



Health Equity Community Project ECHO

Medical Mistrust in Relation to Colorectal Cancer Screening

Thursday, June 29, 2023



Before we begin..

Please put your name, health center, organization, and location in the chat!

Welcome to the June Health Equity Community Project ECHO Session



Each ECHO session will be recorded and will be posted to echo.cancer.org



You will be muted with your video turned off when you join the call.
Use the buttons in the black menu bar to unmute your line and to turn on your video.
If you do not wish to have your image recorded, please turn OFF the video option.



Today's materials will be made available on echo.cancer.org



Type your name and organization in the chat box



This ECHO session takes place on the Zoom platform.
To review Zoom's privacy policy, please visit zoom.us/privacy



Remember: Do NOT share any personal information about any patient

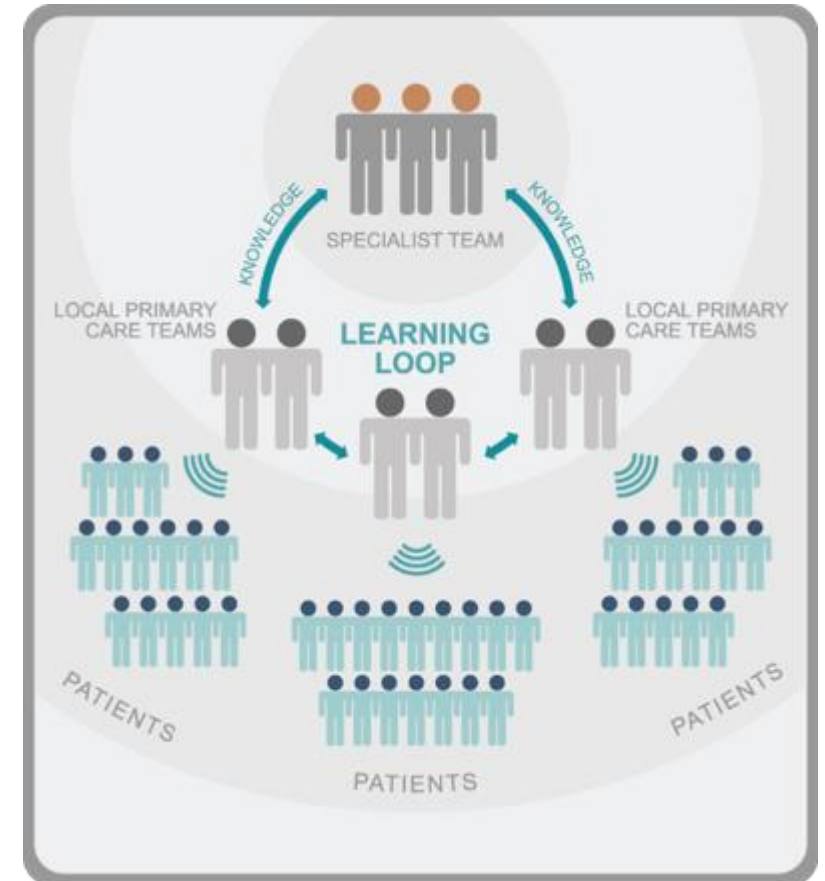


Questions about Zoom? Type them in the chat box to: Allison Rosen

What does Project ECHO do?

What does ECHO do?

- ▶ ECHO **effectively** and **efficiently** disseminates evidence-based strategies to improve cancer outcomes
- ▶ ECHO allows to **convene** for best practice sharing across health centers, institutions, and other silos
- ▶ For more information, please refer to your guidebook or visit www.echo.unm.edu

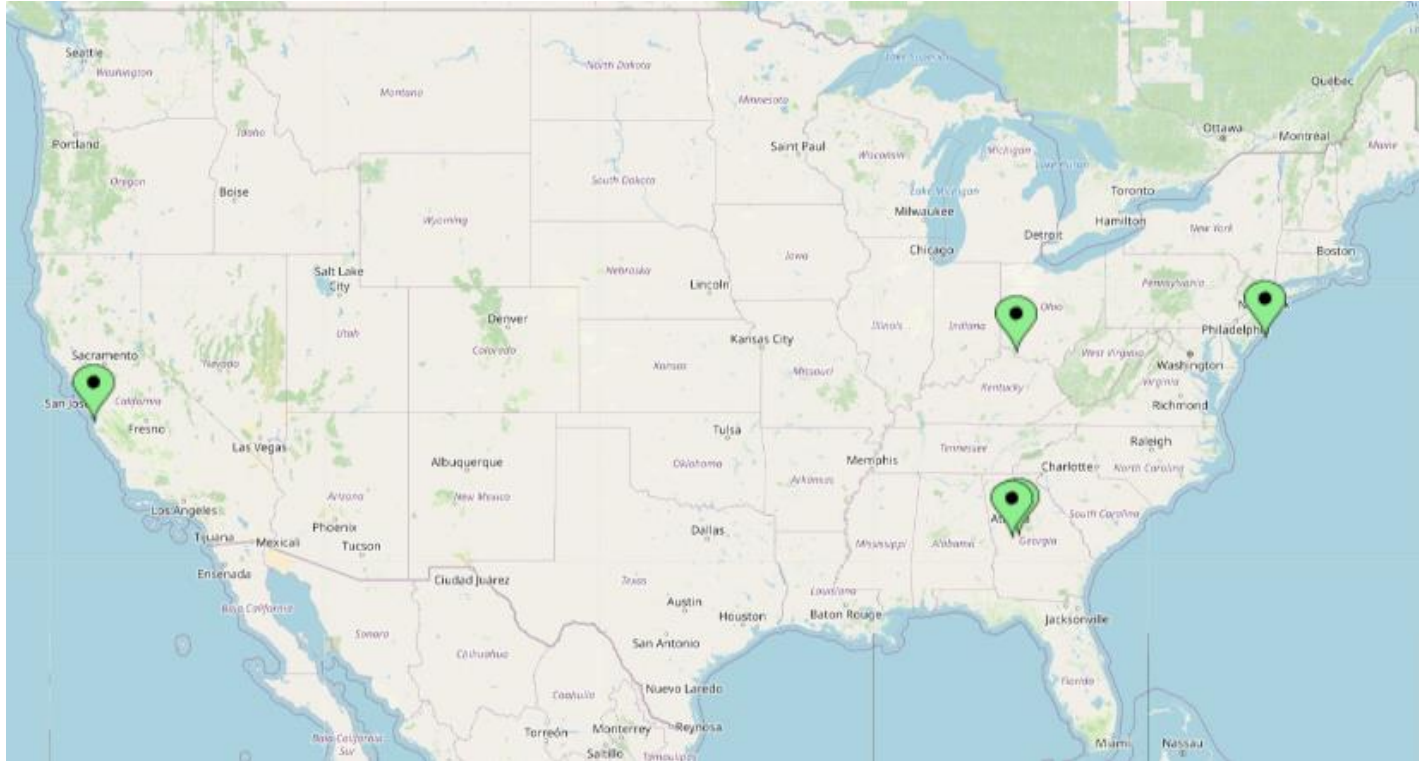


Health Equity Community Project ECHO Series

Purpose

- To share relevant health equity, medical mistrust, and colorectal cancer screening information with cohort sites to enhance their community projects
- To provide community project sites the opportunity to build their networks within their cohorts and learn from expert ECHO faculty speakers
- To offer an opportunity for cohort sites to share project-related challenges or questions; seek feedback from expert ECHO Faculty speakers, and learn best-practices from other community project site colleagues

Health Equity Community Project Sites (Cohort 2)



- **Asbury Park, NJ**
 - Visiting Nurse Association of Central New Jersey Community Health Center
 - Visiting Nurse Association Health Group
- **Dayton, OH**
 - Community Health Centers of Greater Dayton
 - West Care Ohio Inc. dba East End Community Services
- **Atlanta, GA**
 - Southside Medical Center
 - Urban Connected Atlanta/Bible Way Ministries International
- **Stone Mountain, GA**
 - MedCura Health Inc.
 - New Life Community Ministries, Inc.
- **Fremont, CA**
 - Bay Area Community Health
 - Vietnamese American Roundtable

Project ECHO Planned Topics

Session Date	Didactic Topics
September 28 2022	Understanding and Addressing Medical Mistrust: Introduction to the Group Based Medical Mistrust Scale
November 15, 2022	Measuring Mistrust using the Group Based Medical Mistrust Scale: Best Practices from a Community
January 27, 2023	Understanding Medical Mistrust Through the Colorectal Cancer Screening Lens
April 19, 2023	Patient Engagement Series: Fundamentals of Elevating Patient Voices Through the Use of Patient Advisory Councils and Governing Boards
June 29, 2023	Patient Engagement Series: Using Patient Voices to Improve Policies and Practices to Address Medical Mistrust in Relation to Colorectal Cancer Screening
August 24, 2023	Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board
October 2023	Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers
December 2023	Effective Strategies for Addressing Medical Mistrust: Patients Perspectives of Discrimination and Group Based Disparities
February 2024	Effective Strategies for Addressing Medical Mistrust: Patients Suspicion of Healthcare Providers

June Agenda

<p>Welcome and Introductions <i>ECHO Hub Introductions and Icebreaker</i></p>	<p>10 minutes</p>
<p>Didactic Presentation <i>Patient Engagement Series: Using Patient Voices to Improve Policies and Practices to Address Medical Mistrust in Relation to Colorectal Cancer Screening</i> <i>Jack Westfall, MD, MPH</i></p>	<p>20 minutes</p>
<p>Didactic Q/A</p>	<p>5 minutes</p>
<p>Case Study Presentation <i>Raksha Joshi, FACOG, FRCOG, FACPE, CPE, MBA, MS, MD</i> <i>Director Quality and Performance Improvement</i> <i>Director Reproductive Health</i> <i>Visiting Nurse Association of Central New Jersey Community Health Center</i></p>	<p>15 minutes</p>
<p>Case Study Q/A</p>	<p>5 minutes</p>
<p>Wrap-up</p>	<p>5 minutes</p>

Introductions and Icebreaker

Project ECHO Introductions

ACS ECHO HUB Staff

- Cecily Blackwater, MPH
- Tracy Wiedt, MPH
- Allison Rosen, MA

ECHO Faculty

- Anjana Sharma, MD, MAAS
- Jack Westfall, MPH, MD
- Beverley Johnson

For attendance purposes, please type your location, name, and organization in the chat box!



Last week marked the first day of Summer. What are your Summer plans?

This question applies to everyone (Community Project sites, ECHO Faculty, ACS staff, and our own health equity team)! Feel free to come off mute or type your answers into the chat box!

About Our Didactic Presenter



Jack Westfall, MD, MPH
Professor (Ret) Family Medicine
University of Colorado

Patient Voices

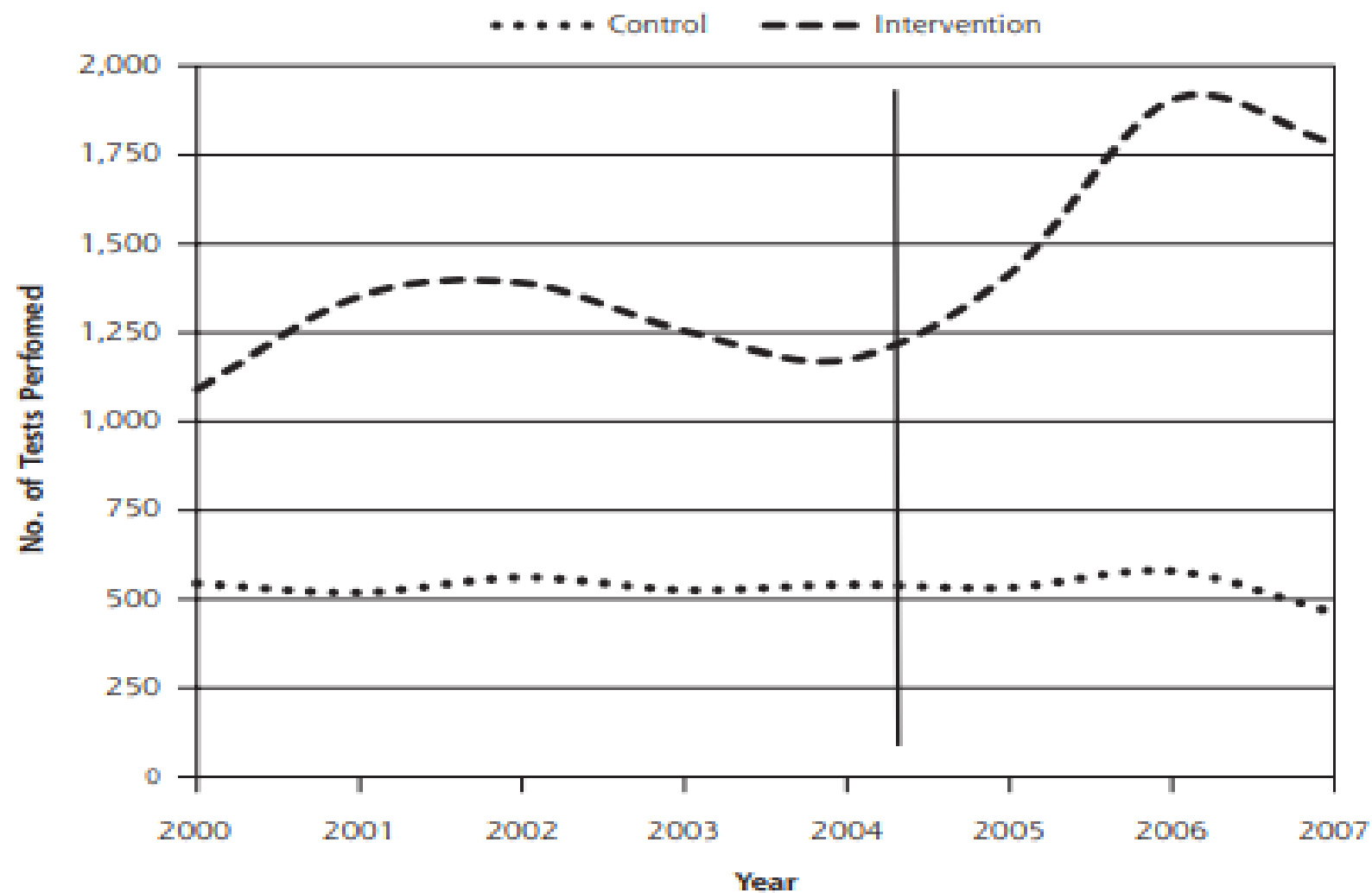
Improve Policies and Practices to Address Medical Mistrust in Colorectal Cancer Screening

Patient Engagement Series
American Cancer Society

Jack Westfall, MD, MPH
Professor (Ret) Family Medicine
University of Colorado

Nothing to disclose

Figure 3. Temporal changes in hospital endoscopy for intervention and control regions.



Note: Annual number of sigmoidoscopies and colonoscopies performed as reported by hospitals in the intervention region vs control region. Vertical line denotes beginning of intervention in 2004-2005.

I'm the researcher, where's the fire?



Patient Engagement

- Community-based Participatory Research (CBPR) is an emerging model of research within primary care.
- This model has been described as “systematic investigation, with the collaboration of those affected by the issue being studied, for the purpose of education and taking action or effecting social change.”
- CBPR is participatory, cooperative, and a co-learning process for researchers and community members.
- number of parallels between community-based research and efforts to create healthy communities.

Patient Engaged Participatory Research

- ground-up rather than top-down approaches,
- recognizing the limitations of expert knowledge and narrow single discipline approaches to complex human problems.
- “democratic participatory processes and social learning” about the meaning of health and other concerns in order to promote change.
- strengths of people and communities, including, their capacity for problem-solving.
- driven by community priorities, rather than those of outside experts.
- no cookbook or recipe, either for “doing” community-based research or “creating” a healthy community.

- Engagement is a partnership
 - **Community members bring individual expertise**
 - **Researchers bring expertise**
 - **This collaboration is synergistic**
 - **The research will be better**
 - **The programs and projects will be better**
 - will matter more,
 - and will be more fun.

“Stop building trust”

- Trust and mistrust
- First get some trust.....
- First, be trustworthy

What's it really take? Being Trustworthy

- Time
 - Show Up
 - Windshield time
 - Cold calls
 - Friend of a friend of a friend
- Coffee Cake and Betty Eastin
 - And coffee (the stronger the better)
 - Learn to like lutefisk and lefsa.
- The First idea, project, or program
 - Your idea
 - Their idea



What's it really take?

- Trust
- Cold Calls
- Gas money
- Rejection insurance
 - **Or counseling**
- An eager student or AmeriCorps volunteer
- Patience



What's it really take

- Resource needs. Remember that both you and the community members have resource needs
 - Travel time
 - Space to meet
 - Teleconference
 - Compensation
 - Honoria
 - Mileage and meal reimbursement
 - Childcare
 - Lodging
 - Email
- **At least meet 'em halfway**



Successful behaviors

- “The Community is always right!”
 - Ann Macaulay
 - **Listen to your community members**
- Teach your community partners about research and program evaluation
 - **Research methods**
 - **Program evaluation**
 - **Financing research**
 - **Bring your community partners to your meetings and convocations**
- Involve community members early in reviewing potential programs, projects, research and evaluation methods, data, results,
- Have community members help with articles and presentations
- But don't expect the community to do academic or administrative work

What our C.A.C. members want

- A sense that they are doing something important. Something that matters
- Movement – projects must move forward
- Results – our C.A.C. want to see the data
- The C.A.C. expects us to do our job and fulfill our promises and obligations
- The guiding principle of the C.A.C. is to help inform and guide research in real patient experience and assure information garnered returns to and improves the quality of health care in individual rural communities.

- **HPRN C.A.C.**

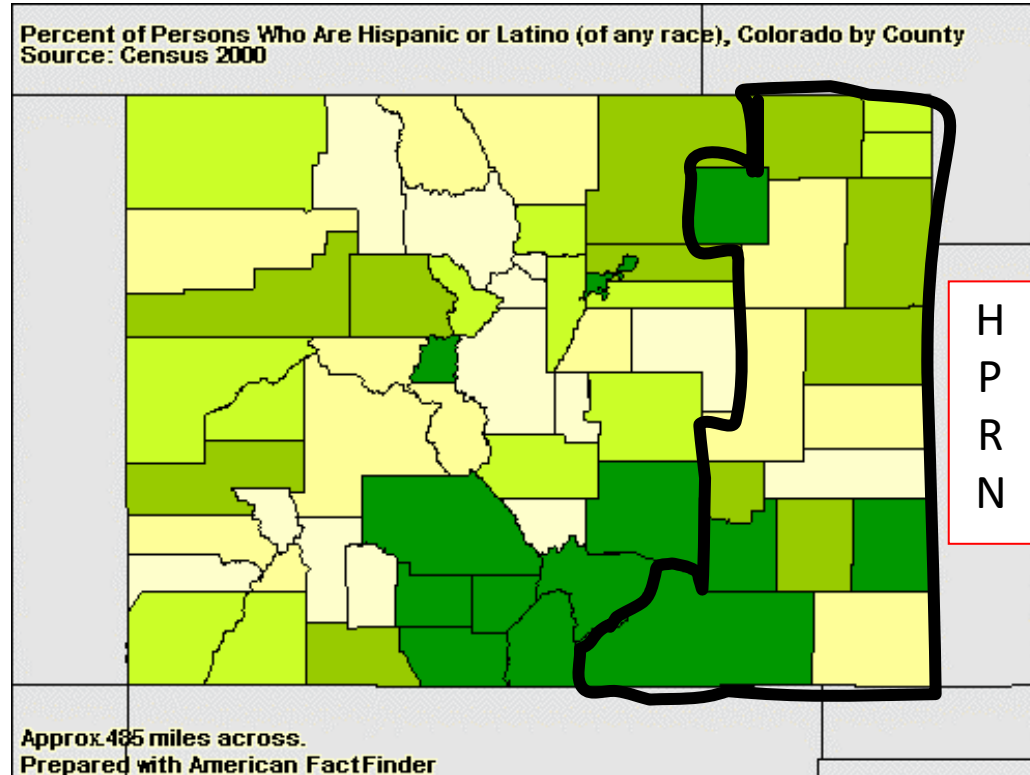


High Plains Research Network

• HPRN Mission Statement

- To provide excellent rural health care by translating the best scientific evidence into every-day clinical practice.

High Plains Research Network



- 16 counties
- 30,000 miles²
- 150,000 people
- 16 hospitals
- 50 practices
- 125 physicians, PA, NPs
- 75-300 miles from HPRN headquarters



- **The C.A.C. Mission Statement**
- The High Plains Research Network Community Advisory Council was developed in response to a growing awareness of the importance of involving communities in research.
- We believe it is essential to include the consumer and patient, that is – potential study participants, in the generation of research ideas, review of research protocols, and promotion of subject recruitment.
- **The guiding principle of the CAC is to help inform and guide research in real patient experience and assure information garnered returns to and improves the quality of health care in individual rural communities.**

Community members

- Maret Felzien and Ned Norman
Farmer/rancher, community college English teacher
- Mike Hernandez
Retired English teacher at prison
- Mary Rodriguez
Home visitation paraprofessional
- Kathy and Steve Winkleman
Elementary school teacher and farmer/rancher
- Marta and Rafael Flores
Local realtor and small business owner
- Sergio and Nora Sanchez
Hardware store owner and dental assistant
- Chris and Kaitlyn Bennett
College Students
- Ashley Sanchez

- In memoriam: Gary Haynes, farmer
Shirley Cowart, retired school secretary



Some attributes of the High Plains C.A.C.

- Ongoing, enduring
- Fluid, adaptable
- Participants, not necessarily representatives
- Diversity in age, gender, ethnicity, education, geography, employment.....
- No set requirements for level & type of involvement



HPRN Community Advisory Council Meeting, Yuma, CO



HPRN Community members learn



Learning spirometry at Asthma Boot Camp

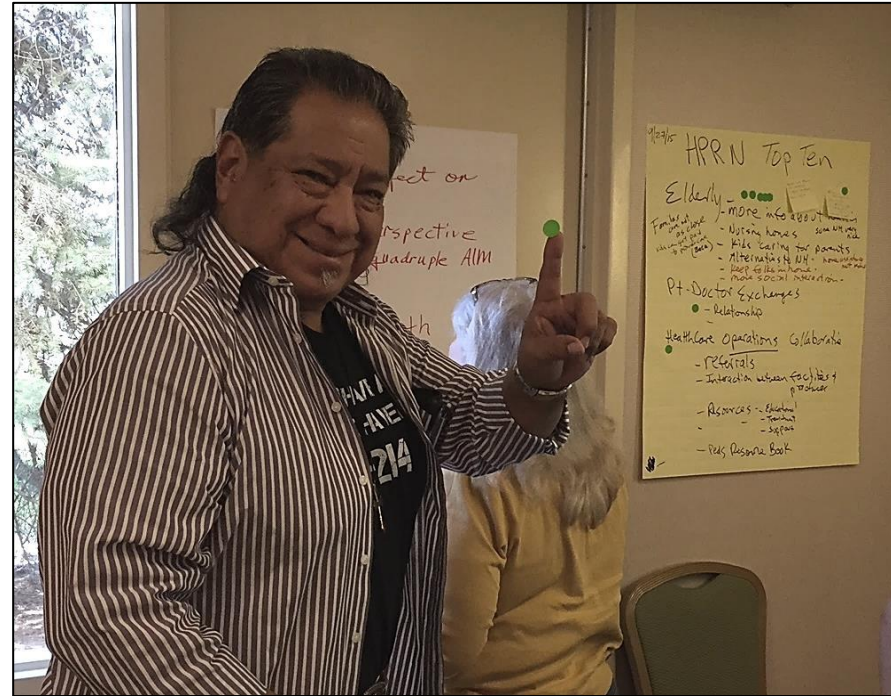
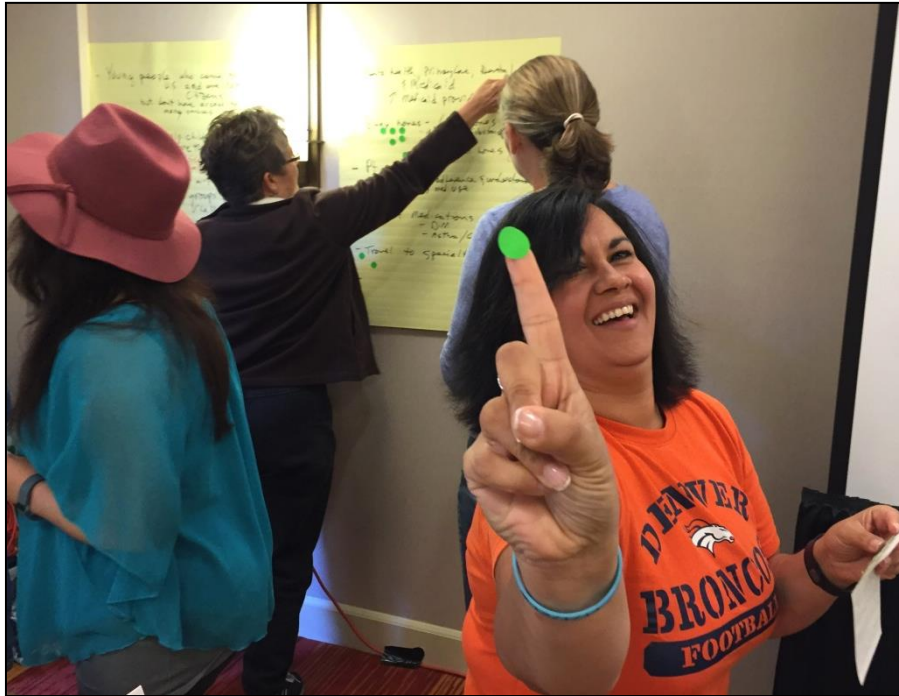
Tough Crowd





HPRN C.A.C. Meeting - Yuma, 2006





High Plains Research Network Retreat
Patients and community members setting the agenda

Colorectal Cancer Screening and HPRN



Boot Camp Translation for Patient Centered Outcomes:

CDC Grant for Colorectal Cancer Screening

- Learned all about colon cancer – epidemiology, screening methods, current literature on screening rates and barriers
- Read Malcolm Gladwell's "*Tipping Point*" to become familiar with social trends and marketing
- Brainstormed not just on *what* to tell folks but *how* to tell them



Boot Camp Translation

- quarterly for face-to-face meetings
- conference calls every two weeks (30 minutes)
- Many emails and individual phone calls!



Boot Camp Translation

- Do we have to use *coloRECTAL*”?
- What is “*screening*”?

TESTING TO PREVENT
Intervention Aimed at
Increasing Colorectal Cancer Screening Among
COLON CANCER
Men and Women

in Rural Colorado

The Message

- Colon cancer is the second leading cause of cancer death in the United States
- Colon Cancer is preventable
- Testing is worth it
- Talk to your doctor about testing to prevent colon cancer

The Dissemination

- Newspaper articles by local doctor
- Newspaper story about local person
 - **Cancer survivor**
 - **Community member who was tested**
 - **Family member**
- Advertisement with each message and local person in the ad
- Community talks by physicians and community members
- “Farm Auction” Flyer
- Travel Mugs provided by HPRN practices
 - **“Got Polyps?”**

Colon Cancer is Preventable.



Pass this card along.

Kenneth and Alois Heermann | Holyoke, Colorado

Make an appointment with your doctor to talk about colon cancer testing, take this card to your appointment, and receive a FREE travel mug (while supplies last).



- Colon cancer is the second leading cause of cancer death in the U.S.
- It is preventable.
- Testing is worth it.
- Talk to your doctor today.

THIS MESSAGE BROUGHT TO YOU BY THE JOINT PLANNING COMMITTEE, HIGH PLAINS RESEARCH NETWORK.

Farm Auction

ask your doctor about Colon Cancer

Did you know that....colon cancer is the second leading cause of cancer death in the US....colon cancer is preventable....colon cancer testing is worth it...you should talk to you doctor about testing today!

Auction

Take Action



Tractors, Combine, Trucks Pickups and Cars

Your risk for colorectal cancer may be higher than average if you or a close relative have had colorectal polyps or cancer or if you have inflammatory bowel disease.

Regular screening for polyps using sigmoidoscopy or colonoscopy can prevent cancer and save your life.

Talk to your doctor!

Your doctor can find and remove colon polyps before they develop into cancer.

A sigmoidoscopy views the lower part of the colon (where two-thirds of colorectal cancers occur).

A colonoscopy examines the entire colon and allows any polyps found to be removed.

Farm and Shop Items

Colorectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway connecting the colon to the anus.

Several different screening tests can be used to test for polyps or colorectal cancer. Each can be used alone. Sometimes, they are used in combination with each other.

Fecal Occult Blood Test or Stool Test—A test you do at home using a test kit you get from your health care provider. You put stool samples on test cards and return the cards to the doctor or lab. This test checks for occult (hidden) blood in the stool.

Flexible Sigmoidoscopy—A test in which the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer in the rectum and lower third of the colon. Sometimes this test is used in combination with the fecal occult test.

Colonoscopy—This test is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer in the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

Double Contrast Barium Enema—A test in which you are given an enema with a liquid called barium. The doctor takes x-rays of your colon. The barium allows the doctor to see the outline of your colon to check for polyps or other abnormalities.

Talk to your doctor!

Machinery

Colon cancer occurs when polyps (small growths in the colon) start to grow abnormally.

Not all polyps will develop into cancer, but nearly all colon cancers come from polyps.

Removal of polyps prevents the chance that one might become abnormal and develop into colon cancer.

Talk to your doctor!

Miscellaneous

- Most colon cancers develop from polyps in the colon.
- An estimated 105,000 new colon cancer cases will be diagnosed this year in the U.S. 1600 new cases will be in Colorado.
- Each week, about 6 women in Colorado die from colon cancer compared to about 9 women dying from breast cancer.
- Most people who have colon polyps do not experience any symptoms.
- Men and women have a similar risk of getting colorectal cancer.
- Regular testing for colon polyps to prevent colon cancer can save your life.
- 1 in 3 people over 65 has a colon polyp.

Talk to your doctor!

Collectables

People who have polyps or colorectal cancer don't always have symptoms, especially at first. Someone could have polyps or colorectal cancer and not know it. If there are symptoms, they may include:

Blood in or on your stool (bowel movement).

Stomach aches, pains, or cramps that happen a lot and you don't know why.

A change in bowel habits, such as having stools that are narrower than usual.

Losing weight and you don't know why.

If you have any of these symptoms, talk to your doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

Talk to your doctor!

Auctioneers:

The Joint Planning
Committee, High Plains
Research Network

Talk to your doctor!



ter the race through other
Adams of Akron and Jim Drul-
Johnson as secretary. The Va-
cancy Committee was desig-
ers and the use, as well as the
ownership, of water.

HPRN for rural health care

by Shirley Cowart
What is HPRN?

The High Plains Research Network (HPRN) is a community-based research program designed to promote a positive attitude toward health issues in rural northeastern Colorado. With community support, the mission of the Network is to, "provide excellent health care by translating the best scientific evidence into everyday practice." The High Plains Research Network itself feels it is essential to include the consumer and/or patients in creating research ideas, reviewing research protocol and ideas for future research that would benefit the communities involved.

In 1996, the Department of Family Medicine at the University of Colorado formed

rural northeastern Colorado counties included in the Network area.

The guiding principal of the HPRN is to help inform and direct research in a real patient experience, and assure that this information returns to the community to improve the quality of health care in our area.

Some of the accomplishments of the research include an increased understanding of the role of hospital transfer in the care of rural patients suffering from heart attacks, improved access to health care for Hispanic community members in Yuma County, an assessment of the knowledge and attitudes towards palliative care by health care professionals, and a better understanding of why

(ECG) in each hospital in northeast Colorado and several of the medical offices in the network.

The capability of people in the Northeastern Plains of Colorado to make decisions about research in their area is both recognized and respected.

You are important. Your input is important whether or not you have health care issues at this time. Further information, surveys and/or articles will follow periodically to inform the public concerning the progress of the High Plains Research Network.

I like the dreams of the future better than the history of the past.

—Thomas Jefferson



Impress Mom With Beautiful

Colon cancer is the second leading cause of cancer death in the U.S.

Take this card to the doctor's office, and receive a **FREE** travel mug (while supplies last).



Jim Santomaso
Sterling, Colorado

- Colon cancer is the second leading cause of cancer death in the U.S.
- It is preventable.
- Testing is worth it.
- Talk to your doctor today.

This message brought to you by the Joint Planning Committee, High Plains Research Network.



Llévese esta tarjeta consigo al consultorio de su doctor, y reciba una jarra para café gratis.

Mientras que las fuentes duren.



Y pase otra tarjeta, también.

- En los Estados Unidos el cáncer del colon ocupa el segundo lugar de todas las muertes que resultan de cáncer.
- Esto se puede prevenir.
- Vale la pena hacerse examinar.
- Hable hoy con su doctor.


Joint Planning Committee, High Plains Research Network.





**Colon Cancer Prevention Talk
Haxtun, CO Gun Club**


Take this card to your doctor
and get a **FREE** travel mug.
While supplies last.




Jerry Guy
Seibert, Colorado

And pass a card along, too.

- Colon cancer is the second leading cause of cancer death in the U.S.
- It is preventable.
- Testing is worth it.
- Talk to your doctor today.

Joint Planning Committee, High Plains Research Network. 


Take this card to your doctor
and get a **FREE** travel mug.
While supplies last.




Sergio Sanchez
Yuma, Colorado

And pass a card along, too.

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Joint Planning Committee, High Plains Research Network. 

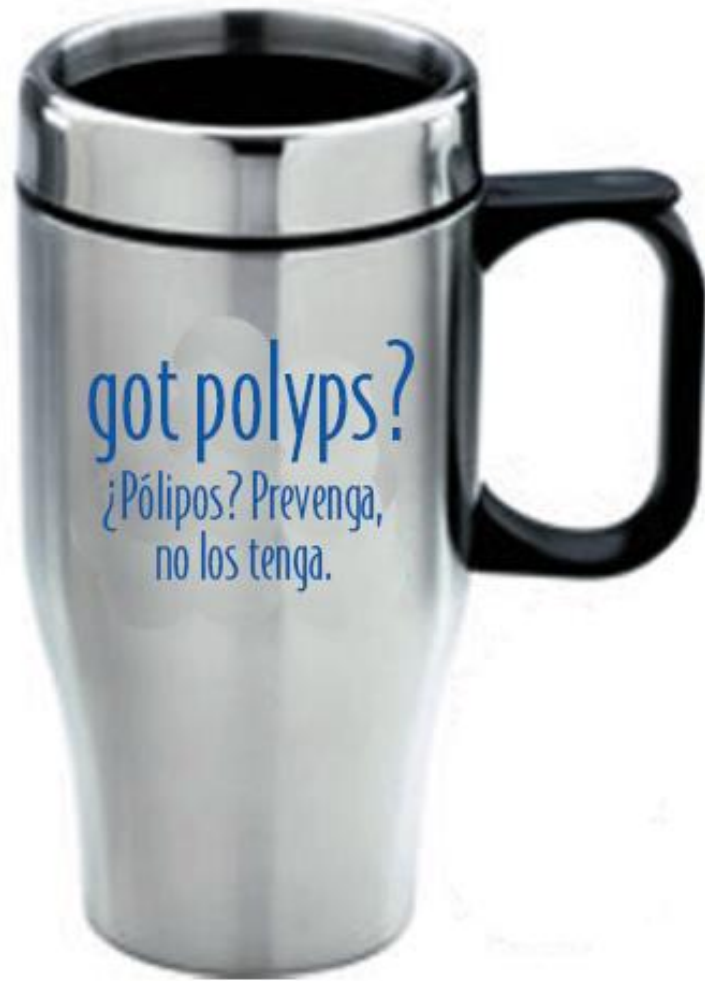
If you're over 50, it's time for
the rubber to meet the road.



Don Enninga ~ Fort Morgan, Colorado

Starting at age 50, both men and women should discuss the full range of colon cancer testing options with their doctor.

Testing to Prevention Colon Cancer "Palm Cards"





Preparing for Session at SNOCAP-AHEC Convocation
Vail, CO

HPRN responding to health care needs in Northeastern Colorado

Have you ever wondered if health care in Logan County is as good as it could be? High Plains Research Network wants to prove that it is.

The High Plains Research Network (HPRN) is a community based research program designed to promote a positive attitude toward health issues in rural northeastern Colorado.

With community support, the mission of the Network is to "provide excellent health care by translating the best scientific evidence into everyday practice." The researchers involved with HPRN feel it is essential to include the consumer and/or patients in creating research ideas,

reviewing research protocol, and eliciting ideas for future research that will benefit the communities involved.

Some of the accomplishments of the research include an increased understanding of the role of hospital transfer in the care of rural patients suffering from heart attacks, improved access to health care for Hispanic community members in Yuma County, an assessment of the knowledge and attitudes towards palliative care by health care professionals, and a better understanding of why providers make particular medical decisions in patients with diabetes.

HPRN has also provided state of



the art electrocardiograph machines (ECG) in each hospital in Northeastern Colorado and several of the medical offices in the network.

In 1996, the Department of Family Medicine at the University of Colo-

rado formed the High Plains Research Network in collaboration with the medical communities within nine counties (Phillips, Morgan, Sedgwick, Washington, Yuma, Kit Carson, Cheyenne, Lincoln, Logan) in rural northeast Colorado. HPRN is directed by Dr. Jack Westfall, an Associate Professor at the University of Colorado Health Sciences Center.

Being a native of Yuma, and a family doctor at the Plains Medical Center in Limon, Dr. Westfall is familiar with the medical services and care available to the northeastern Colorado counties included in the Network area.

Informing and directing research in a real patient experience are the guiding principals of HPRN. A subsequent goal is to return this information to the community to improve the quality of health care in our area.

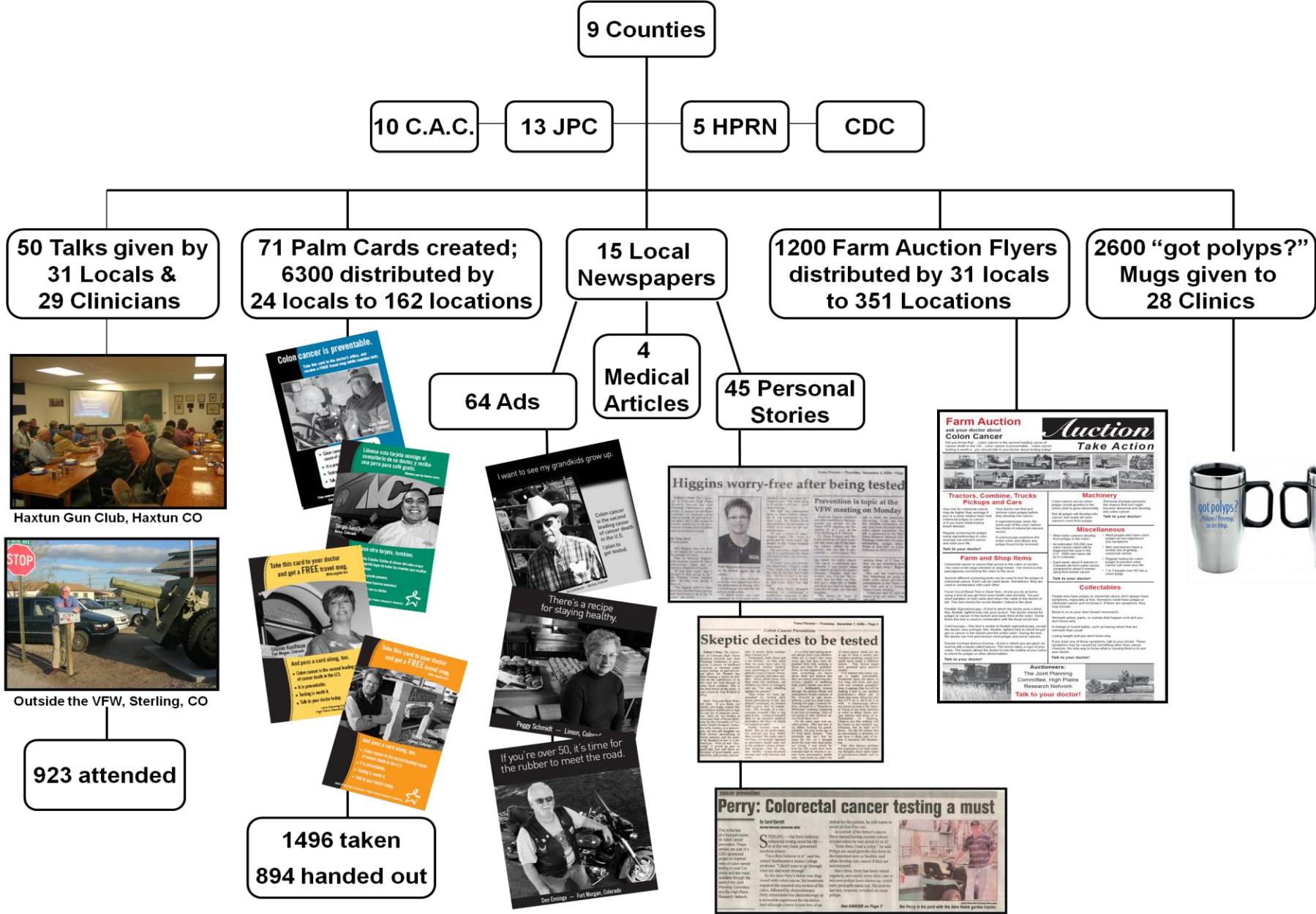
The ability of people in the Northeastern Plains of Colorado to make decisions about research in their community is both recognized and respected. Your input is important whether or not you have health care issues at this time.

Further information, surveys and/or articles will follow periodically to inform the public concerning the progress of the High Plains Research Network. Your Logan County members of HPRN Advisory Council are Maret Felzien and Ned Norman.

(By Maret Felzien, a Logan County member of the HPRN Advisory Council.)



Health Fair – Fort Morgan, Colorado



229 local people participated in the implementation of "Testing to Prevent Colon Cancer"!

HPRN C.A.C. members teach



Chris and Kaitlyn Bennett (Limon) present COMET at the North American Primary Care Research Group Annual Meeting



Ned and Maret on Plenary Panel Talk
NAPCRG Practice-Based Research Network Conference 2015

They Walk



Limon **Relay for Life** Cancer Fundraiser (Winkelmans, Linda Z, and Hilary Lengel)



Packs for Puerto Rico
North American Primary Care Research Group Meeting
Puerto Rico, 2008

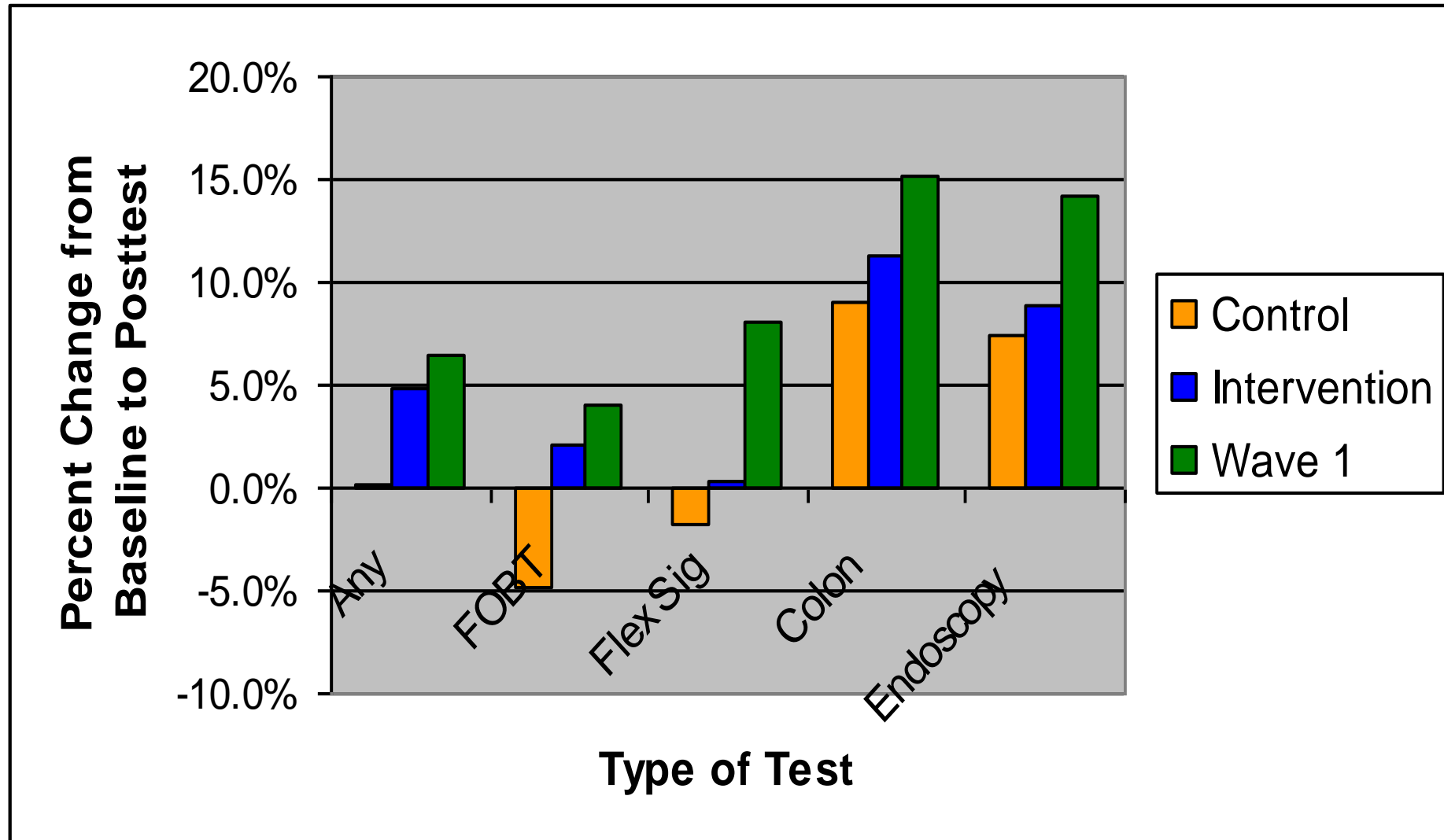
The “Just Right” Participant

- Curious
- Basic health care knowledge
- Experience as a patient
- Has the time
- Able to travel
- Willing to take a few risks
- No singular personal agenda
- Sense of humor
- Have a sense of purpose to the advisory work
- Able to think outside themselves, put themselves in others' shoes.
- Can speak humbly about their own experience/expertise.
- Listens

Did it work?

- Reach
 - **68% of a random sample of community members had seen at least one of the materials**
 - **the more products seen the more likely they were to report plans to get tested**
- Outcome
 - **27% increase in plans to get tested**
 - **9% increase in any test**
 - **15% increase in endoscopy screening**
 - 9% increase in our control communities
 - however, the control communities were “contaminated”
 - Up to 40% of the control community respondents also reported seeing our products
- When the community likes something they share it
- **Changed the language**
- **Changed the conceptual constructs for colon cancer Prevention**

Figure 1 Pre-Post Changes in “Ever Tested” Rates





**“I know this program. You saved my life! “
-- attendee of Sterling Relay for Life**

• Thank you

- Linda Zittleman, HPRN Research Director
- Don Nease, HPRN Investigator
- Christin Sutter and Susan Gale HPRN Research Field Associates and Community Liaisons
- Partnership of Academicians and Communities for Translation
- Montelle Tamez, CCTSI Community Engagement Program manager
- Community Advisory Council Members
- All the community members that participate and support us.
- Docs, PAs, NPs, Nurses, practice staff in the HPRN
- Numerous other folks in the Department of Family Medicine and the University of Colorado Denver School of Medicine



Didactic Questions?

About Our Case Study Presenter



Raksha Joshi, FACOG, FRCOG, FACPE, CPE, MBA, MS, MD
Director Quality and Performance Improvement
Director Reproductive Health
Visiting Nurses Association of Central New Jersey Community Health Center

THE 'TEAM' APPROACH TO IMPROVE COLORECTAL CANCER SCREENING IN AN UNDERPRIVILEGED AND UNDERSERVED VULNERABLE POPULATION

RAKSHA JOSHI FACOG, FRCOG, FAAPL, CPE, MBA (HCM), MS
DIRECTOR OF QUALITY AND PERFORMANCE IMPROVEMENT
DIRECTOR OF REPRODUCTIVE HEALTH
VNAHEALTH GROUP AND CHCs OF NEW JERSEY

**OBJECTIVE: Improve health care screening for
ColoRectal Cancer (CRC)**

Key Staff Involved

- **Director of Quality and Performance Improvement**
- **Chief Medical Officer**
- **All Clinicians**
- **All Clinical Staff**
- **...at all our four locations!**

STRATEGIES UTILIZED

- Our colorectal cancer screening rates were extremely low. (12%)
- I utilized the 'team approach' to build a team consisting of our medical assistants, care providers (physicians, NPs and APNs), as well as resident physicians and their preceptors to achieve the goal of increasing our colorectal screening rates.
- I identified a point person at each of our sites to be the 'champion' for our project
- Utilized data tracking for each provider on colorectal cancer screening tests ordered and returned
aggregated and presented data at each month at each site's site meeting to give constant feedback to further improve rates and provide positive reinforcement
- Utilized our health information technology department for data tracking.
- By using this approach, we have been able to improve our colorectal screening rates from 12.75% to 24.98% from January 2022 to June 2022 (six months) i.e., doubled our screening rates in six months
- And are continuing to improve each month. May 2023 rate is 27%

DAY TO DAY CLINICAL WORKFLOW STRATEGIES

- Utilized morning 'Huddle' to identify patients and check for eligibility to screening and screening Type
- CNAs prepare the CRC screening kits and remind provider to place order and explain to patient how to perform the test
- Give each patient a 'deadline' i.e., within how much time/days to turn in the completed kit
- Expectation is for the patient to submit the completed kit within a maximum of one week
- If not submitted within one week, initiate a reminder phone call to patient
- Follow-up calls (process) to patients who take home the iFOBT- Follow-up within one week
- Institute follow-up log for CRC with 'tabs' for each ordering provider for ease of follow-up
- Maintain logs meticulously -- Lead CMA at each site to take responsibility with clinical nurse manager at each site

Successes

**Significant improvement
on ALL performance indicators**

- (1) CRC Screening → 15%
Improvement (12 to 27%)
- (2) Breast Cancer Screening → 25.05%
Improvement (19.5 to 44.6%)
- (3) Cervical Cancer Screening → 15.75%
Improvement (32.4 to 48.2%)

Potential Issues / Barriers

- Patient linguistic, financial, transportation, health literacy factors
- Staff shortages
- Accurate data collection
- Pandemic
- Staff and Provider motivation

Lessons Learned and Next Steps

- Performance improvement is a team effort
- Utilize every visit regardless of reason, to check on preventive screenings and order/obtain as indicated
- Monitor and give regular feedback
- Patient education is critical to compliance

Other Performance Indicators to continue monitoring and work towards further improvement

- (1) Colorectal Cancer Screening
- (2) Cervical Cancer Screening
- (3) Breast Cancer Screening
- (4) Diabetes Care Indicators
- (5) Childhood Immunizations
- (6) Prenatal Care Entry
- (7) HIV and Other STI screening (HepB/C, RPR)

**THANK
YOU**

Questions?

Health Equity Community Project Case Study Overview

Presenting a Case Study

- Submission of cases for presentation and discussion is a key component in the Project ECHO model.
- It is critically important for knowledge building and sharing for all ECHO participants and is therefore an expectation for Community Leadership Teams to present at least one case study within the 18-month project period
- Community project sites are encouraged to present a case study involving information on their population of focus, efforts related to addressing medical mistrust within their community, and/or challenges involving project implementation.
- Community project sites will be notified **a month in advance** to present a Case Study for the next ECHO Session.
- Community Leadership teams will be provided with a Case Study presentation Power Point template, which will solicit demographic and relevant information pertaining to Community Project efforts. The Power Point will also include a section for listing questions Community Leadership Teams may have concerning their projects.
- **Please submit completed Case Studies to cecily.blackwater@cancer.org one week prior to the scheduled ECHO Session**



Project ECHO Session Survey

Next Project ECHO Session

ECHO Session #6 – August 24, 2023, at 11am MT/12pm CT/1pm ET



Beverley H. Johnson, FAAN

President and Chief Executive Officer

Institute for Patient-and Family-Centered Care (IPFCC)

Topic: *Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board*

Next Steps

Check-in Call:

- July 30, 2023 at 11am MT/12pm CT/1pm ET

Baseline Data:

- Group Based Medical Mistrust Scale Individual Site Analysis



Thank You