Exemplary Health Plan Practices
80% by 2018 “Mini” Webinar Series

September 10th, 2015
1:00pm EST
Purpose of Today’s Webinar

• Examine “best practices” that health plans can undertake to advance colorectal cancer screening
• Hear from an expert in the field about what it’s like to implement these practices
• Learning about existing and coming resources
• Q&A
Presenters:

Matt Flory (Moderator)
Health Systems Manager, State-Based
American Cancer Society

Andrew Zinkel, MD, MBA
Associate Medical Director of Quality
HealthPartners, Inc.

Mary Doroshenk, MA
NCCRT Director
80% by 2018: Health Plan Strategies in Support of the Goal

Andrew Zinkel, MD, MBA
Associate Medical Director of Quality
HealthPartners
HealthPartners

- Not-for-profit, consumer-governed
- Integrated care and financing system
  - A team of 22,500 people
  - Health plan
    - 1.4 million health and dental members in Minnesota and surrounding states
  - Medical Clinics
    - 1 million patients
    - 1,700 physicians
      - Park Nicollet Health Services
      - HealthPartners Medical Group
      - Stillwater Medical Group
    - 55 medical and surgical specialties
    - 48 primary care clinics
    - Multi-payer
  - Dental Clinics
    - 60 dentists
    - 5 specialties
    - 22 locations
  - Seven hospitals
- Our care group only takes care of 40% of our members, the rest is done through contracted partners
Issues

• Disparate practice guidelines
• Messaging to members about screening recommendations and benefits
• Clinician engagement
• Clarification of billing and claims practices
• Consistent administration of insurance benefits
Health Plan Specific Strategies - Members

• Communications
  – Some from the plan
  – Some in partnership with public entities
  – Statewide
• ‘Intelligent’ reminders utilizing micro-segmentation data
• Focus on racial, economic and geographic disparities
  – Reminder strategies that are culturally aware
• Make the prep easier to obtain and understand
MN Department of Health Billboards

1. **Cover your butt!**
   - Get a colonoscopy.

2. **There's a better way.**
   - Get a colonoscopy.
   - 1.888.6HEALTH
Health Plan Specific Strategies - Clinicians

• Standardize billing and coding from clinicians
  – Preventive vs. diagnostic billing codes
• Quality incentives for clinicians
• Incentives to gather information
• Provide registries to clinics
• Recognize high performance publically
• Updated ICSI guideline
  – Consistent messages about screening options
• Make the issue broader than just colon cancer screening
Aims:

1. Increase the rate of patients who are up-to-date with colorectal cancer screening

2. Increase the rate of patients who have had a shared decision making conversation about colorectal cancer screening tests
Health Plan Specific Strategies

• Elimination of benefit administration confusion
  – “If you fall asleep with zero copay, you should wake up with zero copay.”

• Colonoscopy following positive FIT will be covered as long as billed as preventive

• Sponsor transparency initiatives

• Leverage relationships with clinicians

• Tests of change within our care systems
Statewide Rates for Colorectal Cancer Screening – MN Community Measurement

**TABLE 11: STATEWIDE RATE FOR COLORECTAL CANCER SCREENING**

<table>
<thead>
<tr>
<th></th>
<th>Statewide Average (weighted)</th>
<th>95% CI</th>
<th>Numerator (Patients who were screened)</th>
<th>Denominator (Patients sampled)</th>
<th>Total Eligible</th>
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</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
<td>69.9%</td>
<td>69.8%-70.0%</td>
<td>777,995</td>
<td>1,110,053</td>
<td>1,165,750</td>
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</tbody>
</table>

**FIGURE 7: STATEWIDE RATES FOR COLORECTAL CANCER SCREENING OVER TIME**

Caution is recommended when making comparisons from year to year. Annual rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors.
# Chart 16.2: Colorectal Cancer Screening (Medical Group Results)

<table>
<thead>
<tr>
<th>Medical Group Name</th>
<th>Sample Size (n)</th>
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<tbody>
<tr>
<td>Minnesota Gyn &amp; Surgery</td>
<td>73</td>
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<tr>
<td>Clinic Sofia Ob/Gyn</td>
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<td>Catalyst Medical Clinic</td>
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<td>Oakdale Ob/Gyn</td>
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<td>Adefris &amp; Toppin Women's Specialists</td>
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<td>Burnsville Family Physicians</td>
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<td>OB/GYN West</td>
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<td>Affiliated Community Medical Centers</td>
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<td>Edina Sports Health &amp; Wellness</td>
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<td>Sharpe, Dillon, Cockson &amp; Associates</td>
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Statewide Average: 69%

*OB/GYN indicates Obstetrics and Gynecology.*

Lower Confidence Level / Upper Confidence Level

(n = sample size)
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<thead>
<tr>
<th>Measure</th>
<th>HealthPartners Clinics 15 out of 19</th>
<th>Entira Family Clinics 12 out of 19</th>
<th>Fairview Health Services 11 out of 19</th>
<th>Health East Clinics 10 out of 19</th>
<th>Park Nicollet Health Services 10 out of 19</th>
<th>Quello Clinic 10 out of 19</th>
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=Medical Group rate and CI fully above average  
Blank= measure reported but rate was average or below average
Bringing Easier Screening to the Member

• Multiple Tests
  – FIT/FOBT (available by mail)
  – Flexible Sigmoidoscopy
  – Colonoscopy

• Partnership between health plan & care delivery

• Effectively coordinating outreach

• Organizational structure supports accountability

• Broader than colorectal cancer screening
Colorectal Cancer Screening

Colorectal cancer is one of the most common forms of cancer and occurs when a small tissue growth in the rectum or large intestine turns cancerous. Colorectal cancer is one of the top two leading causes of cancer-related deaths for men and women. Patients have a good chance of surviving if it is caught early.

Care You Should Expect to Receive - High quality care for the early detection of colorectal cancer should include one of the following age-appropriate colorectal cancer screening tests:

- colonoscopy - examination of the bowel with a small camera – every 10 years
- sigmoidoscopy - examination of the colon with a flexible lighted tube – every 5 years
- fecal occult blood test - a lab test to detect blood in the stool – every year

Talk with your physician about the test that is best for you.
Colonoscopy 2-Go Box

- Sold at our clinic pharmacies
- Includes:
  - Prep materials
  - Information on the procedure
  - Humor: ‘Do not Disturb (Seriously)’ door hanger
  - Games to help pass time
- Won 2013 Graphic Design USA, American Package Design Award
Benefits to a Health Plan

• Ultimate benefit is the health of members
• Less disease, pain and suffering
• Lower a leading cause of cancer deaths
• Better HEDIS, CMS Star scores
• Lower health care costs
Barriers for a Health Plan

• Billing and claims systems are complicated
  —Hard to get the process reliable
• Hard for some plans to be ‘local’
• Processes vary across payers which in turn leads to confusion for clinicians
• Competing priorities
• The uninsured represent an issue we all share
• Hard to connect with members not attributed to a PCP
80% by 2018: Health Plan Strategies in Support of the Goal

- Prioritize
- Strategize
- Collaborate
- Facilitate
- Standardize
- Recognize and Reward
Mary Doroshenk, MA
NCCRT Director
80% by 2018 Resources

• Backgrounder: What can health plans do to support 80% by 2018?
• Issue Brief: Waiving Cost-sharing for Follow-up Colonoscopies – **Coming Soon**
What can Insurers do to advance 80% by 2018?

nccrt.org/tools/80-percent-by-2018/
Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it’s one of the most preventable.

Estimated costs for one year of treatment for a patient with late-stage colorectal cancer are as high as $310,000, with an estimated annual cost nationwide of $14 billion. When adults get screened for colorectal cancer it can be prevented through the detection and removal of precancerous polyps, or it can be detected early at a stage when treatment is most effective and less costly.

Reduce health care costs through prevention. Help save lives.
As an Insurer, here are six things that you can do to reach 80% by 2018:

1. Set your system-wide goal at 80% by 2018 for colorectal cancer screening.
   - Make it a high priority.
   - Educate health plan staff about the importance of colorectal cancer screening. Make sure staff know that colorectal cancer screening (including a colonoscopy) is a covered insurance benefit under the Affordable Care Act’s preventive services section, usually without out-of-pocket costs for the patient.
   - Practice what you preach. Educate your own employees about the importance of colorectal cancer screening and offer a comp day to get screened.

2. Use data in strategic ways to track and promote screening.
   - Assess where your plan is with colorectal cancer screening.
     - Understand which patient populations are not getting screened based on age, gender, race, distance to an endoscopy site, etc.
     - Target interventions to reach patients who are most in need of screening and their medical care providers with appropriate messages.
   - Measure and track progress.
   - Maintain a quality improvement focus on colorectal cancer screening across all products, regardless of whether the plan is required to report outcomes to HEDIS.
   - Celebrate success.
   - Create data reports and inform clinicians at least once every six months of their colorectal cancer screening rates.
     - Ensure that providers know that a physician recommendation for screening is the strongest factor associated with patient willingness to have a screening.
     - Use data reports to create and send patient reminders that complement the clinician information.

3. Educate clinicians, health plan staff, and patients about what is and is not covered.
   - Educate patients and clinicians that colorectal cancer screening (including a colonoscopy) is a covered insurance benefit under the Affordable Care Act’s preventive services section, usually without out-of-pocket costs.
   - Train clinicians in your network to properly code colonoscopies and other tests so patients are not inappropriately charged a copay.
   - Train health plan staff to recognize an improperly coded claim. Set up a system so staff can quickly, easily, and proactively deal with payment claims that are mistakenly sent to a patient.
Six things insurers can do...

- Set your system-wide goal at 80% by 2018 for colorectal cancer screening
- Use data in strategic ways
- Educate clinicians, health plan staff, and patients about coverage
- Promote quality screening options
- Incentivize providers
- Be familiar with barriers to screening from the patient perspective
The Importance of Waiving Cost-sharing for Follow-up Colonoscopies

Action Steps for Health Plans

Summary:
The Affordable Care Act (ACA) eliminates cost-sharing for routine screening tests that receive an "A" or "B" rating from the United States Preventive Services Task Force (USPSTF) for individuals who are privately insured. The USPSTF has given an "A" rating to colorectal cancer screening tests, including fecal occult blood testing and colonoscopy, for adults between ages 50 and 75; thus, these services should be provided to health plans with no cost sharing. However, cost-sharing for colonoscopies that are positive stool test results is permitted. Additionally, if the stool test result is negative, the patient may be advised to return for follow-up screening if there is an increase in the risk of colorectal cancer.

Screening for colorectal cancer by high sensitivity stool test is inexpensive and effective, but should be treated as a two-step process if the stool test is positive. The USPSTF clearly states in its colorectal cancer screening guidelines that "Follow-up of positive screening test results requires colonoscopy regardless of the screening test used." Screening is not complete until patients with positive results receive follow-up by colonoscopy to determine if the initial test was a true or false positive. Recall rates for positive stool test results commonly range from 4-8% depending on positivity thresholds. To eliminate a financial incentive for patients to choose stool testing as first-line screening, health plans would need to cover both positive stool tests, as they are required to cover initial screening colonoscopies. Health plans should already be following the federal guidelines that states must be considering waiving cost-sharing for screening colonoscopies that convert to diagnostic once following a positive stool test result.

REQUEST:
We are asking health plans to waive cost-sharing requirements for members when colonoscopy is ordered as follow-up to a positive stool test or other colorectal cancer screening test, just as cost-sharing is waived for colonoscopy when it is selected as the first-line screening exam. Many health plans have already adopted this policy. In other instances, states are beginning to enact laws that waive cost-sharing across the screening continuum. Waiving cost-sharing for follow-up colonoscopy regardless of the initial procedure to be consistent with the USPSTF guidelines will also reduce barriers to colorectal cancer screening and potentially save health plans downstream costs, as described below.

1 The ACA preventive services requirements do not apply to "grandfathered" health plans that were in existence prior to March 23, 2010, as long as such plans continue to meet certain standards for grandfathered plans.

September 9, 2015
Thank you!

You have the power to have a huge impact on screening rates in the communities you serve and to help reach the goal of 80% by 2018!

Visit cancer.org/colonmd or nccrt.org/tools to learn more about how to act on the preceding recommendations and be part of 80% by 2018.
Questions
Thank You!

- Andrew Zinkel, MD, MBA
- HealthPartners, Inc.

This webinar series was made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number 5U38DP004969-02. The views expressed in the materials and by speakers and moderators do not necessarily reflect the official policies of the Dept. of Health and Human Services.
Join us for the following upcoming webinars:

Tuesday, September 29th 1:00pm EST – Evaluating Systems Change focused on Colorectal Cancer Screening (New Time!) Save the Date -- Registration not yet opened

Tuesday, October 20th, 12:30pm EST -- NCCRT 80% by 2018 “mini webinar” on Exemplary Primary Care Practices Save the Date – Registration not yet opened

Thursday, December 10th, 2:00pm EST – New York Citywide Colon Cancer Control Coalition (‘C5’) Lessons Learned Save the Date – Registration not yet opened
For more information contact:
Mary Doroshenk, MA
Mary.doroshenkor@cancer.org

To follow NCCRT on social media:
Twitter: @nccrtnews
Facebook: http://www.facebook.com/coloncancerroundtable