

**National Colorectal Cancer Roundtable
Evaluation and Measurement – 80% Colorectal Cancer Screening rate by 2018
November 19th, 2014, Bethesda MD**

MEETING SUMMARY & NEXT STEPS

I. 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

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the data sources contrast with the reality of 80% by 2018, in that it is an effort that will depend 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

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Meeting Summary

II. PRESENTATIONS

80% BY 2018 STRATEGIC MAPPING PROCESS – Richard Wender, MD, NCCRT Chair

Dr. Wender focused on the Roundtable’s strategic plan for the initiative and the steps taken thus far.

In the last 17 years we have witnessed tremendous improvement in CRC screening rates across the country. Through the 80% by 2018 initiative, the Roundtable aims to accelerate this progress and reduce the incidence of colon cancer as a major public health problem. It is important to note that even though 80% is a national goal, the Roundtable understands that every segment of the population may not reach this target. The expectation is that high performers need to be encouraged to keep doing better, while others set realistic targets for themselves aimed at eliminating substantial disparities.

In the summer of 2014, the Roundtable engaged in a strategic planning process to ensure that all partners were working toward the 80% screening goal nationwide. All major stakeholders were taken into consideration during this planning –payers, providers, employers, hospitals, communities, consumers, survivors and so on. The following meetings were organized as a part of this planning process:

- Strategic mapping session (June 10, 2014)
- Task group meeting for public awareness and messaging (July 17, 2014)
- Professional education and practice task group meeting (July 30, 2014)
- Evidence-based education and outreach task group meeting (November 19, 2014)

As outlined through the strategic planning process, the ten key steps for achieving 80% by 2018 are as follows:

1. Convene and educate clinicians, insurers, employers, and the general public.
2. Find strategies to reach newly insured Americans.
3. More effectively engage employers and payers.
4. Find new ways to communicate with the insured, unworried well.
5. Make sure that colonoscopy is available to everyone.
6. Ensure everyone can be offered a stool blood test option.
7. Implement intensive efforts to reach low socio-economic populations.

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8. Create powerful, reliable, committed medical neighborhoods around Federally Qualified Health Centers.
9. Recruit as many partner organizations as possible.
10. Believe we will achieve this goal!

Since the initial meeting in June 2014, there has been notable progress. Many of the key organizations and partners were at the table, and over 300 organizations have joined the campaign. The national volunteer force and survivor groups have also become highly engaged.. Many state entities are conducting strategic planning with 80% by 18 as a focus. And the Roundtable's understanding of barriers and facilitators to access to care has also improved.

In addition to these noteworthy steps, the Roundtable must continue its efforts in the following areas:

- Promoting collaboration with primary care
- Working through the comprehensive cancer control programs and other coalitions in states, the ACS national staffing structure, state departments of health, etc.
- Working with Quality Improvement Organizations (QIOs)
- Leveraging community health workers and patient navigators to improve screening, especially among low socio-economic populations
- Engaging healthcare payers and helping them to overcome any barriers. This is particularly important because they have a huge amount of data that if made available to clinicians, would be immensely helpful. Toolkits for health plans have been created and are likely to help here.
- Improving EMRs so they more successfully facilitate screening and population outreach, including family history.
- Helping primary care practices close knowledge gaps and improve screening practices. For example, stool blood testing is recommended. However, when a stool blood test comes back positive, follow up is currently insufficient.
- Improving incentives for increasing screening rates. Here, it must be noted that some payers do have robust incentives.
- Standardizing and improving the communication between endoscopists and primary care professionals to ensure patients do not fall through the cracks during the screening process.
- Creating learning communities.

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- Encouraging comprehensive cancer control programs to adopt 80% by 2018.
- Creating opportunities for knowledge sharing between high-performers and new players.
- Promoting stool blood testing in addition to other testing options. This is important because colonoscopy alone will not help meet the 80% target. Affordability is still an issue for many. Not everybody is comfortable getting a colonoscopy, nor is it universally available. If we are to be successful in promoting stool blood testing, we must ensure that the follow up colonoscopy to a positive stool test is covered. Talks are underway to define screening to include a colonoscopy after annual positive stool blood test.

Additional steps to overcome barriers to screening include:

- Gathering testimony from survivors, those who have had polyps removed, etc. and de-stigmatizing colonoscopy
- Making screening more affordable
- Micro targeting; that is, carrying out messaging customized to each target group
- Personalizing the risk; helping individuals accept that colon cancer is an important health concern
- Engaging families
- Getting the national media to own the screening message and to increase the scope of the information they disseminate

III. PRE-MEETING SURVEY RESULTS

14 out of the 16 organizations that participated in the meeting took the survey.

The following were identified as keys to successful evaluation:

- The task group must find ways to use measurement as a way to motivate partners. Otherwise, the term “evaluation” tends to intimidate people, causing them to lose interest in being a part of the initiative.
- There is no pass/fail criteria attached to this initiative. Similarly, there is no “wrong” starting point for partners.
- The task group needs to identify ways to support the partners’ evaluation efforts.

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- The task group needs to be practical about partners' capacities to carry out evaluation. For example, partners cannot be expected to hire a full-time evaluator or spend a large portion of their budget on evaluation.

Survey responses also outlined the role of the Roundtable in evaluation. The Roundtable should:

- Create an overall evaluation framework and plan.
- Ensure that initiatives that are launched include an evaluation component.
- Ensure that partners have the resources needed to plan and implement a path for evaluation . The evidence-based evaluation toolkit could be of help in this regard.
- Provide motivation and visibility to those who make progress.

With regard to what to measure, the respondents identified the following as possible key measures:

- Screening rates Incidence and mortality;
- Adenoma detection rate; and
- Stage of diagnosis

Most partners felt that measures that focused on screening rates would be the primary data sources. The primary and secondary data sources suggested by respondents include:

- BRFSS
- NHIS
- UDS
- GPRA
- Medicare/Medicaid
- CDC MMWR

Each data source has its own set of limitations, and it is important to underscore the strengths and weaknesses of each source. However, if used in combination, these sources will help paint an accurate picture of the state of CRC screening at a national level. Another relevant point that was highlighted is that evaluation needs to go beyond collecting data from available sources and monitoring them. It is also important to tie data to specific initiatives/partners. For

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example, to evaluate if progress has been made with the newly insured segment of the population, Medicaid claims data should be studied.

Other suggestions that were put forth in the survey include:

- Assessing the level of awareness about colorectal cancer
- Getting an NCI provider survey to help assess if we are moving providers to action

The following key points came up in the discussion that followed the presentation of survey results.

- Coming up with a baseline benchmark would be important for evaluation. The Roundtable could arrive at a national score based on multiple data sources which give the most complete picture and will be available consistently on an annual basis.
- It would help to identify areas where screening rates are high and areas where they are low. This will help record the diversity in screening in addition to the national score.
- It could help to prioritize different areas of measurement since the extent of efforts/initiatives varies widely.
- It is likely to be challenging to identify a reliable measure and determine how the measure compares to what *time zero* was.
- Messaging could be a challenge in the first year, and getting the right message out to partners is critical. It should be ensured that the right information to report is identified and that successes from across the country are highlighted.

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IV. DATA SOURCES

The pros and cons of the different data sources were discussed.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is an annual, state-based, random-digit-dialed telephone survey of the civilian, non-institutionalized adult population. Cancer screening questions are asked every two years on even years. Data that is collected over the course of a year is consolidated and published by the summer of the next year.

A major advantage of the BRFSS is that it provides an idea of screening rates at the state, region, and county levels.

Since there are only five questions related to CRC, it isn't possible to gather granular information as through the NHIS. Furthermore, BRFSS weighting methodology changed from 2011. Because of this, data from 2012 onwards cannot be compared with data before 2010. It is also impossible to differentiate between screening and diagnostic tests. One other drawback is that it relies on self-report, which tends to be inflated.

National Health Interview Survey (NHIS)

NHIS data on cancer screening is obtained through the cancer control supplement that the National Cancer Institute (NCI) has been funding and supporting since 1987. Currently, it is collaboration among NCI and CDC's National Center for Health Statistics (NCHS).

The NHIS involves a one-to-one interview (in English or Spanish) that lasts about an hour. The CRC screening section of the cancer control supplement has questions about colonoscopy, sigmoidoscopy, CTC and FOBT. Beginning in 2015, the questions on FOBT will be slightly modified, and new questions on FIT will be included. Moreover, the survey is likely to receive more funding for increasing its sample size, which should help glean state-level estimates.

Commented [MD1]: Need to clarify when CTC was added.

The survey itself lasts for a year. The NCHS then carries out quality checks and data cleaning prior to issuing the report. Overall, there is a six month time lag between data collection and the publishing of the report.

Commented [MD2]: Need to add how often data are collected on CRC screening.

Since the NHIS is a lengthy and in-depth interview, there is a large volume of data and covariants, which allows one to study the disparities in screening. Another major advantage is that there is scope for a trends assessment since NHIS data has been collected for a long time.

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This is particularly helpful in monitoring if there is any improvement among underserved sections of the population. However, unlike BRFSS, it is challenging to get state-level data in NHIS.

Uniform Data System (UDS)

UDS started as a grant compliance monitoring data set for Federally Qualified Community Health Centers. Today, the data is also used for research and evaluation. The intention behind collecting the data is to help health centers with their improvement efforts — not to penalize them.

The pros of UDS data is that it is collected annually and the results are made publically available by February every year. The final report is published by summer or fall the next year. Furthermore, several health centers maintain disease registries, for which assistance is provided by the Health Center Control Network (HCCN). Health centers also receive guidance on ensuring data accuracy.

However, the ability of each health center to capture this data varies; hence the accuracy of the data may vary. There is also a wide variation in the screening rate at health centers. While one health center may have just 1% screening rate, another may have 99%.

This year, a reward system based on UDS data has been instituted to encourage health centers to keep improving. Those who win will receive financial rewards that can be used towards quality improvement. There are four categories in which awards will be given:

- Use of EHRs to collect and report data
- Individual improvement in data measures over previous years
- Improvement in data measures when compared to peers
- Clinical excellence (for health centers that exceed national benchmarks)

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS collects data annually from commercial health plans and Medicare, which covers around 70% of the population. The final report for a year is made available around September/October of the next year; a reporting delay of around eight months.

Data reported through HEDIS is audited and therefore reliable. Since 2011, there has been an upward trend in CRC screening. This is mainly due to the STARS initiative where Medicare publically shames/entices health plans to report data.

Commented [MD3]: How many awards in each category?

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In the future, plans offered in the marketplace will report measures through a quality reporting system and that will use NCQA's data collection tool. Beginning in 2017, the first data coming out of the exchange plans will be available.

Data Source Discussion

Some key points that were put forward during the discussion about data sources are:

- Each data source has inherent limitations. Hence, it is essential to look at all major data sources to get the most accurate picture of progress in CRC screening rates from 2015-2018. Perhaps BRFSS can be considered as the national baseline, with the NHIS serving as a reality check. Data from these sources can be further supplemented with data from measures like UDS, HEDIS, and GPRA, which provide insight into specific segments of the population—allowing for an accurate picture of progress and, when needed, course correction.
- From a communications perspective, it was suggested we continue to use BRFSS.
- On the basis of data, low performers who display a high potential/readiness for improvement should be targeted and assisted. This would help increase overall screening rates.
- It is possible that in the distant future, the data collecting systems may change how they measure CRC screening. This will need to be addressed when required.

In some cases, diagnostic and screening colonoscopies aren't differentiated.

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V. SUPPORTING 80% BY 2018 PARTNERS IN THEIR EVALUATION EFFORTS

The second half of the evaluation meeting commenced with a discussion around a key question: How can the Roundtable help the 150 (approximate) organizations that signed the 80% by 2018 pledge move towards the goal? The meeting participants discussed several ideas and put forth some pertinent questions. Key discussion points follow.

- The partners involved in this initiative vary from state health departments, hospitals, CCC coalitions and programs, and community health centers to health plans, payers, GI practices, and survivor groups. Hence, the nature of initiatives they launch would be wide-ranging as well. The Roundtable's focus should therefore be on advising these groups on tracking and measuring the progress of their work, rather than on enforcing a plan of action or demanding a progress report.

Additionally, the Roundtable should find ways to celebrate and publicize success stories to keep partners motivated and to share successful approaches. Partners need to be made aware of the need for reporting progress on planned initiatives and incentivized for doing it well.

- Simplicity is of paramount importance when it comes to asking partners to track progress or report on their activities.
- Not all partners may have improved screening rates to show. They might instead have worked on effecting policy, systems, or environmental changes at a local level. These efforts need to be captured as well.
- A report template or questionnaire could be created with different sections, and partners could be asked to report data annually only in the sections that apply to their area of work.
- The Roundtable should try to categorize its partners based on the nature of their work. E.g., someone who conducts screening vs. someone who has a more supportive, educational role. Based on this grouping, specific evaluation recommendations can be made.
- The Roundtable will need to be wary of overlap in reported data – partners may report some data to the Roundtable that might already be captured in national reporting systems.

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- In addition to the evaluation toolkit, it was suggested that a database of measures be set up. Planners can input their priorities and choose from a list of measures or data sources accordingly.
- Some questions that need further discussion include:
 - What guidance can the Roundtable provide to report measurement? What resources can it suggest?
 - Which data sets or tools can partners use to track progress?
 - What should partners measure to get a sense of their progress?
 - How can partners define their community and set realistic goals for themselves?
 - Should the Roundtable ask partners for a list of initiatives that the partners plan to undertake?
 - Are there any considerations for selecting success stories and using those for evaluation?

Barriers to Partner Evaluation

In the pre-meeting survey, the following barriers to partner evaluation were highlighted:

- Lack of evaluation expertise and resources
- Lack of clarity about the importance of evaluation/fear of evaluation/low motivation

The following suggestions were made to combat these challenges:

- Provide evaluation training, tools, best practices, etc.
- Provide screening and evaluation template for common interventions.
- Host an evaluation webinar series geared towards 80% by 2018.
- Set up a Roundtable website where success stories, awards, etc., can be shared. The website can also be used as a technical assistance tool and can host webinars, guidance documents, and so on. In other initiatives, hosting success stories on a website has proven to foster a friendly, competitive spirit among different member organizations.
- Celebrate achievements at different milestones. This would encourage even small community health centers to participate. Even small milestones like when they sign the pledge or plan an initiative can be celebrated and publicized through social media or stock press releases.
- Establish criteria for determining successes and milestones. For instance, achieving a national benchmark or even fulfilling a personal goal can be considered a milestone.

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However, these need to be evidence-based, and should contribute to the larger goal of improving screening rates. So, organizing a health fair may not be considered a major milestone. Clearly defined milestones would facilitate granting virtual rewards or medals, which can in turn be displayed on the Roundtable website.

- Design a visual that depicts the progress of the initiative. This could be an image of a thermometer or a journey with different milestone markers. The names of the partners who have achieved each milestone can be clearly displayed next to or as a part of the visual, along with a link that gives more information on the work each partner has completed. However—this should be a metric that moves, is dynamic. We wouldn't want a thermometer that's going to sit in one place for 1-2 years.
- The term *evaluation* comes across as judgmental. Instead, consider terms such as *continuous quality improvement*.
- It would be useful to have a map highlighting the locations of the partners. This would be an excellent way to support collaboration. It would also be easier for the Roundtable to bring together organizations in the same area for evaluation workshops and seminars. CRC screening programs put in place by state comprehensive cancer control plans can also be included in the map.
- Some groups may need guidance for planning their programs, identifying their target population, and so on. A one-page tip sheet to accompany the Evaluation Toolkit, with a set of basic questions to be asked before launching any program, would come in handy.

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VI. PROCESS EVALUATION: OVERALL 80 X 18 CAMPAIGN

The following suggestions for evaluating the overall campaign were put forth through the pre-meeting survey:

- Conduct structured and regular—but short—assessments through surveys and stakeholder interviews. The survey could be incorporated into email so that respondents can easily complete them.
- In addition to an annual survey, carry out surveys after specific events.
- Survey both Roundtable members and 80-by-18 partner organizations.
- Assess the number of continuing medical education classes held to track progress on the objective of providing assistance to providers.
- Track awareness, knowledge, and changes in consumer attitudes or behaviors. Some market research may be required here.

Other suggestions and key points that were discussed with reference to process evaluation are listed below.

- A part of process evaluation is evaluating the coalition itself. For the 80% by 2018 coalition, this would involve appraising the work of the various task forces, the kind of tools developed and initiatives undertaken to support partners, and the kind of partnerships established. There is already sufficient literature on what concepts need to be measured to evaluate the functioning of a coalition.
- The points of contact at each partner organization could be asked to share information on different matters such as the organizations they collaborated with, successful ventures, their experience working with the Roundtable, and so on. As an added incentive, the information gathered could be shared on a website. The contact person at each organization needs to ensure that relevant work completed by members of the organization gets captured.
- *Accountability* can be interpreted in two ways:
 - What was planned at the outset is completed satisfactorily.
 - Steps taken are based on evidence and actually lead to improvements in some form.

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While evaluating the Roundtable's accountability, both aspects need to be taken into consideration. At the end of the campaign, the Roundtable needs to be able to demonstrate success. In the event that the target isn't achieved, the Roundtable should be able to share any lessons learned.

- A survey of all partners (including Roundtable members) can be planned in April.
- One way to evaluate would be to check if the partner organizations have implemented any of the recommendations made by the Roundtable. If not, the alternative steps that have been taken to meet the target will need to be evaluated.
- An 80% by 2018 workgroup or taskforce may need to be formed to maintain the momentum of the campaign.

VII. CLOSING THOUGHTS AND NEXT STEPS

The meeting participants came up with the following suggestions to give to task group chairs about evaluation:

- Choose a national data source for measuring progress based on the pros and cons of each data set, and also the target population that the task group is serving.
- Establish measures for evaluation right at the onset of the initiative.
- Determine when the evaluation is to be conducted.
- Keep the evaluation simple. Evaluation plans do not need to be cumbersome
- Make sure the work that is done ties back to the evaluation measure that was established.

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