

This document is a comprehensive protocol for colorectal cancer screening follow-up using a population health management tool.

GI Clinic Registry: Scripts, Protocols, Processes for Panel Managers

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Clinical registry systems are an evidence-based practice to provide proactive care to patients, and SFGH specialty clinics will begin pilot-testing their use in order to improve the quality of care and service they provide.

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Clinical Population #1

Patients with who have had colorectal cancer needing ongoing surveillance using colonoscopy

Clinical Background and Recommendations

Recommendations from the US Multi-Society Task Force on Colorectal Cancer *for patients who have had surgery to cure their colorectal cancer:*

It is very important that panel managers know the **guidelines** so that they can identify patients with care gaps --- patients overdue for the follow-up colonoscopy.

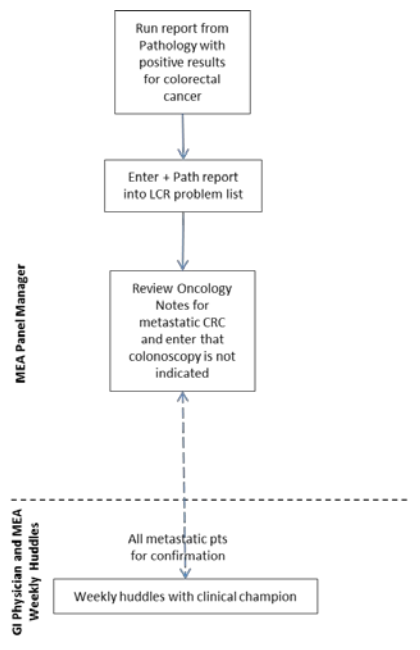
A few facts about colorectal cancer: Colorectal cancer is a common diagnosis, affecting approximately one in five Americans over the course of their lifetime. It is the third most common cause of cancer-related death in the United States. Men and African-Americans have a higher risk of colorectal cancer than women and Caucasians. Most colorectal cancers arise from precancerous lesions called polyps. Ninety percent of colorectal cancers are diagnosed after the age of 50, which is the reason why all patients ages 50-75 should have colorectal cancer screening either with a stool blood test (FIT test) once a year or colonoscopy once every ten years. If cancers are diagnosed when they are small and when they have not spread outside the colon, most of them can be cured. If the cancer is diagnosed when it is large or has spread beyond the colon, most of them will be fatal.

Once colon cancer has been diagnosed and treated (usually with surgery, and possibly with chemotherapy and/or radiation therapy after surgery), patients are strongly recommended to have regular follow-up colonoscopies. The purpose is to look for recurrence of cancer or new polyps that could turn into cancer. It is very important that patients with a history of colorectal cancer undergo colonoscopies at the recommended intervals to reduce the risk of recurrence. At SFGH, we follow the guidelines agreed on by the *US Multi-Society Task Force on Colorectal Cancer*. Here are the **guidelines** for follow-up colonoscopy for patients who have had surgery for colorectal cancer.

- All patients should have colonoscopy 1 year after surgery
- *If 1-year colonoscopy is normal, the next colonoscopy should be in 3 years*
- *If 3-year colonoscopy is normal, the next colonoscopy should be in 5 years*
- *If 5-year colonoscopy is normal, colonoscopy is repeated every 5 years*
- The interval between colonoscopies is shorter if findings are abnormal and the doctor will decide on the interval

Getting Registry Ready:

The i2iTracks database registry will be populated with patients who have a history of colorectal cancer via the following steps in August 2012:



1. The implementation team will run a report with positive colorectal cancer patients.
2. The MEA panel manager will check this list against LCR Oncology Notes and identify patients with likely metastatic disease.
 - a. Go to main menu in LCR.
 - b. Enter MRN #.
 - c. Go to Reports/Notes.
 - d. Look at the most recent Hematology/Oncology Notes for “metastatic” or “stage IV” cancer.
3. The MEA panel manager will then bring this list and supporting documentation of potential metastatic cancer patients to weekly huddle for physician (Justin or Luke) to review and confirm. If clinical champion confirms that patient does not have metastatic disease, the MEA panel manager will enter 153 Colorectal Cancer ICD-9 problem code into the patient’s LCR problem list. The LCR problem list will be the source of data for our i2iTracks registry.
 - a. Go to main menu in LCR.
 - b. Enter MRN#.
 - c. Go to Add New Problem.
 - d. Scroll to the bottom of the Billing Problem List.
 - e. Click Search Problems.
 - f. Enter 153 Colorectal Cancer ICD-9 Problem Code.
 - g. Check box for ICD-9 Code 153.
 - h. Select Chronic for Type.

- i. Enter Onset Date (Date of Surgery). If Pt had a colonoscopy and a cancerous polyp was removed and the Pt did not have any surgery, the date of colonoscopy is the onset date.
 - j. Click update (Screen should display Add was successful).
 - k. Go into Display Problem List to double check what was entered.
4. If clinical champion confirms that the patient has metastatic disease, enter "Not Indicated" for colonoscopy in the LCR Health Care Maintenance screen. These patients will be excluded from the registry in i2iTracks based on having a Colonoscopy: Not Indicated value in LCR.
- a. Review list for pts with Oncology Notes and identify patients with likely metastatic disease (look for terms like 'metastatic', 'stage IV', palliative chemotherapy, lung metastasis, metastasis to liver, radiation for palliation), then
 - i. Review patients charts in weekly huddle with clinician champion (Justin Sewell), then
 - 1. *If JS confirms metastatic disease, then* remove from active registry
 - 2. *If JS confirms no metastatic disease, then* proceed to "email PCP" box
 - b. Updating Pts Colonoscopy Status in the LCR:
 - i. OutPt Fxns
 - ii. Health Maintenance
 - iii. Check Status to see if the data has already been entered.
 - iv. Enter Data
 - v. Check Bubble (Not Indicated).
 - vi. Click Enter
 - vii. Click Health Maintenance to double check what you've entered.
 - c. Updating Pts' Colonoscopy Status in i2i:
 - i. Click on the ellipsis (...) button on pt's "Status:" line
 - ii. If pt is deceased, follow the clinic's protocol on verifying pt's deceased status. Else, leave "Deceased as of" checkbox alone
 - iii. Click "No" on the radio button for "Can the patient be contacted?"
 - iv. In the "Note:" textbox, enter the following:

Per Dr. Sewell's request at GI Clinic, this patient is not being followed up with panel management for CRC surveillance.
5. Pts who have a Rectal Carcinoid or a Neuroendocrine Tumor do not have Colorectal Cancer. Therefore, their LCR Problem List should not say Colorectal Cancer.
6. If sigmoidoscopy is recommended print report and bring it to Justin at the huddle. These Pts are clinically complicated.
7. Pts who refused surgery or Colonoscopy in the last 12 months should be entered as "Declined" in the LCR.
- i. OutPt Fxns
 - ii. Health Maintenance
 - iii. Check Status to see if the data has already been entered.
 - iv. Enter Data

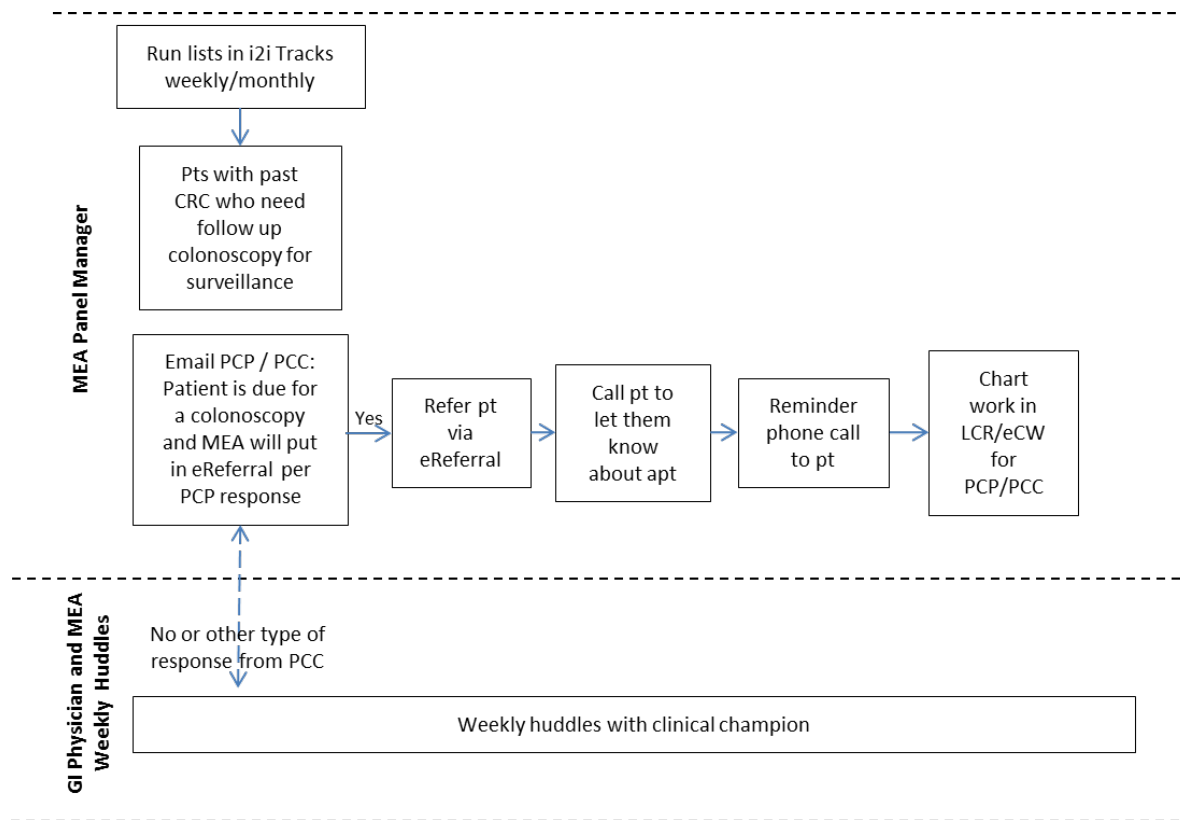
- v. Check Bubble (Declined).
- vi. Click Enter
- vii. Click Health Maintenance to double check what you've entered.

Updating the Registry with New Patients:

The i2iTracks colorectal cancer registry will be updated with new patients in January 2013 using the same steps as "Getting Registry Ready" above. The PATH report requested will contain positive colorectal cancer diagnoses from 07/01/2012-12/31/2012.

MEA Panel Manager Protocols:

The workflow for our MEA panel managers is:



1. Every week for August/September/October 2012 and thereafter monthly, run a report in i2i Tracks with patients with problem list includes colorectal cancer.
 - a) Log into i2iTracks and run the patient searched called:
GI: Colorectal cancer pts due for 1, 3, 5, year colonoscopy f/u
 - b) Save this patient list as an Excel file with the file name:
Colorectal ca pts due for colonoscopy yyyy-mm-dd.xls
(replace yyyy-mm-dd with the year, month, day)
 - c) For how to do (a) and (b), please see the tutorial:
Appendix A: How to Run and Save an i2iTracks Patient Search
2. E-mail PCP with following Subject line:

Secure: Your patient [FIRST AND LAST INITIALS] due for surveillance colonoscopy – response requested

and the following text:

Dear Dr. _____,

We are undertaking outreach efforts in the SFGH GI Clinic to ensure that patients with a history of colorectal cancer receive indicated surveillance colonoscopies according to the guidelines of the US Multi-Society Task Force on Colorectal Cancer. We have identified that your primary care patient, Firstname Lastname (MRN xxxxxxxx) appears to be due for a surveillance colonoscopy. We would be happy to help facilitate scheduling of this procedure with your approval. The SFGH GI Clinic provides colonoscopic surveillance through one of two mechanisms. The first is our Direct Access Endoscopy Class, which is intended for medically stable patients without active substance abuse or opioid pain medication use. Classes are offered in English, Cantonese, and Spanish. The second is through an in-person clinic appointment in the GI clinic.

Please reply to this email and specify which of the following applies to your patient.

Option 1: *I would like the above named patient scheduled for the Direct Access Colonoscopy Class.* This patient is medically stable for moderate sedation, does not abuse substances, and does not routinely use opioid pain medications. The patient speaks English, Cantonese, or Spanish. **Please specify whether your patient is taking any anticoagulant or antiplatelet agents and whether the patient can stop these 7 days before their procedure. Also, please specify whether or not your patient has any of the following active medical issues: diabetes requiring medications, active angina, congestive heart failure (class III/IV), myocardial infarction within the past 6 months, CVA within the past 6 months, chronic prescription narcotics, and oxygen dependence.**

Option 2: *I would like the above named patient scheduled for a GI Clinic appointment.* This patient has significant comorbidities, abuses substances, uses opioid pain medications regularly, or speaks a language other than English, Cantonese, or Spanish.

Option 3: *I do not want this patient to be scheduled for surveillance colonoscopy.* Further colorectal cancer surveillance is not indicated in this patient, the patient has had a colonoscopy outside the SFGH system recently, or the patient has declined further surveillance colonoscopy.

If you reply with Option 1 or 2, we will contact your patient to discuss, and we will place the appropriate eReferral for your patient to be seen. If you reply with Option 3, or if you do not reply to this email, we will not contact your patient.

Please reply to this email with any questions. The clinical director for this project is Dr. Justin Sewell. He can be reached at justin.sewell@ucsf.edu.

Sincerely,

The SFGH GI Clinic

3. Respond to next steps as decided by PCP/PCC.
- I. If PCP opts in, then MEA calls patient to discuss referral to either *Direct Access* or *Clinic Collaborative Coach* : Script for calling the patient, to discuss a colonoscopy.
 - II. **Coach:** Hello, this is [Name] calling from the SFGH GI clinic. Is Mr. Johnson at home?
 - III. **Mr. Johnson:** This is him.
 - IV. **Coach:** Do you have a few minutes to talk?
 - V. **Mr. Johnson:** OK
 - VI. **Coach:** Your Primary Care Provider / GI Clinic asked me to call you. I am calling about making an appointment at the GI clinic. It is nothing serious. Can I explain what it is about?
 - VII. **Mr. Johnson:** Please do.
 - VIII. **Coach:** You had surgery for colon cancer 3 years ago. Does that sound right to you?
 - IX. **Mr. Johnson:** I had colon cancer. But I was told it was cured.
 - X. **Coach:** That's right. But everyone who has surgery for colon cancer is recommended to have a repeat colonoscopy just to be absolutely certain that you are OK. What do you think about that?
 - XI. **Mr. Johnson:** I guess that's a good idea.
 - XII. **Coach:** Fantastic. What do you recall about colonoscopies?
 - XIII. **Mr. Johnson:** They put a long tube up my behind and look at my intestine.
 - XIV. **Coach:** That's absolutely right. Are you willing to do this routine follow-up colonoscopy that your doctor is recommending?
 - XV. **Mr. Johnson:** Of course. What am I supposed to do?
 - XVI. **Coach:** Based on your primary care provider's recommendation, I am going to request an appointment for you to (attend a colonoscopy class / be seen in the GI clinic to meet with a doctor for evaluation and then to schedule the actual colonoscopy afterwards).

Because this is not an urgent issue, your appointment will likely be several months in the future. Would you like me to get this set up?

XVII. **Mr. Johnson:** *Yes, I'll come.*

XVIII. **Coach:** *The GI clinic will mail you an appointment date and time. I will give you a call prior to your appt to remind you. Do you have something you can write with? If you are unable to attend the assigned appointment, you can call the GI clinic at 206-8823 to reschedule.*

XIX. **Coach:** *Just to be sure I was clear, what is the phone number for the GI Clinic if you need to reschedule?*

XX. **Coach:** *Great. If you have any questions or concerns before the (class / Evaluation Appt), please call me directly. Do you still have that pen handy?*

XXI. **Mr. Johnson:** *[YES]*

XXII. **Coach:** *My number is 415/206-5381.*

- i. *If patient is reached and agrees, then* MEA enters appropriate eReferral
 - ii. *If patient is unable to be reached, then* MEA notifies PCP and suggests that they enter the eReferral
 - iii. *If patient is reached and declines, then* MEA notifies PCP
- XXIII. *If* PCP opts out, *then* the MEA e-mails back to ask for reason (if none given), *and* patient is not contacted. These cases are brought to weekly huddle.
- XXIV. *If* PCP does not reply, *then* the MEA sends 2 reminder e-mails separated by 1 week time span. These cases are brought to weekly huddle.
- 4. Every week, review which eReferrals are due to be placed.
 - a) Patients who are appropriate for the Colonoscopy Class (Direct Access Endoscopy eReferral):
 - i. Log on to the LCR
 - ii. At the top of the search menu, select the “****Main Menu**** MRN Search”, and enter the patient’s medical number
 - iii. When the patient’s details load, confirm that this is your patient by verifying two or more identifiers (for example, name, birth date, sex)
 - iv. When confirmed, click on the patient’s name
 - v. In the menu at left, select “eReferral Submission Menu”
 - vi. A popup box will appear with the heading “SFGH Pediatrics Portal”. Click on the gray button above this, “Switch to SFGH Adult Portal.”
 - vii. In the SFGH Adult Portal, under Medical Specialty Clinics, select Gastroenterology Clinic
 - viii. A new page with the heading “Screening questions for Gastroenterology Clinic” will appear. Answer “NO” for the first screening question and “YES” for the second screening question, and click the continue button at the top of the page.
 - ix. A new page with the heading “Screening questions for Direct Access Endoscopy” will appear. If the patient speaks English, Spanish, or Cantonese, click on the button “Proceed with a Direct Access Endoscopy eReferral.” If the patient speaks a language other than English, Spanish, or Cantonese, follow the instructions for referring to GI Clinic.
 - x. The following page lists the departmental policies for referring patients to the group Colonoscopy Class, which is required before patients undergo the procedure. Scroll to the bottom of this page to continue the eReferral by clicking “Start eReferral”.
 - xi. Enter the name of the patient’s primary care provider you are submitting the eReferral on behalf of and click on “Search for Provider.”
 - xii. When the provider’s name has been found, click on their CHNnum (CHN number)
 - xiii. On the next page, confirm the clinic name of that provider either at the top of the page by clicking “YES” if correct, or select the clinic in the drop-down menu and click “Submit”
 - xiv. “Attending Provider” page: in most cases, the primary care provider will be the Attending. In cases where the primary care provider is a Nurse Practitioner, they are the Attending. In cases where the primary care provider is a resident (a

medical school graduate undergoing post-graduate training under supervision of attending physicians), or a fellow (a medical student graduate who has completed residency and is pursuing further study for specialization), the resident or fellow may serve as the contact person for patient-related communication, however an attending physician from their clinic must be selected. Residents and fellows are trained to discuss any uncertainties in patient care with their assigned attending physician. The designation of resident will be indicated by MD-R1, MD-R2, MD-R3; fellows will have the designation of MD-F.

- xv. On the next page, enter the content of the referral. For example:
 - a. “(Age) year-old man/women with (reason for referral – history of colorectal cancer in this case). Colorectal cancer diagnosed in (year). Most recent colonoscopy was in (year). Patient now due for colonoscopy. Pertinent past medical history includes (list history, particularly cardiopulmonary disease). Patient is/is not taking any anticoagulant drugs (i.e., Coumadin, heparin) or antiplatelet drugs (i.e., aspirin, Plavix). Patient may/may not stop these drugs 7 days prior to procedure.”
 - xvi. At the bottom of the page, fill out all information in the “Additional Information requested by the Direct Access Endoscopy Clinic” section.
 - xvii. Save as Draft if needed, or Submit Request if complete.
- b) Scheduling Patients for Direct Access Colonoscopy Class:
- i. Group Pts for Direct Access Class together by language.
 - ii. Ask Gloria (up at front desk in GI Clinic) for codes and available appointments for scheduling classes.
 - iii. Go into the LCR.
 - iv. Click Appointments.
 - v. Click Appt Scheduling.
 - vi. In the Clinic box enter “DAC 1” or “DAC2” (Get from Gloria).
 - vii. In the Provider box enter “3DBALLONADO” or “3DLENS”.
 - viii. In the Activity Type box enter “OS”.
 - ix. In the Appt Date/Time box enter the date and time that Gloria gives you, enter.
 - x. Key in “03” for clinic at the bottom of the screen and press enter, or click “03” under Schedule Appt.
 - xi. Type in Pts MRN#
 - xii. Pick class that Gloria gave you.
- c) Patients who are appropriate for the GI Clinic:
- i. Log on to the LCR
 - ii. At the top of the search menu, select the “****Main Menu**** MRN Search”, and enter the patient’s medical number
 - iii. When the patient’s details load, confirm that this is your patient by verifying two or more identifiers (for example, name, birth date, sex)
 - iv. When confirmed, click on the patient’s name

- v. In the menu at left, select “eReferral Submission Menu”
- vi. A popup box will appear with the heading “SFGH Pediatrics Portal”. Click on the gray button above this, “Switch to SFGH Adult Portal.”
- vii. In the SFGH Adult Portal, under Medical Specialty Clinics, select Gastroenterology Clinic
- viii. A new page with the heading “Screening questions for Gastroenterology Clinic” will appear. Answer “NO” for the first screening question and “NO” for the second screening question, and click the continue button at the top of the page
- ix. A new page with information on the Colonoscopy Class will appear. Note for endoscopic referrals, include the following information for your patient:
 - a. History of cardiac or pulmonary disease, including CO₂ retention or home oxygen use
 - b. Chronic and active alcohol, sedative, or narcotic use
 - c. Known abnormalities of the oropharynx, pharynx, or neck
 - d. Known coagulopathy (INR >1.2 or platelet <75) or severe anemia (Hct <30)
- x. Scroll to the bottom of this page to continue the eReferral by clicking “Start eReferral”.
- xi. Enter the name of the patient’s primary care provider you are submitting the eReferral on behalf of and click on “Search for Provider.”
- xii. When the provider’s name has been found, click on their CHNnum (CHN number)
- xiii. On the next page, confirm the clinic name of that provider either at the top of the page by clicking “YES” if correct, or select the clinic in the drop-down menu and click “Submit”.
- xiv. “Attending Provider” page: in most cases, the primary care provider will be the Attending. In cases where the primary care provider is a Nurse Practitioner, they are the Attending. In cases where the primary care provider is a resident (a medical school graduate undergoing post-graduate training under supervision of attending physicians), or a fellow (a medical student graduate who has completed residency and is pursuing further study for specialization), the resident or fellow may serve as the contact person for patient-related communication, however an attending physician from their clinic must be selected. Residents and fellows are trained to discuss any uncertainties in patient care with their assigned attending physician. The designation of resident will be indicated by MD-R1, MD-R2, MD-R3; fellows will have the designation of MD-F.
- xv. On the next page, enter the content of the referral. For example:
 - a. “(Age) year-old man/women with (reason for referral – history of colorectal cancer in this case). Colorectal cancer diagnosed in (year). Most recent colonoscopy was in (year). Patient now due for colonoscopy. Pertinent past medical history includes (list history, particularly cardiopulmonary disease). Patient is/is not taking any anticoagulant drugs (i.e., Coumadin, heparin) or antiplatelet drugs (i.e.,

aspirin, Plavix). Patient may/may not stop these drugs 7 days prior to procedure.”

xvi. Save as Draft if needed, or Submit Request if complete.

5. Every week, review which patients have upcoming appointments. Call patient to remind them of appointment.

a) Script if answering machine answers:

i. This is [name] calling from the SFGH GI clinic. I'm calling to remind [pt's name] of his appointment Thursday at 2 PM at 3C at SFGH. If you have questions, give me a call at _____.

b) Script if patient isn't available:

i. Panel manager: This is [name] calling from the SFGH GI clinic. Is [patient] at home?

ii. Pt's wife: No, he's not here?

iii. Panel manager: Who am I speaking with?

iv. Pt's wife: I'm his wife

v. Panel manager: would it be OK to leave a message with you for [patient]?

vi. Pt's wife: of course. I'll tell him

vii. Panel manager: I'm calling to remind Mr. Johnson of his appointment next Thursday at 2 PM at 3C at SFGH. Just to be sure I was clear, can you let me know when and where [patient] needs to come?

viii. Pt's wife: Next Thursday 2 PM at 3C, SFGH.

ix. Panel manager: Great. Thank you for passing this message on to Mr. Johnson. If he has questions, he can call me at _____.

c) Script if patient answers:

i. Panel manager: This is [name] calling from the SFGH GI clinic. Is this [patient]?

ii. Patient: Yes

iii. Panel manager: I'm calling to remind you of your appointment Thursday at 2 PM at 3C at SFGH for the colonoscopy class. What questions do you have?

iv. Patient: No, I'll be there.

Frequently asked questions:

1. Does this mean that my cancer has come back?
 - a. No, we have no evidence that your cancer has recurred. The purpose of this test is to identify precancerous growths, before they can turn into cancer.
2. What are the risks of colonoscopy?
 - a. Colonoscopy is a low-risk procedure. Generally, risks include adverse reactions to the sedation, bleeding, infection, and damage to the colon. The provider in the GI clinic will explain these risks in more detail, and you will have the opportunity to ask any questions that you have.
3. Does colonoscopy hurt?
 - a. It can be uncomfortable, there will be sedation/medication given to keep you comfortable. Many patients sleep through the procedure.
4. How urgent is this procedure?
 - a. Your appointment will be scheduled within the next few months. It is important that you have the procedure done, but it is not urgent.
5. Any questions about symptoms or other healthcare concerns.
 - a. These issues would be best addressed by your primary care provider. Please contact him/her, and s/he will discuss with the GI specialists if needed.
6. I have a colostomy. Can colonoscopy still be done safely?
 - a. Yes, colonoscopy can be done safely with a colostomy. The GI doctor will discuss with you in more detail and answer any questions that you have.

In-Process and Outcome Measures To Track:

In-process measures (tracked by paper-based notes, see Appendix B)

- Number of records reviewed
- Number of patients deactivated for metastatic disease
- Number of patients for which PCPs are emailed
- Number of PCPs who reply and their response status
- Number of patients successfully contacted
- Number of patients for whom eReferral placed

Outcomes measures

- Number of patients who attend colonoscopy class or clinic
- Number of patients who receive colonoscopy as result of outreach
- Percent of eligible patients who are up to date with colorectal cancer surveillance before and after intervention
- Number of significant findings on colonoscopy (adenomas, advanced neoplasia, cancer recurrence)

Appendix A: Tutorial on How to Run and Save an i2iTracks Patient Search

1. Log into i2iTracks.
2. Go to Patients => Search for Patients.
3. In the Search Group drop down, select: Specialty Clinics
4. Find the patient search you are looking for and double-click on it.
5. The patient search will now run and generate a list of patients.
6. Click on Report on the right to bring up another window.
7. Click on the Floppy Disk icon.
8. Select "Excel" from the list of options, and then click OK.
9. Save the file in [enter shared file in GI folder, once set up].

Last initial:

Patient has history of CRC

Patient Name: _____

Patient MRN: _____

Panel Management activities for this patient:

Date	MEA's Initials	Activity (check applicable)	Notes
		<input type="checkbox"/> ICD-9 added to LCR's problem list <input type="checkbox"/> Pt removed from registry <input type="checkbox"/> Pt discussed at huddle <input type="checkbox"/> PCP emailed <input type="checkbox"/> PCP replied <input type="checkbox"/> Pt contact attempt, left message <input type="checkbox"/> Pt contact successful <input type="checkbox"/> eReferral placed <input type="checkbox"/> Appointment made <input type="checkbox"/> Used Ask-Tell-Ask technique	
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