An overview of the new Centers for Disease Control and Prevention Colorectal Cancer Control Program (DP15-1502)

January 14th, 2016
Webinar
Purpose of Today’s Webinar

• Learn about the CDC’s Colorectal Cancer Control Program
• Understand how the program will support evidence-based interventions, which systems it aims to support, how partners can get involved, and how the program will be evaluated
• Q&A
Presenters:

Mary Doroshenk (Moderator)
NCCRT Director

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National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

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Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Introduction to DP15-1502
CDC’s “new” Colorectal Cancer Control Program

National Colorectal Roundtable Webinar
January 14, 2016

Faye L. Wong, MPH
Chief, Program Services Branch
and
Djenaba A. Joseph, MD, MPH
Medical Director, CRCCP
Division of Cancer Prevention and Control
Key Messages

1. First-funded CRCCP (903/1414) has “broken ground” in implementing evidence-based interventions (EBIs) and population-approaches

2. Changing healthcare environment offers opportunities

3. New-funded CRCCP (DP15-1502) reflects past experiences, healthcare environment, and expert recommendations

4. EBIs, health systems change, and evaluation are required

5. Anticipating and leading change is the future
DP15-1502 CRCCP: 2015 – 2020
Supporting Organized Approaches to Cancer Screening

Component 1: Health System Change to improve and increase CRC Screening
- All 31 grantees are partnering with health systems to implement priority evidence-based strategies and supporting strategies

Component 2: Direct Screening Provision/Follow-up
- 6 grantees are funded to support direct screening for low-income adults aged 50-64

Long-term Vision
- Organized cancer screening
- Utilization of evidence-based interventions
- Increase in population-level CRC screening
- Reduced disparities
DP15-1502 CRCCP Grantees

• 24 State Grantees
  • 18 Previous
  • 6 New
• 6 New Universities
• 1 New Tribe
DP15-1502 CRCCP Grantees

- Alabama State Department of Health
- Arkansas Department of Health
- California Department of Public Health
- Colorado Department of Public Health and Environment
- Delaware Department of Health and Social Services
- District of Columbia Department of Health
- Florida Department of Health
- Great Plains Tribal Chairmen’s Health Board
- Idaho Department of Health and Welfare
- Iowa Department of Public Health
- Kentucky Cabinet for Health and Family Services
- Louisiana State University Health Sciences Center
- Maine Department of Health and Human Services
- Mary Hitchcock Memorial Hospital (NH)
- Maryland Department of Health and Mental Hygiene
- Massachusetts Department of Public Health
- Michigan Department of Community Health
- Minnesota Department of Health
- Montana Department of Public Health and Human Services
- Nevada Division of Public and Behavioral Health
- New York State Department of Health
- Oregon Health Authority
- Rhode Island Department of Health
- South Dakota Department of Health
- University of Chicago
- University of Puerto Rico
- University of South Carolina
- University of Wisconsin
- Virginia Department of Health
- Washington State Department of Health
- West Virginia University

Note: 31 Health Systems Change (Component 1) Grantees; 6 Direct Screening Provision & Follow-up (Component 2) Grantees
Investing resources in what works!

Source: Kute Kritters’ Facebook Page

Stop doing what does not work…
DP15-1502 CRCCP Requirements: Component 1

**Priority Evidenced-based Interventions (EBIs)**

- Patient reminders
- Provider reminders
- Provider assessment & feedback
- Reducing structural changes

(Must partner to conduct at least two of the four priority EBIs)

**Secondary EBI Interventions**

- Community-clinical linkages
- Patient navigation
- Health information technology
- Professional development/training
- Small media

(May partner to conduct one or more of the secondary EBIs)
Yesterday
Today
Tomorrow
Health Systems Change Emphasis – CDC’s plan since 2009
Shifted funding to invest in this priority in DP15-1502

Then…(2009-2015)

Screening Promotion
w/policy and systems change = 903/1414 priority

Screening Provision
*limited to 1/3 total awarded funds

* Not including non-screening support and data costs

And, now... (2015)

Component 1 - implement partner-based health systems changes, EBIs, and population-approaches = 1502 priority

Component 2 = screening program eligible men and women (payor of last resort)
Appendix A: CRCCP Social-Ecological Framework

Direct Screening

Health systems change

*Some groups may fit within multiple levels of this model.
Illustration --
Limited Funding
Eligibility-based Program

Screening Program

- Meet program eligibility criteria (low income, uninsured, underinsured, etc.)
- Program reach is low

All men or women age-recommended for screening
Illustration -- implementation of EBIs and Population Approach via Health Systems-Change

Using EBIs such as reminder systems with a population approach can have a domino effect with greater reach and potential impact.

All men or women age-recommended for screening
A few lessons learned and applied to DP15-1502
Evidence-based interventions

Tangka, et al -- Costs of Promoting Cancer Screening: Evidence from the CRCCP

- Method
  - Cost assessment study
  - 2009 – 2011

- Key Findings:
  - Familiar activities prevalent
  - Mass media (not an EBI)
    - Average cost $225,000
  - Low investment in EBIs
CDC Grand Rounds on Cancer Screening, July 2013

- PH approach to cancer screening is needed because the U.S. healthcare system is fragmented with little coordination

- IOM report, *Primary Care and Public Health: Exploring Integration to Improve Population Health* (2012) recommends addressing population-based CRC screening through the integration of public health with primary care

Key points made by:

- Ned Calonge, MD, MPH
  President and CEO, The Colorado Trust

- Jim Hotz, Member, IOM Committee on Integrating Primary Care and Public Health; IOM report funded by CDC and HRSA
How well do health systems perform?

- Screening provision and follow-up
- Public education, outreach, patient navigation/care coordination
- Quality assurance, surveillance, monitoring, and evaluation

Cancer screening in health systems is frequently opportunistic. Organized, systematic approach to cancer screening in health systems is needed.

Marcus Plescia, Director, Division of Cancer Prevention and Control, CDC
CDC Grand Rounds on Cancer Screening, 2013
CDC Grand Rounds on Cancer Screening, July 2013
Organized Colorectal Cancer Screening
HEDIS Performance, KPNC

Presented by
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The Permanente Medical Group, Inc.
Chief of Gastroenterology
Kaiser Permanente Medical Center
Walnut Creek and Antioch, CA

Lee et al. CGH 2013;11:204–7
HEDIS: Healthcare Effectiveness Data and Information Set
KPNC: Kaiser Permanente Northern California
<table>
<thead>
<tr>
<th>Key Differences Between DP09-903 and DP15-1502</th>
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<tbody>
<tr>
<td><strong>DP09-903/DP14-1414</strong></td>
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<tr>
<td>Broad scope</td>
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<tr>
<td>Increase CRC screening in CRCCP-funded states and Tribes to 80%</td>
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<td>Broad partnerships</td>
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<tr>
<td>Target population = age-eligible individuals throughout the state/tribal region</td>
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<td>BRFESS data to measure impact</td>
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<tr>
<td><strong>DP15-1502</strong></td>
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<tr>
<td>Narrow scope-easier to show impact</td>
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<tr>
<td>Increase CRC screening in partner health systems</td>
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<td>Health systems partners with MOUs</td>
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<tr>
<td>Target population = age-eligible individuals within select partner health systems</td>
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<td>Partner health system data to measure impact</td>
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<td>Broad EBIs, promising practices, and other strategies across the state/region</td>
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<td>4 specific EBIs and select supporting strategies in health systems only</td>
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<td>Allowed 30% of funds to support direct service delivery</td>
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<td>Six grantees to provide direct service delivery</td>
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<tr>
<td>Evaluation plan not required</td>
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<tr>
<td>Evaluation and implementation plans required</td>
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Interventions are within partner health systems
Optimize chances to reach the most people to make an impact

Why do thieves rob banks?

Because that is where the money is at!!

How to enhance CRCCP success?

• Health systems & clinics with low screening rates
• Priority populations with low screening rates
• Committed partner health systems
Plan, Invest, and Manage for Success

- Assess and select EBI interventions
- Implement Community Guide EBIs with fidelity
- Implement intervention activities consistently
- Invest adequate resources to deliver results
- Remember focus - “less is more” and “depth vs. breath”
- Monitor and adjust efforts
- Measure, evaluate, and adjust efforts
DP15-1502 CRCCP & Health Systems’ Partner(s)

- Not your “usual” partnership
- Not “buying” clinical services
- Partner(s) complete assessments and implement systems improvements with CDC grantees
- “Influence” vs “control”
- Measurement and evaluation
- CDC funding support
Evaluation
Evaluation of the CRCCP is a CDC priority and required of grantees!

Were program outcomes achieved? (logic model)
    Short-Term?
    Intermediate?
    Long-Term?

How achieved? What worked? What did not work? What were the critical success factors?

Source: Cats’ Facebook Page
CDC’s Approach to Evaluation

- Engage Stakeholders
- Describe the Program
- Focus the Evaluation Design
- Gather Credible Evidence
- Justify Conclusions
- Ensure Use and Share Lessons Learned

**Standards**
- Utility
- Feasibility
- Propriety
- Accuracy
CDC’s Approach to Evaluation

- Engage Stakeholders
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Interventions are within partner health systems
Why EBIs?

We know they can work!
## Community Guide Recommendations for Cancer Screening

<table>
<thead>
<tr>
<th>Client-Directed Interventions</th>
<th>Breast Cancer</th>
<th>Cervical Cancer</th>
<th>Colorectal Cancer</th>
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<tbody>
<tr>
<td><strong>Increasing Community Demand</strong></td>
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<tr>
<td>Client Reminders</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
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<tr>
<td>Client Incentives</td>
<td>Insufficient Evidence</td>
<td>Insufficient Evidence</td>
<td>Insufficient Evidence</td>
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<tr>
<td>Small Media</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
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<tr>
<td>Mass Media</td>
<td>Insufficient Evidence</td>
<td>Insufficient Evidence</td>
<td>Insufficient Evidence</td>
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<tr>
<td>Group Education</td>
<td>Recommended</td>
<td>Insufficient Evidence</td>
<td>Insufficient Evidence</td>
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<tr>
<td>One-on-One Education</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
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<tr>
<td><strong>Enhancing Community Access</strong></td>
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<tr>
<td>Reducing Structural Barriers</td>
<td>Recommended</td>
<td>Insufficient Evidence</td>
<td>Recommended</td>
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<tr>
<td>Reducing Out-of-Pocket Costs</td>
<td>Recommended</td>
<td>Insufficient Evidence</td>
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<td><strong>Provider-Directed Interventions</strong></td>
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<td>Multicomponent interventions</td>
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*Breast, cervical & colorectal cancers*
# Definitions of Evidence-based Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Client reminders</td>
<td>Written or telephone messages advising people that they are due or overdue for screening; scheduling assistance</td>
</tr>
<tr>
<td>Reducing structural barriers</td>
<td>Reduce non-economic burdens or obstacles that make access to screening difficult</td>
</tr>
<tr>
<td>Provider reminders</td>
<td>Inform providers a client is due or overdue for screening</td>
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<tr>
<td>Provider assessment and feedback</td>
<td>Assess and present providers with information about their performance in providing screening services</td>
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<tr>
<td>Small media</td>
<td>Video or printed materials (letters, brochures, newsletters); general audience or tailored.</td>
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CDC’s Approach to Evaluation

Engage Stakeholders

Describe the Program

Focus the Evaluation Design

Gather Credible Evidence

Justify Conclusions

Ensure Use and Share Lessons Learned
Focusing the Evaluation: Outcomes

Intermediate Outcomes:
- Increased high quality, appropriate screening among defined patient populations
- Increased adherence to timely, diagnostic colonoscopy
- Increased rescreening among defined patient populations

Population level 80% CRC screening by 2018:
- Increased CRC prevention via polypectomy
- Decreased disparities in CRC screening
- Increased detection of early-stage CRC
- Increased timely CRC treatment initiation

Long-Term Outcomes:
- Decreased disparities in CRC incidence and mortality
- Decreased CRC incidence and mortality
Evaluation Question – Outcome

Is the CRCCP effective in increasing CRC screening rates in partner health systems?
## Focusing the Evaluation: Processes

### Grantee Strategies and Activities

#### Partnerships and Program Coordination
- Establish formal agreements (e.g., MOUs or contracts with health systems, CBOs)
- Collaborate with chronic disease programs to increase CRC cancer screening

#### Priority Evidence-based Strategies

**Implement:**
- Patient reminder systems*
- Provider reminder systems*
- Provider assessment and feedback systems*
- Reduce structural barriers*

#### Supportive Activities

**Implement:**
- Small media*
- Patient navigation

#### Community-Clinical Linkages

- Conduct targeted outreach to priority populations
- Utilize community-based health workers (CHWs)
- Implement workplace interventions
- Facilitate linkage to medical home

#### Professional Development Training

- Promote USPSTF guidelines for CRC screening
- Promote USMSTF surveillance guidelines
- Promote EBIs and QA/OI practices

#### Information Technology

- Support utilization of EMRs to implement EBIs and performance monitoring (e.g., GPRA, UDS, HEDIS)
Evaluation Questions – Process

What is the reach of the CRCCP?

Who are grantees’ partners?

Which EBIs and supportive activities are being implemented?

Is implementation consistent with the Community Guide?
CDC’s Approach to Evaluation

1. Engage Stakeholders
2. Describe the Program
3. Focus the Evaluation Design
4. Gather Credible Evidence
5. Justify Conclusions
6. Ensure Use and Share Lessons Learned
Data Collection Strategies

• Baseline and Annual Clinic Data Collection and Reporting
• Annual Grantee Survey
Putting it all together: CDC-LED EVALUATION DESIGN FOR THE CRCCP

Assess for whole CRCCP and each grantee:
- Outcomes
- Implementation
- Program and fiscal management

Annual data collection with all grantees
- Grantee Survey
- Clinic Data Collection
- Program Budget
- Federal Financial Report

Periodic studies with selected grantees
- Evaluability Assessments
- Effectiveness Evaluations, Cost Effectiveness Studies, & Case Studies
Challenges along the way…

- EHR and data quality issues
- Interpreting changes in CRC screening rates
- Working with LOTS of clinics
- Already working with clinics
- Implementation is not always cut-and-dry
How can we work together to achieve 80 by 2018?

**CRCCP Grantees**
- Manage CDC-approved DP15-1502 CRCCP work plans and budgets
- Focus on achieving outcomes in partner health systems
- Utilize available expertise, experiences, resources, as appropriate
- Share evaluation findings
- Participate in broader, partner-led CRC screening activities

**Partners**
- Help make CRC screening a community- and state-wide priority
  - Support or lead broad-based CRC awareness and other efforts to increase screening
  - Participate in CCC Coalitions and state CRC Round Tables
- Support the 80 by 2018 state teams
- Offer expertise, experience, connections
- Offer CRC education materials
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Thank You!

- Faye Wong and Djenaba Joseph
- Centers for Disease Control and Prevention

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Join us for the following upcoming webinar:

**Tuesday, February 9th, 2015 at 12:00 Noon EST**
2016 80% by 2018 Communications Guidebook release, including new tested messages in Spanish
*Save the Date – Registration not yet opened*

**Tuesday, March 8th, 2015 at 2:00pm EST**
Annual 80% by 2018 Webcast
*Save the Date – Registration not yet opened*
For more information contact:
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