

A Successful Outreach Program
in a Diverse Community

Increasing Colorectal Cancer (CRC) Screening at Sanitas Medical Center

INCREASING CRC SCREENING RATES BY 111%

EXECUTIVE SUMMARY

In the United States, colorectal cancer (CRC) screening rates linger below the national goal of 80% due to multiple factors, including lack of awareness of the need to begin screening at age 45, misperceptions about the screening options for patients, and lack of access to certain screening modalities.^{1,2,3} In 2018, Sanitas Medical Center recognized that despite efforts to prioritize early detection of CRC, screening rates among Sanitas patients remained below the national goal and below other internal quality measurement standards.

To address the challenge of elevating screening rates, Sanitas collaborated with Exact Sciences to develop a multidisciplinary CRC screening program that includes patient education, tailored patient navigation and outreach to both English- and Spanish-speaking populations, and a campaign consisting of key screening-related messages.

As part of its new approach, Sanitas prioritized offering Cologuard® tests to all eligible patients at average risk for CRC because of the test's proven sensitivity, convenience, and 3-year screening interval recommendation (versus 1 year for other noninvasive tests).⁴ Sanitas also collaborated with Exact Sciences to implement a sustainable gap-closure program using an electronic health record (EHR) system HL7 interface. The interface enables clinicians to populate a list of patients eligible for Cologuard, submit screening orders for those patients, and receive screening results directly into the patient's chart. These efforts led to a 111% increase in CRC screening rates, significantly reducing the screening gap at Sanitas in less than 4 years.

THE INTERVENTIONS



Provide CRC screening resources and tools for patients based on their preferred language



Implement a standing EHR order for Cologuard for all eligible patients at average risk for CRC



Use EHR alerts to help clinicians identify unscreened patients during an appointment



Implement a Cologuard sustainable gap-closure program via an EHR system HL7 interface as a scalable way to elevate screening rates

ABOUT SANITAS MEDICAL CENTER

Sanitas USA is a subsidiary of Keralty, a leading multinational health organization serving more than 9 million people, with a presence in Spain, the United States, Mexico, Colombia, Brazil, Venezuela, Peru, and the Philippines. The Sanitas organization includes hospitals, specialized centers, health schools (Medicine and Nursing), and socially focused organizations that complement its world of health mission. In the United States, Sanitas has 64 medical centers serving more than 350,000 patients throughout Florida, Texas, Tennessee, and New Jersey in close partnership with local leading health insurance organizations. Sanitas brings a unique integrated care model that improves access to quality and culturally relevant primary and urgent care while reducing the total cost of care.

THE RESULTS

Before program implementation

34%

(screening rate)

After program implementation

72%

(screening rate)

2018

2022

Screening rates doubled in less than 4 years

111% increase in screening

“Screening matters because people matter.”



Martha Duarte, MD, MHA
Epidemiologist with Sanitas Medical Center

OVERCOMING SYSTEM-WIDE BARRIERS

Sanitas set out to develop a multidisciplinary CRC screening program to reach more screening-eligible patients. Below is an overview of the barriers Sanitas addressed to support this effort.

Inadequate patient education on prevention

Lack of patient awareness of the **importance of screening**

Minimal patient knowledge of noninvasive screening options

Limited screening options offered to patients

Language barriers and absence of patient resources offered in Spanish **prevented patients from understanding their options**

Patient belief that an **absence of symptoms** made screening unnecessary

SANITAS IDENTIFIED EFFECTIVE WAYS TO REACH AND EDUCATE PATIENTS

One of the first steps taken was to use EHR data to compile a list of patients at average risk for CRC who were aged 45 years and older and due/overdue for screening.

Sanitas also recognized that a successful CRC screening program would require a robust community outreach effort. This was challenging given the ethnically diverse Sanitas patient population, many of whom do not speak English as their first language.

In response, Sanitas developed a tailored patient outreach program to educate these patients about CRC screening through culturally relevant conversations conducted in their native languages.

Sanitas addressed the needs of its multilingual patient population by employing clinicians and staff who speak multiple languages, including English, Spanish, Creole, and Portuguese.

OPTIMIZING TECHNOLOGY DURING POINT-OF-CARE DISCUSSIONS

LEVERAGING THE POWER OF HEALTH INFORMATION TECHNOLOGY

Sanitas collaborated with Exact Sciences to evaluate existing CRC screening-related IT workflows and the functionality of its eClinicalWorks (eCW) EHR system. These evaluations were used to determine which health information technology (HIT) changes would have the greatest impact on increasing CRC screening rates.

Sanitas implemented two important changes within eCW that made it simple to order Exact Sciences' mt-sDNA (Cologuard) test before or during a visit:

- Standing mt-sDNA orders for all eligible average-risk patients
- Clinician EHR "sticker" reminders that proactively identify patients who have not been screened for CRC

The standing order within eCW for mt-sDNA allowed clinicians to prepare for patient visits in advance and to quickly submit the order via the HL7 interface to Exact Sciences Laboratories.

Sanitas also collaborated with Exact Sciences to set up an HL7 interface to allow clinicians to easily use the EHR to order the test and for results to be provided directly into the patient's chart.

IMPLEMENTING RISK-STRATIFIED CRC SCREENING PROTOCOLS

The Sanitas CRC screening program encouraged clinicians to share essential information with patients about the importance of CRC screening and recommended options based on the patient's age and risk.

CLINICIANS' RECOMMENDATION	
Patients recommended for mt-sDNA	Follow-up: Colonoscopy if the test is positive
Patients recommended for colonoscopy	Option: Fast Track Colonoscopy (FTC) process streamlines scheduling by eliminating the need for patients to meet with a gastroenterologist for a pre-procedure appointment

PILOTING A SPANISH-LANGUAGE PATIENT NAVIGATION PROGRAM

To advance its mission of providing quality healthcare to large, diverse communities, Sanitas collaborated with Exact Sciences to pilot a Spanish-language version of Exact Sciences' proven Cologuard Patient Navigation Program.

The Patient Navigation Program promotes patient adherence by offering:

- tailored outreach based on communication preferences
- prompt onboarding communication
- status updates
- educational resources
- encouragement to complete screening
- 24/7 access to support in multiple languages; and
- test results

Through the multilingual Patient Navigation Program, Sanitas patients received support and encouragement to complete their CRC screening from the Sanitas CRC tracker team, a special team comprised of clinicians, medical assistants, nurses, and other staff who identify areas for screening improvement.

The CRC tracker team worked in conjunction with the Exact Sciences Patient Navigation Program to send coordinated electronic messages reminding patients to send back their mt-sDNA kit. The Sanitas CRC tracker teams in Florida and Texas also sent messages to patients who had not yet returned their kits at 30, 60, 90, and 120 days to encourage kit completion.

More than 28,000 electronic CRC screening messages were sent via the Sanitas patient portal in 2020 in English and Spanish in Florida alone.

RAISING AWARENESS ACROSS KEY STAKEHOLDERS

Sanitas' leaders embraced a multidisciplinary, cross-functional approach to their CRC screening strategy.



PATIENTS

In March, Sanitas rallied around Colorectal Cancer Awareness Month to educate and inform screening-eligible patients about their options using brochures and videos in English and Spanish including "How mt-sDNA Works" and "What to Expect With CRC Screening."



CLINICIANS

Sanitas kept CRC screening top of mind throughout the year through the use of workstation screensavers and video monitors across care settings that featured custom messages about the importance of CRC screening.

THE RESULTS**REVIEWING PERFORMANCE METRICS REGULARLY**

CRC screening programs aim to reduce cancer incidence and mortality by detecting the disease at an early, more treatable stage. To assess the efficacy of its initiative, Sanitas identified key CRC screening performance metrics that are aligned with the company's quality goals.

**Internal Sanitas CRC Screening Rate****Healthcare Effectiveness Data and Information Set (HEDIS)****CMS Star Ratings**

Sanitas held monthly meetings to review quality metrics and performance goals and provided clinicians with visibility into the company's screening gap-closure data.

In addition, Sanitas' leadership consistently evaluated results using HEDIS and CMS Star rating metrics for CRC screening.

IMPACTING COMMUNITY HEALTH THROUGH PROGRAM EXPANSION

Sanitas initially implemented its CRC screening program throughout its South Florida clinics before expanding to locations in Central and Western Florida. Sanitas worked closely with patients and clinicians to develop a universally accessible and beneficial program through a standardized approach across all locations.

Driven by a commitment to public health and compassion for patients, Sanitas hard work and dedication paid off. At the beginning of **2018, the CRC screening rate was a mere 34%**.

By the end of **2022, the screening rate had skyrocketed to 72%**, significantly reducing the CRC screening gap and increasing the likelihood that CRC would be detected earlier at more treatable stages.

Important Risk Information

Cologuard is intended for the qualitative detection of colorectal neoplasia associated DNA markers and for the presence of occult hemoglobin in human stool. A positive result may indicate the presence of colorectal cancer (CRC) or advanced adenoma (AA) and should be followed by colonoscopy. Cologuard is indicated to screen adults of either sex, 45 years or older, who are at typical average risk for CRC. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high-risk individuals.

Cologuard is not for high-risk individuals, including patients with a personal history of colorectal cancer and adenomas; have had a positive result from another colorectal cancer screening method within the last 6 months; have been diagnosed with a condition associated with high risk for colorectal cancer such as IBD, chronic ulcerative colitis, Crohn's disease; or have a family history of colorectal cancer, or certain hereditary syndromes.

Positive Cologuard results should be referred to colonoscopy. A negative Cologuard test result does not guarantee absence of cancer or advanced adenoma. Following a negative result, patients should continue participating in a screening program at an interval and with a method appropriate for the individual patient.

False positives and false negatives do occur. In a clinical study, 13% of patients without colorectal cancer or advanced adenomas received a positive result (false positive) and 8% of patients with cancer received a negative result (false negative). The clinical validation study was conducted in patients 50 years of age and older. Cologuard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near age groups.

Cologuard performance when used for repeat testing has not been evaluated or established. Rx only.

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EXACT SCIENCES

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References: **1.** National Colorectal Cancer Roundtable. Achieving 80% colorectal cancer screening rates in every community. Accessed June 14, 2023. <https://nccrt.org/80-in-every-community> **2.** Siegel RL, Wagle NS, Cercek A, et al. Colorectal cancer statistics, 2023. *CA Cancer J Clin.* 2023;73(3):233-254. **3.** Zhu X, Parks PD, Weiser E, et al. An examination of socioeconomic and racial/ethnic disparities in the awareness, knowledge and utilization of three colorectal cancer screening modalities. *SSM Popul Health.* 2021;14:100780. **4.** Wolf A, Fontham E, Church T, et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. *CA Cancer J Clin.* 2018;68:250-281.