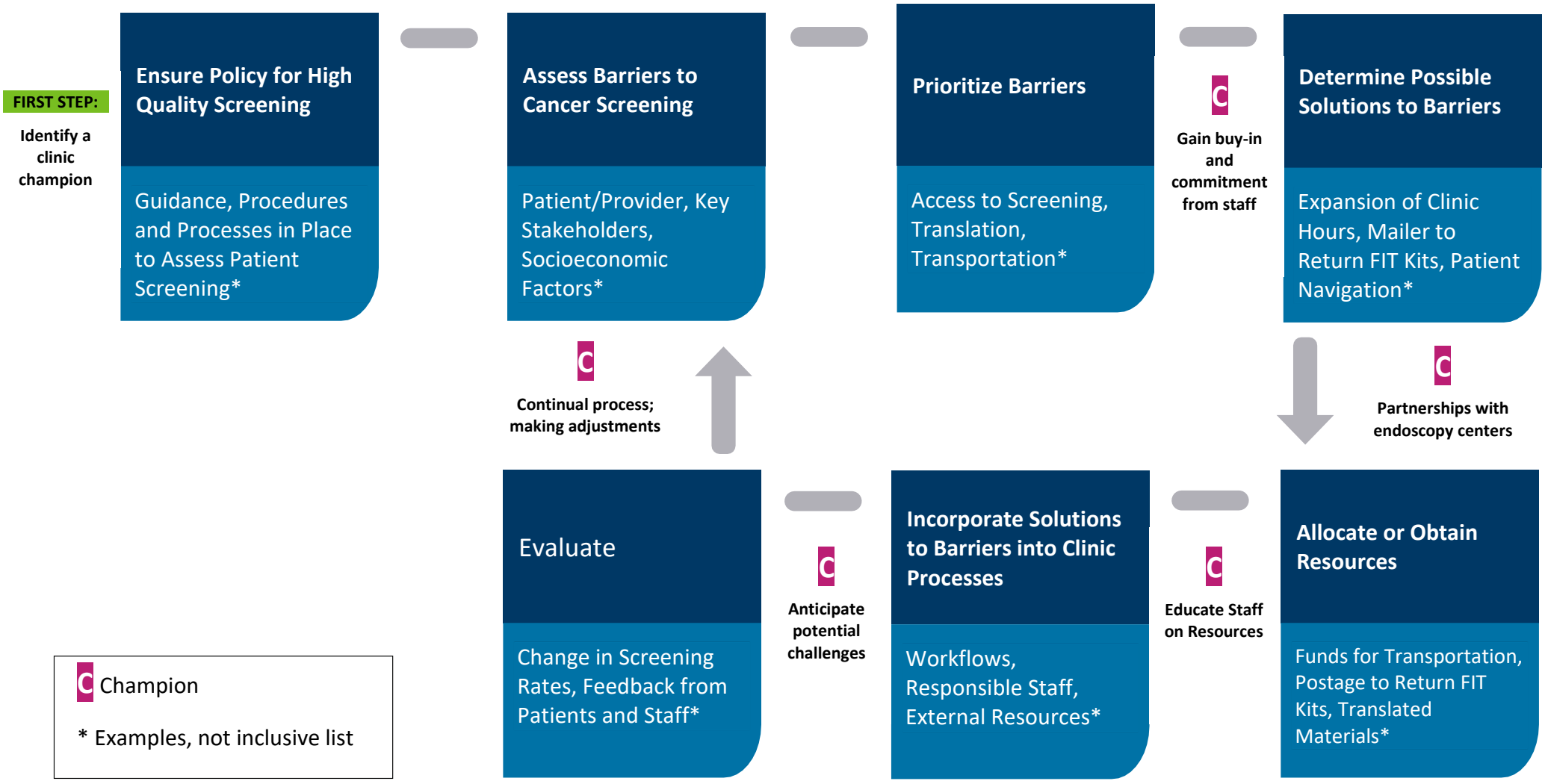
Sage and Sage Scopes Clinic Systems Change Program

REDUCING STRUCTURAL BARRIERS PROCESS: AT A GLANCE

The Community Preventative Services Task Force recommends interventions to reduce structural barriers to increase breast, cervical, and colorectal cancer screening. Structural barriers are burdens or obstacles, other than cost, that make it difficult for people to access cancer screening services.



Adapted from the Center for Disease Control and Prevention (CDC) and the New Hampshire Colorectal Cancer Screening Programs

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Reducing Structural Barriers Process: At A Glance

This is a step-by-step flowchart that explains the recommended processes to reduce structural barriers to increase breast, cervical, and colorectal cancer screening. Structural barriers are burdens or obstacles, other than cost, that make it difficult for people to access cancer screening services.

Champion

The first step in the process is to identify a clinic champion. The champion plays a vital role in the process of successfully implementing the provider reminder process. Typically, the champion is responsible for coordinating the project. The clinic champion is the main point of contact with MDH; is particularly dedicated to increasing cancer screening and early detection; is responsible for representing the project; can make decisions or influence the decision-makers within the clinic; monitors and documents progress; and is responsible for recruiting team members and the communication and coordination of team activities.

Step 1: Ensure Policy for High Quality Screening

A few examples of how to successfully accomplish this step is to receive guidance from staff members on the current procedures and processes in place that are used to assess patient screening.

Step 2: Assess Barriers to Cancer Screening

For this step, examples include assessing the patient/provider relationship, interviewing key stakeholders; and reviewing socioeconomic factors.

Step 3: Prioritize Barriers

Examples include looking into patient access to screening, translation, and transportation.

Following this step, the champion should gain buy-in and commitment from staff.

Step 4: Determine Possible Solutions to Barriers

A few examples for this step include expansion of clinic hours, having a pre-paid mailer to return FIT kits, and offer patient navigation.

Following this step, the champion should pursue partnerships with endoscopy centers.

Step 5: Allocate or Obtain Resources

Examples include obtaining funds for transportation, postage in order to return FIT kits, and translated materials.

Following this step, the champion will educate staff on resources.

Step 6: Incorporate Solutions to Barriers into Clinic Processes

Examples at this step include developing and sharing workflows, assigning responsible staff, and external resources.

Following this step, the champion will anticipate potential challenges.

Step 7: Evaluate

Some examples include change in screening rates and feedback from patients and staff.

Following the successful completion of step 7, the champion will make adjustments. Because this is a continual process, you may go through steps 2 – 7 again.

Acknowledgement

This process chart was adapted from the Center for Disease Control and Prevention (CDC) and the New Hampshire Colorectal Cancer Screening Programs.

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