

Implementing Evidenced-Based Strategies to Increase Colorectal Cancer Screening Rates in SD Funding Application

1. Applicant Information

Healthcare facility name(s): **Sanford Clinic**

Mailing address: **1305 W. 18th Street**

City: **Sioux Falls**

ZipCode:
57104

Contact person: **Sharon Hunt**

Title: **Vice President, Cancer Services**

Email Address: **sharon.hunt@sanfordhealth.org**

Phone #: **(605) 328-6900**

2. Clinic Resources and Services Provided:

1. Which of the following categories best describes your practice site(s)?

Family Practice Clinic
 Federally Qualified Health Center
 Outpatient Surgical Center
 Specialty Clinic
 Hospital
 VA Facility
 Other: All Sanford Clinic locations in South Dakota

2. Staffing Information:

Provider Type	Number Full-Time	Number Part-Time (20 hours or less per week)
a. Family/General Practitioner	194	44 Part-Time, 419 FTE
b. Gastroenterologist	13	
c. General Surgeon	21	
d. Other Specialty Physician	235	
e. Nurse Practitioner	147 total, 117 Specialty care	41 Part-Time, 106 FTE
f. Physician Assistant	82 total, 42 Specialty care	19 Part-Time, 63 FTE
g. Residents supervised by attending physicians	Unknown	
h. Other - specify: _____		

- 3.

Total number of female patients over 50 years of age: 52,332
 Total number of male patients over 50 years of age: 38,944

4. Approximately what percent of all patients at this practice site are insured by:

Medicaid	0.1%
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Medicare	28.3%
Private Insurance	63.9%
IHS or Tribal Contract Health	0%
Veteran's Administration	0.6%
Uninsured	7.1%
Other - specify: _____ _____	%
Total	100%

5. What type of medical record system does your practice site use?
 - Paper charts
 - Partial electronic health records (e.g. lab results available electronically, but patient history on paper)
 - In transition from paper to full electronic medical records
 - Full electronic medical records

6. Does this facility have its own written protocol/practice standard for colorectal cancer screening?
 - Yes - **Please include a copy, if available.**
 - No

7. How are providers currently reminded that a patient is due for colorectal cancer screening?
 - Special notation or flag in patient's chart
 - Computer prompt or computer-generated flow sheet
 - Automatic prompt within the electronic health record
 - Other mechanism - specify: Sanford's EMR includes a Health Maintenance (HM) section that is designed for clinic staff and providers to use in conversations with patients. Colorectal cancer screening is among the HM actions maintained by the primary care clinic for each patient.
 - No reminder

8. How does your practice site(s) currently remind patients that they are due for colorectal cancer screening?
 - Verbal prompt from providers during an office visit
 - Reminder by US mail
 - Reminder telephone call
 - Reminder by e-mail
 - Personalized web page
 - Patient-accessible electronic health record
 - Other mechanism - specify: The EMR contains a patient "recall" workflow that is initiated by the specialty clinic in which the colorectal cancer screening is performed. This workflow generates a series of reminder letters to patients, which is noted above.
 - No patient reminder for CRC screening

9. Does your practice site(s) track completed screenings? Yes No

10. Does your practice site(s) have the capacity to screen more men and women this year than last year?
Yes No
11. Can the practice site(s) ensure that treatment will be provided to all patients with a confirmed cancer?
Yes No

3. Evidenced-based Interventions: *Please check the interventions that your organization plans to implement. All interventions do not need to be selected to be considered for*

Mandatory Interventions

One-on-One and/or Group Education
Small Media

Provider Level Interventions

FLU/FOBT
Provider Assessment and Feedback
Reminders and Recall Systems

Client Level Interventions

Client Reminders
Reducing Structural Barriers for Clients

4. Population of Focus:

Please select the primary population(s) of focus:

African American/Black	American Indian/Alaska Native	LGBT
Hispanic/Latino	Immigrant Population	Rural
Low Income	Migrant Worker	Other: (All Populations, see below.)
Uninsured/Underinsured	Asian American/Pacific Islander	

Please describe the primary population(s) of focus to include age and gender, and the unequal burden of colorectal cancer experienced by the population(s) of focus.

Sanford Clinic's statewide focus will be on all populations within the service area: male and female between the ages of 50 and 75 who have not obtained colorectal cancer screening.

5. Intervention Planning: *Please ensure that implementation plans align with the intention of the defined interventions. Only address the evidenced-based interventions your systems plans to implement.*

FLU/FOBT- **To be completed only by facilities selecting to implement this intervention.*
2013-2014 Baseline Target (September 2014 through August 2015)

of patients participating in a *Flu/FOBT intervention (if this intervention occurred).*

Intervention did not occur. What is the goal number of patients you envision participating in a Flu/FOBT intervention in 2014-2015?

This project's start date coincides with the beginning of Sanford's flu vaccination campaign kick-off. Given that education materials must be developed before implementation can occur in the clinic setting, it is uncertain whether Sanford will be able to include a Flu/FOBT intervention during the 2014-2015 flu season. Moving forward, vaccination encounters will be an opportunity for clinic staff to note any Best Practice Alerts in the EMR, since all clinics are integrated with the same record system.

How (by what process) was the target established for 2014-2015?

A target is not established for 2014-2015, due to timing of project period in relation to the flu and flu vaccination season.

Please provide a thorough and thoughtful description for the following:

1. What is the process by which this intervention will be implemented?
If Sanford is able to implement the Flu/FOBT intervention, it will follow the same process noted below in the Reminders and Recall System intervention and in the Client Reminders intervention.
2. Staff who will organize the intervention to include name/title, experience and time that will be dedicated to intervention.
If Sanford is able to implement the Flu/FOBT intervention, it will follow the same staff involvement noted below in the Reminders and Recall System intervention and in the Client Reminders intervention.
3. Process by which patients will be identified and targeted for the intervention.
If Sanford is able to implement the Flu/FOBT intervention, patients will be identified and targeted using the same process noted below in the Reminders and Recall System intervention and in the Client Reminders intervention.

Provider Assessment & Feedback- **To be completed only by facilities selecting to implement this intervention.*

Does the system currently have a Provider Assessment & Feedback plan in place?

Yes No

If yes, and this is an intervention integrated into the proposed project, describe below the implementation plan to enhance the existing provide assessment and feedback process. *If there is no enhancement planned for an existing system, please do not include the intervention in the project.*

Within the integrated Sanford system, colorectal cancer screening rates currently are reported by provider and clinic. This reporting will continue within the project, and planned analysis of those rates will speak to the intervention's effectiveness. By comparing baseline (pre-intervention) and project (intervention period) screening rates, we will gauge the success of the project's pilot and full implementation.

What is the process by which this intervention will be implemented? *Include whether assessment and reporting will occur by individual provider, group of providers or both individual and group of providers. Also, state the current compliance rate (if known) and the target compliance rate and the process by which this target was determined.*

The current process reports colorectal cancer screening rates (58.21% across all Sanford Clinic primary care sites in South Dakota) along with other important screening tests. This tested report will continue for all providers and be further segmented by individual, group, and overall clinic screening rates. Project leadership will provide feedback directly to providers before, during, and after implementation, and ideally would like to increase the compliance rate to 90%. Clearly, an increase of even 10% would reach many additional patients - but Sanford's goal is provide colorectal cancer screening to as many individuals as possible.

Provider Reminders and Recall Systems - **To be completed only by facilities selecting to implement this intervention.*

Does the system currently have a Provider Reminder System in place?

Yes No

If yes, and this is an intervention integrated into the proposed project, describe below the implementation plan to enhance the existing system. *If there is no enhancement planned for an existing system, please do not include the intervention in the project.*

With help from GetScreenedSD, this project will expand the Provider Reminder and Recall intervention by supporting the development of training for Sanford Clinic staff across the state (and ultimately throughout the Sanford footprint). This training will educate clinic staff on how to identify a patient who meets the screening criteria and - where possible - offer to schedule the procedure. As such, it represents a cultural shift. No longer will population health rest solely on the shoulders of the primary care system. Instead, all providers in the Sanford Clinic system will share that responsibility. In the future, any clinical staff member who enters a patient's electronic chart in the EMR will see a new Best Practice Alert for colorectal cancer screening.

The Health Maintenance feature within the EMR acts as the current Provider Reminder System. It is maintained by the primary care clinic, with support from clinics where colorectal cancer screenings take place. This has been an effective tool at capturing Provider Reminders for other health conditions and diagnostics. An enhancement to the Health Maintenance feature, a Best Practice Alert, now is being piloted for breast cancer screenings. Staff at non-primary care clinics with high volumes of patients now are piloting this enhancement in various Sanford regions. Breast cancer screenings take a single, straightforward form: a mammogram. Colorectal cancer screening, however, is a more complex and clinical discussion due to the several FDA-approved diagnostics available to patients and their health care providers.

What is the process by which this intervention will be implemented? *Be sure to include whether the system is electronic or paper-based and how the system will ensure that providers are alerted that a patient is due for a screening exam.*

Working collaboratively, experts from Sanford Clinical Decision Support and Ambulatory IT teams will write a query that "reads" patient EMRs and flags with a Best Practice Alert any patient identified as a candidate for colorectal cancer screening. These are patients who meet the criteria for colorectal cancer screening (primarily defined by age) but whose EMR shows no completed screenings.

This proposal does not seek support for this aspect of the system-wide change, as the underlying "script" to create this query also is complicated by the existence of several accepted screening tests for colorectal cancer. These early-phase resources are committed by Sanford as part of its Preventative and Population Health Initiative that created the breast cancer screening pilot project now underway. IT staff will program the EMR to run the multi-faceted colorectal cancer screening query at designated intervals and to flag individual patients' records with a Best Practice Alert if they meet the inclusion standards. Any clinic staff member who accesses the patient's EMR will quickly and unmistakably recognize the alert and see the individual is an eligible candidate for colorectal cancer screening.

Best Practice Alerts will not be satisfied and removed from a patient's record in the EMR system until a staff member at the clinic performing the screening enters a valid date for the patient's most recent qualifying test. This effort requires staff training on the front end, if it is to be successful when implemented with patients in the clinic setting. Training will be delivered first at non-primary, high-volume specialty clinics identified within Sanford's South Dakota footprint.

Client Reminders and Recall Systems- **To be completed only by facilities selecting to implement this intervention.*

2013-2014 Baseline (July 2013 through June 2014) Target (September 2014 through August 2015)

Number (absolute value) of patients receiving client reminders (if this intervention occurred).

Average of 350-400 patients per month What is the goal number of patients you envision receiving a client reminder for colorectal cancer screening in 2014-2015?

500 or more South Dakota patients

How (by what process) was the target established for 2014-2015?

Project leadership based the 2014-2015 target on the existing Client Reminder and Recall list for Sanford Clinic - Gastroenterology in Sioux Falls, and likely patient eligibility due to demographics in the Sioux Falls area and other South Dakota communities in which Sanford Clinics operate.

Please provide a thorough and thoughtful description for the following:

1. The staff that will be responsible for the client reminders to include name/title, and time that will be dedicated to the project.

Project work from staff members detailed in the Provider Reminders and Recall intervention is interrelated to the Client Reminders and Recall intervention. Please refer to those staff members and duties as described above.

Additional staff members in the Client Reminders intervention will include clerical/ registration staff at each Sanford Clinic site, who will work with Ambulatory IT specialists to fine-tune the patient reports for their service areas and initiate the remainder of the Patient Reminder process (described below).

Tim Bjordal, Director of Sanford Clinic - Gastroenterology and the Center for Digestive Health in Sioux Falls, will provide guidance and support as surrounding clinics transition into their use of the Client Reminder system he's developed for the larger patient population in his clinic's service area. Bjordal holds a Master's in Healthcare Administration and oversees a staff of nine physicians and five nurse practitioners whose expertise in colorectal cancer prevention also will be tapped for this project. Their collective aim is to continuously improve screening, detection, and treatment success rates, maintaining Sanford's reputation as the destination for digestive health services in the region.

2. Process by which patients will be identified to receive a client reminder.
In effect, the Provider Reminder and Recall system and intervention flows directly into an in-person Client Reminder intervention at every encounter within the integrated Sanford Clinic system. Because the Best Practice Alert will remain within a patient's EMR until s/he completes a valid colorectal cancer screening test, the alert will continue to trigger conversations during follow-up visits at any Sanford Clinic site. Staff at any Sanford Clinic - primary or specialty - will see the Best Practice Alert upon patient check-in. This is a prompt for staff to initiate the conversation with the patient, providing information on the Health Maintenance action options as well as background on why the screening is critical to the patient's health and an offer to help schedule an appointment within the Sanford system. Each clinic visit will provide multiple opportunities for staff to touch base with the patient on these topics. Within the EMR, staff members have a way record when and how education and scheduling assistance is offered to patients, so that staff may adjust the approach with this patient, if needed in the future.

Clinic staff will advocate colonoscopy as the preferred diagnostic. However, Sanford project leadership recognizes that some patients will not voluntarily schedule a

Reducing Structural Barriers for Clients- **To be completed only by facilities selecting to implement this intervention.*

Please provide a thorough and thoughtful description for the following:

1. What methods will be implemented to reduce structural barriers to receiving colorectal cancer screening?

6. Outcomes & Impact Metrics: *In the table below, specify the impact metrics that are relevant to the project and indicate baseline values and targets for the Project.*

	2013-2014 Baseline (July 2013 through June 2014)	Target During Project Period (September 2014 through August 2015)
# of patients screened for colorectal cancer (FIT/FOBT only)	681	At least 800
# of patients screened for colorectal cancer (Colonoscopy only)	7508	At least 8250
Number of FIT/FOBT Kits Distributed	Unknown	
Number of FIT/FOBT Kits Returned	681	
# of patients receiving one-on-one education for colorectal cancer	Unknown	
# of patients receiving group education for colorectal cancer	Unknown	
# of patients receiving small media materials for colorectal cancer	Unknown	
# of patients participating in a FLU/FOBT intervention	0	
# of patients receiving client reminders for colorectal cancer	24,739	At least 30,000

# of times guaiac testing of a digital rectal exam was performed (This screening test does not follow the current CRC screening guidelines and should be discontinued.)	Unknown; this test is not a “chargeable” test so measuring the volume is difficult. It is not routinely used and thought to be a small number.	None
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Overall Colorectal Cancer Screening Rate

Please provide your clinic screening rate for colorectal cancer from July 2013 through June 2014, if possible. See below for additional information.

	2013-2014 Baseline (percentage)	Reporting Timeframe
Colorectal cancer screening rate	58.21%	(July 2013 through June 2014)

However, if you are unable to provide a rate using the provided timeframe please provide your baseline clinic screening rate and indicate the reporting timeframe below.

	Rate (percentage)	Reporting Timeframe
Colorectal cancer screening rate	N/A	

**We encourage you to either use the criteria for National Quality Forum Measure 0034 or the Uniform Data System (UDS) measure for FQHC’s for colorectal cancer screening. Additional information can be found below.

National Quality Forum Measure 0034

Measure Description:

The percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer.

Numerator Statement:

One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test during the measurement year. For administrative data, assume the required number of samples were returned regardless of FOBT type.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

Denominator Statement:

Patients 51-75 years of age as of December 31 of the measurement year.

Exclusions:

Exclude patients with a diagnosis of colorectal cancer or total colectomy.

Exclusionary evidence in the medical record must include a note indicating a diagnosis of colorectal cancer or total colectomy, which must have occurred by the end of the measurement year.

UDS Clinical Measure for Colorectal Cancer Screening

<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&state=SD&year=2012#glist>

7. Screening and Diagnostic Processes: *What is the process by which individuals will be: 1) identified for screening 2) approached to participate in the cancer screening, 3) notified of when and where to be screened, 4) notified of the results of the screening, and 5) further processed if the screening indicates the need for follow-up?*

Action Step	Process
1. Identification process:	Utilizing UDS Clinical Measure for Colorectal Cancer Screening, patient will be identified as an eligible candidate for colorectal cancer screening. Once the patient is identified, the EMR will be programmed to trigger a Best Practice Alert that notifies the EMR end-user (clinic staff) of the patient's eligibility.
2. Initial request to screen:	At each unique encounter, the EMR end-user will request that the patient seek a colorectal cancer screening. This request will occur regardless of where that encounter occurs within the Sanford Clinic system.
3. Notification of screening time and place:	Candidates who agree to referral to colorectal cancer screening will be referred to the appropriate screening location for their service area.
4. Notification of screening results:	Clinic staff at the endoscopy site will enter in the recall system all patients who undergo a screening diagnostic, setting an appropriate recall interval based on the patient's individual pathology results. Patients whose pathology results place them in an at-risk category will be placed in an additional tissue tracking system to ensure they obtain follow-up.
5. Positive screening follow-up process to diagnostic exam (include diagnostic resources):	Patients who obtain colorectal cancer screening via means other than diagnostic colonoscopy will be immediately referred to the appropriate clinic area for diagnostic colonoscopy.
6. Positive diagnostic exam follow-up to treatment:	Endoscopy site staff will refer patients with positive pathology results to the appropriate specialty for follow-up. (i.e. colorectal surgery, oncology, etc.)
Please list the name of the health system's referral resources for screening exams, diagnostic exams, and l cancer treatment: All Primary Care Clinics (Family Medicine, Internal Medicine, OB/GYN); Community Health Clinics, Indian Health Services Clinics, Communal Living Communities	
Screening cancer exam referral resources:	All Sanford Clinics that have access to approved colorectal cancer screening procedures including screening colonoscopy.
Diagnostic cancer exam referral resources:	All Sanford Clinics that have access to providers who perform endoscopy.
Treatment referral resources:	All Sanford Clinics and Medical Centers with capability of comprehensive cancer treatment services.

General Comments:

8. Sustainability Plan:

Please describe the plan to sustain the project and related outcomes beyond the grant funding cycle? Once the process is in place and has been refined to ensure that all appropriate individuals are being identified and subsequently offered colorectal cancer screening, the process will stay in place permanently. Colorectal cancer screening is identified in Sanford's population health initiative, and the system is making a sizeable investment to move toward the use of Best Practice Alerts and Health Reminder conversations at every encounter within the Sanford Clinic structure. Quality Assurance staff periodically will review the process for continual improvement purposes.

9. Budget Justification: *Funding will not exceed \$7,500 for any one site/facility. Multiple site/facility applications may request up to \$15,000. In-kind contributions are not required; however, they are viewed favorably as a demonstration of organizational commitment to the project. Both an itemized description and justification must be provided for all categories where funds are requested.*

Category	Community Grant Funding Requested	In-kind Contribution (identify source and projected dollar amount)
Printing, copying Itemized description:	\$0	\$ Negligible amount anticipated and committed by Sanford
Justification: No printing or copying support is requested through this grant. Staff from the Sanford Center for Learning will minimize these needs by creating much of the staff training in an online platform. This allows the training to be used long-term, as it may be updated when necessary without the cost of reprinting. All Sanford employees may access this training via the organization's intranet.		
Supplies Itemized description:	\$0	\$ Negligible amount anticipated and committed by Sanford
Justification:		

<p>Staff Support Itemized description:</p> <p>Tammi Krause, Clerical Specialist - Sanford Clinic Watertown: 24 hours over the one-year project period</p> <p>Deb Hettinger, Clinical Education and Training Specialist - Center for Learning, Sioux Falls: 117 hours over the one-year project period</p> <p>Dennis White, Clinical Nurse Educator - Center for Learning, Sioux Falls: 133 hours over the one-year project period</p> <p>Angela Heibult, Instructional Design Coordinator - Center for Learning, Sioux Falls: 74 hours over the one-year project period</p>	<p>\$15,000.00</p>	<p>\$ Committed by Sanford</p>
<p>Justification: All Sanford staff budgeted in this grant request will perform duties beyond their typical functions as a direct result of their involvement in this project. <i>Note:</i> Person-level salary figures to support the staff time and prorated fringe benefit calculations are available for review, if required by the South Dakota Department of Health and the GetScreenedSD grant program. Fringe benefits are prorated at 25% according to each budgeted staff member's time commitment and base salary.</p> <ul style="list-style-type: none"> ▪ Krause will inform development of these staff and patient training modules by offering feedback from the practical standpoint of clinic operations in a smaller community new to the recall and reminder systems as a whole. ▪ Hettinger will support the development of the patient education component. ▪ White will serve as the clinical education lead for the staff training program. ▪ Heibult will coordinate the development of online training programs and work closely with White and other subject matter experts to design computer-based training. <p>Sanford commits to provide additional support from colorectal cancer content experts - the physicians, nurse practitioners, and director at the Gastroenterology Clinic / Center for Digestive Health. This grant requests no support for their time, nor for effort expended on this project by leadership with responsibility for the Cancer Services line in the Sanford Clinic reporting structure.</p>		
<p>Travel: Itemized description:</p>	<p>\$0</p>	<p>\$ None anticipated</p>
<p>Justification: No travel support is requested through this grant. Sanford's existing Microsoft Lync and PolyComm videoconference resources allow staff members in different areas of the state to collaborate remotely and still meet face-to-face through virtual means.</p>		
<p>Other expenses Itemized description: Indirect Costs</p>	<p>\$0</p>	<p>\$ Borne by Sanford</p>

Justification: Sanford Health has a federally negotiated Indirect Costs rate of 36.5%. Project finance and operations leaders have chosen not to request the 5% IDC rate allowed by the GetScreenedSD grant program. Instead, Sanford will bear these full Indirect Costs and direct the entire grant award toward development of patient and staff training and education components.

	Total: \$15,000.00	Total: \$ Unquantified
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