

Voices from the Field

July 28, 2021

ACCSIS Appalachia

A Q&A with PrimaryPlus-Vanceburg (Vanceburg, KY) ACCSIS Clinic Champions on how they were able to successfully navigate through the COVID-19 pandemic

Tonia Bivens, Chief Nursing Officer, and Tracy McGuire, Chief Marketing Officer, shared their perspectives.

What were your biggest challenges during the COVID-19 pandemic?

In general, adjusting to new unknowns and changing our whole way of providing care to patients. We made major changes to everyone's daily routines and it was ever-changing – every day. We were trying to make our best educated decisions in trying to reinvent health care in a new way.

Specific to colorectal cancer (CRC) screening – during this time so much of our care was being done from the cars and mainly acute visits with testing. We did not have many patients coming in for wellness visits or regular check-ups. It became clear during this time how important patient-provider one-on-one interactions are. Taking that interaction out of the equation made it more difficult to encourage screening – but we really tried to keep it moving and stick to our workflows as much as the situation allowed.

What did you do to try to overcome challenges with CRC screening during this time?

We felt like control was taken out of our hands during the pandemic because referrals for colonoscopy were completely halted by most hospitals. Not to mention, people were not leaving their homes and especially not to come to the doctor (unless they were sick). Offering Cologuard was one thing we could have control over a little bit. Even with Cologuard, it was scary for patients with positive Cologuard tests because they couldn't get in for follow-up screening colonoscopy. We did what we could to see patients – we did a lot of telehealth and we saw patients in the parking lot. But 90% of the patients we saw during the pandemic were sick.



PrimaryPlus – Vanceburg, Vanceburg, KY

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ACCSIS
Accelerating Colorectal Cancer Screening and
Follow-Up Through Implementation Science

Your CRC screening numbers actually improved each quarter during the pandemic and into 2021. How did you manage to do this?

Cologuard was the main driver of keeping our CRC screening numbers up. We changed our policy for ordering screening tests and said that if the patient had been seen in the clinic in the last year and fit the screening criteria, we could order Cologuard for them without them coming in. We talked to patients on the phone and ordered Cologuard. We did a lot of phone calls to patients. We worked from our lists of patients due for screening and did a lot of outreach – there was a lot of time spent. We have case managers on staff that did a lot of the outreach to patients – with nurses also doing some outreach when they had time. We can't stress enough how important our case managers were to us for daily workflow and keeping outreach going.

What advice would you give to other clinics who struggled with CRC screening during the pandemic and in its' aftermath?

If case management isn't something that is part of your current workflow, you may consider this service or a care coordinator for outreach. Providers also need to remember how instrumental they are in encouraging screening because they are really the ones that can educate patients who are on the fence about screening.

Even when we weren't seeing patients in the clinic during the pandemic, we still tirelessly tried to keep workflows in place as much as possible – our case management workflows, our EMR workflows for screening – everything was kept in place and continued (maybe just modified such as being over the phone, via telemedicine or maybe even a car visit). Case management was the biggest piece to that puzzle. We never devalued screening during the pandemic – we tried to still keep it at the forefront as much as we could. We were very aware that the pandemic was going to have a lasting effect, especially when it came to important health screenings, so we tried to keep our wheels turning as much as possible.