Peer-to-Peer Learning Call Series
Integrating Cancer Screening with Other Disease Programs: The What, Who, and How
November 28-30, 2023

SUMMARY OF INNOVATIONS

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The Peer-to-Peer (P2P) Learning Program continued its work by offering a learning platform in which National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Colorectal Cancer Control Program (CRCCP) awardees can discuss programmatic innovations and challenges. The focus of the November 2023 P2P call series was ***Integrating Cancer Screening with Other Disease Programs: The What, Who, and How.*** The objective of this call series was to encourage awardees to share their successes, challenges, and solutions for integrating cancer screening with other cancer or disease programs (such as HPV and immunization, WISEWOMAN, etc.).

The National Association of Chronic Disease Directors (NACDD) and Strategic Health Concepts (SHC) facilitated a total of four one-hour calls. The format of the four calls included a brief "kick-off" presentation by either a NBCCEDP or CRCCP awardee answering the discussion questions listed below. Kick-off speakers were asked to outline integration strategies and approaches in their presentations. Recordings of the calls and copies of the kick-off speaker presentations can be found HERE or at chronicdisease.org/p2plearning.

During the calls participants participated in break-out sessions to discuss questions in smaller groups. Two of the calls afforded participants the opportunity to select participation in breakout discussions focused on urban or rural issues. Participants had opportunities throughout all sessions to ask questions of both the kickoff speakers as well as their colleagues on the call.

Call #1: November 28, 2023 - NBCCEDP
Call #2: November 28, 2023 - CRCCP
Call #3: November 29, 2023 - NBCCEDP and CRCCP
Call #4: November 30,2023 - NBCCEDP

Discussion questions addressed during kick-off presentations and breakout discussions included: Describe your efforts to integrate cancer screening with other disease programs and partners. Include the following:

- How you decided to integrate with the program/partner
- Key steps and decisions you made
- Outcomes you used to measure success
- Results and lessons learned
- Critical resources and tools you used

Summary of Innovations

Types of Integrated Programs and Partnerships

Awardees identified a variety of programs and partners they have worked with to integrate their efforts. These programs and partners include:

- Federally Qualified Health Centers (FQHCs)
- Community health clinics
- Health systems and clinic partners
- Other cancer screening programs
- WISEWOMAN programs
- LGBTQ+ programs
- STD/HIV programs
- Immunization programs
- Diabetes programs
- Tobacco quit line programs

Key Criteria for Integrated Programs and Partnership

- Work with a program or partner who already is familiar with CDC program requirements, as this knowledge helps with onboarding and a general understanding of the CDC cooperative agreements.
- Meet with other programs and partners to map out program and patient touch points, data collected, and interactions.
    - Look for commonalities and opportunities to reduce duplication by sharing and learning from the efforts of others.

Integration Strategies

Patient Recruitment, Co-Branding and Shared Messaging

- Leverage health promotion months as opportunities for integrated recruitment/messaging, such as cervical cancer awareness month for screening and HPV vaccination.
- Develop holistic messaging and/or multiple screening messages with programs and partners.
- Combine multiple screening messages with personalized follow up for the best results, to help the patients understand messaging and apply it to their situation.
- Co-branding with other programs and partners can be powerful for credibility and messaging, including partners outside of a health department (e.g., American Cancer Society).
- Identify opportunities for combined program recruitment efforts – such as online, in-person (e.g., during health coaching sessions), advertisements, direct mail, etc.
- Assure interpretation services are available to patients as a critical element for integrating messages and referrals.
- Use the expertise of patient navigators when it comes to deciding how to offer combined services and integrated messages.
    - Cross-training navigators is helpful to support integration.

Patient Intake and Reminders

- Patient intake and triage processes offer information and options or referrals for multiple screening tests, such as:
    - Shared enrollment screens
    - Shared enrollment forms
    - Common consent language
    - Shared client profile tools

- Start with realistic goals for integrating recruitment and intake efforts in the clinic setting.
    - Understand better what is needed to support integration.
    - Identify stumbling blocks to address.
    - Set a goal of 2 patients per day or X number of patients per week to whom combined services are offered.
- Identify opportunities to combine screening reminders for not only the individual, but for significant others as well.

Forms and Data Sharing

- Look for opportunities to combine forms to reduce duplicate data being gathered and increase efficiency for patients.
- Strive to plan for or develop systems that are integrated or compatible to reduce challenges presented by different data collection forms and systems.
- Utilize data staff who are cross trained on program data requirements to better identify opportunities for integration and work to combine data sources.
- Meet with other programs and partners to systematically look for similar outcomes and common data collected and identify ways to combine collection and reporting efforts.
- Enlist the support of partners to assist with integrating data systems and training providers on how to optimize electronic health systems for integrated efforts, such as Primary Care Associations.

Staffing

- Implement cross training for the following groups:
    - Navigators and community health workers to share information and refer patients to multiple programs such as cancer screenings, chronic disease, and community services.
    - Clinic/partner and program staff to learn about other programs, so they can leverage opportunities to promote another program when the occasion arises.
- Utilize periodic joint staff meetings as a platform to integrate and coordinate efforts if cross training of program staff is not feasible.

Bundled Payment System

- Implement bundled payment systems where possible to ease the burden on clinic and program staff.

Contracting

- Look for options to integrate program guidelines and requirements into combined contracts to minimize administration efforts for partners and programs.
- Use common contracted providers across programs to help with integration, even in the absence of a combined contract.

Kick-off speaker presentation materials and call recordings can be found HERE and at www.chronicdisease.org/p2plearning.

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