North Carolina CRC QI Learning Collaborative

March 18, 2020

Goals of our Learning Collaboratives

1. Support FQHCs to increase UDS colorectal cancer screening rates
2. Build and test a model for QI & EBI dissemination and support
3. Have fun and increase engagement!

Key Components of our Learning Collaboratives

1. In-person 2-day QI Boot Camp
2. Monthly Learning Collaborative Virtual Meetings
3. In-person and virtual QI Coaching and Technical Assistance from ACS staff
4. Annual PCA Clinical Conference

Monthly Virtual Meetings

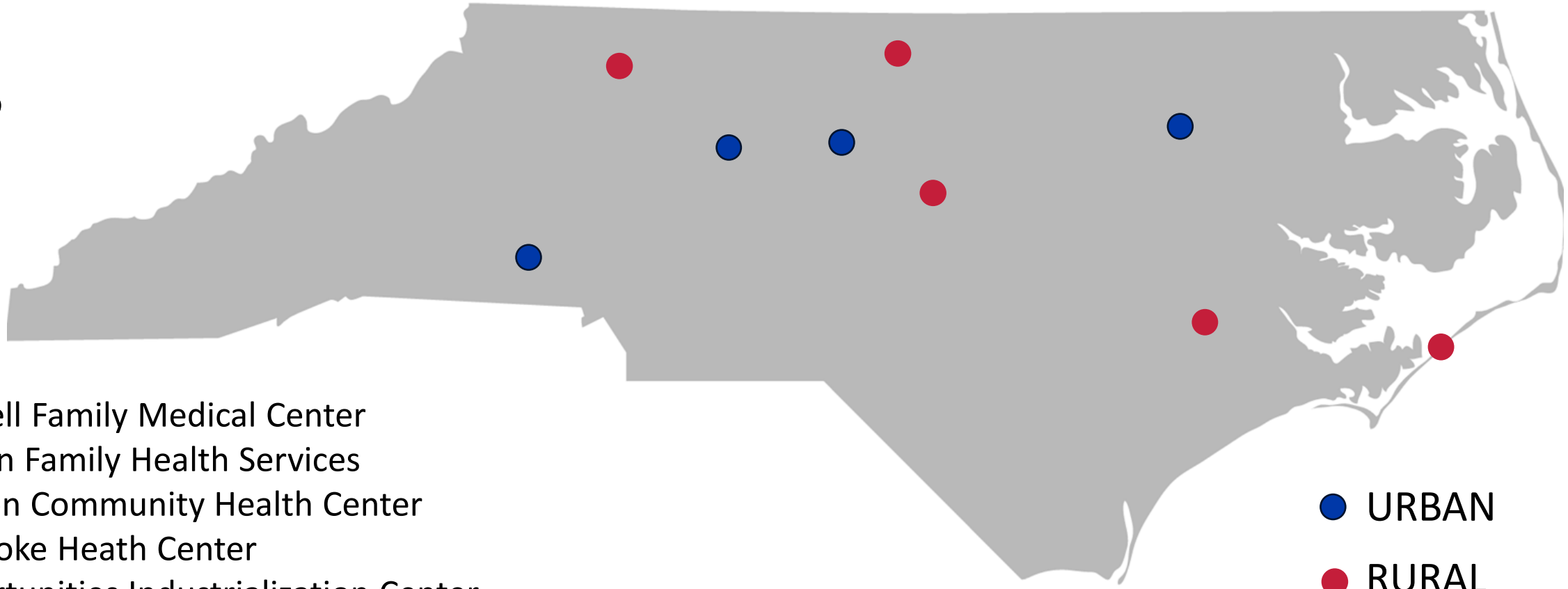
- Data presentation and processing
- Homework Review
- Best practices sharing
- Case based troubleshooting
- QI process content review
- Latest CRC screening research and QI resources

ACS Pre-work: Multiple Planning Calls, Data Survey

What are Learning Collaborative systems signing on to do?

- Recruit a CRC QI team
- Attend QI Boot Camp
- Join monthly learning collaborative calls with at least 3 QI team members
- Complete an inventory of current systems and strategies at the beginning and end of the project
- Share monthly data
- Attend the Clinical Conference

2018



Caswell Family Medical Center
Gaston Family Health Services
Kinston Community Health Center
Ocracoke Heath Center
Opportunities Industrialization Center
Piedmont Health Services
Southside United Health Center
Triad Adult and Pediatric Medicine
Wilkes County Health Center

2018 NC CRC Learning Collaborative

43 CLINICAL SITES WITH ADULT PATIENTS

39,273 45-75 YEAR OLD PATIENTS

Quality Improvement Learning Collaborative

QI Boot Camp - 2018

- 3 members of each QI team (27 FQHC staff)
- ACS staff designed the agenda, prepped the room and facilitated the sessions
- Followed the content and activities from the ACS/HealthTeamWorks QI Coach Training
- PCA staff organized and printed materials

American Cancer Society | 80% IN EVERY COMMUNITY

Quality Improvement Learning Collaborative

The FQHCs Crushed It in 2018

INCREASED IMPLEMENTATION OF EBIs

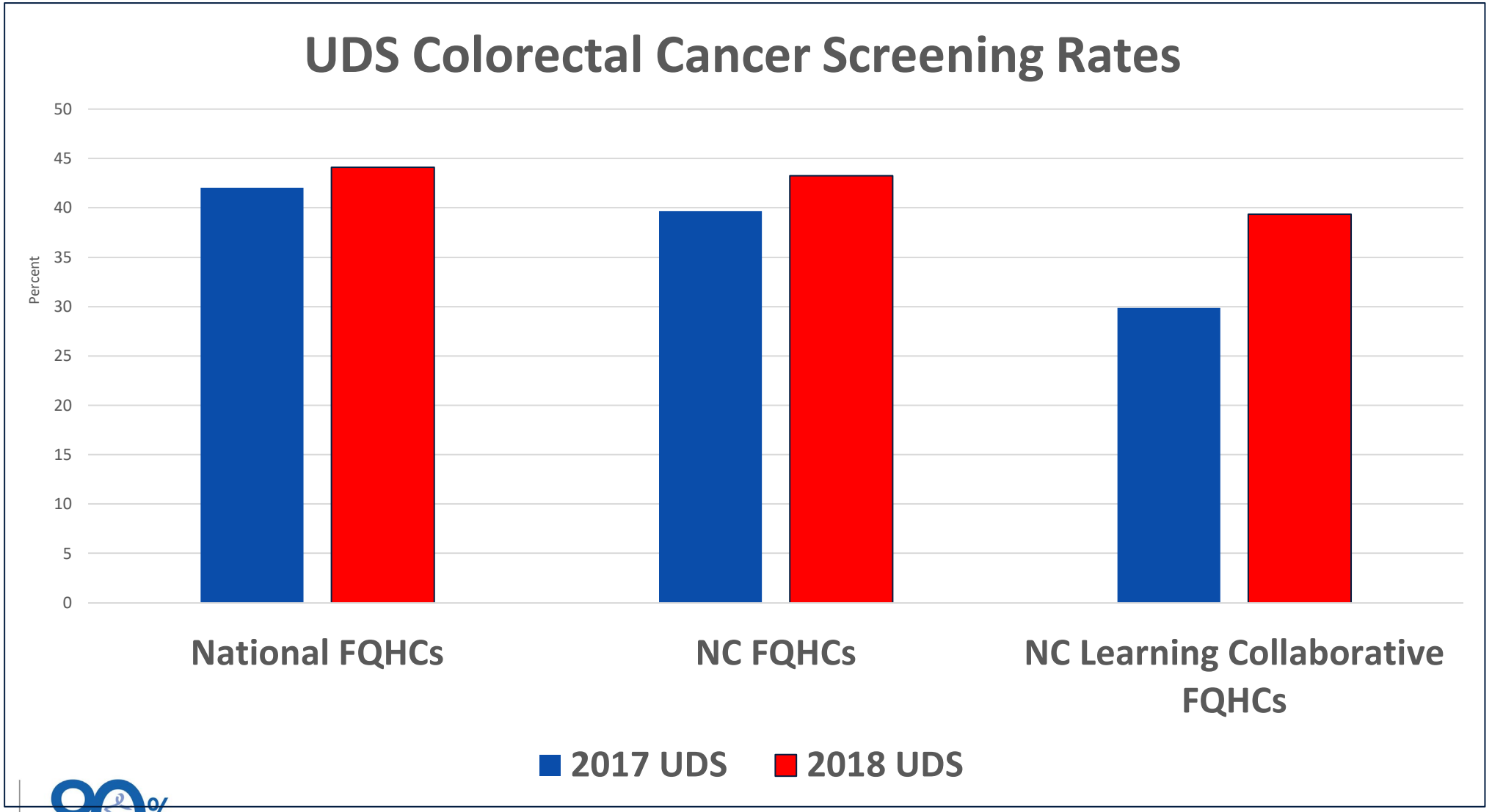
INCREASED DATA CAPACITY

INCREASED UTILIZATION OF QI PROCESSES

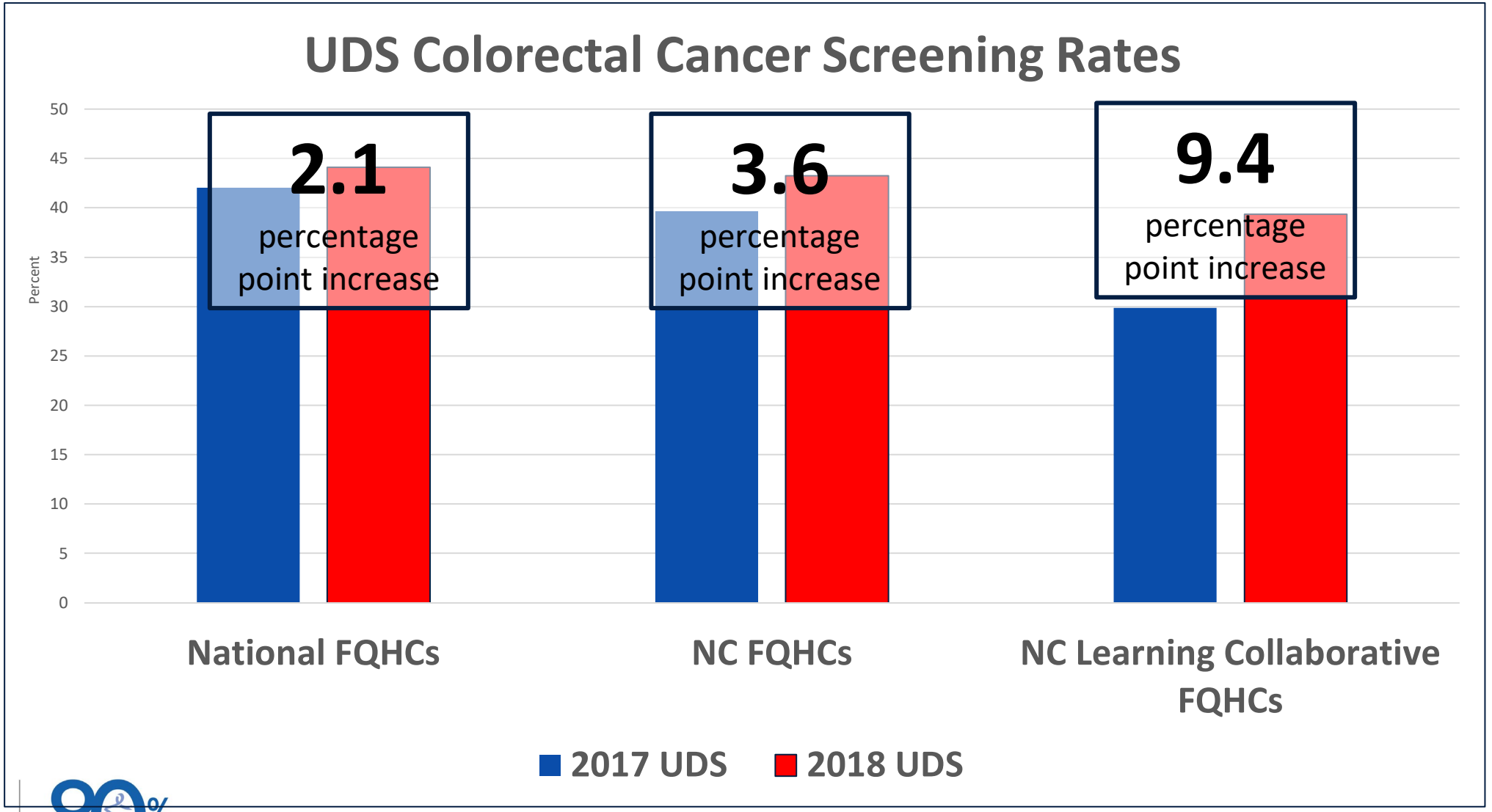
INCREASED PROVIDER & STAFF TRAININGS

What the Data Shows

NC 2018 CRC Learning Collaborative



NC 2018 CRC Learning Collaborative



Quality Improvement Learning Collaborative

Don’t take my word for it! NC 2018 CRC Learning Collaborative

“I really like the interactive collaboration and bouncing ideas off -- oh, this worked for them; let's try it for us. Because people would think of things that I didn't think of and it would make it so, okay, almost like an idea think box that I could pick from.”

“I think one of the most beneficial things and it's one of the least expected, I guess, but it was being able to share. Our CEO always loves to say don't create the wheel when it's already been created, and so we were able to pull from other places.”

UNC Evaluation of the 2018 CRC Learning Collaborative

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Understanding quality improvement collaboratives through an implementation science lens

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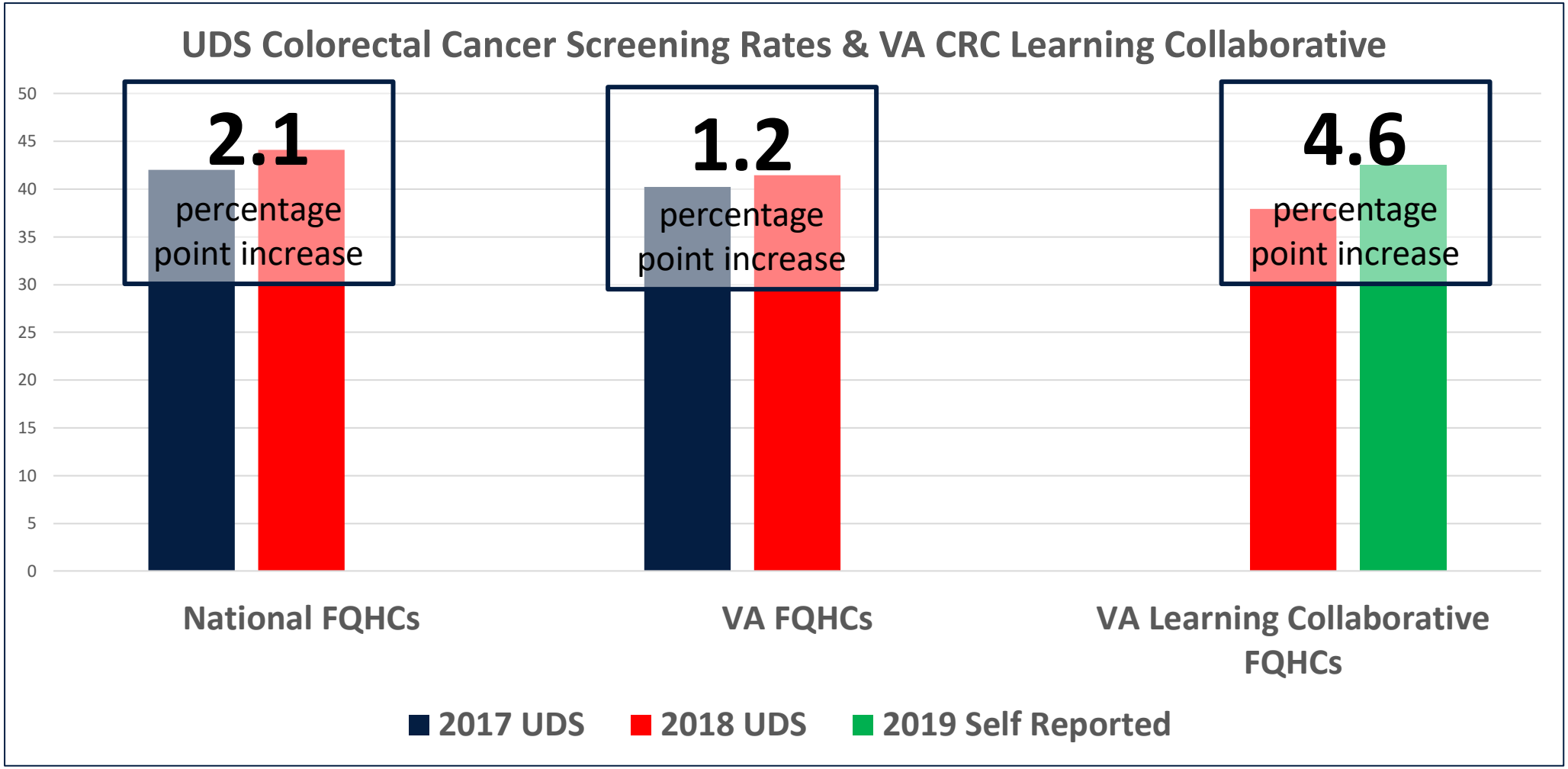
ABSTRACT

Quality improvement collaboratives (QICs) have long been used to facilitate group learning and implementation of evidence-based interventions (EBIs) in healthcare. However, few studies systematically describe implementation strategies linked to QIC success. To address this gap, we evaluated a QIC on colorectal cancer (CRC) screening in Federally Qualified Health Centers (FQHCs) by aligning standardized implementation strategies with collaborative activities and measuring implementation and effectiveness outcomes. In 2018, the American Cancer Society and North Carolina Community Health Center Association provided funding, in-person/virtual training, facilitation, and audit and feedback with the goal of building FQHC capacity to enact selected implementation strategies. The QIC evaluation plan included a pre-test/post-test single group design and mixed methods data collection. We assessed: 1) adoption, 2) engagement, 3) implementation of QI tools and CRC screening EBIs, and 4) changes in CRC screening rates. A post-collaborative focus group captured participants' perceptions of implementation strategies. Twenty-three percent of North Carolina FQHCs (9/40) participated in the collaborative. Health Center engagement was high although individual participation decreased over time. Teams completed all four QIC tools: aim statements, process maps, gap and root cause analysis, and Plan-Do-Study-Act cycles. FQHCs increased their uptake of evidence-based CRC screening interventions and rates increased 8.0% between 2017 and 2018. Focus group findings provided insights into participants' opinions regarding the feasibility and appropriateness of the implementation strategies and how they influenced outcomes. Results support the collaborative's positive impact on FQHC capacity to implement QI tools and EBIs to improve CRC screening rates.

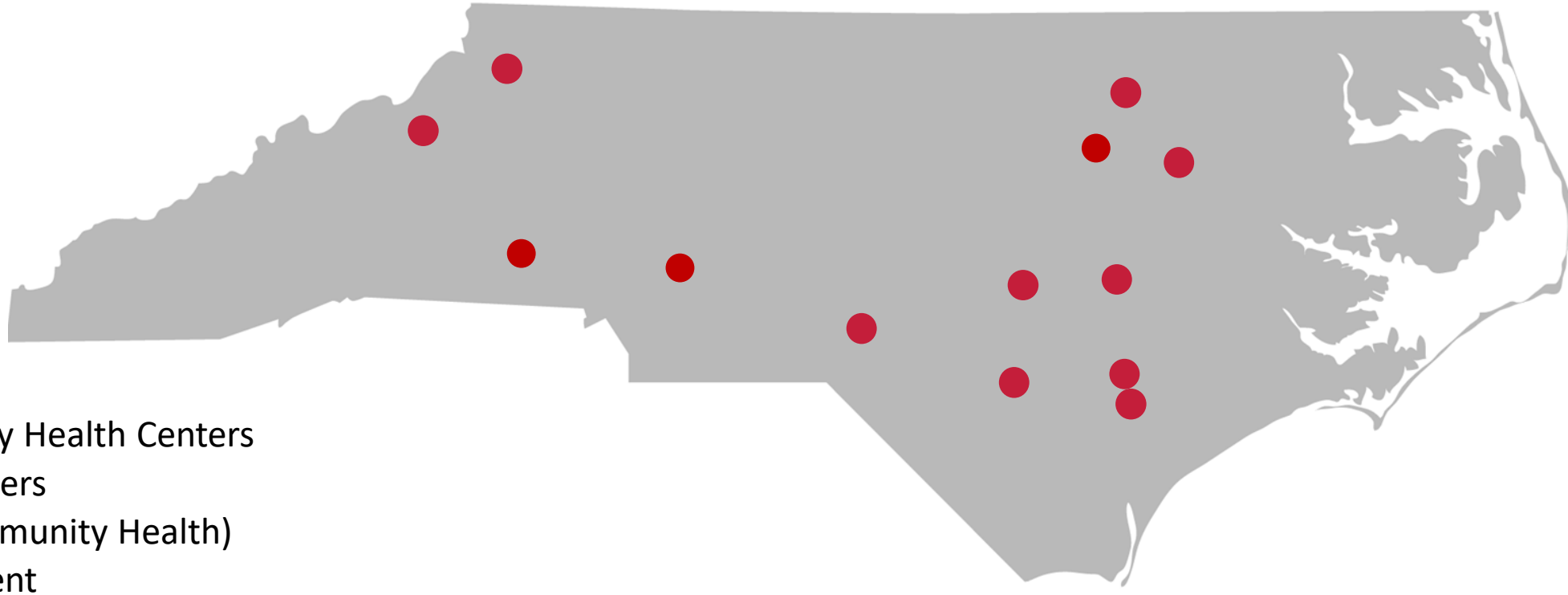
Quality Improvement Learning Collaborative

VA 2019 CRC Learning Collaborative



2020 NC Colorectal Cancer Screening QI Learning Collaborative

2020



AppHealthCare
Cabarrus Rowan Community Health Centers
Carolina Family Health Centers
Commwell (Tri-County Community Health)
Craven Co Health Department
Gaston Family Health Services
Goshen
Greene County Healthcare
High Country Health
Opportunities Industrialization Center (OIC)
Robeson
Rural Health

2020 NC Colorectal Cancer Screening QI Learning Collaborative Systems

American Cancer Society | 80% IN EVERY COMMUNITY

Quality Improvement Learning Collaborative

Learning Collaborative Key Components

Focus on Quality Improvement.

Increase peer-to-peer best practice sharing and troubleshooting.

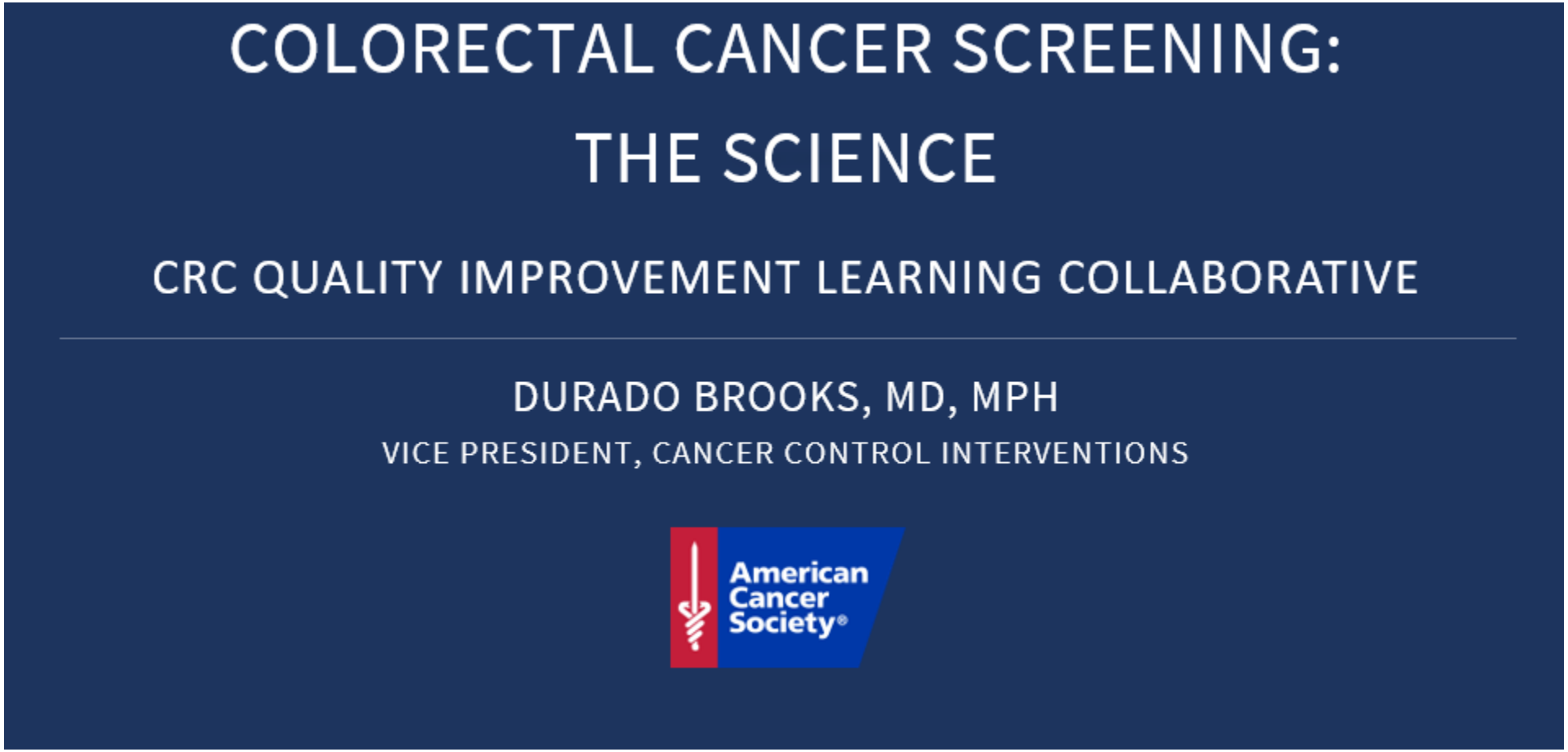
Share screening rates every month.

In-person trainings and QI coaching.

Attend monthly calls and video sharing!

Brownie Points for active participation and doing homework!

NC CRC QI Learning Collaborative – Pre-Learning



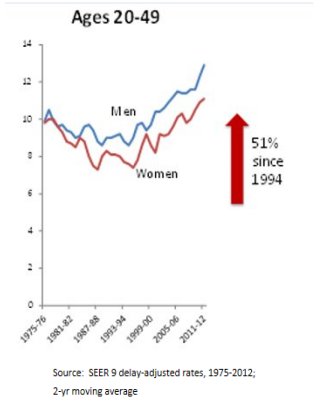
NC CRC QI Learning Collaborative – Pre-Learning

SCREENING GUIDELINES FOR AVERAGE RISK ADULTS ACS 2018; USPSTF 2016

Recommendations	ACS, 2018	USPSTF, 2016
Age to start screening S-strong Q-Qualified	**Age 45y** Starting at 45y (Q) Screening at aged 50y and older - (S)	Aged 50y (A)
Choice of test	High-sensitivity stool-based test or a structural exam.	Different methods can accurately detect early stage CRC and adenomatous polyps.
Acceptable Test options	• FIT annually • HSgFOBT annually • mt-sDNA every 3y • Colonoscopy every 10y • CTC every 5y • FS every 5y **All positive non-colonoscopy tests should be followed up with colonoscopy.**	• HSgFOBT annually • FIT annually • sDNA every 1 or 3y • Colonoscopy every 10y • CTC every 5y • FS every 5y • FS every 10y plus FIT every year
Age to stop screening	Continue to 75y as long as health is good and life expectancy 10+y (Q) 76-85y individual decision making (Q) >85y discouraged from screening (Q)	76-85 y individual decision making (C)

cancer.org

RATIONALE FOR SCREENING AT AGE 45 - INCREASING INCIDENCE UNDER AGE 50

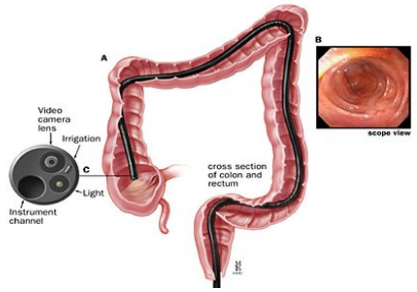


Source: SEER 9 delay-adjusted rates, 1975-2012; 2-yr moving average

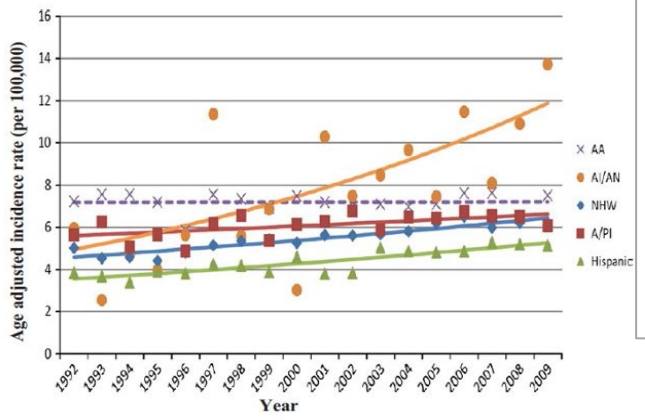
- Diagnosis before age 50 has increased by **51%** over past 2 decades
  - Majority of the increase in age 40-49
  - Increases also seen in those in 30s and even in 20s
- Rectal cancer increase > than colon cancer
- Numbers are small overall – but steadily growing

COLONOSCOPY REMAINS THE MOST COMMONLY USED TEST

- Allows direct visualization of entire colon lumen
- Screening, diagnostic, and therapeutic
- 10 year interval
- Most common screening test in US (nearly 90%)



CRC INCIDENCE RATE UNDER AGE 50 BY RACE/ETHNIC



Rahman et al

TYPES OF STOOL TESTS

Tests that detect blood (Fecal Occult Blood Tests)

- Two types (but multiple brands, variable performance)
  - Guaiac-based FOBT
  - Fecal Immunochemical Tests (FIT)

Tests that detect aberrant DNA

- One test (Cologuard) available in US
  - Combines DNA mutation test with FIT

Remember: Stool tests are only appropriate for **average risk** patients

DIGITAL RECTAL EXAM SPECIMENS MISSED 19 OF 21 CANCERS

- DRE is essentially worthless as a screening tool and **should never be used**
- Missed 19 of 21 cancers found at colonoscopy in largest study (DRE with guaiac FOBT)

NC CRC QI Learning Collaborative Boot Camp

- 12 systems and 41 FQHC staff attended
- ACS staff designed the agenda, prepped the room and facilitated the sessions
- PCA staff organized and printed materials

Boot Camp Agenda Day 1

Colorectal Cancer Screening Quality Improvement Boot Camp

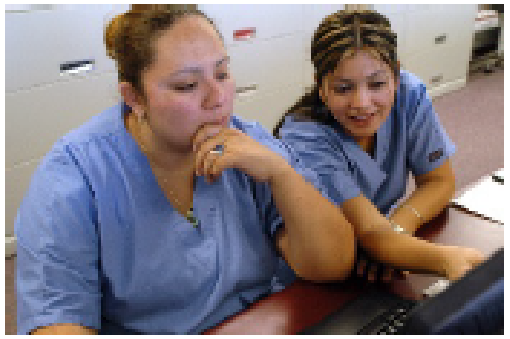
March 4th & 5th, 2020 | Raleigh, NC

Day 1 | Wednesday, March 4th

10:00 AM – 5:00 PM

10:00	Welcome, Introductions and Training Orientation
10:55	Colorectal Cancer in North Carolina
11:10	**Break**
11:25	What Works to Increase Screening Rates in FQHCs
12:00	Meeting Facilitation
12:30	**Lunch**
1:30	Building QI Culture and an Impactful Team
2:20	Data
2:50	Quality Improvement Process Overview
3:00	**Break**
3:15	Global Aim Statements
3:50	Process Mapping
4:50	Day 1 Wrap-up

Dinner is on your own or with boot camp buddies.



Colorectal cancer is the second leading cause of cancer death in the North Carolina among men and women combined, yet it's one of the most preventable.

The number of colorectal cancer cases is dropping thanks to screening. We are helping save lives. We can save more.

American Cancer Society | 80% IN EVERY COMMUNITY

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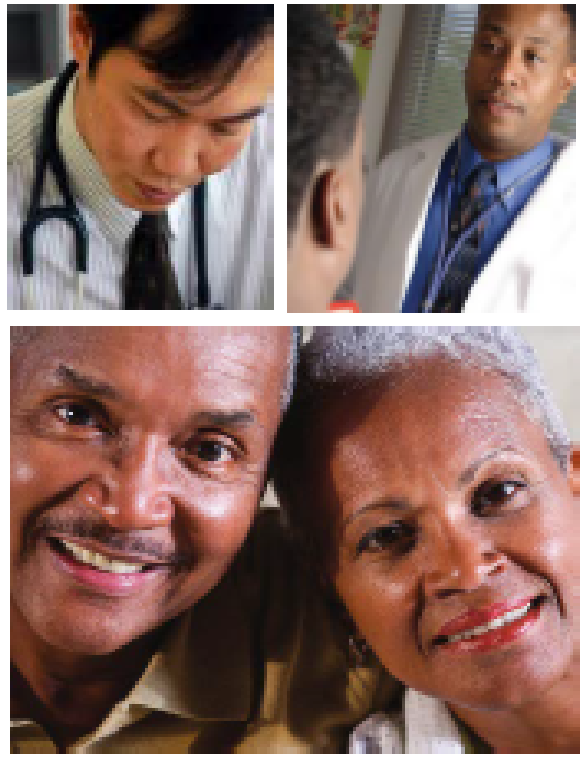
Boot Camp Agenda Day 2

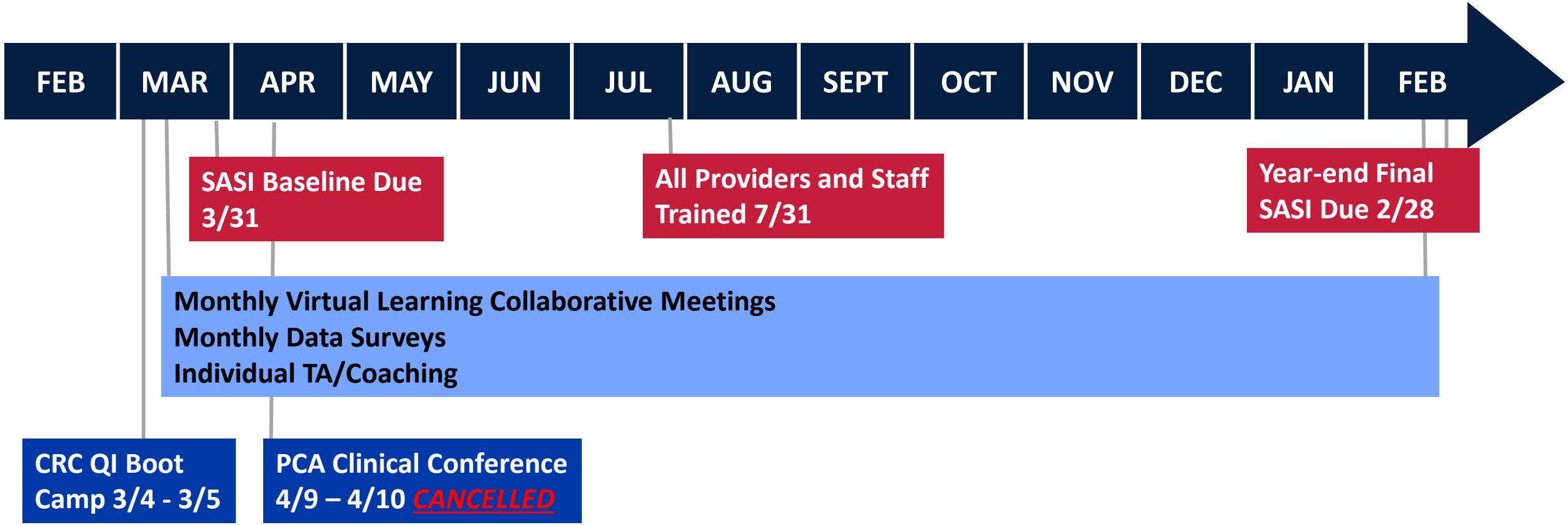
Day 2 | Thursday, March 5th
8:30 AM – 2:30 PM

8:30	Day 1 Overview
8:45	Root Cause/Gap Analysis
10:00	**Break**
10:15	Future State Mapping
11:15	PDSAs
12:15	**Lunch**
1:15	FQHC Action Planning
1:45	Next Steps and Wrap-up

Safe travels home.



2020 NC CRC QI Learning Collaborative Timeline



Learning Collaborative Timeline

What is Due	When it is Due
Monthly Webinars	3rd Wednesday from 12 - 1pm
CRC Systems & Strategies Inventory (SASI) 2020	On or before April 6, 2020
Monthly Data Surveys	Starting April 2020 they will be due with your QI Process
Global AIM Statement and QI Action Plan included in SASI 2020	On or before April 8, 2020
Current State Process Map	May 13, 2020
Gap Analysis	June 17, 2020
Future State Process Map	July 8, 2020
Provider and Staff Training Report	July 31, 2020
PDSA/Model for Improvement Monthly Submission	August 12, 2020, September 9, 2020, October 14, 2020, November 11, 2020, December 9, 2020
Final Report: QI Tool Package, Post Learning Collaborative Survey, Follow-up CRCS Systems & Strategies Inventory 2020	February 28, 2021

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