



Peer-to-Peer Learning Call Series

Engaging and Re-engaging Providers in Promoting the Importance of Screening and Enrolling Patients and Follow-up Colonoscopies After a Positive Screening Test

June 6-8, 2022

SUMMARY OF INNOVATIONS

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Peer-to-Peer Learning Calls

The Peer-to-Peer (P2P) Learning Program continued its work in offering a learning platform in which NBCCEDP and CRCCP awardees can discuss programmatic innovations and challenges. The focus of the June P2P calls was on two issues facing programs, including:

- For CRCCP Awardees: Follow-up colonoscopies from positive screening tests are impacted by several issues, including identification of providers, reimbursement, tracking screening versus diagnostic colonoscopy, and educating and navigating patients through colonoscopy.
- For NBCCEDP and CRCCP Awardees: Engaging and re-engaging providers in promoting and enrolling patients in the NBCCEDP or CRCCP is still impacted by the pandemic. Programs continue to work with providers and have found that some can increase screening, others are still facing barriers like staffing shortages, and many have competing demands and state they have little time for establishing new processes.

NACDD facilitated four one-hour calls, two focused on follow-up colonoscopies, and two focused on engaging and re-engaging providers. The format of the calls included a brief “kick-off” presentation by one or two awardees answering the discussion questions listed below for their respective topic. The NBCCEDP/CRCCP focused topic sessions on engaging and re-engaging providers included joint presentations by an awardee and one of their clinic partners. While it was planned to have awardees participate in break-out sessions to discuss questions in smaller groups, only one of the calls ultimately proceeded with the format due to the number of participants. The other three calls included fewer participants, making a large group discussion more advantageous. Participants had opportunities throughout all sessions for questions and answers.

This summary reflects the common themes, potential solutions, and discussions across all sessions.

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Topic 1: Engaging and Re-engaging Providers in Promoting the Importance of Screening and Enrolling Patients (for NBCCEDP and CRCCP Awardees)

The questions posed to the participants for discussion were:

1. How is your program working to re-engage existing providers to get them back up and running with enrolling and screening patients and implementing evidence-based interventions?
2. What incentivizes providers in the program? (e.g., working with partners to identify new providers, showing a return on investment for participating in the program)

Summary of Innovations:

Re-Engaging Existing Providers

- **Clinic Support:**
 - One program supports a contract, though a visiting nurse association, to work with existing provider sites, including FQHCs, to offer the following services, which allows providers to stay engaged in the program and focused on screening patients:
 - Host virtual meetings and in-services for providers and staff to keep them up to date on medical and program components
 - Implementation of patient satisfaction surveys
 - Access/integration of electronic medical records, allowing the contractor to contact patients directly and make screening appointments, schedule follow-up exams, and provide patient education; contract staff do the heavy lift with running data queries
 - Work with providers to implement evidence-based interventions; identifying and working with a clinic champion is key to EBI implementation
 - Coordination and provision of transportation services for patients who need it
 - Utilize dedicated patient navigators for each screening site
 - Establish agreements with FQHCs to require clinics to refer or seek reimbursement for early detection services for patients through the state screening program (CRC, breast, cervical, and prostate cancer); also working on expanding the Medicaid waiver program for treatment, including CRC and prostate cancer treatment
 - Conduct provider surveys annually to identify barriers/challenges clinics are facing, so they can be addressed
 - Execute a recognition program (a plaque) for FQHCs, in conjunction with ACS, for clinics that have the greatest increase in screening rates and the highest rate of screening
 - Work with clinic sites to do community education about screening integrated into COVID and flu vaccine education, resulting in more patients in the door for vaccines and screening and potentially more income for clinics
- **Provider Training:**
 - Offer a colorectal cancer screening ECHO training program to providers, with clinic liaisons that help providers block time to participate
 - Provide regular webinars and trainings about patient in-reach and outreach (use of EBIs)

- Record training and technical assistance sessions that are offered virtually so that clinic staff can access them on their time

Engaging New Providers

- Offer informational webinars as part of the RFQ process to fund new providers, which results in opportunities to engage with clinic providers, answer questions, and encourage participation in the program
- Work with the health department's maternal and child health program and faith-based organizations to reach out to new providers
- Offer data assistance, such as a system/program to collect data and a dashboard to see data/results
- Help with modifying electronic health records to track patients correctly

Topic 2: Follow-up Colonoscopies After a Positive Screening Test (for CRCCP Awardees)

The questions posed to the participants for discussion were:

1. What is the greatest challenge your program is experiencing with follow-up colonoscopies from a positive CRC test (e.g., willing providers, reimbursement, educating patients about what to expect with a colonoscopy, patient navigation, tracking screening vs. diagnostic, etc.)?
2. What has worked – or not worked – to overcome these challenges?

Summary of Innovations:

Identifying and Contracting with Endoscopists

- Establish 3-way relationships and agreements to help attract and keep colonoscopy providers: with referring clinics, endoscopy providers and screening programs; build off existing relationships
- Work with providers to find and recruit nearby endoscopists and establish agreements (that include a scope of work); takes a lot of persistence and personal communication with providers and endoscopy sites; finding and working with champions at the endoscopy sites is key
- Establish contracts directly with endoscopy providers (example provided by a university-based program) to avoid issues and delays with program providers contracting with them
- Work with endoscopy clinic manager and billing staff, providing follow-up screening, so they understand how to invoice correctly for reimbursement (instead of submitting an insurance claim first)
- Contract with surgeons who also do colonoscopies to expand the availability of services
- Ask endoscopists to offer stool-based testing to lower risk-patients to get access to timely follow-up colonoscopies where possible

Reimbursement Acceptance

- Provide a list of reimbursable CPT codes and bundled rates to give options to endoscopy sites (including anesthesiology and pathology costs)
- Acknowledge that Medicare rate is often less than other reimbursement rates, but remind endoscopy providers that they are accepting Medicare rates for other services and could do the same for CRC follow-up screening
- Remind endoscopy sites that by accepting program reimbursement rates, they are helping to avoid uncompensated care among patients in the long run due to the reliability of CRC screening

- Explore how some specialists may write off their expenses (for example, anesthesiologists and pathologists)
- Assess endoscopy provider rates and contract with those offering the lowest rates
- Consider contracting with critical access hospitals in rural areas to provide follow-up screening, especially with a bundled payment

Clinic Electronic Health Record Capacity

- One program developed a screening registry in Redcap to help providers and the program track results of screening tests (by screening type and by insurance status), including follow-up colonoscopies; providers complete the survey monthly and get immediate feedback on results

Patient Navigation at the Program Level

- Use program-level patient navigation because it frees up time and may lower costs for providers
- Provide referring clinics and endoscopy sites with patient navigation assistance to ensure patients receive access to follow-up screening, including:
 - Patient navigation and education to handle scheduling and reminders, ensure adequate prep and provide/link to transportation services
 - Navigators can direct patients to high-volume sites to ensure timely follow-up
 - Access to provider EHR facilitates navigation
- Ensure quality patient education materials are available in the languages of patients (see resources below) to assist with patient navigation

Resources:

- [AltaMed “Preparing for a Colonoscopy”](#)
- [AltaMed “Bowel Prep Instructions: GOLYTELY”](#)
- [AltaMed “Colonoscopy After Abnormal FIT”](#)
- [AltaMed “Bowel Prep Instructions: MIRALAX”](#)
- “Establishing Patient Linkages to Diagnostic Colonoscopy” guide (PDF) [Requested from Brooke Lusk]
- WVU PICCS Program Process one-pager [Requested from Catherine Whitworth]
- Stand up to cancer 2-pager on CRC screening [Requested from Brooke Lusk]
- New Jersey data system: <https://www.oxbowdms.com/applications>
- Medicaid waiver used to cover undocumented screening in Kansas: Catalyst120 - <https://www.catalyst120.com/>

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