



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

NACDD Peer-to-Peer Learning Call Series June 8-12, 2020
“Managing Screening Programs in the COVID-19 Era”

Summary of Peer Solutions

Prior to the calls two primary issues were identified as the focus for discussion, including 1) preparing for low uptake in screening and recruiting patients into screening during a time of active COVID-19 response and 2) follow-up to abnormal screening. Additional challenges and solutions shared by participants during the sessions are outlined below.

Challenge: Preparing for low uptake in screening and recruitment in the COVID-19 era

Peer Solutions:

- 1:1 personal patient conversations with providers by phone to discuss screening options, encourage screening, and address concerns (AK)
- Patient navigators as first line of communication – a trusted source of information for established patients (SPIPA, others)
- Coordinating linkages and communication between referral providers (e.g. imaging centers) and patient navigators for program eligible women to be contacted as clients (NARA)
- Program staff are reaching out to clinics to better understand their plans for continuing or re-starting screening and how program staff can help clinics get the word out (KS)
- Some programs seeing trends in who is seeking screening, e.g. middle-aged women so they are focusing on this population for recruitment (NY)
- Looking at real-time population changes due to COVID-19 such as lower socioeconomic status recently unemployed and targeting outreach to those populations (CO)
- Utilizing screening registry for targeted outreach to patients that have been screened (IL)
- Connecting with employers, worksite wellness staff to promote screening, connect those who are furloughed with free/low-cost services
- Offering Screening Options: FIT testing as alternative to colonoscopy for CRC screening
- Working with mobile mammography providers to provide community and patient protection plans in remote or rural areas, to detail patient safety procedures (SEARCH)
- Leveraging increased demand for flu vaccine to promote other screenings, FLU/FIT but also other vaccine’s and messaging on other screenings.
- Diverse and creative uses of print and electronic media for promotion and messaging:
 - Developing targeted small media campaigns and social media messages about continued need for screening coupled with safety measures (KS)
 - Facebook Live event with ACS to promote screening where available and follow-up with people who “like” the post and attend the event
 - Outreach to providers and including patient stories for use to encourage screening (NV)
 - Use of printed cards that detail patient safety procedures, related to COVID-19 (added to mailings or reminder letters for screening) (SEARCH, ND)

Challenge: Follow-up to abnormal screening, cancelled appointments

Peer Solutions:

- Re-assigning several staff to do telephone and video contacts with patients who had an abnormal result and have not had a follow-up visit or who had routine screening cancelled to get them back in for follow-up diagnostic services
- OB/GYN physicians calling those with abnormal results directly to discuss options, and reassure patient they can safely follow-up (Palau)
- Alternating assignment of follow-up patients among individual clinic providers to keep patient numbers low (reduced volumes due to lack of waiting areas, etc.)

Additional Challenges/Solutions Identified on the Calls:

Clinic flow, Peer Solutions:

- Parking lot clinic check-ins/waiting, alternative entrances for cancer screening patients (away from potential COVID-19 patients)
- Use of telehealth for symptomatic patients to decide next steps; getting verbal consent by telephone instead of in-person (Guam)
- Now doing enrollment via telephone and online so women or those diagnosed with cancer do not need to visit a clinic in person to enroll in program (CNMI); signature waivers and verbal consent used (NC)
- Program nurses developed new protocol for triaging screening patients, including encouraging in-person screening for symptomatic and telehealth for asymptomatic patients (NC)
- Expanded or evening clinic hours to keep number of patients in clinic lower, for safety (ND)
- Emphasize 3 W's: wear a mask, wait 6 feet apart, wash hands (NC)

Patient Support, Peer Solutions:

- Wellness checks (by phone) with patients has resulted in linking patients to other resources they may need, e.g. SNAP; utilizing United Way's 211 database for resources (VT)
- **Well-Integrated Screening and Evaluation for Women Across the Nation** (WISEWOMAN) screening being done by "drive up" visit for BP, HbA1c, Lipids and weight and coaching being done by phone and Zoom (NARA)

Addressing Cancer Inequities, Peer Solutions:

- Using census and other data sources to identify communities adversely affected by COVID to prioritize for screening recruitment and making data available to partners (TN)
- Looking at working with churches for vulnerable population outreach and planning webinars on how to address racism (IA)

Evaluating the Impact of COVID-19, Peer Solutions:

- Several programs have been collecting information and data from partners or clinics about the impact of COVID-19 and will continue to do so, review and report on findings
- Program staff are reviewing program workplan and are identifying other ways of doing program work, in the midst of adjusting to remote work, fewer staff, etc.