



# COLORECTAL CANCER SCREENING BEST PRACTICES HANDBOOK FOR HEALTH PLANS

MARCH 28<sup>TH</sup>, 2017  
12:00 PM ET

# Purpose of Today's Webinar

- Learn about the rationale for and development of the new handbook: *Colorectal Cancer Screening Best Practices Handbook for Health Plans*
- Understand the 10 best practices for increasing CRC screening and how these practices were applied in 12 case studies
- Take an in-depth look at the CRC screening work at Wellmark Blue Cross and Blue Shield
- Q&A

# Presenters



## **Michael Potter, MD (Moderator)**

Professor, Department of Family and Community Medicine  
University of California San Francisco School of Medicine  
NCCRT Professional Education and Practice Task Group Co-chair



## **Tamara O'Shaughnessy, MS**

Managing Director—Research  
QNA Group



## **Anshul Dixit, MD, MPH, MBA**

Medical Director  
Wellmark Blue Cross and Blue Shield



# **NCCRT HEALTH PLAN HANDBOOK**

## **Webinar: Best Practices for Health Plans in Support of Colorectal Cancer Screening**

**Prepared by: QNA Group**

March 2017

## PROCESS

NCCRT fielded a survey of health plans and networked through field staff and the advisory group to identify exemplary plans that are either:

- 1) Achieving **high screening rates** for members, or
- 2) Pursuing **innovative pilot programs** intended to close screening gaps among underserved populations

High-achieving plans were asked if they would be willing to share their success stories.

In-depth interviews were conducted with quality managers, chief medical officers, and CRC program managers to gather details about what plans are doing to improve screening rates.

# PROCESS

12 **high-achieving plans** were identified for inclusion in the handbook.

- Blue Cross Blue Shield of Massachusetts
- Blue Cross Blue Shield of Minnesota
- Care N' Care (TX)
- Cigna
- Cigna Foundation
- Community Health Plan of Washington
- Gateway Health (PA)
- HealthPartners (MN)
- Kaiser Permanente
- Medica (MN)
- South Country Health Alliance (MN)
- Wellmark Blue Cross Blue Shield (IA & SD)

## WHY HEALTH PLANS ARE FOCUSING ON CRC

- Improve member health
- HEDIS score improvements
- Medicare Stars (bonus payments and opportunities to market high quality plans to consumers)
- State-level quality objectives
- Cost reduction
  - Estimated costs to treat late-stage colorectal cancer as high as \$310,000

*“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.” (Gateway Health)*

## HEALTH PLAN ACHIEVEMENTS

- 80%+ screening rates for several plans
- Significant year-over-year screening rate improvements
- Reduction in disparities
- Cost savings: fewer cancer episodes and reduction in late stage cancers

*“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.”  
(Kaiser Permanente)*



## WHAT IS IN THE GUIDE?

- Making the case for health plans to focus on colorectal cancer screening
- **Case studies describing strategies being used by individual health plans**
- Lessons learned from the literature on health plan interventions
- Excerpts from NCCRT's *80% by 2018 Communications Guidebook* that are most relevant to health plans
- Fundamentals of marketing communication, applied to CRC
- Samples and templates from health plans (e.g. member outreach, FIT instructions, incentive programs)

# QUALITY IMPROVEMENT STRATEGIES

High performing plans profiled in the guide are typically employing **more than one best practice**.

- Employ a multifaceted population health approach
- Make effective use of data
- Promote test choice
- Use direct member outreach in partnership with providers
- Address cost sharing barriers with policy change and education
- Incorporate colorectal cancer screening into provider incentive programs
- Identify opportunities to make screening an easier choice for members
- Focus on screening disparities to reach 80%
- Celebrate success and share best practices
- Pilot and refine the approach

# BEST PRACTICE #1



## Employ a multifaceted population health approach

- Kaiser Permanente takes advantage of its fully integrated system and high quality data resources to manage the health of its member population.
- Carefully developed, systematic approach to screening:
  1. advance letters sent to members due for screening
  2. automatic mailing of FIT kits
  3. automated phone call reminder from physician
  4. personal calls placed
- Continuous quality improvement approach and system-wide expectation that quality is everyone's responsibility. Blanket approvals from PCPs mean that anyone who takes a member call can deliver screening reminders and initiate mailing of a FIT kit.
- Screening rates have risen from 35%-40% in 2005 to more than 80%.

## BEST PRACTICE #2



### Make effective use of data

- South Country Health Alliance worked closely with providers to design a pay-for-performance program that is customized to each participating clinic.
- Different target rates were negotiated with each clinic, based on joint review of locally defined populations, screening rates, and disparities.
- The plan supports clinics by providing quarterly data on performance, based on both claims data and medical record review. Clinics appreciate this attention to detail, though it is more time-consuming for the plan.
- South Country promotes transparency with clinics about how quality measurements are being done and explains what needs to be documented in the EHR.
- Screening rates for its Medicare Special Needs Plans are at 66% and 77%.

## BEST PRACTICE #3



### Promote test choice

- Gateway Health was early to offer FIT testing as a high quality alternative to colonoscopy, basing the decision on best practices research that shows individuals are more likely to be screened if offered a choice of test.
- The plan reaches out to members who have been identified through data analysis as due for screening.
- Gateway uses interactive voice response (IVR) as the initial point of communication. Members are educated about screening options and can choose to order a FIT test, speak to a representative to discuss options, or make an appointment with their physician.
- Members are educated what a positive FIT test really means—so they are prepared for colonoscopy as the next step if needed.
- Screening rates have risen by 15 percentage points in five years.

## BEST PRACTICE #4



### Use direct member outreach in partnership with providers

- Care N' Care approached providers in their Medicare Advantage network with a plan for blanket FOBT orders that would allow Care N' Care to distribute and process stool test kits for all members.
- This approach eased the burden on providers, so they were happy to participate.
- The health plan supports providers by monitoring kit returns, reminding members, and sending results to PCP offices.
- Care N' Care's Healthcare Concierges call members if they do not complete screening. Providers also receive alerts if their patients remain unscreened.
- Screening rates were 77% in 2014.

## BEST PRACTICE #5



### Address cost-related barriers with policy change and education

- After they began communicating to customers about the importance of colorectal cancer screening, the most common question Cigna received from customers was about out-of-pocket costs.
- To minimize cost-related barriers, Cigna fully covers all USPSTF-approved screening options, including newer modalities such as CT colonography.
- Cigna has also removed cost-sharing barriers to colonoscopy screening, including for colonoscopies that follow a positive FIT test.
- They emphasize 100% coverage in their member communications, knowing that even small costs can be a barrier.
- From 2012 to 2013, Cigna saw a 24% increase in screening rates.

## BEST PRACTICE #6



### Incorporate colorectal cancer screening into provider incentive programs

- BCBS of MA's Alternative Quality Contracts (AQC's) are a risk-sharing alternative to traditional fee for service contracts.
- Colorectal cancer screening is one of 64 quality measures that are incentivized for providers.
- Providers are rewarded across a continuum of improvement, with rewards both for absolute performance and evidence of improvement.
- Screening rates reached 84% in 2015.

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



## BEST PRACTICE #7



### Identify opportunities to make screening an easier choice for members

- Community Health Plan of Washington uses claims data to identify gaps in care for six targeted areas, including colorectal cancer screening.
- Members are automatically enrolled in the MORE Program (Member Outreach Reminder and Engagement) if they have at least one gap in care.
- Members receive interactive voice response calls, text messages or mailings to remind them to schedule their screenings. Completed screenings qualify members for \$15 incentives.
- A new pilot program is proactively mailing FIT kits to Medicare members.
- Screening rates among Medicare members increased from 52% to 66% in three years.

## BEST PRACTICE #8



### Focus on screening disparities to reach 80%

- Blue Cross refocused and simplified their provider incentive program on just 10 performance measures.
- Initially, incentives were based on the full member population, but the plan made the strategic decision to focus entirely on the non-Caucasian population.
- This approach has narrowed the screening gap between Caucasian and non-Caucasian members and dramatically reduced overall medical costs.

*“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.”*

## BEST PRACTICE #9



### Celebrate success and share best practices

- HealthPartners' Partners in Quality program honors medical, specialty and pharmacy groups for achieving high levels of performance in a variety of areas.
- The Preventive Care Recognition Award is given for excellence in sustainable improvements in preventive screening care.
- HealthPartners also hosts an annual awards dinner to celebrate improvements and to highlight practices that have achieved success in different areas.
- Screening rates for HealthPartners' Medicare population are at 82%.

# BEST PRACTICE #10

## Pilot and refine the approach



- Many of the health plans in the guide have used a pilot approach to demonstrate “proof of concept” before rolling out to its broader membership.
- Cigna is piloting a FIT mailing program to members in rural areas who have reduced access to healthcare.
- HealthPartners is piloting a FIT mailer to unattributed members (no PCP), initially reaching 500 members at a cost of \$50 each.
- Kaiser Permanente is piloting alternative reminder letters for Latino members that focus on family connections as a motivation for being screened.
- South Country Health Alliance works with its clinic systems to identify pilots have promising results and distribute these ideas to other providers in the system.
- Community Health Plan of Washington is piloting a multi-lingual outreach effort through a community health center that serves many Chinese, Korean and Vietnamese members.

# SAMPLES AND TEMPLATES

## Example of HealthPartners' Preventive Care Recognition Award



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.



# SAMPLES AND TEMPLATES

Example of Medica provider education materials for talking to patients about colorectal cancer screening



## 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

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# SAMPLES AND TEMPLATES

Example of Community Health Plan of Washington IVR call script for member reminders.

## 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.

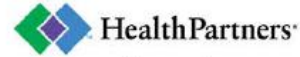
Community Health Plan of Washington cares about your health. We are calling to remind you about ...  
 and.... **(insert topic titles based on member and prioritization)**

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

Topic: Colorectal Cancer Screening	Colorectal Cancer Screening
Topic Lead-In: Colorectal Cancer Screening	Now let's talk about the importance of being screened for colorectal cancer
Now call priority: Colorectal Cancer Screening: Persons of MA ethnicity aged 50 to 74 (domestic born) who had an appointment scheduled for colorectal cancer (reminders).	Colorectal cancer is the 2nd leading cause of cancer death but it can be prevented or found early with regular screening.  We are offering plan members over the age of 50 who complete their colon cancer screening a \$15 gift card.
IFED is: Colorectal cancer screening reminder of members MA in WA who are aged 50 to 74 and have had an appointment scheduled for colorectal cancer.	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.
IF call is: MA in WA Segment - Go to Rewards for Single Education Segment	WFL 7.0: ColorectalCancerScreen. *****
IF Multiple Education Segment - Go to Rewards for Multiple Education Segment	<a href="#">Home</a>

# SAMPLES AND TEMPLATES

Example of HealthPartners segment-based member communications.



Segment: Fearful Procrastinators

Barriers to screening:

- Been procrastinating
- Heard test and prep was unpleasant
- Fear/afraid

Messages that resonate:

- Information about alternate options
- Strong statistics about colon cancer impacts
- Cost is a driver

Preferred way of getting health info:

- Discussions with doctor or websites are preferred way of getting health info

Reading level: 7.1

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Dear <<First Name >>,

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

Many of my patients have concerns about the test and preparation.

But I have good news: there are quick and easy alternatives to a colonoscopy. They're also 100 percent covered by your health insurance. There's no cost to you.

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

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 schedule your colonoscopy today, or if the FIT sounds like a better option, talk with your doctor.

If you have questions or need help finding a clinic:

- Call your Member Services team at << phone>>; or
- Log on to your myHealthPartners account at [healthpartners.com](http://healthpartners.com) and use the *Find care* tool to search "diagnostic colonoscopy"

Learn more about colon cancer risks and screenings at [cdc.gov](http://cdc.gov).

Wishing you the best health,

Andrew Zinkel, MD  
HealthPartners Medical Director

Do you prefer to get your reminders online?  
Sign up at [healthpartners.com/gopaperless](http://healthpartners.com/gopaperless).





**Thank you!**

# COLORECTAL CANCER

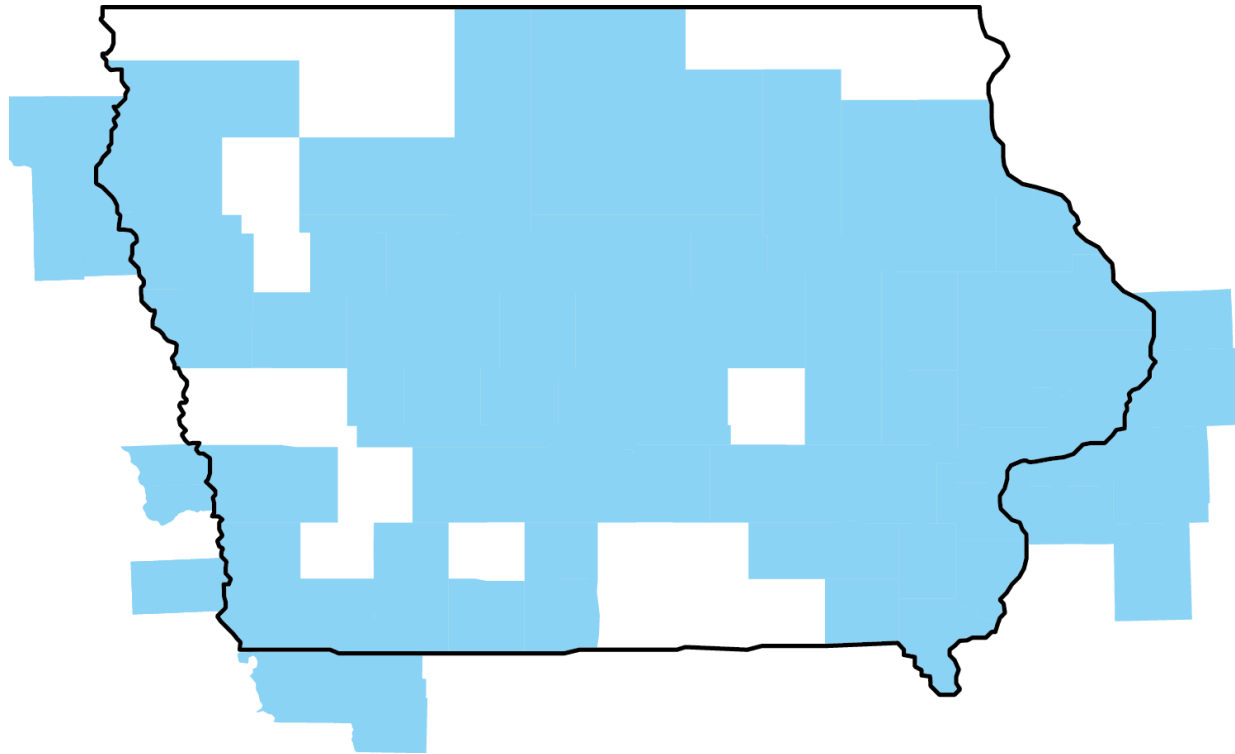
DATA SHARING | PAYMENT INNOVATION | EDUCATION

# SCREENING



ANSHUL DIXIT, MD MPH MBA  
Medical Director

# 2016 WELLMARK ACO COVERAGE



15  
ACOs



1,890  
Personal Doctors

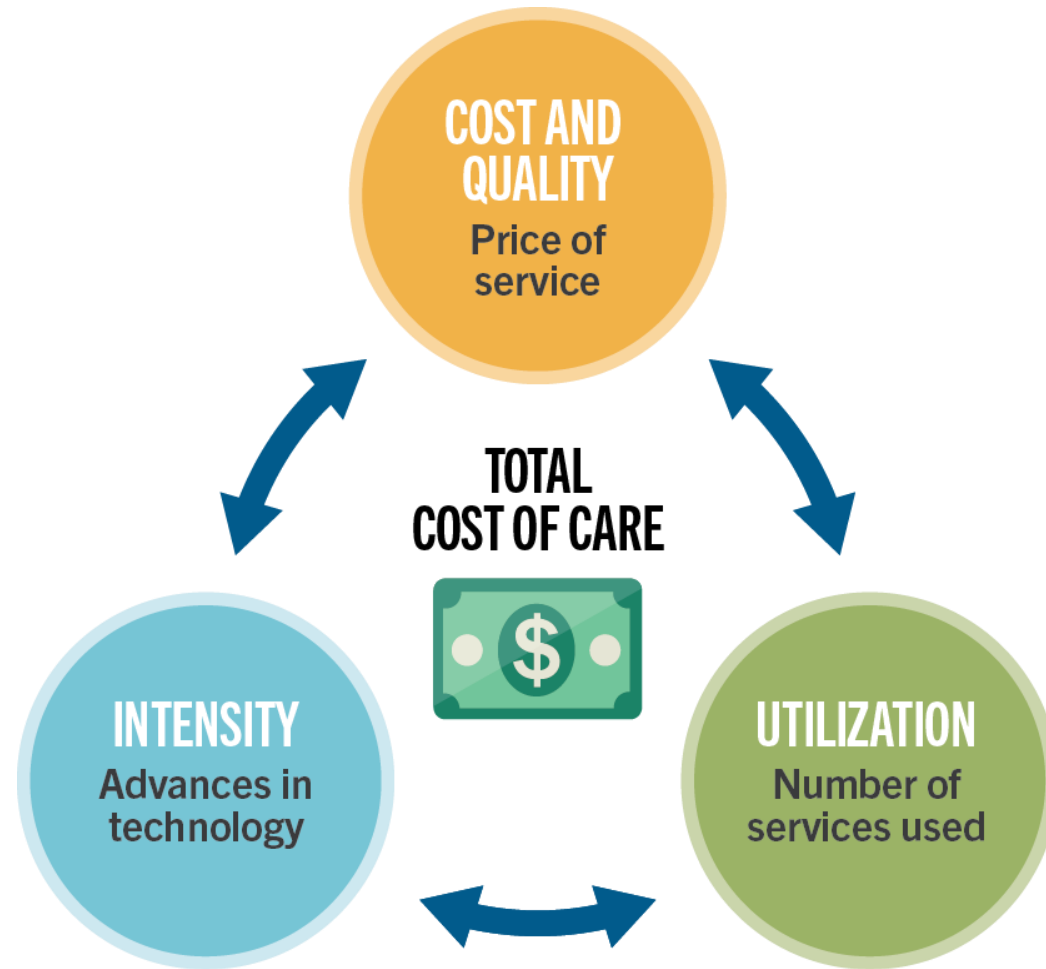


557,546  
Cost / Quality  
Members

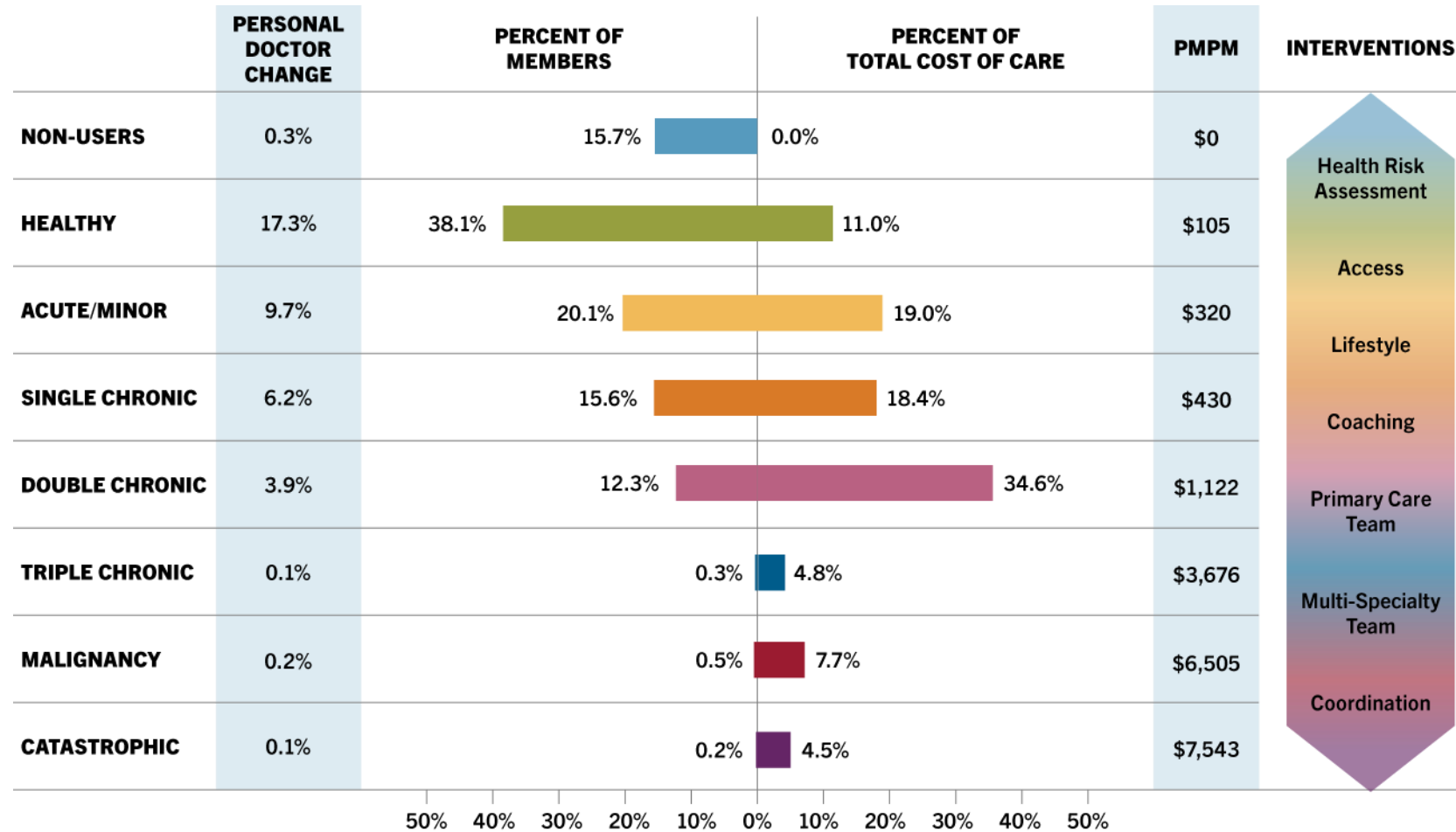


\$2.6B  
Total Cost of Care

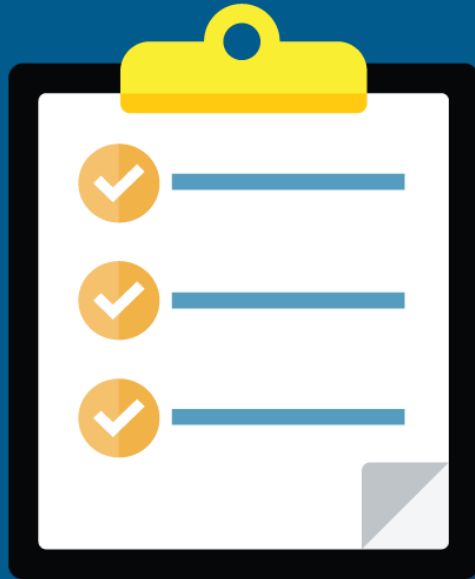
# MANAGING HEALTH CARE COSTS



# POPULATION HEALTH MANAGEMENT



# REQUIREMENTS FOR TRANSFORMATION



- Actionable data
- Team approach
- New workflows (administrative / clinical)
- New incentives
- Change methods expertise
- Leadership (clinical / non-clinical)

# VIS DOMAINS & MEASURES

1	2	3	4	5	6
Primary and Secondary Prevention	Chronic and Follow-up Care	Population Health Status*	Continuity of Care	Tertiary Prevention	Efficiency*
Breast cancer screening	Risk-adjusted percent difference in potentially preventable readmissions	Percent difference of attributed members who acquire chronic conditions, risk-adjusted	Percent of attributed members who are non-users, not risk-adjusted	Risk-adjusted percent difference in potentially preventable admissions	Risk-adjusted percent difference in potentially preventable services
Colorectal screening	Percent of attributed members with hospital discharge with provider office visit equal to or less than 30 days post-discharge	Percent difference of attributed members with chronic conditions that increase in severity, risk-adjusted	Percent of attributed members with PCP visit, not risk-adjusted	Risk-adjusted percent difference in potentially preventable emergency department visits	Percent of generic scripts
Percent of attributed members birth to 15 months who had the recommended number of well-child visits with a PCP	Percent of attributed members with chronic disease (clinical risk categories 50, 60, 70) with 3 or more provider visits		Percent of attributed members with continuity of care, risk-adjusted		
Percent of attributed members 3–6 years of age who had the recommended number of well-child visits with a PCP					

\*Domain inactive in 2016.

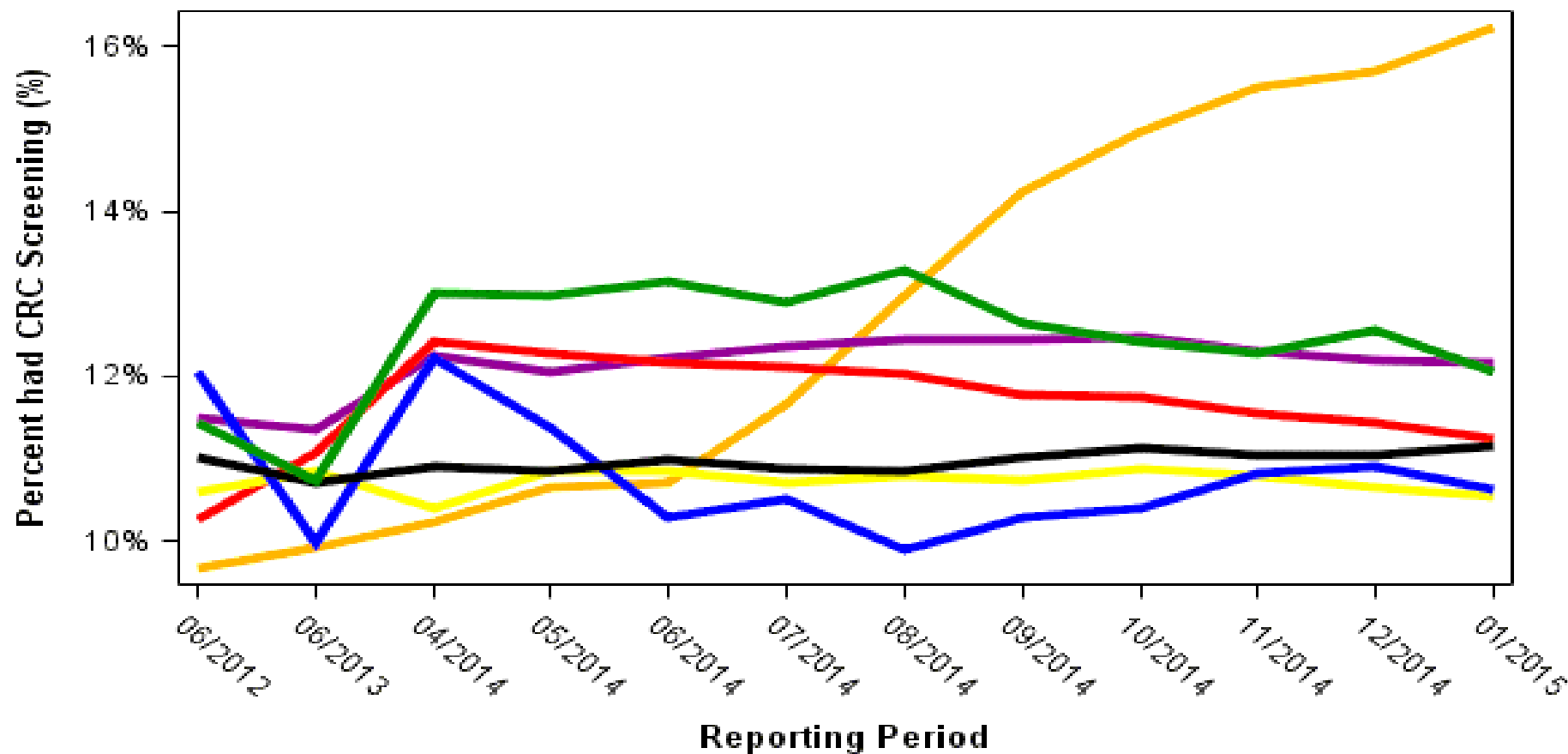
# APPROACH

- Financial incentives tied to overall Value Index Scores (VIS)
- Dashboard of indicators updated monthly
- Monthly calls to support member data analytics
- Care gap reports showing eligible population
- Some ACO's use Wellmark outreach campaigns



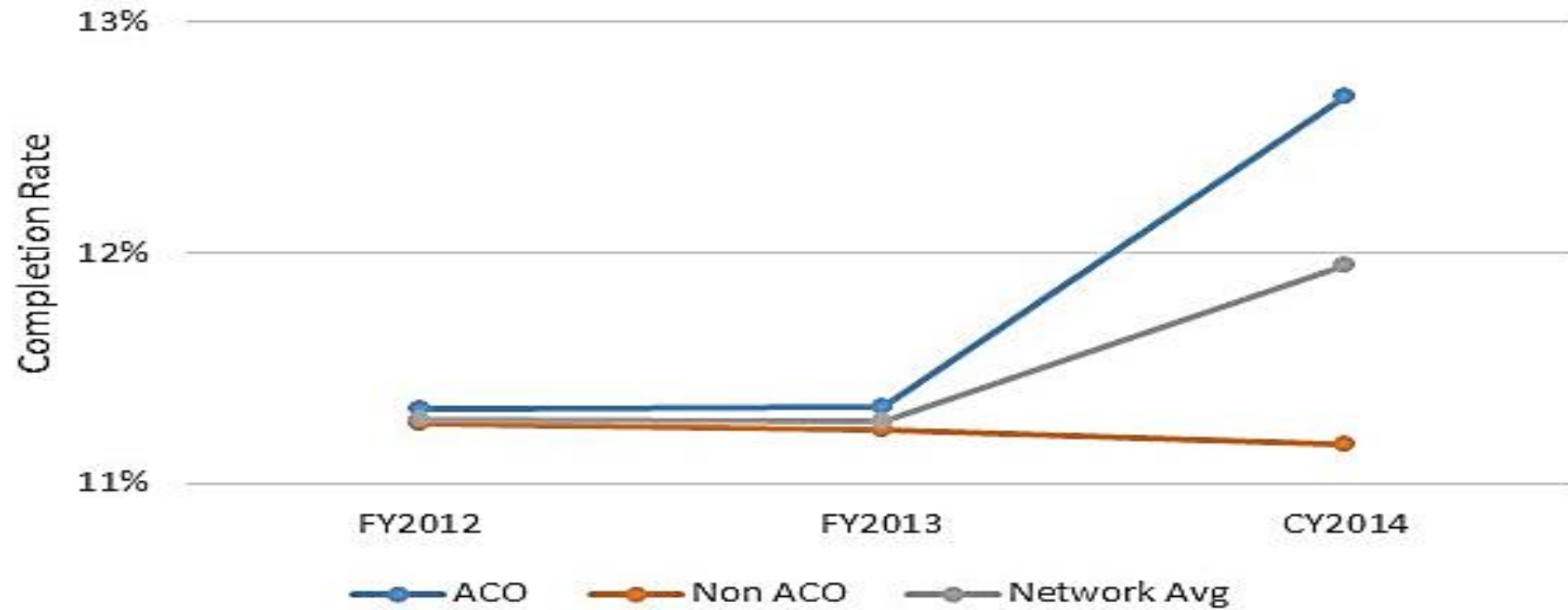


# COLORECTAL CANCER SCREENING TREND





# COLORECTAL CANCER SCREENING TREND



# COLONOSCOPY SCREENING RATES

Wellmark claims in last ten years . . .

- Accountable Care Organizations (ACO)
  - 60% of eligible members had a colonoscopy
- Non ACO
  - 39% of eligible members had a colonoscopy

# KEY LESSONS LEARNED

- Facilitate members establishing primary care provider (PCP) relationship
  - Enhance / support it, not replace it
  - Shared responsibility equals happier providers resulting in decreased total cost of care
- Providing incentives / monthly dashboard of quality indicators
- Education providers on expensive, medically unnecessary services

# THANK YOU!

ANSHUL DIXIT, MD MPH MBA | [dixita@wellmark.com](mailto:dixita@wellmark.com)



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# Thank You!

## **NCCRT Health Plan Handbook Advisory Group**

- Anne M. Book - HealthPartners
- Anshul Dixit, MD, MPH, MBA - Wellmark Blue Cross & Blue Shield
- Kimi King - CoventryCares of WV (product of Aetna)
- Cissy (Elizabeth) Kraft - Anthem BC Colorado
- T. R. Levin - The Permanente Medical Group, Inc.
- Joseph Mastalski - Gateway Health
- Kathryn Pierce - Cigna
- Shirisha Reddy, MD - Aetna
- Marylou Stinson MPH, MSW - BlueCross BlueShield of South Carolina
- Danielle Turnipseed, JD, MHSA, MPP - America's Health Insurance Plans

# Thank You!

## **Health Plans that contributed case studies:**

- Blue Cross Blue Shield of Massachusetts
- Blue Cross 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

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**For more information contact:**

[nccrt@cancer.org](mailto:nccrt@cancer.org)