

CDC Colorectal Cancer Control Program (CRCCP) - DP20-2002 Clinic Kick-off Meeting

Wednesday, November 4, 2020 | Virtual



Agenda

- Welcome and Introductions (30 min)
- Current CRC Rates (5 min)
- Project Overview from CDC (20 min)
- Phased Approach (15 min)
- Timeline (5 min)
- Benefits of Participation (5 min)
- Next Steps (5 min)

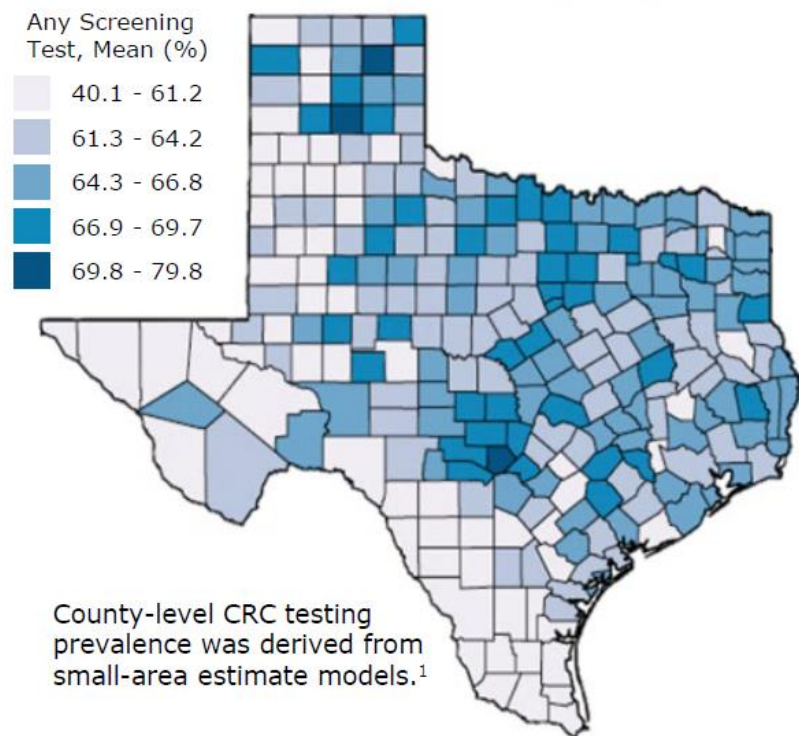
Partners & Collaborators



Why Texas?

Colorectal Cancer Screening by Texas County

Estimated CRC Screening Test Use by County, 2014



- The average US screening rate in 2014 was 66%, while the average Texas rate was 61%.
- Seven of the 20 US counties with the lowest estimated percentages for being current with any type of colorectal cancer screening test were in Texas.
 - Six of the counties—Starr, Maverick, Brooks, Zavala, Webb and Willacy—are in South Texas.
 - One of the counties—Hudspeth—is in West Texas.

¹ Berkowitz et al. (2018). *Cancer Epidemiol Biomarkers Prev.* 27(3):245-253

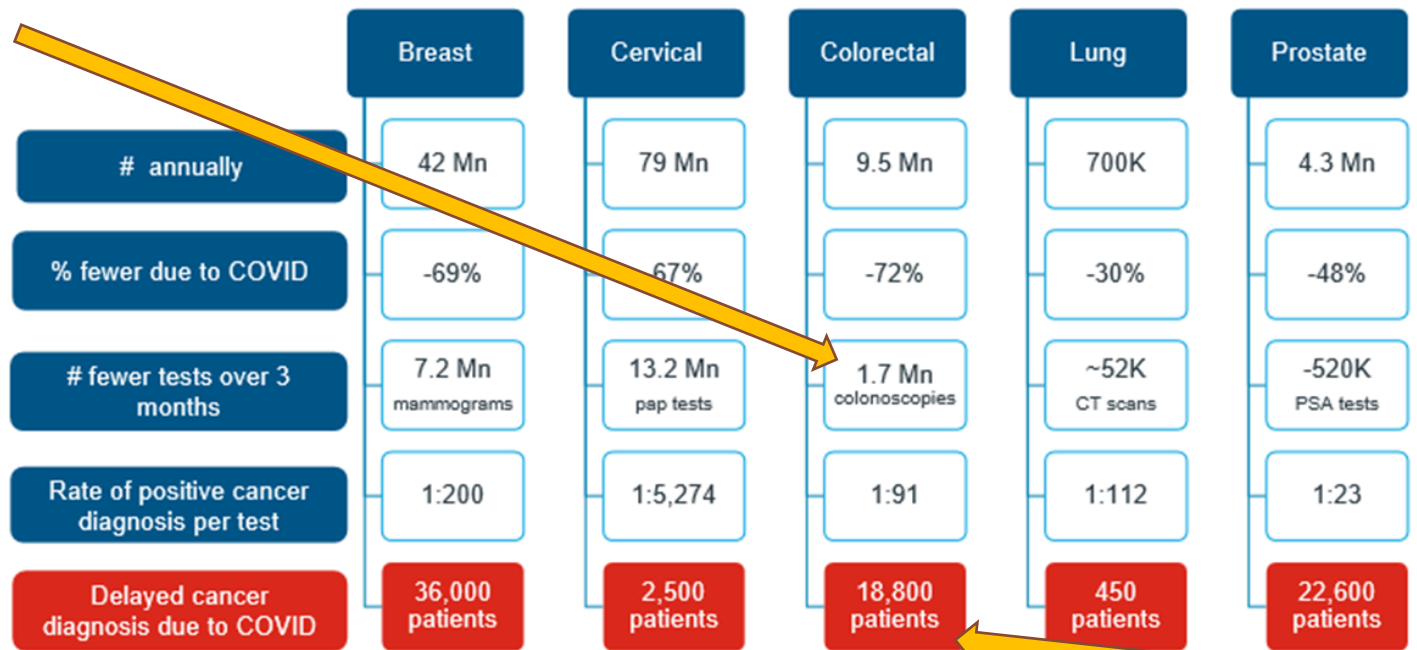
Image Source: Colorectal Cancer Screening in Texas. Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/ncccp/screening-rates/pdf/colorectal-cancer-screening-texas-508.pdf>

ESTIMATES OF DELAYED/MISSED CANCER DIAGNOSES

Over 22 million screening tests for five common tumors may be disrupted, risking delayed or missed diagnoses for 80,000 patients

1.7 million missed colonoscopies

Exhibit 15: Modeled Impact of Reduced Screening Tests Three Months Ending June 5, 2020



Over 22 million screening tests and over 80,000 positive cancer diagnosis potentially delayed

18,800 delayed CRC diagnoses

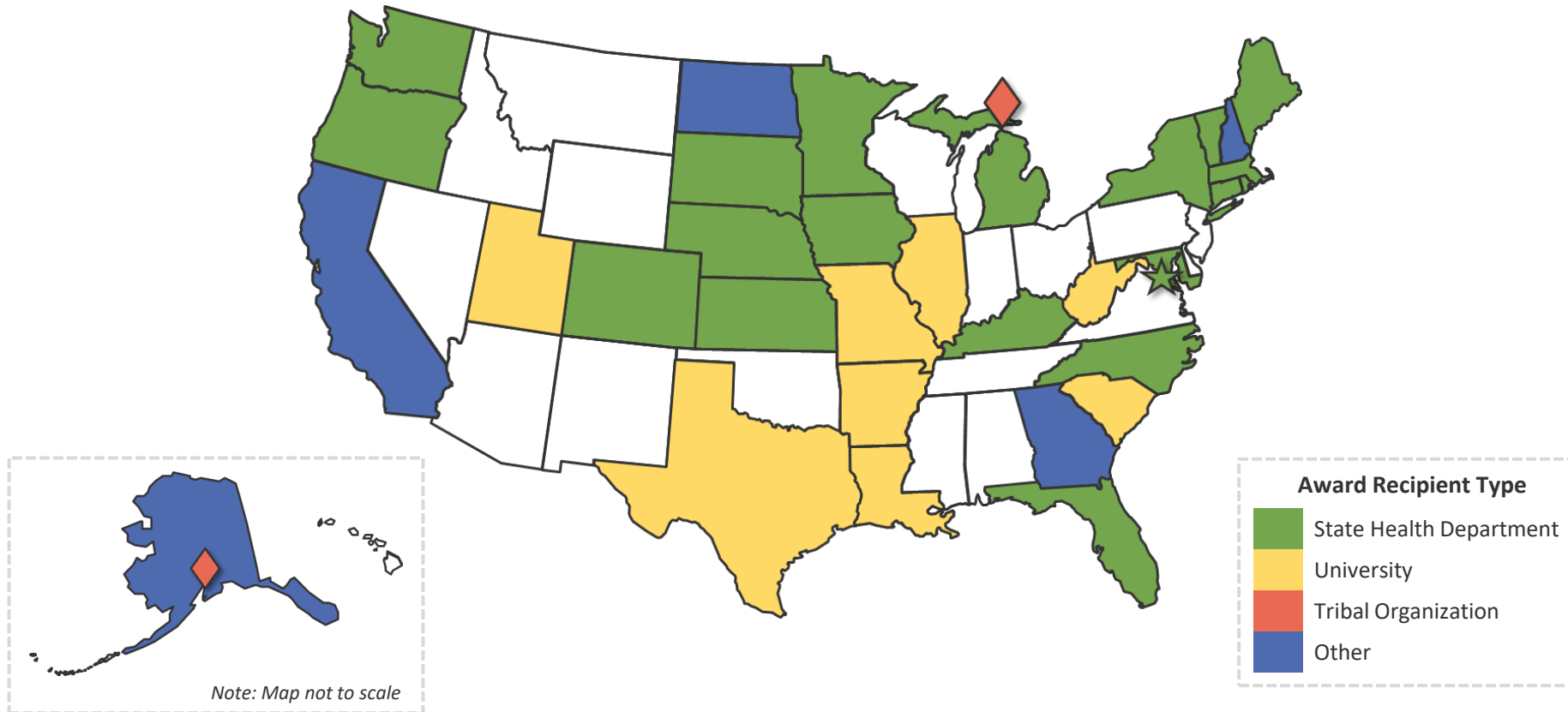
Source: IQVIA Institute, Apr 2020



Welcome to CRCCP!

University of Texas, FQHC Kick-Off Meeting
CDC Presentation
Georgina Castro and Amy DeGroff
November 4, 2020

DP20-2002 CRCCP Award Recipients



State Health Departments

- Colorado (CO)
- Connecticut (CT)
- District of Columbia (DC)
- Florida (FL)
- Iowa (IA)
- Kansas (KS)
- Kentucky (KY)
- Massachusetts (MA)
- Maryland (MD)
- Maine (ME)
- Michigan (MI)
- Minnesota (MN)
- North Carolina (NC)
- Nebraska (NE)
- New York (NY)
- Oregon (OR)
- Rhode Island (RI)
- South Dakota (SD)
- Vermont (VT)
- Washington (WA)

Universities

- Louisiana State U. (LA)
- U. of Arkansas (AR)
- U. of Chicago (IL)
- U. of Missouri (MO)
- U. of South Carolina (SC)
- U. of Texas Health Science Center (TX)
- U. of Utah (UT)
- West Virginia U. (WV)

Tribal Organizations

- Alaska Native Tribal Health Consortium (AK)
- Inter-tribal Council of Michigan (MI)

Other

- AltaMed (CA)
- Alaska Primary Care Association (AK)
- Georgia Center for Oncology Research and Education (GA)
- Mary Hitchcock Memorial Hospital (NH)
- Quality Health Association of North Dakota (ND)

15 years+ of implementing the Colorectal Cancer Control Program (CRCCP)

2005 -2009

- **5 grantees**
(state, county, city, and university)
- **Focus:**
Delivery of colorectal cancer (CRC) screening and diagnostic services

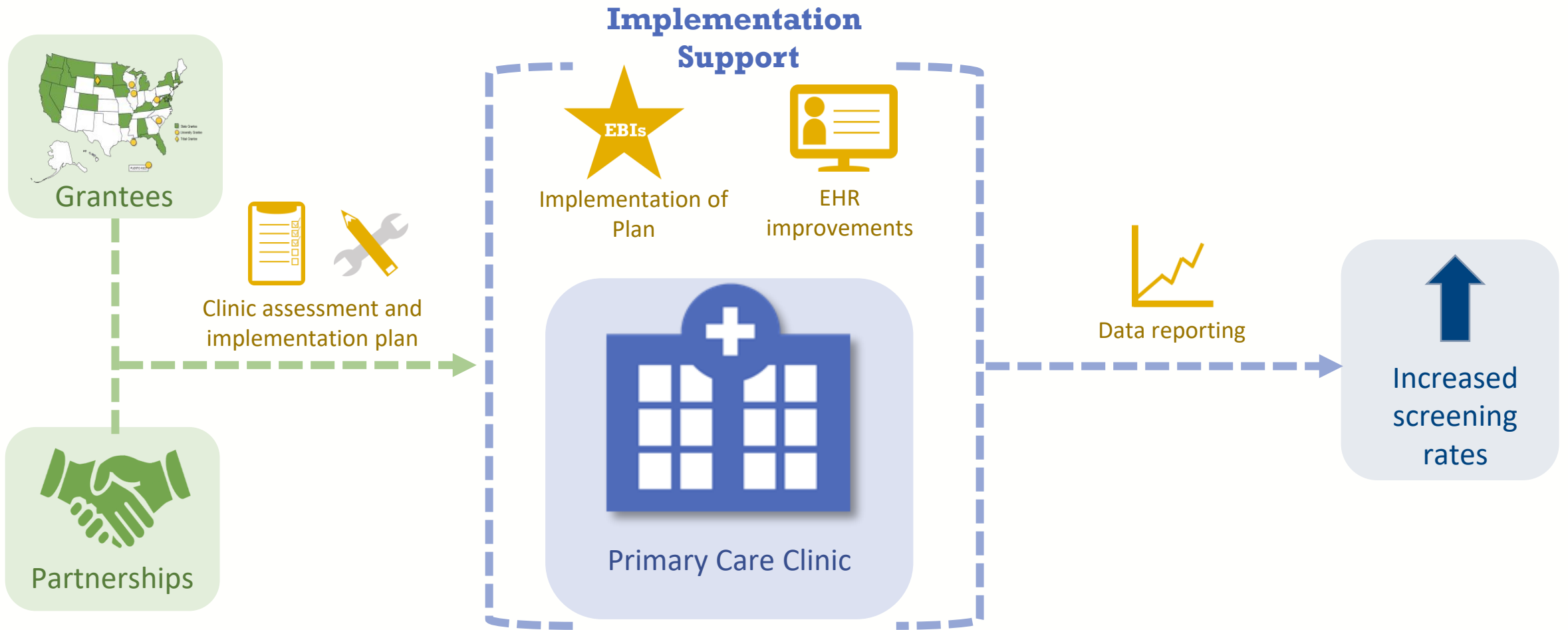
2009-2015

- **29 grantees**
(states, tribes, and territories)
- **Focus:**
Delivery of CRC screening, and EBI implementation

2015- June 2020

- **30 grantees**
(states, universities, and tribe)
- **Focus:**
EBI implementation

The CRCCP aims to increase CRC screening in clinics



Implementation Strategies

Health system and clinic policies, protocols, and practices are integral

Priority EBIs from *The Community Guide*

- Provider assessment and feedback
- Provider reminders
- Client reminders
- Reducing structural barriers

<https://www.thecommunityguide.org/>



Building on Lessons Learned from the Evaluation of the Previous 5-year CRCCP (2015-2020)



Thirty CRCCP awardees reached 831 clinics with over 1.3 million patients age 50-75



261

Health
systems



831

Clinics



6,359

Providers



1,300,790

Patients
aged 50-75

Source: Clinic data submission, March 2020 (Includes clinics recruited in PYs 1-5)

Nearly three quarters of the clinics were FQHCs with relatively low baseline screening rates



831
CRCCP
Clinics

71%
are Federally-
Qualified Health
Centers (FQHCs)

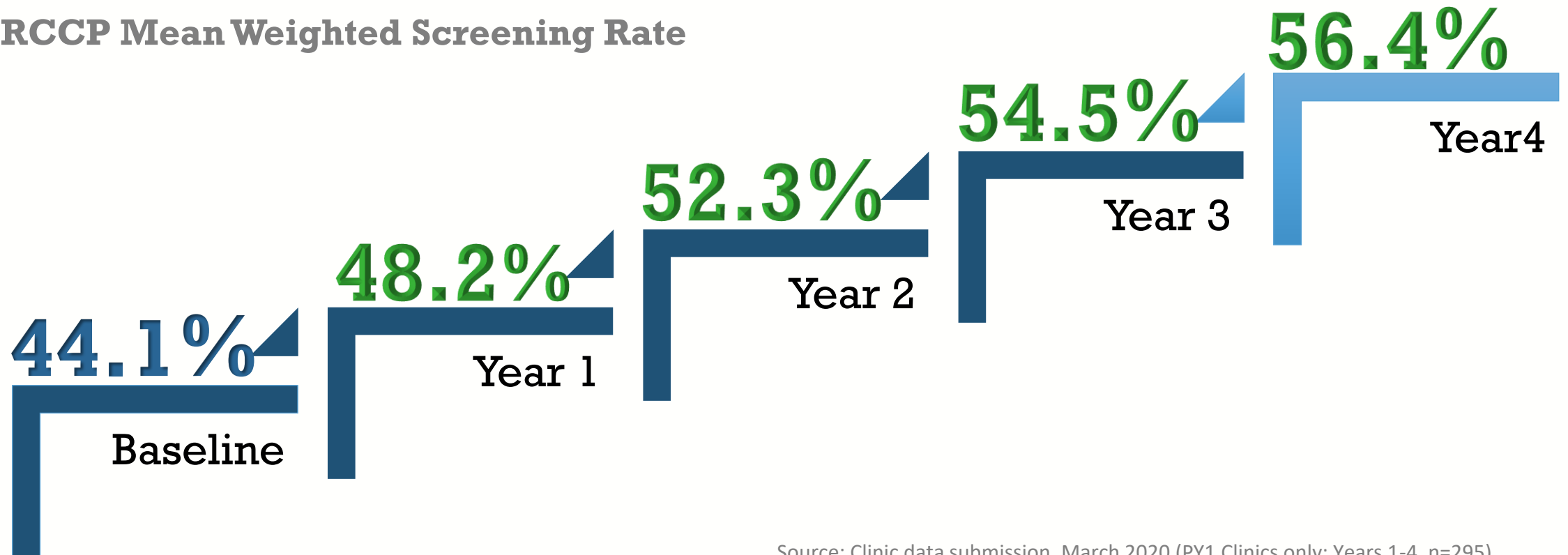
26%
serve high
percentages of
uninsured patients
(>20%)

43.2%
average baseline
screening rate

Source: Clinic data submission, March 2020 (Includes clinics recruited in PYs 1-5)

Among clinics enrolled in the first year of CRCCP (2015-2016), CRC screening rates rose an average of **12.3 percentage points** since baseline, representing 95,504 additional screens

CRCCP Mean Weighted Screening Rate



Source: Clinic data submission, March 2020 (PY1 Clinics only; Years 1-4. n=295)

Multiple analyses found several factors associated with greater CRC screening rates



**Implemented
3-4 EBIs**



**Enhanced
existing EBIs and
implemented
new EBIs**



**Clinics with
lower baseline
screening rates**



**CRC screening
champions**

Use of EHRs was named the top program-related challenge in the first 3 or 4 program years.



Data entry and documentation



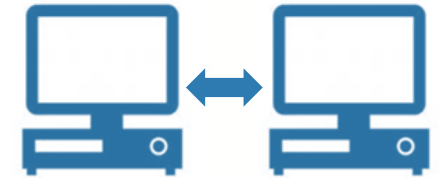
Reports and rate calculation



Time



Staff



Linking to external systems

“EHR doesn’t contain structured data field for colonoscopy, so the rate only includes those patients who received a FIT.”

“Providers put results in different places on EMR so sometimes they get missed in data pull.”

“Colonoscopy records are mentioned in chart notes but no proof of documentation can be found.”

“Some colonoscopy reports scanned into EMR, but not into the EMR field.”

Source: Clinic data submission, Component 1 only, 29 reporting, thru April 2017

Takeaways

- The CRCCP reached the right clinics and is capable of extensive **reach**
- **Screening rates** have increased over time
- Readiness **assessment** matters
- Address **EHR** problems at the start
- Provide clinics **adequate resources**, including technical assistance
- Identify and maintain clinic **champions**
- Implement **multiple** EBIs
- Improve the intensity and quality of **EBI implementation**
- Plan and implement with **sustainability** in mind.

CRCCEP Clinic Data



What data are collected at the clinic-level?

Part 1: Partner and Record Identifiers

Part 2: Baseline and Annual Record Data Items

Section 1:
Clinic CRCCP Activity and Status

Section 2:
Health System and Clinic Characteristics and Clinic Patient Population

Section 3:
CRC Screening Rates and Practices

Section 4:
Monitoring and Quality Improvement Activities

Section 5:
Evidence-based Interventions and Other Clinic Activities

Section 6:
Implementation Factors

Section 7:
Other CRC Activities and Comments

CRCCP Clinic Data Dictionary (NOFO DP20-2002)

Contents

Part I: Partner and Record Identifiers

Part II: Baseline and Annual Record Data Items

- Section 1. Baseline and Annual Clinic CRCCP Activity and Status
- Section 2. Baseline and Annual Health System and Clinic Characteristics and Clinic Patient Population
- Section 3. Baseline and Annual CRC Screening Rates and Practices
 - Screening Rate Status
 - CRC Screening Rates
 - EHR Screening Rates
 - CRC Screening Practices and Outcomes
- Section 4. Baseline and Annual Monitoring and Quality Improvement Activities
- Section 5. Baseline and Annual Evidence-based Interventions (EBIs) and Other Clinic Activities
 - 5-1: EBI-Patient Reminder System
 - 5-2: EBI-Provider Reminder System
 - 5-3: EBI-Provider Assessment and Feedback
 - 5-4: EBI-Reducing Structural Barriers
 - 5-5: Small Media
 - 5-6: Patient Navigation
- Section 6. Annual Implementation Factors
- Section 7. Other Baseline and Annual Colorectal Cancer Activities and Comments

CRCCP DP20-2002 Program Years (PY)

	START DATE	END DATE
PY 1	JULY 1, 2020	JUNE 30, 2021
PY 2	JULY 1, 2021	JUNE 30, 2022
PY 3	JULY 1, 2022	JUNE 30, 2023
PY 4	JULY 1, 2023	JUNE 30, 2024
PY 5	JULY 1, 2024	JUNE 30, 2025

Data Collection Notes:

- Baseline data are required for all clinics participating in CRCCP-NOFO DP20-2002.
- For clinics enrolled during the previous CRCCP funding period (NOFO DP15-1502) and still active, awardees must re-submit baseline data using the clinic's NOFO DP15-1502 program year 5 reported screening rates as the current baseline screening rates.
- For new clinics, baseline data are reported when new clinics are enrolled to participate in CRCCP activities and reflect activities prior to CRCCP activity implementation (Item BL-2: Clinic CRCCP Activities Start Date).

Clinic Data Collection Tools

CRCCP Baseline and Annual Clinic Data

Data Users' Manual

DP10-2002, Colorectal Cancer Control Program (CRCCP)
August 2020, v1.0

Centers for Disease Control and Prevention
Program Services Branch
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion

Clinic Baseline and Annual Data Collection Forms

CRCCP NPD 2000-2002
OMB # 0905
Expiration Date: XX/XX/XXXX
Version date:

Colorectal Cancer Control Program (CRCCP)
Clinic Data Dictionary

Public reporting burden of this collection of information is estimated to average X hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-XXXX).

Data Dictionary

Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics

Guidance Document

CDC RFA DP10-2002 Colorectal Cancer Control Program
CDC RFA DP17-1701 National Breast and Cervical Cancer Early Detection Program

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control
Program Services Branch

Updated August 2020

Measuring Screening Rates Guidance Document

Data Users' Manual

Thank you!

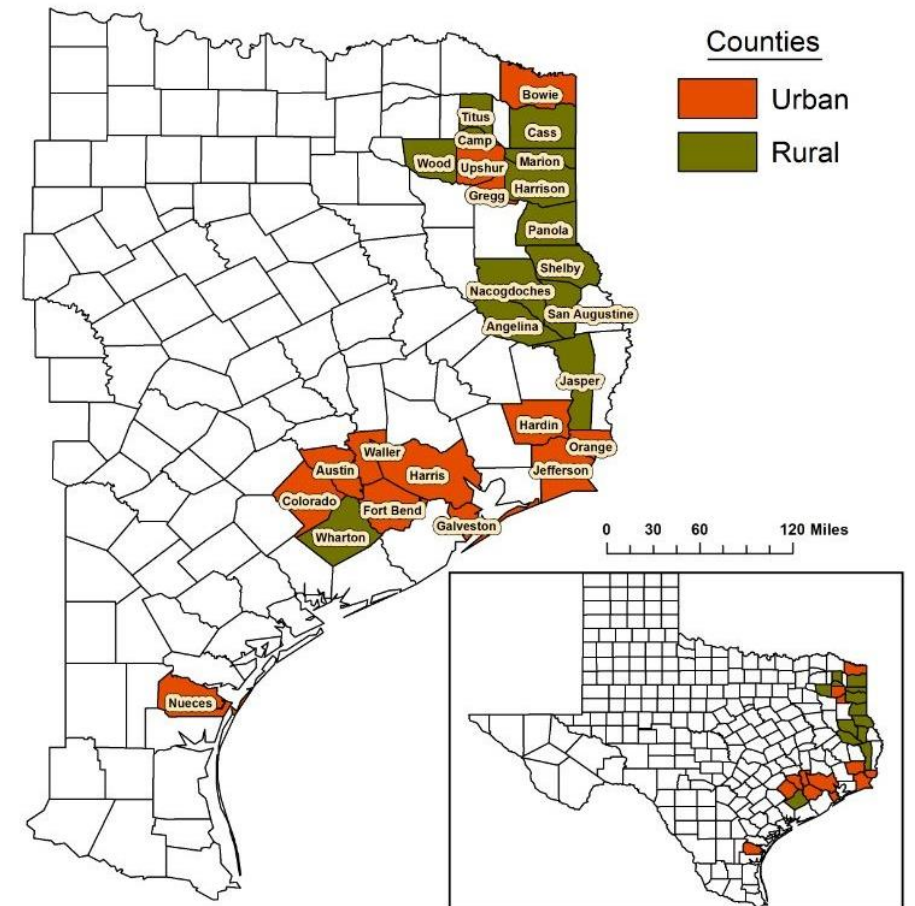
Go to the official federal source of cancer prevention information:
www.cdc.gov/cancer



Division of Cancer Prevention and Control
Reliable. Trusted. Scientific.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Texas FQHC Partners	Counties Served Urban/Rural	# of Clinic Sites	CPRIT CRCS Program	1115 Waiver CRCS Program
TEXAS GULF COAST REGION				
Gulf Coast Health Center	Jefferson, Orange, Hardin/Jasper	5	X	
Coastal Health & Wellness	Galveston	2	X	
Amistad Community Health Center	Nueces	1	X	
Access Health	Austin, Colorado, Fort Bend, Waller/Wharton	5		X
Avenue 360	Harris	6		X
EAST TEXAS REGION				
Hope Community Medicine	Panola, Shelby, San Augustine	3	X	
Genesis PrimeCare	Bowie, Gregg/Cass, Harrison, Marion	3	X	
Wellness Pointe	Gregg, Upshur/Camp, Titus, Wood	5	X	
East Texas Community Health Services	Angelina, Nacogdoches	3	X	
Carevide	Collin, Hunt, Fannin, Delta, Kaufman, Hopkins	6	X	
Total: 10 FQHCs	Urban: 16 Rural: 16 Total: 32	39		

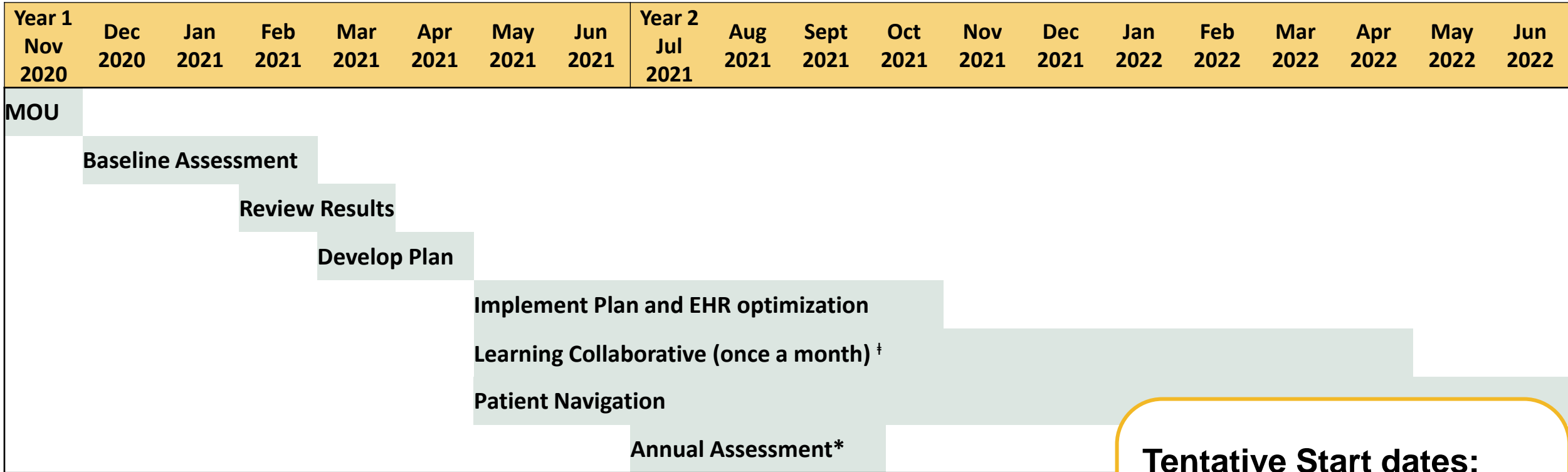


Phased in approach

We will bring on 2 FQHC systems every 6 months, for a total of 7-9 clinics.

Region	Cohort 1 Fall 2020	Cohort 2 Spring 2021	Cohort 3 Fall 2021	Cohort 4 Spring 2022	Cohort 5 Fall 2022
Gulf Coast	[Enter Name of FQHC and Clinics]	[Enter Name of FQHC and Clinics]	[Enter Name of FQHC and Clinics]	[Enter Name of FQHC and Clinics]	[Enter Name of FQHC and Clinics]
East Texas	[Enter Name of FQHC and Clinics]	[Enter Name of FQHC and Clinics]	[Enter Name of FQHC and Clinics]	[Enter Name of FQHC and Clinics]	[Enter Name of FQHC and Clinics]
Total Clinics					

Cohort 1 (7-9 clinics) Timeline



† Technical Assistance will be provided once a month for twelve months through the Project ECHO platform. Additional Technical Assistance will be available on an as needed basis.
 *Annual Assessments are due each project year. Assessments are due between July and September in 2021, 2022, 2023, 2024, and 2025.

Tentative Start dates:
 Cohort 2 start May 2021
 Cohort 3 start Nov 2021
 Cohort 4 start May 2022
 Cohort 5 start Nov 2022

Benefits of Participation

- Help you reach your CRC screening goals
- Practice facilitation from program directors
- UTHealth Gulf Coast Regional Extension Center (GCREC) consultation for Electronic Health Record optimization
 - Meet CQM and UDS requirements
- Participate in learning collaborative with fellow FQHC's (the ECHO platform)
- Funds for colonoscopy follow-up for those that do not qualify under another grant or program
- \$4,000/per clinic in financial support

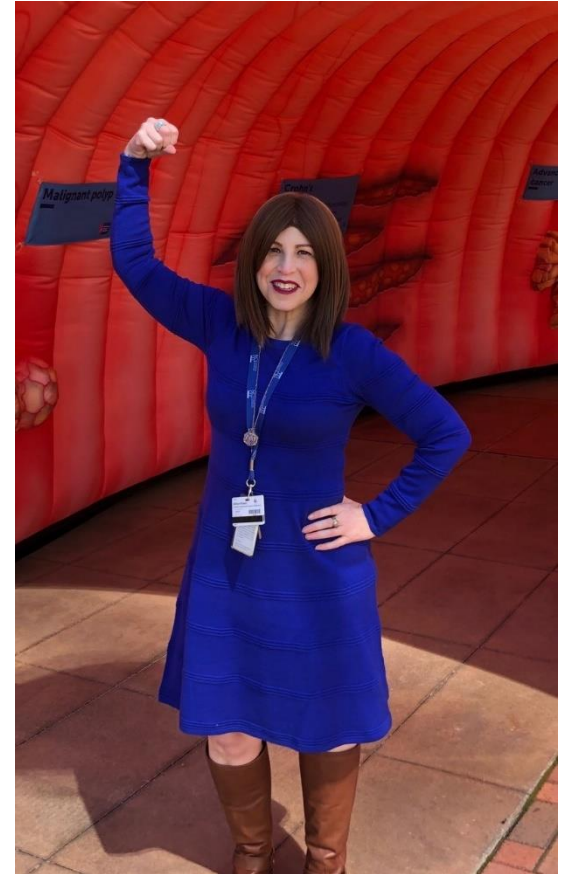
Next Steps

- Project Director will meet with clinic leadership to discuss participation and answer any questions
- Engage FQHC systems that will participate in Cohort 1
 - MOU
 - Readiness assessment
- Quarterly Check-in with FQHC systems to continue engagement

Our Why



“As a colorectal cancer survivor I want all members of the community to know colorectal cancer is preventable through screening. Screening is much easier than going through years of cancer treatment.” **Allison Rosen**



Thank you



Questions

Allison Rosen

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Maria Fernandez

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