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Real-World Adaptations to a Medicaid/Medicare Health Plan-Initiated Mailed Fecal Test Outreach Program

BACKGROUND

- Implementation of evidence-based innovations in healthcare settings often requires adapting them to fit a given setting's resources and preferences.
- Little is known about how and why adaptations are undertaken in real-world implementation.

METHODS

- We applied an adaptation and modification model developed by Stirman and colleagues, later expanded by Rabin and colleagues.^[1,2]
- Document content and context modifications made to the two mailed FIT outreach programs delivered by Medicaid/Medicare health insurance plans.

RESULTS

Interviews were completed with 14 leaders in the two health plans at two timepoints (after the first and second-year implementations)

Health Plan Oregon:

- Health Plan Oregon improved the effectiveness of the mailed FIT outreach program and spread it to four additional health centers in Year 2.
- Most content adaptations were focused on improving the effectiveness of the program and its adoption by additional health centers.

Health Plan Washington:

- Health Plan Washington maintained the effectiveness of the mailed FIT outreach program in Year 2.
- Most content and context adaptations were focused on improving reach, effectiveness and implementation.

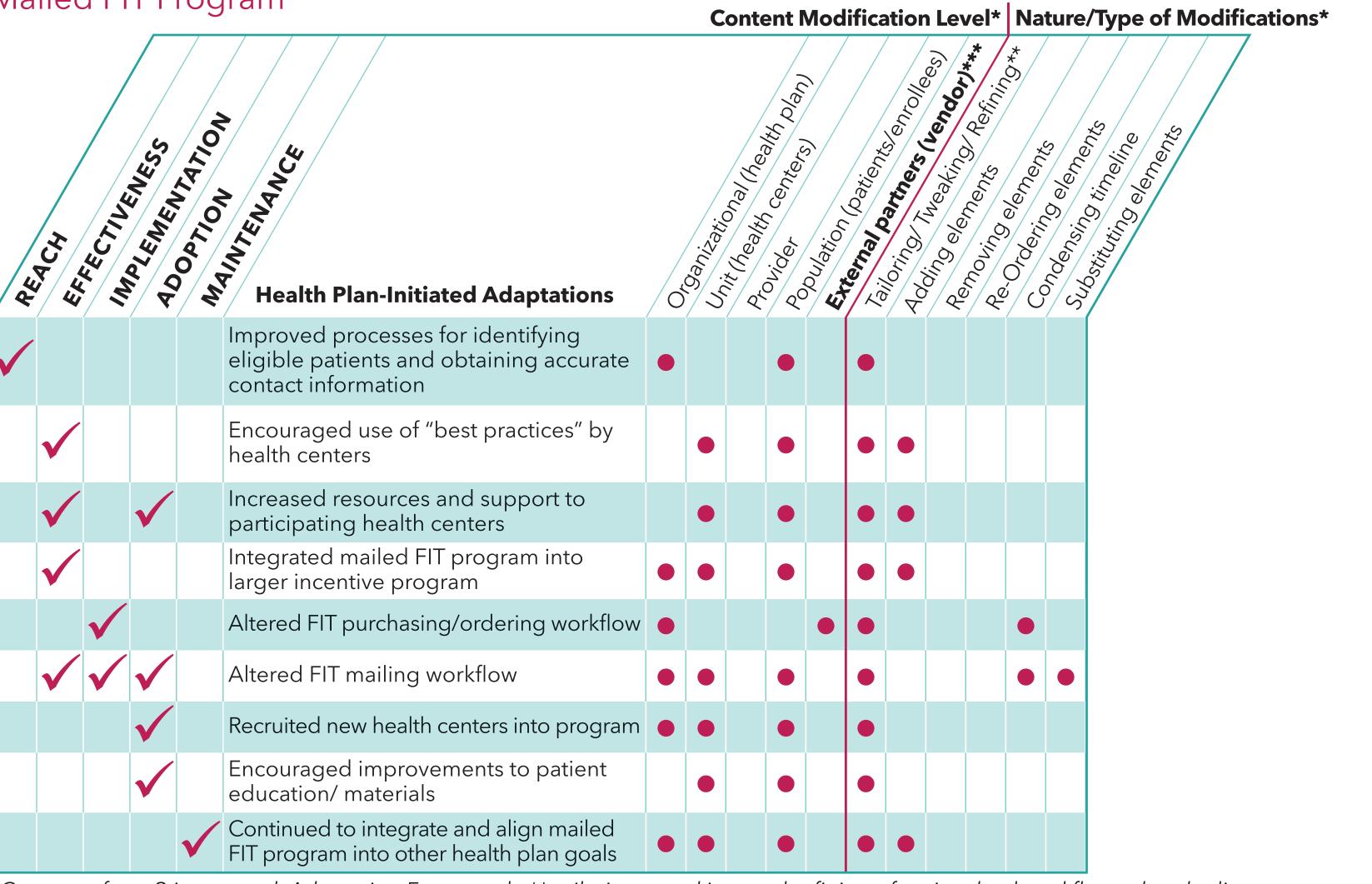
DISCUSSION

- Our study applied the adapted Stirman et al. framework to understand real-world adaptations to mailed FIT outreach programs delivered by two distinct Medicaid/Medicare health plans.
- Further research is needed to understand which organizational-level adaptations lead to the greatest improvements in implementation and effectiveness outcomes.

¹ Stirman SW, Miller CJ, Toder K, Calloway A. Development of a framework and coding system for modifications and adaptations of evidence-based interventions. Implementation science: IS. 2013;8:65.

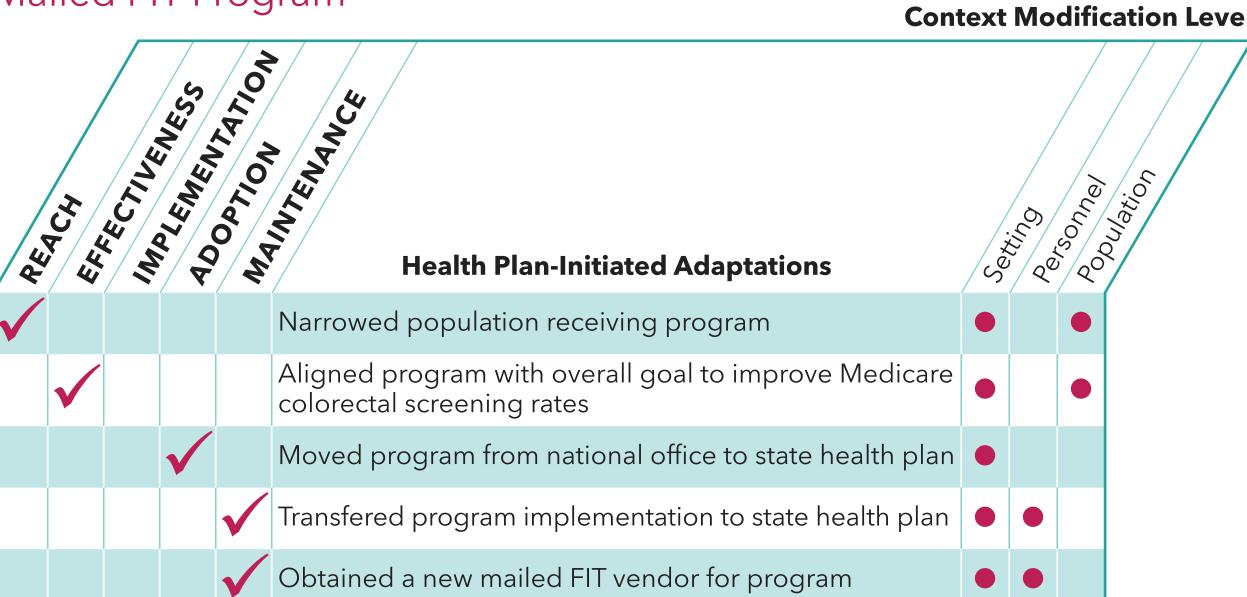
² Rabin BA, McCreight M, Battaglia C, et al. Systematic, Multimethod Assessment of Adaptations Across Four Diverse Health Systems Interventions. Frontiers in public health. 2018;6:102

Table 1. Health Plan Oregon Content-Based Adaptations Implemented in the Second Year of the Mailed FIT Program



*Concepts from Stirman et al. Adaptation Framework; ** tailoring, tweaking, and refining often involved workflow-related adjustments; ***new concept derived from analysis and application of frameworks to interview data

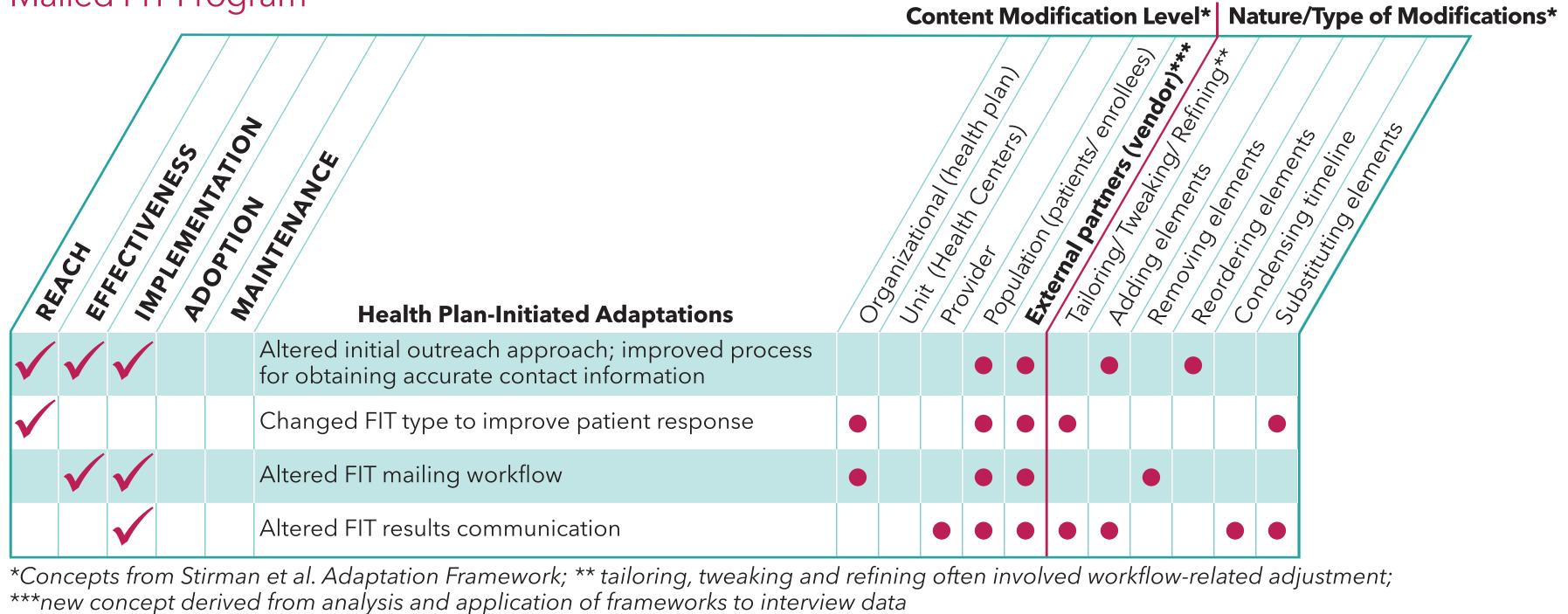
Table 2. Health Plan Washington Context-Based Adaptations Implemented in the Second Year of Mailed FIT Program



*Year one included Medicaid and Medicare patients across multiple states

Table 3. Health Plan Washington Content-based Adaptations Implemented in the Second Year of the Mailed FIT Program

Content Medification Level* | Nature/Type of Medifications*



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wo Medicaid/Medicare health plans made several real-world adaptations to a mailed fecal test (FIT) outreach program, including expanding the program to include more health centers (Health Plan Oregon) and limiting enrollee targets to dually insured Medicaid/ Medicare adults (Health Plan Washington). Both health plans were motivated to improve mailed FIT return rates (effectiveness), as well as to improve the ease with which the program was delivered (implementation).