
SETTING GOALS

Establishing your goals and desired outcomes for risk assessment will help you identify the best process and tools for your practice.

After you have assessed your current workflow, you should identify your desired goals and outcomes for cancer risk assessment and CRC screening. This toolkit is designed to help you reach these goals:

- Identify patients at increased or high risk based on personal and/or family history
- Apply screening guidelines to patients at increased and high risk
- Refer high risk patients to genetic services for further evaluation, counseling, and testing

Your practice may have additional goals, which can be defined during planning. The implementation process will take time, especially for users to become comfortable with new tools and work processes. Having clear goals and realistic expectations helps to ensure that the team will persist in achieving these changes because they know why the changes are occurring. Further, discussion of goals and expectations can ensure that stakeholders are “on board” with the changes, have reasonable expectations regarding the disruption of existing routines, and are ready to recognize the changes when they occur.

PARTICIPANTS

Clinical champion,
implementation lead,
stakeholders

WHAT YOU'LL NEED

[Goals Worksheet](#)

BARRIERS

Competing priorities,
time, staff,
infrastructure

STEPS

- 1** Read about goals that are commonly considered achievable. See the next page for suggestions.
- 2** Working with the previously identified stakeholders, choose the three or four goals that are most important and achievable for your practice. These should be goals that would help you improve patient care, perform as a practice, or streamline the daily work of the practice. Write these goals down in the Step 2 section of the Goals Worksheet (available in the Appendix).
- 3** For each goal, set a specific, measurable “target” for what level of performance can be achieved to improve the existing conditions. Write these targets down in Step 4 of the Goals Worksheet.
- 4** Next, you will develop your “measurement plan.” This means you will determine how you will measure the progress in reaching the explicit targets of your goals, and who will be responsible for collecting these measurements.
- 5** Consider feasibility. Feasibility is usually determined by having sufficient staff and opportunities to collect the data. Be sure to discuss feasibility with the stakeholders in your office who will be assigned responsibility for monitoring. Are the expectations for measuring progress towards the goal realistic? Rate the feasibility from 1 (not very feasible), 2 (somewhat feasible) or 3 (very feasible) and record under Step 4 of the Goals Worksheet.
- 6** Set a target date by which the measurable goal will be met. You may find you need to adjust this date further into planning, but it can be helpful to set an agreed-up date with stakeholders. Write this down under step 4 of the Goals Worksheet.
- 7** Communicate the final goals, expected outcomes, and timeframe to stakeholders and team members.

GOALS FOR FAMILY HISTORY CANCER RISK ASSESSMENT

Review these with an eye towards choosing goals that are important to your practice. The list of goals provided below is intended to provide examples, but is not exhaustive.

- Increase identification of patients who qualify for earlier or more frequent cancer screening
- Increase identification of patients for referral to genetic counseling and genetic testing
- Increase identification of patients for genetic testing (if in-house genetic counseling is available)
- Standardize cancer screening and surveillance practices
- Improve care coordination for patients at high risk of cancer
- Improve patient compliance with cancer screening and/or genetic referrals
- Reduce time spent on family history collection and/or risk assessment
- Systematize cancer risk assessment
- Improve the quality of patient-provided family history information
- Improve access to patient educational and decision support resources

For goals related to risk assessment, consider the additional questions to target your efforts:

- Will your risk assessment integrate personal and family history risk factors, or create separate processes?
- What conditions will be included in the risk assessment process? A specific cancer such as colorectal or breast cancer, all cancers, and/or a broader panel including non-cancer conditions (e.g., cardiovascular disease)?

GOALS WORKSHEET

Step 1. Review goals. Consider how these goals align with practice and stakeholder priorities.

Review what goals can be achieved with cancer family history collection and risk assessment.

Step 2. Pick the most relevant goals for your practice.

- Goal: Reduce time spent on family history collection and/or risk assessment
- Goal: Collect sufficient family history data to inform cancer risk assessment
- Goal: Automate cancer risk assessment
- Goal: Increase identification of patients who qualify for earlier or more frequent cancer screening
- Goal: Increase identification of patients for referral for genetic counseling and genetic testing

Step 3. Choose priorities.

Meet with stakeholders to frame the three highest-priority goals. Rewrite the goals in language that resonates with them. Record the top three goals here:

- Goal 1. Collect sufficient family history data to inform cancer risk assessment
- Goal 2. Increase identification of patients who qualify for earlier or more frequent cancer screening
- Goal 3. Increase identification of patients for referral for genetic counseling and genetic testing

Step 4. Plan. Set a target date for when you want to achieve the goal.

Determine an explicit target for each goal, plan to measure how well you achieve each target, and rate the feasibility of measuring each (1 = not feasible, 3 = very feasible).

Goal	Target	Measurement Plan	Measurement Responsibility	Measurement Feasibility (1, 2, 3)	Goal Completion Date
Goal 1	75% of patients seen since implementation will have cancer family history included in the medical record	Review of patient records using spreadsheet	Population Health	2	May 1, 2019
Goal 2	100% of patients with a first-degree relative with CRC will receive a recommendation for increased screening	Review of patient records using spreadsheet	Population Health	2	May 1, 2019
Goal 3	75% of patients with a family history of CRC will have documented cancer risk assessment 100% of patients who are identified to be at high risk will receive a recommendation for genetic referral	Review of patient records using spreadsheet	Population Health	2	May 1, 2019

Step 5. Communicate the final goals to stakeholders and team members.