


OMED COLORECTAL CANCER SCREENING COMMITTEE MEETING

Saturday, May 19, DDW Washington, 2007

Presenter: Dennis J. Ahnen




World Organisation of
Digestive Endoscopy

CRC Screening in the Underserved Low Income and Uninsured

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Colorado CRC Screening Program Low Income/Uninsured

- Goals/Philosophy
- Why this population?
- How is it funded/setup?
- Results thus far
- Lessons learned

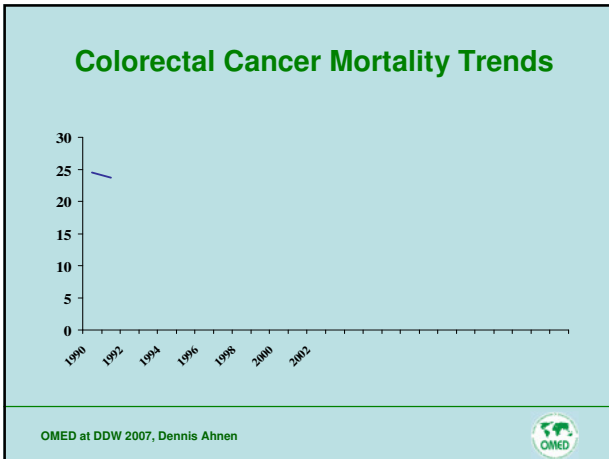
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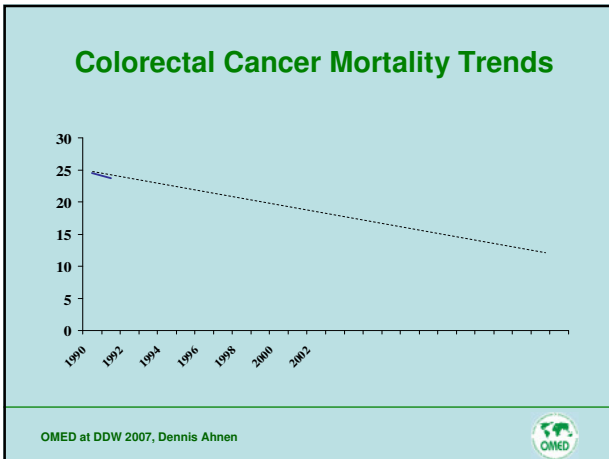
ACS Challenge Goal, 1996

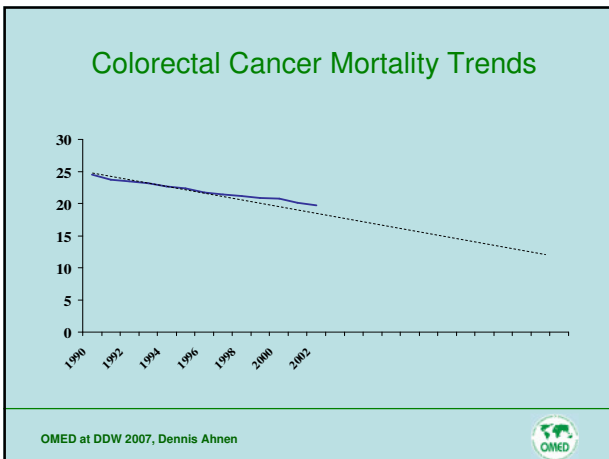
By 2015 achieve a 50% reduction
in cancer mortality compared to
the 1990 rates

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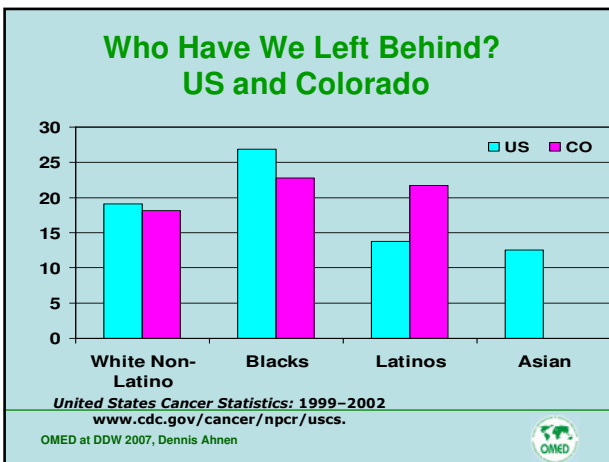
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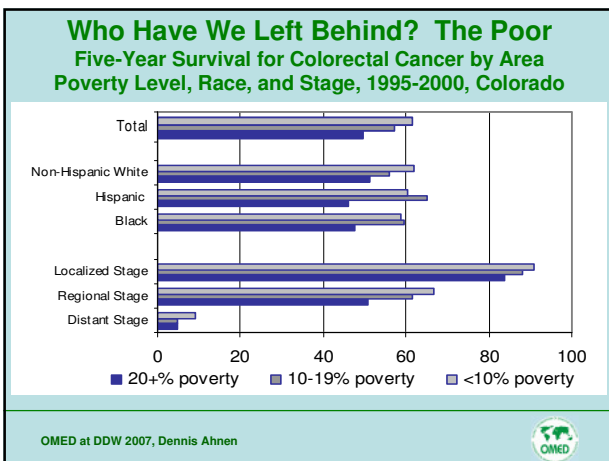
Philosophy on CRC Screening
“Leave No Behind Behind”



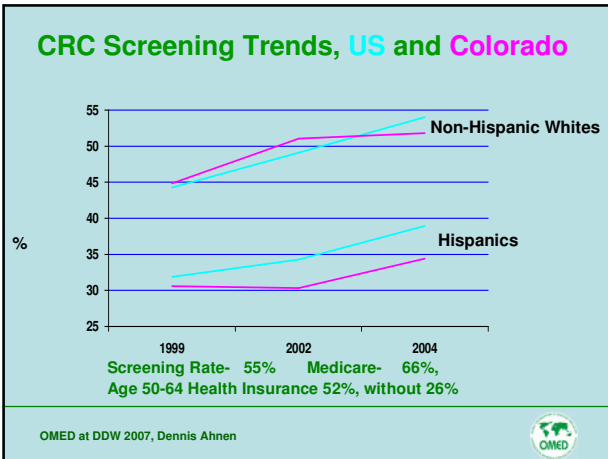
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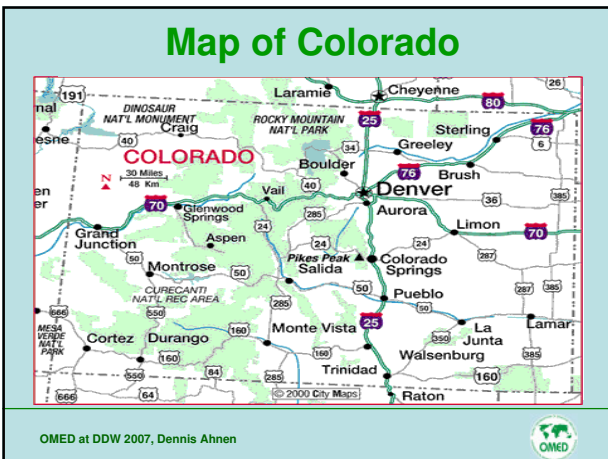
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Colorado Colorectal Screening Program

- Funded by revenues from a tobacco tax
- Began in January 2006, expanded statewide in November 2006
- Partnership with community clinics

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Program Components

- Funds endoscopic screening in clinics or by referral
- Funds Follow-up and Rx
- Patient navigation support
- Capacity development
- Public outreach & marketing
- Evaluation



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Program Eligibility

- Coloradan ages 50 and older
- Under 50 if family or personal history
- Patient of a participating clinic
- Income below 250% of Federal Poverty
- No health insurance
- Need colorectal screening/surveillance
 - Consensus Guidelines
- Lawfully present

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Need for screening

- Assessed by primary care provider using consensus screening/surveillance guidelines
 - Average risk – 50 years and older
 - Increased risk - under 50
 - Family history of colorectal cancer or adenomatous polyps
 - Personal history of adenomas or colorectal cancer
 - High risk – Under 50
 - Family history of FAP or HNPCC
 - Personal history of IBD for 8 years or longer
 - Symptomatic - 45 years or older

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Findings from the first 925 CCSP colonoscopies

- 65% female
- 47% Hispanic
- 8% African American

- 99% had an adequate exam
- 21% had adenomas
- 1% had cancer

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Goals

- **Implement statewide screening asap**
 - Seamless program management
 - Patient navigation and support
 - Flexibility for new screening methods

- **Screen approx 3000 per year**
 - Year 2010 objectives of 75% screening compliance among uninsured

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Lessons Learned Thus Far

- **Embed screening totally within existing healthcare system**
 - Community-Based Clinics
 - Advertise availability
- **Navigators**
- **Incorporate existing infrastructure/groundwork**
 - CO Cancer Plan, CDPHE Cancer Coalition, ACS CRC Task Force, UCCC, CO Clinical Guidelines Collaborative, COPIC
- **Include an evaluation component**
 - quality control/improvement
- **Plan Carefully but don't wait for everything to be in place- Commit- Success will breed success and additional partners will come onboard**

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The Colorado Colorectal Screening Program

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