


Improving Cancer Screening Rates in Vermont Primary Care Settings

Guidance • Support • Prevention • Protection

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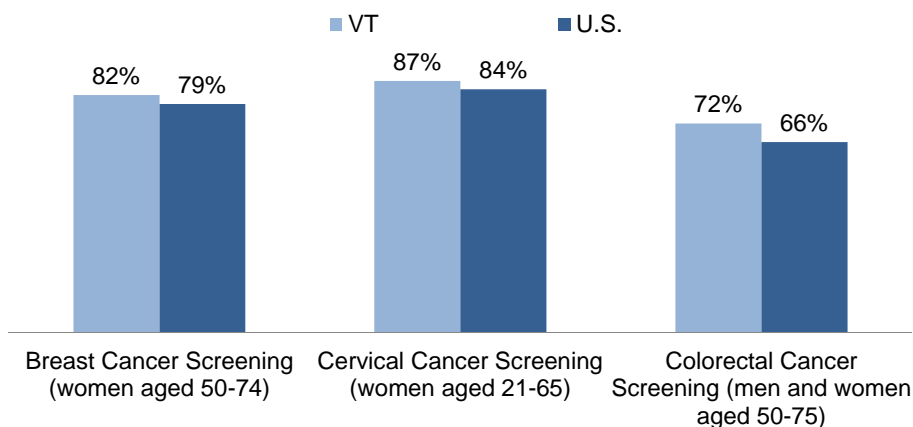
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Session Overview

- Vermont Cancer Screening Overview
- What is a Learning Collaborative?
- Methods: Collaborative Process and Measures
- Measurable Outcomes
- Conclusions
- Next Steps for Vermont

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Cancer Screening Rates: Vermont Compared to U.S.



Note: Rates are based on most recent USPSTF guidelines.
Rates are age adjusted to the 2000 U.S. standard population

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Data Source: BRFSS 2012

Learning Collaborative – Cancer Screening

- Collaborative model
 - Learning model for primary care providers
 - Founded from evidence-based *Institute for Healthcare Improvement, Breakthrough Series*
 - Learn from each other & experts to foster sustainable change
 - Use evidence-based cancer screening guidelines
- Planning & implementation, a collective effort



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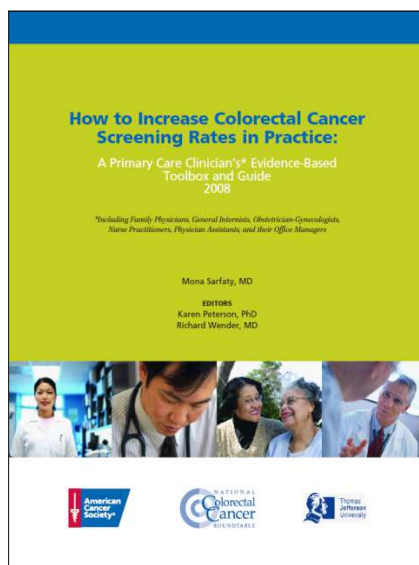
Collaborative Structure



- ❑ **Nine month series** (May 2013—January 2014)
- ❑ **Breast, cervical and colorectal cancer screening**
- ❑ **Learning sessions: 5 in-person & 4 by phone; expert discussion, evidence-based methods & case studies**
- ❑ **Educational Credits: CME/CEU/MOC Available**
- ❑ **Action periods: PDSA cycles between meetings**
- ❑ **Measurement & evaluation: practice-driven data creates a baseline & identifies change opportunities**

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Focus on Evidence-Based Approaches



www.thecommunityguide.org

The Guide to Community Preventive Services
THE COMMUNITY GUIDE
What Works to Promote Health

WHAT WORKS
Cancer Prevention and Control:
Cancer Screening
Evidence-Based Interventions for Your Community

TASK FORCE FINDINGS ON CANCER SCREENING THROUGH 2011

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to increase breast, cervical, and colorectal cancer screening rates. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for Task Force Findings: ● Recommended ◊ Insufficient Evidence ▲ Recommended Against (See entry for detailed description)

INTERVENTION STRATEGY	TASK FORCE FINDING		
	Increasing Breast, Cervical, and Colorectal Cancer Screening		
Client-oriented screening intervention strategies			
	Breast Cancer	Cervical Cancer	Colorectal Cancer
Interventions	●	●	●
Client reminders	●	●	●
Client incentives	●	●	●
Small media	●	●	●
Mass media	●	●	●
Group education	●	●	●
One-on-one education	●	●	●
Reducing structural barriers	●	●	●
Reducing client out-of-pocket costs	●	●	●
Provider-oriented screening intervention strategies			
Provider assessment & feedback	●	●	●
Provider incentives	●	●	●
Provider reminder & recall systems	●	●	●
Providing informed decision making for cancer screening	●	●	●

Visit the "Cancer Prevention and Control" page of The Community Guide website at www.thecommunityguide.org/taskforce to find summaries of Task Force findings and recommendations on cancer screening. Click on each topic area to find results from the systematic review, included studies, evidence gaps, and journal publications.

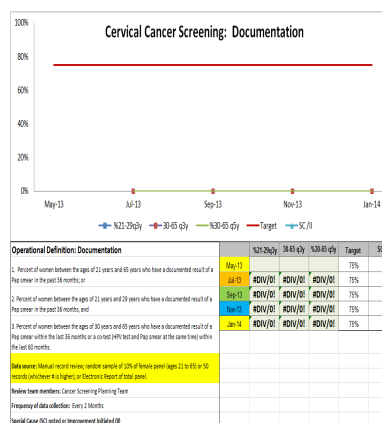
The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

Evidence-Based Positive Clinic Screening

- System to routinely notify all patients when due for cancer screening (phone, mail or email)
- Charts provide patients' current cancer screening status
- Charts of patients due for screening routinely flagged before or at time of clinic visits
- During office visits, Providers make screening referrals
- Provide scheduling assistance for screening appts (i.e., colonoscopy) and patient navigator type services
- Cancer educational materials placed in multiple clinic areas
- System to review practice/provider level screening rates

Common Practice Performance Measurement

- **Measures**
 - % receiving screening tests (*USPSTF*)
 - % notified of screening results
 - % with positive results receiving coordinated follow-up care
- **Process**
 - Manual/electronic chart review
 - Data entry spreadsheet provided
 - Data presented at each session



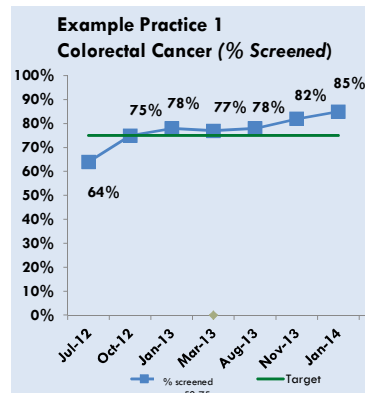
Results – General

- **Participation:**
 - ▣ 4 Vermont primary care practices (combined patient panel of 14,000, 22 providers [MD, NP, PA, RN])
 - ▣ 5 PCP case studies and 6 cancer specialists
- **Outcomes:**
 - ▣ 75% strongly agreed knowledge of cancer screening and how to improve outcomes increased
 - ▣ 100% increase in using ability of using current systems to understand their screening rates
 - ▣ 100% implemented patient screening notification systems
 - ▣ 100% strong confidence that implemented changes will be sustained

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Results – Patient Panel

- Changes not fully comparable
- All practices increased* % screened for all 3 cancers
(*1 practice maintained 92% breast screening)
- Results & follow-up care
 - ▣ All had significant barriers with documentation (*getting info. from specialists*)
 - ▣ All practices began implementing rapid improvement changes



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Conclusions

- ✓ Series effective in creating primary care setting cancer screening improvements
- ✓ Scope may be small, but practice change is significant and sustainable

Facilitators

- Primary care case-studies
- Offering CME/CEU credits
- PDSA focus allowed for structured action plans

Barriers


- Recruitment challenges
- 3 cancer approach complicated the message
- Time commitment high for PCPs
- Planning & implementation time intensive

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Next Steps

- Considering e-format to increase participation
 - ▣ Collaborative series through webinar/conference call
 - ▣ Other web-based learning options being investigated.
- Collaborating with private payers to expand a joint QI project with similar focus
- Narrow the focus: Focus on **one** cancer: (such as working with ACS to implement **80% by 2018** provider strategies)

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