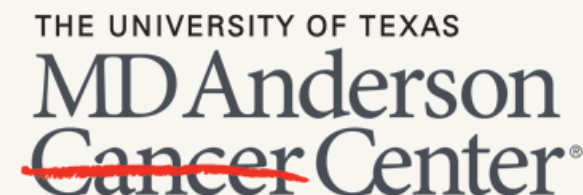


Engaging stakeholders to create an HPV self-collection practice facilitation guide

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Funding: STEP-2 (NCI UG3CA290286), Project Access (CPRIT PP240017)

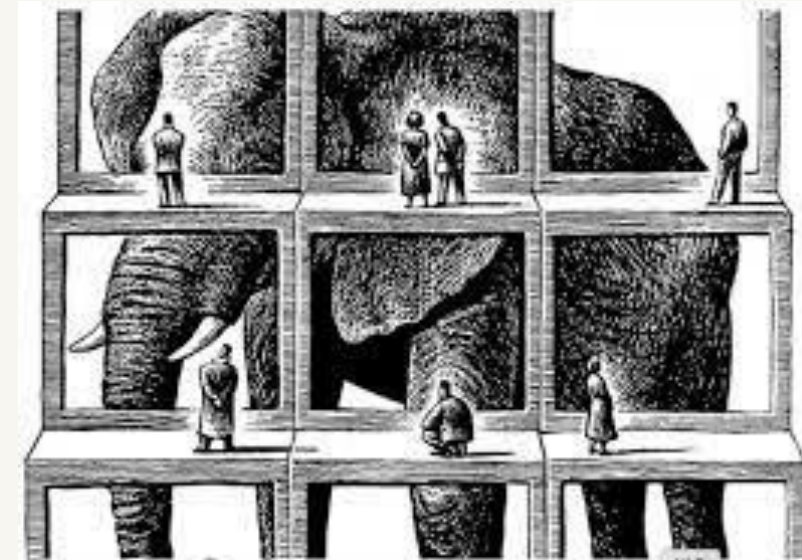
Integrating new cancer screening modalities is challenging for safety-net clinics

- ❖ In-clinic distribution of HPV self-collection kits hold great promise to increase cervical cancer screening rates in the US, particularly in safety-net settings that care for under-served populations.
- ❖ Safety-nets often have limited organizational capacity and resources to adopt new cancer screening technologies
- ❖ Implementation strategies are often complex and only accessible to well-resourced healthcare organizations



Practice facilitation could speed adoption of HPV self-collection if flexible to context

- ❖ Practice facilitation is a strategy that helps healthcare systems redesign clinical workflows to improve patient health
- ❖ US safety-net systems are heterogeneous in terms of size (# of clinics), electronic clinical information systems (EHR, lab), and payor/ reimbursement models
- ❖ Stakeholder engagement is critical to ensure a practice facilitation guide is suitable to the breadth of contexts of US safety-nets



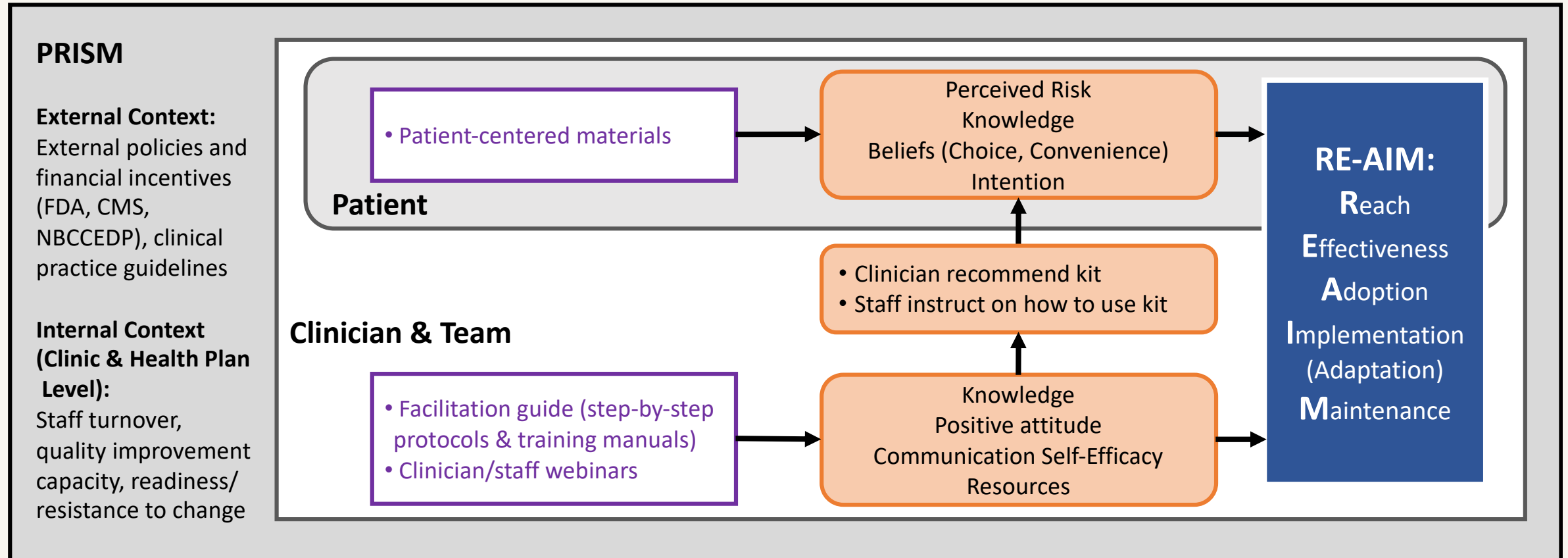
Conceptual Model

Based on Theories of Health Beliefs, Relational Coordination,
 & Diffusion of Innovations

Implementation Strategies

Determinants of Behavior Change

Outcomes



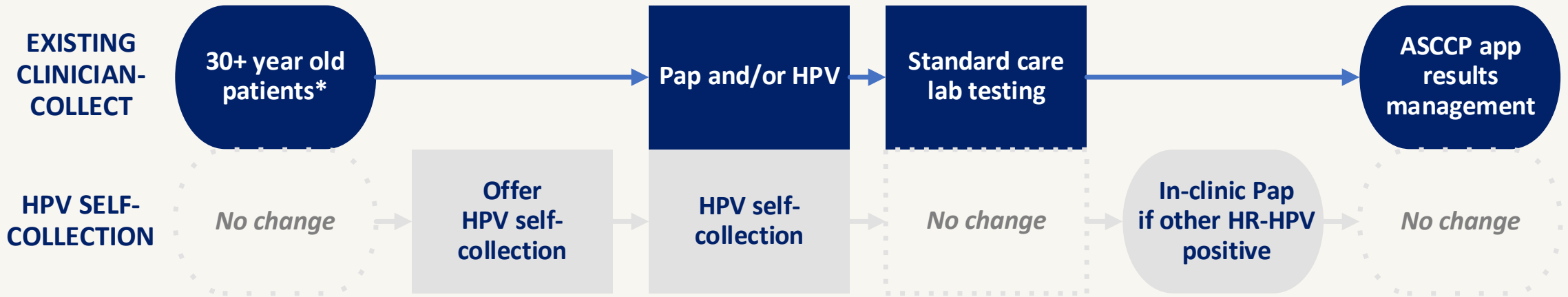


Engage stakeholders to create a flexible & comprehensive HPV self-collection practice facilitation guide

- Reviewed practice facilitation guides used to promote other cancer prevention behaviors (e.g., colorectal cancer screening, HPV vaccination)
- Drafted a step-by-step protocol with clinic workflow visualizations
- Semi-structured interviews gathered iterative feedback from diverse constituents:
 - Primary care clinicians & gynecologists practicing in safety-nets
 - Medical assistants, quality improvement leads, clinical informatics specialists, medical & lab directors working in FQHCs
 - Practice facilitators working for American Cancer Society
 - Patient advocates and cervical cancer survivors
- We confirmed & validated elements in the guide using the rapid group analytic approach

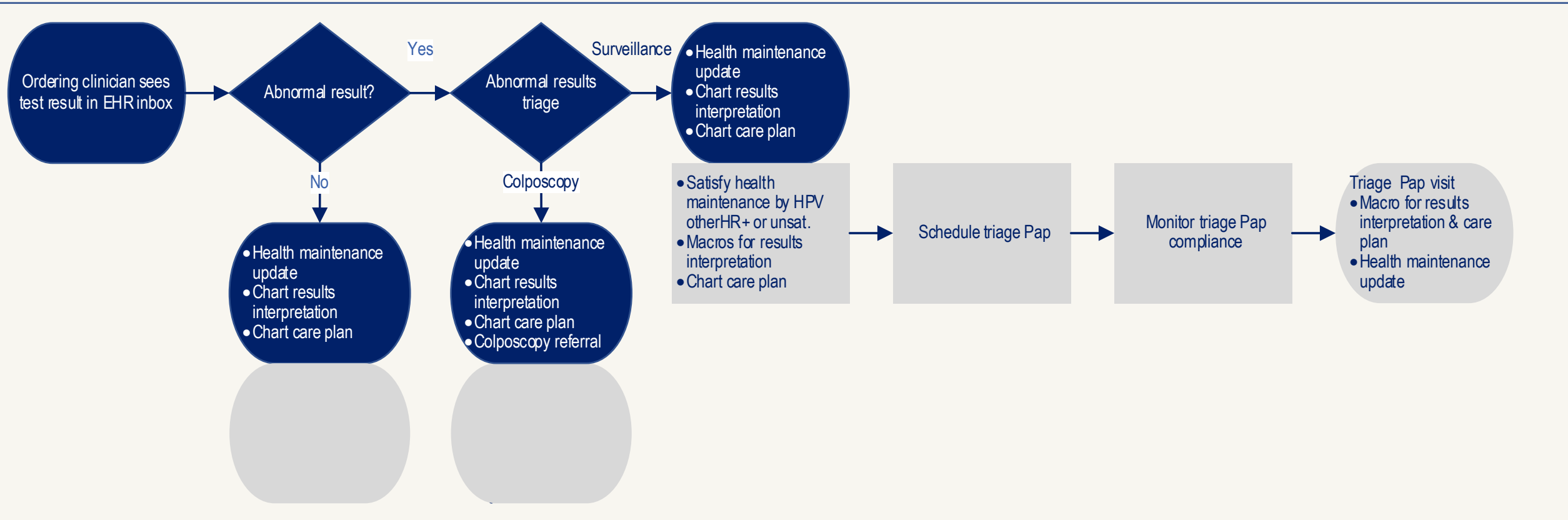
Example Clinical Workflow Re-design Data Visualization

Overall



* 30+ years old if following USPSTF guidelines. 25+ years old if following ACS guidelines.

Management of Abnormal HPV Self-Collection Results



Version 1: Facilitation Guide



**Practice
Facilitator
(appointed by
healthcare
system)
leads execution
of steps**

Step 1

Talk to your lab and payor(s)

Step 2

Assess current workflow

Step 3

Identify / Assemble team

Step 4

Modify workflow*

Step 5

Train clinicians & staff via webinars

Step 6

Launch implementation with
patient educational materials

Step 7

Monitor progress**

** Program EHR order & Reports
communicating results to
clinician & patient*

*** Program reports on cervical
screening metrics to include
kit completion*

- ❖ Think carefully about how practice facilitators are selected by the healthcare organization – suggest a 2 co-leads: clinician champion knowledgeable of cervical screening process & administrative lead experienced in quality improvement (e.g., process to change lab and IT)
- ❖ Assemble team first to minimize communication frustrations/ delays; typical team members: clinician champion, QI admin, lab liaison, IT specialist, medical assistant
- ❖ Support clinic team with brief *How To* and *FAQ* documents for daily use
- ❖ Don't reinvent wheel... use STI (CT/NG) self-collect instructions and staff training
- ❖ Provide facilitator with templates to run the launch meeting and debrief sessions (project recap, results from performance analysis, questions to solicit feedback)

Version 2. Facilitation Guide



Practice Facilitator

(recommend 2 co-leaders: Clinical champion & QI admin lead)

leads execution of steps

Step 1

Identify/ Assemble Team

Step 2

Assess current workflow[†]

[†]Use Clinic Readiness Tool

Step 3

Modify workflow^{*}

^{*}Program EHR order & Reports communicating results to clinician & patient

Step 4

Train clinicians & staff via webinars¹

¹Reinforce training with *How To* tip sheets (eligibility criteria & follow-up protocol for in-clinic Pap)

Step 5

Launch implementation² with patient educational materials³

²Provide templates (slides, session format)

³Mimic CT/NG low literacy instructions

Step 6

Monitor progress with debriefing sessions^{**}, ²

^{**}Program reports on cervical screening metrics to include kit completion

- ❖ **Many stakeholders are excited and motivated to integrate HPV self-collection BUT are daunted by all of the structural obstacles (lab, EHR, training)**
- ❖ **A practice facilitation guide with a “can-do”, positive attitude and simple, high-level prompts can make the process of re-designing the clinical workflow more accessible to safety-net clinics**
- ❖ **Highlighting similar workflows (STI self swab) and providing modifiable documents (*How To* instructions adjusted to their lab & EHR system) is key for usability**

We appreciate the support and feedback from:

- ❖ **American Cancer Society's field staff and members of the Cervical Cancer Roundtable HPV Self-Collection Workgroup**
- ❖ **The Advisory Board from the NCI-funded STEP-2 Trial (UG3CA290286)**



Questions?

CINEQUITY
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