



Kentucky Public Health
Prevent. Promote. Protect.

Public Health and Health System Partnerships to Increase Colorectal Cancer Screening in Clinical Settings

A Unique Partnership to Utilize Evidence Based Interventions to Improve and Increase Colon Cancer Screening in Kentucky

What is this Opportunity?

The Kentucky Department for Public Health (KDPH) will apply for a five (5) year grant (2020-2025), from the Centers for Disease Control and Prevention (CDC). The grant is for work with health care system partners to implement evidence-based interventions approved by the United States Preventive Services Task Force (USPSTF) to increase colorectal cancer (CRC) screening. In the course of the work, a team of colon cancer and practice transformation experts will assist the healthcare system in reviewing each clinic's baseline screening rate data, reviewing data validity, assessing current screening practices, and identifying opportunities for improvement.

Why Participate in this Opportunity?

Colorectal cancer is preventable through screening. Data from the Kentucky Cancer Registry shows that **Kentucky has the highest incidence rate and 5th highest mortality rate for colorectal cancer in the nation.** While Kentucky's colorectal cancer incidence and mortality rates have decreased in the past decade, large gaps remain between men and women, African Americans and Whites, and Appalachians and the rest of the state. We can address these gaps with this project!

Work undertaken for this project also allows participants to succeed in other quality improvement programs and initiatives which will improve healthcare, reduce cost, and move to value-based care. Some of these programs include: EHR Incentive Program, Meaningful Use, Patient Center Medical Home (PCMH) recognition, HIPAA Security Risk Assessment and preparing for the Medicare Access and CHIP Reauthorization Act (MACRA). Lessons learned from improving CRC screening rates can be directly translated to improvement in other preventive health areas such as: Hemoglobin A1C testing to identify and manage diabetes, blood pressure control, or breast cancer screening.

Each health care system that participates will receive technical assistance from a team of colon cancer and practice transformation experts led by the Kentucky Department for Public Health (KDPH) and the Kentucky Regional Extension Center (KYREC). These members include professionals from the American Cancer Society, the Kentucky Cancer Program East and West, and the Kentucky Primary Care Association.

Health systems that have been part of this work over the previous grant cycle increased their screening rates from 5 percentage points to as much as 33 percentage points. During this grant cycle, we anticipate active participation will typically last for 18 to 24 months. After this initial phase of making evidence-based changes to CRC screening practices, we ask that participants share quarterly CRC screening data to determine if increases are maintained.

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What is Expected of the Health Care System?

Participating health care systems will be expected to accomplish the following:

1. For each participating clinic in the system:

- Provide clinic level baseline aggregate data on the demographic makeup of the clinic's patient population ages 50-75 years and current colorectal cancer screening rate based on NQF34; and
- Share clinic level aggregate screening rate and other data on a monthly basis to monitor progress; and
- Provide annual clinic level aggregate screening rate data and information needed for reports to the CDC.

2. Participate in an initial team meeting to document the health systems overall climate and history in addressing CRC and current CRC policies and activities. This includes:

- Workflow assessment (including EHR documentation) of FIT and Colonoscopy referrals and results;
- Types of CRC screening tests recommended (FIT, iFOBT, gFOBT, colonoscopy, flexible sigmoidoscopy etc);
- Use of provider assessment and feedback tools, provider reminders, decision support tools and patient reminders.

3. Based on the assessment described above, collaborate with team partners to identify opportunities for changes to improve CRC screening rates:

- Jointly develop an implementation plan focused on the CDC approved priority evidence-based intervention areas which include:
 - Provider Assessment and Feedback
 - Provider Reminder Systems
 - Patient Reminder Systems
 - Reduction of Structural Barriers
- In addition – certain supporting strategies can be included such as:
 - Using tailored small media in support of the above areas
 - Linking clinic efforts with community partners
 - Enhancing Health Information Technology
 - Ongoing Professional Development
 - Support from Patient Navigators
- Participate in Plan, Do, Study Act (PDSA) or other small tests of change cycles with the Kentucky Regional Extension Center (KYREC) and /or other partners to document the outcome of changes
- Participate in at monthly conference calls or site visits as needed to continue review progress. This will include a monthly data update of clinic year to date CRC screening rates.

These expectations will be formalized in a contract or between the KDPH and the specific health care system. Participating health care systems will be provided technical assistance by members of the partnership team as needs and challenges in implementing the evidence-based interventions are identified throughout the process.

Limited financial support is available to support program participation – this amount will depend on the grant award from CDC.

Organized Approaches to Increase Colorectal Cancer Screening in Kentucky

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PARTNER ROLES

Lead Partners

The Kentucky Department for Public Health (KDPH): Serves as the lead for application to the Centers for Disease Control and Prevention (CDC) for this grant, develops the grant workplan in collaboration with partners and provides all reports to CDC. Responsible for Leadership Team meetings and working with all FQHC sites along with contracted partners to ensure that evidence-based interventions (EBI) are utilized. Contact: Teri Wood, Teri.Wood@ky.gov, 502-564-7996, ext. 4440.

The KY Regional Extension Center (KYREC): Coordinates initial workflow assessment and development of the implementation plan. Coordinates submission of monthly screening rate and patient navigation data. Serves as expert consultant in Electronic Health Record workflows, assures alignment with Meaningful Use and MACRA. In coordination with other partners, supports Plan, Do, Study, Act cycles on workflow changes. Coordinates monthly calls to review implementation plan progress. Contact: Brent.McKune, Brent.McKune@uky.edu.

The American Cancer Society (ACS): Expert consultant on cancer screening guidelines, clinic and EMR workflow assessment and recommendations, provides patient education material, supports PDSA cycles to improve CRC screening rates. Coordinates meetings of the Colon Cancer Screening Learning Collaborative Contact: Elizabeth Holtsclaw, elizabeth.holtsclaw@cancer.org

The Kentucky Cancer Program (KCP) East and West: Works with sites to develop appropriate small media support materials and facilitates community clinical linkages to other colon cancer screening activities not directly related to the EBIs. Contact: Janikaa Sherrod, janikaa.sherrod@louisville.edu (Louisville/Western Kentucky); Debra Armstrong, dka@kcp.uky.edu (Appalachia/Eastern Kentucky).

The Kentucky Primary Care Association (KyPCA): Participates in the workflow assessment, serves as expert consultant on Electronic Record Workflows, supports Plan, Do, Study, Act cycles on workflow changes. Advises leadership team and clinics on cancer screening projects/interventions in Medicaid Managed Care Organizations. Contact: Noel Harilson nharilson@kypca.net.

Kentucky Cancer Consortium (KCC): Assists in facilitation of the leadership team, and development and of the program evaluation. KCC will provide technical assistance to the leadership team on evaluation, and assist with completion of all reports and submission of reports to KDPH/CDC. Contact: Elaine Russell, erussell@kycancerc.org.