

CRCCP DP20-2002



Summary of Colorectal Cancer Control Program

1. Partner with health systems and individual primary care clinics to implement evidence-based interventions (EBIs) to increase colorectal cancer (CRC) screening rates.
2. Establish partnerships with health systems and primary care clinics to implement at least two of four EBIs:
 - Client/Patient reminders
 - Provider reminders
 - Reduction of Structural Barriers
 - Provider Assessment and Feedback
3. Conduct a formal assessment of each clinic's capacity/readiness to implement EBIs.
4. Utilize the clinic assessment to select appropriate EBIs to implement.
5. Provide resources to partner clinics to provide and support completion of follow-up colonoscopies after a positive or abnormal screening test. Recipients may use limited funds with CDC approval to pay for follow-up colonoscopies for asymptomatic uninsured or underinsured adults age 45-75 who are screened for colorectal cancer by their partner clinic.
6. Collect and submit high-quality clinic-level data including baseline and annual CRC screening rates.

- Kansas Healthcare Collaborative (KHC)
- Kansas University Medical Center Research Institute (KUMCRI)
- Kansas University Medical Center Research Institute-Masonic Cancer Alliance (KUMCRI-MCA)

KHC

- Augusta Family Practice-Augusta
- HealthCore Clinic-Wichita
- Health Partnership Clinic-Olathe
- Vu Medical Clinic-Wichita
- Coffey County Medical Clinic

KUMCRI

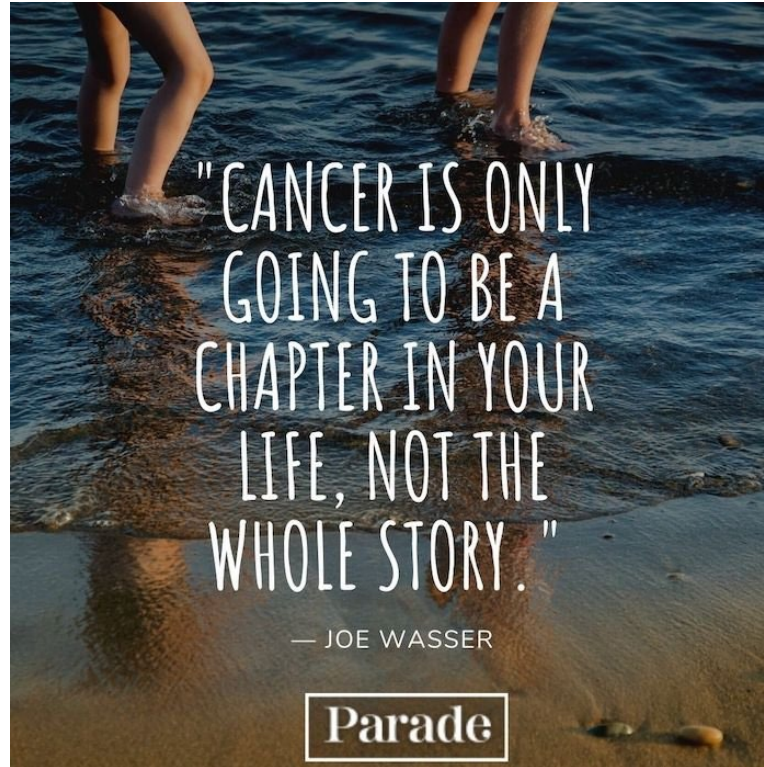
- Family Health Center-Lakin (Kearny County)
- First Care Clinic-Hays
- Stanton County Family Practice-Johnson City
- Vibrant Clinic-Kansas City

- **Client/Patient Reminders**-Written (letter, postcard, email) or telephone messages (including recorded/automated messages, text messages) advising people that they are due for screening.
- **Provider reminders**- Reminders inform health care providers it is time for a client's cancer screening test.
- **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).
- **Reduction of 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, lack of support for adherence to screening completion).



Partner (KHC and KUMCRI) will conduct a Clinic Readiness Assessment Tool on potential new clinic. Clinic Readiness Assessment Tool will be reviewed by KDHE CRCCP team to assure clinic meets criteria for program.

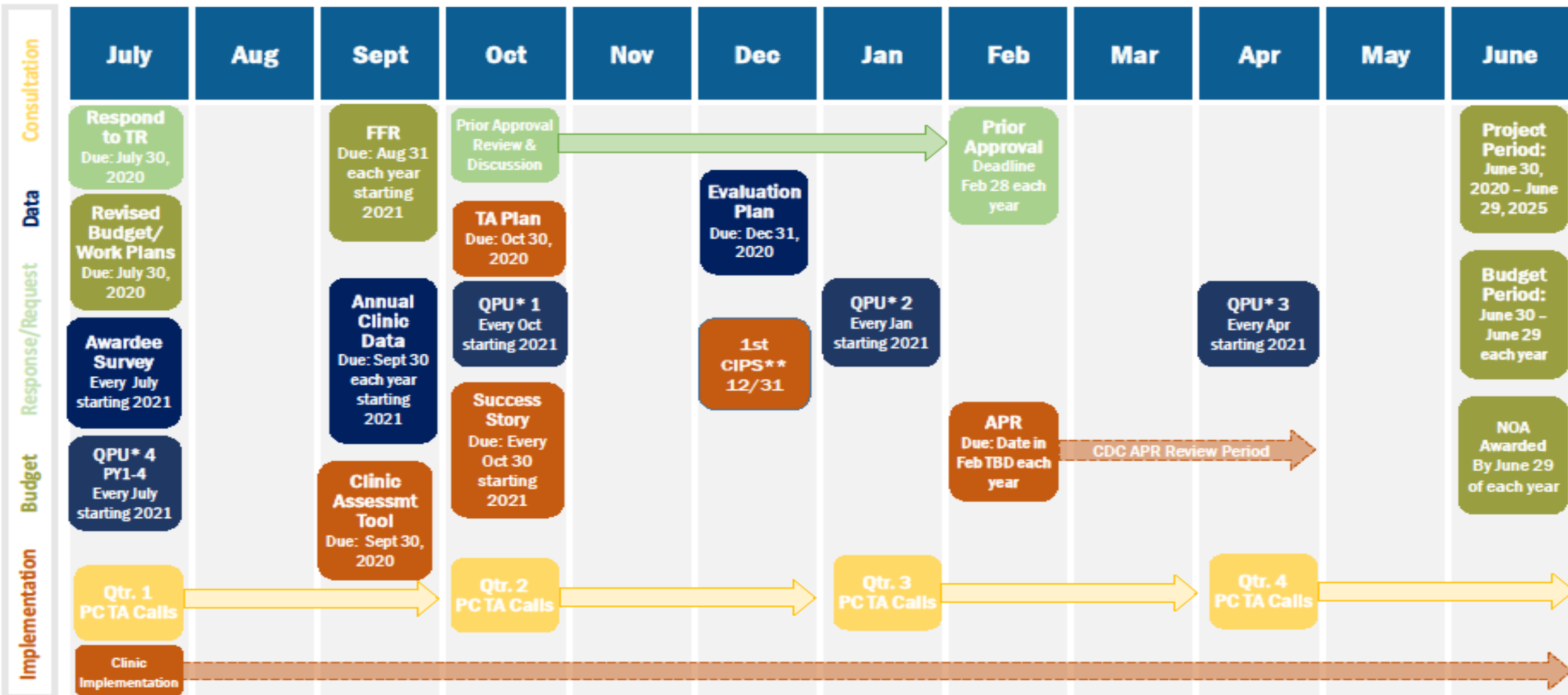
After KDHE CRCCP team approves new clinic, Clinic Implementation Planning Summary (CIPS) completed on potential new clinic and CIPS sent to CDC Project Officer for clinic approval into CRCCP program.



CRCCP DP20-2002 Timeline: Program Years 1-5

*QPU: Qtly Program Update Survey; **CIPS: Clinic Implementation Planning Summary

as of 07/20



Thank you/Questions

