

Cancer Screenings Through Team-Based Care



**Alyssa Palmer,
Director of Quality**



Who Did We Serve in 2021?

- Approximately 9,000 unique patients
- 60% Uninsured
- 89% at or below 200% FPL
 - 53% at or below 100% FPL
- 60% Hispanic
 - 54% best served in a language other than English



Tip: Utilize each other *and* the tools at your fingertips!

TEAM-BASED CARE

IS A MODEL OF COLLABORATIVE
HEALTHCARE DELIVERY THAT **EMPOWERS**
PATIENTS AND PROVIDERS TO ACHIEVE
HIGH-QUALITY CARE.



Medical Assistants

- Pre-Visit Planning - Checking Health Maintenance and HIE
 - Is the patient due for breast or cervical cancer screening?
 - Indicate so on PVP sheet and alert provider

TEAM APPROACH

to Breast and Cervical Cancer Screening

Provider

- Use every visit as an opportunity to address preventative health (cancer screening needs, vaccinations, etc.)
- If patient is in for a physical, complete or order cervical/breast cancer screening as appropriate
- If patient is in for an acute visit, educate on the importance and instruct patient to return for a physical.



Quality Team

- Monthly reports are run to track trends and identify patients in need of cervical or breast cancer screening
- Bulk text messages sent to patients who are due for screening.



Utilize Community Partnerships

Mobile Mammography On-Site

- **Successes**

- Convenient
- Removes barriers for patients
- Warm hand-off, coordinated care

- **Challenges**

- Mammographer shortage
- Limited to availability of mammo staff and unit
- Planning and coordination of patient schedule



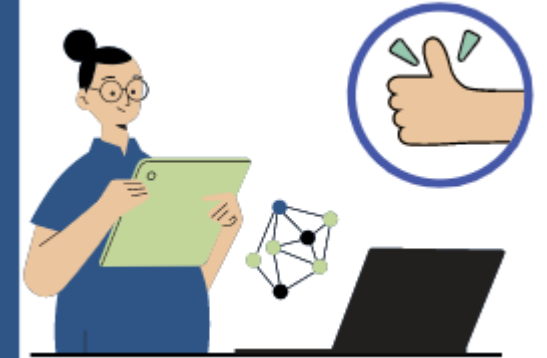


Medical Assistants

- Pre-Visit Planning
 - Is the patient over 50?
 - Is the patient due for CRC Screening?
 - Standing order for iFOBT for average risk*

Provider

- Order colonoscopy for high-risk patients; iFOBT for anyone missing orders.
- Check-out note instructing patient to return for lab appointment in 1 week to return iFOBT



Front Desk

- Review check-out note and schedule patient for lab only visit to return iFOBT kit.
 - Patients will receive an automated text reminder for their appointment 2 days prior

Quality Team

- Monthly reports are run to track trends and identify outstanding orders
- Bulk text messages sent to patients who have not returned their kits



TEAM APPROACH

to Colorectal Cancer Screening



Care Coordinator or Quality Intern

- Additional outreach and education to those who continue to need CRC screening

Small Tests of Change

Does the process still work?

2 DAY iFOB COMPE TUSHION!



Get checked for colon cancer today.



Thursday, October 11th

FOBT given?		Lab Appt?			Provider	Appt Time	Patient Name
Yes	No	Yes	No	Check-Out Note		1:00PM	
Yes	No	Yes	No	Check-Out Note		3:40PM	
Yes	No	Yes	No	Check-Out Note		4:20PM	
Yes	No	Yes	No	Check-Out Note		8:40AM	
Yes	No	Yes	No	Check-Out Note		3:40PM	

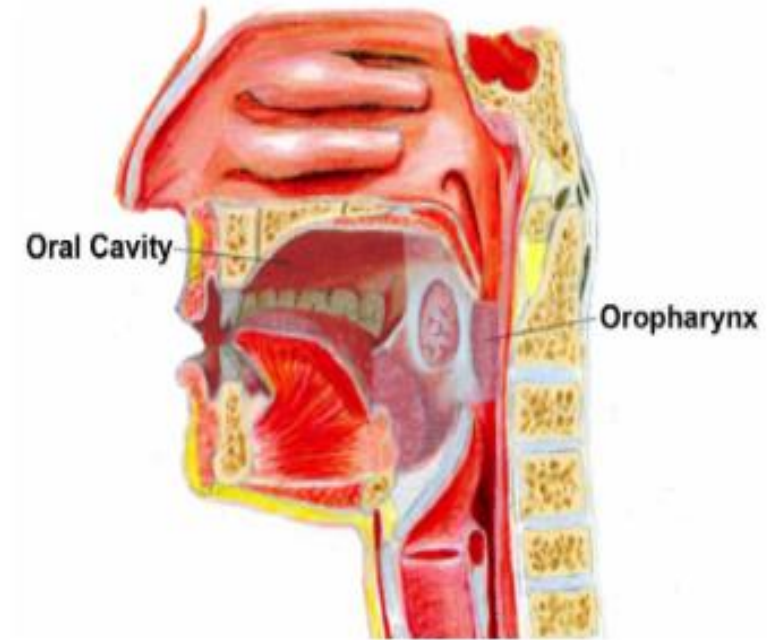
Friday, October 12th

FOBT given?		Lab Appt or Check-Out Note?			Provider	Appt Time	Patient Name
Yes	No	Yes	No	Check-Out Note		1:20PM	
Yes	No	Yes	No	Check-Out Note		10:20AM	
Yes	No	Yes	No	Check-Out Note		10:40AM	
Yes	No	Yes	No	Check-Out Note		10:00AM	
Yes	No	Yes	No	Check-Out Note		10:20AM	
Yes	No	Yes	No	Check-Out Note		4:20PM	

Integrated Dental/Medical Primary Care



- HPV is thought to cause 70% of oropharyngeal cancers in the United States (cancers of the throat, base of tongue and tonsils).
- The HPV vaccine protects against types of HPV that can cause cervical and reproductive cancers as well as types of HPV that can cause oropharyngeal cancers.
- CDC recommends HPV vaccination for 11- to 12-year-olds.





Dental Clinical Staff

- In the Works!
 - Training dental clinic support staff to reconcile vaccines in EHR
 - Training dental clinic support staff to utilize MIIC

Dental Provider

- Perform head and neck exam
- Review medical and social history
- Use Motivational Interviewing techniques to raise awareness and assess motivation.
- Place Internal Referral to Medical clinic for HPV Vaccination



Referral Coordinator

- Determines whether or not patient needs WCC/PE or lab-only appointment and connects with patient to initiate scheduling process

Quality Team

- Monthly reports are run to track trends and identify patients in need to HPV vaccination
- Bulk text messages sent to patients who are due.



Our Data Tells Our Story

- Continuous Improvement Philosophy in our Quality Program
 - 5% improvement goal each year
- Recognized for the past 3 consecutive years in the top 10% of the all Federally Qualified Health Centers in clinical quality.



Breast Cancer Screening			
2019	2020	2021	<i>YTD</i> 2022
<i>New in 2020</i>	54%	27%	52%

Cervical Cancer Screening			
2019	2020	2021	<i>YTD</i> 2022
77%	66%	67%	71%

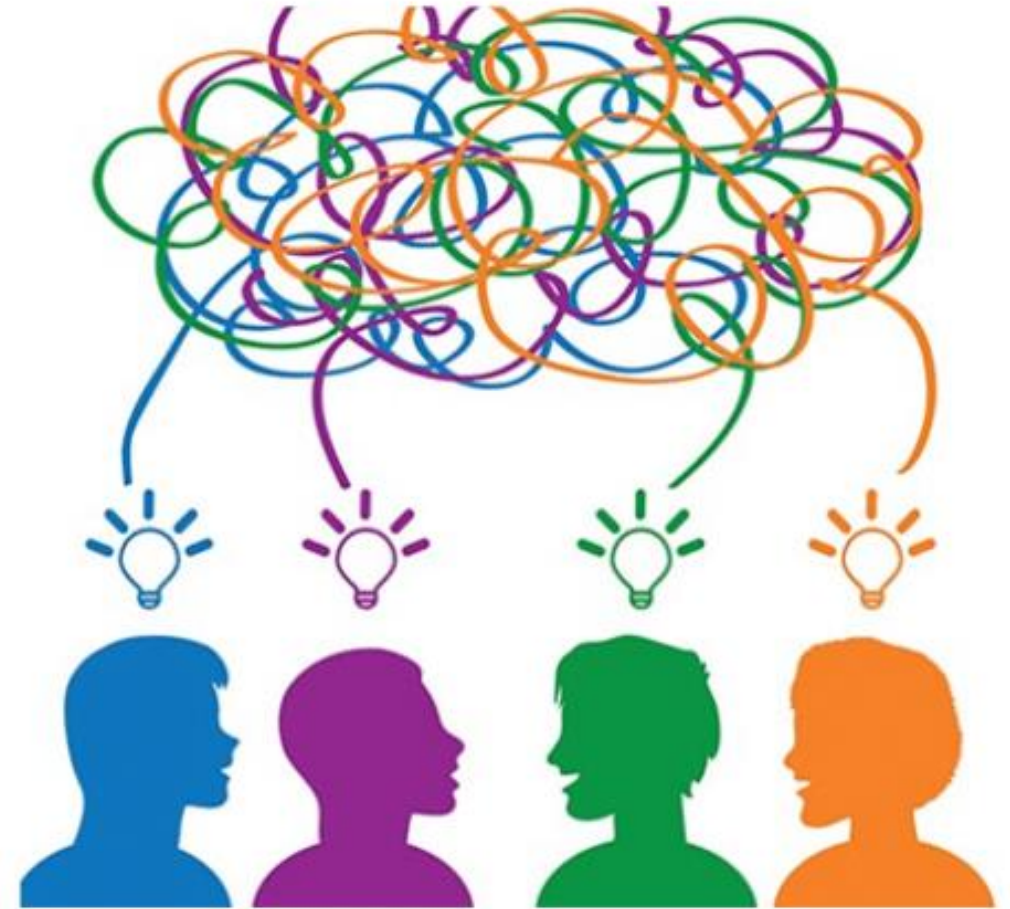
Colorectal Cancer Screening			
2019	2020	2021	<i>YTD</i> 2022
64%	60%	50%	53%

Why it Works

- Collaboration & Engagement
- Safe place to share
- Reaching small groups at a time
- Utilizing staff to spread the word, *be the change*

Groups of 2022

- Chronic Conditions (Diabetes, Hypertension, Hyperlipidemia, Obesity, Asthma)
- Preventative (Cancer screening, depression screening, vaccinations)
- HPV Vaccination (Dental integration in Primary Care)



Engagement Through Focus Groups

We Always...

(our approach to standardization)

In the United States, colorectal cancer is the third leading cause of cancer-related deaths in men and in women, and the second most common cause of cancer deaths when men and women are combined. It's expected to cause about 52,580 deaths during 2022.

Source: [American Cancer Society on Key Statistics for Colorectal Cancer](#)

IT'S NOT
BUSINESS,
IT'S PERSONAL





Tips for Sustainable Change

What can you try right now?

1. Understand your EMR system and its capabilities. *(HIE, BPAs, etc.)*
2. Invite colleagues from all areas to the table for improvement discussion.
3. Try ONE idea on 3 patients. (No idea is bad!)
4. Connect with community partners for help. *(ACS, MDH, etc.)*
5. Already know what works? Write it down and make it a policy. *(If it's not written and implemented, it's optional.)*
6. Set a realistic goal. *(Small, slow and steady)*

Questions?

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Thank You!