Integrating Cancer Screening & Prevention Guidelines into Clinical Practice

September 6th, 2016
WELCOME!

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

• Welcome & Introductions
• Implementing Cancer Screening
  • Trauma & Health
  • Types of Cancer Screenings
  • Implementation Strategies & Tools (ex. Motivational Interviewing)
• Q&A
• Wrap-up & Next Steps
Roll Call of CBHO Teams

- Adapt
- Berks Counseling Center
- Bluegrass.org
- Center for Counseling & Consultation
- Institute for Family Health
- Johnson County Mental Health Center
- Northwest Alabama Mental Health Center
- Pacific Clinics
- United Services
- West Texas Centers
Implementing Cancer Screening

Community of Practice Webinar #3

Pam Pietruszewski, Integrated Health Consultant
National Council for Behavioral Health
September 6, 2016
Why BH Role?

People with serious mental illnesses die **25 years earlier** on average than the general population

- Medications, especially atypical antipsychotic drugs, effect on weight gain, dyslipidemia and glucose metabolism
- Modifiable risk factors: High rates of smoking, lack of weight management/nutrition, and physical inactivity

*Morbidity and Mortality in People with Serious Mental Illness, 2006. National Assoc of State Mental Health Program Directors, Medical Directors Council*
About 20% of all cancers diagnosed in the US are related to **body fatness**, physical **inactivity**, excess **alcohol consumption**, and/or poor **nutrition** (*World Cancer Research Fund*)

About 30% of all cancer deaths in the United States are caused by **smoking**, including about 80% of all lung cancer deaths. (*American Cancer Society*)
ACE’s are linked to long term poorer health outcomes, including increased risk of many chronic illnesses and early death (Dong 2004; Anda 2008; Dube 2009; Brown 2010).

Trauma & Heath, cont.

- **Exposure to stressors** weakens immune system and increases inflammatory response (linked to injury and infection).

- People impacted by ACEs may be more likely to engage in **unhealthy behaviors**.

- Mental illness can complicate ability to manage medical condition including **self-care** regimens and expectations.
Social Determinants of Health

- Behavior: 40%
- Genetics: 30%
- Social circumstances: 15%
- Medical quality & availability: 10%
- Environment: 5%

Behavioral issues represent the greatest single domain of influence on health in the U.S. population.”

McGinnis 2002
Primary Preventive Care

- Bladder
- Abdominal Aortic Aneurysm
- Varicella
- Vitamin D
- Depression
- Lung
- Breast
- Tdap
- Ovarian
- MMR
- Osteoporosis
- Heart Disease
- Testicular
- Alcohol
- Tobacco
- Oral
- Shingles
- Pneumococcal
- Motor Vehicle Occupant Restraints
- Prostate
- Glaucoma
- Sexually Transmitted Infections
- Thyroid
- Influenza
- Colorectal
- HPV
- Skin
- Hepatitis C
# U.S. Preventive Services Task Force Rankings

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>A</td>
<td><strong>Recommended.</strong> High certainty that net benefit is <strong>substantial.</strong></td>
</tr>
<tr>
<td>B</td>
<td><strong>Recommended.</strong> High certainty that net benefit is moderate or moderate certainty that the net benefit is <strong>moderate to substantial.</strong></td>
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<tr>
<td>C</td>
<td><strong>Recommended selectively</strong> offering or providing service based on professional judgment and patient preferences. Moderate certainty that net benefit is <strong>small.</strong></td>
</tr>
<tr>
<td>D</td>
<td><strong>Not recommended.</strong> Moderate or high certainty of no net benefit or that harms outweigh the benefits.</td>
</tr>
<tr>
<td>I</td>
<td><strong>Insufficient evidence</strong> to assess balance of benefits and harms. Evidence is lacking, of poor quality, or conflicting.</td>
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Poll question #1

Among the following, which do you think is ranked the highest by the U.S. Preventive Services Task Force?

1. Lung cancer screening
2. Ovarian cancer screening
3. Cervical cancer screening
Poll question #2

Among the following, which do you think is ranked the lowest by the U.S. Preventive Services Task Force?

1. Breast cancer screening
2. Prostate cancer screening
3. Colorectal cancer screening
## U.S. Preventive Services Task Force
### Highest Cancer Prev Rankings

<table>
<thead>
<tr>
<th>Condition</th>
<th>Grade</th>
<th>Recommendation</th>
<th>Certainty</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Cervical</td>
<td>A</td>
<td><strong>Recommended</strong></td>
<td>High</td>
<td>Certainty that net benefit is substantial.</td>
</tr>
<tr>
<td>Colorectal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>B</td>
<td><strong>Recommended</strong></td>
<td>Moderate or Moderate</td>
<td>Certainty that net benefit is moderate to substantial.</td>
</tr>
<tr>
<td>Lung</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skin cancer counseling</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Rating</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>D</td>
<td>Not recommended. Moderate or high certainty of no net benefit or that harms outweigh the benefits.</td>
</tr>
<tr>
<td>Ovarian</td>
<td>I</td>
<td>Insufficient evidence to assess balance of benefits and harms. Evidence is lacking, of poor quality, or conflicting.</td>
</tr>
<tr>
<td>Pancreatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin cancer screening</td>
<td>I</td>
<td></td>
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http://www.uspreventiveservicestaskforce.org/
Cervical Cancer Screening

• Women ages 21 to 65 years with cytology (Pap smear) every 3 years

- OR -

• Women ages 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology (Pap smear) and human papillomavirus (HPV) testing every 5 years
Colorectal Cancer Screening

- Adults age 50 to 75 years

Stool-Based Tests
- FOBT or FIT: Once a year
- FIT-DNA: 1-3 years

Direct Visualization Tests
- CT colonography or Flexible sigmoidoscopy: Every 5 years
- Colonoscopy: Every 10 years
Breast Cancer Screening

• Women 50-74 years, mammography every 2 years

• Women aged 40-49 years, individualized decision to begin biennial screening according to patient’s circumstances and values. (Grade C = Recommended selectively)
Lung Cancer Screening

- Adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years, annual screening with low-dose computed tomography.
  - Screening should be discontinued once a person has not smoked for 15 years.
Skin Cancer Counseling

• Children, adolescents, and young adults aged 10 to 24 years who have fair skin, counseling about minimizing exposure to UV rays to reduce risk for skin cancer.

  – Over age 24 is Grade I = Inconclusive
Questions/Comments so far?
Why Don’t People Get Needed Screenings?

- Fear of results
- Misconceptions
- Embarrassment
- Don’t know they need one
- Access, wait times, prep
- No symptoms
- Costs
What Can We Do About It?

1. Workflows and system considerations
2. Patient engagement and messaging
3. Follow up and accountability
1. Workflows & System Considerations

Tracking system
- Is there a field for documenting PC visit, screening status?
- Can your EHR generate a report?
- Can you create automated (or manual) alerts, prompts?

Logistics
- Will you do screening onsite? Referral relationships?
- How are screening visits scheduled? Access issues?
“At Every Opportunity”

- Daily huddle, pre-visit planning
- Charts flagged
- Protocols/ paperwork ready
- Messaging / scripting prompts
- Dialogue and engagement
- Plan & follow-up
Developing your Process

Key Questions:

1. How do I know what screenings are due?
2. Who does what?
3. Who supports what?
4. Who reiterates what?
5. What if patient refuses?
6. How can I influence behavior?
2. Patient Engagement & Messaging

Darren
- 63 years old
- History of substance abuse
- Attends family counseling but sporadic over past 6 months
- Says he “doesn’t like doctors”
- Stoic, reserved
Motivational interviewing is a patient-centered, directional method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Miller & Rollnick, 2002
Poll Question #3

What is your experience with Motivational Interviewing?

A. Little to none
B. I have attended 2 or more trainings
C. I use it every day
4 Fundamental Processes

Engaging
Focusing
Evoking
Planning
MI Spirit

- Partnership
- Acceptance
- Evocation
- Compassion
Principles of a Trauma Informed Approach

- Safety
- Trustworthiness and Transparency
- Collaboration and Mutuality
- Empowerment
- Voice and Choice

(Fallot 2008, SAMHSA, 2012)
Using an OAR

- Open-ended inquiry
- Affirmations
- Reflections
Open-ended inquiry

- Understanding experience & meaning
- Anticipate type of response
- How…What…Tell me…

- Not fact-finding
- Not yes/no or brief answer
- Minimize “why?”
<table>
<thead>
<tr>
<th>Instead of...</th>
<th>Try...</th>
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</thead>
<tbody>
<tr>
<td>1. Can you cut back on your smoking?</td>
<td>1. What are the good things, and the not so good things about smoking for you?</td>
</tr>
<tr>
<td>2. Do you know you’re due for a colonoscopy?</td>
<td>2. What do you know about screening options for colon cancer?</td>
</tr>
<tr>
<td>3. Why haven’t you had a mammogram?</td>
<td>3. Tell me about your health goals in relation to prevention &amp; screenings.</td>
</tr>
</tbody>
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Affirmations

• Supportive testaments of character
• Stable traits
• Reinforcements that also demonstrate understanding

“You are committed to supporting your family.”

“You are persistent.”
## Attributes of Successful Changers

<table>
<thead>
<tr>
<th>Accepting</th>
<th>Determined</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptable</td>
<td>Eager</td>
<td>Persistent</td>
</tr>
<tr>
<td>Alert</td>
<td>Faithful</td>
<td>Reasonable</td>
</tr>
<tr>
<td>Ambitious</td>
<td>Flexible</td>
<td>Reliable</td>
</tr>
<tr>
<td>Assertive</td>
<td>Focused</td>
<td>Steady</td>
</tr>
<tr>
<td>Brave</td>
<td>Forgiving</td>
<td>Strong</td>
</tr>
<tr>
<td>Careful</td>
<td>Hopeful</td>
<td>Thorough</td>
</tr>
<tr>
<td>Committed</td>
<td>Ingenious</td>
<td>Trusting</td>
</tr>
<tr>
<td>Considerate</td>
<td>Mature</td>
<td>Truthful</td>
</tr>
<tr>
<td>Creative</td>
<td>Open</td>
<td>Willing</td>
</tr>
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</table>
Reflections

• Saying back what you hear
• Not problem solving – in the “now”
• Opportunity for patient to clarify, confirm or reflect further
“I don’t have time for screenings and tests and doctors. My wife nags me about it and I know I have to do it at some point. I just don’t want to deal with it right now.”

Using the Chat Box... Give me an OAR!
Working with Ambivalence

Change Talk

YES

NO

Sustain Talk
Develop Discrepancy

What are the possible **downsides** of getting screened?

What are the possible **benefits** of getting screened?

[Diagram showing pros and cons]
The MI Sandwich

1. **Elicit:** What do you know about colorectal cancer screening? Would you like to know more about colorectal cancer screening?

2. **Advise:** That’s partially correct…in addition…

3. **Elicit:** What do you think? How, if at all, has this impacted your thinking?
“With practice, time can be saved by avoiding unproductive discussion and by using rapid engagement to focus on the changes that make a difference.”

Messaging
Influence
It Makes People Do Stuff!
1. Social Proof
2. Reciprocity
3. Authority
4. Scarcity
5. Liking
6. Commitment
1. Social Proof

We tend to accept a concept or approach if we know others are doing it.

“We discuss colon cancer screening with all our patients age 50 and older.”
2. Reciprocity

We are likely to give back what’s been given to us.

“Now that we spent some time really exploring screening options, what sounds like it would be best for you?”
3. Authority

We respond to those with perceived influence

“The U.S. Preventive Services Task Force recommends yearly screening for people ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke – and even for those who have quit within the past 15 years.”
4. Scarcity of Opportunity

We want something when it’s perceived as rare or special

“We only have two appointments left on Friday, would you like to take one of those?”
5. Liking

We are persuaded by people & things we like

“The mammography center has a women’s wellness night where they also do massages and give out chocolate after screening.
6. Commitment

We want to show we honor commitments

“Would you be willing to look over this brochure before our session next week?”
What Will Be Your Message?

“I influence people, hopefully on the positive side.”
-- Isaac Hayes
How to Develop Messaging

1. **Identify the need:** What are you trying to accomplish?

2. **Choose key words & phrases** to capture the essence of the message you want to convey

3. **Involve staff, involve clients** to identify fit for your population

4. **PDSA:** Plan your messaging, do it for a week, study the impact, act upon the results to revise/spread
3. Follow-up & Accountability

• Every interaction is an opportunity
  ✓ To see if client is up to date on screenings
  ✓ To try Motivational Interviewing
  ✓ To positively influence

• All staff need to know:
  ✓ Screening goals
  ✓ Current rates
  ✓ They have ability to influence
A Success Story
10 Examples of Success Strategies

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<tbody>
<tr>
<td>10.</td>
<td>Setting screening goals, posting data, promoting data</td>
</tr>
<tr>
<td>9.</td>
<td>Awareness marketing: signs, buttons, tv monitors</td>
</tr>
<tr>
<td>8.</td>
<td>Birthday postcards</td>
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<tr>
<td>7.</td>
<td>Workflow time study to reduce wait times</td>
</tr>
<tr>
<td>6.</td>
<td>Same day screening</td>
</tr>
<tr>
<td>5.</td>
<td>Pre-visit planning</td>
</tr>
<tr>
<td>4.</td>
<td>Staff training in MI</td>
</tr>
<tr>
<td>3.</td>
<td>Blitz campaigns during national screening months</td>
</tr>
<tr>
<td>2.</td>
<td>Workplace/onsite screening</td>
</tr>
<tr>
<td>1.</td>
<td>Group events (ladies night spa, Men’s Monday)</td>
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Cancer Awareness

Lung Cancer (November)

Breast Cancer (October)

Skin Cancer (May)

Colorectal Cancer (March)

Cervical Health (January)
Resources

U.S. Preventive Services Task Force: Published Recommendations
http://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations

CDC: Cancer Prevention and Control
http://www.cdc.gov/cancer/dcpc/prevention/screening.htm

American Cancer Society: Cancer Screenings by Age
http://www.cancer.org/healthy/toolsandcalculators/reminders/screening-recommendations-by-age

Affordable Care Act: Preventive Health Services for Adults
https://www.healthcare.gov/preventive-care-benefits/

Motivational Interviewing
http://www.thenationalcouncil.org/motivational-interviewing/
Questions and Conversation

What will you take back?

What will you need to move forward?
Additional Opportunities

• National Behavioral Health Network Annual Survey
  • https://www.surveymonkey.com/r/R2YXDPQ

• 2017 National Conference on Tobacco or Health Abstract Submissions – DUE 9/30/16
  • Need Assistance? Contact Aaron Surma aarons@thenationalcouncil.org

• Have a success story? We want to highlight you on BHtheChange.org!
  • Please contact Krystle Canare – krystlec@thenationalcouncil.org
Comments & Questions?
Upcoming Dates

• **Oct. 4th, 2p-4pET:** Webinar #4: Sustainability & Scalability of Cancer Control Policies
  
  Register Here: [https://attendee.gotowebinar.com/register/2130571337253820417](https://attendee.gotowebinar.com/register/2130571337253820417)

• **Oct. 7th – Deadline for Office Hour Submissions**

• **Oct. 13th, 3:30p-5pET:** Cancer Control Office Hours
  
  Register Here: [https://attendee.gotowebinar.com/register/2307173795395633923](https://attendee.gotowebinar.com/register/2307173795395633923)
Thank you!

Questions? Contact Krystle Canare at KrystleC@thenationalcouncil.org