



**Peer-to-Peer Learning Call Series  
Sustainability: Making Changes Stick  
May 9-11, 2022**

**SUMMARY OF INNOVATIONS**

**Topic Area: Sustainability: Making Changes Stick**

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**Peer to Peer Learning Calls**

The Peer-to-Peer (P2P) Learning Program continued its work in offering a learning platform in which NBCCEDP and CRCCP awardees can discuss programmatic innovations and challenges. The focus of the May P2P calls was key factors to sustaining partners' evidence-based interventions for the long term.

NACDD facilitated a total of four one-hour calls that were offered to both NBCCEDP and CRCCP awardees as "mixed" calls so that both programs could participate on the same calls if desired.

The format of the calls included a brief "kick-off" presentation by an awardee describing partners they work with, challenges, and solutions related to the factors they felt were most important to sustaining their EBI efforts. Awardees participated in break-out sessions to discuss questions in smaller groups and had opportunities throughout the session for questions and answers.

The questions posed to the participants for discussion were:

1. What does sustainability mean to you/your program? Do you know if that is the same or different than what it means to your partners?
2. There are many factors that impact whether an EBI will be sustained. They may include:
  - a. Supportive champions and staff
  - b. Adequate resources (staff, space, funding)
  - c. Engaged stakeholders (e.g., other health systems, providers, community-based organizations)
  - d. Organizational capacity and readiness to implement an EBI
  - e. Monitoring and evaluation
  - f. Adaptation of the EBI and integration into the clinic workflow
  - g. Communication and training about the EBI, along with feedback

Question: In your opinion are some of these factors more important than others? Are there any important factors missing from the list? What are your experiences (successes or challenges) in addressing one or more of these factors?

## Summary of Innovations

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

### **Awardee Definitions of Sustainability\***

Awardees shared their definition of sustainability at the beginning of each call, via chat. The responses typically fell into three categories related to funding, program intervention, and being able to maintain screening increases/systems changes over time. Please see the list at the end of this document for the definitions shared by awardees or click [HERE](#) to go immediately to the list.

### **Supportive champions and staff**

- Having a designated champion who is engaged and motivated is a significant key to success.
- Structuring your champion as a leader within a team. It is not enough to have one person engaged; this needs to be a team effort. This is especially important when we have clinics with high turnover; if your champion leaves, you'll still have team members who can move forward.
- Forming a team that includes a nurse, data manager, a nurse navigator, and an administrative person.
- Assuring your champion has the authority or has been given permission to make decisions regarding integrating the EBI into the clinic workflow.
- Having a champion is important, but clinic and health system leadership buy-in is critical. Understanding what motivates leadership and what their goals are will help get the high-level buy-in needed.
- Asking the staff and leaders to come together when challenges arise, describe the problem, and jointly come up with solutions.
- Asking partners what type of staff member they believe should lead the EBI effort.
- Funding a patient navigator in one clinic example provided. The clinic director/leadership was so pleased with the return on investment they found resources to continue the patient navigator position.

### **Adequate resources (staff, space, funding, training)**

- Working towards having a designated EBI implementation position within the clinic.
- Cross training staff in various elements of the EBI helps when there is a lot of turnover.
- Working with partners to look at sustainability not as funding, but as integrated processes.
- Collaborating with a larger stakeholder such as a primary care association, can provide a great deal of foundational support (e.g., trainings, peer to peer networks, etc.). When working with PCAs, ask what their priorities are related to cancer. Show them how EBIs can work for many types of cancer screening and how clinics can build on similar approaches outside of cancer (e.g., hypertension).
- Providing quality improvement training/skills like root cause analysis, PDSA cycle, etc.

### **Monitoring and evaluation**

- Providing clinic partners with data about patients who they are getting into screening and those specific populations that they are missing; problem solving for those populations.
- Showing the return on investment from key EBI factors such as patient navigators, enhanced EHRs, and recall/reminder systems.
- Communicating that implementing the EBI does not have to be an all or nothing concept. Doing something is better than nothing.
- Integrating into the partners' action plan a sustainability element from the very beginning.
- Asking partners what information and data they want to see each month.
- Assuring you are providing data every month. People like feedback; it will continue to remind them of the outcomes of their efforts.
- Using quality improvement measures, especially those required, like UDS measures.

### **Adaptation of the EBI and integration into the clinic workflow**

- Making patient appointments for screenings creates an opportunity and increased screening guideline knowledge.
- Incorporating the EBI into the workflow for everyone in the clinic and into the EHR system so the initiative is consistent, and people are being trained on policy and follow through. This can't be a stand-alone effort.
- Completing readiness assessments to see how the clinic operates, how the clinic flows, where patients go in and out, areas of downtime, etc.
- Creating an appointment for patients to drop off FIT tests.
- Sending out a FIT Kit before a patient's appointment. This has been shown to increase return rates.
- Partnering with other chronic disease efforts so that messages are coordinated, and workflow and other clinic efficiencies are identified and leveraged.

### **Communication and training about the EBI, along with feedback**

- Assuring there is a clear description of roles and responsibilities that has been developed and communicated by the clinic team. This will create more buy-in and understanding of who is doing what. Realizing that, as a program, your partners will need your commitment to education, training, and technical assistance. Patience and ongoing communication are essential.
- Creating and sharing an online resource/folder that has training materials such as videos, quizzes, and other materials related to the EBI. This is helpful for new employees, as well as a refresher for all, and is not dependent on program staff's time or scheduling.

## **\*Awardee Definitions of Sustainability**

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#### Sustainability = Funding:

Continuing program after extra funding has ceased.

Activities that remain after grant funding ends.

Sustainability: Once resources or funding ends, the intervention or program can continue without it.

Sustainability means being able to continue the CRCS work and EBIs without cooperative agreement funding assistance.

The ability to continue activities after intervention/funding has ceased.

Maintaining EBIs once clinic funding decreases and eventually ends.

Integration of activities and processes into standard practices that leads to partners no longer requiring funding.

Long-term continuance of programs with or without funding.

Ability to continue/deliver program activities when cooperative agreement funding has ended.

#### Sustainability = Program Intervention:

Ability to continue a program's successes without intervention from the NBCCEDP awardee keeping it going.

Having clinic partners continue to improve their CRC screening rates after assistance is no longer available.

In MI, we define sustainability as activities that have been implemented in a project that are maintained after the project ends without ongoing assistance.

Sustainability of the HSI is when clinics will continue to use EBIs and continue to implement clinic improvements to increase screening when the State Department of Health is no longer providing practice coaching.

Maintaining the gains independently.

Sustainability-the ability of the partnering organization to keep any implemented activities going once the program has moved on/out.

Empowers our clinic partners to continue evidence-based practices that improve patient outcomes related to cancer screening well beyond our work with them.

#### Sustainability = Long Term, etc.:

We define sustainability as being able to maintain changes/improvements long-term.

Consistent and maintained changes over time.

Maintaining improvements/changes beyond project time frame.

We define sustainability as the existence of structures and processes that allow a program to leverage resources and implement activities over time.

Sustainability for me in NC means implementing the BCCCP program across NC to serve all eligible residents for BCCCP with fidelity to program's mandates.

Have Cancer Case Managers in each clinic. Initiate changes that benefit the clinic staff as well as patients.

Support from institutional leadership.

Numbers define our organization. People define our cause.

Expansion and deepening of impact.

Strategies and tools that are "easy" to implement but are also able to grow as we do.

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