

# 2024 Prostate Cancer Screening IMPACT ECHO



Prostate cancer is the 2<sup>nd</sup> leading cause of cancer death in U.S. men with an estimated 34,700 deaths from prostate cancer expected in 2023. Since 2011, the diagnosis of advanced-stage prostate cancer has increased 4%-5% annually.<sup>1</sup> Shared decision-making and appropriate PSA testing is underutilized even with high-risk patients. Too many patients lack the access and opportunity for diagnosis at an early stage when prostate cancer has a 99% relative survival rate. Alternatively, diagnosis of prostate cancer at a late stage has a 32% relative survival rate.<sup>3</sup> We must address these shifts to improve prostate cancer outcomes for all men, especially for Black/African American men who carry a disproportionate burden of occurrences and deaths in the U.S.

The American Cancer Society is excited to announce the launch of the **Prostate Cancer Screening IMPACT ECHO**. This ECHO is part of our [IMPACT Initiative – Improving Mortality from Prostate Cancer Together](#) to improve outcomes for all and reverse disparities for Black/African American men. We will bring together teams from 10 FQHCs/other safety-net primary care clinics serving a large population of Black/African American patients with national Subject Matter Experts. Your primary care system will receive a **\$20,000 Prostate Cancer Screening Capacity Building Grant** for being an ECHO Participant Site.

## Goals

Together with our Participant Sites and Subject Matter Experts using the ECHO's all-teach, all-learn approach, we aim to:

- Increase appropriate prostate cancer screening
- Increase utilization of prostate cancer shared decision-making tools by primary care teams
- Increase relationships and streamline referral pathways with urologists/other specialty providers within the medical neighborhood
- Increase data capacity to risk-stratify patients, track shared decision-making processes, track PSA results, identify trends, and collect and utilize data for pre-biopsy risk calculator and/or referral to specialty care

## What is Project ECHO?

[Project ECHO \(Extension for Community Healthcare Outcomes\)](#) is a learning framework that democratizes knowledge and improves outcomes across a variety of disciplines and topic areas. ECHO Sessions offer a tele-mentoring learning loop conducted via Zoom, during which a facilitator and subject matter experts share best practices and contribute to the all-teach, all-learn virtual environment through case-based and didactic discussion.



An estimated **288,300** new cases of prostate cancer will be diagnosed, and about **34,700** people will die from prostate cancer in 2023.<sup>1</sup>



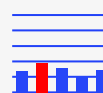
**2<sup>nd</sup>** leading cause of cancer death in U.S. men, **+3%** per year, 2014-2019, after two decades of decline.<sup>1</sup>



Diagnosis of advanced-stage prostate cancer has increased **4%-5%** annually.<sup>1</sup>



**2.1x** higher likelihood of death in Black men versus White men.<sup>2</sup>



Only **35%** of men 50 years and older received a PSA test in the past year and only **31%** of Black men and **28%** of Hispanic men in 2021.<sup>3</sup>

<sup>1</sup> American Cancer Society. [Cancer Facts & Figures 2023](#). Atlanta: American Cancer Society; 2023 <sup>2</sup> [Cancer Facts & Figures for African American/Black People 2022-2024](#). Atlanta: American Cancer Society, Inc. 2022. <sup>3</sup> [Cancer Prevention & Early Detection Facts & Figures 2023-2024](#). Atlanta: American Cancer Society; 2023-2024.

## How are the ECHO sessions structured?

Each 60-minute ECHO session has two main components: case-based discussion and didactic presentation. During each monthly session, one or more participant sites will present a patient case for discussion and tele-mentoring from the Hub Team of Subject Matter Experts along with the other participant sites. One or more of the Subject Matter Experts will present the didactic component of each session. Preview the [ECHO Case Presentation Form](#) to learn more about this valuable part of our ECHO sessions.

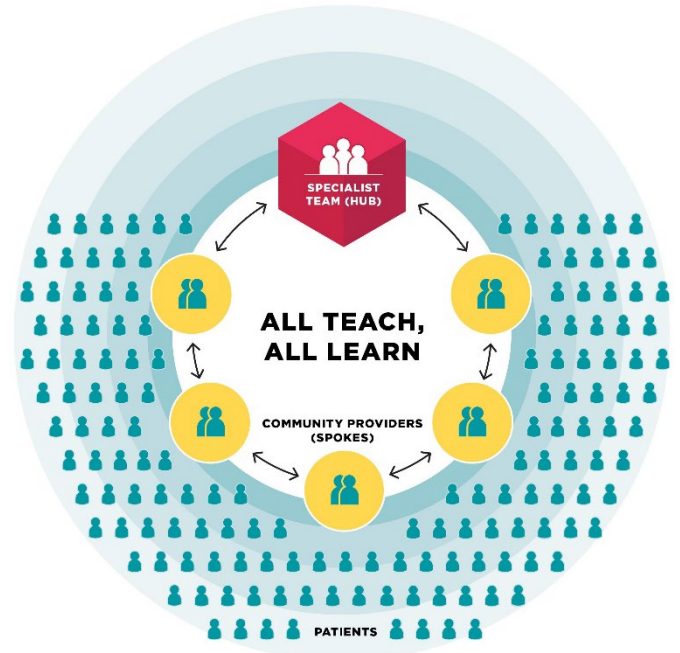
## What is expected of Participant Sites?

ECHO participants report improved professional satisfaction, reduced isolation, rapid learning and best-practice dissemination, reduced variations in care, and better health outcomes for their patients. To ensure our participants receive full benefits of the ECHO Model, we ask that each participant site:

- Build a small multidisciplinary ECHO team including a combination of clinic/system team members
- Join each monthly 60-minute ECHO session with 3 or more team members and participate in discussion with video on
- Submit and deliver at least one (1) case presentation over the course of the ECHO series
- Integrate tools, strategies and processes learned into your clinical practice
- Utilize grant funds (within established parameters) to support systems change within your setting to meet our shared goals
- Submit data collection forms, surveys, and assessments on or before due dates

Preview the [DRAFT Capacity, Systems and Strategies Inventory C-SASI](#) to learn more data collection tools and how we will be assessing capacity.

*Inspired by the way clinicians learn from medical rounds during residencies, the [ECHO Model](#)<sup>®</sup> has evolved into a learning framework that applies across disciplines for sustainable and profound change.*



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## Proposed ECHO Didactic Presentations from Subject Matter Experts

	The Science of Prostate Cancer Screening: Risks, Benefits, and Strategies to Reduce Overdiagnosis and Overtreatment		Increasing relationships and streamlined referral pathways with urologists within the medical neighborhood
	Informed Decision Making, Effective Shared Decision-Making Conversations and Decision Aids with Focus on Black/ African American Patients		Utilizing data for pre-biopsy risk calculation and/or referral to urology
	Addressing Implicit Bias within Primary Care to Improve Patient Provider Engagement		Tailoring screening frequency and using/navigating patients to secondary tests before and after biopsy
	Utilizing data to risk stratify patients, track SDM, and track PSA results and trends		Managing/co-managing observation and active surveillance strategies within primary care

## 2024 Prostate Cancer Screening IMPACT ECHO Timeline

Curriculum Topics for Didactic Component		Health System Activity	Data & Reporting
2023	October	Recruitment begins!	
	November	Q&A with interested partners 10/30 12:00pm ET [REGISTER], 11/3 9:00am ET [REGISTER], 11/6 2:00 PM ET [REGISTER], 11/13 3:00 PM [REGISTER]	Commitment Form Due: <i>on or before 11/29/2023</i> Notification of Selected Participant Sites 11/30/2023
	December		Signed/Executed Grant Agreement & Payment Information Form Due: <i>on or before 12/15/2023</i>
2024	January	ECHO Orientation – ECHO Hub Team & Participant Introductions, Project Goals, Intro to the ECHO Model	
	February	The Science of Prostate Cancer Screening: Risks, Benefits and Strategies to Reduce Overdiagnosis and Overtreatment	Pre-ECHO Assessment Due: <i>Prior to Session 1 – February 2024</i> <b><u>Baseline Capacity, Systems &amp; Strategies Inventory (C-SASI)</u></b> Due: <i>on or before 2/21/2024</i>
	March	Informed Decision Making, Effective Shared Decision-Making Conversations and Decision Aids with Focus on Black and African American Patients	
	April	Addressing Implicit Bias within Primary Care to Increase Efficacy of Patient & Health Care Team Engagement	
	May	Utilizing data to risk stratify patients, track SDM, and track PSA results and trends	
	June	Increasing relationships and streamlined referral pathways with urologists within the medical neighborhood	
	July	Utilizing data for pre-biopsy risk calculation and/or referral to urology.	
	August	Tailoring screening frequency and using/navigating patients to secondary tests before and after biopsy.	
	September	Managing/co-managing observation and active surveillance strategies within primary care.	
	October		Mid-Program Progress Assessment and Grant Spend Update Due: <i>on or before 7/31/2024</i>
	November		Post-ECHO Series Assessment Due: <i>2 weeks post series September 2024</i>
	December		
2025	January		Final Capacity, Systems & Strategies Inventory and Grant Spend Report Due: <i>on or before 1/17/2025</i>
	February		
	March		6 Month Post-ECHO Series Assessment Due: <i>March 2025</i>

## What are the requirements of the \$20,000 Capacity Building Grant?

**Permitted Expenses:** 100% of the grant funds shall be used to support:

- active participation in all ECHO sessions
- integration of tools, strategies, and learnings from this ECHO into clinical practice
- data collection, utilization, and reporting

**Restricted (not permitted) Expenses:**

- Conducting research (beyond those activities required to capture the project impact measures)
- Reimbursement for expenses incurred prior to the grant term
- Influencing the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before any legislative body
- Cancer treatment
- General equipment including, but not limited to, phones and printers

**Payments:** First payment of \$10,000 will be issued within 60 days following execution of the Grant Agreement by 12/15/2023. Second payment of \$10,000 to be issued within 120 days following approved submission of the Mid-Program Progress Assessment and Grant Spend Update due on or before 7/31/2024.

## Guidance on Expenses

	Permitted	Not Permitted
<b>Personnel</b> <i>Maximum: 75% (\$15,000)</i>	<ul style="list-style-type: none"> <li>• Salaries and benefits for ECHO team members</li> <li>• IT personnel working on EHR or data related to project</li> <li>• Clinical or non-clinical staff working on integration of tools, strategies, and learnings into clinical practice</li> </ul>	
<b>HIT/EHR</b> <i>Maximum: 75% (\$15,000)</i>	<ul style="list-style-type: none"> <li>• Upgrading existing software or new platforms for improved data management and tracking/monitoring/analysis of shared decision-making, risk stratification and screening related tracking</li> <li>• Consulting fees for EHR / Population Management modifications</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of or updates to patient-facing websites</li> </ul>
<b>Meetings, Travel, &amp; Trainings</b> <i>Maximum: 15% (\$3,000)</i>	<ul style="list-style-type: none"> <li>• Food and beverages for hosted meetings</li> <li>• Meeting materials</li> <li>• Conference and training attendance fees</li> <li>• Gas/mileage reimbursement and/or flights and hotels for meetings, conference and/or training</li> </ul>	
<b>Printing, Supplies, &amp; Postage</b> <i>Maximum: 15% (\$3,000)</i>	<ul style="list-style-type: none"> <li>• ACS-branded materials available</li> <li>• Printing of EXISTING materials (e.g. decision aids) (funds cannot be put towards design of NEW materials)</li> <li>• Translate/trans-create EXISTING materials into languages needed to reach populations of focus</li> <li>• Postage for patient communication (e.g. reminder postcards)</li> </ul>	<ul style="list-style-type: none"> <li>• Designing NEW materials</li> </ul>
<b>Screening Expenses</b> <i>Maximum: 20% (\$4,000)</i>	<ul style="list-style-type: none"> <li>• Subsidized coverage for PSA screening and diagnostic services where need exists</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer treatment</li> <li>• No screening equipment (e.g. imaging machines, mobile screening van)</li> </ul>
<b>Overhead/Indirect</b> <i>Maximum: 10% (\$2,000)</i>	<ul style="list-style-type: none"> <li>• Administrative expenses/Facilities</li> <li>• Telephone line/internet expenses for project purposes</li> </ul>	