

## Improving Colorectal Cancer Screening in Veterans: A Quality Improvement and Implementation Evaluation of the VA Palo Alto Asynchronous Prevention Clinic

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### ABSTRACT

**Background:** Colorectal cancer (CRC) is a leading cause of cancer deaths among Bay Area military veterans. CRC screening by Fecal Immunochemical Test (FIT) enables early detection and treatment of CRC. At-home FITs are cost-effective, non-invasive, and convenient. Return rates of mailed FITs are historically poor, but some studies have shown they can be improved by telephone-based “prime-and-remind” strategies.

**Methods:** We sought to determine the effectiveness of “prime-and-remind” on FIT returns at the VA Palo Alto Asynchronous Prevention Clinic (APC). Using population health dashboards, APC identified veterans overdue for preventive care like cancer screening, vaccination, and hypertension management. Student volunteers called patients and gave scripted education and instructions for various preventive care interventions, including FITs. Between October 2022 and March 2023, APC contacted 751 veterans with uncontrolled hypertension and 1421 overdue for Zoster vaccination. Of these 2172, 524 were also overdue for colorectal cancer screening and were “upsold” on FITs. Using an A3 methodology, we aimed to increase overall rates of CRC screening at VA Palo Alto, decrease disparities, and study the effectiveness of the APC’s “prime-and-remind” and “upsell” mechanisms.

**Results:** Before intervention, CRC screening rates at VA Palo Alto were 70.0% overall and 73.6% among African American (AA) veterans. By end of intervention, 118 of 524 overdues had completed screening for a conversion rate of 22.5%. Overall and AA screening rates improved to 70.7% and 75.1% respectively.

**Conclusion:** The APC’s “prime-and-remind” and “upsell” mechanisms significantly improved CRC screening rates at the VA Palo Alto. We hope to scale the APC model across the VA to improve preventive health outcomes of veterans nationally.

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