



Innovations and Best Practices to Increase Colorectal Cancer Screening in Health Systems and Health Centers

10:50 AM – 12:00 PM

Innovations and Best Practices to Increase Colorectal Cancer Screening in Health Systems and Health Centers



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Center



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US Department of Veterans Affairs



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Cancer Center
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Project 80% Colorectal Cancer Screening Program

Building trust, access, and sustainability in colorectal cancer prevention

Heather M. Johnson, MPA
Program Director, Office of Health Policy

Disclosures

- I have no relevant disclosures

Disclaimer

This program is supported in part by the **Cancer Prevention and Research Institute of Texas (CPRIT)** and the **Colon Cancer Coalition** and is conducted through **The University of Texas MD Anderson Cancer Center**.

The content of this presentation is solely the responsibility of the author and does not necessarily represent the official views or policies of the affiliated organizations.

BURDEN OF COLORECTAL CANCER IN TX

Expected New Cases, 2025

Colon excluding
Rectum

9,221

Rectum and
Rectosigmoid
Junction

3,946

Expected Deaths, 2025

Colon excluding
Rectum

3,709

Rectum and
Rectosigmoid
Junction

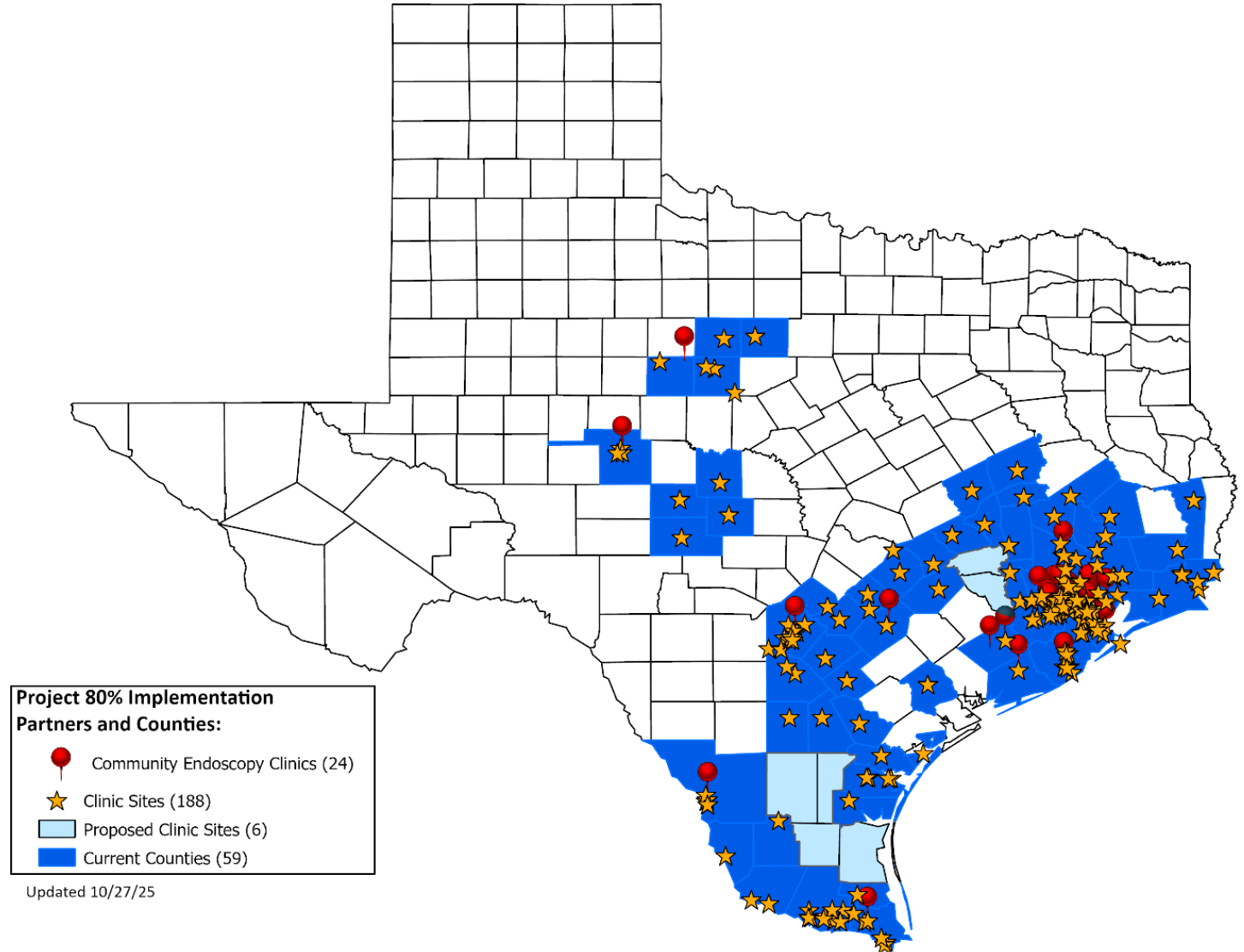
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Project 80% Colorectal Cancer Screening Program (Office of Health Policy)

Supported in part by CPRIT #PP250005 through November 2027.

Screening coordination and Patient navigation team:

- Lewis Foxhall, MD (Program Director)
- Ernest Hawk, MD (Co-Program Director)
- Robert Bresalier, MD (Medical Advisor)
- Melissa Valerio, PhD (Evaluator)
- Heather Johnson, MPA (Program Director)
- 1 Program Manager
- 4 CHWs (Patient Navigators)



Project 80%: Program Overview

Program Methods

- FIT first (Asymptomatic Average Risk Patients)
- Referral to colonoscopy for FIT+
- Direct to colonoscopy (Asymptomatic Increased Risk Patients)
- Navigation to treatment for dx of CRC

Operative in collaboration with FQHC and CHC clinic sites by providing

- Testing supplies
- Patient education
- Clinic Systems improvement
 - QI training
 - Provider & staff education
- Navigation to colonoscopy & treatment
- Financial funding for screening, diagnostic f/u, and EBIs



Target Populations

- **Underinsured/Uninsured
Individuals**
- **Rural and Geographically
Remote**
- **Medically unserved or
underserved**
- **Racial/Ethnic Minorities**
- **Average or Increased Risk
for CRC**

Key Community Partners

Federally Qualified Health Centers (FQHCs)

Nonprofit Community Clinics

Local health departments

Community Endoscopy Groups

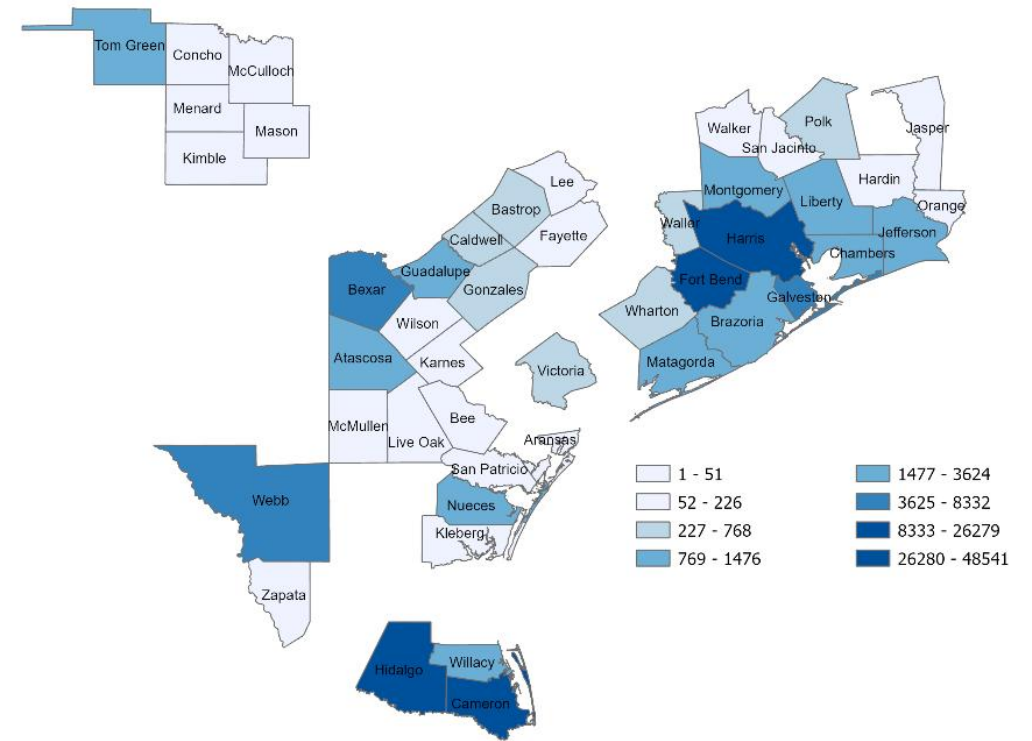
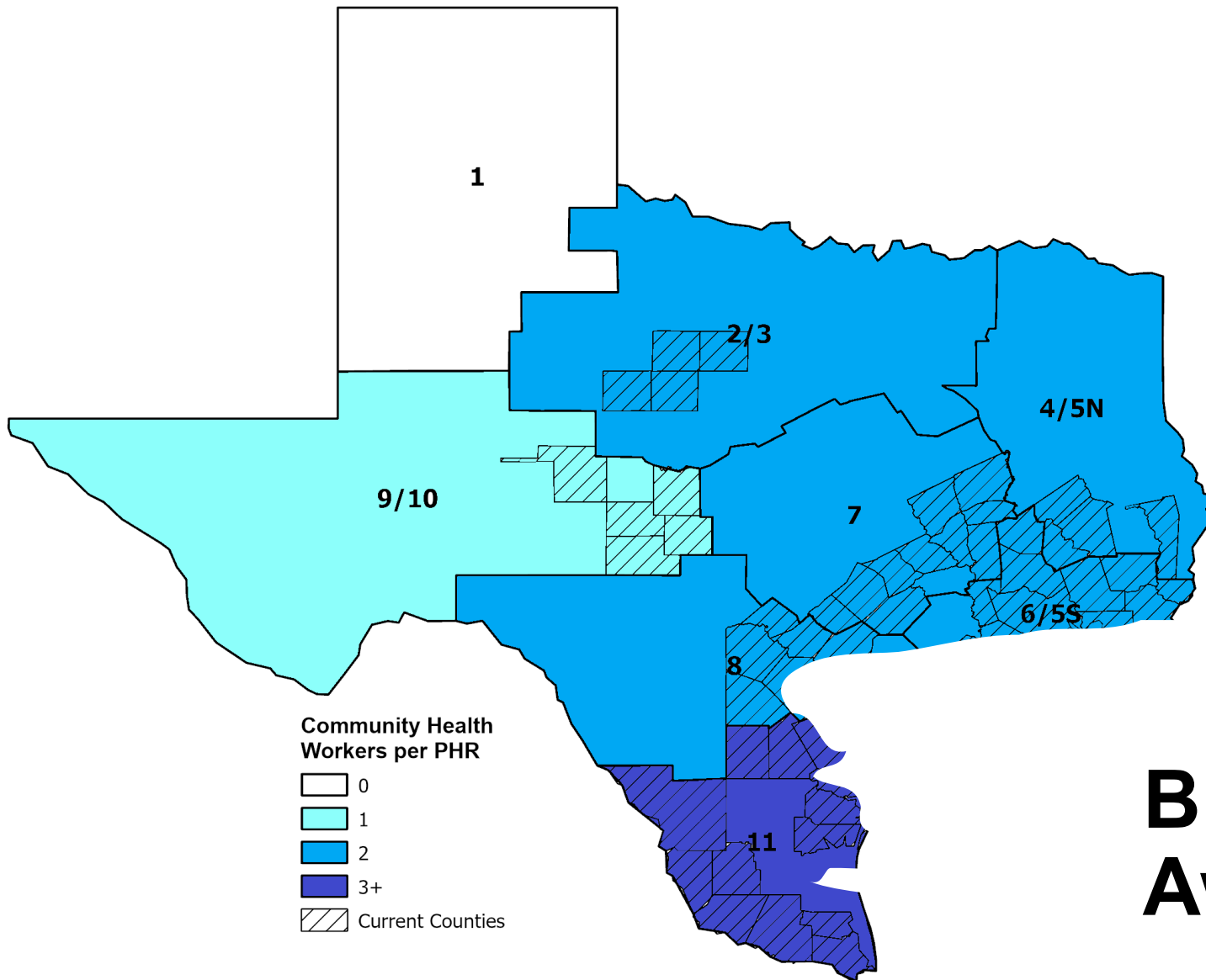
Hospitals + Outpatient Facilities



Why Community Relationships Matter

- Build trust and credibility
- Improve access and navigation
- Long-term success driven by shared resources and collaboration

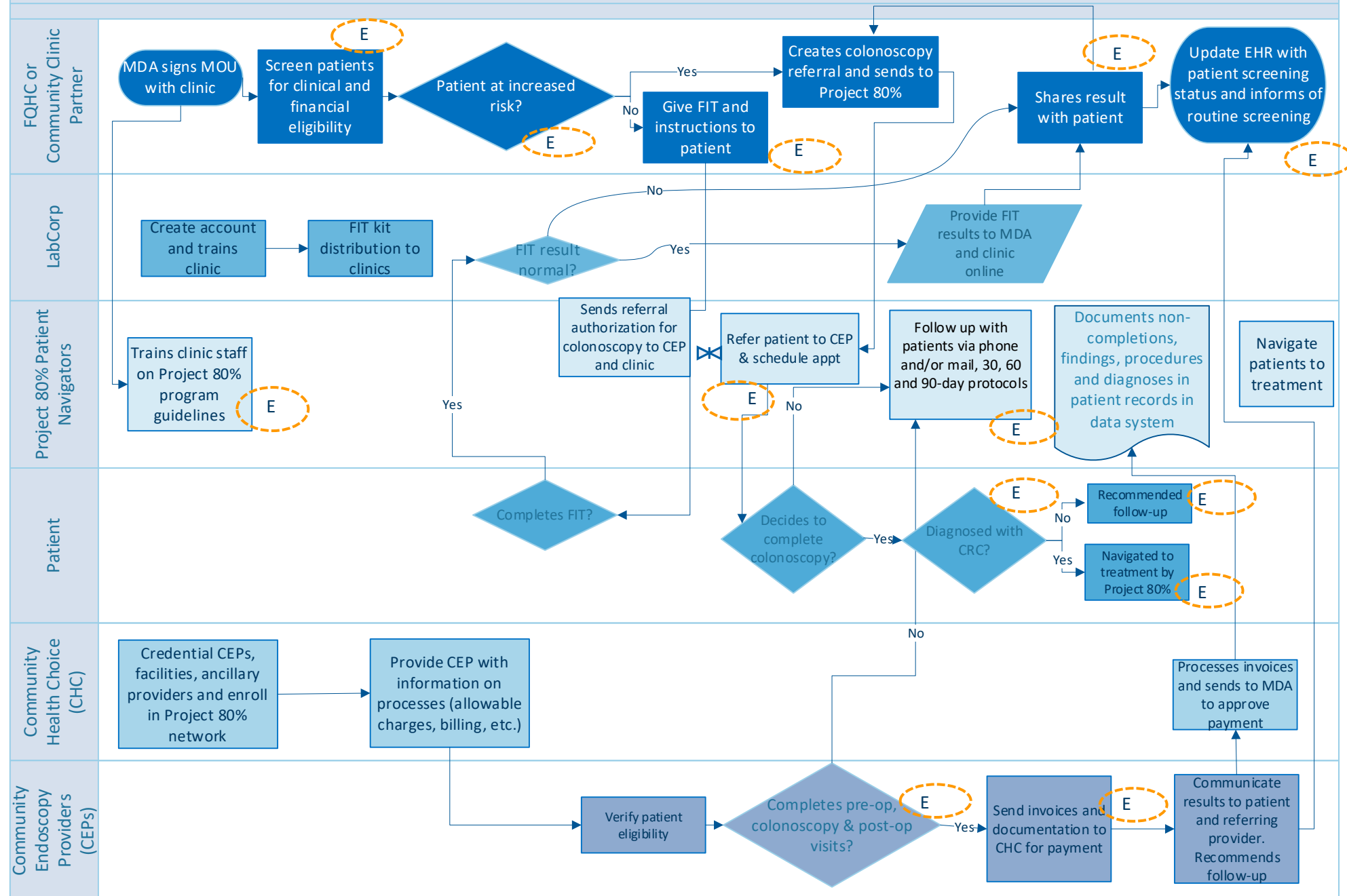




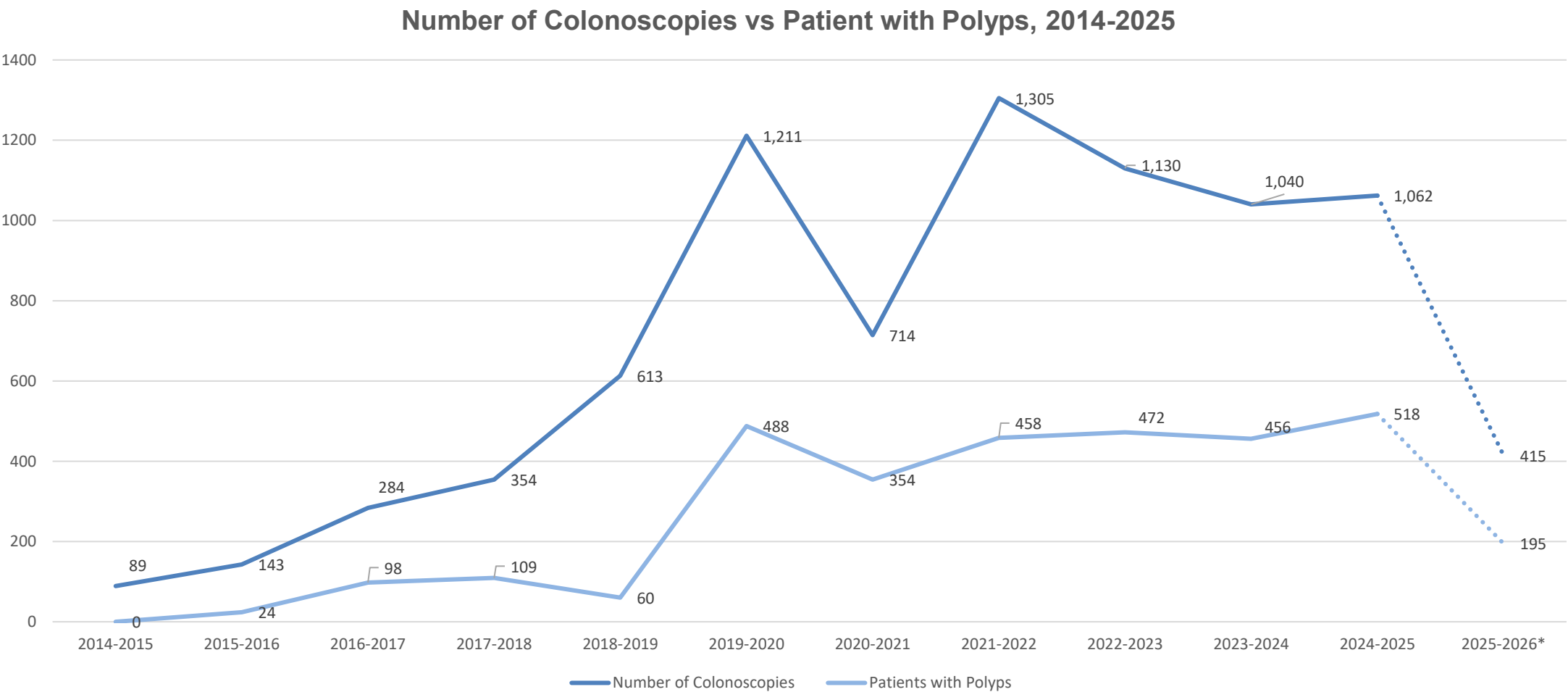
Building Trust and Awareness

Project 80% Program Flowchart

13



Increasing Access to Screening



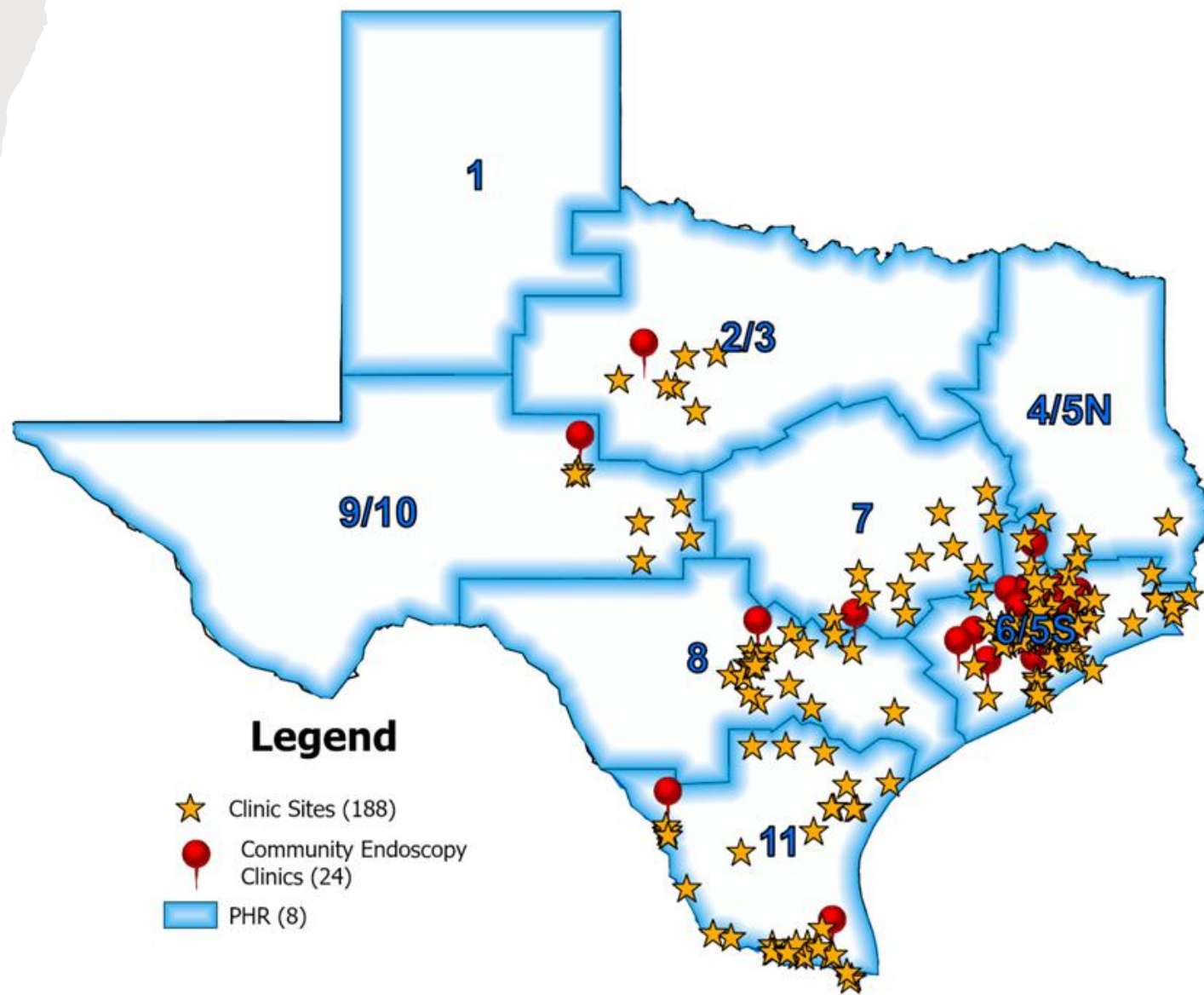
Sustainability Through Collaboration



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COLON CANCER
COALITION



Deployment Plan for CRC Messaging Funding

Phase 1: Engage 4 existing and ready clinics for 2 years, using only the Y1 Budget (\$93K)

- ✓ Live on CareMessage platform with trained staff
- ✓ Shorter runway to outcomes as clinics can begin CRC messaging immediately
- ✓ Willingness to commit to outcome reporting + data sharing

\$93K across 2 years covers 4 clinics with ~x CRC-eligible patients - **do more with less**

Phase 2: Reserve Y2 Budget (\$90K) for net-new clinics emerging as fit in sales cycle over the course of Y1

- ✓ Allows flexibility to support high-ROI clinics as they're identified in the sales cycle
- ✓ Contracting will include clear data collection and outcome reporting requirements for CRC messaging aligned with MD Anders grant
- ✓ Funds can be allocated based on your priorities, or we can recommend allocation based on clinic anticipated ROI

Why This Works



Accelerate time-to-value by avoiding low-readiness clinics



Deliver high-quality data aligned with grant program goals by focusing on ready and willing clinics



Maintain agility with Y2 funding to allow for best fit new clinic selections to ensure maximized patient reach and CRC screening impact



Success in Action: Collaboration

- **188 FQHC + Community clinic partnerships**
- **145,300 + FITs distributed**
- **8,360 Colonoscopies completed**
- **4,245 Precancerous polyps removed**
- **168 Cancers detected**


The CRC Screening Challenges

Data Collection and Reporting

Streamlining Referral Processes

Communication and Follow-Up

Program Implementation and Sustainability



Key Takeaways

- Trust takes time and consistency
- Local champions drive engagement
- Communication must be ongoing amongst all stakeholders
- Periodic evaluation ensures timely improvement

Contact

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Thank You

Overcoming Barriers in Mailed FIT: Lessons from the VHA Mailed FIT Efforts

Chris Moore, MPH
Associate Director,
VHA National Colorectal Cancer Screening Program



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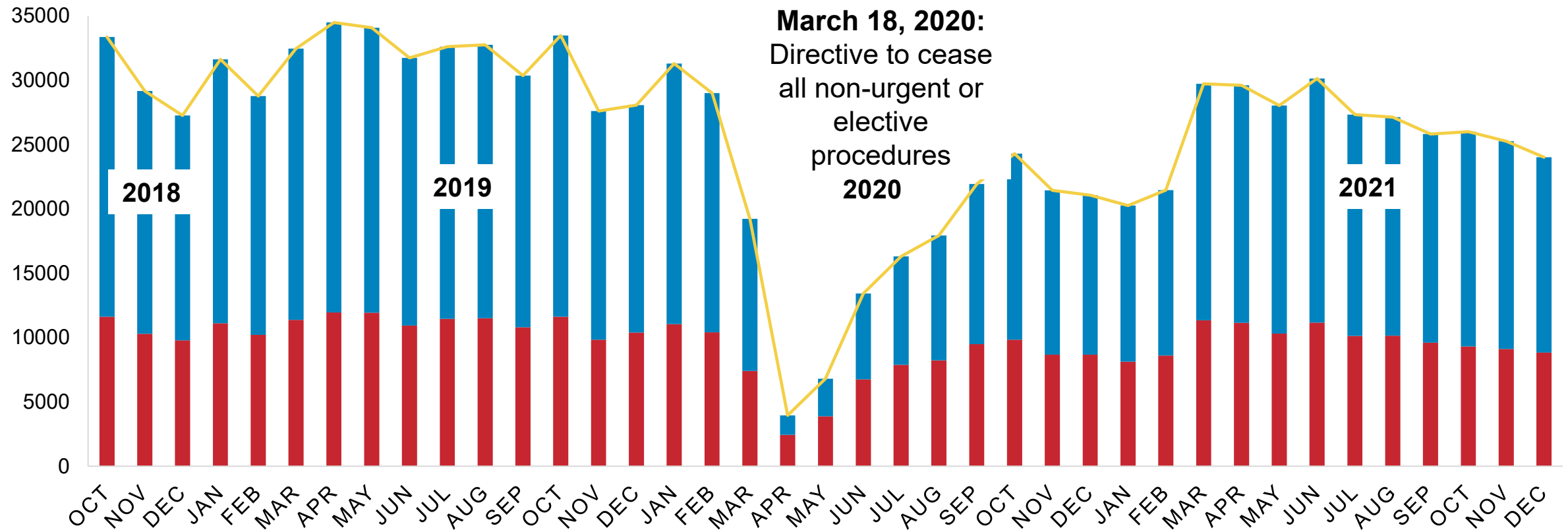
Disclosures and Disclaimer

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- My remarks, especially during Q&A, do not necessarily represent the official posture and policy of the Veterans Health Administration, the U.S. Department of Veterans Affairs, or the U.S. Government

COVID-19 Impact on Colonoscopy Access in VHA

VA ENDOSCOPY MONTHLY PROCEDURE VOLUME OCT 2018 THRU DEC 2021, 119 VA MEDICAL CENTERS

■ EGD ■ Colonoscopy — All Procedures



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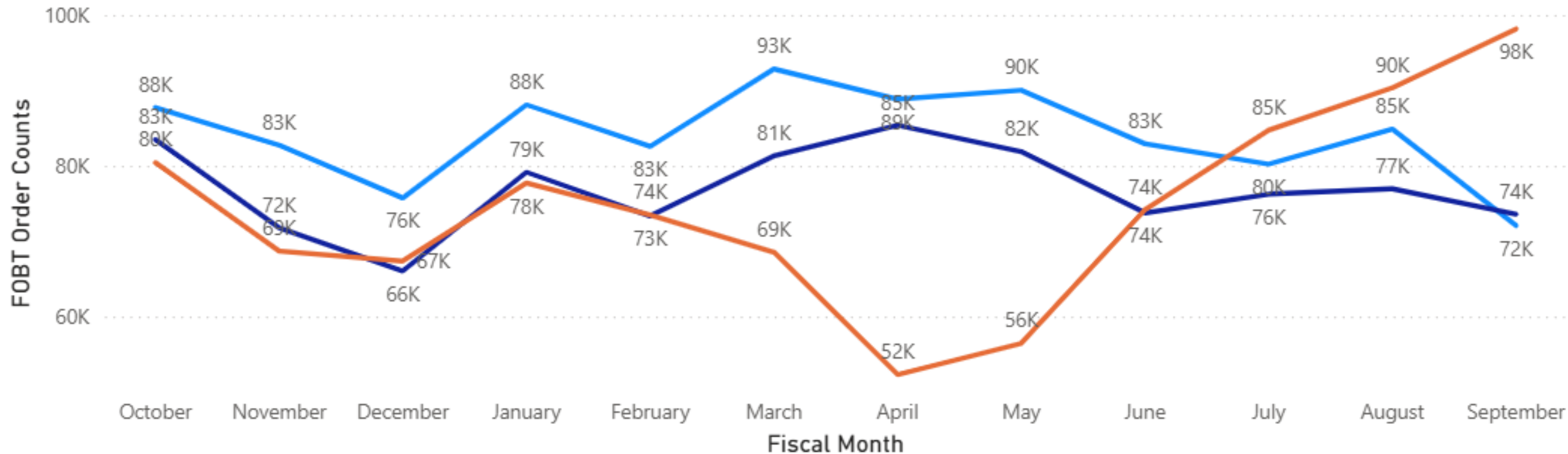


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COVID-19 Impact on FIT screenings in VHA

FOBT Orders FY 2018 - Current

Fiscal Year ● 2018 ● 2019 ● 2020



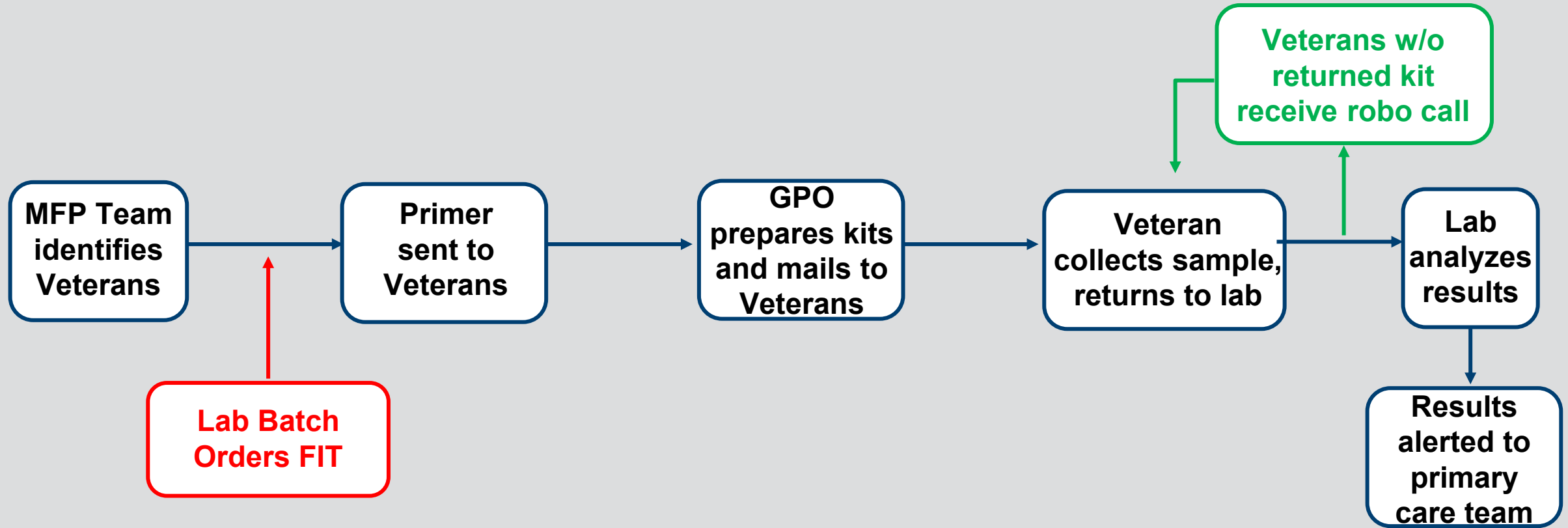
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Fresno Demonstration Project



Pre-Pilot

Week 1

Week 2

Weeks 3 - 8



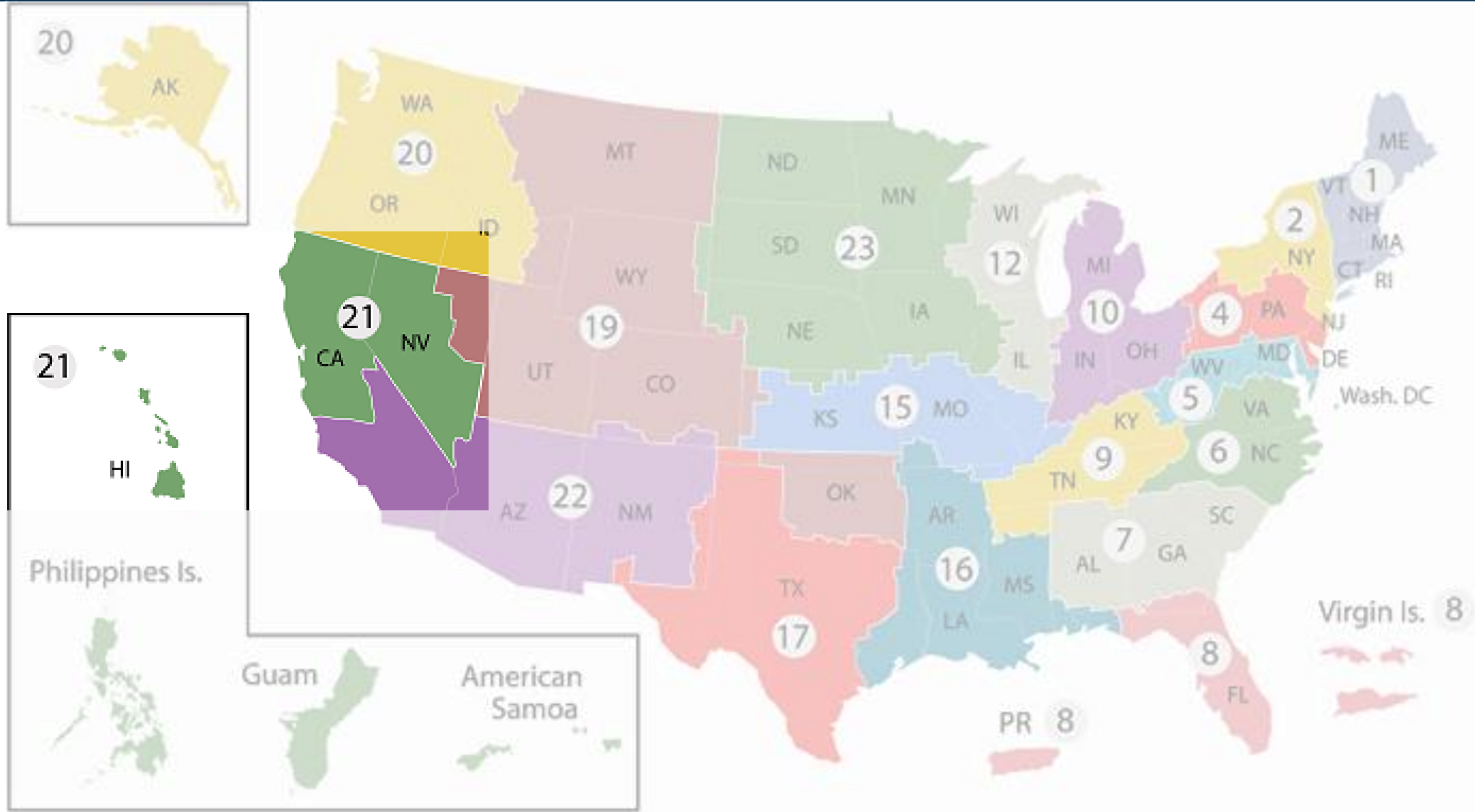
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Expansion to Regional Level (VISN 21)



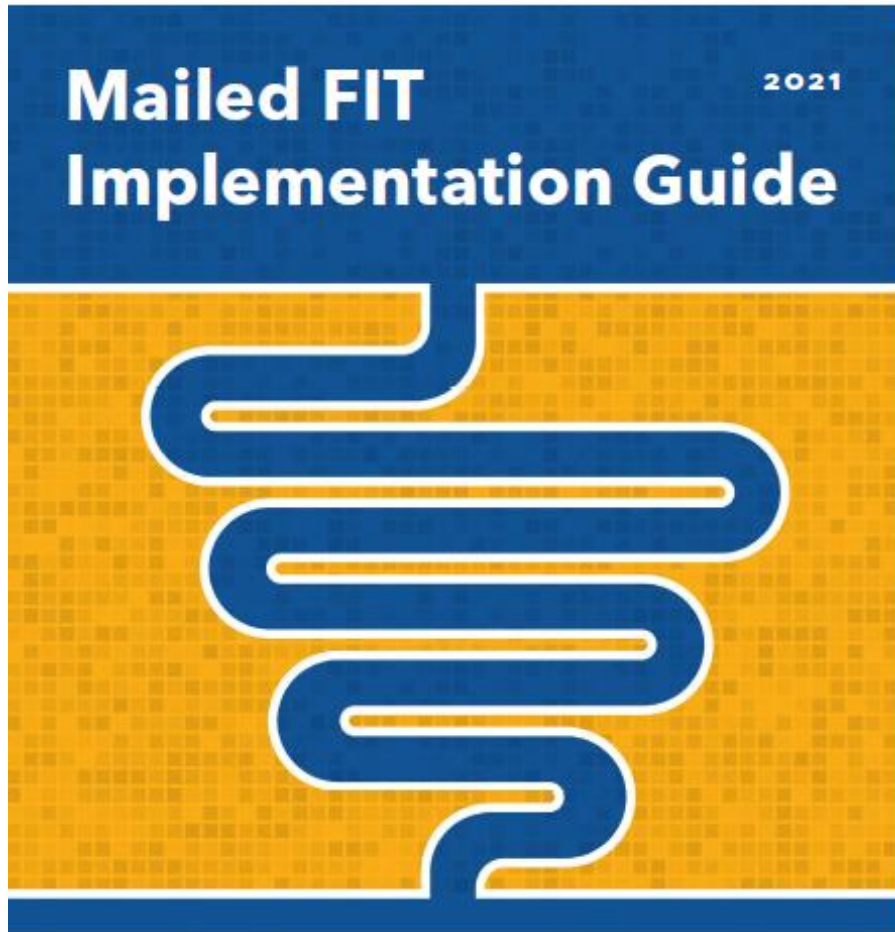
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Creation of VHA National Implementation Guide



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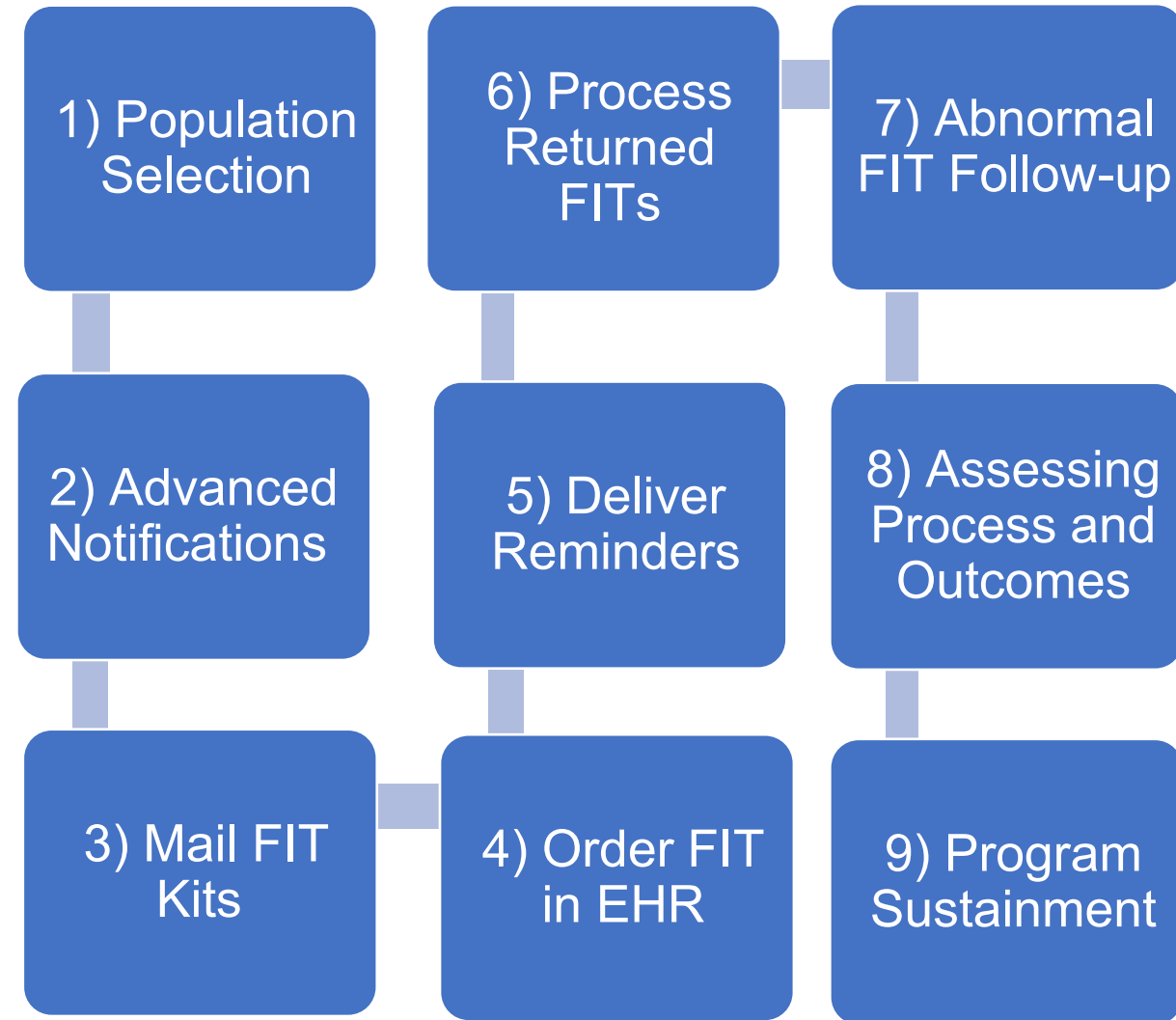
<https://ncrt.org/resource/mailed-fit-implementation-guide/> **VA**



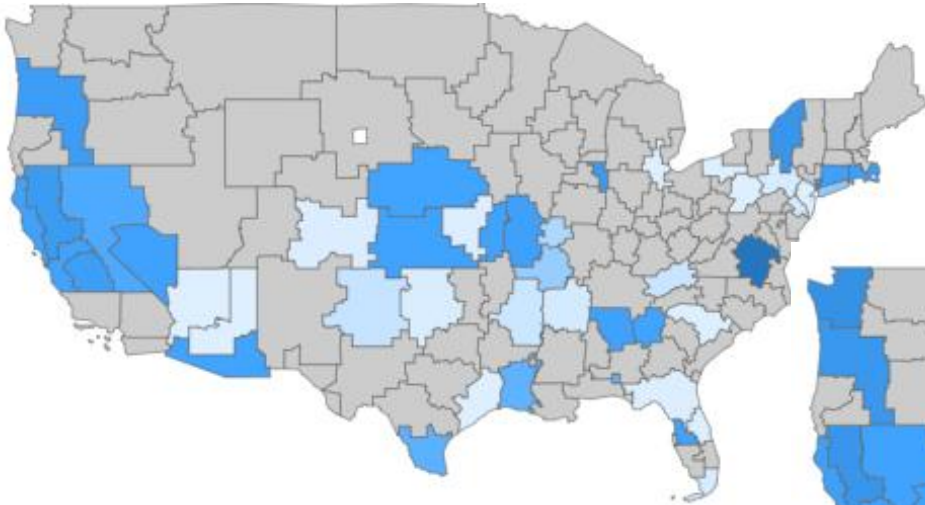
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Official Diffusion Across the Enterprise

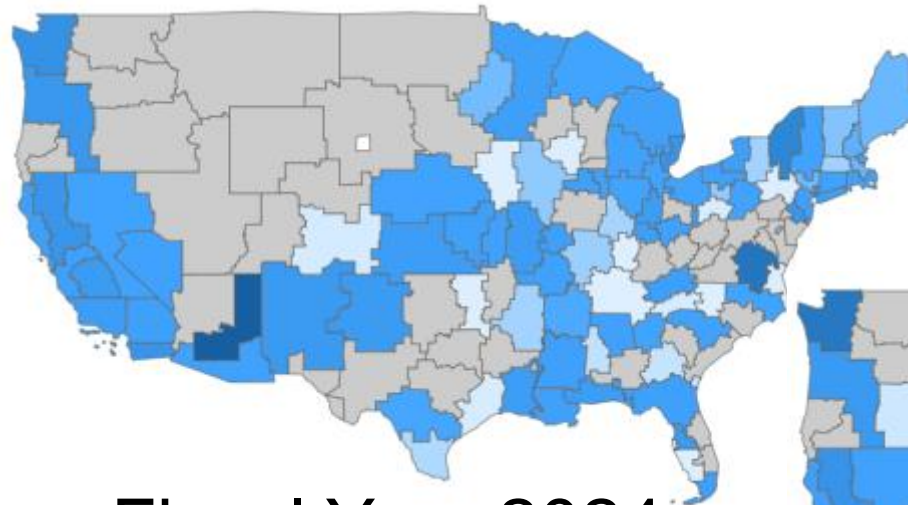
- December 20, 2022, mailed FIT required at two or more sites in each region.
- May 17, 2024, mailed FIT required at 50% of sites by January 1, 2025, and at least 80% by September 30, 2025.
- The memos identified **key core components** of programmatic mailed FIT, but did not establish standardized processes



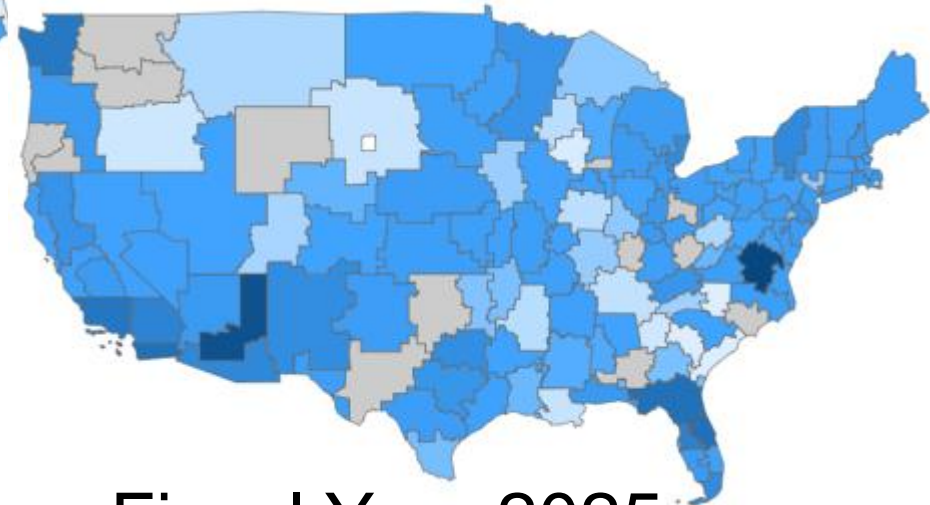
Diffusion of Programmatic Mailed FIT Across VHA



Fiscal Year 2023



Fiscal Year 2024



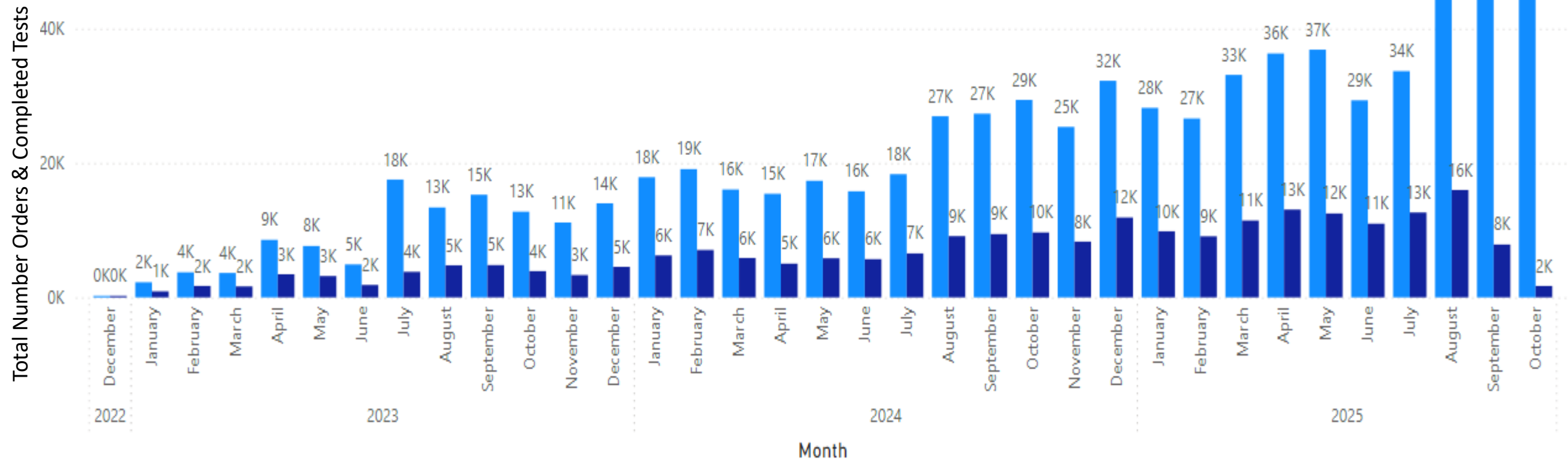
Fiscal Year 2025



Increasing Volume of Outbound mFIT Across VHA

Mailed FIT Orders
by Calendar Year /
Month

- Total Number of Tests Ordered
- Total Number of Returned Tests Analyzed



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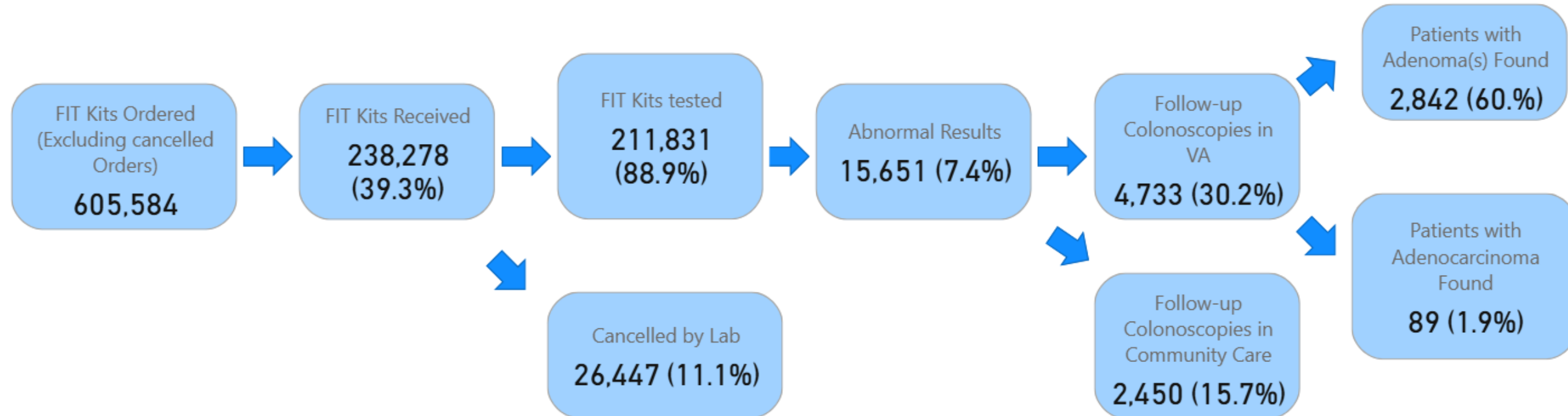
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How are We Doing?

Data circa October 2025



Ongoing Monitoring & Evaluation

Data circa October 2025

VISN	Number Of FIT Orders (exclude cancelled orders)	Number of Cancelled Orders	Percentage of Cancelled Orders	Number of FIT Kits Received	Percentage of FIT Kits Received	Number of FIT kits tested	Percentage of FIT Kits Tested	Number of Cancelled Tests	Percentage of Cancelled tests	Number of Positive FIT results	Percentage of Positive Tests	Number of Colonoscopies	Percentage of colonoscopy post positive
	14,983	4,005	21.1%	8,896	59.4%	8,205	92.2%	691	7.8%	773	9.4%	467	
	22,841	1,123	4.7%	10,546	46.2%	9,592	91.0%	954	9.0%	865	9.0%	358	
	52,194	5,328	9.3%	23,633	45.3%	22,047	93.3%	1,586	6.7%	1,567	7.1%	584	
	69,923	5,095	6.8%	31,519	45.1%	29,834	94.7%	1,685	5.3%	1,789	6.0%	874	
	69,829	8,288	10.6%	29,466	42.2%	28,555	96.9%	911	3.1%	1,832	6.4%	876	
	26,373	1,634	5.8%	11,125	42.2%	9,708	87.3%	1,417	12.7%	734	7.6%	327	
	28,905	1,934	6.3%	11,420	39.5%	9,379	82.1%	2,041	17.9%	882	9.4%	394	
	15,313	1,529	9.1%	6,019	39.3%	5,299	88.0%	720	12.0%	485	9.2%	206	
	50,601	4,437	8.1%	18,939	37.4%	14,337	75.7%	4,602	24.3%	1,009	7.0%	482	
	10,915	1,255	10.3%	3,969	36.4%	2,541	64.0%	1,428	36.0%	311	12.2%	163	
	64,333	3,496	5.2%	23,173	36.0%	20,256	87.4%	2,917	12.6%	1,581	7.8%	715	
	77,482	2,383	3.0%	26,641	34.4%	22,308	83.7%	4,333	16.3%	1,547	6.9%	712	
	46,384	7,742	14.3%	15,748	34.0%	14,786	93.9%	962	6.1%	812	5.5%	396	
	50,968	1,652	3.1%	17,278	33.9%	16,459	95.3%	819	4.7%	1,227	7.5%	527	
	44,446	2,348	5.0%	14,518	32.7%	12,014	82.8%	2,504	17.2%	1,013	8.4%	476	
	31,052	1,292	4.0%	9,834	31.7%	9,324	94.8%	510	5.2%	771	8.3%	286	
	5,600	336	5.7%	1,493	26.7%	1,359	91.0%	134	9.0%	82	6.0%	14	
	3,963	166	4.0%	614	15.5%	455	74.1%	159	25.9%	44	9.7%	7	
	70	23	24.7%	5	7.1%	5	100.0%						
Total	686,175	54,066	7.3%	264,737	38.6%	236,372	89.3%	28,365	10.7%	17,314	7.3%	7,860	



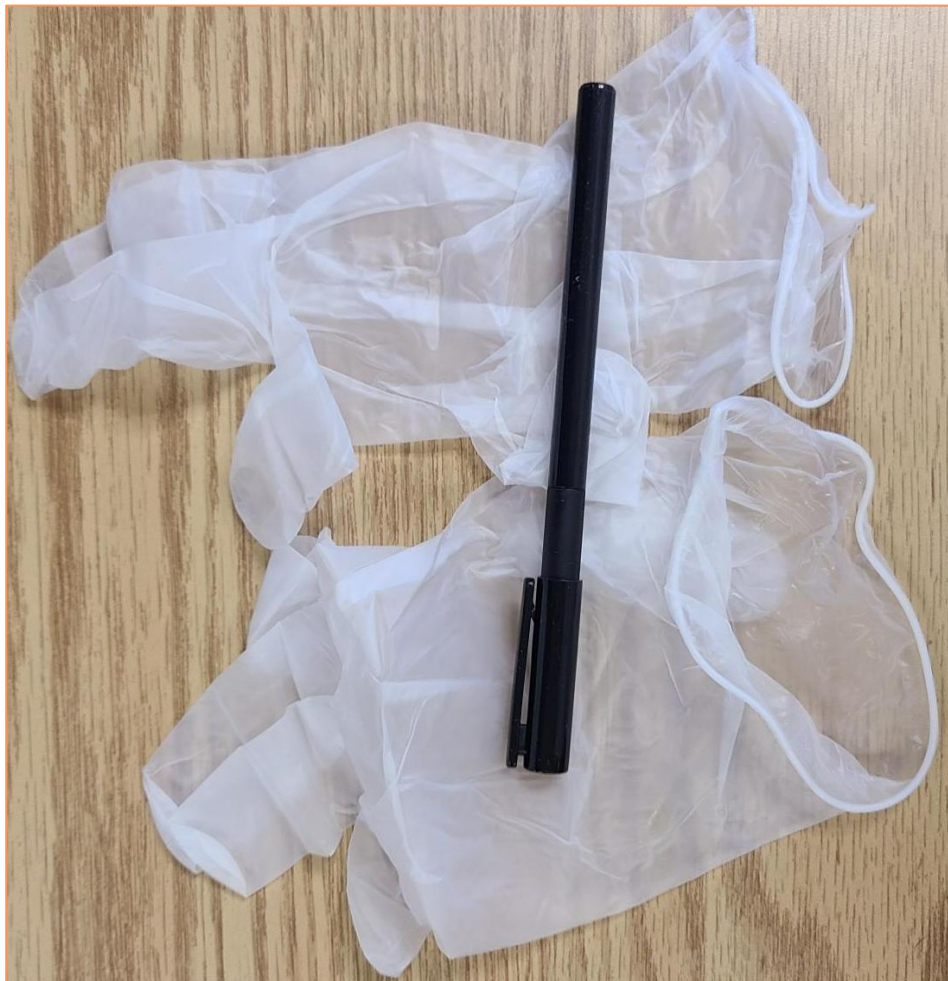
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Including Gloves and Pens



VISN	Facility Name	Number Of FIT Orders (exclude cancelled orders)	Number of Cancelled Orders	Percentage of Cancelled Orders	Number of FIT Kits Received	Percentage of FIT Kits Received
22	(501) Albuquerque, NM	6,138	187	3.0%	2,069	33.7%
22	(600) Long Beach, CA	9,723	197	2.0%	4,131	42.5%
22	(605) Loma Linda, CA	6,213	205	3.2%	2,678	43.1%
22	(644) Phoenix, AZ	23,752	2,696	10.2%	9,030	38.0%
22	(649) Prescott, AZ	1,830	49	2.6%	495	27.0%
22	(664) San Diego, CA	11,980	269	2.2%	4,944	41.3%
22	(678) Tucson, AZ	6,158	53	0.9%	1,974	32.1%
22	(691) West Los Angeles, CA	8,832	202	2.2%	2,959	33.5%
Total		74,626	3,858	4.9%	28,271	37.9%



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Ongoing Monitoring & Evaluation

Data circa October 2025

VISN	Number Of FIT Orders (exclude cancelled orders)	Number of Cancelled Orders	Percentage of Cancelled Orders	Number of FIT Kits Received	Percentage of FIT Kits Received	Number of FIT kits tested	Percentage of FIT Kits Tested	Number of Cancelled Tests	Percentage of Cancelled tests	Number of Positive FIT results	Percentage of Positive Tests	Number of Colonoscopies	Percentage of colonoscopy post positive
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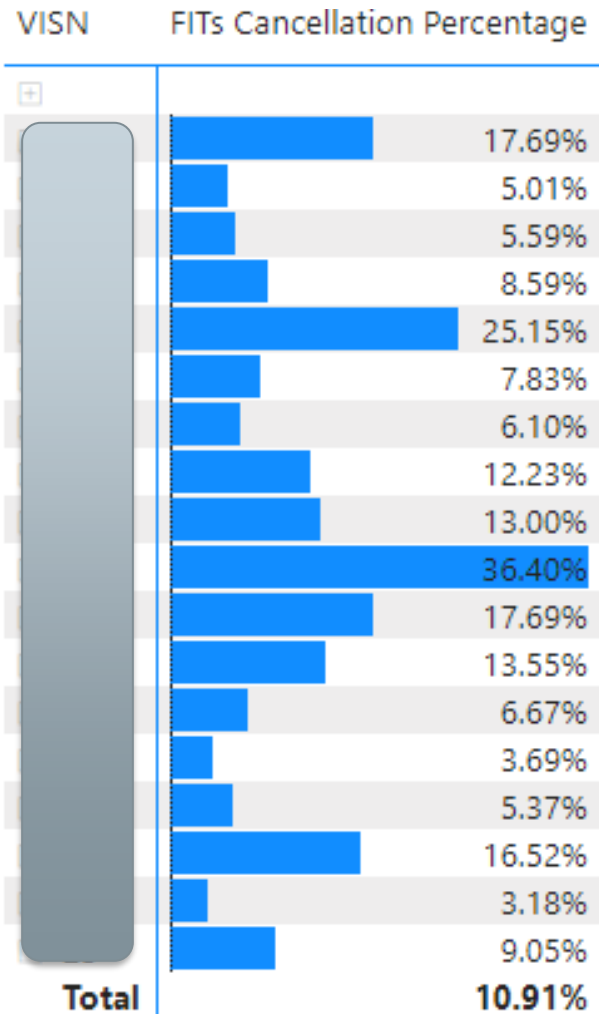
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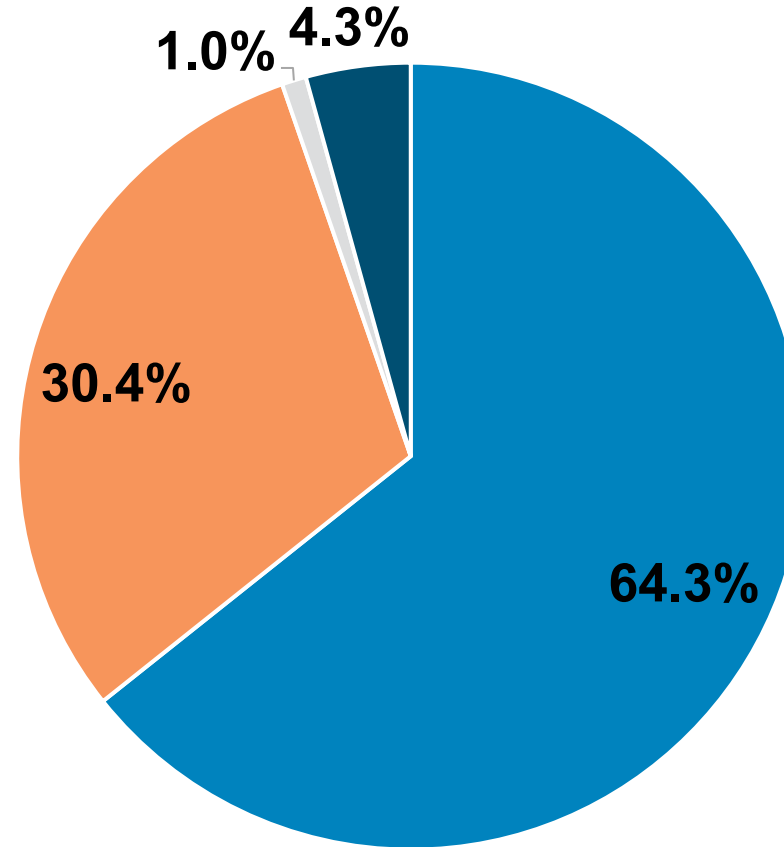


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Cancellation Rates and Reasons



FIT Cancellation Reasons



■ No Collection Date ■ Sample Too Old ■ Expired Kits ■ Other



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Adding Collection Date to Return Envelopes



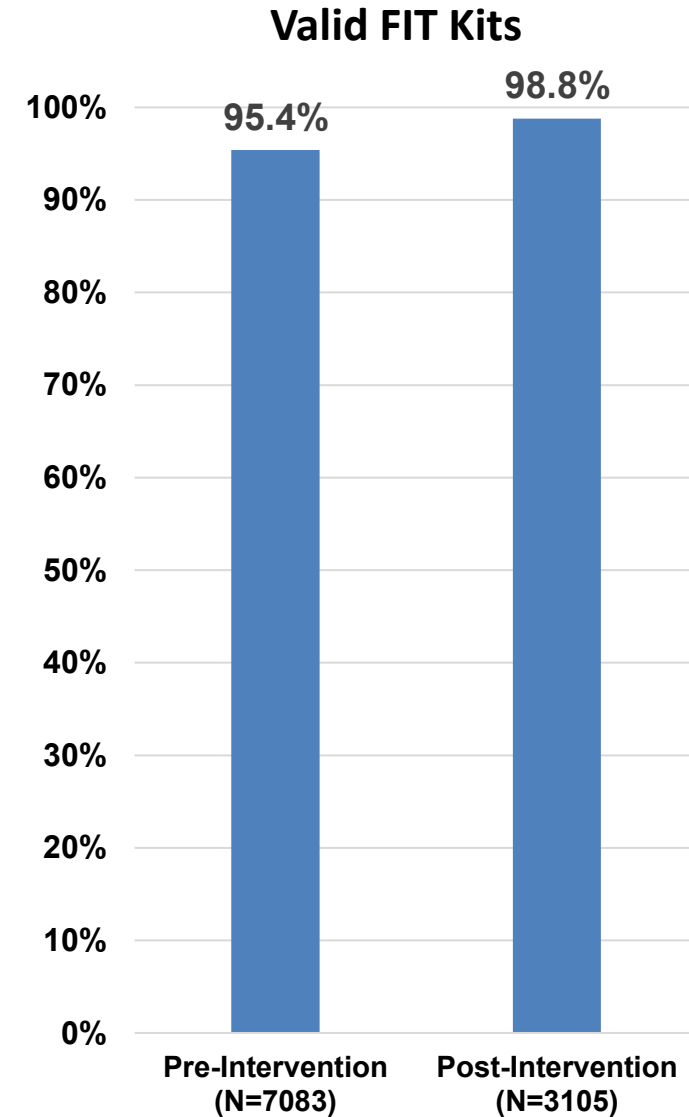
Collection Date: ___ / ___ / ___
Month Date Year

ATTENTION:
Please write the date you collected this specimen on your specimen sample and on the line above.
Verify the sample kit has your **FIRST NAME, LAST NAME, and DATE OF BIRTH**

Steps

1. Collect sample per instructions.
2. Remove plastic bag and absorbent pad from envelope.
3. Wrap sampling bottle in absorbent pad and insert into plastic bag.
4. Insert plastic bag with sampling bottle and absorbent pad into envelope.
5. Peel tape from flap, fold flap on fold-line and press firmly to seal.
6. **Return immediately after collection** (mail or in person).

Lot No.:



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ACG 2024

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Ongoing Monitoring & Evaluation

Data circa October 2025

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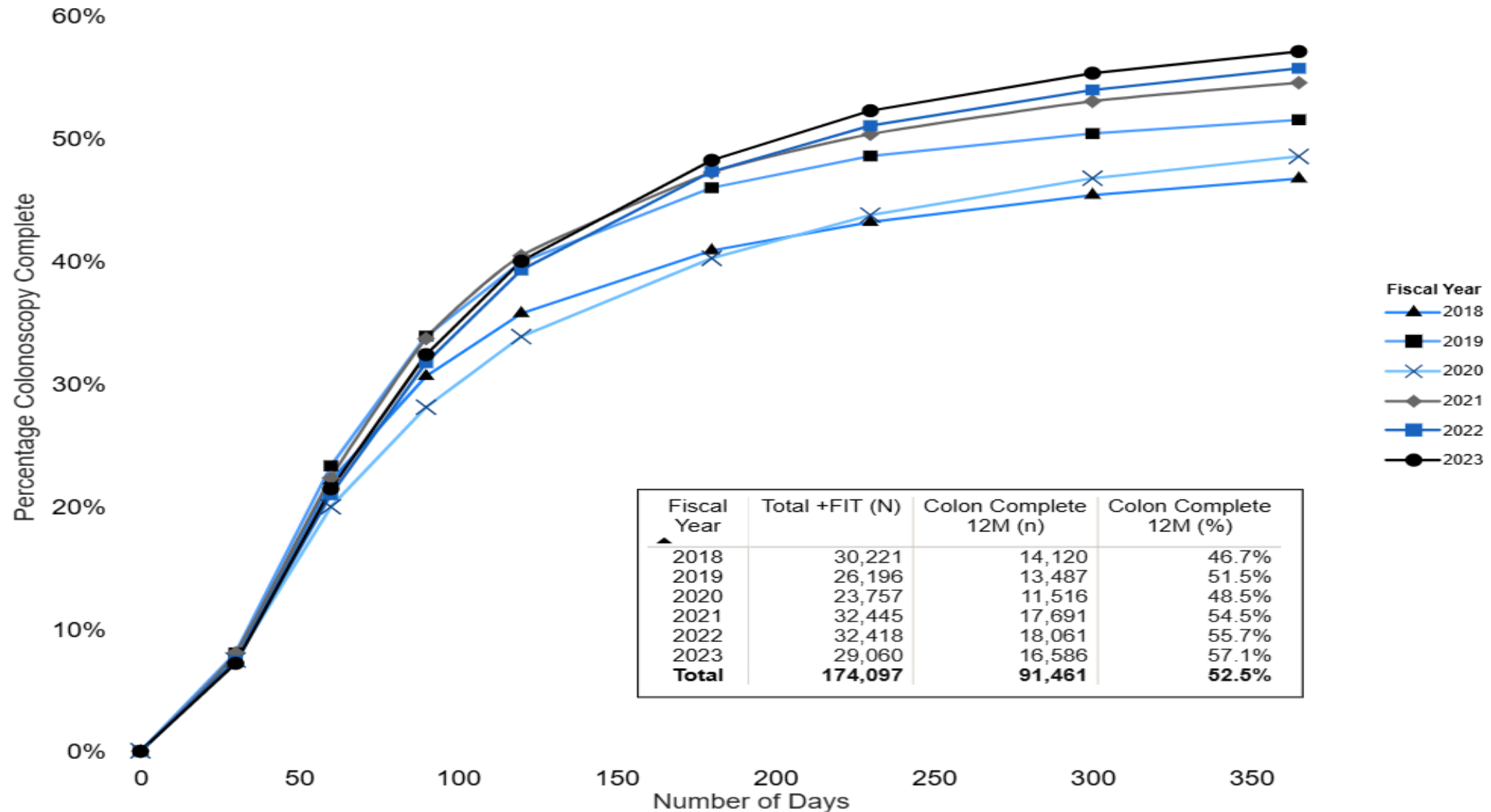
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Timely Colonoscopies After Abnormal FIT



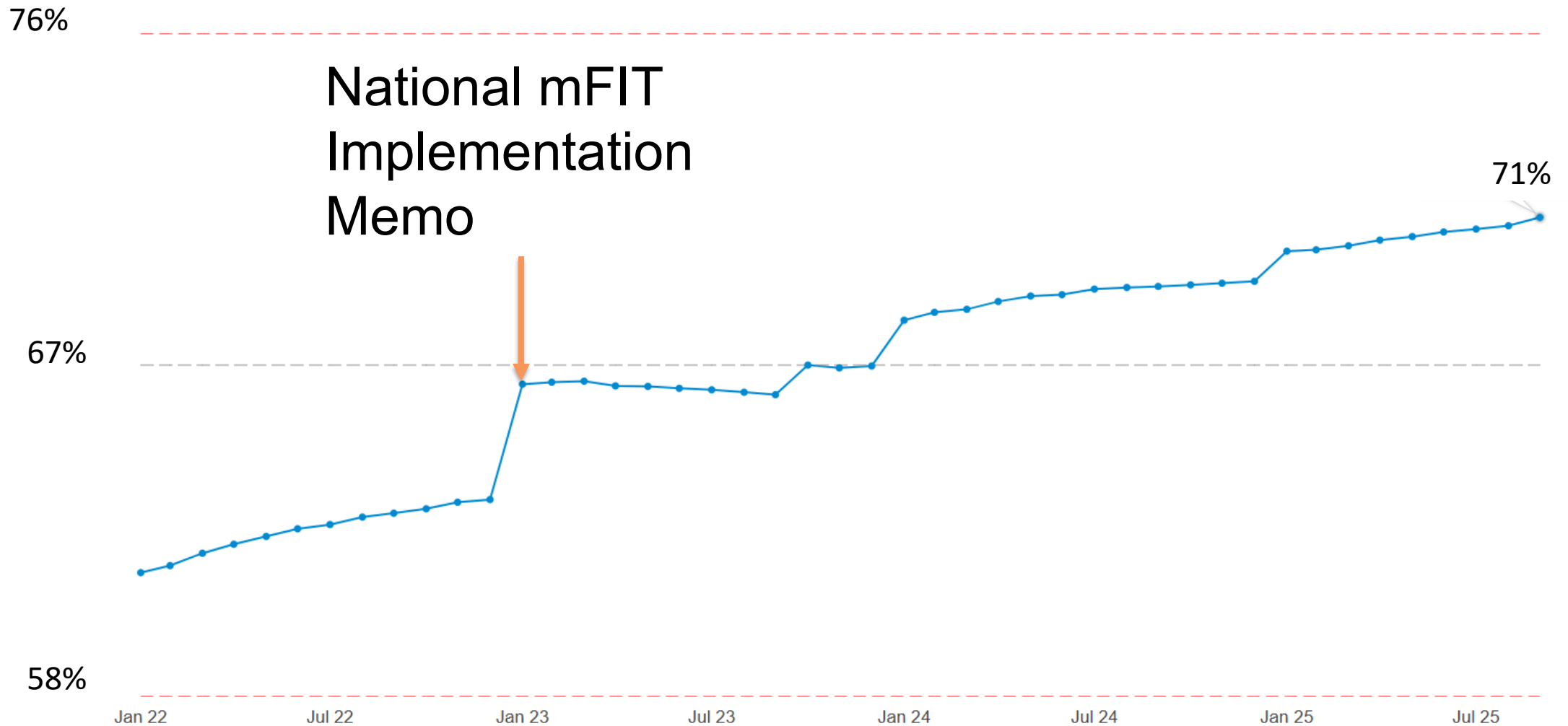
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Overall CRC Screening is Improving



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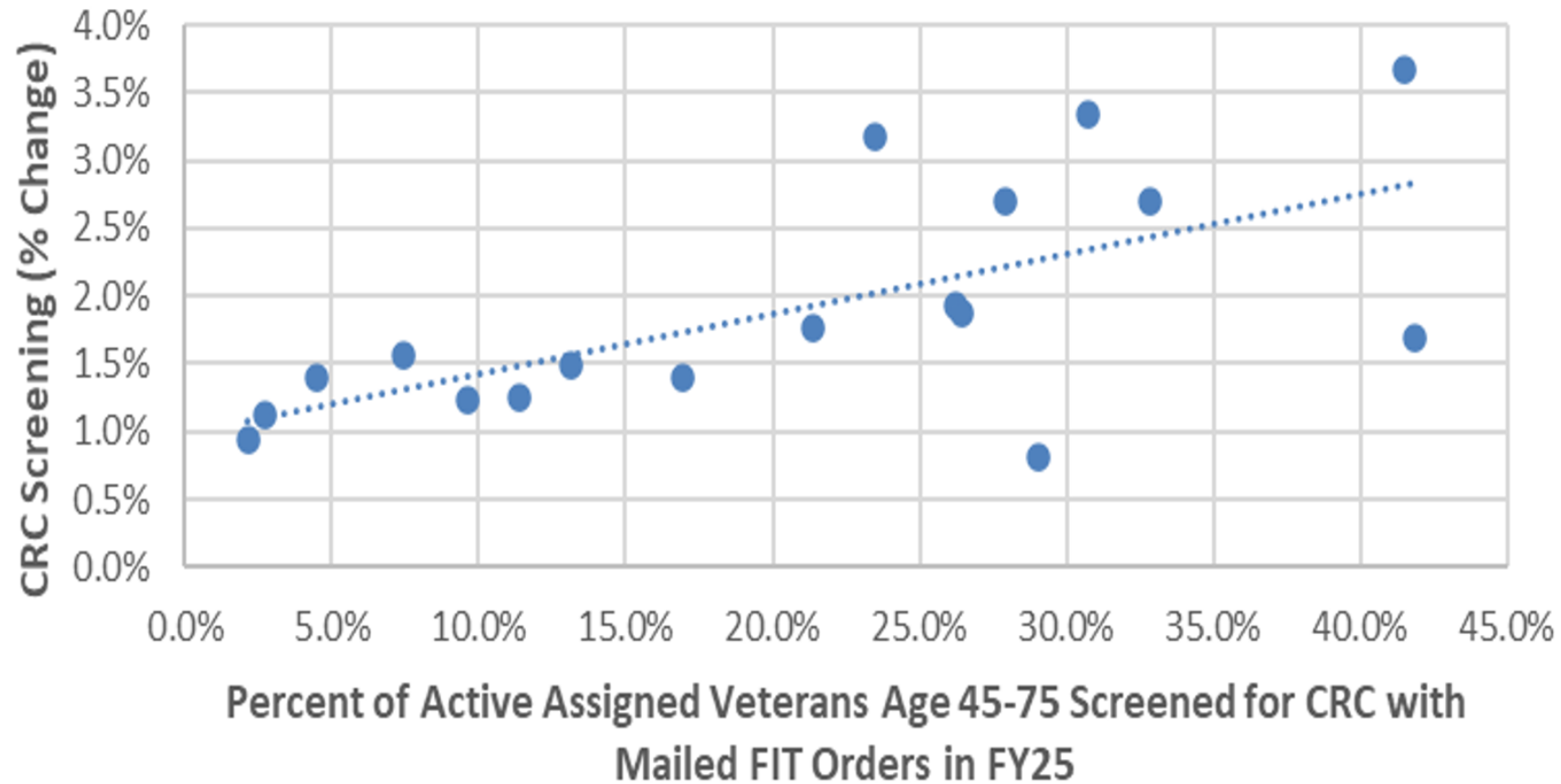
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More mFIT is Associated with Higher CRC Screening

VISN CRC Screening (% Change) by mFIT Implementation



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Key Take Aways

- Importance of engaging with stakeholders
 - Primary Care, Laboratory, Supply Chain / Logistics
- Many points for intervention and improvement throughout the process
 - Return envelope design, and Instruction language and design
 - Reminder tools (robocalls, SMS/text, apps, postcards, phone calls with navigation)
- If you don't monitor the process, you may miss important issues
 - Lab cancellations due to delayed samples or missing collection dates
- Small changes can make a big difference
 - Adding the collection date to the outside of the return envelope
 - Providing gloves and pens
- Programmatic mailed FIT works!





Thank You