COLORECTAL CANCER SCREENING DATA SET UPDATE: HOW ARE WE DOING ON OUR EFFORTS TO REACH 80%?

JANUARY 28TH, 2019
1:00 PM ET

@NCCRTNews
#80inEveryCommunity
Purpose of Today’s Webinar

- Learn how we are doing as a nation on our efforts to reach an 80% colorectal cancer screening rate.
- Hear from four experts on the latest data and trends from key national data sets: NHIS, BRFSS, UDS, and HEDIS.
- Q&A
Presenters

Andrea (Andi) Dwyer (Moderator)
The Colorado School of Public Health

Stacey Fedewa, PhD
American Cancer Society, Inc.

Djenaba Joseph, MD, MPH
Centers for Disease Control & Prevention

Mew Rattanawatkul, MPH
Health Resources & Services Administration

Mary Barton, MD, MPP
National Committee for Quality Assurance
Colorectal Cancer Is A Major Public Health Problem

Colorectal cancer is the second leading cause of cancer death in the U.S., when men and women are combined, but it doesn’t have to be. New preventive interventions are reliably effective in reducing avoidable deaths as screening for colorectal cancer.

- 145,600
  Estimated number of people diagnosed with colorectal cancer in 2020
- 58,020
  Estimated deaths from colorectal cancer in 2020
- 1 in 3
  Adults age 50+ are not getting screened as recommended
- 277,000 & 293,000
  Estimated cases and deaths prevented by 2030 if we achieve 80% by 2020

Colorectal Cancer Screening Rates

We’re taking all major steps to assess our progress in reaching the goal of 80% of adults age 50 or older screened for colorectal cancer. There are strengths and limitations to each.

**NATIONAL SCREENING RATE - BRFSS**
Percentage of U.S. adults age 50-75 years up-to-date with CRC screening, based on National Health Interview Survey

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2014</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>65.2%</td>
<td>66.2%</td>
<td>67.3%</td>
</tr>
</tbody>
</table>

**NATIONAL SCREENING RATE - NHIS**
CRC Screening among U.S. adults aged 50-75 years, 2013-2015, National Health Interview Survey

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2013 Numbers</th>
<th>2015 Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 50+</td>
<td>59%</td>
<td>63%</td>
</tr>
<tr>
<td>Ages 50-64</td>
<td>61%</td>
<td>63%</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>65%</td>
<td>68%</td>
</tr>
</tbody>
</table>

The increase in the overall screening rate between 2013 and 2015 translates into an additional 32,000 to 34,000 people screened in 2015. If screening remains at the 2015 level, an estimated 394,000 additional colorectal cancer cases and 7,200 deaths will be averted by 2030.

www.nccrt.org/data-progress
Colorectal Cancer Screening Prevalence
National Health Interview Survey 2000-2015

Stacey Fedewa
Surveillance and Health Services Research Department
January, 2019
National Health Interview Survey (NHIS)

- Cross-sectional
- Household Survey/Self-Reported Data
- Nationally representative of the target population → non-institutionalized people
- Cancer Control Supplement: National Cancer Institute (NCI, NIH); National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC)
NHIS CRC Screening Questions

- Have you ever had a colonoscopy?
- How long has it been since your most recent colonoscopy?
- Was your test for routine, diagnostic or other reasons?

Process repeated for FOBT/FIT and Sigmoidoscopy
CRC Screening Prevalence among Adults 50-75 Years by Sex, NHIS 2000-2015

Age-Standardized to the 2000 US Population, trend variable used
CRC Screening Prevalence Ratios and 95%CI
Comparing Successive Surveys, NHIS 2000-2015

Prevalence Ratios

<table>
<thead>
<tr>
<th>Year vs Year</th>
<th>Prevalence Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003 vs 2000</td>
<td>1.17</td>
</tr>
<tr>
<td>2005 vs 2003</td>
<td>1.08</td>
</tr>
<tr>
<td>2008 vs 2005</td>
<td>1.15</td>
</tr>
<tr>
<td>2010 vs 2008</td>
<td>1.12</td>
</tr>
<tr>
<td>2013 vs 2010</td>
<td>0.99</td>
</tr>
<tr>
<td>2015 vs 2013</td>
<td>1.07</td>
</tr>
</tbody>
</table>

Age Adjusted, trend variable used
CRC Screening Prevalence among Adults 50-75 Years by Age Group, NHIS 2000-2015

Age-Standardized to the 2000 US Population, trend variable used
CRC Screening Prevalence among Adults 50-75 Years by Race/Ethnicity, NHIS 2000-2015

Age-Standardized to the 2000 US Population, trend variable used
CRC Screening Prevalence among Adults 50-75 Years by Educational Attainment, NHIS 2000-2015

Abbreviations: High School (HS), Graduate Equivalent Degree (GED)
Age-Standardized to the 2000 US Population, trend variable used
CRC Screening Prevalence among Adults 50-75 Years by Insurance Type, NHIS 2000-2015

Age-Standardized to the 2000 US Population, trend variable used
Characteristics among the total population and those not Up-to-date with CRC Screening, NHIS 2015

All Adults 50-75 years

- Hispanic, 10.3%
- White, 72.9%
- Black, 10.9%
- Asian, 5.0%
- Other, 0.9%

Adults not UTD with CRC Screening, 50-75 years

- Hispanic, 14.8%
- White, 66.8%
- Black, 11.1%
- Asian, 6.2%
- Other, 1.2%

Characteristics among the total population and those not Up-to-date with CRC Screening, NHIS 2015

All Adults 50-75 years
- Medicare, 32.3%
- Private, 49.9%
- Medicaid/State Plan, 5.8%
- Other govt/Military, 6.4%
- Uninsured, 5.7%

Adults not UTD with CRC Screening, 50-75 years
- Private, 49.8%
- Medicare, 25.6%
- Medicaid/State Plan, 8.6%
- Other govt/Military, 4.3%
- Uninsured, 11.7%
Characteristics among the total population and those not Up-to-date with CRC Screening, NHIS 2015

All Adults 50-75 years

Adults not UTD with CRC Screening, 50-75 years
Characteristics among the total population and those not Up-to-date with CRC Screening, NHIS 2015

All Adults 50-75 years

- 65-75 years, 31.9%
- 50-54 years, 24.2%
- 55-59 years, 23.4%
- 60-64 years, 20.5%

Adults not UTD with CRC Screening, 50-75 years

- 65-75 years, 24.0%
- 50-54 years, 35.0%
- 55-59 years, 23.9%
- 60-64 years, 17.1%
Summary of NHIS Data

• Moderate increase in CRC screening between 2013-2015
• In 2015, ~62% of adults 50-75 years reported up-to-date CRC screening
• Similar prevalence among men and women
• UTD CRC screening prevalence is <50% among:
  • 50-54 years
  • Hispanics
  • People with <High School Diploma
  • Medicaid and Uninsured
• Characteristics of people Not UTD with CRC Screening:
  • Over a third are 50-54 years
  • Two-thirds are white
  • Over half have at least some college education
  • Half have private insurance, a quarter have Medicare
Strengths

- Nationally representative
- Ability to analyze trends
- Response rates
- Timely questions related to policies, physician recommendations
Limitations

• Self-report
  • Concordance between medical records + self reports is pretty good, but screening is overreported

• Data on subgroups (eg: Korean Americans)?

• Response Rates are declining
Future NHIS data

• Questions on CRC screening were fielded in 2018 (data release in 2019)

• Upcoming Redesign
  • Improve measurement, reduce respondent burden (and improve response rates?)
  • Redesign will be launched in 2019
  • Annual + rotating core
  • Cancer screening questions will still be included periodically and sponsored by NCI/CDC
Thank you!
Colorectal Cancer Screening: Updates from BRFSS and CRCCP

Djenaba A. Joseph, MD, MPH
Medical Director, CRCCP

Webinar: How are We Doing on our Efforts to Reach 80%?
January 28, 2018
BRFSS Overview

Established in 1984

Cross-sectional telephone survey
- Conducted by state health departments.
- Landline and cellular phones.
- Technical and methodological assistance from CDC.

State-level data about U.S. residents
- Health-related risk behaviors.
- Chronic health conditions.
- Use of preventive services.
What is measured?

BRFSS collects data on:

FOBT  Sigmoidoscopy  Colonoscopy

Fixed time interval responses:
within the past year, 2 years, 3 years, 5 years, 10 years, more than 10 years ago
BRFSS 2016 Recap
86.6 million adults age 50-75

58.3 million (67.3%) Up-to-Date

22.2 million (25.7%) Never Screened
2016 BRFSS
86.6 million adults age 50-75

57.9 million
50-64 years

28.7 million
65-75 years

3.9 million
Never Screened

35.8 million
Up-to-Date

18.2 million
Never Screened

22.5
### BRFSS 2016 – Age 50-75

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total (millions)*</th>
<th>Up-to-date (millions/%)</th>
<th>Never Screened (millions/%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>8.5</td>
<td>4.5 (54.5%)</td>
<td>3.5 (39.2%)</td>
</tr>
<tr>
<td>Other/Multi</td>
<td>1.2</td>
<td>0.8 (65.3%)</td>
<td>0.3 (26.2%)</td>
</tr>
<tr>
<td>AI/AN</td>
<td>0.8</td>
<td>0.5 (59.5%)</td>
<td>0.3 (31.9%)</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>3.0</td>
<td>1.9 (63.4%)</td>
<td>0.9 (31.4%)</td>
</tr>
<tr>
<td>Black</td>
<td>9.2</td>
<td>6.1 (66.7%)</td>
<td>2.6 (27.2%)</td>
</tr>
<tr>
<td>White</td>
<td>62.3</td>
<td>43.7 (69.7%)</td>
<td>14.1 (23%)</td>
</tr>
</tbody>
</table>

*Weighted population estimate*
2016 – Insurance status, all respondents age 50-75

>90% Insured

Except

Hispanic (83%)  <$15,000 (84%)  <$High School (83%)
### 2016 – Regular provider, all respondents age 50-75

<table>
<thead>
<tr>
<th>≥90%</th>
<th>85% - 90%</th>
<th>80% - 84%</th>
<th>&lt;80%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age 65-75</strong></td>
<td><strong>Age 50-64</strong></td>
<td><strong>AI/AN</strong></td>
<td><strong>Hispanic</strong></td>
</tr>
<tr>
<td>Asian/PI White Women</td>
<td>Black Other/Multiracial Men</td>
<td>&lt;$34,999</td>
<td></td>
</tr>
<tr>
<td>≥$50,000 &gt;Some college/technical school</td>
<td>High School Graduate</td>
<td>≤$34,999</td>
<td></td>
</tr>
</tbody>
</table>
## Never Screened - 2016

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age 50-64</strong></td>
<td>71%</td>
<td>75.7%</td>
<td>81.2%</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>49.4%</td>
<td>52.6%</td>
<td>53.5%</td>
</tr>
<tr>
<td><strong>≤High School</strong></td>
<td>48.6%</td>
<td>58.6%</td>
<td>75.4%</td>
</tr>
<tr>
<td><strong>&lt;$35,000</strong></td>
<td>40.7%</td>
<td>62.8%</td>
<td>71.1%</td>
</tr>
<tr>
<td><strong>Insured</strong></td>
<td>89.3%</td>
<td>84%</td>
<td>71%</td>
</tr>
</tbody>
</table>
Trends
Up-to-date with CRC Screening

- 2012: 60%
- 2014: 60.5%
- 2016: 61.8%

- 2012: 76.8%
- 2014: 77.7%
- 2016: 78.4%
Age 50-64

+6.3

Age 65-75
2016

86.8%
Age 65-75
≥$75,000

-37.4

49.4%
Age 50-64,
<$15,000

+4.5
2012-2016
Total Population

2012: 81.8 million
2016: 86.6 million
Increase: +4.8 million (+5.9%)

Up-to-Date Population

2012: 53.2 million
2016: 58.3 million
Increase: +5.1 million (+9.6%)
## Population Change 2012-2016

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Population</th>
<th>Up-to-Date Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>+2.2 million</td>
<td>+3.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>+1.1 million</td>
<td>+15.4%</td>
</tr>
<tr>
<td>50-64</td>
<td>+750,000</td>
<td>+1.3%</td>
</tr>
<tr>
<td>65-75</td>
<td>+4.1 million</td>
<td>+16.6%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>-3.4 million</td>
<td>-37.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Population</th>
<th>Up-to-Date Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>+3.3 million</td>
<td>+8.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>+700,000</td>
<td>+18.2%</td>
</tr>
<tr>
<td>50-64</td>
<td>+1.5 million</td>
<td>+4.5%</td>
</tr>
<tr>
<td>65-75</td>
<td>+3.6 million</td>
<td>+18.9%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>-970,000</td>
<td>-33.4%</td>
</tr>
</tbody>
</table>
Limitations

• Estimates, and more estimates

• Absence of information on sub-groups

• Self-reported
Conclusions

• We are making progress!

• Attention to:
  • People age 50-64 years
    ▪ Insured
    ▪ Uninsured
    ▪ Hispanic populations
    ▪ Pretty much everyone
  • People age 65-75 who are AI/AN, Hispanic, have low income
  • AI/AN and Asian/PI populations
Questions?

Go to the official federal source of cancer prevention information: www.cdc.gov/cancer

Follow DCPC Online!

@CDC_Cancer

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
2017 Uniformed Data System: Colorectal Cancer Screening Clinical Quality Measure

January 28, 2019

Mew Rattanawatkul, MPH
Public Health/Management Analyst, Quality Division, Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)
Health Center Program Mission

Improve the health of the nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services
The Uniform Data System (UDS)

- Required by Section 330 of the Public Health Service Act (43 U.S.C. 254b)
- A standardized annual performance report submitted by program awardees and look-alikes
- Health Centers with Community Health Care (330e) awards submit the full UDS report
- Health Centers with the following awards complete a selected number of tables (Grant Report)
  - Migrant Health Center (330g)
  - Health Care for the Homeless (330h)
  - Public Housing Primary Care (330i)
- All in scope activities, defined in the approved application and reflected in official Notice of Award/Designation, must be reported
- UDS reports are due **February 15th**
Annual Updates

The UDS is updated every year to:
- Reduce reporting burden
- Keep pace with the current healthcare environment
- Reflect stakeholder feedback
- Ensure evaluation of bureau and secretarial priorities

UDS updates are announced via a proposed Program Assistance Letter (PAL) in May the year before data collection begins.

All instructions for the UDS can be found in the Uniform Data System Manual.
UDS Data Collection/Reporting from Grantees

- Data collection occurs from January – March for prior year data.
- 2018 UDS will be available in the summer of 2019.

- **January 1:** UDS Report available in the EHBs
- **February 15:** UDS Report due date
- **February 15 - March 31:** Review period
  - Work with your assigned UDS reviewer
- **March 31:** All corrected submissions must be finalized
  - No further changes made after this date
Type of Data Collected

- 11 structured Office of Management and Budget (OMB) approved forms
  - Patients by Zip Code
  - Patients by Age and Sex Assigned at Birth*
  - Demographic Characteristics*
  - Selected Patient Characteristics*
  - Staffing and Utilization*
  - Selected Diagnoses and Services Rendered*
  - Quality of Care Measures
  - Health Outcomes and Disparities
  - Financial Cost
  - Patient Related Revenue
  - Other Revenue

- Three Appendices
  - Health Center Health Information Technology
  - Other Data Elements
  - Workforce

* Denotes tables that are submitted by 330 (g-i) awardees for a Grant Report
Colorectal Cancer Screening Measure

• Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
</table>
| • Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:  
  • Fecal occult blood test (FOBT), including fecal immunochemical test (FIT), during the measurement period  
  • Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period  
  • Colonoscopy during the measurement period or the nine years prior to the measurement period | • Patients 50 through 75 years of age with a medical visit during the measurement period  
Note: Include patients born on or after January 1, 1942, and on or before December 31, 1966 |

Note: Include patients born on or after January 1, 1942, and on or before December 31, 1966.
CRC Screening Comparison by States

Source: Uniform Data System 2017 - Table 6B

Range of Performance in Clinical Quality Measures

National Average
2017
42.02%
CRC Screening Rates Comparison by Sociodemographic

Patients Best Served in a Language Other than English

Patients at 100% or Below Federal Poverty Level Served

Note: p<0.005

Source: Uniform Data Systems, 2017
CRC Screening Rates Comparison by Geography and Practice Size

Source: Uniform Data –Systems, 2017
CRC Screening Rates Comparison by PCMH

CRC Screening Rates by PCMH Recognition

- PCMH: 40.66%
- No PCMH: 34.12%

Source: Uniform Data System, 2017; HRSA Accreditation and PCMH Report, 2017
Accessing UDS Data: BPHC Webpage

- Drop down menus provide a quick view of data
- Data can be downloaded for analysis

https://bphc.hrsa.gov/uds/datacentern.aspx
UDS Resources

- HRSA Data Warehouse: [https://data.hrsa.gov/](https://data.hrsa.gov/)
- UDS Mapper: [https://www.udsmapper.org/](https://www.udsmapper.org/)
- UDS Modernization Initiative: [https://bphc.hrsa.gov/datareporting/reporting/udsmodernization.html](https://bphc.hrsa.gov/datareporting/reporting/udsmodernization.html)
- UDS Resources: [https://bphc.hrsa.gov/datareporting/reporting/index.html](https://bphc.hrsa.gov/datareporting/reporting/index.html)
Thank You!

Mew Rattanawatkul, MPH
Management Analyst, Quality Division/Office of Quality Improvement (OQI)
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

krattanawatkul@hrsa.gov

www.bphc.hrsa.gov

Sign up for the Primary Health Care Digest
To learn more about our agency, visit 

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:  Facebook  Twitter  LinkedIn  YouTube
Colorectal Cancer Screening
HEDIS® Measure

Mary Barton, MD MPP
Vice President, Performance Measurement
National Committee for Quality Assurance

National Colorectal Cancer Roundtable
Webex January 2019
About NCQA

It all starts with HEDIS®

Healthcare’s most-used tool for improving performance

Asks how often insurers provide evidence-based care to support more than 70 aspects of health
About NCQA

190 million
58% of population

HEDIS shines a light on health plans' quality
Colorectal Cancer Screening Measure

Adults age 50–75 years
Screened for colorectal cancer by any of the following:

- Fecal occult blood test/fecal immunochemical test annually
- Flexible sigmoidoscopy within the last 5 years
- Colonoscopy within the last 10 years
- Computed tomography colonography within past 5 years
- FIT-DNA within past 3 years

Administrative and medical record data
Overview

What do the data tell us?

Commercial plans not moving fast

But look at Medicare!
Average National Performance, 2010–2017

*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.
Commercial Plans

90th Percentile
Mean
10th Percentile

2013 2014 2015 2016 2017
Number of Commercial Plans Over 80%

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>11</td>
</tr>
<tr>
<td>2014</td>
<td>11</td>
</tr>
<tr>
<td>2015</td>
<td>8</td>
</tr>
<tr>
<td>2016</td>
<td>7</td>
</tr>
<tr>
<td>2017</td>
<td>7</td>
</tr>
</tbody>
</table>
Commercial Plans with Rate > 80%, 2017

- Anthem Health Plans, Inc. dba Anthem Blue Cross and Blue Shield - Connecticut: 89.6%
- Martin's Point US Family Health Plan (ME): 86.4%
- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.: 85.0%
- Oxford Health Plans (CT), Inc.: 84.4%
- Capital Health Plan, Inc.: 81.3%
- Cigna Health and Life Insurance Company - Maine: 80.1%
- Kaiser Foundation Health Plan of Colorado: 80.1%
Medicare Plans

*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.
Number of Medicare Plans Over 80%
Top 10 Medicare Plans with Rate > 80%, 2017

- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. - 92.5%
- Leon Medical Centers Health Plans - 92.0%
- Kaiser Foundation Health Plan, Inc. - Northern California - 89.9%
- MMM Healthcare, LLC - 88.4%
- New Orleans Regional Physician Hospital Organization, Inc. d/b/a Peoples Health - 88.1%
- Kaiser Foundation Health Plan, Inc. - Hawaii - 87.6%
- Care Improvement Plus Wisconsin Insurance Company - 87.6%
- UnitedHealthcare Insurance Company (CT) - 87.4%
- Kaiser Foundation Health Plan Inc. - Southern California - 86.9%
- HealthSpring of Tennessee - 86.6%
Mary Barton, MD, MPP
barton@ncqa.org
Please submit your questions in the chat box.
Join Us for the Following Upcoming Event:

Register now!
Live Event & Broadcast
Thursday, March 7th
2:00pm Eastern

www.fightcolorectalcancer.org/80ineverycommunity

Follow NCCRT on social media:

@NCCRTnews
www.facebook.com/coloncancerroundtable

#80inEveryCommunity
Thank You!

- Andrea (Andi) Dwyer
- Stacey Fedewa, PhD
- Djenaba Joseph, MD, MPH
- Mew Rattanawatkul, MPH
- Mary Barton, MD, MPP

For more information contact:
nccrt@cancer.org