Award ID: PP170082

Project Title:

Improving Colorectal Cancer Screening in Vulnerable Populations in Travis County

Award Mechanism:

Evidence-Based Cancer Prevention Services - Colorectal Cancer Prevention Coalition

Principal Investigator: Pignone, Michael

Entity:

The University of Texas at Austin

Lay Summary:

Colorectal cancer (CRC) screening in average risk adults ages 50-75 can reduce the incidence and mortality from CRC, but implementation and uptake of screening has been sub-optimal, particularly for vulnerable patients, including the uninsured and those with low English language proficiency. Many such patients receive primary care in Federally Qualified Health Centers (FQHCs), and FQHCs have adopted improvement of CRC screening as one of their key quality goals. However, rates of CRC screening in FQHCs remain low, with only about 38% of age-eligible adults up to date with screening nationally. Unfortunately, the situation in Travis County is similar: recent data from our largest network of FQHCs, CommUnityCare (CUC), show that only 35% of patients are up to date with screening. Low screening rates, coupled with limited access to colonoscopy for vulnerable patients, and lack of systems to ensure appropriate follow-up are important targets for improving CRC outcomes and reducing disparities. Promising work in vulnerable populations has shown that mailing of fecal immunochemical tests (FIT) can increase screening rates over reliance only on traditional, practice-based approaches. Similarly, navigation offers an opportunity to help patients overcome barriers to completion of screening tests and follow-up colonoscopies, particularly for vulnerable patients with high social needs and limited social support. Implementation of mailed FIT plus patient navigation can increase screening and reduce disparities; further, such programs are likely to be quite cost-effective. Our team has extensive experience in developing and testing interventions to improve CRC screening in vulnerable populations, including mailed FIT. We propose to develop, in partnership with CUC and other health and social organizations in Travis County, a multi-faceted intervention that includes provider education, mailed FIT, access to patient navigation for improving timely followup of positive FIT, and development of a screening and surveillance registry, for ageeligible adult patients in CUC practices. Based on our initial estimates, we plan to reach out to approximately 13,000 patients who are not up to date with screening, with the goal of increasing the screening rate from 32% to 60% over 3 years, and to ensure that more than 75% of patients with positive FIT complete colonoscopy within 3 months. We plan to use lessons learned in the CUC population to develop a plan to extend this program to other FQHC systems in the Austin area.