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2018 Montana Colorectal Cancer Roundtable attendee

JUNE 2018

Montana Colorectal Cancer Roundtable: Progress Through Partnership

A small but mighty team of partners representing public health, payors, community health centers, and hospitals has convened health professionals from across Montana in improving quality and increasing screening for colorectal cancer since 2014. This past March 23, the team celebrated the third meeting of its Colorectal Cancer Roundtable, with an agenda packed full of accomplishments, best practices and lessons learned.

Since 2014, Montana's colorectal cancer rates have increased from 56 percent to 62 percent, with several health systems reporting rates of 70 percent or higher. This increase is nothing to sneeze at in the fourth geographically-largest state in the country, where its 1,000,000 residents are distantly connected by roads and highways cutting across miles of Big Sky country and rugged mountain passes where winter snowstorms can spring up in the middle of summer, hampering even the best intentions of collaborative activity.

Roundtable attendees were trained in the American Cancer Society's resources on the latest evidence-based colorectal cancer screening guidelines by the state's chief medical officer; were inspired by the Montana Primary Care Association's dedication to eliminating barriers to provider access to expert resources and education through its Colorectal Cancer "Roadshow" which covered 2,000 miles during a two-week journey to community health centers to educate providers; learned about how Mountain-Pacific Quality Health adopted FluFIT to complement its influenza vaccine performance measure; how payors are engaging patients and how hospitals and public health are partnering to increase screening followup through patient navigation. One community health center even shared their innovative approach to increasing their screening rate to nearly 70 percent by teaming up with their local health department and luring patients with colorful displays and fecal-inspired tchotchkes as they walked into the clinic.

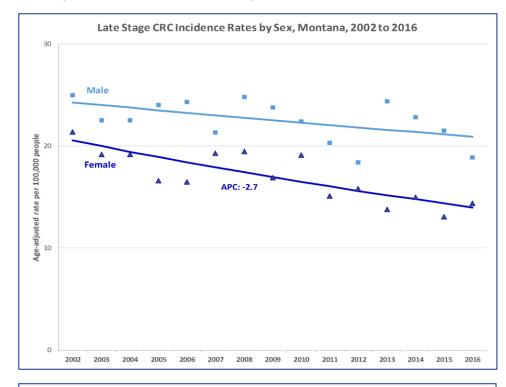
Montana may be a big state with a low population density, but the Roundtable team's results are evidence of the value and success available through dedicated collaboration and genuine partnership. To be a part of our leadership and planning team, contact Sara Murgel at <u>smurgel@mt.gov</u>.

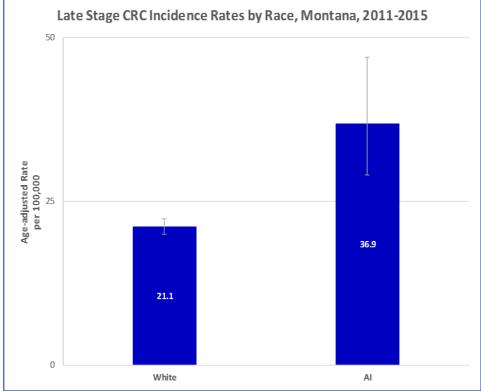


Image source: ColonCancerPreventionProject.org

Late Stage Colorectal Cancer in Montana

From 2011 to 2015 an average of **487 new cases** of colorectal cancer (CRC) were diagnosed in Montanans each year. **Fiftysix percent of those cases were late stage**, cancers diagnosed at the regional or distant stage. Examining the patterns of late stage CRC can offer important insight into the populations that could benefit the most from increasing screening.





Data Highlights

Men have consistently higher incidence of late stage CRC cancer than women. The incidence of late stage CRC has declined significantly among Montana women decreasing by 2.7% each year. However, among Montana men there has been no significant decrease in new cases of late stage CRC.

American Indian Montanans have significantly higher incidence of late stage CRC than White Montanans.

These two groups, men and American Indians, should receive targeted outreach to increase CRC screening and prevent late stage cancers from developing.

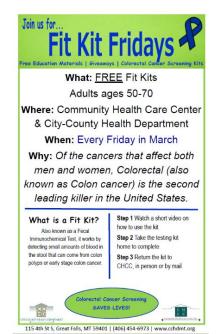
For more cancer data and statistics, contact Heather Zimmerman at <u>hzimmerman@mt.gov</u>.



Partner Spotlight: Community Health Care Center in Great Falls

Community Health Care Center (CHCC), located in Great Falls, is a Federally Qualified Community Health Center (FQHC) that serves 3,805 patients and provides primary, dental, and behavioral health services— regardless of patients' insurance status or ability to pay. In 2014, CHCC's colorectal cancer screening rate was 20.52% (UDS, 2014)—far below the 80% by 2018 goal. Thanks to intense work by clinic staff and the Montana Department of Health and Human Services' (DPHHS) Cancer Control Programs, CHCC's screening rate increased to 66.4% in 2017 (UDS, 2017 - preliminary data).

CHCC's culture of quality improvement is an integral part of the care the health center provides. CHCC has participated in multiple quality improvement efforts to improve the colorectal cancer screening rate in the clinic, including Montana Primary Care Association's Quality Data Initiative and a quality improvement project sponsored by DPHHS.



CHCC is located in the same building as the local health department, which has a Cancer Control program that focuses on colorectal cancer screening for the community. Integration and collaboration between the local health department and CHCC is vital to their success in improving screening. Collaborations have included FIT Kit Fridays, where folks can learn about colorectal cancer screening in a fun way and become more comfortable discussing their health needs.



CHCC did the following to improve their screening rates:

- Developed a standard protocol on testing and follow-up;
- Trained staff on the follow-up protocol, which includes ordering a test (EHR documentation), educating patients with a video shown on a tablet a visit, and following up with the patient until test completed;
- Collaborated with a Cancer Control Contractor on patient awareness education and patient testing options; and
- Set aside a shared waiting room for general colorectal cancer screening education, as well as a small room adjacent to the waiting room for interested patients to receive one-on-one testing options education.

Community Health Care Center continues to work on innovative and collaborative ways to increase colorectal cancer screening in their community and achieve the national goal of an 80% screening rate.



ACS: Start Screening At Age 45



The American Cancer Society (ACS) recently released a new colorectal cancer screening guideline, published in <u>CA: A Cancer Journal For Clinicians</u>. The new guideline recommends **that adults at average risk** for colorectal cancer **start regular screening at age 45**.

The guideline was changed, based in part, on new data showing rates of colorectal cancer are increasing in younger populations. As a result, the American Cancer Society updated the guideline to save more lives by finding colorectal cancer early, when treatment is more likely

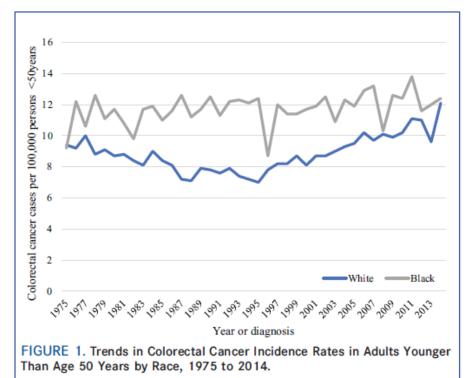
to be successful and by detecting and removing polyps, which contributes to the prevention of colorectal cancer.

The Montana Colorectal Cancer Roundtable Leadership Team will continue to evaluate progress on reaching an 80% screening based on starting screening at age 50, since there is currently no standard way to measure screening before age 50. Furthermore, the Montana Cancer Control Program is funded through the CDC, which supports the use of the United States Preventative Services Task Force (USPSTF) recommendation to being screening for colorectal cancer (CRC) at age 50 years. Lisa Richardson, MD, MPH Director of the Division of Cancer Prevention and Control sent along this statement to all those who receive funding through the CDC:

"The majority of new cases of colorectal cancer —about 90% - occur in people who are age 50 years or older. Many adults are not currently benefitting from CRC screening, a potential life-saving intervention. While nearly 80% of adults age 65 to

75 years were up to date with colorectal cancer screening in 2016, less than twothirds of adults age 50 to 64 were up to date. Thus, it is important for CDC-funded programs to focus their limited resources on reaching this group for screening and early detection.

"In addition, increasing awareness of the importance of CRC screening remains important. CDC supports educating providers and all adults, regardless of age, about the importance of knowing their family history of colorectal and other cancers, and recognizing the symptoms of CRC to seek timely medical care. Moreover, collaborating with partners to increase CRC screening among uninsured, underinsured, low-income, rural, racial and ethnic minority, and other populations that have disproportionately high burdens of colorectal cancer and lower rates of screening is essential."



Source: Wolf, et al. (2018), Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. CA: A Cancer Journal for Clinicians. doi:10.3322/caac.21457

Details about the new ACS guideline and doi:10.3322/coac.2 additional resources can be found on <u>cancer.org/coloncancer</u>. . .

PacificSource Community Health Plans sends FIT Kits!

Colorectal cancer can be prevented or caught early with proper screening. PacificSource has identified improvement in both Oregon and Idaho with colorectal cancer screening rates since the adoption of the direct mail FIT program. In addition, PacificSource found that **when primary care physicians engage in this program through co-branding and direct mail initiatives the screening rates increase even higher**. That is why PacificSource Community Health Plans has engaged with its Medicare members through a direct mail FIT program in Montana for the 2018 plan year. This FIT program sends a kit directly to a member's home to complete and send back to an associated vendor for processing and resulting. FIT tests are simple, easy to complete, and are done in the comfort of the members home. These features make the test an ideal option for members who live in rural locations with limited access to colonoscopy.



For more information on PacificSource Community Health Plans' direct mail FIT program, contact Ginger Walcutt, MPH, at Ginger.Walcutt@PacificSource.com.

Save the Dates: Get Ready for FluFIT Fridays this Fall!

A simple, effective way to increase colorectal cancer screening rates has been to take advantage of older Americans' annual flu shot visits by also offering a take-home Fecal Immunochemical Test (FIT) Kit. Mountain-Pacific Quality Health, led by Practice Transformation Lead Amber Rogers, RN, BSN, is once again gearing up for an informative webinar series to help health care providers conduct effective FluFIT clinics.

Tentative dates and topics for the one-hour noon webinars are:

- Friday, Aug. 17: Review of FluFIT intervention; overview of new ACS screening guidelines; and FIT test cost and efficacy
- Friday, Sept. 7: Staff training and workflow, and FREE materials available to support outreach and follow-up
- Friday, Sept. 28: Promoting internal leadership with physician engagement; identifying a lead champion; evaluating the effectiveness of your FluFIT program; and considerations for increasing screening among American Indians
- Friday, Oct. 19: Program Alignment and Payor Panel

Stay tuned for more information on FluFIT Fridays this Fall.



Stay Connected!



For more information on cancer prevention and early detection, opportunities for continuing education and collaboration among public health and health care professionals, and to participate in a larger network of passionate individuals and organizations committed to eliminating cancer as a major public health burden throughout Montana, consider joining the <u>Montana Cancer Coalition (MTCC)</u>.

Visit <u>www.mtcancercoalition.org</u> or contact Nikki Campbell at <u>ncampbell@mt.gov</u>.





BlueCross BlueShield of Montana





