South Dakota Council on Colorectal Cancer
October 16, 2012
12:00 – 1:30 pm (CT)

Present:
Denise Kolba, Nancy Beaumont, Mark East, Kay Dosch, Jacque Cole, Linda Penisten and Terri Delfs (by phone)

I. SD Comprehensive Cancer Control Colorectal Workgroup

Jill Ireland was unable to attend so Denise gave an update on the workgroup. In August they hosted a Colorectal Cancer Education table at Dakotafest in Mitchell. They gave out a survey assessing colorectal cancer knowledge and at the meeting this afternoon they will review the results.
The latest GetScreened Colorectal Cancer Program Report shows 1457 patients enrolled and screened with FIT; 313 patients had a colonoscopy; 188 patients had polypectomy; 434 polyps were removed and 3 cancers diagnosed (January 2009 – August 2012). Brooke Lusk shared an update on Media One advertising with ads aired in the fall targeting hunters and different shows popular with farmers and ranchers. The August newsletter is posted at getscreenedsd.com and includes articles on recommended interventions in the Community Guide, September Grand Rounds, and articles on the importance of high quality bowel prep for the detection of polyps. The group discussed the cost of prep solution. They are discussing ways they can deal with this barrier. The cost ranges from $5 - $30 depending on which brand the physician recommends. The Dept. of Health had some gift cards for patients to purchase prep, but they were unused and expired.

Amanda Mitchell from the SDSU College of Nursing is working on the colorectal cancer screening assessments. They plan to survey 474 South Dakota health facilities and hope to collect the date by the end of the year.

The 2011-2012 strategies that they are working on:
- Provide colorectal cancer patients resources and information
- Increase screenings through use of small media/MIYO web based programs
- Educate physicians about best practices: Awareness into Action newsletter
- Secure funding for FIT kit return postage project
- Increase clinic and staff recognition

II. 2011-2012 Work Plan

Data collection and reporting:

We are still waiting for the 2010 data from Avera. They are still experiencing software issues. The group discussed the possibility of not receiving one plan's data. Eliminating thatdata could have a big impact on the numbers. Nancy will reach out to Deb Muller again. The request for 2011 is ready to go. Jacque suggested that Mark double check the spreadsheet is exactly the way he wants the data. Unlike in the past, we need to set a deadline this year of December 1st to receive the data back since it should be readily available.

Professional Development:

We had a very successful Grand Rounds event on September 26. Dr. Anderson, a gastroenterologist from the University of California – San Diego with a main message is that if we are going to improve screenings rates, we need to be able to offer various screening options to patients and promote those as well. One of the barriers of the GetScreenedSD SD Program is the practitioners being able to comfortably recommend the FIT as a screening option which was addressed last winter when the Council worked with the Department of Health providing the FIT education kit. (Iowa replicated that project.) Another project Nancy and Denise have been trying to initiate is the Flu Fit clinic which Dr. Anderson has been involved with in California. In speaking with the South Dakota clinics, some practitioners are reluctant to promote the FIT in their clinic.

Denise reviewed the summary of the Grand Rounds event that was prepared by Jason as the University of South Dakota School of Medicine. We had 89 attendees in house or on broadcast. There were also 32 from all over the country who attended via webinar. Fifty-one evaluations were completed. On a rating scale of 1 to 5, the rating of the speaker varied from 4.65 to 4.92. On the education outcomes, one of the questions asked was "Are you considering any practice changes as a result of participating in this activity?" Of the 51 evaluations, fourteen responded "yes" with comments that included Flu/FIT is a great idea, offer options for screening tests for colon cancer, more frequent FIT testing – better communication with patients, research for more information on the FIT test, continue use of FIT, and try to get FIT implemented. Twelve responded "no" and comments included we are performing an outreach process currently which is very similar to what was presented, student, and not practicing but use the standards of testing described in the military. Another question asked was "Do you foresee any barriers implementing ideas form this activity into your practice?" Responses included patients may only trust the screening tool that they've been hearing about for so long (optical colonoscopy), patient and physician acceptance that FIT is better than FOBT and relatively equal to colonoscopy, and historically colonoscopy is considered standard. FIT are post record choice. Responses to the "what can be done to overcome these barriers" included provide evidence, statewide education, leaflets and handouts to family practice physicians, and work at Sioux Falls Veteran's Administration.

There were 24 attendees at the roundtable. Dr. Anderson talked about what California has done to improve screenings. Dr. Ted Gansler with the American Cancer Society, editor of the CA Journal, a member of the National Colorectal Cancer Roundtable, and a member of the Guideline Advantage, presented tools and resources that the Guideline Advantage can provide to clinics. Jim Chase, President of Minnesota Community Measurements discussed how they started the Minnesota process of being more deliberative in getting screening measurements. The questions for the roundtable were:

1. What measures and information would help us achieve our Colorectal Cancer goals?
   We discussed engaging Avera, Sanford, Rapid City Regional Health Care Systems, South Dakota Medical Association, South Dakota Department of Health to seek buy in from the South Dakota Quality Collaborative, embracing 80% screening compliance rate, next steps in understanding screening failures in South Dakota by working with the South Dakota Department of Health Cancer Registry, and exploring opportunities for FIT where services are pooled at the community level.
2. How will the information be used?

The information would have to be used in a non-threatening manner for internal use within the practice, outcome measurement with cancer registry and regional and distant cancer trend line and identify opportunity to improve the slope down.

3. What are the current gaps we have in colorectal cancer screening data/measures in South Dakota? How does this affect our ability to measure quality?
   Data collected by the South Dakota Council on Colorectal Cancer is limited to HEDIS date, more comprehensive data may be available due to South Dakota provider relationships in other quality improvement initiatives led by Minnesota Measurement and Guideline Advantage, and taking the next steps in understanding screening failures in South Dakota working with the South Dakota Department of Health Cancer Registry. It is apparent that we have gaps so moving forward we are working on identifying them and anyone who wants to help is welcome to join the group. Nancy will be talking to Kevin DeWalt (South Dakota IT) to see if there are pieces that complement each other and how the Registry can be helpful. Dr. Bockwick is following up with Dr. Gansler and Pat Remington.
4. What are the steps we should take to obtain and use this information? Engage Avera, Sanford, Rapid City Regional Health Care Systems, South Dakota Medical Association, South Dakota Department of Health to seek buy in from the South Dakota Quality Collaborative.

Denise will send Dr. Potter's presentation posted on the NCI Research to Reality website on how he implemented it in California.

Dr. Bachwich and Dr. Schroeder presented at the Statewide Quality Collaborative and they discussed data information and exchange. The Collaborative is setting up a data repository for the state and Dr. Bachwich was invited to submit a formal proposal for CRC screening and associated quality measures to add to the agenda for the next Quality Collaborative meeting. This proposal will address CRC screening compliance and associated quality measures would be a good outpatient project to test out on any new data repository. We may want to consider inviting Dr. Herb Saloum to be part of the council since he was very engaged in the roundtable and is the Chair of the Quality Collaborative.. Nancy also suggested asking Dr. Dennis Glatt (a Sanford surgeon) who does quite a bit of outreach with education in their clinics. We discussed the possibility of having mid-level representation such as physician assistants and nurse practitioners.

Denise will send out a survey to the group with open ended questions to get an idea of our short term goals, long range goals and strategies to reach these goals. This will be an agenda item for the January meeting.

The Sept 26 Colorectal Cancer Roundtable was included as a Learning and Action Network event for the SD Council on Colorectal Cancer

Public and health plan member/employer group strategies

Continue to reach out to health plan members on the importance of screenings and talking with your doctor. We have received good response from that. Denise's counterpart in Minnesota has done a couple of big member interventions this year and has seen a 15% response rate for increase in screening. ACS collaborated with Sanford last year and did a member mailing to 149 non-compliant members of which 15% got screened.

The next meeting will be held on Tuesday, January 15, 2013 from noon to 1:30 at the SDSMA Board Room.