Improving Links to Care Connecting FQHCs to the Medical Neighborhood

Case Study: Colorectal Cancer Screenings

Dialogue for Action 3/20/14

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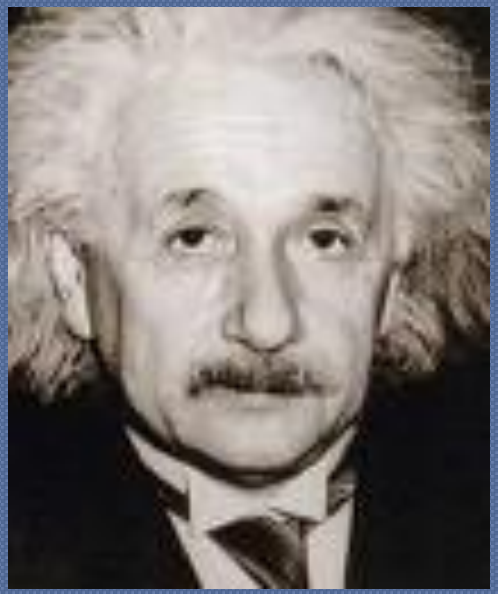
NCCRT Community Health Center Taskgroup

National Colorectal Cancer Roundtable Community Health Center Task Group

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. GOAL: DISPARITY ERADICATION !

Special Theory of Relativity #2



$$E^T = mc^2$$

Endoscopy (timely) = My Colon Cancer Control and Cure

How Health Disparities Develop

- Health Disparities develop when transforming technology like - E^T Timely Endoscopy…

  is not evenly distributed to all populations

- How much would the burden of colorectal cancer be reduced if ALL populations reached a screening rate over 80%?...NCCRT goal 80% by 2018!

Disparity Eradication Disease/ Mitigation Colorectal Cancer

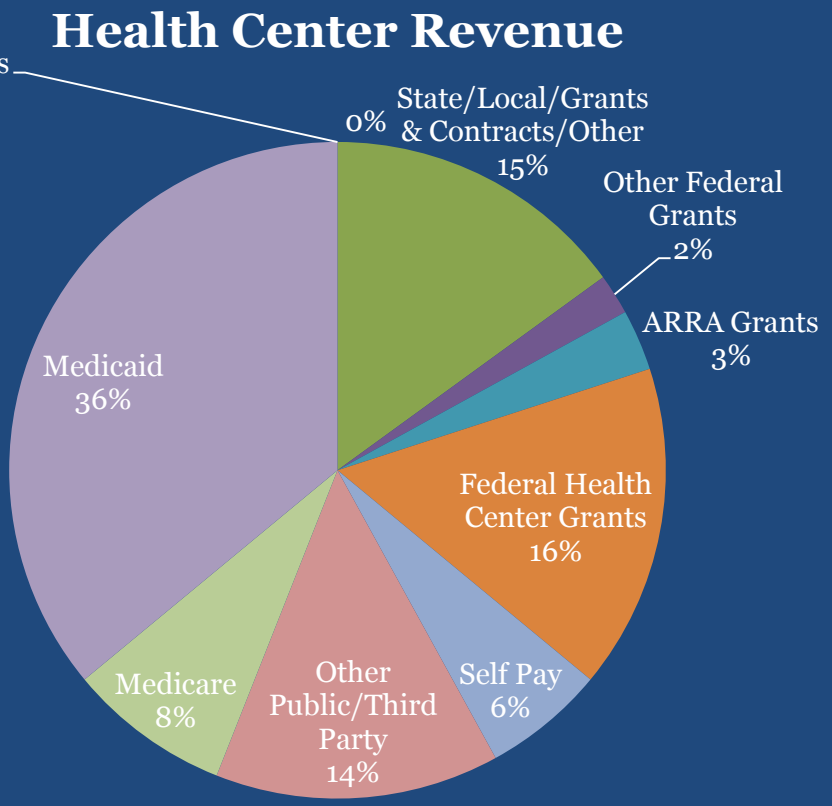
- Burden of disease in US :
  #8 Deaths 50,312
  #10 Years of life lost 1,074,000
  "Measuring the Global Burden of Disease" NEJM 8/1/2013
- If the world can eradicate small pox, reduce Guinea Worm from 3.5 million in 1986 to 89 in 2012 and reduce endemic malaria to only 2 countries in the Americas what is missing with CRC?... a CAMPAIGN plan
- "The unique power of eradication CAMPAIGNS derives from their supreme clarity of purpose...and their unparalleled ability to inspire..start early in the most heavily effected areas..." Donald Hopkins "Disease Eradication" NEJM 1/3/2013 pp 54-63

Why Start A CRC Campaign with Community Health Centers?

- CHCs care for the “heavily affected” populations - key strategy for disparity eradication
- ACA has rapidly expanded the # of CHCs
- ACA has caused rapid transformation of CHCs into PCMHs with strong need to show value for the populations served
- CRC screening is a key quality/value indicator that MUST be reported in UDS

Health Center Program Overview - Calendar Year 2012

- 92.5 % At or Below 200% Poverty
- 36% Uninsured
- 62% Racial/Ethnic Minorities
- Over 1.1 Million Homeless Individuals
- 903,000 Migrant/Seasonal Farm Workers

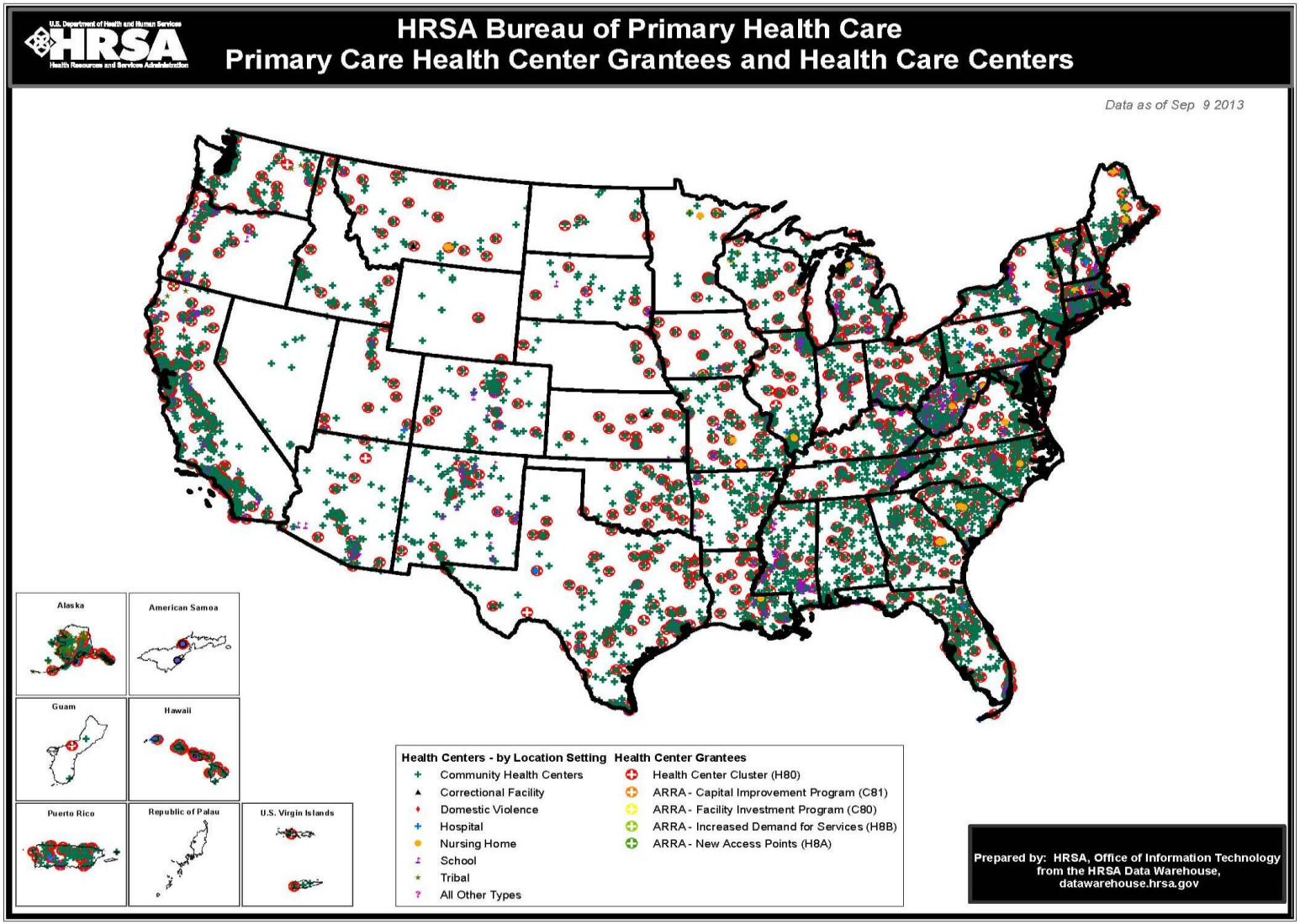


Source: Uniform Data System, 2012

Health Centers Today

- 21.1 million patients
  - 40% Medicaid
  - 36% Uninsured, 17.5% children uninsured
  - 1 in 9 rural Americans (8.3 M)
  - 1 in 4 low income minority (5.7 M)
- Approximately 1200 organizations with 8,900 sites

Health Center Program National Presence



CHC Summit convened by NACHC and NCCRT

Experts gathered in Washington D.C. on Sept. 16, 2013 representing:

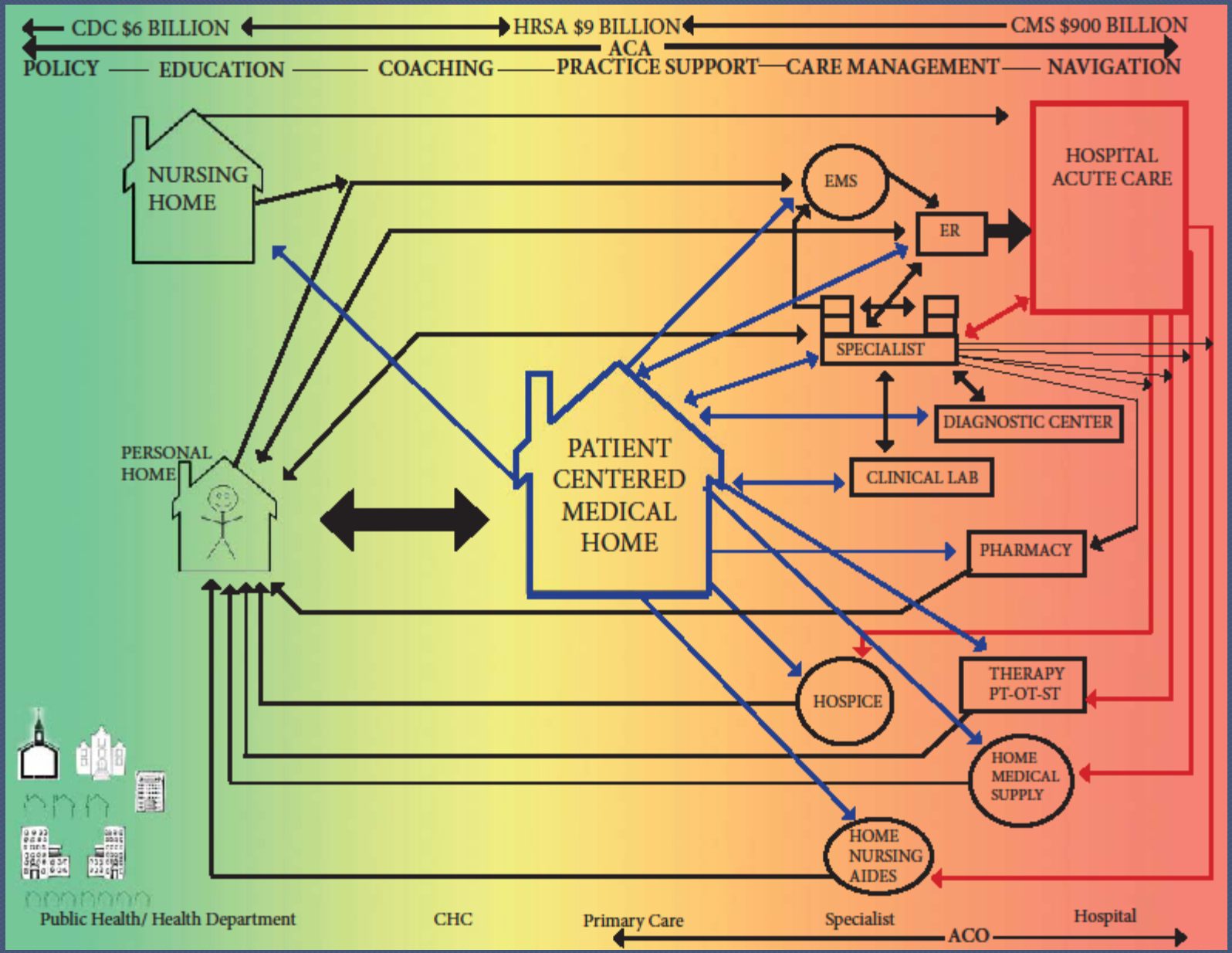
CHC clinicians , national societies representing- anesthesia, GI (3), pathology, clinical oncology, endoscopic surgeons and ambulatory surgery centers

OASH	HRSA
CDC	ASC CAN
ACS	AHA

Commission on Cancer

SEPT 16 SUMMIT CONCULSIONS

- 1) Barriers- cost, care coordination challenge through a complex Medical Neighborhood
- 2) High Performing Systems- neutral convener, shared burden, navigations and other good processes that help ensure good partnership, access through continuum of care,, resource sharing,
- 3) Organizational Commitment- shared vision board of directors and providers, business case backed by volume projections, shared burden
- 4) Need for pilots- “how to guide” for pilots
- National and state societies to recruit partners for pilots


CDC $6 BILLION
HRSA $9 BILLION
CMS $900 BILLION
ACA
POLICY
EDUCATION
COACHING
PRACTICE SUPPORT
CARE MANAGEMENT
NAVIGATION
NURSING HOME
EMS
HOSPITAL ACUTE CARE
ER
SPECIALIST
DIAGNOSTIC CENTER
PERSONAL HOME
PATIENT CENTERED MEDICAL HOME
CLINICAL LAB
PHARMACY
HOSPICE
THERAPY PT-OT-ST
HOME MEDICAL SUPPLY
HOME NURSING AIDES
Public Health/ Health Department
CHC
Primary Care
Specialist
Hospital
ACO

Next Steps: Improving Links to Care

- 1) Organizational Involvement- statement of principles, promotion by national organizations, goal clarification, concrete plan development, pilot site selection
- 2) Materials and Data- Tool kits for pilot sites, communication strategies, distribute existing NCCRT tools to chcs, collect data
- 3) Advocacy Efforts- pay for navigation, incorporate in hospital community benefit strategy, resources for large scale implementation of successful pilots

- Proposed Commitment Statement

- Our organization stands united in the belief that we can eliminate colorectal cancer as a major public health problem…
- Screening technologies work….We share a commitment to eliminate disparities…our organization will work to empower… community health centers…

PILOT PROPOSALS

Task	Date
Involvement of professional societies is formalized	January to June 2014
Request for Applications is released	March 3, 2014
Applications are due	May 9, 2014
Application review process is complete	May 23, 2014
Applicants are advised of funding status	May 26, 2014
Collaborative agreements are due Projects begin	June 6, 2014
Community Assessment Process	June – September 2014
Community Launch Meetings	September 2014– January 2015
Implementation	January 2015 – December 2015

CA CANCER J CLIN 2013;00:000-000

Strategies for Expanding Colorectal Cancer Screening at Community Health Centers

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Community health centers are uniquely positioned to address disparities in colorectal cancer (CRC) screening as they have addressed other disparities. In 2012, the federal Health Resources and Services Administration, which is the funding agency for the health center program, added a requirement that health centers report CRC screening rates as a standard performance measure. These annually reported, publically available data are a major strategic opportunity to improve screening rates for CRC. The Patient Protection and Affordable Care Act enacted provisions to expand the capacity of the federal health center program. The recent report of the Institute of Medicine on integrating public health and primary care included an entire section devoted to CRC screening as a target for joint work. These developments make this the ideal time to integrate lifesaving CRC screening into the preventive care already offered by health centers. This article offers 5 strategies that address the challenges health centers face in increasing CRC screening rates. The first 2 strategies focus on improving the processes of primary care. The third emphasizes working productively with other medical providers and institutions. The fourth strategy is about aligning leadership. The final strategy is focused on using tools that have been derived from models that work. CA Cancer J Clin 2013;000:000-000. ©2013 American Cancer Society, Inc.

Keywords: colorectal cancer screening, community health centers, strategies or strategic planning, public health, quality/quality improvement, Patient Centered Medical Home

Goal 80% CRC Screening in CHCs

"We can try with a little help from our friends"

"We will get by 80% with a little help from our friends"

Thank You