TAKING AIM AT CANCER
IN LOUISIANA

Colorectal Cancer Screening in Office Practices

(Colorectal Cancer Intervention): Improve Screening and Follow-up Systems in Office Practice Intervention:

Colorectal cancer is the second-leading cause of cancer death in both Louisiana and the United States. Louisiana has the third highest incidence and fourth highest death (mortality) rate of colorectal cancer which are significantly higher than the rest of the country. Louisiana has the 3rd worst outcomes in the nation.

Colorectal Cancer Screening
Louisiana's Current State

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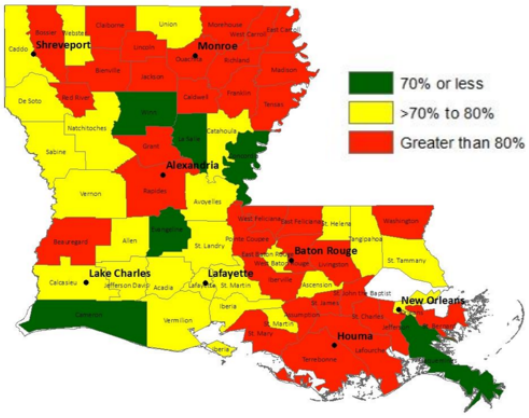
Low colorectal cancer screening rates result in more late stage diagnoses, higher mortality and higher cost.

Colorectal Cancer Screening[2]
Respondents fifty years of age and older who have not had a blood stool test within the past two years



	Advanced Stage Cancer Diagnoses in Louisiana (2011-2016)[1]		Advanced Stage Cancer Diagnoses in U.S.(SEER 2009-2013)	
	Whites	Blacks	Whites	Blacks
Males	55.1%	55.7%	52.9%	53.5%
Females	55.3%	55.7%	52.8%	52.5%

	Spending & Survival Rates			
	Stage I	Stage II	Stage III	Stage IV
First Year Spending Per Patient[4]	$49,189	$66,613	$83,980	$108,599
5-Year Survival Rate[3]	92%	IIA: 87% IIB: 63%	IIIA: 89% IIIB: 69% IIIC: 53%	11%

[1] Louisiana Tumor Registry, Louisiana Cancer Prevention & Control Program;
[2] Louisiana Comprehensive Cancer Control Plan 2017-2021,
[3] 2004-2010, American Cancer Society: https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/survival-rates.html
[4] Medicare spending, in: Styperek, A.; Kimball, A.B. Malignant Melanoma: The Implications of Cost for Stakeholder Innovation. Am. J. Pharm. Benef. 2012, 4, 66–76.

The Bayou Parishes, Acadian, Southwest Louisiana, Central Louisiana and Northwest Louisiana have the highest colorectal cancer death rates in the state. (see appendix for maps)

The State experiences significant disparities across populations, more late stage diagnoses than expected, and variations in treatment and costs beyond what can be explained by the underlying conditions.

Colorectal cancer is one of the more expensive cancers to treat and rising. That means people pay higher health insurance premiums, as well as taxes.

Over the next five years (2019-2024) TACL intends to:

1. Increase % of adults aged 50-75 being screened for colorectal cancer through evidence-based screening methods.
2. Reduce current racial and geographic disparities in the screening for CRC.
3. Reduce current racial and geographic disparities in the initiation of treatment for positive CRC diagnosis.
4. Reduce mortality rate in colorectal cancer for adults aged 50-75.

TACL has chosen this intervention to focus on establishing systems that support improving screening and follow-up for diagnosis and initiation to treatment for colorectal cancer.

Implementation: What is Needed to Produce Change

Improving screening and follow-up systems in office practices will support the adoption and spread of best practices that will improve colorectal cancer outcomes and reduce disparities.

The stakeholders of TACL have set ambitious goals and timeframes for improving colorectal cancer outcomes for all residents in Louisiana, particularly for the poorest populations and will need an initiative that looks at a comprehensive approach to improve primary care systems.

The overall objective is to establish systems that support office practices in implementing evidence-based improvement methods that will result in reliable and sustainable screening and follow-up systems for CRC screening to initiation of treatment. Breast cancer screening and follow-up will be added to the initiative in Year 2 in areas where screening rates are low and disparities in outcomes are high. The initiative will engage with other organizations and efforts in Louisiana to spread across the state. Ultimately, this initiative will develop strategies to sustain this work at a high level of reliability.

Most preventive screening takes place in office practices, especially primary care practices. Ensuring that all office practices that do cancer screening have reliable evidence-based best processes in place for screening, follow-up, diagnostics, and initiation of treatment is essential for good cancer outcomes. Identifying the office practices in Louisiana that need support and working with them through a Collaborative is a promising intervention that has proven results based on other best practices in Louisiana (Louisiana Colorectal Health Project) and around the country. This initiative will complement the work of the CHW/Navigator intervention so that as the CHWs and Navigators engage individuals in screening, diagnosis, and treatment, the individuals will come into practices that are efficient and effective at all of these activities.

TACL members who are payers can work together to determine whether payers can pilot changes at the plan level to improve messaging, align processes across different payers to

smooth operations at the practice level, or otherwise pilot incentive changes that support this work.

The process to establish reliable CRC screening systems in office practices is well documented through the Chronic Care Model and HRSA Health Disparities Collaborates[1]

TACL has developed a strong rationale for this initiative:

- Variation in CRC screening rates across practices in Louisiana
- CHWs and patient navigators will boost a practices' ability to complete screenings and follow-up only if the practices have reliable systems in place.
- Practices need to have a reliable pathway for screening to help reduce high incidence/mortality rates
- Barriers preventing individuals from getting screened will be identified and potential solutions generated resulting in early results, patient stories, and ways to getting individuals to diagnostic tests and treatment as needed in different contexts

Addressing the Barriers:

This initiative will mitigate the following barriers identified by TACL's work to date:

- Low Health Literacy
- Closing referral loop
- No-show for appointments
- Patient noncompliance with returning FIT tests
- Distance to care
- Providers not up-to-date on guidelines

The following are detailed action steps/timeline for Screening in the Office Practices Initiative:

TACL will begin with creating an inventory of current office practice improvement efforts. This information will be pulled together along w/evidence-based interventions to create a "Best Practice Guide" that will be used to establish a 12-month learning collaborative. The Learning Collaborative will bring together practices monthly and will provide an opportunity for skill-based learning and information exchange. Progress will be measured each month by practices providing run charts. At the end of the 12-month Learning Collaborative, TACL will evaluate the program and make the appropriate adjustments based necessary to launch the next phase of

[1] Improving Chronic Illness Care, "Practice Transformation through the Chronic Care Model" www.improvingchroniccare.org/, US National Library of Medicine, National Institute of Health, Medicare 2011 www.ncbi.nlm.nih.gov/pmc/articles/PMC3401560/

the initiative. Additional practices be will added and the next 12 monthly learning collaborative will be launched w/best practice incorporated from the last 12 months.

Step 1: Collaborative Development, Recruitment & Selection — April-July

1. Finalize information gathering on current programs
2. Board Members designate representative from their organization to help w/landscape analysis and information gathering
3. Identify/Recruit Steering Committee that will oversee program
4. Create Program Charter
5. Draft criteria for recruitment of organizations
6. Develop Collaborative Plan/Timeline

Create Best Practice Guide: — April-July

1. Convene Meeting w/Steering Committee & Subject Matter/Quality Improvement Experts
2. Create Best Practice Guide including lessons learned from similar programs around the state.
3. Design topics for learning collaborative based on best practices from around the state and improvement methods from "The Steps for Increasing Colorectal Cancer Screening Rates": A Community Manual for Community Health Centers by the National Colorectal Cancer Roundtable and the Chronic Care Model.
4. Identify specific measures to be used to track progress and evaluate program success

Site Recruitment and Orientation: — April-July

1. Develop Criteria for recruitment of participating sites
    a. Types of Sites to be recruited: rural, urban, geographical hot spots, private practices of primary care & OBGYN, Federally Qualified Health Centers, etc.)
2. Begin Recruitment & Selection of Sites
3. Set-up Information Call to orient sites to Learning Collaborative
4. Assign site pre-work and begin baseline collection

Milestones:

- Asset Map & Landscape Analysis of Current Programs
- Steering Committee Recruited
- Charter Developed
- Participating Office Practices Recruited
- Final Implementation Plan
- Process Measures Identified

Step 2: Launch the Collaborative: — Fall 2019

1. Set a date/confirm site and other logistics
2. Align and integrate existing CHW/Navigator programs w/participating office practices
3. Launch on-site Kick-off meeting w/clinicians and staff from Participating Sites
4. Conduct Monthly Trainings: Lessons and Action Periods - (Monthly virtual sessions will be conducted to help all teams learn together about how to test and implement the change package, review and use of data and address issues relevant to the challenges the teams are facing. Participants will be reporting on their tests of change, data for the measures, lessons learned, and challenges. Examples of call topics can include: measurement and data strategies; assembling a quality improvement team, how to develop an action plan, and quality improvement tools for creating and identifying efficient workflows.
5. Sites begin submitting monthly run charts.

Milestones:

- 25 Practices trained in Learning Collaborative
- Baseline Measures /Monthly Run Charts Collected

Step 3: Initial Evaluation & Program Adjustments: Fall 2019

1. Conduct initial 3 and 6 month evaluation
2. Make adjustments/changes in programs based on early lessons learned
3. Conduct site visits based on initial evaluations at 3 & 6 months (sites experiencing significant challenges)
4. Implement Monthly Learning series and participating offices submit run charts

Milestones:

- Initial Evaluations Completed
- Adjustments in Program Implemented

Step 4: Final Evaluation/Scale-up: October 2020

1. Implement 6th – 12 Learning Series and participating offices submit run charts
2. Final Office Practice presentations at 12th Learning Series
3. Final evaluations take place and the final program adjustments are made
4. Add breast cancer screening to learning collaborative
5. Scale-up by adding more practices and Kick-off year 2 Learning/Collaborative

Milestones:

- Final Evaluation Completed/Results Reported
- Revised Program Implemented
- Lessons Learned Captured

Outputs: How we will measure success

- Increase in colorectal cancer & breast cancer screening rates for 25 – 50% of sites

- Potential impact at the aggregate level for the population represented by the participating organizations in colorectal cancer measures
- Reduction in disparities by race and geographic location
- Decrease in # barriers for screening and receiving treatment
- Expanded Capacity for screening and diagnostic colonoscopies

Collaborative Resource Needs/Costs:

1. **Staff Lead and Subject Matter/Quality Improvement Experts** – 1.5-2.0 Full time staff w/240 hours of Subject Matter and Quality Improvement Expertise
2. **Data and Communication Platform – Director** – 1 day month for 6 months (6% time)
    - For Data Collection
        - An online data collection platform. IHI has developed a web-based data-sharing platform used in IHI-led collaboratives. Other organizations that run collaboratives often have developed similar platforms.
        - Excel documents can be created in which teams input their data and prepopulated formulas massage the data as needed to put into run charts.
    - Communication Platforms:
        - The most common platforms are list serves
        - Social media platforms can also serve as communication vehicles.
3. **Site/Materials**
    - Costs for Venue/audio & video equipment
    - Materials for Learning Session

Resource Needs	Costs	Quantity	Total
Staff Time:			
Curriculum Development/Facilitation of 2 onsite Learning Sessions	$20,000	2	$ 40,000
Webinar Learning Sessions	980	12	$ 11,760
Executive Director - 40% of time	$ 40,000	1	In-kind
Statewide Manager – 30%	$ 22,680	1	In-kind
Administrative Support – 30%	$ 13,500	1	In-kind
Training Logistics:			
Site Visits	900	30	$ 27,000
Project Administration	$ 8,640	1	$ 8,640
Curriculum (Printing/Distribution)			$ 1,500
Travel Costs			$ 7,500
Indirect Costs (20.43%)	$ 19,388	-	$ 19,388
Stipends for FQHC Clinics	$ 30,000	3	$ 90,000
Total Costs			**$205,788**

A true sense of **ownership** of the plan – not only by the members of TACL, but also by partnering organizations in Louisiana who are currently doing work to impact colorectal cancer is critical.

Various ways Stakeholders can support this Initiative:

1. Make Colorectal Cancer Screening a priority in your organization – adopt TACL's 80% screening goal – set annual goals that will help you move towards 80% w/in five years.
2. Sign the National Colorectal Cancer Roundtable's pledge for supporting 80% in every community
3. Help recruit participating organizations
4. Provide data on screening rates and time period to initiation of treatment
5. Financial investment to establish office practice processes that improve screening rates
6. Share quantitative and qualitative data on previous pilots or work around office practice systems
7. Staff support for pulling, analyzing and reporting data
8. Potential to share resources among organizations

Health Plans:

1. Explore opportunities for value-based payment incentives and aligning processes to make it easier for practices.
2. Commit to including the measures for breast and colorectal cancer screening as well as breast cancer adherence to treatment protocols in any payment incentive programs you have
3. Incentivize payments tied to the goals of TACL
4. Savings will fund their efforts as well potential cost savings for sharing of resources

Large Employers:

1. Work w/Plan Administrator to include incentives that support TACL's goals in provider networks
2. Commit to giving employees time-off to get screened and/or make arrangements for on-site screening to take place.

Providers & Health Systems:

1. Financial investment to establish office practice processes that improve screening (either directly or through health systems)
2. Establish work flow processes in owned and affiliated physician practices to maximize colorectal cancer screening
3. Take actions that will improve patient access to both screening and diagnostic colorectal cancer screening
4. Take actions that will improve patient access to both screening and diagnostic colonoscopy services.

5. Education of primary care and non-oncology specialists of colorectal cancer treatment protocols
6. Participation in cancer screening registry (provide data and use)
7. Report aggregate screening up to initiation of treatment data
8. Use and support materials from the public education campaign
9. Engage in your own additional efforts to improve colorectal cancer outcomes and share results through participation in TACL

Why Participate in this Collaborative:

- Stakeholders can brand their own efforts in TACL initiatives (e.g., Community Health Workers, navigators, public education materials, success stories from screening and early detection
- Resources (e.g., community health workers and navigators) could be shared across systems, reducing the cost to any one organization
- Opportunity to change the course of healthcare for Louisianans by improving cancer care and outcomes that results in saving 1,500 additional lives
- Forming potential partnerships that otherwise would not have been possible
- Improve quality and reduce costs for cancer care as part of the population health and value based payment
- Increase the number of individuals being screened as well as reducing disparities
- Increase in the number of patients connected to providers
- Reduction of time it takes for initiation of treatment
- Support for the identification of best practices in physician office processes

Health Plans:

- Strengthen relationships with health systems and independent provider partners by supporting their efforts to improve screening and protocol adherence

Large Employers:

- Strengthen relationships with health systems, health plans and independent provider partners by supporting their efforts to improve screening and protocol adherence

Providers/Health Systems:

- Provide input to Medicaid and other payers regarding medical and payment policies
- Strengthen consistent best practices within their systems, deepen relationships with affiliate organizations and establish new relationships with other health organizations
- Connecting new patients to providers
- Creating new work flow processes to close referral loops

TACL will recognize the Stakeholders in the following ways:

Encourage major participants, Mary Bird Perkins, LSU, LCMC) to extend best practices to affiliated provider partners (e.g. rural hospitals, independent physician groups)

- Branding of their efforts
- Publish best practice results in adherence to colorectal cancer treatment protocol
- Payer incentive programs tied to TACL's goals
- Annual Awards Banquet w/press coverage
- Recognition will be incorporated into a Comprehensive Recognition Strategy

Through TACL's improvement efforts, the following will be provided:

- Support for the identification of best practices in physician office practices
- A learning environment for continuous improvement in the same areas
- Data analysis and reporting
- Screening Registry
- Joint development of public education materials if necessary or agreement on use of existing materials or a centralized message

Appendix:

Maps from Louisiana Cancer Prevention and Control Program: http://louisianacancer.org/colon-cancer

Click HERE to view the Logic Model

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Recruitment Criteria: Colorectal Cancer Screening (CRC) in Office Practices: A Learning Collaborative for Improving Clinical Flow

"Taking Aim at Cancer in Louisiana" (TACL) invites you to collaborate with us on a brand new Colorectal Cancer Screening Learning Collaborative for Primary Care, Internal Physicians and OBGYN Practices and Federally Qualified Health Centers. Practices from across Louisiana will work together in a Collaborative model based off of the Institute for Healthcare Improvement's Collaborative Model "Project Echo" to establish clinic work environments that support patients getting their screening needs met; learning how to optimize resources and establish good clinical workflows. Using evidence based interventions from the **National Colorectal Cancer Roundtable's (NCCRT)** "*Steps for Increasing Colorectal Cancer Screening: A Manual for Community Health Centers"* and improvement science, practices will learn process redesign and participate in team mentoring by spending 12 months working together to make transformational change.

Participating organizations will receive the benefits of collaborative learning from expert faculty and peers and the benefits of individualized mentoring through monthly webinars and site visits. Subject Matter experts in primary care will design a series of learning sessions around primary care transformation teaching clinicians efficient clinical flow processes, quality improvement methods, and skill development, feedback, encouragement and support. The Learning Collaborative will take place over a period of 12 months, beginning July 2019.

How Will I Benefit from Participation in the CRC Learning Collaborative:

- Receive support and customized mentoring in making well established, transformational changes to primary care in a practice
- Organize the work of the clinic so that the work is planned, predictable and manageable.
- Build work processes that support clinicans and staff enabling them to do their best work for patients and the organization.
- Design work processes so that patient healthcare needs are met.
- Build internal capability for continuous quality improvement.
- Mentorship by subject matter experts in QI, office flow and access
- Opportunity to interact with peers from other practices
- No-cost continuing education for credits for health professionals for each session?

Recruitment Criteria:

- Primary care/ Internal medicine/ OBGYN Practices
- **EMR/EHR**- Practices need a functional electronic health record system. All systems should have the health maintenance portion as required by CMS.
- Size of practice - At least 2 doctors, preferably PA or NP as well. A support and nursing staff.
- **Retention rate**- Practices have a good clinic staff retention rate.
- Urban and Rural Practices with the majority represented from geographic hot spots.
- Willing to participate and commit to attend trainings and monthly webinars

What is the Commitment for Organizations to Participate?

- **Staff Time** – each site's requirements will vary depending on clinic size, staff availability, and personalities joining. Subject matter experts will help each organization create an effective but efficient improvement team for the work.
  In general sites will need:
  - Executive Sponsor
  - Day to Day Leader*: 20-40% of an FTE at each clinic site. (An organizational support person can help limit the time the clinic staff need)
  - Clinical Champion*: MD, DO, PA, or NP
  - Measurement and Data Leader*: ideally someone in IT or administration
  - Improvement Team: small core team at each clinic that will test changes and drive the work and as needed, staff from billing, nursing, pharmacy, behavioral health

*These may be represented by the same individual depending on clinic size and individual's skill

**One individual may represent multiple core positions.

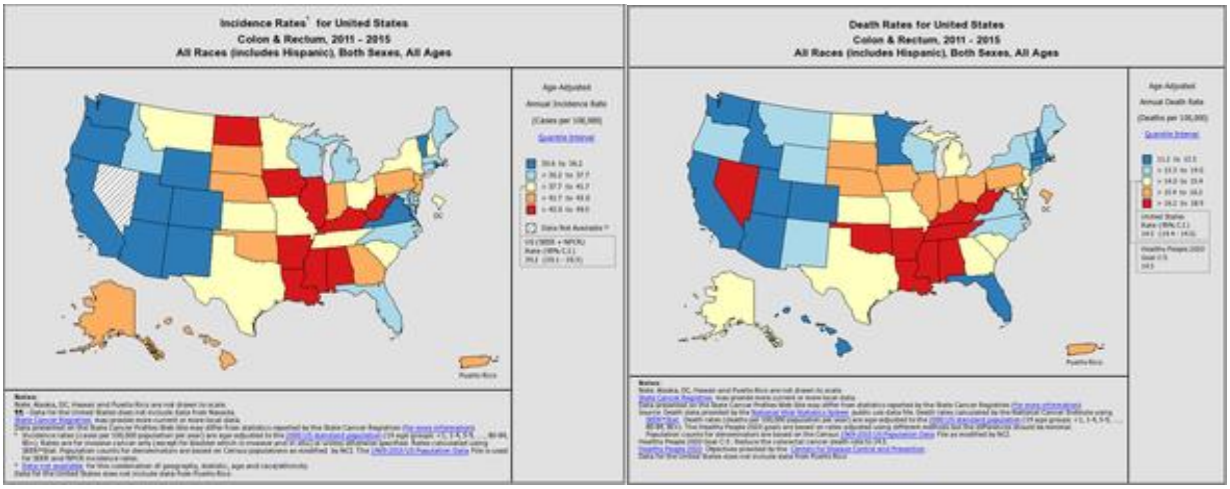
Expectations for Participating Organizations:

  - Improving Flow in processes must be top strategic priority of the participating practice
  - Participating sites must be able to:
    - Commit to collecting and reporting required data for the collaborative. Monthly data reporting is required. Organizations will be supported in developing their ability to collect and report this data.
    - Sites commit to full data transparency within the collaborative learning system, sharing data with other participating groups and faculty.
- Participating teams must have the explicit support of their senior leadership, and these leaders must stay actively connected to the team's work.

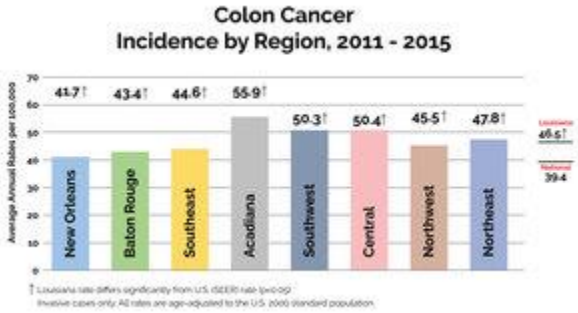
How to Enroll:

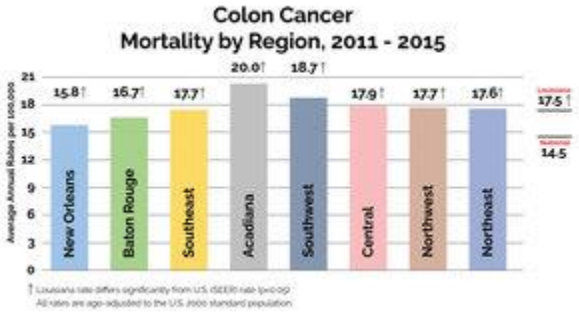
Contact Rodney Anthony at Rodney.Anthony@la.gov or 225-219-3534 for more information

Louisiana has the 4th highest incidence (Figure 1) and 3rd highest death rate (Figure 2) of colorectal cancer in the U.S.



Louisiana's colorectal cancer incidence (Figure 1) and mortality rates (Figure 2) are statistically significantly higher than the rest of the country: In 2011-2015:





Louisiana Racial Disparities: Louisiana (Blue) and US Seer – Gray)