CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP170078

Project Title:
Alliance for Colorectal Cancer Testing 2.0 (ACT 2.0)

Award Mechanism:
Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition

Principal Investigator:
Foxhall, Lewis

Entity:
The University of Texas M.D. Anderson Cancer Center

Lay Summary:

Need: In Texas in 2017 there will be an estimated 9,690 new cases of colorectal cancer (CRC) and approximately 3,700 deaths making CRC 4th in new cancer cases and 2nd in numbers of deaths by cancer site (American Cancer Society, 2017). Texas ranks 43rd in fecal occult blood testing for those 50 and older, highlighting the population at risk, with significant variation by race/ethnicity, geographic region, insurance status, and access to prevention and treatment services (Centers for Disease & Prevention, 2014). Interventions to increase colorectal cancer screening (CRCS) are needed to change the status quo and reach the 80% by 2018 screening goal of the American Cancer Society (ACS), Centers for Disease Control and Prevention and the National Colorectal Cancer Roundtable (National Colorectal Cancer Roundtable, 2016). Prevention and early detection have lessened Texas CRC incidence and mortality rates, but not all populations have benefited equally. Screening rates remain below recommended levels, especially for low-income, uninsured, those in rural/frontier areas and African Americans.

Overall Project Strategy: The Alliance for Colorectal Cancer Testing 2.0 (ACT 2.0) is a regional coalition of clinical service providers utilizing an evidence-based approach to increase CRCS through fecal immunochemical test (FIT)-based screening followed by colonoscopy. The evidence-based program is an adaptation of the successful “Flu FIT” available on Cancer Control Planet Research Tested Intervention Programs and consistent with US Preventive Services Task Force (USPSTF) recommendations that extends the process throughout the year to avoid missed screening opportunities. This has been successfully implemented by MD Anderson in collaboration with the ACS through a current CPRIT-funded grant and the Texas Medicaid 1115 Transformation Waiver.

The ACT 2.0 regional coalition includes clinics funded by our CPRIT grant PP150054 in East and Southeast Texas (PHR 4/5 N and PHR 6/5 S), as well as clinics with limited or no CRCS programs in Central, West and South Texas in PHR 7, PHR 8, and PHR 11. The total geographic service area of the ACT 2.0 regional coalition covers 42-counties in Central, East, Southeast and West Texas with 90 individual clinic sites.

In year 1 the ACT 2.0 program will screen 12% of eligible patients across participating clinics according to USPSTF CRCS recommendations for average risk patients. In year 2,

15% will be screened and 18% in year 3. Eligible patients will be calculated using UDS data reported annually by participating clinics. The screening protocol is based on FIT followed by colonoscopy for positives. Patients at increased risk will be referred to colonoscopy per ACS guidelines. US Multi-Society Task Force (USMSTF) guidelines will be used for follow up of patients with polyps.

Specific Goals/Aims: Reduce colorectal incidence and mortality disparities by increasing adherence to CRCS for priority populations served by primary care clinics.
Aims: 1. Address CRCS incidence and mortality disparities in the priority population through a regional coalition of Federally Qualified Health Centers (FQHCs), community clinics, specialty providers and other partners, including MD Anderson Cancer Center, UT School of Public Health and the ACS.
2. Implement system- level changes establishing uniform CRCS clinic policies, increasing EHR reminders and measuring practice performance in coalition clinics.
3. Initiate system changes to provide timely navigation to colonoscopy and treatment if needed.
4. Identify stakeholders, including academic institutions, FQHCs, community clinics, state and regional public health officials, and others involved in CRC prevention initiatives and invite to participate in coalition.

Innovations:
1. Transportation to colonoscopy as needed for patients for whom distance to care represents a barrier to completing screening.
2. Genetic testing and counseling for at risk patients referred by endoscopy specialists.
3. Partnering with clinics in the central and southern portions of the state that with historically `limited or no options for CRC screening available to priority population patients.

Significance and Impact:Through system, patient and clinical practice changes this project will enable primary care practices to recommend, promote and facilitate CRCS at annual flu vaccination and at other opportunities of patient/clinician interaction throughout the year. Our CRCS program covers the cost of the FIT test, follow-up colonoscopy and polypectomy for low-income, uninsured patients. This comprehensive approach is supported by coordination of endoscopists and navigation for patients. Patients identified by our endoscopists as being at increased risk based on family history or findings at colonoscopy will be offered genetic testing and counseling. Patients needing transportation to complete screening will be offered assistance through Medicaid vendors.