

# Utah Cancer Screening and Prevention Project 2019 Update

Evaluation of Ongoing Implementation of Evidence-Based Interventions  
for Increasing Cancer Screening



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# Cancer Screening Saves Lives

**1 in 3**  
**Cancer**  
deaths could  
be prevented  
with earlier  
**detection**



BREAST  
CANCER



CERVICAL  
CANCER



COLORECTAL  
CANCER



LUNG  
CANCER

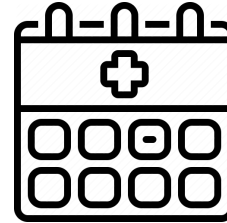


PROSTATE  
CANCER

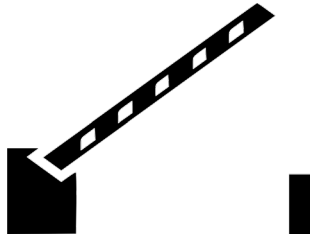


# Evidence Based Interventions for Increasing Cancer Screening

Patient Reminders



Provider Reminders



Reducing Structural Barriers



Provider Assessment and Feedback



Patient Media and Education



# Utah Cancer Screening and Prevention Project

- Collaboration between AUCH, ACS, and UDOH that began in 2017
- **Goal: Increase breast, cervical, and colorectal cancer screening rates and HPV immunization rates in Utah by working with health systems**
- Project partners met with clinic staff to help ***assess, plan, and implement*** select EBI strategies to increase cancer screening rates.
  - *Initial round of assessment and planning meetings to select EBI strategies*
  - *Monthly follow-up calls*
  - *Yearly data reporting*
  - *In-person site visits*
- At the end of 2019, 6 FQHCs remained actively engaged in the project (4 in rural/frontier areas, 2 in urban areas)



# Most Recent QI Evaluation of Project

- *From yearly data collection on screenings:*
  - 4 clinics increased rates for Breast Cancer
  - 3 clinics increased rates for Cervical Cancer
  - 2 clinics increased rates for Colorectal Cancer
- **From a QI perspective:** Wanted to hear from participating clinics what was going well with cancer screening and what barriers they were facing in order to better address needs
- UDOH staff visited each of the 6 clinics in Oct/Nov '19 and conducted informal interviews with key clinic staff to better understand their experience with EBI implementation

## Example of Yearly Screening Data Collection Tool:

### Data Collection Tool Examples

Cancer Screening Baseline Data Collection Form	
Clinic Name:	
If using Chart Review please document % of charts review and sampling method	
If using EHR please document measure used (i.e. GPRA, HEDIS, UDS, NQF, etc)	
	Collection Period
<b>Breast Cancer - Baseline Cancer Screening Data</b>	2017 to 2018
Total Age-Eligible Population:	
Number of Up-to-Date Screenings (Provide the number of eligible patients who are up-to-date on screenings - not the number of screenings provided):	
Number of Abnormal Results:	
Number of Cancer Diagnoses:	
Screening guideline/measuring standard used for this project:	
<b>Cervical Cancer - Baseline Cancer Screening Data</b>	2017 to 2018
Total Age-Eligible Population:	
Number of Up-to-Date Screenings (Provide the number of eligible patients who are up-to-date on screenings - not the number of screenings provided):	
Number of Abnormal Results:	
Number of Cancer Diagnoses:	
Screening guideline/measuring standard used for this project:	
<b>Colorectal Cancer - Baseline Cancer Screening Data</b>	2017 to 2018
Total Age-Eligible Population:	
Number of Up-to-Date Screenings (Provide the number of eligible patients who are up-to-date on screenings - not the number of screenings provided):	
Fit test return rate (if known):	
Number of Abnormal Results:	
Number of Cancer Diagnoses:	
Screening guideline/measuring standard used for this project:	



QUALITATIVE EVIDENCE MATRIX: DISCUSSION THEMES BY CLINIC	<i>Clinic #1</i>	<i>Clinic #2</i>	<i>Clinic #3</i>	<i>Clinic #4</i>	<i>Clinic #5</i>	<i>Clinic #6</i>
<i>Increasing Cancer Screening Through EBI Implementation</i>						
<b>Client Reminders: Physical Mail</b>	●					
<b>Phone Calls</b>	●	●	●	●	●	●
<b>Text/Email Messaging</b>		●	●	●	●	
<b>Small Media</b>	●	●			●	
<b>Provider Reminders</b>	●		●	●		
<b>Provider Assessment/Feedback</b>	●	●	●	●	●	●
<b>Reducing Structural Barriers</b>	●	●	●		●	●
<i>Other Factors Concerning Cancer Screening</i>						
<b>Cancer Screening Navigator/Champion Identified at the Clinic Level</b>	●					
<b>Internal Clinic Capacity Factors</b>	●	●	●	●	●	
<b>Broader Community Engagement</b>		●	●		●	●
<b>Cancer Screening Resources Available</b>	●		●	●		●
<b>Clinic/Community Knowledge of Available Resources</b>	●	●	●	●	●	●
<b>Electronic Health Record system capacity</b>	●				●	●
<b>Cancer Screening is given priority</b>	●	●	●	●		●

\*Green- active process/implementation of EBI at the clinic level; Yellow- plans for or stalled implementation of EBI; Red-abandoned implementation

\*\* Green- present or positive factors of influence at the clinic level; Yellow- need for clarification/education of clinic staff; Red-issues are apparent/persistent



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Phone Calls	●	●	●	●	●	●
Text/Email Messaging		●	●	●	●	
Small Media	●	●			●	
Provider Reminders	●		●	●		
Provider Assessment/Feedback	●	●	●	●	●	●
Reducing Structural Barriers	●	●	●		●	●
<i>Other Factors Concerning Cancer Screening</i>						
Cancer Screening Navigator/Champion Identified at the Clinic Level						
Internal Clinic Capacity Factors					●	
Broader Community Engagement					●	●
Cancer Screening Resources Available						●
Clinic/Community Knowledge of Available Resources					●	●
Electronic Health Record system capacity					●	●
Cancer Screening is given priority					●	●

Most commonly implemented EBIs across clinics were *Client Reminder Phone Calls* and *Provider Assessment/Feedback* (varying successes)

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Most successfully implemented EBI was *Provider Reminders*

	<i>Clinic #1</i>	<i>Clinic #2</i>	<i>Clinic #3</i>	<i>Clinic #4</i>	<i>Clinic #5</i>	<i>Clinic #6</i>
<i>Increasing Cancer Screening Through EBI Implementation</i>						
Text/Email Messaging	●					
	●	●	●	●	●	●
Text/Email Messaging		●	●	●	●	
Print Media	●	●			●	
<b>Provider Reminders</b>	●		●	●		
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Internal Clinic Capacity Factors	●	●	●	●	●	
Broader Community Engagement		●	●		●	●
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QUALITATIVE EVIDENCE MATRIX:  
DISCUSSION THEMES BY CLINIC

Clinic #1

Clinic #2

Clinic #3

Clinic #4

Clinic #5

Clinic #6

Many clinics had working models of community engagement around cancer screenings (ex. Scheduled “Women’s Health Days” with mammos vans to provide on-site breast cancer screening)

*Implementation*

Provider A	●	●	●	●	●	●
Reducing Str	●	●	●		●	●
<i>Other Factors Concerning Cancer Screening</i>						
Cancer Screening Incentive/Champion Identified at the Clinic Level	●					
Internal Clinic Capacity Factors	●	●	●	●	●	
Broader Community Engagement		●	●		●	●
Cancer Screening Resources Available	●		●	●		●
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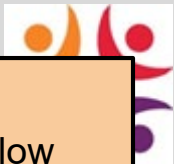


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EHR system capacity cited as an issue on multiple levels related to cancer screening (data reporting errors, client and provider reminder programming issues, staff time spent learning new systems, etc)

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Clinic/Community Knowledge of Available Resources	●	●	●	●		●
Electronic Health Record system capacity	●				●	●
Cancer Screening is given priority	●	●	●	●		●

Cancer screening was often seen as a low priority, due to difficulties with *staffing capacity* (turnover, lack of provider staff, etc;) including a lack of a *specified cancer screening navigator or “champion”* on staff) and lack of community education

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# What We Learned

- Effectively implementing EBIs to increase cancer screening is **not easy**- it **takes time and consistent effort**
- **Not all EBI strategies work for everyone**; each clinic is a unique environment (highlights the need for continuous QI to make adjustments and changes as you go)
- Clinic staff will **always be dealing with challenges** of competing priorities and limited capacities (you do so much with seemingly so little!), so our project partners want to help make things easier by providing resources and supporting you





# What We're Working On This Year

- Providing models for you to use for things like:
  - HIPAA compliant Client Reminders
  - Community outreach events (Women's Health Days, Mobile Mammo Van visits, etc)
- Looking to project partners to provide more specialized EHR support (including pulling accurate data reports concerning cancer screening measures and programming screening reminders)
- Working on educational materials (for both providers and community members) concerning the importance of cancer screening and available resources in the community to get those screening services
- Looking at upcoming available funding resources to help support increased cancer screenings (like staff trainings, client reminder resources, community outreach/events, etc)



## Contact the UDOH Partners

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Thank you!