

IMPACT REPORT

May 2025





Quality Health Associates of ND ScreeND team





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Quality Improvement Program Director



Nikki Medalen, MS, RN, APHN-BC, CPHQ

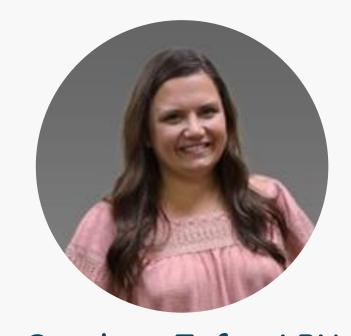
Quality Improvement Specialist



Jonathan Gardner
Network Administrator



Nathan Brintnell
Programmer/Security Analyst



Carolyne Tufte, LPN

Quality Improvement Specialist

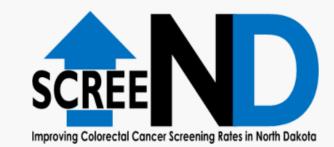


Tessa Schulz
Communications Coordinator

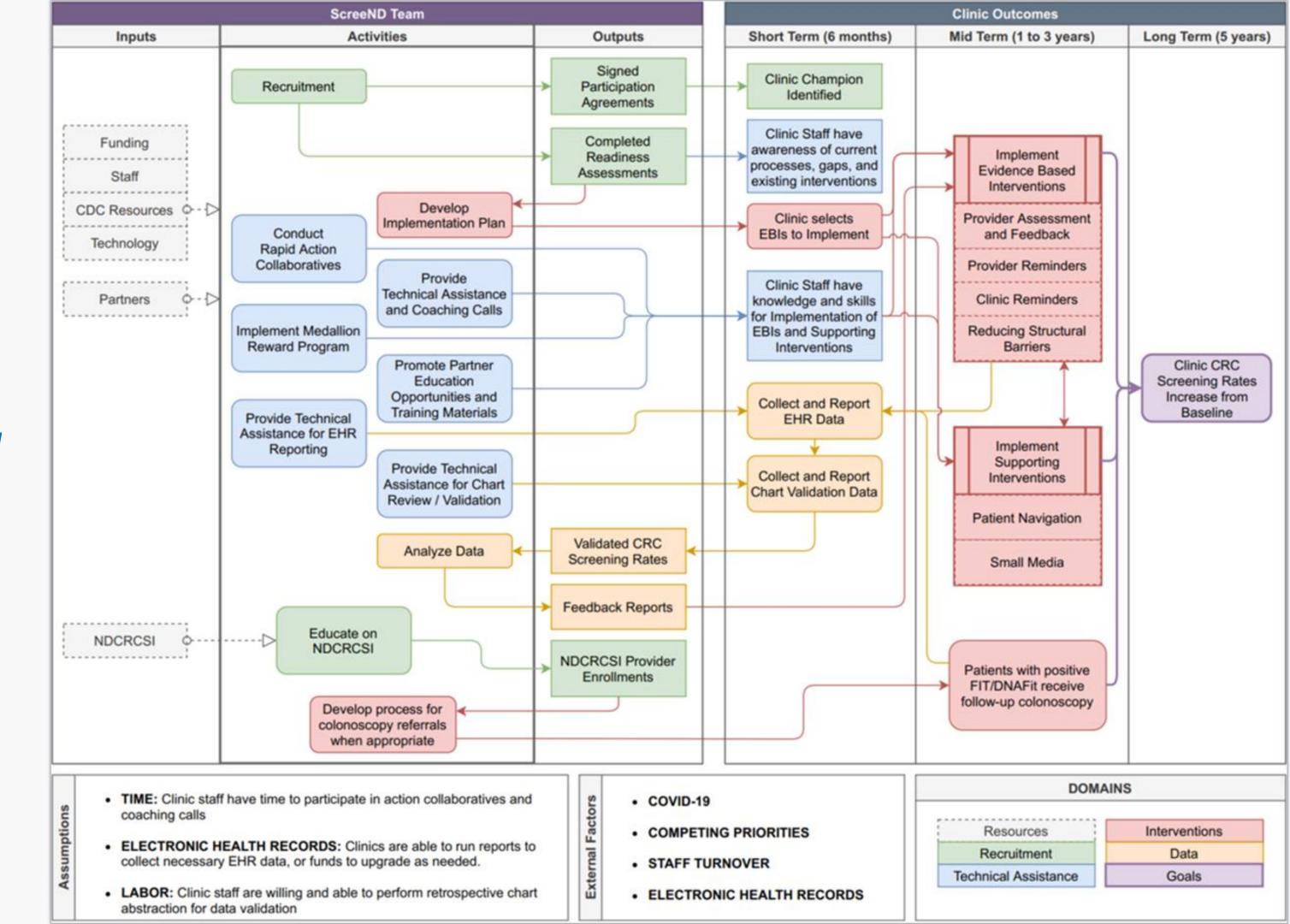


Heather Wilson, LCSW

Quality Improvement Specialist



Logic Model



Thank you to our subject matter experts and organizations that provided resources, advisors or partnerships.

























Thank you to our participating clinics for your dedication to increase colorectal cancer screening rates in your community.























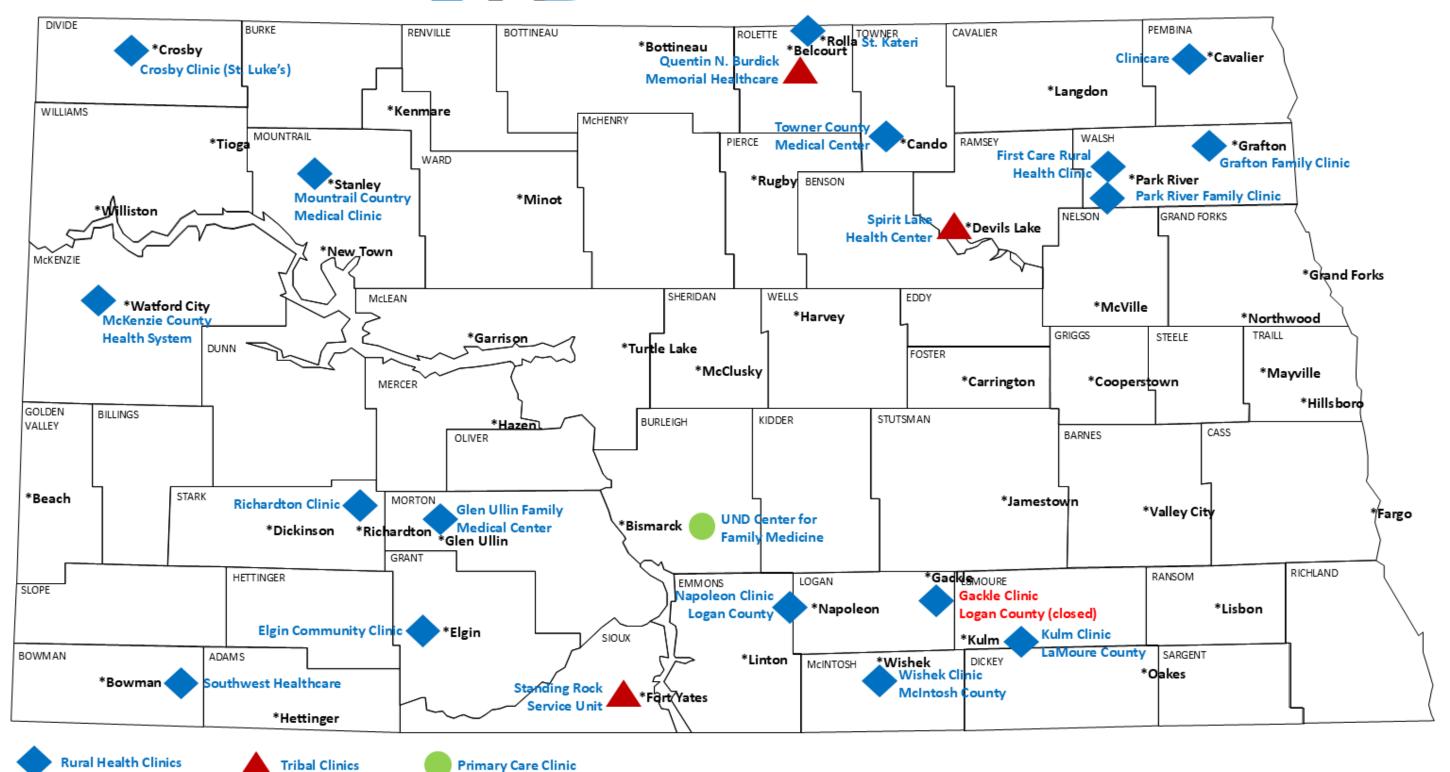








| Recruited Clinics



Clinics 126 Providers/Clinicians Nurses Support Staff

64,115

Patients (95% Rural)

6,168

Estimated Native American Patient Population ages 45-75

Statistics

- 5 Cohorts
- 30+ New ScreeND developed resources
- 48 Editions of Snapshot
- 45 Annual Feedback Reports
- 2 80% in Every Community Award Winners (NCCRT)
- 2 Presentations on National Association of Chronic Disease Directors (NACDD) Peer to Peer Webinars
- 1 National Colorectal Cancer Roundtable (NCCRT)

 Presentation
- 1 Dakota Conference Speaker Presentation
- 1 Dakota Conference Poster Presentation
- 1 Invited Massachusetts Learning Collaborative Presentation
- 1 Colorectal Cancer Control Program (CRCCP) Virtual Training Booth



409

Technical
Assistance (TA)
Meetings

96

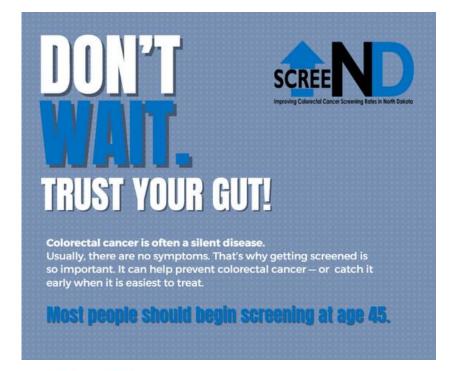
Site Visits

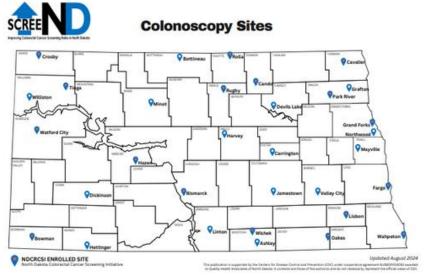
7,732

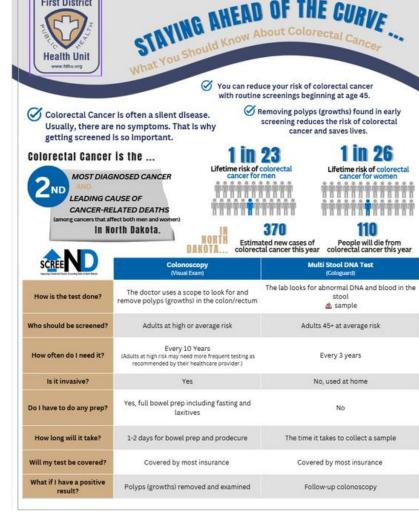
Additional CRC
Screenings
Completed

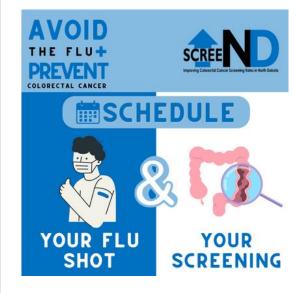
Impactful Tools Created

- Missed Opportunity Reports –
 Supporting performance improvement through actionable insights.
- Provider Assessment & Feedback
 Tools Helping clinicians reflect,
 improve, and grow.
- Patient Education Materials –
 Evidence-based, accessible resources
 tailored to different needs.
- Customizable Templates & Toolkits –
 Adaptable assets for diverse settings.









What's Covered?

Listed are the most common forms of insurance. Find the one that applies to you to see what is covered.

Private Insurance
Affordable Care Act (ACA) Plans, also
known as "Metallic" plans. Most HSA
plans are also in this category.
All screening types and follow up 100%

All screening types and follow up 100° covered. See plan documentation regarding surveillance or diagnostic colonoscopy.

NDPERS PPO/Basic Grandfathered Health Plan by Sanford Health Plan FIT Test 100% Covered. \$200 benefit

FIT Test 100% Covered. \$200 benefit wards screening once per benefit year, se your specific plan documentation or call the number on the back of the insurance card to verify coverage.

Medicare Part B Medicare
Advantage plans may require Advance
Notice or pre-authorization.

All screening types and follow up 100%

All screening types and follow up 100' covered. For Preventative Diagnostic Colonoscopies: 85% through 2026 90' hrough 2029 then 100% from 2030. Si your plan for more information. Private Insurance Non-ACA Plans, also known as "grandfathered" plans.

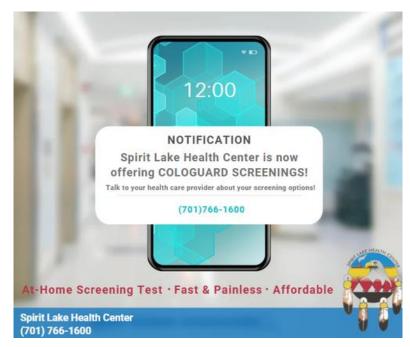
overage of services by each individual or roup insurance plan may differ. See your specific plan documentation or call the umber on the back of the insurance card to verify coverage.

North Dakota Medicald and Medicald Expansion Medicald beneficiaries may be subject to Client Shared

screening types and services 100% covered.

Uninsure

orth Dakota Colorectal Cancer Screening initiative (NDCRCSI) is serving uninsured ind underinsured at participating clinics. If you qualify, all screening types and services are 100% covered.



Challenges

- Pause with COVID
- Aligning measure definitions across multiple initiatives
- 14 clinics changed EHRs during their ScreeND participation
- Clinic staff turnover/shortages
- Competing priorities for clinics
- 1 Clinic Closed

Screenings

Missed screening colonoscopies due to COVID-19 pandemic

- Decreased endoscopy volumes
- Increased emergent procedures

Impact on mortality and morbidity

Overview of Impact of COVID-19 on CRC

 Many life-years-lost due to missed or delayed CRC diagnoses and increased staging at diagnoses

Solutions and Future Perspectives

- New triage pathways
- Increased utilization of FIT and other screening modalities to decrease endoscopy case-load and maintain timely screenings according to guidelines
- Updated practice guidelines would help universalize a new approach to screening practices



Sundaram S, Olson S, Sharma P, Rajendra S. A Review of the Impact of the COVID-19 Pandemic on Colorectal Cancer Screening: Implications and Solutions. Pathogens. 2021 Nov 19;10(11):1508. doi: 10.3390/pathogens10111508. PMID: 34832663; PMCID: PMC8619517.

Health Care Professionals' Perceptions of the Barriers to **CRC Screening for Rural, Frontier and Native American Populations in North Dakota** Health Systems Needs Assessment **AUTHOR** Shawnda Schroeder, PhD. MA Health Equity Research & Assessment LLC Grand Forks, North Dakota HEALTH EQUITY RESEARCH & ASSESSMENT CONTRIBUTORS Jonathan Gardner Network Administrator Nikki Medalen, MS, BSN, RN Quality Improvement Specialist Carolyne Tufte, LPN Quality Improvement Specialist Heather Wilson, MSW, LCSW Quality Improvement Specialist Quality Health Associates of North Dakota March 2024

Key Informant Interviews were held between October 2023 and January 2024 in twelve health centers representing 21 clinics participating in the ScreeND Program: one urban, eight rural and three tribal. These were held face-to-face and interviewers from QHA took notes for data analysis. An external partner located in North Dakota, with more than a decade of experience in community-based participatory research and evaluation, completed the thematic analysis.

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not necessarily represent the official views of CDC.

Recommendations:

- **1. Education & Resources:** Develop patient education materials and financial guidance.
- **2.Targeted Outreach:** Focus on patients aged 45-55 and promote wellness visits.
- 3. Community Events: Host events with follow-up procedures.
- **4.Data Collection:** Train clinics on meaningful data collection and EHR usage.
- **5.Promote Cologuard:** Improve workflow and reimbursement for Cologuard.

Embarrassment or Fear Patient Education & Communication

Transportation

Insurance



Provider Availability & Waitlists

Evidence-Based and Other Interventions

NUMBER OF CLINICS IMPLEMENTING INTERVENTIONS PER YEAR

Intervention	Year 1	Year 2	Year 3	Year 4	Year 5	
Provider Assessment and Feedback	4	8	14	18	21	
Evaluation of provider performance						
Provider Reminders	6	15	18	21	21	
Inform providers that it is time for a client's cancer screening test						
Client / Patient Reminders	6	15	18	21	21	
Letters, phone calls, or messaging advising patients that they are due for screening						
Reducing Structural Barriers	0	6	18	21	21	
Efforts to reduce travel, cost, time, or other barriers to screening						
Small Media	6	15	18	21	21	
Use of images, videos, or printed material to inform and motivate people to be screened						
Patient Navigation	6	12	15	21	21	
Assist patients to overcome barriers to screening						
Measuring Practice Progress	6	15	18	21	21	
Collecting and reviewing data on a regular basis						
Policy Development	6	15	18	21	21	
Establishing a protocol to ensure that every patient is offered screening						

Peer-2-Peer: All Share, All Learn!

Audio Video Vignettes:

Sharing insights on selected CRC screening topics

crc.screend.org/program/participant-video-vignettes

Success Stories (link)

NDCCRT: EHR Super-users Workgroup:

ScreeND team members planned, facilitated and presented 5 events during March:CRC Awareness Month 2025.

Peer-2-Peer Webinar: "Slicing and Dicing" A Way to Colorectal Cancer Screening Data

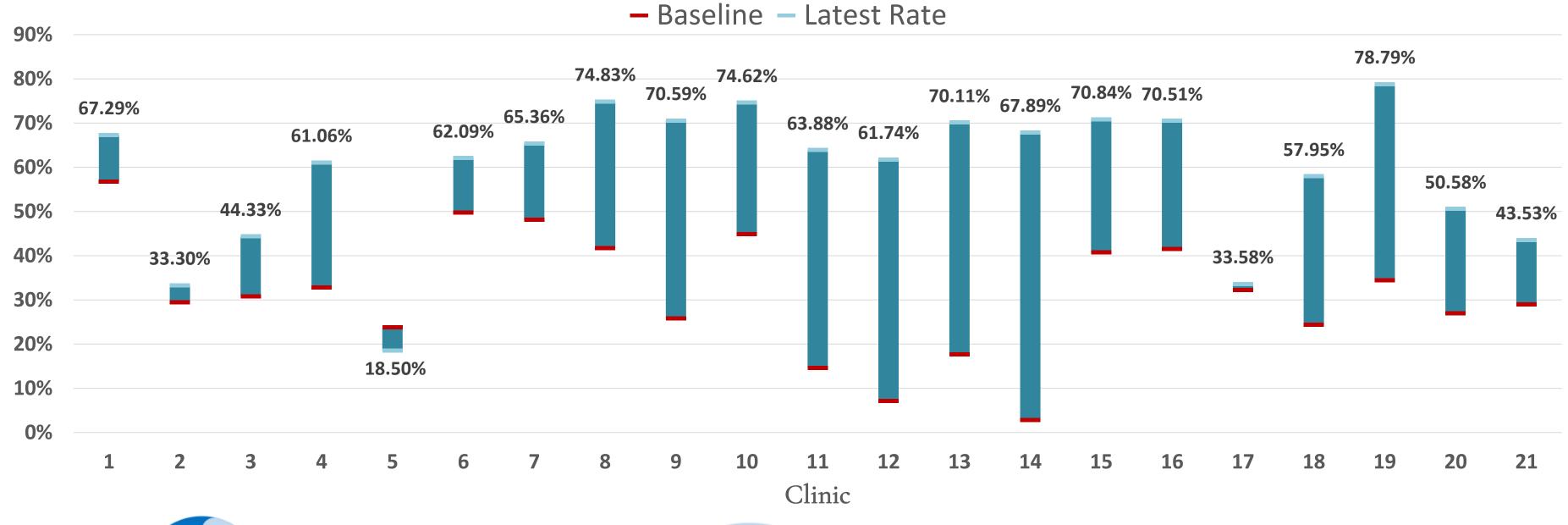
- Epic using existing tools
- Sharing with others
- Resulted in all Epic users to collect data



Tribal Communities Peer-to-peer Sharing Event

- Pulling Data from I-care for Provider
 Assessment and Feedback
- Community Approach to Screening, Tracking, and Follow-up
- Experience Using Cologuard as a screening tool

Screening Rate Improvement





Average Improvement of 29.81 Percentage Points

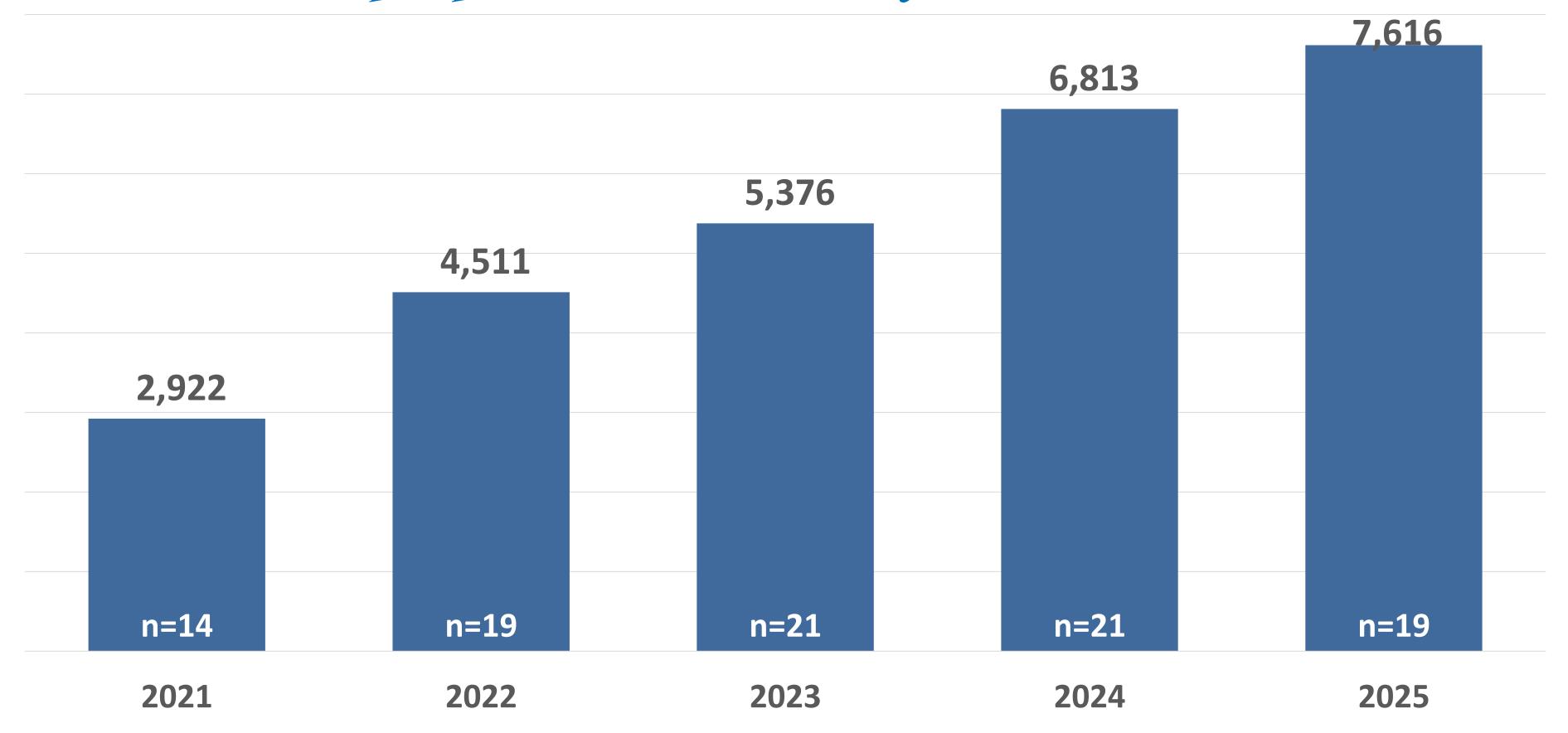


Overall Relative Improvement of 249.01%



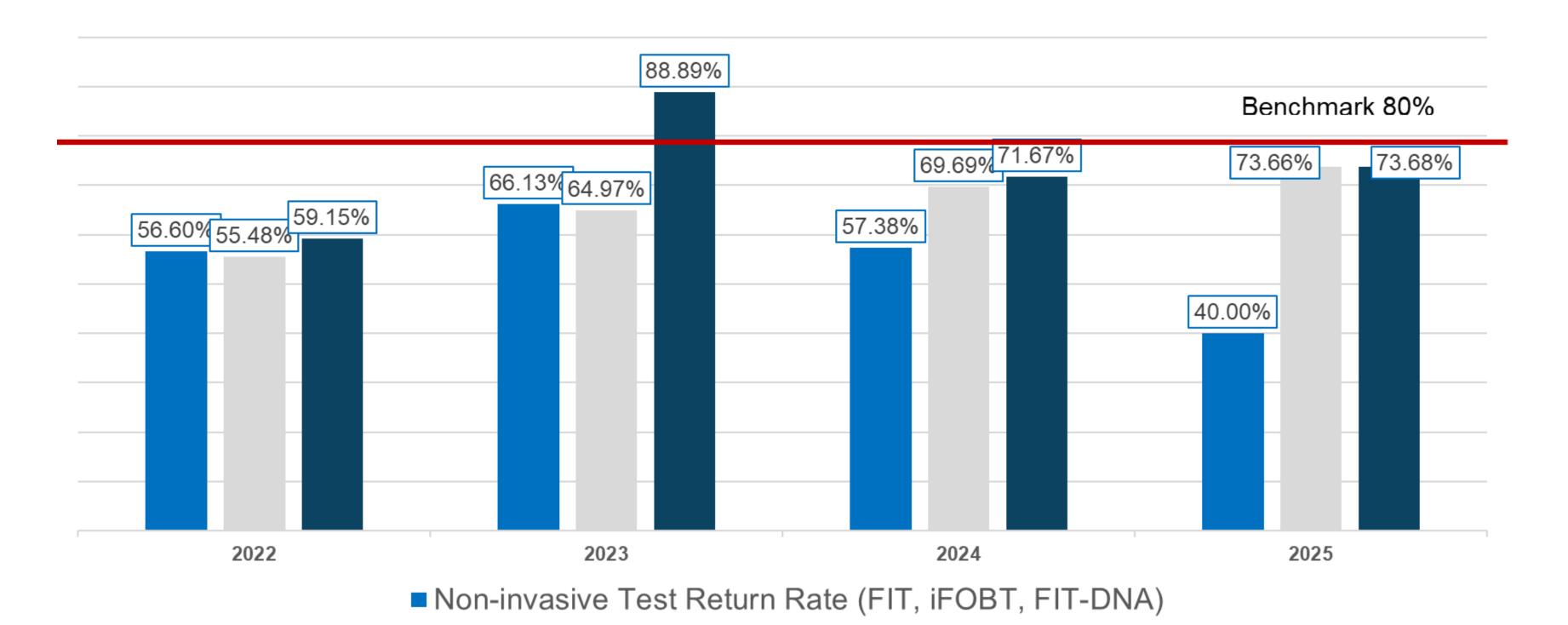
Range of improvement from 7.62% to 2316.01%

Additional people screened each year



Completion Rates

In late 2024 and into 2025, several clinics launched 'Care Gap Projects,' ordering Cologuard for patients due for CRC screening, even without recent visits. Completion rates were lower than those screened during routine appointments.

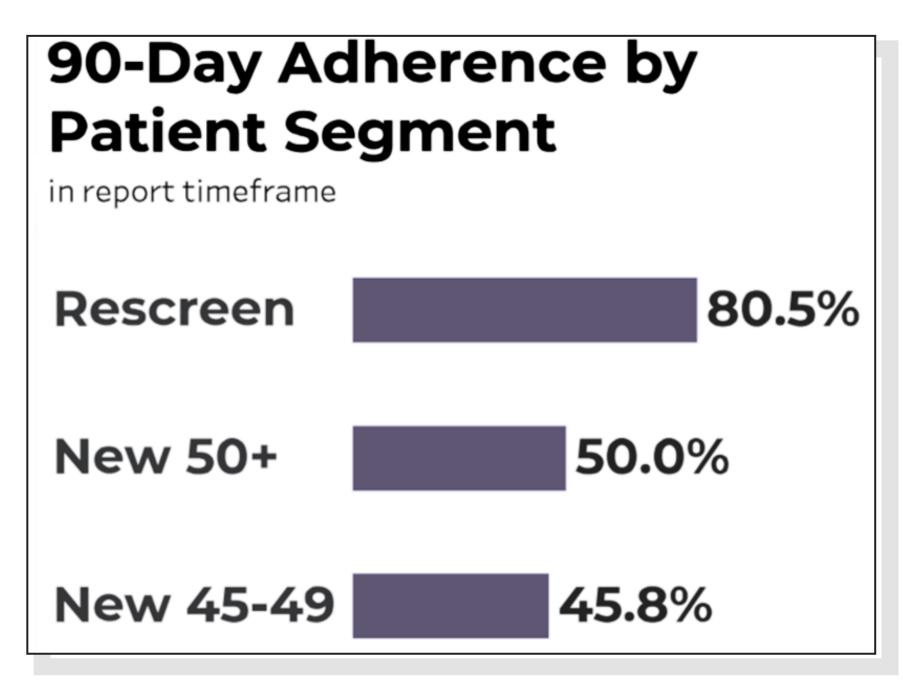


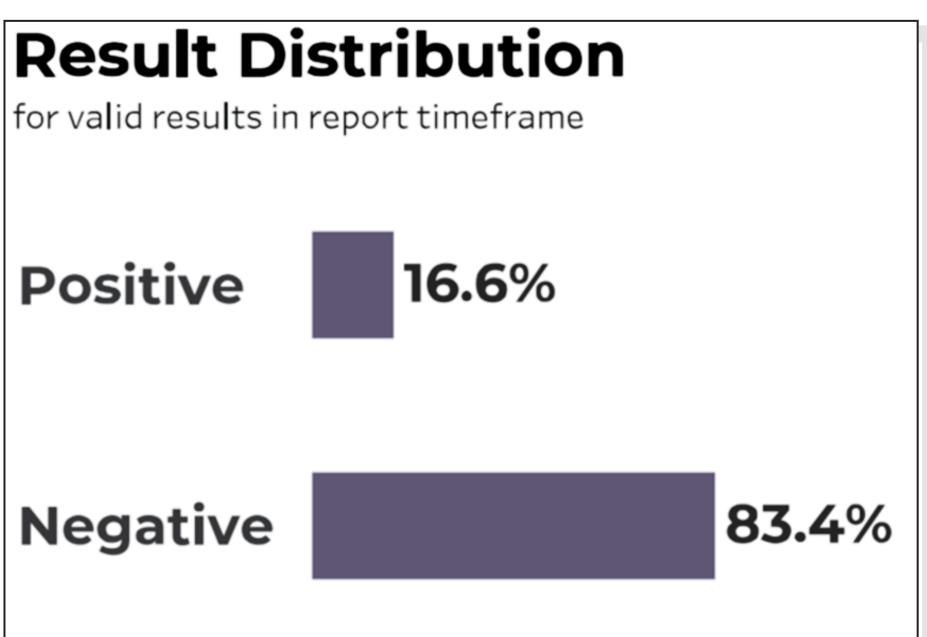
Screening Colonoscopy Rate

■ Follow-on Colonoscopy Rate

Cologuard Usage: Aggregate of All ScreeND Clinics

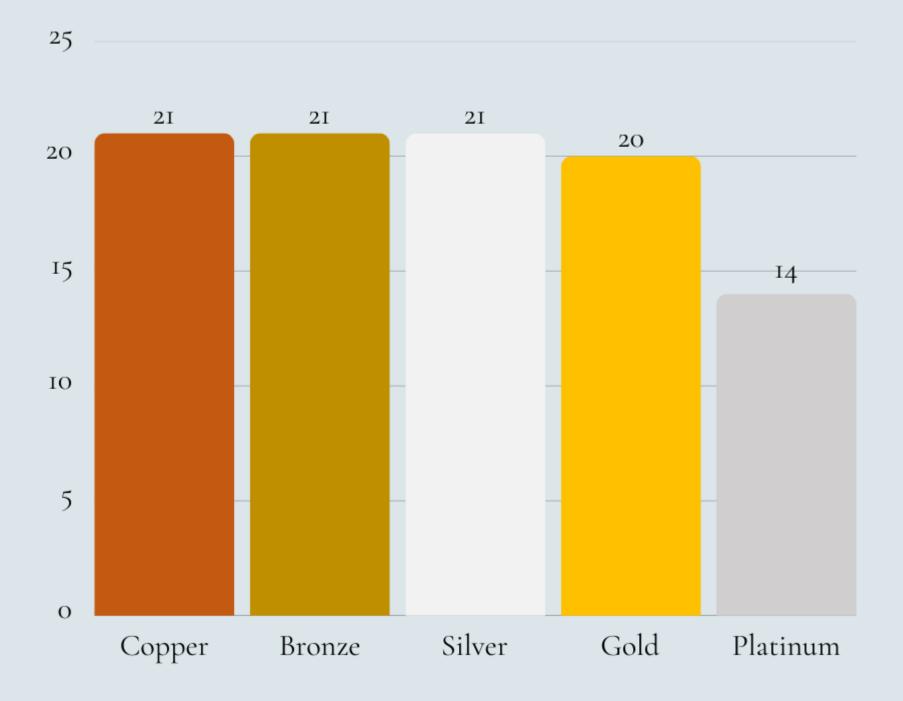
Report timeframe: May 2023 to April 2025





Milestone Achievements

Copper	 □ Signed commitment letter □ Form multidisciplinary innovation team □ Completed Clinic Readiness Assessment □ Completed introductory meeting □ Submitted Action Plan and set goal for year 1 □ Submitted baseline data
Bronze	 □ Data submission is current. □ Initiated two (2) evidence-based interventions defined in Action Plan □ Submit current clinic policy for CRC Screening
Silver	 □ Team members participate in scheduled coaching calls and rapid action collaborative □ Implement at least 2 evidence-based interventions specific to improving CRC screening rates □ Achieve 1st year goal for improving CRC Screening rate □ Share SCREEND performance with Clinic Board or Leadership
Gold	 □ Annual review and update of Action Plan □ Submit at least one success story or lesson learned related to the interventions selected. □ Achieve 2nd year goal for improving CRC Screening rate □ Distribute clinician level data to medical staff
Platinum	 Achieve 3rd year goal for improving CRC Screening rate. Using EHR to fullest potential to sustain EBIs such as flagging for follow-up, tracking screening results, pulling reports, generating and sending reminders to both providers and patients.



The Rapid Action Collaborative provided foundational content, though the webinar format posed challenges for clinic staff engagement.

A formal CRC screening policy is vital for consistent and sustainable practices—it establishes a standard approach. Implementing standing orders for nurses to initiate stool tests for average-risk patients further strengthened screening efforts.

Offering stool tests in addition to colonoscopy increases screening rates. "The best test is the one that gets done."

CRC screening rates can improve up to 60% through opportunistic approaches, but achieving higher rates requires intentional, sustained effort.



Initially, clinics reported effective implementation of the interventions; however, at the one-year self-assessment, they rated their performance lower, reflecting a deeper understanding of the associated responsibilities.

Identifying missed screening opportunities—such as specific visit types, payor sources, and whether patients saw their designated PCP—is essential.

A 12-month lookback yielded a more accurate screening rate than monthly reporting, as it captured screenings completed after the initial visit.

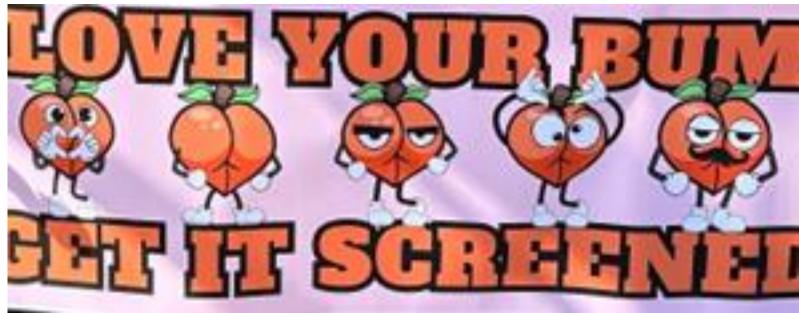


Sustainability

Program Year 5 evaluation survey analyzed by aggregate and per clinic. Review items scored below 4 with each facility and strengthened efforts in these areas during the final six months.

April 2025 Snapshot included all of the most current resources for each evidence-based intervention.

Social Media, Marketing, Messaging & Awareness















































Millions Memories



ScreeND Outcomes: Comments from Evaluation Survey

"This has been an excellent initiative for our clinic. Without it, we would not have increased screening rates we do today."

"Nikki, Jonathan, and Carolyne were all vital members to our team! They helped us achieve our goals and celebrate our victories. This wouldn't have been doable without their commitment and encouragement."

"We have seen SO much benefit from participating in the program. We hope there is the potential for the program to continue and require reporting so that this initiative remains at the forefront of health systems priorities."

"The ScreeND team has been amazing to work with! The ideas, resources and information that they provided has been amazing."

Dear ScreeND Program Teams,

As we conclude this remarkable journey together, we want to express our heartfelt gratitude and immense pride in every team's accomplishments. Your dedication and hard work have made a significant impact in every community you serve, and for that, we are tremendously proud.

According to the American Cancer Society's Cancer Statistics, 2025, there will be an estimated 360 new cases of colorectal cancer in North Dakota this year. We are confident that your teams will continue to hunt these cancers, identify them as early as possible, and provide the necessary treatments; ultimately saving lives.

Your tenacity and commitment to this cause motivate us to keep learning and sharing what works. Your efforts are not just statistics, they are stories of hope and resilience that will continue to inspire us all.

Thank you for your unwavering dedication and for being a part of this incredible program. We look forward to seeing the continued positive impact you will make in the future.

With deepest appreciation,

Quality Health Associates of ND – ScreeND Team

Judy, Nikki, Jonathan, Carolyne, Heather, Tessa, and Nathan

