# SUCCESS STORY TEMPLATE

# FUNDED-PROGRAM or PROJECT: Public Health and Health Systems Partnerships to Increase Colorectal Cancer Screening in Clinical Settings

### TITLE [Character Limit: 80]

Completing Clinic Assessments Despite Challenges of COVID-19 Pandemic

#### SUMMARY [Character Limit: 600]

In July 2020, the New York State Department of Health/Health Research Inc (NYSDOH) began the Centers for Disease Control and Prevention (CDC) *Public Health and Health Systems Partnerships to Increase Colorectal Cancer (CRC) Screening in Clinical Settings* grant. Four primary care clinics agreed to partner with the NYSDOH to assess their CRC screening processes, data quality and available resources to inform implementation of evidence-based interventions (EBIs) to improve CRC screening rates. Even with the impact of the COVID-19 pandemic on clinics, NYSDOH successfully engaged the clinics in the assessment phase.

#### CHALLENGE [Character Limit: 800]

NYSDOH planned to complete clinic assessments in person, collecting data through a brief survey and follow-up structured interview with each of the four partner clinics. When the COVID-19 pandemic was declared in March 2020, New York State ordered all non-essential businesses to close in-office personnel functions and banned non-essential in-person activities. Additional regulations stated, "sick individuals should not leave their home unless to receive medical care and only after a telehealth visit." As clinics focused on implementing new telehealth guidance, resuming in-office operations, and offering COVID-19 testing, NYSDOH faced the challenge of continuing required activities to address the already concerning drop in CRC screening due to COVID-19, while balancing clinics' immediate need to provide patient care.

# ACTION TAKEN [Character Limit: 700]

To maximize the limited availability of clinic staff, NYSDOH reorganized the assessment process to gather information via a survey to be completed prior to a live (virtual) meeting. NYSDOH ensured that all CDC-required questions and topics areas were incorporated into the survey, then added questions from tools developed through other NYSDOH health systems-change projects. NYSDOH also included questions about cancer screening, quality improvement, and health information technology identified through review of assessment tools from CDC grantees and organizations such as the Agency for Healthcare Research and Quality and the Institute for Healthcare Improvement.

#### **RESULTS/ACCOMPLISHMENTS/IMPACT** [Character Limit: 800]

Despite the challenges of COVID-19 and limited in-person communications, all four clinics completed the assessment process within the original project timeline, meeting CDC's target date for this activity. Clinic evaluation responses indicated that the assessment was 'effective' or 'highly effective' in assisting clinics to "review their processes related to CRC screening" and "identify opportunities for improvement," the overall goals of the assessment process. Gathering responses to additional questions and topic areas prior to meeting with clinics enabled NYSDOH to have a baseline understanding of all aspects of clinic operations and to maximize 'live' time with clinic staff. This time was spent on identifying EBIs most likely to be sustained and providing technical assistance on best practices and resources for the clinics to review and use.

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# DIRECT QUOTE/TESTIMONIAL [Character Limit: 300]

NYSDOH submitted its assessment tool to the CDC for review prior to using it. CDC shared the tool with the National Colorectal Cancer Roundtable (NCCRT) which subsequently requested permission to include the tool in a revised version of their Steps Manual for Increasing CRC Screening Rates in Primary Care Practices.

#### SUSTAINING/REPLICATING SUCCESS [Character Limit: 700]

NYSDOH will continue using a written assessment tool to collect required project data elements as it engages new clinics but will reduce the number of questions. NYSDOH will provide clinics with an interview guide listing discussion questions to be covered during planned live (likely virtual) interviews. Transitioning the assessment collection method to lean more heavily on discussion will enable NYSDOH to incorporate more relationship building into the assessment process and further enhance the ability to collaboratively identify areas for improvement and appropriate EBIs and strategies for implementation.

#### **CONTACT INFORMATION**

For copies of the initial or revised assessment tools please contact canserv@health.ny.gov, elise.collins@health.ny.gov or erin.shortt@health.ny.gov with your request and use the subject line: Colorectal Cancer FQHC Clinic Assessment Too

#### PICTURE

# NEW YORK STATE COLORECTAL CANCER CLINIC ASSESSMENT Contents Section 1: General Clinic Information ..... Section 5: Evidence Based Interventions (EBIs) and Supportive Strategies to Promote Colorectal Cancer Screening.........9

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Provider Reminders (*i.e.*

EMR reminders, client

□ Provider Assessment

and Feedback (*i.e.* 

time/distance to

*performance reports)* 

□ Reducing Structural

Barriers (*i.e.*  $\Box$  *reducing* 

services,  $\Box$  transportation,

 $\Box$  child care,  $\Box$  extending

charts, e-mails)

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









HEALTH SYSTEMS INTERVENTIONS

Check Key Word(s) and Area(s)

ENVIRONMENTAL APPROACHES

EPIDEMIOLOGY AND SURVEILLANCE

COMMUNITY PROGRAMS LINKED TO CLINICAL SERVICES

Employer and
Professional
Organizations

□ Chronic Disease Program Integration

Employer
Worksite/Workplace Wellness

Outreach andEducation (*i.e., group, one on one, events*)

Healthcare Providers Clinics

□ Service Delivery (screening, diagnostics)

⊠ Quality Improvement

Data Sources and Utilization

□ Professional Development Training

□ Federal Agencies

FacilitatingEnrollment in Insurance Plan& Coverage

Community Health

□ Disparate/Hard to

□ Tribal and Territorial

**Reach Population** 

Health

Workers

□ Patient Navigators

Electronic Health
Records/Health
Information Technology

PartnershipDevelopment &Sustainability

□ Medical Homes

Policy Development and Change

Community Based Organizations

□ Patient Reminders (*i.e.* phone calls, e-mails, postcards, text message)

clinic hours, □ non-clinical setting, □ simplifying administrative procedures). Select all

☐ Media (i.e. radio, television, billboards, flyers, social media, brochures) Select all

that apply.

Community Health Centers (*i.e., FQHCs*)

□ Medical Advisory Group and Coalitions

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