



Message from the Chair

FALL EDITION 2018



Greetings,

Happy holidays and welcome to the Fall 2018 edition of the North Carolina Colorectal Cancer Roundtable (NC CRCRT) Newsletter. So much has transpired with the NC CRCRT since our June 2018 newsletter. In this edition of Message from the Chair, I am excited to update you on some initiatives happening around colorectal cancer locally, statewide and nationally, share updates from our North Carolina Colorectal Cancer Roundtable (NC CRCRT) meeting and provide an update on the great work of the North Carolina Colorectal Cancer Roundtable task groups.

In October, we had our NC Colorectal Cancer Roundtable Meeting! The meeting was very well-attended.

Members and partners were particularly impressed with our organizational progress, meeting speakers, new steering committee members and the robust conversation around colorectal cancer efforts happening in our state.

We had an excellent presentation from Dr. Dan Reuland, Director, Carolina Cancer Screening Initiative who presented on the Scaling Colorectal Cancer Screening Through Outreach, Referral, and Engagement (SCORE). This is a State-Level Program to Reduce Colorectal Cancer Burden in Vulnerable Populations. The NC CRCRT also plans to align efforts with the SCORE program to help broaden its colorectal cancer platform.

In addition, the NC CRCRT experts worked on recommendations for the colon cancer screening position statement. These recommendations were sent to the NC Advisory Committee on Cancer Coordination and Control for their consideration.

An overview was provided on moving the NC CRCRT under the North Carolina Community Health Center Association in a temporary capacity to obtain our own 501c3 status.

The North Carolina Colorectal Cancer Roundtable is a state coalition of public, private, and voluntary organizations, and invited individuals dedicated to reducing the incident of and mortality from colorectal cancer in North Carolina, through coordinated leadership, strategic planning, and advocacy. The NC CRCRT looks forward to advancing our mission with the expertise of our Steering Committee Chair, members and partners to reduce colorectal cancer rates through prevention and early detection in North Carolina. Meetings are open to the public.

This newsletter is disseminated *three* times a year providing updates on emerging issues around colorectal cancer. Please see our contact information if you are interested in becoming involved with the NC CRCRT or if you are interested in spotlighting an initiative around colorectal health in our newsletter.

Sincerely,

Marti Wolf, RN, MPH, PCMH, CCE
Chair of the North Carolina Colorectal Cancer Roundtable Steering Committee

For more information on the North Carolina Colorectal Cancer Roundtable and additional colorectal cancer resources contact:
Nikita Spears, Comprehensive Cancer Control Program Coordinator at nikita.spears@dhhs.nc.gov

North Carolina Colorectal Cancer Roundtable Steering Committee Members

The NC CRCRT steering committee membership is growing. It originated from founding organizations North Carolina Cancer Prevention and Control Branch, Comprehensive Cancer and Control Program and American Cancer Society. We have become more formalized, as we continue to expand our forum of colorectal cancer experts and advocates. Thank you for your continued commitment and support to reducing colorectal cancer rates in North Carolina! Each Steering Committee member represents their professional association.

Colorectal Cancer Roundtable Task Group Overviews/Updates

ACCESS TO CARE

CO CHAIR: DOROTHEA BROCK

CO CHAIR: TERI MALO

OVERVIEW:

The goal of this task group is to identify barriers for both uninsured and insured patients across North Carolina. This group brings together interested stakeholders across the state to identify these barriers and come up with solutions that will overcome these barriers for residents in NC who face them. They will work closely with the other task groups to help promote these solutions so that screening rates can increase, and we can reduce the burden of colorectal cancer in NC.

PROVIDER SYSTEM AND POLICY IMPROVEMENT

CHAIR: DR. LARRY WU

CO CHAIR: DR. CAROLL KOSCHESKI

OVERVIEW:

Provider, System and Policy Improvement Task Force (PSPI) encompasses the “Provider Education” and “Health Policy” Task Groups including: connecting primary care physicians and gastroenterologists, screening options, billing/coding/reimbursement, how to reach uninsured populations, and patient navigation.

The NC CRCRT’s Provider, System and Policy Improvement (PSPI) task group has the following goals:

- Developing a Colorectal Cancer Screening Insurance document for patients.
- Identifying resources to assist the uninsured receive screening and treatment services.
- Developing a provider document to assist providers with identifying appropriate colorectal screening test based on risk factors, family medical history and patient choice.
- Exploring how to work with billing codes and reimbursement. (i.e., if a person receives a positive FIT test and needs a colonoscopy, the colonoscopy is billed as a part of the screening procedure and not a treatment procedure.)

Task Group Updates:

- PSPI has recommended updates to Colorectal Cancer Screening Position Statement to the North Carolina Advisory Committee on Cancer Coordination and Control; adopted at its last meeting.
- PSPI is working with the NC Society of Gastroenterologist on recruiting GIs to assist with statewide screening for colorectal cancer.
- Adopted screening algorithm that promotes FIT testing or colonoscopy for low risk patients. FIT testing as an alternative increases screening rates. General framework is as follows:
 1. FQHCs as the screening hub performs FIT and risk stratification.
 2. High risk patients are referred directly to community physicians who have volunteered to perform colonoscopies, similarly positive FIT are referred for colonoscopy as well.
 3. Funding maybe required for a.) training, b.) navigation for the patient, and c.) payment for facility/ancillary for colonoscopy and cancer care.
 4. Will require local support by physicians performing colonoscopies and local facilities to work with FQHCs
 - a) Identify regions where there are not identified colonoscopy resources.
 - b) We signed up over a dozen GIs at the GI society meeting in Feb 2018, interested in being champions.
- For insured patients, two major insurers will begin to cover colonoscopy as preventive after + FIT, working with the NC CRCRT.

PUBLIC EDUCATION & OUTREACH

CO CHAIR: JEAN SANTA MARIA

CO CHAIR: KYLEE S. DIAZ

OVERVIEW:

The Public Education and Outreach Task Group works to bring awareness to residents of NC about the importance of colorectal cancer screening. Knowing that colorectal cancer is 90% preventable through proper screening, this group works collaboratively to get this message out to the public and drive residents of NC, who are eligible screening age to their primary care doctor and/ or somewhere they can find a primary care doctor if they do not have one, to speak with a physician about the various types of colorectal cancer screening and the guidelines.

The Public Education and Outreach Task Group is preparing for Colorectal Cancer Awareness Month in March 2019. Members are exploring ways to recognize organizations that signed the 80% by 2018 Pledge. Also, the 2018 Colorectal Cancer Awareness Month Proclamation is being updated to reflect current guidelines and will be submitted to the Governor’s Office in December. Finally, members also developed an outline of content for the future development of the NC CRCRT website. The NC CRCRT website can be created once it becomes a 501c3 and the NC CRCRT purchases its name.

Lineberger Researchers Receive Grant for CRC Screening Initiative

A recently funded project led by researchers at the University of North Carolina Lineberger Comprehensive Cancer Center aims to improve colorectal cancer (CRC) screening, follow-up, and referral-to-care in community health centers in North Carolina to reduce the cancer burden in vulnerable populations. Daniel S. Reuland, MD, MPH, Professor of Medicine in the Division of General Medicine and Clinical Epidemiology and principal investigator for the project known as SCORE (Scaling Colorectal Cancer Screening Through Outreach, Referral, and Engagement), says community health centers play a critical role in providing CRC screening for vulnerable populations. Yet, CRC screening rates in North Carolina’s community health centers average just 39%, which is well below the national target of well below the 80% goal established by the National Colorectal Cancer Roundtable.

Funded by a five-year \$5.5 million grant from the National Cancer Institute Beau Biden Cancer Moonshot Initiative, the team will refine a multi-level intervention that includes a state-level mailed FIT program and regional colonoscopy access networks. The project will be tested in community health center networks that serve two representative regions across North Carolina, including an 11-county region in northeastern North Carolina with higher than average CRC mortality (sometimes referred to as a national CRC “hotspot”). The larger goal is to create a long-term state-level strategy to reduce CRC burden and disparities through improved screening in community health center populations.

During the first year, the team will develop the infrastructure for the project, pilot-test the intervention, and engage partners and stakeholders from academia, industry, government, community, and foundations in North Carolina. “To refine the components of the project, we will rely on several focused working groups, formed using the convening power of the North Carolina CRC Roundtable,” said Reuland. “The convening authority of the Roundtable and the support we received from the executive committee were critical to our group receiving this grant. State and local stakeholders will be instrumental in helping refine and implement the SCORE project.”

Dr. Reuland shared an overview of the SCORE project during the October 12th NC CRC Roundtable meeting in Raleigh, North Carolina and invited attendees to participate in an informal networking lunch with each working group. “Although the SCORE project is focused on community health centers, we greatly appreciate input and support from a wide variety of stakeholders with diverse backgrounds and expertise,” said Reuland. Interested individuals are invited to join a working group as either a member or in an advisory role. The working group objectives are outlined below. If you would like more information about SCORE or would like to join a working group, please see the table below for contact information.

SCORE Working Groups Objectives and Contact Information		
Working Group	Objectives	Contact
Screening Registry & Data	<ul style="list-style-type: none"> • Develop and refine queries to identify and track unscreened patients in each CHC • Establish Data Use Agreements and data transfer protocols • Develop protocols for harmonizing data across CHC sites • Populate CRC screening registry 	Alison Brenner alison.brenner@unc.edu
Intervention Protocol	<ul style="list-style-type: none"> • Refine and standardize intervention protocols (outreach and in-reach) • Integrate pilot test PDSA cycles and interview data • Refine and standardize lab protocols • Integrate intervention workflows into clinical workflows 	Teri Malo teri.malo@unc.edu
GI FIT to Colonoscopy	<ul style="list-style-type: none"> • Identify community endoscopy providers and hospital facilities • Advocate for donated procedures • Integrate pilot test PDSA cycles data • Refine and standardize protocols for referrals to colonoscopy and optimization of attendance 	Renée Ferrari rferrari@unc.edu
Innovation & Sustainability	<ul style="list-style-type: none"> • Brainstorm to identify locally developed innovations • Help describe and prioritize locally developed innovations for potential evaluation • Participate in stakeholder engaged modeling for sustainability planning 	Alexis Moore alexis_moore@unc.edu

Colorectal Cancer Articles and Tools

[Submit your nominations for the 2019 80% by 2018 National Achievement Awards!](#)

Nominations must be received by Friday, November 30, 2018, at 8 p.m. ET.

The National Colorectal Cancer Roundtable is seeking nominations for the 2019 80% by 2018 National Achievement Awards, a competitive recognition program that seeks to highlight success stories in the effort to achieve an 80% colorectal cancer screening rate.



Jessica Deaton and Kelli Guinn of the Oklahoma City Indian Clinic, the 2018 80% by 2018 National Achievement Awards Grand Prize recipient, [made a video encouraging organizations to submit nominations](#)

American Cancer Society staff are championing the 80% goal by working with state and local organizations to sign the pledge and ramp up their colorectal cancer screening efforts. This is your chance to nominate organizations you work with for this competitive awards program.

You can certainly nominate partners who have reached 80%, but we also are looking to recognize systems who are seeing improvements in their screening rates or who are launching ambitious or innovative interventions.

Visit the [80% by 2018 National Achievement Awards webpage](#) to learn more about the contest rules, and to submit your nomination. The Grand Prize winner will receive a \$3,000 donation to support their work, and four first runners up will receive \$1,000, all selected by an independent volunteer panel.

Don't miss this opportunity to recognize individuals or organizations who are dedicating their time, talent, and expertise to advancing this important goal!

Colorectal Cancer Funding Opportunity

North Carolina Society of GI Society's Gastroenterology

The NCSG Board of Directors is pleased to announce The North Carolina Society of Gastroenterology Charitable Grant Fund.

Purpose

To support our mission statement by promoting GI healthcare initiatives in NC.

Funding

From meeting proceeds minus a contingency fund to be determined by the Board of Directors.

Amounts

\$500 to \$10,000.00 /grant/year

Eligibility

Any group or individual seeking to promote GI healthcare in NC

For more information visit <http://www.ncgisociety.org/grants/>