



One  
Utah Health  
Collaborative

# Screen Utah: Impact Progress Report

A Year of Real Momentum  
On Colorectal Cancer  
Screening



## Screen Utah: Impact Progress Report

**Each March**, Colorectal Cancer Awareness Month offers a powerful reminder of how many lives can be saved through early detection—and how much work still remains to ensure every person receives timely screening.

Colorectal cancer (CRC) continues to be one of the most preventable—and most consequential—public health opportunities in Utah. It remains the second leading cause of cancer-related death for men and women combined, despite being one of the cancers most effectively prevented through timely screening. While early detection leads to a five-year survival rate of roughly 90 percent, Utah’s screening rates have declined significantly since 2020. This erosion—combined with demographic shifts, capacity constraints, and gaps in patient understanding—highlighted the need for a unified, statewide effort.

The [Screen Utah: Early Action Report](#) published last year established that unified approach. It introduced a framework built on cross-sector collaboration, transparency, and accountability. More than two dozen organizations—payers, health systems, clinics, community partners, and public health agencies—committed to working toward a shared statewide goal: ensuring that every Utahn can access the right test at the right time. Our primary metric is to increase CRC screenings by 3 – 5% over 3 years.

In the year since, these partners have taken steps to strengthen how screening is covered, delivered, communicated, and supported. What has emerged is a more cohesive statewide strategy—one grounded in practical changes, shared learning, and a willingness to take on longstanding barriers.

The Collaborative’s recently published [case study](#) captured this evolution, highlighting how Utah’s approach is resonating across organizations. As Dr. Nate Merriman of Intermountain Health said,

“When I tell colleagues that payers and providers are collaborating to simplify screening and surveillance, they do not believe me. This kind of collaboration doesn’t happen elsewhere—it’s a big deal, and we should be proud.”

Jenny Ayala from Tanner Clinic adds, “Being involved in this group has not only inspired us to improve our processes and think creatively but has also empowered me personally.”

As we observe Colorectal Cancer Awareness Month, this Impact Progress Report provides a timely look at what has been accomplished since the Early Action Report, what themes have emerged, and what comes next as partners continue building a more reliable, coordinated, and patient-centered screening system for Utah.



### Summary of Actions to Date

A comprehensive summary of statewide activity includes:

- **Monthly Progress Forums** to share data, insights, challenges, and resource needs.
- **Guidance document** on establishing statewide clarity on coverage and coding.
- **Guidance document** on workflow and provider education.
- **Greater internal auditing**, with multiple organizations actively reviewing claims processing, coding accuracy, and screening workflows.
- **Development of performance tracking infrastructure**, supporting long-term measurement of screening rates, completion, and impact.
- **A case study** documenting lessons, early successes, and the Collaborative’s role.

## Progress Since the Early Action Report

### Learning From Each Other (and Holding Ourselves Accountable)

Monthly Progress Forums throughout the year have provided accountability and shared problem-solving, where diverse partners – and even competitors – can exchange updates, surface barriers, and learn from one another’s approaches.

Key outcomes include:

- **Greater transparency** across organizations, encouraging action in areas that once felt siloed or complex.
- **Clearer visibility into challenges**, helping partners understand what works and why barriers persist.
- **Peer benchmarking**, creating a gentle but real accountability as organizations track their commitments.
- **Faster spread of effective practices**, from improved EHR workflows to updated communication materials and coding processes.

### Improving Clarity, Predictability, and Patient Experience Through Coverage Alignment

A new workgroup brought together payers, providers, and other engaged stakeholders to address a persistent challenge in CRC screening: inconsistent coverage and coding practices that create confusion, inappropriate cost-sharing, and incomplete screenings.

Through this work, the group developed a [guidance document](#) with three key contributions:

- **A statewide definition of “complete colorectal cancer screening”** that reflects the full clinical process—including necessary follow-up—and helps align payers and providers on what should be covered as preventive care with no patient cost-sharing.
- **Coding and documentation guidance** that avoids common misclassification risks—such as preventive colonoscopies being labeled “diagnostic” due to polyp removal or incidental symptoms—and clarifies how clinical intent should be documented.
- **Recommended updates to payer policies** focused on streamlining coverage, reducing cost-sharing, clarifying the use of billing modifiers, and improving communication with both providers and patients.

### Strengthening Clinical Systems to Support Complete Screening

Another workgroup focused on workflow design, documentation, and provider education—recognizing that even with clear coverage policies, screenings can break down if clinical teams lack consistent processes or prompts.

Their work produced several actionable components compiled in a [guidance document](#):

- **A model workflow for CRC screening** that outlines each step—from risk assessment and test selection to results tracking and follow-up—and prevents common gaps patients fall into.
- **Provider education strategies** that emphasize shared decision-making, motivational interviewing, and culturally aligned communication, especially for populations with lower screening rates.
- **Recommended documentation strategies** to reflect the intent of a preventive screening.
- **Team-based care strategies**, including delegating steps across the team and defining responsibilities for ordering tests, tracking results, communicating with patients, and scheduling follow-up care.

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### Individual Action Across the State

Participating organizations contributed to this initiative in different but complementary ways. The table below highlights how hospitals, payers, and providers applied shared goals across four categories. Together, these actions demonstrate the breadth of system-level change enabled through collaboration.

#### Save People Money

Actions that reduce or eliminate unexpected patient costs. This includes improving coding and claims processing, expanding access to lower-cost sites of care, and making affordable at-home tests easy to obtain. Some efforts also incentivize patients to choose lower-cost screening options.

#### Support Patient Care

Actions that help patients complete screening successfully. This includes personalized outreach and navigation, proactive identification of high-risk patients, and culturally relevant education to address barriers and improve follow-through.

#### Reduce System Costs

Actions that lower healthcare spending while maintaining quality, such as promoting non-invasive screening tests for average-risk patients, using lower-cost sites of care, simplifying coverage policies, and reducing administrative burden through improved coding and claims processes.

#### Empower Clinicians

Actions that support clinicians in recommending and completing appropriate screening, such as education on testing options, prompts in the EMRs, coordination between payers and providers, and clinician financial incentives tied to screening completion.

	Save People Money	Reduce System Costs	Support Patient Care	Empower Clinicians
Aetna			X	
Cigna			X	
DMBA	X	X		
Health Choice Utah	X	X	X	
Molina	X	X	X	X
PEHP	X	X	X	
Regence BCBS of Utah	X	X	X	
SelectHealth	X	X	X	X
United Healthcare / Optum Health			X	
U Health Plans	X	X	X	
Utah Medicaid			X	X
CommonSpirit			X	X
HCA MountainStar	X	X	X	X
HCI	X		X	X
Intermountain Health	X	X	X	X
U Health	X	X	X	X
Community Health Centers	X	X	X	X
Granger Medical Clinic			X	X
Granite Peaks Gastroenterology			X	X
Revere Health		X	X	
Ogden Clinic	X	X	X	X
Tanner Clinic	X	X	X	X
Utah Gastroenterology			X	X

Other participating organizations not directly paying for or providing care include the American Cancer Society, Bolder Way Forward, Comagine Health, Health Management Associates, and the Utah Department of Health and Human Services.

# What Comes Next

Over the course of Screen Utah's work together, Utah's healthcare community has demonstrated what is possible when organizations come together around a shared purpose. The Collaborative's structured, transparent approach is enabling meaningful improvements in both coverage clarity and clinical delivery.

As momentum turns into action, Utah is well-positioned to strengthen statewide CRC screening rates and create a more predictable, accessible, and patient-centered screening experience for all Utahns.

In 2026, the Collaborative will continue to advance statewide screening efforts by:

- Monitoring CRC screening rates and publicly sharing progress.
- Supporting organizations as they adopt or refine coverage and workflows.
- Facilitating continued Progress Forums to encourage accountability and shared learning.
- Identifying opportunities for additional collaborative initiatives where a similar model could accelerate progress.

The next phase of work will focus on embedding changes into standard practice, ensuring the improvements made this year remain durable over time.

## Individual Actions By Participating Organizations

### Payers and Employers

#### Aetna

Aetna advanced colorectal cancer screening among eligible Medicare Advantage members in Utah through expanded collaboration with primary care practices and physician groups. Providers were able to opt in to offering at-home FIT or Cologuard tests, with Aetna providing additional operational and data support—particularly for groups participating in value-based agreements. Where provider collaboration was not in place, Aetna distributed FIT kits directly to selected members.

#### Cigna

Cigna expanded its colorectal cancer screening efforts through a two-pronged strategy focused on member outreach and provider collaboration. Employer and health plan clients were able to opt in to mail-based FIT or Cologuard testing, supported by targeted awareness campaigns designed to increase participation among eligible members. In parallel, Cigna worked with accountable care organizations to strengthen provider engagement and care coordination, helping ensure more patients received timely screening and appropriate follow-up. Screening performance was tracked at both the client and aggregate levels and compared against internal and market benchmarks, with particular attention to successful follow-up for members requiring diagnostic colonoscopies.

#### DMBA

DMBA advanced its colorectal cancer screening efforts by removing financial and administrative barriers and improving member access to preventive care. DMBA updated its policies to ensure that any member who needs a screening colonoscopy—including individuals under age 45—can access coverage, with all components of the screening colonoscopy (including facility, pathology, and laboratory services) covered at a 100% preventive benefit when appropriately coded. DMBA also adapted its claims system to recognize and process colonoscopy claims, ensuring these services are consistently treated as preventive even when diagnostic and preventive codes are mixed. In addition, DMBA implemented a member-facing dashboard displaying colorectal cancer screening status and deployed medical navigators to proactively support members due for screening.

#### Health Choice Utah

Health Choice Utah is expanding colorectal cancer screening through a direct-to-member FIT testing program and aligned coverage policies. In 2025, the plan mailed approximately 2,000 FIT kits to eligible members, tested different outreach approaches, and offered reminders and support to encourage completion. Results are tracked to ensure timely follow-up colonoscopies after abnormal tests, with care coordinators refining outreach and follow-up practices. Health Choice Utah is developing an on-demand website to allow members to request FIT kits directly. Health Choice Utah has also improved claims processes to minimize member cost-sharing for preventive screenings and reduce inappropriate screening-to-diagnostic conversions, improving access and member experience.

#### Leavitt Group

The Leavitt Group supported employer efforts to improve colorectal cancer screening by analyzing claims data to identify screening gaps and higher-risk populations. The organization shared educational

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resources and insights with employers to help inform targeted outreach and benefit strategies that encourage timely screening. Through this work, the Leavitt Group helped elevate employer awareness of colorectal cancer prevention and reinforced the role employers can play in promoting early detection and reducing the burden of colon cancer among their covered populations.

### Molina

Molina advanced colorectal cancer screening through a coordinated strategy combining member incentives, provider bonuses, outreach, and care management reminders. The plan offered financial rewards to Medicare members who completed screenings and bonus payments to providers for closing screening gaps, while creating easy pathways for members to request FIT kits. Screening prompts were embedded into care management and call center workflows to address gaps during member interactions. In-home visit vendors also supported gap closure by offering and assisting with FIT or Cologuard kits.

### PEHP

PEHP is advancing colorectal cancer screening through its wellness and incentive programs, integrating FIT kits into worksite and at-home biometric screenings for employer groups. Members have been encouraged to participate through rebates and cash-back incentives, particularly when using lower-cost sites of care. By pairing education with financial incentives, PEHP is increasing awareness and uptake of screening. The plan is also using data from these efforts to better understand member behavior and refine future screening and incentive strategies.

### Regence

Regence strengthened colorectal cancer screening efforts by expanding direct mailing of at-home screening kits to Medicare and individual exchange members (approximately 5,000) and addressing open screening gaps during member service calls. The plan ensures timely follow-up for positive at-home tests through repeated outreach and claims monitoring to confirm completion of colonoscopies. Regence also reviewed benefit design and claims processes to minimize member cost-sharing for preventive screenings, consistent with ACA requirements. In addition, the plan implemented a policy encouraging use of ambulatory surgical centers for screening procedures when appropriate, lowering costs while maintaining a strong patient experience.

### Select Health

Select Health advanced colorectal cancer screening through payer collaboration, targeted member outreach, and close partnership with providers. The plan worked with other payers to align coverage policies, share best practices, and assess FIT campaign effectiveness while expanding FIT kit distribution and non-English outreach. Select Health has also focused on members under age 45, using clinical review rather than coding alone to identify screening needs. Select Health's ongoing engagement with GI clinicians has supported timely scheduling and follow-up after abnormal results.

### U Health Plans

U of U Health Plans (UUHP) is expanding colorectal cancer screening through a direct-to-member FIT testing program and aligned coverage policies. In 2025, the plan mailed approximately 2,000 FIT kits to

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### Utah Medicaid

Utah Medicaid advanced colorectal cancer screening through targeted data analysis, direct member outreach, and policy levers to improve system-wide performance. Using claims data, Medicaid identified members in seven counties who appeared overdue for screening and conducted outreach to nearly 1,700 individuals, successfully connecting with approximately 280. Through these conversations, staff confirmed completed screenings, assisted members with scheduling colonoscopies, and identified common barriers to follow-up, informing future outreach efforts. Building on this work, Utah Medicaid also incorporated colorectal cancer screening as a quality measure within the withhold structure for its managed care contracts for the UMIC population, creating a direct financial incentive for MCOs to improve screening rates.

## Public Health

### American Cancer Society

The American Cancer Society (ACS) supported colorectal cancer screening efforts across Utah through partnerships with health plans, providers, and community organizations involved in the One Utah Health Collaborative in a variety of ways. Of highlight was the opportunity for technical assistance to organizations implementing new programs and best practice shares that took place in both real-time and as needed with collaborative partners. Additionally, ACS and ACS CAN, the nonpartisan, nonprofit advocacy affiliate of the ACS, helped to elevate Utah's partners' voices both locally as well as to the national stage through the National Colorectal Cancer Roundtable annual meeting. These efforts helped promote timely initiation of screening, reinforce adherence to screening guidelines, and improve follow-up after abnormal test results.

### Association for Utah Community Health

AUCH led a coordinated colorectal cancer screening effort across Utah's 13 community health centers, with a strong focus on underserved and low-income patients. Health centers conducted an outreach campaign reaching more than 10,000 patients and distributed approximately 2,600 FIT kits and 3,500 Cologuard tests. AUCH-supported clinics strengthened follow-up workflows, helped patients access colonoscopy vouchers, and improved navigation after abnormal results. AUCH also provided coding training for primary care providers to reduce inaccurate patient cost-sharing. Together, these efforts advanced progress toward AUCH's goal of reaching a 58% screening rate by 2027.

### Bolder Way Forward

Bolder Way Forward is advancing colorectal cancer screening through community-based education and cross-sector engagement. The initiative has worked with county coalitions to increase patient awareness and understanding of the importance of screening, helping reduce stigma and misinformation. Provider education efforts expanded to include OB/GYNs, ensuring more women receive appropriate screening

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recommendations during routine care. In addition, Bolder Way Forward has supported efforts to improve patient understanding of insurance coverage and preventive benefits, helping reduce access barriers.

### Comagine

Over the past year, Comagine Health provided technical expertise to the One Utah Collaborative by facilitating a clinical colorectal cancer screening workgroup to complement parallel efforts focused on coverage and benefits. The workgroup examined real-world clinical workflows, including how care teams proactively prompt patients, document and code screening, communicate results, and ensure timely follow-up. Under Comagine’s facilitation, the group developed a consensus-based set of recommendations to optimize clinical care processes, clarify what constitutes a complete colorectal cancer screening, and outline specific actions for clinicians, health systems, payers, and state leaders. This work produced a shared clinical framework to support more consistent and effective screening statewide.

### DHHS

Over the past year, Utah’s Department of Health and Human Services advanced statewide colorectal cancer screening efforts through coordination, public education (including news outlets), and policy alignment. The Department incorporated colorectal cancer screening into the State Cancer Plan and engaged stakeholders in the One Utah Health Collaborative to gather feedback and refine priorities. These efforts helped elevate colorectal cancer screening as a public health priority and strengthened alignment across clinical, payer, and community partners.

## Health Systems

### CommonSpirit

CommonSpirit Health in Utah advanced colorectal cancer screening access through both system-level efforts and a new cross-system clinical partnership. Most notably, CommonSpirit partnered with University of Utah Health to expand access to screening colonoscopies, enabling University of Utah physicians to perform procedures at Holy Cross – Salt Lake Hospital. This collaboration reduced wait times and improved access for patients in need of timely, life-saving screenings. In parallel, CommonSpirit continued to leverage its electronic medical record system to track screening compliance, monitor outcomes, and support provider education, with a focus on improving screening rates across all populations, including underserved communities.

### HCA MountainStar

HCA MountainStar advanced colorectal cancer screening by expanding access, lowering costs, and strengthening both provider and patient engagement. The organization invested in additional ambulatory surgery and endoscopy centers—including two opened in Utah County in 2025—to increase capacity and offer more affordable screening options. It also supported clinician education through a community-wide oncology symposium and outreach to primary care providers in its value-based network, reinforcing the importance of timely screening. Alongside these efforts, HCA MountainStar improved patient engagement by reducing no-show rates, enhancing clinic-level outreach, and providing individualized follow-up for patients overdue for colonoscopies or FIT tests, helping more patients complete appropriate screening at the right time.

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### HCI Center for Hope

The Center for Hope at the Huntsman Cancer Institute advanced colorectal cancer screening through implementation of a FIT First program supported by electronic reminders for both providers and patients. The team continues to support low-income patients through voucher programs that reduce financial barriers to screening and works closely with University of Utah Health to troubleshoot operational challenges, including mail-in FIT processes and reminder systems. In collaboration with the Association for Utah Community Health (AUCH), the Center for Hope is aligning its efforts with broader statewide screening initiatives.

### Huntsman Cancer Institute

Huntsman Cancer Institute has supported the implementation of a FIT First initiative within University of Utah Health to expand access to colorectal cancer screening. Through shared decision-making conversations in primary care, eligible patients are offered the option to complete a FIT test at home using clear, low-literacy instructions and supportive resources. Completed tests can be mailed directly back to the health system, improving convenience and reducing the need for time away from work. Clinical leaders have provided provider-to-provider training, and electronic health record updates were implemented to support workflow integration.

### Intermountain Health

Intermountain Health is strengthening colorectal cancer (CRC) screening across its communities through coordinated efforts between Primary Care and Specialty Care teams. The organization is helping patients better understand their personal and family CRC risk, improving documentation of risk factors, and supporting informed conversations about screening options. Intermountain has developed a risk-based screening tool to support shared decision-making among care teams and patients. The health system is also working to reduce delays between positive screening tests and follow-up colonoscopies and to simplify the screening process within its electronic health record system to make care more seamless and timely.

### University of Utah Health

University of Utah Health advanced a system-wide effort to increase colorectal cancer screening and ensure timely follow-up care. The initiative expanded access to at-home FIT testing, supported by safe mail-back processes and clear patient instructions. Clinical workflows were improved to make screening easier to order and track, and teams developed rapid outreach processes for patients with positive results. U of U Health also invested in provider education and additional patient education tools to help patients choose the screening option that best fits their risk and preferences. Patient outreach included reminder letters and multi-channel education campaigns. Clinics received additional support to address barriers to screening, including offering FIT testing as an interim option when colonoscopy access was delayed. Additionally, University of Utah Health partnered with CommonSpirit to expand access to screening colonoscopies, enabling University of Utah physicians to perform procedures at Holy Cross – Salt Lake Hospital, reducing the procedure wait times.

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### Medical Groups

#### Granite Peaks Gastroenterology

Granite Peaks has advanced colorectal cancer screening by increasing community awareness and reducing stigma around preventive testing. In collaboration with statewide partners, the organization strengthened patient outreach through education campaigns, community engagement, and provider messaging that emphasizes the importance of early detection and accessible screening options. Granite Peaks also worked to improve referral pathways and access to screening services, helping patients navigate available resources and testing options.

#### Granger Clinic

Granger Medical Clinic has improved colorectal cancer screening by making it easier for patients to understand their risk and complete recommended testing. A risk assessment tool built into the electronic health record helps clinicians guide patients toward the right screening option at the right time. The clinic has encouraged earlier-year screenings to improve timely access to care and reduce delays. Providers can now order Cologuard directly within the system, with results automatically added to the patient's chart to support follow-up. Close coordination among primary care, gastroenterology, and colorectal surgery teams has streamlined referrals and improved continuity of care, helping more patients complete screening and receive timely results.

#### Ogden Clinic

Ogden Clinic has strengthened colorectal cancer screening by improving referral and follow-up processes to ensure more patients complete recommended testing. The team is addressing gaps when patients are not contacted or miss appointments, working to reduce no-shows and cancellations, standardizing practices across gastroenterology groups, and reviewing follow-up for Cologuard and other screening results. In addition, the clinic has supported awareness through targeted outreach and patient education, while equipping providers and care coordinators with tools to better identify patients and facilitate timely referrals.

#### Optum Care Network

Optum has prioritized improving colorectal cancer screening adherence through direct outreach, large-scale test distribution, and patient incentives. The organization distributed more than 7,000 non-invasive screening tests and closely monitored timely returns, while provider groups engaged patients through phone calls, mailed letters, and portal messaging to encourage completion. Optum provides monthly target lists to provider groups outlining who is due for screening. Some practices partnered directly with Cologuard to coordinate batch kit distribution, expanding convenient at-home screening options. To further motivate participation, Optum offered incentives, including gift cards, for members who completed screening regardless of testing method.

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### Revere Health

Revere Health has expanded colorectal cancer screening access through improved scheduling, expanded capacity, and enhanced patient outreach. The organization implemented online scheduling and e-referrals to make colonoscopy appointments easier to access and introduced text messages and voicemail reminders to provide additional patient touchpoints. In partnership with HCA, Revere opened a new ambulatory surgery center in Lehi to increase screening capacity and improve convenience for patients. The team is also engaging physicians in discussions about incorporating alternative screening options alongside colonoscopy to broaden access and ensure patients can choose the testing method that best fits their needs.

### Tanner Clinic

Tanner Clinic strengthened colorectal cancer screening by enhancing both provider and patient education. The clinic updated primary care guidelines and partnered closely with its gastroenterology department to ensure consistent, evidence-based recommendations across teams. Efforts focused on helping patients understand the differences between screening options—including colonoscopy, Cologuard, and FIT tests—and what to expect if results are positive. By equipping primary care providers with clearer tools and resources for patient conversations, Tanner Clinic has worked to improve shared decision-making, increase appropriate screening utilization, and support timely follow-up care for patients across the communities it serves.

### Utah Gastroenterology

Utah Gastroenterology has increased colorectal cancer screening by expanding access and strengthening referral partnerships statewide. The group has proactively contacted primary care offices to share available appointment openings, helping patients schedule colonoscopies within one to two weeks across its locations. Collaboration with health systems and clinics has streamlined referral processes and improved care coordination. Utah Gastroenterology also launched public awareness efforts, including campaigns during Colorectal Cancer Awareness Month, to encourage more individuals to get screened.