

# IMPACT REPORT

May 2025





# Quality Health Associates of ND

## *ScreeND team*



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Quality Improvement Program Director



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Quality Improvement Specialist



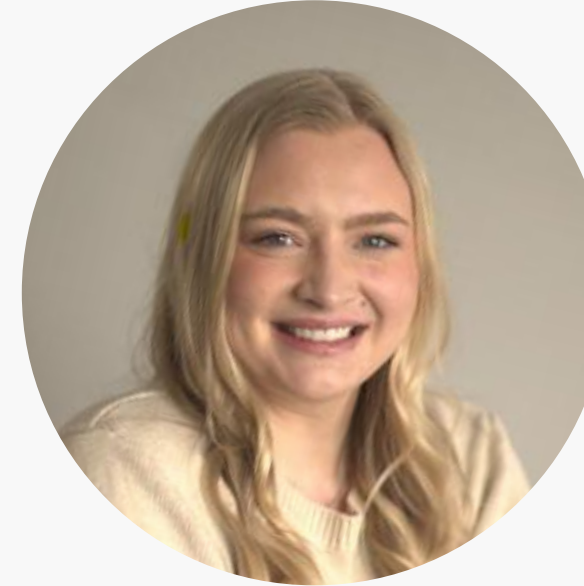
**Jonathan Gardner**  
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**Nathan Brintnell**  
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Quality Improvement Specialist



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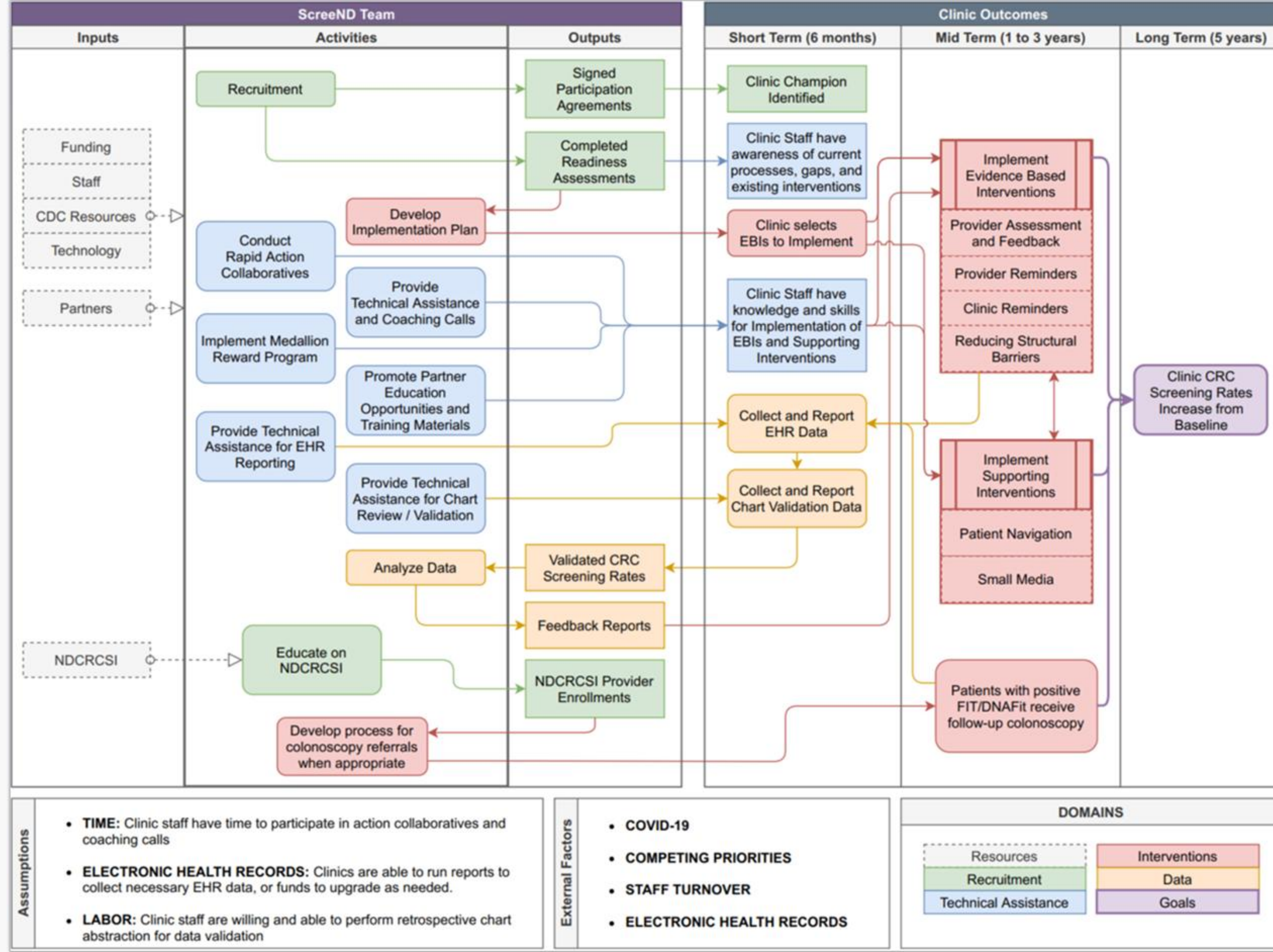


**Heather Wilson, LCSW**  
Quality Improvement Specialist





# Logic Model





Thank you to our subject matter experts and organizations that provided resources, advisors or partnerships.



U.S. CENTERS FOR DISEASE  
CONTROL AND PREVENTION

**EXACT  
SCIENCES**





Thank you to our participating clinics for your dedication to increase colorectal cancer screening rates in your community.





# SCREEND | Recruited Clinics

21  
Clinics  
.....

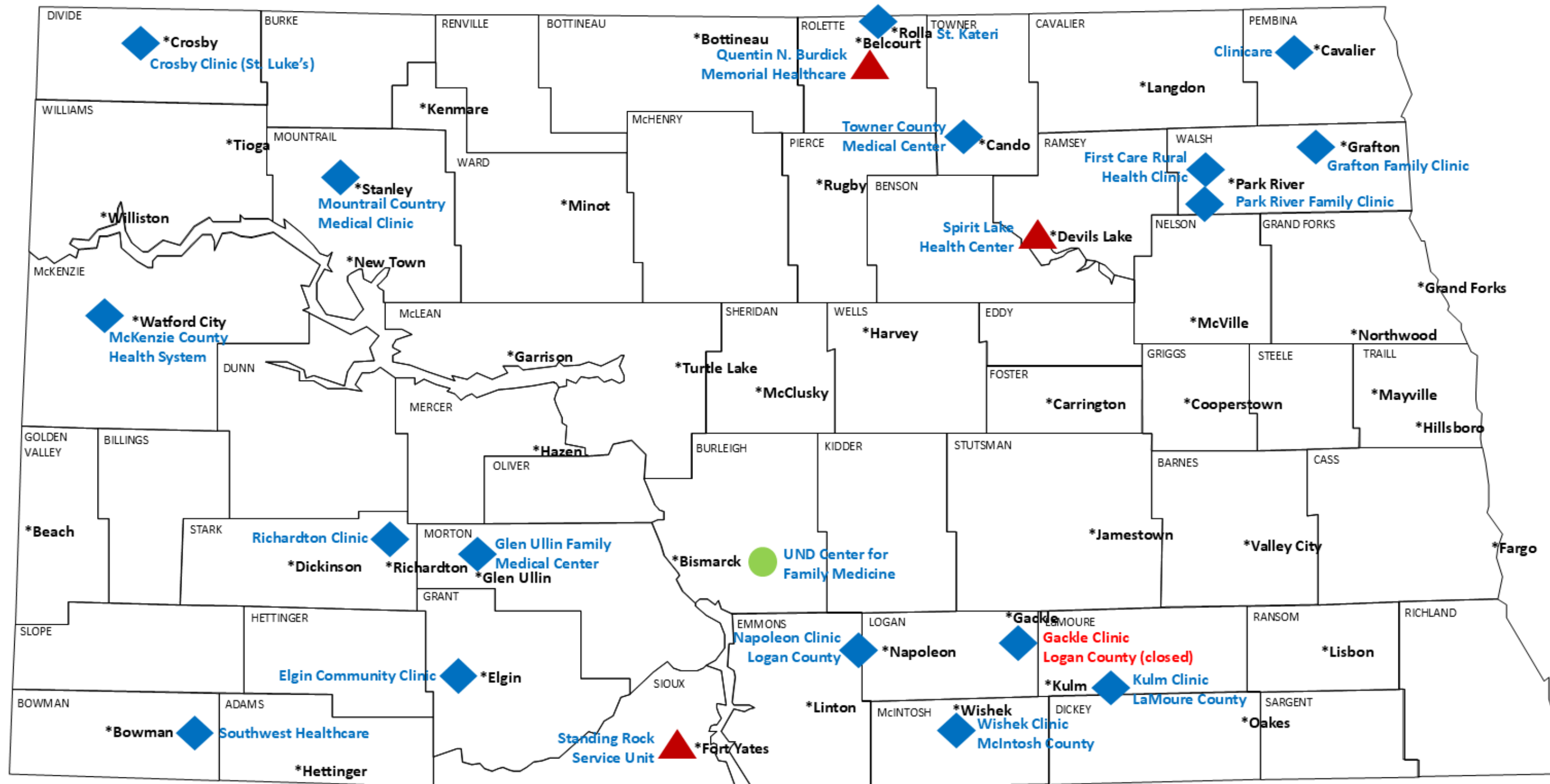
126  
Providers/Clinicians  
.....

181  
Nurses  
.....

110  
Support Staff  
.....

64,115  
Patients (95% Rural)  
.....

6,168  
Estimated Native  
American Patient  
Population ages 45-75



◆ Rural Health Clinics
 ▲ Tribal Clinics
 ● Primary Care Clinic



# Statistics

- **5** Cohorts
- **30+** New ScreeND developed resources
- **48** Editions of Snapshot
- **45** Annual Feedback Reports
- **2 - 80%** in Every Community Award Winners (NCCRT)
- **2** Presentations on National Association of Chronic Disease Directors (NACDD) Peer to Peer Webinars
- **1** National Colorectal Cancer Roundtable (NCCRT) Presentation
- **1** Dakota Conference Speaker Presentation
- **1** Dakota Conference Poster Presentation
- **1** Invited Massachusetts Learning Collaborative Presentation
- **1** Colorectal Cancer Control Program (CRCCP) Virtual Training Booth



409

Technical  
Assistance (TA)  
Meetings

96

Site Visits

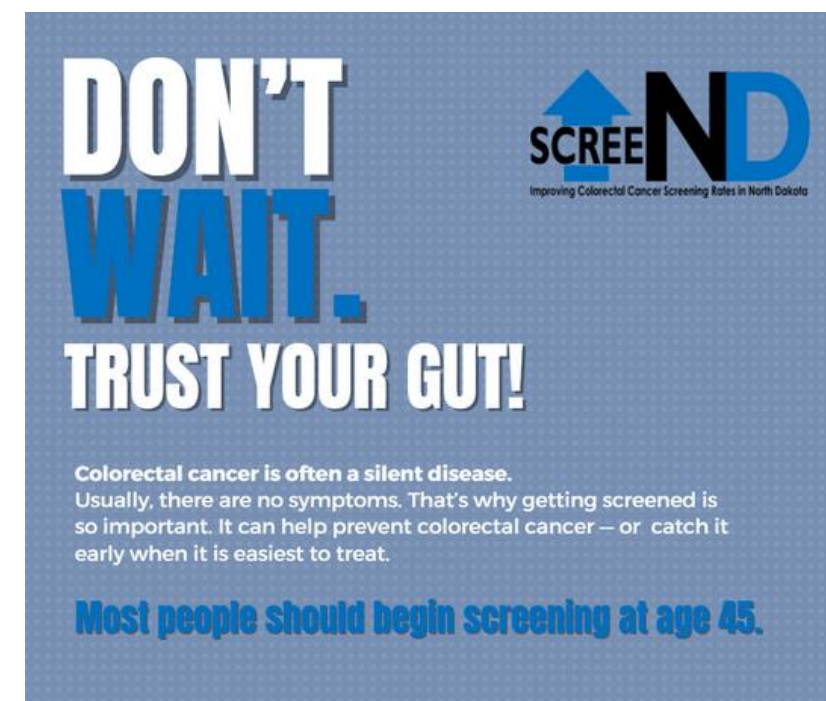
7,732

Additional CRC  
Screenings  
Completed



## *Impactful Tools Created*

- **Missed Opportunity Reports** – Supporting performance improvement through actionable insights.
- **Provider Assessment & Feedback Tools** – Helping clinicians reflect, improve, and grow.
- **Patient Education Materials** – Evidence-based, accessible resources tailored to different needs.
- **Customizable Templates & Toolkits** – Adaptable assets for diverse settings.

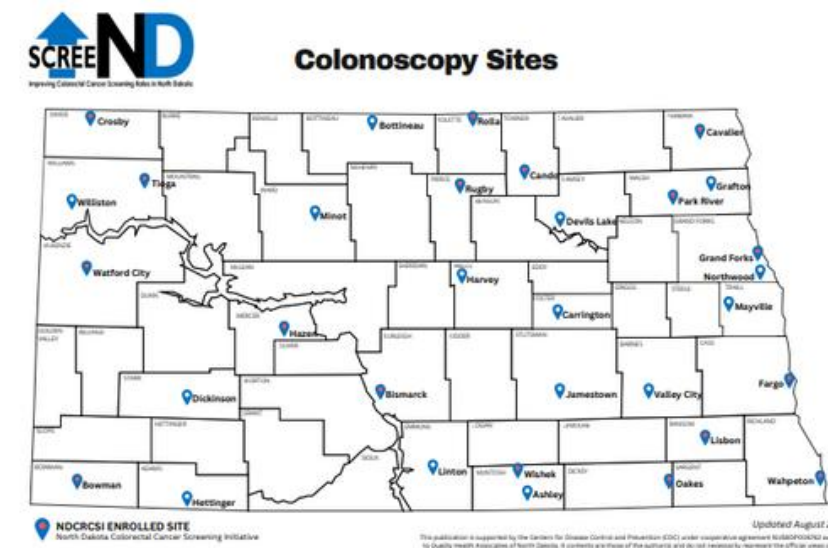


**DON'T  
WAIT.  
TRUST YOUR GUT!**


**Colorectal cancer is often a silent disease.**  
Usually, there are no symptoms. That's why getting screened is so important. It can help prevent colorectal cancer — or catch it early when it is easiest to treat.

**Most people should begin screening at age 45.**


**SCREEN ND**  
Improving Colorectal Cancer Screening Rates in North Dakota




# AVOID THE FLU+ PREVENT COLORECTAL CANCER




Improving Colorectal Cancer Screening Rates in North Dakota




## SCHEDULE



### YOUR FLU SHOT





### YOUR SCREENING

# What's Covered?

Listed are the most common forms of insurance. Find the one that applies to you to see what is covered.

## Private Insurance

Affordable Care Act (ACA) Plans, also known as "Metallic" plans. Most HSA plans are also in this category.

All screening types and follow up 100% covered. See plan documentation regarding surveillance or diagnostic colonoscopy.

## Private Insurance

Non-ACA Plans, also known as "grandfathered" plans.

Coverage of services by each individual or group insurance plan may differ. See your specific plan documentation or call the number on the back of the insurance card to verify coverage.

## NDPERS PPO/Basic Grander Health Plan

by Sanford Health Plan

FIT Test 100% Covered. \$200 benefit towards screening once per benefit year. See your specific plan documentation or call the number on the back of the insurance card to verify coverage.

## North Dakota Medicaid and Medicaid Expansion Medicaid beneficiaries may be subject to Client Shared

All screening types and services 100% covered.


## Medicare Part B Medicare

Advantage plans may require Advance Notice or pre-authorization.

All screening types and follow up 100% covered. For Preventative Diagnostic Colonoscopies: 85% through 2026 90% through 2029 then 100% from 2030. See your plan for more information.

## Uninsured

North Dakota Colorectal Cancer Screening Initiative (NDCRCSI) is serving uninsured and underinsured at participating clinics. If you qualify, all screening types and services are 100% covered.



First District  
PUBLIC HEALTH  
Health Unit  
www.fdh.u.org

# STAYING AHEAD OF THE CURVE ...

What You Should Know About Colorectal Cancer


- ✓ You can reduce your risk of colorectal cancer with routine screenings beginning at age 45.
- ✓ Colorectal Cancer is often a silent disease. Usually, there are no symptoms. That is why getting screened is so important.
- ✓ Removing polyps (growths) found in early screening reduces the risk of colorectal cancer and saves lives.

**Colorectal Cancer is the ...**

**2<sup>ND</sup>** MOST DIAGNOSED CANCER AND LEADING CAUSE OF CANCER-RELATED DEATHS (among cancers that affect both men and women) In North Dakota.

**1 in 23**

Lifetime risk of colorectal cancer for men




**370**

Estimated new cases of colorectal cancer this year


**1 in 26**

Lifetime risk of colorectal cancer for women




**110**

People will die from colorectal cancer this year



SCREENND  
Screening for Colorectal Cancer

	Colonoscopy (Visual Exam)	Multi Stool DNA Test (ColoGuard)
How is the test done?	The doctor uses a scope to look for and remove polyps (growths) in the colon/rectum	The lab looks for abnormal DNA and blood in the stool sample
Who should be screened?	Adults at high or average risk	Adults 45+ at average risk
How often do I need it?	Every 10 Years (Adults at high risk may need more frequent testing as recommended by their healthcare provider.)	Every 3 years
Is it invasive?	Yes	No, used at home
Do I have to do any prep?	Yes, full bowel prep including fasting and laxatives	No
How long will it take?	1-2 days for bowel prep and procedure	The time it takes to collect a sample
Will my test be covered?	Covered by most insurance	Covered by most insurance
What if I have a positive result?	Polyps (growths) removed and examined	Follow-up colonoscopy



12:00

**NOTIFICATION**


Spirit Lake Health Center is now  
offering **COLOGUARD SCREENINGS!**

Talk to your health care provider about your screening options!

**(701)766-1600**

**At-Home Screening Test • Fast & Painless • Affordable**

**Spirit Lake Health Center**  
**(701) 766-1600**



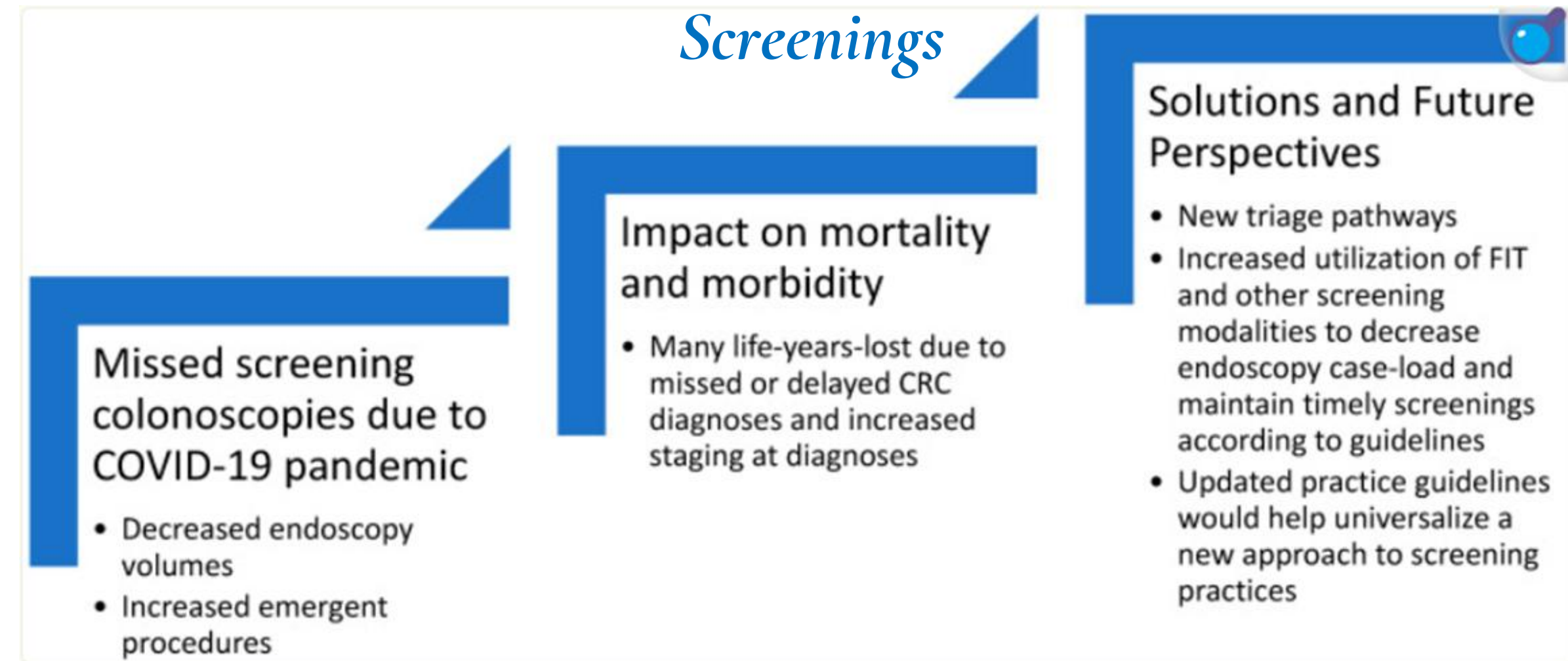


# Challenges

- Pause with COVID
- Aligning measure definitions across multiple initiatives
- 14 clinics changed EHRs during their ScreeND participation
- Clinic staff turnover/shortages
- Competing priorities for clinics
- 1 Clinic Closed

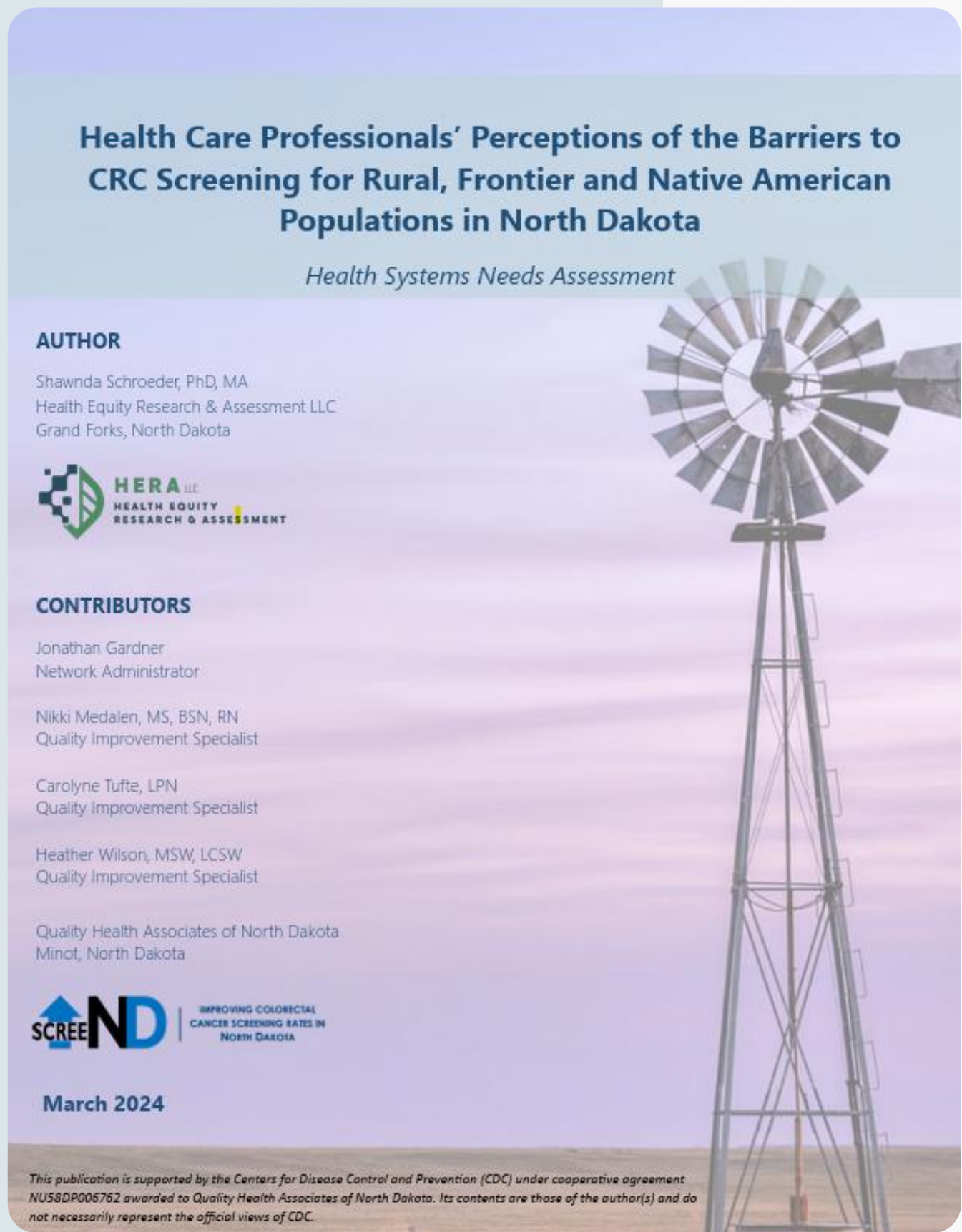


## Overview of Impact of COVID-19 on CRC



Sundaram S, Olson S, Sharma P, Rajendra S. A Review of the Impact of the COVID-19 Pandemic on Colorectal Cancer Screening: Implications and Solutions. *Pathogens*. 2021 Nov 19;10(11):1508. doi: 10.3390/pathogens10111508. PMID: 34832663; PMCID: PMC8619517.





Key Informant Interviews were held between October 2023 and January 2024 in twelve health centers representing 21 clinics participating in the ScreeND Program: one urban, eight rural and three tribal. These were held face-to-face and interviewers from QHA took notes for data 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.

# Recommendations:

- 1. Education & Resources:** Develop patient education materials and financial guidance.
- 2.Targeted Outreach:** Focus on patients aged 45-55 and promote wellness visits.
- 3.Community Events:** Host events with follow-up procedures.
- 4.Data Collection:** Train clinics on meaningful data collection and EHR usage.
- 5.Promote Cologuard:** Improve workflow and reimbursement for Cologuard.





# Evidence-Based and Other Interventions

NUMBER OF CLINICS IMPLEMENTING INTERVENTIONS PER YEAR					
Intervention	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Provider Assessment and Feedback</b>	4	8	14	18	21
Evaluation of provider performance					
<b>Provider Reminders</b>	6	15	18	21	21
Inform providers that it is time for a client's cancer screening test					
<b>Client / Patient Reminders</b>	6	15	18	21	21
Letters, phone calls, or messaging advising patients that they are due for screening					
<b>Reducing Structural Barriers</b>	0	6	18	21	21
Efforts to reduce travel, cost, time, or other barriers to screening					
<b>Small Media</b>	6	15	18	21	21
Use of images, videos, or printed material to inform and motivate people to be screened					
<b>Patient Navigation</b>	6	12	15	21	21
Assist patients to overcome barriers to screening					
<b>Measuring Practice Progress</b>	6	15	18	21	21
Collecting and reviewing data on a regular basis					
<b>Policy Development</b>	6	15	18	21	21
Establishing a protocol to ensure that every patient is offered screening					



# Peer-2-Peer: All Share, All Learn!

## Audio Video Vignettes:

Sharing insights on selected CRC screening topics

[crc.screend.org/program/participant-video-vignettes](https://crc.screend.org/program/participant-video-vignettes)

[Success Stories](#) *(link)*

## NCCCRT: EHR Super-users Workgroup:

ScreeND team members planned, facilitated and presented 5 events during March: CRC Awareness Month 2025.

## Peer-2-Peer Webinar: “Slicing and Dicing” A Way to Colorectal Cancer Screening Data

- Epic - using existing tools
- Sharing with others
- Resulted in all Epic users to collect data

Success Story:  
“Slicing and Dicing” A Way to Colorectal Cancer Screening Data

### All Share, All Learn!

- Epic – using existing tools
- Sharing with others
- Resulted in all Epic users to collect data
- See full story:  
<https://screend.org/>

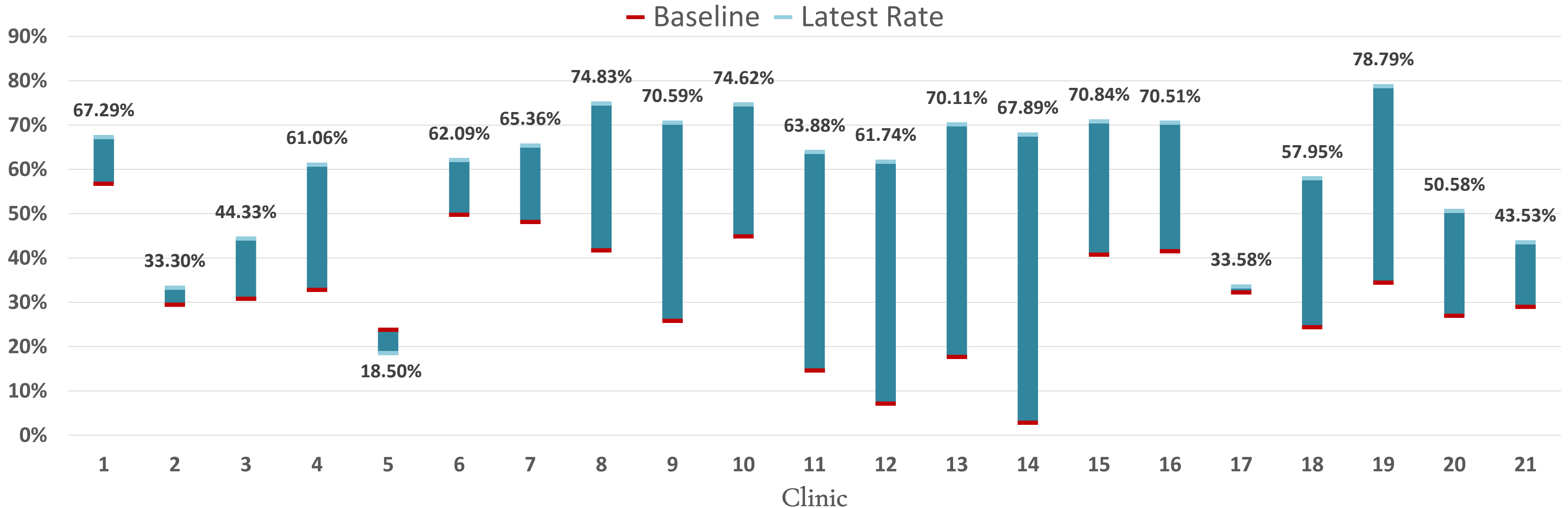


## Tribal Communities Peer-to-peer Sharing Event

- Pulling Data from I-care for Provider Assessment and Feedback
- Community Approach to Screening, Tracking, and Follow-up
- Experience Using Cologuard as a screening tool



# Screening Rate Improvement



Average Improvement of  
29.81 Percentage Points



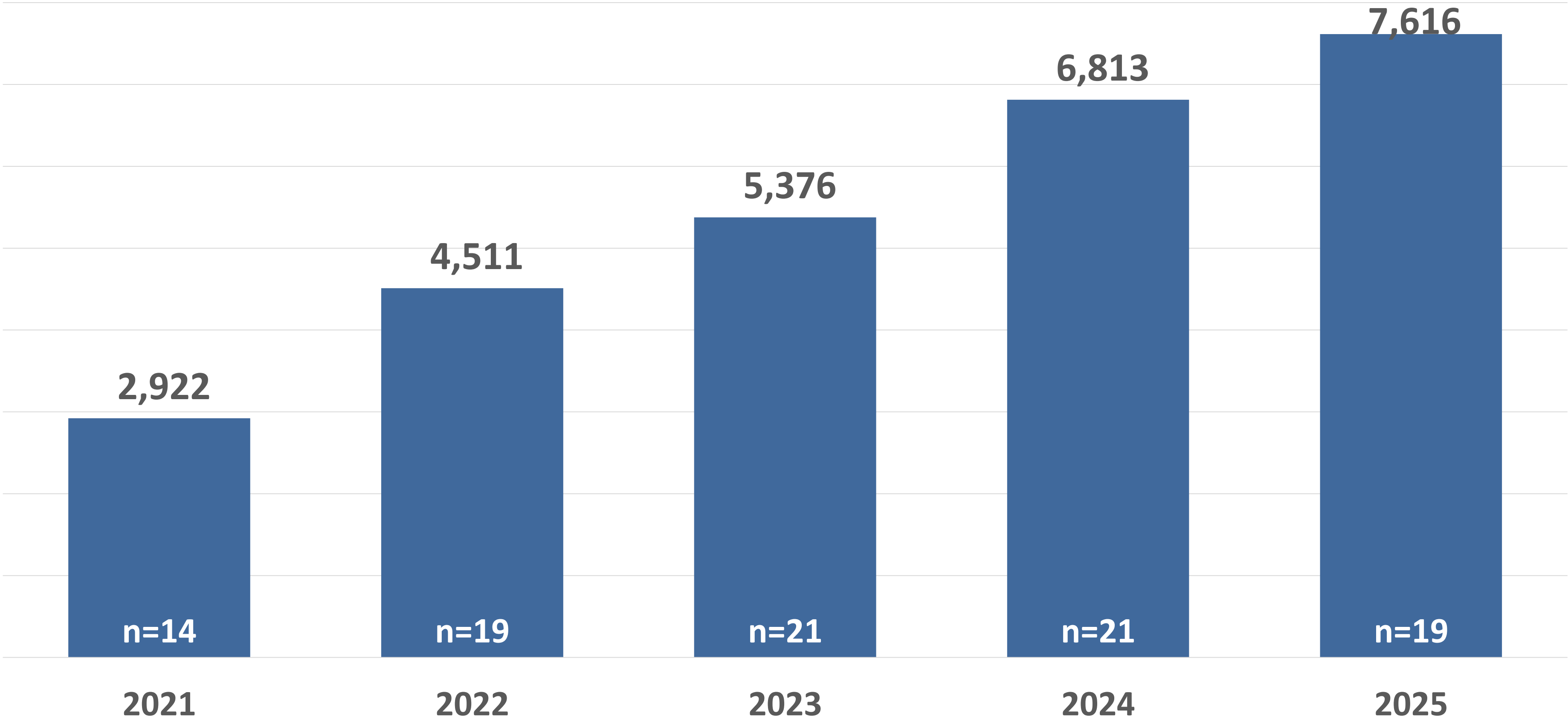
Overall Relative  
Improvement of 249.01%



Range of improvement  
from 7.62% to 2316.01%



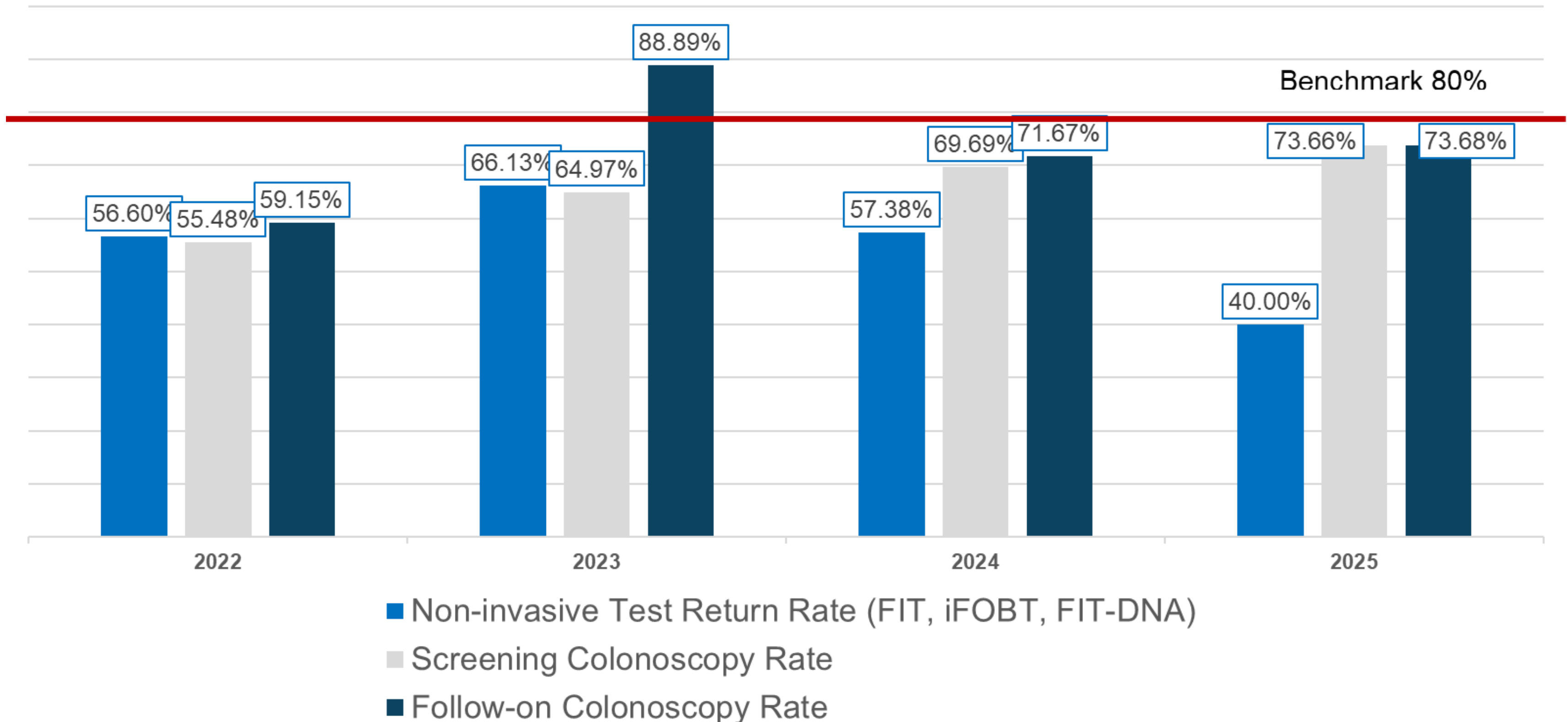
*Additional people screened each year*





# Completion Rates

In late 2024 and into 2025, several clinics launched 'Care Gap Projects,' ordering Cologuard for patients due for CRC screening, even without recent visits. Completion rates were lower than those screened during routine appointments.





# *Cologuard Usage: Aggregate of All ScreeND Clinics*

*Report timeframe: May 2023 to April 2025*

## **90-Day Adherence by Patient Segment**

in report timeframe

**Rescreen**  **80.5%**

**New 50+**  **50.0%**

**New 45-49**  **45.8%**

## **Result Distribution**

for valid results in report timeframe

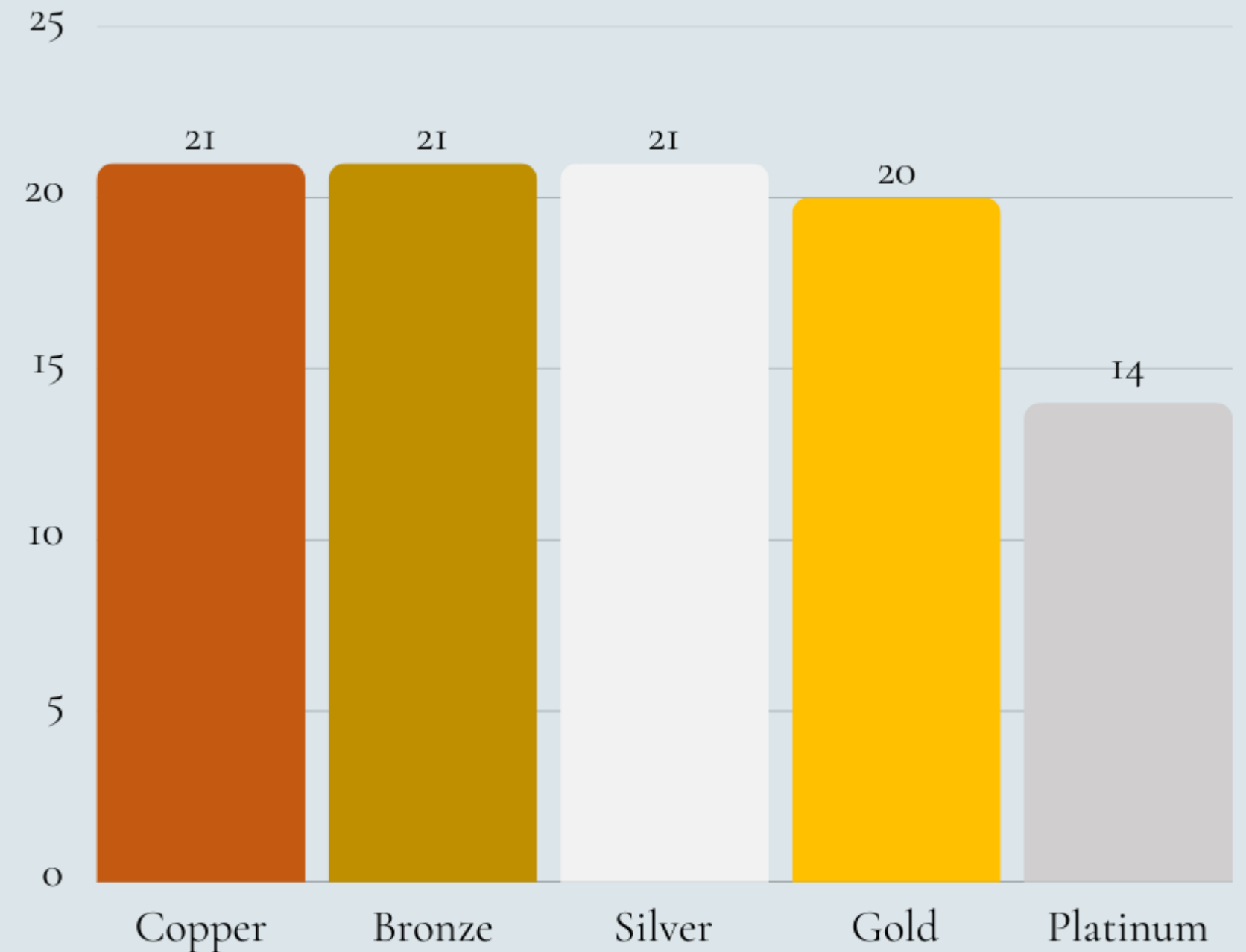
**Positive**  **16.6%**

**Negative**  **83.4%**



# Milestone Achievements

<b>Copper</b>	<input type="checkbox"/> Signed commitment letter <input type="checkbox"/> Form multidisciplinary innovation team <input type="checkbox"/> Completed Clinic Readiness Assessment <input type="checkbox"/> Completed introductory meeting <input type="checkbox"/> Submitted Action Plan and set goal for year 1 <input type="checkbox"/> Submitted baseline data
<b>Bronze</b>	<input type="checkbox"/> Data submission is current. <input type="checkbox"/> Initiated two (2) evidence-based interventions defined in Action Plan <input type="checkbox"/> Submit current clinic policy for CRC Screening
<b>Silver</b>	<input type="checkbox"/> Team members participate in scheduled coaching calls and rapid action collaborative <input type="checkbox"/> Implement at least 2 evidence-based interventions specific to improving CRC screening rates <input type="checkbox"/> Achieve 1 <sup>st</sup> year goal for improving CRC Screening rate <input type="checkbox"/> Share SCREEND performance with Clinic Board or Leadership
<b>Gold</b>	<input type="checkbox"/> Annual review and update of Action Plan <input type="checkbox"/> Submit at least one success story or lesson learned related to the interventions selected. <input type="checkbox"/> Achieve 2 <sup>nd</sup> year goal for improving CRC Screening rate <input type="checkbox"/> Distribute clinician level data to medical staff
<b>Platinum</b>	<input type="checkbox"/> Achieve 3 <sup>rd</sup> year goal for improving CRC Screening rate. <input type="checkbox"/> Using EHR to fullest potential to sustain EBIs such as flagging for follow-up, tracking screening results, pulling reports, <u>generating</u> and sending reminders to both providers and patients.





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The Rapid Action Collaborative provided foundational content, though the webinar format posed challenges for clinic staff engagement.

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A formal CRC screening policy is vital for consistent and sustainable practices—it establishes a standard approach. Implementing standing orders for nurses to initiate stool tests for average-risk patients further strengthened screening efforts.

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Offering stool tests in addition to colonoscopy increases screening rates. “The best test is the one that gets done.”

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CRC screening rates can improve up to 60% through opportunistic approaches, but achieving higher rates requires intentional, sustained effort.

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Identifying missed screening opportunities—such as specific visit types, payor sources, and whether patients saw their designated PCP—is essential.

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A 12-month lookback yielded a more accurate screening rate than monthly reporting, as it captured screenings completed after the initial visit.

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Initially, clinics reported effective implementation of the interventions; however, at the one-year self-assessment, they rated their performance lower, reflecting a deeper understanding of the associated responsibilities.

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## *Sustainability*

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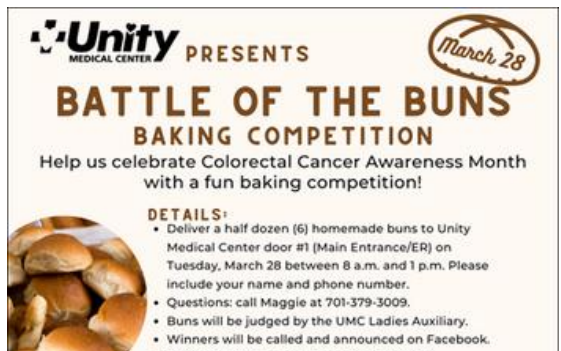
Program Year 5 evaluation survey analyzed by aggregate and per clinic.

Review items scored below 4 with each facility and strengthened efforts in these areas during the final six months.

April 2025 Snapshot included all of the most current resources for each evidence-based intervention.



# Social Media, Marketing, Messaging & Awareness







Millions  
of  
Memories





# *ScreeND Outcomes: Comments from Evaluation Survey*

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“This has been an excellent initiative for our clinic. Without it, we would not have increased screening rates we do today.”

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“Nikki, Jonathan, and Carolynne were all vital members to our team! They helped us achieve our goals and celebrate our victories. This wouldn’t have been doable without their commitment and encouragement.”

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“We have seen SO much benefit from participating in the program. We hope there is the potential for the program to continue and require reporting so that this initiative remains at the forefront of health systems priorities.”

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“The ScreeND team has been amazing to work with! The ideas, resources and information that they provided has been amazing.”

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# *Dear ScreeND Program Teams,*

As we conclude this remarkable journey together, we want to express our heartfelt gratitude and immense pride in every team's accomplishments. Your dedication and hard work have made a significant impact in every community you serve, and for that, we are tremendously proud.

According to the American Cancer Society's Cancer Statistics, 2025, there will be an estimated 360 new cases of colorectal cancer in North Dakota this year. We are confident that your teams will continue to hunt these cancers, identify them as early as possible, and provide the necessary treatments; ultimately saving lives.

Your tenacity and commitment to this cause motivate us to keep learning and sharing what works. Your efforts are not just statistics, they are stories of hope and resilience that will continue to inspire us all.

Thank you for your unwavering dedication and for being a part of this incredible program. We look forward to seeing the continued positive impact you will make in the future.

*With deepest appreciation,*

**Quality Health Associates of ND – ScreeND Team**

Judy, Nikki, Jonathan, Carolyne, Heather, Tessa, and Nathan

