National Behavioral Health Network for Tobacco & Cancer Control:
Community Behavioral Health Organization Community of Practice

Cancer Module Office Hours
October 13th, 2016
WELCOME!

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Please do the following two steps.

1. Turn off or mute your computer speakers.

2. GoToWebinar INSTRUCTIONS:
   Join the webinar: https://attendee.gotowebinar.com/register/2130571337253820417
   Call in using your telephone: +1 (914) 614-3221
   Access Code: 659-054-607
   Audio PIN: Shown after joining the meeting

   The best way to ask a question is to use the question box in your GoToWebinar window.

   We will have a brief Q&A session following the presentation.
Today’s Agenda

- Introduction of Expert Faculty
- Reflections from CoP CBHOs
- Pre-Submitted Questions
- Open Discussion – Additional Questions
- Wrap-up & Next Steps
Today’s Expert Faculty

Pam Pietruszewski, MA, National Council for Behavioral Health

Zena Nelson, MBA, BA, PMP, Institute for Family Health

Rebecca Hartman, MPH, Berks Counseling Center
What We Screen For

Breast, Cervical, Colorectal are the most common allowing providers to review when in a patient’s chart.

Attending staff has access to a patient’s chart can view their “Snap Shot” and implement required treatments, test and screenings as noted on the “Health Maintenance” section.
# Cancer Screening Guidelines

| Mammography | 
| --- | --- |
| • Annually, women 50-64 (up to their 75th birthday if uninsured/underinsured or undocumented)  
• Annually, women 40-49, who have a family or personal breast cancer history; BRCA 1 and/or BRCA 2 gene mutation; personal history of atypical ductal hyperplasia  
• Every two years, women 40-49, who are of average risk |  

| Clinical Breast Exam (CBE) | Annually, women 50-64 (up to their 75th birthday if uninsured/underinsured or undocumented) |

| Pap Test | 
| --- | --- |
| • Age 40-64 (up to their 66th birthday if uninsured/underinsured or undocumented)  
  • Negative thin-prep every 3 years  
  • Negative thin-prep + negative HR HPV: every 5 years  
• No cervical cancer screening for women older than 65 who have had adequate screening – 3 negative cytology alone or 2 negative HR HPV in the 10 years preceding their 65th birthday, regardless of sexual history and if they are not high risk.  
• Women over 65 who’ve had abnormal testing in the preceding 10 years, should not stop getting Pap tests until additional testing is done to confirm negative status. |
### Cancer Screening Guidelines (Continued)

<table>
<thead>
<tr>
<th>FIT Kit</th>
<th>Annually for average risk men and women 50-64 (up to 76&lt;sup&gt;th&lt;/sup&gt; birthday if uninsured/underinsured or undocumented)</th>
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<tbody>
<tr>
<td>Colonoscopy</td>
<td>Variable depending on individual’s risk:</td>
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<td></td>
<td>• Colonoscopy for people at increase/high risk: CSP will pay for a colonoscopy through age 64 (up to 76&lt;sup&gt;th&lt;/sup&gt; birthday if uninsured/underinsured or undocumented).</td>
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<td></td>
<td>• Colonoscopy for people who have symptoms of what cold be colorectal cancer can have a colonoscopy if they are ages 50 through 64. If they are 65 or older they are not eligible for colonoscopy through the CSP (unless they ALSO meet criteria for increased/high risk).</td>
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*All CSP patients must be uninsured or underinsured*
Who Screens

- Attending staff such as:
  - PCPs
  - Social workers
  - Case/care navigators
  - Case/care coordinators
  - PSR

- During the (in center) intake process, staff declare and assist the non & underinsured.

- IFH handles screenings within our jurisdictions, e partnered with external orgs to assist those outside of.
EHR Documentation

• Staff is notified when a patient is due for cancer screening from:
  > best practice advisories and
  > health maintenance EHR prompts; based on USPFTF guidelines for screening.

• Real time updates made in EPIC
  • Incorporating “hard stop” alert
Patient Reminders

If a patient is scheduled for a physical/appointment, they will be informed of the screening then by their doctor, attending nurse or another member of their care team.

If a patient is not scheduled for or has not had a physical/appointment in an extended period of time:

1. Phone outreach is conducted by their physician and/or assigned nurse.
2. The care management team attempts to engage the patient by sending a physical letter.
3. If the patient has been assigned to an outpatient Navigator, the Navigator will attempt to contact the patient both phone and physically.
The Undocumented

- Undocumented patients can see/pay providers based on a sliding scale fees.
- Patients are Cancer services screening & intake to see if eligible for additional services. If they have active cancer emergency Medicaid kicks in (chemo, appts).
After Screening Services

• Each site has a PSR Champion (Patient Services Representative)

• Once cancer services completed (screening, intake & consent form), PSR champion meets with Care/case Manager to schedule appointments and follow-up activities based on what patient is eligible for (ex only PAP)
  > After patient visit, all info is faxed to partnered org.
  > PSR responsible to follow up & shared w patient.

• If patient found to have additional issue(s), the care coordinator will assist with services.

• Patient education

• CQI Updates
Working with Others

Local Level

- HITCH - Hudson Information Technology For Community Health
  > Non profit platform
- Three largest regional FQCA's working together - Open Door Family Medical Centers, Inc., HRHCare Community Health, and the Institute for Family Health
  > to implement programs that enhance the access to and quality of health care for the medically under-served.

State Level

- CATALYST – data base for the Cancer Services program (CSP) of the Hudson Valley.
- System where the CSP for the Hudson Valley keeps and tracks information on all the individuals who are enrolled in the program.
- Care/case managers have access to CATALYST and can see patient serve eligibility data, including when services are due.
BERKS COUNSELING CENTER

A Holistic Approach to Behavioral & Primary Health
Berks Counseling Center – Creating Awareness
Berks Counseling Center – Decision Support Center
Berks Counseling Center – Education & Culture

- Wellness Wednesday Emails
- Welcome Desk
Theme 1: Screening Tools
Theme 1: Screening Tools

Group Question

How do other agencies track client cancer screenings?

Are there tools that create flags for these screenings?
Theme 1: Screening Tools

What does the panel recommend agencies use for a **standard screening tool**?

What screening tools are used for **high risk** individuals?
Theme 2: Implementation
Theme 2: Implementation

Without having a physical medical provider, **how** does our facility obtain and track cancer screenings?
Theme 2: Implementation

The implementation of this or any initiative needs to include many additional layers. Who would perform the following tasks:

> Who will ask clients?
> How will it be noted/documentated and where?
> Who will document?
> How often will we ask/follow-up (how will we know to follow-up?)
> How can we facilitate/train clinicians to ask & know how to provide a warm handoff (what resources are available for screenings?)
> What are our goals and how can we communicate those to clinicians/USI staff so we are all working together? (goals for asking and goals for clients getting screened)
Theme 3: Patient Education & Incentives
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Group Discussion

Does any organization use incentives, raffles or other methods to motivate clients to complete the screenings they are referred to?

Has it been effective?
Theme 3: Patient Education & Incentives

What is being done to promote and reimburse early screening and detection for colon/rectal/anal cancer in patients with multiple, complex risk factors (as with cervical cancer)?

What patient **education materials** are available to help providers talk with patients about the link between HPV, colon/rectal/anal cancer, and the role of tobacco use?
Additional Questions?
Additional Opportunities

Have a success story?

We want to highlight you on BHtheChange.org!

Please contact Krystle Canare – krystlec@thenationalcouncil.org
Thank you!

Questions? Contact Krystle Canare at

KrystleC@thenationalcouncil.org