Development of A Screening Colonoscopy Program  
Date: 07-01-12  version 5

BACKGROUND

* Colorectal Cancer (CRC) is the third most common type of cancer diagnosed and is the second leading cause of death amongst cancers for men and women combined.

* According to the ACS, there will be more than 140,000 new cases diagnosed in 2012 with nearly 50,000 expected deaths. Compared to approximately 40,000 deaths from breast cancer.

* ODH data indicates that about 6,000 Ohioans will be diagnosed with CRC this year and 92% will be age 50 years and older.

* The ACS recommends a screening colonoscopy (SC) for those 50 and older or who have a family history of CRC. For African Americans (AA), the recommended age for SC is 45.

* CRC is preventable, treatable and beatable when diagnosed at an early stage.

CURRENT STATE

PROBLEM STATEMENT

In Ohio, AA have the highest incidence rates of developing colorectal cancer and AA males had 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.

GOALS

1. Provide four Colorectal Cancer Screening and Prevention presentations monthly in underserved communities.
2. Patients will be contacted within 24 hours of initial call/email to Colon Health Program.
3. During Intake process, barriers to care will be assessed and appropriate referrals will be initiated the same day.
4. Patients will have screening colonoscopy within 14 days of initial contact/referral.
5. Increase the number of SC provided for AA by 10% in FY 2013 through outreach efforts (MCEH).

ANALYSIS

PROFITED HEALTHCARE

CRC Incidence and Mortality rates are highest among African Americans

Lack of Knowledge: Diagnosis at an early stage will help decrease CRC incidence and mortality

Educational efforts (at MCHS) are non existant at the present time.

Uninsured or Under-insured

Unaware of available resources (Medicare, Medicaid, CareSource, Molina, HCAP)

The Prep, Cost, Fear, Pain

Provider Reimbursement

No free services for patients

Scheduling procedure

Length of time until procedure

Lack of Transportation

Screening Colonoscopies are not something one looks forward to.

Currently there is no facility in Franklin Co. that provides SC for the uninsured/under-insured.

Lack of Insurance

Lack of Primary Care Physician

Barriers to Care

Unscheduled procedure

Lack of Transportation

Provider Reimbursement

No free services for patients

Lack of Knowledge: CRC is preventable, treatable and beatable when diagnosed at an early stage.

Educational efforts (at MCHS) are non existant at the present time.

Uninsured or Under-insured

Unaware of available resources (Medicare, Medicaid, CareSource, Molina, HCAP)

The Prep, Cost, Fear, Pain

Provider Reimbursement

No free services for patients

Scheduling procedure

Length of time until procedure

Lack of Transportation

Screening Colonoscopies are not something one looks forward to.

Currently there is no facility in Franklin Co. that provides SC for the uninsured/under-insured.

Lack of Insurance

Lack of Primary Care Physician

Initiate Referral for SC

Who Provides Education?

PCP

Payer Source

Facility

Instructions

45 y.o. AA Needs a Screening Colonoscopy

1000 Average risk, asymptomatic persons aged 50+

50-60 adenomas are detected

24% will develop into cancer over 20 years

5-10 early cancers are detected

COLORECTAL CANCER RATES Per 100,000

<table>
<thead>
<tr>
<th></th>
<th>INCIDENCE</th>
<th></th>
<th>DEATHS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National</td>
<td>Ohio</td>
<td>Franklin Co</td>
<td>National</td>
</tr>
<tr>
<td>White</td>
<td>54.4</td>
<td>58.6</td>
<td>59</td>
<td>40.2</td>
</tr>
<tr>
<td>AA</td>
<td>67.7</td>
<td>66.6</td>
<td>67.4</td>
<td>51.2</td>
</tr>
</tbody>
</table>

Surveillance Epidemiology and End Results 2004-2008 data
RECOMMENDATIONS

KAIZEN EFFORTS

<table>
<thead>
<tr>
<th>Cause</th>
<th>Countermeasure</th>
<th>Description</th>
<th>EFF</th>
<th>FES</th>
<th>IMP</th>
<th>BENEFIT</th>
<th>EVAL</th>
</tr>
</thead>
</table>
| A     | Implement Community Outreach and Education: Lack of Knowledge | -Process owner T. Anders  
-SW written and first audit scheduled For August 2012.  
-Re-evaluate scheduling of presentations process and SW after first quarter of FY 13 | H   | H   | M   | Quality Delivery |   |
| B     | Barriers to Care: Lack of PCP  
Lack of Insurance Transportation | -Intake Process owner L. Mathews  
-SW written for Intake, trial audit 7-6-12  
-SW for Barriers to Care Assessment Process completed by 6-30-12. Trial audit 7-6-12 | M   | H   | H   | Delivery Quality Cost |   |
| B     | Barriers to Care: No facility in Franklin Co. for SC | SCP staff to partner with Community Outreach, Marketing, and Outpatient Clinics for referrals.  
-SW for Referral written and audit complete 6-8-12.  
-Process implementation has begun.  
-Metrics for referral sources to be evaluated Sept. 30. | H   | M   | M   | Quality Cost Delivery |   |
| B     | Barriers to Care: No facility in Franklin County. | Local Cancer support agencies have verbalized interest in partnering with the SCP.  
-M. Uscio : process owner  
-Report back to SCP at Nov staff meeting | L   | M   | L   | Quality Delivery |   |

**EFF** = Effectiveness **FES** = Feasibility **IMP** = Impact

**H** = High **M** = Medium **L** = Low

**●** Outstanding **○** Good  

**▲** Questionable but possibly adequate

KAIZEN EFFORTS

**Strategy Kaizen**

- Administrators/Directors
- Promote “The SCP Vision”
- Review the SCP Process
- Respect Opinions
- Gather Information
- Determine departments impacted by SCP
- Promote “The Value”: Cost of Screening vs. Cost of Treatment
- Garner Support

**Standard Work Kaizen**

- Unanimous support of Standard Work Tool
- Physicians appreciative that process won't change based upon who is "at the helm"
- SW Processes identified
- Team members volunteered to be process owners
- SW Tool and Process Audit dates determined

PLAN

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Initiate</th>
<th>Completion</th>
<th>Responsible Party</th>
<th>Support</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Development/Management</td>
<td>Dec-11</td>
<td>Jul-12</td>
<td>SCP Team</td>
<td>Administration</td>
<td>B. Traini</td>
</tr>
<tr>
<td>Planning (CVSM, A3, FVSM)</td>
<td>Jan-12</td>
<td>Dec-12</td>
<td>T. Anders</td>
<td>D. Fankhauser</td>
<td>SCP Team</td>
</tr>
<tr>
<td>Establish Physician/Community Partners</td>
<td>Jan-12</td>
<td>ongoing</td>
<td>T. Anders/D. Fankhauser</td>
<td>Administration</td>
<td>B. Traini</td>
</tr>
<tr>
<td>Develop Educational Materials</td>
<td>Feb-12</td>
<td>Jun-12</td>
<td>T. Anders</td>
<td>SCP Team</td>
<td>K. Khanduja</td>
</tr>
<tr>
<td>Departmental Visits</td>
<td>Jun-12</td>
<td>Jul-12</td>
<td>T. Anders</td>
<td>L. Mathews</td>
<td>D. Fankhauser</td>
</tr>
<tr>
<td>Write Process Standard Work</td>
<td>Mar-12</td>
<td>Jul-12</td>
<td>SCP Team</td>
<td>D. Fankhauser</td>
<td>SCP Team</td>
</tr>
<tr>
<td>SCP Database/Tracking</td>
<td>Nov-12</td>
<td>Feb-13</td>
<td>T. Anders/L. Mathews</td>
<td>IT/L. Young</td>
<td>SCP Team</td>
</tr>
<tr>
<td>Training</td>
<td>Apr-12</td>
<td>ongoing</td>
<td>T. Anders</td>
<td>L. Mathews</td>
<td>D. Fankhauser</td>
</tr>
<tr>
<td>Quality Assurance Audits</td>
<td>Aug-12</td>
<td>monthly</td>
<td>T. Anders</td>
<td>K. Khanduja</td>
<td>D. Fankhauser</td>
</tr>
<tr>
<td>Process Improvement Audits</td>
<td>Sep-12</td>
<td>as needed</td>
<td>T. Anders</td>
<td>L. Mathews</td>
<td>D. Fankhauser</td>
</tr>
<tr>
<td>Go Live</td>
<td>Aug-12</td>
<td></td>
<td>SCP Team</td>
<td>Administration</td>
<td>Business Plan</td>
</tr>
</tbody>
</table>
Deliverable | Initiate | Completion | Responsible Party | Support | Review
--- | --- | --- | --- | --- | ---
Program Development/Management | Dec-11 | Jul-12 | SCP Team | Administration | B. Traini
Planning (CVSM, A3, FVSM) | Jan-12 | Dec-12 | T. Anders | D. Fankhauser | SCP Team
Establish Physician/Community Partners | Jan-12 | ongoing | T. Anders/D. Fankhauser | Administration | B. Traini
Develop Educational Materials | Feb-12 | Jun-12 | T. Anders | SCP Team | K. Khanduja
Departmental Visits | Jun-12 | Jul-12 | T. Anders | L. Mathews | D. Fankhauser
Write Process Standard Work | Mar-12 | Jul-12 | SCP Team | D. Fankhauser | SCP Team
SCP Database/Tracking | Nov-12 | Feb-13 | T. Anders/L. Mathews | IT/L. Young | SCP Team
Training | Apr-12 | ongoing | T. Anders | L. Mathews | D. Fankhauser
Quality Assurance Audits | Aug-12 | monthly | T. Anders | K. Khanduja | D. Fankhauser
Process Improvement Audits | Sep-12 | as needed | T. Anders | L. Mathews | D. Fankhauser
Go Live | Aug-12 | | SCP Team | Administration | Business Plan
COLORECTAL CANCER RATES Per 100,000

INCIDENCE DEATHS

MALE FEMALE MALE FEMALE

Survival Epidemiology and End Results 2004-2008 data

Screening Colonoscopy
50-60 adenomas are detected
24% will develop into cancer over 20 years
5-10 early cancers are detected
1000 Average risk, asymptomatic persons aged 50+

1. Provide four Colorectal Cancer Screening and Prevention presentations monthly in underserved communities.
2. Patients will be contacted within 24 hours of initial call/email to Colon Health Program.
3. During Intake process, barriers to care will be assessed and appropriate referrals will be initiated the same day.
4. Patients will have screening colonoscopy within 14 days of initial contact/referral.
5. Increase the number of SC provided for AA by 10% in FY 2013 through outreach efforts (MCEH).

CRC Incidence and Mortality rates are highest among African Americans

Lack of Knowledge: Diagnosis at an early stage will help decrease CRC incidence and mortality
Educational efforts (at MCHS) are non existant at the present time.

Barriers to Care
Lack of Primary Care Physician
Uninsured or Underinsured
Lack of Insurance
Unaware of available resources (Medicare, Medicaid, CareSource, Molina, HCAP)
Screening Colonoscopies are not something one looks forward to.
The Prep, Cost, Fear, Pain
Currently there is no facility in Franklin Co. that provides SC for the uninsured/underinsured.

Provider Reimbursement
No free services for patients
Lack of Transportation
Scheduling procedure
Length of time until procedure
<table>
<thead>
<tr>
<th>Cause</th>
<th>Countermeasure</th>
<th>Description</th>
<th>EFF</th>
<th>FES</th>
<th>IMP</th>
<th>BENEFIT</th>
<th>EVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A implement Community Outreach and Education: Lack of Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F or August 2012.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-evaluate scheduling of presentations process and SW after first quarter of FY 13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Barriers to Care: Lack of PCP Lack of Insurance Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake Process owner L. Mathews</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SW written for Intake, trial audit 6-8-12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial audit 7-6-12-12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SW for Barriers to Care Assessment Process completed by 6-30-12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Barriers to Care: No facility in Franklin Co. for SCP staff to partner with Community Outreach, Marketing, and Outpatient Clinics for referrals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCP staff to partner with Community Outreach, Marketing, and Outpatient Clinics for referrals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SW for Referral written and audit complete 6-8-12.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process implementation has begun.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metrics for referral sources to be evaluated Sept. 30.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Barriers to Care: No facility in Franklin County. Local Cancer support agencies have verbalized interest in partnering with the SCP.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Uscio: process owner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report back to SCP at Nov staff meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outstanding                              Good                     Questionable but possibly adequate
<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Start Date</th>
<th>End Date</th>
<th>Responsible Party</th>
<th>Support</th>
<th>Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Development/Management</td>
<td>Dec-11</td>
<td>Jul-12</td>
<td>SCP Team</td>
<td>Administration</td>
<td>B. Traini</td>
</tr>
<tr>
<td>Planning (CVSM, A3, FVSM)</td>
<td>Jan-12</td>
<td>Dec-12</td>
<td>T. Anders, D. Fankhauser</td>
<td>SCP Team</td>
<td>SCP Team</td>
</tr>
<tr>
<td>Establish Physician/Community Partners</td>
<td>Jan-12</td>
<td>ongoing</td>
<td>T. Anders, D. Fankhauser</td>
<td>Administration</td>
<td>B. Traini</td>
</tr>
<tr>
<td>Develop Educational Materials</td>
<td>Feb-12</td>
<td>Jun-12</td>
<td>T. Anders</td>
<td>SCP Team, K. Khanduja</td>
<td></td>
</tr>
<tr>
<td>Departmental Visits</td>
<td>Jun-12</td>
<td>Jul-12</td>
<td>T. Anders</td>
<td>L. Mathews, D. Fankhauser</td>
<td></td>
</tr>
<tr>
<td>Write Process Standard Work</td>
<td>Mar-12</td>
<td>Jul-12</td>
<td>SCP Team</td>
<td>D. Fankhauser</td>
<td></td>
</tr>
<tr>
<td>SCP Database/Tracking</td>
<td>Nov-12</td>
<td>Feb-13</td>
<td>T. Anders, L. Mathews</td>
<td>IT/L. Young, SCP Team</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>Apr-12</td>
<td>ongoing</td>
<td>T. Anders</td>
<td>L. Mathews, D. Fankhauser</td>
<td></td>
</tr>
<tr>
<td>Quality Assurance Audits</td>
<td>Aug-12</td>
<td>monthly</td>
<td>T. Anders</td>
<td>K. Khanduja, D. Fankhauser</td>
<td></td>
</tr>
<tr>
<td>Process Improvement Audits</td>
<td>Sep-12</td>
<td>as needed</td>
<td>T. Anders</td>
<td>L. Mathews, D. Fankhauser</td>
<td></td>
</tr>
<tr>
<td>Go Live</td>
<td>Aug-12</td>
<td></td>
<td>SCP Team</td>
<td>Administration</td>
<td>Business Plan</td>
</tr>
</tbody>
</table>