

# SNAPSHOT

Improving Colorectal Cancer Screening Rates in North Dakota

A quick look at tips, tools, and updates for CRC Screening improvement



### SUSTAINABILITY:

### The capacity of health service to deliver healthcare over time...

This month, as we approach the end of our grant cycle, we are coming to terms with the fact that we will be meeting with many of you for the last time. We couldn't be more proud of the work you have done and the lives you have saved.

With this in mind, we are focusing on ensuring you have the resources needed to sustain your efforts and continue to increase and maintain screening rates. Below is a list of steps and resources to assist clinics in maintaining colorectal cancer screening rates, ultimately improving patient outcomes and saving lives.

# **UPCOMING EVENTS**

### **2025 Annual Meetings** Registration is now open:

- · Current paid members can register
  - ndcancercoalition.org/news/2025annual-meetings/
- Non-members can become members and register for the meeting(s) at the same time: <a href="mailto:ndcancercoalition.org/join-">ndcancercoalition.org/join-</a> us/become-a-member/

QHA will support travel expenses and hotel for two persons from each ScreeND Clinic to attend!



2025 Cancer Care Conference | May 16, 2025 | Moorhead State U Campus Reserve Your Spot Today! Join us as we work together to advance equity in cancer care and improve outcomes for all communities. For more details or

questions, please contact BreAnna: <u>breanna.tracy@minnesota.edu</u>, 218-299-

NDCCRT EHR Workshop Series: Recorded Events

6903. We look forward to seeing you there!

# SUCCESS STORIES

# **UND Center for Family Medicine – Bismarck: Success Story**

In 2020 our baseline rate of CRC screening from our EMR reports was 24.4% of patients from ages 50-75 years. At the start of 2021 when the COVID pandemic was just getting underway, our rates had dropped to less than 20%! This was woefully under the national goal of the American Cancer Society (ACS) of 80%. We had to do something. Read more...

### **Breaking Barriers: Simplifying Access to Colonoscopy**

McKenzie County Health system faced significant obstacles in scheduling patients for colonoscopies. The process involved multiple steps, including an initial office visit, pre-op, and education, often requiring patients to return multiple times. The complexity led to poor preparation among patients, necessitating rescheduling of procedures. The local population, primarily oil field and agriculture workers, found it difficult to miss work for these appointments. Additionally, many workers lacked family or resources for transportation and

What McKenzie County had in it's favor? Four providers, all surgeons, who rotate

# By Dr. Jeffrey Hostetter

post procedure care, creating further barriers.

weekly and can perform colonoscopies any day of the week. Read more...

# SHOUT-OUT

Congratulations to St. Lukes Medical Center, Crosby, ND, for



# 1. SCREENING

Monitor screening rates using your EHR and data from sources like the Behavioral Risk Factor Surveillance System (BRFSS) and National Health Interview Survey (NHIS) to understand current screening rates.

- **2025 Cancer Facts and Figures**
- **The 2024 Colorectal Cancer Care Report**
- Colorectal Cancer Statistics | Colorectal Cancer | CDC
- **Colorectal Cancer Data Dashboard**

Identify Barriers: Conduct surveys and focus groups with patients and staff to identify barriers to screening, such as lack of awareness, fear, or logistical issues.

ScreeND: Health Equity Report (2024)

# 2. EDUCATION & AWARENESS

Patient Education: Develop educational materials that explain the importance of colorectal cancer screening and the different methods available (e.g., colonoscopy, FIT tests). Use multiple channels such as brochures, social media, and community events.

- **Lead Time Messaging Guidebook**
- <u>Cancer Screening in Tribal Communities Creating Meaningful Messages</u>
- **Rollin Colon Packet**

Staff Training: Train healthcare providers on the latest screening guidelines and effective communication strategies to encourage patients to get screened. Remember that there are four new screening tests, including two blood tests that have been approved by the FDA and will be entering the marketplace soon. Be sure you add any training to your new employee orientation checklist.

- 2024 Clinician's Reference Brief: Stool-based Tests for Colorectal Cancer
- **Steps for Increasing Colorectal Cancer Screening Rates: A Manual for** <u>Primary Care Practices - American Cancer Society National Colorectal Cancer</u> **Roundtable**
- **How to Increase Preventive Screening Rates in Practice**

Policy Advocacy: Advocate for policies that support preventive care and make screening more accessible and affordable for all populations

American Cancer Society Cancer Action Network

## 3. FACILITY LOGISTICS

Assure that your facility maintains a prevention mindset

- Intentional Agendas: assure that management/quality agendas call out screening specifically to keep it at the forefront of the conversation.
- Celebrate successes: the screening rate improvement, implementation of a new screening option, detection of a cancer at an early stage, and potential lives saved.

## **Implement Office Systems**

- Reminder Systems: Use electronic health records (EHR) to set up automated reminders for patients due for screening. This can include phone calls, text messages, or emails.
- Send a screening reminder e-card
- Tracking and Follow-Up: Implement a system to track patients who have been referred for screening and ensure they complete the process. Follow up with patients who miss their appointments.

# **Community Engagement**

- Partnerships: Collaborate with local organizations, such as community health centers and non-profits, to promote screening and provide resources.
- Outreach Programs: Organize community events and workshops to raise awareness about colorectal cancer and the importance of screening
- Join the North Dakota Cancer Coalition, and more specifically, the ND **Colorectal Cancer Roundtable**

# Monitoring and Evaluation

- Regular Reviews: Conduct regular reviews of screening rates and program effectiveness. Use this data to make necessary adjustments to the plan.
- Complete a missed Opportunity Report and a Provider Assessment and Feedback report on a regular basis.
- Feedback Mechanisms: Establish feedback mechanisms for patients and staff to continuously improve the screening process.

# ADDITIONAL RESOURCES

- Risk Assessment And Screening Toolkit To Detect Familial, Hereditary And **Early Onset Colorectal Cancer** – This ACS NCCRT toolkit aims to improve the ability of primary care clinicians to systematically collect, document, and act on a family history of CRC and adenomas polyps, while also educating clinicians on the need for more timely diagnostic testing for young adults who present with alarm signs or symptoms of CRC and ensuring that those patients receive a proper diagnostic work up.
- 80% of CRC deaths averted due to screening statistic is from this new study: pubmed.ncbi.nlm.nih.gov/39636625/
- View ACS NCCRT's five priority areas: <a href="https://nccrt.org/our-impact/80-in-">https://nccrt.org/our-impact/80-in-</a> every-community/strategic-plan/
- What can comprehensive Cancer Control Coalitions do to advance 80% in every community: <a href="mailto:nccrt.org/resource/what-can-comprehensive-cancer-">nccrt.org/resource/what-can-comprehensive-cancer-</a> <u>control-coalitions-do-to-advance-80-in-every-community/</u>

**Jon Gardner** 

