

How to Improve Colon Cancer Screening Rates: Tips for Health Centers

Gloria D. Coronado, PhD Mitch Greenlick Endowed Investigator in Health Disparities Research

Presentation outline

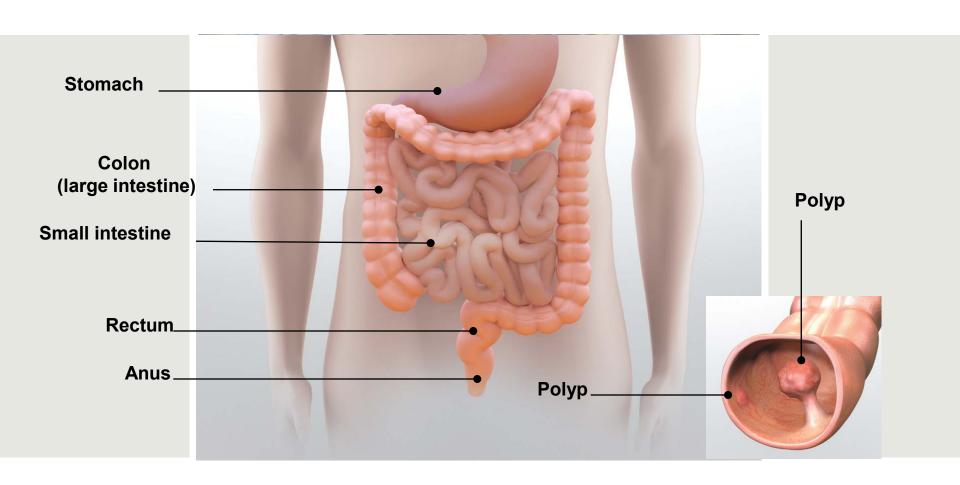
Why we care about colorectal cancer?

Why FIT testing is an important option

How to remind patient to complete a FIT

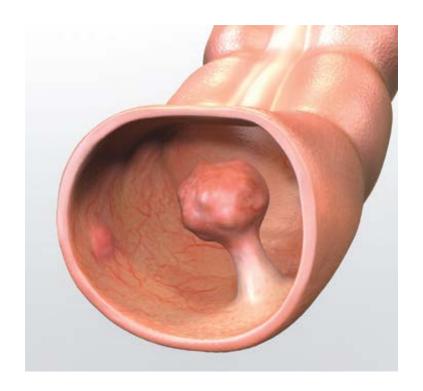
Follow-up colonoscopy is important, too

Why do we care about colorectal cancer?

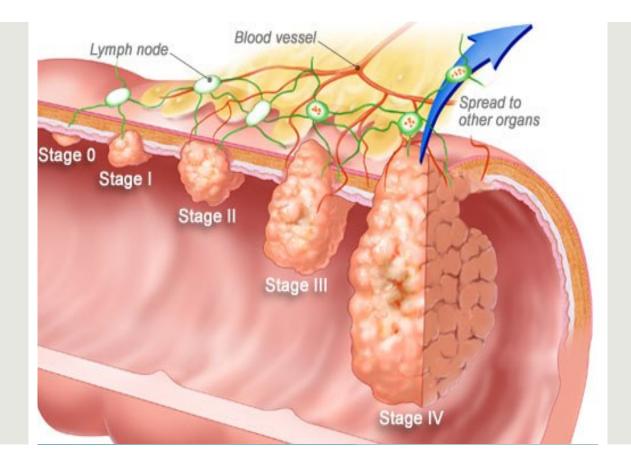


Colon cancer can be prevented

Colon cancer starts with a polyp. About 6% of polyps can become cancerous. Polyps are removed during a colonoscopy.



Colon cancer can be found early



Finding colon cancer early is important



More than

9 of 10

individuals diagnosed with early stage colorectal cancer that has not spread beyond the colon or rectum

survive 5 years

(and many live much longer)



Approximately

1 of 10

stage colorectal cancer that has spread to other organs such as the lungs or the liver

survives 5 years

Data Source: American Cancer Society. Colorectal Cancer Facts & Figures 2012.

1 in 20 people in the United States will be diagnosed with colorectal cancer in their lifetime.



How many people get colon cancer?

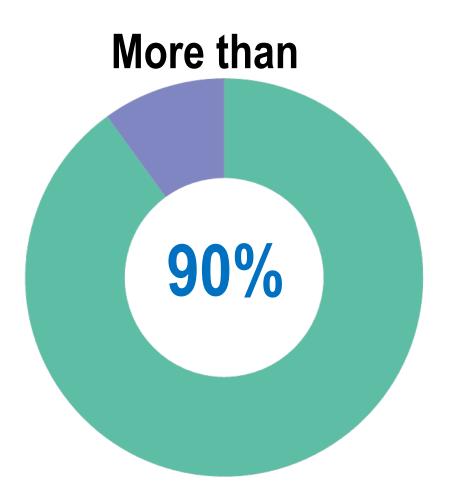
More than

140,000

people in the U.S. are diagnosed each year



Data Source: American Cancer Society. Colorectal Cancer Detailed Guide. http://www.cancer.org/acs/groups/cid/documents/webcontent/003096.pdf.



of colon cancers occur in people aged

50 and older

Data Source: American Cancer Society. Colorectal Cancer Facts & Figures 2011-2013.

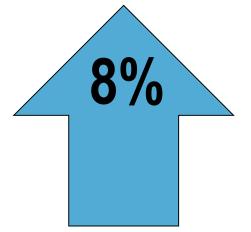
9

Colon cancer is:

67%

more common in Al/AN men than women in Oregon.





more common among American Indians and Alaska Natives in Oregon than whites

Data Source:

American Cancer Society. Colorectal Cancer Facts & Figures 2011-2013.

© 2016 Kaiser Permanente Center for Health Research

6673

Tribal members at 23 clinics in the Portland Area are not up to date with colon cancer screening recommendations

Data Source: 2017 IHS GPRA

WHY FIT IS AN IMPORTANT OPTION

© 2016 Kaiser Permanente Center for Health Research

Ways to screen for colon cancer







Fecal test

Looks for hidden blood in the stool

Endoscopy

Doctor inserts tube in rectum to view colon

New tests

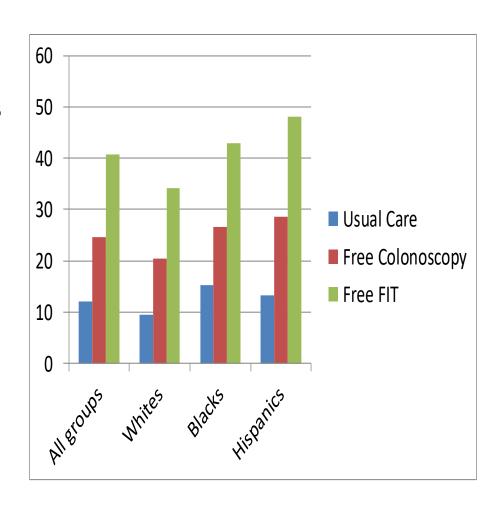
X-ray of colon; fecal plus DNA test

FIT as a viable option

- Patients prefer fecal testing over colonoscopy, in studies using data from a given year;
- Some geographic regions have limited colonoscopy capacity, fecal testing allows for 'risk stratification';
- "I will not get a colonoscopy unless I believe something is wrong";
 fecal testing can motivate patients to get colonoscopy
 - Rates of first-line colonoscopy screening: ~ 40% (without reminders)
 - Rates of follow-up diagnostic colonoscopy: 60 90%

Free FIT vs. Free colonoscopy program

- Study included uninsured patients aged 54-64 at the John Peter Smith Health Network, a safety net health system.
- Randomized patients into 3 groups:
 - Free FIT (n = 1593)
 - Free colonoscopy (n = 479)
 - Usual care (n = 3898)



South Carolina study shows benefit of FIT-based program

Outcome	Colonoscopy program	Annual FIT program	Relative difference
Individuals screened	2,747	21,153	7.7
Colonoscopies performed	2,747	1,540	0.6
CRC cases prevented	13	30	2.4
CRC deaths prevented	6	26	4.1
Life-years gained	68	258	3.8

^{*}Assumes fixed state funding of \$1 million over 2 years for uninsured, low income population aged 50 – 64

Source: van der Steen A et al. Optimal Colorectal Cancer Screening in States' Low-Income, Uninsured Populations – The Case of South Carolina. Health Services Research, June 2015.

Promising Interventions in Vulnerable Populations (N = 27)

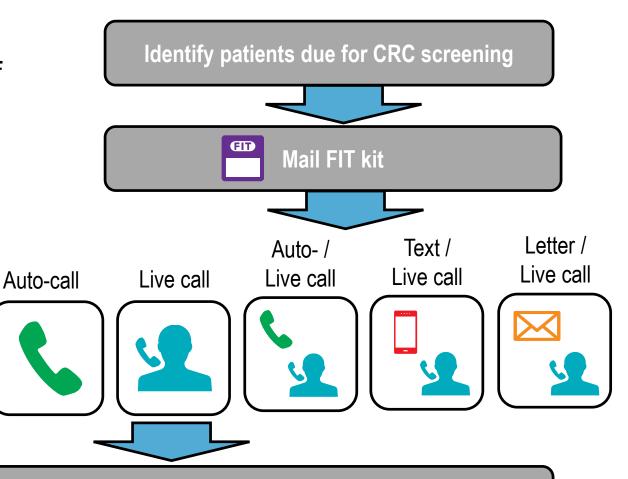
Intervention	N studies	Does it Improve FOBT/FIT Screening?	Strength of evidence
Direct Mail	9	Yes	High
Flu-FOBT/FIT	2	Yes	High
Clinic processes	2	Mixed	Moderate
Patient Navigator	2	Yes (overall screening) Mixed (FOBT only)	Moderate
Education at clinic visit or in community	12	Unclear/ Mixed	Low/ Insufficient

HOW BEST TO REMIND PATIENTS TO COMPLETE FIT

Reminders for direct-mail program

What is **right** set of reminders?

Letter



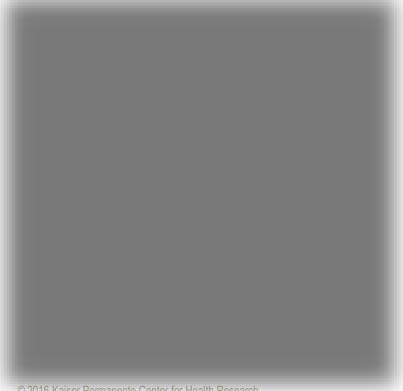
Assess CRC screening rates in each group

Source: Sea Mar Community Health Center

Text

Sea Mar's mailed FIT program

- Step 1: Introductory letter
- Step 2: Mailed FIT kit

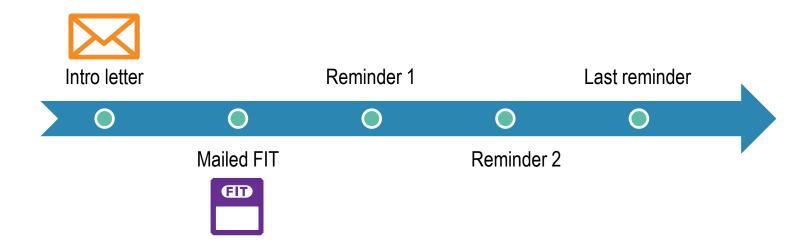




Sea Mar's mailed FIT program

Step 3: Reminders

- 1 mailed letter
- 2 automated phone calls
- 2 text messages
- Live phone call (up to 2 attempts)
- 2 email messages (among those with an email account)

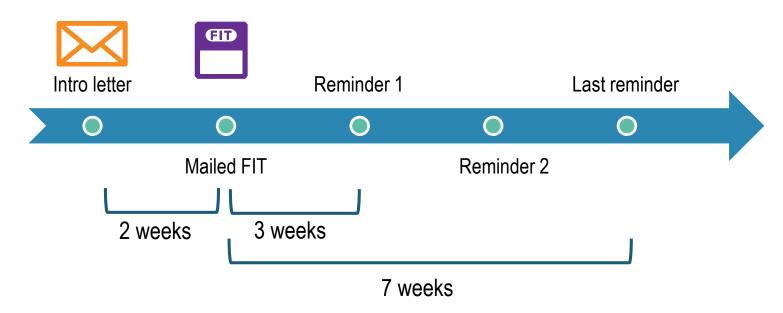


Sea Mar's mailed FIT program

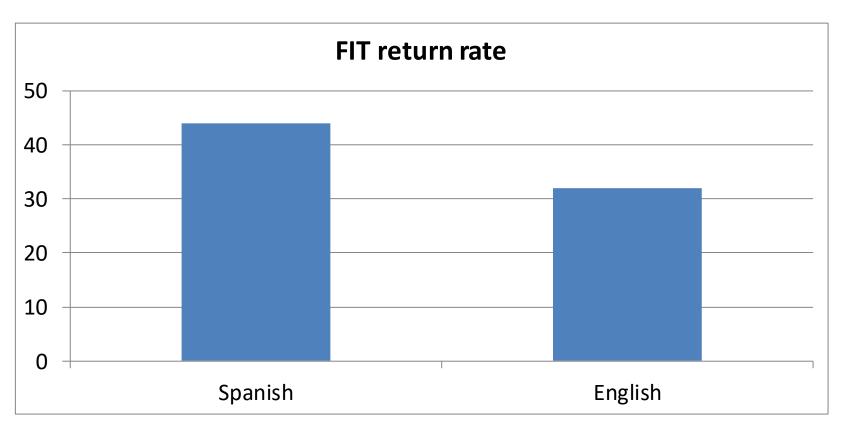
Step 3: Reminders

- 1 mailed letter
- 2 automated phone calls
- 2 text messages

- Live phone call (up to 2 attempts, delivered by patient advocate)
- 2 email messages (among those with a portal account)

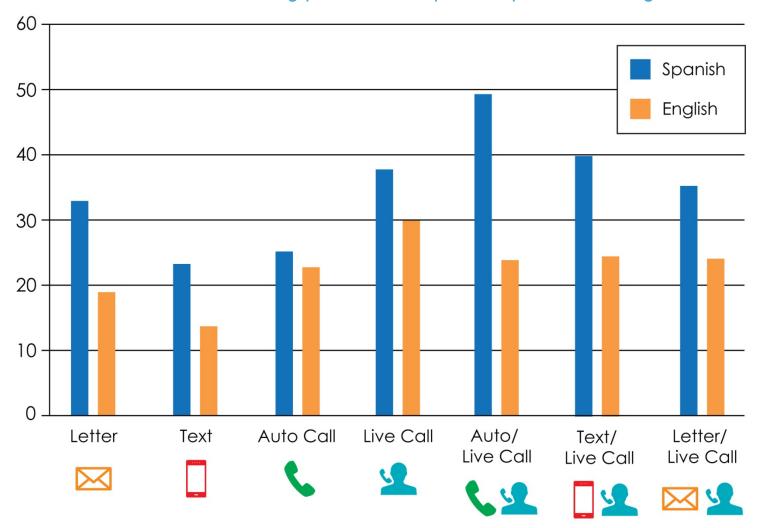


FIT return rates were higher in patients who prefer speaking Spanish



Successful mailed FIT program reminders

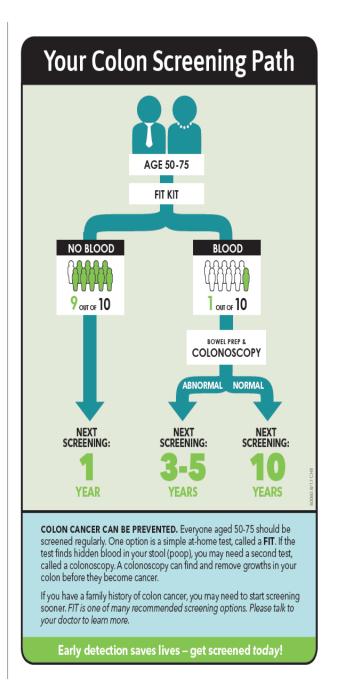
FIT return rates among patients who prefer Spanish vs. English



FOLLOW-UP COLONOSCOPY RATES ARE UNACCEPTABLY LOW

The problem

- An estimated 8.7 million individuals complete a fecal test each year.
- Yet, not all individuals who test positive get a follow-up colonoscopy.
- For these patients, the benefit of fecal testing is nullified!

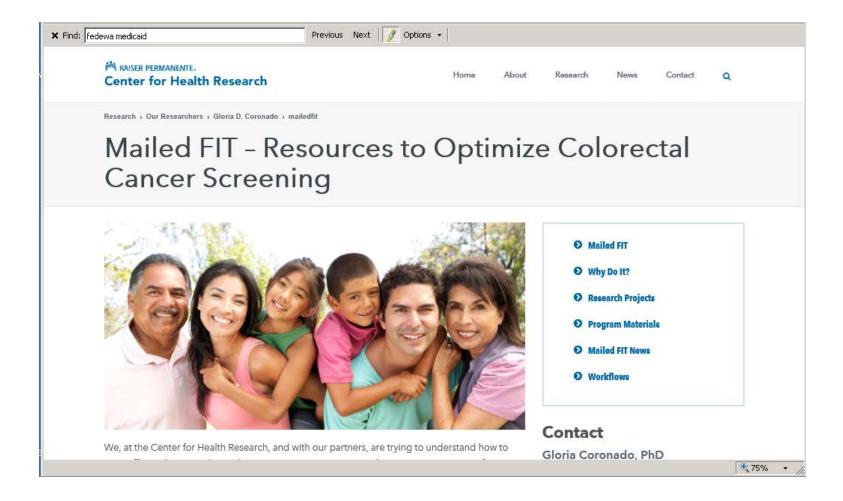


In safety net practices, only **52%** - **54%*** of individuals who screen positive on FIT obtain a follow-up colonoscopy.

"Don't Miss Life's Greatest Moments"



MailedFIT.org



Acknowledgements

It takes a village...

- CHR research team:
 - Bill Vollmer, PhD
 - Amanda Petrik MS
 - Jennifer Rivelli, MA
 - Jennifer Schneider, MA
 - Jamie Thompson, MPH
 - Erin Keast, MS
 - Sally Retecki, MBA
 - Rich Meenan, PhD
- Virgnia Garcia:
 - Tanya Kapka, MD
 - Josue Aguirre
 - Tran Miers, RN
 - Ann Turner, MD

OCHIN:

- Tim Burdick, MD
- Jon Puro, MS
- Thuy Le, MS
- Joy Woodall, MA
- Group Health:
 - Beverly Green, MD, MPH
- NIH:
 - Stephen Taplin, MD, MPH
 - Jerry Suls, PhD
 - Nila Geta, PhD
 - Erica Breslau, PhD
- STOP CRC Advisory Board

Video Production:

- Mary Sawyers
- Jonathan Fine
- Editing:
 - Katie Essick

Funding source: NIH
 Common Fund
 [UH2AT007782 and
 4UH3CA188640-02] and
 Kaiser Permanente
 Community Benefit