



Colorectal Cancer Screening Best Practices Handbook for Health Plans



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DISCLAIMER: This guide was made possible in part by funding from the Centers for Disease Control and Prevention Cooperative Agreement Number 5U38DP004969-03. The views expressed in the material do not necessarily reflect the view of the Department of Health and Human Services.

Acknowledgments

The National Colorectal Cancer Roundtable would like to thank the following individuals who generously offered their time and expertise to the development of this Handbook and agreed to share information about how their health plans have successfully addressed colorectal cancer screening.

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Plans profiled in this handbook may be willing to share additional information about their work on a case-by-case basis. Please contact nccrt@cancer.org with questions.

Dear Colleagues:

If you are reading this handbook, you know that colorectal cancer screening saves lives and that health plans are in a key position to help increase colorectal cancer screening rates. Colorectal cancer remains the second leading cause of cancer death among men and women combined, but it doesn't have to be. Health plans are part of the solution.

The National Colorectal Cancer Roundtable (NCCRT) understands that health insurance plans strive to meet and exceed performance goals in preventive care, and especially colorectal cancer screening. We commend your annual efforts and appreciate your demonstrated extra effort to achieve stronger outcomes each year. To maximize the effectiveness of your work, the NCCRT is committed to providing you with technical support and subject matter expertise.

While numerous health plans have long focused on increasing colorectal cancer screening as a requirement of their quality obligations, several factors have converged to make it a priority:

- Colorectal cancer received an "A" grade from the U.S. Preventive Services Task Force, the highest rating for a preventive care screening, and is thus a mandated benefit for private health plans under the Affordable Care Act.
- Colorectal cancer is a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure and now impacts Medicare Star Ratings. And in 2016, the HEDIS measure was expanded to include all USPSTF recommended screening tests, including CT colonography and stool DNA testing, or FIT-DNA.
- Increasingly, accountable care organizations (ACOs) and provider networks are setting their own benchmarks and using pay-for-performance to incentivize these goals.
- Some states are implementing health plan incentives to increase screening, others mandate reporting screening rates for Medicaid, and a few are even making health plan screening rates accessible to the public.

But where to start? There's no better way than to learn from your peers, so the NCCRT convened an advisory group of health plan experts and interviewed high-performing health plans to understand what works and what doesn't when it comes to increasing screening among members. We're confident this handbook provides a first-of-its-kind compilation of best practices, case studies, templates and tools, that will kick start or infuse your efforts to save more lives and prevent more cancers.

Here's to your success! We look forward to hearing about your colorectal cancer screening achievements in the near future.

Richard C. Wender

Chair, NCCRT
Chief Cancer Control Officer, American Cancer Society

The National Colorectal Cancer Roundtable and the American Cancer Society have brought together best practices and case studies to share with health plans the secrets to improving their colorectal cancer screening rates. It is not just a race for Stars—it's a question of saving lives.

—Mary Barton, MD, Vice President,
Performance Measurement
National Committee on Quality Assurance



Health plans are increasingly interested in keeping their members healthy through evidence-based preventive and screening interventions. Colorectal cancer screening is an important piece of that strategy. The best practices and case studies found in this handbook provide the roadmap needed to implement changes that will not only work, they will save lives.

—Richard Bankowitz, Executive VP
Clinical Affairs and Center for Policy &
Research, America's Health Insurance Plans



Do you have a success story to share?

In the future, we hope to update this handbook with more case studies from high-performing health plans. If you have a story to share about how your health plan has worked to raise colorectal cancer screening rates, please email nccrt@cancer.org.

Introduction

As of March 2017, more than 1,400 organizations have signed on to the National Colorectal Cancer Roundtable's (NCCRT) **80% by 2018 initiative**.¹ The goal of this effort is to engage a broad range of partners—including primary care providers, cancer centers, cancer coalitions, survivor groups, academic centers, health plans, and others—to reach an 80% colorectal cancer screening rate by 2018. Health insurance plans are increasingly becoming engaged in this effort, particularly given that the Affordable Care Act now requires coverage of colorectal cancer screening. Additionally, many quality measures require reporting and tracking of plan performance on colorectal cancer screening.

The NCCRT recognizes that many health plans are looking for guidance on how they can engage their members and provider networks in order to improve screening rates. The purpose of this handbook is to provide health plans with advice on the design and delivery of effective colorectal cancer screening programs. Colorectal cancer is the second leading cause of cancer death in the United States. However, 23 million Americans between the ages of 50 and 75 are not being regularly screened. The good news is that screening for colorectal cancer can detect the disease at an early, favorable stage, or prevent it through the early detection and removal of pre-cancerous polyps. Furthermore, when colorectal cancer is diagnosed at the localized stage, expensive new therapies are not required, and the five-year survival rate is 90 percent. However, when cancer is not diagnosed until the distant stage, the five-year survival rate is only 14 percent.² It is critical, therefore, that we invest further in efforts to increase screening rates.

Health plans have an essential role to play in the effort to screen more Americans for colorectal cancer, particularly given that seven out of 10 people who are unscreened are covered by insurance.³ Not only will this work save lives, but it is also cost-effective. Estimated costs for one year of treatment for a patient with late-stage colorectal cancer are as high as \$310,000,⁴ with an estimated annual cost nationwide of \$14 billion.⁵ Health plans that improve their colorectal screening rates also benefit from improved HEDIS scores, bonus payments through the Medicare Star Ratings program, and opportunities to market the quality of their plans to consumers.

The health plans below were identified by an NCCRT advisory group, based on their demonstrated success in conducting effective member and provider outreach and raising screening rates. For each plan, information was gathered from staff members responsible for quality improvement strategies for colorectal cancer. Participating staff included quality program managers, chief medical officers, and health equity directors.

- Blue Cross Blue Shield of Massachusetts
- Blue Cross and Blue Shield of Minnesota
- Care N' Care
- Cigna
- Cigna Foundation
- Community Health Plan of Washington
- Gateway Health
- HealthPartners
- Kaiser Permanente
- Medica
- South Country Health Alliance
- Wellmark Blue Cross Blue Shield

These health plans were selected based on reaching 80% screening rates, achieving significant gains in screening rates over a period of time, successfully addressing disparities, or piloting new, innovative approaches. These case studies are intended to provide a wide range of models and should be considered a sample of effective approaches, rather than an all-inclusive list.

This guide is organized to provide readers with the following information:

- Case studies of health plans that have successfully raised screening rates, addressed barriers to screening, or reduced disparities among hard-to-reach audiences
- Results from a literature review and environmental scan on successful screening approaches used by health plans
- Messaging to promote colorectal cancer screening that has been tested for effectiveness by the NCCRT
- Marketing and social marketing strategies that can be used by health plans to promote colorectal cancer screening
- Examples of materials to illustrate how health plans have executed their plans

How to Use This Guide

This handbook is a combination of best practices that have been tested and validated, observations from those with many years of experience implementing programs at health plans, sample resources, and other insights.

It is intended to be a useful and practical resource for anyone within a health plan organization. As such, the handbook has been designed to give you easy and direct access to the material most relevant to your needs and specific challenges. You may choose to read it in sequential order, or quickly refer to a topic or case study whenever the need arises. If you use the live links throughout the handbook, you can get back to where you started by pressing, “**Alt+Left Arrow**” on a PC or “**Command+Left Arrow**” on a Mac.

The handbook has been organized into two main sections:

Section One: Best Practices & Case Studies

This section begins with a summary of 10 best practices that were observed in the 12 case studies generated specifically for this handbook. Participating health plans provided the NCCRT with valuable insights into their efforts to raise screening rates, including their strategies, approaches to implementation, and the results they were able to achieve.

As you will see, we have strived to include a wide range of plan types and address a full spectrum of approaches and potential strategies. To help you find a case study that is most relevant to your needs, please refer to the table on [page 8](#).

Plans profiled in this handbook may be willing to share additional information about their work on a case-by-case basis. Please contact nccrt@cancer.org with questions.

Section Two: Toolkit for Health Plans

This section provides a collection of material related to improving colorectal screening rates, including reviews of trials, highlights of current screening programs, principles of sound marketing strategies, and sample content.

This collection is by no means exhaustive. It is meant to offer an overview of current activities and thinking which may spark inspiration for your own efforts. When possible, we have included web links to the source content, so you can dig deeper into topics that capture your interest.

It is our hope that you will refer to this handbook frequently, draw inspiration from it, and share it with colleagues throughout your organization.

Health Plan Strategies Icon Key



Community partnership



Effective use of data



FIT distribution



Focus on disparities



In-person member education



Mass media



Member incentives



Member/customer reminders



Population health approach



Provider incentives



Provider outreach/education









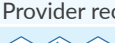

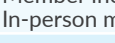
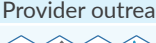


Provider recognition



Waived cost sharing

Summary of Health Plan Initiatives

Health Plan	Location	Plan Types Offered	Focus of Intervention	Strategies Highlighted	Page #
Blue Cross Blue Shield of Massachusetts	MA	Employer-sponsored, Individual Medicare	Members and providers	 Provider incentives Member reminders Waived cost sharing	16
Blue Cross and Blue Shield of Minnesota	MN	Employer-sponsored, Individual Medicare, Medicare/Medicaid	Providers	 Provider incentives Provider outreach/education Focus on disparities	18
Care 'n Care	TX	Medicare Advantage	Members and providers	 Member reminders Provider incentives Provider outreach/education FIT distribution	20
Cigna	National	Employer-sponsored, Individual, Medicare	Customers	 Customer reminders FIT distribution Waived cost sharing	22
Cigna Foundation	MD	N/A	African American community members	 Community partnership Focus on disparities Provider outreach/education	25
Community Health Plan of Washington	WA	Medicare, Medicaid, Individual/Marketplace	Medicare/Medicaid members	 Member incentives Member reminders Effective use of data Provider incentives	27
Gateway Health	PA, OH, NC, KY	Medicare/Medicaid, Special Needs Plans, Medicare	Primarily dual-eligible Medicaid/Medicare members	 Member reminders Provider incentives Provider outreach/education Waived cost sharing	29
HealthPartners	MN, WI	Employer-sponsored, Individual Medicare, Medicaid	Members and providers	 Member reminders Provider incentives Effective use of data Provider recognition	31
Kaiser Permanente	CA, CO, GA, HI, VA, MD, OR, WA, DC	Employer-sponsored, Individual	Members	 FIT distribution Member reminders Population health approach	34
Medica	MN, NE, IA, ND, SD, KS, WI	Employer-sponsored, Medicare Medicaid, Individual/Marketplace	Members	 Member reminders Mass media Member incentives In-person member education	37
South Country Health Alliance	MN	Medicaid, Medicare	Special needs, underserved, seniors, providers	 Provider incentives Effective use of data Provider outreach/education	39
Wellmark Blue Cross Blue Shield	SD, IA	Employer-sponsored, Individual, Medicare	Members and providers	 Provider incentives Effective use of data Provider outreach/education Member reminders	42



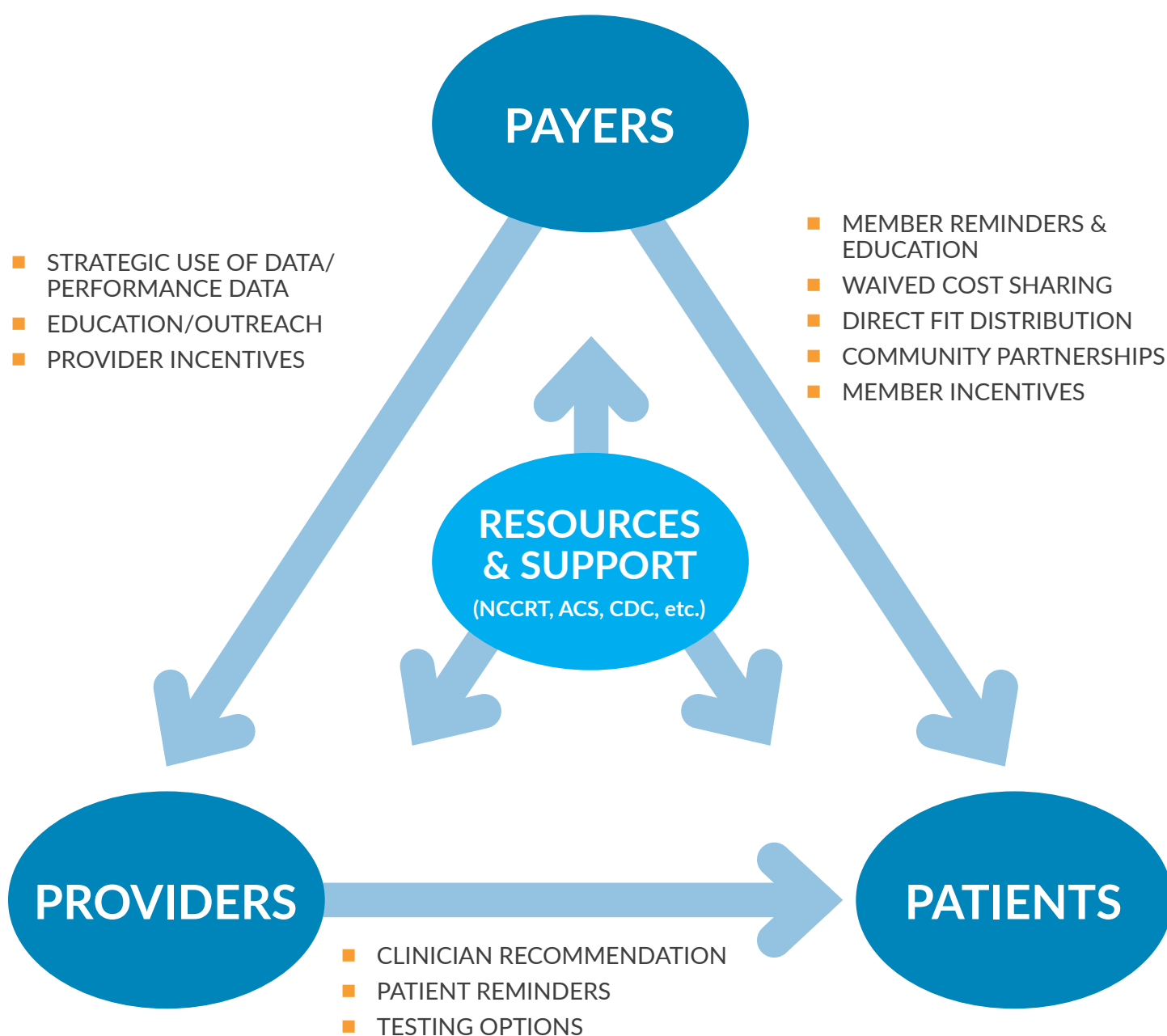
Section 1

Best Practices and Case Studies

10 Best Practices for Health Plans

The following best practices were observed across multiple health plans who shared insights about their screening successes. Many of these recommended approaches are also consistent with best practices in screening that have been observed and documented by researchers elsewhere.

As shown below, payers are in a unique position to influence patients' screening status both directly and through providers, using a variety of proven strategies described in this handbook.



1 Employ a Multifaceted Population Health Approach

Few of the high performers in this guide are relying on just one strategy to improve their screening performance. Most take full advantage of their available data and resources to develop multifaceted strategies, targeted at both members and providers that function as part of an overall population health approach. Further, successful outreach often relies on not just one communication or touchpoint, but several. Some plans have learned from experience that a single reminder letter has little impact, but a structured combination or sequence of reminders delivered through different channels, combined with physician recommendations can have a significant cumulative effect.⁶

2 Make Effective Use of Data

High-performing health plans frequently rely on high-quality member data to identify and target unscreened members and to keep providers aware of the screening status of their patients. Plans give providers reports and dashboards on a monthly or quarterly basis so that providers can identify and communicate with patients that are unscreened. Some plans also provide comparative or ranking data across medical groups in order to motivate better performance across the board. Some provider groups further use this data to drill down to identify screening rates for individual providers.

3 Promote Test Choice

Many successful health plans are promoting the importance of colorectal cancer screening in general, not colonoscopy in particular. Although they recognize that many providers prefer colonoscopy, knowledge of best practices as well as trial and error have helped them realize that average-risk members are more apt to respond when they are offered a choice of tests. (Note that individuals at high risk for colorectal cancer are not candidates for other screening methods and require a colonoscopy for their first-line screening exam.) Providers and plans are often unaware that with annual adherence, newer generations of stool tests for occult blood—in particular, Fecal Immunochemical Tests (FIT)—have been estimated in modeling studies to be nearly as effective in reducing colorectal cancer mortality as screening colonoscopy every 10 years.⁷ Others may not be aware that recent studies have shown that when provided with options many patients choose stool-based testing over colonoscopy for colorectal cancer screening and are more likely to adhere to regular screening when they have a choice of tests.

U.S. Preventive Services Task Force 2016 Colorectal Cancer Screening Recommendation Statement – Screening Strategies⁸

Screening Method	Frequency
Stool-Based Tests	
Guaiac-based fecal occult blood test (gFOBT)	Every year
Fecal immunochemical test (FIT)	Every year
FIT-DNA (multitargeted stool DNA test)	Every 1 or 3 years
Direct Visualization Tests	
Colonoscopy	Every 10 years
CT colonography	Every 5 years
Flexible sigmoidoscopy	Every 5 years
Flexible sigmoidoscopy with FIT	Flexible sigmoidoscopy every 10 years plus FIT every year

American Cancer Society - Guidelines for Screening for the Early Detection of Colorectal Cancer and Adenomas for Average-risk Women and Men Aged 50 Years and Older⁹

Test	Interval
Tests that Detect Adenomatous Polyps and Cancer	
Colonoscopy	Every 10 years
Flexible sigmoidoscopy*	Every 5 years
Double-contrast barium enema*	Every 5 years
CT colonography*	Every 5 years
Tests that Primarily Detect Cancer	
gFOBT* with at least 50% test sensitivity for cancer	Every year
FIT* with at least 50% test sensitivity for cancer	Every year
Multitarget stool DNA test*	Every 3 years, per manufacturer's recommendation

*All positive tests must be followed up with colonoscopy

Presenting screening as a suite of options can increase screening adherence. A recent study found more patients complete screening when offered a choice to screen by colonoscopy or stool occult blood test (69%) as compared to patients that are offered colonoscopy only (38%).¹⁰ Recent consumer research conducted by the American Cancer Society also found that unscreened consumers are very responsive to messages indicating that there are affordable take-home options available.¹¹

Health plans profiled in this guide understand that their screening rates can only rise to a limited level without incorporating test choice because there will always be a share of members who are simply unwilling to undergo colonoscopy. Some health plans who previously promoted colonoscopy alone have been able to significantly improve their screening rates by promoting choices and making better use of high-quality stool tests in addition to colonoscopy. In addition to colonoscopy and high-sensitivity stool occult blood tests, the 2016 U.S. Preventive Services Task Force recommendations for colorectal cancer screening now include CT colonography and stool DNA testing combined with FIT ("FIT-DNA") as additional recommended screening strategies. Health plans may find success in promoting these tests as additional options.¹²



4 Use Direct Member Outreach, Particularly in Partnership with Providers

Most health plans profiled in this guide do some type of direct-to-member outreach to supplement provider-patient communication. They utilize traditional postcards, emails, messages delivered through EHRs, live phone calls, and interactive voice response (IVR) phone calls. Importantly, much of this outreach is not limited to an initial screening reminder, but is conducted throughout the care continuum to ensure that FIT kits are returned, members follow through on colonoscopy appointments, etc. These approaches are necessary and impactful, especially for members who do not have a regular primary care provider (PCP). However, the influence of a PCP's recommendation is significant and has been shown to be one of the most influential factors on the decision to be screened.¹³ As a result, plans need to partner and coordinate with PCPs, complementing each other's strategies and delivering multiple touchpoints for members through the channels they prefer.

5 Address Cost-Sharing Barriers with Policy Change and Education

Most high-performing health plans recognize that any type of out-of-pocket costs that members must bear can be an impediment to screening. Additionally, when cost-sharing is applied to colonoscopies that follow positive stool tests, members may be financially incentivized to choose a more costly colonoscopy as their initial screening, or forego a needed follow-up colonoscopy.¹⁴ For Medicare members, if polyps are found and removed during a routine colonoscopy, they can also be subject to unexpected copayments. As a result of these potential barriers, many high-performing health plans have made the decision to waive cost sharing for all screening-related colonoscopies, even if it is not mandated by the Affordable Care Act. This includes surveillance colonoscopies and those that follow positive stool tests. (Note: recent rulings already require commercial plans to cover procedure-related costs including pre-exam consultation, pathology,¹⁵ bowel prep,¹⁶ and anesthesia.¹⁷)

Just as important as policy change, many plans educate practices to make sure that these procedures are properly coded so that patients do not receive inappropriate billing that can "turn them off" to future screening. Reminders sent to members also clearly state that screening is completely free for them. Learn more about waiving cost-sharing for colonoscopies that follow a positive stool test: [The Importance of Waiving Cost-sharing for Follow-up Colonoscopies: Action Steps for Health Plans](https://nccrt.org/cost-sharing-brief) (nccrt.org/cost-sharing-brief).



6

Incorporate Colorectal Cancer Screening into Provider Incentive Programs

Almost all high-performing health plans in this handbook have some type of pay-for-performance program for participating providers. These are often based on improving HEDIS scores and CMS Star Ratings, or tied to state-based quality improvement programs. Colorectal cancer is a desirable measure to include in incentive programs because there is so much room for improvement; there are also a variety of low-cost, proven strategies for raising rates. Some plans collaborate with provider groups to custom-select quality improvement areas and targets for their quality improvement program. Others standardize goals across all participating providers. Both approaches appear to yield good results and positive feedback from providers, as long as they are supported by education and regular reports/data.

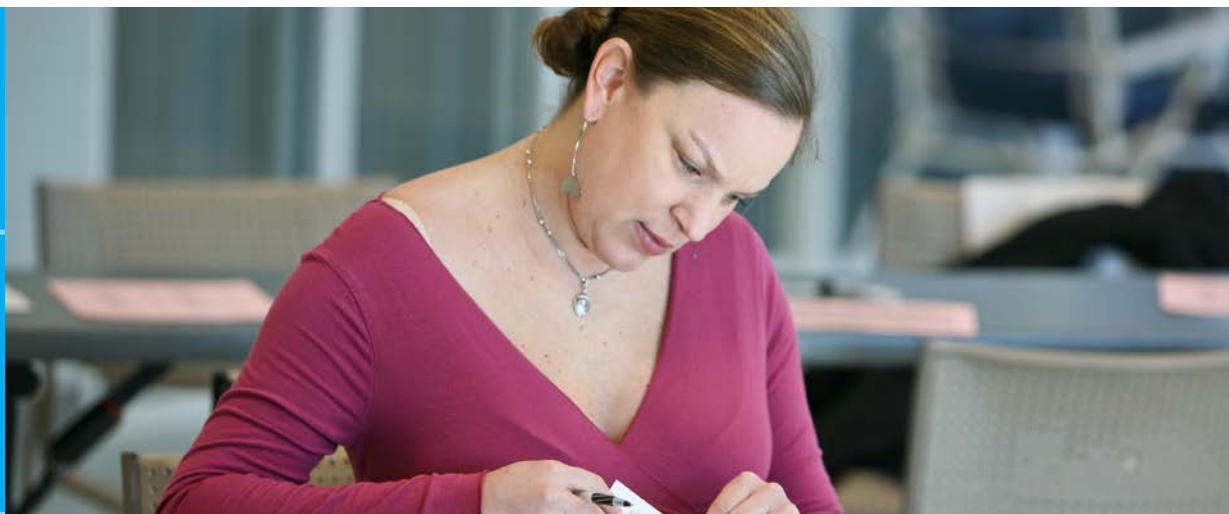
7

Identify Opportunities to Make Screening an Easier Choice for Members

Many successful plans have taken a closer look at their processes and found ways to take the burden off the patient when it comes to getting screened. Some have removed the requirement that members see a PCP before receiving a FIT kit. Others work with providers and stool testing vendors to facilitate seamless distribution of kits. Some plans have also looked at ways to remove barriers to test completion and return, including making FIT instructions easier to follow and making mail-back as simple as possible.

Other health plans send out FIT kits automatically, either to all unscreened members, or to those whose past behavior indicates they are likely to complete one again. It is critically important for health plans that mail stool-based tests directly to members to work closely with provider networks to determine if FIT screening is appropriate for the patient and to share test outcomes with providers. Neglecting to communicate with PCPs could result in wasted resources and the potential harm associated with over-screening if patients receive tests but have already been screened (e.g. repeat colonoscopy for a positive FIT shortly after a negative screening colonoscopy).

In addition, screening is not appropriate for some patients, including those with serious co-morbidity who are not likely to benefit from screening. FIT is also not the right screening option for those with specific medical conditions such as ulcerative colitis or a personal or family history of colorectal cancer or adenomatous polyps. Finally, it is critical that plans communicate test results so that providers can participate in ensuring appropriate follow-up and update medical records in order to determine their colorectal cancer screening rates.



8 Focus on Screening Disparities to Reach 80%

Some plans have chosen to target their screening efforts toward populations that have historically lower screening rates, such as Hispanics and residents of rural areas. Or they may identify specific gaps in their service areas among unique subpopulations, such as African Americans. These populations may benefit from special outreach with culturally appropriate materials, as many plans correctly recognize that the only way to reach the 80% threshold across their entire member population is to focus on reducing disparities in those groups who are less likely to be screened.¹⁸

9 Celebrate Success and Share Best Practices

Many successful health plans not only incentivize high-performing providers, but also facilitate the sharing of successful approaches among participating provider groups. Webinars, newsletters, and provider engagement teams help spread the word about best practices throughout the network. Some plans also host dinners or awards nights to highlight high achievers and allow them to share information about their approaches. Plans report that even though provider groups are technically in competition with one another, they have been extremely willing to collaborate in this way to improve quality across the board.



www.nccrt.org

Each year, the National Colorectal Roundtable recognizes health plans and other organizations that reach the 80% by 2018 goal. Plans that achieve the goal earn a spot on the **80% by 2018 Hall of Fame** webpage and can request a copy of a web badge to display on their website or in social media to advertise their success.¹⁹

10 Pilot and Refine the Approach

Many of the successful health plans profiled in this handbook began their efforts years ago and have refined their approaches over time. Several have piloted new approaches on a small scale, focusing on a single geographic area or a narrowly defined audience to deliver proof of concept before broadening the effort. After learning from these pilots, they have made adjustments to their messages and tactics, measuring the results each time in order to document the impact of refinements. Successful plans say it is unrealistic to expect total success the first time a strategy is tried; rather, it should be looked on as a learning experience and an opportunity to gather valuable input and data to improve the program.



CASE STUDY: Embracing Alternative Reimbursement Models to Elevate Quality Performance



Background and Audience

Blue Cross Blue Shield of Massachusetts is one of 37 Blue plans across the country. They offer HMO and PPO products, as well as Medicare Advantage plans. Blue Cross's quality improvement program is currently targeted toward providers participating in their commercial HMO product, but is being expanded to PPO plans as well. Their approach has been to partner with providers to incentivize quality improvement across the board, with colorectal cancer being one of many focus areas.

Approach

In 2009 Blue Cross Blue Shield of Massachusetts entered into new Alternative Quality Contracts (AQC) with many of their providers, as a risk-sharing alternative to traditional fee for service contracts. About 85% of their provider network is now participating in the AQC, but virtually all of their primary care provider (PCP) network is incented in one way or another on the same measures. In addition to encouraging cost efficiency, providers' reimbursement is directly related to their performance on quality measures.

Providers' performance is measured in comparison to the network across 64 quality measures, many based on HEDIS measures and patient satisfaction scores; colorectal cancer is one of the ambulatory measures in the set. In order to earn quality bonus dollars, providers must perform in at least the 50th percentile, but incentives are awarded across a continuum of improvement.

"Including the quality measures as part of our contracting strategy and incenting them is really the primary driver in our performance."

At-A-Glance

- Entering into Alternative Quality Contracts with providers has helped Blue Cross Blue Shield of Massachusetts achieve a colorectal cancer screening rate of 84%.
- This reimbursement model, plus sharing of best practices and jointly addressing cost barriers is fostering a more collaborative relationship between Blue Cross and their provider network.



The better their performance, the higher the payment. In this way, providers are incented both for absolute performance and for evidence of improvement. Because the relevant time period for colorectal cancer screening can be up to 10 years, incentives are paid based on the claims rate, rather than the HEDIS rate (which is higher based on a combination of claims data and chart review).

Provider groups receive monthly reports showing their performance on every ambulatory process measure in the contract. They also receive lists of members who are due for colorectal screening so that they can use the lists to reach out to members. Reports show not only how individual groups are performing but also comparative (blinded) information about all 19 participating groups. Data is provided for each member, with PCPs identified so that each group can internally compare individual physicians if desired.

To further encourage quality improvement, BCBS of Massachusetts facilitates quarterly AQC Sharing Innovations Forums for sharing best practices across their provider network. During these in-person forums, provider groups are able to share best practices and connect with other groups that have achieved higher performance numbers to learn from their experiences. Once a year they bring provider groups together to present best practices. These forums are well attended and the groups have been very open about sharing their approaches.

To address barriers associated with cost, BCBS of Massachusetts waives cost sharing for all screening procedures, including colonoscopies that follow positive stool tests. They have educated their provider network about how to appropriately code and bill these procedures, and if there is any inappropriate billing they are very aggressive about fixing the problem.

BCBS of Massachusetts supplements their provider-focused efforts with automated phone calls to members during National Colorectal Cancer Awareness Month in March. After coordinating with provider groups, the plan contacts members directly with reminder messages about the importance of screening.

Impact

In 2015, BCBS of Massachusetts achieved a remarkable screening rate of 84%. Feedback from the provider groups has also been very positive: they appreciate the opportunity to earn additional revenue by improving quality. The program is viewed as a triple-win, benefiting members, providers, and the plan.

Key Lessons Learned

- Entering into a shared risk arrangement breaks down some of the historical barriers between health plans and providers. The relationship becomes more collaborative and collegial.
- Incentivize the behavior you want to see and build it into your contracting strategy.
- Support providers with actionable and comparative data. Physicians want to do better and improve their performance if you show them how they are doing compared to other groups. Giving providers assessment and feedback is a well-established evidence-based intervention for colorectal cancer screening that is recommended in [The Community Guide](#)²⁰ (see more information about *The Community Guide* on [page 44](#)).

CASE STUDY:

Incentive-Based Provider Contracting



Background and Audience

Blue Cross and Blue Shield of Minnesota is the largest insurer in the state, serving 2.6 million members. They offer commercial, individual HMO, Medicare Cost, supplemental, and Medicaid plans for dual-eligible seniors. The plan's emphasis on colorectal cancer screening dates back to 2011 and focuses on rewarding providers for improving quality and reducing disparities. Its innovative provider performance program won the 2015 Leadership in Health Care Innovation Award from Minnesota Community Measurement.

Approach

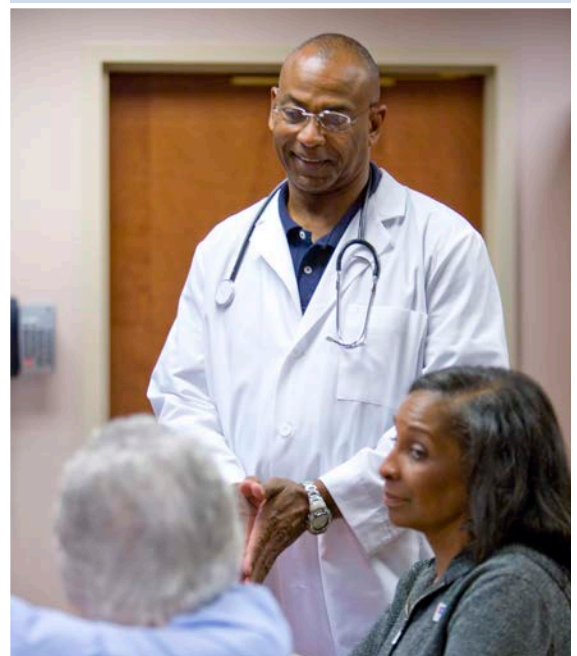
Blue Cross and Blue Shield of Minnesota's value-based or pay-for-performance program is known as aligned incentive contracting. The program has a 10-measure quality component, which includes five clinical measures (diabetes care, vascular care, asthma care, depression, and colorectal cancer in non-Caucasians), preventable events (such as ER visits), patient experience and satisfaction. More than 60% of their providers are in the value-based program and more than one-third of their health care spending is directed through these types of provider agreements.

Quality bonus payments are tied to each of the ten quality measures, with goals based on performance comparisons across the community. For example, if a provider group performs in the top 10% of providers in Minnesota, or if they reach specified level of improvement from one year to the next, they qualify for bonus payments.

"We have put disparities at the forefront, really focusing on it, not considering it an extra or an add-on to a program. Focusing on the non-Caucasian population really made it jump out in our program, that we care about disparities and we want to see this population improve."

At-A-Glance

- Blue Cross and Blue Shield of Minnesota has achieved success by adjusting incentive contracts with providers to directly address disparities in screening their non-Caucasian population.
- Simplifying incentive contracts to focus on a small suite of quality measures has helped providers focus on areas where they can have the greatest impact.



Initially, provider incentives were based on the full member population, but after three years, Blue Cross made the strategic decision to focus entirely on a non-Caucasian screening measure. This decision was made because although Blue Cross does have strong HEDIS metrics for their overall population, plan leadership wanted to address unacceptably high disparities among non-Caucasian members. As a result, nearly all providers were transitioned to the disparities-focused measure. (Only providers who work in areas with very small non-Caucasian populations were placed back in the full-population measure.)

To support providers, Blue Cross hosts monthly calls with quality leaders at participating care systems where they have the opportunity to learn about the impact of initiatives being tried. Blue Cross also participates in quarterly meetings with leadership from care system partners where quality improvement issues are addressed from diverse perspectives, including finance, contracting, quality, and medical leadership staff.

Impact

Participating providers agreed with Blue Cross's adjusted focus on disparities and recognized that it was both a unique and necessary way to focus on populations in need. Feedback suggests that providers also appreciate the simplified suite of just ten quality measures.

Compared to their baseline measure in 2013, Blue Cross has seen the disparity gap between non-Caucasian and Caucasian populations narrow from 9.6% to 9.1% for colorectal cancer screening. This is notable because among providers who do not participate in the program, the gap has actually widened from 10.1% to 17.3%. As of 2015, the aligned incentive program was credited with not only improving members' health outcomes, but also reducing overall medical costs by over \$73 million.²¹

Key Lessons Learned

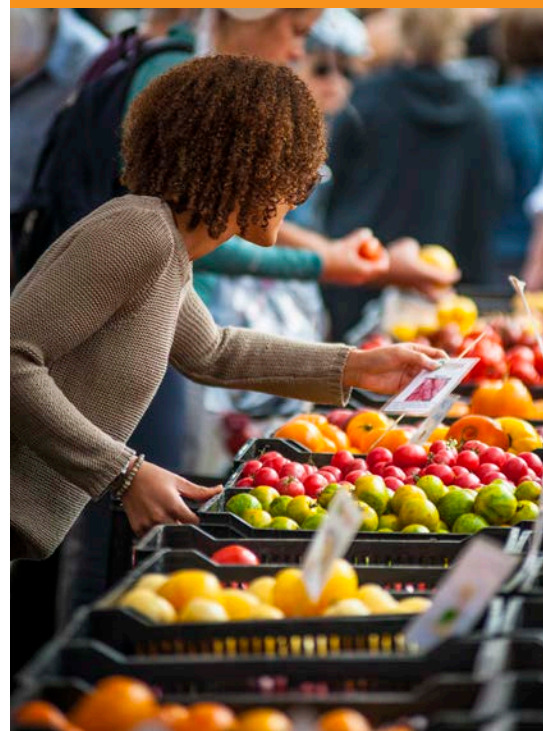
- In some instances, it may be most effective to focus on disparities in order to raise screening rates for your overall population.
- Work closely with providers' quality improvement staff to know what data they have and what they need from the plan to inform their quality improvement efforts.
- Simplify quality measures; Blue Cross started out with 22 quality measures, but they narrowed it to enable greater focus on high impact areas.

Addressing Health Equity in Prevention

The Center for Prevention at Blue Cross and Blue Shield of Minnesota goes beyond promoting screening to address the underlying causes for many preventable diseases, including colorectal cancer.

By addressing "upstream" issues such as physical inactivity, nutrition, and tobacco use, the Center works to complement the plan's disease-specific initiatives, with a particular focus on communities where disparities are greatest.

For example, the **Bringing Fresh to Every Corner** project seeks to address the availability of fresh fruits and vegetables in largely African American North Minneapolis.



CASE STUDY: Partnering with Providers for Coordinated Member Outreach



Background and Audience

Care N' Care is a local, doctor-led health insurance company offering both PPO (Preferred Provider Organization) and HMO (Health Maintenance Organization) Medicare advantage plans in seven counties in North Texas. Care N' Care currently serves more than 10,000 members.

Approach

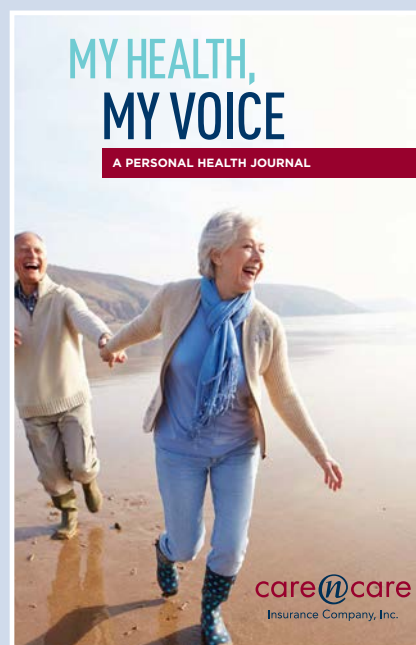
To improve colorectal cancer screening rates among their members, Care N' Care approached their network of Primary Care Physicians (PCP) with a plan for blanket fecal immunochemical test (FIT) orders that would allow Care N' Care to distribute and process FIT kits to members. To facilitate, Care N' Care sent letters to PCPs explaining the program, providing the number of their patients, that were Care N' Care members, who were overdue for a colorectal cancer screening, and requesting their approval on a signature page. Almost all PCPs agreed to participate.

"We have designed these initiatives to take the burden off the physician's office. We just give them a little work to do in the process and then try to help them. You have to make it a smooth transition for the member and the physician. Then we get good cooperation."

Care N' Care developed a process that genuinely partners with physicians to achieve more efficient member outreach and reduce the burden on physicians and their staff. Care N' Care contracts with Quest Diagnostics to process FIT orders. The R.N. on staff for Care N' Care enters the FIT orders into the Quest 360 program, monitors the results on a daily basis, and provides the results to the physician's office. If Care N' Care does not see a returned kit after 30 days, both the member and the physician will receive reminders.

At-A-Glance

- By partnering with providers and obtaining blanket orders to deliver FIT kits to all members, Care N' Care is establishing a model for efficient distribution and effective member outreach.
- They enhance this program with concierge services to encourage returned kits and follow-up appointments, and tools to encourage members to stay on schedule for all preventive screenings.



Care N' Care is dedicated to providing their members with the best healthcare experience. Care N' Care has a Healthcare Concierge service that offers the members a personal Healthcare Concierge to help facilitate their healthcare needs. The Healthcare Concierges assist members with finding a physician, and scheduling appointments, answer plan and benefit questions, help with claims and billing resolutions and prescription drug assistance. For members who were overdue for colorectal screenings, the Healthcare Concierges did a call-outreach every 30, 60 and 90 days to remind members to return their FIT kits. The reminder outreach calls were new in 2016, but initial data indicates a 20% return rate. This rate does not include the FIT kits that are managed by the PCPs.

To encourage members to monitor their own health and stay on track with all types of preventive health screenings, Care N' Care also developed tools for members to use on their own. For example, the Care N' Care Personal Health Journal is mailed to all members and includes screening schedules for immunizations, preventive screenings, and health exams, including colorectal cancer screening, bone density tests, dental exams, and flu shots. Members are encouraged to use the journal as a repository for a range of important health information, such as medication allergies, current medications, blood pressure readings, surgical procedures and hospitalizations, and lab results. The journal even includes advice for talking with physicians about challenging or embarrassing topics, such as incontinence and memory problems.

Impact

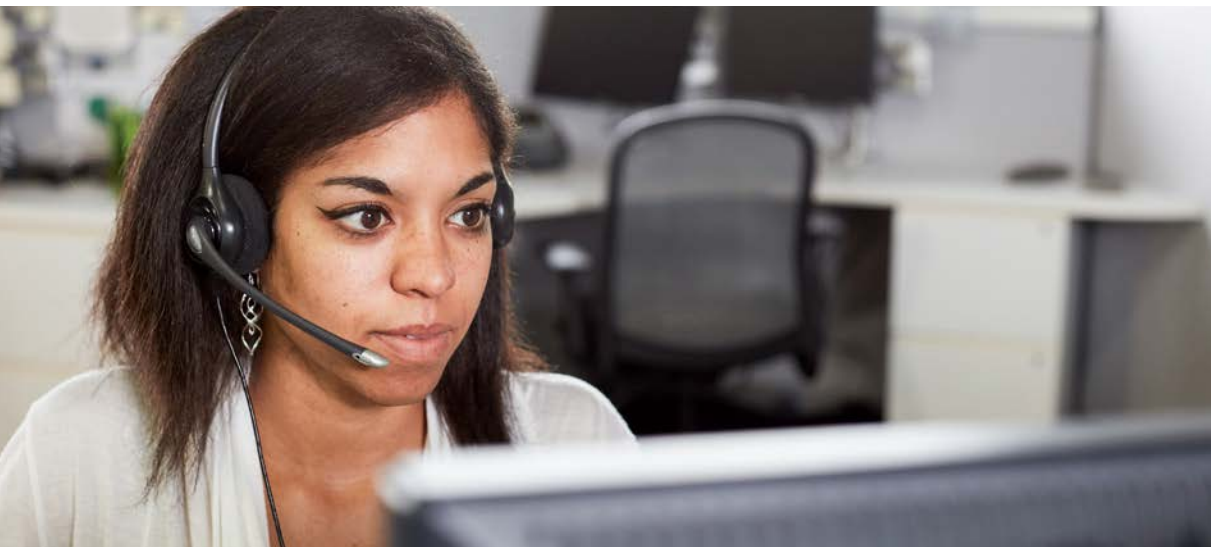
Care N' Care achieved a 77% screening rate in 2014, earning Medicare's 5-Star rating in both 2014 and 2015.

Key Lessons Learned

- If you are going to partner with providers on screening, you must meet that obligation, and do so in a timely manner because they are the ones who are ultimately responsible for the patient's care.
- Reminders about screening to patients cannot be a one-time occurrence. Colorectal cancer screening entails many steps, and patients need to be reminded throughout the process to follow through.
- Make sure you go the extra mile for members who have a positive stool test result.
- Concierge reminder calls are a very effective tool that boosts compliance with screening reminders and follow-up.

TIP

Find example materials from the Personal Health Journal on [page 68](#) of the Appendix.



CASE STUDY:

Making Screening an Easy Choice for Customers



Background and Audience

Cigna serves more than 15 million customers through its medical plans, which include individual, commercial, Medicare Advantage and supplemental plans. Cigna chose to focus on colorectal cancer more than a decade ago, when they saw an opportunity to improve their screening rates. Starting with a regional pilot program in 2005, Cigna's approach to their national colorectal cancer outreach has evolved over the years to better reflect customers' preferences and to streamline the process. Cigna's is one of the longest-standing, continuous colorectal cancer screening programs in the industry.

Using outreach on a regular basis, Cigna's program targets all unscreened health plan customers over age 50 for colorectal cancer testing. Customers who are turning 50 receive a different communication alerting them to the need to be screened for colorectal cancer and the benefits of early detection.

At-A-Glance

- ◆ Since launching its pilot screening program more than 10 years ago, Cigna has continually refined and evolved its approaches to remove barriers and facilitate easy screening opportunities for its customers.
- ◆ After learning through feedback that out-of-pocket costs were a key barrier to screening, Cigna has taken steps to remove cost-sharing and now emphasizes to customers that screenings are 100% covered.



Approach

Upon turning 50, Cigna customers receive a mailed brochure on colorectal cancer screening, describing the different methods that are available to them. Customers are offered a free FIT kit, but are encouraged to talk with their primary care physician to choose the test that is right for them.

After this initial outreach, unscreened customers receive regular annual screening reminders via email and through the Cigna website patient portal. For example, unscreened customers who visit the site to pay their premium may receive a reminder message with a link that connects to a website where a FIT kit can be ordered.

To fulfill FIT kits, Cigna partners with a lab vendor. Cigna sends data to the vendor that includes all of their eligible age 50+ customers, regardless of screening status. Therefore, any Cigna customer who contacts the vendor to request a kit can receive one without having to go through further verification. Once a customer completes the test and if it comes back positive, a vendor-affiliated physician calls the customer personally to discuss next steps and offers to send the results to the customer's primary care provider. This link to provider follow up for positive tests is essential in this type of mail-based FIT program.

Once a customer has a track record of having completed a FIT test, Cigna automatically sends them another test each year. This approach was added to the program based on past experience that adding an additional step requiring customers to request a kit was an obstacle and stopping some people from getting a test. To remedy this barrier, that requirement was simply eliminated. In doing so, Cigna greatly increased access to colorectal cancer screening.

"The FIT is part of it, but another part is having a strategy where we really try to tailor it to how the customer wants us to communicate with them. Or, based on historical behavior, how we feel they would want us to communicate to them."

When they began communicating about colorectal screening, the number one question Cigna received from customers was about out-of-pocket costs. They recognized that colorectal screening is a test that many people are uncomfortable with; therefore, even a small amount of cost-sharing can keep them from completing the screening. Now, Cigna communications emphasize not only the importance of screening, but also the fact that all modalities of testing are 100% covered. Cigna covers all of the newer screening options that have been approved by the U.S. Preventive Services Task Force. They have also internally addressed issues with colonoscopy cost-sharing by treating all additional procedures associated with screening as preventive, including colonoscopies that follow a positive stool test.

Reaching Out to Underserved Communities

Recognizing that customers in rural areas may have reduced access to healthcare providers, particularly gastroenterologists, Cigna is piloting a program where unscreened customers in rural communities are automatically mailed FIT kits without having to go through the extra step of requesting them.





Impact

The colorectal cancer screening program is the largest and most expensive clinical initiative that Cigna undertakes. However, internal modeling has shown that it has delivered significant ROI and it pays for itself very easily through reductions in the number of individuals diagnosed at later stages, as well as subsequent surgeries and hospitalizations.

Cigna has also seen consistent, statistically significant improvement in screening rates year over year. Depending on the market, their screening rates range from 60% to over 70%. Nationwide, they saw a 23.7% increase in rates from 2012 to 2013 alone.

Key Lessons Learned

- Make it easy to get screened by examining and reducing the number of steps it takes for a customer to obtain and complete a test, and eliminating the barrier of cost-sharing.
- Emphasize personal choice and various modalities, especially for those who may fear having a colonoscopy.
- Re-evaluate your program every few years. Look at it anew, reevaluate communications materials, goals, and the external environment in which the program operates. Customers' lives change; new customers age into the target population. Plans need to adjust their messages and approach instead of relying on the same thing year after year.

CASE STUDY:

Community Partnerships to Address Screening Disparities Among African Americans

Background and Audience

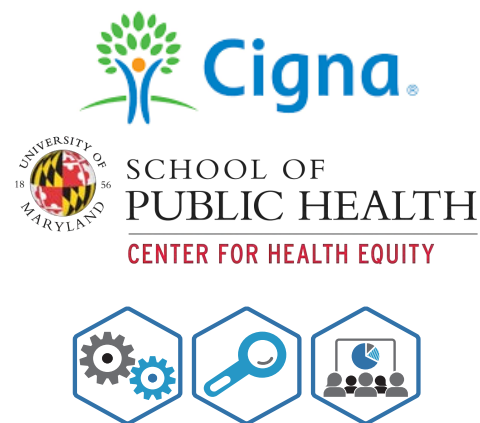
The Cigna Foundation is a private foundation funded by contributions from Cigna Corporation. Founded in 1962, the Foundation focuses on partnering with organizations who are pursuing solutions to health disparities. The HAIR program²² (Health Advocates In-Reach and Research) is a partnership between the Cigna Foundation and the Maryland Center for Health Equity at the University of Maryland. Begun in 2015, the program targets African Americans in Prince George's County, near Baltimore.

The program was originally begun by the University, and expanded with support from the Cigna Foundation. African Americans were targeted because they are disproportionately affected by colorectal cancer, with 25% higher incidence and 50% higher mortality rates compared to Caucasians;²³ they are 45% more likely to die from it than other ethnic groups.

Approach

Recognizing that barbers and stylists often have very close, trusting relationships with their African American clients, University of Maryland researchers and Cigna Foundation in partnership with Cigna's Health Equity Council sought to engage them to help conduct outreach and education about colorectal screening.²⁴ After a two-year process of planning, recruiting and training barbers and stylists, a network of ten barbershops and salons that serve primarily African American customers now participate in the program.

Participants receive formal training as lay health advocates on how to discuss colorectal cancer screening and the importance of knowing family history. While doing their hair, barbers and stylists talk with clients to educate them about their increased risk, knowing their family history, and ways to get screened. Some barbers have been screened themselves since going through the training, and therefore have strong credibility when they talk to clients about screening.



At-A-Glance

- A Cigna-funded program trains barbers and stylists at salons with a primarily African American clientele to serve as lay health advocates to encourage colorectal cancer screenings and better knowledge of family history.
- By building on the trusting relationship between barbers/stylists and their clients, the HAIR program is exploring innovative ways to increase screening rates among African Americans.



“Using that opportunity when this person’s in the chair sitting with them to get them in and get the screening done is a project that we’ve been excited to sponsor and to support financially.”



The Cigna Foundation has also funded training for graduate students to go into the shops to take a full family history for clients, so that they can better understand the causes of death in their family and their risk factors for all types of disease. Clients receive a computer-generated family pedigree, health education material, and a follow-up call to discuss next steps. If they wish to pursue screening, the University provides navigation support for those who need it.

Another critical component of the partnership is the contribution of Capital Digestive Care, the largest gastroenterology group in the Mid-Atlantic states. As part of the Cigna network, they provide physician services (consultation, colonoscopy and follow-up care) to individuals in need of screening. Gastroenterologists from Capital Digestive Care also support the barbershops and salons, speaking with clients and barbers to educate them and demystify the process.

Impact

So far, the partners have successfully recruited a network of barber shops and salons, trained participants, and begun delivering outreach. A formal evaluation is planned, but anecdotal feedback has been enthusiastic. The team has provided detailed family histories for nearly 200 clients. Feedback from the participants has been universally positive. Clients express appreciation that someone is taking the time to help them, and barbers and stylists themselves are empowered and uplifted by the impact they are able to have on their community.

The program targets the community where Cigna has a strong presence to increase awareness of colorectal cancer screening for the entire community. Success will be measured by examining changes in screening rates for the entire geographic area, identifying factors that lead to these increases and scaling the program to other geographic areas.

Key Lessons Learned

- Don’t be afraid to try something new and different in order to connect with hard-to-reach audiences.
- Consider working with private foundations, universities, and other organizations that have additional resources and expertise to contribute the program.
- Partner with trusted community members and organizations to deliver messages where they are likely to be best received.
- Approaching specialists such as gastroenterologists with a narrowly defined request can yield important, long-term access to much-needed services.

CASE STUDY: The MORE Program: Using Member Outreach and Incentives to Promote Screening



Background and Audience

Community Health Plan of Washington is a not-for-profit managed care organization founded and owned by 19 community health centers across Washington State. They serve over 300,000 members through Medicaid, Medicare Advantage and Exchange products, and have a network of more than 130 clinic sites.

Developed in 2014, the MORE Program (Member Outreach Reminder and Engagement) targets Medicare and Medicaid members (many of whom are dual-eligible) who have gaps in care, as identified through claims data. The goal of the program is to increase wellness and preventive care in six targeted areas, including colorectal cancer screening, diabetes testing, cervical and breast cancer screening, and other services.

Approach

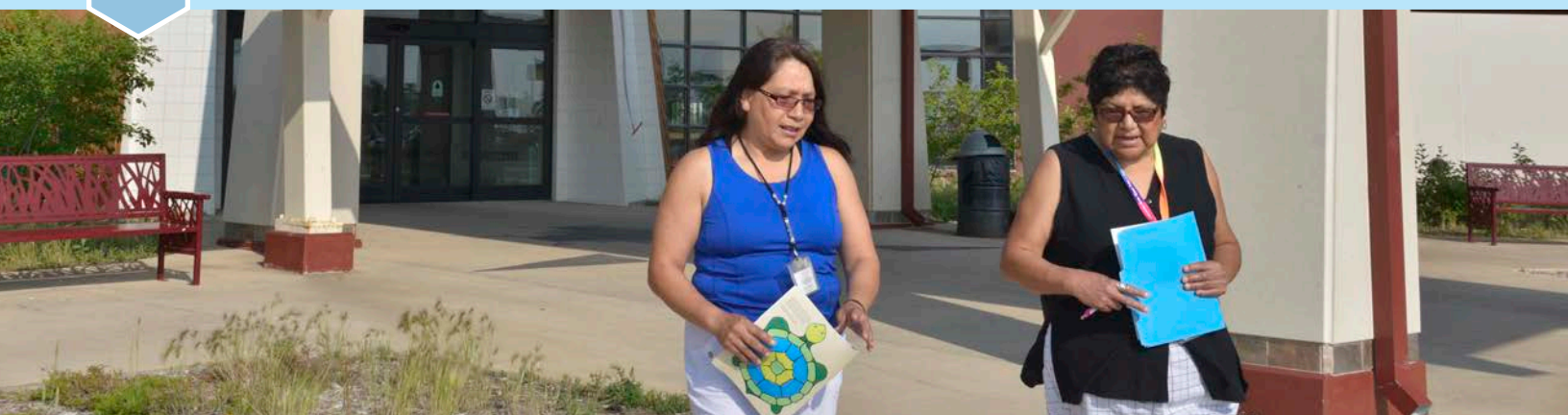
CHPW members are automatically enrolled in the MORE program if they have gaps in care in one or more of the six target areas. They are contacted via interactive voice response calls, text messages, or mailings, depending on how they have previously elected to receive messages. (See Appendix for a sample transcript of an IVR call.) Members who receive IVR calls have the option of transferring to their primary care provider (PCP) to schedule their service; if they do not have a PCP, they can choose one by immediately being transferred to a CHPW customer service representative. Members receive repeated communications focused on up to two gaps in care, every 90 days as long as the gaps persist. If they complete the service, they receive a \$15 gift card in the mail 6–8 weeks later. Members can receive a separate gift card for each service completed.

Members are able to satisfy their colorectal cancer screening requirement by completing one of several tests, including colonoscopy, FIT or flexible sigmoidoscopy. Given that stool testing must be completed annually, qualified members begin receiving reminders approximately one month after they are overdue and can qualify for incentives each year.

At-A-Glance

- The MORE program was launched in 2014 with a focus on increasing preventive care in key target areas—including colorectal cancer screening—among Medicare and Medicaid patients with gaps in their care.
- Eligible members are automatically enrolled and receive targeted communications to encourage screenings. Gift card incentives are delivered for each service completed.





“Getting leadership support on these kinds of initiatives is hugely important. Thankfully, our two medical officers are very supportive of these kinds of outreach campaigns, so we have a lot of freedom in going forward and implementing them.”

For community health centers, CHPW can deliver regular reporting about members that are being contacted through the MORE program, so that they can anticipate volume and follow up as needed. CHPW also developed an incentive program for their network of community health centers, wherein providers receive incentives based on their performance on 12 clinical quality measures. Measures are based on HEDIS measures and align with UDS.

Impact

CHPW has found that approximately 20% of members reached via IVR calls listen to the entire message, with 5%–10% transferring to a clinic during the call. Ultimately, around 10% actually complete the service being incentivized, however colorectal screening has a slightly lower conversion rate than the other services in the MORE program.

CHPW’s efforts have improved screening rates for its Medicare members from 52% in 2013 to 66% in 2016, a significant achievement for a member population that includes a large population of special needs, immobile, low income, and transient individuals, many of whom are in poor health.

Key Lessons Learned

- Obtain support from plan leadership at the beginning, including medical officers, and take advantage of coordination with staff in other departments, including marketing, IT, customer service, and even legal.
- Ensure that the data you are working from is solid, and know your data’s limitations about screening history as well as contact information like phone numbers and addresses. This is especially important for populations who change plans often or move frequently.

TIP

Find example IVR call scripts and a flyer that describes the MORE program on [page 58-59](#) of the Appendix.

Piloting New Outreach Programs

CHPW is piloting a program with one particular community health center that serves a large Asian population, in efforts to improve colorectal cancer screening rates. CHPW is translating materials into Chinese, Korean and Vietnamese and proactively mailing FIT kits to its Medicare members who are already known to prefer communications in these languages. The plan is partnering with local CHC staff in these communities to ensure messages are linguistically and culturally appropriate.



CASE STUDY: Refining Communications and Screening Options to Reach an Underserved Population



Background and Audience

Founded in 1992, Gateway Health is a Managed Care Organization providing Medicaid, Medicare Advantage, and Special Needs Plans (SNP), primarily serving dual-eligible Medicare/Medicaid recipients. It serves more than 300,000 largely underserved members in Pennsylvania, Ohio, North Carolina, and Kentucky. With more than 45,000 members, its SNP plan is one of the largest in the nation for the dual-eligible population.

Approach

Since 2011, Gateway Health has sought to expand the message about screening options available to members. They were early to offer FIT testing as a high quality alternative to colonoscopy, based on best practices research that showed that individuals are much more likely to complete screening if they are given a choice of test, rather than just being referred for a colonoscopy. Gateway also provides ample education to members about what a positive FIT means—informing them that while there are false positives, a colonoscopy is a necessary next step to fully complete the screening.

Over the years Gateway has refined how they communicate about screening, involving an interdisciplinary team that includes staff from marketing, care management, quality improvement, customer service, and clinical areas. Working together, they look at best practices and past experience to select messages and channels for outreach, anticipating and preparing for problems that may arise with a new program. In one example of this work, Gateway rewrote the instructions for FIT kits to a fourth grade reading level and developed new visuals that show step-by-step instructions about how to complete the test. Instructions are also available in both English and Spanish.

At-A-Glance

- Gateway is continually identifying best practices and opportunities to improve colorectal cancer screening among its members, taking advantage of input and expertise from clinical and operational staff across the organization.
- Gateway communicates to members about choices in colorectal cancer screening, has removed cost-sharing barriers, customizes communications about screening, and helps members address non-health care needs that may be preventing them from following through with screening recommendations.

Gateway's outreach to members begins with an IVR call to those who have been identified in their data as due for screening; in this call, members are educated about screening options. Previously, Gateway sent kits to everyone who appeared to be due, but added the advance call because they found that due to gaps in their data, some members were not actually due for screening. These members had received a colonoscopy within the past ten years, but before joining a Gateway plan. To help address this data issue, members receiving IVR calls can choose to speak to a live representative to report that they have had their screening or ask additional questions. The call therefore acts as a confirmation of eligibility, interest, and a prompt, so that even if they do not agree to receive the kit at that time, they have been exposed to messaging that may prompt them to talk to their physician about screening at their next appointment.

Gateway has invested in its computer member profile system as an important means of flagging members who are due for screening. The system has a "care gap" button that prompts any staff member who accesses a member's record to remind them about overdue screenings. Care management staff are also trained to help members overcome a variety of barriers that may prevent them from following through with needed screenings. These staff members work with members and providers to schedule appointments and help with community referrals for those who need help with non-medical needs such as transportation, food, child care, or financial counseling.

Complementing the member outreach strategy, providers in the Gateway network also have a pay-for-performance incentive program. A Gateway provider engagement team conducts face-to-face visits with providers and shares dashboards and lists of members that are due for screening. Gateway also delivers webinars to inform providers about current guidelines, explains the requirements of the incentive program, and provides information about the importance of their recommendation.

Importantly, Gateway Health has also eliminated cost-sharing for all screening colonoscopies, including those that follow a positive FIT test. This success came after an internal work group examined scenarios where members might be faced with a copayment, including the specific codes being used for screening and diagnostic colonoscopies. Today, Gateway members have no copayments or deductibles applied to these procedures.

"By encouraging members to get this less expensive test done, you're reducing the cost later on for those diagnosed with colorectal cancer. If they're not already tied to a bonus program like CMS Stars, then cost reduction is probably a topic that every health plan should be getting behind."

Impact

Within the last five years, Gateway Health has seen colorectal screening rates increase by 15 percentage points amongst the Medicare population ages 50-75 years, an achievement they are proud of given that they serve a challenging population that includes many dual-eligible members who are disabled or newly insured due to the Affordable Care Act.

For their FIT mailings, Gateway achieved a 22% return rate, with 8% having abnormal results requiring follow-up. This contributed to a 15 percentage point increase in their HEDIS measure for Medicare members. Beyond their quality metrics though, Gateway believes strongly in the inherent cost savings of investing in screening to reduce the incidence of late-stage cancers, which are far more expensive to treat compared to the cost of a FIT-based screening program.

Key Lessons Learned

- Just because a strategy does not work as expected the first time, it does not mean it should necessarily be abandoned. Some strategies that are based on research and proven best practices need to be refined and customized to the nuances of a local population. Informed modifications made over a period of time can add up to a successful intervention.

CASE STUDY: Applying Marketing Fundamentals to Screening Communications Design



Background and Audience

HealthPartners is a Minnesota-based integrated health care organization serving more than 1.5 million medical and dental health plan members across the country. Their plans include commercial, Medicare and Medicaid products.

HealthPartners made increasing colorectal cancer screening a priority after observing disparities between different racial and ethnic groups. The fact that colorectal cancer impacts both men and women also influenced their decision, as improvements in screening for colorectal cancer can impact a large portion of their membership.

Plan and provider results on quality measures, including colorectal cancer screening, are publicly reported in Minnesota. Plans results are reported in HEDIS and care delivery results are reported through Minnesota Community Measurement. This public reporting helps to align goals and standards between plans and providers.

Approach

The HealthPartners approach to increase screenings is two-fold:

- Leverage insights to personalize messages to an individual's motivators and barriers; and
- Heavily promote FIT as a screening option.

At-A-Glance

- Effectively utilizing audience segmentation profiles has helped HealthPartners create more personalized, insights-based strategies for communicating with key audiences.
- Through emotionally relevant messaging, customized communications and programs that recognize providers for performance, they have consistently improved screening rates among their membership.



Reaching Out to Unattributed Members

Many clinics participating in HealthPartners network already conduct FIT-based outreach to patients who are known to have a primary care physician.

HealthPartners is developing a pilot program to send FIT kits to unattributed members, who represent a particularly hard to reach group. Those who have positive results will be contacted and navigated to colonoscopy by a nurse.

The initial pilot will reach 500 members at a cost of approximately \$50 each.



Insights-informed Messaging

HealthPartners believes each person has his or her own unique motivators and barriers to colorectal cancer screening. That's why, in 2016, they began leveraging the audience segmentation profiles developed by the American Cancer Society and the National Colorectal Cancer Roundtable that categorizes groups of the unscreened based on their screening status, motivations, and barriers (e.g. Aware and Able vs. Fearful Procrastinators), and recommends messages to influence them. HealthPartners' health informatics department applied these segments to their membership and used the information to guide customized delivery of messages to narrowly defined targets.

Those personalized, insights-informed messages appear in more than just reminder letters:

- Secure web mail: Messages are sent through mail or secured web mail, depending on a member's preferences
- Member Services calls: When a member calls in, Member Services staff verbally deliver the member's tailored reminder message

We all know the thought of a colonoscopy may be the reason some people avoid their screening. Promoting FIT—a quick and easy at-home option—is a great way to open overdue members up to the idea of screening or initiating a conversation with their doctor. FIT options are highlighted in HealthPartners' reminder communications; they are also conducting a new FIT mailing pilot (details in the callout at right).

HealthPartners also offers a pay-for-performance program for its provider network. HealthPartners delivers reports showing where each practice ranks in relation to competitors in the network, and have found that this information is often highly motivating for providers. HealthPartners' Partners in Quality²⁵ program honors medical, specialty and pharmacy groups for achieving high levels of performance in a variety of areas. The program includes a Preventive Care Recognition Award, which is given for excellence in sustainable improvements in preventive screening care (see Appendix for an example of an awardee honored for their achievements in colorectal cancer screening). HealthPartners also hosts an annual awards dinner to celebrate improvements and to highlight practices that have achieved success in each of the different areas.

"If they're at the bottom or not doing well, it's a motivation for some groups to do better. I think it's motivating for some people who are high performers. Some groups, it really drives them."

In the past, colorectal cancer screening outreach at HealthPartners was primarily confined to reminder letters from nurses, with all members receiving the same letter. Over time, however, they began experimenting with a more customized and targeted communications approach. Today, members who are overdue for screening are contacted by mail or email, depending on their preference. If the member does not complete screening and their preference is for email, additional messages go out three and six months later. Messages are delivered at age 45 for African American and American Indian members, and at age 50 for all other populations.

In one example of their movement toward more customized communications, HealthPartners developed a reminder mailing—targeted uniquely to men—that was printed on heavier cardstock and resembled a golf scorecard. Working with their communications staff, they looked more carefully at all elements of their screening communications, including design/imagery, branding, language, reading level, and even the type of envelope, with the goal of developing more engaging pieces that members were more apt to open.

Impact

Over the past five years, HealthPartners' screening rates for its commercial population have consistently been higher than 69% and have been as high as 74.9%. HealthPartners' screening rate for its Medicare population is 82.3%. The variation in rates over time is one reason why HealthPartners has chosen to make colorectal cancer screening an ongoing focus area. They realize this isn't a "once and done" quality improvement initiative, but instead requires continual updates to plan outreach and improvement strategies.

Key Lessons Learned

- Good data delivered frequently is essential to knowing who has gaps in care, but also for tracking performance and correctly attributing rate increases to new initiatives. Looking at results on a more frequent basis enables program managers to make changes and refine their approach in an informed way.
- Partner with knowledgeable and influential partners such as the American Cancer Society or local community groups to promote screening.
- Celebrate the achievements of providers who have improved their screening rates and create opportunities for them to share best practices.

TIP

Find sample member reminder letters ([pages 60-61](#)), provider recognition award materials ([page 69](#)) and golf scorecard materials ([page 70](#)) in the Appendix.



CASE STUDY: Success Through Structured and Automated Member Outreach



Background and Audience

California-based Kaiser Permanente is one of the nation's largest not-for-profit health plans, with a membership that exceeds 10 million members across nine states. Its health plans frequently lead the nation in many quality measures, including colorectal cancer screening. Kaiser Permanente's integrated system also includes 38 hospitals and more than 600 medical offices.

Kaiser Permanente has a long-standing history of prioritizing preventive health screenings and bases its brand identity on being a quality leader. However, when colorectal screening HEDIS measures were introduced in 2004–2005, they realized they needed to improve their performance and sought out innovative ways of reaching their goal.

Approach

Kaiser Permanente takes a population health approach to colorectal screening. Its strategy is based, in part, on successful pilot projects that took place in Europe more than a decade ago. Starting in 2006, they began FIT kit mailings to members in their Northern California market, initially as a supplement to flexible sigmoidoscopy. Later they found that members responded much more positively to FIT testing alone, so sigmoidoscopy was phased out and FIT or colonoscopy became their preferred approach. While the approach described in this case study focuses on FIT testing in particular, members are engaged by their physicians in a shared decision-making process about whether stool testing or colonoscopy is right for them.

At-A-Glance

- Through its integrated structure, evidence-based population health approach and system-wide expectation that quality is everyone's responsibility, Kaiser Permanente has established a program that consistently exceeds 80% screening rates.
- They have learned from experience that even small refinements to their program—such as the timing of pre-mailers and reminder calls—can significantly enhance the effectiveness of their program.



Kaiser Permanente takes a continuous quality improvement approach that has led them to the structured, systematic program they now employ. Members who are due for screening first receive a letter in the mail informing them that they are due and will soon receive a FIT kit. To capitalize on the trust and influence of the doctor relationship, the letter includes the name and photo of their primary care doctor. The timing of these alerts is based on either the anniversary of their last screening or their birthday (for those who are unscreened). One week later, the FIT kit is sent and three weeks after that, an automated phone call (recorded by a Kaiser Permanente physician) is placed. If the member does not return the kit, another reminder letter is mailed three weeks later. All of this outreach is automatically managed by their computer systems to ensure that follow up is completed on a timely basis. Finally, for those who remain unscreened after all automated reminders are delivered, primary care office staff (typically medical assistants or quality analysts) will place personal calls to members.

In delivering screening messages, Kaiser Permanente also takes advantage of its highly integrated infrastructure and a system-wide expectation that quality is everyone's responsibility. Members who call to make an appointment for any reason may be reminded if they are overdue for screening. Additionally, they have obtained blanket approval from their primary care providers (PCPs) so that anyone who takes a member call is authorized to initiate mailing of a FIT kit if their record indicates they are overdue.

Although screening is a priority for all members, reducing screening disparities in communities of color is an important way in which Kaiser Permanente has been able to elevate their overall screening rates above 80%. Kaiser Permanente calls attention to this important effort through a monthly provider report (Crossing the Quality Chasm) where cancer screening rates for Latinos and African Americans are tracked on a monthly basis. They conduct culturally-appropriate outreach in English, Spanish, and Chinese. A new pilot program is also underway for 2016 in which Latino members—both English and Spanish-speaking—receive alternative reminder letters that focus on family connections as the motivation for getting screened. As a result of these efforts, Kaiser Permanente has been able to reduce disparities gaps for both Latino and African American members considerably.



Localizing a National Strategy to Reduce Disparities among Native Hawaiians

As part of the Kaiser organization, Kaiser Permanente of Hawaii follows the overall strategy that has proven so successful throughout the network. However, locally administered programs do have latitude to adjust their approach to operationalizing Kaiser's national priorities.

For example, Kaiser Permanente of Hawaii worked to address a 10% gap in colorectal screening rates between Native Hawaiians and Caucasians in the state. Kaiser has the ability to segment their call lists by ethnicity and behavior; this enables them to isolate Native Hawaiians who are not up to date with colorectal cancer screening and customize their outreach to this audience.

One way Kaiser Permanente has done this is through adjusting the language in their automated calls to reflect a local tone (and attempt to overcome the fact that Hawaiians are less likely to pay attention to calls coming from California, where the plan's automated calls originate). These calls now greet members with "Aloha" and "Mahalo" instead of "Hello" and "Thank You." Other unique, local barriers are also addressed through coverage decisions, such as paying for members' travel expenses to fly from other islands to Honolulu where colonoscopies are typically performed.

The cumulative result of these efforts is a 79% screening rate among Medicare members and a 68% overall HEDIS measure.

Impact

Kaiser Permanente's HEDIS measure for colorectal cancer screening rates began at 35%-40% in 2005 and is now above 80%. Not only does this result in the prevention of new cancers, Kaiser Permanente has also been able to diagnose many colon cancers at an earlier, more treatable stage.

"We've been tracking cancer incidence over the last few years and it's on the order of a couple of hundred fewer cancers each year compared to where we were...It is more cost effective to prevent cancer than it is to treat it, and more cost effective to treat cancer early rather than late."

Key Lessons Learned

- Even without perfect data, it is still possible to start small and focus on refining and improving the approach as time goes on. For example, Kaiser Permanente found that adding a pre-mailing before the FIT kits go out boosted response rates by 10%. Sending reminders around members' birthdates seemed logical, but was reassessed and later tied to screening anniversaries instead.
- If possible, don't rely only on the member's relationship to the health plan; take advantage of the important physician-patient relationship to motivate behavior.
- Make quality improvement everyone's responsibility, not just PCPs. Empowering everyone who interacts with members with data and the ability to encourage screening can significantly impact members' behaviors.



CASE STUDY: Using Multiple Touchpoints to Deliver Screening Messages

Background and Audience

Founded in 1975, Medica is an NCQA-accredited health plan that offers a range of commercial, Medicare supplemental, Medicaid, and exchange-based health plans. Medica serves more than 1.7 million members in Minnesota, Nebraska, Iowa, North Dakota, South Dakota, Kansas and Wisconsin.

"We signed the 80% by 2018 pledge, and colorectal cancer screening is a priority. Our members come first and Medica always wants what's right for the member. As a result, preventive screenings have always been very high on the list."

Approach

Medica promotes colorectal cancer screening to members through a range of initiatives, both large and small. The cumulative impact of these efforts communicates to members that colorectal cancer screening is something that is clearly a priority for the health plan:

Nurse practitioners visit Medicare and Medicaid patients in their homes to talk about preventive screening, including colorectal cancer. Through this one-on-one opportunity, members are educated about different test options, not just colonoscopy and have the opportunity to ask questions and demystify a procedure that can be intimidating.

Medica's The Good Doctor (thegooddoctorbymedica.com) delivers health education and health promotion messages via a blog, weekly live radio program, and Facebook and Twitter accounts. The blog has featured information about colorectal cancer on several occasions, often coinciding with colorectal cancer awareness month in March. Readers and listeners are informed about risk factors, the value of screening, and test options. Common barriers such as fear of colonoscopy are also addressed directly with easy-to-understand information.

MEDICA®



At-A-Glance

- Medica uses an integrated strategy that employs multiple initiatives and takes advantage of every opportunity to deliver screening messages—including mass communications and one-to-one education.
- Their range of approaches includes home visits from nurse practitioners, health education through blogs and radio programs, and rewards for members who complete screenings.



The My Health Rewards Program offers Visa reward cards for selected preventive care visits. Members can receive rewards for diabetes monitoring, prenatal visits, breast cancer screening, child/teen checkups, and colorectal screening. Rewards range from \$15 to \$100; members receive \$15 each for colorectal and other cancer screenings.

Other outreach efforts are aimed at raising awareness and prompting them to take the next step to see their health care provider and make a plan to be screened. For example, at the 2015 Minnesota State Fair, Medica handed out humorous postcards with messages about making time for colorectal cancer screening. During colorectal cancer awareness month, members who call Medica and are placed on hold will hear messages about the importance of screening.

Impact

Screening rates for Medica's Medicare members reached 69% in 2016.

Lessons Learned

- A range of different approaches may be needed to reach different audiences and overcome barriers. Using a mix of both mass communication and customized, personal education may help tip the balance toward screening for those who are on the fence.
- Additional tests, such as CT colonography and stool DNA testing, that are now accepted should help to increase rates and will be covered for most plans as a preventive package.

TIP

Find sample member education instructions on [page 64](#) of the Appendix.



It's not quite as relaxing...

...butt you should do it.

Get screened for colon cancer!

Are you 50 or older, an African-American 45 or older, or have a family history of colon cancer? Ask your provider which screening below is best for you:

- FIT – requires no fasting and you can do it at home
- Colonoscopy – outpatient screen that requires a diet/fast and bowel prep

Colon cancer is the third most common cancer. In many cases, it can be prevented if found early. Call your provider or clinic to learn more. Or visit the American Cancer Society at www.cancer.org/colon.

Call Customer Service for coverage details or if you have questions. The number is on the back of your ID card.

MEDICA.

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HMG12080-1-00715

CASE STUDY: Meaningful Collaboration with Providers on Pay for Performance

Background and Audience

South Country Health Alliance is a unique county-based purchasing plan that is owned by 11 member counties in rural areas of Minnesota. The plan has strong partnerships with county agencies, enabling them to take advantage of resources such as county-based care coordinators to deliver strong local knowledge of members' needs. Founded in 2001, the plan now serves more than 35,000 members with Medicaid and dual-eligible Medicare health plans. Their target audience includes low-income seniors, persons with disabilities, and families and children.

Positive health outcomes for members is an organizational priority for South Country, and is often measured through their performance on HEDIS, Minnesota Community Measurement,²⁶ and Medicare Star Ratings measures. Recognizing the importance of preventive care and early detection of health issues to the ongoing wellness of members, South Country first began to tackle colorectal cancer screening using relatively basic member education programs, such as reminder mailings. After seeing only a minor impact on member compliance with recommended screenings, they began looking at enhancing their provider-focused efforts under the logic that provider-to-patient engagement is likely to be more impactful. Currently a top rated Medicare Special Needs Plan, they also know that improving screening rates can move them into five-star territory, which is valuable to demonstrating their leadership in rural Minnesota health care.



At-A-Glance

- South Country Health Alliance is engaging with provider groups on an individual basis to design tailored pay-for-performance programs that are based on local data, resources, and priorities.
- This new program supports greater transparency between health plans and providers, and greater accuracy in assessing the impact of efforts to improve colonoscopy screening rates.



Approach

South Country is in the early stages of implementing a newly designed pay-for-performance program with six of their major clinic systems (based on volume). While they have had an incentive program in place for several years, they decided to redesign it given that the measures were not necessarily applicable to a large proportion of their membership, or aligned with goals established by Minnesota Community measurement, HEDIS, and Star Ratings programs. They also saw an opportunity to improve coordination with their provider network. South Country met individually with each clinic to assess their population's needs and identify priority measures to include in a new pay for performance program. Clinics were given latitude to choose which measures they wanted to work on, and four clinics elected to include colorectal screening in their program. These plans chose colorectal cancer screening in part because they had identified unacceptable disparities in care between their Medicaid and commercially insured populations. While some health plans have focused on reducing ethnic disparities, South Country's population is largely Caucasian, so they have instead focused on eliminating disparities based on plan type, income, and rural vs. urban/suburban location.

South Country provided each clinic with their baseline screening rates and set different target rates for each population. To support their plan's Star Ratings goals, target rates were initially set at CMS's 5-star threshold, but actual targets were negotiated and individualized to the clinics based on their local population and internal goals. In addition to these negotiated goals, South Country established interim gap-closure goals to ultimately reach the long-term goal of 80% for their entire clinic population. For example, if a clinic's baseline screening rate was 60%, their target rate for the next calendar year would be 62%, representing 10% improvement on their 20% gap. Each year, the baseline rate and interim goals are reevaluated. South Country developed this system knowing that it can take time to develop interventions and build system change. Clinics agreed and appreciated this reasonable approach, rather than expecting overnight improvement.

To support the clinics' efforts, South Country shares quarterly data on performance—with colorectal screening rates based on a hybrid approach using both claims data and medical record review. While this approach is certainly more time-consuming than using claims data alone, they realize that medical record review was the only way to ensure that the rates they were working with are accurate, given that they have significant churn in members (10%–20% per month). Clinics appreciate this attention to detail and willingly share medical records to support the effort. They also receive credit if they are also able to provide response files showing that a given patient is up-to-date, even if there is no accompanying South Country claim.

"We saw this as an opportunity to support the health of our members, as well as the HEDIS, Star Ratings, and other measures we know clinics are working toward, and to try to get better alignment with our provider partners so there is more of a collaborative relationship."



As they learn about clinic systems that are piloting new approaches or have had success with outreach efforts, South Country also obtains permission to share the information with other clinics who have the same quality goals. They encourage their clinic partners to participate in best practice webinars, such as those hosted by the American Cancer Society and the NCCRT. Importantly, the plan has strong relationships with quality improvement teams at the clinics so that they can maintain transparency about how the quality measurements are being done and what needs to be documented in the EHR. Given that colorectal cancer is not necessarily a straightforward screening, it is important for clinics to understand where and how the data is being pulled.

Impact

South Country's overall colorectal cancer screening rates have remained steady, with improvement noted among its two Medicare Special Needs Plans, where rates are currently 66% and 77%. An evaluation of the new pay for performance program is planned for the spring of 2017 when they will be able to look at not only their rate improvements, but also data on the number of colorectal cancer cases that were identified and treated early and in a more cost-effective manner.

Key Lessons Learned

- It is important to involve providers from the beginning in a meaningful, transparent partnership. Providers respond very positively to being given real choices in the design of their incentive program, rather than imposing a structure or goals upon them.
- Connect with the key players at provider clinics/offices. This may be a nurse manager, billing manager, quality analyst or an IT staff member, but someone at the site will be an important partner to engage in order to identify and support effective strategies.
- Develop a communication plan with the key players in the clinics and stick to it. Maintaining frequent communication and sharing data in a timely and consistent manner supports a trusting working relationship, transparency about performance, and ensures everyone remains focused on the common goals.



CASE STUDY:

Provider-Focused Strategies within an ACO Framework



Background and Audience

Wellmark Blue Cross Blue Shield offers Medicare supplemental, HMO and PPO health plans, serving more than two million members in South Dakota and Iowa. In 2012, Wellmark created Iowa's first commercial health plan accountable care organization (ACO), which includes 13 health systems and serves more than 179,000 members. Under their ACO model, Wellmark's overarching goals are to increase clinical quality, reduce costs, and foster strong relationships between members and their primary care providers (PCPs).

Approach

Wellmark's strategy for raising colorectal cancer screening rates is focused on incentivizing providers for quality improvement across many measures. Participating Wellmark providers receive financial incentives that are tied to their overall value index scores (VIS), with colorectal cancer screening being one component of that score. Other domains that factor into the VIS include PCP visits, preventable hospital admissions and emergency department visits, well child visits, breast cancer screening, and chronic care visits. To support providers, Wellmark created a dashboard of indicators that is updated weekly and includes information on attributed members and a variety of quality measures, including colorectal cancer screening status. Wellmark also hosts monthly calls with participating provider groups as part of a continuous conversation about how the plan can support providers with member data and analytics.

As they have worked closely with provider groups to implement this program, Wellmark has learned the importance of addressing cost-sharing barriers for colorectal cancer in particular. Realizing that in many of the small towns they serve in North Dakota and Iowa, members share information about their health care, Wellmark knew that if members were routinely receiving unexpected out-of-pocket costs for preventive screenings, they would talk to their neighbors and generate negative attitudes toward screening. As a result, Wellmark has educated providers about proper coding of colonoscopies as preventive services.

At-A-Glance

- Wellmark Blue Cross Blue Shield offers provider incentives for quality improvement in colorectal cancer screening rates.
- The ACO model has also created opportunities for greater coordination and sharing of information, which has helped Wellmark and their providers jointly address barriers and challenges.



“If the provider doesn’t code it correctly then the member is upset because now they have to pay \$500...If you have a big bill then you’re going to tell your Aunt Flo about it and your Aunt Flo isn’t going to get her colonoscopy and it’s a downward effect.”

Wellmark also educates providers about the impact of their choices regarding sedation for colonoscopies as a means of addressing potential cost-related barriers. Simple sedation is less costly and does not require an anesthesiologist, so Wellmark not only encourages use of simple sedation, they will deny payment if providers use an anesthesiologist without clear medical necessity.

To supplement their incentive program, Wellmark also coordinates with ACO provider groups to send birthday cards and place reminder calls to members who are due for colorectal cancer screening. Although the communication comes from the plan, it is built on the member’s trust in their physician, with messages that say “Dr. X wants you to have a screening.” Members who receive these phone calls can continue on to make an immediate appointment if desired.

Impact

Wellmark’s colorectal cancer screening rate is currently 71%. Several clinics have achieved screening rates higher than average, and some individual providers have achieved screening rates greater than 80%. (The experience of one such provider, Dr. Patricia Newland, was profiled in the provider facing publication, Blue Ink. This is available in the Appendix section below.)

Key Lessons Learned

- Try to facilitate members establishing a relationship with a PCP. Plans should respect the PCP’s relationship and try to enhance and support it, not replace it. This type of shared responsibility makes providers happier and decreases healthcare spending overall.
- Share data with ACOs, provide incentives and a monthly dashboard of quality indicators.
- Discourage expensive, medically unnecessary services by not paying for these services and educating providers in advance on these policies (e.g. anesthesiologists for routine colonoscopy in healthy patients).

TIP

Find a sample provider education publication on [pages 65-67](#) of the Appendix.





Snapshots: Promising Practices and More Success Stories

Evidence-Based Interventions for Promoting Cancer Screening

There is ample research published about the relative effectiveness of various strategies providers can use to encourage patients to be screened for colorectal cancer. Although a discussion of these strategies is beyond the scope of this handbook, one comprehensive source for general information about promoting screening is [The Community Guide](http://www.thecommunityguide.org/) (www.thecommunityguide.org/), a collection of evidence-based findings from the Community Preventive Services Task Force. The Guide summarizes and reviews interventions, strategies, and programs for a wide variety of public health topics based on the extent to which there is evidence to recommend wider adoption. Recommended strategies to increase colorectal cancer screening include the use of small media, client reminders, one-on-one patient education, reducing structural barriers, and provider reminder and assessment programs. You will see that many of the plans featured in this guide relied on a foundation that included at least one of these evidence-based interventions.

Note that some common strategies—such as incentives for patients—are not listed above. These strategies were deemed to have insufficient evidence, which means we don't have enough evidence to say for sure if they work or not. If you are going to rely on an intervention that uses insufficient evidence, be sure to evaluate your work.

The National Cancer Institute's (NCI's) [Research-tested Intervention Programs \(RTIPs\)](https://rtips.cancer.gov/) (<https://rtips.cancer.gov/>) provides a searchable database of evidence-based cancer control interventions and program materials, some of which were developed and tested by health plans.

Results from Published Research

There is relatively little published literature that evaluates the efficacy of payer strategies for improving screening—hence the importance of the ideas suggested in this handbook. Below is a sampling of recent literature on this topic. Note that this summary is not intended to be an exhaustive review, but rather a selection of ideas to motivate further exploration or help shape programs that are in development.

Personalized Telephone Outreach to Medicaid Members Raises Screening Rates by 6%–15%²⁷

In an 18-month study, researchers explored whether tailored telephone outreach conducted by Medicaid managed care organization staff could increase colorectal cancer screenings among publicly insured women. The staff provided women with one-to-one cancer screening support, education and help in overcoming barriers. Results of the study showed an increase in screenings by 6% compared to women who had not received outreach intervention, and a 15.1% increase among previously overdue women reached by the intervention. The costs to implement this program included 20% of the salaries for two full-time outreach workers as well as staff time allocated to training, quality assurance, and analysis of claims data.

Academic Detailing for Providers and Decision-Aid Packages for Health Plan Members Show Promising Results²⁸

In this trial, unscreened Aetna HMO health plan members were mailed a decision-aid package that included a 22-minute video, stage-targeted brochures, Aetna copayment and referral information, and a chart of colorectal cancer screening options. Primary care practices were simultaneously targeted with academic detailing, consisting of informational sessions about colorectal cancer, available screening tests, practice-level screening rates, and development of practice-specific strategies to respond to member screening inquiries. Providers were also informed about the specific decision aids being distributed to members. Using claims data and patient surveys (self-reported screening reports), the intervention was credited with improving screening rates from 32% to 39% in a sample size of n=380. Although this was not statistically significant across the entire sample, it was significant when comparing upper income members to those in lower income households. This suggests that this type of outreach may be a promising approach when targeted at particular socioeconomic segments.

Group Health Cooperative Increases Screening Uptake and Demonstrates Cost Savings Associated with Stepped Screening Interventions^{29,30}

In a randomized controlled trial patients were assigned to one of four intervention groups: 1) usual care (patient and provider reminders), 2) automated care (usual care plus letter and pamphlet about screening choices), 3) assisted care (call from a medical assistant asking about screening preferences), 4) navigated care (added navigation support from a nurse). Researchers found that those in the intervention groups were more apt to choose less expensive stool tests rather than colonoscopy. This resulted in savings ranging from \$36-\$159 per patient over usual care costs. It also resulted in greater likelihood of being screened overall. Significant increases in patients who were up-to-date with screening were observed for each group (usual care, 26.3%; automated, 50.8%; assisted, 57.5%; navigated, 64.7%), with differences attributed to increased completion of FOBT in both years. Visit the [RTIPs profile](https://rtips.cancer.gov/rtips/programDetails.do?programId=22691890) (<https://rtips.cancer.gov/rtips/programDetails.do?programId=22691890>) to find more information, including sample program materials.

UnitedHealthcare Demonstrates the Impact of Payer-Patient Engagement³¹

Payers have access to a uniquely valuable flow of patient data from claims, pharmacy, and labs; they also have the ability to combine data streams to identify risk factors. UnitedHealthcare continually mines this member data and reaches out to patients by mail, phone, text message, online portals or other channels to alert them to health care and screening gaps. One communications tool that has delivered significant benefit is HealtheNotes, a personalized tool that delivers health opportunity messages to both members and their physicians and identifies opportunities to close screening and medical management gaps, identify missed therapies, etc. Compared to a control population, receipt of these messages was associated with 64% more closed medical management gaps over a three-month period.

United also motivates healthy behaviors among its own employees and their families through its Rewards for Health program, where participants earn points for healthy behaviors such as preventive screenings, wellness visits, and diabetes exams. Employees can reach different incentive levels (e.g. silver or gold) which translate into premium reductions. This program resulted in impressive growth in colorectal cancer screening; over a two-year period from 2009 to 2011, colorectal cancer screening rates among employees more than doubled, from just over 20% to nearly 60%.

Idea-Starters: More Success Stories from Health Plans

South Carolina Public Employee Benefit Authority Addresses Cost-Related Screening Barriers (2016 NCCRT 80% by 2018 National Achievement Award Honoree³²)

The South Carolina Public Employee Benefit Authority (PEBA) provides health plan services to employees and retirees of South Carolina's state agencies, public school districts, colleges and universities, and many local governments. In 2015, PEBA voted to remove all financial barriers to colorectal cancer screening for its 128,000 eligible members over 50 years of age in an effort to increase their screening rate (55% in 2015). PEBA removed all out-of-pocket costs for routine screenings and diagnostic colonoscopies for its members, including any fees associated with the consultation, generic prep kit, procedure, and anesthesia. To promote this new benefit, PEBA is currently hosting regional lunch-and-learn workshops with local gastroenterologists, and has developed digital turnkey marketing and educational materials³³ that employers can use at the workplace.

State Health Plan members, you may be able
to get a colonoscopy at no charge.
[Learn more.](#)



Veterans Health Administration Invests in Research, Education, and Quality Improvement to Reach 80% (2017 NCCRT 80% by 2018 National Achievement Award Honoree³⁴)



The Department of Veterans Affairs' Veterans Health Administration raised its colorectal cancer screening rate from 68% in 2001 to 82% in 2016—a remarkable achievement given that it is the country's largest integrated health system, serving approximately 9 million veterans. VA achieved success by making changes in multiple areas and involving the expertise of clinicians, researchers, medical informaticists, and others. For example, VA established new policies that mandated providers to offer screening to all patients who met screening criteria and required timely follow-up on positive screening tests. These policies were supported in VA's electronic health record system, where clinical decision support tools were deployed to identify eligible patients and prompt clinicians to recommend screening. Some VA facilities also implemented automated processes to address positive stool test results and ensure that patients are offered a diagnostic colonoscopy. Other VA facilities have taken steps to address high-risk individuals by sending reminders to those with a family history of colorectal cancer or a history of adenomatous polyps. All of this work is accompanied by a significant investment in research to determine the best ways to screen for colorectal cancer (including a large-scale comparative effectiveness study of FIT and colonoscopy) to ultimately reduce colorectal cancer mortality.

Blue Cross Blue Shield of South Carolina “Love Your Colon” Partnership Program Helps Raise Screening Rates by 21 Percentage Points in One Year³⁵



Love Your Colon is an initiative between Blue Cross, the South Carolina Gastroenterology Association, the University of South Carolina Center for Colon Cancer Research, CVS Caremark and Genentech. Blue Cross engaged members via multiple channels, including issuing a challenge to the state's largest employers to get their employees screened. Events included exhibits with the Prevent Cancer Foundation's Super Colon, an inflatable, walk-through colon replica, lunch-and-learn sessions with gastroenterologists and signed pledge cards for employees. As a result of these and other efforts, Blue Cross saw its HEDIS rates rise from 46.6% in 2011 to 67.5% in 2012.

Harvard Pilgrim Uses Geocoding to Target Screening Disparities Among Hispanic/Latino Members³⁶

Using claims data, Harvard Pilgrim found that Hispanic/Latino members and those living in low-income/lower education neighborhoods were significantly less likely to receive colorectal cancer screening. Harvard Pilgrim used geocoding and surname analysis to determine the probable race of members and implemented targeted messages to members in these areas. Intervention efforts included IVR phone call reminders in both English and Spanish, with patients given an option to receive a Spanish-language brochure about colorectal cancer screening options. Harvard Pilgrim credits the program with reducing the disparity between Hispanics/Latinos and African American members from an 8.6 percentage point difference to 5.8 points.



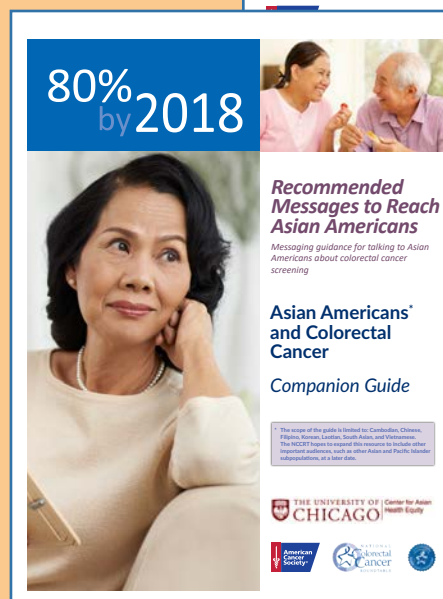
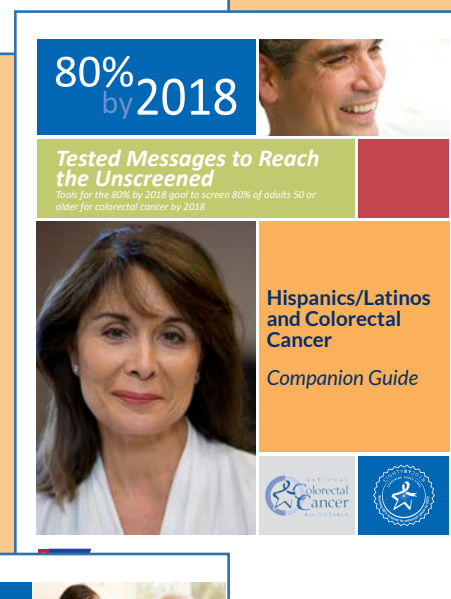
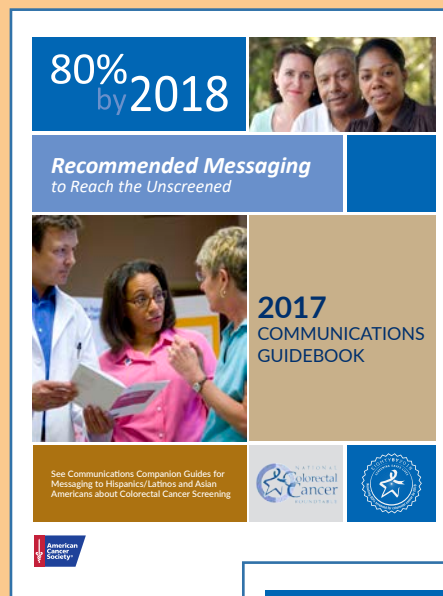
Section 2 Toolkit

Key Messages About Colorectal Cancer Screening

Following are excerpts from the NCCRT **80% by 2018 Communications Guidebook: Recommended messaging to reach the unscreened** (nccrt.org/80by2018-Communications-Guidebook), a set of principles and resources designed to help any organization communicate more effectively about colorectal cancer screening. The guidebook includes focused information on reaching hard-to-reach, often unscreened audiences, including:

- The newly insured
- The insured procrastinator/rationalizer
- The financially challenged
- African Americans
- Hispanics/Latinos

NCCRT's recently released **Hispanics/Latinos and Colorectal Cancer Companion Guide** (nccrt.org/Hispanics-Latinos-Companion-Guide) and **Asian Americans and Colorectal Cancer Companion Guide** (nccrt.org/Asian-Americans-Companion-Guide) introduce market research about the unscreened from these populations and include tested messages in Spanish and several Asian languages.



Top Barriers To Screening

It's important to know more about the populations we are targeting. Overall, unscreened audiences have some similarities in attitudes, aspirations, values, fears and other psychological criteria (psychographics) as the screened, but they all have unique barriers and will respond best to personalized messages. When we look at the barriers to screening, we are able to see these main barriers emerging within the target populations.

1 RATIONALIZED AVOIDANCE

While the unscreened base is knowledgeable about screening, they fail to recognize its importance and have typically rationalized avoidance.

2 LACK OF AFFORDABILITY

Socioeconomic gaps are evident in the unscreened population. Affordability is the number one issue given for not being screened.

3 NO SYMPTOMS OR FAMILY HISTORY

The unscreened often feel that screening messages do not apply to them, either because they do not have symptoms or do not have a family history of the disease.

4 NEGATIVE CONNOTATION

The unscreened population typically has some baseline familiarity with the tests, particularly colonoscopies. However, there is a negative connotation with the test, as many of the unscreened describe it as invasive, unpleasant, or embarrassing.

5 NO DOCTOR RECOMMENDATION

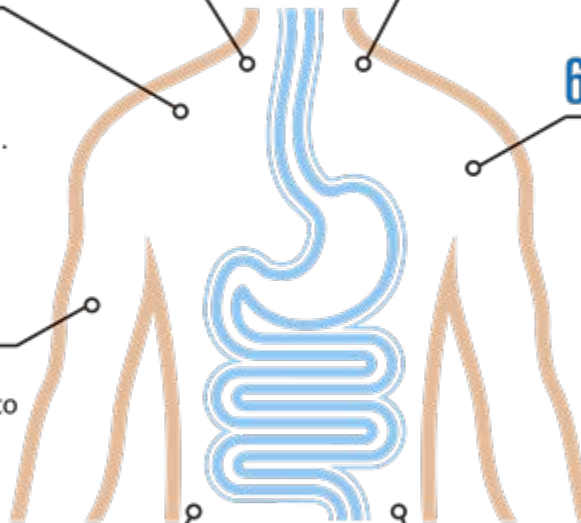
Many cite that their doctor has not recommended screening to them. This is the number one reason among the Black/African Americans, and the number three reason among the Hispanics.

6 NO PERSONAL CONNECTION

Interestingly, the unscreened are less likely to have a personal connection to cancer. They tend not to have had a close friend or family member with cancer, or are unaware of their family history.

7 LOW LEVELS OF HEALTHY BEHAVIOR

Despite self-identifying as "healthy" at similar levels as the screened, the unscreened population underindexes on numerous metrics of healthy behavior, such as caring about their health, visiting the doctor, or talking to their doctor about screening.



Top-rated Messages: Market Research Results

Message #1

There are several screening options available, including simple take-home options. Talk to your doctor about getting screened.

Why does this message work?

Ties to emotional driver of empowerment

- Consumers have a need to be informed, knowledgeable, prepared and responsible about their health.
- This message allows consumers to feel control regardless of barriers they may face (e.g. affordability, fear, etc.).

Alleviates a diverse set of barriers

- Diminishes fear associated with standard procedures and prep.
- Too easy for even procrastinators to put off.
- Suggests a more affordable option.

Appeals more than other “options” messages

- The phrase “at home” was very important to the success of this message. Other “options” messages that did not specify the test could be done at home did not resonate as well with consumers.

Message #2

Colorectal cancer is the second-leading cause of cancer death in the U.S. when men and women are combined, yet it can be prevented or detected at an early stage.

Why does this message work?

Ties to emotional driver of empowerment

- Educates people about their ability to take control of their own health through prevention and early detection.
- Detecting issues early means that there is an opportunity to fix problems and prevent future issues.
- Appeals to the desire to stay in good health as long as possible.

Challenges assumptions

- Challenges the assumption that colorectal cancer “can’t happen to them,” particularly for those who don’t believe they are at risk unless they have symptoms or a family history.

Appeals more than other “empowerment” messages

- Describes the problem while simultaneously giving the consumer a way to address it.

Message #3

Preventing colon cancer or finding it early doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Why does this message work?**Ties to emotional driver of empowerment**

- Consumers have a need to be informed, knowledgeable, prepared and responsible about their health.
- Encourages consumers to take control of their health, while addressing concerns about affordability.

Alleviates major barrier

- Hits the affordability issue head on.
- Alleviates the stress of financial hardships that often comes with health care.

Appeal of "options" message continues

- Couples "options" messages with key information about why those options might work for them.

Uniquely appealing message for the Newly Insured.**Message #4**

Most health insurance plans cover lifesaving preventive tests. Use the health benefits you are paying for to get screened for colon cancer. Call your doctor today.

Why does this message work?**Ties to emotional driver of empowerment**

- This message empowers people who are newly insured to use their newly acquired health insurance to have a positive impact on their health.
- This group feels optimistic about their health after receiving coverage. At a time when they are feeling newly empowered and optimistic, now is the time to motivate them to get screened.

Alleviates major barrier

- This messages also addresses affordability issues by educating the audience about access to services they may not have enjoyed before.

Uniquely appealing for Newly Insured audiences

- While the other top three messages resonated with all groups, this message was unique, in that it only resonated with the newly insured.
- This message taps into the interest of the newly insured to use benefits they may not have enjoyed previously.

The most effective messages will resonate with the priority audience, both rationally and emotionally, and include a call-to-action that motivates.

Sample Collateral Featuring Tested Messages

The NCCRT developed the tools below as examples of how messages can be incorporated into advertising, social media campaigns, emails, etc. Additional guidance on how to use and modify these examples to specialized audiences is available in the full guidebook.

Banner Ads

<http://nccrt.org/80by2018-Communications-Guidebook-Banner-Ads>

In-Office Screen Slides

<http://nccrt.org/80by2018-Communications-Guidebook-In-Office-Slides>

Infographics on Colorectal Cancer

<http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=145>

Sample Radio/TV PSA Scripts

<http://nccrt.org/wp-content/uploads/Radio-and-TV-PSA-Scripts.pdf>

Sample CEO Champion Letter

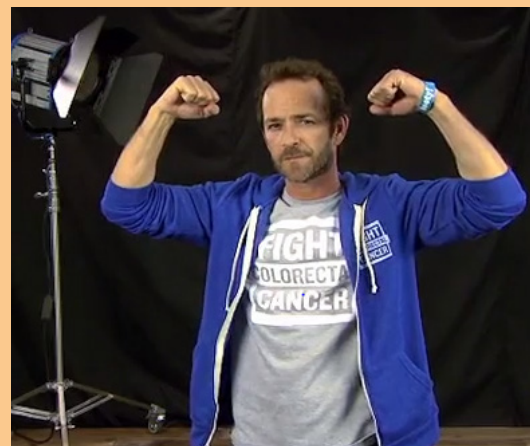
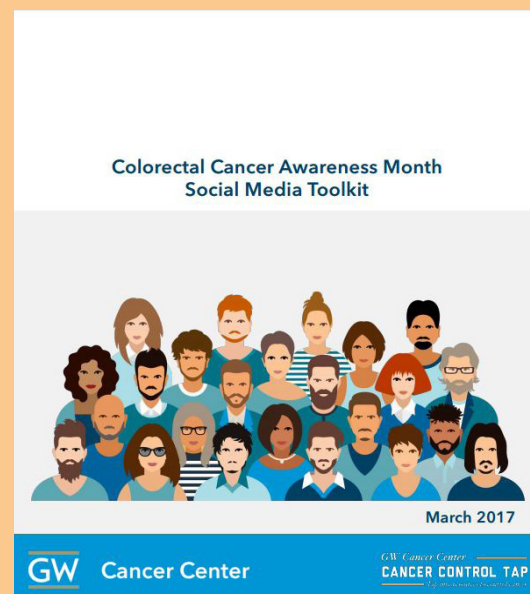
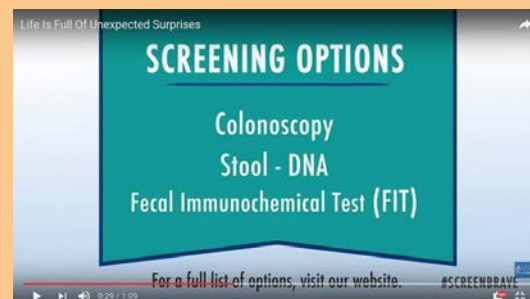
<http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=164>

Sample Email from a CEO to Employees

<http://nccrt.org/wp-content/plugins/download-monitor/download.php?id=166>

Spanish-language Postcards and Brochures

<http://nccrt.org/tools/80-percent-by-2018/hispanics-latinos-companion-guide/>



Applying the Fundamentals of Marketing Communications to Colorectal Cancer Screening

As evidenced by the case studies in this handbook, many health plans are achieving significant results with their colorectal cancer screening programs through outreach programs that apply the fundamentals of marketing communications strategy.

Even if your health plan is currently applying some (or all) of these principles to your current outreach efforts, it is always worthwhile to review these four core tenets, either as a refresher or to ask yourself where enhancements are possible within your organization.



01

Clearly define your challenge and set measurable goals.

Too often, communications efforts begin without a clear definition of the challenge and the desired results. By beginning a communication program with a clearly articulated “problem statement,” you provide necessary focus to everyone responsible to your effort and ensure resources and energies will be applied toward a common purpose. This might be related to raising your HEDIS rate or meeting a state-level goal. Take a look at the trends in colorectal cancer screening and the claims data that is available to see what your overall screening rates are and note any subpopulations that may benefit from more intensive interventions around screening.

“How can we reduce the screening gap between our African American and Caucasian members?”

“How can we utilize incentives to motivate our older Medicare members to return their FIT kits?”

The more specific the articulation of the challenge and driven by data, the better. Ideally your problem statement is accompanied by a tangible goal, a metric for assessing the performance of the campaign. Examples of desired outcomes include: a percentage increase in total screenings compared to last year, a desired number of attendees at an educational event, the percentage of FIT kits returned after a mailing campaign, or a number of appointments scheduled after an IVR outreach effort.

02

Be specific in identifying your target audience.

Who exactly are you trying to reach? What motivates them? What are their barriers to being screened?

A “target market” is a defined segment of a population with common characteristics – ranging from demographic traits (such as age, race, language spoken, and gender), to shared behavior patterns, lifestyles or preferences (such as dual-eligible members in rural areas). It is important to identify your target audience with as much precision as possible, driven by the mining of data in Step 1, as this will enhance the potential effectiveness of your campaign.

Some think that if you cast the net wide you’ll reach more people, but often the opposite is true. You are often more likely to have greater impact by narrowing your focus to a specific audience and then reaching out to them with a targeted campaign (e.g. unscreened Hispanic males, ages 50–75 who have previously completed a FIT). Of course, health plans may not always have member data that enables this level of precision, but the more the better.

Determining your target market at the earliest stages of planning makes it is much easier to choose the appropriate communication channels, and to measure the results of your effort. Just as important, you’ll be able to craft tailored messages with specific appeal to the mindset and emotional state of your target audience. You are now empowered to connect with them as individuals.

See the [80% by 2018 Communications Guidebook](#)³⁷ and the companion guides for [Hispanic/Latinos](#)³⁸ and [Asian Americans](#)³⁹ for an overview of common barriers to screening for the unscreened and tested messages in multiple languages to help address those barriers.

03

Develop an integrated marketing plan with more than one touch point.

It is uncommon for a single piece of communication to inspire someone to take action. One email, phone call, or letter, on its own, may not lead to the results you desire.⁴⁰

Instead it usually requires a collection of touch points to make an impression on your target audience and motivate them to schedule their screening—a blend of tactics such as direct response letters, emails, phone calls, etc., particularly using channels that are most appropriate for the population you are trying to reach. They should work together in concert, delivering a consistent message and driving your audience to the same action, whether it is to schedule a screening or contact their primary care physician.

Of course, your approach does not need to be too complicated or require an overabundance of touch points to be effective. Many marketers see improved results by simply following a direct response letter with a second mailing one-to-two weeks after the first mailing.

The key is to think in terms of coordinated campaigns, rather than stand-alone efforts, and to experiment with different blends of tactics and timing to achieve the best results.

04

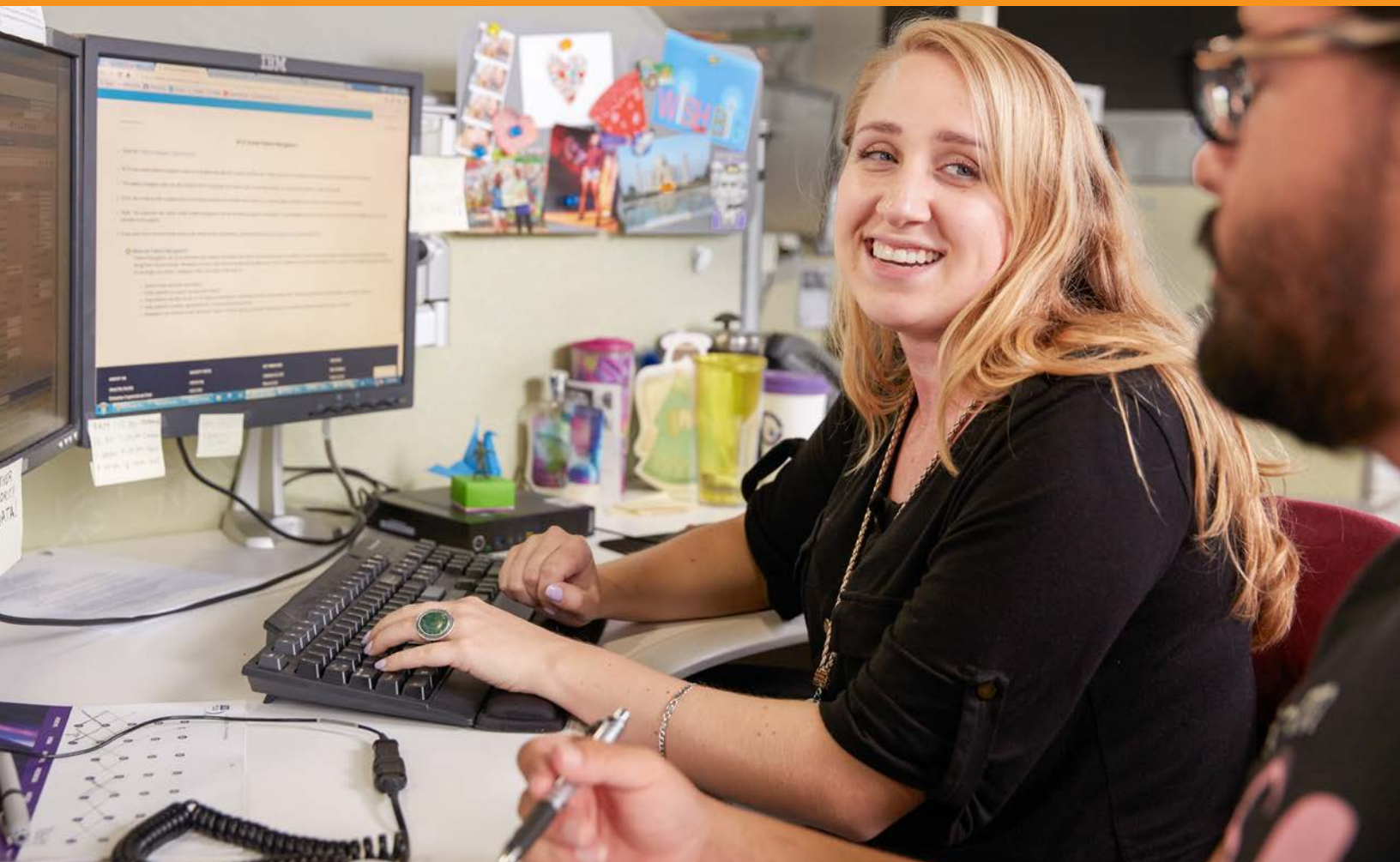
Measure your results and refine for future efforts.

Was your program successful? Did results meet or exceed expectations? And if not, why?

Make sure your investment is worthwhile by putting the tools for monitoring its performance and effectiveness of your efforts in place. Are you ready to determine how many new screenings might be attributed to your campaign? Or how many calls your phone center will receive as a result of your communication effort? How many members took advantage of an incentive program?

It is important to have these measurement tools in place, because you will depend upon this data to assess the performance of your campaign and gather learnings for future efforts. This is what makes marketing communications a discipline; learning from your successes (and even your failures) so you can continually refine and make each subsequent campaign stronger.

The NCCRT's [Evaluation Toolkit](http://nccrt.org/evaluation-toolkit) (nccrt.org/evaluation-toolkit) can provide guidance to those who may be new to the process of evaluating their programs.



Appendix

Following are samples of outreach and educational materials developed by the health plans profiled in this guide. Samples include the following:

- Patient incentive programs
- Sample reminder letters
- Sample telephone scripts for reminder calls
- Simplified instructions for FIT kits
- Resources for members to use at home to track their own screening
- Provider recognition award/recognition for improvement in screening

Health plans may also benefit from reviewing the following resources, which can be deployed by primary care partners in conjunction with health plans.



How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidenced-Based Toolbox and Guide (nccrt.org/crc-clinician-guide/)

Evidence-based tools, sample templates, and strategies to help practices improve their screening performance.



Steps for Increase Colorectal Cancer Screening Rates: A Manual for Community Health Centers (nccrt.org/CHC-Manual)

Instructions to help community health centers implement processes that will reduce physician workload and increase colorectal cancer screening.



The FOBT Clinician's Reference Resource (nccrt.org/FOBT-Resource)

This 2-page resource is designed to introduce (or reintroduce) clinicians to the value of stool blood testing.



Screening for Colorectal Cancer: Optimizing Quality (www.cdc.gov/cancer/colorectal/quality/)

Continuing education from the CDC, including guidance and tools for clinicians to implement colorectal cancer screening.



Colon MD: Clinicians Information Source (www.cancer.org/ColonMD)

Tools for primary care providers, including sample reminder letters, printable wall charts, and sample presentations.



American Cancer Society FluFOBT Program (<https://www.cancer.org/health-care-professionals/colon-md.html#Explore>)

Implementation guide and resources on developing a successful FluFOBT or FluFIT program.

Patient incentive program description from Community Health Plan of Washington

Community Health Plan of Washington™ Member Outreach, Reminder and Engagement (MORE) Program

The **MORE Program**, brought to you by Community Health Plan of Washington (CHPW), educates, reminds and rewards members for taking healthy actions. Members who are overdue for certain health services are contacted by CHPW via interactive voice response (IVR) calls, text messages and by mail. Members are reminded to schedule an appointment with their Primary Care Provider (PCP) to discuss the importance of the health services that they are being contacted about. If the member does not have an assigned PCP they are asked to speak to a CHPW Customer Service Representative to choose one.



The **MORE Program** reaches out to members for the following health services and rewards them for completing the service:

Service	Population	Line of Business
PCP Visit in Last Year	Ages 2 and older who have not had a visit with their PCP in previous 12 months.	Medicaid Medicare
Colorectal Cancer Screening	Ages 50-75 who have not had screening as indicated, based on previous tests.	Medicare
Diabetes Testing	Diabetics 18-75 who have not had an HbA1c test in previous 12 months.	Medicaid Medicare
Well Child Immunizations (Combo 2)	Ages 15-22 months who have not had all of their immunizations to be compliant with combo 2.	Medicaid
Breast Cancer Screening	Females aged 50-74 who have not had a mammogram in previous 24 months.	Medicaid Medicare
Cervical Cancer Screening	Females aged 21-64 who have not had appropriate screening in the past 3 or 5 years (depending on age).	Medicaid

Members are automatically enrolled in the **MORE Program** if they have gaps in care as identified by CHPW claims data. A gap in care is a health service that is indicated for a particular group, but has not occurred as evidence-based guidelines suggest that it should. Members contacted through the **MORE Program** are tracked and when their recommended health services are complete they are eligible to receive a gift certificate redeemable for any of the retailers listed below.

iTunes
JCPenney
Old Navy
Sears
Barnes n Noble
Bed, Bath and Beyond
Home Depot

Lowes
Best Buy
Toys R Us/Babies R Us
Foot Locker
Nike
Staples

Gap in care closures are verified by CHPW through encounter submissions and do not require any extra work on behalf of the clinic. Only members contacted through the MORE Program are eligible for a reward. Gift certificates are automatically sent 6-8 weeks after the health service has been completed. Members are contacted about up to 2 gaps in care at a time and receive a separate gift certificate for each health service. Members are contacted once every 90 days as long as a gap in care persists. If a member does not receive their gift in the designated time, please send the member's name and CHPW Member ID number to MORE_Program@chpw.org.

Patient incentive program IVR call scripts from Community Health Plan of Washington

MORE Program IVR Call Scripts: Adult- Medicare

GREETING

Hi! I'm calling on behalf of your health plan, Community Health Plan of Washington.

Para español, oprima el 1.

My name is MaryBeth! I have some important information to share with [member name].

Please say **"YES" or press 1** if I'm speaking to the right person.

Okay. Your health is a personal matter, so we go to great lengths to protect your privacy.

Using your phone's keypad, please enter the year you were born. For more details press "Star."

Ok. I'm calling today with some important health information.

Community Health Plan of Washington cares about your health. We are calling to remind you about ... and.... **(insert topic titles based on member and prioritization)**

[to receive this and future health messages via text message please press "_"]

Topic Intro: Colorectal Cancer Screening	Colon Cancer Screening
Topic Lead-in: Colorectal Cancer Screening	Now let's talk about the importance of being screened for colon cancer
<p>Star C01 (HEDIS): Colorectal Cancer Screening: Percent of MA enrollees aged 50 to 75 (denominator) who had appropriate screening for colorectal cancer (numerator).</p> <p>HEDIS: Colorectal cancer screening: percentage of members 50 to 75 years of age who had appropriate screening for colorectal cancer.</p> <p>If Single Education Segment=Go to Rewards for Single Education Segment</p> <p>If Multiple Education Segments=Go to Rewards for Multiple Education Segment</p>	<p>Colon cancer is the 2nd leading cause of cancer death but it can be prevented or found early with regular screening.</p> <p>We are offering plan members over the age of 50 who complete their colon cancer screening a \$15 gift card.</p> <p>There are different screening options available, including simple take home tests. Your doctor can help you make a plan for screening that is right for you. There is no co-pay for colon cancer screening however costs may apply for services to treat any condition found.</p> <p>WH_7.0_ColorectalCancerScreen.</p> <p>-----</p> <p>Home</p>

Sample member reminder letter from HealthPartners



<<First Name>> <<Middle Initial.>> <<Last Name>>
<<Address Line 1>>
<<Address Line 2>>
<<City,>> <<State>> <<Zip Code>>

Dear <<First Name >>,

If you're avoiding a colonoscopy, you're not alone.

A lot of our members and patients are concerned about the test and preparation.

But I have good news: there are **quick and easy alternatives** to a colonoscopy.

One option I tell people about is the FIT, a stool test you do at home with no special diet to prepare for it.

Both the FIT and colonoscopies are 100 percent covered by your HealthPartners insurance. You don't need to meet your deductible first (that's the amount you have to pay each year before your plan starts paying). There's no cost to you.

Colon cancer is the second leading cause of cancer deaths in the U.S., but if caught early, it's 90 percent curable. That's why **screening is so important**.

I encourage you to call your doctor today to schedule your colonoscopy or find out if the FIT is right for you.

If you have questions about your coverage, call your Member Services team at <<custom phone>>. And if you've already had your screening, thanks for taking care of your health.

You can learn more about colon cancer risks and screenings at **cdc.gov**.

Wishing you the best health,

A handwritten signature in black ink, appearing to read "Andrew Zinkel".

Andrew Zinkel, MD
HealthPartners Medical Director

Do you prefer to get your reminders online?
Sign up at healthpartners.com/gopaperless.



Sample member reminder letter from HealthPartners



<<First Name>> <<Middle Initial.>> <<Last Name>>

<<Address Line 1>>

<<Address Line 2>>

<<City,>> <<State>> <<Zip Code>>

Dear <<First Name >>,

No news is good news, right?

I hear that a lot from our health plan members, but it's not the case when it comes to getting colorectal cancer – many people don't have a family history or even symptoms.

That's why **screening is so important**. Colon cancer is the second leading cause of cancer deaths in the U.S., but if caught early, it's 90 percent curable.

And people are happy when I tell them a colonoscopy isn't the only screening option. There are **quick and easy alternatives** like the FIT, a stool test you do at home with no special diet to prepare for it.

Both the FIT and colonoscopies are 100 percent covered by your HealthPartners insurance. You don't need to meet your deductible first (that's the amount you have to pay each year before your plan starts paying). There's no cost to you.

I encourage you to call your doctor today to schedule your colonoscopy or discuss if the FIT is a good option for you.

If you have questions about your coverage, call your Member Services team at <<custom phone>>. And if you've already had your screening, thanks for taking care of your health.

You can learn more about colon cancer risks and screenings at cdc.gov.

Wishing you the best health,

A handwritten signature in black ink, appearing to read "Andrew Zinkel".

Andrew Zinkel, MD
HealthPartners Medical Director

Do you prefer to get your reminders online?
Sign up at healthpartners.com/gopaperless.



Sample FOBT follow up reminder letter from the National Cancer Institute's Research-Tested Intervention Programs (RTIPs)

Date

Dear Fname Lname,

A few weeks ago, we mailed you a colon cancer screening kit with test cards for a Fecal Occult Blood Test (FOBT). This is a test for hidden blood in the stool, which can be an early sign of colon cancer.

Our records show that the **Group Health lab has not yet received your FOBT cards.**

- **If you have not done the test,** we encourage you to do so soon. Screening tests are important because they can prevent cancer or find it early, before you have symptoms.
- **If you recently mailed your completed test kit back,** you may disregard this letter. Thank you for completing the test kit! We appreciate your time and effort.
- **If you need another screening kit, or if you have any questions,** please call our study information line (toll free) listed below.
- **If you think our records may not be correct,** please let us know by calling our study information line (toll free) listed below. Thank you for completing the test kit and for helping us to keep our records up to date.
- **If you prefer to do one of the other screening tests for colon cancer** (flexible sigmoidoscopy or colonoscopy), or want more information about screening test, you may call the study information line (toll free) listed below.

If you complete the screening test and your result is negative, you will receive a letter from the Group Health lab. A negative result means that there were no signs of hidden blood in your stool and you don't currently need follow-up care.

If you complete the screening test and your result is positive, your health care team will contact you to begin follow-up care, and you will be send a letter from the Group Health lab. A positive result does not usually mean that cancer is present. It just means that more tests are needed.

If you need have questions or concerns please call our study information line (toll free) at **1-800-XXX-XXXX, or as** always you may call our project manager, Fname Lname, at (XXX) XXX-XXXX.

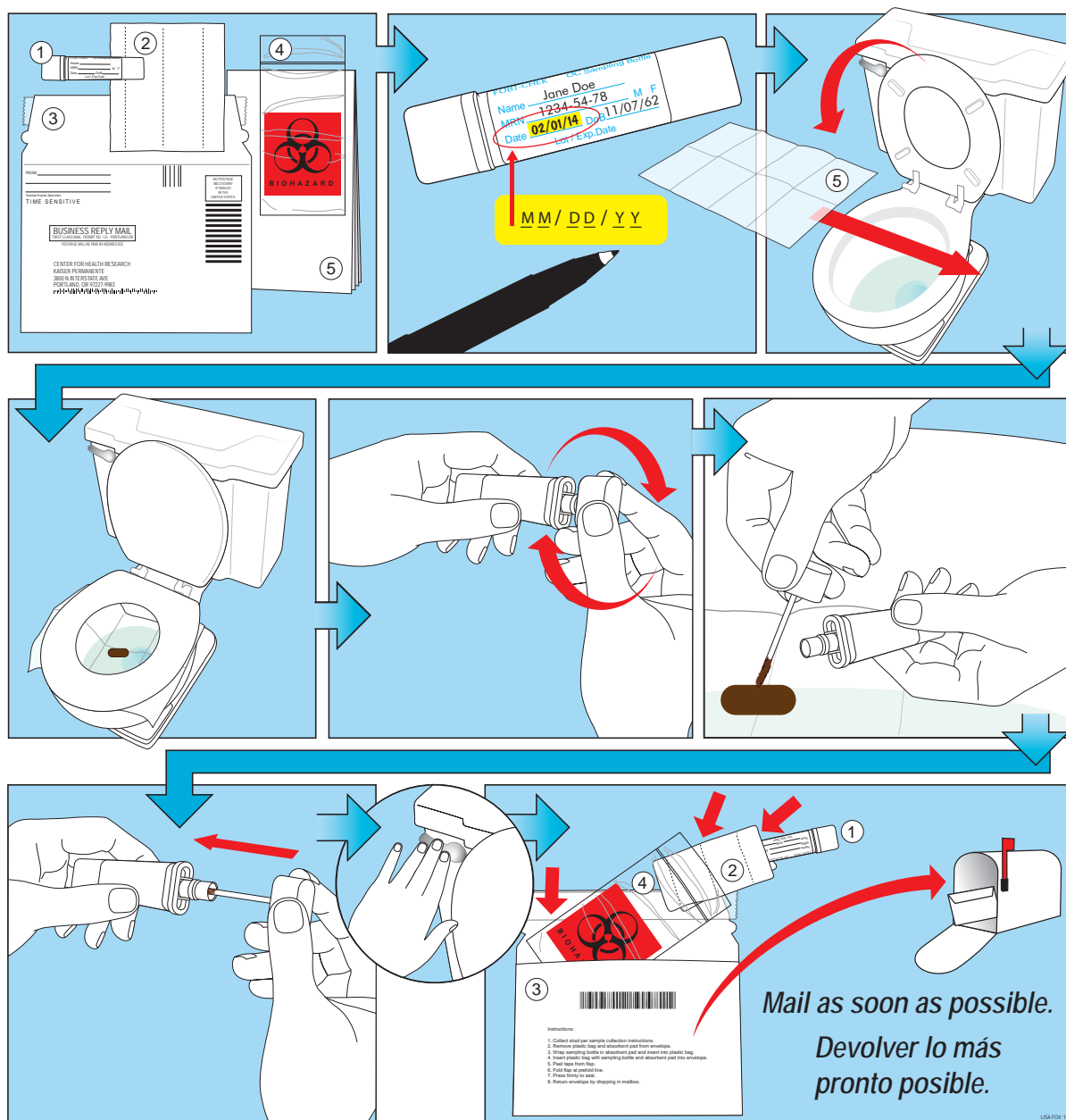
Thank you again for taking part in SOS!

Sincerely,

Beverly B. Green MD, MPH
Group Health Center for Health Studies

Patient reminders and visual test kit instructions from Screen to Prevent (STOP) Colon Cancer

The Screen to Prevent (STOP) Colon Cancer program is led by scientists and physicians at Kaiser Permanente's Center for Health Research, Group Health Research Institute, and OCHIN. STOP has developed a series of tools that can be used to communicate about colorectal screening, including letters, posters and FIT instructions. Below is one example of visual instructions for completing a FIT kit. Additional tools can be downloaded at the [STOP CRC website](https://www.kpchr.org/stopcrc/public/stopcrcpublic.aspx?pageid=7&SiteID=1) (<https://www.kpchr.org/stopcrc/public/stopcrcpublic.aspx?pageid=7&SiteID=1>).



Patient education instructions from Medica



PAPER CLIP—COLORECTAL CANCER SCREENING

Description: Colorectal cancer is a cancer that develops in the tissue of the colon and/or rectum. The colon absorbs food and water and stores waste. The rectum is responsible for passing waste from the body. This is the 3rd most commonly diagnosed cancer and the 2nd leading cause of death for men and women combined in the United States.

Possible Cause: The exact cause of cancer is not known. However, there are certain risk factors that could increase a person's chance to develop the disease.

Some of the risk factors include:

- Being over the age of 50 years
- Personal history of polyps (a growth) on the inner wall of the colon or rectum
- Family history of colon cancer
- Life style factors such as: diets high in red or processed meat, cigarette smoking, being overweight, physically inactive, heavy alcohol use, and others.
- For people that are African American, it is recommended to start screening at the age of 45 years.

Diagnostic Tests: When discovered early, colon cancer is highly treatable. Testing should be done between the ages of 50 to 75 years. If you have a family history of colon cancer you need to discuss with your Provider for earlier testing. Possible tests are: FOBT (High-sensitivity Fecal Occult Blood Tests), Fit test, Sigmoidoscopy or colonoscopy. Note: Cologuard has not been approved by the FDA.

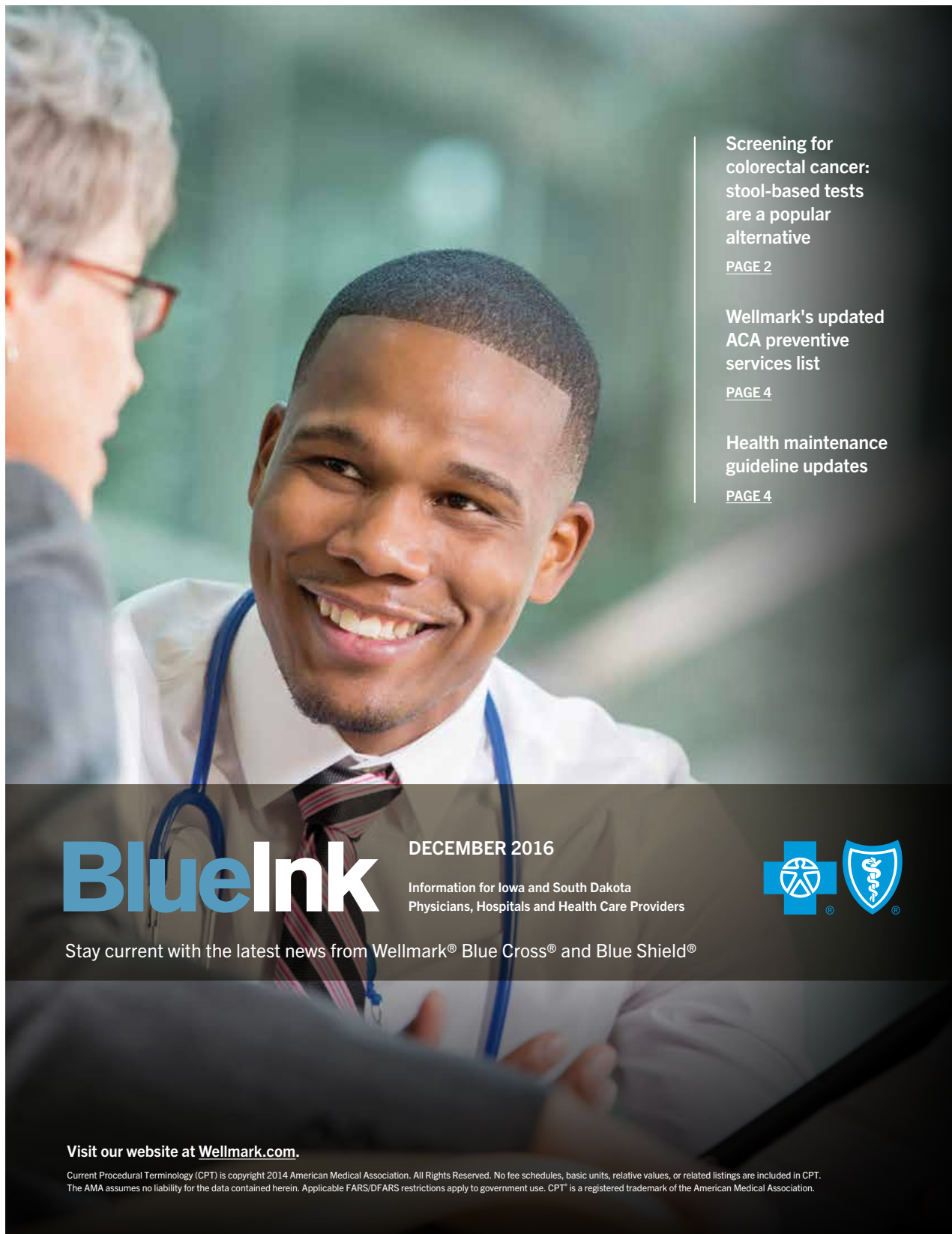
Conversation with Member:

- **General opening such as:** "How are you feeling today? We have noted that you have not been screened for colon/rectal cancer. Can we spend a few minutes discussing this?"
- **Offer information:** This is the 3rd most common cancer in the United States and affects all races, both men and women. If you get routine testing starting at the age of 50 years (if African American, testing starts at the age of 45 years) this may identify potential cancer forming polyps and allow for early treatment.
- **Get more specific:** It is recommended that you get screened. There are a variety of tests, some that do not require any preparation and can be done in the privacy of your home, such as the "FIT" test. Other tests that your provider may recommend could require a dietary and bowel prep and are more invasive (such as a colonoscopy). Talk with your provider about which type of test is best for you.
- **Lifestyle impacts & Medical Tx options:** We discussed some tests, but there are also some lifestyle factors that may affect your risk for colorectal cancer. These include: good dietary habits, weight control, and physical activity. If you smoke or consume alcohol heavily, you may want to consider some changes.
- **Review the member's plan of action:** "Based on this information, can we make a plan for you to work with your provider to get a screening?"
- **National Standard:** Priority Gap for HEDIS & Stars

References:

- American Cancer Society or phone 1 800-227-2345
- CDC

Sample provider-directed communication from December 2016 BlueInk magazine, a publication of Wellmark Blue Cross and Blue Shield



Screening for colorectal cancer: stool-based tests are a popular alternative
[PAGE 2](#)

Wellmark's updated ACA preventive services list
[PAGE 4](#)

Health maintenance guideline updates
[PAGE 4](#)

BlueInk DECEMBER 2016
Information for Iowa and South Dakota
Physicians, Hospitals and Health Care Providers

Stay current with the latest news from Wellmark® Blue Cross® and Blue Shield®

Visit our website at Wellmark.com.

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FEATURE

Screening for colorectal cancer: stool-based tests are a popular alternative

One Iowa clinic has worked to improve their screening rates for colorectal cancer

Most people know that colorectal cancer screenings are an important part of preventive health care. Why, then, don't more people get regular screenings?

Historically, providers have recommended colonoscopies as the primary method of colorectal cancer screening. This procedure requires patients to prepare ahead of time and often requires anesthesia. **Additionally, colonoscopies are expensive — costing on average between \$2,100 and \$2,400. Because of this, only around 68 percent of people who are recommended to get screened in Iowa actually do. In South Dakota, the rate is 67 percent.**

"It's so important to increase screening rates because early colorectal cancer does not have signs and symptoms. If you wait until symptoms of the disease have progressed, treatment is harder. It's key to catch it early when it's more easily treated," said Dr. Patricia Newland, Central Iowa regional vice president and medical director for UnityPoint Clinic Family Medicine.

Newland recognizes that colonoscopies are not appealing to many patients. "We have to have another option for patients besides colonoscopy. For many patients, colonoscopies can be too expensive, invasive, and time-consuming. Stool-based tests are a nice alternative."

Stool-based tests, including the high-sensitivity fecal occult blood test (FOBT), fecal immunochemical test (FIT), and FIT-DNA, are completed in the comfort of one's own home. The tests include instructions and all necessary tools to collect a sample. Once collected, the sample is mailed back to a lab in the provided packaging, and results are shared with the provider. **At-home, stool-based tests are low risk, accurate, and inexpensive — costing on average between \$7 and \$24.**

COMPARED TO COLONOSCOPIES, STOOL-BASED TESTS ARE UNDERUSED.

So Newland has made it her mission to increase awareness and improve overall screening rates at her practice.

"We've started a new rooming procedure so that by the time I get in the room they've already talked to the nurse and have their stool test ready to take home. We use a team approach and everyone has responsibility for increasing rates," said Newland.

"Additionally, we had nurses call patients who were overdue for screening and if they were interested we would mail them a stool-based test. We sent out 30 and received 29 back."

THE TEAM ALSO TRIED OUT *FLU FIT* THIS YEAR. With the *Flu FIT* program, the clinic reviewed all the charts for patients coming in for their flu shots. If patients were over the age of 50 and hadn't been screened, they were asked about colorectal cancer screening. "It was successful and I think we'll do it again," said Newland.

THE PRACTICE RESULTS HAVE BEEN IMPRESSIVE. At her clinic, UnityPoint Clinic Family Medicine at Norwalk, the screening rate is higher than average at nearly 74 percent. Furthermore, Newland's colorectal cancer screening rate is higher yet at 80 percent.

FEATURE

Improved screening rates, no matter how they are achieved, can create impactful change. A turning point for the Norwalk staff was when a patient in his early 50s had come in for a cold, and, due to their new rooming process, was flagged as someone who was due for screening. He ended up being screened and cancer was found. It was treatable because it was found early. “Our staff saw the impact that making sure patients are screened could have. Everyone on the team is responsible for finding every opportunity to get patients screened,” said Newland.

Many health plans cover stool-based tests for screening and preventing colon cancer. This is an opportunity to improve member care and lower their costs.

Resources

For additional information and resources, see below.

American Cancer Society — cancer.org

[Clinician's information source](#): free materials to help you encourage colorectal cancer screening.

[How to increase preventive screening rates](#): an action plan for your office to follow.

[Guidelines for early detection of cancer](#): a guide to follow for early detection.

National Colorectal Cancer Roundtable (NCCRT) — nccrt.org

[Provider education](#): review the NCCRT's research.

[80 percent by 2018 communications guidebook](#): recommended messaging to reach the unscreened.



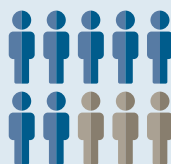
Dr. Patricia Newland, pictured above, is the Central Iowa regional vice president and medical director for UnityPoint Clinic Family Medicine.

SCREENING FOR COLORECTAL CANCER



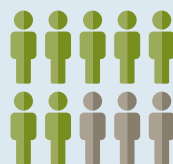
COLONOSCOPIES ARE EXPENSIVE
COSTING ON AVERAGE
\$2,100 – \$2,400

This method requires patients to prepare ahead of time and often requires anesthesia.



68%

Percentage of people who are recommended to get colonoscopy screenings in Iowa who actually do.



67%

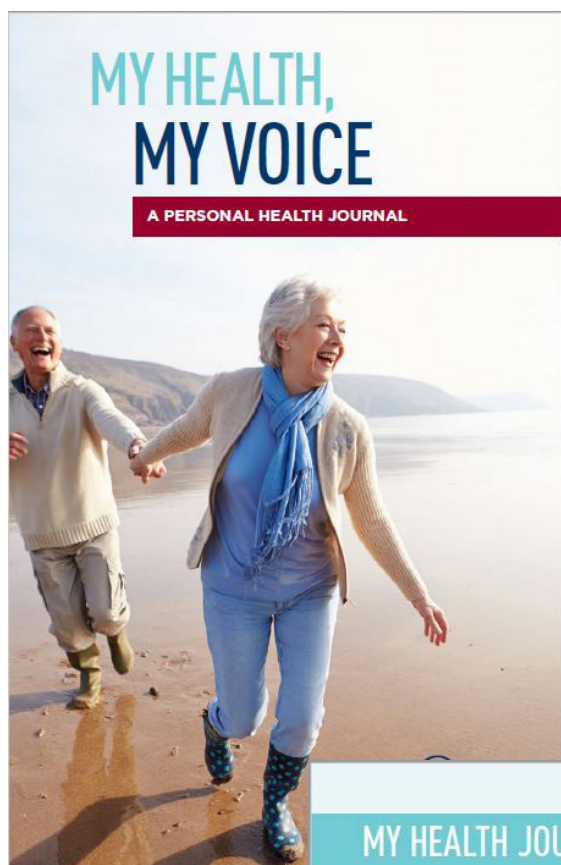
Percentage of people who are recommended to get colonoscopy screenings in South Dakota who actually do.



AT-HOME, STOOL-BASED TESTS
COSTING ON AVERAGE BETWEEN
\$7 – \$24

At-home, stool-based tests are low risk, accurate, and inexpensive — costing on average between \$7 and \$24.

Excerpts from Care N' Care's Personal Health Journal for members



MY HEALTH JOURNAL

Carry a list of your prescriptions, over the counter medicines, vitamins, supplements, and eye drops. Include drug allergies or side affects you have had from your medications.

NAME: _____

CURRENT MEDICATIONS

Start Date	Medication	Dosage	Times per Day	Purpose for Use	Start Date

MEDICATION ALLERGIES

Medication	Reaction

IMMUNIZATIONS

Vaccine	Recommended	Date Received	Date next Dose Due
Shingles	Once at age 60		
Pneumonia	Twice once over 65		
Pertussis	Once		
Tetanus /Diphtheria	Every 10 years		
Flu Shot	Once per flu season		

HEALTH EXAMS AND SCREENINGS

Screenings/Test	Recommended	Date of Test	Physician	Results	Date next Test is Due
Fecal Occult Blood	Annually				
Flexible Sigmoidoscopy	Every 5 years				
Colonoscopy	Every 10 Years				
	Ages 50-64: every 2-4 years Over 65: every 1-2 years				
Prostate Specific Antigen (PSA) Test	Every 2 years				
Breast Mammogram	Annually				
Abdominal Aortic Aneurysm (AAA) Screening	Annually				

Example of HealthPartners' Preventive Care Recognition Award: 2015 Winner, Allina Health



Improving colorectal cancer screening through a fecal occult blood test kit mailing project

PREVENTIVE
Partners in Excellence



PROVIDER

Allina Health

CHALLENGE

Patients who had never been screened for colon cancer were often hesitant to get a colonoscopy, and fecal occult blood test (FOBT) hadn't been offered to them as a choice for screening. Secondary issue was that our minority population had lower screening rates than our caucasian/english speaking population.

PROCESS FOR CHANGE

Mailing of iFOBT (FIT) kits to patient's homes that had no record of previous screening in our EMR. Used an external vendor and automated lab instrumentation centralized the work flow.

IMPROVING HEALTH

- Routine screening for colorectal cancer prevents up to 60 percent of cancer deaths in men and women over age 50.
- Proactively sending FOBT kits increases the likelihood of screening in patients who previously refused screening when offered.

ENHANCING PATIENT EXPERIENCE

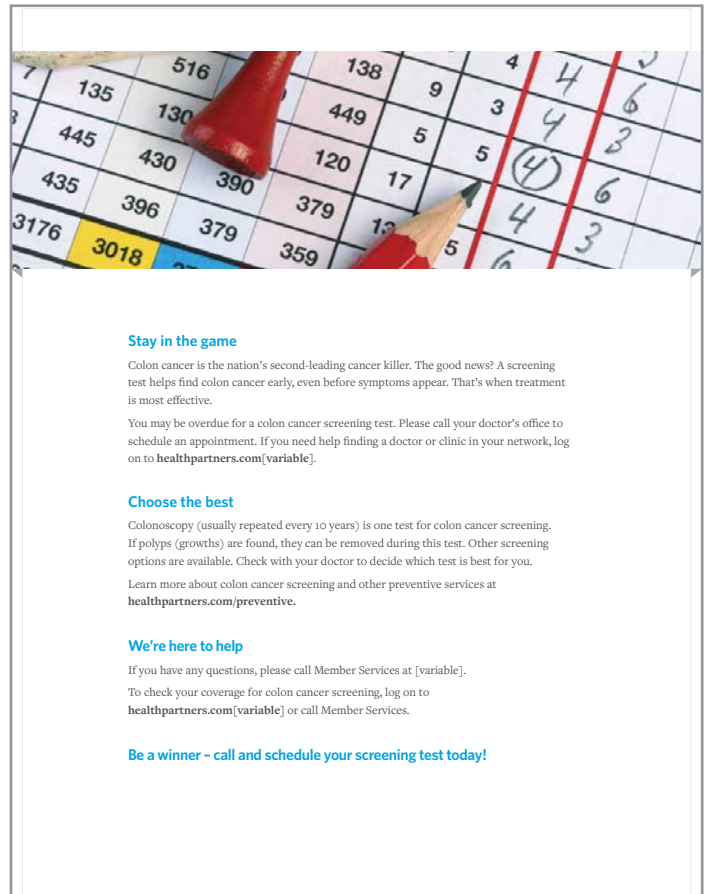
- Patients who previously avoided colonoscopy were more open to FOBT testing that required no dietary restrictions, prep, or invasive procedure.
- FOBT testing can be particularly attractive to patients on anticoagulation therapy.
- Receiving instructions in the patient's preferred language increased the likelihood of screening completion.

TAKING AIM AT AFFORDABILITY

- System-level mailing and processing of kits is more cost effective than when done at an individual clinic.
- Removal of pre-cancerous polyps or finding colon cancer in its early stages reduces the cost of treatment and mortality.



Example of HealthPartners' Golf Scorecard mailing, targeting unscreened men



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