


Lessons Learned through a Multi-Regional Cancer Screening Project

Presented By:

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NYSDOH-Funded Cancer Screening Project

Project Purpose and Implementation Overview



Increasing Cancer Screening through Academic Detailing and Practice Facilitation

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Funding Statement

This project was supported by Grant or Cooperative Agreement Numbers DP2029, DP6102, and DP3879 between the Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (NYSDOH) and funded by the CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC, the Department of Health and Human Services or the NYSDOH.

Project Goals

- Increase cancer screening
 - Colorectal
 - Breast
 - Cervical
- 2 Primary Intervention Methods
 - Academic Detailing
 - Practice Facilitation
- Safety net primary care practices enrolled across 3 project regions
 - Syracuse
 - Rochester
 - Buffalo



Intervention Components

- **Academic Detailing**
 - Trained professional visits health care professionals in their own setting to provide tailored education on specific health topics and to provide guidance on best practices
- **Practice Facilitation (PF)**
 - Trained quality improvement (QI) professionals
 - Assist primary care practices in research and QI activities
 - Roughly 4 hours per week in the practice

Project Evolution

- Year 1: Colorectal Cancer Only
 - 2-month intervention period
 - Work with 12 practices
- Year 2: Breast, Cervical and Colorectal Cancer
 - 6-month intervention period
 - Work with 23 practices
- Year 3: Breast, Cervical and Colorectal Cancer
 - 6-month intervention period
 - Work with 13 practices
- Currently in Year 4



Project Results

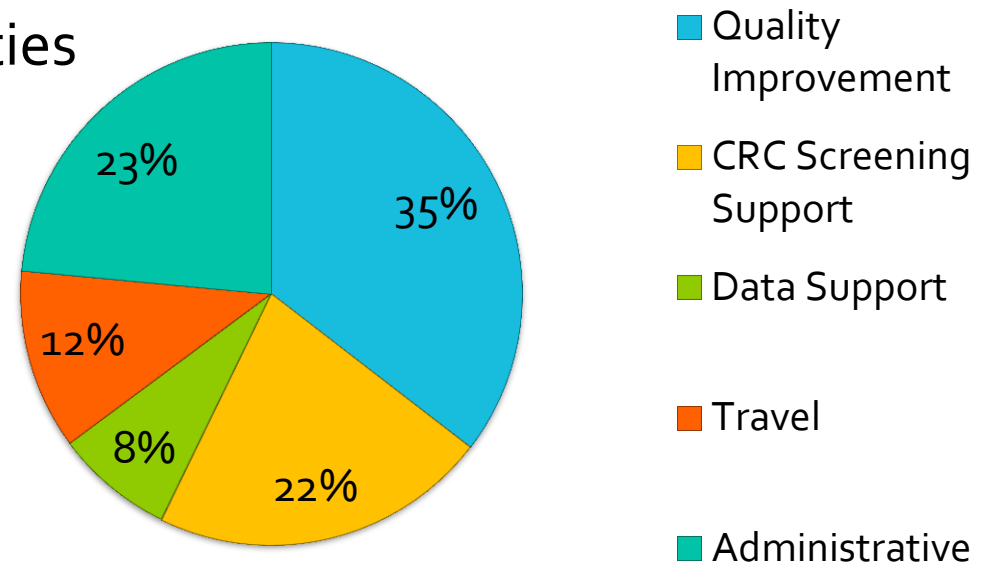
Summary from Year 1 to Year 3 of Project Implementation



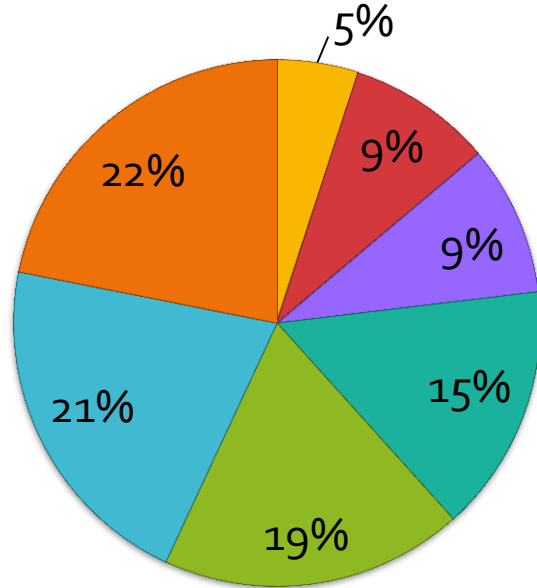
Engagement and Facilitation

Project Year	Practices Enrolled	Total PF Hours	Avg. PF Hours/Practice	Months of PF Services
Year 1	12	183	15.25	2 months
Year 2	23	889	38.65	6 months
Year 3	13	687	52.85	6 months

Year 1 PF Activities



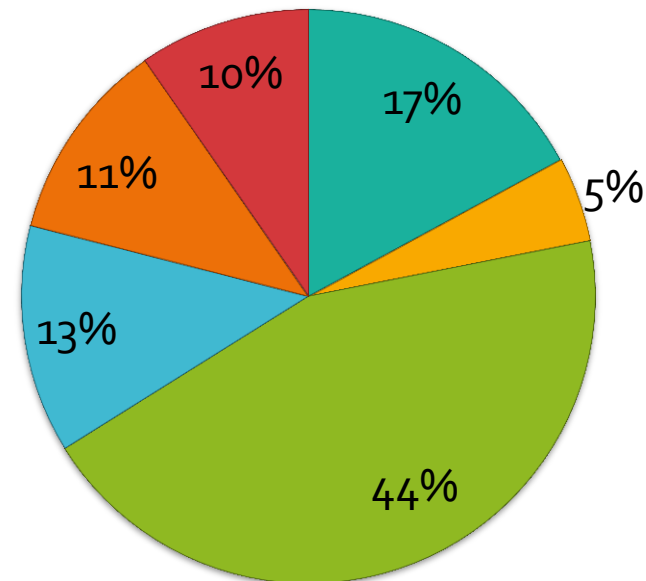
Year 2 PF Activities



- Cancer Screening Support
- Prep Time
- Routine Check-in
- Administrative
- Data Support
- Quality Improvement Support
- Travel

- Chart review assistance
- Workflows to improve data collection and maintenance
- Consultations with IT personnel
- Evidence-based patient outreach and education
- Practice workflow assessments

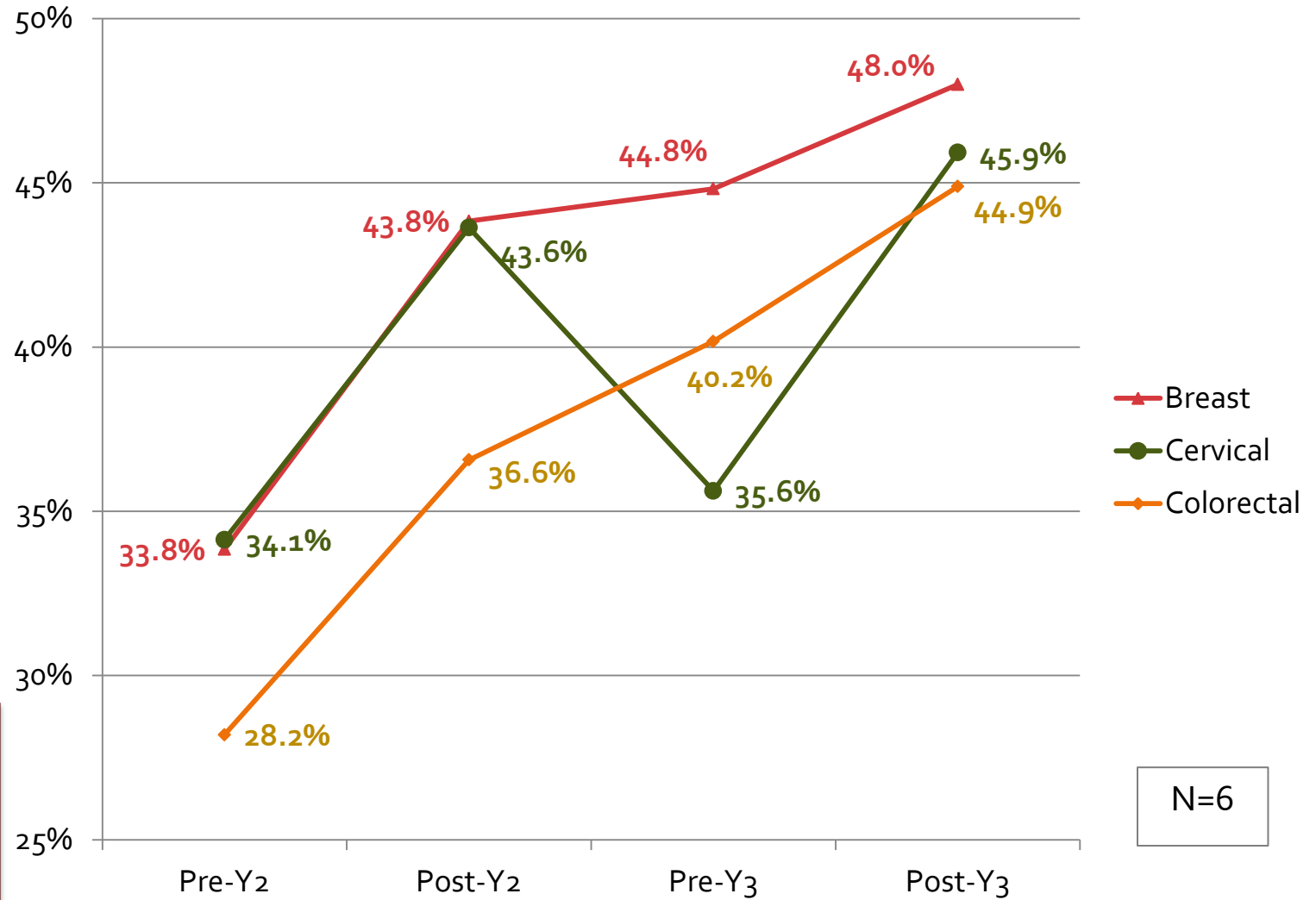
Year 3 PF Activities



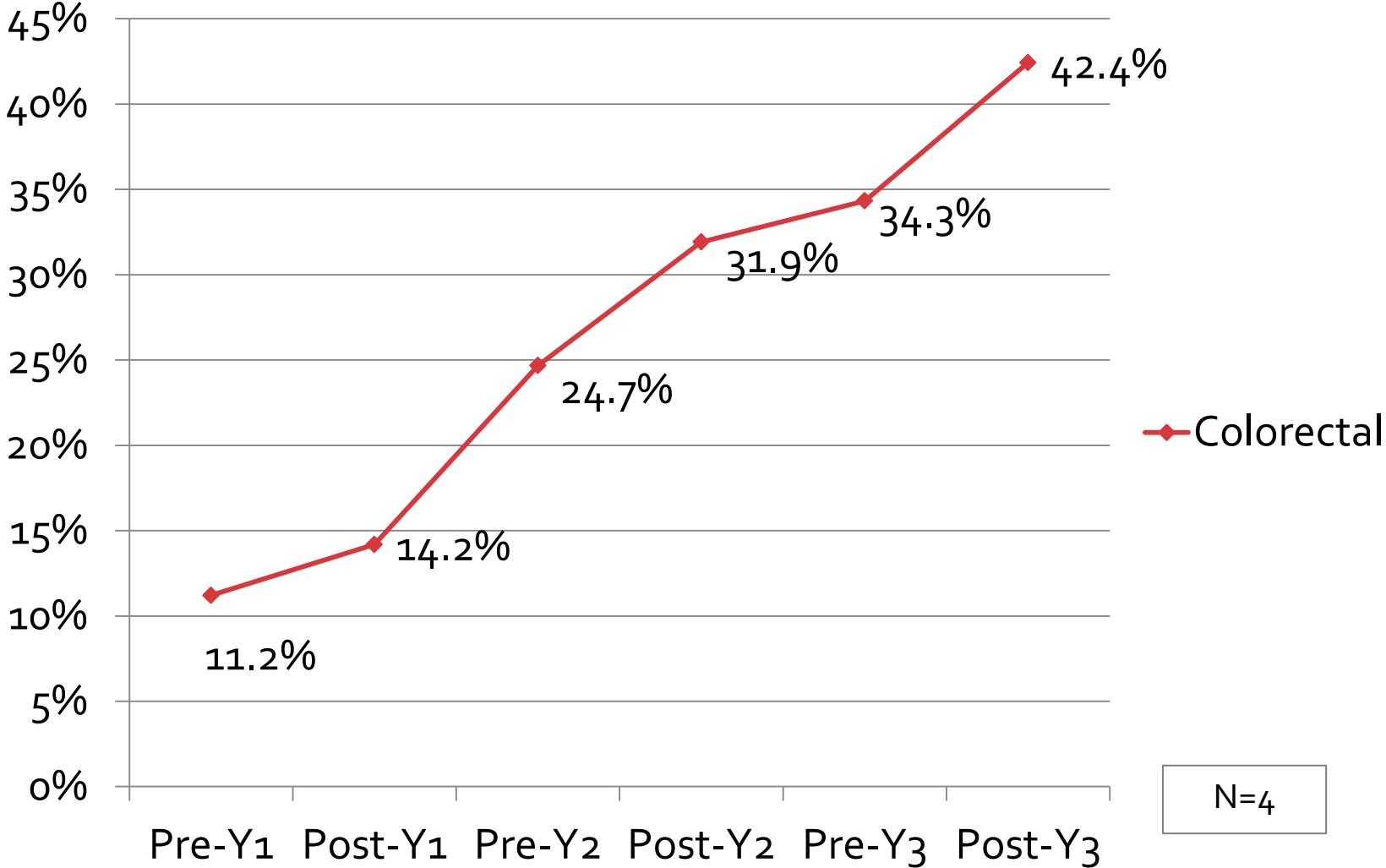
- Administrative
- Cancer Screening Support
- Data Support
- QI Support
- Travel
- Preparation

Screening Rate Trends: Year 2 to Year 3

**38.65 PF
hours/practice (Year 2)**
**52.85 PF
hours/practice (Year 3)**



Colorectal Cancer Screening: Year 1 to Year 3





The Process to Our Outcomes

Evaluating the Sources of System-Level Change



Evaluation Tools

- Main project outcome
 - Cancer Screening Rates
- Several tools used to document and measure project processes
 - Practice Facilitator Logs
 - TRANSLATE Rubrics
 - Focus groups
 - Number of evidence-based interventions implemented
- Process measures provide the clues to discern the 'how' and 'why' for our outcomes

Evaluation Tools

- TRANSLATE rubric
 - Framework for system-level practice change
 - We adapted this rubric to assess components of practice change
 - Pre/post format
 - 9 key areas

Target	Reminders	Administrative Buy-In	Network Information Systems	Site Coordinator	Local Clinician Champion	Audit and Feedback	Team Approach	Education
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Components of System- Level Change

Trends from TRANSLATE

- Administrative buy-in to the process
 - Clinician champion
 - Practice manager
 - Dedication of resources
- Utilizing a Team Approach
- Network Information Systems
 - Functional registries and reports
- Point of Care Reminders
 - EHR-based pop-ups
 - Pre-visit planning ticklers

Components of System- Level Change

Use of Evidence-Based Interventions

- New level of engagement on reducing structural barriers
 - Care coordination, transportation assistance
- Use of tools for one-on-one education
 - Small media, anatomical models
- Increased audit and feedback activities for providers
 - Practice level as well as provider level

INCREASING CANCER SCREENING

TOP FACILITATORS

TOP BARRIERS

Patient-Related

1. Patient education & outreach
2. Use of multiple screening methods
3. Reduction of structural barriers
4. Case management

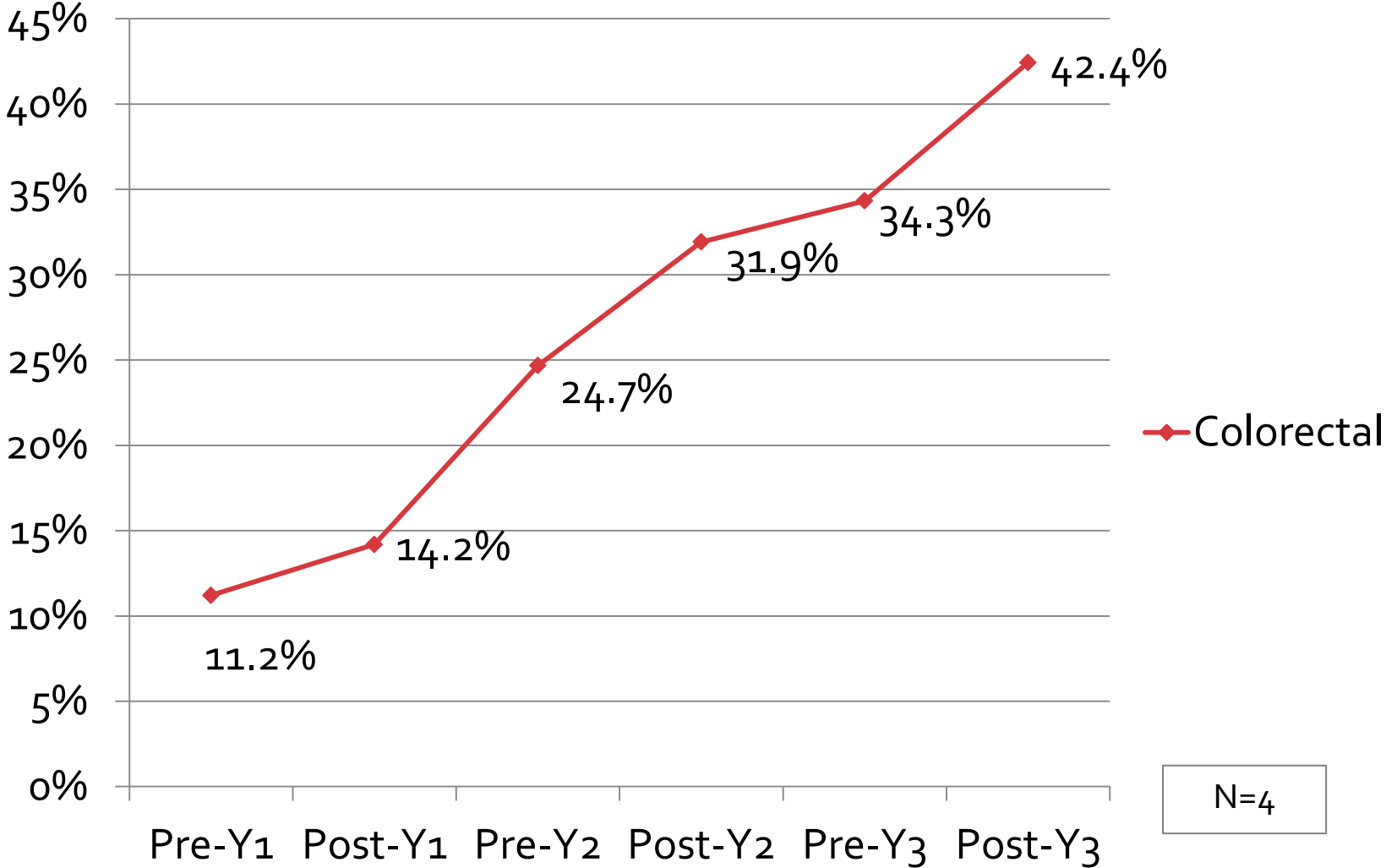
1. Transportation
2. Lack of insurance/financial barriers
3. Patient refusal & noncompliance
4. Comprehension and fear

System-Related

1. Standardized data entry and/or EHR technical assistance
2. Workflow assessment & adjustment
3. Performance assessment & feedback
4. Team-based approach
5. Point-of-care reminders

1. Inability to track down data on prior screenings
2. EHR data errors and reporting limitations
3. Two-way communication with specialists
4. Lack of personnel & time
5. Lack of investment in QI

Improvement
is Possible!



Acknowledgments

- Previous project leadership:
 - Emily M. Mader, MPH MPP, former project coordinator
 - John W. Epling, MD MSEd, former co-investigator
 - Chester H. Fox, MD, former site investigator
 - Angela Wisniewski, PharmD, former site coordinator
- Advisors:
 - Leslie Kohman, MD, FACS
 - Martin Mahoney, MD, PhD
- Funded through Health Research, Inc. and the New York State Department of Health (NYSDOH)
 - Centers for Disease Control and Prevention, Cooperative Agreement Numbers DP2029, DP6102, and DP3879
- NYSDOH Team
 - Heather L. Dacus, DO MPH, Principal Investigator
 - Elisè Collins; Gina O’Sullivan, MPH; Ellen Bradt, MPH

Recent
Publication

“A Practice Facilitation and Academic Detailing Intervention Can Improve Cancer Screening Rates in Primary Care Safety Net Clinics”



Special Practice-based Research Issue

VOLUME 29, NUMBER 5

SEPTEMBER-OCTOBER 2016