



Purpose

In 2015, CDC funded the **Colorectal Cancer Control Program** (CRCCP) to increase colorectal cancer (CRC) screening uptake.

The objective of this study was to evaluate the effectiveness and cost of the support staff incentive intervention implemented by Neighborhood Healthcare to increase CRC screening uptake.

Study Questions

1. What were the **effects** of staff incentives on
 - **Fecal immunochemical test (FIT)** kit return rates
 - The **number of additional patients** screened for CRC
2. What was the **cost** of the incentive intervention?

Interventions

- We report on nine health centers.
- Neighborhood Healthcare serves a large number of Hispanic patients and patients with incomes below 250% of the Federal Poverty Level.

We focus on two types of incentives:



One incentive was given to all support staff at the individual health center when its CRC screening uptake increased by 5 percentage points (e.g., from 45% to 50%).



A second incentive was given to all support staff at the health center when a health center's FIT kit return rate for the month was 75% or higher. Each incentive was \$25 per month per measure to each staff member.

Results



Most health centers had an **increase in FIT kit return rates** (average of 3.6 percentage points) from the **baseline period** through the **implementation period**.



Most health centers had **increases in the number of patients screened** from the baseline period through the implementation period.



The **cost of the incentive intervention** for the additional patients screened was **\$66.79** per person.

Key Takeaways

- Results indicate that incentive programs can have an **overall positive impact** on both the percentage of FIT kits returned and the number of patients screened.
- The **total cost**, including test and incentive, per additional person successfully screened by the health system was about **\$80**. This cost was in the **lower range of costs reported in other studies**.