Colon Cancer
Screening Outreach: Design

**Preventing Colorectal Cancer Deaths through Outreach Delivery of Screening** (PROUD)

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Colorectal Cancer (CRC)

- 2nd leading cause of cancer deaths
- Several Screening Options
- Barriers to Screening
- Organized Population-based Screening

![Image showing colorectal cancer screening statistics and insurance status.](image)
Differences in Utilization of Screening

- ACA: 15 Covered Preventive Services for Adults

![Utilization of Preventive Services Diagram](image-url)
Screening Disparities

Figure 3. Colorectal Cancer Incidence and Mortality Rates* by Race/Ethnicity and Sex, 2006-2010

*Rates are per 100,000, and age adjusted to the 2000 US standard population. †Statistics based on data from Contract Health Service Delivery Area (CHSDA) counties.

Source: Incidence - Copeland et al.19 Mortality - Howlader et al.17

American Cancer Society, Surveillance Research, 2014
Fecal immunochemical test (FIT)

- Increasing Access: Sampling is done at home
- No prep or pre-dietary limitations
- Colonoscopy necessary if abnormalities are detected
- Yearly Screening Required
- Stool tests are only used by 10% of the nation.
Pilot Project Goals

- **Aim 1:** To establish feasibility of a population-based mailed FIT program at UPHS by validating accuracy of Health Maintenance queries and develop the infrastructure for mailed FIT outreach.

- **Aim 2:** To compare the effectiveness of mailed FIT among eligible patients compared to simple reminders for colonoscopy.

- **Aim 3:** To compare the effectiveness of mailed FIT with loss-framed incentives as compared to mailed FIT alone.
In each calendar year, persons eligible for screening are identified using EMR (50-75 years)

**Average Risk**
Determine prior screening history and eligibility

- YES
- NO

Validation studies
- Automated EMR searches and registries

Program Flow and Conceptual Model
Dear [LASTNAME]:

It is time for your yearly colorectal cancer screening. For your convenience, we will mail you a FIT kit. It has everything you need to complete your part of the screening in the privacy of your own home. FIT stands for Fecal Immunochemical Test - a simple, effective way to screen for colorectal cancer.

Colorectal cancer is very curable when found early. By taking this test every year, you take an important step toward keeping yourself cancer free. Depending on your FIT results, I may need you to come in for further testing.

**Completing the FIT takes less than 5 minutes. The FIT kit will be in your mailbox within 2 weeks.**

You will need only one stool (“poop”) sample, and do not need to do anything to prepare. Instructions are in the kit.

Colorectal cancer can run in families. If this is the case for you, let’s talk about the best way for you to be tested and how often.

You can send me a secure email message through MyPennMedicine.

If you get your colorectal cancer tests outside of Penn Medicine, or if there is another reason that you no longer need screening, please call 1-855-894-0394 and we’ll update your records.

Sincerely,

[Doctor’s Name][Title]

[Facility address]
[city], [state] [ZIP code]

[Patient first name][last name]
[street address]
[city], [state] [ZIP code]

You will get your screening kit in an envelope within 1 to 2 weeks.

You will need a colonoscopy if stool test results are abnormal.

If you have a family member with colon cancer, have conditions that increase your colon cancer risk, or have seen blood in your stool, ask your doctor for advice on how best to get tested for colon cancer.

For more information please visit:

http://www.cdc.gov/cancer/colorectal/basic_info/index.htm
http://www.cdc.gov/CDCTV/Colon_Screen60/
http://www.cdc.gov/CDCTV/NoExcuses60/

Screen for Life: Meryl Streep

Hotlines:

CDC Colorectal Cancer Control Program: (717) 547-3240
Penn Medicine's Abramson Cancer Center: xxxx
Quick and Easy Colon Cancer Screening at Home

Protect yourself from colon cancer. This is your FIT kit—a quick and easy way to test for colorectal cancer at home. (FIT stands for Fecal Immunochemical Test)

When should you do this test?
You can do this test the next time you have a bowel movement (“poop”). But if there’s any blood when you have a bowel movement, please wait until the bleeding has stopped to do this test.

What’s in this kit?

- Large Collection tissue paper (folded)
- Sample bottle and stick
- Small shipping pad
- Plastic Biohazard bag
- Instructions sheet
- Return envelope

For a video demonstration of how to use this kit, please go to kpdoc.org/FITvideo. If you have further questions, call the XXX Hotline: 1-888-888-8888.

Step 1. Collect a sample

1. Unfold the collection paper
2. Lay the collection paper flat inside your toilet on top of the water. Have a bowel movement on top of the paper.
3. Twist and lift the cap on the sample bottle. Keep the liquid in the bottle. We need it for the test.
4. Poke the stool (“poop”) with the sample stick a few times to cover the grooved tip of the stick.
5. Push the stick back into the sample bottle until the cap clicks. (Collection paper will flush easily.)

Step 2. Label Your Sample

1. In the box on the label, fill in collection date on both lines where * appears. Collection date is the date you collected your sample.

Step 3. Prepare your package for mailing

1. Wrap your sample bottle in the small shipping pad.
2. Put the sample bottle and the pad inside the plastic bag. Seal the bag.
3. Tear off this sheet and put in return envelope.
4. Check that you’ve included:
   - Sample bottle
   - Shipping Pad
   - Biohazard bag
   - This sheet
5. Mail the envelope within 48 hours.

Please mail your stool sample back within 48 hours of collection

Do not write below this line

<table>
<thead>
<tr>
<th>Patient MRN</th>
<th>Provider ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>For UPHS use only</td>
<td>Provider Info:</td>
</tr>
<tr>
<td>Name xxx</td>
<td>Ordering provider lab ID# xxx</td>
</tr>
<tr>
<td>MRN xxx</td>
<td>Provider Name xxx</td>
</tr>
<tr>
<td>Diagnosis Code: V7651</td>
<td>X RILIS mnemonic: FIT [fecal Hemoglobin] Outreach</td>
</tr>
</tbody>
</table>

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Validation study of screening history

- Data Pull for patient sample- Penn Family Care
- Microsoft Access Database- Abstraction Form
  - Revising/testing the form
- EMR- Epic
Patient questionnaire on screening

- Designing a Questionnaire
- Knowing your Population: Reading Level
- Same structure as MCBS and BRFSS surveys
- Testing the questions

4. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

4a. Have you ever had either of these exams?

1. Yes
2. No [Go to Q6]
7. Don’t know / Not sure [Go to Q6]
9. Refused [Go to Q6]

7. Before today, did you know that the Obamacare or Affordable Care Act allows you to get free cancer screening through your insurance?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
Kaiser Permanente Site Visit

- Population Health in an HMO
  - Record high screening rates
- Barcode Labeling
  - Quality improvement by learning from others
  - VA Lab visit
Lessons Learned

- Policy relevance
- Defining Cancer Screening
  - Trans-system definition: Breast, colon, cervical cancer screening
- Honing my interests in Community Health
- Significance of Collaboration and Partnerships
- Wide range of skills:
  - Communication - clarity
  - Design/Multimedia
  - Writing
Team Player

Independent Worker

Understand strengths and weaknesses

Creative: can find new knowledge and integrate info

Dedicated to this project's goals
Acknowledgements

- Dr. Doubeni
- Linda
- Alexis
- Joanne
- Safa
- Hoag & Meghan
- All SUMR supporters