

Session Sixteen

The Colorectal Cancer Policy Landscape



9:00 AM to 9:40 AM

The Colorectal Cancer Policy Landscape



Moderator
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MOVING EVIDENCE TO ACTION AND POLICY CHANGE



Research Producer

Research User

MEDICAID CORE SET OF ADULT HEALTH CARE QUALITY MEASURES

Figure 2: 2020 Core Set of Adult Health Care Preventive Care Quality Measures for Medicaid





NQF #	Measure Steward	Measure Name
Preventive Care		
0032	NCQA	Cervical Cancer Screening
0033	NCQA	Chlamydia Screening in Women Ages 21–24
0039	NCQA	Flu Vaccinations for Adults Ages 18 to 64
2372	NCQA	Breast Cancer Screening
NA	NCQA	Adult Body Mass Index Assessment

Colorectal Cancer Screening is **NOT** on the Core Set of Adult Health Preventive Measures for Medicaid

CHANGING THE MEDICAID COLORECTAL CANCER SCREENING METRIC



Set Goals

- Worries about: 
- Reads: 
- Wants: 
- Recently: 
- Needs: 
- Believes: 
- Is influenced by: 

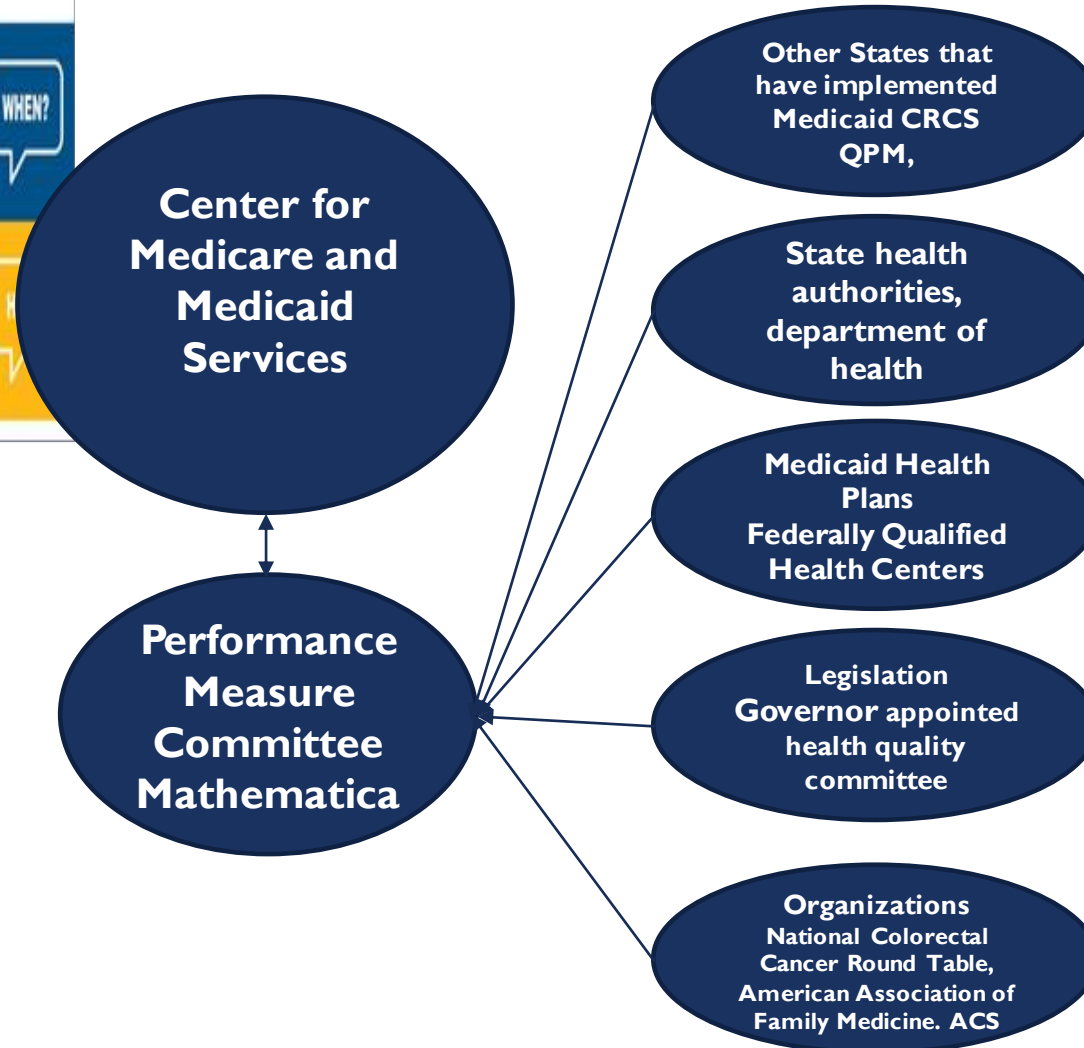
Identified our Audience



Developed Messages
and
Communication
Channels

Communicating Is Planned, Intentional, Outcome Focused

- What are you trying to accomplish?
- Who are you trying to reach?
- What messages are likely to work?
- When and where will you engage & follow-up?
- With what materials, tools?



Who is your audience? CMS, Performance Measure Committee

Worries and wants? Better health improved quality of care, more equitable care and reduced disparities, less variation of care, and more efficient care

Needs? Data about CRCS screening rates and disparities, costs-benefits of improvement, feasibility, actionability of a Medicaid CRCS QPM

Influenced by? Awareness of problem and solution, politics

Information needed? Data on Medicaid CRCS, costs, evidence-base strategy effectiveness

Sample Frames and Messages

“Did you know that colon cancer is the second leading cause of cancer death? But it does not have to be! Screening finds colon cancer when it is treatable and prevents cancer by removing polyps before they become cancerous.”

“Did you know that Washington state has one of the highest screening rates for its Medicare-insured population: 75%, which is fantastic! In contrast, screening rates are only 45% among eligible Medicaid-insured individuals. Our research showed one important reason why. Health plans are required to report colon cancer screening rates for Medicare but not Medicaid patients. Asking plans to report Medicaid colon cancer screening rates could save many lives.”

SUPPORTING THE CHANGE – HEALTH AFFAIRS BLOG

REFINE SEARCH PER PAGE: 20 30 100 SORT: DATE



From Research To Action: Advocating For A Medicaid Colorectal Cancer Screening Quality Performance Measure

[Beverly Green](#), [Laura-Mae Baldwin](#)

August 31, 2021

[Preview Short Description](#)

When caught early by screening, colorectal cancer (CRC) has a high survival rate; yet there are striking screening disparities in the US, especially for Medicaid-insured adults. Requiring states and health plans to track Medicaid CRC screening rates is the first step toward improving screening disparities.

Access and use
Access to care
Biomedical sci
Cancer
Diseases
More

PUBLICATION I
2021

CMS Medicaid Adult Core Set of Quality Measures
The Burden of CRC in the United States
Effectiveness and Health Disparities in CRC Screening Rates
Current Efforts to Measure and Report Screening Rates
Potential Barriers to Reporting Screening Rates
COVID-19 Impacts on Medicaid Enrollments—Increasing Population Requiring Screening
Conclusions
References



Advancing Health Equity for Medicaid Beneficiaries by Adding Colorectal Cancer Screening to the Centers for Medicare and Medicaid Services Adult Core Set

Margaret E. Hitchcock, Beverly B. Green and Daniel S. Anderson
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In May 2021, the Centers for Medicare and Medicaid Services (CMS) Quality Measures Voting Members unanimously recommended the addition of colorectal cancer (CRC) screening to the CMS Medicaid Adult Core Set of Quality Measures for adoption in 2022. However, CMS has the latitude to reject recommendations from the Voting Members. The proposed CMS Medicaid CRC screening quality measure should be supported because it is actionable, has alignment with other metrics, is appropriate, is feasible, and will promote equity for all people insured through CMS ([Table 1](#)).

Table 1
CRC Screening Performance Measure Meets Criteria for Addition to the CMS Adult Core Set of Quality Measures

Characteristics Considered for Adding a New Quality Measure to the 2022 Medicaid Adult Core Set	
Actionability: Will the measure provide results that can be used to improve healthcare?	Yes Effective low-cost strategies increase CRC screening



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Characteristics Considered for Addition of New Measures to the Medicaid Adult Core Set and Arguments for Adding a Colorectal Cancer Screening (CRCS) Performance Measure

<p>Actionability: Will the measure provide results that can be used to improve healthcare?</p>	<p>Yes, effective low-cost strategies exist for increasing CRCS uptake. Reporting allows plans to track their progress and identify plans with best practices.</p>
<p>Alignment: Is the measure used in other reporting programs?</p>	<p>Yes, CRCS reporting is required by: CMS Medicare– HEDIS; National Committee for Quality Assurance (NCQA) accreditation; Health Resources and Service Administration grantees (FQHCs, UDS measures)</p>
<p>Appropriateness for state-level reporting: Has the measure been validated and tested for state-level reporting in one or more states?</p>	<p>Yes, A National Quality Forum endorsed Medicaid CRCS QPM (NQF# 0034) has been implemented in OR, MN, and NY</p>
<p>Feasibility: Will states be able to access the data needed to calculate the measure?</p>	<p>Yes, Administrative claims data for completed CRCS tests could be used. Challenges with the colonoscopy look back period has led to improved documentation in OR.</p>
<p>Strategic Priority: Does the measure fill a gap area in the Adult Core Set?</p>	<p>Yes, breast and cervical cancer are already included in the Adult Core Set. CRCS is not included, even though screening rates are lower, and disparities are greater.</p>

CHILD AND ADULT CORE SET STAKEHOLDER WORKGROUP: 2022 ANNUAL REVIEW VOTING MEETING – DAY 3, MAY 2021

Addition: Colorectal Cancer Screening

Description	Percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0034
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative, hybrid, and HEDIS® Electronic Clinical Data systems (ECDS). (Note: ECDS includes data from administrative systems, electronic health records, case management systems, and health information exchanges. NCQA is currently assessing public comment regarding this proposal.)
Denominator	Members 51 to 75 years of age as of December 31 of the measurement year.
Numerator	Members with one or more screenings for colorectal cancer. Any of the following meet criteria: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type. • Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. • Colonoscopy during the measurement year or the nine years prior to the measurement year. • Computed tomography (CT) colonography during the measurement year or the four years prior to the measurement year. • Fecal immunochemical DNA (FIT-DNA) test during the measurement year or the two years prior to the measurement year.

Passed!

DID WE TURN RESEARCH FINDINGS INTO ACTION?

**Current
status**

Next steps

NEXT STEPS BIG

- Requiring Medicaid Health Plans to report CRC screening rates
- Better yet incentivizing performance
- Adding a metric for colonoscopy completion after a positive stool test
- Policies that support Navigation
- Addressing current threats!



Thank You

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Break and Move to Concurrent Sessions

9:40 AM to 9:55 AM