

Community Health Center Task Group





Task Group Chairs

□ Jim Hotz, MD

National Association of Community Health Centers

Task Group Co-Chair

□ Durado Brooks, MD

American Cancer Society



Charge:

- The charge of this Task Group is to identify and act on opportunities for NCCRT to advance efforts to increase colorectal screening delivery within the community health center setting.



Task Group Themes

- Improving *Links of Care* between CHCs and specialty providers and hospitals
- Paying for screening navigation
- Improving EHR use to support screening
- Provider resistance to FIT
- How to get knowledge off shelf and in use





FY17 Project Plan (November 2016)

- Continue to support *Links of Care* pilots
 - ▣ Focus on sustainability/formalizing relationships
 - ▣ Publish evaluation findings
 - ▣ Develop *Links of Care* curriculum
 - ▣ Relaunch *Links of Care* program
- Distribute *How to Pay for Screening Navigation* Toolkit
- Develop and finalize *NextGen CRC Screening Best Practices and Workflow Guide*
- 80% by 2018 Forums slated for remaining states
- Development of Hospitals Systems CRC Change Package (Prof Ed)



FY17 Accomplishments:

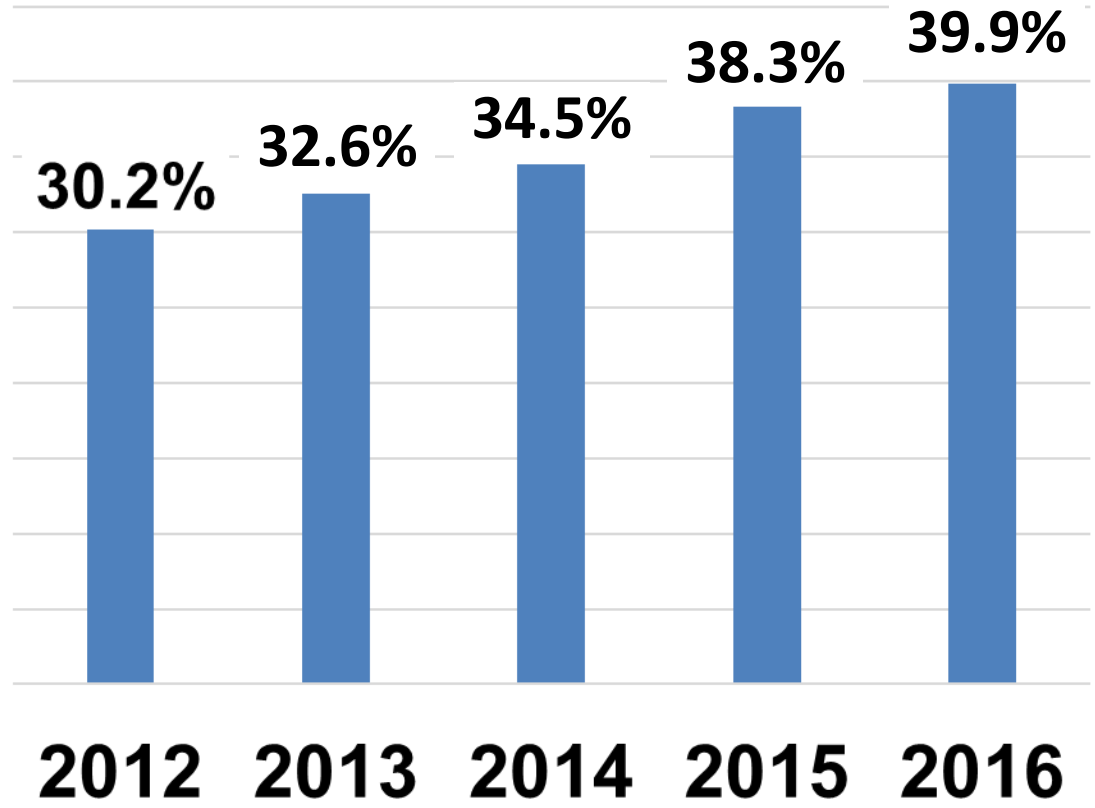
- Continued progress with UDS CRC screening rates
- Hosted two 80% by 2018 Forums in July and September 2018, training 11 state teams
 - Curriculum built around “How to Increase CRC Screening Rates in Community Health Centers.”
 - Each state team include rep from a CHC and state PCA
 - Each state team responsible for developing an action plan
- Tool updated: Clinician’s Reference on Stool-based testing (CCCNP)
- New tool released: How to Pay for Screening Navigation
- New tool released: Asian Companion Guide (Public Awareness)



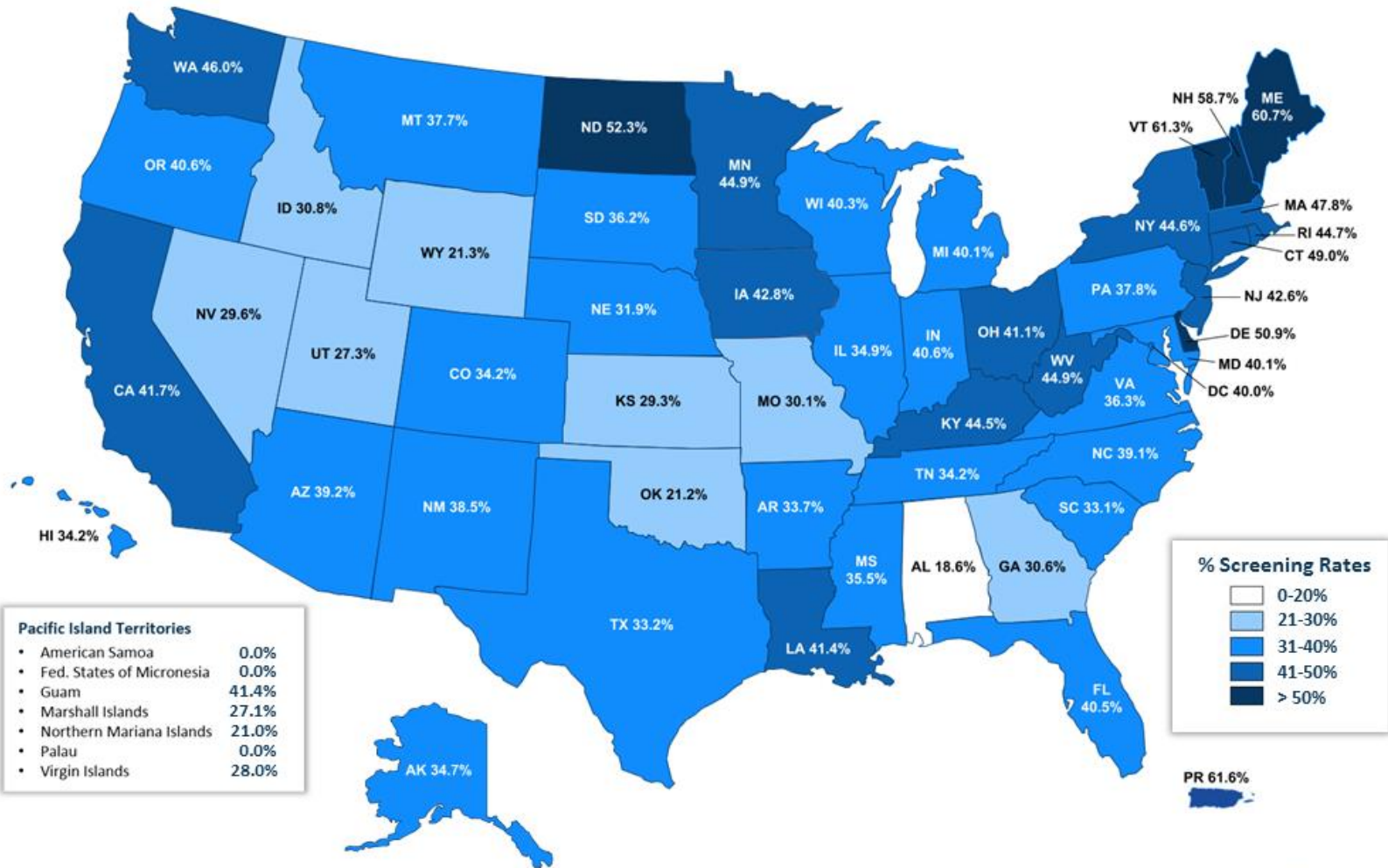
FY17 Accomplishments:

- Continued support for *Links of Care* Pilots in three sites
 - ▣ Three draft manuscripts in development
 - ▣ Numerous presentations and posters accepted (PCF, APHA, CDC Cancer, DDW)
- New tool drafted: NextGen Best Practices Guide for CRC screening
- New tool drafted: Hospital Systems Change Package (Prof Ed)
- Meeting to explore cost modeling tool (Policy)
- ACS to develop Project ECHO Hub
- CHC Task Group met at Dialogue for Action

- Colorectal Cancer Screening Rate
- *ALL FQHCs-UDS*



National Colorectal Cancer (CRC) Screening Rates in Health Centers – CY 2016 (39.9% among all 1,367 reporting program grantees)





CHC Task Group Meeting Recap Dialogue for Action

□ **Discussion Areas**

- ▣ What contributes to the strong performance of high performing centers?
- ▣ What inhibits performance of underperforming centers?
- ▣ What is the best way to get information on the shelf?
- ▣ What topics need further information?

□ **Meeting Decisions and Themes**

- ▣ Identify underperforming centers & create opportunities for assistance
 - ▣ Innovate and repackage NCCRT tools/messaging to improve outreach and response from underperforming centers
 - ▣ Continue focus on financial education & navigating financial barriers
 - ▣ Improve data reporting and utilization.
- Chairs, NCCRT Staff beginning to implement this feedback into 2018/2019 task group activities.



FY18 CHC Task Group projects:

- Expand Links of Care.
 - Publish 3 manuscripts (Overview, Patient Navigation, Medical Neighborhood). (Advisory group needed).
 - Develop Links of Care curriculum. (Advisory group needed).
 - Release Links of Care 2.0.
- Develop Curriculum for How to Pay for Navigation (Advisory group needed).
- Finalize NextGen Guide.
- Finalize Hospital Systems Change Package.
- Fiscal cliff contingency plan?



Key Points of Discussion

- Fiscal cliff is impacting health centers across the country. Most are optimistic that there will be a favorable resolution to this, but there is still uncertainty around.
- Interest in expanding EHR guides to EHR vendors
 - ▣ EPIC, Centricity (NH is working with HCCN in their state on this)
 - ▣ Emerging and ongoing issue of how health centers are using population health software
 - ▣ Challenging to keep up with upgrades and new versions of EHRs
 - ▣ Challenge of EHRs keeping up with guidelines
- Ideas for dissemination of Hospital Systems change package
 - ▣ American Hospital Association (AHA) may help
 - ▣ ACS health systems managers, hospital systems
 - ▣ America's Essential Hospitals
 - ▣ Commission on Cancer hospitals

Key Points of Discussion, part 2

- Continued interest and enthusiasm in the Clinician’s Reference for Stool-based Tests for CRC screening
 - Dissemination ideas – NACHC is always helpful, professional talks help a lot, ACS health systems managers working with PCAs is another powerful tool (NACHC happy to help with this), connecting with QI staff at health plans has been helpful in NY state; connecting value-based pay/MACRA with FIT
 - Important message to talk with health centers about costs of less evidence-based (“knock-off”) FITs; less sensitive/specific FITs create more costs with additional colonoscopy needs
- Mailed outreach programs
 - Program in TX is one model of how mailed outreach is working (Stacie Miller)
 - CRCCP programs also have interest in mailed outreach programs
 - Kaiser is a good example
 - Concerns about managed care plans sending mailed FIT kits out of sync with health centers who aren’t yet engaged with the patient (WA example)
 - Exact Sciences (FIT-DNA) to help promote mailed outreach



Gaps/needs:

- Connect with CMMI (Innovation Center) re: HIT tools and dissemination/funds for broadening work in HIT optimization. (Jim H. is working with ACS-CAN EHR group now. Current work on standard, key elements for EHRs)
- Links of Care - Ongoing need for health centers building medical neighborhoods and connection to specialists for both completion of screening process (colonoscopy after positive FIT, high risk patients etc.) and treatment for confirmed cancer diagnosis
- More on cost-benefit (costs savings) around FIT tests, mailed outreach programs etc.
- What to do about uninsured patients and costs of FIT (i.e. sliding scale and why sliding scale patients have to pay for screening tests, is there a way to demonstrate cost effectiveness of writing off the FIT test for run/under-insured, need for clarification from HRSA on what has to be included in sliding fee)
- Ongoing issue of paying for providers/teams participating in ECHO and other learning activities
- Is there a way to add MOC credit into ECHO?
- Sharing of best practices (ECHO or other methods) is an ongoing need



Opportunities/FY19 NCCRT Projects

- Dissemination of new tools and resources – NextGen User Guide, How to Pay for Patient Navigation, Hospital Systems Change Package, Stool test Clinician’s Guide etc.
- Links of Care 2.0 – curriculum development and how to stimulate this kind of work in communities with various (or no) funding; hospital change package should be part of this
- Mailed outreach program – how to help health centers utilize this approach



Opportunities/FY19 NCCRT Projects (Cont.)

- Interest in ECHO strategy to with broad health center participation
 - ▣ Need for talking points/sell sheet re: benefits of provider/team participation and how to overcome the issue of non-reimbursed time
 - ▣ NCCRT could build out an ECHO CRC curriculum and toolkit for states/others to implement in their states. Colorado is a good example of a CRC screening ECHO. UNM also did a QI ECHO with IHI and had some CRC screening focus.
 - ▣ Need more discussion on ECHO goals, structure, and strategy
 - ▣ States are interested in ECHO pilots (GA for example)
- Survey state PCAs on experience thus far on CRC screening and what gaps/needs remains
 - ▣ NACHC has a new role as “resource center” in their HRSA workplan so could add in a couple questions about CRC screening to their landscape survey (Cheryl Modica)



Immediate Next Steps

1. Mailed outreach program guide
2. ECHO strategy



Parking Lot Issues:

Learn more about FIT outreach campaigns including:

- How to find inactive patients
- Follow-up on mailed FIT kits
- Return of FITs
- Candice Henley – Blue Hat Foundation

Dissemination strategy beyond ECHO – what else could work?

- Annual PCA/HCCN meetings



Advisory Groups/Volunteers:

Feel free to use paper sign up sheets in room.

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