



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP180065

Project Title:
Disseminating Cancer Control Framework and Strategies, a UT System Partnership

Award Mechanism:
Dissemination of CPRIT-Funded Cancer Control Interventions

Principal Investigator:
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Entity:
The University of Texas Southwestern Medical Center

Lay Summary:

Need: Access to healthcare is a critical component to optimizing health for patients in both urban and rural areas of Texas. Over half of the approximately 1.5 million residents of the Northeast Texas region live in rural areas. Compared to Texas overall, mortality rates are higher in Northeast Texas. The geographic disparity in mortality rates is seen across age groups and specific causes. Access to healthcare is a leading determinant. Factors that contribute to lower access to care include healthcare coverage, costs and availability of providers. Similar to the rest of the state, Northeast Texas has a shortage of primary care health professionals. Addressing the need to optimize health care access for the Northeast Texas region is imperative.

Overall Project Strategy: This proposed project will disseminate a successful service delivery model for cancer screening and patient navigation developed at Moncrief Cancer Institute (MCI) that is made up of three core elements, Outreach and Health Promotion, Delivery and Navigation, and Centralized Reimbursement, and provide a step-by-step action guide for implementation to UT Health Northeast and other adopters through the UT System that demonstrate readiness. The project will adopt a proven, evidence-based dissemination methodology based on the diffusion of innovations theory.

Specific Goals: In year one, UT Health Northeast will prioritize disease site(s) for which the intervention will address, and complete a needs assessment based on that priority. We will provide the administrative tools and guidance necessary, including step-by-step instructions and troubleshooting. These include key elements of our delivery model that can be selected, adapted and implemented to address the identified needs of the adopter. The goal is to encourage integration of the intervention within the site while addressing common barriers normally associated in real world settings. Another specific goal is to provide a menu of key elements that are considered essential for successful implementation. Using this menu, we will describe and package a customizable toolkit for use by adopters. A fundamental aspect to achieving these goals is the diffusion of innovation theory that has been widely used to monitor the uptake of an innovation by a targeted group, where success is dependent on three key components 1) communication, 2) collaboration, and 3) environmental support. We will work with potential adopters through an MCI liaison who will work with the team to evaluate the menu of available elements, understanding certain ones that are variable, best align with their institution,

and taking into account internal and external factors like resources and culture.

Innovation: We have demonstrated our service delivery model is not only highly scalable, both in geography and clinical services, but also lends itself to replication, and as such, we will provide education and training for the core program components, including Outreach & Health Promotion, Delivery & Navigation, and Centralized Reimbursement and facilitate program implementation in collaboration with local partners to provide comprehensive cancer screening and follow-up care. Aligning with the UT System's Population Health Initiative for improving the delivery of care through multi-institutional and multi-disciplinary collaborative projects within the UT System, dissemination activities will begin at UT Health Northeast in Tyler but MCI will also collaborate with UT System, our development partner, to cultivate additional candidates from its 14 institutions.

Significance and Impact: The proposed program is highly scalable. The centralized regional delivery model addresses fundamental access barriers to care and can be applied in both urban and rural areas. MCI is well-positioned to provide care across North Texas to an expanding service area, incorporating new counties as they demonstrate need. The project team will also be able to provide education and training for the core program components, including Outreach & Health Promotion, Delivery & Navigation, and Centralized Reimbursement, to similarly situated community-based organizations, in Texas or elsewhere, interested in collaborating with local partners to provide comprehensive cervical cancer screening and follow-up care. All materials developed specifically for Outreach & Health Promotion will also be available for other providers.