



# FOCUS PROGRAM REPORT

**DEC 2024**



# REPORT AT A GLANCE

## The FOCUS Program

The Exact Sciences FOCUS Program is a competitive grant program that provides financial support and technical assistance to healthcare clinics, community organizations, public health foundations, and advocacy groups to assist them in 18-month projects aimed at enhancing colorectal cancer (CRC) screening and follow-up, using evidence-based interventions. The FOCUS program launched in 2022 with an initial round of 15 grants awarded to 11 clinical and 4 community sites. This report summarizes the program impact, success stories, and lessons learned from this first wave of FOCUS grantees.

## Program Impact

### Program Successes:

- **Increases in screening rates:** By the conclusion of the project, 75% of FOCUS sites (6 out of 8) demonstrated improvements in CRC screening rates compared to baseline.
- **Highest final screening rates:** FOCUS Site 6 (67.45%), FOCUS Site 3 (56.95%), FOCUS Site 1 (54.88%)
- **Largest increases above baseline at final\*:** FOCUS Site 1 (+45.96%), FOCUS Site 3 (+39.89%), FOCUS Site 6 (+30.51%), FOCUS Site 5 (+20.45%)
- **Modest increases above baseline at final\*:** FOCUS Site 8 (+4.30%), FOCUS Site 4 (+1.70%)

\*Points 2 and 3 indicate relative increases from baseline figures.

Across all sites, the most common interventions implemented were patient/community education (92%), one-on-one education (62%), and patient reminders (62%).

### High Performer Interventions

- **Provider-Facing Interventions:** All three sites with the highest final screening rates prioritized provider and professional education, with one site also using advanced strategies like provider reminders, assessment, and feedback to improve screening practices.
- **Patient-Facing Interventions:** Additional interventions popular among the three sites with the highest screening rates include education through both group and one-on-one approaches, patient navigation, and cost-reduction strategies to ensure equitable access to care.

# REPORT AT A GLANCE

## Program Impact

### Keys to Success

- **Reducing Barriers to Care:** Sites effectively reduced barriers by addressing patient costs, offering flexible appointment accommodations, and providing enhanced patient navigation services.
- **Engaging Communities and Patients:** Engaging Community Health Workers (CHWs), along with leveraging targeted patient reminders and personalized education, improved patient engagement and screening adherence, especially among high-risk populations.
- **Supporting and Educating Providers:** Ongoing provider education, individualized feedback reports, and integrated reminders (e.g., via electronic medical records) enhanced providers' ability to recommend screenings consistently and effectively, contributing to improved screening rates.

### Grantee Insights

- **Exact Sciences Technical Assistance:** Grantees cited Exact Science technical assistance and training as critical to grantee success, providing positive feedback on staff interaction.
- **Live Engagements and Demo Kits:** Customized and interactive educational resources, including live engagements and demo kits, proved effective in engaging patients and staff.
- **CHWs As Bridges to Community:** Navigators and CHWs were essential in connecting communities to screening resources, with bilingual navigators playing a critical role.
- **Future Momentum:** Sites committed to continuing CRC screening efforts beyond the grant's conclusion.

#### **ACCESS COMMUNITY HEALTH CENTERS Madison, WI**

This grantee achieved a colorectal cancer screening rate of 54.9%, reflecting a 9.1% increase over the past year. This makes Access Community Health Centers the highest-ranked in CRC screening among Wisconsin's 19 community health centers.

#### **COMMUNITY HEALTHCARE NETWORK INC. New York City, NY**

Community Healthcare Network Inc. demonstrated significant improvements in colorectal cancer screening rates across key populations between November 2022 and April 2024. Among patients aged 45-55, screening rates rose from 36% to 51%, a 15% increase.

#### **MOUNT SINAI INTERNAL MEDICINE ASSOCIATES New York City, NY**

Through tailored patient navigation strategies, Mount Sinai Internal Medicine Associates improved colorectal cancer screening rates by over 10 percentage points during the funding period. These efforts resulted in sustained gains and significantly increased adherence to mt-sDNA testing.

#### **NEBRASKA CANCER COALITION Lincoln, NE**

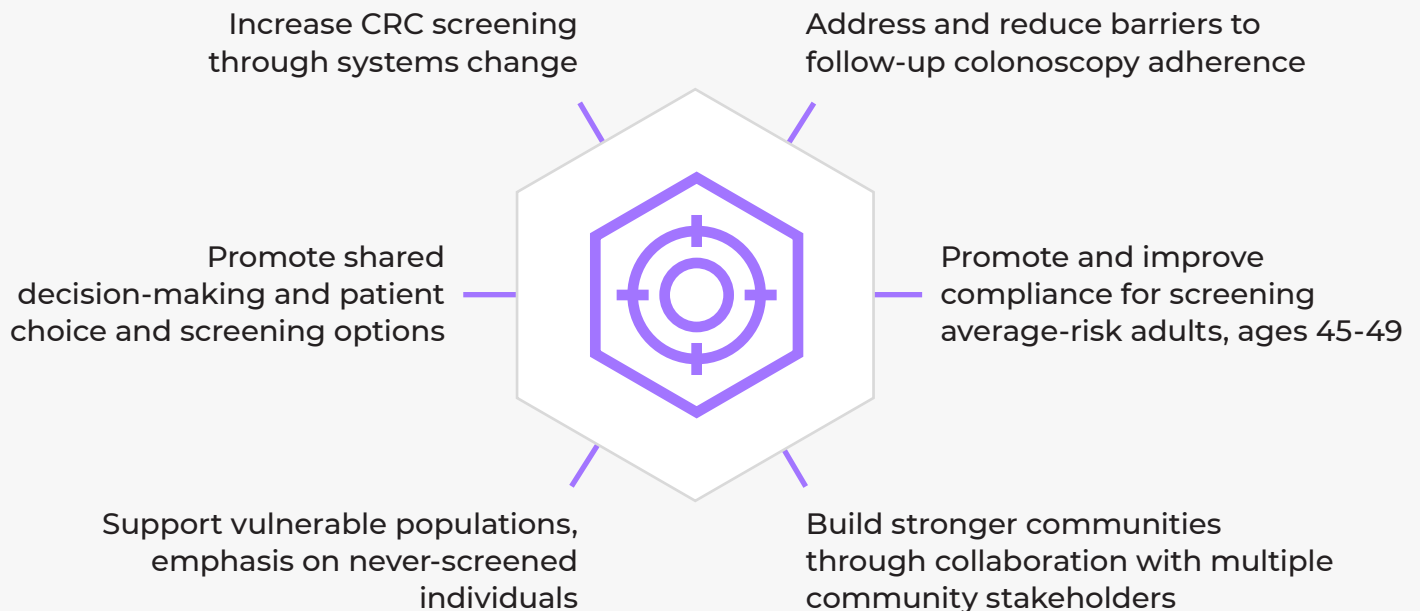
The Nebraska Cancer Coalition launched a targeted small media campaign that successfully reached 463,651 rural Nebraskans.

**Additional details on these case studies can be found at the end of this report.**

# OVERVIEW OF THE FOCUS PROGRAM

Exact Sciences is dedicated to making a difference in the battle against colorectal cancer (CRC) by working closely with community partners through its FOCUS Program. This program offers financial support and technical assistance to healthcare clinics, community organizations, public health foundations, and advocacy groups. The goal is to assist them in projects aimed at enhancing CRC screening and follow-up, using evidence-based interventions. By allocating resources to initiatives at the community level, Exact Sciences aims to effectively reach and serve the most vulnerable patients. Grant awards ranged from \$25,000 to \$75,000 and supported work over an 18-month period.

## Program Goals





## Populations Reached



\*Centers for Disease Control and Prevention (CDC) Preferred Terms for Select Population Groups & Communities.

## Technical Assistance and Training

Virtual kick-off meeting.

One 60-minute training on CRC and the Cologuard® test.

Quarterly learning collaborative calls with all grantees, highlighting 3-4 grantees to discuss successes, address challenges, and engage in meaningful conversations.

One-on-one calls as needed with the Exact Sciences project lead.

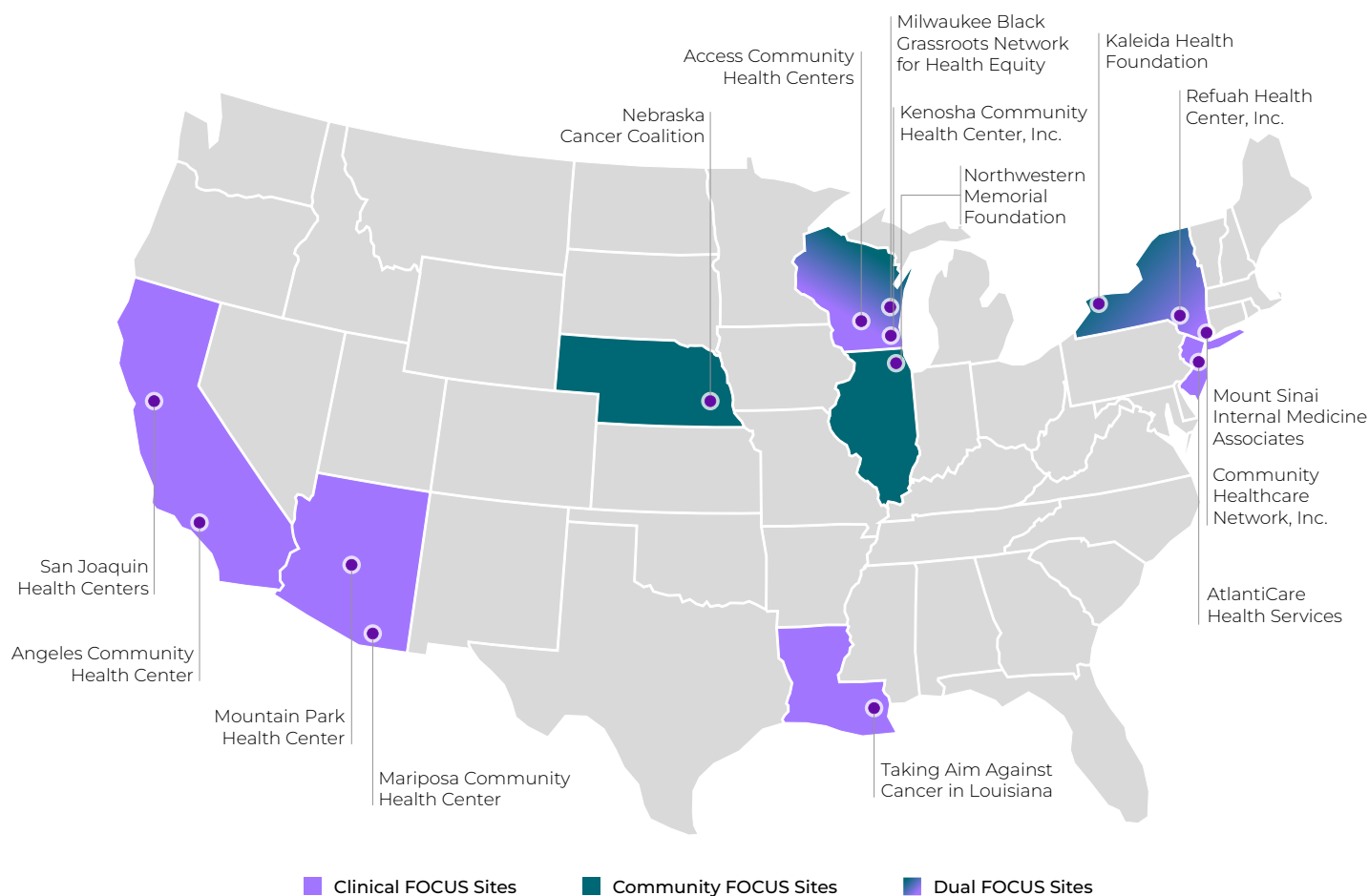
Local Exact Sciences support was made available as needed.



# 2022 COHORTS

## Cohort Map

In the first two (2) rounds of funding, Exact Sciences awarded a total of fifteen (15) grants. Cohort 1 was funded in July 2022 and cohort 2 was funded in December 2022. Eleven (11) supported work in a clinical setting and four (4) supported work in community settings.



**Clinical Sites:** Applicants in this category are from clinical settings, including but not limited to Federally Qualified Health Centers, Look-Alike Clinics, and Community Health Centers, and have a set goal related to increasing CRC screening rates using data from medical records.

**Community Sites:** Applicants in this category are from non-clinical settings that are positioned as trusted partners and messengers in the community who seek to advance CRC screening awareness, education, and efforts at a local level. Organizations in this category are not required to track to CRC screening rates.

## Grantee Interventions

Sites selected evidence-based and informed interventions to implement through quality improvement projects, using evidence-based interventions recommended in the [Centers for Disease Control and Prevention \(CDC\) Community Guide](#). All sites implemented multi-component interventions, which have been shown to have more impact.

Several sites adapted their interventions during the program as their organizational capacity and community needs were further clarified, which is common in quality improvement work.

Intervention Types	Number of Sites	Percentage
Patient/Community Education (group education)*	12	92%
One-on-one Education*	8	62%
Patient Reminders*	8	62%
Provider and Professional Education	7	54%
Engaging Community Health Workers (CHWs)*	6	46%
Patient Navigation**	6	46%
Promotion of Screening through Small Media*	6	46%
Provider Reminders*	6	46%
"Reducing Barriers to Care, Including Patient Costs **"	6	46%
Provider Assessment and Feedback*	3	23%

\*Evidence-based interventions to increase CRC screening recommended in [The Community Guide](#).

\*\*In May of 2024, the CDC recommended patient navigation to advance health equity. While this intervention was not included in the original application in 2022, some sites added this intervention throughout the course of their project, as reflected in the numbers above.



## How Evidence-Based Interventions Were Used

Sites reported successes across their multi-component interventions.

Enhanced **patient navigation services** helped patients complete screening processes and adhere to follow-up care, resulting in fewer missed appointments and improved continuity of care.

Sites: Mount Sinai Internal Medicine Associates; Refuah Health

**Patient and community education** events, such as health fairs and information booths, raised awareness of colorectal cancer screening with the support of trained community groups.

Sites: Access Community Health Centers; Mariposa Community Health Center; Nebraska Cancer Coalition; Northwestern Memorial Hospital; Refuah Health

Targeted **patient reminders** through text messaging and follow-up contacts improved engagement and adherence to screening, further amplified by co-branded reminders with partners.

Site: San Joaquin Health Centers

**Engaging CHWs** trained in culturally competent care and motivational interviewing improved patient engagement and sped up screening kit returns, particularly among high-risk and underserved populations.

Sites: Community Healthcare Network; Mariposa Community Health Center; Refuah Health

Programs **reduced barriers to care, including patient costs**, by providing flexible accommodations for patients, including customized appointment times and gender-specific provider requests to help patients feel supported in getting screened.

Site: Community Healthcare Network

Successful **promotion of screening through small media** occurred through educational materials that were widely distributed at events and clinics, with some sites rebranding materials to align with network guidelines.

Sites: GLCCC/Kaleida Health; Nebraska Cancer Coalition

Navigators and CHWs conducted personalized **one-on-one education** with patients to help address individual concerns and increase screening completion rates.

Sites: Mariposa Community Health Center; Refuah Health

**Provider reminders**, often integrated into electronic medical records, improved the frequency and consistency of screening recommendations, leading to higher patient compliance.

Sites: Community Healthcare Network; Kenosha Community Health Center; Mariposa Community Health Center; Refuah Health; San Joaquin Health Centers

Sites utilized individualized **provider assessment and feedback** reports to improve provider adherence to screening guidelines, leading to enhanced provider engagement and consistent recommendation practices.

Sites: Community Healthcare Network; Refuah Health; San Joaquin Health Centers

Ongoing **provider and professional education** improved the ability of providers to recommend screenings effectively. Some sites presented findings at professional webinars.

Site: Community Healthcare Network



# PROGRAM FINDINGS

## FOCUS Program CRC Screening Data for Clinical Sites



\*Mountain Park and Taking Aim at Cancer in Louisiana received extensions on their grant reporting.

\*Angeles Community Health Center's screening data has not yet been received.

## Clinical Site Results

- **Highest final screening rates:** Site 6 (67.45%), Site 3 (56.95%), Site 1 (54.88%)
- **Largest increases above baseline at final\*:** Site 1 (+45.96%), Site 3 (+39.89%), Site 6 (+30.51%), Site 5 (+20.45%)
- **Modest increases above baseline at final\*:** Site 8 (+4.30%), Site 4 (+1.70%)
- **Increases in screening rates:** By the conclusion of the project, 75% of FOCUS sites (6 out of 8) demonstrated improvements in CRC screening rates compared to baseline.

FOCUS Site 2 experienced ongoing challenges with patient education, hesitancy to screen for colorectal cancer, and transportation.

FOCUS Site 7 experienced persisting challenges related to patients' hesitancy to seek care due to the COVID-19 pandemic and cultural stigma surrounding colorectal cancer screening in certain patient populations.

\*Points 2 and 3 indicate relative increases from baseline figures; the graph represents absolute screening rates.

## Interventions of Sites with Highest Screening Rates

FOCUS Site 1	FOCUS Site 3	FOCUS Site 6
<ul style="list-style-type: none"> <li>Engaging Community Health Workers (CHWs)</li> <li>One-on-one Education</li> <li>Patient Reminders</li> <li>Patient/Community Education (group education)</li> <li>Provider and Professional Education</li> <li>Reduce Barriers to Care, Including Patient Costs</li> </ul>	<ul style="list-style-type: none"> <li>Engaging Community Health Workers (CHWs)</li> <li>One-on-one Education</li> <li>Patient Reminders</li> <li>Patient/Community Education (group education)</li> <li>Patient Navigation</li> <li>Promotion of Screening through Small Media</li> <li>Provider and Professional Education</li> <li>Provider Assessment and Feedback</li> <li>Provider Reminders</li> <li>Reduce Barriers to Care, Including Patient Costs</li> </ul>	<ul style="list-style-type: none"> <li>Patient/Community Education (group education)</li> <li>Patient Navigation</li> <li>Provider and Professional Education</li> </ul>

## CRC Screening Rate Criteria

All clinical FOCUS grantees were asked to share their midline and final screening rates. The following criteria were shared to calculate those rates.

Measure Description
Percentage of Adults 45-75 Years of Age Who Had Appropriate Screening for CRC

Denominator Statement
Total Eligible Patients Aged 45-75

Numerator Statement
Total Eligible Patients with Appropriate Screening

Appropriate screenings are defined by any of the following:

- Fecal occult blood test (FOBT) during the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period
- mt-sDNA (the Cologuard® test) during the measurement period or the two years prior to the measurement period
- CT Colonography during the measurement period or the four years prior to the measurement period

## Grantee Qualitative Insights

All sites participated in the collection of qualitative data, along with the quantitative data discussed previously. The following section highlights key qualitative insights across sites.



### EXACT WAS CITED AS CRITICAL TO SUCCESS

#### MIDLINE

Exact Sciences was seen as vital to site success by facilitating valuable resource and information sharing among sites.

#### FINAL

Participants continued to see collaboration with Exact Sciences as essential, valuing cohort meetings, staff support, and the involvement of Exact Sciences representatives to enhance provider engagement.



### GRANTEE ORGANIZATIONAL SUPPORT MATTERED

#### MIDLINE

A supportive organizational environment was seen as vital for progress, enabling staff alignment and promoting a team-based approach to communicate consistent colorectal cancer screening messages.

#### FINAL

This supportive environment continued to be essential, with adaptability and leadership support enhancing resilience to navigate challenges in varied practice settings.



### COMMUNITY PARTNERS EXPANDED GRANTEE REACH AND TRUST

#### MIDLINE

Partnerships with external organizations provided valuable resources and direct support, which expanded program reach and fostered trust.

#### FINAL

Community partners continued to provide beneficial resources, although dependency on partners occasionally led to delays, emphasizing the importance of coordination for timely support.



### ALLOWING STRATEGIES TO EVOLVE WAS KEY

#### MIDLINE

Sites adapted strategies to address local needs by rebranding resources, providing staff education, and using data analysts to enhance accessibility, ensuring interventions met specific community needs.

#### FINAL

Flexibility remained key, with adjustments such as tailored patient navigation and ongoing feedback loops helping to optimize resource use. However, limited team involvement sometimes slowed adaptation efforts.

## Grantee Qualitative Insights



### ALIGNING GRANTEE AND FOCUS PROGRAM RESOURCES STRETCHED IMPACT

#### MIDLINE

The alignment of site and FOCUS program goals allowed sites to utilize existing resources such as staff and events.

#### FINAL

The alignment of resources across different practice settings was vital to meeting intervention needs and overcoming the dependency on external resources.



### NAVIGATORS AND CHWS SERVED AS BRIDGES TO COMMUNITIES

#### MIDLINE

Patient navigators and CHWs were valued for their community insight, which improved patient comfort and facilitated connections to screening resources that met local needs.

#### FINAL

The role of bilingual navigators became crucial, particularly in overcoming language barriers and adapting communications to enhance program reach in diverse populations.



### LIVE ENGAGEMENT AND DEMO KITS BOOSTED EDUCATIONAL TOOLS AND RESOURCES

#### MIDLINE

Educational resources were customized to boost engagement, including live demonstrations and sample demo kits that empowered staff to support patients in understanding the screening processes.

#### FINAL

Professionally produced educational materials from partners enhanced program quality, though the limited behavioral impact of static tools like videos pointed to the need for interactive and more personalized engagement methods.



### WHEN DONE WELL, DATA ANALYSIS DROVE IMPACT

#### MIDLINE

Data access, facilitated by dedicated analysts, was critical for identifying eligible patients and motivating staff by illustrating program impact, which supported data-driven engagement.

#### FINAL

Data continued to be crucial, though variability in site infrastructure hindered consistent reporting, emphasizing the need for better-aligned data solutions independent of external dependencies.



## Grantee Perspectives

### Improving Team Coordination

“At the end of the day, I think we ended up in a better place systematically in terms of how we approach colorectal cancer screening as a care gap... with a better level of coordination across the care team.”

– Kenosha Community Health Center

### Strengthening Workflows

“The FOCUS program in general was a really great opportunity for us to increase colorectal cancer screening rates in our community. And then at the same time, create policy changes and workflows within the FQHC, which was an important thing for us to have accomplished.”

– Mariposa Community Health Center

### Normalizing CRC Screening

“What we wanted was to normalize the conversation around colorectal cancer screening in a way that felt natural. Through events like our basketball games and the What Kind of Wellness Week, we embedded health education into our community culture.”

– Milwaukee Black Grassroots Network for Health Equity

### Expanding Team-Based Approaches

“I truly think that it’s getting everybody involved at the clinic level, not just the navigator doing this on their own. So I truly think that’s what made it successful, the teamwork within the clinic.”

– Mountain Park Health Center

### Learning Together

“Staying engaged with the Learning Collaborative keeps us on track and focused. These regular meetings help ensure we’re consistently meeting clinical guidelines and quality measures.”

– Angeles Community Health Center

### Addressing Myths

“The focus on African American men was crucial—data shows high mortality and low primary care access in Bronzeville. Addressing the myths around screenings, especially for men, has been a significant part of our success.”

– Northwestern Memorial Foundation



## Grantee Challenges

### Midline Challenges Addressed

#### ○ Tracking Screening Rates

- Initially, sites faced challenges tracking screening rates. Defined metrics, tracking timeframes, and deidentified data in a standardized format enabled Exact Sciences to assist with analyses.

#### ○ Formulating and Evaluating Comprehensive Plans

- Initially, sites struggled to create and evaluate comprehensive plans for addressing barriers. With Exact Sciences' support with real-time course corrections and process metric tracking, they made measurable progress.

#### ○ Adjusting Specific Systems

- Initially, sites found it challenging to adjust systems to meet screening goals. Exact Sciences provided technical support, networking opportunities, and guidance on training timelines, enabling sites to address this effectively.

#### ○ Addressing Health Equity

- Initially, sites faced challenges making progress on health equity, particularly with underserved populations. Exact Sciences supported community partnerships and strategies to engage communities on CRC screening barriers, helping sites make meaningful progress.

### Persisting or Emerging Challenges

#### ○ Access Limitations

- Many patients struggle with reliable transportation for screenings, and existing resources don't fully meet this need.
- Uninsured patients often face extended wait times for colonoscopy appointments, delaying essential follow-up care.

#### ○ Inaccurate Contact Information

- Inaccurate contact details, especially for transient populations, complicate follow-up efforts and patient reminders.

#### ○ Patient Hesitancy and Cultural Barriers

- Misinformation and cultural stigma surrounding CRC screening present challenges in increasing screening rates.
- Fear of the screening process or possible results deters many patients from participating, impacting engagement.

#### ○ COVID-19-Related Challenges

- The pandemic left many hesitant to return to in-person care, creating a backlog of missed screenings and hesitancy in some patients.

## Future Plans:



### PATIENT NAVIGATION AND COMMUNITY OUTREACH

- **Commitment to sustaining CRC screening efforts**, with a focus on patient navigation, provider education, and community outreach, including culturally tailored education and outreach initiatives.
- **Ongoing use of specialized screening tools and CRC kits**, supported by Community Health Workers (CHWs), with a focus on securing funding for these roles.
- **Efforts to reach more patients through bulk mailings and targeted navigation assistance**, particularly for patients already engaged in other care management programs.



### CLINICAL PROCESS

- **Integration of mt-sDNA (the Cologuard® test) into clinical practices**, with implementation timelines adjusted as needed due to system backlogs.
- **Enhancement of CRC screening programs** through shared care team mindsets, acquisition of necessary tools, and continued financial incentives for patients who complete screenings.
- **Emphasis on clinical quality measures to improve screening rates**, with an ongoing commitment to maintain CRC screening programs established during grant periods, despite uncertainties in long-term institutional funding.
- **Maintenance of established CRC screening workflows** to sustain screening outcomes and encourage completion among patients enrolled in other care management programs.



### ACCESS TO CARE

- **Continued distribution of CRC screening materials** at community outreach events and in physician offices.
- **Plans to improve access to care** by recruiting and training staff, developing patient education materials, and implementing technological improvements for data management.



### FINANCIAL SUPPORT AND SUSTAINABILITY

- **Seeking sustainable financial support**, including 100% external funding for some programs, to continue to expand CRC screening work, employ patient navigators and CHWs, and provide transportation assistance.





## FOCUS PROGRAM SPOTLIGHTS





# ACCESS COMMUNITY HEALTH CENTERS



## Madison, WI

		
INTERVENTIONS USED		POPULATIONS SERVED
<ul style="list-style-type: none"><li>• Patient/Community Education</li><li>• Patient Reminders</li><li>• Engaging Community Health Workers</li><li>• Reduce Barriers to Care, including patient costs</li><li>• One-on-one Education</li><li>• Provider and Professional Education</li></ul>		<ul style="list-style-type: none"><li>• Unscreened patients ages 45-49</li><li>• African American patients overdue for screening</li></ul>
SPECIFIC SUCCESSES		

- **Clinical Workflows:**  
Access Community Health Centers updated clinical workflows to implement the Cologuard® test as the preferred screening tool, leveraging the FOCUS grant to refocus clinical quality efforts.
- **Screening Impact:**  
The site’s colorectal cancer screening rate rose to 54.9%, a 9.1% increase from one year ago, making it the highest-ranked among the state’s 19 community health centers. As of March 2024, providers placed 1,014 Cologuard® orders, resulting in 27 positive results and scheduled follow-up colonoscopies, and the removal of pre-cancerous lesions in three patients.
- **Screening Access:**  
Collaborating with Exact Sciences enabled uninsured patients to access the Cologuard® test, resulting in a screening rate 20% higher than that of the site’s insured patients. During the 18-month grant period, 735 African American patients and 507 patients aged 45-49 were screened. The Cologuard® test has become the standard screening tool, with hardwired workflows established for both support staff and providers.

# COMMUNITY HEALTHCARE NETWORK INC.



## New York City, NY

 INTERVENTIONS USED	 POPULATIONS SERVED
<ul style="list-style-type: none"><li>• Patient Navigation Services</li><li>• Patient/Community Education</li><li>• Patient Reminders</li><li>• Engaging Community Health Workers</li><li>• Reduce Barriers to Care, including patient costs</li><li>• Promotion of Screening through Small Media</li><li>• One-on-one Education</li><li>• Provider Reminders</li><li>• Provider Assessment and Feedback</li><li>• Provider and Professional Education</li></ul>	<ul style="list-style-type: none"><li>• 45–55-year-olds</li><li>• Uninsured patients</li><li>• Sites in Jamaica and Long Island City, NY</li></ul>
SPECIFIC SUCCESSES	

- **Screening Impact:**  
Community Healthcare Network Inc.’s screening rates increased across key populations from November 2022 to April 2024. Among patients aged 45-55, rates rose from 36% (558 of 1560) to 51% (726 of 1412), increasing by 15%. Uninsured patient screening rates grew from 33.4% (156 of 467) to 53.5% (254 of 475), increasing by 20%. Screening rates at sites in Jamaica and Long Island City, NY, increased from 44% to 57%, improving by 13%.
- **Targeted Outreach:**  
The site’s care manager focuses on outreach to uninsured patients and those aged 45-55, populations with historically lower screening rates. She assists with colonoscopy scheduling, coordinates with internal referrals for specific patient needs (e.g., female providers or Saturday appointments), and ensures timely patient follow-up. A bulk Cologuard® mailing targeting patients aged 45-55 in August 2023 led to a 33% test completion rate, followed by additional outreach to those who had not completed the test.
- **Follow-Up:**  
An AmeriCorps staff member supports patients with positive stool-based test results, ensuring colonoscopy referrals within 30 days and scheduled procedures within 90 days.

# MARIPOSA COMMUNITY HEALTH CENTERS

## Nogales, AZ

 <b>INTERVENTIONS USED</b>	 <b>POPULATIONS SERVED</b>
<ul style="list-style-type: none"><li>• Patient Navigation Services</li><li>• Patient/Community Education</li><li>• Patient Reminders</li><li>• Engaging Community Health Workers</li><li>• Reduce Barriers to Care, including patient costs</li><li>• One-on-one Education</li></ul>	<ul style="list-style-type: none"><li>• Patients with Type 2 diabetes in Santa Cruz County, AZ</li></ul>
<b>SPECIFIC SUCCESSES</b>	

- **Screening and Referrals:**  
Mariposa Community Health Centers screened a total of 201 patients using the MCHC Colon Cancer Screening Tool. Thirteen patients were referred for colonoscopies through their primary care physicians via the electronic health record (EHR).
- **Follow-Up:**  
Community health workers contacted 96 patients to provide Cologuard® kit instructions and encourage sample returns. Ninety-six Cologuard® kits were ordered and delivered to patients, supporting timely screening follow-up.
- **Community Education:**  
Increased education and outreach efforts in Santa Cruz County have reduced the stigma surrounding colorectal cancer screening. As a result, patients are returning kits faster with fewer reminders. Through the MCHC Pharmacy, CHWs, outreach events, media, and information distribution, colorectal cancer awareness has improved, contributing to increased early-stage detection among patients with type 2 diabetes.

# MOUNT SINAI INTERNAL MEDICINE ASSOCIATES

## New York City, NY

INTERVENTIONS USED		POPULATIONS SERVED
<ul style="list-style-type: none"><li>• Patient Navigation Services</li><li>• Patient/Community Education</li></ul>		<ul style="list-style-type: none"><li>• Entire clinic population in East Harlem, NY</li></ul>
SPECIFIC SUCCESSES		

- **Screening Impact:**

Mount Sinai Internal Medicine Associates saw colorectal cancer screening rates improve by more than 10 percentage points during the funding period, with sustained gains throughout the intervention. Orders for mt-sDNA tests increased and became as common as colonoscopy referrals, likely due to enhanced patient support for test completion.

- **Patient Navigation:**

Tailored patient navigation effectively boosted adherence to mt-sDNA testing. However, long-term cost-effectiveness depends on scaling the navigation program. The number of touchpoints was reduced while maintaining the program's effectiveness.

- **Program Impact:**

The navigation program was expanded to another practice with historically low colorectal cancer screening rates, showing promising early results. Additionally, there was a significant increase in test completion and a notable reduction in Sample Could Not Be Processed (SCNBP) outcomes.



# NEBRASKA CANCER COALITION

Lincoln, NE



## INTERVENTIONS USED

- Patient/Community Education
- Patient Reminders
- Promotion of Screening through Small Media
- Provider and Professional Education



## POPULATIONS SERVED

- Farm and ranch families in rural Nebraska

## SPECIFIC SUCCESSES

- **Media Campaign:**

The Nebraska Cancer Coalition conducted a targeted small media campaign that reached 463,651 rural Nebraskans.

- **Provider and Patient Education:**

Continuing education (CE) was provided to 66 healthcare providers, and educational materials were distributed to 141 partner sites. Additional foreign language materials in Spanish, Arabic, and Vietnamese were created and hosted on the provider-focused website [www.fightbackNE.org](http://www.fightbackNE.org).

- **Advocacy Efforts:**

Advocacy efforts focused on reducing colorectal cancer screening cost-sharing through Medicaid and Medicare expansion in Nebraska. This included working with senators and the insurance lobby to update Nebraska law, lowering the screening age to 45 and requiring coverage for colorectal cancer screening services across Medicaid, Medicare, ACA, ERISA, and self-insured plans.

# ACKNOWLEDGMENTS

Meg Fischer, Tanvi Gaitonde and Mary Doroshenk contributed to this report. The team would like to thank the Corporate Impact Team, the FOCUS grant applicant volunteer reviewers, and Exact Sciences leadership for supporting the FOCUS program and making the inaugural year such a success.

## FOCUS Grantees

- Access Community Health Centers
- AtlantiCare Health Services
- Community Healthcare Network, Inc.
- Health Access For All Inc., dba Angeles Community Health Center
- Mariposa Community Health Center
- Mount Sinai Internal Medicine Associates
- Mountain Park Health Center
- San Joaquin Health Center
- Kenosha Community Health Center Inc.
- Taking Aim Against Cancer in Louisiana
- Kaleida Health Foundation/Great Lakes Cancer Care Collaborative
- Milwaukee Black Grassroots Network for Health Equity
- Northwestern Memorial Foundation – Chicago Cancer Initiative
- Nebraska Cancer Coalition

## Evaluation

Caitlin Allen, CGA Consulting

