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Qualitative Evaluation of the Assessment of Cancer Screening and Follow-up (ACIC-Ca) Tool:

Findings from cancer collaborative participants in the pursuit of quality improvement

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Introduction

- Formative evaluation of the Assessment for Cancer Screening and Follow-up (ACIC-Ca) draft tool
- Tool for assessing improvement in six components related to cancer screening and follow-up
- Organizational improvement through system change

Introduction: Assessment of Chronic Illness Care (ACIC) Tool

- Predecessor of ACIC-Ca tool
- Wagner et al.
- Help teams focus on adoption of evidence-based care changes
- Focuses on systems level approaches to improving care of the chronically ill
- Based on six areas of system change suggested by chronic care model (CCM)

Introduction cont'd

- Two guiding questions for the formative evaluation
  - Are the components of the ACIC-Ca tool perceived as relevant, appropriate, meaningful, and useful?
  - Between two versions of the ACIC-Ca tool, is one version of the tool perceived to have more utility for the intended purpose than the other?
    - A) separate evaluation of systems for each of three cancers
      - Breast
      - Colon
      - Cervical
    - B) a single evaluation of overall screening implementation in the primary care clinic

The ACIC-Ca Tool

- Assessment of Chronic Illness Care (ACIC) tool adapted for cancer screening and follow-up
- CCM components adapted to fit particulars of cancer screening and timely follow-up
- Developed to facilitate the application of the CCM to cancer screening and prevention
- Tool is intended to encourage clinics to identify elements of the care system suitable for planned care
  - A systems level approach to improving cancer screening
  - A method intended encouraging discussion

Chronic Illness and Cancer Prevention?

- Relationship lies in common approach to management of service delivery
- Chronic care and prevention approaches both focus on minimizing progression of disease through regular, timely, and comprehensive management/intervention
- Screening and follow-up minimize progression of cancer by detecting incidence at earliest stage, and following up with appropriate treatment in timely fashion.
- ACIC framework using components of CCM model is a useful template for achieving cancer screening and follow-up goals at the population level.

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Methodology

- Unit of analysis: cancer collaborative teams located at nine community health centers which participated in Phase I of ACIC-Ca pilot testing (aka “sites”)
- Two additional teams selected as pilot sites for evaluation
- Nine teams selected based on performance indicators reported by the teams to program faculty at HRSA.
- Four highest performing sites and five lowest performing sites selected
- Evaluators blinded to performance status

Methodology cont'd

- Five proxy variables created to assess relevance, appropriateness, meaningfulness, and usefulness
  - Process of completing the tool
  - Ease of completing the tool
  - Comprehension of the tool
  - Scoring the tool
  - Component applicability
- Data collected through:
  - Direct observation
  - Interviews with individual team members
  - Focus groups
- Analysis of data conducted using NVivo software for qualitative thematic analysis

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Results

Process of completion

- Two approaches evident in the data
  - 1) convening the care improvement team as a group to complete assessment by consensus
  - 2) distributed assessment by individuals followed by reconciliation
- First approach used open forum discussion format and described result as 'taking a snapshot' of current cancer prevention performance

"I'm more interested in the process of answering the questions and the discussion that takes place using the tool than I am with what number we get at the end of it."

Results cont'd

Process of Completion

- Second approach created a mosaic assessment reflecting diversity of performance perceptions and described result of finding differences, sharing concerns, strengths and weaknesses
- Both approaches lead to a progression from assessment to creation of improvement plan or "to-do list"

"When you have them fill it out individually and then you go over the points like we did today, that is for the purpose of seeing where the differences are in our thinking, what our concerns are, what our strengths are, and then kind of bring it together."

Results cont'd

Ease of Completion

- Majority found assessment easy to complete or complete with moderate effort
- One quarter of team members perceived the tool as difficult to complete
- Two obstacles frequently noted
  - Overbroad definitions of subcomponents
  - Scoring algorithm within assessment is subjective

"Sometimes the little phrase they use, 'do you do this?' is not always clear what they mean by that."

Results cont'd

Ease of Completion

- Difficulties of organizational nature also noted
  - Often difficult to assemble care improvement team and devote time required in the face of competing clinical priorities

"It's easy to complete, but it's pretty time consuming. So it hasn't always gotten completed. We've actually tried to do it, but to do it in two sessions, two different meetings."

Results cont'd

Comprehension

- Teams report greater comprehension of tool purpose and components with greater exposure to collaborative education curriculum
- Additional time required to overcome unfamiliarity with tool components cited as contributing to degree of difficulty

"I think it is difficult to comprehend. And you asked if I had any training, I didn't have any training."

"Yeah, I'd say at the learning sessions they actually gave us a lot of guidance about how to use the tool."

Results cont'd

Comprehension

- Teams using open forum discussion approach to assessment report easier time comprehending the tool
  - –Individuals with degrees of familiarity are able to provide interpretations which become a basis for defining language within the tool

    "And you can read the same instructions, the same definition and somebody interprets it differently. That adds another level of depth and understanding and seeing something from a different viewpoint and actually helps to springborad into more discussion."

Results cont'd

Scoring

- Useful element of tool allowing teams to monitor and assess progress over time
- Subjective nature of scoring good for generating discussion but inconsistent and unreliable
- Subjective basis for assessment scoring may generate false measures of performance weakening basis for initiating changes in preventive care

"Because in looking back at some of the scorings after we've sat and discussed them, we've scored ourselves high in some areas and then actually looking at the registry summary report, the data doesn't really support that, that we're doing as well as we thought."

Results cont'd

Component Applicability

- CCM components adapted to fit particulars of planned care and cancer prevention
- Adaptations assessed by three measures:
  - Is adaptation appropriate to include in a tool focused on screening
    and follow-up?
  - Is adaptation relevant to screening and follow-up?
  - Is adaptation essential for understanding screening and follow-up?

Results cont'd

Component Applicability

- 90% of all team members agree that all components except for Self-management support and Integration of CCM components were appropriate, relevant and essential

"Oh yeah. I think it's pretty evident you can put whatever you're doing in terms of cancer screening and follow-up into one of these categories. Sometimes it fits into two different categories."

- SMS and ICCM were less frequently perceived appropriate, relevant, and essential (87%, 79%)

Examples of how/why self-management was not appropriate:

Self-Management Support

- ***"In terms of self-management goal support, it's fit to behavioral changes. I'm not sure exactly what they're getting at in terms of that. It's a little unclear in terms of what they're looking for, and how can we assess that effectively."***
- ***"Is it essential to understanding? How it fits into cancer screening is less clear than I think the other components. The traditional sort of definition of self-management. It's just much more complicated. It's the source of endless sort of arguments and discussions and all our meetings and that sort of thing. Friendly disagreements."***

Results cont'd

Comparison of ACIC-Ca v1 and ACIC-Ca v2

- Two draft versions of ACIC-Ca tool developed to meet needs of collaborative teams
- Version 1 assesses processes for providing screening and follow-up for colon, breast, and cervical cancer individually
- Version 2 combined the assessments in the interest of efficiencies gained by a more global aggregated assessment of cancer screening and follow-up of all three cancers simultaneously
- Predominant perception among team members is that the disaggregated version (V1) renders a truer assessment of areas in need of improvement as they relate to each cancer.

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Discussion

Conclusions

- Reconcile scoring algorithm with linear progression reflecting improvement
- Provide clearer definition of tool components and sub-components
- Provide specific examples of improvements or measures illustrating scores and component definitions

Discussion cont'd

Component Applicability

- Provide concrete examples of evidence-based interventions in cancer screening and follow-up corresponding to progressive steps in improvement model
- CancerSPACE (Simulating Practice and Collaborative Education) may be a promising tool for training, orientation, and explanation of the tool as well as a vehicle for providing evidence-based interventions that can be rehearsed in a virtual clinical environment.