Meeting Patients Where They Are: Use of Screening Navigation and Tailored Communication to Reach Underrepresented Communities for Colorectal Cancer Screening

10:50 AM – 12:00 PM

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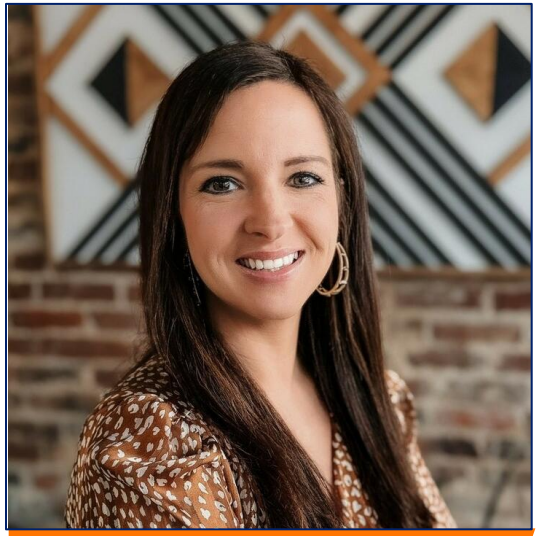

Moderator
Rachel Matlock, MS
Tennessee Department of Health

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Evara Health

Patty Molina, MPH
Mariposa Community Health Center

PATIENT VOICES FIGHTS COLORECTAL CANCER

Laurene Tumiel Berhalter, PhD

Department of Family Medicine

Clinical and Translational Science Institute

University at Buffalo The State University of New York

No disclosures to report

Patient Voices Network

"A community of educated and involved patients working hand in hand with physicians in making decisions about their own health care"

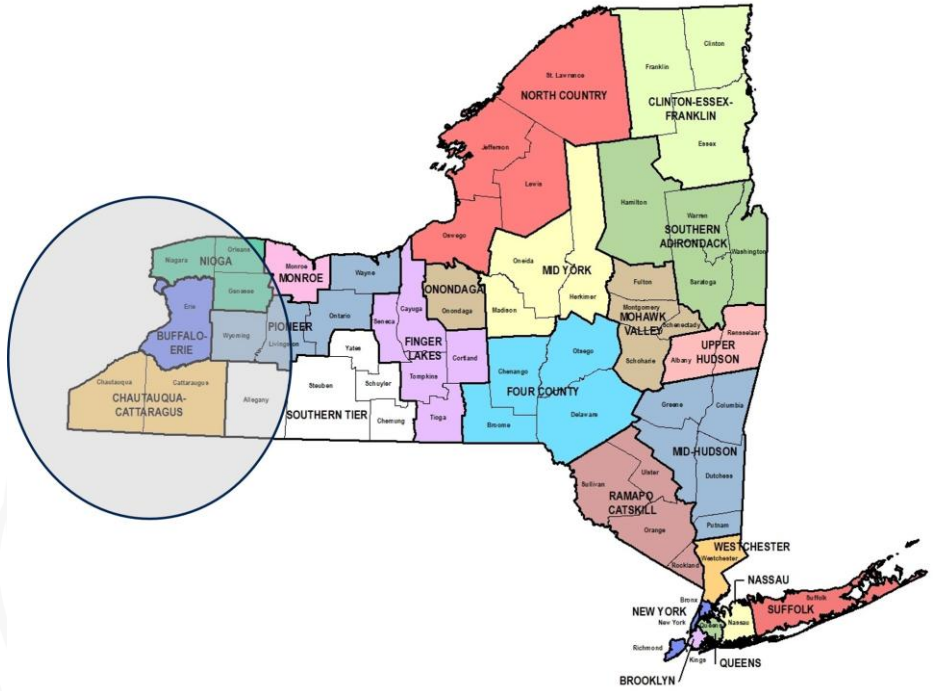
- Established in 2010
- Steering Committee meets twice a month

Patient Voices NETWORK

Jacobs School of Medicine and Biomedical Sciences
Primary Care Research Institute
University at Buffalo

Who are Patient Voices?

- Mostly Black women 40 years who live in high poverty ZIP codes in the city of Buffalo and Niagara Falls
- Chronic complexity



City of Buffalo, NY is a diverse community with 34% Black, 12% Hispanic, 10% are foreign-born refugee and immigrants from over 70 countries; 28% of the population live in poverty

Our Projects Over Time

- Colorectal Cancer Screening Navigation
- Cancer Screening Walk
- Mammography in Primary Care
- Prostate Cancer Screening Education
- Patient Voices Fights Cancer (PVFC)
- Educating African American Women on Genetic Breast Cancer and Genetic Screening
- Community Conversation to Increase Cancer Screening

Patient Voices Fights Colorectal Cancer: Increasing Screening in Underserved Communities Using a Patient Ambassador Model

Goal: To increase colorectal cancer screening rates among under-resourced communities by applying a peer-based model.

Multi-component, evidenced based intervention :

- Conducted patient reminders to schedule CRC by Patient Ambassadors
  - ✓Support patients to overcome barriers with colorectal screening completion
- Reduced structural barriers through outreach and follow up
  - ✓Help patients schedule colonoscopy appointments through an online system
  - ✓Initiate system for Cologuard distribution
- Tracking outreach, screening numbers, and patient barriers.

Implementation

- **Two primary care practices** located in Buffalo and Niagara Falls, NY
- Patient registries provided; patients 50-75 years of age who overdue for CRC
- Patient Ambassadors provide telephone outreach to encourage screening
- Systems set up with each practice
    - Colonoscopy referrals (one practice had PAs directly schedule)
    - Cologuard/FIT Kit distribution
    - Patient information feedback

Impact

- **2,819 e**ligible patients
- 636 set a letter introducing the program
- 1,285 calls made (avg of 2 calls per person)
- 383 patients reached for navigation
- 190 navigated to screening
- 76 of 190 reached for follow-up

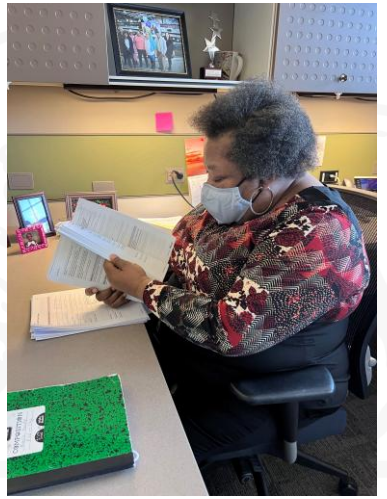
Results

50% of patients spoken to were **navigated to CRC screening**

- **38%** Cologuard
- **37%** Colonoscopy referrals
- **15%** Referred to Provider
- **10%** PA scheduled colonoscopy using online platform

56% of patients **completed CRC screening (43/76)**

Barriers



Patient Barriers

- COVID-19
- Competing health priorities – Transportation to colonoscopy
- Long waiting periods for receiving at home testing kits
- Lack of interest in screening

Provider Barriers

- COVID-19
- Systems for distributing at home stool testing kits
- Location of Gastroenterology practice

Conclusions

- Flexibility is required to meet the needs of the patients and practices from different communities.
- The Patient Ambassador model can serve as an extension of the primary care practice to encourage screening.
- The Ambassadors often serve as a bridge between practice teams and their patients and can offer insight on barriers to receiving quality care.
- Sustainability of such efforts remain a challenge.

University at Buffalo The State University of New York

ACKNOWLEDGEMENTS

Patient Voices Members

Practice teams

Prevent Cancer Foundation

American Cancer Society®

NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You

An Organizational Approach to Increasing Colorectal Cancer Screenings Compliance

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Disclaimers

I have no relevant disclosures.

Meet the Presenter

Marcia Gainer, DNP, APRN
AVP of Quality and Clinical Operations

Specialty
Family Practice

Board Certifications
American Academy of Nurse Practitioners

Graduate Degree
D.N.P, University of North Florida
M.S.N., South University

Providing Quality Care at Evara Health since 2019

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OUR MISSION

To innovate beyond the barriers that limit access to quality health care, ensuring everyone can receive industry-leading services from professional teams that care as much as family.

About Evara Health

Federally Qualified Health Center (FQHC) since 1993

Over 40 years of serving the community

Formerly Community Health Centers of Pinellas, Inc.

16 health centers throughout Pinellas County

Served over 62,000 patients in 2024

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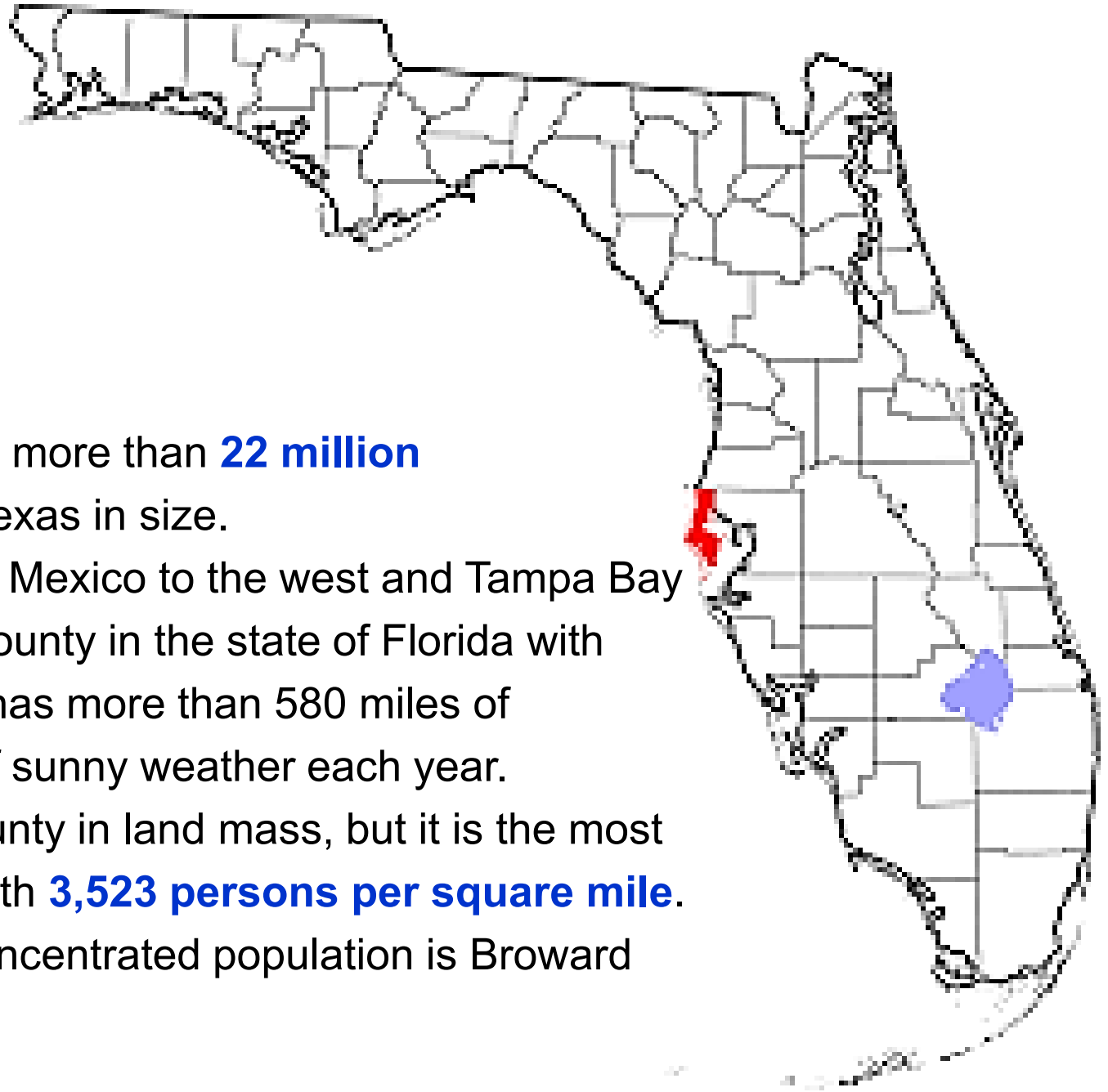
Pinellas County, Florida



- Florida's population in 2022 will stand at more than **22 million residents**, trailing only California and Texas in size.
- Pinellas County, bordered by the Gulf of Mexico to the west and Tampa Bay to the east, is the sixth most populous county in the state of Florida with nearly **920,000 residents**. The county has more than 580 miles of coastline and an average of 361 days of sunny weather each year.
- Pinellas is Florida's second smallest county in land mass, but it is the most densely populated county in the state with **3,523 persons per square mile**. The next closest county with a highly concentrated population is Broward with 1,445 people per square mile.

Challenge:

Decline in CRC Screening Rates

- Dropped to 29% in 2020 during the COVID-19 pandemic
- Initial efforts with FITs increased rates to only 33% by 2022

"We have learned to meet patients where they are and to connect on a community level."

- Marcia Gainer, DNP, APRN

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Improvement Strategies

- **Implemented a unified CRC screening program anchored by the Cologuard® test**
  - Collaboration with Exact Sciences for Patient Assistance Program
- **Streamlining CRC Screening with EHR Integration**
  - Real-time Cologuard ordering/results via Epic® Aura™ & Exact Sciences
  - Automated patient identification in Epic
  - Easy result access through EpicCare Link™ & Care Everywhere®
  - Batch ordering boosted efficiency
- **Advancing Equity for Uninsured Patients**
  - Bidirectional integration to support Patient Assistance Program (Sept 2024)
  - Unified workflows ensure equal access to ordering/results

Improvement Strategies

(continued)

Automation & Workflow Optimization

- Automated registries
- SmartPhrases for consistent patient instructions
- Bulk outreach enabled via Solution Reach

Embedded CRC Workflows in Epic: A Dual-Track Approach

- In-Clinic: Visual EHR prompts guide care teams during visits
- Remote Outreach & Gap Closure: Automated workflows engage patients not seen in clinic

Improvement Strategies

(continued)

- **Organization wide training and preparation**
  - Senior leadership support
  - Increase touch point opportunities through specialty services involvement
    - Dental, Pharmacy, Womens, Community Services Specialist
  - Internal collaboration with IT
  - Department specific scripting and training
  - Ensuring staff awareness of screening importance
- **Incentives**
  - Provider bonuses linked to meeting screening compliance goals
  - Quarterly report provider report cards
- **Collaboration**
  - Exact Sciences
  - Moffit Cancer Center
  - Florida Digestive Specialist

Multi-Modal Patient-Centered Communication & Education

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Key Driver for Success: Team Engagement

- **A centralized Call Center was launched, with training provided across all departments — from front desk to leadership.**

Pre-Scripted Talking Points: Staff supported in 240+ languages

Bilingual Text Messaging Campaigns: Informed and addressed patient concerns in English and Spanish

Digital & Mail Notifications: via Solution reach for due/overdue screenings

In-Clinic Education: CRC screening videos in waiting areas

Social Media Messaging: Reinforced early detection

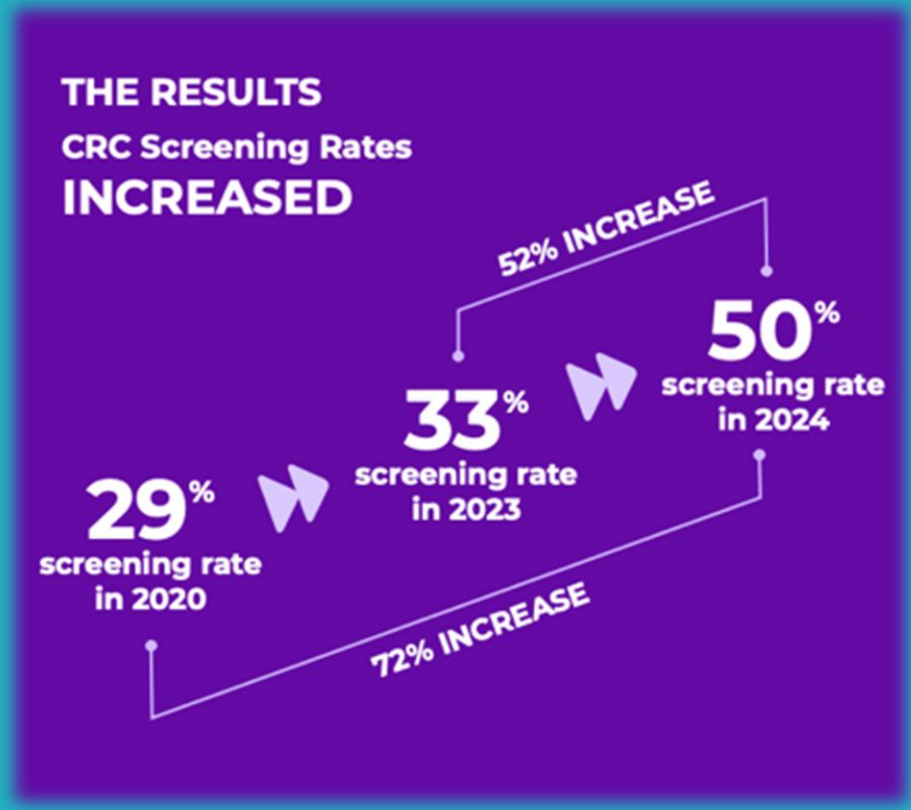
Achieving Impact: Inspiring What's Next

Impact: significant increase in screening rates

- 52% increase within one year
- 72% increase over four years
- Current screening rate of 57%

What's next?

- Targeting an 80% CRC screening rate by 2028
- 80% national benchmark
- Continuing to refine workflows, monitor screening rates, and adapt strategies



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CRC Screening Trends & Key Go-Lives

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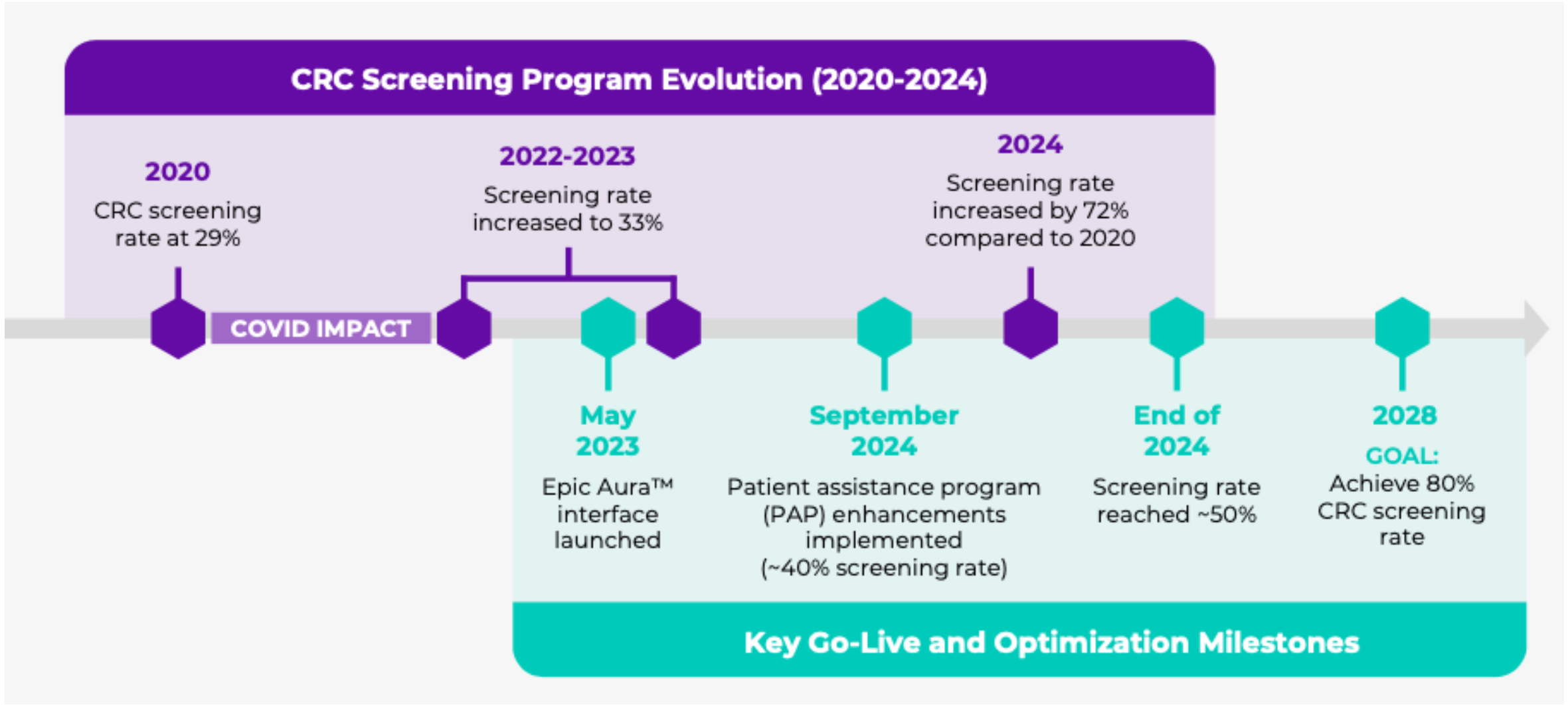

Key Takeaways for Other Health Organizations

Leverage	**Leverage EHR Integration:** Enable real-time test ordering and result tracking
Adopt	**Adopt Multi-Modal, Multilingual Outreach:** Reach diverse populations effectively • Team Engagement is essential
Embed	**Embed Preventive Care Workflows:** Integrate into both in-clinic and remote care settings

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LESSONS LEARNED

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Understanding the importance of building community relationships at each opportunity!

QUESTIONS

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THANK YOU!

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American Cancer Society National Colorectal Cancer Roundtable 2025 Annual Meeting

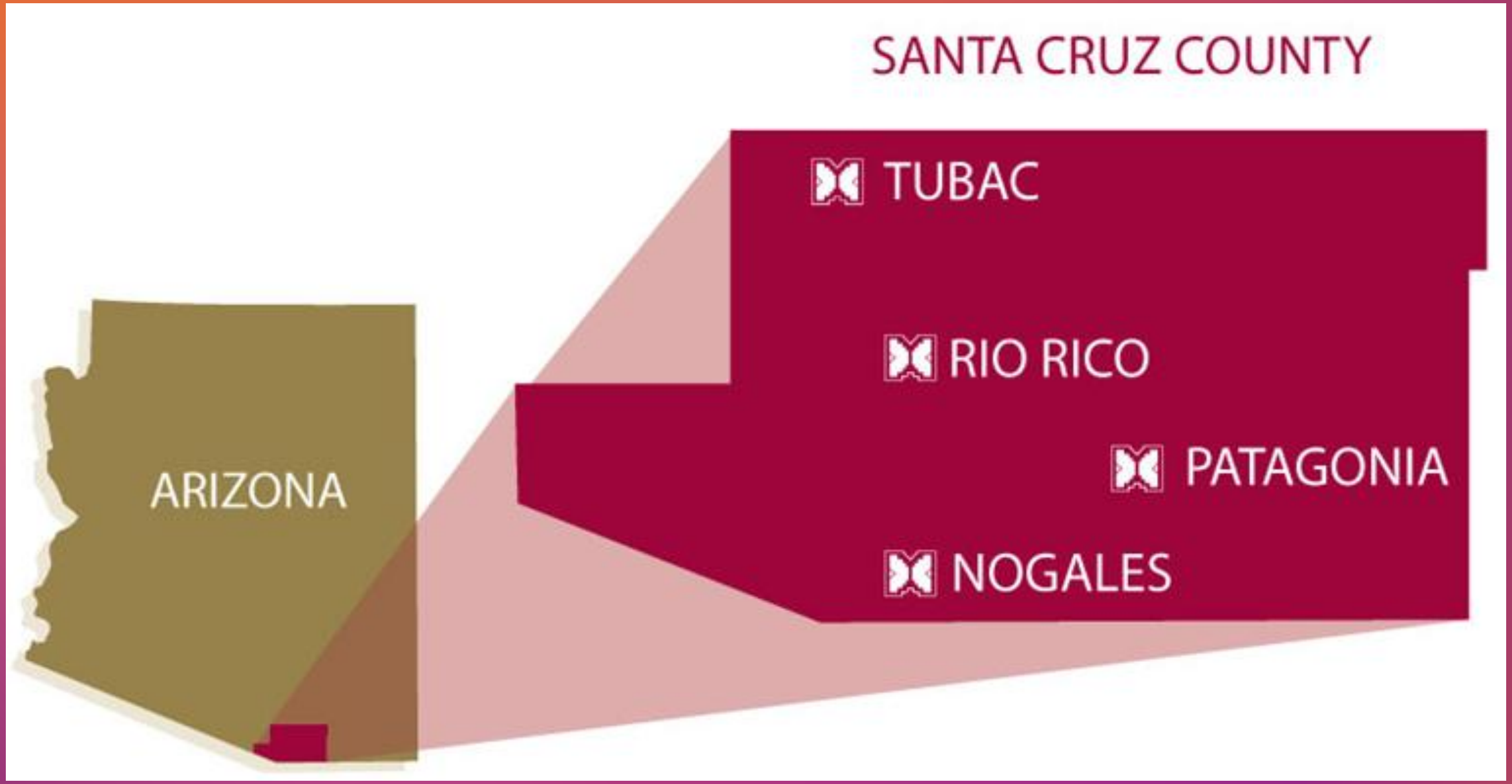
November 20, 2025
Nashville, TN

Innovative Approaches to CRC Screening

Patty B. Molina, MPH

Senior Director of Community Health Services

Nothing to disclose


SANTA CRUZ COUNTY
TUBAC
RIO RICO
PATAGONIA
NOGALES
ARIZONA

Background

- We partnered with the University of Arizona Cancer Center and the American Cancer Society to put together a FIuFIT Campaign
- The FIuFIT Program is an innovative and effective way to increase colorectal cancer screening in primary care settings.
- When patients come in for their flu shot, health center staff will provide a take-home FIT kit, specifically, patients 45 years or older who have not had a colonoscopy in the last 10 years or prior FOBT in the past year and are current patients of Mariposa.
- Seemed like a perfect opportunity, right???.....WRONG!

- Hispanic adults living in the US-Mexico border region have a high prevalence of type II diabetes, a chronic disease associated with a higher risk for colorectal cancer (CRC).
- Tailoring CRC screening to prioritize adults with T2DM was expected to increase screening for this higher-risk group.
- Clinical Pharmacy and Community Health Services partnered to develop a project to target this population.

Project Development

- CHS leadership and CHW staff
- Clinical Pharmacy
- Medical
- External Partners:
  - University of Arizona Cancer Center
  - American Cancer Society
  - Exact Sciences

- Developed new health center policy
- Created screening tool
- Used shared decision-making tool with patients

Got media coverage too:

- Katie Couric Media
- https://katiecouric.com/health/cancer/food-deserts-in-america/

Colon Cancer Screening

Patient Name: DOB:

Medical Provider: Date:

Are you under 45 years old? Yes No

Personal History

Do you have a history of colon cancer? Yes No

Other active or history of cancers: breast, ovarian, or other genetic cancer syndromes? Yes No

Do you have inflammatory bowel disease, ulcerative colitis, or Crohn's disease? Yes No

Have you experienced blood in your stool? Yes No

Any unexplained weight loss? Yes No

Abdominal pain that won't go away? Yes No

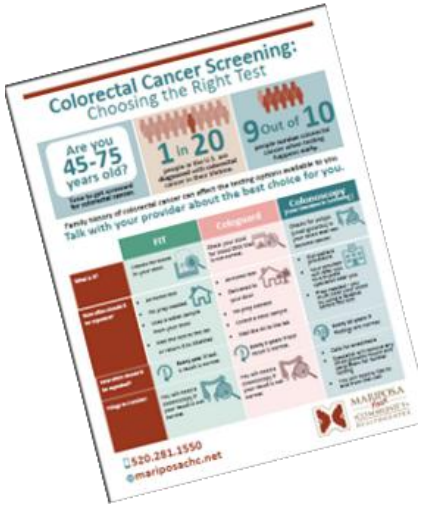
Family History

Do you have family members (parents or siblings) with colon cancer? Yes No

Do you have family members with colon polyps? Yes No

FIT Kit/cologuard or Colonoscopy Referral (Circle one)

Refer for colonoscopy Fit kit/cologuard Patient preference: Fit kit/cologuard



T2DM and CRC Risk= 47%

- Early demonstrated effectiveness in patients with T2DM led to policy expansion to reach ALL eligible patients

- Multipronged approach to increase CRC screening:
  - Community outreach
  - EHR/CHWs/Clinical Champions
  - Provider Education
  - Patient assistance $
  - At home CHW education was key to increasing rates.

Thank you!

Contact us to get more info

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mariposachc.net

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Thank You

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Questions