



Research to Reality Mentorship Program

Project Proposal Work Plan

Final work plans are due to NCI by December 15, 2011

The purpose of this document is to outline a development plan for the project the mentee has chosen to complete with their mentor during the mentorship period. This is to be completed by the mentee, with guidance from the mentor.

1. Mentorship Pair

	Name	Organization Contact Info (address, phone, email, etc.)
Mentee	Angela McFall	Michigan Department of Community Health Cancer Prevention and Control Section WSB 5 th Floor 109 W. Michigan Ave. Lansing, MI 48913 Ph: 517-335-9420 Email: mcfalla@michigan.gov
Mentor	June Ryan	Nebraska Department of Health and Human Services Office of Public Health, Comprehensive Cancer Control Program 301 Centennial Mall South P.O. Box 95026 Lincoln, NE 68521 Ph: 402-471-0369 Email: june.ryan@nebraska.gov

2. Project Title: Increasing CRC Screening Rates in Michigan Through Evidenced Based Practices

3. Prioritized Competencies

Please indicate the competencies you hope to develop through your completion of this project.

Partnership, Collaboration, and Community Advocacy and Communication Skills

4. Project Description and Overall Purpose

Colorectal cancer (CRC) screening is effective in reducing mortality rates by detecting cancers earlier. With the removal of pre-cancerous polyps by colonoscopy colorectal cancer may be prevented and incidence reduced. Early detection leads to an increase in survival rates and a decrease in healthcare costs. For these reasons, insurance and health care providers should encourage CRC screening.

In an effort to improve health outcomes related to CRC, the Centers for Disease Control (CDC) and Prevention set a goal to increase screening rates to 80% by 2014. This goal is supported with funding through grants to 25 states, including Michigan. CRC is the

second leading cause of cancer-related death in Michigan, yet according to the 2010 Behavioral Risk Factor Survey only 69% of Michigan men and women have had an appropriately timed CRC screening.

Over the next year and a half, Angela under the guidance of June will work with insurance providers, health care providers and/or quality assurance organizations to increase screening rates using client reminders. Client reminders are an evidence-based intervention recommended by the CDC in their colorectal cancer control program logic model.

Angela will work with the chosen organization(s) in order to increase the CRC screening rate among insured enrollees or clients. The focus of the project will be to mail reminder cards* to insured clients that do not meet 2011 HEDIS measures.

The organization(s) will run CPT codes for CRC screening tests against client databases to determine those clients that do not meet 2011 HEDIS measures. For HIPPA purposes, client reminder postcards would be mailed to the identified clients by the organization. MDCH would provide funding for the mailing of the cards.

Data collection will be based on 2011 HEDIS measures which are:

- Clients ages 50-75
- One or more of the following screenings:
 - Fecal occult blood test yearly
 - Flexible sigmoidoscopy every five years
 - Colonoscopy every 10 years
- Exclusions:
 - Colorectal cancer
 - Total colectomy

A pilot study will be conducted with Cancer Services of Midland prior to interventions with other agencies. Cancer Services of Midland has been providing non-medical support services to cancer patients and prevention education in the community since 1948. Cancer Services collaborates with a network of health care providers and human service organizations to meet the wide range of needs of cancer patients and foster healthy lifestyles for all people.

The pilot study will identify potential barriers and constraints. It will determine how to best proceed with future interventions.

*Materials suitable for the proposed intervention are available through the American Cancer Society, Great Lakes Division, Inc. The applicant will partner with ACS on this project.

Goal and Objectives

Program Goal:

To Increase CRC Screening Rates among Michigan Citizens using evidenced based practices.

Program Objectives:

By December 15, 2011, project objectives, action plan and timeline will be completed.

By December 16, 2011, contact will be made with the American Cancer Society (ACS) to determine their use of the CRC toolkit and potential as a project partner.

By December 16, 2011, contact will be made with Cancer Services of Midland to discuss potential pilot project.

By December 21, 2011, a post card reminder protocol will be researched and completed.

By December 21, 2011, a potential Michigan Cancer Consortium (MCC) volunteer pilot group will be identified.

By January 17, 2012, a screening protocol will be identified.

By January 31, 2012, contact with MCC Challenge participants will be made to determine possible collaboration efforts.

By January 31, 2012, research on whether Michigan has a state law regarding CRC screening will be conducted.

By January 31, 2012, a physician champion will be identified.

By January 31, 2012, the medical community will be alerted with regard to potential screening increases and sent screening guideline reminders.

By January 31, 2012, an evaluation protocol will be identified.

By January 31, 2012, the pilot project will be implemented.

By February 10, 2012, additional intervention sites will be identified.

By February 17, 2012 a two week evaluation will be completed on the pilot site.

By March 9, 2012 a four week evaluation will be completed on the pilot site and a summary of the pilot project will be written.

By March 30, 2012, intervention will begin at least 2 sites.

By September 30, 2012, at least 2 intervention sites will have been monitored monthly via communication with the point of contact.

By June 30, 2012, 3 month data will be collected from intervention sites.

By October 1, 2012, 6 month data will be collected from intervention sites.

By February 1, 2013, a final report summary will be written and submitted.

Background of 2011 Michigan CRC activities

- 1) Summer 2011: A summer public education campaign using radio PSA's in combination with small media was conducted. The target audience was adults 50 and older, with a focus on the Hispanic population. The Radio PSA's used are part of the *Screen for Life Campaign* featuring Terrence Howard and Jimmy Smits. The campaign aired in the following 6 markets Lansing, Detroit, Flint, Grand Rapids, Kalamazoo and Marquette from July through August 2011.
- 2) Summer 2011: A public education campaign implementing the SuperColon™ and small media was developed. The target audience was adults 50 and older, with a focus on the Native American population. The SuperColon™ (Prevent Cancer Foundation) has been shown to be effective within Native American populations when combined with education and small media. The campaign took place in July and August at five locations, including Lansing, Dorr (Gun Lake Tribe), Mt. Pleasant (Saginaw Chippewa), Sault Ste. Marie (Sault Tribe) and Baraga (Keweenaw Bay). Tribal Health Centers partnered with the local county health departments to combine efforts and maximize exposure to the *SuperColon™*.
- 3) Spring 2011: A meeting was held with Priority Health Insurance to propose collaboration with the Michigan Department of Community Health (MDCH) to conduct an evidenced based intervention to encourage screening of members. Priority Health had recently conducted a similar program with their members and their Colorectal Cancer Screening rate was above the 80% screening rate goal for Michigan.
- 4) Spring 2011: Met with MPRO to discuss collaboration on their new scope of work that began 8/11. MPRO proposal was submitted that included collaboration with MDCH and ACS to begin in next reporting period. Proposed project will involve Learning Action Networks for providers through the PQRS reporting system.

3. Deliverables & Activities

Please use the table below to list all project deliverables and the activities necessary to complete them, timeline for completion, and measures of success. Please be as detailed as possible.

Deliverable	Key Activities to Complete Deliverable	Evidence of Achievement/Measures	By What Date?
Action plan,	Develop action plan,	Completed action plan,	December 15,

objectives, timeline	objectives and timeline	objectives and timeline	2011
Post-card reminder protocol	Meeting with mentor, research other health related post-card reminder protocols	Completed post-card reminder protocol	December 21, 2011
Screening protocol	Research screening protocol documents	Screening protocol	January 17, 2012
Evaluation protocol	Research and develop other evaluation protocols	Evaluation protocol	January 31, 2012
Pilot site results	Implement pilot project	Evaluation Summary	March 9, 2012
Project Evaluation	Complete project	Project Summary	February 1, 2013

5. Assets & Resources Available to the Mentee

a) What is unique and important about this project?

Please list any timely circumstances or opportunities that make this project unique and important.

This project is unique because despite efforts to increase Michigan's CRC screening rate, we are still at 69%. This offers both a challenge and an opportunity. Also as evidenced in the program description, this project is timely given the recent CRC media campaigns that have been conducted statewide.

This project is also unique because the target population has health care insurance. Not many interventions target this group as most work with uninsured to help them increase access.

b) Opportunities for Trainings, Conferences, and Educational Activities

Please use the table below to brainstorm some trainings, conferences, or other educational activities (outside those provided by NCI through this program) in which the mentee can take advantage of to enhance or supplement their skills and competencies.

Training/Conference/Activity (Date, if known)	Targeted Skills/Competencies
National Dialogue for Action, March 2012	Increased knowledge skills surrounding CRC screening and evidenced based public health methods.

c) Are there any particular topics for webinars or technical assistance trainings that you would like NCI to consider providing over the next year and a half to help with your competency development?

Developing partnerships

d) Other Staff/Consultants/Partners

Please use the table below to identify any other people in your office/organization, researchers, other public health professionals, partner organizations, etc., who will be working on this project or who might be able to lend their expertise to this project.

Name	Title	Role in Project	Area(s) of Expertise
Polly A. Hager, MSN, RN	Comprehensive Cancer Control Program Manager, Cancer Prevention & Control Section	Consultation and advisory	Comprehensive Cancer Control, CRC Program Co-Director
Paulette M. Valliere, Ph. D.	Manager, Breast and Cervical Cancer Control Unit, Cancer Prevention and Control Section	Consultation and advisory	CRC Program Co-Director, Breast and Cervical Cancer screening
Mary Lou Searls, BS, RN	Nurse Specialist	Consultation and advisory	CRC screening program coordinator
ACS	TBD		
Epidemiology Consultant	TBD		

6. Potential Constraints and Challenges

a) What are the major challenges that the mentee will face in accomplishing this project?

None are anticipated.

b) Are there any timing considerations that will be important for the mentee/mentor to be aware of when working on this project and its deliverables (e.g. scheduled vacations; conferences, meetings, partnership activities, grant deadlines, etc.)?

None are anticipated as project objectives have been written in a way that accommodates these activities.

1. Key Dates:

1. Colorectal cancer month – March.
2. National Dialogue for Action, March 2012

7. Other Considerations

Are there any other important issues that the mentor, mentee and/or program coordinator should know about this project?

N/A

8. Agreement

I reviewed this work plan and agree to accomplish these deliverables as mentor/mentee. This agreement may be amended with the consent of all parties named below. If amendments are made, revised agreement must be submitted to the NCI Program Coordinator.

Mentee Signature (can be electronic)

Date

Mentor Signature (can be electronic)

Date

Return completed form to by December 15, 2011: Peyton Purcell, Research to Reality Mentorship Program Coordinator, National Cancer Institute; purcellp@mail.nih.gov or Fax: (301) 496-7063

NOTE: If faxed, please email or call Peyton to let her know it is on it's way.

Received by: __Peyton Purcell, Program Coordinator__ Date: _____

