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**Developing Successful Community Partnerships and Quality Improvement Infrastructure to Increase Clinical Outcomes**

<p><b>Lauren Wallace, Quality Improvement Manager</b> Mission Neighborhood Health Center</p> 	<p><b>Mike Potter, Colorectal Cancer Task Force Co-Lead</b> UCSF, San Francisco Cancer Initiative</p> 	<p><b>Jaime Adler, Health Systems Manager</b> American Cancer Society</p> 
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**Agenda**

- Who's Who
- Presenter organization introductions
- How we collaborate
- Network activity
- Mission Neighborhood Health Center – Infrastructure, collaboration, outcomes
- Takeaways and lessons learned
- Q & A



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Who's Who

California Primary Care Association 25 ANNIVERSARY

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American Cancer Society: West Region

California Primary Care Association 25 ANNIVERSARY

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American Cancer Society: Cancer Control

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graph TD; CC[Cancer Control] --- HS[Hospital Systems]; CC --- SHPC[State Health & Primary Care Systems]; CC --- MD[Mission Delivery]; HS --- HS1[Integrated Delivery Systems]; HS --- HS2[Accredited Cancer Centers]; HS --- HS3[Research Institutions]; HS --- HS4[ACS Patient Navigators]; SHPC --- SHPC1[Federally Qualified Health Centers]; SHPC --- SHPC2[State & County Primary Care Associations]; SHPC --- SHPC3[State Health Departments]; SHPC --- SHPC4[Comprehensive Cancer Coalitions]; SHPC --- SHPC5[Insurers/Payers]; SHPC --- SHPC6[Commercial, Medicaid, Medicare]; MD --- MD1[Access to Care]; MD --- MD2[Lodging]; MD --- MD3[Transportation]; MD --- MD4[Volunteers]; MD --- MD5[Various Patient Programs];
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California Primary Care Association 25 ANNIVERSARY

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### American Cancer Society: 80% in Every Community



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### American Cancer Society: 80% in Every Community

- National - From 2016 to 2018 Federally Qualified Health Center (FQHC) Colorectal Cancer (CRC) screening rate increased 4.02%
  - Translates to 220,714 additional patients screened in 2018 alone
  - 31 health centers reached or exceeded 80%
- California - From 2016 to 2018 FQHC CRC screening rate increased 4.07%
  - Translates to 79,269 more patients screened
  - 5 health centers in CA reached or exceeded 80%



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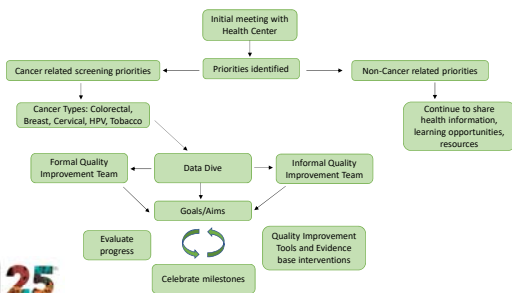
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### ACS Health Center Process Map



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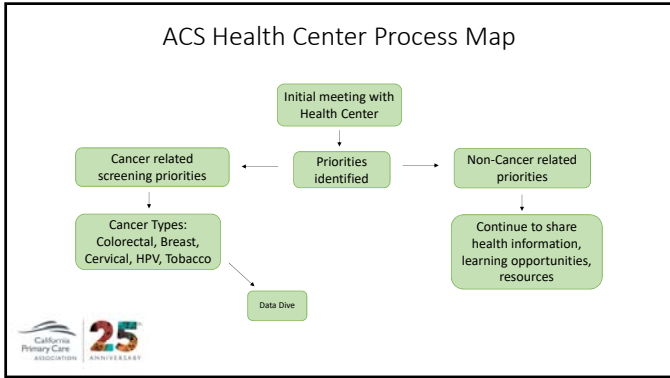
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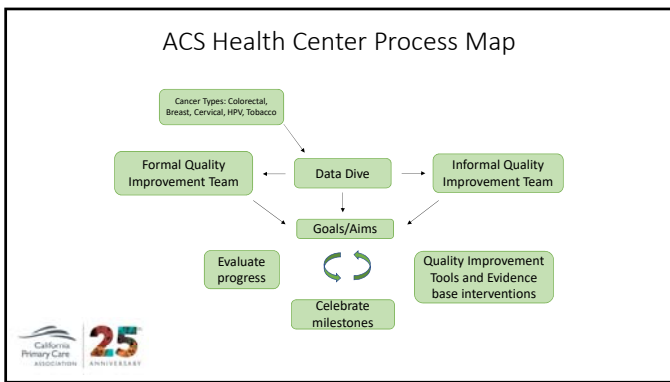
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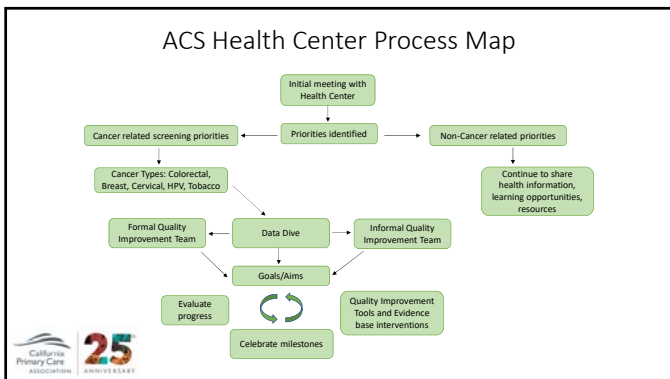
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San Francisco Cancer Initiative Introduction




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SF CAN – History and Development

- Effort to reduce cancer burden in San Francisco using principles of collective impact
- Officially launched in November of 2016
- Task Forces focus on the most common cancer
  - Breast
  - Liver
  - Prostate
  - Tobacco-caused cancer
  - Colorectal Cancer (CRC)




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SF CAN’s Colorectal Cancer Task Force

Insurance/Network/Clinic	Screening Rate
SF VA Medical Center	76%
UCSF Primary Care Clinics	65-77%
Sutter Health	74%
Brown & Toland Medical Group	76%
Hill Physicians Medical Group	73%
Kaiser Permanente, San Francisco	80%
SF Chinese Community Healthcare Association	63%
San Francisco Health Network (SFHN)	32-77%
San Francisco Community Clinic Consortium (SFCCC)	15-77%




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### San Francisco Community Clinic Consortium

- San Francisco Community Clinic Consortium
- BAART
- Curry Senior Center
- HealthRIGHT 360
- Mission Neighborhood Health Center
- Native American Health Center
- Northeast Medical Services
- Planned Parenthood – San Francisco Health Center
- San Francisco Community Health Center
- San Francisco Free Clinic
- South of Market Health Center
- St Anthony Medical Clinic




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### SF CAN CRC Task Force and Mission Neighborhood Health Center

- Started working with one clinic site in 2017
- Focused on different improvement strategies
  - Inreach – offering the test to patients during a clinic visit
  - Outreach – sending the patient the test or inviting them to come in for a clinic visit
  - Reminding patients to return the test
  - Navigating patients with abnormal test to follow-up colonoscopy




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### Quality Improvement Stipends

- Health centers awarded up to \$5000 yearly based on project proposals
- Focus on increasing rates of:
  - Colorectal Cancer screening rates
  - Abnormal test follow-up
- Technical assistance provided during the three yearly meeting




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### Quality Improvement Stipends Reporting

- Patients eligible for screening
- Baseline, target, and end of year CRC screening and abnormal test follow-up rates
- Patients who receive a fecal test during the funding year
- Patients who completed fecal testing during the funding year




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### Colorectal Cancer Screening Interventions Implemented

Evidence-based Intervention	Clinics Implementing the Intervention
Client Reminders	A, C, D, E
Small Media	D
One-on-one Education	A, D
Reducing Client Out-of-Pocket Costs	E
Provider Assessment and Feedback	B, C, D,
Provider Reminders	B, C
Setting up alternative screening sites	F
Adding screening hours	F




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### Abnormal FIT Follow-up Interventions Implemented

Abnormal FIT Follow-up Interventions	Clinics Implementing the Intervention
Creation of FIT positive registry	A, B, C, D, E, F
Referring patient to colonoscopy after consent	A, E
Remind providers when patients have not received a colonoscopy	B, C, D, F
Identify barriers to colonoscopy	C
Offering transportation to appointment	F




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### Network Activity

- On your own or with colleagues - Brainstorm partners on the worksheet provided:
  - What partners exist in your community that could support your health system to...
    - Increase the number of your patients screened for colorectal cancer
    - Or choose a topic relevant to your organization
- Star one organization you are going to contact
  - Write an ask or a way to approach at least one partner organization
- At-large group discussion




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### Network Activity Debrief

- What surprised you?
- What questions arose?
- Give an example of collaborations you came up with.
- Organizations that you starred, what kind of a relationship do you have?
- What are your next steps?




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### Other Models for Collaboration in California

- Avenal (Kings County) - Avenal Community Health Center
  - California Department of Public Health, Comprehensive Cancer Control Program
  - Public Health Nurse Home Visiting Program
- Riverside - Riverside-San Bernardino Indian Health
  - Tribal elders
  - Board members
- Los Angeles - Los Angeles County Department of Health Services
  - Hubert H. Humphrey Comprehensive Health Center
  - MLK Outpatient Center
- Los Angeles - Northeast Valley Health Corporation
  - California Department of Public Health, Comprehensive Cancer Control Program
  - California Colorectal Cancer Coalition
  - University of California, Los Angeles




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### Introduction to Mission Neighborhood Health Center

- Federally Qualified Health Center in San Francisco's Mission District
- Established in 1967, one of the first Federally Qualified Health Center in San Francisco
- 3 primary care sites – 12,000 patients/year
- ~170 employees
- Predominantly monolingual Spanish-speaking population
- Services: Adult Medicine, Pediatric and Teen Medicine, HIV, Homeless, Prenatal, Pharmacy
- NextGen and i2i Tracks v7.6




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### Timeline of Collaboration with San Francisco Cancer Initiative (SFCAN)

- October 2016 – Initial outreach from the consortium regarding an SFCAN survey
- April 2017 – Initial meeting with Quality Improvement Manager and Medical Director
  - Before we could collaborate we needed to re-engineer our quality management structure to improve capacity for quality improvement initiatives
  - Baseline data collection
- September 2017 – Initial meeting with Manager at Excelsior to begin project planning
- October 2017 – Official start of Excelsior site collaboration
- March-June 2018 – Expanded collaboration to Shotwell and Resource Center site
- August 2018-July 2019 – Stipend Year One




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### Quality Improvement Infrastructure – State Prior to 2018




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### QI Infrastructure – State Prior to 2018

#### Vulnerabilities in Prior State:

- Top-down Quality Improvement – no front-line staff
- Only one Quality Improvement staff member for three clinics (8 departments)
- Front-line staff had no knowledge of Quality Improvement methodology or metrics
- No wide-spread sharing of Quality Improvement initiatives




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### Barriers to creating new Quality Improvement Program

- Needed buy-in from Executive Staff
- Needed buy-in from front-line staff
- Needed board approval
- Lack of resources to create new Quality Improvement positions
- Population Health Systems not in place
- Part-Time Providers – 12 FTE across ~20 providers




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### First Steps to Creating QI Infrastructure

- Streamlining Productivity Data
- Empanelment
- Create 'job' description for Quality Improvement Representatives
- Identify a staff member in each department to be the Quality Improvement Representative




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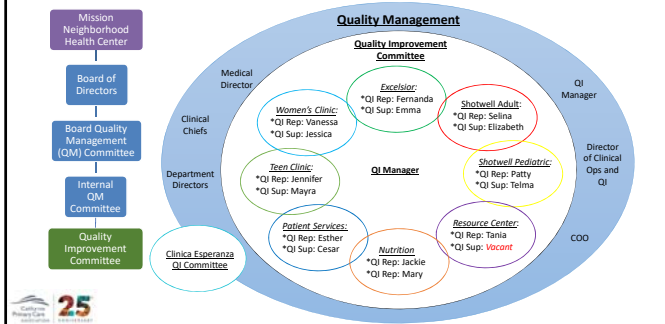
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### First Steps to Creating QI Infrastructure




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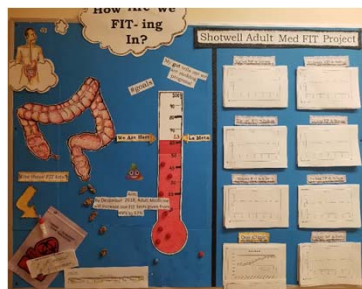
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### Development of Quality Improvement Infrastructure

- Training in Quality Improvement methodology
- Analytics Program training
- Department Clinical Goals
- Standing item at Department Meetings
- Quality Boards
- Dashboards




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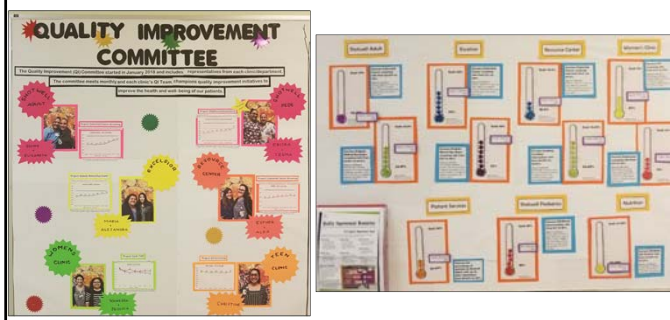
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### Development of Quality Improvement Infrastructure




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### Development of Quality Improvement Infrastructure




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### Collaboration with SFCAN

- Collaboration Aims:
  - Improve Colorectal Cancer screening rate
  - Improve rate of follow up colonoscopies
- Quarterly meetings with SFCAN and American Cancer Society
  - Meetings with Quality Improvement Manager, Quality Improvement Representative, and Department Manager
  - SFCAN and ACS provide stipend, materials, technical assistance, and training




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### Examples of Projects with SFCAN

- Due: Immunization: Tdap
- Protocol: Due for CRC Screening
- Protocol: Due for Pap
- Protocol: Due for SHA

Used I2i Population Analytics to enhance Chart Prep and create protocols to flag patients due for services

Implemented Poop on Demand for homeless patients. Patient given option to use clinic restroom anytime during Clinic Hours.



#### MA made Care Maintenance Alert Reminder Cards for every Exam Room and MA Prep Room

#### REFERRING PATIENTS FOR COLONOSCOPY PREPARATION AT THE MEDICAL RESPIRE AND SOBERING CENTER

What is the Screening Center?  
The Screening Center is a "Medical Respite and Sobering Center" (MRSOC) in which patients are provided with a safe and secure place to complete their colonoscopy preparation. The center is open 24 hours a day, 7 days a week, and is staffed with trained staff. Patients are referred to the center in order to complete their colonoscopy preparation in a safe and secure environment. The center is located at the Medical Respite and Sobering Center, 1000 E. 15th Street, Los Angeles, CA 90012. For more information, please call 213-455-5600.



Medical Respite and Sobering Center offers safe access to beds and bathrooms for homeless patients to complete colonoscopy prep and recuperate after

### Examples of Projects with SFCAN

Birthday cards for patients who've recently turned 50.

**FIT FAQ for patients**

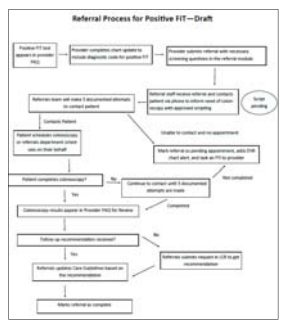
**Wordless Instructions customized to clinic's FIT test brand**

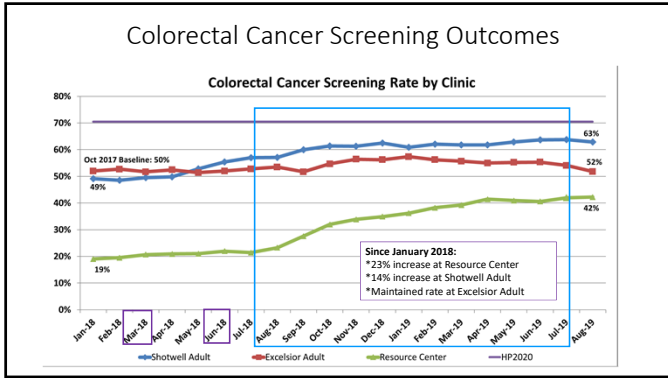
QUESTIONS	ANSWERS
Why do I need to do the test?	Colon cancer starts with a polyp or growth in the large intestine. They are common in people over 50. But they can be removed early. This is why your doctor recommends doing this test every year.
Will it hurt them who are disabled or have, hearing	Many people with colon cancer do not have any symptoms or family history, which is why screening is so important.
Is colon cancer common?	One in 20 people get colon cancer and among adults in the second leading cause of cancer death in the U.S. and San Francisco.
How does the test work?	The kit looks for small amounts of blood in your stool. Blood that you can't see.
What if I forget to do the test?	You can complete and return the test to an anytime but we please try to repeat it to us soon for one week after you receive it.
How do I complete the test?	There are steps to follow instructions with the kit. If you have any questions please call our office.
Do I have to change my diet?	No, you can eat normally and do not have to fast or avoid certain food.
When should I do the test?	You can do the test any time during the day or night that is convenient for you.
Can extra be needed it?	Do not freeze or store when collecting the sample.
How much stool do I collect?	You need to place your stool with the provided stick three (3) times or about a grain of rice or enough stool.
How often do I repeat the test?	Please bring the sample to the clinic within three (3) days of collecting your sample.

### Examples of Projects with SFCAN



Process Mapping and workflow improvement for ordering FIT Test and Follow Up Colonoscopy Referrals






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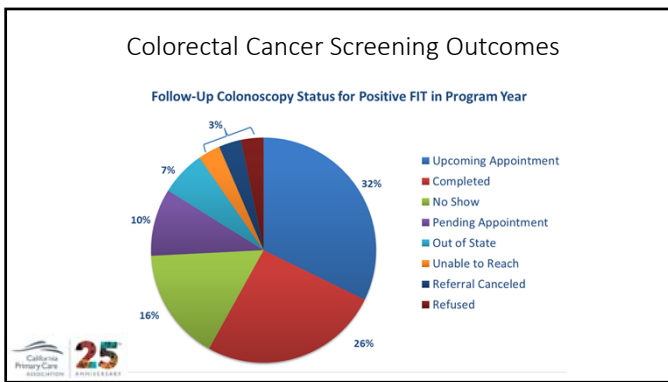
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### What made this collaboration work for us

- Introduction via San Francisco Community Clinic Consortium
- Goals aligned with a metric that was already priority of our organization
- Flexibility
  - Understood our limited capacity
  - Maintained relationship as we developed our QI infrastructure
- No heavy data reporting
- Clear communication on both sides of collaboration

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### Big Picture Clinical Outcomes – Reporting Entities

Plateaued on most metrics prior to 2018




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### 2018 Quality Improvement Committee Outcomes

#### San Francisco Health Plan – Practice Improvement Program

Clinical Quality Domain

- 12 Metrics
  - 5 Priority Metrics - lowest performing measures worth extra \$\$
- Points awarded by meeting national benchmarks or **relative improvement**

Other Domains: Systems Improvement, Patient Experience, Expanding Access




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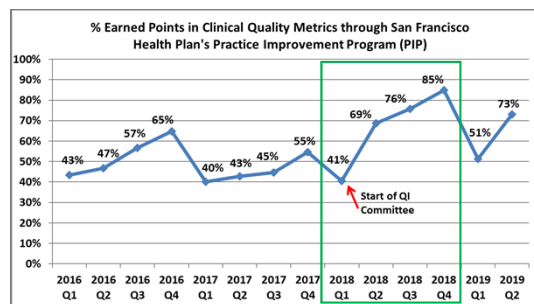
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### Continued Outcome Analysis Through 2019




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### Continued Outcome Analysis Through 2019




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### 2018 Uniform Data System (UDS) Outcomes

	2017	2018	▲	
Childhood Immunizations	67%	81%	14%	QI Focus in Pediatrics
Cervical Cancer Screening	74%	76%	2%	
Peds Weight Assessment & Intervention	75%	85%	9%	Provider Training
Adult BMI Assessment & Intervention	50%	50%	0%	
Colorectal Cancer Screening	42%	54%	12%	QI Focus – SFCAN All Sites
Tobacco Screening & Assessment	94%	95%	0%	
Asthma Control	95%	97%	1%	
CAD: Lipid Therapy	90%	91%	1%	
IVD: Antithrombotic	91%	94%	2%	
Depression Screening	35%	47%	12%	QI Focus – Shotwell & Resource Center




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### Takeaways, Lessons Learned, Next Steps




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### Takeaways

- Effective communication
  - Respond to emails in a timely manner
  - Making sure everyone has a voice at a meeting
  - Listen to other's ideas
- Be flexible
- Give praise
- Do not be afraid to ask for more
- American Cancer Society exists everywhere
- Contact cancer centers, hospital systems, and non profit organizations
- Ask your consortium to help connect your clinic




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### Lessons Learned




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### Lessons Learned

- Leverage existing relationships
- Be persistent and patient
- Have staff dedicated to the project/work
  - Adapt when there is staff turnover
  - Contingencies in place
- Create work plans
- Clear roles and accountability
- Report back to your stakeholders
- Have plan to redirect attention between competing priorities




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### Next Steps

- Creating a larger coalition of health systems in San Francisco
- Diversify funding
- Sustain projects beyond funding
- Creating institutional knowledge
- Replicate the model in other communities
- Apply similar structure to other clinical metrics




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### THANK YOU

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