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ANN WALSH HAS INDICATED SHE HAD NO RELEVANT FINANCIAL RELATIONSHIPS WITHIN THE PAST 12 MONTHS.



Reducing Structural Barriers to Breast, Cervical and Colorectal Cancer Screening in Community Health Centers

Dialogue for Action

March 22, 2013

Ann Walsh

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Center for Cancer Prevention and Control**

**Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration**



MISSION AND VISION

MISSION

- The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

- The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.



Project Purpose

- To implement quality improvement projects to increase breast, cervical and colorectal cancer screening rates among age eligible patients by reducing clinical and structural barriers.
- Engage new partners and fund activities that increase cancer screening rates without funding the screening provision.



Project Structure

- 3 FQHC clinics, 1 CHC clinic
- 18 month grants:
 - Patient Navigation (5 navigators)
 - Quality improvement and clinical flow modifications (Plan, Do, Study, Act)
 - Six month data and narrative reporting
 - EMR forms and data entry changes
- Spread to a second clinic location within their FQHC/CHC system in second round of funding



Project Structure

- Funded Sites Activities:
 - Implement Small Studies of Change to clinical flows following the Plan Do Study Act model
 - Upgrade EMR data collection and reporting mechanisms to better capture screening status
 - Implement Patient Navigation (screening through treatment)



Project Structure

- Technical Assistance and training based on needs analysis of each funded site
 - Patient Navigation
 - EMR use
 - Plan Do Study Act



Measuring Success

157 measures across 8 areas

- Demographics
- Screening Tracking Systems
- Mammography Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Notification of Results
- Completion of Follow-up Care
- Patient Navigation



Measuring Success

January 1, 2011 through June 30, 2012

- 14,629 age eligible patients seen
 - 5,980 women ages 40-49
 - 5,319 women ages 50-64
 - 3,330 men ages 50-64
- 3,153 women referred for breast cancer screening
- 1,548 women referred for cervical cancer screening
- 1,384 men and women referred for CRC screening (Col and FIT/FOBT)



Measuring Success

January 1, 2011 through June 30, 2012

- 2 FTE Patient Navigators Hired per funded site
- 2,190 patients navigated for cancer screening
- 13,190 patient navigation activities conducted



Qualitative Findings

- 6 formal organizational policy changes adopted (1 FQHC, 1 CHC)
- 48 EMR data systems and tracking changes made across 3 EMR systems
- *51 clinical flow process improvements implemented*
- *80 staff impacted with revised work flows*



Structural Barriers

- Example structural and clinical barriers addressed include:
 - Reducing time from referral to appointment
 - Coordinating intake from a local BCCEDP program at the community health center (filling out paperwork and making appointments on site instead of just referring to the program)
 - Placing FIT cards in standardized exam room location



Challenges & Successes

- Challenge: Burdensome qualitative and quantitative data collection
- Challenge: Institutionalizing the Quality Improvements and new EMR functions (ongoing process that impacts data)
- Success: Dedication and commitment of clinic organizations to improve cancer screening and tracking
- Success: Fully integrating Patient Navigation into the cancer screening process



Project Continuation

- 2 FQHCs and 1 CHC funded for FY13
 - Reduced funding
 - Focusing more on implementation and monitoring
 - Majority of EMR and clinical flow changes completed in FY12
 - Identifying areas for spread
 - Other clinics
 - Other medical conditions (diabetes, etc.)



Maryland Prevention and Health Promotion Administration

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