SUMMARY OF INNOVATIONS
March 20-23, 2023

The Peer-to-Peer (P2P) Learning Program continued its work by offering a learning platform in which NBCCEDP and CRCCP awardees can discuss programmatic innovations and challenges. The focus of the March 2023 P2P calls was ***"Harnessing the Power of Partnerships to Increase the Volume of Cancer Screening Services."*** The objectives of this call series were to discuss the following:

- Examples of partners (including non-traditional partners), and ways of working with them to increase access to services, especially for populations not currently being screened; and
- Specific examples of working within systems to increase the number (volume) of people served, while maintaining quality.

National Association of Chronic Disease Directors (NACDD) and Strategic Health Concepts (SHC) facilitated a total of four one-hour calls. The format of the calls included a brief "kick-off" presentation by either a NBCCEDP or CRCCP awardee answering the discussion questions listed below. Large groups were placed into break-out sessions to discuss questions in smaller groups. Participants had opportunities throughout all sessions for questions and answers.

This summary reflects the common themes, potential solutions, and discussions across all sessions.

The questions posed to the participants for discussion were:

1. Who are the partners you are working with to increase access to screening services, especially for populations not currently being screened or are rarely screened?
    a. What have you accomplished with these partners and what has been critical to success?
    b. How are you getting screening data from partners? What challenges have you faced in getting the data you need for reporting and tracking of patients? Any solutions?
2. What has worked best with your system partners to increase the volume of screening, without sacrificing quality of screening?

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Summary of Innovations

Types of Partners to Increase Screening, especially for Never and Rarely Screened

- Health Systems/Clinics
  - Large state-wide systems
  - Local health departments
  - Indian Health Service (IHS)
  - Planned Parenthood
  - Free and charitable clinics
  - Mobile mammography providers
  - Health plans/insurers
  - Federally Qualified Health Centers (FQHC)
- Government
  - Department of Corrections
  - Immunization programs
  - Tribal governments
  - Transportation authorities
- Community
  - American Cancer Society
  - Cancer Support Community
  - Churches/places of worship and church councils
  - Colon Cancer Coalition (e.g., "Get Your Rear in Gear" campaign)
  - Population specific associations/ networks/coalitions/community centers (e.g., Hispanic, Latino, Asian, African American, LGBTQI, Native American, etc.)
  - Universities
  - Sisters Network
- Associations
  - State Gastroenterology Association
  - Primary care associations
  - Community health clinic/FQHC associations
  - Community health worker associations

Critical Success Factors for Working with Partners to Increase Screening

- Work with community based and non-contracted clinics to do outreach (contracted clinic/service provider partners are not the only potential partner to increase screening for rarely/never screened)
- Use data and service utilization maps to identify where eligible populations are not accessing services
- Ask what communities need and listen to partners first, then plan interventions/activities
  - Contract with equity organizations/businesses to gather input, use community advisory boards
- Develop trusting relationships first, especially with communities experiencing inequities
  - Recognize that relationships have not always been good
  - Put in the time to develop the relationship
- Streamline and simplify as much as possible the formal paperwork related to establishing the partnership
- Create tailored communication and media materials that are co-branded with the partner and the program
- Have 1:1 educational and problem-solving sessions with the partner
- Provide patient navigation, especially at the source of care
- Work with community health worker (CHW) associations to provide training on the program
  - Make it part of CHW certification

- Work to bring on new/different clinics to reach populations where they are
- Reach eligible populations where they are (e.g., mobile mammography)

Screening Data Collection Approaches

- Recognize that clinics and health systems often have different EHR systems creating challenges for program staff
- Make data submission easy for community-based partners by using simple, familiar online survey tools (e.g., Qualtrics, RedCap, Microsoft Forms)
- Set outreach/screening goals with and provide data back to outreach-only contractors so they can gauge how they are doing
- Provide a dashboard to providers to help them maintain indicators
- Obtain "read only" access to data
    - Set up a written agreement, establish a personal relationship with the clinic gatekeeper, put restraints on outside data access (e.g., set hours), and be knowledgeable about providers' data systems

Working with System/Clinic Partners to Increase Volume and Maintain Quality

- Hire program staff who are trained clinicians, so they understand the intricacies of the clinic flow and demands on time
- Strive to integrate efforts with other Health Department programs (e.g., CRC, B&C, CCC, WISEWOMAN, Immunization, Title 10 Reproductive program) so that partner communication, data collection, and resources are streamlined
- Education and Training:
    - Bring gastroenterologists and primary care physicians together, in person, so they can network and better understand processes for referral/reporting to help break down barriers, clarify assumptions and improve communication
    - Make a standing appointment to have site visits with each clinic (quarterly recommended) and communicate that they can reach out for assistance at any time
    - Create short training videos that can be accessed on demand
    - Recognize there is a lot of staff turnover and burn out
        - Train/retrain new and existing staff at regular intervals
        - Make materials as streamlined as possible
        - Set up "office hours" every 1-2 weeks so that partners can call program staff to problem solve issues or answer questions
- Review data fields with clinics and provide immediate feedback
- Offer incentives to providers (e.g., additional funding, screening slots, recognition)
    - Create a provider "challenge" (e.g., most patients screened, most improved screening rate) with a prize/recognition
    - Assist clinics with completing certificate of maintenance

Other Tips and Ideas

- Handwrite the "return by" date on FIT kits instead of using a printed label
- Create a fun, energizing theme around the new guidelines of 45 (e.g., "45 is the new 50", 70's Disco Theme)