



WACMHC

Washington Association of
Community & Migrant Health Centers

Improving Colorectal Cancer Screening in Clinics

A Brief Overview

March 29, 2018

WEBINAR FACILITATOR

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WACMHC

WEBINAR GUESTS

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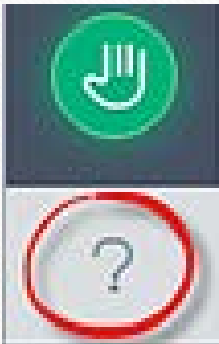
Cancer Screening QI Consultant
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Gloria Coronado, PhD

Senior Investigator
Mitch Greenlick Endowed Scientist
Center for Health Research
Kaiser Permanente

HOUSEKEEPING

- Your lines are currently muted
- We'll address questions at the end of the presentation
- You can ask a question in the following ways:



RAISE YOUR HAND FUNCTION - your line will be unmuted and you can ask the question verbally

QUESTIONS FUNCTION – type your question in the box and the facilitator will read it aloud

- This webinar is being recorded. A recording will be sent to you in a follow-up email.

WA State CDC CRC Grant

❖ Health systems EBI implementation

- Provider Assessment and Feedback
- Provider Reminders
- Reducing Structural Barriers
- Patient Reminders

❖ Provide screening & diagnostic colonoscopy (w/Prime Contractors)

Washington Approach

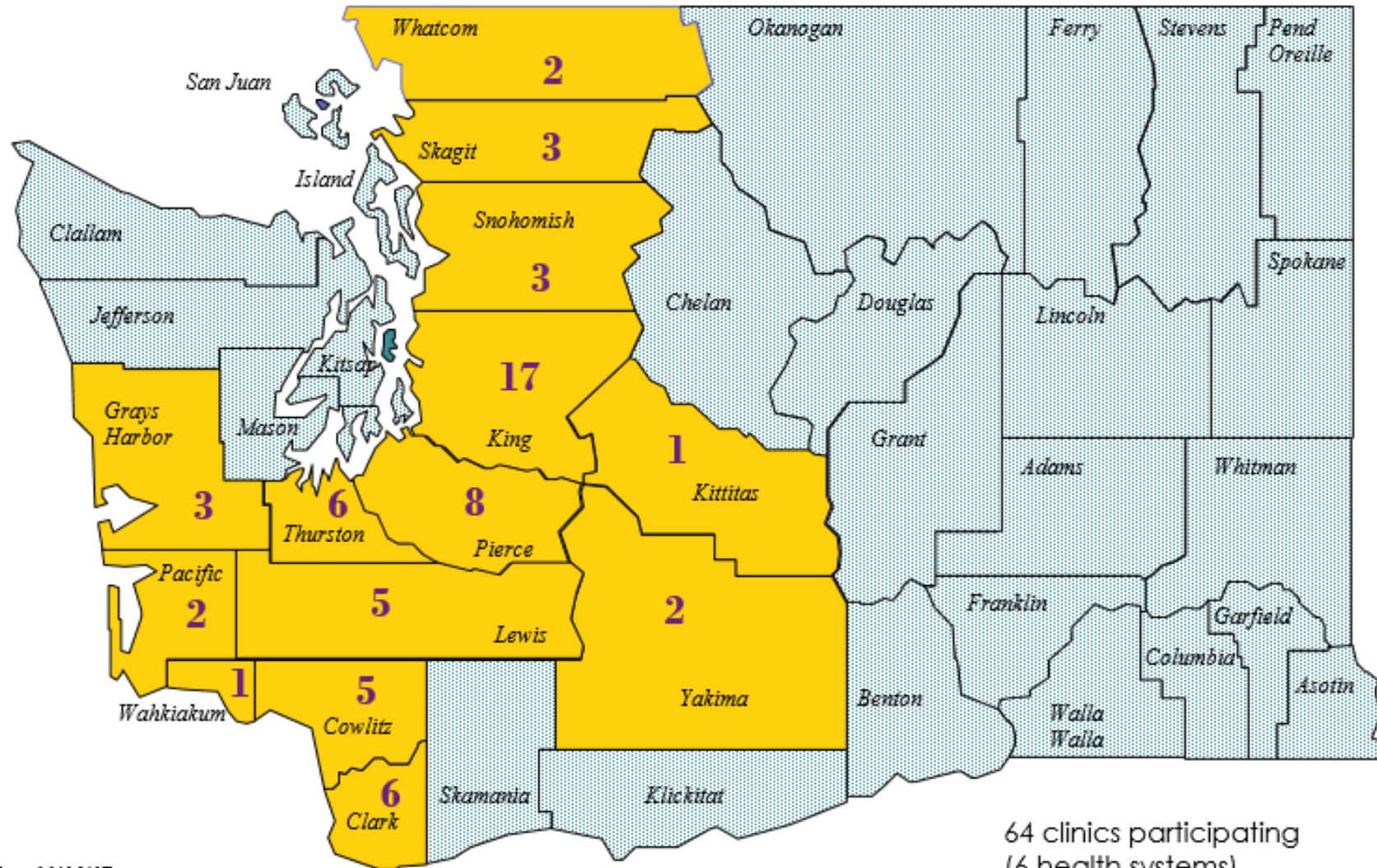
❖ 6 FQHC health systems:

- HealthPoint & Sea Mar (year 3)
- Community Health Care (year 2)
- VVHC, Cowlitz FHC, CHCW(year 1)

❖ Evaluation & Technical Assistance:

- STOP CRC/Kaiser Permanente (Gloria Coronado, PhD)
- ARC NW/UW
- Washington Association of Community and Migrant Health Centers (WACMHC)

CRC Grant: Clinic sites by County (Project Year 3)



64 clinics participating
(6 health systems)



Clinic Improvements to Increase CRC Screening

Gloria D. Coronado, PhD

March 29, 2018

Recommended (Evidence-based) practices

Effective approaches to raise colon cancer screening rates

- Community demand
- Community access
- Encourage providers to recommend screening

* Multi-level approaches are recommended

Reviewed Practices

Community Demand

- Client reminders
- Client incentives
- Small media
- Mass media
- Group education
- One-on-one education

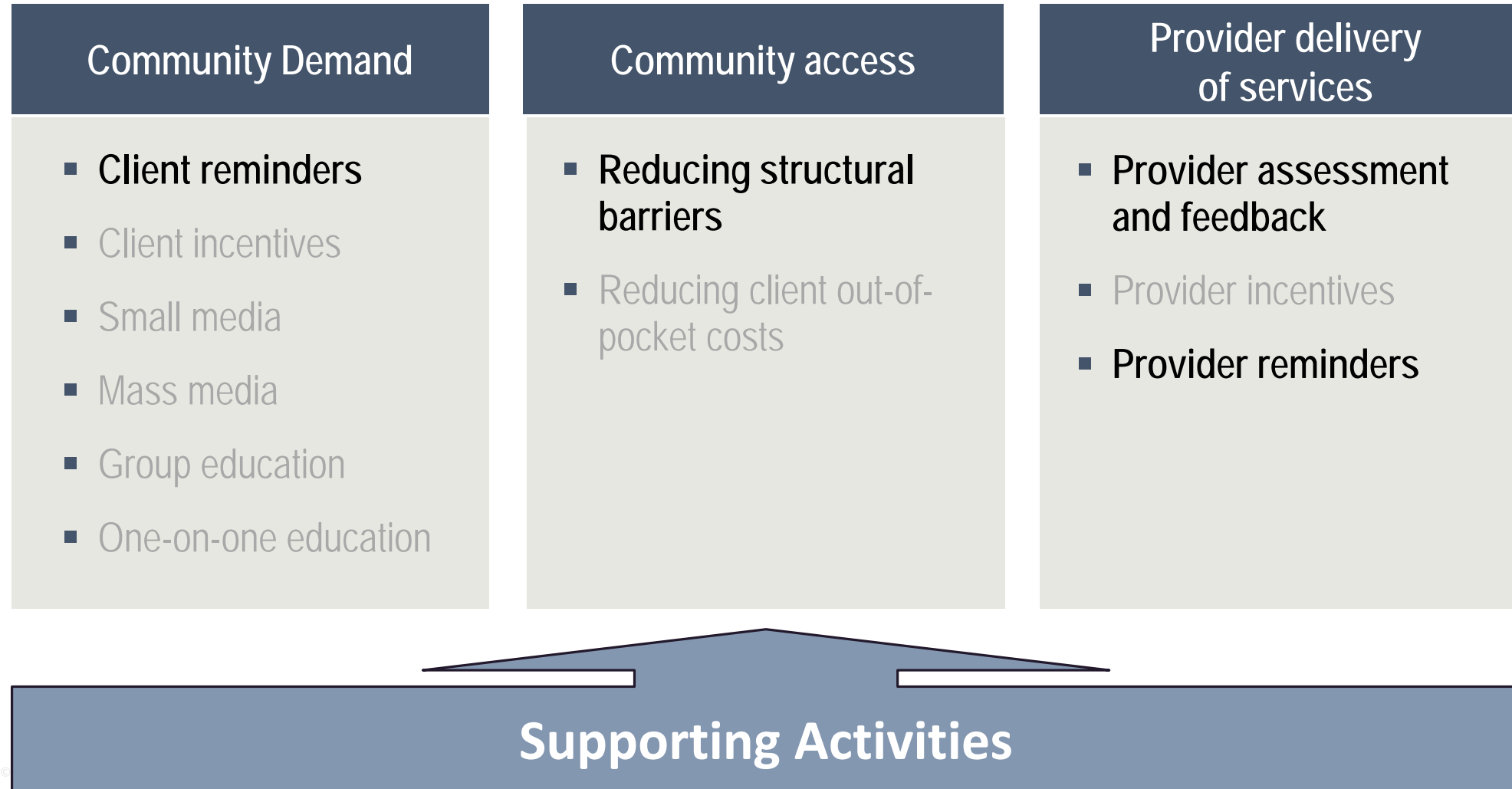
Community access

- Reducing structural barriers
- Reducing client out-of-pocket costs

Provider delivery of services

- Provider assessment and feedback
- Provider incentives
- Provider reminders

Recommended Practices



Provider recommendation is the strongest predictor of colorectal cancer screening behavior.

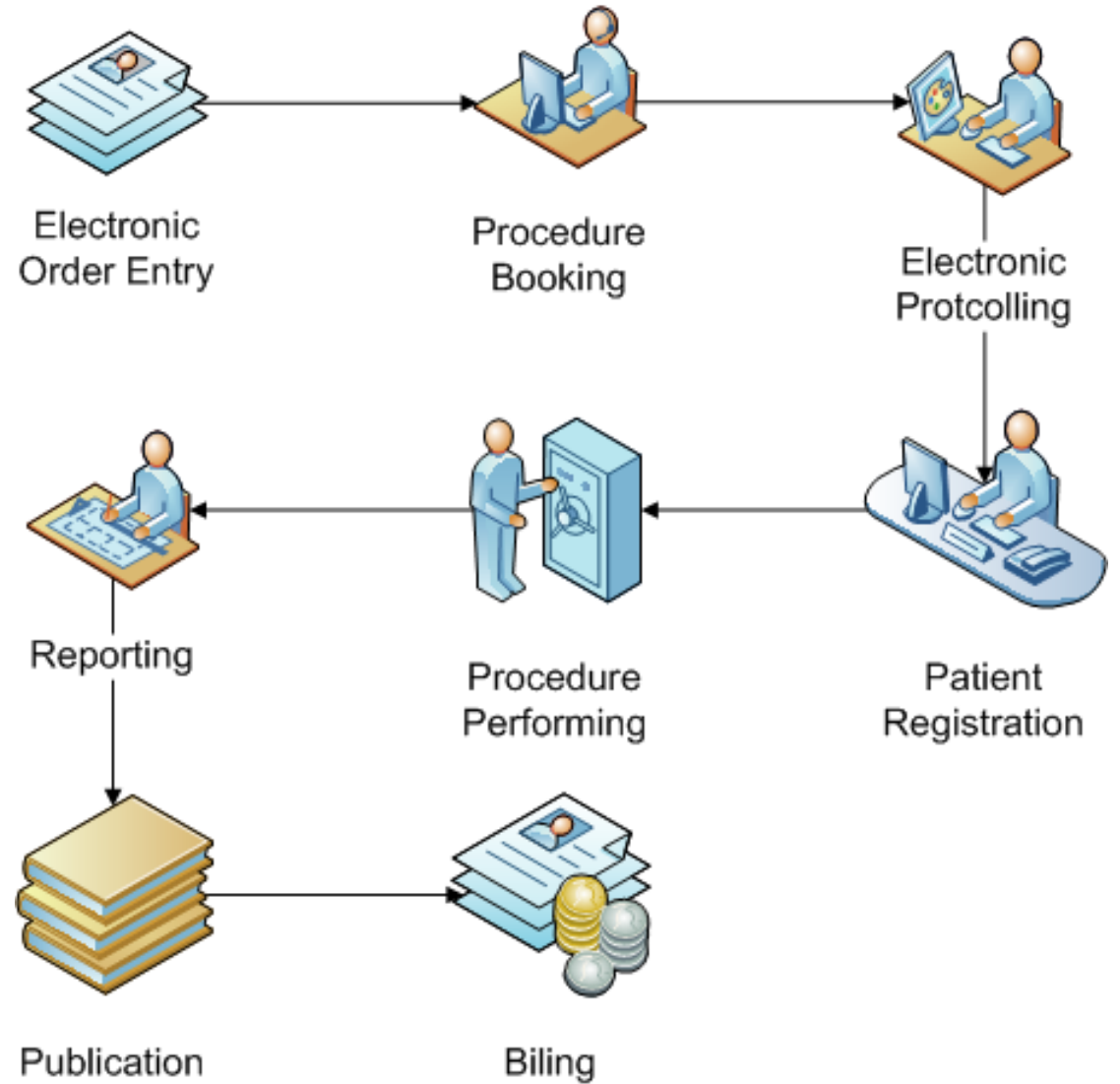
In-Clinic Distribution of FIT kits

Using evidence-based practices

(client reminders, reducing structural barriers, provider assessment & feedback, and provider reminders)

Provider Reminders

Example 1: Improved workflows



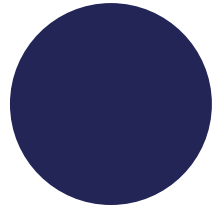
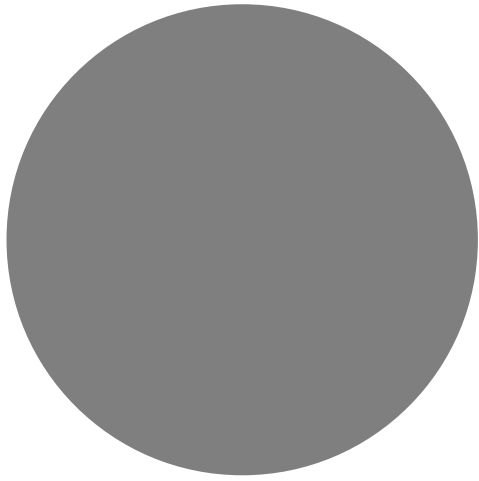
Client & Provider Reminders

Example 2: Stacks of FIT kits

(leftover kits are visual reminder of missed opportunities)

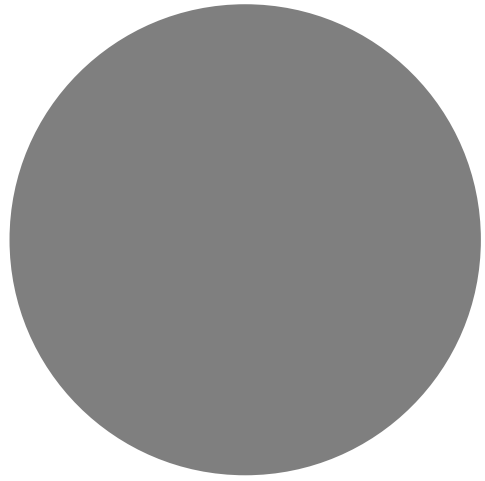
Example 3: Front desk staff hand out a CRC half-sheet





Provider reminders

Example 4: In-clinic tracking rates, missed opportunities, etc.



Client reminders

Example 5: Stool
collection hats

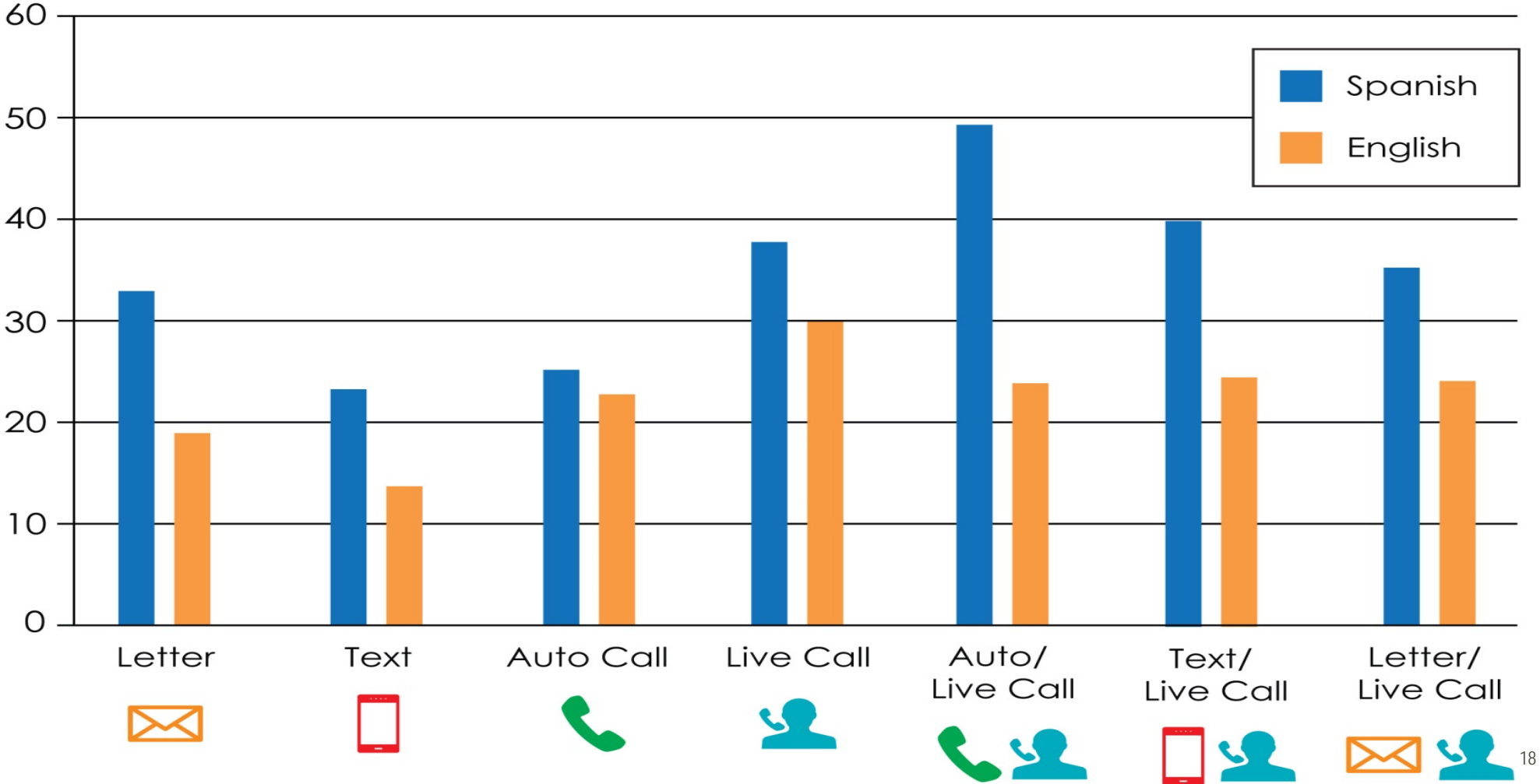
Question for the audience

Once a patient has been offered a FIT kit, what client reminders work best?

- 1 Reminder letter
- 2 Text message
- 3 Automated phone call
- 4 Live phone call
- 5 Combined automated and live phone call
- 6 Combined text message and live phone call
- 7 Combined reminder letter and live phone call

Answer: Live Call or combination of automated and live call

FIT return rates among patients who prefer Spanish vs. English



Provider assessment and feedback

Emails, meetings, dashboards



Example 6: Free Lab Visits

Reducing
structural
barriers





MammoFIT, Mailed-FIT or FluFIT

Reducing Structural Barriers

Supporting Activities

Tracking, IT improvements

Obtaining claims data, validate
EMR data, using data to drive
change





In-Clinic Distribution of FIT kits

Supporting activities -- Clinic staff awareness

In-Clinic Distribution of FIT kits

Supporting activities: In-clinic
contests



Summary

Ways to boost in-clinic
distribution of FIT kits

Provider reminders

- Daily huddle
- Setting out kits in exam room
- Visual boards - screening rates, missed opptys
- Front desk staff handout CRC half-sheet

Client reminders

- Live calls and automated *plus* live calls
- Stool collection 'hats'

Reducing structural barriers

- Free lab visits
- MammoFIT, FluFIT, MailedFIT

Provider assessment and feedback

- Regular emails/ in-person meetings
- Dashboards

Supporting activities

- Workflows (centralized), data tracking, updating EMR, staff training, clinic contests (e.g. 'dress in blue' day).

Questions?

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CRC Screening Interventions

Intervention Designed to Increase	Median increase	# Studies
Community Demand		
One-on-one education	19.1%	7
Small media (e.g., brochures, flyers)	12.7%	7
Client reminders	10.9%	5
Mass Media, Group education, Client incentives	Insufficient	3
Community access		
Reducing structural barriers	36.9%	12
Reducing out-of-pocket costs	Insufficient	0
Provider (Practice) Delivery		
Provider assessment and feedback	12.3 to 23%	9
Provider reminder and recall	17.6%	6
Provider incentives	Insufficient	5

Slide courtesy of Dr. Melinda Davis

CRC Grant--Contact info

CRC Grant Application:

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Thank you!

Please complete the survey after the end of the session.

Your feedback is appreciated!