Closing Preventive Care Gaps through the Adaptation and Implementation of the Proactive Office Encounter Framework in Federally Qualified Health Centers

Robin Vanderpool, DrPH1; Lindsay Stradtman, MPH1; Angela Carman, DrPH2; Stephanie Moore, MPA, CMPE3; Patricia Fain, MD2
1University of Kentucky College of Public Health; 2White House Clinics

Background

The Appalachian region of the U.S. – particularly the communities of Eastern Kentucky – is recognized for significant health disparities compared with the rest of the state. Many of its residents are of lower socioeconomic status, experience substantial access to healthcare barriers, and contend with extreme geographic isolation. Appalachian residents also have a higher prevalence of at-risk health behaviors, such as smoking and physical inactivity, and lower cancer screening rates compared with non-Appalachians.

Prior to implementation, routine strategic planning meetings were held to provide support for a sustainable POE framework; this process began in 2014. Support included planning for an in-depth process evaluation, involving a retroactive timeline analysis, 6-month data snapshot, and interviews with WHC administrators, providers, staff, and patients. Furthermore, technical assistance was provided on staff training and use of Quality Improvement (QI) tools to standardize the POE process at WHC. In 2015, POE was implemented at four WHC clinical sites. The steps involved in implementing the POE framework at WHC are detailed below.

Methods

To improve health outcomes in the region, White House Clinics (WHC), an 8-site federally qualified health center in a medically underserved, high-poverty region in Appalachian Kentucky, formed an academic-community partnership with the University of Kentucky (UK) in 2014. The partnership, locally known as ACCESS (Appalachian Center for Cancer Education, Screening, and Support), is dedicated to using existing primary care resources more efficiently (Appalachian Center for Cancer Education, Screening, and Support), (UK) in 2014. The partnership, locally known as ACCESS involves an interdisciplinary team, including WHC leadership, providers, and staff as well as UK public health researchers and staff.

Preliminary Findings

In 2015, 34% of WHC patients (n=10,372) were evaluated using the POE framework. Compared to 2014 measures, 2016 data indicate that breast and colorectal cancer, HIV, and HCV screening, along with influenza, pneumonia, and shingles vaccination rates have increased among WHC patients. In addition, multiple cancer diagnoses were discovered, including breast and colon cancer, along with cases of HIV and Hepatitis C.

Implications for D&I Research

The POE framework has helped WHC providers and staff promote preventive care practices, including cancer screening and immunizations. Post-implementation interviews with WHC patients indicate that the majority of patients are accepting of the POE model and the improved level of care. Many patients preferred the option of combining multiple health concerns into one appointment, such as the option to receive in-office cancer screenings and immunizations during already scheduled appointments.

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Further Information

For further information on ACCESS, please contact Dr. Robin Vanderpool at robin@uky.edu or Lindsay Stradtman, MPH at lindsay.stradtman@uky.edu.