CALIFORNIA HEALTH PLAN COLORECTAL CANCER SCREENING LEARNING COLLABORATIVE



Session #3:
Population-Based Screening Strategies: Mailed Outreach at Scale (FIT and FIT-DNA)

Thursday, October 29, 2026

American Cancer Society

California Colorectal Cancer Coalition

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

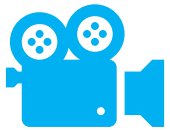
Housekeeping



All participants have been muted. To ask a question, please unmute yourself



Please ask questions by unmuting, using the chat, or Q&A feature



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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Introductions:

In the chat, please introduce yourself with your ***name*** **and** ***organization***, and share ***one favorite fall soup or other comfort food.***



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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Agenda

Today's Topic: Population-Based Screening Strategies: Mailed Outreach at Scale (FIT and FIT-DNA)

- Welcome & background
- Didactic presentation- **Dr. Fola May**
- Health Plan Case Studies
  - **Danika Lark-** Blue Shield of California (Mailed FIT)
  - **Rob Davenport-** Gold Coast Health Plan (Mailed FIT-DNA)
- Panel Discussion
- Resources & Reminders
- Close

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Poll Question

Which best describes your plan today?

- Currently using mailed FIT
- Currently using FIT-DNA outreach
- Using both
- Considering mailed outreach
- Not currently using either

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Folasade (Fola) May, MD, PhD, MPhil

Professor, David Geffen School of Medicine UCLA
Director, Center for Digestive Health Research & QI, UCLA Health
Staff Physician, Veterans Health Administration

California Health Plan Colorectal Cancer Screening Learning Collaborative

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

Folasade May, MD, PhD, MPhil
Professor of Medicine | UCLA Health
Department of Medicine | Division of Gastroenterology
Jonsson Comprehensive Cancer Center

UCLA Health

Why Population-Based CRC Screening Outreach Matters

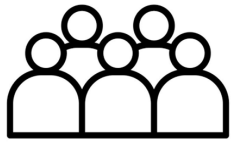
~1 in 3
Age-eligible US adults are not up-to-date with CRC screening

45–75
Age range for routine CRC screening in average-risk adults

From visit-based screening to population-based outreach



Traditional approach:
Screening depends on a patient encounter



Population-based approach:
Proactively identify and engage eligible members

UCLA Health

Sabatino SA, et al. Use of cancer screening tests, United States, 2023. Prev Chronic Dis.

Lessons From UCLA's Mailed FIT Outreach Program

Practical lessons from implementing population-based screening outreach



UCLA mailed FIT kit and patient instructions

~3,000 kits per cycle · twice yearly

1. **Identify the right patients**
   Confirm eligibility and screening history.

2. **Make participation easy**
   Use simple letters, clear instructions, and convenient returns.

3. **Build in reminders**
   Use primers and follow-up messages to support completion.

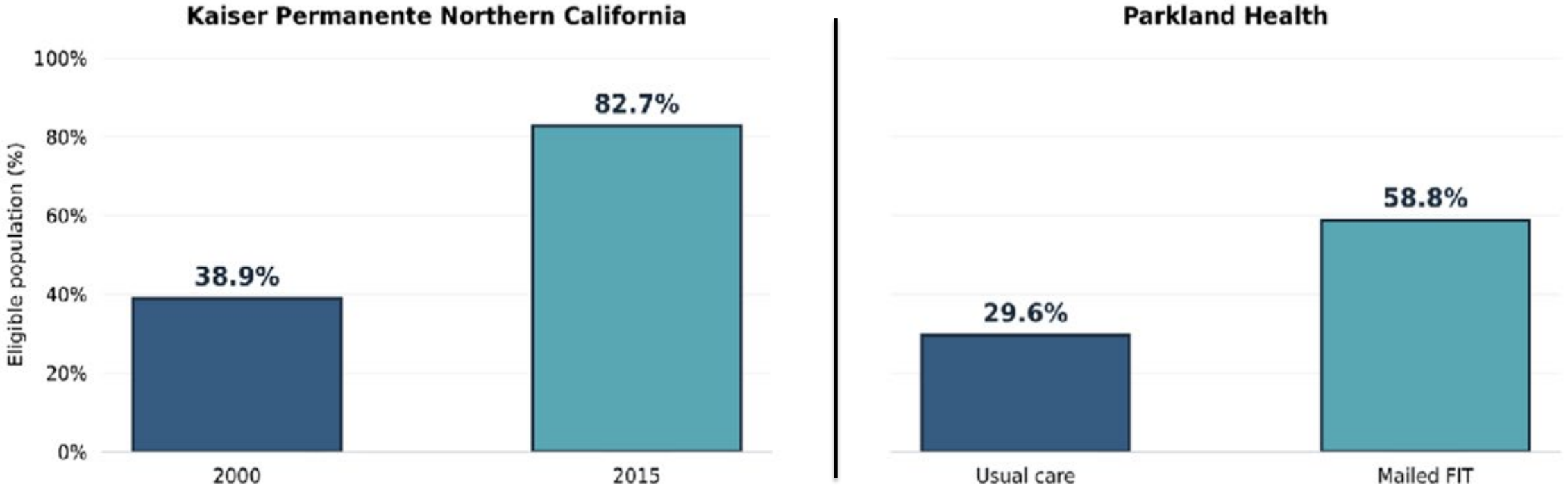
4. **Plan for follow-up**
   Track results and establish diagnostic colonoscopy pathways.

Effective outreach depends on the systems surrounding the test—not simply the kit itself.

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Does Mailed Outreach Work?
What the Evidence Shows

Organized CRC Screening Outreach improves Participation



Kaiser: screening up-to-date, 2000–2015 (observational).
Parkland: any screening at 12 months (randomized).

UCLA Health

Levin et al. Gastroenterology. 2018;155:1383–1391.
Singal et al. Cancer. 2016;122:456–463.

Mailed FIT vs. FIT-DNA:
Does the Test Matter?

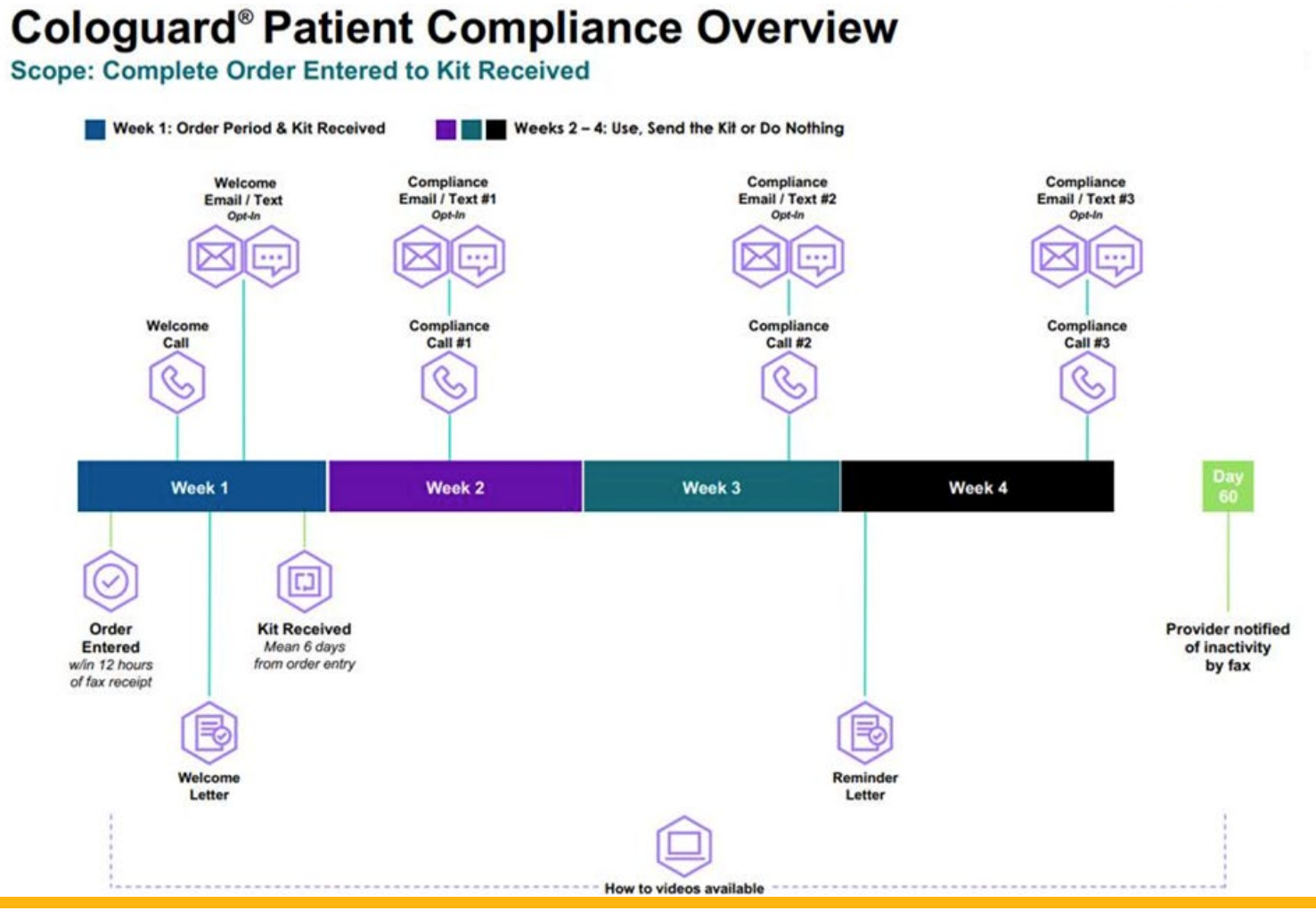
Consideration	FIT	FIT-DNA
Screening interval	Annually	Every 3 years
Patient experience	One stool sample	Larger stool collection
CRC sensitivity	~74%	~94%
Specificity	Higher	Lower
Cost	Lower	Higher
After abnormal result	Diagnostic colonoscopy	Diagnostic colonoscopy

Choosing a test for population-based outreach requires more than comparing test accuracy.
The best strategy maximizes appropriate screening completion AND timely diagnostic follow-up.

UCLA Health

Imperiale TF, et al. N Engl J Med. 2014;370:1287–1297. Wolf AMD, et al, CA Cancer J Clin. 2026; Wolf AMD, et al. CA Cancer J Clin. 2018;68:250–281

Supporting FIT-DNA Completion:
The Cologuard Example



Lessons for health plans

Multichannel outreach
Calls, texts, emails, and letters

Repeated touchpoints
Reminders over several weeks

Provider accountability
Inactivity notification at day 60

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Exact Sciences, Cologuard Patient Compliance Overview (vendor-described workflow; opt-in communications).

From Mailed Kits to Completed Screening

Six operational priorities for health plans

1. **Identify**
   Validate eligibility and screening history
2. **Coordinate**
   Align outreach with PCPs and care teams
3. **Make it easy**
   Clear instructions and convenient returns
4. **Remind**
   Multichannel reminders and support
5. **Track**
   Monitor kit returns and nonresponders
6. **Close the loop**
   Ensure results into EHR and diagnostic follow-up

Success is not kits mailed. Success is completed screening and appropriate diagnostic follow-up.

Designing Equitable Mailed Outreach

Equitable access requires intentional program design—not just equal outreach.

Common barriers

- Incomplete member or screening data
- Language and health literacy
- Unstable mailing addresses
- Limited access to diagnostic colonoscopy
- Cost, transportation, and scheduling challenges

Equity-focused strategies

- Validate eligibility across available data sources
- Provide multilingual, plain-language materials
- Offer multiple outreach and response options
- Establish referral, navigation & colonoscopy pathways
- Address transport, scheduling, cost barriers

Equity must be built into outreach design—and measured through screening completion and follow-up.

Abnormal FIT or FIT-DNA Results Require Colonoscopic Follow-up



FIT



FIT-DNA
(Cologuard)

Abnormal screening result



Diagnostic colonoscopy to detect tubular adenomas and CRC

For People with Abnormal Stool Test Results…

48%

Completed follow-up colonoscopy within 6 months

20,581 adults across 38 U.S. health care organizations

~2×

Higher odds of advanced-stage CRC

Colonoscopy at 10–12 months vs. 8–30 days after positive FIT

Health Plan Implication: Track diagnostic colonoscopy completion after every abnormal result.

UCLA Health

Ciemins EL, et al. JAMA Netw Open. 2024;7(3):e242693.
Corley DA, et al. JAMA. 2017;317:1631–1641.

Barriers to Abnormal FIT or FIT-DNA Follow-up

Patient-Level Factors

- Transportation or escort needs
- Time off work and other competing priorities
- Bowel prep or procedure concerns
- Out-of-pocket costs or coverage gaps
- Comorbidity and competing care needs

Provider-Level Factors

- Abnormal result not acknowledged or communicated
- No colonoscopy referral or delayed referral
- Inappropriate repeat stool testing
- Unclear ownership of follow-up
- Limited counseling or patient engagement

System/Policy-Level Factors

- Limited colonoscopy access or capacity
- Scheduling and referral bottlenecks
- Fragmented EHR and claims data
- Poor tracking across provider networks
- Navigation and care coordination gaps

Low follow-up reflects patient, provider, and system barriers—not patient behavior alone.

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Closing the Loop After an Abnormal FIT or FIT-DNA

Five actionable priorities for health plans:

1. **Identify**
   Capture abnormal results across laboratories and provider networks.
2. **Notify**
   Ensure patients and clinicians receive results promptly and integrate into EHR.
3. **Navigate**
   Help patients overcome scheduling, transportation, and cost barriers.
4. **Coordinate**
   Establish clear referral and diagnostic colonoscopy pathways.
5. **Track to completion**
   Monitor colonoscopy completion, follow up on overdue patients, and inequities.

A positive test should trigger coordinated follow-up—not simply another reminder.

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Beyond Kits Mailed:
Measuring Screening Program Success

Domain	Key performance measures
Screening uptake	% completing initial screening
Test quality	% invalid/unacceptable tests; median kit return time
Diagnostic follow-up	% completing colonoscopy after an abnormal stool test
Longitudinal adherence	% completing repeat screening when due
Equity	Differences in screening and follow-up across populations

Effective programs measure completion, follow-up, and sustained participation—not just kits mailed.

Adapted from Robertson et al., AJG 2017.

Key Takeaways for Health Plans

1

Mailed outreach works

Proactive, organized outreach increases colorectal cancer screening participation.

2

Test selection matters

Choose guideline-concordant FIT or FIT-DNA strategies that consider patient preferences, feasibility, and follow-up.

3

Design for equity

Address language, access, and logistical barriers from the outset—not after disparities emerge.

4

Measure what matters

Track completed screening, results documentation, diagnostic colonoscopy, repeat screening, and equity—not just kits mailed.

Thank You!

UCLA Health
Vatche and Tamar Manoukian Division of Digestive Diseases

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@drfolamay

#MayLabUCLA

https:/www.uclahealth.org/gastro/may-lab

Funding Support:
NIH/NCI R01CA271034-01
NIH/NCI R01CA272491 (pending)
VA IIR HSR&D HX003605
FORTE (NRG-CC005)
Eli & Edythe Broad Ablon Scholar Program
Jonsson Comprehensive Cancer Center



Questions?



Health Plan Case Study: Mailed FIT

Danika Lark
Program Manager, Blue Shield of California

Expanding access to care through home test kits for colorectal cancer screening



Danika Lark, Program Manager, Blue Shield of California

October 2026



Home Colorectal Cancer Screening Kits fill the need for discrete, cost-effective care

Research

- Blue Shield of California invests in Catalyst for Payment Reform research to understand member needs and reduce screening barriers.

Illustrative patient profiles

- Samuel faces fear and stigma. Diana faces caregiving, cost and language barriers. Gabrielle needs to rebuild trust after negative care experiences.

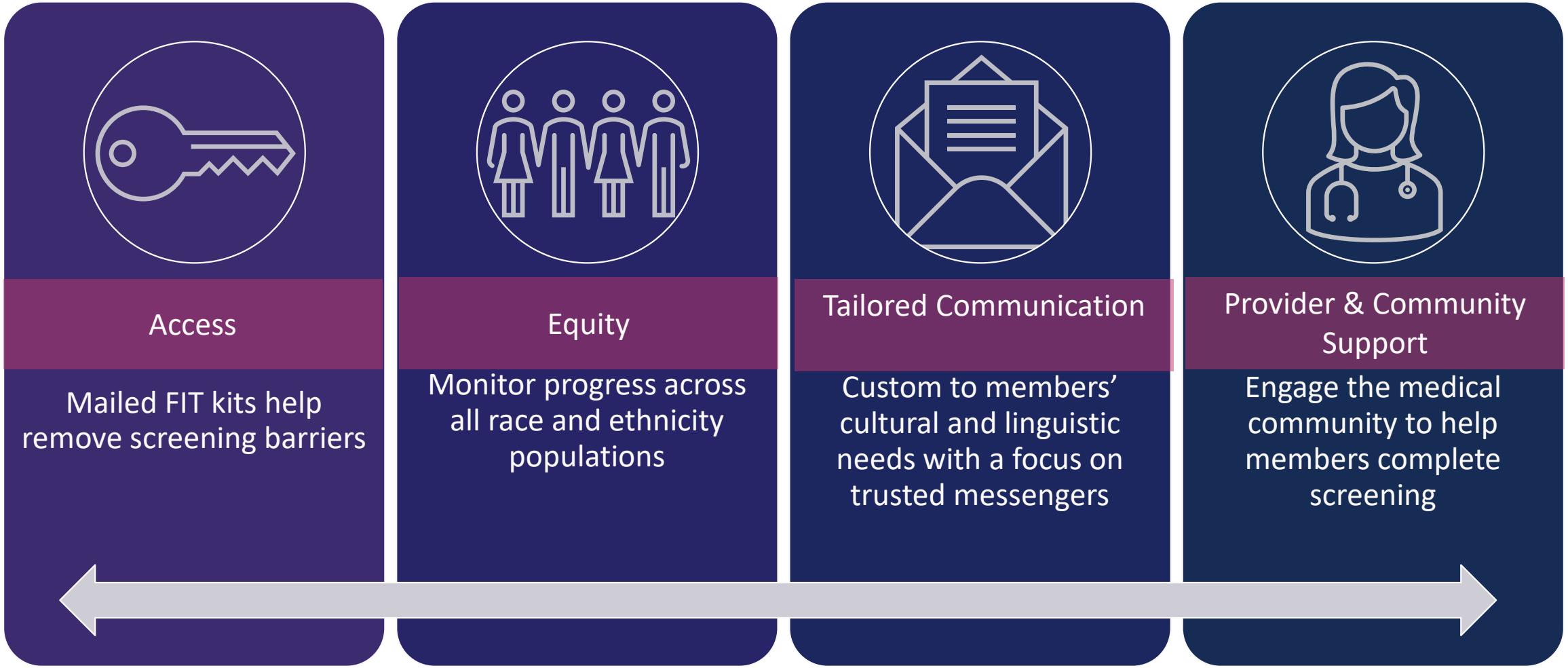
Member needs

- Affordable, convenient screening, clear information in preferred languages, and trusted guidance through follow-up care.

Program response

- Free FIT kits mailed to eligible members, outreach and reminders in multiple languages, and help finding providers and arranging follow-up care.

Home test kits integrate with Blue Shield's current colorectal cancer screening strategy



Total Care Pathway

Population

Commercial members

Eligibility Review

Our data analytics team identifies eligible members

- Contactable
- Do not need additional screening services
- Do not receive care from providers who did not agree to participate in the program.

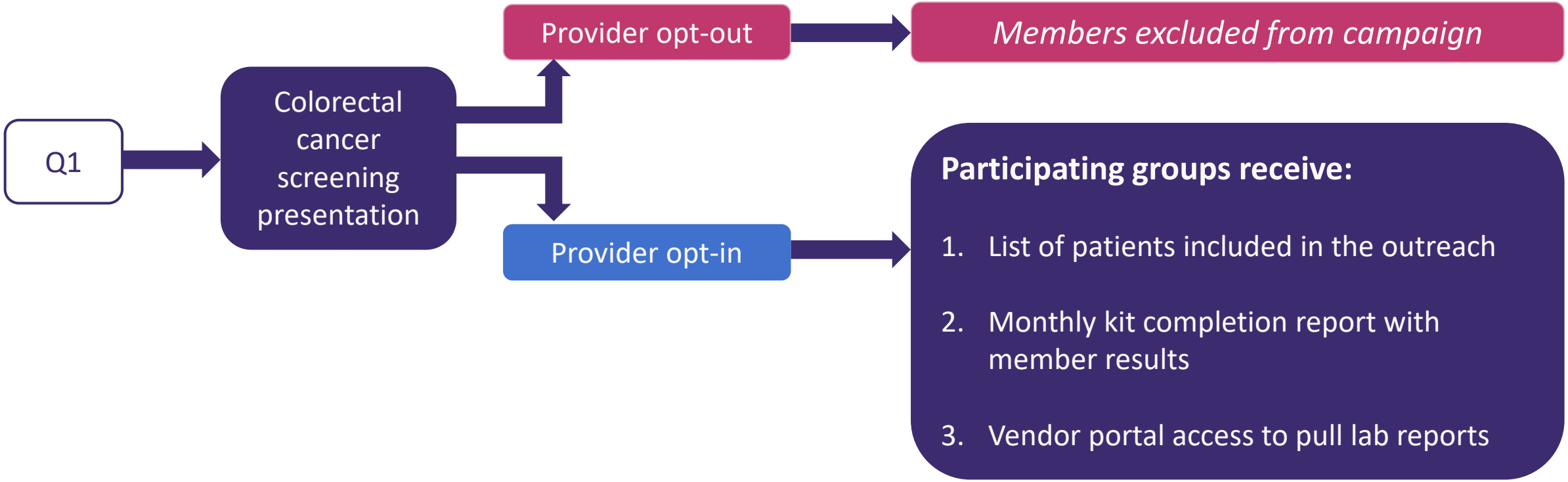
Provider Partnership

Our plan works closely with our trusted provider and community partners

Monthly completion reports are shared with providers and medical groups

Provider partnership and data flow

Participation in the program is optional

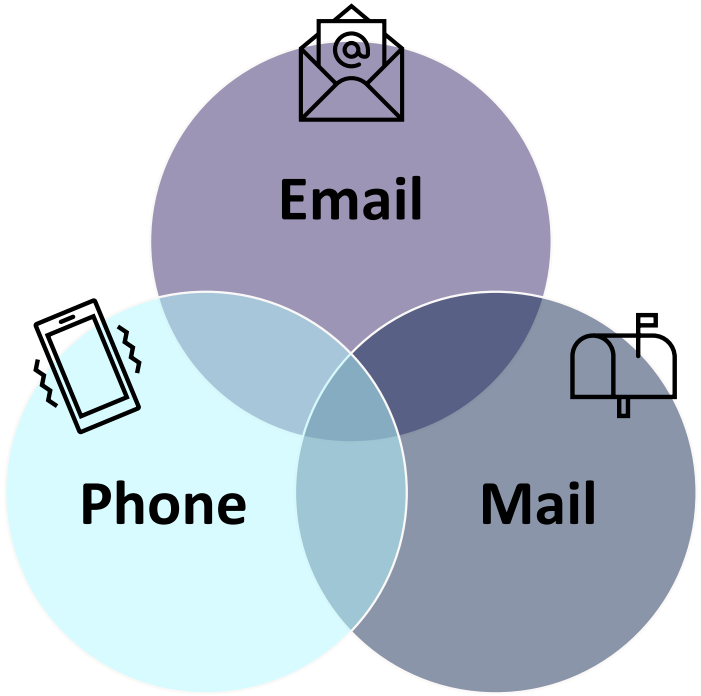




Outreach Implementation

Multi-modal engagement approach tailored to member preferences.

Aims to encourage a response and help members take the next step



All member communications are available in English, Spanish and Chinese, based on each member's documented language preference.

Member support available throughout duration of campaign

Members considered “High-Risk”

For some members, a home FIT kit is not the recommended test.

Blue Shield’s call center team can assist these members with finding a provider and scheduling a colonoscopy.

Members with out-of-range results

Members will be contacted by our care team to ensure they receive the appropriate follow-up care if they receive an abnormal result.

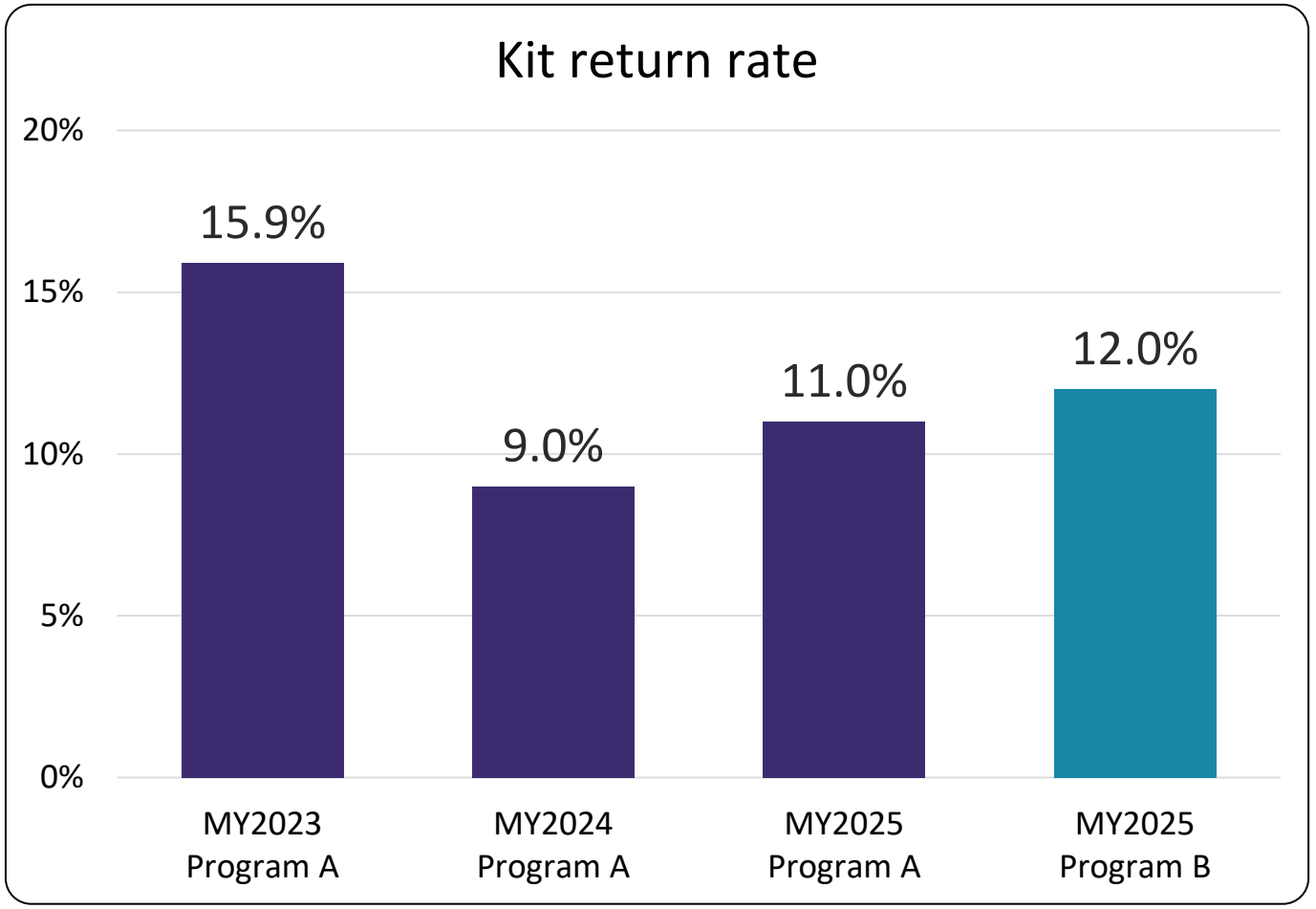
Cultural and language needs

Member-facing materials include representative images, and Spanish and Chinese translations when indicated.

Interpretation in *any language* is available to callers.

Campaign results & lessons learned

2023-2025



- **Key takeaways:**
  - Early launch and direct shipping improves results.
  - Co-design programs with community and provider partners.
  - Prioritize members' experiences and views.
- **Ongoing challenges:**
  - Meeting engagement targets and benchmarks across all racial and ethnic groups.
  - TCPA restrictions limit modes of communication.

Advice for other health plans

1. **Community partnerships**: Work with trusted community partners within the members communities.
2. **Members lived experience:** Work with your members to gather lived experiences which will better your program implementation and design.
3. **Market advantage:** With many vendors offering FIT kits, you can compare options and choose a program that meets your needs. Don’t be afraid to negotiate!

Thank you



Blue Shield of California is an independent member of the Blue Shield Association



Health Plan Case Study: Mailed FIT-DNA

Rob Davenport
Program Analyst, Gold Coast Health Plan

California Health Plan CRC Screening Learning Collaborative Session

Gold Coast Health Plan sDNA-FIT Auto-Deploy Home Screening Program

10/29/2026

Rob Davenport, Program Analyst

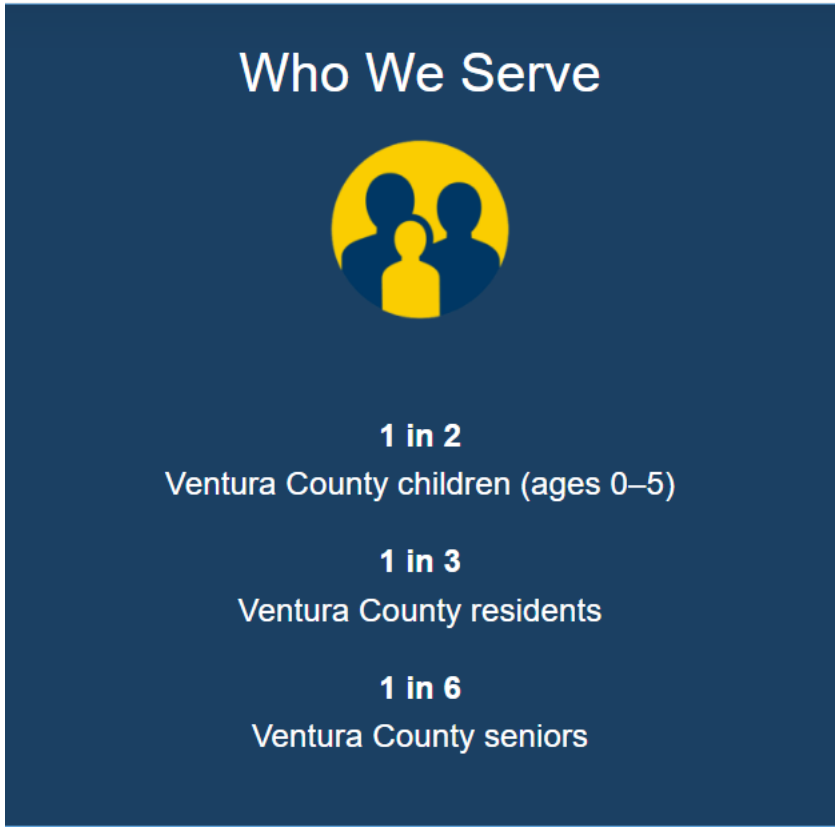
GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

Gold Coast Health Plan℠ A Public Entity

Gold Coast Health Plan

1. **Medi-Cal Plan**
   - 15th years of service in Ventura County, CA as a County Organized Health System
   - 219,320 members
   - 514 primary care, 1492 behavioral health, & 480 other service providers
   - 24 hospitals (19 acute health & 5 tertiary)
   - 412 employees

2. **Medicare DSNP**
   - Started January 1, 2026
   - 805 members



GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

Gold Coast Health Plan℠ A Public Entity

Program Introduction

1. Exact Sciences (Exact) proposed Gap Closure program in 2024

- GCHP had interest and partnered with Exact to pilot their Cologuard program in 2025

2. Pilot initially with Medi-Cal members

- Pilot started with one of our Medi-Cal provider partners, Clinicas Del Camino Real (CDCR)
- GCHP collaborated with CDCR to coordinate co-branded letter, kit ordering, and reporting

3. Outreach strategy

- Exacts's outreach uses multiple communication channels to maximize participation rate
  - Home mailed introduction letter before kit sent and phone calls, texts, & emails post kit sent for 90 days

4. Comprehensive "soup to nuts" program

- Exact conducts all communication, kit distribution, patient support, and results follow-up
- Provides us with kit status reports & raw data files and sends kit results directly to CDCR
- No charge for gap closure when sDNA-FIT screening completed with different plan

Program Design & Implementation

1. Target population

- Members 45+ in our COL-E denominator (screened for high-risk)

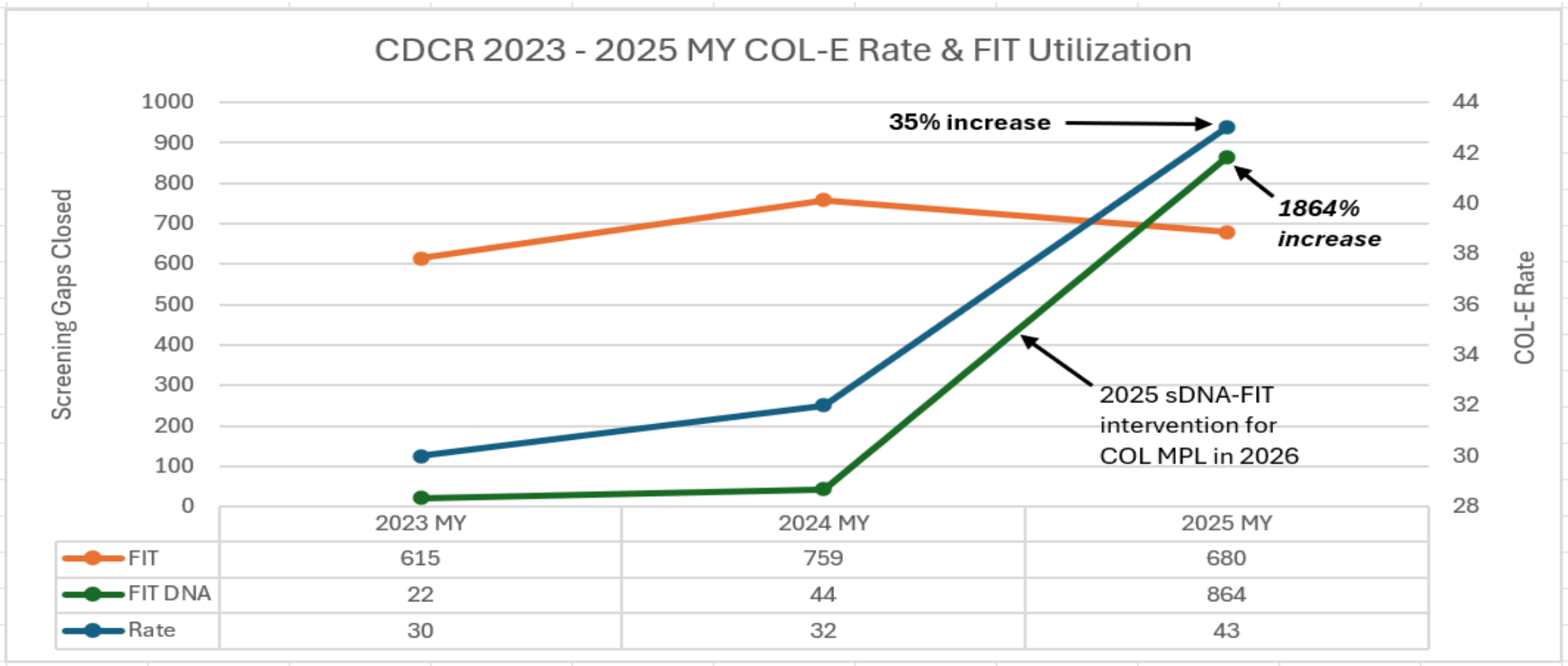
2. Implementation

- Eligibility file with identified members' required information (address, phone #, PCP)
- Exact checks file for screening completion within prior 3 years with a different plan
- Quarterly cadence for program waves to include new members as they come on plan

3. Plan & provider responsibilities

- GCHP works directly with Exact for coordination and sending orders & eligibility files
  - Using Exact's high risk ICD codes, GCHP runs eligibility file and transmits to Exact via SFTP
- CDCR provides GCHP with mass prescribed kit order for each quarterly program wave

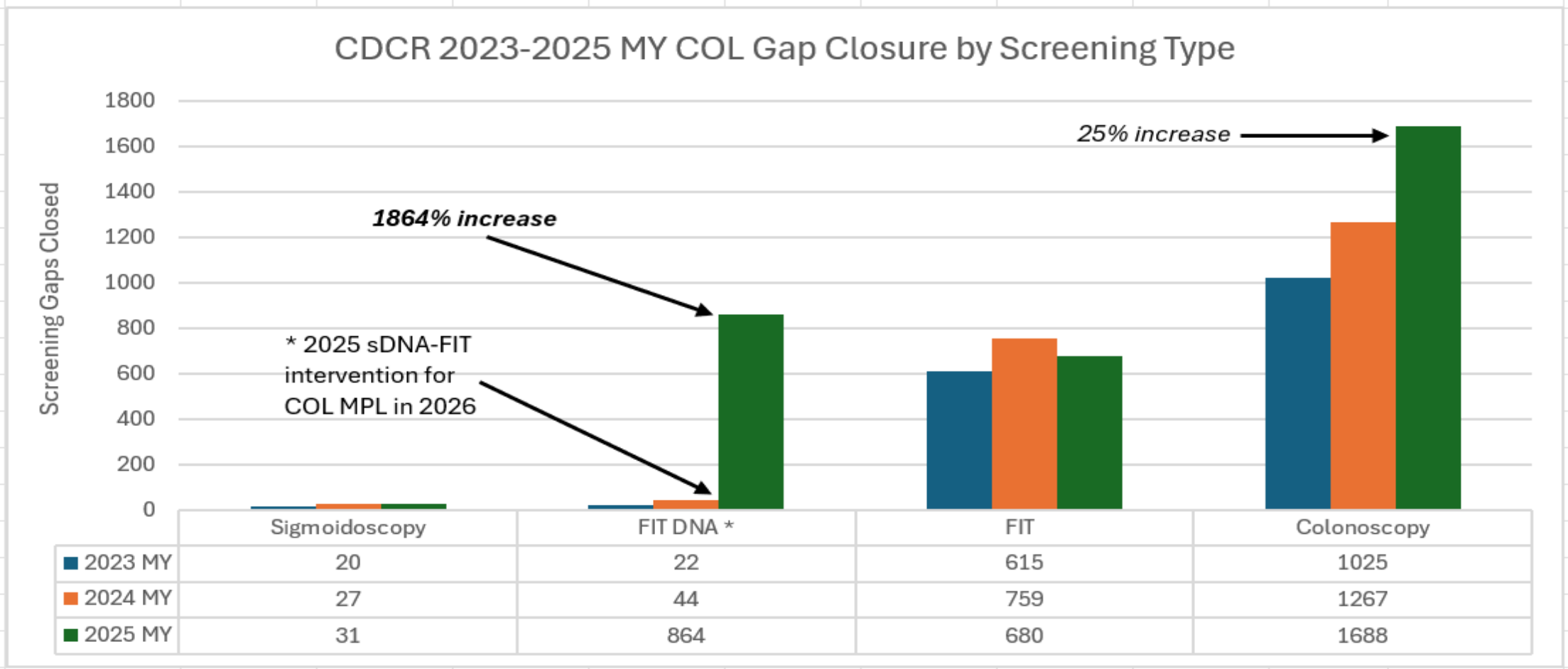
Results: COL Rate and FIT Gap Closure



GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

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Results: Gap Closure by Screening Type



	Sigmoidoscopy	FIT DNA *	FIT	Colonoscopy
2023 MY	20	22	615	1025
2024 MY	27	44	759	1267
2025 MY	31	864	680	1688

GOLD COAST HEALTH PLAN TOTAL Care ADVANTAGE

Gold Coast Health Plan℠ A Public Entity

Program Impact & Recommendations

1. Significant impact

- With just two program waves end of 2025, we significantly closed gaps with program
- Positive results resulted in existing large providers joining gap closure program in 2026

2. Simplicity

- Exact does all the work: outreach, gate check, distribution, reporting, and billing
- For positive tests, Exact contacts patient ASAP (3 attempts) and sends provider positive result
- Minimal burden to GCHP (eligibility file) and provider (mass prescription order)
- Adding sDNA-FIT gap closure program is a good complement to overall CRC screening effort

3. Recommendations to plans

- Consider cost for current COL gap closures and cost for home sDNA-FIT kit mailing program
- Collaborate with providers first for buy-in, coordination, and to prevent patient abrasion
- Logical initiative to implement if you want less work and a higher gap closure rate

Panel Discussion



Dr. Fola May



Danika Lark
Blue Shield of CA



Rob Davenport Gold
Coast Health Plan

Invite participants to come off mute to ask questions/ share your experience, or participate via the chat.

Group Questions:

For plans already doing mailed FIT or FIT-DNA outreach: ***what's one lesson learned you'd add to what we heard from today's presenters?***

For plans that are considering implementing or expanding mailed outreach, ***what's the biggest question you're still trying to answer?***

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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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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.

QIResource Consulting (QIRC)

for Cancer Centers & Primary Care Systems

No-cost quality improvement coaching for healthcare systems improving care across the cancer continuum for disproportionately affected populations.

Aligned with CoC Standard 7.3



To learn more and/or apply, scan the QR code or click here:

American Cancer Society®

Join us for an Informal Office Hours Session* on **December 10th, 12pm-1pm PST**

- Bring your questions, implementation challenges, lessons learned, and ideas
- **Expert consultation:** Learning collaborative planning committee & Dr. Alex Zhornitsky- Gastroenterologist at UC Davis and a member of the C4 Board of Directors

**Regular sessions will commence in January*

Thank you for joining us!

Please complete our session evaluation:

California Health Plan Colorectal Cancer Screening Learning Collaborative Evaluation