

Frequently Asked Questions (FAQs)

1. What does CDC mean by implement “Health Systems Interventions” approaches with clinic partners?

Health(care) systems interventions are processes that improve and increase quality preventive services—like cancer screenings— within the clinical environment and help people use those services. Programs should use local data on cancer burden, screening rates, insurance status, and other information such as clinic leadership’s interest in public health, readiness to implement an intervention, and electronic health record capabilities to identify appropriate clinic partners. Partner with healthcare systems delivering primary care to increase clinic-wide breast, cervical, and colorectal cancer screening rates using evidence-based interventions (EBIs).

For CRCCP programs, implementation partners must select two or more of the following EBIs from the [Community Guide](#): client reminders, provider assessment and feedback, provider reminders, and reducing structural barriers. CDC identifies these as priority strategies in the FOA.

NBCCEDP guidance does not specify a minimum number of strategies; however, the Community Guide has accredited a greater impact to multi-component strategies implemented within the same clinical setting to increase patient demand and access, and improve provider delivery.

2. What is the role of the NBCCEDP and CRCCP program in working with health systems?

The most common role the program plays in supporting health systems interventions is as a facilitator. Programs can manage the implementation of this strategy in their contracts with both clinical and non-clinical partners and oversee the broader activities of the project and CDC requirements. CDC requires both NBCCEDP and CRCCP programs to partner *formally*—establish an MOU or other agreement—directly with healthcare systems serving low-income men and women for primary care services to:

- assess the needs and capacity of the health system and its clinics,
- select EBIs to address those needs,
- plan and implement interventions, □ evaluate progress, and
- support sustainability.

Program staff may play a greater role in technical assistance if they have the capacity to do so.

3. Who is considered a “health system partner”?

Health systems are important partners for our cancer-screening programs to deliver high-quality healthcare. They can be healthcare delivery sites, such as hospitals, clinics, local health departments, community health centers, and Federally Qualified Health Centers (FQHCs). They can also be healthcare payers, such as Medicaid and Medicare plans and health maintenance organizations (HMOs).

FQHCs are a very common and often cited partner for NBCCEDP and CRCCP programs due to existing federal performance requirements and incentives that align with program priorities. However, other organizations can be good partners if they have similar goals, such as improving public health or attaining medical accreditations.

4. Who are other critical partners, and what is their role in health systems interventions?

Non-clinical partners can play a critical role in planning and implementing health systems interventions. Partners can include:

- Health-information technology experts.
- Clinical quality improvement experts.
- Primary care associations.
- Cancer-related non-profit organizations.
- Local universities.
- Population-specific non-profit organizations focused on improving primary care processes.

Partners can assist with:

- Electronic health record assessments and enhancements.
- Clinical needs assessments.
- Process mapping.
- Continuous technical assistance during implementation.
- Evaluation planning and monitoring.

Program leaders should consider contracting with partners for technical assistance when their staff lack these skill sets.

5. Why is a health system assessment needed?

Health system assessments often include an in-depth review of patient flow and clinic protocols to identify missed opportunities for screening. Programs should coordinate a needs assessment with their health system partner to identify the current clinic environment, capacity, and gaps in referral for screening and determine where improvement is needed. After signing an MOU, the assessment should review, at a minimum:

- existing practices supporting timely screening of age-appropriate patients due for screening,
- electronic health record capabilities to capture and query data, adherence to screening guidelines, and
- clinic’s baseline screening rate.

If a program does not have in-house expertise to conduct a thorough technical clinic assessment, it should contract with non-health system partners specializing in health information technology and clinical quality improvement, as needed.

6. Why is a formal implementation plan needed when an assessment has already been conducted?

The assessment is the result of an information gathering process to *inform* intervention planning. On the other hand, the implementation plan is a synthesis of that information into an actual roadmap for *doing* the work. It draws heavily from assessment findings, but is broader in scope, including program management and other elements to lay a good foundation for achieving goals.

CDC requires programs to submit an implementation plan that includes background information on the health system, results from the needs assessment, selected EBIs with a description of existing resources and anticipated challenges, and a plan for communication and sustainability. This document should be completed jointly between the program and the health system partner so that both parties understand how the project will move forward. CDC has developed an implementation plan template and “Tips and Considerations” document located on nbccedp.org and crccp.org.

7. Why focus on strategies from the Community Guide?

The strategies in the Community Guide have been tested and shown to be effective in increasing cancer screening. Implementing these strategies with fidelity (as intended) increases the likelihood of yielding the desired outcome (increased screening rates). Additionally, using existing, proven strategies saves the time and money that it would take to develop and evaluate new interventions, allowing program staff to focus on what they do best: applying public health practices in the communities they serve. Instead, resources can be used for comprehensive health system assessments to understand unique challenges and facilitators to screening, adapt strategies to specific clinic needs and contexts, and improve service quality.

8. How does CDC evaluate health systems intervention strategies?

CDC requires programs to report a clinic-level record for every health system clinic in which EBIs are implemented. Programs report a baseline record for each clinic when it is recruited and then an annual record, thereafter. This provides a longitudinal record that programs and CDC can use to assess EBI implementation over time as well as changes in screening rates, the primary outcome used by CDC to evaluate these strategies. CDC combines the clinic data from all programs and conducts analysis to examine overall program effectiveness of the NBCCEDP and CRCCP, and identify factors contributing to increased screening rates. NBCCEDP and CRCCP programs have received extensive guidance on the collection and reporting of clinic data. Resources including data dictionaries, data collection forms, guidance on measuring screening rates, recorded webinars about the data set and data reporting systems (B&C-BARS, CBARS), and answers to frequently asked questions about clinic data are available on the nbccedp.org and crccp.org websites, respectively.

9. In what other ways should programs evaluate health systems intervention strategies?

Programs are encouraged to conduct sound process evaluation to monitor the implementation of the EBIs. Collecting details about how EBIs are implemented in the unique clinic contexts allows programs to assess whether implementation is going as planned and identify problems early in order to make needed adjustments. Information collected depends on the selected strategy; however, process evaluations generally answer the question, “Is the strategy being implemented as intended?”

Programs are encouraged to develop logic models for specific EBIs that reflect how implementation is planned. Those logic models clarify implementation activities and outputs, as well as outcomes (increased screening rates). CDC developed logic models for all EBIs that can serve as a starting point. The logic models are available on the nbccedp.org and crccp.org websites. After the EBI is described with a logic model, programs can identify related measures and determine what data will be needed. For instance, a CRCCP program might work with a clinic to implement a mailed FIT kit intervention to increase colorectal cancer screening rates. An important process measure for this strategy is the percentage of patients that were mailed tests that completed and returned their kits. The data to assess this measure are likely available in the clinic’s electronic medical record system. Quality improvement cycles, such as plan/do/study/act (PDSA), can also be valuable for monitoring implementation.

More Information

- Community Guide: www.thecommunityguide.org/content/multicomponent-interventionsrecommended-increase-cancer-screening
- Guide for Measuring Cancer Screening Rates in Health System Clinics. www.cdc.gov/cancer/nbccedp/
- NBCCEDP 2017 Policy Manual. www.nbccedp.org
- Research-Tested Intervention Programs (RTIPs): <https://rtips.cancer.gov>