Panel
Texas-Based Colorectal Cancer Screening Innovations
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 Moderator
 Carlton Allen
 MS, CHW, MCHES

 Jennifer Molokwu
 MD, MPH, FAAFP

 Maria Fernández
 PhD

 Scott A. Larson,
 MD, PhD, AGAF, FACP, FASGE

 Navkiran “Kiran” K. Shokar
 MD, MPH
How CPRIT is Making Strides in Colorectal Cancer for Texas

Carlton Allen, MS, CHW, MCHES
Program Manager for Prevention, Cancer Prevention & Research Institute of Texas
How CPRIT is Making Strides in Colorectal Cancer for Texas

November 2023

Presented by:
Carlton Allen, MS, CHW, MCHES®
Program Manager for Prevention
Prevention Program

Goals

• Prevent or reduce the risk of cancer, detect it early, mitigate cancer effects through delivery of evidence-based interventions

• Fund programs and services aimed to help those in most need

• Build capacity to deliver programs by promoting innovations and best practices across Texas

Focus

Deliver a program or service to Texans

• Reach underserved populations

• Reach as many people as possible in every region of the state

Evidence-Based

• Direct intervention, e.g., vaccinations, weight control, smoking cessation

• Screening and diagnostics

• Survivorship

Results oriented

• Measurable public health impact in ways that exceed current performance in a given service area
Prevention Program

Goals

• Prevent and reduce cancer risk, mitigate effects

• Serve populations in greatest need

• Build capacity by promoting innovations and best practices across Texas

Grants

➢ Prevention Grants

• 291 awarded

• $354.8 M granted

• 9.3 million services provided to Texans
Prevention Program
Services & Geographic Coverage

COUNTIES OF RESIDENCE OF PEOPLE SERVED BY CPRIT PREVENTION PROJECTS
68 Active Projects – September 2023

Screening Outcomes

- 1,957,369 screenings/diagnostics
- 408,178 people never before screened
- 34,096 precursors identified
- 5,058 cancers detected
Counties of Residence of Populations Served by CPRIT Prevention Projects
Clinical Services - Screening/Early Detection - Colorectal
CRC Treatment Initiative in TX

• The Legislature approved a rider to HB 1, establishing a pilot program to fund colorectal treatment for uninsured and underinsured Texans.

• This initiative was championed by CPRITs Prevention Advisory Committee (PAC).
Questions?

Contact Information

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https://cprit.texas.gov
Thank You
Implementation Science for Advancing Colorectal Cancer Control Equity

María Fernández, PhD
Vice President of Population Health and Implementation Science, the University of Texas Health Science Center at Houston (UTHealth Houston)
Founding Co-Director, the UTHealth Houston Institute for Implementation Science
Implementation Science for Advancing Colorectal Cancer Control Equity

National Colorectal Cancer Roundtable
November 15, 2023

María E. Fernández, PhD

Vice President of Population Health and Implementation Science
Lorne Bain Chair of Public Health and Medicine
Co-Director, UTHealth Houston Institute for Implementation Science
Professor, Department of Health Promotion and Behavioral Sciences
Director, Center for Health Promotion and Prevention Research
University of Texas Health Science Center at Houston
“A LITTLE KNOWLEDGE THAT ACTS IS WORTH INFINITELY MORE THAN MUCH KNOWLEDGE THAT IS IDLE.”

-Kahlil Gibran
What is Implementation Science?

The study of methods to promote the adoption and integration of evidence-based practices, interventions and policies into routine practice.

Continues the job of clinical and public health research, taking evidence-based innovations and testing strategies to move them into wider practice.
Implementation science in times of Covid-19

Michel Wensing¹,², Anne Sales³,⁷, Rebecca Armstrong⁵ and Paul Wilson⁶,⁷

Considering the intersection between implementation science and COVID-19

David A Chambers
HOW CAN IMPLEMENTATION SCIENCE HELP?

IDENTIFY FACTORS
Influencing the implementation of interventions, clinical practice innovations, new technology, policies, etc.

ADAPT
Existing interventions to improve fit with new populations and settings and ensure cultural relevance.

STRATEGIES
To accelerate and improve the adoption, implementation, and sustainment of evidence-based practices, policies, and programs.

DE-IMPLEMENT INTERVENTION
To remove or reduce costly or potentially hazardous approaches to care.

DISSEMINATE AND SCALE UP
Effective interventions to public health and clinical practice settings.

Seeks to systematically close the gap between what we know and what we do.
Knowledge generation comes from the hands of practitioners/implementers as much as it comes from those usually playing the role of intervention researcher.


Participatory implementation science to increase the impact of evidence-based cancer prevention and control

Shoba Ramanadhan, ScD, MPH, Melinda M. Davis, PhD, [...], and Ross C. Brownson, PhD
IMPLEMENTATION STRATEGIES

Methods or techniques used to enhance the adoption, implementation, sustainment & scale-up of program or practice.

“Making the right thing to do the easy thing to do”
Dr. Carolyn Clancy

DISCRETE STRATEGY

SINGLE ACTION OR PROCESS

MULTIFACETED STRATEGY OR IMPLEMENTATION INTERVENTION

MULTIPLE DISCRETE STRATEGIES

Powell et al. (2012; 2015; 2019); Proctor et al. (2013)
Examples of Implementation Strategies

- **Patient Safety checklists**
- **Community engagement**
- **Rapid-cycle testing**
- **Coalition-building**
- **Audit & Feedback**
- **Clinical champions**
- **Facilitation**
- **Provider incentives**
- **Policy changes**

**Strategies that “push” treatments into use**

- Transactional-focused strategies
- Process driven changes → provider technical skills, system-level incentives

**Strategies that “pull” from the local level to drive practice change**

- Transformational-focused strategies – relationship-driven changes → empower individuals in strategic thinking, ownership in delivering treatment

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Powell et al. 2015; Leeman et al. 2017; Miake-Lye, 2020, Avolio B, Full-range Leadership Development Slide courtesy of Dr. Amy Kilbourne
Adapting interventions using IM Adapt to improve fit of evidence-based interventions.

Designing implementation strategies to influence the adoption, implementation, and sustainment of evidence-based interventions (Implementation Mapping).

Designing interventions based on theory, evidence, new data, and community engagement.
COLORECTAL CANCER CONTROL PROGRAM (CRCCP)

Project Goal
Improve effective use of EBIs recommended by the Guide to Community Preventive Services to overcome system-, provider-, and patient-level barriers to CRCS

The CRCCP aims to increase CRC screening in clinics through sustainable health system change.
# COLORECTAL CANCER CONTROL PROGRAM (CRCCP)

<table>
<thead>
<tr>
<th>Texas FQHC Partners</th>
<th>Counties Served Urban/Rural</th>
<th># of Clinic Sites</th>
<th>CRCS Rate (%)</th>
<th>CPRIT CRCS Program</th>
<th>1115 Waiver CRCS Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TEXAS GULF COAST REGION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gulf Coast Health Center</td>
<td>Jefferson, Orange, Hardin/Jasper</td>
<td>5</td>
<td>4.8</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Coastal Health &amp; Wellness</td>
<td>Galveston</td>
<td>2</td>
<td>15.4</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Amistad Community Health Center</td>
<td>Nueces</td>
<td>1</td>
<td>18.8</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Access Health</td>
<td>Austin, Colorado, Fort Bend, Waller/Wharton</td>
<td>5</td>
<td>31.8</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Avenue 360</td>
<td>Harris</td>
<td>6</td>
<td>34.4</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>EAST TEXAS REGION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hope Community Medicine</td>
<td>Panola, Shelby, San Augustine</td>
<td>3</td>
<td>6.0</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Genesis PrimeCare</td>
<td>Bowie, Gregg/Cass, Harrison, Marion</td>
<td>3</td>
<td>25.6</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Wellness Pointe</td>
<td>Gregg, Upshur/Camp, Titus, Wood</td>
<td>5</td>
<td>27.8</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>East Texas Community Health Services</td>
<td>Angelina, Nacogdoches</td>
<td>3</td>
<td>53.0</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Carevide</td>
<td>Collin, Hunt, Fannin, Delta, Kaufman, Hopkins</td>
<td>6</td>
<td>29.0</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Total: 10 FQHCs</strong></td>
<td><strong>Urban: 16</strong></td>
<td><strong>Rural: 16</strong></td>
<td><strong>Total: 32</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Evidence-Based Interventions (EBIs) for Increasing Colorectal Cancer Screenings

Primary EBIs
- Patient (or client) reminders
- Provider reminders
- Provider assessment & feedback strategies
- Reducing structural barriers

Supportive EBIs
- Small media
- Patient navigators
- One-on-one education

https://www.thecommunityguide.org
TEXAS CRCCP READINESS ASSESSMENT

R=MC2

- MOTIVATION
- CAPACITY (GENERAL)
- CAPACITY (INNOVATION-SPECIFIC)

Multi-method approach: in-depth interviews, clinic-level surveys, and direct workflow observations.

EBI USE
- Use of community Guide EBIs

IMPLEMENTATION SUPPORTS
- Patient navigators
- Small media

CLINICAL WORKFLOWS
- Patient flow
- Screening procedures

CLINIC DATA
- Clinic & patient characteristics
- CRCS rates

EHR USE
- Monitoring system
- Patient data
- Process improvement

Scaccia, Cook, Lamont, Wandersman, Castellow, Katz, & Beidas, 2015

Using Implementation Mapping to Build Organizational Readiness
$R = MC^2$

**Readiness** =

**Motivation**

$\times$

**Capacity (Innovation-Specific)**

$\times$

**Capacity (General)**

- **Motivation**: Degree to which we want the innovation to happen, given all priorities
- **Innovation-specific capacity**: The human, technical and fiscal conditions important to the successful implementation of a particular innovation.
- **General capacity**: Pertains to aspects of organizational functioning (e.g., culture, climate, staff capacity, leadership)

(Scaccia, Cook, Lamont, Wandersman, Castellow, Katz, & Beidas, 2015)
READEINESS REPORTS

READINESS REPORT CAN BE USED TO HELP CLINICS:

- Understand strengths & areas for improvement
- Determine which aspects of readiness to focus efforts on & why
- Develop a plan for building and/or maintaining readiness
- Develop a plan for building and/or maintaining readiness
IMPLEMENTATION STRATEGIES

- PRACTICE FACILITATION
- PROJECT ECHO
- PROGRAM CHAMPION
- PROVIDER AND STAFF TRAINING
- LINKING WITH EXTERNAL PARTNERS

Examples of implementation strategies
IMPLEMENTATION SCIENCE CAN HELP ADVANCE COLORECTAL CANCER SCREENING BY:

- Building an actionable and pragmatic knowledge base to equitably accelerate implementation and dissemination of effective strategies for CRCS
- Advancing models and frameworks to understand relationships between; predictors of CRCS implementation outcomes
- Developing strategies to accelerate and improve scale-up and spread of effective CRCS strategies
- Engaging stakeholders at all levels.
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Joe Padilla, MPH
THANK YOU

Let's talk!

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University of Texas Health Science Center at Houston School of Public Health
Thank You

nccrt.org  @NCCRTnews  #80inEveryCommunity
Inclusiveness Matters: The ACCION /SuCCCeS Program Experience

Jennifer Molokwu MD, MPH, FAAFP
**Incidence Rates, 2014-18**

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>36.4</td>
</tr>
<tr>
<td>El Paso</td>
<td></td>
</tr>
<tr>
<td>Hispanic Males</td>
<td>49.8</td>
</tr>
<tr>
<td>Hispanic Females</td>
<td>26.9</td>
</tr>
</tbody>
</table>

**Mortality Rates, 2014-18**

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>12.6</td>
</tr>
<tr>
<td>El Paso</td>
<td></td>
</tr>
<tr>
<td>Hispanic Males</td>
<td>18.5</td>
</tr>
<tr>
<td>Hispanic Females</td>
<td>7.7</td>
</tr>
</tbody>
</table>

**5-Year Relative Survival, 2011-17**

- **Localized**: 91%
- **Regional**: 72%
- **In Situ**: 15%
- **Distant**: 65%
- **Stages Combined**: 65%
<table>
<thead>
<tr>
<th>Barriers To Screening</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear &amp; Embarrassment</td>
<td>Fear of a cancer diagnosis &amp; embarrassment are common themes due to testing being invasive and performed on a part of the body that is taboo to discuss.</td>
</tr>
<tr>
<td>Unpleasantness Of Tests</td>
<td>There are different types of screening tests; many individuals are not aware of the alternate screening methods.</td>
</tr>
<tr>
<td>Transportation</td>
<td>There are many individuals who do not have a way in getting to the testing site.</td>
</tr>
<tr>
<td>Lack Of Insurance/Cost</td>
<td>The cost of screening being expensive and possibly inaccessible due to lack of health insurance.</td>
</tr>
<tr>
<td>Physician Recommendation</td>
<td>Lack of provider recommendations play a significant role in screening barriers, which is more likely seen among ethnic minorities.</td>
</tr>
<tr>
<td>Lack Of Symptoms</td>
<td>Symptoms of CRC may not always be present at first and the individual may be feeling perfectly well.</td>
</tr>
<tr>
<td>Health Education</td>
<td>Lack education about CRC and other health topics, particular insufficient education regarding CRC screening, the causes of CRC, symptoms and how to prevent it.</td>
</tr>
</tbody>
</table>
• Initially developed in 2011 with funding from CPRIT.
• The ACCION /SuCCCeS program is a well-established, theory-based, culturally tailored, bilingual, evidence-based screening program.
• Developed to address specific disparities and barriers in the communities we serve.
El Paso experience

Colorectal Cancer screening program developed by Dr. Navkiran Shokar in 2011 funded with support from CPRIT

Community involved in all stages

Use of community health extension workers. (Promotor/a)
Meet the community where they are

Wide range of collaborators
How we Serve

Core Community Program Services

Community Outreach & Education
- Earned Media
- Health Fairs
- Community Events
- Community Organizations Partnerships

Provision Of Screening & Diagnostic Tests

Patient Navigation
- Tracking & Reminders
- Case Management
- Address Barriers To Testing
- RX & PCP Access

Fit

Colonoscopy
Outcomes

- 35,395 Enrolled
- 39,935 FITS
- 1234 Screening colonoscopies
- 1606 Diagnostic Colonoscopies
- 1170 Biopsies
- 33 Cancers diagnosed

FIT + Diagnostic colonoscopies = 72.8% completion
Thank You
Identifying Current Clinical Care Processes To Reduce Delays In Colorectal Cancer Diagnoses

Scott A. Larson, MD, PhD, AGAF, FACG, FASGE
Site Director Quality and Fellowship Program, Michael E. DeBakey VA Medical Center
Assistant Professor & Clinical Educator, Baylor College of Medicine
Identifying Current Clinical Care Processes To Reduce Delays In Colorectal Cancer Diagnoses

Scott A. Larson MD, PhD, AGAF, FACG, FASGE
Assistant professor
Site Director Quality Academy and GI Fellowship
Michael E. DeBakey VA Medical Center
Academic Affiliate: Baylor College of Medicine
Median

DIAGNOSTIC COLONOSCOPIES ORDERED WITH APPROPRIATE INDICATION

% of colonoscopy orders placed for only positive FIT

Order set update on 3/2
PCP education on 4/19

Reason for Request: COLONOSCOPY DIAGNOSTIC

Positive FIT

Diagnostic Colonoscopy
Indications: *
- Blood in stool (Hematochezia)
- Unexplained weight loss
- Abdominal pain
- Diarrhea
- Other:

Diagnostic Colonoscopy
Indications: *
- Positive FIT kit (Fecal Immunochromatographic Test)
- Blood in stool (hematochezia)
- Iron deficiency anemia
- Abdominal pain
- Chronic diarrhea
- Other:

Order set update on 3/2
PCP education on 4/19
Frequently Asked Questions

What is a colonoscopy?
A safe and common procedure to look at the lining of the large intestine.

How does a colonoscopy prevent cancer?
A colonoscopy can find polyps, or precancerous lesions, that can be removed before they turn into cancer.

What if cancer is found?
Finding cancer early can help your chances for treatment or cure.

Will it hurt?
No. You may feel pressure, bloating, or cramping during the procedure. You will be given medications to help you relax and feel sleepy.

How long does it take?
The colonoscopy usually takes less than 30 minutes, but expect to stay with us all day for preparation and recovery.

Your Timeline
If you take a blood thinner, diabetes, weight loss medication, ask your primary care provider when or if you need to stop taking it.

Find a family member or friend to give you a ride and stay with you ALL DAY.
Start a low fiber diet (no nuts, whole grains, fruits, vegetables).
Stop eating food. Only drink clear liquids (lemonade, clear sodas, clear broth, sports drinks). Avoid red drinks.
Drink 1 glass of Golytely with 1 glass of water and repeat this until half the Golytely is gone. Do not drink anything else.

Wake up early. Keep drinking the Golytely with water and finish at least 3 hours before you leave for the VA for your procedure.

Stool Chart
As you complete the Golytely prep, look at your bowel movements and compare them to the examples below. When your stool looks like the sample on the bottom right you are ready.

Any Issues?
Call the GI Lab!

713-797-1414 ext. 25152

- Problem with Golytely prep
- You cannot make your appointment
- You don’t have a ride or someone to stay with you
- Your bowel movements are not clear yellow after finishing the Golytely prep
- You are unsure what you can or cannot eat
- You have a question not answered here
9% (n=39) cancelled the day-of-procedure due to Presumed Inadequate Bowel Prep (PIBP)

<table>
<thead>
<tr>
<th>275 scheduled colonoscopies (Nov 2020-March 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9% (n=39) cancelled the day-of-procedure due to Presumed Inadequate Bowel Prep (PIBP)</td>
</tr>
<tr>
<td>69% (n=27) were rescheduled</td>
</tr>
<tr>
<td>• completed 8.2 months (average) from initial colonoscopy order</td>
</tr>
<tr>
<td>• completed 4.1 months (average) from day of cancellation</td>
</tr>
<tr>
<td>30.8% (n=12) have not had a repeat colonoscopy within the VA system at the time of data review (Nov 2022)</td>
</tr>
<tr>
<td>• 25%-67% Reported in literature</td>
</tr>
</tbody>
</table>
The Pure-Vu System is indicated to help facilitate the cleaning of a poorly prepared GI tract during an endoscopy procedure.
### Rooming Algorithm

<table>
<thead>
<tr>
<th>Solid Stool</th>
<th>Liquid Stool</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reschedule</strong></td>
<td><strong>Completed &lt;50% of prep</strong></td>
</tr>
<tr>
<td><strong>Reschedule</strong></td>
<td><strong>Last meal before 12 pm</strong></td>
</tr>
<tr>
<td><strong>Any endoscopy room</strong></td>
<td><strong>Pure-Vu capable room</strong></td>
</tr>
</tbody>
</table>
Pulsed Irrigation Evacuation (PIE) Device

- Multiple Sclerosis
- Parkinson's disease
- Spina bifida
- Spinal cord injury
- Chronic constipation
Pie Device Animation

https://youtu.be/Lrwq6C2B1Lc
Pulsed Irrigation Evacuation (PIE) Device

- Disposable Speculum with Inflated Cuff after Insertion
- "PIE" Computer Controller
- Control Button
- Tap-Water at Body Temperature
- Disposable Waste Bag

Scroll for details
THANK YOU & QUESTIONS

CRQS
Angie Rao
Molly Horstman
Lindsay Vaclavik
Kamal Hirani
Wendy Podany

Resident
Kaitlyn Carlson
Lauren Comer

GI
Jason Hou
Rhonda Cole
Disha Kumar

Data
Andy Zimolzak
Thank You
CRC Screening in Texas

Navkiran “Kiran” K. Shokar, MD, MPH
Associate Dean for Community Affairs
Chair, Department of Population Health
Co-Program Leader of Cancer Prevention & Control, Livestrong Cancer Institutes
The University of Texas at Austin Dell Medical School
COLORECTAL CANCER SCREENING IN TEXAS

NAVKIRAN K. SHOKAR, MA MD MPH

Professor and Chair Department of Population Health
Associate Dean for Community Affairs
Program Leader, Cancer Prevention and Control
Dell Medical School at the University of Texas at Austin
CRC Screening In Texas

1. Current CRC screening status in Texas
2. Experiences implementing CRC screening interventions
3. Future Directions → Statewide CRC Screening Coordinating Center

Galvanizing CRC screening across Texas
CRC Screening In Texas

Texas
- 30.1 million population
- 5.2 million uninsured (16.6%)
- Majority minority state
- 3.2 million residing in rural areas
- Non-Medicaid expansion state
- 9.7M age eligible for CRC screening
- ~1.1M uninsured

CRC Grantees
- 15 CRC screening programs → 65-75K screenings/yr
- Primarily FIT based screening; some risk-based screening & diagnostic colonoscopy, outreach, navigation support
- Challenge: access to treatment

CPRIT
- CPRIT Prevention Program funding: $300 Million/yr over 10 years
- Focus on uninsured/underinsured

CRC Grantees cont.
- Unique regional solutions: geographically dispersed
- Primarily academic health center led

CRC Screening
% UTD 2012 to 2022:
TX: → 58.5 to 66.8
US: → 65 to 72
UDS: → 30.2 to 42.8 (TX 34.8%)
Galvanizing CRC screening across Texas

Scaling Effective Interventions

Across settings
- Delivery within clinical settings
  - Opportunistic
  - Visit-based
  - Non visit based
- Public health – community approaches
  - Community-based
  - Non-traditional settings

Multicomponent
- Build client demand
- Reducing structural barriers
  - Provision of FIT
  - Patient navigation
  - Patient education
    - One-on-one education
    - Group education
    - Small media
    - Reminder letter or call
  - Behavioral theories to guide development

Multilevel
- Policy
- Community
  - Organizational
  - Interpersonal
  - Individual

Effective program features
- Locally adaptive, responsive, creativity, resourcefulness
- High level champions
- Stakeholder engagement
- Convening entity
- Data driven, scientific approaches
- Clear goals
- Understanding of assets and resources
- Identifying synergies across organizations
- Collaborative
- Learning systems
Coordinating Center For Colorectal Cancer Screening Across Texas

- - - »[connect]« - - -

Steering Committee

Clinical Implementation Core
Community-based Implementation, Engagement, Education & Health Communication
Modelling, Mapping, Cost Effectiveness
Data and Evaluation Core
Advocacy

Initial Stakeholder Network
American Cancer Society, Texas association of Community Health Centers, Texas Association of Public Health, CPRIT, CPRIT Program grantees & regional networks, Texas Society of Gastrointestinal Endoscopy, Safety-net systems, AHCs: (TTUHSC, University of Texas System, Texas A &M, Texas State University, Moncrieff Cancer Center, UT Southwestern, MD Anderson)

* PI: N Shokar, co-developed with Mike Pignone

Galvanizing CRC screening across Texas
Galvanize CRC screening efforts across Texas

Develop a comprehensive state-based strategy

Scale evidence-based strategies into clinical and community settings.

- **Collaborate**: partnerships
- **Create**: Hub and spoke model
- **Develop**: Scalable approach and interventions
- **Become**: Source of expertise, tools and resources
- **Facilitate**: Care pathways, networking, standardize & scale colonoscopy, lab, oncology access.
- **Support**: Tailoring for populations and barriers
- **Integrate**: Community, public health, patient, practice & provider focused approaches
- **Advocacy**: Payors, policy makers, program implementers,

*Overall Approach*
Community-based Implementation, Engagement, Education & Health Communication Core (CIEEHC)

1. Provide outreach and engagement support for all stakeholders
2. Create a repository of CRC screening education and health promotion materials and a mass media strategy
3. Provide expertise for development and training of navigators and community health workers to support and facilitate screening.
4. Provide awareness building and education for all stakeholders associated with the CRC screening care pathway

Galvanizing CRC screening across Texas
Practice facilitation & support for implementation of evidence-based CRC screening strategies for clinics & community programs

Stakeholder engagement and management

Develop centralized mailed FIT processing center

Create colonoscopy network for screening across Texas

Create oncology network for treatment access

Support for developing CPRIT funded prevention programs

Galvanizing CRC screening across Texas
Perform updated geospatial analysis and mapping of FQHC systems, endoscopy facilities, and distribution of unscreened age-eligible persons who could benefit from screening.

Perform and update micro-cost analyses and modeling of the key elements of a statewide CRC screening to account for recent cost increases and new information about potential benefits of screening, including cancer equity outcomes.

Create a dashboard to translate modeling outcomes to advocacy groups and policy makers.

Data collection, coordination, sharing, harmonization and pragmatic research design support.

--- [connect] ---

Modelling, Mapping, Cost Effectiveness and Data Core (MACE)

Galvanizing CRC screening across Texas
The favorable economic effects of CRC screening and net benefits of investing in increasing screening (working with the modeling core).

The need to ensure convenient, safe, affordable, and effective colonoscopy resources to all parts of the state, especially in underserved rural areas.

The critical role of funding high-quality, community-focused patient navigation services.

The importance of ensuring access to treatment, through the state-level initiative described above and/or other efforts to ensure access to treatment.
Innovation

- Combination of public health, population-based and clinical approaches.
- Strong health communication and community engagement expertise to support awareness building + equitable approaches across all stakeholders.
- Modelling and mapping to inform development.
- Web-based tool to evaluate impact of changing model parameters on screening uptake and outcomes.
- Cost comparisons to facilitate flexible and tailored approaches.
- Practice facilitation, implementation support, QI framework.

Galvanizing CRC screening across Texas