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)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Fully Implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider reminder and recall systems</td>
<td>25 45%</td>
</tr>
<tr>
<td>One-on-one education</td>
<td>23 41%</td>
</tr>
<tr>
<td>Provider assessment and feedback</td>
<td>23 41%</td>
</tr>
<tr>
<td>Patient reminders</td>
<td>14 25%</td>
</tr>
<tr>
<td>Patient navigator(s)</td>
<td>14 25%</td>
</tr>
<tr>
<td>Small media</td>
<td>14 25%</td>
</tr>
</tbody>
</table>
## Results: Implementation Strategies

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

<table>
<thead>
<tr>
<th>Implementation Strategy</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify barriers to implementing EBIs to increase CRC screening</td>
<td>47</td>
<td>84%</td>
</tr>
<tr>
<td>Distribute CRC screening guideline materials to providers</td>
<td>46</td>
<td>82%</td>
</tr>
<tr>
<td>Consistently monitor the implementation process and modify as appropriate</td>
<td>46</td>
<td>82%</td>
</tr>
<tr>
<td>Implement incremental changes over time to improve CRC screening</td>
<td>46</td>
<td>82%</td>
</tr>
<tr>
<td>Have regular review sessions to learn from past experiences and improve future implementation efforts</td>
<td>42</td>
<td>75%</td>
</tr>
</tbody>
</table>
## Results: Implementation Strategies

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

<table>
<thead>
<tr>
<th>Implementation Strategy</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make changes to the electronic health record system</td>
<td>42</td>
<td>75%</td>
</tr>
<tr>
<td>Develop a formal implementation protocol</td>
<td>37</td>
<td>66%</td>
</tr>
<tr>
<td>Seek consensus about chosen CRC EBIs among providers</td>
<td>37</td>
<td>66%</td>
</tr>
<tr>
<td>Conduct group educational meetings for providers about benefits of complying with CRC screening guidelines</td>
<td>35</td>
<td>63%</td>
</tr>
<tr>
<td>Provide clinical supervision to improve providers’ compliance with CRC screening guidelines</td>
<td>29</td>
<td>52%</td>
</tr>
</tbody>
</table>
Results: Implementation Support

Frequency of Topics for More Training  \( (N=56) \)

<table>
<thead>
<tr>
<th>Topics</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Navigation</td>
<td>34</td>
<td>61%</td>
</tr>
<tr>
<td>Small Media</td>
<td>30</td>
<td>54%</td>
</tr>
<tr>
<td>Patient Reminders</td>
<td>29</td>
<td>52%</td>
</tr>
<tr>
<td>Group Education</td>
<td>26</td>
<td>46%</td>
</tr>
<tr>
<td>Provider Assessment and Feedback</td>
<td>25</td>
<td>45%</td>
</tr>
<tr>
<td>One on One Education</td>
<td>20</td>
<td>36%</td>
</tr>
</tbody>
</table>
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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