Reaching 80% Screening By 2018

We Can Do It

Richard C. Wender, MD
Chair, NCCRT
Chief Cancer Control Officer
American Cancer Society, Inc.
Through hard work and perseverance by NCCRT members and others the opportunity to achieve audacious colon cancer screening goals is within reach.
Ten events, accomplishments, and decisions have converged right now.

Together, they have created an extraordinary opportunity to reach the 80% colon cancer screening rate by 2018.
The Ten Drivers of Our Colon Cancer Opportunity


2. The Affordable Care Act coverage expansion begins.

3. Many financial barriers to screening are being eliminated.

4. FQHC’s are now reporting colon cancer screening rates as one of the UDS measures.

5. Emphasis on quality screening is accelerating.
the Drivers Continued...

6. The CRC screening efforts of the CDC funded 25 states and 4 tribes are maturing.

7. The Patient Centered Medical Home has embraced cancer screening.

8. We have the tools and teams in place to catalyze a coordinated push.

9. An incredible group of organizations, leaders, and advocates is preparing to take a pledge.

10. The Assistant Secretary of Health is expecting us to get this done.
Vital Signs: Colorectal Cancer Screening Test Use — United States, 2012

On November 5, 2013, this report was posted as an MMWR Early Release on the MMWR website (http://www.cdc.gov/mmwr).

Abstract

Background: Strong evidence exists that screening with fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy reduces the number of deaths from colorectal cancer (CRC). The percentage of the population up-to-date with recommended CRC screening increased from 54% in 2002 to 65% in 2010, primarily through increased use of colonoscopy.
BRFSS: Key Findings

In 2012, 65.1% of U.S. adults were up to date.

<table>
<thead>
<tr>
<th>Population</th>
<th>Never Been Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>27.7%</td>
</tr>
<tr>
<td>Insured</td>
<td>24%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>55%</td>
</tr>
<tr>
<td>No regular source of care</td>
<td>61%</td>
</tr>
</tbody>
</table>
The percentage of blacks and whites up-to-date with screening were equivalent.
How Were People Screened?

- Any screening 65.1%
- Colonoscopy within the past 10 years 61.7%
- FOBT within the past year 10.4%

FOBT used more commonly in uninsured and lower income populations.
2. The Affordable Care Act Will Reduce Uninsured

Websites and state choices notwithstanding, the ACA will eventually lead to insurance coverage for millions more Americans.
3. Financial Barriers Are Gradually Being Eliminated

- Screening is considered an essential benefit.

- No co-pay for screening colonoscopy for commercial plans.

- No co-pay if polyp is found and removed.

- Addressing co-pay for colonoscopy following positive stool blood test.

- Working with CMS to address Medicare policies.
4. A New Requirement for FQHCs

- Federally Qualified Health Centers (FQHCs) are all now required to report their colon cancer screening rates as a Uniform Data System (UDS) measure.

- Every FQHC is working to figure out how to measure and improve their screening rates.

- The National Association of Community Health Centers and HRSA are leading the charge.
5. The Quality Improvement Mandate

- The quality improvement mandate is clear.

- We are learning what it takes to measure and improve the quality of the entire colonoscopy process -- and how to make that the norm.

- The CDC is compiling a comprehensive quality improvement education program.

- GI organizations, state screening programs, and insurers are joining forces to measure quality of screening.

- We’re learning and sharing what it takes to implement a high quality FOBT/FIT screening program.
6. The CDC Colorectal Cancer Control Program

Colorectal Cancer Control Program (CRCCP)

CDC's Colorectal Cancer Control Program (CRCCP) provides funding to 25 states and 4 tribes across the United States for five years. The CRCCP's goal is to increase colorectal (colon) cancer screening rates among men and women aged 50 years and older from about 64% to 80% in the funded states by 2014. An increase in screening rates will reduce illness and death from colorectal cancer.

Features

Tests Save Lives
People who are able to pick the colorectal cancer screening test they prefer are more likely to get the test done.

Contact Your Local CRCCP Program
Find contact information for the states and tribal organizations participating in the CRCCP.

CRCCP Fact Sheet
By emphasizing a population-based approach, CDC intends to increase screening rates among both insured and uninsured populations.

CRCCP Research
- CRCCP grantees' use of evidence-based interventions
- Small media and client reminders for colorectal cancer screening: current use and gap areas in CDC's CRCCP
- The CRCCP: partnering to increase population-level screening

More Publications »

More Research »

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7. The PCMH has Embraced Cancer Screening

Promoting Cancer Screening Within the Patient Centered Medical Home

Mona Sarfaty, MD, MPH¹; Richard Wender, MD²; Robert Smith, PhD³

Abstract

While consensus has grown that primary care is the essential access point in a high-performing health care system, the current model of primary care underperforms in both chronic disease management and prevention. The Patient-Centered Medical Home (PCMH) model has the potential to transform primary care into a comprehensive, patient-centered approach.
• The PCMH has emerged as the predominant organizing model for primary care practices, including FQHCs.

• Almost all population based quality improvement and pay for performance programs now include CRC screening.

• CMS Innovation Center pilots are measuring CRC screening rates.
8. Time For A Coordinated PUSH
We Have A Symbol
We Have A Month

(...March)
We Have A Plan . . . . Almost
Member Support

We found overwhelming member support for pursuing a unified March strategy. In particular members cited:

- The value of pooled resources
- Ability to reach audiences multiple times
- Stronger ability to break through the clutter
It’s time for us to commit to a unified March strategy to catalyze our year round efforts.
9. The Pledge

An incredible group of organizations, gastroenterologists, anesthesiologists, pathologists, NACHC, and others are considering signing a joint statement to commit to delivering coordinated, quality colorectal cancer screening and follow up care.
10. The Assistant Secretary of Health recognizes the extraordinary public health opportunity facing us.
Howard Koh has caught the CRC screening fever. He is our partner, our friend, our inspiration.....and he expects results.
One force for change links all 10 of these factors
1. We put the spotlight on colonoscopy copay issue.
2. Definition of screening colonoscopy.
3. Assessing Medicaid coverage of CRC screening.
The Quality Mandate

FIT/FOBT:
1. Annual testing
2. All positives get colonoscopy
3. No rectal exams
4. Population management
5. Tracking

Colonoscopy
1. Adenoma detection rate
2. Prep Quality
3. Registries
4. Communication standards
Awareness and Call to Action

1. Blue Star
2. Family PLZ!
3. March Strategy
Doing screening better…

Numerous publications on screening delivery:

• CRC Clinicians’ Toolkit
• Quality screening referrals
• Responsibilities of referring physicians
• FOBT Clinicians’ Reference Resource
• Cancer Screening and the Medical Home
• Evaluation 101 Toolkit
Eliminating screening disparities

• Published strategy paper on expanding CRC screening in community health centers
• Launching multi-organizational effort to improve links of care in CRC screening delivery
The NCCRT is a Public Health Juggernaut

Each member brings their own passions, competencies and creativity.

Each member makes a difference acting alone.

But simultaneously, we can act as one.
80% Colon Cancer Screening Rate By 2018

......I Can See It!!!