



South Dakota Council on Colorectal Cancer

April 24, 2012

12:00 – 1:30 pm (CT)

Present:

Denise Kolba, Jill Ireland, Nancy Beaumont, Mark East, Dr. Paul Amundson, Kay Dosch, Jacque Cole, Thomas Asfeldt

I. SD Comprehensive Cancer Control Colorectal Workgroup – Jill Ireland

Through the GetScreenedSD program from January 2010 through March 2012, 1320 people enrolled and were screened with the FIT test. 267 colonoscopies were performed with 153 polyps removed, three cancer diagnoses and 150 potential colon cancers prevented. In March a promotional story was run on KELO. The ratio of 267 colonoscopies with 153 polypectomies is high but could be the result of the population that is enrolled in the program or could be related to how good the screening test is. The FIT test was designed to detect colon cancer early but in this program it is detecting a high amount of polyps. The normal polypectomy is around 30% of those who are screened with colonoscopy. Dr. Amundson is going to forward an email that he received regarding a study on whether a high number of polyps are being removed that are not cancerous. Becky Randall at South Dakota State University is interested in distributing the FIT Test at DakotaFest in August. Avera Queen of Peace in Mitchell could do the follow up. The group will continue to explore that option but will definitely provide education during those three days. The DOH shared concern that six percent of the colonoscopies were repeated within 36 months and wondered how that compared to the national average. They thought maybe that was an opportunity for provider education. They thought it would be interesting to see the results of the re-screening. Jill will ask for that information from the DOH.

The requests for *The Colon & Rectal Cancer from Diagnosis to Treatment* book has been low compared to the books available for Breast Cancer. Most of the requests for additional books have been from the Rapid City Regional where Dr. Bachwich practices. Dr. Amundson was wondering if there was another way available to get the book distributed and maybe having them distributed through the primary health care centers. Denise also brought up that maybe they could be distributed through the case managers. Jill will discuss with the group.

The group is continuing the use of small media to increase screening through the use of the web based application. Currently there is a platform for colon cancer and in the future they hope to add HPV, clinical trials and breast cancer. This works well for smaller facilities. The group continues to gather testimonials and examples on individuals who have been screened through GetScreenedSD. One individual from the Cheyenne River community shared his story in the newsletter. The next issue of the newsletter will be in May. Dr. Amundson stated that it may be nice to have an article in the newsletter regarding proper preparations, for instance a story on a patient that needed a repeat colonoscopy due to poor prep. There was discussion regarding that they are many types of preparations for the colonoscopies.

II. 2011-2012 Work Plan

Data collection and reporting:

Data is normally published in April but Mark East is still waiting for the data. As soon as he receives it he will put together the numbers and Denise will email it to the group. There was discussion on the most effective method of distribution. Denise thought the cost of the production and mailing was \$300 - \$400, but is it getting the message out? Unfortunately, the Council does not have a complete email list and it would be hard to build an email data base because organizations do not readily give them out. Nancy suggested a three year goal to set up an email data base. The consensus was that there is not one key strategy for distribution. Last year the data was sent on a postcard along with information on the Internal Medicine Grand Rounds

Kay brought copies of the new colon cancer burden statement that will be distributed to primary care, surgeons, gastroenterologists and physician assistants using the Medical Association list. There will also be an announcement in the GetScreenedSD newsletter, as well as a link on the Dept. of Health website as well as the Council website. A new piece in the publication is the 5-year relative survival for Colorectal Cancer by stage. This speaks well to getting screened and detecting it early. The screening program data is outdated as there is no current data. CRC reoccurrence is illustrated in Figure 7 and also speaks well early detection. Figures 5 and 6 show that South Dakota is pretty even with the national incidence and mortality rates. Denise pointed out that the 44% diagnosed at localized stage is higher than the 39% national localized detection rate. Kay mentioned that they printed around 2500 and hoped that Becky Randall would distribute them at Dakota Fest.

Professional Development – reaching providers:

At the last meeting the group discussed at length where we wanted to move with data and expanding data collection. One area the Council discussed looking at was colorectal cancer reoccurrence in South Dakota. Dr. Bachwich was particularly interested in colorectal cancer diagnosed related to screening failures. He thought it was a small amount but Kay thought there might be some useful information in the registry. Kay will follow up with Dr. Bachwich. Dr. Powell also said he would be interested in gathering some of those numbers. Kay spoke with the state statistician regarding capturing the number of years gained but did not get much help. Kay, Dr. Amundson and Denise will see if there are ways they can look at the data differently.

The Council also visited about future quality reporting opportunities and where we want to go. Mark East stated that the established SD collaborative group was looking at 1) in-patient re-admission; 2) infant mortality; 3) physician leadership; and 4) patient satisfaction. Denise brought up a future move to gathering and reporting outpatient screening measurements. Iowa, Wisconsin and Minnesota have state quality collaboratives which gather and report preventative screening data by provider and/or clinic. The group had discussed a Round Table event, bringing in someone from Iowa or Wisconsin to talk about the measurements. Denise stated that this event could be combined with the Grand Rounds which is scheduled on Wednesday, September 26. Dr. Robert Smith, an epidemiologist with the American Cancer Society and also the co-chair of the National Director of Screening has agreed to speak. The group could invite someone from Iowa or Minnesota and have a Round Table with health plans, quality improvement organization, and primary care providers. Alan Balch, who is with the Guideline Advantage collaboration of the American Heart Association, American Diabetes Association, and American Cancer Society might be a good speaker to invite as well. The Guideline Advantage provides tools to clinics and providers to assist with quality measurement and reporting. There was discussion regarding what the format would be. Norma Schmidt from the Dept. of health has showed interest in the Guideline Advantage and helping clinics with the quality reporting. Kay stated that there is a lot of variation in what is stored electronically. Denise stated that Minnesota did a roundtable on colon cancer screening which was well received. This event invited the largest health insurance plans, care delivery systems, public health agencies, and quality improvement organizations. Nancy also stated that this event would work well with the Learning and Action Networks that the SD Foundation for Medical Care is implementing. It would be a great opportunity since Dr. Smith will be in town and his insight would be helpful. Denise will draw up what the format would look like and see if Allen Balch is available.

Nancy stated that there was no update on Learning and Action Networks. The invites were sent out in January and there has been a nice mix of responses. She is trying to align the topics. The above discussion would be a great opportunity especially with Guideline Advantage.

Public and health plan member/employer group strategies:

Sanford implemented a member mailing and will be collecting data on outcomes. Wellmark also made personal phone calls to noncompliant members and will report the outcomes for that intervention as well. Jacque stated that DAKOTACARE is discussing interventions and that during March the nurses were speaking to patients about CRC screening.

Denise stated that she, Jill and Nancy worked with Norma at the Department of Health to publish and distribute "Get the FIT Facts" to primary care providers. The Patient Navigators through the Department of Health CDC grant have a focus on early detection and prevention. They had been seeing resistance from the primary care because they are not familiar with FIT tests and are reluctant to recommend them.

Denise showed the group a draft of the newest *How to increase Colon Cancer Screening Rates in practice Action Plan* published through the American Cancer Society.

Mark questioned if the group was still looking at teachers associations for patient interventions. Denise said the City was interested in looking at a possible employee intervention with colorectal cancer screening. Mark asked if we are doing everything possible to educate people. Denise said that Wisconsin did a good job with the teacher's association. The group could target the SD State Employee Health Plan. Dr. Luther is a good starting point. Top three reasons people do not get screenings are 1) failure of health professional to suggest testing; 2) lack of awareness by patient whether they should be screened; and 3) belief that the testing is too costly. Only about 50% of the people in South Dakota have a primary health care provider. We need to hit them from many different areas. There was additional discussion on geo-coding to identify where they is non-compliance. If Kay can get a file, she will work with it.

Nancy would like a column added to the work plan for future projects.

The next meeting will be held on **July 31, 2012 from noon to 1:30** (a change from the July 24 date)