

Accelerating Colorectal Cancer Screening and follow-up through Implementation Science (ACCSIS)

David Chambers, DPhil

Cancer Moonshot Implementation Team

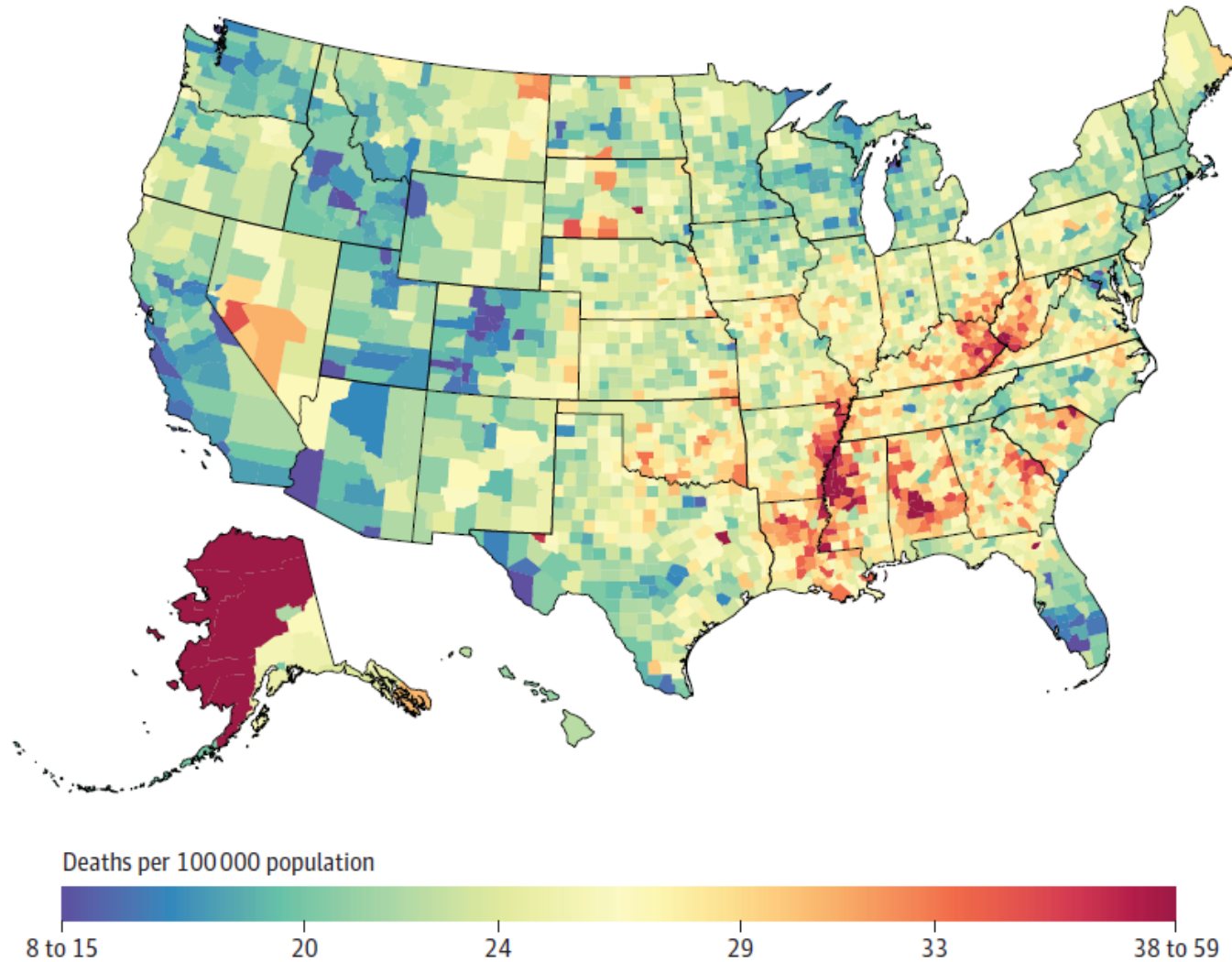
*Prevention and Early Detection: Implementation of
Evidence-Based Approaches for Prevention and Screening*

BRP Implementation Science Working Group Report: Prevention and Screening

- **Issue:** Suboptimal uptake of evidence-based cancer prevention and screening programs, particularly among underserved populations.
- Can we better implement what has already been developed and tested?
- Effective scale-up of CRC screening and follow-up, HPV vaccination, and tobacco cessation interventions could result in:
 - 389,900 fewer new cancer cases annually
 - 318,500 fewer cancer deaths annually
- A robust knowledge base around implementation strategies needed to enact evidence-based care
- **Examples of ongoing initiatives:**
 - Tobacco Cessation Supplements to Cancer Centers
 - HPV Provider Recommendation PAR (PAR-16-338)

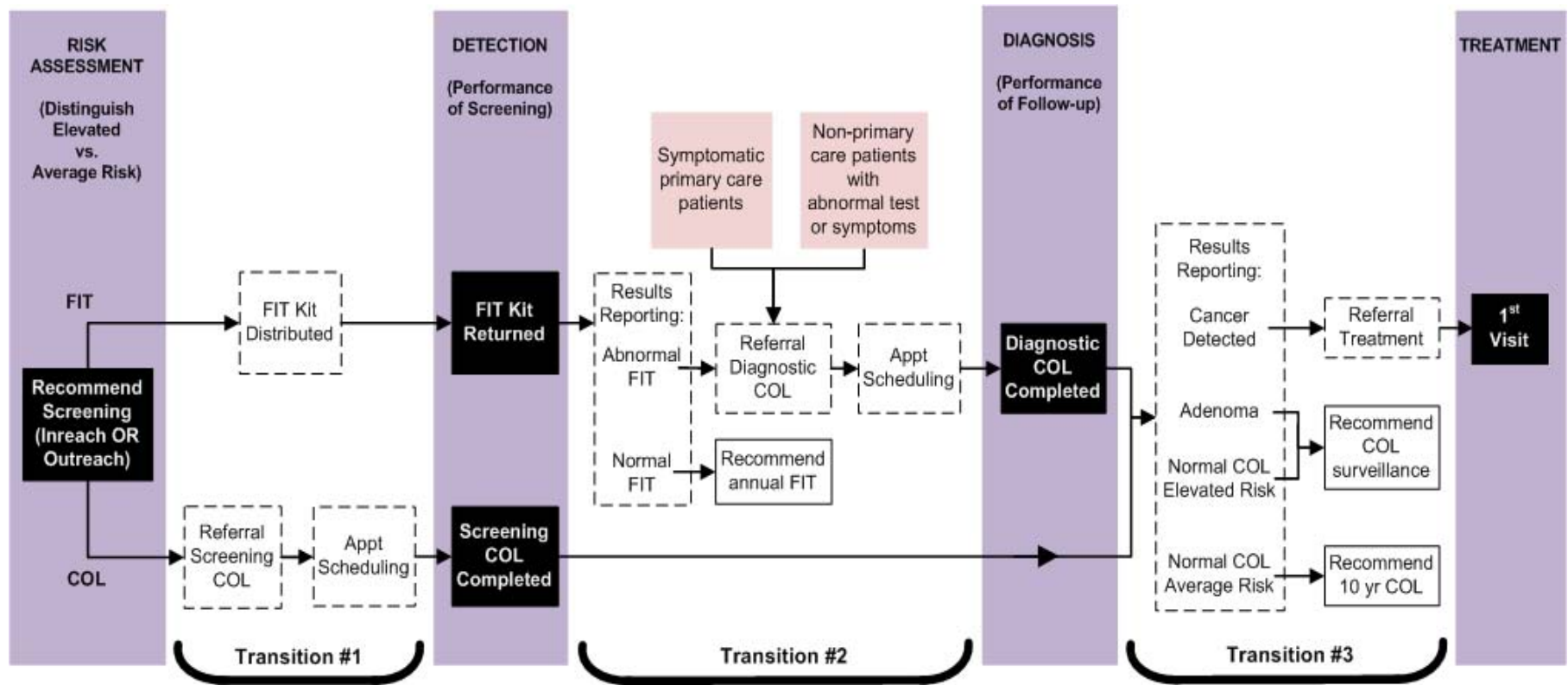
CRC Mortality Rates Among U.S. Counties

A Age-standardized mortality rate from colon and rectum cancer, both sexes, 2014



Mokdad et al., *JAMA*, 2017

Colon Cancer Screening Process (PROSPR)



■ Type of Care: care delivered to accomplish a specific goal, such as detection, diagnosis, and treatment

□ Step: medical encounters or actions within a type or transition in care

⤵ Transition: set of steps and interfaces necessary to go from one type of care to another

- - - Interface: interactions that link steps and involve transferring information and/or responsibility among patients, providers, and clinic staff

Accelerating Colorectal Cancer Screening and follow-up through Implementation Science (ACCSIS)

- **RFA** to fund 3 research grants and 1 coordinating center.
- **Goal:** Test implementation strategies that substantially improve CRC screening and follow-up rates in populations where baseline rates remain low.
- **Emphasis** on addressing disparities in CRC screening and follow-up, including:
 - Underserved racial and ethnic minority populations
 - Rural and hard-to-reach populations
- **Adding** research to local efforts to improve CRC screening and follow-up (e.g. ACS' 80 X '18 initiative)

Each research grant (UH2/UH3) will include:

- Description of “hotspot” catchment area/populations of focus, with data on low rates of screening and follow-up, emphasizing reduction or elimination of disparities.
- 2-Phase (UH2/UH3) “Signature” Trial:
 - Test comparative strategies for improving uptake and sustainment of evidence-based CRC screening and follow-up care.
- Use of common data elements:
 - e.g., contextual variables, provider variables, patient characteristics, implementation outcomes.
- Milestones to accomplish within UH2 Phase
- Plan to identify local innovations to improve uptake and quality of screening and follow-up (e.g., state or community 80 X ‘18 action plans).

ACCSIS Signature Trial Components

CRC Screening & Follow-Up Practices

- FOBT*
- gFOBT
- FIT*
- Flexible Sigmoidoscopy
- Colonoscopy

- Guideline-concordant Follow-up

Implementation Strategies

Examples:

Outreach/Media
Navigation
Health IT supports
Pat/Prov Reminders
Workflow Changes
Staff Training
Innovative Funding Models

Targets:

Patient
Provider
Team
Organization
Community

Community and Healthcare Settings

Contexts:

Primary Care Clinics
Community Centers
Integrated Health Systems
Technology Platforms
Home

Strata:

FQHCs
Metropolitan Areas
Health Systems
Rural Settings
(State or County approaches)

*FOBT=Fecal occult blood test; FIT=Fecal Immunochemical Test

Signature Trial Components and Phases

Signature Trial

- CRC Screening and Follow-up
- Implementation Strategies
- Community and Health Care Settings
- Sustainable Funding Models

UH2 (YR1)

- Site Selection
- Feasibility and Pilot Testing
- Engagement and Recruitment

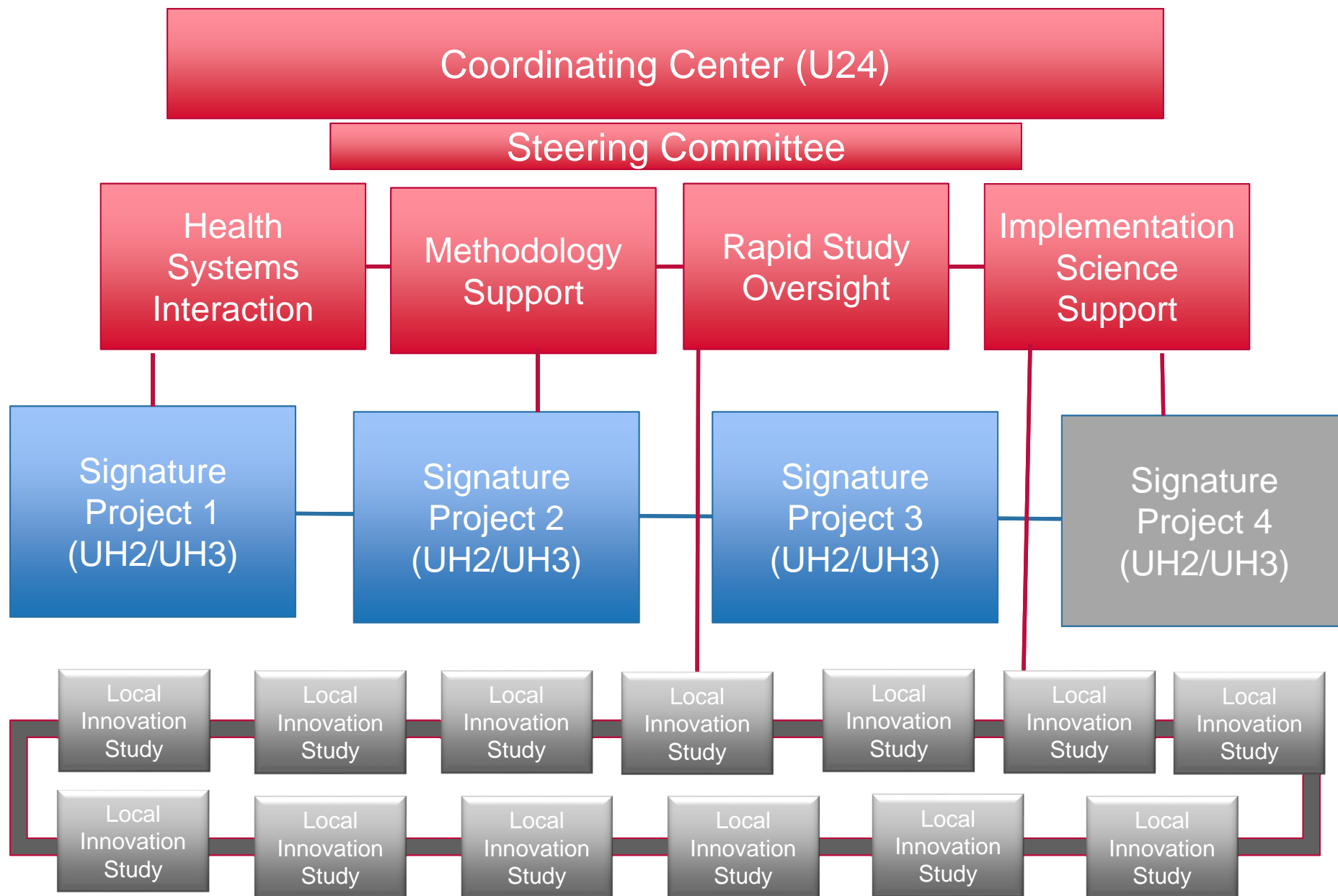
UH3 (YR2-5)

- Comparative Effectiveness Trial of Implementation Strategies to Increase Rates of CRC Screening and Follow-up

Coordinating Center (U24) will:

- **Support projects:**
 - Achieve UH2 milestones
 - Accomplish UH3 phase implementation trial
 - Engage with healthcare and community systems, methods and measurement development, and implementation science expertise (including health care financing innovations)
 - Include common data elements and explore potential for pooling data across projects
- **Develop and oversee process:**
 - to consider local innovation studies to further catalyze improvements in CRC screening and follow-up implementation

ACCSIS Overview



ACCSIS Budget and Evaluation Criteria

Year	Research Grants (UH2/UH3)	Coordinating Center (U24)	Total
FY 18-22	\$2.40M/yr	\$0.60M/yr	\$3M/yr
TOTAL	\$12.0M	\$3.0M	\$15M

* Exploring ancillary opportunities to study local innovative efforts to improve CRC screening and follow-up approaches for underserved populations

Evaluation Criteria

- Successful completion of UH2 milestones
- Process for identifying local innovations in CRC screening and follow-up
- Evidence-based multi-level implementation strategies for underserved populations
- Dissemination of study findings across participating centers in initiative and others participating in CRC screening and follow-up implementation (e.g. CDC's CRC screening program, ACS' 80X18 participants, states)

BSA Sub-Committee Feedback and Responses

- **Clearer definition of target populations**
 - Application requires investigator's "data-driven identification of populations within contiguous areas" w/low levels of guideline-concordant screening and follow-up care
- **Will studies include people w/prior screening Hx in need of follow-up?**
 - Implementation strategy should account for variation in screening history, integrate evidence-based screening and follow-up
- **How will costs of clinical care be covered for those without insurance/publically-financed care?**
 - Coordinating Center will support innovations in financing/partnerships
 - Investigators will propose sustainability plan that includes financing
 - NCI will engage NCCRT and other stakeholders to discuss innovations
 - UH2 phase will enable piloting of financing model

The image shows the words "THANK YOU" in a bold, 3D, red font. The letters are thick and have a slight shadow underneath, giving them a three-dimensional appearance. The text is centered at the top of the slide.

NCI Implementation Team on Prevention and Screening: Implementation of Evidence-based Approaches

- Co-Chairs: David Chambers and Paul Pinsky (NCI)
- Members: Grace Ault (NCI), Leeann Bailey (NCI), Precilla Belin (NCI), Erica Breslau (NCI), Victoria Coan (NCI), Emily Greenspan (NCI), Christopher Hartshorn (NCI), Brandy Heckman-Stoddard (NCI), Amy Kennedy (NCI), Sarah Kobrin (NCI), Wynne Norton (NCI), Vikrant Sahasrabuddhe (NCI), Sandra San Miguel (NCI), Ashim Subedee (NCI), Steve Taplin (NCI), Cynthia Vinson (NCI), Nicolas Wentzensen (NCI), Partha Bhattacharyya (NIA) Rina Das (NIMHD), Gary Murray (NIAAA)