

Best Practices:

The “Super Saturday” and Operation Access Volunteer Models

A Joint Venture Championed by



Sacramento Cancer Disparities Symposium
Eliminating Colorectal Cancer Disparities

April 23, 2011

Presentation outline:

- The *problems* we're addressing
- Our *goals*
- Key community *partners* to engage
- *Best practices and models* to learn from



Photo by Richard Tenaza

The problems:

- CRC screening rates are at unsatisfactory low levels, particularly for the uninsured*
 - 14.5% of California residents 50+ (5,420,000) are uninsured
 - 53.9% of uninsured California residents 50+ (541,000) have NEVER been screened for CRC (nearly TRIPLE the rate of insured residents)
 - 66.7% of uninsured California residents 50+ (670,000) are “non-compliant” with screening recommendations (TWICE the rate of insured residents)

* Source: UCLA Center for Health Policy Research, 2009 CA Health Interview Survey

The problems:

- Low awareness of CRC is a personal health threat
- Colonoscopy resources are limited and expensive
- Healthcare reform will not insure everyone
- The public healthcare safety net is oftentimes strained by the demand of un/underinsured people needing care
- Primary and specialty care networks often lack effective integration

The opportunities:

- California DPH has received CDC funding to increase CRC screening rates
- There are known best practices for providing clinics with a mechanism to ensure that every eligible patient gets a recommendation for screening
- Non-profit hospitals have community benefit obligations to meet and licensed medical professionals are willing to volunteer their time
- Communities want to address this critical need and avoid duplicative efforts with a coordinated approach

Our goals:

- Improve CRC screening rates and reduce health disparities
- Form an integrated and engaged public-private coalition of community partners
- Strengthen the safety net, with a CRC screening program grafted onto existing local systems
- Provide meaningful, safe, and hassle-free volunteer and community benefit opportunities

Our target population:

■ Financial Eligibility

- Low-income
- Un/underinsured
- “Working poor”

■ Demographic Eligibility

- Aged 50 and older
- Immigration status irrelevant

■ Medical Eligibility

- Patient has a medical home
- Patient meets referral indications for colon cancer detection: FIT+ *or* rectal bleeding *or* family history of CRC



Photo by Richard Tenaza

Community partners:

- County & Community Clinics
- County DPH, Non-Profit Organizations & Coalitions
- Hospitals, Endoscopy Centers, Volunteers & Health Plans
- Medical Society/Association
- California Colorectal Cancer Coalition (C4)
- American Cancer Society (ACS)
- Operation Access Institute (OAI)

Partners' roles:

■ County & Community Clinics

- Make recommendations to get screened
- Implement office interventions for screening reminder system
- Manage FIT screening and refer eligible patients for diagnostic colonoscopy
- Maintain the patient's medical home

■ County DPH, Non-Profit Organizations & Coalitions

- Raise awareness of CRC screening guidelines, education, and training
- Provide the administrative infrastructure and personnel to manage volunteers and patients receiving donated services

Partners' roles:

■ Hospitals, Endoscopy Centers, Volunteers & Health Plans

- Provide diagnostic colonoscopies, pathology, surgery, and treatment
- Hospitals and endoscopy centers donate facilities, surgical supplies, and lab/ancillary services
- Licensed medical volunteers perform pro bono diagnostic colonoscopies for eligible patients
- Volunteer provider groups donate pathology, radiology, and anesthesia

■ Medical Society/Association

- Help recruit volunteers and increase awareness of CRC disparities among medical professionals

Partners' roles:

- California Colorectal Cancer Coalition (C4) & the American Cancer Society (ACS)
 - Raise awareness of screening guidelines and existing disparities
 - Enhance clinicians' ability to educate and screen the underserved
 - Facilitate procurement and use of low-cost kits and other resources
- Operation Access Institute (OAI)
 - Share tools and best practices to initiate or expand the scope of a medical volunteer model to include GI services
 - Provide technical assistance to assess needs and resources, develop an integrated network, raise funds, and measure outcomes

Our approach with these partners:

- Convene key stakeholders to jointly develop strategies to improve access to CRC screenings for the underserved
- Facilitate the removal of financial barriers to CRC screening
- Share lessons learned from successful models implemented in other communities
- Help recruit volunteer GI specialists to perform pro bono diagnostic colonoscopies
- Stimulate or build upon community needs assessment, resource mapping, and network development

Models to learn from:

The American Cancer Society & Community Clinics

■ Program design:

- Clinics are natural partners with a common mission, and they serve the highest risk populations
- ACS can help bridge the gap in reaching this high risk medically underserved population by providing resources and consultative services
- 800+ clinics throughout California serve more than 4.7 million patients
- ACS takes a 3-pronged approach to increase awareness among patients of the importance of getting screened:
 - ✓ *Clinic In-service(s)*
 - ✓ *Community Outreach Education*
 - ✓ *Community Clinic Office Intervention*

Models to learn from:

The American Cancer Society & Community Clinics

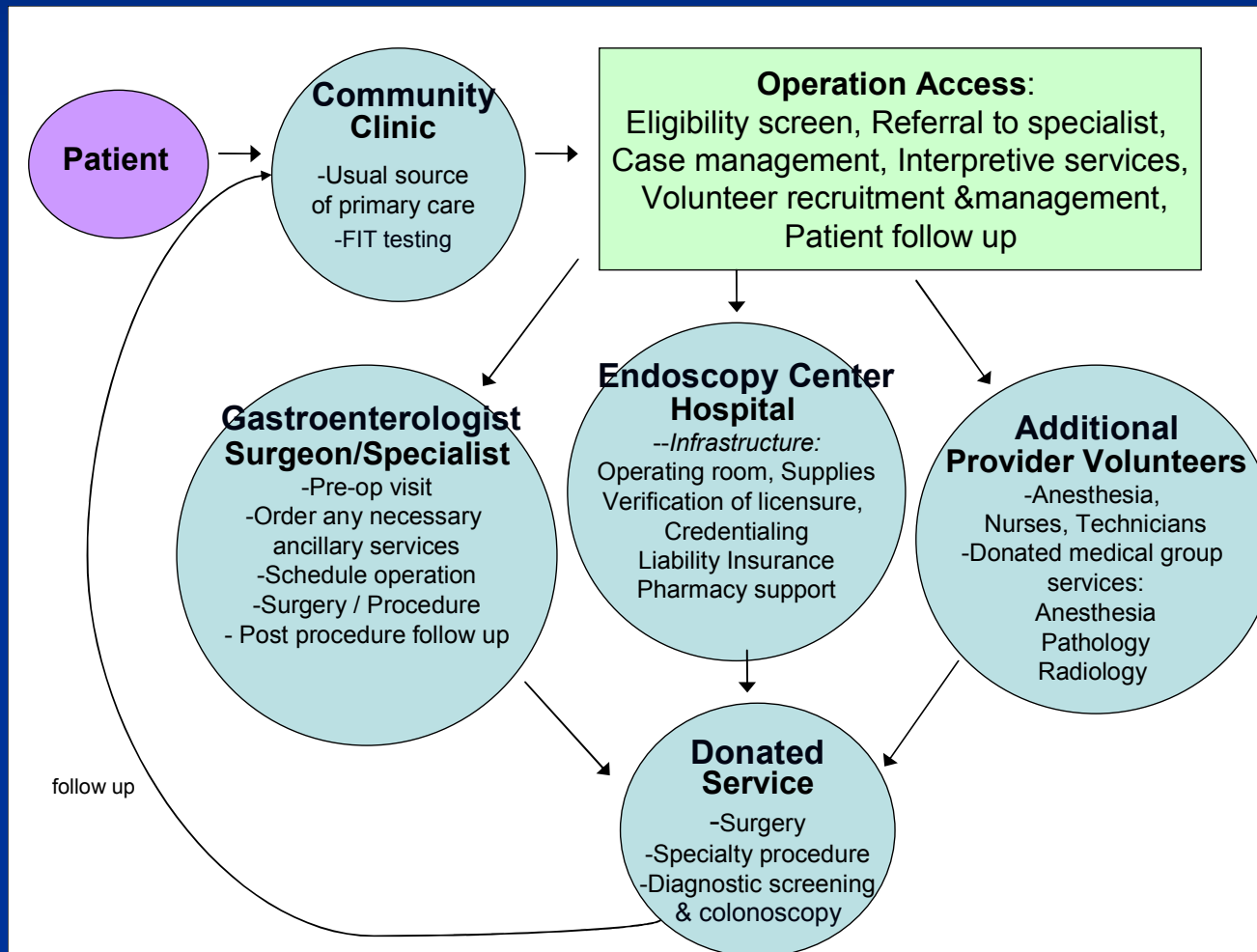
■ Program results:

- Clinic 1: 10.53% increase in screening rates after office intervention
- Clinic 2: office intervention resulted in the following:

	FIT Kits Provided	FIT Kits Returned	Positive Test Results
July 2009 to Dec 2009 (6 months)	156	137 (87.8%)	15 (10.9%)
Jan 2010 to Dec 2010 (12 months)	680	480 (70.6%)	31 (6.5%)

Models to learn from:

Template flowchart



Models to learn from:

Operation Access & Partner Hospitals

- Program design (e.g., San Francisco General Hospital):
 - Community clinics screen patients with FIT
 - ✓ *Ocean Park Health Center has achieved a CRC screening rate of 73% for approximately 2,000 eligible patients, which represents an over 75% improvement compared with 2008 levels*
 - Patients with a positive test are triaged through SFGH's eReferral system and receive a diagnostic colonoscopy and pathology through two routes:
 - ✓ *SFGH Gastroenterology Division*
 - ✓ *OA licensed volunteer gastroenterologists and volunteer pathology groups at participating OA hospitals and endoscopy centers, as added capacity*
 - SFGH performs CRC surgeries and treatments as indicated, and patients return to their medical home for ongoing care

Models to learn from:

Operation Access & Partner Hospitals

■ Program results:

- Since 1999, OA has been coordinating diagnostic colonoscopies for eligible patients referred from their medical home
- 396 diagnostic colonoscopies have been donated
- Seven colorectal cancers have been detected (2.7% rate, of known outcomes)
- All patients with cancer detected have successfully accessed the necessary treatment at local public hospitals (e.g., SFGH)

Models to learn from:

Project Access San Diego, C4 & Kaiser Permanente

■ Program design:

- CRC diagnostic colonoscopy screening program piloted in 2008-2011
- 5,000 free FIT tests were given to the program from Beckman Coulter
- North County community clinics screened patients (uninsured and aged 50 to 80) with FIT tests

■ Preliminary results:

- 2,000 patients were contacted to pick up FIT tests
- 533 patients picked up the tests (27%)
- 287 patients returned the tests (54%)
- 19 patients required diagnostic colonoscopy (7% positive rate)

Models to learn from:

Project Access San Diego, C4 & Kaiser Permanente

■ Program results:

- All FIT+ patients have received or are scheduled to receive a diagnostic colonoscopy (either through Project Access or another resource)
- Since 2009, this program has performed 67 donated colonoscopies
- 2 colorectal cancers (3% rate) have been detected
- 10 advanced adenomas (15% rate) have been detected
- The first cancer patient was treated without cost at the Kaiser Permanente Medical Center in San Diego, and the second patient is just beginning his donated treatment

Pilot sites applying these models:

- Alameda County
 - Pilot FIT screening program at APMC's Internal Medicine clinic
 - Expand pilot to consortium clinics and develop OA's network of volunteer GI teams at non-profit hospitals to provide added capacity
- Sacramento County
 - Identify and develop resources before piloting a CRC screening program
 - Potential pilot program with UC-Davis Health System and student-run clinics
- Los Angeles County
 - Pilot screening program with FIT at Venice Family Clinic's eight sites
 - Expand FIT screening program at East Valley Community Health Center
 - Broaden network of volunteer GI teams at private hospitals and endoscopy centers
- Stanford University Community (Santa Clara County)
 - Implement FIT screening at Stanford's two affiliated free clinics
 - Establish OA-type model at Stanford Medical Center with volunteer GI teams
- Orange County
 - Expand GI network and services at AccessOC (two GI days held so far in 2011)

Lessons learned:

- *A provider's recommendation is critical for getting screened!*
- Identify “champions” at all levels
- Commit to roles and expectations upfront
- Clearly define eligibility criteria and program scope
- Establish an effective administrative infrastructure
- Secure sustained and diversified financial support
- Collect data and document results from the start
- Volunteer recruitment and recognition are critical
- Patient case management is time-consuming

QUESTIONS?



Photo by Richard Tenaza

Thank you!

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