2021 USPSTF Colorectal Cancer Screening Recommendation Lowers Screening Age From 50 To 45: Implications for NCCRT Partners

June 7, 2021
12:00-1:00 PM ET
Purpose of Today’s Webinar

• Understand what changed in the new recommendation and how recent data informed the decision to lower the screening age to 45.

• Learn what we know about screening in 45-49-year-olds and general demographics in this age group.

• Examine how the recommendation impacts insurance coverage.

• Understand when the new guideline will be reflected in CRC screening quality measures and national screening rate indicators.

• Hear about the experiences of one state (Indiana) that began implementing screening at age 45 following legislation in 2019.

• Q&A
Today's Panelists

Heather Dacus, DO, MPH; Director, Bureau of Cancer Prevention and Control, NYS Dept. of Health; NCCRT Policy Action SPT Co-chair (Moderator)

Robert Smith, PHD; Senior Vice President, Cancer Screening; American Cancer Society; NCCRT Co-chair

Stacey Fedewa, PhD; Scientific Director, Screening and Risk Factors Surveillance; American Cancer Society
Today’s Panelists

Anna Schwamlein Howard; Principal, Policy Development, Access to and Quality of Care; American Cancer Society Cancer Action Network

Sepheen Byron; Assistant Vice President of Performance Measurement, the National Committee for Quality Assurance

Bryan Hannon; Regional Government Relations Director; American Cancer Society Cancer Action Network
Virtual Housekeeping

• **The event is being recorded.** The replay and slides will be made available on [www.nccrt.org](http://www.nccrt.org) within a few days.

• **All participants are muted.**

• **Submit questions through the Q&A box at any time.** Use the chat box for general comments and technical questions only.

• **Please complete our evaluation.**

Funding for this webinar was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
## Comparison of ACS Colorectal Cancer Screening Guidelines (2018) and the USPSTF Updated CRC Recommendations (2021)

|--------------------------|------------|---------------|
| Age to begin screening (recommendation grade) | 45 (qualified)  
50-75 (strong) | 45 (B rating)  
50-75 (A rating) |
| Age to stop screening | Continue to 75y as long as health is good and life expectancy 10+y;  
76-85y individual decision making;  
>85y discouraged from screening | 76-85y individual decision making (C rating) |
| Acceptable test options | FIT annually,  
HSGFOBT annually  
mt-sDNA every 3y  
Colonoscopy every 10y  
CTC every 5y  
FS every 5y  
All positive non-colonoscopy tests should be followed up with colonoscopy. | FIT annually,  
HSGFOBT annually  
mt-sDNA every 3y  
Colonoscopy every 10y  
CTC every 5y  
FS every 5y  
FS every 10y, plus FIT every year  
All positive non-colonoscopy tests should be followed up with colonoscopy. |
CRC Screening Utilization Among People Aged 45 years: Where are we now?

Stacey A Fedewa, PhD
NCCRT Meeting
June 2021
Characteristics of people 45-49 years

• 20.4 million people
• 52% female
• 38% are non-White (17% Hispanic, 12% Black, 7% Asian)
• 24% not born in the US
• 68% have seen a physician in the past year
• 14% currently smoke
• 72% are classified as overweight or obese

Source: US Census Data and National Health Interview Survey, 2018
Health Insurance among People Aged 45-49 years*

Private, 73%

Uninsured, 13%

Medicaid or other public, 9%

Other (eg: Military), 5%

*As of 2018
What do we know about screening among people 45-49 years?

• In 2018 NHIS, 21% of people 45-49 years reported “being up to date”

  - Lower:
    • Asian (17%) and Hispanic (12%) individuals
    • Uninsured (10%)
    • No PCP visit in the past year (9%)

  - Higher:
    • Black individuals (28%)
    • PCP visit in the past year (26%)

Source: National Health Interview Survey, 2018
Recent Colorectal Screening (Past Year) among Adults 45-49 years, NHIS 2015 and 2018

What do we know about CRC screening initiation among People 50 years?

• Among Medicaid enrollees within Oregon: 17% of people who were 50 year-initiated CRC screening

• Among Kaiser Northern California’s organized program: 51% of people received CRC screening within a year and 72% received CRC screening within 2 years of their 50th birthday

• Nationally, about half of people 50-54 years are up to date

Up-to-date CRC screening %, 2016 and 2018 BRFSS by State and 5-year Age

### 50-54

Prevalence Ratio (PR) comparing the state with the highest v lowest screening

- **Average=50.1%**
- Highest CT= 61.6%, lowest WY=40.6%
- PR=1.52

### 55-59

- **Average=67.6%**
- Highest CT =77.9%, lowest OK=55.1%
- PR=1.41

### 60-64

- **Average=72.8%**
- Highest MA =81.2%, lowest TX=62.6%
- PR=1.30

Source: Unpublished data, BRFSS 2016 and 2018
Thank you!
NCCRT Market Research

• **2019 Colorectal Cancer Screening Messaging Guidebook** profile on unscreened 45-49 year olds (research conducted in 2018)
  
  – Top barriers to screening: procrastination, doctor didn’t recommend it, no symptoms, not old enough

• Summer 2021 – new market research deep dive into the young eligible and soon-to-be eligible (ages 30-50)

nccrt.org/resource/2019messagingguidebook/
Coverage Implications for USPSTF Revised Colorectal Cancer Guidelines

Anna Schwamlein Howard
Policy Principal
ACS CAN

June 7, 2021
Medicare

• Traditional Medicare

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<tr>
<th>Screening Method</th>
<th>Frequency</th>
<th>Age</th>
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<tr>
<td>Multi-target stool DNA test</td>
<td>Once every 3 yrs</td>
<td>50-85</td>
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<tr>
<td>Screening colonoscopy</td>
<td>Once every 10 yrs</td>
<td>No min. age requirement</td>
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<tr>
<td>Screening fecal occult blood test</td>
<td>Once every 12 months</td>
<td>50+</td>
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<tr>
<td>Flexible sigmoidoscopies</td>
<td>Once every 4 yrs</td>
<td>50+</td>
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• Medicare Advantage Plans
  • Can provide coverage beyond traditional Medicare
Medicaid

- **Expansion population**
  - USPSTF A/B recommended services provided at no cost-sharing

- **Non-expansion population**
  - Not required
  - Most states choose to cover
Commercial Market

- ACA-compliant, non-grandfathered health plans must provide coverage for USPSTF A/B recommended services at no cost-sharing
  - Issuers do not have to change coverage mid-year
  - Plans must comply no later than 2023
  - Grandfathered health plans are not required to comply, but may choose to do so
State Laws

• Some states enacted coverage mandates
  • Variation on plans that must comply
  • Variation on Guideline body

• State mandate defrayal requirement
Thank you!

anna.howard@cancer.org
HEDIS Colorectal Cancer Screening Measure

Sepheen C. Byron

Assistant Vice President, Performance Measurement
June 7, 2021
HEDIS®
Healthcare Effectiveness Data and Information Set

Tool used by over 90 percent of America’s health plans

Allows for comparison of health plans across important dimensions of care

Preventive care  Colorectal Cancer Screening
Chronic disease  Comprehensive Diabetes Care
Behavioral health  Metabolic Monitoring for Children and Adolescents on Antipsychotics
Care coordination  Transitions of Care
HEDIS Colorectal Cancer Screening

Percentage of members **50 - 75 years of age** who had **appropriate screening for colorectal cancer**

- FOBT in the past year
- FIT-DNA in the past three years
- Flexible sigmoidoscopy in the past 5 years
- CT Colonoscopy in the past 5 years
- Colonoscopy in the past 10 years

**Product Lines** Medicare, Commercial

**Reporting Methods** Administrative, Hybrid or Electronic Clinical Data Systems

Medicare plans report the measure stratified by **socioeconomic status**

**Coming soon** Plans will report the measure stratified by **race/ethnicity**
CRC Guideline Updates – Indiana Experience
CRC Timeline

- May 2018: ACS releases new guidelines
- July 2018: State Medicaid & Insurance Commissioners informed of change
- Jan. 2019: ACS CAN proposes CRC screening program in Indiana
- Jan. 2020: ACS CAN introduced bill to lower screening age
- March 2020: Governor signed HEA 1080 into law
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<th>2020 Legislation</th>
<th>State Law from 2001-20</th>
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<tr>
<td>• Lowered age to 45</td>
<td>• Required coverage at age 50</td>
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<tr>
<td>• Removed reference to ACS</td>
<td>• Referenced ACS*</td>
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<tr>
<td>• Removed reference to high-risk individuals</td>
<td>• Specified coverage for high-risk individuals</td>
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<tr>
<td>• Carved out state’s HDHP</td>
<td>• Did not apply to Medicaid</td>
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Since passage of new law

• Ongoing communications
  • Leveraged media interest of law’s implementation to increase awareness—provided interviews, patient stories (Jul. 2020)
  
  • Communicated USPSTF revised guidelines to Medicaid and Indiana Dept. of Insurance (May 2021)
  
• Continuing to listen to providers and other stakeholders (ongoing)
  • No major hiccups with implementation (that we know of)
  • Some sporadic issues with coding as preventative vs diagnostic
  • Evidence is all anecdotal; lack methods to track payer compliance (state-regulated vs. ERISA-regulated)
Still monitoring...

- **Unresolved issues**
  - Coverage of follow up screenings for positive stool tests
  - Strategies to increase uptake (state-funded screening program?)
Thank You!

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Twitter: @NCCRTnews  #80inEveryCommunity
Facebook: www.facebook.com/coloncancerroundtable

For more information contact:
nccrt@cancer.org