

**STUDY QUESTIONS**

In 2015, CDC funded the Colorectal Cancer Control Program (CRCCP) to increase colorectal cancer (CRC) screening. The Colorado Department of Public Health and Environment (CDPHE) administered a Clinic Quality Improvement (CQI) initiative in two federally qualified health centers (FQHCs) serving low-income populations.

1. Is there improvement in **CRC screening uptake**?
2. How many new **patients are up-to-date** with CRC screening?
3. Can the intervention be implemented **cost-effectively** in FQHCs?



**INTERVENTION & RESULTS**

The CQI initiative assesses clinical capacity for CRC screening, modifies processes, and carries out evidence-based interventions (EBIs). For the two FQHCs in this study, CDPHE assessed changes in CRC screening rates and the cost-effectiveness of carrying out EBIs over a 2 year period in FQHC System 1 and over a 3 year period in FQHC System 2.

**FQHC System 1**

- Mailed patient reminders w/ FIT (fecal immunochemical test) kits
- Provider reminders
- Provider assessment & feedback
- Supporting activities\*



**FQHC System 2**

- Provider assessment & feedback
- Supporting activities\*



	<b>CRC SCREENING RATE INCREASE</b>	<b>NEW PATIENTS UP-TO-DATE</b>	<b>IMPLEMENTATION COST</b>
<b>FQHC System 1</b>	<b>18</b> percentage points	<b>2,533</b> patients screened	<b>\$24</b> per person screened
<b>FQHC System 2</b>	<b>10</b> percentage points	<b>943</b> patients screened	<b>\$29</b> per person screened

\*Example: Strengthening CRC-related policies and procedures

**IMPLICATIONS FOR PUBLIC HEALTH**

- **CRC screening rates increased** in FQHCs implementing multiple EBIs as part of the CQI initiative.
- These EBIs can be implemented **cost-effectively** in FQHCs.



**Centers for Disease Control and Prevention**  
National Center for Chronic Disease Prevention and Health Promotion

Lara C, Means K, Morwood K, Lighthall W, Hoover S, Tangka F, French C, Gayle K, DeGross A, Subramanian S. (2018). **Colorectal cancer screening interventions in two health care systems serving disadvantaged populations: Screening uptake and cost-effectiveness.** *Cancer*, 124 (21), 4130-4136. <https://doi.org/10.1002/cncr.31691>