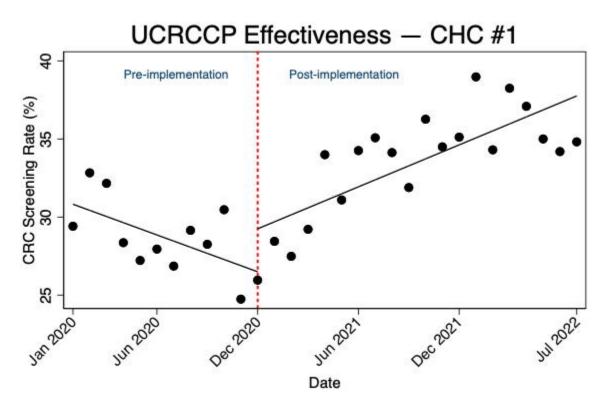
Overall Description of Methods

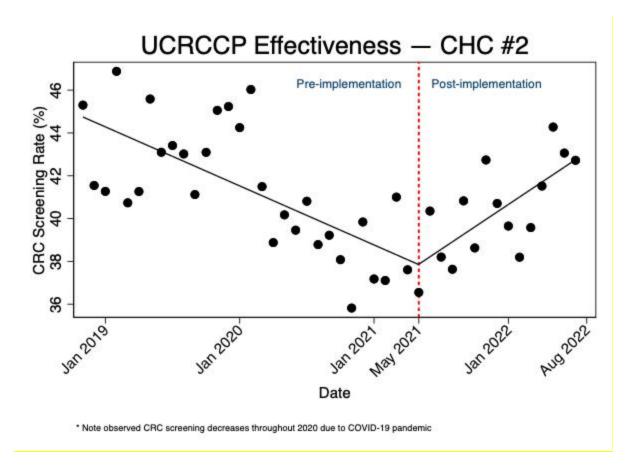
These 3 figures are from an interrupted time-series analysis. This is a quasi-experimental approach and allows for the estimation of the effect of an intervention by comparing the rate of change (slope) of data points before and after an intervention event.



^{*} Note observed CRC screening decreases throughout 2020 due to COVID-19 pandemic

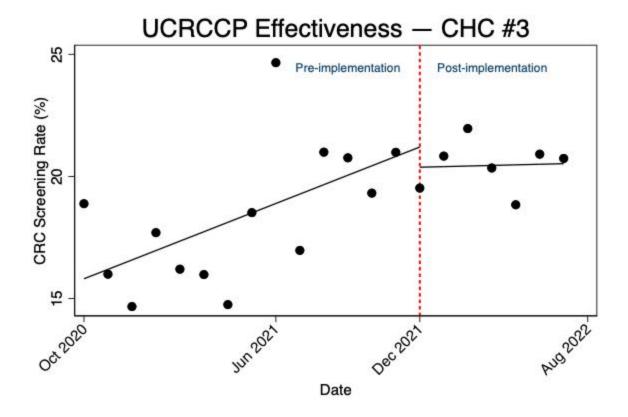
CHC #1 Description

We developed an EBI implementation plan with CHC #1 in December of 2020. As seen in this figure, we have observed significant increases in CRC screening at this CHC over time following their participation in the UCRCCP. CHC #1 has implemented Provider Reminders and Provider Assessment and Feedback, and is in the process of implementing Client Reminders.



CHC #2 Description

An EBI implementation plan was developed for CHC #2 in May 2021. CHC #2 has also demonstrated a significant increase in CRC screening since their participation in the UCRCCP. However, CHC #2 saw large decreases in CRC screening rates during the first year of the COVID-19 pandemic, skewing their pre-implementation CRC screening rate slope. That being said, the observed increases in CRC screening since the implementation have brought CHC #2 to near pre-pandemic levels and we anticipate continued increases over time. CHC #2 has implemented Provider Reminders, Provider Assessment and Feedback, and a Client Reminder campaign reminding patients to return FIT tests they were given.



CHC #3 Description

CHC #3 is still relatively early on in their participation in the UCRCCP, establishing an EBI implementation plan in December of 2021, which was at the height of the Omicron surge. With relatively few post-implementation measurements, this analysis is susceptible to outliers. In addition, CRC screening rates were rising prior to implementation as clinics were starting to stabilize back toward pre-Covid-19 pandemic rates, so it may take more time to see further improvement. With time and more post-implementation measurements, we anticipate that these CRC screening rates will increase and exceed pre-implementation levels. CHC #3 has implemented Provider Reminders, Provider Assessment and Feedback, and is now starting a Client Reminder campaign reminding patients to return FIT tests they were given.

ADDITIONAL DATA

In addition to these measures, the UCRCCP team is gathering data monthly on eligible patients, FIT test orders and returned tests. We use this data to and assess the gap between the number of patients eligible for screening and the number of FIT tests ordered, and the gap between FIT tests ordered and those returned in order to determine if any additional resources or technical assistance that may be needed at the individual clinic. This analysis is still being refined, but the team is optimistic these measures will allow for an even better understanding of how to better support these clinic partners and their patients.