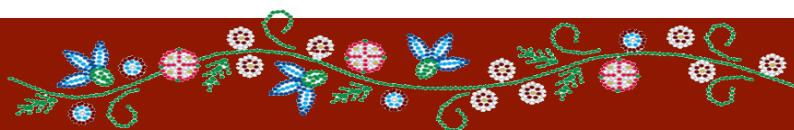


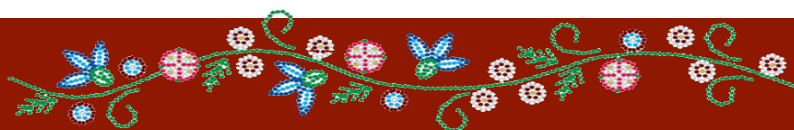


Indian Colorectal Cancer Screening (INPACS)



Colorectal Cancer in Northern Plains American Indians

- Colorectal cancer is the second most common cancer in American Indians (following lung cancer).
- The incidence of colorectal cancer is 39% higher for American Indians compared to non-Hispanic Whites.
- Colorectal cancer screening has a tremendous impact on both incidence and mortality.



INPACS Project Aims

- **Assess Colon Cancer Screening Systems**
 - Patient Tracking systems
 - Provider Reminder Systems
 - Referral Characteristics
- **Measure Provider Factors**
 - Screening Knowledge
 - Attitudes and Beliefs
 - Challenges & Solutions
- **Determine Local Endoscopic Capacity**



INPACS Project Components

- Assessment of screening practices
 - Facility assessment
- Provider session
 - Assessment
 - Video presentation
 - Discussion



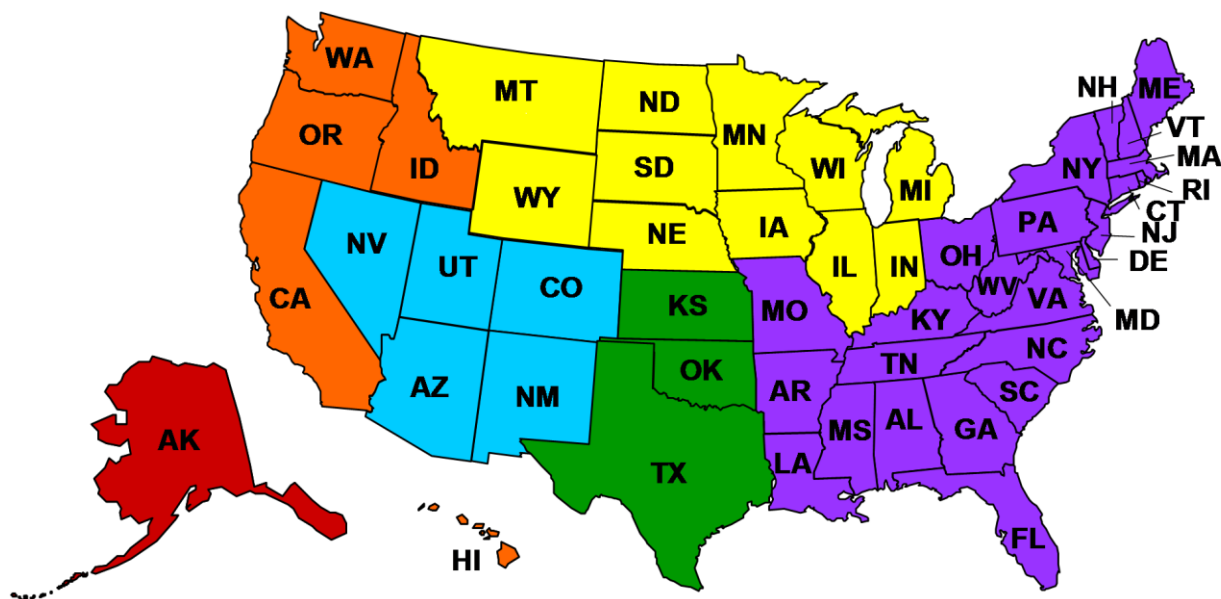
INPACS Methods

- Institutional Review Board (IRB) Approvals
 - The Indian Health Service National IRB
 - Area Indian Health Service IRBs
 - Tribal communities IRBs
 - Tribal resolutions



INPACS Methods

- Recruited 54 I.H.S., tribal health and urban health clinics within MN, WI, ND, SD, NE, MT, and WY.



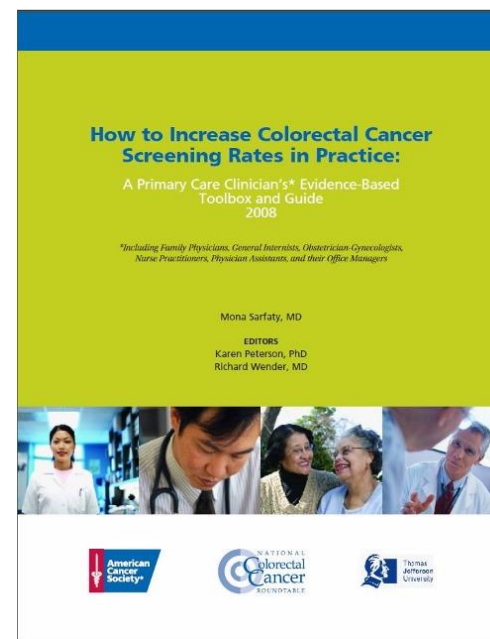
INPACS Key Findings

“How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidence-Based Toolbox & Guide 2008”

(<http://nccrt.org/about/provider-education/crc-clinician-guide>)

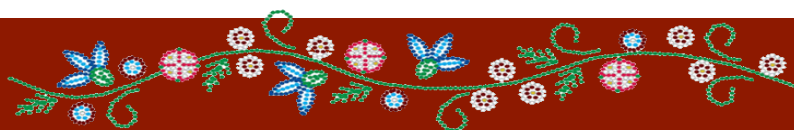
These evidence-based essentials are:

- Provider recommendation
- A clinic policy on CRC screening
- Clinic reminder system
- Effective communication system



INPACS Key Findings

- Provider Recommendation
 - Over 80% of health care professionals identified providers to be responsible for counseling patients about CRC screening.



INPACS Key Findings

- A clinic policy on CRC screening
 - Majority of clinics did not have a written CRC policy.



INPACS Key Findings

- Clinic reminder system
 - Most clinics have an electronic medical record (EMR) but few have systems set up to support:
 - CRC screening reminders
 - Follow up
 - Referrals



INPACS Key Findings

- Effective communication system
 - Over half of the clinics distribute provider feedback on their rates of CRC screening achievement.



Provider Discussions

- Nearly 350 health care professionals from the 40 IHS, tribal health and urban health clinics participated in the education session
 - 145 health care providers



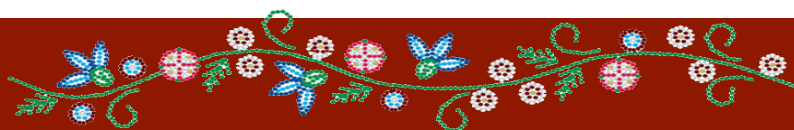
Provider Discussions

- Identified barriers and solutions for CRC screening on following areas:
 - Health System
 - Financial
 - Health Care Provider
 - Individual or Community



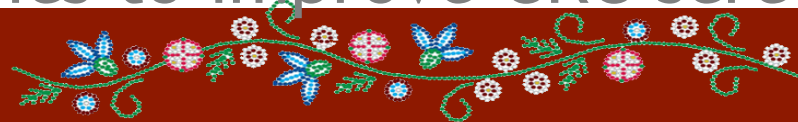
Future Efforts

- Clinics successfully addressing CRC screening will be instrumental for future efforts in increasing CRC screening in the Northern Plains.
 - EMR system support
 - Clinic policy development
 - Provider training
 - Development of culturally appropriate materials



CRC Clinical Systems Project

- CDC/AAIP Partnership
- Engaging six ITU clinics in Northern Plains
- Individualized support to facilitate & implement clinic system changes
 - Clinical team
 - Identify focus areas in clinic site visit
 - Group workshop
 - Inform toolkit on effective strategies used in ITU clinics to improve CRC screening





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