

2017 COLORECTAL CANCER FORUMS

Follow-Up Technical Assistance Program

Final Report

October 2018



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Summary of Program Findings

The *Comprehensive Cancer Control National Partnership (CCNP)* hosted two **80% by 2018 Forums** in July and September 2017. The purpose of the forums was to enhance the capacity of teams to implement evidence-based interventions to increase colorectal cancer (CRC) screening rates. Twenty-two states, territories, or districts attended the two forums (11 teams per forum). As part of the forum, teams developed evidence-based action plans. To further support the teams as they implemented their plans, the *American Cancer Society* conducted a 12-month technical assistance program.

Technical assistance (TA) to the teams included tailored webinars, dissemination of resources, and conference calls. Three rounds of team calls were held with each of the 11 state teams throughout the year. Each one-hour call followed a structured format with a set of pre-designed interview questions. The questions explored team structure, the alignment of team action plans with state/territory comprehensive cancer control plans, team progress since attending the forums, facilitators and barriers to progress; methods for evaluating team progress, and team TA needs.

The American Cancer Society presents this report summarizing the findings of the 2017 Colorectal Cancer Forum Follow-Up Technical Assistance Program.

TA Program Findings

The following list summarizes key findings from the program.

- ▶ Initially, teams described their structure as follows:
 - Seven teams (37%) were part of another health coalition
 - Seven teams (37%) were standalone
 - Four teams (21%) were part of a Comprehensive Cancer Control coalition
- ▶ Most teams reported that they did not have formal meeting processes. They stated that they had good relationships and communicated as needed. Leaders were also trusted from prior and ongoing colorectal cancer efforts.
- ▶ Although evaluation was not a requirement for the action planning process or the TA period, each team was asked about their evaluation approach. At the end of the project period, 10 teams stated evaluation was included under a coalition plan or grant plan. Two teams had no formal plan, and two teams were creating a plan.
- ▶ By the end of the project period, most teams were actively implementing 50% or more of their original plans. The frequency of team calls, or meetings, did not necessarily correlate with action steps being taken. In other words, some teams were actively implementing and communicating frequently, and some were not.

- ▶ The top success factors for teams were:
 - Strong partners/partner engagement
 - Project champions
 - CCC coalition or program infrastructure
 - Local/State resources
 - Best practices
 - National resources

- ▶ The top challenges for teams were:
 - Limited resources (funding, people)
 - Time constraints/competing priorities
 - Coordinating people/projects
 - Messaging (standardized, appropriate)
 - Engaging GIs and specialists
 - Partner engagement
 - Resistance from clinics or providers

- ▶ A [Table of Team Strategies](#) can be found on page 15.

Advice from the Teams

The teams provided their advice at the end of the program in the topic areas below. A response count is provided for similar or identical responses that were mentioned by multiple teams.

Action Planning

- ▶ Be realistic about the goals and the outcomes with the projected time frame and take realistic, actionable steps. (n=5)
- ▶ Start small, and do a pilot first. (n=4)
- ▶ Identify work that is already being done and how to enhance it. (n=2)
- ▶ Pick the strategies that would work best in your environment.

Intervention Strategies

- ▶ Show the importance of the patient navigator position (even 10 hours/week).
- ▶ Assess if there is something like the practice transformation network (available in eight states).
- ▶ Help clinics prepare for new payment models.

Forum Influence

- ▶ Bringing together a diverse team was very helpful.
- ▶ Forums in Atlanta helped us get started. (n=2)

Communication and Responsibilities

- ▶ Choose someone to be a central coordinator.
- ▶ Communicate often and share data.
- ▶ Talk to the people on the ground who are doing the work; get their input.
- ▶ Keep oversight responsibilities with one person; it provides continuity.
- ▶ Work toward consensus.

Teamwork

- ▶ Get the right people to the table; it takes a team. It is all about relationships.
- ▶ Consider what to do collaboratively. What can each partner contribute?
- ▶ Identify your strongest partners, and make them part of your core team for planning purposes.
- ▶ As the task force, you can be the convenor and help keep it rolling.

TA Program Overview

Participating Teams

Teams from the following states, districts, and territories participated in the forums:

July 2017 Forum		September 2017 Forum	
Arkansas	North Carolina	Colorado	North Dakota
District of Columbia	Nebraska	Connecticut	Ohio
Hawaii	New Jersey	Illinois	South Carolina
Idaho	Puerto Rico	Kansas	Washington
Indiana	Rhode Island	Maryland	West Virginia
Missouri		Montana	

Each six-member team was comprised of four mandatory participants:

- ▶ A CCC program director
- ▶ An American Cancer Society health systems manager
- ▶ A representative from the State Primary Care Association
- ▶ A federally qualified health center representative

The remaining two members were chosen by the teams, and could be any two of the following:

- ▶ A CCC coalition chair or colorectal cancer (CRC) workgroup chair
- ▶ A representative from a local health department or local affiliate
- ▶ A local gastroenterologist or physician champion
- ▶ Other (justified participant)

Forum Objectives

The forums were designed to cultivate and strengthen stakeholder relationships and enhance the capacity of teams to implement evidence-based colorectal cancer screening interventions. During the forum, teams developed evidence-based action plans. Teams then received TA, coordinated by the *American Cancer Society*, to support the implementation of their action plans.

Technical Assistance Advisory Group

The *American Cancer Society* conducted a 12-month TA program to help the teams implement their action plans. A national advisory group was established to provide guidance and expert feedback on the technical assistance process.

Advisory group members included:

- ▶ Mary Doroshenk, *National Colorectal Cancer Roundtable*
- ▶ Lorrie Graaf, *American Cancer Society*
- ▶ Nikki Hayes, *Centers for Disease Control and Prevention*
- ▶ Caleb Levell, *National Colorectal Cancer Roundtable*
- ▶ Antoinette Percy-Laurry, *National Cancer Institute*
- ▶ Sarah Shafir, *American Cancer Society*
- ▶ Cindy Vinson, *National Cancer Institute*
- ▶ Ena Wanliss, *Centers for Disease Control and Prevention*

The advisory group reviewed progress reports on team action plan implementation and provided recommendations about priority resources and selected activities.

The TA program consisted of the following major components:

- ▶ **Two kickoff webinars** to orient two groups of teams to the TA process
- ▶ **A needs survey** to determine team needs for assistance and preferences for delivery formats
- ▶ **Three TA calls** with each team during the 12-month period to track team needs and progress
- ▶ **Resources to address TA requests** made by the teams
- ▶ **A webinar with health plan subject matter experts** and state representatives
- ▶ **Calls with the advisory team** to prioritize requests and recommendations

Technical Assistance Provided

The TA program was comprised of multiple components that included a kickoff webinar, an initial survey to identify team needs, a series of three follow-up calls, dissemination of resource documents, and a training webinar provided during the year. Each component is described in more detail below.

TA Kick-off Webinars

To begin the program, two separate kickoff webinars were held to orient the participating teams.

The webinar described the national partnership sponsoring organizations, the national advisory group for the program, the goals of the program, and the operational structure of the program.

Two teams were invited to share their progress updates on the implementation of their plans. A question-and-answer period concluded the webinar.

A video recording of the combined kickoff webinars was distributed to the participating teams.

- ▶ [Link to the kickoff webinar \(2018-09-28\)](#)

What will TA look like?

- Kick-off call to introduce TA process
- Survey state teams to identify technical assistance needs
- Hold 3 TA calls with state teams
- Coordinate & provide subject matter expertise

Comprehensive Cancer Control
Collaborating to Conquer Cancer

Technical Assistance Team

National Partner Organizations

Advisory Group

ACS-CDC Cooperative Agreement

Comprehensive Cancer Control
Collaborating to Conquer Cancer

Survey of Team Needs

To identify and prioritize the TA needs and requests of the teams, a survey was conducted. A survey summary report was prepared from the data and distributed to the advisory group. See the *Survey Needs Report of March 2018* and the *CRC TA Needs Recommendations Report* for more details on the survey results.

A list of highest-ranked TA needs selected by teams included:

- ▶ Provider-oriented strategies (provider reminder/recall systems, assessments, and feedback)
- ▶ Structural barriers to screening (transportation, translation, patient navigation)
- ▶ Working with health plans
- ▶ Effective messaging to reach the unscreened
- ▶ Working with healthcare systems

To address these needs, leading resources from the American Cancer Society, CDC, NCI, and NCCRT were collated in the *CRC TA Resources Report*. The advisory group also decided to offer a webinar on working with health plans since it was an emerging need and coalition-specific resources did not already exist.

TA Calls

Three technical assistance calls were held during the one-year program.

- ▶ First round of calls: November 6, 2017, to January 10, 2018, with 21 teams
- ▶ Second round of calls: April 4 to May 10, 2018, with 19 teams
- ▶ Third round of calls: September 7 to September 21, 2018, with 16 teams

Each call was approximately one hour long and followed pre-designed sets of interview questions. The question sets were slightly different for each successive call to allow for an initial set of topics that were different from the implementation topics of interest later in the year. Each team call was recorded, and key points were noted.

The interview questions explored:

- ▶ Team structure
- ▶ The alignment of team action plans with Comprehensive Cancer Control plans
- ▶ Team progress since attending the forums
- ▶ Facilitators and barriers to progress
- ▶ Methods for evaluating team progress
- ▶ Team suggestions for how the national advisory group could help the teams

TA Resources Provided

A variety of TA resources were provided during the program. Some of these resources were provided to all teams, while others were provided in response to specific team requests. A complete [Table of Technical Assistance Request Types](#) can be found in Appendix C on page 36.

Resources provided to the teams are listed below, with the calendar month of distribution.

- ▶ October 2017 - Kick-off orientation call recording sent to all teams
- ▶ January 2018 - Customized action plan graphics sent to all teams
- ▶ January 2018 - Call #1 summary reports sent to all teams
- ▶ January 2018 - *CRC TA Resources Report* sent to all teams
- ▶ March 2018 - Customized documents addressing TA requests made by each team
- ▶ June 2018 - Resources sent to individual teams that requested information
- ▶ November 2017 to September 2018 - When requested, intervention resources and coalition supports were provided on all three calls. As appropriate, teams were paired with other teams addressing similar issues. The process of discussing successes and challenges also provided teams with an opportunity to solve problems collaboratively.

Webinar on How to Effectively Work with Health Plans

Based on the teams' survey responses, a webinar was developed and presented to the teams: *How Coalitions Can Engage and Effectively Work with Health Plans to Increase CRC Screening Rates*.

The purpose of the webinar was to provide a peer-to-peer sharing opportunity that focused on recommendations and lessons learned by coalitions when working with health plans.

The webinar was a panel-style webinar in which a moderator asked questions, and each of the three CCC representatives was provided an opportunity to answer in a round-robin style.

The webinar was recorded and [uploaded to YouTube for sharing](#).

Appendices

Appendix A: Table of Team Strategies

A table was created to show the strategies that each team implemented. The table reflects selected key strategies reported during the technical assistance calls and is not intended to be a complete report of all CRC team activities.

Team progress on a given strategy is indicated with square colored blocks as shown in the legend below on the right. Empty cells indicate that the strategy is not listed in the team’s action plan.

General Strategies

Provider-oriented

Client-oriented

Reducing structural barriers

Practice changes/multi-component

Statewide/district/territory Assessment

Partner engagement and education

Coalition development

Legend Symbols Indicating Progress



– No activities underway for this strategy



– Planning activities underway for this strategy



– Implementation activities underway for this strategy

The following strategies are being implemented by the teams. An overview of each team's strategies can be found on the next page.

Provider-Oriented Strategies

- Making a screening recommendation
- Provider assessment and feedback*
- Provider education and training
- Provider reminders and recall systems*
- Education on FOBT/FIT options

Client-Oriented Strategies

- One-on-one education*
- Client reminders*
- Small media/education materials*
- Education on FOBT/FIT options

Reducing Structural Barriers

- Reducing time or distance for service delivery*
- Modifying hours of service to meet client needs*
- Offering services in alternative or non-clinical settings*
- Eliminating or simplifying administrative procedures and other obstacles (e.g., scheduling assistance, patient navigators, transportation, dependent care, translation services) *

Practice Changes/Multi-Component Strategies

- Practice improvement
- Promoting quality improvement
- Improving EHRs
- Setting baseline screening rates

Statewide/District/Territory Assessment

- Landscape assessment
- Regional assessment

Partner Engagement and Education

- Summits
- Engaging new partners

Coalition Development

- New workgroup/committee structures
- Initiating or building a coalition or roundtable
- Applying for new funding

*Strategies listed in the Guide to Community Preventive Services www.thecommunityguide.org/content/task-force-findings-cancer-prevention-and-control#client-oriented

State	Action Plan Strategies							Brief Overview of Action Plan Activities
	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
Arkansas								<p><u>Provider Oriented</u></p> <ul style="list-style-type: none"> Hosted a meeting on the 80% by 2018 initiative and FITs for approximately 50 gastroenterologists. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> Developed a partnership with the Arkansas Prostate Cancer Foundation. The foundation is reaching out to African American men, and they agreed to educate the men about colorectal cancer screening. <p><u>Statewide Assessment</u></p> <ul style="list-style-type: none"> Making a list of gastroenterology providers in Arkansas to see where there are gaps in service. The team is assisting a clinic in Mississippi County to successfully decrease no-show rates and increase screening rates. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> Restructured the group, so the core team meets and works on the action plan, then information is shared with the roundtable.
Colorado								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Collaborated with the Rocky Mountain Public Health Training Center to provide FIT training. COPIC (malpractice insurance for providers) points were offered points for training completed by providers.

Action Plan Strategies								Brief Overview of Action Plan Activities
State	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
Colorado								<p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> In the process of putting together a pilot text messaging campaign in southeast Colorado. Ran into some technical issues that appear to be affecting enrollment. <p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> Links of Care is a new topic the team will be addressing. The University of Colorado received funding and will be doing surveys and working with the Colorado Department of Public Health. <p><u>State/District/Territory Assessment</u></p> <ul style="list-style-type: none"> Worked on mapping accessibility to endoscopy for state Medicaid enrollees. It was a very comprehensive statewide mapping process. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> Held an event to call attention to 80% by 2018, provide education, and develop action plans. The plan was to provide assistance following the event, but participants were not interested. Mini-grants were also offered, but the response was very limited. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> There is a strong task force. Members of the task force are great partners, and there is strong leadership (co-chairs).

State	Action Plan Strategies							Brief Overview of Action Plan Activities
	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
Connecticut								<p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> Held a symposium on May 31; 85% show rate. Captured priority action items from breakout sessions, which were shared with the advisory group. Formed a CRC advisory group. <p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> Held Links of Care meeting with Fairhaven. Fairhaven and another FQHC with a FIT program are serving as model programs.
Washington DC *No end-of-project update								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Some preliminary data gathering about what has worked within the clinics, and what evidence-based strategies have been. Provided training to providers on requesting patient navigators through the EHR system. <p><u>Practice Changes/Multi-Component</u></p> <ul style="list-style-type: none"> Moving forward with a Flu-FIT webinar. Howard University clinic is researching use of Flu-FIT in screening. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> Expanding and diversifying the roundtable membership
Hawaii *No end-of-project update								<p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> Completed their goal of holding a CRC summit on November 2nd. Working with the steering committee chair to showcase colorectal cancer at an annual statewide cancer summit.

State	Action Plan Strategies							Brief Overview of Action Plan Activities
	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
Idaho								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> • Posting webinars every other month, which are focused on different evidence-based strategies. • Reached out to clinics in priority counties to engage them in a regional meeting. There was no interest in the meetings. May have been timing or limited resources. <p><u>Practice Changes/Multi-Component Strategies</u></p> <ul style="list-style-type: none"> • With funding from the American Cancer Society and other local resources working with clinics on evidence-based interventions. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> • The state is funded to do colorectal cancer screening work, so there is significant activity happening already through this funding. This includes quality improvement efforts throughout the state. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> • Team members are staying in touch with each other to make sure work is not being duplicated. The connections have been very helpful.
Illinois *No end-of-project update.								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> • The five FQHCs that received a CRC technical assistance grant completed a quality-improvement assessment.

Action Plan Strategies								Brief Overview of Action Plan Activities
State	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
								<p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> Added the FIT kits to the screening van; the kits have prepaid postage, and the National Cancer Institute will be managing the follow-up. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> They have formed a colorectal cancer roundtable and are in the process of actively engaging additional partners. Developing a cancer burden report.
Indiana								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Through the Indiana Learning Collaborative, they have monthly TA calls with clinic teams. They have finished cohort 4 and kicked off cohort 5. Working with the Family Physicians Association on a six-month-long quality improvement project. The plan is to host 16 cohorts. The process will be similar to the Learning Collaborative but focused on family physicians with their own practices rather than FQHCs. Completed a provider assessment for FQHCs. Updated their colorectal cancer screening toolkit. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> The Indiana Cancer Consortium hosted a colorectal summit in the southern region (which is a hotspot) in early May. There were 75 attendees. They had data presentations and talked about screening. Published an article in the statewide agency newsletter and did a webcast.

Action Plan Strategies								Brief Overview of Action Plan Activities
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								<p><u>Coalition Development</u></p> <ul style="list-style-type: none"> The Cancer Consortium intended to house the roundtable, but funding was cut significantly. So, the roundtable is not regularly meeting, and the Consortium is focusing on working with their regional coalitions.
Kansas								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Working on creating patient-centered medical homes for patients who are harder to reach. Trying to develop strong linkages with partners to identify patients, complete screenings, and follow up on positive FITs. Held webinars for providers in June, July, and August, on how to engage in evidence-based interventions. This was developed based on what the team learned at the forum. <p><u>Practice Changes/Multi-Component</u></p> <ul style="list-style-type: none"> Helping providers with EHRs. The state PCA has funding for software to help pull needed reports, and the Kansas Healthcare Collaborative can provide technical assistance for implementation. Working with one clinic on their implementation plan. Engaging stakeholders, distributing FITs, and seeing patient navigation support. They have identified champions in 5 other clinics.

Action Plan Strategies								Brief Overview of Action Plan Activities
State	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
								<p><u>Partners Engagement and Education</u></p> <ul style="list-style-type: none"> Created a graphic share with providers and other partners to provide them with an overview of the partnership. It is a collaborative calling card emphasizing their goal is cancer screening.
Maryland								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Worked with the Chesapeake Bay FQHC between April and June. The clinic increased screening rates from 25% and 43%. The clinic staff were receptive to reviewing their data. The team presented them with the best tools and resources. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> Utilizing local relationships to drive awareness. Many coalitions have taken on colorectal screening at a local level as a result of learning about the statewide effort. Created a toolkit for regional health departments and coalitions. <p><u>State/District/Territory Assessment</u></p> <ul style="list-style-type: none"> Collected data to identify a focal region and surveyed FQHCs about their priorities. Identified Mountain Laurel Medical Center as a model. In 2018 they increased screening rates from 61.8% to 68%. The centers serve about 70% of those qualified in the area.

Action Plan Strategies								Brief Overview of Action Plan Activities
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Missouri								<p><u>Practice Changes/Multi-Component</u></p> <ul style="list-style-type: none"> Working with clinics in the hotspots in the southeast. They have a one-year funding contract in place to work with them to raise screening rates. Will capture lessons learned. <p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> Starting to work with FQHCs and patient navigators. The team is planning to do some formal education with community health workers. <p><u>Partnership Engagement and Education</u></p> <ul style="list-style-type: none"> Looking for champions in the communities in southeast Missouri such as large employers. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> The first statewide roundtable meeting was held on June 20. Forty representatives from 20 different organizations attended. Regional breakout sessions were held to brainstorm ideas to advance screening. The new co-chairs are highly qualified leaders and physician champions. There was a meeting at the end of September with the leadership committee and to align current efforts with the roundtable. Very positive about the roundtable, a lot of energy and excitement.

State	Action Plan Strategies							Brief Overview of Action Plan Activities
	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
Montana *No end-of-project update.								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> An innovative development, not in the action plan, has been a roadshow. The team went to 10 health centers and covered evidence-based screening practices and best practices in general. Targeting conferences where they can present the road show information. <p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> Working with colorectal cancer survivors, which can be challenging because of HIPAA (Health Insurance Portability and Accountability Act). Working with PCA on small media postcards and low-literacy pamphlets. <p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> Developing a patient navigation pilot with a health system that needs support; also, not currently in the action plan. Reaching out to an Indian Health Services clinic and a health department in the area on patient navigation to close some gaps; at the beginning stages. Also, will be working with the state PCA to develop regional navigator approach.
Nebraska								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Nebraska Medical Association advocate did a feature on cancer; the publication went out to 3000 providers. An article titled <i>Colon Cancer Can Be Sneaky – How to Save Your Own Behind</i> was published and reached 43,390 people.

Action Plan Strategies								Brief Overview of Action Plan Activities
State	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
								<p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> The state colon cancer screening program is providing reminders as part of their program. <p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> Hired a patient navigator. Reviewed UDS measures before and after the navigator was hired and did a teach-back about it. There was a 7% increase in screening rates (increase in return rates for FOBt kits, and more providers ordered the kits because they saw higher returns). <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> Building infrastructure to support five different implementation workgroups that correlate to the different sections of the cancer plan.
New Jersey								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> The New Jersey Primary Care Association completed their data gathering project which included surveying the 24 federally qualified health centers (FQHCs) in the state on CRC screening and education/awareness practices. Although the response rate was low (42%), it provided some important baseline data. Two of the FQHCs were identified as “champions” by the ACS. NJDOH and the NJ PCA will continue to work towards a 100% completion rate by contacting those organizations that did not respond.

State	Action Plan Strategies							Brief Overview of Action Plan Activities
	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
New Jersey								<p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> Hired 10 community health workers who will be placed in communities with disparate populations. <p><u>Practice Changes/Multi-Component</u></p> <ul style="list-style-type: none"> Through a contract with HealthEfficient, the New Jersey Department of Health Office of Cancer Control and Prevention (NJDOH-OCCP) provided a statewide, no-cost Quality Improvement (QI) training for hospitals, large primary care practices, and Federally Qualified Health Centers that focused on adopting and implementing best practices for colorectal cancer screening. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> Of the ten FQHCs that responded to the needs assessment survey, 50% (5) indicated that they had secured internal pledges and engaged leadership to support a specific action plan to impact 2018 outcome indicators. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> The workgroup has worked diligently to increase stakeholder commitment. The American Cancer Society held the 2nd Annual NJ Colorectal Cancer Stakeholder meeting on March 12, 2018. The meeting brought together a select group of key leaders from New Jersey’s health systems and employers including hospital networks, community health centers, and health plans, & NJ Department of Health who are positioned to take action to improve colorectal cancer screening rates in New Jersey.

Action Plan Strategies								Brief Overview of Action Plan Activities
State	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
North Carolina								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Implementing training for providers from 9 FQHCs. Created a colorectal cancer quality improvement workgroup with providers. Reviewing physician and nurse screening numbers every quarter. They created a competition between all 8 participating clinics and gave out awards. <p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> Met with the Department of Insurance, Consumer Division. They are helping them with patient messaging. <p><u>Practice Change/Multi-Component</u></p> <ul style="list-style-type: none"> Have gastroenterologists on board for donated colonoscopies. They are working are now working on donated facility costs and anesthesia services. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> Working with insurers on combining costs for a colonoscopy following a positive FIT, as screening part 1 and part 2. Project Access in Western NC is moving to a 501C3. Facility costs are a barrier, so they are moving to do endoscopies in ambulatory surgery centers.

Action Plan Strategies								Brief Overview of Action Plan Activities
State	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
North Dakota								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> North Dakota CRC roundtable and North Dakota Cancer Coalition disseminated two FAQ documents; one that was provider-focused and one that was patient-focused. They collaborated with South Dakota on one provider webinar and held another webinar on the Surgery on Sunday's team. <p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> They had significant increases in screening rates and were invited to speak at the NCCRT meeting. <p><u>Practice Changes/Multi-Component Strategies</u></p> <ul style="list-style-type: none"> For their Links of Care project, they did process mapping. Now they want to introduce this at a statewide level. They are also gathering data on screening capacity in the state. <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> Held meetings with Blue Cross and Blue Shield and Sanford Health Plan and learned there are significant variations in coverage; 49% of the insured population is on a grandfathered plan. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> The roundtable meeting was scheduled for October 24, 2018, in Bismarck, and the theme will be Links of Care.

State	Action Plan Strategies							Brief Overview of Action Plan Activities
	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
Ohio								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Working with the Ohio Academy of Family Physicians on their team training and quality improvement initiative. The team training day (step 1 in an 8-month process) was held on April 7. Physicians and staff attended; 12 attended the colorectal session. The American Cancer Society offered follow-up support to the health centers. The program will continue in 2019. It has been happening for 10 years, and they have had great success. <p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> Robust social media presence during March; put out a lot of Facebook posts and tweets during March. <p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> Presented to community health centers about how to create a quality screening navigation program. <p><u>Practice Changes/Multi-Component</u></p> <ul style="list-style-type: none"> Successful Flu FIT program. Ten health centers have signed up to participate for another year, and more want to sign up. Six of nine centers saw increases in screening rates. Started a clinical learning collaborative. Have a WebEx based 1-hour lunch and learn; 30-minute presentation and 30-minute sharing of best practices. Going out electronically and will reach 54 health centers. They have applied for CMEs.

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								<ul style="list-style-type: none"> Partnered with one rural hospital during a hepatitis A outbreak. People are coming in for second hepatitis A vaccine; if eligible they also received a FIT kit. Patients signed a pledge that they received the kit and nurse navigator calls to follow up.
Puerto Rico *No end-of-project update.								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Seeking opportunities to implement EBIs with FQHCs, however, progress is slow given the hurricane recovery process. <p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> The American Cancer Society is working with 30 CEOs to promote screening among employees. <p><u>Reducing Structural Barriers</u></p> <ul style="list-style-type: none"> Will be presenting colorectal cancer priorities to legislators.
Rhode Island								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> They are holding quarterly quality improvement meetings. It is an opportunity for health center champions to share best practices with each other. This helps to bring a much more robust understanding of clinic challenges. <p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> Working with employers to provide small group education; they are reaching many people who speak Spanish. The sessions were recorded for

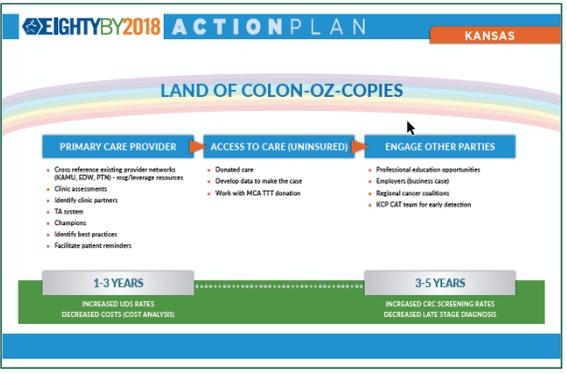
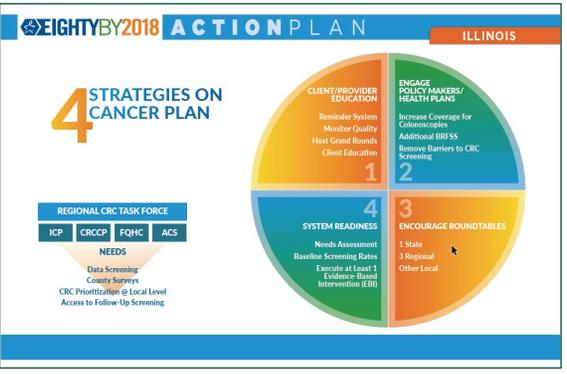
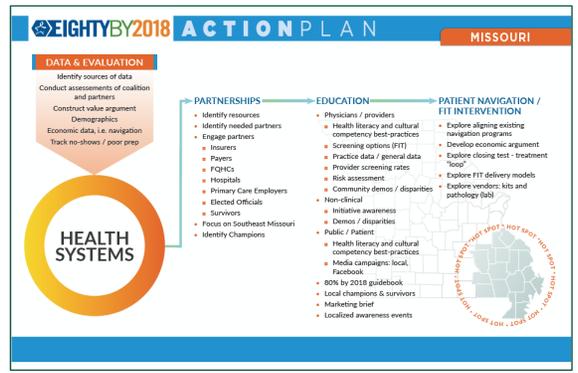
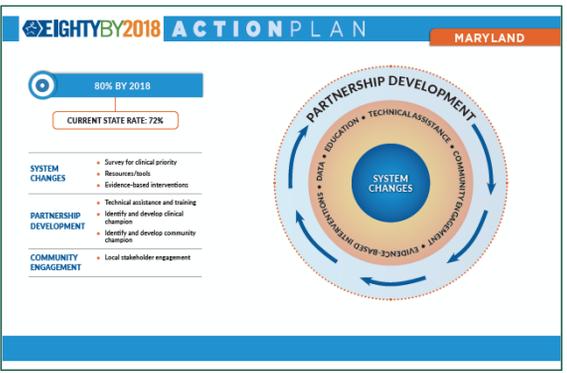
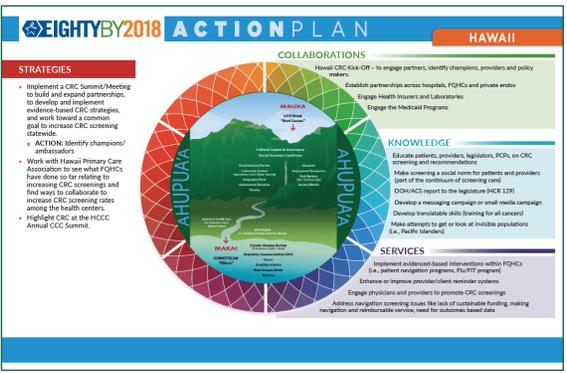
Action Plan Strategies								Brief Overview of Action Plan Activities
State	Providers	Clients	Structural	Practice Δ	Assessment	Partners	Coalitions	
								<p>other employees to watch. They are working with employers to create health insurance and screening materials.</p> <p><u>Structural Barriers</u></p> <ul style="list-style-type: none"> Working with 8 FQHCs and providing them with funding to do the patient navigation. Screening rates are improving in all 8 clinics. <p><u>Practice Changes/Multi-Component</u></p> <ul style="list-style-type: none"> Working with clinics on EHR improvements. Some clinics only needed a little work, while others will be long term. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> Two staff have received GIS training, which they are using with an employer engagement project. Using GIS to show which FQHCs are accessible to help people find a medical home. The Rhode Island Department of Health has someone dedicated to PSE work.
South Carolina								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> Working with FQHCs to ensure that risk is assessed and that patients are directed appropriately for screening. <p><u>Practice Changes/Multi-Component</u></p> <ul style="list-style-type: none"> Cross-trained and disseminated PSE evidence-based strategies to more FQHCs and privately-owned medical offices such as the SC Best Chance Network (BCN) program (South Carolina’s National Breast and Cervical

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								<p>Cancer Early Detection Program/NBCCEDP) to include FluFIT and “FIT to Colo” model.</p> <p><u>Partner Engagement and Education</u></p> <ul style="list-style-type: none"> • They are actively working to engage new partners. • They planned a workshop on cultivating champions for 2018. <p><u>Coalition Development</u></p> <ul style="list-style-type: none"> • Presented state-level colorectal cancer data at annual coalition meeting in October. The team will assess further steps for the following 12 months.
West Virginia								<p><u>Provider-Oriented Strategies</u></p> <ul style="list-style-type: none"> • Tug River worked hard on their referral process to make sure there were follow-ups on referrals. • The patient navigator will be doing a clinic staff training on workflows, including a feedback session. She will also work with the people in the labs to make sure they are comfortable with the workflow. <p><u>Client-Oriented Strategies</u></p> <ul style="list-style-type: none"> • TUG River hired a patient navigator who is doing patient education; the improvements have been so successful that AEP has committed funding beyond the two years originally promised. • They give the patient their FITs and have the tests returned to them. They include a self-addressed envelope to their clinic. They make sure everything is labeled properly and send it to LabCorp with their daily clinic pick up.

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								<p><u>Practices Changes/Multi-Component</u></p> <ul style="list-style-type: none"> TUG River increased screening rates by 10%. They have completed a mailing campaign using the EHR, which was very successful.
Washington								<p><u>Coalition Development</u></p> <ul style="list-style-type: none"> There was staff turnover, and two of original five forum team members convened a re-boot meeting on April 19. A coalition task force was created, and two new community partners from a hospital system and an FQHC have joined. The plan set up four new committees focusing on advocacy, setting up best practices, appropriate GI materials, and survivorship. They will be revisiting their action plan and determining next steps.

Appendix B: Action Plan Graphics

The following sample action plan graphics visually illustrate team goals and actions for the program.



Appendix C: Table of Request Types by State

The following table summarizes the types of TA requests made by each team. The popularity of a request type can be seen by counting the number of diamonds in the horizontal row for the request type. For example, eight teams requested some type of Peer-to-Peer Learning, and eight teams requested learning more about Successful Health System Initiatives.

Request Type	AR	CO	CT	DC	HI	ID	IL	IN	KS	MD	MO	MT	NE	NJ	NC	ND	OH	RI	SC	WA	WV
Peer-to-Peer Learning		◆					◆		◆			◆	◆				◆		◆		◆
Successful Health Systems Initiatives					◆	◆	◆			◆	◆		◆			◆					◆
Coalition Development		◆	◆	◆		◆	◆													◆	
Evaluation					◆		◆							◆				◆		◆	
Key Messages					◆	◆										◆					◆
Webinar Templates and Best Practices						◆				◆							◆	◆			
EHRs				◆								◆	◆								
Patient Navigation					◆						◆										
Funding										◆					◆						
Resources – General													◆					◆			
Speaker Support	◆					◆															
TA Follow-Up									◆				◆								
Medicaid Expansion									◆												

Request Type	AR	CO	CT	DC	HI	ID	IL	IN	KS	MD	MO	MT	NE	NJ	NC	ND	OH	RI	SC	WA	WV	
Insurance Coverage																◆						
Policies			◆																			
Regional Models						◆																
Continuing Medical Education		◆																				
Population-Specific Resources					◆																	
Sharing Successes																		◆				
Surveying FQHCs			◆																			