact must be current
- Form B/C was sent to email provided on Form A



REDCap Form A

- Form A contains screening data and your monthly screening target

Pre-Pandemic Rate of Breast Cancer Screening	1386 (Average monthly pre-pandemic rate (September '19 + January '20 rates/2))
Pandemic Rate of Breast Cancer Screening	1316 (Average monthly pandemic rate (September '20 + January '21 rates/2))
Pandemic Screening Gap	70 (Screening Gap calculated for you as: Pre-Pandemic minus Pandemic Screening Rates)
10% Increase in Screening	131.6 (10% Increase calculated for you as: 10% over the Pandemic Screening Rate)
Post-Intervention Monthly Breast Cancer Screening Target	1447.6000000000001 (Target calculated for you as: Screening Gap or 10% Increase (if gap is less than 10%))
Post-Intervention Monthly Breast Cancer Screening Target	1386 (Target calculated for you as: Screening Gap or 10% Increase (if gap is less than 10%))



Form B/C: Post-Intervention Monthly Data Collection and Intervention Log (Breast)

Resize font:



Thank you for enrolling in the **Return to Cancer Screening Clinical Study (Breast)** by completing Form A.

- Use this REDCap form:
 - To **monitor and record** **monthly screening rates** from **April 1st, 2021** and continue through **November 30th, 2021**. (Form B)
 - As an **activity tracker** to keep a running **log of interventions** (Form C)
- At the end of each month, please document the **number of screenings** for the month, and check (select) the **interventions** that were implemented during the month
- When you scroll to the bottom of this form, you will find a **Summary Table** that shows a tally of the number of interventions performed each month and the number of screenings per month
 - Use this table as a reference to see if you are getting closer to your **target** monthly screening rate
 - *If your monthly screening rate is not improving, consider implementing more interventions or switching to different interventions*

You can open this form as often as you wish, save your answers by clicking [Save & Return Later], and return to this form at any time before final submission.

Please note, the link to this form sent via e-mail is unique to your institution. Each time you access this form to enter new information, it will bring up your saved form.



REDCap Form B

FORM B: MONTHLY SCREENING LOG

Breast Cancer Screening Test (select all that apply)

* must provide value

- Screening Mammograms
- Screening Breast MRI (for high-risk women)
- Other

Month	Number of Screening per Month (please record at the end of each month)
April	397
May	427
June	504
July	461
August	
September	
October	
November	

- Form B is used to monitor and record monthly screening rate April 1st to November 30th, 2021
- Each month, document the number of screenings implemented during the month

Use Save & Return
Later button



Form B

Submit

Save & Return Later



REDCap Form C

FORM C: INTERVENTION LOG

Instructions:

- Please note the **start date** of the FIRST intervention that was implemented at your institution
- At the end of each month, please return to this form to **check (select)** which interventions were implemented/performed during that month
- Note: Interventions need to be implemented by June 1st. You do not need to have had interventions implemented prior to June 1st.

You can find detailed information about the following evidence-based interventions here: [Evidence-Based Interventions for Increasing Cancer Screening from the Community Guide](#)

Intervention Start Date

* must provide value

06-01-2021  Today M-D-Y

Please note the start date of the FIRST intervention that was implemented at your institution

A. Patient Reminders

	March	April	May	June	July	August	Sept	Oct	Nov
1. Individual patient reminder/outreach by healthcare providers (e.g., phone calls, text, email, EMR messaging, letters)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Facility/institution-wide patient outreach (e.g., automated notifications to eligible patients within health system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Form C is an activity tracker to keep a log of interventions
- Each month, document the number of interventions implemented during the month



Form C

Use Save & Return Later button

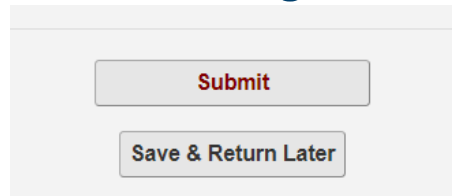


Submit

Save & Return Later



- To update contact information on Form A, or if you cannot locate Form B/C, email Jessica Dangles: jdangles@facs.org
 - Include the email address of the individual that completed the form and the disease site
- Utilize the Save & Return Later button the bottom of Form B/C when entering data **every month** through November



- Bookmark the URL of Form B/C for easy access

- What activities are required for compliance with the standards?
- What documentation is required for compliance with the standards?
- How can our program implement additional effective interventions?
- How can our program overcome barriers?



Please fill out a short survey
before closing your browser.
Thank You!

