



## CALL II – CRCCP

**November 28, 2023 4:00-5:00 p.m. ET**

*The “Enhancing Cancer Program Grantee Capacity through Peer-to-Peer Learning” project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$400,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.*



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# AGENDA

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- Welcome and Introductions
- Kick-off Speakers
- Q&A
- Facilitated Breakout Groups
- Report Outs from Breakout Groups



# COMING UP! CALLS III-IV

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**Nov. 29, 11:00 a.m. - 12:00 p.m. ET**  
NBCCEDP and CRCCP Awardees Combined



**Sharde' Burton, MPH**  
Program Director, Colorectal Cancer Program  
Michigan Department of Health and Human Services



**Benji Raap**  
HIV/LGBTQ+ Cancer Navigator  
Cancer Prevention and Control Section  
Michigan Department of Health and Human Services

**Nov. 30, 5:00 p.m. - 6:00 p.m. ET**  
NBCCEDP Awardees Only



**Cushanta Horton, MPH**  
Branch Head, Cancer Prevention and Control Branch  
North Carolina Division of Public Health



**Heather Dolinger**  
BCCHP Manager  
North Carolina Division of Public Health



# PEER — TO — PEER LEARNING

Peer-to-Peer Learning Year 5 Year 4 Year 3 Year 2 Year 1

## YEAR FIVE

### Project Description

The P2P Learning program is a grantee-informed learning and engagement opportunity that provides breast, cervical, and colorectal programs a space to share and learn from each other. The program includes webinars, calls, and summaries of innovations. These events are open to all breast, cervical, or colorectal programs who receive cooperative agreement funding from CDC.

### Activities

Year five programming includes a colorectal cancer control program virtual training, three P2P Learning call series, and two subject matter expert webinars. The content of these activities were informed by the Awardee Planning Group.

### Colorectal Cancer Control Program Virtual Training



Colorectal cancer control program awardees, subject matter experts, and partners gathered virtually to REflect, REcommit, and REignite their program for screening success! The training was held Nov. 1-2 2022 and provided a venue to exchange the latest efforts related to colorectal cancer prevention and control.

VISIT THE EVENT ARCHIVES

### MAY/JUNE - Patient Navigation to Advance Equity in Cancer Screening Services



#### Associated Materials:

- Webinar Slides
- Keynote Speaker Bio

# Peer-to-Peer Learning Resource Website

<https://www.chronicdisease.org/p2plearning>



# Thank you, Awardee Planning Group Members!

- **Elizabeth Berardi**, Tennessee
- **Jenna Calder**, American Indian Cancer Foundation
- **Marybeth Curtis**, UAMS
- **Alexia Denton**, Florida
- **Shani Fields**, New York
- **Tina Gerovac-Lavasseur**, American Indian Cancer Foundation
- **Julie Gries**, Indiana
- **Jennifer Hamilton**, Texas
- **Gale Johnson**, Wisconsin
- **Vinita Oberoi Leedom**, South Carolina
- **Jonathan Lillpopp**, Connecticut
- **Hilary McQuie**, Louisiana
- **Jennifer Park**, North Carolina
- **Lisa Scott**, South Carolina
- **Gretchen Sminkey**, Maine
- **Kelcie Sturgeon**, West Virginia
- **Chandra Zambruno**, New Hampshire

# Meet Today's Peer Kick-off Speakers

## Colorectal Cancer Prevention Network of University of South Carolina



**Lisa Scott, BS**

Education Manager  
Colorectal Cancer Prevention Network  
University of South Carolina



**April Wix, LPN**

Clinic Nurse, Little Mountain Family Medicine  
Cooperative Health



**Eric Schlueter, MD**

Chief Medical Officer  
Cooperative Health



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# Patient Reminder Yields Impressive Improvement with Quality Measures

## EBI Implemented: Patient Reminder

### WHY:

Increase patient visits of unscreened/ under screened patients, allowing provider to assess patient needs and recommend CRC screening face-to-face.

### HOW:

Pull quarterly Azara Care Gaps report, identifying patients due for CRC screening and Diabetes mellitus (DM).

### OUTCOMES:

Improved quality measures  
**CRC Screening: +27%**  
**Uncontrolled DM: -1.8%**  
Cervical Screening: +12%  
Breast Screening: +14.3%  
Controlled HTN: +4.9%  
Tobacco use: +6.1%

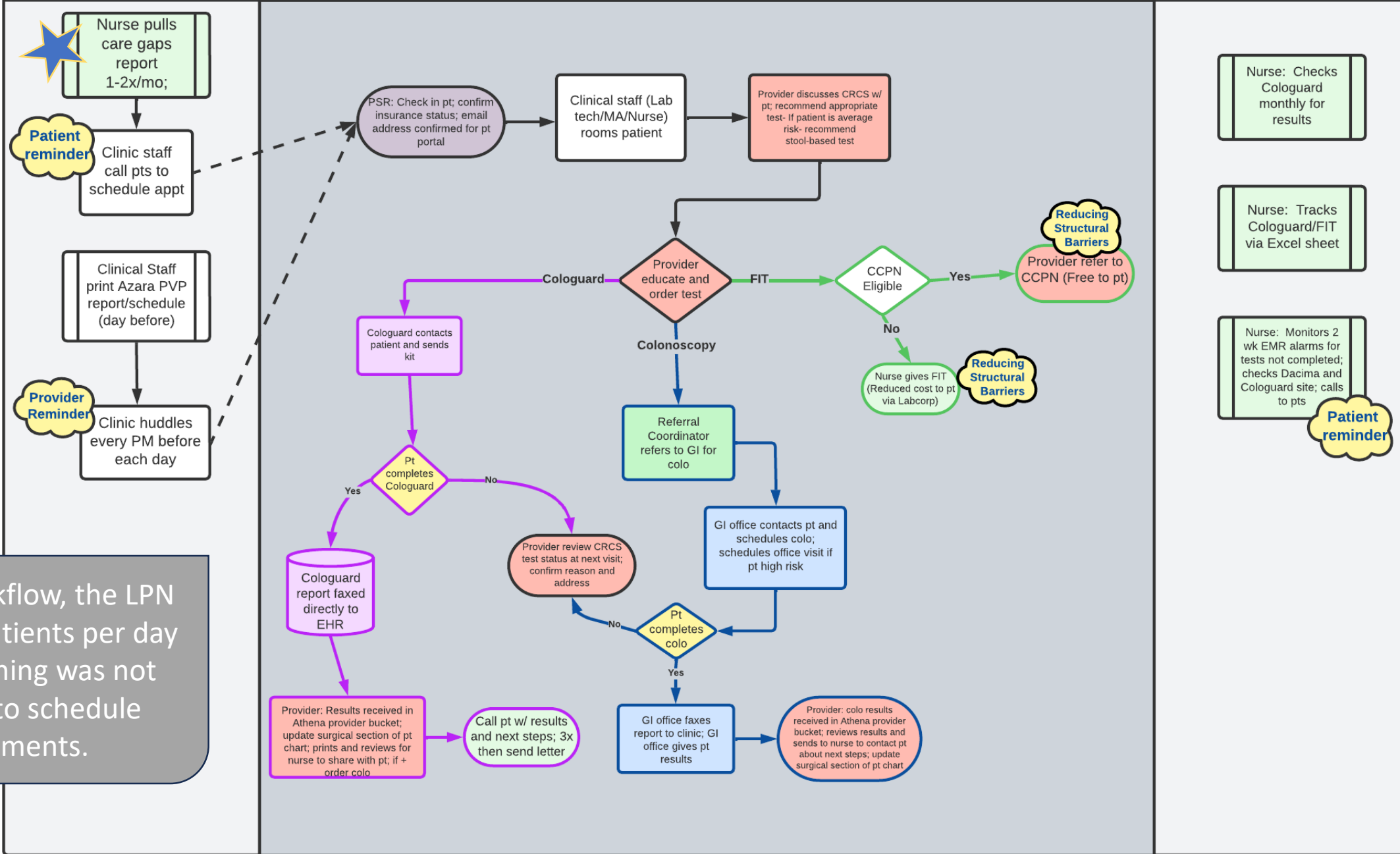
### RESULTS:

Using patient reminder in clinic workflow at time of call to patient for annual visit scheduling is most impactful to significantly optimize CRC screening and other priority measures.

# Pre-visit

# CRCS Patient Encounter (Check-in to result)

# Post-visit



Patient reminder

Provider Reminder

Reducing Structural Barriers

Reducing Structural Barriers

Patient reminder

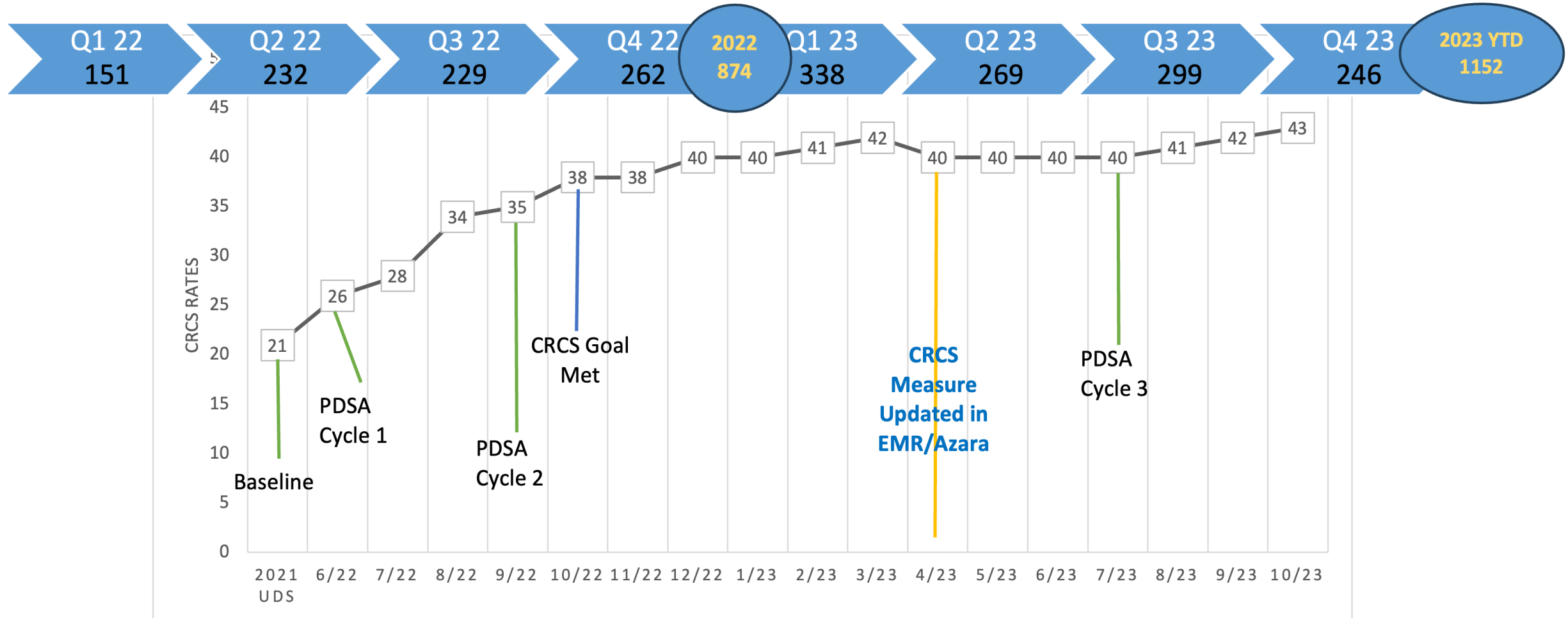


In clinical workflow, the LPN contacted 2 patients per day whose screening was not up-to-date to schedule appointments.

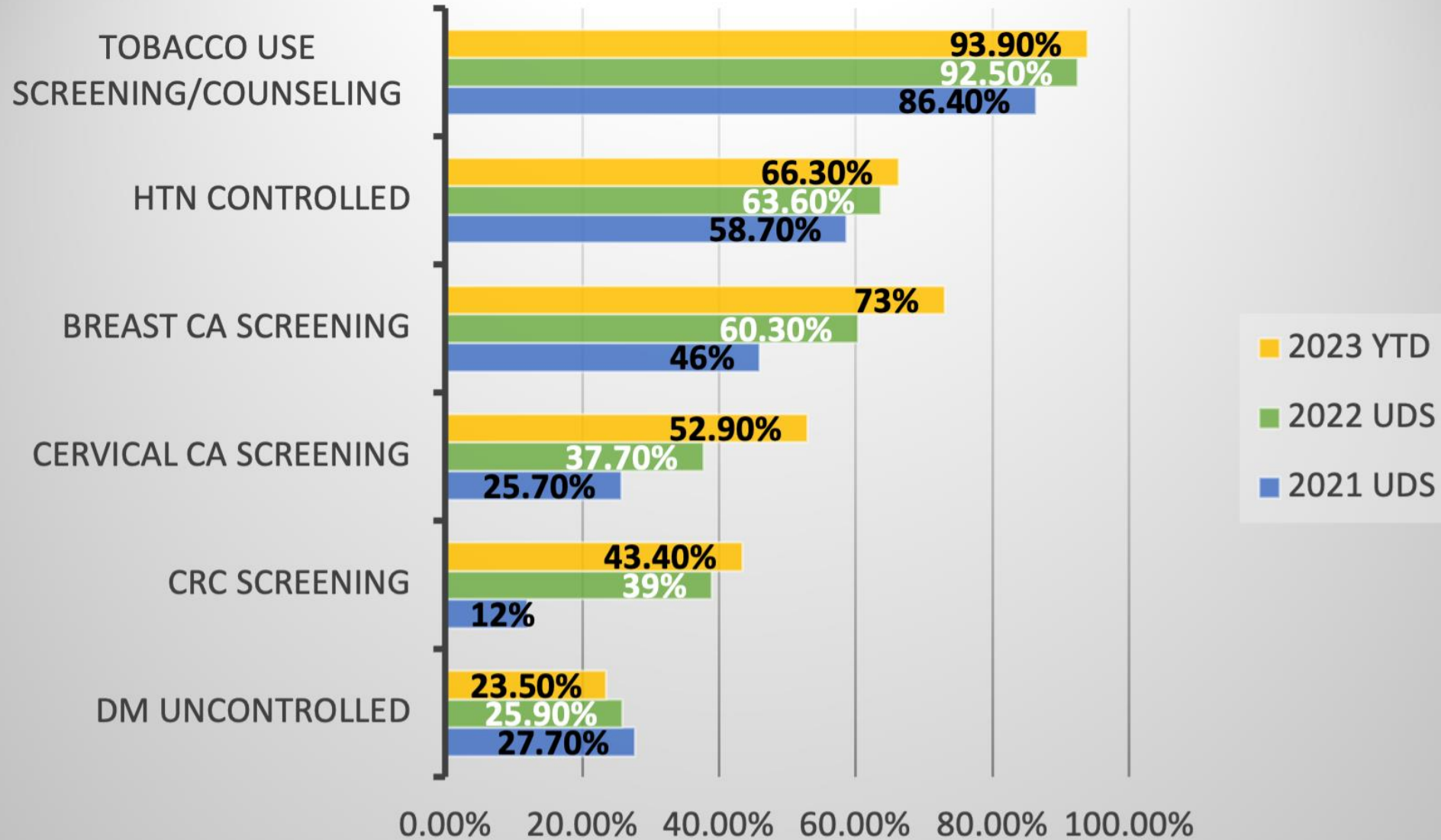


# UDS Qualifying Encounters Impact CRC Screening Rate

UDS Qualifying Patient Encounters ↑ 24% from 2022 to 2023 YTD



# Impact on Quality Measures



# Success at Little Mountain Family Practice

- Getting patient to physical visits
- Assessing patients and focusing on priority issues
- Patient involved in the screening decisions
- Clinic teamwork –
  - Knowing/Understanding the “WHY”
  - Reports shared with all staff



Little Mountain Team celebrating “Dress in Blue Day” (March 2023)

*“On behalf of the Little Mountain Family Practice team, I would like to thank your team for assisting us over this two-year period to improve our colon cancer screening outcomes. Your suggestions and recommendations have provided the needed catalyst to drive improved colon cancer screening overall. We consider this a win for our patients and community.”* **Odette Fisher-Glover, FNP-C**



Rosetta Whipper, LPN, Odette Fisher-Glover, FNP-C, April Wix, LPN

# Questions

**Lisa Scott**

**Education Manager**

Colorectal Cancer Prevention Network  
University of South Carolina

[scottla4@mailbox.sc.edu](mailto:scottla4@mailbox.sc.edu)





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