80% by 2018 Annual Update

Richard C. Wender, MD
Chief Cancer Control Officer, American Cancer Society
Chair, NCCRT
We’ve made tremendous progress since 80% by 2018 launched in 2014.
The pledge model has been a far more powerful catalyst for engagement than we anticipated.
Evidence-based interventions to increase screening work.
We’ve learned about the critical need to build links of care between every aspect of the health care system ... and explored models to make this happen.
We’ve helped create intense national focus on the importance and value of colorectal cancer screening.
We’ve discovered stunningly successful strategies.
But we’ve also discovered some stunningly difficult barriers to screening.
8 Lessons Learned and Milestones Achieved
1. A National Public Health Campaign Mobilizes Extraordinary Action

<table>
<thead>
<tr>
<th>47</th>
<th>Medicare plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>Community health centers</td>
</tr>
<tr>
<td>25+</td>
<td>Medical practices and health systems</td>
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<tr>
<td>7</td>
<td>Commercial health plans</td>
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100+
2. Evidence-Based Interventions Work

• C. L. Brumback Primary Care Clinics

• Project efforts included:
  - Patient navigator
  - Care Team education and training
  - Morning huddle and monthly QI meetings focus on colorectal cancer screening
  - Standing FIT orders
  - Poop-on-demand
  - Open access colonoscopy with county public hospital
  - Clinical protocols for colonoscopy referral
  - Optimized EHR documentation and data collection
  - Data transparency – screening rates, by provider
CL Brumback CRC Screening Rates

*CRC Grant received in November 2014
3. We Strengthened Infrastructure to Support the Campaign.
NCCRT Staff Doubled

Mary Doroshenk  
*Director, NCCRT*  
- Strategic planning  
- Communications research & tools  
- Links of Care pilots  
- Hospital systems  
- 80% by 2018 transition

Dionne Christopher  
*Program Manager, Cancer Screening, ACS & NCCRT*  
- Operations  
- Meeting planning and management  
- Finance, budgets and contracts  
- Data management

Emily Butler Bell  
*Associate Director, NCCRT*  
- 80% by 2018 awards program, blog, annual partner survey, nccrt.org, resource center, curriculum development  
- Health plans etc.

Caleb Levell  
*Program Manager, NCCRT*  
- Task Group engagement  
- NCCRT’s family history and early onset work, policy, evaluation and measurement etc.
400

ACS Health Systems
staff members
### CDC Colorectal Cancer Program

- **Focused on working at the individual practice level**
- **23 States**
- **6 Universities**
- **1 American Indian tribe**
New Resource Center on NCCRT.org
All the tools you need are all in one place.
State-Level Engagement
State-Level Engagement
4. Amazing Screening Rates Among 65+

61.8% 50 to 64 (2016)

78.4% 65 to 75 (2016)
5. We Created and Shared New Knowledge
6. More and More Success Stories

- Advocate Illinois Masonic Medical Center
- CL Brumback Primary Care Clinics
- Candace Henley of the Blue Hat Foundation
- Great Plains Quality Innovation Network
- Surgery on Sunday Louisville
- Veterans Health
- Administration
- Coal Country Community Health Centers
- Phoebe Putney Health System
- Premier Medical Associates
- South Carolina Public Employee Benefit Authority
- Tina Kiser Cancer Concern Coalition of Ohio

These are just the NCCRT National Achievement Award winners in 2017 and 2016 ... there are many more successes around the country!
7. Screening Rates Are Going Up

Colorectal Cancer Screening Rate

ALL FQHCs-UDS

30.2% 32.6% 34.5% 38.3% 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 (Preliminary)

- 2012: 65.5%
- 2014: 66.2%
- 2016: 67.3%
HEDIS Measures

![Chart showing HEDIS Measures for Commercial HMO, Commercial PPO, Medicare HMO, and Medicare PPO from 2012 to 2015.](chart.jpg)
HEDIS Measures

- **Commercial HMO**: 63% 63% 64% 63% 66%
- **Commercial PPO**: 56% 57% 58% 57% 58%
- **Medicare HMO**: 62% 64% 67% 67% 68%
- **Medicare PPO**: 58% 61% 63% 67% 71%

- Colors represent years:
  - 2012: Blue
  - 2013: Orange
  - 2014: Gray
  - 2015: Yellow
  - 2016: Blue

#NCCRT2017
8. Our Thousands of Partners are Sustaining Our Momentum and Making 80% By 2018 a Reality.
Darrell M. Gray, II, MD, MPH
Gastroenterologist
Deputy Director, Center for Cancer Health Equity at
the OSU Comprehensive Cancer Center
Partner Survey Results

72% Of respondents said they launched, expanded, or intensified at least one activity since getting involved in 80% by 2018

52% Of respondents said they are planning additional activities as part of their efforts to achieve 80%
Partner Survey Results

61% Of partners reported increased screening rates year-over-year

22% Of partners didn’t know their screening rate – down from 35% percent who didn’t know their rates in 2016
8 Challenges We Still Need To Solve
1. The Future of Access to Insurance is Unknown.
2. Funding for Vital Federal Partners is Uncertain

• FQHCs are facing the fiscal cliff.
• There are fewer direct dollars for screening due to changes to the CDC’s Colorectal Cancer Control Program.
• The Prevention Fund is at risk, which funds 12% of the CDC’s budget and puts all CDC programs at risk.
3. Some Target Audiences Continue to Be Tough to Reach

Screening rates among commercially insured PPO are still below 60%.
Colorectal Cancer Screening Among Adults Aged 50-75 Years, by Race/Ethnicity, NHIS, US, 2000-2015
4. Screening Rates Among African Americans Have Regressed *(Preliminary)*

- **2012**: 66.6%
- **2014**: 68.3%
- **2016**: 66.7%

*BRFSS*
5. Progress is Lagging Among 50 to 64 Individuals

• Our screening progress among this age group is much less impressive. 61.8% 50 to 64 (2016)

• Many of these folks are insured! 78.4% 65 to 75 (2016)
Percent of Adults 50-75 Years Up-to-Date on Screening \((\text{Colonoscopy in the Past 10 years, FOBT in the Past Year, and/or Sigmoidoscopy in the past 5 years, NHIS 2000-2015})\)
49.1% of 50- to 54-year-olds are up-to-date on screening
6. Incidence And Mortality Are Increasing In Some Under 55 Populations

Trends In Incidence Rates Of Colon and Rectal Cancer By Age And Year Of Birth

7. Struggles With Follow Up Colonoscopy

• It’s an access issue.
• But it’s also a process issue.
But the single greatest challenge we face?
8. We Only Have 389 Days Left in the Campaign

• The longer a campaign goes on, the more consumers’ attention levels start to wane.

• Other public health problems are emerging and capturing the attention of the nation, including the opioid crisis.

• ACS is about to launch a global HPV vaccination campaign.

• Can we successfully pivot to a new phase that continues to build momentum?
Where Should We Focus Our Efforts?
1. Insured Individuals Ages 50-64

• FQHCs are a great place to focus effort.
  - FQHCs are unified by their participation in a federal program.
• FQHCs must report quality and have incentives to improve.
• **PCPs in other practice settings are particularly difficult to reach.**
• Most PCPs – whether they’re independent or working for a health system – haven’t heard of 80% by 2018.
• PCPs face many quality mandates and many feel unaffected by value-based payment models.
Individuals 50-55

• We need to encourage providers to start screening on time at age 50 and pay attention to symptoms at any age.
  - This requires a conversation about family history and risk factors long before a patient reaches age 50.

• We also need to look carefully at the age to initiate screening.
3 Strategies for Reaching Primary Care Providers

1. Partner with the influencers – state and national professional organizations.
2. Focus more on HEDIS rates.
3. Work with network leaders to develop ways to reach PCPs within those systems.
2. Reaching Out to Key Populations with Low Screening Rates

- Screening rates among African American, Hispanic, American Indian and Alaska Natives, and Asian American groups are low.
- We don’t have all the answers here. Innovation and research remain critical.
- NCI’s new grant program, Accelerating Colorectal Cancer Screening and follow-up through Implementation Science (ACCSIS), will help.
- We must take a task group approach to get the right people at the table to find an approach that works.
3. Take a System-by-System Approach: 3 Suggestions for Systems

• Learn from best practices and leaders.
• Pursue our NCI Cancer Center strategy.
• Figure out where our collective efforts overlap with FQHCs and translate work to additional primary care system networks.
A New Definition of Quality Achievement

• Many value based payment systems base payment on comparison to peers.
• The practice at 72% may be leading and doing well.
• But we know 80% rates are achievable.
• How can we convince payers, systems, practices, and clinicians to keep focusing, keep improving, keep adding evidence based interventions?
• Keep pushing to 80% and beyond.
One of the very best ways to keep the momentum going is an influx of resources.
Support to Sustain Our Efforts

• We must seek funding from:
  - Philanthropy
  - Corporate donors

• The Colorectal Cancer Alliance is having success going market to market to bring in new resources.
  - Philadelphia project
And here is the single most important point.
Our work will not end in 2018.
“Honestly, please listen to your body and your family history and get your butt checked. I want my beautiful life back and I want you to enjoy yours as well.”

- Karen Walsh

March 28, 2017
None of us is satisfied. Our work is not done. We must continue to learn, to act urgently, and to be relentless in the pursuit of increased screening rates.
And when screening rates reach 80%, let’s push for 85%.