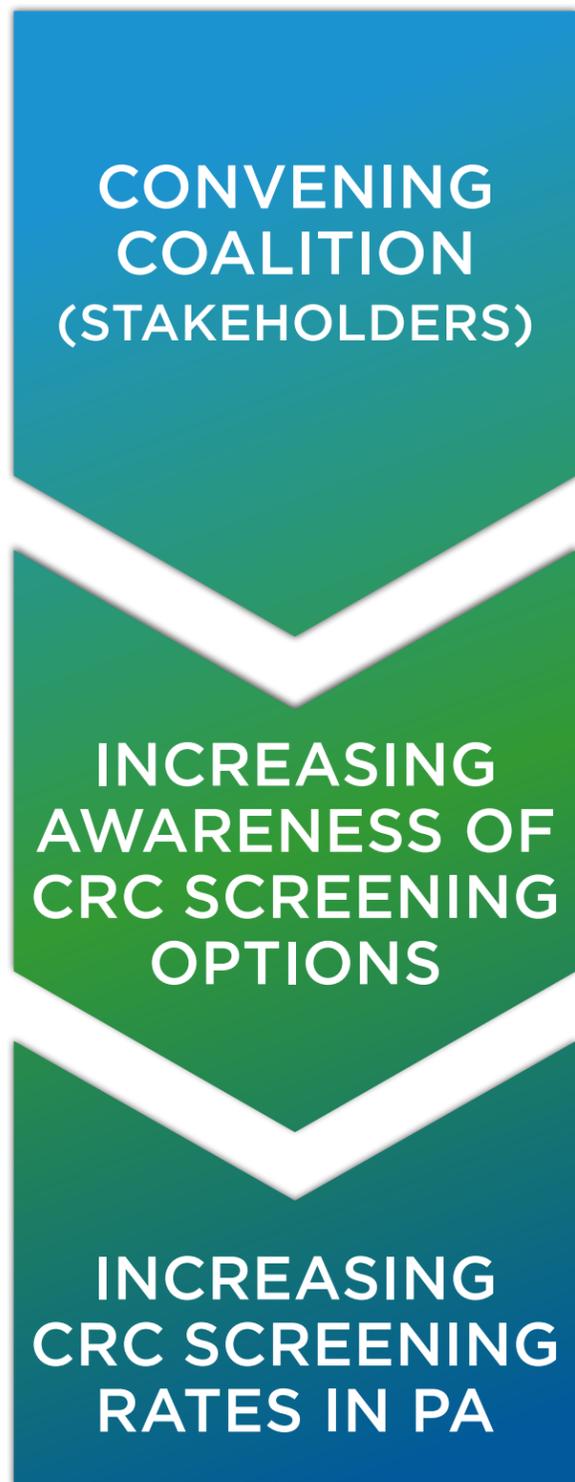


**↑ EBIs**

- ▶ Provide Training & Technical Assistance
- ▶ Utilize SLT Cancer Coalition to continue 80% by 2018 Activities
- ▶ Implementation of Patient Navigation and CHWs
- ▶ Implement FLU Fit
- ▶ Implement Strategies to increase use of EBIs with the following key constituent groups:
  - ▶ Community Health Centers/FQHCs
  - ▶ Hospital/Health Systems
  - ▶ Employers
  - ▶ Legislators
  - ▶ Payers/Insurers
  - ▶ Private sectors



**Responsibility: ACS / DOH / SLT**

- ▶ Utilize Dec. 2015 Summit for stakeholder engagement
  - ▶ Identify barriers, effective strategies, and interventions to continue to engage stakeholders in the development of statewide plan to reach the goal of 80% screening by 2018
- ▶ CRC Workgroup and four subcommittees developed and identified workgroup co-chairs of subcommittees
  - ▶ Employer
  - ▶ Hospital
  - ▶ Health Plan
  - ▶ Primary Care
  - ▶ Strategic recruitment
  - ▶ Who do we need?
  - ▶ Identify gaps and stakeholder participation
- ▶ Develop and implement statewide action plan and timeline
- ▶ Ongoing 80% by 2018 initiatives
  - ▶ Develop communication strategy
  - ▶ Identify Program Champions
  - ▶ Increase the use of EBIs

**Resource: Data Advisory Committee**

- ▶ Continue to publicly provide regional specific CRC rates to monitor progress
- ▶ Identify data sources and target populations
- ▶ Utilize data to evaluate the impact of cancer interventions and identify the targeted populations and communities where interventions should be focused



## Pennsylvania 80% by 2018 Strategic Action Plan Outline

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Colorectal cancer (CRC) is an almost entirely preventable disease. If found in its early stages, survival rates are as high as 90%. However, nationally, only 40% of cases are diagnosed early, in part due to the underuse of screening. Colorectal cancer causes no or few symptoms which is why screening is so important. CRC is one of the few cancers which can be prevented through screening because adenomatous polyps, from which colon cancers develop, can be identified and removed.

**Goal:** By 2018, increase colorectal cancer from 67% in Pennsylvania to 80% through the engagement and collaboration of key stakeholders and communities across Pennsylvania and implementation of the 80% by 2018 Strategic Plan.

<b>Foster Collaboration</b>	<p><b>Broad Objectives</b></p> <ol style="list-style-type: none"> <li>1. Recruit partner organizations</li> <li>2. Identify diverse opportunities for organizations to support 80 x 2018; Focus collaborative energy on specific targets</li> </ol>	<p><b>Activities</b></p> <ol style="list-style-type: none"> <li>1. Hold CRC Summit to engage partners, identify priorities/needs and barriers to accomplishing 80% by 2018</li> <li>2. Strategically position the Stakeholder Leadership Team cancer coalition (SLT) as a leader to help drive colorectal cancer work through the formation, leadership or participation on statewide comprehensive cancer committees and workgroups</li> <li>3. Support the development and implementation of comprehensive statewide action plans to reach 80% by 2018</li> <li>4. Use the pledge to engage the right groups in an effective way</li> </ol>
<b>Systems</b>	<p><b>Broad Objectives</b></p> <ol style="list-style-type: none"> <li>1. Increase the engagement of payers, employers, hospitals, providers and legislators</li> <li>2. Create powerful, reliable, committed medical neighborhoods around Federally Qualified Health Centers</li> <li>3. Provide a stool blood test option to everyone who has not been screened for those</li> </ol>	<p><b>Activities</b></p> <ol style="list-style-type: none"> <li>1. Partner with primary care associations, gastroenterology associations, hospitals/health systems, residency programs, employers, FQHCs and health plans to a) support and/or provide training about screening guidelines, testing options and systems change to affiliated providers And b) distribute existing tools and resources</li> <li>2. Partner with primary care associations, hospitals/health systems, FQHCs and health plans to help practices improve EHR systems to provide feedback track screening and automated reminders</li> <li>3. Utilize Payers (Commercial and Managed Medicaid Plans to promote system change: navigation, measurement, and physician and client reminders, and provider feedback and incentives for CRCS</li> </ol>

	with positive stool blood tests, ensure follow up diagnostic testing	<ol style="list-style-type: none"> <li>4. Promote Patient Navigation and Community Health Workers and identify ways to pay for it</li> <li>5. Help employers create screening friendly environments</li> <li>6. Leverage Commission on Cancer (CoC) Community Assessment to make CRC a hospital/community priority</li> <li>7. Explore the Links of Care Model</li> </ol>
<b>Consumers</b>	<p><b>Broad Objectives</b></p> <ol style="list-style-type: none"> <li>1. Implement effective communication strategies to reach the insured, underinsured, and uninsured</li> <li>2. Implement long term intensive efforts to reach low socio-economic populations</li> <li>3. Make it easy for newly insured to take action</li> </ol>	<p><b>Activities</b></p> <ol style="list-style-type: none"> <li>1. Utilize the 80% by 2018 Communications Guidebook to increase public awareness about the importance of being up-to-date on their colorectal cancer screening and screening options</li> <li>2. Promote Evidence Based Strategies in the Community Guide, and FluFit</li> <li>3. Activate survivors</li> </ol>
<b>Health Policy</b>	<p><b>Broad Objectives</b></p> <ol style="list-style-type: none"> <li>1. Increase access and remove barriers to screening</li> </ol>	<p><b>Activities</b></p> <p><b>State</b></p> <ol style="list-style-type: none"> <li>1. Engage the bipartisan Pennsylvania House of Representatives Cancer Caucus and other State and local legislators in 80% by 2018 activity</li> <li>2. Share with the Cancer Caucus data on the economic burden of CRC in the state of PA</li> </ol> <p><b>Federal</b></p> <ol style="list-style-type: none"> <li>3. Support House and Senate passage of H.R.1220 - Removing Barriers to Colorectal Cancer Screening Act (RBCCSA) to remove Medicare patient cost-sharing requirements for colonoscopy with polyp removal. Support regulatory changes to provide coverage for the colorectal cancer screening continuum, including follow-up colonoscopy</li> <li>4. Protect and increase appropriated funds for CDC colorectal cancer screening programs</li> <li>5. Support and enhance the coverage, affordability, prevention, and quality of care provisions of the Affordable Care Act that help cancer patients</li> </ol>

## SLT 80% by 2018 Implementation Plan 2016-2017

### Hospital Subcommittee

Outcomes & Activities	Measure of Success
Leverage CoC Community Assessment to make CRC a hospital/community priority	8 80x18 commitments received (signed pledges or verbal) 16 hospitals represented on SLT CRC subcommittees
<p>SLT CRC Hospital Subcommittee will conduct regional roundtables to:</p> <ul style="list-style-type: none"> <li>• Engage hospital and health systems</li> <li>• Strengthen partnerships</li> <li>• Advance 80% by 2018 initiative and the statewide plan in Pennsylvania</li> <li>• Provide technical assistance to hospital systems to develop or refine their hospital or health system 80% by 2018 plans, including the adoption of evidence based practices</li> <li>• Disseminate hospital and health systems 80% by 2018 plans throughout Pennsylvania to increase colorectal cancer screening rates.</li> </ul> <p>The audience of the roundtables will be hospital and health systems and other health professionals influential to the order/distribution of colorectal cancer screening.</p> <p>CRC Hospital Subcommittee will also develop a survey to identify barriers and successes in the implementation of the 80% by 2018 hospital based plans and the survey results will be utilized for continued planning/next steps of the SLT CRC Hospital Subcommittee.</p>	<ul style="list-style-type: none"> <li>• Conduct 3 regional roundtables</li> <li>• Engage 9 hospital and health systems and 60 health care professionals</li> <li>• Develop 9 80% by 2018 hospital based plans</li> </ul>

## Primary and Specialty Care Subcommittee

Outcomes & Activities	Measure of Success
<p>Identify priority Primary Care and Specialty Care partners based upon reach and affinity, and secure initial commitments (focus will be on FQHCs).</p>	<p>12 80% by 2018 Commitments received 12 Primary Care &amp; Specialty Care Clinicians represented on Committee</p>
<p>SLT CRC Primary Care Subcommittee will focus 2016-2017 on:</p> <ul style="list-style-type: none"> <li>• In cooperation with the Health Plan Subcommittee, building and implementing a statewide webinar and lunch and learn series. Topics covered will include educating primary care clinicians on elements of high quality screening, including stool testing, and the importance of offering stool test in addition to colonoscopy, quality improvement elements outlined in the American Cancer Society <i>Manual How to Improve Screening Rates in Practice: A Guide for Community Health Centers</i>) and other pertinent learning objectives chosen by the Subcommittee</li> <li>• Developing peer groups to work collaboratively around access and implementation barriers</li> <li>• Distributing materials in support of increasing colorectal cancer screening rates.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement 4 webinars by June 30<sup>th</sup> 2017</li> <li>• Implement 2 targeted lunch and learns by June 30<sup>th</sup> 2017</li> <li>• Reach at least 200 clinicians and 100 other health professionals with webinars</li> <li>• Form 2 peer groups to discuss best practices and overcome barriers related to colorectal cancer screening by June 30<sup>th</sup> 2017</li> <li>• Hold 6 meetings as a primary care work group by June 30<sup>th</sup> 2017</li> <li>• Before December 31<sup>st</sup>, 2016 identify at minimum 4 distribution sites for tools and resources for colorectal cancer for maximum reach to health care professionals audience</li> </ul>

## Employer Subcommittee

Outcomes & Activities	Measure of Success
<p>Identify potential employers and gain commitment to increase CRC screening</p>	<p>5 companies that sign pledge 6 Employers or Employer Organizations represented on state CRC subcommittees</p>
<p>The SLT CRC Employer Subcommittee will conduct regional and local presentations with the Society of Human Resources and other employer-focused organizations to provide opportunities to educate Human Resource Professionals and other key employer stakeholders about:</p> <ul style="list-style-type: none"> <li>• colorectal cancer and testing options</li> <li>• the impact of colorectal cancer on healthcare costs</li> <li>• engaging insurance providers to ensure testing is a priority</li> <li>• how to use available resources from the American Cancer Society, Centers for Disease Control and others to make an impact on increase colorectal cancer screening.</li> </ul> <p>This initiative will engage employers and strengthen partnerships, advance the 80% by 2018 initiative, and provide technical assistance to employer organizations.</p> <p>The audience of the learning opportunities will be Human Resources Professionals and other key employer stakeholders.</p>	<ul style="list-style-type: none"> <li>• Conduct 5 regional and local presentations with Business Groups on Health, Society of Human Resources and other employer-focused organizations</li> <li>• Educate 100 Human Resources professionals and employers</li> </ul>

## Health Plan Subcommittee

Outcomes & Activities	Measure of Success
<p>Identify priority health plan partners based upon reach and affinity, and secure initial commitments</p>	<p>9 80x18 commitments received            7 health plans represented on state CRC subcommittees            9 health plans that utilize 80% by 2018 messaging and materials</p>
<ul style="list-style-type: none"> <li>• In cooperation with the Primary Care Subcommittee, build and implement a statewide webinar and lunch and learn series. Topics covered will include educating primary care clinicians on elements of high quality screening, including stool testing, and the importance of offering stool test in addition to colonoscopy, quality improvement elements outlined in the American Cancer Society Manual <i>How to Improve Screening Rates in Practice: A Guide for Community Health Centers</i>) and other pertinent learning objectives chosen by the Subcommittee</li> <li>• Distribute materials in support of increasing colorectal cancer screening rates</li> </ul>	<ul style="list-style-type: none"> <li>• Implement 4 webinars by June 30<sup>th</sup> 2017</li> <li>• Reach at least 200 primary care clinicians and 100 other health professionals with webinars</li> <li>• Before December 31<sup>st</sup> 2016, identify at minimum 8 distribution sites for tools and resources for colorectal cancer for maximum reach to primary care audience through health plans</li> </ul>