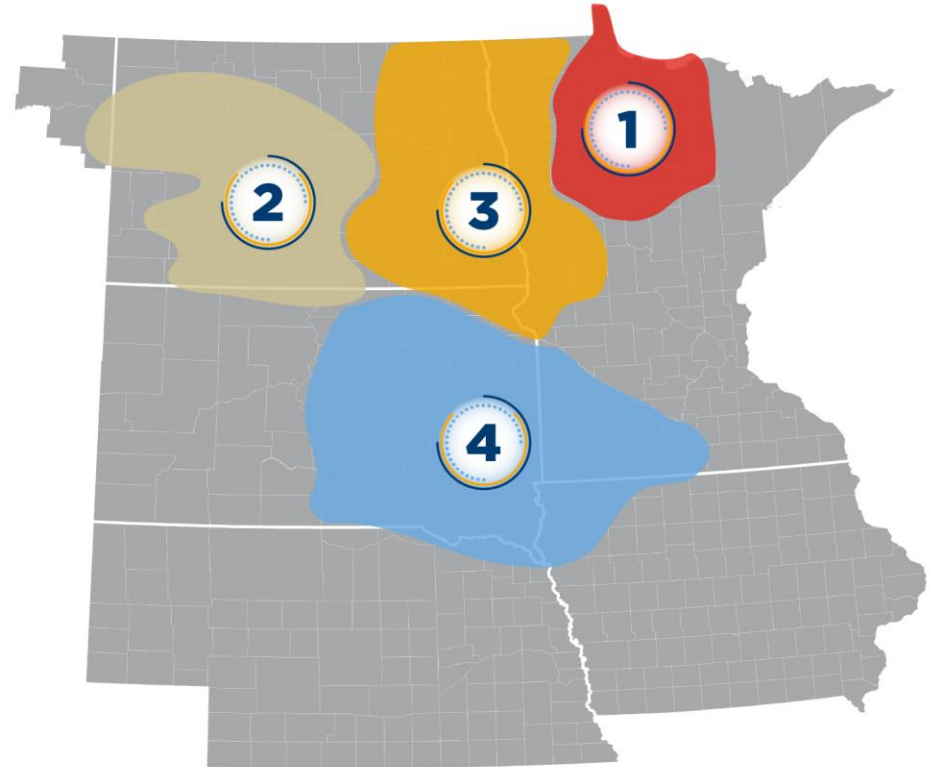


# INCREASING COLONOSCOPY ACCESS WITH MAILED TESTS

SD CANCER COALITION  
OCT. 9, 2024

# SANFORD HEALTH SERVICES DIVISION

In 2023, Sanford Health physicians provided outreach services to **381** locations



## 1 BEMIDJI

- **155** beds
- Total population **85,993**
- 5-year population growth projection **2.1%**
- Median household income **\$57,059**
- Unemployment rate **2.5%**
- Population over 65 years **20.6%**

## 2 BISMARCK

- **248** beds
- Total population **247,178**
- 5-year population growth projection **5.1%**
- Median household income **\$73,993**
- Unemployment rate **2.0%**
- Population over 65 years **15.9%**

## 3 FARGO

- **891** beds
- Total population **534,505**
- 5-year population growth projection **3.4%**
- Median household income **\$66,420**
- Unemployment rate **1.8%**
- Population over 65 years **16.7%**

## 4 SIOUX FALLS

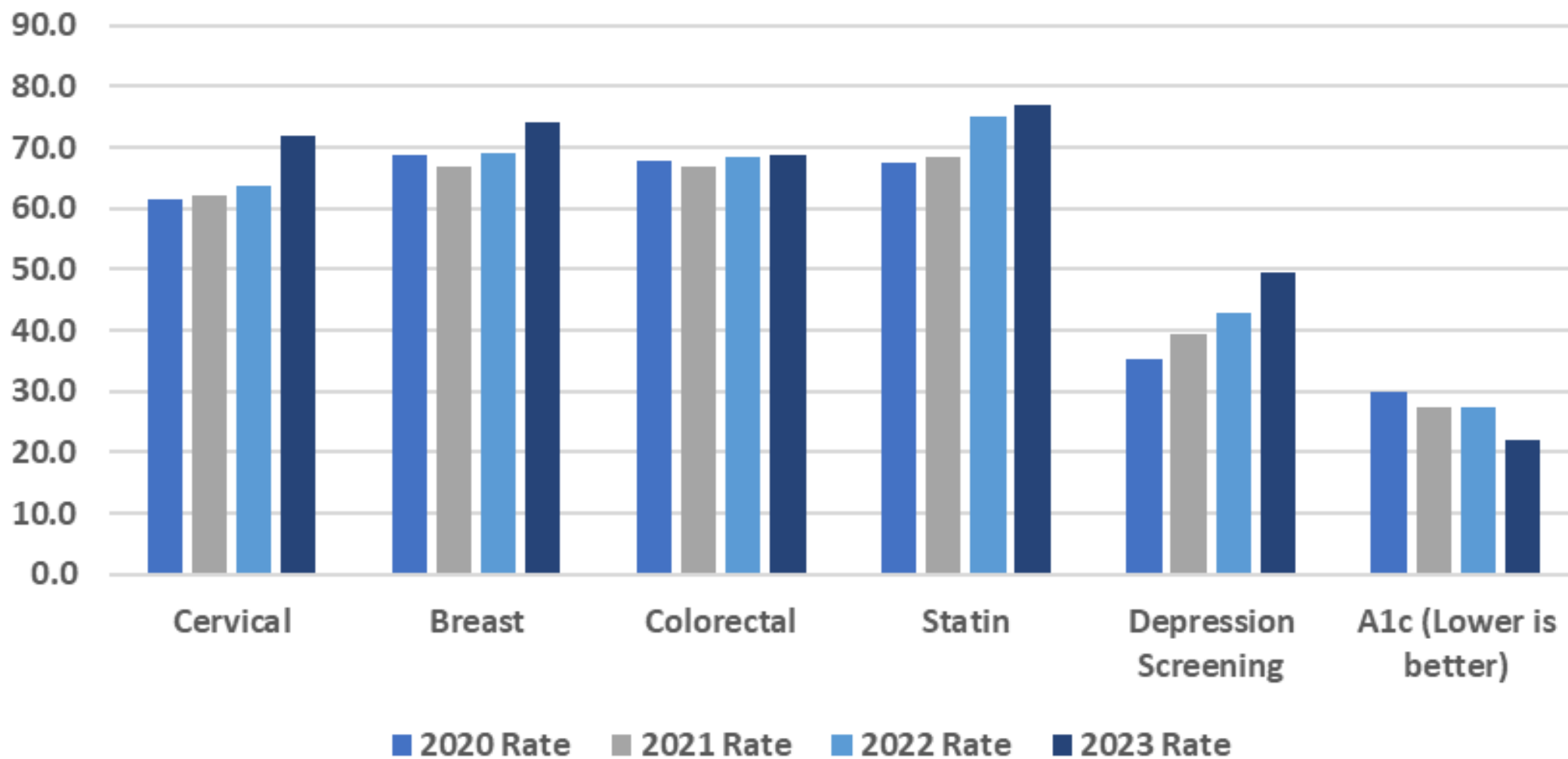
- **872** beds
- Total population **578,328**
- 5-year population growth projection **4.9%**
- Median household income **\$68,489**
- Unemployment rate **1.9%**
- Population over 65 years **16.0%**





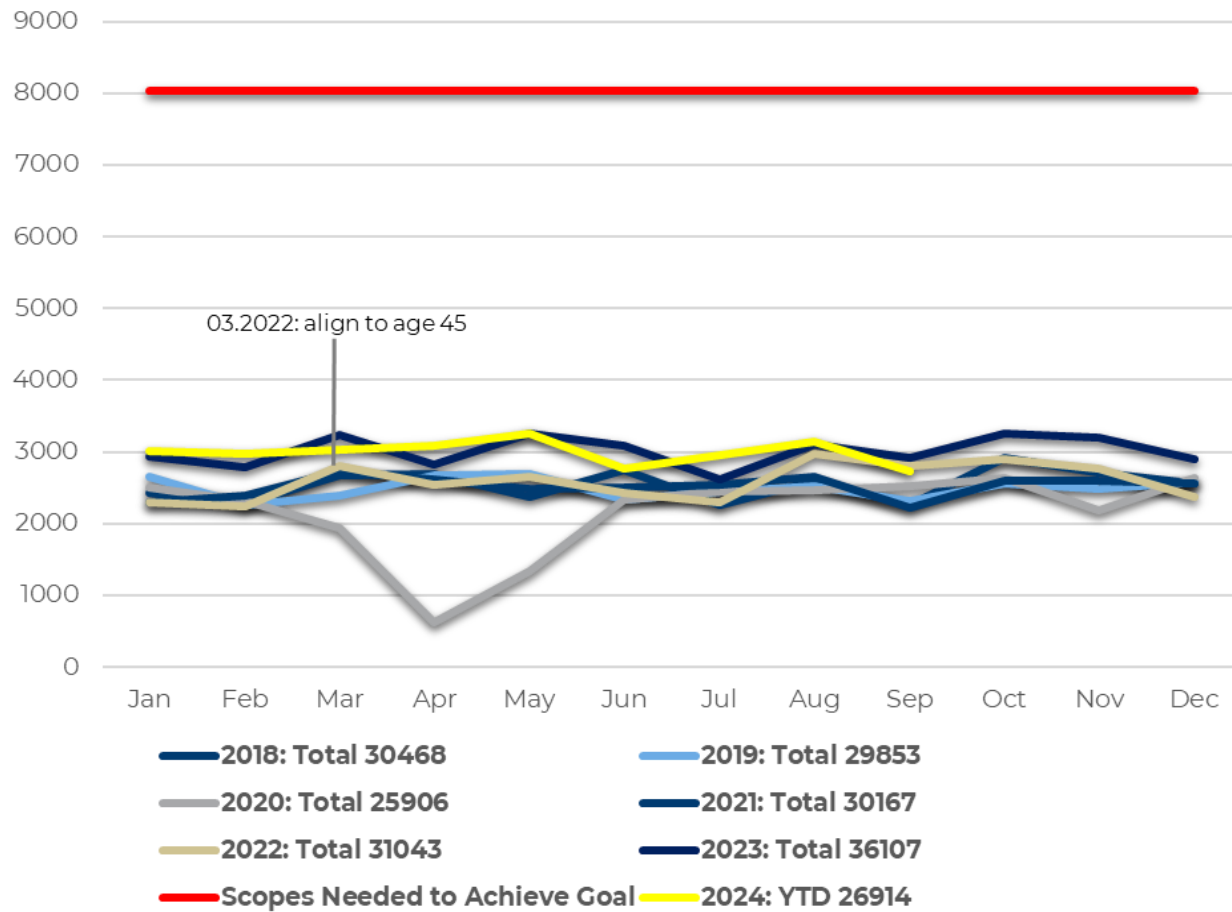
# **GENERATING BUY IN FOR STOOL TESTS AND A CAMPAIGN**

## Annual Quality Measure Performance



# THE MATH PROBLEM

## Enterprise Monthly Total Colonoscopy Volume



To reach our 85.7% goal in 2023 we needed:

**4,554**

more screening procedures each **month**

**54,650**

more patients screened total

Meanwhile, during 2018-2022 Sanford's rate of patients diagnosed with advanced, or late-stage cancers had **risen 4%**



# SIOUX FALLS MARKET

To reach our 85.7% goal  
in 2023 SF needed:

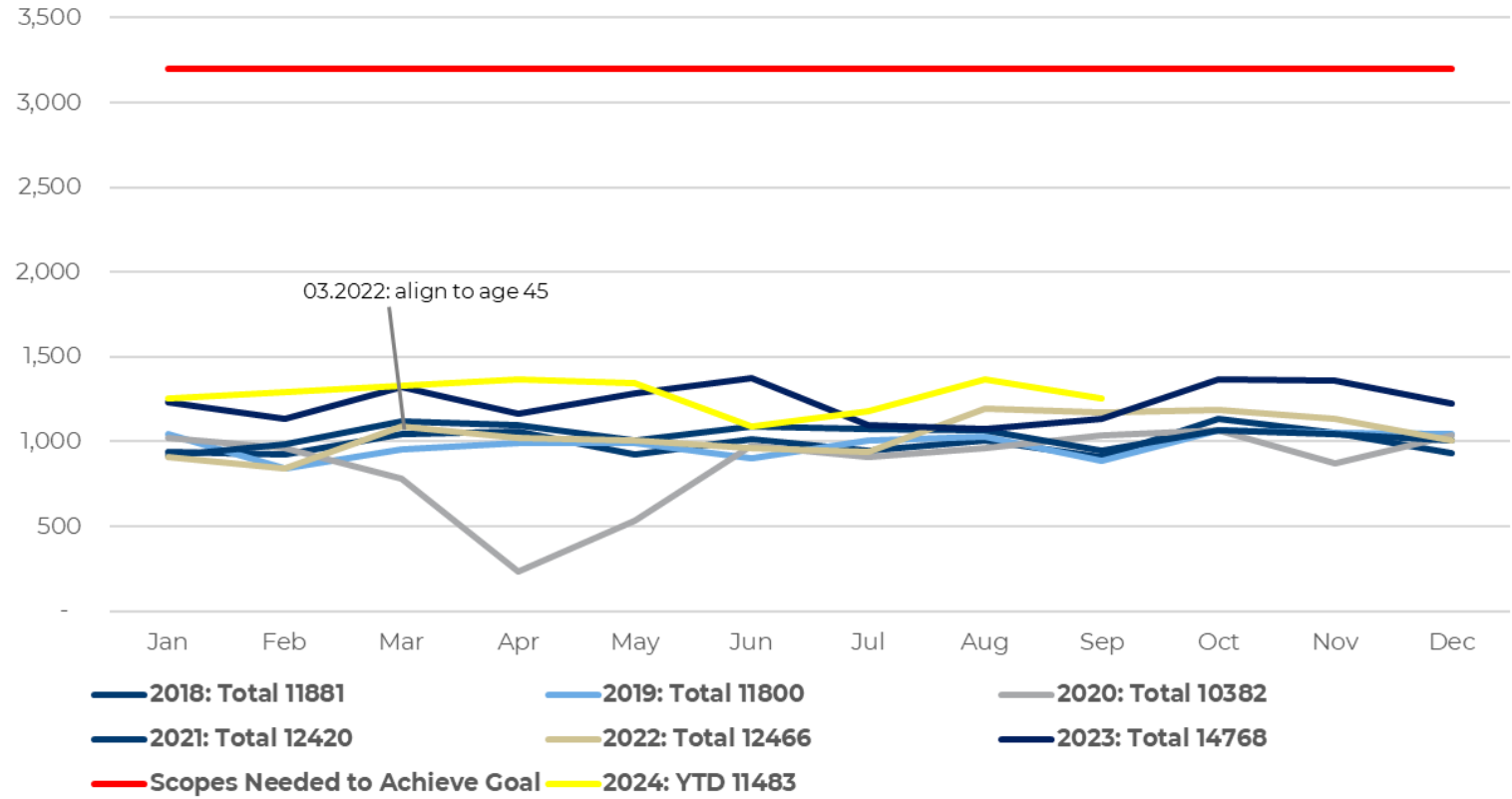
1,969

more screening procedures each  
month

23,627

more patients screened total

SF Monthly Total Colonoscopy Volume



# COMMUNICATION TIMELINE:

	Q4 2022			Q1 2023			Q2 2023		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
<b>Quality Cabinet</b>	4			20			21		
<b>Council of Governors</b>			2			3			
<b>Presidents Table</b>			20	31	21				
<b>One Operations</b>	26		21	18		29	12		
<b>Market Operations</b>			6 – SF 14- BEM 16 - BIS	5 - FGO	3 – SF 16 – FGO 17 – BIS		12 – FGO 20 – BIS 27 – BEM 28 – SF		
<b>Physician Exec Council</b>		23 – BEM	8 – FGO 13 – BIS	25 - SF	22 – SF & BEM			9 - BIS 11 – FGO 24 – SF & BEM	
<b>GI and Primary Care VPs</b>		3 – Kathy S. 4 - GI Clinic 8 – Brad N.			2 –Primary Care				
<b>GI &amp; surgery clinicians</b>		8 – SF 15 – BEM		4 – BIS & FGO 18 - network	14 – SF				
<b>Primary care clinicians</b>					2	Clinic education			
	Round 1			Round 2			Round 3		



# GI GRAND ROUND: CRCS

**Presenters:** Dr. John Bassett, Dr. Jeremy Cauwels, Dr. Jorge Gilbert, Dr. Yeshitila Mengesha

**Audience:** CEUs for physicians and nurses. Other clinic staff welcome to join

**Dates:** March 18 at 5 p.m. CST (LIVE)  
March 27 at noon (Previously recorded)

**Content:**

- Review updated guidelines, statistics and high-risk criteria
- Stool test information:
  - Sensitivity and specificity
  - When to use diagnostic vs screening FIT orders
  - Follow-up guidelines:
    - Positive test must be followed by colonoscopy to complete screening
    - Cologuard is good for THREE years and FIT for one
    - Colonoscopies without findings can be followed by any screening modality after 10 years





# PRACTICE AT THE TOP OF SCOPE

## Enterprise Protocol: Colorectal Cancer Screening Nursing

**\*NEW\*** RN, LPN, CMA (excluding MAIII for North Dakota) may notify patient of stool-based test result. If positive, use standardized patient education materials and place referral for follow up colonoscopy.

**Exclusion criteria:** If exclusion criteria present, patient is only eligible for colonoscopy

Exclusion Criteria for stool-based tests		
Personal history or *family history	Signs or symptoms that might suggest colorectal cancer	Hereditary colorectal cancer syndromes
Pregnant	Rectal bleeding	Lynch syndrome
History of colon polyp(s)*	Unexplained iron deficiency anemia	Familial adenomatous polyposis
History of colorectal cancer*	Unexplained weight loss	MUTYH-associated polyposis
Inflammatory bowel disease*	Change in bowel habits	Peutz-Jeghers syndrome
Childhood cancer survivors treated with abdominal or pelvic radiotherapy (≥30 Gray)		Serrated polyposis syndrome
		Cowden (PTEN) syndrome
		Juvenile polyposis syndrome
		Gardner's Syndrome



# EMPOWER YOUR PATIENT

## Choosing Which Colon and Rectal Cancer Screening Option Is Right for You

Choosing to get screened for colon and rectal cancer may save your life. Colorectal cancer is the second leading cause of cancer-related deaths in the United States. When this disease is found in early stages, 9 out of 10 people have no evidence of their cancer 5 years later. Screening is recommended for everyone between the ages of 45 to 75. Your age and other health factors affect when and how you should be screened.

Compare each option to choose which screening method is best for you. Each column below outlines 1 way to do screening. Remember, the best screening option is the one that gets done! Contact your insurer to find out what you and your insurance will pay.

**Note:** If you have a history of colon cancer or inflammatory bowel disease, or have a close relative with colon cancer or polyps, or symptoms such as blood in your stool, abdominal pain, changes in bowel habits, or unplanned weight loss a colonoscopy may be the best choice for you.

	Screening FIT	Cologuard FIT-DNA	Screening Colonoscopy
<b>What is it?</b>	Fecal Immunochemical Test: Stool is checked for blood (not seen by the naked eye) by taking a sample and mailing it in.	Stool is checked for cancer markers and blood (not seen by the naked eye) by taking a sample and mailing it in.	A lighted scope with a camera is used to look at the colon and rectum. This finds tissues and cells that are not normal.
<b>Where is it done?</b>	You collect a sample at home and return test kit to lab or mail it back (often pre-paid postage is included).	A test kit will be mailed to your home. You will collect a sample and mail the test kit back (address label and postage stamp included).	Your provider will give this test at the hospital in a procedure room. Medicines will be given to you to provide comfort.
<b>How often?</b>	Completed every 1-year if normal <b>*If test is not normal, you will need a colonoscopy.</b>	Completed every 3-years if normal <b>*If test is not normal, you will need a colonoscopy.</b>	Completed every 10-years if normal <b>*May include a biopsy or polyp removal if needed. If results are not normal you may be told to have colonoscopy more often.</b>
<b>How do I get ready?</b>	No special steps needed.	No special steps needed.	Carefully follow instructions to prepare for your test.
<b>What is the cost?</b>	Covered by insurance in most cases.	Covered by insurance in most cases.	Covered by insurance in most cases.

## More About Your Choices

FIT and Cologuard FIT-DNA testing do not require diet changes, colon cleansing, sedation, or a designated driver.

It is important to have colorectal cancer screening. If you are concerned about costs and being able to pay your bill, we have resources to help. Call (877) 701-0779 to learn about costs, financial assistance programs and payment plan options.

## Watch and Learn About Your Options for Colorectal Cancer Screening

Screening FIT	Cologuard FIT-DNA	Screening Colonoscopy
		
Polymedco Screening FIT	Cologuard FIT-DNA	Screening Colonoscopy Prep



# FINANCIAL MYTH BUSTING

- In most cases, insurance covers stool-based screenings.
- Affordable Care Act-compliant commercial plans, Medicare and our states' Medicaid programs now cover a follow-up colonoscopy without cost sharing after an abnormal stool test.
- A follow-up colonoscopy after a positive or abnormal stool-based test is considered part of preventive care.





# CAMPAIGN PLANNING

# Mailed FIT Implementation Guide

2022



NATIONAL ASSOCIATION OF  
CHRONIC DISEASE DIRECTORS  
Promoting Health. Preventing Disease.

UNDER PERMANENT  
Center for Health Research



CENTERS FOR DISEASE  
CONTROL AND PREVENTION

## RESEARCH RESOURCES

- National Colorectal Cancer Roundtable website (lots of hyperlinks in the Guide)
- Test kit vendors
- Other health systems
- Behavioral economics trained colleague
- Literature reviews
- Consult risk, privacy, legal, professional practice, accreditation experts
- Financial pro forma



# PROJECT STRUCTURE:

**Sanford Health EPMO**  
Katie Buchholz  
Kelly Bartsch

**Steering Committee**  
Executive Sponsor: Dr. Jeremy Cauwels  
Dr. Luis Garcia, Erica DeBoer, Tony Morrison, Jessica Aguilar, Sarah Prenger, Rochelle Odenbrett, Doug Nowak, Kristi Ball, Dr. Roxana Lupu, Amber Olson, Erik Jensen

**Business Lead**  
Sarah Prenger  
Jen Weiss

## Phase 1: GI Optimization

- Patient Education/ WF optimization
- Scheduling/no shows/ cancellation rate

GI Workflows Lead: Sanjog Dhungana	Scheduling PX Prioritization Lead: Angela McCarvel
Christina Cook (Nelson) Sarah Roth GI ED's (opt) • Kathy Schuler • Jackie Farland • Brad Neis • Darla Dobberstein Kari Ribstein Ashly Steckler Janna Galloway Sharon Malm (until 07/31) Sharlene Ault Lacey Eichacker Larri Schmid	Kristi Waltman Sarah Quenette Kara Duncanson Brian Fox Sarah Roth Sanjog Dhungana GI ED's (opt) • Kathy Schuler • Jackie Farland • Brad Neis • Darla Dobberstein Gina Skipper Sharon Malm (until 07/31) Sharlene Ault Lacey Eichacker Larri Schmid

## Phase 2: PC Optimization

- Identify remaining gaps/resources
- Follow up process

PC Workflows Lead: Sarah Roth
Stacey Will Dr Dendy Casey Naastad Amy Magnuson Jon Pociask
Lab Workflow
Terry Baumgart Jonathann Berndt

## Phase 3: Outreach Campaign

- Model WF/Resources
- Launch/deploy

Mass Outreach Campaign Lead: Jen Weiss	
Hadeel Tanash Delores Peery Jenny Mcdonald Kristi Waltman Kara Duncanson Brian Fox Darin Vander Well	Wendy Pieper Sarah Nygaard Angela McCarvel Sanjog Dhungana Casey Naastad Steph MacReynolds
Lab Workflow	Jonathann Berndt Terry Baumgart

## CI Ops – Support all Phases

Janelle Olson Tanya Blotske (CI Ops Lab) Dana Gillespie (CI Ops Network)	Katie Jongejeugd (CI Ops Ambulatory) Brad Brown (CI Ops Ambulatory)	Jessica Esperum (CI Ops Inpatient) Janae Fritz (CI Ops Inpatient)
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## Functional leads across verticals

<b>IT</b> Cris Blackmore Nick Midthune	<b>Quality</b> Jen Weiss
<b>Marketing</b> Kayla Kunde Ashley Bott	<b>Compliance</b> Lisa Davies
<b>Comms</b> Stacy Aesoph	<b>Change Mgmt.</b> Kelly Bartsch
<b>PX</b> Sammi Davidson	<b>Patient Ed</b> Rich Preussler
<b>Patient Accts</b> Mike Beyer	<b>EDA</b> Mark Wheeler Sarah Quenette
<b>Privacy</b> David Hill	<b>Employee Training</b> Mike Dishman Carmen Sandman
<b>Research</b> Tiffany Johnson	<b>Technology</b> Erik Jensen



# IN SCOPE | OUT OF SCOPE



## Base population criteria:

- Eligible and due for screening
- No traditional risk factors present\*
- General Sanford PCP (patient identified)

## Not eligible:

- Scheduled for colonoscopy (unless GI Wait List cohort)
- Have open kit order
- Patients who do not seek Primary Care at Sanford

## Chart clean up:

- Reconcile Care Everywhere results
- Work report to align health maintenance modifiers to past SBT results

\*Primary Care clinics to outreach 5K overdue patients with risk factor present



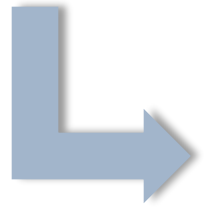


# GI WAIT LIST POPULATION



**GI**

- Opt OUT model
- Send randomized FIT or CG

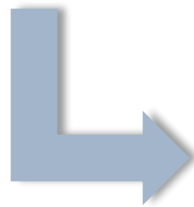


**Performance**

- Removed hundreds of patients
- Reduced wait by >2 months




**Phase 1**



**Outcome**

- Increase scope access for high risk
- Proof of concept



## **Proposed Population:**

- Base population
- Overdue as of Dec 2023
- Scheduled scope >3 months from launch date
- Sanford and self-referrals only



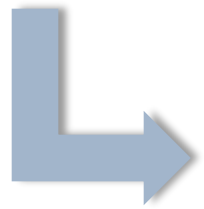


# FIT/COLOGUARD RESCREEN POPULATION

## Kit Rescreen



- Opt OUT model
- Send FIT or CG

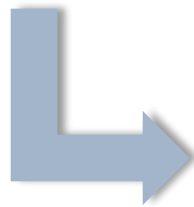


## Performance

- >3K notifications
- 1,325 results
- 2 early cancers detected



## Phase 2



## Outcome

- Workflow optimization
- Widespread awareness
- Early win



## Proposed Population:

- Base population
- Overdue as of April 2024
- Health maintenance due for Cologuard or FIT
  - Prior result must be negative

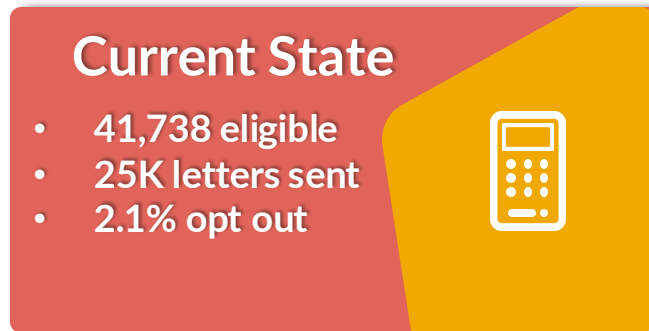
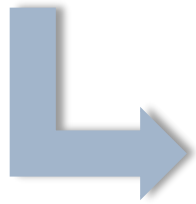


# NEVER SCREENED POPULATION



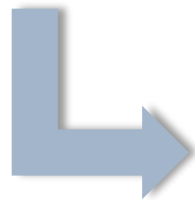
**Never Screened**

- Opt Out
- Cologuard only



**Current State**

- 41,738 eligible
- 25K letters sent
- 2.1% opt out



**Phase 3**



**Outcome**

- Increase screening rates
- Reduce overall incidence and mortality

## **Proposed Population:**

- Base population
- Overdue as of August 2024
- Never been screened
  - Includes age 45

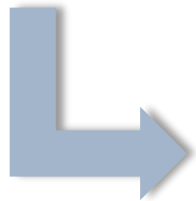


# SCOPE RESCREEN POPULATION


**Scope Rescreen**



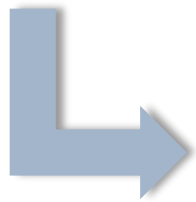
- Opt out
- Cologuard only



**Estimates**



- 3,169 patients
- Est. 164 follow up colonoscopies



**Outcome**



- Target all eligible patients, while respecting procedure teams

## Proposed Population:

- Base population
- Prior scope  $\geq 10$  years ago "normal"
- Overdue by at least a year prior to launch
  - Allows GI/surgery 1 year to recall

**Phase 4**



# COLOGUARD & FIT RESCREEN OUTREACH WAVES

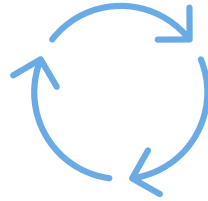
	April					May				June		
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Totals
Vendor	Cologuard					FIT						
Bemidji	75	75				31	31	31	30			
Bismarck	86	86	85			124	124	123	123			
Fargo	216	216	216	216		242	242	242	242			
Sioux Falls	200	200	200	200	86	80	80	80	79			
2.5% Opt out			14	14	13	10	2	12	12	12	12	
Bulk Order			564	563	488	406	84	465	465	464	462	
60% Returned kits			338	338	293	243	50	279	279	278	277	
<b># Positives</b> 13% Cologuard; 8% FIT <b>(Follow-Up Colonoscopies)</b>												
Bemidji			6	5				2	2	1	1	<b>17</b>
Bismarck			7	7	6			6	6	6	5	<b>43</b>
Fargo			16	16	16	16	0	12	11	11	11	<b>111</b>
Sioux Falls			15	15	15	15	7	4	4	4	3	<b>82</b>





# CAMPAIGN OPERATIONS

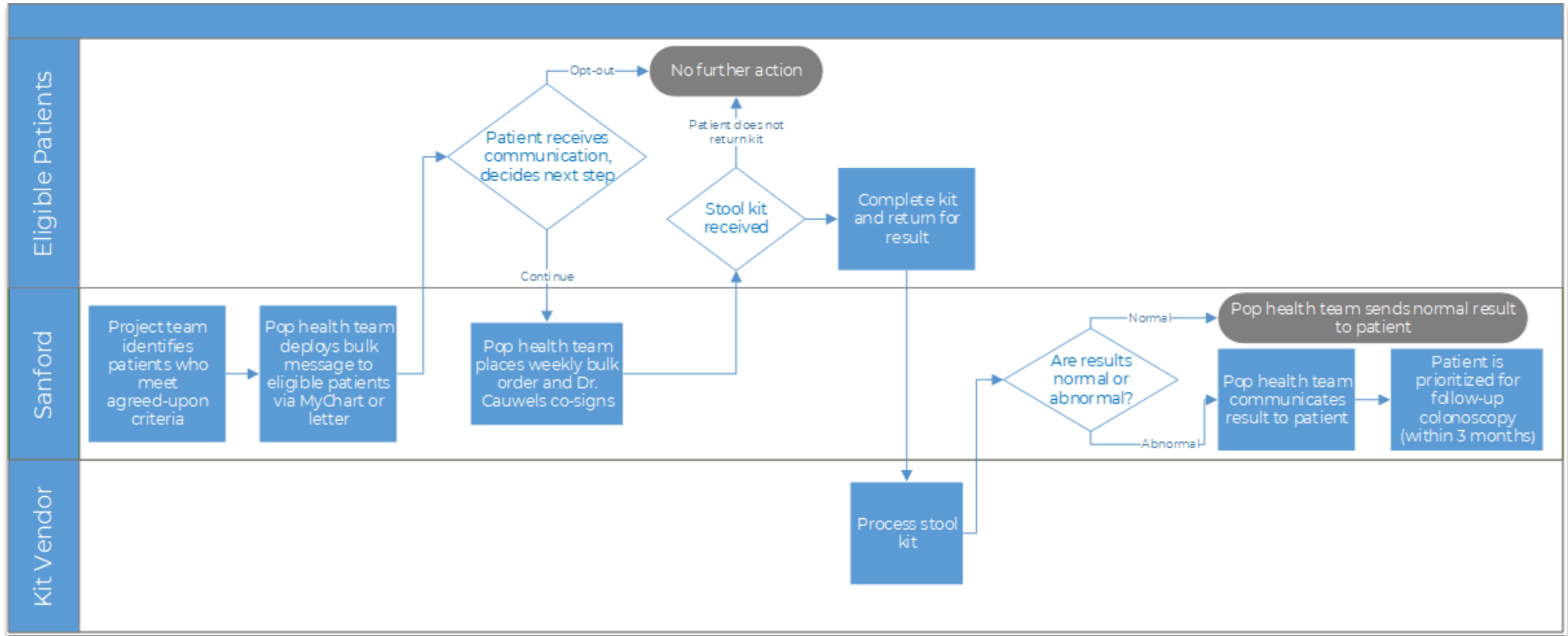
# OPERATIONS



- Population Health nurse and medical assistants trained to support outreach and education
- Patients worked in weekly batches; orders deployed 3 weeks after letters
- Single clinician co-signs bulk order once a week
  - Licensed in multiple states
- Nurse protocol allows resource team to "done" messages in result pool
- Project specific patient experience link/QR code on letter for negative results
- Established centralized process for certified mail
- Outside staffing, majority of cost is related to physical letters
- Process metrics tracked



# HIGH LEVEL WORKFLOW



# COHORT GO-LIVES



## Outreach

- Avg-risk patients on list will be contacted starting in January.
- Offered stool-based testing.
- Website and 1-800 number provided to assist patients with questions.
- Weekly bulk order co-signed by single clinician.



## Results Routing

- Quick action negative result notification sent. Patient removed from schedule.
- Trained nurses communicate and manage positive results.
- PCP not be notified of positive test result but can look up patient chart if needed.



## Routine Screening

- Patients with negative results will be offered stool-based test in 1 or 3 years, depending on type of test.





# LEADER TOOLKIT

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## Talking points

- Despite our best efforts, some markets don't have the capacity to perform colonoscopies for all of our eligible patients. Stool-based testing for those at average risk helps ensure patients are getting screened.
- Colon cancer is now the leading cause of cancer death in men and second in women under 50 years old. Many patients do not stay up to date on their screenings, which could catch cancer early.
- Educating and offering a colonoscopy or stool-based test to patients who have never been screened will help us increase the number of patients getting screened.
- It's important for patients to get screened for colorectal cancer to help identify cancer in earlier stages.
- The best colorectal cancer screening is the one a patient completes. Whether that is a colonoscopy or a stool-based test, our goal is to ensure patients are getting screened in a timely manner.
- Stool-based testing reaches patients who are hesitant to get a colonoscopy. Some of these patients will have a positive result and will need a colonoscopy, which will continue to drive business to GI.
- In most cases, testing is covered by insurance. Affordable Care Act-compliant commercial insurers and Medicare now cover a follow-up colonoscopy without cost sharing after an abnormal stool test. A follow-up colonoscopy after a positive or abnormal stool-based test is considered part of preventive care.
- Offering stool-based testing to average-risk patients is supported by the American College of Gastroenterology, the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy among other national groups and associations.

# LEADER TOOLKIT

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## FAQ

### Is there a cost for the patient to do the stool-based test?

In most cases, testing is paid for by insurance. Affordable Care Act-compliant commercial plans, Medicare and state Medicaid programs in our footprint now cover a follow-up colonoscopy without cost sharing after an abnormal stool test. A follow-up colonoscopy after a positive stool-based test is considered part of preventive care. If your patient needs financial assistance or has cost concerns, they can call Exact Sciences/Cologuard at (844) 870-8870.

### How are patients being contacted?

Eligible patients will receive a My Sanford Chart message or letter from Sanford, sent by the population health team. The message can be found in the Encounter tab under chart review for MyChart active patients. Letters can be found under the Letter tab.

### What if the patient has questions?

Included in the patient communication is the phone number (833) 45-COLON and website <https://www.sanfordhealth.org/colorectal-cancer-never-screened>. If the patient calls your clinic, please review the [patient letter](#) or [scripting](#).

### Do the orders need to be co-signed?

No. To be most efficient, we will execute a bulk order through a single provider to alleviate the need to co-sign orders. This workflow was approved by the Enterprise Primary Care Physician Leadership Council.

### How are the test results handled?

Patients with a negative test result will receive an automated response explaining their result and follow-up care plan. Positive test results will be managed by the trained population health team who will contact the patient to explain the positive results. They will place a referral for a colonoscopy to the patient's preferred location and if placed at Sanford, the endoscopy team will then prioritize the patient for a follow-up colonoscopy within three months. The patient's primary care provider will be listed as the referring provider and will be copied on results. The endoscopy team will update health maintenance as appropriate.

### Where will patients be referred for a follow-up colonoscopy when needed?

The population health team will place a referral to the patient's requested endoscopy center. If the patient does not have a preference, the team has a list of facilities often used by Sanford Health clinics. If the team is unable to identify a facility near the patient on the list, they will utilize the Referral Center to find the best location.

### What should be done if a patient chooses to opt out?

Staff can document the patient's decision within any EPIC encounter under the "[Colorectal Stool Based Opt Out](#)" flowsheet, which can be found in the facility pref list search. This will remove them from the list of patients to receive a kit in the mail.

# LEADER TOOLKIT

---

# SCRIPTING

What if a patient calls in and is upset or confused about the outreach?

Please use the following scripting:

**Apologize and Acknowledge:**

I am sorry that this has been an inconvenience to you, and I am aware how this would be frustrating. Sanford strives to meet all health care needs of our patients, and cancer screening is an important part of this process. While preventive health care can be put aside for various reasons, we want colorectal cancer screening to be convenient, which is why this process has been implemented, to get individuals screened when they come due.

**Action:**

**Will they complete the kit?**

- Yes- no action- answer questions if needed.
- No- I will cancel/opt-out your order so you don't receive (the kit or) reminders to complete it. There will be no charges since there is no test result. You can throw the kit away.

**Are you interested in a colonoscopy rather than completing the stool kit since you are currently due for screening?**

- Yes- place referral order.
- No- let them know they will get reminded at visits what screenings are due.

So we can work to improve future communications of this type with you, do you prefer My Chart or letter?

We value your feedback and appreciate your patience. What questions do you have?

# CALL CENTER

---



## **Patients with questions can:**

- Go to a new website with FAQs, videos and other info
- Call (833)45-COLON and talk to **YOU!**
- Once you take down contact info and reason for the call, the form will go to the Project Team's email so we can act on the information you collected.
- This project needs you! Thank you for joining in efforts to screen patients for a deadly, but highly treatable cancer – when caught early.



# INITIAL PATIENT LETTER

Dear (PATIENT NAME):

Our records show that you are due or overdue for colorectal cancer screening and a Cologuard previously used to complete this screening. This test finds cancer by checking a stool sample DNA markers and blood. The Cologuard test needs to be completed every 3 years. We are mailing a Cologuard test to the home address listed in your patient records.

### Why get screened


Colorectal cancer is the second leading cause of cancer-related death among men and women in the U.S. When colorectal cancer is found in early stages, 9 out of 10 people have no evidence of it 5 years later. Regular screenings are recommended starting at age 45.

### Is this test easy to do?

As you may remember from the last time you did this test, it is easy to do, and can be completed in a few minutes at home. No prep is required.

### What to expect next:

- You will get the Cologuard test in the coming weeks.
- Complete and return the test within **7 days**. Follow the included instructions.
- Collect your sample and get it back to UPS® that same day or the next day.
- Return it using the step-by-step instructions and UPS prepaid label included in your test kit.
- After you complete and return your test, you will get your results within two weeks.



Call Cologuard at [\(844\) 870-8870](tel:8448708870) if you need a new test sent to you or have any questions about the collection process or Cologuard test.

Cologuard® may contact you through text messages to provide you status updates on when you receive your stool-based test and to remind you to complete and return the test.





# INITIAL PATIENT LETTER

Call or message your primary care provider to discuss other screening options if you:

- Have symptoms such as blood in your stool, abdominal pain or change in your bowel habits
- A change in family history such as a parent, brother or sister diagnosed with colorectal cancer
- Prefer having a colonoscopy

Please visit [sanfordhealth.org](https://sanfordhealth.org) or scan the QR code below to report any of the below details:

- Do not want a test kit sent to you or have a colonoscopy scheduled
- A change in family or personal health history
- Were screened for colorectal cancer recently and do not believe you are due for another screening right now
- Have questions and want someone to call you
- Need to update your address

## Why get screened?

Colorectal cancer is the second leading cause of cancer-related death among men and women in the U.S. Colorectal cancer may be prevented through screening. When colorectal cancer is found in early stages, 9 out of 10 people have no evidence of their cancer 5 years later. All adults between 45 and 75 years old should be regularly screened.

## Is the Cologuard test easy to do?


The test is trusted, easy to do, and can be completed in minutes at home rather than coming in for an appointment.

## How often do you need to complete this test?

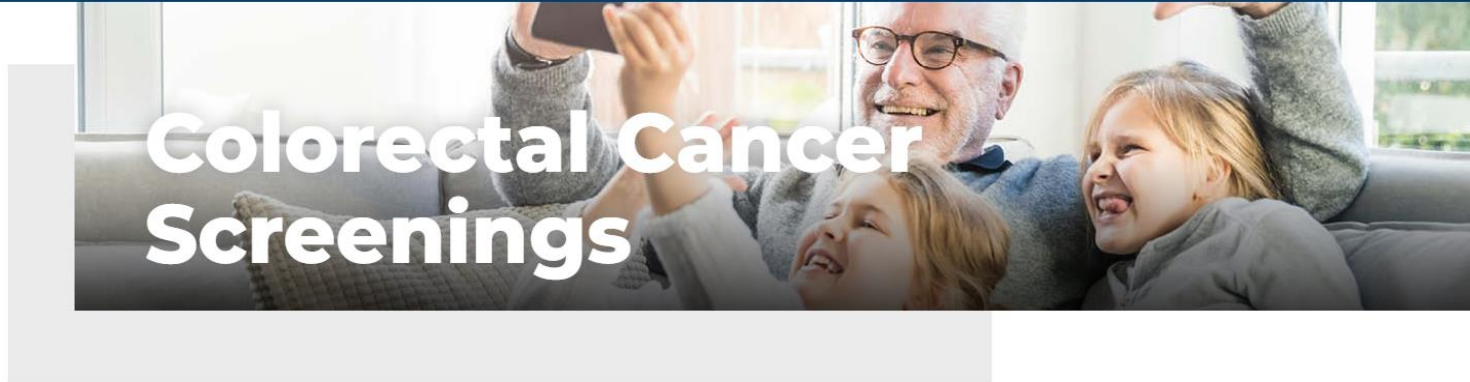
This test should be completed every 3 years. If your Cologuard result is not normal, we will contact you to schedule a follow-up colonoscopy.

If you have any questions, please call [\(833\) 45-COLON](tel:83345COLON).

Sincerely,  
Your Health Care Team



# WEBSITE LANDING PAGE



## Your home colorectal cancer screening test is coming soon

A colorectal cancer screening can help you catch cancer earlier. Regular colorectal cancer screenings are recommended starting at age 45 until age 75, or as long as you are in good health.

Get screened with a stool-based test called Cologuard®. This at-home screening method is trusted and easy to do.

Call or message your primary care provider to discuss other screening options if you:

- Prefer having a colonoscopy
- Have symptoms of colorectal cancer, such as blood in your stool, abdominal pain, changes in your bowel habits or unplanned weight loss
- A family history of a parent or sibling having colon polyps or colorectal cancer
- A personal history of inflammatory bowel disease like Crohn's disease or ulcerative colitis, colon polyps or colorectal cancer



# WEBSITE LANDING PAGE

Please complete the form below if you:

- Do not want to receive a test kit or have a colonoscopy scheduled
- Have symptoms of colorectal cancer
- Have a change in family history for colorectal cancer
- Were screened for colorectal cancer recently and do not believe you are due for another screening right now
- Have questions and would like our team to call you
- Need to update your address

Name\*

First Name

Last Name

Date of Birth\*



Phone Number\*

Reason for filling out the form (select all that apply).\*

- Do not mail me a stool-based test
- I need more help

I want to wait for my colonoscopy instead of doing an at-home test (select applicable reasons below).

- Experiencing symptoms such as blood in your stool, abdominal pain or change in your bowel habits
- Change in family history
- Change in personal health
- I prefer a colonoscopy

Submit Form





# NORMAL RESULT LETTER

Dear (PATIENT NAME):

Thank you for doing your colorectal cancer screening at Sanford Health. The results from your Cologuard® test came back as normal. This means no signs of colorectal cancer were detected and no further testing is needed at this time.

We recommend you continue to get screened for colorectal cancer for as long as you are in good health through age 75. Your medical record will show when your next colorectal cancer screening is due. It is recommended that you complete the Cologuard test every 3 years. Regular colorectal cancer screenings help us detect changes in your health.

Contact your primary care provider if you have had a change in your family history, or symptoms such as blood in your stool, abdominal pain or change in your bowel habits.

The results of your Cologuard test will be added to your medical record.

If you have any questions, please call [\(833\) 45-COLON](tel:(833)45-COLON). Thank you for trusting us with your care.


Sincerely,  
Your Health Care Team

## Please share your experience in a one-minute survey

To help us improve our patient experience, we'd like to learn more about your experience doing an at-home colorectal cancer screening test. Please complete a brief [survey](#) to give us your feedback.

Scan the QR code below to complete the survey.





# ABNORMAL RESULT LETTER

Dear (PATIENT NAME):

Thank you for doing your colorectal cancer screening at Sanford Health. The results from your Cologuard® test came back as abnormal (positive). This means the test detected altered DNA and/or blood in your stool. It's important to remember that a positive result is not a cancer diagnosis.

You need to complete a colonoscopy for a more accurate evaluation and rule out cancer. We will call you to discuss [next](#) steps and get your colonoscopy scheduled.

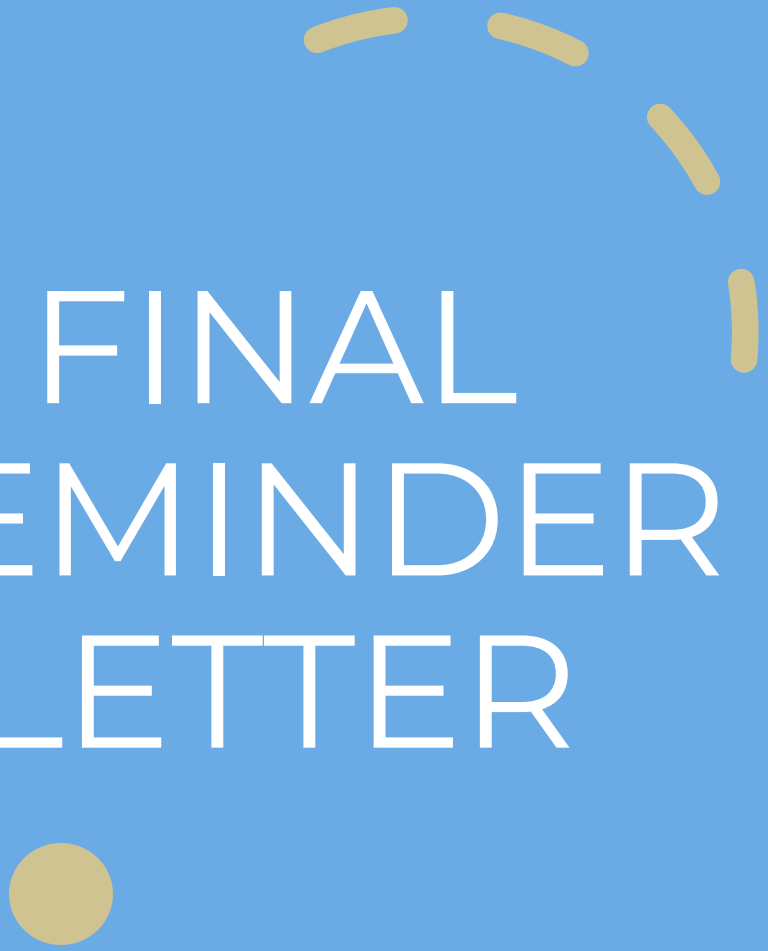
The results of your Cologuard® test will be added to your medical record.

If you have any questions, please call [833-45-COLON](tel:833-45-COLON). Thank you for trusting us with your care.

Sincerely,  
Your Health Care Team



Team makes at least three documented attempts and if unsuccessful, notifies PCP and sends certified letter.



# FINAL REMINDER LETTER

Dear (PATIENT NAME):

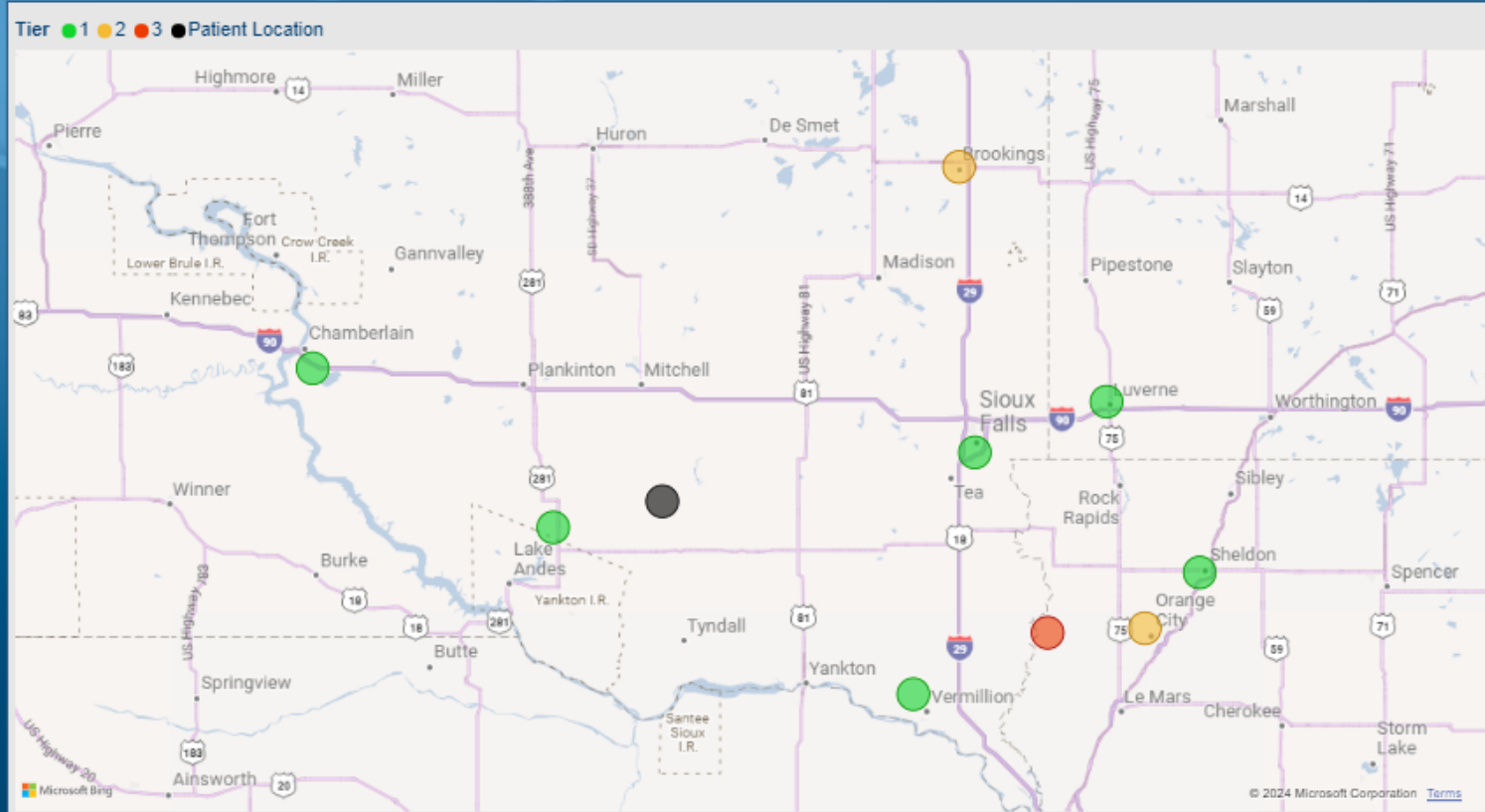
Records show you were sent an at-home colorectal cancer screening test called Cologuard®. This is a final reminder to complete and return the test within the next **7 days**.

**Please follow the steps below to complete your Cologuard® test:**

1. Collect your sample and get it back to UPS® that same day or the next day. Remember, some UPS locations are closed on Sundays or holidays.
2. Return it using the step-by-step instructions and UPS® prepaid label included in your test. Choose the no-cost return option that works best for you:
  - Drop it off at UPS®. Visit [Cologuard.com/UPS](https://Cologuard.com/UPS) to see your local options and hours.
  - Ask for a contact-free UPS® pick-up. Call [\(844\) 870-8870](tel:8448708870) for help or visit [Cologuard.com/UPS](https://Cologuard.com/UPS) to schedule it on your own.
3. Wait to get the results. The results of your test will be ready within a few weeks.
  - You will receive a letter notifying you if your results are normal. A normal result means that no signs of colorectal cancer were found. Your letter will also include details about getting screened in the future.
  - You will be contacted if you have a positive or abnormal result to schedule a colonoscopy. A positive or abnormal result means that the test found possible signs of cancer.

Zip Code  
57366

Tier  
 Select all  
 1  
 2  
 3  
 Patient Location



Distance	Tier	Location	Region	EPIC Order Name	F
22	1 ✓	DOUGLAS COUNTY HOSPITAL OP	Fargo Region	SURGERY SCHEDULING - SANFORD SURGEON, NON SANFORD FACILITY	
61	1 ✓	SANFORD USD MEDICAL CENTER	Sioux Falls Region	Clinic Referral Gastroenterology One Chart (SXF GASTRO SC), Clinic Referral General Surgery One Chart (SXF Surg Assoc SC)	
62	1 ✓	SANFORD VERMILLION HOSPITAL	Sioux Falls Region	Clinic Referral General Surgery One Chart (Vermillion Surg SC), Clinic Referral Gastroenterology One Chart (SXF GASTRO SC), Clinic Referral General Surgery One Chart (SXF Surg Assoc SC)	
72	1 ✓	SANFORD CHAMBERLAIN MED CENTER- MID DAKOTA HOSPITAL	Sioux Falls Region	Clinic Referral General Surgery One Chart (Chamberlain Fam Med SC)	Phone: (
79	3 ✗	HAWARDEN HOSPITAL OUTPT	Sioux Falls Region	*Call Referral Center or PCP for referral: Yankton Surgical Associates: Trail Kynan MD	
86	2 ⚠	BROOKINGS HOSPITAL OUTPT	Sioux Falls Region	Clinic Referral General Surgery One Chart (Watertown Surgery SC), Clinic Referral Gastroenterology One Chart (SXF GASTRO SC), Clinic Referral General Surgery One Chart (SXF Surg Assoc SC)	
88	1 ✓	SANFORD LUVERNE MEDICAL CENTER	Sioux Falls Region	Clinic Referral General Surgery One Chart (Luverne Gen Surg SC), Clinic Referral Gastroenterology One Chart (SXF GASTRO SC), Clinic Referral General Surgery One Chart (SXF Surg Assoc SC)	
97	2 ⚠	NORTHWEST SURGERY (Orange City, IA)	Sioux Falls Region	Clinic Referral General Surgery One Chart (Northwest Surgery)	
97	2 ⚠	ORANGE CITY HOSPITAL OUTPT	Sioux Falls Region	*Call PCP for referral or Referral Center	
105	1 ✓	SANFORD SHELDON MEDICAL CENTER	Sioux Falls Region	Clinic Referral General Surgery One Chart (Sheldon Surgery SC), Clinic Referral Gastroenterology One Chart (SXF GASTRO SC), Clinic Referral General Surgery One Chart (SXF Surg Assoc SC)	

## Colonoscopy Referral Distance Calculator

### Project team to place referrals based on:

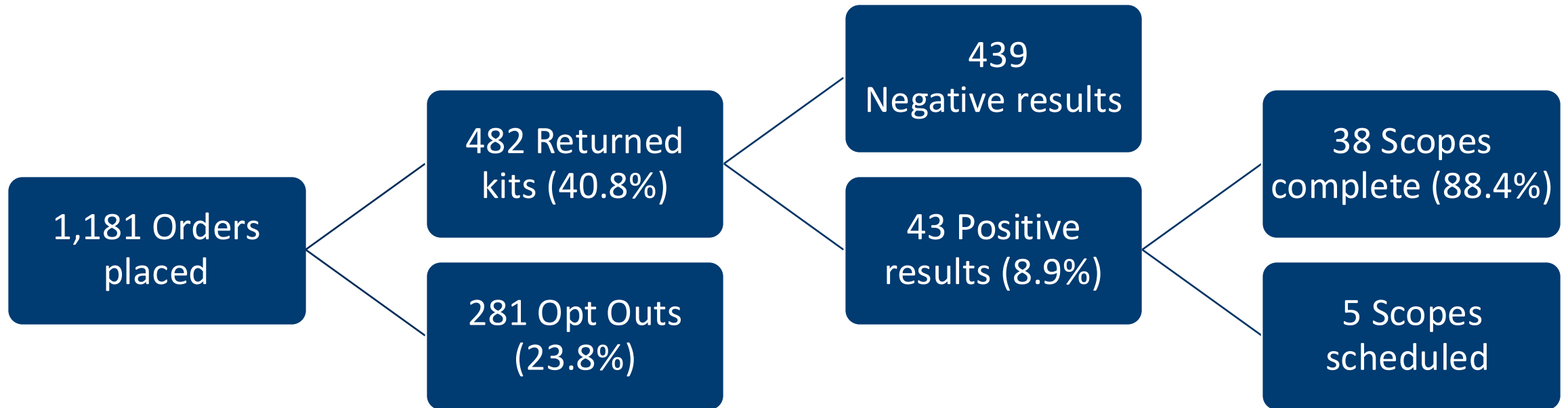
1. Patient choice
2. Facility locator tool based on distance
3. Referral Center or PCP's clinic recommendation
  - Fallback option to reduce handoffs and clinic interruptions





# CAMPAIGN RESULTS

# GI Waitlist Results Summary

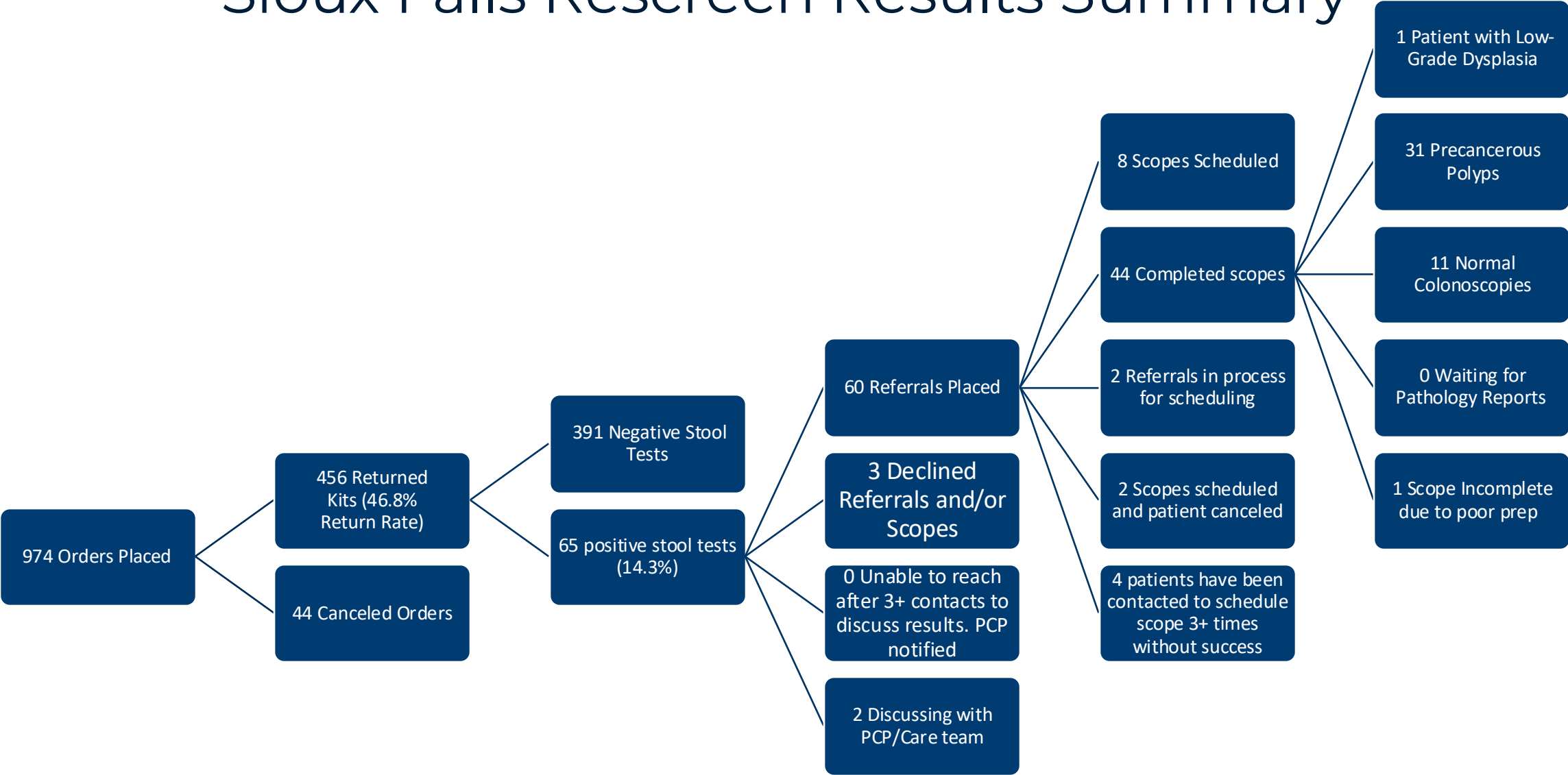


Return rate goal 30%

Last Data Refresh: 10/04/2024 12:49 PM



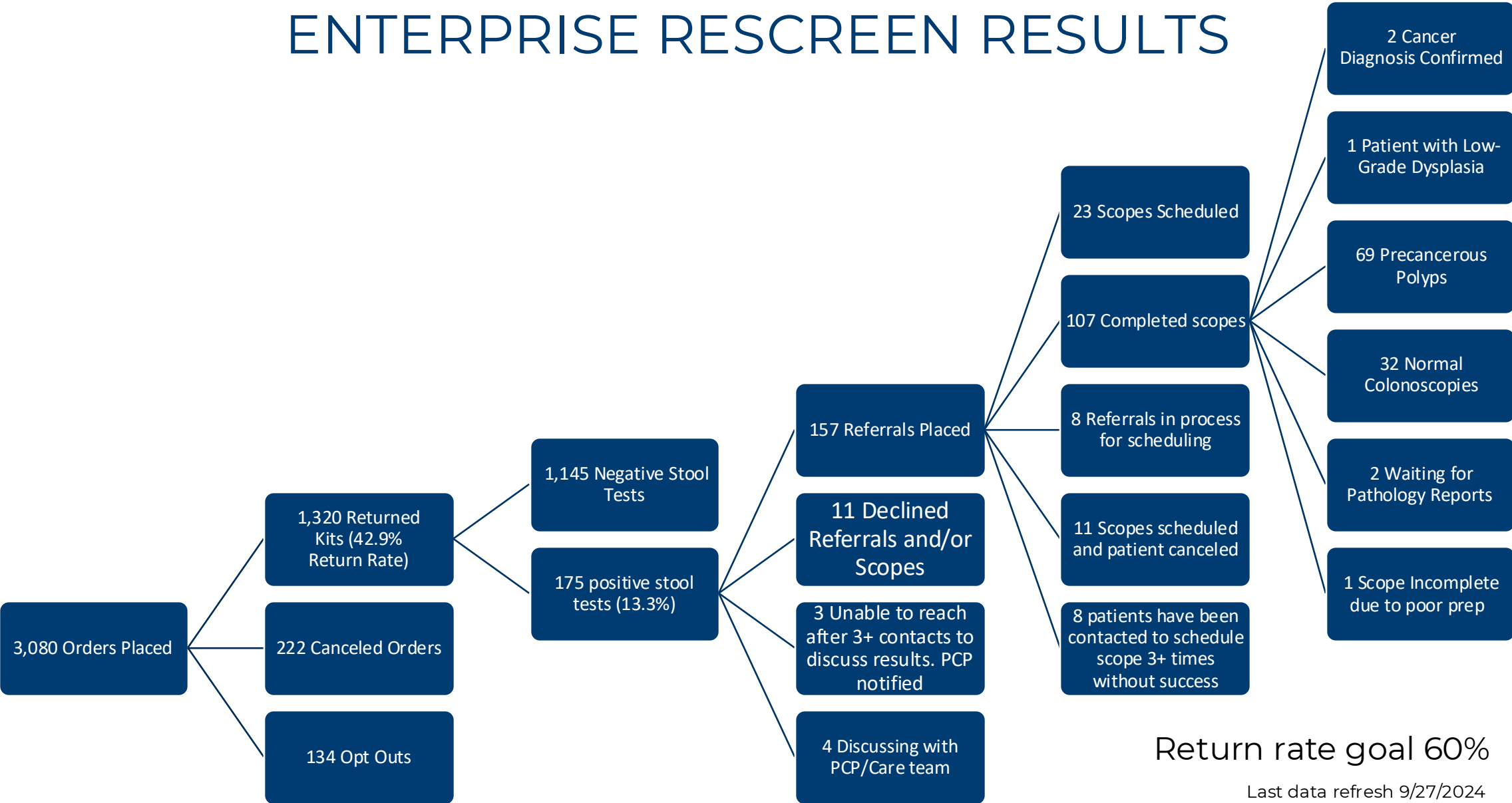
# Sioux Falls Rescreen Results Summary



Last Data Refresh: 09/13/2024



# ENTERPRISE RESCREEN RESULTS



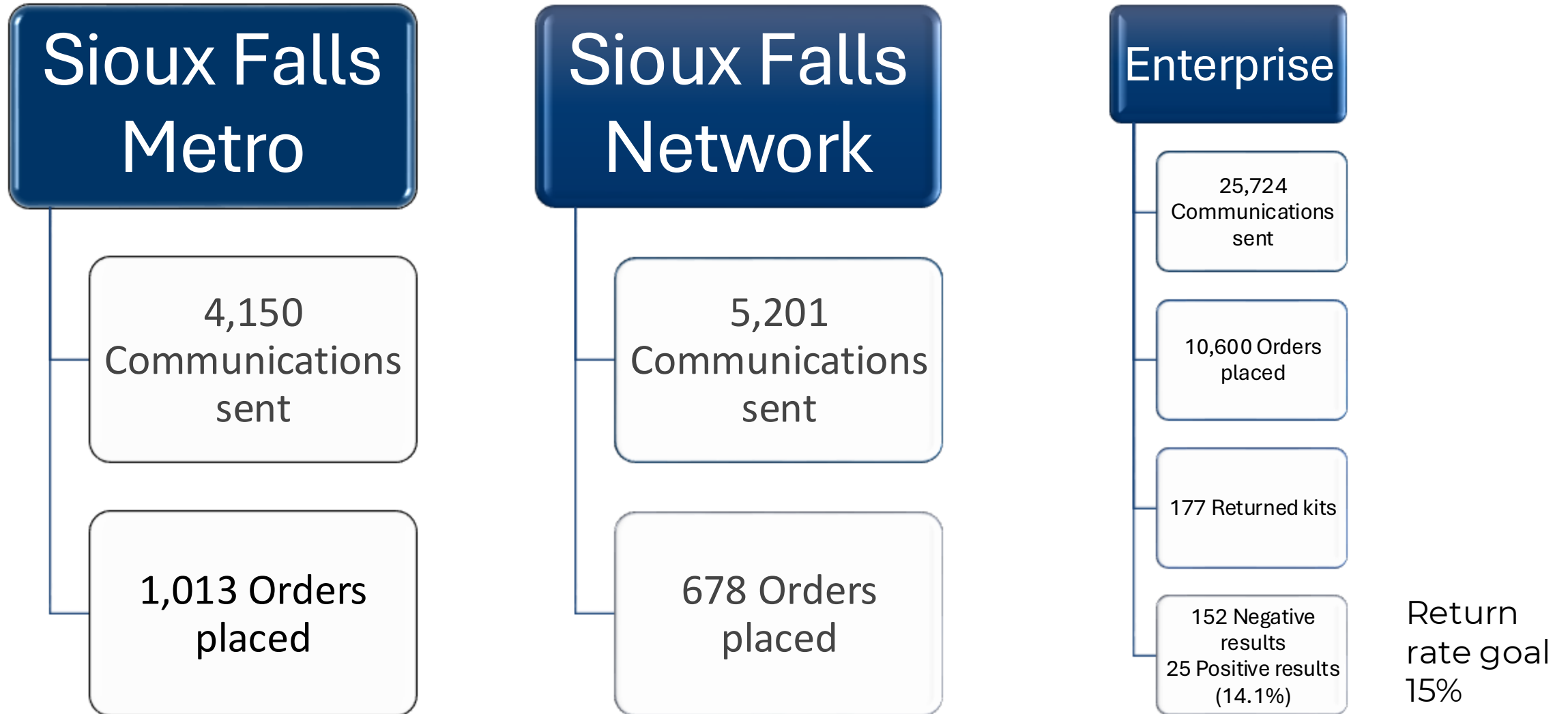
Return rate goal 60%

Last data refresh 9/27/2024





# NEVER SCREENED SUMMARY



# FOLLOW UP COLONOSCOPY COMPLETION

Kit Rescreens and Never Screened Populations							
	Total Scopes Needed	Scope Completed	Not Completed	Scheduled	% Complete	% Comp ≤90 days (all scopes)	Average Days to Completion
<b>SF</b>	61	44	17	7	72.1%	68.9%	40.9
<b>Enterprise</b>	<b>252</b>	<b>147</b>	<b>105</b>	<b>34</b>	<b>57.3%</b>	<b>52.4%</b>	<b>63.0</b>

**Scheduled** column is a subset of **Not Completed** column



## Outreach campaigns\*:

- 29,543 overdue average-risk patients received a message
- 12,645 orders placed
- 1,984 patients screened through campaigns
- 2,221 reconciled results and corrected charts, decreasing clinic team burden

## GI outreach:

- Exceeded 30% return rate goal by 10.6%
- Shortened colonoscopy wait by >2 months

## Enterprise Aug YTD screening rate:

- 69.7%, up 1.1% over Aug 2023



\*as of October 4, 2024



# NEXT STEPS

• Finish never screened outreach

• Scope rescreen population

• Launch 2025 campaigns, add attributed PCP patients



Publish, present, share





# SANFORD USD MEDICAL CENTER

SIOUX FALLS, SOUTH DAKOTA

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