

Executive Summary:

Meeting Objectives:

The National Colorectal Cancer Roundtable (NCCRT) has launched the shared goal of reaching 80% screening rate for colorectal cancer by 2018. On November 19th, 2014, the NCCRT hosted a special meeting of the Evidence-Based Education and Outreach Task Group and other key partners to focus on evaluation and measurement of the effort to reach 80% by 2018. The purpose of the meeting was to develop a practical plan for measuring the progress of the 80% by 2018 effort in both the short and long term and for both individual organizations and collectively, as well as to monitor efforts and course correct as necessary. Meeting objectives were to:

- Identify and discuss primary and secondary data sources that can be used to evaluate our progress in the effort to reach the 80% screening goal;
- Determine how to best support partners in setting and measuring individual goals and tracking progress;
- Discuss 80% by 2018 proxy measures for important elements of the 80% by 2018 strategic plan, including messaging and communicating with our target audiences;
- Determine how we will assess the 80% by 2018 initiative overall.

Process

Meeting attendees represented a variety of perspectives and expertise (roster attached) and were invited to provide the intellectual leadership needed to help us develop an evaluation plan for this shared goal of 80% by 2018. Attendees were asked to: complete a pre-meeting survey about issues related to evaluating and measuring 80% by 2018; actively participate in discussions; provide input on a post-meeting evaluation and measurement plan; and seek the formal approval of their organization for the plan, as appropriate.

Background

Evaluating and measuring progress is essential to the success of the National Colorectal Cancer Roundtable's (Roundtable) 80% by 2018 initiative in order to allow for the sharing of successful programs and, when needed, for correcting course in a timely manner. While the goal itself is concrete, continually assessing progress and success is challenging. The two main national data sources for colorectal cancer screening rates are the Behavioral Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS). While these are two excellent data sources, there is a significant reporting delay in each. Additionally, the national perspective of the data sources contrast with the reality of 80% by 2018, in that it is an effort that will depend

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on state and local granular efforts. Local partners often face barriers to evaluation due to limited resources/capacity, fear/misunderstanding of evaluation and lack of expertise. 80% by 2018 is a voluntary effort, and attendees discussed how to motivate partners to set goals, evaluate progress and/or report on screening rates, despite barriers. Finally, NCCRT needs to hold itself accountable, by evaluating its leadership of 80% by 2018 and ensuring that we are strategically moving toward the shared goal, providing the partners with the resources they need, and maintaining momentum for the effort.

Key points:

Attendees felt that the following principles must be adhered to in the development of an evaluation and measurement plan:

- 80% by 2018 is not pass/fail.
- We want to use measurement to motivate and course correct; not alienate.
- There is no wrong starting pointing for partners.
- We must be practical about our partners' capacity to evaluate.
- Keep it simple.

Additionally, the group outlined the role of the Roundtable in evaluation and measurement. The Roundtable should:

- Create an overall evaluation framework and an evaluation and measurement plan.
- Ensure that NCCRT initiatives that are launched include an evaluation component with clear guidance on evaluation provided to NCCRT Task Group chairs.
- Ensure that partners have the resources they need to plan and implement a path for evaluation. The NCCRT's Evaluation Toolkit could be of help in this regard and should include an explanation of the various data sources and what they mean, along with an explanation of how to collect baseline data, particularly how to assess baseline screening rates for individual systems. The evaluation toolkit could also be expanded to provide more examples of program evaluation so partners can "find themselves" in the toolkit, and include a quick-glance detailed Table of Contents or tip sheet so partners can navigate the toolkit more easily.
- Provide motivation and visibility to those who make progress, including using the NCCRT website as a tool.
- Consider using the NCCRT website as a way to provide resources; share success stories and lessons; and celebrate victories along the way.
- Regularly assess partner satisfaction with the campaign through structured, short surveys or stakeholder interviews.

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Attendees were able to reach many areas of agreement in the effort to create an evaluation plan.

Primary and secondary data sources:

The group discussed the pros and cons of various primary and secondary data sources.

BRFSS was most commonly recommended as the “official” benchmark/barometer, as it can provide national and state level data. The major drawbacks of BRFSS are that it is self-reported, which can inflate rates, and that it is not typically available at the county or local level. There was strong support for using NHIS to track progress in tandem with BRFSS, along with other secondary sources, such as UDS, HEDIS, GRPA, regional data sets, local institutional data (payers, universities, private groups), EHR data, GIQuic, and Medicare and Medicaid claims data which provide insight to various subpopulations such as those served by federally qualified community health centers, insured populations, the Medicare population, etc. It is worth noting that the American Cancer Society is developing an algorithm that, if successful, may be used to estimate county level screening rates. While the group agreed that we would continue to refer to BRFSS screening rates as the benchmark national rate in 80% by 2018 communications, from a measurement perspective, we would monitor *all* data sources and look for trends over time. Secondary data sources will be useful to track progress of specific initiatives and partner efforts.

Supporting partners in setting and measuring individual goals and tracking progress:

The group maintained that having partners set goals and track and measure success was one of the strongest pathways to overall success. Having said this, attendees acknowledged that 80% by 2018 is a voluntary effort, and the NCCRT cannot require partners to set goals, evaluate progress, or report on screening rates or other results. Partners face barriers to evaluation due to limited resources/capacity, fear/misunderstanding of evaluation, and lack of expertise. As such, the group discussed ways to motivate individual partner to evaluate and measure their efforts through celebration, recognition and resource support.

As mentioned above, some key themes were:

- 80% by 2018 is not pass/failure. All partners should feel they can be a part of this effort, no matter the starting point. Emphasis should be on continuous improvement from an individual baseline. Celebration of partner success will be based on progress toward individual goals.

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- Convey that there is no wrong starting point –80% by 2018 is about making progress; we need communities facing the greatest screening disparities to be involved in the effort if we are to achieve our overall goal;
- Break goals into bite sized, doable pieces;
- Set goals based on improvement, not benchmarks;
- Recognize both highest achieving organizations *and* most improved in 2016, 2017 and 2018;
- Motivate partners to track and measure their success and progress through celebration and recognition. We should create templates to celebrate milestones, such as celebrating the initial commitment to 80% by 18, the setting of an individual organizational goal, progress toward the goal, individual stories of polyps removed or cancers detected early, and of course, achieving goals. Other ideas included:
 - Developing a template for partners to record their own success stories and highlight successes on nccrt.org;
 - Finding and celebrating successes – if a community does not reach 80%, but an individual health system did within that community did – celebrate;
 - Create a visual/mechanism on nccrt.org for tracking progress and to use as a rallying tool;
 - Recognize organizations when they join, when they implement, when they achieve benchmarks;
 - Celebrate successes that may not be captured by individual benchmarks (stories of polyps removed and cancers detected early);
 - Use Blue Star award to recognize innovative/effective programs;
 - Spur competition between states and/or locales;
 - Assess what's been created already (tools, collaborations, etc.) and then track additional progress; and
 - Publish annual report on progress in CA
- In order to help partners overcome limitations in evaluation expertise and capacity, the NCCRT should provide resources and expertise to support partners in their tracking and measurement. Possible NCCRT activities in this area are:
 - Ask each organization to set its own goal. Goals can be around screening rates, increase in knowledge about screening, intention to be screened, etc. Systems are encouraged to set screening rate goals based on the percent of increase;
 - Provide evaluation training, best practices and tools – expand and make available the NCCRT Evaluation Toolkit as a resource;
 - Create an evaluation template for common interventions that relate to the 80% by 2018 plan;
 - Host an evaluation training webinar series geared toward 80% by 2018 partners;
 - Have expert partners do occasional consults on evaluation, and
 - Keep it simple; but encourage partners to track at least one measure.

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Proxy measures for important elements of the 80% by 2018 strategic plan:

The NCCRT spent the summer of 2014 developing an 80% by 2018 strategic plan that includes several initiatives to advance our progress. These initiatives fall into four goals: Moving consumers to action; activating providers, payers and employers to support screening through systems change; supporting policy changes that increase access and remove barriers to screening; and maintaining momentum. Attendees strongly supported the NCCRT effort to incorporate evaluation of the 80% by 2018 strategic planning process through the following ways:

- Develop logic model/metrics related to individual 80% by 2018 initiatives; a strong process evaluation plan is needed. For each objective, there should be clear recommendations for strategies to achieve each of the action items as well as an evaluation plan to assess our progress, using both qualitative and quantitative data;
- NCCRT Task Group chairs should receive clear guidance on how to incorporate evaluation into individual task group initiatives;
- A subgroup of the NCCRT evidence-based education and outreach subgroup should determine:
 - What are we tracking and when?
 - What are we reporting and when?
 - What are we featuring, celebrating, and/or awarding and when?
- Secondary data sources will be useful to track progress of specific initiatives and partner efforts. For instance, NCI provider surveys could help assess how well we are moving providers to action; we could monitor change in screening awareness, knowledge and behavior. Medicaid claims data could assess work with state Medicaid program. UDS could track work with individual health centers.

Assessing the 80% by 2018 initiative overall:

The NCCRT must be able to maintain the momentum that was created after the initial launch of the 80% by 18 effort, if we are to achieve our goal and ensure that partners are motivated and supported in their efforts moving forward. Prior to the Evaluation and Measurement meeting, NCCRT members identified seven key functions that the NCCRT should play in the 80% by 2018 effort:

- Develop 80% by 2018 roadmap
- Determine metrics, goals, and success measures
- Support collaboration between partners
- Provide clear and diverse opportunities to participate
- Develop the tools necessary for success

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- Promote existing body of work on systems change, communication and policy
- Allow partners to be visible to the effort

As such, the group recommended structured, regular, but short assessments of satisfaction through surveys or stakeholder interviews of NCCRT members and the broader group of 80% by 2018 partners on these seven key functions. Recommendations included conducting annual surveys and surveys after specific events that ask for specific suggestions for improvement. Additionally, the NCCRT should continue to monitor the number of organizations that have taken the 80% by 2018 pledge, monitor their level of engagement, identify new partners needed and set goals for engaging those partners.

Finally, it is important to determine how we will define success, when and how to determine if the final goal has been met, as well as what information should be communicated about the results.

Next Steps:

Task	Volunteers
Annual assessment of partners	<ul style="list-style-type: none"> – Kara Riehman – Amy DeGross – Jennifer Frost – Karen Peterson
Recognition “medal”	<ul style="list-style-type: none"> – Angela Moore – Rosie Henson
Website (visual depiction, success stories)	<ul style="list-style-type: none"> – David Simpkins – Dave Greenwald
Toolkit expansion templates	<ul style="list-style-type: none"> – Heather Brandt – Nina Miller
Advice to Roundtable task group chairs	<ul style="list-style-type: none"> – Djenaba Joseph – Durado Brooks