

80%
by 2018



Insurers
working together to save lives



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.

Estimated costs for one year of treatment for a patient with late-stage colorectal cancer are as high as \$310,000,¹ with an estimated annual cost nationwide of \$14 billion.² When adults get screened for colorectal cancer it can be prevented through the detection and removal of precancerous polyps, or it can be detected early at a stage when treatment is most effective and less costly.



**Reduce health care costs through prevention.
Help save lives.**



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Be part of the national effort to get 80% of adults regularly screened for colorectal cancer by 2018!

As an insurer, here are six things that you can do to reach 80% by 2018:

1. Set your system-wide goal at 80% by 2018 for colorectal cancer screening.

- Make it a high priority.
- Educate health plan staff about the importance of colorectal cancer screening.³ Make sure staff know that colorectal cancer screening (including a colonoscopy) is a covered insurance benefit under the Affordable Care Act's preventive services section, usually without out-of-pocket costs for the patient.⁴
- Practice what you preach. Educate your own employees about the importance of colorectal cancer screening and offer a comp day to get screened.



2. Use data in strategic ways to track and promote screening.

- Assess where your plan is with colorectal cancer screening.
 - Understand which patient populations are not getting screened based on age, gender, race, distance to an endoscopy site, etc.
 - Target interventions to reach patients who are most in need of screening and their medical care providers with appropriate messages.⁵
 - Measure and track progress.
 - Maintain a quality improvement focus on colorectal cancer screening across all products, regardless of whether the plan is required to report outcomes to HEDIS.
 - Celebrate success.
- Create data reports and inform clinicians at least once every six months of their colorectal cancer screening rates.
 - Ensure that providers know that a physician recommendation for screening is the strongest factor associated with patient willingness to have a screening.
 - Use data reports to create and send patient reminders that complement the clinician information.

3. Educate clinicians, health plan staff, and patients about what is and is not covered.

- Educate patients and clinicians that colorectal cancer screening (including a colonoscopy) is a covered insurance benefit under the Affordable Care Act's preventive services section, usually without out-of-pocket costs.
- Train clinicians in your network to properly code colonoscopies and other tests so patients are not inappropriately charged a copay.⁶
- Train health plan staff to recognize an improperly coded claim. Set up a system so staff can quickly, easily, and proactively deal with payment claims that are mistakenly sent to a patient.



4. Promote quality screening options.

- Educate patients and clinicians about testing options, which include a colonoscopy and high-quality stool tests (high sensitivity guaiac fecal occult blood test [FOBT] and/or fecal immunochemical test [FIT]).⁷ Leverage your case management teams, on-hold messages, and patient and provider websites to spread the word.
- Address utilization and quality issues including:
 - Underuse of screening – patients due for screening or surveillance tests who are not getting screened.
 - Overuse of screening – patients being called back for screening or surveillance tests more frequently than is necessary.
 - Inappropriate approaches to screening– i.e., clinicians collecting single sample stool blood tests during an office digital rectal exam; use of older, low-sensitivity guaiac tests.
- Make sure that clinicians and patients understand that high-quality stool FOBTs and/or FITs can help save lives as long as testing happens annually and incorporates a colonoscopy for all positive abnormal tests. A positive FOBT/FIT in the absence of a follow-up colonoscopy is an incomplete test.⁸

5. Incentivize providers.

- Require reporting on colorectal cancer screening as a quality measure for clinicians, and recognize high performers.
- Consider pay-for-performance measures related to colorectal cancer screening.
- Consider including colorectal cancer screening in incentive programs.

6. Be familiar with known potential barriers to screening from the patient perspective (these vary in different areas) and/or convene an advisory group of patients to solicit feedback and ideas for solutions to barriers they may face, such as:

- Transportation issues, such as having to travel a far distance to get to an endoscopy site.
- Understanding instructions about how to perform a bowel prep or to use a take-home stool test (i.e., not easy to read, not language appropriate, high reading level, etc.)
- Affordability issues
- Cultural and language issues

80% by 2018 is a National Colorectal Cancer Roundtable initiative in which more than 140 organizations have committed to eliminating colorectal cancer as a major public health problem and are working toward the shared goal of 80% of adults ages 50 and older being regularly screened for colorectal cancer by 2018.

You have the power to have a huge impact on screening rates in the communities you serve and to help reach the goal of 80% by 2018!

Visit cancer.org/colonmd or ncct.org/tools to learn more about how to act on the preceding recommendations and be part of 80% by 2018.





Sources

- ¹ action.acscan.org/site/DocServer/Increasing_Colorectal_Cancer_Screening_-_Saving_Lives_an.pdf?docID=18927.
- ² Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. Projections of the cost of cancer care in the United States: 2010-2020. *Journal of the National Cancer Institute*. Jan 19 2011;103(2):117-128.
Bradley CJ, Lansdorp-Vogelaar I, Yabroff KR, et al. Productivity savings from colorectal cancer prevention and control strategies. *American journal of preventive medicine*. Aug 2011;41(2):e5-e14.
- ³ cancer.org/colon.
- ⁴ cancer.org/cancer/colonandrectumcancer/moreinformation/colonandrectumcancerearlydetection/colorectal-cancer-early-detection-screening-coverage-laws.
- ⁵ http://nccrt.org/wp-content/uploads/0305.60-Colorectal-Cancer-Manual_FULFILL.pdf Appendix D1.
- ⁶ cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html.
- ⁷ uspreventiveservicestaskforce.org/uspstf08/colocancer/colcancs.pdf and <http://cancer.org/colonmd>.
- ⁸ nccrt.org/about/provider-education/fobt-clinicians-reference-resources.



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