



AT THE FOREFRONT  
**UChicago  
Medicine**



**Asian  
Health  
Coalition**

**CENTER FOR ASIAN HEALTH EQUITY**



**IL-CARES**

# **Illinois Colorectal Cancer Alliance to Reduce Mortality and Enhance Screening**

**Meeting Our Community's Unique Needs**

# Colorectal Cancer Control Program

National program by *Centers for Disease Control and Prevention (CDC)*.

**Purpose** is to increase colorectal cancer (CRC) screening rates among people between 45 and 75 years of age by implementing evidence-based interventions and other supportive strategies.

Includes *35 award recipients* across the Nation.

## University of Chicago's Center for Asian Health Equity:

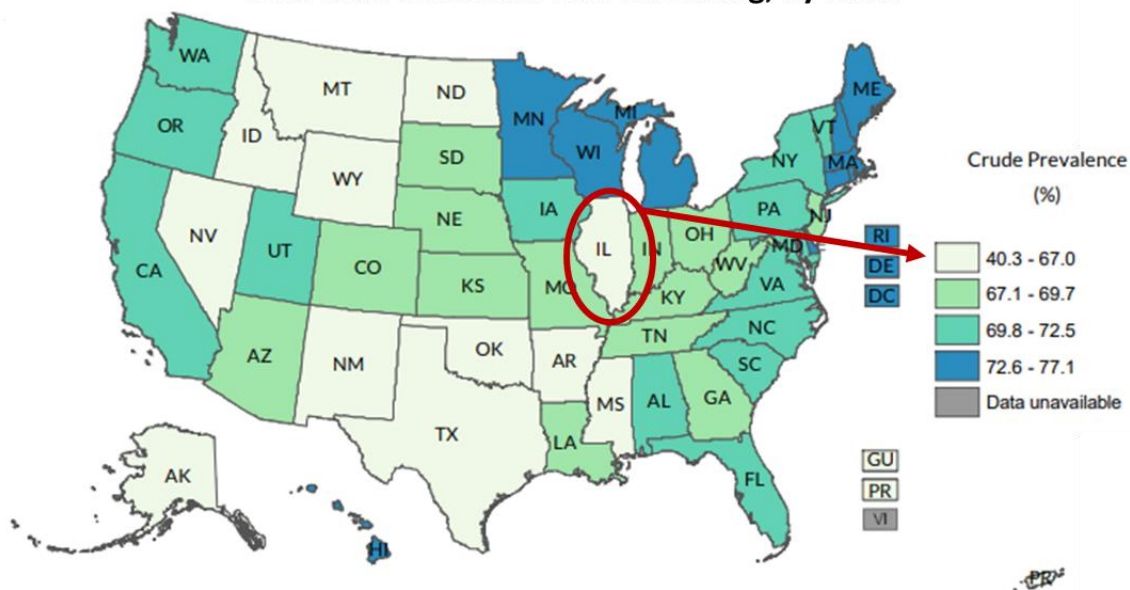
- First funding – 2015: Cook County CARES
- Second funding – 2020: IL-CARES



# Colorectal Cancer (CRC) - Burden

- Illinois ranks in the **last quartile (40.3% - 67%)** for CRC screening rates across the nation
- Illinois is in the **second to last quartile (14.3-15.8)** for CRC death rates

Percentage of Adults Aged 50-75 Years Who Reported Being Up-to-Date with Colorectal Test Screening, by State

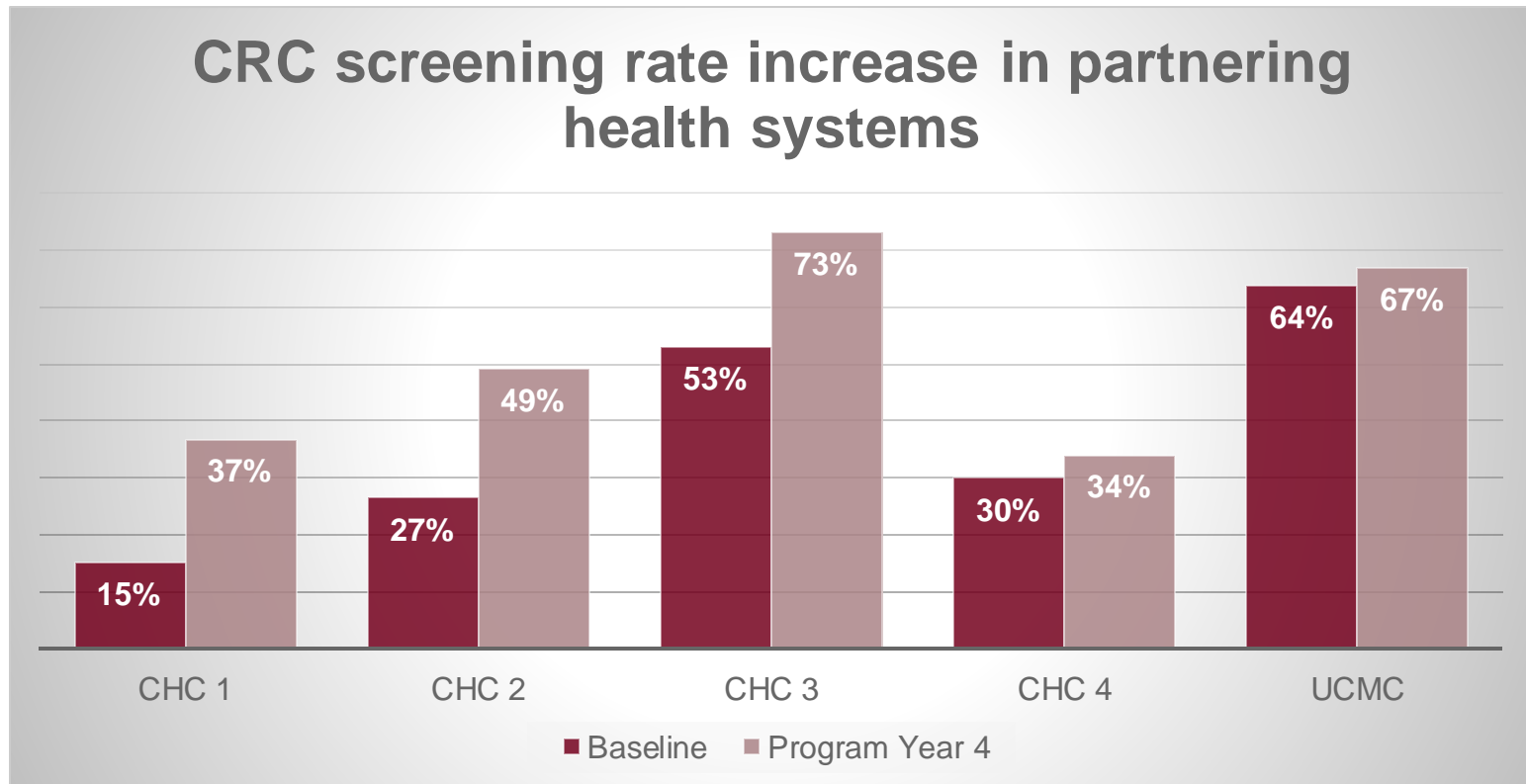


Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2018

*23 million individuals have not been screened*



# Cook County CARES Impact (2015-2020)



## Interventions:

- 4 Evidence-based interventions
- Patient education tools – decision aid/FIT instruction card/CDC materials
- Technology solutions – ICC Portal
- Supportive – Education: onsite and Project ECHO



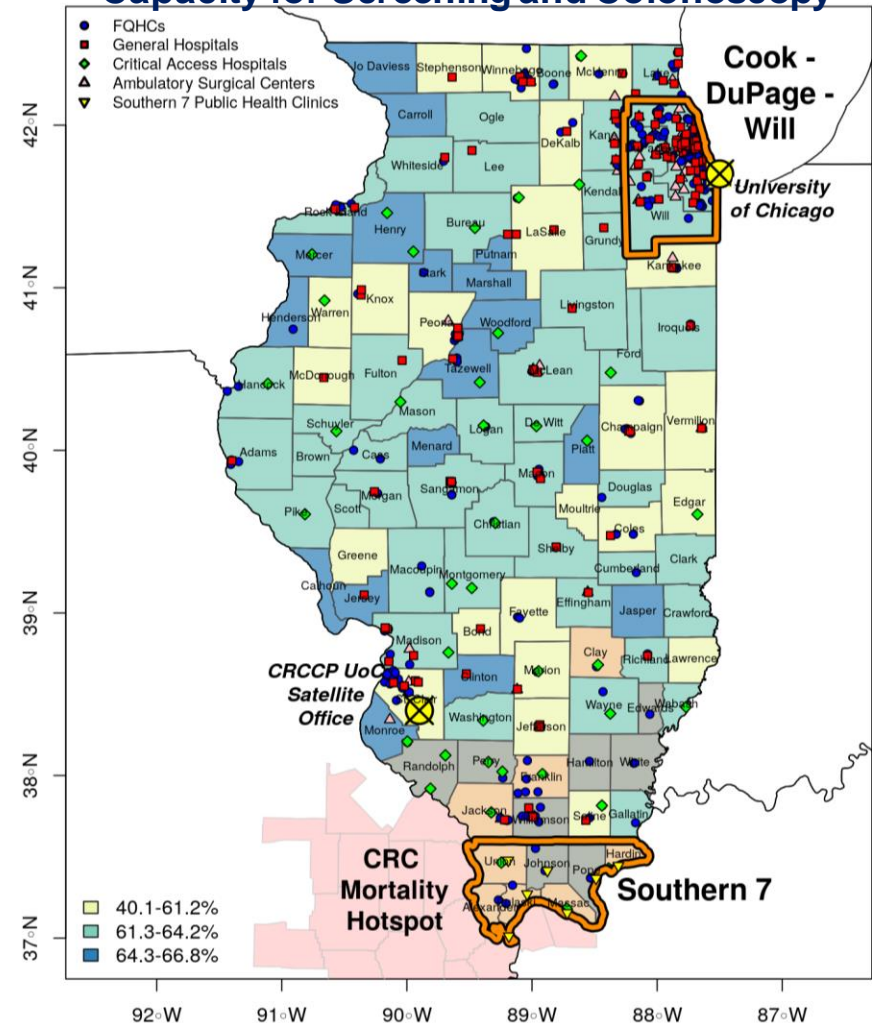
# IL-CARES: 2020-2025

**Goal:** Increase CRC screening rates among people between 45 and 75 years of age.

**Achieving 80% in Every Community!**

**Achieve the Goal:** By implementing evidence-based interventions in health systems.

## CRC screening by Counties in IL and Capacity for Screening and Colonoscopy



# IL-CARES – Partnerships

## Health System Partners

### Year 1 & 2

- Friend Health
- VNA Health Care
- Community Health & Emergency Services
- Southern 7 Health Department
- Selected Local Health Departments

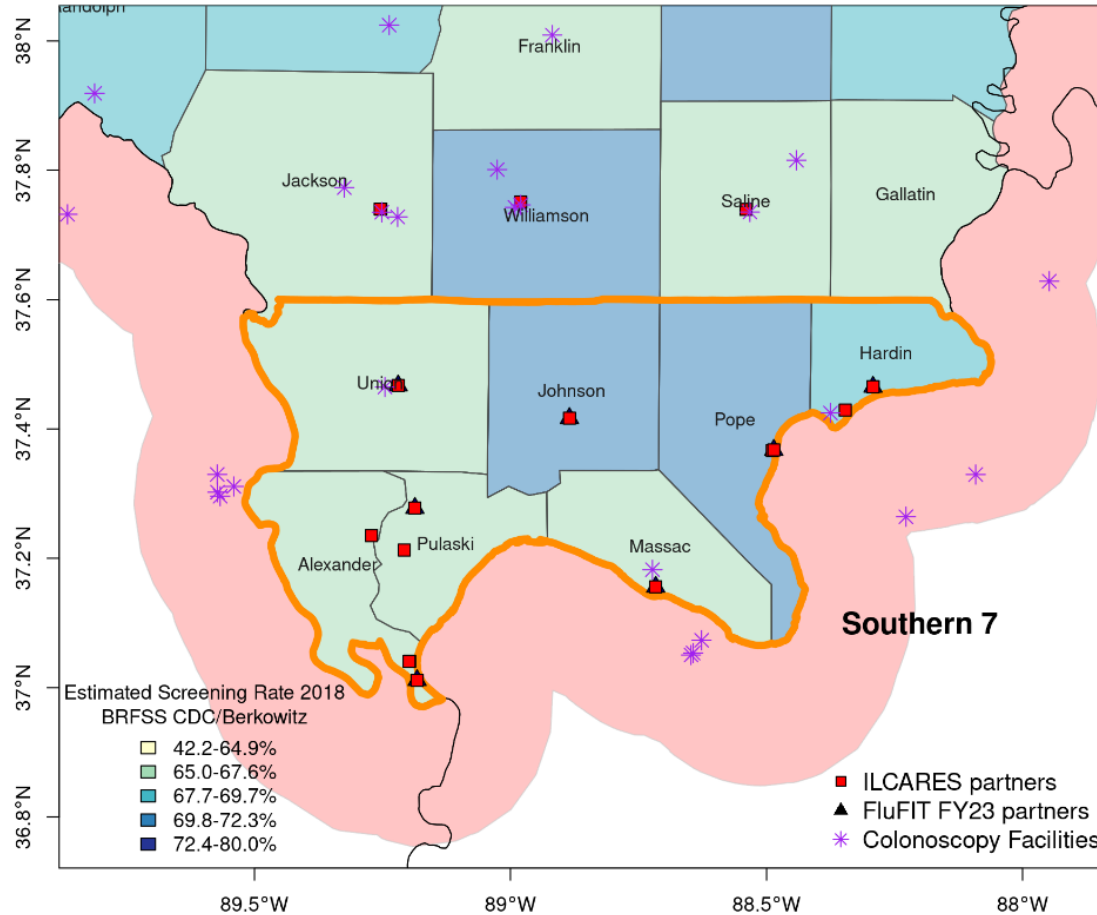
## Partners Supporting Program Implementation

- Illinois Breast and Cervical Cancer Program
- Illinois Comprehensive Cancer Control Program
- Illinois Primary Health Care Association
- Northwestern Medicine
- Hope Light Foundation
- Project ECHO
- Medumo
- Cologuard
- Health Plans
- NACDD/CDC



# Southern Partnership Facility Map

Selected CMS Colonoscopy Facilities in Illinois or Within 15 miles Area over CRC Screening Rate



# IL-CARES Programmatic Approach

**Organizational Readiness  
Assessment**

**Pre-implementation**

**Implementation**

**Monitoring and Evaluation**





# IL-CARES Evidence-based interventions (EBIs)

- Multicomponent interventions increased CRC screening with any test by a median of 15.4 percentage points, compared to no intervention
- Evidence Based Interventions and examples

Provider Reminders	Client Reminders
<ul style="list-style-type: none"> <li>• Activating/Utilizing the provider reminder function in an EHR to remind providers that the patient is due or overdue for screening.</li> <li>• Creating a system where clearly visible reminders are placed on paper charts prior to a patient's office visit with the provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizing the EHR to identify the population potentially eligible for screening and those due for screening, and mailing a postcard or letter informing the client they are due for screening. This would include a process to monitor responses to the reminder and providing another reminder as appropriate.</li> </ul>
Provider Assessment and Feedback	Reducing Structural Barriers
<ul style="list-style-type: none"> <li>• Within a clinic, assessing individual provider performance for appropriately recommending CRC screening and notifying providers how they compare to one another.</li> <li>• Among clinics, assessing CRC screening rate adherence to current guidelines and publishing the results in comparison to a target rate.</li> <li>• Fostering competition by periodically publishing the screening rates of "competing" providers or clinics.</li> </ul>	<ul style="list-style-type: none"> <li>• Modifying hours of service to meet client needs.</li> <li>• Offering services in alternative or non-clinical settings (e.g., mobile mammography vans at worksites).</li> <li>• Eliminating or simplifying administrative procedures and other obstacles (e.g., scheduling assistance, patient navigators, transportation, dependent care, translation services, limiting the number of clinic visits).</li> </ul>

- Supportive interventions: Training and Technical assistance/Technology based solutions

