NYS Cancer Screening Registry Key Informant Interview Project Summary of Findings

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Presentation Overview

- Background
- Project Purpose
- Methods
- Findings
- Conclusion
- Questions

- In 2012, the NYSDOH, CHCANYS, and IPRO implemented a demonstration project to increase screening rates for breast, cervical, and colorectal cancer in Federally Qualified Health Centers (FQHCs) in New York State

- Developed and implemented a cancer screening registry within the Center for Primary Care Informatics (CPCI), a data warehouse that serves NY FQHCs, to support quality improvement interventions to promote quality care for breast, cervical and colorectal cancer screening

The purpose of the key informant interview project was to:

- describe ongoing use of the CPCI for QI to improve cancer screening;

- understand perceptions about the CPCI among clinical and administrative staff at FQHC practices who participated in QI interventions

- assess support for sustaining and spreading use of the CPCI for clinical QI

- April to June 2017: Qualitative, semi-structured, key informant telephone interviews

- Administrative and clinical staff at 17 FQHCs

- 28 FQHC staff participated in an interview
  - Response rate: 75.7%

Table 2.1. **Number of Completed Interviews by Cohort, Administrative vs. Clinical, and High vs. Low Performing**

Cohort	Low Performing Administrative	Low Performing Clinical	High Performing Administrative	High Performing Clinical	Total Interviews
1	2	2	2	3	9
2	1	2	3	2	8
3	3	2	4	2	11
Total	6	6	9	7	28

Note: Cohorts 1 and 2 participated in a learning collaborative format. Cohort 3 participated in a practice facilitation format.

- We asked FQHC staff about:
  - Purpose of the CPCI, with respect to cancer screening
  - Experience using CPCI
  - Changes to workflows or systems
  - Ease of use
  - Perceived utility for increasing cancer screening rates
  - Factors that motivated use
  - Barriers to using CPCI
  - Lessons learned
  - Recommendations for other FQHCs

- Transcribed interviews

- Created codebook based on interview guide

- 4 analysts coded transcripts using NVivo 10

- Thematic analysis to systematically document emerging themes

Results

Objective 1: Describe ongoing use of the CPCI for QI to improve cancer screening

- Use of CPCI
- Changes to workflows as a result of using CPCI

Few staff access CPCI directly, many use CPCI data

"I think a lot of it's me, as I said the informatics department…they produce the reports, And so, really I think a lot of the staff are using reports through CPCI though they might not log onto it itself."

—Administrative Staff, High Performing Site, Cohort 3

Source: Section 3.2.1

Pre-visit planning reports are used daily

"Visit planning is probably one of the best features … every day, they use their visit planning sheet and the provider and the medical assistant and sometimes the case managers, they huddle 15 minutes before the day—and they can go through their patient list and prep ahead of time…the providers can't live without it now, I mean, they love using those sheets. Great tool, it's an amazing tool. And I think that's probably is first and foremost the best feature and they use that daily."

—Administrative Staff, High Performing Site, Cohort 2

Source: Section 3.2.2

Dashboards and aggregate reports are used for QI

"We hold monthly quality improvement team meetings. So, at those meetings dashboards are produced based on information from CPCI depending on the department of focus. And, so that's how we use it."

—Administrative Staff, High Performing Site, Cohort 3

Source: Section 3.2.2

Performance data are used for internal and external comparison

"… We turned on CPCI and saw that we were at 57% and I was very happy. I said 'oh my goodness, this is the best performance I have ever seen'… until I looked at all our other health centers and found out we were second to last. … And so, I really started drilling down… and I said 'you know what, if they can do it so can we.'"

—Administrative Staff, High Performing Site, Cohort 3

Source: Section 3.2.2

CPCI registry data are used to inform patient outreach efforts

"We use the other registries to provide to our other staff members to say, 'Okay here's our registries. Let's filter these, these people are due for…' Specifically if we're looking for breast cancer screenings or you know, even well-child visits, we will pull in all those registries and comprise a list of patients that are due for the month coming up. And have some outreach done by our service representatives to call the patients and get them some appointments to come in and be seen."

—Administrative Staff, Low Performing Site, Cohort 3

Source: Section 3.2.2

CPCI enhances pre-visit planning during daily huddles

"You know, that, that wasn't the stimulus for doing pre-visit planning…but it's an important tool now that is used as we continue to do that."

—Administrative Staff, Low Performing Site, Cohort 1

Source: Section 3.2.3

Identification of training needs to ensure correct reporting

"We were finding that some things were not being placed in the correct spot in the EHR. … which then means that CPCI could not pull in correctly. So, you know, we had to do a little bit of education as far as that goes for staff. To make sure you're… saving it the right way or signing it off in the right spot."

—Clinical Staff, High Performing Site, Cohort 3

Source: Section 3.2.3

CPCI increases accessibility of screening data

"I think just having data in general makes healthcare better. Uh, whereas so many times in the past we were operating in the dark and not really knowing, not having data to back up concerns or issues. Not even knowing what the concerns were."

—Clinical Staff, High Performing Site, Cohort 1

Source: Section 3.2.3

CPCI helps improve patient education, referral and outreach referral efforts

"What we have done, we have, um ... So, for example, if the provider fits in, before we would do ... We would give the patient a referral and have them make their own appointment to go, you know, let's say go do the mammogram, but now what we do, is we will make the appointment for the patients, and we also remind the patient about, you know, the upcoming appointment. We give them a call the day before, in order to remind them, because sometimes, you know, we make an appointment for a mammogram, or any other screenings, and it's in the same month, or month and a half, so then they forget."

—Clinical Staff, Low Performing Site, Cohort 3

Source: Section 3.2.3

Objective 2: Understand perceptions about the CPCI among clinical and administrative staff at FQHC practices who participated in QI interventions

- Perceived utility for increasing screening rates
- Ease of use
- Motivating factors for using CPCI
- Challenges encountered using CPCI

CPCI supports clinical decision making

"…there's more of an awareness of the importance of getting patients screened and, you know, it's from the front desk to the medical assistants to the nurse to the provider, you know, we're all working kind of more collaboratively to make sure that our patients don't leave without that appointment for the mammogram or to get a colonoscopy or, or, or whatever else they need."

—Clinical Staff, High Performing Site, Cohort 2

Source: Section 3.3.1

CPCI increases awareness of performance, enabling benchmarking for performance improvement

"…So [CPCI] tells them how well they're doing … with particular measures as compared to for instance their colleagues. So, that data is important because it motivates them to do better."

—Administrative Staff, Low Performing Site, Cohort 1

Source: Section 3.3.1

CPCI is easy to use

"I think the functionality when you're on the website, the ability to go to reports or dashboards is very easy and very user friendly. The interfaces, they're really nice."

—Administrative Staff, Low Performing Site, Cohort 3

Source: Section 3.3.2

Ease of use varies by exposure to and utilization of the system

"I used and, as I said, I didn't use it frequently, so it's a little more challenging if you don't use it every day—but the staff who used it here every day really loved it and it was … Very easy for them to navigate."

—Administrative Staff, High Performing Site, Cohort 1

Source: Section 3.3.2

Accessibility depends on computer-savviness of staff

"If a person isn't computer savvy, they might not know all intricate parts of it—like me, I don't know everything, there's still a lot to learn. I've used the training sessions a couple times a year when they're offered."

—Clinical Staff, Low Performing Site, Cohort 1

Source: Section 3.3.2

Ease of use is limited by the accuracy of data

"I would say it's, it's relatively easy to use it. I think it's harder to map it…there's not really an interface where you can do any mapping yourself. You have to open like a, or it, it's not, it's not friendly in that way. You have to contact Azara when you have changes."

—Administrative Staff, Low Performing Site, Cohort 1

Source: Section 3.3.2

CPCI's automated reports enhance accessibility of patient data

"Oh, it just saves me time. I don't have to go and write all these complex programs, when there's a software that does it, and I can get anyone to run it, get their data, and only contact me if they have a problem. It saves a lot of time on my part.

—Administrative Staff, High Performing Site, Cohort 3

Source: Section 3.3.3

CPCI has unique features not typically available in EHRs

"It's nice to have a tool, like I said, where you can benchmark with other health centers, you can learn about how they're putting the data together."

—Administrative Staff, Low Performing Site, Cohort 1

Source: Section 3.3.3

High-quality customer service helps CPCI users quickly troubleshoot technical challenges

"I feel like they're very responsive. So, when you open a case and you give them an example—they get back to you within 24 hours. And, you really felt that the people…working on it were really, like invested in solving it, and getting you the correct information."

—Clinical Staff, Low Performing Site, Cohort 2

Source: Section 3.3.3

Mapping data from a health center's EHR to the CPCI was challenging

"It just seemed like we struggled. And again, it may be on our end that, meaning things in a uniform fashion, and then coding things in such a way in our systems such that it would match up with what Azara or CPCI was looking for."

—Clinical Staff, Low Performing Site, Cohort 1

Source: Section 3.3.4

CPCI reports are not useful if the mapping is not done correctly or if providers enter data into the wrong fields

"The biggest issue was just when the information that is generated is inaccurate, that causes frustration and extra work…and then probably a little bit of sort of like a false alarm phenomenon where people are just sick of hearing something that's not accurate. So, they use other methods to do their research."

—Clinical Staff, Low Performing Site, Cohort 1

Source: Section 3.3.4

The CPCI does not produce real-time data

"The only complaint that I've heard from providers is that there's a lag in the data…So, for instance, the visit planning report. It doesn't update daily, or in real time. So, if you have a patient that is scheduled today for tomorrow, and you try to run the visit planning report to tell you what screenings they're due for, you have to manually punch in that patient's information to look them up, because…there's a lag of, last I knew it was like 3 or 4 days in the data."

—Administrative Staff, Low Performing Site, Cohort 1

Source: Section 3.3.4

Some staff resisted the adoption of a new system

"Initially it's 'Why are you telling me how to do my job? Who are you?' But that changed, it's changing still…So a lot of times, initially there was, I don't know if the word was resentment, but maybe just questions as to why this was now being put in front of them. As if they didn't already know what they were supposed to be doing."

—Administrative Staff, High Performing Site, Cohort 3

Source: Section 3.3.4

Staff have limited time to devote to learning how to use the CPCI

"I'm not an IT person, and so my brain starts to hurt when it comes to trying to figure out how to do this. I know what I want, but I'm not able to kind of really understand the IT piece. And I don't think I'm alone in this…with the limits that you know, on our time. It's a whole other kind of electronic record keeping system that I would have to learn if I was gonna use…I'm focused on trying to kind of maximize the utility of my EMR."

—Clinical Staff, Low Performing Site, Cohort 3

Source: Section 3.3.4

Objective 3: Assess support for sustaining and spreading use of the CPCI for clinical QI

- Perceived utility of CPCI for other FQHCs
- Lessons learned
- Recommendations

The CPCI provides actionable data that supports QI

"Very useful…if other organizations want quality numbers improved, then this is good to improve quality numbers…You can do all of your quality work from CPCI reports. "

—Clinical Staff, Low Performing Site, Cohort 1

Source: Section 3.4.1

The CPCI is perceived as more user-friendly than other tools and fills a gap in reporting capabilities of EHRs

"I think it's very useful…it's such a user-friendly system…its capability of providing your data in a user-friendly way is tremendous as opposed to like in the ECW there [are] some reports, but they're limited."

—Administrative Staff, High Performing Site, Cohort 2

Source: Section 3.4.1

Degree of usefulness depends on staffing capacity

"I think it's kind of a split. The health centers [that] have in-house IT who are capable of generating report, then CPCI as a tool would probably be a little less helpful to those health centers. But definitely for the smaller health centers whose budgets [don't] support having in-house IT…those are the health centers that are really going to benefit from Azara."

—Administrative Staff, High Performing Site, Cohort 2

Source: Section 3.4.1

Devote time to carefully map and validate the CPCI data

"Not map things that we shouldn't have mapped. And have a bigger team than the three people mapping for 27,000 patients. If anything, I would say the mapping is the most key thing, and it just really is the most time-consuming, but probably gonna give you the staff experience with the program if it's done correctly…the mapping is one thing but the biggest component of the mapping is the validation of the data."

—Administrative Staff, High Performing Site, Cohort 2

Source: Section 3.4.3

**Take advantage of the CPCI
sooner and more often**

"I probably would have started using it a lot earlier.
(laughs) A lot sooner."

—Clinical Staff, High Performing Site, Cohort 3

Source: Section 3.4.3

Devote time to communicate the purpose of the CPCI and provide staff training to support implementation

"I think just really having everybody know about it. I mean, making it really widely known, what is it that we have and what are we using it for and why it's important, and, and really starting from there and involving everybody. And making sure the team knows, you know, what, what's the end goal."

—Clinical Staff, High Performing Site, Cohort 2

Source: Section 3.4.3

Allocate sufficient staff support

"…just make sure you have the staff to devote the time to get everything together and are taking the information back to the providers. Early. You want them to know early, where information needs to be documented consistently, so that this can work. Because if we're not putting information in the same place, or as structured data, then it's never gonna be good."

—Administrative Staff, Low Performing Site, Cohort 2

Source: Section 3.4.3

Recommendations for Other FQHCs

- Ensure mapping is done correctly at start-up

- Set up a process for ongoing data validation

- Take advantage of Azara technical support

- Ensure staff are well-trained

Recommendations mirror themes across challenges encountered and lessons learned

Source: Section 3.4.2

Recommendations for Improving CPCI

- Provide tailored guidance on how to map data from common EHR systems, such as e-Clinical Works

- Develop a brief "cheat sheet" with tips for new users

- Modify the mapping interface to make it more user friendly

- Revise the naming convention for updated reports, so users can easily identify the most recent version.

Source: Section 3.4.2

Conclusion

Limitations

- As with all qualitative research, these findings are not intended to be generalizable to all FQHCs in New York State

- We spoke with a limited number of staff per FQHC, and they were largely QI staff (administrative) or care managers (clinical)

  - Other administrative or clinical roles may have different perspectives on CPCI that are not captured in this study

FQHC staff are supportive of sustaining and spreading use of the CPCI

Useful source of actionable data that supports performance monitoring and quality improvement

CPCI is overwhelmingly perceived as an easy-to-use, intuitive system

Questions?

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