



CPCRN
Cancer Prevention and
Control Research Network

FQHC Signature Project Update

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- ❖ CPCRN Coordinating Center – University of North Carolina: Stephanie Wheeler, Rebecca Williams, Becky Lee, Alexa Young
- ❖ Funders – CDC and NCI

AIM 1

Conduct a survey to identify *which* evidence-based interventions and implementation strategies FQHCs are currently using to increase CRC screening rates.

Survey

- Methods: Web-based surveys conducted with FQHC CEOs/Medical Directors on current CRC screening interventions, implementation strategies, and implementation support
- Data Collection Sites: Case Western Reserve University, University of Arkansas, University of Iowa, University of Kentucky, University of North Carolina, University of Pennsylvania, University of South Carolina, University of Southern Florida
- Response Rate: 56 out of 148 surveys were completed for a response rate of 37.8%

Key Findings: Survey

- The majority of surveyed FQHCs (77%) were either fully or partially implementing EBIs to improve adherence to CRC screening guidelines
- Health centers were actively using a range of recommended strategies to enhance EBI implementation
- Evidence-based interventions to be emphasized include:
 - Patient reminders, patient navigation, small media, group education
- Implementation strategies to be emphasized include:
 - Community assessments, formation of implementation teams, formal commitments to recommend CRC screening, incentive or penalty systems for providers and organizations

Key Findings: Survey

- Correlation between “fully implemented” EBIs and higher CRC screening rates is parallel to other research that suggests “system strategies” are correlated with higher CRC screening rates (Daly, 2015)
- Focusing future efforts on assisting those FQHCs that have not implemented any EBIs and those that are not using any implementation strategies may yield the greatest improvement in CRC screening rates

Year 4 Presentation and Manuscript

- Rohweder C, Friedman D, Leeman J, Ko L, Glanz K, and the FQHC Working Group (August, 2017). Partnering for Prevention: The Cancer Prevention and Control Research Network's Collaborations with Federally Qualified Health Centers. Oral presentation at the 2017 CDC National Cancer Conference: Atlanta, GA.
- Adams S, Rohweder C, Leeman J, Friedman D, Gizlice Z, Vanderpool R, Askelson N, Best A, Flocke S, Glanz K, Ko L, & Kegler M. (2018). The use of evidence-based colorectal cancer screening interventions and implementation strategies in Federally Qualified Health Centers. *Journal of Community Health* (epub ahead of print). <https://doi.org/10.1007/s10900-018-0520-2>

DATA BRIEF

Distributed to 173 FQHC staff who received an invitation to participate in the survey

Thanks Catherine, I appreciate your follow up and sending the poster. We're appreciative of the work that's being done and the progress we and other FQHC's are making in closing the gap to 80%, but I take little solace in being among the highest of the worse. We're still lagging behind and while I believe there are factors endemic to our patient population that impact our low rates, we still must do better. We can do better.



Use of Evidence-based Interventions and Implementation Strategies for Colorectal Cancer Screening in Federally Qualified Health Centers

Results from an Eight State Survey

In Summary

Issue

In recent years, colorectal cancer (CRC) screening rates have been increasing in Federally Qualified Health Centers (FQHCs), which serve a large proportion of medically underserved patients. While this trend is promising, there is still work to be done in order to reach the national goal of 80% by 2018.

Methods

A survey of FQHCs in eight states was conducted to determine which evidence-based CRC screening interventions (EBIs) are currently being used and which implementation strategies are being employed to ensure that the interventions are executed as intended. Web-based surveys were sent to 148 FQHCs, and 56 were completed for a response rate of 38%.

Results

Among participating FQHCs, the average CRC screening rate was 38% (UDS, 2016). Provider reminder and recall systems were the most commonly implemented EBIs (45%) while the most commonly employed implementation strategy was identification of barriers to implementing EBIs (84%). Full implementation of EBIs was associated with higher CRC screening rates.

Moving Forward

These results highlight the types of EBIs and implementation strategies used by FQHCs. Understanding the preferences and needs of FQHC stakeholders is crucial for optimizing cancer prevention and control programs.

National CRC Screening Goal: 80% of adults age 50-75 years screened by 2018



WHY FQHCs?

FQHCs provide comprehensive health services to all people, regardless of their ability or inability to pay, in rural and urban communities across the United States. FQHCs are the medical home for more than 24 million people, most of whom are uninsured or Medicaid recipients and have incomes below the Federal Poverty Level.

While there has been great progress towards the national goal of 80% by 2018 (62% in 2015), rates for racial and ethnic minorities, the uninsured, and low socioeconomic status populations lag behind rates for the general population.^{1,2,3} Notably, in FQHCs, only 38% of adults age 50-75 have been screened for colorectal cancer.⁴

WHO PARTICIPATED?

Staff from CPCRN-affiliated centers in **8 states**
AR FL IA KY NC OH PA SC
recruited respondents

148 invitations were emailed
 56 people completed the survey

77% of respondents from FQHCs were **CEOs or Medical Directors**

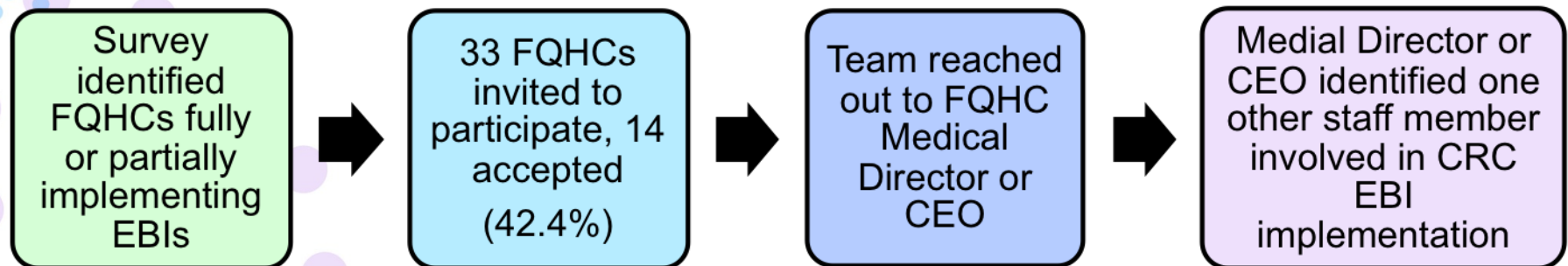
74% of FQHCs were designated **Patient-Centered Medical Homes**

AIM 2

Conduct in-depth interviews to explore *how* FQHCs are implementing CRC screening interventions and what types of additional support they need.

In-Depth Interviews

- Methods: In-person and telephone interviews conducted with FQHC key informants on the decision-making and implementation process re: multi-level CRC screening interventions
- Sites: CWRU, UI, UK, UNC, UPenn, USC, USF, UW



Key Findings: In-Depth Interviews

- Although FQHCs are implementing interventions that target multiple levels, many do not have a systematic process to select those interventions
- FQHC staff are not assessing and purposefully targeting factors that influence CRC screening rates
- Implementation processes included top-down communication, champions, formally appointed implementation leaders, or PDSA cycles
- Many FQHCs collected data, predominantly UDS data, but few FQHCs used data to improve screening rates

Key Findings: In-Depth Interviews

- Support needed:
 - Patient education, more educational materials needed
 - Increasing staff awareness and capacity
 - Payment for diagnostic testing and colonoscopies when screening results are positive
 - Patient navigators
 - Reliable EMR system

“We’ll usually select our projects based on what are going to be requirements in terms of resources, and then the overall value to our patients from it.”

Year 4 Presentations and Manuscript

- Askelson N, Best A, Flocke S, Friedman D, Glanz K, Heiney S, Ko L, Leeman J, Parker E, Rohweder C, Seegmiller L, Stradtman L, Vanderpool R. (December, 2017). How FQHCs Select and Implement EBIs to Improve CRC Screening: A Qualitative Study. Poster presentation at the 10th Annual Conference on the Science of Dissemination and Implementation: Arlington, VA.
- Friedman D, and Rohweder C. (May 2018). Webinar for the CRC Champions Training, USC CRCCP Program.
- Leeman J, Askelson N, Ko L, Rohweder C, Avelis J, Glanz K, Seegmiller L, Stradtman L, Flocke S, Friedman D, Best A & Vanderpool R. (2018). Understanding the processes that Federally Qualified Health Centers use to select and implement colorectal cancer screening interventions: A qualitative study. Submitted to *Implementation Science*.

AIM 3

Increase capacity of practice facilitators to implement and evaluate multi-level interventions to increase CRC screening rates in FQHCs

UNC Core Project with Emory University and the American Cancer Society

Implementation Support

Goals:

- Develop an implementation support model comprised of training, tools and ongoing support to strengthen the adoption and implementation of multi-level CRC screening interventions in FQHCs
- Create a partner curriculum for “Putting Public Health Evidence into Action” that uses CRC screening in FQHCs as an example but is applicable to cancer screening in general and clinical settings in general

Current Activities

- Created CRC in FQHC curriculum (7 modules)
- Training Midwest ACS Region in July, 2018
 - Healthcare Systems and Hospital Systems staff across 13 states
- Evaluating CRC QI Bootcamp with ACS and NCCHCA (9 NC FQHCs participating)

**THE SUNSET IS LIFE'S WAY
OF SAYING**

**GOOD JOB, YOU SURVIVED TODAY,
HERE'S SOMETHING PRETTY**