



Purpose

Since 2005, the **Centers for Disease Control and Prevention (CDC)** has funded organizations across the United States to promote screening for **colorectal cancer (CRC)** to detect early CRC or precancerous polyps that can be treated to avoid disease progression and death.

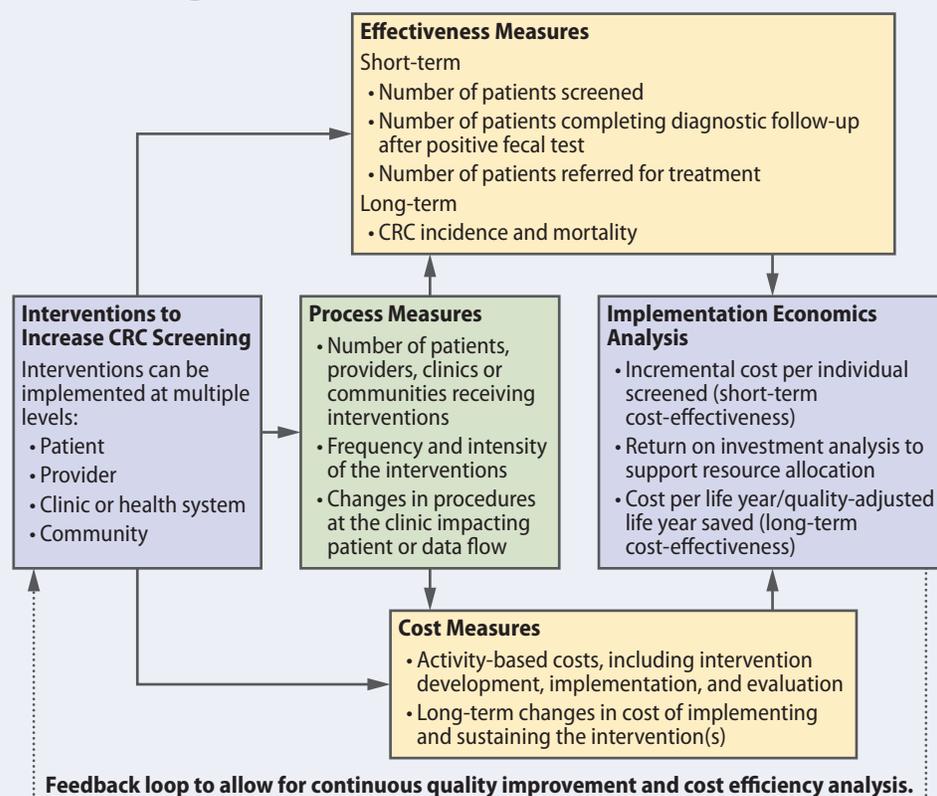
The objective of this study was to describe how economic evaluations of approaches to increase CRC screening can improve decision making and program implementation. Findings from this subset of recipients and their implementation sites can facilitate program diffusion to other health care settings.

Methods

We described the framework for the implementation economics evaluation used since 2016 for the **Colorectal Cancer Control Program (CRCCP)** Learning Collaborative.

We compared CRC interventions implemented across nine health systems, changes in screening uptake, and the incremental cost per person of implementing an intervention. We also analyzed data on how implementation costs changed over time for a CRC program that conducted interventions in a series of rounds.

Framework for the implementation economics evaluation used by the Colorectal Cancer Control Program Learning Collaborative



Results



Implementation of various interventions, support strategies, and incentives resulted in **increases in screening uptake** ranging from **4.9 to 26.7 percentage points**.



Across the health systems, the **incremental cost per person** screened ranged from **\$18.76 to \$144.55**.



Results from one recipient also indicated that **costs can decrease over time** because of **reductions in intervention development and start-up costs**.

Key Takeaways

These findings can be used by health systems and CRCCP recipients for **quality improvement activities, trainings and support activities, and future program design**.

