Colorectal Cancer Control Program & Breast and Cervical Cancer Program

FY23 Partnerships to Increase Cancer Screenings in Clinical Settings in Maryland

Webinar Kick-off

Prevention and Health Promotion Administration

Center for Cancer Prevention and Control

August 29, 2022

MISSION AND VISION

MISSION

The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

What we will cover today…

Welcome and Introductions	Clinic Implementation Plan/Summary
MCRCCP and BCCP-EBI Staff–roles and responsibilities	Teleconferences
General description of MCRCCP and BCCP-EBI and what you will be doing as a sub awardee	Site Visits
Evidence Based Interventions and Supporting Activities	Funding Invoice Process and Due Dates
Baseline and Annual Clinic Data	Calendar of Important Due Dates
Readiness Assessment	Resources, reporting forms, and program manuals

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Some Helpful Acronyms

- MDH=Maryland Department of Health
- MCRCCP=Maryland Colorectal Cancer Control Program
- BCCP-EBI=Breast and Cervical Cancer Program-Evidence Based Interventions
- SR=Screening Rate
- EBIs=Evidence Based Interventions

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MDH MCRCCP and BCCP-EBI Staff-Roles and Responsibilities

- Dr. Ken-Lin Tai-CCPC Director and MCRCCP/BCCP Principal Investigator
- Erica Smith-CCPC Deputy Director
- Paul Galonsky-Quality Improvement Specialist
- Mary Jane Joseph (Primary Care Coalition)-Technical Assistance Consultant
- Jody Libit-Fiscal Lead
- Srishti Singh/JoAnn Johnston- Nurse Consultants
- Dr. Maria Theresa Okafor-Program Evaluator

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All Awardees for MCRCCP Health System Clinics

- Baltimore Medical System
    - Highlandtown Healthy Living Center
    - The Saint Agnes Clinic

- Chase Brexton Health Services, Inc.
    - Glen Burnie Center
    - Randallstown Center
    - Mt. Vernon
    - Columbia

- Chesapeake Health Care
    - Sweetbay Drive Clinic
    - Berlin Clinic

- Holy Cross
    - Gaithersburg
    - Silver Spring

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All Awardees for BCCP-EBI Health System Clinics

- Health Care for the Homeless
  - Fallsway/Downtown
  - West Baltimore

- Chase Brexton Health Services, Inc.
  - Glen Burnie Center
  - Randallstown Center

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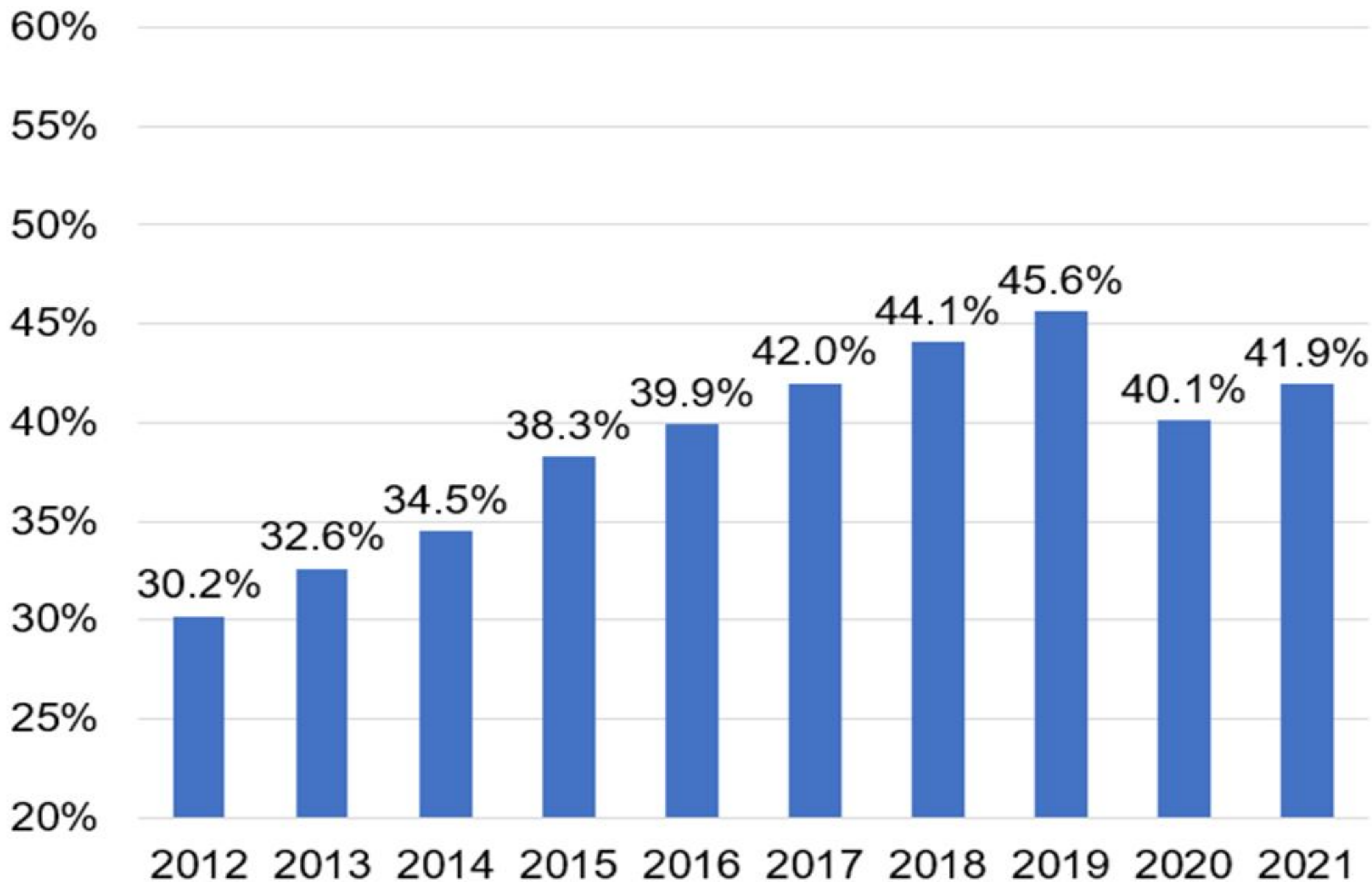

Colorectal Cancer Screening, HRSA, Uniform Data System
Percentage of HRSA-funded Health Center Patients
Ages 50-75 years Up-to-Date with CRC Screening
60%
55%
50%
45%
40%
35%
30%
25%
20%
30.2%
32.6%
34.5%
38.3%
39.9%
42.0%
44.1%
45.6%
40.1%
41.9%
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021

Program Description

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Program Description

The MCRCCP and BCCP-EBI provides funds for health systems to implement evidence-based interventions (EBIs) to increase either colorectal cancer (CRC) or breast and cervical cancer screenings.

- For MCRCCP - Uptake among populations age 50-75 years that have CRC screening rates lower than the national, regional, or local rate.
- For Breast - Uptake of women ages 50 to 74 years that have mammogram screening rates lower than the national, regional, or local rate.
- For Cervical - Uptake of women ages women 21 to 64 years of age that have cervical cancer screening rates lower than the national, regional, or local rate.

Note-Specific Definitions are available in the Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics Manual.

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Program Description (continued)

This grant places emphasis on…

- Implementation of EBIs
- Using data to identify target populations
- Conducting a thorough assessment of clinic readiness prior to selection and implementation of EBIs to identify and address gaps, barriers, and needed data system improvements
- Facilitation of linkages to follow-up screenings such as a colonoscopy, if needed
- Data quality and program evaluation

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Program Description (continued)

Clinic Champion

- Accepts responsibility for implementing the EBIs to increase screening
- Provides education and support to staff

Patient Navigator

- For MCRCCP-Provide and support completion of follow-up colonoscopies after a positive or abnormal screening test
- For Breast and Cervical-Provide and support completion of follow-up services (diagnostic mammograms, colposcopies and biopsies) after a positive or abnormal screening test
- See more information on later slides

Quality Improvement (QI)

- QI is the commitment and approach used to continuously improve every process in every part of an organization, with the intent of meeting and exceeding customer expectations and outcomes
- Collect and submit high-quality clinic-level data including baseline and annual screening rates
- Sustainability - Implementation of EBIs should lead to long-term sustainability of activities in your clinics

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MCRCCP and BCCP-EBI

Evidence-Based Interventions

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Evidence Based Interventions (EBIs)

Evidence-based interventions are strategies that are proven to work. For cancer screening, these interventions improve the quality of cancer screening and increase the number of people screened. Evidence Based Interventions help to improve health and prevent disease.

- Research studies have shown that implementing **multiple EBIs** may increase the screening rate more than implementing a single EBI strategy.
- Each program year, participating clinics are asked to implement at least two EBIs recommended in The Community Guide.

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MCRCCP EBIs

Each program year, implement **at least two** of four EBIs recommended in The Community Guide

MCRCCP-EBIs:

1. Patient Reminders
2. Provider Reminders
3. Provider Assessment and Feedback
4. Reducing Structural Barriers

Supporting Activities:

1. Small Media
2. Professional Development
3. Patient Navigation

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BCCP-EBIs

Each program year, implement at least two of eight EBIs recommended in The Community Guide

BCCP-EBIs:

1. Client Reminders
2. Patient Education (Group Education and/or One-on-One Education)
3. Small Media
4. Reducing Structural Barriers
5. Reducing Out of Pocket Costs
6. Provider Assessment and Feedback
7. Provider Reminders

Supporting Activities:

1. Engage Community Health Workers
2. Patient Navigation
3. Professional Development and Provider Education

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BCCP-EBIs

Approach	Intervention*	Breast	Cervical
Increasing Client Demand	**Client Reminders**	**Recommended**	**Recommended**
	Group Education	**Recommended**	**Insufficient Evidence**
	One on One Education	**Recommended**	**Recommended**
	Small Media	**Recommended**	**Recommended**
Increasing Client Access	**Reducing Structural Barriers**	**Recommended**	**Insufficient Evidence**
	Reducing Out of Pocket Costs	**Recommended**	**Insufficient Evidence**
Increasing Provider Delivery	**Provider Assessment and Feedback**	**Recommended**	**Recommended**
	Provider Reminders	**Recommended**	**Recommended**
Engage Community Health Workers		**Recommended**	**Recommended**

If an intervention is recommended for one cancer but has insufficient evidence for the other cancer, CDC will allow the intervention to be implemented for both cancers.

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EBI/Supporting Activity Definitions

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Patient/Client Reminders

Written (letter, postcard, email) or telephone messages (including recorded/automated messages like Televox) advising people that they are due for screening. Client reminders can be general to reach the overall target population or tailored with the intent to reach one specific person based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.

Examples:

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

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Provider Reminders

Reminders inform health care providers it is time for a client's cancer screening test (called a "reminder") or that a client is overdue for screening (called a "recall")

Example: Activating/Utilizing the provider reminder function in an EHR to remind providers that the patient is due or overdue for screening.

Reminders could include information about USPSTF recommendations for screening.

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Provider Assessment and Feedback

Interventions that evaluate provider performance in delivering or offering screening to patients (assessment) and presentation of information to providers about their performance in providing screening services (feedback)

Examples of provider assessment and feedback interventions include:

1. Within a clinic, assessing individual provider performance for appropriately recommending screening and notifying providers how they compare to one another.
2. Among clinics, assessing screening rate adherence to current guidelines and publishing the results in comparison to a target rate.
3. Fostering competition by periodically publishing the screening rates of "competing" providers or clinics.

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Reducing Structural Barriers

Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening (e.g., inconvenient clinic hours, lack of transportation)

Examples:

1. Direct referral to colonoscopy/mammogram.
2. Offering screening in conjunction with other preventive services visits (e.g., visits for influenza vaccines).
3. Assessing clinic workflow to streamline processes for patient identification, test provision or referral, tracking, and follow-up.

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Patient Education (Group)

Group education conveys information on indications for, benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended screening.

Example:

1. Presentations or other teaching aids in a lecture or interactive format.

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Patient Education (One-on-One)

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.

Examples:

1. Untailored messages to address the overall target population.
2. Tailored messages with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.

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Small Media and Professional Development

Small Media

Existing small media materials may be used, or adapted for use, to support implementation of patient navigation and client reminder interventions.

Examples include brochures, fact sheets, flyers, pamphlets, etc.

Professional Development/Provider Education

Activities may include distribution of tailored provider education materials, including screening guidelines and recommendations, and/or continuing medical education opportunities (CMEs).

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Community Outreach (Engage CHWs) and Reducing Costs

Community Outreach, Education, and Support (Engage Community health Workers)
Community health workers are trained to connect the community with the healthcare system.

Interventions that increase community demand and improve community access are effective when community health workers are engaged alone or as a part of a team.

Reducing Out of Pocket Costs
Indicates whether grantee resources (e.g. funds, staff time, materials, contract) are used to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for breast and cervical cancer screening.

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Patient Navigation

First implemented in 1990, patient navigation interventions are emerging as an approach to reduce cancer disparities. However, there is lack of consensus about how patient navigation is defined, what patient navigators do, and what their qualifications should be.

- Patient navigation is defined as, "individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for persons diagnosed with cancer.

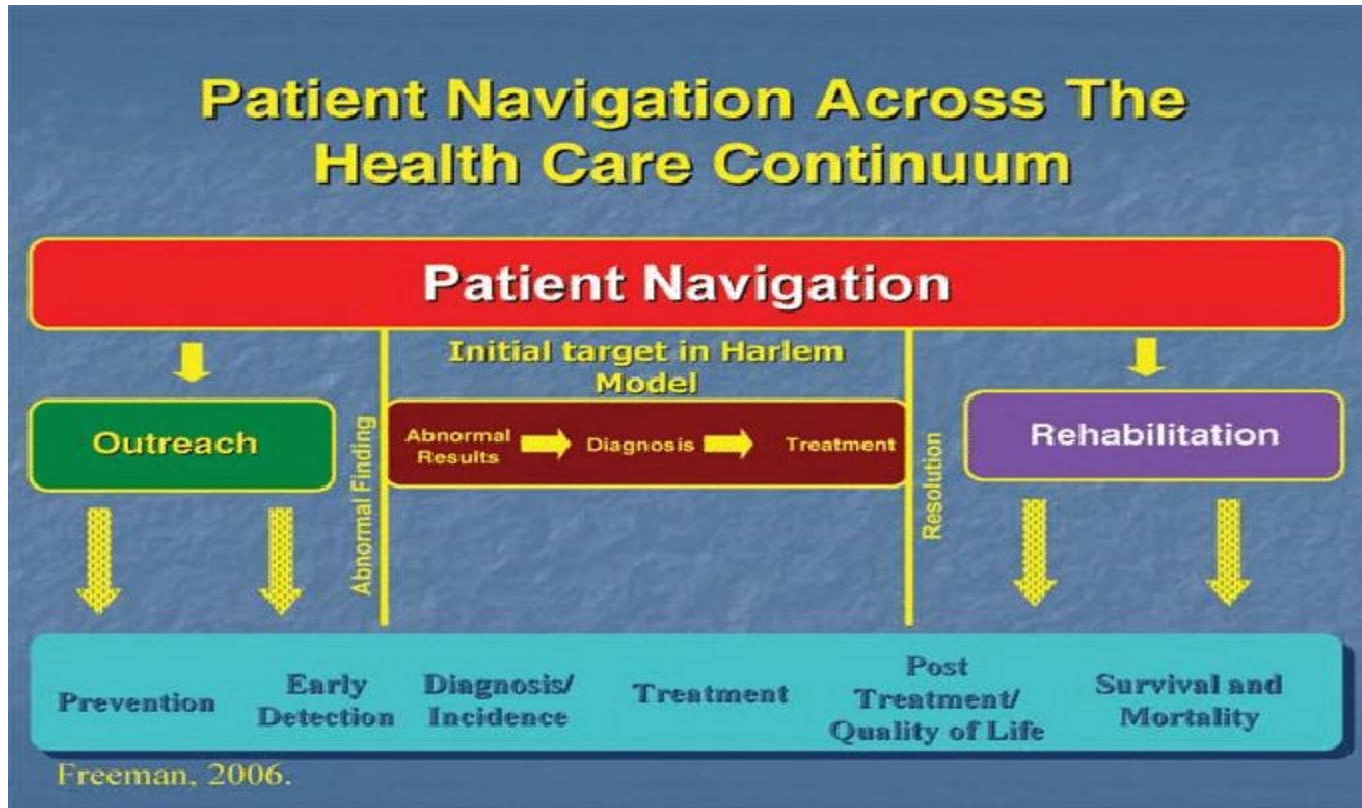
- Patient Navigators may be used to help patients overcome barriers and support adherence to screening completion, timely follow-up if diagnostic testing is required, initiation of cancer treatment if relevant, and to support implementation of required clinic-based EBIs

Patient Navigation:
Required Patient Navigation Activities

Although patient navigation services vary based on an individual's needs, at a minimum, patient navigation must include the following activities:

1. Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment
2. Patient education and support
3. Resolution of patient barriers (e.g., transportation, translation services)
4. Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment
5. A minimum of two, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship.
6. Collection of data to evaluate the primary outcomes of patient navigation -- cancer screening and/or diagnostic testing, final diagnosis, an treatment initiation if needed.
7. Linking patient to other needed health, community, and social services.

Patient Navigation



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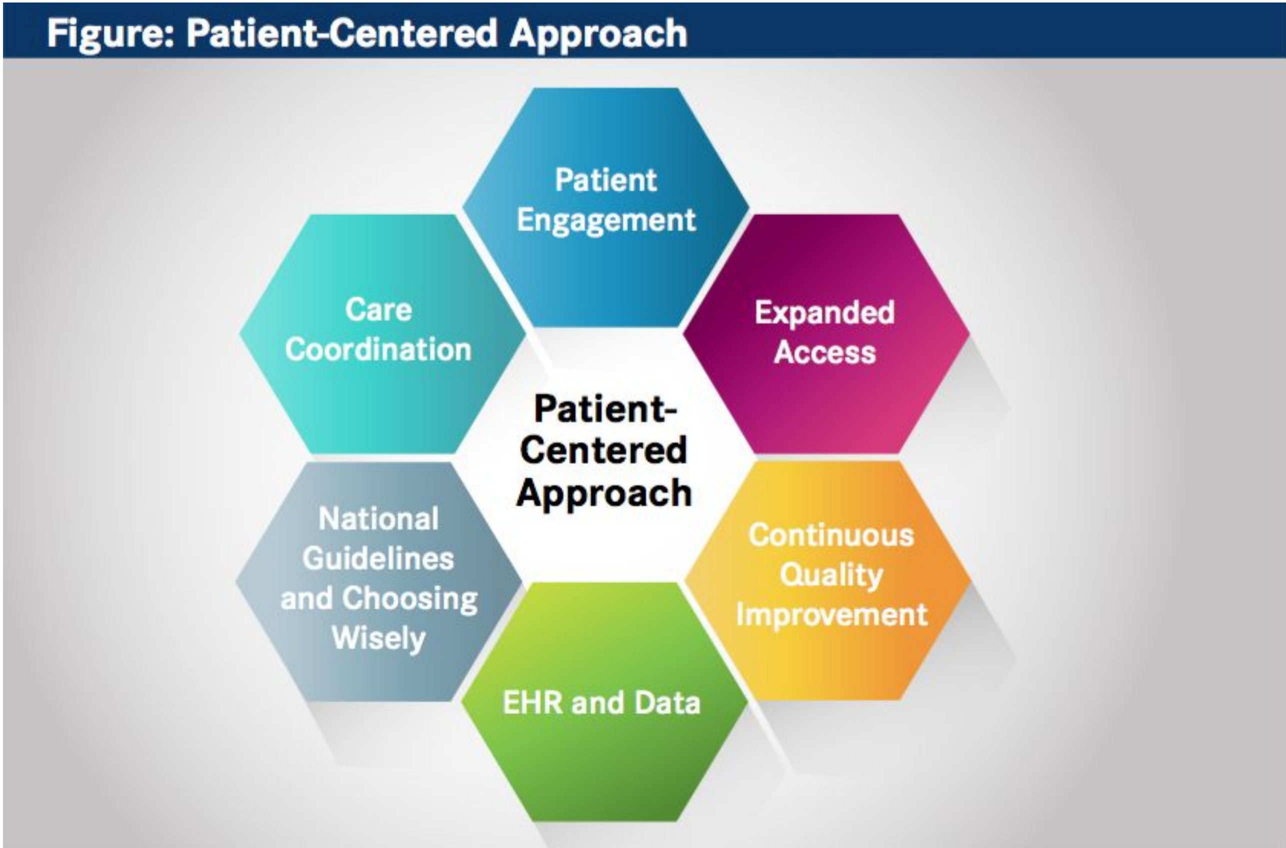
Patient Navigation



Oncology Business News®, January 2017

Multicomponent Interventions

Multicomponent interventions to promote breast, cervical, or colorectal cancer screening combine two or more intervention approaches that have been reviewed by the CPSTF. Combinations are selected from eleven possible individual approaches that are separated into three strategies: increasing community demand, increasing community access, and increasing provider delivery of screening services

Cancer Screening Intervention by Strategy

Increase Community Demand	Increase Community Access	Increase Provider Delivery
○ Group Education ○ One-on-One Education ○ Client Reminders ○ Client Incentives ○ Mass Media ○ Small Media	○ Interventions to Reduce Client Out-of-Pocket Costs ○ Interventions to Reduce Structural Barriers • Reducing Administrative Barriers • Providing Appointment Scheduling Assistance • Using Alternative Screening Sites • Using Alternative Screening Hours • Providing Transportation • Providing Translation • Providing Child Care	○ Provider Reminders ○ Provider Incentives ○ Provider Assessment and Feedback

The Guide to Community Preventive Services (The Community Guide)

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For more information on EBIs, visit the Community Guide web links to EBIs:

https://www.thecommunityguide.org/topic/cancer

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Clinical Data:
Baseline and Annual Clinic Data

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Baseline Clinic Data

- Sub awardees must report baseline clinic data for all clinics where screening activities will be implemented

- **NOTE-MDH strongly encourages baseline clinic data to be reported based on the most recent prior fiscal year (July 1, 2021 –June 30, 2022)**

- Baseline clinic data records **must be clinic-level**, not provider- or health system-level

- All data reported in the baseline clinic data record represent activities in place prior to implementing grant activities

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Baseline Clinic Data (continued)

- Baseline data include information about the clinic and its parent health system, patient characteristics, baseline screening rates, and EBIs existing prior to implementation of grant activities.
- See Baseline Clinic Data Collection Form
- See Clinic Data Users' Manual

BCCP-EBI-Baseline Clinic Collection Form
Due- September 1, 2022

MCRCCP Baseline Clinic Collection Form Due- September 15, 2022

Calculating Baseline Screening Rates

Clinic level baseline screening rates should be based on one of the following standardized clinical quality measures:

- Government Performance and Results Act (GPRA) used by Indian Health Service
- Health Care Effectiveness Data and Information Set (HEDIS)
- Uniform Data System (UDS)
- National Quality Forum (NQF)-Endorsed Measure

* See Calculating Screening Rates document for more information

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Annual Clinic Data

- Sub awardees must report annual clinic data for all clinics where activities are implemented

- Annual clinic data records must be clinic-level, not provider-or health system-level

- Annual clinic data records reflect program activities for the program year and include updated information about the clinic and its parent health system, annual screening rates, and EBIs implemented during the program year

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Annual Clinic Data (continued)

- Annual clinic data records are reported at the end of each program year.
- See Clinic Data Users' Manuals for CRC and BCCP

ALL EBI PROGRAMS-

Annual Clinic Collection Form Due- July 15, 2023

Clinic Data and Sustainability

You are expected to analyze and use your clinic data, as well as other program data, for continuous program improvement and to inform replication and sustainability.

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Readiness Assessment & Clinic Implementation Plan

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Readiness Assessment

Formal assessment of each clinic's capacity/readiness to implement EBIs and identify needed data system improvements and EBIs for implementation.

All readiness assessments have been completed for each clinic.

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Clinic Review Guide

Clinic Review Guide

- Intended to promote program success by ensuring that EBIs are selected based on data and readiness
- A thorough assessment of current clinic data and processes
- Selection of EBIs and process improvements that match identified issues
- Incorporation of sustainability as a part of implementation

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Clinic Review Guide (continued)

- A well-constructed clinic implementation plan demonstrates your readiness for implementation and the likelihood of achieving a successful outcome

- The plan may be useful as a reference to identify what worked and what was less productive once implementation begins

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Clinic Review Guide (continued)

Process Mapping

- Identifies current screening-related processes (e.g. identify patients due for screening, informing/reminding patients, ensuring screening completion, etc.)
- Can be used to identify where screening processes may be improved
- Example of a process map
- Each subawardee should complete at least one completed process map

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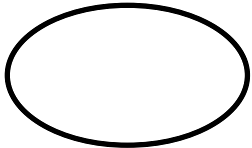
Clinic Review Guide (continued)

Good Process Mapping

- Illustrates the flow and the interaction between the work and the individuals involved
- Takes procedures and converts them into a picture by using common symbols understood by everyone
- Triggers ideas to improve the process

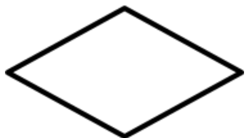
Clinic Review Guide (continued)

Use symbols to describe or ‘map’ the process



An oval denotes points where inputs enter or outputs exit

Rectangles denote a process (action) step



A diamond denotes a decision (Yes/No)

Arrows show the direction or flow of the process

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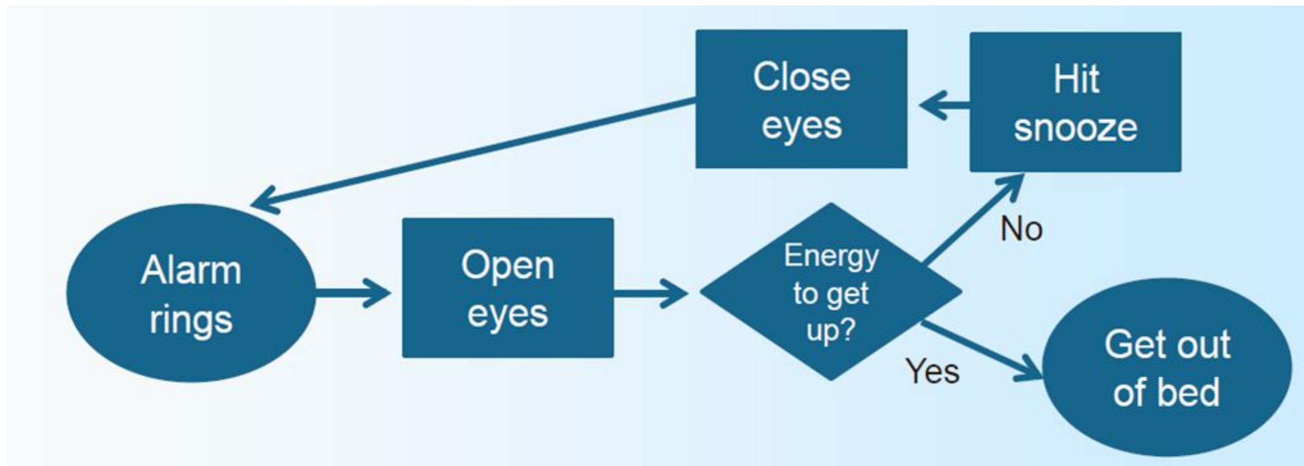
Clinic Review Guide (continued)

Process Mapping: Getting up in the morning



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Clinic Review Guide (continued)

A clinic review guide AKA implementation plan will be developed in conjunction with MDH staff and each clinic, which will summarize the findings of the Readiness Assessment and the rationale for selecting at least two EBIs to implement in that clinic

BCCP-EBI Clinic Implementation Plan Summaries
Due: September 1, 2022

MCRCCP Clinic Implementation Plan Summaries
Due: September 15, 2022

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Teleconferences

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Teleconferences

MDH staff will conduct two types of ongoing teleconferences with sub awardees

1. Individual Health System monthly check-in calls with clinic representation
2. Community of Practice (peer to peer learning) quarterly teleconference calls

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Teleconferences

Individual Health System monthly check-in calls-

- MDH staff will conduct a monthly one-hour call with each health system to monitor clinic progress and provide TA in areas identified by the health system and MDH staff

- Specific topics addressed will include upcoming deliverables and reporting due dates, EHRs, EBI implementation, performance measures, screening rates for each participating clinic, implementation and work plan progress, and expenditures

- Clinic Champions are required to attend at least one monthly check-in call per quarter as indicated in the scope of work

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Teleconferences

Community of Practice (Peer to Peer) quarterly teleconference calls

- MDH staff will also conduct a 1.5 hour Peer to Peer teleconference call each quarter, which will be held for all participating health systems and clinics
- MDH staff will give a presentation during each teleconference on various TA topics such as conducting the Plan-Do-Study-Act cycle, data reporting requirements, collaboration, EHR data extraction, and program sustainability

Teleconferences

Peer to Peer quarterly teleconference calls-

Sub awardees will have the opportunity during each teleconference to exchange information on their progress, including any clinic challenges and lessons learned

Peer to Peer teleconference dates

- September 27, 2022
- December 27, 2022
- March 28, 2023
- June 27, 2023

- All teleconferences begin at 9:00 am and go until 10:30 am

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Program Site Visits

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Site Visits

- MDH will conduct a site visit for each participating health systems using
- The site visit will provide an opportunity for staff from MDH and sub awardees to discuss current progress on EBI implementation, data quality and data reporting, current screening rates, quality improvement, process mapping, using EHRs, and sustainability planning

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Virtual Site Visits

- A Nurse Program Consultant within the Center for Cancer Prevention and Control will review selected client charts to validate baseline CRC screening rates provided, clinic tracking tools (e.g. client tracking, case management, and results follow-up), and current clinical policies and procedures for CRC screening

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Virtual Site Visits

- For each site, MDH staff will develop an agenda, document findings, and develop an action plan for the health system following the site visit

- The action plan will be reviewed and added as an agenda item to each monthly clinic check-in call

- Site visits dates TBD

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Concordance

Concordance=Agreement or Consistency

- Concordance reviews should be done to assure that reports are consistent with what is the the medical record.

- Method for establishing concordance:
  - Run report
  - Choose a sample of the patients on the report and review the medical record to assure that the data is accurate

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Funding Invoice Process and Due Dates

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Funding Invoice Process and Due Dates

Deliverables / Reports	Reporting Period	Due Date
Q1 FY 2023 Invoice	July 1, 2022 – September 30, 2022	October 31, 2022
Q2 FY 2023 Invoice	October 1, 2022 – December 31, 2022	January 31, 2023
FY23 Mid-Year Progress Report	July 1, 2022 – December 31, 2022	January 31, 2023
Q3 FY 2023 Invoice	January 1, 2023 – March 31, 2023	April 30, 2023
Q4 FY 2023 Invoice	April 1, 2023 – June 29, 2023	July 15, 2023
FY23 End of Year Progress Report	July 1, 2022 – June 29, 2023	July 31, 2023
Annual Clinic Data Collection Form for all clinics	July 1, 2022 –June 30, 2023	July 15, 2023
Monthly Expenditure Reports	July 1, 2022 - June 29, 2023	Monthly by the 9th of the following month
Other Important Dates		
All funds obligated and spent	June 29, 2023	

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Resources

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EBI Resources

See attachments

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Quality Improvement Resources

PDSA Cycle Part 1
https://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard5.aspx 4:44 Minutes

PDSA Cycle Part 2
https://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard6.aspx 3:48 minutes

An Illustrated Look At Quality Improvement In Health Care
https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx 8:09 Minutes

Process Mapping
https://www.youtube.com/watch?v=Y7g8vWv11Vk 4:43 Minutes

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Questions?

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Thank you!

For support, contact:

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- Mary Jane Joseph: maryjane_joseph@primarycarecoalition.org
- Jody Libet (for fiscal support): jody.libet@maryland.gov

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https://phpa.health.Maryland.gov