



**One  
Utah Health  
Collaborative**

# **Screen Utah: Early Action Report**

# Screen Utah: Early Action Report

Our goal is clear: to increase colorectal cancer (CRC) screening rates across Utah, ensuring that every eligible individual has access to the right test at the right time. Through the collaborative efforts of the Screen Utah initiative, we are building a unified approach to address barriers, align policies, educate providers, and empower patients.

This report serves as both a celebration of our progress and a roadmap for what lies ahead. Together, we have laid a foundation: engaging stakeholders, launching targeted workgroups, and fostering innovative organizational initiatives. Moving forward, we are committed to translating this momentum into measurable outcomes—improved screening rates, reduced disparities, and, ultimately, lives saved.

We aim to hold ourselves accountable by setting clear goals, tracking our progress, and sharing our successes and challenges transparently. By working together and learning from one another, we will create a sustainable model for increasing CRC screening rates and improving health outcomes statewide.

The Screen Utah initiative is not just about data or programs—it's about people. Every step we take brings us closer to preventing colorectal cancer, supporting patients, and creating healthier communities across Utah. The work we do today will have a lasting impact, and we are grateful for the collective dedication driving this effort forward.

Organizations that are contributing to discussions and are committing to action:

- Aetna
- American Cancer Society
- Association for Utah Community Health (AUCH)
- Cigna
- Comagine Health
- CommonSpirit
- DMBA
- Granger Clinic
- Granite Peaks Gastroenterology
- HCA Mountain Star
- Health Choice of Utah
- Huntsman Cancer Institute
- Intermountain Health
- Leavitt Group
- Molina
- Ogden Clinic
- Optum Care Network
- Public Employees Health Program (PEHP)
- Regence BlueCross BlueShield
- Revere Health
- SelectHealth
- Tanner Clinic
- University of Utah Health
- University of Utah Health Plans
- Utah Health Information Management Association (UHIMA)
- Utah Association for Local Health Departments
- Utah Department of Health and Human Services (DHHS)
- Utah Gastroenterology
- Utah Medicaid

## Key Takeaways from the Screen Utah Early Action Report

- **Health & Financial Burden:** Colorectal cancer is the second-leading cause of cancer death in the U.S., and puts financial burden on individuals and systems – but with early detection, it's preventable.
- **Declining Screening Rates:** Utah's CRC screening rate dropped from 74% in 2020 to 59.4% in 2022, making it clear that we need better access and stronger engagement to turn things around.
- **Collaborative Momentum:** More than 20 organizations – from healthcare providers to insurers to public health to community based organizations – are joining forces in workgroups to tackle CRC screening barriers, from policies to provider engagement to patient education.
- **Individual Actions for Impact:** Beyond collaboration, organizations are taking their own steps to boost CRC screening, from reaching high-risk groups to embedding screening in routine care and using data to find access gaps.
- **Commitment to Tracking Progress:** We are committed to sharing what we are doing, and how we are making an impact. Screen Utah isn't just about quick wins—it's about building a sustainable, collaborative model that will continue improving CRC screening and health outcomes across the state.
- **Next Steps:** In the coming months, we will be meeting monthly to share best practices and progress. We will also be convening in workgroups to tackle specific barriers around coverage and unexpected patient costs, helping providers communicate the best screening options for their patients, and supporting individuals in their understanding of the risks and resources available to them in the state.

## Background

The One Utah Health Collaborative is an independent 501(c)(3) organization launched two years ago by Governor Cox as a public-private partnership. Its priorities are set by a Stakeholder Community Board (SCB), composed of CEOs and government leaders across the state, with a mission to unite healthcare leaders in building a system that is affordable, high-quality, and trusted by all residents. This Board selected colorectal cancer as a priority issue.



Colorectal cancer is the second leading cause of cancer-related deaths in the U.S. for men and women combined. Facing capacity, access, and educational barriers, and in the wake of the COVID-19 pandemic, Utah's screening rates dropped from 74% in 2020 to just below 60% in 2022 ([Colorectal Cancer Screening in Utah](#)).

In late 2024, the Collaborative began hosting a cross-stakeholder group of payers, providers, accountable care organizations, public health, community-based organizations, and research organizations to begin identifying actions for increasing CRC screening by January 2026.

Screen Utah is an opportunity for all healthcare stakeholders to make healthcare more affordable, high-quality, and trusted. As a steward of the [Utah Model of Care](#), the Collaborative is serving as a convener and accountability partner for action.

Organizations across the state are participating in workgroups and developing specific action plans for CRC screenings around the theme: *connecting patients to the right test at the right time*.

2nd

Colorectal cancer is the second leading cause of cancer-related death in the U.S. for men and women combined, and it's entirely preventable.

90%

Early detection is crucial, as treatment in its earliest stages can lead to a 90% survival rate after 5 years.

1/3

More than 1/3 of adults ages 50–75 do not undergo recommended screenings.

59.4%

The rate of Utahns up to date with their recommended screening has dropped significantly, from 74% in 2020 to 59.4% in 2022.

\$23.4B

The financial burden is substantial, total annual costs for medical care in the U.S. were \$23.4B in 2020. The average cost of treating colorectal cancer for one year is \$29,196.

## Why This Approach Matters

This work isn't just about CRC screening—it's about proving that collaboration can solve big healthcare challenges. By bringing together payers, providers, public health, and advocates, we are setting a new standard for how healthcare organizations can drive change.

Healthcare is incredibly interconnected and complex. At times, the scale of the challenges can make meaningful change seem impossible. Many organizations are working hard to solve these issues on their own, but without collaboration, it's difficult to gain real traction. That's where Screen Utah comes in. By bringing together organizations across Utah, we are proving that when we work together, we can drive change that no one organization could accomplish alone.

Through Screen Utah, the Collaborative has designed a structured approach to problem-solving, ensuring that organizations can share ideas, align strategies, and take action. We are doing that through frequent touch points to keep each other up to date, collectively and individually.

We believe that by working together, we can make the impossible possible. Change is happening, and it's happening because we're doing it together.

## Keeping the Conversation Going: Monthly Collaborative Progress Forums

Each month, we will convene in a virtual forum to exchange updates, celebrate achievements, and address challenges together. These meetings serve as a catalyst for ongoing progress, allowing us to identify opportunities for alignment and collective problem-solving.

These discussions also provide a platform for sharing best practices and exploring new possibilities for collaboration around such topics as:

- **Best Practices and Standardization:** Refining coding, billing, and reimbursement; developing EHR decision trees.
- **Collaborative Approaches:** Sharing insights from Mailed FIT campaigns; leveraging toolkits; coordinating outreach for diverse populations.
- **Engaging Providers and Patients:** Educating providers on CRC screening and test selection; using behavioral economics to improve adherence; refining education formats.
- **Leveraging Data and Measuring Impact:** Identifying high-risk populations; tracking progress; measuring effectiveness; defining key metrics.

## Workgroup 1: Aligning Payer and Provider Policies for CRC Screening

One of the key barriers to effective colorectal cancer (CRC) screening is inconsistency in reimbursement policies. To address this, we are collaborating on recommendations for aligning payer and provider policies with national standards and evidenced-based practices.

### Who Is Involved

Addressing inconsistent CRC screening reimbursement requires a diverse group. Payers provide insights on coverage, providers share real-world challenges, public health organizations align policies with population health strategies, and community groups address access barriers.

### What We're Doing

- Gathering data on reimbursement policies, clinical guidelines, and best practices.
- Convening stakeholders to review findings and make recommendations that will lead to more easily connecting patients to the right test at the right time.
- Making recommendations to create more clarity and consistency in CRC screening coverage.

### Those participating in this workgroup include:

- **Aetna** – Dale Rasmussen, Senior Clinical Strategist
- **American Cancer Society** – Allie Bain, Associate Director State Partnerships
- **American Cancer Society** – Morgan Marietti, Associate Director Cancer Center Partnerships
- **AUCH** – Dr. Sarah Woolsey, Medical Director
- **Cigna** – Dr. Doug Smith, CMO Market Medical Executive
- **Comagine** – Dave Cook, State Director of Systemwide Quality Improvement
- **CommonSpirit** – Dr. Rebecca Vogel, President Physician Enterprise for Utah
- **DHHS** – Marc Watterson, Office Director Office of Primary Care and Rural Health
- **DMBA** – Dr. Chris Wood, VP/Chief Medical Officer
- **Granger Clinic** – Andrea Wagstaff, Population Health Manager Clinical Programs
- **Granger Clinic** – Dr. Corey Neerings, Family Medicine Physician
- **Granite Peaks GI** – Lisa Field, Chief Operation Officer
- **Health Choice Utah** – Dr. Richard Ferguson, Chief Medical Officer
- **Intermountain Health** – Christopher Chandler, Technical Manager GI Professional Coding and Reimbursement
- **Intermountain Health** – Erica Groves, Senior Consultant Professional Coding and Reimbursement
- **Molina** – Lynette Hansen, Associate Vice President Quality Improvement
- **Ogden Clinic** – Carrie Jernigan, Director of Clinical Quality
- **Ogden Clinic** – Kate Story, Quality Supervisor
- **PEHP** – Tanisha Rapp, Care Management Director
- **Regence** – Dr. Mike Woodruff, Executive Medical Director
- **SelectHealth** – Dr. Krista Schonrock, AVP and Senior Medical Director
- **Tanner Clinic** – Jenny Ayala, Clinical Supervisor/Operational Specialist
- **U of U Health** – Dr. Andrew Gawron, Assoc. Professor
- **U of U Health Plans** – Geoff Harding, Director of Quality Improvement
- **UHIMA** – Heather Merkley, Program Director
- **Utah Gastroenterology** – Christine Morris, Practice Administrator
- **Utah Medicaid** – Greg Trollan, Office Director for Managed Care
- **Utah Medicaid** – Jen Meyer-Smart, Assistant Office Director for Managed Care

## Workgroup 2: Provider Education Peer Learning

Providers – both primary care and specialists – play a crucial role in ensuring that patients receive the right CRC screenings at the right time. But to do that effectively, they need clear guidance and accessible resources. Our second workgroup is focused on gathering and sharing provider education materials to improve CRC screening rates.

### Who Is Involved

Providers share effective CRC screening education methods, but broader alignment is key. Payers must ensure policies support timely, appropriate testing. Public health organizations can hold us accountable for communicating clearly at the population level, regardless of an individual's particular health system or insurance company.

### What We're Doing:

- Collecting educational resources from organizations across the state.
- Hosting peer-learning sessions to discuss best practices.
- Developing a toolkit that will help providers educate patients more effectively.

### Those participating in this workgroup include:

- **American Cancer Society** – Allie Bain, Associate Director State Partnerships
- **American Cancer Society** – Morgan Marietti, Associate Director Cancer Center Partnerships
- **AUCH** – Makenzie Dangerfield, Clinical Practice Coach
- **AUCH** – Tracey Siaperas, Research Liaison
- **CommonSpirit** – Rebecca Vogel, President Physician Enterprise for Utah
- **DHHS** – Marc Watterson, Office Director Office of Primary Care and Rural Health
- **Intermountain Health** – Christopher Chandler, Technical Manager GI Professional Coding and Reimbursement
- **Intermountain Health** – Erica Groves, Senior Consultant Professional Coding and Reimbursement
- **Intermountain Health** – Dr. Nate Merriman, Medical Director of Gastroenterology and Digestive Health Canyons and Desert Regions
- **Intermountain Health** – Katie Swenson, Executive Clinical Director Surgical Specialties-Digestive Health Clinical Program
- **Ogden Clinic** – Dr. Amann, Family Medicine Rep
- **Ogden Clinic** – Carrie Jernigan, Director of Clinical Quality
- **Ogden Clinic** – Jennifer Henriod, GI Practice Admin
- **Ogden Clinic** – Mitch Scholer, GI Practice Admin
- **Ogden Clinic** – Kate Story, Quality Supervisor
- **Ogden Clinic** – Dr. Vandersteen, GI Provider
- **Revere Health** – Kevin Scott, Division Leader Specialty Medicine
- **U of U Health** – Ben Blackburn, Sr. Operations Project Manager
- **U of U Health** – Emily Carlson, Quality Improvement Manager
- **U of U Health** – Dr. John Inadomi, Department Chair of Internal Medicine at University of Utah School of Medicine

## Workgroup 3: Patient Education Materials

Raising public awareness about CRC screening is essential to improving health outcomes. Many great education efforts are already happening, but by working together, we can amplify these messages and reach more people. The workgroup will build on national best practices and research to recommend effective strategies for raising public awareness and encouraging screening participation in the general population.

### Who Is Involved

All healthcare stakeholders bring a valuable perspective in identifying strategies to help get the right information into patients' hands. Payers and providers will share insight into patient behavior and methods for promoting education. Public health organizations can provide research-backed materials and messaging that reinforce the importance of CRC screening, and community based organizations can help understand how to reach Utahns where they are.

### What We're Doing:

- Identifying effective and creative patient education strategies from Utah and across the country.
- Exploring statewide initiatives, such as shared marketing campaigns and white-labeled educational materials.
- Discussing how organizations can coordinate their efforts to maximize impact.

### Those participating in this workgroup include:

- **Aetna** – Dale Rasmussen, Senior Clinical Strategist
- **American Cancer Society** – Allie Bain, Associate Director State Partnerships
- **American Cancer Society** – Morgan Marietti, Associate Director Cancer Center Partnerships
- **AUCH** – Makenzie Dangerfield, Clinical Practice Coach and Tracey Siaperas, Research Liaison and Emergency Preparedness Program Manager
- **CommonSpirit** – Rebecca Vogel, President Physician Enterprise for Utah
- **DHHS** – Marie Nagata, Health Program Manager
- **Granite Peaks GI** – Lisa Field, Chief Operation Officer
- **Huntsman Cancer Institute** – Garret Harding, Associate Director Community Outreach and Engagement
- **Intermountain Health** – Christopher Chandler, Technical Manager GI Professional Coding and Reimbursement
- **Intermountain Health** – Erica Groves, Senior Consultant Professional Coding and Reimbursement
- **Intermountain Health** – Dr. Nate Merriman, Medical Director of Gastroenterology and Digestive Health Canyons and Desert Regions
- **Intermountain Health** – Katie Swenson, Executive Clinical Director Surgical Specialties-Digestive Health Clinical Program
- **Molina** – Neal Busk, Medical Director
- **Molina** – Lynette Hansen, Associate Vice President Quality Improvement
- **Molina** – Mark Greenwood, Chief Medical Officer
- **Molina** – Brittany Siebenhaar, Manager of Quality Interventions
- **Ogden Clinic** – Carrie Jernigan, Director of Clinical Quality
- **Ogden Clinic** – Jennifer Henriod, GI Practice Admin
- **Ogden Clinic** – Mitch Scholer, GI Practice Admin
- **Ogden Clinic** – Kate Story, Quality Supervisor
- **SelectHealth** – Bryce Faddis, Quality Consultant
- **Utah Gastroenterology** – Christine Morris, Practice Administrator



## Individual CRC Screening Actions

In addition to the efforts of our coordinated workgroup, organizations across Utah are also implementing their own initiatives to increase CRC screening and uptake.

Below we include actions being undertaken by organizations across Utah and how these organizations plan to measure their success.

### Key efforts include:

- Many payers are enhancing CRC screening efforts by offering flexible testing options, such as home-based tests like FIT or Cologuard. They also report collaborating with primary care practices to engage members, offering incentives and reminders to increase screening rates. Additionally, efforts to streamline coverage policies and reduce cost-sharing are being implemented to simplify access to screenings for members.
- Public health organizations are offering support to health plans and healthcare providers, focusing on increasing access to preventive care through awareness campaigns, data analysis, and evidence-based strategies to improve screening participation and follow-up care.
- Health systems are enhancing access to CRC screenings by expanding capacity at clinics, raising awareness, and integrating screening reminders into electronic health records. These systems are focusing on underserved populations and ensuring timely screenings and follow-ups. Some system reports initiatives that will offer home testing as a first-line screening method, with follow-up colonoscopies for positive results. There is also a strong push for early education for providers and patients to increase understanding of screening options and improve timely access to care.
- Clinics and provider groups report efforts to focus on risk stratification, provider education, and improving referral systems for timely screenings. Efforts include marketing campaigns, social media engagement, and collaborating with gastroenterology specialists to increase screening rates and improve patient outcomes.
- These efforts are collectively working towards a common goal of improving colorectal cancer early detection through better access to screenings, education, streamlined processes, and follow-up care. The anticipated outcomes include increased screening rates and improved health outcomes.
- Together, we are creating a stronger, more effective system to fight colorectal cancer in Utah.



## Payers

Aetna	
<b>Initiative:</b>	<b><i>Improve CRC testing among Medicare Advantage (MA) members</i></b>
<b>Actions:</b>	Aetna is partnering with primary care practices and physician groups to improve CRC screening rates among eligible Medicare Advantage members identified as likely to be screened. Providers can opt-in to offer at-home FIT or Cologuard tests, with Aetna providing additional support to provider groups with value-based agreements. When collaboration is not established, Aetna will send FIT kits directly to selected members. Physician groups with value-based agreements are financially incentivized to increase screening rates, covering over 50% of Aetna's eligible members in Utah. These efforts focus on individuals most likely to complete screening, ensuring broader access and early detection.
<b>Anticipated Outcomes:</b>	Aetna's past experience in the Medicare Advantage market shows higher home test completion rates when physician practices collaborate. Likewise, members in value-based agreements have better screening rates. The 2025 action plan builds on this by targeting efforts on individuals most apt to return the tests by expanding provider collaboration, offering incentives, and providing year-round support for patient identification, testing options, and benefit education to improve screening completion.

Cigna	
<b>Initiative:</b>	<b><i>Expand access to colorectal cancer screening</i></b>
<b>Actions:</b>	Cigna is strengthening its efforts to increase colorectal cancer screening rates through a two-pronged approach. Clients can opt-in to receive mail-in FIT or Cologuard kits, supported by a targeted awareness campaign to boost participation. Additionally, Cigna will collaborate with accountable care organizations (ACOs) to enhance provider engagement and coordination, ensuring more patients receive timely screenings.
<b>Anticipated Outcomes:</b>	The initiative aims to measure screening rates at both client and aggregate levels, comparing results against internal and market benchmarks. Key outcomes include increasing the percentage of eligible clients screened, improving follow-up connections for those requiring colonoscopies, and boosting overall engagement. Success will be tracked through kit distribution, screening orders per provider, and follow-up completion rates.

<b>Deseret Mutual (DMBA)</b>	
<b>Initiative:</b>	<b><i>Enhance coverage and patient navigation for CRC screening</i></b>
<b>Actions:</b>	DMBA will implement a comprehensive dashboard where participants can easily view their CRC screening status, including recommendations and completed tests. This information will be prominently displayed on the first page, ensuring visibility and accessibility. DMBA will cover multiple screening methods, including colonoscopy, at 100%, removing financial barriers to preventive care. By offering clear, real-time screening updates and full coverage for various testing options, DMBA will increase screening rates, promote early detection, and improve overall health outcomes for its members.
<b>Anticipated Outcomes:</b>	DMBA will implement joint recommendations from the colorectal cancer screening group to enhance policies, aiming to cover all costs for screening exams when possible. Medical navigators will proactively contact participants due for screening, guiding them through their options, including available screening methods and cost considerations, to improve access and participation.

<b>Health Choice Utah</b>	
<b>Initiative:</b>	<b><i>Mail FIT kits and align coverage for colorectal cancer screening in Utah</i></b>
<b>Actions:</b>	Health Choice Utah will enhance colorectal cancer screening rates in Utah by mailing FIT kits directly to eligible members, along with clear instructions and culturally relevant materials. To encourage completion, Health Choice will send follow-up reminders and provide a support line for questions. Additionally, Health Choice will align coverage policies with other payers in the Utah market to reduce confusion, simplify member cost-sharing, and ensure seamless access to preventive screenings. Provider education initiatives will improve understanding of coverage policies, while targeted quality improvement outreach will support high-risk patients.
<b>Anticipated Outcomes:</b>	This approach aims to reduce colorectal cancer morbidity by expanding screenings and addressing barriers like health literacy, specialist access, and transportation. Success will be measured by kit completion, follow-up engagement, and diagnostic colonoscopies. Streamlined coverage policies will enhance access, improve HEDIS scores, and reduce costs while increasing member satisfaction.

<b>Molina</b>	
<b>Initiative:</b>	<b><i>Expand home-based testing</i></b>
<b>Actions:</b>	Molina is enhancing colorectal cancer screening efforts in Utah by expanding education and access to at-home test kits. A targeted group of members more likely to complete screening will receive mailed FIT kits, along with pre-delivery and follow-up reminders. All members will receive a text message about screening options, including instructions to request a FIT kit or schedule a colonoscopy. During in-home visits, Molina will encourage screening completion, provide education, and support test return.
<b>Anticipated Outcomes:</b>	Molina aims to increase colorectal cancer screening rates among eligible members, with a focus on underserved populations. Success will be measured by kit return rates, usable test results, and text message engagement. Member satisfaction and improvements in quality metrics, such as HEDIS, will also indicate the program's effectiveness.

<b>Public Employees Health Program (PEHP)</b>	
<b>Initiative:</b>	<b><i>Further Integration of CRCS into Wellness &amp; Cash-Back Programs</i></b>
<b>Actions:</b>	Integrate CRCS further into our wellness and cash-back programs.
<b>Anticipated Outcomes:</b>	PEHP offers rebates for member participation in wellness activities, including worksite and at-home biometric testing, and cash back when members get medical services, including preventative care, at lower-cost sites of service. PEHP will be including FIT kits as part of worksite and biometric screening in connection with our educational efforts and rebates and offering new types of incentives as part of its updated cash-back program to increase member awareness and screening.

<b>Regence BlueCross BlueShield</b>	
<b>Initiative:</b>	<b><i>Enhance patient-centered CRC coverage policies and implement FIT kit mailing program</i></b>
<b>Actions:</b>	Regence is reviewing its colorectal cancer screening policies to ensure clear, member-focused coverage based on evidence and guidelines. This may include collaborating with providers to align coding practices. To increase screening rates, Regence will mail FIT kits to eligible Affordable Care Act and Medicare Advantage members, prioritizing new enrollees and those with a history of using home tests. Non-responders will receive an opt-in letter. Kits will include clear instructions, culturally relevant materials, and a support line, with follow-up reminders and provider co-advocacy to encourage completion
<b>Anticipated Outcomes:</b>	Regence aims to improve colorectal cancer screening rates, focusing on underserved populations. Success will be measured by kit completion, follow-up engagement, and positive FIT results leading to diagnostic colonoscopies. Additional indicators include cost-effectiveness, reduced claims appeals, improved HEDIS metrics, and member satisfaction, ensuring effective early detection and treatment.

<b>SelectHealth</b>	
<b>Initiative:</b>	<b><i>Support peer learning and share best practices to improve CRC screening rates</i></b>
<b>Actions:</b>	SelectHealth is taking a multi-faceted approach to improving CRC screening rates. We collaborate with other payers to align coverage policies, share best practices, and evaluate FIT campaign effectiveness. To boost participation, we expand FIT kit distribution and explore co-branding efforts for broader outreach. Additionally, we work with providers to optimize colonoscopy scheduling, increasing availability on underutilized days. SelectHealth also aims to establish a seamless, timely follow-up process for abnormal FIT results, ensuring patients receive necessary diagnostic care without delays.
<b>Anticipated Outcomes:</b>	These initiatives aim to enhance early detection, reduce screening barriers, and improve overall health outcomes. Anticipated outcomes include increasing overall screening rates to reach and sustain the 90th percentile nationally as well as optimized follow-up after an abnormal FIT.

<b>University of Utah Health Plans</b>	
<b>Initiative:</b>	<b><i>Mail FIT kits and align coverage for colorectal cancer screening in Utah</i></b>
<b>Actions:</b>	University of Utah Health Plans (UUHP) will enhance colorectal cancer screening rates in Utah by mailing FIT kits directly to eligible members, accompanied by clear instructions and culturally relevant materials. To encourage completion, UUHP will send follow-up reminders and provide a support line for questions. Additionally, UUHP will align coverage policies with other payers in the Utah market to reduce confusion, simplify member cost-sharing, and ensure seamless access to preventive screenings. Provider education initiatives will improve understanding of coverage policies, and targeted quality improvement outreach will support high-risk patients.
<b>Anticipated Outcomes:</b>	This approach aims to reduce colorectal cancer morbidity by expanding screenings and addressing barriers like health literacy, specialist access, and transportation. Success will be measured by kit completion, follow-up engagement, and diagnostic colonoscopies. Streamlined coverage policies will enhance access, improve HEDIS scores, and reduce costs while increasing member satisfaction.

<b>Utah Medicaid</b>	
<b>Initiative:</b>	<b><i>Collaborate with Medicaid ACOs in Utah to improve screening rates</i></b>
<b>Actions:</b>	Utah's Medicaid program will collaborate with accountable care organizations (ACOs) across the state to enhance colorectal cancer screening rates. This could include a focus on encouraging increases in screening rates, increasing member outreach, providing education on screening options, and reducing barriers to access.
<b>Anticipated Outcomes:</b>	By aligning efforts with MCOs, the program aims to improve early detection, ensure timely follow-up care, and support providers in promoting screenings, ultimately leading to better health outcomes for Medicaid members.

## Public Health & Employers

American Cancer Society	
<b>Initiative:</b>	<b><i>Provide technical assistance and support</i></b>
<b>Actions:</b>	The American Cancer Society is dedicated to improving the lives of those affected by cancer through advocacy, research, and patient support. Its mission is to ensure everyone has access to prevention, detection, treatment, and survivorship services. As part of this effort, the Society's Patient Support team collaborates with health plans, healthcare providers, and community organizations in the One Utah Collaborative to ensure timely and appropriate colorectal cancer screenings. The Society also provides quality improvement support, best practice toolkits, co-branded prevention messaging, and evidence-based strategies to enhance care. Additionally, ACS helps review data to develop targeted strategies and evidence-based interventions, ensuring that both provider networks and patients/members receive the highest level of care.
<b>Anticipated Outcomes:</b>	The American Cancer Society is committed to mobilizing efforts to ensure eligible patients receive timely colorectal cancer screenings. The focus includes encouraging timely screening at eligibility, ongoing participation per guidelines, and prompt follow-up colonoscopies for patients with abnormal non-colonoscopy test results, ensuring the right test is administered at the right time.

Association for Utah Community Health (AUCH)	
<b>Initiative:</b>	<b><i>Prioritize CRC screening at FQHCs</i></b>
<b>Actions:</b>	The Association for Utah Community Health (AUCH) is leading a consortium of Federally Qualified Health Centers (FQHCs) in a multi-year effort to prioritize colorectal cancer screening (CRCS). This initiative focuses on underserved, low-income patients and includes addressing social determinants of health, providing wraparound services, tracking referrals, optimizing workflows, and supporting patient navigation to ensure timely and effective screening.
<b>Anticipated Outcomes:</b>	AUCH aims to increase colorectal cancer screening rates from 45% to 58% by 2027. This will be achieved through patient reminders, provider assessments, reducing structural barriers, patient navigation, education, and offering health center training and technical assistance to support improved screening efforts.

<b>Comagine Health</b>	
<b>Initiative:</b>	<b><i>Provide direct CRC technical assistance with clinics</i></b>
<b>Actions:</b>	Comagine Health collaborates with clinics and partners to drive quality and process improvements aimed at increasing colorectal cancer screening rates. While efforts are currently on hold due to a federal funding gap, Comagine Health anticipates resuming this work in the coming months as funding becomes available.
<b>Anticipated Outcomes:</b>	Comagine Health typically sees a 15 – 40% improvement in screening rates with clinics they partner with, addressing both documentation gaps and clinical process improvements. The number of clinics involved each year depends on available funding, which influences the scope and scale of their ongoing efforts.

<b>Department of Health and Human Services (DHHS)</b>	
<b>Initiative:</b>	<b><i>Provide support and best practices</i></b>
<b>Actions:</b>	Utah's Department of Health and Human Services supports ongoing initiatives by facilitating information sharing, resource gathering, and the dissemination of best practices. Efforts include exploring a coverage mandate and unified coding recommendations for colorectal cancer screening. Additionally, the Department aims to include colorectal cancer screening in the 2026-2030 State Cancer Plan to strengthen statewide efforts for prevention and early detection.
<b>Anticipated Outcomes:</b>	Through these efforts, Utah's DHHS will improve colorectal cancer screening rates by empowering stakeholders statewide. DHHS will support training and capacity-building to enhance statewide screening efforts.

<b>Leavitt Group</b>	
<b>Initiative:</b>	<b><i>Improve employer colon cancer screening rates and awareness</i></b>
<b>Actions:</b>	The Leavitt Group will analyze and report annual colorectal cancer screening rates, starting with groups of more than 100 enrolled employees for which claims data is available. Initially, the focus will be on colonoscopy rates, with potential future research on alternative screening options. The Leavitt Group aims to identify high-risk member populations for further analysis and reporting. Additionally, the group will provide employer clients with educational resources to improve screening rates and raise awareness about colon cancer, supporting efforts to enhance preventive care.
<b>Anticipated Outcomes:</b>	The Leavitt Group aims to increase employer colorectal cancer screening rates and reduce colon cancer incidence by analyzing claims data and identifying high-risk populations. Through educational resources and targeted interventions, the group will support employers in improving screening rates, ultimately promoting early detection and reducing cancer-related outcomes.

## Health Systems

<b>CommonSpirit Health</b>	
<b>Initiative:</b>	<b><i>Increase colorectal screenings among underserved Utah populations</i></b>
<b>Actions:</b>	Within the Utah market of CommonSpirit Health, the organization is collaborating with the Utah Department of Health and Human Services to increase colorectal cancer screenings and other preventive services for underserved populations. This effort aligns with CommonSpirit's mission to improve health, particularly for vulnerable groups. Additionally, CommonSpirit is committed to increasing colorectal screenings across all populations by leveraging its electronic medical records (EMR) system. Efforts include actively tracking compliance, monitoring colonoscopy outcomes, educating providers on metrics, and creating digital resources to raise patient awareness throughout hospitals, clinics, and practices.
<b>Anticipated Outcomes:</b>	CommonSpirit Health in Utah aims to increase colorectal screenings across all populations, with a focus on underserved groups. Efforts will elevate awareness about the importance of early detection and available screening opportunities. This approach is expected to improve patient outcomes by increasing awareness, encouraging screenings, and promoting early intervention.



<b>HCA Mountain Star</b>	
<b>Initiative:</b>	<b><i>Expand patient access to colorectal screening and amplify awareness</i></b>
<b>Actions:</b>	HCA is working to accelerate access to colorectal cancer screenings by strategically investing in new colonoscopy centers and expanding capacity at existing facilities. The organization is setting internal targets to improve colorectal screening compliance and aims to equip both patients and providers with the necessary knowledge to prioritize screenings. By ensuring each patient receives the appropriate test for their needs, HCA seeks to enhance early detection efforts and improve overall health outcomes for the community.
<b>Anticipated Outcomes:</b>	HCA is focused on ensuring timely access to care, raising patient awareness, and improving screening compliance to enhance early detection. These efforts are aimed at driving better health outcomes, reducing healthcare costs, and ensuring that patients receive appropriate care at the right time, ultimately improving overall community health.

<b>HCI Center for Hope</b>	
<b>Initiative:</b>	<b><i>Implementing FIT first program to enhance colorectal cancer screening</i></b>
<b>Actions:</b>	The Center for Hope is implementing a FIT First Program, enhanced by EHR features for provider and patient reminders, along with resources tailored to patient needs and screening types. The organization is also collaborating with the Association for Utah Community Health (AUCH) on the colorectal cancer screening priority initiative.
<b>Anticipated Outcomes:</b>	The Center for Hope is improving screening rates by aligning efforts with patient needs, utilizing tailored resources and reminders to enhance colorectal cancer screening participation and outcomes.

## Huntsman Cancer Institute

<b>Initiative:</b>	<b><i>Implement a FIT First initiative for primary care patients</i></b>
<b>Actions:</b>	The Huntsman Cancer Institute is supporting the implementation of a FIT First initiative for primary care patients at University of Utah Health. Eligible patients will have a shared decision-making discussion with their primary care provider and, if appropriate, receive a FIT test to complete at home. The test will include low-literacy completion instructions and additional resources. To improve convenience, completed tests can be mailed back directly to University of Utah Health, eliminating the need for patients to take time off work. Drs. John Inadomi and Thomas Varghese are leading this initiative, with provider-to-provider training by Dr. Inadomi. EHR and system modifications have been made to support this effort.
<b>Anticipated Outcomes:</b>	The Huntsman Cancer Institute's FIT First initiative at University of Utah Health aims to increase completed colorectal cancer screenings and reduce wait times for colonoscopies. This initiative streamlines the process and improves timely access to care.

## Intermountain Health

<b>Initiative:</b>	<b><i>Work together to improve colorectal cancer screening</i></b>
<b>Actions:</b>	Intermountain Health will apply its proprietary Clinical Best Practice Integration (cBPI) model to improve colorectal cancer screening. The initiative will begin by defining the target population to establish baseline screening rates across the Intermountain Health footprint. By aligning metrics of success, the organization will aim to drive collective impact, enhancing screening rates and improving patient outcomes through consistent, evidence-based practices across its network.
<b>Anticipated Outcomes:</b>	Intermountain Health will focus on increasing colorectal cancer screening rates across its communities, emphasizing early detection to accelerate treatment and reduce overall care costs. The initiative will also identify and mitigate disparities in care, ensuring equitable access to screening and timely interventions for all populations.

<b>University of Utah Health</b>	
<b>Initiative:</b>	<i>Expand home-based testing</i>
<b>Actions:</b>	University of Utah Health will enhance colorectal cancer screening rates in its primary care patient population by educating providers on the benefits of FIT testing versus colonoscopy and identifying which patient groups are most suitable for each type of screening. The initiative will also include increased patient education in primary care clinics. A targeted quality improvement initiative will support mailed-back FIT tests, aligning lab resources and educational materials. Additionally, a communication campaign will outreach to patients who could benefit from FIT tests or need support with follow-up colonoscopy scheduling.
<b>Anticipated Outcomes:</b>	University of Utah Health will increase completed colorectal cancer screenings and reduce colonoscopy wait times. The initiative will focus on improving FIT completion rates and ensuring that a higher percentage of patients with positive FIT results complete a follow-up colonoscopy, ultimately enhancing early detection and treatment outcomes.

## Medical Group

<b>Bolder Way Forward</b>	
<b>Initiative:</b>	<i>Expand colorectal cancer screening through education and collaboration</i>
<b>Actions:</b>	Bolder Way Forward will drive increased colorectal cancer screening through county coalitions focused on patient education. Provider education efforts will expand to include OB/GYNs, ensuring more women receive appropriate screening recommendations. Additionally, the initiative will improve patient understanding of insurance coverage, reducing barriers to access and increasing screening rates.
<b>Anticipated Outcomes:</b>	Bolder Way Forward anticipates higher colorectal cancer screening rates, improved patient awareness, and increased provider engagement.

<b>Granger Clinic</b>	
<b>Initiative:</b>	<b><i>Stratify risk, promote earlier screenings, and align coverage</i></b>
<b>Actions:</b>	Granger Clinic is implementing a comprehensive approach to colorectal cancer screening, starting with a risk stratification tool integrated into its electronic health record system to help clinicians assess patient risk levels. The clinic will promote earlier-year screenings through primary care to avoid end-of-year surges and improve timely care access. Additionally, Granger Clinic has established an interface with Cologuard, enabling providers to order tests directly from the system and automatically upload results into the patient's chart. Increased collaboration with internal gastroenterology providers and colorectal surgeons ensures streamlined referrals, timely screenings, and accurate documentation of results.
<b>Anticipated Outcomes:</b>	Granger Clinic aims to increase colorectal cancer screening rates by leveraging existing quality metric dashboards for calculation and tracking. This approach will allow for real-time monitoring of screening progress, ensuring higher completion rates and improved patient outcomes through timely screenings and accurate documentation within the system.

<b>Granite Peaks Gastroenterology</b>	
<b>Initiative:</b>	<b><i>Increasing colorectal cancer screening awareness and access</i></b>
<b>Actions:</b>	Granite Peaks will collaborate with other organizations to raise awareness and reduce stigma around colorectal cancer screening. By leveraging insights from successful patient engagement campaigns, the initiative aims to encourage more individuals to get screened and ensure better access to preventive care.
<b>Anticipated Outcomes:</b>	Anticipated outcomes include increased patient engagement, reduced stigma around colorectal cancer screening, and higher screening rates across Utah.

<b>Ogden Clinic</b>	
<b>Initiative:</b>	<b><i>Build awareness, education, and advocacy</i></b>
<b>Actions:</b>	The Ogden Clinic will increase colorectal cancer screening rates by raising awareness through marketing campaigns on social media and text messaging, using patient stories to motivate others. Family medicine providers will receive education on the initiative and its goals, along with resources to help with patient discussions. Care coordinators will be trained to identify patients and facilitate referrals for the correct screening. The clinic will collaborate with gastroenterology specialists to optimize scheduling and establish best practices for referrals. The Quality Department will promote the initiative, and a gastroenterologist will advocate screening, working with payers to distribute FIT test kits.
<b>Anticipated Outcomes:</b>	The Ogden Clinic will enhance patient and provider education to improve colorectal cancer screening rates. This initiative will lead to better patient outcomes through increased awareness, timely screenings, and improved communication between care coordinators, providers, and specialists.

<b>Optum Care Network</b>	
<b>Initiative:</b>	<b><i>Make CRCS access as easy as possible</i></b>
<b>Actions:</b>	Optum is working to make colorectal cancer screening as accessible as possible by distributing in-home fecal occult blood test (FOBT) kits and partnering with Cologuard® to identify patients eligible for rescreening after a negative result. Optum is coordinating colonoscopy appointments and sending targeted mailers to Medicare Advantage members, highlighting available incentives and in-network facilities, including ambulatory surgical centers. Optum plans to use a wraparound vendors for FOBT kit distribution and ships Cologuard® kits directly to members through various community health programs.
<b>Anticipated Outcomes:</b>	Optum aims to increase colorectal cancer screening rates by providing in-home FOBT kits and shipping Cologuard® kits through community programs. Personalized mailers and transparent communication will improve member engagement, making screenings more accessible and convenient, leading to earlier detection and better cancer management.

<b>Tanner Clinic</b>	
<b>Initiative:</b>	<b><i>Conduct patient and provider education</i></b>
<b>Actions:</b>	Tanner Clinic is updating primary care provider (PCP) guidelines and partnering with the gastroenterology department to provide comprehensive education. The clinic aims to enhance patient education by helping individuals understand the differences between screening colonoscopies, Cologuard, FIT tests, and what to expect if test results are positive. This initiative seeks to improve patient knowledge, ensure clarity on colorectal cancer screening options, and foster better communication between providers and patients for timely screenings and follow-up care.
<b>Anticipated Outcomes:</b>	Tanner Clinic aims to enhance patient education by providing improved tools for primary care providers and patients, enabling informed decisions about colorectal cancer screening options. Emphasizing the effectiveness of colonoscopy, the clinic particularly focuses on increasing utilization of screening colonoscopies within the gastroenterology department for better cancer prevention.

<b>Utah Gastroenterology</b>	
<b>Initiative:</b>	<b><i>Expand access and awareness for CRC screenings</i></b>
<b>Actions:</b>	Utah Gastroenterology is focused on increasing screening rates by reaching out to primary care offices and informing them about available screening openings, ensuring patients can schedule appointments within 1 – 2 weeks at all locations. They are collaborating with health systems and clinics across the state to streamline referral processes. In addition, Utah Gastroenterology is launching an advertising campaign to raise public awareness, highlighting March as Colorectal Cancer Awareness Month and encouraging more individuals to get screened.
<b>Anticipated Outcomes:</b>	Utah Gastroenterology is working to increase screening rates by reducing wait times and improving access through healthcare partnerships. Targeted advertising will raise awareness, leading to greater public engagement, higher screening rates, and earlier detection of colorectal cancer, ultimately improving patient outcomes and care.