

Colorectal Cancer Task Force: Progress Report Jan 2018

OVERALL GOAL

The Colorectal Cancer Task Force aims to increase colorectal screening rates using fecal immunochemical tests (FIT) and follow up colonoscopies after abnormal FIT results, with a focus on safety-net settings where screening rates are lowest. They plan to achieve these goals through the standardization of quality measures for stool-based testing, as well as increases in colon cancer screening outreach, support, and patient navigation services for the completion of timely colonoscopies.

ACTIVITIES YR01

The Colorectal Cancer Task Force has established a successful Colorectal Cancer Steering Committee under the leadership of Drs. Mike Potter and Ma Somsouk from UCSF, with participating representatives from the SF Community Clinic Consortium (SFCCC), the ACS, SF Health Plan, and the Colon Cancer Coalition “Get your Rear in Gear SF”. They are also engaged with Jaime Adler, the Health Systems, Primary Care Systems representative from ACS who has a working relationship with some of the SFCCC clinics.

The Task Force is aiming to improve and standardize the quality of stool-based testing across the city of San Francisco. To this end, they have worked in this first year with SFCCC leadership to assess their existing colorectal cancer screening and follow-up practices. They have learned that all clinics currently use a stool-based test for screening, but that there are differences in the type of test, whether it is a one-sample or two-sample test, and where they are processed, with some clinics processing them in-house and others using a centralized laboratory with more rigorous quality control standards.

The Task Force has also worked on efforts aimed towards developing screening outreach and support. They have identified evidence-based interventions and processes that can be supported by the clinics. The SFCCC has agreed to make colorectal cancer screening a priority measure and will receive incentive payments from the SFHP if their SFCCC stated goals are achieved. The SFCCC has identified a CRC champion to work directly with the Colorectal Task Force, and with the Task Force has developed a scope of work for this individual. The SFCCC leadership has also expressed interest in a training designed by the California Dialogue on Cancer Colorectal Cancer Workgroup, on which Dr. Potter is a member, and would like to offer a similar training to their clinic partners to help them increase their screening rates.

The Colorectal Cancer Task Force is also working on the development of patient navigation services to help patients complete timely colonoscopies after an abnormal FIT result. Initial data collection illustrated that very few of the clinics were able to provide a report on the percentage of their patients who obtain a colonoscopy within one year of an abnormal FIT result, and almost half of the surveyed

clinics do not currently have registries that track patients with abnormal FIT results. The Task Force is therefore going to provide technical assistance to the clinics in order to help them be able to track and report this data.

OBSTACLES

The Colorectal Cancer Task Force has worked steadily toward building and strengthening relationships between SF CAN and all partners. However, they discovered that the process of developing relationships was slower than hoped, and this resulted in a delay in deploying SF CAN funds to support specific activities. However, the Task Force feels poised to make significant progress in Year 2 of the project.

GOALS FOR YR02

In Year 2 of SF CAN, the Colorectal Cancer Task Force plans to provide support and technical assistance to clinics that have not yet implemented quality standards and ensure that all clinics have access to evidence-based fecal occult blood test (FOBT). The 2016 recommendations from the United States Preventive Services Task Force do not recommend a particular type of stool-based tests for CRC screening; however, their 2008 recommendations for stool tests were for high-sensitivity FOBTs (Hemoccult SENZA and fecal immunochemical test). The Task Force aims to assess opportunities for high quality centralized processing and reporting of FIT tests at ZSFGH for clinics that may be using inexperienced staff to process FIT kits or that may be burdened by processing FIT kits on site. They also plan to assess whether or not clinics can create patient registries by querying the electronic health records.

Regarding colon cancer screening outreach and support through organized screening, the Task Force will seek agreement on a scope of work for the SFCCC CRC champion and will work with that individual to engage SFCCC clinics in implementing tailored interventions to increase CRC screening rates based on the results of the 2016 needs assessment. They will provide technical assistance to enable clinics to achieve or exceed SFHP goals. They will spend time with partner clinics implementing process improvement tools to address screening rates and will support identification of patients who need a referral to gastroenterology (e.g., abnormal FIT result), who have been referred and could benefit from navigation, and will support clinic-based staff with educational material and tools to counsel and navigate their patients to colonoscopy.

The Colorectal Cancer Task Force plans to use results of the needs assessment to tailor and guide the implementation of interventions in individual clinic sites. Successful methods to encourage test completion include staff training, appropriate media for multilingual and low literacy patients, and providing postage paid return envelopes. Successful outreach interventions include telephone, mail, or text invitations/reminders; opportunistic screening interventions such as annual FluFIT campaigns and other types of drop-in clinics with bundling of preventive services; and FIT kits mailed to the home of individuals who are overdue.

In addition, the Task Force plans to work with the California Dialogue on Cancer CRC Workgroup and the ACS to discuss the provision of training in Northern California for SFCCC clinics and SFHN clinics. They will work with Jaime Adler from the ACS to provide technical assistance to improve processes that identify eligible patients and to offer colorectal cancer screening whenever they show up for care, improve panel management by querying the electronic health records, and provide outreach to patients

who are eligible for colorectal cancer screening. The Task Force will provide, and if need be, develop, adequate low literacy instructions in multiple languages and postage for reminders to return FIT envelopes if that is desired to improve participation.

Of the 11 clinics surveyed in Year 1, only one clinic does not refer patients to ZSFGH for colonoscopies. The Task Force will work in Year 2 with those clinics who currently do refer patients to ZSFGH to find out the percent of patients who are referred as well as the reason why some patients are not referred. For patients who receive their colonoscopy at ZSFGH, reports will be generated for colonoscopy completion rates after abnormal FIT tests and provided to each clinic. Partner clinics will go over process improvement activities around referrals for colonoscopy. A survey will be created to examine patient experience after referral, identifying gaps in patient education and care.

Finally, the Task Force will continue to identify community stakeholders and others who can contribute to and partner with SF CAN on CRC activities for underserved patient populations, and identify opportunities to expand the Task Force activities.