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| **TITLE [Character Limit: 80]**Chesapeake Health Care Increases Colorectal Cancer Screening Rates in 2022 |

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| **SUMMARY [Character Limit: 600]**Chesapeake Health Care (CHC) serves clients on Maryland's lower Eastern Shore. In 2022, a provider in the area retired, and the practice closed. The loss of the practice greatly limited access to colonoscopies in the region. Given their rural location, CHC has previously dealt with such access barriers. As they began participating in the Maryland Colorectal Cancer Control Program (CRCCP), CHC made meaningful changes to their screening process, which would eventually lead to increased screening rates at both CRCCP-participating clinics, despite the loss of a key provider practice.  |

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| **CHALLENGE [Character Limit: 800]**The main challenges for the two CRCCP-participating clinics were a lack of providers and a lack of confidence among clinic staff to discuss colorectal cancer screening options with patients. Since there were already few providers offering colonoscopies, the CRCCP clinics needed to develop new ways for patients to access colorectal cancer screenings, and the clinic staff needed to be prepared to have an open conversation with patients about screening options such as the fecal immunochemical test (FIT). To prepare clinic staff to have conversations with patients, most needed training on topics such as how to remind the patient that they are due for a colorectal cancer screening, what a FIT test is, and how a FIT test is administered.  |

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| **ACTION TAKEN [Character Limit: 700]**CHC made several improvements within the two CRCCP-participating clinics. First, through ongoing technical assistance from the Maryland Department of Health, CHC held several virtual and onsite trainings focusing on implementing patient and provider reminders, ramping up distribution of FIT tests, process improvement for patient navigation, and referring clients to local health departments on the Eastern Shore for follow-up colonoscopies, if needed. CHC also identified a colorectal cancer champion, which works closely with each clinic to ensure ongoing implementation of evidence-based interventions and to ensure that FIT testing supplies are in inventory. |

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| **RESULTS/ACCOMPLISHMENTS/IMPACT [Character Limit: 800]**CRCCP has provided CHC with important screening implementation strategies as well as staff training. Consequently, a major accomplishment has been the increase in staff members’ confidence in discussing the need for colorectal cancer screening with patients. This has resulted in both the Berlin and Sweetbay clinics increasing their screening rates in Program Year 2 from their baseline rates. Moving forward, both clinics plan to continue enhancing patient reminders by making colorectal cancer screening reminder calls to patients through their electronic health system’s communicator module. Clinics are also ramping up their chart preparation to allow a colorectal cancer screening order to be put in the patient’s chart prior to the patient’s appointment. |

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| **DIRECT QUOTE/TESTIMONIAL [Character Limit: 300]** *“*Chesapeake Health Care offers FIT tests to eligible patients in each clinic. Educating patients is vital in creating a comfortable discussion about FIT screening. Through the CRCCP, we continue to strengthen our colorectal cancer outreach and look forward future increases in colorectal cancer screening rates.”Joshua L. Boston, MBA |

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| **SUSTAINING/REPLICATING SUCCESS [Character Limit: 700]**The plan for sustainability will be to continue staff training and education on the importance of colorectal cancer screening, continued distributions of FITs to eligible patients, and the refinement of current provider and patient reminder strategies. The Sweetbay and Berlin clinics both part of CRCCP, but the health system has begun replicating these successful changes across the organization. Updates in testing and education will be shared with new clinicians, and existing staff will be re-educated periodically throughout each program year. |

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| **PICTURE** |

**If your success story falls under a specific strategy, check which one(s):**

[x]  **** [ ] [ ] [ ]

HEALTH SYSTEMS INTERVENTIONS

COMMUNITY PROGRAMS LINKED

TO CLINICAL SERVICES

EPIDEMIOLOGY AND SURVEILLANCE

ENVIRONMENTAL APPROACHES

**Success Story Pointers**

* Keep paragraphs short – no more than 5-6 sentences.
* Keep story to no more than two pages.
* Include direct quotes if they strengthen the story.
* Limit use of acronyms. If you use acronyms, spell them out on first mention.
* Use plain language.

**Check Key Word(s) and Area(s)**

[x]  Disparate/Hard to [x]  Provider Reminders (*i.e.* [ ]  Employer and

Reach Population *EMR reminders, client* Professional

 *charts, e-mails)* Organizations

[ ]  Tribal and Territorial

Health

 [ ]  Provider Assessment [ ]  Chronic Disease and Feedback (*i.e.* Program Integration

[ ]  Community Health *performance reports)*

Workers [ ]  Employer

 [ ]  Reducing Structural Worksite/Workplace Wellness

[x]  Patient Navigators Barriers (*i.e.* [ ]  *reducing*

 *time/distance to* [ ]  Outreach and

[ ]  Electronic Health *services,* [ ]  *transportation,* Education (*i.e., group,*

Records/Health [ ]  *child care,* [ ]  *extending one on one, events*)

Information Technology *clinic hours,* [ ]  *non-clinical*

 *setting,* [ ]  *simplifying* [ ]  Healthcare Providers

[ ]  Partnership *administrative* Clinics

Development & *procedures).* Select all

Sustainability that apply. [x]  Service Delivery (*screening, diagnostics*)

[ ]  Medical Homes [ ]  Media (*i.e. radio,*

 *television, billboards,* [ ]  Quality Improvement

[ ]  Policy Development *flyers, social media,*

and Change *brochures)* Select all[ ] Data Sources and

 Utilization

[ ]  Community Based [ ]  Community Health

Organizations Centers (*i.e., FQHCs*) [ ]  Professional Development Training

[x]  Patient Reminders (*i.e.* [ ]  Medical Advisory Group [ ]  Federal Agencies

*phone calls, e-mails,* and Coalitions

*postcards, text* [ ]  Facilitating

*message)* Enrollment in Insurance Plan& Coverage