# Blue Star W 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**





- Please note this session is being recorded.
- ? Remember to mute yourself during the presentation
- Plan to come on camera during the breakout sessions.
- Let's get to know each other– put your name, where you're from and which organization you represent in the chat.
- 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.

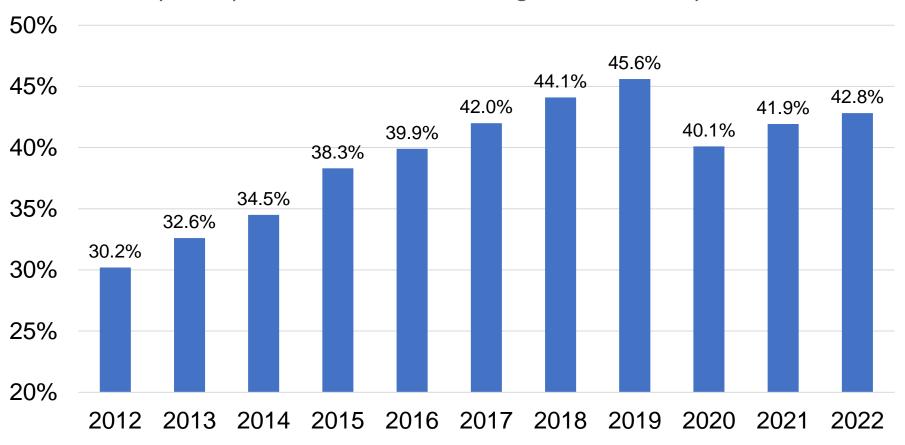
- Identify & share implementation strategies to increase CRC screening
- Develop project ideas focused on health center implementation strategies
- 3 Promote ongoing dialogue





# 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







# 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/















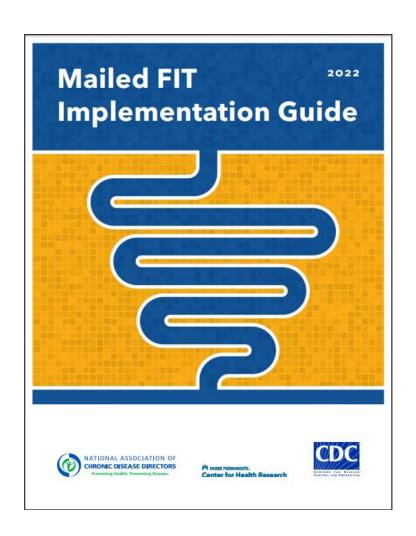


# New Resources to Support CRC Screening in Health Centers

# 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.

https://bit.ly/mailed-fit



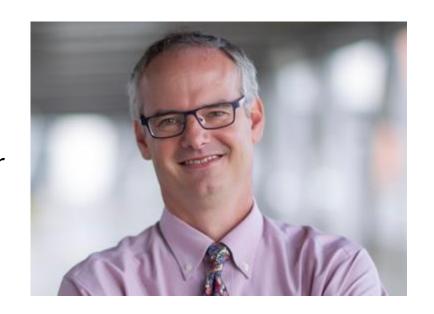
# **Today's Presenter:**





#### 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

O'Leary MC, Reuland DS, Correa SY, et al. Uptake of colorectal cancer screening after mailed fecal immunochemical test (FIT) outreach in a newly eligible 45-49-year-old community health center population [online 2023 Jun 10]. *Cancer Causes Control*. 2023;1-9. doi:10.1007/s10552-023-01717-8

Dan Reuland, MD MPH

dreuland@med.unc.edu

NCCRT Webinar: Recent Updates, Research & Resources To Support Increased Colorectal Cancer Screening In Community Health Centers Sept 11, 2023



# Background



#### A revised colorectal cancer (CRC) screening recommendation was released in May 2021

Population	Recommendation	Grade
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.  See the "Practice Considerations" section and Table 1 for details about screening strategies.	A
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.  See the "Practice Considerations" section and Table 1 for details about screening strategies.	В

# Background

# Mailed fecal immunochemical test (FIT) outreach

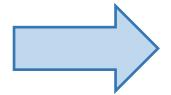




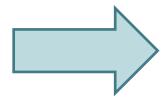
- Effective in increasing CRC screening among adults aged 50-75
- Important strategy in communities with high CRC burden, low screening rates, and for whom access to care may be limited

- 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

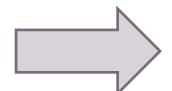
### **Objectives**



To assess FIT uptake associated with mailed FIT outreach among patients aged 45-49



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



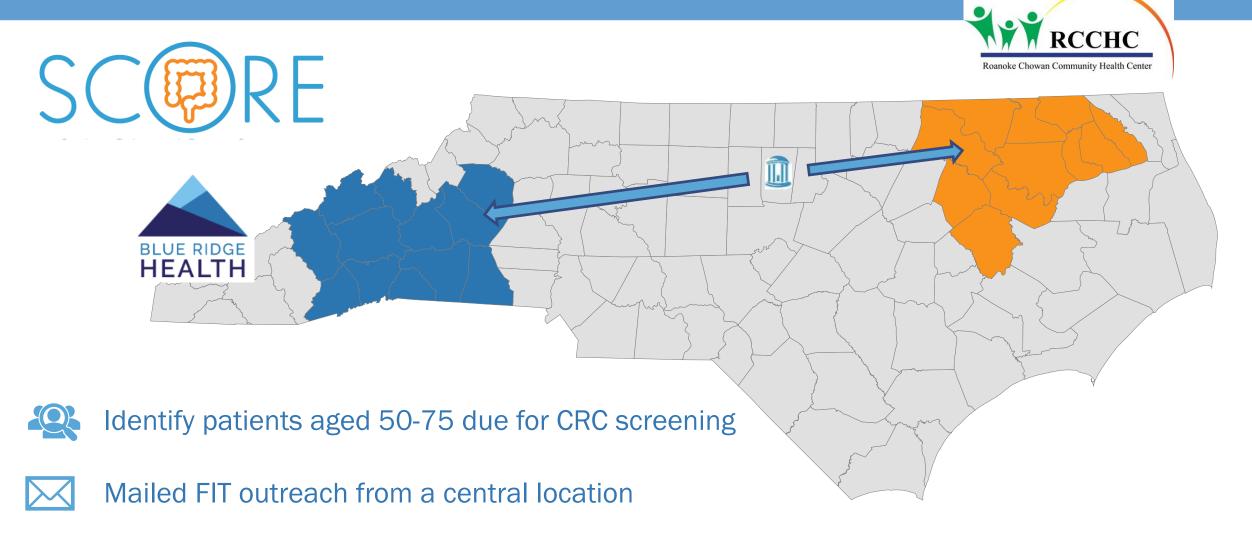
To determine the change in overall CRC screening rate in this age group following the mailed FIT intervention



# Part of a larger implementation study called "SCORE"

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

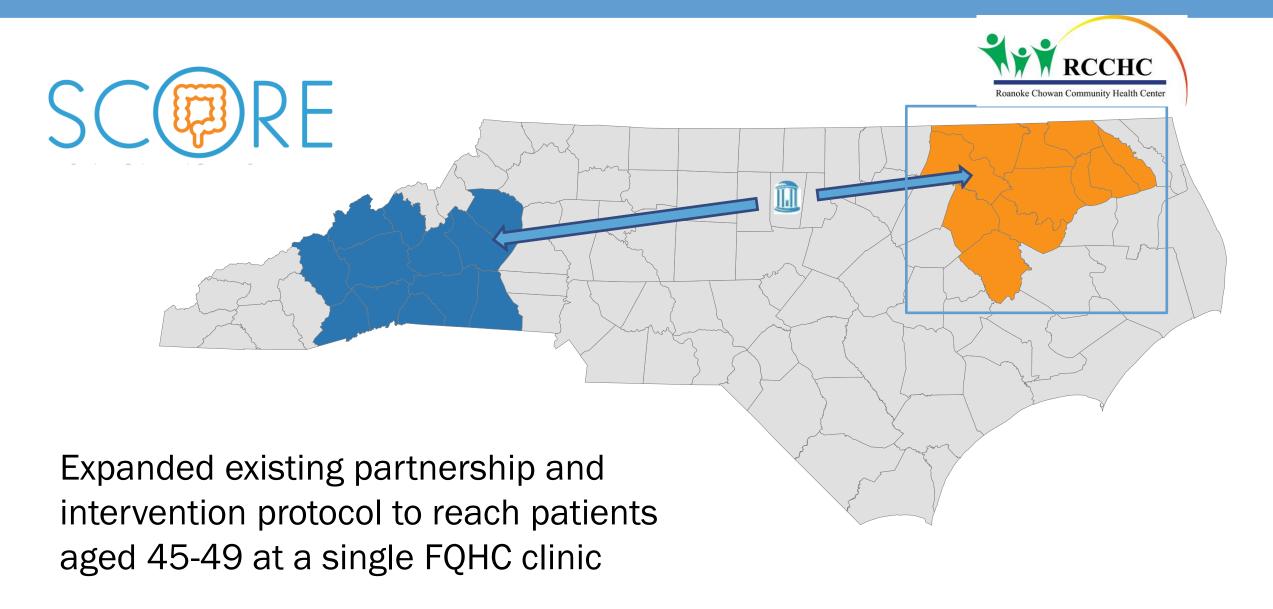
# **Methods – Parent Study**



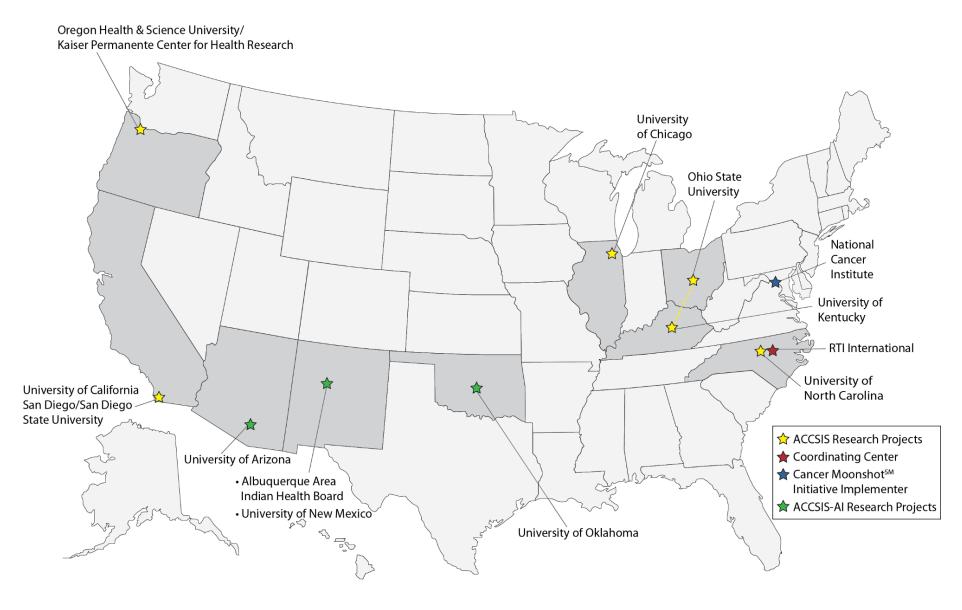


Navigate patients to follow-up colonoscopy

# Methods – Sub-Study

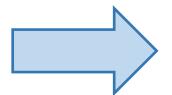


#### Part of a National Cancer Moonshot Research Effort





# Methods – Sub-Study



To assess FIT uptake associated with mailed FIT outreach among patients aged 45-49



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

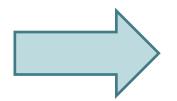


Mailed FIT kits in February 2022



Assessed FIT uptake at 60 days and 6 months using lab records

#### **Methods – Nested Randomized Trial**



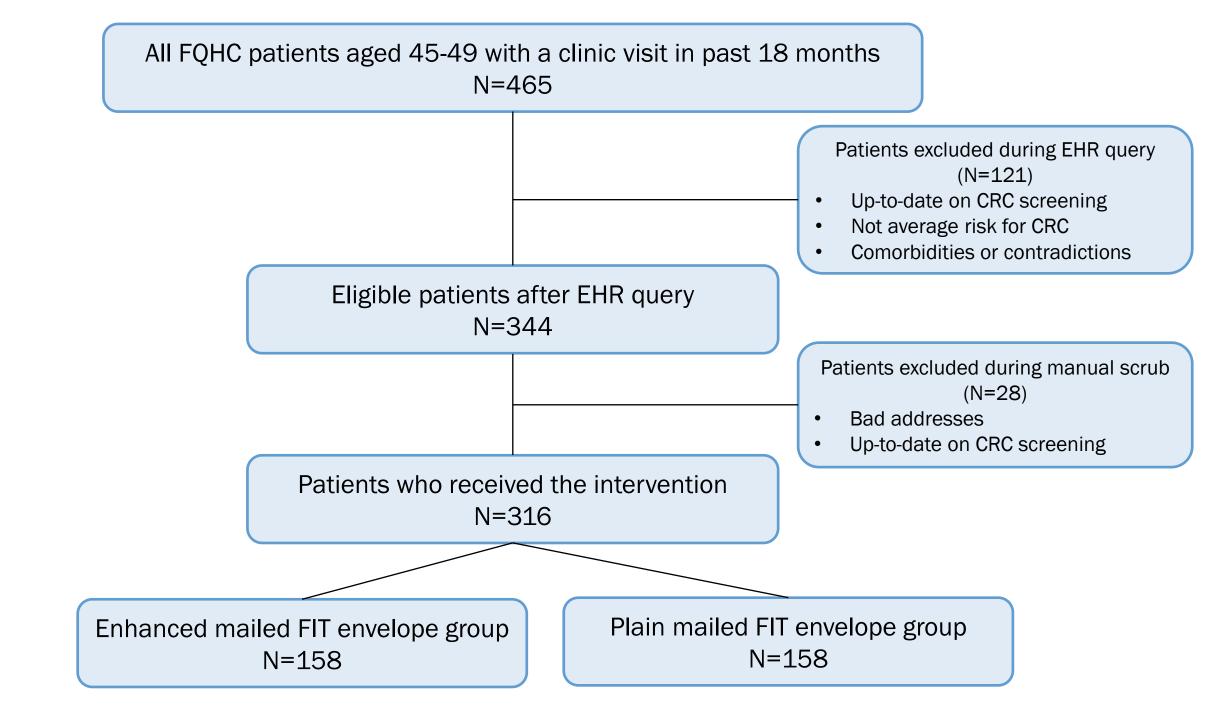
To test the effectiveness of an enhanced vs. plain mailed FIT envelope on FIT uptake

#### Randomized patients to receive:

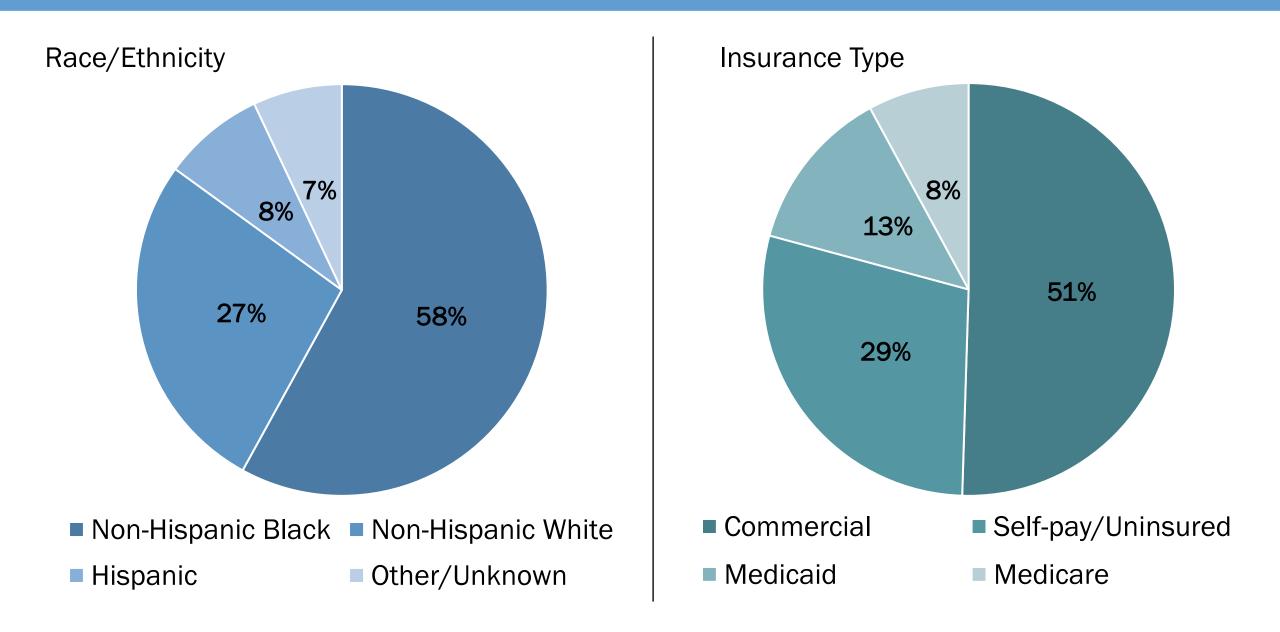


#### **Plain Envelope**



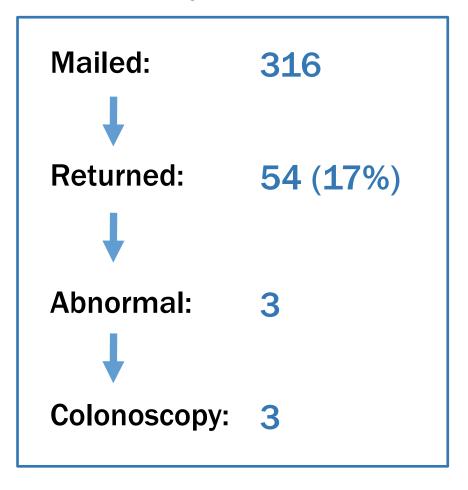


# Results – FQHC Patient Characteristics (N=316)

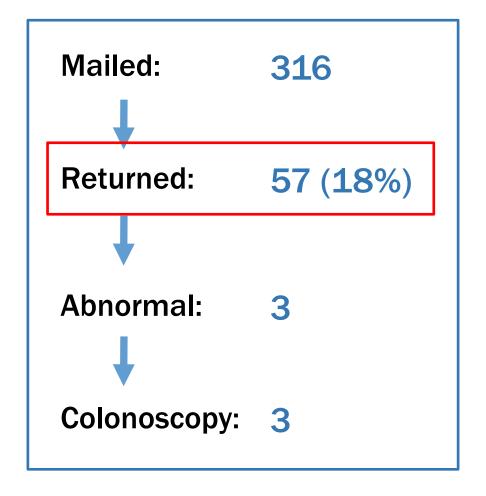


# Results - Mailed FIT Uptake (All Eligible Patients)

#### After 60 days...



#### After 6 months...



## Results – Mailed FIT Uptake (Enhanced vs. Plain Envelopes)



**Plain Envelope** 



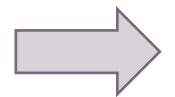
34/158 (21.5%)

20/158 (12.7%)

Difference: 8.9 percentage points, p=0.037

VS.

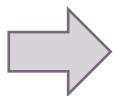
# Methods – Overall Clinic-Level Screening



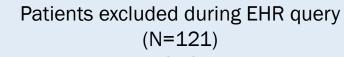
To determine the change in overall CRC screening by any modality following the mailed FIT intervention

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



- 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

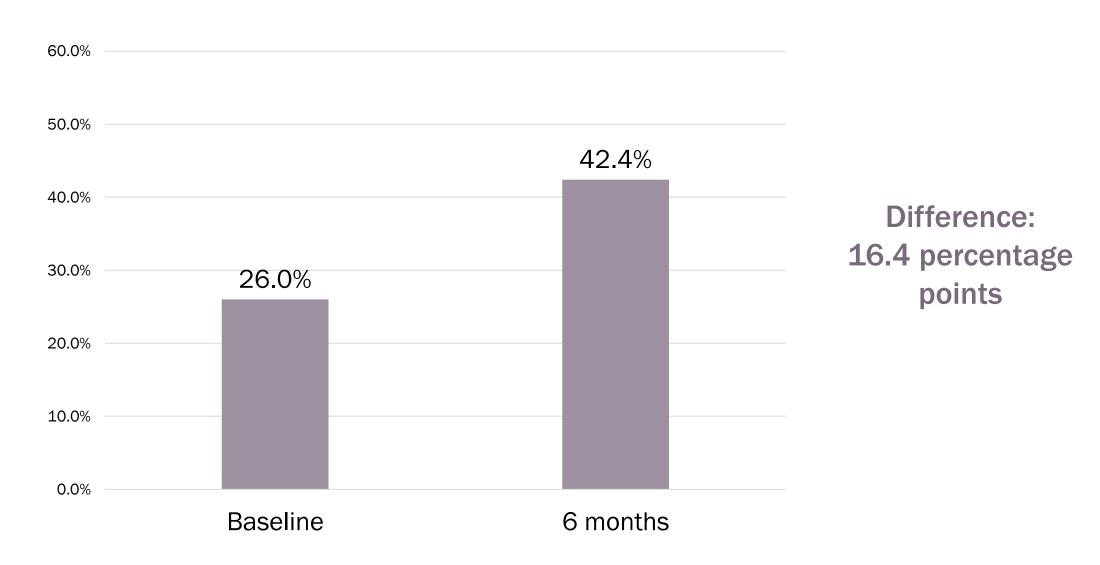
Patients who received the intervention N=316

Enhanced mailed FIT envelope group N=158

Plain mailed FIT envelope group N=158

## Results – Overall Clinic-Level CRC Screening

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



# **Overall Findings**

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 resourcelimited settings may be particularly important

# Thank you!

#### Our Team

Alison T. Brenner
Sara Y. Correa
Alexis A. Moore
Teri L. Malo
Clinic partners



#### Contact Us

Meghan O'Leary, PhD
University of North Carolina at Chapel Hill
<a href="mailto:mcoleary@live.unc.edu">mcoleary@live.unc.edu</a>

Dan Reuland, MD MPH
University of North Carolina at Chapel Hill
<a href="mailto:dreuland@med.unc.edu">dreuland@med.unc.edu</a>





# 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**

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





# 2023 American Cancer Society National Colorectal Cancer Roundtable

#### **ANNUAL MEETING**



NOV 15-17 2023

Hilton Houston Post Oak Houston, Texas





# Thank You

nccrt.org @NCCRTnews #80inEveryCommunity