



# Client Reminders & Small Media to Increase Cancer Screening: PART 1

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# INTRODUCTIONS

- Name
- Organization
- Is your clinic/organization currently implementing client reminders and small media?



# OVERVIEW OF THE SERIES

## **Part 1 - June 1 - 12:00 pm - 1:00 pm**

Client Reminder and Small Media interventions will be defined along with the research that shows their effectiveness at increasing cancer screenings. How to successfully implement the interventions will also be shared. A facilitated discussion of current intervention successes and challenges will occur following the presentation.

## **Part 2- June 28 - 12:00 pm - 1:00 pm**

The available resources and messaging that can be utilized to support implementation of client reminder and small media interventions will be shared and discussed. This will include targeted messaging based on specific population needs and motivations.

## **Opportunity for ongoing support and learning**



# WHAT DO I NEED TO DO TO BE SUCCESSFUL WITH EBIs TO INCREASE CANCER SCREENING?



## Form a well-rounded team

- Establish participants and responsibilities



## Assess baseline data

- Foundation of decision-making



## Set a data-driven aim statement

- Goal



## Create action plan

- Who does what and when
- Integrate QI and EBIs



## Explore Processes and Gaps to customize and test EBIs

- Process mapping, root case analysis, PDSA cycles
- Customize EBIs



## Track progress and celebrate success

- Adjust
- Improve
- Sustain

# ROLE OF HEALTH EQUITY

## What is health equity?

For the American Cancer Society (ACS) and our nonprofit, nonpartisan affiliate, the American Cancer Society Cancer Action Network<sup>SM</sup> (ACS CAN), health equity means **everyone has a fair and just opportunity to prevent, find, treat, and survive cancer**. Equity is not the same as equality. Equality is providing everyone with the same tools and resources. Equity is providing tools and resources based on needs that allow everyone the opportunity to be as healthy as possible. At ACS and ACS CAN, we are strengthening our organizations' commitment to advance health equity through our work at the national, state, and local levels.

“Providing tools and resources based on needs that allows everyone the opportunity to be as healthy as possible.”

# THE COMMUNITY GUIDE

The Guide to Community Preventive Services (The Community Guide) is a collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). It is a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school.



## The Community Guide

Legend for CPSTF Findings:



Recommended

































Insufficient Evidence



Recommended Against

(See reverse for detailed descriptions.)

INTERVENTION STRATEGY	CPSTF FINDING		
Increasing Breast, Cervical, and Colorectal Cancer Screening			
Client-oriented screening intervention strategies			
Interventions	Breast Cancer	Cervical Cancer	Colorectal Cancer
Client reminders			
Client incentives			
Small media			
Mass media			
Group education			
One-on-one education			
Reducing structural barriers			
Reducing client out-of-pocket costs			
Multicomponent intervention strategies			
Increase screening and provider delivery of services			
Provider-oriented screening intervention strategies			
Provider assessment and feedback			
Provider incentives			
Provider reminder and recall systems			

# **SMALL MEDIA**



# SMALL MEDIA

Small media include **videos and printed materials such as letters, brochures, and newsletters**. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.

Recommended for breast, cervical, and colorectal\* cancer screening

\*current recommendations are based on increasing colorectal cancer screening by stool-based testing. insufficient evidence to determine the effectiveness of using small media to increase colorectal cancer screening by flexible sigmoidoscopy, colonoscopy, or double contrast barium enema because no studies evaluating these screening procedures were identified

# DATA

Small media interventions increased:

- Breast cancer screening by 7.0%
- Cervical cancer screening by 4.5%
- Colorectal cancer screening via stool testing by 12.7%



# WHO ARE OUR PATIENTS?

- Reading level
- Health literacy
- Language
- Motivation
- Insurance status
- Identities including intersectionality of multiple identities



# WHAT DO PATIENTS NEED TO KNOW?

- Test Options
- Pro/Cons of tests – including risks
- What is the test like?
- Myths about tests
- Cost/Insurance Coverage



# HOW IS THE INFORMATION BEST CONVEYED?

- Infographic
- Animated Video – with subtitles
- Video from a healthcare provider
- Detailed descriptions
- Simple or elaborate design



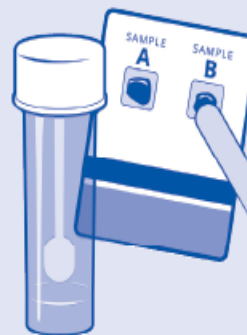
cancer.org

## STOOL TESTS

### Fecal Immunochemical Test (FIT)

HOW OFTEN: **Once a year**

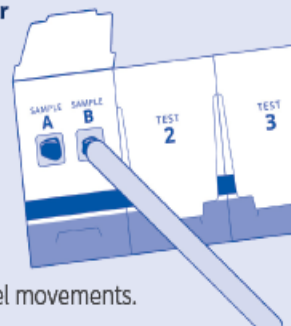
- » You take a stool sample at home using a kit your provider gives you.
- » It checks for blood in samples from 1 bowel movement.
- » You mail your sample to a lab.



### High-sensitivity Guaiac-based Fecal Occult Blood Test (HSgFOBT)

HOW OFTEN: **Once a year**

- » You take stool samples at home using a kit your provider gives you.
- » You mail your samples to a lab.
- » It checks for blood in samples from 3 bowel movements.



### Multi-target Stool DNA (MT-sDNA)

HOW OFTEN: **Every 3 years**

- » You collect a bowel movement and stool sample at home using a kit your provider has shipped to you.
- » It checks stool for blood and abnormal DNA from polyps or cancer.
- » You mail a whole bowel movement and stool sample to a lab.



## VISUAL TESTS

### Colonoscopy

HOW OFTEN: **Every 10 years**

- » Your provider uses a tube with a tiny camera to look for and remove polyps and cancer in your colon and rectum.
- » You take a prep (tablets and something to drink) before the test to empty the colon. It causes diarrhea (watery stool).
- » You will be sedated and need a day off work. You will need someone to drive you.



### CT Colonography(CTC)

HOW OFTEN: **Every 5 years**

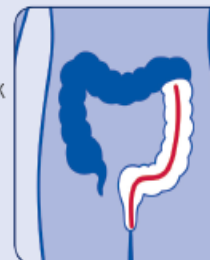
- » The test is also called virtual colonoscopy.
- » Your provider uses an x-ray machine to look for polyps and cancer in your colon and rectum.
- » You take a prep (tablets and something to drink) before the test to empty the colon. It causes diarrhea (watery stool).



### Flexible Sigmoidoscopy (FS)

HOW OFTEN: **Every 5 years**

- » Your provider uses a tube with a tiny camera to look for polyps and cancer in the lower part of your colon and rectum.
- » You give yourself 1 or 2 pre-filled enemas before the test to empty and clean the colon.
- » This test is not available in most places.



\*Not all tests may be available. Talk with your health care provider about which tests are available to you.

# SMALL MEDIA EXAMPLES

## Uninsured – average risk

- Flyer about reduced-cost stool test options and follow-up colonoscopy resources

## Insured/Medicare/Medicaid – average risk

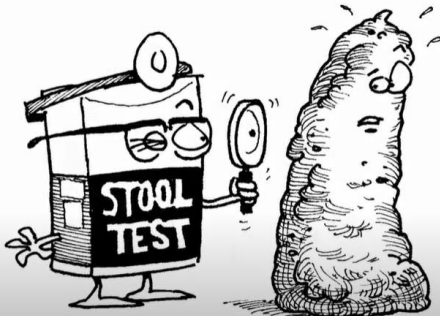
- Flyer with all screening test options covered by insurance with pros/cons of each

## Spanish Speaking (Insured, average risk)

- Flyer with all screening test options covered by insurance with pros/cons of each in Spanish

## Spanish Speaking (uninsured, average risk)

- Flyer about reduced-cost stool test options and follow-up colonoscopy resources with Spanish speaking staff



Stool tests are simple. They are done in your home with a kit given to you by your doctor.



## Recomendaciones de la Sociedad Americana Contra El Cáncer para la Detección Temprana del Cáncer de Seno

Guía para mujeres que se encuentran en **riesgo promedio** de cáncer de seno.



### De 40 a 44 años

Las mujeres podrán optar por comenzar sus pruebas de detección mediante un mamograma cada año.



### De 45 a 54 años

Las mujeres deben hacerse un mamograma cada año.

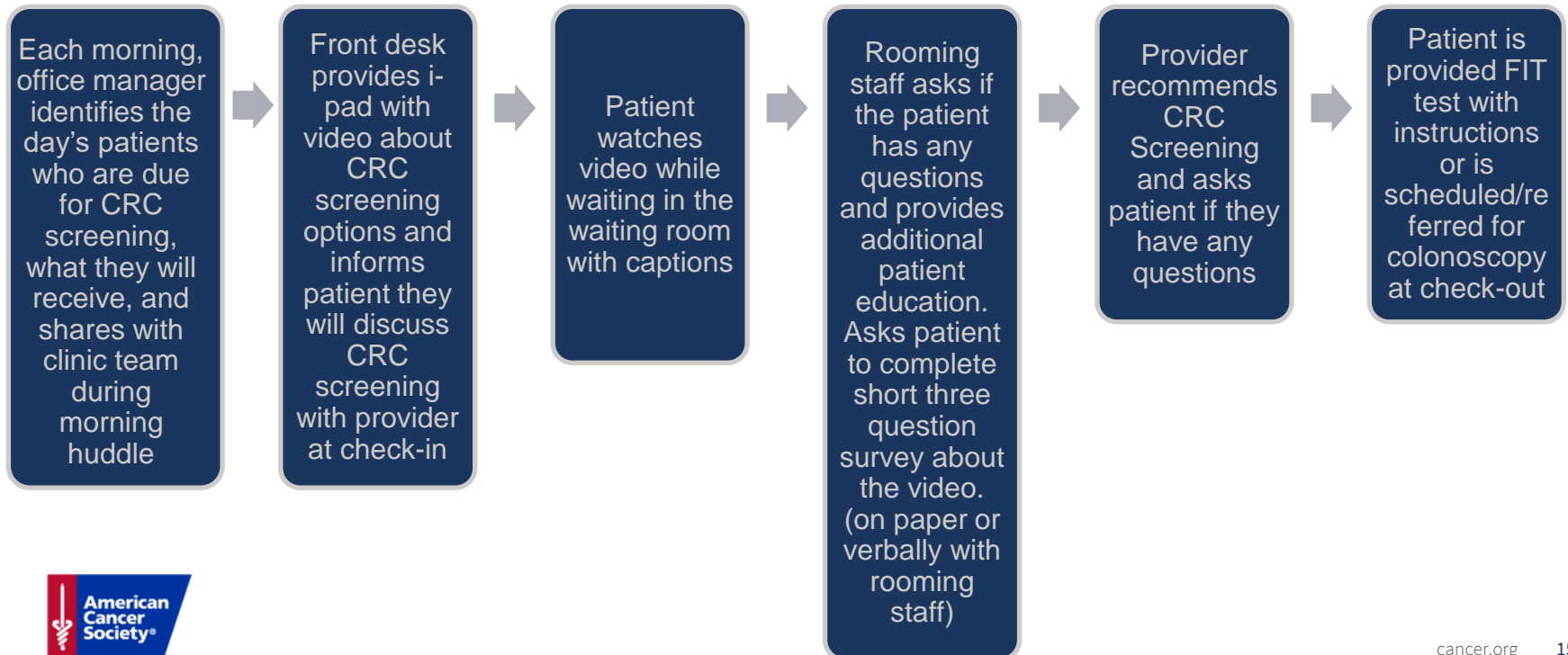


### De 55 años y mayores

Las mujeres podrán cambiar a un mamograma cada 2 años, o bien, pueden optar por continuar haciendo los mamogramas cada año. Las pruebas de detección deben continuar siempre y cuando la mujer tenga un buen estado de salud y que se espera que viva al menos por 10 años más.

# WORKFLOWS AND PROCESSES

- When does the patient receive the small media?
- Who provides the small media to the patient?
- Who evaluates the small media?



# CLIENT REMINDERS

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# Client Reminders

Client reminders are **written** (letter, postcard, email) or **telephone** messages (including automated messages) **advising people that they are due for screening**. Client reminders may be enhanced by one or more of the following:

Follow-up printed or telephone reminders

Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening

Assistance in scheduling appointments

These interventions can be untailored to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.

# DATA

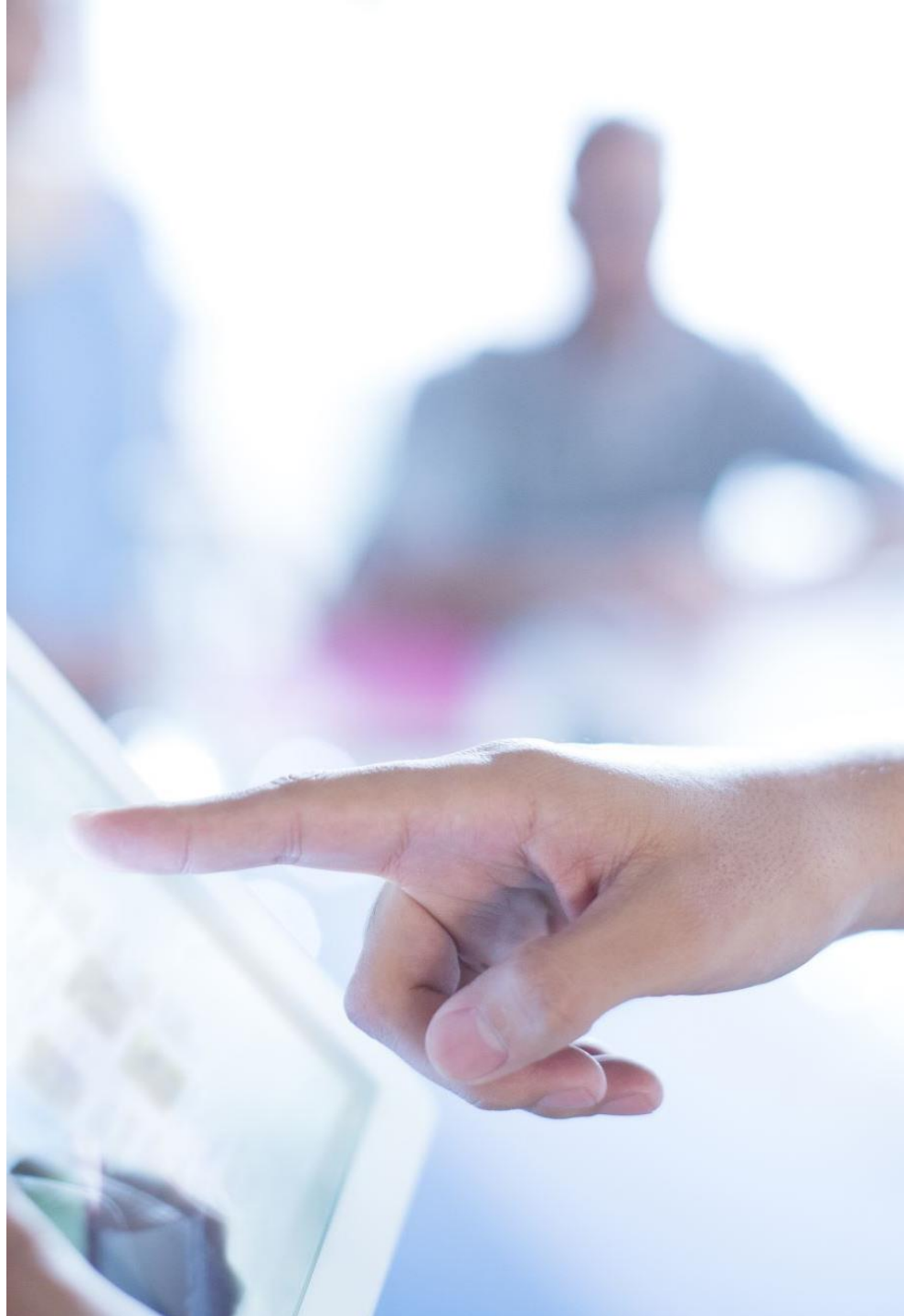
Client reminder interventions increased:

- Breast cancer screenings by 12%
- Cervical cancer screening by 10%
- Colorectal cancer screenings by 10%



# TYPES OF REMINDERS

- EHR – app or online platform
- Letters
- Postcards
- Automated phone calls
- Personal phone calls
- Text messages



# PRIORITIZING PATIENTS

- Highest Risk
- Previously Screened
- Never been screened – past due or newly eligible
- Last interaction
- Insurance Status
- Number of Barriers
- Use/enrollment on app or online platform



# WHAT DOES THE MESSAGE SAY?

- Tailored to specific populations
- Addresses motivation
- Addresses barriers
- Includes action – SCHEDULE HERE or CALL HERE
- Makes the case for early detection
- Eliminate real or perceived barriers
- Engage family and community networks

# TIPS

- Test your messages
- Align all systems with consistent messaging
- Make an evaluation plan



# Client (Patient) Reminder Planning Guide



CS31769-A

Implement and integrate patient reminder system into clinic workflow



REMINDER SENT

REMINDER RECEIVED

**Prompt patient to action**

## OUTPUT:

Delivery of reminders

- **Measure:** Delivery of reminders
- Example: Number of patients given reminders divided by the number of patients due for screening
- Number of patients who received reminders divided by the number of patients due for screening

Patient **schedules and keeps** an appointment for cancer screening



## Potential challenges:

Limited electronic health record system, limited staff time if reminders are not automated; incomplete records or incorrect contact information

## OUTPUT:

Increased screening appointments by patients

- **Measure:** Appointments among eligible patients
- Example: Number of patients scheduled for screening appointments divided by the number of patients receiving reminders
- Example: Number of patients showing up for screening appointments divided by the number of patients scheduled

Patient **completes** cancer screening



## Potential challenges:

Inconvenient clinic hours, limited capacity or resources to follow-up abnormal screening results, patient fear, cost, lack of transportation

## OUTCOME:

Increased screening and diagnostic tests completed by patients

- **Measure:** Screening completion
- Example: Number of patients completing screening divided by the number of patients referred for screening
- Example: Number of patients completing diagnostic follow-up divided by the number of patients with positive screening tests

**Increased** cancer screening

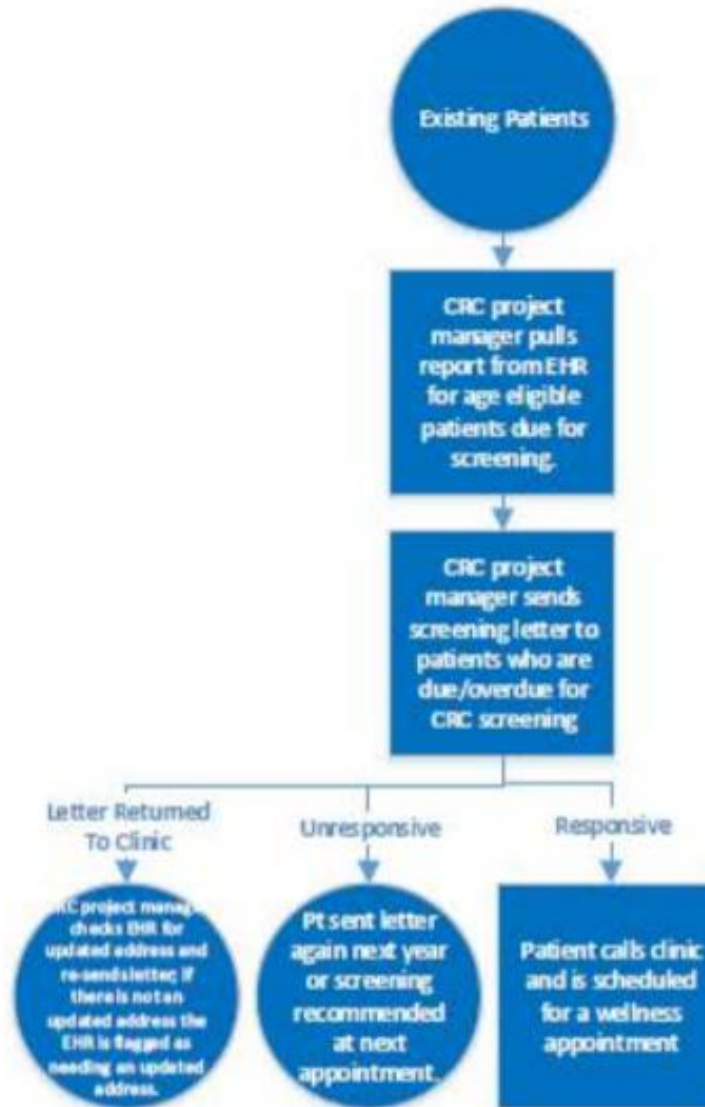


## OUTCOME:

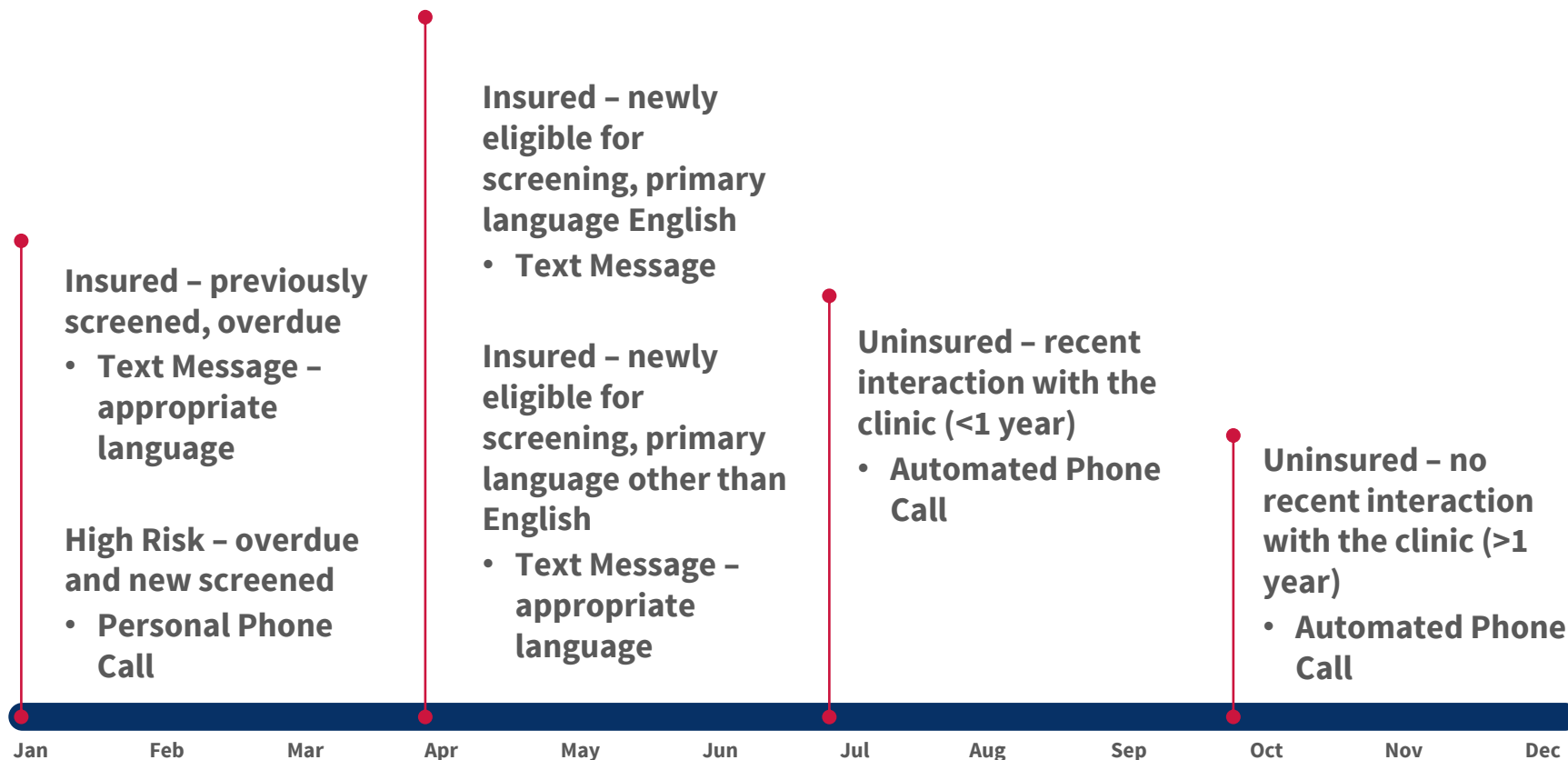
Increased clinic-level rates of cancer screening

- **Measure:** Age-eligible clinic population up-to-date with recommended cancer screening
- Example: Uniform Data System (UDS), Healthcare Effectiveness Data Information Set (HEDIS), National Quality Forum (NQF) 12-month measure used to calculate screening rate

# EXAMPLE WORKFLOW



# EXAMPLE TIMELINE



# DISCUSSION



# DISCUSSION

Who is currently using client reminders and/or small media interventions?

How are you implementing these interventions?



# DISCUSSION

What is your biggest challenge with client reminders?

What is your biggest challenge with small media?



# DISCUSSION

What questions do you have about implementing client reminder and/or small media interventions?





# THANK YOU

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## Part 2 - June 28 - 12:00 pm - 1:00 pm

The available resources and messaging that can be utilized to support implementation of client reminder and small media interventions will be shared and discussed. This will include targeted messaging based on specific population needs and motivations.



[cancer.org](https://cancer.org) | 1.800.227.2345