

# Diverse CRC Screening Approaches During COVID: Findings from a Federally-Qualified Health Center

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## Background

The onset of COVID-19 has caused significant disruptions in the service delivery of routine preventive care, including cancer screenings.<sup>1</sup>

Colorectal cancer (CRC) screening by use of a Fecal Immunochemical Test (FIT) presents the opportunity to complete screening via traditional mail, thus the barrier of transportation or needing to take time off work traditionally faced by low-income, Latinx populations.<sup>2</sup>

At AltaMed Health Services, an FQHC with 30 locations across Southern California, the decline in CRC screening rates coincides with the decline in in-person visits and warrants an increased need to maximize the number of FIT Kits returned for all visit types. The increased use of telehealth also presents additional challenges and opportunities for patient colorectal cancer screening outreach and education via FIT mail and follow-up.

## Goals and Strategies

**Goal:** To increase colorectal cancer screening among AltaMed's patient population, which is primarily made up of underserved, Spanish-Speaking patients.

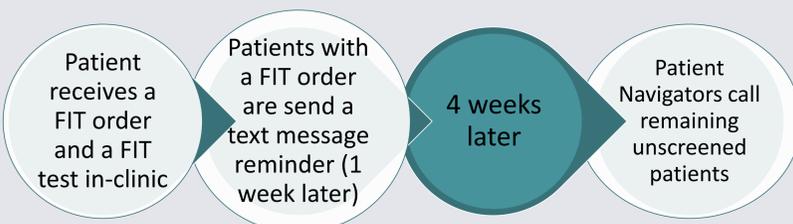
**Strategy:** Maximize the number of FIT tests returned by use of a patient navigation intervention, coupled with text video reminders, and evaluating the effect on increased FIT return rate for either of the following visit types:

- In-Person**- visits in which patients receive a FIT test during an in-person visit with an AltaMed provider.
- Telehealth** - visits in which patients receive a FIT order and a mailed FIT test following a telephone or video visit with an AltaMed provider.

## Methods

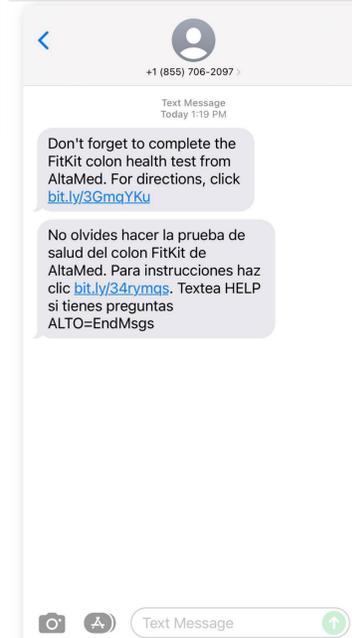
A list of patients who were given a FIT order, either in-person or through a telehealth appointment, was extracted from the EHR on a weekly basis. For telehealth appointments, patient navigators mailed a FIT test immediately following the visit. One-week post order, for both visit types, patients were sent a text reminder to complete the test. Compliant patients were subsequently removed from the outreach list before a team of patient navigators conducted reminder calls approximately 4 weeks later. Patients 50-74 were analyzed for compliance using a combination of EHR, lab, and claims data at 3 months post-visit.

### Workflow for FIT Tests Distributed In-Clinic:

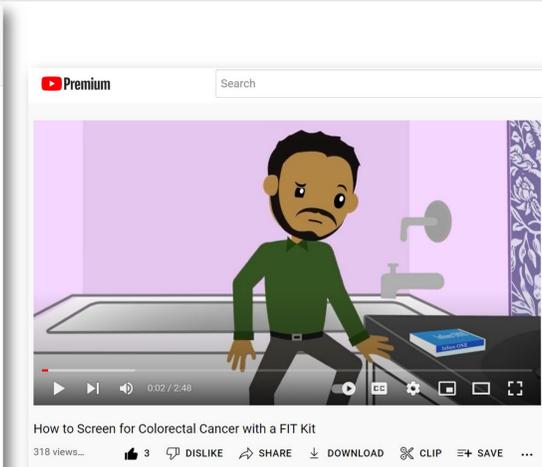


## Methods

### Workflow for FIT Tests Distributed after Televisit:

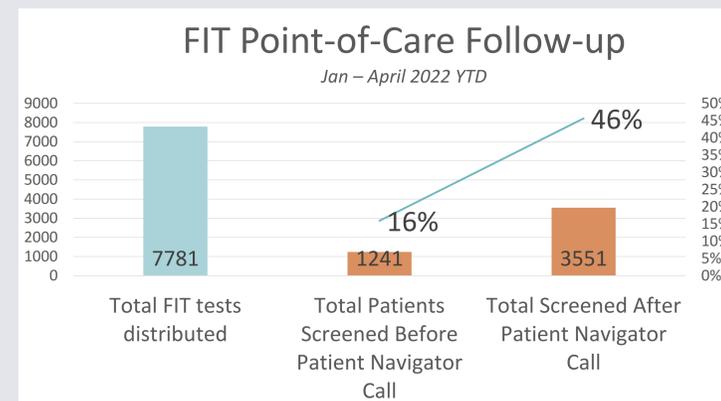


Sample patient text message



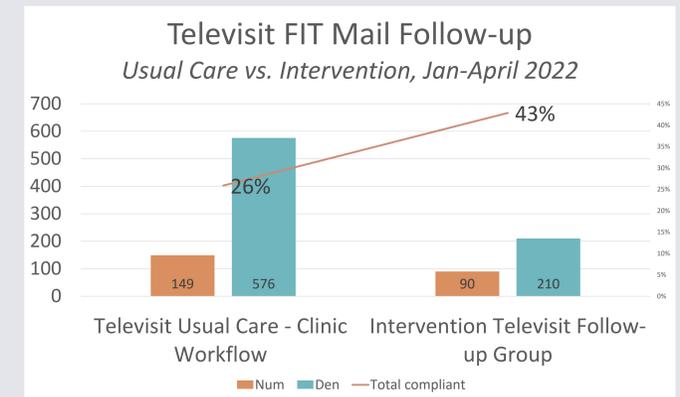
Instructional video hosted on AltaMed's YouTube

## Results



Baseline FIT return for in-person visits has been historically low, which meant that patients often received multiple FIT tests prior to completion. Baseline 3-month completion for FIT return was 31%. Five months into the current measurement year, the FIT completion reached 16% following the text reminder and concluded at 46% following the call from the patient navigator (3-months post-intervention).

## Results



Results for telehealth patients included in the intervention show a 3-month completion rate of 43%. Three-month completion for a non-intervention group during the same time period is 26%.

## Conclusions

Multi-touch and varied outreach for FIT return are successful in increasing the FIT return rate. Though telehealth presents a challenge in preventive screening, FIT mail and follow-up via patient navigator presents the opportunity to assist patients with barriers such as transportation and/or limited time to visit a clinic in-person.

## Discussion

- Though AltaMed is able to monitor general traffic to the FIT Instructional video on Youtube, there is potential to evaluate if patients who click on the video are more likely to complete the FIT.
- Additionally, AltaMed's historical FIT completion error rate has hovered around 8%. Further analysis is needed to determine the impact of the video on patients completing the FIT correctly.
- Though this intervention targets FIT completion, it is not the gold standard for CRC screening. Application of these strategies to patients who elect a screening colonoscopy should be explored.
- The outreach conducted in both interventions is supported by grant funding and is effective because it is centralized, as opposed to relying on each clinic, however supporting a centralized team for follow-up may not be fiscally supported by many clinics.

## References

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- Lasser, K.E., Ayanian, J.Z., Fletcher, R.H. et al. Barriers to colorectal cancer screening in community health centers: A qualitative study. *BMC Fam Pract* 9, 15 (2008). <https://doi.org/10.1186/1471-2296-9-15>