

Transforming colorectal cancer research findings into policy action

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National policy: Affordable care act



Pre-ACA (2007 – 2010): On average, traditional Medicare paid all but \$275 for a screening colonoscopy*



Post-ACA (2011 – 2013): Traditional Medicare paid in full for a screening colonoscopy*



ACA resulted in an 8% increase in early-stage colon cancer detection.

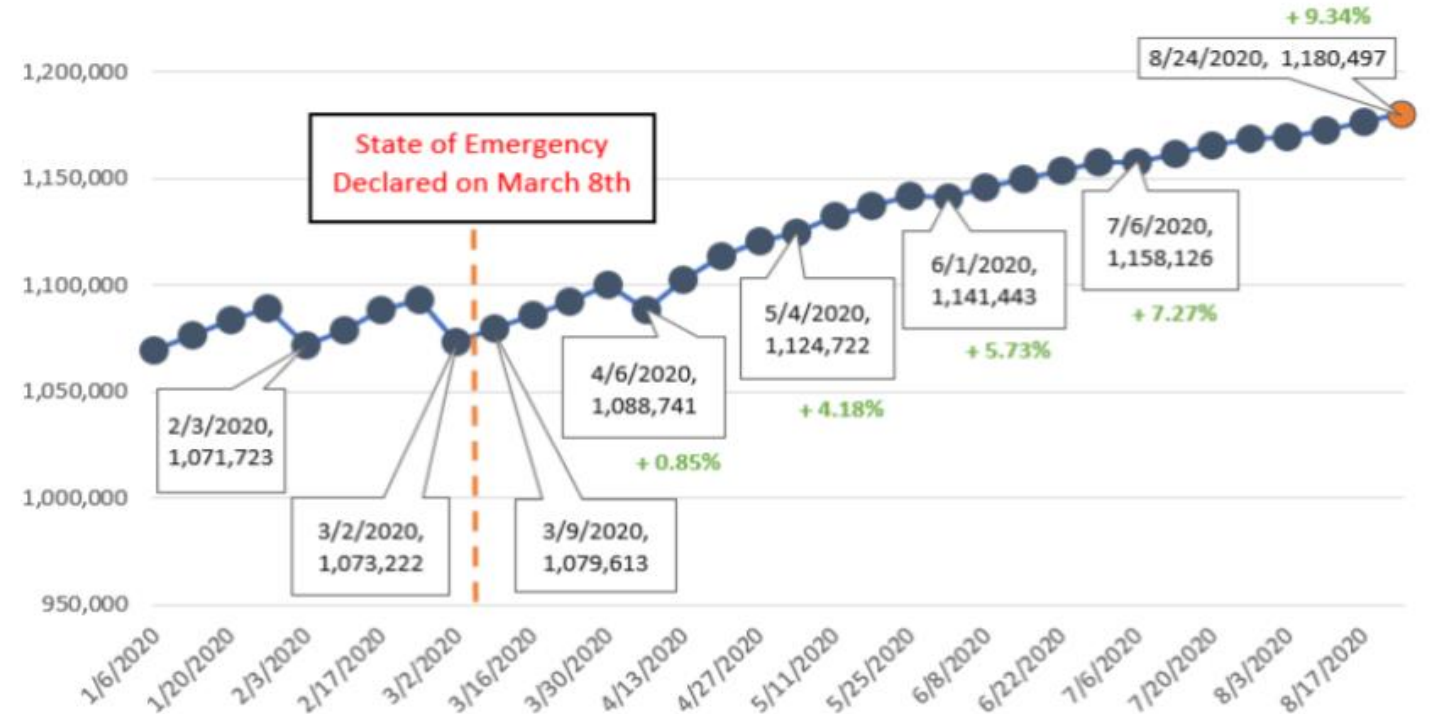
Source: Lissenden et al. (2017) used SEER – Medicare data

ACA expanded coverage for adults aged 51-64

	Before Medicaid Expansion Dec 2013	After Medicaid Expansion June 2014	% change
	N	N	%
All ages	659,114	971,095	47.3%
< 19	372,639	426,130	14.4%
19 – 21	20,996	41,625	98.3%
22 – 35	90,356	193,078	113.7%
36 – 50	70,203	147,184	109.7%
51 – 64	57,295	124,418	117.2%
65 +	47,625	38,660	-18.8%

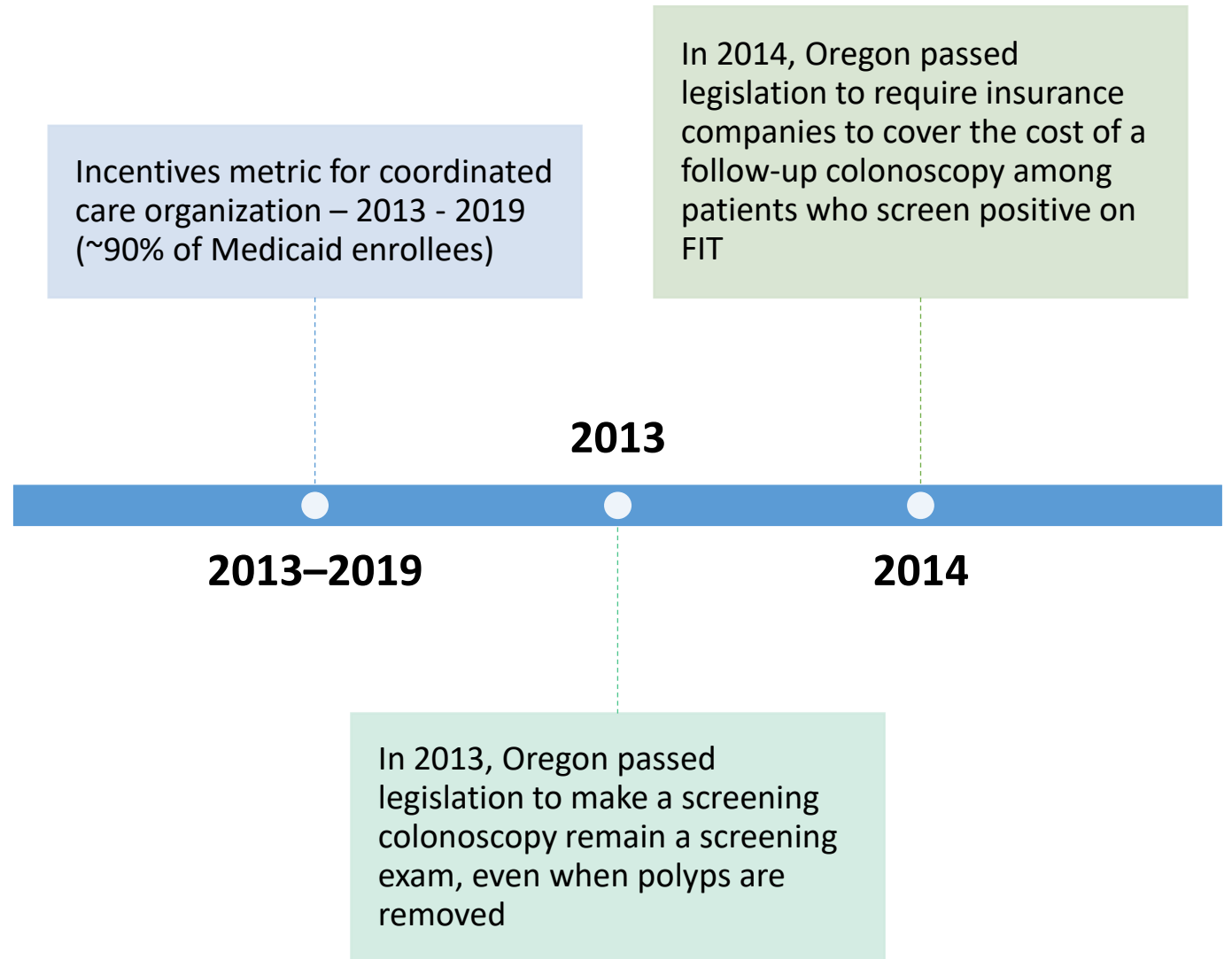
Recent 9%+
increase in
Medicaid
enrollment

Total Oregon Health Plan (OHP) Enrollment



Recent COVID-related policy: (1) paused the disenrollment of most individuals during the COVID-19 emergency; (2) allowed self-attestation of criteria necessary to determine eligibility without additional verification; (3) 6.2% increase in federal Medicaid matching funds (Families First Coronavirus Response Act)

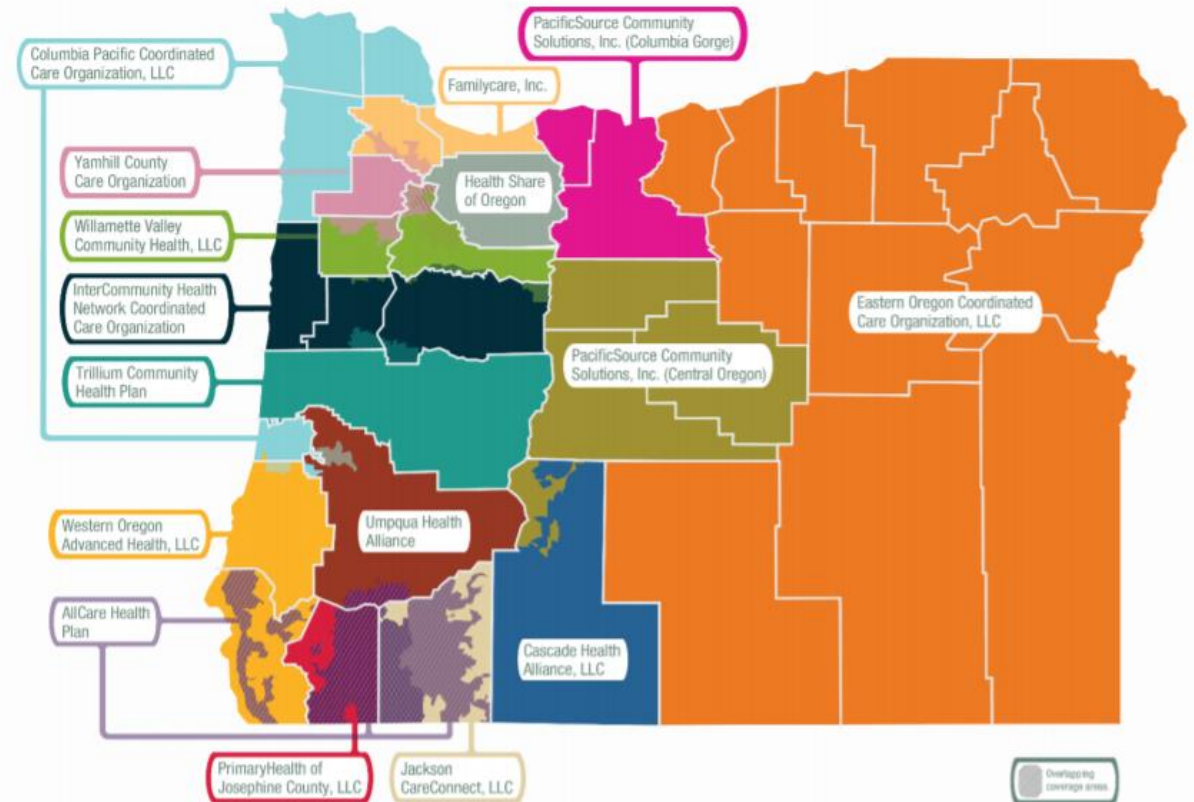
Policies and legislation: Oregon



Oregon Coordinated Care Organizations (CCOs)

CCOs provide Medicaid coverage for
1 million + people in Oregon

Coordinated care organization service areas



Source: Oregon Health Authority

Medicaid
Performance
targets

2014: 47%

2015: 47%

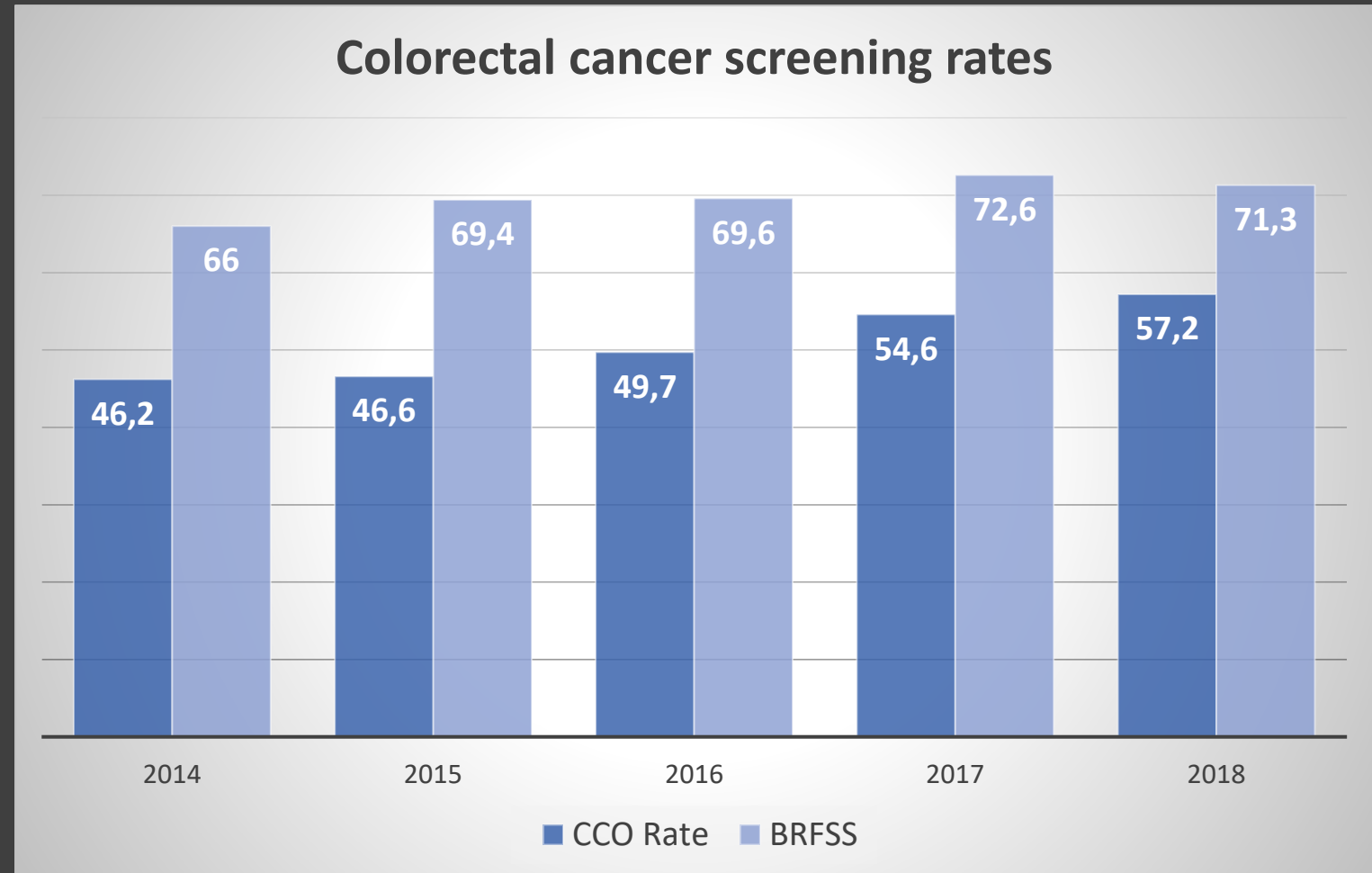
2016: 47%

2017: 51%

2018: 54%

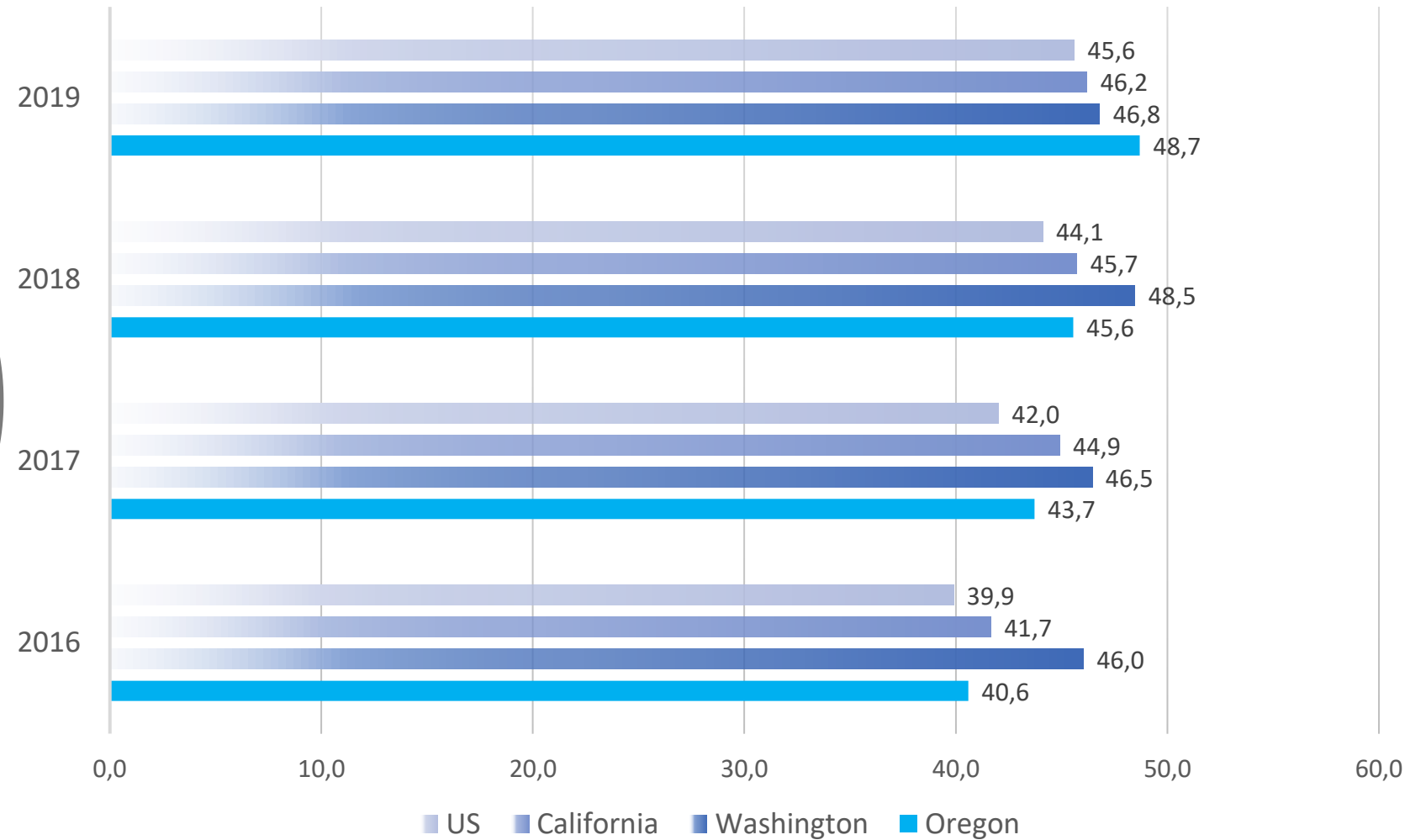
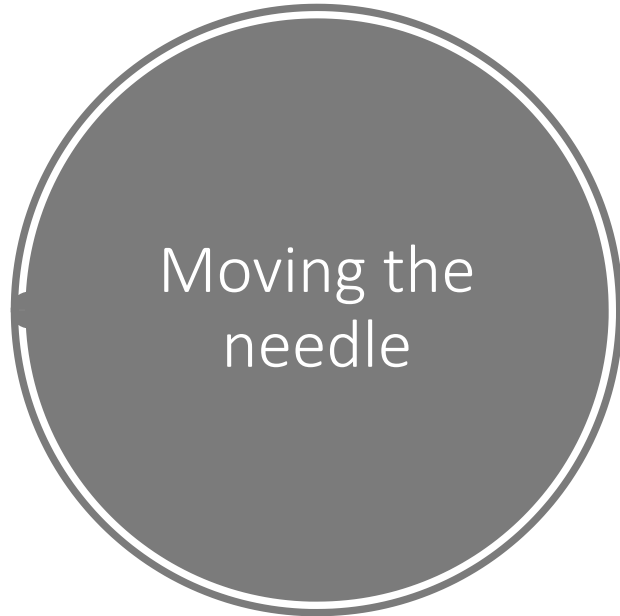
2019: 54%

Moving the
needle



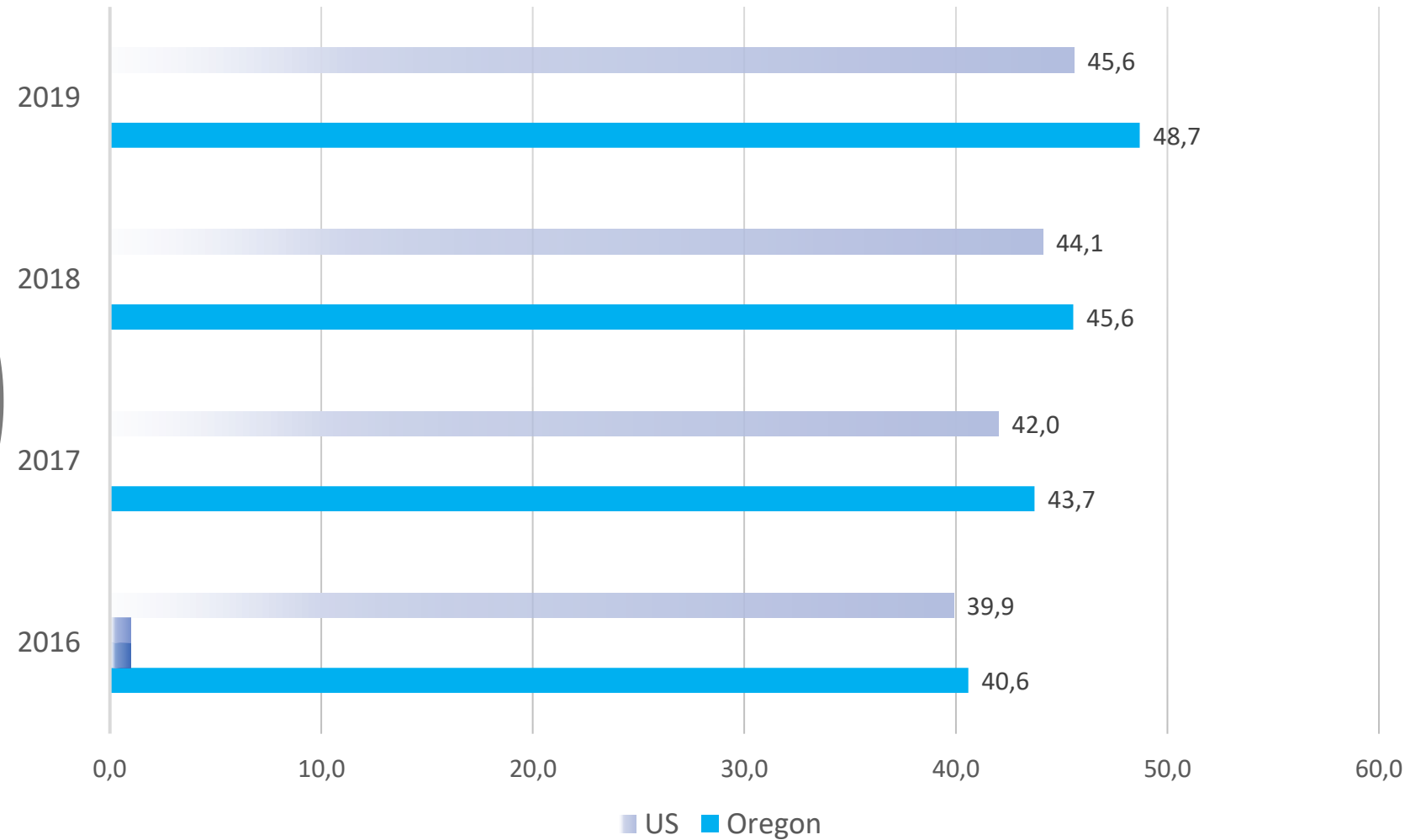
Data from Oregon Health Authority; CCO = coordinated care organization, includes ~90% of Medicaid-enrolled in OR

FQHC CRC SCREENING RATES (UDS DATA)



Data from UDS HRSA, Colorectal Cancer Screening is a Quality of Care Measure; 1362 FQHC's in US, report serving 28.4 million patients = 3.2 million unscreened people; 30 FQHC's in Oregon report serving 393,324 patients = 43,000 OR FQHC' patients unscreened

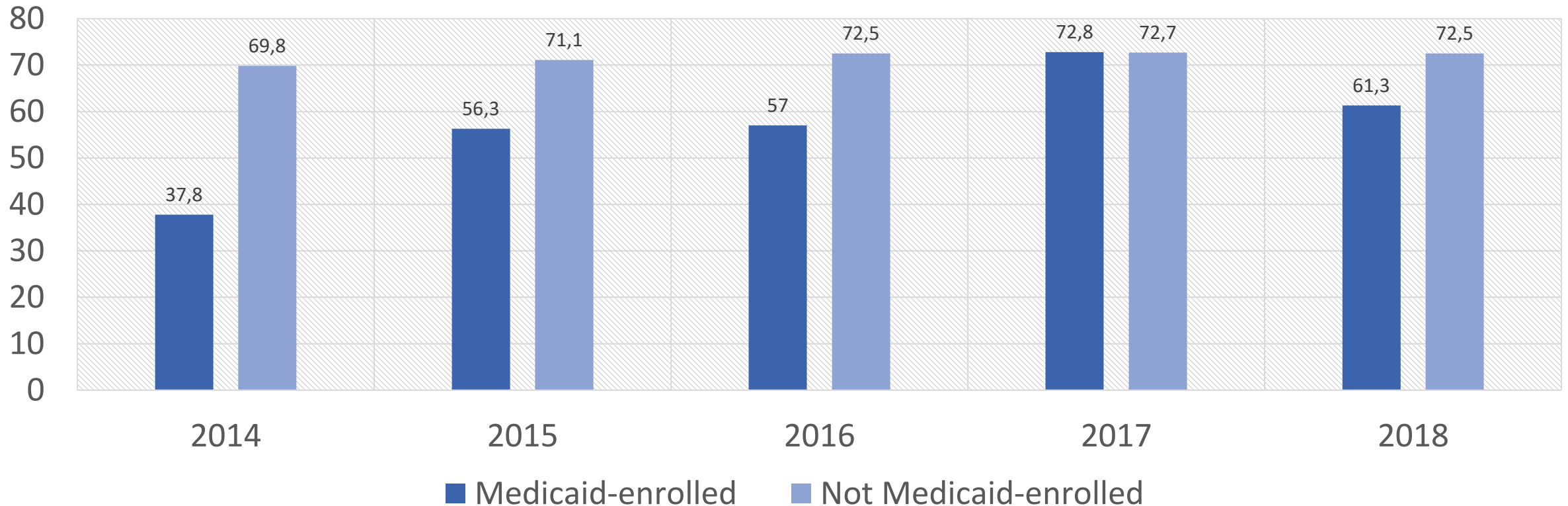
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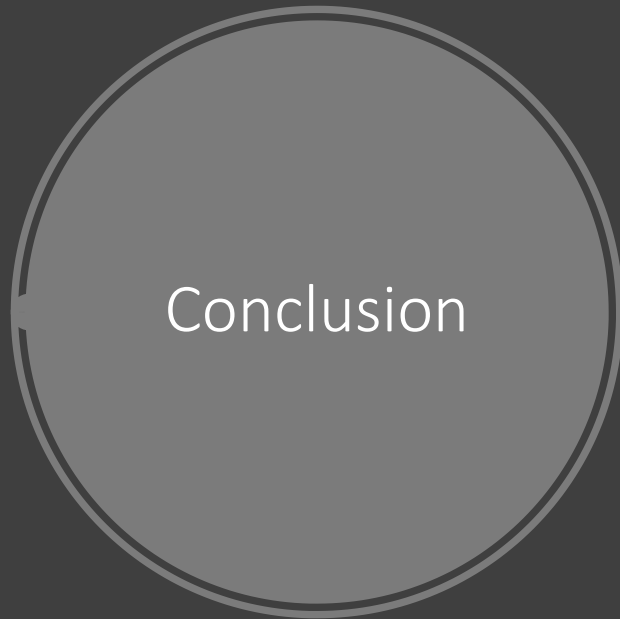


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Comparison of Medicaid- and non-Medicaid-enrolled

Colorectal cancer screening rates





Conclusion

Over the past 5 years, OR introduced legislation and policy that supported colorectal cancer screening efforts

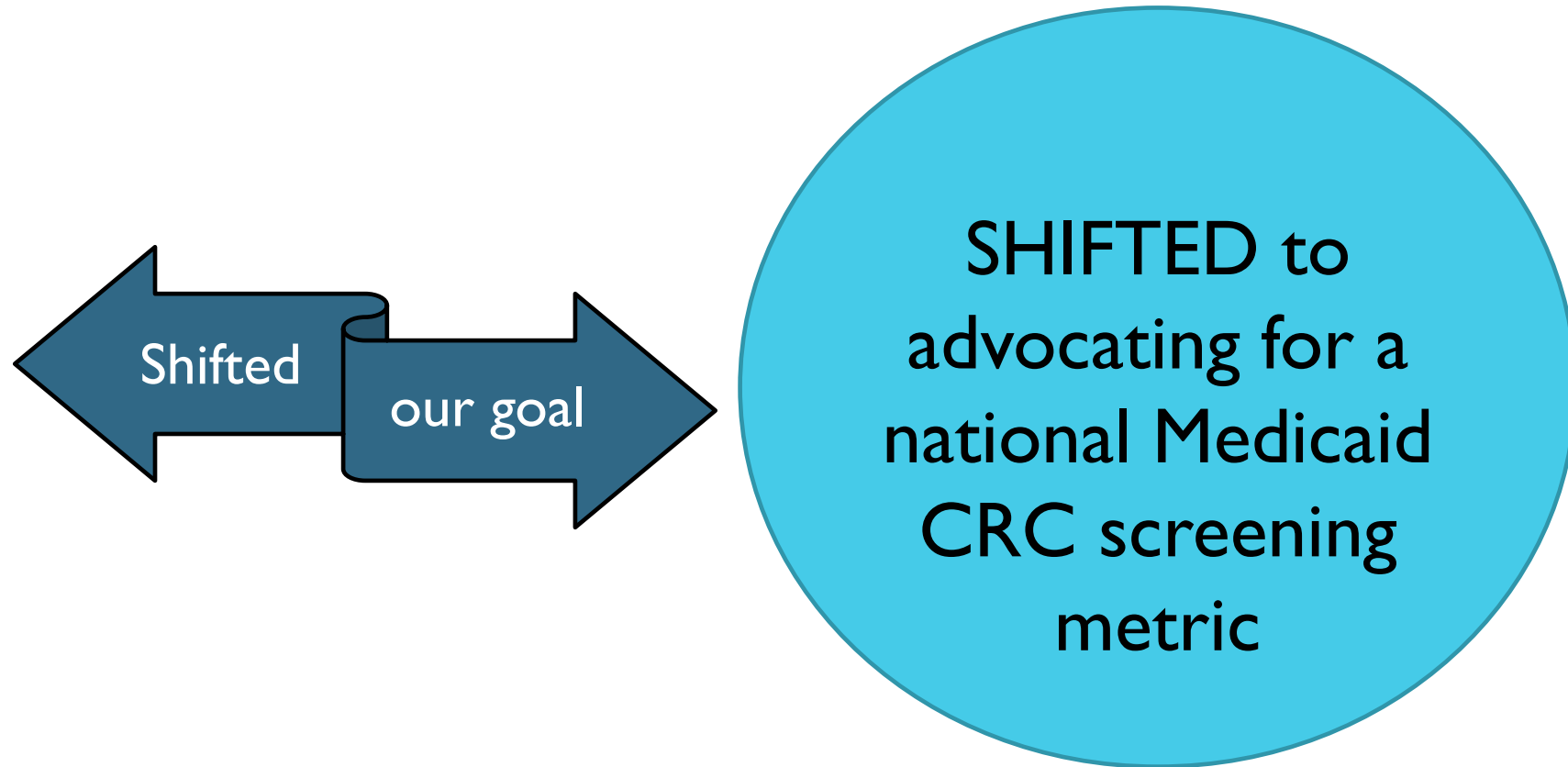
Anecdotally, this resulted in improved data quality and tracking, and supported fecal testing as first-line screening

BenefitS to Increase Colorectal Cancer Screening

Was a 2-year mailed FIT program administered by Medicaid health insurance plans in Washington and Oregon between 2016 and 2018



IDENTIFIED OUR GOAL (AND SHIFTED OUR GOAL BASED ON WHAT WE LEARNED)



Characteristics Considered for Addition of New Measures to the Medicaid Adult Core Set and Arguments for Adding a CRCS Performance Measure

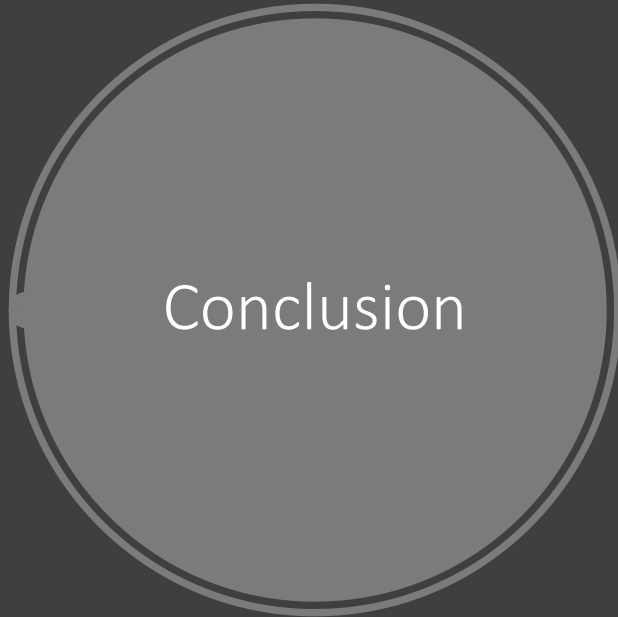
Actionability: Will the measure provide results that can be used to improve healthcare?	Yes!
Alignment: Is the measure used in other reporting programs?	Yes!
Appropriateness for state-level reporting: Has the measure been validated and tested for state-level reporting in one or more states?	Yes!
Feasibility: Will states be able to access the data needed to calculate the measure?	Yes!
Strategic Priority: Does the measure fill a gap area in the Adult Core Set?	Yes!

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: 2022 ANNUAL REVIEW VOTING MEETING – DAY 3, MAY 2021

Addition: Colorectal Cancer Screening

Description	Percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0034
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative, hybrid, and HEDIS® Electronic Clinical Data System (ECDS). (Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries. NCQA is proposed transitioning this measure to ECDS only reporting starting in measurement year 2022 and is currently assessing public comment regarding this proposal.)
Denominator	Members 51 to 75 years of age as of December 31 of the measurement year.
Numerator	Members with one or more screenings for colorectal cancer. Any of the following meet criteria: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type. • Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. • Colonoscopy during the measurement year or the nine years prior to the measurement year. • Computed tomography (CT) colonography during the measurement year or the four years prior to the measurement year. • Fecal immunochemical DNA (FIT-DNA) test during the measurement year or the two years prior to the measurement year.

APPROVED!



The combination of research and advocacy led to the inclusion of colorectal cancer screening as a core reportable measure for Medicaid health plans

Acknowledgements

- BeneFIT study team:
 - Beverly B. Green, MD, MPH
 - Laura Mae Baldwin, MD, MPH
 - Amanda Petrik, MS
 - Malaika Schwartz, MA
 - Jennifer Schneider, MA
- Project website: www.MailedFIT.org