



# FITs and Starts: Electronic Messaging Outreach to Improve Colorectal Cancer Screening Rates in the Patient-Centered Medical Home

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## BACKGROUND

In May 2021, the US Preventive Services Task Force (USPSTF) updated its recommendations for colorectal cancer (CRC) screening to include patients aged 45-49 years, immediately adding over 20 million Americans eligible for CRC screening.

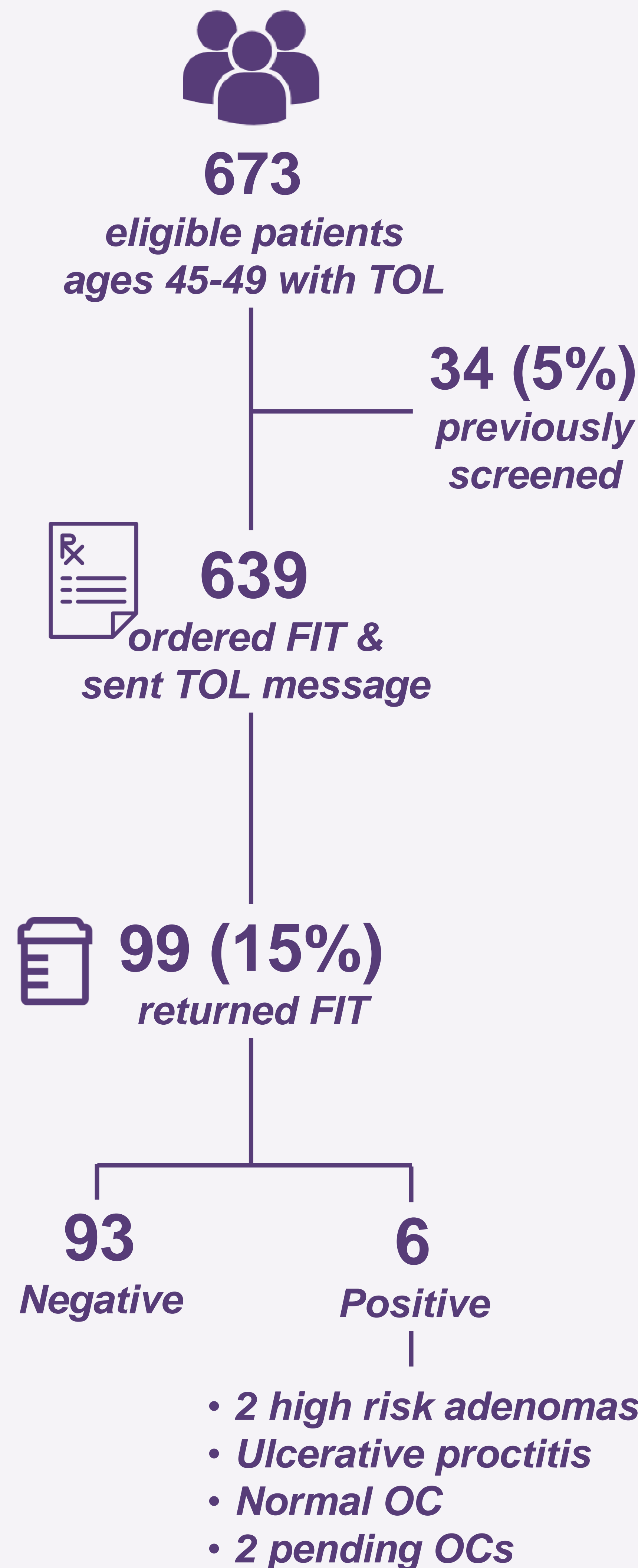
The objectives of this study were to:

1. Utilize existing telehealth infrastructure to target this newly eligible population
2. Increase overall CRC screening rates
3. Improve the efficiency of CRC screening in the primary care clinic

## METHODS

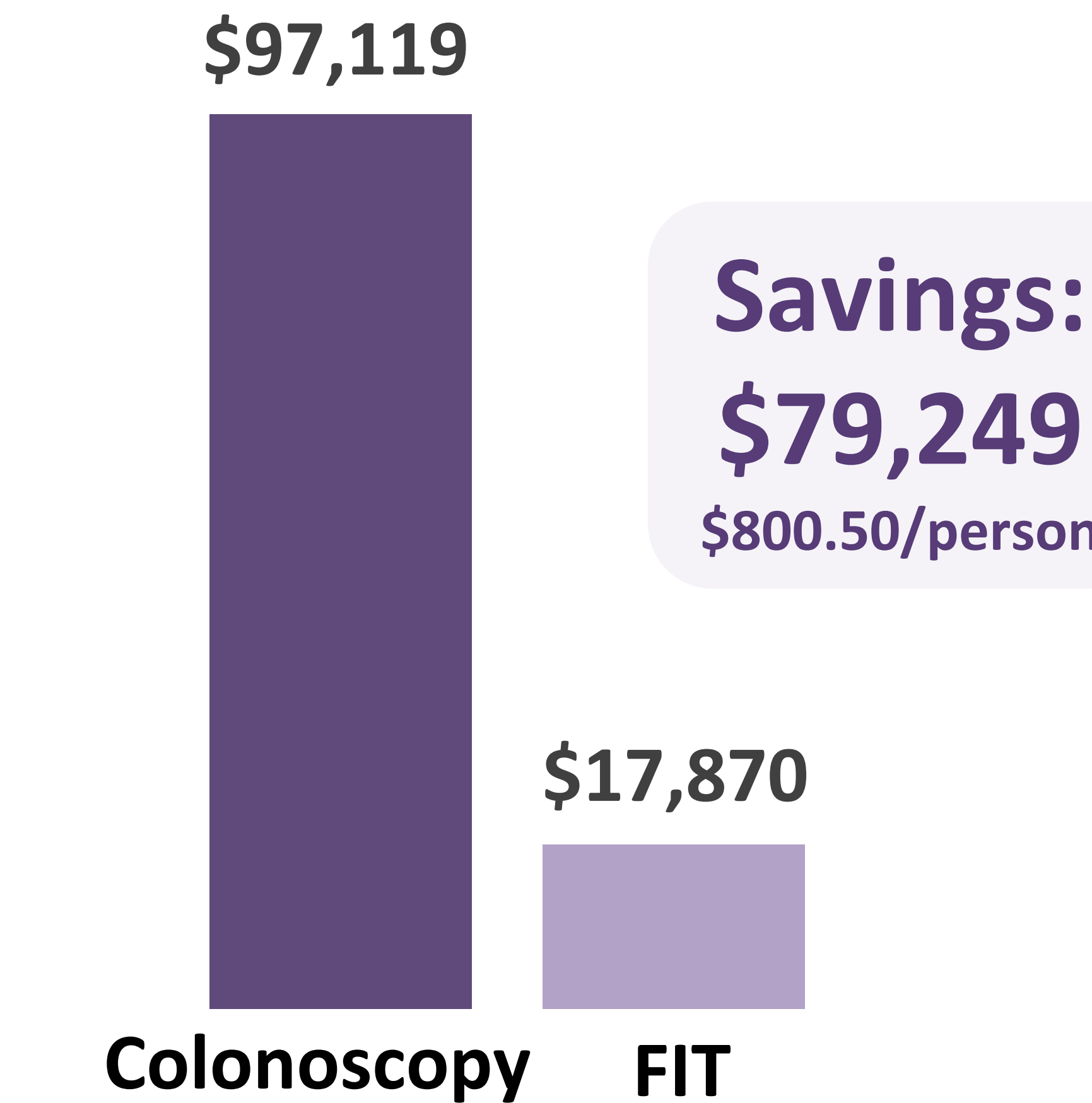
1. Utilized CarePoint, a database of Military Health System (MHS) beneficiaries, to identify eligible patients for CRC screening
2. Screened for patients with active accounts on TriCare Online (TOL), the Military Healthcare System electronic patient health portal
3. Order fecal immunochemical tests (FIT) for these eligible patients
4. Send each patient a message on TOL regarding the new USPSTF guidelines and the use of FIT for CRC screening
5. Send reminder messages containing the same information at 30 days and 90 days from original message
6. Analyze the results of the electronic messaging outreach at 6 months

## Enrollment & Outcomes



## Cost Comparison

Screening 99 Patients



### Colonoscopy once every 10 years

$$\begin{aligned} &\$981 \times 99 \text{ patients} \\ &= \\ &\mathbf{\$97,119 \text{ Total}} \end{aligned}$$

### FIT Tests annually for 10 years

$$\begin{aligned} &\$18.05 \times 10 \text{ yrs} \times 99 \text{ patients} \\ &= \\ &\mathbf{\$17,870 \text{ Total}} \end{aligned}$$

## DISCUSSION

- Our positivity rate (6.1%) mirrors the established positivity rate of 7-21% in patients 55-75 years old.
- The false positive rate (n=1, 16.7%) also mirrors the established false positive rate of 15.7% in this age group.
- This model could yield significant cost savings for the health system if broadly implemented
- Telehealth outreach can be completed by any clinic staff member
- Programmatic screening can be protocolized, which ultimately leads to greater efficiency

## CONCLUSION

- New USPSTF guidelines expanded the size of the eligible population currently unscreened for CRC
- Among 97 FIT-pos individuals, 2 high risk adenomas were identified using FIT as the initial CRC screening tool
- \$79,249 saved in total for those screened using this method over traditional colonoscopy
- This telehealth solution could be scaled across the MHS, advance preventive health measures, and improve overall access to care

## REFERENCES

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- 3) Kim, N. H., Park, J. H., Park, D. I., Sohn, C. I., Choi, K., & Jung, Y. S. (2017). Risk Factors for False Fecal Immunochemical Test Results in Colorectal Cancer Screening. *Journal of clinical gastroenterology*, 51(2), 151-159.
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