

Transcript: iTHRIV Learning Shorts, Team Science with Community Partners: Featured Project #2

Jamie Zollner, PhD: My name is Jamie Zollner. I'm a professor of Public Health Sciences at the University of Virginia. I also am co-program director of our Cancer Prevention and Population Health Sciences program and then I also lead our Community Based Health Equity program here in Christiansburg, Virginia.

Meagan Arthur MSN, RB, FNP-BS: My name is Meagan Arthur. I'm the director of Nursing Quality Improvement and Patient Safety here at the Community Health Center of the New River Valley.

Jamie Zollner, PhD: Our project dates back to 2018 when we got a small grant from iTHRIV a community scholar grant. We had reached out to the CHD of the New River Valley, Michelle Brauns, who is the CEO. Just trying to explore the potential to develop a partnership around some of the data that we were seeing related to low rates of colorectal cancer screening. We know color rectal cancer is the third leading cause of cancer deaths and we know that early detection is really key. We also know that rates of colorectal cancer screening are below national thresholds particularly in Federally Qualified Health Centers like the CHC of the New River Valley.

So, where we landed on in terms of really what our research questions were for this project was looking at what do we see in the evidence in terms of what is working in Federally Qualified Health Centers to improve the rates of color rectal cancer screening. We we often know what works in some large academic medical or academic teaching hospitals, don't always work in smaller FQHCs that have a different level of resources and different level of staffing. And so, we looked to the literature and really found a number of different strategies that seem to be working. One was in clinic distribution of a fit test. The second was mailed fit test, the second was providing self address stamped envelopes to the patients and then the fourth was a reminder system.

And so, we really kind of looked at that and started brainstorming on well what could CHD the New River Valley do in the context of what we were seeing in the literature. And we really went with sort of the end distribution of the fit test and that really required some education of the providers and their staff. In terms of what does that distribution look like? How do we really educate the patients or the clients on completing the fit test accurately? And putting it in the mail in a timely manner? And all of those steps that also need to be taken and then really kind of the bigger piece of the puzzle was the reminder system. We know that reaching out and reminding patients to follow up on particular test is resource intensive. Right? If you have a care coordinator who's needing to reach out two or three or four times to support and remind a patient to return a screening test that can be resource intensive especially when a colorectal screening test is only one of several things you might need to be reminding your patients of.

So, we really then started brainstorming around what might be some lower resource opportunities to remind patients. And there was a lot in the literature around using the electronic medical record or the electronic health record. CHC has eClinicalWorks as their EMR which has a lot of capability and capacity to send out automated reminders. And so, we landed on this research question of what if we randomly assign people to be reminded by a live care coordinator or through an automated reminder system? And so through about a year and a half process we played that project out. So, patients would come in we would do in-clinic distribution

of their fit test, the provider and the nurses would educate the patient with an infographic that we co-developed on the importance of doing the fit test how to return it, and then we tracked this over about a year and a half. We came together on a monthly basis and would review all the process data together so where were the patients at in terms of the return rate.

At the end of the day what we found was that the coordinator it was about the same number of reminders. It took about two reminder touches or calls or automated cues to get that patient to return their test but we found that there was really no difference between the conditions in terms of the proportion who were returning the test. They were both at between about 74% and 79% with no statistical difference between the conditions. And you know, as we really reflected on that, that was really promising you know to think that CHC could even with their clientele who we know tend to be a little bit lower resource might not be as familiar with some of the technology aspects of reminder systems but that that reminder system, the automated reminder system worked just as well as live care coordination. And so that really you know we began to brainstorm more and more on what some of that looked like as well.

No Speaker: "How valuable was the partnership in your team?"

Jamie Zollner, PhD: Yeah, I think it was absolutely critical I think had the had the team science and sort of collaborative nature of this project not been sort of the foundation of this project from the very beginning, I think that this project very likely could have completely fallen apart during Covid because we just knew it wasn't a priority. We knew patients weren't even coming to the clinic. We knew that the referral onto the colonoscopy was pretty much non-existent. But I think because we had this collaborative relationship established where we knew from day one the goal was to troubleshoot and to be able to pivot based on our process data. We had we had those meetings in place. We had our process data you know reviewing some of those monthly statements in place that that really helped provide the bedrock to hold on when we needed to hold on and then to ramp back up when it when we were when it was time to ramp back up. But I think had this not been sort of that collaborative co-learning process going in I think Covid could have totally squashed period the effort that we were trying to execute.

No Speaker: "Engagement and Buy-In of the Partnership"

Jamie Zollner, PhD: Often when we think about engaging stakeholders within a system, we think about the multiple levels within a system of folks that we need to engage. We know that like a lot of the job market, there can be a lot of turnover within a system. You're working with an individual who's no longer there when the next project surfaces and so with this project and I think again it's you know, it kind of supports much of the success that we've had but there has been buy in and participation from top leadership. You know, the CEO, the chief medical officer, the care coordinators, even now we're bringing in their data scientists. And so, when you're able to really bridge in expertise and support across the spectrum of an organization that really matters. And kind of same on the research side. I'm not the only person from UVA involved in this project. We have our community outreach and engagement staff. We have some of our research assistant staff and so again we're able to sort of build capacity within our own organizations where we're engaged and just connected on a much deeper level. Versus this just being Meghan and I's project. It's not. There's lots of individuals within our organizations involved which says a lot around just the sustainability and long-term impact of what we're trying to execute.

Meagan Arthur MSN, RB, FNP-BS: And really what we're trying to execute it's something that we're doing on a daily basis. We're just trying to find a better way to do it. And so, I think it's easy to have the buy in especially from the clinical staff because this is so important to them already. And so, they're really thrilled to have the support from other people within the Community Health Center and in our partnership with UVA.

No Speaker: "Opportunity for Future Projects"

Jamie Zollner, PhD: Definitely I think part of the long-term goal for both of our organizations, we really see this just scratching the surface on what we can doing in terms of improving rates of cancer screening across the board. There's lots of different types of cancers that we know there that we know there's evidence around screening. But this can also extend beyond just cancer screenings. Right? When you look at the number of screenings that a healthy individual is recommended to get the list is quite expansive and so long. So, we do see this as being something that can translate beyond just colorectal cancer into other types of cancer screening and just other types of disease processes as well.

Meagan Arthur MSN, RB, FNP-BS: I think what's so important for us as a Community Health Center is that we know what needs to be done, we know what the literature says, we know what evidence-based medicine suggests and supports, but we might not have the resources to do all of those things. And so, I think that that's why a partnership like the one that we currently have is so critical. Because we're able to provide those resources and that education for our patients from many sides. Not just a unilateral hey you come to the doctor your doctor says you need to get a colonoscopy or you need to go have your mammogram but, we have the support and the education from this partnership that we can also provide to our patients.

Deron Campbell, PhD (Host): For more information about iTHRIV and team science please visit our website.