

What Do the Data Tell Us: What Can We Learn from the Latest Colorectal Cancer Screening Rate Trends Over Time?

November 3, 2021 – 1:00-2:00 PM ET

2021 80% in Every Community Conference &
NCCRT Annual Meeting Pre-meeting Session



Purpose of Today's Session

- 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

Jordan Karlitz, MD (Moderator)
GI Division Chief, Denver Health Medical Center; and Associate Professor at the University of Colorado School of Medicine; NCCRT Steering Committee

Lisa Richardson, MD, MPH
Director, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, NCCRT Steering Committee

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

Neeraj Deshpande MBBS, MPH, MHA
Public Health Analyst, Quality Recognition and Health Promotion Team, Bureau of Primary Health Care/Office of Quality Improvement, DHHS/Health Resources and Services Administration

Stacey Fedewa, PhD
Scientific Director, Screening and Risk Factors Research, American Cancer Society, Inc.

Virtual Housekeeping

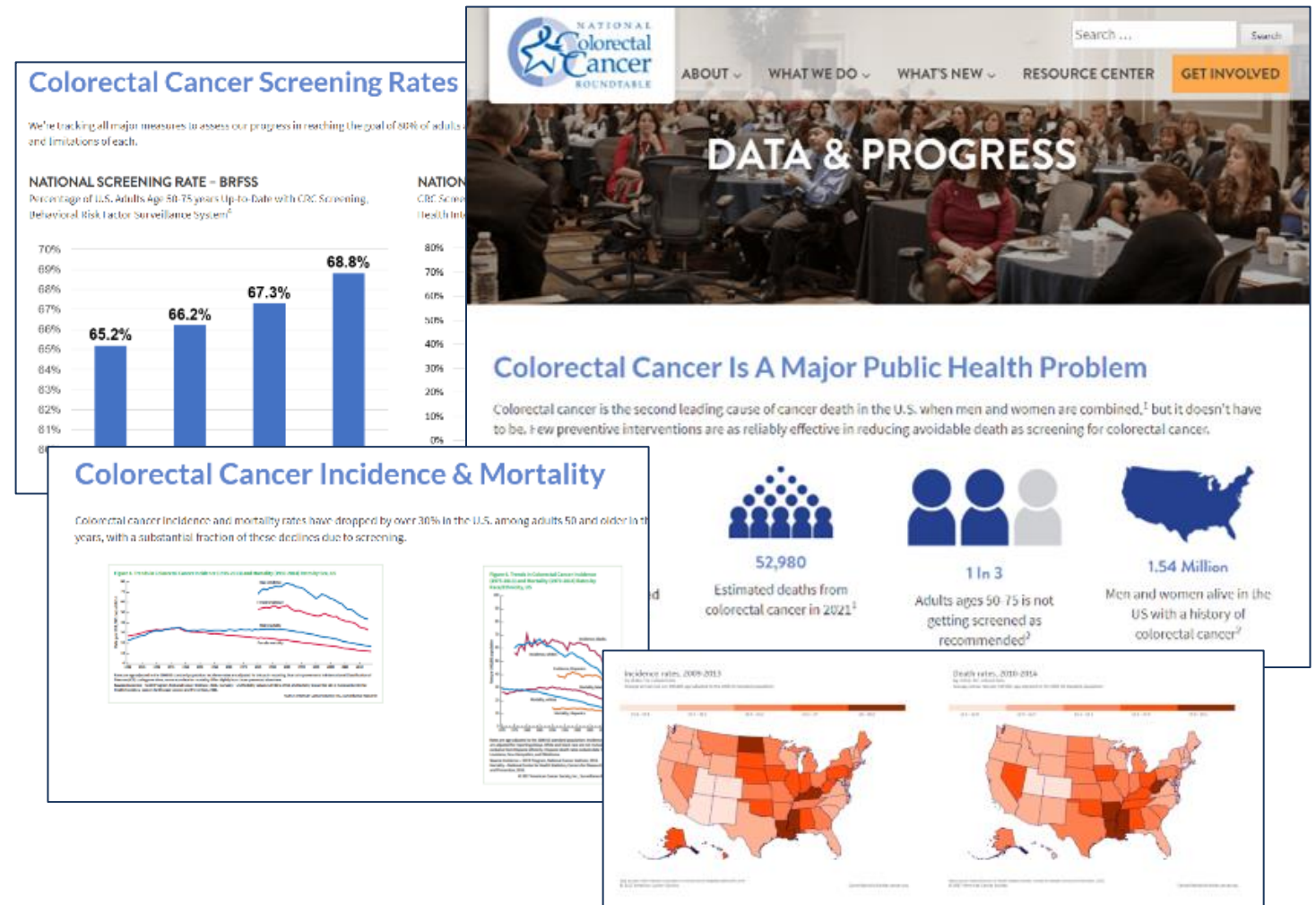
- The event is being recorded. The replay and slides will be made available on www.nccrt.org within a few days.
- All participants are muted.
- Submit questions through the Q&A box at any time.
- Please complete our evaluation.

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.

The NCCRT Data & Progress Web Page

The **NCCRT Data & Progress** webpage provides up-to-date statistics on colorectal cancer screening, incidence, mortality, and geographic distribution information.

nccrt.org/data-progress





Behavioral Risk Factor Surveillance System (BRFSS) 2020 Data Update

Lisa Richardson, MD, MPH
Director, Division of Cancer Prevention and Control

NCCRT Pre-Conference Meeting
November 3, 2021





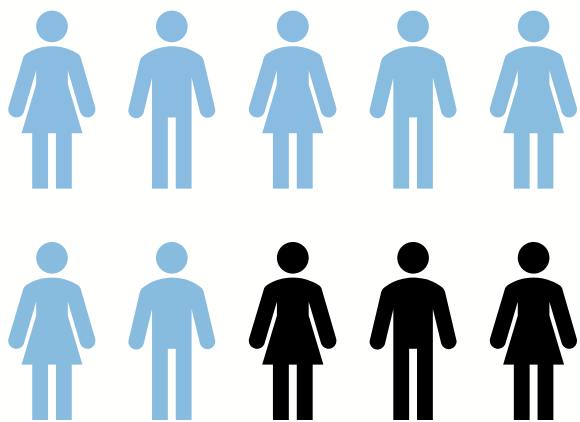
Colorectal Cancer Deaths and Cases

Colorectal Cancer Cases and Deaths, All Ages, All Races/Ethnicities, Both Sexes, 1999-2018



2020 Behavioral Risk Factor Surveillance System (BRFSS) Colorectal Cancer Screening Overview

7 in 10 U.S. Adults



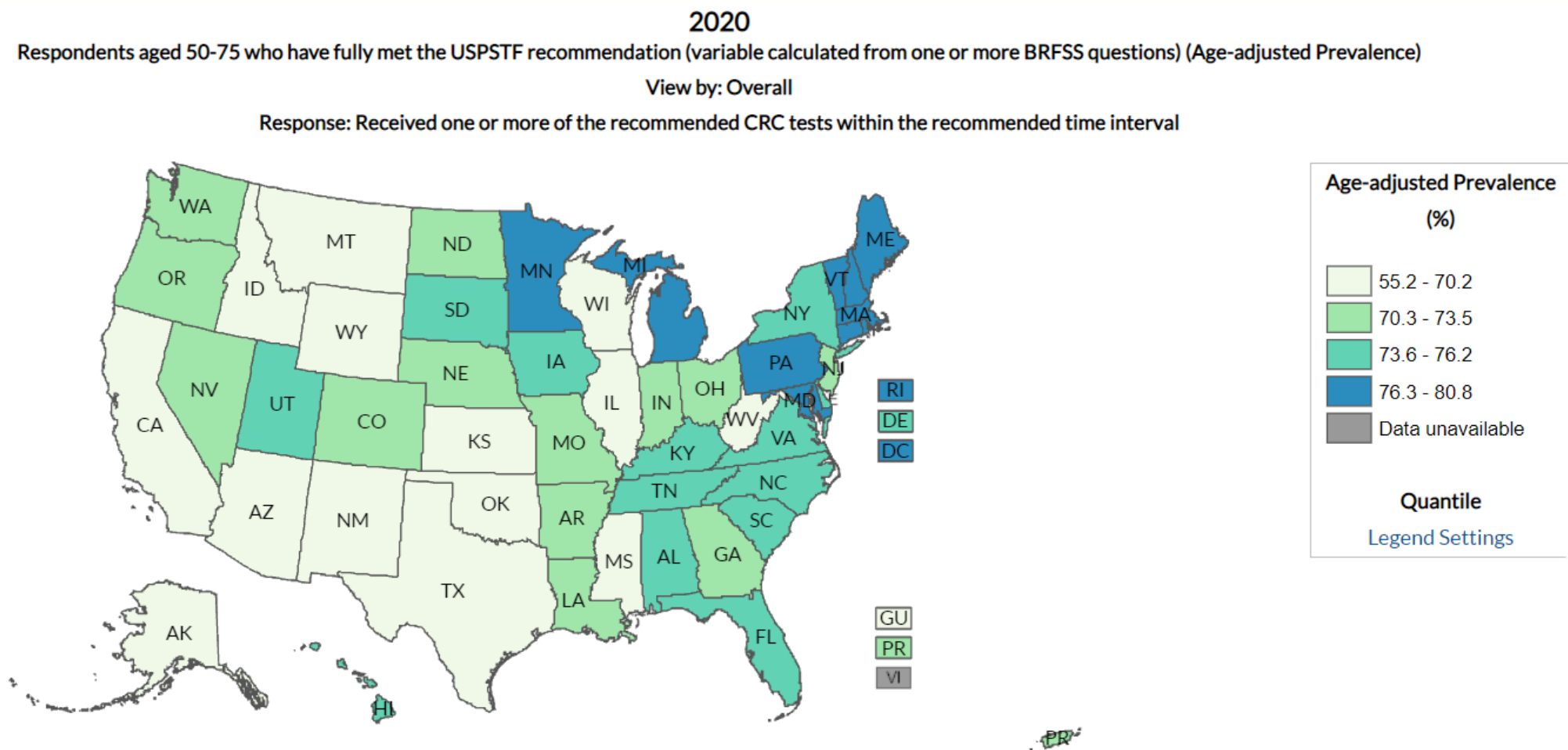
Up to Date with
Colorectal Cancer Screening

- First time questions about **FIT-DNA test** and **computed tomography (CT) colonography** included
- In adults ages 50-75:
 - **72.1%** - Up to date with colorectal cancer screening (all test types)*
 - **19.3%** Never Screened
 - **69.7%** Up to date with colorectal cancer screening by previous year's definition**

* including FIT-DNA, CT (virtual) colonography

** the percentage of adults aged 50 to 75 who were up-to-date with fecal immunochemical test (FIT), sigmoidoscopy, and colonoscopy in 2020

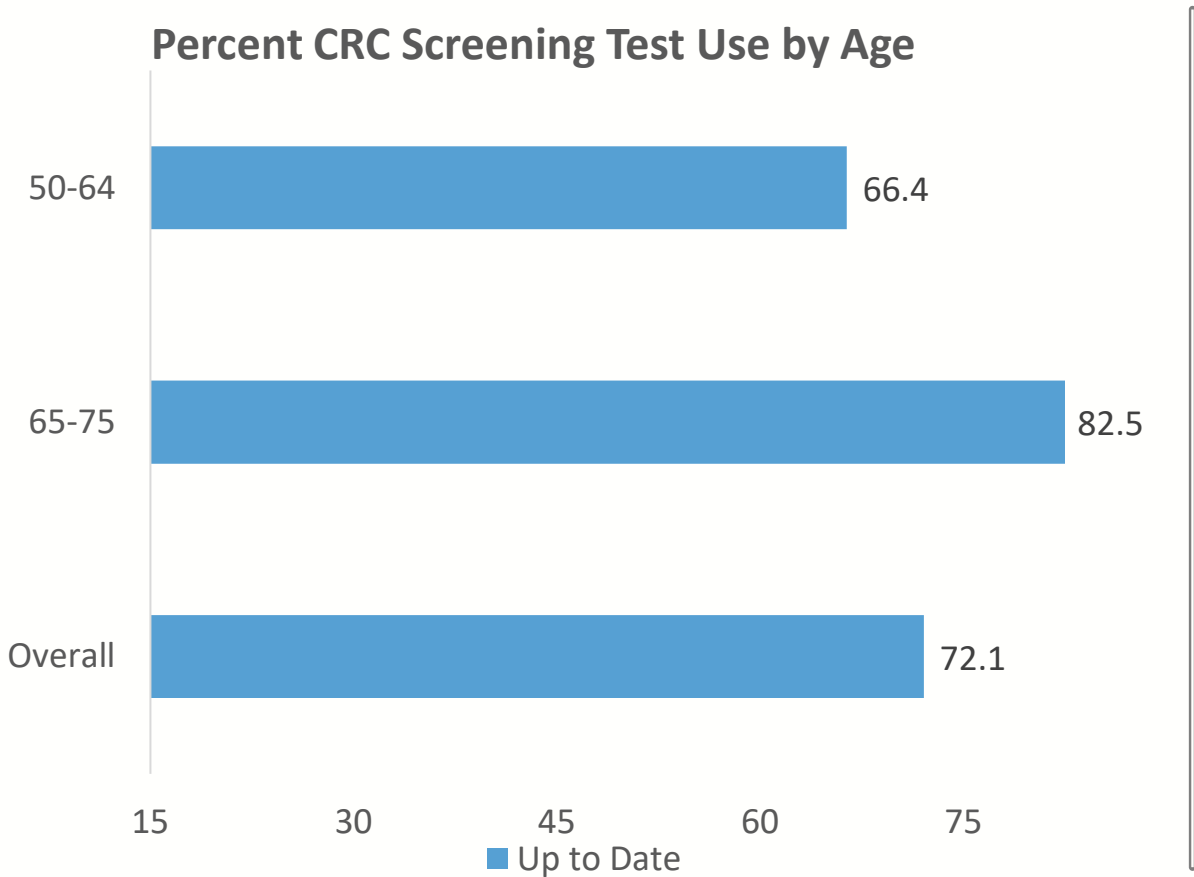
Adults 50-75 Up-to-Date Using USPSTF Recommendation*



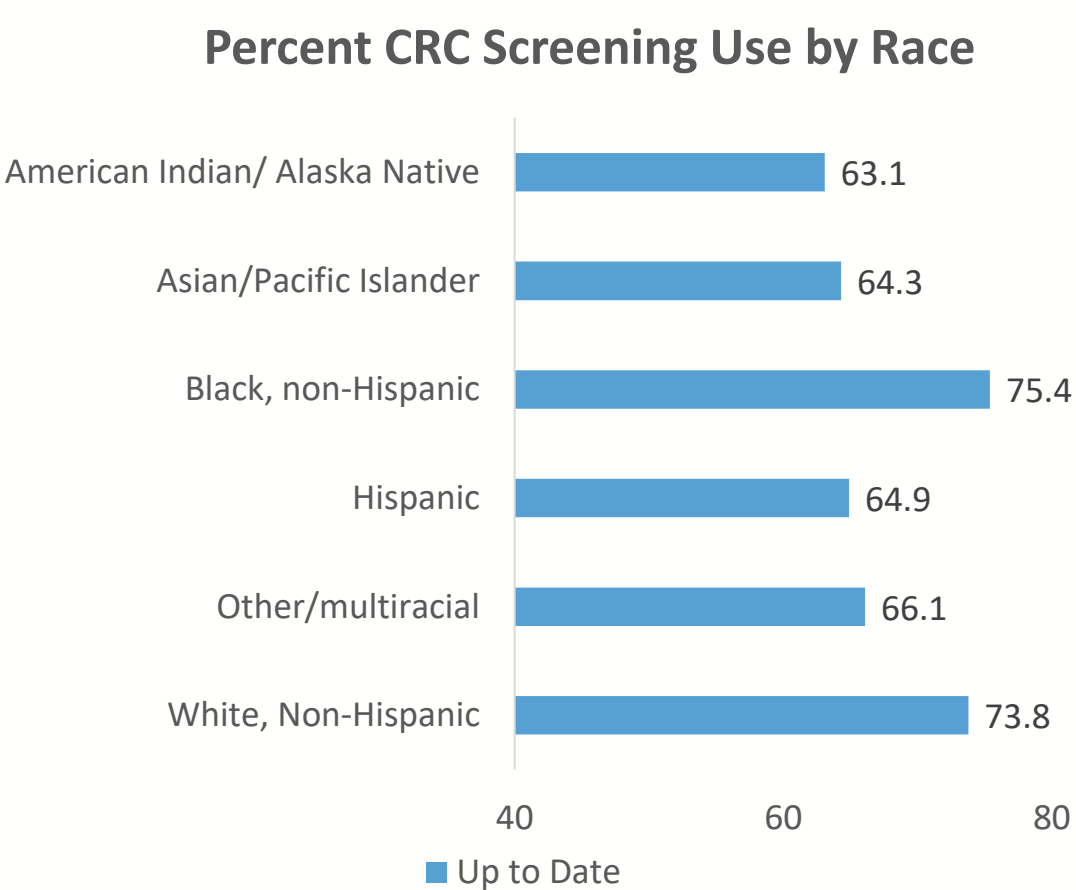
* including FIT-DNA, CT (virtual) colonography

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

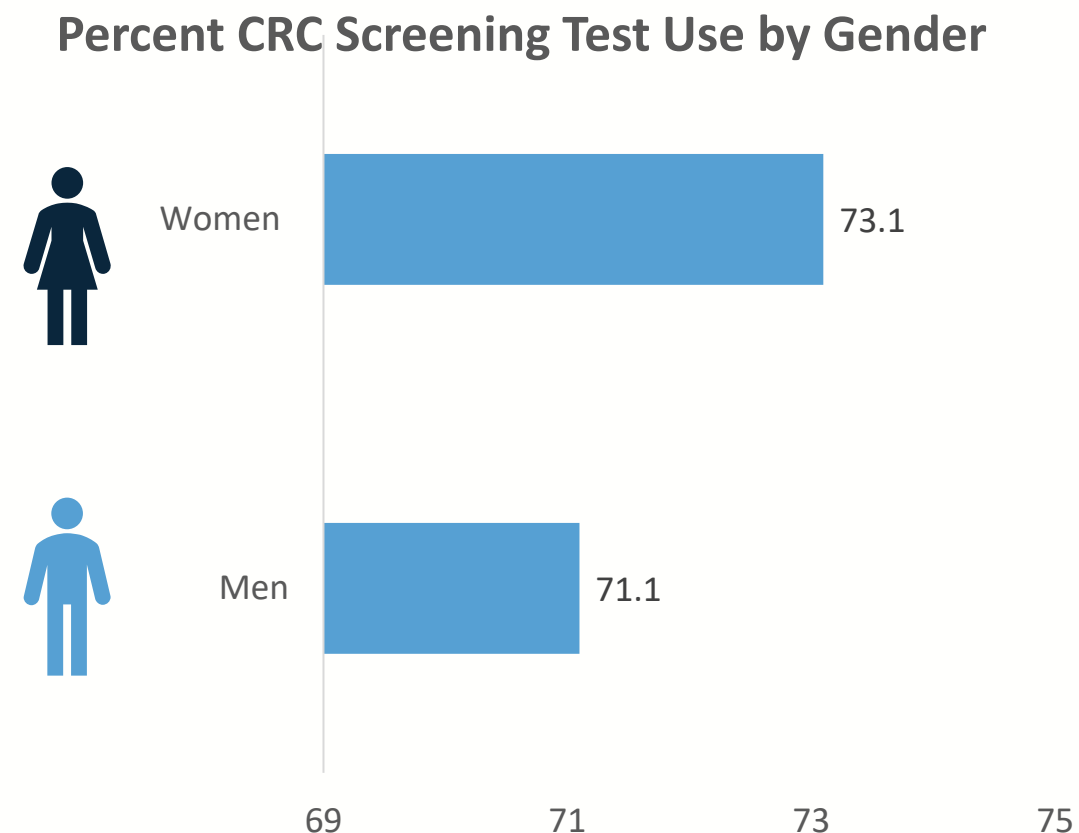
Reported Colorectal Cancer (CRC) Screening Test Use By Age and Race*



* Age standardized



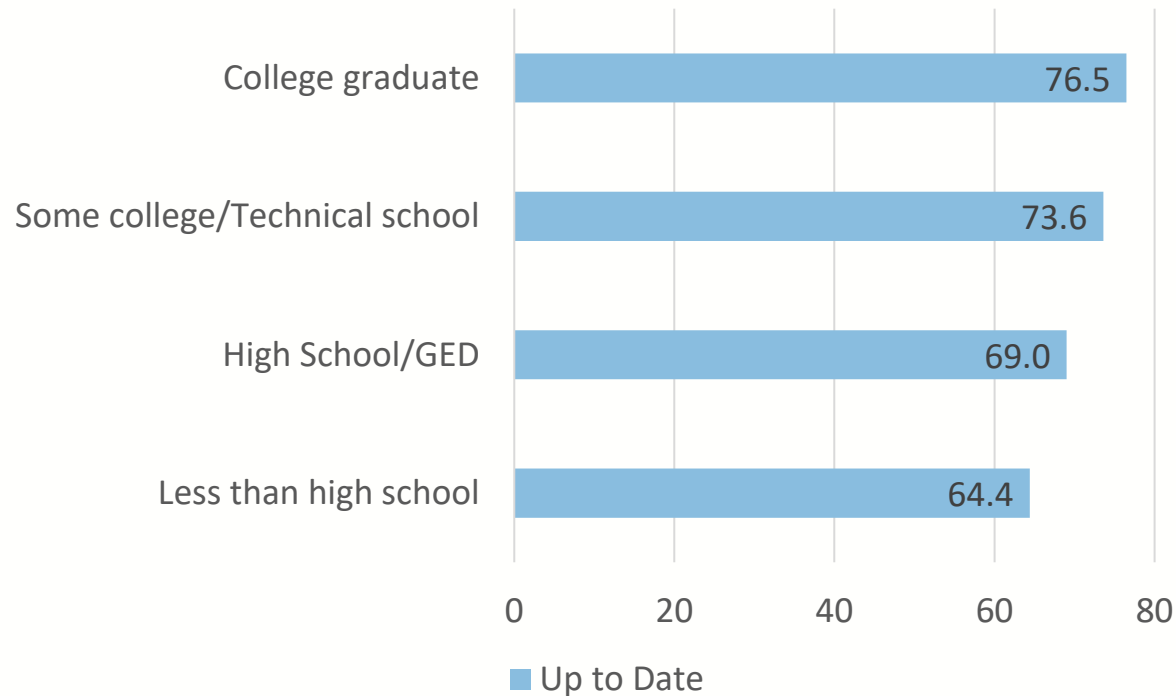
Reported Colorectal Cancer Screening Test Use By Gender*



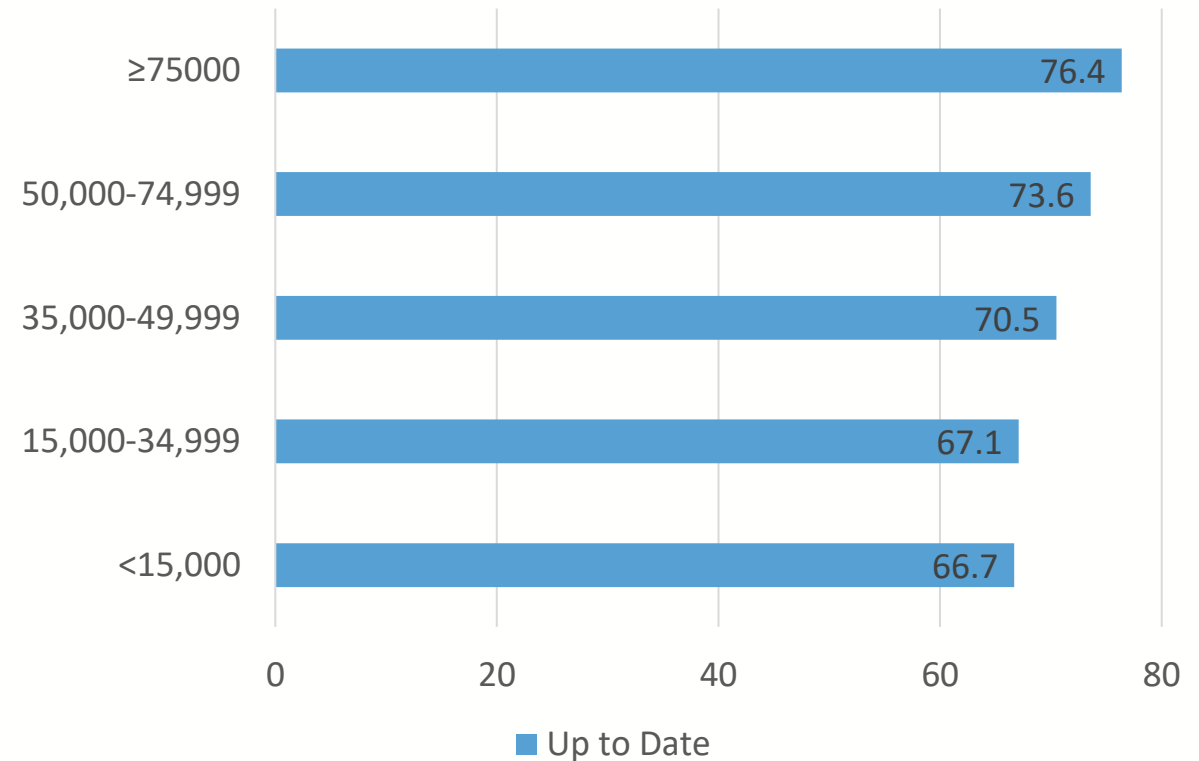
* Age standardized

Reported Colorectal Cancer (CRC) Screening Test Use By Education and Income*

Percent of CRC Screening Test Use by Education

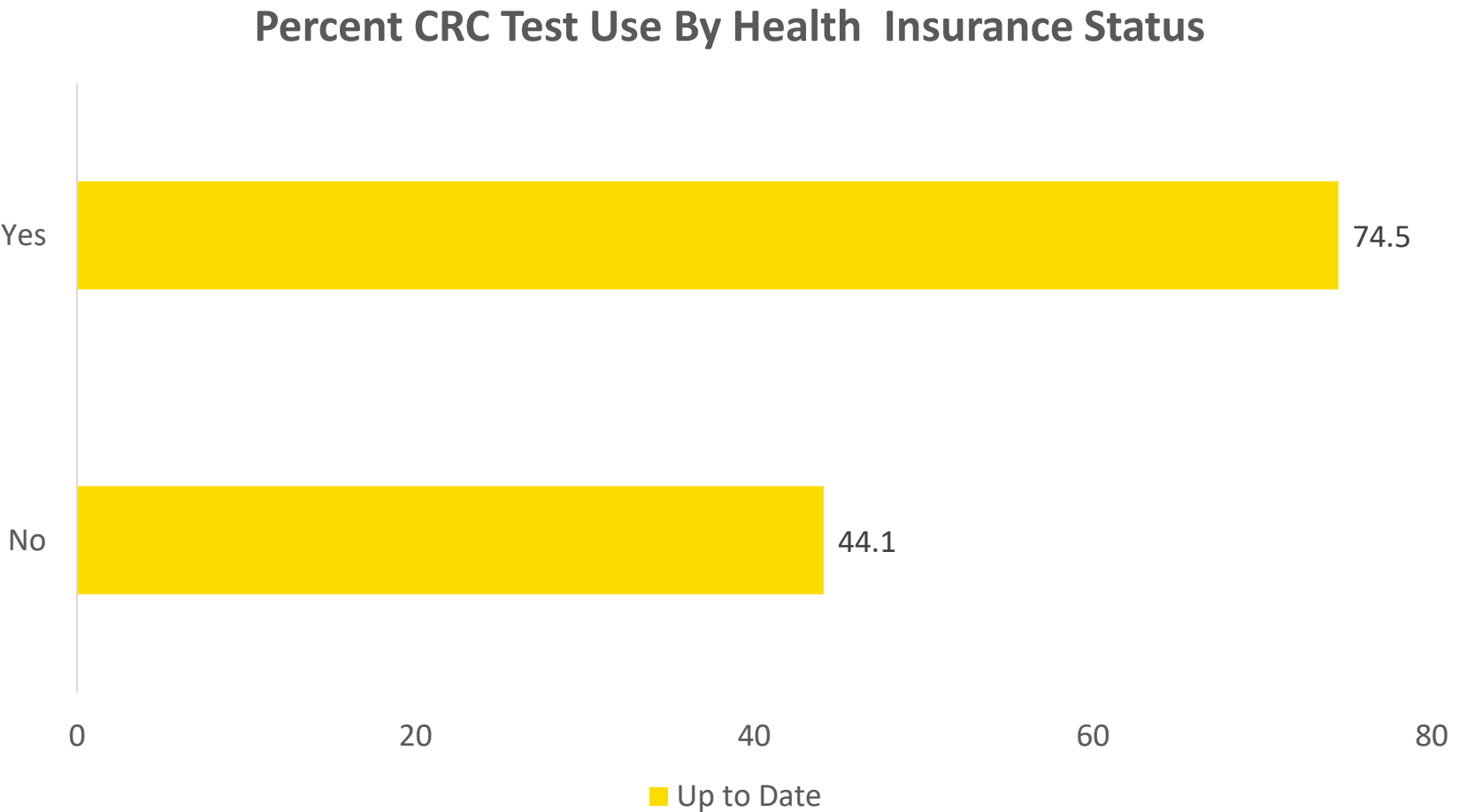


Percent CRC Test Use by Income



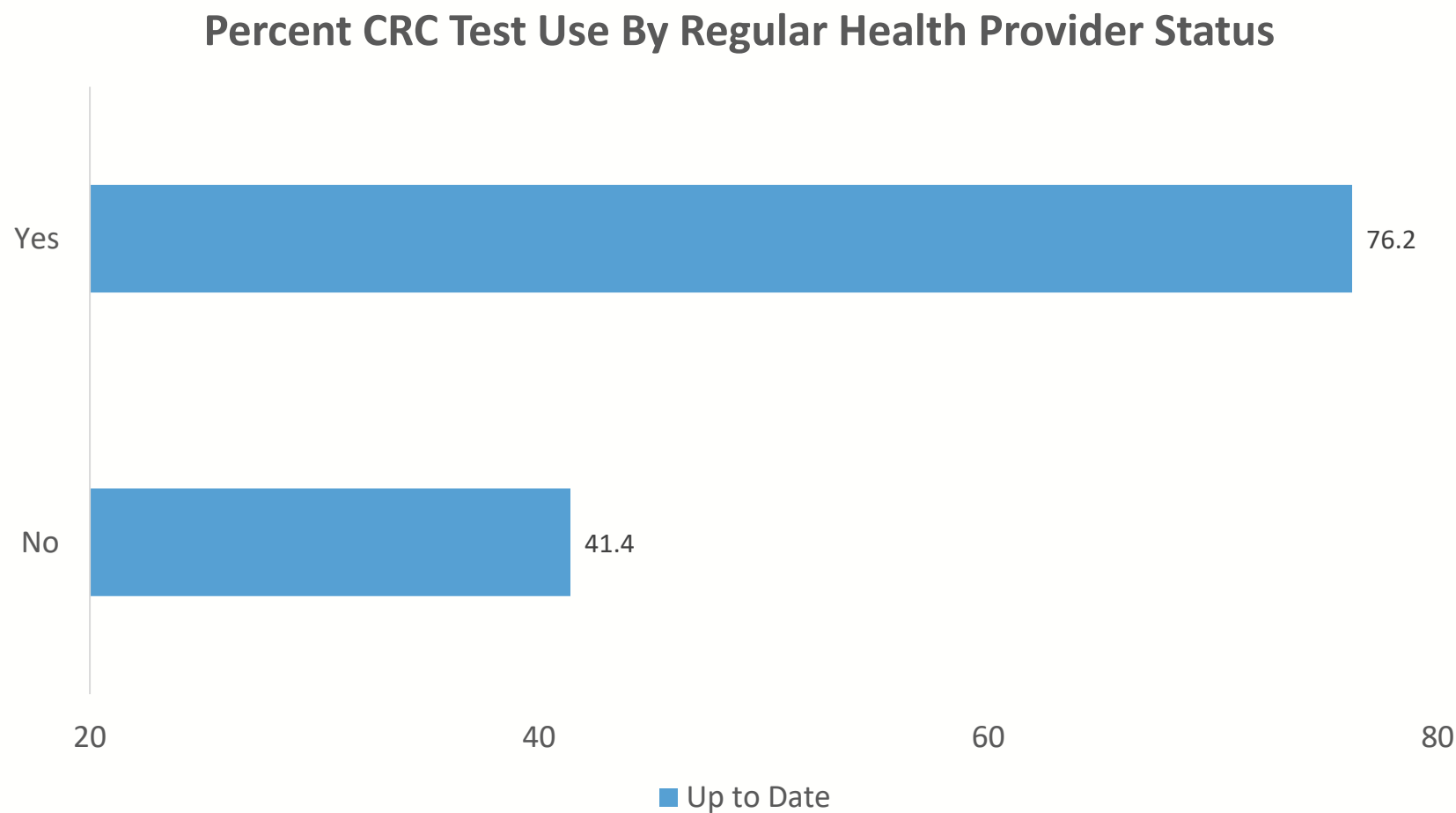
* Age standardized

Reported Colorectal Cancer Screening Test Use By Health Insurance Status*



* Age standardized

Reported CRC Screening Test Used By Regular Health Provider Status*



* Age standardized

Thank you!

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



Division of Cancer Prevention and Control

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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.



HEDIS[®] Colorectal Cancer Screening Measure

Sepheen Byron

Assistant Vice President, Performance Measurement

National Committee for Quality Assurance

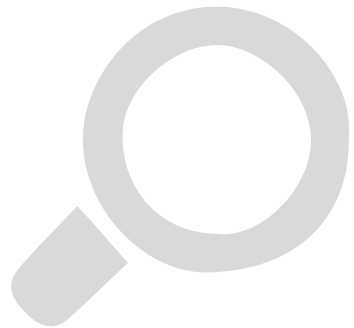
National Colorectal Cancer Roundtable
November 2021

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***



Access and availability of care

Preventive services

Chronic disease management

Behavioral health and substance use

Care coordination

Utilization of health care

Colorectal Cancer Screening

Current measure description

Adults ages 50-75 years who had appropriate screening for colorectal cancer:

- ▶ **Fecal occult blood test** or **fecal immunochemical test** during the year
- ▶ **FIT-DNA test** within the past three years
- ▶ **Flexible sigmoidoscopy** within the past five years
- ▶ **CT colonography** within the past five years
- ▶ **Colonoscopy** within the past 10 years

Stratify by **race and ethnicity**

Medicare plans stratify by **socioeconomic status**

Product Lines

Commercial, Medicare

Data Collection Method

Administrative

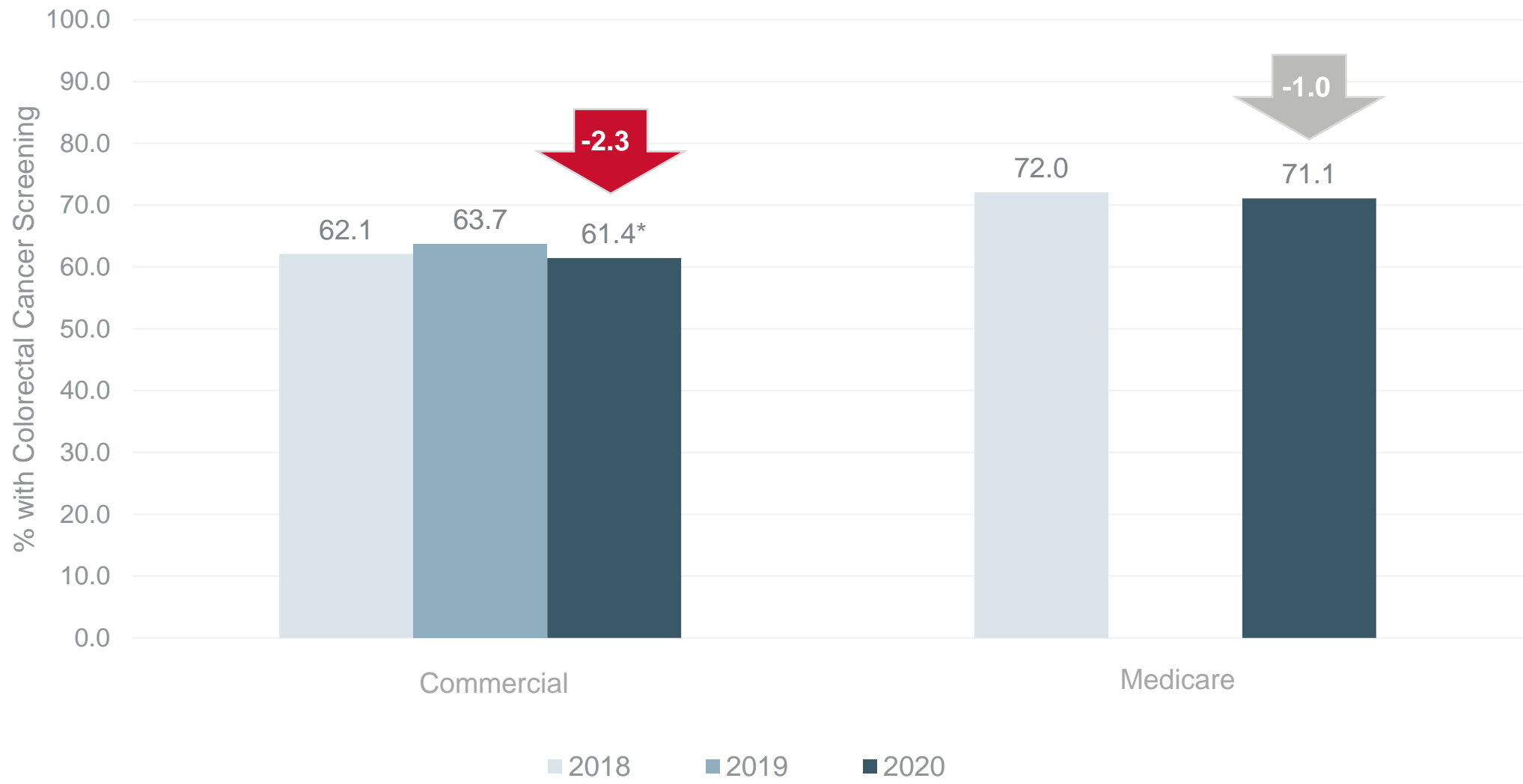
Hybrid

Electronic Clinical Data Systems

Required Benefits

Medical

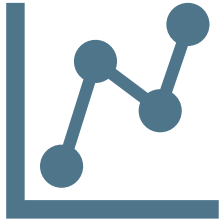
Colorectal Cancer Screening *amid the* COVID-19 Pandemic



*Statistically significant

Evolving HEDIS to Use More Electronic Clinical Data

What are we striving towards?



Leverage more
and better data
into greater insight



Foster patient-
specific care



Align with
interoperability and
value-based
payment models



Decrease
measurement
burden

*Get to **better** measures*

Updated Guidelines for Colorectal Cancer Screening

Population	Recommendation	Grade
Adults ages 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	B
Adults ages 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.	A
Adults ages 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.	C

U.S. Preventive Services Task Force, May 2021

Changes Posted for Public Comment

HEDIS MY 2022 Technical Update

Denominator	Members 45 - 75 years of age by December 31 of the measurement year
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Age Stratifications	Ages 45-49 years Ages 50-75 years Total
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Product Lines	Commercial Medicare Medicaid
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Data Collection	Drop Hybrid Reporting Method for MY 2022 Establish ECDS-only Reporting for MY 2023
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2020 UDS Colorectal Cancer eCQM: CMS130v6

Neeraj Deshpande
Public Health Analyst
Quality Division
Office of Quality Improvement
Bureau of Primary Health Care (BPHC)
November 3rd, 2021

Vision: Healthy Communities, Healthy People



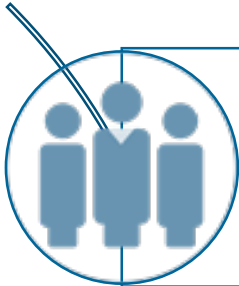
Agenda

- UDS 2020 highlights
- Colorectal Cancer (CRC) screening in 2020
- Colorectal Cancer (CRC) in previous years
- Next Steps

HRSA Health Center Program Data Highlights in 2020



Health Center Program highlights in 2020



28.6 million patients served
86 million in-patient visits
29 million virtual visits



11.3 million Dental visits
14.1 million Mental health visits
1.7 million Substance Use Disorder visits



99% health centers utilized telemedicine
24% Medical visits conducted virtually, 52 % Mental health visits conducted virtually
33% Substance Use Disorder visits conducted virtually

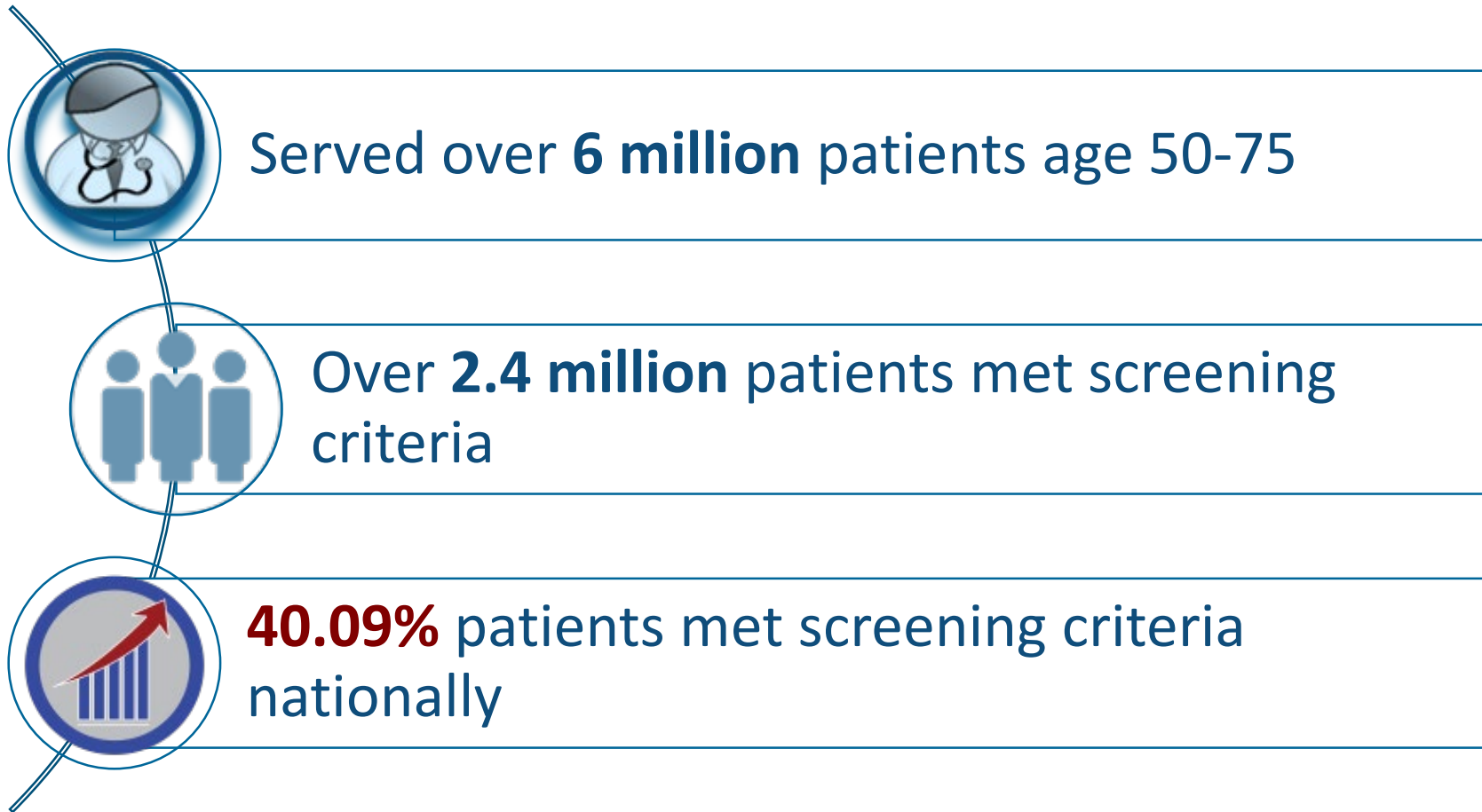


Source: Uniform Data System, 2020

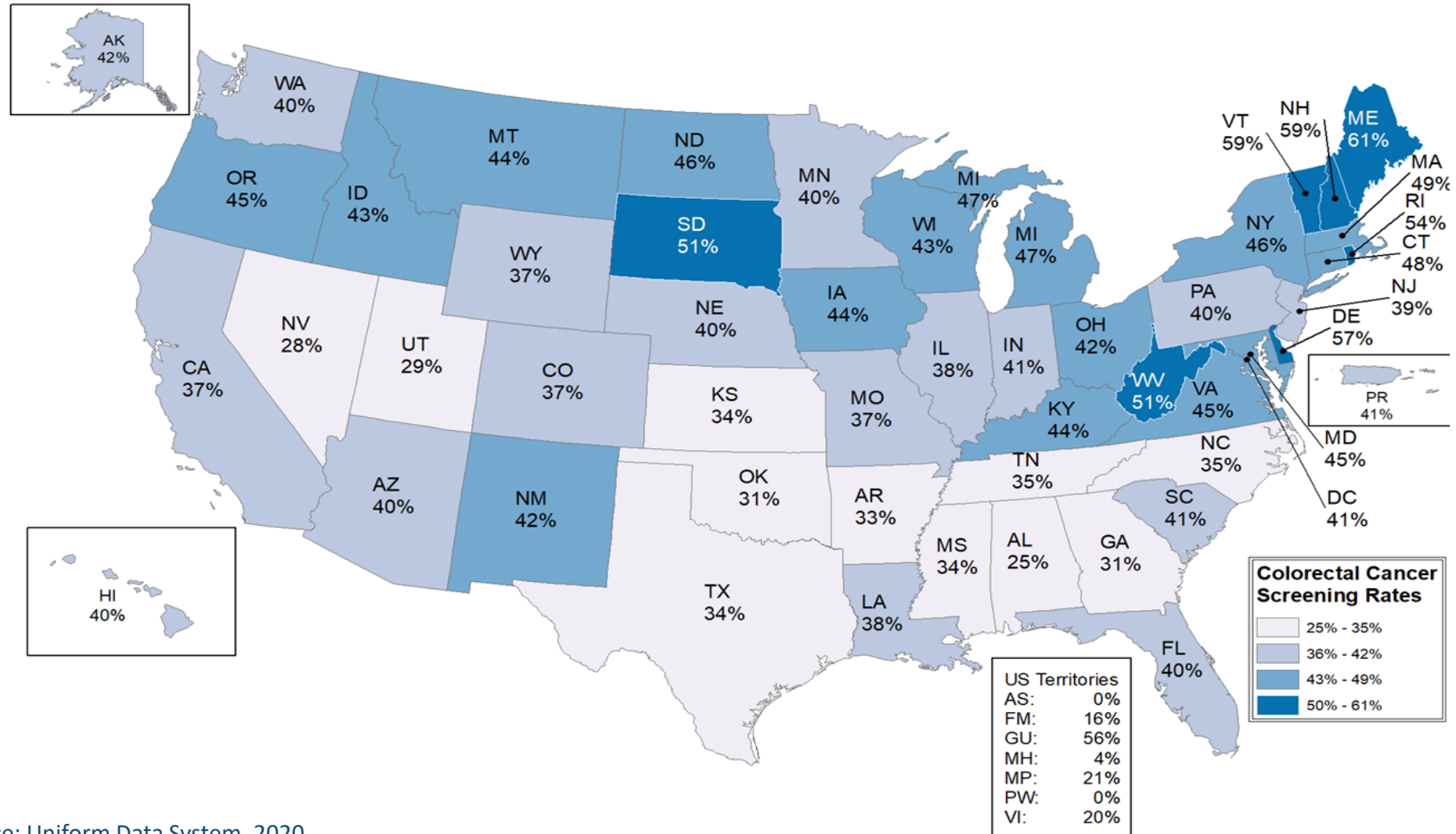
Colorectal Cancer Screening in 2020



2020 UDS Colorectal Cancer eCQM: CMS130v6



2020 UDS Colorectal Cancer eCQM: CMS130v6



Source: Uniform Data System, 2020



2020 UDS Colorectal Cancer eCQM: CMS130v6

Compliant Slide

State Abbreviation	CRC Screening rate
AS	0%
PW	0%
MH	0%
FM	17%
VI	20%
MP	21%
AL	25%
NV	28%
UT	29%
OK	31%
GA	31%
AR	33%
KS	33%
TX	34%
MS	34%
TN	35%
NC	35%

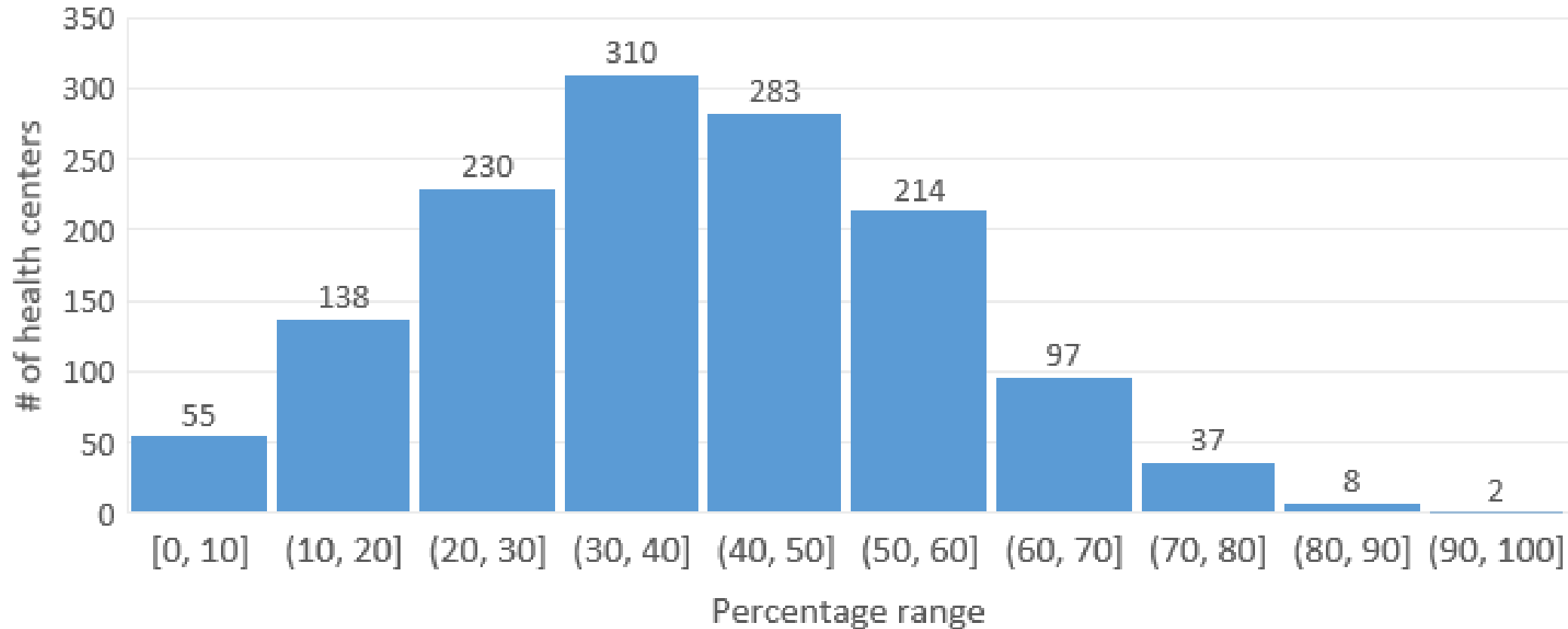
State Abbreviation	CRC Screening rate
MO	36%
CO	37%
CA	37%
WY	37%
LA	38%
IL	38%
NJ	39%
FL	40%
AZ	40%
MN	40%
HI	40%
NE	40%
WA	40%
PA	40%
PR	41%
SC	41%

State Abbreviation	CRC Screening rate
IN	41%
DC	41%
AK	42%
OH	42%
NM	42%

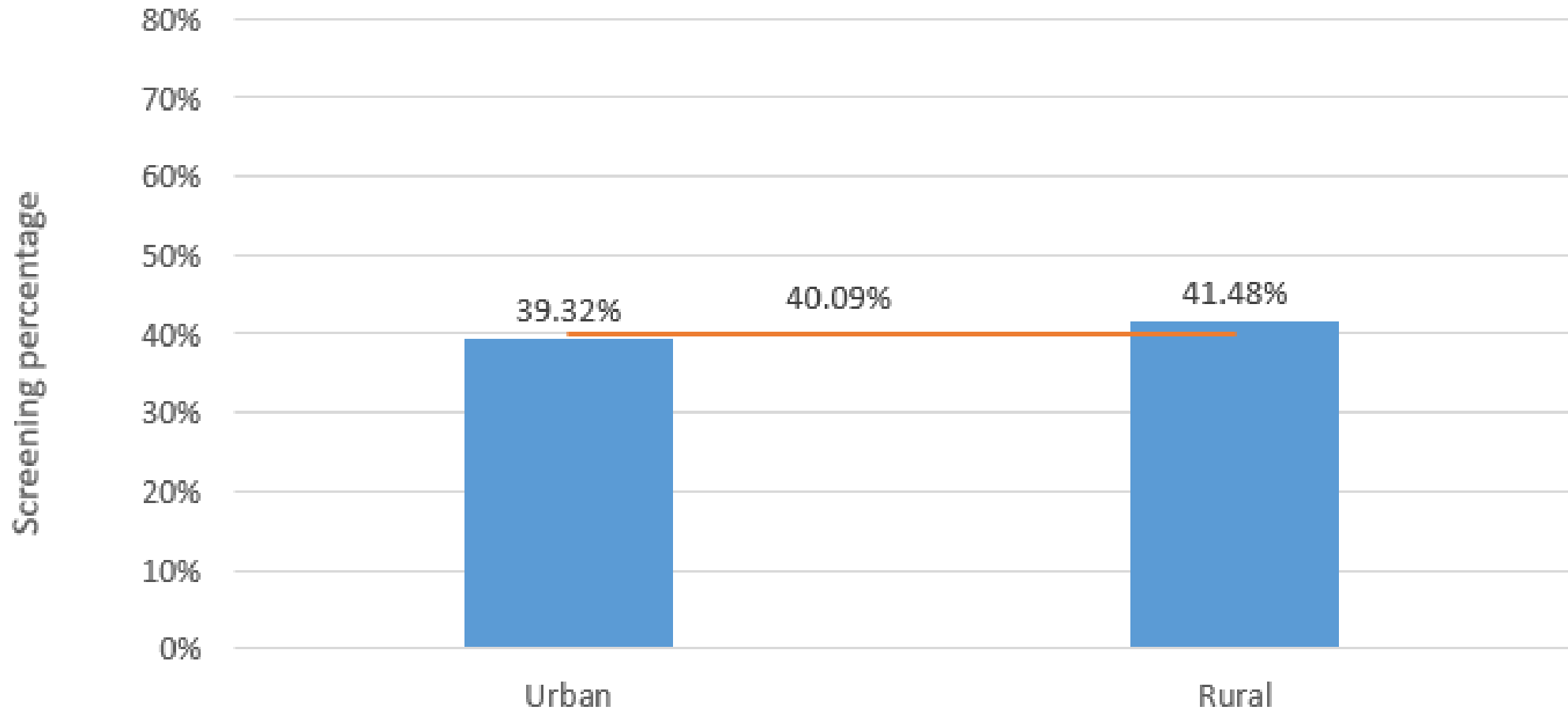
State Abbreviation	CRC Screening rate
WI	43%
ID	43%
IA	44%
KY	44%
MD	45%
VA	45%
OR	45%
MT	46%
ND	46%
NY	46%
MI	47%
CT	48%
MA	49%

State Abbreviation	CRC Screening rate
WV	51%
SD	51%
RI	54%
GU	56%
DE	57%
NH	59%
VT	59%
ME	61%

Frequency distribution of health centers by screening percentage



2020 UDS Colorectal Cancer eCQM: CMS130v6: Urban vs Rural (Health Center Program only)

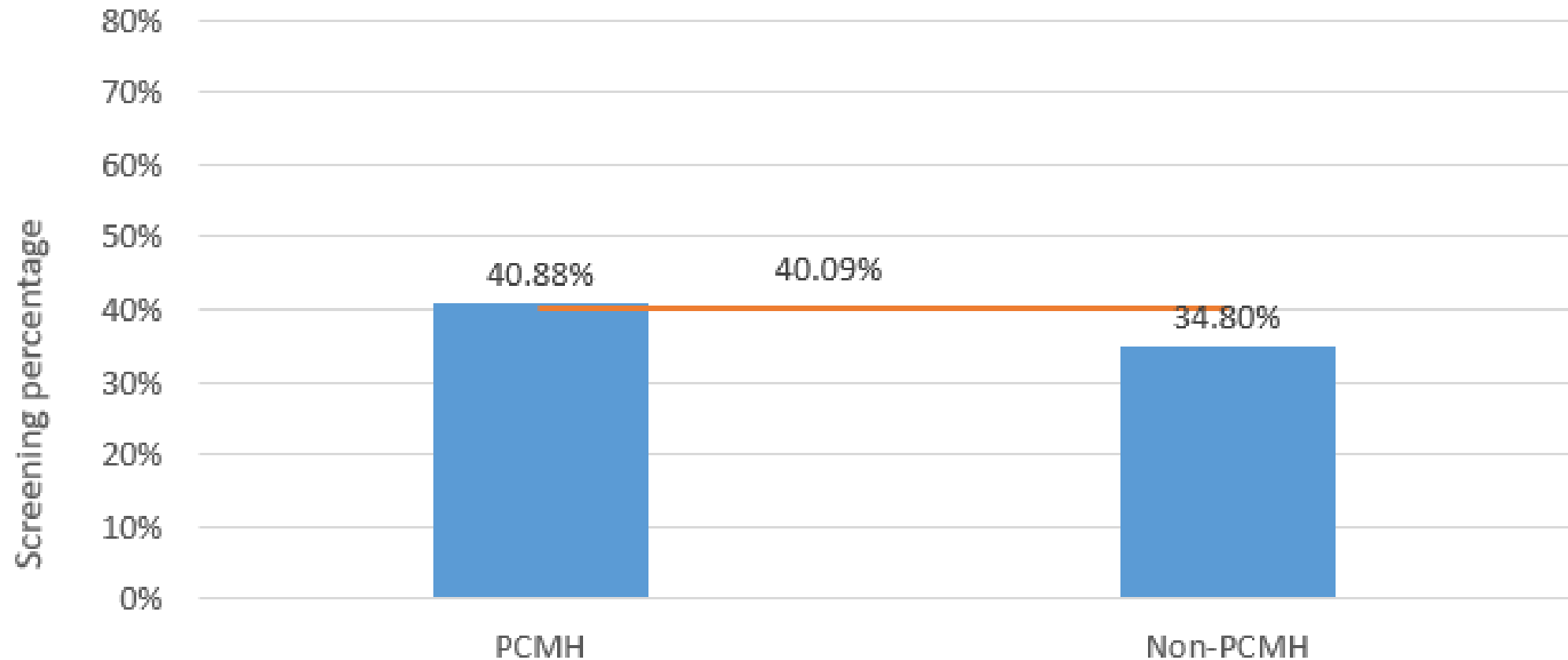


Source: Uniform Data System, 2020



2020 UDS Colorectal Cancer eCQM: CMS130v6

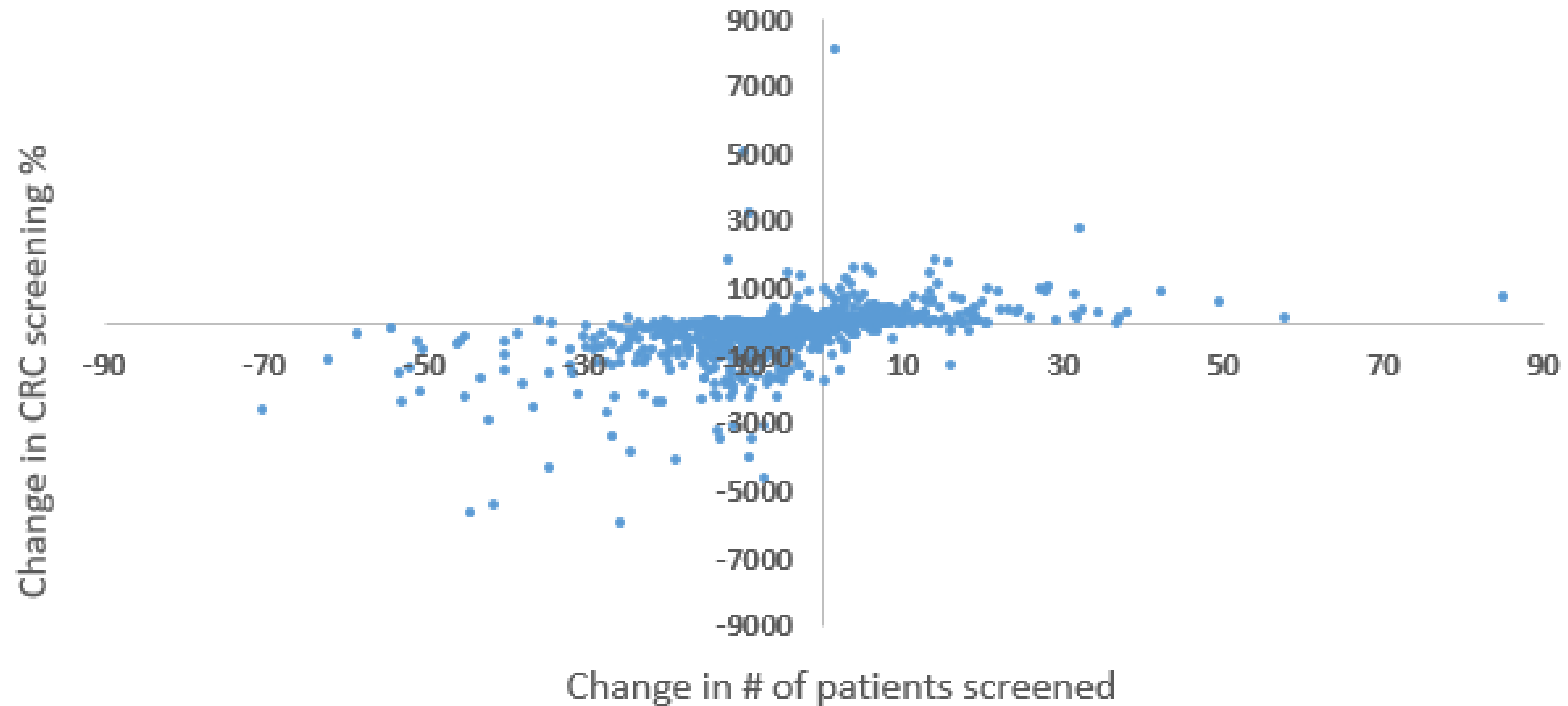
By PCMH status (Health Center Program only)



Source: Uniform Data System, 2020



Change in no of patients screened and CRC screening percentage (2020 vs 2019)

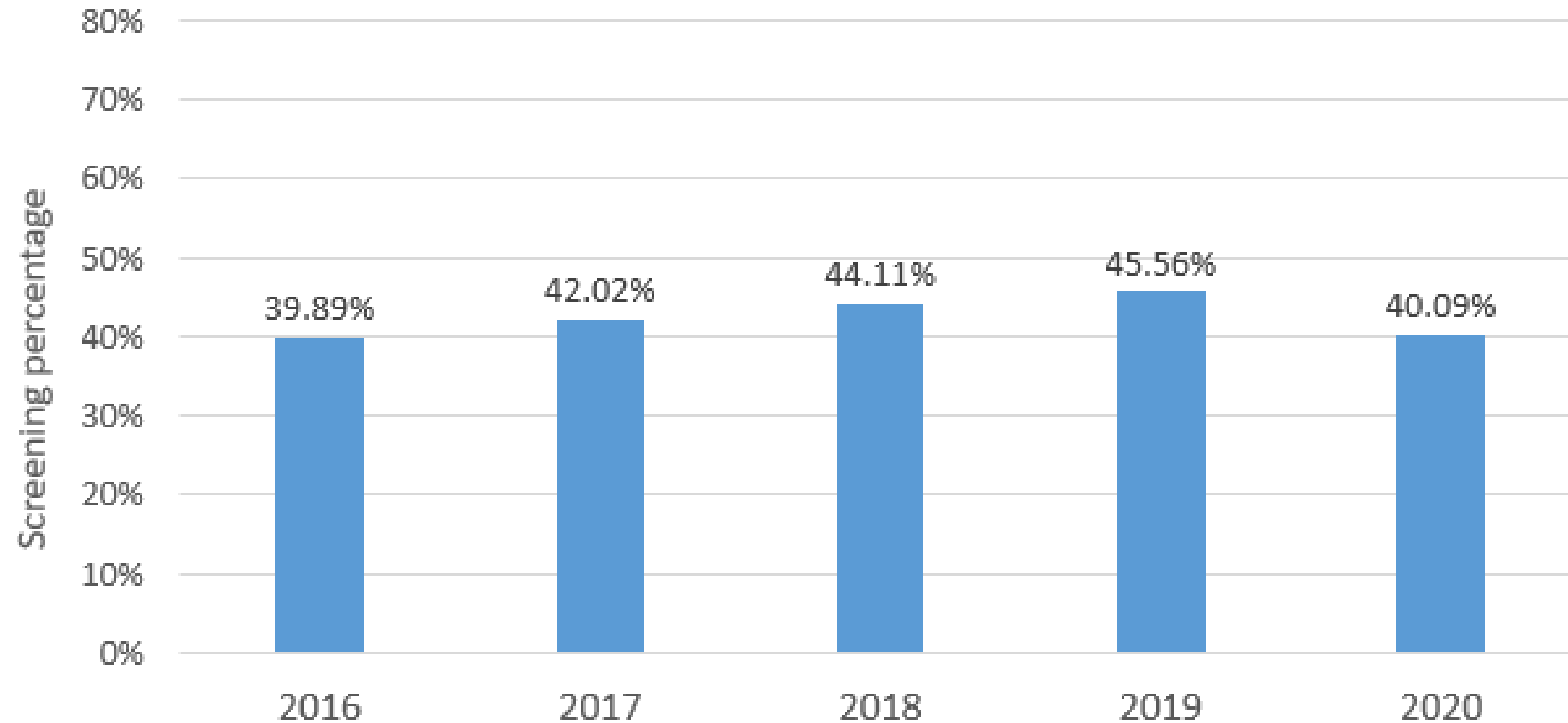


Source: Uniform Data System, 2020

Colorectal Cancer Screening in previous years



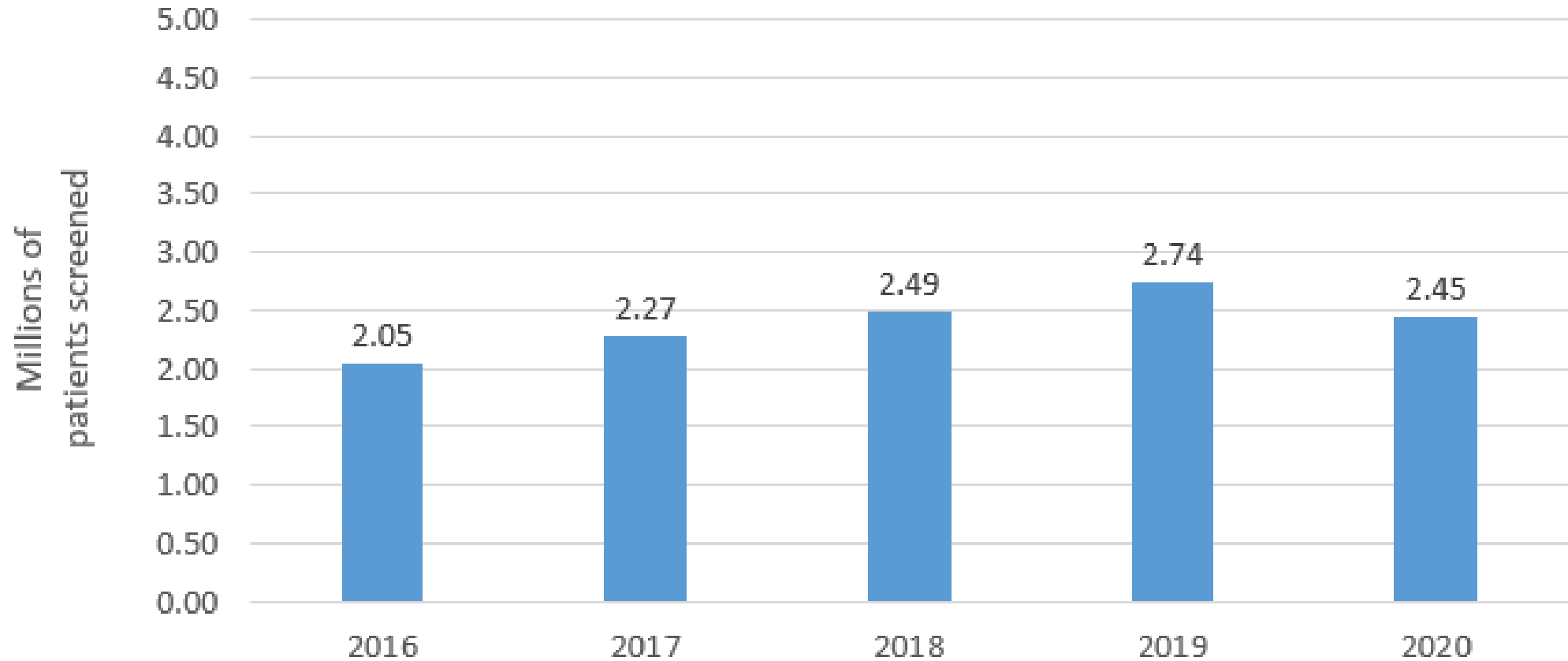
UDS Colorectal Cancer screening rates eCQM: CMS130v6



Source: Uniform Data System, 2020



UDS Colorectal Cancer screening rates eCQM: CMS130v6



Source: Uniform Data System, 2020



Next Steps



Next Steps

- Understanding from health centers
 - What were some of the best practices that helped them maintain or increase their screening rates?
 - Did patients have any preference for any particular screening option?
 - How do they plan to sustain those activities/interventions?
- Provide technical assistance to health centers
- Continue to establish and foster partnerships for achieving our goals

Thank You!

Neeraj Deshpande MBBS, MPH, MHA

Public Health Analyst/Office of Quality Improvement (OQI)

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What do the data tell us? National Health Interview Survey

NATIONAL COLORECTAL CANCER ROUNDTABLE

November, 2021

Stacey Fedewa, PhD

Surveillance and Health Equity Sciences

American Cancer Society



National Health Interview Survey (Historical)

- In-person, household survey among non-institutionalized adults
- Self-reported CRC screening data every 2-3 years
 - Colonoscopy
 - Sigmoidoscopy
 - FIT/gFOBT (hereafter **FIT**)
 - CT colonography (added in 2010)
 - sDNA/Cologuard (added in 2018)

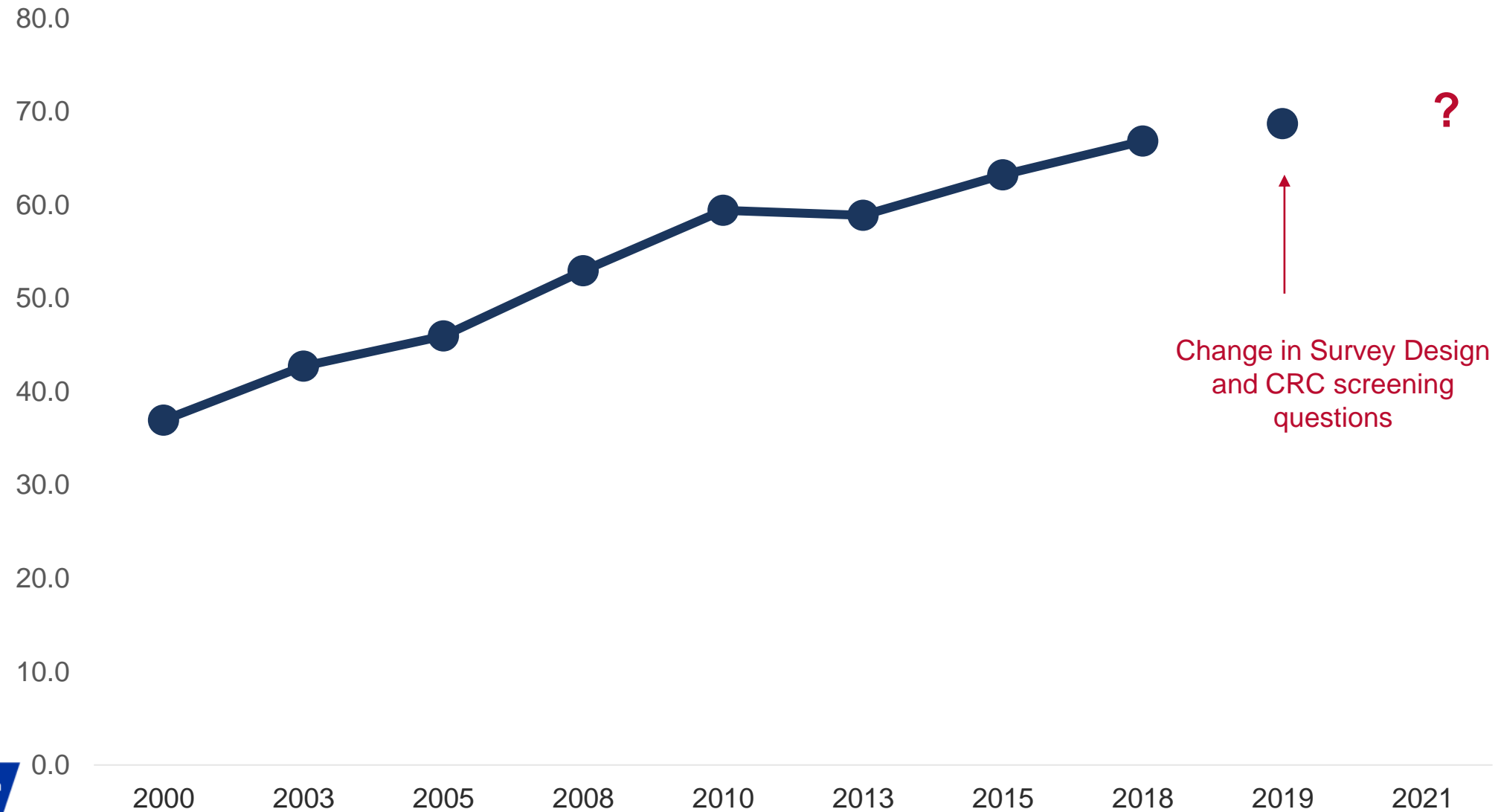


National Health Interview Survey

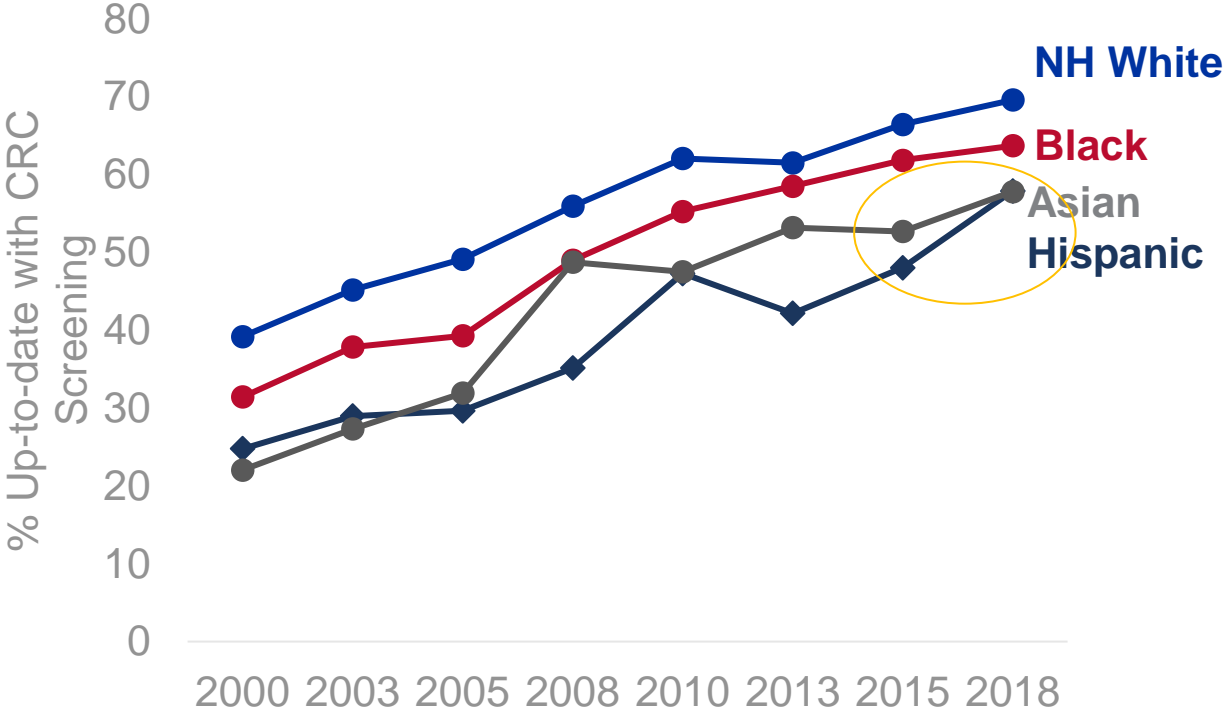
National Health Interview Survey: Recent/Updates

- 2019: Change in survey design, CRC screening questions, and rotation
- 2020: CRC screening data not collected, in-person → telephone → some in-person
 - Changes in response rates
 - Changes on respondent characteristics (more educated)
 - Additional weighting
- 2021: CRC screening data are collected, mix of in-person/ telephone

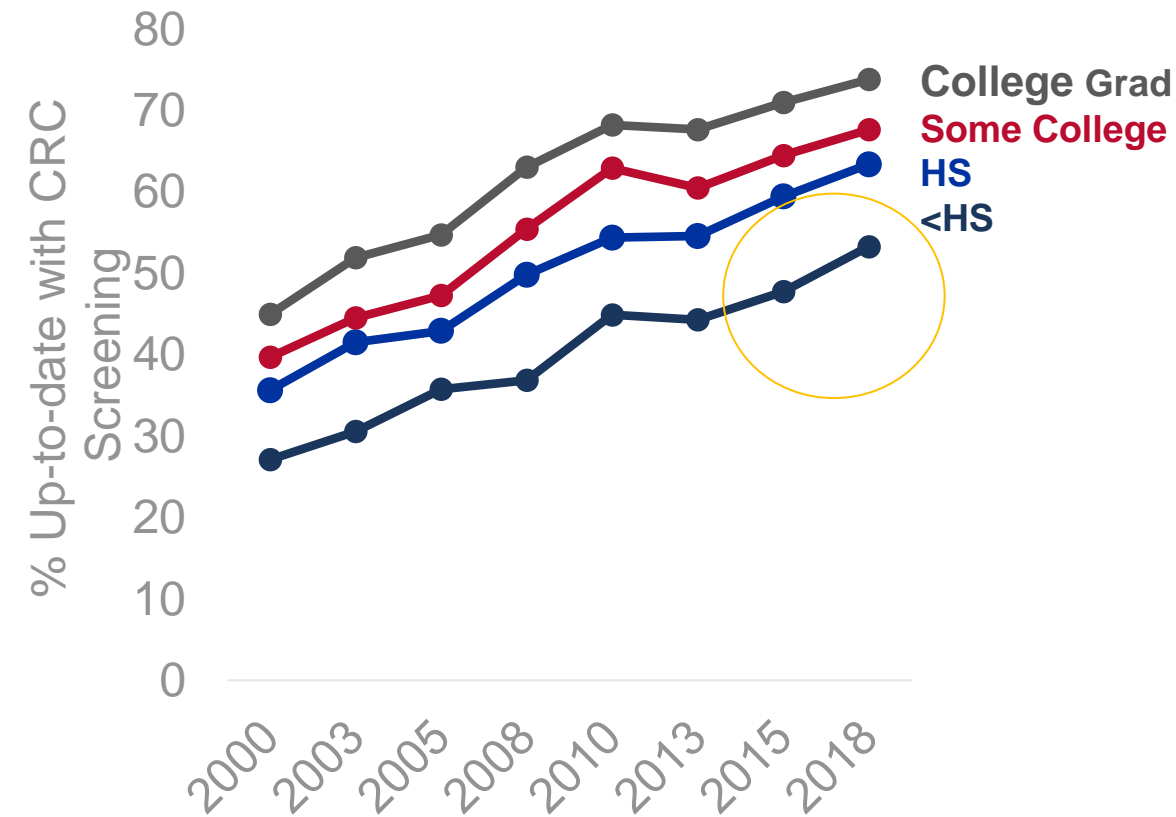
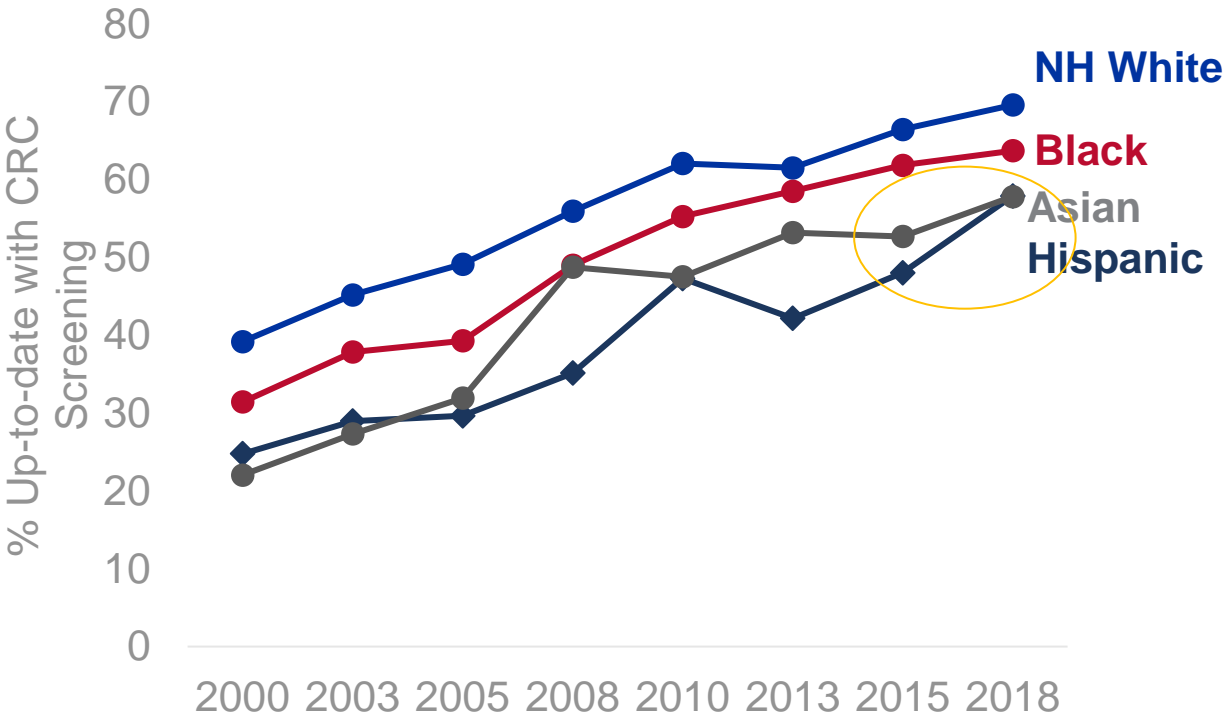
% Up-to-date CRC Screening 50-75 years, NHIS 2000-2019



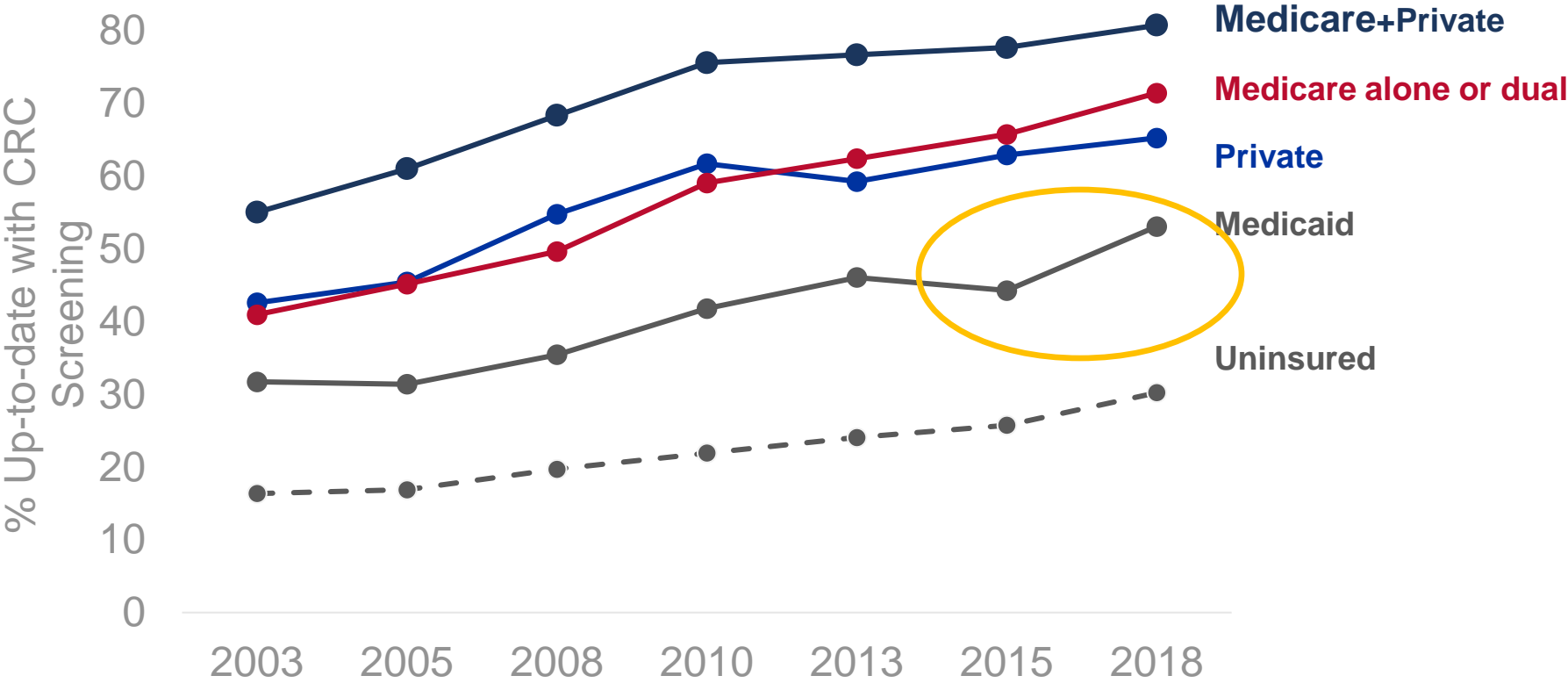
Pre-Pandemic Progress



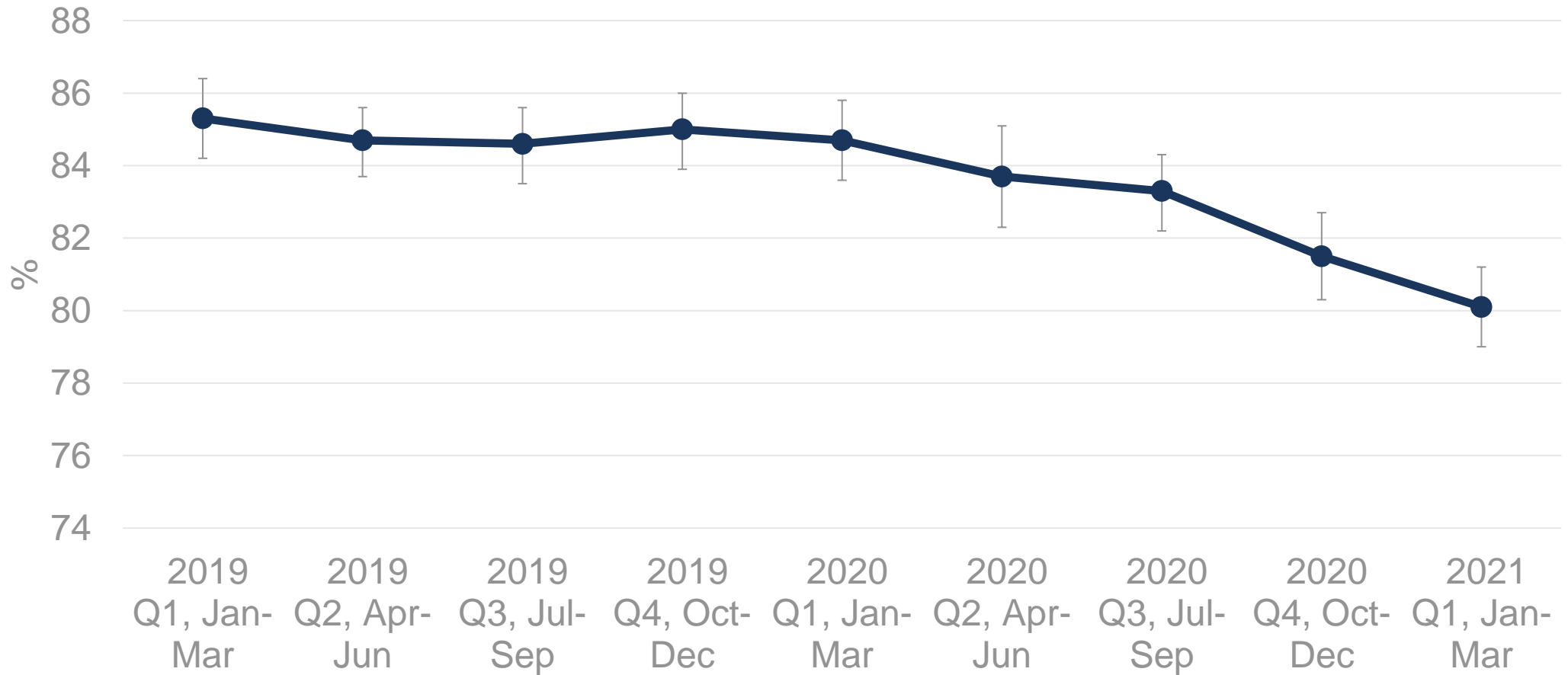
Pre-Pandemic Progress



Pre-Pandemic Progress: Insurance



NHIS 2019-2021: Proportion of Adults Reporting PCP Visit in Past Year According to Interview Quarter



Note the scale

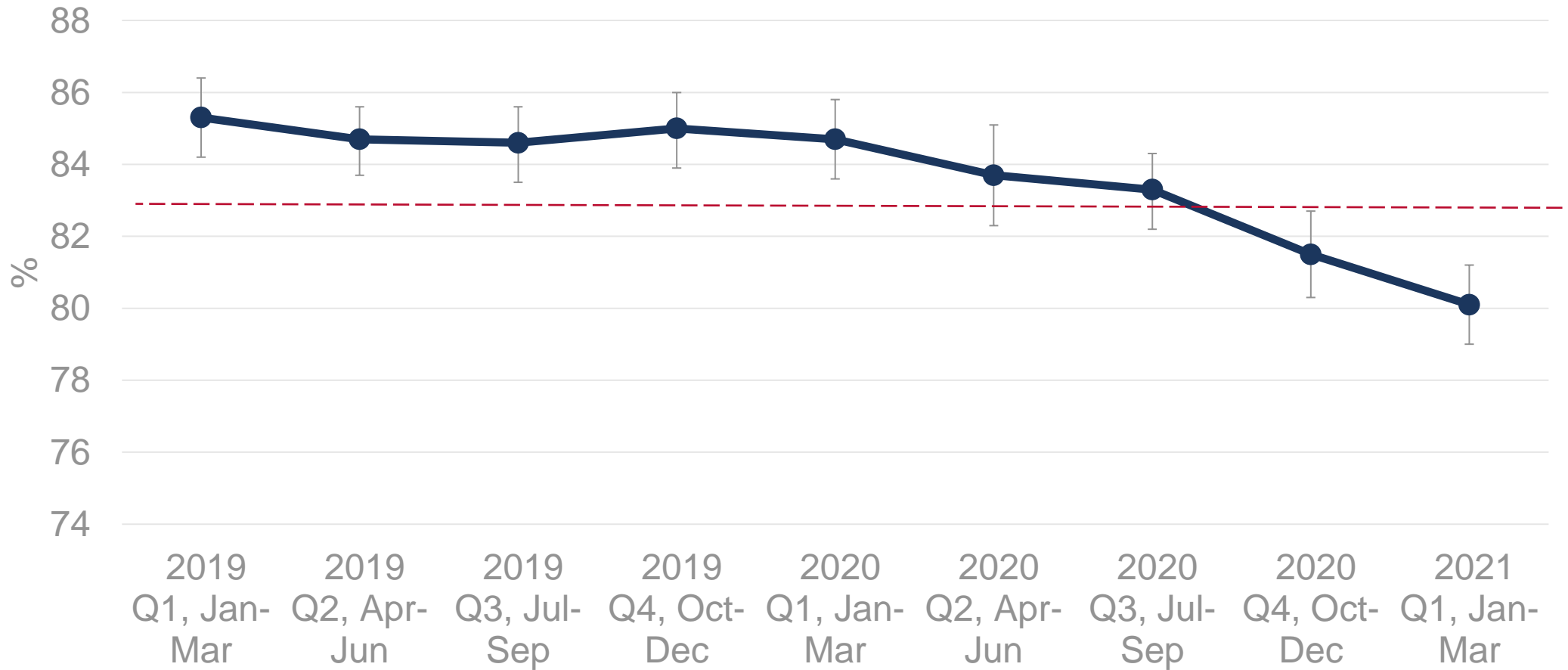


National Center for Health Statistics. Percentage of doctor visit in the past 12 months for adults aged 18 and over, United States, 2019 Q1, Jan-Mar—2021 Q1, Jan-Mar. National Health Interview Survey. Generated interactively: Oct 29 2021 from https://wwwn.cdc.gov/NHISDataQueryTool/ER_Quarterly/index_quarterly.html

Source: National Center for Health Statistics, National Health Interview Survey

cancer.org

NHIS 2019-2021: Proportion of Adults Reporting PCP Visit in Past Year According to Interview Quarter



Note the scale



National Center for Health Statistics. Percentage of doctor visit in the past 12 months for adults aged 18 and over, United States, 2019 Q1, Jan-Mar—2021 Q1, Jan-Mar. National Health Interview Survey. Generated interactively: Oct 29 2021 from https://wwwn.cdc.gov/NHISDataQueryTool/ER_Quarterly/index_quarterly.html

Source: National Center for Health Statistics, National Health Interview Survey

cancer.org

Conclusions

- Pre-pandemic increases in CRC screening, especially in some groups with lower screening rates and more barriers
- COVID-19 Pandemic influenced survey mode, response rates, and respondent characteristics

Thank you





Please submit your questions in the Q&A box.

NCCRT National Meeting

80% in Every Community Conference & NCCRT Annual Meeting – Nov. 15-17, 2021

Presentations by nationally known experts, thought leaders, and decision makers on CRC screening policy and delivery.

nccrt.org/events/





The 2022 80% in Every Community National Achievement Awards

Submit your nominations by Nov. 19!

nccrt.org/awards

Thank You!



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Questions? Contact nccrt@cancer.org