




## Reaching 80% Screening By 2018 A Public Health Goal We Will Reach

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Through hard work and perseverance by National Colorectal Roundtable members and others the opportunity to achieve an audacious colon cancer screening goal is within reach.




Ten events, accomplishments, and decisions have converged right now.

Together, they have created an extraordinary opportunity to reach the 80% colon cancer screening rate by 2018.



### The Ten Drivers of Our Colon Cancer Opportunity

1. Several new reports confirm extraordinary progress.
2. The number of eligible adults with health insurance has grown.
3. Many financial barriers to screening are being eliminated.
4. FQHC's are now reporting colon cancer screening rates as one of the UDS measures.
5. Emphasis on quality screening is accelerating.



### the Drivers Continued...

6. The CRC screening efforts of the CDC funded 25 states and 4 tribes are maturing.
7. The Patient Centered Medical Home has embraced cancer screening.
8. We have the tools and teams in place to catalyze a coordinated push.
9. An incredible group of organizations, leaders, and advocates is preparing to take a pledge.
10. The Assistant Secretary of Health is expecting us to get this done.



### 1. Several New Reports Show Great Progress

Morbidity and Mortality Weekly Report

#### Vital Signs: Colorectal Cancer Screening Test Use – United States, 2012

*On November 5, 2013, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).*

**Abstract**

**Background:** Strong evidence exists that screening with fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy reduces the number of deaths from colorectal cancer (CRC). The percentage of the population up-to-date with recommended CRC screening increased from 54% in 2002 to 65% in 2010, primarily through increased use of colonoscopy.

### BRFSS: Key Findings

In 2012, 65.1% of U.S. adults were up to date.

Population	Never Been Screened
Total	27.7%
Insured	24%
Uninsured	55%
No regular source of care	61%

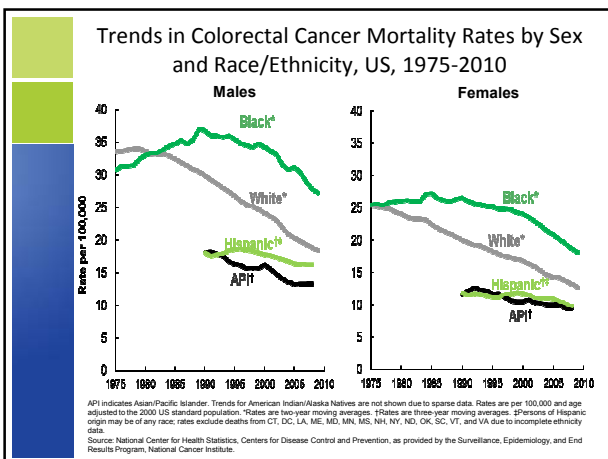
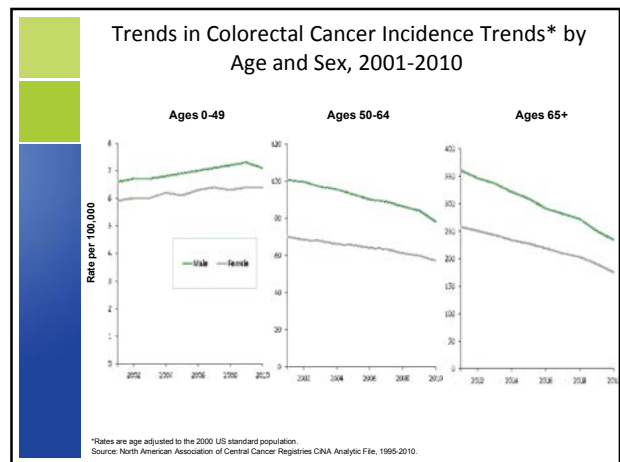
The percentage of blacks and whites up-to-date with screening were equivalent.



### How Were People Screened?

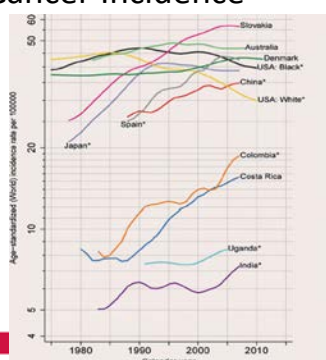
- Any screening 65.1%
- Colonoscopy within the past 10 years 61.7%
- FOBT within the past year 10.4%

FOBT used more commonly in uninsured and lower income populations.



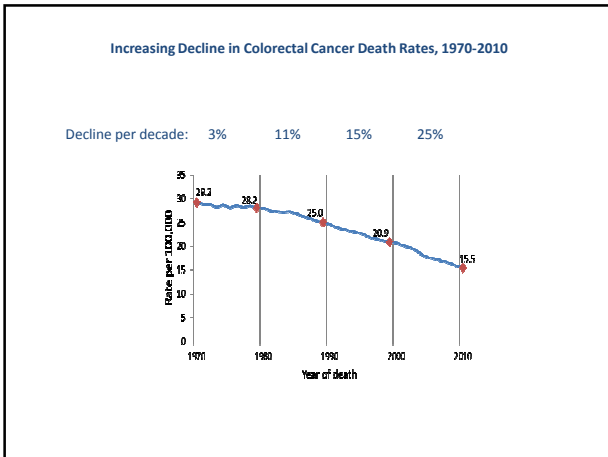
### Colorectal Cancer Incidence

Sedentary lifestyles, increase in red meat consumption and obesity increase risk for colorectal cancer



World Cancer Report 2014

Chart 5.3.3. Age-standardized (World) incidence rates per 100,000 by year in selected populations for colorectal cancer in 1980-2010.



### 2. Many Newly Eligible Adults Now Have Health Insurance

Lack of health care insurance is the leading barrier to screening. Programs to engage newly insured adults can substantially accelerate screening rates.

### 3. Financial Barriers Are Gradually Being Eliminated

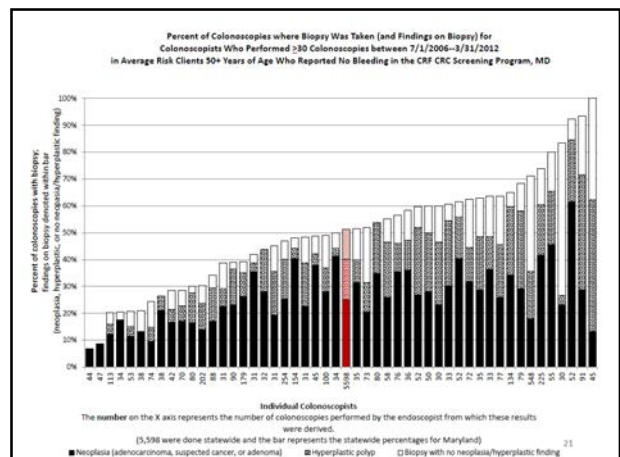
- Screening is considered an essential benefit.
- No co-pay for screening colonoscopy for commercial plans.
- No co-pay if polyp is found and removed.
- Addressing co-pay for colonoscopy following positive stool blood test.
- Working with CMS to address Medicare policies.

### 4. A New Requirement for FQHCs

- Federally Qualified Health Centers (FQHCs) are all now required to report their colon cancer screening rates as a Uniform Data System (UDS) measure.
- Every FQHC is working to figure out how to measure and improve their screening rates.
- The National Association of Community Health Centers and HRSA are leading the charge.

### 5. The Quality Improvement Mandate

- The quality improvement mandate is clear.
- The CDC is compiling a comprehensive quality improvement education program.
- GI organizations, state screening programs, and insurers are joining forces to measure quality of screening.
- We're learning and sharing what it takes to implement a high quality FOBT/FIT screening program.



### 6. The CDC Colorectal Cancer Control Program

### 7. The PCMH has Embraced Cancer Screening

CA CANCER J CLIN 2011;116:1397-408

## Promoting Cancer Screening Within the Patient Centered Medical Home

Mona Sarfaty, MD, MPH<sup>1</sup>; Richard Wender, MD<sup>2</sup>; Robert Smith, PhD<sup>3</sup>

**Abstract**

While consensus has grown that primary care is the essential access point in a high-performing health care system, the current model of primary care underperforms in both chronic disease management and prevention. The Patient

- The PCMH has emerged as the predominant organizing model for primary care practices, including FQHCs.
- Almost all population based quality improvement and pay for performance programs now include CRC screening.
- CMS Innovation Center pilots are measuring CRC screening rates.

### 8. Tools, Resources and Publications

### Member Support

We found overwhelming member support for pursuing a unified March strategy. In particular members cited:

- The value of pooled resources
- Ability to reach audiences multiple times
- Stronger ability to break through the clutter

For you from March could be more effective if there were a unified March strategy?

Source: Burke PR 1/14

It's time for us to commit to a unified March strategy to catalyze our year round efforts.

### 9. The Pledge

Over 90 organizations, including gastroenterologists, anesthesiologists, pathologists, NACHC, AARP, AAFP, state comprehensive cancer plans, hospital systems and others have signed a pledge to deliver coordinated, quality colorectal cancer screening and follow up care to all people.

**10. The Assistant Secretary of Health recognizes the extraordinary public health opportunity facing us.**



Howard Koh has made CRC screening and the 80% goal the centerpiece of his program of work. He is fully engaged – and expects results.

### Seven Basic Truths of Colon Cancer Screening

1. If you only offer colonoscopy you can achieve very good but not spectacular screening rates

### Stool Blood Testing – A Critical Part of ANY CRC Screening Strategy

- Even if you recommend colonoscopy for all, some people won't get one or can't get one. Using colonoscopy exclusively will, inevitably, lead to a screening gap

### Evaluating Test Strategies for Colorectal Cancer Screening

Zauber and her team conducted a decision analysis using microsimulation models

Zauber AG et.al. Ann of Int Med. 2008, 149; 659-669

- Number of life-years gained is essentially identical regardless of screening strategy used:
  - Sensitive guaiac FOBT annually
  - Fecal Immunochemical Test (FIT) annually
  - Flexible sigmoidoscopy every 5 years with mid-interval sensitive FOBT
  - Colonoscopy every 10 years

**ASSUMING 100% ADHERENCE**

### Fecal Immunochemical Tests (FIT's) Should Replace Guaiac FOBT

- FIT's
  - Demonstrate superior sensitivity and specificity
  - Are specific for colon blood and are unaffected by diet or medications
  - Some can be developed by automated readers
  - Some improve patient participation in screening

Allison JE, et.al. J Natl Cancer Inst. 2007; 191:1-9  
Cole SR, et.al. J Med Screen. 2003; 10:117-122

### FIT's available in the US

Name	Manufacturer
InSure	Enterix, Quest Company
Hemoccult-ICT	Breckman-Coulter
Instant-View	Alpha Scientific Designs
MonoHaem	Chemicon International
Clearview Ultra-FOB	Wampole Laboratory
Fit-Chek	Polymedco
Hemosure One Step	WHPM, Inc.
Magstream Hem Sp	Fujirebio, Inc.

### Many Patients Prefer FOBT

- Diverse sample of 323 adults given detailed side-by-side description of FOBT and colonoscopy (DeBourcy et al. 2007)
  - 53% preferred FOBT
  - Almost half felt very strongly about their preference

### Many Patients Prefer FOBT

- 212 patients at 4 health centers rated different screening options with different attributes (Hawley et al. 2008)
  - 37% preferred colonoscopy
  - 31% preferred FOBT
- Nationally representative sample of 2068 VA patients given brief descriptions of each screening mode (Powell et al. 2009)
  - 37% preferred colonoscopy
  - 29% preferred FOBT

### Many Patients Prefer FOBT

Randomized clinical trial in which 997 patients in the San Francisco PH care system received different recommendations for screening

- Colonoscopy recommended: 38% completed screening (12)
- FOBT recommended: 67% completed screening
- Colonoscopy or FOBT: 69% completed screening

Many patients may forgo screening if they are not offered an alternative to colonoscopy

### How Can CoC Accredited Hospitals Help the Nation Achieve 80% CRC Screening Rate?

1. Sign the Pledge
2. Consider joining the NCCRT
3. Engage primary care network
4. Support policy solutions
5. Develop smoothly functioning systems of care
6. Monitor quality of screening

### What CoC Hospitals Can Do?

7. Partner with FQHC's and other safety net care networks
8. Monitor and report system wide screening rates
9. Make CRC screening a hospital and system wide priority

### 1. Sign the Pledge

- Go to [www.nccrt.org](http://www.nccrt.org) to find a copy of the pledge
- By the end of the year, we intend to have over 200 signatures from major health organizations

### 2. Consider Joining the NCCRT

- The National Colorectal Cancer Roundtable is an organization of organizations with over 80 members.
- 18 years old with a single goal: Increasing CRC screening rates
- Co-funded by CDC and ACS
- An extraordinary track record of addressing public awareness, professional engagement, and policy issues.


One force for change links all 10 of these factors



### NCCRT



1. Put the spotlight on colonoscopy copay issue.
2. Definition of screening colonoscopy.
3. Assessing Medicaid coverage of CRC screening.




### 3. Engage Primary Care Network

- A recommendation from a primary care clinician is the key determinant of whether or not someone is screened
- Medical Homes, ACO's, quality incentives all impact primary care practice
- Medical neighborhood models are needed




### 4. Support Policy Solutions

- Eliminate co-pays for colonoscopy following positive FOBT/FIT
- Eliminate co-pays if polyp is found during screening colonoscopy
- These issues are being resolved for commercial plans
- Work to do in Medicare




### 5. Develop Smoothly Functioning Systems of Care

- Open access colonoscopy
- Numerous tools have been developed to facilitate handoffs, maximize bowel prep thoroughness, eliminate no-shows, provide navigation
- Develop systems to overcome financial barriers to screening




### 6. Monitor Quality of Screening

- Patient registries
- Colonoscopy registries
- Monitor adenoma detection rate, cecal intubation rate, prep quality, and other quality measures
- Consider public reporting



### 7. Partner with FQHC's and Other Safety Net Practices

- We will only get to 80% if we share a commitment to achieving health equity
- 80.3% of college graduates report being up to date with screening
- Let's get everyone to the level of college grads
- Burden on any one hospital is decreased if all hospitals share the obligation



### 8. Monitor and Report System Wide Screening Rates.

- Principles of quality improvement are now well known and widely disseminated
- Without measurement, improvement almost never happens



### 9. Make CRC Screening a Hospital and System Wide Priority

- There are many important quality initiatives. But we have a unique opportunity to substantially reduce colon cancer as a major public health problem in the next decade.

### We Have A Symbol



### We Have A Month



(...March)

### We Have A Plan



### Time For A Coordinated PUSH



## 80% Colon Cancer Screening Rate By 2018


.....I Can See It!!!

### The Quality Mandate



<b>FIT/FOBT:</b> <ol style="list-style-type: none"><li>1. Annual testing</li><li>2. All positives get colonoscopy</li><li>3. No rectal exams</li><li>4. Population management</li><li>5. Tracking</li></ol>	<b>Colonoscopy</b> <ol style="list-style-type: none"><li>1. Adenoma detection rate</li><li>2. Prep Quality</li><li>3. Registries</li><li>4. Communication standards</li></ol>
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### Awareness and Call to Action




1. Blue Star
2. Family PLZ!
3. March Strategy

### Doing screening better...


Numerous publications on screening delivery:

- CRC Clinicians' Toolkit
- Quality screening referrals
- Responsibilities of referring physicians
- FOBT Clinicians' Reference Resource
- Cancer Screening and the Medical Home
- Evaluation 101 Toolkit



### Eliminating screening disparities

- Published strategy paper on expanding CRC screening in community health centers
- Launching multi-organizational effort to improve links of care in CRC screening delivery



### The NCCRT is a Public Health Juggernaut

Each member brings their own passions, competencies and creativity.

Each member makes a difference acting alone.

But simultaneously, we can act as one.