Thank you for joining today

Please type in the chat box your name & organization along with something that made you smile this week!

We will get started shortly

Public Health and Health System Partnerships to Improve Colon Cancer Screening Grant Implementation Kick Off

Facilitators: Elizabeth Holtsclaw, Jennifer Knight and Teri Wood

November 10, 2020

12:30 – 2 p.m. EST

Kentucky Public Health
Prevent. Promote. Protect.

Overview & expectations for our time together today

Kentucky Department for Public Health

CDC Cooperative Agreement 20-02

Public Health and Health System Partnerships to Increase Colorectal Cancer Screening in Clinical Settings

Increase Colon Cancer Screening

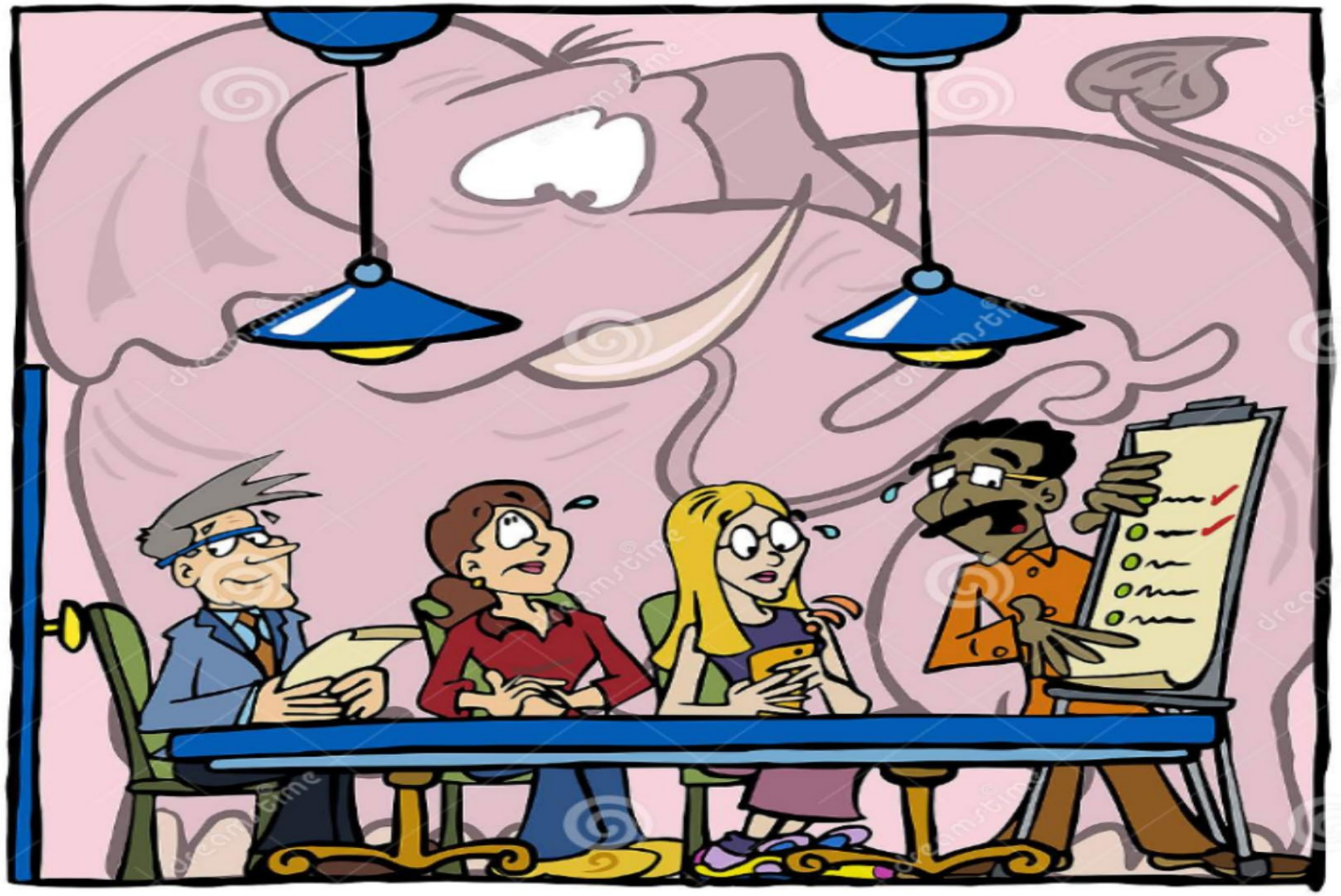
Targeting High Need Areas

Team of experts to support sustainable change

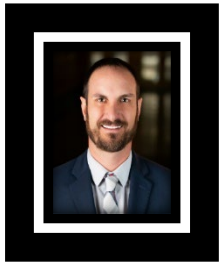
Implementation Partner Organizations

- Kentucky Regional Extension Center
- UL Kentucky Cancer Program
- UK Kentucky Cancer Program
- Kentucky Primary Care Association
- American Cancer Society
- Kentucky Cancer Consortium

Something Seems Odd



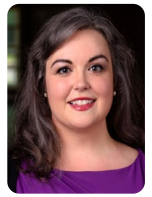
Kentucky Regional Extension Center



Brent McKune
CHPS, CPHIMS
Managing Director

Mary Luvisi
Health IT
Advisor

Michelle Hibbard
Health IT
Advisor



Jessica Elliott
Practice
Transformation
Advisor

- Expert consultant in Electronic Health Record workflows, assures alignment with Promoting Interoperability (MU) and MACRA.
- Conducts clinic data validation.
- Coordinates initial workflow assessment and implementation plan development
- Coordinates submission of monthly screening rate and patient navigation data.
- Coordinates monthly calls to review implementation plan progress.
- In coordination with other partners, supports Plan, Do, Study, Act cycles on workflow changes.

American Cancer Society North Central Region

ACS provides quality improvement support and facilitation including:

- Evidence based cancer screening guidelines
- Workflow assessment and recommendations for clinical and administrative support staff
- Supports PDSA cycles to improve CRC screening rates by providing feedback and recommendations
- Patient education and provider materials
- Facilitates peer to peer learning collaborative and bring stakeholders together

Kentucky Primary Care Association

- Supports participating practices utilizing the KPCA Centralized Value-Based Payment Management System, CHARLI, for performance measurement and reporting
- Participates in the workflow assessment, serves as expert consultant on Electronic Record Workflows, supports Plan, Do, Study, Act cycles on workflow changes.
- Advises leadership team and clinics on cancer screening projects/interventions in Medicaid Managed Care Organizations.

Kentucky Cancer Program

KCP- East (UK) – will work with PCCEK and Pikeville Medical Center

KCP-West (UL) – will work with UL- Cardinal Station, Norton, Pennyroyal

- Participate in health system practice assessment and EBI implementation planning meetings
- Develop and share evidence-based small media
- Plan CRC awareness activities
- Use local media outlets to distribute messages to target population

Kentucky Cancer Consortium (KCC)

- Program evaluation
- Co-facilitates Learning Collaborative sessions

Our 20-02 CRC Screening Grantee Practices

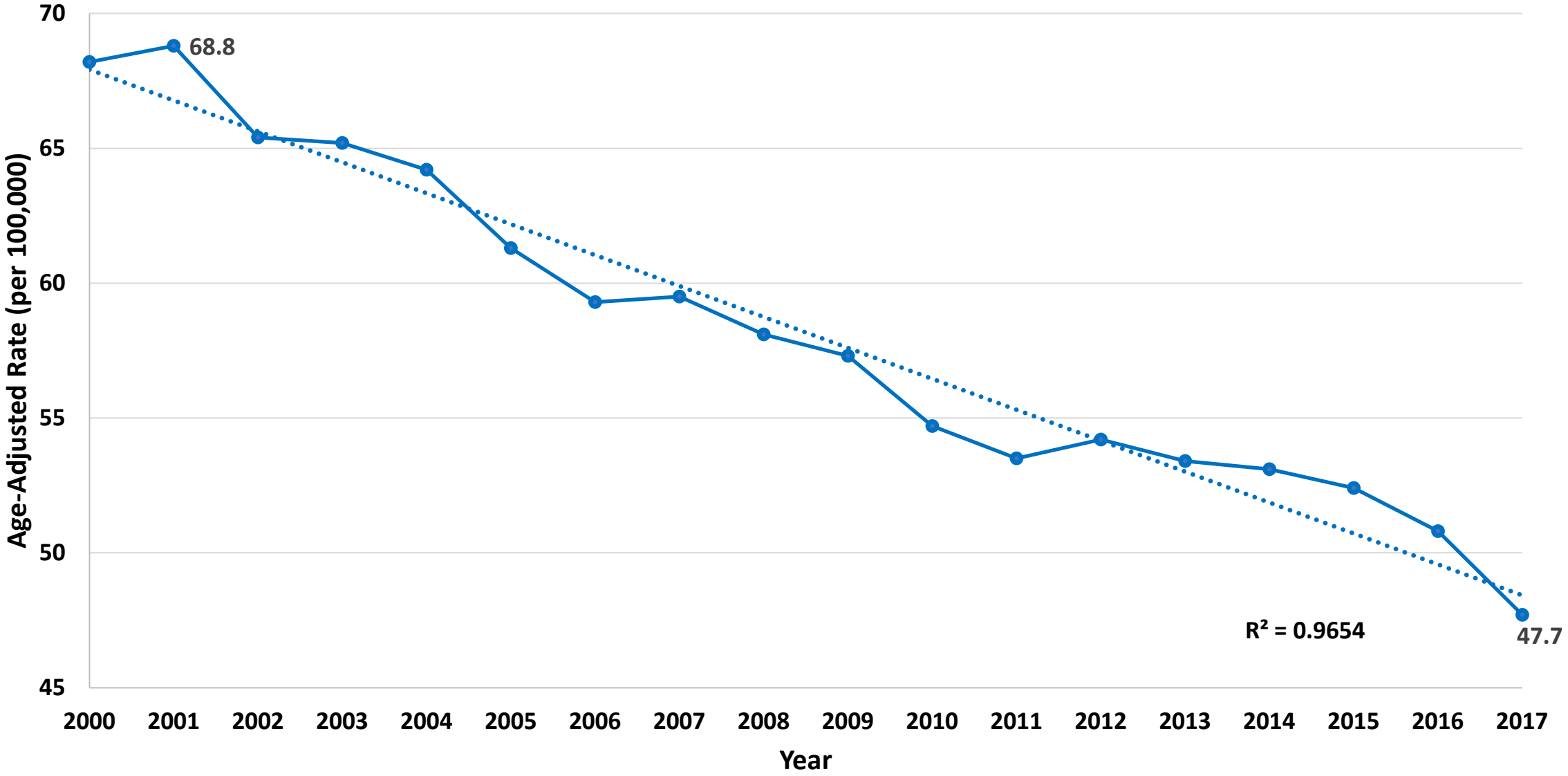
- Norton Medical Group
- Pennyroyal Healthcare
- Pikeville Medical Center
- Primary Care Centers of Eastern KY
- University of Louisville-Cardinal Station

Our 15-02 CRC Screening Grantee Success Stories

- Shawnee Clinic
- Pennyroyal Healthcare


Kentucky is # 1

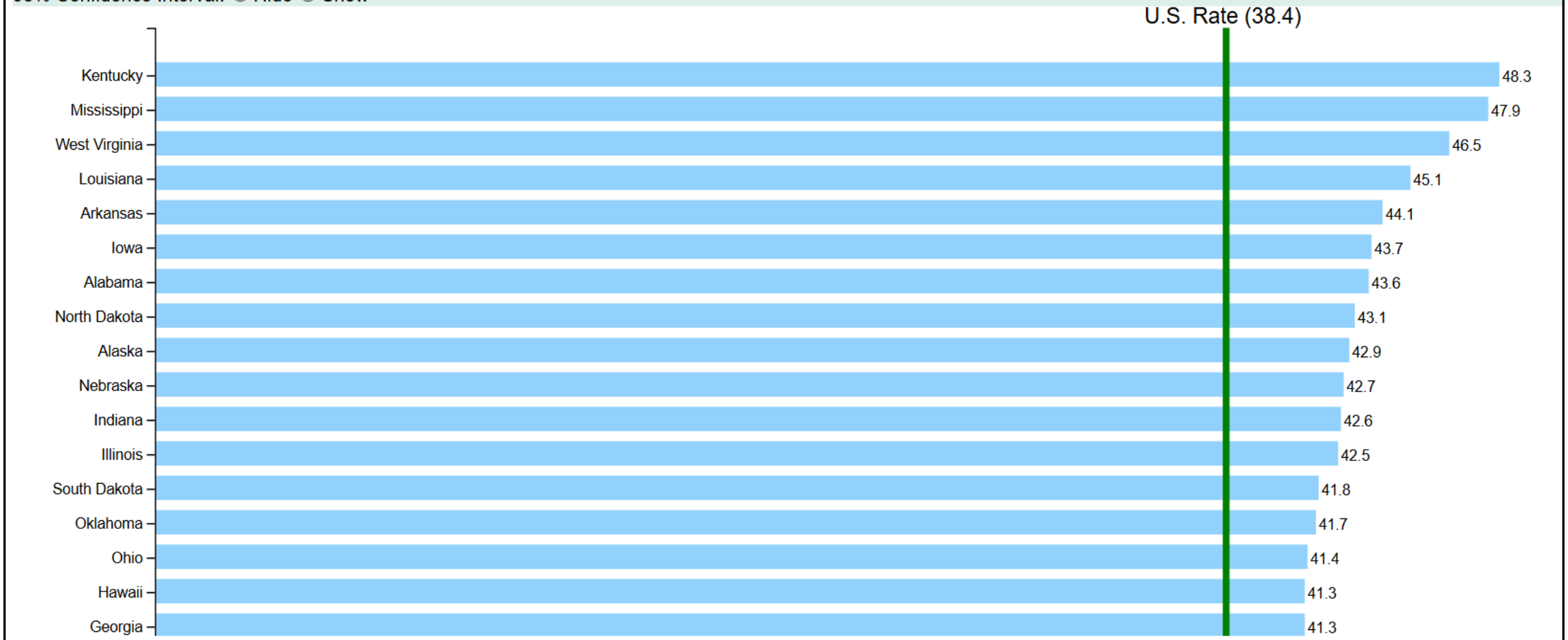
Colon and Rectum Incidence Rates: Kentucky, 2000-2017



Colon and Rectum, All Ages, All Races/Ethnicities, Male and Female
Rate per 100,000 people

Map | Table | Chart | Export

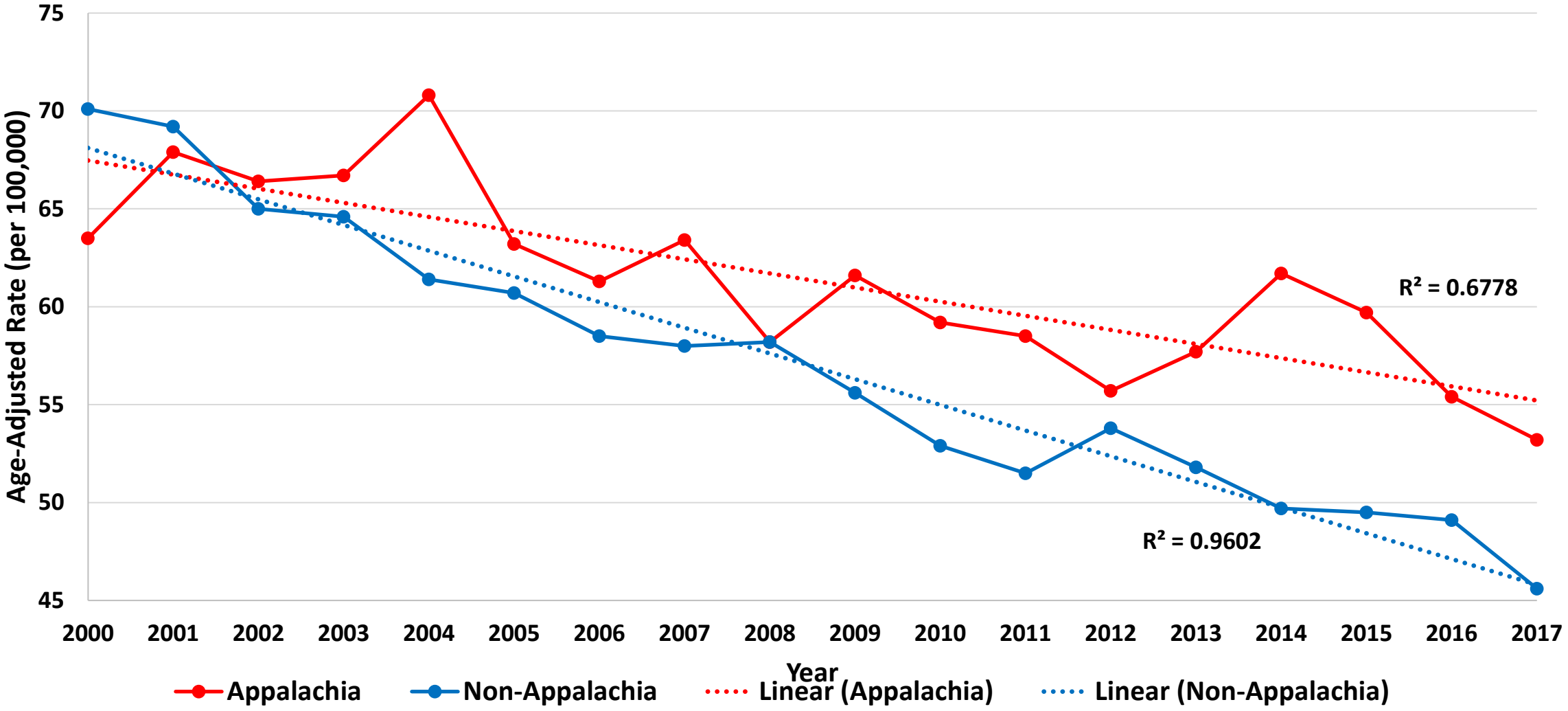
95% Confidence Interval: (•) Hide ( ) Show



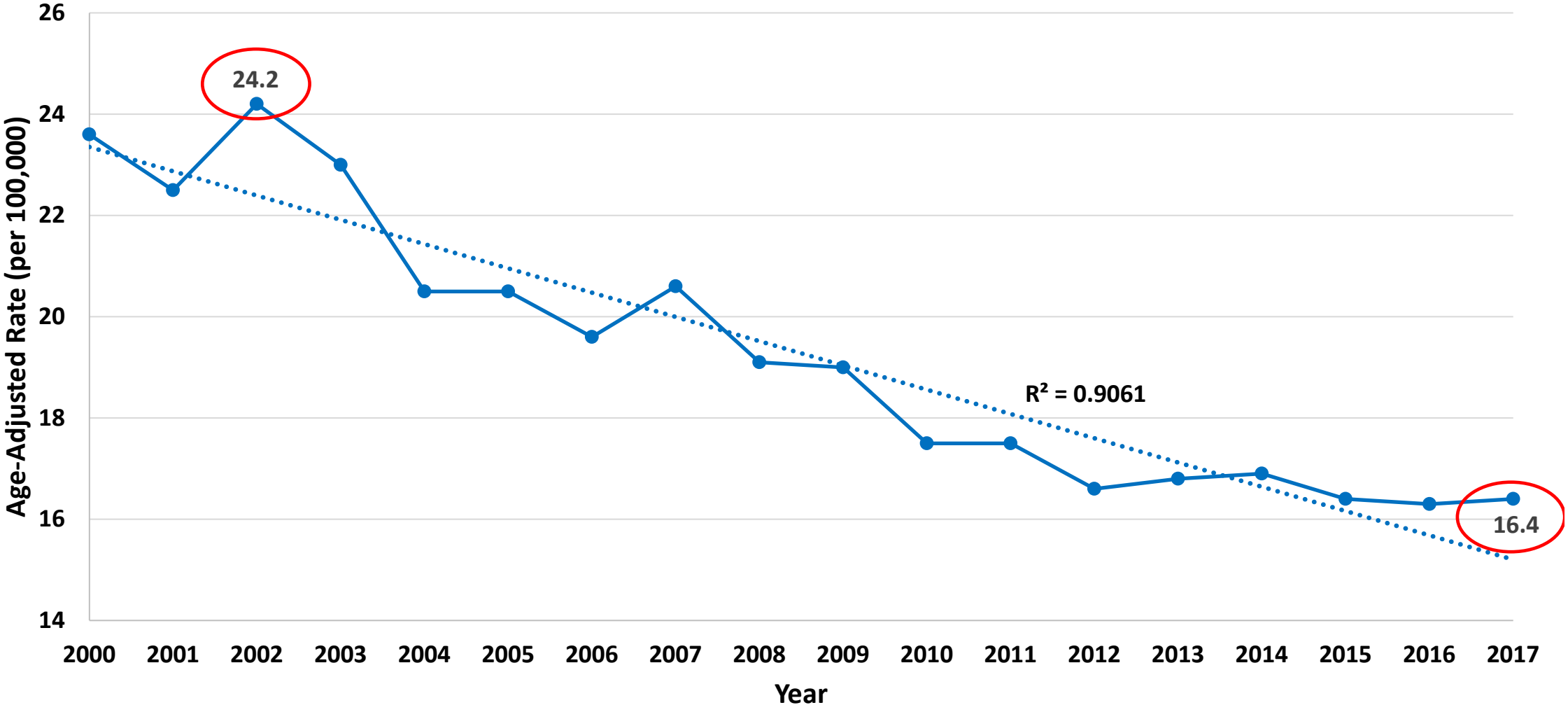
Appalachia vs. Non-Appalachia

Colon and Rectum Incidence Rate: Kentucky 2000-2017

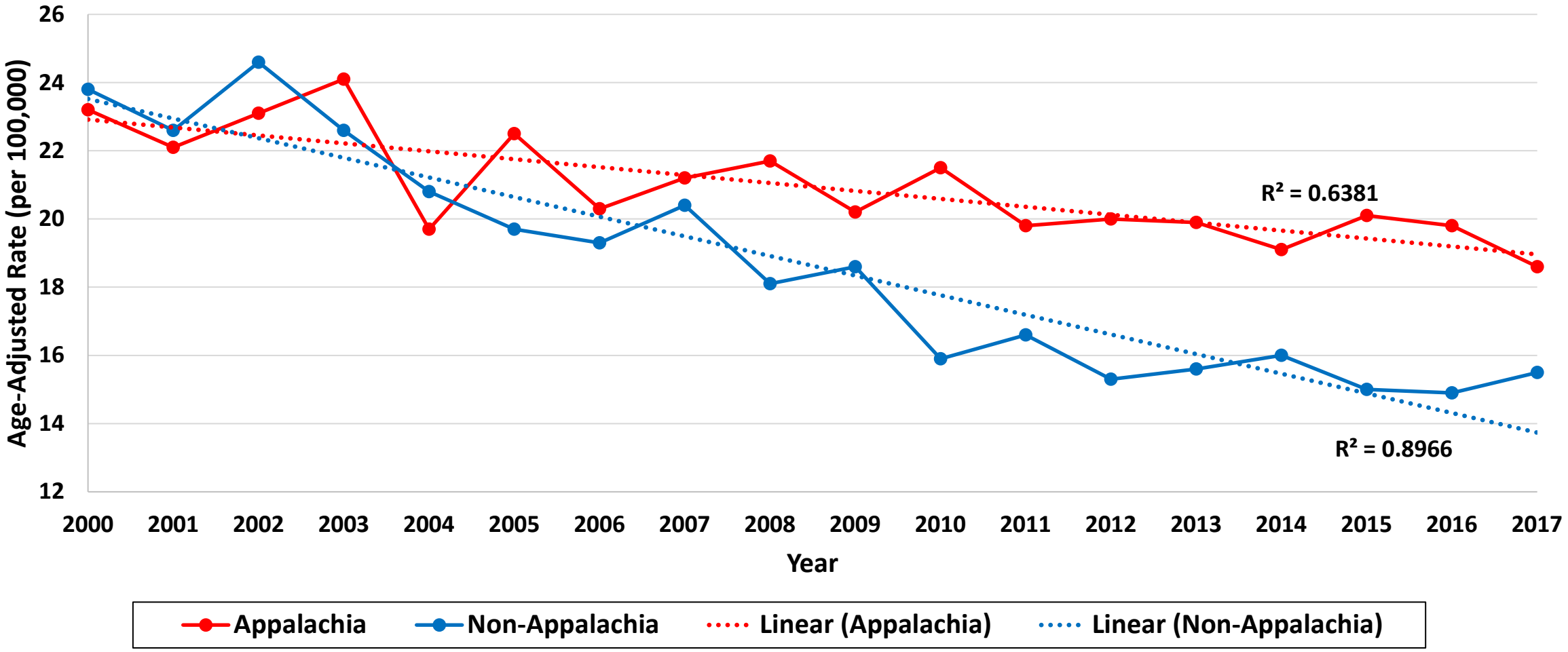
Kentucky Cancer Registry



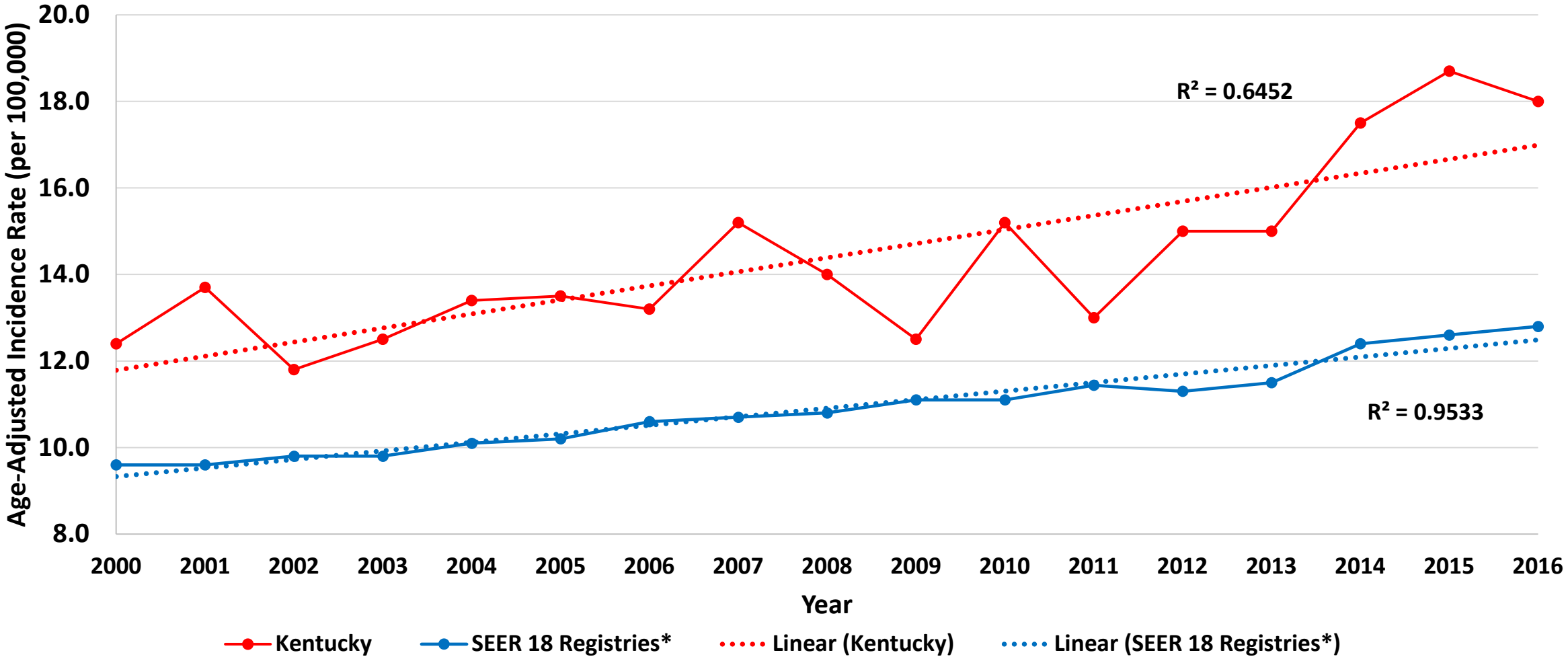
Colon and Rectum Cancer Mortality Rates: Kentucky 2000-2017



Appalachia vs. Non-Appalachia Colon and Rectum Cancer Mortality Rates: Kentucky, 2000-2017



Age-Adjusted Incidence Rate of Colorectal Cancer in Persons Age 20-49
Kentucky vs. SEER 18 Registries* 2000-2016

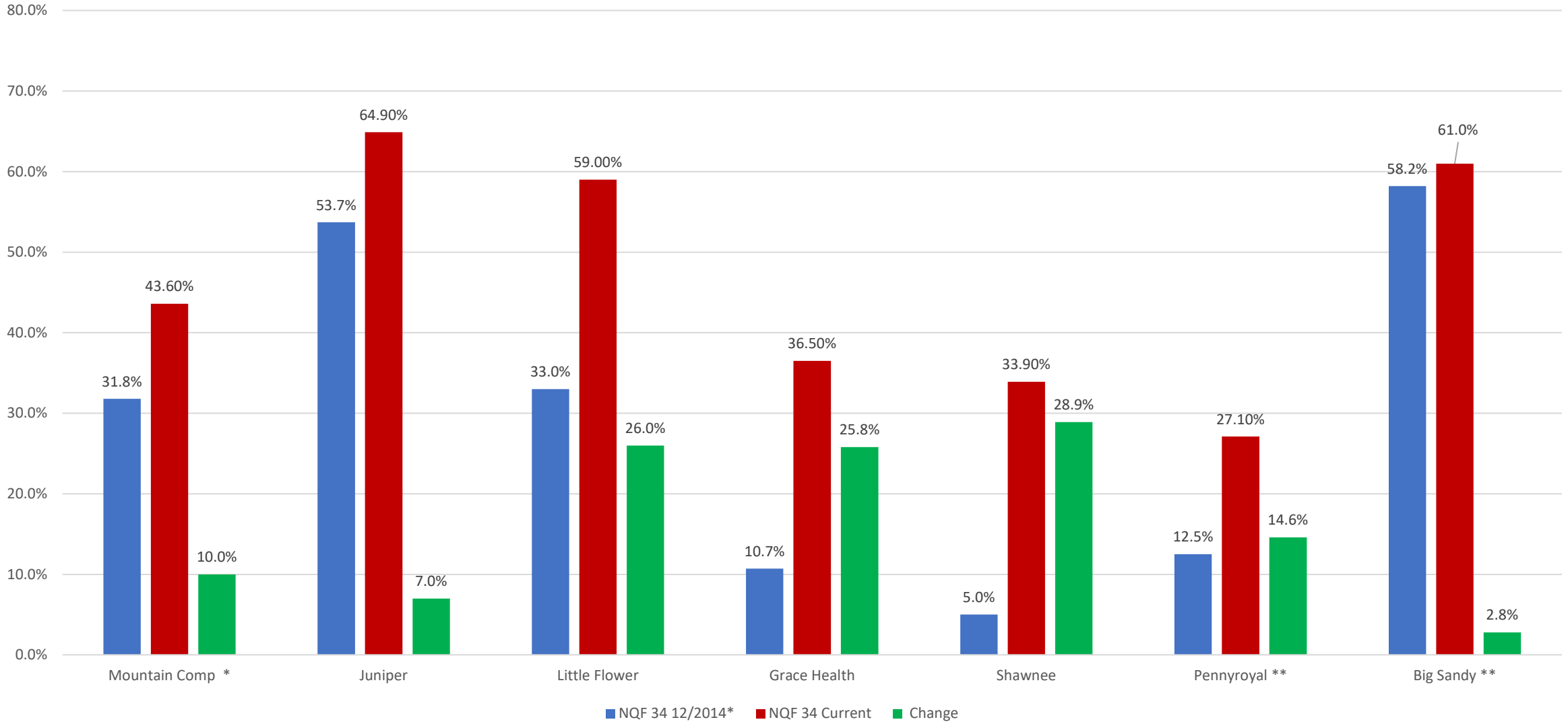


*Excluding Kentucky

Take Aways

- Despite great improvements
  - Kentucky still ranks highest in CDC Incidence
  - Third highest in mortality
  - Highest in early adult onset (20-49)
- Groups with lowest screening – highest incidence and mortality rates-
  - Lower income
  - Lower education
  - Men
  - Appalachian
  - Non-white

CRC Improvement Grant Participants: Baseline to Feb 2020



Hearing from previous grant partners

Pennyroyal

- What did you try and did it work well? Give an example.
- What did you try that didn’t work? Give an example.
- How did you overcome or address what didn’t work well?

Shawnee

- What did you try and did it work well? Give an example.
- What did you try that didn’t work? Give an example.
- How did you overcome or address what didn’t work well?

What made a difference for other clinics?

- Increased frequency of Provider Assessment and Feedback
- Emphasized response to Provider Alerts in EHR or from huddles
- Shift to use of stool based testing for average risk (reduction of barriers for those resistant to scopes)
- Improved processes around FIT
  - Easy to use 1 sample FIT
  - Patient education on test collection
  - Postage paid return envelopes
  - Return reminders within 3 or 4 days- not 30 or 60 days
- Standing orders that engage staff at different levels
- Tracked missed opportunities – QI processes around solutions

Benefits of Participation

Better Care – Better Outcomes

- EP Promoting Interoperability Meaningful Use
- Hospital Promoting Interoperability
- Merit-Based Incentive Payment System (MIPS)
- MCO Value Agreements
- Patient Centered Medical Homes
- HRSA Quality Awards

Work can be spread to other areas
Diabetes, Breast and Cervical Cancer

#1 (10 min)

Based on what you have heard, what opportunities do you see that may work in your clinic?


EVIDENCE BASED

Hitting the High Points

Using the evidence base and past experience to:

- Improving workflows and processes (Human and Electronic!)
- Documenting changes to measure impact (positive or negative).
- Getting the data right.
- Making sustainable choices.

Evidence Based Interventions to Increase Screening for Preventable Cancers

Primary Interventions

1) Provider Assessment and Feedback Reports (Based on NQF or other quality measures)

2) Provider Reminder Systems

3) Patient Reminder Systems (Both “recall” reminders and appointment reminders)

4) Reducing Structural Barriers to Care

Evidence Based Interventions to Increase Screening for Preventable Cancers

Reduction of Structural Barriers

- Night and Weekend Appointments
- Provide Scheduling Assistance
- Translation Services
- Child and Elder Care
- Translation Services

- **Use of stool based testing (FIT or Cologuard) for average risk patients**
- **Direct Colonoscopy Referral (no extra appointments prior to scope)**

Additional Strategies to Support the EBIs

- Enhancing Health Information Technology
  - Validate data on CRC screening referral and completion
  - Programming to support EBIs, report capability, closing the loop on referrals and result to hit quality reporting, etc.

- Using tailored small media to reach targeted populations

Samples of small media

FIT

Have you returned your screening kit?

Dear Patient,

At your recent office visit, we discussed how important it is to be screened regularly for colon cancer. We are reaching out to you today to encourage you to complete the **FIT** colorectal cancer screening that was recommended and provided to you.

Remember, **FIT** is a simple, safe, and reliable way to do colon cancer screening from your own home.

- **No need to change eating habits.**
- **No need to change your medications.**
- **No prep time or time off work.**

If you have any questions about **FIT**, or are interested in other colorectal cancer screening options, please contact _____ at (606) 464-2401, and we will be happy to help you.

Sincerely,

Juniper Health

IT'S YOUR DAY!
LET US TAKE CARE OF YOU.

CALL US TODAY TO FIND OUT MORE ABOUT COLON CANCER SCREENING AT LITTLE OR NO COST AT (502) 778-0001.

234 AMY AVENUE
LOUISVILLE, KENTUCKY 40212

SHAWNEE CHRISTIAN HEALTHCARE CENTER
SERVING GOD, SERVING PEOPLE MATTHEW 25:40

TO:

WISHING YOU A

Happy Birthday!

It's that time again...
Time to be screened for colon cancer.

Everyone 50 and older should be screened for colon cancer. Contact your health care provider to learn more.

Call for more information about colon cancer screening at little or no cost at (502) 778-0001.

SHAWNEE CHRISTIAN HEALTHCARE CENTER
SERVING GOD, SERVING PEOPLE MATTHEW 25:40

234 Amy Ave
Louisville, KY 40212

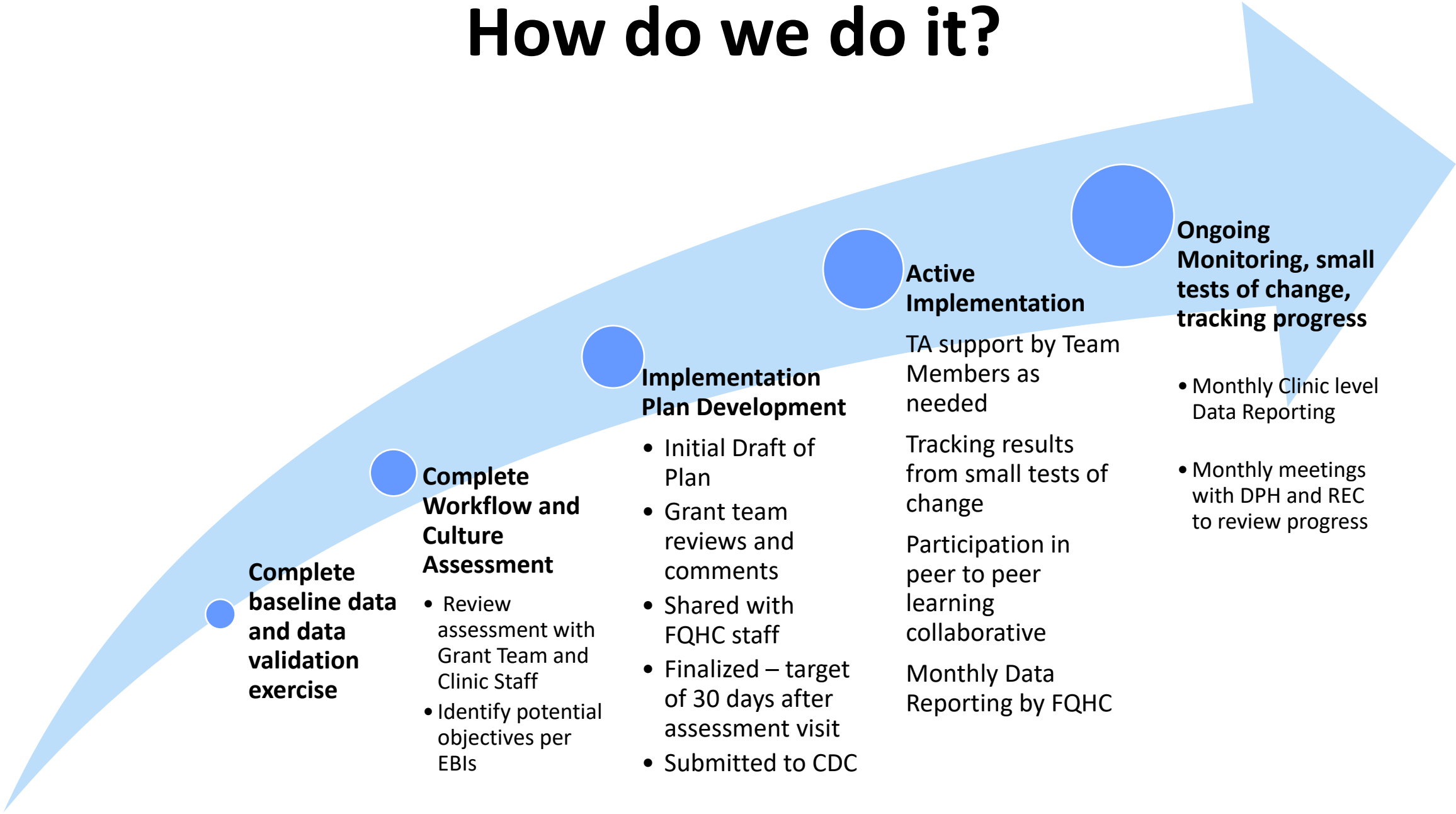

You take care of them...so take care o yourself.
Don't wat. Getting screened for colon cancer is something you can do for your family and yourself.


Do it for yourself, do it for your family
Colon cancer screening can find cancer early when treatment works best
If you're 45 or older, get screened for colon cancer.
Talk to your doctor about which colon cancer screening is right for you
SHAWNEE CHRISTIAN HEALTHCARE CENTER

Additional Strategies to Support the EBIs

- Linking clinic efforts with community partners
- Ongoing Professional Development
- Patient Navigators – help patients with appointments, procedure prep, connection to community services, etc.

How do we do it?



Complete baseline data and data validation exercise

Complete Workflow and Culture Assessment

- Review assessment with Grant Team and Clinic Staff
- Identify potential objectives per EBIs

Implementation Plan Development

- Initial Draft of Plan
- Grant team reviews and comments
- Shared with FQHC staff
- Finalized – target of 30 days after assessment visit
- Submitted to CDC

Active Implementation

TA support by Team Members as needed

Tracking results from small tests of change

Participation in peer to peer learning collaborative

Monthly Data Reporting by FQHC

Ongoing Monitoring, small tests of change, tracking progress

- Monthly Clinic level Data Reporting
- Monthly meetings with DPH and REC to review progress

Start with getting the data right!

- Data validation exercise with Ky REC and KyPCA.

- Complete baseline data sheet for CDC

Complete Workflow and Culture Assessment

- Complete the Workflow and Culture Assessment with your team
- Grant team reviews workflow assessment
- Together – we identify opportunities for change

Implementation Plan Development

- Based on the workflow discussion – the grant team will develop a draft implementation plan.
- Plan is shared with health system staff to finalize
- Plan is submitted to CDC for approval
- Begin plan implementation after CDC approval

Active Implementation

- TA support by Team Members as needed
- Tracking results from small tests of change
- Participation in peer to peer learning collaborative
- Monthly Data Reporting by FQHC
- Participate in an **Awesome Learning Collaborative**

Ongoing Monitoring, small tests of change, tracking progress

- Monthly Clinic level Data Reporting (Due 10th of each month)
  - Including PDSA tracking

- Monthly meetings with grant team to review progress

We have tools!

- Data Validation
- Workflow Assessment
- PDSA Tracking
- Data Tracking

PDSA Tracking Report

PDSA Tracking Report										
Change Concept and Strategies	**Specific Change Your Team Worked on** (add additional rows if more than 1 change under a concept/strategy)	**Clinic Location**	Testing	Implemt. on Pilot Begun	Implemt. on Pilot Complete	Spread Planned	Spread Begun	Spread Widely	Spread Complete
			Enter Date	Enter Date	Enter Date	Enter Date	Enter Date	Enter Date	Enter Date

#2 (10 min)

Which areas do you have more questions about or need more clarification?

Start with data!

1. Schedule data validation meeting with Kentucky REC.
2. Complete clinic level readiness assessment tool.
3. Complete baseline data form.
4. Establish monthly call schedule with grant team.

Then – Getting the ball rolling!

1. Call with grant team to review baseline data and assessment form – select initial EBIs and opportunities for improvement.
2. Team will develop implementation plan based on your choices and submit to CDC for approval.
3. Begin implementing your plan, tracking effectiveness of changes and reporting monthly CRC screening rates

Immediate next steps & close