

Addressing Cancer Disparities in Appalachian Kentucky through Proactive Office Encounters in Community Health Centers



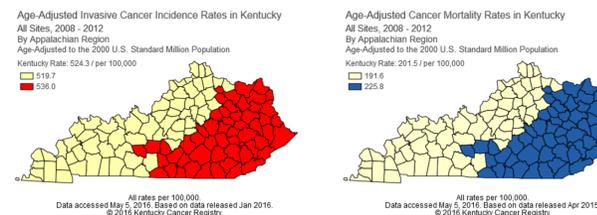
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Background

Appalachian Kentucky has historically experienced lower socioeconomic status, substantial barriers to healthcare access, and geographic isolation. Appalachian residents also have a higher prevalence of at-risk health behaviors, such as tobacco use and physical inactivity. Furthermore, the region is challenged with an undue burden of cancer equating to increased rates of late state diagnoses, incidence, and mortality in comparison to the rest of the state as well as the U.S.

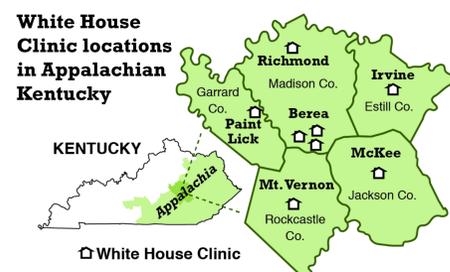


Many of these cancer cases could be prevented or detected early though adherence to evidence-based cancer screening. However, in Kentucky, screening rates for many types of cancer, including cervical, colorectal, and breast, are below national goals, particularly in the Appalachian region of the state.

Cancer Screening	KY	US	Rank
FOBT/Endoscopy, 50 years or older	64.3%	66%	30
Mammography, women 45 years and older	73.8%	76.3%	35
Pap test, women 21 to 65 years	81.6%	84.3%	38

Source: American Cancer Society, 2016

To improve cancer outcomes in the region, in 2014, the University of Kentucky formed an academic-partnership with White House Clinics (WHC), an 8-site federally qualified health center in a medically underserved, high-poverty region in Appalachian Kentucky. The partnership, locally known as ACCESS (Appalachian Center for Cancer Education, Screening, and Support), is dedicated to improving the delivery of primary care services, including guideline-recommend cancer screening. ACCESS, a CDC-funded project, comprises an interdisciplinary team, including WHC leadership, providers, and staff as well as UK public health researchers and staff.

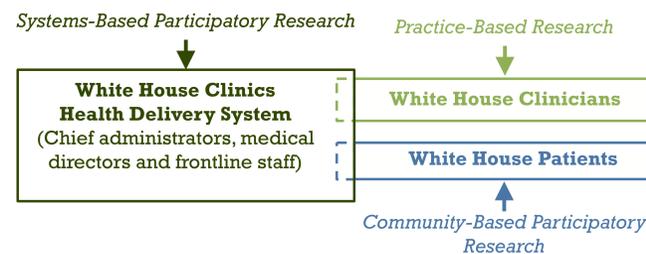


Methods

ACCESS aims to use existing primary care resources more efficiently to promote quality medical care and cancer preventive services through the adaptation and implementation of a Proactive Office Encounter (POE) intervention. POE was originally developed by Kaiser Permanente Southern California Region to improve population health by emphasizing preventive care for chronic disease.

Methods (cont.)

The overall premise is to provide an individually tailored, evidence-based disease preventive protocol for each patient interacting with the healthcare system from pre-encounter to post-encounter. This process enables providers to address multiple health needs in a single visit. The ACCESS team adapted this model to specifically target cancer prevention in the WHC patient population; POE was also used to increase compliance with additional preventive care measures such as immunizations and HIV screening.



In January 2015, POE was implemented at four WHC sites. Shortly after implementation, an in-depth, systematic process evaluation began. Evaluation activities included qualitative interviews with WHC leadership, providers, patients, and staff as well as an implementation timeline analysis. The post-implementation, in-person interviews were conducted from June – October 2015. The purpose of the interviews was to determine patients' perceptions of the newly implemented POE intervention and its impact on their cancer screening behaviors. WHC personnel were interviewed to better understand the POE implementation process, including perceived barriers and successes.

Results

In 2015, 34% of WHC patients (n=10,372) were evaluated using the POE model; 52% of patients received Medicaid. Multiple cancer diagnoses were discovered, including breast, endometrial, lung, and colon cancer.

Table 2. WHC Cancer Screening Rates, 2014-2015

Measure	2014	2015	Change
Breast Cancer Screenings	50%	63%	↑ 25%
Cervical Cancer Screenings	41%	40%	↓ 2.4%
Colon Cancer Screening	39%	53%	↑ 36%

Post-implementation interviews with WHC leadership, providers, staff, and patients suggest that:

- The majority of patients are accepting of the POE intervention and cancer screening discussions with their provider.
- Many patients preferred the option of combining multiple health concerns into one appointment, such as the option to receive in-office cancer screenings during an already scheduled appointment.
- Patients appreciated the level of care provided by the POE intervention. Some patients felt that the level of care had been improved and was more comprehensive.

Conclusions

Given the high burden of cancer in Appalachian Kentucky, the need for effective interventions to improve rates of recommended cancer screenings is crucial. Based on initial results, evidence-based cancer screenings and rates of other preventive care measures have increased at WHC due to the implementation and continued refinement of the POE intervention. POE addresses multiple barriers to care that have a known impact on cancer disparities in the region. More specifically, POE improves the quality of patient care, decreases the need for multiple office visits, and continually focuses on closing gaps in preventive care.

Findings from the interviews also revealed that patients may be receptive to the POE intervention due to their perceived health status or their family history of cancer. Patients also appreciated the reminders about needed cancer screenings at their visits. Such discussions can serve as an opportunity to address barriers and misconceptions about cancer and cancer screenings. For example, several patients indicated confusion about cancer screenings, such as not knowing that a colonoscopy was a method of screening for colorectal cancer and that having a history of negative mammograms may negate the need for annual testing. Furthermore, it serves as an opportunity to address patient fears and concerns about cancer.

Implications

- Preliminary results suggest that the POE intervention may decrease barriers to cancer screening and quality medical care in Appalachian Kentucky.
- Clinic-based interventions, such as POE, that enable and cue healthcare providers to proactively discuss and recommend cancer screening may increase acceptance and receipt of cancer screening among patients in at-risk communities.

Acknowledgements

This poster is a product of a Health Promotion and Disease Prevention Research Center supported by Cooperative Agreement #U48 DP005014 from the CDC. The findings and conclusions in the poster presentation are those of the authors and do not necessarily represent the official position of CDC or DHHS.

Further Information

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