70x2020 Announcements: #28 (June 2018)

Prevent Colon Cancer - Get Screened!

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EDITORIAL: Do the right thing, and save someone from colorectal cancer

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RJD

As you and your family embark on your summer vacation, take a moment to remember that cancers never take vacations.

It's important to remember that colorectal cancer screening isn't something we only do during Colorectal Cancer Awareness Month. It's important to remember that colorectal cancers don't wait for everyone's 50th birthday. We live by our calendars, but colorectal cancers don't.

I want to thank Cindy McDaniels for providing such an inspirational story about the community outreach efforts of North Mississippi Medical Center (NMMC). They launched a screening campaign in Colorectal Cancer Awareness Month ... but this campaign wasn't simply a "one and done" story. Rather, the greatness of the NMMC story is that they were relentless! When their first effort wasn't as successful as they'd hoped, they put their noses to the grindstone, analyzed the problems, developed a set of solutions, and went right back and tried again ... but this time applied the lessons they learned from the earlier experience. "Continual process improvement" is not just a consultant's catch phrase. It's how we get better and better at doing the right thing.

By doing the right thing, NMMC also unexpectedly saved a non-average person's life. With permission of the patient and of NMMC, I want to share the personal side of one of these stories, paraphrasing from a follow-up e-mail from Cindy.

"I wanted to share a story that proves there is a place for FIT. With our hospital's FIT initiative, we have been offering FIT tests to not only employees who would like to be screened, but also spouses of employees who are at higher risk. We have a nurse who works here at NMMC and her husband has a huge family history of colon cancer. She picked up a free FIT test from us, her husband completed it and sent it in. His FIT was positive. He had a diagnostic colonoscopy and was found to have a adenomatous polyp in his cecum. This patient is 31 years old. If he had waited until the recommended age for screening – his story would have been much different."

This happy story serves as a bridge to the other story in this newsletter, which concerns the National Colorectal Cancer Roundtable's new toolkit for identifying people who are at above-average risk for colorectal cancers. Waiting fourteen years to reach the age of 45 would have given that man's polyp enough time to develop into a cancer. Fortunately, our friends at the NMMC understand how to recognize individuals with above-average risk, and were generous enough to provide a low-cost screening option to this individual. As the 70x2020 Colorectal Cancer Screening Initiative begins to dissolve (and will hopefully be replaced by a permanent Mississippi Colorectal Cancer Roundtable), it's time to think about how we can systematically do the right thing for everyone so that no one has to die from colorectal cancer.

CRC Community Outreach in Northeast Mississippi

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Cindy McDaniel, BSN RN CGRN
GI Oncology Nurse Navigator
NMMC Cancer Care
cmcdaniel@nmhs.net

Mississippi has one of the highest rates of colon cancer and one of the lowest screening rates. Encouraging our patients to have the recommended colon cancer screening tests is something we as healthcare providers do daily. Our goal is all the same. Identify those of average and elevated risk and get them screened. Traditionally, we have tried to encourage screenings at health fairs and symposiums or by asking primary care providers to order screening tests. Despite our efforts, screening rates have not increased and colon cancer rates have not declined.

At North Mississippi Medical Center Cancer Care we asked ourselves "What can we do to increase colon cancer screening in our community?" We have the knowledge that colonoscopy is the gold standard and preferred method of screening; but what about the patients who are uninsured or underinsured? Our motto became "Any screening is better than NO screening at all." Thus, began the FIT initiative.

With our team assembled which included our cancer committee, administrators, physicians, lab personnel and a nurse navigator; we began to develop a plan. Our plan consisted of providing patients with no cost screening test, identify a population that would gain the most impact from screening, create easy to understand education, identify a screening champion, develop a process flow for further follow up and finally, collect data and evaluate our plan.

With community outreach funding through our hospital, we decided the best course of action was to offer patients a free FIT test. Our lab manager assembles the FIT test kit; we found this to be the most economical solution. Each kit costs around $3.00. With our kits in hand, we then began distribution of the tests at local health fairs and events in the month of March, National Colon Cancer Awareness Month. What greater month is there to encourage screening? 122 Kits were distributed at three different events during March. Unfortunately, out of the 122 tests distributed, we only received 24 returns. 20 of these returns were negative, 4 were positive. The problems encountered included: lack of enthusiasm among the participants, poor return rate, poor communication between staff and lab, difficulty in following up with non-returns, difficulty with communicating the results to the participants, and inefficient tracking. Time to regroup!

Confucius says, "When it is obvious that the goals cannot be reached, don't adjust the goals, adjust the action steps." We found our strategy was not as effective as we had hoped. Within our organization, we have a population program. The focus of population health is to improve the overall health of an entire population. Collaborating with our system population health nurses seemed like a natural next step. This new strategy allowed us to take advantage of relationships that already existed between patients and population health nurses. We chose to collaborate with a population health nurse located in a local industry. We chose industry because we learned these employees were insured with no screening benefits. Underinsured patients rarely choose to have screenings tests due to the out of pocket costs they will incur.

The industry population health nurse identified the patients who needed to be screened, educated them and provided a free FIT test. The industry employee would collect specimens at home and mail the FIT tests to NMMC –Cancer Care. Within one month, the population health nurse distributed 124 FIT tests. We had 92 returned! 86 of the tests were negative and 6 were positive. Of the 6 positive, all were scheduled for a diagnostic colonoscopy to which their insurance covered, 2 were found to have adenomatous polyps. To streamline communication, a shared drive was set up for tracking. The population health nurse started the tracking once a test was provided. The lab staff performed the test and documented the result. The population health nurse then notified the patient of their result and scheduled follow up as needed. If we prevent ONE patient from having colon cancer, our screening efforts are successful.

Our collaboration with population health has expanded to 3 additional industries and will continue to grow. During this process we learned three important lessons that has contributed to our success. The first was targeting a specific population such as underinsured industry employees. The second lesson was creating an electronic data collection system that streamlined communication within the team. Finally, we learned that having one person who had an existing personal relationship with each patient was an important key for not only return rate, but facilitation further follow up needed.

NCCRT Risk Assessment and Screening Toolkit to Detect Familial, Hereditary and Early Onset Colorectal Cancer

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RJD

We are all aware of the fact that increased screening of average-risk individuals has resulted in dramatic declines in colorectal cancer incidence and mortality rates over the past few decades. Yet we are also aware that we are more than a statistical mass of humanity. When colon cancer or rectal cancer strikes, it strikes individuals. As individuals, we often differ from the statistical norm.

Two of the most passionate categories of advocates I know are people who were diagnosed with early-onset colorectal cancers, and caregivers who have lost loved ones afflicted by early-onset colorectal cancers.

We need to improve our ability to identify people who are at above-average risk for colorectal cancers! Now the National Colorectal Cancer Roundtable has released a new toolkit, designed for primary care providers, to identify familial, hereditary, and early-onset colorectal cancers. I ask every one of you to forward this newsletter to your primary care physician. Please ask them to use the toolkit to help them when taking medical histories, when communicating with individuals who are at moderate or high risk of colorectal cancer, and when ensuring that these individuals are effectively screened for colorectal cancers.

Click on the "READ MORE" link below to get access to toolkit, which is absolutely free.

READ MORE

Need a summer vacation idea? Have fun with 70x2020

Last month I wrote that it was summer, and nobody caught the mistake! Although summer vacation started for most people in May, the first official day of summer was Thursday, June 21, 2018. We can now officially have hot weather in Mississippi.

Put some colorectal fun in your summer vacation plans! Summer is a GREAT time to work on the many projects discussed in Issue #26 of the 70x2020 Newsletter, distributed at the end of April 2018.

Please contact RJD if you are interested in working on any of the following projects: 1) the Telehealth CRC screening navigation project; 2) the Adams/Jefferson/Mississippi Delta Community Engagement project; 3) moderating the 70x2020 Colorectal Cancer Screening Initiative FaceBook group; 4) planning the 2018 annual 70x2020 conference; 5) helping Mississippi organizations fulfill their 80% by 2018 pledge; 6) establishing an ECHO Hub in Mississippi.

These and other efforts have not gone away on summer vacation, and they all need your help.

Contact Details

c/o Dr. Roy J. Duhe
UMMC Cancer Institute
2500 North State Street
Jackson, MS 39216

1-601-984-1625
rduhe@umc.edu); @70x2020Guy (Twitter); 70x2020 Guy (YouTube Channel)
https://www.umc.edu/cancerinstitute/for-students-and-trainees/70x2020/overview.html

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Providing financial support to the 70x2020 Colorectal Cancer Screening Initiative at UMMC is easy, fast & secure: Go online to https://www.umc.edu/givenow/Default.aspx , click on the donation box on the top line of the left column, and follow the donation instructions.