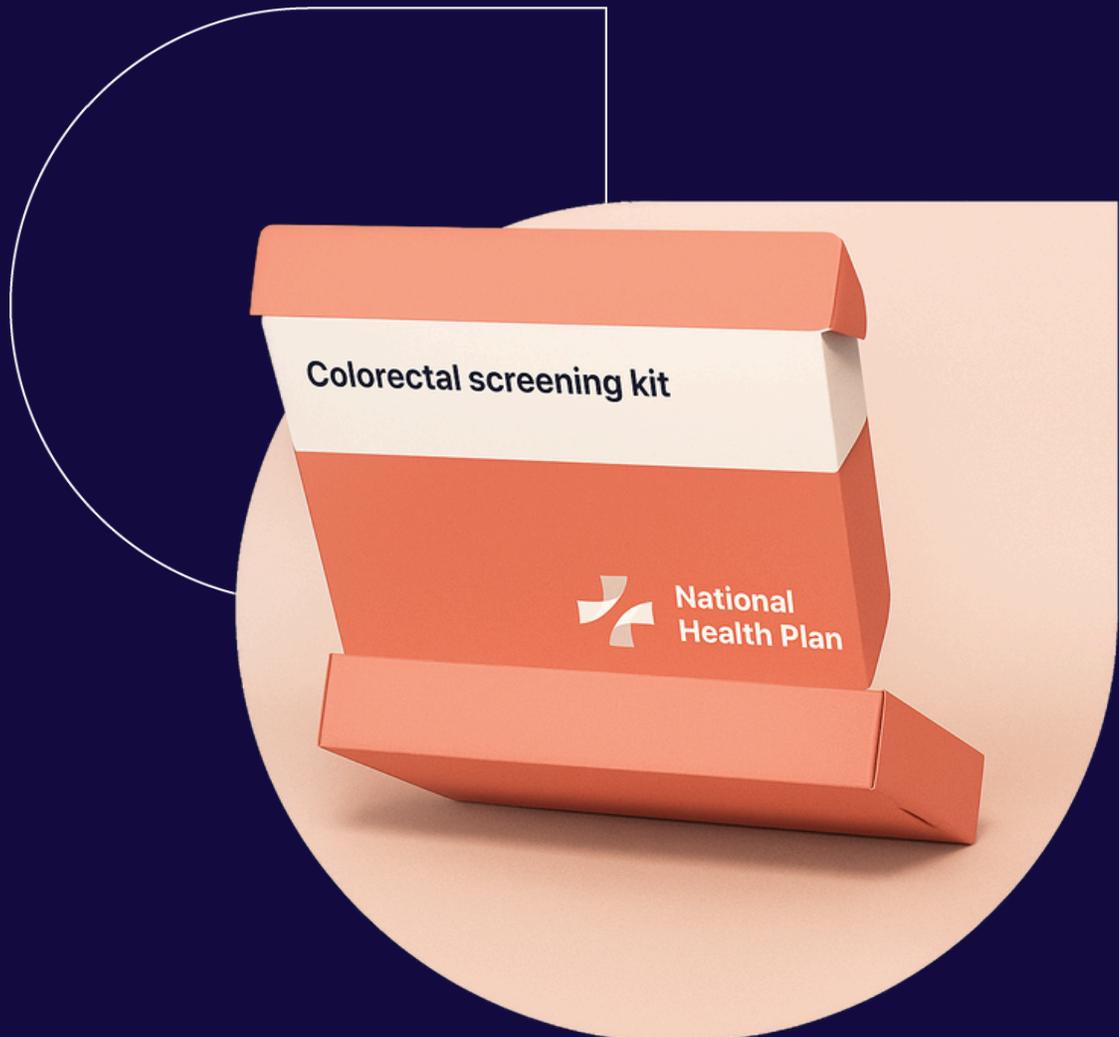
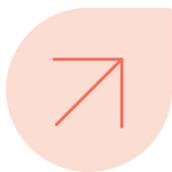


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Reaching The Unreachable: Improving Colorectal Cancer Screening Rates Among Non-Engagers

How a major health plan increased return rates and member trust





Impact at a Glance

Challenge: A national health plan struggled to get “non-engagers” to return colorectal cancer screening samples, stalling HEDIS performance and care gap closure.

Solution: Partnering with Ash, they launched a branded, tech-enabled outreach campaign that combined personalized kits, live calls, and real-time tracking to re-engage 6,000 hard-to-reach members.

Results: FIT return rates jumped exponentially. The program also uncovered hidden screenings, improved data accuracy, and delivered a scalable model for reaching the unreachable.

Hurdles to overcome



Non-engagers avoid testing



Tests like Colorectal Cancer Screenings are often:

- Invasive
- Time-consuming
- Logistically burdensome



Accessible alternatives come with problems of their own:

- Overcoming behavioral inertia
- Gaps in trust
- Barriers in communication

The challenge

For health plans across both commercial and government-sponsored programs, strong HEDIS performance is essential—not only for regulatory compliance and reporting, but also for demonstrating quality and driving competitive advantage.

One of the most stubborn challenges across the industry is improving adherence to the Colorectal Cancer Screening (COL) measure—particularly among “non-engagers,” members who receive fecal immunochemical test (FIT) kits but never return them. This group is difficult to reach not only because they avoid at-home tests, but also because they often opt out of more traditional screening options like colonoscopies, which are invasive, time-consuming, and logistically burdensome for many. FIT offers a less invasive, more accessible alternative, but driving uptake still requires overcoming behavioral inertia, gaps in trust, and barriers in communication.

Closing these care gaps isn't just a quality metric, it's a critical lever for saving lives. Colorectal cancer has the second-highest cancer-related mortality rate in the U.S., yet over 90% of cases are preventable if detected early through screening (Siegel et al., 2023). Increasing FIT engagement among non-engagers represents one of the most scalable, cost-effective opportunities to reduce mortality, improve outcomes, and strengthen preventive care performance at the population level.

A national health plan faced this exact hurdle. Despite sustained education and outreach campaigns, return rates for at-home FIT kits remained low. To break through, the plan partnered with Ash to try a new approach: re-engage the hardest-to-reach members and improve screening rates through a more personalized, trust-building strategy.

The goal was clear: close critical care gaps, boost COL measure adherence, and move the needle on quality performance—starting with the population that had proven most resistant to previous efforts.

The solution:

To drive improvement on the Colorectal Cancer Screening (COL) measure, the national health plan launched a proof-of-concept initiative with Ash, aimed at engaging members with an open HEDIS gap who had historically not returned FIT kits.

Ash offered a fully white-labeled at-home screening solution, allowing the plan to deliver a branded, trust-building experience that aligned with the member's broader healthcare journey. The platform's technology-first approach enabled end-to-end logistics management, real-time tracking, and detailed reporting to support operational efficiency and more precise member targeting.

Importantly, the program also served as a physical engagement touchpoint (the actual kit in hands) to strengthen care coordination and attribution. During the kit registration process, members were prompted to identify their primary care provider (PCP) or indicate if they didn't currently have one. Those without a listed PCP were offered a referral to the health plan's care management team, helping to connect unassigned members with primary care and generate valuable attribution data for the plan. For members who did provide a PCP, Ash shared results directly with providers to close the loop on care, supporting timely follow-up and contributing to improved outcomes beyond just the initial screening event.

The initiative involved 6,000 members, divided into two cohorts—all identified as "non-engagers." Key elements of the test included:

Multi-channel outreach



One cohort received two phone calls at kit shipment and 90 days the other, a single follow-up call from the plan 120 days

Design variation



Each group received a distinct, custom-designed kit to test packaging's impact on engagement

Branded experience



All touchpoints were white-labeled to maintain the health plan's brand continuity.

Engagement insights



The study assessed willingness to register kits, share primary care provider information, and complete the screening process.

Real time visibility



Ash's client dashboard provided real-time insights into every stage of the kit lifecycle, enabling proactive follow-up, timely kit reorders, and rerouting in cases of invalid or outdated addresses. In addition, Ash's call center played a critical role in capturing unreported screenings. Through live member outreach, the team identified individuals who had already completed a colonoscopy but whose screenings were not reflected in the plan's records. These encounters allowed the plan to close COL care gaps without deploying a FIT kit, reducing unnecessary spend and improving the accuracy of HEDIS reporting.

Together, these efforts tested multiple levers to identify what works in moving the hardest-to-engage members toward screening completion—offering a replicable model for other health plans facing similar challenges.



This initiative proved that with the right partner and approach, even our most disengaged members can be reached. Ash delivered not only results—but insights that will shape how we approach our at-home testing programs moving forward.”

- Vice President of population health

The Results

The partnership produced strong results—delivering measurable impact for both the health plan and its members. Among a population previously defined by non-engagement, the initiative raised FIT kit return rates from 0% to approximately 11%, demonstrating that even the hardest-to-reach members can be activated with the right strategy.

But the true measure of success extended beyond kit returns. Through live outreach and real-time tracking, the program helped identify members who had already completed a colonoscopy—many of whom had recently switched plans and were not reflected in the health plan’s data. By capturing this information and closing those care gaps administratively, the plan avoided sending unnecessary kits in future years, improving HEDIS accuracy, reducing waste, and driving cost savings over time. The result was a more holistic, member-centered approach to gap closure that combined engagement, data integrity, and smarter resource allocation.

Quick hits

9%

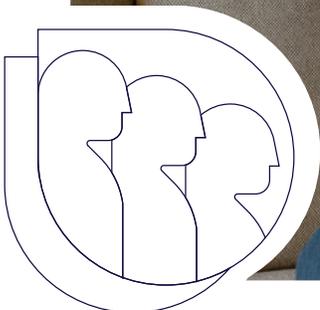
of members asked for help in finding a primary care provider

26%

of members provided PCP information to enable their results to be shared

85%

of members were satisfied with the program



Beyond improved adherence, the program generated actionable insights to inform future outreach efforts:

Phone engagement matters

Members who received a phone call were

~26%

more likely to return a kit.

Email drives action

Members engaged via email were over

100%

more likely to return their kit

Timing is critical

Drip campaigns launched later were

66%

more effective than earlier efforts.

Faster turn around time



Ash's lab processing consistently delivered turnaround times in under one business day. This not only improved the member experience but also allowed the plan to close care gaps more quickly and efficiently, driving better HEDIS performance in real time.

Member data quality is key



Return rates were strongly correlated with available contact information. Members with no phone or email on file had a return rate of just 4.2%, while those with both email and phone reached return rates of 12.6% and 10.2% in Cohorts 1 and 2, respectively.

The collaboration with Ash not only improved HEDIS performance for the COL measure but also delivered a replicable framework for engaging underserved populations. For health plans seeking to close persistent gaps in care, this initiative offers a proven model for driving engagement, improving outcomes, and building trust—one member at a time.

Ready to launch your customized at-home health testing program?

Contact hello@poweredbyash.com

References

Siegel, R. L., Wagle, N. S., Cercek, A., Smith, R. A., & Jemal, A. (2023). Colorectal cancer statistics, 2023. CA: a cancer journal for clinicians, 73(3), 233-254. <https://doi.org/10.3322/caac.21772>

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