NIH Collaboratory

Health Care Systems Research Collaboratory

Strategies and Opportunities to Stop Colorectal Cancer in Priority Populations (STOP CRC)

Study Snapshot

Principal Investigator: Gloria D. Coronado, PhD

Co-Principal Investigator: Beverly B. Green, MD, MPH

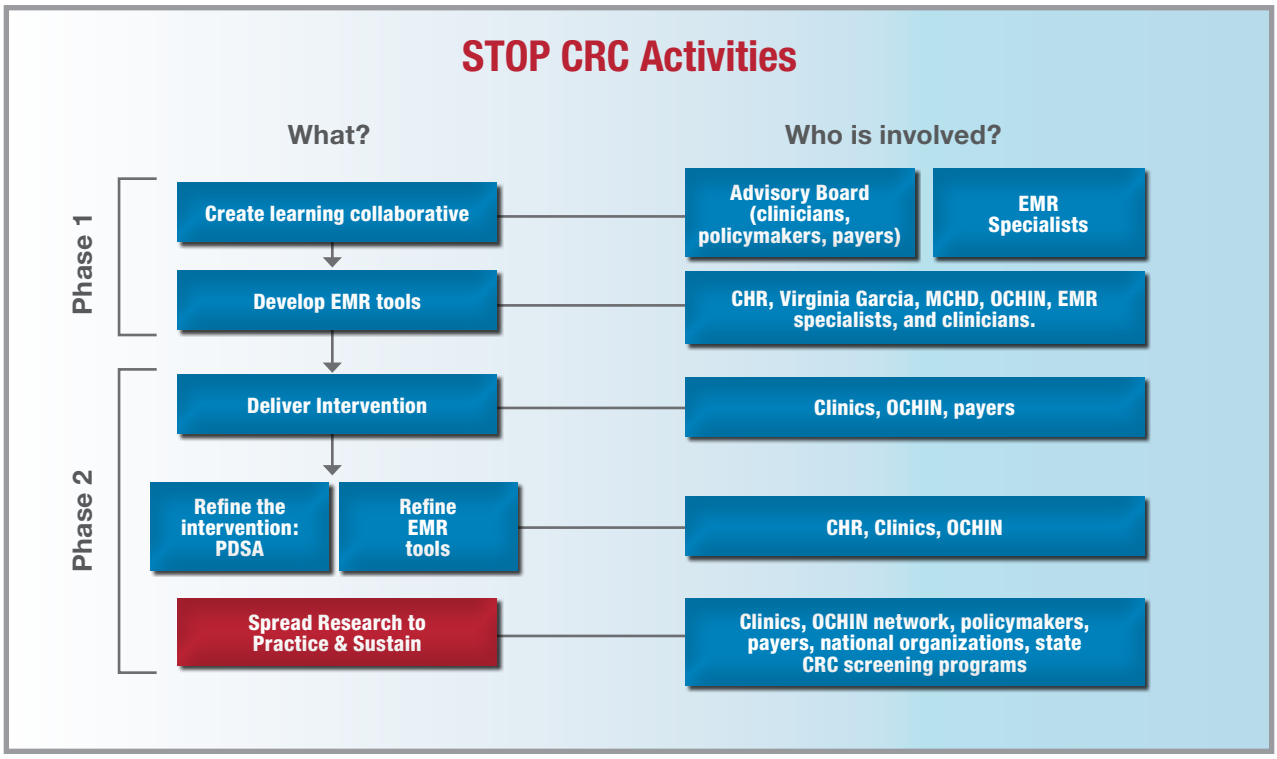
Sponsoring Institution: Kaiser Permanente Center for Health Research

ClinicalTrials.gov: NCT01742065

Collaborating Healthcare Systems: Federally qualified health centers in the Oregon Community Health Information Network (OCHIN); Kaiser Permanente Washington; National Center for Complementary and Integrative Health (NCCIH)

NIH Institute Oversight: National Cancer Institute (NCI)

Abstract: Colorectal cancer (CRC) is the second leading cause of cancer death in the United States. Yet CRC is 90% curable with timely detection and appropriate treatment of precancerous polyps; increased screening could reduce incidence by up to 50%. Rates of CRC screening are extremely low in patients at federally qualified health centers (FQHCs), which serve nearly 19 million patients annually. To address this disparity, the STOP CRC trial tests a culturally tailored, health care system-based program to improve CRC screening rates in OCHIN, a community-based collaborative network of more than 200 FQHCs. Results will provide information on how to use electronic health record resources to optimize guideline-based screening in FQHC clinics whose patient populations have disproportionately low CRC screening rates.



What We've Learned So Far

Current Barriers	Level of Difficulty				
	1	2	3	4	5
Enrollment and engagement of patients/ subjects	X				
Engagement of clinicians and health systems		X			
Data collection and merging datasets	X				
Regulatory issues (IRBs and consent)	X				
Stability of control intervention			X		
Implementing/delivering intervention across healthcare organizations				X	

1 = little difficulty
5 = extreme difficulty

Challenge	Solution
High amounts of health system leadership turnover due to preexisting pressures and challenges inherent in community clinics	Met regularly with leadership teams and established an advisory board and other infrastructure to help engage leaders and gatekeepers.
Some patients lacked health insurance coverage to pay for follow-up colonoscopy after a positive fecal test	Medicaid expansion resulted in higher insurance coverage rates, some local community organizations provide a free colonoscopy through a network of donated care, and the advisory board includes legislators who changed state law to require commercial insurance plans cover follow-up diagnostic colonoscopy with no patient out-of-pocket costs.
Updates in real-time with the use of the electronic health record (EMR) meant that the lists of eligible and active patients at the clinics were continuously changing, causing discordance between lists that were gathered for research purposes	The team worked with the Collaboratory's Biostatistics and Study Design Core and added a secondary analysis.

Selected Publications & Presentations	
June 2017	Applying the Plan-Do-Study-Act (PDSA) approach to a large pragmatic study involving safety net clinics. *BMC Health Serv Res*, Coury et al.
February 2017	Implementation successes and challenges in participating in a pragmatic study to improve colon cancer screening: perspectives of health center leaders. *Transl Behav Med,* Coronado et al.
February 2016	The validation of electronic health records in accurately identifying patients eligible for colorectal cancer screening in safety net clinics. *Fam Pract,* Petrik et al.