CALIFORNIA HEALTH PLAN COLORECTAL CANCER SCREENING LEARNING COLLABORATIVE

Session #2:
From Fragmented Data to Action: Using Data to Improve CRC Screening

Tuesday, September 29, 2026

American Cancer Society

California Colorectal Cancer Coalition

CDCC California Dialogue on Cancer
California's Coalition to Prevent Cancer and Save Lives



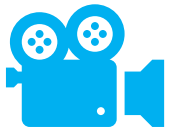
Housekeeping



ALL PARTICIPANTS HAVE BEEN MUTED. TO ASK A QUESTION, PLEASE UNMUTE YOURSELF



PLEASE ASK QUESTIONS BY UNMUTING, USING THE CHATBOX, OR Q&A



THIS SESSION IS BEING RECORDED & SLIDES WILL BE PROVIDED



THE EVALUATION LINK WILL BE DROPPED IN THE CHAT. PLEASE COMPLETE TO HELP US IMPROVE FUTURE SESSIONS.

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California Colorectal Cancer Coalition

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Introductions:

In the chat, please introduce yourself with your ***name*** **and** ***organization***, and share **one thing you *enjoy about fall***.

Session Moderators



Raquel Arias, MPH
Associate Director, State Partnerships
American Cancer Society

C4 Board Member



Celena Donahue
Quality Improvement Advisor
Partnership Health Plan

C4 Board Member

Agenda

- Welcome & background
- Didactic presentation (Recorded)- Brenna Lin, NCQA
- Health Plan Case Study- Lorena Ramos & Nia Price, Inland Empire Health Plan (IEHP)
- Group Discussion
- Resources & Reminders
- Close

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Who's with us?

17 CA Health Plans

Alameda Alliance for Health
Anthem Blue Cross
Blue Shield of California
CalOptima Health
CenCal Health
Central California Alliance for Health
Contra Costa Health Plan
Gold Coast Health Plan
Health Net
IEHP
Kaiser Permanente
Kern Family Health Care
L.A. Care
Molina Healthcare
Partnership HealthPlan
Valley Health Plan
Western Health Advantage

Roles & Departments

Quality Improvement
Population Health
Health Equity
HEDIS & Quality Analytics
Health Education
Provider Relations
Care Management
Clinical Leadership

Expert Faculty & Partners

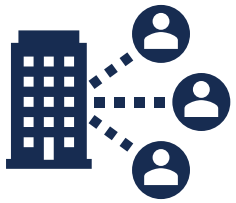
California Colorectal Cancer Coalition (C4) Board Members
American Cancer Society (ACS)
California Dialogue on Cancer (CDOC)
California Department of Health Care Services (DHCS)
Covered California

Health Plan CRC Screening Learning Collaborative

- Statewide learning collaborative to support California health plans in improving colorectal cancer screening rates within their enrolled populations.
- Designed to **build knowledge and capacity** among health plan teams working to advance colorectal cancer screening
- **Seven virtual sessions** from August 2026 to April 2027
- Sessions will include **expert presentations, health plan case studies, facilitated discussion**
- Focus on **Medi-Cal Managed Care Plans** but open and relevant to **all California health plans.**
- Participants are health plan team members with a role to play to advance CRC Screening.
- Optional individualized technical assistance is available from ACS/ C4/ and CDOC

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Highlights from Baseline Survey



Common Interventions

Stool DNA (Cologuard) program

Member reminders/outreach (text, phone, email, mail, member portal)

Member education campaigns (print, digital, community-based)

Provider performance feedback (assessment/reporting of screening rates)

Provider incentives/pay-for-performance programs

Provider training and education



Challenges

Getting stool-based tests returned

Reaching the 'never screened'

Colonoscopy scheduling and availability

Identifying new/ innovative strategies to improve screening rates



Main Takeaway

Respondents are eager to learn from one another about successful interventions, case studies, and best practices

POLL QUESTION:
What data challenges is your plan experiencing?



Brenna Lin, PhD

Applied Research Scientist, Population Health
National Committee for Quality Assurance (NCQA)

From Fragmented Data to Action: Using Data to Improve CRC Screening and Follow-Up

Brenna Lin, PhD
Applied Research Scientist, NCQA
September 2026

Background

The *Colorectal Cancer Screening* (COL) measure was released in 2004

- Hybrid Method:
  - Administrative Data (*Enrollment, Claims, Encounter)*
  - Sample *(Manual Medical Record Review)*

The electronic version (COL-E) was released in 2020

- Electronic Clinical Data Systems (ECDS) Method:
  - Administrative Data (*Enrollment, Claims, Encounter)*
  - Clinical *(Electronic health record, Health information exchange/ clinical registries)*
  - Other Sources *(Case management)*

- **Promotes interoperable data exchange**
- **Foster greater clinical and patient insight**
- **Decrease measurement burden across health care system**

For Discussion Purposes Only - Do Not Distribute

Follow-Up After Positive Colorectal Cancer Non-Invasive Screening Test (COF-E)

MY 2027

Exclusions

- History of total colectomy or colorectal cancer
- Hospice or death
- Palliative care
- Frailty and advanced illness (65+)
- Enrolled in Institutional Special Needs Plans or living long-term in an institution (65+)
- Colonoscopy in the year prior

Product Lines

Medicaid

Medicare

Commercial

Reporting Method

Electronic Clinical Data Systems (ECDS)

Measure Description: The percentage of eligible persons 45 – 75 years of age who receive a follow-up colonoscopy after a positive colorectal cancer non-invasive screening test.

Denominator

Eligible persons with a positive stool-based screening test

Numerator

Eligible persons that receive a follow-up colonoscopy within 180 days

Current Data Challenges



Inconsistent availability of clinical EHR data

Plans struggle to access and extract clinical EHR data, citing current immature infrastructure for data exchange or EHR data feeds only available for specific data points. Data may be in unstructured fields.



Lack of Interoperable Data Exchange

Many data are not structured using interoperable codes. And relevant data is not always exchanged. Thus, information cannot be transmitted across the health ecosystem.



Disjointed Patient Records

Patients often move between various health plans, systems, and product lines. This often results in an incomplete picture of a patient's care.

Screening and Follow-Up Challenges



Coordination Required Between Various Providers

Colorectal cancer screening requires coordination between primary care, specialty care and laboratories.



Patient Reported Barriers

There are patient reported barriers including knowledge and awareness (clinical and cost/ benefits), fear and anxiety, transportation and accompaniment needs etc.



Follow-Up

Patients may not receive their test results in a timely manner; there may be long wait times for colonoscopies; patients are unclear of financial cost

Qualitative Health Plan Interviews

Breast and Cervical Cancer Screening and Follow-Up

Background: NCQA conducted health plan interviews to understand barriers, opportunities, and feasibility of health plans in capturing and implementing breast and cervical cancer screening and follow-up programs

- Many learnings can be applied to COL and COF-E

Methods:

- Used NCQA's Quality Compass to identify high and low performing plans
- Conducted a purposive sample of diverse plans
  - Identified senior quality improvement and reporting staff
- Conducted 10 semi-structured interviews
- Occurred in April 2023
- Conducted thematic analysis

Supporting breast and cervical cancer screening follow-up: qualitative health plan interviews | BMC Health Services Research | Springer Nature Link

Existing Screening Programs

Successes

Patient Engagement	System-Level Engagement

• Paper mailers
  • Clinical impact (e.g. Importance of care)
  • Insurance information (e.g. accessing in-network providers and benefits)
• Digital communications
  • Text messages
  • Health record portals
  • Web or mobile portals
• Live agents
  • Provide resources
  • Navigate barriers (e.g. language, scheduling, transportation, childcare)
• House calls for those with serious barriers
• Incentives for completing educational units
	• Supporting data infrastructure
	  • Sharing patients with gaps in care
	• Engaging Providers
	  • Value-based payment contracts
	  • Quality forums
	  • Sharing best practices

Demographic and Patient Characteristic Challenges

Screening and Follow-Up



Regional

Challenges:
- Care deserts
- Low specialty care
- Long wait time in some regions
- Many mentioned rurality



Medicaid

Challenges:
- Patients are difficult to track
- Need to implement more culturally sensitive programs
- Social Determents of Health
- Insufficient time

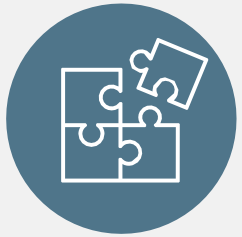


Screening Hesitancy

Challenges:
- More time needed in visits
- Requires trust with physician
- Lack of knowledge and awareness
- Fear and anxiety

Data Challenges

Screening and Follow-Up



Infrastructure

Challenges:

- Struggle to access different sources of data, particularly provider-based data
- Different health providers have different EHR, case management, and other systems
- Incomplete patient data



Data Standardization

Challenges:

- Lack of interoperability
- Many medical records are still paper-based
- Clinical data is stored in notes
- Data needs to be normalized across all the provider and clinical systems

Opportunities

Screening & Follow-Up



Provide Technical Support

Opportunities:

- Serve as part of the clinical team in promoting education, sharing gaps and addressing barriers of care
- Support and connect provider groups



Incentives & Reduce Burden

Opportunities:

- Value-based payment
- Incentivize data submission from providers
- Keep historical data from patients
- Data sharing to providers
- Remove prior authorization requirements



Build Data Capability

Opportunities:

- Establishing data aggregators
- Connecting with local or state HIEs
- Collecting greater demographic data
- Develop data flow diagrams
- Consider requesting unstructured data from providers



Brenna Lin
blin@ncqa.org



Lorena Ramos
Health Equity Manager



Nia Price MPH, MSN, RN, CPHQ, FACHE
Quality Improvement Measure Strategist

Inland Empire Health Plan (IEHP) Case Study

From Fragmented Data to Action: Using Data to Improve Colorectal Cancer Screening

Lorena Ramos, Health Equity Manager

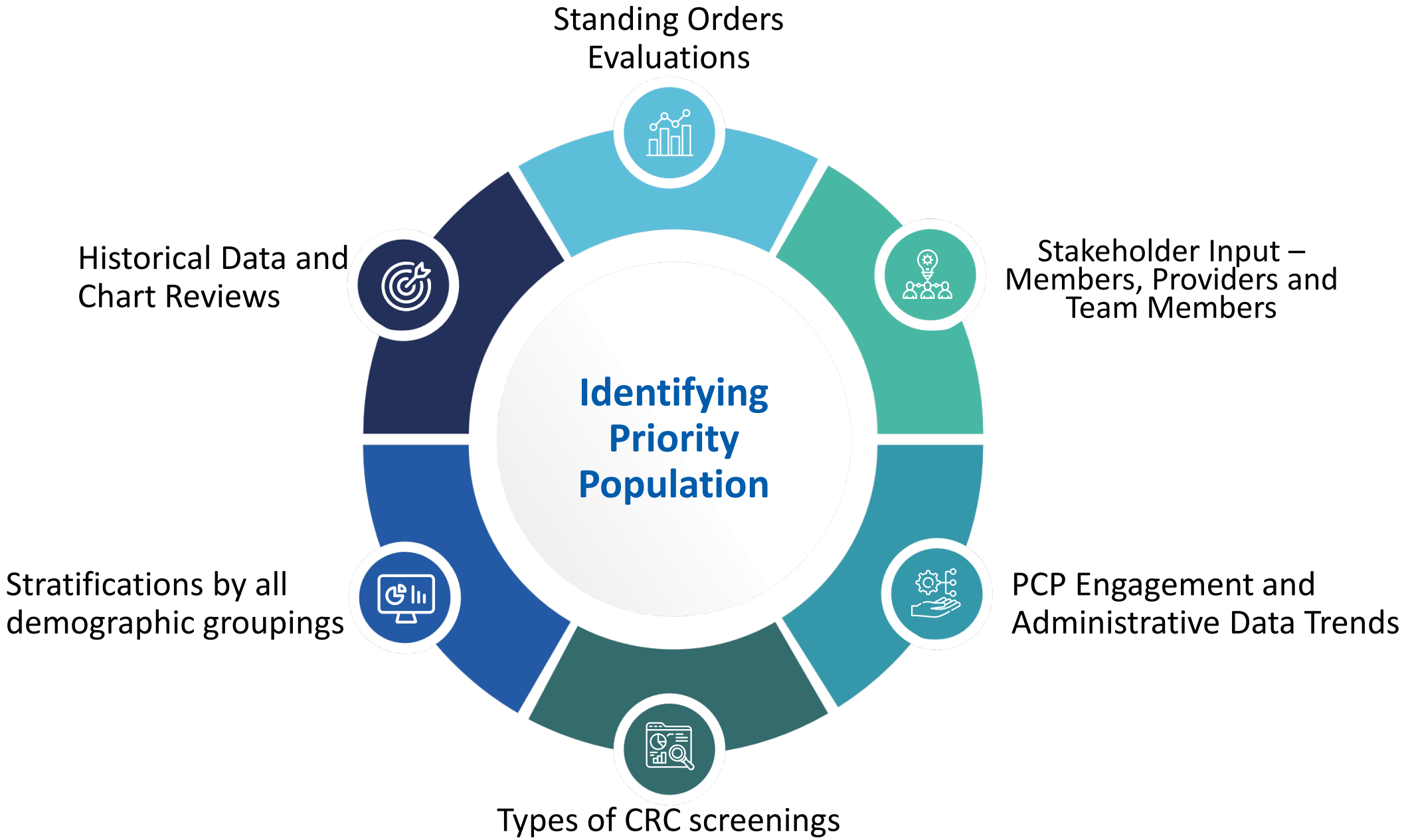
Nia Price, Quality Improvement Measure Strategist

IEHP
Inland Empire Health Plan

Agenda

1. Identifying Priority Population
2. Data Source Used
3. Turning Data into Action
4. Measuring Impact
5. Lessons Learned




Standing Orders Evaluations
Historical Data and Chart Reviews
Stakeholder Input – Members, Providers and Team Members
Identifying Priority Population
Stratifications by all demographic groupings
PCP Engagement and Administrative Data Trends
Types of CRC screenings

Data Sources Used

Administrative

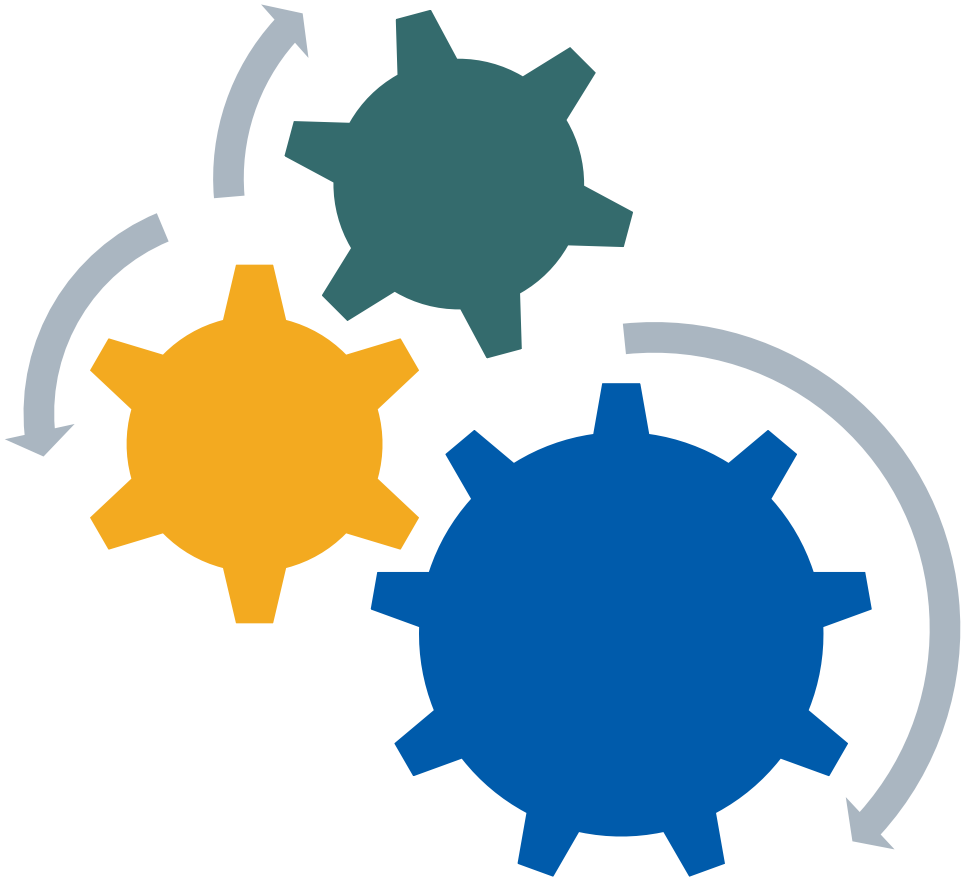
- Claims and Encounter Data
- Lab Data

Supplemental Data

- Independent Physician Associations (IPA's)
- Historical Data Submissions and Chart Reviews

Health Information Exchange (Manifest MedEx)

Electronic Health Record (EHR) Data



Turning Data into Action

Root Cause Analysis – Data Findings and Insights

Measurement Year 2023

- Members showed high PCP Engagement.
- FOBT/colonoscopies most utilized screening type
- Regional disparity showed in multiple rural areas - triggering adding Cologuard to expand access for CRC screenings.

Measurement Year 2025

- High percentage of unreturned kits
- CCA Members with higher email availability on member's profile
- Hispanic Population showed large percentage of Spanish speaking members with unreturned kits
- Unreturned kits higher in age band 46-49
- Member feedback regarding home kits

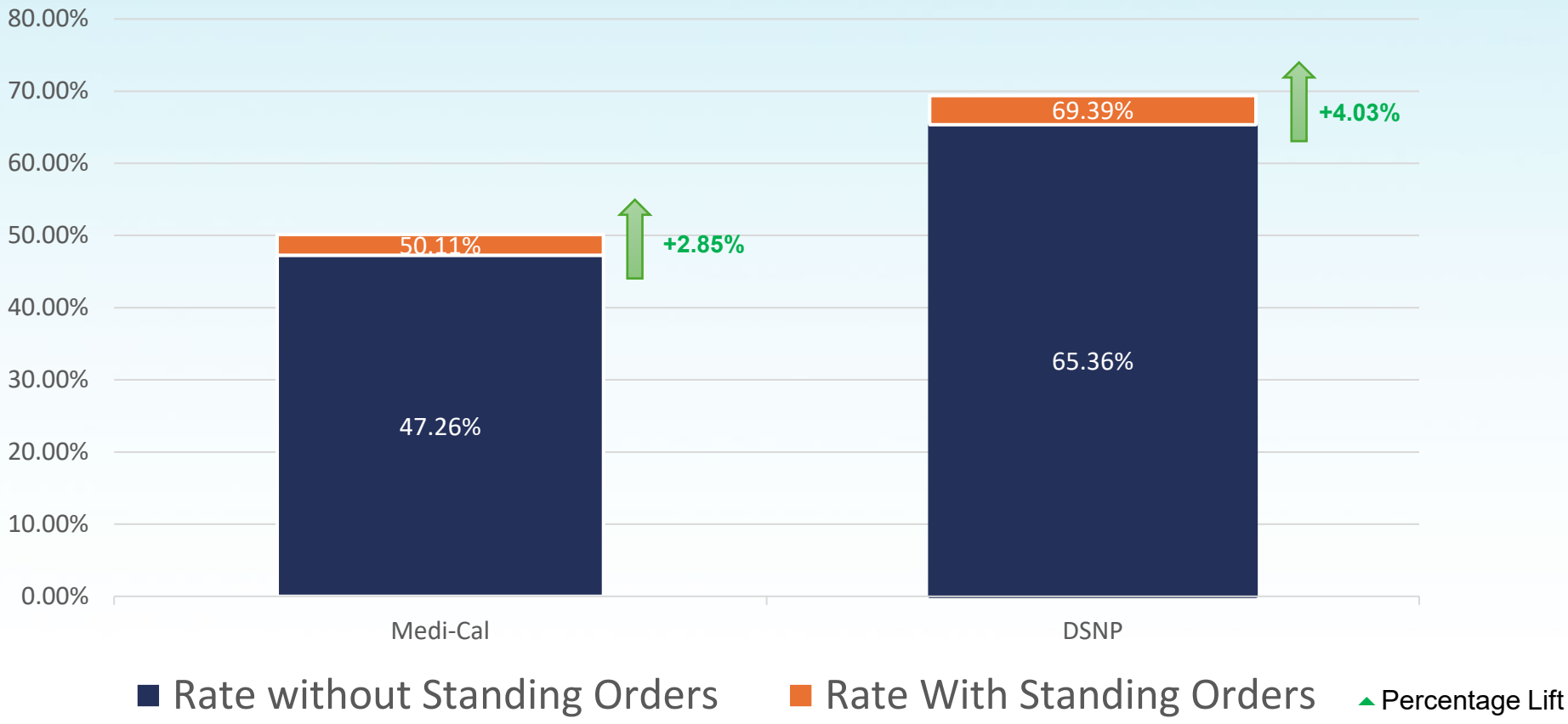
Measuring Impact
Standing Orders Program

- Annual opt-in and confirmation process
- Coordination with vendors for delivery of home kits, member outreach, and education on colorectal cancer screenings

- Provider and IPA collaborations to support and increase utilization of SO Program
- Supports Providers Pay for Performance in colorectal cancer screening measures

Measuring Impact

2024 Standing Orders Program



Key Lessons Learned

- Member outreach and engagement
  - Learning different ways to engage with members by product lines
- Provider involvement
  - Improving provider engagement for Opt-in to Standing Orders Program
- Continuous quality improvement
  - Implement multicomponent strategies (e.g., standing orders + reminders + provider incentives) for more effective interventions
  - Incorporating provider, member and team member feedback into improvement strategy
- Equity and tailoring
  - Use data analytics to identify under-screened subgroups and deliver culturally and linguistically tailored communications
  - Address specific barriers to reduce disparities

Thank You!

Please reach out to us for any questions or additional context.

IEHP
Inland Empire Health Plan

Questions?



Group Discussion

- Encourage cameras “on” if possible
- Invite you to come off mute to share
- Type responses in the chat

Group Discussion

1) As a health plan, how are you identifying CRC screening opportunities or care gaps?

2) How is your health plan currently using data to target interventions, support providers, or engage members?

3) What has been the most effective CRC screening strategy or intervention you've implemented so far?

4) What is one idea from today's session that you may explore within your organization?

Learning Collaborative Resource Hub- add to your bookmarks!

Colorectal Cancer Screening Resources - California Colorectal Cancer Coalition (C4)

Learning Collaborative Sessions – Recordings and Resources

Session Date & Time	Title of Session	Link to Recording and Slides
August 25, 2026, Noon–1PM PST	Learning Collaborative Kickoff: Advancing Colorectal Cancer Screening Through Health Plan Leadership	TBD
September 24, 2026, 12–1PM PST	From Fragmented Data to Action: Using Data to Improve CRC Screening	TBD
October 2026 (Date & Time TBD)	Population-Based Screening Strategies: Mailed Outreach at Scale (FIT and FIT-DNA)	TBD
January 2027 (Date & Time TBD)	Member Engagement Strategies to Drive Screening Uptake	TBD
February 2027 (Date & Time TBD)	Provider Interventions & Engagement – What Plans Can Do to Influence Providers	TBD
March 2027 (Date & Time TBD)	From Positive Test to Colonoscopy: Closing the Loop on CRC Screening	TBD
April 2027 (Date & Time TBD)	TBD	TBD

Colorectal Cancer Screening Resources

- Health Professionals +
- Systems Interventions & Program Planning +
- Quality Improvement Resources +
- Members, Patients, and Community Members +
- Data Resources +
- American Cancer Society Patient Support Programs and Services +

Colorectal Cancer Screening Resources

Health Professionals −

- NCCRT – National Colorectal Cancer Roundtable: National coalition providing evidence-based tools, best practices, and resources to increase colorectal cancer screening rates.
- American Cancer Society Guidelines for Colorectal Cancer Screening: Website with current screening recommendations, eligibility criteria, screening methods, and screening intervals.
- Colorectal Cancer Fact Sheet for Health Care Professionals: Quick-reference overview of colorectal cancer burden, screening tests, risk factors, treatment options and key statistics.
- The Dos and Don'ts of Colorectal Cancer Screening: One-page flyer about some of the dos and don'ts for colorectal cancer screening.
- Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices: Step-by-step guide for implementing evidence-based interventions to improve colorectal cancer screening and follow-up rates in primary care settings.
- Colorectal Cancer 101 PowerPoint: Ready-to-use presentation with talking points that provides an overview of colorectal cancer prevention, screening, and early detection.

Systems Interventions & Program Planning +

Quality Improvement Resources +

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Virtual registration is still open!

https://www.cacoloncancer.org/wc4/


American Cancer Society
Project ECHO
Early Onset Colorectal Cancer ECHO
October 2026 - February 2027
Join us for five FREE monthly sessions that will equip healthcare providers with the latest knowledge and best practices to improve early detection and equitable care for the growing number of younger adults affected by colorectal cancer.
Learn more and register HERE or scan the QR code.

Next Steps

- **QI leads: Baseline surveys were due September 15th,** please submit asap if you have not already

- **Next learning collaborative session: October 29th**

  Want to invite additional colleagues? Please invite them to register here: https://forms.office.com/g/rDbvKVH4E3

- **Interested in individual technical assistance from ACS, C4, and CDOC?** Please email shauntay.davis@cdph.ca.gov and joyce.ceja@cdph.ca.gov

American Cancer Society
California Colorectal Cancer Coalition
CDOC California Dialogue on Cancer

CA Health Plan CRC Learning Collaborative Planning Committee

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Sheila Seno-Gerhart, MPH
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Comprehensive Cancer Control Program
CA Cancer Registry

American Cancer Society
California Colorectal Cancer Coalition
CDCC California Dialogue on Cancer

Session #3:
October 29, 12pm-1pm PST

Population-Based Screening Strategies: Mailed Outreach at Scale (FIT and FIT-DNA)

Folasade May, MD, PhD, MPhil
UCLA Gastroenterologist
Associate Director, UCLA Kaiser Permanente Center for Health Equity in the UCLA Health Jonsson Comprehensive Cancer Center

Thank you for joining us!

Please complete our session evaluation:

California Health Plan Colorectal Cancer Screening Learning Collaborative Evaluation