## Attachment 2 - CRCCP Logic Models

Increased high quality,

appropriate screening among

Increased adherence to timely,

Increased rescreening among

defined patient populations<sup>†</sup>

diagnostic colonoscopy<sup>†</sup>

defined patient populations<sup>†</sup>

# CDC-RFA DP15-1502 Logic Model – Component 1

#### **Grantee Strategies and Activities**

#### **Partnerships and Program Coordination**

- · Establish formal agreements (e.g., MOUs or contracts with health
- Collaborate with chronic disease programs to increase CRC cancer screening

#### **Priority Evidence-based Strategies**

#### Implement:

- · Patient reminder systems\*
- Provider reminder systems\*
- · Provider assessment and feedback systems\*
- Reduce structural barriers\*

#### **Supportive Activities**

#### Implement:

- Small media\*
- · Patient navigation

#### **Community-Clinical Linkages**

- Conduct targeted outreach to priorty populations
- Utilize community-based health workers (CHWs)
- Implement workplace interventions
- Facilitate linkage to medical home

#### **Professional Development Training**

- Promote USPSTF guidelines for CRC screening
- Promote USMSTF surveillance guidelines
- Promote EBIs and QA/OI practices

#### **Information Technology**

• Support utilization of EMRs to implement EBIs and performance monitoring (e.g., GPRA, UDS, HEDIS)

#### **Short-Term Outcomes**

Established partnerships that support increased CRC screening

Multiple EBIs implemented within health systems, insurers, others

Access to CRC screening for priority populations

Appropriate provider recommendations for patients to receive CRC screening

Knowledge about the need for CRC screening among priority populations

Reduced barriers to CRC screening

Adherence to USPSTF and USMSTF CRC screening guidelines

Provider knowledge of CRC screening quality standards

Measurements and use of health system data

#### **Intermediate Outcomes**

### **Population level** 80% CRC screening by 2018

Increased CRC prevention via polypectomy

Decreased disparities in CRC screening

Increased detection of early-stage CRC

Increased timely **CRC** treatment initiation

Decreased disparities in CRC incidence and mortality

**Long-Term Outcomes** 

**Decreased CRC** incidence and mortality

\*Project period outcomes expected to be measured and achieved at level of provider clinics, health systems, specific insured populations

**CHWs:** Community health workers

CRC: Colorectal cancer

**EBIs:** Evidence-based interventions/strategies **GPRA:** Government Performance and Results Act

**MOUs:** Memoranda of Understanding

**QA/QI:** quality assurance/quality improvement

**UDS:** Unified Data System

**USMSTF:** United States Multi-Society Task Force **USPSTF:** United States Preventive Services Task Force

Program Monitoring and Evaluation, including assessing changes in screening rates for a defined population









Contextual Factors: resources, ACA, unemployment, endoscopic capacity, geography, cultural beliefs, CRC-related policies, other CRC screening resources



\*Strategies recommended by Guide to Community Preventive Services for increasing colorectal cancer screening by FOBT (http://ww.thecommunityguide.org/cancer/index.html) Disease Prevention and Health Promotion

## CDC-RFA DP15-1502 Logic Model – Component 2

#### **Short-Term Outcomes Grantee Strategies and Activities Intermediate Outcomes Long-Term Outcomes Program Management** Convene medical advisor(s) **Population level** • Establish/maintain contract(s) with providers 80% CRC • Maintain data management and billing systems screening by 2018 Increased high quality, appropriate screening among **CRC Screening, Diagnostics, Patient Navigation, and** Increased CRC CRCCP clients<sup>†</sup> other Support Services prevention via Decreased • Integrate screening with other clinical services polypectomy disparities in CRC • Provide quality, appropriate screening and surveillance incidence and to average risk populations mortality Increased adherence to timely, Decreased • Provide timely follow-up of abnormal screens diagnostic colonoscopy<sup>†</sup> disparities in CRC Decreased CRC · Implement patient navigation screening incidence and · Facilitate access to diagnostic services and mortality cancer treatment Increased rescreening among Increased CRCCP clients<sup>†</sup> detection of early-stage CRC **Data Management and Utilization for Recruitment** and Quality Assurance/Quality Improvement • Identification of priority populations Increased timely • In-reach to patients in existing health care systems **CRC** treatment · Clinical data collection and tracking initiation · Monitoring and Evaluation

Contextual Factors: resources, ACA, unemployment, endoscopic capacity, geography, cultural beliefs, CRC-related policies, other CRC screening resources

<sup>†</sup>Project period outcomes expected to be measured and achieved among CRCCP clients

#### **Acronyms:**

CRC: Colorectal cancer

**CRCCP:** Colorectal Cancer Control Program



Health Promotion