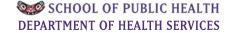
# WA'S B&C AND CRC SCREENING PROGRAM Evaluation Strategy And Partner Priorities

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**Health Promotion Research Center** 





# WA Breast, Cervical, and Colorectal Cancer Screening Program | CRCCP (DP15-1502) + NBCCEDP (DP17-1701)

Provide breast, cervical, and CRC screening, Partner w/ health systems serving high-need diagnostics and other support services to eligible patients populations to increase BR, CERV, and CRC screening Prime rates via EBI implementation Contractor Provide WA DOH Implement at least **FEDERALLY** 1:1 Coaching 2 Community **QUALIFIED** Guiderecommended EBIs **HEALTH CENTERS** (FQHCs) Gloria Coronado. **KPCHR** Provide Implementation + **UW HPRC** CDC / ARC NW **Evaluation TA** Provide programmatic direction and lead outcome evaluation

# WA's Evaluation Strategy

#### **EMERGENT KEY DATA SOURCES QUESTIONS\* QUESTIONS** Unit: All FQHCs Unit: FQHC, as requested Data systems, Are screening rate goals Are FIT tests being being met? e.g. EHR, FIT Tracker returned and processed? **FQHC Team Updates** Are priority EBIs TA calls, Coaching, Quarterly Did training improve clinic implemented as intended? **Progress Reports** staff motivational interviewing skills? Surveys What TA is requested to What do patients think support EBI about mailed FIT? implementation? Interviews What are clinic staff What clinic best practices perceptions of EBI Observation are emerging? implementation? (As feasible)

<sup>\*</sup> Selected questions that overlap both CRC and BCC activities

# Technical Assistance | Example: FIT Tracking Tool

<u>Evaluation question</u>: Is the FIT kit intervention being implemented as intended?

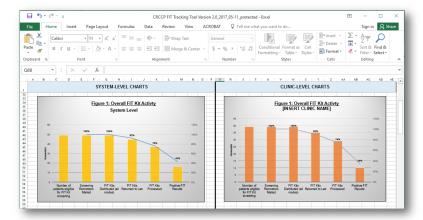
#### TECHNICAL ASSISTANCE

- Assessed FQHC tracking/report plan and resources
- Identified FQHC need
- Collaborated w/ WA DOH and FQHCs on metrics and functionality
- Developed FIT tracking Tool
- Delivered 1:1 webinar trainings w/ each FQHC
- Provide ongoing 1:1 TA and updates

#### FIT TRACKING TOOL

- Excel-based data tracking and reporting system
- Standardized response options
- Tracks FIT and reminder activities
- Tracks patient language, ethnicity, insurance status
- Detailed manual
- Data dictionary
- Pre-programmed reports and charts – system and clinic level

FIT KIT ACTIVITY System Le Summary of FIT Ki	vel	_		
Reporting Period:	PY2 for	Auburn		
Screened by FIT Overview		n (numerator)	d (denominator)	%
FIT's mailed - Current Grant Year (PY2)		639	1340	48%
Screened by FIT - Current Grant Year (PY2)		610	1340	46%
FITs Mailed - Last Grant Year (PY1), if applicable		1,686	5,424	31%
Screened by FIT - Last Grant Year (PY1), if applicable		0	1340	0%
MEASURES		cn	Γ Kit Activity Re	eulte
Table 1: Overall FIT Kit Activity Summary		n	d	%
Number of patients eligible for FIT Kit screening		1340		
Screening Reminders Mailed		186	1340	14%
FIT Kits Distributed (all modes)		1135	1340	85%
FIT Kits Returned to Lab		610	1135	54%
FIT Kits Processed		610	1135	54%
Positive FIT Results		50	610	8%
Referred to Colonoscopy (out of positive FIT)		0	50	0%
Completed Colonoscopy (out of referred to colonoscopy)		0	0	#DIV/0!
Polyps Found (out of completed colonoscopy)		0	0	#DIV/0!





# Technical Assistance, Outcomes and Impact | Example: FIT Tracking Tool

Evaluation question: Is the FIT kit intervention being implemented as intended?

### TECHNICAL ASSISTANCE

- Develop tracking and reporting tool
- Collaborate w/ WA DOH and FQHCs on metrics and functionality
- Deliver 1:1 webinar trainings w/ each FQHC
- Provide ongoing 1:1 TA and updates

#### **OUTCOMES**

- 4 FQHCs using
- Systematic tracking and reporting systems in place within and across adopting FQHCs
- Common reporting metrics

## IMPACT | OBSERVED

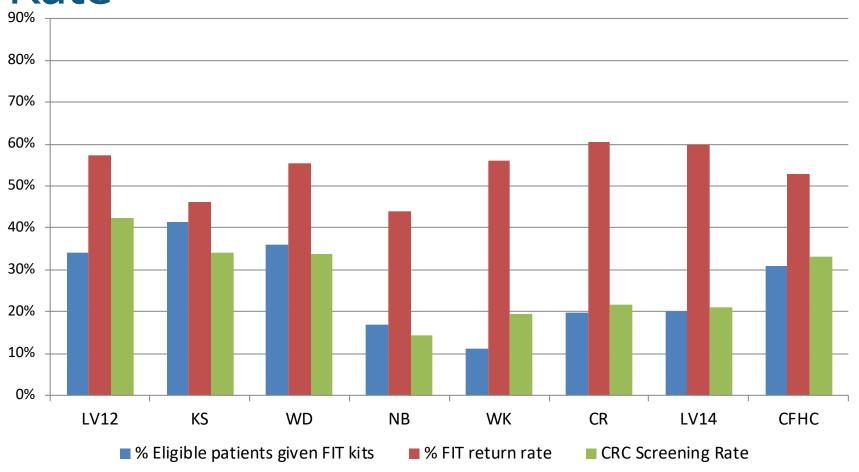
- Catalyzing action: 1) practice changes implemented facilitating appropriate re/screening, 2) partnerships and collaborations
- Effecting change: Build clinic staff capacity + systems change
- Shaping the future: Support public health program

## IMPACT | ANTICIPATED

- Continue
   effecting
   change: facilitate
   appropriate
   rescreening
- Shaping the future: Improve screening rates among vulnerable populations; Improve patient health outcomes, i.e. reduce morbidity and mortality; Reduce health disparities

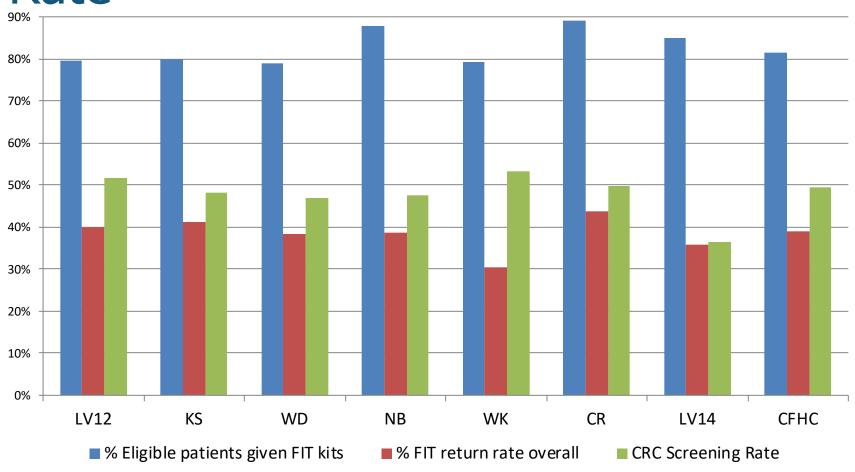


# Baseline FIT Distribution, Return Rate, and CRC Screening Rate





# Current FIT Distribution, Return Rate, and CRC Screening Rate



# Technical Assistance, Outcomes and Impact | Example: Provider Survey

<u>Evaluation question</u>: What are providers' 1) recommendation preferences vs. practices, and 2) attitudes and awareness about their clinic's CRC screening activities?

# TECHNICAL ASSISTANCE • Develop survey w/ FQHC lead, leadership, CRC champion • Pilot test and

- collect data system-wide

  • Analyze and
- Analyze and share results w/ FQHC leadership and CRC team

#### **OUTCOMES**

- 39% completion rate (n=126)
- Over 70% of clinics represented
- Low provider awareness of 1) CRC screening policy, 2) PAF reports
- Provider rec of mailed FIT higher than preference
- Satisfied w/ mailed FIT program

#### IMPACT | OBSERVED

- Creating awareness at leadership level re: provider knowledge and attitudes
- Catalyzing action: clinicspecific trainings to educate providers and clinic staff

#### IMPACT | ANTICIPATED

- Effecting change: provider and patient behavior
- Shaping the future: Improve screening rates among vulnerable populations; Improve patient health outcomes, i.e. reduce morbidity and mortality; Reduce health disparities



## What we wish we had known

- FQHCs have EMRs with limited capacity for population management around CRC screening
- FQHCs need data in real-time to monitor and improve EBI implementation

# What we would do again

 Make sure our evaluation efforts solve problems for the FQHC partners – align our evaluation with their data needs

## Acknowledgements

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- FQHC partners