California Colon Cancer Control Program (CCCCP)

Diane Keys, CCCCP Program Director
*Chronic Disease Control Branch*  
*California Department of Public Health*
MISSION OF THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Dedicated to optimizing the health and well-being of the people of California
Partnerships of CCCC and Comprehensive Cancer

CDPH

- Chronic Disease Control Branch
  - EWC Breast and Cervical Cancer Screening
- Cancer Surveillance and Research Branch
  - CA Colon Cancer Control Program
  - CA Comprehensive Cancer Control Program
California Colon Cancer Control Program (CCCCP)

- The California Department of Public Health is one of 25 states and 4 tribes that are grantees of the Centers for Disease Control and Prevention (CDC) Colorectal Cancer Control Program (CRCCP)
Colorectal Cancer is Preventable, Treatable, Beatable

- CRC is the third most common cancer in California among both men and women and the third most common cause of cancer-related death for each gender.

- Survival from CRC is nearly 91% when the cancer is diagnosed before it has extended beyond the intestinal wall.

Source: California Cancer Facts 7 Figures 2011, American Cancer Society.
CCCNP Program Components

- **CRC Screening Promotion**: Statewide outreach, and public and professional education to promote CRC screening

- **CRC Screening Provision**: provide infrastructure support and collect data from partnering clinics and providers to measure screening success
CRC Screening Promotion

- Increase awareness of 6.1 million Californians age 50-64 of the need and benefits of CRC screening
- Increase all Californians’ knowledge of CRC screening and importance of prevention and early detection
- Educate and support healthcare professionals to promote and provide high-quality CRC screening
- Collaborate with existing healthcare organizations, health plans and community partners to increase screening rates and reduce disparities in underserved communities, improve access to screening and treatment services to improve CRC
Five Evidence-Based Strategies for CRC Screening Promotion

- Small media
- Patient or client reminders
- Provider reminders
- Reducing structural barriers
- Provider assessment and feedback
Small Media

http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm#printads
Notes for Small Media
Small media include videos and printed materials such as letters, brochures, flyers, and newsletters used to inform and motivate people to be screened for colorectal cancer. Small media can provide information tailored to specific or general audiences.

Types of small media:
- Videos
- Flyers or posters
- Brochures, booklets or FAQs
- Newsletters, inserts or bookmarks
- Checklists or questions to ask providers
- Other leave behinds, e.g. tip sheets or business cards
- Electronic media, e.g. text, social media tools (Twitter, Facebook, etc.), websites

Screen for Life Materials are print-ready at http://www.cdc.gov/cancer/colorectal/sfl/print_materials.htm#printads
Patient or Client Reminders

Build efficient systems to provide services
Patient reminder systems

Program of New York State

Screen for life
California Colon Cancer Control Program
Funded by the Centers for Disease Control and Prevention

Cancer Detection Section
California Department of Public Health
Notes for Patient or Client Reminders
Patient or client reminders include letters, postcards, or phone calls to alert patients that it is time for their cancer screening. Some reminders note only that the test is due, while other reminders include facts about the screening or offer to help set up an appointment, in addition to including a reminder that the test is due. Types of patient or client reminders:

- Mailed postcards, letters, or greeting cards
- Telephone, text, or email messages
Mailing to Californians who became 50 years old in 2011
Provider Reminders

http://nccrt.org/about/provider-education/
Notes for Provider Reminders
Provider reminders inform health care providers that it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The reminders can be provided in different ways, such as flagging client charts, building provider reminders into electronic medical record systems or provider office appointment systems, or by e-mail to the provider. Types of provider reminders:

- Patient chart reminders
- Provider reminders built into EMR systems

The example in the previous slide is from this website: http://nccrt.org/about/provider-education/
Evidenced-Based Toolkit/Guide to Increase Screening Rates

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

*Mona Sarfaty, MD

EDITORS
Karren Robertson, PhD
Richard Wender, MD

http://www.cancer.org/acs/groups/content/documents/document/acspc-024588.pdf
Reducing Structural Barriers

Walk-ins welcomed for Colorectal Cancer Screening
Notes for Reducing Structural Barriers
Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access by:

- Reducing time or distance between service delivery settings and target populations
- Modifying hours of service to meet client needs
- Offering services in alternative or non-clinical settings
- Eliminating or simplifying administrative procedures and other obstacles (e.g., revising clinic flow procedures, adopting electronic medical records systems).
Provider Assessment and Feedback

## Essential Element #1: Support Screening in Your Clinic Environment

### CONDUCT A CLINIC ASSESSMENT

A self-assessment survey such as the one in Tool A can be used to identify necessary resources and mechanisms that are already in place in the practice site and where there might be gaps. This exercise will make it easier to determine which tools in this guide should be implemented.

### TOOL A: SELF-ASSESSMENT SURVEY

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Medical Records</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Do patient charts indicate current CRC screening status?</td>
</tr>
<tr>
<td></td>
<td>2. Do patient charts indicate method and date of last screening?</td>
</tr>
<tr>
<td></td>
<td>3. Do patient charts indicate high-risk status due to family history?</td>
</tr>
<tr>
<td></td>
<td>4. Does your medical record system have the capacity to provide a list of patients ages 50-75 who are not up to date on their screening?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Staff Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5. Is there a designated staff member who provides information to patients about CRC screening?</td>
</tr>
<tr>
<td></td>
<td>6. Is there a designated staff member who recommends CRC screening to patients?</td>
</tr>
<tr>
<td></td>
<td>7. Is there a designated staff member who follows up with patients who agree to be tested?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8. Are the TMS Clinical Practice Guidelines for CRC screening easily available for clinicians/references?</td>
</tr>
<tr>
<td></td>
<td>9. Does your site have free materials available to patients on CRC screening?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10. Does your clinic have a process for following up with patients who have not returned their FOBT/TFT cards?</td>
</tr>
<tr>
<td></td>
<td>11. Does your clinic have a process for receiving and documenting test results for patients who choose flexible sigmoidoscopy or colonoscopy?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12. Has your clinic's financial administrator identified health plan coverage, diagnosis, and billing codes for CRC screening?</td>
</tr>
</tbody>
</table>

Notes for Provider Assessment and Feedback

Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback). Feedback may describe the performance of a group of providers (e.g., average performance for a practice) or an individual provider, and may or may not be compared with a goal or standard. Types of provider assessment and feedback:

- Evaluating provider performance in delivering or offering screening to clients
- Presenting providers with information about their performance in providing screening services

National Colorectal Cancer Roundtable is a good source of tools for providers, including provider assessment and feedback.  
http://nccrt.org/about/provider-education
CRC Screening Provision

- Priority populations: African Americans and Asian and Pacific Islanders
- Men and women between the ages of 50 and 64 years
- Low income (up to 250% of the Federal poverty level)
- Inadequate or no health insurance
Ocean Park Health Center
San Francisco Department of Public Health
Ocean Park Health Center

- Focus on CRC screening
- History with the EWC breast & cervical screening program
- Serving a similar population
- Compatible goals & needs
  - FIT kits
  - Staff
  - Computer upgrades
Benefits of Patient Navigators

- Improved coordination of care
- Enhanced patient access
- Removal of barriers to care
- More efficient delivery of care
- Improved outcomes
- Improved sharing of resources
- Enhanced relationships with community
- Increased patient satisfaction
Patient Navigator (PN) Responsibilities

- Maintain personal contact with clients throughout care and follow-up
- Move clients through healthcare system
  - Enroll eligible clients into CCCCP
  - Follow-up on FIT kit use
  - Assure timely follow-up for abnormal findings
  - Assist into treatment as needed
PN Responsibilities, cont.

- Support clients and family as needed 1:1
- Streamline appointments and paperwork
- Ensure patient compliance with all screening and follow-up appointments
- Identify barriers; link to solutions
- Communicate with all members of the healthcare team
- Maintain documentation of care
Other Activities of CCCCP Activities

- CRC Screening Training Needs Assessment
- CRC questions for 2012 BRFSS and CWHS
- CRC screening exhibits at public events
- Digital Storytelling Project
- Spanish-language posters to approximately 1,000 Promotores/Community Health Workers
- AGA-CDC Free Screening Event
Future Directions

- CRC Screening Initiative
- Comprehensive CRC resources website
- Focus on specific ethnic groups with lower screening rates
- Outreach/media campaign
- Professional Education
- Collaborate with provider organizations, health insurers/large employers on CRC policies and messages
California CRC Screening Initiative

- Culturally competent patient outreach and reminder systems
- Clinician education and screening with FIT (fecal immunochemical test) and FOBT (fecal occult blood test) at community clinics
- Diagnostic colonoscopy and pathology services
- Follow-up surgery and treatment for diagnosed colorectal cancers
CRC Screening Saves Lives

Unlike many other cancers, colorectal cancer is highly preventable, treatable, and beatable, but only with proper screening.