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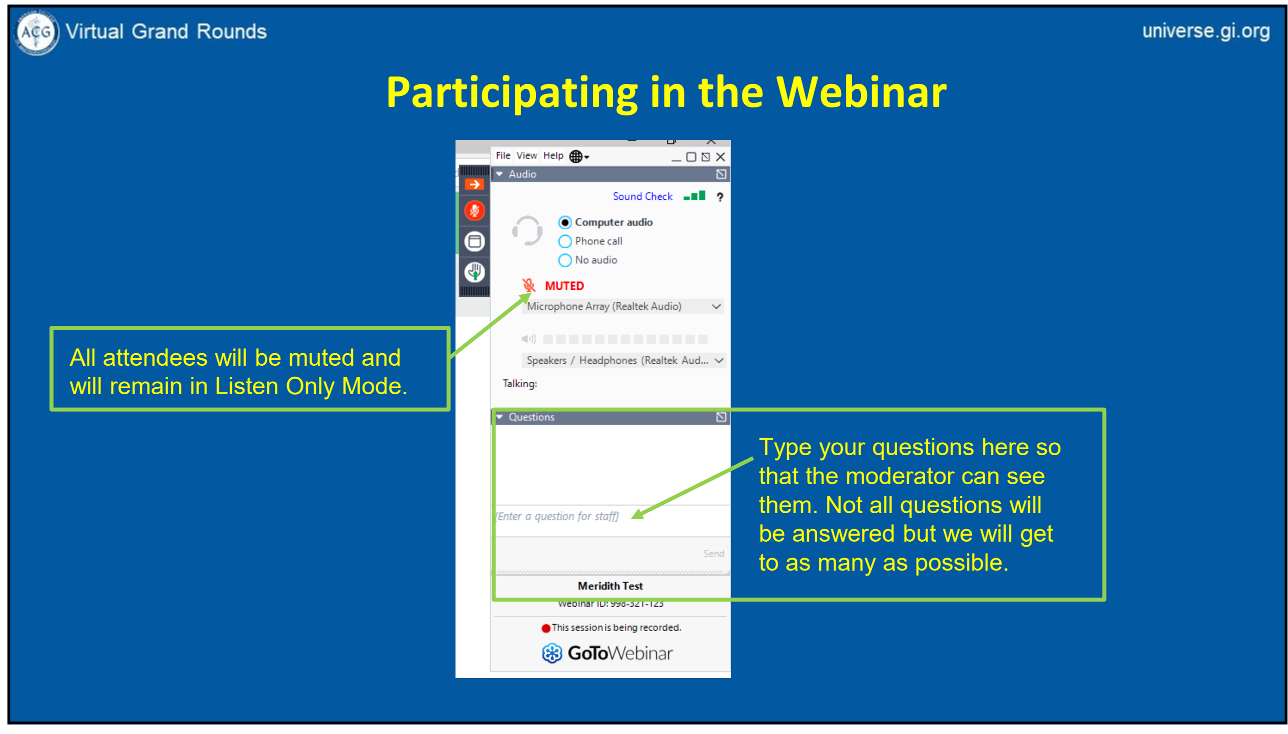

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How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR

ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2022 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2023 for this activity.

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MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement.
THESE ANSWERS WILL BE REVIEWED.

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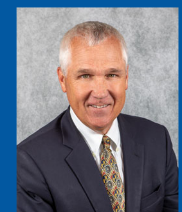
Join us for upcoming Virtual Grand Rounds!



Week 3 –Thursday, January 19, 2023
Cannabis for Gastrointestinal Disorders: Everything You Wanted to Know, But Were Afraid to Ask
Faculty: Linda Anh Nguyen, MD
Moderator: Steven Carpenter, MD, FACG
At Noon and 8pm Eastern

Week 4 – Thursday, January 26, 2023
Managing IBD: Technology Enabled, Resilience-Based Self-Management Solutions (sponsored by GI OnDEMAND)
Faculty: David T. Rubin, MD, FACG; Laurie A. Keefer, PhD, and Megan Riehl, PsycD
At Noon and 8pm Eastern

Visit **gi.org/ACGVGR** to Register

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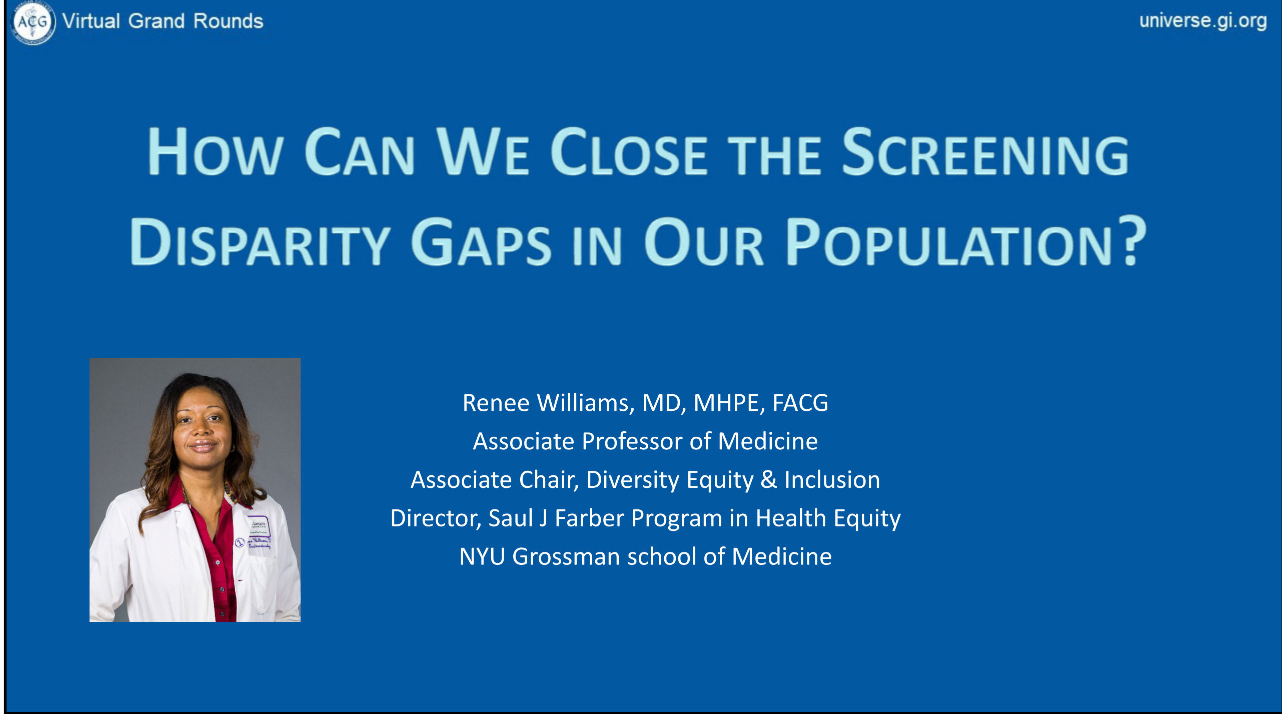

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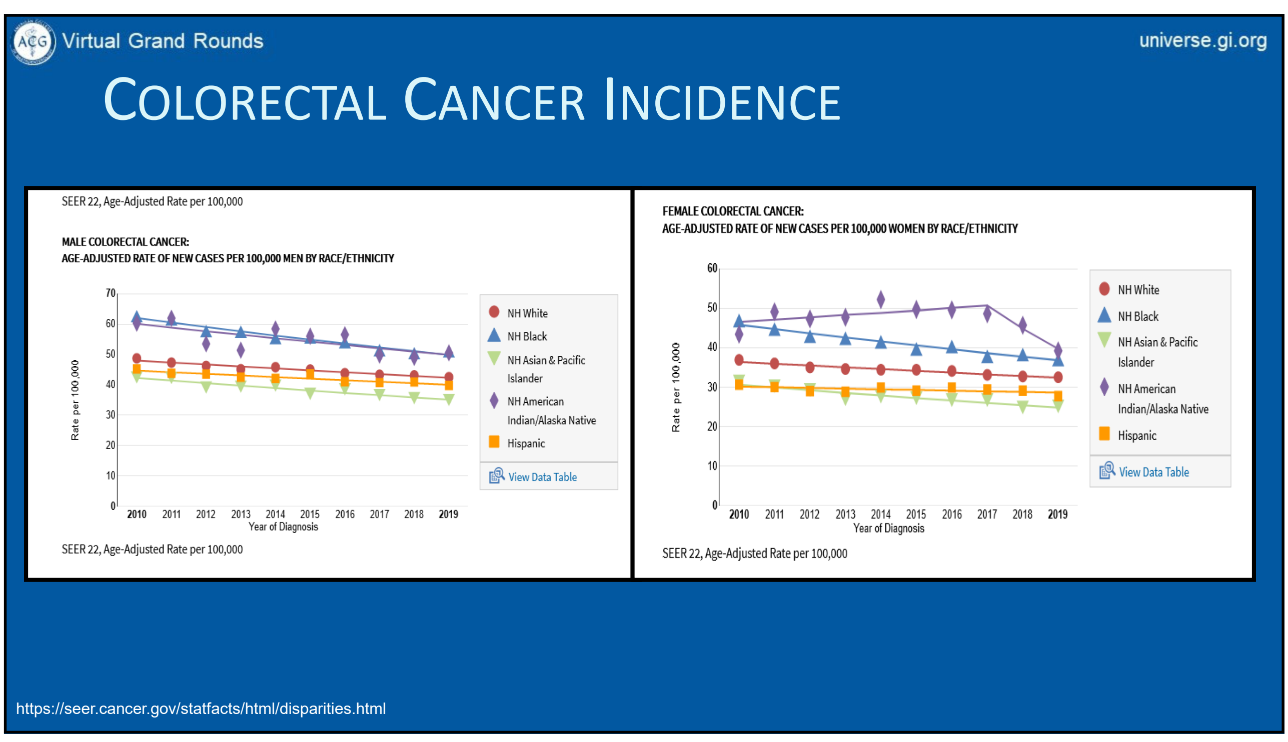

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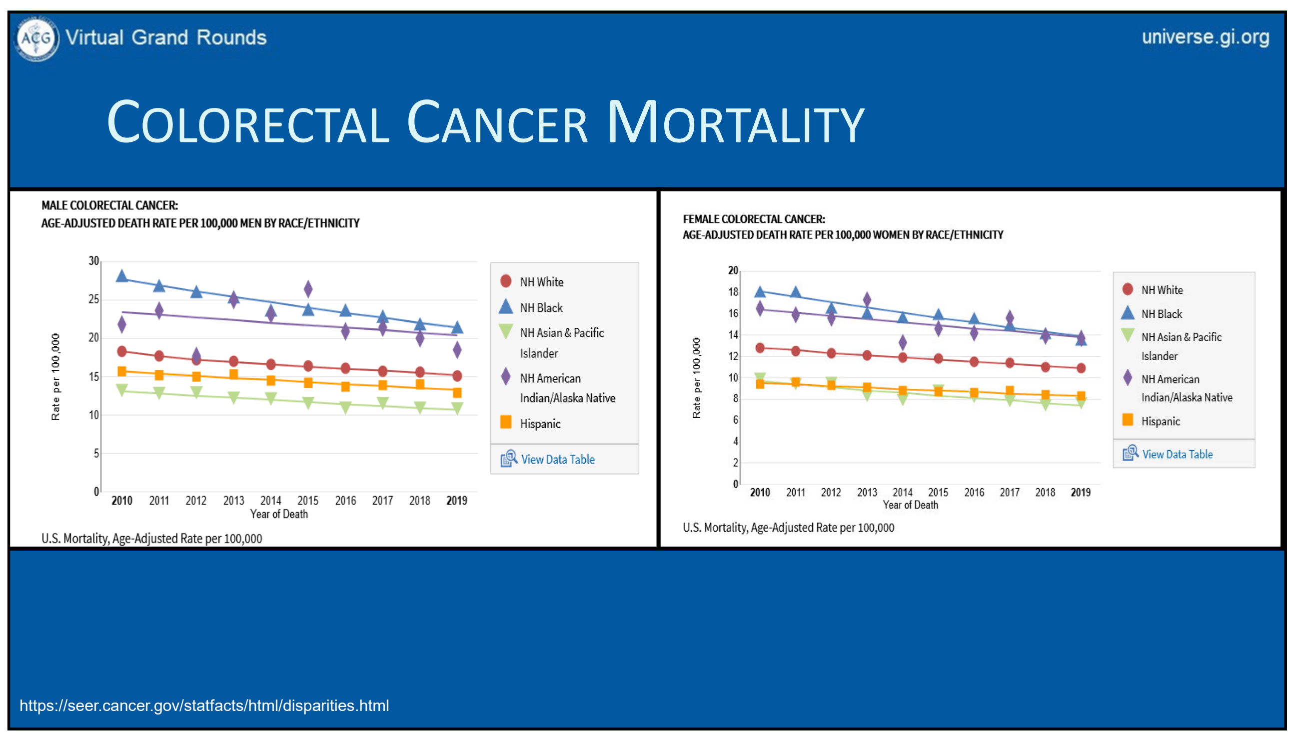

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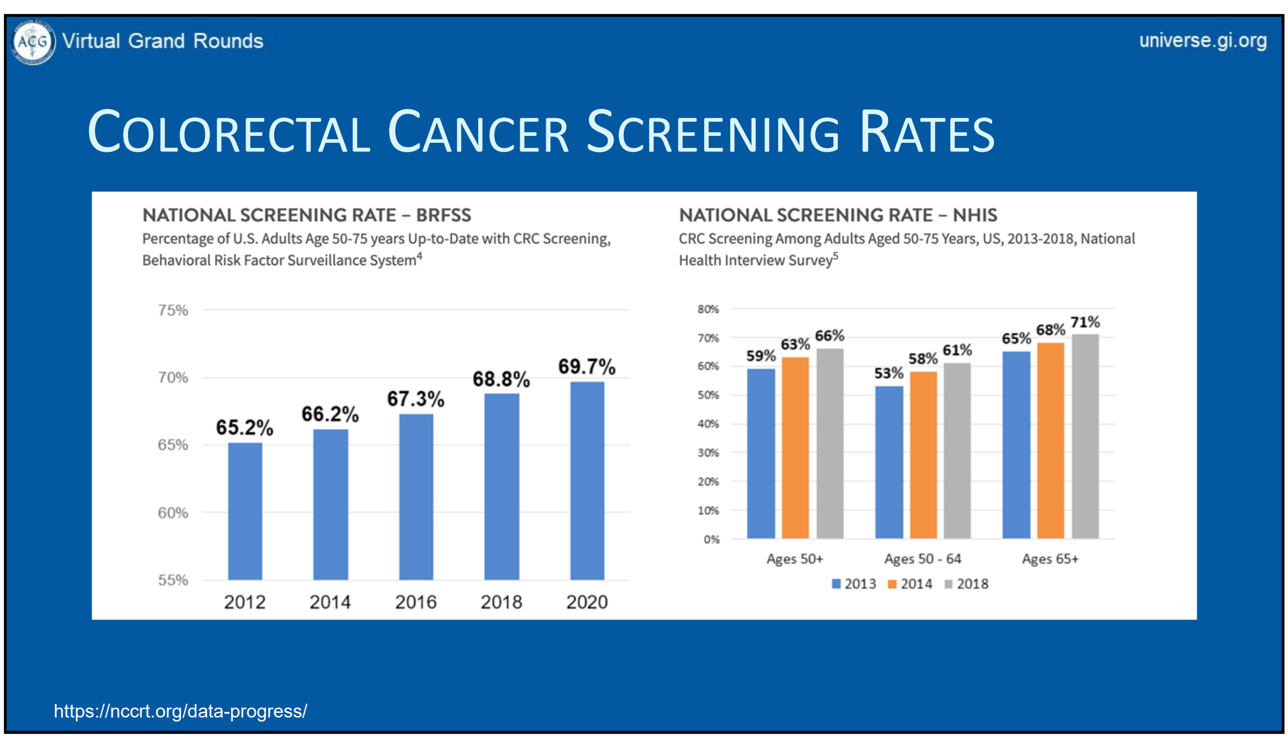

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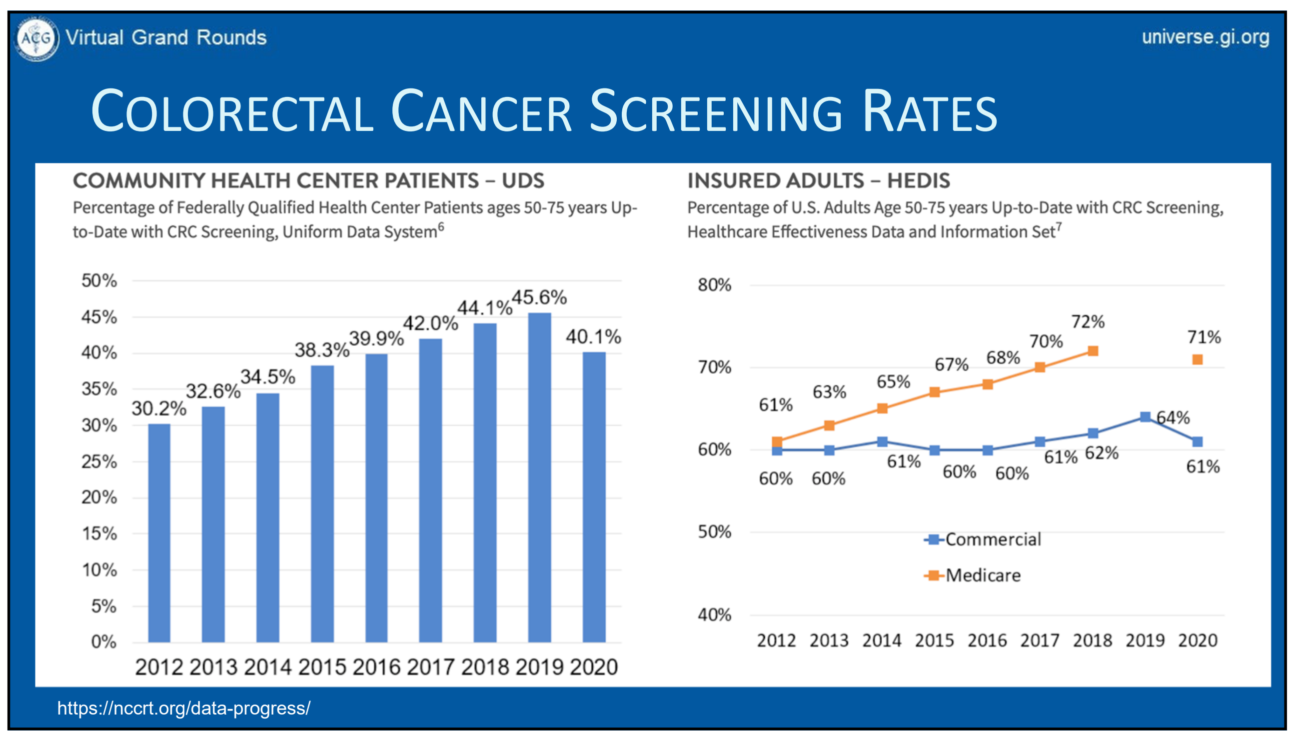

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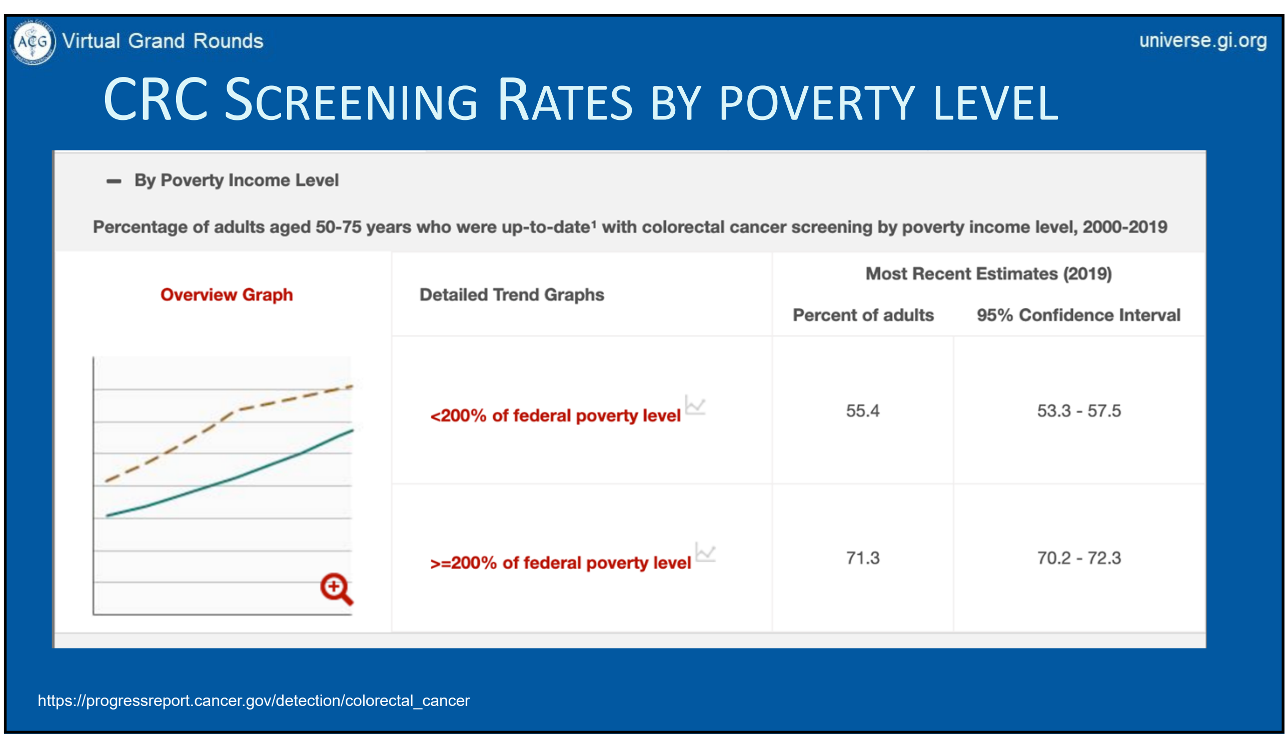

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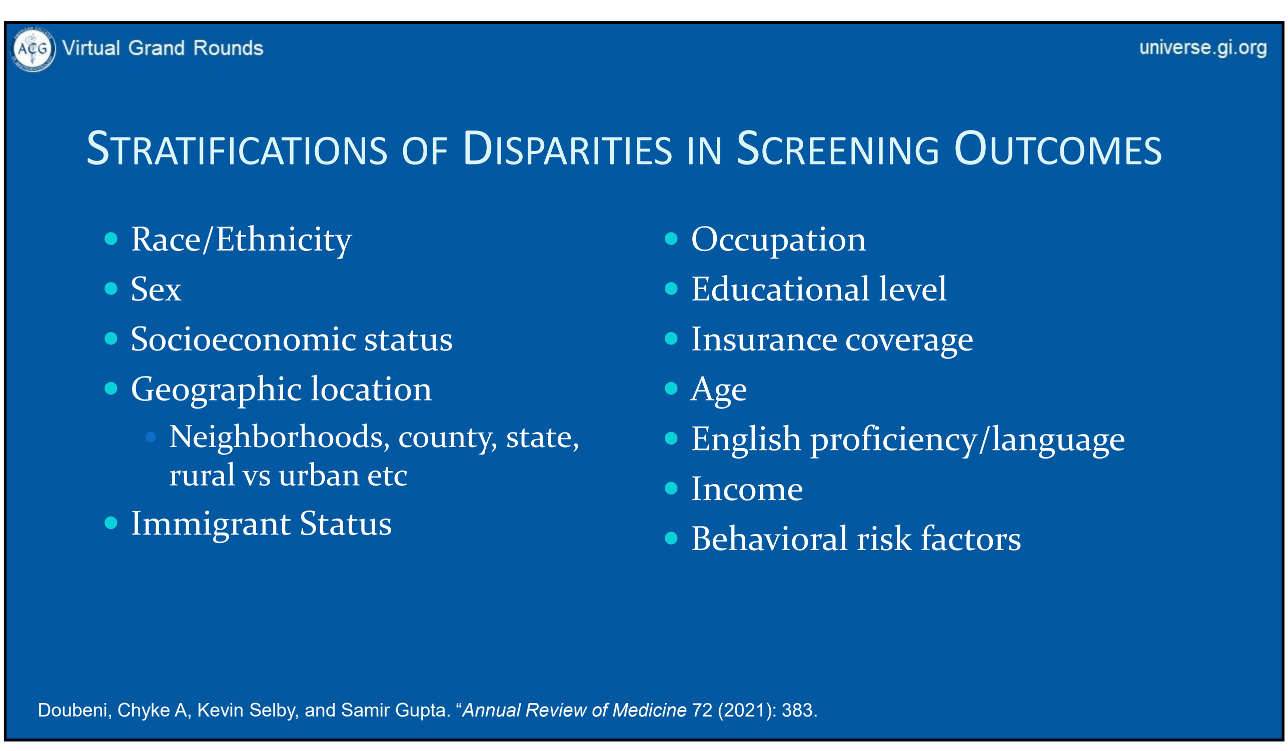

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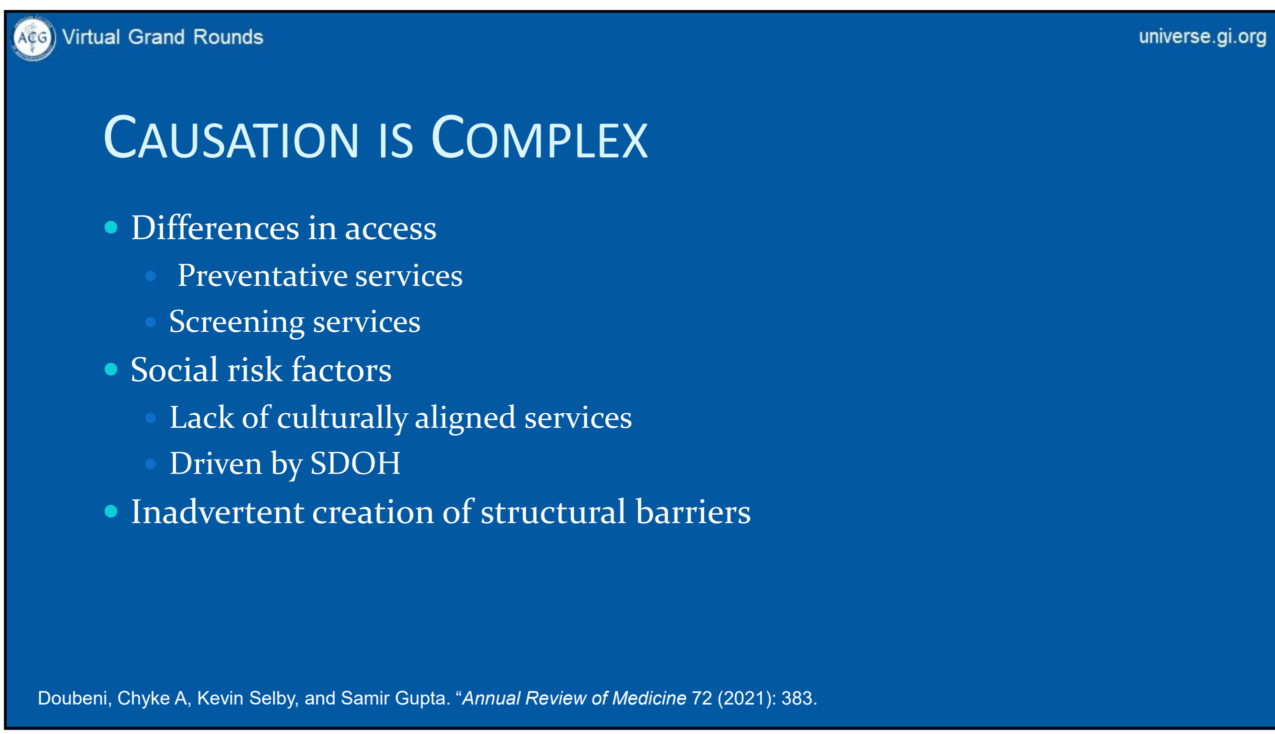

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Virtual Grand Rounds

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HOW DO WE CLOSE THE GAP?

- Equitable access
- Quality access
- Health equity framework
  - Social determinants of health
  - Policy
  - Community engagement
  - Individual
  - Screening processes
- **Stratify barriers and facilitators to CRC screening**

Doubeni, Chyke A, Kevin Selby, and Samir Gupta. "*Annual Review of Medicine* 72 (2021): 383.

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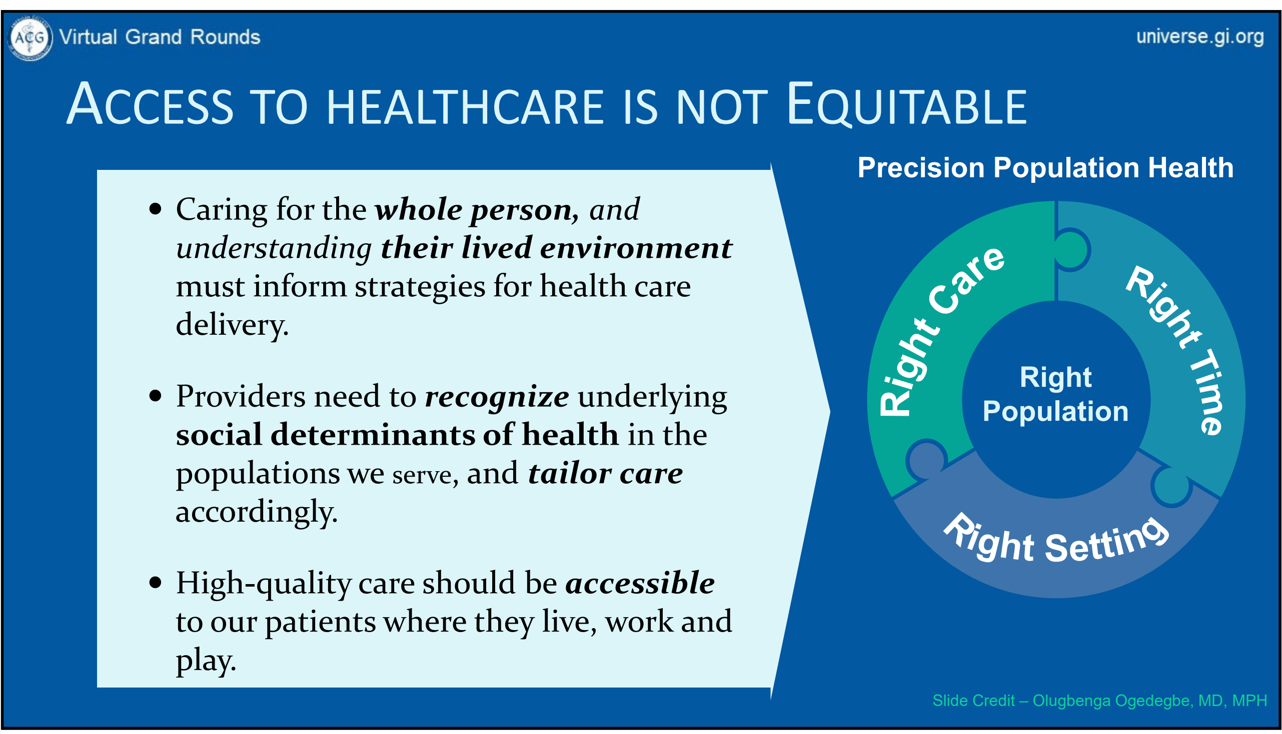

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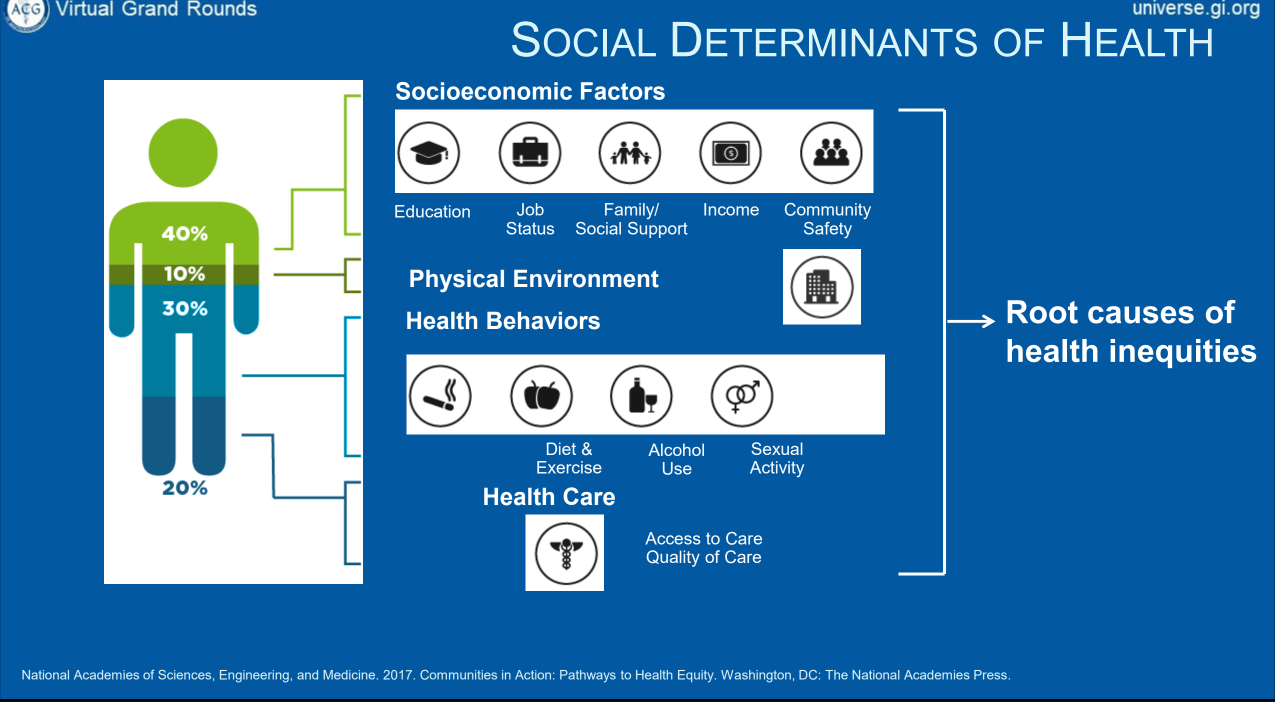

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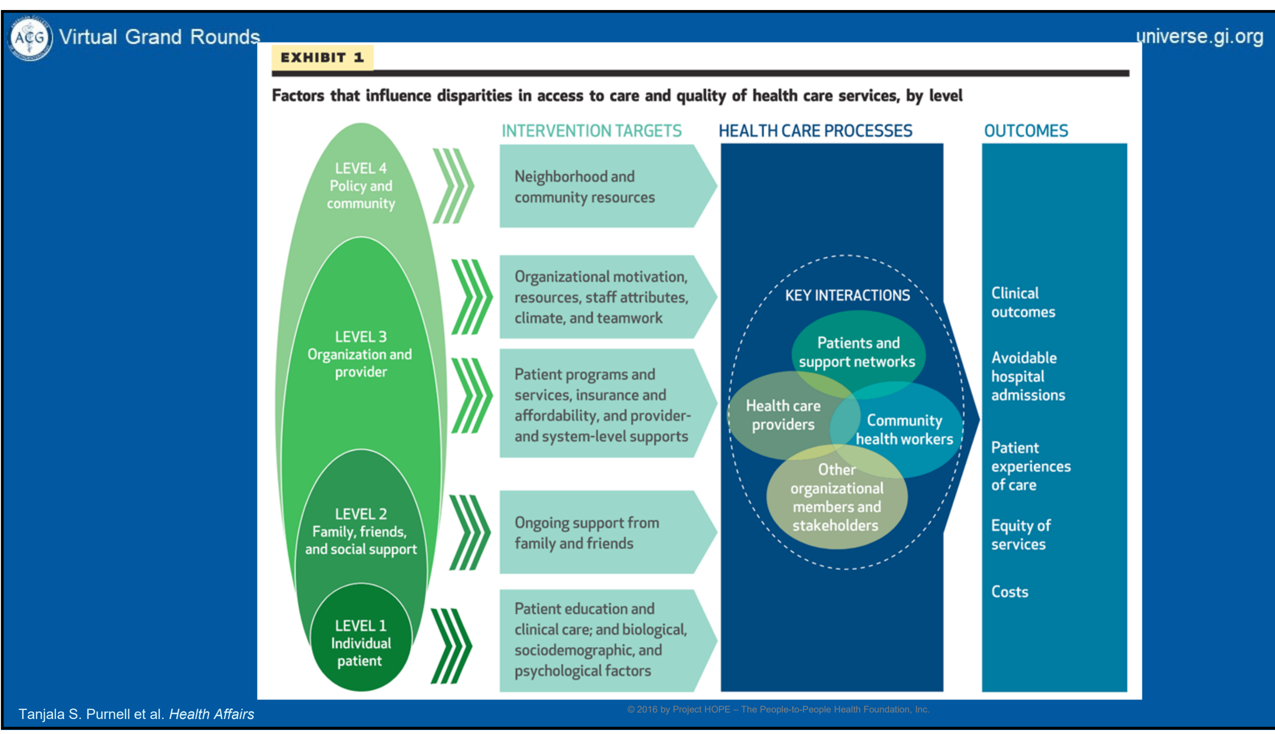

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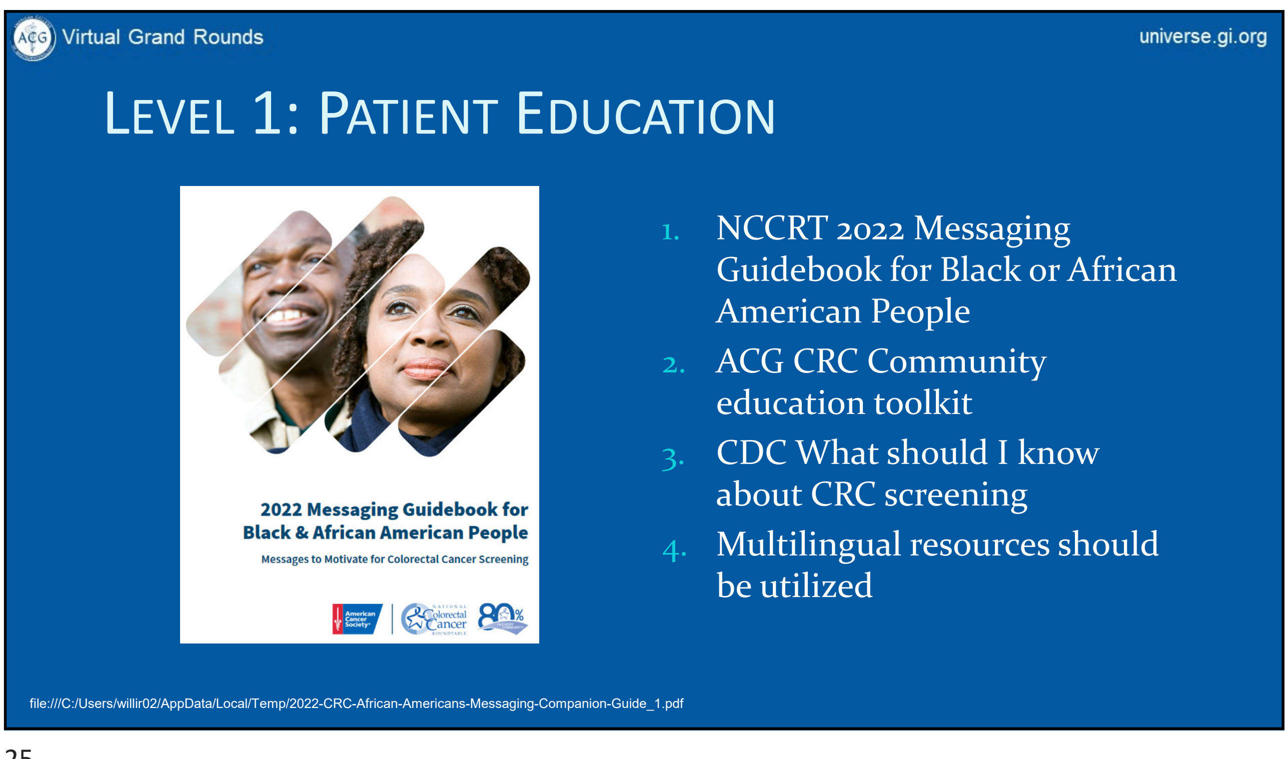

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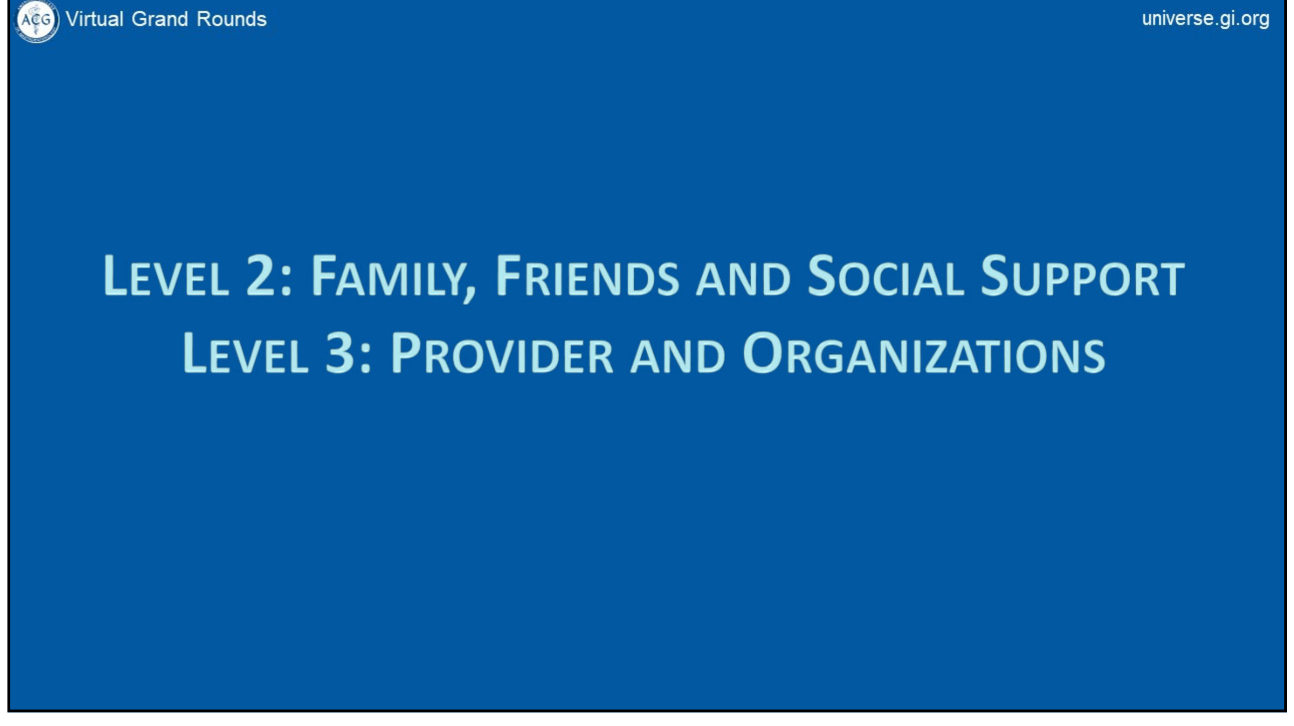

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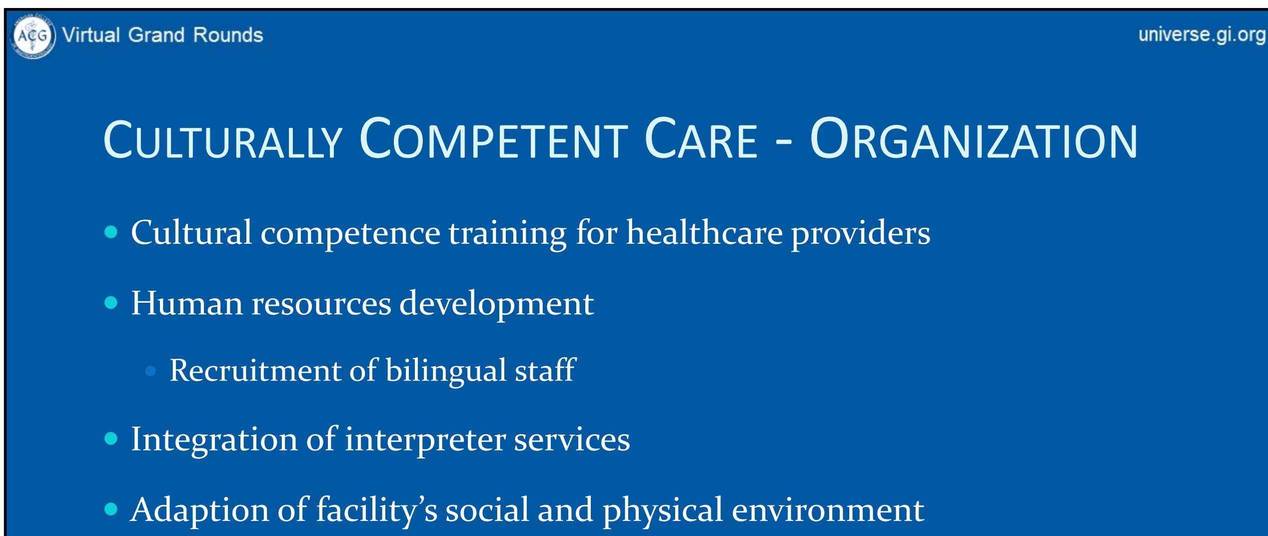

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Providing Access to Culturally Competent Care

- Integration of community health workers (CHW)
  - Help patients navigate the system
- User engagement and networking
  - Strategies to assure cultural appropriateness of healthcare interventions
- Telemedicine
  - Overcome limited access to healthcare
- Creating community health networks

Handtke, O., Schilgen, B., & Mösko, M. (2019).. *PloS one*, *14*(7), e0219971.

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Principles of Community Engagement

- ✓ Have a shared goals with the community
- ✓ Understand the community and history of engagement
- ✓ Build trust and see come in from stakeholders
- ✓ Respect diverse perspectives within a community
- ✓ Identifying mobilize community assets
- ✓ Partner with the community
- ✓ Assure community ownership and control of actions
- ✓ Long-term commitment

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Delaware Cancer Consortium

- **Establishment of the Delaware Cancer Advisory Council in 2001**
  - Develop a statewide cancer control program
    - Increase CRC screening
    - Target quality treatment
    - Utilize patient navigation to promote access to screening and proper care
    - *"Turning Commitment into Action"*
- **Fully funded by the Delaware State Legislature in 2003**
  - CRC screening program
    - Provided reimbursement to uninsured Delaware residents
    - Coverage via Medicaid and Medicare
  - Cancer treatment program for the uninsured (2004)
    - Coverage for 2 years of therapy for the uninsured
  - Emphasis on African-American cancer disparity reduction
    - Nurse navigators
    - Underserved community organizations

Grubbs et. al Journal of Clinical Oncology 2013;31(16):1928-1930

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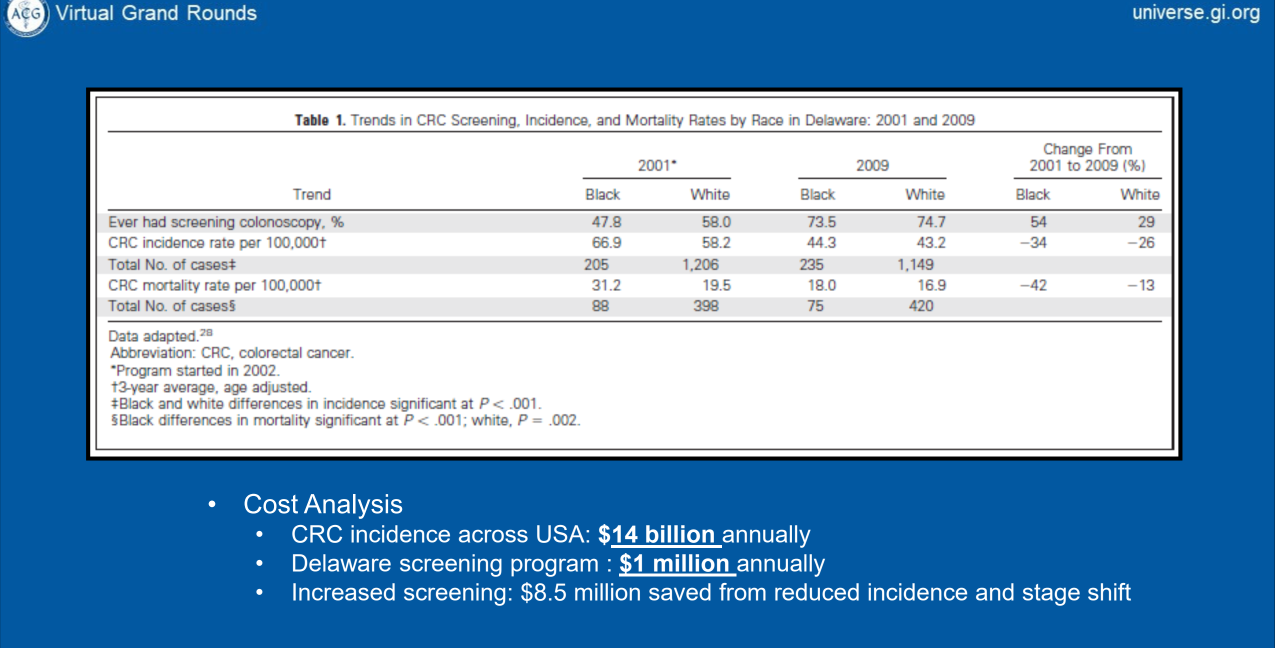

Virtual Grand Rounds

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Table 1. Trends in CRC Screening, Incidence, and Mortality Rates by Race in Delaware: 2001 and 2009

Trend	2001*		2009		Change From 2001 to 2009 (%)	
	Black	White	Black	White	Black	White
Ever had screening colonoscopy, %	47.8	58.0	73.5	74.7	54	29
CRC incidence rate per 100,000†	66.9	58.2	44.3	43.2	−34	−26
Total No. of cases‡	205	1,206	235	1,149		
CRC mortality rate per 100,000†	31.2	19.5	18.0	16.9	−42	−13
Total No. of cases§	88	398	75	420		

Data adapted.[28]
Abbreviation: CRC, colorectal cancer.
*Program started in 2002.
†3-year average, age adjusted.
‡Black and white differences in incidence significant at $P < .001$.
§Black differences in mortality significant at $P < .001$; white, $P = .002$.

- Cost Analysis
  - CRC incidence across USA: **$14 billion** annually
  - Delaware screening program : **$1 million** annually
  - Increased screening: $8.5 million saved from reduced incidence and stage shift

Grubbs et. al Journal of Clinical Oncology 2013;31(16):1928-1930

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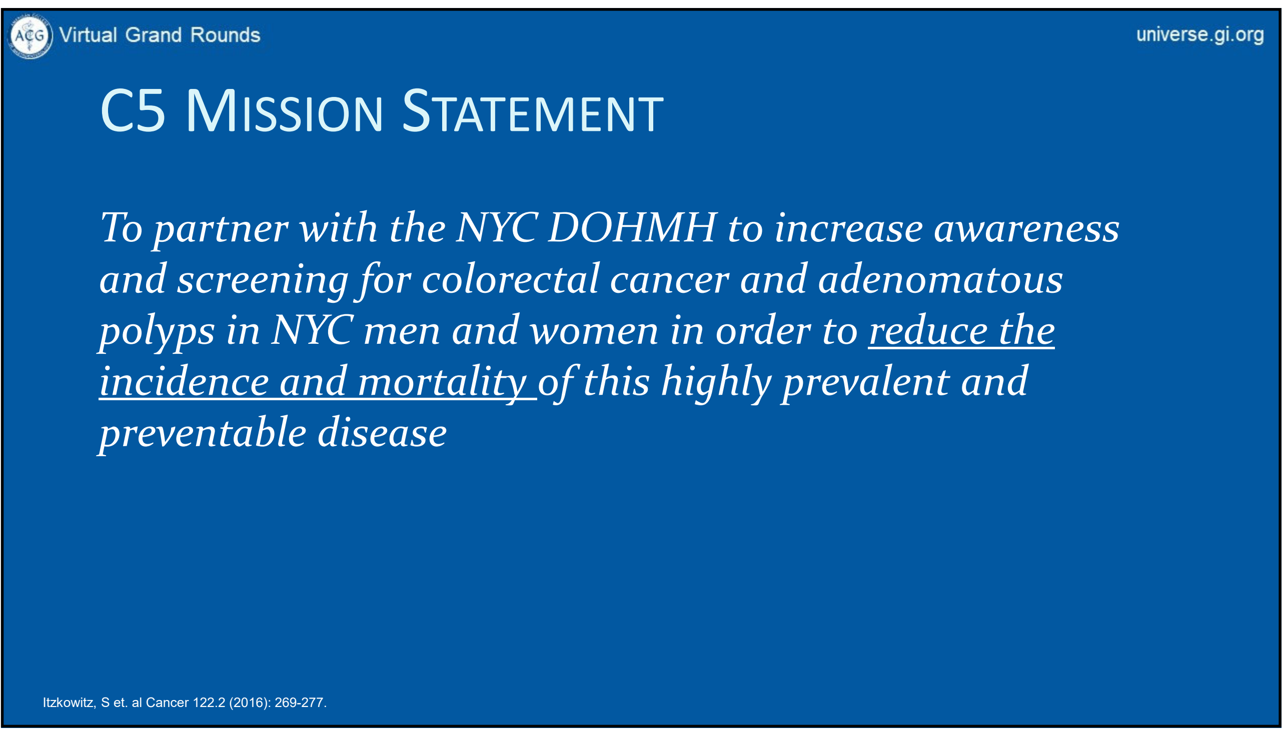

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NYC Colorectal Cancer Control Coalition (C5)

- 1500 CRC deaths per year in NYC
- **42% screening rate in 2003**

NYC DOHMH Commissioner
Advisory Committee
NYC DOHMH Cancer Prevention Program
Funding
C5 Coalition Co-Chairs
Initiatives
Stakeholders
Steering Committee
Hospitals
Physicians
NY State Dept. of Health
Medical Societies
Sub-Committees
- Survivor Organizations
- Patient Advocacy
- Health Plans (Union Benefit Plan)
- Insurance Companies
Colonoscopy Navigator Network *

*this network evolved from the work of C5

Figure 1. C5 structure. C5 indicates Citywide Colon Cancer Control Coalition; DOHMH, Department of Health and Mental Hygiene; NYC, New York City.

Itzkowitz, S et. al Cancer 122.2 (2016): 269-277.

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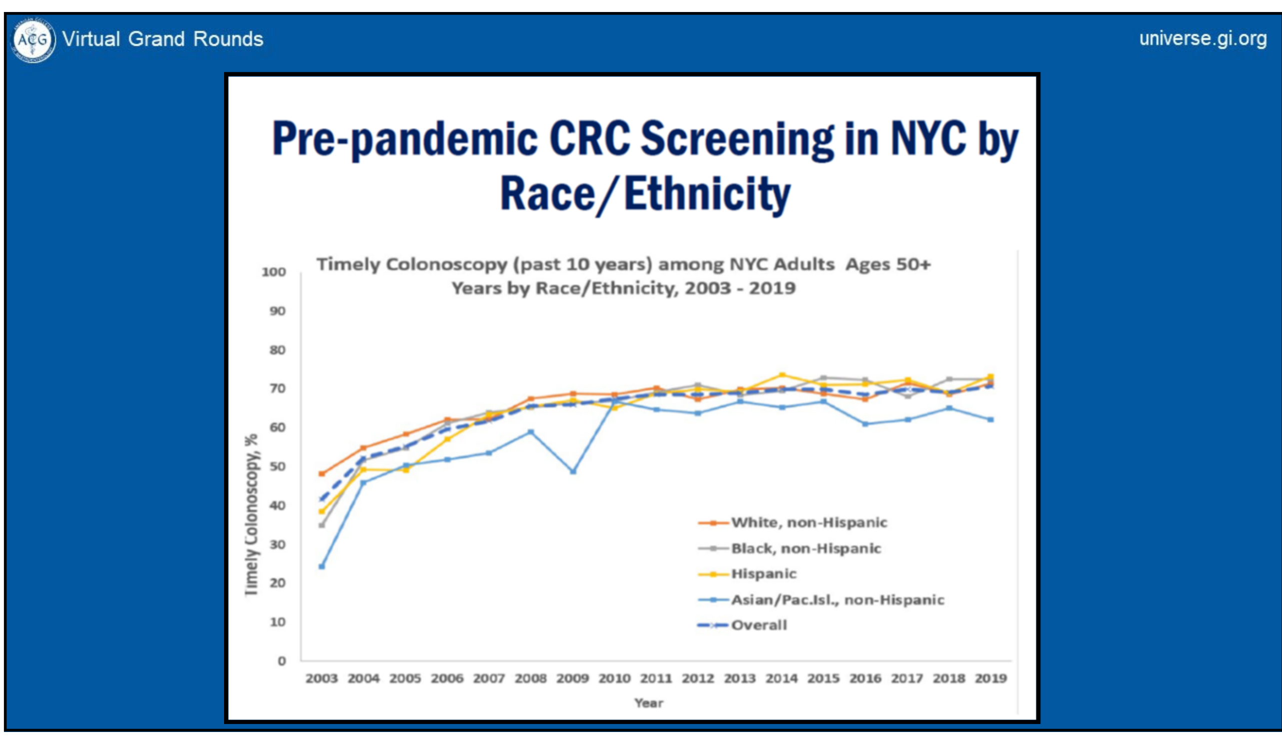

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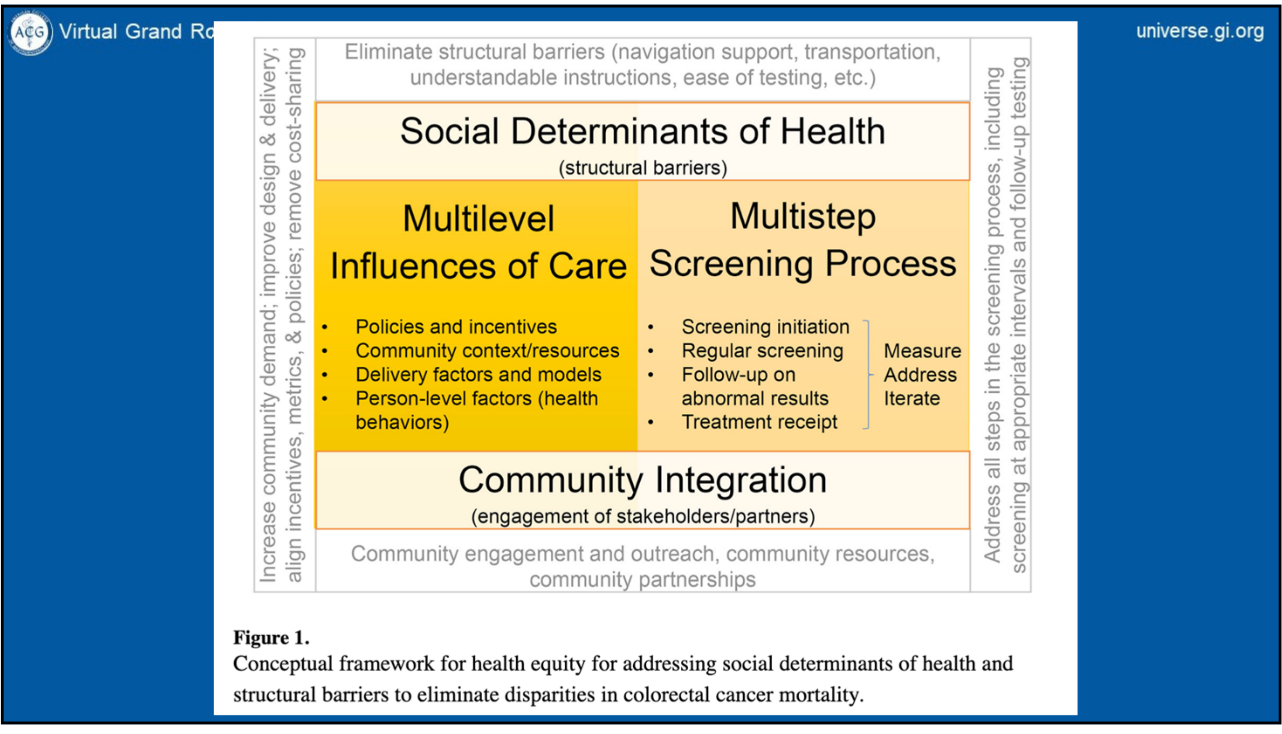

Figure 1.
Conceptual framework for health equity for addressing social determinants of health and structural barriers to eliminate disparities in colorectal cancer mortality.

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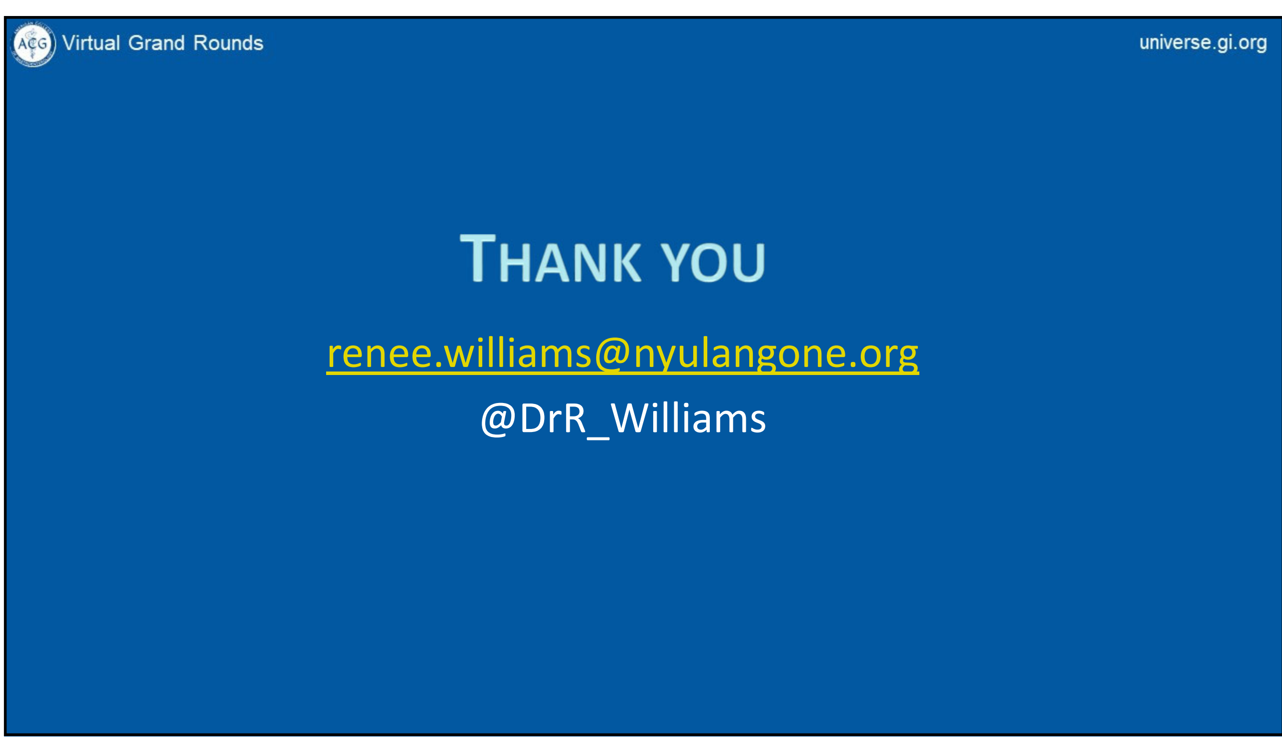

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Questions

Renee L. Williams, MD, MHPE, FACG

Loren G. Rabinowitz, MD

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