



Impact of the Changing Healthcare Policy Environment on State Cancer Programs

Cancer Screening and Community Health Centers

What Should You Know?

Community health centers play a critical role in providing healthcare and preventive services, to vulnerable community populations including large proportions of uninsured and Medicaid populations. With that in mind, community health centers offer a critical opportunity to enhance delivery of evidence-based cancer screening services to underserved populations. Additional opportunities for screening partnerships include [Critical Access Hospitals](#) and [Rural Health Clinics](#).

What is the Basis for Cancer Screening at Community Health Centers?

The CDC-funded the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Colorectal Cancer Control Program (CRCCP) utilize strategies to enhance cancer screening in health systems, and implement public health strategies for community and clinical linkages. [Community Health Centers](#) are critical partners in promoting cancer screening, according the [Community Guide to Preventive Services](#)' recommendations for evidence-based interventions.

The National Academy of Sciences, Institute of Medicine (IOM) report, "[Primary Care and Public Health: Exploring Integration to Improve Population Health](#)," highlighted colorectal cancer screening as a target for joint work to improve population health.¹ The National Colorectal Cancer Roundtable (NCCRT) published a strategy paper, "Strategies for Expanding Colorectal Cancer Screening at Community Health Centers" in the CA journal ². It stated, "Community health centers are uniquely positioned to address disparities in colorectal cancer (CRC) screening as they have addressed other disparities."² The paper offered five strategies that address challenges faced by health centers. The first 2 strategies focus on improving primary care processes of care. The third emphasizes working productively with other medical providers and institutions. The fourth strategy concerns aligning leadership of health centers and other organizations and agencies that have a role to play. The final strategy is focused on using tools that have been derived from models that work. These strategies include: 1. Design a Realistic CRC Screening Program; 2. Use the Medical Home Model to Improve Screening

Operations and Understand Population Needs; 3. Improve Links Between Health Centers and the Health System; 4. Define and Coordinate Leadership of National Organizations; and 5. Identify and Apply What Is Known. In follow-up to this article, the NCCRT published toolkits, [“Steps For Increasing Colorectal Cancer Screening Rates: A Manual For Community Health Centers,”](#)³ and [“How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidenced based Toolbox and Guide.”](#)⁴

The National Association of Community Health Centers (NACHC) developed the [Value Transformation Framework, Companion Action Guide>>Evidence Based Care](#) indicating that “Community health centers play a critical role in providing care and preventive services to the nation’s most vulnerable populations. They serve approximately 28 million people—more than two-thirds of whom are uninsured or on Medicaid. As evidenced by 2018 UDS data showing that only 56% of women age 23-64 were screened for cervical cancer, and 44% of patients age 50-75 for colorectal cancer, identifying effective ways to improve screening rates can help health centers achieve Healthy People 2020 goals, better health outcomes and experiences, and reduced costs.” They provide 10 steps to improve cancer screening in community health centers.⁵

How do Community Health Centers Contribute to Improving Cancer Screening?

Strategies, Policies and Incentives to Improve Cancer Screening in Community Health Centers:

Community Health Centers submit data to HRSA, known as [Uniform Data System \(UDS\) measures](#). Each year, health center grantees and look-alikes report on their performance using the measures defined in the UDS. The UDS is a standardized reporting system that provides consistent information about health centers and look-alikes. Since we know that “what gets measured, gets done,” the cancer screening measures in the UDS provide a strong basis for state health department cancer screening programs to work with CHCs on quality improvement strategies to implement evidence-based interventions for cancer screening. Traditionally UDS collects cervical and colorectal cancer screening data. In 2020, breast cancer screening data was added.

[The 2020 UDS Manual](#) includes the following metrics:

- MEASURE: Percentage of women 21–64 years of age who were screened for cervical cancer using either women age 21–64 who had cervical cytology performed every 3 years or women age 30–64 who had cervical cytology/human papillomavirus (HPV) cotesting performed every 5 years
- MEASURE: Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period
- MEASURE: Percentage of patients 50 through 74 years of age who had appropriate screening for colorectal cancer

HRSA Quality Improvement Initiatives as an Opportunity for Enhancing Cancer Screening

HRSA works with Community Health Centers to implement clinical Quality Improvement (QI) initiatives. These QI initiatives may be focused toward improving the implementation of evidence-based screening for colorectal, breast, and cervical cancer in community health centers. [HRSA's quality improvement initiative program](#) assists health centers in the development and implementation of ongoing quality improvement through an array of policies and programs, funding, training and technical assistance, data and information sharing, and partnerships and collaborations. HRSA indicates: “Health Center Program Quality Improvement initiatives align with the National Quality Strategy and support the efforts of health centers toward:

- Better care for patients
- Healthy communities
- Lower health costs.”

An opportunity provided by the HRSA QI initiative is to achieve patient-centered medical home (PCMH) recognition, which has been cited as a potential opportunity for improving cancer screening ^{6,7}. The HRSA [“Accreditation and Patient-Centered Medical Home Recognition Initiative”](#) supports health centers working toward better care and lower costs for patients. HRSA supports health centers seeking to achieve ambulatory health care accreditation and/or patient-centered medical home (PCMH) recognition.

According to HRSA, “Ambulatory healthcare accreditation assesses health center quality and patient safety. Accreditation organizations evaluate health centers against standards of quality improvement, quality assurance, risk management, and performance improvement.” PCMH recognition assesses a health center’s approach to patient-centered care. Health centers can achieve PCMH recognition by meeting national standards for primary care that emphasize care coordination and on-going quality improvement. HRSA provides incentives, including financial incentives, for achievement of the recognition in these programs. The quality improvement activities can include enhancement of the cancer screening UDS measures, thus providing good incentive for community health center engagement with the state health department’s cancer screening quality improvement resources.

HRSA publishes profiles of FQHC Quality Improvement initiatives. An example of addressing cancer screening is provided in the case of La Red Health Center in Delaware, [“in which nurse navigators have been instrumental in helping LRHC improve its breast, cervical, and colorectal cancer screening rates.”](#)

What Should State Cancer Screening Programs Do?

Partnerships with community health centers (CHCs) offer the opportunity to leverage the resources of community health centers to impact overall state screening rates. State programs should:

- Develop plans with CHCs to implement quality improvement strategies for implementation of evidence-based interventions that improve the UDS metrics;
- Utilize the National Colorectal Cancer Roundtable and National Association of Community Health Centers tools that provide strategies for the “pitch” to CHCs;

References

1. Institute of Medicine, 2012, Primary Care and public health: Exploring integration to improve population health, Washington, DC; The National Academies Press; <https://doi.org/10.17226/13381>
2. Sarfaty M et al., Strategies for Expanding Colorectal Cancer Screening at Community Health Centers, *CA Cancer J Clin* 2013;63:221-231.
3. National Colorectal Cancer Roundtable, Steps For Increasing Colorectal Cancer Screening Rates: A Manual For Community Health Centers, 2014, found at: <https://nccrt.org/resource/steps-increasing-colorectal-cancer-screening-rates-manual-community-health-centers-2>
4. National Colorectal Cancer Roundtable, How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidenced based Toolbox and Guide, <https://nccrt.org/resource/crc-clinicians-guide>
5. National Association of Community Health Centers (NACHC): VALUE TRANSFORMATION FRAMEWORK Companion Action Guide >> Evidence-Based Care, located at: <http://www.nachc.org/wp-content/uploads/2019/10/NACHC-VTF-Cancer-Screening-AG-FINAL-Oct-2019.pdf>
6. Sarfaty M, Stello B, Johnson M, Sifri R, Borsky A, Myers RM. Colorectal cancer screening in the framework of the medical home model: Findings from focus groups and interviews. *Am J Med Qual*. 2013;28(5):422-428. doi:10.1177/1062860612471424
7. Sarfaty, M., Wender, R. and Smith, R. (2011), Promoting cancer screening within the patient centered medical home. *CA: A Cancer Journal for Clinicians*, 61: 397-408. <https://doi.org/10.3322/caac.20125>

Resources

Community Guide:

- www.thecommunityguide.org/topic/cancer
 - www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-CancerScreening.pdf
- Work with federally qualified health centers on the Quality Improvement Incentive Initiatives, utilizing improvement in the cancer screening metrics as an incentive. Work with the FQHC to highlight the collaborative work for the HRSA profiles.