



Policy Action Task Group Report



Task Group Co-Chairs

Lynda Flowers, JD, MSN, RN
AARP Policy Institute

Holly Wolf, PhD, MSPH
Colorado Colorectal Screening Program



Charge:

- The charge of this Task Group is to answer the day's pressing policy questions around colorectal cancer screening.

Meeting Attendees:

Linda Curtin, Signature Healthcare

Michelle DeFavero, ACS CAN

Emily Piekut, Fight CRC

Lewis Foxhall, MD Anderson

Randy Schwartz, ACS

Anna Likos, FL Department of Health

Tuyet Iaconis, ACS

Barry Berger, Exact Sciences

Lynda Flowers, AARP

Holly Wolf, UC Denver

Caroline Powers, ACS CAN

Kristen Hassmiller Lich, UNC – Chapel Hill

Daniel Anderson, C4

Jon Greif, C4

Latoya Williams, ACS

Viviane Guay, Braco Diagnostics

Anita McGlothin, ACR

Roy Duhe, UMMC

Bob Stephens, ACS

Marurice Cerulli, DDNC

Citseko Staples Miller, ACS CAN

Lewis Foxhall, UT – MD Anderson



Task Group Themes

- Address copay issue, including definition of screening continuum
- Determine how to reach the newly insured, particularly through Medicaid expansion
- Promote solutions for paying for screening navigation
- Activate local governments around 80% by 2018
- Assist with case for financial benefit of screening



FY16 Accomplishments

- Developed How to Pay for Screening Navigation tool (CHC Task Group)
- Commissioned three concept papers for local jurisdiction CRC screening ROI tools
- Partnered with ACS CAN on report documenting remaining uninsured in 50 to 64 population in expansion/non-expansion states
 - Recommendation to support state investment in screening program
- Drafted manuscript on state by state assessment of Medicaid program efforts on CRC screening



FY17 Project Plan

- Commission “Deep Dive” into Medicaid CRC activity case studies
- Continue to advance copay issue
- Distribute tool on *How to Pay for Screening Navigation*
- Promote Concept Papers for cost modeling tools

Key Points of Discussion:

- Defining screening continuum = eliminate OOP cost sharing (Stony)
- Departure of Obama Administration, window of opportunity closing on FAQs + unknown if they will be rescinded as “repeal” action likely to take place early in 2017 (Caroline, Barry)
- Lack of understanding about incoming Administration’s position on access and affordability of health care, including priority/investment in cancer control & prevention, specifically \$0 cost sharing for prevention (Jon, Lewis, Caroline, Stony)
- New Administration may preserve many aspects of ACA, repackaging them as “new” program; entitlement reform could adversely impact access to prevention and screening services; impact that Medicaid block grants/per capita caps will have on access, benefits & services and cost sharing (Roy, Caroline, Lynda)

Key Points of Discussion:

- FQHC fiscal cliff in 2017; model program highly favored by Congressional leadership, could provide model on which Trump Administration's "new" coverage program can be built (Lynda, Caroline)
- Downstream impact to the Medicare program if we do not provide American's 64 and younger access to preventive services/CRC screening (Kristen, Barry)
- Cost effectiveness of CRC screening (Stony)
- Effectiveness of CRC screening, consistent with USPSTF guidelines = 80% (Stony)
- Advocating for CRC to be included as an Adult Core Measure (Stony)
- State legislative efforts to address follow up colonoscopy bill – KY, OR, CA (Stony, Jon)

Policy gaps/needs:

- Tri-Agency clarification via FAQ on follow up colonoscopy (Stony Anderson)
- Need for seven screening modalities to be covered w/o cost sharing (Caroline)
- Statement from NCCRT on need to protect/preserve American's access to preventive services and why CRC screening is so important (lives saved and economic impact) (Lewis)
- Communication tools/resources on impact that block grants/per capita caps will have on states and existing screening and early detection programs (CDC funded)
- Studies/research on how CRC screening can prevent cancers, saving lives and money; highlight systems/personal/public savings based on stage of diagnosis, similar to study done on breast cancer

Policy gaps/needs:

- Study on impact of Americans having access to health care coverage (ACA): demonstrating increased screening rates, change in cancers diagnosed, death rate, reduction in costs (individual, public and system) (Caroline)
- List of GOP congressional champions for preservation of public health programs/prevention/CRC to begin targeting with educational tools, resources and data (Roy)
- Cost modeling concept paper / tool (Holly)
- Engagement with USPSTF – re: guidelines for symptomatic individuals, surveillance issue (Holly); poorly written paragraph on follow up screening (Jon); impact of new guidelines on access to follow up colonoscopy (Vivian)

Opportunities/FY18 NCCRT projects:

- White paper on ROI/value of CRC screening
- NCCRT Letter of support for preservation of preventive services benefit, w/o cost sharing
- Evaluate state Medicaid programs are tracking CRC screening rates/HEDIS (Stony, Lynda)
- How to pay for screening navigation within state Medicaid programs (Lynda)

Immediate Next Steps:

- Develop NCCRT statement and talking points that members can use to make the case for preservation of access to affordable care that includes no/low-cost cancer screenings
- Begin engaging congressional, state & local champions to urge them to protect programs and policies that benefit survivors, cancer patients and those who are screening age eligible
- Consider asking member organization to sign on to NCCRT statement, and on one day pushing out messaging, press release, etc. raising awareness and urging federal policy makers to support preservation of access to affordable CRC screening services (similar to statement released by [cancer centers on HPV](#)) (Lewis)



Parking lot issues:



Reminders

- ACS staff role:
 - Ensure slides are ready to go (should be on computer and back up flash drive).
 - Run and get help in case of IT trouble!
 - Circulate and collect sign in sheet (To be handed out at prep meeting)
 - Use sign in sheet to update slide 4
 - Take good notes.
 - Work with chairs to finalize report slides
- Final report due to Mary by Tuesday, December 2nd
- Final report will be shared on December 14th NCCRT Steering Committee call 1:30pm EST