

# Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

## Collaborative Return to Screening PDSA Quality Improvement and Clinical Study

### Speakers:

Dr. Heidi Nelson

Dr. Rachel Hae Soo Joung

Dr. Laura Makaroff

Moderator: Dr. Laurie Kirstein



AMERICAN COLLEGE OF SURGEONS  
*Inspiring Quality:  
Highest Standards, Better Outcomes*

# Webinar Logistics

- All participants are muted during the webinar
- Questions – including technical issues you may be experiencing – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email



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▶ Attendees: 3 of 1001 (max)

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▼ Questions

Show Answered Questions

X	Question	Asker

Send Privately Send to All

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▶ Handouts: 0 of 5

\*\*\*\*\*TEST WEBINAR Cancer Care Delays...

# Introducing Our Moderator

## Laurie Kirstein MD, FACS

Attending Breast Surgeon

Memorial Sloan Kettering Cancer Center

Associate Professor

Cornell University Medical College

Middleton, NJ



# Introducing Our Presenters

## Heidi Nelson MD, FACS

Medical Director, Cancer Programs  
American College of Surgeons  
Chicago, IL



## Hae Soo (Rachel) Joung, MD

Ruth L. Kirschstein Postdoctoral Fellow  
Surgical Outcomes and Quality Improvement Center  
General Surgery Resident, PGY-4  
Northwestern University  
Chicago, IL



## Laura Makaroff, DO

Family Physician and Senior Vice President of Prevention  
and Early Detection at the American Cancer Society  
Washington DC



## Outline of Topics

### **Review** Dr. Heidi Nelson

Key objectives

Logistics for PDSA QI Project

Logistics for Clinical Study

Q&A

### **Report** Dr. Rachel Joung

Documentation and Forms

Early Results from Enrollment Phase

Q&A

### **Introduce** Dr. Laura Makaroff

Interventions

Q&A

### **Panel**

Moderator:

Dr. Kirstein

Speakers:

Dr. Makaroff

Dr. Joung

Dr. Nelson

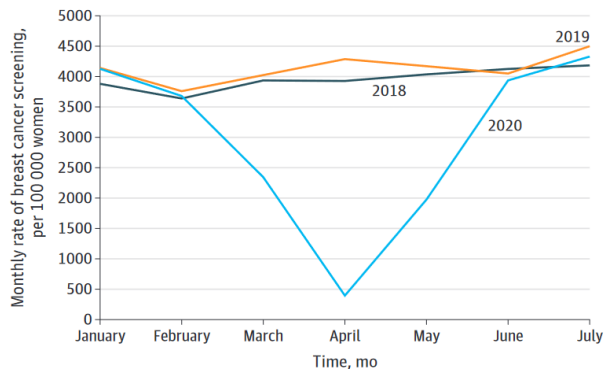
# KEY OBJECTIVES

JAMA Oncology | Original Investigation

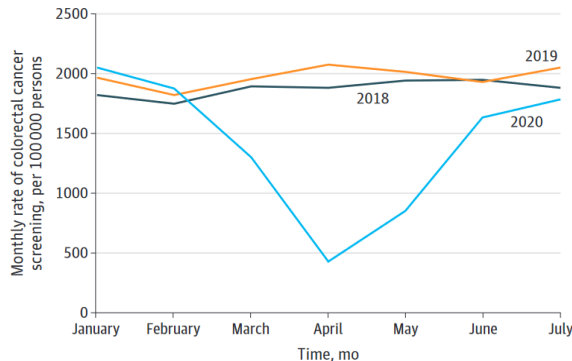
## Association of Cancer Screening Deficit in the United States With the COVID-19 Pandemic

Ronald C. Chen, MD, MPH; Kevin Haynes, PharmD, MSCE; Simo Du, MBBS, MHS; John Barron, PharmD; Aaron J. Katz, PharmD, PhD

**A** Breast cancer screening among female enrollees



**B** Colorectal cancer screening among enrollees



### 3 KEY OBJECTIVES:

Restore Screening

Close 2020 Screening  
Deficit (9 million)

Prevent Unnecessary  
Cancer Deaths

COVID-19 & CANCER NCI DIRECTOR'S REPORT

**Sharpless: COVID-19 expected to increase mortality by at least 10,000 deaths from breast and colorectal cancers over 10 years**

# Return To Screening Collaboration

## Collaboration

American Cancer Society

Commission on Cancer (CoC)

National Accreditation Program for Breast Centers (NAPBC)

**Goal:** Accelerate Return To Screening



## PDSA STEP ONE – PLAN



- A. **Select one or more target screening focus**
- B. **Assemble a team of key, diverse stakeholders (QI team)**
- C. **Follow national guidelines and protocols:**
  - American Cancer Society screening **toolkits** were available  
[Evidence-Based Interventions for Cancer Screening from the Community Guide](#)
  - A **PDSA and Clinical Study protocol** was drafted collaboratively  
[Project and Clinical Study Details](#)
- D. **Draft the Rationale and Problem Statement for your program**
- E. **Complete Enrollment Form (REDCap Form A)**





## PDSA STEP TWO – DO

### a) Review the [American Cancer Society toolkit](#)

- Select a return to screening approach
- Present plan to CoC Cancer Committee or NAPBC Breast Program Leadership Team
- Document in minutes
- Submit REDCap FORMS for the study
- Complete on-line FORMS for submission to PRQ
- Activate the plan no later than **June 1, 2021**, to be in compliance

### b) Consider implementing more than one intervention in sequence or in parallel

- Increase Community Demand
- Increase Provider Delivery
- Increase Community Access



## PDSA STEP THREE – STUDY

### Monitor and Document monthly screening rates and interventions

How to monitor your progress:

- Monitor screening activities every month
- Document monthly screening in the on-line or REDCap FORMS
- Modify or intensify interventions if screening rates are declining or not increasing
- Project will be compliant when your screening rates have returned to pre-Covid rates and you have increased screening by 10%
- Extensions may be granted beyond 2021

DOCUMENT.... DOCUMENT.... DOCUMENT... to secure standards compliance



## PDSA STEP THREE – STUDY

### Important instructions for achieving and documenting compliance

- **May 31 - Form A** (baseline application) was due
- **June 1** - First intervention was to be implemented
  
- **June 1 to November 31** - Record interventions
- **June 1 to November 31** – Record screening rates and increase interventions as needed
  
- **December 31 - Form B** (data collection log) is due
- **December 31 - Form C** (intervention log) is due
  
- **Keep these records available for PRQ and accreditation survey for standards credit**
- **Submit REDCap FORMS for clinical research accrual credit**



# Q&A



# Form A: Breast Cancer Screening Enrollment and Baseline Data Collection

Resize font  
+ | -

[Returning?](#)

**Pre-Pandemic Rate of Breast Cancer Screening**

\* must provide value

Average monthly pre-pandemic rate (September '19 + January '20 rates/2)

**Pandemic Rate of Breast Cancer Screening**

\* must provide value

Average monthly pandemic rate (September '20 + January '21 rates/2)

**Pandemic Screening Gap**

Screening Gap calculated for you as: Pre-Pandemic minus Pandemic Screening Rates

**10% Increase in Screening**

10% Increase calculated for you as: 10% over the Pandemic Screening Rate

**Post-Intervention Monthly Breast Cancer Screening Target**

Target calculated for you as: Screening Gap or 10% Increase (if gap is less than 10%)

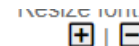
**Source of Information for Breast Cancer Screening Rate**

**Breast Cancer Screening Test (select all that apply)**

\* must provide value

- Screening Mammograms
- Screening MRIs (for high-risk women)
- Other





## Form B/C: Post-Intervention Monthly Data Collection and Intervention Log (Breast)

Thank you for enrolling in the **Return to Cancer Screening Clinical Study (Breast)** by completing Form A.

- Use this REDCap form:
  - **To monitor and record monthly screening rates from April 1st, 2021 and continue through November 30th, 2021. (Form B)**
  - **As an activity tracker to keep a running log of interventions (Form C)**
- At the end of each month, please document the **number of screenings** for the month, and check (select) the **interventions** that were implemented during the month
- When you scroll to the bottom of this form, you will find a **Summary Table** that shows a tally of the number of interventions performed each month and the number of screenings per month
  - Use this table as a reference to see if you are getting closer to your target monthly screening rate
  - *If your monthly screening rate is not improving, consider implementing more interventions or switching to different interventions*

**You can open this form as often as you wish, save your answers by clicking [Save & Return Later], and return to this form at any time before final submission.**

**FORM B: MONTHLY SCREENING LOG****Breast Cancer Screening Test (select all that apply)**

\* must provide value

- Screening Mammograms
- Screening Breast MRI (for high-risk women)
- Other

Month	Number of Screening per Month (please record at the end of each month)
April	<input type="text"/>
May	<input type="text"/>
June	<input type="text"/>
July	<input type="text"/>
August	<input type="text"/>
September	<input type="text"/>
October	<input type="text"/>
November	<input type="text"/>

**FORM C: INTERVENTION LOG****Instructions:**

- Please note the **start date** of the **FIRST** intervention that was implemented at your institution
- **At the end of each month, please return to this form to check (select) which interventions were implemented/performed during that month**
- *Note: Interventions need to be implemented by June 1st. You do not need to have had interventions implemented prior to June 1st.*

You can find detailed information about the following evidence-based interventions here: [Evidence-Based Interventions for Increasing Cancer Screening from the Community Guide](#)

**Intervention Start Date**

\* must provide value



Today

M-D-Y

Please note the start date of the FIRST intervention that was implemented at your institution





## A. Patient Reminders

	March	April	May	June	July	August	Sept	Oct	Nov
1. Individual patient reminder/outreach by healthcare providers (e.g., phone calls, text, email, EMR messaging, letters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Facility/institution-wide patient outreach (e.g., automated notifications to eligible patients within health system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. Patient Education

	March	April	May	June	July	August	Sept	Oct	Nov
3. One-on-one education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Group education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. Media

	March	April	May	June	July	August	Sept	Oct	Nov
5. Dissemination of guideline/messaging information to patients across the hospital system (e.g., banners/posters, pamphlets, hospital website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dissemination of guideline/messaging information across community sites (e.g., vaccination sites, pharmacies, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SUMMARY: Total Number of Interventions Performed per Month vs. Number of Screening per Month

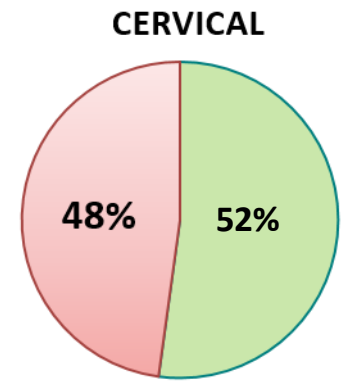
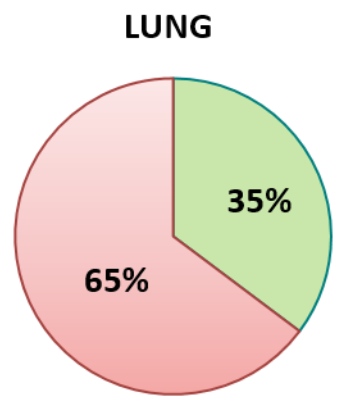
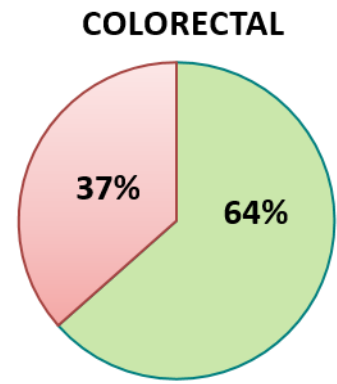
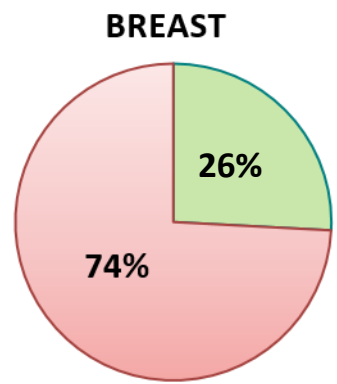
The table below auto-calculates (tallies) the number of interventions performed per month, from the selections you made above. It also shows you the monthly screening you entered above in **Form B**.

Please use this as a [reference](#) when comparing the number of interventions implemented to your monthly screening rate.

Month	Number of Interventions Performed per Month (this is auto-calculated)	Number of Screenings per Month (this is auto-inserted from above Form B)
March	<input type="text" value="0"/>	
April	<input type="text" value="0"/>	_____
May	<input type="text" value="0"/>	_____
June	<input type="text" value="0"/>	_____
July	<input type="text" value="0"/>	_____
August	<input type="text" value="0"/>	_____
September	<input type="text" value="0"/>	_____
October	<input type="text" value="0"/>	_____
November	<input type="text" value="0"/>	_____

# TARGET GOALS

■ Restore Screening    ■ Close 2020 Screening Deficit



# Screening Deficits and Potential Impact

**856 enrollments completed; 814 validated**

**489 CoC-accredited programs  
260 NAPBC- accredited programs  
749 unique programs**

	Breast Cancer	Colorectal Cancer	Lung Cancer	Cervical Cancer
Monthly Screenings: Pre-/During-pandemic	458,567 / 452,655	29,637 / 25,046	11,115 / 11,213	30,201 / 28,392
<b>Estimate of Potential Monthly Increases</b>	<b><u>57,141</u></b>	<b><u>6,079</u></b>	<b><u>1,744</u></b>	<b><u>4,280</u></b>
<b>Restore screening increase</b>	21,684	5,159	900	2,101
<b>Close 2020 screening deficit increase</b>	35,456	920	844	2,180

# Interventions Chosen by Participation Programs

1. Social Media Posts and/or Press Releases (63%)
2. Dissemination of guideline/messaging information to PCPs (49%)
3. Individual Patient Reminder/Outreach by Healthcare Providers (49%)
4. Facility-wide Patient Outreach (34%)
5. Dissemination of guideline/messaging to patients across the hospital system (30%)
6. Dissemination of guideline/messaging to specialists (23%)
7. Dissemination of guideline/messaging across community sites (23%)
8. Provider reminder/recall (18%)
9. One-on-one patient education (17%)
10. Collaboration with local TV/radio/news (16%)

## Q&A



AMERICAN CANCER SOCIETY

# Evidence Based & Informed Interventions

Dr. Laura Makaroff  
Senior Vice President  
Prevention and Early Detection



AMERICAN CANCER SOCIETY

# Agenda

Overview of Evidence-Based/Informed Interventions

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How the evidence is generated

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Advantages of using EB/Is

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Using your data for EB/I Selection

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Interventions by Strategy

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Resources/Questions





# Overview: Evidence-Based and Informed Interventions

## Evidence-based interventions

are practices or programs that have peer-reviewed, documented empirical evidence of effectiveness. Evidence-based interventions use a continuum of integrated policies, strategies, activities, and services whose effectiveness has been proven or informed by research and evaluation.

## Evidence-informed practices

use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to cultural backgrounds, community values, and individual preferences.

# How the Evidence is Generated

## Evidence Derived from Research



Interventions that have been tested in a  
research study

Systematic review of multiple interventions

Policy analysis

## Evidence Derived from Practice



Intervention developed, implemented and  
evaluated in an organization, community or  
geographic region

# Advantages of using EB/I Interventions

## Success

- Increases likelihood of a successful initiative

## Resource Conservation

- Increase cost benefit by saving time and resources, including during planning and implementation phases

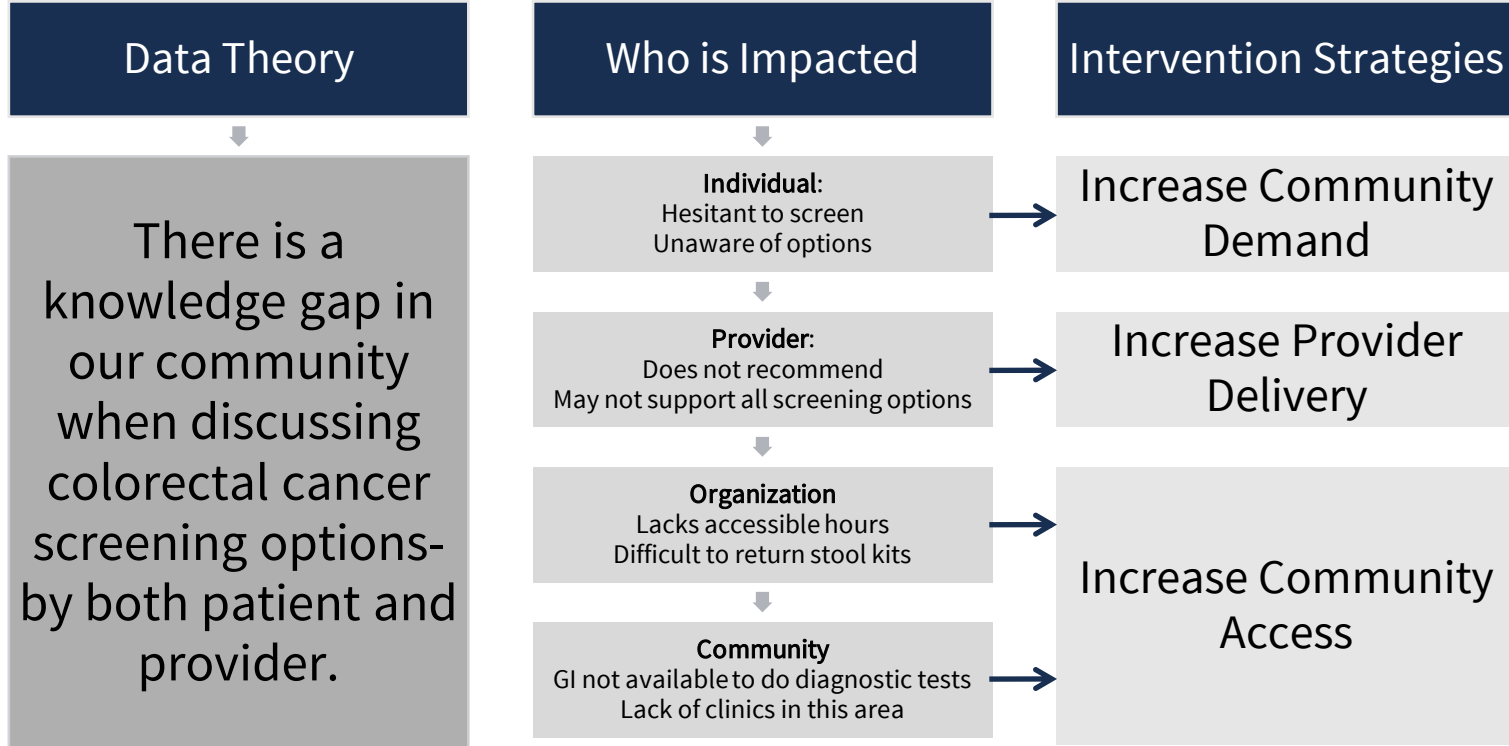
## Value

- When describing your program and sharing your plan with various partners

## Evaluation Focus

- Defines what to evaluate and where you are looking for impact

# Intervention Selection: EXAMPLE



# Recommended Evidence-Based/Informed Interventions by Strategy

## Increase Community Demand

### CLIENT REMINDERS

- Breast, Cervical, Colorectal, HPV Vaccination

### CLIENT INCENTIVES

- Colorectal

### SMALL MEDIA

- Breast, Cervical, Colorectal

### PATIENT EDUCATION

- Breast, Cervical, Colorectal, HPV Vaccination

## Increase Provider Delivery

### PROVIDER REMINDERS/ RECALL

- Breast, Cervical, Colorectal, HPV Vaccination

### PROVIDER ASSESSMENT & FEEDBACK

- Breast, Cervical, Colorectal, HPV Vaccination

### PROFESSIONAL EDUCATION

- Breast, Cervical, Colorectal, HPV Vaccination

### PROVIDER INCENTIVES

- Colorectal

### STANDING ORDERS

- HPV Vaccination

## Increase Community Access

### REDUCE BARRIERS

- Breast, Cervical, Colorectal, HPV Vaccination

### REDUCE OUT-OF-POCKET COSTS

- Breast, Colorectal

## Interventions are MOST effective when done in combination

↑ 24.2%

### MOST Effective All 3 Strategies

Multicomponent interventions that used all three strategies increased cancer screening by a median of 24.2 percentage points

Interventions to increase  
community demand

Interventions to increase  
provider delivery

Interventions to increase  
community access

↑ 11.2%

### Effective 2 Strategies

Multicomponent interventions that used strategies to increase community demand and community access increased cancer screening by a median of 11.2 percentage points

Interventions to increase  
community demand

Interventions to increase  
community access

#### NOTE for HPV VACCINATION

A strong provider recommendation from a child's healthcare provider is the most significant factor in a parent's decision to vaccinate their children

<sup>1</sup>Opel et al: 'Presumptive Recommendation

# Lung Cancer Screening

USPSTF Recommended Screening Guideline- as of March 9, 2021

Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years

## According to the USPSTF:

Increasing lung cancer **screening discussions** and **offering screening** to eligible persons who express a preference for it is a key step to realizing the potential benefit of lung cancer screening.

*Although there is very little evidence that aligns to a proven intervention, based on this statement, focusing in these areas would provide guidance on how your project may begin.*

▼  
Increase Community Demand

PATIENT EDUCATION

▼  
Increase Provider Delivery

PROFESSIONAL EDUCATION





# Questions

AMERICAN CANCER SOCIETY



## Q&A



## PANEL

### Moderator:

Dr. Kirstein

### Speakers:

Dr. Makaroff

Dr. Joung

Dr. Nelson

## Expected Outcomes:

- **Restore screening rates and address 2020 screening deficit**
- **Determine if the # of interventions lead to quicker improvements in screening**  
Is there a threshold; is there linear or logarithmic improvement?
- **Identify which types of interventions are the most effective at improving screening rates**  
Passive vs. active; patient-directed; physician-directed; community-directed

## Potential Next Steps After Study Completed:

- **Consider changes to “best practices” for CoC and NAPBC screening standards**
- **Consider future national quality improvement projects**

# Recording Location

<https://www.facs.org/quality-programs/cancer/coc/resuming-care>

The screenshot shows a web browser with the URL <https://www.facs.org/quality-programs/cancer/coc/resuming-care> in the address bar, highlighted by a red box and an arrow. The website header includes navigation links for JACS, Jobs, Events, Find a Surgeon, Patients and Family, Contact, My Profile, Shop, and a Donate button. The American College of Surgeons logo and tagline "Inspiring Quality: Highest Standards, Better Outcomes" are visible, along with a search bar. A teal navigation bar contains links for COVID-19, Member Services, Quality Programs, Education, Advocacy, Publications, and About ACS. The breadcrumb trail reads: American College of Surgeons > Quality Programs > Commission on Cancer > Resuming Cancer Screening and Care during COVID-19. The main content area features the Commission on Cancer logo and the title "Resuming Cancer Screening and Care during COVID-19". Logos for the Commission on Cancer, NAPBC (National Accreditation Program for Breast Centers), and the American Cancer Society are displayed. The text announces a return to cancer screening quality improvement projects and clinical studies, mentioning the elective Plan/Do/Study/Act (PDSA) 2021 project. A "Download Project and Clinical Study Details" link is provided, leading to a list of resources: Webinar Recording, Webinar Slides, Frequently Asked Questions, REDCap Surveys (Breast Cancer, Colorectal Cancer, Cervical Cancer), and a link to the Annual Cancer Research Plan.

# Upcoming Webinars

## **CAnswer Forum LIVE – August 2021**

**Topic:** *Quality Improvement and Standard 7.3*

*Question submission open now until August 2, 2021*

Wednesday, August 18, 2021, at 12 pm CDT

## **Assisting Centers with Meeting the Special Needs of Patients with Metastatic Breast Cancer Webinar**

Wednesday, September 8, 2021, at 12 pm CDT

## **Pelvic MRI for Rectal Cancer: Tips on Interpretation**

Tuesday, September 14, 2021, at 5 pm CDT

## **CAnswer Forum LIVE – October 2021**

**Topic:** *Rapid Cancer Reporting System and more on the STORE.*

*Evaluating registry data – Understanding class of case and other data items*

Wednesday, October 13, 2021, at 12 pm CDT

**Webinar information and registration is located:**

<https://www.facs.org/quality-programs/cancer/events>

**Cancer Programs Newsletter - Register**

<https://www.facs.org/quality-programs/cancer/news>