

Use of Evidence-based Interventions and Implementation Strategies for Colorectal Cancer Screening in Federally Qualified Health Centers

Results from an Eight State Survey

In Summary

Issue

In recent years, colorectal cancer (CRC) screening rates have been increasing in Federally Qualified Health Centers (FQHCs), which serve a large proportion of medically underserved patients. While this trend is promising, there is still work to be done in order to reach the national goal of 80% by 2018.

Methods

A survey of FQHCs in eight states was conducted to determine which evidence-based CRC screening interventions (EBIs) are currently being used and which implementation strategies are being employed to ensure that the interventions are executed as intended. Web-based surveys were sent to 148 FQHCs, and 56 were completed for a response rate of 38%.

Results

Among participating FQHCs, the average CRC screening rate was 38% (UDS, 2016). Provider reminder and recall systems were the most commonly implemented EBIs (45%) while the most commonly employed implementation strategy was identification of barriers to implementing EBIs (84%). Full implementation of EBIs was associated with higher CRC screening rates.

Moving Forward

These results highlight the types of EBIs and implementation strategies used by FQHCs. Understanding the preferences and needs of FQHC stakeholders is crucial for optimizing cancer prevention and control programs.

National CRC Screening Goal: 80% of adults age 50-75 years screened by 2018



WHY FQHCs?

FQHCs provide comprehensive health services to all people, regardless of their ability or inability to pay, in rural and urban communities across the United States. FQHCs are the medical home for more than 24 million people, most of whom are uninsured or Medicaid recipients and have incomes below the Federal Poverty Level.

While there has been great progress towards the national goal of 80% by 2018 (62% in 2015), **rates for racial and ethnic minorities, the uninsured, and low socioeconomic status populations lag behind rates for the general population.**^{1,2,3} Notably, in FQHCs, only 38% of adults age 50-75 have been screened for colorectal cancer.⁴

WHO PARTICIPATED?

Staff from CPCRN-affiliated centers in **8 states**

AR FL IA KY NC OH PA SC
recruited respondents

148 invitations were emailed

 **56 people completed the survey**

77% of respondents from FQHCs were



CEOs or Medical Directors

74% of FQHCs were designated



Patient-Centered Medical Homes

Evidence-Based CRC Screening Interventions & Implementation Strategies Used by FQHCs (n=56)

Intervention*	Fully Implementing**	
	n	Percent
Provider reminder and recall systems	25	45%
One-on-one education	23	41%
Provider assessment and feedback	23	41%
Patient reminders	14	25%
Patient navigators	14	25%
Small media	14	25%

Implementation Strategy	n	Percent
Identify barriers to implementing EBIs to increase CRC screening	47	84%
Distribute CRC screening guideline materials to providers	46	82%
Consistently monitor the implementation process and modify as appropriate	46	82%
Implement incremental changes over time to improve CRC screening	46	82%
Have regular review sessions to learn from past experiences and improve future implementation efforts	42	75%
Make changes to the electronic health record system	42	75%
Develop a formal implementation protocol	37	66%
Seek consensus about chosen CRC EBIs among providers	37	66%
Conduct group educational meetings for providers about benefits of complying with CRC screening guidelines	35	63%
Provide clinical supervision to improve providers' compliance with CRC screening guidelines	29	52%

*EBIs were selected from the Community Guide⁵ and other systematic reviews.

**Fully and systematically implemented the evidence-based intervention across the center following a specified protocol or guideline.

Key Findings

- ✓ The majority (77%) of surveyed FQHCs were either **fully or partially implementing EBIs** to improve CRC screening.
- ✓ Health centers were **actively using a range of implementation strategies** to incorporate EBIs into practice.
- ✓ **EBIs that were underutilized** include: patient reminders, patient navigation, small media, and group education.
- ✓ **Implementation strategies that were underutilized** include: community assessments, formation of implementation teams, formal commitments to recommend CRC screening, and incentive or penalty systems for providers and organizations.

CPCRN Centers and Affiliates

Case Western Reserve University, University of Arkansas, University of Iowa, University of Kentucky, University of North Carolina, University of Pennsylvania, University of South Carolina, University of South Florida, University of Washington

References

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