

# Evaluating a Quality Improvement Collaborative for Increasing Colorectal Cancer Screening Capacity in Community Health Centers

Molly Black<sup>1</sup>, Catherine Rohweder<sup>2</sup>, Heather Dolinger<sup>1</sup>, Mary Wangen<sup>2</sup>, Marti Wolf<sup>3</sup>, Carey O'Reilly<sup>3</sup>, Jennifer Leeman<sup>4</sup>

## Objective

To evaluate a quality improvement (QI) collaborative designed to encourage Federally Qualified Health Centers' (FQHC) use of QI methods to build:

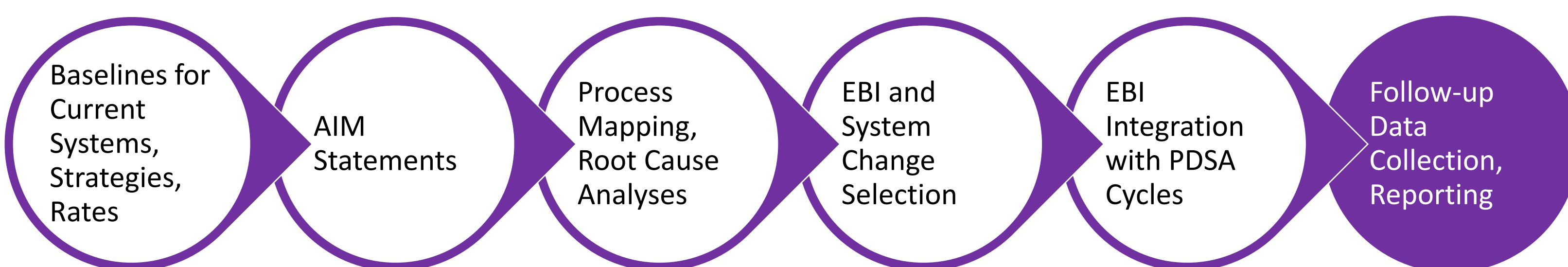
1) intervention-specific capacity to implement evidence-based colorectal cancer (CRC) screening interventions, and

2) general capacity to implement and sustain other interventions.

## The Collaborative

In a partnership with the American Cancer Society and the NC Community Health Center Association the QI collaborative provides FQHCs with:

- In-person training on Institute for Healthcare Improvement QI processes: AIM statements, current/future process maps, root cause analysis, Plan-Do-Study-Act cycles
- Virtual meetings to learn with and from FQHC peers
- Tools such as reminder scripts/postcards and patient/provider education materials to maximize sustainability
- Data support via data entry mapping and EHR troubleshooting
- Individual technical assistance delivered both on-site and virtually



## Methods

Starting January 2018, 3 members from 9 FQHCs (N=27) are participating in face-to-face meetings and monthly calls as part of the collaborative. We are assessing changes in implementation of CRC screening interventions and rates at baseline and twelve months. We maintain a log of team participation in meetings and phone calls. Monthly surveys assess screening rates and barriers and facilitators to implementing improvements. To assess general capacity, we are conducting content analysis of teams' completed QI tools (e.g., process maps, PDSA cycles).

## Findings: Baseline Capacity (n=9)

### Baseline General Capacity

A QI team is in place:

The QI team meets monthly:

### Baseline Intervention-Specific Capacity

Number of FQHCs with the capacity to do the following:

- Provide CRC screening education to patients:
- Generate reports on CRC screening rates:
- Distribute FIT kits to all eligible patients:
- Identify colonoscopy providers for all eligible patients:
- Create reports on patients due for CRC screening:
- Process FIT kits in-house:
- Arrange for reduced-cost colonoscopies:
- Use any provider prompts as screening reminders:
- Alert providers about overdue patients via the EHR:
- Arrange for free colonoscopies:
- Mail CRC screening reminders to patients:
- Make phone call reminders for CRC screening:

= 1 FQHC and all clinic sites

## Findings: 2018 CRC Screening Rates (%)

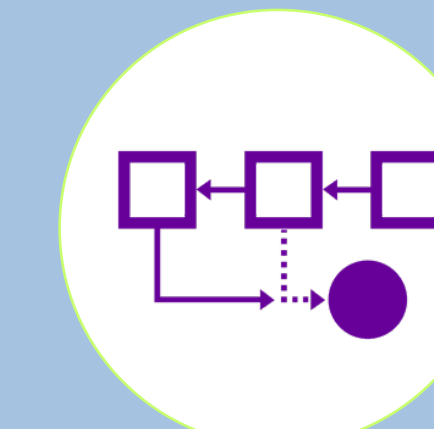
FQHC	2017 UDS	April	May	June	July	Aug	Sept	Oct
A	41.3	-	45.8	-	44.1	45.5	-	-
B	35.7	38.4	38.6	40.8	35.6	42.3	-	-
C	22.9	22.9	22.8	22.5	-	23.7	24.6	25.2
D	12.8	13.5	13.2	-	-	-	-	-
E	26.0	29.5	29.6	29.8	30.3	31.8	31.9	32.4
F	45.0	29.5	46.0	-	-	46.2	45.7	46.1
G	26.0	36.0	37.0	-	-	-	7.4	24.0
H	19.0	-	-	-	-	-	-	-
I	32.0	32.0	46.0	-	-	46.0	44.0	37.1

## Findings: Collaborative Engagement

FQHCs are actively using QI processes.



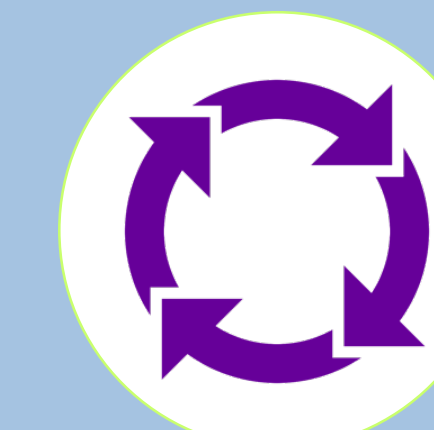
9/9 AIM Statements



8/9 Process Maps

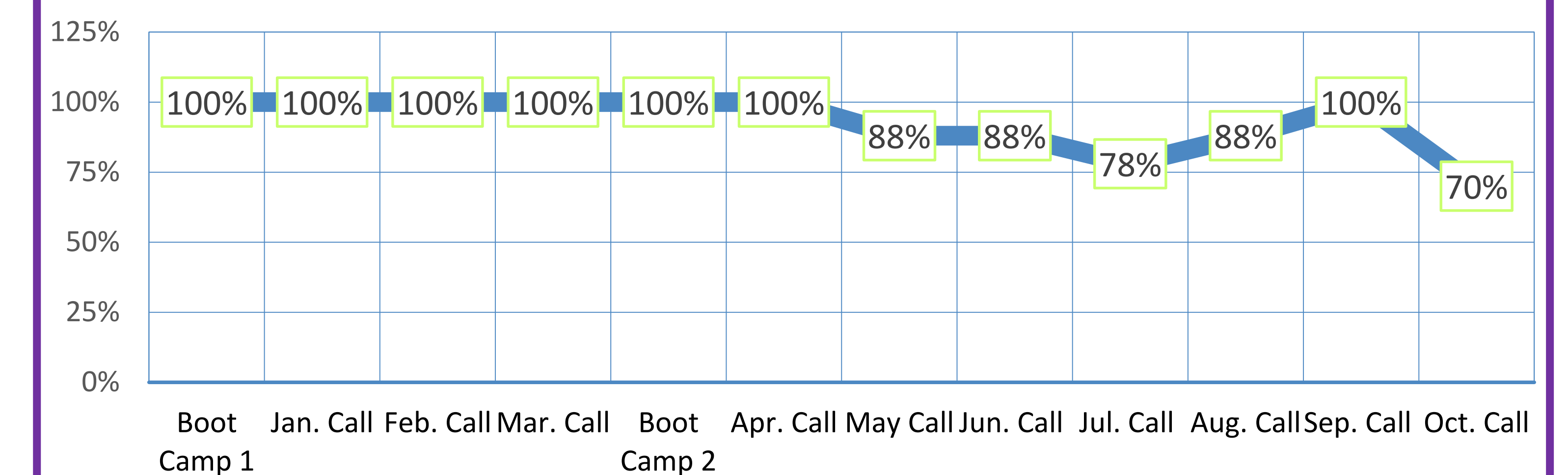


6/9 Gap Analyses



6/9 PDSA Cycles

### FQHC Collaborative Attendance



## Future Monitoring and Evaluation

Content analysis of teams' completed QI tools will be conducted. Comparisons will be made between those FQHCs with higher versus lower general QI capacity in relation to intervention implementation rates and annual CRC screening rates.

## Implications

This study illustrates a mixed-methods approach to measuring intervention-specific capacity and general capacity for implementing evidence-based interventions in FQHCs. Preliminary results indicate that a QI collaborative can increase both types of capacity. Findings from this study can inform delivery and evaluation of QI collaboratives to improve screening and other preventive services.



The Cancer Prevention and Control Research Network is supported by Cooperative Agreement Number 3 U48 DP005017-01S8 from the Centers for Disease Control and Prevention's Prevention Research Centers Program and the National Cancer Institute. The content is solely the responsibility of the authors and does not necessarily represent the official views of the CDC and the NIH.



Author Affiliations: <sup>1</sup>American Cancer Society, <sup>2</sup>University of North Carolina at Chapel Hill, Center for Health Promotion and Disease Prevention, <sup>3</sup>North Carolina Community Health Center Association, <sup>4</sup>University of North Carolina at Chapel Hill, School of Nursing

