Adoption, Implementation, and Maintenance of Evidence-Based Colorectal Screening Interventions among CRCCP Grantees

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Overview

CRCCP, 2009-2015

*Community Guide* evidence-based interventions (2009)

Survey of CRCCP grantees

EBI use over time
Colorectal Cancer Control Program (CRCCP)

Goal: Increase CRC screening to 80% by 2014

Provide screening to un/underinsured

Promote screening population-wide
CRCCP Grantees, 2009-2015

- Grantees, year 1
- Nongrantees
- New grantees, year 2

* Tribal grantee in Washington State
*** 3 tribal grantees in Alaska
Community Guide Strategies

5 evidence-based interventions (EBIs) to promote CRC screening (2009):

Client-oriented
Small media
Client reminders
Reducing structural barriers

Provider-oriented
Provider reminders
Provider assessment and feedback
The Opportunity

Cancer Prevention and Control Research Network (CPCRN)

Focus on accelerating adoption and implementation of cancer-related EBIs

CDC encouraged CRCCP Grantees to use EBIs from the Community Guide

5-year timeframe
CPCRN Workgroup Goals

Study EBI adoption, implementation, maintenance

Implement Annual Grantee Survey 2011-2015

Today: EBIs over time
Annual Grantee Survey

Measures
• Characteristics
• Screening provision
• EBIs to support screening promotion
• Training and TA
• And much more!

Procedures
• On-line survey
• Administered toward end of each program year (2011-forward)
• Generally completed by program director and/or program manager
Response Rates

2011: 28 grantees participated (96%)

2012: 29 grantees participated (100%)

2013: 28 grantees participated (96%)

2015: 29 grantees participated (100%)
Grantee Characteristics (2015)

25 states, 4 tribal entities

Respondents
- 82% program director and/or manager
- 62% involved with CRCCP 3+ years
- 72% involved with cancer control 6+ years
EBI Implementation

- Small Media
- Patient Reminders
- Reduce Barriers
- Provider Reminders
- Provider A&F

- 2011
- 2012
- 2013
- 2015
Ease of EBI Implementation

Response scale: 1=very difficult, 5=very easy
Discontinuing EBIs

2011=Total number of grantees implementing in 2011; other years show number of grantees discontinuing the EBI.

Small Media, Patient Reminders, Reduce Barriers, Provider Reminders, Provider A&F
Top Reasons for Discontinuing EBIs

Funding

Competing priorities

Limited staff capacity
Key Findings

All Grantees implemented at least 1 EBI

EBIs requiring partnerships with healthcare
  Were adopted by fewer grantees
  Were often adopted later
  Were more likely to be discontinued

Implementation did not get easier with time

But EBIs were sustained more often than discontinued
Implications for Research and Practice

Current CRCCP (2015-2020) requires partnership with health systems
- Emphasis on 4 EBIs, health systems required to do 2+
- Majority working with FQHCs
- These EBIs rated as more difficult; training/TA

NBCCEDP moving toward EBIs and partnerships with health systems
- Opportunities for synergy with CRCCP
- Shared EBIs for breast/cervical/colorectal screening
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Questions and Discussion
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