

80% in Every Community Conference &
2020 NCCRT Annual Meeting

Concurrent Session 4: State-based Colorectal Cancer Screening Updates & Innovations

*November 17, 2020
3:45 to 4:35 p.m. EST*



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CDC's Colorectal Cancer Control Program Update

Amy DeGroff, PhD, MPH
Division of Cancer Prevention and Control

NCCRT Annual Meeting
November 17, 2020



15 years of implementing the Colorectal Cancer Control Program (CRCCP)

2005 -2009

2009-2015

2015-2020

CRCCP Demonstration Project

- **5 grantees**
(state, county, city, and university)
- **Focus:**
Delivery of colorectal cancer (CRC) screening and diagnostic services
- **Results:**
Viable strategy

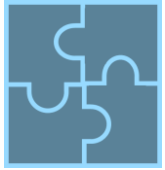
CRCCP DP09-903 & 14-1414

- **29 grantees**
(states, tribes, and territories)
- **Focus:**
 1. Delivery of CRC screening and diagnostic services
 2. CRC screening promotion for underserved populations
- **Results:**
Limited reach

CRCCP DP15-1502

- **30 grantees**
(states, universities, and tribe)
- **Focus:**
 1. Health systems change through EBI implementation in partner clinics
 2. Delivery of CRC screening & diagnostic service (6 grantees only)
- **Results:**
 1. Substantial reach
 2. Multiple EBIs & champions increase screening rates

Tenets of the CRCCP model



**Integrate public health
and primary care**



**Focus on defined,
high-need populations**



**Establish partnerships to
support implementation**



**Implement sustainable
health system changes**



**Use evidence-based
strategies to maximize
limited public health dollars**

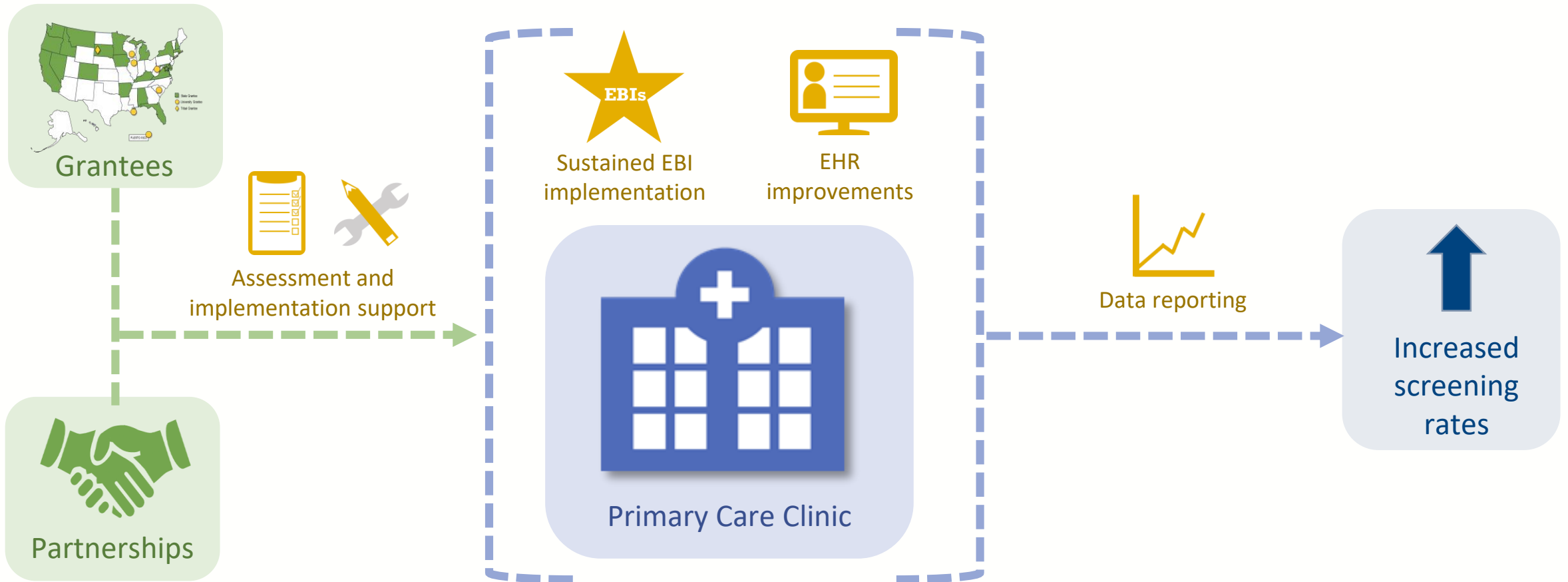


**Encourage innovation in
adaptation of EBIs**



**Use data for program
improvement and
performance management**

Supporting Sustainable Health System Change



Five-Year CRCCP Grantee Reach



261

Health
systems



831

Clinics



6,365

Providers

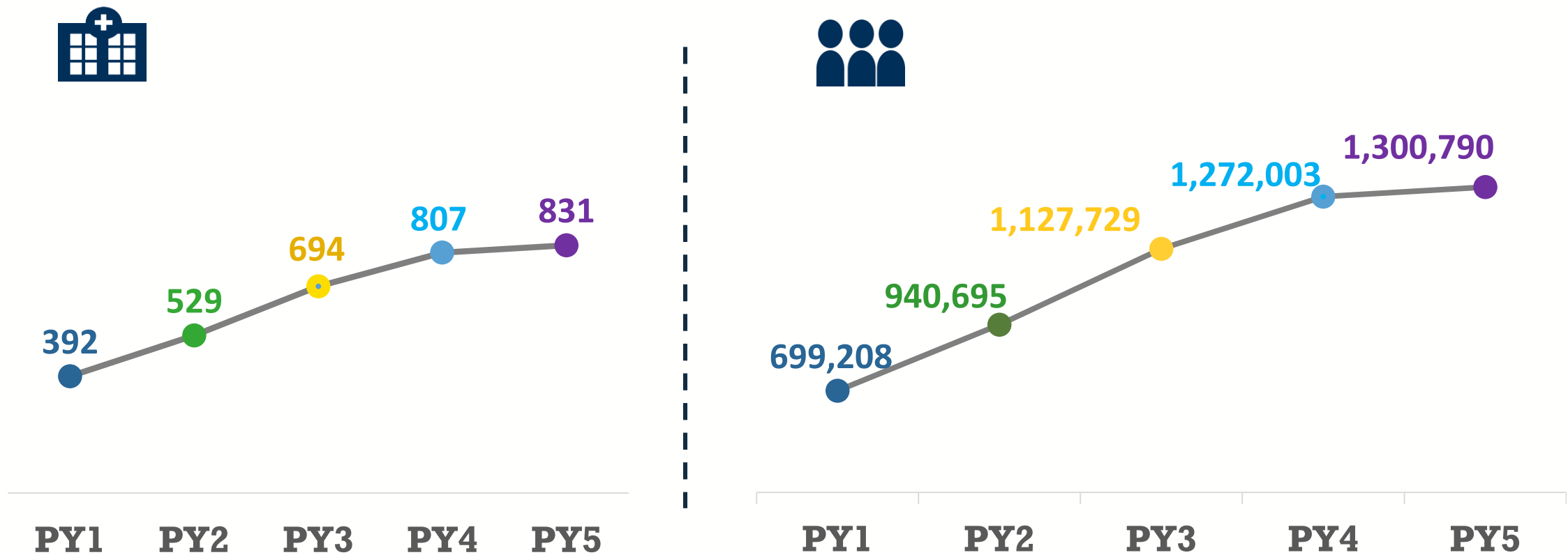


1,300,790

Patients
aged 50-75

Source: Clinic data submission, March 2020 (Includes clinics recruited in PYs 1-5)

New Clinic Recruitment Fuels Program Reach



Source: Clinic data submission, March 2020 (Includes clinics recruited in PYs 1-5)

CRCCP Clinic Profile



831
CRCCP
Clinics

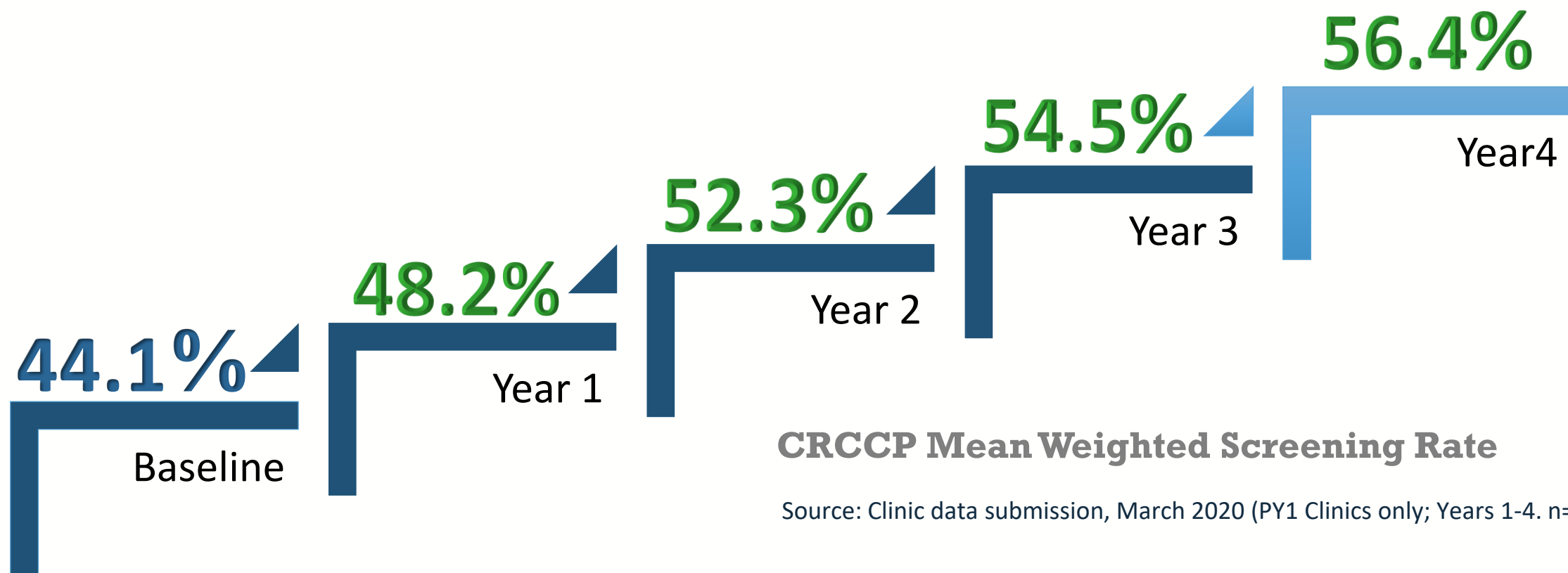
71%
are Federally-
Qualified Health
Centers (FQHCs)

26%
serve high
percentages of
uninsured patients
(>20%)

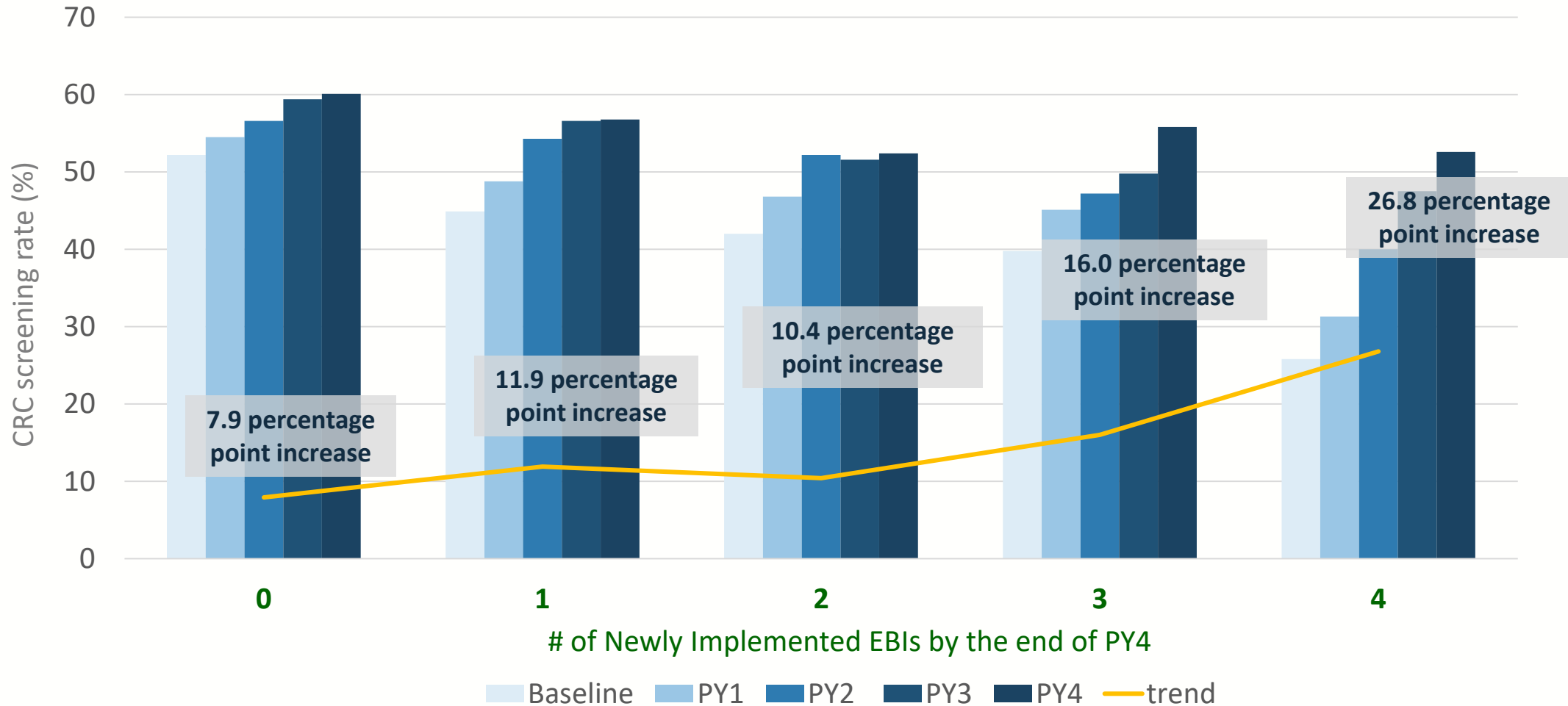
43.2%
average baseline
screening rate

Source: Clinic data submission, March 2020 (Includes clinics recruited in PYs 1-5)

**Average 12.3 percentage points since baseline
representing 95,504 additional screens among clinics
recruited in first program year**



Additional new EBIs translate into greater screening rate increases



Source: CRCCP Clinic Data March 2020 data submission. PY1 Clinics only; Years 1-4.

Multiple analyses found several factors associated with greater CRC screening rates



**Implemented
3-4 EBIs**



**Enhanced
existing EBIs and
implemented
new EBIs**



**Clinics with
lower baseline
screening rates**



**CRC screening
champions**

Case study results

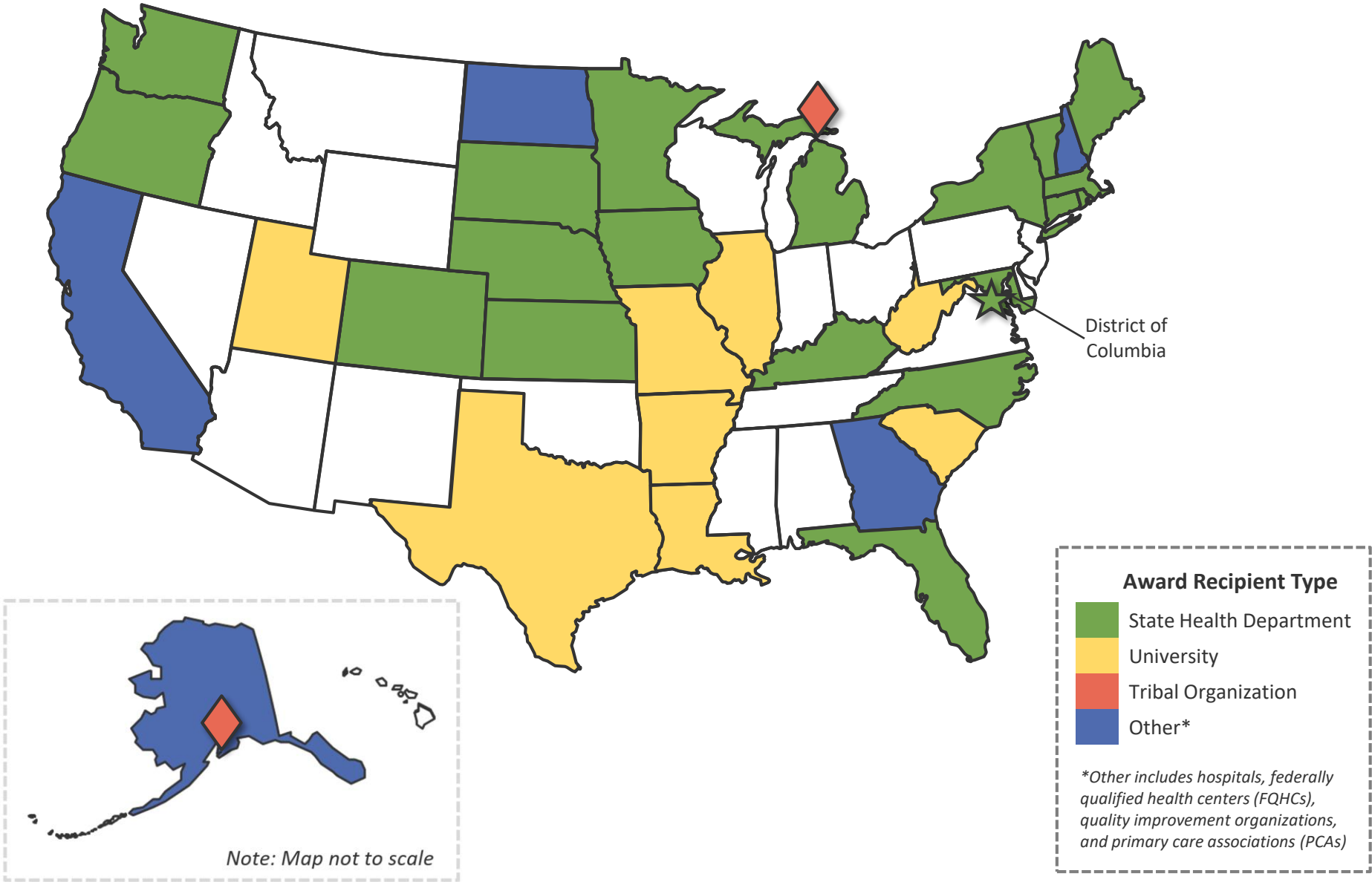
- **Selection and engagement of clinics was helped by...**
 - Providing clinics financial resources
 - Leveraging partners that had trusted relationships with FQHCs
- **Readiness assessment before implementation allowed...**
 - Meeting clinics “where they are”
- **Implementation of EBIs/SAs facilitated by...**
 - Identifying champions early to lead implementation efforts
 - Providing technical assistance and resources
- **Integrating EBIs within existing clinic practices/workflows led to...**
 - Reducing burden on clinic staff and patients
 - Supporting sustainability



Takeaways

- CRCCP is capable of extensive **reach**
- **Clinic screening rates** have increased over time
- At the start, clinics often need **financial resources** to participate
- **Be strategic** in selecting and engaging clinics
- Readiness **assessment** matters
- Address **EHR** problems at the start
- Identify clinic **champions**
- Implement **multiple** EBIs
- Improve the intensity and quality of **EBI implementation**
- Plan and implement with **sustainability** in mind.

CDC funded 35 awardees in 2020 for a new 5-year grant



Stressing...

- Conducting readiness assessment with every clinic
- Developing strong plans for implementation support
- Working with partners to delivery TA to clinics
- Implementing 4 key EBIs
- Linking patients to follow-up colonoscopies
- Measuring fecal kit return rates, colonoscopy completion, screening rates
- And knowing clinics are confronting COVID-19

Thank you!

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



Division of Cancer Prevention and Control
Reliable. Trusted. Scientific.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Colorectal Cancer Advocacy Update

Lance Barbour, MPH

American Cancer Society Cancer Action Network

Addressing CRC through advocacy



- Successes in 2020
 - Passage in Indiana – reducing the screening age to 45
 - Appropriations for CRC screening
 - Kentucky - \$500,000
 - Montana - \$79,570
 - North Dakota - \$259,604
 - South Carolina - \$1M

Updating Indiana's Screening Coverage



- In 2000, lawmakers approved HEA 1293, which required insurance plans in Indiana cover colorectal cancer screenings in accordance with American Cancer Society Guidelines, which at the time was age 50.
- The American Cancer Society updated its guidelines in 2018 recommending that colorectal cancer screenings begin at age 45, causing conflict within the statute and necessitating an update to the code.

- <http://iga.in.gov/legislative/2020/bills/house/1080>
 - Passed the House Insurance Committee unanimously
 - Passed the Senate Insurance and Financial Institutions 7 – 1
 - Unanimously passed the House and passed the Senate with just 5 opposing votes.
 - Bill was signed by the Governor on March 14, 2020
 - Law went into effect on July 1, 2020
- * Does not apply to high deductible plans

States that reference guidelines

USPSTF Guidelines

- California
- Colorado
- Delaware
- Hawaii
- New Mexico
- Oregon
- Tennessee
- Washington
- Wisconsin

ACS Guidelines

- Alabama
- Alaska
- Arkansas
- Connecticut
- Delaware
- Washington DC
- Georgia
- Illinois
- Kentucky
- Wisconsin
- Louisiana
- Maryland
- Missouri
- Nevada
- New Jersey
- North Carolina
- Pennsylvania
- Rhode Island
- Tennessee
- Virginia

2021 Activity and Beyond



- Protecting CRC program funding
- Working with states to address follow-up colonoscopy issue
 - Rhode Island – continuing to advocate to prohibit cost-sharing for CRC screening following a positive stool-based test
- Continuing work at the Federal level pass the Removing Barriers to Colorectal Cancer Screening Act
- USPSTF updated draft guidelines
- Continuing education and implementation of evidence based strategies to reduce CRC incidence and mortality rates



NCCRT Annual Meeting 2020

Molly McDonnell
Director of Advocacy
molly@fightcrc.org

CATALYST

STATE-BY-STATE ADVOCACY

FIGHT COLORECTAL CANCER

Fight CRC's Catalyst Program aims to accelerate progress toward turning aspirational colorectal cancer screening goals into reality by increasing access and reducing barriers to colorectal cancer screening. Specifically,

- Ensure coverage for insured populations to include 45-49-year olds, as is now recommended through American Cancer Society & USPSTF Guidelines
- Remove patient cost-sharing for follow-up colonoscopies following a positive non-invasive CRC screening exam for insured populations.



Fight CRC provides grant funding of up to \$50,000 to state coalitions and provides a facilitator to carry out a robust action planning process



Fight CRC also provides funding and technical assistance to support grassroots activities and coalition-building at the state level



Grantees will serve as a model and offer lessons learned for other communities looking to organize coalitions to pass policies and advocate around the issue of CRC screening.



Our year 1 grantees include **Arkansas, California, Colorado** and **Louisiana**.



STATE POLICY ACTION PLANNING SESSION: Lowering the Screening Age to 45

Best Practices

- Collect patient stories to illustrate and support policy ask
- Work with a high-quality government relations professional
- Develop a targeted public relations strategy including social media

Recommendations & Next Steps



Economic Data



State-Specific Data



Education/Awareness*



STATE POLICY ACTION PLANNING SESSION: Coverage for Colonoscopy Following a Positive Non-Invasive Screening Test

Best Practices

- Identify and develop engaged CRC patient advocates & physician champions (primary care & GI)
- Utilize legislation from other states as a model
- Build strong state coalitions

Recommendations & Next Steps



Economic Data



Link to COVID-19



Consensus Statement

Understanding & Responding to COVID-19's Impact on Colorectal Cancer Screening in North Dakota

Donald Warne, MD, MPH

University of North Dakota School of Medicine & Health Sciences



Survey Purpose

Understand the early impact of COVID-19 on colorectal cancer screening in North Dakota, and use that feedback to develop a state action plan for safely reigniting screening.



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Impact of COVID on CRC Screening in ND

- 84% of applicable respondents had suspended CRC screening at their facility
 - Suspension lasted from 1-4 months with 2 months being about average
- 75% of applicable respondents said that they were addressing screening during telehealth visits.
- Training & support needs voiced:
 - Implementation of screening via telehealth
 - Mailed FIT
 - Safety precautions for screening during COVID

“Preventive screenings are very important for our facilities, but during the pandemic, preventive screenings have kind of fallen off the radar.”

Barriers to CRC Screening During COVID

Challenges/Barriers	Percent Experiencing	Mean of Severity (1-no impact, 4-severe impact)
Backlog in Screening	70	2.1
Competing Priorities	76	2.4
Patient Reluctance to come into clinic	96	2.9
Patient reluctance to engage in non-urgent testing or procedures	96	3.0
Restrictions on capacity/scheduling	92	2.5
Changes in staffing/personnel	62	2.2

“We have had many patients that do not want to come into the clinic or hospital because they are scared of getting sick. We have had to postpone and push back colonoscopies.”

Using survey data to drive implementation

ND CRC Roundtable Annual Meeting – October 14th 2020 (VIRTUAL)

Focused on CRC Screening During COVID-19 (90 minutes)

Zoom breakout groups:

- Public/patient messaging on screening during COVID-19
- Prioritizing patient populations when addressing backlogs in screening
- Mailed FIT interventions
- Addressing CRC screening during telemedicine visit
- Data & policy (implications of COVID)



Next Steps

- Planning virtual professional education in response to survey and breakout group feedback
 - Mailed FIT & Telehealth workflows, managing backlogs in screening, etc.
- Partnering with ND Cancer Coalition and others to promote messaging on importance of cancer screening during COVID
- Maintain priority of improving access to colonoscopy after positive FIT (importance was further highlighted during pandemic)

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