Florida’s Colorectal Cancer Screening Project

Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The Florida Department of Health partnered with the Health Foundation of South Florida (HFSF) to support increased adherence to colorectal cancer screening.

BACKGROUND
An estimated 50 million U.S. adults aged 50-75 are up to date on colorectal cancer (CRC) screening according to guidelines set by the federal government. CRC is 90 percent curable with timely detection and appropriate treatment of precancerous polyps, and increased screening could reduce incidence by up to 50 percent. Major factors that negatively impact CRC screening rates include lack of education, lower income level, limited access to healthcare, being a recent immigrant or Hispanic/Latino, and frequently receiving care at a federally qualified health center (FQHC). Populations served by FQHCs have lower levels of cancer screening compared with the general population and suffer a disproportionate cancer burden.

There are multiple screenings available to identify people at risk of CRC. In addition to more invasive tests like colonoscopies, there is the newer fecal immunochemical test (FIT), which detects occult (hidden) blood in the stool. This detection is important because such blood can be a sign of precancerous polyps or colon cancer.

OVERVIEW OF THE INTEGRATION EFFORT
HFSF’s mission is to improve the health status of people within Broward, Miami-Dade, and Monroe Counties. HFSF does not implement programs, but funds providers and supports programs to promote health and prevent disease. Therefore, HFSF reached out to the Florida Department of Health’s Colorectal Cancer Control Program to support efforts to increase colorectal screening rates in Florida. Both organizations agreed on a project to support the adoption of FIT, as well as strategies to encourage screening adherence among three FQHCs in HFSF’s area, which led to the formation of the Colorectal Cancer Screening Project.

Using messaging templates from the American Cancer Society’s Florida Division, the department of health provided printed educational and reminder materials to each of the participating FQHCs in Broward, Miami-Dade, and Monroe Counties. In addition, the project provided continuing medical education to medical and nonmedical staff involved in the handling, distribution, and processing of FITs.

Aim of the Integration:
To increase colorectal screening rates in Florida.
Using electronic health records and individual tracking logs, staff from participating FQHCs provided postal or telephone reminders to patients with outdated colorectal screenings to encourage screening. Staff from the participating FQHCs contacted patients to schedule an office visit that included an in-person education session with a health educator or nurse, where the patient received the test kit and related print materials to help them complete the FIT test at home. Patient navigators/health educators called patients within one week to remind them to complete and answer test questions, and reminder postcards were mailed to patients one week after they received the kit. Once patients submitted the tests, Quest Diagnostics uploaded results directly into the FQHC’s electronic health record system and notified the provider that results were available.

Due to funding restrictions, the Colorectal Cancer Control Program contributed minimal resources to support administrative costs. Unrestricted funding from HFSF was used to purchase FIT testing kits and cover administrative costs associated with patient reminders and callbacks.

RESULTS/BENEFITS
HFSF and the Colorectal Cancer Control Program used this project not only to measure and implement colorectal cancer screenings, but also to track local colorectal cancer incidence and colorectal cancer morbidity and mortality. Of the three participating centers, Borinquen Health Care Centers of Miami-Dade reported doubling its baseline CRC screening rate of 21 percent to 42 percent after three months of FIT adoption and patient reminder support. According to CDC, screening for CRC extends life at a cost of between $11,890 and $29,725 per year of life gained, depending on the screening method used (e.g., FIT, sigmoidoscopy, colonoscopy). Increased screening compliance equates to potential lives saved. This initiative was successful at increasing screening rates, which suggests decreased CRC incidence as well as CRC-related morbidity and mortality.

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY
While administrative funding from Colorectal Cancer Control Program ended as of June 2013, HFSF has funds available for each participating FQHC and additional participants to continue the project. The Borinquen Health Care Centers of Miami-Dade is dedicated to sustaining the program and has made FIT its preferred colorectal cancer screening. In July 2013, nursing staff received additional training on the project’s sustainability plan. The plan uses the patient portal and text technology to send reminders to patients who have received FIT tests. The facility continues to provide voluntary status updates to the Colorectal Cancer Control Program regarding kits that were distributed and returned, as well as the status of diagnostic followup for patients that had a positive result.

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