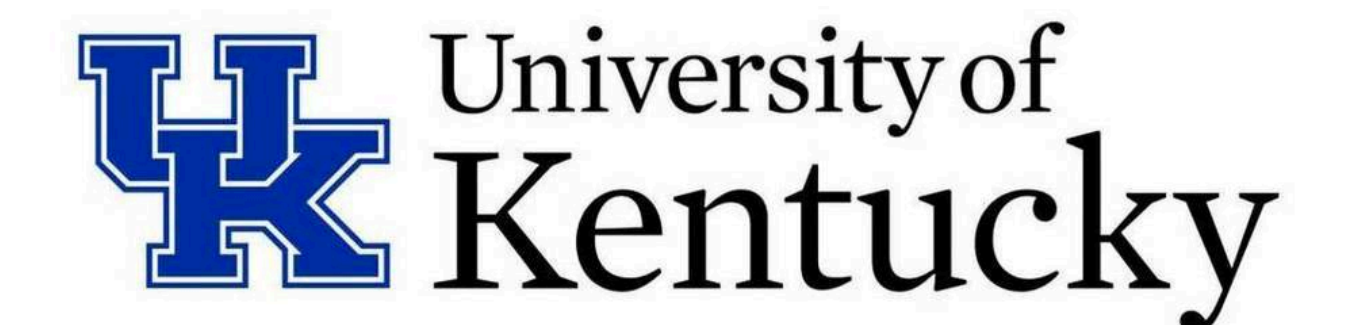


# Closing Preventive Care Gaps through the Adaptation and Implementation of the Proactive Office Encounter Framework in Federally Qualified Health Centers



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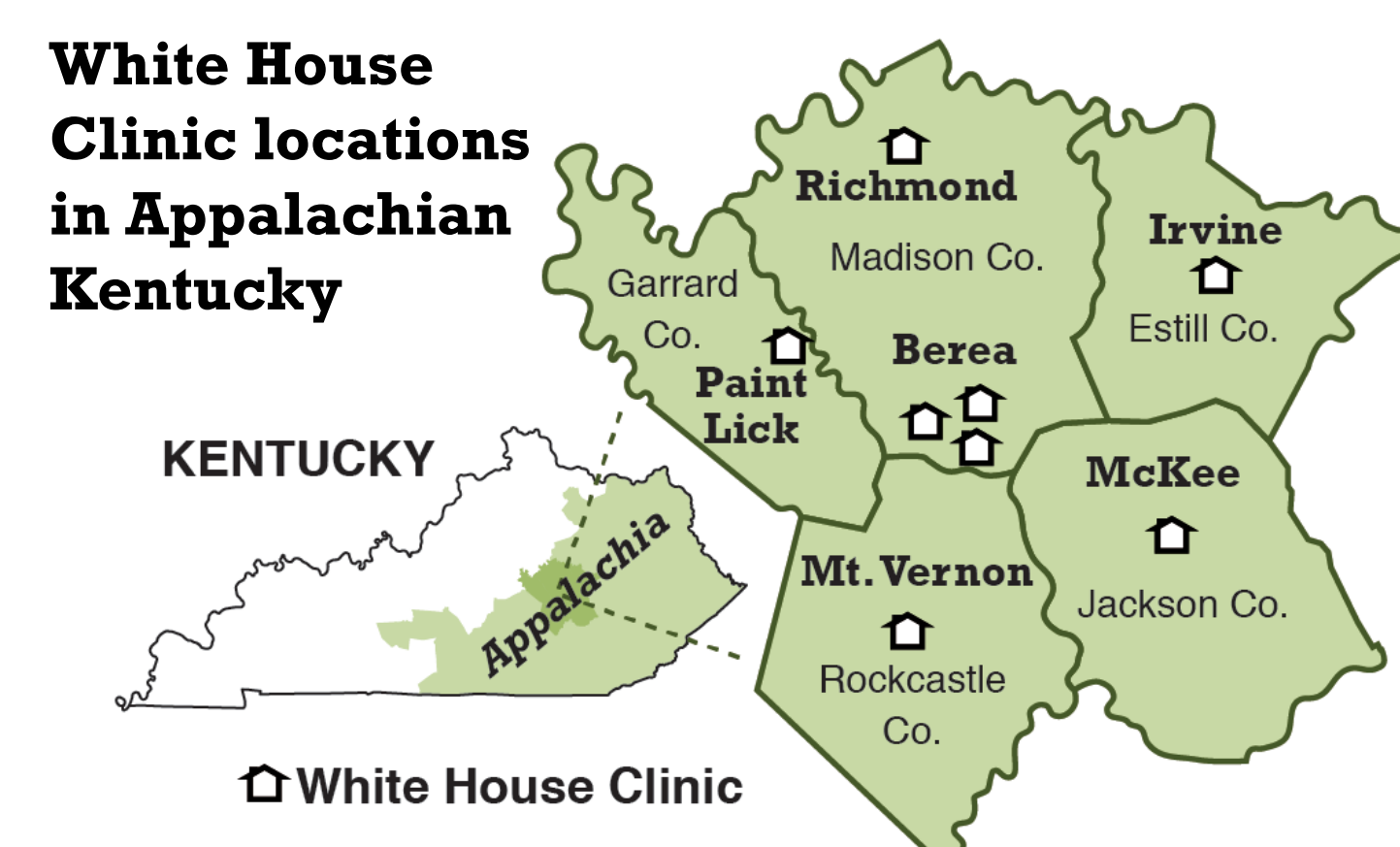
## Background

The Appalachian region of the U.S. – particularly the communities of Eastern Kentucky – is recognized for significant health disparities compared with the rest of the state. Many of its residents are of lower socioeconomic status, experience substantial access to healthcare barriers, and contend with extreme geographic isolation. Appalachian residents also have a higher prevalence of at-risk health behaviors, such as smoking and physical inactivity, and lower cancer screening rates compared with non-Appalachians.

Cancer Screening Rates in Kentucky and U.S., 2014			
Cancer Screening	US (%)	KY (%)	App KY (%)
Blood Stool Test within past 2 years (≥ 50 years old)	12.8	14.6	9.9-22.8
History of Colonoscopy/Sigmoidoscopy (≥ 50 years old)	69.3	69.6	55.9-67.6
Mammography within past 2 years (women ≥ 40 years old)	73	74.5	64.6-74.4
Pap test within past 3 years (women ≥ 18 years old)	75.2	74.7	68.2-75.2

Source: Kentucky BRFSS Survey (2014)

To improve health outcomes in the region, White House Clinics (WHC), an 8-site federally qualified health center in a medically underserved, high-poverty region in Appalachian Kentucky, formed an academic-community partnership with the University of Kentucky (UK) in 2014. The partnership, locally known as ACCESS (Appalachian Center for Cancer Education, Screening, and Support), is dedicated to using existing primary care resources more efficiently to promote quality medical care through the adaptation and implementation of the Proactive Office Encounter (POE) framework. ACCESS involves an interdisciplinary team, including WHC leadership, providers, and staff as well as UK public health researchers and staff.

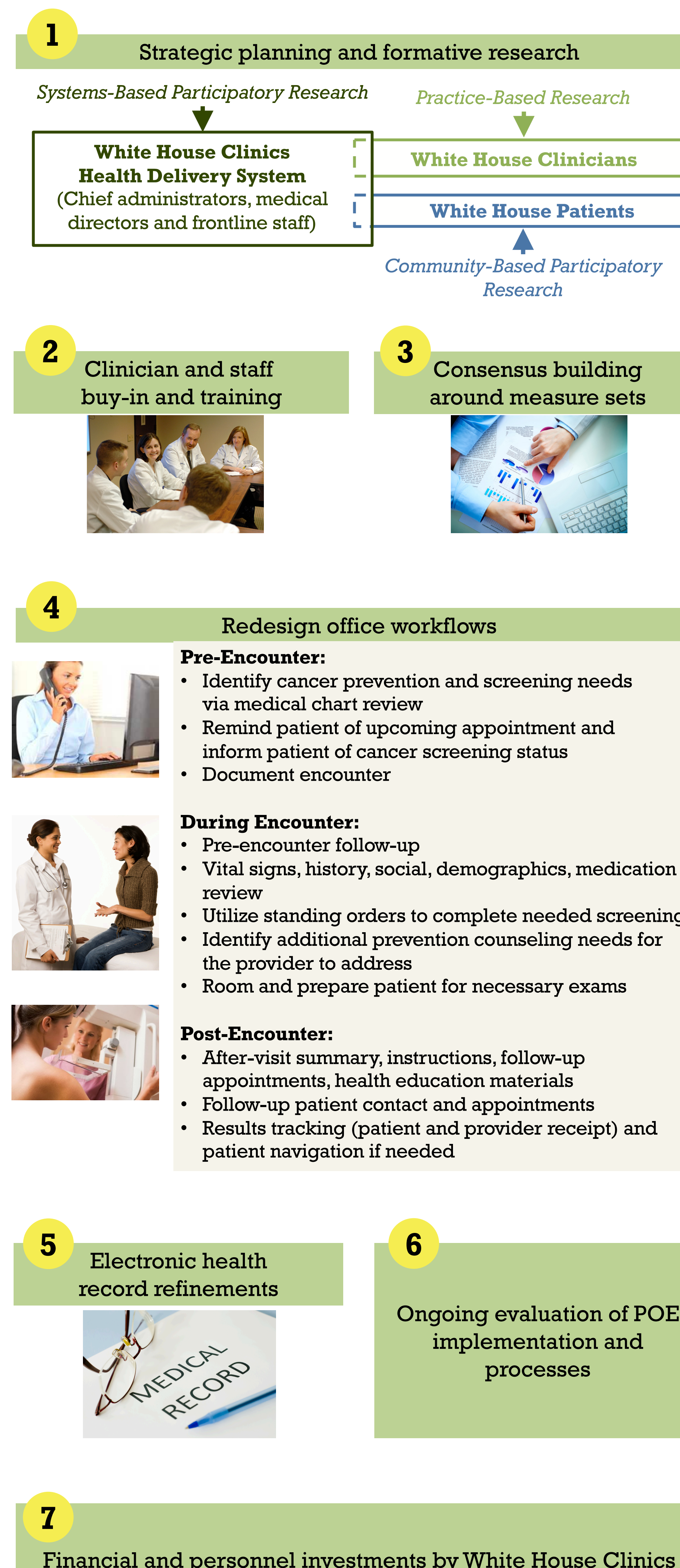


The **Proactive Office Encounter (POE)** was originally developed by Kaiser Permanente Southern California Region to improve population health by emphasizing preventive care for chronic disease. The overall premise is to provide an individually tailored, evidence-based disease preventive protocol for each patient interacting with the healthcare system from pre-encounter to post-encounter. The ACCESS team adapted this model to increase compliance with cancer screenings, immunizations, and HIV and HCV screening.



## Methods

Prior to implementation, routine strategic planning meetings were held to provide support for a sustainable POE framework; this process began in 2014. Support included planning for an in-depth process evaluation, involving a retroactive timeline analysis, 6-month data snapshot, and interviews with WHC administrators, providers, staff, and patients. Furthermore, technical assistance was provided on staff training and use of Quality Improvement (QI) tools to standardize the POE process at WHC. In 2015, POE was implemented at four WHC clinical sites. The steps involved in implementing the POE framework at WHC are detailed below.



## Preliminary Findings

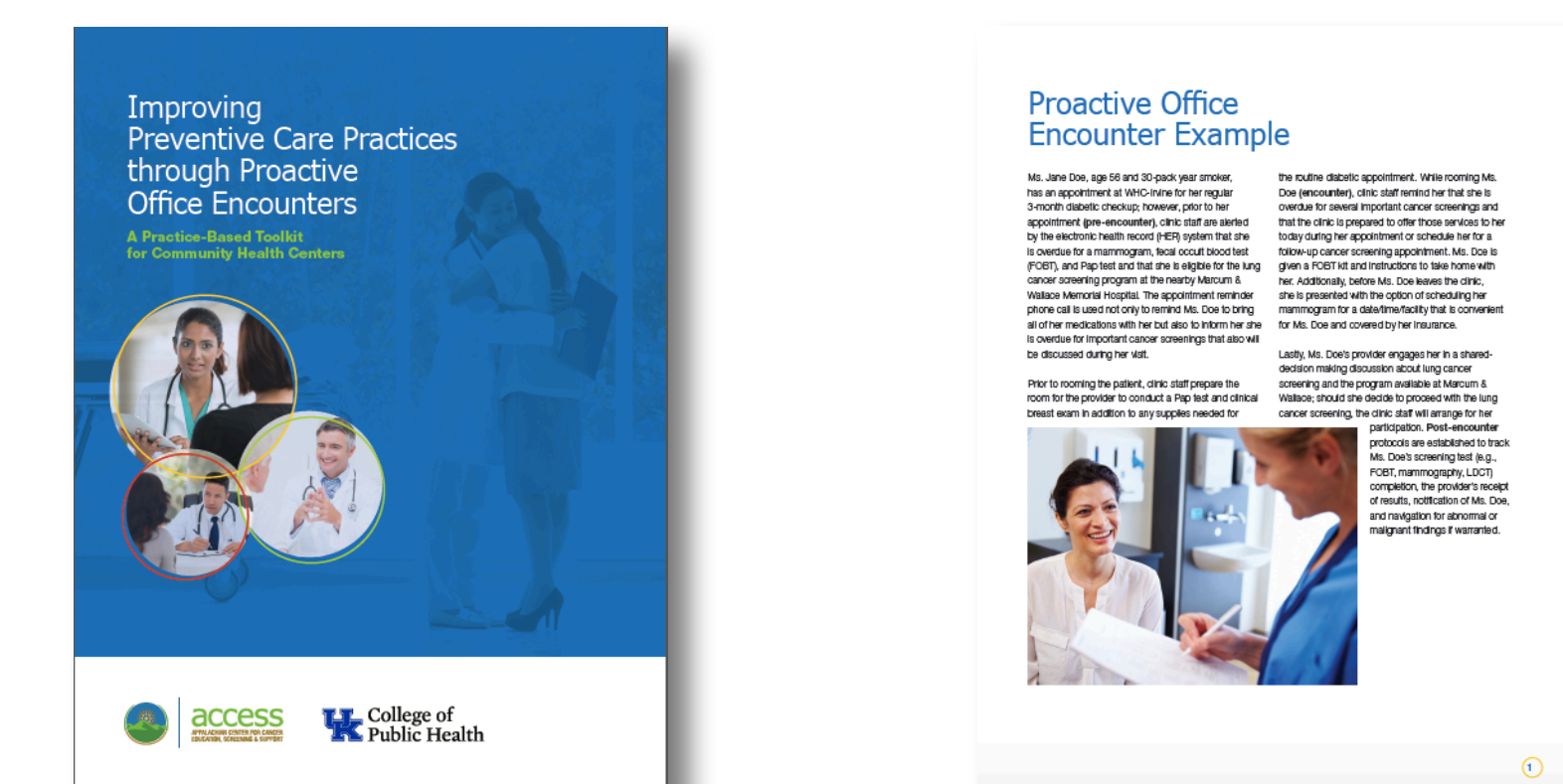
In 2015, 34% of WHC patients (n=10,372) were evaluated using the POE framework. Compared to 2014 measures, 2015 data indicate that breast and colorectal cancer, HIV, and HCV screening, along with influenza, pneumonia, and shingles vaccination rates have increased among WHC patients. In addition, multiple cancer diagnoses were discovered, including breast and colon cancer, along with cases of HIV and Hepatitis C.

Measure	2014	2015	Change
Breast Cancer Screening	50%	62.6%	↑ 25%
Cervical Cancer Screening	41%	40%	↓ 2.4%
Colon Cancer Screening	39%	53%	↑ 36%
HIV Screening	831	4,371	↑ 426%
Hepatitis C Screening	378	3,334	↑ 782%
Immunizations	77%	84%	↑ 9%

The POE framework has helped WHC providers and staff promote preventive care practices, including cancer screening and immunizations. Post-implementation interviews with WHC patients indicate that the majority of patients are accepting of the POE model and the improved level of care. Many patients preferred the option of combining multiple health concerns into one appointment, such as the option to receive in-office cancer screenings and immunizations during already scheduled appointments.

## Implications for D&I Research

Uptake of evidence-based medical care has improved at WHC due to the implementation and continued improvement of the POE framework. A staggered implementation approach allowed WHC to identify areas for improvement and strategically address issues prior to further implementation. The academic-community partnership created an opportunity to support WHC in the implementation process and introduce QI methodology for sustainable processes. A guidebook is being developed to facilitate further dissemination and implementation of the POE framework.



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## Further Information

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