Before we begin…

Put your name and organization/institution in the chat!

AMERICAN CANCER SOCIETY

Disparities Reducing ECHO

June 22, 2021

American Cancer Society®

Project ECHO®

Welcome to the June Disparities Reducing ECHO

Each ECHO session will be recorded and will be posted to echo.cancer.org

You will be muted with your video turned off when you join the call.
Use the buttons in the black menu bar to unmute your line and to turn on your video.
If you do not wish to have your image recorded, please turn OFF the video option.

Today's materials will be made available on echo.cancer.org

Type your name and organization in the chat box

This ECHO session takes place on the Zoom platform.
To review Zoom's privacy policy, please visit zoom.us/privacy

Remember: Do NOT share any personal information about any patient

Questions about Zoom? Type them in the chat box to: Kristen Wehling

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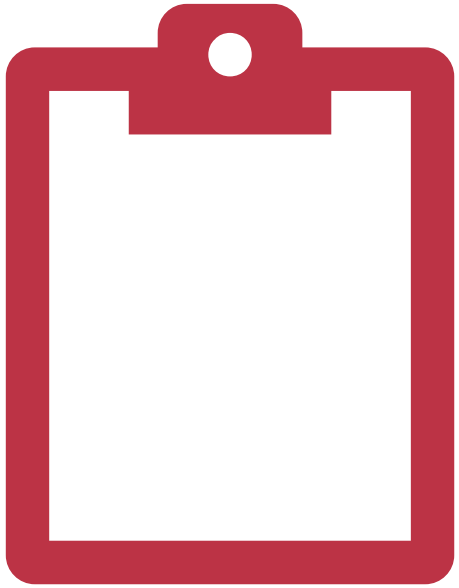
Session 2 Recap



At a glance:

- Total attendees: **65**
- Overall satisfaction rate : **95%**

Reminder: Survey results are **anonymous!**

Questions/Comments? DisparitiesECHO@cancer.org

Disparities Reducing ECHO

June Agenda

Housekeeping & Introductions	5 minutes
Didactic Presentation *COVID-19 and Cancer Screening: A quick look at the national picture* *Laura Makaroff, DO* *American Cancer Society*	10 minutes
Didactic Presentation *Re-Engaging Patients in Cancer Screening Through Scalable, High-Touch Care Models* *Shawn Johnson* *Harvard Medical School*	20 minutes
Didactic Q/A	5 minutes
Facilitated Q&A *David Brewer, MBA, MS, RD, LD, CPHQ* *Heart of Ohio Family Health Centers*	5 minutes
Facilitated Q/A Discussion	10 minutes
Wrap-up	5 minutes

Introductions

Introductions

ACS Hub Staff

Rich Killewald, MNM

Maitreyee Shah, MPA

Kristen Wehling, MPH

Karla Wysocki, MA

Faculty

Ashley Brown, MPP

Laura Makaroff, DO

Emily Marlow, PhD

Shawn Johnson

Brian Rivers, PhD, MPH

Jennifer Tsui, PhD, MPH

Grantees

Addressing Racial Disparities in Cancer Care

Breast Health Equity

Prostate Cancer Disparities

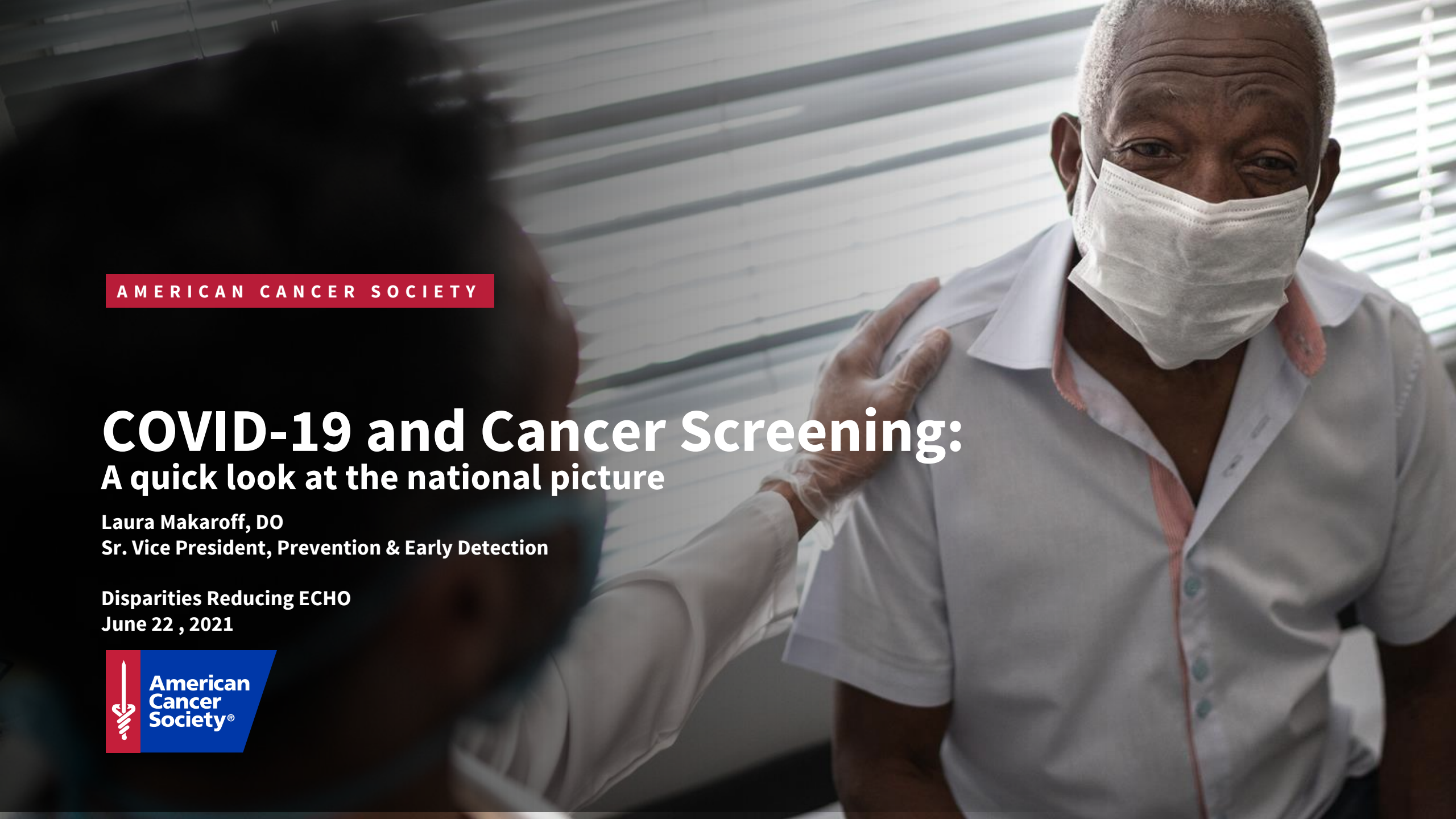
Type your name and organization in the chat box!

COVID-19 and Cancer Screening: A quick look at the national picture

Laura Makaroff, DO
American Cancer Society

About Our Presenter

Laura Makaroff, DO
American Cancer Society
Senior Vice President
Prevention & Early Detection



AMERICAN CANCER SOCIETY

COVID-19 and Cancer Screening:
A quick look at the national picture

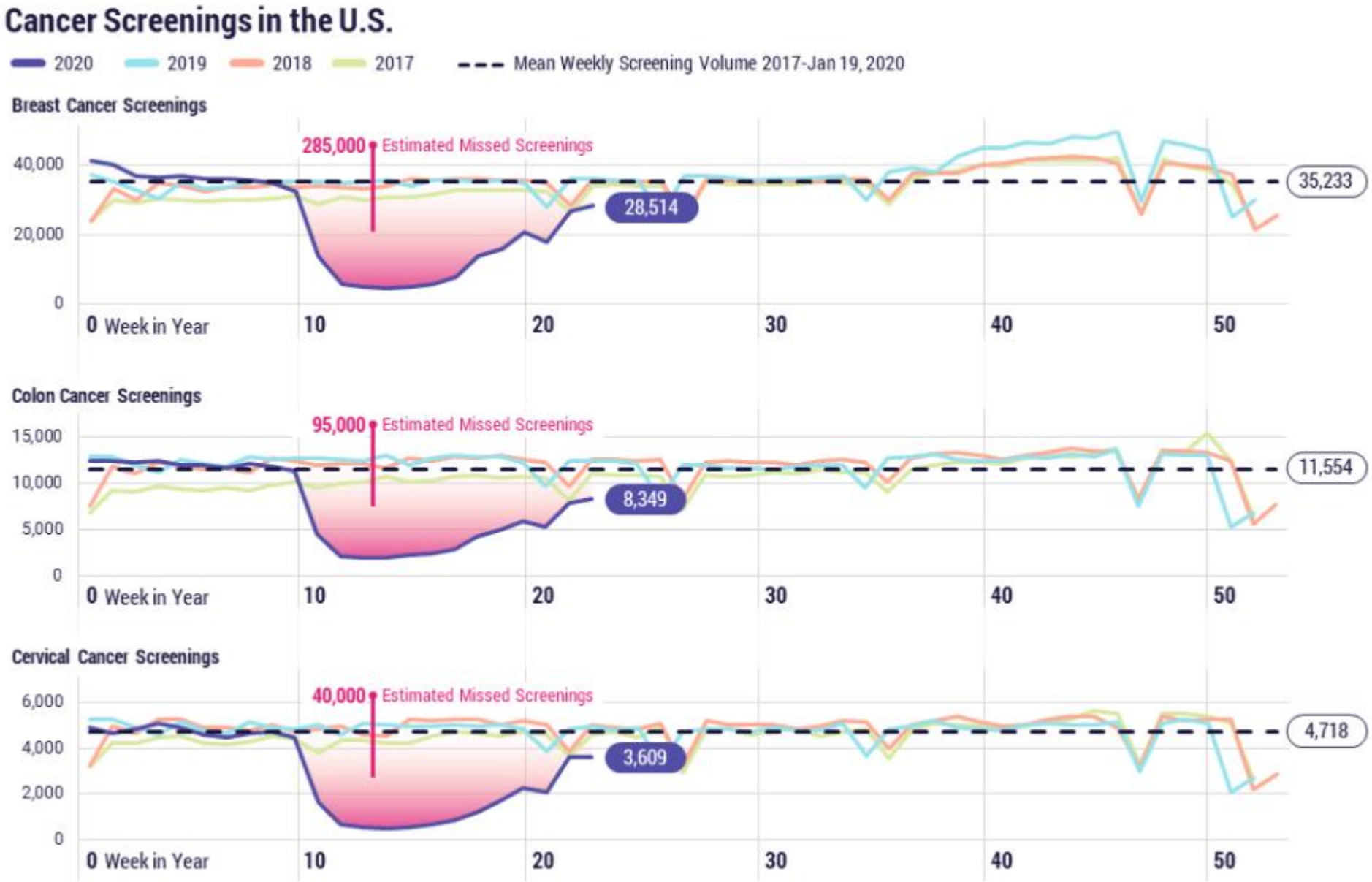
Laura Makaroff, DO
Sr. Vice President, Prevention & Early Detection

Disparities Reducing ECHO
June 22 , 2021

American Cancer Society®

CANCER SCREENING AMIDST THE PANDEMIC: EARLY TIMELINE

- On March 13, 2020, a U.S. national emergency was declared due to COVID-19.
  - CDC recommended that healthcare systems prioritize urgent visits and delay elective care to mitigate the spread of COVID-19 in healthcare settings.
  - The American Cancer Society, along with other specialty organizations, advised patients to postpone elective care – including cancer screening – and plan to reschedule screening tests when healthcare facilities resume screening.
- July 2020 and ongoing – ACS updated information on cancer.org emphasizing that cancer screening is still a priority.
- These recommendations applied to people at average risk of cancer who do not have any signs or symptoms of cancer.



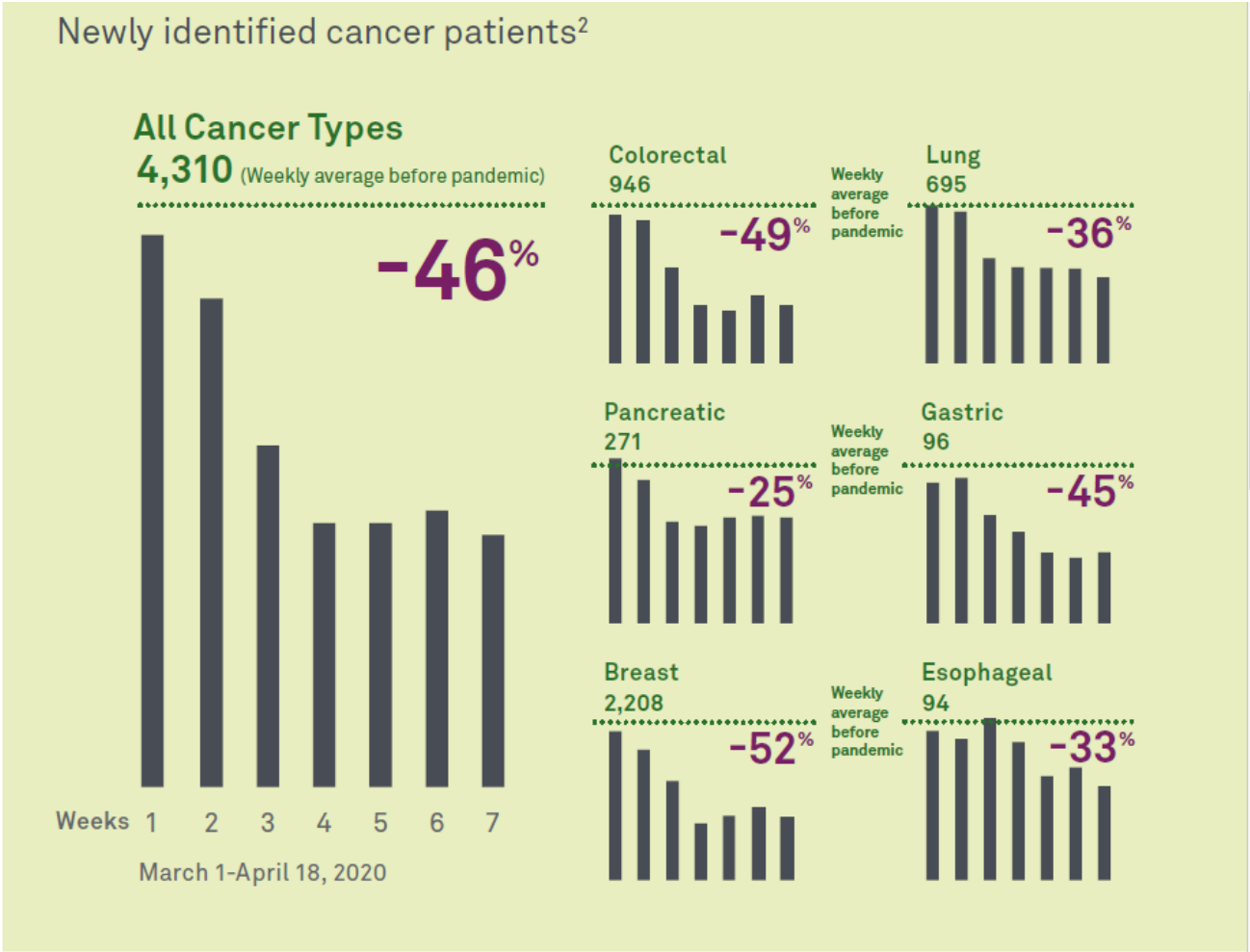
Source: https://ehrn.org/articles/delayed-cancer-screenings-a-second-look

JAMA Network | Open

Research Letter | Oncology

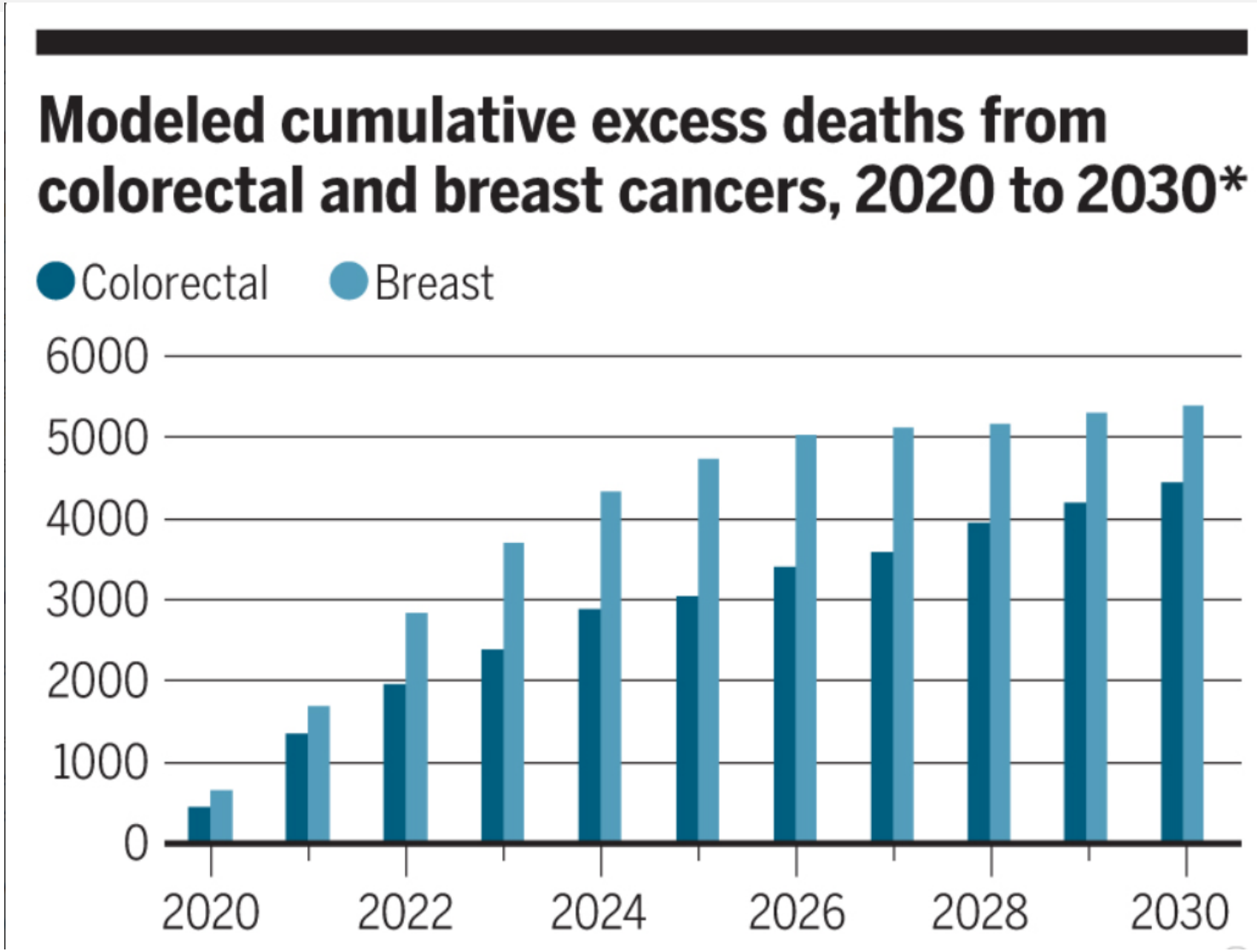
Changes in the Number of US Patients With Newly Identified Cancer Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic

Harvey W. Kaufman, MD; Zhen Chen, MS; Justin Niles, MA; Yuri Fesko, MD



https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768946

Modeling the effect of COVID-19 on Cancer Screening and Treatment



https://science.sciencemag.org/content/368/6497/1290

Indications of Rebound by end of Summer 2020

- June 16 weekly volumes remained 29%, 36%, and 35% lower than their pre-COVID-19 levels for breast, colon, and cervical cancer screenings. (EHRN)
- Authors found that, from June to September 2020, there was a significant recovery in the number of screening tests and ensuing diagnoses, to almost prepandemic levels. (Bakouny)
- The deficit decreased gradually, with no significant difference between observed and expected numbers by July 2020 (diagnostic mammography) and August 2020 (screening mammography and biopsy). (Nyante)
- Mammogram and colonoscopy volumes reached pre-pandemic levels by the end of the summer. (McBain)
- In this analysis of administrative claims data, we found near complete recovery of monthly screening rates by July. (Chen)

EPIC health research network update-through March 2021-screening rates are down 13-25% (from March 2020 through March 2021)

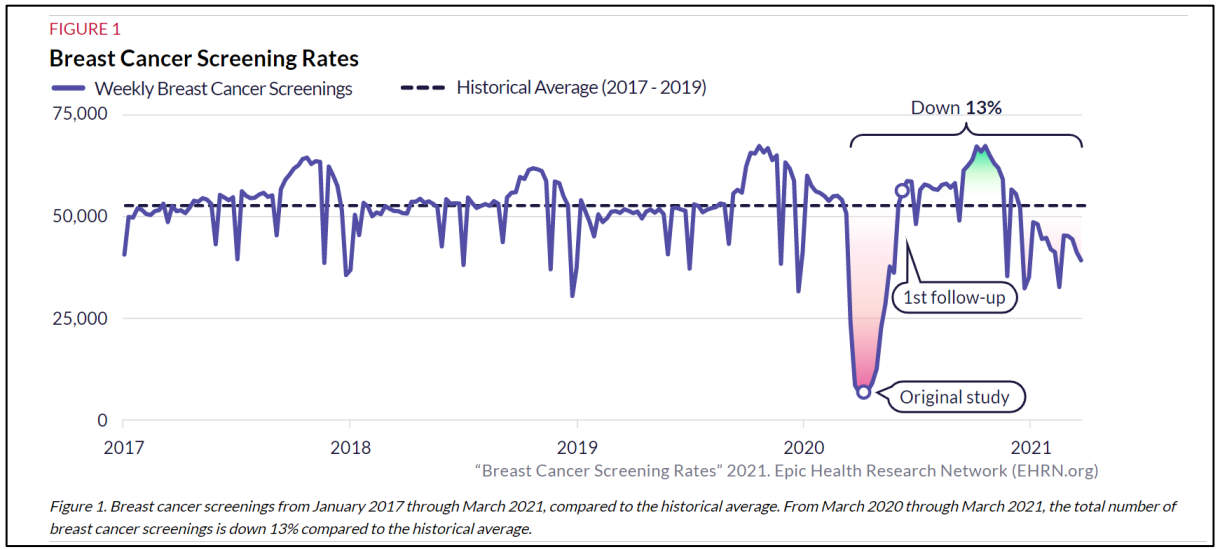
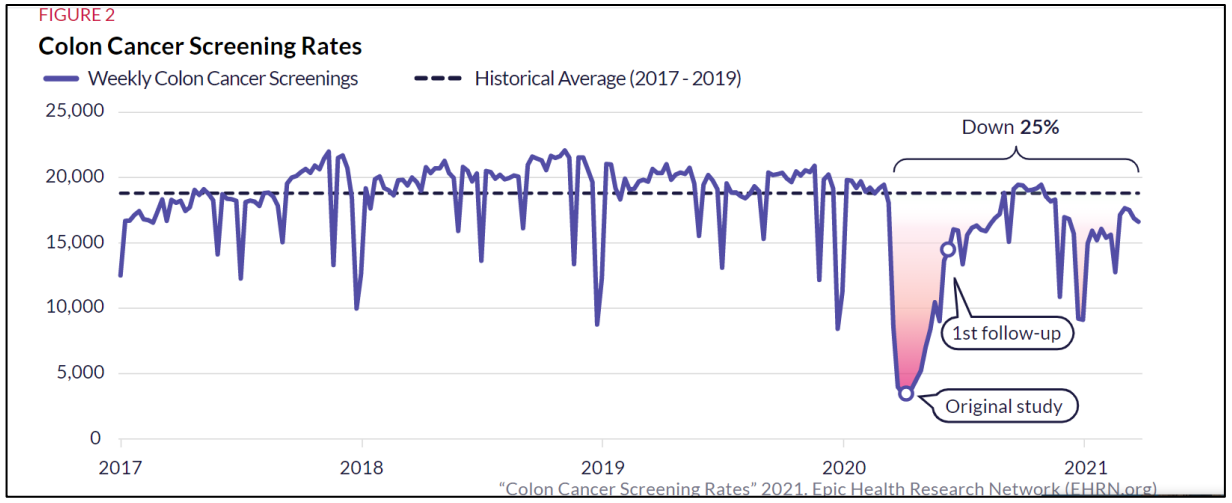


Figure 1. Breast cancer screenings from January 2017 through March 2021, compared to the historical average. From March 2020 through March 2021, the total number of breast cancer screenings is down 13% compared to the historical average.



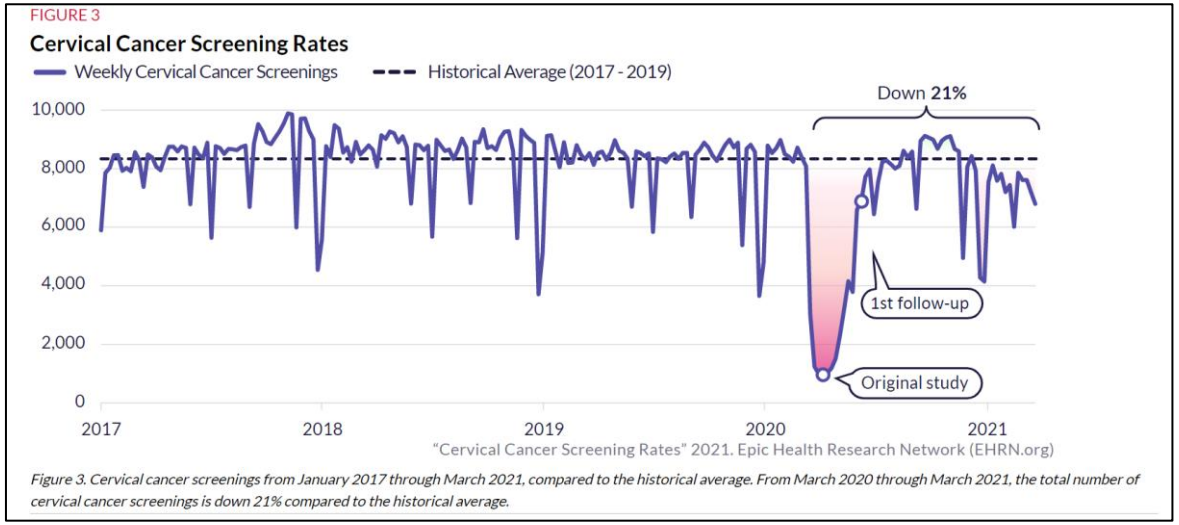


Figure 3. Cervical cancer screenings from January 2017 through March 2021, compared to the historical average. From March 2020 through March 2021, the total number of cervical cancer screenings is down 21% compared to the historical average.

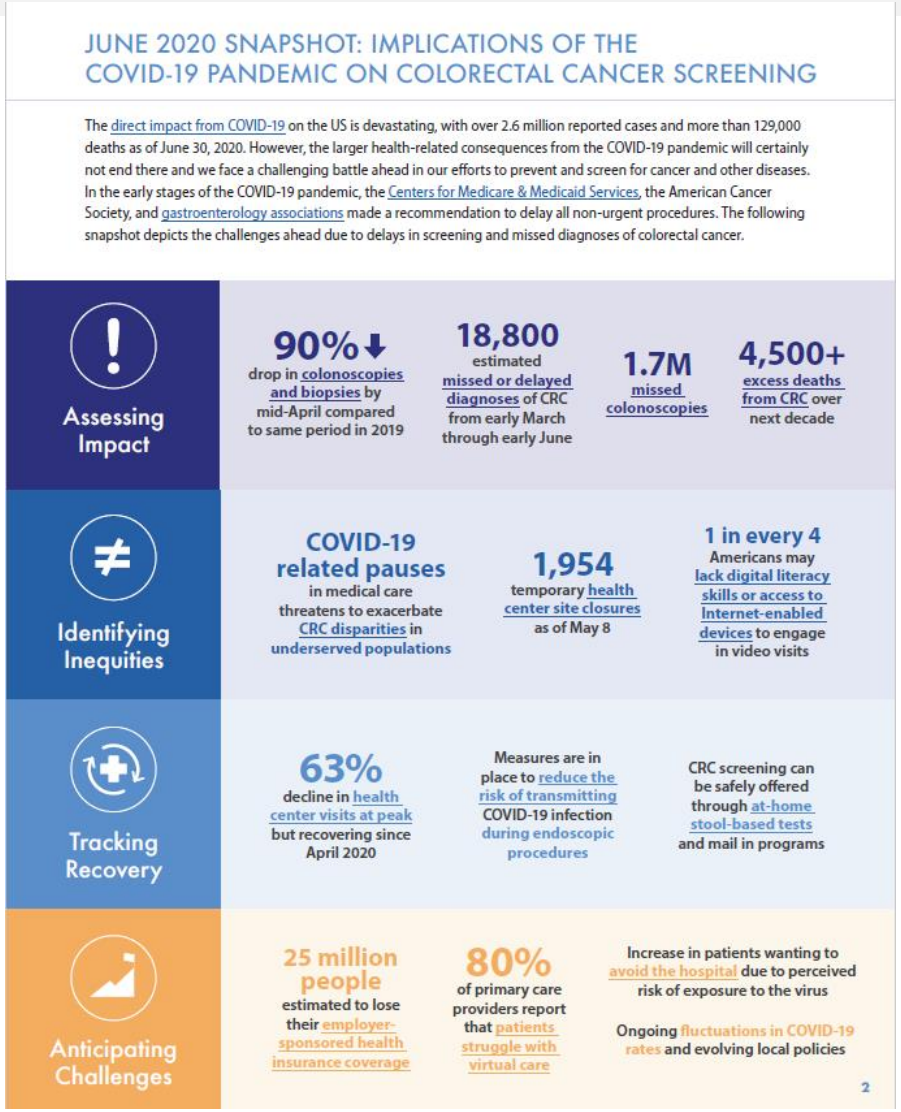
Source: EPIC https://ehrn.org/articles/cancer-screenings-are-still-lagging

System and Social Challenges Will Need to Be Addressed to Increase Screening Rates

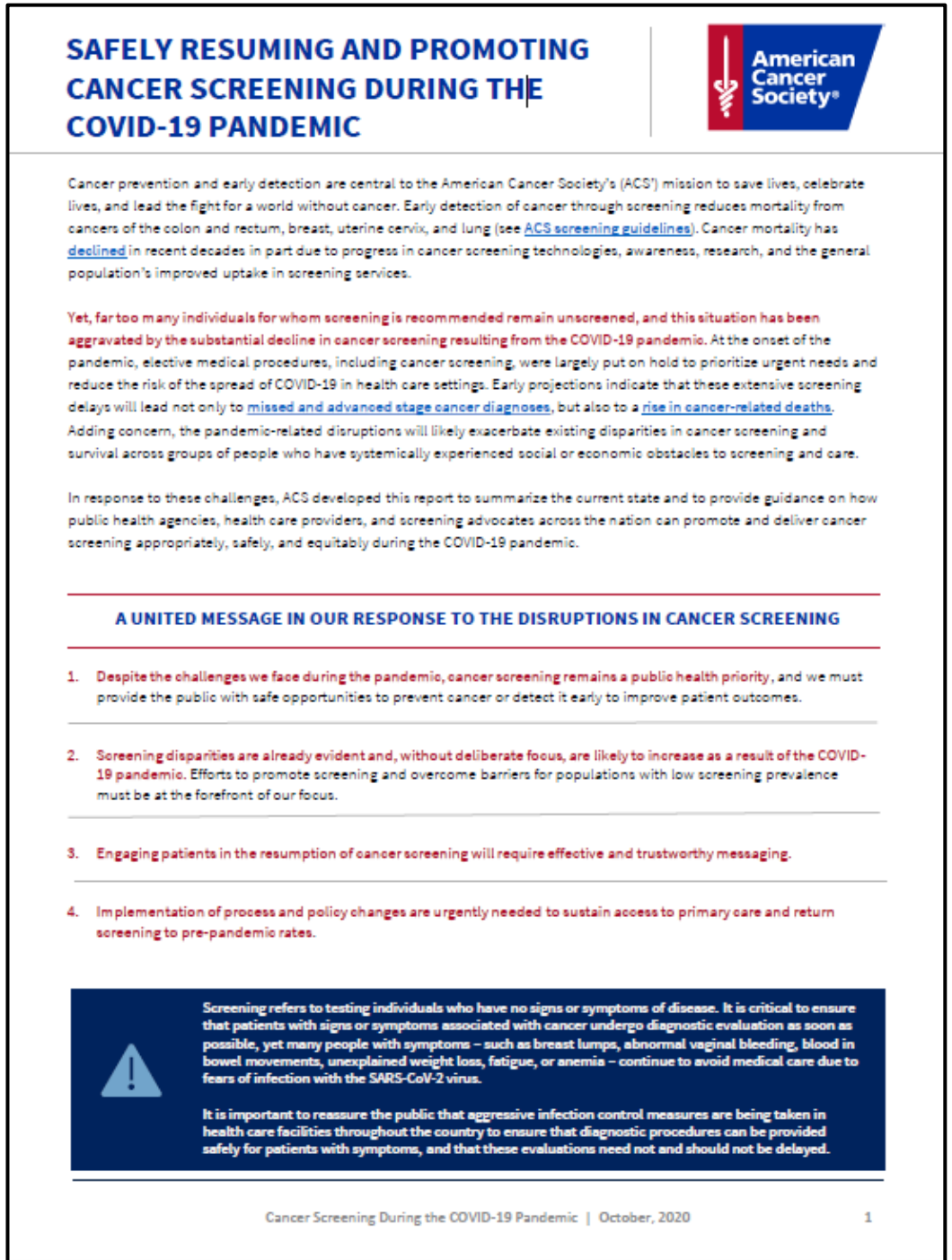
- Challenges with new system, process and protocols
- Patient fear, reluctance, and confusion
- Potential decreased primary care capacity
- Loss of employment and employer sponsored health insurance
- Exacerbation of long-standing inequities: racial, economic, access to care

NCCRT Playbook for Reigniting CRC Screening during the Pandemic

- The National Colorectal Cancer Roundtable (NCCRT) Resource Center includes a wide range of resources and tools
- This NCCRT playbook reviews data, research, and clinical guidelines available and outlines a path forward for CRC screening and COVID-19.



https://nccrt.org/resource/a-playbook-for-reigniting-colorectal-cancer-screening-as-communities-respond-to-the-covid-19-pandemic/



SAFELY RESUMING AND PROMOTING CANCER SCREENING DURING THE COVID-19 PANDEMIC

American Cancer Society

Cancer prevention and early detection are central to the American Cancer Society's (ACS') mission to save lives, celebrate lives, and lead the fight for a world without cancer. Early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, and lung (see ACS screening guidelines). Cancer mortality has declined in recent decades in part due to progress in cancer screening technologies, awareness, research, and the general population's improved uptake in screening services.

Yet, far too many individuals for whom screening is recommended remain unscreened, and this situation has been aggravated by the substantial decline in cancer screening resulting from the COVID-19 pandemic. At the onset of the pandemic, elective medical procedures, including cancer screening, were largely put on hold to prioritize urgent needs and reduce the risk of the spread of COVID-19 in health care settings. Early projections indicate that these extensive screening delays will lead not only to missed and advanced stage cancer diagnoses, but also to a rise in cancer-related deaths. Adding concern, the pandemic-related disruptions will likely exacerbate existing disparities in cancer screening and survival across groups of people who have systemically experienced social or economic obstacles to screening and care.

In response to these challenges, ACS developed this report to summarize the current state and to provide guidance on how public health agencies, health care providers, and screening advocates across the nation can promote and deliver cancer screening appropriately, safely, and equitably during the COVID-19 pandemic.

A UNITED MESSAGE IN OUR RESPONSE TO THE DISRUPTIONS IN CANCER SCREENING

1. Despite the challenges we face during the pandemic, cancer screening remains a public health priority, and we must provide the public with safe opportunities to prevent cancer or detect it early to improve patient outcomes.
2. Screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote screening and overcome barriers for populations with low screening prevalence must be at the forefront of our focus.
3. Engaging patients in the resumption of cancer screening will require effective and trustworthy messaging.
4. Implementation of process and policy changes are urgently needed to sustain access to primary care and return screening to pre-pandemic rates.

Screening refers to testing individuals who have no signs or symptoms of disease. It is critical to ensure that patients with signs or symptoms associated with cancer undergo diagnostic evaluation as soon as possible, yet many people with symptoms – such as breast lumps, abnormal vaginal bleeding, blood in bowel movements, unexplained weight loss, fatigue, or anemia – continue to avoid medical care due to fears of infection with the SARS-CoV-2 virus.

It is important to reassure the public that aggressive infection control measures are being taken in health care facilities throughout the country to ensure that diagnostic procedures can be provided safely for patients with symptoms, and that these evaluations need not and should not be delayed.

Return to Screening Guide

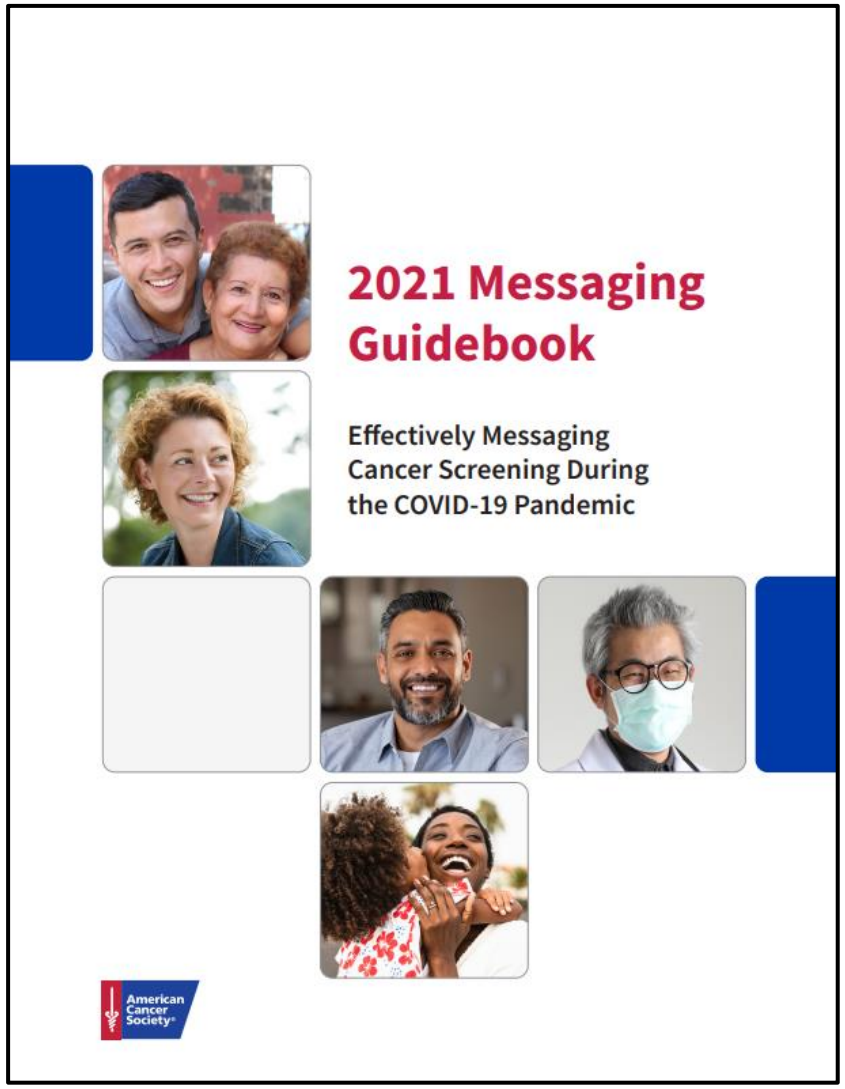
- Offers four unifying messages for resuming and promoting cancer screening during COVID-19
- Level sets on the most recent data, research, and trends (as of October 2020)
- Explores the strategic steps needed to best aid national efforts in the resumption and prioritization of cancer screening
- Includes one-pagers that dive deeper into the importance of cancer screening during COVID-19 and provides specific recommendations for breast, cervical, colorectal, and lung screening, as well as HPV Vaccination.

Download @ ACS4CCC.org: https://www.acs4ccc.org/acs-ccc-resources/cancer-screening-and-early-detection/

SCREEENING RESOURCES

Effectively Messaging Cancer Screening during the Pandemic

- 1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.
- Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.
- An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.



https://www.acs4ccc.org/effectively-messaging-cancer-screening-during-the-covid-19-pandemic/

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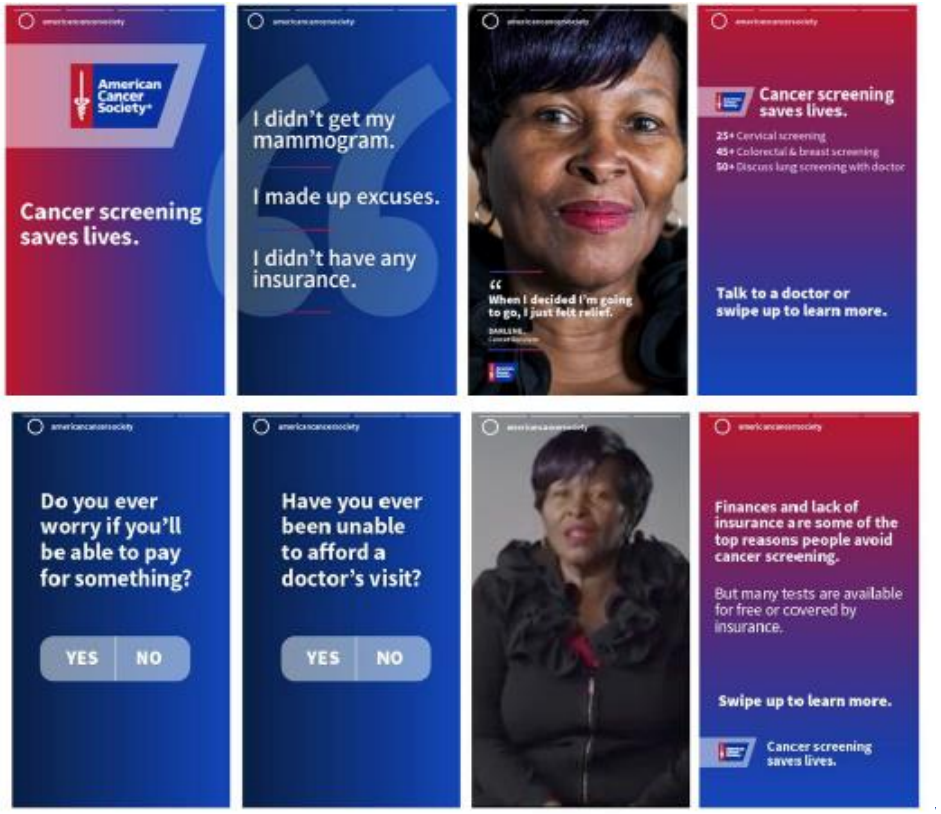
THE ACS SOLUTION

Building Block: Public Awareness Campaign "Get Screened"

A public campaign to drive routine cancer screening and care

Goal: Raise awareness and encourage action with to increase cancer screening rates

- ✓ Reaching the Unscreened/Encouraging
- ✓ Support for adherence to Regular Screening
- ✓ Disparities in cancer screening exist across groups of people who have systemically experienced greater social or economic obstacles to screenings based on their racial or ethnic group, sexual orientation, education, health insurance status, immigration status, or other characteristics historically linked to discrimination or exclusion.
- ✓ Utilize stories of cancer patients and survivors to address with **empathy** four screening barriers: **fear, procrastination, lack of insurance, and lack of symptoms**



cancer.org/get-screened

American Cancer Society®

SCREEENING RESOURCES

Get Screened Landing Page

cancer.org/get-screened

Screening Recommendations

These recommendations are for people at average risk for certain cancers. Talk to a doctor about which tests you might need and the screening schedule that's right for you. It's a good idea to also talk about risk factors, such as lifestyle behaviors and family history that may put you or your loved one at higher risk.

Age 25-39

- **Cervical cancer screening** recommended for people with a cervix beginning at age 25.

Age 40-49

- **Breast cancer screening** recommended beginning at age 45, with the option to begin at age 40.
- **Cervical cancer screening** recommended for people with a cervix.
- **Colorectal cancer screening** recommended for everyone beginning at age 45.
- At age 45, African-Americans should discuss **prostate cancer screening** with a doctor.

Age 50+

- **Breast cancer screening** recommended.
- **Cervical cancer screening** recommended.
- **Colorectal cancer screening** recommended.
- People who currently smoke or formerly smoked should discuss **lung cancer screening** with a doctor.
- Discussing **prostate cancer screening** with a doctor recommended.

https://www.cancer.org/healthy/find-cancer-early/get-screened.html

American Cancer Society®

Re-Engaging Patients in Cancer Screening Through Scalable, High-Touch Care Models

Shawn Johnson
Harvard Medical School

About Our Presenter

Shawn Johnson

Harvard Medical School

Medical Student

Re-Engaging Patients in Cancer Screening Through Scalable, High-Touch Care Models

Cynthia So-Armah, MD

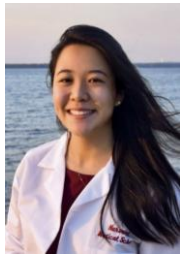
Barbara Gottlieb, MD

Kailee Kennedy

Brian Benitez

Parsa Erfani

Andrea Garmilla



Ruby Guo

Shawn Johnson

Ayotomiwa Ojo

Arushi Saini

Kevin Salinas

Addressing the Backlog of Unperformed Screens

- Screening data from our hospital system demonstrates a significant backlog of unperformed screens
- Year-to-year screening rates would **exceed 100%** if these screens were being performed in subsequent months

Research Letter

FREE

January 14, 2021

Cancer Screening Tests and Cancer Diagnoses During the COVID-19 Pandemic

Ziad Bakouny, MD, MSc[1]; Marco Paciotti, MD[2,3,4]; Andrew L. Schmidt, MD[1]; Stuart R. Lipsitz, ScD[3]; Toni K. Choueiri, MD[1]; Quoc-Dien Trinh, MD[2,3]

Screening Period	# of Screens	# of Diagnosis
March 2nd - June 2nd, 2020 *(Pandemic Peak)*	15,453	1,985
March 2nd – June 2nd, 2019 *(Prior Year)*	60,344	2,961
December 1st, 2019 – March 2nd, 2020 *(Preceding Three Months)*	64,269	3,423
June 3rd – September 3rd, 2020 *(Subsequent Three Months)*	51,944	3,190

Data from Bakouny et al, JAMA Oncology, 2021

Addressing the Backlog of Unperformed Screens

- Recent data has uncovered significant disparities in the screening rebound
  - "The two [mammography screening] sites that served more disadvantaged populations (A, B) returned slower to pre-COVID volumes." (Wang et al.)

COVID-19 and exacerbation of screening mammography inequities.

Check for updates

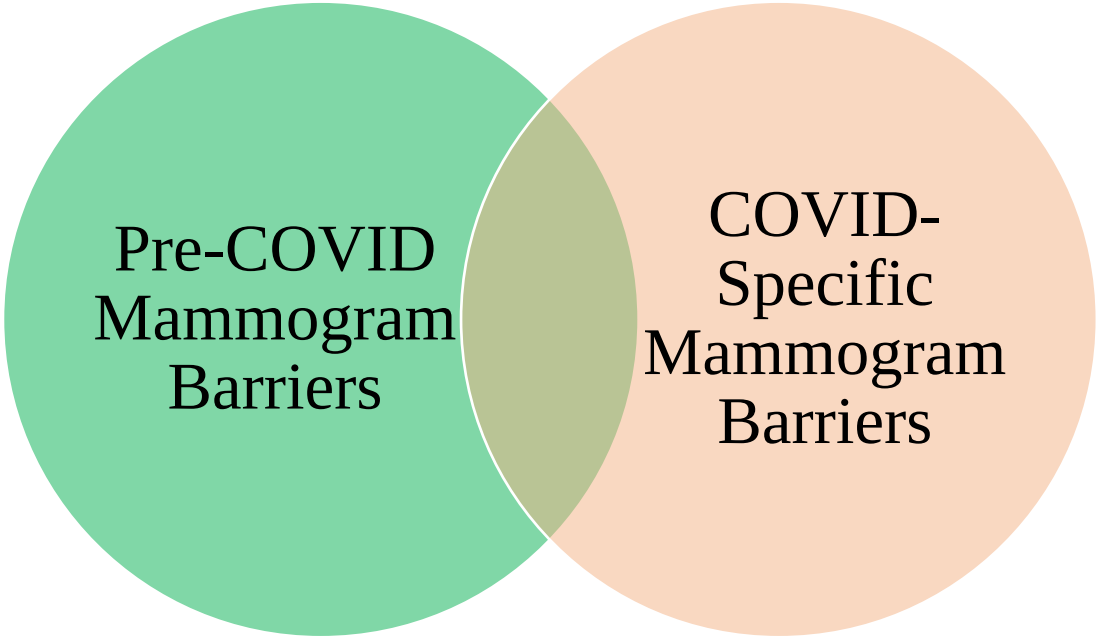
Gary X. Wang, Jarvis Chen, Leslie Lamb, Christian Testa, Pamela Waterman, Constance Dobbins Lehman, Nancy Krieger

Massachusetts General Hospital, Boston, MA; Harvard School of Public Health, Boston, MA

	Zip code tabulation area-level area-based social metrics		Persons of color (POC) in screening population		Time to return to pre-COVID volume
	Poverty rate ≥ 10%		POC, top 2 quintiles (more POC)		Segregation, bottom 2 quintiles (more POC low-income households)
Site A	68.8%	63.5%	46.2%	42.3%	14 weeks
Site B	41.6%	21.8%	15.6%	21.9%	12 weeks
Site C	13.5%	4.3%	3.5%	12.3%	5 weeks
Site D	25.9%	8.5%	7.4%	5.9%	3 weeks

Addressing the Backlog of Unperformed Screens

- Currently lack patient-reported data regarding barriers to re-engaging in screening and perceptions of the importance of cancer screening during COVID-19



Potential COVID-Specific Barriers

- *Concerns about hospital safety (masking policy, social distancing in waiting rooms, etc.)*
- *Awaiting vaccination*
- *Unaware screening has resumed*

- Requirements for an effective, easily reproducible screening outreach model during COVID-19:
  - Minimize input time of overburdened primary care staff
  - Provide direct person-to-person patient outreach to address relevant patient concerns
  - Incorporate collection of patient-reported data regarding concerns and barriers to screening
  - Operate at minimal/no cost due to decreased revenue of health centers and to avoid delays in seeking funding

Annals of Internal Medicine

IDEAS AND OPINIONS

The Role of Medical Students During the COVID-19 Pandemic

David Gibbes Miller, MSc; Leah Pierson, BA; and Samuel Doernberg, BA

Medical Student Mobilization During a Crisis: Lessons From a COVID-19 Medical Student Response Team

Derek Soled, MSc, Shivangi Goel, Danika Barry, MPH, Parsa Erfani, Nicholos Joseph, Michael Kochis, EdM, Nishant Uppal, David Velasquez, Kruti Vora, and Kirstin Woody Scott, MPhil, PhD

- There has been a significant reduction in non-essential clinical activities for medical students

- Trainees have been eager to engage in COVID-response and equity-focused efforts
  - *"Students were invited to volunteer for any of the four committees or to share their input on how to further improve this work. Within 5 days,* ***more than 500 medical students*** *across Harvard Medical School alone had volunteered to participate."* *- Soled et al, 2020*

- We hypothesized that teams of medical students could operate semi-autonomously as an additional layer of clinic support to re-engage patients in cancer screening

Addressing the Backlog of Unperformed Screens

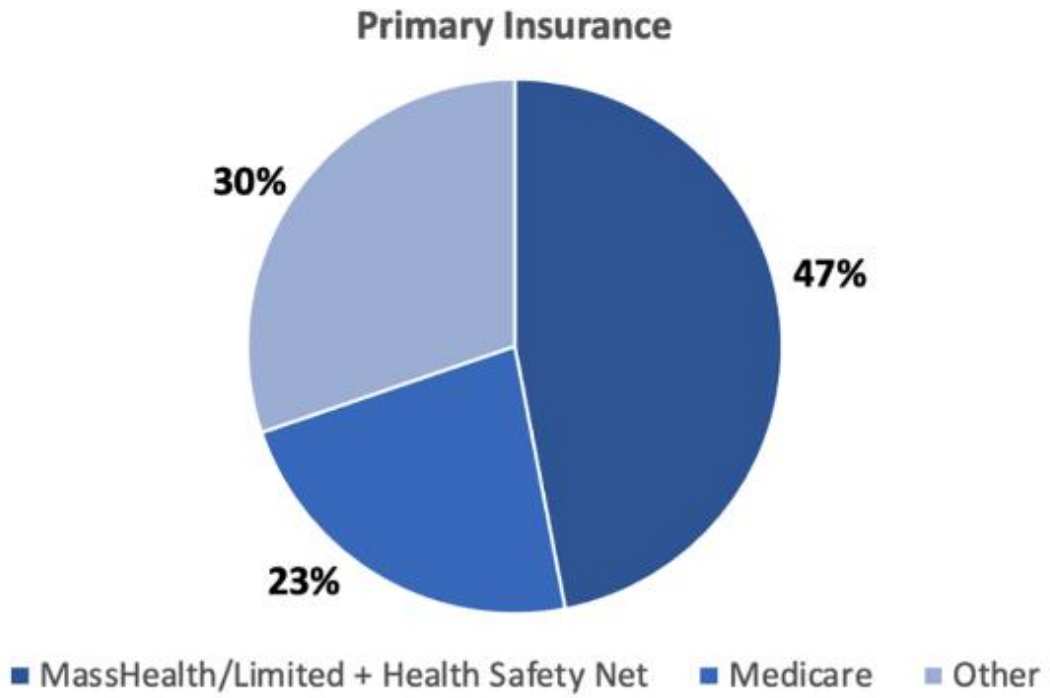
- Initial cohort of 370 Brookside primary care patients identified who are overdue for mammogram

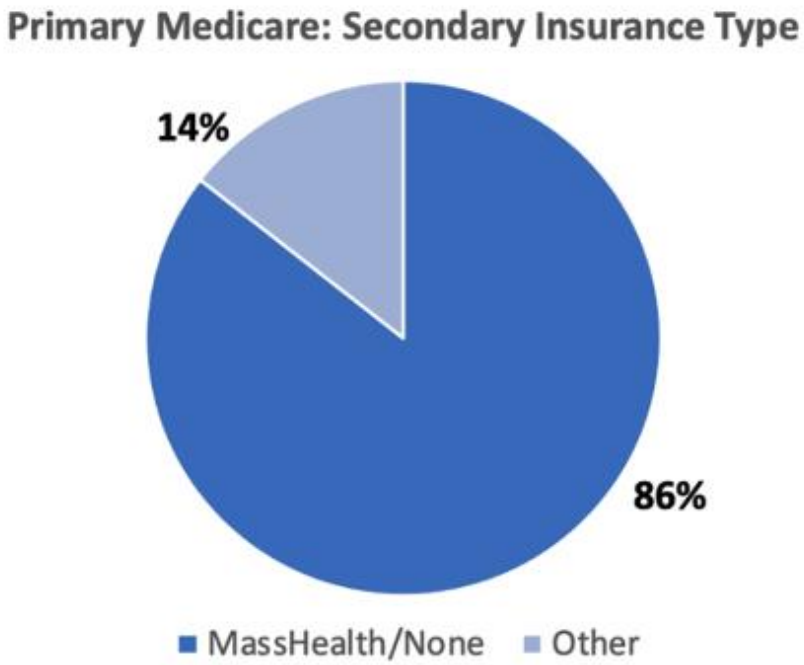
Race/Ethnicity	no. (%)
Black	44 (12)
Hispanic	144 (39)
White	56 (15)
Native Hawaiian	1 (0.2)
Other	110 (30)
Unavailable	7 (2)
Declined	8 (2)

Primary Language	no. (%)
English	136 (37)
Spanish	226 (61)
Haitian Creole	3 (1)
Arabic	2 (0.5)
Portuguese	1 (0.2)
Unavailable	3 (0.8)

Addressing the Backlog of Unperformed Screens

- Initial cohort of 370 Brookside primary care patients identified who are overdue for mammogram





Addressing the Backlog of Unperformed Screens

- We developed a generalizable, semi-structured call script optimized through iterative cycles of outreach calls.
- Patients are informed they are due for a mammogram and asked if they would like to schedule.
- Call script contains questions regarding primary barriers to screening, potential patient concerns re: COVID, financial barriers, etc. Students provide appropriate level of counseling.
- Patient answers and call summary logged on REDCap.

Incorporating Language-Concordance for Patients with Limited-English Proficiency

- We hypothesized many patients may have complex concerns re: COVID, SES barriers, etc.
- Literature consistently demonstrates increased rapport and improved communication metrics in language-concordant interactions vs. ad hoc and professional interpretation
  - *Seible et al. 2021, Dunlap et al. 2014, Gany et al. 2007*
- Team of medical students created Spanish outreach script in parallel

Andrea Garmilla (MS1)

Brian Benitez (MS1)

Kevin Salinas (MS2)

Sample Section of Spanish REDCap Outreach Script

Estamos llamando para ayudar a los pacientes a programar sus mamografías de rutina. ¿Si quiere, podría ayudarle programando su cita ahora?

We are helping patients scheduled their mammograms. Are you interested in scheduling it now?

(●) Yes
( ) No

reset

¿Ha notado algunos cambios en su pecho como bultos o bolitas, dolores, cambios en el aspecto de su piel, o secreciones que sean motivo de preocupación?

I'm glad we were able to get in touch. Have you recently had any breast concerns, such as lumps, pain, skin changes, or breast discharge?

( ) Yes ("Muy bien. Voy a escribir una nota en el sistema para que su doctor la vea y pueda asesorarla. También vamos a programar su mamografía.")
( ) No

reset

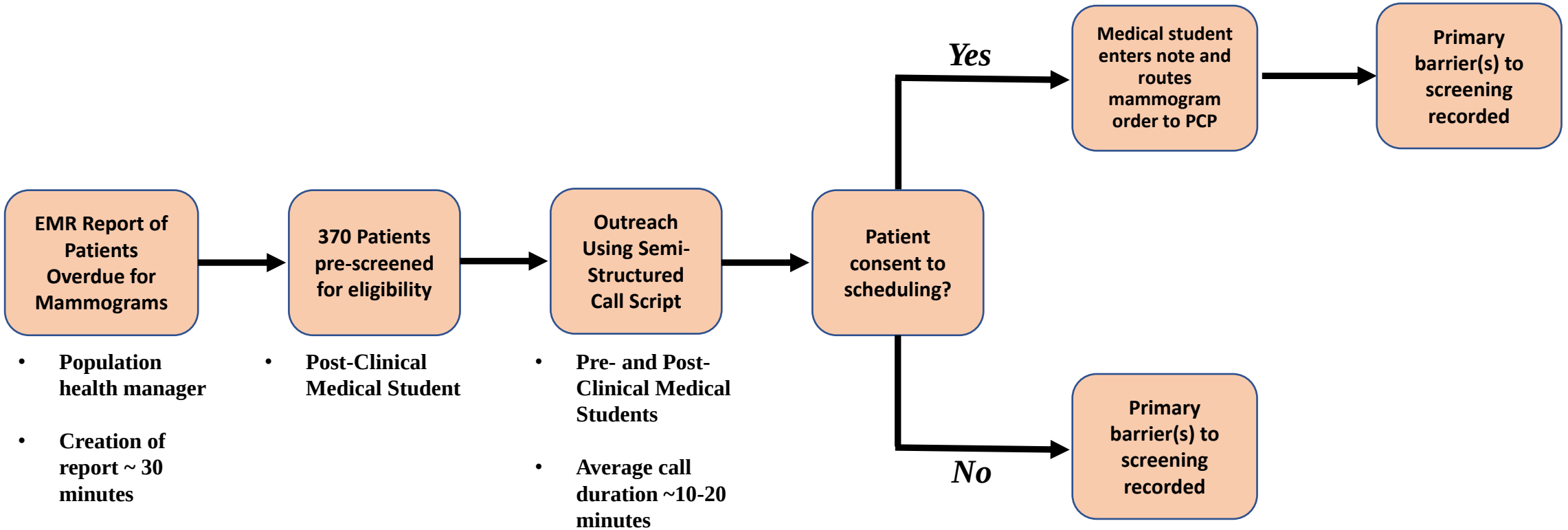
Muy bien. Esta semana el departamento de radiología le llamará para programar su mamografía.

Great you will get a call from Radiology this week to schedule your mammogram.

Phone Call Summary

Como centro de salud queremos aseguramos de que, durante la pandemia, nuestros pacientes se sientan seguros y confiados de venir a Brookside, y hacerse sus estudios de prevención y detección del cáncer. ¿Podría uster compartirnos la razón por la que no ha programado su mamografía?

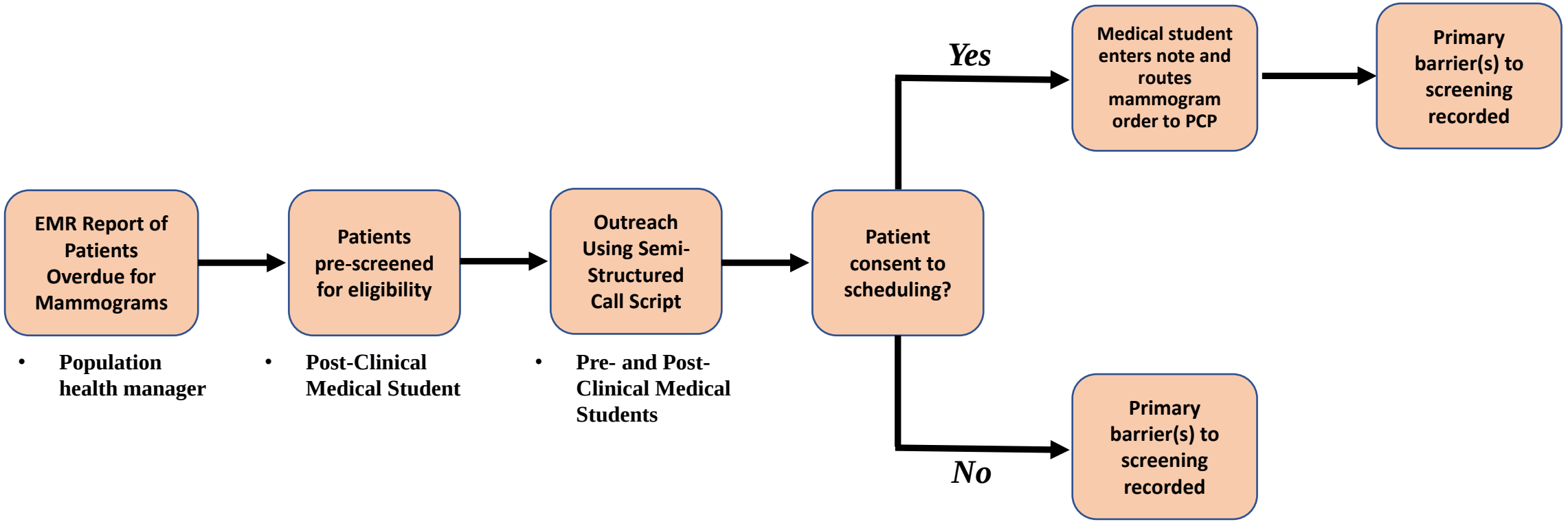
Please list primary reason and write in full sentence. Include any relevant information regarding other barriers (such as below multiple choice questions)



- Population health manager
- Creation of report ~ 30 minutes

- Post-Clinical Medical Student

- Pre- and Post-Clinical Medical Students
- Average call duration ~10-20 minutes



- Additional medical student monitors follow-up items weekly for all consenting patients:
  - Confirm radiology scheduling
  - Arrange pre-appointment reminder call to patient 1-7 days before appt.
  - Confirm mammogram occurs
  - *Ideal role for students on clinical rotations with minimal bandwidth*

Ayotomiwa Ojo

Preliminary Data of Initial Mammography Outreach

- Initial patient cohort (n=65)
  - 40 patients (61.5%) successfully contacted (repeat calls ongoing)
    - 28/40 contacted patients consented to screening (**70%** of contacted, **43%** of initial cohort)

- Of initial cohort, language-concordant outreach calls to 25 patients who are primarily Spanish-speaking
    - To date, 12 patients successfully contacted, **100%** consented to mammogram screening

Future Directions

- Scaling up call volume to contact remaining patients overdue and tracking outcomes
- Monitor and address barriers that occur from patient consent -> mammogram performed
- Offering internship to two undergraduate students to test feasibility of undergraduate student callers
  - COVID-19 has dramatically decreased clinical extracurriculars for pre-medical students
  - Disproportionately impacts students from disadvantaged backgrounds who lack connections to scarce opportunities
  - Potential for engaging underrepresented and/or multilingual pre-medical students in meaningful, equity-focused clinical opportunity

Future Directions

- Please reach out if interested in replicating at your own institution
  - Email – BWHCovidCancerScreening@gmail.com
  - Call scripts and REDCap forms available; can provide advising on student outreach, workflow, and logistics

Questions?

Facilitated Q&A

Facilitated Q&A Presenter

David Brewer, MBA, MS, RD, LD, CPHQ
Heart of Ohio Family Health Centers
Clinical Services Manager

Fighting Cancer and Disparities in Low-Income Areas

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Heart of Ohio Family Health Centers

Project Summary

- Three QI Specialists/Patient Navigators who are responsible for providing coaching, reminder communication, and case management for patients due for breast, colon, and cervical cancer screening.
- Patient tracking to ensure completion after these screenings are ordered
- Mammogram bus program to bring mammograms closer to where patients live
- Increase in availability of visits for pap smears for providers

Breast Cancer Screening

- QI Specialist/Patient Navigator (80% FTE)
  - Case management for all screening mammogram referrals in the clinic
  - Arranging mobile mammography units to visit HOFHC Whitehall and Capital Park clinics at least once per month. Mobile mammogram units serve as an option for patients with transportation barriers, uninsured patients that may have difficulty accessing other screening options and patients with anxiety around traveling to large medical centers.
  - $10 gift cards will be given to patients that attend these onsite mobile mammogram visits as an incentive.

Colon Cancer Screening

- Community Health Worker (100% FTE) (this person also has a role in cervical cancer screening)
  - Case management, reminders, and outreach for patients that have an ordered FIT/FOBT/FIT DNA tests
  - Outreach for patients that have not had an appropriate screening ordered using a script approved by the Chief Medical Officer to screen out patients with high risk of colon cancer and then request the provider to order the appropriate test
- QI Specialist/Patient Navigator (50% FTE)
  - Case management, reminders, and outreach for patients that have an ordered colonoscopy

Cervical Cancer Screening

- Community Health Worker (100% FTE)
  - Case management, reminders, and outreach for patients due for cervical cancer screening
  - When a colposcopy or other follow up care is required, this QI Specialist will provide case management to ensure the patient completes the visit and gets their next cervical cancer screening in the appropriate intervals.
- Provider schedules modified to allow for more pap smears to be completed

Questions for the Group

- What are ways that community health workers have been utilized to improve cancer screening rates in an outpatient clinic setting? Is there any research on which methods appear to be most cost effective?
- Our patients struggle to return their FIT tests after we give them a test. What interventions have you seen to be effective in increasing the return rate?

Facilitated Q&A Discussion

Session Survey

Disparities Reducing ECHO Series – Facilitated Q&A

Facilitated Q&A

- Share challenges and questions
- Small group or large group learning
- Feedback
- Submit questions/challenges via Microsoft Forms

Questions/Comments? DisparitiesECHO@cancer.org

Disparities Reducing ECHO

Next Month

Brian Rivers, PhD, MPH

Morehouse School of Medicine

Professor, Community Health and Preventive Medicine

Director, Cancer Health Equity Institute

Thank You and we will see you in July!