Understanding QI Collaboratives through an Implementation Science Lens

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Purpose

Little is known about which implementation strategies are linked to QI collaborative success. To address this gap, we evaluated a QI collaborative on colorectal cancer (CRC) screening in Federally Qualified Health Centers (FQHCs).

Methods

In 2018, the American Cancer Society & the North Carolina Community Health Center Association provided funding, training, facilitation, and audit & feedback to build FQHC capacity to enact implementation strategies. We assessed use of QI tools and evidence-based interventions (EBIs), and changes in CRC screening rates. Participants' perceptions were captured in a focus group.

Results

Nine of 40 NC FQHCs (23%) adopted the collaborative. FQHC engagement in collaborative strategies was high but number of staff attending decreased over time. FQHCs increased their implementation of QI tools and CRC screening EBIs, and increased CRC screening rates by 8.1% from 2017-2018. Focus group findings revealed how implementation strategies led to improvements in screening.

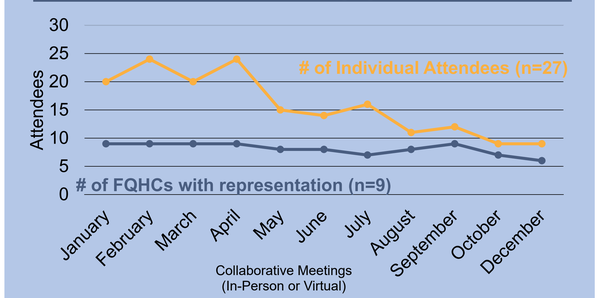
Colorectal Cancer Screening Rates (n=8*)

Weighted Average of % Up to Date

2016	2017	2018
29.2	32.4	40.5
	3.2	8.1

*FQHC I was not in operation until 2017 & was excluded.

FQHC & Staff Engagement

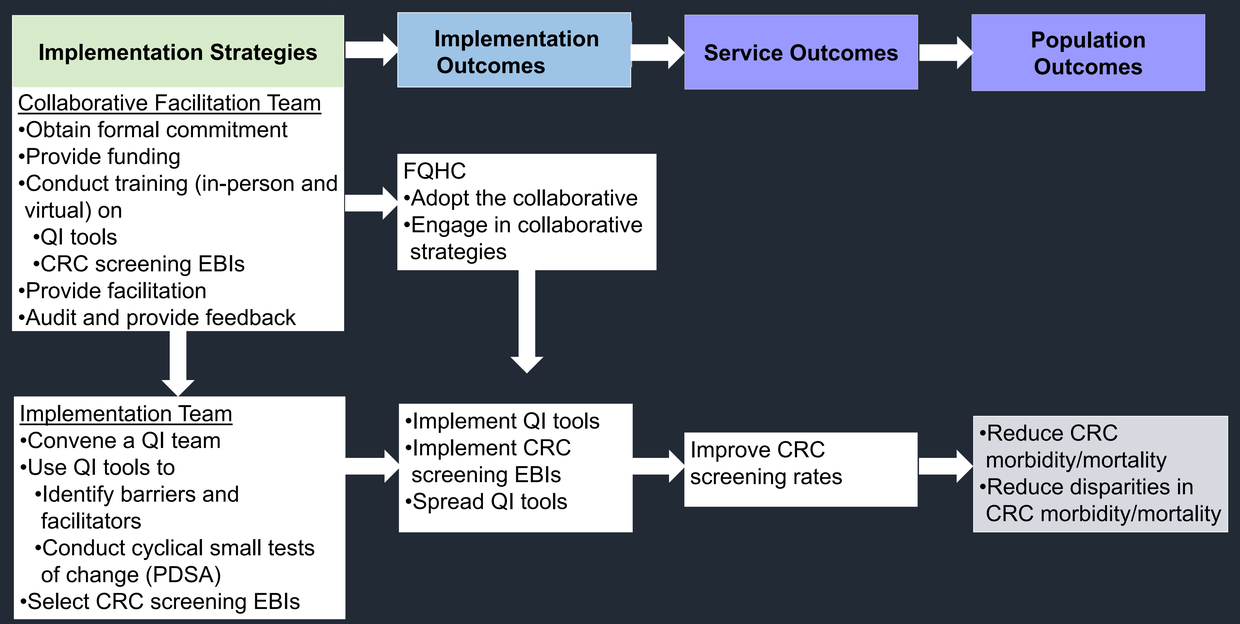


Conclusion

Results support the collaborative's positive impact on FQHC's capacity to implement QI tools and EBIs to improve CRC screening rates.

Strategies and outcomes from ***Implementation Science*** can advance understanding of how ***quality improvement collaboratives*** lead to positive change.

Conceptual Model



Focus Group Results (n=13)

STRATEGIES AND THEMES	EXAMPLE QUOTATION
Formal Commitments motivated engagement	"I said we signed the contract to be on these calls. We have to do this, because we said we were going to."
Funding motivated engagement	"I'm not going to lie, girls, we're broke. That we were able to get it paid for, that sealed the deal."
Training: In-person meetings were valued for networking and hands-on experience	"Because people would think of things that I didn't think of and it would make it so, okay, almost like an idea think box that I could pick from."
Training: Webinars were difficult to prioritize	"When you have webinars in your health center, you get pulled away when there's a crisis going on."
Facilitation was valued for personalized problem solving and support	"It was helpful to have an ACS member assigned to you because if I had questions, I could just send an email."
Audit and Feedback were valued for friendly competition & accountability	"The friendly competition between the clinics and each -- and them knowing how they were performing and showing them how they were performing, and it was just a motivator to do it and to get everybody on board and everybody to work together."
Implementation Teams should be multidisciplinary	"it cannot just be QI people. There needs to be at least one clinical person on the team because those clinical people are the ones that have to document. They're the ones that have to be in the face of the patient helping promote this."
Use of QI Tools to identify barriers and conduct cyclical, small tests of change	"If I implement a PDSA, I can see immediately if that worked."

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