


Purpose

In 2015, CDC funded the **Colorectal Cancer Control Program (CRCCP)** to increase colorectal cancer (CRC) screening uptake. The University of Chicago Center for Asian Health Equity worked with a designated **Federally Qualified Health Center (FQHC)**, Heartland Health Centers, to implement **evidence-based interventions (EBIs)**: a provider reminder system—the key EBI at Heartland—patient reminders, and provider assessment and feedback.

Study Questions

1. Was there an **increase** in CRC screening uptake?
2. How many **additional screenings were completed** because of the interventions?
3. What was **the cost of the interventions?**
4. What was **the cost of an additional screening?**

Intervention



The interventions were implemented in **eight clinics over 18 months**.

Results



From the pre-implementation phase to the implementation phase, there was a **21.2 percentage point increase** in CRC screenings completed.



There were **3,235 age-eligible patients** in the pre-implementation period and **5,190 age-eligible patients** in the implementation period.



The **total cost** of implementing EBIs during the study period was **\$40,908.97**.



Since **283 additional screenings** were conducted due to the interventions, the implementation cost of the interventions was **\$144.65 per additional screening**.

Key Takeaways

- Three key features to support the implementation of EBIs were identified: **a highly capable electronic medical record system, care coordinators to help facilitate reminders, and a provider champion.**
- CRC screening uptake **increased for all patient populations at the FQHC**, especially for patients with historically low uptake. For example, Hispanic patients had a **24.2 percentage point increase**, and Asian patients had a **28.2 percentage increase**.