



NC DHHS Notice of Funding Availability

Reporting Form

DHHS Division/Office issuing this notice: Division of Public Health / Chronic Disease and Injury Section / Cancer Prevention and Control Branch

Date of this notice: March 28, 2025

RFA Title: North Carolina Partnership to Increase Colorectal Cancer Screenings (NC PICCS)

Purpose:

The purpose of this Request for Applications (RFA) is to solicit applications from eligible federally qualified health centers (FQHC) and health systems to contract with the North Carolina Division of Public Health (NC DPH) to implement evidence-based colorectal cancer (CRC) screening interventions for eligible patients aged 45 to 75 at average risk of colorectal cancer resulting in improved screening rates. The successful applicants will work with the North Carolina Partnership to Increase Colorectal Cancer Screenings (NC PICCS) team consisting of the University of North Carolina at Chapel Hill Lineberger Comprehensive Cancer Center (UNC), the American Cancer Society (ACS) and the NC DPH Cancer Prevention and Control Branch (CPCB). Participating clinics will attend the ACS Quality Improvement (QI) Boot Camp, Learning Collaborative meetings, and NC PICCS individual technical assistance (TA) monthly meetings. During the monthly TA meetings, the NC PICCS team and clinic staff work together through the QI process.

Description:

NC PICCS support partnerships to implement evidence-based interventions (EBIs) and strategies recommended in *The Community Guide* to increase colorectal cancer screening rates and follow-up colonoscopies at participating NC PICCS clinics. The Community Guide sets national standards on evidence-based interventions to inform public health work. Information about The Community Guide can be found on this website: <https://www.thecommunityguide.org/>

To achieve this purpose, applicants may apply for Strategy A and/or Strategy B listed below. Selecting more than one of the following strategies does not increase the likelihood that the application will score higher than those who select only one strategy. Projects proposed should be focused, realistic, well-planned, detailed, and sustainable beyond the project period.

Strategy A: Capacity Building to implement EBIs and strategies recommended in The Community Guide to increase colorectal cancer screening rates and follow-up colonoscopies at new NC PICCS participating clinics.

Strategy B: Capacity Sustaining to assess and plan for sustainability. Create a strategic plan to sustain the capacity of the clinic's colorectal cancer program.

The CPCB intends to implement evidence-based CRC screening interventions at primary care clinics for eligible patients aged 45 to 75 at average risk for colorectal cancer. EBIs to increase colorectal cancer screening may include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.

Eligibility:

Applicants must:

1. Be a federally qualified health center (FQHC) or FQHC Look-Alike Health System* with two or more primary care clinic locations capable of performing evidence-based colorectal cancer (CRC) screenings by a stool-based colorectal cancer screening test (referred to as a positive stool test). Test results are verified either by Clinical Laboratory Improvement Amendments (CLIA) regulations on site or through a licensed reference lab. The FQHC or health system must have access to clinic level data as data submissions are mandatory.
2. Have clinics with a CRC screening rate of less than 60%.
3. Establish or have an existing quality improvement or project team within their FQHC/health system then designate a representative to serve as the primary liaison with the NC PICCS team. Applicants must have a team of at least three people to implement EBIs as described in The Community Guide, conduct quality improvement activities, implement improved patient navigation systems, and improve the quality of CRC screening data and reporting mechanisms.
4. Have the ability to extract clinic-level data from their Electronic Health Records (EHR) and identify their patient population aged 45 – 75 at average risk for CRC who have not completed an appropriate CRC screening.
5. Have or build a gastroenterology resource for positive screening exams and follow-up diagnostic services.
6. Build systems of care with community networks, identify CRC screening champions, and establish referral sources for low cost or donated services for follow-up colonoscopies and cancer treatment if needed. Applicants shall utilize NCCARE360 to the extent possible to facilitate referrals. NCCARE360 is a statewide coordinated care network to electronically connect those with identified needs to community resources (<https://nccare360.org/>).
7. Demonstrate the ability to document patient records and provide data from the EHR to the NC PICCS team.
8. Track stool-based (e.g., fecal immunochemical test (FIT)/fecal occult blood test(FOBT)) tests given out, tests returned and results, case management and follow-up of abnormal CRC

screening tests, including navigation to and through a follow-up colonoscopy, tracking of colonoscopy results, and to treatment, if indicated.

9. Have the ability to devote time and effort to implement evidence-based interventions, participate in quality improvement activities, develop patient navigation systems, and identify community resources for colonoscopy for patients with positive stool tests.
10. Participate in at least monthly hour-long Collaborative meetings and at least monthly hour-long technical assistance meetings with the NC PICCS team.
11. Have the ability to participate in qualitative and quantitative evaluations of the program as required by the CDC.

NOTE: Local health departments are not eligible for this pool of funding.

** FQHC Look-Alike: Health systems with primary care clinics, FQHCs or other funded entities offering primary care services, and private entities providing primary care services are eligible. Primary care clinics are required to implement the proposed strategies and activities within individual clinics. Additionally, health systems that are comprised of several primary care clinics (hereafter referred to as health systems) should plan to implement program strategies and activities at the clinic level.*

How to Apply:

The RFA will be posted at CPCB's website

<https://www.dph.ncdhhs.gov/chronicdiseaseandinjury/cancerpreventionandcontrol/index.htm>

on March 28, 2025, and may be sent to prospective organizations via email.

Deadline for Submission: April 28, 2025

All applications must be received by the date and time on the cover sheet of this RFA. Applications must be emailed in PDF format to Jennifer.Park@dhhs.nc.gov by 5:00pm on April 28, 2025.

IMPORTANT NOTE: Indicate agency/organization name and RFA number in the subject line of the email, along with the RFA deadline date.

How to Obtain Further Information: Direct all inquiries concerning this RFA to:

Jennifer Park, Program Director

e-mail: jennifer.park@dhhs.nc.gov