

CRF/CPEST Regional Teleconference

February 18, 2009
Session Two

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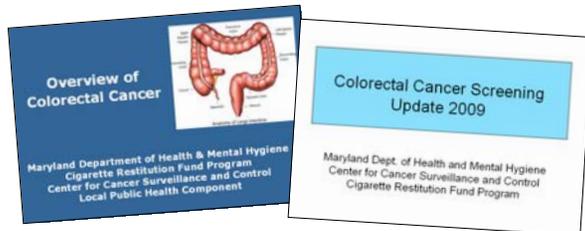
Coming Soon: Minimal Elements Updates

- Colorectal Cancer
- Prostate Cancer

2

Coming Soon: Updated Sample Slide Sets

- For Public Education
- For Provider Education with program updates, maps, etc.



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Summary of Cigarette Restitution Fund Colorectal Cancer Screening in Maryland

2000--December 31, 2008:

16,737 People have had one or more screening procedures

8,328 FOBTs (all income levels)

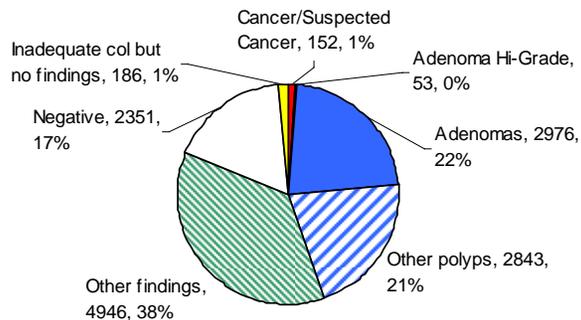
148 Sigmoidoscopies

13,552 Colonoscopies

Source: DHMH, CCSC, Client Database (CDB), C-CoPD, C-CoP, as of 2/11/2009

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Results* of 13,507 Colonoscopies
 Maryland Cigarette Restitution Fund Program
 Maryland 2000-December 2008



* Most "advanced" finding on colonoscopy
 Source: DHMH, CCSC, Client Database (CDB), C-CoP, as of 1/12/2009

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Customize a slide with your
 program's data
 (see handout with data)

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Summary of Cigarette Restitution Fund
 Colorectal Cancer Screening
St. Mary's County, Maryland
 2000-December 31, 2008:

794 Individuals screened for CRC
 at least once by one or more method

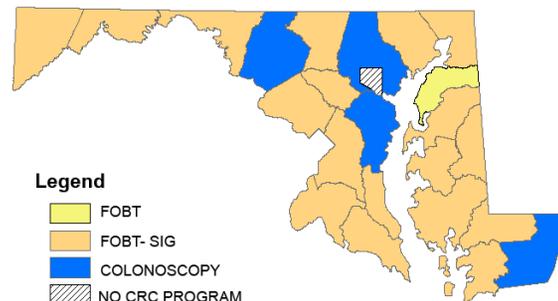
Procedures performed
 660 FOBTs
 400 Colonoscopies

Results of colonoscopies
 8 Cancer/Suspected Cancer
 2 High grade dysplasia
 100 Adenoma(s)

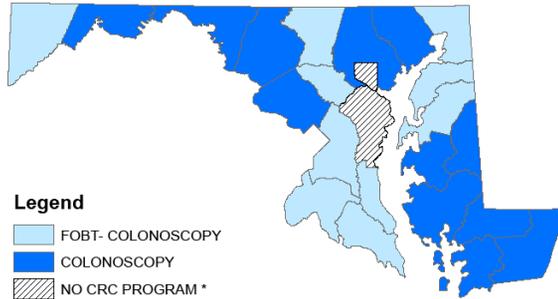
+Source: DHMH, CCSC, Client Database (CDB), C-CoPD, as of 2/11/2009

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Colorectal Cancer Screening for Average Risk Clients
 by Type of Initial Screening Test - FY 2001
 Cigarette Restitution Fund Program

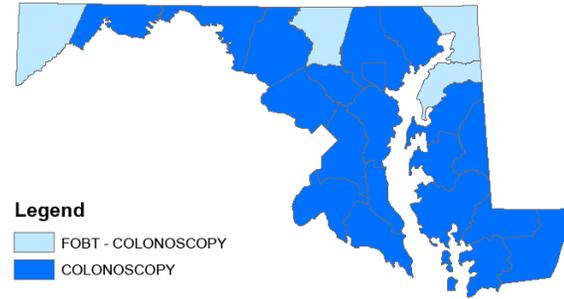


Colorectal Cancer Screening for Average Risk Clients
by Type of Initial Screening Test - FY 2004
Cigarette Restitution Fund Program



* Anne Arundel County did CRC education without screening from FY 2004 - FY 2007

Colorectal Cancer Screening for Average Risk Clients
by Type of Initial Screening Test - FY 2008
Cigarette Restitution Fund Program and Other Funding *



* Other funding: Centers for Disease Control and Prevention Screening Demonstration Grant, Maryland Cancer Fund, and Anne Arundel County local funding

Surveillance and Evaluation Unit

Teleconference
February 18, 2009

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Surveillance and Evaluation Unit

- New Client Database (CDB) Reports
 - Groves
- Inadequate Colonoscopy Exams and Factors Affecting Adequacy of Colonoscopy
 - Dwyer, Groves, Bowerman
- Data Request Form
 - Groves
- Diagnosis and Treatment Cycles
 - Steinberger
- Serrated Lesions
 - Steinberger

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New Cancer Client Database (CDB) Reports – February 2009

- Risk History Completion
- Risk History Consistency
- Risk Assessment
- Inadequate Colonoscopy Line List

C-RiskHxCompletion - Colorectal Cancer (CRC) Risk History Completion Quality Assurance Report

Select the criteria for the report and click 'Generate' to view the report.

Jurisdiction/Program:

Sponsor ID:

Suppress Client Name:

Start Date:

End Date:

Sort By:

Report Type: PDF Excel

If you choose the **Report Type: Excel** and then **Generate** the report, the data will appear as a chart in your Internet browser. Save the file (File, Save As...), immediately, to a protected folder on your computer. Start Excel, and then Open the file in Excel to work with the data.

C-Risk Hx Completion

C-RiskHxCompletion - Colorectal Cancer (CRC) Risk History Completion Quality Assurance Report

Jurisdiction/Program: Baltimore City-UMMS
Sponsor: CRF
Sortby: CDBID
Cycle Start Date: 01/01/2000 Cycle End Date: 06/30/2009

Active Clients with Closed Cycles				Risk History in Current Cycle ¹				Core - History of Cancer						
CDB ID	Local ID	Cycle Start Date	Staff Name	CRC	Adenoma	Polyp Type-Balloon ²	Mammography/End Biopsy	Final Diagnosis Pathologic CRC-Adenoma/Polyp Dysplasia ³	History of Any Cancer ⁴	Cancer Type	Risk History in Current Cycle Completely Filled In? ⁵	History of Any Cancer in Core Completely Filled In? ⁶	If History of Any Cancer in Core is Yes, Cancer Type Filled In? ⁷	If History of Any Cancer in Core is Yes, Cancer Type Filled In? ⁸
Baltimore City-UMMS	20005	01/01/2004	3						No		No	Yes	N/A	
	20006	09/01/2003	2	Yes		No	No	No	No		No	Yes	N/A	
	20010	10/10/2004	3						No		No	Yes	N/A	
	20012	03/03/2004	1	No	No	No	No	No	Yes		Yes	Yes	No	
	20030	02/21/2004	1						No		No	Yes	N/A	
	20030	05/01/2004	2						No		No	Yes	N/A	

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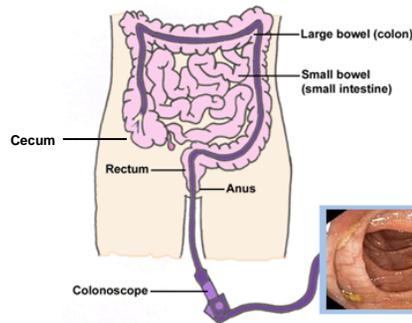
Report Date: 02/04/2009, February 11, 2009
Data: CRFST-CRF CDBID 01/01/2000-06/30/2009

Risk History Completion

Risk History in Current Cycle Completely Filled In? ⁶	History of Any Cancer in Core Completely Filled In? ⁷	If History of Any Cancer in Core is Yes, Cancer Type Filled In? ⁸
No	Yes	N/A

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Adequacy of Colonoscopy

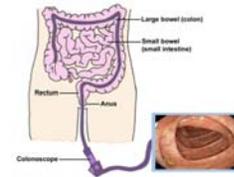


<http://www.cht.nhs.uk/services/clinical-services-a-z/surgery-anaesthetics/endoscopy/> 21

Adequacy of Colonoscopy

Was the cecum reached?

Was the bowel prep adequate so that the doctor could see lesions?



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Is the Mona Lisa smiling?



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It depends on whom you ask... and your definition of "smile"



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Adequate Colonoscopy?

- **Reached the cecum? Yes/No/Unk**
 - Reached and explored?
 - Reached and intubated the terminal ileum?
 - Peeked into the cecum but couldn't get in
- **Adequate bowel prep? Yes/No/Unk**
 - "Adequate to visualize any lesion $\geq 5\text{mm}$ "
 - "Adequate enough"
 - "Adequate"
 - "Fair"
 - "Excellent"

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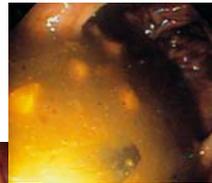
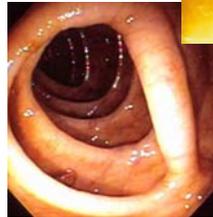
Factors Affecting Adequacy of Colonoscopy

Factors influencing NOT reaching the cecum:

- **Patient:**
 - Inadequate bowel prep
 - Having a long or tortuous colon
 - Having a lesion that the scope won't pass (cancer, stricture, large lesion, past diverticulitis, etc.)
- **Provider:**
 - Training and experience
 - Time of day
 - Equipment
 - Failure to document whether cecum was reached

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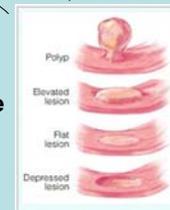
Is the bowel prep "adequate"?



<http://www.webmm.ahrq.gov/case.aspx?caseID=67&searchStr=cancer>

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Adequate prep?



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How can I describe and characterize what I'm seeing here?

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Factors Affecting Adequacy of Colonoscopy

Factors influencing NOT having adequate bowel prep:

- **Patient:**
 - Failure to purchase and ingest prep solution
 - Misunderstanding of prep instructions
 - Intolerance of the prep (vomiting, distaste...)
 - Failure to understand importance of clean colon
 - Failure to understand that stool should be running clear before the colonoscopy—and if it's not, what to do

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Factors Affecting Adequacy of Colonoscopy

Factors influencing NOT having adequate bowel prep:

- **Patient (cont.):**
 - Female gender
 - Prior history of constipation
 - Medications: tricyclic antidepressants, narcotic analgesics
 - Underlying medical conditions: cirrhosis, dementia, stroke, immobility
 - Having a lesion (cancer, stricture, large lesion, past diverticulitis, etc.)
 - Other:

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Factors Affecting Adequacy of Colonoscopy

Factors influencing NOT having adequate bowel prep:

- **Provider or office:**
 - Inadequate education about bowel prep
 - Inadequate or confusing literature about bowel prep
 - Failure to adequately describe the bowel prep in the colonoscopy report
 - Failure to define “adequate” as the CoRADs standard of “adequate to detect lesions $\geq 5\text{mm}$ ”
 - Recommending a shorter recall because of “worry” about bowel prep (might say “normal col; fair prep; recall 5 years”)

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Was bowel prep adequate?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Was cecum reached?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Adequate Exam:	<input type="radio"/> Yes	<input type="radio"/> No	Date Results Received by Program:

Examples of colonoscopy reports:

- “Visualized cecum. Fair amount of semi-solid yellow stool in the transverse colon; able to suction out the majority; no gross lesions seen.”

Was the bowel prep “adequate?”

- “Small amount of solid stool in the cecum; difficulty seeing entire area. Colonoscopy normal. Recall in 3 years.”

Was the bowel prep “adequate?”

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Factors Affecting Adequacy of Colonoscopy

Factors influencing NOT having adequate bowel prep:

- **Program:**

- Difficulty interpreting the picture that the colonoscopist tried to describe—and difficulty translating onto the CDB form:

See HO Memo #07-49

Cecum Reached?	Bowel Prep Adequacy?		
	Yes*	No**	Unknown–Not Stated
Yes*	Colonoscopy screening was ADEQUATE Recall should be within Colorectal Cancer Minimal Elements based on the client's CRC risk factors and CRC screening findings.	Screening was NOT adequate See Note 1 for Management	Screening was POSSIBLY not adequate See Note 2 for Management
No**	Screening was NOT adequate See Note 1 for Management	Screening was NOT adequate See Note 1 for Management	Screening was NOT adequate See Note 1 for Management
Unknown–Not Stated	Screening was POSSIBLY not adequate See Note 2 for Management	Screening was NOT adequate See Note 1 for Management	Screening was POSSIBLY not adequate See Note 2 for Management

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Data from CDB on Adequacy of Colonoscopy

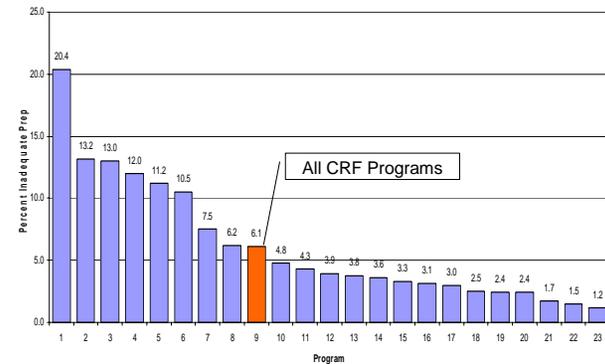
Data from CDB:

- Inadequate Prep
- Cecum Not Reached
- Inadequate Exams

Was bowel prep adequate?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Was cecum reached?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Adequate Exam:	<input type="radio"/> Yes	<input type="radio"/> No	Date Results Received by Program:

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Percent of Colonoscopies with Inadequate Bowel Prep
CRF Programs FY 2008



Source: CDB as of 1/27/2009

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What to do with data about your program:

- Can you figure out why **this patient** might have had inadequate prep?
 - By the provider
 - By your program
 - By the patient
- Are there lessons learned for future clients *and for this client's next colonoscopy*?
 - Different instructions, different prep
 - Discussion with the provider(s)
 - Other

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Inadequate Colonoscopy Line List Report

Frederick LHD CRFP/CPEST
Inadequate Colonoscopies by Cycle Outcome, July 1, 2004 - 2/4/2009

Client ID	Cycle ID	Date Performed	Bowel Prep Adequate	Cesum Reached	Cycle Outcome	Provider Name
6650	2	05/23/2005			NOCADTECT	Hunt, Sean
6660	2	02/14/2006	YES	YES	NOCADTECT	Yang, Dawei
6673	2	06/05/2007	YES	YES	NOCADTECT	Yakman, Matthew
6685	2	05/07/2007	YES	YES	NOCADTECT	Hunt, Sean
6687	2	01/25/2008			NOCADTECT	Hunt, Sean
6690	2	05/17/2005	YES	YES	NOCADTECT	Hernandez, Carmen
6693	2	04/19/2007	YES	YES	NOCADTECT	Hunt
6701	2	08/02/2006	YES	YES	NOCADTECT	Sukumar, Tina
6703	2	07/21/2005			NOCADTECT	Hernandez, Carmen
6705	2	06/18/2005			NOCADTECT	Hernandez, Carmen
6714	2	01/24/2007	YES	YES	NOCADTECT	Yang, Dawei
6719	2	04/03/2006			NOCADTECT	Hernandez, Carmen
6720	2	06/30/2005	YES	YES	NOCADTECT	Hunt, Sean
6726	2	10/17/2005			NOCADTECT	Frederick Gastroenterology Associates
6728	2	06/10/2007	YES	YES	NOCADTECT	Hunt
6742	2	11/09/2005	YES	YES	NOCADTECT	Hunt, Sean
6743	3	01/02/2009	YES	YES	NOCADTECT	Hunt, Sean
6743	2	06/05/2008	NO	YES	NOCADTECT	Yang, Dawei
6744	2	04/24/2007	YES	YES	NOCADTECT	Hunt
6751	2	01/03/2008	YES	YES	NOCADTECT	Yang, Dawei
6771	2	03/12/2007	YES	YES	NOCADTECT	Yang, Dawei
6760	2	03/23/2006			NOCADTECT	Sukumar, Tina
6792	2	05/01/2006			NOCADTECT	Sukumar, Tina
6800	2	04/24/2006			NOCADTECT	Hunt, Sean
6820	2	01/03/2007	NO	NO	NOCASUSP	Yang, Dawei
6831	2	01/11/2007	NO	NO	NOCASUSP	Yang, Dawei
6831	2	04/02/2007	YES	YES	NOCASUSP	Yang, Dawei

Source: CPEST/CRF, Cancer Client Database (CDB), 02/04/2009

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Adequacy of Colonoscopy

- Local Perspective:
Frederick County Health Department

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Surveillance and Evaluation Unit Data Request Form

- See HO Memo 08-47

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FAMILY HEALTH ADMINISTRATION
CIGARETTE RESTITUTION FUND PROGRAM

Center for Cancer Surveillance and Control
Surveillance and Evaluation Unit
DATA REQUEST FORM

Date of Request

Requester Name:

Title:

Organization:

Address:

City: State: Zip Code:

Telephone # Email address:

Fax #

Date Needed

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Please submit completed form to:

Surveillance and Evaluation Unit
Center for Cancer Surveillance and Control
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 406A
Baltimore, MD 21201
410-767-0791; Fax 410-333-5210

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Entering Diagnosis and Treatment Only Cycles

- Refer to HO Memo #09-10
- Add procedures you are paying for
- If several treatments of same type, only enter initial treatment
- If ongoing dx/tx, add new, separate cycle in each fiscal year dx/tx is provided
- For CRC, if surveillance col is done, start new SCREENING cycle

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Entering Diagnosis and Treatment Only Cycles

- CRC: if surveillance col is done post treatment, start new SCREENING cycle
- Prostate: if PSA done post treatment, start new DX/TX cycle
- Oral: if oral examination done; start new SCREENING cycle
- Skin: if skin cancer identified post treatment, start new SCREENING cycle

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Guidelines for Entering **Serrated Lesions** in the Client Database

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Pathology Report

Pathology Report:

Specimen A. Received as a single piece of tan tissue, measuring 0.3 x 0.2 x 0.4 cm.
Diagnosis-Serrated adenoma

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Data Entry in the CDB

Endoscopy or DCBE Results (if recommended)

Procedure: Colonoscopy Date Performed: 01/12/2008
Provider: -- Select Provider -- Add Provider or specify Other Provider:

Biopsy Done: Yes No Not applicable (DCBE) Clear

Was bowel prep adequate? Yes No Unknown

Was cecum reached? Yes No Unknown

Adequate Exam: Yes No Date Results Received by Program:

Findings: (check all that apply)
 Confirmed cancer, specify type: Specify location:
 Suspected/ Suspect cancer
 Adenoma, specify:
Number: 1
Size of largest adenoma (in mm): Large adenoma: --Select-- ?
Pathology: histology of most advanced lesion:
 Tubular (least advanced)
 Tubulovillous
 Villous (most advanced)

Were any of the adenomas called high-grade dysplasia on pathology: (high-grade dysplasia, severe dysplasia, carcinoma-in-situ, intramucosal carcinoma)? Yes No Clear

Were any of the adenomas diagnosed as "serrated"? Yes No Clear

Pathology Report

Pathology Report:

Specimen A. Received as a single piece of tan tissue, measuring 0.3 x 0.2 x 0.4 cm.
Diagnosis-Tubular Adenoma, no high grade dysplasia seen
Specimen B. Received as 2 pieces of tan tissue each measuring approximately 0.6 x 0.2 x 0.5 cm.
Diagnosis-Sessile serrated polyp

Complications of Procedure: Yes No/Unknown

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Data Entry in the CDB

Endoscopy or DCBE Results (if recommended)

Procedure: Colonoscopy Date Performed: 01/12/2008
Provider: -- Select Provider -- Add Provider or specify Other Provider:

Biopsy Done: Yes No Not applicable (DCBE) Clear

Was bowel prep adequate? Yes No Unknown

Was cecum reached? Yes No Unknown

Adequate Exam: Yes No Date Results Received by Program:

Findings: (check all that apply)
 Confirmed cancer, specify type: Specify location:
 Suspected/ Suspect cancer
 Adenoma, specify:
Number: 2
Size of largest adenoma (in mm): 15 Large adenoma: Yes ?
Pathology: histology of most advanced lesion:
 Tubular (least advanced)
 Tubulovillous
 Villous (most advanced)

Were any of the adenomas called high-grade dysplasia on pathology: (high-grade dysplasia, severe dysplasia, carcinoma-in-situ, intramucosal carcinoma)? Yes No Clear

Were any of the adenomas diagnosed as "serrated"? Yes No Clear

Barbara Andrews
Acting Program Manager
Cigarette Restitution Fund Programs Unit

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Administrative and Budget Issues

- Expenditure review process, FY08 and FY09
- Performance measures action plan evaluation
- Site visit procedures and action plan
- Next Progress Report is due April 15, 2009
- Progress Reports vs. Performance Measures Reports

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Progress Reports and Performance Measures Action Plans, FY09

Dates

Progress Reports		Performance Measures Action Plans		
HO memo 08-44		HO memo 09-02		
3 times/year; "triennial"		4 times/year; quarterly*		
<i>Due Date</i>	<i>Report Name</i>	<i>Period Ending*</i>	<i>Period Covered</i>	<i>Report Name</i>
11/15/2008	1st triennial	10/31/2008	1st quarter	2nd report
4/15/2009	2nd triennial	12/31/2008	2nd quarter	3rd report
8/1/2009	3rd triennial	3/30/2009	3rd quarter	4th report
		6/30/2009	4th quarter	5th report

*Performance Report is issued quarterly; action plan is due within 2 weeks of report distribution

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Questions?

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Summary, Evaluation, and Closure

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