The Colorectal Cancer Screening Program in South Carolina is funded by the Centers for Disease Control and Prevention (Grant #: 1 NU58DP006137-01-00) as part of the CDC Colorectal Cancer Control Program (DP15-1502). The grant is awarded to Dr. Frank Berger and Dr. Heather Brandt of the Center for Colon Cancer Research at the University of South Carolina.
DP15-1502 CRCCP Grantees

- 24 State Grantees
  - 18 Previous
  - 6 New
- 6 New Universities
- 1 New Tribe

http://www.cdc.gov/cancer/crccp/
Center for Colon Cancer Research

CRC Screening Program:

• Direct provision of screening services (*Colon Cancer Prevention Network*) – Annie Thibault and Renay Caldwell

• Implementing evidence-based approaches to increase colorectal cancer screening (CDC grant)

http://cccr.sc.edu/outreach/ccspsc/ccspsc-program
Evaluation

• Core for Applied Research and Evaluation (CARE), Arnold School of Public Health, University of South Carolina
  – Lauren Workman, PhD
  – Pam Gillam, MPA
  – Dave Murday, PhD
  – Casey Childers, PhD
  – Shamika Jones, PhD student
Partners

• South Carolina Primary Health Care Association
• American Cancer Society
  – Primary Care Team and Regional Service Coordinators
• FQHCs in South Carolina:
  • CareSouth Carolina
  • Carolina Health Centers
  • Eau Claire Cooperative Health Centers
  • HopeHealth
  • New Horizon Family Health Services, Inc.
  • Regenesis Health Care
  • Sandhills Medical Foundation
  • Little River Medical Center
Partners, continued

• Centers for Disease Control and Prevention, Colorectal Cancer Control Program
  – Cindy French, Program Consultant

• South Carolina Department of Health and Environmental Control
  – Division of Cancer Prevention and Control
e.g., Best Chance Network, WISEWOMAN

• And others committed to increase CRC screening!
Colorectal Cancer Screening Program in South Carolina

FLOW CHART SHOWING PROCESS

Phase 1: Establishing Partnerships & Selecting FQHC Sites

- Building Partnership with FQHC System
  - Initial meetings with FQHC system (CCSPSC Team), Coordinate with ACS contact
  - Evaluation Activities: 1) Visit summary, and visit summary; Subsequent site visit summaries (as applicable) also record each contact (CCSPSC Team)

- MOA Completed
  - MOA completed, signed by all parties, and in place (by email or signed copy to all parties; CCA, Partnership, & Team)
  - Evaluation Activities: record date each MOA is signed (CCSPSC Team)

- Site(s) Selected
  - Each FQHC system selects sites to participate in implementation (Coordinated for CCSPSC Team)
  - Evaluation Activities: record date each site selected (CCSPSC Team)

Phase 2: Collecting Baseline Data and Developing Implementation (Action) Plans

- Collect Baseline Data with Each Site
  - Evaluation Tools: 1) CDC Baseline Screening Rate Worksheet and 2) Organizational Assessment
  - Step 1: CCSPSC Team ‘prefills’ forms with information that they have and passes on to Evaluation Team (CARE works with CCSPSC Team)
  - Step 2: Evaluation Team sends forms to contact at each site (CARE works with CCSPSC Team)

- Develop Implementation (Action Plan) for Each Site
  - Implementation (action) plan: Using CDC guidance, prepare and complete org. assess., readiness assessment, and implementation plan for review and approval by CDC (CCSPSC Team works with CARE; SCPHA; ACS)
  - Prepare as much as possible in advance; obtain CDC approval of implementation plans prior to implementation (CCSPSC Team works with CARE; SCPHA; ACS)

Phase 3: Implementation

- Conduct Professional Education For Each Site
  - Coordinate all staff professional education at each site/system (CCSPSC Team works with CARE; SCPHA; ACS)
  - *Additional professional education over time as needed
  - Evaluation Activities: Pre- and post-program evaluations (CARE and CCSPSC Team)

- Conduct Training For Each Site
  - Coordinate training of all staff involved in implementation activities (CCSPSC Team and ACS)
  - Evaluation Activities: Pre-, post, and follow-up implementation training evaluations (CARE and CCSPSC Team)

- GO LIVE!
  - Begin implementation of priority EBIs, supportive strategies, and additional activities (CCSPSC Team and ACS)
  - Evaluation Activities: Pre-site visit in preparation for GO LIVE (CARE and CCSPSC Team)

Phase 4: Supporting and Monitoring Implementation

- Support Implementation of Evidence-based Strategies for Each Site
  - Regular communication with each site (CCSPSC Team and ACS)

- Monitor Implementation
  - Regular interactions and review of process of implementation aided by evaluation tools (CCSPSC and ACS)
  - Evaluation Activities: Facility checklists for each evidence-based strategy, quarterly progress, and annual feedback (CCSPSC and ACS)

- Conduct Technical Assistance (TA) for Each Site
  - Coordinate TA for all staff involved in implementation activities based on monitoring information (CCSPSC Team and ACS)
  - Evaluation Activities: Ongoing assessment of TA through pre- and post-tests (CARE and CCSPSC Team)

- Collect Annual Data with Each Site
  - Evaluation Activities:
    1) CDC CRC Screening Rate Worksheet/CARA
    2) Organizational Assessment
    3) Readiness Assessment
Phase 1: Establishing Partnerships and Selecting FQHC Sites

- Building partnerships
- MOA completed
- Site selection
- Assessment of readiness

**Building partnership with FQHC system**
- Initial meetings with FQHC system (CCSPSC Team); Coordinate with ACS contact
- Evaluation Activities: 1st visit summary, 2nd visit summary; also record each contact (CCSPSC Team)

**MOA completed**
- MOA is completed, signed by all parties, and in place (by emailing signed copy to all parties {Hiluv, Heather, & Frank})
- Evaluation Activities: record date each MOA is signed (CCSPSC Team)

**Site selection**
- Each FQHC system selects sites to participate in implementation (Coordinated by CCSPSC Team)
- Evaluation Activities: Record date each site selected (CCSPSC Team)
Phase 2: Collecting Baseline Data and Developing Implementation Plans

• Collect baseline data for each site
  – Baseline CRC screening data
  – Organizational assessment

• Develop implementation plan for each site
  – Using baseline data and organizational assessment
Phase 3: Implementation

- Professional education
- Implementation training
- Technical assistance (ongoing)
- Implementing evidence-based strategies

Professional Education For Each Site:
Coordinate all staff professional education at each site/system {CCSPSC Team working with CARE; SCPHCA; ACS}

*Additional professional education over time as needed

Evaluation Activities: Pre- and post-program evaluations {CCSPSC Team}

Phase 3: Implementation

Training for Each Site: Coordinate training of all staff involved in implementation activities {CCSPSC Team}

Technical Assistance for Each Site: Ongoing, regularly scheduled process; CQI {CCSPSC Team}

Evaluation Activities: Pre- and post-training evaluations; TA evaluation {CCSPSC Team}

Implementation of Evidence-based Strategies for Each Site

Evaluation Activities: Fidelity checklists for each evidence-based strategy; ongoing monitoring and other evaluation activities {CCSPSC Team}
Phase 4: Supporting and Monitoring Implementation

- Regular interaction and support
- Monitor implementation
- Technical assistance
- Review data

**Support Implementation of Evidence-based Strategies for Each Site**
Regular communication with each site {CCSPSC Team and ACS}

**Monitor Implementation**
Regular interactions and review of process of implementation aided by evaluation tools {CCSPSC and ACS}
**Evaluation Activities:**
Fidelity checklists for each evidence-based strategy; quarterly (process) and annual (outcome) CRCS data {CARE and CCSPSC Team}

**Conduct Technical Assistance (TA) for Each Site**
Coordinate TA for all staff involved in implementation activities based on monitoring information {CCSPSC Team and ACS}
**Evaluation Activities:**
Ongoing assessment of TA through pre- and post-tests {CARE and CCSPSC}

**Collect Annual Data with Each Site**
**Evaluation Activities:**
1) CDC CRC Screening Rate Worksheet/CBARS
2) Organizational Assessment
3) Readiness Assessment
Phase 4: Supporting and Monitoring Implementation

- Monitor implementation
  - Monthly visits during first quarter
  - At least quarterly thereafter, more frequent by phone and email
- Assess and review quarterly CRCS data
- Examine processes (CQI, process maps)
- Plan for technical assistance (3x/year)
  - Standard topics/content
  - Tailored to needs of each site
Evidence-Based Approaches

Select at least two priority, evidence-based approaches (select two):

• Provider assessment and feedback
• Provider reminders and recall
• Client (patient) reminders

Optional supportive activities:

• Professional education
• Small media

Additional activities:

• Standard procedures
• 80% by 2018 pledge
Provider Assessment and Feedback

- Evaluate provider performance in delivering or offering colorectal cancer screening to clients (assessment).
- Present providers with information about their performance in providing screening services (feedback).
- Feedback may describe the performance of a group of providers (e.g., mean performance for a practice) or an individual provider, and may be compared with a goal or standard.

Guide to Community Preventive Services
Provider Reminders

• Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall reminder”).

• Reminders can be provided in different ways, such as flagged appointment lists, notes in client charts, “blue star” on the exam room, by e-mail, etc.

Guide to Community Preventive Services
Client Reminders

• Client reminders are written (letter, postcard, email, text) or telephone messages (including automated messages) advising people that they are due for screening.

• Client reminders may be enhanced by one or more of the following:
  – Follow-up written or telephone reminders
  – Additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening
  – Assistance in scheduling appointments

• These interventions can be untailored to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.

Guide to Community Preventive Services
Small Media

• Small media is a supportive strategy to be used with priority, evidence-based approaches.
• Small media include videos and printed materials, such as letters, brochures, and newsletters.
• Materials can be used to inform and motivate people to be screened for cancer.
• Materials can provide information tailored to specific individuals or targeted to general audiences.
Professional Education

• Developed by the American Cancer Society and CCSPSC team
• Focuses on colorectal cancer and colorectal cancer screening
• Includes overview of CCSPSC
• Designed to emphasize “whole office” concept to increase colorectal cancer screening
Standard Procedures

• Having standing orders or standard operating procedures in place will support CRC screening

• Develop routine process to:
  – Identify those eligible for screening
  – Ensure CRC screening recommendation
  – Track completion of CRC screening (in EMR and following up)
  – Monitor progress
  – Make improvements, as needed
Breakout Sessions

Implementation of Evidence Based Strategies to increase CRC screening rates!

• What successes have you experienced?
• What challenges have you faced?
• What are your top 2-3 lessons learned?
Southeastern Consortium

Implementation Training
Regenesis - Langdon

Implementation Training
New Horizons - Greer

Professional Education
ECCHC - Eastover
Program Staff

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Questions?