

A Toolkit to Support Implementation of a Systems-Based Colorectal Cancer Screening Program in Diverse Primary Care Practices

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Background

- ▶ Colorectal cancer screening is effective and widely under-utilized
- ▶ Systems-based approaches that reduce structural barriers to colorectal cancer screening are effective for increasing colorectal cancer screening rates
- ▶ Primary care practices need support to change care paradigm – from visit-based to population-based
- ▶ Types of tools and support which are most effective are not well described

Objectives

1. Determine the acceptability and usability of a web-based toolkit to support implementation of a systems-based colorectal cancer screening program
2. Identify adaptations made to the colorectal cancer screening program across diverse primary care practices

Methods

Setting:

- ▶ 3 primary care practices (2 hospital-based clinics, 1 federally qualified health center) in the WWAMI region Practice and Research Network (WPRN).

Support Provided:

- ▶ Access to ProCRCScreen web-based toolkit to support implementation
- ▶ 2 hours in-person technical assistance, additional assistance through telephone and email contact

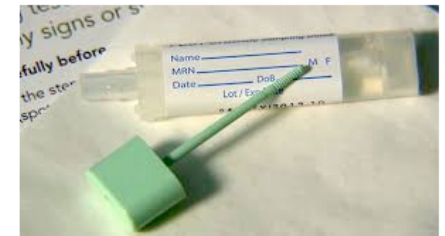
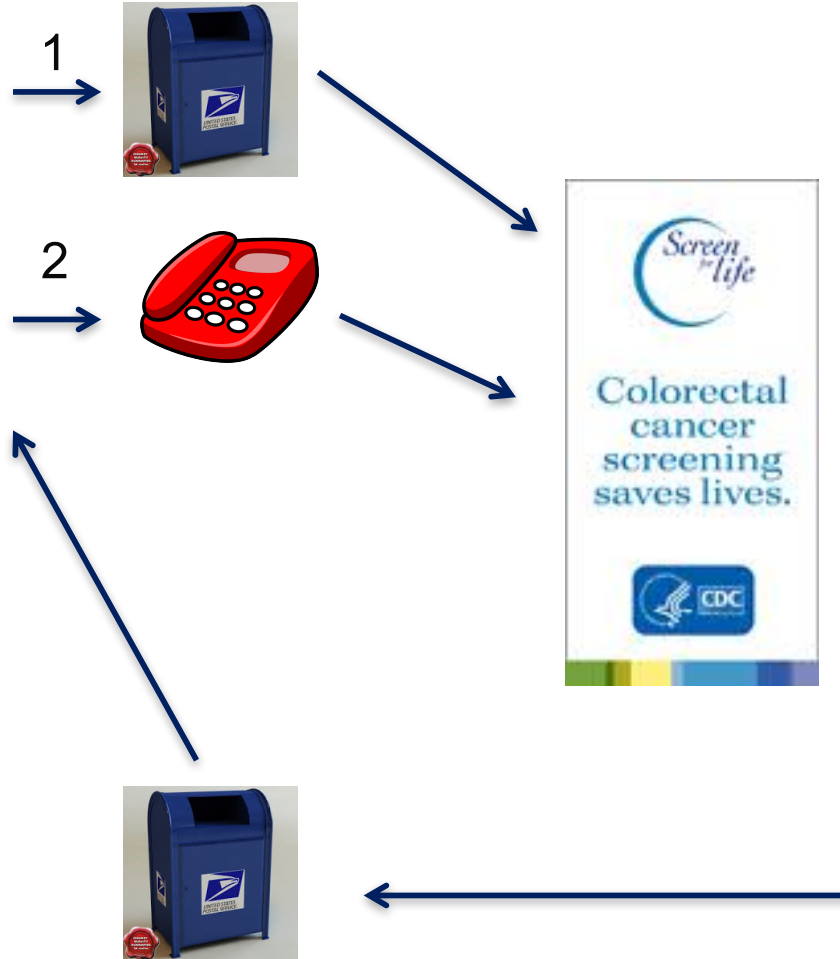
Evaluation

- ▶ Qualitative analysis of interviews with primary care clinical staff and of field notes from technical assistance to assess the usability of toolkit and support
- ▶ Measures of completed colorectal cancer screening tests

Mail-based Colorectal Cancer Screening Programs



| Search By | Patient Name | DOB | MRN | DOB | Specialty | Location | MRN |
|------------|-------------------|----------|-----------|----------|-------------------|----------|-----------|
| First Name | John Doe | 1/1/1950 | 123456789 | 1/1/1950 | Internal Medicine | Room 100 | 123456789 |
| Last Name | Doe | 1/1/1950 | 123456789 | 1/1/1950 | Internal Medicine | Room 100 | 123456789 |
| MRN | 123456789 | 1/1/1950 | 123456789 | 1/1/1950 | Internal Medicine | Room 100 | 123456789 |
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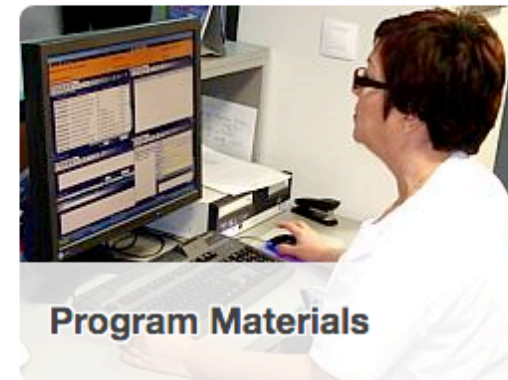
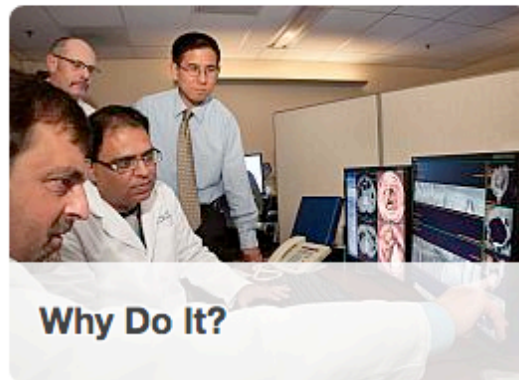
ProCRCScreen Toolkit

- Why Do It
- How it Works
- Program Materials
- Staff Training
- Frequently Asked Questions
- Contacts

ProCRCScreen IMPLEMENTATION TOOLKIT

UW Medicine
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ITHS
Institute of
Translational Health Sciences
Health Sciences



What is ProCRCScreen?



members of translational health sciences
ACCELERATING RESEARCH. IMPROVING HEALTH.

Adaptations

Site 1

- ▶ Offered mailed FIT primarily to patients who had previously completed a FIT in the past
- ▶ Limited success in mailing to all eligible patients – resulted in program cessation
- ▶ Additional staff hire was needed to meet additional workload demand

Site 2

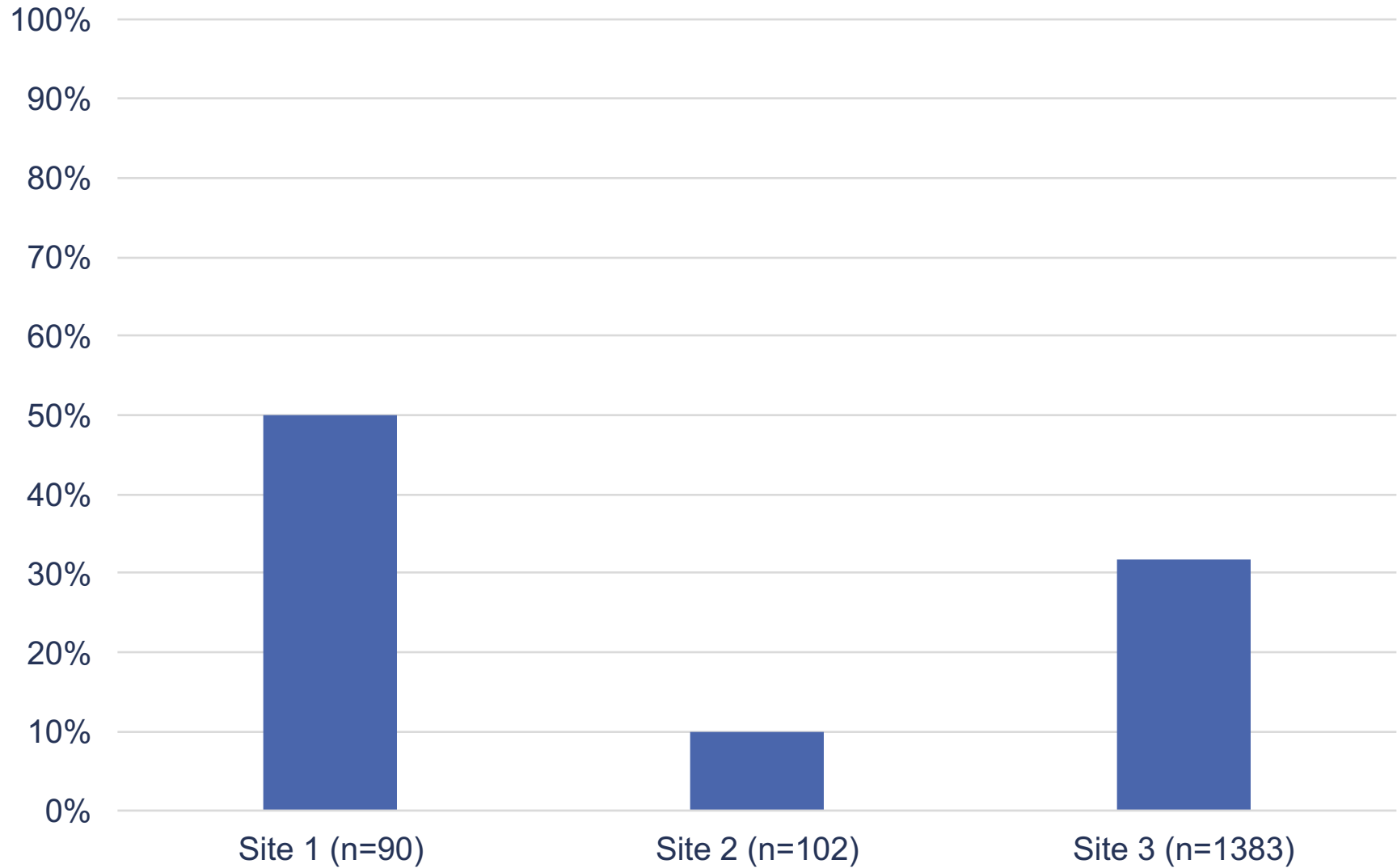
- ▶ Started with small number to estimate return rate and determine potential costs
- ▶ Lack of a clinical champion delayed implementation

Site 3

- ▶ Menu of 4 colorectal cancer screening quality improvement strategies available to teams, including mailed FIT
- ▶ Provided onsite patient education and access to phone follow-up as a solution to high level of errors in returned FIT kits. Site would like an phone application or video as an alternative patient education tool.

Results

FIT Kit Return Rate



Interview Results

What promoted adoption?

- ▶ Intervention addressed a priority metric for the organization or system
- ▶ Interest from clinic leadership on this specific intervention
- ▶ Past failures to improve this metric created desire for new intervention

“We have done a lot of things to try to improve our colorectal cancer screening rate and we have always had a screening rate of 28-30% and it hasn’t changed much. We were looking for something new to try.”

Challenges: Financial Barriers

Patients

- ▶ Access to colonoscopy for uninsured patients (with positive FIT).
- ▶ Out of pocket costs for colonoscopy (with positive FIT) are higher as diagnostic test than screening test.

Challenges: Financial Barriers

Clinics

- ▶ Organizational cost of implementing and sustaining intervention is high, when return rates are low
- ▶ Burden on clinicians and increased workload may require additional staffing

“The main challenge was access to colonoscopy. People can go on a waiting list, but it took a clinic physician to call and move it forward. It took a lot of physician time.”

Workflow Challenges

Clinic

- ▶ Challenges with accurately identifying patients needing screening
- ▶ Difficult and slow to roll out
- ▶ No workflow to process returned intro letters, so pre-mailing didn't result in change.
- ▶ Additional workload strained staff and physicians

Patients

- ▶ Mechanics of putting together FIT kit mailings was technically challenging, resulting in error
- ▶ Patients had difficulty understanding and following instructions
- ▶ Difficult for clinic staff to reach patients by phone

Challenges: Physician Attitudes

- ▶ Physician knowledge and attitudes about perceived inferior effectiveness of FIT, compared to colonoscopy, resulted in push back and limited buy in.
- ▶ Absence of physician encouragement may have been a deterrent.

Conclusions

- ▶ A web-based toolkit is useful in supporting implementation of a systematic colorectal cancer screening program across diverse primary care practices.
- ▶ Local context requires significant adaptation of evidence-based programs prior to implementation. The effect of these adaptations on program effectiveness is not clear.
- ▶ Support needed
 - Choosing target population
 - Electronic health record/clinic workflow
 - Institutional buy in – making the business case
 - Tailoring patient oriented materials
 - Roll out planning

Limitations

- ▶ Non random recruitment of clinics
- ▶ Small scale implementation at all 3 sites
- ▶ No patient-level data for evaluation

Questions?