Washington State Department of Health

WASHINGTON BCCHP

CRC EBI Partners' Amazing Work!

CRC Partners Highlighted

Cowlitz Family Health Center

7 Medical Clinics (plus Dental, MSS, BH/SUD)

Served 20,749 patients in 2022 (↓ ~5K patients from pre-pandemic year)

- ~15,200 patients seen in Medical clinics
- ~9,800 included in the breast, cervical and/or CRC screening cohort

Joined colorectal cancer screening collaborative in 2017; added breast and cervical cancer screening in 2021

UDS Screening Rates as of 6/30/2022:

- 42% Breast, 51% Cervical, 46% CRC (from 33% in 2017 and 52% in 2019)

Highlights

Successes:

- Core leadership/champions in charge of project has been stable
- Partnership with LabCorp for MailedFIT enabled high FIT dissemination
- EPIC EMR + integrated reporting supports workflows and QI processes
- Partnership with BCCHP

Challenges:

- Patient resistance to cancer screenings (most enduring challenge to date)
- COVID-19 pandemic-related challenges
- Changes in metrics definitions
  - CRC changed to 45-75 (from 50-75)
- Lack of funding for uninsured patients
  - Completion colonoscopy following positive FIT

International Community Health Services

Current Interventions:

- Population Health Coordinator (PHC) checks and updates the care gaps for scheduled patients (as needed)

  Communicate at huddle for the providers
- Follow up calls for abnormal patients
- Check the historical data for the patients
- Offering BCCHP and Insurance Enrollment

Highlights

Successes:

- Improvement in screening rate when patients discuss screening w/ providers at visit
- The patients have feeling of being taken care of (personal reminder)
- Increased likelihood of patients to follow up with their treatment

Challenges:

- Time consuming because reaching the patients sometimes needs more than 3 telephone calls
- It needs knowledgeable team member of clinical history
- MA/Provider would miss or not prioritize this during visit
- Patients would decline

Sustainability

- PHC to work on the care gaps
- Quality team and PHC are actively working to monitor and improvement performance of Cervical, Breast and CRC screening- this is a measure incentivized by payors and to improve internally
- Continue to plan and involve care teams in projects that improve this quality measure
    - Current CRC Screening Rate: 68%

The NATIVE Project

- NATIVE Project is a nonprofit urban Indian health care center and community that serves all people but has an emphasis on the care of American Indian and Alaska Native people (AIAN). NATIVE is located in Spokane, WA in the West Central neighborhood. NATIVE has been in existence since 1989. NATIVE has worked on cancer screening for all patients, but the emphasis has been on the AIAN population due to the under screening of this population.

Highlights

Successes:

- NATIVE has been fortunate to have Care Coordinators that help remind Providers and the MA's to maker sure that patients are scheduled for cancer screening.
- Through a different grant from Group Health we have been able to offer incentive gifts to patients who get their mammograms, pap exams and colorectal screening if it is due.

Challenges:

- NATIVE Project started with Greenway Intergy in 2019 as NATIVE's medical record provider. The transition has been difficult, but the program does provide a good reminder system for Providers to follow. It is a matter of getting staff to check the right boxes.

NATIVE's journey with colorectal cancer screening.

- After having a community leader go through colorectal cancer, this has been an important area for NATIVE.
- NATIVE was selected as a site for now WSU's IREACH study program on colorectal cancer screening for AI/AN people. (This program originally started with the UW system but subsequently moved to WSU.)
- This program started in 2011/2012 with focus groups and digital stories that talked about the need for colorectal cancer screening.
- This provided a good background to get staff and the community talking about colorectal cancer screenings.

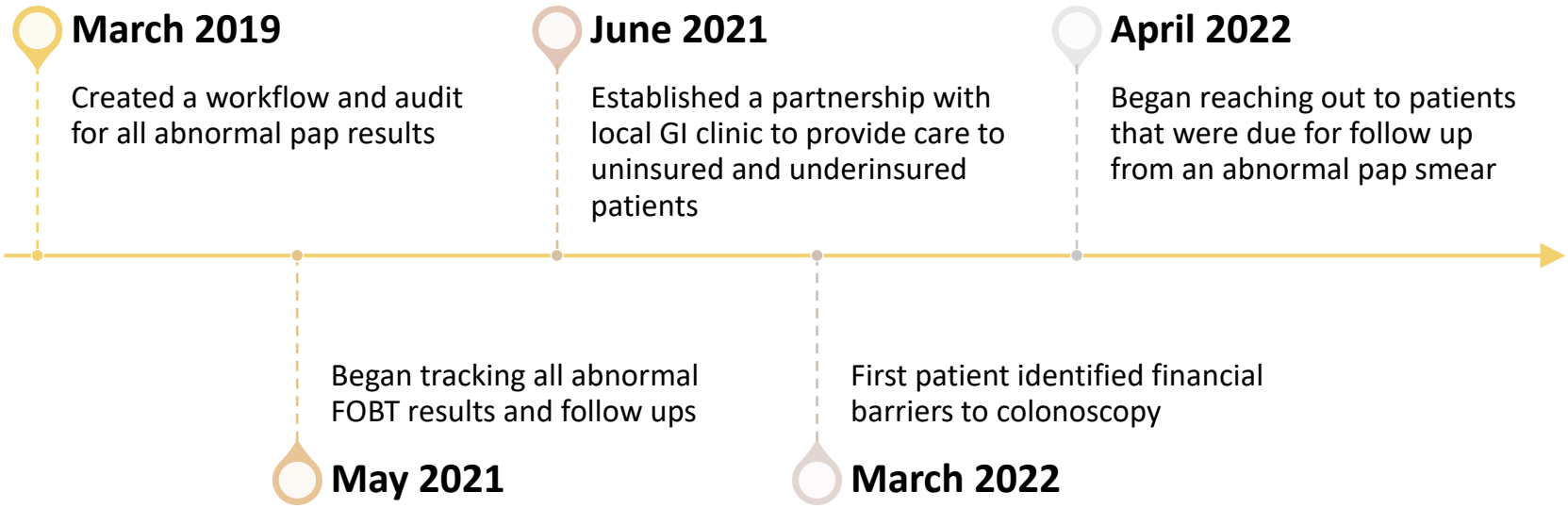
Peninsula Community Health Services

PCHS strives to eliminate healthcare disparities in our community. We have medical and dental clinics located throughout Kitsap, Mason, and rural Pierce counties, and a dedicated team working together to create a care plan that's right for you. We also bring that care directly to our patients who can't easily make it into our traditional clinics through our mobile clinics, school-based health centers, and by partnering with our community service agencies to deliver care on their premises.

Highlights

- We have worked to make all our outreach materials available in both English and Spanish
  - All automated messages
  - Letters to patients for FOBT kits
  - Currently working on translating postcards to Spanish
- Automated Messages to patients due for an FOBT kit sent monthly
  - Patients that completed their FOBTs in July 2021 with normal results

Abnormal Results Timeline



Sea Mar Community Health Centers

Sea Mar Community Health Centers is a community-based organization committed to providing quality, comprehensive health, human, housing, educational and cultural services to diverse communities, specializing in service to Latinos.

Highlights

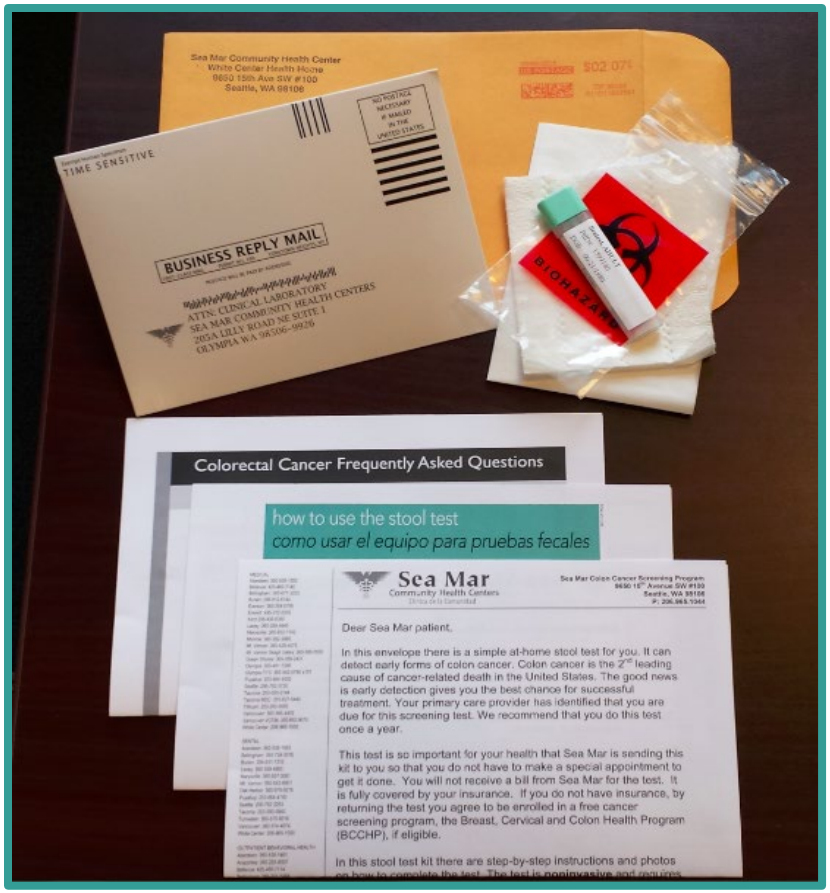
Successes:

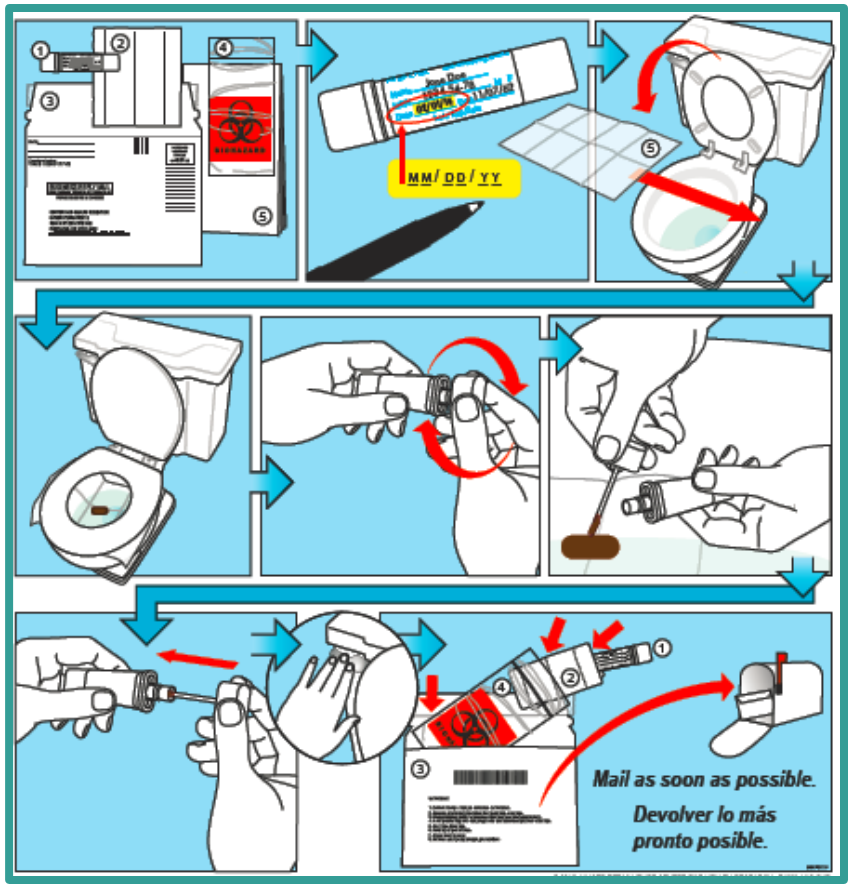
- Sending reminder letters to patients in addition to live reminder calls
- CQM Report (ranking best to low preforming clinics)
- Support from Sea Mar leadership, staff time, relationship with clinic, transparency and a way to keep track of activities (i.e. FIT kits sent)

Challenges:

- Keeping Healthcare advocates roles fully staffed
- Creating updated detailed training manuals for EPIC EHR.
- Keeping clinics aware of the actions of centralized teams and resources available: Meeting with clinic managers.
- Collaboration and engagement between clinics

EBI: Reducing Structural Barriers





Valley View Health Center

All of our Providers are passionate about the care that they can provide to their patients.

Cancer Screenings are a small part of that service however our providers make that a priority at every visit.

In addition to the changes in our IT department VVHC has a high turnover for MA's. Due to the great workflows and resources we have for our staff to identify those in need of screenings, we have been able to maintain a steady screening rate.

Highlights

- Currently participating in the CORC Study
- New partnerships between DOH – PeaceHealth Southwest to provide colonoscopy services for under/uninsured patients with positive FIT test in process to serve this population

Colonoscopy Outreach for Rural Communities (CORC)

Principal Investigator: Allison Cole, MD, MPH
University of Washington Department of Family Medicine

Study Objective:

To adapt, implement, and test a patient navigation program to support colonoscopy completion among patients with a positive FIT in 4-6 rural and rural-serving Federally Qualified Health Centers (FHQCs). The patient navigation program is delivered by a community-based organization, the Washington Association for Community Health.

Background:

- *Colorectal cancer (CRC)* is a leading cause of cancer death in the United States.
- CRC screening is recommended for adults aged 45-75. For patients that complete a fecal immunochemical test (FIT), those with positive (abnormal results) should complete colonoscopy for further diagnostic evaluation.
- *Rural populations* experience significant barriers to colonoscopy completion
- *Patient navigation* is an evidence-based strategy for increasing rates of colonoscopy completion. Patient navigation includes providing individualized education and identifying and overcoming patient barriers to complete colonoscopy. A successful patient navigation program includes a trained patient navigator, a system to monitor and track patient outcomes, and a network of community resources to address patient needs.

Thank you!

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