



CPCRN
Cancer Prevention and
Control Research Network

Appalachian Center for Cancer Education, Screening, and Support (ACCESS)

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University of Kentucky College of Public Health

CPCRN Annual Spring Meeting

May 24, 2017



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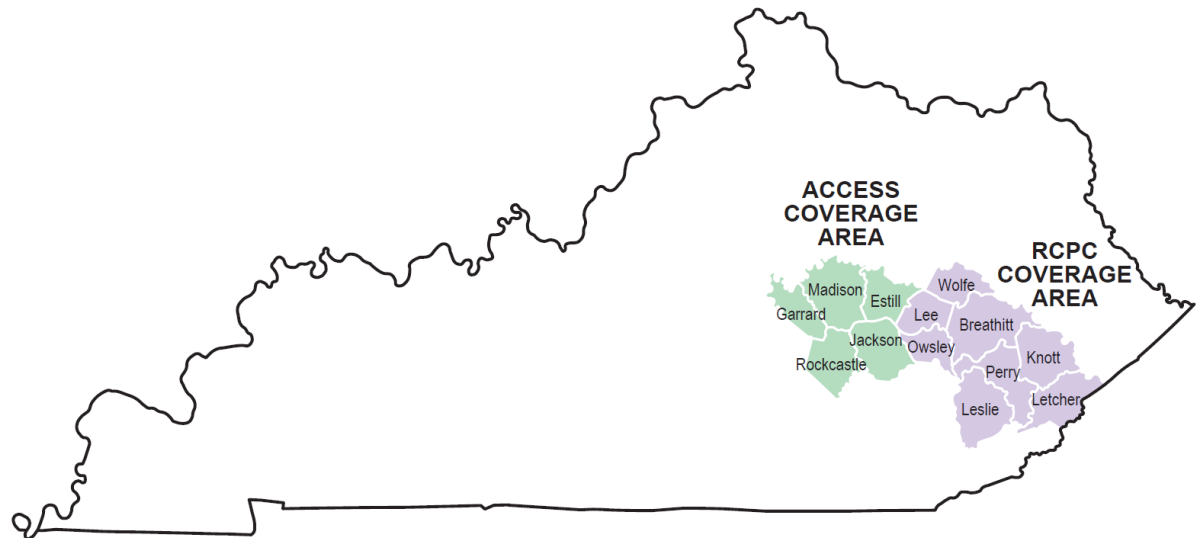
Mission

ACCESS aims to improve community-clinical linkages and to use existing primary care resources more efficiently and effectively to promote cancer preventive services to achieve gains in population health.



access

APPALACHIAN CENTER FOR CANCER
EDUCATION, SCREENING & SUPPORT



ACCESS Research Project

- Partnered with White House Clinics, a healthcare system with 8 community clinics
 - Designated FQHC and PCMH
- Adaptation and implementation of the Proactive Office Encounter (POE) intervention



Proactive Office Encounter

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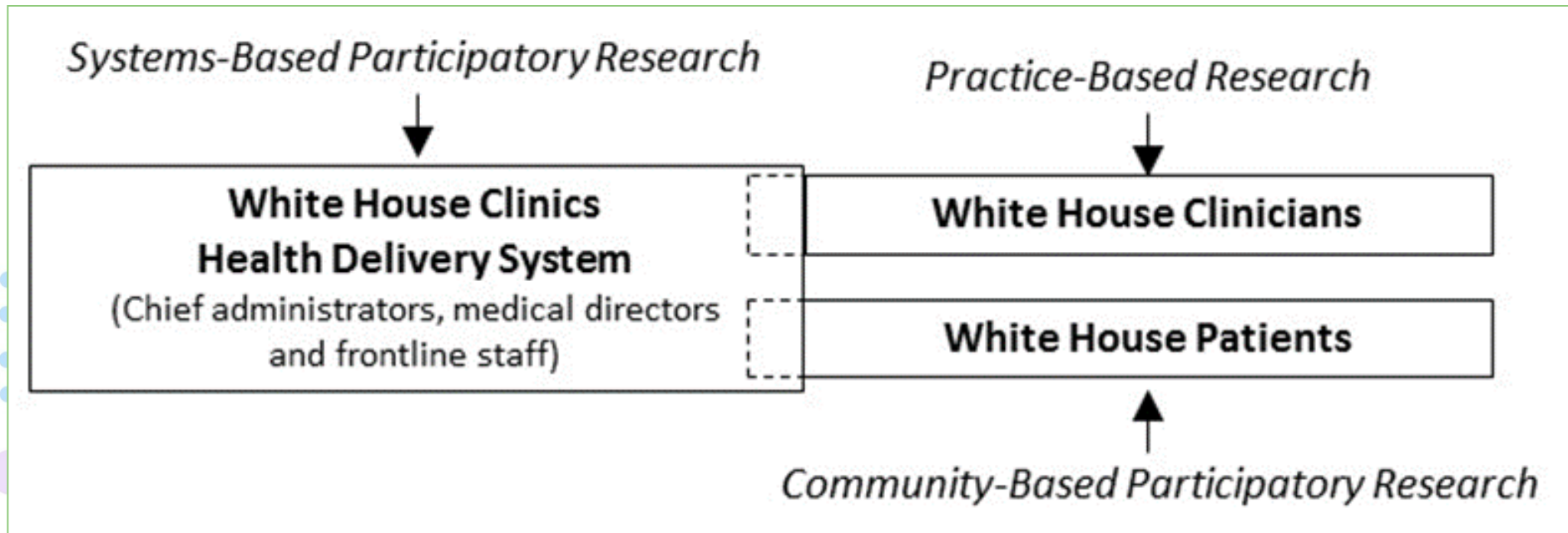
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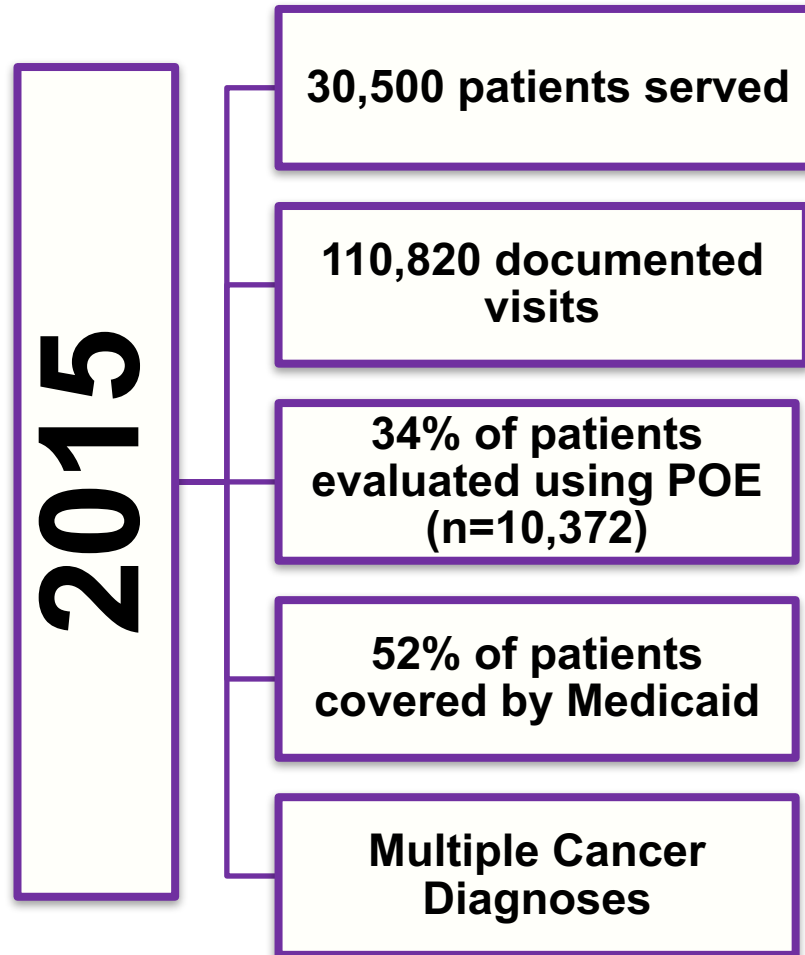
“...warrants active engagement and support...”



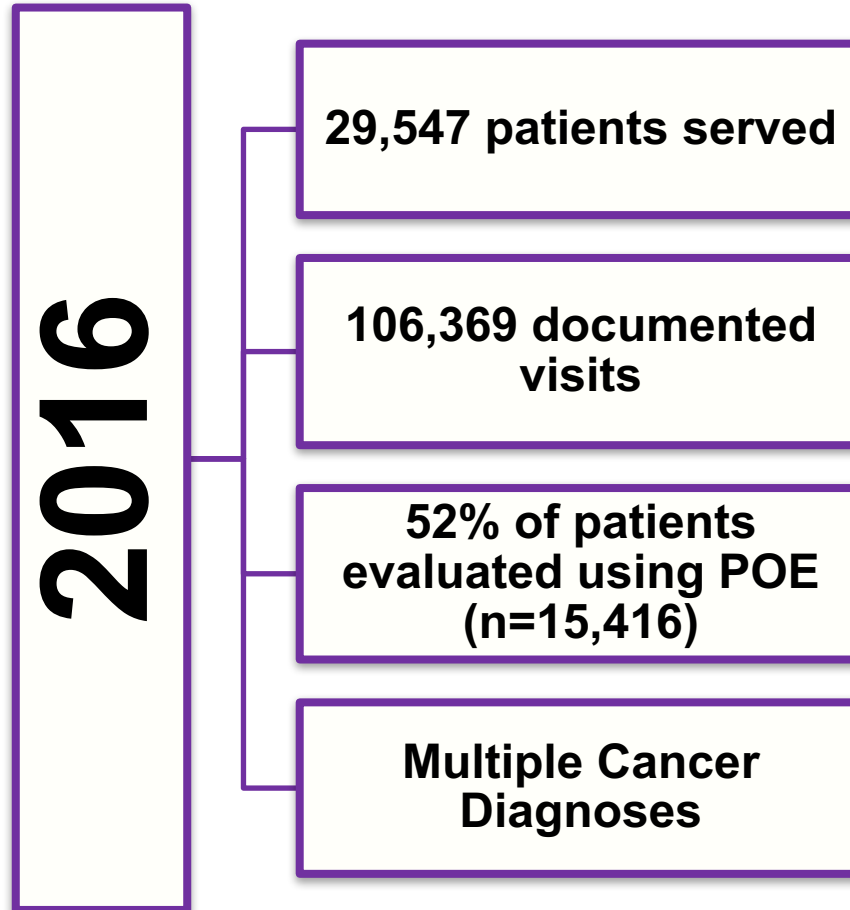
Activities To Date

- Strategic planning
- Staff trainings (huddles, motivational interviewing)
- Satisfaction surveys
- Qualitative interviews / focus groups: Providers and staff, administration, patients
 - Pre and ongoing
- Failure Mode & Effect Analysis
- Monthly conference calls, weekly emails / texts
- Developed local Cancer Resource Guide
- Retrospective timeline analysis
- Clinic staff, EAB, and scientific presentations

Preliminary Data



Preliminary Data



Preliminary Data

Measure	2014*	2015	2016
Breast Cancer Screening	50%	63%	70%
Cervical Cancer Screening	41%	40%	35%
Colon Cancer Screening	39%	53%	57%
Hepatitis C Screenings	378	3,334	1,999

*2014 data represents pre-POE implementation

Successes and Challenges

Box 1.

WHC SUCCESSES AND CHALLENGES WITH POE IMPLEMENTATION

Successes	Challenges
<ul style="list-style-type: none">• Encouraged WHC providers/staff to promote preventive care practices.• Increased screening rates post-POE implementation (e.g., breast, colorectal, HIV, HCV).• Increased vaccination rates post-POE implementation (e.g., influenza, pneumonia, shingles).• Continual addition of preventive care guidelines (e.g., osteoporosis and lung cancer screenings).• Nursing and clerical staff feel more involved with improving patient health.• Maximizes existing resources through use of standing orders and clinical staff scope of practice.	<ul style="list-style-type: none">• Extracting needed data from the EMR system.• Increased workload during the initial implementation phase.• Synthesizing differing guidelines for preventive care measures.• Assessing preventive care coverage and reimbursement by major payors.• Changing workflows and overall workplace culture.• Patient reluctance to pay for additional preventive screenings (based on perceived and real costs and/or perceived need/risk).

Dissemination Activities

REPORT FROM THE FIELD

Adaptation of an Evidence-Based Intervention to Improve Preventive Care Practices in a Federally Qualified Health Center in Appalachian Kentucky

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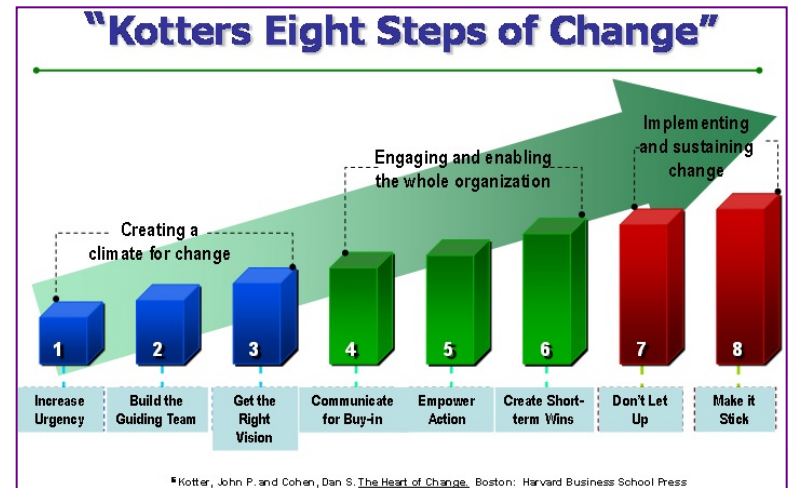
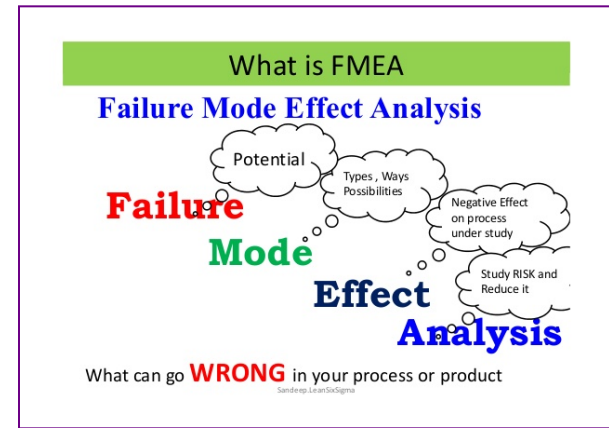
Summary: University collaboration with a federally qualified health center resulted in adaptation and implementation of an evidenced-based intervention promoting preventive care, including cancer screening. Here, we focus on strategic planning, formative research, staff commitment, patient perceptions, data refinements, and organizational investments; successes, lessons learned, and challenges are also discussed.

Conference Presentations

- American Public Health Association
- Kentucky Primary Care Association
- Kentucky Health Center Network
- Institute for Healthcare Improvement
- National Association of Community Health Centers
- Dissemination and Implementation Conference
- Kentucky Rural Health Association

Dissemination Activities (cont.)

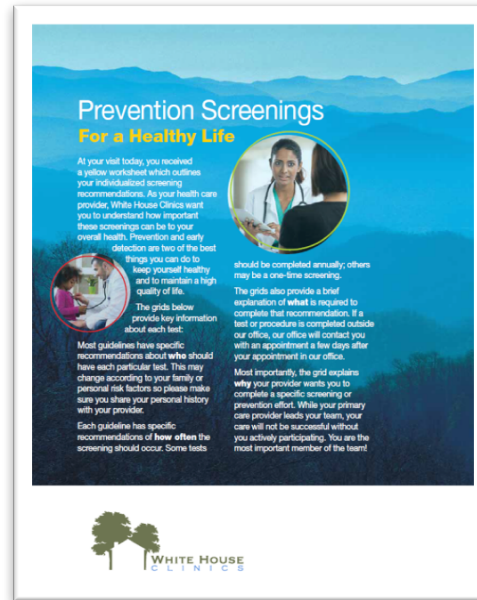
- Submitted manuscript about FMEA to *Health Care Management Review*
- Currently developing a manuscript using Kotter's Eight Steps of Change



Patient Informational Products

Currently working with Cornett Media to develop informational products for White House Clinic patients.

- Pamphlet
- Infographics
- Videos



Aspirin Prescription			
Who?	Adults 40+ with Diabetes	How Often?	Annually
What?	Prescription on your active medication list.		
Why?	Aspirin has been shown to lessen the risk of heart disease and heart attacks for those with diabetes.		

Statin Prescription			
Who?	Adults 40+ with Diabetes	How Often?	Annually
What?	Prescription on your active medication list.		
Why?	Statins is a cholesterol lowering medicine that is important in lessening the risk of heart disease and heart attacks for those with diabetes.		

Controlled Substance Contract			
Who?	Patients receiving controlled substance prescriptions	How Often?	Annually
What?	A formal agreement regarding the use of controlled substances.		
Why?	This contract outlines the importance of taking your medication correctly, proper storage and disposal, and the potential side effects of these medications.		

Kaiser			
Who?	Patients receiving controlled substance prescriptions	How Often?	3 Months
What?	Report tracking all controlled substance prescriptions throughout Kentucky.		
Why?	This report is for patients receiving controlled substance prescriptions to ensure that your health care provider is aware of all prescriptions you are receiving.		

Drug History Assessment			
Who?	Patients receiving controlled substance prescriptions	How Often?	One-time screening
What?	Assessment completed by PCP.		
Why?	This brief, self-report screening tool designed for use with adult patients in primary care settings to assess risk for opioid abuse among individuals prescribed opioids for treatment of chronic pain.		

Urine Drug Screen			
Who?	Patients receiving controlled substance prescriptions	How Often?	Annually - Adults 18+ 6 Months - Pediatrics
What?	A urine test collected by PCP.		
Why?	This screening allows your provider to assure that you are taking your prescribed medications correctly. Urine drug screens may be conducted at random intervals, as well.		

Completion of Vanderbilt Forms			
Who?	Patients 6 - 17, speaking ADOLESCENT medications	How Often?	6 Months
What?	Forms completed by a parent/guardian and teacher.		
Why?	These forms allow your health care provider to look at a child's behaviors to help diagnose and treat ADOLESCENT.		

Fall Risk Assessment			
Who?	Patients 65+	How Often?	Annually
What?	A screening completed by your PCP.		
Why?	Your PCP will ask questions to determine your risk of falls which could result in serious injury. If your PCP determines you are at increased risk, they will discuss preventive measures you can take to reduce the risk.		

Depression Reassessment			
Who?	Patients 18+ who have scored higher than a 5 on the PH-Q-9 in the past year	How Often?	Annually
What?	Depression symptom monitoring.		
Why?	If you are determined to have depression it is important for your PCP to have a way to objectively monitor the effectiveness of your treatment. Repeating the PH-Q-9 when you likely flare out when diagnosed is one tool that we can utilize for monitoring.		

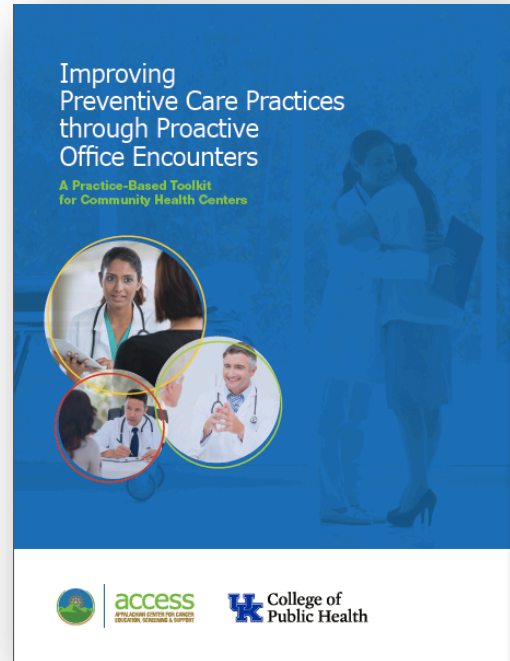
IVD & ASA			
Who?	Patients 18+ who have a diagnosis of Ischemic Vascular Disease	How Often?	Annually
What?	Antiplatelet therapy		
Why?	Aspirin is an important component of the treatment of heart disease which helps prevent blood clots that could cause heart attacks. This measure is to make sure you are actively taking aspirin therapy.		

CAD & Lipid Lowering			
Who?	Patients 18+ who have had an active diagnosis of CAD or have had a Myocardial Infarction	How Often?	Annually
What?	Cholesterol lowering therapy		
Why?	Statins are an important component of the treatment of heart disease which help lower cholesterol that can form plaques in the coronary arteries which lead to heart attacks. This measure is to make sure you are actively taking a statin medication.		



POE Implementation Toolkit

- Used information gathered from the evaluation to develop a POE-implementation toolkit
- The purpose of the toolkit is to guide other FQHCs and clinical sites in the POE implementation process



Potential New Partnerships



- Largest healthcare provider in southeastern KY
- ARH operates 11 hospitals and over 40 clinics



Who Wants to Join the Party?

