

Adaptation of an Evidence-Based Intervention to Improve Care Guideline Concordance in a Kentucky Federally Qualified Health Center

Stephanie C. Moore, MPA, CMPE¹; Robin C. Vanderpool, DrPH²; Angela L. Carman, DrPH²; Heidi L. Kurgat, BS¹; Lindsay R. Stradtman, MPH²; Patricia Fain, MD¹

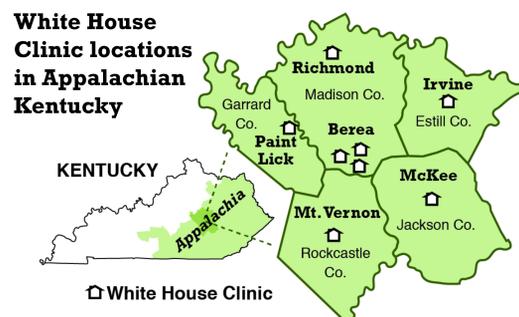
¹White House Clinics; ²University of Kentucky College of Public Health



Introduction

Problem. The Appalachian region of the U.S. – particularly the communities of Eastern Kentucky – is recognized for higher rates of cancer incidence, morbidity, and mortality compared with the rest of the country, and many of its residents are of lower socioeconomic status, experience substantial access to healthcare barriers, and contend with extreme geographic isolation. Appalachian residents also have a higher prevalence of at-risk health behaviors, such as smoking and physical inactivity, and lower cancer screening rates compared with non-Appalachians.

Approach. To improve cancer outcomes in the region, White House Clinics (WHC), an 8-site federally qualified health center in a medically underserved, high-poverty region in Appalachian Kentucky, formed an academic-community partnership with the University of Kentucky in 2014. 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-recommended cancer screening. ACCESS involves an interdisciplinary team, including WHC leadership, providers, and staff as well as UK public health researchers and staff.



Aim. Improve cancer screening rates during 2015 by proactively promoting adherence to evidence-based cancer prevention and screening strategies at each and every WHC office visit.

NUTSHELL

Problem. High incidence of cancer in Appalachian Kentucky.

Approach. Academic-community partnership between University of Kentucky College of Public Health and White House Clinics (WHC) in Appalachian Kentucky.

Aim. Increase cancer screening at WHC during 2015.

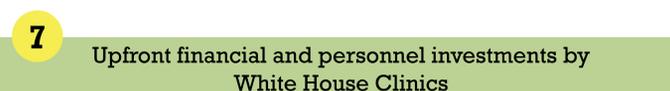
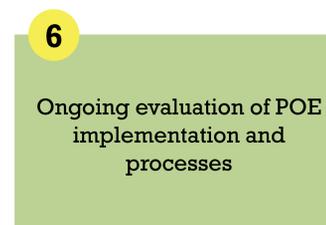
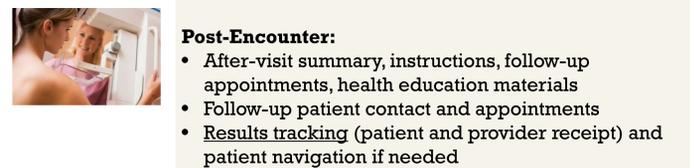
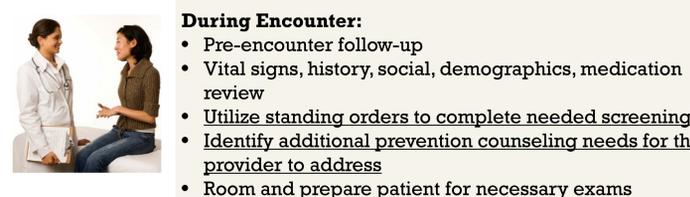
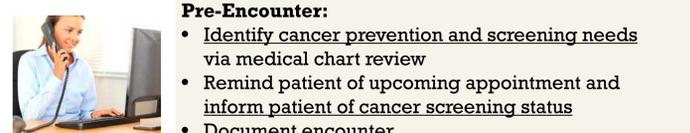
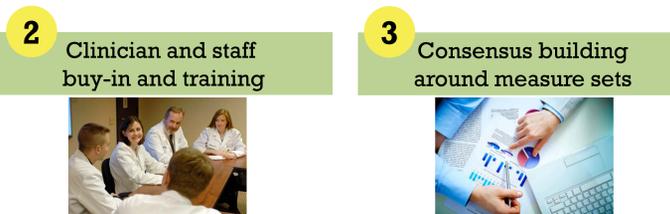
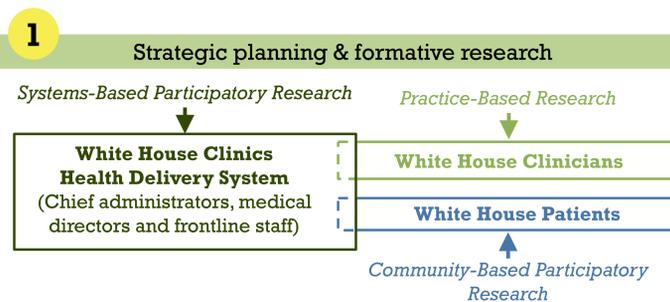
Strategy. Adapt the Proactive Office Encounter model to promote care guideline concordance among WHC patients.

Results. Cancer screenings increased; multiple cancers, HIV and Hepatitis C were discovered; patients were satisfied with care; patient barriers to screening were identified; an implementation guide and toolkit are being developed to facilitate implementation by other clinics.



Methods

The **Proactive Office Encounter (POE)** was originally developed by Kaiser Permanente Southern California Region to improve population health by emphasizing preventive care for chronic disease. 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. 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 HIV screening and adult / childhood immunizations.



Results

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

Measure	2014	2015	Change
Breast Cancer Screenings	50%	62.6%	↑ 25%
Cervical Cancer Screenings	41%	40%	↓ 2.4%
Colon Cancer Screening	39%	53%	↑ 36%
HIV Screenings	831	4,371	↑ 426%
Hepatitis C Screenings	378	3,334	↑ 782%
Immunizations	77%	84%	↑ 9%

Evaluation: Post-implementation interviews with WHC leadership, providers, staff, and patients have provided qualitative findings on perceptions of the POE planning and implementation process.

- The majority of patients interviewed were accepting of the POE model and the improved level of care provided by it.
- Several previously noted barriers to cancer screenings were expressed by patients, including fatalistic beliefs and the belief that screenings are not needed unless symptoms are present.
- Although clinics reported similar challenges in planning and implementing POE (e.g., getting accustomed to workflow changes), there were noted differences between clinics (e.g., varying levels of provider and staff buy-in at each clinic).

Conclusions

Based on initial results, evidence-based cancer screenings and rates of other preventive care measures have increased at WHC due to implementation and continued improvement of the POE model.

Lessons Learned

- By adopting a staggered implementation approach (i.e., POE initially implemented at 4 clinics for previously-scheduled appointments), White House Clinics identified areas for improvement and were able to implement strategies to address noted issues prior to the next implementation phase.
- Due to WHC's experience with planning and implementation processes, the ACCESS team identified the need for an implementation guide and toolkit and are currently in the planning stages of developing a product based on findings from an extensive process evaluation. The toolkit will facilitate future dissemination and implementation of POE at other federally qualified health centers or community health centers.

Acknowledgements

This storyboard 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 storyboard are those of the authors and do not necessarily represent the official position of the CDC or the Department of Health and Human Services. The UK Markey Cancer Center's Research Communications Office assisted with preparation of this poster.