

The How:  
**Making Change Based on  
Program Evaluation Data**



**Call**  
SERIES  
**APRIL 2024**



## Call Series Overview

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The Cancer Peer-to-Peer (P2P) Learning Program offers a learning platform in which National Breast and Cervical Early Detection Program (NBCCEDP) and Colorectal Cancer Control Program (CRCCP) awardees can discuss programmatic innovations and challenges. The focus of the April 2024 P2P call series was **Making Change Based on Program Evaluation Data**. The objective of this call series was to explore more in-depth the strategies, successes and lessons learned from an April 24, 2024 webinar about using evaluation data to make program changes.

With support from the Centers for Disease Control and Prevention (CDC), the National Association of Chronic Disease Directors (NACDD) and Strategic Health Concepts (SHC) facilitated four one-hour calls. Each call included a brief “kick-off” presentation by NBCCEDP and CRCCP awardee program directors who gave presentations during the April 24<sup>th</sup> webinar, then a large group discussion on specific questions. The calls were segmented to match the three topics presented during the webinar, including:

- Call #1: April 29, 2024 – The How: Data
- Call #2: April 29, 2024 – The How: Partnerships
- Call #3: April 30, 2024 – The How: Integration
- Call #4: May 1, 2024 – Open Office Hour on all topics

Polling results from the April 24<sup>th</sup> webinar were used in each session to guide discussion and prompt participants to share their experiences. Participants had opportunities throughout all sessions to ask questions of the kickoff speakers and their peers. Highlights and innovations from the office hour call are integrated into the three topic summaries below.

## Summary of Innovations

### Call 1: Data

#### Discussion Questions:

1. How do you help your clinics make data-driven decisions to improve screening numbers and outcomes?
2. What tips or methods can you share about using data/information with clinics that might be useful to your peers?

#### April 24 Webinar poll question related to data:

1. Our program needs more expertise in using electronic medical records (EMRs) to assist our partners in identifying ways to improve screening. (N=61)
  - A. Agree - 48%
  - B. Somewhat agree - 26%
  - C. Neutral - 18%
  - D. Somewhat disagree - 3%
  - E. Disagree - 5%

### Working with Clinic Partners

- Be flexible as clinics work through issues with using electronic medical record (EMR) systems and reports.
  - Allow time to incorporate changes and updates to systems.
  - Work with clinic quality improvement (QI) teams to make EMR report changes.
  - Use results and incorporate providers into change discussions.
- Frame your relationship with clinics as a partner relationship – you are in this together! Take a personalized approach with each clinic partner.
- Assess the clinic’s knowledge of what EMR reports are available to them, and then, if and how they use them. Work with an EMR provider and clinics to increase the use of reports.
- Educate clinic partners continuously on the use of evaluation data, including tapping into existing learning opportunities to help clinics understand best practices and how to apply those to their own setting.
  - Exact Science is a good colorectal cancer (CRC) resource for educating clinic partners.
- Utilize contractors to help clinic partners with their EMRs, and other evaluation data to make changes. This is effective especially if you can find someone experienced in a variety of EMRs.
  - Contracted staff can share monthly screening rates tailored to each clinic in an electronic newsletter format, along with linked resources to help improve rates.

## **Using Electronic Medical Record Reports**

- Look at current workflow first to understand patient flow and to identify root causes affecting screening, and then select evidence-based interventions (EBIs) to address those root causes. Once EBIs are selected and Plan-Do-Study-Act (PDSA) cycles occur, look at data/monthly EMR reports.
- Empower clinics to undertake data validation themselves, and then together review results to uncover issues, errors (e.g., use of incorrect data filters). In addition, do chart reviews so your program staff are familiar with the data and can provide feedback to individual providers in the clinic.
- Work with your primary care association to establish relationships with EMR providers.

## **Data to Use**

- Examine screening completion rates in addition to clinic screening rates to support QI (e.g., with FIT return rate, colonoscopy completion rate). Doing this will help find the root causes of lagging screening rates.
- Look at both the numerator and denominator to better understand trends and factors that might have affected the screening rate, such as the shift to beginning CRC screening at age 45.
  - EMRs were not immediately updated with the age change.

## **Education and Training**

- Keep apprised of education opportunities for EMR use that can be provided to clinic partners, such as training and webinars about EMR changes.
- Connect clinics to each other to share tips and methods for using EMRs. It was acknowledged that it would be helpful if CDC could help convene EMR providers with awardees to share information and provide education to clinic partners.

## **Call 2: Partnerships**

### Discussion Questions:

1. How do you evaluate partnerships within your program?
2. What can get in the way of a good partnership? What can help facilitate a good partnership?
3. What partnerships do you wish you had? What is needed to make that partnership develop?

### April 24 Webinar poll questions related to partnerships:

1. Are you currently evaluating the partnerships within your program? (N=37)
  - A. Yes - 76%

- B. No - 24%
- 2. I feel our program is strong in: (N=34)
  - A. Developing new partnerships - 15%
  - B. Maintaining existing partnerships - 41%
  - C. Strengthening existing partnerships - 38%
  - D. Evaluating partnerships - 6%
- 3. Our program could use assistance with: (N=35)
  - A. Developing new partnerships - 34%
  - B. Maintaining existing partnerships - 3%
  - C. Strengthening existing partnerships - 29%
  - D. Evaluating partnerships - 34%

### **Types of Partnerships with Whom Awardees Can Work on Sharing/Using Evaluation Results**

- Clinic partners: individual clinics, health systems, FQHCs, referral specialists (e.g., GI providers)
- Contracted QI staff
- Regional or state-based partners that work with programs to help clinics improve outcomes (e.g., ACS, learning collaboratives, primary care associations)
- Partnerships desired:
  - Three-way connection between CDC, EMR providers/vendors, and programs.
  - Linkage with GI providers so awardees can help clinic partners problem-solve with GIs. **Solutions:**
    - Convene GI practices and clinic partners, including FQHCs, in a roundtable discussion to talk about challenges each are experiencing and follow up with ongoing discussion to address issues uncovered.
    - Utilize comprehensive cancer control programs and coalitions to help bring GIs to the table.

### **Facilitators for Good Partnerships**

- Establish recurring two-way communication through meetings to identify challenges and solutions. It increases the potential to establish a true partnership relationship.
- Combine requests for data and channel communication through one central point of contact to streamline communication.
- Give recognition awards to clinic partners to encourage a focus on using data and innovation.
- Address the lack of time and competing priorities as partners are engaged.
  - Recognize that the COVID pandemic still is having an impact and continue to meet partners where they are with using data and implementing EBIs.

- Be specific about who needs to be on which calls to make the best use of clinic staff time.
- Define clearly the roles and responsibilities for different types of partners, including what the program can provide.

### **How to Evaluate Partnerships**

- Gather qualitative and quantitative evaluation data through surveys, pre- and post-focus groups (annually), and interviews with clinic partners and other types of partners.
- Evaluate clinic partners but also the awardee program. Ask and answer: Are clinics achieving desired outcomes and are we as a program providing what clinic partners need?
- Use qualitative data to understand clinic partner expectations, needs, and priorities.
- Leverage focus groups/interviews to better understand individual clinic survey results as initial work with clinic partners begins.
- Identify and document the purpose and geographical orientation of partners to make sure the program is engaging the right partners to address identified challenges in specific areas (i.e., making sure the right partners are at the table to help reach specific populations).

### **Call 3: Integration**

#### Discussion Questions:

1. As a data-focused program, how do you build a data-driven culture with your clinic partners?
2. What tips or methods can you share about using data for future program planning that might be useful to your peers?

#### April 24 Webinar poll questions related to integration:

1. I feel our program does a good job of developing a data-driven culture that includes using evaluation data for future program planning: (N=36)
  - A. Agree 39%
  - B. Somewhat agree 36%
  - C. Neutral 3%
  - D. Somewhat disagree 19%
  - E. Disagree 3%

### **Building a Data-Driven Culture**

- Build and sustain program capacity to evaluate and work with clinic partners on evaluation and use of results:
  - Provide training for those who collect and use data and allow time for training. Consider redistributing work while training is happening.

- Ensure program staff include clinical and non-clinical staff/capacity. Clinical expertise helps drive use of data/evaluation results
- Permit staff and partner interests and questions drive deeper exploration and analysis of data.
- Emphasize the program role as technical assistance provider through collaboration and problem solving
- Recognize clinic partner outcomes through awards, especially those that are given based on evaluation data results.
  - Awards can be certificates and promoted through social media to spread the word/make the recognition more visible
- Share evaluation results with clinic partners and other types of partners on a regular basis with intention.
- Challenge clinic partners, who feel they are doing a good job of screening patients based on an overall clinic screening rate, to do a deeper analysis of the data to uncover pockets of their patient population that are experiencing challenges (e.g., review the Medicaid population data and see if their screening rates need improvement).

#### **Using Data for Future Program Planning**

- Integration is sustainability. Building in a process for data-driven decision making leading to system changes will greatly increase successful sustainability.
- Convene strategic planning discussions with clinic partners on a regular basis (e.g., annually). A consistent approach helps to build relationships between different clinic partners to solve common/regional problems and helps program staff identify ways to improve the program in the future.

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