Evaluating Systems Change Efforts in Increasing Colorectal Cancer Screening Rates

October 8th, 2015
Webinar
Purpose of Today’s Webinar

• Review the seven steps to evaluation, including:
  • How to adapt an evaluation to focus on the long-term and systems-level impacts
  • How to use evaluation results to inform program work
• Explore how to evaluate systems change initiatives, using the Ohio Academy of Family Physicians (OAFP) Colorectal Cancer Screening Improvement program as an example.
• Q&A
Key questions for today’s webinar

• What is the Ohio Academy of Family Physicians (OAFP) Colorectal Cancer Screening Improvement program?
• What have been the results of the program’s current evaluation?
• How has the program used the current evaluation results?
• How could the program adapt its evaluation to focus on long-term and systems-level impacts?
• How could the program use these results to inform and improve its work?
Presenters:

Heather Brandt, PhD, CHES (Moderator)
Associate Professor, Health Promotion, Education, & Behavior
Core Faculty, Cancer Prevention & Control Program
University of South Carolina Arnold School of Public Health

Nick Stuber, MPP
Research Associate
Wilder Research

Kate Mahler, CAE
Deputy Executive Vice President
Ohio Academy of Family Physicians
Evaluation toolkit

nccrt.org/about/public-education/evaluation-toolkit/
Toolkit resources

Sample tools/worksheets

Assessing organization capacity

OVERVIEW: An important early step in conducting an evaluation is to assess your agency’s readiness, to help you design an evaluation that aligns with your existing capacity, or to help you prioritize areas where you need to build your capacity in order to conduct a meaningful evaluation. This worksheet can be used to identify the existing evaluation capacity of your organization and to identify areas for improvement.

1. Who is currently responsible for overseeing program evaluation?

2. What resistance, if any, has your agency experienced from staff when engaging in evaluations? What resistance, if any, from clients?

Tip sheet

EVALUATION TOOLKIT

How to evaluate activities intended to increase awareness and use of colorectal cancer screening

What is evaluation?

We know that screening for colorectal cancer helps prevent and detect the disease early, thus increasing the likelihood of survival in these individuals. For these reasons, many organizations focus resources on raising awareness about colorectal cancer and increasing individuals’ commitment to undergo screening. Evaluation, collecting information about how your program operates and its impact, helps you demonstrate the success of your activities and identify ways to improve. A good evaluation can also help you monitor service delivery, assess participant or community needs, and secure or maintain funding for your program.

The materials presented in this tip sheet and the larger toolkit are intended to help you evaluate an array of strategies designed to promote colorectal cancer screening to both healthcare clients and patients.
Overview of the evaluation process

1. Describe and map your program
2. Prioritize what you need to know
3. Design your evaluation
4. Create tools for gathering information
5. Collect the information
6. Sort and analyze the information
7. Use and share the information
Brief Overview:
Ohio’s Colorectal Cancer Screening Improvement Project

Kate Mahler, CAE
Deputy Executive Vice President
Ohio Academy of Family Physicians
Change is hard…

Photo: First morning after Sweden changed their law of driving on left side to the right side of the road.
Ohio’s Colorectal Cancer Screening Improvement Project

- **Project aim:**
  To increase colorectal cancer (CRC) screening rates in the primary care setting by working with individual practice teams to design an office protocol that supports CRC screening improvement and enhances team engagement techniques hallmarked by the patient-centered medical home. Other components of the CRC screening improvement program are: improving office communication, building practice efficiencies and empowering all members of the care team to work at the top of their license.

- **Partners include:**

- Quality improvement programming has been a priority for the Ohio Academy of Family Physicians since 2008.
Two-Part Intervention Plan:

**Practice Team Training Day**

Promote and recruit practice teams to participate in a full day training program that follows *How to Increase CRC Screening Rates in Practice: A Primary Care Clinician’s Evidence-Based Tool Kit and Guide.*

These professional education materials include three evidence-based strategies to increase CRC screening rates: (1) office policies, (2) reminder systems, and (3) communication. Other activities will include: (4) establishing a baseline CRC screening rate for the practice, and (5) tracking the completion of CRC screening to detect if an increase in screening is taking place as a result of the professional education intervention.

**Data Collection, Analysis, and Outcome Reporting**

FREE - online professional development tool housed on the New Jersey Academy of Family Physicians Website: www.njafp.org
Practice Team Training Day

Up to 20 practice teams are recruited each year from across Ohio.

- Rural, urban, solo physician-led teams, large integrated health systems and Community Health Centers were represented.
- Benefits of participating include:
  - Free Registration and meals for three members of the care team
  - Travel reimbursement of $300 per practice
  - 4.25 Prescribed Continuing Medical Education (CME) credits for all members of the care team

Topics covered include:

- Importance of Team Engagement on the Patient Experience
- Review the Toolkit and Action Plan
- Tailoring an Office Protocol to Fit the Practice
- Office Reminder Systems & Follow-up Tracking Process
- Workflow & Process Mapping Exercise
Practice Team Training Day

Sample of Resources & Tools
Data Collection Module

www.njafp.org

Systematic approach to identify areas of practice strength and opportunities for improvement through the collection of patient and practice data, develop a QI plan, implement interventions, and complete a post-assessment process to determine if improvement was achieved.

Video tutorial of how to use the module is available online at:
http://fammed.buffalo.edu/physicianeducation/
Data Collection Module

Accreditation

- American Academy of Family Physicians has accredited the quality improvement module with 20 Performance Improvement in Practice continuing medical education (CME) credits.

- The American Board of Family Medicine has approved the module as an alternative activity for Maintenance of Certification Part IV credit.

- OAFP & NJAFP management
  Staff is always available to assist practice teams use the module and earn valuable credit.
## Project Outcomes

### 2014 Results

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## Project Outcomes

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2015 Results will be available in the spring of 2016.
Program Evolution

- Currently updating the NJAFP module for colorectal cancer screening improvement – expected to be finished in December, 2015.

- In May 2016, OAFP and ODH will be launching a new module to address the needs for breast and cervical cancer prevention, and early detection improvement.

- 2016 Team Training Day opportunities will allow 20 practice teams to follow one of the two cancer-focused, quality improvement tracts: colorectal cancer screening improvement or breast and cervical cancer prevention, and early detection improvement.
Questions?
Please contact me:
Kate Mahler, CAE
Deputy Executive Vice President
Ohio Academy of Family Physicians

Email: kmahler@ohioafp.org
Ph: (614) 914-5626

Poster presentation on Ohio's Colorectal Cancer Screening Improvement Program at the Dialogue for Cancer Conference in Baltimore, 2013
Current evaluation questions

• Do family medicine practices taking part in the program expand their knowledge about:
  • The importance of quality improvement and its impact on patient care?
  • The importance of team communication, streamlining office processes, and empowering team members to take action?
  • The evidence-based strategies to increase CRC screening rates?
  • Creating an office protocol that helps increase CRC screening rates?
• Do family medicine practices increase their screening rate as a result of taking part in the program?
## Current evaluation activities and findings

### Survey

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<th>Topic Relevant to Practice</th>
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| Importance of Team Engagement on the Patient Experience  
   Jon Seager, MD | 4.9 | 4.3 | 4.4 | | 4.8 |
| Terry Dutton | | | | 5.0 | 28 - yes 1 - no 3 - no response |
| Laying the Groundwork for Practice Change  
   Heidi Gullott, MD | 4.9 | 4.9 | 4.5 | | 4.8 |
| | | | | 5 - yes 1 - no response |
| Tailoring an Office Protocol to Fit the Practice  
   Durado Brooks, MD | 4.9 | 4.9 | 4.9 | | 5.0 |
| | | | | 31 - yes 1 - no response |
| Workflow & Process Mapping  
   Jon Seager, MD | 4.8 | 4.8 | 4.7 | | 4.7 |
| | | | | 31 - yes 1 - no response |
| Interventions That Work | 4.9 | 4.9 | 4.9 | | |

### Pre- and post-assessment CRC screening rates

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Use of current evaluation findings

- Measure satisfaction and program outcomes
- Provide individualized CRC screening data to each practice
- Adjust training and other program components
- Communicate the impact of the program
- Build the case for the program
Future evaluation interests of OAFP: Focus on long-term and systems-level impacts

• **Systems change:** a change that impacts all aspects of an organization, institution, or system

• **Types of systems:**
  • Hospitals or clinics
  • Nonprofit health organizations
  • Associations
  • Public health
  • Government

Adapted from the Minnesota Department of Health: “Understanding Policy Systems, and Environmental Change to Improve Health.”
Future evaluation interests of OAFP: Focus on long-term and systems-level impacts (cont.)

- Key aspects of system change:
  - Focus on addressing the environment, not the individual
  - On-going
  - Foundational
  - Long-term
  - Sustainable

Adapted from the Minnesota Department of Health: “Understanding Policy Systems, and Environmental Change to Improve Health.”
Multiple systems at play
Mapping a program intervention

Adapted from the “National Colorectal Cancer Roundtable Evaluation Toolkit.”
Mapping a system intervention

**Inputs**
- Material
- Staff
- Expertise
- Partners

**System Intervention**
- CRC Screening Improvement Program
- Directed at the system of Ohio family physicians

**Short-term Outcomes**
- Adoption of screening protocol

**Intermediate Outcomes**
- Change in practices or procedures

**Long-term Outcomes**
- Protocols are sustained

Multiple systems at play

Organizational changes
Prioritizing what you need to know

**Program intervention**
- Participant satisfaction
- Individual increase in knowledge or awareness
- Individual behavior change

**System intervention**
- Change to practices and procedures
- Modification and sustainability of change
- Intended and unintended consequences of change
Potential future evaluation questions:

• A year after participating in the program:
  • Have the CRC screening protocols been maintained?
  • What modifications if any, have practices applied to their CRC screening protocol?
  • Have practices applied their protocol to other areas of health screening? If so, which areas? What has been the impact?
  • What have been practices’ overall key successes and challenges to using their CRC screening protocol? What lessons have they learned about implementing and sustaining a new CRC screening protocol?
  • Have practices’ CRC screening rates maintained or improved?

• How is the program influencing the state health system and the Ohio Academy of Physicians? Have there been any changes in practices or procedures? If so, how have these been implemented and received?
Designing your evaluation, creating tools, and collecting data

Program intervention
• Generally more time limited
• Clear group of program participants and staff
• Could draw on quantitative and qualitative data

System intervention
• Involvement of multiple stakeholders
• Could be time intensive
• Importance of qualitative data
• Challenge in discerning causal relationships
Potential data collection activities to answer future evaluation questions

- Key informant Interviews with representatives from family medicine practices
- Surveys with representatives from family medicine practices
- Focus groups or group discussions with key program partners, stakeholders, or decision makers
- Additional data collection regarding practices’ screening rates
Reporting evaluation findings

• Lesson learned brief
• Executive summaries
• Handout with bullets
• Presentations
Potential use of evaluation findings

• Share findings with family medicine practices
• Share information with public officials and hospital and health systems
• Invite other stakeholders to comment on the findings
• Host conversations around incentivizing high performing practices
• Use findings as additional evidence for supporting the program
Considerations when evaluating systems change

• Clarify the system of focus and the key stakeholders
• Engage multiple stakeholders in designing evaluation questions and interpreting findings
• Collect data from multiple sources
• Capture intended and unintended impacts, both positive and negative
• Focus on gauging sustainability/durability and modification of a systems change
Thank You!

• Today’s speakers
• Wilder Research
• Ohio Academy of Family Physicians
• NCCRT Evidence-based Education & Outreach Task Group

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Join us for the following upcoming webinars:

November webinar (date to be determined) – What Primary Care Can Do to Achieve 80%: 80% by 2018 Exemplary Program Mini Webinar Series

Thursday, December 10th at 2:00-3:00pm EST – Spotlight on C5: New York City’s Colorectal Cancer Control Coalition
Save the Date -- Registration not yet opened
For more information contact:
Mary Doroshenk, MA
Mary.doroshenk@cancer.org

To follow NCCRT on social media:
Twitter: @nccrtnews
Facebook: http://www.facebook.com/coloncancerroundtable