ACS NCCRT Presents:

Blue Star Conversations

Recent Updates, Research & Resources to Support Increased Colorectal Cancer Screening in Community Health Centers

September 11, 2023
3:00–4:00pm ET
Virtual Housekeeping

1. Please note this session is being recorded.
2. Remember to mute yourself during the presentation.
3. Plan to come on camera during the breakout sessions.
4. Let’s get to know each other—put your name, where you’re from and which organization you represent in the chat.
5. Don’t forget to complete our evaluation at the end of today’s call!
Poll

What are the main barriers that health centers face in implementing CRC screening for average risk patients starting at age 45?
Objectives for Today’s Blue Star Conversations

• Engage with the ACS NCCRT Community Health Center Strategic Priority Team and other attendees through our interactive format

• Learn about the latest data, research, and resources to support increased colorectal cancer screening in health centers

• In small and large groups, discuss potential opportunities and challenges to overcome barriers to screening in health centers

• Share top takeaways
ACS NCCRT Community Health Center
Strategic Priority Team Chairs

Gloria Coronado, PhD
Distinguished Investigator, Mitch Greenlick Endowed Scientist for Health Disparities, Kaiser Permanente Center for Health Research

James Hotz, MD, MACP
Clinical Services Director, Albany Area Primary Health Care
CHC Strategic Priority Team Objectives

Team Charge: To identify and act on opportunities for NCCRT to advance efforts to increase colorectal screening delivery within the community health center setting.

1. Identify & share implementation strategies to increase CRC screening
2. Develop project ideas focused on health center implementation strategies
3. Promote ongoing dialogue
Recent Data on CRC Screening in Health Centers

Percentage of Federally Qualified Health Center Patients ages 50-75 years Up-to-Date with CRC Screening, Uniform Data System

- 2012: 30.2%
- 2013: 32.6%
- 2014: 34.5%
- 2015: 38.3%
- 2016: 39.9%
- 2017: 42.0%
- 2018: 44.1%
- 2019: 45.6%
- 2020: 40.1%
- 2021: 41.9%
- 2022: 42.8%
New Resources to Support CRC Screening in Health Centers

2022 Steps Guide for Increasing Colorectal Cancer Screening in Primary Care

The updated Steps Guide includes:

• Expansion to all primary care
• Latest science and best practices
• Current guidelines and test options
• Expert-endorsed strategies
• 10 exemplary practice site case studies, including 7 health centers
• Samples, templates, and tools

nccrt.org/resource-center/
New Resources to Support CRC Screening in Health Centers

Mailed FIT Implementation Guide & Online Course

- Created by the National Association of Chronic Disease Directors in partnership with the Kaiser Permanente Center for Health Research and with the support of the Centers for Disease Prevention and Control.
- Provides a roadmap for how health systems and other health entities can design and carry out mailed fecal immunochemical test (FIT) outreach programs.

Today’s Presenter:

Daniel Reuland, MD, MPH
Professor of Medicine, University of North Carolina School of Medicine; Program Director, Carolina Cancer Screening Initiative, UNC Lineberger Comprehensive Cancer Center
Testing mailed FIT outreach in a newly eligible 45-49-year-old community health center population


Dan Reuland, MD MPH
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NCCRT Webinar: Recent Updates, Research & Resources To Support Increased Colorectal Cancer Screening In Community Health Centers
Sept 11, 2023
A revised colorectal cancer (CRC) screening recommendation was released in May 2021.

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Adults aged 50 to 75 years</td>
<td>The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the &quot;Practice Considerations&quot; section and Table 1 for details about screening strategies.</td>
<td>A</td>
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<tr>
<td>Adults aged 45 to 49 years</td>
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Mailed fecal immunochemical test (FIT) outreach

- Effective in increasing CRC screening among adults aged 50-75
- Important strategy in communities with high CRC burden, low screening rates, and for whom access to care may be limited
- Little is known about the effectiveness of mailed FIT among adults aged 45-49
- Patients often do not remember receiving a letter or FIT packet

Jager 2019; Dougherty 2018; Davis 2018; Brenner 2018; Coronado 2018; Pignone 2021; Gupta 2020
Objectives

1. To assess FIT uptake associated with mailed FIT outreach among patients aged 45-49.
2. To test the effectiveness of an enhanced vs. plain mailed FIT envelope on FIT uptake.
3. To determine the change in overall CRC screening rate in this age group following the mailed FIT intervention.
Part of a larger implementation study called “SCORE”

Implement and test a centered CRC screening outreach intervention to help increase CRC screening and follow-up in community health center populations

NIH Award numbers: 5UH3CA233251 and 1UG3CA233251
Methods – Parent Study

Identify patients aged 50-75 due for CRC screening

Mailed FIT outreach from a central location

Navigate patients to follow-up colonoscopy
Expanded existing partnership and intervention protocol to reach patients aged 45-49 at a single FQHC clinic.
Part of a National Cancer Moonshot Research Effort

ACCSIS

Accelerating Colorectal Cancer Screening and Follow-Up Through Implementation Science
To assess FIT uptake associated with mailed FIT outreach among patients aged 45-49

Adapted mailed materials for 45-49-year-old population

Mailed FIT kits in February 2022

Assessed FIT uptake at 60 days and 6 months using lab records
Methods – Nested Randomized Trial

To test the effectiveness of an enhanced vs. plain mailed FIT envelope on FIT uptake

Randomized patients to receive:

Enhanced Envelope

Plain Envelope

USPS Tracking Label
All FQHC patients aged 45-49 with a clinic visit in past 18 months
N=465

Patients excluded during EHR query
(N=121)
- Up-to-date on CRC screening
- Not average risk for CRC
- Comorbidities or contradictions

Eligible patients after EHR query
N=344

Patients excluded during manual scrub
(N=28)
- Bad addresses
- Up-to-date on CRC screening

Patients who received the intervention
N=316

Enhanced mailed FIT envelope group
N=158

Plain mailed FIT envelope group
N=158
Results – FQHC Patient Characteristics (N=316)

Race/Ethnicity
- Non-Hispanic Black: 58%
- Non-Hispanic White: 27%
- Hispanic: 8%
- Other/Unknown: 7%

Insurance Type
- Commercial: 51%
- Self-pay/Uninsured: 29%
- Medicaid: 13%
- Medicare: 8%
Results – Mailed FIT Uptake (All Eligible Patients)

After 60 days...

- Mailed: 316
- Returned: 54 (17%)
- Abnormal: 3
- Colonoscopy: 3

After 6 months...

- Mailed: 316
- Returned: 57 (18%)
- Abnormal: 3
- Colonoscopy: 3
Results – Mailed FIT Uptake (Enhanced vs. Plain Envelopes)

Enhanced Envelope

34/158 (21.5%)

Plain Envelope

20/158 (12.7%)

Difference: 8.9 percentage points, p=0.037
Methods – Overall Clinic-Level Screening

To determine the change in overall CRC screening by any modality following the mailed FIT intervention

Compared overall CRC screening in this age category between baseline and 6 months post-mailed FIT intervention using an EHR query

Screening rate = proportion of patients current with recommended CRC screening by any modality
All FQHC patients aged 45-49 with a clinic visit in past 18 months
N=465

Eligible patients after EHR query
N=344

Patients excluded during EHR query (N=121)
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Enhanced mailed FIT envelope group
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Plain mailed FIT envelope group
N=158
Results – Overall Clinic-Level CRC Screening

Percentage of all patients aged 45-49 (N=465) up-to-date on CRC screening

Baseline: 26.0%
6 months: 42.4%
Difference: 16.4 percentage points
A subset of patients aged 45-49 were generally willing to complete CRC screening with 1 in 6 returning a FIT within 60 days.

More visually appealing mailers can help to boost FIT uptake.

Mailed FIT outreach can be used to support adherence to the updated screening recommendation.
Limitations

- Small study at a single FQHC clinic
- Limited number of mailer options tested
- Clinic-level screening assessed using EHR query
Implications

Importance of building & leveraging existing partnerships & protocols

Takes time to implement system-level changes to support adherence to updated recommendations

Implementation of mailed FIT interventions in resource-limited settings may be particularly important
Thank you!

Our Team

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Clinic partners

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Questions?
Small Group Discussion

• You will be placed at random into a breakout room

• We encourage you all to come on camera.

• Each breakout group will have 20 minutes to review the topic and discussion questions.

• Please choose someone to take notes and share back with larger group.
Discussion Questions

1. What challenges and opportunities do you see for health centers as they move to screen patients starting at age 45?

2. What are some potential solutions to address the top barriers to screening at age 45 identified in our poll?
   - Lack of public/patient awareness
   - Not enough staffing
   - Resistance from patients

3. In addition to the recently released resources (Steps Guide, Mailed FIT Guide), what other tools, resources, and other support would be helpful for health centers in their CRC screening work?