STOP CRC
Strategies and Opportunities to STOP Colon Cancer in Priority Populations

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# Barriers Scorecard

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Level of Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment and engagement of patients/subjects</td>
<td>X</td>
</tr>
<tr>
<td>Engagement of clinicians and Health Systems</td>
<td>X</td>
</tr>
<tr>
<td>Data collection and merging datasets</td>
<td>X</td>
</tr>
<tr>
<td>Regulatory issues (IRBs and consent)</td>
<td>X</td>
</tr>
<tr>
<td>Stability of control intervention</td>
<td>X</td>
</tr>
</tbody>
</table>

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

- Improved CRC screening
- Refined workflow
- Reached more patients
- Increased patient engagement
- Providers supportive
- Increased patient awareness
- Patients satisfied
- Improved EMR accuracy
- Fits with organizational values
- Increased staff awareness
- Increased CRC screening rate
- Saved resources
Challenges to Direct-Mail Fecal Testing Program

- Time burden on staff
- Impact on colonoscopy
- Incompatible with...
- Needed data to show...
- EMR/technology...

Anticipated vs. Experienced