



CPCRN
Cancer Prevention and
Control Research Network

What are FQHCs Doing to Increase Rates of Colorectal Cancer Screening?

A Survey of Interventions and Implementation Strategies

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Background

❖ National goal for colorectal cancer screening:

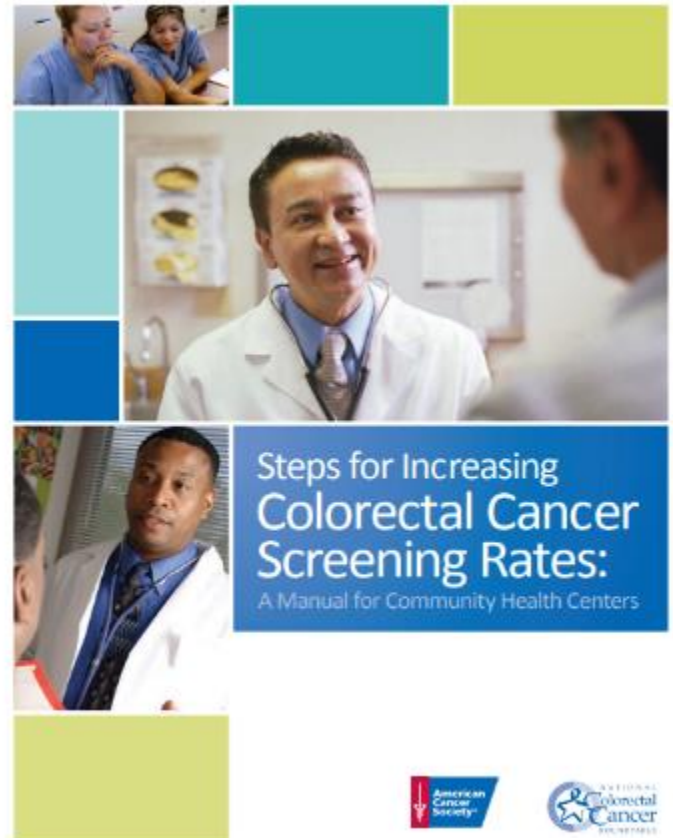
80% by 2018

❖ U.S. average:

62% in 2015

❖ FQHC average:

38% in 2015



Overall Goal

To evaluate and strengthen colorectal cancer (CRC) screening initiatives at the patient, clinic, and community level in community health centers

- ❖ Aim 1. Conduct a survey to identify *which* evidence-based interventions and implementation strategies FQHCs are currently using to increase CRC screening rates
- ❖ Aim 2: Conduct in-depth interviews to explore *how* FQHCs are implementing CRC screening interventions and what types of additional support they need
- ❖ Aim 3: Develop, deliver, and evaluate a model comprised of training, tools, and ongoing technical support to strengthen FQHCs' implementation of multi-level CRC screening interventions

Methods: Survey Instrument

- ❖ Section A: Evidence-Based Interventions for CRC Screening
- ❖ Section B: General Implementation Strategies
- ❖ Section C: Implementation Support
- ❖ Section D: Background Information

Methods: Data Collection

- ❖ Study Design: Cross-sectional, self-administered web-based survey of FQHC CEOs/Medical Directors
- ❖ Participating Sites: Ohio, Pennsylvania, North Carolina, South Carolina, Florida, Arkansas, Kentucky, Iowa
- ❖ Response Rate: 56 out of 148 surveys were completed for a response rate of 37.8%

Results: Background Information

Descriptive Statistics of FQHCs

- ❖ 75% were a designated Patient-Centered Medical Home
- ❖ 87% provided services in Spanish
- ❖ 35.7% (range: 20.3% to 51.1%) of patients were current with CRC screening guidelines
- ❖ Centers that responded were typically not involved in the CDC's Colorectal Cancer Control Program

Results: Background Information

Descriptive Statistics of Respondents

❖ Role

- 32% were Medical Directors
 - 17% were CEOs
 - 15% were Quality Improvement Managers
 - 13% were Nursing Directors
 - 23% were other
- ❖ 85% had been working at their center for 2+ years
- ❖ 45% consulted with other employees on the survey

Results: Evidence-Based Interventions

Frequency of Evidence-Based CRC Screening Interventions Used by FQHCs (N=56)

Intervention	Fully Implementing	
	N	Percent
Provider reminder and recall systems	25	45%
One-on-one education	23	41%
Provider assessment and feedback	23	41%
Patient reminders	14	25%
Patient navigator(s)	14	25%
Small media	14	25%

Results: Implementation Strategies

Frequency of Implementation Strategies for CRC Interventions (N=56)

Implementation Strategy	N	Percent
Identify barriers to implementing EBIs to increase CRC screening	47	84%
Distribute CRC screening guideline materials to providers	46	82%
Consistently monitor the implementation process and modify as appropriate	46	82%
Implement incremental changes over time to improve CRC screening	46	82%
Have regular review sessions to learn from past experiences and improve future implementation efforts	42	75%

Results: Implementation Strategies

Frequency of Implementation Strategies for CRC Interventions (N=56)

Implementation Strategy	N	Percent
Make changes to the electronic health record system	42	75%
Develop a formal implementation protocol	37	66%
Seek consensus about chosen CRC EBIs among providers	37	66%
Conduct group educational meetings for providers about benefits of complying with CRC screening guidelines	35	63%
Provide clinical supervision to improve providers' compliance with CRC screening guidelines	29	52%

Results: Implementation Support

Frequency of Topics for More Training (N=56)

Topics	N	Percent
Patient Navigation	34	61%
Small Media	30	54%
Patient Reminders	29	52%
Group Education	26	46%
Provider Assessment and Feedback	25	45%
One on One Education	20	36%

Discussion

- ❖ The majority of surveyed FQHCs were either fully or partially implementing EBIs to improve adherence to CRC screening guidelines
- ❖ Health centers were actively using a range of recommended strategies to enhance EBI implementation
- ❖ Patient reminders, patient navigation, small media, and group education are underutilized
- ❖ Implementation strategies to be emphasized include:
 - Community assessments
 - Formation of implementation teams
 - Formal commitments to recommend CRC screening
 - Incentive or penalty systems for providers and organizations

Discussion

- ❖ Conclusions are not generalizable to all FQHCs; limited by sampling approach, response rate, and small sample size
- ❖ Additional analyses to be conducted:
 - Patterns of CRC interventions that centers select for implementation
 - Associations between interventions and implementation strategies
 - Correspondence between interventions, implementation strategies, and reported CRC rates (both from survey and UDS)

Next Steps

- ❖ Conduct in-depth interviews with FQHCs that are fully implementing CRC screening EBIs at one or more levels (patient, provider, community, organization, policy)
- ❖ Use survey and interview findings to inform training curriculum based on:
 - Putting Public Health Evidence into Action
 - IHI Improvement Model
 - ACS 4-Steps for Increasing Cancer Screening
- ❖ Pilot curriculum with ACS practice facilitators



THANK YOU!

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