

azara
USER CONFERENCE
APR 29–MAY 1
BOSTON, MA 2025

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

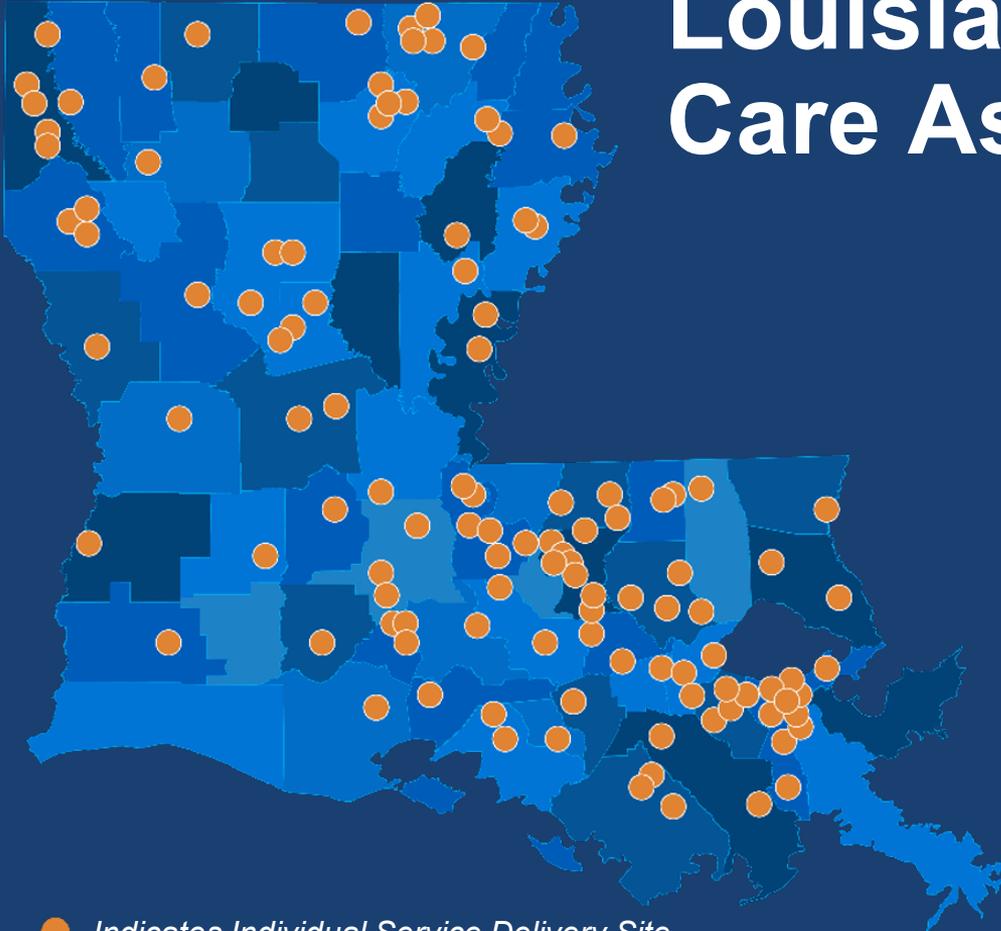
Louisiana Primary Care Association



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



● Indicates Individual Service Delivery Site

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

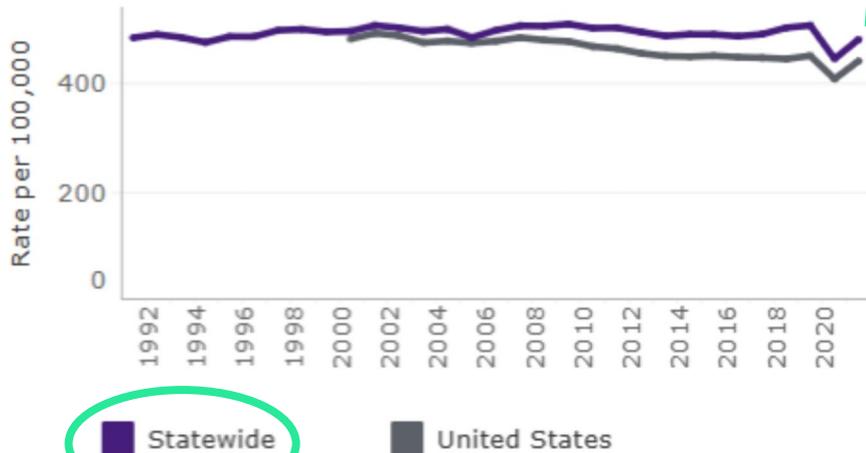
Established in 1982

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

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

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**

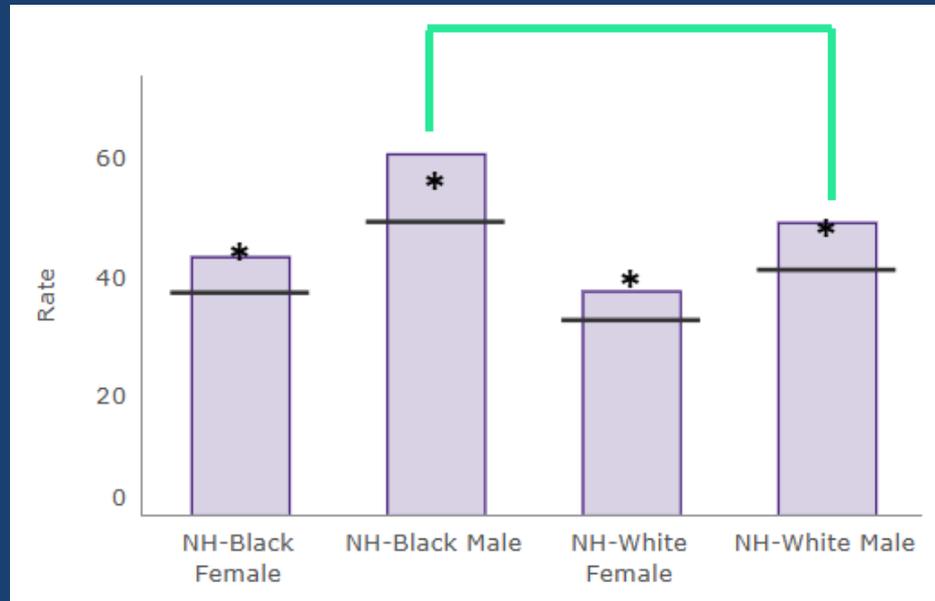
Overview of CRC in LA

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

Incidence Rate

From 2017 – 2021,

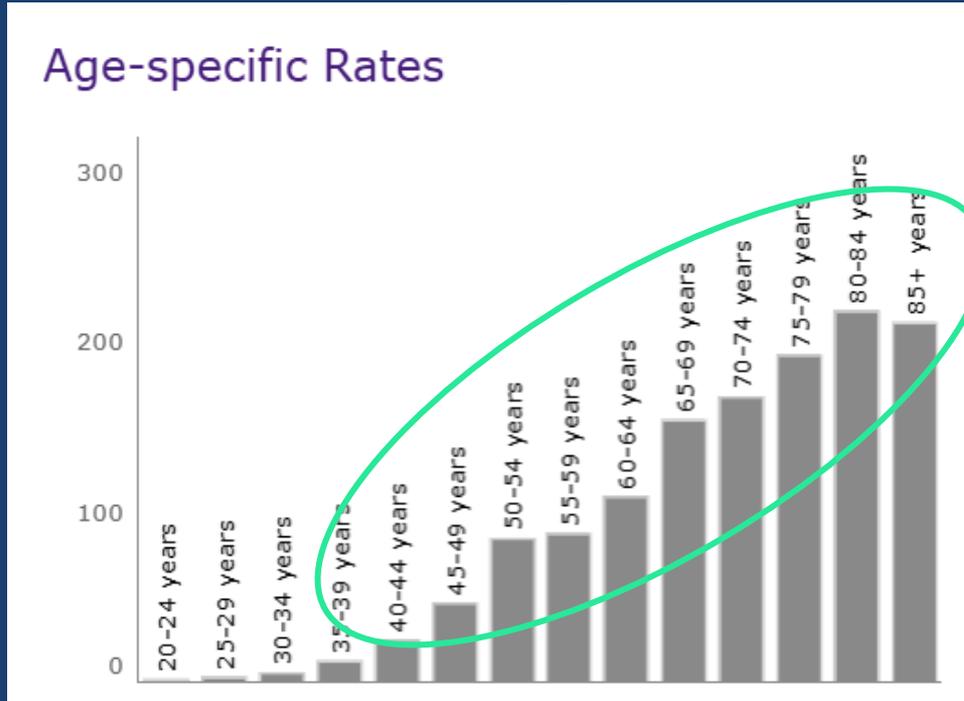
- 44.5 cases diagnosed/100k
- Avg of ~2,400 cases diagnosed per year.
- Males having a higher rate of new cases.



Data represent the **average** rates and counts for the years 2017-2021 unless otherwise specified. An ^{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.

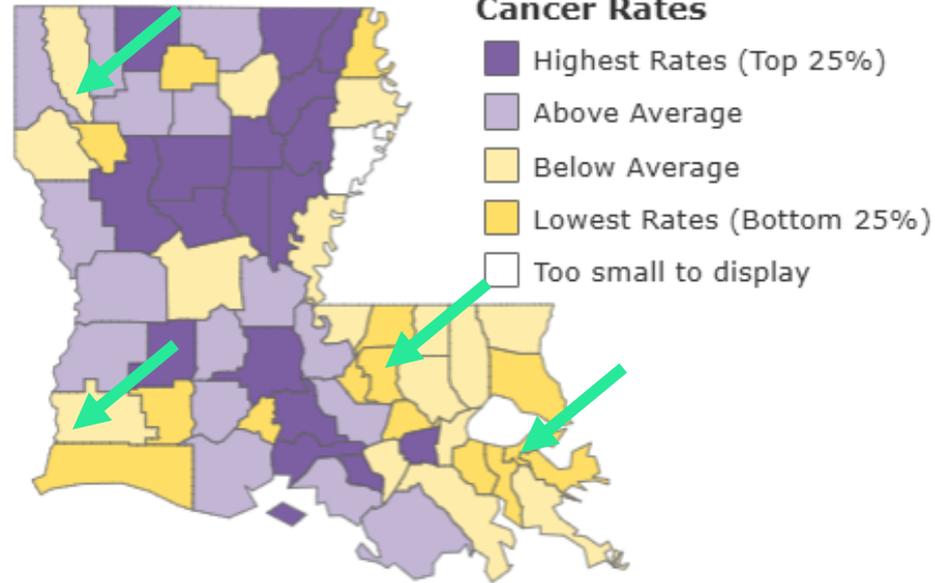


LA CRC Rates | Ages



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.



THE CAPITOL'S TOXIC NEIGHBOR

The massive ExxonMobil refinery in north Baton Rouge was built in 1909 and has loomed over the city since. ExxonMobil – which now operates five plants there – is the city's biggest taxpayer and one of its biggest employers. But complaints about toxic pollution from its campus have long dogged the company. Two years ago, ExxonMobil agreed to spend \$300 million to improve pollution controls at plants in Baton Rouge and Texas after the EPA and the Department of Justice said it violated the Clean Air Act by exceeding allowable thresholds for the emissions of certain carcinogens. Environmentalists said that the resolution, which included \$5 million in fines and mitigation, amounted to a slap on the wrist.



THE GASES OF GEISMAR

Ascension Parish is No. 1 among American counties for the weight of toxic chemicals released from industrial stacks within its borders, according to the U.S. Environmental Protection Agency's annual Toxics Release Inventory. Most of the plants are clustered in Geismar; they include the Williams Olefins plant, which caught fire and exploded in 2013, killing two workers and injuring 167. The EPA in July ordered the company that owns the plant to pay \$750,000 in fines for violations of the Clean Air Act related to the accident.

Chemicals burn following a plant explosion at Williams Olefins plant in 2015. Staff photo by Catherine Thekkett



DILEMMA NEAR DENKA

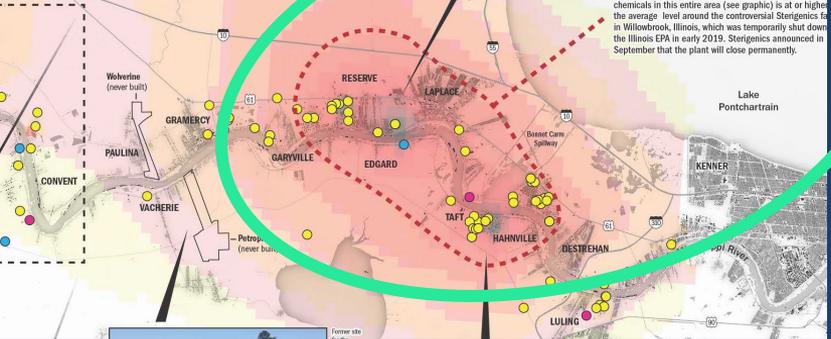
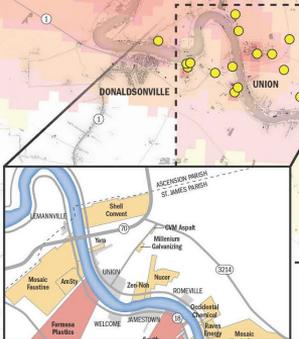
The Denka Performance Elastomer plant, in Reserve, releases chloroprene – classified as a "likely carcinogen" by the EPA – into the atmosphere. EPA models have shown the area has the nation's highest airborne cancer risk, though state and plant officials dispute the models. Local officials are considering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

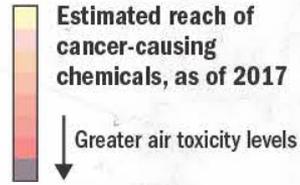


EMITTERS
 The 1994, the unincorporated community of St. Gabriel in a city so it could control its own zoning code and companies would be allowed to build new plants. It does not recognize political boundaries. Near the existing Solutia chemical plant recently announced it to undergo a massive expansion. Modeling that will increase the toxic levels of chemicals in the area by an estimated 16%.



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

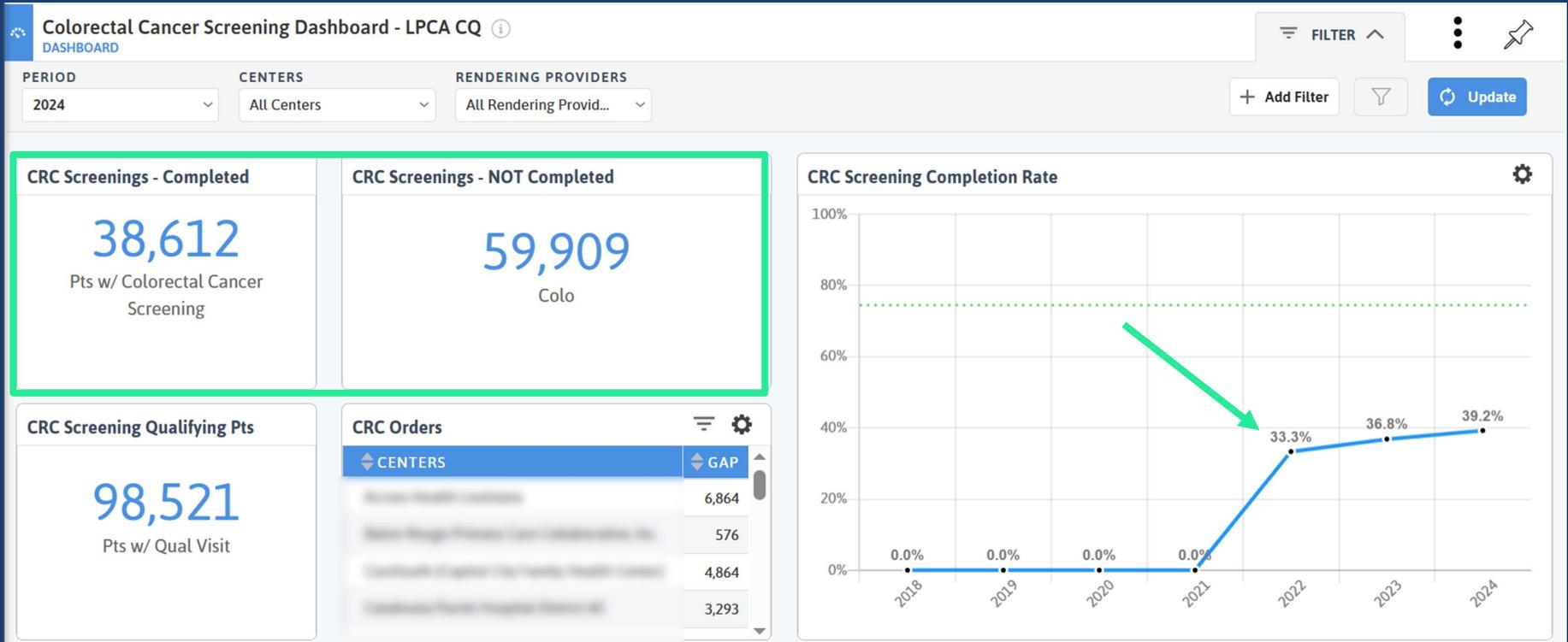


Azara Network Use

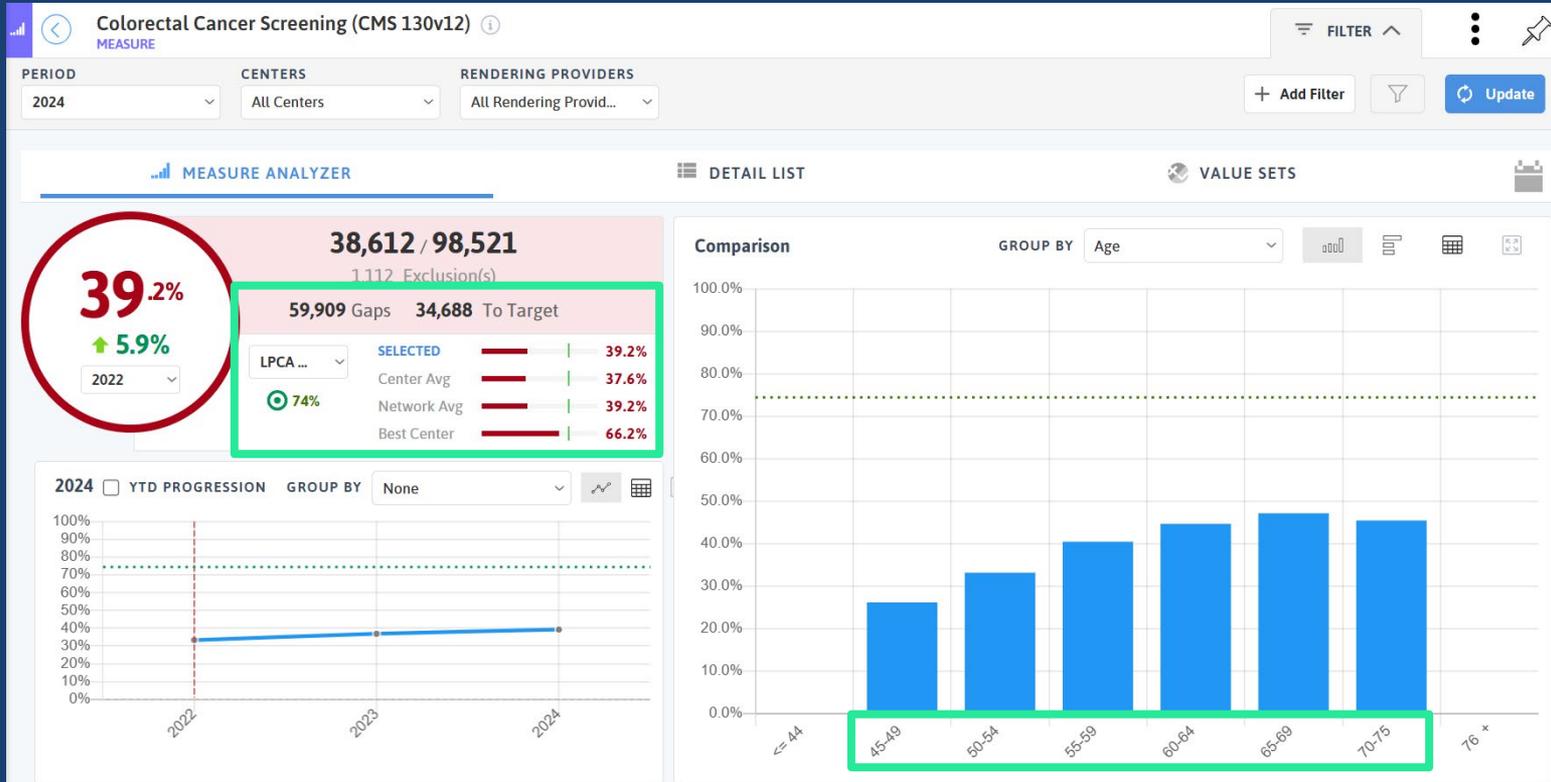
CRC Screening

- ~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.

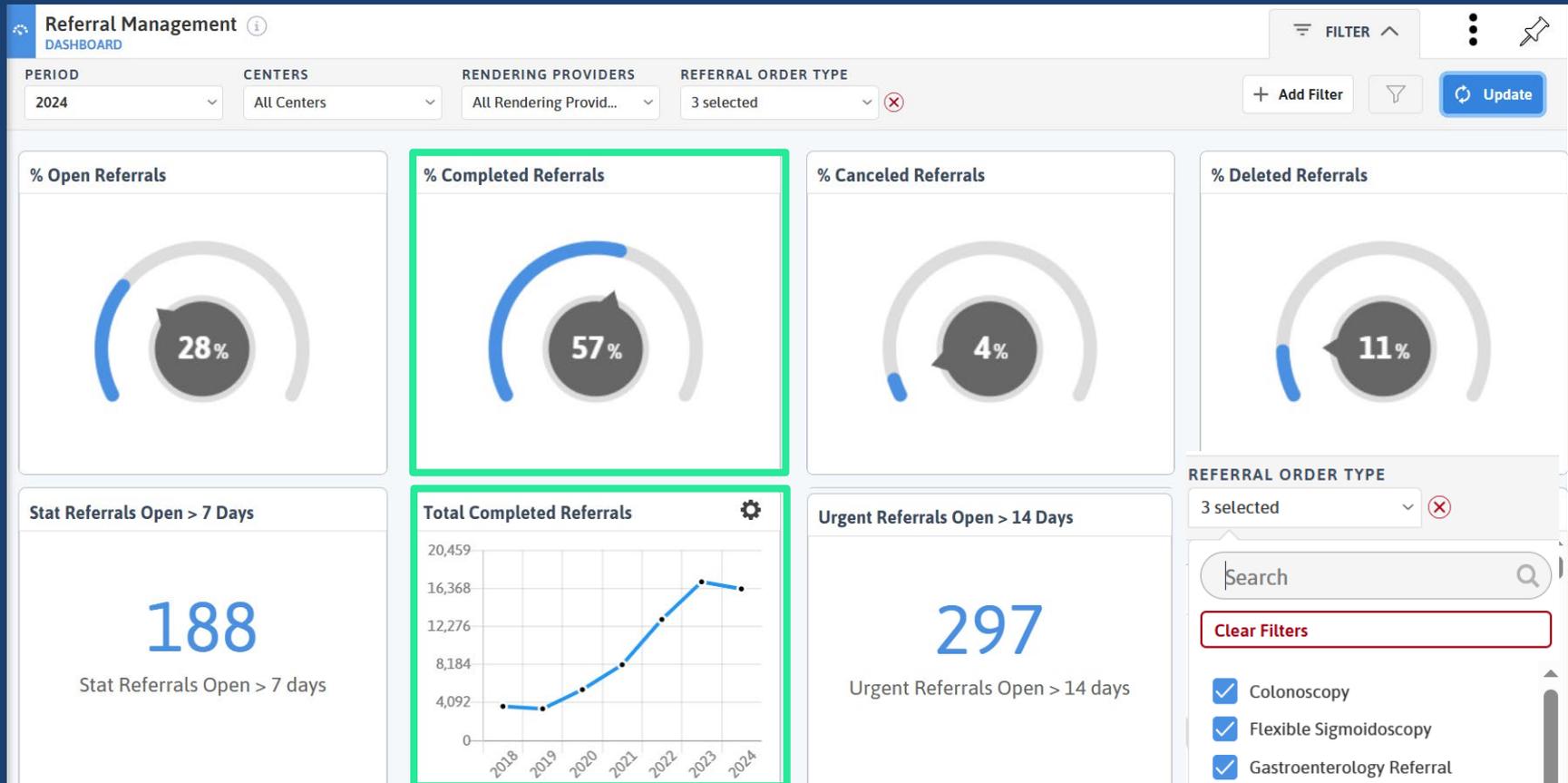
Tracking CRC Rates



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



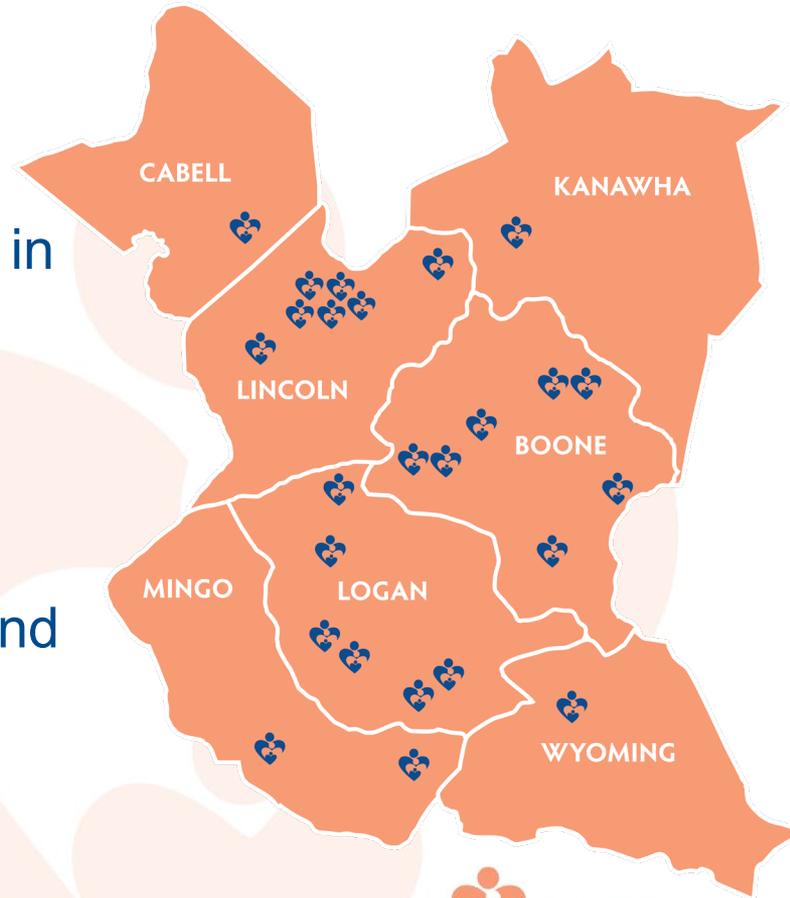
Southern West Virginia
Health System

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

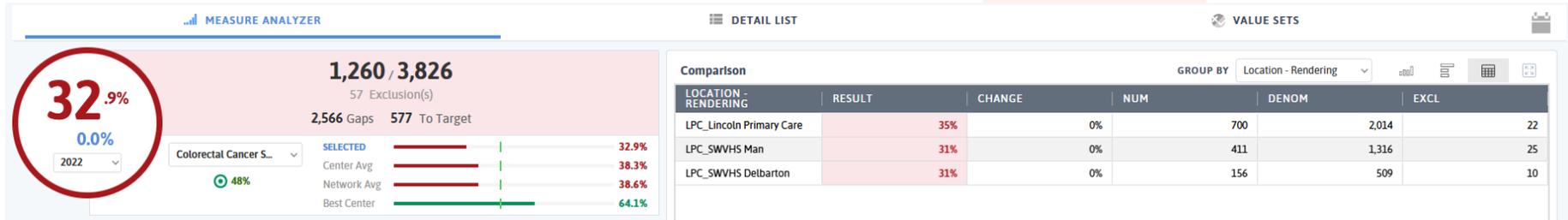
- High cancer incidence
- Second leading cause of death
- Late-stage diagnosis
- Poor access to care

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

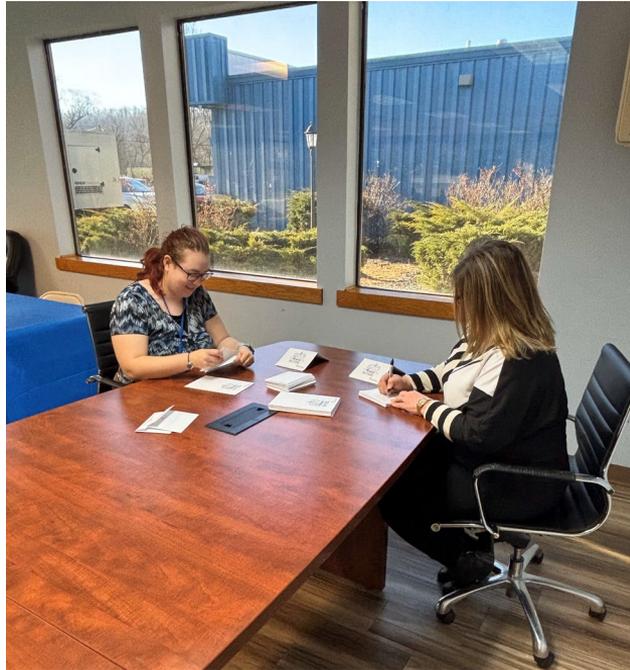
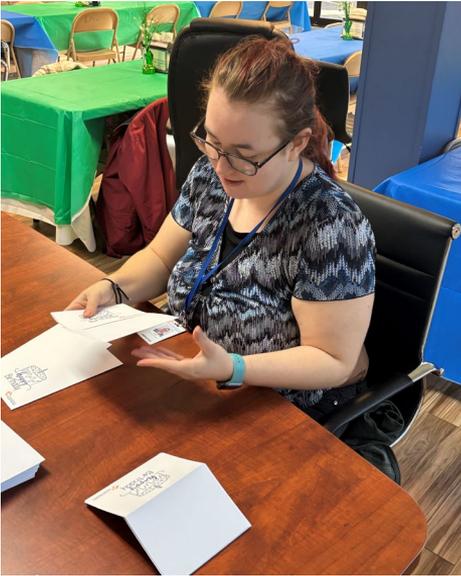
What Would Be the Best Way to Reach This Population?

Sometimes, you just need a personal approach.



Challenges Faced During Implementation

Who was going to send the cards?

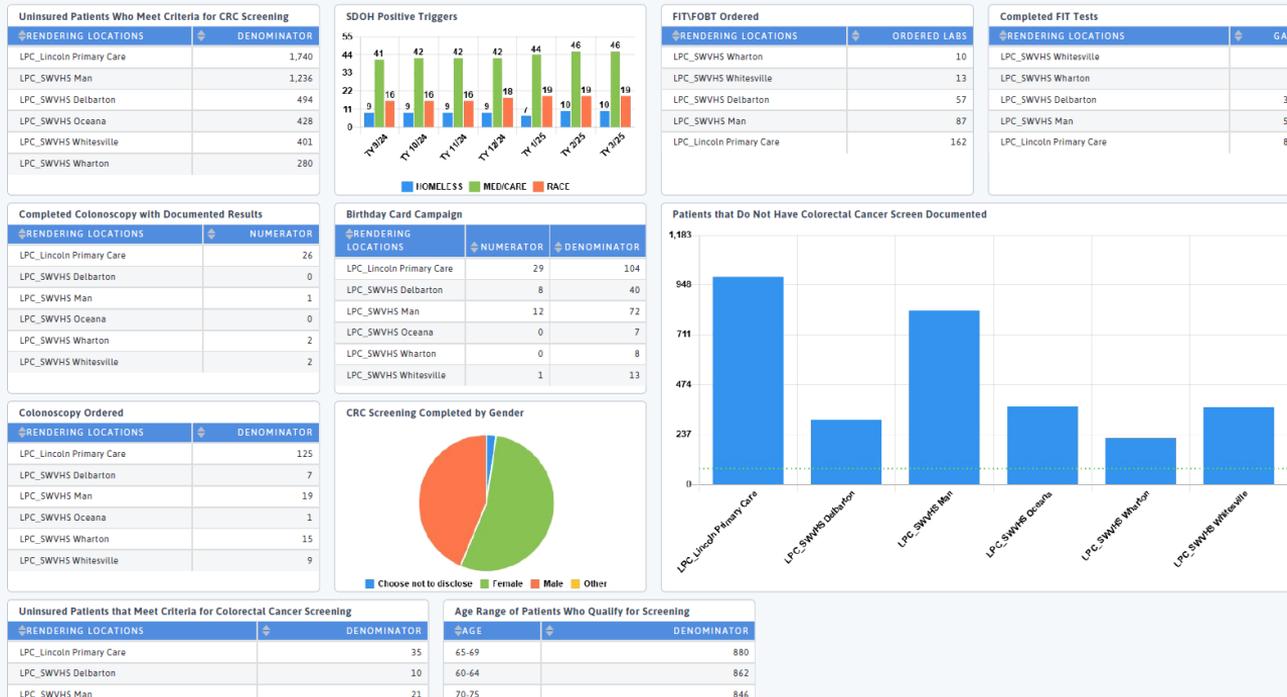


Challenges Faced During Implementation

Tracking the Impact

WV PICCS Dashboard

Run on 3/18/2025 3:08:29 PM



Using Registries to Build the List

Birthday Cards for PICCS REGISTRY JUST COURTNEY.PARSLY@SWVHS.ORG

VISIT DATE RANGE: 03/01/2023-03/17/2025 | RENDERING PROVIDERS: All Rendering Provid... | RENDERING LOCATIONS: WV PICCS Project - 6... ✕

REGISTRY | VALUE SETS

Search Patients ... 🔍 SAVED COLUMNS ☰

DEMOGRAPHICS <										COLORECTAL CANCER SCREENING STATUS		
MRN	NAME	ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH	USUAL PROVIDER	USUAL LOCATION	AGE	DATE	MESSAGE	NEXT DUE
			ACCOVILLE	WV	25606		THORNHILL, BRITTANY	LPC_SWVHS Man	45	3/16/2025	Missing	07/04/2024
			HAMLIN	WV	25523		ROLLYSON, WILLIAM	LPC_Lincoln Primary Care	47	3/16/2025	Missing	09/26/2022
			GRIFFITHSVILLE	WV	25521		JUSTICE, MICHELLE	LPC_Lincoln Primary Care	47	3/9/2023	Compliant Colonoscopy	03/09/2033
			OCEANA	WV	24870-1146		STEFFEY, HANNAH	LPC_SWVHS Oceana	45	3/16/2025	Missing	10/07/2024
			WHITESVILLE	WV	25209		KINCAID, WAYLON	LPC_SWVHS Whitesville	48	3/16/2025	Missing	07/27/2021
			WEST HAMLIN	WV	25571-7512		WALK-INS	LPC_Lincoln Primary Care	46	3/16/2025	Missing	02/04/2024
			ORGAS	WV	25148		KINCAID, WAYLON	LPC_SWVHS Whitesville	48	3/16/2025	Missing	06/14/2021
			OCEANA	WV	24870-2101		BHAVSAR, SHASHIKANT	LPC_SWVHS Oceana	46	3/16/2025	Missing	12/12/2023
			WHITESVILLE	WV	25209		KINCAID, WAYLON	LPC_SWVHS Whitesville	49	3/16/2025	Missing	10/25/2020
			OCEANA	WV	24870-0544		BHAVSAR, SHASHIKANT	LPC_SWVHS Oceana	49	3/16/2025	Missing	11/07/2020
			WHITESVILLE	WV	25209-9580		KINCAID, WAYLON	LPC_SWVHS Whitesville	46	3/16/2025	Missing	01/16/2024
			AMHERSTDALE	WV	25607		PHIPPS, MARY	LPC_SWVHS Man	45	3/16/2025	Missing	10/29/2024
			SYLVESTER	WV	25193		KINCAID, WAYLON	LPC_SWVHS Madison	45	3/16/2025	Missing	08/10/2024
			CHARLESTON	WV	25315		WALK-INS	LPC_SWVHS Man	46	3/16/2025	Missing	09/20/2023
			HAMLIN	WV	25523-1141		WALK-INS	LPC_Lincoln Primary Care	46	3/16/2025	Missing	05/19/2023
			BRANCHLAND	WV	25506-9100		BELCHER, LORIN	LPC_Lincoln Primary Care	48	3/16/2025	Missing	07/03/2021
			WEST HAMLIN	WV	25571-7511		KIRK, CHASSITY	LPC_Guyan Valley Wellness Center	47	3/16/2025	Missing	10/07/2022

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Using Cohorts to Measure Progress



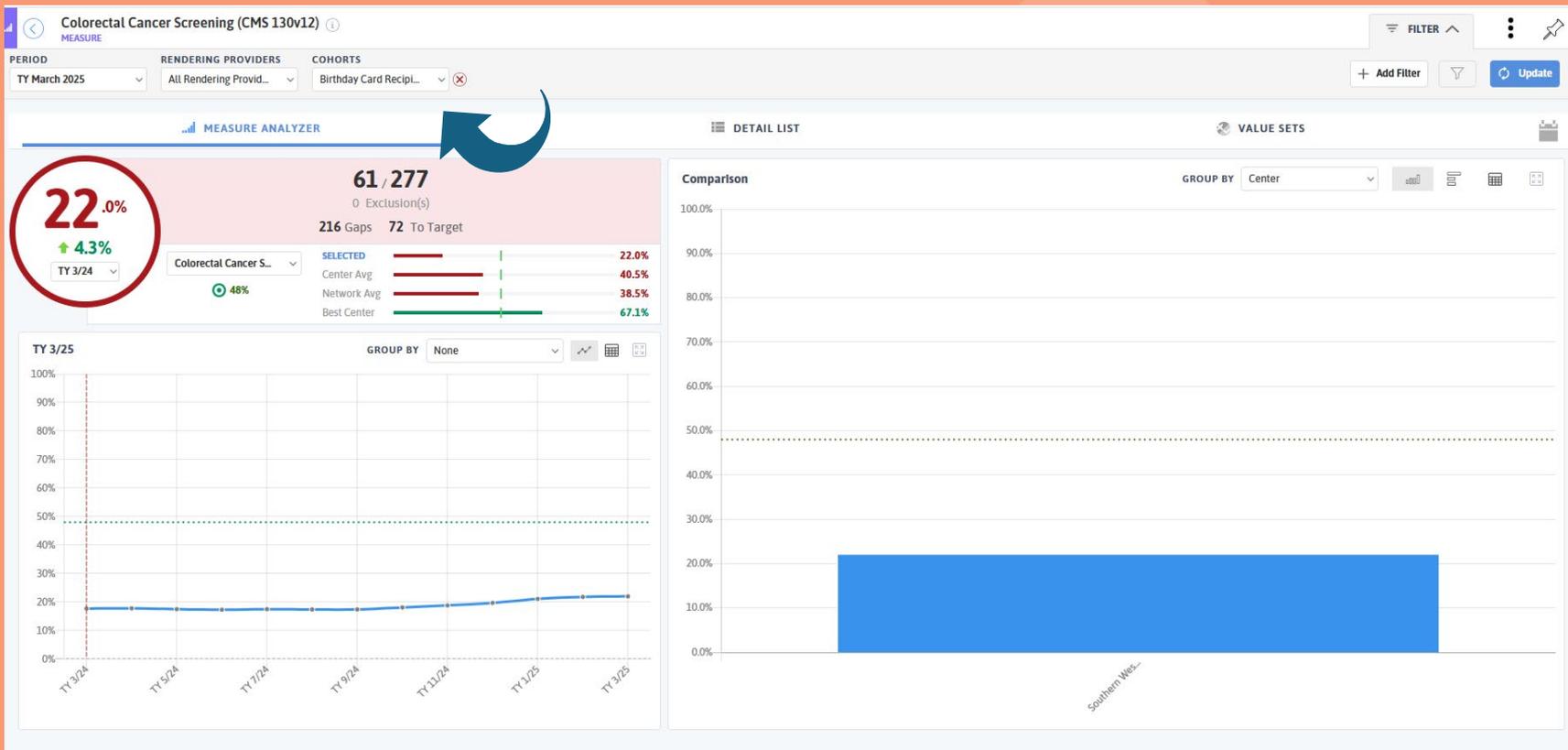
Patients who are turning 45-49 this year who were sent a birthday card to remind them it's time for their colorectal cancer screening for the WV PICCS Grant Project

Search Patients...

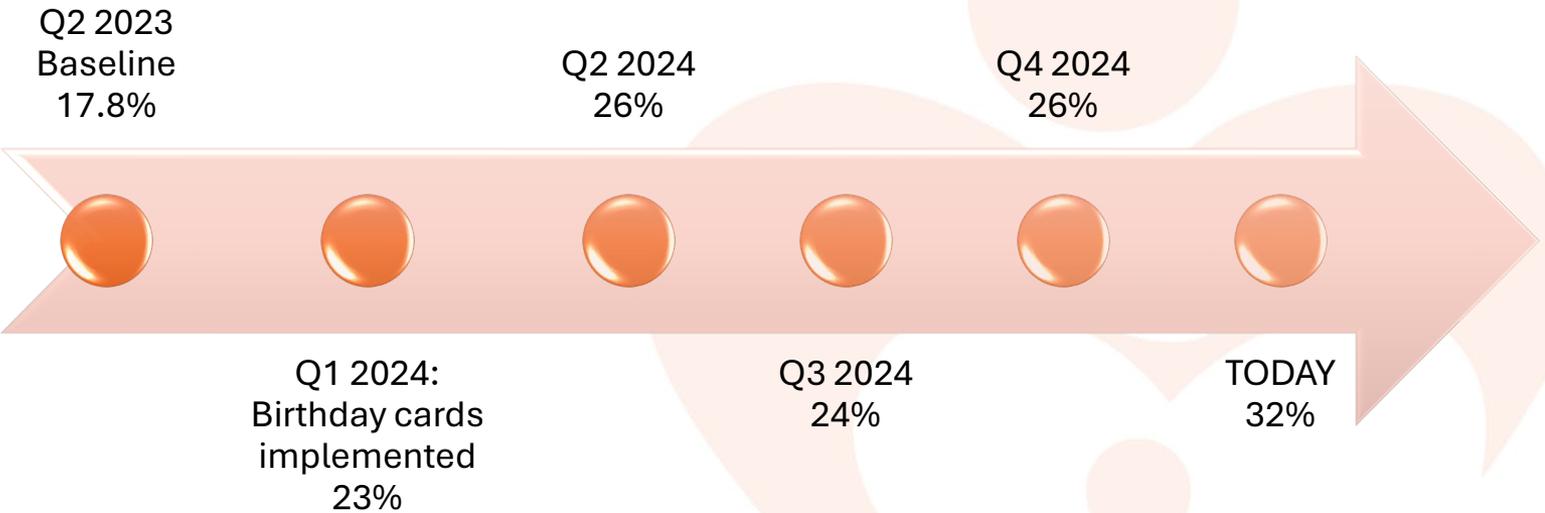
MRN	PATIENT NAME	DOB	PHONE	USUAL PROVIDER	CARE MANAGER	NEXT APPOINTMENT	INACTIVE	DEATH DATE	REASON	END DATE	
				WALK-INS	Unassigned		N				⚙
				DONAHUE, KERRI	Unassigned	06/16/2025	N				⚙
				DOTY, JACK	Unassigned		N				⚙
				KELLY, CHRISTOPHER	Unassigned		N				⚙
				THORNHILL, BRITTANY	Unassigned		N				⚙
				TIPTON, CHRISTOPHER	Unassigned	04/03/2025	N				⚙
				KJEWSKI, MELISSA	Unassigned		N				⚙
				REYNOLDS, COURTNEY	Unassigned		N				⚙
				WALK-INS	Unassigned		N				⚙
				PROFITT, LEANNA	Unassigned	05/19/2025	N				⚙
				KELLY, CHRISTOPHER	Unassigned		N				⚙
				ROLLYSON, WILLIAM	Unassigned	09/17/2025	N				⚙
				TIPTON, CHRISTOPHER	Unassigned		N				⚙
				DOTY, JACK	Unassigned		N				⚙
				CLINE-RIGGINS, SHAW N	Unassigned		N				⚙
				DOTY, JACK	Unassigned		N				⚙
				AUSTIN, JACKSON	Unassigned		N				⚙
				TIPTON, CHRISTOPHER	Unassigned	05/06/2025	N				⚙
				BELCHER, LORIN	Unassigned		N				⚙
				CLINE-RIGGINS, SHAW N	Unassigned		N				⚙

Columns

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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Maggie Lucas, Marketing Manager – Maggie.Cooper@swvhs.org

Andi Byrd, Community Health Manager – Andrea.Byrd@swvhs.org

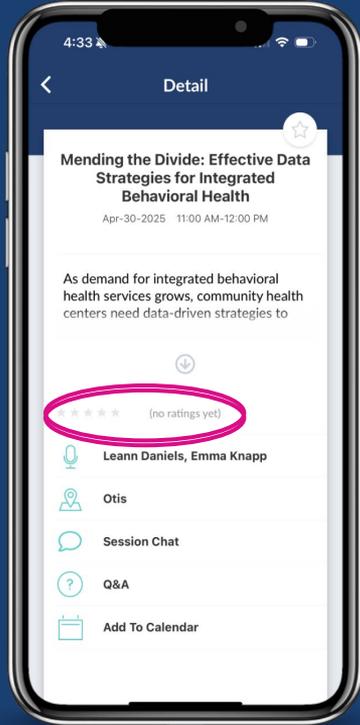
Questions?



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



Provide brief feedback or ideas



Rate the session and the speaker(s)



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!

