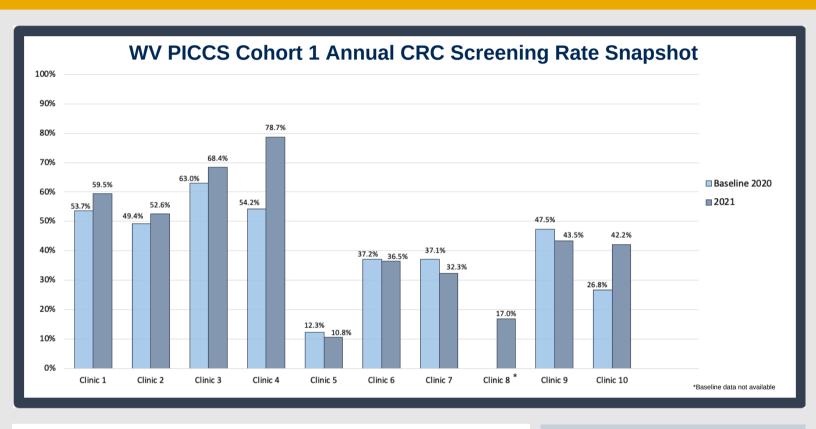


WV PICCS TODAY

A newsletter for our partners

APRIL 2022



Each year, WV PICCS collects annual colorectal cancer screening rates from our partner clinics. Annual rates are compared to baseline rates to see if progress is being made to increase screening rates at each clinic. Despite COVID-19 having a significant impact on patients' ease with getting screened, the ten clinic-cohort as a whole showed a 5% screening rate increase over baseline. Other reported metrics show that three clinics implemented policy changes, ten clinics incorporated process changes, and overall implemented 21 evidence-based interventions. Lastly, within nine clinics, 2,700 CRC specific small media were disseminated to educate patients and encourage screening.

WV PICCS thanks our clinic partners for all their hard work this past year. Each clinic is making a difference in their communities and by doing so, you are saving lives.

In This Issue

- WV PICCS Cohort 1
 Annual CRC Screening
 Rate Snapshot
- Clinic Spotlight: Ebenezer
 Medical Outreach
- WV PICCS Peer-to-Peer Learning Series
- Tips on REDcap
 Challenges
- Upcoming Events
- Dress in Blue Day

CLINIC SPOTLIGHT

Ebenezer Medical Outreach

Ebenezer Medical Outreach (EMO), a safety-net free clinic, located in Huntington, West Virginia, is one of ten clinics taking part in the West Virginia Program to Increase Colorectal Cancer Screening (WV PICCS). Over the course of the last year and a half, EMO has implemented evidence-based interventions to increase colorectal cancer screening in their clinic. They started sending mailed patient reminders and conducting follow-up calls to patients with unreturned FIT tests.

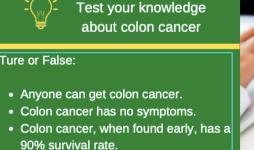


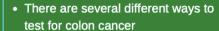
Despite the challenge of transitioning to a new electronic health record system during the start of WV PICCS, the EMO team was able to create a dashboard that allowed them to run a report of patients who have satisfied and have not satisfied their colorectal cancer (CRC) screening. From this list, the team generated mailing labels of patients who had not completed screening and mailed colorful postcard reminders to 270 patients. The response to the mailed reminders was positive, with over 130 patients scheduling appointments or stopping by the clinic to pick up FIT tests.

When the new United States Preventive Services Task Force guidelines for colorectal cancer screening changed to include 45-49 year olds, EMO generated a second list of patients aged 45-49 and mailed a postcard alerting them to the need to complete a colorectal cancer screening as well. During 2021, EMO continued to educate patients about the importance of screening through provider reminders and posting educational materials throughout the clinic. In addition to the mailed patient reminders, EMO staff made 90 phone calls to patients who had not returned their FIT tests. Within one month, 15 tests were returned. EMO increased their screening rate from a 2020 baseline of 54% to 2021 rate of 79%.

Working with WV PICCS to increase colorectal cancer screening is important because "It's knowing our patients have a team behind them who genuinely care about preventative medicine. It's knowing that we are testing early enough to hopefully ensure a long-term, better quality of life. The education provided by WV PICCS has been life-saving, and will continue to be part of the goals we value in practicing medicine at Ebenezer Medical Outreach" says Rachel Bledsoe, Outreach Coordinator at Ebenezer Medical Outreach,

Inc.







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WV PICCS PEER-TO-PEER LEARNING SERIES

In February, WV PICCS hosted a 90-minute workshop presented by Emily Edelman, M.S., CGC, and Linda Steinmark M.S., LGC, of Jackson Laboratory, titled "Genetic Risk Assessment for Colorectal Cancer." The goal of the workshop was to increase clinic partners' capacity to assess familial and genetic colorectal cancer risk with their patients. Ms. Edelman and Ms. Steinmark partner with healthcare providers across the country to offer diverse educational programs that help providers incorporate genetics and genomics into clinical practices.

The workshop highlighted that most cancers are not inherited. Rather, 75%-85% of cancers are sporadic, 10%-15% are familial, and 5%-10% are genetically inherited. Yet, having a family history of cancer or a genetic syndrome related to colorectal cancer puts a patient at increased and high risk for colorectal cancer respectively. Assessing a patient's risk for colorectal cancer is important because a patient's risk level determines the screening method that should be used, when screening should begin, and whether genetic counseling and testing is appropriate.

When conducting a risk assessment, providers want to be sure to collect sufficient detail. Remember to:

- Clarify if there is any family history of cancer.
- Document the family structure and relationships.
- Know the status of the first- and second-degree relatives on both sides of the family.
- Ask about the extent of the disease.
- Determine the age of onset and death.
- Look for cancer patterns.
 - o Colon, gastric, endometrial, and ovarian cancers are associated with Lynch Syndrome
 - Breast, ovarian, pancreatic and prostate cancers are associated with Hereditary Breast and Ovarian Cancer (HBOC)
- Assign patient to a risk category: Average, Increased, High.
- Based on the risk category, assign a plan for screening, surveillance, genetic counseling and/or testing.

Providers and clinics that would like a more detailed Risk Assessment and Screening Toolkit can access information through at www.jax.org/crctoolkit.

WV PICCS PEER TO PEER WEBINAR

EVOLVING STRATEGIES TO ADDRESS EARLY AGE ONSET COLORECTAL CANCER PRESENTED BY DR. WHITNEY JONES, MD

May 19, 2022, 12:00- 1:00 PM For proivders and clinical staff. Free! Click here Register

TIPS ON REDCAP CHALLENGES



WV PICCS appreciates your patience while adjusting to changes in the REDCap tracking system over the past several months. These changes are a result of the feedback we have received from users like you. Here are a few tips to keep your screening data clean and hopefully make navigating the system a little easier.

AVOID RECORD DUPLICATION: When entering a colonoscopy, first check to see if a REDCap record was already created for the patient for a stool-based test. If the colonoscopy is a follow-up after a positive stool-based test, then the colonoscopy should be entered under the Positive FIT report or Positive Cologuard report for that patient.

<u>TIP:</u> To quickly find a patient, click on the <u>Add / Edit Records</u> button within the Data Collection section of the left-hand menu. From there, use the <u>Search query box</u> to find the patient you are looking for. Make sure you have the <u>Record Status Dashboard</u> set to sort patients alphabetically by selecting the <u>Alphabetical by Last Name</u> option in the Dashboard displayed dropdown above the dashboard.

IS THIS A SCREENING OR SURVEILLANCE COLONOSCOPY?

Screening colonoscopy

Average Risk patients with:

- No signs or symptoms of colorectal cancer (CRC)
- No personal history of CRC or polyps
- No family history of CRC
- No history of inflammatory bowel disease

Surveillance Colonoscopy

- Increased Risk patients with:
- Personal or family history of CRC or polyps
- Genetic syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome

WV PICCS appreciates your work in reporting this important data. Thank you!

UPCOMING EVENTS



May 5 @ 10 a.m. Charleston, WV WV Mountains of Hope Membership Meeting.

To learn more and join MOH: https://moh.wv.gov/Pages/default.aspx



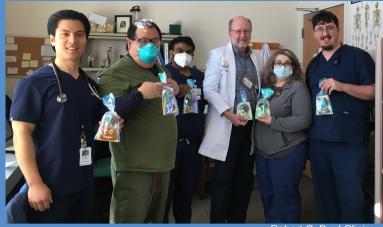
June 9-10
Arlington, VA
2022 Prevent
Cancer Conference

For more information please visit https://www.prevent-cancer-dialogue/

CRC DRESS IN BLUE DAY

COLORECTAL CANCER AWARENESS **MONTH**

2022



Robert C. Byrd Clinic







Raleigh Boone Medical Center



<u>Milan Pusk</u>ar <u>H</u>ealth Right



Community Care WV, Green Bank



Wharton Medical Center



Reynolds Memorial Center for Primary Care



Robert C. Byrd Clinic