

GET SCREENED

Shelley Walker

Cancer Control Strategic Partnership Manager

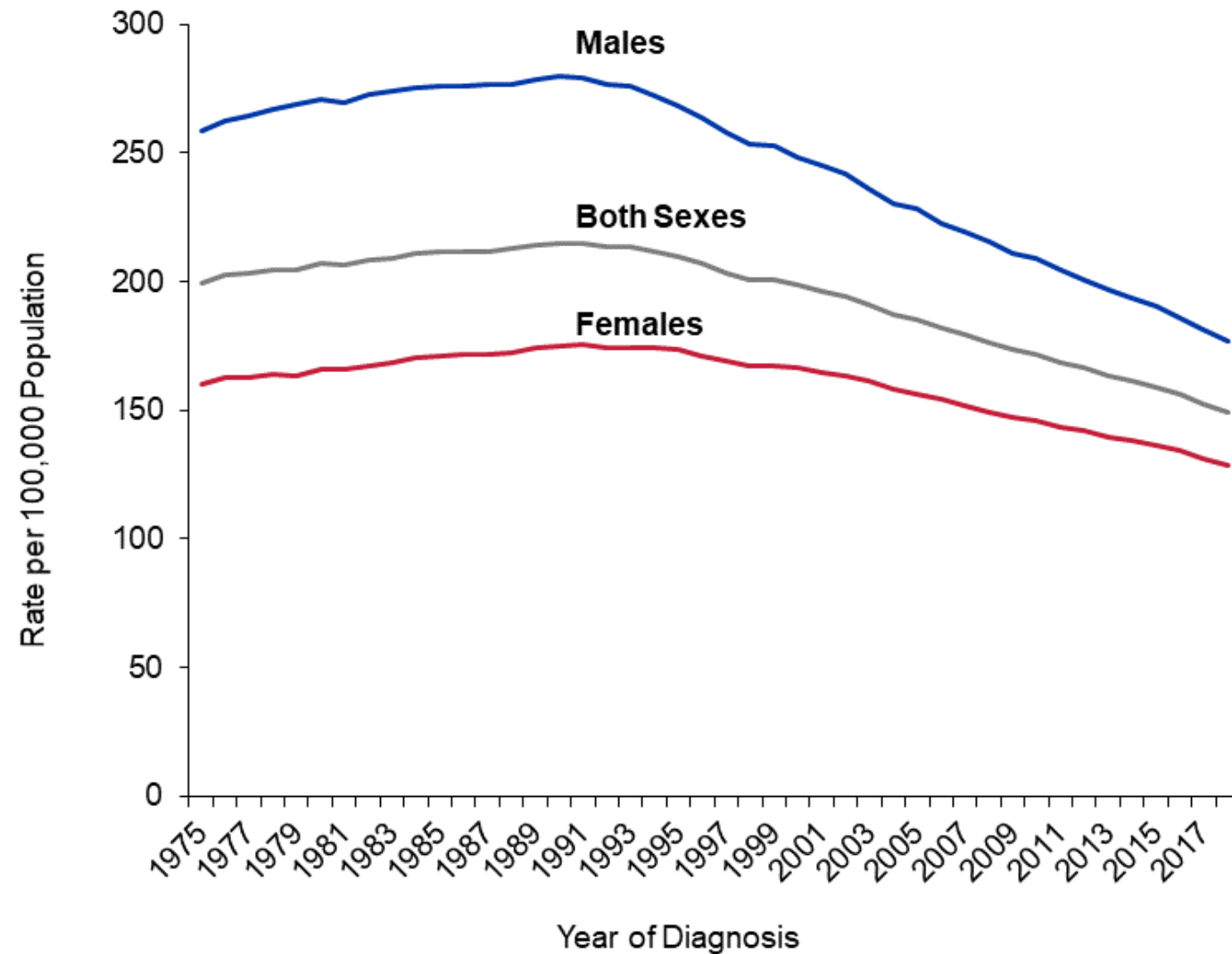
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Celebrating Progress

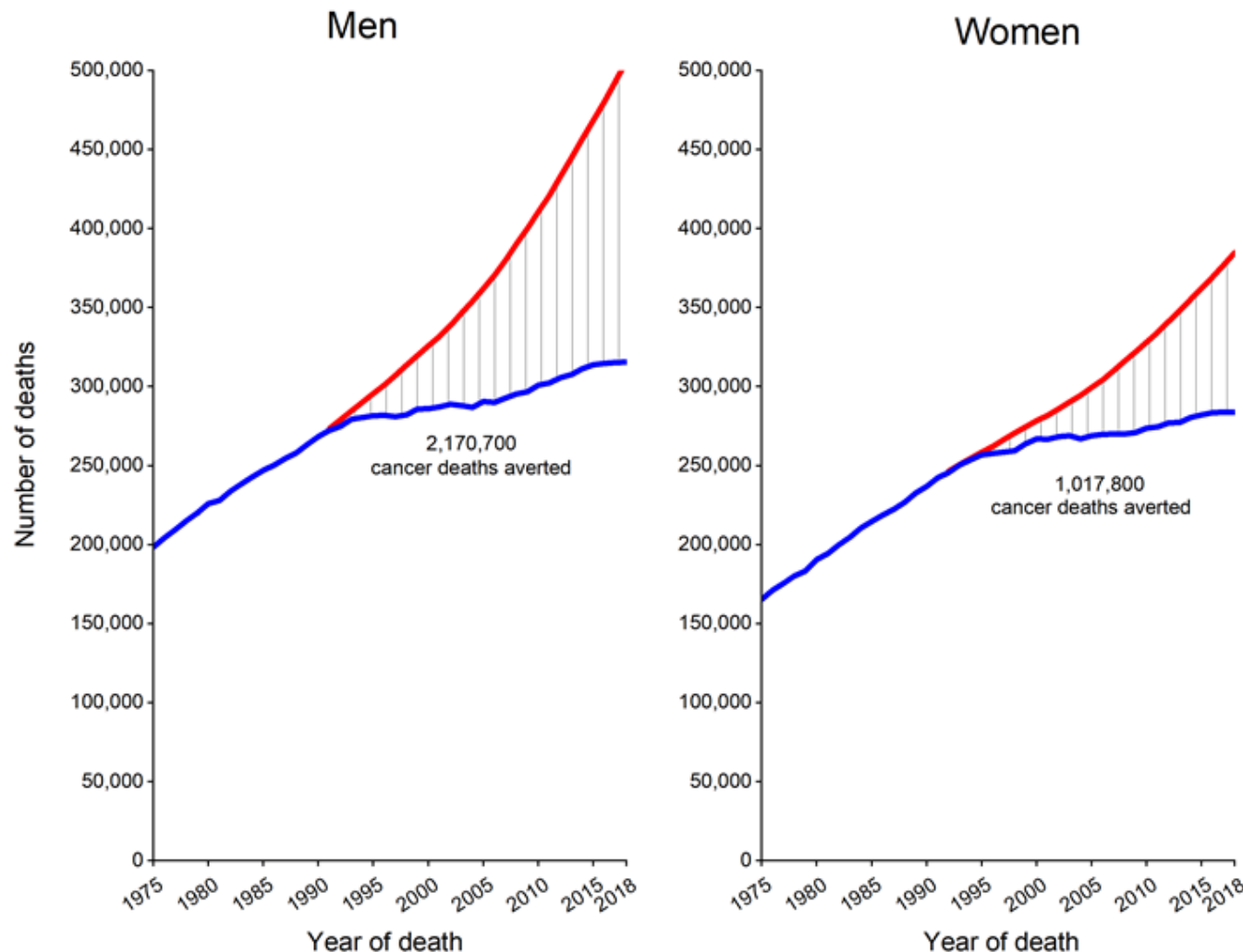
Cancer mortality has declined in recent decades due to progress in cancer screening and treatment technologies, research, and the general population's awareness and improved uptake in screening services.

Trends in Cancer Death Rates* by Sex, US, 1975-2018



*Age-adjusted to the 2000 US standard population.
Source: National Center for Health Statistics, Centers for Disease Control and Prevention, 2020.

Total Number of Cancer Deaths Averted from 1991 to 2018



The blue line represents the actual number of cancer deaths recorded in each year, and the red line represents the number of cancer deaths that would have been expected if cancer death rates had remained at their peak.

Impact of COVID-19 on Cancer Screening

The COVID-19 pandemic has led to unprecedented drops in breast, colorectal, and cervical cancer screenings

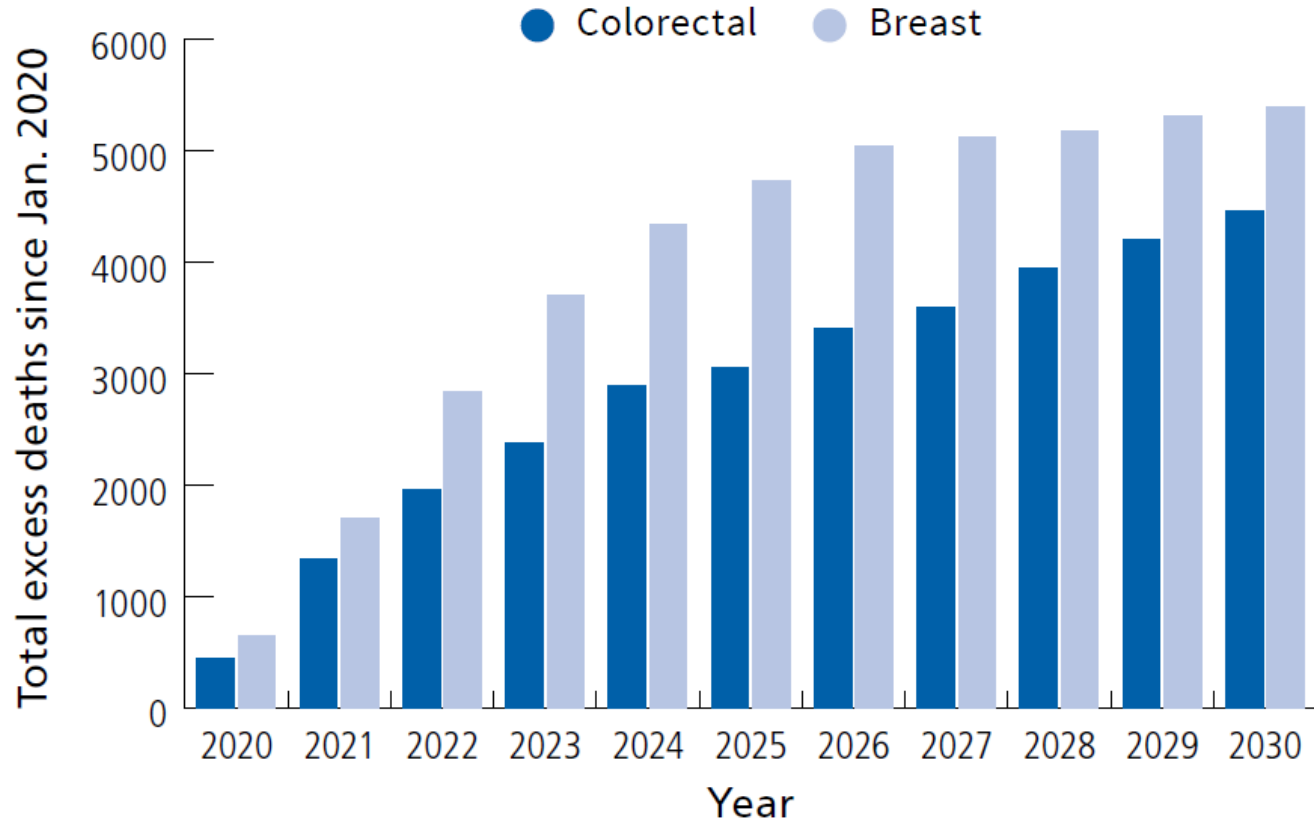
In July 2020, Epic Health Research Network published a study which included 2.7 million patient records from 39 organizations representing 190 hospitals spanning 23 states:

- **In March/April, 80-90% reduction in preventive screening** compared to three-year averages
- **In June, 29-36% reduction in preventive screening** compared to three-year averages
- Fall/Winter reductions are not yet reported

Population-wide impacts are not yet known.

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

Figure S3. Estimated Cumulative Excess Deaths From Colorectal and Breast Cancers in the US Due to the COVID-19 Pandemic, 2020 to 2030



Source: Sharpless NE. COVID-19 and cancer. *Science*. 2020;368(6497): 1290. Reprinted with permission from AAAAS.

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

Exacerbation of long-standing inequities: racial, economic, access to care

Patient fear, reluctance, and confusion

Potential decreased primary care capacity

Loss of employment and employer sponsored health insurance

Challenges with new system, process and protocols

“Get Screened” Initiative



Building Blocks to Recover & Exceed

National Consortium

Convene national influencers to identify strategies to best minimize the effects of the pandemic on cancer screening and care and take action

Public Awareness Campaign

Campaign to mobilize and activate the public, providers and other key stakeholders to cancer screening and care

Research

Understand the impact of the COVID pandemic on cancer screening and outcomes



State and Coalition Leadership

Connect cancer leaders to effective messaging, policy initiatives and opportunities for impact

Health Systems Screening Interventions

Engage priority health systems in evidence-based interventions to increase screening rates

Policy

Pursue public policy solutions to help ensure individuals have access to timely and appropriate cancer screening and follow-up care

National Consortium

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Health Systems



Health Systems Screening Interventions

Engage health systems in evidence-based interventions to increase screening rates

POLICY



Policy

ACS CAN is focused on influencing policy affecting screening and access to care such as Medicaid expansion



THANK YOU

Return to screening resources

Ingrid Lizarraga MBBS, FACS

July 27, 2021

Iowa Rural Cancer Collaboratory Educational Series

American Cancer Society Resources

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



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.

A Full Toolkit (all six documents combined)

Universal Screening Messages Overview

Screening Guidance for Breast Cancer

Screening Guidance for Cervical Cancer

Screening Guidance for Colorectal Cancer

Screening Guidance for Lung Cancer

Guidance for HPV Vaccination

<https://www.acs4ccc.org/acs-guidance-on-cancer-screening-during-covid-19/>

CPSTF Findings for Cancer Prevention and Control







The following tables include alphabetized lists of intervention approaches reviewed by the Community Preventive Services Task Force with summaries of the CPSTF finding for each ([definitions of findings](#)). Click a linked review title to read a summary of the evidence, access supporting materials, and where available, link to [Research-tested Intervention Programs \(RTIPs\)](#). This table does not include [inactive](#) or [archived](#) reviews. Findings are divided into the following categories:






















[Increasing Cancer Screening](#)

[Preventing Skin Cancer](#)

- [Client-Oriented Interventions](#)
- [Provider-Oriented Interventions](#)
- [Informed Decision Making](#)
- [Community-Wide Interventions](#)
- [Education and Policy Approaches](#)
- [Interventions Targeting Parents and Caregivers](#)

Increasing Cancer Screening

Intervention	CPSTF Finding		
	Breast Cancer	Cervical Cancer	Colorectal Cancer
Multicomponent Interventions	 Recommended (strong evidence) August 2016	 Recommended (strong evidence) August 2016	 Recommended (strong evidence) August 2016
Interventions Engaging Community Health Workers	 Recommended (strong evidence) April 2019	 Recommended (strong evidence) April 2019	 Recommended (strong evidence) April 2019

Client-Oriented Interventions			
Intervention	Breast Cancer	Cervical Cancer	Colorectal Cancer
Client Incentives	 Insufficient Evidence July 2010	 Insufficient Evidence July 2010	 Insufficient Evidence July 2010
Client Reminders	 Recommended (strong evidence) July 2010	 Recommended (strong evidence) July 2010	 Recommended (strong evidence) July 2010
Group Education	 Recommended (sufficient evidence) October 2009	 Insufficient Evidence October 2009	 Insufficient Evidence October 2009
Mass Media	 Insufficient Evidence October 2009	 Insufficient Evidence October 2009	 Insufficient Evidence October 2009
One-on-One Education	Reducing Structural Barriers		 Recommended (strong evidence) March 2010
Reducing Client Out-of-Pocket Costs	Small Media		 Recommended (strong evidence) December 2005
Provider-Oriented Interventions			
Intervention	Breast Cancer	Cervical Cancer	Colorectal Cancer
Provider Assessment and Feedback	 Recommended (sufficient evidence) October 2009	 Recommended (sufficient evidence) October 2009	 Recommended (sufficient evidence) October 2009
Provider Incentives	 Insufficient Evidence October 2009	 Insufficient Evidence October 2009	 Insufficient Evidence October 2009
Provider Reminder and Recall Systems	 Recommended (strong evidence) February 2006	 Recommended (strong evidence) February 2006	 Recommended (strong evidence) February 2006
Informed Decision Making			

Evidence
based
interventions

Increase community
demand

Increase provider
delivery

Increase community
access



Increase
community
demand



I. Patient education

1. One-on-One Education

(delivers information to individuals about indications for, benefits of, and ways to obtain cancer screening, as well as safety of screening)

2. Group Education

(usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format to a variety of groups)



II. Patient Reminders

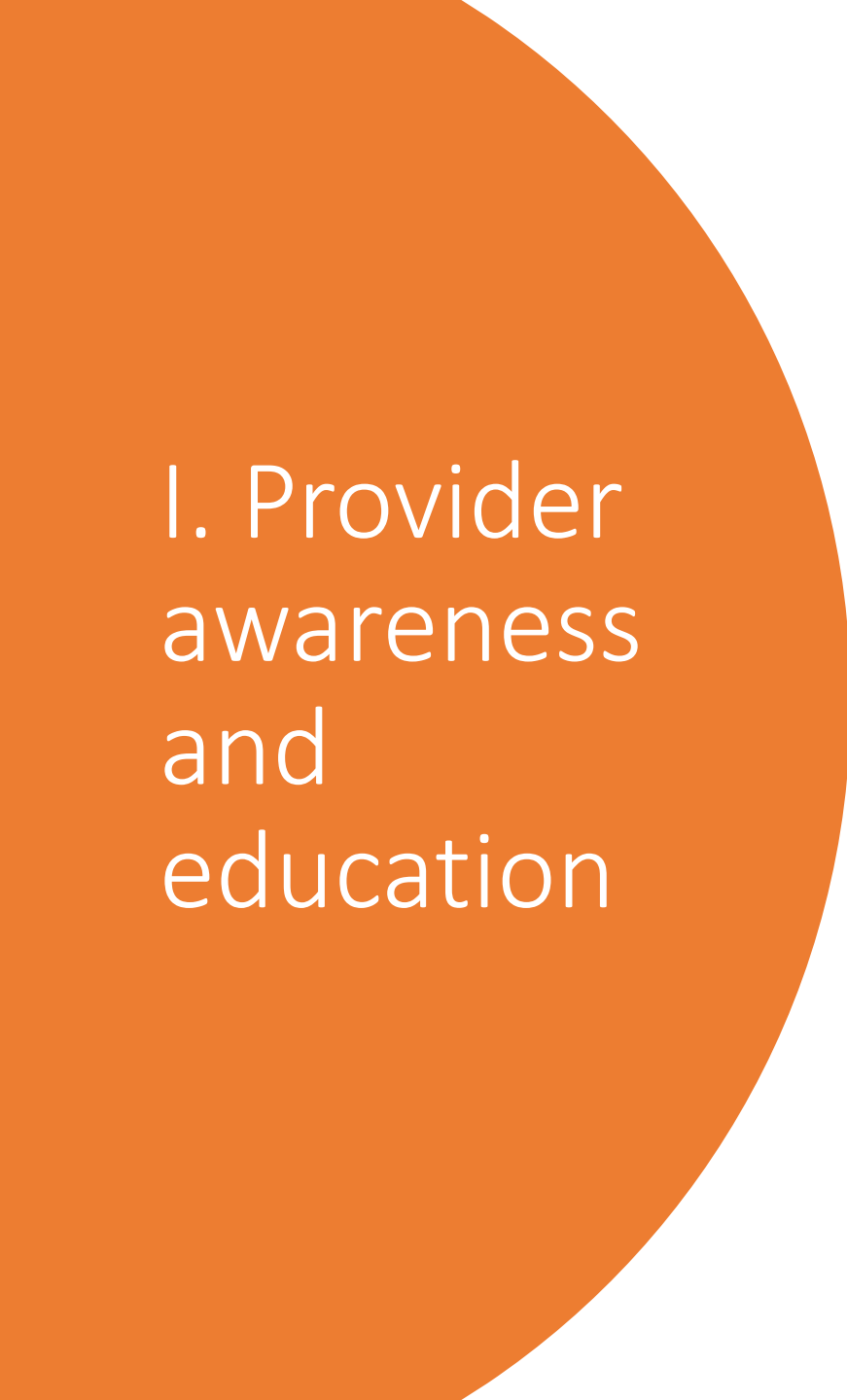
1. Patient outreach by healthcare providers to eligible and at-risk patients (e.g., phone calls, EMR portal, email, text messages, letters)
2. Facility/Institution-level outreach (e.g., automated notifications to eligible patients within health system)

Local media


1. Dissemination of guideline and messaging information to patients across the hospital system (e.g., banners/posters, pamphlets, hospital website)
2. Dissemination of guideline and messaging information across community sites (e.g., vaccination sites, grocery stores, pharmacies, etc)
3. Institutional social media posts and/or press releases (e.g. Twitter and Facebook. See Example Social Media Posts and Press Release Template from ACS)
4. Collaboration with local TV/radio/new channels to communicate the importance of cancer screening and the safety of screening despite the COVID-19 pandemic



Increase provider
delivery



I. Provider awareness and education

1. Dissemination of guideline and messaging information to primary care practitioners
 2. Dissemination of guideline and messaging information to specialists
- 



II. Provider reminder/ recall

Reminders sent to health care providers that it is time for a client's cancer screening test or that the patient is overdue for screening

A large, solid orange circle is positioned on the left side of the slide, partially cut off by the edge. It contains the text 'Provider assessment and feedback' in white.

Provider assessment and feedback

Interventions aimed at evaluating provider performance in delivering or offering screening to patients






Increasing community
access



Increase community access

1. Reduce Structural Barriers
(eg. Modifying hours of service)
 2. Reduce economic barriers
(eg. Reduce out-of-pocket costs)
 3. Reduce Socioeconomic Barriers
(eg. Collaboration with local community group leaders to reach vulnerable populations at risk for screening disparities)
- 

Return to Screening QI project

Collaboration between
American Cancer Society
Commission on Cancer (CoC)
and National Accreditation
Program for Breast Centers
(NAPBC)

Premade **Plan/Do/Study/Act**
(PDSA) **quality improvement**
study to accelerate return to
screening





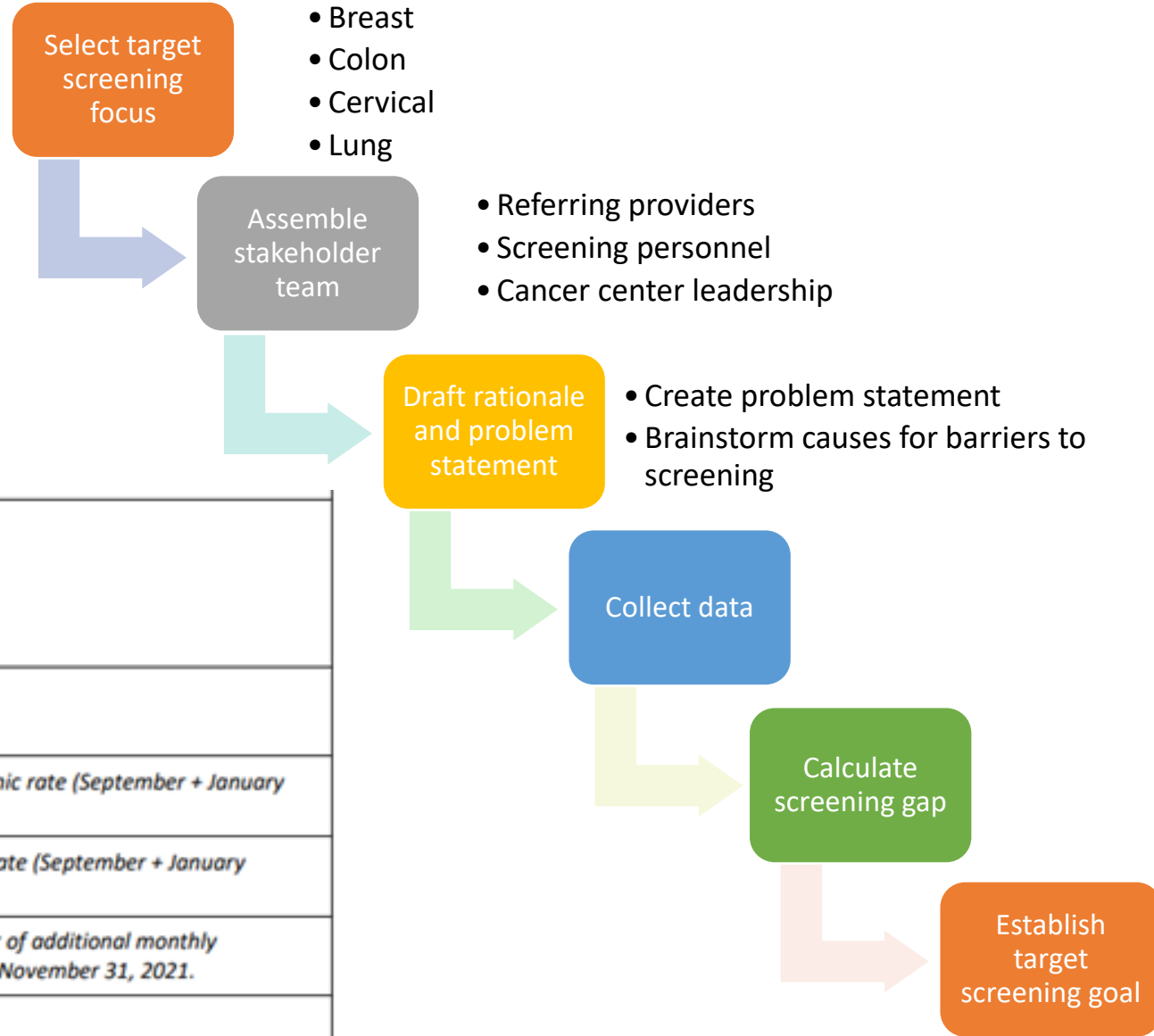
Post-pandemic Return to Screening Quality Improvement Project

PDSA QI Project Aim Statement:

The aim of this quality improvement PDSA project is to leverage CoC and NAPBC standards and American Cancer Society toolkit and diverse interventions to improve cancer screening rates at participating hospitals

[Return to Cancer Screening PDSA Quality Improvement Project and Clinical Study \(facs.org\)](https://www.facs.org/return-to-cancer-screening-pdsa-quality-improvement-project-and-clinical-study)

Step 1: Plan



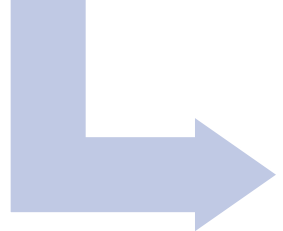
5. Focus of Screening Effort: (submit one form per site)	<input type="checkbox"/> Colorectal <input type="checkbox"/> Breast <input type="checkbox"/> Lung <input type="checkbox"/> Cervical
6. Number of Interventions selected for June 1 implementation	_____#
7. Pre-Pandemic Rates of Screening	Average monthly pre-pandemic rate (September + January rates/2):
8. Pandemic Rates of Screening	Average monthly pandemic rate (September + January rates/2):
9. Select Screening Target Goal (see instructions -PDSA Step 1e.)	_____ represents the number of additional monthly screenings to be achieved by November 31, 2021.
10. Data Source for screening rates	



Step 2: Do

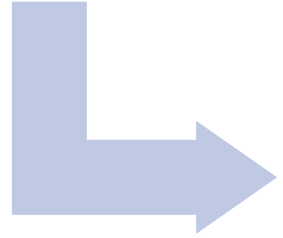
Review ASC toolkit of interventions

- <https://www.acs4ccc.org/acs-guidance-on-cancer-screening-during-covid-19/>



Select planned interventions

- Consider implementing more than one intervention in sequence or in parallel



Implement selected interventions

Step 3: Study

- Document screening rates on a monthly basis
- Monitor screening activities as you proceed

Suggested target: 10% increase in screening

Post-Intervention Monthly Screening Rates (for one disease site)
April:
May:
June:
July:
August:
September:
October:
November:

Step 4: Act

- Modify or intensify efforts based on progress made
- Present results to stakeholders and leadership
- Continue efforts as long as there continues to be an impact on screening

Thank you!

JOHN STODDARD CANCER CENTER – RETURN TO SCREENING: OUR EXPERIENCE

UnityPoint Health- Des Moines

JULY 27, 2021



UnityPoint Health

Stoddard Overview

- 2019- 2,317 Cancer Diagnoses
 - 374 Analytic Breast Cancer Cases

Stoddard Service Areas

- Adult Oncology Inpatient Unit
- Radiation Oncology & Brachytherapy
- Lymphedema Clinic
- Genetic Counseling Clinic



Accreditations



A **QUALITY PROGRAM**
of the AMERICAN COLLEGE
OF SURGEONS



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Stoddard Specialty and Support Services

- Adolescent Young Adult Program (AYA)*
- Case Management
- Chaplains
- Child Life Specialists*
- Clinical Trials*
- Counseling Services*
- Education and Outreach*
- EMPOWER Boutique and Salon*
- Genetic Counseling/Testing
- Home Care
- Hospice
- Integrative Therapies*
- Lymphedema Clinic
- Meals That Matter*
- Multidisciplinary Programs
- Nutrition Services*
- Oncology Navigation Program*
- Oncology Pharmacists
- Oncology Rehab Therapy*
- Palliative Care
- Patient Education Classes*
- Social Workers*
- Support Groups*
- Survivorship Program*

SCREENING TARGETS

Breast

Lung – emphasizing the new USPSTF recommendations

Colorectal- emphasizing the new USPSTF recommendations



DATA ANALYSIS

Data points:

Pre-COVID – July 2019 and January 2019

Post-COVID – September 2020 and January 2021

There was no significant drop in breast, colorectal or lung cancer screenings

Based on the above our goal is to increase current screening numbers by 10%



SCREENING SITES

Mammography and LDCT lung cancer screening are provided by 2 independent Radiology groups – Iowa Radiology and The Iowa Clinic.

Colon cancer screening is provided by 2 independent groups – Iowa Digestive Disease and The Iowa Clinic.



INTERVENTIONS TO IMPROVE SCREENING

- 1) Patient reminders
- 2) Patient education
- 3) Media education – social, print TV, radio, print
- 4) Provider awareness and education
- 5) Increase community access



IMPLEMENTATION

PROVIDER AWARENESS AND EDUCATION:

Lecture to the primary care physicians at UnityPoint clinics and the Iowa Clinic about the importance of keeping patients up to date on screenings, the safety of screenings and the consequences of not screening

Article in the Provider Focus (a monthly publication distributed to all UPH Des Moines Physicians) about the importance and safety of screening, including updates to the screening recommendations

Remind providers at all meetings the importance and safety of cancer screening



IMPLEMENTATION

PATIENT REMINDERS:

UnityPoint clinics sends reminders through US mail, email, phone calls and patient portals to patients behind on routine screening to remind them to schedule their breast, colon and lung cancer screenings.

Physician bonus is tied to percentage of patients up to date on screenings

Figure 8: Our Cancer Prevention Recommendations as an overarching 'package'



While following each individual Recommendation offers cancer protection benefit, most benefit is gained by treating all ten Recommendations as an integrated pattern of behaviours relating to diet, physical activity and other factors that can be considered as a single overarching 'package' or way of life.

IMPLEMENTATION

PATIENT EDUCATION:

Reminders from the primary care providers about the importance and safety of screening.

Flyers in the primary care offices outlining screening recommendations and their importance



IMPLEMENTATION

MEDIA EDUCATION:

Stoddard website and Facebook page – trending topics – Lung cancer screening

Facebook live – interview with colorectal surgeon on colorectal cancer screening and new recommendations

WHO radio interview on the new colorectal screening guidelines

WHO-TV channel 13 – interview about new colorectal screening guidelines

Stoddard podcast – The Dish with Nish to talk about screening importance next month. Posted on the Stoddard website and Facebook

Men's health mailing on the importance of screening



IMPLEMENTATION

MEDIA EDUCATION:

WHO-TV channel 13 interview with Family Physician on the importance of screening in men's health

The Dish with D Nish talk in September about primary and secondary prevention of cancer – to be live and posted on social media



IMPLEMENTATION

INCREASING COMMUNITY ACCESS:

Pink days program – free screening mammography

Scope it out program – free colon cancer screening colonoscopies

Developing a free LDCT screening program for lung cancer screening

Collaborating with Health Partners Inc. to improve access to screenings for the under and uninsured



IMPLEMENTATION – UPH SYSTEMS APPROACH

MESSAGING:

Preventative screenings can help save your life

UnityPoint Health is safe and ready to keep you healthy

If you missed your breast, colon or lung cancer screening due to the pandemic we encourage you to schedule an appointment today

EXECUTION:

Instagram, Facebook, Website, Email, Clinic posters, displays



DATA MONITORING

Monitoring data on a quarterly basis –

April-June 2021

July –September 2021

October –December 2021



THANK YOU



UnityPoint Health