Colorectal Cancer Screening Program
Specialty Care Coalition
SPA 3 Health Planning Group

Program Manual

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Table of Contents

Introduction........................................................................................................................... 3
Program Description .............................................................................................................. 3
Program Mapping ................................................................................................................ 4
Program Guidelines ............................................................................................................ 5
Eligibility .............................................................................................................................. 5
   I. Patient Identification .................................................................................................... 5
   II. Screening with Immunochemical FOBT ................................................................... 5
   III. Referrals to Diagnostic Colonoscopy ...................................................................... 5
Screening Guidelines Stratified by Risk Factors ................................................................. 6
Policies and Procedures for Program Administration ...................................................... 8
   I. Communication and Dissemination ............................................................................ 8
   II. Overview of Immunochemical FOBT Screening ...................................................... 8
   III. Immunochemical FOBT Reimbursement Policy ..................................................... 9
   IV. Colonoscopy Services through Private Providers ................................................... 9
   V. Colonoscopy Referral Options .................................................................................. 9
   VI. Colonoscopy Billing and Collection ..................................................................... 10
   VII. Colonoscopy Cost Share ....................................................................................... 11
   VIII. Care Coordination/Data Collection .................................................................. 10
   IX. Care Coordination/Data Collection Reimbursement Policy .................................. 11
Policies and Procedures for Program Evaluation .......................................................... 13
   I. Overview of Evaluation ............................................................................................... 13
   II. Data Collection .......................................................................................................... 13
   III. Data Description ....................................................................................................... 13
   IV. Data Reporting .......................................................................................................... 13
Summary of Appendices ..................................................................................................... 14
   Appendix 1: Program Forms ......................................................................................... 16-21
   Appendix 2: Contact Lists ............................................................................................ 22-24
Introduction

The purpose of this Program Manual is to provide a framework for the Specialty Care Coalition Colorectal Cancer Screening Program. This manual describes the guidelines, policies and procedures agreed upon by the members of the Service Planning Area (SPA) 3 Health Planning Group (HPG) Specialty Care Coalition. The development of the Program Manual is based on the following principles:

- The clinical guidelines are based on robust evidence based guidelines, as noted in the Program Description section.
- The day-to-day program protocols are prescribed by each participating clinic.
- The administrative policies and procedures are based on consensus by the members of the Specialty Care Coalition.
- The guidelines and policies are subject to periodic reviews and adjustments.

Program Description

The Specialty Care Coalition guided by the SPA 3 HPG is implementing the Colorectal Cancer Screening Program for uninsured and underinsured populations accessing SPA 3 HPG participating clinics.

The Program is funded by Kaiser Permanente, Specialty Care Initiative grant designed to increase access and reduce demand for specialty care within California’s safety net population. In addressing this initiative, the Program’s objective is to develop a system-wide improvement in the health of patients between the ages of 50 to 79, and reduce healthcare costs through earlier cancer detection.

The Colorectal Cancer Screening Program is based upon evidence-supported clinical guidelines from Kaiser Permanente’s Clinical Guidelines, Canadian Agency for Drugs and Technologies in Health, U.S. Preventive Services Task Force and American Cancer Society recommendations.

The Program screening modality is the immunochemical fecal occult blood test (FOBT). Diagnostic colonoscopies are available to patients with positive immunochemical FOBT and patients identified at increased/high risk, as stipulated in the guidelines.

The Program has partnered with SPA 3 Health Planning Group participating clinics to provide immunochemical FOBT screening purposes, and with private colonoscopy centers for diagnostic colonoscopy procedures. Resources available through LAC+USC Medical Center will continue to be utilized to support the Program.
Program Mapping

**Funded by**
Kaiser Permanente
Specialty Care Initiative

**Developed & Overseen by**
Specialty Care Coalition of
The SPA 3 Health Planning Group

**Managed by**
Becky Kachlik, Program Manager

- Provides overall program support and management.
- Maintain clinics abreast of program related information.
- Serves as central repository for colonoscopy distribution.

**Clinical Support**

**Program Physician Champion**
Miles Masatsugu, M.D.
(Promotes and builds support for the Program and serves as liaison between clinic Medical Directors and the Program.)

**Chief of Gastroenterology**
Kaiser Permanente
Baldwin Park
Rody Yoshinaka M.D.
(Provides clinical consulting expertise.)

**Participating Clinics**
SPA 3 Health Planning Group

- Community Health Alliance of Pasadena
- Durfee Family Care Medical Group
- East Valley Community Health Center
- Garfield Health Center
- Herald Christian Health Center
- Pomona Community Health Center

(Provides immunochemical FOBT screenings, patient education and care coordination, diagnostic colonoscopy referrals, data tracking and data collection.)

**County Provider**
LAC+USC Medical Center
(Provides diagnostic colonoscopy procedures to patients testing positive for immunochemical FOBT, and patients at high-risk for colorectal cancer; provides patient medical report to referring participating clinic.)

**Private Centers**
Advanced Diagnostic Surgical Center
(Provides diagnostic colonoscopy procedures to patients testing positive for immunochemical FOBT, and patients at high-risk for colorectal cancer; provides patient medical report to referring participating clinic.)

**In-Kind Services**
Kaiser Permanente, Baldwin Park (through Dr. Yoshinaka)
(Provides diagnostic colonoscopy procedures to patients testing positive for immunochemical FOBT, and patients at high-risk for colorectal cancer; provides patient medical report to referring participating clinic.)
Program Guidelines

Program Eligibility

It is recommended that clinics institutionalize immunochemical FOBT screening for all patients ages 50-75, regardless of payer type. However, program eligibility is only for uninsured and underinsured patients.

I. Patient Identification

a. Patient Definition: Uninsured and underinsured individuals receiving primary care services at a participating clinic. Patient definition must demonstrate consistency in the participating clinic’s common definition of a patient.

b. Target Group: (1) Male and female patients between the ages of 50 and 75. (2) Patients at any age identified to be at increased/high risk, as described in the screening guidelines (refer to the Screening Guidelines Stratified by Risk Factors, pages 6 & 7).

II. Screening with Immunochemical FOBT

Patients meeting the patient identification and screening guidelines by their primary care provider will be provided with an immunochemical FOBT kit to be administered at home, and an American Cancer Society colorectal cancer screening educational brochure. Per participating clinics, the completed kit will be sent to the contracted laboratory vendor or returned to the participating clinic.

III. Referrals to Diagnostic Colonoscopy

a. Patients with positive immunochemical FOBT results: Participating clinic will: (1) Identify patients with a positive immunochemical FOBT result. (2) Assess patient individual health risk in undergoing a diagnostic colonoscopy procedure. (3) Refer patients for diagnostic colonoscopy, as deemed appropriate by the participating clinic.

b. Patients at increased/high risk for colorectal cancer: Participating clinic will: (1) Per screening guidelines, identify increased/high risk patients. (2) Provide patients with educational material on the importance of screening for colorectal cancer. (3) Assess patient individual health risk in undergoing a diagnostic colonoscopy procedure. (4) Refer patients for diagnostic colonoscopy, as deemed appropriate by the participating clinic.
## Screening Guidelines Stratified by Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Recommended Age and Intervals</th>
<th>Screening Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asymptomatic individuals (includes individuals with previous hyperplastic polyps as their most advanced lesion*).</td>
<td>Begin screening at age 50 and up to age 75.</td>
<td>Immunochemical FOBT. * Should have more intensive follow up.</td>
</tr>
<tr>
<td></td>
<td>Screen annually.</td>
<td></td>
</tr>
<tr>
<td><strong>Increased Risk – Personal History of CRC or Polyps</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with previous results of 1 to 2 small (&lt; 1 cm) tubular adenomas with low grade dysplasia.</td>
<td>5 to 10 years after the polyps are removed.</td>
<td>Colonoscopy. Screening interval is based on other factors such as prior colonoscopy findings, personal and family history, patient &amp; doctor preferences.</td>
</tr>
<tr>
<td>Individuals with previous results of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 3 to 10 adenomas; or</td>
<td>$\text{Every 3 years after the polyps are removed.}$</td>
<td>$\text{Colonoscopy. (Only applies if adenomas were not removed in pieces and if the adenomas are completely removed). If colonoscopy is normal or shows 1 to 2 small (&lt; 1 cm) tubular adenomas with low grade dysplasia, then future screening can be done at 5 year intervals.}$</td>
</tr>
<tr>
<td>- one large ( $&gt; 1$ cm) adenoma; or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- any adenoma with high grade dysplasia or villous features</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with more than 10 adenomas on a single exam.</td>
<td>Not to exceed 3 years after the polyps are removed.</td>
<td>$\text{Colonoscopy. Doctor should consider possibility of genetic syndrome (FAP or HNPCC).}$</td>
</tr>
<tr>
<td>Individuals diagnosed with colon or rectal cancer.</td>
<td></td>
<td>$\text{Colonoscopy. For incomplete colonoscopy due to an obstructing cancer, CT colonography (with IV contrast) or DCBE may be done to look at the rest of the colon.}$</td>
</tr>
<tr>
<td>Individuals treated for colorectal cancer by resection surgical procedure.</td>
<td>$\text{Within one year of cancer resection or one year after colonoscopy.}$</td>
<td>$\text{Colonoscopy. If normal, repeat exam in 3 years. If normal then, repeat exam in 5 years. Shorter intervals may be required if polyps are found or if HNPCC is suspected. After low anterior resection for rectal cancer, screening of the rectum with sigmoidoscopy may be done every 3 to 6}$</td>
</tr>
</tbody>
</table>
## Risk Factor
<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Recommended Age and Intervals</th>
<th>Screening Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased Risk – Family History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with family history of CRC or adenomatous polyps in a first-degree relative diagnosed at age 60 years or in at least 2 second-degree relatives at any age.</td>
<td>Begin screening at age 40 or 10 years before the youngest CRC or adenoma case in the immediate family, whichever is earlier. Every 5 to 10 years.</td>
<td>Immunochemical FOBT. Same options as average risk individuals is recommended.</td>
</tr>
<tr>
<td>Individuals with family history of CRC or adenomatous polyps in a first-degree relative diagnosed before age 60, or in two or more first-degree relatives at any age (if not a hereditary syndrome)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Familial adenomatous polyposis (FAP) diagnosed by genetic testing, or suspected FAP without genetic testing</td>
<td>Begin screening at age 10 to 12 (puberty). Screen annually.</td>
<td>Sigmoidoscopy to look for signs of FAP and genetic testing. If genetic test is positive, removal of colon (colectomy) should be considered.</td>
</tr>
<tr>
<td>Hereditary non-polyposis colon cancer (HNPCC), or an increased risk of HNPCC based on family history without genetic testing.</td>
<td>Begin screening at age 20 to 25, or 10 years before the youngest case in the immediate family. Every 1 to 2 years.</td>
<td>Colonoscopy. Genetic testing is recommended. Genetic testing should be offered to first-degree relatives of people found to have HNPCC mutations by genetic tests. It should also be offered if 1 of the first 3 of the Modified Bethesda Criteria is met*.</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease (IBD) - Crohn’s disease - Chronic Ulcerative colitis</td>
<td>High cancer risk is manifested 8 years after the onset of pancolitis or 12 to 15 years after the onset of left-side colitis. Every 1 to 2 years.</td>
<td>Colonoscopy with biopsy for dysplasia. Patients should be referred for management of IBD.</td>
</tr>
</tbody>
</table>

Source: American Cancer Society Guidelines on Screening and Surveillance for the Early Detection of Colorectal Adenomas and Cancer in People at Increased Risk or at High Risk. Date: 05/18/09.

Modified by: Rody Yoshinaka, M.D., Chief of Gastroenterology, Kaiser Permanente, Baldwin Park, California.
Policies and Procedures for Program Administration

I. Communication and Dissemination

The Specialty Care Coalition meets monthly to address Program related topics. The participating clinic representative is encouraged to attend. Meeting minutes are distributed via e-mail to all Specialty Care Coalition members.

The participating clinic Medical Directors is contacted on an as needed basis by the Program Manager and/or by the Program Physician Champion, Miles Masatsugu, M.D.

Participating clinic must ensure clinic staff training and Program related communication and dissemination, as deemed necessary and appropriate.

Quarterly care coordinator conference calls are held with the goal of sharing ideas, lessons learned and improving processes and flow at the clinics. Calls are facilitated by the program manager.

II. Overview of Immunochemical FOBT Screening

Program approved immunochemical FOBT brands are Hemosure, Insure, and PolyMedco. Brand preference is at the discretion of the participating clinic. The immunochemical FOBT clinic reimbursement is $6 for each processed kit, with the knowledge that costs are incurred only at the time that a patient completes and returns a kit for processing to the clinic or the laboratory vendor.

Participating clinics have relationships and contracts with laboratory vendors for immunochemical FOBT kit dispensing, processing, and billing services. Participating clinic will be billed directly by the laboratory vendor and in turn submit a reimbursement invoice to the Program Lead Agency, East Valley Community Health Center.

Participating clinic providers will identify patients eligible for immunochemical FOBT. Eligible patients will be provided with and immunochemical FOBT and an American Cancer Society brochure on Colon Cancer. Brochures are available in English, Spanish, and Chinese.

To ensure patient compliance with immunochemical FOBT, it is recommended that providers or medical support staff conduct patient education on the importance of screening.
III. Immunochemical FOBT Reimbursement Policy

- Clinics obtain program reimbursement for returned IFOBT kits from uninsured and underinsured patients.
- Reimbursement is based on clinics quarterly reported data.
- Immunochemical FOBT reimbursement rate is $6 per processed kit.
- Total annual reimbursement budget for IFOBT is listed in Table 1 below

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Immunochemical FOBT Reimbursement Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07/15/2009 thru 07/14/2010</td>
</tr>
<tr>
<td>Total Annual Reimbursement</td>
<td>$35,716.00</td>
</tr>
</tbody>
</table>

IV. Colonoscopy Services through Private Providers (Advanced Diagnostic Surgical Center)

The clinic is responsible for tracking colonoscopy usage and ensuring to not exceed its allocation as assigned by Program Manager.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Private Provider Colonoscopy Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>07/15/2009 thru 07/14/2010</td>
</tr>
<tr>
<td>Total Annual Reimbursement</td>
<td>$38,746.00</td>
</tr>
</tbody>
</table>
V. Colonoscopy Referral Options

1. Participating clinic will identify increased/high risk patients and patients with positive immunochemical FOBT. The three diagnostic colonoscopy options available through the program will be offered to the patient. The three options are:
   **Option 1:** LAC+USC Medical Center or other County facility/hospital
   **Option 2:** Advanced Diagnostic Surgical Center

   The colonoscopy cost share for the three options for the first three years following program implementation are presented on Table 3, page 12.

2. The patient will be provided with the Patient Options for Diagnostic Colonoscopy (Form-3a -3i depend on applicable year and language).

3. Participating clinic will discuss with the patient the three options and the patient co-pay. The patient will then determine their choice from the three available options.

4. Participating clinic will initiate a referral process for the chosen option.

5. Refer to diagnostic colonoscopy contact list on page

6. For Option 1, use Form-4 when applicable (LAC+USC Medical Center GI Laboratory Form).

7. For Option 2, use Form-5 (Referral Form for Diagnostic Colonoscopy).

VI. Colonoscopy Billing and Collection

Colonoscopy centers will collect the patient co-pay at the pre-procedure consultation. Colonoscopy centers will bill the Lead Agency, East Valley Community Health Center, for the Program cost share.

**NOTE:** Participating clinic MAY NOT collect the patient colonoscopy co-pay
VII. Colonoscopy Cost Share

<table>
<thead>
<tr>
<th>OPTION 1</th>
<th>LAC+USC Medical Center or other County facility/hospital</th>
<th>Colonoscopy Cost: $0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Pays:</td>
<td>No cost.</td>
<td>Wait time for diagnostic colonoscopy procedures is on average 4 - 6 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTION 2</th>
<th>Advanced Diagnostic Surgical Center</th>
<th>1668 South Garfield Avenue, Alhambra, CA 91801</th>
<th>Colonoscopy Cost: $650</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Pays:</td>
<td>75% of Cost</td>
<td>50% of Cost</td>
<td>75% of Cost</td>
</tr>
<tr>
<td>$ 487.50</td>
<td>$325.00</td>
<td>$487.50</td>
<td></td>
</tr>
<tr>
<td>Patient Pays:</td>
<td>25% of Cost</td>
<td>50% of Cost</td>
<td>25% of Cost</td>
</tr>
<tr>
<td>$162.50</td>
<td>$325.00</td>
<td>$162.50</td>
<td></td>
</tr>
</tbody>
</table>

VIII. Care Coordination/Data Collection

Participating clinic will provide staff time for care coordination and data collection. Full responsibilities of the care coordinator are at the discretion of the participating clinic, and must include the following:

a. Conduct patient tracking of the following:
   - Patients provided with immunochemical FOBT kit.
   - Patients returning a completed immunochemical FOBT kit.
   - Patients with a positive immunochemical FOBT screening result.
   - Patients at increased/high risk for colorectal cancer referred for colonoscopy without an immunochemical FOBT.
   (Refer to Program Evaluation section for complete data tracking scope).

b. Contact patients identified for diagnostic colonoscopy and provide education about the importance of the pre-procedure consultation at specialty care clinic site and adherence to the provider’s instructions and provide patient explanation of patient co-pay options.
c. Coordinate colonoscopy referrals with colonoscopy centers.
d. Provide patient support prior to colonoscopy procedures as follows:
   ▪ Place reminder calls to decrease no-show rates.
   ▪ Discuss with patient the need to have transportation and supportive care after
     the colonoscopy procedure.
e. Track patient diagnostic colonoscopy results, when possible.
f. Provide follow-up referrals for patients in need of care beyond the scope of the
   Program (e.g. oncology, homology, or other) as determined by the participating
   clinic as possible and appropriate.
g. Conduct patient satisfaction surveys for patients referred to diagnostic
   colonoscopy.
h. Collect and standardize patient related data as required for evaluation.
i. Report standardized data to Program Manager.
j. Participate and quarterly care coordinator calls.

IX. Care Coordination/Data Collection Reimbursement Policy

1. On a quarterly basis the Lead Agency, East Valley Community Health Center,
   will reimburse participating clinics for care coordination and data collection
   activities.
2. Reimbursement amount is distributed to clinics as follows:

<table>
<thead>
<tr>
<th>Care Coordination Reimbursement</th>
<th>07/15/2009 thru 07/14/2010</th>
<th>07/15/2010 thru 07/14/2011</th>
<th>07/15/2011 thru 07/14/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Reimbursement</td>
<td>$64,220.00</td>
<td>$69,160.00</td>
<td>$71,630.00</td>
</tr>
</tbody>
</table>
Policies and Procedures for Program Evaluation

I. Overview of Evaluation

The purpose of the evaluation is to determine Program effectiveness in improving early detection of colorectal cancer for the SPA 3 Health Planning Group participating clinics and to comply with the Kaiser Permanente requirements of program evaluation. The evaluation will provide information about process outcomes with the goal of measuring access to care, patient compliance, and patient satisfaction.

II. Data Collection

Participating clinics are required to collect specific data for all its patients participating in the Colorectal Cancer Screening Program, and to provide the data to the Program Manager on a monthly basis. Per HIPPA, personal patient identifiers will not be collected.

III. Data Description

1. Demographics
2. Wait time for colonoscopy appointments
3. Referral Volume for Colonoscopy
4. Disposition of colonoscopy referral
5. No shows to colonoscopy referral
6. Outcome of colonoscopy
7. Results of colonoscopy results
8. Further treatment required following colonoscopy

IV. Data Reporting

Complete standardized data are due according to the Data Reporting Schedule provided to care coordinators. Form-6 will be used for data submission. Completed data collection forms are to be transmitted via e-mail to:

E-mail: bkachlik@evchc.org

Data will be checked for completeness and clinics will be notified of any missing data.
Summary of Appendices

Appendix 1: Program Forms

The sample forms in this appendix are categorized as follows:

1. Mandatory: Program requires the use of this form.
2. Optional: Participating clinics may use this form or may use their own form.

Form-1: Patient Information for Immunochemical FOBT Screening (optional)
Form-3: Patient Options for Diagnostic Colonoscopy (mandatory)
Form-4: LAC+USC Healthcare Network GI Laboratory Form (mandatory)
Form-5: Referral Form for Diagnostic Colonoscopy (mandatory)
Form-6: Excel Spreadsheet Data Collection Tool (mandatory)

Do not use sample forms in this manual. Actual forms will be e-mailed to participating clinics, as periodic updates and revisions to the forms will be conducted.

Appendix 2: Contact Lists
2-1 Diagnostic Colonoscopy Contact List
2-2 Participating Clinic Contact List
(FORM-1)

Patient Information for Immunochemical FOBT Screening

Today’s Date: _________________  Medical Record No.: _________________

Name: ___________________________________  DOB: _________________

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnicity:</td>
<td>African American</td>
<td>Hispanic</td>
</tr>
</tbody>
</table>

Family History of Colorectal Cancer:

| Yes | (If yes, indicate relationship below): |
| No |
| Unknown |

Reason for Immunochemical FOBT Screening:

| Symptomatic | (If symptomatic explain below): |
| Screening Only |

Date Patient was Provide with Immunochemical FOBT Kit:

| Date |

Immuochemical FOBT Screening Result:

| Positive |
| Negative |
| Inconclusive | (If inconclusive explain below): |
| No Screening Done |

Patient Referred for Diagnostic Colonoscopy to:

| LAC+USC Medical Center |
| Advanced Diagnostic Surgical Center |
| Huntington Ambulatory Care Center |
| Other: |
(FORM-3a) Diagnostic Colonoscopy Patient Options
(Effective: 07/15/09 through 07/14/10)

<table>
<thead>
<tr>
<th>OPTION 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAC+USC Medical Center</td>
</tr>
<tr>
<td></td>
<td>or Other County Facility</td>
</tr>
<tr>
<td></td>
<td>Wait-time for diagnostic colonoscopy procedures is 4 - 6 months on average.</td>
</tr>
<tr>
<td></td>
<td><strong>Patient Pays:</strong> $0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTION 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advanced Diagnostic Surgical Center</td>
</tr>
<tr>
<td></td>
<td>1668 South Garfield Avenue</td>
</tr>
<tr>
<td></td>
<td>Alhambra, CA 91801</td>
</tr>
<tr>
<td></td>
<td><strong>Patient Pays:</strong> $162.50</td>
</tr>
</tbody>
</table>

Option 1 includes:
Diagnostic colonoscopy treatment, as deemed medically necessary and available by LAC+USC Medical Center or other County facility and its providers.

Option 2 includes:
Pre and post consultation visit at the provider private practice, diagnostic colonoscopy procedure, conscious sedation and pathology report.

NOTE: For option 2, an additional $20-$25 will be required to pay for the bowel preparation medication. The prescription will be dispensed during the pre procedure consultation.

I have received a copy of the “Diagnostic Colonoscopy Patient Options” and I understand the three choices available to me:

(Patient Signature)
(FORM-3b) Diagnostic Colonoscopy Patient Options

(Co-pay Amounts are through 01/31/11) Effective: 07/15/10

<table>
<thead>
<tr>
<th>OPTION 1</th>
<th>LAC+USC Medical Center or Other County Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wait-time for diagnostic colonoscopy procedures is 4 - 6 months on average.</td>
</tr>
<tr>
<td>Patient Pays:</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTION 2</th>
<th>Advanced Diagnostic Surgical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1668 South Garfield Avenue Alhambra, CA 91801</td>
</tr>
<tr>
<td>Patient Pays:</td>
<td>$325.00</td>
</tr>
</tbody>
</table>

Option 1 includes:
Diagnostic colonoscopy treatment, as deemed medically necessary and available by LAC+USC Medical Center or other County facility and its providers.

Option 2 includes:
Pre and post consultation visit at the provider private practice, diagnostic colonoscopy procedure, conscious sedation and pathology report.

NOTE: For option 2, an additional $20-$25 will be required to pay for the bowel preparation medication. The prescription will be dispensed during the pre procedure consultation.

I have received a copy of the “Diagnostic Colonoscopy Patient Options” and I understand the three choices available to me:

(Patient Signature)
(FORM-3c) Diagnostic Colonoscopy Patient Options
(Co-pay Amounts are Effective: 03/1/11 through 07/14/12)

<table>
<thead>
<tr>
<th>OPTION 1</th>
<th>LAC+USC Medical Center or Other County Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wait-time for diagnostic colonoscopy procedures is 4 - 6 months on average.</td>
</tr>
<tr>
<td>Patient Pays:</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPTION 2</th>
<th>Advanced Diagnostic Surgical Center 1668 South Garfield Avenue Alhambra, CA 91801</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Pays:</td>
<td>$487.50</td>
</tr>
</tbody>
</table>

**Option 1 includes:**
Diagnostic colonoscopy treatment, as deemed medically necessary and available by LAC+USC Medical Center or other County facility and its providers.

**Option 2 includes:**
Pre and post consultation visit at the provider private practice, diagnostic colonoscopy procedure, conscious sedation and pathology report.

NOTE: For option 2, an additional $20-$25 will be required to pay for the bowel preparation medication. The prescription will be dispensed during the pre procedure consultation.

I have received a copy of the “Diagnostic Colonoscopy Patient Options” and I understand the three choices available to me:

__________________________
(Patient Signature)
**FORM-4** LAC+USC HEALTHCARE NETWORK GI LABORATORY

**COUNTY OF LOS ANGELES**

**LOS ANGELES COUNTY + USC HEALTHCARE NETWORK**

**DEPARTMENT OF HEALTH SERVICES**

**Requested Studies:**
- Esophagogastrroduodenoscopy (EGD)
- Colonoscopy
- Flex-Sigmoidoscopy
- Esophageal Motility
- Rectal Motility
- Liver Biopsy *
- Endoscopic Retrograde Cholangiopancreatography (ERCP) *

*GI / Liver Consult or GI / Liver Clinic Visit Required*

**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>MRUN#:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Address:</td>
<td>Patient Phone No.:</td>
<td></td>
</tr>
</tbody>
</table>

**INDICATIONS:**

**HISTORY**
- Colon Cancer History
- GI Family History
- Alcohol
- Drug Abuse
- Smoking
- Other Past Medical/Surgical History
- Allergies
- HIV/AIDS
- Aspirin
- Anticoagulants
- Other Medications

**PHYSICAL EXAM**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp:</td>
<td>BP:</td>
</tr>
<tr>
<td>HR:</td>
<td>RR:</td>
</tr>
</tbody>
</table>

Pain Scale: ________________

Head, eyes, ears, neck and throat (HEENT): ____________________________

Pulmonary: ____________________________

Cardiovascular: ____________________________

Abdomen: ____________________________

Neurologic: ____________________________

**LABS**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt:</td>
<td>MCV:</td>
</tr>
<tr>
<td>Cr:</td>
<td>ALT:</td>
</tr>
<tr>
<td>WBC:</td>
<td>Alk Phos:</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Request Date: ____________________________

<table>
<thead>
<tr>
<th>Requesting Physician/ID #:</th>
</tr>
</thead>
</table>

Telephone #: ____________________________

Pager #: ____________________________

Signature: ____________________________

Procedure will not be performed if any H&P entry is left blank.

Approved: ____________

Denied: ____________

By: ____________________________

Date: ____________________________

Print Physician’s Name / ID 

**REQUEST / REFERRAL FOR GI DIAGNOSTIC STUDIES**
**FORM-5) DIAGNOSTIC COLONOSCOPY REFERRAL FORM**

*(Co-pay Amount Effective: 02/1/11 to 07/14/11)*

<table>
<thead>
<tr>
<th>Today’s Date: ____________________</th>
<th>Medical Record #: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name: ____________________</td>
<td>DOB: ____________________</td>
</tr>
<tr>
<td>Address: _________________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>Patient Phone #: __________________</td>
<td>_________________________</td>
</tr>
</tbody>
</table>

**PATIENT REFERRED TO** (check one):

<table>
<thead>
<tr>
<th>Advanced Diagnostics Surgical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1668 S. Garfield Avenue #100, Alhambra, CA 91801</td>
</tr>
</tbody>
</table>

**PATIENT ASSIGNED TO** *(check box below):*

<table>
<thead>
<tr>
<th>Firmin Ho, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 North Garfield Avenue #301</td>
</tr>
<tr>
<td>Monterey Park, CA 91754</td>
</tr>
<tr>
<td>Phone: 626-280-3150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thomas Lam, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>328 South First Street #E</td>
</tr>
<tr>
<td>Alhambra, CA 91801</td>
</tr>
<tr>
<td>Phone: 626-284-1997</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>George Lai, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 North Garfield Avenue #100</td>
</tr>
<tr>
<td>Monterey Park, CA 91754</td>
</tr>
<tr>
<td>Phone: 626-280-5009</td>
</tr>
</tbody>
</table>

| Patient Copay: $612.50 MUST be collected at pre-procedure consultation. |

**REASON FOR REFERRAL** *(check one):*

<table>
<thead>
<tr>
<th>Positive Immunochemical FOBT</th>
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<tbody>
<tr>
<td>Other (Specify):</td>
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<table>
<thead>
<tr>
<th>Check box if patient is non-English speaking</th>
<th>Preferred Language?</th>
</tr>
</thead>
</table>

**REFERRING CLINIC** *(check one):*

<table>
<thead>
<tr>
<th>Community Health Alliance of Pasadena</th>
<th>Garfield Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durfee Family Care Medical Center</td>
<td>Herald Christian Health Center</td>
</tr>
<tr>
<td>East Valley Community Health Center</td>
<td>Pomona Community Health Center</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Coordinator: __________________</th>
<th>Phone #: ___________</th>
<th>Ext. _______</th>
<th>Fax#: ______________</th>
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<tr>
<th>Appointment Date for Pre-procedure: __________________</th>
<th>Time: ______________</th>
</tr>
</thead>
</table>

**REFERRING CLINIC MUST FAX TO COLONOSCOPY PROVIDER:**

*Referral form, patient history & physical, medication list, and laboratory report*
## (FORM-6) EXCEL DATA COLLECTION TOOL

### (tab 1)

<table>
<thead>
<tr>
<th>Medical Record #</th>
<th>If pt. has insurance mark &quot;X&quot;</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Date Kit Provided</th>
<th>Date Kit Returned</th>
<th>If positive IFOBT, mark &quot;X&quot;</th>
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### (tab 2)

<table>
<thead>
<tr>
<th>Medical Record #</th>
<th>Referred to: 1) LAC-USC 2) ADSC 3) Other 4) Pt Declined 5) Pt no Response</th>
<th>Date referral is submitted/entered into RPS</th>
<th>Date an apt. is scheduled (NOT the apt. date)</th>
<th>Appointment Date</th>
<th>Was referral denied? (provide date)</th>
<th>Was colonoscopy completed? (If yes mark &quot;X&quot;)</th>
<th>If colonoscopy not completed, why? (colon not prepared, pt/Dr rescheduled)</th>
<th>No Show (mark &quot;X&quot;)</th>
<th>Was colonoscopy positive for cancer? (If yes, mark &quot;X&quot;)</th>
<th>Does pt. require additional Tx? (If yes, mark &quot;X&quot;)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
Appendix 2-1
Participating Clinics Contact List

1. Community Health Alliance of Pasadena
   Contact: Socorro Hernandez  E-mail: Socorro.shernandez@chapcare.org
   1855 North Fair Oaks Avenue, Pasadena, CA 91103
   Phone: (626) 993-1237  Fax: (626) 398-5948

2. Durfee Family Care Medical Group
   Contact: Anne-Marie Bishara   E-mail: dfcmg@sbcglobal.net
   2006 Durfee Avenue, El Monte, CA 91733
   Phone: (626) 442-5015  Fax: (626) 442-7810

3. East Valley Community Health Center
   Contact: Daniel Baltazar   E-mail: dbaltazar@evchc.org
   420 S. Glendora Avenue, West Covina, CA 91790
   Phone: (909) 620-8088 Ext 3233  Fax: (909) 623-4861

4. Garfield Health Center
   Contact: Fay Ho   E-mail: garfieldhc@ymail.com
   210 N. Garfield Avenue #203
   Monterey Park, CA 91754
   Phone: (626)307-7397

5. Herald Christian Health Center
   Contact: Rosanna Che   E-mail: cherosanna@yahoo.com
   715 East Mission Road, San Gabriel, CA 91776
   Phone: (626) 286-8700  Fax: (626)286-8650

6. Pomona Community Health Center
   Contact: Celia Gomez   E-mail: celiachcpomona@yahoo.com
   750 Park Avenue, Suite 101, Pomona, CA 91766
   Phone: (909) 622-6516  Fax: (909) 629-8506
Appendix 2-2
Diagnostic Colonoscopy Contact List

OPTION 2:
Advance Diagnostic Surgical Center (ADSC)
Contact: Maggie Do or Pollyanna Lee
1668 S. Garfield Avenue #100, Alhambra, CA 91801
Phone: (626)308-9000   Fax: (626)308-9028

Private providers affiliated with ADSC
1. Firmin Ho, M.D.
   Contact: Dyna
   500 North Garfield Avenue #301, Monterey Park, CA 91754
   Phone: (626)280-3150   Fax: (626)280-8142

2. George Lai, M.D.
   Contact: Lucy M.
   500 North Garfield Avenue #100, Monterey Park, CA 91754
   Phone: 626-280-5009   Fax: (626)280-5232

3. Thomas Lam, M.D.
   Contact: Stella Padilla
   328 South First Street #E, Alhambra, CA 91801
   Phone: 626-284-1997   Fax: (626)284-2549

Pharmacies near ADSC and private providers
Garfield Medical Square Pharmacy
500 North Garfield Avenue #103, Monterey Park, CA 91754
$20 for generic brand of GoLYTELY®

Sun Sun Pharmacy
600 North Garfield Avenue #107A, Monterey Park, CA 91754
$22 for generic brand of GoLYTELY®
1. Advanced Diagnostic Surgical Center  
   1668 S. Garfield Avenue #100  
   Alhambra, CA 91801  
   Phone: 626-308-9000

2. Firmin Ho, M.D.  
   500 North Garfield Avenue #301  
   Monterey Park, CA 91754  
   Phone: (626)280-3150

3. George Lai, M.D.  
   500 North Garfield Avenue #100  
   Monterey Park, CA 91754  
   Phone: (626)280-5009

4. Thomas Lam, M.D.  
   328 South First Street #E  
   Alhambra, CA 91801  
   Phone: 626-284-1997