

Mining the Colorectal Cancer Screening Network to explore practices, policies, and challenges in colorectal cancer screening



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Purpose of project

- Gather information from members of the National Colorectal Cancer Screening Network about practices and policies associated with colorectal cancer screening on local, state, and national levels.
- The Network has approximately 300 members and represents 42 states.
 - Goal of network is to promote collaboration to increase colorectal cancer screening through information-sharing among its members

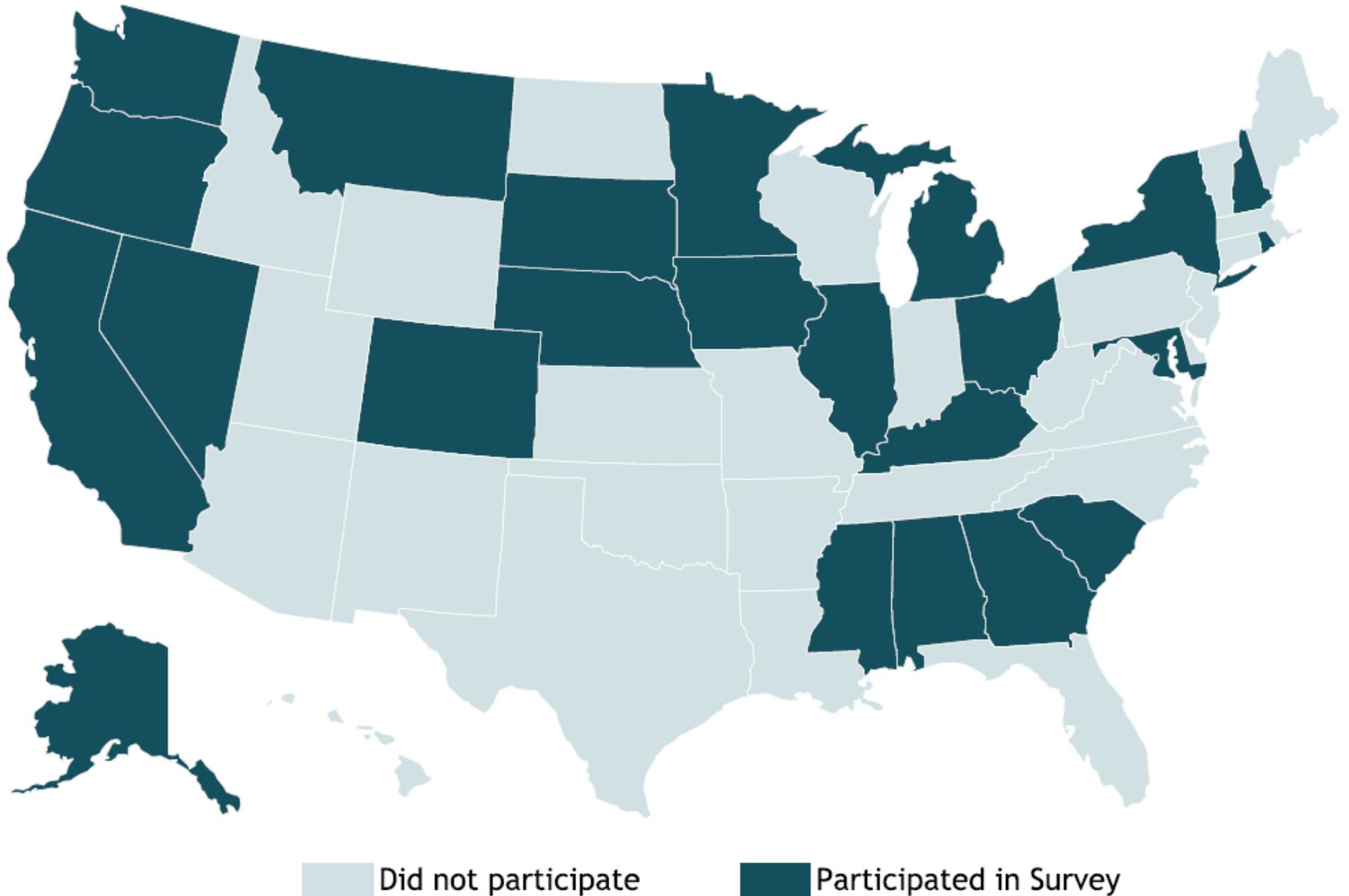
Methods

- Preliminary Survey & Literature Review
- Key Informant Interviews
- Detailed Survey

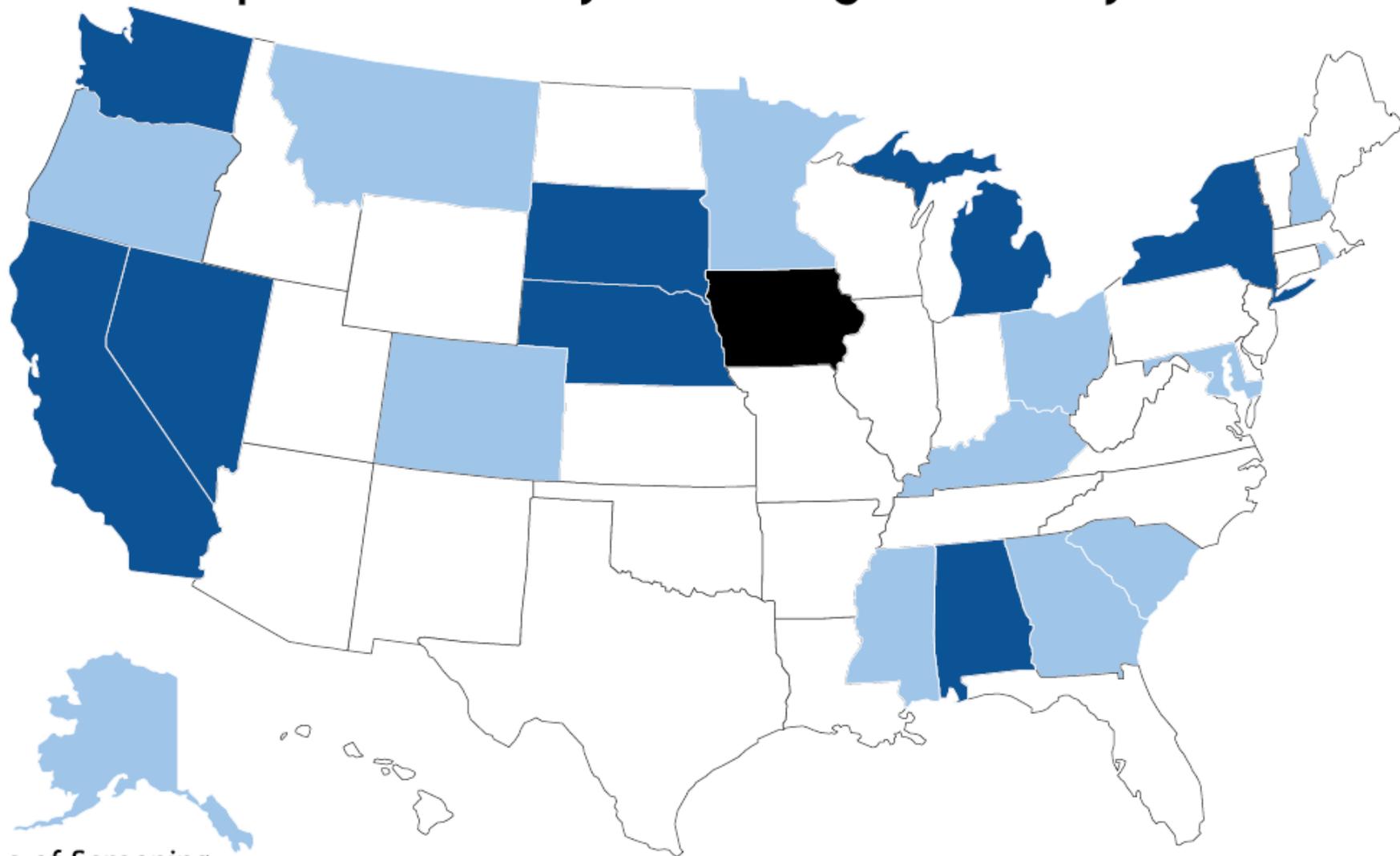
Results: Detailed Survey

- Administered via email using Zoomerang
- 49 questions
- N = 41
 - Represented 22 states and the District of Columbia
 - The majority of participants (48%) were program managers, coordinators or directors
 - Physicians: 13%
 - Advocates/legislators: 8%
 - Researcher/data analysts: 8%

Distribution of Detailed Survey Participants



Reported Primary Screening Method By State*



Type of Screening

Not represented/Did not respond Colonoscopy FIT/FOBT Other/Combination

Funding for CRC programs

- Fifteen states from Colorectal Cancer Control Program (CRCCP) were represented.
 - 56% percent of participants reported that their state receives this funding (25 states and 4 tribes receive CRCCP)
- 34% receive state funding
- 15% indicated program was not currently funded
- Other sources of funding: local funding (such as taxes and local health departments), private foundation funds and local in-kind.

Programs for the underserved

- 90% of detailed survey participants reported their state has programs that offer free or reduced-price screening
- Results from preliminary and detailed survey were combined into map

Programs for the underserved - treatment

- 68% reported that programs in their state offer free or reduced-cost treatment if cancer is found.
 - However, this means that 32% reportedly do not – may need further investigation
- Of those states that answered yes regarding treatment funds, 72% receive CRCCP funding. This suggests that states that have CRCCP funding may be more successful in leveraging private and state funds to cover treatment

Themes

- Policy
- Access
- Capacity

Policy: Diagnostic vs. preventive issue

- A screening colonoscopy may be classified as a diagnostic or therapeutic procedure when a polyp is found rather than a preventive screen. This increases the individual's out-of-pocket cost.
- 83% had heard of this increasing an individual's out-of-pocket cost with private insurance
- 76% had heard of this increasing an individual's out-of-pocket cost with Medicare

Quote from Survey Participant

- “We are anxious to work with others to get the Medicare policies and provider billing reformed so that patients who have colonoscopies that were intended to be screening colonoscopies remain screening, even if something is found on colonoscopy. Also that colonoscopy as follow up to positive FOBT/FIT would be covered completely.”

Diagnostic vs. Preventive policy

- 54% said their state has NOT proposed a policy to ensure that a screen remains preventive rather than diagnostic
- 41% did not know
- The one state that responded yes was South Carolina. According to the respondent, “BCBS [Blue Cross Blue Shield] SC has implemented a policy that ensures that billing code used is preventive services so that no increased out of pocket is incurred. BCBS is by far the largest insurer in SC.”

Policy – Other Topics

- Worksite Wellness
 - 51% said their state has efforts to work with employers to reform policies that could help increase screening.
 - For example – in Mississippi, work is being done to get voluntary policies in place to offer paid time off for screening.
 - In Alaska, a workplace health promotion program within tribal health system encourages employers to promote health screenings and education.

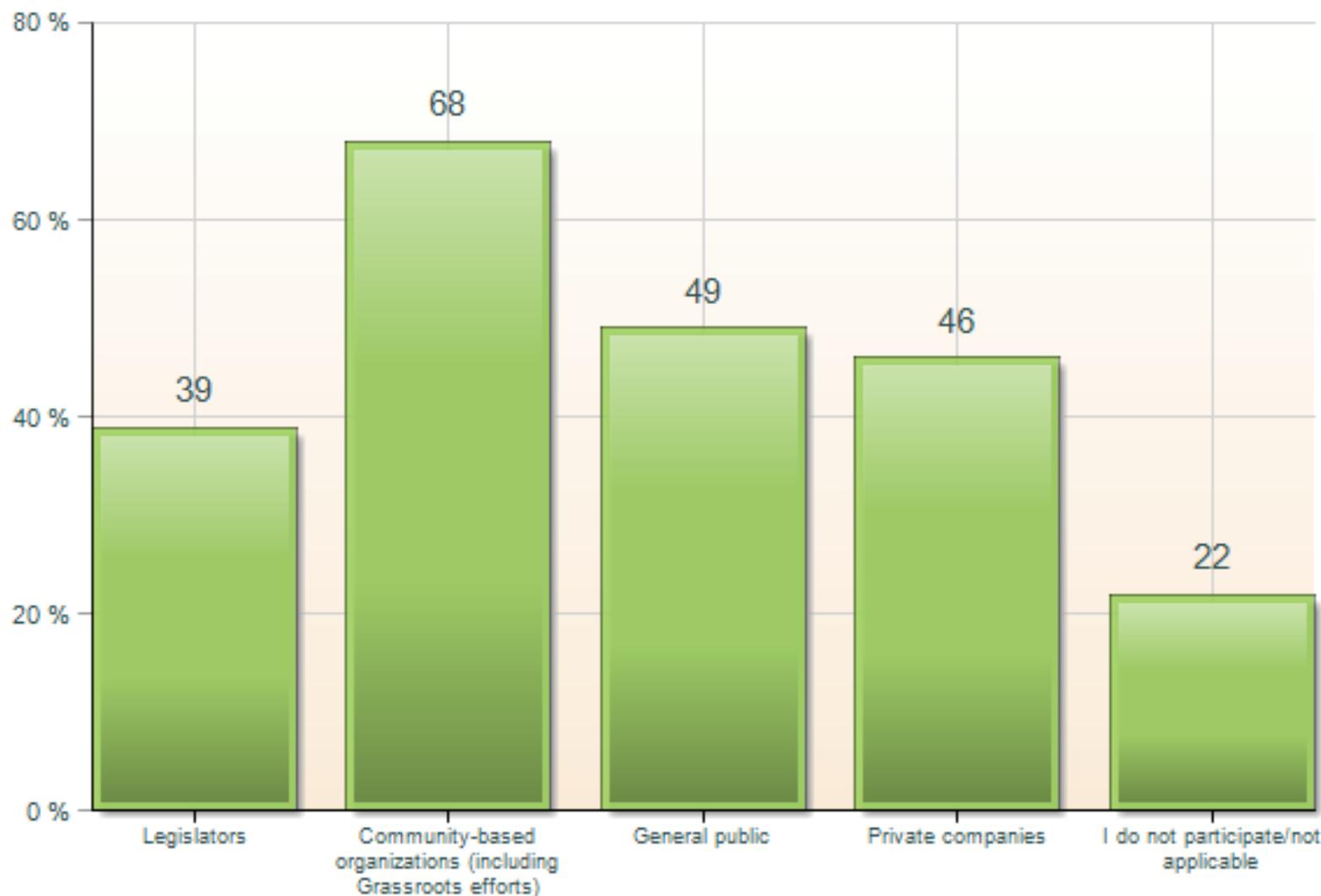
Providers Not Recommending Screening

- 75% answered that providers not recommending screening is a barrier in their state
- Common reasons why?
 - According to one survey participant: “A major barrier from the physician standpoint based on our surveys is that physicians feel that patients will not be compliant with take home testing; physicians are using DRE (widely)for testing; physicians are uninformed about the FIT so don't know whether a patient will comply with a FIT compared to a low or high sensitivity guaiac test; that patients aren't willing to undergo a colonoscopy because THEY DON'T WANT TO ...”

Policy Activities

- Respondents were asked if they participate in education of groups about policy related to CRC screening
 - 78% of respondents reported they participate in some sort of policy work, mostly at the grassroots level
 - 77% reported they would be interested in a policy training if it was offered

Do you participate in education of groups about policy related to colorectal cancer screening with any of the following: (Check all that apply)



Access - Medicare

- PCPs limiting Medicare patients
 - 56% heard of issue
 - 96% attribute this to low reimbursement rates
- Endoscopic providers limiting Medicare patients
 - 23% heard of issue
 - Of those that had heard, 77% said colonoscopy was state's primary screening method

Access - Medicaid

- PCPs limiting Medicaid patients
 - 72% heard of issue
- Endoscopic providers limiting Medicaid patients
 - 49% had heard of issue
- Both cases: said low reimbursement rates was reason

Capacity

- In January 2014, the Affordable Care Act expands Medicaid eligibility
- 53% said insufficient provider capacity will be problematic for screening the Medicaid population as Medicaid expands
- Medicaid coverage varies from state to state and is inherently complex

Medicaid - challenges

- Preliminary survey revealed lack of knowledge of state's Medicaid coverage
 - 66% indicated their state's Medicaid program covered CRC screening; but participants from the same state did not answer consistently
 - 27% indicated they did not know
- Coverage varies from state to state and additional training around the system at the local level will help improve utilization after health care reform.

Recommendations

- 1) Address Billing Codes and Classification of a Screening Colonoscopy: Private Insurance and Medicare
 - A multifaceted approach will be needed to assure all the necessary steps in the process are changed.
 - Solutions include reforming billing code policy on a private level, as South Carolina's Blue Cross Blue Shield insurance provider has done or with state level policies.
 - On the public side, Medicare cost-sharing requirements would likely need to be addressed by federal lawmakers.
 - In addition, this concern was further extended to using FOBT/FIT tests for screening.

Recommendations

2) Work with employers to implement Worksite Wellness policies

- Even if there is more widespread access to coverage due to health care reform measures, people will still need to get time off work to attend appointments.
- Respondents to the detailed survey listed several ongoing efforts in various states.

Recommendations

3) Public Health policy training

- Training on how to act on issues such as preventive vs. diagnostic classification could provide public health professionals with the tools necessary to move issues forward.
- The inconsistent knowledge of state Medicaid CRC coverage suggests a need for training in this area.
- As health care reform is implemented, training might be needed on the new coverage offered

Recommendations

- 4) Implement a survey with other groups, such as medical providers and tribal nations
 - Providers could offer insight on how frequently primary care or endoscopic providers limit Medicaid or Medicare patients.
 - The system and policy challenges to increase screening in tribal nations are very different, as reflected by one participant in the survey. To address the specific needs of these communities, further investigation is needed.

Strengths and Limitations

- The screening network provided access to public health and medical workers who hear and experience the immediate challenges people encounter in getting CRC screening

However:

- All 50 states were not represented
- Participants self-selected into survey
- Exclusion of “other” in some answer choices; some people felt “forced” to pick an answer that wasn’t their first choice
- In addition, questions concerning Medicare, Medicaid, and cost were not relevant to participants from tribal organizations.

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