

# Accelerating Uptake of Evidence-based Approaches to Increase Colorectal Cancer Screening with Community Health Centers

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## Background

Widespread dissemination and implementation (D&I) of evidence-based intervention strategies to increase colorectal cancer (CRC) screening and decrease colorectal cancer mortality require coordinated approaches with clinical care systems, such as federally-qualified health centers (FQHCs). As one of the CDC Colorectal Cancer Control Programs, the Colorectal Cancer Screening Program in South Carolina (CCSPSC) works with FQHCs, American Cancer Society (ACS), South Carolina Primary Health Care Association (SCPHCA), and the Colorectal Cancer Prevention Network (CCPN) to accelerate implementation.

***Our program aims to increase CRC screening among clients in FQHCs, which are frontline providers of high-quality, comprehensive health care for medically underserved individuals.***

## Methods

- ❖ In partnership with eight FQHC systems, ACS, SCPHCA, and CCPN, the CCSPSC engages in partner-driven and contextually-appropriate activities to increase CRC screening through implementing evidence-based strategies.
- ❖ The CCSPSC team uses a phased approach to implementation: 1) build partnerships, 2) collect baseline data and develop implementation plans, 3) implement evidence-based strategies, 4) support and monitor implementation, and 5) sustainability and maintenance. (Figure 1)
- ❖ Tailored Implementation training is conducted at each site over one month to develop a plan for implementing evidence-based strategies.
- ❖ Partner FQHC sites implement at least two priority, evidence-based intervention strategies (provider assessment and feedback, provider reminders, client/patient reminders), supportive strategies (professional education and small media), and additional activities (standard procedures and 80% by 2018 pledge) to increase CRC screening.
- ❖ A mixed methods approach is utilized to conduct process and outcome evaluation.

Figure 1. Phased Approach to Increase CRC Screening with FQHCs



Table 1. Interventions by FQHC Site (14 of 15 sites – 13 have implemented)

FQHC Site	Provider Assessment & Feedback	Provider Reminders	Client / Patient Reminders	Professional Education	Small Media	Standard Procedures	80% by 2018 Pledge
001-001	X		X	X	X	X	X
002-001		X	X	X	X	X	X
003-001		X	X	X	X	X	X
003-002	X		X	X	X	X	X
004-001		X	X	X	X	X	X
004-002		X	X	X	X	X	X
005-001		X	X	X	X	X	X
005-002		X	X	X	X	X	X
006-001	X	X		X	X	X	X
006-002	X	X		X	X	X	X
007-001	X	X		X	X	X	X
007-002	X	X		X	X	X	X
008-001	X	X		X	X	X	X
008-002	X	X		X	X	X	X
TOTAL	8	12	8	14	14	14	14

## Results

- ❖ Thirteen of 15 partner FQHC sites have implemented evidence-based strategies to increase CRC screening, including provider assessment and feedback (62%), provider reminders (85%), and client reminders (54%), using the program's phased approach for D&I of these and other strategies. (Table 1)
- ❖ All sites (100%) have implemented small media, professional education, "80% by 2018" pledge, and standard operating procedures.
- ❖ Figures 2, 3, and 4 show examples of evidence-based intervention strategies being implemented by three FQHC sites.
- ❖ Baseline CRC screening data from 14 FQHC sites indicated a range of 3-73% (mean=34%) screened prior to implementation.
- ❖ Preliminary results have shown increases in CRC screening with an average increase of 8% (range: 3-69%) across nine sites.

Figure 3. Client Reminders: Lake View (CareSouth)



Figure 2. Provider Assessment and Feedback: Greer (New Horizon)

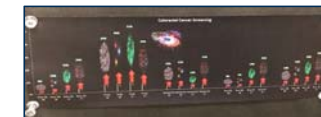


Figure 4. Provider Reminders: Timmonsville (HopeHealth)



## Conclusions

Using D&I support strategies guided by a phased approach aligned with the organizational environment of each FQHC site have contributed to observed increases in CRC screening across sites. Ongoing monitoring and technical assistance efforts are designed to sustain and accelerate increases over time. Additionally, emergent needs for implementation support will require similar, adaptive strategies aligned with the organizational environment.

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