



Improving Access to Colorectal Cancer Screening, Diagnosis,  
and Treatment in Underserved Communities:

## California Pilots and Best Practices

A joint initiative championed by:



# ACKNOWLEDGEMENTS

Thank you to the countless individuals and organizations who contributed content and photos to this booklet, as well as those individuals who have organized, facilitated, and attended the county stakeholder meetings convened across California. We are grateful for the enthusiasm, support, and constructive feedback our initiative has received along the way, and we are hopeful that this booklet will help spread the model of resource-efficient and evidence-based population screening for colorectal cancer.

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Photos on front cover courtesy of Richard Tenaza (left) and Bill Mahon Photographics (right).

# INTRODUCTION

This booklet is a compilation of several models across California that aim to prevent, diagnose, and treat colorectal cancer (CRC), while also addressing the health disparities of the uninsured and underserved. The models and pilots discussed herein represent just a sampling of the many programs that exist, and they are offered as example frameworks for developing and expanding resource-efficient and evidence-based CRC screening programs. It is our hope that this booklet will serve as a springboard for peer learning, research, and ongoing discussion about CRC disparities at the community, state, and national levels.

## TABLE OF CONTENTS

### CALIFORNIA CRC SCREENING INITIATIVE

Overview	2
Objectives	3
Community Partners	4
Why It Matters: CRC Disparities and Screening Guidelines	6

### CALIFORNIA CRC SCREENING MODELS

Operation Access	8
San Francisco County Safety Net	11
Project Access & Kaiser Permanente San Diego	12
American Cancer Society	13

### CALIFORNIA CRC PILOTS

Alameda County	14
Sacramento County	16
Los Angeles County	18
Stanford University Community	20
Orange County	22

### LESSONS LEARNED

24

### AVAILABLE RESOURCES

25



## Overview

The Colorectal Cancer (CRC) Screening Initiative described herein is a state-wide project created by the California Colorectal Cancer Coalition (C4), the California Division of the American Cancer Society (ACS), and the Operation Access Institute (OAI) to share best practices for providing colorectal cancer screening services to individuals who have slipped through the healthcare safety net.

The impetus for this initiative was the California Department of Public Health's receipt of a multi-year grant from the CDC in early 2010 to increase CRC screening rates in California. The driving strategy of the initiative is to apply lessons learned from successful programs that have implemented the full continuum of care with respect to CRC screening in underserved communities. This booklet describes several such model programs as well as pilot sites across California where the models are being adapted and applied with assistance from C4, ACS, and OAI.

This collaborative, systems-level approach assesses resources that a successful CRC screening program should incorporate at multiple points of care along the colorectal cancer continuum:

- Culturally competent patient outreach and reminder systems,
- Clinician education and screening with FIT (fecal immunochemical test) and FOBT (fecal occult blood test) at community clinics,
- Diagnostic colonoscopy and pathology services, and
- Follow-up surgery and treatment for diagnosed colorectal cancers.

## Objectives

The following are several objectives of the California CRC Screening Initiative:

- Improve CRC screening rates and reduce health disparities in underserved communities
- Raise awareness among healthcare providers of CRC diagnostic recommendations, disparities, and the importance of early detection
- Share lessons learned from successful CRC models implemented in other communities
- Form integrated and engaged public-private coalitions of community partners in select counties across California to develop strategies to improve access to CRC services
- Engage local stakeholders in assessing and establishing the resources needed for the projected volume of CRC screenings and treatments
- Strengthen local safety nets, with a CRC screening and treatment program grafted onto existing systems
- Advise on patient outreach and reminder systems
- Standardize CRC clinical protocols
- Facilitate the removal of financial barriers to CRC screening and treatment (e.g., procurement and use of low-cost FOBT/FIT kits)
- Share tools and best practices to recruit volunteer gastroenterology (GI) specialists and private hospitals to provide donated diagnostic colonoscopies for the uninsured



**P2:** Operation Access volunteers from Kaiser Permanente's Gastroenterology Department in San Rafael, with team mascot "Maurice" the duck.

**LEFT:** Presenters at the Second Annual Sacramento Cancer Disparities Symposium, which focused on eliminating colorectal cancer disparities (photo courtesy of UC Davis Health System).

**“You are a great team. I really appreciate your work to make this so successful. I am very proud of our effort and think that with your contribution, lives will be saved with the increase in awareness and screening.”** – *Katie Owens, BSN, MPH; California Department of Public Health*



Volunteers and staff from Marin Community Clinics, a referral source for many Operation Access patients in need of diagnostic colonoscopy (photo courtesy of Sidney Erthal).

## Community Partners

This initiative recognizes that each community is unique, with its own set of opportunities and challenges. Counties selected for the initiative pilots differed greatly by geography, demographics, service delivery structure, available resources, existing partnerships, and readiness to prioritize colorectal cancer disparities.

A coalition of community partners with effective communication and shared priorities can be invaluable to both increase efficient and equitable utilization of limited resources and decrease duplication of services.

Feedback about the initiative from community partners across California:

- 98% stated that incorporating clinical volunteers is an important and effective way to improve access to CRC screenings for the uninsured, and that components of the Operation Access volunteer model can be applied locally
- 89% said the initiative has helped to determine additional local resources needed to develop the capacity for CRC screening and treatment
- 88% said the initiative has provided effective networking opportunities with other organizations working to improve CRC screening rates
- 83% said the initiative has raised their awareness of cost-effective CRC screening options
- 76% said the initiative has helped project how many individuals might need diagnostic colonoscopy and how many cancers might be detected for a given number of FIT kits distributed

The following groups of stakeholders were convened in each county through the initiative:

### COUNTY & COMMUNITY CLINICS

- Make recommendations to get screened
- Implement office interventions for screening reminder system
- Manage FIT screening and refer eligible patients for diagnostic colonoscopy
- Maintain the patient’s medical home

### COUNTY DPH, NON-PROFIT ORGANIZATIONS & COALITIONS

- Raise awareness of CRC screening guidelines, education, and training
- Provide the administrative infrastructure and personnel to oversee CRC screening program and referrals
- Manage volunteers and patients receiving donated services

### PUBLIC & PRIVATE HOSPITALS, ENDOSCOPY CENTERS, VOLUNTEERS & HEALTH PLANS

- Provide diagnostic colonoscopies, pathology, surgery, and treatment
- Private hospitals and endoscopy centers donate facilities, surgical supplies, and lab/ancillary services
- Licensed medical volunteers perform pro bono diagnostic colonoscopies for eligible patients
- Volunteer provider groups donate pathology, laboratory services, and anesthesia

### MEDICAL SOCIETY/ASSOCIATION

- Help recruit volunteers and increase awareness of CRC disparities among medical professionals

## CRC Disparities and Screening Guidelines

Colorectal cancer is the second leading cause of cancer death, and the third most common cancer, among both men and women in the United States. More than 5,000 Californians die of colorectal cancer every year. Moreover, a disproportionate number of advanced cancers are found in the uninsured and underserved populations.

According to the 2009 California Health Interview Survey, published by the UCLA Center for Health Policy Research, CRC screening rates are at unsatisfactory low levels, particularly for the uninsured. Of uninsured California residents age 50 and older:

- 53.9% have never been screened for CRC (nearly TRIPLE the rate of insured residents)
- 66.7% are non-compliant with screening recommendations (TWICE the rate of insured residents)

The most commonly cited reasons for not getting screened include lack of insurance, inability to pay, lack of awareness, and cultural or linguistic barriers.

Detection – of both early stage colorectal cancer (CRC) and the small number of polyps most likely to become cancer – leads to colon cancer prevention and improved survival. There are several national guidelines for CRC screening, and while the screening tests recommended do differ somewhat, all of the guidelines agree that the three tests below are important screening test choices for average-risk individuals:

- High-sensitivity fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually
- Flexible sigmoidoscopy every five years
- Colonoscopy every ten years

There is no evidence in the medical literature that any one of these three is the “best test” for preventing and diagnosing colorectal cancer. After extensive study, the California CRC Screening Initiative is recommending the fecal immunochemical test (FIT) as the primary modality to increase CRC screening rates in the underserved populations in California. The fecal immunochemical test (FIT) is a simple, inexpensive, effective, and available screening test that identifies those individuals most likely to benefit from a colonoscopy.

The following are a few advantages of using FIT instead of the highly sensitive FOBT:

- Superior specificity for CRC and advanced adenomas, with fewer false positive results. Superior specificity means fewer colonoscopies need to be performed in patients without disease.
- Specific for colorectal bleeding
- Can be developed and interpreted by automation, greatly increasing test throughput and reducing human error
- Higher patient acceptance
- Specimen collection allows for less stool handling
- Dietary restriction is not necessary
- Quantifiable so that sensitivity, specificity, and positivity rates can be adjusted for different screening populations

There are many reputable FIT manufacturers whose products are available for use in the United States. At this time, there is insufficient comparative effectiveness research to recommend one test over another. The following FITs are available in the U.S. and have the most evidence of efficacy in studies of large average-risk populations: OC Auto FIT-CHEK (Polymedco), InSure FIT (Quest Diagnostics), Hemocult ICT (Beckman Coulter), and Hema-Screen Immunostics, Inc. The California CRC Screening Initiative recommends that interested stakeholders carefully examine the evidence behind a manufacturer’s FIT efficacy in large average-risk populations and negotiate a price from the manufacturer of their choice.

Sensitive Guaiac Test



Fecal Immunochemical Tests



Examples of the sensitive guaiac test (left) and fecal immunochemical tests (right).



Operation Access volunteers performing donated out-patient surgeries at Kaiser Permanente in Antioch, California (photo courtesy of Bill Horton).

Since 2006, OA has coordinated over 400 fully donated diagnostic colonoscopies for eligible patients referred from their medical home. Seven colorectal cancers have been detected (2.7% rate, of known outcomes), and all patients with cancer have successfully accessed the necessary treatment at local public hospitals. By leveraging volunteer gastroenterology (GI) specialists to donate diagnostic colonoscopies, OA provides a timely resource to community clinics and adds capacity to the safety net by reducing costly emergency department visits and diagnosing CRC at an earlier stage when interventions have a greater likelihood of improving survival rates.

**“The screening arranged by Operation Access has saved my life... An urgent follow up CT scan at Contra Costa Regional Medical Center revealed a large tumor and stage two cancer of the colon requiring almost immediate hospitalization and surgery. The tumor has now been removed and I am currently in the long post surgery recovery mode... There is no way I can ever thank you enough.”**

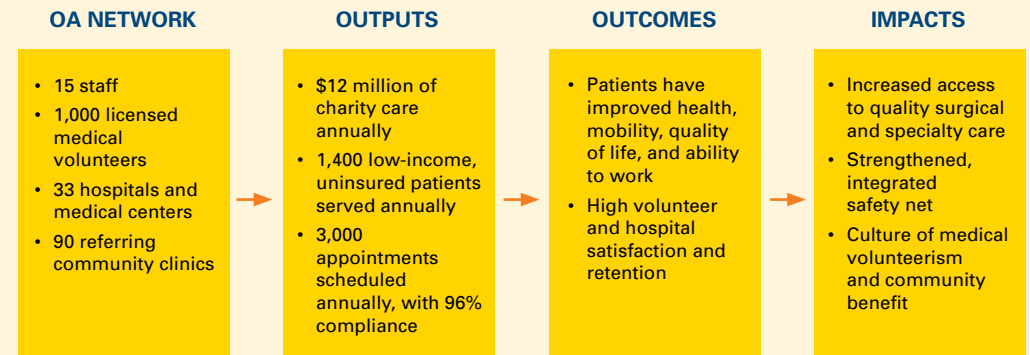
Patient

## Operation Access

Operation Access (OA) was founded in 1993 with the goal of helping the uninsured gain access to donated surgical care. Today, the OA network includes 90 referring community clinics, over 1,000 medical professionals, 18 medical groups, and 33 medical centers in six San Francisco Bay Area counties. Since 1993, Operation Access has provided \$55 million of donated surgical, specialty, and diagnostic care to more than 7,200 uninsured people.

OA’s unique program strengthens the local healthcare safety net, improves access to high-quality care, creates meaningful volunteer opportunities, and enables hospitals to fulfill their community benefits obligations. OA volunteers donate their surgical skills and time, while hospitals and surgery centers donate facilities, supplies, and laboratory services. Medical groups donate pathology, radiology, and anesthesia services. OA staff coordinate interpretive services and provide culturally competent case management, resulting in high patient compliance and satisfaction.

## OA’s Theory of Change



**“The volunteer service Operation Access provides for patients in need is remarkable.” – Patrina Archie, City of Hope**

Community partner

## The OA Institute

Since 2006, OA has been helping other communities initiate and expand sustainable surgical and specialty care volunteer programs with a high return on investment, demonstrable patient outcomes, and community benefit value. The OA Institute (OAI) officially launched as a new program area within Operation Access in January 2010, in line with OA's vision to partner with similar organizations to promote medical volunteerism and strengthen the healthcare safety net.

The OA program, while scalable and replicable in a "turnkey" fashion as is, could also be merged with components of other existing volunteer models – such as health information technology, clinic-based specialist volunteerism, and other referral and case management systems. The OA model is also flexible enough to be applied across a wide scope of specialties or as a more targeted mechanism to address access issues for a specific health disparity, such as cancer (e.g., breast, prostate, or colorectal).



Faculty, fellows, and nurses of San Francisco General Hospital's Gastroenterology Division.



Operation Access's volunteer GI team at Kaiser Permanente in San Francisco (photo courtesy of John Sun, MD).

## San Francisco County Safety Net

San Francisco County's safety net truly has an exemplary CRC screening program, which has been developed, supported, and overseen by very capable leadership. Per the CDC grant mandate to increase CRC screening rates in California, the California Department of Public Health has planned its first phase of the grant as a pilot project at Ocean Park Health Center (OPHC). Contract negotiations for the pilot are still underway, but it is anticipated that funds will be provided for OPHC to continue screening with the fecal immunochemical tests (FIT), to assess if screening rates can be increased further using this modality.

OPHC, a member of the Community Oriented Primary Care (COPC) clinics, has been distributing the FIT tests and, more importantly, refining the workflow for inreach (the process of identifying all patients in need of screening when they come to see their primary care provider) and outreach for colon cancer screening. Through these efforts, OPHC has achieved a CRC screening rate of 73% for approximately 2,000 eligible patients, which represents an over 75% improvement compared with 2008 levels (when OPHC initiated the program). COPC is committed to spreading the knowledge gained through these efforts at OPHC to all clinics in the system.

The COPC clinics coordinate with San Francisco General Hospital's (SFGH) Gastroenterology Division using their eReferral system to ensure that patients with a positive FIT test receive the needed diagnostic testing, including colonoscopy. Operation Access's volunteer gastroenterology teams, medical centers, and pathology groups also provide fully donated diagnostic colonoscopies for low-income, uninsured individuals as needed. SFGH performs the necessary surgery and treatment for patients diagnosed with colorectal cancer.



Gastroenterology volunteers at Kaiser Permanente in San Diego (photo courtesy of Maura Leonard Photography).

## Project Access & Kaiser Permanente San Diego

In San Diego County, a partnership between the San Diego County Medical Society Foundation, the Council of Community Clinics, and Kaiser Permanente implemented their own Surgery Day program based on the Operation Access model. Project Access San Diego includes 500 medical volunteers and 19 community clinic systems, and since 2008 over 240 surgeries and diagnostic colonoscopies have been donated through Kaiser Permanente’s surgery days, valued at \$1.8 million.

In 2009, the partnership began providing diagnostic colonoscopies for patients with a positive FOBT result, rectal bleeding, or polyps found on screening flexible sigmoidoscopy. The program was given 5,000 free FOBT tests from Beckman Coulter, with the following results:

- 2,000 patients were contacted to pick up the tests
- 533 patients picked up the tests (27%)
- 287 patients returned the tests (54%)
- 6.62% positive rate (19 patients needed diagnostic colonoscopy)

Since 2009, 67 diagnostic colonoscopies have been donated, with two cancers (3% rate) and ten advanced adenomas (15% rate) found, in a population of patients who are 40% symptomatic and 60% FOBT-positive. The first cancer patient was treated without cost at the Kaiser Health Plan Hospital in San Diego, and the second patient is just beginning his donated treatment.

## American Cancer Society

The American Cancer Society (ACS) is a nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service. Clinics are natural partners for ACS due to their common mission and the fact that they typically serve the highest risk populations. There are over 800 clinics throughout California, collectively serving more than 4.7 million patients.

ACS helps to bridge the gap in reaching this high-risk, medically underserved population by providing resources and consultative services. ACS takes a 3-pronged approach to increase awareness among patients of the importance of getting screened:

- Clinic in-services
- Community outreach education
- Community clinic office interventions

Through this approach, ACS helped one clinic to achieve a 10.53% increase in screening rates after office intervention. In a second clinic, the following results were achieved:

	FIT Kits Provided	FIT Kits Returned	Positive Test Results
July 2009 to Dec 2009 (6 months)	156	137 (87.8%)	15 (10.9%)
Jan 2010 to Dec 2010 (12 months)	680	480 (70.6%)	31 (6.5%)





## Alameda County

The California CRC Screening Initiative convened 20 community partners at an initial stakeholder meeting in Alameda County on September 29, 2010. Outcomes of the initial meeting are detailed below.

### RECOMMENDATION FROM C4, ACS & OAI

Alameda County is well-positioned to undertake population screening with FIT, due to its established infrastructure (both physical and electronic), integrated systems, and strong local leadership across many organizations and entities.

### RESOURCE ASSESSMENT – PRIMARY AREAS FOR DEVELOPMENT AND NEXT STEPS

- All in attendance at the 9/29 meeting agreed that Alameda County Medical Center (ACMC) – the public hospital – currently has the capacity for population FIT screening, diagnostic colonoscopy, pathology, and CRC surgery and treatment.
- Get buy-in from ACMC’s administrative leadership to pilot CRC screening with FIT.
- Identify the target population, eligibility, and projected volume of services needed.
- Pursue a contract with an FIT manufacturer for discounted kits.
- Research the purchase of a fully automated FIT processing machine.
- Seek funding for a part-time CRC program coordinator to liaise with participants, track patients, and measure results.
- Develop and streamline standard clinical protocols for CRC screening.
- Develop more robust patient outreach and reminder systems and tracking mechanisms.

### PROGRAM DEVELOPMENT AND COLLABORATION SINCE THE STAKEHOLDER MEETING

- ACMC is in the process of creating a business plan for developing the resources listed above. A comprehensive CRC screening program using FIT will be piloted with ACMC’s Internal Medicine clinic, led by the Chief of Gastroenterology and his colleagues. The strategic plan is to utilize colonoscopy for diagnostic and therapeutic purposes only. Grand rounds have also been conducted at ACMC to educate clinicians about screening with FIT.
- If the ACMC pilot is successful, then the county will explore expanding the CRC screening program to the consortium clinics. At that point, Operation Access also anticipates further developing its network of volunteer GI teams at non-profit hospitals to provide added capacity as the program grows.
- The Markstein Cancer Education and Prevention Services of Alta Bates Summit Medical Center received a grant to do up to 150 CRC screenings using FIT, along with an educational class on lifestyle modification for risk reduction. Operation Access’s GI volunteers and medical centers in Alameda and San Francisco Counties will provide the donated diagnostics colonoscopies needed through this collaboration (estimated at 6-10 over the next year or so).

**“Jim and his crew have been instrumental in helping me to develop this plan.” – Taft Bhuket, MD; Alameda County Medical Center**

Community partner



**P.14:** An educational class on colorectal cancer risk reduction and screening being taught by Leslie Paine, Manager of the Markstein Cancer Education and Prevention Services of Alta Bates Summit Medical Center.

**LEFT:** Operation Access’s volunteer GI team at Kaiser Permanente in Walnut Creek (photo courtesy of Bill Horton).

## Sacramento County

The California CRC Screening Initiative convened 23 community partners at an initial stakeholder meeting in Sacramento County on September 30, 2010. Outcomes of the initial meeting are detailed below.

### RECOMMENDATION FROM C4, ACS & OAI

Sacramento's healthcare leaders share a strong desire to improve colorectal cancer screening rates, and several local champions are committed to this initiative. However, the county's healthcare safety net is in the midst of several significant challenges, including a difficult fiscal climate and a safety net infrastructure that has been downsized. A rigorous community needs assessment completed by Sacramento's hospital systems found that many residents currently lack access to primary and mental health care. As such, CRC screening may be difficult to prioritize at this time in Sacramento County.

### RESOURCE ASSESSMENT – PRIMARY AREAS FOR DEVELOPMENT AND NEXT STEPS

- Establish a sustainable mechanism for the uninsured to access CRC treatment and surgery before piloting a CRC screening program in Sacramento County. There is no public hospital to provide care to the underserved, so other hospital-based resources must be committed in order for this CRC initiative to gain momentum and community-wide support.
- Undertake a more robust and creative resource mapping, ideally with a neutral facilitator.
- Pursue a contract with an FIT manufacturer for discounted kits.
- Develop a CME to educate PCPs at county and consortium clinics.
- Once sufficient resources have been committed, an FIT screening program could be piloted at a small number of clinics, with a network of volunteer GI teams at non-profit hospitals enlisted to provide donated colonoscopies and follow-up cancer care.

**“I feel so privileged to be part of this wonderful coalition of dedicated professionals.”**

– Susan McKee, District Manager for Senate President pro Tem Darrell Steinberg

**“We recognize that increasing colon cancer screening is urgently needed, and we are hopeful we can develop collaborative and feasible interventions to achieve this goal.”**

– Marlene von Friederichs-Fitzwater, PhD, MPH; UCDHS

### PROGRAM DEVELOPMENT AND COLLABORATION SINCE THE STAKEHOLDER MEETING

- A pilot CRC screening program is being explored with UC Davis Health System (UCDHS) and its affiliated student-run clinics. To that end, a proposal has been submitted to UCDHS leadership to request funding and support for a CRC program to be piloted on a small scale. The business plan for the pilot will include FOBT/FIT screening at local clinics, diagnostic colonoscopy for FOBT/FIT-positive patients (to be donated by UCDHS volunteers), and treatment of any malignancies detected.
- UCDHS-affiliated student-run clinics are poised to assist with FIT screening in underserved communities, particularly among ethnic minorities. One example is the Shifa Community Clinic, which piloted FOBT screening from 2008-2010, offering FOBT to 76% of eligible patients the second and third years of the pilot. The clinic plans to transition to screening with FIT in the future because of its superior specificity and sensitivity.
- The 2nd Annual Sacramento Cancer Disparities Symposium was held on April 23, 2011, designed to enhance the competence of physicians and medical students in reducing CRC deaths in underserved communities. The symposium was sponsored by the Sacramento Community Cancer Coalition, the UC Davis Cancer Center, and others from the UCDHS community.



**LEFT:** At the symposium, Shifa Community Clinic student volunteers presented the results of a three-year FOBT pilot (photo courtesy of UC Davis Health System).

## Los Angeles County

The California CRC Screening Initiative convened 41 community partners at an initial stakeholder meeting in Los Angeles County on December 9, 2010. Outcomes of the initial meeting are detailed below.

### RECOMMENDATION FROM C4, ACS & OAI

Los Angeles County is well-positioned to undertake population screening with FIT, due to its established infrastructure (including a web-based referral system for specialty care), integrated systems, and strong local leadership across many organizations and entities. While there are pockets of integration among clinics and hospitals, a more comprehensive network of integration would be highly beneficial.

### RESOURCE ASSESSMENT – PRIMARY AREAS FOR DEVELOPMENT AND NEXT STEPS

- Los Angeles Department of Health Services (LADHS) – the public hospital – currently has the capacity to provide in-patient surgery and cancer treatment for all uninsured patients, once they have a positive diagnosis. The consensus at the meeting was that patients are fast-tracked adequately and are able to access needed CRC follow-up care at LADHS.
- Expand pilot FIT screening programs at select clinic sites.
- Pursue a contract with an FIT manufacturer for discounted kits and explore joint purchasing of kits, equipment, and lab processing to negotiate better rates.
- Expand and develop a broader network of volunteer GI teams at a number of non-profit hospitals and endoscopy centers to provide donated diagnostic colonoscopies.
- Develop a CME to educate PCPs and OB/GYNs.
- Develop more robust patient outreach and reminder systems, cultural competence strategies, and tracking mechanisms.
- A centralized project/case manager or team of personnel will likely be needed to liaise with CRC program participants, track patients, and measure results.

**“You really reassured us that we are not only doing the right thing, but the better thing!! We don’t often get to feel that way.”**

*– Karen Lamp, MD; Venice Family Clinic*



**LEFT:** Partners of the SPA 3 Health Planning Group, Specialty Care Coalition, and East Valley Community Health Center.

**RIGHT:** CCCCCP staff and volunteers raising awareness about CRC among Latinos at Fiesta Broadway.



### PROGRAM DEVELOPMENT AND COLLABORATION SINCE THE STAKEHOLDER MEETING

- Venice Family Clinic plans to expand its FIT screening program, after an earlier FIT pilot resulted in a 65% return rate. An educational in-service was recently conducted to inform clinicians about screening with FIT, and the clinic also partners with a GI group in Santa Monica, which donates about ten diagnostic colonoscopies each month. Venice Family Clinic also has a new project in place with the American Cancer Society (ACS), through which ACS is funding the slightly higher cost of processing the FITs.
- Six clinic members of the SPA 3 Health Planning Group have been screening with FIT since June 2010. In year one, 2,782 patients were screened with FIT, 96 were referred for diagnostic colonoscopy, and two were diagnosed with CRC (one patient was fast-tracked to LAC+USC and the other was referred to Loma Linda Hospital through the Medically Indigent Adult program). The program also partners with a private colonoscopy center for low-cost diagnostic colonoscopies, and Kaiser Permanente in Baldwin Park partners with the program for the provision of in-kind colonoscopies. The program’s future plans include establishing program sustainability and recruiting additional GI volunteers and hospitals to provide donated colonoscopies.
- The California Department of Public Health’s California Colon Cancer Control Program (CCCCP) participated in the 22nd Annual Fiesta Broadway in Los Angeles to spread the message to Latinos that colon cancer is preventable, treatable, and beatable. At this very well attended event, CCCCCP collaborated with the Prevent Cancer Foundation to distribute information about CRC screening and showcase the Prevent Cancer SuperColon, a 20-foot inflatable structure that illustrates CRC progression. Approximately 1,500-1,800 people – mostly Hispanics/Latinos aged 20-49 – walked through the SuperColon exhibit.

## Stanford University Community

The California CRC Screening Initiative convened 8 community partners at an initial stakeholder meeting at Stanford University on May 3, 2011. Outcomes of the initial meeting are detailed below.

### RECOMMENDATION FROM C4, ACS & OAI

The Stanford community is well-positioned to undertake targeted screening with FIT, due to existing partnerships among the medical center, university faculty, and affiliated free clinics. There are also several local champions prepared to advocate for the initiative to Stanford's decision-making entities.

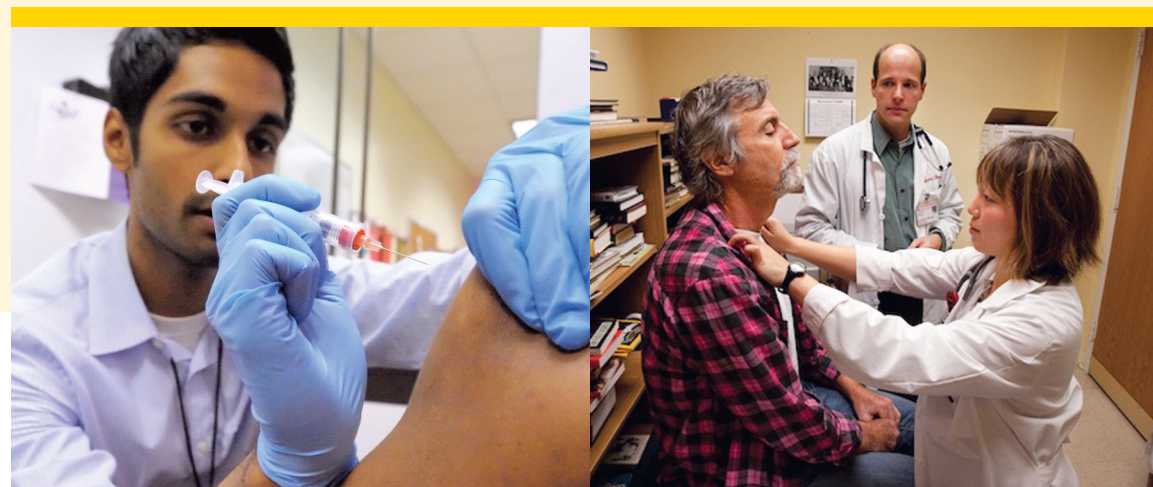
### RESOURCE ASSESSMENT – PRIMARY AREAS FOR DEVELOPMENT AND NEXT STEPS

- Santa Clara Valley Medical Center (SCVMC) – the public hospital – is assumed to currently have the capacity to provide in-patient surgery and cancer treatment for all uninsured patients, once they have a positive diagnosis. This assumption should be confirmed before moving the initiative forward.
- Get buy-in for the initiative from Stanford's administrative leadership.
- Stanford's Office of Community Health within the School of Medicine appears to be an appropriate mechanism for recruiting GI volunteers to donate their services at Stanford Hospital. This is the mechanism by which the affiliated free clinics recruit their volunteers.
- Develop pilot FIT screening programs at Stanford's two affiliated free clinics. Identify the target population, eligibility, and projected volume of services needed.
- Develop and streamline standard clinical protocols for CRC screening.
- Pursue a contract with an FIT manufacturer for discounted kits.
- Develop patient outreach and reminder systems and tracking mechanisms.

**“It was a very productive meeting. I look forward to moving ahead with this.”** – Uri Ladabaum, MD, MS; Stanford University School of Medicine

### PROGRAM DEVELOPMENT AND COLLABORATION SINCE THE STAKEHOLDER MEETING

- A proposal, outlining specific plans for developing the resources listed above, is being designed to present to Stanford's administrative leadership for approval.
- Stanford's two affiliated free clinics (Arbor Free Clinic and Pacific Free Clinic) are in the process of determining the number of eligible individuals in need of CRC screening at their clinics. This will help project the volume of diagnostic colonoscopies and CRC surgeries and treatments to be requested as donations from Stanford Medical Center.
- The Stanford University community plans to target their CRC screening program to start with patients at the two free clinics who are symptomatic, have iron-deficiency anemia, or have had an abnormal FIT.



Arbor Free Clinic volunteers provide free care to uninsured people in Santa Clara County.

## Orange County

The California CRC Screening Initiative plans to convene community partners at an initial stakeholder meeting in Orange County sometime in 2011 to build on the existing network of clinics, volunteers, and private hospitals that are committed to plugging the gaps in the safety net.

In 2007, AccessOC in Orange County became the first organization to replicate the Operation Access model. Four years later, AccessOC's growing network now consists of 905 medical volunteers, eight participating hospital sites, and 23 community clinics. More than 275 surgical procedures have been donated since program inception, valued at \$3.8 million. In addition to its successful outpatient surgery program, AccessOC has also launched eConsult, a web-based, HIPAA-compliant messaging system designed to enhance communication between primary care providers and specialists to provide patient care.



P.22 & 23: AccessOC's team of GI volunteers at Kaiser Permanente in Irvine (photo courtesy of Albert Evangelista).



In 2011, AccessOC expanded its scope of services to include gastroenterology (GI) procedures, with the following results so far:

- 20 diagnostic colonoscopies were donated on January 11th by a team of volunteers at St. Joseph Hospital in Orange
- 14 diagnostic colonoscopies were donated on May 21st by a team of volunteers at Kaiser Permanente in Irvine

Organizing more GI Days and replicating the model at other partner hospitals is one of AccessOC's strategic initiatives to increase colorectal cancer screenings in southern California, a much needed service for uninsured individuals in Orange County. AccessOC also hopes to establish a hospital partnership that includes the necessary inpatient care and treatment for those patients diagnosed with colorectal cancer via the screening program. There is no public hospital to provide care to the underserved in the county, so other hospital-based resources must be committed in order for this CRC initiative to gain momentum and community-wide support.

## LESSONS LEARNED

While each community selected for the California CRC Screening Initiative is certainly unique, a core set of lessons have been learned over the course of working with stakeholders in each county:

- A provider's recommendation is critical for getting screened
- Strong local leadership across multiple organizations and robust safety net infrastructure were two factors highly correlated with programs developing more quickly and with greater buy-in
- Include multiple community stakeholders across a number of vested organizations when designing a county-wide strategy
- Counties lacking a public hospital generally face greater challenges in terms of their capacity to allocate resources for cancer treatments and surgeries
- Carefully consider the economic climate and other health priorities that are competing for limited public and community benefit resources
- Designing and implementing county-wide strategies is a very time-consuming process
- Identify program "champions" at all levels
- Articulate and commit to roles and expectations upfront
- Clearly define eligibility criteria and program scope
- Build on existing infrastructure and partnerships
- Establish an effective administrative infrastructure
- Secure sustained and diversified financial support
- Collect data and document results from the beginning
- Volunteer recruitment and recognition are critical
- Patient case management is time-consuming and must be culturally sensitive

**To request additional copies of this booklet, or for more information, or to provide feedback, please contact:**

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## AVAILABLE RESOURCES

**These and other resources can be found online at:**

<http://operationaccess.org/about/oa-institute>

- Electronic copy of this booklet
- American Gastroenterological Association's letter supporting this California pilot project to improve access to colorectal cancer screening for the uninsured and underserved
- "The Poop on FOBTs" – a PowerPoint presentation developed by Dr. Jim Allison
- PowerPoint presentations delivered at county stakeholder meetings
- Operation Access replication manual, toolkit outline, and other useful documents for designing your own local volunteer program
- Comprehensive CRC Screening Program Manual – developed by East Valley Community Health Center and the SPA 3 Health Planning Group
- CRC Program Coordinator job description template – developed by the Alameda County Medical Center
- "New Screening Guidelines for Colorectal Cancer: A Practical Guide for the Primary Care Physician" – authored by Drs. Jim Allison and Michael Potter
- "Collaboration to Increase Colorectal Cancer Screening Among Low-Income Uninsured Patients" – an Alaska community case study published in the May 2011 edition of Preventing Chronic Disease
- CDC's Colorectal Cancer Screening Demonstration Program (2005-2008) – resources for developing and evaluating CRC screening programs
- A collection of several other studies examining CRC screening with FOBT and FIT
- Links to websites with additional CRC information and resources for underserved communities



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**“If there were ever an example of the essential nature of safety net services, some of which are preventive, this is it.”**

– Doug Grey, MD; Operation Access co-founder