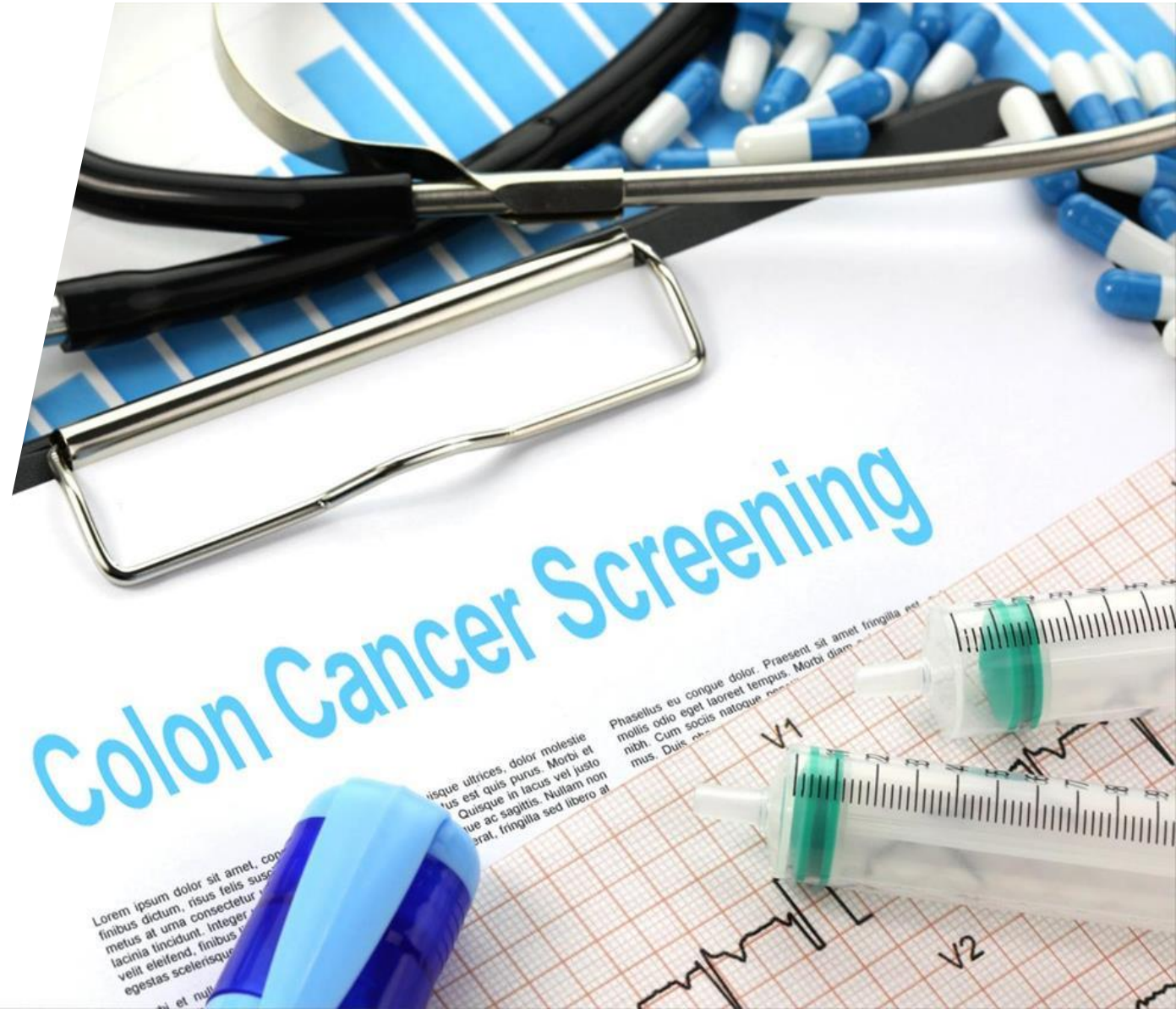


Welcome!

Before we begin...

Today's session will
be recorded

Please add your name
and organization in
the chat





Thursday, March 28, 2024 • 12:00 – 1:15 PM MST

Improving Colorectal Cancer Screening Rates in AZ – The Community Health Worker's Role ECHO

Session 3: CRC Screening Modalities

Welcome to Session 3 of the

Improving CRC Screening Rates in AZ – The CHW's Role ECHO



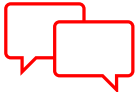
Each ECHO session will be recorded and **may** be posted to a publicly-facing website



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 our ACS ECHO website.



Please type your full name, the full name of your organization, and e-mail in the chat box



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



Questions about Zoom? Type in the chat box [@Mindi Odom](#) or [@Beth Graham](#)

This project is funded by



CEOs Against Cancer®
Arizona Chapter

Your ECHO Support Team



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Introductions

Meet Our Improving CRC Screening Rates in AZ – The CHW’s Role ECHO HUB Subject Matter Experts (SMEs)



John Molina, MD, JD
Director
Arizona Advisory Council on Indian
Health Care



Patty B Molina, MPH
Senior Director of Community Health
Services
Mariposa Community Health Center



Kristin Burns, LPC
Clinical Provider Trainer
Arizona Complete Health



Lorena Verdugo
Community Health Advisor
El Rio Community Health Center



Have a question? Don't wait to ask! Feel free to enter it in the chat box at any time.



Improving CRC Screening in AZ – The CHW's Role ECHO FACILITATOR

Anna Alonzo
Co-Chair, University of Arizona
Cancer Center Community
Outreach



Patty B. Molina, MPH
Senior Director of Community Health
Services
Mariposa Community Health Center

Didactic: CRC Screening Modalities

“A little progress each day adds up to big results”.

Conflict of Interest

- Disclaimer
 - No conflict of interest exists

Learning objectives



- 1 What are the Screening guidelines.
- 2 Help determining the right test.
- 3 Things to consider with each test.

Colorectal Cancer Screening

Choosing the Right Test



Are you

45-75

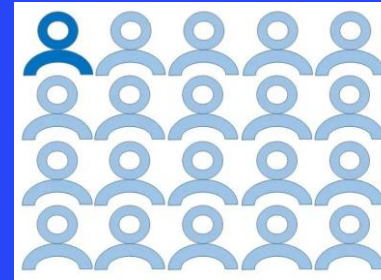
Years old?

Time to get screened for colorectal cancer.



9 out of 10

People survive colorectal cancer when testing happens early.



1 in 20

People in the US are diagnosed with colorectal cancer in their lifetime.

FIT
Cologuard
Colonoscopy-
gold standard for
screening



FIT - Fecal Immunochemical Test



- **Checks for blood in your stool**
- **At home test**
- **No prep needed**
- **Uses a water sample from your stool**
- **Mail the test to the lab or return to your provider**
- **Every year if the test result is normal**
- **Things to consider?**

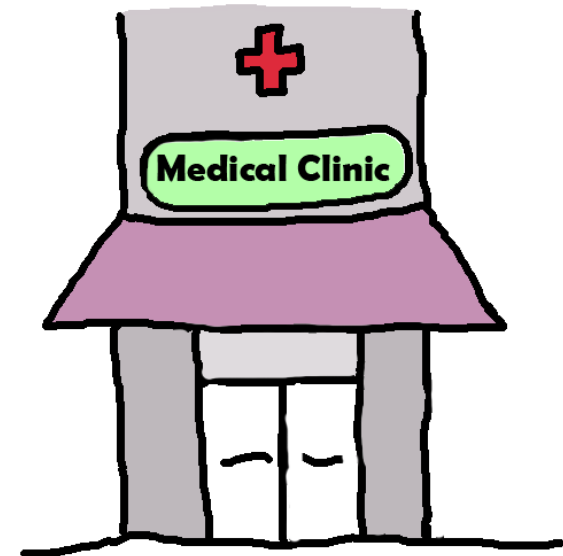


Cologuard

- Checks your stool for blood DNA that is not normal
- At home test-no prep needed
- Delivered to your door
- Collect stool sample
- Mail the kit to the lab
- Every 3 years if test result is normal
- Things to consider?

Colonoscopy – Gold standard in screening

- Checks for polyps (small growths) in your colon that can become cancer
- Out-patient procedure
- Prep needed- you must clear your colon by using a laxative before the test
- Your provider will refer you to a trusted specialist near you
- Every 10 years if findings are normal
- Things to consider?





Thank You



Open Discussion: Questions & Answers



Lizzie Garcia, BA
Health Promotion and Disease Prevention
Manager
Community Health Services | MCHC

Session 3

Scenario Presentation

Session 3 Scenario

Provided by: Lizzie Garcia

Focus: Patient-related

Patient History

- 73-year-old Hispanic male
- Type 1 diabetes, had a CGM,
- Wasn't taking good care of himself.
- Cologuard screening was positive.
- Went in for a colonoscopy, 4 polyps ranging from 2mm to 8mm were found and removed.
- No cancer found.
- He has diverticulitis and hemorrhoids.

Barriers/Challenges

MA told the patient he was positive, so the patient and his wife were scared/cried.

Manager of clinical pharmacy intervened and explained that the result meant he needed further testing/colonoscopy.

Lessons Learned

- MCHC policy changed to serve all eligible patients.
- Only medical providers will give positive results.
- Patient was referred to MCHC Care Coordination team to help manage case.
- Wife decided to get screened also.

Session 3 Scenario

Provided by: Lizzie Garcia

Focus: Patient-related

Discussion & Question

- 1) Why is it important for medical providers to give results?
- 2) Is the role of a CHW or Care Coordination team beneficial in a patient's case?

Lessons Learned

- MCHC policy changed to serve all eligible patients.
- Only medical providers will give positive results.
- Patient was referred to MCHC Care Coordination team to help manage case.
- Wife decided to get screened also.



What's Next?

ECHO Participation Post-Session Survey

Post-Session 3 Survey



How to Use a QR Code



1. **Turn on** your phone camera
2. **Aim** the camera at the code
3. A link will show up
4. **Tap** the link to go to the survey

Reminders

Slides, Recordings, and Resources will be made available within one week. All resources will be available on the [ACS ECHO Website](#).



Do you have **Session 4** on your calendar?

April 18, 2024

12:00–1:15 PM MST

Topic: The Role of a CHW in CRC Screening

Didactic Presenter: **Patty Molina, MPH**

Senior Director of Community Health Services

Mariposa Community Health Center

Scenario Presenter Needed – sign up now!





Thank You

Post-Session 3 Survey



Survey QR Code