Basalt

CASE STUDY

Closing Care Gaps at Scale: Cancer Screening Across 370,000 Patients

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Closing Care Gaps at Scale

PREMISE

Small improvements in screening completion don't stay small at scale.

Basalt-enabled care teams consistently outperform non-enabled teams on screening rates. The analysis below quantifies what that performance gap means when applied to a population of 370,000 patients.

Using conservative assumptions and eligibility constraints, this model shows how increased screening translates into earlier detection, more informed care decisions, and meaningful differences in patient outcomes.

METHODOLOGY

The baseline comparison is drawn from observed performance data between Basalt-enabled (RCT) and non-enabled (Non-RCT) care teams. The incremental screenings represent the real-world gap between those two groups, scaled to a 370,000-patient population. Mammography figures are adjusted to reflect the eligible female population only (women aged 40+, approximately 111,000 of the total 370,000).

ADDITIONAL SCREENINGS COMPLETED

Basalt drives approximately 78,000 more preventative screenings per year than a comparable non-enabled population of the same size.

- **53,000 additional colonoscopies, applied to an age-eligible pool of roughly 150,000-185,000 patients**
- **25,000 additional mammograms, applied to an age and gender-eligible pool of roughly 111,000 women**

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CANCER CASES IDENTIFIED

Those additional screenings surface cancers that would otherwise go undetected:

- 370 colorectal cancer cases identified (0.70% diagnostic rate on incremental colonoscopies) [1]
- 250 breast cancer cases identified (1.00% diagnostic rate on incremental mammograms)
- 1,250 patients flagged for breast cancer follow-up requiring additional workup (5.00% follow-up rate) [2]
- **Total: approximately 620 additional cancer diagnoses per year**

PROJECTED LIVES SAVED

Early detection is the difference between a treatable and a terminal diagnosis. Colorectal and breast cancers caught at early stages carry dramatically higher survival rates than those found late. Applying conservative survival benefit rates to the incremental cases found: [3]

- Approximately 220 lives saved from earlier colorectal cancer detection
- Approximately 100 lives saved from earlier breast cancer detection
- **Total: approximately 320 lives saved per year**

A Note on Conservative Assumptions
Every input in this model is intentionally understated. The downstream care rates are drawn from published clinical literature and flagged in the source data as conservative. The mammography eligible population is calculated from first principles rather than assumed to be the full patient base. The lives-saved figures apply modest survival benefit rates rather than best-case outcomes. A more aggressive set of assumptions would produce materially higher impact numbers. These figures are what we are comfortable defending in front of a clinical or executive audience.

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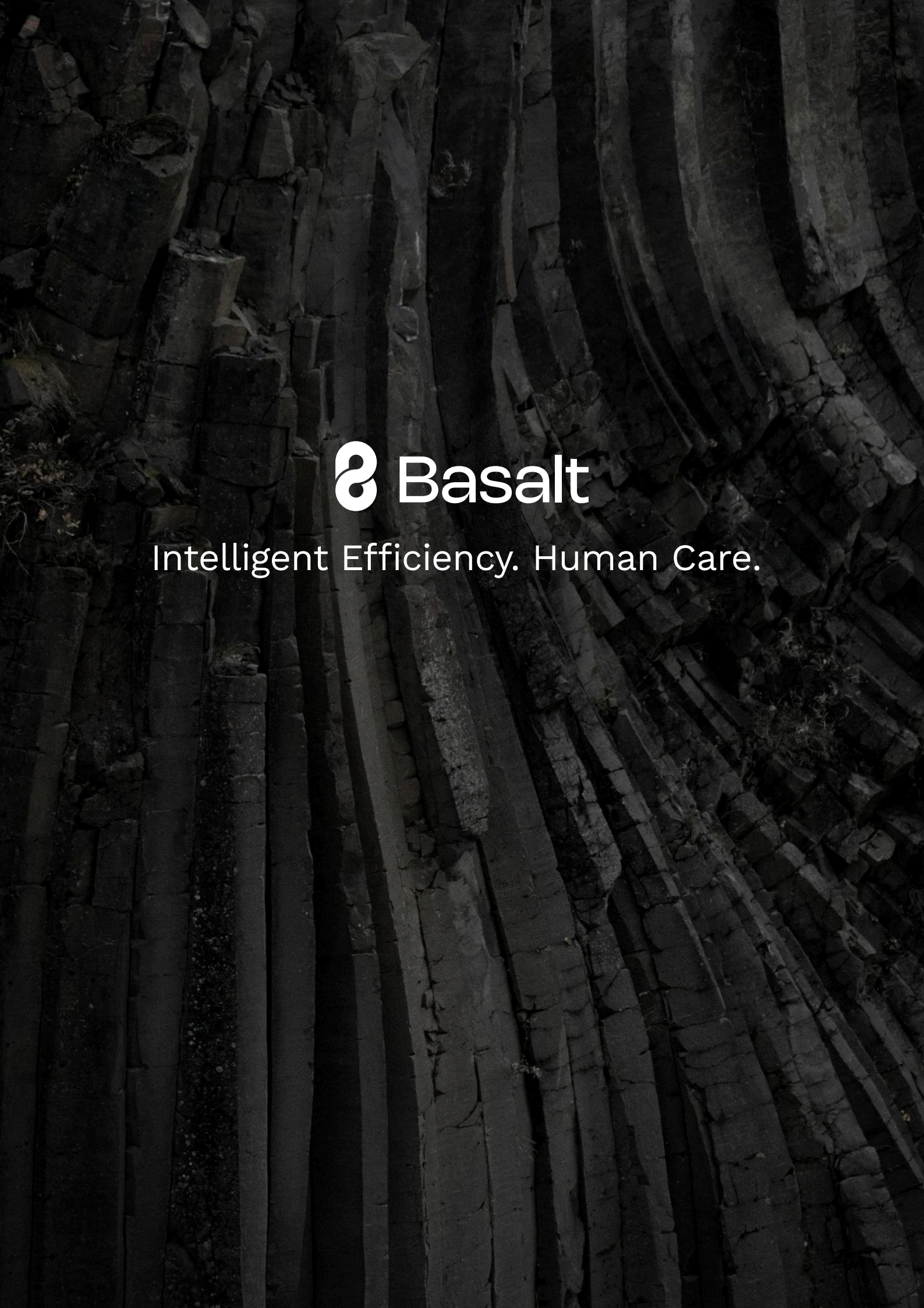
WHAT THIS MEANS FOR PATIENTS

At 370,000 patients, Basalt surfaces approximately **620 additional cancer cases per year** that would otherwise go undetected—resulting in **an estimated 320 lives saved annually,** many of which depend on catching disease early enough to change the outcome.

Meaning, of the 3,500 dots on this page, representing patients, the three darker blue dots represent lives saved because of early detection through Basalt screening.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