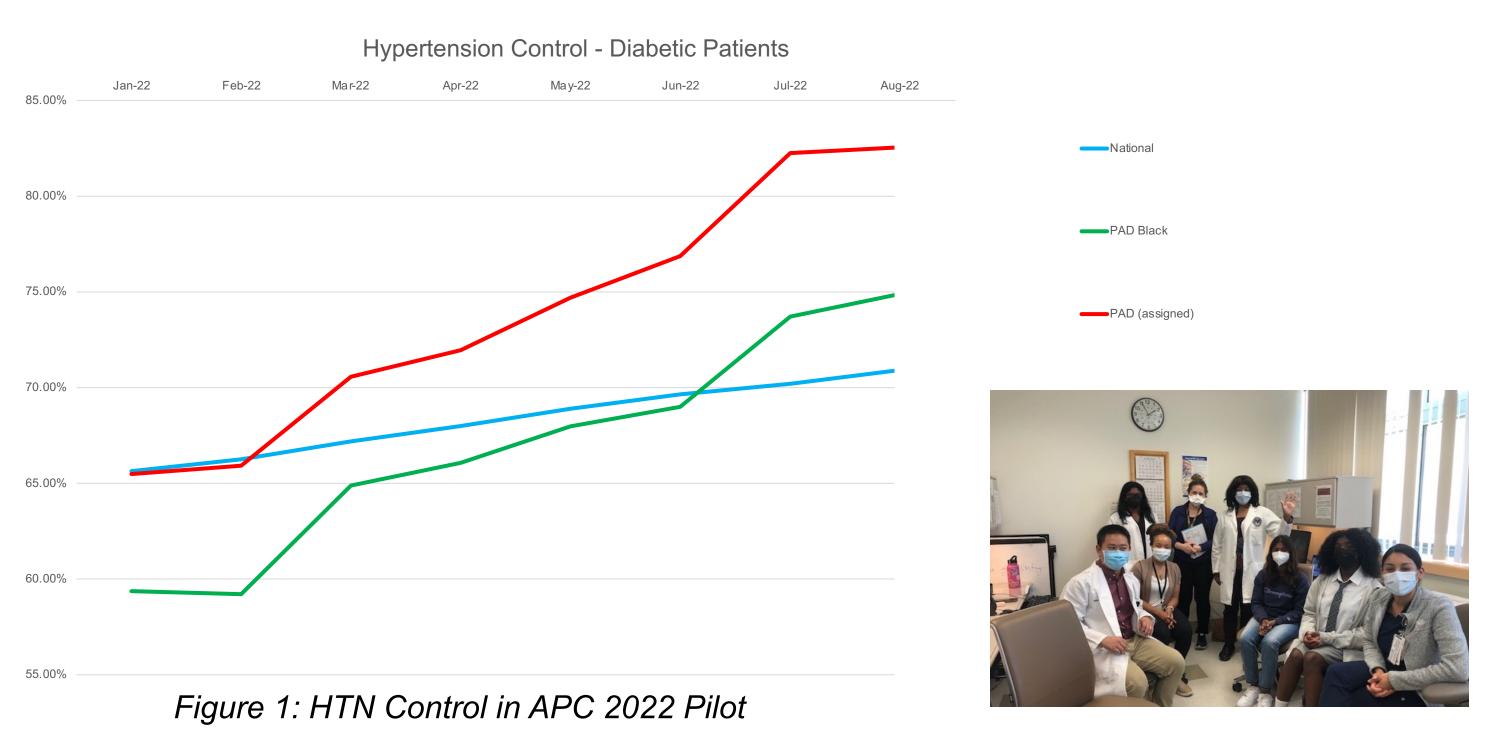


Background

- Colorectal cancer (CRC) is a leading cause of cancer deaths and disproportionately affects African American patients and those with limited access to screening.
- CRC screening by at-home Fecal Immunochemical Test (FIT) enables early detection and treatment of CRC using a cost-effective, non-invasive, and convenient method.
- Return rates of mailed FITs are historically <50%¹ but studies at Veterans Affairs (VA) healthcare centers have shown improvement with telephone-based "primeand-remind" strategies.

Community Partner

- The VA Palo Alto (VAPAHCS) provides healthcare to over 55,000 military veteran patients in the Bay Area.
- The VAPAHCS Asynchronous Prevention Clinic (APC) was established in 2022 to improve preventive health access, quality, equity, and education as follows:
 - Population health dashboards identify veterans overdue for preventive care (vaccines, hypertension [HTN] management, and screening).
 - Pre-med volunteers are trained by medical trainees, staff, and faculty to perform telephone-based preventive health outreach.
 - A primary intervention is chosen each month to create a patient list, but patients on this list may be overdue for other interventions. In such cases they are "upsold" on other preventive health measures.
- Since 2022, APC has narrowed race-based disparities in HTN control among VAPAHCS veterans.²



Improving Colorectal Cancer Screening in Veterans: A Quality Improvement and Implementation Evaluation at VA Palo Alto Wills Baird, BS, MPA¹; Rhonda Hamilton; MD²; Katherine Henkels, MSN, MSW²; Emmanuelle Yecies, MD²; Joshua Change, MD²; Matthew Stevenson, MD²

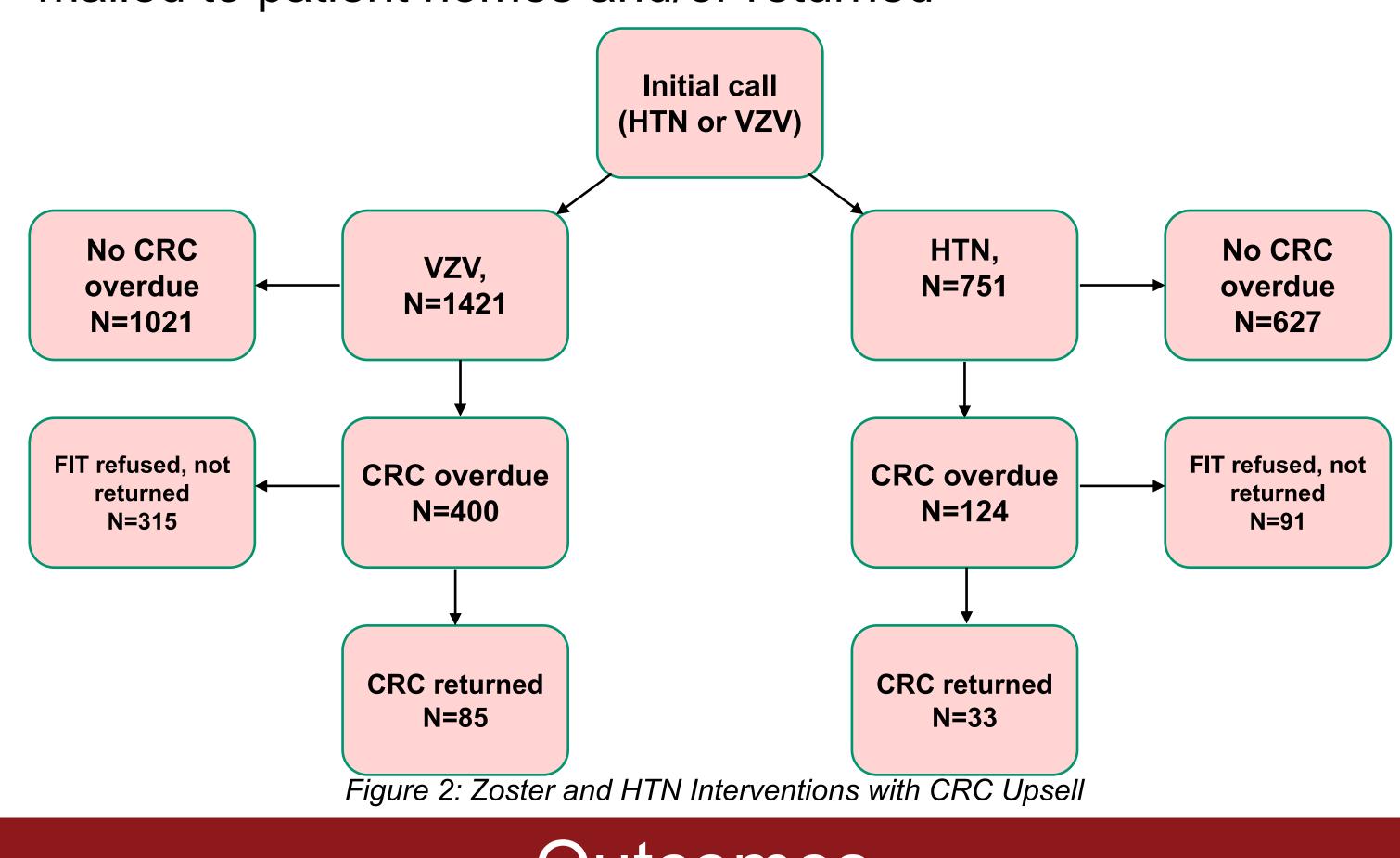
1 - Stanford University School of Medicine: 2 - VA Palo Alto

Objectives

- 1) Increase CRC screening rates at VA Palo Alto
- 2) Decrease disparities
- 3) Evaluate the effectiveness of the APC's "prime-and-remind" and "upsell mechanisms"

Project Description

- Between October 2022 and March 2023, APC launched two outreach interventions.
 - Oct-Jan: 1421 veterans overdue for Zoster vaccination.
 - Jan-Mar: 751 veterans with uncontrolled hypertension.
- Of these 2172, 524 also overdue for CRC screening and were "upsold" on FITs.
 - 41/524 had FITs previously ordered but not returned (FNR)
- Volunteers used algorithmic call scripts to provide education on FITs and a "primer-and-reminder" stimulus for getting FITs mailed to patient homes and/or returned



Outcomes

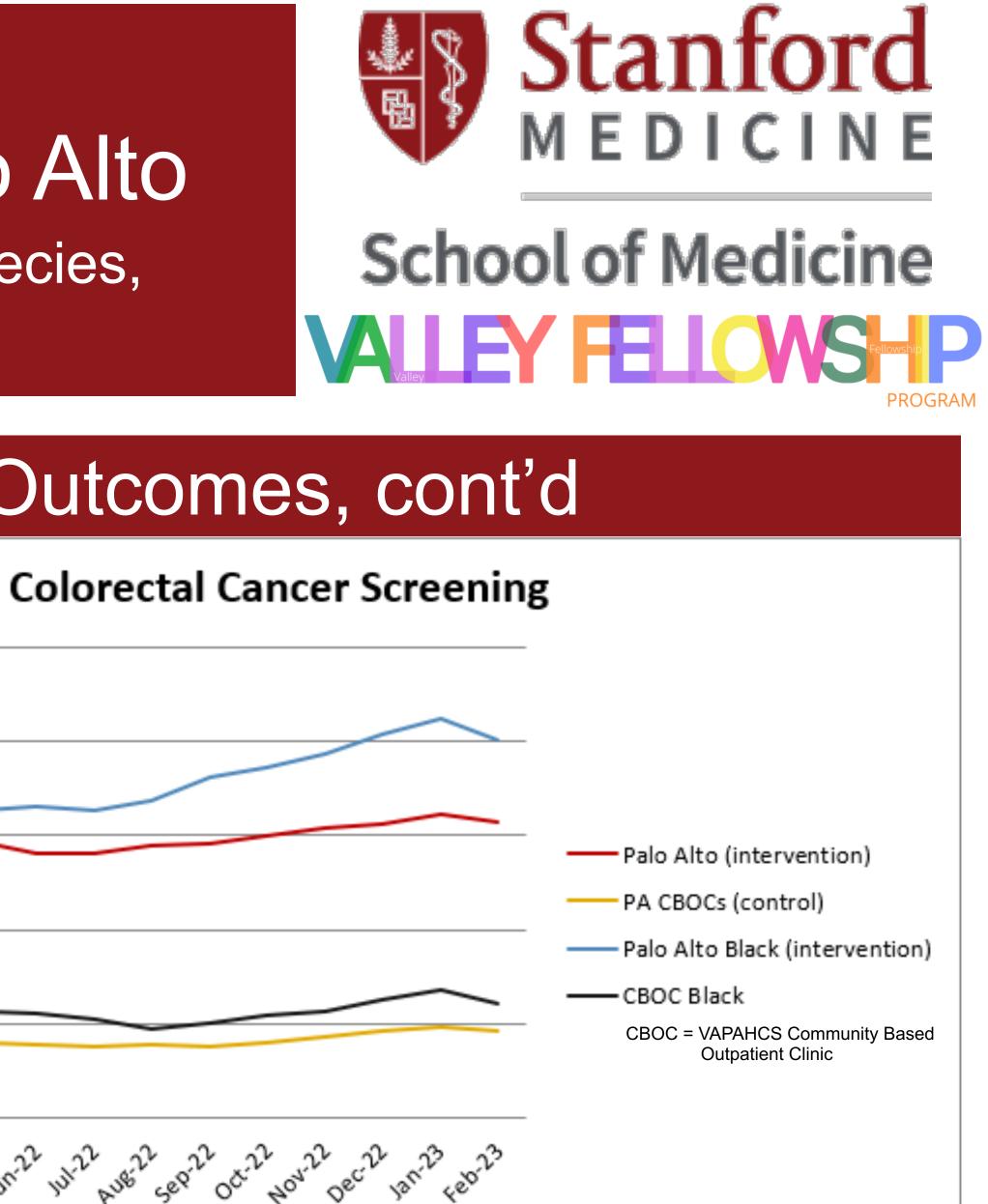
- Before intervention: CRC screening rates were 70.0% overall and 73.6% among African American (AA) patients.
- After intervention:
 - and returned FITs (22.5% conversion rate). 0/41 tests were returned by APC patients w/prior FIT orders (FNR)
 - 118/524 patients overdue for CRC screening had completed CRC screening rates improved to 70.7% overall and 75.1% among AA patients.
 - Both overall and AA CRC screening rates were >10 percentage points higher than the control.

	C
80.00%	
75.00%	
70.00%	
65.00%	
60.00%	
55.00%	Lebil Naril April Navil Ind
	Figure 3: CRC Scre

Acknowledgements & References

We want to acknowledge the thousands of veterans for whom this project was designed; the student volunteers, nurses, residents, and attendings whose hard work made this project possible; the Stanford Office of Community Engagement and the Valley Fellowship for the funding and guidance throughout this project.

1. Interna VAPAHCS lab, courtesy of Emmanuelle Yecies, MD, 2021 2. Presented by Dr. Rhonda Hamilton, MD in "From Desperation to Innovation to Celebration: Decreasing Racial Disparities in Hypertension Using Student Volunteers" – Stanford Lean Medicine Conference, 2022



eening Results, Intervention (VA APC) vs Control (CBOC)

Lessons Learned

Volunteer-led telephone primers and education increased FIT uptake among a difficult-to-reach VA population, modestly improving facility-wide CRC screening rates. Checklist-based onboarding/monthly training modules effectively aligned the team, and the attending-residentvolunteer axis provided valuable mentorship, including for volunteers from under-represented backgrounds Onboarding premed student volunteers was a rate limiting step, particularly the badging process.

Next Steps

Conduct dedicated CRC/FIT outreach, and compare results with the previous "upsell" efforts (summer 2023) Perform root cause analysis on "FNRs" to identify barriers for patients with FITs ordered but not returned Expand APC to other CBOCs in VAPAHCS (late 2023) Centralize and automate FIT distribution to all eligible patients in VA's VISN-21 (n=250,000) (April 2023)