

Lessons from the Field: Implementing Evidence Based Interventions to Increase Colorectal Cancer Screening Rates in Community Health Centers

Allison Antoine, CHES^{1,2}, A. Michelle Corbett, MPH, CHES^{1,2}, David Frazer, MPH^{1,2}, Carrie Stehman, MA^{1,2}, Noelle K. LoConte, MD^{2,3,4}

1. Center for Urban Population Health 2. University of Wisconsin School of Medicine & Public Health 3. Wisconsin Comprehensive Cancer Control Program 4. UW Carbone Cancer Center

BACKGROUND

Funded in 2015 by CDC, *Wisconsin's Collaborative Approach To Increase Colorectal Cancer Screening*, locally known as *Screen for Life WI*, began a five-year project to support Wisconsin community health centers (CHCs) in increasing CRC screening rates for underserved WI adults ages 50-75 years old through the strategic implementation of evidence based interventions (EBIs).

Wisconsin has 18 Community Health Centers, with 70+ clinic sites, that serve 271,222 patients.⁴ *Screen for Life WI* has had two years of on the ground experience working with nine community health centers to implement EBIs focused on increasing CRC screening rates. As a result of these partnerships, *Screen for Life WI* program staff have identified several recommendations to consider to support the successful implementation of EBIs in a CHC setting.

GOAL

80% by
2018

The overarching goal of this project is to increase high quality, appropriate CRC screening rates among average-risk 50-75 year old patients who receive care from our partner CHCs across Wisconsin. This goal supports local movement towards the national goal to screen 80% of eligible adults ages 50-75 by 2018.

In addition to increasing CRC screening rates, this program has also been designed to decrease disparities in CRC screening and incidence and mortality of the disease. To do this, strategic EBI implementation is critical to the creation of a high-quality CRC screening program to identify eligible patients, make appropriate screening recommendations, and ensure adherence to timely and appropriate follow-up including diagnostic colonoscopy when needed.

APPROACH

HEALTH SYSTEM IMPLEMENTATION TEAMS

Each CHC partner forms an implementation team. These teams are typically made up of individuals who can champion change in the clinic setting. Each develops an annual workplan that builds on their assets and needs. These workplans focus on evidence based clinic level interventions and supportive strategies. The workplans are revisited each year to update them as the work evolves.

PROGRAM AND EVALUATION TEAM

The UW School of Medicine and Public Health and its Center for Urban Population Health lead the programmatic and evaluation activities for this program. This team supports each health system implementation team in realizing their goals and workplans. This team utilizes multiple strategies to support overall improvement across the partners.

References:

1. American Cancer Society. (2013). Wisconsin Cancer Facts & Figures 2013-2014. American Cancer Society, Inc. Available at: <http://www.wiscancer.org>
2. American Cancer Society. (2017). Cancer Statistics Center. American Cancer Society, Inc. Available at: <http://cancerstatisticscenter.cancer.org>
3. Health Resources & Services Administration. (2015) HRSA Health Center Program Grantee Data. Available at: <https://bphc.hrsa.gov/uds/datacenter.aspx?year=2015&state=WI#list>
4. Wisconsin Primary Health Care Association. About Community Health Centers. Available at: <http://www.wphca.org/?page=AboutCHC>

METHODS

CLINIC LEVEL ACTIVITIES

At the conclusion of an environmental and clinical assessment period, including baseline data review, CHC partners selected the EBIs most needed to support their CRC Screening Programs to increase rates. The EBI options were based on *The Community Guide* and included:



Provider Assessment & Feedback: Evaluates providers' performance and gives information/feedback on performance (4 partners)



Provider Reminders: Informs provider that patient is due for screening and/or overdue (2 partners)



Patient Reminders: Informs patient when they are due and/or overdue for screening (phone, letter, text message, in person) (8 partners)



Reducing Structural Barriers: Removing non-economic burdens or obstacles that make it difficult for patients to access screening (5 partners)

SUPPORTIVE STRATEGIES



Small Media: Print and electronic materials and videos aimed to educate and/or motivate patients to be screened (6 partners)



Health Information Technology (HIT): Using the electronic medical record (EMR) and other IT to support implementation of EBIs (7 partners)



Professional Development: Provider and staff trainings (all)



Patient Navigation: Patient centered approach to identifying and reducing barriers and use of cancer screening services (2 partners)

PROGRAM AND EVALUATION ACTIVITIES

The following activities are lead by the Program and Evaluation Team.

Peer Learning Collaborative

- Biannual in-person peer learning sessions
- Monthly Collaborative Coffee Break webinars
- Sharing challenges, successes, and lessons learned
- Identify and share best practices

Ongoing Data Monitoring

- Quarterly data reporting of EBI implementation data
- Biannual strategic data debrief sessions
- Annual reporting of clinic level screening rates

Ongoing Technical Assistance

- Regular sessions with each FQHC partner & CRC Team
- Review of EBI implementation
- Troubleshooting

RESULTS

As a first time recipient of CDC Colorectal Cancer Control Program funding, the *Screen for Life WI* program staff have not only been able to grow the program from an original six partner CHCs to nine CHCs starting program year three, but have also learned some general approaches that should be practiced when engaging in this work.



Dedicated Champion

- Internal ownership
- Project cheerleader
- Reports back to leadership



Team Based Approach

- Multi-disciplinary is best
- One person cannot do this alone
- Clinic level representation is key



Be Intentional

- Prioritize assessment and planning
- Implement one to two EBIs at once—more is not better



Data, Data, Data

- What data is needed to monitor implementation
- Do these data exist? If not, can you get them?
- You don't know what you can't measure
- Regular data monitoring (at least quarterly)



Quality Improvement Focus

- Review processes and workflow
- Continuous quality improvement
- Data should drive implementation

Impacts from EBI implementation, ongoing data monitoring, and technical assistance have already begun to be realized. *Screen for Life WI* has demonstrated a 13.3% increase in CRC screening rates (weighted) from baseline measurement to measurement at year two.

13%

CONCLUSION

Community Health Centers play an important role in our healthcare system and are an integral partner to consider when working towards the national goal of screening 80% of the eligible population by 2018. By focusing on strategic EBI implementation and providing ongoing programmatic support, CHCs can improve their internal processes and create and strengthen clinical policies to support the implementation of EBIs designed to ensure that eligible patients receive their recommendation for CRC screening.

Funding Support

This poster was supported by the Cooperative Agreement Number, DP4078, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

