

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6212

### **Title**

*Evaluation of the Coaching to Improve Colorectal Cancer Screening Equity practice facilitation program*

### **Priority 1 (Research Category)**

Health Care Disparities

### **Presenters**

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### **Abstract**

Context: Despite the existence of effective screening, colorectal cancer (CRC) remains a leading cause of cancer death. Disparities in CRC screening for Latinx populations contribute to inequitable CRC outcomes for this population. Practice facilitation (PF) is an implementation strategy that supports primary care practices in implementing evidence-based interventions. Objective: Evaluate a novel approach to PF that leverages causal pathway diagrams (CPD) to center equitable CRC screening in quality improvement activity selection and implementation. Study design and analysis: Comparison of change in CRC screening rates and CRC screening disparities in 6 primary care practices, 3 that received PF through the Coaching to Improve Colorectal Cancer Screening Equity (CoachIQ) program and 3 that received usual care practice facilitation to improve CRC screening and CRC screening equity. Setting: Primary care practices in Washington, Idaho, and Wyoming. Population studied: 6 primary care practices, 3 practice facilitators. Intervention: CoachIQ is a novel program that incorporates CPD, an approach informed by implementation science, into a practice facilitation program to support primary care practices to identify local barriers to equitable CRC screening, select quality improvement activities to overcome those specific barriers, and monitor and adjust implementation to increase the impact of quality improvement activities. Outcome measures: Pre/post change in CRC screening and CRC screening disparity. Results: On average, CRC screening increased 2.8% overall (range 1.7%-4.4%) in CoachIQ clinics, compared to 7.4% overall (range -0.2% to 20.6%) in usual coaching clinics. The average disparity in CRC screening for Latinx populations decreased by 2.1% (range +0.5% to -5.8%) in CoachIQ clinics compared to an average increase in disparity of 9.1% (range +1.5% to +21.5%) in usual coaching clinics. CoachIQ coaches reported facilitating prioritization of quality improvement activities, facilitating development of action plans, discussing equity, reviewing process steps and measures, and reviewing CRC screening disparities more frequently than usual care coaches. Conclusions: Compared to usual care

coaching, CoachIQ practices achieved improved CRC screening overall while reducing CRC screening disparities. Future efforts to evaluate CoachIQ in a diverse range of primary care settings is warranted.

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