

WA CRC Roundtable Panel

Access and Care Coordination



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- Program Chief Gastroenterology, Group Health
 - Clinical Professor, UW
 - Fellow ACG, ASGE, AGA

- National Colonoscopy Study
- Flat Polyp Consensus Conference

Requested Objectives

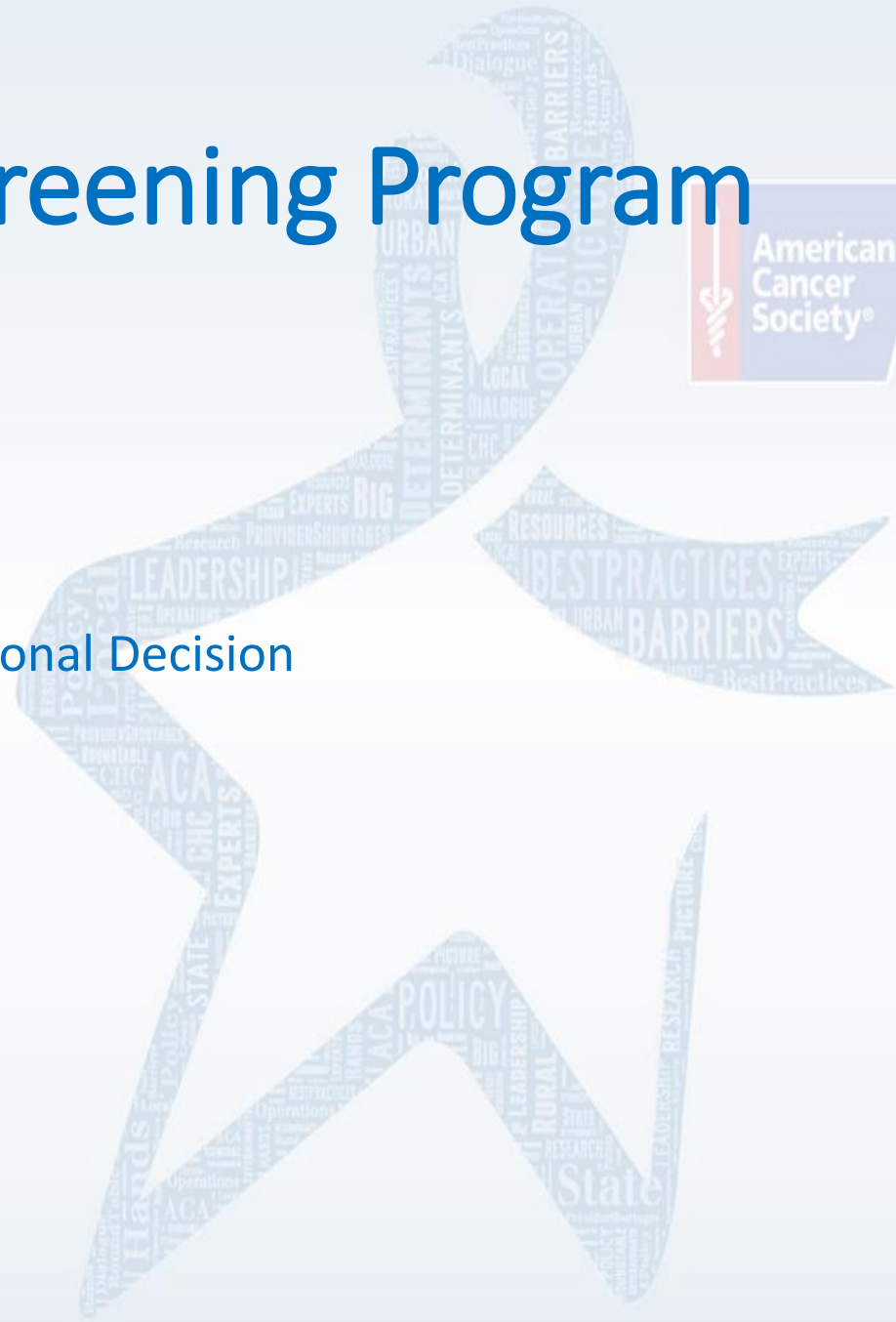


- Describe methods for improving and implementing referral and follow-up for specialty care providers following positive stool sampling
- Understand gaps, successes and challenges related to specialty care for medically underserved populations
- Learn about best practices, along with tools available to improve coordination of referral to GI specialty care from primary care

A Colonoscopy Screening Program



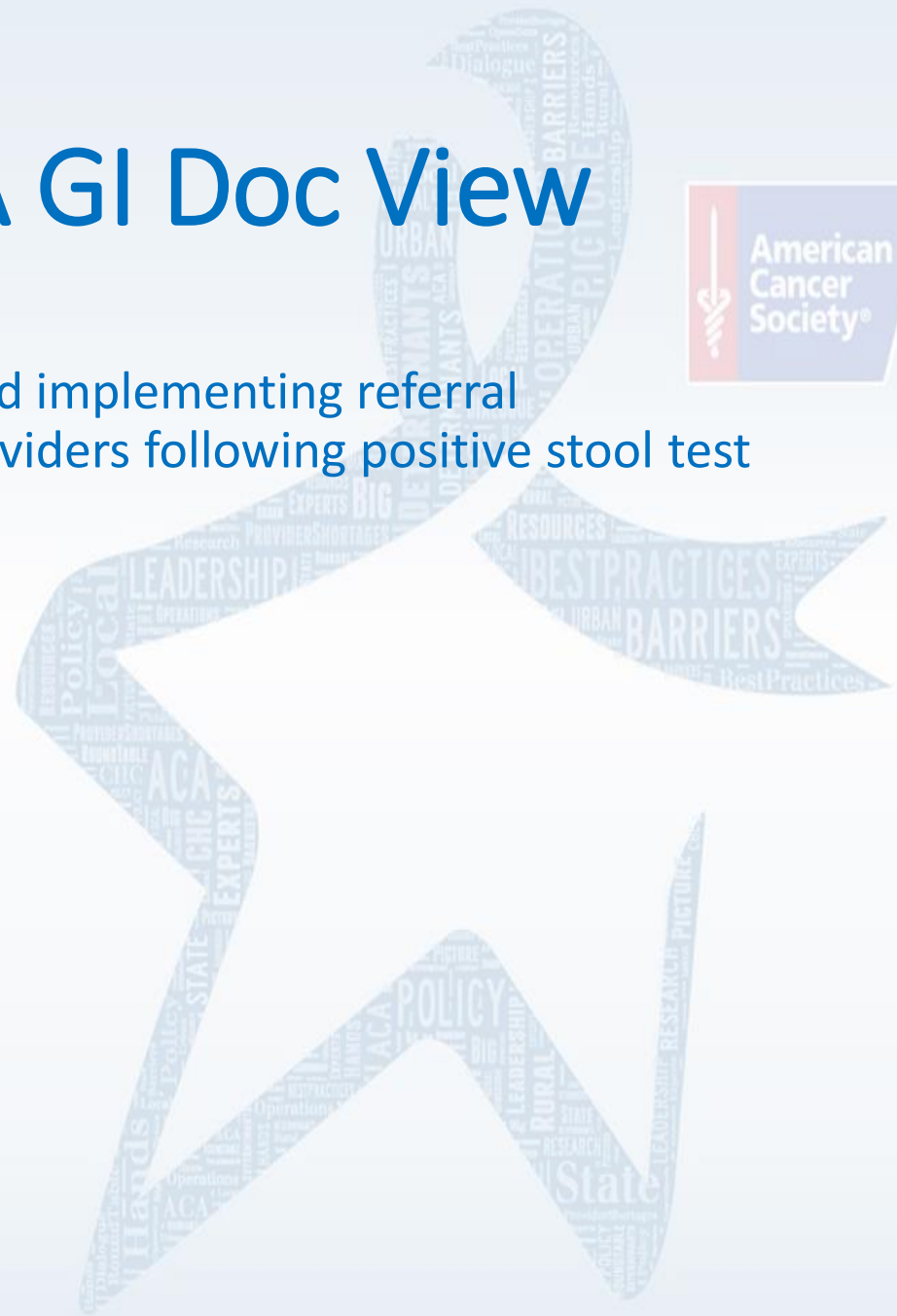
- Tests Available
 - FIT
 - Stool DNA
 - Colonoscopy
- Choice of Test: Public Health & Personal Decision
 - Science
 - Custom
 - Preference
- Public Health Processes
- Rate Limiting Step



Referral/Access- A GI Doc View



- Describe methods for improving and implementing referral and follow-up for specialty care providers following positive stool test
 - Institution
 - GI Division
 - Individual Gastroenterologist
 - GI Societies
 - Project Access
 - NYC Model
 - Insurance
 - Medicaid v Medicare; Co-pays



Gaps: A GI Doc View



- Understand gaps, successes and challenges related to specialty care for medically underserved populations
 - Knowledge
 - Program
 - Colleague performance
 - Procedure as Rate Limiting Step
 - Invest energy there
 - Pathology Lab Follow Up & Recommendation
 - Family History- HNPCC: Open Access
 - Reminder File- who is responsible? forever?
 - Inappropriate Patient - scheduled too ill for procedure, sedation
 - Failed Colonoscopy: Virtual CT colography
 - Who runs the show; who is responsible? (participant)

Gaps : Continued

- Sedation/ASC policies
- Health Literacy
- Language
- Work Place Injury
- Work Life Balance/Burnout



Best Practices : A GI Doc View



- Learn about best practices, along with tools available to improve coordination of referral to GI specialty care from primary care
 - Navigators
 - Open Access
 - Prep
 - Anesthesia
 - Handoffs

Summary

- Appreciative of the hard work being done to get access
- GI should do its part
- Knowledge of these activities may help; GI could assist
- Focus on getting adequate numerical support for colonoscopy
- Attention to gaps and best practices may allow more access to colonoscopy

