Southwestern Vermont Medical Center

Hospital Systems Capacity Building (HSCB) Initiative

2021–2023

American Cancer Society Hospital Systems Capacity Building Initiative

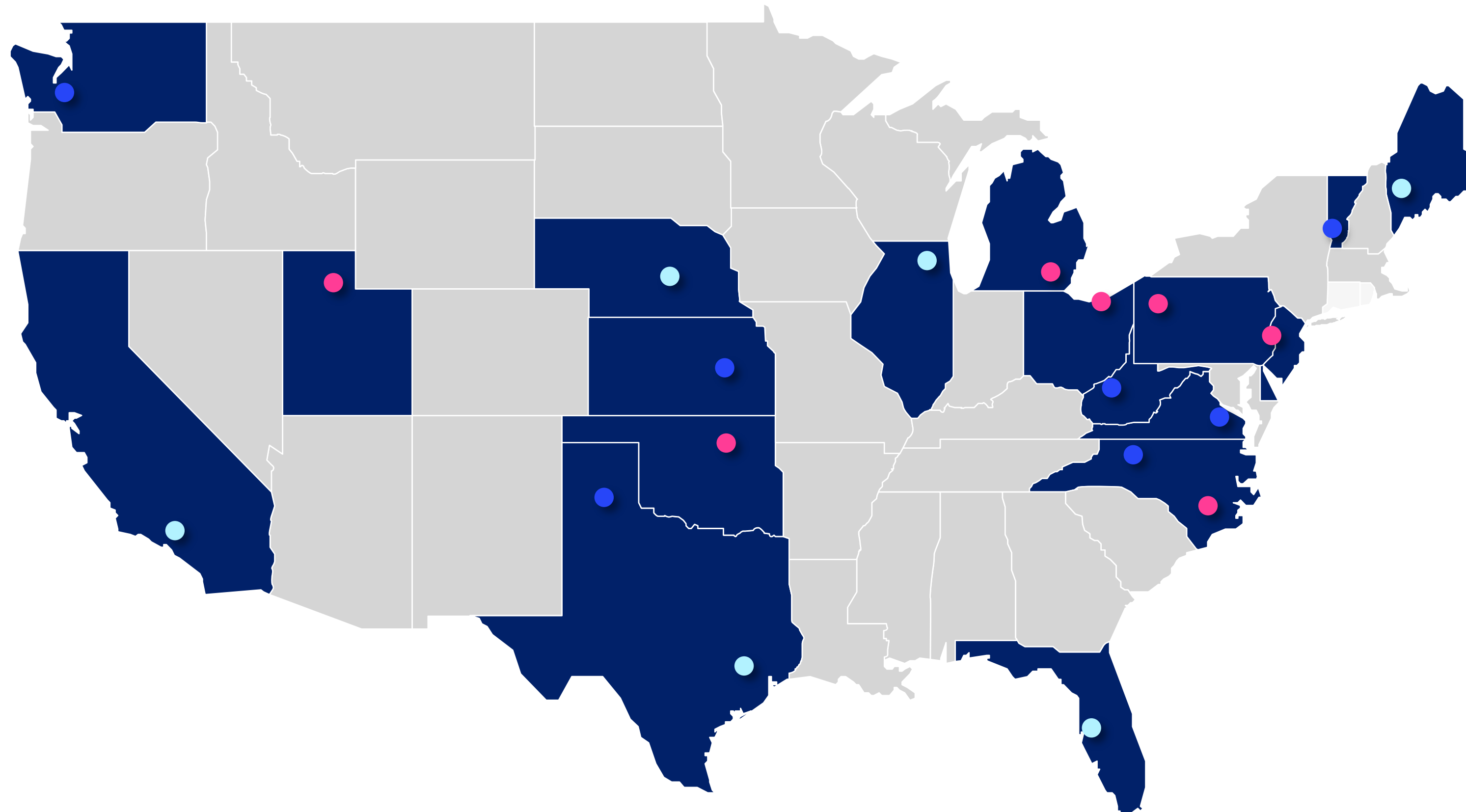
CDC funded
5- year cooperative agreement (2018-2023)

Engage **hospital systems** in a Community of Practice (COP) model

Help **facilitate community partnerships** to better address cancer prevention and screening priorities.

Incorporate **cancer prevention and screening** interventions into a hospital systems' **mission priority setting, quality standards and investment practices**

COP Site Location by Focus Area



CRC Focused Site

HPV Focused Site

BHE Focused Site

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Southwestern Vermont Medical Center

Colorectal Cancer Screening

COP Site Vision and Partners

Vision:

By partnering together over the next three years we will

- Broaden our engagement with other community organizations and achieve an increase in colorectal cancer screening rates in eligible patients within the communities served by Southwestern Vermont Medical Center

Southwestern Vermont Medical Center

Vermont Department Of Health

Dartmouth Cancer Center

American Cancer Society

American Cancer Society

Successful Evidence-Based Interventions (EBIs)

Professional Education

2 Virtual event for providers
5 Affiliated sites received education
65 Providers educated over two years
5 CRC Champions engaged

Partnered with Dr. Butterly to provide education

Professional Education on CRC screening recommendations along with resources shared

Outreach to 5 affiliate sites with CME education opportunity

Utilize recording for future educational opportunities

https://www.snhahec.org/all-modules.html

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Professional Education

Colorectal Cancer (CRC) Screening and Post-Polypectomy Surveillance

Average Risk: *Begin at age 45:*

- Yearly FIT* or high sensitivity (HS) guaiac FOBT* **or**
- Flexible Sigmoidoscopy* every 5 years, or every 10 years with FIT / HS-gFOBT yearly **or**
- Colonoscopy every 10 years if normal exam or distal small hyperplastic polyps only **or**
- Stool DNA* (Cologuard) every 3 years **or**
- CTC* (virtual colonoscopy) every 5 years

***If the test is positive, a colonoscopy should be done.**
In-office DRE (digital rectal exam) is not appropriate for screening

Increased Risk: *Family History CRC or Polyps*

- One 1st degree relative with CRC or advanced adenoma** >60 years **or**
- Two **2nd** degree relatives at any age with CRC **or** advanced adenoma**

Colonoscopy begins age 40, then every 5-10 yrs.

- One 1st degree relative with CRC or advanced adenoma** <60 years **or**
- Two **1st** degree relatives at any age with CRC or advanced adenoma**

Colonoscopy begins age 40 OR 10 years before the age of the youngest relative at time of diagnosis, *whichever comes first*, and then every 5 years or as per findings.

Follow up for family history of polyps same as family history of CRC when family members had advanced adenoma: **>1cm, villous, high grade dysplasia (HGD); or if significant serrated polyp(s).

New Hampshire Colorectal Cancer Screening Program
(603) 653-3702

Increased Risk: *Personal History of Polyps*

- 1-2 small tubular adenomas: repeat in 5-10 years based on the specific findings (USMSTF: 7-10 years)
- 3 to <10 adenomas/advanced adenomas completely resected, repeat in 3-5 yrs.
- > 10 adenomas, repeat colonoscopy in 1 year, and consider underlying familial syndrome.
- Large sessile polyp removed piecemeal or w/ HGD:
  - Repeat colonoscopy in 3 months, if normal repeat colo in 1 yr., if normal, repeat colo in 3 years
  - If residual polyp, remove and repeat colo in 3-6 mos.
- Sessile serrated polyps (SSP): Follow surveillance guidelines as for adenoma, if SSP with dysplasia follow as if advanced adenoma, close follow-up if incomplete resection

Increased Risk: *Personal History of Colon or Rectal Cancer*

Colon cancer: Following curative resection, colonoscopy 1 year post-op, if normal, repeat colo in 3 years, then 5 years.
Rectal cancer: Follow up per surgeon

Inadequate Prep: Semi-solid stool, inadequate to detect polyps > 5mm, repeat colo with extended prep as soon as feasible, < 1 year
Other Prep Limitations: As per endoscopist.

HNPCC: Genetic counseling and possible testing should be offered to patients with suggestive family history. If known HNPCC, colonoscopy every 1-2 years beginning around age 20, then yearly after age 40. Follow up per specialist.

Screening/surv colos (incl. polypectomies) have NO cost-sharing to pt, for many insurances. Pt should ask insurer pre-colonoscopy. 12/2021

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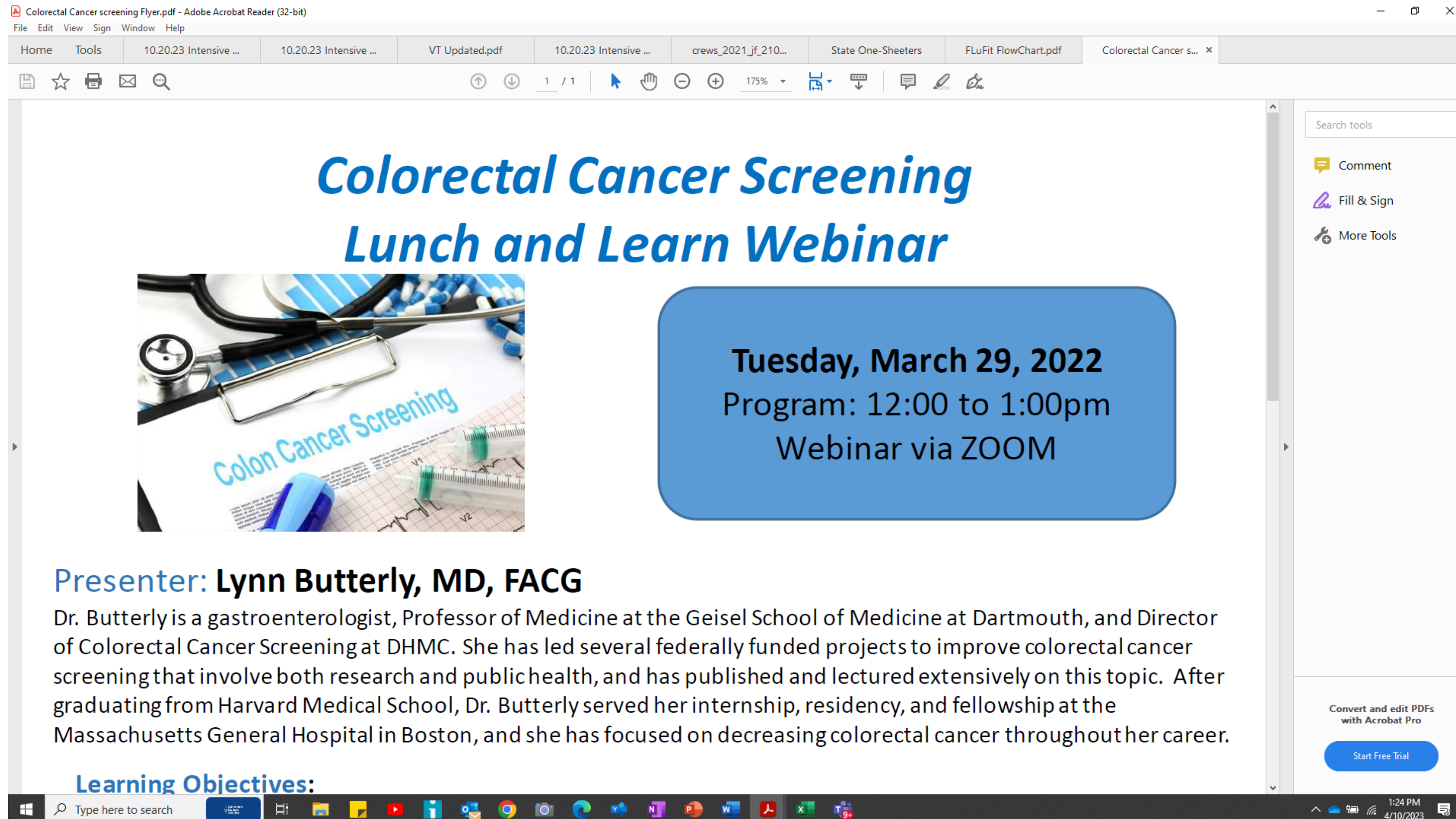
Professional Education



Highlights

Lynn F. Butterly, MD FACG
Gastroenterology and Hepatology
Dartmouth Health

"The best test is the one that gets done *well*, which means considering the individual patient's history and risk factors“

-Dr. Lynn Butterly

Successful Evidence-Based Interventions (EBIs)

Patient Education

2 Events
1 CRC Screening Mailing
7000 Patients Educated

HEALTH & WELLNESS

Southwestern Vermont HEALTH CARE

presented by Southwestern Vermont Medical Center

SVMC and the American Cancer Society Present Colorectal Cancer Awareness Webinar

01:59PM / Tuesday, September 07, 2021

Print Story | Email Story

BENNINGTON, Vt. — The American Cancer Society and Southwestern Vermont Medical Center (SVMC) have gathered an expert team to address questions anonymously during a colorectal cancer awareness webinar.

The Webinar is scheduled for 6 p.m. Thursday, Sept. 23 virtually online. The program is free and open to the public. Advanced registration is required. Find the registration link at

Southwestern Vermont HEALTH CARE

https://svhealthcare.org/Healthy

SERVICES COVID-19 FIND A DOCTOR PATIENTS & VISITORS PATIENT PORTAL SUPPORT CAREERS

Healthy+

MAGAZINE | Courtesy of Southwestern Vermont Health Care

Summer/Fall 2022 Winter/Spring 2022

Make sure you're there for life's big moments

Schedule a screening today

Successful Evidence-Based Interventions (EBIs)

Reduce Barriers

1. New partnership with Exact Sciences
2. EHR updates

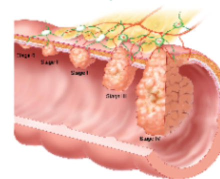
Athena Support

Stool based data support 2022

Patient education resources

Screening for colorectal cancer (CRC) on time matters[1]

How CRC develops[1]



- CRC typically starts as a polyp, or growth, on the wall of the colon or rectum. Some polyps may develop into cancer[1]
- Many people with early-stage CRC have no symptoms, but their cancer is detected through screening[1]
- When caught in early stages, CRC is more treatable in about 90% of people[2]*

Regular screening can help find CRC in early stages. That's why it's important to screen on time.[1]

*5-year survival.[2]

Focus on the CRC facts

It's the most preventable, yet least prevented, form of cancer[3]

It's the 3rd most common cancer among men and women[4]

About 70% of people have no family history[5]

It's on the rise in people <50[6]

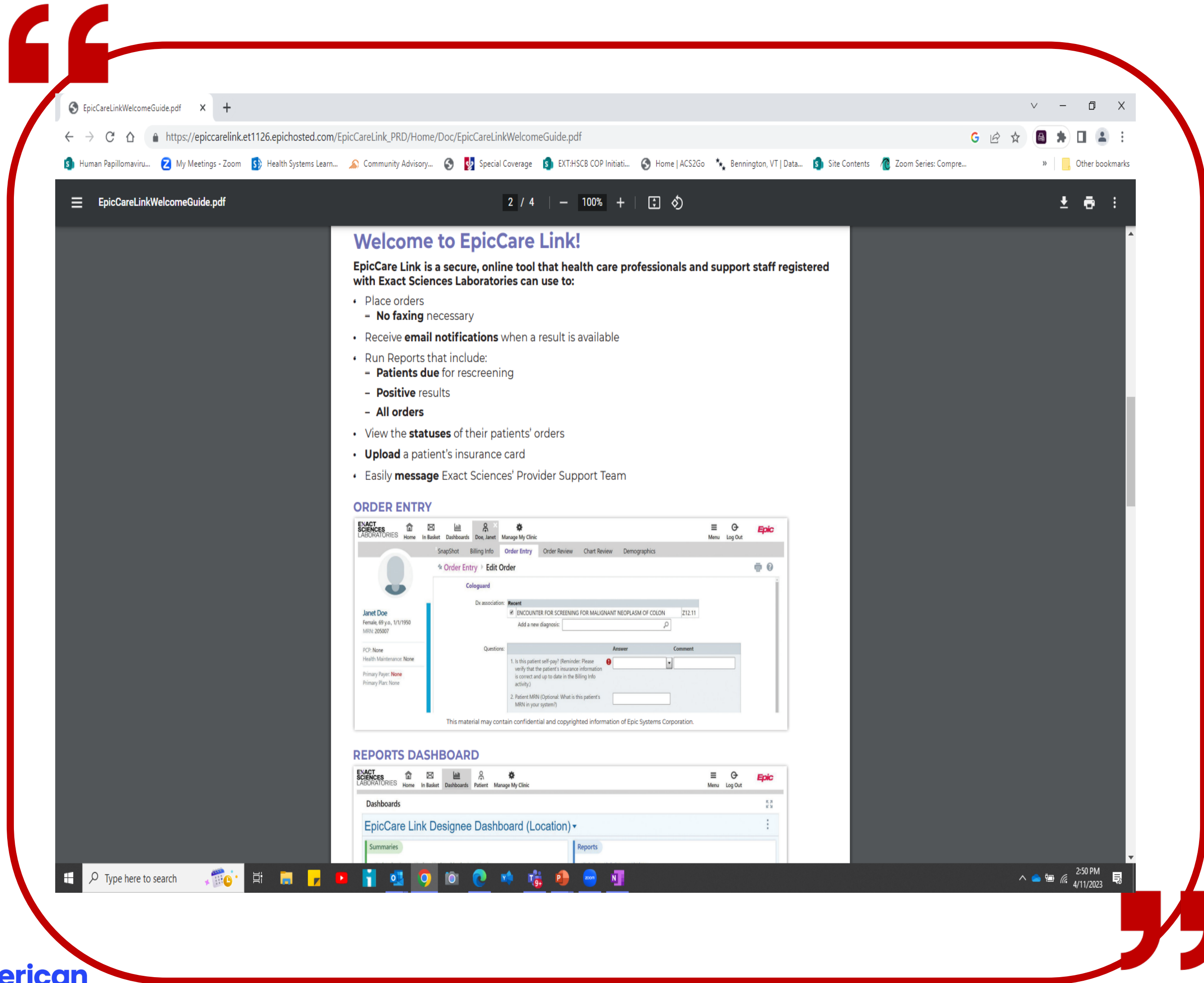
Don't wait to screen

There are choices when it comes to CRC screening.[6,9]

No matter which you choose, the American Cancer Society recommends regular screening starting at age 45. Even if you've screened before, you'll need to screen again when your healthcare provider recommends.[6]

See screening options on the next page ↓

Highlights



- Exact Sciences

Epicure Dashboard

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Words From Our Partners

The Hospital Systems Capacity Building Community of Practice program at Southwestern Vermont Medical Center has been an incredible opportunity to improve colorectal cancer screening in Vermont, a 2025 Vermont Cancer Plan priority. The project has supported collaboration across many systems and partners, forming an integrated approach to maximize impact. As a representative of the Vermont Department of Health, I have been thrilled to be part of this work that has resulted in increased community awareness and demand for colorectal cancer screening."

- Sharon Mallory, Director of Comprehensive Cancer Control Program
Vermont Department of Health

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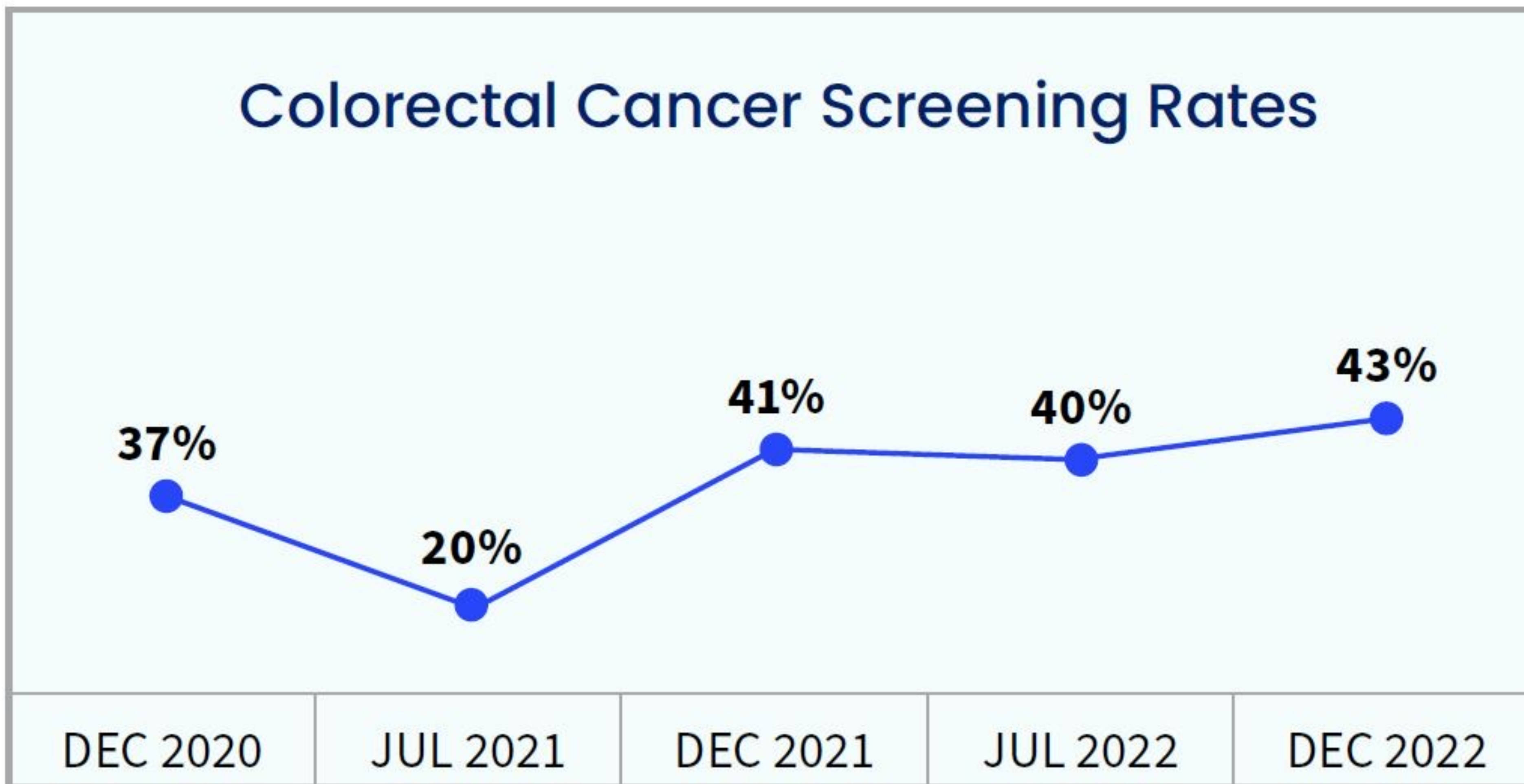
Screening Data



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Lessons Learned and Next Steps

Lessons Learned

The importance of prioritizing the ability to capture data to inform projects.

The benefit of collaborating with other community partners and how their input can inform work.

We have so much more work to do to over come the barriers our communities face around accessibility to prevention and screening.

Next steps for all cancer prevention and screening work

Enhance our collaboration to include a greater focus on health equity.

Continue to prioritize EMR updates that patient populations experiencing barriers to care.

As a healthcare system, we can lean into new regulations prioritizing health equity.

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Regulatory Agencies Focus on Health Equity

The Joint Commission

The leadership standards on Health Equity have been elevated to a National Patient Safety Goal (16.01.01)

While we typically view healthcare disparities through social-justice lens, we need to also look at it as a quality of care issue.

**From Leigh Roche, BSN, MBA, RN, LSSBB, CPPS,CPHQ presentation*

CMS Framework for Health Equity

Expand the collection, reporting, and analysis of standardized data

Build capacity of healthcare organizations and the workforce to reduce health and healthcare disparities

Assess causes of disparities within CMS programs and address inequities in policies and operations to close gaps

Advance language access, health literacy, and the provision of culturally tailored services

Increase all forms of accessibility to healthcare services and coverage

**Quoted from: CMS Framework for Health Equity 2022-2032*

American Cancer Society

Thank You

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