Evidence-Based Care

CANCER SCREENING

Deep Dive
06.23.21
Raise your hand button

Chat: When using the chat, please send the message to “Everyone”
America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
Value Transformation Framework

[Image of Value Transformation Framework]

https://www.nachc.org/clinical-matters/value-transformation-framework/
EVIDENCE-BASED CARE
CANCER SCREENING

Make patient care decisions using a process that integrates clinical expertise and best-practice research with patient values and self-care motivators.

Evidence-Based Care Action Guide: http://bit.ly/VTF_EvidenceBasedCare
Faye Wong, MPH
Chief of the Program Services Branch
Division of Cancer Prevention and Control (DCPC)
Division of Cancer Prevention and Control, CDC

Office of the Director

- Cancer Surveillance Branch
  - National Program of Cancer Registries
- Comprehensive Cancer Control Branch
  - National Comprehensive Cancer Control Program
- Epidemiology and Applied Research Branch
  - Cancer Prevention and Control Research Network
- Program Services Branch
  - National Breast and Cervical Early Detection Program
  - Colorectal Cancer Control
CDC NBCCEDP Women Served
National Breast and Cervical Early Detection Program (NBCCEDP)

Since 1991:

- **5.8** million women served
- **15.1** million screenings
- **71,107** breast cancers
- **22,594** premalignant breast lesions
- **4,863** invasive cervical cancers
- **222,091** premalignant cervical lesions

50 states & DC
6 U.S. Territories
13 Tribal Orgs

April 2020 Minimum Data Elements submission
CRC screening among Colorectal Cancer Control Program (CRCCP)

Year 1 clinics gained 12.3 percentage points on average over 4 years
Represents 95,504 additional screens

CRCCP Mean Weighted Screening Rate

Source: Clinic data submission, March 2020 (PY1 Clinics only; Years 1-4; n=295 clinics)
Division of Cancer Prevention and Control

- Cancer | CDC
- About CDC’s Division of Cancer Prevention and Control | CDC

National Program of Cancer Registries

- National Program of Cancer Registries (NPCR) | CDC
- USCS Data Visualizations – CDC

National Comprehensive Cancer Control Program

- (NCCCP) | CDC

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

- National Breast and Cervical Cancer Early Detection Program | CDC

Colorectal Cancer Control Program

- Colorectal Cancer Control Program (CRCCP) | CDC
American Cancer Society

COVID-19 and Cancer Screening:
A national picture & resources for reigniting screening

Laura Makaroff, DO
Sr. Vice President
Prevention & Early Detection
March 13, 2020 - national public emergency declared
CDC message: prioritize urgent visits and delay elective
ACS message: postpone elective care – including cancer screening
July 2020 – emphasized cancer screening still a priority

Source: https://ehrn.org/articles/delayed-cancer-screenings-a-second-look
Modeling the effect of COVID-19 on Cancer Screening and Treatment

Modeled cumulative excess deaths from colorectal and breast cancers, 2020 to 2030*

https://science.sciencemag.org/content/368/6497/1290
System and Social Challenges Will Need to Be Addressed to Increase Screening Rates

- Challenges with new system, process and protocols
- Patient fear, reluctance, and confusion
- Potential decreased primary care capacity
- Loss of employment and employer sponsored health insurance
- Exacerbation of long-standing inequities: racial, economic, access to care
The National Colorectal Cancer Roundtable (NCCRT) Resource Center includes a wide range of resources and tools.

This NCCRT playbook reviews data, research, and clinical guidelines available and outlines a path forward for CRC screening and COVID-19.

SAFELY RESUMING AND PROMOTING CANCER SCREENING DURING THE COVID-19 PANDEMIC

Cancer prevention and early detection are central to the American Cancer Society’s (ACS) mission to save lives, celebrate lives, and lead the fight for a world without cancer. Early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, and lung (see ACS screening guidelines). Cancer mortality has declined in recent decades in part due to progress in cancer screening technologies, adherence, and the general population’s improved uptake in screening services.

Yet, far too many individuals for whom screening is recommended remain unscreened, and this situation has been exacerbated by the substantial decline in cancer screening resulting from the COVID-19 pandemic. At the onset of the pandemic, elective medical procedures, including cancer screening, were largely put on hold to prioritize urgent needs and reduce the risk of the spread of COVID-19 in healthcare settings. Early projections indicate that these extensive screening delays will lead not only to missed and advanced stage cancer diagnoses, but also to a rise in cancer-related deaths.

Addressing cancer disparities and discontinuities will likely involve addressing disparities in cancer screening and survival across groups of people who have systematical, experiential, social, or economic obstacles to screening and care.

In response to these challenges, ACS developed this report to summarize the current state and to provide guidance on how public health agencies, healthcare providers, and screening advocates across the nation can promote and deliver cancer screening appropriately, safely, and equitably during the COVID-19 pandemic.

A UNITED MESSAGE IN OUR RESPONSE TO THE DISRUPTIONS IN CANCER SCREENING

1. Despite the challenges we face during the pandemic, cancer screening remains a public health priority, and we must provide the public with safe opportunities to prevent cancer or detect it early to improve patient outcomes.

2. Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote screening and overcome barriers for populations with low screening prevalences must be at the forefront of our focus.

3. Engaging patients in the resumption of cancer screening will require effective and trustworthy messaging.

4. Implementation of process and policy changes are urgently needed to sustain access to primary care and return screening to pre-pandemic rates.

Screening refers to testing individuals who have no signs or symptoms of disease. It is critical to ensure that patients with signs or symptoms associated with cancer undergo diagnostic evaluation as soon as possible, yet many people with symptoms—such as hematomas, abnormal vaginal bleeding, blood- or pus-tinged mucus, unexplained weight loss, fatigue, or anorexia—continue to avoid medical care due to fear of the SWH-2019 virus.

It is important to reassure the public that aggressive infection-control measures are being taken in health care facilities throughout the country to ensure that diagnostic procedures can be provided safely for patients with symptoms, and that these evaluations need not and should not be delayed.

Download @ ACS4CCC.org: https://www.acs4ccc.org/acs-ccc-resources/cancer-screening-and-early-detection/

Return to Screening Guide

• Offers four unifying messages for resuming and promoting cancer screening during COVID-19

• Level sets on the most recent data, research, and trends (as of October 2020)

• Explores the strategic steps needed to best aid national efforts in the resumption and prioritization of cancer screening

• Includes one-pagers that dive deeper into the importance of cancer screening during COVID-19 and provides specific recommendations for breast, cervical, colorectal, and lung screening, as well as HPV Vaccination.
Effectively Messaging Cancer Screening during the Pandemic

• 1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.

• Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.

• An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.

Building Block: Public Awareness Campaign “Get Screened”

A public campaign to drive routine cancer screening and care

Goal: Raise awareness and encourage action with to increase cancer screening rates

✓ Reaching the Unscreened/Encouraging
✓ Support for adherence to Regular Screening
✓ Disparities in cancer screening exist across groups of people who have systemically experienced greater social or economic obstacles to screenings based on their racial or ethnic group, sexual orientation, education, health insurance status, immigration status, or other characteristics historically linked to discrimination or exclusion.
✓ Utilize stories of cancer patients and survivors to address with empathy four screening barriers: fear, procrastination, lack of insurance, and lack of symptoms

cancer.org/get-screened
**Screening Recommendations**

These recommendations are for people at average risk for certain cancers. Talk to a doctor about which tests you might need and the screening schedule that’s right for you. It’s a good idea to also talk about risk factors, such as lifestyle behaviors and family history that may put you or your loved one at higher risk.

<table>
<thead>
<tr>
<th>Age 25-39</th>
<th>Age 40-49</th>
<th>Age 50+</th>
</tr>
</thead>
</table>
| • Cervical cancer screening recommended for people with a cervix beginning at age 25. | • Breast cancer screening recommended beginning at age 45, with the option to begin at age 40.  
  • **Cervical cancer screening** recommended for people with a cervix.  
  • **Colorectal cancer screening** recommended for everyone beginning at age 45.  
  • At age 45, African-Americans should discuss **prostate cancer screening** with a doctor. | • Breast cancer screening recommended.  
  • **Cervical cancer screening** recommended.  
  • **Colorectal cancer screening** recommended.  
  • People who currently smoke or formerly smoked should discuss **lung cancer screening** with a doctor.  
  • Discussing **prostate cancer screening** with a doctor recommended. |

Thank you!
laura.makaroff@cancer.org
Packaging and implementing evidence-based transformational strategies for safety-net providers

Bringing science, knowledge, and innovation to practice

Cheryl Modica
Director, Quality Center

Luke Ertle
Manager, Quality Center

Camila Silva
Manager, Quality Center Training & Curriculum

Lizzie Utset
Specialist, Quality Center
Leading Change: Transforming At-Home Care

As health care providers more fully transition to virtual models of care delivery and explore new and advanced ways to expand medical capacity and patient care while reducing the spread of COVID-19, NACHC’s Quality Center is leading a health center pilot project to provide medically underserved patients the tools they need to manage their health safely in their home.

20 FQHCs across 17 states selected from a national pool of applicants

Each participant health center will engage 20 patients in application of patient self-care tools and remote monitoring (400 total patients)

Pilot runs from September 2020 – June 2021
Leading Change: Transforming At-Home Care

PILOT PROJECT GOALS:

• Test the impact of providing patient self-care tools (supplies, instructions, education), combined with follow-up and coaching, on health outcomes, patient experience, staff experience, and cost.

• Develop models and workflows for health center use of Patient Care Kits and remote patient monitoring

Mailable FIT test
Patient Instructions and Educational Materials

Home A1c test
Patient Logs and Recording Tools

Thermometer
Blood pressure monitor

Scale
Leading Change: Action Guide

Transform Virtual Care
Part of a suite of resources to support your health center’s journey to transform at-home care.
April 2021


LAY THE GROUNDWORK
STEP 1 Commit to Use Patient Care Kits, Assemble Your Team, and Define Success
STEP 2 Communicate with Staff About the Patient Care Kit Initiative and Goals
STEP 3 Complete the Value Transformation Framework Assessment
STEP 4 Identify Patients to Receive Patient Care Kits, Complete Risk Stratification
STEP 5 Develop a Patient Virtual Care Workflow that Includes Patient Self-Measurement and Monitoring
STEP 6 Designate a Place and Process to Receive, Store, Assemble, and Test Patient Care Kits
STEP 7 Educate and Train Staff in Patient Care Kit Tools and Patient Self-measurement and Monitoring

LAUNCH
STEP 8 Enroll Patients
STEP 9 Distribute Kits and Provide Education and Training
STEP 10 Complete Baseline Measurement and Collect Measures

IMPLEMENT
STEP 11 Conduct Monthly Virtual Visits, Data Collection, and Reporting

ASSESS AND EVALUATE
STEP 12 Report, Evaluate and Share Lessons Learned
Kaniksu Health Services

Emma Johnstone
Quality and Performance Improvement Analyst
Kaniksu’s Implementation: Cancer screening as part of virtual care

Virtual care strategy. Implemented using Care Managers

Patient identification and enrollment. Risk stratification, provider referrals, patients already enrolled in care management

Technology. Care managers provided headsets and webcams to conduct virtual care visits

Training. Staff trained in use of Patient Care Kit items

Launch. Initial in-person visit

Ongoing follow-up. Visits conducted via Doximity
Kaniksu Health Services
Cancer screening as part of virtual care

CHALLENGES
• Telehealth/internet capabilities
• Accuracy of home A1c tests
• iFOBt tests not well suited to our patient population

SUCCESES
• Improved care manager/patient relationships
• Increased patient confidence in ability to monitor their chronic conditions
• Patient success story

FUTURE IMPLEMENTATION
• Stronger implementation of virtual visits by care managers
• Patients with uncontrolled hypertension and diabetes to be issued BP monitors
• Robust telehealth offerings for patients in need
• Integration of telehealth and Patient Care Kits in provider visits
Bottom line:
Cancer screening as part of virtual care

- Care Managers gained experience with virtual visits and remote patient monitoring
- Identified important clinical findings:
  - 1 positive FIT test; patient received a follow-up referral for a colonoscopy
  - 1 newly identified HTN; provider was able to provide timely care and HTN medication
- Increased patient and staff satisfaction from the combination of virtual care and Patient Care Kits
- Empowered patients to monitor their own conditions with the support of their care team.

TELEMEDICINE IS HERE TO STAY!
Evidence-Based Action Guide

Pair the Evidence-Based Action Guide with condition-specific companion guides – nesting clinical improvements within overall system improvements

http://bit.ly/VTF_EvidenceBasedCare
Action Guide: Cancer Screening

• Synthesis of the evidence-base
• Guidelines and recommendations
• Sample clinical policies
• Sample standing orders
• Care team training resources
• Links to documentation guides for leading EHRs
• Links to patient educational resources
• Links to guides supporting community partnerships
• Reimbursement and payment strategies

New NACHC Infographic

3. Design models of care that incorporate evidence-based cancer screening interventions

**USPSTF RECOMMENDATIONS: GRADE A**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women age 21-29</strong></td>
<td>• Screen with cervical cytology alone every 3 years.</td>
</tr>
<tr>
<td><strong>Women age 30-65</strong></td>
<td>• Screen every 3 years with cervical cytology alone. OR</td>
</tr>
<tr>
<td></td>
<td>• Screen every 5 years with high-risk human papillomavirus (hrHPV) testing alone. OR</td>
</tr>
<tr>
<td></td>
<td>• Screen every 5 years with hrHPV testing in combination with cytology (co-testing).</td>
</tr>
<tr>
<td><strong>Do NOT screen:</strong></td>
<td>• Women who have had a hysterectomy with removal of the cervix and no history of a high-grade precancerous lesion or cervical cancer.</td>
</tr>
<tr>
<td></td>
<td>• Women younger than 21 years.</td>
</tr>
<tr>
<td></td>
<td>• Women older than 65 years with adequate screening history and not otherwise at risk for cervical cancer.</td>
</tr>
</tbody>
</table>

**USPSTF RECOMMENDATIONS: GRADE A**

<table>
<thead>
<tr>
<th>Tests</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screen average-risk adults age 50-75 for colorectal cancer.</strong></td>
<td>• High-sensitivity Guaiac Fecal Occult Blood Tests (gFOBT) - every year.</td>
</tr>
<tr>
<td><strong>Stool-based tests</strong></td>
<td>• Fecal Immunochemical Tests (FIT) - every year.</td>
</tr>
<tr>
<td><strong>Visual tests</strong></td>
<td>• FIT-DNA - every 1 or 3 years.</td>
</tr>
<tr>
<td><strong>Colonoscopy</strong></td>
<td>• Colonoscopy - every 10 years.</td>
</tr>
<tr>
<td><strong>CT colonography</strong></td>
<td>• CT colonography - every 5 years.</td>
</tr>
<tr>
<td><strong>Flexible sigmoidoscopy</strong></td>
<td>• Flexible sigmoidoscopy - every 5 years.</td>
</tr>
<tr>
<td><strong>Flexible sigmoidoscopy with FIT</strong></td>
<td>• Flexible sigmoidoscopy with FIT – Flexible sigmoidoscopy every 10 years plus FIT every year.</td>
</tr>
</tbody>
</table>

*A comparison of major cervical cancer screening guidelines:*

*American Cancer Society now recommends screening to begin at age 45:*
4. Create or update clinical policies and standing orders based on evidence-based practice guidelines
4. Create or update clinical policies and standing orders based on evidence-based practice guidelines

<table>
<thead>
<tr>
<th>FIT BRAND NAME</th>
<th>MANUFACTURER</th>
<th>SENSITIVITY FOR CANCER</th>
<th>SPECIFICITY FOR CANCER</th>
<th>NUMBER OF STOOL SAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automated (non-CLIA waived) FITs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OC Auto-FIT*</td>
<td>Polymedco</td>
<td>65%-92.3%3,4</td>
<td>87.2%-95.5%3,4</td>
<td>1</td>
</tr>
<tr>
<td>CLIA-waived FITs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OC-Light iFOB Test (also called OC Light S FIT)</td>
<td>Polymedco</td>
<td>78.6%-97.0%3,4</td>
<td>88.0%-92.8%3,4</td>
<td>1</td>
</tr>
<tr>
<td>QuickVue iFOB</td>
<td>Quidel</td>
<td>91.9%5</td>
<td>74.9%5</td>
<td>1</td>
</tr>
<tr>
<td>Hemosure One-Step iFOB Test</td>
<td>Hemosure, Inc.</td>
<td>54.5%3</td>
<td>90.5%3</td>
<td>1 or 2</td>
</tr>
<tr>
<td>InSure FIT</td>
<td>Clinical Genomics</td>
<td>75.0%4</td>
<td>96.6%8</td>
<td>2</td>
</tr>
<tr>
<td>Hemocult-ICT</td>
<td>Beckman Coulter</td>
<td>23.2%-81.8%3</td>
<td>95.8%-96.9%3</td>
<td>2 or 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GFOBT BRAND NAME</th>
<th>MANUFACTURER</th>
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<th>SPECIFICITY FOR CANCER</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hemocult II SENSA</td>
<td>Beckman Coulter</td>
<td>61.5%-79.4%4</td>
<td>86.7%-96.4%4</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FIT-DNA BRAND NAME</th>
<th>MANUFACTURER</th>
<th>SENSITIVITY FOR CANCER</th>
<th>SPECIFICITY FOR CANCER</th>
<th>NUMBER OF STOOL SAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cologuard</td>
<td>Exact Sciences</td>
<td>92.3%7</td>
<td>84.4%7</td>
<td>1</td>
</tr>
</tbody>
</table>
Train Staff

• Train in cancer screening tests and process
  • Train staff in health center’s selected screening test(s)
  • Train staff to communicate with patients around need for, and completion of, test
  • Train staff in techniques for high-quality test processing

CDC Screening for Colorectal Cancer Optimizing Quality (CME) course for primary care providers, nurses and other health care professionals: https://www.cdc.gov/cancer/colorectal/quality/#pc.

This 3-part course provides 2.25 CME, 2.0 CNE, or 0.2 CEU.
Cancer Screening Infographic

5. Redefine the roles of care team members to work in new innovative ways

6. Create or update EHR templates to capture data on screening UDS and other measures

7. Establish systems to use patient engagement tools and support patient self-management and shared decision-making

8. Create a list of community partnerships and referral processes with them to support patient needs

9. Tailor treatment for social context

10. Collect reimbursement for all evidence-based care and services
Discussion
UPCOMING EVENTS

- **30. Evidence-Based Care (Diabetes) (Deeper Dive)**
- **20. PCMH & Organizational Resiliency during the Pandemic**
- **21. Dental Services, Part 1**
- **28. Dental Services, Part 2**
- **08. Monthly Forum: Care Management, Part 2 (Reimbursement)**
Dive Deeper

June 30th @ 2pm
Diabetes Deep Dive

Scan QR code to register
Provide Us Feedback
FOR MORE INFORMATION CONTACT:
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Director, Quality Center
National Association of Community Health Centers
cmodica@nachc.org
301.310.2250

Next Monthly Forum Call:
July 13th, 2021
1 -2 pm ET

FEEDBACK
Don’t forget! Let us know what you thought about today’s session.
The Quality Center Team
Cheryl Modica, Luke Ertle, Camila Silva & Lizzie Utset
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