80% by 2018

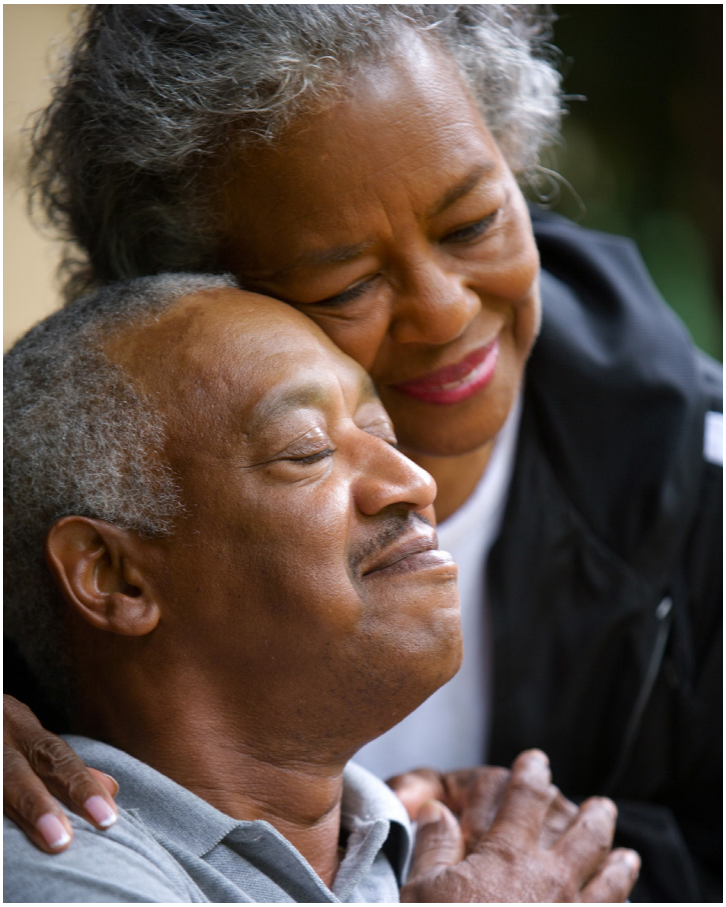
What can Gastroenterologists & Endoscopists Do to Advance 80% by 2018?

Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.

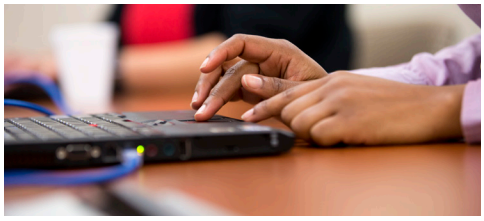
Join the national effort to get 80% of age-appropriate adults regularly screened for colorectal cancer by 2018. (Starting screening before age 50 may be appropriate for people with certain risk factors). If we can achieve 80% by 2018, 277,000 cases and 203,000 colon cancer deaths would be prevented by 2030.

The number of colorectal cancer cases is dropping, thanks to screening.
We are helping save lives.
We can save more.

National Colorectal Cancer Roundtable · American Cancer Society · American College of Gastroenterology · American College of Surgeons — Inspiring Quality: Highest Standards, Better Outcomes · 100+years · American Gastroenterological Association · American Society for Gastrointestinal Endoscopy



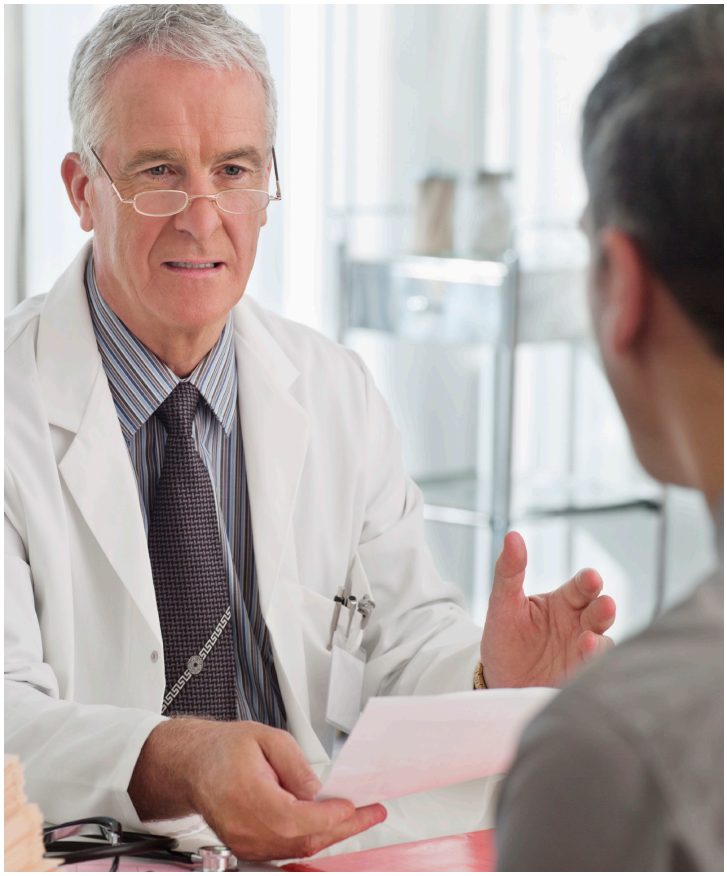
80% by 2018 is a National Colorectal Cancer Roundtable initiative through which hundreds of organizations have committed to reducing colorectal cancer as a major public health problem and are working together toward the shared goal of reaching 80% of age-appropriate adults being regularly screened for colorectal cancer by 2018. Proud supporters of this effort include the American College of Gastroenterology, the American College of Surgeons, the American Gastroenterological Association and the American Society for Gastrointestinal Endoscopy, as well as numerous state and local gastroenterology associations and practices.



How can you be part of the national effort to make sure 80% of age appropriate adults are regularly screened for colorectal cancer by 2018?

As an endoscopist, which includes gastroenterologists, surgeons and other practioners, here are six things that you can do to support 80% by 2018:

1. **Stand up as a champion in your community to serve as a voice about the importance of colorectal cancer screening.**
   - Clinical champions provide the leadership needed to legitimize cancer screening efforts. Even a small time commitment can foster substantive results.
   - As a trusted practitioner in the community, you can bring legitimacy and credibility to state or local efforts to mobilize partners to get more adults screened. Get involved with **your state cancer coalition** or colorectal cancer roundtable to advance screening in your community. Contact your local **American Cancer Society** office or your local or state health department to learn about activities in your state. Physician leaders and champions can speak "doctor to doctor," and often will be effective in opening doors for coalition efforts.
   - Volunteer to speak on local radio or television stations and submit an op-ed to your local paper to promote the importance of colorectal cancer screening during National Colorectal Cancer Awareness Month in March. Contact **nccrt@cancer.org** if you are interested in receiving speaker training and being a part of an 80% by 2018 speakers' bureau.
   - Consider working with your local community health centers to improve the continuum of care for underserved patients. You can play a huge role in bringing hospitals and other specialists to the table to discuss care coordination (see below).



2. Make sure your staff understand the most recent research and clinical guidelines for colorectal cancer screening and surveillance to help put processes in place to make appropriate risk-based screening recommendations for your patients.

- Work with your staff to collect family history, and if indicated, screen increased or high-risk patients at earlier or more frequent intervals.[1,2,3,4]
- Help ensure patients understand the importance of communicating their history of polyps or cancer to their immediate family members.
- Help ensure that African-Americans, Alaskan Native and some Native American patients know they may be at a higher risk than other populations and are a key target audience in the 80% by 2018 effort. Hispanics are also a target audience since they are more likely than others to not be screened.[5]
- Inform your staff about the new online continuing medical education course from the Centers for Disease Control and Prevention: **"Colonoscopy Screening for Colorectal Cancer: Optimizing Quality"**.

3. Monitor colonoscopy quality indicators.

- Track and address quality measures, including your show rate, prep quality, adenoma detection rate, cecal intubation rate, and other quality measures for endoscopists.[6]
- If possible, use a colonoscopy database or registry to track screening and outcomes. Ensure you screen the right patients at the right intervals with the highest quality exam.
- Remember that the adenoma detection rate is the primary colonoscopy quality indicator. Current targets: ADR ≥ 30% for men and ≥ 20% for women.[7,8]
- Recognize clinicians in your practice who are meeting quality benchmarks.

4. Partner with primary care practices and hospitals to explore ways to provide screening navigation to provide a seamless continuum of care from risk assessment and initial screening to surveillance, follow up and cancer treatment.

- Commit to good communication with primary care practices to make referrals seamless and ensure appropriate follow up of all findings.[9] It's everyone's responsibility to ensure that needed follow up takes place.
- Consider investing in screening navigation to ensure that patients show up properly prepped. Navigators have been proven to significantly improve colonoscopy show rates and quality of bowel preps.[10,11,12]
- Bring hospitals into the discussion as well. Hospital systems are buying up both primary and specialty care practices, positioning these hospitals as emerging leaders in the screening effort. Hospitals are also positioned to help patients in need with costs or treatment, in the limited number of cases for which treatment is needed. Colorectal cancer incidence is very low when screening takes place at appropriate ages and intervals.

- Watch and share this presentation, ***Improving Links of Care: How to Increase Access to Specialists for Community Health Center Patients in the Delivery of Colorectal Cancer Screening & Follow-up Care***, to learn how some communities have matured these efforts.

5. Proactively remind patients who are due for screening to schedule an exam. Provide educational materials and online communications to promote screening in your community.

- Use evidence-based practice changes to systematize screening in your office.[13] Set up reminder systems or follow up rescheduling systems, which have been demonstrated to be effective.
- Offer educational materials in waiting and exam rooms and promote screening during National Colorectal Cancer Awareness Month with research-tested messages, found in the **80% by 2018 Communications Guidebook**.

6. Ensure that your practice understands current coding requirements under the Affordable Care Act to reduce patient copays. Affordability is the number one reason the unscreened are not getting screened.[14]

- Inform your practice that colorectal cancer screening receives an "A" rating from the United States Preventive Services Task Force; thus, colonoscopy should be provided to privately insured patients without cost-sharing under the Affordable Care Act.[i]
- Make your practice aware that Medicare and some health plans, however, apply cost-sharing to colonoscopies that follow a positive stool test or under Medicare rules, when a polyp is discovered during screening.
- Make sure your practice follows the federal rules that state privately insured patients should not receive a surprise bill when a polyp is found in a screening colonoscopy,[15] nor should they receive a bill for a pre-exam consultation[16], bowel prep[17], pathology[16] or anesthesia.[18] (Patients may be liable for ancillary costs such as facility fees.)
- Educate health plans and state and federal lawmakers on the impact these copays and cost-sharing practices have on patients' ability to afford needed screenings.

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i The ACA preventive services requirements do not apply to "grandfathered" health plans that were in existence prior to March 23, 2010, as long as such plans continue to meet certain standards for grandfathered plans.

You have the power to have a huge impact on screening rates in your community!

Visit **nccrt.org/about/provider-education** or **cancer.org/colonmd** to learn more about how to act on the preceding recommendations and be part of 80% by 2018.

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