Development of a Patient Focused Screening Colonoscopy Program (SCP)

Terry Anders  BSN, RN, OCN
Background

- Colorectal Cancer (CRC) is the 3rd most common cancer diagnosed and the 2nd leading cause of death amongst cancers for men and women combined.
- According to the ACS, there will be more than 140,000 new CRC cases diagnosed in 2012 and nearly 50,000 expected deaths. The ODH data indicates that ~6,000 Ohioans will be diagnosed in 2012 and 92% will be 50 years and older.
- The ACS recommends a screening colonoscopy for those 50 and older or who have a family history of CRC. For AA the age is 45.
- For AA the incidence rates are 20% higher and mortality rates are about 45% higher than those in whites.
- CRC is preventable, treatable and beatable when diagnosed at an early stage.
- Efforts to educate the public about the risks, prevention and screening of CRC have been non-existent in Central Ohio.

Problem Statement

In Ohio, African Americans (AA) have the highest incidence rate of developing colorectal cancer (CRC) and AA males have the highest rate of death from CRC than any other gender or race. As a result, AA men and women are needlessly dying, families are left devastated, and limited healthcare resources are being utilized to treat a cancer that could have been detected or prevented had a screening colonoscopy been done.
Plan: Develop a Patient Focused Screening Colonoscopy Program (SCP)

- The Healthcare System is redeveloping the Colorectal Service Line to put a greater emphasis on screening and post-acute care management.
  - The SCP has been integrated into the plan
- The SCP is comprised of three main initiatives:
  1. Community Outreach and Education: Reach out to Central Ohio high risk groups (AA communities)
  2. Provide a means to screen at risk individuals.
    - Assess and remove barriers to care.
  3. Initiate referrals for appropriate treatments and follow up for polyps or newly diagnosed CRC.
Fragmented Healthcare

Patient
- PCP?
- Payor Source?
- Referral for SC
  * Where?
  * Patient Education?
- SC Provider
  * Patient Education
    - verbal and written
- Facility
  * Arrival Instructions

Franklin County
(per 100,000)

<table>
<thead>
<tr>
<th></th>
<th>Incidence</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA Female</td>
<td>25.3</td>
<td>48.3</td>
</tr>
<tr>
<td>White Female</td>
<td>17.1</td>
<td>42.4</td>
</tr>
<tr>
<td>AA Male</td>
<td>39.3</td>
<td>67.4</td>
</tr>
<tr>
<td>White Male</td>
<td>25.6</td>
<td>59</td>
</tr>
</tbody>
</table>

Pareto Chart of Count / Why Didn't You Have A SC?

Reason
- The Prep
- Cost
- Time off Work
- "Not at risk for CRC"
- "That's an exit, not an entry"
- No Healthcare insurance
- Transportation
- "Haven't gotten around to it"
- "Too busy"
- Fear of Cancer Diagnosis
- Concern Over Modesty
- Fear of Pain

Frequency
- 0%
- 20%
- 40%
- 60%
- 80%
- 100%
- 0
- 2
- 4
- 6
- 8
- 10
- 12
- 14

Frequency
Reason
Pareto Chart of Count / Why Didn't You Have A SC?
Integrating Course Work with SCP

- Background Information: Gathering Data
  - Healthcare System
  - Franklin County
  - State of Ohio, National

- Problem Statement
- Hospital Charter
- SIPOC
- Affinity Diagram
- Patient Survey
- Pareto Chart of Survey Results
- Cause and Effect
- Gantt Chart
- 5 Why’s - Numerous times

- Secret Shopper
- SCP Process Flow Map

- Communication Meeting
  - Outline SCP
  - Review Process Flow Map
    - “What If” (over and over)
    - Fee for Service, Scheduling

- Current State VSM
  - Fragmented care

- Future State VSM
  - Process Improvement

- VSM December 2012
  - Reducing variability

Total Process Time: Providing Outpatient Care:
Total Lead Time: (no biopsy)
Total Lead Time: (with biopsy)

How is process time measured to be accurately portrayed in the VSM?
How can the variability with time be effectively reduced within the value stream?

1 week minimum to provide education session
variable
initial pt contact within 24 hrs
schedule or refer same day
procedure completed within 4 weeks of initial contact

OUT OF SCOPE: ASC

*Community Members
*Clinics/Private Practices
*Healthcare System Providers
*Graduate Medical Education
*Churches
*Physician Call Line
*Medicare HMO
*Ambulatory Surgery Center

Prospective Patients

Presentations Outreach & Education
Pt/Provider Contacts SCP via email or phone
Intake & Initial Education
Sched w/SCPProvider Fax sched form ASC
Refers To:
SCP Provider System Providers Financial Counselor
PCP LiSW
Notifies Pt Educates Mails Info Fax Rx
Phone Call 72 hrs prior to SC
Follow Up Refer Schedule

FollowUp Phone Calls Procedure Recovery Discharge

TO:
SCP Provider
System Providers
Financial Counselor
PCP
LiSW
Notifies Pt
Educates
Mails Info
Fax Rx

1 week minimum to variable initial pt contact schedule or refer same day procedure completed within 4
provide education session within 24 hrs weeks of initial contact

Total Process Time: Providing Outpatient Care:
Total Lead Time: (no biopsy)
Total Lead Time: (with biopsy)
Progress on the Process

Goal: Intake to Schedule < 1440 minutes

**Length of Time (days) to Schedule Screening Colonoscopy by Group**

<table>
<thead>
<tr>
<th>Group</th>
<th>Jan-12</th>
<th>Oct-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group1</td>
<td>13.5</td>
<td>9.4</td>
</tr>
<tr>
<td>Group2</td>
<td>19.9</td>
<td>23.5</td>
</tr>
</tbody>
</table>

**FY 13 Goal:** 10% ↑ in SC for Uninsured AA

**Goal:** Screening Colonoscopy will be provided within 4 weeks of Intake

**100%**

**Screening Colonoscopies Provided Uninsured AA FY 2013**

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Goal</th>
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</thead>
<tbody>
<tr>
<td>13%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Goal:** Provide 3 CRC Screening and Prevention Presentations per month

<table>
<thead>
<tr>
<th></th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
## PDCA

<table>
<thead>
<tr>
<th>PLAN</th>
<th>DO</th>
<th>CHECK</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Outreach</td>
<td>Health Fairs or Presentations</td>
<td>Know the audience and neighborhood Education Materials “Give-A-Ways”</td>
<td>Appropriate attire Redesign AA info (M/Female) Limit amount out (grab-n-go 😊)</td>
</tr>
<tr>
<td>Initial contact to SC</td>
<td>3 weeks vs. 4 weeks</td>
<td>3 weeks is unreasonable d/t schedules.</td>
<td>Changed to 4 weeks, keep metrics</td>
</tr>
<tr>
<td>SCP Intake Process</td>
<td>Intake Call</td>
<td>SCP and ASC forms contain duplicate information</td>
<td>Combined into 1 document. Must have allergies, ht, wt, sleep apnea</td>
</tr>
<tr>
<td>ASC PAT Orders</td>
<td>Use of PAT orders</td>
<td>Are standing orders necessary for SC?</td>
<td>Currently being reviewed</td>
</tr>
<tr>
<td>Patient Education</td>
<td>Provide verbal and written pt education</td>
<td>Verbal pt educ with initial contact Written materials: when to mail?</td>
<td>Reinforce educ with each contact After notified of SC date/time</td>
</tr>
<tr>
<td>Contacting Patient</td>
<td>Preferred phone</td>
<td>Obtain preferred method of contact: Cell/home/parent/spouse/e-mail</td>
<td>Get as many phone #’s as possible and ask for secondary contact</td>
</tr>
<tr>
<td>Provider Review of Procedure</td>
<td>Bin at ASC</td>
<td>Each CHP provider has a bin for the procedure note/path report</td>
<td>Docs don’t check bin, reports now being faxed to Terry for follow up</td>
</tr>
<tr>
<td>Note and Pathology Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASC Billing SCP</td>
<td>Months end</td>
<td>Statement for facility and physician fee</td>
<td>Must include “write off” amount</td>
</tr>
<tr>
<td>Promotional Item</td>
<td>Toilet paper</td>
<td>Is this an appropriate item to use?</td>
<td>Very well received by all ☺️</td>
</tr>
</tbody>
</table>
# Remaining Issues/Future Actions

<table>
<thead>
<tr>
<th>Remaining Issues/Future Actions</th>
<th>Status</th>
<th>Responsibility</th>
<th>Delivery Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting the SCP Internally:</td>
<td>Write “SCP brief”</td>
<td>T. Anders</td>
<td>12-07-12</td>
</tr>
<tr>
<td>• Medical Groups</td>
<td>Order/Obtain “Info Box” materials</td>
<td>T. Ambler</td>
<td>12-14-12</td>
</tr>
<tr>
<td>• Physician Partners</td>
<td>Assemble “Provider Info Box”</td>
<td>T. Anders and L. Mathews</td>
<td>12-28-12</td>
</tr>
<tr>
<td>• GME</td>
<td>Schedule appts to visit providers</td>
<td>T. Anders and L. Mathews</td>
<td>01-18-13</td>
</tr>
<tr>
<td>• CNP Clinic</td>
<td>Drop off “Info Box” &amp; talk to physicians</td>
<td>T. Anders and L. Mathews</td>
<td>01-21 thru 2-22-13</td>
</tr>
<tr>
<td>Growing the Program:</td>
<td>Workplace Outreach staff will notify SCP if opportunity arises</td>
<td>K. Kinzig</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Corporate Health Fairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustaining the Program:</td>
<td>Evaluate grant funding opportunities</td>
<td>L. Campise</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Grant Funding and Direct Donations</td>
<td>Apply for additional grant funding</td>
<td>L. Campise</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Solicit direct donations to SCP</td>
<td>Foundation, ASC</td>
<td></td>
</tr>
<tr>
<td>Schedule CRC Screening and Prevention Presentations</td>
<td>Reach out to area churches via written letters. Follow up with phone call.</td>
<td>T. Anders and L. Mathews</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Reach out to Hospital Employee Health</td>
<td>T. Anders</td>
<td>February 2013</td>
</tr>
<tr>
<td>Keeping Appropriate Metrics</td>
<td>Track referrals to MCW for diagnostic colonoscopy (symptomatic patients)</td>
<td>T. Anders</td>
<td>January 2013</td>
</tr>
<tr>
<td>Patient Satisfaction Survey</td>
<td>Needs to be developed</td>
<td>T. Ambler</td>
<td>February 2013</td>
</tr>
</tbody>
</table>
What Have I Learned?

- “Champion” required
- Know Your Audience:
  - Leadership Role
  - Department: Mgmt or Staff
  - Physicians
  - Community Members
- Politics and Perception: “Taking business from the hospital”

- Access to Program not Person:
  - SCP has its’ own phone #, email and business cards.
- Educational Materials
  - Marketing Lead Time
- Every interaction is an opportunity to reinforce education:
  - SCP Providers and their staff
  - Physicians, CNP
  - Patients
- Transportation Issue: East Side
  - p/u prep and SC: patient can make arrangements
  - Extreme hardship: gas cards

Doing the Right Thing Isn’t Always Easy.
Accomplishments

• Developed a one of a kind SCP for the Healthcare System
  ▫ Integrated into Colorectal Service Line

• Supporting Core Values:
  ▫ Respect
  ▫ Compassion
  ▫ Care of the Poor and Underserved
  ▫ Social Justice
  ▫ Excellence

• Strengthened relationship between Ambulatory Surgery Center and the Healthcare System

• Proven model for continuous process improvement within Cancer Services

• Precancerous lesions removed:
  ▫ Change in healthcare: patient, siblings, children

• Education and Support
  ▫ 172 face to face interactions