80% BY 2018 PROGRESS

OCTOBER 3RD, 2017
1 P.M. ET
Purpose of Today’s Webinar

• Review the latest CRC screening measures and discuss what they tell us about our progress and challenges
• Understand the urgency needed over the next 15 months
• Learn about plans for the transition to the next phase of our CRC screening work
• Q&A
Presenter

Richard C. Wender, MD
Chief Cancer Control Officer,
American Cancer Society
Chair, NCCRT
80% by 2018 Progress

Richard C. Wender, MD
Chief Cancer Control Officer, American Cancer Society
Chair, NCCRT
We’ve made tremendous progress. We must work together to maintain this momentum through 2018 ... and beyond.
10 Lessons Learned
10 Lessons Learned

1. Timing is everything.
2. A state-based approach is key.
3. This effort requires hard, daily work from many different people and systems.
4. Evidence-based interventions really do work.
5. The systems achieving the most success all have one thing in common: champions.
10 Lessons Learned

6. Achieving 80%, even in settings with a lot of obstacles, is possible.

7. We must continue to learn from each other.

8. Access to care is critical.

9. A reduction in the number of people with health insurance would derail our efforts.

10. We all have a role to play.
1. Timing is Everything

We launched this audacious goal after we had done a lot of the ground work to ensure that we knew this could be done ...
Screening is Working

Increasing Decline in Colorectal Cancer Death Rates, 1970-2010

Decline per decade:

- 3%
- 11%
- 15%
- 25%

Year of death

Rate per 100,000


29.2 28.2 25.0 20.9 15.5
Tools & Resources

FQHC Engagement

National Leadership

Affordable Care Act

NCCRT Members

Strong, unified support for screening tests

CRCCP Program
2. A State-based Approach is Key

We reached 500 pledges in October 2015 ... and surpassed 1,000 pledges less than a year later.
More Organizations Are Taking the Pledge

1,500+ and counting!
Pledges in all 50 states, Washington, D.C., Guam, and Puerto Rico!
Pledge Breakdown

225+ Hospitals/health systems
140+ Cancer centers
130+ FQHCs
30+ Health plans
3. Hard Work is Key

• Hundreds of people have served on task forces, produced tools, given talks, spread the word, and arranged public events.
• Countless CRC workgroups at FQHCs, hospitals, employers, and health plans have been critical to success.
80% by 2018 demands daily work, constant nurturing, and leadership by many people and organizations.
Comprehensive cancer programs, state primary care associations, health centers, ACS health systems staff, and CDC grantees are all doing their part.
The work is happening one **state** at a time ...
... one coalition at a time ...
... one hospital
at a time ...
... one **health center** at a time ...
... and one patient at a time.
4. Evidence-Based Interventions Really Work

• There are no magic bullets.
• Systems are having success by implementing what we’ve long promoted:
  - Patient reminders
  - Provider reminders
  - Provider feedback
  - Navigation
  - A team-based approach to care
5. Champions are Key

• The secret to success is to surround yourself with good people.

• As we predicted from the start, support from leaders and champions is a strong indicator of achievement.
Many organizations have already achieved 80%.
Organizations at 80%

33  Medicare Advantage plans
28  Commercial health plans
10  Community health centers
  Medical practices and health systems

74
If your organization is at 80%, we want to recognize you in our 80% by 2018 Hall of Fame.
7. We must continue to learn from each other.
We’ve Learned How to Work With New Partners and Tackle Tough Issues

- Expanding our population reach:
  - Best practices for health plans
  - How to pay for screening navigation
  - Increasing screening rates for American Indian/Alaskan Native
  - Culturally competent materials for Hispanic/Latinos and Asians
Innovation happening all the time at the local level – everything from Poop on Demand to FluFIT to Surgery on Sunday.

You are leading the way!
8. Access To Care Is Critical

• We’ve also learned some lessons about the most important challenges we need to address.
• Access to care is critical – and access to colonoscopy is a leading obstacle.
Providing the Continuum of Care in Screening for the Underserved

• In 2014 we funded three Links of Care pilots to build a community solution to this problem.

• The original Links of Care pilots all saw:
  • An increase in screening rates
  • Improved FIT kit return rates
  • High rates of adherence with colonoscopy appointments
  • Improved relationships with local gastroenterologists and hospitals
Links of Care Pilots

It’s time to replicate this innovative, creative solution in other communities in order to serve the poor with compassion and dignity.
9. A substantial reduction in the number of people with health insurance would derail our efforts.
10. We All Have a Role to Play
4 Steps for Building a Bridge Beyond 2018
4 Steps For Building a Bridge Beyond 2018

1. Take pride in what we’ve done so far.
2. Ramp up our efforts over the next 15 months.
4. Renew your commitment ... and act with urgency.
1. Take Pride in All We’ve Done So Far

1,500 pledges
33

State teams trained
Coalition work happening in almost every state
The 80% by 2018 campaign has been included in the Cancer Moonshot initiative.
HEDIS Measures

Medicare HMO

Medicare PPO

2012  2013  2014  2015
Colorectal Cancer Screening Rate

ALL FQHCs-UDS

- 2012: 30.2%
- 2013: 32.6%
- 2014: 34.5%
- 2015: 38.3%
- 2016: 39.9%
NHIS Data

After plateauing for several years, screening increased from 59% to 63% from 2013 to 2015.
The increase in screening rate between 2013 and 2015 as measured by NHIS translates to an additional 3.7 million adults screened by 2015.
If screening remains at the 2015 level, an estimated 39,700 additional cases and 37,200 deaths will be prevented through 2030.
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, BRFSS (Draft)

![Bar chart showing percentages of U.S. adults up-to-date with CRC screening from 2012 to 2016.]

- 2012: 65.5%
- 2014: 66.2%
- 2016: 67.3%
Example: Coalition Success
Tina Kiser Cancer Concern Coalition used evidence-based strategies to drop the Guernsey County, Ohio late stage diagnosis rate from 60% of cases in 2004 to 12% in 2014.
Example: FQHC Success

Coal Country Community Health Center went from a 29% screening rate in 2012 to 77% in 2016.
Example: Hospital Systems Success

- Advocate Illinois Masonic Hospital used evidence-based strategies to increase screening rates
- 50- to 65-year-olds:
  - 2014 screening rate: 25%
  - 2016 mid-year screening rate: 60%
- 65 and older:
  - 2014 screening rate: 17%
  - 2016 mid-year screening rate: 70%
  - 2016 year end rates approaching 80%
80% by 2018 Success Story Report

• NCCRT will be producing an 80% by 2018 Success Story Report.
  - We want to note all we’ve achieved through the 80% by 2018 campaign.

• We want to hear from you.
  - Send us videos about your 80% by 2018 Success!
  - Email us the link to your 30 second YouTube video describing your successes at nccrt@cancer.org with “80% by 2018 Success” in the subject line.
2. Ramp Up Our Efforts

- Fifteen months is a long time ... we can make a lot of headway.
- We need to double down on a couple of areas that could make a big impact.
What’s Going on With the Insured?

• While screening went up for Medicare, screening rates among commercially insured were flat or down.

• What else can we be doing to reach this population?
Do More to Reach the Newly Insured

• Many have not have had care for preventive coverage before and are used to receiving care through the ER.

• We need to understand the impact of confusion about copays.

• Not all plans are created equal.
  - If someone has a high deductible plan, do they hesitate to get screened because they won’t be able to meet their $5,000 deductible if anything is found?
  - Medicare plans are measured on CRC screening through STAR ratings; commercial plans are not.
Focus on Medicaid Outreach

• Our 2015 assessment of state Medicaid programs showed most did not have a lot of CRC-related activity underway.
• 10 states had extensive activity.
• What can we learn from these states?
  - The states that had extensive activity had a requirement to track their CRC screening rates for their state Medicaid program.
  - The NCCRT Policy Action Task Group is diving deeper into those ten states to see what we can learn.
Trends In Incidence Rates Of Colon And Rectal Cancer By Age And Year Of Birth
Mortality Rates in Adults 20 to 54

We need to initiate screening right at age 50.

Focus on Initiating Screening at 50

• Colorectal cancer mortality rates have increased in adults under 55 since the mid-2000s after falling for decades.

• The rise was confined to white individuals.

What Groups Can We Do Better With?

Colorectal Cancer Screening Among Adults Aged 50-75 Years, by Race/Ethnicity, NHIS, US, 2000-2015
Hispanic/Latinos

• The screening rate for Hispanics is below 50%.
• Hispanics make up 17.6% of the US population.
• The share of the U.S. population that is Hispanic has been steadily rising.
How Can We Do Better Reaching Hispanic/Latinos?

• Language, logistics, and lack of appreciation that CRC can be prevented are all barriers for unacculturated/bi-cultural Hispanics.

• Use Hispanic-specific stats, stress options, educate about prevention and create bilingual/visual materials.
Asian Americans

• Many Asian Americans come from countries where CRC is not common.
• The risk for CRC in this population aligns with the general US population after just one generation in the US.
How Can We Do Better Reaching Asian Americans?

- Awareness of CRC is low due to low prevalence in home country, language, and other barriers.
- We may reach early adopters if we educate about CRC screening in a culturally competent way.
- Use bilingual materials with Asian-specific stats, stress prevention, and stress family as a motivator.
How Can We Do Better Overall?

• Who do we need to partner with?
• What advice do you have for us?
• We need to emphasize efforts to screen populations with low rates – and learn from those of you who are already serving these priority populations.
3. Tell Us What You Need Post-2018

• Every population warrants the opportunity to reach 80% screening.
• We need to keep working.
• NCCRT is launching a listening tour to get your advice on what comes next.
Moving Forward

• Today, we’re launching a survey to get your input on the post-2018 initiative on www.nccrt.org.

• We want to know what you think:
  - What you liked/didn’t like
  - Ideas for new themes/strategies
  - What new tools you’d like to see

• We’ve removed “2018” from the pledge to encourage new partners to sign on.
4. Renew Your Commitment and Focus Your Efforts on CRC

• We’re challenging everyone to increase effort over the next 15 months.

• When you think about where the data tell us we need to double down ... what is your new commitment going to be?

• What new steps are you going to take to raise your screening rates over the next 15 months?

• Send us your ideas at nccrt@cancer.org.
New Tools Available to Help ...

• NCCRT has developed new tools this year, including:
  - Health plan handbook
  - Updated evaluation guide
  - Asian companion guide
  - Guide on sustaining patient navigation
And more to come...

- NCCRT is planning even more new tools to support you, including:
  - New tools for hospital systems
  - State roundtable guide
  - New EHR guide for NextGen users
  - Guidance for providers and practices on coding
New Website Launching Today

• A redesigned, improved www.NCCRT.org website is launching today.

• New features include:
  - 80% by 2018 interactive map
  - Searchable resource center
  - An easier way for you to share your key resources with the CRC community

Take a guided tour at: http://bit.ly/2xbMbMm
New Interactive Map of Pledges

Find out where your state stands.
New Resource Center

All the tools you need are all in one place.
New Resource Center

Do you have something that will help all of us? Submit it to the resource center!
Let’s commit today to act with urgency over the next 15 months.
Many of us are just now hitting our stride. We are more determined than ever to build upon the amazing progress we’ve made.
Together, we’ll chart a post-2018 course to determine how best to leverage the capacity we’ve worked so hard to build.
We’ll go as fast as we can, as long as it takes, to save lives and achieve something amazing.
Our goal is big ... ... but so is the potential impact.
Reaching 80% will prevent hundreds of thousands of cases and deaths.
Colorectal cancer doesn’t need to be the second leading cause of cancer death in the US.
Together, we can knock it far down on the list. Let’s get it done.
Thank You
Thank You!

• Richard Wender
• The NCCRT Steering Committee for guiding our work beyond 2018
• The NCCRT members, 80% pledged organizations, and other stakeholders that already have or plan to provide input in the next phase of our work

Funding for some of the work done under the auspices of the NCCRT was made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number 5U38DP004969-01, -02, -03 and -04. The views expressed do not necessarily reflect the official policies of the Dept. of Health and Human Services.
Get Connected & Stay Tuned

Check [www.nccrt.org](http://www.nccrt.org) for upcoming webinar opportunities.

To follow NCCRT on social media:
- Twitter: @NCCRTnews
- Facebook: [www.facebook.com/coloncancerroundtable](http://www.facebook.com/coloncancerroundtable)

For more information contact:
[nccrt@cancer.org](mailto:nccrt@cancer.org)