

Community Health Center Task Group Report



Agenda

- -Welcome & Introductions
- -Progress of the Task Group (Durado/Jim)
- -Discussion/Q&A
- -Gaps/remaining needs
- -Opportunities for NCCRT
- -Next Steps



Task Group Chair

• 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.

Polorectal

Break Out Attendees

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Task Group Themes

- Improving Links of Care between CHCs and specialty providers and hospitals
- Paying for screening navigation
- Improving EHR use to support screening
- Dissemination of tools and resources



FY16 Accomplishments:

- Continued support for Links of Care Pilots in three sites
 - Quarterly reporting and formal evaluation underway
- Reconvened medical professional societies and other partners to review pilot progress and determine next steps
- Finalizing new tool on How to Pay for Screening Navigation
- Hosted webinar on eCW CRC Best Practices Guide (downloaded over 2,500 times; eCW receptive to recommended enhancements)
- Launched development of NextGen Best Practices Guide for CRC screening
- Supported Colorado Project ECHO on CRC Screening
- Acceleration in UDS CRC screening rates



FY17 Project Plan

- 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)



Key Points of Discussion:

- We can't get to 80% by 2018 without CHCs
- Links of Care: we need hospital, endoscopy partners
- EHR systems can be hard to use for CRC screening
- How can HRSA:
 - Push CHCs to be more accountable for their CRC UDS measure? At least make the goal more visible?
 - Help CHCs become part of an ACO, APM, or other integrated system
- HRSA: Pays for CHC's PCMH application; PCMH CHCs have higher CRC screening rates
- CDC, NCI, and ACS committed to more state forums.



CHC gaps/needs:

- Provider education: still some resistance to FIT option among some providers, with colonoscopy-only mindset
- How to use various EHR systems for CRC screening (beyond eClinical and NextGen, perhaps include EPIC)
- CHCs need help with cost modeling when negotiating with endoscopists.



Opportunities/FY18 NCCRT projects:

- Build on increased support from professional associations.
- Expand Links of Care.
 - Develop guidebook/curriculum.
 - Involve state roundtables, maybe free clinics too.
- Develop additional EHR guide(s). (EPIC?)
- Disseminate the "how to pay for navigation" toolkit.
- Support expansion of CRC learning collaboratives (such as ones ACS supported in New England and WV), also Project ECHO, for dissemination.



Immediate Next Steps:

- Find out specifics of what EPIC is offering to FQHCs; look for opportunity to partner for CRC screening.
- Ron Yee agreed to look into whether NACHC can effectively pressure or require EHR vendors to address a minimum set of needs related to UDS in CHC contracts.
- Explore possible dissemination or replication of the NY C5's colonoscopy navigation guidebook.
- Share the Oregon policy language on colonoscopy as a prevention service following positive FIT.



Parking lot issues:

- Invite free clinics too? For example, expansion of Links of Care, join NCCRT
- What about using the EHR the VA uses?



Reminders

- ACS staff role:
 - Ensure slides are ready to go (should be on computer and back up flash drive).
 - Run and get help in case of IT trouble!
 - Circulate and collect sign in sheet (To be handed out at prep meeting)
 - Use sign in sheet to update slide 4
 - Take good notes.
 - Work with chairs to finalize report slides
- Final report due to Mary by Friday, December 2nd
- Final report will be shared on December 14th NCCRT Steering Committee call 1:30pm EST