TRANSFORMING RESEARCH FINDINGS INTO ACTION TO DECREASE MEDICAID COLORECTAL CANCER SCREENING DISPARITIES

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OVERVIEW

- Colorectal Cancer Screening Disparities among Medicaid Enrollees
- BeneFIT: An implementation-effectiveness study
- Transforming our research findings into on-the-ground action
2019 CRC SCREENING RATES HAVE NOT REACHED THE HEALTHY PEOPLE 2030 OR THE NATIONAL COLORECTAL CANCER ROUNDTABLE 80% IN EVERY COMMUNITY GOALS

Sources: HEDIS
National Colorectal Cancer Roundtable (NCCRT)
Office of Disease Prevention and Health Promotion (ODPHP)
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

Research team provided expertise to the quality teams at the health plans

Health plan quality teams designed their own programs to fit their contexts

The health plans implemented different mailed FIT programs
OREGON HEALTH PLAN: COLLABORATIVE MODEL

Medicaid Health Plan

Print Vendor

Health Center 1
Health Center 2
Health Center 3

FIT kit returned
Claim received
WASHINGTON HEALTH PLAN: CENTRALIZED MODEL

1. Medicaid Health Plan
2. Kit Ordering/Print/Mail/Follow-up Vendor
3. Clinics/PCPs
4. Centralized Lab

- FIT kit returned
- Results received
- Positive results received
- Claims received
BENEFIT RESULTS FOR MEDICAID-ONLY ENROLLEES BY HEALTH PLAN

Oregon Health Plan (N=2325)
- FIT Return Rate: 17.4%
- Any CRC Screening Rate: 19.6%

Washington Health Plan (N=6752)
- FIT Return Rate: 18.8%
- Any CRC Screening Rate: 22.5%
In year 2

- Oregon expanded their program - more Medicaid plans joined the program and they worked with more Federally Qualified Health Centers
- Washington state ONLY offered the program to dual eligible (Medicaid/Medicare) enrollees.
  - Year 1 - 6770 Medicaid enrollees
  - Year 1 and 2 about 1900 Medicaid/Medicare enrollees
OREGON & WASHINGTON MEDICAID CRC SCREENING RATES, 2015-2018

![Graph showing CRC screening rates for Oregon and Washington from 2015 to 2018.]

MOVING EVIDENCE TO ACTION

Research Producer  Research User
TRANSFORMING OUR RESEARCH FINDINGS INTO ACTION: DISSEMINATING TO OTHER HEALTH PLANS

- Attended an AcademyHealth Communications Workshop
- Learned new strategies for communicating and disseminating research findings
- Oregon and Washington teams brainstormed goals for real world dissemination
- Research team met, discussed, and revised dissemination project ideas
- Worked on our action plans
IDENTIFIED OUR GOAL (AND SHIFTED OUR GOAL BASED ON WHAT WE LEARNED)

To advocate for a Washington State CRC screening Medicaid Metric

Shifted our goal
BENEFIT WORKSHOP

Set Goals

- What?
- Who?
- When?
- Why?
- Where?
- How?

Identify Audience

- Worries about:
- Wants:
- Needs:
- Is influenced by:
- Reads:
- Recently:
- Believes:

Develop Messages and Communication Channels
Sample Frames and Messages

“Did you know that colon cancer is the second leading cause of cancer death? But it does not have to be! Screening finds colon cancer when it is treatable and prevents cancer by removing polyps before they become cancerous.”

“Did you know that Washington state has one of the highest screening rates for its Medicare-insured population: 80%, which is fantastic! In contrast, screening rates are only 45% among eligible Medicaid-insured individuals. Our research showed one important reason why. Health plans are required to report colon cancer screening rates for Medicare but not Medicaid patients. Asking plans to report Medicaid colon cancer screening rates could save many lives.”
Who is your audience? CMS, Performance Measure Committee

Worries and wants? Better health improved quality of care, more equitable care and reduced disparities, less variation of care, and more efficient care

Needs? Data about CRCS screening rates and disparities, costs-benefits of improvement, feasibility, actionability of a Medicaid CRCS QPM

Influenced by? Awareness of problem and solution, politics

Information needed? Data on Medicaid CRCS, costs, evidence-base strategy effectiveness
Colorectal Cancer Screening is **NOT** on the Core Set of Adult Health Preventive Measures for Medicaid.
IDENTIFIED OUR GOAL (AND SHIFTED OUR GOAL BASED ON WHAT WE LEARNED)

SHIFTED to advocating for a national Medicaid CRC screening metric
<table>
<thead>
<tr>
<th>Characteristics Considered for Addition of New Measures to the Medicaid Adult Core Set and Arguments for Adding a CRCS Performance Measure</th>
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<tbody>
<tr>
<td><strong>Actionability</strong>: Will the measure provide results that can be used to improve healthcare?</td>
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<tr>
<td><strong>Alignment</strong>: Is the measure used in other reporting programs?</td>
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<tr>
<td><strong>Appropriateness for state-level reporting</strong>: Has the measure been validated and tested for state-level reporting in one or more states?</td>
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<td><strong>Feasibility</strong>: Will states be able to access the data needed to calculate the measure?</td>
</tr>
<tr>
<td><strong>Strategic Priority</strong>: Does the measure fill a gap area in the Adult Core Set?</td>
</tr>
</tbody>
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## Addition: Colorectal Cancer Screening

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer.</th>
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<tbody>
<tr>
<td>Measure steward</td>
<td>National Committee for Quality Assurance (NCQA)</td>
</tr>
<tr>
<td>NQF number (if endorsed)</td>
<td>0034</td>
</tr>
<tr>
<td>Measure type</td>
<td>Process</td>
</tr>
<tr>
<td>Recommended to replace current measure?</td>
<td>No</td>
</tr>
</tbody>
</table>
| Data collection method | Administrative, hybrid, and HEDIS® Electronic Clinical Data Systems (ECDS).  
(Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries. NCQA has proposed transitioning this measure to ECDS only reporting starting in measurement year 2024 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:  
• 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. |

### Other

The measure steward, NCQA, has specified and tested the measure for use with Medicare and commercial insurance plans. The measure is not currently specified for use in Medicaid. NCQA indicated they plan to specify and test the measure for the Medicaid population in the coming year. However, several states are already using the measure in their Medicaid program.
DID WE TURN RESEARCH FINDINGS INTO ACTION?

Current status

Next steps