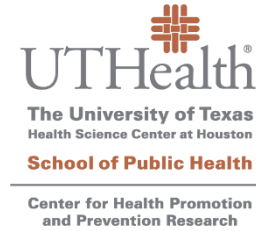


CRC Screening Improvement Action Plan

Action Plan, including the following interventions:



Primary EBIs chosen	Provider Assessment and Feedback	Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback). Feedback may describe the performance of a group of providers (e.g., mean performance for a practice) or an individual provider, and may be compared with a goal or standard.
	Patient/Client Reminders	Patient reminders alert patients they are due or overdue for colorectal cancer screening. These reminders can be written messages (letter, postcard, e-mail, or text) or a telephone call made by a person or an automated service. The goal is to prompt patients to schedule an appointment for screening.
Supportive EBI Chosen	Small Media	Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.
	One-on-One Education	One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers or other health professionals, lay health advisors, or volunteers, and are conducted by telephone or in person in medical, community, worksite, or household settings.

CRC Screening Improvement Action Plan

Template



March 30, 12:00 PM

Attendance: Patricia Wilson, Shellcy Kennedy, Charlotte Mitchell, Patricia Watson, S Ford, Christie Webb, Kristen Coats, Carla Roadcap, Derek Craig (UT Health), N Ahyosgi, LaKeye Hurd, Devan Kizer, Rene Schmidt

Current Action Items:

Priority topics:

- 1) Review action plan to determine whether one or more interventions can be added/considered fully implemented
- 2) Review 2 primary EBI and 2 secondary EBIs

Next Meeting:

Overall SMART Goal: (Example: Clinics will improve CRC Screening rates by 8% by 12/30/2021.)

As a group, we will figure out together what a good SMART goal is for the clinic. They have

Date	Action Item	Lead	Target Date	Status
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09/23/2021	Rene' will review resources to collect ideas to incentivize the Provider Assessment and Feedback strategies in place.	Rene' Schimdt	10/25/2021	Ongoing
09/23/2021	Contact LaKeye Hurd to see what resources are available through the American Cancer Society	Gabrielle Frachiseur	10/01/2021	Completed
09/23/2021	Implementation Facilitation Training Manual			
10/28/21	Finalize process for provider assessment and feedback, including incentives			Ongoing
10/28/21	Begin test run of mailed reminder postcards (once order has been received)		Early November	Test run is complete
10/28/21	Create scripts for reminder phone calls that will be placed to patients due for screening, follow-up to reminder postcards, appointment reminder	Charlotte Mitchell		Completed
10/28/21	Finalize small media materials that will be used in the clinics	Charlotte Mitchell	December	Completed
11/29/21	Send an Organizational Chart for Genesis to Gabrielle		ASAP	Completed
1/22/22	Kristen to send copies of new CRC fact sheet and other materials to Gabrielle to be added to their folder	Kristen Coats	January 2022	Completed
3/30/2022	Gabrielle to share the video that can be played in the clinics			

Interventions	Smart Goal Specific, Meaningful (Measurable), Action oriented, Realistic, Timeline PDSA (Plan, Do Study, Act)	Team Members (specific)	Community Partners	Resources	Notes
1. Provider Assessment and Feedback	Identify incentives to increase/improve provider assessment and feedback strategies. Identify a method to collect providers	Rene Schmidt, LVN Kristen Coats, FNP-C UTHSC -T Staff: Gabrielle Frachiseur		The Community Guide, Screen Out Cancer, UTHSC-T 11/29/21: <u>Make a Recommendation:</u> The primary reason patients are not	9/23/21: https://www.cdc.gov/screenoutcancer/ebi-planning-guides/provider-assessment-and-feedback-planning-guide.htm Rene' will review online resources and information sent by the Program Coordinator, to identify creative, fresh

	<p>perspectives on assessment and feedback, to improve the delivery of feedback.</p> <p>By October 25th, techniques of collecting provider feedback on methods of assessment will be identified.</p> <p>EHR Optimization (09/29/21) will assist the FHQC's IT department with improving the methods of sourcing reports for provider assessment and feedback.</p>	<p>Devan Kiser</p> <p>Threasa Collier</p> <p>Dr. Deevakar Rogith (GCREC)</p> <p>Alexa Poole (GCREC)</p>		<p>being screened is because a doctor did not advise it. A recommendation from you is vital</p>	<p>ways of improving provider assessment and feedback.</p> <p>Rene' will collect feedback from providers about their satisfaction of the current system of provider assessment and feedback.</p> <p>The Program Coordinator will review resources that examine varying methods of provider assessment and feedback, to send to Rene' for review.</p> <p><u>10/28/21:</u> <u>EHR Optimization</u> – Ongoing – Optimization Team will be coming back next week. Still in the early stages of this initiative. QI team is working on cleaning up reports within the EHR across multiple healthcare processes.</p> <p>Gabrielle spoke with Alexa about working with the EHR to provide specialized reports etc to maximize the tools available.</p> <p><u>Incentives</u> – Performance evaluations are currently being utilized, however, nothing specific has been put into practice with regards to CRC screening. The clinic is thinking of offering each clinic a reward for the highest score card related to CRC cancer screening. They are still working out the details on how this will be implemented.</p> <p><u>11/29/21:</u> Still discussing implementing quality awards (trophies, etc). Have been working with EHR Optimization team over the last month so haven't been able to move forward. Still working on making</p>
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					<p>sure the EHR is capable of doing everything they would like it to do.</p> <p>Provider reviews are done by September each year.</p> <p><u>1/11/22:</u></p> <p>Rolled out the “quality gains” which includes CRC and will be the focus for the 1st quarter. Trophies/food will be provided for the highest performer</p> <p><u>2/9/22:</u></p> <p>Waiting for 1st quarter numbers to give out the award at the end of March.</p> <p><u>3/30/2022:</u></p> <p>EMR is being built out to make it easier for providers to order tests.</p> <p>Quality Gains contest is still going on through 31st. Numbers will be run after the contest ends and winning provider will be named.</p>
<p>2. Patient Reminders</p> <p>Age eligible patients, 45+: 6200 for CRC screening</p> <p>Target: 300 patients will receive a reminder</p>	<p>Genesis uses many methods of patient reminders. Providers vocalized that in-person calls (MA’s/ nursing staff) seem to be much more successful than robo-calls, in getting patients compliant.</p>	<p>Rene’ Schmidt, LVN</p> <p>Charlotte Mitchell-Marketing,</p> <p>Stephanie Ford, FNP</p> <p>David Markham,</p>	<p>Alexa Poole- The Gulf Coast Regional Extension Center (GCREC),</p> <p>Dr. Deevakar Rogith- The Gulf Coast Regional Extension Center (GCREC)</p>	<p>eClinicalWorks</p> <p>UT Health/ UTHSC-T can provide a template for letters that can be entered into the EHR.</p> <p>American Cancer Society has co-branded letters and postcards that can be used.</p>	<p><u>9/23/21:</u></p> <p>Providers from multiple clinics state that the robo-calls were “annoying” to their patients, and that it was very likely that they were not seeing high success rates resulting from the automatic calls.</p> <p>Providers also expressed that patient were more likely to follow through with their care plans, if the nurses called them, but stated that their nurses did not</p>

<p>postcard within 6-8 months</p>	<p>Rene' will assist Stephanie in creating sample greeting phrases, to add to patient reminder postcards. Phrases will then be forwarded to Charlotte Mitchell, in Marketing, who can assist with designing and branding the cards, by October 25th.</p> <p>An analysis of efficacy of current patient reminders should be completed, to evaluate % success of all methods.</p> <p>Analysis of the frequency of the reminders dispersed to patients should be conducted.</p> <p>EHR Optimization (09/29/21) will assist the FHQC's IT department with improving the methods of patient reminders.</p>	<p>Patricia "Patti" Watson, LVN</p> <p>Kristen Coats, FNP-C</p> <p>UTHSC -T Staff: Gabrielle Frachiseur</p> <p>Devan Kiser</p> <p>Threasa Collier</p> <p>Dr. Deevakar Rogith (GCREC)</p> <p>Alexa Poole (GCREC)</p>	<p>Rene' Schmidt, LVN</p> <p>Charlotte Mitchell,</p> <p>Devan Kiser- IT</p> <p>American Cancer Society – LaKeye Hurd</p>	<p>11/29/21:</p> <p><u>Be Persistent with Reminders:</u></p> <p>You may need to remind patients several times before they will follow through.</p>	<p>have time to make any extra phone calls than the currently mandated ones.</p> <p>Stephanie stated that the Chronic Care Manager, or some other designated staff member could be tasked with making follow-up calls to patients with FIT kits that had not been returned, or referrals for colonoscopy that had not been executed.</p> <p>The Program Coordinator will reach out to the Director of Quality (Kristen Coats) to review options for designating a staff member to assist with patient reminder phone calls.</p> <p>Patti stated that postcards could be very successful patient reminders, since most of Genesis' patients do not have reliable internet access, or smart phone capabilities. She stated that most of target CRCS population could be cued to action from receiving a reminder card in any of the discussed methods (birthday, overdue, etc.)</p> <p>Charlotte Mitchell in Marketing would need to be recruited, to assure that the document created falls in line with the branding direction of the FQHC.</p> <p><u>10/28/21:</u></p> <p>Moving forward with developing templates that can be pulled from the EHR to begin doing person-to-person calls instead of robo-calls.</p> <p><u>Which staff members will be making the phone calls?</u> Possibly the Chronic-care Nurses can handle this task. Shellcy</p>
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				<p>believes that they could potentially split the calls between staff to get the calls done.</p> <p>Charlotte can help with marketing and scripts, etc. Screening reminder cards have been created that will inform each patient of what screenings (cancer, annual wellness, etc) they are due for.</p> <p>Would like to test out sending 300 postcards within 6-8 months. Cards have been approved as of today, 1000 will be ordered, waiting to see if they will be printed in house. Will begin mailing out the cards in early November and give a status update at the next meeting.</p> <p>Follow-up phone calls will be made a month after the card has been sent if the patient hasn't contacted the clinic to schedule an appointment.</p> <p>* One of their issues is that they are a rural clinic and transportation is a barrier. The goal is to optimize each appointment when the patient is in the clinic. So they will also be discussing screening with the patients who are age-eligible and who are due/overdue.</p> <p>Optimization team will be working with clinic staff on the analysis tasks and tracking in the HER</p> <p><u>11/29/21:</u></p> <p>Postcards have been printed and 70 have been mailed out so far. They used the colonoscopy fall-out list to send the postcards to. Will also use eCW to</p>
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				<p>identify patients to send the postcard to. They can sort patients by their preferences to determine who will get the postcard. Will target patients in the age-eligible range and who are due for CRC screening.</p> <p>Postcards were mailed out beginning:</p> <p>Will follow-up with patients after a month if they haven't responded to the postcard.</p> <p>Phone-call scripts: Still working on the scripts. Gabrielle will contact LaKeye about the Clinicians Toolkit to see if it has sample scripts.</p> <p>They are also going to be utilizing automated reminders. They have reports that can help them track reminders/responses.</p> <p>Will begin a PDSA cycle for reminders.</p> <p><u>1/11/22:</u> Reviewing the samples that were provided. Waiting for final approval. Kristen has come up with telephone scripts for patients who received the postcard for one for patients who haven't received a postcard.</p> <p>Completed mailout of the initial goal of 300 postcards. Are currently short-staffed so they're now using automated calls and the portal for CRC screening reminders.</p> <p><u>2/9/22:</u> Currently doing remote patient monitoring, using a third-party company. They are communicating with patients</p>
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					<p>and encouraging them to come to the clinic to pick up a FIT, if they're due/age-eligible.</p> <p><u>3/30/2022:</u></p> <p>They are still doing quarterly automated calls to patients. They follow-up with a letter if they can't be reached by phone. Staffing shortages have prevented personal phone calls being made to patients.</p> <p>Clinic is confident that this process is sustainable but can be enhanced with additional staff.</p>
<p>3. Small Media</p>	<p>Providers would like to utilize an array of printed media (posters) in their offices.</p> <p>Practice Managers agreed to CRC-focused screen savers being utilized through the clinic, likely in the month of March (Colorectal Cancer Awareness Month).</p> <p>All participants agreed on integrating CRCS-focused video</p>	<p>Charlotte Mitchell-Marketing,</p> <p>Kristen Coats, FNP-C</p> <p>Antionette Riley, DCNP</p>	<p>UTHSC-T</p> <p>UT Health</p> <p>American Cancer Society</p> <p>MD Anderson Cancer Centers</p> <p>Centers for Disease Control and Prevention</p> <p>National Colorectal Cancer Roundtable (NCCRT)</p>	<p>Program Coordinator can provide: Posters, Screensavers, additional small media resources.</p>	<p><u>9/23/21:</u></p> <p>Program Coordinator will send over examples of posters, screen savers and other small media, to Director of Quality, and clinical champion designee, for selection and integration into the clinic.</p> <p><u>10/28/21:</u></p> <p>Gabrielle has been provided with sample materials from ACS and also suggested that the clinic create their own materials. Charlotte would like to have Genesis-branded materials utilized.</p> <p>Gabrielle suggested creating a task force or committee to look over the material options and work with Charlotte to see what the clinic would like.</p> <p>Materials could be recreated pretty quickly so the goal is to have materials</p>

	<p>messages on the PatientPoint TV system, in clinic waiting rooms/ pods. Video availability TBD.</p> <p>Program Coordinator to forward small media resources to Kristen Coats and Antoinette Riley, for selection process by October 25th.</p>				<p>created within one month and placed within the clinics.</p> <p>Allison is working on creating the video that can integrated on PatientPoint TV. Patient testimonials are in, UT Communications will begin working on production in coordination with the Genesis Marketing team.</p> <p>ACS has provided screensavers that will be provided to Genesis marketing for review.</p> <p><u>11/29/21:</u></p> <p>Still looking over the sample materials. Will follow-up with Antoinette when she's back in the office this week.</p> <p>Allison Rosen has some materials that she can send.</p> <p><u>1/11/22:</u></p> <p>Did receive some materials and the marketing team has used these samples to create an information sheet that will be put in the waiting rooms.</p> <p>Charlotte mention that they have Blog-spot on their website that links to CRC information and resources. Will also put this information on their social media pages.</p> <p>Gabrielle requested copies of these materials so that we can upload and share with the CDC. (completed)</p> <p><u>2/9/22</u></p>
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				<p>Have started using the materials throughout the clinics.</p> <p>Charlotte is still tracking the clicks/hits on the website, however she wasn't on the call to provide any updates.</p> <p><u>3/30/2022:</u></p> <p>A table has been set up in the lobby with CRC screening information and have seen a lot of interest from their patients in reading and picking up the information. They also have sample screening kits with information on how to complete available for patients to look at.</p> <p>They are still utilizing the brochures and posters that were provided to them throughout the clinics.</p>
<p>4. One on One Education</p>	<p>Provide one-on-one education to <u>X</u> patients during patient visit/interaction on CRC screening.</p> <p>Create quick reference triage sheets with CRCS and other preventative screenings listed, for quick reference during patient encounters.</p>	<p>Providers</p> <p>Nurses</p> <p>MAs</p>		<p><u>10/28/21:</u></p> <p>Quick reference triage sheet has been created. EHR has capabilities to generate a sheet that has criteria that QI would like to have included. Alexa will work with Optimization team.</p> <p>Once that process is developed, clinic can work on a plan for who will be delivering the one-on-one education to the patients and when it will be delivered. <u>Things to consider:</u> How will this be tracked? How many patients are we trying to reach with this initiative?</p> <p><u>11/29/21:</u></p> <p>On hold until EHR upgrades/updates are complete</p>

					<p><u>1/11/22:</u></p> <p>They do provide information on CRC and can be tracked. No other updates at this meet.</p> <p>Damita and Gabrielle will follow-up with Alexa for additional updates/status reports</p> <p><u>2/9/22</u></p> <p>There is an education tab within the EHR and data can be pulled to provide reports on how many patients have received this interaction.</p> <p>Alexa provided recommendations to enhance the EHR, however, the clinic was already working on them or were aware.</p> <p>The clinic does monthly quality meetings and utilize a scorecard that they use to track percentages. They also use PDSAs for CRC screening.</p> <p>They receive a clean up report that alerts them of results that haven't been received or other loops that haven't been closed with patients around screening.</p> <p><u>3/30/2022:</u></p> <p>Still utilizing scorecard and clean up reports. No new updates to add.</p>
5. Other					<p><u>1/11/22:</u></p> <p>Partnering with United Healthcare. They have provided funding to Genesis PrimeCare to provide additional resources to their patients. The clinic will</p>

					<p>be using the funding to purchase FIT tests.</p> <p>Blood pressure cuffs are being provided to hypertensive patients and those patients who are due for CRC screening get a packet that includes a FIT to take home.</p> <p>Colorguard Rep will provide the clinic with a spreadsheet of patients who have received a test but have not returned it so that they can be followed up with.</p> <p>Charlotte is going to start tracking clicks on the website to learn how many of the site visitors are clicking on the links. Just in the last month, they had 90,000 clicks on their HPV “Learn more” blog. She will use this to see how many patients are viewing information related to CRC screening.</p> <p>Lakeye Hurd from the ACS will be joining the meetings starting in February.</p> <p>Everyone is now using the same reporting system. They anticipate that numbers down a little bit with new system, but will likely self-correct once they’re able to close the loop as needed.</p> <p><u>3/30/2022:</u></p> <p>Gabrielle shared photos from the CRC Awareness pop-ups that took place this month. College Drive location was the big winner.</p> <p>EMR is being built out to make it easier for providers to order tests.</p>
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				<p>Providers meetings are also held, by clinic,</p> <p>Nurses have a room where they talk with patients about the FIT and discuss the test if the patient is due for screening.</p> <p>Morning Huddles are held to provide information to clinical staff on which patients to discuss CRC screening with</p> <p>Derek Craig, from UT Health, joined us for the meeting to review the Readiness Reports results that were compiled from the surveys that were done last year. Even with staffing issues, the clinic feels that they are still motivated to implement changes and maintain momentum that has been achieved through their work on this project.</p> <p>Monthly staff meetings are held, as well as workshops, to keep the staff motivated. They work hard to provide consistent messaging on the importance of screening and reminding them of why their work is important.</p> <p>New staff are provided with onboarding orientation and training to learn about the clinics' mission and values. They have had challenges with quality reporting.</p> <p>Program champions are doing a great job at pushing the initiatives to the staff. They are great at coming up with ideas on implementation and how to make things easier. Champions were chosen because they had an interest in CRC screening. For other initiatives, they try to assign or take volunteers who have interests that align with that area.</p>
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					<p>Inter-organizational relationships are fostered by strong leadership across the organization. Everyone is always involved with meetings where information is shared and they discuss what's working and what's not working. They have support from their administration, which is helpful in allowing the clinical staff to implement their changes.</p> <p>Barriers to implementation readiness:</p> <p>Staff resistance to change, being comfortable and not wanting to be uncomfortable.</p> <p>In the Arkansas clinics, they have begun teaching their PSR about screening to make them aware of patients who may be due/overdue and alerts them to discuss screening, as appropriate.</p> <p>They actively try to get feedback from providers on what works best in their clinics and adapt to make things work.</p> <p>They review workflows to ensure they're standardized and effective.</p> <p>Staff capacity was a low scoring subcomponent. They are working to increase staff, attending fairs, etc. to recruit staff.</p> <p>Relationships with external partners: The clinic is very happy with the support that we have provided to them. They do have a lot resources and relationships with outside organizations that assist with CRC screening, but can't think of any needs they have related to patient</p>
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					<p>reminders. Perhaps networking with other clinics to see what works for them may be helpful. Patients with high screening rates, similar patient demographics, etc would be helpful to reach out to.</p> <p>They have made changes to how they provide training to their staff, trying to not have separation and more inclusive and uniform. They realized that not all clinics were getting the same information.</p> <p>They get input from providers and staff when it comes to planning training to ensure that it works for them.</p>
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