

# Evidence-Based Interventions to Increase Colorectal Cancer Screening in Health Systems



Department of Health

July 2020 – June 2025

Colorectal cancer (CRC) is one of the most common cancers in New York State and the second leading cause of cancer deaths among New Yorkers. Regular screening can help find cancer early and improve survival rates. In some cases, screening can prevent CRC by finding polyps so that they can be removed before they turn into cancer.

From 2020 to 2025 the New York State Department of Health (Department) awarded funding to 20 Federally Qualified Health Center clinics to apply evidence-based interventions and supportive strategies to improve colorectal cancer screening rates. Cohorts of four to six clinic sites were enrolled annually to implement processes that included:

- A comprehensive six-month review of clinic workflows and policies
- Development and implementation of quality improvement plans

Bimonthly reports detailing progress, process measure data, and monthly screening rates were submitted for evaluation by Department staff. The Department provided technical assistance to facilitate successful implementation.

Number of interventions implemented

**108**

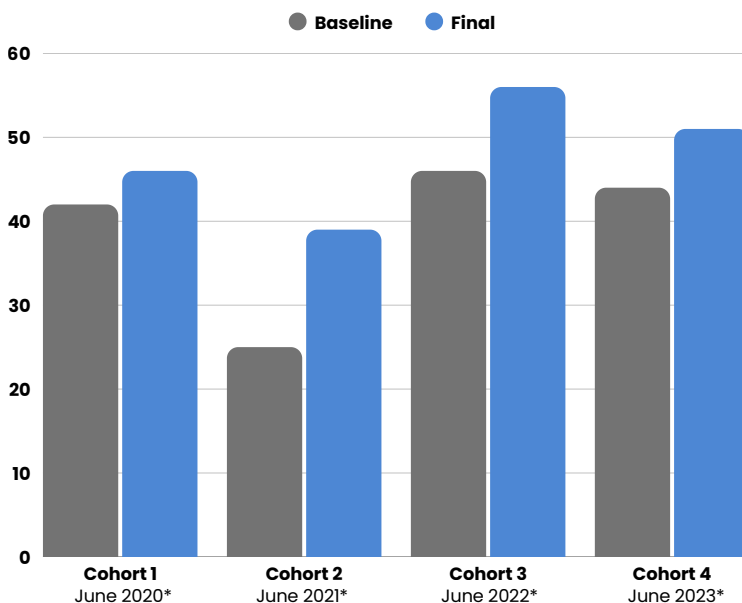
Average increase in colorectal cancer screening rate

**36%**

Additional people screened

**+3,500**

**Average Cohort CRC Screening Rates from Baseline\* to May 2025**



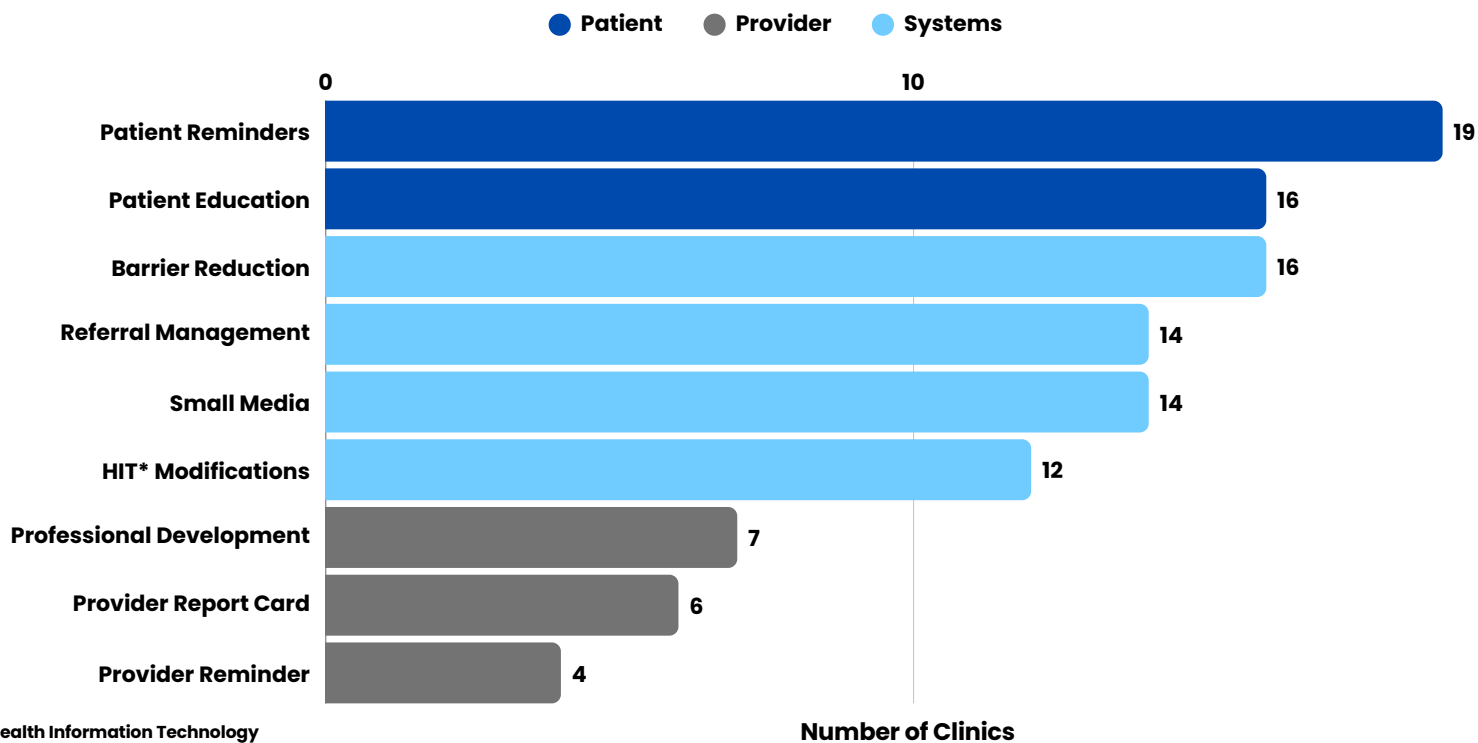
## Did you know?

Current guidelines recommend CRC screening for all adults ages 45 to 75 years. Individuals at increased risk should talk to their health care provider about when to begin screening.

Recommended screening options include tests done at home, such as fecal immunochemical tests (FIT) and FIT-DNA tests, as well as colonoscopy and flexible sigmoidoscopy (performed in a clinical office).

**Evidence-based interventions (EBIs)** are well researched and tested strategies shown to protect and improve health. Clinics improved CRC screening rates by implementing the EBIs listed in the figure below.

### Clinic Selection of Evidence-Based Interventions



### Key Takeaways

- Offering screening test options to average risk patients increases CRC screening uptake.
- Using standing orders, order sets, and auto orders makes ordering CRC screening easier and faster.
- Tailoring navigation to specific patient populations helps support those that need more assistance to complete screening.
- Giving patients a one-to-two-week deadline to complete fecal-based screening tests increases test return rate, as does text or phone reminders when patient misses deadline.
- Alerting patients prior to mailing out fecal tests increases likelihood of patients completing tests and returning them.
- Implementing more than one intervention (multicomponent interventions) is more effective at increasing clinic screening rates than using any singular intervention.

For more information

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[Health Systems Improvement to Increase Cancer Screening in Clinical Settings](#)

