Peer Learning Collaborative: A Tool for Quality Improvement

Allison Antoine, CHES^{1,2}, A. Michelle Corbett, MPH, CHES^{1,2}, David Frazer, MPH^{1,2}, Carrie Stehman, MA^{1,2}, Danielle Washington, BS^{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 Cancer Collaborative 4. UW Carbone Cancer Center

Background

Funded in 2015, Wisconsin's Colorectal Cancer Control Program, Screen for Life WI, partnered with 9 federally qualified health centers (FQHCs) to work towards the national screening goal of 80%. In that year, 74% of Wisconsin adults aged 50-75 were "up-todate" on their colorectal cancer (CRC) screening compared to only 34% of FQHC patients. Screen for Life WI supports FQHCs in screening underserved average-risk adults, 50-75 years old for CRC through the strategic implementation of evidence-based interventions (EBIs), data-informed decision making, continuous quality improvement efforts, and face-to-face peer learning sessions.

Wisconsin has 17 FQHCs, with 70+ clinic sites, that serve nearly 300,000 patients.⁴ Screen for Life WI has had several 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 FQHC setting.

Goal

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 FQHCs across Wisconsin. This goal supports local movement towards the national goal to screen 80% of eligible adults ages 50-75 in every community.

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

PEER LEARNING COLLABORATIVE

To support implementation of EBIs, Screen for Life WI has convened FQHC partners to participate in a biannual Peer Learning Collaborative (PLC) to facilitate the sharing of successes, challenges, lessons learned, and exemplary failures.



Methods

PEER LEARNING COLLABORATIVE ACTIVITIES

The PLC creates a consistent opportunity for program-level information to be shared across all partners and to introduce external content experts to share professional development opportunities. Participants are able to crowd-source ideas and strategies for common challenges, and showcase achievements made in their efforts to increase CRC screening rates.

Consistent PLC Components



CRC Success Showcase: Partners share promising practices with their peers including the what, why, how, when, how much, and by when. Hard copy resources are shared with peers.



Exemplary Failures: Partner share their best laid plans and how they went terribly wrong, what they did about, and how they failed forward.



Using Data Effectively: Program evaluators share program-level data alongside clinic level data to inform data-informed decision making.

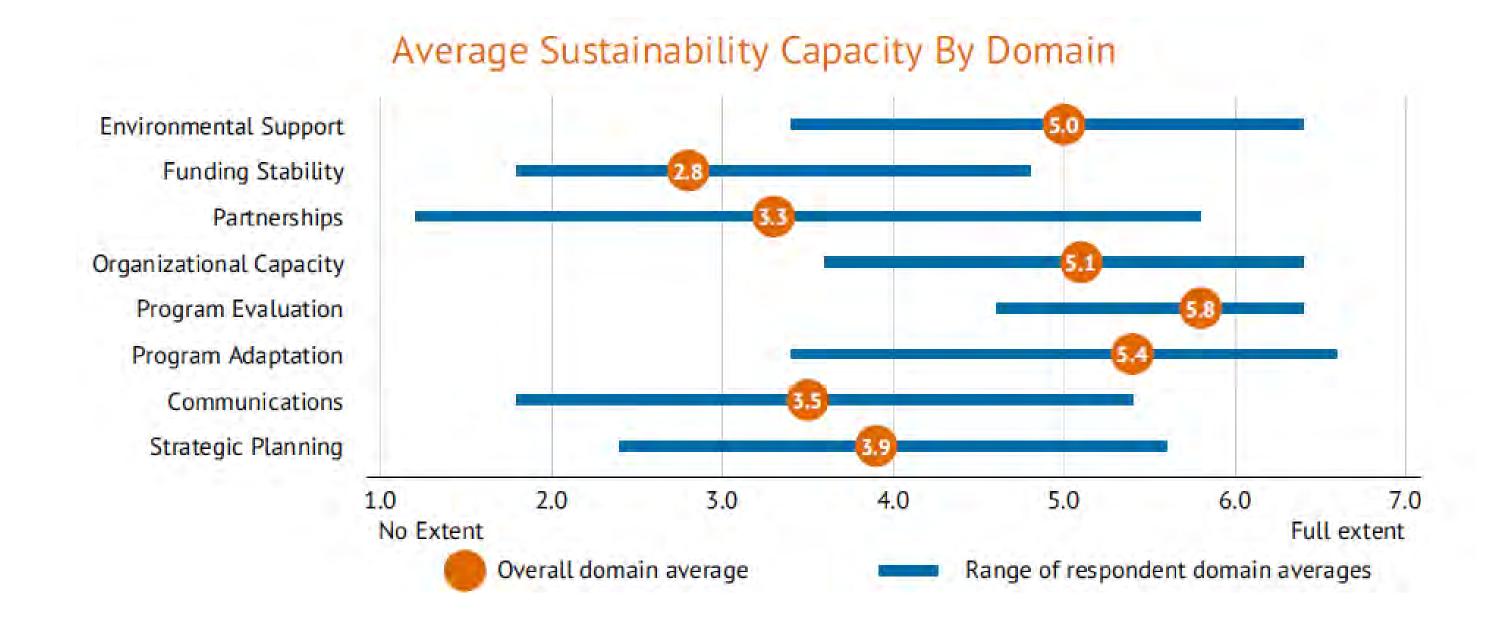


Team Building: Every PLC incorporates a team building component. Often, CRC team members are individuals within an organization who do not usually work together and collaborate.

External Content Experts and Topics



Sustainability Planning: The Center for Public Health Systems Science administered the Program Sustainability Assessment Tool (PSAT) with each partner FQHC to coach partners through sustainability planning. ⁵





Quality Improvement (QI) Coaching: Metastar shared Performance Improvement Project plans via QI coaching and introduced coin spinning to practice QI.



Addressing Cancer Screening Disparities: George Washington University presented a framework for using policy, systems, and environmental approaches to address CRC disparities.



Influence Without Authority: Julie Henszey, owner of Next Step Goals and a WI career coach led participants through a variety of hands-on workshops to build a growth mindset to be influential when you are not in a position of authority.



LEAN for Healthcare: Partner FQHCs had the opportunity for two CRC team members to attend two, two-day LEAN for Healthcare trainings offered by the University of Milwaukee's School of Continuing Education. Basic concepts of LEAN and waste elimination were presented.







Results

Eight PLC sessions were held during the program period with an average attendance of 17 participants each. Four sessions were developed and led by program staff; four sessions were developed and led by outside content experts.



3.6 out of **4 Average Participant** Overall Rating of program-led sessions



4.5 out of **5**

Average Participant Level of Agreement with statement "I have learned from others" successes and challenges in implementing EBIs." (5 = Strongly Agree)

Examples of Participant-Reported Intended Actions Following PLC Sessions

- Share project-wide data with leadership
- Get a provider champion
- Create onboarding for new CRC team members
- Use patient survey results for QI
- Promoting project within my organization
- Use a formalized FIT kit tracking tool
- Review my organization's CRC screening policy

Participant Feedback



"So the peer learning opportunities, I think, were good and positive, and it wasn't always about CRC. It was about program sustainability or PDSAs or communication with your patients. And all of those are good pieces to the program."



"I think that the trainings that we've gotten are helpful and useful... It's like you're meeting other partners that share their information and whatever is not helpful for us might be helpful for them, or whatever is not working for us, might help them. And just meeting new people, because if I have questions, I can feel free to call someone from [another FQHC]."



Since 2015, Screen for Life WI has achieved a weighted screening rate increase of 17.7%* through this comprehensive, multi-component program which includes a consistent, in-person Peer Learning Collaborative.

*34.8% to 52.5%

Conclusion

Federally Qualified Health Centers play an important role in our healthcare system and are integral partners to engage in achieving the national goal of screening 80% in every community. Providing the structured opportunity for peer-to-peer learning, sharing, discussion, and professional development opportunities can further promote continuous quality improvement among partner health systems to increase CRC screening.

Funding Support

This poster was supported by the Cooperative Agreement Number, DP6078, 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.

Health Resources & Services Administration. HRSA Health Center Program. Available at: https://bphc.hrsa.gov/uds/datacenter.aspx?q=t3a&year=2018&state=W

American Cancer Society. (2013). Wisconsin Cancer Facts & Figures 2013-2014. American Cancer Society, Inc. Available at: http://www.wicancer.org

American Cancer Society. (2017). Cancer Statistics Center. American Cancer Society, Inc. Available at: http://cancerstatisticscenter.cancer.org

Program Sustainability Assessment Tool (2020). Center for Public Health Systems Science. Available at: https://sustaintool.org

Health Resources & Services Administration. (2015) HRSA Health Center Program Grantee Data. Available at:

https://bphc.hrsa.gov/uds/datacenter.aspx?q=d&year=2015&state=WI#glis