Clinic Team Strategies to Increase Colorectal Cancer Screening across American Indian & Alaska Native Communities

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Clinic & Community Health Manager
Presentation overview

- AICAF background
- Cancer burden
- Colorectal cancer screening initiatives
- Provider & clinic team toolkit
  - Steps to develop a colorectal cancer screening initiative
  - Toolkit to support intervention strategies
The AICAF story

American Indian Cancer Foundation (AICAF) is a national non-profit established to address tremendous cancer inequities faced by American Indian and Alaska Natives.

**Mission:**
To eliminate cancer burdens on American Indian and Alaska Native communities through improved access to prevention, early detection, treatment and survivor support.
Our approach

We believe...

Native communities have the wisdom to find the solutions to cancer inequities, but are often seeking the organizational capacity, expert input and resources to do so.
Cancer is the...

#1 Cause of Death for Women
- Breast
- Lung
- Colorectal

#2 Cause of Death
- Heart Disease
- Unintentional Injury

#2 Cause of Death for Men
- Heart Disease
- Unintentional Injury

The most commonly diagnosed cancers are...

Lung cancer is the leading cause of cancer death for men and women.

Other leading causes of cancer death are...
- Prostate
- Colorectal
- Breast
Cancer death rates for AI/AN increased over a 20 year period, while decreasing for Whites over the same time frame.
Colorectal cancer initiatives at the American Indian Cancer Foundation

Colorectal cancer: Prevention and screening
American Indian communities across Northern Plains

- Clinical system support with IHS, Tribal and Urban clinics
- Cancer navigation training support for community health
Clinical colorectal cancer initiatives at AICAF

• Phase 1 - Research project:
  – Improving Northern Plains American Indians Colorectal Cancer Screening (INPACS)

• Phase 2 - Quality improvement initiative:
  – Clinical Cancer Screening Network (CCSN)
Improving Northern Plains American Indian Colorectal Cancer Screening

INPACS project summary

• Recruited 54 I.H.S., tribal health and urban health clinics
• Assessment of screening practices
  – Facility assessment
• Provider engagement session
  – Assessment
  – Video presentation
  – Discussion
INPACS key findings

“How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidence-Based Toolbox & Guide 2008”

http://nccrt.org/about/provider-education/crc-clinician-guide

These evidence-based essentials are:

• Provider recommendation
• A clinic policy on CRC screening
• Clinic reminder system
• Effective communication system
Barriers & solutions for screening

**Health System**
Barriers: Staff turnover, no tracking system, no clinic policy.
Solutions: Culturally competency training, develop a CRC policy.

**Financial**
Barriers: Transportation, no funding to support screening.
Solutions: System to coordinate care, connect to multiple resources, increase CRC screening priority in IHS.
Health Care Provider
Barriers: Limited time, unaware of current screening rates.
Solutions: Develop a team approach for care, create a tracking system to report back to provider/team on screening progress.

Individual or Community
Barriers: Fear, no symptoms - no problem.
Solutions: Community champion, patient/clinic education & resources, create clinic & community health link to support CHRs to provide education.
COLORECTAL CANCER SCREENING IN AMERICAN INDIAN COMMUNITIES

Clinical Cancer Screening Network: Innovative Clinic Engagement
Clinic Cancer Screening Network

Quality improvement initiative focused on providing training & technical assistance

• Individualized support to facilitate & implement clinic system changes
  – Created clinic teams
  – Identify focus areas in clinic site visits
  – Group workshop
  – Inform toolkit on effective strategies used in ITU clinics to improve CRC screening
COLORECTAL CANCER SCREENING IN AMERICAN INDIAN COMMUNITIES

Community Health
Linking systems: Communities & clinics

Bridging the gap between communities and health/social service systems:
Core CHW roles

Communities
- Build individual and community capacity

Community health worker
- Advocate for individual and community needs
- Provide direct services
- Promote wellness by providing culturally appropriate health information to clients and providers

Health and social service systems
- Assist in navigating the health and human services system
Maximizing the role of a navigator/community health worker

“Community Health Workers (CHWs) are trusted, knowledgeable frontline health personnel who typically come from the communities they serve.”
Empowering Health Systems to Strengthen Colorectal Cancer Screening across American Indian and Alaska Native Communities

Toolkit Designed for Providers and Clinic Teams

AICAF Clinic & Community Health Program
Toolkit Overview

- Goal
- Focus Area 1: Step to Developing a Colorectal Cancer Screening Initiative
- Focus Area 2: Toolkit to Support Intervention Strategies
Goal for the Toolkit

The toolkit goal is to strengthened:

• Colorectal cancer awareness with **education and support** strategies
• Screening tools developed to support **clinic processes**
• **Reminder systems** that support effective tracking and follow-up
• Communication and data systems that **measure practice progress**
Focus Area # 1:
Steps to Developing a CRC Screening Initiative

1. Leadership support
2. Identify core clinic team
3. Checklist for increased CRC screening
4. Develop an action plan
Leadership support

• Bring the facts
  – Cancer burden in your region
  – Current screening rates
  – Efficiency across systems increases productivity
  – Prioritizing preventative care lowers health care costs
Activity : Clinic Team

1. Choose individuals/departments that would be part of the team
2. What and how will the individual contribute?
3. What are some of the duties?
4. In your clinic, who will set up the clinic team?
Identify a core clinic team

- Clinic Team
  - Nurses
  - Providers
  - Lab
  - Pharmacy
  - Leadership
  - Community health
  - Quality improvement managers
Assessing AI/AN Health System Readiness

Four Essentials to increase CRC screening:
1) Provider Recommendation
2) Clinic Policy
3) Reminder Systems
4) Measure practice progress
Initial Clinic Team Meeting

Assessing AI/AN System Readiness

- Urban
- Tribal health
- Indian Health Service

Clinic types

Availability of screening options
- Endoscopy services
- Stool tests

Access to services
- Distance
- Transportation
- Insurance coverage

American Indian Cancer Foundation
# Checklist for Increased Colorectal Cancer Screening

<table>
<thead>
<tr>
<th></th>
<th>In Place</th>
<th>In Progress</th>
<th>Not in Place</th>
<th>Status Details</th>
<th>Staff Responsible</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Provider Recommendation</strong></td>
<td></td>
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<td>Status Details</td>
<td>Staff Responsible</td>
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<tr>
<td>For colorectal cancer (CRC) screening</td>
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<td>For complete diagnostic evaluation when screen is positive</td>
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<td><strong>2. Clinic Policy</strong></td>
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<td>Policy components include:</td>
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<td>• Assess patient’s family history to determine individual risk level</td>
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<td>• Identify local medical resources (endoscopy capacity)</td>
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<td>• Assess patient’s insurance coverage</td>
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<td>• Consider patient preference for CRC options</td>
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<td>• Engage staff &amp; implement policy</td>
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<tr>
<td>CRC screening algorithm posted in clinic identifying eligibility, risk, screening options, next steps and/or recommendations based on screening outcomes</td>
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<td>Stool blood test flow sheet posted, and excludes in-office tests</td>
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<td><strong>3. Reminder Systems</strong></td>
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<td>Options for clinicians include:</td>
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<td>• Chart prompts</td>
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<td>• Audits &amp; feedback</td>
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<td>• Ticklers &amp; logs for initial/repeat screening</td>
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<td>• Staff assigned responsibilities &amp; patient flow to enhance CRC screening process</td>
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<tr>
<td>Options for patients include:</td>
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<tr>
<td>• Patient education on CRC screening benefits &amp; options (posters, brochures, videos, navigator)</td>
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<td>• Cues to action (posters, brochures)</td>
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<tr>
<td>• Reminder mailing (postcards or letters) for initial and repeat screening</td>
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<tr>
<td>• Reminder calls for initial and repeat screening</td>
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<td><strong>4. Measure Practice Progress</strong></td>
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<td>• Stage-based communication to increase patient motivation for screening</td>
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<tr>
<td>• Opportunities for shared decisions, informed decisions, decision aids</td>
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<tr>
<td>• Staff involvement in the patient flow in addressing CRC screening</td>
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Adapted from "How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidence-Based Toolbox & Guide 2008".
Develop an action plan

Techniques to reach a realistic, actionable plan:

• Identify clinic team champion to lead:
  – Practice facilitation
  – Process mapping

• Team identify achievable goals – both small and long term
Activity: Action Plan

1) Identify a priority area(s)
2) Set a goal(s) (Screening rates, efficiency)
3) Write a goal statement(s) - Short and/or long term
4) What resources/people/teams would be essential to achieve the goal?
5) What will be the impact?
### Action plan (another example)

**Clinical Cancer Screening Network: \(<<<<\text{ENTER CLINIC SYSTEM NAME}\>>>>>\)**

**OVERALL LONG-TERM GOALS:**

**OVERALL SHORT-TERM GOALS:**

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>INTERVENTION STRATEGIES</th>
<th>POTENTIAL TOOLS TO DEVELOP</th>
<th>IMPACT</th>
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</table>
Clinical Cancer Screening Network: <<<<<ENTER CLINIC SYSTEM NAME>>>>>

Example:

OVERALL LONG-TERM GOALS:
- Decreased cancer mortality and morbidity among American Indians.
- Increased CRC screening rates within the American Indian community.
- Develop effective clinical system practices to support CRC screening processes to result in significant increases in GPRA measures.

OVERALL SHORT-TERM GOALS:
- Reduced patient barriers within clinical system to support completion of CRC screening.
- Increased community knowledge and awareness of colon cancer and the benefits of screening within the American Indian community.
- Enhanced clinical systems to ensure efficient data measurement and tracking.

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<th>INTERVENTION STRATEGIES</th>
<th>POTENTIAL TOOLS TO DEVELOP</th>
<th>IMPACT</th>
</tr>
</thead>
</table>
| Education & Support | A. Provider/clinician Support  
  1. Update on screening practices & guidelines  
  2. Shared decision making  
    i. CRC screening options  
    ii. Education overview | 1. Update on CRC practices  
  A. CE training at clinic  
  B. Develop education materials  
    A. Outline screening options  
    B. CRC flipchart for rooomer and provider to use | • Increased provider knowledge on CRC  
• Update on CRC screening recommendations & available options |
| Clinic Processes  | A. Clinic Policy  
  1. Identify screening algorithm  
  A. Process Mapping | 1. Tracking system for abnormal tests  
  A. Flag screening on chart (EHR tool; sticker; note) | • Increased completed CRC screening  
• Increased supportive tools for providers/clinicians for CRC reminders |
Focus Area #2:
Toolkit to support intervention strategies

Strategy 1: Education and support
Strategy 2: Clinic processes
Strategy 3: Reminder Systems
Strategy 4: Measure practice progress
Strategy 1

Education and support
Education and support

Providers & clinic teams

Patients

Community health
Provider & clinic team

Tool: Continuing education training

• Update on colorectal cancer screening practices and guidelines
• Training objectives highlight colorectal cancer in American Indians on:
  – Epidemiology
  – Risk Factors
  – Screening Options
  – Barriers to Screening
  – Possible Solutions
The Centers for Disease Control and Prevention (CDC) web series online:

- Screening for Colorectal Cancer: Optimizing Quality (CME)
### Colorectal Cancer Screening Recommendations: Adults aged 50 to 75 years old

*United States Preventative Services Task Force (USPSTF, 2016)*

#### Stool-based tests

<table>
<thead>
<tr>
<th>Screening method</th>
<th>Frequency</th>
<th>Evidence of efficacy</th>
<th>Other considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>HsFOBT (High Sensitivity Guaiac Fecal Occult Blood Test)</td>
<td>Every year</td>
<td>High-sensitivity versions (e.g., Hemoccult SENSA) have superior test performance characteristics than older tests (e.g., Hemoccult II)</td>
<td>Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)</td>
</tr>
</tbody>
</table>
| FIT (Fecal Immunochemical Test) | Every year | Test characteristic studies:  
- Improved accuracy compared with gFOBT  
- Can be done with a single specimen | Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home) |
| FIT-DNA | Every 1 or 3 y1 | Test characteristic studies:  
- Specificity is lower than for FIT, resulting in more false-positive results, more diagnostic colonoscopies, and more associated adverse events per screening test  
- Improved sensitivity compared with FIT per single screening test | There is insufficient evidence about appropriate longitudinal follow-up of abnormal findings after a negative diagnostic colonoscopy; may potentially lead to overly intensive surveillance due to provider and patient concerns over the genetic component of the test |

1. Every 1 or every 3 years
Colorectal Cancer Screening Recommendations: Adults aged 50 to 75 years old
United States Preventative Services Task Force (USPSTF, 2016)

Direct visualization tests

- Looks directly in the colon
- Can prevent cancer by removal of polyps during test
- Test is done every 10 years if no polyps are found
- Test is done at a hospital or clinic

<table>
<thead>
<tr>
<th>Screening method</th>
<th>Frequency</th>
<th>Evidence of efficacy</th>
<th>Other considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy*</td>
<td>Every 10 y</td>
<td>Prospective cohort study with mortality end point</td>
<td>Requires less frequent screening. Screening and diagnostic</td>
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<td></td>
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<td></td>
<td>followup of positive results can be performed during the same</td>
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<td></td>
<td></td>
<td></td>
<td>examination.</td>
</tr>
<tr>
<td>CT colonography*</td>
<td>Every 5 y</td>
<td>Test characteristic studies</td>
<td>There is insufficient evidence about the potential harms of</td>
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<tr>
<td></td>
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<td></td>
<td>associated extracolonic findings, which are common</td>
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<tr>
<td>Flexible sigmoidoscopy</td>
<td>Every 5 y</td>
<td>RCTs with mortality end points: Modeling suggests it</td>
<td>Test availability has declined in the United States</td>
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<tr>
<td></td>
<td></td>
<td>provides less benefit than when combined with FIT or</td>
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<tr>
<td></td>
<td></td>
<td>compared with other strategies</td>
<td></td>
</tr>
<tr>
<td>Flexible sigmoidoscopy with FIT*</td>
<td>Flexible</td>
<td>RCT with mortality end point (subgroup analysis)</td>
<td>Test availability has declined in the United States</td>
</tr>
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<td>sigmoidoscopy every 10 y plus FIT every year</td>
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<td>Potentially attractive option for patients who want</td>
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<td></td>
<td>endoscopic screening but want to limit exposure to</td>
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<td>colonoscopy</td>
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</table>

Abbreviations: FIT=fecal immunochemical test; FIT-DNA=multitargeted stool DNA test; gFOBT=guaia-based fecal occult blood test; RCT= randomized clinical trial.

* Although a serology test to detect methylated SEPT9 DNA was included in the systematic evidence review, this screening method currently has limited evidence evaluating its use (a single published test characteristic study met inclusion criteria, which found it had a sensitivity to detect colorectal cancer of <50%). It is therefore not included in this table.

* Applies to persons with negative findings (including hyperplastic polyps) and is not intended for persons in surveillance programs. Evidence of efficacy is not informative of screening frequency, with the exception of gFOBT and flexible sigmoidoscopy alone.

* Strategy yields comparable life-years gained (ie, the life-years gained with the noncolonoscopy strategies were within 90% of those gained with the colonoscopy strategy) and an efficient balance of benefits and harms in CSNET modeling.

* Suggested by manufacturer.

* Strategy yields comparable life-years gained (ie, the life-years gained with the noncolonoscopy strategies were within 90% of those gained with the colonoscopy strategy) and an efficient balance of benefits and harms in CSNET modeling when lifetime number of colonoscopies is used as the proxy measure for the burden of screening, but not if lifetime number of cathartic bowel preparations is used as the proxy measure.
Patient Tool: Culturally tailored materials

Check out www.AICAF.org/colon for resources available online

Colon Cancer is Preventable

What is colon cancer?
Colon cancer is cancer of the lower part of your digestive system. (See colon or large intestine).
Most colon cancer starts as small, non-cancerous growths called polyps. Over time some of these polyps become colon cancer.

How does colon cancer start?
Most colon cancer starts as small, non-cancerous growths called polyps. Over time some of these polyps become colon cancer.

There are often no symptoms in its early stages.

What are the symptoms of colon cancer?
- Changes in bowel habit
- Blood in stool
- Changes in pain pattern

When should you get screened for colon cancer?
- Age 45 or older
- Younger if you have a family history of colon cancer or polyps.

How to prevent colon cancer?
- Avoid tobacco and excess alcohol.
- Maintain a healthy weight.
- Be physically active.
- Limit red meat.
- Eat more fresh fruit and vegetables.
- Eat more food rich in fiber such as beans, legumes, nuts, seeds, and pulses.

Why get screened for colon cancer?
- Early detection is very important for treatment.
- Colon cancer can often be successfully treated when detected early.

Facts
- Cancer is the leading cause of death for American Indians.
- Colon cancer is the second leading cause of death.
- Colon cancer is preventable with regular screening.
- Early detection of colon cancer saves lives.
- Most cases of colon cancer are found on test results.

You can stop colon cancer with screening.

If you have diarrhea, you are at a higher risk for colon cancer.

Prevent your future and get screened for colon cancer!
Patient Tool: Community-specific media

• Radio public service announcements
  – Designed for tribal radio stations to broadcast on getting screened

• Digital Storytelling
  – Teaching tool used to provide education and awareness through visual messaging

• Medicine Wheel Public Access Show
Community health Tool: Technical Assistance Program

Technical assistance program is designed for American Indian communities to **build capacity and sustainability** in cancer prevention & screening education.

Key components are to:

- Host cancer health education trainings:
  - In-person
  - Web-based
- Connect 1:1 with CHW through email/phone
- Brainstorm ideas
- Share successes, barriers, lessons learned
Community health
Additional CH resources available

- Colorectal cancer 101 education designed for community health workers (CHWs) in partnership with Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) **Tribal Colorectal Health Program**
- 1:1 and group education materials (AASTEC) **with interactive games**.
- [http://www.aastec.net/services-programs/tchp/](http://www.aastec.net/services-programs/tchp/)
- [http://www.aastec.net/services-programs/tchp/](http://www.aastec.net/services-programs/tchp/)
Linking systems: clinic & community through education support

Reaching the Community:
Prevention & screening
- Patient brochure
- Infographic
- Media messaging (public television, radio interviews)

Providers & Clinic Team:
USPSTF guidelines & best practices
- CRC AI-specific CME/CEU credit training
- Clinic team identification of level of readiness to improve strategies

Community Health Workers
Colon health & clinic-community health linkages
- CHR training
- CRC Technical Assistance Program
- Distribution of 1:1 education tools & resources
Strategy 2

Clinic Processes
Clinic processes

Clinic policy
Patient flow
Cue-to-action
Shared decision-making
Policy: Clinic processes

- Requested policy templates
- Interested to develop screening algorithms

- Identified opportunistic touchpoints as central tracking (e.g. lab, navigator)
- Initiated steps for MOU with multiple referral sites

- Shared barriers to systematically activate prompts
- Identified staff to coordinate EMR

American Indian Cancer Foundation
Authorization:
• Could be signed by Medical Director or committee

Purpose:
• Colorectal cancer description, burden, and impact if implemented system.

Responsibility:
• Identify roles that must be familiar with patient education colorectal screening options, data entry and patient follow ups.
• Reflect process with a PROCESS MAP and embed within template
Clinic Policy
Tool: CRC policy template

• **Goals:** National Goal Healthy People 2020 and/or GPRA benchmark

• **Exclusions:**
  — *Individuals who have or have had colorectal cancer*
  — *Individuals who have a family history of colorectal cancer (colonoscopy is only option)*

• **Reminders:**
  — *Follow up with results*
  — *Reminder system (call and/or for next screening test)*
Clinic Policy
Tool: CRC policy template

Procedure:

1. **Who is being screened** (i.e. men and women age 50+ due for a screening)

   **Note considerations:**
   - Average-Risk Men & Women
   - High-Risk Men & Women (add documentation and refer to “exemptions”)

2. Screen for symptoms and appropriate screening pathway.


4. If FIT test is identified, provide FIT kit test

5. Document receipt of FIT kits in patient record
Patient flow
Tool: Process map of CRC options

Choosing the RIGHT test

AGE

< 50 yrs old &
Family history of
CRC

50-75 yrs old

Risk Factors

Average Risk

FOBT/FIT*

Recommended yearly
Done on your own at home & returned
Detects Cancer early by finding blood in the stool

Cologuard*

Recommended every 3 years
Done on your own at home & returned
Detects Cancer early by finding blood in the stool

High Risk

Colonoscopy

Done every 10 years, if no polyps are found
Examines entire colon
Can prevent cancer by removing polyps or abnormal growths in the colon during the test

*Follow up and/or colonoscopy required if the result is positive
Activity: Patient Flow

Goal: Make your own patient flow
1) How would you start your flow?
2) What additional steps (boxes) would you add or eliminate?
3) How did you finalize your flow?
4) In your clinic, who would determine the flow?
## Patient flow

**Tool: Tracking tests**

<table>
<thead>
<tr>
<th>Patient Name OR Chart ID</th>
<th>Phone #</th>
<th>Date Test Given</th>
<th>Reminder Date</th>
<th>Result (Pos. or Neg.)</th>
<th>Date PCP Notified</th>
<th>Date Colonoscopy Scheduled</th>
<th>Referral Site Contact</th>
<th>Reminder Date (phone or mail)</th>
<th>Date of Completed Colonoscopy</th>
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</table>

Adapted from "How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidence-Based Toolbox & Guide 2008".
Cue to action

Tool: Community education

- Bring Attention to American Indian Cancer Burdens and Solutions
Shared Decision-Making

Additional available resources

- **American Cancer Society – Provider tool to determine patient readiness to screen**
- **American Cancer Society – Provider tool to determine best test for patient**


---

**Brief Questionnaire to Identify Decision Stage**

Use this questionnaire when starting a conversation with a patient about screening. It will help you identify the readiness of the patient for screening.

Describe the specific screening test – e.g., stool blood test, CT colonography (CTC), or colonoscopy (CS), etc.

1. Have you ever heard of a [stool blood test, CTC, CS]?
   - Yes – Go on
   - No – Stop (Stage 1)
2. Are you thinking about doing a [stool blood test, CTC, CS]?
   - Yes – Go on
   - No – Stop (Stage 1)
3. Which of the following statements best describes your thoughts about doing a [stool blood test, CTC, CS] in the future?
   - a. I have decided against doing a [stool blood test, CTC, CS]. (Stage 0)
   - b. I’m thinking about whether or not to do a [stool blood test, CTC, CS] (Stage 2 or 3)
   - c. I have decided to do a [stool blood test, CTC, CS]. (Stage 4)

Responses place the individual in a decision stage related to screening test use:

- **Stage 0**: Decided against
- **Stage 1**: Never heard of
- **Stage 2**: Heard of – not considering
- **Stage 3**: Heard of – considering
End Colon Cancer in Indian Country

What is colon cancer?
A disease in the large intestine (colon) and rectum. Most colon cancers start as small noncancerous clumps of cells called polyps. Without treatment, polyps may turn cancerous.

Stages of colon cancer

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>Polyp(s) formed are a noncancerous growth</td>
<td>Remove polyps before cancer starts</td>
</tr>
<tr>
<td>Stage 1</td>
<td>Cancer has formed inside the polyp</td>
<td>If found early, 9 out of 10 survive</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Cancer has spread to surrounding tissues</td>
<td>If found, 7 out of 10 survive</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Cancer has spread to lymph nodes</td>
<td>If found later, 1 out of 10 survive</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Cancer has spread to organs in the body</td>
<td></td>
</tr>
</tbody>
</table>

Explanation of importance of screening in early stages to prompt cue-to-action

What can I do?

- Quit smoking
- Eat fruits & veggies
- Weight control
- Regular screening
- Exercise
- Limit alcohol use

Screening tests
Colon cancer screening for American Indians is recommended for those ages 45-75

- **Stool-based tests**
  - For example: FIT, DNA
  - Looks for blood in the stool
  - Take test at home every 1-3 years
  - Mail or return to clinic
  - If positive, must have colonoscopy

- **Visual tests**
  - For example: Colonoscopy, flex sig
  - Looks directly in the colon
  - Test is done at a medical center
  - *Can prevent cancer by removal of polyps during test

Talk to your health care provider about when screening is best for you.

American Indians and Alaska Natives are at a higher risk for colon cancer and is the 2nd leading cause of cancer death.

AmericanIndianCancer.org
@AmericanIndianCancer
AICAF.ORG
/AmericanIndianCancer
@AICAF.ORG
American Indian Cancer Foundation.
Strategy 3

Reminder systems
Reminder Systems

- Medical records
- Program reminders through existing resources
- Direct mail
EMR & chart support

Tool: CRC flagging

- Chart stickers

Never screened for CRC

For charts of patients in the recommended CRC screening age range

Is colon cancer screening needed?

Personal history? Yes □ No □

Family history? Yes □ No □

Referral date: / / 

Results □ Negative □ Positive

Details:

Follow-up □ Referral □ Screening in ___ year(s)

Previous CRC Screening

For charts of patients in the recommended CRC screening age range

Is colon cancer screening needed?

Personal history? Yes □ No □

Family history? Yes □ No □

Referral date: / / 

Results □ Negative □ Positive

Details:

Follow-up □ Referral □ Screening in ___ year(s)

Colon Cancer is Preventable

Emr prompt with educational resource
Program reminders through existing resources

Additional Resources available: Flu/FIT

A national program, the FLU/FIT program to embeds an opportunity to expand onto an established system for flu vaccinations.

FLU/FIT Program [implementation guide by the American Cancer Society](https://www.cancer.org/content/dam/cancer-org/cancer-control/en/reports/american-cancer-society-flufobt-program-implementation-guide-for-primary-care-practices.pdf) and [Tribal FLU/FIT materials from AASTEC](http://www.aastec.net/services-programs/tchp/).
Refer-a-Relative seeks to:

- Increase colorectal cancer awareness in AI/AN community
- Increase screening rates at clinics
- Encourage peer support along with an incentive
- Builds partnerships across clinics, medical centers, state health depts & AICAF

Community champion helps voice the importance to get screened
Strategy 4

Measure Practice Progress
Measure practice progress

- Building peer support
- Data and measurement
- Evaluation
Build peer support

- Dedicate a platform for clinic teams to acknowledge their health system practices:
  - Successes
  - Areas of improvement
  - Opportunity to leverage resources
Data and measurement

- Identify a baseline of colorectal cancer screening
- Benchmarks over a time period
- Measures effectiveness of strategies to improve screening efforts
**Screening Algorithm to Identify Baseline and Progress in Colorectal Cancer Screening Rates**

Additional Data for Medical Review or Quality Audit

An additional data field that includes ICD-9 Code risk information may improve the management of patients whose plan of care includes a higher rate of surveillance or diagnoses.

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>V16.0</td>
<td>Family history of colon cancer</td>
</tr>
<tr>
<td>V10.05 V10.06</td>
<td>History of Colon Cancer</td>
</tr>
<tr>
<td>V12.72</td>
<td>History of Colon polyps</td>
</tr>
<tr>
<td>153.0-153.9</td>
<td>Malignant neoplasm of the colon</td>
</tr>
<tr>
<td>150-154.8</td>
<td>Malignant neoplasm of the rectum</td>
</tr>
<tr>
<td>197.4-197.5</td>
<td>Secondary malignant neoplasm</td>
</tr>
<tr>
<td>211.2-211.4</td>
<td>Benign neoplasm of the other digestive systems</td>
</tr>
<tr>
<td>230.3-230.6</td>
<td>Carcinoma in situ of digestive organs</td>
</tr>
<tr>
<td>235.2</td>
<td>Neoplasm of uncertain behaviors</td>
</tr>
<tr>
<td>556.556.9</td>
<td>Ulcerative colitis</td>
</tr>
<tr>
<td>558.9</td>
<td>Other unspecified noninfectious colitis</td>
</tr>
<tr>
<td>(inflammatory bowel disease)</td>
<td></td>
</tr>
<tr>
<td>569.0</td>
<td>Anal &amp; rectal polyp</td>
</tr>
</tbody>
</table>

Adapted from "How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolkit & Guide, 2008."
# Evaluation Tool: Measure your progress

**MEASURE YOUR PROGRESS: Assess Your Communication with the Health System**

Instructions: Work with stakeholders and health systems to answer the following questions throughout the project’s timeframe:

<table>
<thead>
<tr>
<th>Type of Engagement</th>
<th>Question</th>
<th>Current Status</th>
<th>Plan for Change</th>
<th>Measure</th>
<th>Baseline QTR 1</th>
<th>QTR 2</th>
<th>QTR 3</th>
<th>QTR 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder</td>
<td>Who is involved in onsite clinic engagement?</td>
<td></td>
<td></td>
<td># of stakeholders</td>
<td></td>
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<tr>
<td>engagement</td>
<td>Who has not been engaged?</td>
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<tr>
<td></td>
<td>How does your stakeholders engage with your clinic? (meetings; events)</td>
<td></td>
<td></td>
<td># of engagements</td>
<td></td>
<td></td>
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<tr>
<td>Clinic team check-ins</td>
<td>How do you conduct your check-ins?</td>
<td></td>
<td></td>
<td># of engagements</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>How often are these check-ins held?</td>
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<td># of action items</td>
<td></td>
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<td></td>
<td>Who participates in these?</td>
<td></td>
<td></td>
<td># of people</td>
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<tr>
<td></td>
<td>Who is missing from these check-ins?</td>
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<tr>
<td>Trainings &amp; quality improvement</td>
<td>What group clinic team training has occurred?</td>
<td></td>
<td></td>
<td># of trainings</td>
<td></td>
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<tr>
<td></td>
<td>What type of quality improvement strategies does your team lead?</td>
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<td># of QI strategies</td>
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<tr>
<td>Screening events</td>
<td>How do you conduct your screening events?</td>
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<td></td>
<td>How frequently?</td>
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<td></td>
<td># of attendees</td>
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<tr>
<td></td>
<td>Who attends screening events?</td>
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<td># of groups</td>
<td></td>
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<tr>
<td>Social media</td>
<td>Type of social media your program uses</td>
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<td># of events</td>
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</tbody>
</table>
Effective communication & partnerships

Partnerships critical to advance improved cancer care

- Intervention strategies:
  - Clinic trainings
  - QI initiatives
  - Screening events
  - Shared small media distribution

AI/AN health systems (IHS, tribal, urban)

- Federal agencies
- State & local health depts
- Referral sites
- Nonprofit organizations
- Health plans & systems
- Tribal health programs
- Employers
Toolkit Summary

• Build capacity for providers & clinic teams within AI/AN health systems
• Support sustainable systems improvement
• Model best practices across Indian Country
American Indian Cancer Foundation: Clinic & Community Health Technical Assistance

Our team collaborates with AI/AN partners to identify their level of readiness to address new cancer strategies in their health systems.

<table>
<thead>
<tr>
<th>Technical assistance:</th>
<th>Trainings:</th>
<th>Resources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic team engagement</td>
<td>Skill-building areas</td>
<td>Culturally tailored tools</td>
</tr>
<tr>
<td>• Needs assessment</td>
<td>• Train the trainer</td>
<td>• Guidebooks/toolkits</td>
</tr>
<tr>
<td>• Action plan development</td>
<td>• Cancer education</td>
<td>• Small media tools</td>
</tr>
<tr>
<td>Quality improvement strategies</td>
<td>• Best practices</td>
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<tr>
<td>• Policy templates</td>
<td>• Continuing education</td>
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<tr>
<td>• Motivational interviewing</td>
<td>Interactive activities</td>
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</tr>
<tr>
<td>• Process mapping</td>
<td>• Communication tips</td>
<td></td>
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<tr>
<td>Link clinic &amp; community health</td>
<td>• Education games</td>
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<tr>
<td>• Facilitate partner meetings</td>
<td>• Education games</td>
<td></td>
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<tr>
<td>• Identify strategies</td>
<td>• Mini web series</td>
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<td></td>
<td>Multiple learning formats</td>
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<td></td>
<td>• In-person</td>
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<td>• Webinar</td>
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<td>• Mini web series</td>
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</table>

Our team collaborates with AI/AN partners to identify their level of readiness to address new cancer strategies in their health systems.
Available now:
Clinic team trainings

• AICAF in partnership with NIHB are hosting trainings within Area Indian Health Boards and AI/AN health systems
  – Contact Anne at awalaszek@aicaf.org if your team is interested to participate
Latest cancer web series & clinic trainings

• Experts in the field sharing practice based strategies
  – Amanda Bruegl, MD, Gynecologic Oncology
    • 3-part series addressing cervical cancer in AI/AN women
  – Lois Brown, MN, RN, CNP, Nurse Educator
    • Mini series clinic engagement to advance cancer practices in AI/AN health systems

• Sign up today and AICAF will send a “care package” direct to your office
Partner with AICAF

Join our online community:

• Sign up for our quarterly newsletter
• Visit www.AICAF.org for resources

Contact our clinic & community health program team:

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