



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

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Summary of Innovations

The COVID-19 era has brought many changes to cancer screening programs that have required significant adjustments, such as working and engaging partners virtually, addressing staffing changes, and dealing with public concerns around safety. This document summarizes the most salient innovations that were identified during the discussions over five, one-hour calls with NBCCEDP and CRCCP awardees.

Innovations Related to Staffing Changes

Frequent Communication and Personal Connections

- Scheduling staff meetings more frequently through Zoom, Microsoft Teams, and other virtual platforms.
 - Stressing the need for being on video to increase interaction and connection among staff.
 - Shorter more frequent calls have worked well to keep everyone on track.
 - Daily short huddles have been instituted.
- Using Microsoft Teams for the following:
 - Sharing documents and editing together in real time; and
 - Chatting daily to have a team member pose a non-work question to the team that requires a response to keep everyone connected, engaged, and supported.
- Spending a few minutes at the beginning of each Zoom meeting to chat and catch up on the personal life of the staff.
- Keeping things upbeat and fun by promoting a theme to decorate virtual workspaces, highlighting staff expertise, birthdays, etc.
- Promoting self-care of staff by encouraging exercise, relaxation, and screen breaks.
- Connecting (virtual lunches, coffee) with staff that have been deployed to COVID duties.
- Making sure successes and positive feedback is provided to staff frequently.

Focus Work on Different Program Components

- Working on curriculum development since less time is spent on screening tasks.
- Improving knowledge of software systems with new and existing staff.
- Working on systematic quality improvement methods, especially with staff being pulled in many directions and other staff having to step in and do new jobs.
- Bringing in speakers that usually do not interact with staff (e.g., the Medical Director).

Maintaining a Culture of Flexibility

- Recognizing that some staff have limited Internet and other connectivity issues (no camera) and acknowledge and allow for those limitations.
 - In some cases, staff have been able to bring equipment home with them (printers, etc.).
 - Purchased some equipment (laptops, etc.) with non-clinical funds to ensure staff can connect.
- Hiring people with the flexibility of being a remote employee.
- Determining the best way to onboard new staff and integrate them into the team has resulted in online training, establishing periodic milestones to reach, and offering office hours for checking in.
- Pushing for and obtained the approval to use electronic signatures.

Innovations Related to Working with Partners

Frequent Engagement

- Discussing the need to re-prioritize efforts and revisiting those priorities monthly.
- Utilizing Zoom calls has increased the connection with partners.
 - Only did one site visit a year pre-COVID, and now can stay in closer contact and develop more of a relationship with partners.
 - Partners like virtual training better because it is more efficient and flexible with scheduling.
- Encouraging partners to have a “sharing” role in meetings.
- Developing a monthly newsletter to stay connected and using it as a method to consolidate resources in one communication.
- Recording meetings and sharing videos with other partners (e.g., FQHC).
- Offering drop in Zoom “office hours” to connect with program staff and other partners.

Flexibility, Understanding and Patience

- Meeting partners where they are and being flexible about work plans.
 - Placing partner needs first and communicating “we are in this together.”
- Asking partners what their stressors are and “how can we help you?”
 - Determining how much partners can do related to screening.
- Recognizing that partners have changing demands and restrictions and acknowledging that.
- Understanding that it often takes longer to get things done with partners and being okay with that.
- Making a conscious decision to back off recruitment until the first of the year to be responsive/sensitive to community needs around the COVID-19 surge.
- Focusing on serving those with symptoms and high risk.
- Recognizing that some partners have downsized (ACS, clinics) and need to reassign roles and responsibilities to other partners if possible.

Virtual Tools

- Working to do more electronically and reducing reliance on paper processes.
- Identifying software to sign consent forms online (e.g., Form Doctor).
- Using text messages almost exclusively because clients are responding better than phone or mail.
- Offering telehealth and FIT tests as options for those who have concerns about coming into clinic.
- Doing a full-scale survey of FQHC to identify barriers.
- Using platforms such as Jamboard and Lucid Chart to work with providers on process flowcharting.

Communication and Education with Clients

- Using clear and concise communication with clients regarding clinic safety for screening.
- Employing alternative methods of community education and engagement.
 - Food Banks as a location to offer screening messaging.
 - “Goodie bags” that include materials about screening.
 - Virtual health fairs through platforms like Zoom.
- Utilizing existing partner resources instead of creating new ones.
 - ACS has scripts to use with patients around talking points to address COVID-19 safety.
- Recognizing that COVID-19 testing is driving rural populations to FQHCs that otherwise do not access health services, which offers the opportunity to engage an unreached population for screening.
- Recognizing and meeting the need for virtual FIT test education tools since there is not an opportunity to teach in-person at the clinic.
- Developing patient story videos.

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