

Increasing PCP Referrals and Direct Endoscopic Referral (DERS) Program, One Year Later

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Rationale for DERS

- Subcommittee of C5 to increase PCP referrals
- Fast Track to colonoscopy for patients with straight forward indications
 - Screening
 - Surveillance
 - Select diagnostic exams → entry point to colonoscopy for patients starting in alternative screening pathways
 - FOBT, Fecal DNA, CTC
- Reproduce success of navigation outside of institutional settings
 - Health Plans (Metroplus)
 - Community Based (NYSGE initiative)

DEERS Program

- Medical Algorithms
- Implementation
- Promotion
- Assessment

Medical Algorithms

- Inclusion/Exclusion
- Bowel Prep (type/timing/protocol)
- Medication management
 - Antiplatelets, Anticoagulants
 - Insulin, Oral hypoglycemics
 - Antiarrhythmics
 - Anticonvulsants

DERS Program

- Medical Algorithms
- **Implementation**
- Promotion
- Assessment

Implementation

- Intake form
- Scheduling
- Prior authorization/insurance clearance
- Reporting of results (referring provider, patient, research database)
- Referrals (cancers, incidental findings)
- Follow-up intervals, call back system

DEERS Program

- Medical Algorithms
- Implementation
- **Promotion**
- Assessment

Promotion

- MetroPlus Program
- NYSGE Partnership
- ACOG's District II/NY Cancer Prevention and Detection Initiative
- NYC DOHMH Website and detailing campaign.

DERS Program

- Medical Algorithms
- Implementation
- Promotion
- **Assessment**

Assessment

- Parallel Survey (Metroplus & NYP-Columbia)
- Identical Questions and Scale
 - Referring Providers
 - Endoscopists
 - Patients (NYP- Columbia only)
- Confidential Bilingual Survey, IRB approved
- 5 Point Likert Scale (1-strongly disagree, 3-neutral, 5-strongly disagree)
- Additional site specific questions and participant comments

Get Checked for Colorectal Cancer.

Colonoscopy Saves Lives.

What is colorectal cancer?

- People get colorectal cancer when cells in the colon or rectum start to grow out of control, forming a growth called a tumor.
- Colorectal cancer can usually be prevented or cured if found early, so it is important that you get tested.

What are the signs of this cancer?

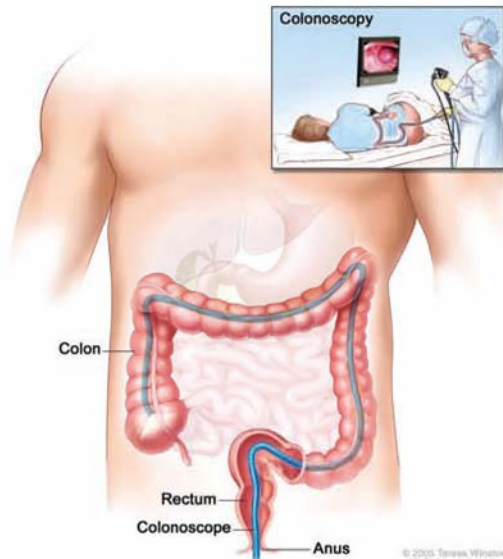
- Usually there are no signs, so it is important to have a colonoscopy every 10 years, even if you feel healthy.
- When people **do** get signs, they may feel over-tired, have low iron, sudden weight loss, bleeding from the rectum, diarrhea or constipation that lasts for a while.

Why should I be tested?

- If a growth is found early, your doctor can find it and remove it **before** it becomes cancer.
- If you **don't** get tested and the cancer grows, it can be dangerous and even fatal.

What is a colonoscopy?

- During a colonoscopy, a small, flexible tube is inserted into your rectum so that your doctor can look at the walls of your rectum and the entire colon.
- A tiny camera attached to the tube takes pictures as it moves through the colon; your doctor can see these pictures on a screen.
- If growths are found, the doctor usually removes them immediately.
- The entire test lasts 30 to 60 minutes.



What happens before the test?

- About one day before the test, you will need to change your diet and drink a large amount of medicine to clean out your insides. You will have to use the bathroom often.
- You may have to stop taking some medicines that you normally take. You should talk to your doctor about this.
- The day of the test you should not eat or drink anything.
- Right before the test, you will be given medicine to make you sleepy and relaxed.

What happens after the test?

- You will rest in the recovery area until the medicine wears off.
- You will need someone to take you home.

Are there risks?






- Colonoscopy is safe; however, there are slight risks.
- Sometimes people have an unwanted reaction to the medicine they are given before the test.
- Bleeding can happen when a growth is removed; this bleeding usually stops on its own.
- In rare cases, the test can cause a tear in the wall of the colon or rectum. This can cause pain and you may need surgery to fix it.
- **After your test, contact your doctor if you:**
 - See blood from your rectum or in your bowel movement
 - Feel dizzy
 - Have severe pain in your belly
 - Have fever and chills

Does the test hurt?

- Most of the time, the test does not hurt.
- You might feel pressure, bloating or cramping during the test.
- The medicine you get before the test will make you feel calm and relaxed.

How to Prepare for Your Colonoscopy

Health Care Provider: Fill in the appropriate days and dates below, check the box next to the prep you have prescribed, and fill in the time to begin prep.

<p>7 days before Day: _____ Date: _____</p>	<p>If you take any of the following medications, talk to your doctor about how to adjust your medications the week before the colonoscopy:</p> <ul style="list-style-type: none"> • Aspirin • Medicine for pain or arthritis • Iron supplements • Ibuprofen • Blood thinners • Diabetes medicines
<p>6, 5, 4, 3, 2 days before</p>	<p>Follow a normal diet and drink plenty of fluids.</p>
<p>1 day before (Medication) Day: _____ Date: _____</p>	<p>Bowel preparation (Use the checked preparation):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><input type="checkbox"/> 4-liter mixture (PEG)</p> <ul style="list-style-type: none"> • You will get a large jug with a small amount of powder in it. • Add water to fill the jug and shake it well. • At _____: _____, drink 1 glass of the mix every 10 minutes until it is gone. </div> <div style="width: 30%; text-align: center;">  </div> <div style="width: 30%;"> <p><input type="checkbox"/> 2-liter mixture with laxative pills (PEG 3350 + bisacodyl)</p> <ul style="list-style-type: none"> • You will get laxative pills and a jug with a small amount of powder in it. • At noon, take 4 laxative pills. • Add water to fill the jug and shake it well. • After a bowel movement, or at 6:00 pm, drink 1 glass of the mix every 10 minutes until it is gone. </div> <div style="width: 30%; text-align: center;">  </div> <div style="width: 30%;"> <p><input type="checkbox"/> Low-volume mixture with laxative pills (PEG 3350 + bisacodyl)</p> <ul style="list-style-type: none"> • You will get laxative pills and a small bottle filled with white powder. • At noon, take 4 laxative pills. • After a bowel movement, or at 6:00 pm, mix 1 capful of powder with one 8oz -glass of clear liquid and drink. Do this every 10 minutes until you have had 8½ glasses. </div> <div style="width: 30%; text-align: center;">  </div> </div>
<p>1 day before (Diet) Day: _____ Date: _____</p>	<p>Diet instructions for all preparations:</p> <ol style="list-style-type: none"> 1. Starting when you wake up, do not eat any solid food. Do not eat any of the following: grains (breads, pasta, rice, cereal, etc.); fish; meat; milk products (milk, cheese, ice cream, yogurt, butter, etc.); vegetables or fruit. 2. Follow a clear liquid diet. Have as much as you like of the following liquids all day: <ul style="list-style-type: none"> • Clear broth (vegetable or fat-free chicken) • Fruit juice (strained, without pulp) • Jello (not red or purple) • Tea or coffee (without milk or cream) • Frozen popsicles (not red or purple) • Sports drinks (not red or purple) • Soda/seltzer (clear liquids only—no colas) • Water or ice 3. Be sure to have at least 8 servings of clear liquids (1 serving = 8oz). <div style="text-align: right;">  </div>
<p>Day of Colonoscopy Day: _____ Date: _____</p>	<ol style="list-style-type: none"> 1. Do not eat or drink anything. (Note: If your doctor instructed you to take any medications, you may have water to take your pills). 2. Be sure an adult will take you home after the test. <div style="text-align: right;">  </div>

Direct Referral For Colonoscopy Procedure

Every patient directly referred for colonoscopy must receive a prescription for bowel preparation and thorough bowel preparation instructions from the referring physician. Patients not fit for direct referral should be referred to a GI specialist for assessment prior to colonoscopy.

Date of Referral: ____/____/____

Reason for procedure:

- Asymptomatic person age 50 years and older
 Asymptomatic person at high risk
 First degree relative with colon cancer
 Personal history of adenomatous polyps (Most recent exam: ____/____/____)

Patient Information or Label:

Name: _____
DOB: _____
Address: _____

Phone: _____
Mobile: _____
Insurance Carrier: _____
Policy ID#: _____

Medical History: Check "yes" or "no" for each item below. If "yes" is selected for any of the items below, the patient may not be a good candidate for direct referral. Consult with a GI specialist.

Is the patient...	Yes	No	Notes:
Age 75 or older?			
Under treatment for heart failure or valve-related concerns?			
Under treatment for kidney disease?			
Under treatment for emphysema?			
On anti-platelet or anticoagulation medication (including over-the-counter medication such as aspirin) and cannot safely stop it for one week?			
Under active treatment for a recent episode of diverticulitis?			
Pregnant or possibly pregnant?			
Does the patient...	Yes	No	Notes:
Have heme (+) stool, hematochezia, or iron deficiency anemia?			
Have a pacemaker or automatic implantable cardioverter defibrillator?			
Have Inflammatory Bowel Disease (Ulcerative Colitis or Crohn's Disease)?			
Have a history of severe cardiac/pulmonary/renal/hepatic disease requiring oxygen supplementation or causing high risk for sedation/anesthesia-related complications?			
Have a history of endocarditis, rheumatic fever, or intravascular prosthesis?			
Have a history of difficult, incomplete, or poorly prepped colonoscopy?			
Have a history of difficulty with previous sedation/anesthesia?			
Have a history of sleep apnea?			

Is the patient on medication for diabetes? Yes No
If yes: Request an A.M. appointment. Advise patient on how much and when to take their oral diabetes medications, insulin or Extendedate (Byetta®) to avoid hypoglycemia while on clear liquid bowel preparation and during procedure.

Is the patient allergic to LATEX? Yes No

Is the patient allergic to any MEDICATION? Yes No

List: _____

Please list all medications and OTC supplements below (attach additional sheets as necessary):

Medication: _____ Dose: _____
Medication: _____ Dose: _____
Medication: _____ Dose: _____
Medication: _____ Dose: _____
Medication: _____ Dose: _____

Please note any other relevant medical/surgical history:

Abdominal/pelvic surgery
 Abdominal/pelvic radiation
Other, please list: _____

Assessment: This patient is a good candidate for a direct referral for colonoscopy. Yes No

Physician Signature: _____

Physician Name (Print): _____

Office Phone: _____ Office Fax: _____

Office Address: _____

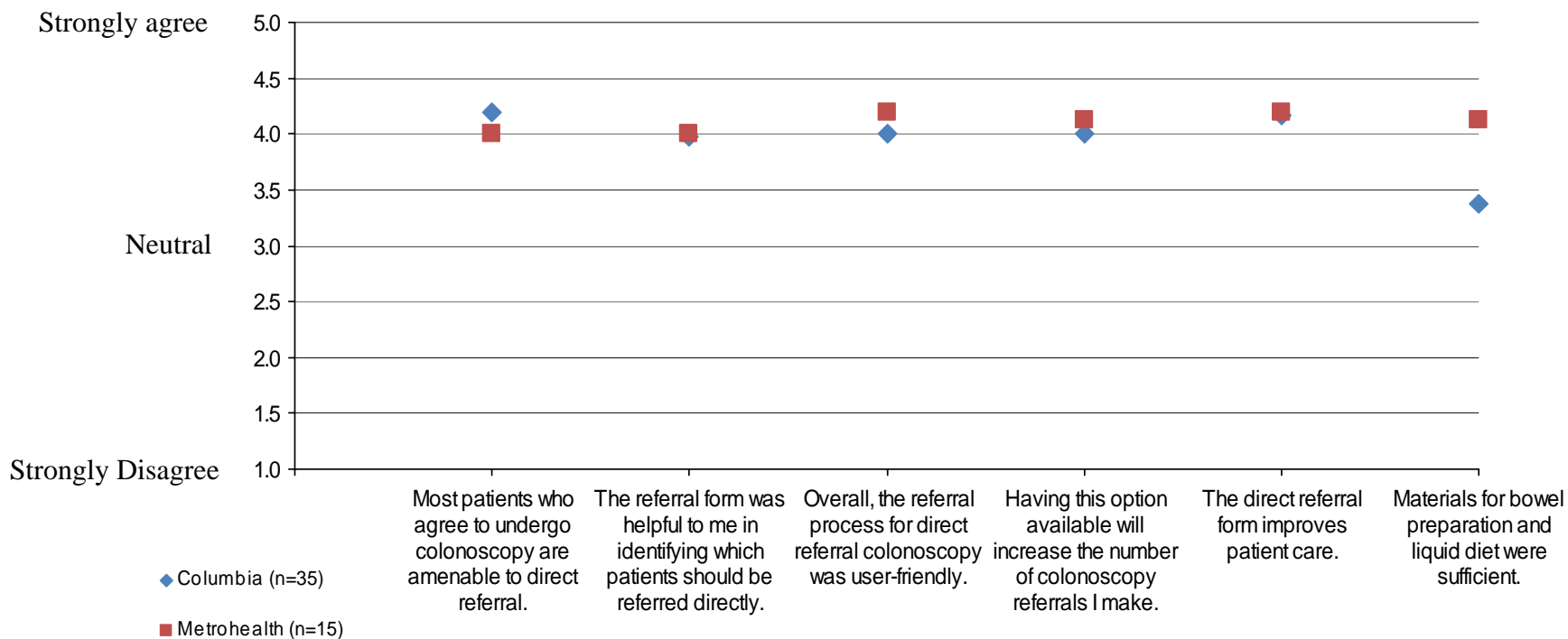
Preferred method to send results? PHONE FAX MAIL



Referring Provider Survey

- Most patients who agree to undergo colonoscopy are amenable to direct referral
- The referral form was helpful to me in identifying which patients should be referred directly
- Overall the referral process was user-friendly
- Having this option available will increase the number of colonoscopy referrals I make
- The direct referral form improves patient care
- Materials for bowel preparation and liquid diet were sufficient

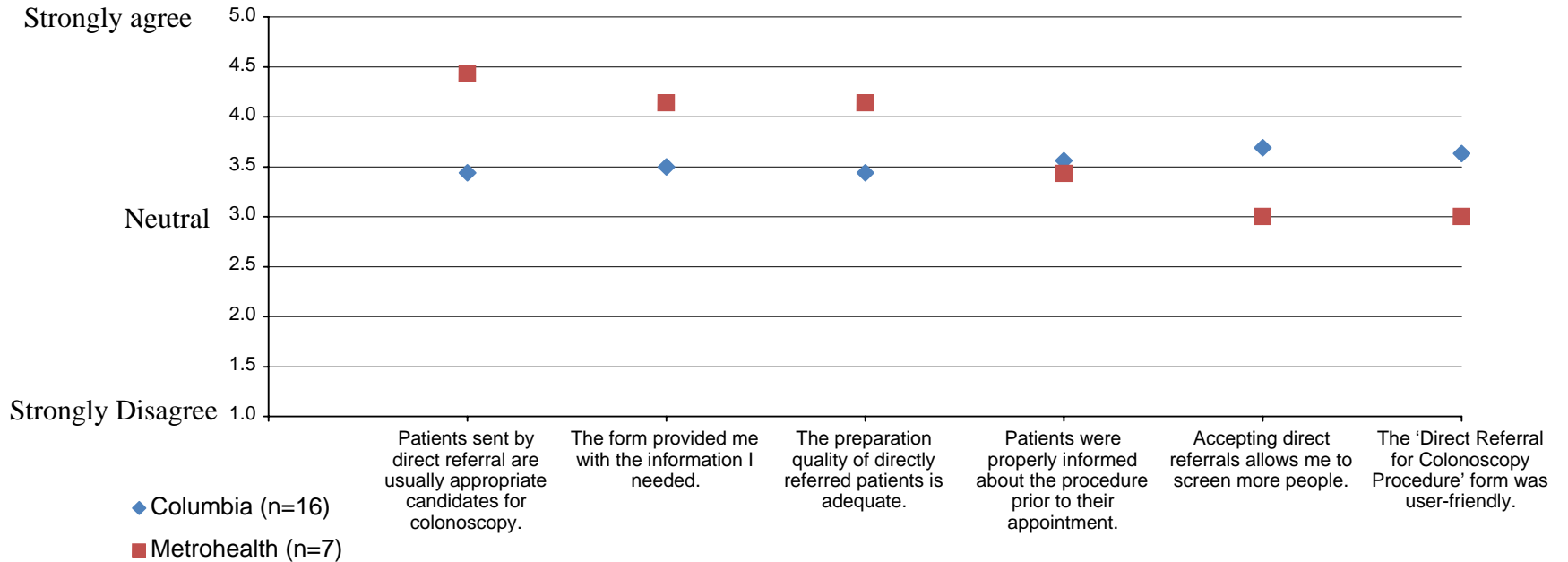
Referring Provider Survey



Endoscopist Survey

- Patients sent by direct referral are usually appropriate candidates for colonoscopy
- The form provided me with the information I needed
- The preparation quality of directly referred patients is adequate
- Patients were properly informed about the procedure prior to their appointment
- Accepting direct referrals allows me to screen more people
- The “Direct Referral for Colonoscopy Procedure Form” was user-friendly

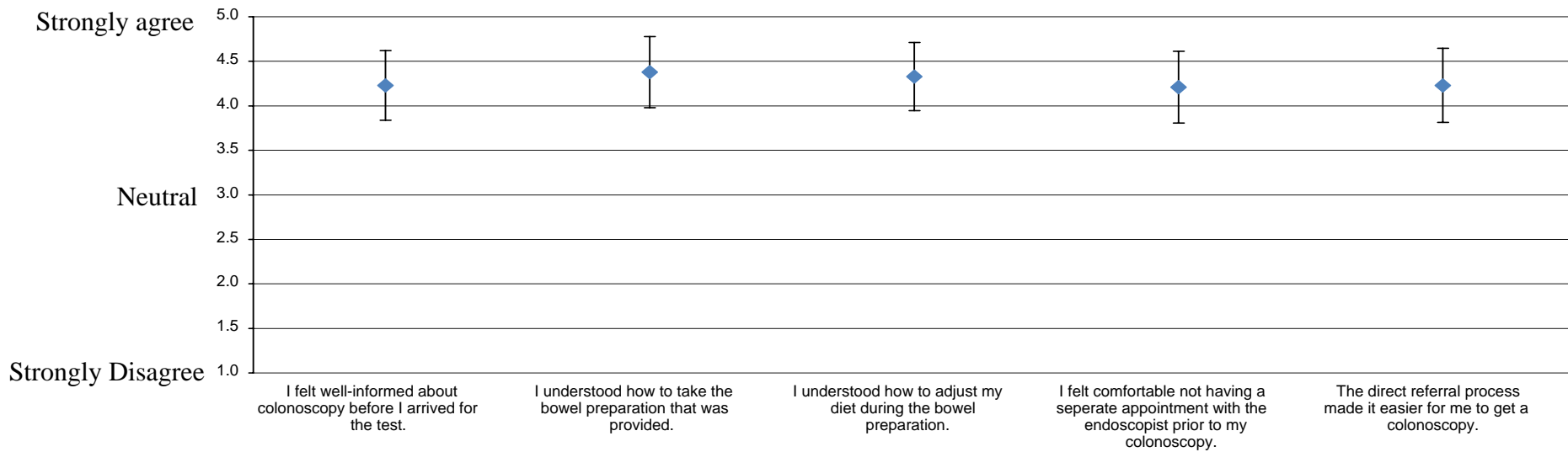
Endoscopist Survey



Patient Survey

- I felt well-informed about colonoscopy before I arrived for the test.
- I understood how to take the bowel preparation that was provided
- I understood how to adjust my diet during the bowel preparation
- I felt comfortable not having a separate appointment with the endoscopist prior to my colonoscopy
- The direct referral process made it easier for me to get a colonoscopy.

Patient Survey

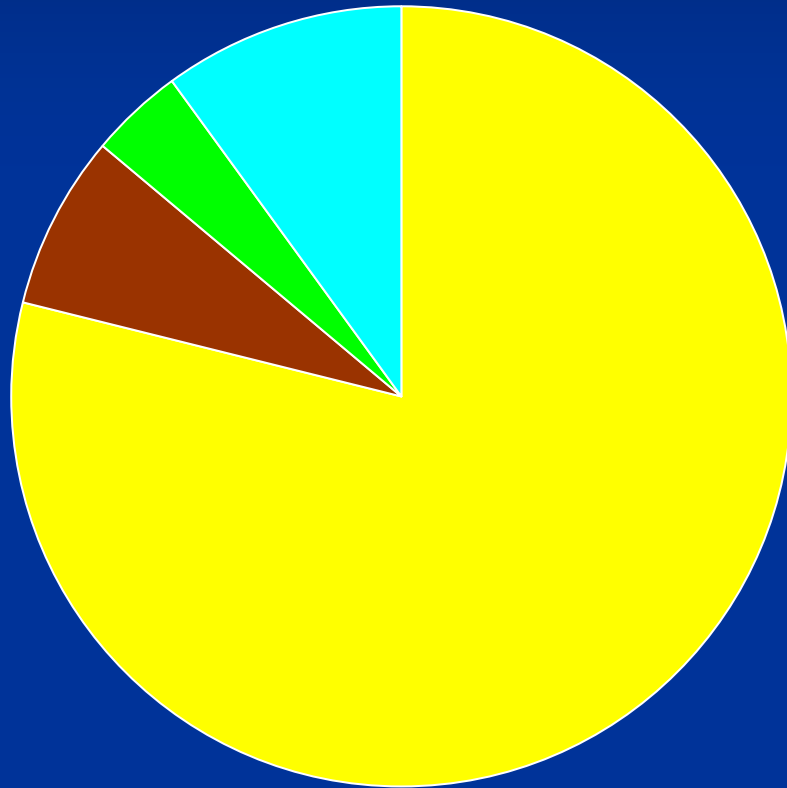


Columbia (n=39)

NYP-Columbia Navigator Program

- Compared first 11 months of program with the 11 months immediately preceding its launch
- 619 patients who underwent navigated colonoscopy
- Mean (\pm SD) age was 60.2 (\pm 8.2)
- Female 59% Male 41%
- Fellow Participation 28%
- Cecal Intubation Rate 97%
- Target population was MCD/MMC outpatients

Indication (Navigator Colonoscopy)



- Screening (79%)
- Personal History Colon Neoplasia (7%)
- Family History Colon Neoplasia (4%)
- Diagnostic (10%)

Navigator Program Assessment

- Total Colonoscopy Volume increased by 12% (4,642 to 5,190)
- Outpatients with MCD/MMC increased by 58% (876 to 1,381)
- Outpatients with other insurance increased by 1% (3,401 to 3,444)
- Inpatients with MCD/MMC no change

Navigator Program Assessment

- Wait time for screening colonoscopy from the general medical clinic went from approximately 6 months to 6 days, and rate of referrals has increased.
- Referrals growing from specialty clinics such as HIV and OB/Gyn.
- Program popular with all participants though, refinements in bowel prep protocol and patient selection will be explored
- Next phase of outreach may include five NYP satellite clinics in Northern Manhattan.

Navigator Program Assessment

- The increase in colonoscopy volume at NYP-Columbia during the study period is attributed to increased screening of Medicaid outpatients, the target population of the DERS / Navigator Program.
- Non-MCD volume data shows that this increase is not due to an overall secular trend, and inpatient MCD data shows that it is not due to growth of our overall MCD business line.

Future Plans

- Considering expansion of Navigator Program to allow service to NYP Satellite Clinics
- Refinement of patient selection and prep protocols to improve provider acceptance.
- Assessment of Quality Indicators
 - No show rates
 - Completion rates
 - Adenoma and Cancer detection rates
 - Prep Quality