Increasing Quality Colorectal Cancer Screening: An Action Guide for Working with Health Systems

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Acronyms

ACS ..... American Cancer Society

CDC ..... Centers for Disease Control and Prevention

CRC ..... colorectal cancer

CRCCP ..... Colorectal Cancer Control Program

DCPC ..... Division of Cancer Prevention and Control

FOBT ..... fecal occult blood test

NCCRT ..... National Colorectal Cancer Roundtable

USPSTF ..... United States Preventive Services Task Force

Introduction

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths among men and women in the United States.[1] Much evidence exists that screening for CRC with tests recommended by the U.S. Preventive Services Task Force (USPSTF)[2] can save lives. These tests include high-sensitivity fecal occult blood test (FOBT), sigmoidoscopy, and colonoscopy. However, many people who are at risk of CRC are not being screened according to national guidelines. An estimated 60% of CRC deaths could be prevented if all men and women aged 50 years or older in the United States were regularly screened.[3]

CRC screening helps people in two ways. It can prevent cancer by finding precancerous polyps (abnormal growths) in the colon or rectum so they can be removed before they turn into cancer. It can also find CRC early when it is at a less advanced stage and can be treated more easily. The Centers for Disease Control and Prevention's (CDC's) Colorectal Cancer Control Program (CRCCP) works to make sure people at average risk of CRC have access to high-quality CRC screening. The CRCCP's efforts include providing services directly through grantees and promoting and supporting screening through education and changes to policies and systems.

The CRCCP's goal is to increase CRC screening among men and women aged 50 years or older to 80% in communities funded by the program by 2014.[4] An increase in screening rates will reduce illness and death caused by CRC. The program currently funds 25 states and 4 tribal organizations across the United States.

This publication, *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems* (or the *Health Systems Action Guide)*, was developed by CDC's Division of Cancer Prevention and Control (DCPC). It is intended to be used primarily by grantees supported through the CRCCP. The purpose of the *Health Systems Action Guide* is to help CRCCP grantees work with a specific type of partner—health systems—to increase high-quality CRC screening at the population level.

1 US Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2008 Incidence and Mortality Web-based Report*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services and National Cancer Institute; 2010. http://www.cdc.gov/uscs. Accessed November 13, 2012.

2 US Preventive Services Task Force. *Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement*. Rockville, MD: Agency for Healthcare Research and Quality; 2008. AHRQ publication 08-05124-EF-3. http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm. Accessed November 13, 2012.

3 Colorectal Cancer Screening Rates. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/cancer/colorectal/statistics/screening_rates.htm. Updated June 4, 2012. Accessed November 13, 2012.

4 Centers for Disease Control and Prevention. Colorectal Cancer Control Program (CRCCP) Web site. http://www.cdc.gov/cancer/crccp/. Updated October 5, 2012. Accessed November 13, 2012.

The Guide to Community Preventive Services (The Community Guide) defines a health system as a "system for delivering healthcare that may include, for example, hospitals, clinics, health maintenance organizations (HMOs), and community health centers."[5] It can also be defined as a whole made of several parts that are interconnected. Health systems are generally complex, and many contain subsystems within themselves. For example, a hospital may include outpatient clinics and specialty treatment centers, each acting as systems on their own.

Health systems are important partners for CRCCP grantees. Successfully working with health systems to increase CRC screening has a cascading or multiplying effect. By working with a single health system to help it improve its CRC screening process, a grantee can reach many people who need to be screened for CRC. This approach is more efficient than trying to reach people individually.

Recent and evolving changes in health care delivery in the United States as a result of the Patient Protection and Affordable Care Act (the Affordable Care Act) make it even more important for CRCCP grantees to work with health systems because the act will:

- Increase access to preventive services recommended by the USPSTF that received a letter grade of A or B. These services include CRC screening for adults beginning at age 50 and continuing until age 75.
- Eliminate cost sharing for CRC screening covered by Medicare.
- Require new health insurance plans to cover CRC screening with no cost sharing.
- Increase the number of people eligible for Medicaid to include those whose annual income is below 133% of the federal poverty level (effective in 2014).[6]

The Congressional Budget Office of the U.S. Congress has estimated that 32 million more people will have insurance by 2019 because of the Affordable Care Act.[7] Many of these people will be insured and treated through private insurers and health systems. CRCCP grantees and other public health organizations need to

5 Community Preventive Services Task Force. The Guide to Community Preventive Services Web site. Glossary. http://www.thecommunityguide.org/about/glossary.html. Updated July 20, 2010. Accessed November 13, 2012.

6 Centers for Disease Control and Prevention. Vital Signs Web site. Colorectal Cancer. July 2011. http://www.cdc.gov/vitalsigns/CancerScreening/index.html. Updated July 5, 2011. Accessed November 13, 2012.

7 Congressional Budget Office. Cost Estimate from Congressional Budget Office to Speaker Nancy Pelosi. March 20, 2010. http://www.cbo.gov/sites/default/files/cbofiles/ftpdocs/113xx/doc11379/amendreconprop.pdf. Accessed November 13, 2012.

work with health systems to make sure people who are newly insured have access to CRC screening services. But increased access does not guarantee that screening will happen. Interventions that are delivered through health systems will help ensure that the screening process does not break down, resulting in lost opportunities to screen people for CRC.

The CRCCP's multilevel approach to CRC prevention is based on the social ecological model of health promotion (Figure 1).[8] CRCCP grantees implement public health activities at all five levels of the model, including the organizational level through which individual behavior change can be promoted. By working with health systems, they can expand the reach of evidence-based interventions recommended by *The Community Guide*.[9]

Evidence-based interventions include:

- Reminder and recall systems for health care providers.
- Reminder systems for patients.
- Assessment and feedback interventions for providers.
- Small media (e.g., videos and printed materials such as letters, brochures, and newsletters that have educational or motivational information and are distributed through community settings or health care systems).
- System changes that reduce structural barriers to screening (e.g., alternative clinic hours or delivery settings, simplified administrative procedures).
- Combination of evidence-based interventions.

8 Centers for Disease Control and Prevention. Colorectal Cancer Control Program (CRCCP) Web site. Social Ecological Model. http://www.cdc.gov/cancer/crccp/sem.htm. Updated February 22, 2011. Accessed November 13, 2012.

9 Community Preventive Services Task Force. Recommendations for client- and provider-directed interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med.* 2008;35(suppl 1):21-25.

Figure 1. Social Ecological Model Used by CDC's Colorectal Cancer Control Program

As a CRCCP grantee, you can help health systems increase CRC screening in several ways. For example, you can:

- **Convener:** Convene key community stakeholders and identify potential health system partners to work with.
- **Communicator:** Educate health systems about the need to increase CRC screening. You can identify and communicate how CRC affects communities by collecting data on disease and death rates, gaps in services, and evidence-based strategies that can be used to address these problems.
- **Guide:** Identify a "champion" in each health system. Once you have a champion, make sure to give that person the guidance and support he or she needs to make changes.
- **Educator:** Suggest strategies to improve CRC screening rates and offer specific help. This help can include expertise and training on evidence-based interventions. You can also link health systems to resources and tools they can use to increase their screening rates and improve service delivery.
- **Planner:** Develop an action plan with each health system.
- **Supporter:** Assess progress and make changes as needed.

These actions are discussed in more detail in Section 2.

How to Use This Action Guide

As a CRCCP grantee, you can use this guide in several ways. For example, you can use it to

- Work with health systems to identify new ways to increase CRC screening rates.
- Make existing partnerships with health systems stronger by using the ideas and tools in this guide to assess progress and address problems.
- Be a leader in bringing key stakeholders and health systems in your community together to find ways to coordinate their efforts and increase CRC screening rates.

In addition to this *Health Systems Action Guide*, other resources, tool kits, and guides are available to help you. One example is *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide*. This guide was developed by the American Cancer Society (ACS), the National Colorectal Cancer Roundtable (NCCRT), and Thomas Jefferson University. It describes efficient ways that primary care providers can ensure that all of their patients get the CRC screening tests they need. It also has evidence-based tools, sample templates, and information about strategies to improve CRC screening rates.

The original guide was followed by a shorter version that condensed the most important material into a step-by-step tool that includes the most relevant charts, templates, and sample materials for clinicians. Both versions are on the NCCRT's Web site at http://nccrt.org/about/provider-education/crc-clinician-guide/. We used the shorter version to develop Section 2 of our guide.

The *Health Systems Action Guide* includes the following sections:

Section 1. Health Systems and CRC Screening

This section provides an overview of the different types of health systems and what they can do to increase CRC screening within communities. Examples of health system efforts to increase CRC screening are described.

Section 2. Action Steps for Working with Health Systems

This section includes specific information about how to work with health systems to increase CRC screening, including a set of Action Steps. Each Action Step is described and includes tools to help you complete them.

This section also includes examples that highlight how individual CRCCP grantees have worked with health systems to successfully increase CRC screening.

Appendix A. Environmental Scan Tool for CRCCP Grantees

Appendix A has the Environmental Scan Tool for CRCCP Grantees that CDC gives to its grantees. You can use this tool to identify priority health systems to work with.

Appendix B. Work Sheets for Completing the Action Steps

Appendix B has work sheets that you can use to complete the Action Steps recommended in Section 2. These work sheets can be used in their current form or adapted to fit your needs. Electronic versions are available in Microsoft Word from Grantee Web sites at www.CRCCP.com and www.NBCCEDP.com.

Appendix C. Program Materials and Samples

Appendix C has examples of handouts and other materials used by CRCCP grantees. These materials are included to show you what other grantees are doing and to give you ideas.

Appendix D. Resources

Appendix D lists the resources we used to develop this guide. It also includes Web links to other publications, tools, and resources related to CRC screening.

In this guide, we use the following icons to help you identify different types of information:

Tips: Ideas that you can use as a quick reference to apply the concepts, steps, and tools from this guide to your efforts.

Tools: Work sheets, checklists, and other tools are collected in Appendix B and C for easy use. You can use these tools to help you follow the Action Steps in this guide or see what other grantees are doing. They can be used in their current form or adapted to fit your needs. Electronic versions of these tools are available in Microsoft Word and other adaptable formats.

Program Examples: Examples of strategies that three CRCCP grantees have used successfully. These grantees represent different types of CRCCP grantees that offer different types of services in different settings. They are the Alaska Native Tribal Health Consortium, the Nebraska Colon Cancer Program, and the New Hampshire Colorectal Cancer Screening Program.

Section 1

Health Systems and CRC Screening

Background

For this guide, we define a *health system* as an entity that is or could be involved in delivering CRC screening services in a community. Examples include but are not limited to:

- Individual hospitals or hospital systems that have multiple sites.
- Group medical practices, particularly those made up of primary care providers.
- Health insurance providers, such as
  - Health maintenance organizations that offer care through a system of contracted providers.
  - Preferred provider organizations that offer pay-as-you-go, fee-for-service health plans.
  - Public health insurance programs, including Medicaid and Medicare.
- Public health systems, such as community health centers (e.g., Federally Qualified Health Centers), Veterans Health Administration medical centers, and Indian Health Service clinics.
- Large employers.

Some systems are *open systems*, which means that patients and primary care providers come into the system in different ways. In open systems, administrative systems and patient records are not linked. Other systems are *closed systems*, which means that only people covered by the system can use it. In closed systems, administrative systems and patient records are linked.

Health systems can take steps to increase CRC screening among their patients—and many are doing so. Research has shown that screening rates will go up in health systems that make screening part of routine patient care.[10] For example, systems can provide screening on site so patients don't have to go to a different place.[11] They can also ensure continuity of care and set up standard patient reminder systems that include personalized letters or phone calls.

"A focus on primary care is a key to addressing and overcoming colorectal cancer screening challenges. Every primary care office is its own system. Each one has its own unique way of doing things. Because they are their own self-contained system, they often do not have the time, people, or resources to make significant changes. This fact needs to be accounted for in any approach that is used. Primary care offices, practices, [and] groups should be held up as an important system for CRCCP grantees to work with."

Rich Wender, MD,
Thomas Jefferson University

10 Stone EG, Morton SC, Hulscher ME, et al. Interventions that increase use of adult immunization and cancer screening services: a meta-analysis. *Ann Intern Med*. 2002;136(9):641-651.
11 Price R, Zapka J, Edwards H, Taplin S. Organizational factors and the cancer screening process. *J Natl Cancer Inst Monogr*. 2010;40:38-57.

To develop this guide, CDC interviewed health system experts and representatives of health systems to find out how they thought CRC screening could be increased through health systems. The group identified the following barriers and potential solutions.

Barriers to CRC Screening in Health Systems

- **Provider barriers:** Primary care providers don't recommend screening at all, or they don't recommend the right test at the right time for a specific patient.
- **Patient barriers:** Patients don't understand why or when they need to be screened. Some don't want to go through the difficult process needed to prepare for the test. Some are afraid that the test will hurt or be embarrassing.
- **Infrastructure barriers:** The different parts of a health system—such as the administrative, billing, and medical departments—don't communicate or work together well. Another problem is not enough resources (staff, time, or funding) to support screening.

Solutions to Overcome Barriers in Health Systems

- Put reminders for providers in patients' charts.
- Mail or telephone reminders for patients.
- Put automatic reminders in electronic medical records.
- Offer patient navigation services to help patients before, during, and after screening.
- Create a medical home for all patients.
- Use incentives to encourage health systems to make changes. Examples include encouraging systems to use Healthcare Effectiveness Data and Information Set (HEDIS) measures so their performance can be compared with other systems, paying for performance, encouraging competition between systems, and recognizing the contributions of providers and systems.
- Identify and train "champions" in each system to lead efforts to increase CRC screening.

- Use each system's CRC screening data to assess rates and track progress.

Many of these solutions have been identified as effective by *The Community Guide* (www.thecommunityguide.org/index.html). Two of the solutions—patient navigation and creation of a medical home—are considered particularly promising.

Patient Navigation

Patient navigation in cancer care is individualized support for patients, families, and caregivers to help them overcome health care system barriers and get the medical, social, and psychological care they need.[12] For CRC screening, patient navigation helps patients get the tests they need by ensuring understanding of and compliance with test instructions and preparation, providing appointment reminders and other activities to support the patient through the process.

Medical Home

The Agency for Healthcare Research and Quality defines the *medical home* as a model of primary care that delivers care that is

- Patient-centered.
- Comprehensive.
- Coordinated.
- Accessible.
- Continuously improved through a systems-based approach to quality and safety.[13]

See **Appendix D** for resources and more information about patient navigation and medical homes.

12 C-Change. Patient Navigation Web site. http://www.cancerpatientnavigation.org/index.html. Accessed November 13, 2012.
13 Agency for Healthcare Research and Quality. Patient Centered Medical Home Resource Center Web site. http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483. Accessed November 13, 2012.

What Health Systems Are Doing

Health systems and their partners are working to increase CRC screening across the United States. The following examples describe specific projects and approaches being used at state and local levels.

Maryland

The Maryland CRCCP partnered with the state's Medicaid program to increase CRC screening rates among residents who receive Medicaid benefits. They sent 60,000 *Screen for Life: National Colorectal Cancer Action Campaign* postcards to eligible residents across the state. *Screen for Life* is a CDC campaign (www.cdc.gov/cancer/colorectal/sfl) designed to educate people aged 50 years or older about the importance of getting regular CRC screening tests. In Maryland, the postcards included phone numbers for health care providers that people could call to set up an appointment or get information.

The CRCCP then gave managed care organizations (MCOs) that serve people on Medicaid in Maryland the names and addresses of their patients who were sent postcards. This information allowed the MCOs to track responses to invitations to screen among their patients. The CRCCP also gave the MCOs access to a Web portal that provides tool kits and CRC screening resources for providers and clinics. These resources include *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide* (http://nccrt.org/about/provider-education/crc-clinician-guide).

Medicaid data are being analyzed each year to track changes in screening rates among people who receive Medicaid benefits in Maryland.

Colorado, Utah, and Washington

In partnership with the American Cancer Society, CRCCP grantees in Colorado, Utah, and Washington have implemented quality forums to bring together health systems in their states. The forums are used to educate health systems about CRC screening guidelines and using HEDIS measures and strategies to improve their screening rates.

The quality forum in Colorado led to changes in how health plans in the state handle preventive screenings and increased outreach to members who were not getting screened. It also led to a formal partnership between health plans and other stakeholders called the Colorado Prevention Alliance. The alliance includes more than 50 participants from 25 organizations representing public and private health, academia, private practice,

industry, and the nonprofit sector. Members meet regularly and have set up work groups to address cancer screening, immunization, and obesity prevention.

The quality forum in Utah brought together members of health plans and employers in the state to address barriers and partnership opportunities. It also led to the implementation of evidence-based programs to increase CRC screening in Utah.

The quality forum in Washington generated awareness among large health plans and partners to promote statewide CRC screening. It also led to opportunities to address barriers to screening.

New York City

The New York City Department of Health and Mental Hygiene (DOHMH) set a goal of achieving an 80% CRC screening rate with colonoscopy for city residents aged 50 years or older by 2012. To meet this goal, city officials used many different approaches. These approaches included

- A citywide screening policy that recommended that doctors:
  - Refer patients aged 50 years or older for a colonoscopy every 10 years. If a colonoscopy is not possible, a high-sensitivity FOBT is recommended.
  - Use a direct referral process for some patients that allows them to get a colonoscopy without having to see a gastroenterologist first.
- Key partnerships to support CRC screening, such as
  - The Citywide Colon Cancer Control Coalition, which has supported several successful initiatives in New York City.
  - The New York City Council and the American Cancer Society, which fund a program that supports activities such as colonoscopy screening for uninsured New Yorkers.
- Education and community outreach activities designed to reach primary care providers and members of the public. To support its educational efforts, the DOHMH put print materials and tools, including the Colon Cancer Screening Action Kit, on its Web site at www.nyc.gov/html/doh/html/cancer/cancercolon_actionkit.shtml.
- A Colonoscopy Patient Navigator Program designed to make it easier for people to get screened for CRC (www.nyc.gov/html/doh/html/cancer/cancer-npn.shtml). The DOHMH has programs in 22 public and private hospitals throughout the city. Patient navigators have been shown to increase screening rates, decrease no-show rates, and improve patients' preparation for screening tests. Data from the pilot phase of the program indicated an increase in the number of people being screened each month (**Figure 2**).

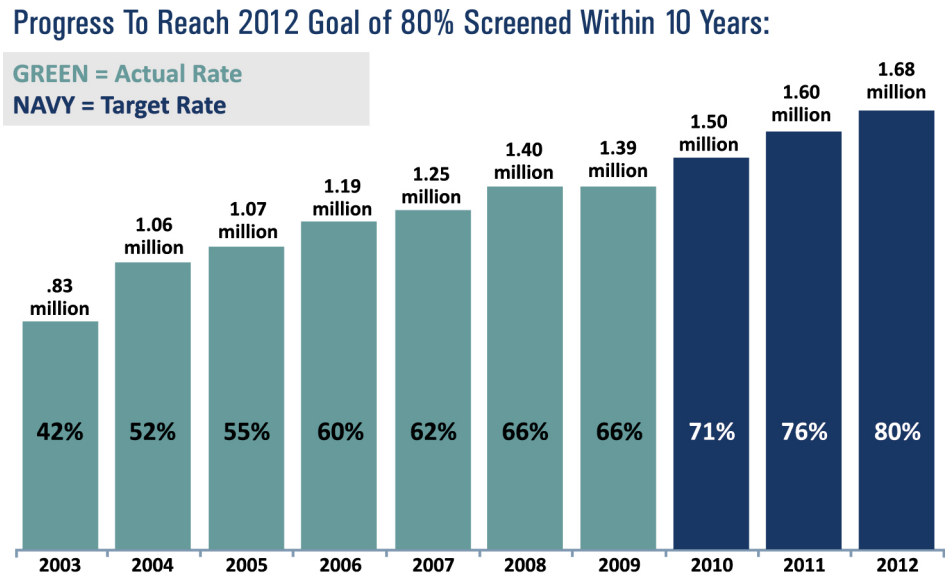
- Tools to encourage primary care providers to refer patients for colonoscopies. These tools include a direct referral process for some patients that allows them to get a colonoscopy without having to see a gastroenterologist first. (For a copy of the form used for this process, see http://www.nyc.gov/html/doh/downloads/pdf/cancer/cancer-colon-ders.pdf.)

Figure 2. Colonoscopy Patient Navigator Program, New York City, 2003–2006

Hospital Type	Number of People Screened, 2003-2006	Patient Navigator Program Pilot Phase, 2003–2006	Percentage Change
Hospitals with navigators	114	184	+61%
Comparison hospitals without navigators	190	213	+12%

Data indicate that these efforts have had a positive effect on CRC screening rates in New York City (**Figure 3**). These efforts also eliminated racial disparities in CRC screening rates between whites and blacks in 2006 and between whites and Hispanics in 2007 (**Figure 4**).

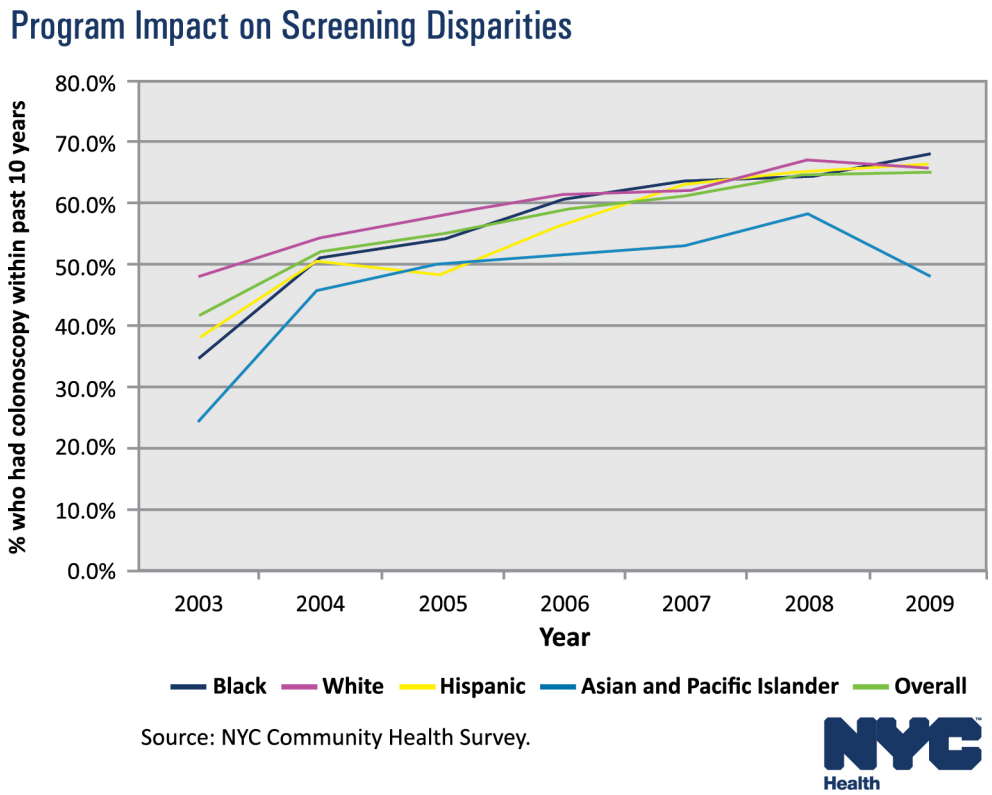
Figure 3. State and Federal Funds to Increase CRC Screening Rates, New York City, 2003–2012



*New Yorkers 50+ who report having had a colonoscopy in the past 10 years.
Source: NYC Community Health Survey 2003-2009. Totals are age-adjusted. CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults reached only by cell-phone.

NYC Health

Figure 4. Racial Disparities in CRC Screening, New York City, 2003–2009



Source: NYC Community Health Survey.

Georgia

A community health center called Albany Area Primary Health Care, Inc., is working with the Cancer Coalition of South Georgia (www.sgacancer.org) to increase CRC screening in southwestern Georgia. The health center is using the following interventions to achieve this goal:

- Audits of patient charts.
- Reminder systems for patients, such as letters and follow-up phone calls.
- Reminder systems for doctors.
- Patient navigation services.
- Partnerships with key community stakeholders, such as primary care providers, hospitals, public health organizations, gastroenterologists, and cancer survivors.

As a result of these interventions, the proportion of the eligible population screened with colonoscopy at Albany Area Primary Health Care, Inc., went from 12% in 2004 to 68% in 2010.

Section 2

Action Steps for Working with Health Systems

"A focus on primary care is a key to addressing and overcoming colorectal cancer screening challenges. Every primary care office is its own system. Each one has its own unique way of doing things. Because they are their own self-contained system, they often do not have the time, people, or resources to make significant changes. This fact needs to be accounted for in any approach that is used. Primary care offices, practices, [and] groups should be held up as an important system for CRCCP grantees to work with."

Rich Wender, MD,
Thomas Jefferson University

Action Steps for Working with Health Systems to Increase Population-Based Colorectal Cancer (CRC) Screening		
Step		**CRCCP Grantee Role**
1	Convene key stakeholders and identify potential health system partners.	Convener
2	Educate health systems about the need to increase CRC screening rates.	Communicator
3	Identify a champion in each health system.	Guide
4	Suggest strategies to improve CRC screening rates and offer specific help.	Educator
5	Develop an action plan with each health system.	Planner
6	Assess progress and make changes as needed.	Supporter

Step 1: Convene Key Stakeholders and Identify Potential Health System Partners

CRCCP grantees can play a critical role in the initial planning that goes into working with health systems on CRC screening in a state, tribe, or territory. Grantees often have the network connections needed to bring together the right people and organizations to address a public health concern like CRC. They can promote the issue, collect information, and set up meetings.

As a CRCCP grantee, here's what you need to do to get started:

1. Identify and invite a small group of key community stakeholders to help you identify health systems in your area. Ask stakeholders for ideas on how to reach out to health systems to help them increase their CRC screening rates. Key partners may include

   - The comprehensive cancer control coalition in your state, tribe, or territory.
   - American Cancer Society.
   - Large employers.
   - Medical professional organizations, such as a primary care association.

   ### How will this action help you?

   These stakeholders will bring a range of skills, credibility, resources, and relationships to support your efforts. Working together will prevent duplication and confusion.

2. Use the "Health Systems" section of the **Environmental Scan Tool for CRCCP Grantees** in **Appendix A** to plan your meeting with key stakeholders. CDC gives this tool to grantees to help them collect information about their local environment so they can plan successful programs.

   ### How will this action help you?

   The information that you collect with the Environmental Scan Tool for CRCCP Grantees will help you identify priority health systems to work with. It will also help you collect information on how you can help these systems increase their CRC screening rates. You and your stakeholders may want to collect some information before your first meeting. This information will help you get more done in the first meeting.

   Use the Environmental Scan Tool to

   - Identify large insurers and health systems in your state.
   - Identify CRC screening rates by insurer and by health system.
   - Identify which insurers and health systems use provider or patient reminder systems.

3. Discuss and analyze the information collected with the Environmental Scan Tool for CRCCP Grantees with your stakeholders. Ask the following questions to identify priority health systems to approach:

   a. Has anyone worked on a successful project in the past with any of the health systems identified? Does anyone have a relationship with one or more of these systems now?

   - If yes, this may be a high priority system to work with because an existing relationship may help you get a new project started more quickly.

- If no, this may not be a high priority system to work with because more work will have to be done upfront to build a relationship and develop trust.

Start With Your Own CRCCP Providers

Look first to the health care providers you work with now. Have you worked with them to help them increase their CRC screening rates? If not, these systems should be your first priority.

b. Which health systems could benefit most from your support? For example, which systems could

- Improve their CRC data-tracking methods the most?
- Improve their CRC screening rates the most?
- Benefit from using reminder systems for providers or patients or both?
- Benefit from stronger policies on their CRC screening coverage and rates?
- Have the best ability to improve CRC screening rates because of their "reach" into the community?

4. Make a list of priority health systems to contact.

Use the **Convene Key Stakeholders Work Sheet** in **Appendix B** to track your activities for Action Step 1.

Working with Key Stakeholders in Nebraska

The Nebraska Colon Cancer Program worked with two key community stakeholders to develop a Colon Cancer Screening Provider Tool Box. The stakeholders were the Nebraska Comprehensive Cancer Control Coalition (called Nebraska CARES) and the American Cancer Society. The tool box includes How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Tool Box and Guide. It also includes educational materials that primary care providers can use in clinics and community settings.

For more information about the tool box and how to earn continuing education units, see http://dhhs.ne.gov/publichealth/Documents/Website_description.pdf.

Step 2: Educate Health Systems About the Need to Increase CRC Screening Rates

Health systems are motivated by health outcomes and business priorities. If you appeal to both, you are more likely to be able to motivate people in these systems to want to work with you to improve their CRC screening rates.

When you approach a health system, you probably won't know about all of its practices or its level of performance in this area. The people you contact may not know all of this information either. But you can use the information you do know about their system to start a conversation. You can also use what you know about local and national CRC screening data and evidence-based interventions that have been shown to increase screening rates.

> "You have to make the case to systems that increasing colorectal cancer screening is a worthwhile expenditure of resources—staff, time, and funding."
>
> —Lynn Butterly, MD
> Dartmouth-Hitchcock Medical Center, New Hampshire CRCCP

Use the **Collect Information to Educate Health Systems Work Sheet** in **Appendix B** to organize your work for Action Step 2.

How to Approach Health Systems

Collect specific information about each health system that you plan to approach. Do your homework to understand how each system works. Make sure you know as much as possible about their specific screening practices and rates. That way, you can define the CRC screening problem in a way that is relevant to their system.

> Think about how working with you could benefit each health system partner. Clearly describe these benefits in terms of specific outcomes for the system.

Identify a specific person to approach in each system. Think about people who have a relationship with you or other key stakeholders now or who have worked with you on past projects. Think about people who can make decisions or influence the decision makers in the health systems. Even if you don't end up working with these people, they may be able to open doors and get the right people to the table.

Think about how working with you could benefit each health system partner. When you make contact, clearly describe these benefits in terms of specific outcomes for the system. This information can help encourage health systems to work with you.

If your initial attempts to make contact are not successful, don't be discouraged. Try making contact in different ways, or identify a different contact person. Remember that building a partnership takes time.

You can also use a CDC publication titled *Increasing Quality Colorectal Cancer Screening: An Action Guide for Engaging Employers and Professional Organizations* for ideas. This publication can be found at Grantee Websites at: www.NBCCEDP.org and www.CRCCP.org.

A system champion might be a member of the local comprehensive cancer control program or coalition. It could be a staff member or volunteer working with one of your partners.

How New Hampshire Worked with One Health System

The New Hampshire Colorectal Cancer Screening Program (NHCRCSP) works with several health systems to promote colorectal cancer (CRC) screening. In 2011, the NHCRCSP reached out to one of these systems to encourage it to examine and increase its CRC screening rates. NHCRCSP staff presented an overview of grant requirements, county data from the Behavioral Risk Factor Surveillance System, and data from other health systems. They also discussed issues related to risk management and the trend among insurance companies of paying for outcomes instead of the number of people screened.

In their presentation, NHCRCSP staff noted that some health care providers are not following the recommended national guidelines for screening. Most providers want to follow the guidelines, but they don't always have enough time or resources. To help overcome this problem, the NHCRCSP committed to 3 years of support to help the health system increase its CRC screening rates. The health system agreed to partner with the NHCRCSP and look for ways to improve screening rates among its providers. In the first year of this partnership, screening rates increased by 10%.

Step 3: Identify a Champion in Each Health System

A good way to build a relationship with a health system is to find a "champion" in each system to promote your cause. Once you've identified a champion, you will need to support and work closely with this partner. To find this person, you'll need to reach out to as many key staff members in each health system as you can. After the first meeting with your initial contact person, ask if the next meeting can include staff members who might be interested in your project or who work in the area of CRC screening.

Your second meeting should include key staff members in the health system. At this meeting, you should talk about problems related to CRC screening at national, state, and local levels. Talk about strategies to address these problems and ask for ideas and input about what could be done in their systems.

You will often find that a system champion will emerge from this meeting. For example, someone is likely to have a personal interest in the issue. If this person also has a connection with the system's medical services director, it will benefit your efforts. The medical services director is usually the person responsible for the system's health and business policies and procedures.

Your role is not to direct the health systems or implement specific programs, but to guide and support the actions that the system champion will take.

See **Appendix C** for a handout from the New Hampshire Colorectal Cancer Screening Program called **"The Champion."** You can adapt and use this handout to guide your work for Action Step 3.

Step 4: Suggest Strategies to Improve CRC Screening Rates and Offer Specific Help

Research has identified specific actions that can be taken to improve CRC screening rates in a health system. You can educate and advise health systems on the many strategies they can use to increase their screening rates. If they are already using some of these strategies, you can help them look for ways to improve their efforts.

Step 4 has three parts:

1. Help health systems collect and analyze data to find out how well they are doing.
2. Identify each health system's level of experience with CRC screening.
3. Educate health systems on ways to improve their CRC screening rates.

Step 4 Part 1: Help Collect and Analyze Data

An important part of picking a strategy is to first determine where the health system could improve. The champion you identify in each system will need to work with others in the system to collect data on current efforts, processes, and measures.

Use the **Collect Health System Data Work Sheet** in **Appendix B** to help you identify the specific data to collect and possible sources. The data and how they are collected will vary from system to system. Keep the process as simple as possible by using the work sheet to collect the same information for each system. The data categories used in this work sheet match information collected in the Environmental Scan Tool for CRCCP Grantees (see **Appendix A**).

The New Hampshire Colorectal Cancer Screening Program uses a handout called **Determining Colorectal Cancer Screening Rates in a Healthcare System** to help health systems in New Hampshire collect and use data from different sources. These sources include electronic medical records, primary care provider billing data, and Behavior Risk Factor Surveillance System data. This handout is available in **Appendix C**.

You may face several challenges in collecting and analyzing the data you need. The following table outlines some of the potential problems and solutions. You should try to identify any problems upfront so you can plan how to overcome them.

Problems and Solutions: Working with Health Systems to Collect Data	
Problem	**Solution**
Data to determine baseline rates are not readily available.	▪ Determine what information can reasonably be collected. ▪ Work with the health system to develop ways to collect the information you need.
Health system leaders or decisions makers are not comfortable sharing data with you.	▪ Guide the system on what data are important to collect. ▪ Tell health system leaders that you do not need to see specific data. You only need information to set a baseline and a goal for working with them.
Data collected are flawed or incomplete.	▪ Recognize that the data are not perfect, but they can still be used to set a baseline and goal. ▪ Work with the system to find ways to improve data collection in the future. ▪ Look for more effective and efficient data collection methods.

Step 4 Part 2: Identify Each Health System's Level of Experience with CRC Screening

The data you've collected will show the CRC screening rates for each health system. The next step is to determine each system's level of experience with CRC screening. Find out what they're doing now and what they've done in the past to try to increase their rates. You might also want to find out about each system's level of experience with other types of disease screening. This experience could be used to improve their CRC screening efforts.

Use the **Health System Experience with CRC Screening Work Sheet** in **Appendix B** to organize your work for this step.

Step 4 Part 3: Educate Health Systems on Ways to Improve Their CRC Screening Rates

Now that you've worked with health systems to collect data and look at their current and past efforts to increase their CRC screening rates, you are ready to help them find new ways to improve their efforts. When possible, look for strategies that are easy to use and don't require a lot of resources.

One way that health systems can improve their efforts is to use the *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide*. This guide describes

efficient ways that primary care providers can ensure that all of their patients get the CRC screening tests they need. It contains evidence-based tools, sample templates, and information about strategies to improve CRC screening rates.

Starting small is starting somewhere. Start with a strategy that is easy and doesn't need many resources. You can try more complex strategies later.

The original guide was followed by a shorter version that condensed the most important material into a step-by-step tool that includes the most relevant charts, templates, and sample materials for clinicians. Both versions are on the NCCRT's Web site at http://nccrt.org/about/provider-education/crc-clinician-guide/.

Another way that health systems can improve their efforts is to use the **Health System Intervention Strategies Work Sheet** in **Appendix B** to identify the available strategies and determine which ones will work with their system. Examples include provider and patient reminder systems, expanded insurance coverage, and patient navigation services. For more information about these strategies, see the resources listed in **Appendix D**.

The New Hampshire Colorectal Cancer Screening Program uses the *How to Increase Colorectal Cancer Screening Rates in Practice* guide when it meets with health systems the first time. At later meetings, program staff use their own **Checklist for Improving Screening Rates**. This checklist focuses on four specific tasks: making recommendations, developing and implementing a screening policy, setting up reminder systems for clients and providers, and measuring progress. This checklist is available in **Appendix C**.

Using Patient Navigation to Improve CRC Screening in Alaska

The Alaska Native Tribal Health Consortium (ANTHC) Colorectal Cancer Control Program funds tribal health organizations (THOs) to provide colorectal cancer (CRC) screening for Alaska Native people. Working together, ANTHC and THO staff identified patient navigation as an effective strategy to increase screening rates. The THOs hired regional patient navigators to help their patients get the screenings they need. To get funding from the ANTHC, the THOs must screen a certain number of patients each year. ANTHC staff meet monthly with coordinators at each THO and the patient navigators to discuss progress toward meeting their screening goals.

The ANTHC has focused on making sure patient navigators get the continuing education and technical support they need, such as training in patient navigation, motivational interviewing, and social marketing. It holds quarterly teleconferences on issues like how to reduce no-show rates and how to make effective presentations at community events.

The ANTHC has also developed several print and video resources that can be used to reach Alaska Natives. The videos, which are available at www.youtube.com/anthcepicenter, tell people how to prepare for CRC tests. They also feature interviews with real people as a way to encourage Alaska Native people to get screened.

In addition, the ANTHC has given patient navigators a variety of materials to help them do their job and promote CRC screening. These materials include medical scrubs with the program's logo; T-shirts, bracelets, and posters designed to raise awareness; informational flip charts, brochures, and cards; and public service announcements. These resources can be ordered online at www.anthc.org/chs/epicenter/colorectal_cancerprogram.cfm.

Step 5: Develop an Action Plan with Each Health System

You should now have all of the information you need to develop an action plan to work with health systems to increase their CRC screening rates. Use these steps to help each system develop its action plan:

- **Identify a goal.**
  Work with the champion and other key decision makers in each health system to set a goal. For example, the goal may be to increase the system's CRC screening rates by a certain percentage. Or it could be to fully implement a reminder system for all health care providers in the system.
- **Choose an evidence-based strategy.**
  Use the information collected on the Health System Intervention Strategies Work Sheet to help each health system pick the best strategy to use.
- **Identify existing methods, processes, and programs to build on.**
  A key element of planning your strategy is to identify existing methods, processes, and programs

that you can use. If you build on existing efforts, you will need fewer resources and are more likely to succeed than if you try to create something from scratch. For example, if a patient reminder system is in place for other cancer screening tests (e.g., for mammograms), can a colonoscopy reminder be added?

- **Determine how progress will be tracked.**
  Decide what data will be collected, how these data will be collected, and how often. Decide what reporting methods you will use and who will receive the resulting information.
- **Implement the action plan.**
  Use the **Action Plan Work Sheet** in **Appendix B** to identify the specific tasks needed to implement the strategy chosen. You can also use this template to identify each person's responsibilities and what resources are needed and to create a timeline.

As you implement the action plan, remember to communicate often with your key stakeholders and your health system champions. Make sure everyone is aware of the project timeline and what tasks they are responsible for.

Step 6: Assess Progress and Make Changes as Needed

As with any project, you must build in steps to assess your progress and make changes if they're needed. Use the **Assess Your Progress Work Sheet** in **Appendix B** to track your activities for this step. Specifically, you should assess your activities in two areas:

- Your relationship with each health system.
- Each health system's efforts to improve their CRC screening rates.

Appendix A

Environmental Scan Tool for CRCCP Grantees

On behalf of the Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC), the Directors of Health Promotion & Education (DHPE) has developed this Environmental Scan Tool for CRCCP Grantees to use to gather critical background information on the environment in which grantees work. These data can be used to inform successful implementation of CRC programs.

The Environmental Scan Tool will enable CRCCP Grantees to:

- Identify large insurers and health systems in the grantee's state.
- Identify a contact for each of the insurers and health systems in the state.
- Determine which insurers pay for colorectal cancer screening services and which colorectal cancer screening tests are covered.
- Determine colorectal cancer screening rates by insurer and by health system.
- Determine colorectal cancer screening rates by the various screening options (FOBT, colonoscopy, etc.) by insurer and by health system.
- Determine which insurers and health systems currently utilize provider and/or reminder systems.
- Identify other key partners and stakeholders, including employers and other entities that are not traditionally public health partners.
- Identify strengths, challenges, and gaps associated with providing high-quality colorectal cancer screening services in the grantee's state.

To successfully complete this scan requires current and comprehensive knowledge of the environment. Here are some quick tips, ideas, and suggestions on where and how you can gain access to the information needed for this scan. They are:

- State and/or local health agencies/departments, tribe, or territory CRCCP Program, the Internet, and community services resources.
- Department of Health/Human Services environment scans or annual reports of health facilities, community clinics, or Federally Qualified Health Centers (FQHCs) and their services.
- Medicaid and Medicare CRC screening data, insurer information from major insurers like Blue Cross Blue Shield.
- Department of Labor for information on large employers.
- State, tribe, or territorial associations/organizations for information on policies or legislation mandating coverage of CRC screening.
- Key informants from the American Cancer Society, physician assistants or nurse practitioners or their respective associations or groups, or other state cancer education programs.
- Business Associations/Chambers of Commerce and HEDIS Web site.

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Colorectal Cancer Control Program (CRCCP)

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Background Information

Please provide the following information for the team member completing the worksheet:

Name:	
Role:	
E-mail:	
Phone:	

Additional information about the team member, if necessary.

Key Partners & Stakeholders

A. Identify key partners and stakeholders in your state, tribe, or territory. These include worksites, professional and community based organizations, CCC coalitions, local health departments, and other entities that are not traditional public health partners.

Worksites, Professional and Community Based Organizations	Organization Description	Contact Person including e-mail, phone number and other contact information	Major activities to increase CRC screening rates in the community and/or reduce CRC incidence/mortality/disparities
CCC Coalition	Organization Description	Contact Person including e-mail, phone number and other contact information	Major activities to increase CRC screening rates in the community and/or reduce CRC incidence/mortality/disparities
Local Health Departments	Organization Description	Contact Person including e-mail, phone number and other contact information	Major activities to increase CRC screening rates in the community and/or reduce CRC incidence/mortality/disparities
Other Entities	Organization Description	Contact Person including e-mail, phone number and other contact information	Major activities to increase CRC screening rates in the community and/or reduce CRC incidence/mortality/disparities

Employers

B. Who are the large employers in your state, tribe, or territory?					
	Large Employer Name	Large Employer Name	Large Employer Name	Large Employer Name	Large Employer Name
Contact person including e-mail, phone number, and other contact information					
Organization description					
Number of employees					
Number of employees who are eligible for benefits					
What percentage of employees are over 50?					
What percentage of employees over 50 have been screened for CRC?					
Name of health insurance company					
Does the employer self-insure?					
Does the employer have a worksite health program that promotes CRC screening?					
Do they provide CRC screening benefits? Yes or No					
Does employer have policies that support screening (i.e., paid time off for colonoscopy screening, etc.)? Please describe.					
Major activities to increase CRC screening rates within employee group.					

Employers (i.e., Chambers of Commerce, State Business Associations, Department of Labor)

Health Systems

C. Who are the large health systems in your state, tribe, or territory?					
	Health System Name	Health System Name	Health System Name	Health System Name	Health System Name
Organization description					
Contact person including e-mail, phone number, and other contact information					
Number of employees					
Number of patients					
Yearly Budget					
Describe the health system. Is it a hospital, nursing home, own PCP?					
Comments					

Health Systems (i.e., Baptist Health System, Mercy Health System, Integris Health System, HCA Healthcare System, State University Health Systems, etc.)

Health Systems

D. Determine colorectal cancer screening rates by the various screening options by health system.					
	Health System Name	Health System Name	Health System Name	Health System Name	Health System Name
Are they collecting and tracking CRC rates for the system?					
Do they have CRC screening rates per provider?					
If so, what data do they use?					
How often do they track?					
If they do not track CRC screening rates, would they be interested in tracking or setting this up as a quality indicator?					
Most recent Colorectal Cancer Screening Rate (Percentage of eligible population screened for CRC)					
Percentage of eligible population screened with gFOBT or FIT					
Percentage of eligible population screened with colonoscopy					
Percentage of eligible population screened with sigmoidoscopy					

Health Systems

E. Which health system currently utilizes patient reminder systems?					
	Health System Name	Health System Name	Health System Name	Health System Name	Health System Name
Do they have a patient reminder system? Yes or No					
If Yes, does the health system use it to promote CRC screening?					
What types of patient reminders systems are in use?					
Post Cards					
Letters					
Personal phone message by doctor or staff					
E-mail					
Are there posters and brochures in the exam and waiting rooms?					
Do they start asking about CRC screening at age 49 instead of 50?					
Does the health system have health provider education about CRC screening?					
Would the health system like a CME on CRC screening for their health providers?					

Health Systems

F. Which health system currently utilizes provider reminder systems?					
	Health System Name	Health System Name	Health System Name	Health System Name	Health System Name
Do they have a provider reminder system? Yes or No					
If Yes, does the health system use it to promote CRC screening?					
What types of provider reminders systems are in use?					
Do they use an EMR ?					
If yes, does the EMR support the provider by prompts or pop up boxes?					
Electronic health record reminder					
Chart prompts					
Ticklers and logs					
Staff Assignments					
Does the EMR support the Medical Assistants or Nurses in asking about CRC?					

Health Systems (i.e., Baptist Health System, Mercy Health System, Integris Health System, HCA Healthcare System, State University Health Systems, etc.)

G. List all of the Community Clinics/Federally Qualified Health Centers (FQHCs) in the state/tribe.

H. Outline your state's reimbursement/cost sharing for colorectal cancer screening in the Medicare program Name of State: _____		
What percentage of adults over 65 has Medicare part A only?		
What percentage of adults over 65 has Medicare part A & part B?		
Do they have a CRC quality initiative?		
Are Medicare data available on screening rates? Yes or No		
	What is current Medicare reimbursement for	What is the cost sharing for each of these test?
At home gFOBT kit or FIT		
Colonoscopy		
Other		

I. Does the state's Medicaid program include CRC screening services? Yes or No	
J. Is Medicaid data available on screening rates? Yes or No	
K. Colorectal Cancer Screening Rate	

L. Who are the large insurers in your state, tribe, or territory?					
	Insurer Name	Insurer Name	Insurer Name	Insurer Name	Insurer Name
Organization Description					
Contact person including e-mail, phone number, and other contact information					
Comment					

M. Which screening tests does the insurer reimburse?					
	Insurer Name	Insurer Name	Insurer Name	Insurer Name	Insurer Name
Do they pay for colorectal cancer screening tests if the purchaser requests it? Yes or No					
Potential impact of health care reform					
What is the reimbursement rate for each of the screening options provided by private insurers?					
Colonoscopy					
Sigmoidoscopy					
FOBT					
Other					
Number of covered lives?					
Are they in multiple states? Are they statewide?					
Will they share HEDIS data with program?					
Do they have pay for performance for CRC? If yes, what data do they use?					
Do they do birthday cards at 50?					

N. Which insurer currently utilizes provider reminder systems?					
	Insurer Name	Insurer Name	Insurer Name	Insurer Name	Insurer Name
Do they have a provider reminder system? Yes or No					
Does insurer perform audits and feedback or provider performance (based on claims)? Yes or No					
What types of provider reminders systems are in use?					
Electronic health record reminder					
Chart prompts					
Ticklers and logs					
Staff Assignments					

O. Which insurer currently utilizes patient reminder systems?					
	Insurer Name	Insurer Name	Insurer Name	Insurer Name	Insurer Name
Do they have a patient reminder system? Yes or No					
If Yes, does the insurer use it to promote CRC screening?					
What types of patient reminders systems are in use?					
Postcards					
Letters					
Phone Calls					
E-mail					

Insurers (i.e., Blue Cross Blue Shield, Aetna, Humana, United Healthcare, Cigna, Kaiser)

State Legislation

Colon Cancer Alliance Legislative Report Card: http://www.ccalliance.org/help/advocate_reportcard.html

P. Does state have legislation mandating insurance coverage of CRC screening? Yes or NO	

Q. Which insurers are affected by the legislation?

R. What percentage of the population is actually impacted by the legislation?

S. Any other legislation that would impact CRC screening rates?

Miscellaneous

T. What other resources exist in the community that provide free or low cost CRC screening? Do they provide vouchers/payment for screening services?

U. What other programs/organizations in the state, tribe, or territory have had success in increasing utilization of a preventive service?

V. Which mechanisms or policies do health systems and or insurers have in place to ensure quality standards for CRC screening services?

Appendix B

Work Sheets for Completing the Action Steps

Appendix B has work sheets that you can use to complete the Action Steps recommended in Section 2. These work sheets can be used in their current form or adapted to fit your needs. Electronic versions are available in Microsoft Word from grantee Web sites at www.CRCCP.com and www.NBCCEDP.com.

- Convene Key Stakeholders Work Sheet
- Collect Information to Education Health Systems Work Sheet
- Health Systems Experience with CRC Screening Work Sheet
- Collect Health System Data Work Sheet
- Health System Intervention Strategies Work Sheet
- Action Plan Work Sheet

Convene Key Stakeholders Work Sheet

Actions	Notes
Make a list of key community stakeholders to convene.	
Make a list of information to collect before the first meeting.	Ask stakeholders to bring information about the health systems they work with or know about. For example, who are their key contacts in each system? What populations do these systems serve? What CRC screening tests do they offer? What are their screening rates?
Make a list of priority health systems to contact.	1. 2. 3. 4. 5.

Collect Information to Educate Health Systems Work Sheet

Instructions: Fill in the information below to educate health systems about the need to increase colorectal cancer (CRC) screening rates. Use a separate work sheet for each health system. Use the information you collect in letters, slide presentations, and talking points.

Name of Health System:

Actions	Sources and Examples	Notes
1. Describe the CRC screening problem and how it directly affects the health system.		
▪ Identify national, state, and local data. ▪ Identify and quantify how the health system is directly affected by the problem. For example, if the health system serves 70% of the people in a specific area, then the effect of not improving screening rates in the system will be large.	▪ CRC screening rates. ▪ CRC screening goals. ▪ Economic data—such as the cost to treat advanced colon cancer. ▪ How the identified problems affect the health system's current and potential patients.	
2. Outline a strategy for educating the health system.		
▪ Identify clear benefits to the health system if it works with you to increase its CRC screening rates.	▪ A health care provider's recommendation to eligible patients to be screened for CRC.	
▪ Who should you contact in the system?	▪ Doctors, hospital systems, health insurance providers, public health systems, large employers.	
▪ How will you contact this person?	▪ For example, in person, by phone, or by letter.	
▪ Who will contact this person?	▪ This is usually someone with a current relationship with the identified person.	
▪ What is your timeline for contacting the person and setting up the first meeting?	▪ List specific dates.	

Collect Health System Data Work Sheet

Data	Data Source	Notes
Most recent colorectal cancer (CRC) screening rates—that is, the percentage of eligible patients screened in a specific time period.		
Percentage of eligible patients screened with high-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT) in a specific time period.		
Percentage of eligible patients screened with colonoscopy in a specific time period.		
Percentage of eligible patients screened with sigmoidoscopy in a specific time period.		

Health System Experience with CRC Screening Work Sheet

Questions	Answers
What is the health system doing now to make sure eligible patients are screened for colorectal cancer (CRC)?	
Is the health system using evidence-based interventions to screen patients for CRC?	
What has worked and not worked in the past when the health system has tried to increase CRC screening?	
What has worked and not worked in the past when the health system has tried to increase screening for other diseases—such as breast cancer, cervical cancer, or diabetes? Are there lessons learned that can be applied to CRC screening?	

Health System Intervention Strategies Work Sheet

Name of Health System:

Evidence-Based Strategies	Existing Tools or Resources	Support from CDC's Colorectal Cancer Control Program or Local Stakeholders	Can These Tools or Resources Be Used for This System? (Yes, No, or Maybe)	Next Steps
Interventions for Health Care Systems				
Use reminder and recall systems for health care providers[a] and electronic medical records to improve the delivery of colorectal (CRC) screening services.				
Promote USPSTF[b] guidelines and quality standards for CRC screening.				
Promote practice-based system changes designed to increase primary care referrals for CRC screening.				
Promote the use of assessment and feedback interventions for health care providers[a] to improve the delivery of **CRC** screening services.				
Offer and promote alternative clinic hours.[a]				
Simplify administrative procedures.[a]				

Interventions for Health Insurance Plans				
Encourage coverage or expanded benefits for CRC screening.				
Encourage adequate reimbursement rates for CRC screening, diagnostic tests, and patient support services.				
Promote reimbursement strategies that reward health systems that follow USPSTF guidelines for CRC screening.				
Encourage use of HEDIS[c] measures.				
Promote reporting of deaths or serious injuries related to colonoscopies by hospitals or health insurance plans.				
Other Promising Interventions				
Set up patient navigation programs.				
Create strategies that encourage or require patients to establish a medical home.				

[a] Strategy recommended by The Guide to Community Preventive Services (www.thecommunityguide.org).

[b] U.S. Preventive Services Task Force.

[c] Healthcare Effectiveness Data and Information Set.

Action Plan Work Sheet

Name of Health System:

Colorectal (CRC) screening goal:

Existing methods, processes, and programs that can be used to achieve the goal:

How will progress be tracked and how often?

Evidence-Based Strategies Chosen	Major Tasks to Implement Strategy	Expected Outcomes	Challenges and Potential Solutions	Person(s) Responsible	Due Date	Information or Resources Needed

Assess Your Progress Work Sheet

Instructions: Work with stakeholders and health systems to answer the following questions. Use a separate work sheet for each system.

Assess Your Relationship with the Health System	Answers and Plans for Change
1. Has the action plan been completed? If not, why?	
2. Are you in contact with your health system champion regularly? How do you communicate (in person, by phone, by e-mail)? Is your contact method effective?	
3. Are problems identified and resolved quickly and effectively?	
4. Do you have other questions or concerns?	

Assess the Health System's Efforts to Improve CRC Screening Rates	Answers and Plans for Change
1. Have all specific tasks, timelines, and responsibilities been carried out?	
2. Are relevant data being collected?	
3. Does the system need to make adjustments? Have solutions been identified or carried out?	
4. Is information about progress and any needed adjustments being communicated to key stakeholders?	
5. Do you have other questions or concerns?	

Appendix C Program Materials and Samples

Appendix C has examples of handouts and other materials used by CRCCP grantees. These materials are included to show you what other grantees are doing and to give you ideas. Because these materials came directly from the states, they were not edited to CDC style.

- New Hampshire Colorectal Cancer Screening Program: The Champion.
- New Hampshire Colorectal Cancer Screening Program Handout: Determining Colorectal Cancer Screening Rates in a Healthcare System.
- New Hampshire Colorectal Cancer Screening Program: Checklist for Improving Screening Rates.
- New Hampshire Colorectal Cancer Screening Program Handout: Screening for Colorectal Cancer (CRC).

New Hampshire Colorectal Cancer Screening Program (NHCRCSP)

"The Champion"

New Hampshire is one of several states/tribal nations to receive a grant from the Centers for Disease Control and Prevention to raise Colorectal Cancer Screening Rates to 80% by the year 2014. This goal is ambitious but achievable with the collaboration of key partners.

Integral to the success NHCRCSP has already achieved since becoming a grantee in 2009, is working with healthcare systems. NHCRCSP has served as a consultant to many New Hampshire healthcare systems to assist them in tracking their screening rates and implementing evidence-based strategies to achieve an increase in screenings. A critical part of this work has been identifying a "Champion" within the healthcare system who takes the internal role of spearheading the effort. The Champion is someone who is dedicated, motivated and has the backing of leaders within the organization to move the strategies forward. The Champion can be a medical person or an administrative person or a mix of both. The following are examples of what makes a good Champion and some of the responsibilities.

What Makes a Good Champion?

- Consider someone who has a personal interest in Colorectal Cancer or cancer screenings.
- Choose someone who is a motivated "doer" and is respected in the organization.
- Consider having two Champions, one medical and one administrative.
- Community Health staff, marketing staff, practice administrator, informatics staff and clinical staff have all served as Champions and have been successful.

Responsibilities of a Champion

- Set up an introductory meeting with appropriate staff and the NHCRCSP staff to discuss how to increase screening rates and what other strategies will be implemented.
- Become familiar with the action guide, How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinicians Evidence-Based Toolbox and Guide, from the American Cancer Society, National Colorectal Cancer Roundtable, and Thomas Jefferson University.
- Work with NHCRCSP staff to develop a yearlong plan that may include Presentations on Screening Guidelines; Development of a Screening Policy; Workflow Analysis; Small Media Campaigns; Establishing Goals for Increasing Rates.
- Act as "Spokesperson" when called upon by your Health Care organization or NHCRCSP.
- Serve as the point of contact for NHCRCSP staff and meet via phone at least monthly and face to face quarterly.
- Average time commitment of champions is 1-2 hours per week

New Hampshire Colorectal Cancer Screening Program Checklist for Improving Screening Rates	✔
1. Make a Recommendation	
Providers are knowledgeable about latest screening guidelines for average risk, increased risk and high risk clients	
Determine individual risk	
Determine the screening messages you and your staff will share with patients	
EMR should support through drop downs, pop ups and access to guidelines	
Recommend screening at all types of visits	
Consider patient preference/barriers, including insurance	
2. Develop and Implement a Screening Policy	
Engage team in creating, supporting and following the policy	
Office Flow	
Guidelines Posted	
Materials-Brochures/Posters/DVD's/Videos	
Develop a colonoscopy referral process and support	
3. Reminder Systems: Client and Provider	
Chart prompts/tickler systems	
Involvement of staff	
Involvement of patients	
Reminder letters/call/postcards	
Track test results and follow-up with providers and patients	
4. Measure Practice Progress	
Determine how CRC screening rates will be tracked	
Establish a baseline screening rate – make sure to start at age 51, active clients	
Agreed upon screening rate goals and how often to track	
How rates will be communicated and to whom	
Celebrate success and reward team	

New Hampshire Colorectal Cancer Screening Program Handout

Screening for Colorectal Cancer (CRC) Why Is It Important?

Colorectal Cancer is a preventable disease
Colorectal Cancer is almost always curable when detected early
Colorectal Cancer Screening has a **Grade A** rating from the USPSTF

CRC Screening Is the Right Thing to Do For Your Patients and Your Practice

For your Patients

- Appropriate screening decreases morbidity
- Appropriate screening decreases mortality

For Your Practice

- CRC Medical Malpractice Cases rank CRC as one of 5 leading diseases in value of awards:
  - Failure to obtain cancer-specific history
  - Failure to provide high quality, timely and thorough screening services
  - Failure to adhere to National Screening Guidelines
  - Failure to evaluate all symptoms
  - Failure to demand colonoscopy reports which adhere to a standardized reporting system
  - Failure to diagnose (or diagnosing at a later stage)
- Primary care providers payment will be based on quality and screening rates

Implement Practice Changes to Improve Screening Rates Using the Four Essentials

- Measure practice progress
- Make a recommendation
- Create, support and implement CRC screening protocol
- Be persistent with provider and client reminder systems

References:

"Developing a Quality Screening Colonoscopy Referral System in Primary Care Practice: A Report from the National Colorectal Cancer Roundtable -- Sifri et al. 60 (1): 40." CA: A Cancer Journal for Clinicians. Web. 10 May 2011. <http://caonline.amcancersoc.org/cgi/content/abstract/60/1/40>.

Sarfaty M. How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide 2008 Published by the National Colorectal Cancer Roundtable. An activity of the American Cancer Society and the Centers for Disease Control and Prevention 2006, revised 2008.

Fletcher RH, Nadel MR, Allen JI, Dominitz JA, Faigel DO, Johnson DA, Lane DS, Lieberman D, Pope JB, Potter MB, Robin DP, Schroy PC 3rd, Smith RA. The quality of colonoscopy services--responsibilities of referring clinicians: a consensus statement of the Quality Assurance Task Group, National Colorectal Cancer Roundtable. J Gen Intern Med. 2010 Nov; 25(11):1230-4. Epub 2010 Aug 12.

New Hampshire Colorectal Cancer Screening Program Handout

Determining Colorectal Cancer Screening Rates in a Healthcare System

There are several methods to determine colorectal cancer (CRC) screening rates within a provider practice and include using billing data, electronic medical record data, chart audits and Behavioral Risk Factor Surveillance Survey Data (BRFSS).

Electronic Medical Record (EMR): All active clients who are 51 and older are identified. Active can be defined as a visit within the last two or three years. Usually 76 to age 80 years of age are used as the cutoff point for age. Clients with a diagnosis of colorectal cancer should be excluded. This is the denominator for the screening rates and should include all clients meeting these criteria.

Of these clients those that have had either a FOBT in the last 12 months, FIT within the last 12 months, flexible sigmoidoscopy within the last 60 months, double contrast barium enema (DCBE) or air contrast enema within the last 60 months or colonoscopy within the 120 months are identified and this becomes your numerator. Those that decline screening should not be in the numerator and those that might have had an in office FOBT should not be included in the numerator.

Billing data: This can only be done if the billing data contains primary care billing information, lab test and endoscopy procedures. Data is extracted for new and or existing patients, age 51 to 79. CRC screening percentages are based on number of patients in the file vs. number who had a procedure within the set time frame. See Appendix A for the procedure codes and the timeframes for each test. In addition, please follow the EMR guidelines for active clients and exclusions.

Behavioral Risk Factor Surveillance Survey Data (BRFSS): The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. The primary focus of these surveys has been on behaviors and conditions that are linked with the leading causes of death—heart disease, cancer, stroke, diabetes, and injury—and other important health issues. Through the BRFSS surveys, communities, states, and federal agencies such as CDC have learned much about these and other health behaviors and conditions. This information is essential for planning, conducting, and evaluating public health programs at local, state, and national levels.

For colon cancer there are three questions that are asked every year for the years 2010-2012. The first asks those that are over age 50 if they have had a blood stool test in the last two years, and the second asks if they have ever had a colonoscopy or sigmoidscopy. In 2010 a third question was added that asked those that answered they had not had screening by either method why they had not been screened. If your health system matches closely to a county or even two counties, this data can be used to obtain screening rates.

Appendix D Resources

Section 1. Health Systems and CRC Screening

Information About Changes Affecting Health Systems
Center for Studying Health Systems Change
www.hschange.com/index.cgi?file=about

A Guide to Facilitating Health Systems Change
Centers for Disease Control and Prevention
www.cdc.gov/dhdsp/programs/nhdsp_program/docs/guide_facilitating_hs_change.pdf

The Guide to Community Preventive Services
Community Preventive Services Task Force
www.thecommunityguide.org/cancer/screening/provider-oriented/index.html

Information About Medical Homes
American Academy of Family Physicians
www.aafp.org/online/en/home/membership/initiatives/pcmh.html

Joint Principles of the Patient-Centered Medical Home
American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association
www.acponline.org/running_practice/pcmh/understanding/guidelines_pcmh.pdf

Patient Centered Medical Home Resource Center
Agency for Healthcare Research and Quality
www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483

Community Centered Health Homes: Bridging the Gap Between Health Services and Community Prevention
Prevention Institute
www.preventioninstitute.org/component/jlibrary/article/id-298/127.html

Patient-Centered Medical Home
National Committee for Quality Assurance
www.ncqa.org/tabid/631/Default.aspx

Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health
Centers for Disease Control and Prevention
www.cdc.gov/nccdphp/dach/chhep/pdf/SDOHworkbook.pdf

Colonoscopy Patient Navigator Program Orientation Manual
New York City Government
www.nyc.gov/html/doh/downloads/pdf/cancer/orientation.pdf

Patient Navigation
Michigan Colorectal Cancer Early Detection Program
www.michigancancer.org/Colorectal/LocalAgencyInformation/PatientNavigation.cfm

Journal Article on Colorectal Cancer Screening
Colorectal cancer screening among ethnically diverse, low-income patients: a randomized controlled trial. *Arch Intern Med.* 2011;171(10):906-912.
http://archinte.ama-assn.org/cgi/content/abstract/171/10/906

Colorado Patient Navigator Training Program
http://patientnavigatortraining.org/index.htm

Patient Navigation Research Program
Center to Reduce Cancer Health Disparities, National Cancer Institute
http://crchd.cancer.gov/pnp/pnrp-index.html

Cancer Patient Navigation
C-Change
www.cancerpatientnavigation.org/index.html

Section 2. Action Steps for Working with Health Systems

How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide
American Cancer Society, National Colorectal Cancer Roundtable, Thomas Jefferson University
http://nccrt.org/about/provider-education/crc-clinician-guide/

Colon Cancer Screening Action Kit
New York City Department of Health and Mental Hygiene
www.nyc.gov/html/doh/html/cancer/cancercolon_actionkit.shtml

Options for Increasing Colorectal Cancer Screening Rates in North Carolina Community Health Centers
UNC Lineberger Comprehensive Cancer Center
www.ncspeed.org/sites/default/files/CRC_Toolkit.pdf

Healthcare Provider Reminder Systems, Provider Education, and Patient Education
Centers for Disease Control and Prevention
www.prevent.org/data/files/initiatives/tobaccousetreatment.pdf

Conference Presentation on Patient Reminder Systems
The effectiveness of a secure email reminder system for colorectal cancer screening. *AMIA Annu Symp Proc.* 2009;2009:457-461.
www.ncbi.nlm.nih.gov/pmc/articles/PMC2815450/

Tools & Resources—Electronic Medical Records Report
National Colorectal Cancer Roundtable
http://nccrt.org/about/provider-education/electronic-medical/

Information on Meaningful Use of Electronic Health Records
Centers for Disease Control and Prevention
www.cdc.gov/ehrmeaningfuluse

Tools & Resources—Screening Progress
National Colorectal Cancer Roundtable
http://nccrt.org/about/provider-education/screening-progress/

Colorectal Cancer: A Risk Management Guide for Health Care Professionals
Massachusetts Colorectal Cancer Working Group
http://www.maclearinghouse.com/category/CANCER.html

Making the Business Case: How Engaging Employees in Preventive Care Can Reduce Healthcare Costs
C-Change
http://c-changeprojects.org/MakingTheBusinessCase/pdf/C-Change

More Resources

Basic Information About Colorectal Cancer
Centers for Disease Control and Prevention
www.cdc.gov/cancer/colorectal/basic_info/index.htm

Fast Facts About Colorectal Cancer
Centers for Disease Control and Prevention
www.cdc.gov/cancer/colorectal/basic_info/facts.htm

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention