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APR 29–MAY 1  
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# Enhancing Colorectal Cancer Screening in Underserved Communities with DRVS



# Today's Speakers



**Thanh Nguyen**  
Data Analytics & Research  
Manager,  
Louisiana Primary Care  
Association



**Courtney Parsley**  
Clinical Informatics  
Specialist & RN,  
Southern West Virginia  
Health System

# Enhancing Colorectal Cancer Screening in Underserved Communities with DRVS

**Thanh Nguyen**

Data Analytics & Research Manager

Louisiana Primary Care Association



Among adults under 50,  
CRC is now the **#1 CAUSE** of  
cancer death in men and  
the **#2 CAUSE** in women.



# Louisiana Primary Care Association

Proudly serves as the “**voice of LA’s Community Health Centers**”

Established in 1982

Membership Organization to **36 FQHCs** and **5 LALs** with more than 400+ satellite clinics

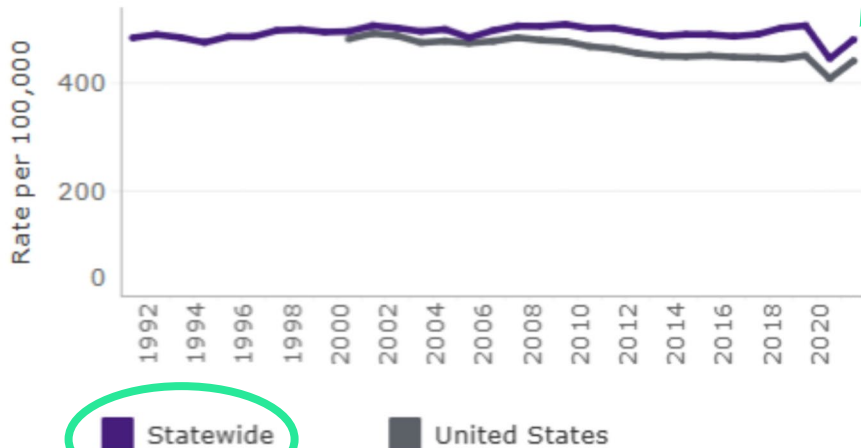
Served more than **500,000+ patients** (*UDS, 2023*)



● Indicates Individual Service Delivery Site

# Overview of LA Cancer Burden

**Annual Changes from 1991 to 2021**  
Cancer Incidence Rates



## Cancer Incidence in LA: 2017 – 2021

All Cancers, Both Sexes, All Populations

- 483.6 Cases Diagnosed per 100k people
- Averaging 26,851 cases diagnosed per year

## Most Common Cancers

- Prostate: ~4,000 cases diagnosed / year
- Breast (female): ~3,700 cases diagnosed / year
- Lung & Bronchus: ~3,500 cases diagnosed / year
- **Colon & Rectum: ~2,500 cases diagnosed / year**

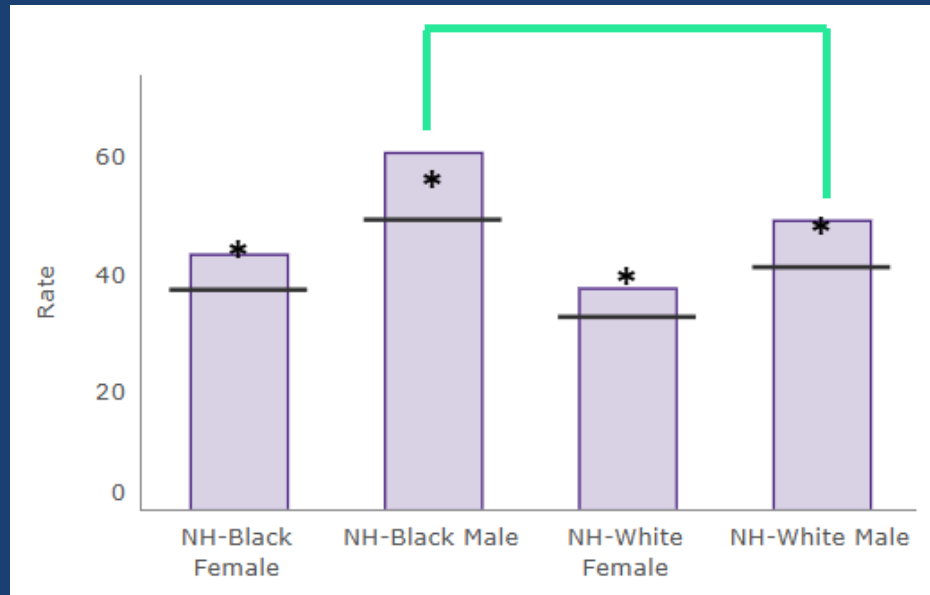
# Overview of CRC in LA

In Louisiana, colorectal cancer rates are higher than the national average, and there are significant population needs.

## Incidence Rate

From 2017 – 2021,

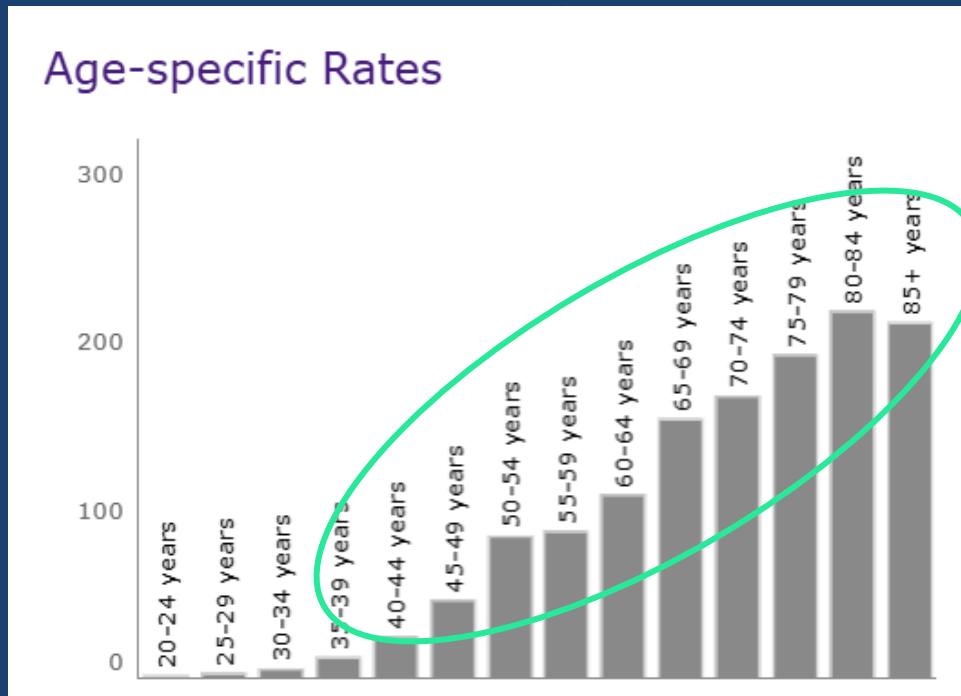
- 44.5 cases diagnosed/100k
- Avg of ~2,400 cases diagnosed per year.
- Males having a higher rate of new cases.



Data represent the **average** rates and counts for the years 2017-2021 unless otherwise specified. An <sup>1</sup>\*1 on the bar charts indicates that Louisiana statewide rates are statistically significantly different from the U.S. average. Rates are the number of cases (or deaths) per 100,000 people and are age-adjusted to the 2000 U.S. standard population.

← U.S. Average  
Louisiana Rates

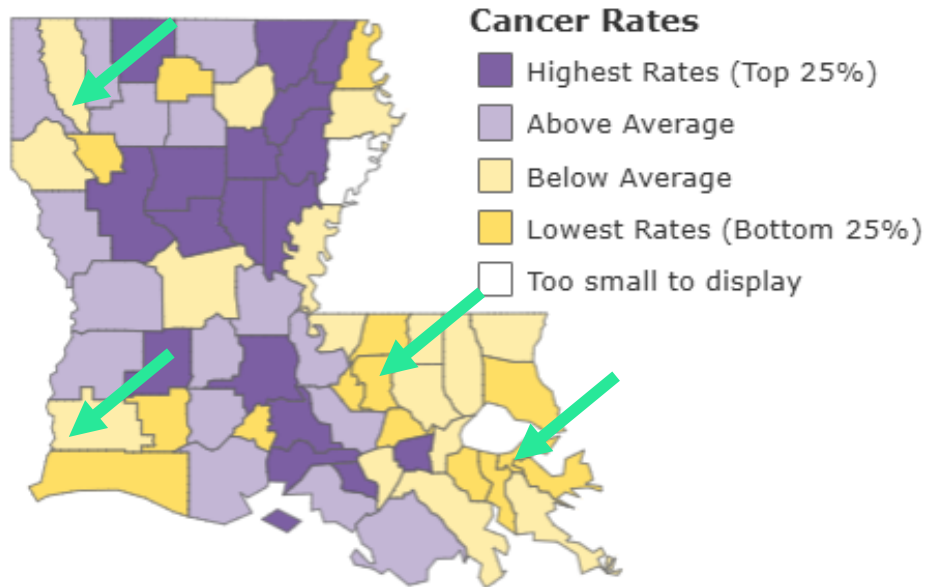
# LA CRC Rates | Ages





# LA CRC Rates | Geography

## Differences by Geography



# Stages of Colorectal Cancers

36.1% LA cases diagnosed at  
**Localized Stage** v. 34.7% Nationwide

34.2% LA cases diagnosed at  
**Regional Stage** v. 34.6% Nationwide

## EARLY STAGE:

**In situ** stage means that the cancer cells are found where they first formed, and have not spread to other areas of the body. Available for breast and colorectal cancers only.

**Localized** cancer is usually found only in the tissue or organ where it began, and has not spread to nearby lymph nodes or to other parts of the body. Some localized cancers can be completely removed by surgery.

## LATE STAGE:

**Regional** stage refers to cancer that has grown beyond the original (primary) tumor to nearby lymph nodes or organs and tissues.

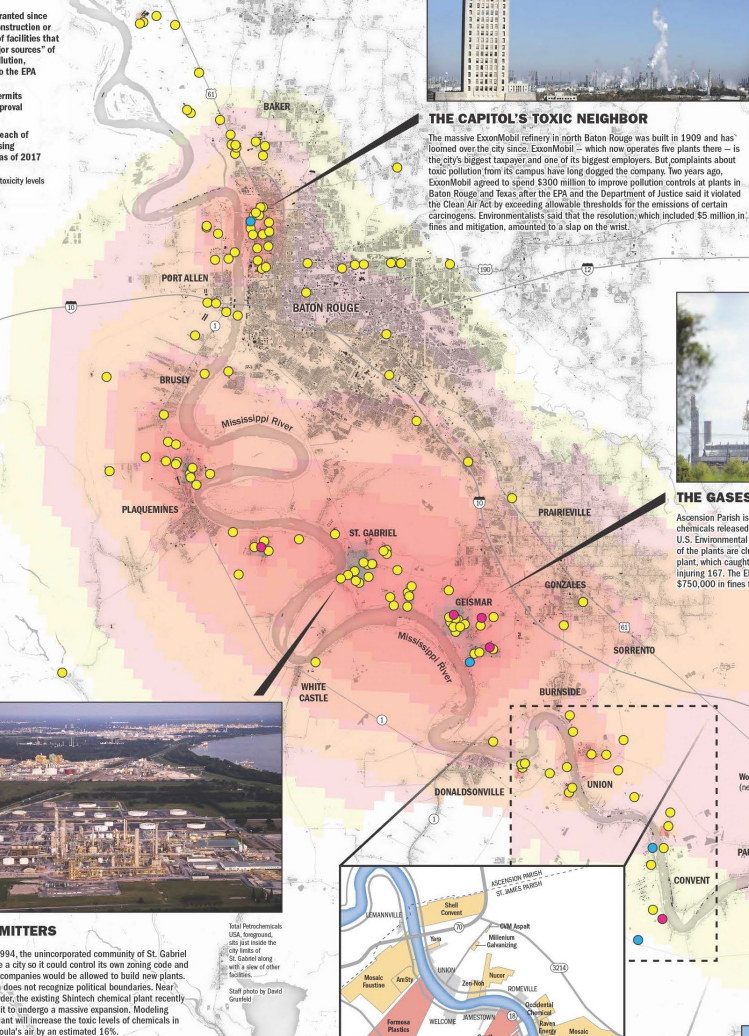
**Distant** stage refers to cancer that has spread from the original (primary) tumor to distant organs or distant lymph nodes. Also known as distant metastasis.

# Louisiana Cancer Alley

Cancer Alley, an 85-mile industrial stretch between Baton Rouge and New Orleans, **has been associated with elevated cancer rates** due to extensive petrochemical production.

This region is **predominantly inhabited by African American communities** disproportionately affected by higher rates of morbidities.

The **risk of cancer in this area is 95% higher** than in most parts of the U.S., underscoring the need for robust cancer screening programs.



# Chemical Corridor

Since the late 1980s, the U.S. Environmental Protection Agency has been publishing the Toxics Release Inventory, which catalogs known releases of toxic chemicals by "major source" emitters.

The releases are self-reported by companies. The EPA uses that data to create the Risk-Screening Environmental Indicators model, or RSEI, which uses modeling to map estimated toxic pollution in 810-by-810-meter squares across the country. The stretch along the Mississippi River between Baton Rouge and New Orleans has some of America's highest toxic levels of cancer-causing chemicals in the air. Some of the most polluted areas will become more so, thanks to a building boom in the petrochemical industry that is fueled by cheap natural gas.



Staff photo by Richard Allen

Chemicals from following a plant explosion at Williams Olefins plant in 2015.



Staff photo by Catherine Theriot

## DILEMMA NEAR DENKA

The Denka Performance Elastomer plant, in Reserve, releases chloroprene – classified as a "likely carcinogen" by the EPA – into the atmosphere. EPA models have shown the area has the nation's highest airborne cancer risk, though state and plant officials dispute the models. Local officials are considering a new study. The state Department of Health, which has said it will commission its own study on cancer in the area.

## TOXIC HOTSPOT

ProPublica's analysis estimates the air toxicity levels from chemicals in this entire area (see graphic) is at or higher than the average level around the controversial Stergenics facility in Willowbrook, Illinois, which was temporarily shut down the Illinois EPA in early 2019. Stergenics announced in September that the plant will close permanently.

## MAP LEGEND

● More than 200 existing facilities whose emissions are listed on the federal Toxics Release Inventory

● 7 permits granted since 2015 for construction or expansion of facilities that will be "major sources" of toxic air pollution, according to the EPA

● 5 project permits awaiting approval

→ Estimated reach of cancer-causing chemicals, as of 2017

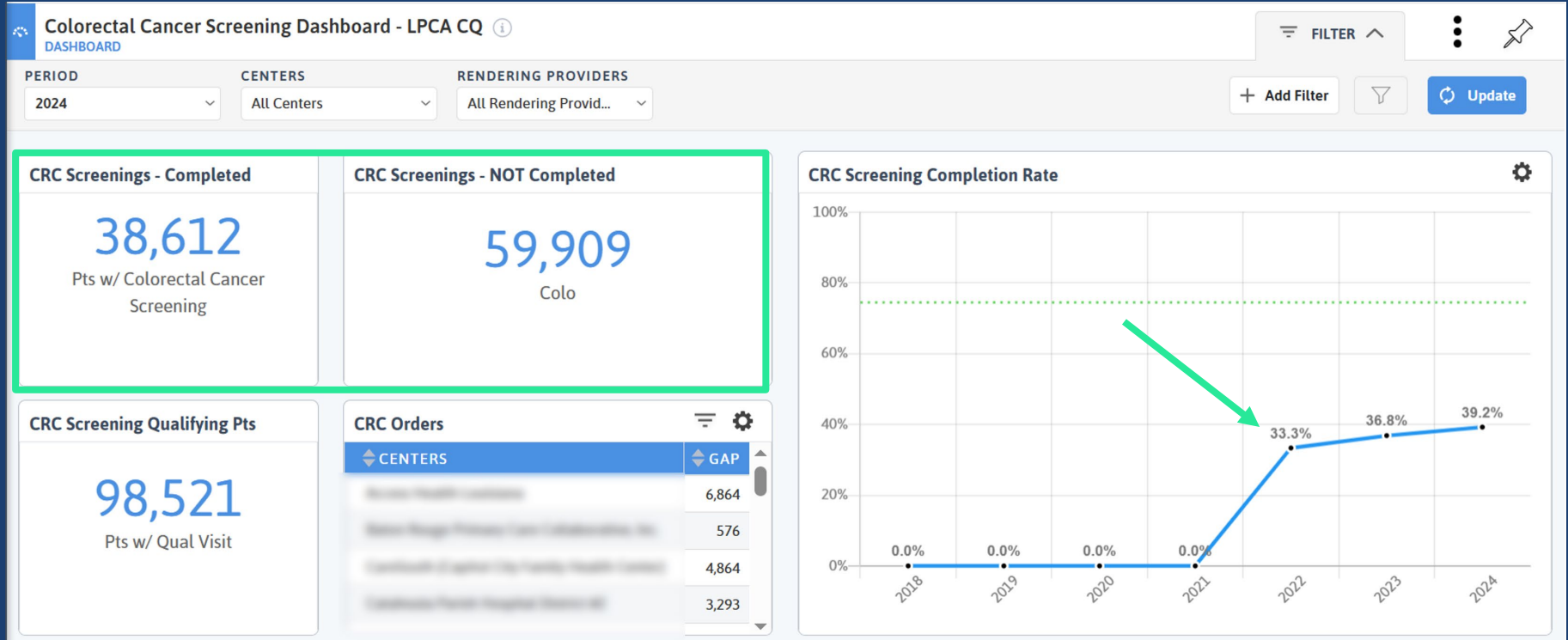
↓ Greater air toxicity levels

# Azara Network Use

## CRC Screening

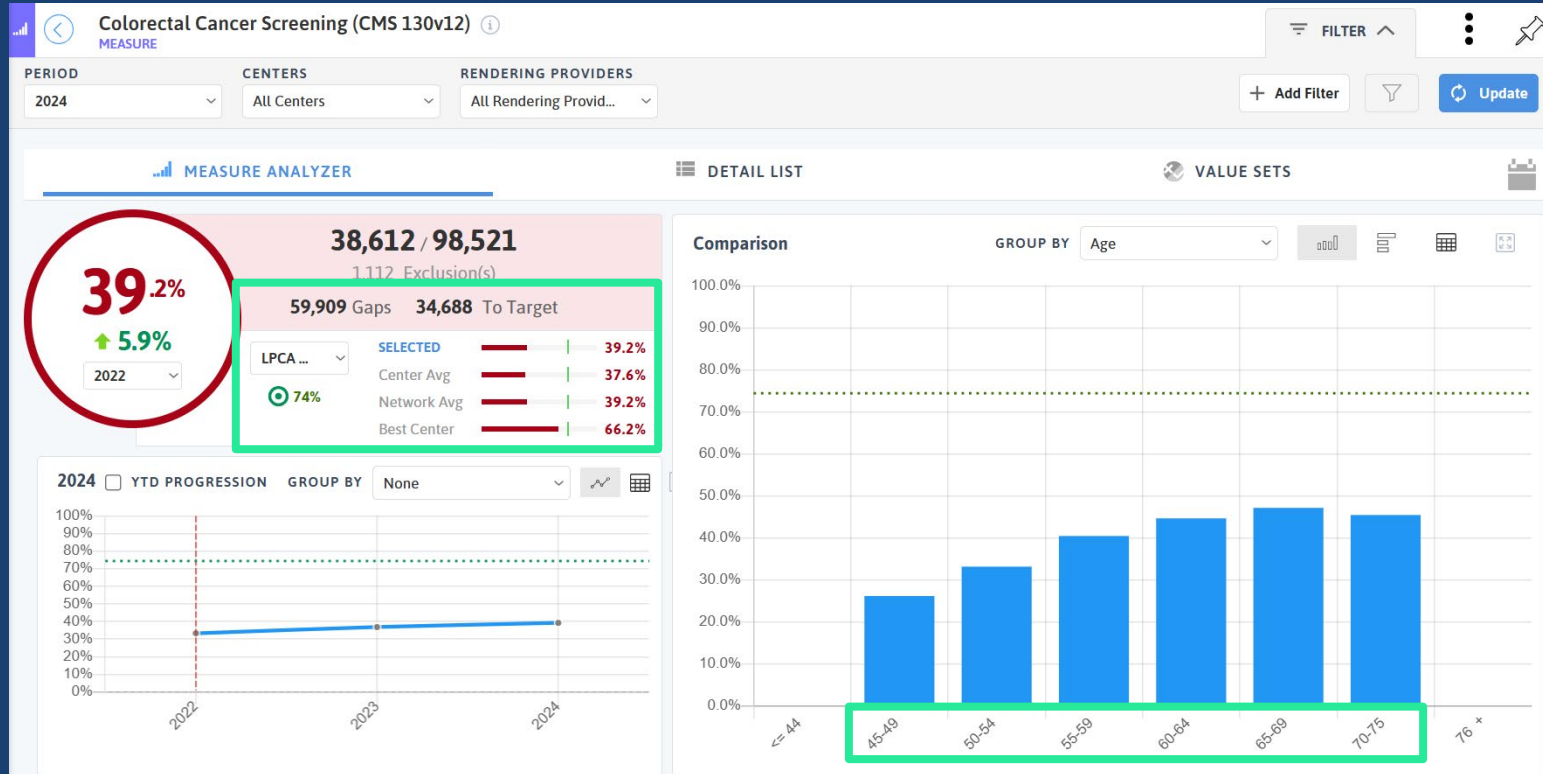
- ~70% membership / Network on Azara (29/41)
- Cancer Screening Dashboard: Tracking performance metrics **Cancer Alley** - colorectal cancer.
- Benchmarking and data-driven insights for FQHCs.
- Targeted Interventions
- Rebuilding Recognition: addressing the 5% decline in the Cancer Screening National Quality Leader Badge through focused improvements.

# Tracking CRC Rates

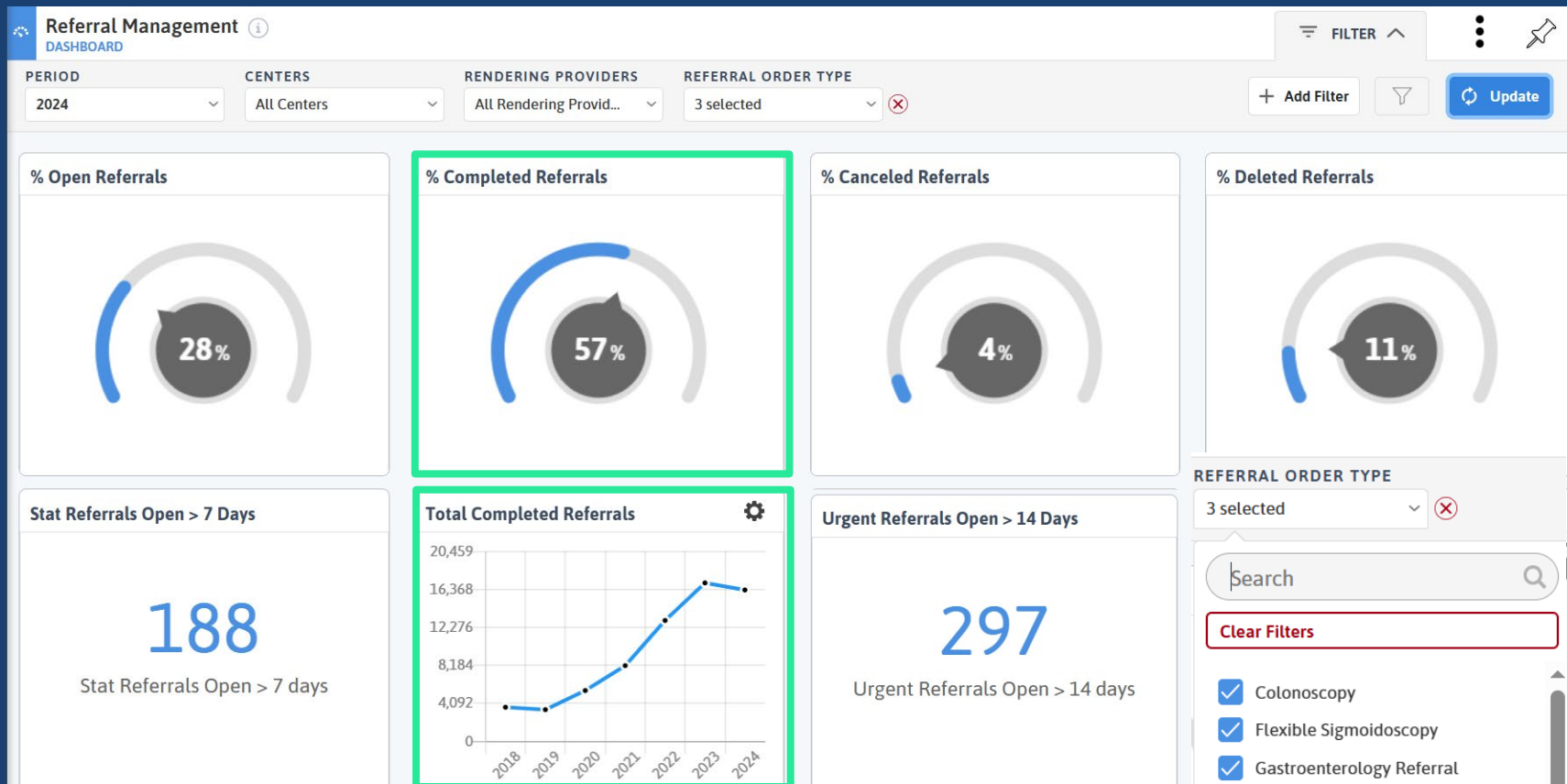




# Tracking CRC Rates



# Referral Management





RACE	RESULT	CHANGE	NUM	DENOM ↑
Black/African American	41%	+ 6.1% ▲	20,758	50,642
White	37%	+ 6.1% ▲	14,645	39,209
Unreported/Choose Not to Disclose Race	29%	+ 4.6% ▲	1,308	4,471
More than One Race	36%	+ 5.7% ▲	416	1,146
American Indian/Alaska Native	43%	+ 7.7% ▲	485	1,132
Other Asian	47%	+ 5.3% ▲	511	1,077
Vietnamese	71%	- 5.4% ▼	340	479
Other Pacific Islander	40%	+ 9% ▲	86	215
Native Hawaiian	47%	- 0.4% ▼	47	100
Asian Indian	24%	+ 17.1% ▲	5	21
Filipino	50%	0%	5	10
Chinese	14%	+ 14.3% ▲	1	7
Unmapped	50%	0%	2	4
Korean	50%	+ 50% ▲	2	4
Japanese	33%	+ 33.3% ▲	1	3

## Colorectal Cancer Screening Measure

Year: CY 2024

Percent change compared to CY 2023

SDOH	RESULT	CHANGE	NUM	DENOM ↑ ≡
RACE	41%	+ 6.3% ▲	22,644	54,814
FPL<200	41%	+ 6.7% ▲	21,596	52,335
HISP/LAT	37%	+ 7.6% ▲	3,175	8,635
LANGUAGE	39%	+ 5.8% ▲	3,091	7,959
EMPLOYMENT	45%	+ 5% ▲	2,657	5,963
ISOLATION	41%	+ 1.5% ▲	2,178	5,383
INSURANCE	28%	- 6.1% ▼	1,300	4,686
STRESS	38%	- 0.4% ▼	1,621	4,275
EDU	41%	+ 6.8% ▲	1,682	4,102
HOMELESS	40%	+ 9.6% ▲	1,300	3,289
FOOD	38%	+ 15.7% ▲	785	2,088
TRANSPORT-MED	38%	+ 12.1% ▲	753	2,004

## Colorectal Cancer Screening Measure

Year: CY 2024

Percent change compared to CY 2023

*Non-medical health influencing factors*

# Plan of Action



## Quality Division Initiatives

Increased use of screening tools provided by Exact Sciences

Interest for CRC Screening led to development of learning collaborative that began February 2025, ongoing for 12 months



## Network Data Hygiene

Monthly focus measures



## Monthly User Groups

Network v. Data Champs

Over 600 T/TAs provided

# Plan of Action

1

Modules coming down the pipeline to support and increase CRC Screening

- EHR Plug-In
- Payer Integration (ACO/VBC)
- APO
- Referral Module TAs

2

Internal interdisciplinary usage at Network Level (by divisions in support)

HIT | ACO | CQ | PRACTICE MANAGEMENT | HEALTH POLICY

3

Increase in implementation with 4 Organizations



Southern West Virginia  
Health System

# **Enhancing Colorectal Cancer Screening in Underserved Communities with DRVS:**

## **Motivating Younger Patients to Complete Screening**

**Courtney Parsley, RN-BSN  
Clinical Informatics Specialist  
Southern West Virginia Health System**

# Who We Are...

- FQHC with 25 locations in 7 counties in southern West Virginia
  - 13 clinic sites
  - 12 school-based healthcare centers
  - 30+ providers
- 20,000+ unique patients every year
- We partner with patients of all ages and stages to empower them to live their healthiest life
- Athena is our EHR





WEST VIRGINIA

**SEPARATE SINCE 1863**



VIRGINIA

# Reality of Living in Southern WV

## Economic Hardships

- Persistent poverty
- Decline of coal
- Low income



## Healthcare Barriers

- High cancer incidence
- Second leading cause of death
- Late-stage diagnosis
- Poor access to care

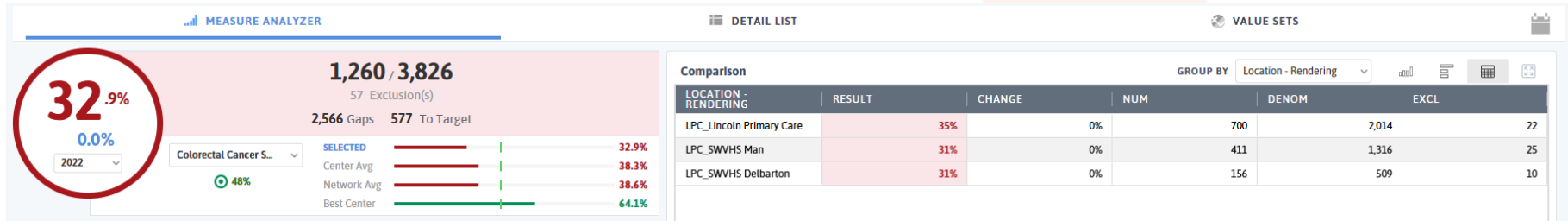


# Program to Increase Colorectal Cancer Screening (PICCS)

*The West Virginia Program to Increase Colorectal Cancer Screening (WVPICCS) focuses on increasing screening rates for people ages 45-75 in partnership with primary care clinics in West Virginia.*

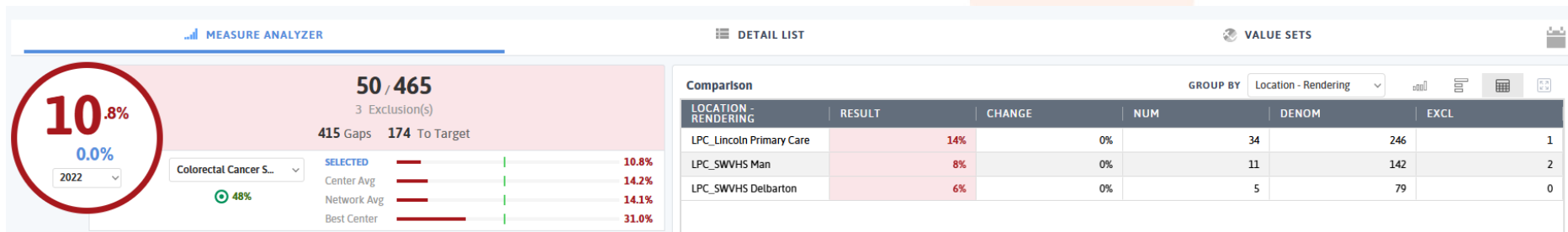
**Operated by WVU Cancer Institute Cancer Prevention and Control, WVPICCS partners with many primary care clinics throughout the state to increase screening rates using a systems change approach.**

# In the Beginning...



Overall screening rates were not good

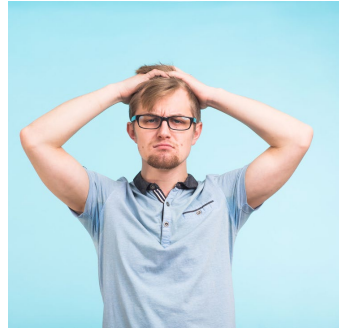
# Where to Focus Efforts?



# Challenges Faced with Closing the Screening Gap



**Low awareness & perceived risk**



**Hesitation & discomfort**



**Scheduling barriers**



**Insurance & financial constraints**

# Challenges Faced with Closing the Screening Gap



# What Would Be the Best Way to Reach This Population?

*Sometimes, you just need a personal approach.*



Evaluated the population in Azara



Brainstorming solutions using a multidisciplinary approach



Put yourself in the patient's shoes



# What Would Be the Best Way to Reach This Population?

*Sometimes, you just need a personal approach.*



# Challenges Faced During Implementation

## Who was going to send the cards?





# Challenges Faced During Implementation

## Tracking the Impact

WV PICCS Dashboard

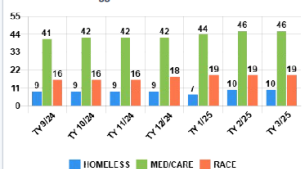
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DRVS

### Uninsured Patients Who Meet Criteria for CRC Screening

RENDERING LOCATIONS	DENOMINATOR
LPC_Lincoln Primary Care	1,740
LPC_SWVHS Man	1,236
LPC_SWVHS Delbarton	494
LPC_SWVHS Oceana	428
LPC_SWVHS Whitesville	401
LPC_SWVHS Wharton	280

### SDOH Positive Triggers



### FIT/FOBT Ordered

RENDERING LOCATIONS	ORDERED LABS
LPC_SWVHS Wharton	10
LPC_SWVHS Whitesville	13
LPC_SWVHS Delbarton	57
LPC_SWVHS Man	87
LPC_Lincoln Primary Care	162

### Completed FIT Tests

RENDERING LOCATIONS	GAP
LPC_SWVHS Whitesville	9
LPC_SWVHS Wharton	4
LPC_SWVHS Delbarton	36
LPC_SWVHS Man	51
LPC_Lincoln Primary Care	89

### Completed Colonoscopy with Documented Results

RENDERING LOCATIONS	NUMERATOR
LPC_Lincoln Primary Care	26
LPC_SWVHS Delbarton	0
LPC_SWVHS Man	1
LPC_SWVHS Oceana	0
LPC_SWVHS Wharton	2
LPC_SWVHS Whitesville	2

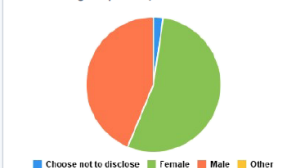
### Birthday Card Campaign

RENDERING LOCATIONS	NUMERATOR	DENOMINATOR
LPC_Lincoln Primary Care	29	104
LPC_SWVHS Delbarton	8	40
LPC_SWVHS Man	12	72
LPC_SWVHS Oceana	0	7
LPC_SWVHS Wharton	0	8
LPC_SWVHS Whitesville	1	13

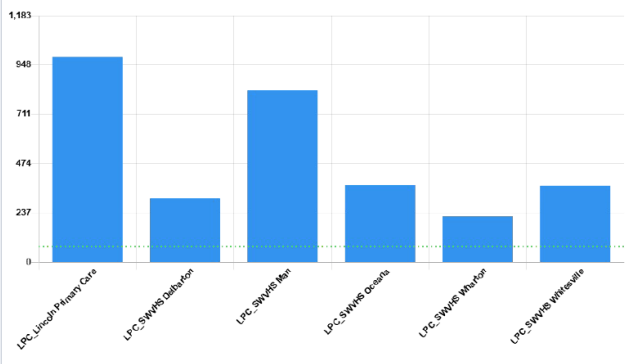
### Colonoscopy Ordered

RENDERING LOCATIONS	DENOMINATOR
LPC_Lincoln Primary Care	125
LPC_SWVHS Delbarton	7
LPC_SWVHS Man	19
LPC_SWVHS Oceana	1
LPC_SWVHS Wharton	15
LPC_SWVHS Whitesville	9

### CRC Screening Completed by Gender



### Patients that Do Not Have Colorectal Cancer Screen Documented



### Uninsured Patients that Meet Criteria for Colorectal Cancer Screening

RENDERING LOCATIONS	DENOMINATOR
LPC_Lincoln Primary Care	35
LPC_SWVHS Delbarton	10
LPC_SWVHS Man	21

### Age Range of Patients Who Qualify for Screening

AGE	DENOMINATOR
65-69	880
60-64	862
70-75	846

# Using Registries to Build the List

# Using Cohorts to Measure Progress

## < Cohort Administration - Birthday Card Recipients

[+ Add Patients](#)

Patients who are turning 45-49 this year who were sent a birthday card to remind them it's time for their colorectal cancer screening for the WV PICCS Grant Project

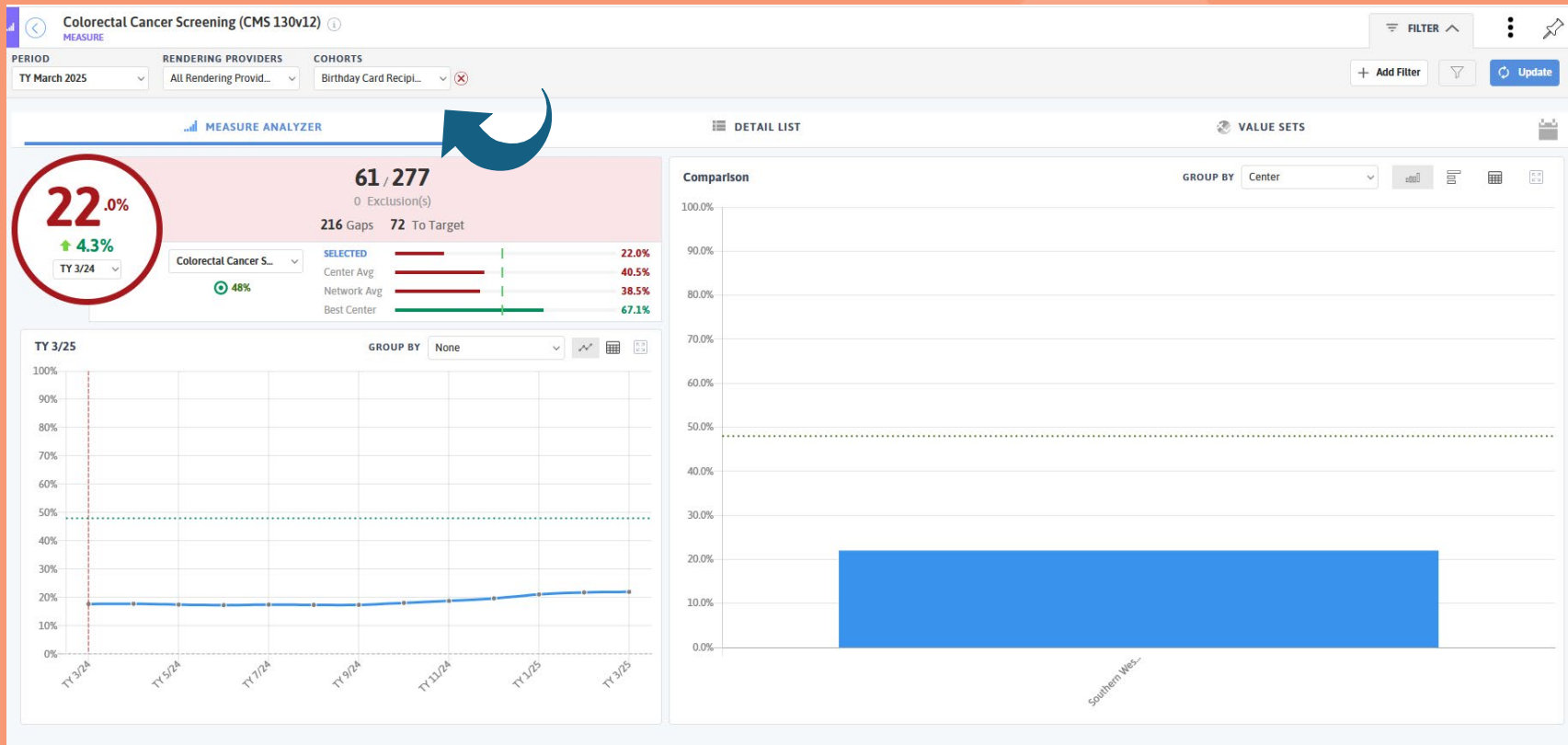


MRN	PATIENT NAME	DOB	PHONE	USUAL PROVIDER	CARE MANAGER	NEXT APPOINTMENT	INACTIVE	DEATH DATE	REASON	END DATE	
12345	DOE, JANE	1975-01-15	202-555-1234	WALK-INS	Unassigned		N				
12346	DONAHUE, KERRI	1976-02-20	202-555-1235	DONAHUE, KERRI	Unassigned	06/16/2025	N				
12347	DOTY, JACK	1977-03-10	202-555-1236	DOTY, JACK	Unassigned		N				
12348	KELLY, CHRISTOPHER	1978-04-05	202-555-1237	KELLY, CHRISTOPHER	Unassigned		N				
12349	THORNHILL, BRITTANY	1979-05-12	202-555-1238	THORNHILL, BRITTANY	Unassigned		N				
12350	TIPTON, CHRISTOPHER	1980-06-18	202-555-1239	TIPTON, CHRISTOPHER	Unassigned	04/03/2025	N				
12351	KUJEWSKI, MELISSA	1981-07-22	202-555-1240	KUJEWSKI, MELISSA	Unassigned		N				
12352	REYNOLDS, COURTNEY	1982-08-25	202-555-1241	REYNOLDS, COURTNEY	Unassigned		N				
12353	WALK-INS	1983-09-30	202-555-1242	WALK-INS	Unassigned		N				
12354	PROFITT, LEANNA	1984-10-15	202-555-1243	PROFITT, LEANNA	Unassigned	05/19/2025	N				
12355	KELLY, CHRISTOPHER	1985-11-20	202-555-1244	KELLY, CHRISTOPHER	Unassigned		N				
12356	ROLLYSON, WILLIAM	1986-12-10	202-555-1245	ROLLYSON, WILLIAM	Unassigned	09/17/2025	N				
12357	TIPTON, CHRISTOPHER	1987-01-05	202-555-1246	TIPTON, CHRISTOPHER	Unassigned		N				
12358	DOTY, JACK	1988-02-12	202-555-1247	DOTY, JACK	Unassigned		N				
12359	CLINE-RIGGINS, SHAW N	1989-03-18	202-555-1248	CLINE-RIGGINS, SHAW N	Unassigned		N				
12360	DOTY, JACK	1990-04-25	202-555-1249	DOTY, JACK	Unassigned		N				
12361	AUSTIN, JACKSON	1991-05-30	202-555-1250	AUSTIN, JACKSON	Unassigned		N				
12362	TIPTON, CHRISTOPHER	1992-06-15	202-555-1251	TIPTON, CHRISTOPHER	Unassigned	05/06/2025	N				
12363	BELCHER, LORIN	1993-07-20	202-555-1252	BELCHER, LORIN	Unassigned		N				
12364	CLINE-RIGGINS, SHAW N	1994-08-25	202-555-1253	CLINE-RIGGINS, SHAW N	Unassigned		N				

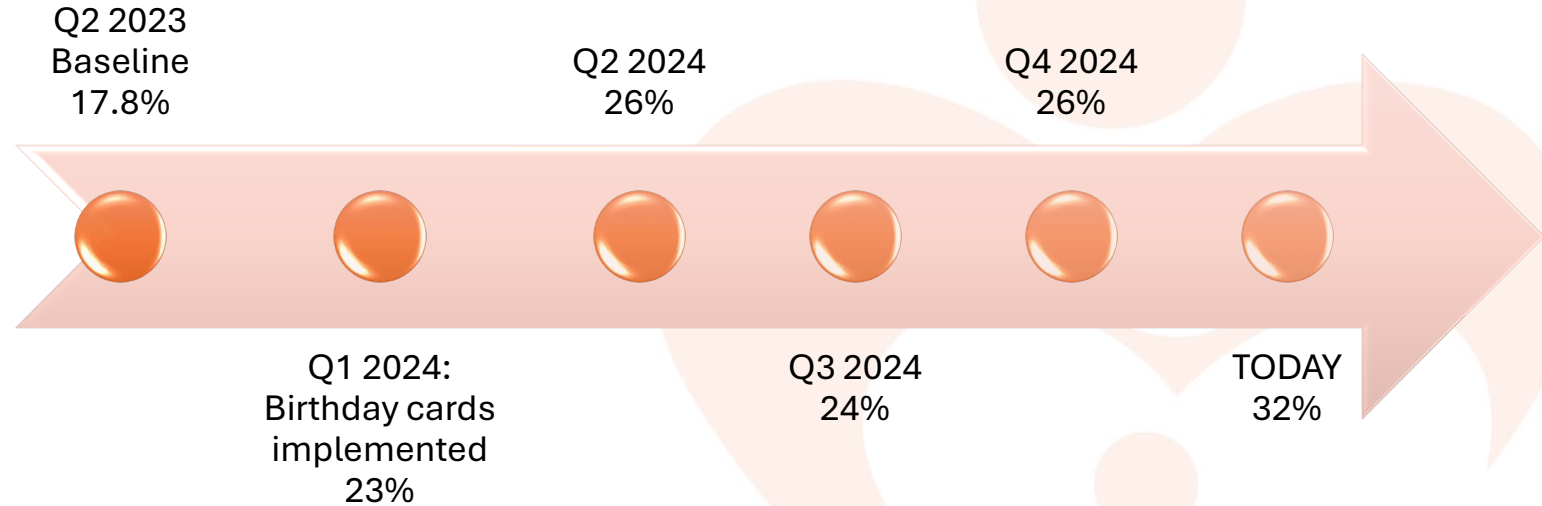
1 to 21 of 496

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# Using Cohorts to Measure Progress



# How Much Have We Improved?



34% increase in screening



# Work in Progress

About 600 cards mailed since March 2024.

60 patients have completed screening.

3 positive Cologuards:

- 1 followed through with colonoscopy
- Adenomatous polyps found and removed

Rolled out to entire organization through a research project with WVU CHATS Lab.

# Solving the UPS Problem



We are working with Exact Sciences to have dedicated UPS drop boxes installed at all of our clinic sites!

This is a Cologuard only box, patient's can't leave their Amazon returns here.

# IS IT WORTH THE EFFORT??



**YES!**



# Suggestions for Implementation

Know your intended audience

Don't work in silos

Think outside of the box

Use all resources available to you



# Thank you for your time!

Please reach out to us anytime!

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Andi Byrd, Community Health Manager – [Andrea.Byrd@swvhs.org](mailto:Andrea.Byrd@swvhs.org)

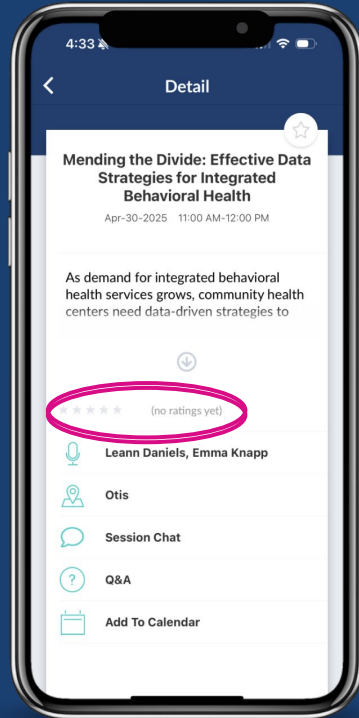
# Questions?



# We want to hear from you!

Click on the session from your agenda in the conference app.

Click the stars in the center of your screen to rate and provide feedback.



Quick and Easy



Rate the session  
and the  
speaker(s)



Provide brief  
feedback or ideas



Help us continue  
to improve

# Achieve, Celebrate, Engage!



## ACE'd it? Share your DRVS success story and become an Azara ACE!

Show your organization has used DRVS to **A**chieve measurable results, **C**elebrate improvement in patient health outcomes, and effectively **E**ngage care teams and/or patients. Stories should showcase how DRVS helped your organization overcome a challenge, the tools and solutions used to drive improvement and details of the successes that resulted from your initiatives. ACEs should be able to provide examples that quantify quality improvement, cost savings, operational efficiency or patient health improvement.

### Benefits:

- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Potential to be featured at next year's Azara User Conference
- Win Azara swag!

Submit your success story by completing the form [at this link](#).

azara  
healthcare  
**ACE Program**



# azara2025

USER CONFERENCE

APR 29-MAY 1 | BOSTON, MA

# Thanks for attending!

