"I got screened. Now, I'm talking about it."

Linn, Benton, Lincoln Colorectal Cancer Screening Campaign: Executive Summary
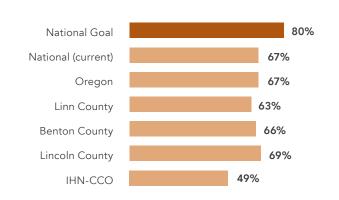
Colorectal cancer is the second leading cause of cancer deaths in Oregon but is highly preventable and treatable with regular screening. The US Preventative Services Task Force recommends that individuals aged 50–75 (45 for African Americans and even earlier for those with risk factors) receive regular screenings. Data shows that Oregon and the Linn, Benton, and Lincoln County region are behind the national target rate.

The Colorectal Cancer Screening Campaign is a collaboration of Linn, Benton, and Lincoln County Health Departments with funding from InterCommunity Health Network CCO (IHN-CCO). This campaign demonstrates complementary and coordinated efforts of clinical and community-based prevention interventions to increase colorectal cancer screening. By systematically applying these interventions at multiple levels (individual, community, organizational, and policy), this project aimed to increase screening and utilization through the collaborative efforts of the regional health departments, IHN-CCO, health clinics, and non-traditional partners.

The Linn Benton Lincoln Colorectal Cancer Screening Program's Planning and Evaluation Team (PP&E) consisted of public health specialists from each county, employing the principles of evidence-based practice and science for colorectal cancer screening. To address barriers associated with regular screening, the PP&E worked with clinics to promote the fecal immunochemical test (FIT), as well as more traditional methods like colonoscopy, and to create sustainable clinical processes to screen, refer, and follow-up with patients. The regional campaign also utilized Oregon Health Authority's

social marketing campaign, The Cancer You Can Prevent (thecanceryoucanprevent.org). This campaign recruited local champions to educate the public, to promote regular screening, and to encourage individuals to talk to their friends and family about their own experiences getting screened.

Adults Aged 50–75 Meeting the US Preventative Services Task Force Recommendations for Colorectal Cancer Screening[1,2,3]

National Goal	80%
National (current)	67%
Oregon	67%
Linn County	63%
Benton County	66%
Lincoln County	69%
IHN-CCO	49%

Pilot Findings

Clinics were invested in the process, but the PP&E Team found that the pilot period (three-month implementation period) was too short for clinics to develop and implement a new clinical workflow. The PP&E Team recommends allotting more time, so clinics have an adequate amount of time to use quality improvement processes.

Additionally, the PP&E recommends offering training to clinics on electronic health record (EHR) use, workflow development and implementation, and staffing plan modification. Through interviews with clinic staff, it was apparent that some of the clinics struggled with these skills and reported more training in these areas would have been beneficial.

The PP&E Team found that having educational materials, like posters and brochures, in the waiting room and in the exam rooms helped start the conversation between providers and patients. The PP&E Team also recommends having FIT kits in the exam rooms, so providers can show their patients the FIT, can better discuss the process, and can address patients' barriers to completing the test.

Clinics developed many ways to follow-up and address patient barriers. Examples include sending reminders via birthday cards, sending FIT kits in the mail, sending reminder cards and letters, making phone calls, and sending text messages. The PP&E Team recommends utilizing technology to make these follow-up procedures less cumbersome on staff.

Sustainability

Elements of sustainability were naturally built into the objectives of this project. A primary objective was to work with clinics to develop a closed-loop screening and referral process. Through the project timeline, clinics worked through adjusting their existing clinical workflows to build in consistent screening, referral, and follow-up processes, which they will continue after the project is over.

In developing these new clinical workflows, the pilot clinics were also able to identify staffing needs that would allow them to implement their new workflows. By making changes to their staffing plan, they can build their capacity and make their workflow changes more sustainable. For example by creating clinical care teams, clinics can ensure that all team members are trained to be used at their highest skill level and that staff can effectively cross train to make up for potential staffing changes and shortages.

Lessons Learned

Staffing changes during the project on both the program coordination and clinic sides can disrupt the continuity of relationships. It is important, if possible, to maintain consistent staffing in key positions like those that interact with outside stakeholders. If possible, plan for ways to keep clinics engaged and participating throughout the process.

It is vital to have good communication with clinics regarding technical assistance and training needs. The participating clinics reported benefits from training on the importance of staying up-to-date on screenings, what tests to recommend and why, which tests to not use or recommend, and how to provide health education that motivates their patients to participate in the screening process. Due to the nature of staff turnover, it would be beneficial to work with clinic management to include this training into already existing training plans for new staff.

Overall, the PP&E Team learned the importance of partnership and collaboration. Traditionally, there has been little collaboration between public health and clinical health. However, projects like these underscore the importance of this collaboration between population and individual-level health. No one group can improve the health of a community alone. By working together, public health and clinic health can pull together their strengths to create sustainable systematic changes in the delivery of healthcare.

In Partnership with InterCommunity Health Network Coordinated Care Organization.

To learn more, visit:
thecanceryoucanprevent.org