Transforming the way acute care nurses think about preventive cancer screening:

The Silverman Family Colorectal Cancer Screening Program

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Colorectal Nurse Navigator
Disclosures

• Conflicts of Interest: None

• Employer: MedStar Washington Hospital Center

• Sponsorship / commercial support: None
Objectives

At the end of this presentation the participant will be able to:

• Define Population Health and Population Health Informatics

• Describe the incidence of colorectal cancer in the USA, Washington DC, Ward 5, and MedStar Washington Hospital Center

• Understand how nurse navigation can help patients overcome barriers to colorectal cancer screening

• Explain how early detection and treatment of colorectal cancer can decrease mortality from the disease

• Explain the importance of incorporating preventive cancer screening into acute care nursing practice
Background

- The Carlynn and Lawrence Silverman Family Foundation
- The Silverman Family Colorectal Cancer Screening Program (SCRCSP)
SCRCSP goals

SCRCSP will improve overall health maintenance and prevention for our patients by reducing barriers to colorectal cancer screening, diagnosis, and treatment through patient navigation.

To develop electronic health record-based support tool to identify and help manage MedStar patients in need of preventive cancer screening.
The future of healthcare

(Burton, 2013)
What is population health?
Population Health Informatics (PopHi)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Population Health Informatics</th>
<th>Public Health Informatics</th>
<th>Clinical Informatics</th>
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<tr>
<td><strong>Context</strong></td>
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<tr>
<td>Common Intervention</td>
<td>• Total population</td>
<td>• Total population</td>
<td>• Clinician</td>
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<td>Targets</td>
<td>• Target populations</td>
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<td>• Patient or consumer</td>
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<td>• Provider organization</td>
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<td>• Provider organization</td>
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<td>• Healthcare systems</td>
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<td>• Target population</td>
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<td>Main Operational</td>
<td>• Outreach and prevention</td>
<td>• Assessment</td>
<td>• Treatment</td>
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<td>Goal</td>
<td>• Care integration</td>
<td>• Prevention</td>
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<td></td>
<td>• Disease management</td>
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<tr>
<td>Action Arm</td>
<td>• Population health organization</td>
<td>• Public health agencies</td>
<td>• Clinical organizations</td>
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<td></td>
<td>• Care management</td>
<td>• Non-for-profit and non-</td>
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<td>organizations</td>
<td>government organizations</td>
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<tr>
<td>Key Stakeholders</td>
<td>• Provider and payer systems</td>
<td>• Federal, state, and local</td>
<td>• Providers</td>
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<td></td>
<td>• Government and community</td>
<td>governments</td>
<td>• Consumers</td>
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<tr>
<td>Key Information</td>
<td>• Capturing non-medical info</td>
<td>• Expanding public health IT</td>
<td>• Decision support</td>
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<td>Challenges</td>
<td>• Information system</td>
<td>systems</td>
<td>• EHR interoperability</td>
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<td>interoperability across</td>
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<td>sectors</td>
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(Kharrazi, 2015)
Nurses role in population health & POPHi

HEALTHCARE IS A HUMAN RIGHT!

#Nurses4HIT
Colorectal cancer in the USA

Number of New Cases and Deaths per 100,000: The number of new cases of colon and rectum cancer was 40.1 per 100,000 men and women per year. The number of deaths was 14.8 per 100,000 men and women per year. These rates are age-adjusted and based on 2010-2014 cases and deaths.

Lifetime Risk of Developing Cancer: Approximately 4.3 percent of men and women will be diagnosed with colon and rectum cancer at some point during their lifetime, based on 2012-2014 data.

Prevalence of This Cancer: In 2014, there were an estimated 1,317,247 people living with colon and rectum cancer in the United States.

(National Cancer Institute, 2017)
Colon Cancer in DC
Colon Cancer at MedStar Washington Hospital Center

- 68% had stage 2-4 colon cancer
- 50% of stage 3-4 patients were from Ward 5
- 91% of stage 3-4 patients were African American
- 97% had health insurance
Colorectal cancer screening in an urban population

64% Up-to-date with screening
36 % Never screened

Reasons for not being screened:
1. The test was not recommended by anyone
2. There was not enough time
3. Patient did not feel test was necessary
4. Concern for risks of the test

(Raissis, 2017)
The Facts

What You Need to Know ABOUT COLON CANCER

- Your colon is the lower end of your digestive system
- Colon cancer affects men and women equally
- On average, your risk is about 1 in 20
- 90% of new cases occur in people 50 or older
- Colon cancer is on the rise in those under 50.
Early detection and treatment of cancer

If you’re over 50 or experiencing symptoms, don’t wait to get screened. Talk to your doctor today!

PROTECT ALL YOUR ASSETS AND GET CHECKED FOR COLON CANCER.

Colonoscopy and at-home screening tests available

#screenthistoo

ccalliance.org

Knowledge and Compassion Focused on You

MedStar Health
Patient Navigation

11 times more likely to complete colonoscopy than non-navigated patients.

40 times less likely to miss the colonoscopy appointment.

6 times more likely to have adequate bowel prep than non-navigated patients.

(www.patientnavigatortraining.org)

(CDC, 2016)

Knowledge and Compassion Focused on You

MedStar Health
Silverman Family CRC Screening Program

- Ambulatory Clinic's
- Community
- Hospital
Ambulatory clinic
Colon Cancer Prevention in the Neighborhood
Hospital setting
# Develop Preventive Screening Tab

<table>
<thead>
<tr>
<th>Preventive Screening</th>
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<tbody>
<tr>
<td><strong>Colorectal Screening</strong></td>
</tr>
<tr>
<td>Have you ever received a colonoscopy or any type of colorectal cancer screening?</td>
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<tr>
<td>- Yes</td>
</tr>
<tr>
<td>- No</td>
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<td><strong>Breast Screening</strong></td>
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<tr>
<td>Have you ever received a mammogram?</td>
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<tr>
<td>- Yes</td>
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<tr>
<td>- No</td>
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<tr>
<td><strong>Prostate Screening</strong></td>
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<tr>
<td>Have you ever received a Prostate-Specific Antigen test?</td>
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<tr>
<td>- Yes</td>
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<tr>
<td>- No</td>
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Nursing support

Are you willing to ask and document CRC screening questions in the hospital admission forms?

- Strongly agree: 58%
- Agree: 37%
- Neither agree nor disagree: 4%
- Disagree: 0%
- Strongly disagree: 1%

Knowledge and Compassion Focus on You

MedStar Health
Hospital
Nurse Navigator (NN) visits medical surgical units daily to assess patient's colorectal cancer screening history
NN consults with Resource Nurse and/or Charge Nurse about patients who should be excluded from study

Ambulatory clinic
NN visits ambulatory clinic as indicated

Colon Cancer Prevention in the Neighborhood
Patients who receive a positive fecal immunochemical test (FIT) or who choose colonoscopy will be referred to The Silverman Colorectal Cancer Screening Program (SCRCSP)

NN will explain SCRCSP and ask patient for verbal consent to participate in a short recruitment survey

NN will ask three pertinent questions related to colorectal cancer (CRC):
1. Have you ever received a colonoscopy or any type of CRC screening?
2. Do you or anyone in your family have history of CRC or colon polyps?
3. Do you have any rectal bleeding or blood in your stool?

If patient is identified in need of screening and/or at risk, the patient will be asked if they would like to enroll in the SCRCSP

NO:
Patient will be given educational materials on the importance of screening and different options

YES:
The NN will obtain written consent and HIPAA authorization to enroll patient in the SCRCSP

Patient will be mailed an enrollment package within 5-7 days of initial contact and will be contacted via phone to confirm enrollment

NN begins CDC Six-Topic Navigation Protocol and follows patient until screening completion and after as indicated
Questions
References


References continued


