

# Strategies and Opportunities to STOP Colorectal Cancer in Priority Populations

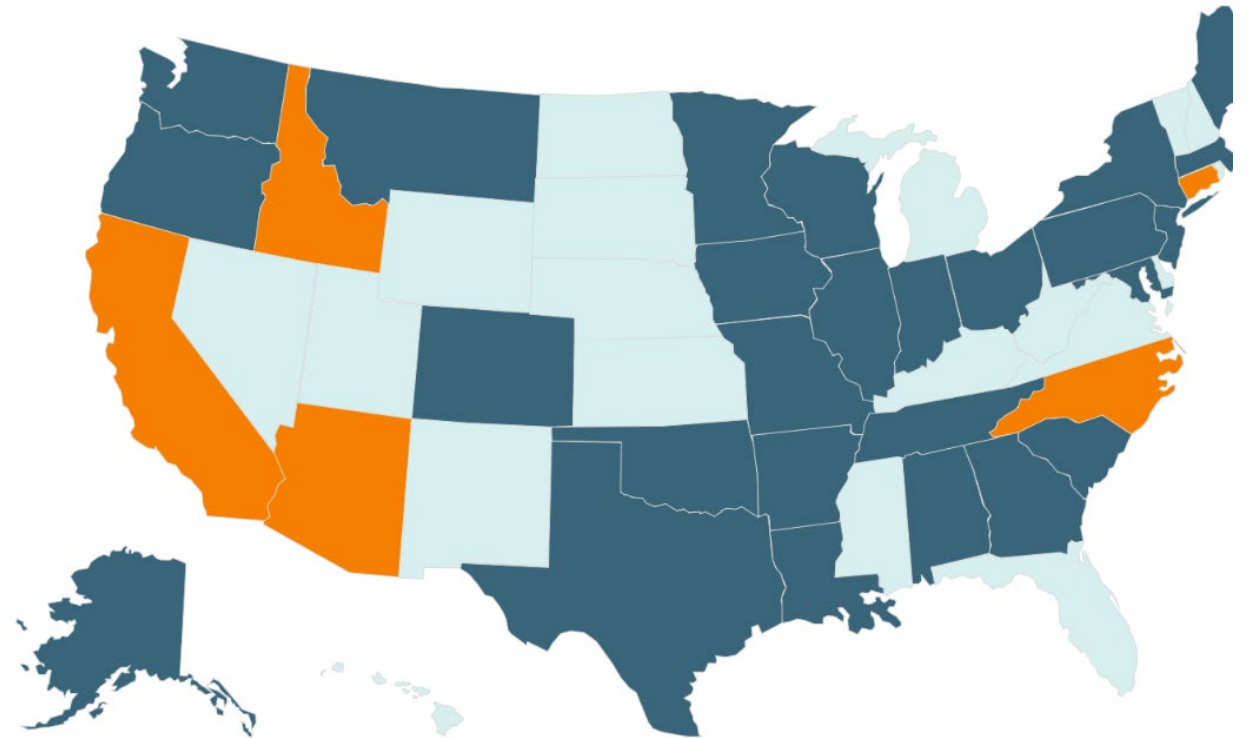
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# OCHIN Epic Network

## STOP CRC Project

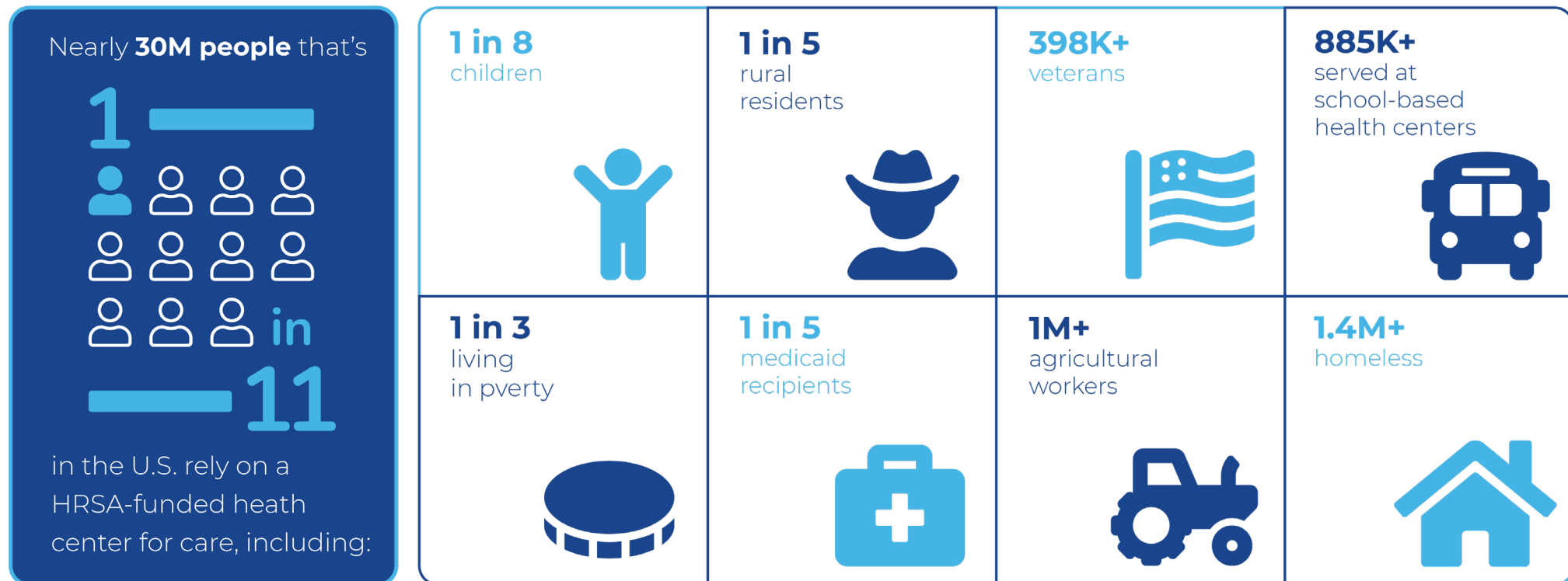
- Cluster-randomized trial of 26 federally qualified health center clinics in Oregon and California to improve colorectal cancer screening
- Intervention: Mailed fecal test (FIT) outreach
- Partnerships: Kaiser Permanente Center for Health Research, OCHIN



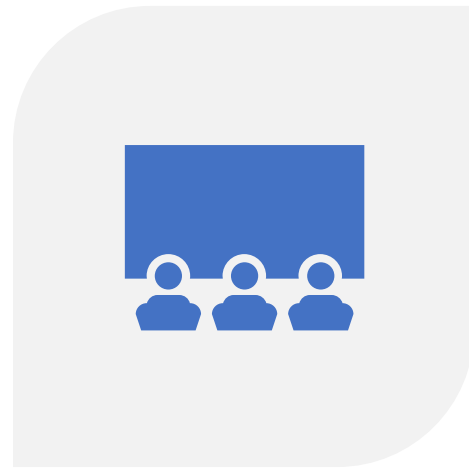
*\*as of J*

# Characteristics of FQHCs

## HRSA-Funded Health Centers Improve Lives



# Challenges in Reaching Participants



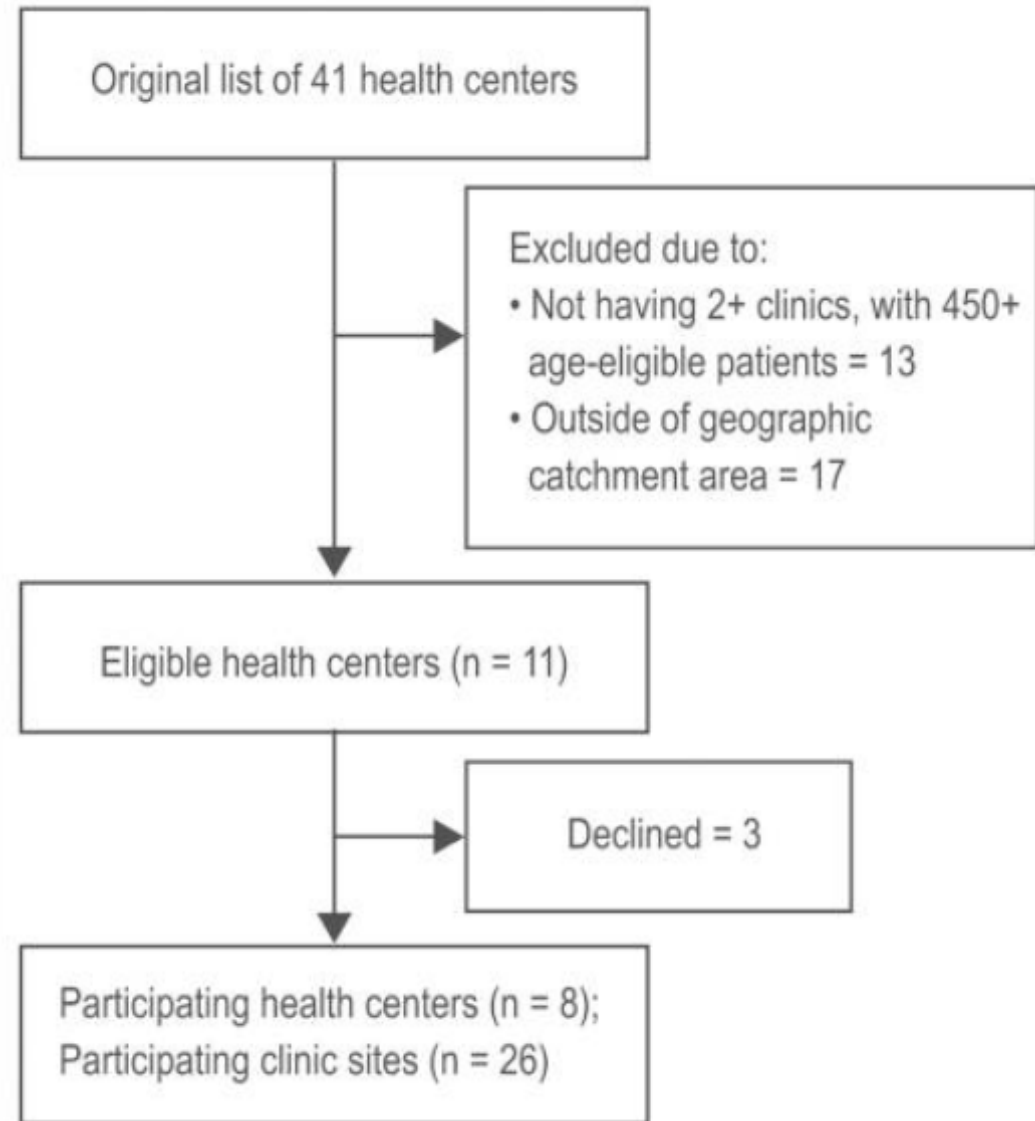
CHALLENGE #1: NOT ALL CLINICS  
WILL AGREE TO PARTICIPATE



CHALLENGE #2: CHALLENGES WITH  
OFFERING STOOL-BASED TESTING

# CHALLENGE #1

73% OF  
APPROACHED  
HEALTH  
CENTERS  
PARTICIPATED



Health Center	N clinics	N Total ppts	N ppts 50-74 yrs	% Latino	% Uninsured	% Medicaid	CRC screening rate <sup>**</sup>
Participating Health Centers							
HC 1	2	2765	886	9	49	15	20
HC 2	3	4573	1898	7	38	17	23
HC 3	3	9148	3070	17	50	14	20
HC 4	6	23616	7215	14	33	37	39
HC 5	4	11213	3959	10	40	15	33
HC 6	4	18476	6584	5	2	19	53
HC 7	2	12004	4161	2	11	20	33
HC 8	2	7697	2125	36	37	26	34
Nonparticipating Health Centers							
HCA	5	10182	3603	4	23	12	16
HC B	2	4359	1455	37	30	5	14
HC C	4	4887	1383	15	30	16	14

CRC SCREENING RATES WERE HIGHER IN RECRUITED HEALTH CENTERS (20%-53%) THAN NON-RECRUITED HEALTH CENTERS (14%-16%)

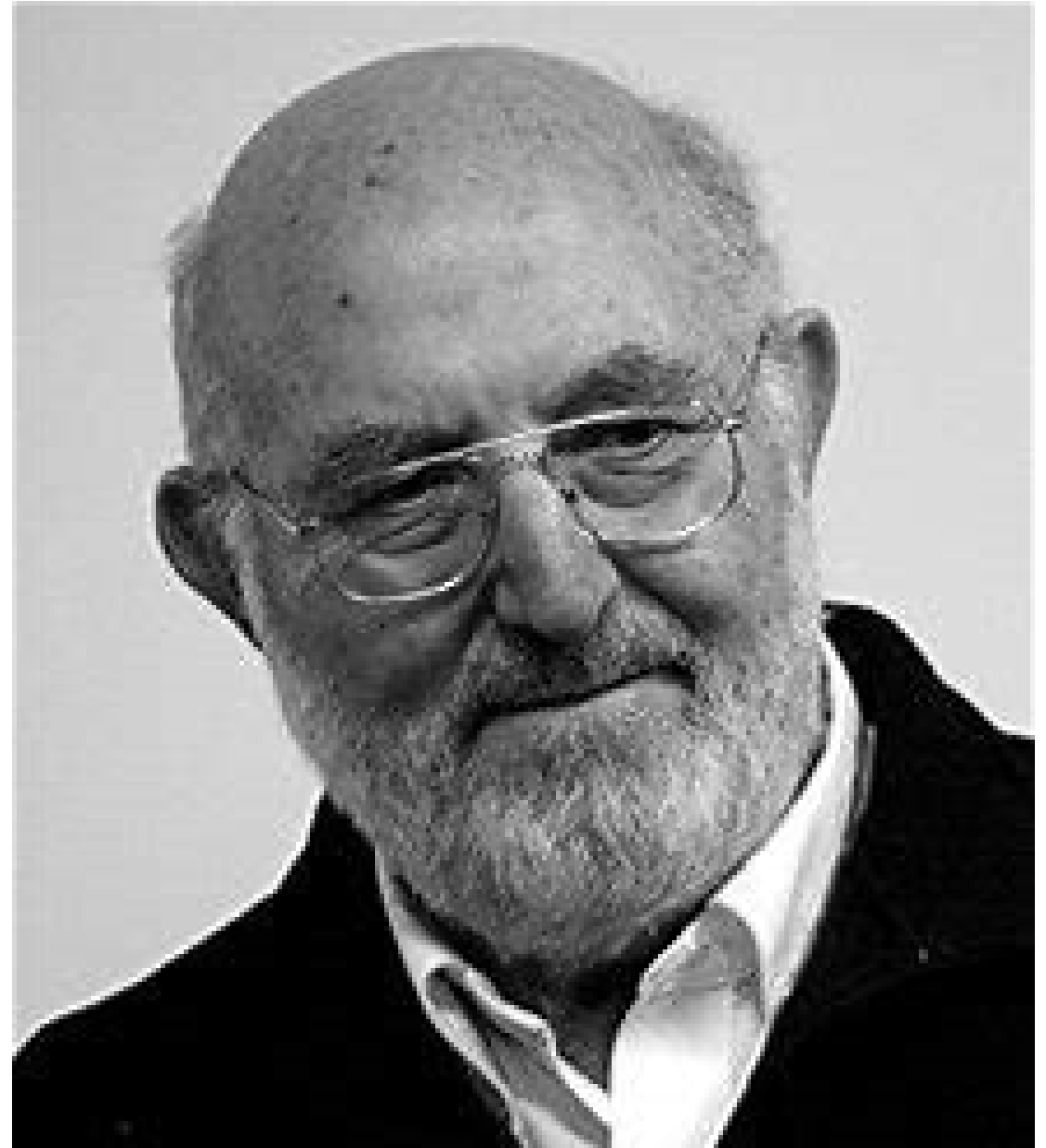
Characteristics of participating and nonparticipating health centers<sup>\*</sup>

## Challenge #2: Promoting STOOL- based testing was fraught

- Some Medical Directors did not want to promote stool-based testing because patients would face out-of-pocket costs for a follow-up colonoscopy. A screening colonoscopy had no out-of-pocket costs (as part of ACA Preventive Health Mandate).

REPRESENTATIVE MITCH  
GREENLICK (1935 – 2020)

SPONSORED BILL OR2560  
THAT REQUIRED INSURANCE  
COMPANIES TO COVER OUT-  
OF-POCKET COSTS FOR  
FOLLOW-UP COLONOSCOPIES





# Applying Retrofit, Reform, and Re-imagine

<b>Challenge</b>	<b>Retrofit</b>	<b>Reform</b>	<b>Re-imagine</b>
Clinic participation	Work with FQHCs	Offer incentives to participate	Organized national mailed FIT outreach
Possible co-pays for FU colonoscopy	Charity care programs	?	Change state policy to eliminate co-pays
English-language, wordy FIT instructions	Translate instructions	Create wordless instructions with QR codes	Create viral video on FIT instructions
Incomplete documentation of colonoscopy in medical records	Create workflows to obtain medical records	Hire more medical record staff	Make colorectal cancer and incentivized metric; Medicaid health plans began to produce monthly reports



# Summary

- Challenges in reach participants are multi-faceted
- Some STOP CRC-related challenges were best addressed with policy change
- Continued efforts are needed to reach more communities with the cancer prevention tools we have