

# Profiles of Success: Innovations and Best Practices from Community Health Centers



Concurrent Session  
November 21, 2024  
11:00 AM - 12:15 PM



# Speakers

Moderator: **Michelle Tropper**, MPH, PCMH CCE, HealthEfficient

- **Anay Puente**, RN, Family Health Services, 2024 80% in Every Community National Achievement Award Honoree
- **Patricia A. Rodriguez**, MD, FAAP, North Texas Area Community Health Centers, Inc.

**Learn more** about our 2024 ACS NCCRT Annual Meeting **speakers** by reading their **bios**.



# Focusing Our Efforts

Colorectal Cancer Screening

*Family Health Services*

The logo for Family Health Services features the word "family" in a dark purple font, followed by a stylized green icon of two overlapping circles, and then the word "health" in the same dark purple font. Below "family" and "health" is the word "SERVICES" in a green, all-caps, sans-serif font.

# family health SERVICES

- ▶ Federally Qualified Health Center, making high-quality, culturally sensitive, primary medical and dental care, behavioral health and social services affordable and accessible for the people of South-Central Idaho.
- ▶ Serving an eight-county rural area through eleven locations.

# Where did we start?

- ▶ Review historical data: 2015
  - ▶ 325 TF - 18%
  - ▶ 388 TF - 18%
  - ▶ Buhl - 23%
  - ▶ Burley - 17%
  - ▶ Fairfield - 15%
  - ▶ Jerome - 16%
  - ▶ Kimberly - 20%
  - ▶ Rupert - 15%



# Set The Goals

## ▶ Preventative Screenings:

- ▶ Education to staff
- ▶ Education to patients
- ▶ Clinic driven efforts
  - ▶ PDSA cycles
  - ▶ Measure based incentives
- ▶ FHS Foundation
- ▶ Collaboration with GI specialist- reduced cost colonoscopies
- ▶ Patient assistance

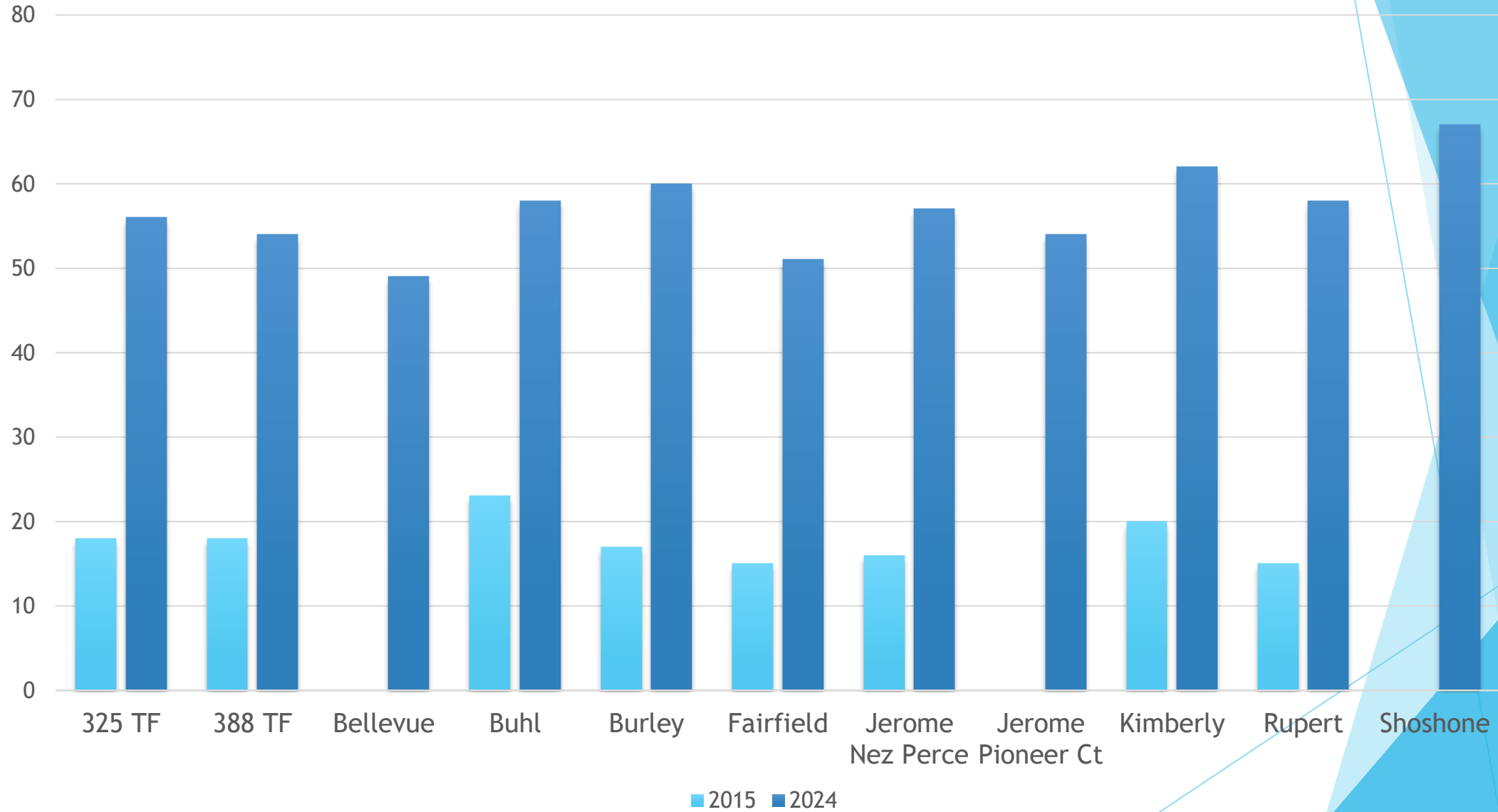
▶ Competition...





Hello,  
Pierre L’Poo

# Progress





Thank you!

[www.fnsid.org](http://www.fnsid.org)



[facebook.com/fnsidaho](https://facebook.com/fnsidaho)



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north texas area  
community health centers

**Your Health. Your Wellness. Our Priority.**

# Screening for CRC in Community Health Centers: Innovations & Best Practices

November 21, 2024  
Patricia A. Rodriguez, MD

# OBJECTIVES

- ⊕ Introduction to NTACHC
- ⊕ Patient Demographics
- ⊕ CRC Screening- Barriers & Challenges
- ⊕ CRC Screening- Innovations & Best Practices
- ⊕ CRC Screening- Where We Are Now
- ⊕ Lessons Learned
- ⊕ A Personal Story



# Introduction to NTACHC



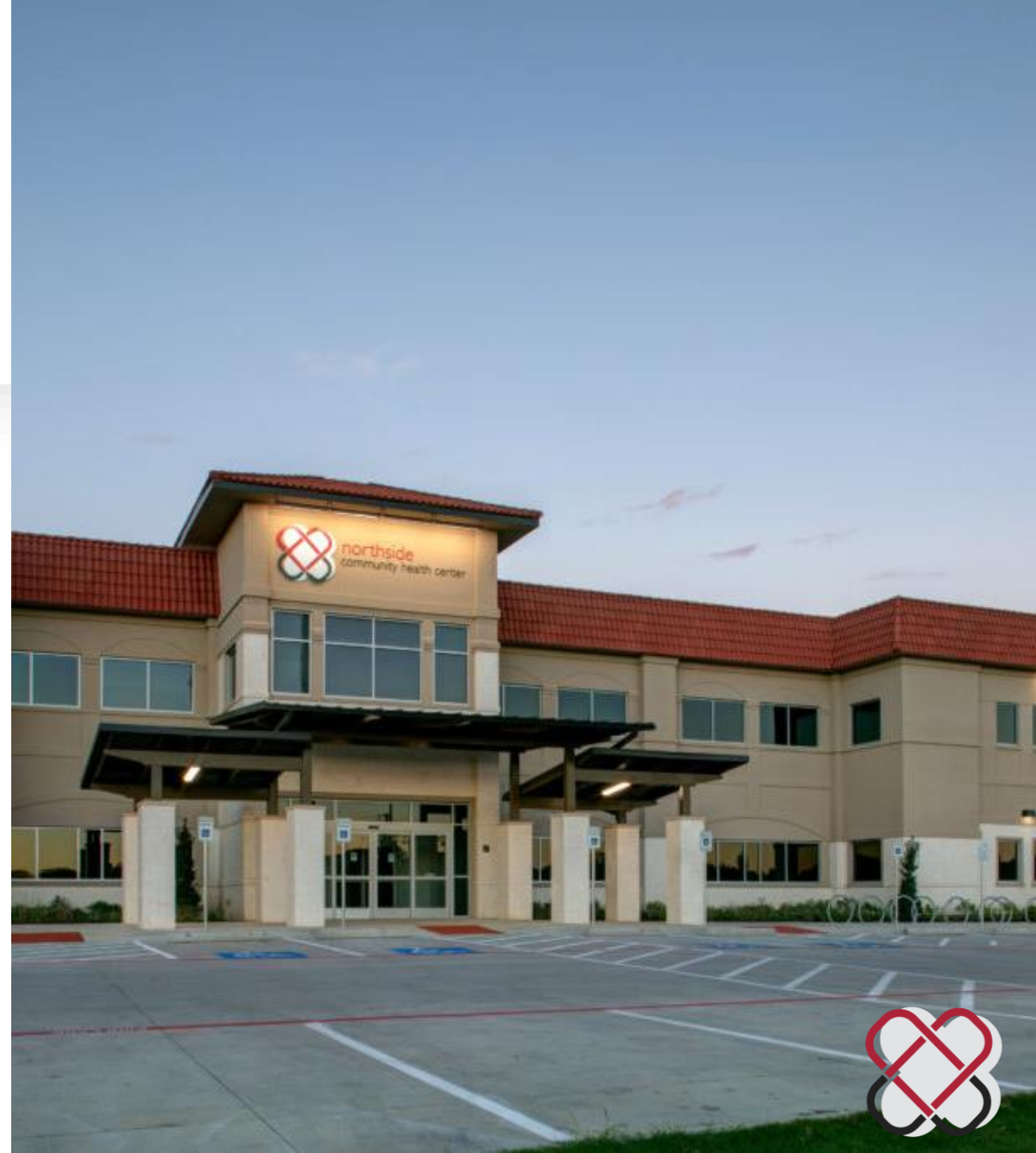
FQHC offering a full-range of primary and preventative healthcare services in Tarrant County in three locations.



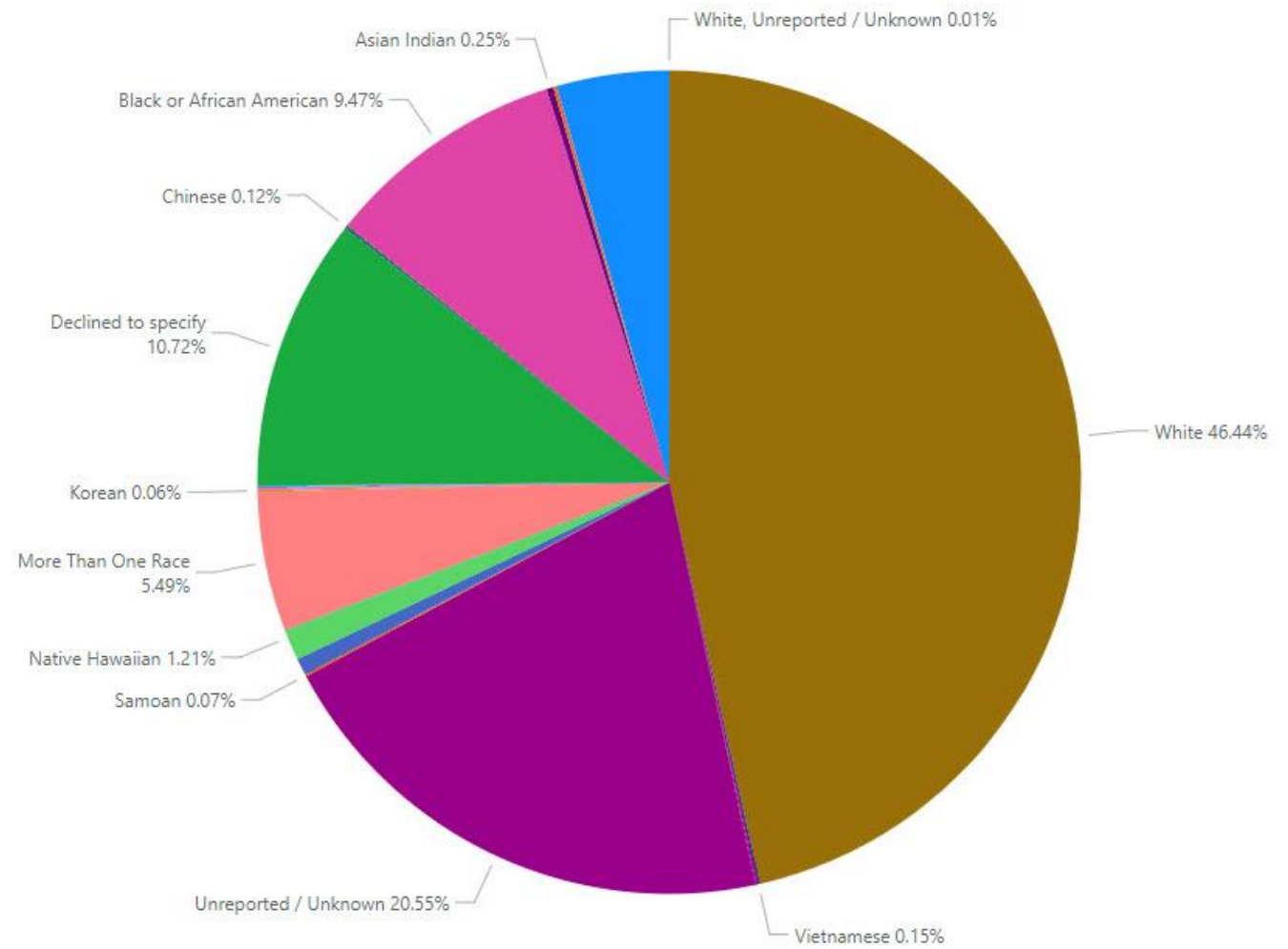
We are a recognized PCMH medical home and use a patient-centered care delivery model.



We integrate our services to provide coordinated care.

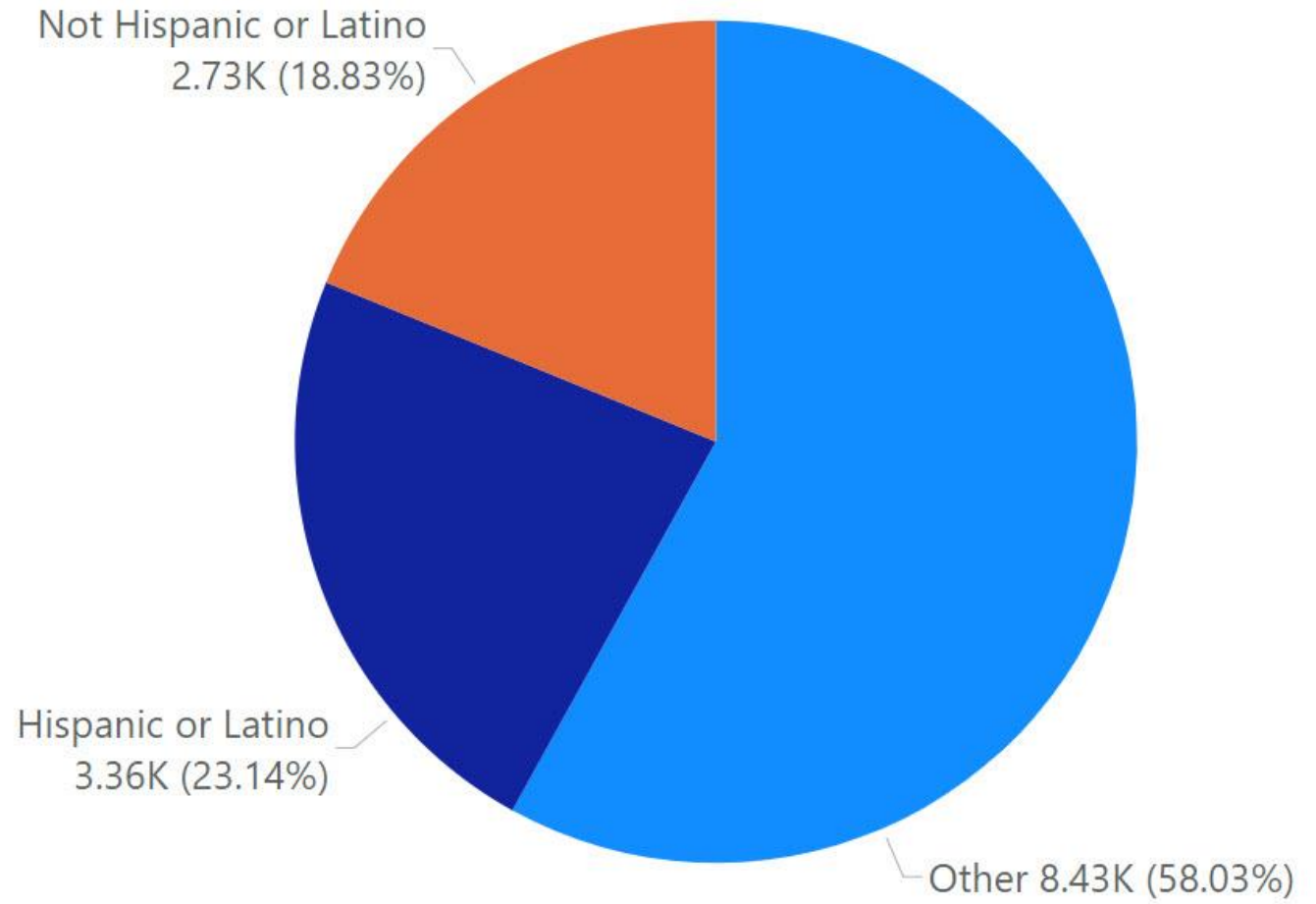


# Race Demographic Analysis

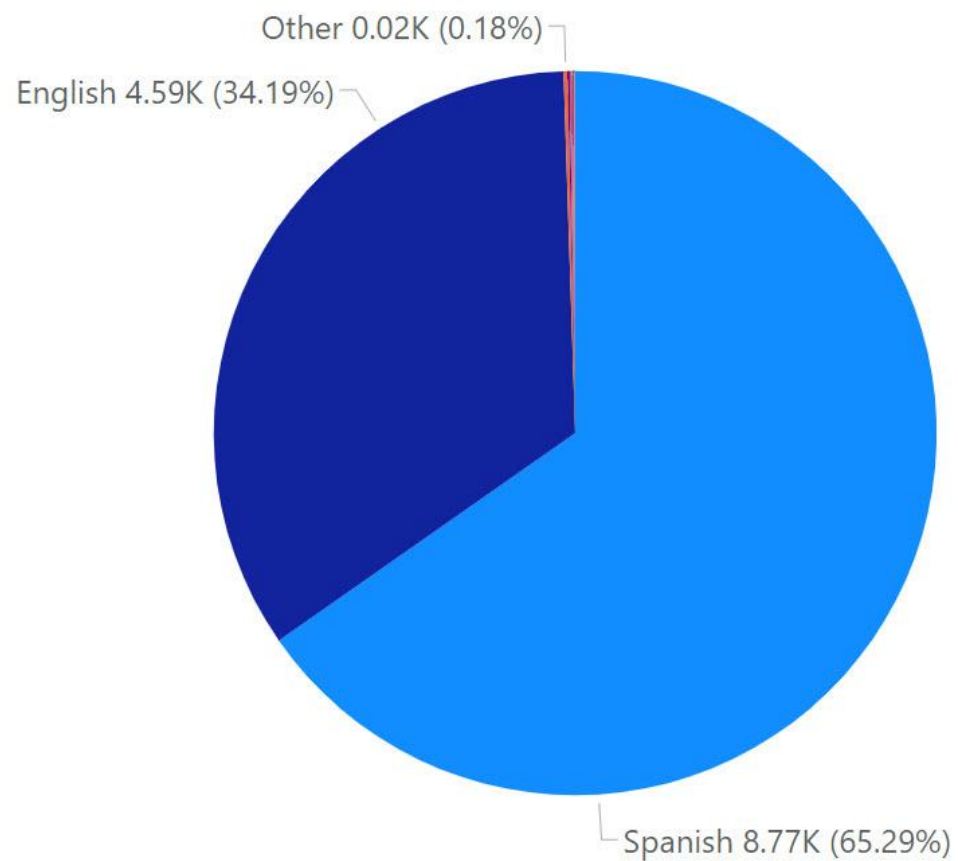




# Ethnicity Demographic Analysis



# Language Demographic Analysis

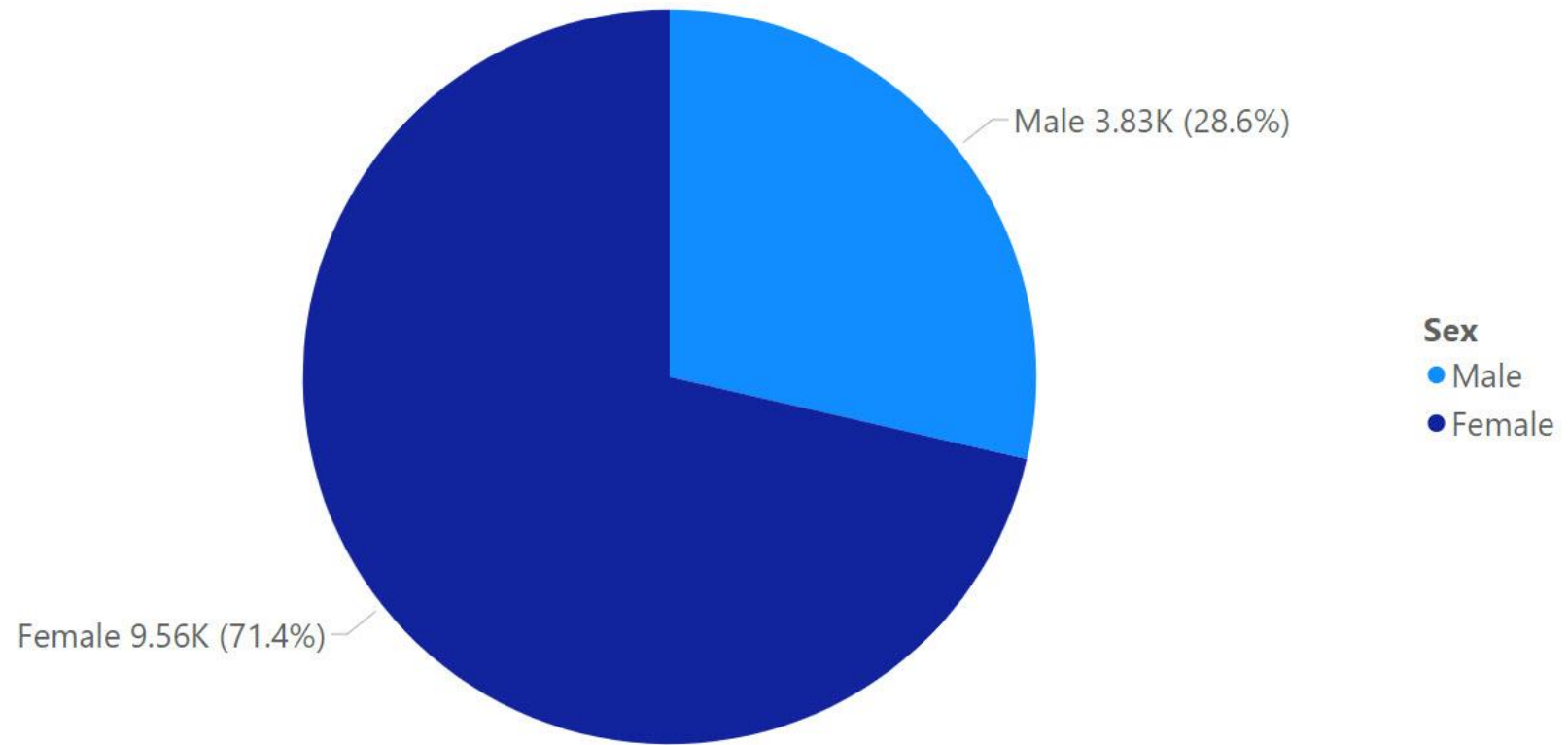


## Pref Language (groups)

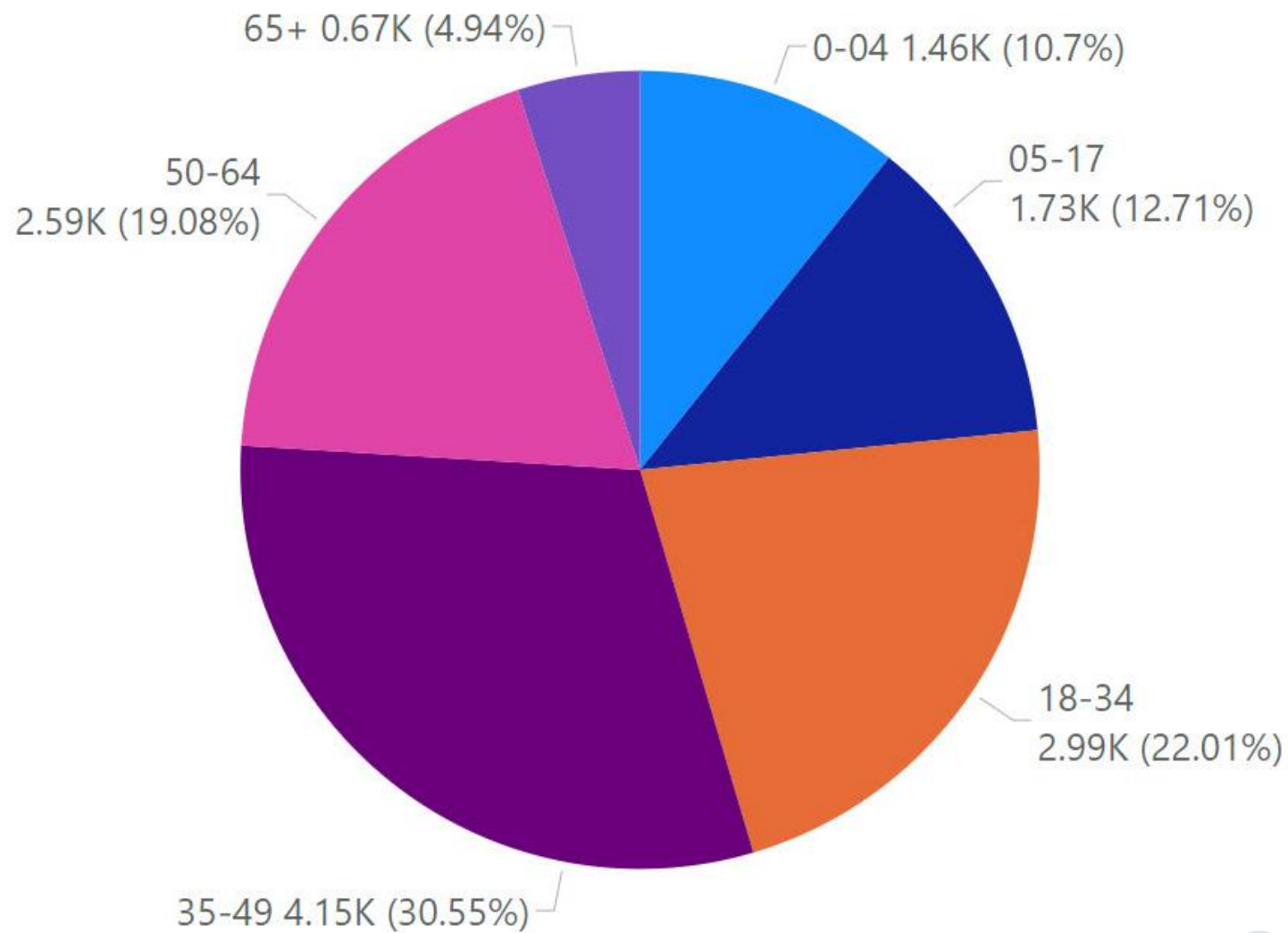
- Spanish
- English
- Other
- French
- Arabic
- Italian
- Declined to specify
- Vietnamese
- American Sign
- Chinese
- Japanese
- Hebrew
- Nepali
- Polish
- Somali
- Swahili
- Thai

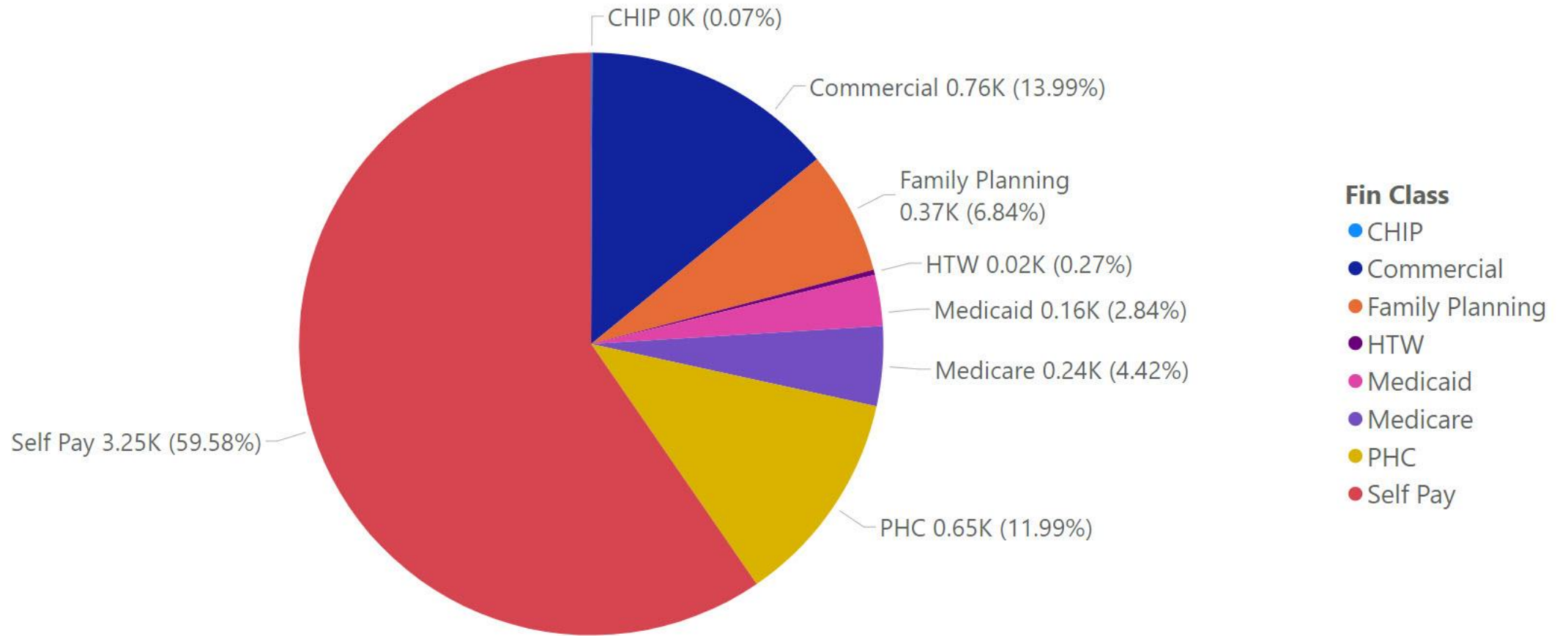


# Sex Demographic Analysis



# Age Group Demographics



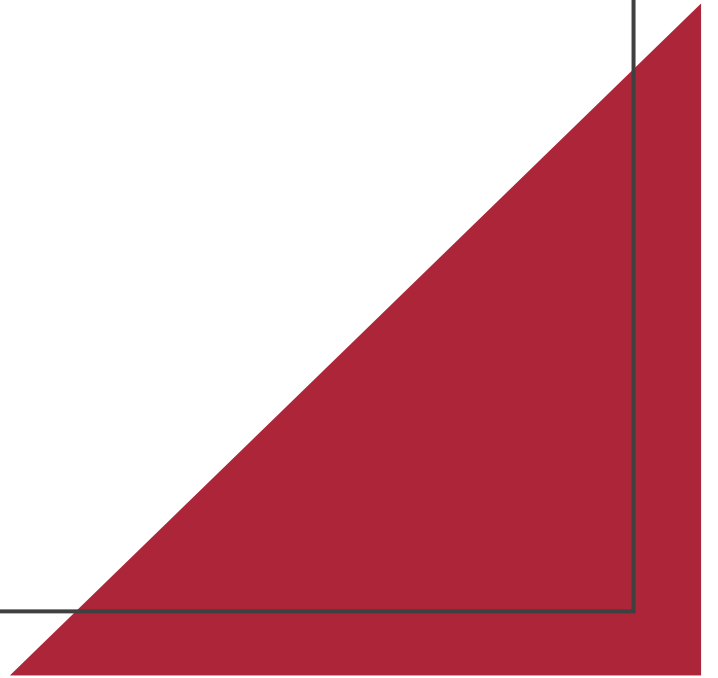


# Financial Classes





# Barriers & Challenges



# Barriers & Challenges

Insurance  
status

Patient  
reluctance

SDOH

Follow through  
with test  
completion



# Innovations & Best Practices



# Innovations & Best Practices

## Cultivating Key Partnerships

- Moncrief
- ACS
- Lab Corp

## Systems Change

- Raising Awareness
  - Patient education materials in waiting areas and patient rooms
- Provider/MA Pre-planning Huddles
- Recall & Reminders for patient engagement
  - FIT testing referral letters with QR code/website link to FIT test collection instruction video
- Quality Assurance
  - CRC Incorporated into provider score card & peer review

## Implementing Text Message Campaign

- Video link to FIT test collection instructions
- Quarterly ACS educational texts with video links

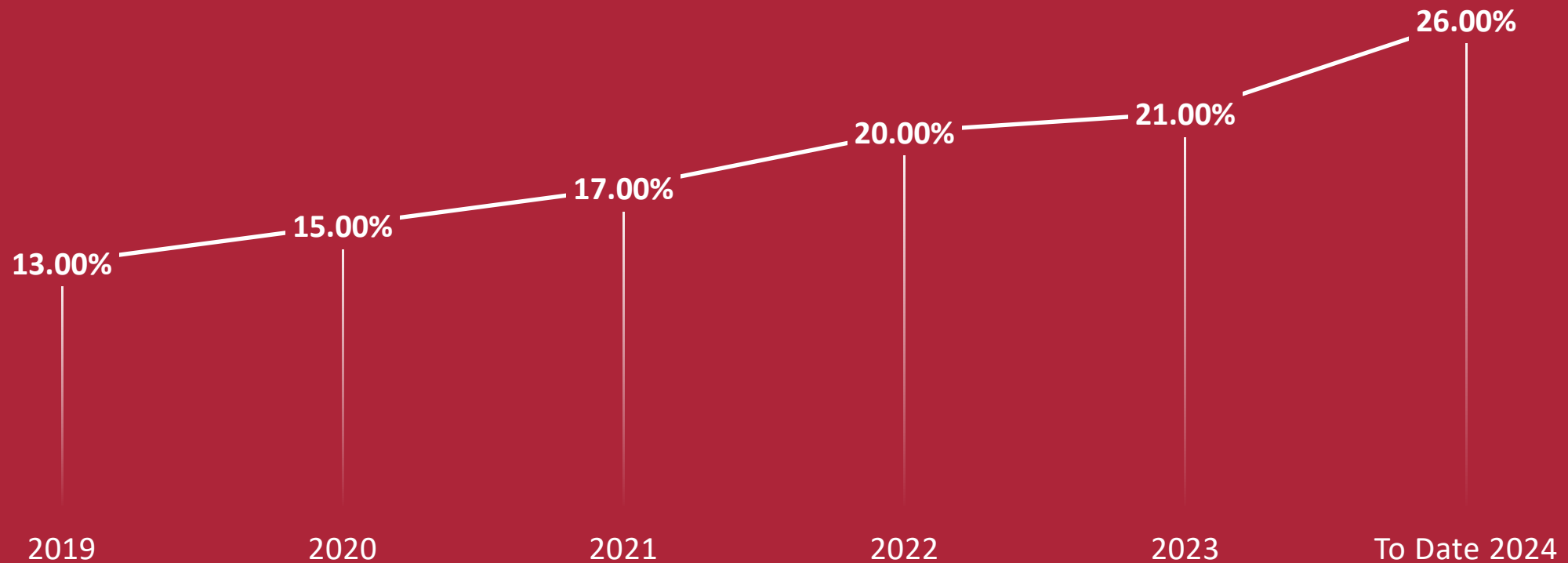
## Community Outreach

- Distribution of patient education flyers



# Colorectal Cancer Screening at NTACHC Yearly Growth Data

YEARLY GROWTH OF COLORECTAL CANCER SCREENINGS

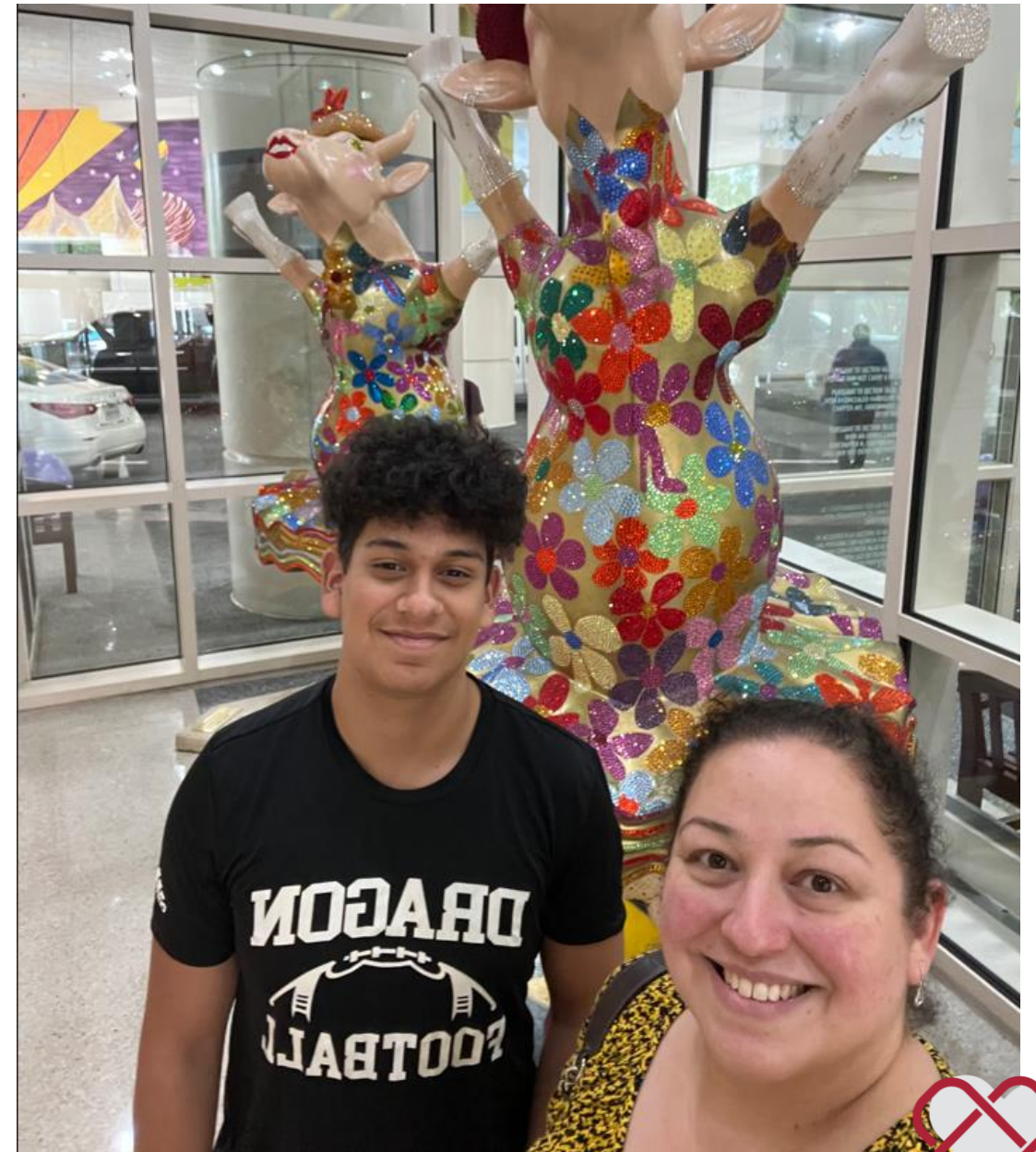




# Lessons Learned



Dedicated to my  
son, Christian.





north texas area  
community health centers

Your Health. Your Wellness. Our Priority.

**THANK YOU!**



**Enhancing Data Documentation of Abnormal Results in Cancer Screening**



Michelle Tropper, MPH  
Trudy Wright, BSN, RN  
Hope Ramsay, MPH  
Inna Scurtu, BS



**RESULTS:**

By mapping out the workflows they use to recommend and follow-up on breast and colorectal cancer screenings, one of the health centers discovered that they were inadequately documenting abnormal breast and colorectal cancer screening test results in their EHR. Some of the issues they discovered through the assessment process **were limited social history structured data in the patients' charts, poor data quality and an absence of appropriate existing abnormal screening results data.** The health centers designed iterative improvement cycles of change to test alternate methods of capturing these abnormal cancer screening test results within structured data in patients' charts. The quality improvement initiatives they're planning include **training for providers on documenting abnormal screening results in the EHR.** They will also use **motivational interviewing techniques to follow-up with patients to schedule appointments after receiving an abnormal screening test result.**

**CONCLUSION/DISCUSSION**

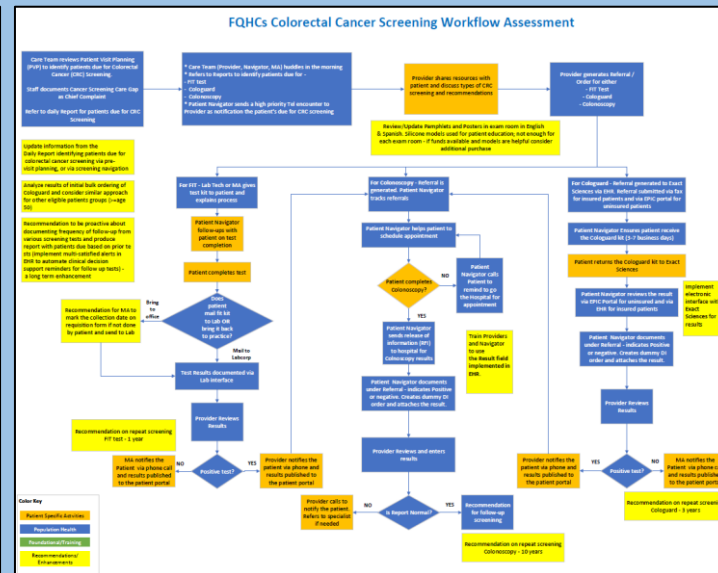
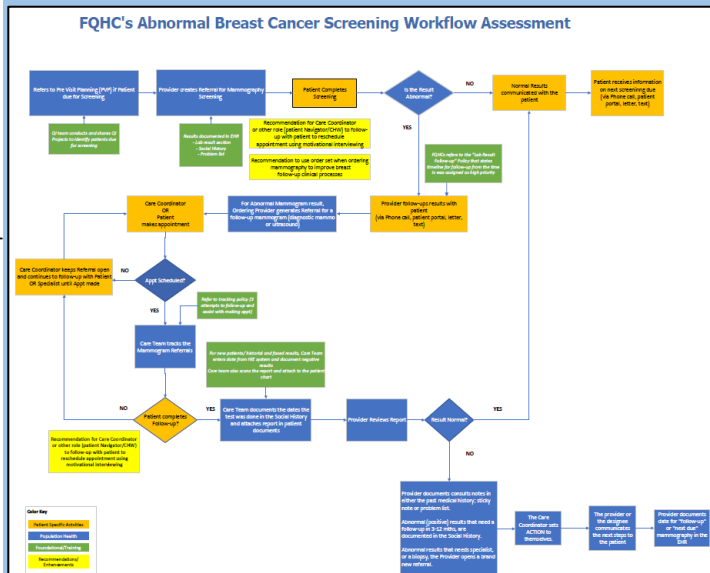
The data assessments highlighted the need for FQHCs to enhance the documentation of abnormal results in breast and colorectal cancer screening within their EHR systems.

**ACKNOWLEDGEMENTS:**

Smita Ghan, MHA, HealthEfficient  
Senkuta Riverson, MPH, DC Health  
Funded by Centers for Disease Control & Prevention

By implementing standardized documentation protocols, providing targeted provider and clinical staff training, and leveraging technology-driven solutions, we can improve the accuracy and timeliness of documenting abnormal findings, ultimately enhancing patients' follow-up and the quality of cancer screening programs. HealthEfficient and DCPCA made the following recommendations to the health centers as a result of assessing clinical workflows:

- 1) Enhance provider and health information management service training on documenting breast and colorectal Cancer Screening in the EHR;
- 2) Standardize documentation protocols; and
- 3) Implement quality improvement Initiatives to promote cancer screenings throughout the year, and not just during a specified awareness month, to ensure patients receive timely access to cancer screenings.



**BACKGROUND**

HealthEfficient and The District of Columbia Primary Care Association (DCPCA) collaborated on a quality improvement initiative with five Federally Qualified Health Centers (FQHCs) in Washington, DC as part of the DC Department of Health's Colorectal Cancer Control Program. **This project aims to enhance colorectal cancer and breast cancer screenings, with a particular focus on follow-up testing in primary care clinics and health systems serving high-need populations.**

**METHODS:**

HealthEfficient and DCPCA conducted in-depth clinical workflow data assessments with five FQHCs to increase cancer screening rates in DC primary care clinics which included:

- Focusing on increased use of **evidence-based interventions** as recommended by the US Preventive Services Task Force.
- Evaluating **current documentation of breast and colorectal cancer screening data** in FQHCs' electronic health record systems (EHRs).
- Using the **Clinical Decision Support for Quality Improvement (CDS-QI) Worksheet** from the Agency for Health Care Research and Quality (AHRQ) and TMIT Consulting to:
  - Identify **gaps in care**
  - Enhance health centers' **clinical workflows** for better **documentation of cancer screening results**
  - **Improve** follow-up procedures for abnormal test results through **completion** of the cancer screening process
- **Data collection methods included:**
  - Virtual interviews
  - Evaluation of EHRs
  - Analysis of current documentation methods
  - One-on-one technical assistance with health centers



**Thank You**