COLON CANCER IN KENTUCKY
PARTNERSHIPS & POLICY FOR SUSTAINABILITY
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Kentucky Cancer Consortium
PROGRESS IN KENTUCKY: CRC INCIDENCE

PROGRESS:
A 17% reduction from 2004-2014
PROGRESS IN KENTUCKY: CRC MORTALITY

PROGRESS:
An 18% reduction from 2004-2014

Deaths per 100,000

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>20.5</td>
</tr>
<tr>
<td>2006</td>
<td>19.6</td>
</tr>
<tr>
<td>2008</td>
<td>19.1</td>
</tr>
<tr>
<td>2010</td>
<td>17.4</td>
</tr>
<tr>
<td>2012</td>
<td>16.6</td>
</tr>
<tr>
<td>2014</td>
<td>16.9</td>
</tr>
</tbody>
</table>
# LAYING THE FOUNDATION: PARTNERSHIPS

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Key Points</th>
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<tbody>
<tr>
<td>Identify dedicated staff who can be neutral conveners</td>
<td>- Comprehensive Cancer Control</td>
</tr>
<tr>
<td>Gather partners with similar goals</td>
<td>- Ex: ACS, ACS CAN, Regional cancer control org, health department, physician org</td>
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<tr>
<td>Make identifying a strong policy partner a <strong>TOP</strong> priority</td>
<td>- Work with your 501c3’s to identify a lobbyist/consultant</td>
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<tr>
<td>Convene partners <strong>regularly, initially</strong> around a specific project/initiative</td>
<td>- Ideas: state summit, public awareness campaign, provider education event</td>
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<tr>
<td>Build on momentum of initial project to catalyze ongoing objectives/workgroups</td>
<td>- Providers, Public, Policy</td>
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PARTNERSHIP DEVELOPS A **PLAN**

<table>
<thead>
<tr>
<th>Identify resource gaps and areas of greatest need</th>
<th>• Cancer registry data, BRFSS questions, “who’s doing what?” matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare for planned and unexpected opportunities to request and acquire resources</td>
<td>• What would you do with a million dollars?</td>
</tr>
<tr>
<td>Choose top objectives from state cancer plan, and create an accompanying resource plan</td>
<td>• How much would it cost to implement that state cancer plan objective? Or...<strong>NOT</strong>?</td>
</tr>
<tr>
<td>Continue convening partners <strong>regularly</strong></td>
<td>• Neutral staff creating agendas, minutes, logistics of space, following up on meeting action steps</td>
</tr>
</tbody>
</table>
KENTUCKY CANCER RESOURCE PLAN

What can we do for Kentucky?

• For every $100,000 invested in cancer prevention and screening....
  • 666 Smoking cessation medications can be provided
  • 135 Lung cancer screenings performed
  • 246 Colon cancer screenings performed
  • 403 Breast cancer screening performed
  • 450 Cervical cancer screening performed

Lost opportunity for Kentucky

• For every $100,000 invested in cancer treatment...
  • 0 Kentuckians can be treated for late stage lung cancer. OR...
  • 1 Kentuckian can be treated for late stage colon cancer. OR...
  • 1 Kentuckian can be treated for late stage breast cancer. OR...
  • 1 Kentuckian can be treated for late stage cervical cancer.
PLAN GETS "WORKED" BY PARTNERS

Prepare for planned and unexpected opportunities to request and acquire resources.

- **Planned:** testify at state legislative hearings; make the case to legislators. Health & Welfare Committee saves lives AND money; find friendly lever.

- **Unplanned:** 3-time cancer survivor and fundraiser found our plan online. Comp cancer convenes fundraiser, comp cancer coalition chair, and physician champ...a new 501c3 is founded.
PLAN GETS “WORKED” BY PARTNERS

Identify partners’ areas of expertise, clearly identify roles, and let go!

- Set policy partners free! Educate others as to how they can come alongside policy efforts (advocacy vs. lobbying)

Maximize individual roles towards collective goal

- Unified message for statewide public awareness campaign
- Primary Care Provider trainings
- Regional coalitions ALL AGREE to focus on CRC

Foster a nimble partnership, able to adapt to changing environment

- Screening program for the Uninsured passed but not funded (2008); Funded (2010 [coal] & 2012 [Gov.])
- Key partners convened under new umbrella to develop program
- Kentucky expands Medicaid!
PLAN GETS “WORKED” BY PARTNERS

Maximize individual roles towards collective goal: Kentucky Colon Cancer Screening Program

- Key partners convened under new umbrella to develop program
- Low income uninsured adults aged 50 to 64
- Aged 45-64 if African American
- US Citizen & KY Resident
- 250% at or below the poverty level
- Lack of up to date CRC screening
SCREENING PROGRAM BASICS

• Began as a state-wide colon cancer screening program for the uninsured, low income population

  • Housed within Kentucky Cabinet for Health and Family Services, Kentucky Department for Health
  • Local health departments were encouraged to apply for funding
  • Funds awarded to 14 sites, covering 48 counties.
**SCREENING PROGRAM: FIT FIRST**

- Anticipate that 75% of the screenings will be FIT
  - Anticipate that 25% of screenings will be colonoscopy
- OC-Light Point of Service test was used
- To receive patient navigation fee ($50), FIT KIT must:
  - Be mailed back to navigator by patient
  - Resulted and patient notified of results
  - Data on patient and FIT result entered into state lab database
SCREENING PROGRAM: COLONOSCOPY

• Provided to those with Positive FIT – or at increased risk for CRC based on patient and family history.
• KCCSP provides reimbursement - $1,000
  • Covers: colonoscopy provider, facility, anesthesia, any polyps removed, and/or pathology testing
• LHD established contracts with colonoscopy providers and/or facilities
• Contract included language requiring reporting of certain items including reaching cecum, polyp pathology and any complications
SCREENING PROGRAM: PATIENT NAVIGATION

• Linking patients to resources and services
• Contacting patients to confirm or reschedule appointments
• Helping patients make follow-up appointments
• Conducting outreach to non-adherent patients
• Tracking interventions and outcomes
• Enhancing access to care and services
• Reducing barriers to care
Identify partners’ areas of expertise, clearly identify roles, and let go!

- Advocacy partners: Colon Cancer Prevention Project; ACS CAN
- Worked with Cabinet & Governor’s office to add CRC screening as a performance measure in state contracts with MCOs (2012)
- Eliminated screening process loophole (2015)
- Expanded screening program to the underinsured (2016)
WHAT NOW?

IT’S NOT THE TARGET THAT KEEPS CHANGING, IT’S THE BOW
Foster a nimble partnership, able to adapt to changing environment

- 2016-2018 legislative budget: legislators approved $500,000 to be kept in budget for colon cancer screening
  - Governor line item vetoed this allocation
  - Massive heroin epidemic reprioritized public health in KY
  - Ideological change in executive branch
  - $250,000 in carry forward funds available for utilization
- KCCSP Advisory Committee and KCC Colon Cancer Committee continue To. Meet. Regularly.
  - Scaling back program, focus on Appalachia
  - Lack of up to date CRC screening
KY CRC SCREENING IN MEDICAID
% SCREENED FOR CRC ONE OF 8 QUALITY METRICS TIED TO REIMBURSEMENTS

<table>
<thead>
<tr>
<th>Date of service calendar year</th>
<th>Total Spent</th>
<th>Claim count</th>
</tr>
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<tbody>
<tr>
<td>2015</td>
<td>$18,685,114</td>
<td>63,204</td>
</tr>
<tr>
<td>2014</td>
<td>$16,000,160</td>
<td>58,034</td>
</tr>
<tr>
<td>2013</td>
<td>$6,397,554</td>
<td>28,371</td>
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</table>
APPENDIX FIGURE 4:
Colorectal Cancer Screenings in Kentucky, U.S. and Neighbor States, 2012-2014 (ages 50-75)

*Difference is statistically significant within the state (e.g., Arkansas 2012 estimate vs. Arkansas 2014 estimate) at the 95% level. Source: Estimates are based on SHADAC analysis of 2014 BRFSS survey data of the percentage of adults who met U.S. Preventive Services Task Force colorectal cancer screening recommendations.
Appalachia vs. Non-Appalachia Colon and Rectum Cancer Mortality Rates 2000-2013

R² = 0.5082

R² = 0.916
KEEP USING THE ARROWS THAT WORK

Identify resource gaps and areas of greatest need
Prepare for planned and unexpected opportunities to request and acquire resources
Choose top objectives from state cancer plan, and create an accompanying resource plan
Continue convening partners regularly

Identify dedicated staff who can be neutral conveners
Gather partners with similar goals
Make identifying a strong policy partner a TOP priority
Convene partners regularly, initially around a specific project/initiative
Build on momentum of initial project to catalyze ongoing objectives/workgroups

Identify partners’ areas of expertise, clearly identify roles, and let go!
Maximize individual roles towards collective goal
Foster a nimble partnership, able to adapt to changing environment
LET US BE A RESOURCE!

- Strong sense of camaraderie
- Barriers are opportunities
- Sense of humor
- Connections at every level
- Open handed with resources (program manuals, legislative language, etc)

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