EXACT SCIENCES

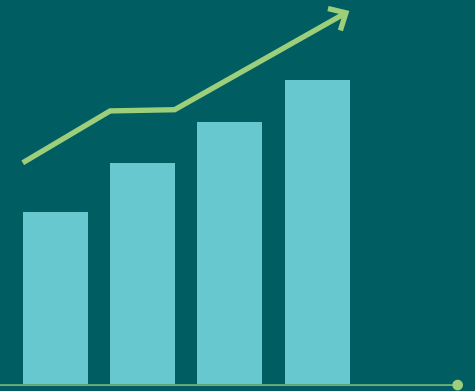# DISCOVER HOW GEISINGER HEALTH SYSTEM IMPROVED THEIR CRC SCREENING RATES

Best Practices Implemented to Achieve CRC Screening Goals:

- Process improvements to reduce provider burden

- EHR optimizations to leverage existing technology investments

- Standardized scripting and tools to digitally engage patients

LESSONS LEARNED, BEST PRACTICES TO SHARE:

PRIORITIZING COLORECTAL CANCER (CRC) SCREENING AT GEISINGER HEALTH SYSTEM

EXECUTIVE SUMMARY

The COVID-19 pandemic had a deep impact on care delivery models, staffing, and the prioritization of care, including a halt on preventive medicine and screenings to focus on more urgent needs. Geisinger Health System was no exception.

As their primary care began to reopen after an extended period of staff redeployments and drawn back services, there was a quick realization that there was a ballooning number of patients in need of preventive screenings, including CRC screening.

Gastroenterologists (GIs) at Geisinger were focused on catching up with the growing backlog of colonoscopies for average-risk and high-risk patients alike. Geisinger's primary care team decided to undertake a collaborative and new systematic approach to screening average-risk patients. Using the electronic health record (EHR), internal stakeholder engagement, and patient outreach, the primary care team deployed a multifaceted approach to offer eligible patients a multitarget stool DNA (mt-sDNA) screening choice to address the backlog and internal capacity challenges.

ABOUT GEISINGER HEALTH SYSTEM

For more than a century, Geisinger has been a leading innovator in health care delivery with a re-engineered approach to enhancing patient outcomes. Their value-based care approach places the patients at the center along with a commitment to delivering the safest experience every single time. Geisinger seeks new ways to transform care delivery by improving patient experience, quality, efficiency, and outcomes. Its ubiquitous digital resources include an EHR system (one of the nation's first) and a highly responsive patient portal. More than three million Pennsylvania and New Jersey residents are served by Geisinger.

QUALITY IMPROVEMENT APPROACH

Secure internal stakeholder engagement across several teams to support alignment and program rollout

Care team scripting and actionable tools to engage patients in shared decision-making (SDM)

Optimize EHR workflows and best practice alerts (BPAs) to easily identify and engage average-risk patients for CRC screening

Ongoing process improvement through feedback, communication, dashboards, and performance metrics

THE RESULT

Today, the **CRC screening rate at Geisinger is** **70%**

The optimization of health information technology (HIT) is enabling Geisinger's providers to better understand their role in the CRC screening process and improve patient outreach. While the results are early, there are useful lessons and best practices to encourage innovative approaches to CRC screening using noninvasive methods.

OVERCOMING SYSTEM-WIDE BARRIERS

Health systems are navigating several, competing priorities at any moment. To get started on the process of prioritizing noninvasive CRC screening options for average-risk patients, Geisinger identified the possible barriers they were facing. Below, Dr Pacheco provides an overview of the system-wide challenges Geisinger has been addressing to support CRC screening.

Primary care medicine is shifting to reaching vulnerable populations in Western Pennsylvania, where preventive medicine may be of lower priority to patients.

The effects of the COVID-19 pandemic continue to impact care delivery, including scheduling, delaying screenings, and shifting to telehealth.

Fewer patients are coming to their provider's offices, causing a need for additional provider outreach.

Despite provider recommendations, patients continue to deprioritize getting screened for cancer.

GIs had to do something different to address the growing backlog of patients in need of CRC screening; the standard colonoscopy approach was no longer adequate.

" Providers are just trying to keep their doors open to get people in, even for telehealth visits...But they're being faced with the floodgates of patients who haven't been seen with chronic diseases, who really need to be seen a couple of times. This impacts our CRC screening access for average-risk patients."

–Cybele Pacheco, MD, MBA, FAAFP
Medical Director for Quality and Innovation in Primary Care
Geisinger Health System

" We were able to convince GIs to adapt their screening and communication process for mt-sDNA...But getting them to switch average-risk patients has been a challenge because the colonoscopy has always been the reference standard for CRC screening."

" Let's just get more people screened for colon cancer. It's critical to bring back preventative medicine and be more proactive instead of reactive."

Through close cross-team collaboration and innovative thinking, Geisigner was able to take a new approach to reaching patients and connecting them with the CRC screenings they needed.

A NEW PLAN REQUIRING FRONTLINE SUPPORT

To overcome the barriers facing health care, Geisinger created a new and multifaceted plan. In collaboration with clinical and operational teams, Geisinger optimized their EHR layout of its BPA for CRC screening. The alert allows the care team to quickly identify average-risk patients who may be eligible for a noninvasive CRC screening option. This also enables GIs to focus on patients most appropriate for colonoscopy.

For support staff, "Every Patient, Every Time" scripting cues them to consistently remind average-risk patients that they're due for a CRC screening or eligible to be screened again, using standardized language.

Because the implementation of mt-sDNA as the first noninvasive screening option for average-risk patients changes the internal workflow at Geisinger, the inclusion of internal stakeholders (reflected on the right) in the decision-making process is crucial.

Best Practices and Care Gaps Leadership

GI Leadership

Clinical Staff

Operations

Business and Administration

HIT

Data and Analytics

Epic®

STRATEGIES FOR INTERNAL STAKEHOLDER ENGAGEMENT

Geisinger chose to implement mt-sDNA as the first noninvasive screening option for eligible patients to address a growing backlog of patients. In a health system with different geographies, patient populations, and varied care priorities, finding a middle ground and cascading the information are important. Internal stakeholder engagement is one important component of reaching success at Geisinger. **Strategies include the following:**

System-wide monthly meeting of operational and clinical stakeholders to share feedback, discuss performance, and understand quality metrics

Regional leaders and directors are responsible for disseminating information and processes

- Clinical team to doctors, nurses, and care coordinators
- Operations team to support staff and care call centers

Top-down messaging from the best practices and care gaps teams

Best practice newsletter and fast-facts emails for staff

Employee recognition and incentives

Transparent feedback shared among providers to encourage learning

OPERATIONALIZING NONINVASIVE CRC SCREENING OPTIONS

The alignment and support of internal stakeholders were key to the implementation of mt-sDNA as the first noninvasive screening option for average-risk patients at Geisinger. Below, Dr Pacheco offers examples of how clinical leadership and the care team support these efforts:

LEADERSHIP

- **Collaborating with the GI team was particularly important** to the internal shift to a noninvasive screening method, but the paradigm shift was not without challenges.

- **Prioritizing mt-sDNA as the first noninvasive screening option for average-risk patients** can help support GIs by allowing them to focus on diagnostic procedures and patients with a higher risk for CRC.

- **Instituting monthly conversations with clinical leadership ensures effective system-wide communication.** Feedback from these conversations can help inform workflow optimizations, identify barriers, and cascade information to additional departments and internal stakeholders.

  "Our system is happy we made this choice because it will set up our patients for success at a time when staffing resources are severely curtailed."

  - Dr Pacheco

"I'm a true believer in primary care….It's the foundation. It's where the conversation begins. It's, 'Hey…you're due for a colorectal screening…If it were my sister, my mother, my daughter, I would want the same for them.' Then that relationship and that trust are set. **That's why it's so important that I'm using the right words,** too. I say, 'You are a candidate for mt-sDNA.'"

– Cybele Pacheco, MD, MBA, FAAFP

CARE TEAM

- **Standardized scripting and communication** tools in the EHR help to ensure CRC screening conversations are consistent, simple, and routinized among the care team.

- If a colonoscopy has already been scheduled for average-risk patients, **care team members consider whether mt-sDNA is an appropriate alternative**.

- **Automating BPAs** can notify the care team of uncompleted mt-sDNA tests as well as if a patient declines any CRC screening modality to support additional conversations at a future appointment.

  "Including mt-sDNA from the very start is key to the shared decision-making process…getting providers and patients to evolve their screening choice is easier when it's done earlier than later."
  - Dr Pacheco

- **To evaluate the impact of integrating mt-sDNA** as the first noninvasive screening option for average-risk patients, the quality and innovation team calls eligible patients every two weeks and reviews the backlog every 90 days.

- **Outreach calls** are made to eligible and unscreened patients beginning at age 45 during which patients are offered mt-sDNA.

- **An after-visit summary (AVS)** that includes elements specific to CRC screening such as "how to use" videos for mt-sDNA testing, follow-up instructions, and patient education tools is provided.

HIT UTILIZATION AND EHR OPTIMIZATION

Geisinger's systematic effort to improve CRC screening rates by including mt-sDNA has made patient adherence a top priority. **The optimization of HIT and access to real-time data are enabling providers to better understand their role in the screening process and uncover ways to improve patient outreach.** Dr Pacheco shares HIT-related best practices that have been put into practice.

- The **provider dashboard**, updated daily, allows providers to zero-in on data to manage patient care. CRC statistics have been added to the EHR to help providers encourage screening.

- The **EHR is optimized** to identify eligible patients to begin CRC screening at age 45.

- **BPAs fire and support SDM** conversations between the patient and the provider.

- Providers receive **scorecards** with data generated from the EHR to communicate how many mt-sDNA tests were ordered, canceled, and completed.

- **MyChart®** communicates to patients what screenings are due, or overdue, to support discussion during appointments.

- **Action planning** is organized around specific opportunities conveyed through internal dashboards (such as when to order mt-sDNA vs colonoscopy), with direct input from providers.

- **Smart sets** allow providers to prioritize mt-sDNA for average-risk patients.

- **BPA tracking to provide insights** by location, care team member, and region to identify new process improvement opportunities.

Streamlining organizational workflows

Improving patient safety, experience, and outcomes

Optimizing provider ordering and resulting practices

Maximizing the EHR to meet clinical and quality goals

Refining efficiencies

Reducing provider burnout

A DEDICATION TO ONGOING IMPROVEMENT

Strategies to continue to build on Geisinger's momentum include:

Add outstanding Health Maintenance topics to the AVS, thus alerting patients (1) they meet CRC screening criteria, (2) their provider determined eligibility and felt it was important to order mt-sDNA for them, and (3) to reach out with questions.

Improve case management by having tailored outreach to average-risk patients when they're eligible for a screening.

Enhance patient engagement with **screening reminders embedded into the patient's EHR** and digital patient education.

Support CRC screening adherence through the use of **patient navigation programs.**

Develop a targeted screening mailer to **engage patients at average risk for CRC screening beginning at age 45.**

Use automated BPAs and EHR notifications to support providers.

Engage providers on their preferences in receiving reports and updates related to mt-sDNA screenings.

Conduct educational sessions for primary care providers on all CRC screening modalities to ensure they can support SDM conversations with patients.

Geisinger is continually seeking ways to boost CRC screening rates to the 80% national screening goal and enhance preventive health efforts that have been reduced by the pandemic.

"With the numbers of completed mt-sDNA tests we're seeing, we're hoping mt-sDNA can help raise our screening levels back to where they need to be - namely, to where they were before the pandemic."

" I wish I could wave a magic wand and convince all of these people to get these tests done."

– Heather Mosley

Clinical Practice Transformation Coordinator
Geisinger Health System

"We're always looking for new or missed opportunities; that's always been part of our culture...primary care is preventative if we do it right."

– Cybele Pacheco, MD, MBA, FAAFP

Medical Director for Quality and Innovation in Primary Care
Geisinger Health System

"No one should have colon cancer, especially at the current level we have."

– Cybele Pacheco, MD, MBA, FAAFP

Medical Director for Quality and Innovation in Primary Care
Geisinger Health System

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