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

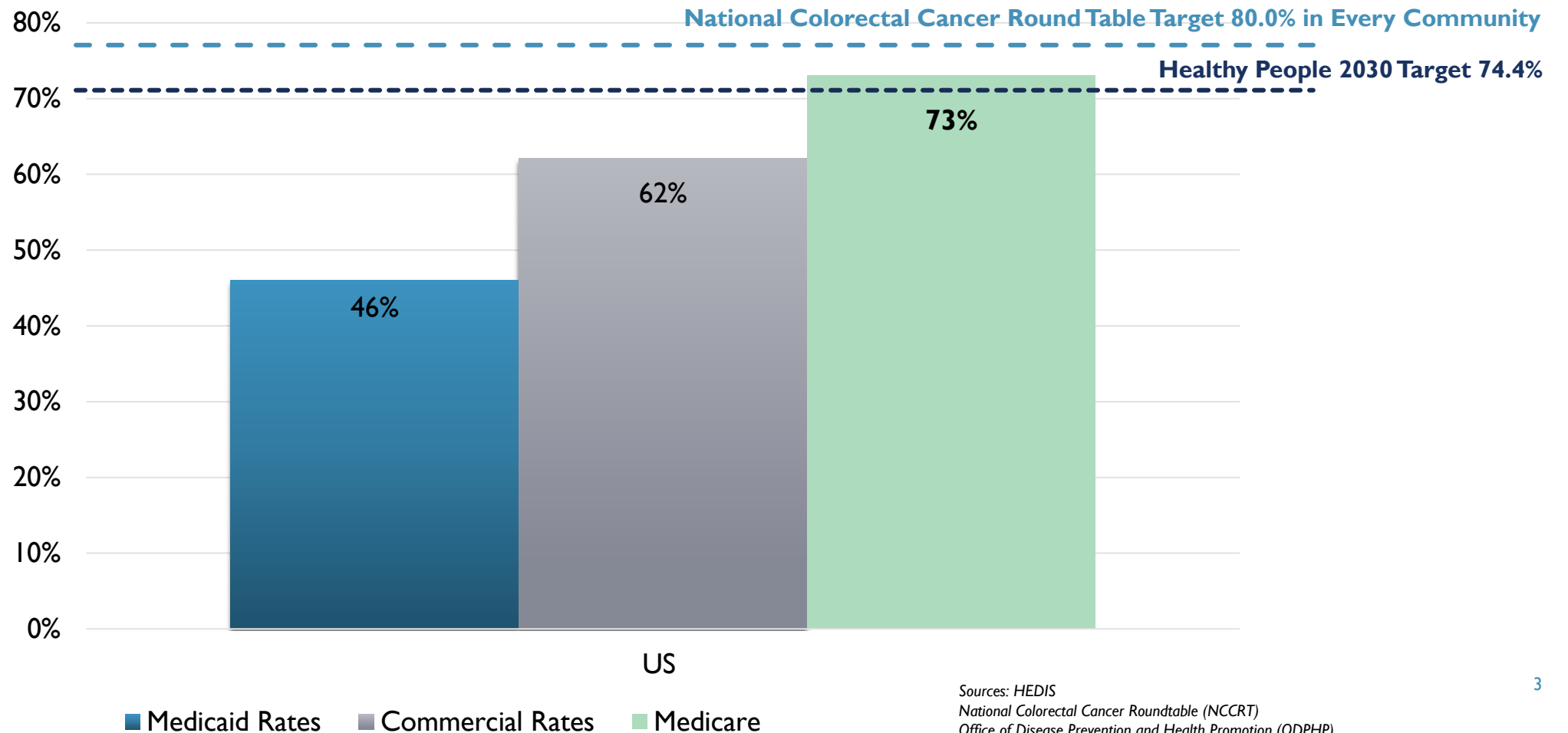
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OVERVIEW

- 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



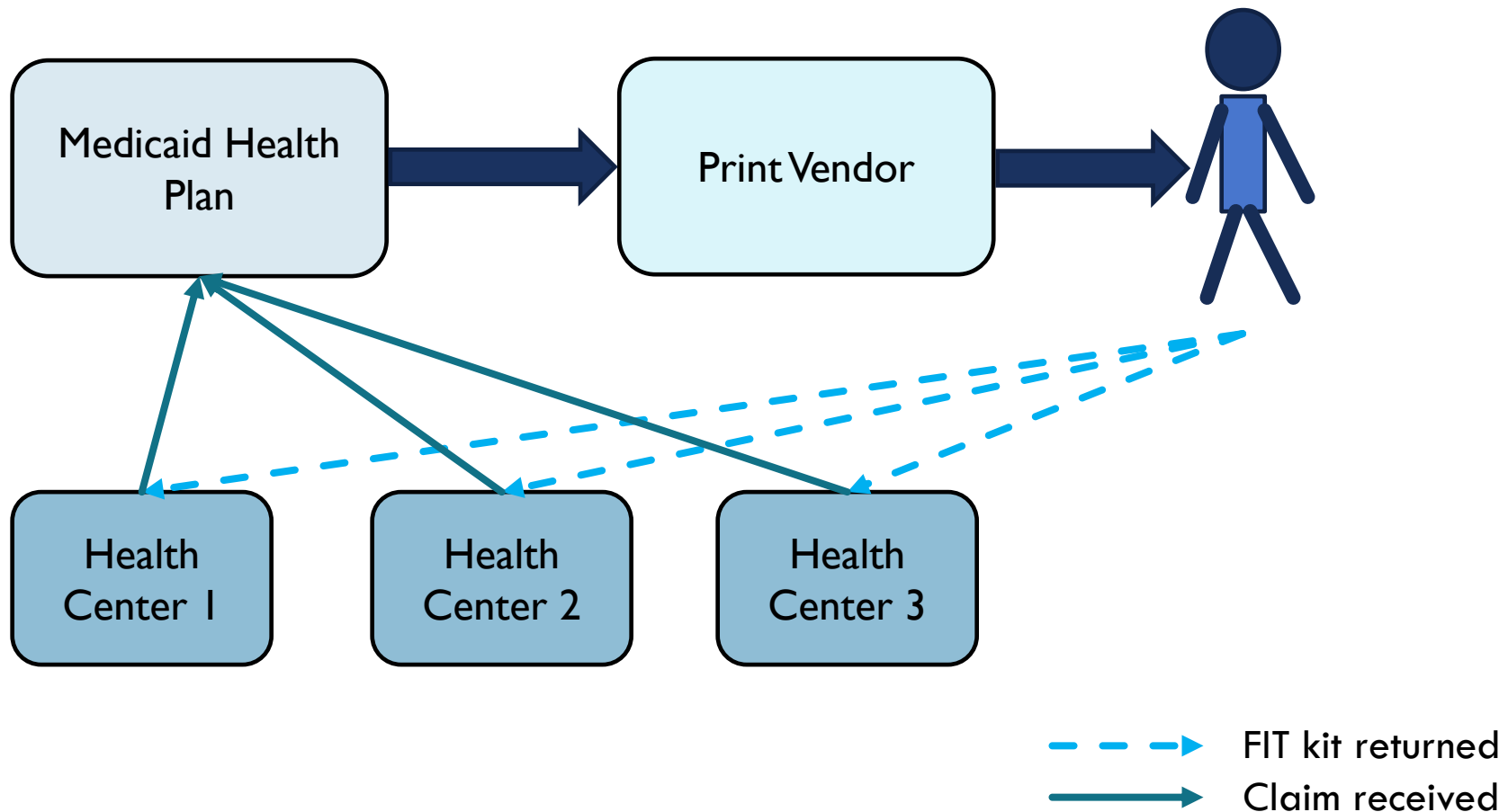
Sources: HEDIS
National Colorectal Cancer Roundtable (NCCRT)
Office of Disease Prevention and Health Promotion (ODPHP)
https://nccrt.org/wp-content/uploads/dlm_uploads/NCCRT_Webinar_1.30.2020_CRC_Data-Sets_ABRIDGED.pdf

BENEFITS TO INCREASE COLORECTAL CANCER SCREENING

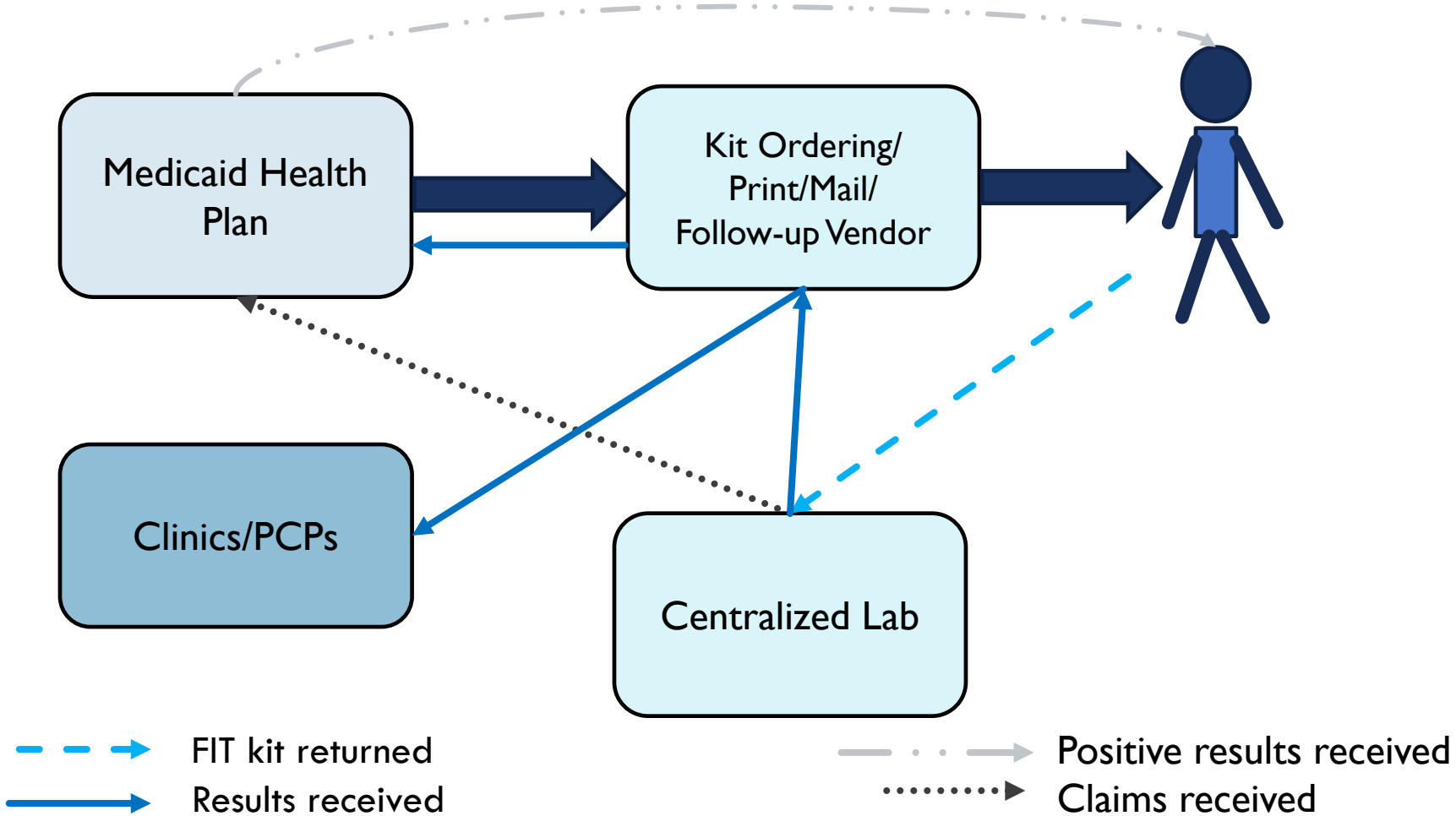
Was a 2-year mailed FIT program administered by Medicaid health insurance plans in Washington and Oregon between 2016 and 2018



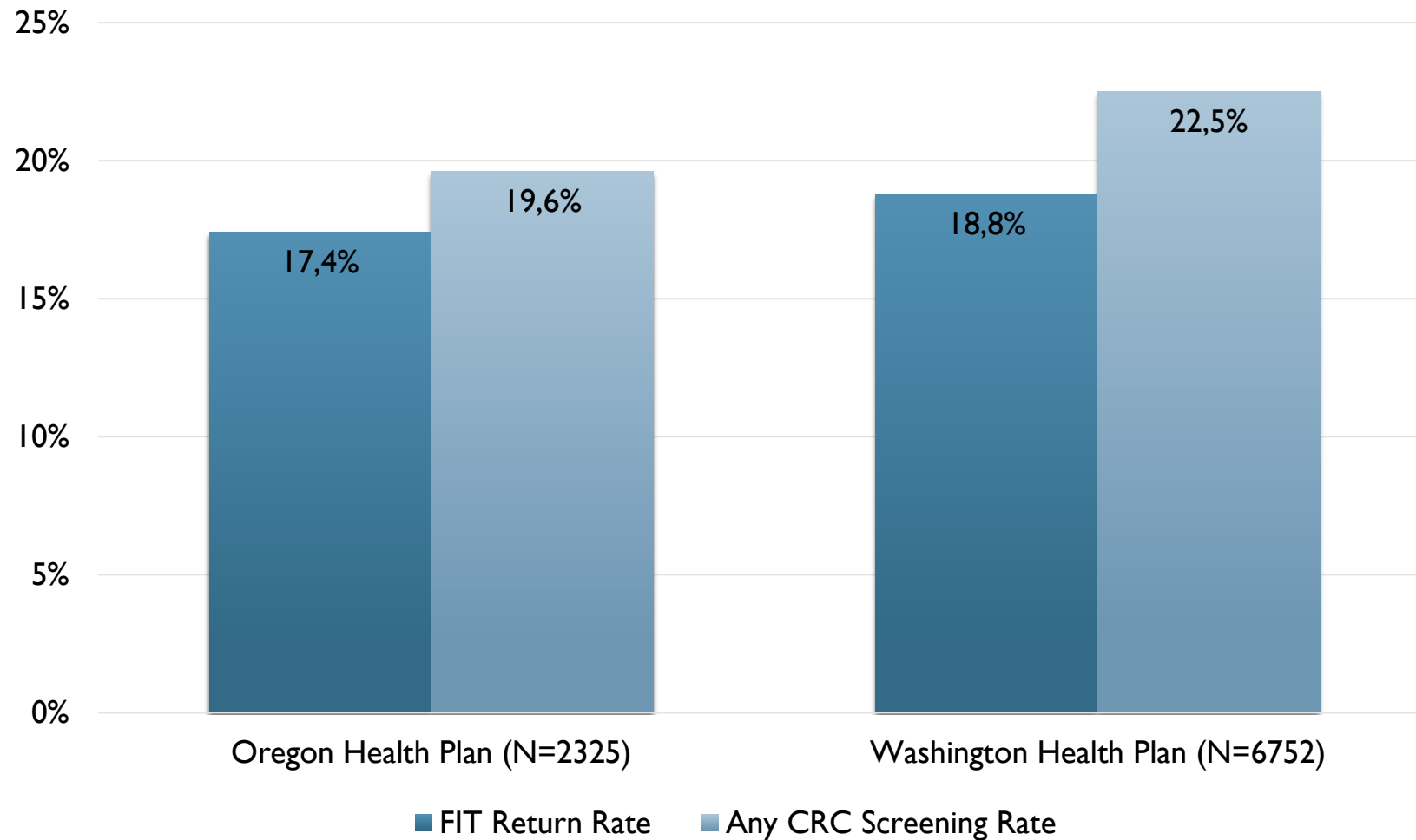
OREGON HEALTH PLAN: COLLABORATIVE MODEL



WASHINGTON HEALTH PLAN: CENTRALIZED MODEL



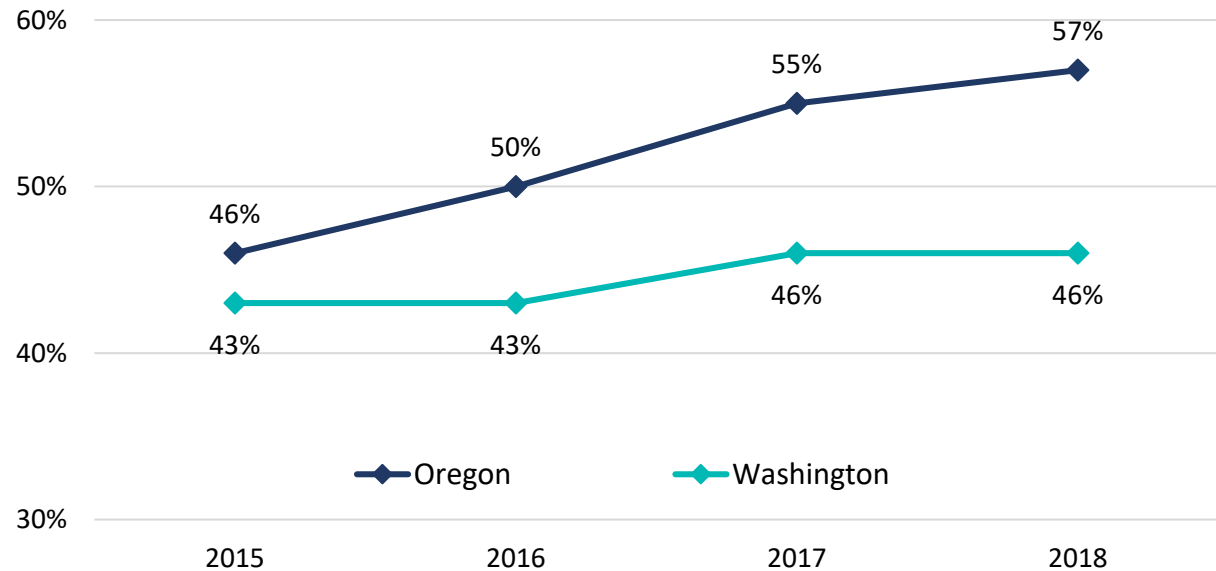
BENEFIT RESULTS FOR MEDICAID-ONLY ENROLLEES BY HEALTH PLAN



BENEFIT WAS A 2 YEAR PROJECT

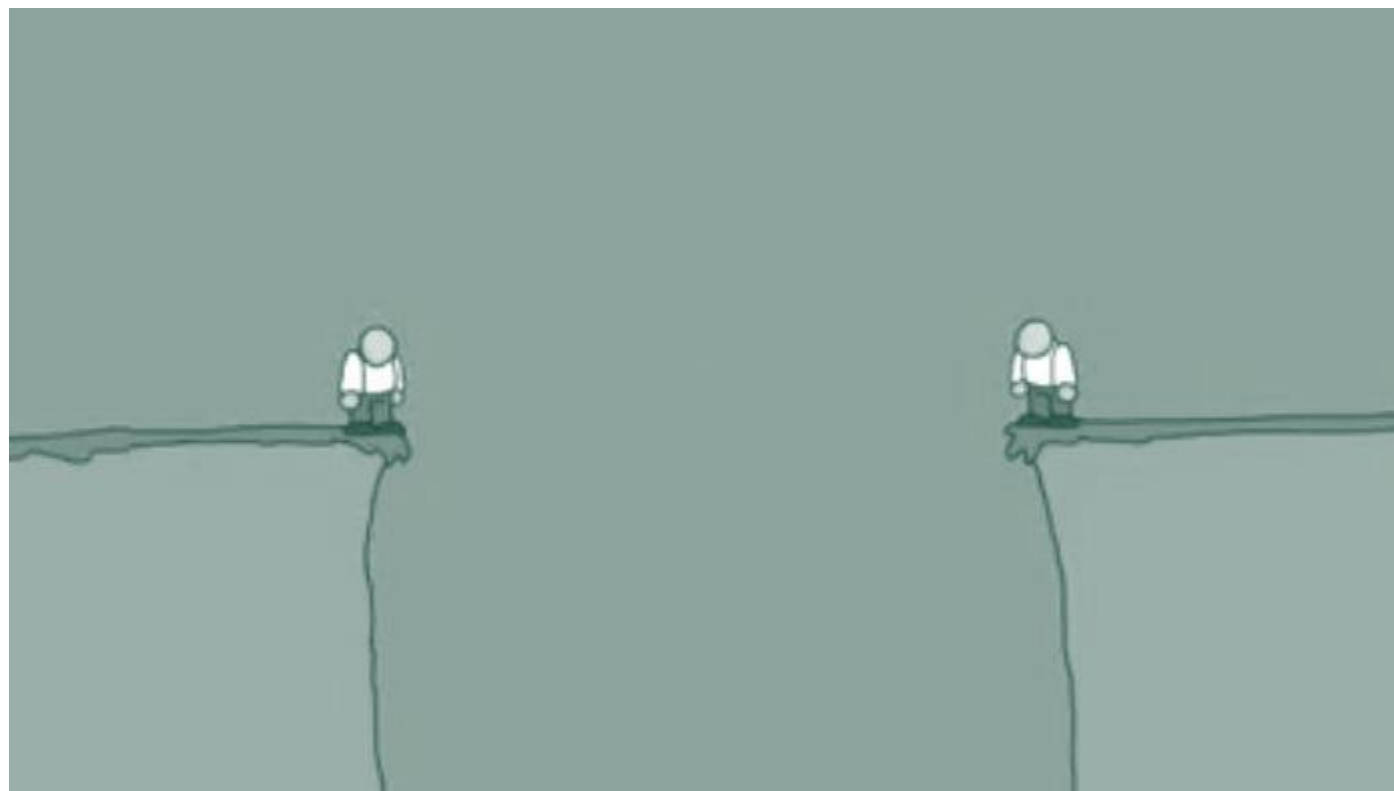
- In year 2
 - Oregon expanded their program - more Medicaid plans joined the program and they worked with more Federally Qualified Health Centers
 - Washington state ONLY offered the program to dual eligible (Medicaid/Medicare) enrollees.
 - Year 1 - 6770 Medicaid enrollees
 - Year 1 and 2 about 1900 Medicaid/Medicare enrollees

OREGON & WASHINGTON MEDICAID CRC SCREENING RATES, 2015-2018



Sources: Washington Health Alliance. (2018). Community Checkup, Colon Cancer Screening Measure, 2015-2017. Retrieved from: <https://www.wacommunitycheckup.org/compare-scores/compare-results/?Type=County,State&Plan%20Type=Commercial&Category=Preventive%20care&Measure=Colon%20cancer%20screening>
Oregon Health Authority. (2018). Oregon Health System Transformation: CCO Metrics 2017 Final Report. Retrieved from: <https://www.oregon.gov/oha/HPA/ANALYTICS-MTX/Documents/2017-CCO-Metrics-Report.pdf>

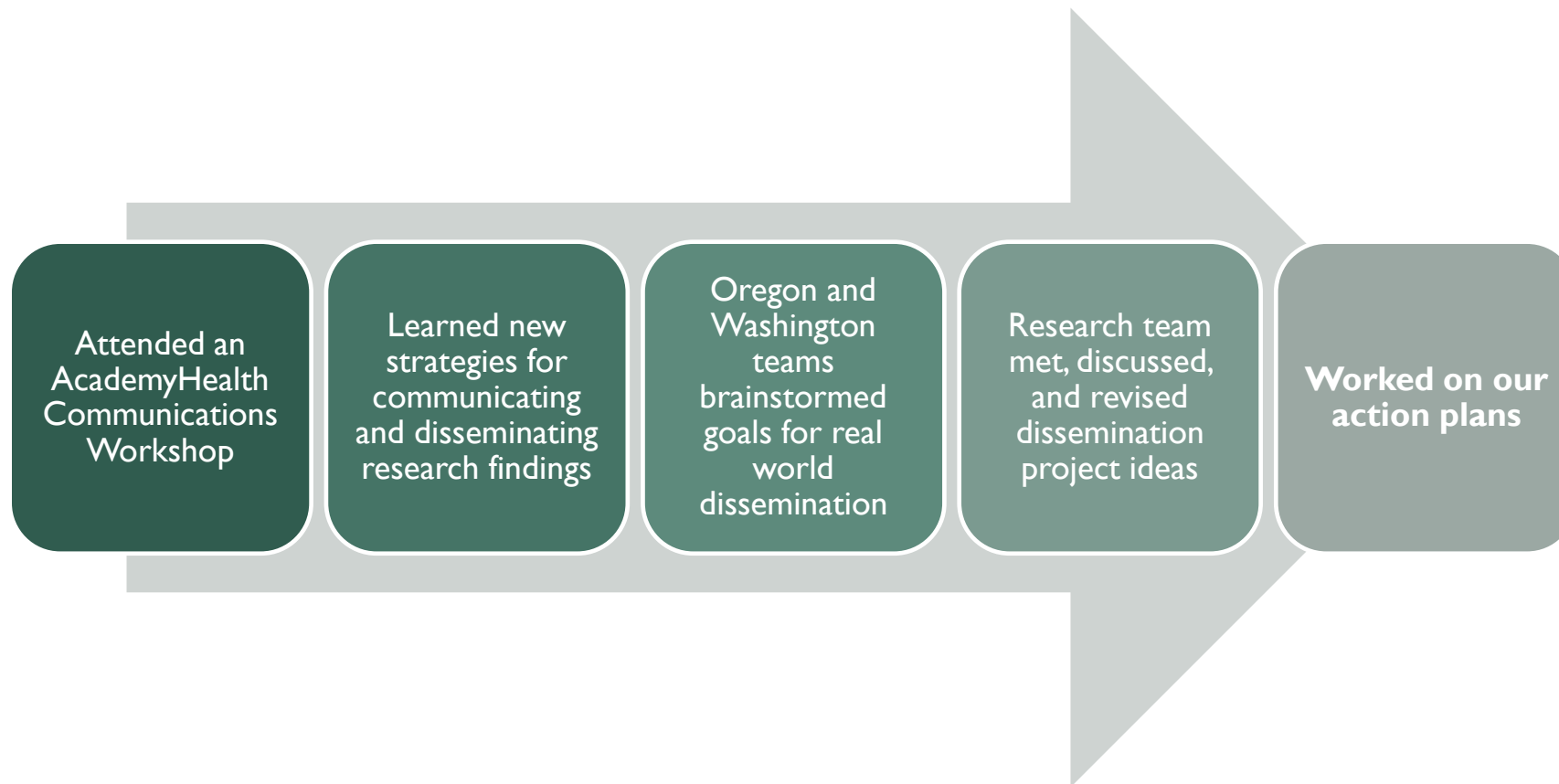
MOVING EVIDENCE TO ACTION



Research Producer

Research User

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










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



BENEFIT WORKSHOP



Set Goals

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

Identify Audience



Develop Messages
and
Communication
Channels

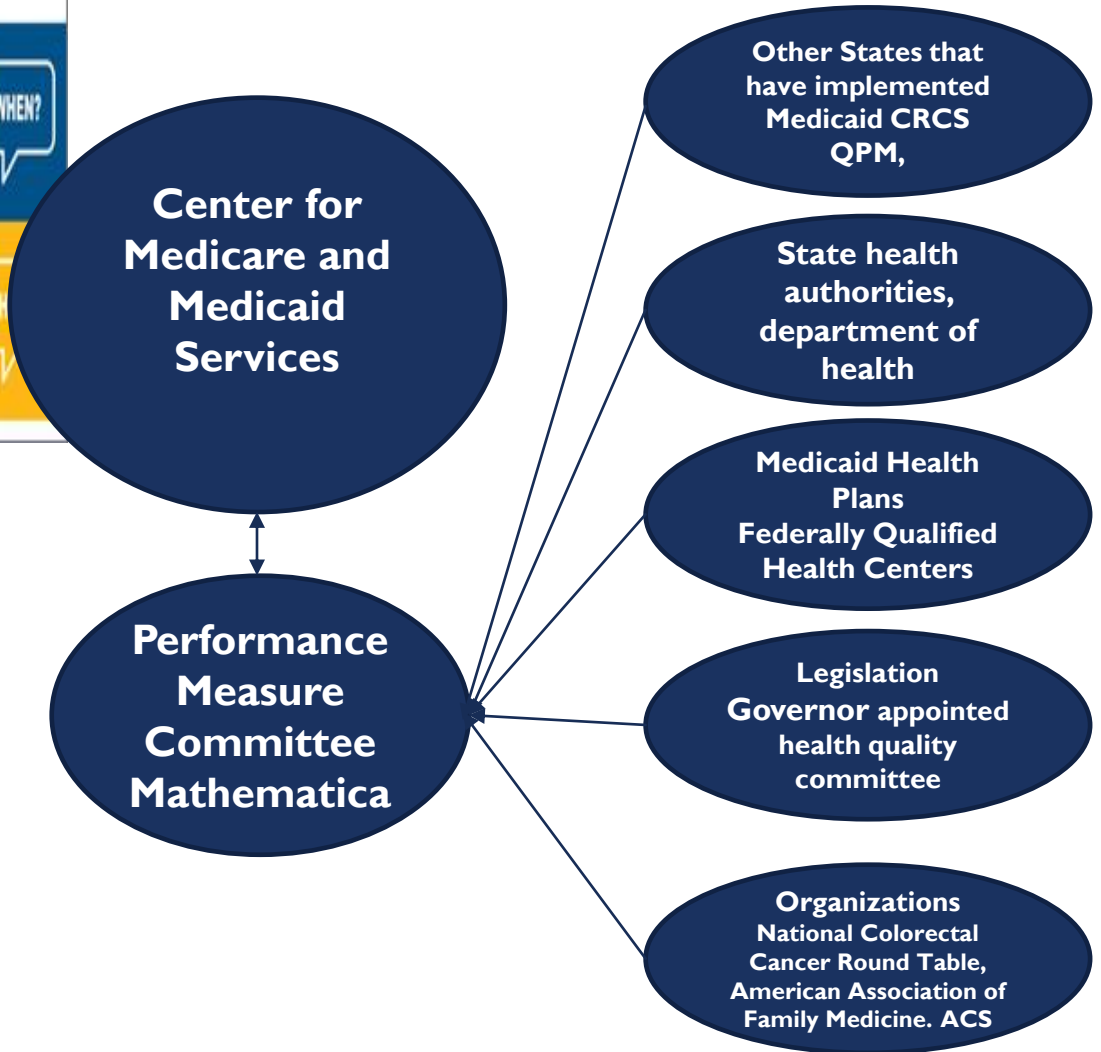
Sample Frames and Messages

“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.”

Communicating Is Planned, Intentional, Outcome Focused

- What are you trying to accomplish?
- Who are you trying to reach?
- What messages are likely to work?
- When and where will you engage & follow-up?
- With what materials, tools?



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

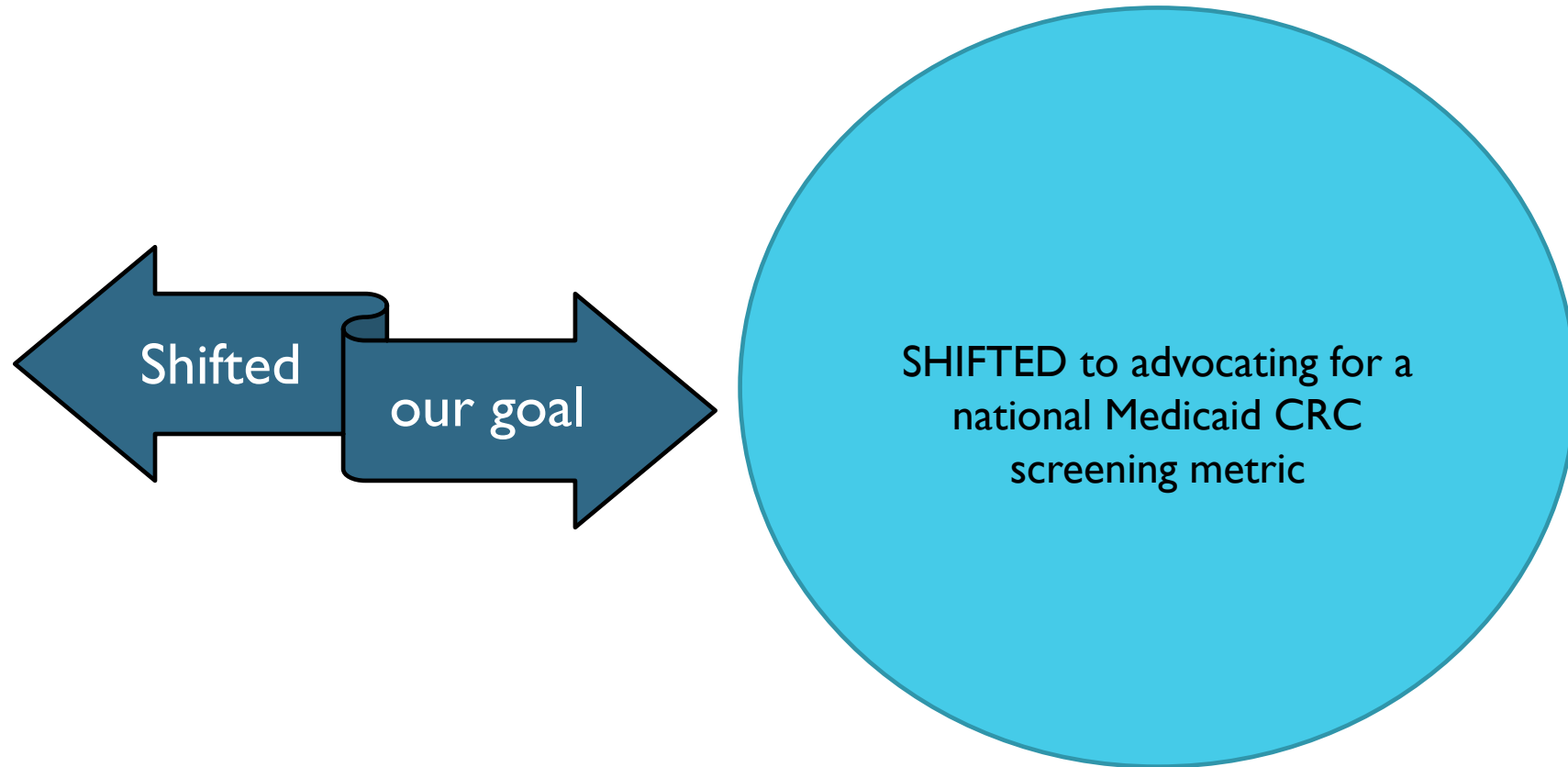
MEDICAID CORE SET OF ADULT HEALTH CARE QUALITY MEASURES

Figure 2: 2020 Core Set of Adult Health Care Preventive Care Quality Measures for Medicaid

NQF #	Measure Steward	Measure Name
Preventive Care		
0032	NCQA	Cervical Cancer Screening
0033	NCQA	Chlamydia Screening in Women Ages 21–24
0039	NCQA	Flu Vaccinations for Adults Ages 18 to 64
2372	NCQA	Breast Cancer Screening
NA	NCQA	Adult Body Mass Index Assessment

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)



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

<p>Actionability: Will the measure provide results that can be used to improve healthcare?</p>	<p>Yes, effective low-cost strategies exist for increasing CRCS uptake. Reporting allows plans to track their progress and identify plans with best practices.</p>
<p>Alignment: Is the measure used in other reporting programs?</p>	<p>Yes, CRCS reporting is required by: CMS Medicare – HEDIS; National Committee for Quality Assurance (NCQA) accreditation; Health Resources and Service Administration grantees (FQHCs)</p>
<p>Appropriateness for state-level reporting: Has the measure been validated and tested for state-level reporting in one or more states?</p>	<p>Yes, A National Quality Forum endorsed Medicaid CRCS QPM (NQF# 0034) has been implemented in OR, MN, and NY</p>
<p>Feasibility: Will states be able to access the data needed to calculate the measure?</p>	<p>Yes, Administrative claims data for completed CRCS tests could be used. Challenges with the colonoscopy look back period has led to improved documentation in OR.</p>
<p>Strategic Priority: Does the measure fill a gap area in the Adult Core Set?</p>	<p>Yes, breast and cervical cancer are already included in the Adult Core Set. CRCS is not included, even though screening rates are lower, and disparities are greater.</p>

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 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: <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.

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.
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DID WE TURN RESEARCH FINDINGS INTO ACTION?

**Current
status**

Next steps