



CPCRN
Cancer Prevention and
Control Research Network

Cancer Screening Programs Workgroup

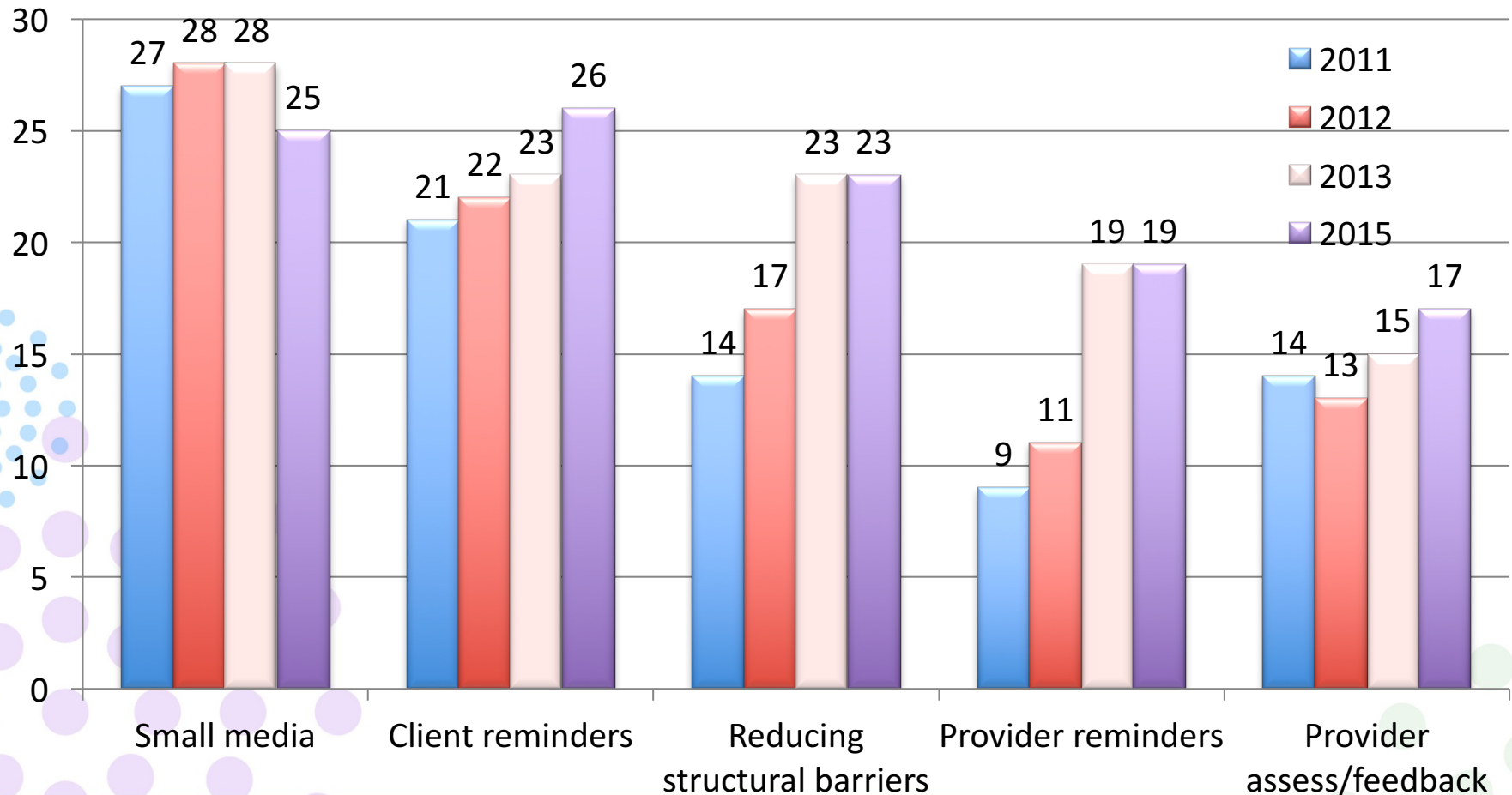


This presentation was supported by Cooperative Agreement Number U48-DP001944 from the Centers for Disease Control and Prevention. The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

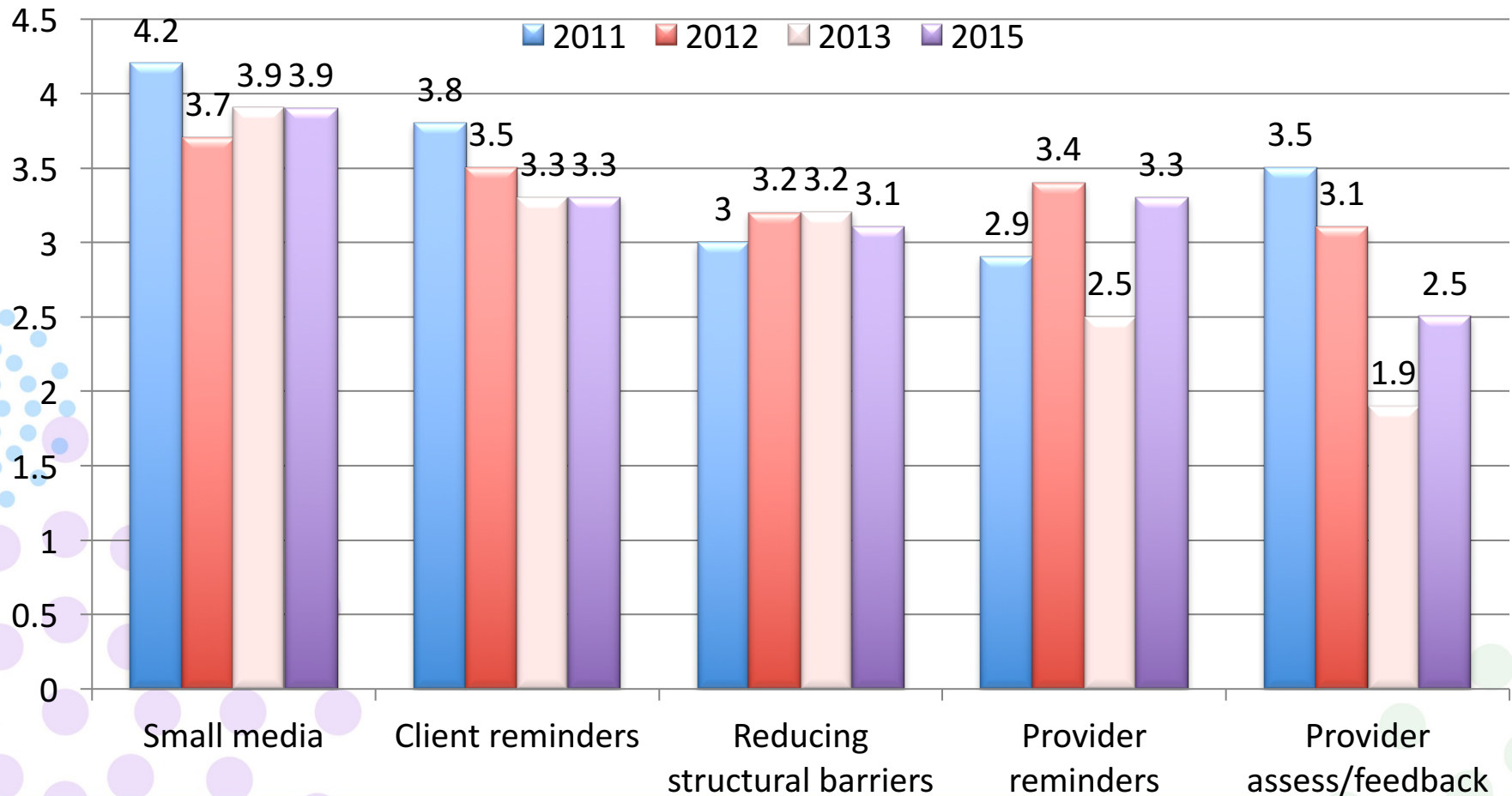
Aim 1 – CRCCP-1 impact on EBI use

- Analyze CRCCP-1 EBI data 2010-2015
- Current status: CDC publishing monograph in Cancer about CRCCP-1
- We are leading 2 papers and are co-authors on others

EBI use (mostly) increased over time



But implementation did not get easier...



Ease of implementation, 1=very difficult, 5=very easy

Aim 2: CRCCP-2

- CRCCP-2 funds 30 Grantees 2015-2020
- All Grantees must partner with 1+ healthcare systems to implement 2+ EBIs
 - Client reminders
 - Reducing structural barriers
 - Provider reminders
 - Provider assessment and feedback
- Each healthcare system is providing clinic-level data, baseline and annually

CRCCP-2 program reach: totals

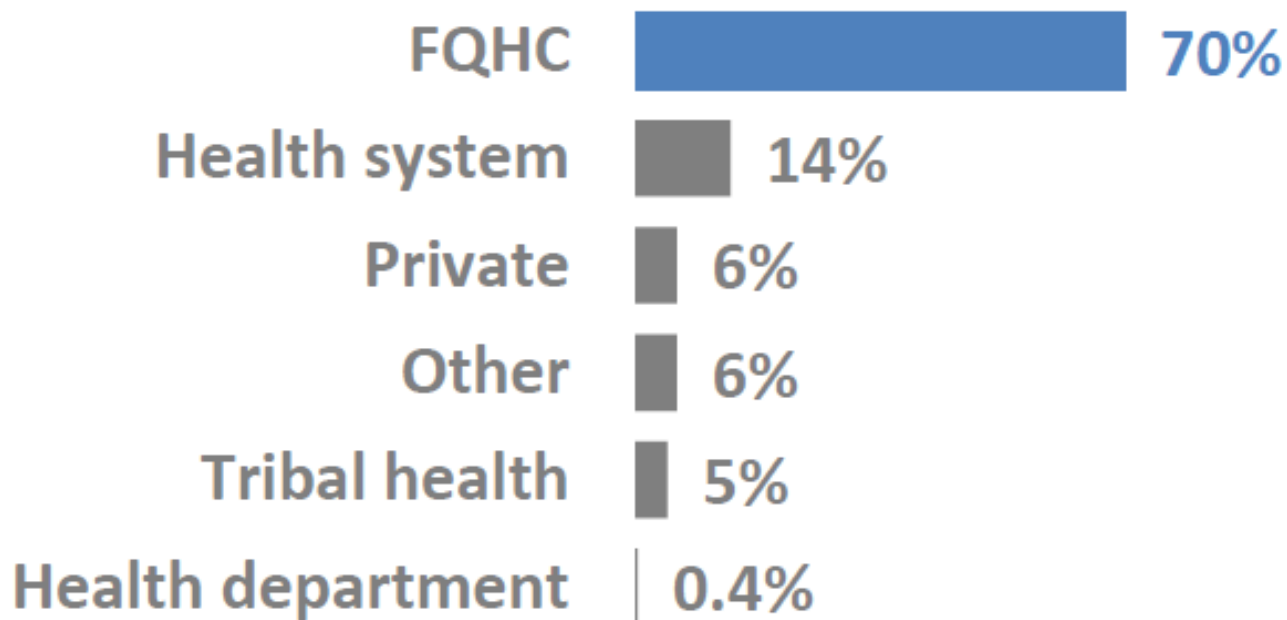
Totals:	<u>PY1</u>	<u>PY2</u>	<u>Cumulative</u>
Health Systems:	143	27	170
Clinics:	420	82	502
Patients, ages 50-75:	730,972	170,216	901,188
Providers:	3,473	799	4,272

Program reach

	Mean	Median	Range
Per Grantee			
Health systems	6	4	1 - 19
Clinics	17	13	3 - 42
Per Clinic			
Patients, ages 50-75	1,799	1,038	26 - 19,774
Providers	9	5	1 - 130

Clinic characteristics

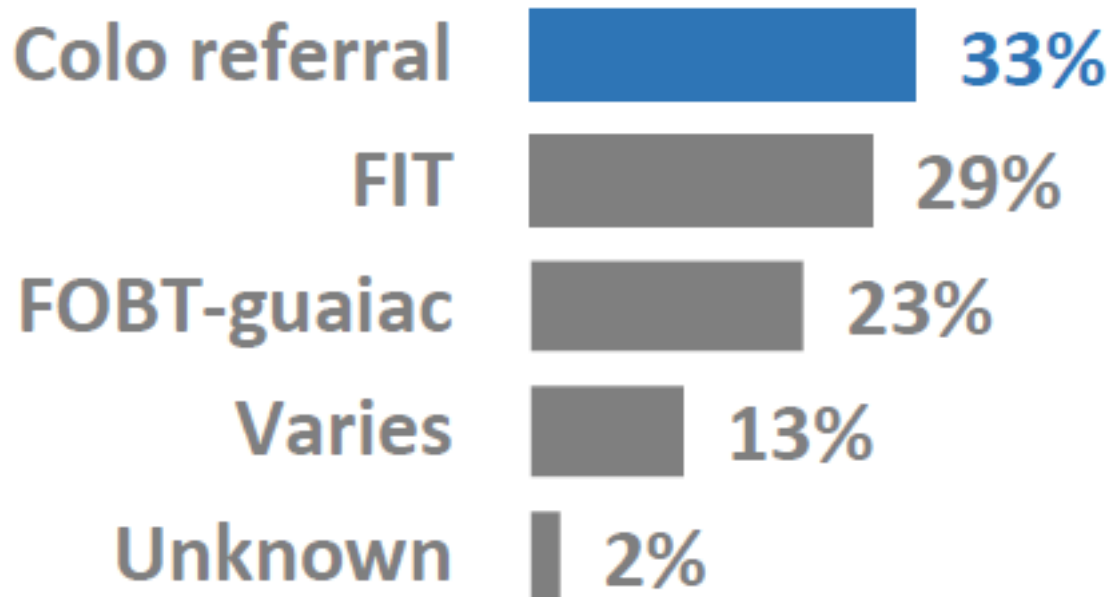
Clinic type (n= 502)



72% of clinics are **Patient Centered Medical Home-recognized**

Colonoscopy is common

Primary test type used (n= 502)

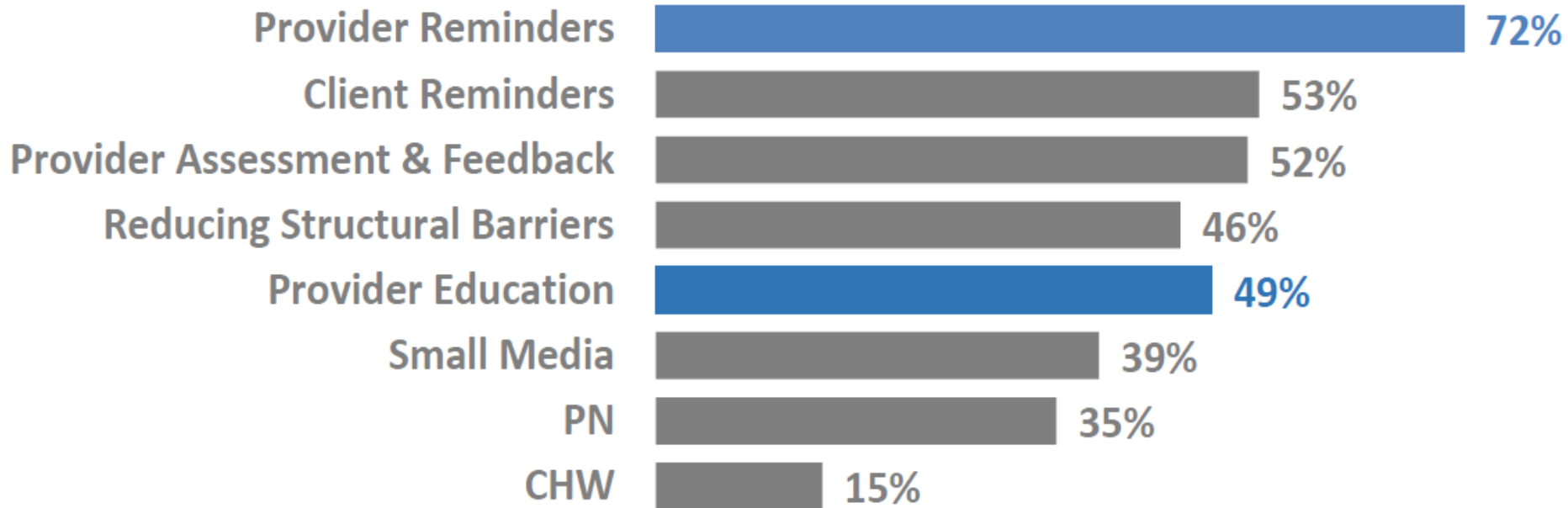


Baseline screening rates (N=497)

	Chart Review (n= 85)	EHR (n=455)
Mean	35%	34%
Median	33%	32%
Range	2% - 80%	0.1% - 92%

*Of the clinics reporting an EHR-calculated screening rate, 75% reported somewhat or very confident in the accuracy of the screening rate; 20% reported not confident, and 4% did not report a confidence level

EbIs and supporting strategies at baseline (N=502)



Contribution to D & I Science

D & I questions

- Ease of implementation – what's happening?
- Program integration (CRCCP with NBCCEDP – help, hinder, no effect on EBI implementation?)
- Public health/clinical partnerships and EBI implementation → impact on screening rates

CPCRN opportunities

- Other work re: FQHCs and cancer screening
- Partner with Grantees near you
 - Case studies of program implementation
 - Mixed methods studies of promising practices
 - Be mindful: Grantee and Partner burden

Thank you!

Discussion