**BACKGROUND**

Federaally Qualified Health Centers (FQHCs) often struggle to obtain specialty care for uninsured and Medicaid patients.

To address this challenge, the American Cancer Society (ACS) has been collaborating with West Side Community Health Services (West Side) to build specialty care linkages for the health center patients.

**Links to Care**, a pilot program sponsored by the National Colorectal Cancer Roundtable (NCCRT) and ACS, strives to develop care linkages between non-profit health centers and independent provider owned specialty clinics based on a “fair share” model.

Prior to the implementation of this project:
- Uninsured and uninsurable patients at West Side who completed take-home stool tests didn’t have access to follow-up diagnostic colonoscopy and treatment
- Providers were hesitant to offer stool testing options if no follow-up available
- Stool testing options at West Side were under-utilized because access to needed follow-up was limited.

**Root Cause: Lack of Access to Specialty Services**

**GOAL & STRATEGIES**

- **Goal:** Develop a public-private partnership to provide greater access to colorectal cancer screening, needed follow-up and treatment for uninsured, under-insured and uninsured patients.

- **Strategies:**
  - Strategy 1: Help support the development of a medical neighborhood around West Side by securing limited, donated services from privately-owned endoscopy and surgical services providers.
  - Strategy 2: Focus internally within West Side to strengthen office policies, procedures and protocols to ensure every age and risk eligible patient receives a screening recommendation, is offered a test and is navigated through screening and diagnostic processes.

**RESULTS**

- Conducted community assessment
- Calculated estimated number of donated colonoscopy needed
- Convened executive leaders from health systems and private endoscopy groups
- Made a “business case” for donated care based on a “fair share” model
- Cultivated clinical champions, offered Quality Improvement (QI) coaching
- Trained medical assistants and nursing staff on pre-visit planning process
- Educated providers on screening modalities and efficacy of stool testing
- Identified stool testing as primary screening modality
- Recruited a screening navigator
- Built momentum around stool testing and began referring positive stool testing for diagnostic colonoscopy
- Continued relationship management with and addressed needs of endoscopy providers to maintain donated care; focused on good patient prep and strong show-up and treatment for uninsured, under-insured and uninsured patients.

**DISCUSSION & NEXT STEPS**

- Successful partnership development required engagement from many stakeholders
- Clinician champions played immensely helpful role throughout the process
- Leaders from endoscopy groups committed to donating services and convinced their respective organizations to donate services
- Specialists are often willing to donate services if expectations and business case are clear, and burden is shared among providers
- Strong screening navigation helps coordinate screening and ensures that patients show up well prepped for their appointments.

**Next Steps:**
- Exploring policy solutions such as state appropriations for centralized referral coordination and screening navigation
- Coordinating with hospitals for gap coverage
- Continue to support and develop additional GI partnerships
- Spread program to additional FQHC clinics
- Continue to secure local philanthropic support