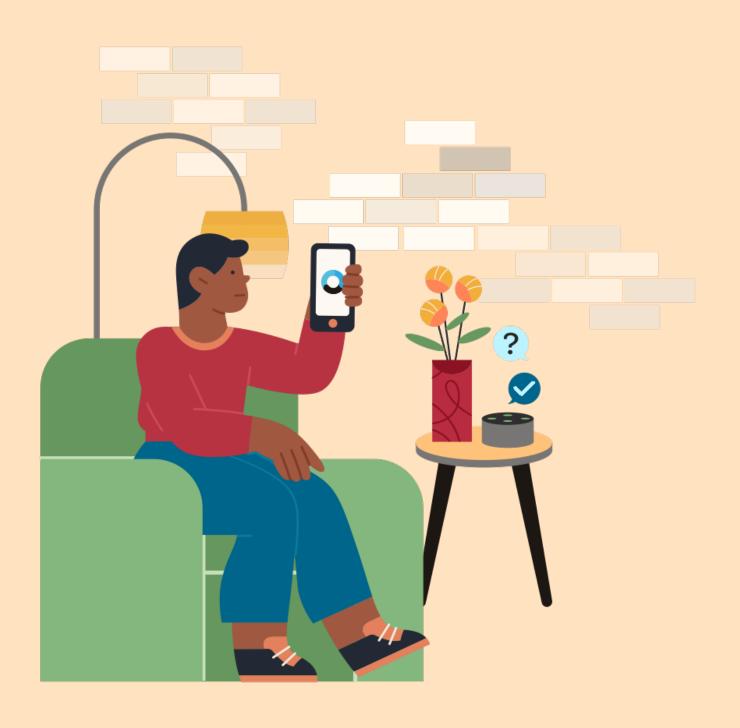
White Paper

Utilizing Conversational AI to Rebound from the COVID-19 Colonoscopy Backlog





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And when nonurgent endoscopies were suspended, colorectal cancer (CRC) screening rates followed suit, declining precipitously.³



How Al Outreach Can Help Gastroenterologists Recover from Colonoscopy Deferrals

In a typical year, colonoscopies are one of the most common preventative care services performed in the United States, with more than 15 million completed annually. At an average cost of \$2,750 each, they are also one of the most lucrative procedures, earning healthcare providers approximately \$41.25 billion per year.

However, due to the COVID-19 pandemic, 2020 was anything but a typical year. Early in the pandemic, routine medical procedures like cancer screenings came to a screeching halt. And when nonurgent endoscopies were suspended, colorectal cancer (CRC) screening rates followed suit, declining precipitously.³ Even when these services resumed later in the year, the concerns about COVID-19 infection caused an estimated 41% of adults to delay or avoid medical care altogether.⁴

The colonoscopy backlog has demonstrated a consequential ripple effect—it is potentially harmful for patients, especially those at high risk; it is financially damaging for providers and practices; and the administrative lift is overwhelming for depleted and exasperated healthcare teams.

By leveraging conversational AI for proactive patient outreach, healthcare organizations can efficiently engage patients to reschedule delayed or cancelled colonoscopies.



On average, 60% of CRC deaths in adults over 50 can be prevented with routine screening.⁵ Sound evidence confirms that screening tests reduce mortality by increasing early detection and removing precancerous growths.⁶



Clinical Consequences of Skipped Colonoscopies

Like most routine and preventative care services, a colonoscopy is proven to be clinically beneficial to avoid serious illness or death. As the second-leading cause of cancer deaths and third most common cancer overall, it is critical for eligible patients to get screened for colorectal cancer (CRC). On average, 60% of CRC deaths in adults over 50 can be prevented with routine screening.⁵ Sound evidence confirms that screening tests reduce mortality by increasing early detection and removing precancerous growths.⁶

When the pandemic disrupted routine cancer screenings, healthcare professionals expressed concern for a future surge of missed diagnoses and cancers so advanced that there would be no chance for cure. Sadly, nearly two years into the pandemic, those fears are proving prophetic.

A steep decline in screening took place from March to June 2020. Over 60,000 patients are typically screened for cancer in a three-month period at Massachusetts General Brigham; in the first three months of the pandemic, fewer than 16,000 came in for tests, according to a study published in JAMA Oncology in January 2021.⁷ Another study determined colonoscopies were down almost 90% in mid-April 2020 compared to the year before, and as of December 2020 they were still down about 15%.⁸ While colonoscopies have seen a rebound, there has not been a full return, and many high-risk patients were likely missed. As researchers can attest, we are still in the early discovery stage of recognizing the true impact of the pandemic on missed preventative care and its deadly effect.



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Ultimately, the true benefit of the technology is not just the modality itself but the customization and individualization—each patient can be communicated with at the time and in the manner they wish, ensuring optimal engagement and experience with healthcare providers.

While COVID-19 amplified missed colonoscopies, patients skipping screening tests is not a new problem. In 2013, one in three adults between the ages of 50 and 75 were not meeting appropriate testing guidelines for CRC, as reported by the Centers for Disease Control and Prevention (CDC). The top barrier for screening was frighteningly simple: a doctor did not communicate to a patient that they should get a test. Fortunately, there are simple solutions to mitigate this obstacle.

In the early 2010s, the CDC recommended health systems send out mass mailers and alerts to patients who were due for a test and follow up to increase adherence. Today, through many advancements in technology, communicating with patients is easier, and includes many new and powerful channels, including email, text message, and phone call.

Ultimately, the true benefit of communication technology is not just the modality itself but the customization and individualization it makes possible—each patient can be communicated with at the time and in the manner they wish, ensuring optimal engagement and experience with healthcare providers.



"Most practices have fully restarted colon cancer screening procedures. The challenge, though, is that not all programs have been able to increase their total number of procedures to deal with the backlog in procedures that have been deferred,"

 Dr. Joseph Feuerstein, Gastroenterologist at Beth Israel Deaconess Medical Center in an interview with Cancer Therapy Advisor.¹⁰



Financial Ramifications for Providers

Of course, the potential health risk of missed colonoscopies is the most critical reason to improve the poor scheduling process and get patients in the door; however, the backlog is proportionately damaging to healthcare providers performing the procedures.

On average, a colonoscopy costs \$2,750, equating to billions in annual revenue for a hospital or gastroenterology practice. When elective procedures were on placed hold, declined, or rescheduled due to COVID, these providers experienced a significant loss of revenue. There is some good news.

"Most practices have fully restarted colon cancer screening procedures. The challenge, though, is that not all programs have been able to increase their total number of procedures to deal with the backlog in procedures that have been deferred," said Dr. Joseph Feuerstein, Gastroenterologist at Beth Israel Deaconess Medical Center in an interview with *Cancer Therapy Advisor*.¹⁰

If providers expect to deplete the backlog, they will need to be flexible. Some practices have increased procedure volume by adding weekend appointments or extending weekday hours. To make extra hours worth it for providers, who are burned out, it is critical to proactively contact patients and fill extra spots.



Empowering Patients with Simple Scheduling

Today, it's hard to schedule a colonoscopy. With all the bottlenecks in the scheduling process, it is reinforces why many patients just defer, ignore or postpone the procedure. In today's healthcare landscape, booking or rebooking a colonoscopy should be the easiest part of the procedure. If a patient who is booking their first colonoscopy, or was already hesitant, runs into trouble with scheduling, they will likely put it off further or skip it altogether. In other words, healthcare can't afford to give patients any excuses to ignore a critical cancer risk screening exam.



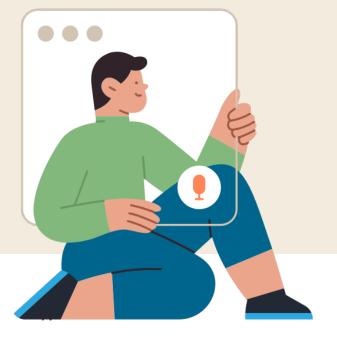
The challenge of booking a colonoscopy is pervasive and includes even the top healthcare organizations in the country. Many of the nation's best health systems, have arduous and antiquated processes for booking a colonoscopy appointment. Health Systems have optimized their Google search results, yet when trying to schedule a colonoscopy, a patient will click, click, click, and then hit a dead end with the only solution being a phone number to call. The patient went to Google to solve their problem but ended up with a phone number to call. A poor user experience to say the least.



Key Takeaways:

Advanced technology can help streamline the scheduling process and get patients back into colonoscopy suites. A conversational AI platform can provide out-of-the-box "campaign-based" outreach that automates specific tasks (e.g., health maintenance reminders like flu shots and colonoscopy screenings). In this campaign-based approach, agile conversational flows allow for scheduling appointments, including selection of time, location, individual provider, and enable questions and answers about the procedure, prep, directions, and more.

With the use of Orbita Outreach, providers can design and deploy automated outreach campaigns and leverage multiple channels to proactively place conversational experiences directly into the hands patients, such as appointment scheduling, bill pay, and more. With this technology, organizations can increase engagement, reduce call center burden, and effectively reach patients through their preferred channels and timing to encourage informed health choices.



Learn how your organization can utilize a conversational Al platform for:

- · Appointment and procedure scheduling
- · Pre-visit outreach and screening
- First-line support to common questions
- Automated patient surveys
- Enhanced call center efficiency





About Orbita

Orbita provides market-proven voice and chat solutions for healthcare, payer, and life sciences sectors, and the most powerful conversational AI platform enabling entities to cost-effectively create and manage HIPAA-compliant virtual health assistants for the enterprise. Leading organizations tap the power of Orbita's voice search-enabled technologies for consumer marketing, customer service, patient engagement, outcomes improvement and cost reduction initiatives.



References:

- 1. "Colonoscopies Lead to Many More Infections Than Previously Thought." John Hopkins University.
- 2. "How Much Does a Colonoscopy Cost in 2021?" Mira.
- 3. "Impact of COVID-19 Pandemic on Colorectal Cancer Screening Rates and Modalities in a Large Integrated Health System." AJG.
- 4. "Delay or Avoidance of Medical Care Because of COVID-19 Related Concerns United States, June 2020." CDC.
- 5. "Screening for Colorectal Cancer." PubMed.
- 6. "Annual Report: Colorectal Cancer Screening." America's Health Rankings.
- 7. "The COVID Cancer Effect." Scientific American.
- 8. "The Impact of COVID-19 on the Use of Preventative Health Care." HCCI.
- 9. "CDC: 1 in 3 Adults Over 50 Skip Colorectal Cancer Screening." CBS News.
- 10. "Experts Review the State of Colorectal Cancer Screening in the COVID-19 Fra." Cancer Therapy Advisor.