Health Equity Community Project ECHO

Medical Mistrust in Relation to Colorectal Cancer Screening

Wednesday, March 22, 2023

Before we begin..

Please put your name, health center, organization, and location in the chat!

Welcome to the March Health Equity Community Project ECHO Session

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

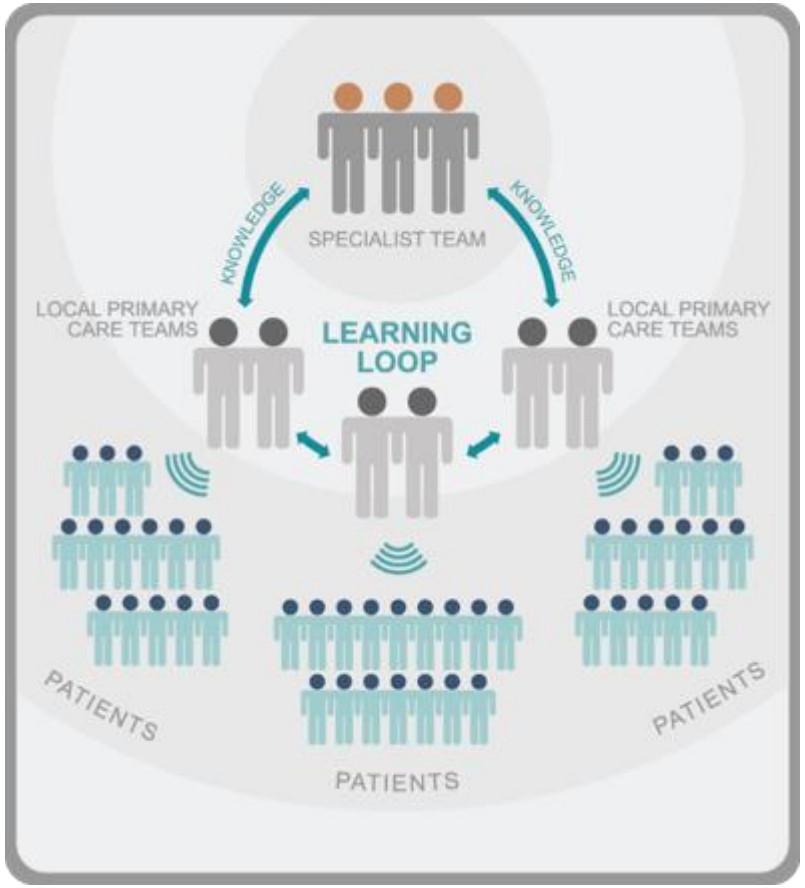
Remember: Do NOT share any personal information about any patient

Questions about Zoom? Type them in the chat box to: Allison Rosen

What does Project ECHO do?

What does ECHO do?

- ECHO **effectively** and **efficiently** disseminates evidence-based strategies to improve cancer outcomes
- ECHO allows to **convene** for best practice sharing across health centers, institutions, and other silos
- For more information, please refer to your guidebook or visit www.echo.unm.edu

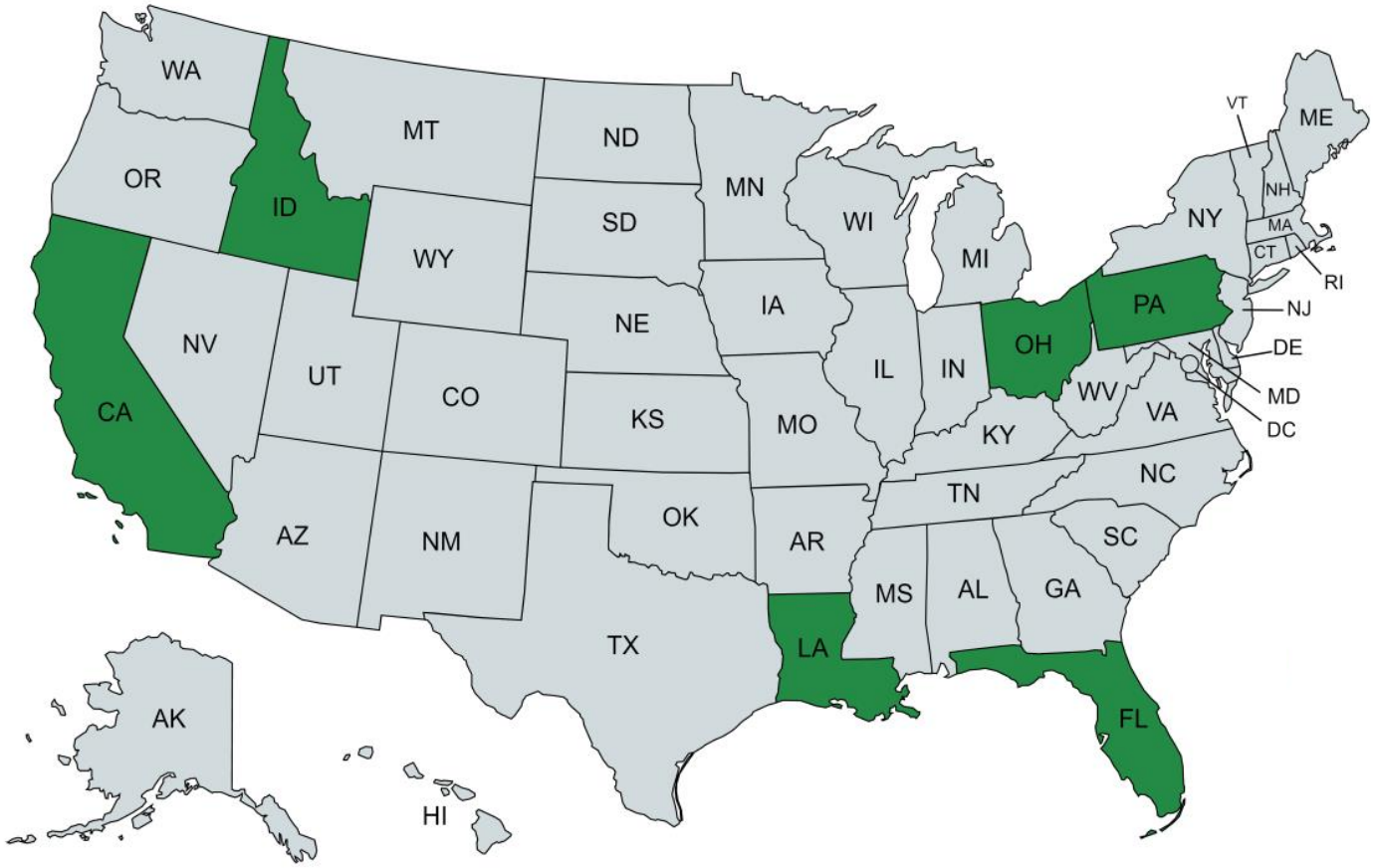


Health Equity Community Project ECHO Series

Purpose

- To share relevant health equity, medical mistrust, and colorectal cancer screening information with participants to enhance their community projects
- To provide participants with an opportunity to build their networks within their cohort and expert faculty
- To offer an opportunity for participants to share project-related challenges or questions; seeking feedback from expert faculty and cohort colleagues

Health Equity Community Project Sites (Cohort 1)



Created with mapchart.net

Philadelphia, PA

- Delaware Valley Community Health
- Self Help Movement, Inc.

Mountain Home, ID

- Desert Sage Health Center
- Mountain Home Parks & Rec

Whitehall, OH

- Heart of Ohio Family Health Centers
- The African American Male Wellness Agency

Avondale, LA

- InclusivCare Inc.
- Litton Zion Missionary Baptist Church

Clearwater, FL

- Evara Community Health Center of Pinellas
- Cross and Anvil Human Services

Bakersfield, CA

- Clinica Sierra Vista
- SOA

Project ECHO Planned Topics

Session Date	Didactic Topics
April 19, 2022	Understanding and Addressing Medical Mistrust: Introduction to the Group Based Medical Mistrust Scale
May 25, 2022	Understanding Medical Mistrust Through the Colorectal Cancer Screening Lens
July 14, 2022	Measuring Mistrust using the Group Based Medical Mistrust Scale: Best Practices from a Community
Sept 22, 2022	Patient Engagement Series: Fundamentals of Elevating Patient Voices Through the Use of Patient Advisory Councils and Governing Boards
Nov 15, 2022	Patient Engagement Series: Using Patient Voices to Improve Policies and Practices to Address Medical Mistrust in Relation to Colorectal Cancer Screening
February 10, 2023	Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board
March 22, 2023	Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers
May 17, 2023	Effective Strategies for Addressing Medical Mistrust: Patients Perspectives of Discrimination and Group Based Disparities
July 2023	Effective Strategies for Addressing Medical Mistrust: Patients Suspicion of Healthcare Providers

About Our Project ECHO Facilitator

Carolyn Rhee, FACHE
ACS CAN Ambassador and Former ACS Inc. Board Member
ACS West Region – California Division

American Cancer Society

March Agenda

Welcome and Introductions *ECHO Hub Introductions and Icebreaker*	10 minutes
Didactic Presentation *Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers* Wayne B. Tuckson, MD, FACS, FASCRS Colorectal Surgeon (Retired)	20 minutes
Didactic Q/A	5 minutes
Case Study Presentation *Evara Community Health Center of Pinellas (Clearwater, Florida)* Marcia Gainer, DNP, APRN Quality Director	15 minutes
Case Study Q&A	5 minutes
Wrap-up	5 minutes

ECHO Hub Introductions and Icebreaker

Project ECHO Introductions

ACS ECHO HUB Staff

- Cecily Blackwater, MPH
- Tracy Wiedt, MPH
- Allison Rosen, MS

ECHO Faculty

- Wayne B. Tuckson, MD, FACS, FASCRS
- Mark Manning, PhD
- Laura Makaroff, DO

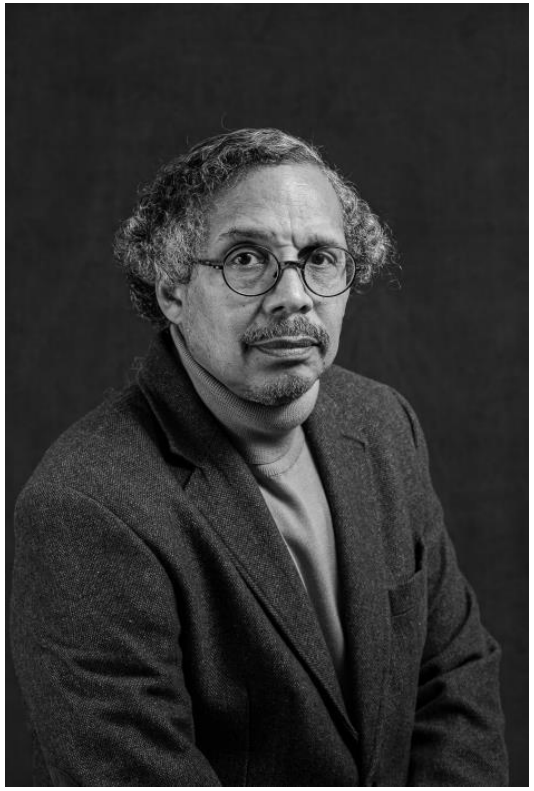
For attendance purposes, please type your location, name, and organization in the chat box!

Icebreaker

What movie (Hulu, Netflix, tv, theaters, etc.) have you seen recently that you would recommend and why?

This question applies to everyone (Community Project sites, ACS staff, and our ECHO Faculty)! Feel free to come off mute or type your answers into the chat box!

About Our Presenters



Wayne B. Tuckson, MD, FACS, FASCRS
Colorectal Surgeon (Retired)
Producer and Host of "Kentucky Health"

GETTING PAT SCREENED

Wayne B. Tuckson, MD, FASCRS

GETTING PAT SCREENED

WHO'S NOT GETTING SCREENED

- 21% Population not screened
- African-Americans
- Lower SES groups

GETTING PAT SCREENED

SCREENING COLORECTAL CANCER

Screening is the process of identifying healthy people who may be at increased risk of disease or condition.

GETTING PAT SCREENED

WHAT PATIENTS SAY

- I don't have symptoms
- I don't have a family history of cancer
- What if cancer is found

CDC 2022
AM J Prev Med 2010

GETTING PAT SCREENED

SYMPTOMS OF COLORECTAL CANCER

- Change in bowel pattern
- Change in stool shape
- Rectal bleeding
- Abdominal pain
- Unexplained weight loss
- Weakness / fatigue
- THERE ARE NO EARLY WARNING SIGNS

GETTING PAT SCREENED

COLORECTAL CANCER BY THE NUMBERS

- Cancer of the large bowel and rectum
- 1 in 23 men
- 1 in 26 women
- 3rd most common cancer in Men and Women
- 2nd leading cause of death from cancer

GETTING PAT SCREENED

RISK FACTORS COLORECTAL CANCER

Age

- More common in older patients
- Average age dx 68 men - 72 women
  - Rectal cancer 63 for men and women
- **Now 11% cases in <50 yo**

GETTING PAT SCREENED

WHO'S AT RISK FOR COLORECTAL CANCER

20 – 30% are Inherited or Familial

- Lynch syndrome
  - CRC, endometrial, stomach, liver, kidney, brain, and some skin cancers
- Familial Adenomatous Polyposis (FAP)

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WHO'S AT RISK FOR COLORECTAL CANCER

70 – 80% are Spontaneous

- Diet
  - Low in fruits and vegetables
  - High in red meats and processed food
  - High heat cooking
- Obesity
- Alcohol abuse
- Inflammatory bowel disease

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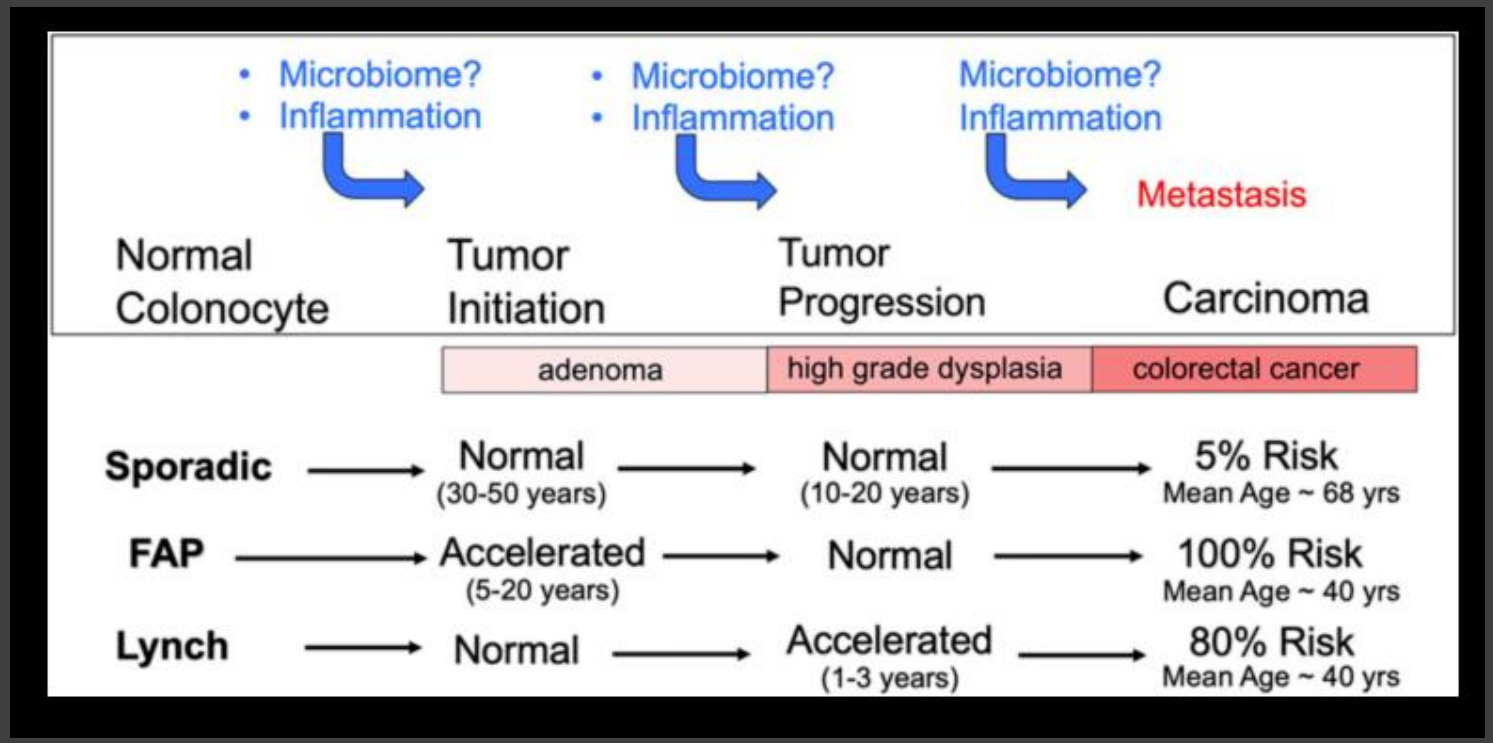
ADENOMA TO CANCER PATH



Carethers. Adv Cancer Res. 2021

GETTING PAT SCREENED

INCIDENCE BY RACE AND SEX

	All	White	Black	Asian PI	Am Indian	Latinx
Incidence (Overall)	37.3	37.0	41.9	31.7	39.3	33.5
Male	42.4	41.8	49.4	37.2	38.0	38.4
Female	32.9	32.8	36.6	27.3	39.9	29.6
Early Onset (20 – 44 yo		6.7	7.9	6.3		

CDC 2022
Carethers.Adv Cancer Res. 2021

GETTING PAT SCREENED

MORTALITY BY RACE AND SEX

	All	White	Black	Asian PI	Am Indian	Latinx
Deaths (Overall)	13.1	12.9	16.8	8.9	14.0	10.8
Male	15.8	15.5	21.3	10.8	16.4	14.0
Female	10.9	10.8	13.8	7.3	12.0	8.3

CDC 2022
Carethers.Adv Cancer Res. 2021

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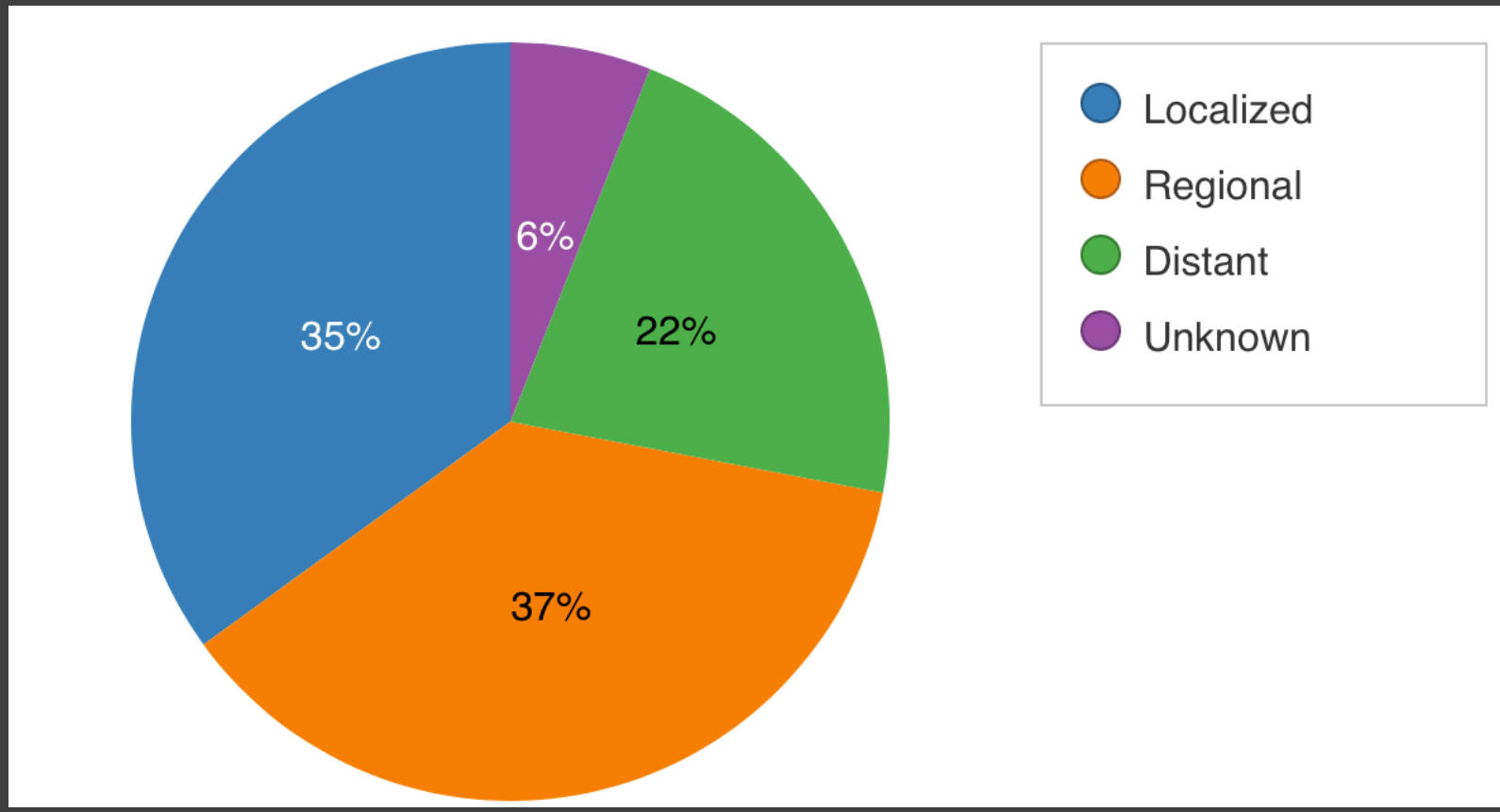
STAGE AT DIAGNOSIS



ACS 2023

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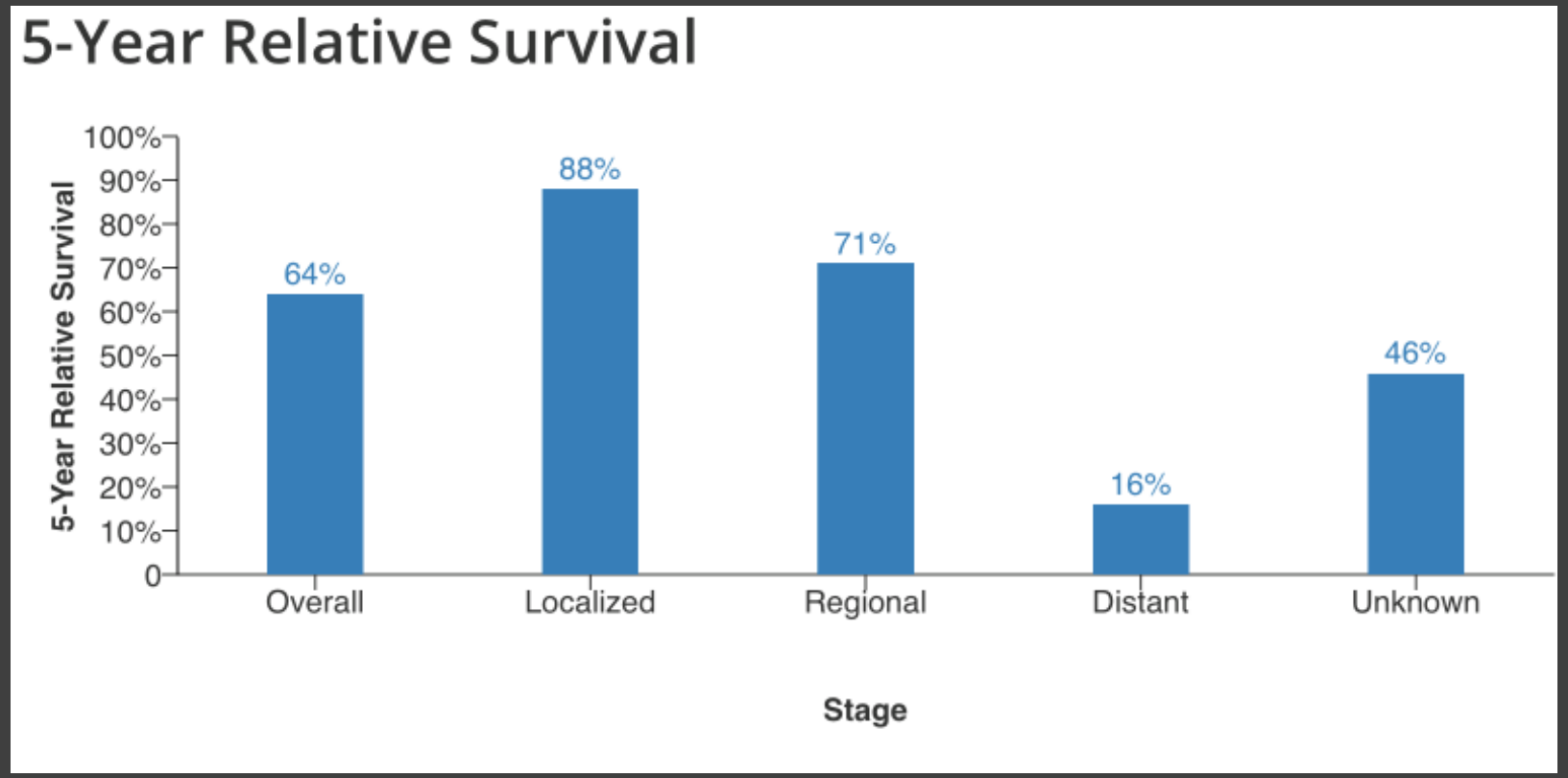
SURVIVAL BY STAGE



ACS 2023

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WHAT PATIENTS SAY

Colonoscopy Concerns

- Cost of the procedure Test or follow-up
- Complications
- Options

CDC 2022
AM J Prev Med 2010

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COST

- Medicare, Medicaid, Private Insurers cover
  - Colonoscopy, Cologuard, FOBT, FIT, Flex sig, BE
  - Most do not cover CT colonography
  - Colonosocpy after a positive screening test

NCI
Affordable Care Act
U.S. Preventive Services Task Force

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COMPLICATIONS COLONOSCOPY

- Perforation 0.07% – 0.1%
- Hemorrhage 0.1% - 0.6%
  - Post polypectomy
- Explosion 9 cases reported
- Abdominal pain 25%
  - Bloating the most common complaint

GASTROINTESTINAL ENDOSCOPY 2011

GETTING PAT SCREENED

COMPLICATIONS COLONOSCOPY

- Colonoscopy- specific mortality
  - 19 deaths among 284,097 patients (0.007%).
- Infection 4%
  - Transient

GASTROINTESTINAL ENDOSCOPY 2011

GETTING PAT SCREENED

STOOL BASED SCREENING TEST

- G**uaiac-based fecal occult blood test (gFOBT)**
  - once a year.
- F**ecal immunochemical test (FIT)**
  - uses antibodies to detect blood in the stool
  - once a year
- **FIT-DNA test** (aka stool DNA test) (Cologuard)
  - entire bowel movement
  - once every three years.

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ENDOSCOPIC SCREENING TEST

- Flexible sigmoidoscopy
  - Every 5 years, or every 10 years with a FIT every year
- Colonoscopy
  - Every 10 years if average risk of colorectal cancer

GETTING PAT SCREENED

OTHER SCREENING TEST

- CT Colonography
  - Virtual colonoscopy
  - Every 5 years
- Circulating Tumor cells
  - CTC's

GETTING PAT SCREENED
WHAT PATIENTS SAY

- I don't have transportation
- I can't tolerate the bowel prep
  - Taste
  - Volume

CDC 2022
AM J Prev Med 2010

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TRANSPORTATION WORK AROUNDS

- Uber or other transport not acceptable
- Someone must be home with the patient
- Liability issue for facility and provider
- Non-Emergency Medical Transport
- Not all services covered by insurance
- Volunteer organizations with a waiver

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TRANSPORTATION WORK AROUNDS

- Identify key stakeholders
- Engage stakeholder groups re: barriers and solutions
- Institutional sign-off
- Process for review and selection of rideshare program
- Execute contracts
- Standard operational procedures
- Train clinic staff to work with rideshare

GETTING PAT SCREENED

DOSING OF BOWEL PREP

- Split dose regimen
  - one part day before and 2nd part day of the procedure
- Same day prep
  - Colonoscopy 3–5 h after completion of prep

Hernandez G. Front. Med 2019

GETTING PAT SCREENED

SPLIT DOSING BOWEL PREP

- 2L PEG + bisacodyl equal to 4L PEG
- 2L group had fewer adverse events
- Improved adherence
- Greater willingness to repeat the prep
- Better adenoma detection rate

Hernandez G. Front. Med 2019

GETTING PAT SCREENED

ADJUVANTS TO BOWEL PREPS

- Antifoaming agents (Simethicone)
  - Decreased bubbles during colonoscopy
- Prokinetics (metoclopramide)
  - No improvement in tolerance
- Stimulants (bisacodyl , mag citrate, picosulfate)
  - Little difference compared to PEG alone

Hernandez G. Front. Med 2019

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BOWEL PREP EDUCATION

- 2 groups
  - 1 had focus on importance and need for a good prep
  - 2 usual discussion
- Focused group cleaner than the standard group.

Hernandez G. Front. Med 2019

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BOWEL PREP EDUCATION

- Mobile Phones
  - Review bowel prep when confirming appointment
- Audio-Visual Aids
  - On-line videos
  - Talking cards

Hernandez G. Front. Med 2019

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PATIENT CONCERNS

- Time
  - Missing work
  - Scheduling a ride
- Embarrassing
  - Para-sexual sensitivities
- Fatalism
- Low self worth

CDC 2022
AM J Prev Med 2010

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PATIENT CONCERNS

- Lack of motivation
- Negative past experiences
- Skepticism about financial motivation
- No social support

CDC 2022
AM J Prev Med 2010

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SCREENING COLORECTAL CANCER

Screening affords the opportunity to not only identify and remove precancerous polyps, but also to find asymptomatic early-stage colorectal cancer which, when treated, have a better chance for cure.

GETTING PAT SCREENED

SCREENING DISCUSSION

- Advise ≠ Informing
- Explain different test
- Pros and Cons of tests
- Adenoma to cancer progression
- Role of family history
- Anesthesia and discomfort

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2012 COLONOSCOPY IS THE ANSWER

- Patients screened with colonoscopy
- 2, 632 had adenomatous polyps (study group)
- 776 benign polyps, (control group)
- 16 year median follow-up .
- 12 patients in the adenoma group died of colorectal cancer
  - A 53% reduction in the anticipated risk of death from colorectal cancer
- 1 patient in the “control” group died of colorectal cancer
- No difference death rate from CRC between groups

NEJM 2012

GETTING PAT SCREENED

2022 COLONOSCOPY IS PROBABLY THE ANSWER?

- 84,585 total patients
  - 28,220 in colonoscopy arm
    - Only 11,843 (42%) went on to have a colonoscopy
  - 56,365 usual care

N Engl J Med 2022

GETTING PAT SCREENED

2022 COLONOSCOPY IS PROBABLY THE ANSWER

- Incidences of CRC at 10 years follow up
  - Colonoscopy group 259
  - Usual group 622
- Risk of death from CRC lower in colonoscopy group
  - Colonoscopy group O.28%
  - Usual group 0.31%

N Engl J Med 2022

GETTING PAT SCREENED
WHEN COLONOSCOPY ISN'T POSSIBLE

- Annual and biannual FOBT
- long-term reduction in colorectal-cancer mortality of 33% reported at 13 and 18 years of follow-up

Shaukat. N Engl J Med 2013

GETTING PAT SCREENED

STRATEGIES FOR BOWEL PREPS

- (1) low-volume preps offered to first-time patients
- (2) high-volume preps for patients at risk of poor bowel preps
- (3) bisacodyl for patients with history of poor bowel preps
- (4) Focused instruction on awareness and comprehension

Hernandez G. Front. Med 2019

GETTING PAT SCREENED

TIMING FOR SCREENING

- Average risk 45 – 75 yo
- FAP
  - Teens
  - Colonoscopy
- Family history
  - 45 or 10 years prior to youngest age
  - Colonoscopy

Didactic Questions?

Health Equity Community Project

Case Study

March 22, 2023

evara HEALTH

CARE THAT EMPOWERS

Marcia Gainer, DNP, APRN, Quality Director
Evara Health

Community-Based Organization Name:
Cross and Anvil Human Services, Inc.

Patient Advisory Council/Governing Board:
Evara Health's Quality Improvement Committee and Board of Directors

- Community Project Site: Enoch Davis Adult Daycare and Community Center
- Rural, Suburban, Urban: Urban
- Number of patients served: 88
- Population of focus: BIPOC (Black, Indigenous, and People of Color)
- CRC Screening rate: 54% of participants had been screened

evara HEALTH
CARE THAT EMPOWERS

COMMITTEE & OTHER REPORTS

ACS Health Equity Community Projects:

Group-Based Medical Mistrust Baseline Survey Results

Evara Health (Clearwater, Florida)

The goal of the **Group-Based Medical Mistrust Survey** (GBMMS) is to learn about community members' general feelings about the healthcare system. The **GBMMS** was administered in English and Spanish between **08/04/2022 and 11/16/2022. 88 community members** responded to the survey. *Survey demographics are provided on the second page.*

Participants were generally **neutral** regarding mistrust of medical systems. Participants reported the **highest mistrust related to *experiences of differential treatment and care due to race and/or ethnicity (Discrimination)***.

Respondents rated 12 medical mistrust statements on a scale of 1-5 (Strongly Disagree to Strongly Agree). The average score for the full GBMMS scale was **3.00, indicating that, on average across all statements, participants were neutral on their mistrust of the medical system.**

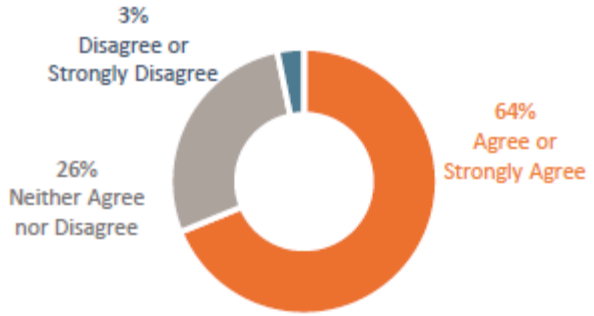
54% (48) of respondents have been **screened for colorectal cancer.**

78% screened via **colonoscopy**

18% screened via **stool-based test**

33% have been **screened in the last year**, 64% **in the last 1-9 years**, and 2% **over 10 years ago**.

The majority of participants (out of 88) either **agreed or strongly agreed** that they completely **trust that their doctor's decisions about colorectal cancer screening are best for them.**



Presenting Challenges

- Methods to increase trust in the BIPOC (Black, Indigenous, and People of Color) population
- Methods to improve colorectal rectal cancer screening

evara HEALTH
CARE THAT EMPOWERS

QUESTIONS??

evara HEALTH

CARE THAT EMPOWERS

Case Study Questions?

Health Equity Community Project Case Study Overview

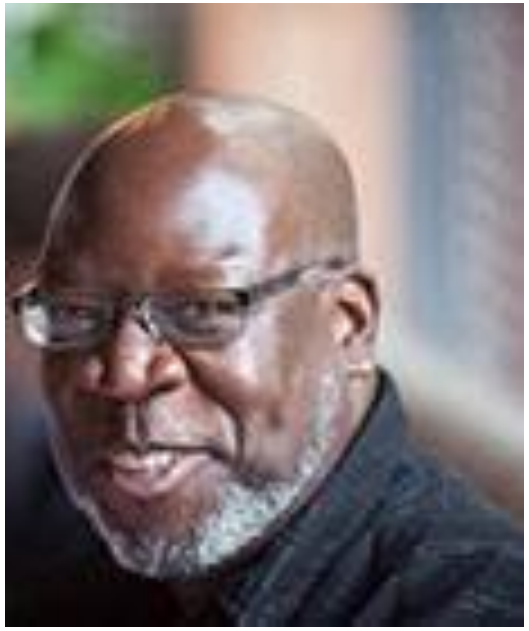
Presenting a Case Study

- Submission of cases for presentation and discussion is a key component in the Project ECHO model.
- It is critically important for knowledge building and sharing for all ECHO participants and is therefore an expectation for Community Leadership Teams to present at least one case study within the 18-month project period
- Community project sites are encouraged to present a case study involving information on their population of focus, efforts related to addressing medical mistrust within their community, and/or challenges involving project implementation.
- Community project sites will be notified **a month in advance** to present a Case Study for the next ECHO Session.
- Community Leadership teams will be provided with a Case Study presentation Power Point template, which will solicit demographic and relevant information pertaining to Community Project efforts. The Power Point will also include a section for listing questions Community Leadership Teams may have concerning their projects.
- **Please submit completed Case Studies to cecily.blackwater@cancer.org one week prior to the scheduled ECHO Session**

Project ECHO Session Survey

Next Project ECHO Session

Phase 3: Implementing Interventions to Address Medical Mistrust



Presenter: Mark Manning, PhD

Date: ECHO Session #8 – May 17, 2023, at 11am PT/12pm MT/1pm CT/2pm ET

Topic: *Effective Strategies for Addressing Medical Mistrust: Group Based Disparities*

Next Steps

Group Based Medical Mistrust Scale Baseline Data:

- ❑ Share results with Patient Advisory Council, Governing Board, and/or QI Committee
- ❑ Post-test GBMMS data will take place June – August 2023

Bi-monthly Check-in Calls:

- ❑ Bi-monthly Check-in Calls to begin April 2023

Project ECHO:

- ✓ ECHO Session #7: Wednesday, March 22, 2023 (60 minutes)
- ❑ ECHO Session #8: Wednesday, May 17, 2023 (60 minutes)

Thank You