

STOP CRC

Strategies and Opportunities to STOP Colon Cancer in Priority Populations

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Barriers Scorecard

Barrier	Level of Difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/subjects		X			
Engagement of clinicians and Health Systems		X			
Data collection and merging datasets		X			
Regulatory issues (IRBs and consent)	X				
Stability of control intervention				X	

1 = little difficulty

5 = extreme difficulty

A challenge we did not encounter



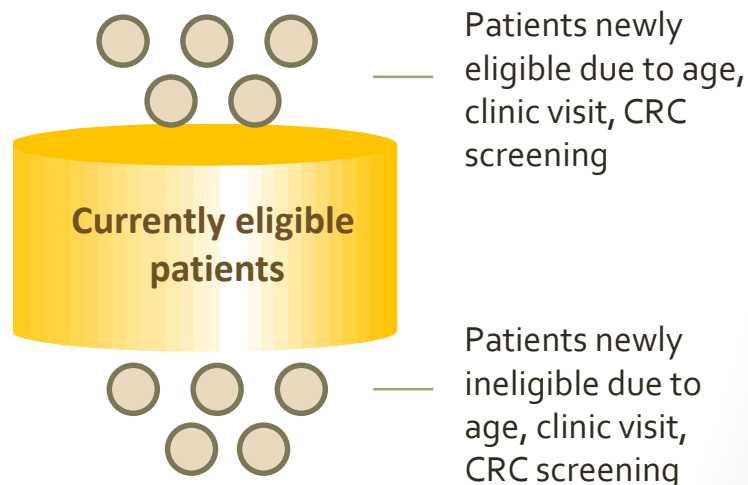


Simple trial + complex setting =

Complex trial?

Lesson #1: Analytic challenges

- Real-time tools, designed in Reporting Workbench, updated daily
- Use EMR codes and Health Maintenance;
- Defines patients with clinic visit in past year as 'active';
- Analytic denominator includes all patients ever on list – even if only a day.



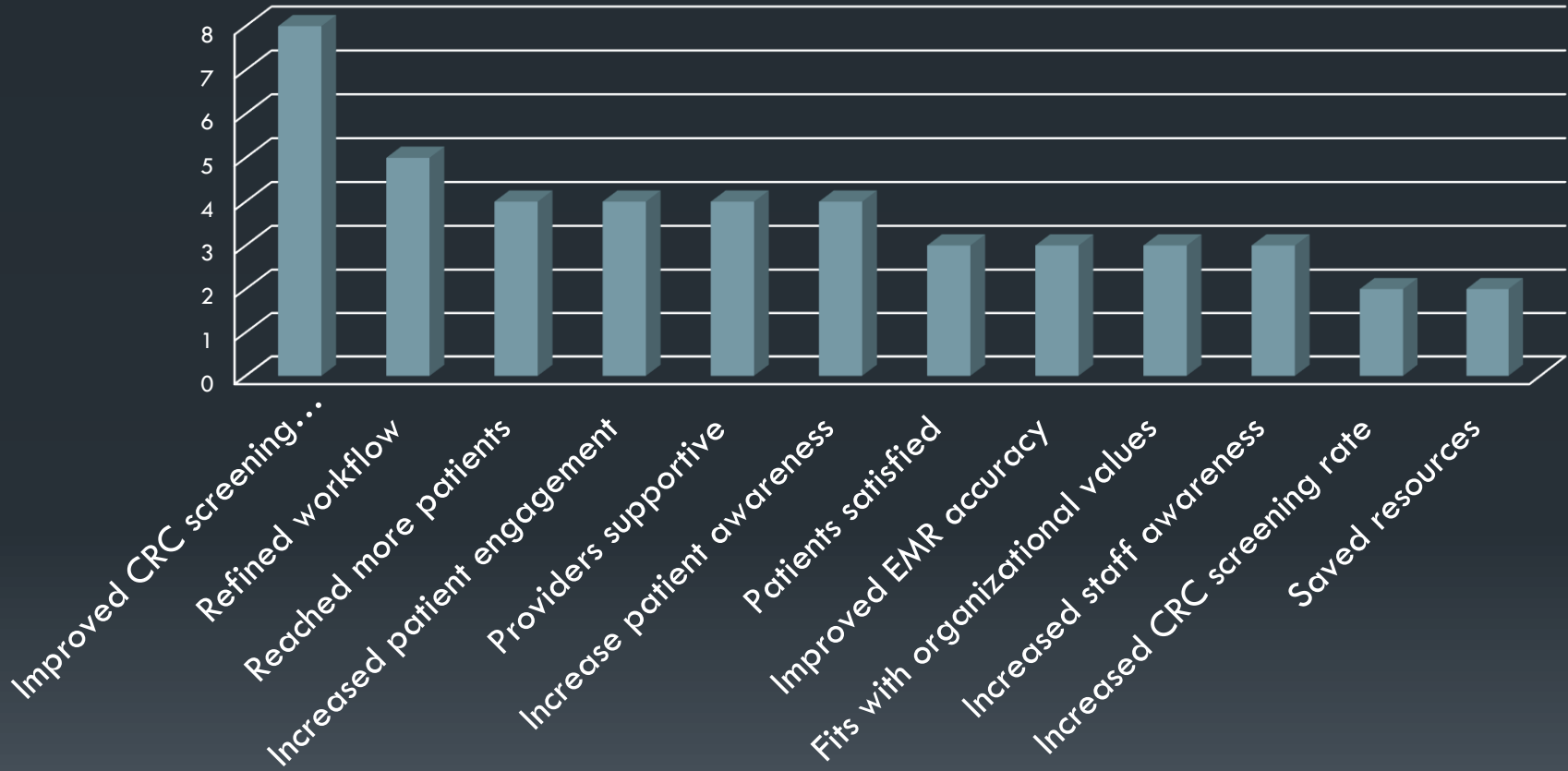
Lesson #2: Paradigm shift for health centers

- Converted from gFOBT to FIT
- Cleaned their medical records to capture historical colonoscopies
- Used Reporting Workbench for the first time
- First population management project
- - 'won't work for our patients'

Lesson #3: Policy changes everything

- Incentives in Medicaid Health Plan resulted in more attention to colon cancer screening;
- Medicaid expansion created volatility, competing priorities:
 - resulted in more insured, some clinics expanded and shrunk.

Successes of Direct-Mail Fecal Test Program





Challenges to Direct-Mail Fecal Testing Program

