



MPICCS

MISSOURI PARTNERSHIPS TO INCREASE
COLORECTAL CANCER SCREENING



School of Medicine
University of Missouri



SCREENOUTCANCER
Colorectal Cancer Control Program

ONBOARDING GUIDE

Updated October
2022

|| TABLE OF CONTENTS

- Establish a Formal Partnership 3
- Identification of Key Personnel and Champions 4
- Program Orientation 4
- Readiness Assessment 5
- Readiness Assessment Findings 5
- Finalize Clinic EBI Plan..... 6
- Baseline Screening Data 6
- Technical Assistance..... 7
- Finalize Plan for Fiscal Support of Follow-up Colonoscopies 7
- Annual Data Collection 7
- Ongoing EBI assessment..... 8
- Provide Evaluation of Program..... 8
- Consider implementation of the next EBI..... 9

- OUR PARTNERSHIP TOGETHER..... 9**

- BASELINE RATES 11**

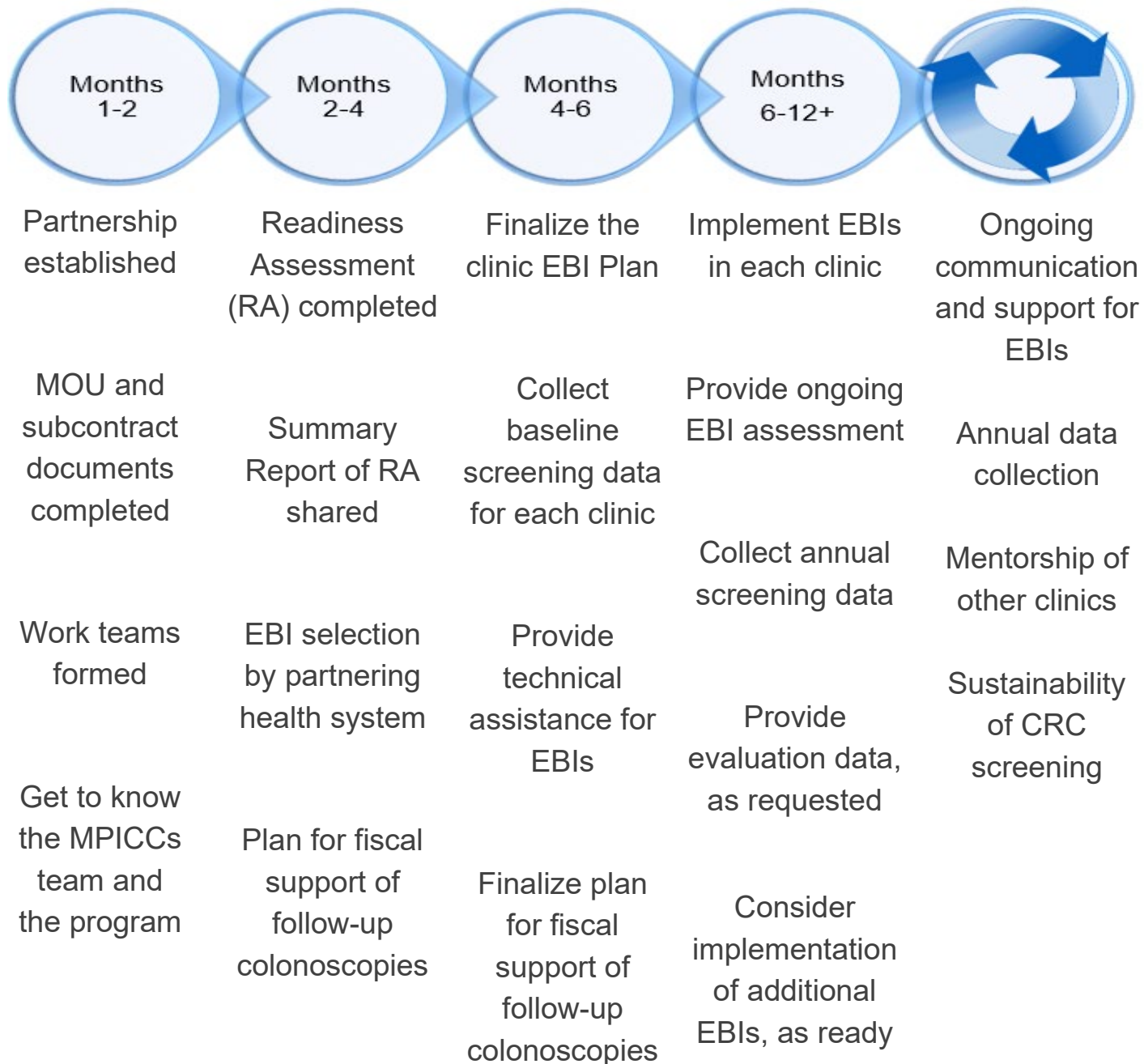
- EVIDENCE-BASED INTERVENTIONS 11**

- DESCRIPTIONS OF CDC APPROVED EBIs 12

- GET TO KNOW OUR MPICCS TEAM..... 14**

Welcome to the Missouri Partnerships to Increase Colorectal Cancer Screenings (MPICCS) program! We are looking forward to a great partnership. This guide will serve as an overview of the program and help to connect you with key personnel that will facilitate the work of the partnership. Click [here](#) to meet the team. Major steps for getting started with the initial program activities are listed below along with a visual timeline.

MPICCS PARTNERSHIP TIMELINE



Establish a Formal Partnership



Establishing a formal Memorandum of Understanding (MOU) outlining the scope of work. We will provide a draft MOU that you can then edit to meet your needs.

- i** MPICCS contact persons
 - Jane McElroy – Co-program Director
Email: mcelroyja@umsystem.edu
Office: (573) 882-4993

 - Kevin Everett – Co-program Director
Email: everettk@umsystem.edu
Office: (573) 882-3508

 - Beth Eiken – MU Grants Administrator
Email: eikenb@umsystem.edu
Office: (573) 882-2190

After the MOU is signed, additional documents are sent to you to complete an official subcontract. Please review, sign, and return to the appropriate personnel at MU Office of Sponsored Programs (OSPA) with a cc: to MU Grants Administrator (once identified) and Jane McElroy.

FYI: Program/Project Support Coordinator Beth Eiken will be the best person to help you navigate these forms.

- i** MU key contact person:
 - Beth Eiken – Program/Project Support Coordinator
Email: eikenb@umsystem.edu
Office: (573) 882-2190

Identification of Key Personnel and Champions

Our MPICCS team will work with key members of your organization to complete required program activities and facilitate implementation of evidence-based interventions (EBIs) to increase colorectal cancer screening rates. To accomplish this work, we ask that your organization identify the following personnel who can meet with the MPICCS team.

- i** ○ **System physician/primary care champion**
Person(s) Assigned:

- **System quality improvement expert/lead**
Person(s) Assigned:

- **Electronic medical records specialist/expert**
Person(s) Assigned:

- **Clinic champion – a clinical person from each clinic**
Person(s) Assigned and Location:

Program Orientation

An initial orientation meeting will be scheduled with your team of system experts and clinic champions.

- i** MU contact persons:
Email: mpiccs@umsystem.edu

Nuha Wareg – Practice Facilitator
Office: (573) 882-8972

Brandon Spratt – Practice Facilitator
Office: (573) 882-9977

Alicia Vaca – Practice Facilitator
Office: (573) 884-2411

Readiness Assessment

The MPICCS Team will work with your team through a series of meetings to complete a Readiness Assessment.

Months
2-4

Readiness Assessment Findings

Practice Facilitators and the MPICCS Team will use Readiness Assessment information to develop a report summarizing findings for each clinic. The report will be shared with your team and be used to select the EBI(s) for each clinic (or a systemwide EBI).

Plan for Fiscal Support of Follow-up Colonoscopies

Partner health system and the MPICCS team will work together to develop a plan for payment of a screening colonoscopy for eligible patients (e.g., uninsured) who have abnormal screening result from home-based kits, FIT or FOBT. The purpose of this plan is so that no patient is left unsupported for follow-up care. This will be work-in-progress to institute a sustainable practice.

- i** MPICCS Key Contact:
Jane McElroy – Co-program Director
Email: mcelroyja@umsystem.edu
Office: (573) 882-4993

Finalize Clinic EBI Plan



The MPICCS Team will draft the Clinic EBI Plan in consultation with partner clinics. This will then be submitted to CDC for approval. FYI: This is known as the Clinic Implementation Planning Summary (CIPS), in case you hear that term

- i** MU contact persons:
Email: mpiccs@umssystem.edu

Nuha Wareg – Practice Facilitator
Office: (573) 882-8972

Brandon Spratt – Practice Facilitator
Office: (573) 882-9977

Alicia Vaca – Practice Facilitator
Office: (573) 884-2411

Baseline Screening Data

Baseline screening data will be collected using the past 12-month's colorectal screening rate for each clinic. Click [here](#) for an example. We will provide REDCap links for entering these data. REDCap is an online HPI protected data collection tool.

- i** MU contact persons:
Email: mpiccs@umssystem.edu

Nuha Wareg – Practice Facilitator
Office: (573) 882-8972

Brandon Spratt – Practice Facilitator
Office: (573) 882-9977

Alicia Vaca – Practice Facilitator
Office: (573) 884-2411

Technical Assistance

MPICCS provision of technical assistance for implementation of EBIs in each clinic. Click [here](#) for an example.

i MPICCS team key contacts:
Email: mpiccs@umsystem.edu

Nuha Wareg – Practice Facilitator
Office: (573) 882-8972

Brandon Spratt – Practice Facilitator
Office: (573) 882-9977

Alicia Vaca – Practice Facilitator
Office: (573) 884-2411

Robert Pierce – EHR and Clinical Decision Support Technical Assistance
Email: piercerp@umsystem.edu
Office: (573) 642-1990

Finalize Plan for Fiscal Support of Follow-up Colonoscopies

Partner health system and the MPICCS team will work together to finalize the plan for payment of a screening colonoscopy for eligible patients before EBIs are begun.

i MPICCS Key Contact:
Jane McElroy – Co-program Director
Email: mcelroyja@umsystem.edu
Office: (573) 882-4993

Annual Data Collection

Annual data is collected to review the progress of the program within each clinic.

Months
6-12+

i MPICCS team key contacts:
Email: mpiccs@umsystem.edu

Nuha Wareg – Practice Facilitator
Office: (573) 882-8972

Brandon Spratt – Practice Facilitator
Office: (573) 882-9977

Alicia Vaca – Practice Facilitator
Office: (573) 884-2411

Amy Lake – Program Evaluator, Assessment Resource Center
Email: lakea@umsystem.edu
Office: (573) 882-1585

Ongoing EBI assessment

Practice Facilitators and the MPICCS team will work with the clinics to design the most efficient protocol for evaluating selected EBIs.

i MPICCS team key contacts:
Email: mpiccs@umsystem.edu

Nuha Wareg – Practice Facilitator
Office: (573) 882-8972

Brandon Spratt – Practice Facilitator
Office: (573) 882-9977

Alicia Vaca – Practice Facilitator
Office: (573) 884-2411

Provide Evaluation of Program

Process evaluation of the program as well as assessment of the EBIs, identification of strengths and challenges during the implementation period will be assessed.

i Team key contacts:
Amy Lake – Program Evaluator, Assessment Resource Center
Email: lakea@umsystem.edu
Office: (573) 882-1585

Consider implementation of the next EBI

As the initial EBI becomes routine, consider another EBI to help improve CRC screening rates.

OUR PARTNERSHIP TOGETHER

Our health system agrees to:

- Bring together the individuals needed to successfully execute the program
- Work with MPICCS to evaluate and establish EBI priorities
- Actively participate in the program
- Meet target timelines and communicate frequently with the MPICCS team

State rate for CRC screening of average risk people age 50-75 years old: 62%

National Colorectal Cancer Roundtable and Healthy People 2020 Goal: 80%

Health System CRC Screening Rate Goal for the first 12 months (What percent increase is achievable?)

Current Clinic CRC Screening Rates by location

- | | |
|-------------|------|
| 1. Location | Rate |
| 2. Location | Rate |
| 3. Location | Rate |
| 4. Location | Rate |

Our MPICCS team agrees to:

- Bring together the resources needed to successfully execute the program

- Work with health systems and individual clinics to evaluate and establish EBI priorities
- Meet target timelines and communicate frequently with the health system and clinic teams
- Convene interested organizations, coalitions, and institutions to work on charity care plans

BASELINE RATES

The baseline rates will be used to calculate changes in CRC screening rates, stool-based test return rates, and colonoscopy completion rates for each clinic location.

We will review the past 12-months colorectal screening rates for each clinic. Both the numerator and denominator are dependent on the measure used (e.g., UDS, HEDIS, NQF, GRPA). Whatever measure the clinic uses is acceptable, but the same measure needs to be consistent over time.

Example: For the UDS measure, the numerator is the number of patients in the denominator (Patients 50-74 years of age with a medical visit during the 12-month reporting period) with one or more screenings for colorectal. The denominator reports the eligible patients, ages 50-74, average risk for CRC with at least one medical visit during the 12-month reporting period.

Baseline Rate	Numerator	Denominator	Percent
CRC Screening Rate			
Stool-Based Test Return Rate			
Screening Colonoscopy Completion Rate			
Diagnostic Colonoscopy Completion Rate			

EVIDENCE-BASED INTERVENTIONS

Based on the readiness assessment, the MPICCS team will work with each clinic to identify potential growth areas within the following EBIs:

CDC Approved Evidence-Based Intervention Areas	
Provider Reminders	Patient Reminders
Provider Assessment & Feedback	Reducing Structural Barriers
Small Media	Patient Navigation

DESCRIPTIONS OF CDC APPROVED EBIs

Provider Reminders inform health care providers it is time for a patient’s cancer screening test (called a “reminder”) or that the patient is overdue for screening (called a “recall”). The reminders can be provided in different ways, such as on banners in patient EHR or on the daily appointment list of patients.

Patient Reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising patients that they are due for colorectal screening. For those with health portal access, automatic email reminders about CRC screening in another form of this EBI. Patient reminders may be enhanced by one or more of the following:

- Follow-up printed or telephone reminders
- Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening
- Assistance in scheduling appointments

These interventions can be untailed to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that patient and derived from an individual assessment.

Provider Assessment and Feedback interventions both evaluate provider performance in delivering or offering screening to patients (assessment) and present providers with information about their performance through tracking CRC screening rates(feedback). Feedback may describe the performance of a group of providers (e.g., mean performance for a clinic) or an individual provider, and may be compared with the individual, systemwide or national goal.

Reducing Structural Barriers structural barriers are non-economic burdens or obstacles that make it difficult for patients to access cancer screening. For the initial phase of this program, these structural barriers may be about clinic workflow to 1) make sure status of CRC screening tests are updated into the EHR and 2) follow-ups on abnormal tests are completed.

In addition to clinic workflow, interventions designed to reduce barriers may facilitate access to cancer screening services by:

- Reducing time or distance between service delivery settings and target populations
- Modifying hours of service to meet patient’s needs
- Offering services in alternative or non-clinical settings (e.g., mobile mammography vans at worksites or in residential communities)

- Eliminating or simplifying administrative procedures and other obstacles (e.g., scheduling assistance, patient navigators, transportation, dependent care, translation services, limiting the number of clinic visits)

Such interventions often include one or more secondary supporting measures, such as:

- Printed or telephone reminders
- Education about cancer screening
- Information about screening availability (e.g., pamphlets, or brochures)
- Measures to reduce out-of-pocket costs to the patient (though interventions principally designed to reduce patient costs are a separate class of approaches)

Patient Navigation 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 patients to seek recommended screening.

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.

GET TO KNOW OUR MPICCS TEAM



Nuha Wareg, MBBS, MPH, is a Practice Facilitator. She was previously a practicing general physician in Libya for three years before moving to the US in 2010. In the US, Nuha earned a Master of Public Health degree from the University of Missouri and has been working in healthcare settings as a provider, an evaluator, and a researcher. Nuha is interested in research about women's health, cancer care, and community engagement. Nuha will work with key personnel at each clinic to gather information related to clinic organization, workflow processes, readiness for EBI implementation, and facilitate use of EBIs.



Brandon Spratt, DNP, FNP-BC, is a Practice Facilitator. He was previously a staff nurse at Boone Hospital on a cardiology unit. He received his Doctor of Nursing Practice and Family Nurse Practitioner training at Emory University. His doctoral work focused on characterizing clinic and community-based illness recognition and health-seeking behavior in efforts to reduce sepsis-related neonatal mortality in Ethiopia. He is passionate about collaborating with communities and their clinics to identify and implement strategies to increase healthcare access, particularly for middle- and low-income individuals. Brandon will work with key personnel at each clinic to gather information related to clinic organization, workflow processes, readiness for EBI implementation, and facilitate use of EBIs.



Alicia Vaca, BSN, MPH, is a Practice Facilitator. She has a clinical background in adult ICU, NICU & community outreach nursing. She received her Nursing Degree in 2008 & Master of Public Health Degree in 2020. Alicia's goals as a public health practitioner are to reduce health disparities and credit her professional and academic experience both here in the United States & abroad in Greece and Tanzania as she cultivated her public health prospective and enhanced her knowledge regarding refugee and immigrant populations. Alicia will work with key personnel at each clinic to gather information related to clinic organization, workflow processes, readiness for EBI implementation, and facilitate use of EBIs.



[Jane A. McElroy](#), PhD, is the MPICCS co-director. She is a Professor in Family & Community Medicine Department at MU, School of Medicine. As an epidemiology, she is keenly interested in improving the health of the population. Much of her research has revolved around cancer and rural settings.

Dr. McElroy has experience working in primary care settings and working closely with family physicians in addressing chronic and acute health issues. Drs. McElroy and Everett have offices in the same suite and will co-manage all aspects of the program.

[Contact Jane with questions about any program elements, invoices, dissemination of findings, and plans for next steps.](#)



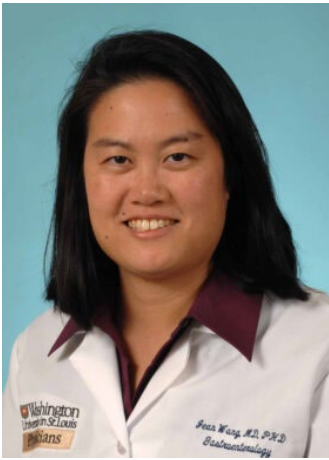
[Kevin D. Everett](#), PhD, is the MPICCS co-director. He is an Associate Professor in Family & Community Medicine Department at MU, School of Medicine. Trained as a clinical psychologist, Kevin has long-standing interests in behavior change and has developed interventions effective at reducing health risks, especially tobacco use, at the individual, family, systems, and community level. He has worked over 20 years in Family Medicine Departments and in primary care settings. He will work with project health system partner leadership to facilitate subcontract processes and assure competent approaches to assessment and

interventions related to improving colorectal cancer screening. [Contact Kevin with questions about requirements of the program, MOU, contracts, dissemination of findings, and plans for next steps.](#)



[Robert Pierce](#), MD, MSPH, FAAFP, DABPM-CI is an Associate Professor of Clinical Family & Community Medicine at MU, School of Medicine. He is a practicing physician at Fulton Family Health in Fulton, MO, and the Medical Director for Clinical Decision Support for MU Health Care. He has experience working with multiple electronic health records (EHRs) and expertise using clinical decision support (CDS) systems to prompt physician behaviors during clinical encounters with patients. [He is available to project partners for expert consultation to improve EHR](#)

[usability for colorectal cancer screening.](#)



Jean Wang, MD, PhD is a gastroenterologist at Barnes-Jewish Hospital and Siteman Cancer Center, and a professor of medicine and surgery at Washington University School of Medicine. She is a co-chair of the Missouri Colorectal Cancer Roundtable. Her research interests include risk factors and early detection. **She is available to do provider education presentations on best practices for patients who are at higher risk for CRC and/or who had polyps removed during colonoscopy.**



Amy Lake, MS-AAE, is the MPICCS external evaluator. She is a Senior Evaluation Coordinator for the MU Assessment Resource Center. She has more than 20 years' experience in rural health and economic development at the Universities of Wisconsin and Missouri and has experience with needs assessments, evaluation, and project management in rural FQHCs and local public health departments. **Amy will reach out to you periodically to complete her work on program evaluation.**



Beth Eiken, MHA, is the fiscal manager for MPICCS. She is also the Manager of the Rural Health Research Center (RHRC) at the University of Missouri in Columbia, MO, and the Project Coordinator for the Missouri Practice-Based Innovations Network (MO-PIN). She received her Master's in Health Administration through the Department of Health Management and Informatics at MU. **She is available to answer questions about subcontracts and invoicing.**



Karry Weston, a Nursing PhD Student Research Assistant, has worked in rural communities as a nurse and nurse educator for the past 19 years. She will assist the MPICCS team with data collection and assist the Co-Directors in other aspects of the study.



Zia Kelly is the Communications Specialist for MPICCS. Before joining Family and Community Medicine, she worked as a radio producer at an NPR station and did a stint in non-profit marketing and communications. She works under Jane and Kevin to create infographics and other communications assets for MPICCS partners and staff.



Kayla Spence is a Student Researcher for MPICCS. She is currently a junior at the University of Missouri majoring in Biological Sciences and Psychology with a minor in Computational Neuroscience. She hopes to attend medical school to become a neurologist. She works under Jane and Kevin to complete administrative and research tasks as needed for MPICCS partners and staff.