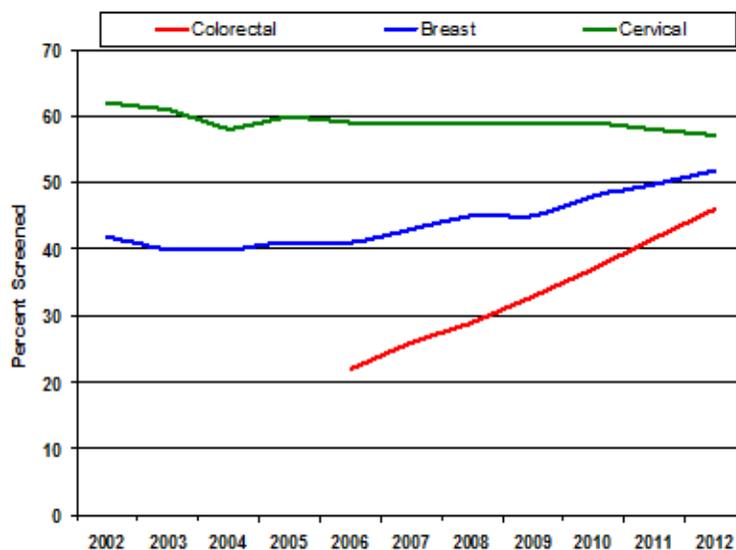


Strategic Plan to Increase Colorectal Cancer Screening Among American Indians and Alaska Natives Executive Summary (updated May, 2013)

INTRODUCTION

Colorectal cancer (CRC) screening, following established guidelines, coupled with appropriate follow-up after positive screening test results, can decrease morbidity and mortality from CRC. According to Government Performance and Results Act (GPRA) data, 46.1% of all eligible persons served by Indian Health Service (IHS) were current with CRC screening in 2012. This is a substantial increase from the baseline rate of 22% when the measure was introduced in 2006. However, the CRC screening rate remains below IHS screening rates for breast (51.9%) and cervical (57.1%) cancers.

Cancer screening among IHS user population (GPRA results)

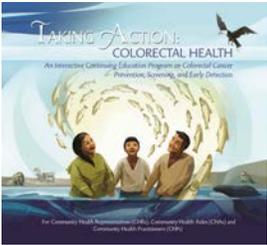


The IHS colorectal cancer screening task force works to identify strategies that may help improve CRC screening rates among AI/AN, and to increase the priority of CRC screening within IHS, Tribal, and Urban (I/T/U) facilities. The task force aims to bring about improvements in the following key areas:

- Health care professional education and practice
- Public education and awareness
- Health policy
- Screening capacity

HEALTH CARE PROFESSIONAL EDUCATION AND PRACTICE

What has already been done?

- “Taking Action: Colorectal Health” was produced (Melany Cueva in Alaska). This interactive, continuing education CD-ROM, which focuses on colorectal cancer prevention, screening, and early detection was distributed widely to Community Health Representatives (CHRs) and Community Health Aides/Practitioners (CHA/Ps). 
- The Readers' Theatre script entitled “What's the Big Deal” (Melany Cueva) was produced as a resource for CHRs, CHAs, CHPs, and communities. The product has been published through CES4Health.info <http://www.ces4health.info/find-products/view-product.aspx?code=RLK82JKB> and has also been added as a resource in the Online Submission, Consultation, and Reporting System (OSCAR) <http://www.ihs.gov/oscar/>
- In response to Alaska's CHA/Ps wanting an education tool that includes all recommended cancer screening exams, 'Help Yourself to Health', a cancer education flip chart, was developed (Melany Cueva). Reading the flip chart and successfully completing the quiz was approved for 2 hours of CHA/P continuing education. To extend learning, a new booklet called 'Help Yourself to Health: Screening Exams to Prevent Cancer or Find Changes Early' was created. Its messages range from screening exams, to living tobacco free, to general wellness information, as well as resources for additional information.
- The Understanding Cancer Education (Melany Cueva) course has been adapted to an e-learning course, and has also been added as a resource in the Online Submission, Consultation, and Reporting System (OSCAR) <http://www.ihs.gov/oscar/>
- Two cancer education courses are now available from the CHAP Distance Learning Network: 1) Awakening Choices: Colon Health-Our Stories, 2) Alaska Native Men Speak out About Cancer. Each course was approved for 2 hours of CHAP continuing education. <http://www.akchap.org/html/resources/distance-learning-network.html>
- The American Indian Cancer Foundation implemented “Improving Northern Plains American Indian Colorectal Cancer Screening (INPACS)”, a project that assessed the capacity of Northern Plains I/T/U facilities to conduct CRC screening. In addition to the capacity assessment, a provider education session was given at each of the 40 participating facilities.
- David Perdue presented on CRC screening during the IHS Clinical Rounds on March 14, 2013. The session was well attended. The session was archived and can be found at: <http://bit.ly/TBHCEarchive> (IHS Clinical Rounds section). The PPT presentation can also be downloaded.

What is currently being done?

- Other Readers' Theatre scripts are being developed that focus on treatment and survival after diagnosis with CRC.
- Colorectal cancer information is part of the 5-day Path to Understanding Cancer Course and The Wellness Course specifically designed for and with Alaska's Community Health Workers (Melany Cueva). Recently, digital storytelling was added to the cancer education course in which participants create their own 2 to 3 minute health message to share within their communities. With storyteller permission digital stories are posted on the newly created Alaska Native Center for Digital Storytelling site www.youtube.com/ANTHCDigitalStories and the CHAP cancer education resource site <http://www.akchap.org/html/resources/cancer-education/cancer-movies.html>
- The Tribal Colorectal Health Education and Navigation Project educates CHRs and empowers them to take on the role of patient navigator in the CRC screening process. The project director (Kevin English) is planning regional workshops in 2013, to be held in the Bemidji and Albuquerque Areas. He continues to work with multidisciplinary task force groups in each participating tribe in the Albuquerque Area to strengthen local CRC health education/patient navigation initiatives. www.tribalcolorectalhealth.org
- An IHS listserv is available to disseminate information and recently published articles on CRC screening, policy, screening program implementation systems, etc. To subscribe, go to: http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=138
- Several Improving Patient Care (IPC) sites continue to focus on improving CRC screening rates using various strategies.
- A Tri-fold CRC screening brochure for IHS/Tribal providers has been developed and has gone through clearance at IHS and CDC. We will submit the brochure for publication in the IHS Primary Care Provider journal, as a resource that can be printed out and distributed.

What else can be done?

- Promote the use of the colorectal cancer tracking package in RPMS, and iCARE software. The current version of iCARE (v2.3) includes Care Management Event Tracking (CMET) http://www.ihs.gov/icare/index.cfm?module=dsp_icare_cmet which enables clinic staff to track CRC screening events through findings, follow-ups, and patient notification
- Promote the CRC screening guidelines from USPSTF (updated in 2008) <http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm>
- Document successful efforts to increase screening rates (i.e., Warm Springs and Forest County Potawatomi)
- Work towards a collaboration between the American Indian Cancer Foundation (INPACS project) and the IPC initiative

- Collaborate with the IHS Clinical Support Center's continuing education program <http://www.ihs.gov/csc/index.cfm?module=oce> for provision of CEUs to providers for CRC education
- Conduct a webcast provider conference about CRC screening in Indian Country (Where are we and where do we need to go? How do we get there? Invite national experts). Examples of provider education session topics:
 - Importance of screening and its impact
 - Guideline differences (USPSTF vs. ACS-Multi-society)
 - Innovations/best practices for increasing CRC screening rates
 - Tracking and monitoring (follow-up after positive screening tests)
 - What tools are needed to help us know where we are in regards to screening, at patient and population levels?
 - Shared and Informed Decision-making
 - Barriers to CRC screening, both patient and provider perspectives
 - What can we do to improve the quality and consistency of colonoscopy?

PUBLIC EDUCATION AND AWARENESS

What has already been done?

- An Alaska Native focused CRC educational brochure, and other brochures for AI/AN in other parts of the country, have been developed, adapting CDC Screen for Life materials
- Distance learning CRC screening sessions have been conducted in remote areas of Alaska
- The "What's the Big Deal" Readers' Theatre script was adapted into a 25 minute movie/telenovela format with funding from the Arctic Slope CRC program. www.youtube.com/watch?v=2DPgnIirW5M
- Alaska CRC screening navigator demonstration project was completed and a report was disseminated on lessons learned



What is currently being done?

- ANTHC website contains links to various PSAs, videos, and digital stories that they have produced: http://www.anthc.org/chs/epicenter/colorectal_cancerprogram.cfm
- A CRC family history database is being populated in Alaska, and efforts are being made to contact and screen first-degree relatives of CRC patients
- Through the Tribal Colorectal Health Education and Navigation Project (Kevin English in New Mexico), CHRs are developing American Indian-specific health education materials, including PSAs, flip chart, digital stories, and videos www.tribalcolorectalhealth.org



What else can be done?

- Identify CRC champions (i.e, Elders, CRC survivors)
- Explore use of social media (widgets, podcasts, social-networking websites, etc.) in CRC screening awareness efforts
- Promote coordinated, culturally appropriate, AI/AN education initiatives
- Decide on key messages about CRC that should be consistently delivered to AI/AN communities
- Identify gaps and inconsistencies in I/T/U CRC educational materials

HEALTH POLICY

What has already been done?

- GPRA measure for CRC screening was established in 2006 (baseline screening rate of 22%). GPRA results for 2012 show 46.1% screened
- A baseline screening rate will be established for the new measure in 2013.
- Patient and Family Education Protocols and Codes (PEPC) for CRC screening are now included in the PEPC manual <http://www.ihs.gov/healthed/index.cfm?module=pepc> They are located under Men's Health (MH-CRC) and Women's Health (WH-CRC)
- CRC summit meetings, funded through the CDC-IHS Inter-Agency Agreement, were held in the following IHS Areas: Aberdeen (Oct, 2009), Billings (Sept, 2010), and Portland (Oct, 2011). These meetings brought Federal, State, IHS, and Tribal representatives together to discuss ways to increase CRC screening.
- Survey was completed (Jessica Craig in AK) to look at what CRC screening tracking systems and reminder systems are currently being used by I/T/Us around the country
- A link to "*How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-based Toolbox and Guide*", last updated by ACS in 2008, was added in the Online Submission, Consultation, and Reporting System (OSCAR) <http://www.ihs.gov/oscar/> This guide stresses the importance of having a CRC screening policy in place

What is currently being done?

- GPRA measure for CRC has been revised in 2013 to incorporate USPSTF screening guidelines from 2008, and align more with the HEDIS measure.
- Fecal Immunochemical Test (FIT) study in Alaska – The implementation of the study was completed and data has been analyzed. Findings have been incorporated into a manuscript that has been submitted for publication, and will potentially impact CRC screening policy for Alaska Natives

- GPRA measure validation project looked at screening vs diagnostic CRC procedures
- FOBT study in Albuquerque Area will be conducted to determine the effectiveness of direct mail out of FIT, and follow-up by CHRs, and could influence CRC screening policy for IHS. Three sites have been recruited to participate in the study, which may be initiated in fall, 2013.

What else can be done?

- Disseminate the CRC screening and tracking systems report (see above)
- Promote the use of CRC screening clinic policies
- Develop other GPRA or Non-GPRA CRC screening measures
- Promote use of gFOBT or iFOBT for screening, especially in areas where access to endoscopy is limited
- Endorse CRC screening as an evidence-based, recommended practice for all average-risk AI/AN ages 50-75, and that I/T/U providers should use clinical judgment to decide whether screening is appropriate in a patient older than 75 years of age (USPSTF guidelines)
- Continue to submit best practices for CRC screening to the new IHS Best Promising Practices and Local Efforts Online Submission, Consultation, and Reporting System (OSCAR) <http://www.ihs.gov/oscar/>
- Study how the Affordable Care Act will impact CRC screening among AI/AN

SCREENING CAPACITY

What has already been done?

- The manuscript “The Last Frontier: Innovative Efforts to Reduce Colorectal Cancer Disparities Among Remote Alaska Native Populations” (Diana Redwood et al), was published in the journal Gastrointestinal Endoscopy, March 2012

What is currently being done?

- Itinerant endoscopy at regional hubs in Alaska.

What else can be done?

- The American Indian Cancer Foundation is planning to conduct a survey to assess endoscopic screening capacity in Indian Country
- Support vision for a mobile endoscopy unit to increase screening capacity in rural northern plains
- Establish an ‘IHS Center for Excellence in Colorectal Cancer’