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Cancer Prevention Measures

Colorectal, Breast & Cervical Cancer Screening

Agenda

- 1) Background, Focus & Objectives
- 2) Measure Descriptions & Best Practices
 - a) Colorectal Cancer Screening
 - b) Breast Cancer Screening
 - ❖ Sutter Mobile Mammography
 - c) Cervical Cancer Screening
 - ❖ Lifelong Medical Pap-a-Thons
- 3) Open Discussion

Objectives

At the end of this webinar, you will be able to:

- Have a better understanding of the measure expectations.
- Walk away with tactics to promote preventive measures.
- Identify best and promising practices that can be used in your clinics.



Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

Measure Descriptions

Definitions, HEDIS® Requirements, and
Best & Promising Practices



**YOU CAN PREVENT
COLORECTAL CANCER.**

ALAMEDA
Alliance
FOR HEALTH

Colorectal Cancer

- ▶ Colorectal cancer is the **3rd leading cause** of cancer-related deaths in the US.
- ▶ **1 in 5** colorectal cancer cases are now in people under age 55.
- ▶ Black individuals have the **2nd highest rates** of colorectal cancer, and White individuals have the **highest rates**. However, Black individuals are most likely to get diagnosed later when the cancer has already spread throughout the body.

(2023, American Cancer Society)

When to Start Screening

Screenings occur during ages 45-75:

- ▶ If average risk, start regular screening at age 45.
- ▶ If in good health, continue regular screening through age 75.
- ▶ Considered average risk if they **do not** have:
 - ▶ Personal history of colorectal cancer or inflammatory bowel disease.
 - ▶ Family history of colorectal cancer.
 - ▶ Confirmed or suspected hereditary colorectal cancer syndrome.
 - ▶ A personal history of receiving pelvic or abdomen radiation to treat prior cancer.

(2024, American Cancer Society)

What counts for HEDIS®?

Description

% of individuals **45-75 y/o** who had an **appropriate screening for colorectal cancer**.

- ▷ Patients who have completed any of the following options:
 - Annually: FIT Testing or FOBT
 - Every three (3) years: Stool DNA (sDNA) with FIT Test
 - Cologuard
 - Every five (5) years: Flexible Sigmoidoscopy or CT Colonography
 - Every ten (10) years: Colonoscopy

Exclusions

- ▷ History of colorectal cancer or total colectomy.
- ▷ Receiving palliative care any time during the measurement year.

Best Practices

- ▶ Distribute FIT kits for all eligible patients.
 - ▶ Ensure patients understand how to use kit.
 - ▶ Provide handouts/video link that include instructions.
 - ▶ Schedule check-ins to remind patients.
- ▶ Offer various screening options to patients.
- ▶ Offer FOBT/FIT during Flu Shot or other immunizations.



Breast Cancer Screenings

Breast Cancer Screenings

- ▶ Breast Cancer is the **2nd** leading cause of cancer death in women.
- ▶ Breast cancer is the **most common** diagnosed cancer among women in California regardless of race ethnicity.
- ▶ **1 in 8** women will be diagnosed with breast cancer in their lifetime.
- ▶ **Black** women are more likely to die from breast cancer at any age than white women.
- ▶ Breast cancer death rate has decreased by 40% since 1975 due to **early detection** and improvement in treatments.

When to Start Screening

- ▶ A person is at **average risk** if there is **no personal history** of breast cancer, family history or genetic.
- ▶ US Preventive Services Task Force (USPSTF)
 - ▶ Age 50 – 74
 - ▶ 75+ continue if healthy and life expectancy >10 years

Screening Recommendations

- ▶ Women ages 50-74 to screen for breast cancer every **2 years**. *(US Preventative Services Task Force)*
- ▶ Follow local breast cancer screening guidelines for cisgender women in care of transgender and gender diverse people who have not had gender-affirming chest surgery. *(The World Professional Association for Transgender Health)*

What counts for HEDIS®?

Description

% of members **50-74 y/o** who were recommended for routine breast cancer screening and **had a mammogram** to screen for breast cancer.

- ▶ Measurement Year: January 1 – December 31, 2024
- ▶ Denominator: Number of continuously enrolled eligible population 52 – 74 years of age as of the end of measurement year.
- ▶ Numerator: 1 or 2 completed mammograms during the current measurement year (2024) or after October 01, 2022.

Exclusions:

- ▶ Bilateral mastectomy.
- ▶ Individuals 66 years of age and older with frailty and an advanced illness diagnosis.
- ▶ Palliative care, Hospice or using hospice services anytime during the measurement year.

Sutter Health Alta Bates Summit Medical Center (ABSMC) Mobile Mammography Vehicle

Prital Patel, Senior Administrator Service Line (ABSMC)

Misty Norris, Director Imaging (ABSMC)

Located at our Summit Hospital

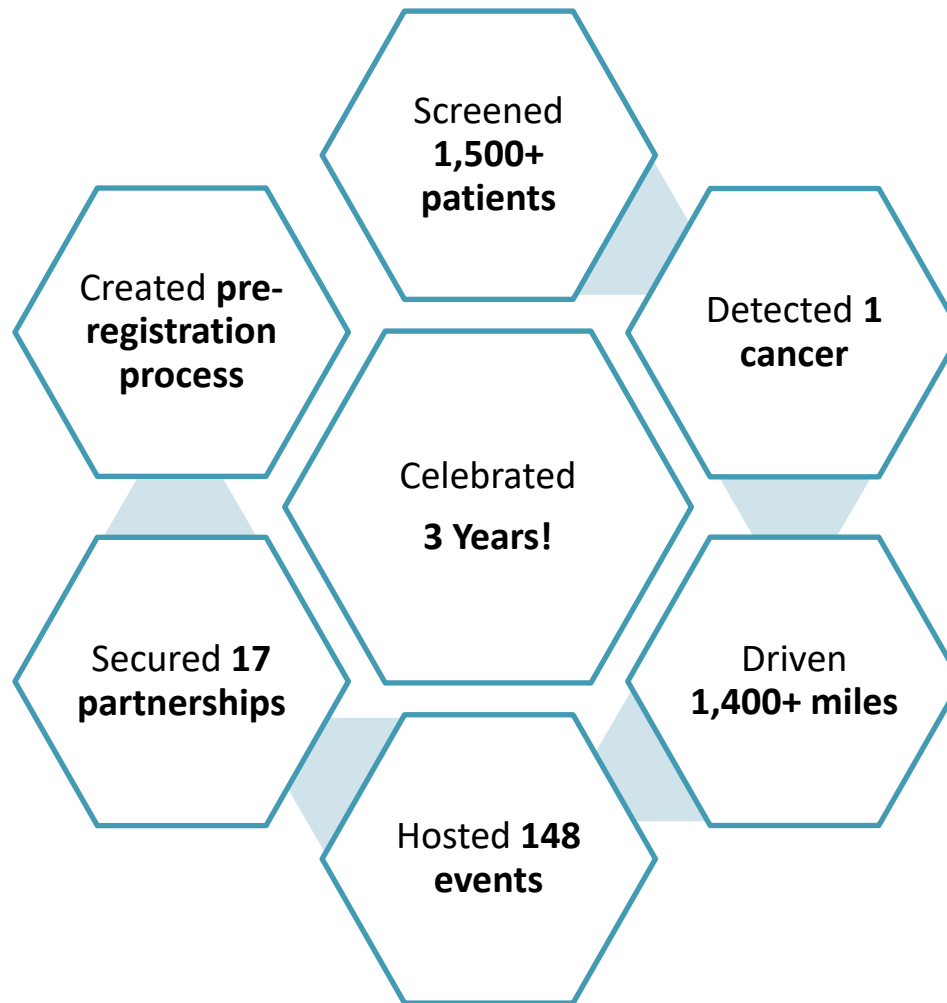
- ▶ 3100 Summit St, Oakland, CA 94609
- ▶ FQHC/clinic partnerships within 35-mile radius



Current State

- ▶ Operate weekdays (M-F)
- ▶ Event Logistics: 9a-3:30p (22 appointments)
- ▶ 3D Tomography, screening only (no diagnostic)
- ▶ Our team's breaks and lunch are built into the schedule, appointments are every 15 minutes
- ▶ Eligibility: 40 y/o & last screening >365 days
- ▶ Reading to be within 30 days and comparison films will be requested if not already available
- ▶ Results to be sent to patient and referring provider, any follow up will be scheduled at Carol Ann Read Breast Center (3100 Summit St in Oakland)

MMV Highlights (Oct '20 – Feb '24)



Next Steps for Partnership

Introductory call
(20 min)

Provide clinic
address

Complete
contract/services
agreement

Parking
Assessment

Schedule 2024
MMV Events
onsite

Let's Connect

▷ Prital Patel

▶ prital.patel@sutterhealth.org

▷ Misty Norris

▶ mistydawn.norris@sutterhealth.org



Cervical Cancer Screenings

Cervical Cancer Screenings

- ▶ The goal for cervical cancer screening is to find the **abnormal cells** that cause cancer early when it is more treatable and curable.
- ▶ Prior to Pap test Cervical Cancer was one of the leading causes of cancer death for American women.
- ▶ Incidence is highest in Hispanic women (9.4 per 100,000 women, CA).
- ▶ The death rate is 65% higher for Black women than White women.
- ▶ The 5-year survival rate is 67% in the US.

(2023, ACS)

Risk Factors

- ▷ Infection with human papilloma virus (HPV)
- ▷ Weekend Immune System
- ▷ Herpes
- ▷ Smoking
- ▷ Sexual History
- ▷ Lack of Immunization
- ▷ Age
- ▷ Oral contraceptives

(2023,Cancer.net)

What counts for HEDIS®?

Description

% of women, **21-64** y/o, who were screened using any of the following criteria:

- ▶ **21-64 y/o:** cervical cytology (pap testing) within last 3 years.
- ▶ **30-64 y/o:** cervical high-risk human papillomavirus (hrHPV) within last 5 years.
- ▶ **30-64 y/o:** cervical cytology/hrHPV co-testing within the last 5 years.

Medical Record Documentation

- ▶ A note indicating the date when the cervical cytology or hrHPV test was performed.
- ▶ Documenting “Unknown” is not a result/finding and therefore will not count towards the completion of the measure.
- ▶ Do not count biopsies, they are diagnostic and therapeutic.
- ▶ Documentation of hysterectomy alone does not meet the criterial because it does not indicate that the cervix was removed
 - ▶ Documentation must include “total” “complete” or “radical” abdominal or vaginal hysterectomy and the date.

Cervical Cancer Screening in Transgender Individuals:

- ▶ Transgender and gender diverse patients who have a cervix have regular cervical pap tests, as per the published guidelines for cisgender women. (*The Fenway Institute*)

Exclusions

- ▶ Evidence of hysterectomy with no residual cervix.
- ▶ Cervical agenesis – born without a cervix.
- ▶ Acquired absence of cervix – absence of cervix or uterus.
- ▶ Members with sex assigned at birth as male.
- ▶ Died any time during the measurement year.
- ▶ Palliative care, hospice or using hospice services anytime during the measurement year.

Pap-a-Thons Lifelong Medical

Yesica Guzman



Pap-A-Thon Workflow

**1 to 2 months
prior**

Ask sites for
interest in
participation

Sites provide
schedules for
screenings

**~ 3 to 4 weeks
prior**

Population
Health
Specialists from
each site start
outreaching to
patients

During event

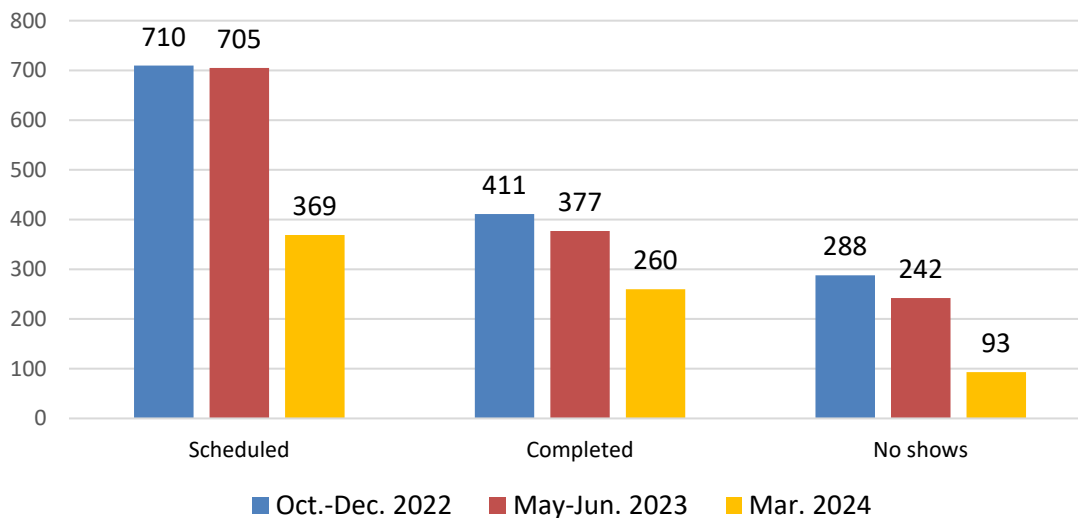
Completion data
analyzed and gift
cards mailed
to patients

After event

Potential for a
barrier
identification
survey

Pap-A-Thon Outcomes

Pap-A-Thon Results



Average Appointments per Pap-A-Thon			
	Oct.-Dec. 2022	May-Jun. 2023	Mar. 2024
Average Scheduled	237	353	369
Average Completed	137	189	260
Average No shows	96	121	93

Next Steps

We will continue to plan for future Pap-A-Thons since the appointments availability has demonstrated a positive impact in our completion rates. Patient incentives also proved beneficial. We plan to conduct a barrier identification survey to further analyze our no-show rates. We will continue to look for ways to improve based on collaboration with our sites.

Recommendations for others implementing this change:

Support of the clinics involved is crucial. Implementing standardized workflows including documentation and data monitoring will ensure alignment across the board.

Identification of the key staff/team responsible for this measure from each of the clinics involved play an important role in the success of the program. We learnt during these Pap-A-Thon events that starting with a non-compliant list of patients to target for outreach was critical.

Contact Info:

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*Bountouraby Camara, Cancer Prevention Specialist –
bcamara@lifelongmedical.org*

Survey for Feedback

We would appreciate your
feedback on today's webinar:

<https://www.surveymonkey.com/r/S5B33WN>



Best Practices

Visit Prep/During the Visit:

- ▶ Conduct chart scrubbing prior to visits.
- ▶ Schedule cancer screening visits while the member/patient is waiting to be seen by the provider or before the member leave the office.
- ▶ Stock and setup rooms to increase readiness.
- ▶ Use of standing orders for internal staff to implement and educate members/patients.

[Survey QR Code:](#)



Best Practices

▷ Education:

- ▶ Importance of early detection and encourage screening, and how to use testing kits.
- ▶ Utilize informational resources (i.e., brochures, flyers, etc.) in plain, easy to understand language.
- ▶ Staff Education on measure and definitions (i.e., cervix, hysterectomy – partial vs full).

▷ Engage: Discuss fears and uncertainties with patients.

▷ Care Gaps: Set alerts in EMR/EHR.

- ▶ Utilize Alliance Gap in Care Lists.

[Survey QR Code:](#)



Best Practices

- ▶ Outreach: Provide ongoing outreach to encourage screening.
 - ▶ In advance, convert standing appointments into cancer screening appointments.
 - ▶ Develop an outreach script for front line staff.
 - ▶ Ensure kits are ready ahead of appointments
- ▶ Electronic Medical/Health Records (EMR/EHR):
 - ▶ Document due dates in the EMR/EHR for recall and reminders.
 - ▶ Utilize flags and alerts in your EMR/EHR to remind staff of when services are due.

[Survey QR Code:](#)



Best Practices

Increase Access:

- ▶ After hours or weekend clinics.
- ▶ Block schedule specific to pap screening (pap-a-thon).
- ▶ Mobile mammograph

[Survey QR Code:](#)



Open Discussion & Questions

- ▷ Barriers: What barriers are you facing with these measures?
- ▷ Support: How can the Alliance support your clinic's barriers?
- ▷ Sharing: Are there any best and promising practices you'd like to add?

[Survey QR Code:](#)



Thanks!

You can contact us at:

✉ DeptQITeam@alamedaalliance.org

Survey QR Code:



Resources

Measure Highlight Series

Target Audience: All Primary Care Clinics.

Times: Noon – 1 p.m.

Dates & Registration Links:

▶ 05/15/2024: [W30 Measures](#)

EPSDT Training

Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) Benefit and Services:

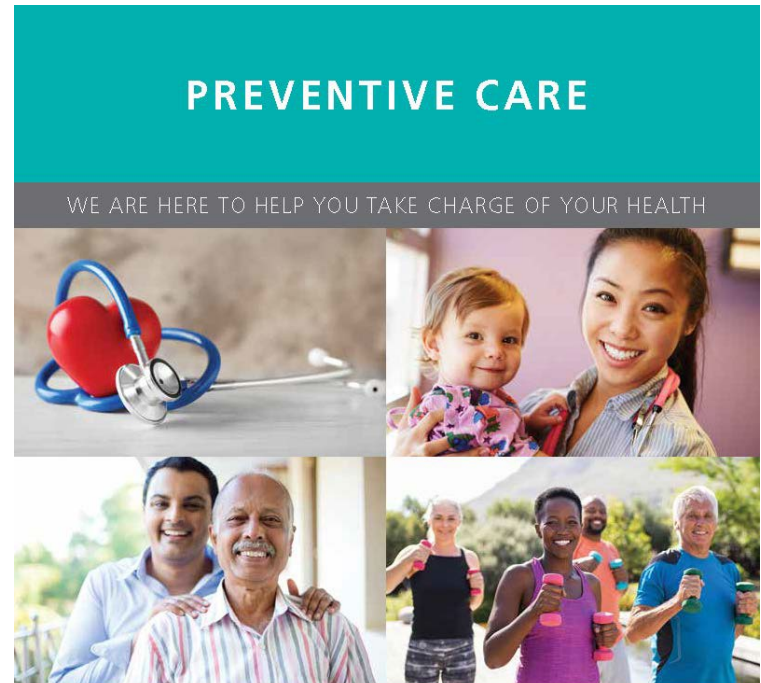
- ▶ New mandatory provider training for Pediatric and Family Medicine Providers.
- ▶ Frequency: Providers must complete the training no less than once every two (2) years.
- ▶ Training Location: Alliance’s [Training & Technical Assistance Opportunities](#) webpage.
- ▶ EPSDT Town Hall’s: [Registration Link](#)

Town Hall Dates	Times
May 21, 2024	12 pm – 1 pm
May 23, 2024	12 pm – 1 pm

Health Education

Patient Health & Wellness Education

- ▶ **Live Healthy Library:** online materials and links
- ▶ **Provider Resource Guide:** health programs and community resources
- ▶ **Wellness Program & Materials Request Form:** request mailed materials



Reports

Gap in Care Lists

- ▶ HEDIS Measures
- ▶ Initial Health Appointment (IHA)
- ▶ Emergency Department Utilization

COL Screening Aid

[CRC-Infographic-V-7-11-20-15 English \(patientdecisionaid.org\)](#)

Project Support

Quality Improvement Team

- ▶ Project Management
 - Contact: DeptQITeam@alamedaalliance.org