



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**  
Promoting Health. Preventing Disease.

## **NACDD Peer-to-Peer Learning Third COVID-19 Call Series August 18 - 26, 2020 “Managing Screening Programs in the COVID-19 Era”**

### **SUMMARY OF OPPORTUNITIES and PEER APPROACHES**

#### **OPPORTUNITIES TO ADAPT TO CHANGING COVID-19 RULES and RESTRICTIONS IN THE COMMUNITY**

##### **Peer Approaches:**

- Re-organizing clinic space to accommodate patient flow and social distancing
- Ongoing communication and problem solving with health clinics regarding safety protocols
- Assessing partner capacity and workflow via surveys and to identify gaps and needs in clinics
- Creating a telehealth guide for providers that includes how to implement verbal consents
- Increasing the use of mobile mammography screening

##### **Continuing the following:**

- Screening, but limit the number of patients being screened
- Expanding use of telehealth – recognizing this still can be an access issue for some populations and geographic areas
- Expanding use of mailed FIT

#### **OPPORTUNITIES TO COMMUNICATE TO THE PUBLIC REGARDING SCREENING and SAFETY**

##### **Peer Approaches:**

- Expanding telephone calls, emails, and texts to clients to remind patients about screening and talk about safety precautions in clinics
- Using social media targeted advertising – specifically Facebook ads – and radio spots in rural areas to increase screening rates
- Collaborating with partners (e.g., state hospital association, elected officials) on large media (television/cable) regarding safety measures and need to get care, be screened
- Changing clinic hours to be responsive to client needs and ensure safety measures
- Getting worksite champions to encourage co-workers to get screened
- Encouraging individual clinic systems to send patients messages through online portals
- Calling women on their birthday to offer and remind them of screening or other personal touchpoints through providers
- Setting up electronic signs at corner stores for messaging to unemployed women
- Collaborating with Comprehensive Cancer Control programs and coalitions to develop common messages regarding getting screened or rescheduling screening
- Focusing on the timely opportunity to expand and promote FLU/FIT
- Taking advantage of sites like Miyoworks.org to develop effective, tailored messaging

- Developing standard safety of screening language that is used across programs. Created a “swiss cheese” press release for providers to use, to communicate about screening and safety.

## **OPPORTUNITIES RELATED TO CHANGING PROGRAM ROLES and RESPONSIBILITIES**

### **Peer Approaches:**

- Continuing to work on quality improvements to program components (data collection, EMR reports, evaluations, referral “pipeline,” etc.) so when screening picks up, they will be more effective and efficient
- Utilizing extra time for deep dives into patient navigation records to stimulate more screening
- Taking time to re-enroll clients by sending out letters and calling non-respondents
- Recognizing and planning for an increase in eligible clients because of unemployment
- Leveraging to a greater extent the use of patient navigators to increase screening rates; specifically, contacting enrolled patients who have not completed a risk assessment and offering to do so via telehealth
- Working to integrate genomics testing into the program
- Creating virtual conferences and leveraging the opportunity to recruit national speakers who in the past might not have traveled to present at conferences
- Providing CMEs for health professionals through virtual conferences and workshops
- Renewing focus on addressing racism and social determinants of health, including:
  - Sharing aggregated data by race with city health department programs to improve outreach and screening efforts including, locations for mobile mammography based on greatest need
  - Training for program staff (e.g., bias training, affinity group discussions)
  - Focusing on screening at-risk populations and providing support for screening (e.g., childcare)
  - Collaborating with Office of Health Equity within the health department and getting recommendations from them about how to expand data on race, ethnicity

## **OPPORTUNITIES TO FORM NEW OR STRENGTHEND PARTNERSHIPS**

### **Peer Approaches:**

- Asking clinic partners what they need and working with them on what they can do now if screening isn’t something they can promote or offer, due to COVID-19
- Using community health workers to connect clients with COVID-19 testing, healthy living resources such as food distribution, safe housing, and mental health
- Working with non-traditional partners in the community and defining their role in assisting to increase screening in specific communities
- Providing TA visits to health system partners via Zoom, Microsoft Teams and Google Meet
- Creating YouTube trainings for health system partners on topics such as data collection and submission and invoicing and reimbursement
- Providing pre-recorded videos for partner virtual events that showcase program services
- Collaborating between B&C, CRC, and CCC screening programs around reigniting screening and offering alternative screening, such as on-site mammography

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