Health Care Professionals' Perceptions of the Barriers to CRC Screening for Rural, Frontier and Native American Populations in North Dakota

Health Systems Needs Assessment

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SCREEND | IMPROVING COLORECTAL CANCER SCREENING RATES IN NORTH DAKOTA

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BACKGROUND

Quality Health Associates (QHA) of North Dakota, under funding from the Centers for Disease Control and Prevention, have been working with rural and tribal clinics, and one academic teaching clinic in an urban location that serves a wide rural population, to improve rates of colorectal cancer (CRC) screening throughout North Dakota. As part of their formative evaluation, QHA scheduled and held key informant interviews with healthcare professionals in North Dakota who provide care for patients in one of twelve health centers. Learn more about the program being led by QHA at crc.screend.org/.

> *The purposes of these interviews were to capture what providers perceive as the barriers to CRC screening in rural North Dakota and to generate ideas on how to improve CRC screening rates.*

Key Informant Interviews

Key Informant interviews were scheduled with healthcare teams in one of twelve health centers throughout North Dakota. These twelve health centers are located in one urban, eight rural, and three Tribal communities and serve patients living in roughly 19 cities/reservations in the state. See Table 1. Interviews were conducted between October 2023 and January 2024. They were held face-to-face and interviewers from QHA took notes for data analysis. Interviews were not recorded, and all notes were de-identified before analysis. An external partner located in North Dakota, with more than a decade of experience in community-based participatory research and evaluation, completed the thematic analysis.

See Appendix A for the key informant interview guide developed and utilized by the QHA team.

Table 1. North Dakota Health Centers Participating in the Key Informant Interviews, 2023

NAME OF HEALTH CENTER	TOWN	GEOGRAPHY
Clinic Care	Cavalier	Rural
First Care Health Center	Park River	Rural
Standing Rock Service Unit (IHS)[1]	Fort Yates	Reservation, Rural
Unity Medical Center	Grafton, Park River	Rural
Jacobson Memorial Hospital Care Center	Elgin, Glen Ullin, Richardton	Rural
Quentin N. Burdick Memorial Hospital (IHS)	Belcourt	Reservation, Rural
South Central Health	Wishek, Napoleon, Kulm, Gackle	Rural
Spirit Lake Health Center (IHS)	Fort Totten	Reservation, Rural
Southwest Healthcare Services	Bowman	Rural
St. Luke's Medical Center	Crosby	Rural
Towner County Medical Center	Cando	Rural
UND[2] Center for Family Medicine	Bismarck	Urban

1. Indian Health Services (IHS); 2. University of North Dakota

RESULTS

Notes from the twelve interviews were coded and analyzed using Qualitative software (dedoose). Results from the interviews centered around themes for program planning:

1. Patient Opportunities: Identifying patient populations who are being missed and who are eligible for CRC screening.
2. Current System Supports & Outreach Efforts: Existing health care systems and outreach programming promoting CRC screening.
3. Barriers to Screening: Perceived barriers to CRC screening for those patients being missed.
4. Improving CRC Screening Rates: Ideas on how to reach those patients who are not being screened, and how to overcome noted barriers.

Patient Opportunities

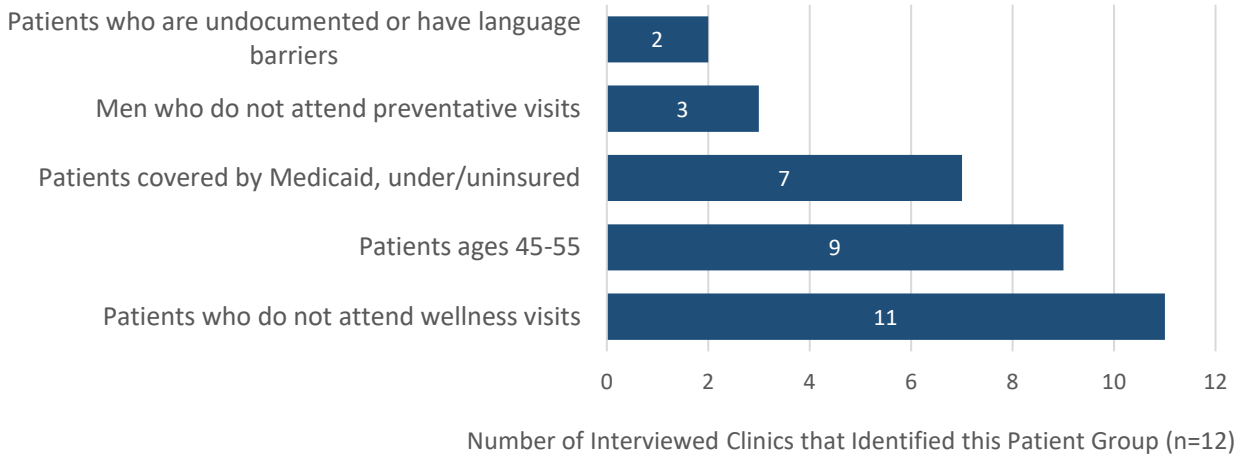
When identifying which patient populations most frequently miss opportunities for CRC screening, all but one of the 12 health centers indicated those who visit their facilities for urgent care, emergency care, pain management, or other specialty services (coded as 'patients who do not attend wellness visits').

Specifically, some of what the providers have shared included:

- *The episodic care patients are the ones that go without screenings.*
- *Many patients get sick care here but well care in another location (even in another state).*
- *Patients use the ED like an outpatient clinic, and they are not presented with preventative care or screening opportunities.*
- *Those being missed are those who do not come for wellness visits.*

Participants shared concerns about including those who attend pain management or therapy services in the CRC screening rates denominator, while others substantiated that concern indicating that providers in the emergency department or urgent care may not have the time to review and discuss missed preventative visits. However, interviewees were interested in identifying opportunities to catch these patients. The other patient groups that concerned most providers included those between the ages of 45-55 followed by those with cost and insurance barriers (see Figure 1).

Figure 1. Patient Groups Commonly Missing Preventative CRC Screening in North Dakota, as Identified by North Dakota Clinics, 2023



Current System Supports & Outreach Efforts

The 12 clinics identified several initiatives and system supports within their respective organizations that strive to address patient barriers to CRC screening. Seven of the facilities stated that they, or their community, provided transportation support for patients who are scheduled for CRC screening. Five of the 12 had staff who were specifically tasked with working with patients to address questions or concerns around billing or cost of care. Four of the clinics indicated that the individuals working in their respective local public health units are an integral support for patients who are interested in completing their CRC screening; although one specifically stated that they did not have a positive relationship working with public health. Finally, three of the clinics indicated that their electronic health record (EHR) had been adapted to not only provide better tracking of patients who were eligible for, and were asked about, CRC screening, but that the EHR could serve as a tool to identify and track the reasons patients gave for not following-up on prescribed screenings.

Those interviewed also discussed community-based outreach that their clinics participate in to promote various health screenings. More specifically,

- Eight of the 12 described community-based health fairs, booths at county fairs, and other local community events in which they would attend and promote preventative services.
- Four of the participants described health screening events that specifically targeted only men, or only women to create a safe and welcoming space and overcome potential embarrassment.
- Five of those interviewed also shared participating in school-based and youth events to create a culture of health by promoting prevention, wellness, and screening (broadly).

Those who discussed community events described best practices to include having someone there to discuss eligibility, billing, and insurance as well as someone who could schedule the CRC screening. It was important to have the patient leave with an appointment reminder card and information on when and how to prepare for the visit. It was also discussed that it can be important to have Cologuard on hand to provide to eligible patients at the community event. However, participants also indicated that it can be a challenge to ensure the patient returns their sample on time. It was recommended that those who may provide Cologuard have a workflow in place to follow up with patients.

Barriers to Screening

Those interviewed were asked to share what they perceived were the greatest barriers for patients to complete CRC screening.

The seven codes related to barriers to CRC screening included:

- **Patient Education & Communication**: This code was employed for statements describing health facilities' lack of education for patients on the importance of CRC screening, lack of accessible educational resources, and poor communication or follow-up from the clinic to the patient.
- **Embarrassment or Fear:** This code was applied when clinics identified patients as embarrassed to discuss colon health or fear the screening procedure and/or the results.
- **Insurance:** Utilized when referring to statements specific to insurance coverage as the barrier to care. This code was not used if the reason related to the cost of care broadly.
- **Cost:** Statements specific to the cost of care as a barrier to screening. This includes statements related to the lack of insurance coverage leading to the cost of care being a barrier.
- **Time:** This includes the time it takes to be screened, to see the doctor for preventative care, and to prepare for a colonoscopy. This is time for patients, not time commitments of providers.
- **Transportation:** Concerns around patients accessing transportation, cost of transportation, or reliable transportation.
- **Provider Availability & Waitlists**: Time required of the provider; wait lists for healthy patients and only enough time to see sick patients; short-staffed clinics.

All but one of the interviewees mentioned the need for education and better communication between the health clinics and the patients eligible for CRC screening. Among the 11 interviewees who mentioned this barrier, it was discussed 22 times. See Table 2.

Interviewees indicated that patients required education on the benefits of preventative screening, alternative screening options (for those not willing to complete a colonoscopy), and information related to what is covered by private and public insurers. Those who discussed the need for education also commonly brought up patient fear or embarrassment, discussing the need to share positive patient experiences to reduce fear and educate on the importance of CRC screening and early detection.

Table 2. Patient Barriers to Preventative CRC Screening in North Dakota, as Identified by North Dakota Clinics, 2023

CODE	# of Clinics (n=12)	# of Coded Statements
Barrier: Education or communication	11	22
Barrier: Embarrassment or fear	8	16
Barrier: Insurance	5	7
Barrier: Cost	5	11
Barrier: Time	5	8
Barrier: Transportation	5	6
Barrier: Wait lists provider time	6	6

Improving CRC Screening Rates

Throughout the interviews, participants shared ideas on how to reach those patients who are not being screened and how to overcome noted barriers. There was overwhelming support for the development of a "Messaging Guide" along with patient and health center education; this was specifically mentioned in 11 of the 12 interviews and presented more than 30 times throughout the 11 interviews. See Table 3.

Table 3. Ideas for Improving Preventative CRC Screening Rates, as Identified by North Dakota Clinics, 2023

CODE	Code Description	# of Clinics (n=12)	# of Coded Statements
NEED: Messaging Guidebook & Education	Need for a Messaging Guidebook around educating patients, including social media, flyers, and population-specific resources. The code also includes the need to educate clinic staff.	11	31
NEED: Promotion of Cologuard	Better promotion, insurance coverage, and patient and provider acceptance of Cologuard.	8	16
NEED: Payer Support	Better support from payers for all forms of CRC screening; need for conversations with payers.	6	8
NEED: Assistance with Patient Data	Statements related to the need to collect better data, identify patient barriers in the EHR, and assist with how to report and use the data.	5	9
NEED: Increased Preventative Visits	Increase preventative visits/wellness visits and ensure CRC screening is discussed.	4	4

Messaging Guidebook and Education

All but one of the interviewees specifically mentioned wanting a "Messaging Guidebook" with best practices, resources, and templates for promoting CRC screening. Some of the specific requests included:

- Wanting to reduce the number of separate handouts into one more useful one, that is population-specific; additionally, intentional, and meaningful education to avoid white noise.
- Marketing materials and coordination to include the use of social media, messaging for lobby televisions or posters, population-specific pamphlets, and infographics.
- Tools and resources to host a "Brown-out" day with patient stories, Cologuard orders, educational materials on billing, and CRC screening swag.
- Education for clinic staff to ensure there is clear and frequent communication and follow-up, especially with patients who are overdue or who have been provided Cologuard.
- Specific resources and education related to billing, financial counseling, and what is (and is not) covered by Medicaid.

Promotion of Cologuard

Although the promotion of Cologuard was mentioned by 8 of the 12 clinics, the interviewees also discussed needed workflow and reimbursement adjustments to ensure this would be effective. Interviewees indicated that Cologuard was an excellent screening tool and was especially effective for those who are between the ages of 45-55 and for those who are hesitant, embarrassed, or fearful of completing a colonoscopy. Additionally, one participant shared that Cologuard is working on a program to assist patients at 400% of the Federal Poverty Level (FPL).

However, one participant shared that they placed 50 orders for Cologuard, but only ten resulted in inception. Similarly, another shared that patients were not returning or submitting the kits on time. They called for better follow-up with patients who have taken Cologuard kits.

Support from Payers

Half of those interviewed indicated that the state requires support from public and private payers to improve CRC screening rates in North Dakota. Billing education was stated by one interviewee as important for not only patients but billing departments and providers as well. A few mentioned the cost of lab, follow-up, and grandfather plans charging roughly $100 for Cologuard.

Assistance with Patient Data

Clinics that mentioned the need for data support were specifically sharing that patient-level data, when collected consistently, could not only assist in program planning but can serve as a tool to identify patient barriers to CRC screening. They identify that there is a plethora of data, but they need to ensure it is being collected and reported correctly, and that EHR systems can identify barriers to care for patients that the clinic or clinic partners might be able to address. Three of the clinics mentioned the need to learn (and use) their EHR to produce missed opportunity reports, filter out cases from the denominator, and build capacity to identify barriers to screening (including transportation, cost, time commitments, and other social determinants of health).

Increased Preventative Visits

All but one of the 12 health centers indicated that those who visit their facilities for urgent care, emergency care, pain management, or other specialty services are frequently missed, but still included in the data when reporting CRC screening rates. Four of the 12 clinics specifically called out the need to promote preventative wellness visits among adults, especially those between the ages of 45-55. If patients were to make their wellness visits, there would be additional opportunities to discuss the importance of and need for CRC screening.

RECOMMENDATIONS

Reviewing all interview codes and integrating the clinics' experiences and perceptions of barriers to CRC screening, the following activities are recommended to improve CRC screening rates in North Dakota.

- Need to create education and resources for patients on the importance of CRC screening, the options for CRC screening, and specific and detailed financial guidance.
- Target education specifically toward patients who are 45-55 years of age and prepare materials that can empower men and overcome their potential embarrassment.
- Promote preventative wellness visits among all population groups and include other specialties (as willing) in identifying patients eligible for CRC screening (e.g., urgent care, emergency care, therapy services, and pain management).
- Continue to host community events and create a resource guide on how to do them well, along with materials to share (Messaging Guide). Ensure that there is follow-up with patients after the community event (e.g., follow-up to schedule or remind them about scheduled CRC screening, or follow-up to remind them about submitting Cologuard kits).
- Train clinic teams on how to collect meaningful patient data and how to use the EHR to identify those who have missed preventative visits as well as CRC screening. Provide guidance on using missed opportunity reports, provider assessment and feedback reports, and policy templates.
- Consider sharing the lessons learned from the clinic that collects social determinants of health using the data to address patient barriers to care.