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Implementing and Marketing a Cancer Prevention and Screening Program

by Margaret A. Riley, M.N., R.N.

In the long term, prevention and screening programs will decrease overall health care consumption and expenditures.

A

administrative, clinical, and medical staff within the Oncology Program of Saint Joseph's Hospital of

Atlanta began exploring the preventive component of cancer care in 1989. Different cancer screening programs were reviewed in a comprehensive, thorough manner. Ultimately, the CanScreen® program was selected and approved for implementation in 1990.

CanScreen was developed by the Preventive Medicine Institute/Strang Clinic, New York, N.Y., and is marketed by Carepoint Marketing Associates, Dunwoody, Ga. CanScreen incorporates a multisite, history questionnaire with a screening physical exam and selected lab tests, including hemocult, microhematocrit, urine check for blood, and Pap smear for women. A prostate specific antigen (PSA) blood test was

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added in 1992 for men over age 50 or at high risk for prostate cancer.

At its inception the cancer screening program was not expected to generate revenues exceeding expenses. As the program has matured over the past three years, the margin of loss has decreased because of adjustments to staffing and marketing costs.

Cancer screening and prevention are necessary components of any oncology program that serves the community. In the long term, prevention and screening will decrease overall health care consumption and expenditures as clients learn healthy behaviors and practice risk-reduction activities and self-exam techniques to spot early signs and symptoms of cancer. Moreover, a prevention program benefits not only the client but also the client's family, friends, and coworkers. The value of a cancer screening program cannot be measured in immediate revenue outcomes alone.

THE APPOINTMENT AND FOLLOW-UP

After an appointment is arranged, clients are mailed a questionnaire and hemocult slides. Appointments

are booked with at least one week lead time to afford the client time to complete the questionnaire and hemocult slides.

The appointment, which takes about two hours, begins with registration and consent and proceeds to a health history questionnaire review, lab tests, and a screening physical exam completed by the CanScreen oncology nurse clinician. The screening exam includes mouth, thyroid, skin, breast, rectum (digital rectal exam [DRE]), cervix and uterus (pelvic and Pap), testes, prostate, and lymph. The lung, kidneys, bladder, and stomach are screened by response to the health history assessment.

Throughout the exam the clinician teaches self-exam techniques, including oral, lymph, breast, skin, testes, penile, and external female genitalia. When the exam is completed, the clinician summarizes all risk factors, teaches ways to minimize risks, and documents all findings on a triplicate form that is shared with the client and the designated physician. Clients and physicians also receive lab reports.

The fee for CanScreen is \$75, payable at registration. Payment at time of screening assures reduced overhead and avoids billing costs. Women receive a reduced rate coupon for a mammogram at the Saint Joseph's Hospital of Atlanta Breast Health Center. Saint Joseph's Hospital employees may participate in CanScreen for a reduced rate of \$35, which can be payroll deducted.

Before the appointment, callers are informed that CanScreen is not covered by insurance or Medicare. Following the appointment, clients are given a receipt, which may be submitted for reimbursement. Some insurance carriers allow the fee to be applied to the deductible. If an insurance company requests client data following a CanScreen appointment, the client must give written permission to CanScreen before information is released.

Follow-up to any CanScreen appointment proceeds according to the level of findings: no significant findings (NSF), findings of increased risk (FIR), suspicion for cancer or other diseases (SCOD)—based on documentation of history and physical screening exam findings according to the CanScreen decision matrix tool. Follow-up may be as simple as a letter to the

client and physician that states no significant findings. It may be as complex as a series of letters and phone calls to a client for six months to encourage follow-up care by a physician for SCOD. If the CanScreen clinician is unable to persuade a client to follow-up on a SCOD finding after six months, a certified letter terminating CanScreen responsibility is sent to the client.

All follow-up is coordinated with

Fast Facts

The CanScreen® Program at Saint Joseph's Hospital of Atlanta

- About 900 clients completed appointments between July 1990 and early 1993.
- About 25 percent had suspicion for cancer or other diseases findings.
- About 40 percent had findings of increased risk.
- The client satisfaction survey enjoys a 40 percent return rate.
- The percent of expense offset by revenue has increased from 25 to 35 percent.
- Although 25 percent of all appointments are cancelled by clients, about 50 percent rebook an appointment.

the client and primary physician. Clients who do not have a primary physician receive the names of three physicians from the Physician Referral Service at St. Joseph's Hospital. Once a physician is selected, the client notifies the CanScreen office, and the CanScreen follow-up information is forwarded to the selected physician. The client has a copy of all CanScreen reports that he or she can share with any physician of choice at any time.

To ensure that the screening program is not seen as a primary health care program for an annual physical exam, clients are restricted from returning to CanScreen within a year and without having seen a physician for an annual check-up.

MANAGING THE PROGRAM

An experienced oncology nurse performs the clinical component of

the CanScreen program. The nurse must complete the three-week, comprehensive prevention and screening teaching module offered by M.D. Anderson Cancer Center, Houston, Tex.

The decision to hire an oncology nurse for the clinician position was based on the belief that an oncology nurse has a unique and valuable perspective and commitment to early detection, screening, and risk reduction. This commitment is based on the nurse's first-hand experience with caring for cancer patients and the knowledge that early detection can help prevent a cancer diagnosis and subsequent treatment.

Furthermore, an oncology nurse understands the disease of cancer, including early signs and symptoms, patterns of metastasis, and hereditary factors. This knowledge allows the nurse to be a keen observer throughout CanScreen's history review and screening physical exam.

The CanScreen clinician manages three appointments daily, four days a week. One day each week is reserved for follow-up activities. The length of each appointment is one and one-half to two hours, depending on the level of findings and interest and questions a client may have.

An appointed medical advisor—an internal medicine physician of the Saint Joseph's medical staff—oversees the CanScreen program. The medical advisor does not perform the screening physical exam. However, he meets with the CanScreen clinician and administrator on a regular basis and is available as needed for questions or concerns. The medical advisor has played a key role in articulating the importance of screening and early detection within the medical community while upholding the importance of thorough annual checkups by a physician.

The CanScreen program is housed in the Outpatient Oncology Treatment Center at Saint Joseph's. To accommodate the well population that comes to CanScreen, the Center required modest structural changes to prevent CanScreen clients from walking through the treatment area. The screening area consists of two exam rooms; office space for clinicians, a secretary, and client files; and a work station for lab tests (urinary analysis, microhematocrit, hemoc-

cult). Pap smears and PSAs are sent to the hospital laboratory for analysis, and charges are billed to the CanScreen Program.

MARKETING THE PROGRAM

Several methods have been used to market CanScreen. Direct advertising in print media to the community has been the most consistent method. Although the time between ad placements depends on the response to each ad, the average is one placement every two months. Response rates vary, depending on placement of the ad within print media and the general economic trends in the community. Once people do phone, however, from 50 to 70 percent of calls have resulted in booked appointments.

The CanScreen clinician participates in area health fairs and provides educational lectures and seminars to civic and corporate groups to promote the program. Word-of-mouth endorsement of the program has increased over time.

Recently, components of the CanScreen program have been offered within corporate settings. Known as Site Specific Screenings, these events have included skin and prostate (PSA/DRE) screenings. A contract for the site-specific screening of employees in the workplace is negotiated between CanScreen and the corporation. There is a fee per each participant. We have discussed offering the entire CanScreen program in the corporate setting. However, given the need for equipment, an appropriate setting, and other efficiencies, this activity has not been operational to date. Rather, the complete CanScreen appointment has been offered to corporations and other groups at a discounted rate (\$65). These clients come to Saint Joseph's Hospital for the appointment.

EVALUATING THE PROGRAM

Several CanScreen statistical and financial reports are gathered monthly and analyzed on a quarterly and annual basis. As with any new program, budgetary allowances are necessary as the program increases activity, becomes stable, and is accepted within the community.

The monthly contact activity report includes:

- contacts (number of calls and activity generated, including appointment, Physician Referral

Service [PRS] request, general information, or brochure only)

- source of contact (word of mouth, local paper, health fair, employee)
- corporate screening events
- appointment (number completed for male and for female, number of PRS referrals upon appointment completion)
- cancellations (reasons stated)
- no show.

The monthly clinical statistics report includes:

- number of clients seen

Clients have been taught to improve health behaviors...and to reduce their risk for disease by recognizing early signs and symptoms of cancer.

- number of findings in all categories (no significant findings, findings of increased risk, and suspicion for cancer or other disease)
- number of CanScreen clients being followed up
- number of CanScreen clients completed follow-up
- suspicion of cancer or other disease referrals (lists all clinical sites reported, i.e., skin, mouth, lesion, abnormal Pap, breast, prostate, testicular exam)
- positive diagnosis upon follow-up with physician.

Each client completes a satisfaction survey that is made up of 14 questions answered by rating all aspects of the program on a 1-5 scale. The program has enjoyed a 40

percent return rate of the surveys. Since July 1990, CanScreen clients have consistently rated the program highly. Ninety-nine percent strongly agree/agree to the questions, "CanScreen is an excellent value" and "I would recommend CanScreen to a friend."

A monthly revenue and expense report is prepared, including revenue, salary, education and travel, and supplies and equipment. Marketing costs are reported separately.

Although the fee for CanScreen is reviewed annually, it has been maintained at \$75 based on sensitivity of what the market will bear, even in light of the comprehensive nature of the program.

THE BOTTOM LINE

Administrators have sought every opportunity for the program to maximize revenue and minimize costs. Consequently, from 1990 to date the percent of expense offset by revenue has increased from 25 to 35 percent in the department operational budget. The high cost of marketing via print media and clinician staff turnover have affected the bottom line. In any program clinician staff turnover affects financial outcomes. This is particularly true in a program such as CanScreen, which requires special orientation and education.

Canceled appointments are another management issue affecting revenues. Within any given week, an average of 25 percent of all appointments are canceled by clients. Various reasons are cited, including work conflict and illness. To minimize cancellations and no-shows clients are given a reminder call a week in advance of the appointment. Of all cancellations, however, about half rebook an appointment at the time of cancellation.

When cancellations occur, the clinician works on follow-up and other program activities. To improve efficiencies in both CanScreen and in the Outpatient Oncology Center, the clinician has been oriented to assume a staff nurse role in the Outpatient Oncology Center.

Marketing opportunities have been sought through contacting established corporate clients of the Mobile Mammography Program at Saint Joseph's Hospital and inform-

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ing them of the CanScreen program. Several site-specific screening events have resulted from this activity.

The value of CanScreen cannot be measured in dollars alone. From July 1990 to early 1993, almost 900 clients completed appointments. As said earlier, clients have been taught to improve health behaviors, to practice a self-exam technique, and to reduce their risk for disease by

recognizing early signs and symptoms of cancer. Of the 900 clients, approximately 25 percent had suspicion for cancer or other diseases (SCOD) findings, and 41 percent had findings of increased risk (FIR). Seventeen percent had a combination of both SCOD and FIR findings. Furthermore, precancerous and early stage cancers have been detected. This early detection has resulted in excellent prognosis

following physician intervention and treatment in about 4 percent of clients (SCOD referrals only).

Clients learn American Cancer Society guidelines throughout the program—whether during the appointment, in program literature, or at health fairs, public seminars, and lunch-and-learn sessions. Furthermore, 20 to 25 percent of all CanScreen clients do not have a primary physician. Through referral

A GROWING LIST OF SCREENING PROGRAMS

Cancer prevention and screening programs are much more widespread and accessible than at any time in the past. Although few programs have garnered the necessary volume of patients to manage more than a "break even" bottom line, the list of hospitals developing cancer screening programs is growing.

The H. Lee Moffitt Cancer and Research Institute in Tampa, Fla., for example, plans to launch a cancer screening and prevention program this fall. The institute is developing its own program, which will be a base from which research and service in the community can be launched. To set itself apart from other cancer centers located nearby, the program will have a mobile unit as well as a fixed site.

Patient education and community service are important reasons for developing a cancer screening and prevention program. At the H. Lee Moffitt Cancer Center, research is also a primary purpose, according to Steve Luther, Director of the Institute's new Lifetime Cancer Screening Program. Because the H. Lee Moffitt Cancer Center is associated with the University of Southern Florida, researchers may be in a good position to learn more about barriers to screening, cost effectiveness, and efficacy of different screening modalities. Another plus is that medical students, who can elect to rotate through the clinic, will learn about patient education and cancer screening.

Saint Mary's Health Services, Saint Mary's Regional Cancer Center in Grand Rapids, Mich., is

pleased with its Cancer Awareness and Risk Assessment Screening Test Program. "Not only does it inform the public about specific risk factors for cancer, the program also provides basic education on prevention and early detection," said June Farkas, R.N., Supervisor. "On that strong platform, it provides a perfect starting point to market specific hospital services to a concerned public."

Saint Mary's has used the database generated by the Cancer Awareness and Risk Assessment Test to target specific risk groups for marketing its Physician Referral service as well as its Breast Evaluation and Education Center. The software allows hospitals to do their own customizing of the patient question responses and the section on education and prevention advice. The complete package is available from Carepoint Marketing Associates (see Resource List on page 15).

A cancer screening and prevention program may give one hospital the edge over a neighboring institution. Princeton Baptist Medical Center in Birmingham, Ala., for example, faces competition from a nearby university hospital, a comprehensive cancer center, and numerous community cancer centers. "The cancer screening program gives us both a marketing niche and a community service niche," said Pat Reymann, Director of the Cancer Center.

The hospital has a strong mission to support the community. "This program helps us to achieve that mission," said Reymann.

The program has been extremely successful, and the satisfaction level from participants is high. Almost 5,000 people have been screened and the hospital has received hundreds

of letters of thanks.

Reymann, however, has no illusions about the program being a moneymaker. "We are not trying to make a profit; we are simply trying to cover our expenses." The program breaks even, *if* administrative overhead is not factored in. After five years the cost to patients is still the original \$48.

Trinity Medical Center in Moline, Ill., relies heavily on the hospital's physician and nurse volunteers who give generously of their time to perform cancer screening and to speak at community activities. Trinity sponsors annual prostate, colorectal, skin, and breast cancer screening. Last year 1,200 people were screened for colorectal cancer, and more than 600 men were screened for prostate cancer. All screening is combined with patient education and follow-up.

Although staff commitment is important, the key to the program's success may rest with the administrators' ability to solicit free or low-cost publicity. "All our screening campaigns are co-sponsored by local TV stations," said Leanne Hullett, Director of Oncology Services. "For example, this year a network has featured a week-long series on skin cancer to go along with our skin cancer screening."

Trinity Medical Center purchased its screening and prevention program from National Health Enhancement Systems of Phoenix, Ariz. The program includes screening for cancer, as well as for diabetes, blood pressure, heart disease, and a number of other conditions. Computer software allows patient tracking and analysis of such data as revenue source and use of inpatient versus outpatient services.

Lehigh Valley Hospital in Allentown, Pa., put together its own

to Saint Joseph's Hospital Physician Referral Service the program generates new patients into the hospital's physician practices. Most importantly, the cancer screening program demonstrates active pursuit of the hospital's commitment to a comprehensive approach to cancer care.

The CanScreen program has met the goals set out by the Oncology Program committees at Saint Joseph's Hospital of Atlanta. To

maximize positive results in all areas, the program continues to be reviewed on an annual basis for clinical, community, marketing, financial, and productivity outcomes. Policies, procedures, and operational schema for the program have been developed and some adapted in response to changes within the health care environment of the hospital and the community served. Furthermore, we anticipate

the program will experience continued growth and will fare well with the health care directives for preventive care. The essential components of the CanScreen program—that of cancer screening and prevention education—remain the core activity and a steadfast commitment of the oncology program at Saint Joseph's Hospital of Atlanta. ■

cancer risk appraisal system about 10 years ago—before commercial computerized cancer screening and tracking programs were available. A team of clinicians, medical staff, and hospital personnel worked with an outside consultant to develop the system, which has been continually updated. Up to 800 individuals are screened yearly at the hospital's John and Dorothy Morgan Cancer Center.

Administrators at Lehigh Valley Hospital are evaluating the possibility of incorporating the cancer risk assessment into other tools. The goal is to create an overall health risk assessment of heart disease and other conditions and diseases, including cancer.

Many hospitals are taking screening and health risk assessment programs directly to the worksite. For example, since 1991 the LifeCheq™ Cancer Prevention Program at M.D. Anderson Cancer Center in Houston, Tex., has served 58 companies and organizations—involving more than 12,000 employees. The program begins with a health risk appraisal and is followed by an on-site visit that is customized for each company to include either head-to-toe or site-specific screening for such cancers as breast and prostate. Education is a prominent component of the program, for example, instructing employees on self-examination to detect cancer early. Behavior modification in smoking cessation, stress management, and nutrition may be taught at the worksite, depending on the employer's needs.

Another screening and prevention program that focuses on the worksite is Screen Atlanta, initiated by the Northside Hospital Institute for Cancer Control in Atlanta, Ga. This year-round program includes

both a mobile breast screening unit and a wellness section. Last year, 15 major corporations as well as many schools and churches were visited.

East Jefferson General Hospital

Resource List

Can®Screen
Cancer Awareness and Risk
Assessment Program
Bob Bonner
Carepoint Marketing Associates
2312 Delverton Dr.
Dunwoody, GA 30338
404-452-8011

National Health Enhancement
Systems
John Hoban, Vice President
of Product Development
Suite 1750
3200 North Central Ave.
Phoenix, AZ 85012
1-800-345-3342

LifeCheq™ Cancer Prevention
Program
Pam Willson, M.S.N.
The University of Texas
M.D. Anderson Cancer Center
1515 Holcombe Blvd.
Houston, TX 77030
713-792-3011

Wellsorce, Inc.
Personal Wellness Profile
Forrest Knudson
P.O. Box 569
Clackamas, OR 97015
1-800-533-9355

in Metairie, La., also uses a worksite health promotion combined with a health risk assessment profile. The program has been so successful that a few HMOs are contracting with the hospital to offer the service as a

benefit of the HMO package.

Typically, employees of a company bring a completed five-page health profile to the on-site screening. The profile includes questions about personal and family history, food intake, physical activity, and even tests knowledge about the warning signs of cancer. Blood is drawn and analyzed within 30 minutes. Blood test results are given to the client and also entered onto the health profile. In addition, colorectal screening tests are distributed, and clients taught how to use them correctly. A nominal fee of \$8 to \$20 is charged.

In two weeks, clients receive their completed health risk appraisals. The profiles are processed quickly because clients are in "the ready-to-learn mode and are anxious to get their results," according to Michael Pejsach, E.D.D., C.H.E.S., Program Manager of the Comprehensive Education and Early Detection Program. The forms can be optically scanned; data are processed instantly and ready to print. The Personal Wellness Profile health risk appraisal system is available from Wellsorce, Inc., in Clackamas, Oreg. It includes educational components, including stress management, nutrition, and fitness.

Pejsach sees the comprehensive health risk appraisal as the first step in any disease prevention health promotion program. "What follows a health risk assessment report is a presentation of how to use the data and what the client can do to change unhealthy behaviors" said Pejsach. "The consumer has to assume responsibility for making these changes, but health risk appraisals can get people started."

—Donald Jewler
Managing Editor