



# COLORECTAL CANCER SCREENING DATA SET UPDATE: HOW ARE WE DOING ON OUR EFFORTS TO REACH 80%?

JANUARY 28<sup>TH</sup>, 2019  
1:00 PM ET



<sup>1</sup>  
@NCCRTNews  
#80inEveryCommunity

# Purpose of Today's Webinar

- Learn how we are doing as a nation on our efforts to reach an 80% colorectal cancer screening rate.
- Hear from four experts on the latest data and trends from key national data sets: NHIS, BRFSS, UDS, and HEDIS.
- Q&A



# Presenters



**Andrea (Andi) Dwyer  
(Moderator)**  
The Colorado School  
of Public Health



**Stacey Fedewa, PhD**  
American Cancer  
Society, Inc.



**Djenaba Joseph,  
MD, MPH**  
Centers for Disease  
Control & Prevention



**Mew Rattanawatkul,  
MPH**  
Health Resources &  
Services Administration



**Mary Barton, MD, MPP**  
National Committee for  
Quality Assurance

# NCCRT Data & Progress Webpage



## Colorectal Cancer Is A Major Public Health Problem

Colorectal cancer is the second leading cause of cancer death in the U.S. when men and women are combined,<sup>1</sup> but it doesn't have to be. Few preventive interventions are as reliably effective in reducing avoidable death as screening for colorectal cancer.



145,600

Estimated adults diagnosed with colorectal cancer in 2019<sup>1</sup>



51,020

Estimated deaths from colorectal cancer in 2019<sup>1</sup>



1 in 3

Adults ages 50-75 is not getting screened as recommended<sup>2</sup>



277,000 & 203,000

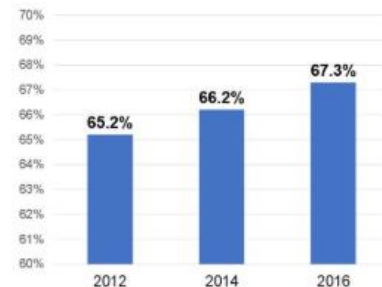
Estimated cases and deaths prevented by 2030 if we achieve 80% by 2018<sup>2</sup>

## Colorectal Cancer Screening Rates

We're tracking all major measures to assess our progress in reaching the goal of 80% of adults ages 50 or older screened for colorectal cancer. There are strengths and limitations of each.

### NATIONAL SCREENING RATE - BRFSS

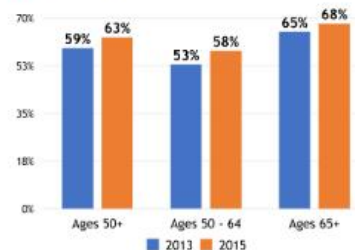
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, Behavioral Risk Factor Surveillance System<sup>1</sup>



The increase in the screening rate between 2014 and 2016 represents an

### NATIONAL SCREENING RATE - NHIS

CRC Screening Among Adults Aged 50-75 Years, U.S., 2013-2015, National Health Interview Survey<sup>2</sup>



The increase in the overall screening rate between 2013 and 2015 translates to an additional 3,783,600 adults screened in 2015. If screening remains at the 2015 level, an estimated 39,700 additional colorectal cancer cases and 37,200 deaths will be prevented through 2030.

[www.nccrt.org/data-progress](http://www.nccrt.org/data-progress)

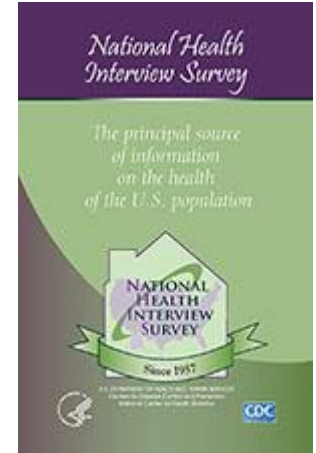
# **Colorectal Cancer Screening Prevalence National Health Interview Survey 2000-2015**

**Stacey Fedewa  
Surveillance and Health Services Research Department  
January, 2019**

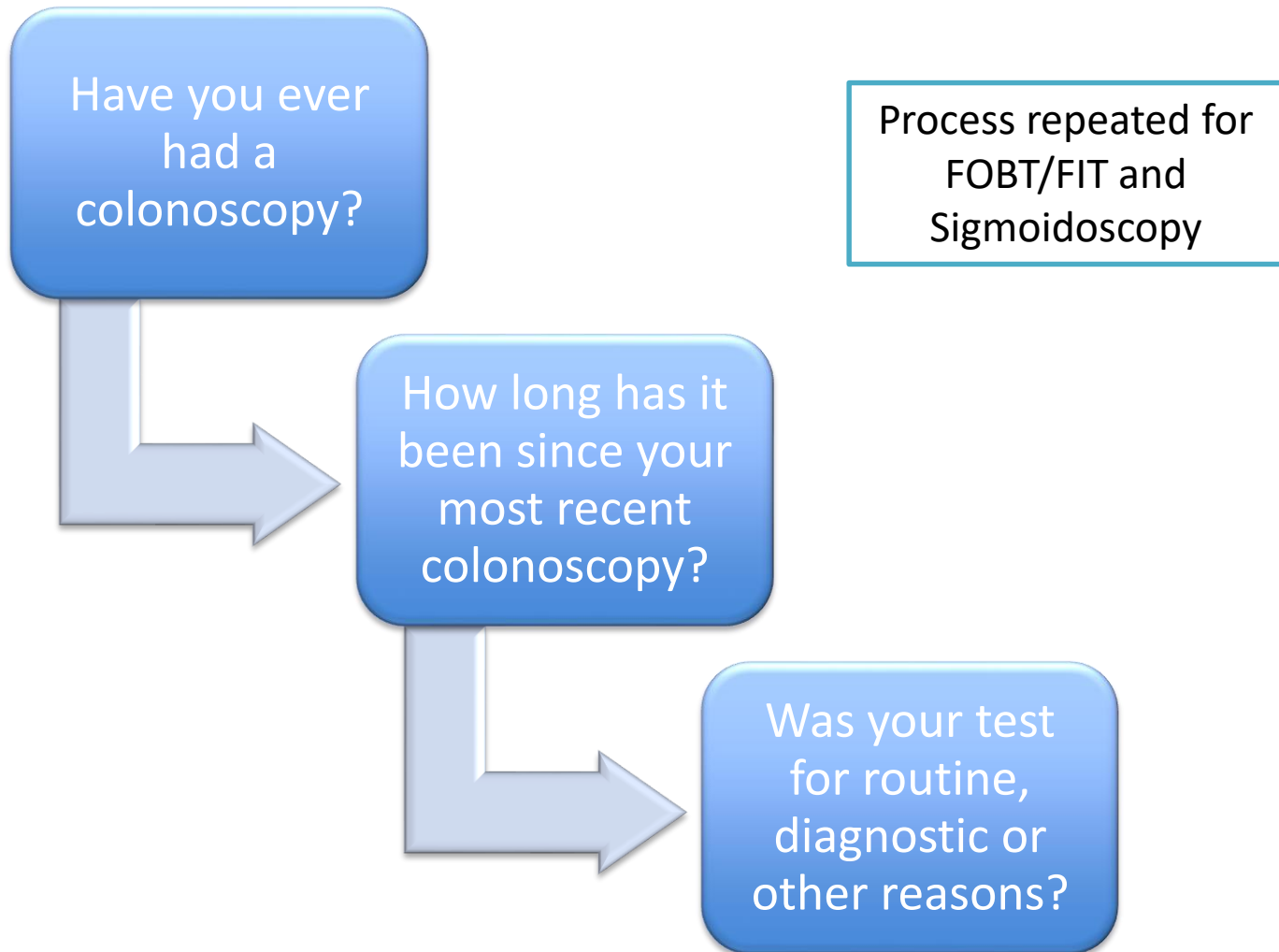


# National Health Interview Survey (NHIS)

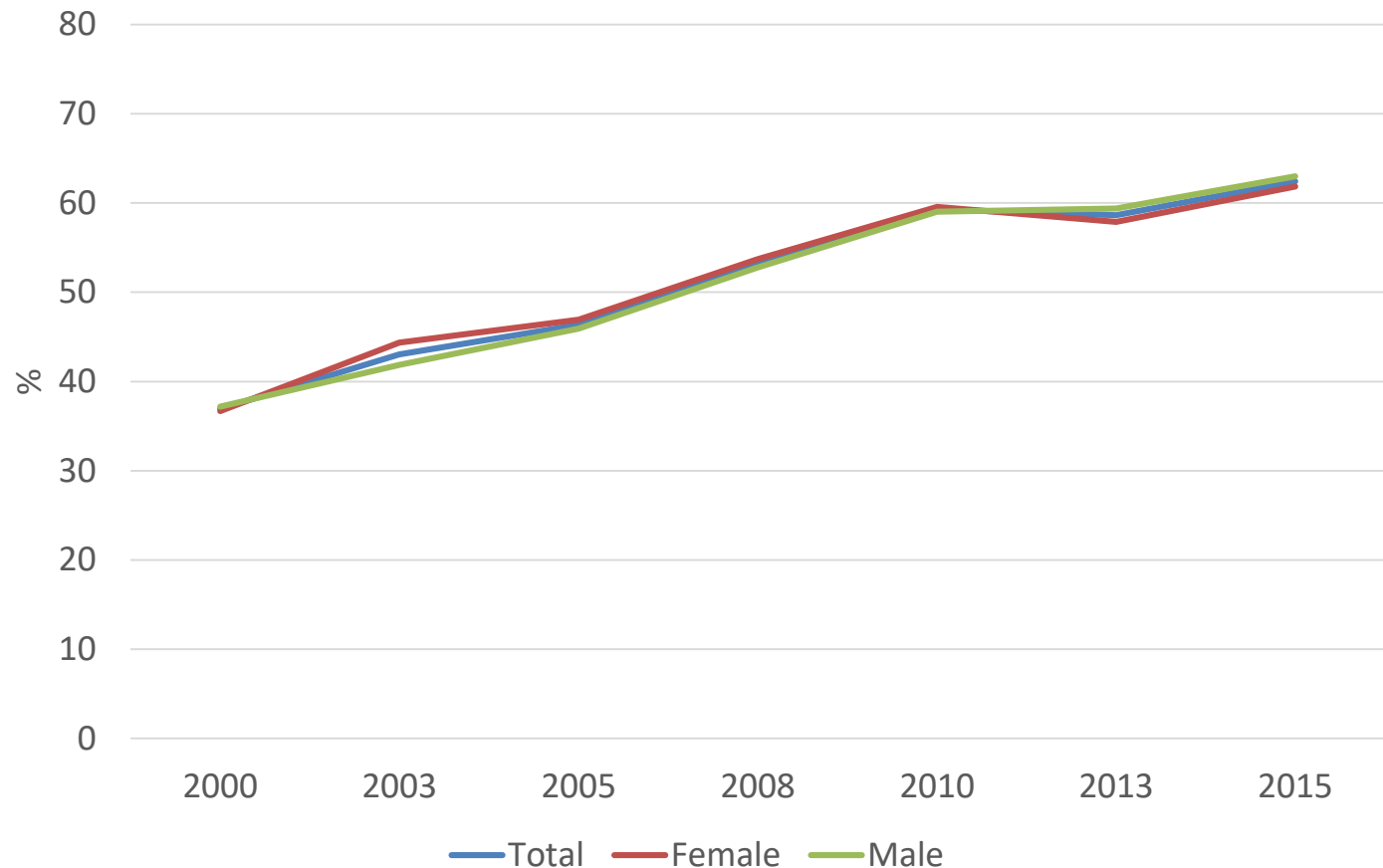
- Cross-sectional
- Household Survey/Self-Reported Data
- Nationally representative of the target population → non-institutionalized people
- CRC screening data every 2-3 years: 2000, 2003, 2005, 2008, 2010, 2013, 2015
- Cancer Control Supplement: National Cancer Institute (NCI, NIH); National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP, CDC)



# NHIS CRC Screening Questions

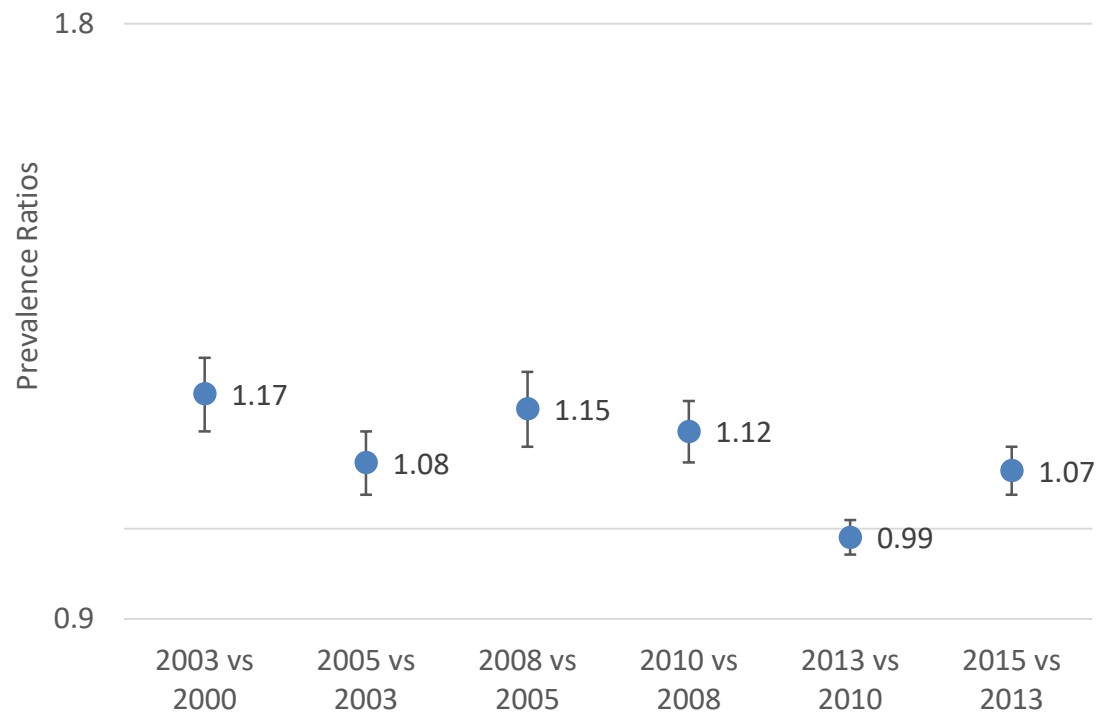


# CRC Screening Prevalence among Adults 50-75 Years by Sex, NHIS 2000-2015

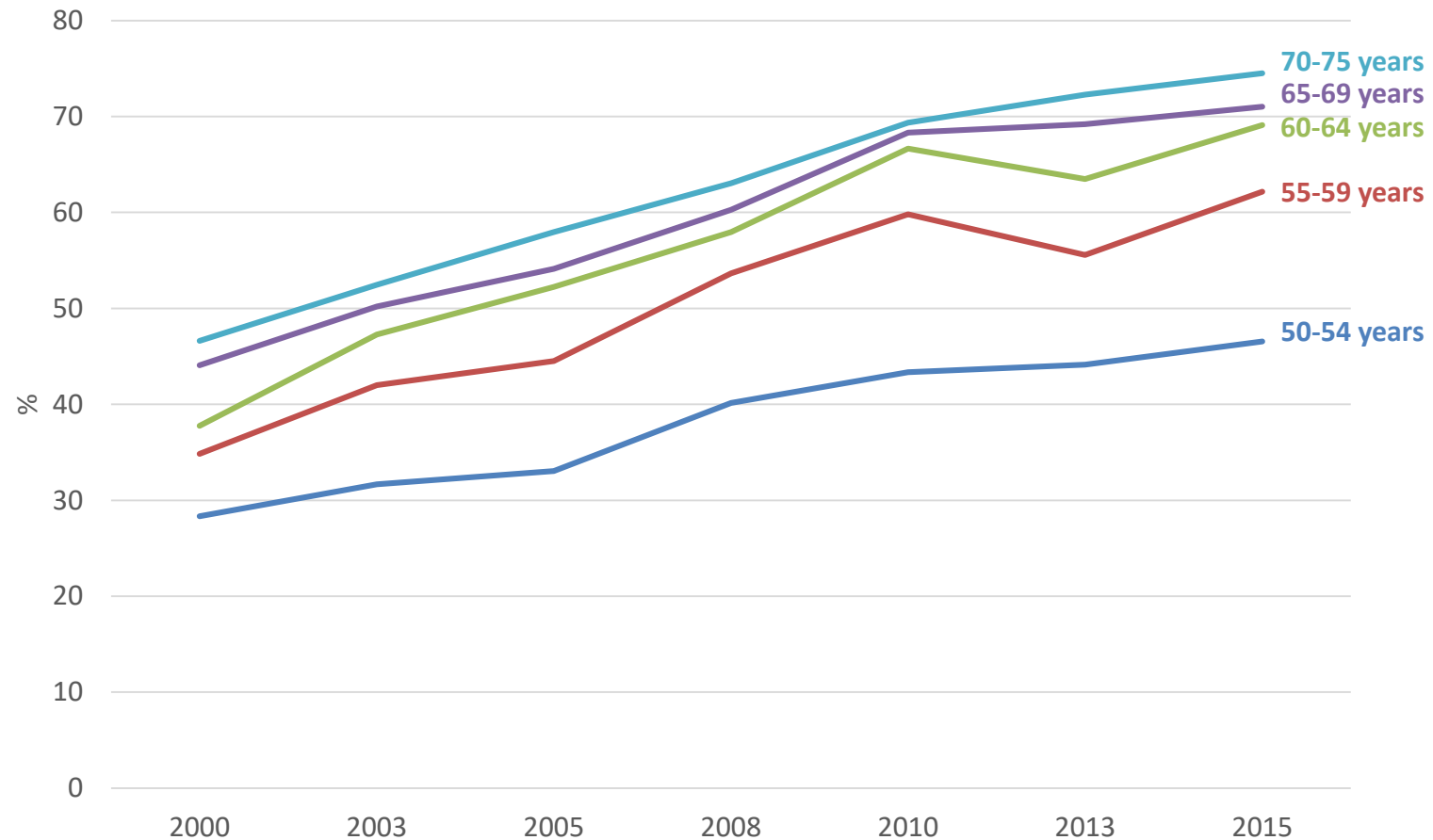




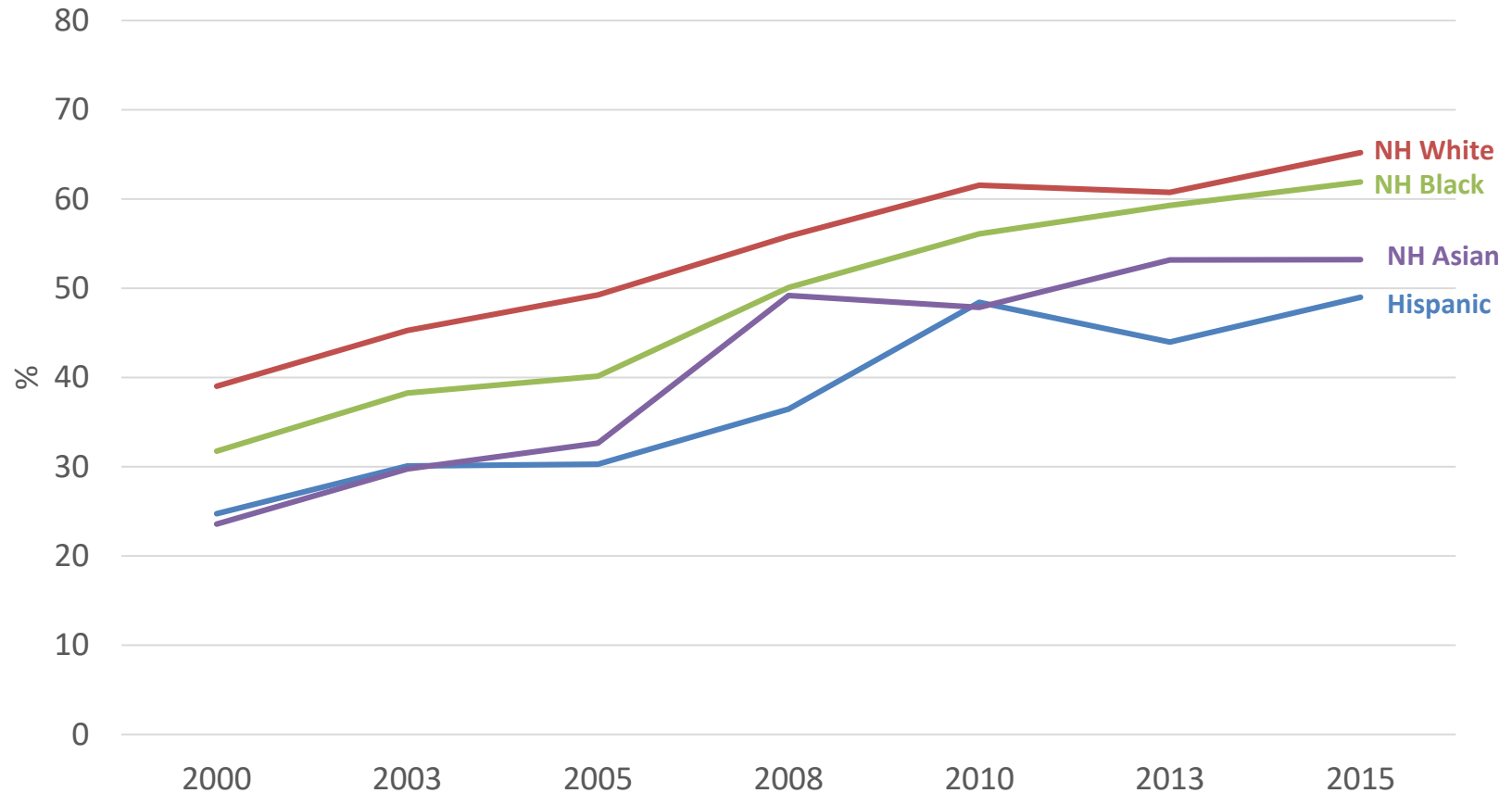
# CRC Screening Prevalence Ratios and 95%CI Comparing Successive Surveys, NHIS 2000-2015



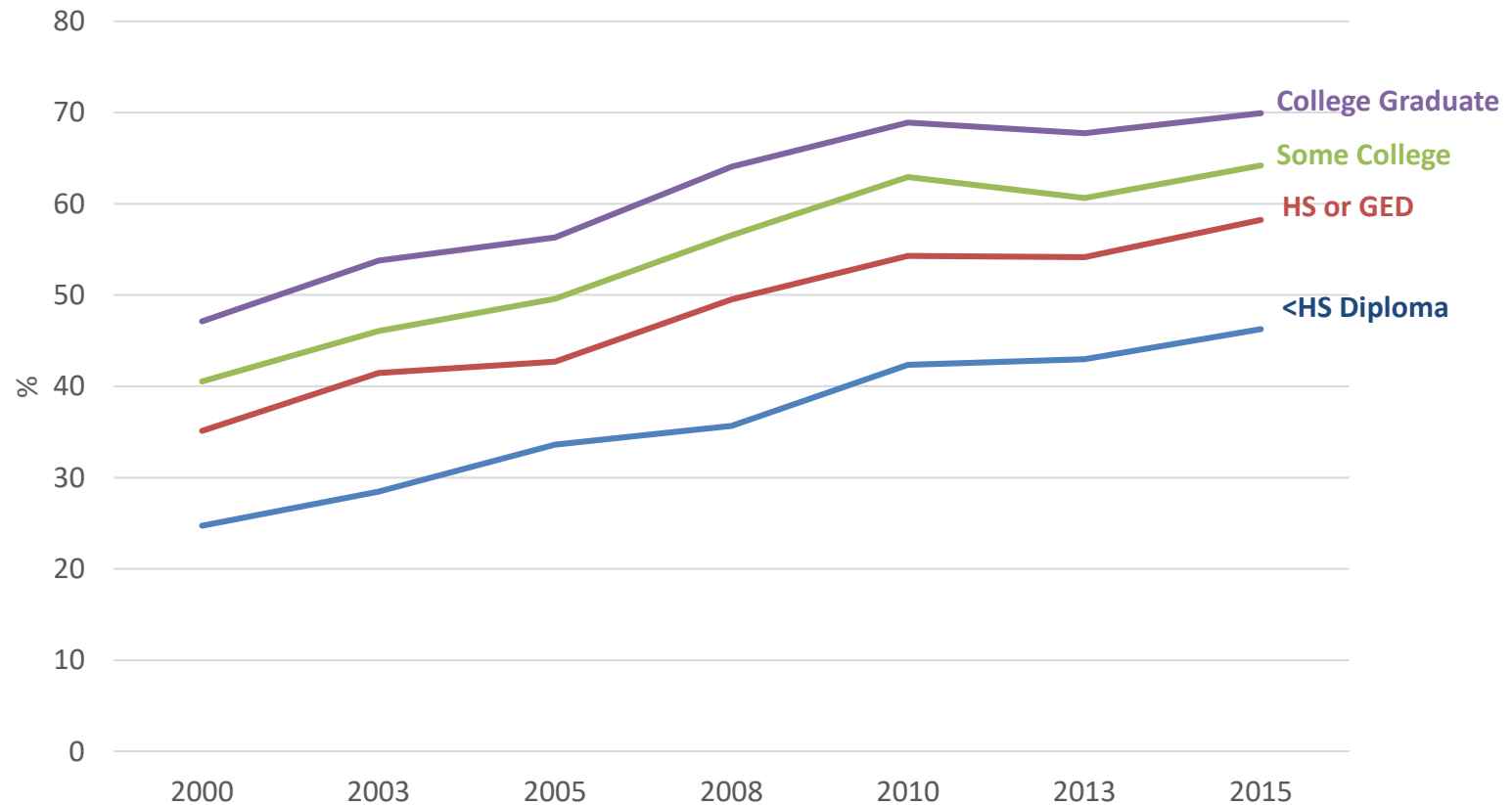
# CRC Screening Prevalence among Adults 50-75 Years by Age Group, NHIS 2000-2015



# CRC Screening Prevalence among Adults 50-75 Years by Race/Ethnicity, NHIS 2000-2015

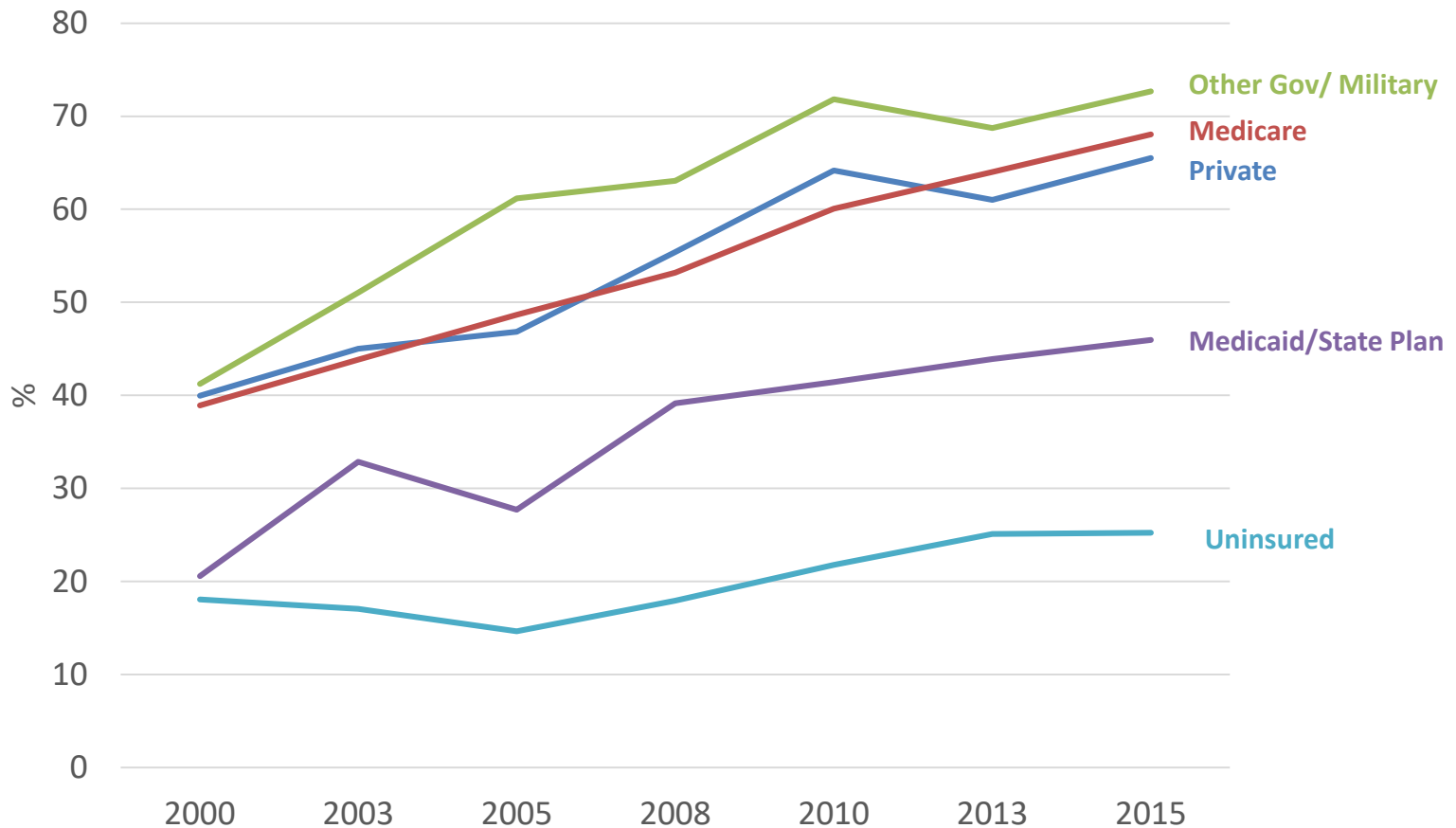


# CRC Screening Prevalence among Adults 50-75 Years by Educational Attainment, NHIS 2000-2015



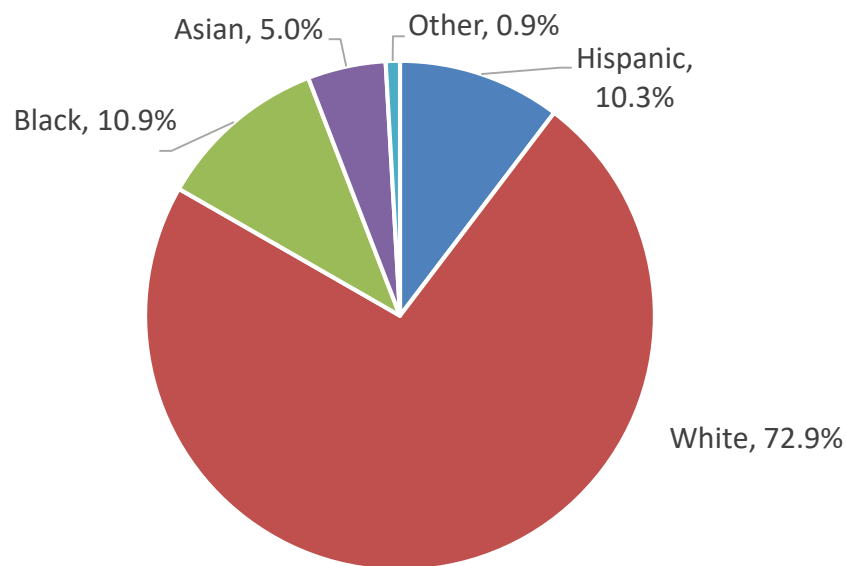
Abbreviations: High School (HS), Graduate Equivalent Degree (GED)  
Age-Standardized to the 2000 US Population, trend variable used

# CRC Screening Prevalence among Adults 50-75 Years by Insurance Type, NHIS 2000-2015

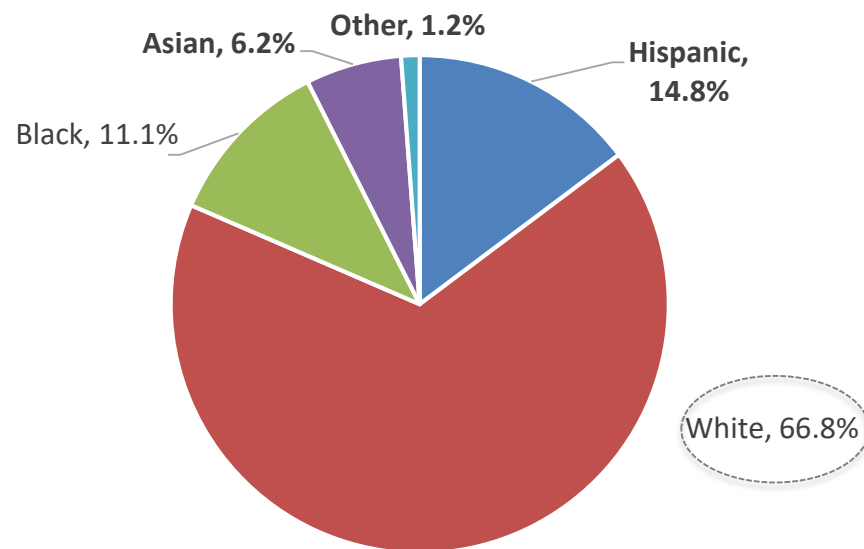


# Characteristics among the total population and those not Up-to-date with CRC Screening, NHIS 2015

All Adults 50-75 years

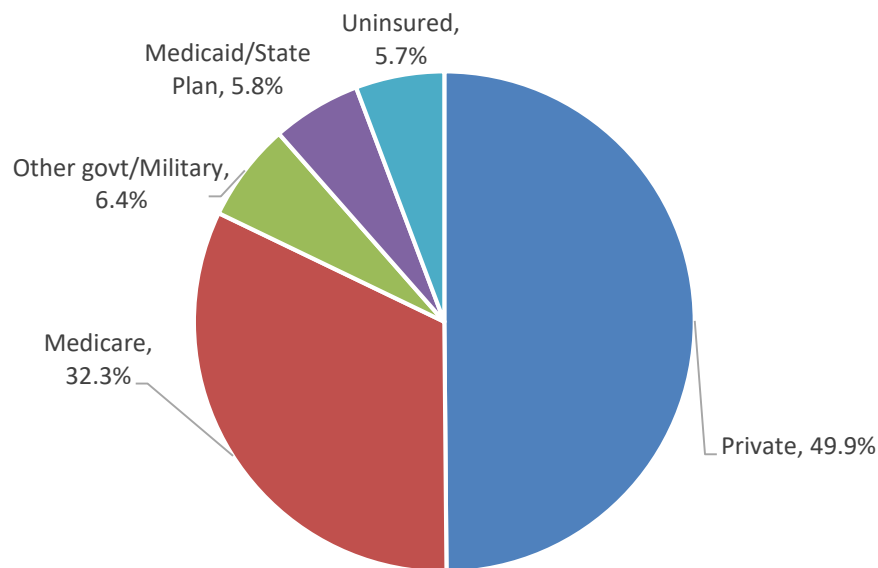


Adults not UTD with CRC Screening, 50-75 years

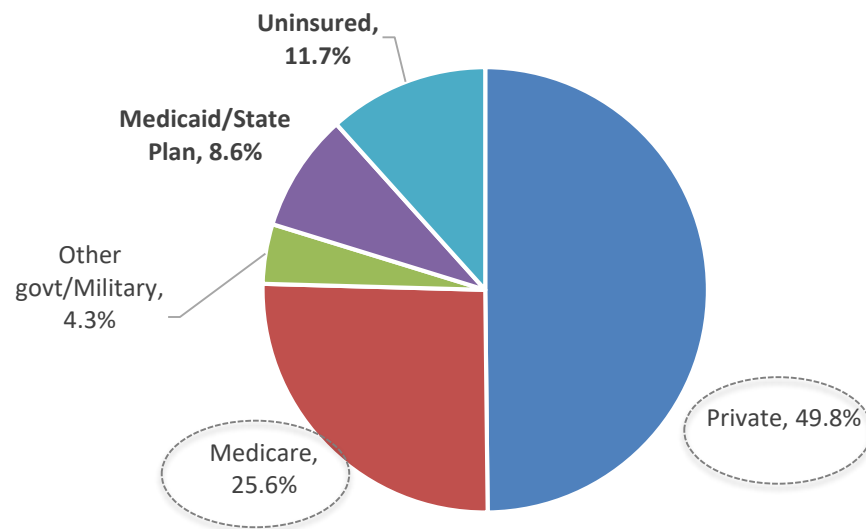


# Characteristics among the total population and those not Up-to-date with CRC Screening, NHIS 2015

All Adults 50-75 years

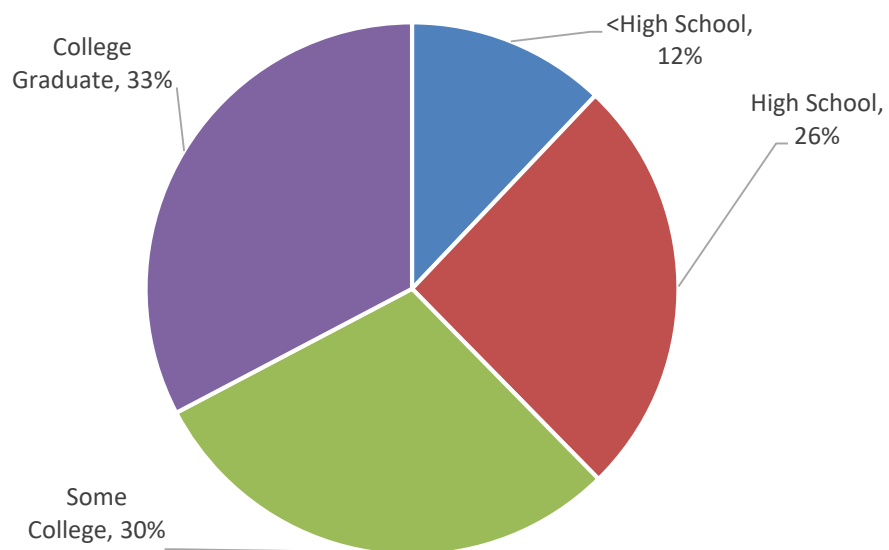


Adults not UTD with CRC Screening, 50-75 years

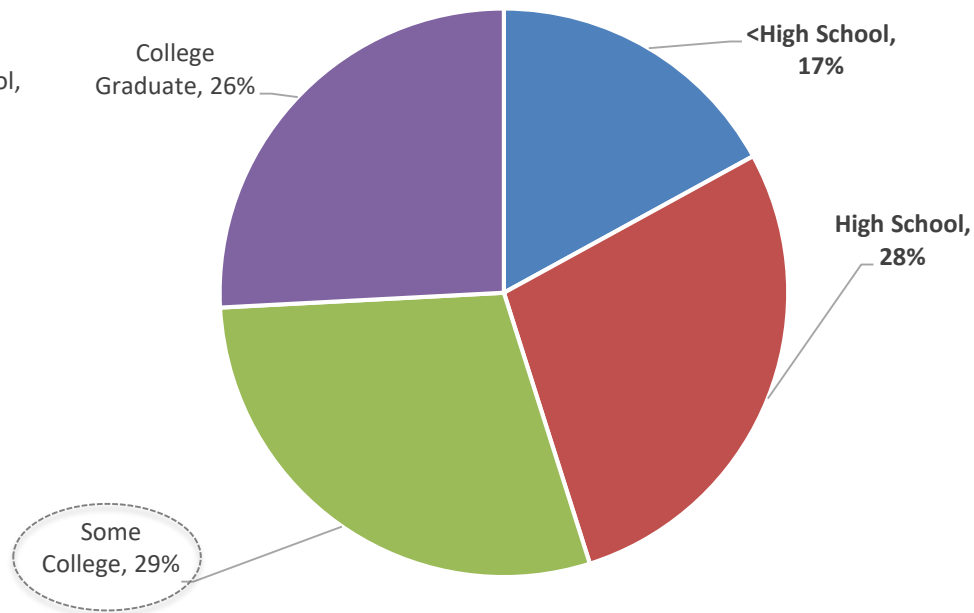


# Characteristics among the total population and those not Up-to-date with CRC Screening, NHIS 2015

All Adults 50-75 years



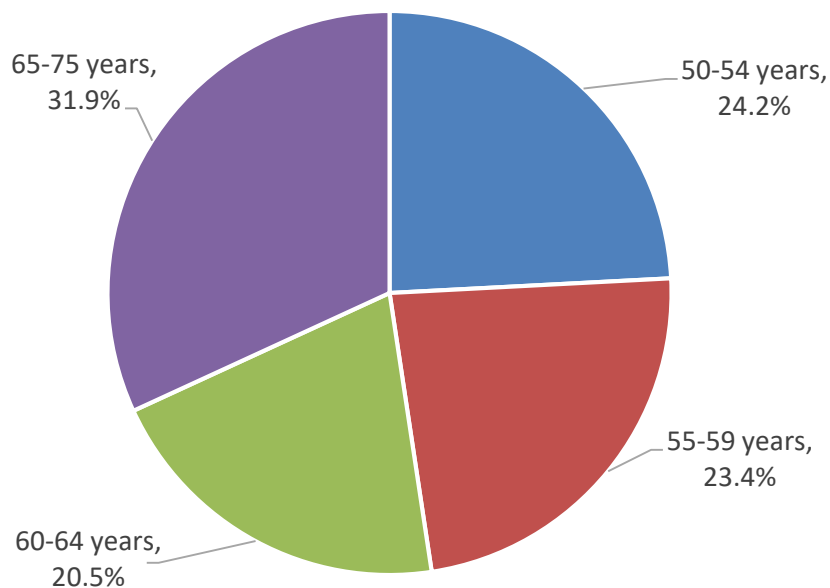
Adults not UTD with CRC Screening, 50-75 years



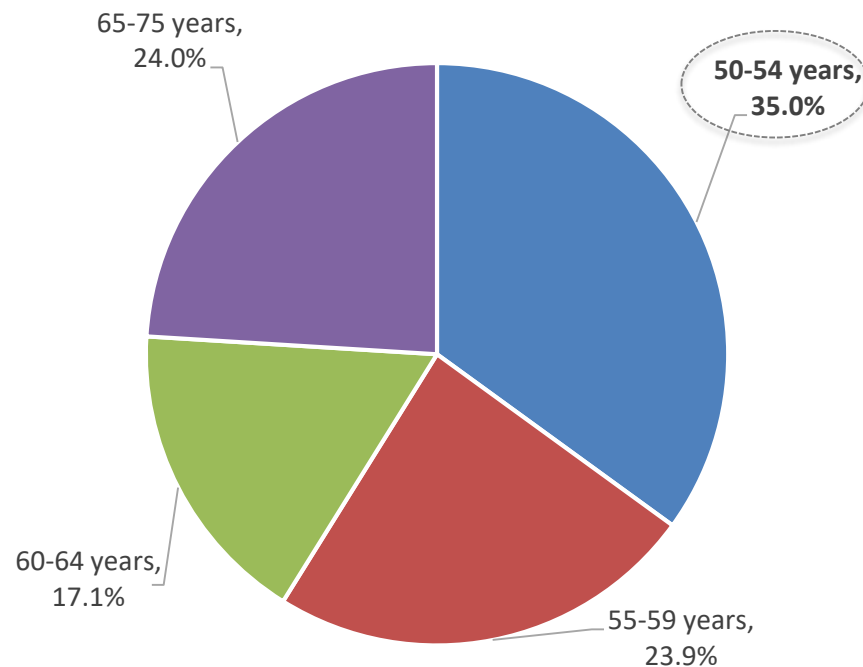


# Characteristics among the total population and those not Up-to-date with CRC Screening, NHIS 2015

All Adults 50-75 years



Adults not UTD with CRC Screening, 50-75 years



# Summary of NHIS Data

- Moderate increase in CRC screening between 2013-2015
- In 2015, ~62% of adults 50-75 years reported up-to-date CRC screening
- Similar prevalence among men and women
- UTD CRC screening prevalence is <50% among:
  - 50-54 years
  - Hispanics
  - People with <High School Diploma
  - Medicaid and Uninsured
- Characteristics of people Not UTD with CRC Screening:
  - Over a third are 50-54 years
  - Two-thirds are white
  - Over half have at least some college education
  - Half have private insurance, a quarter have Medicare

# Strengths

- Nationally representative
- Ability to analyze trends
- Response rates
- Timely questions related to policies, physician recommendations

# Limitations

- Self-report
  - Concordance between medical records + self reports is pretty good, but screening is overreported
- Data on subgroups (eg: Korean Americans)?
- Response Rates are declining

# Future NHIS data

- Questions on CRC screening were fielded in 2018 (data release in 2019)
- Upcoming Redesign
  - Improve measurement, reduce respondent burden (and improve response rates?)
  - Redesign will be launched in 2019
  - Annual + rotating core
  - Cancer screening questions will still be included periodically and sponsored by NCI/CDC

Thank you!

# **Colorectal Cancer Screening: Updates from BRFSS and CRCCP**

---

**Djenaba A. Joseph, MD, MPH**  
**Medical Director, CRCCP**

Webinar: How are We Doing on our Efforts to Reach 80%?  
January 28, 2018

Division of Cancer Prevention and Control

RELIABLE | TRUSTED | SCIENTIFIC



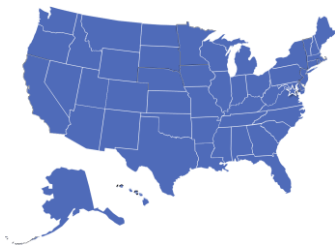
# BRFSS Overview

## Established in 1984



### Cross-sectional telephone survey

- Conducted by state health departments.
- Landline and cellular phones.
- Technical and methodological assistance from CDC.



### State-level data about U.S. residents

- Health-related risk behaviors.
- Chronic health conditions.
- Use of preventive services.



# What is measured?

BRFSS collects data on:

**FOBT**

**Sigmoidoscopy**

**Colonoscopy**

Fixed time interval responses:

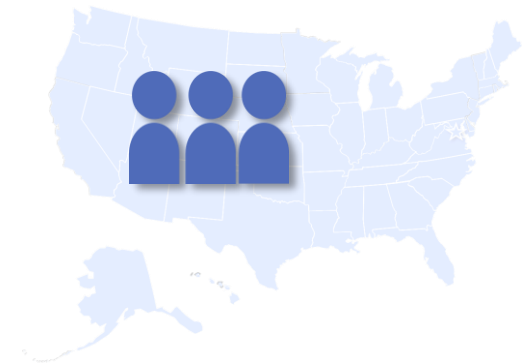
within the **past year, 2 years, 3 years, 5 years, 10 years, more than 10 years ago**

# **BRFSS 2016 Recap**

**86.6 million** adults age 50-75

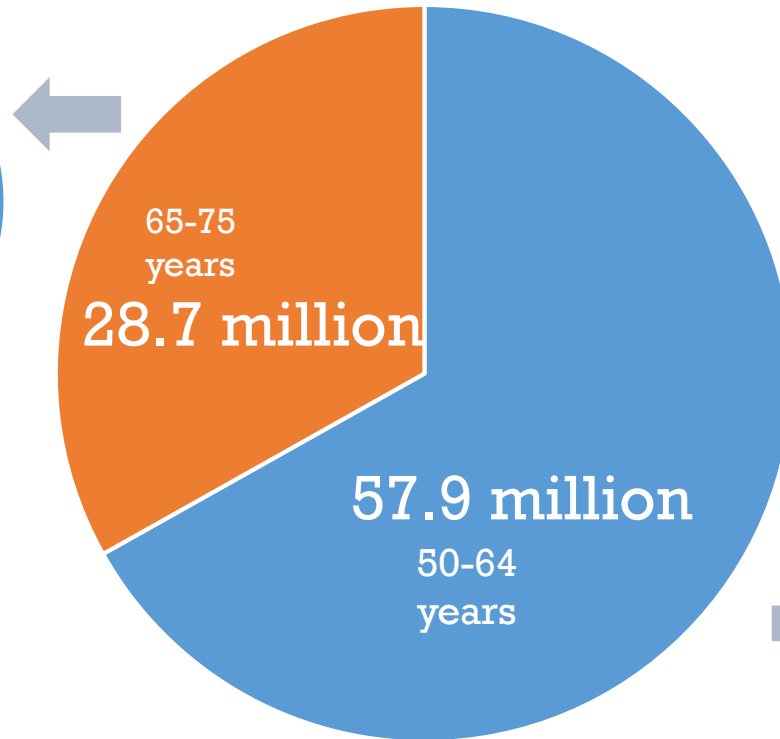
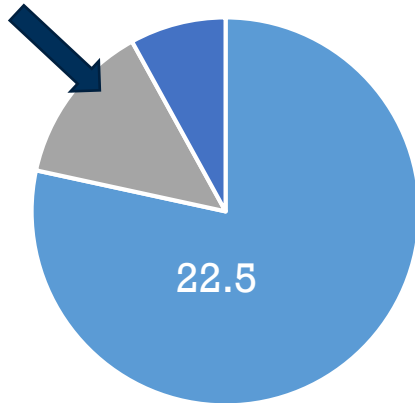
**58.3 million** (67.3%) Up-to-Date

**22.2 million** (25.7%) Never Screened

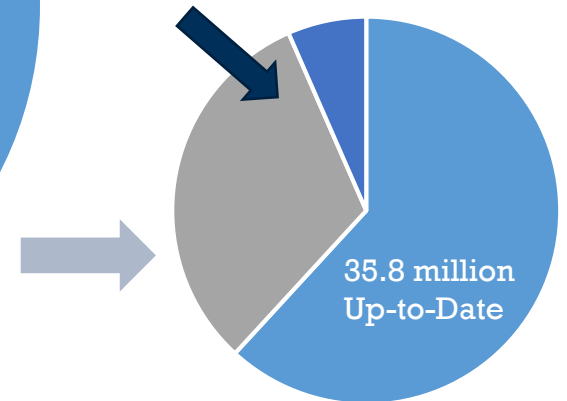


**2016 BRFSS**  
**86.6 million adults age 50-75**

**3.9 million**  
**Never Screened**



**18.2 million**  
**Never Screened**

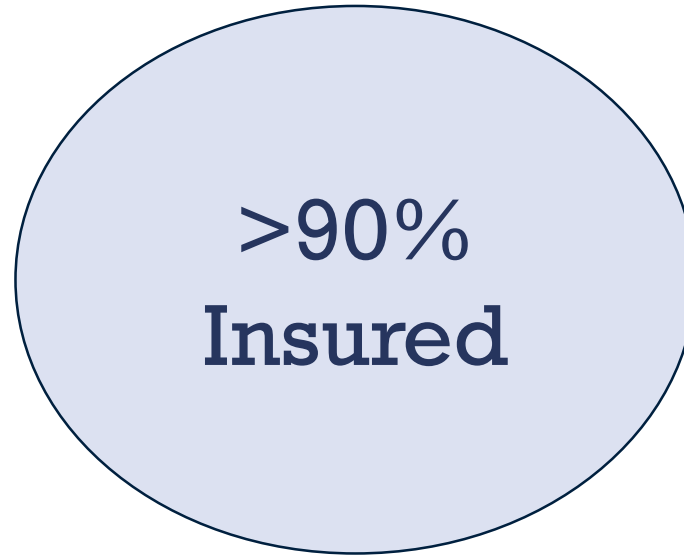


# BRFSS 2016 – Age 50-75

Race/Ethnicity	Total (millions)*	Up-to-date (millions/%)	Never Screened (millions/%)
Hispanic	8.5	4.5 (54.5%)	3.5 (39.2%)
Other/Multi	1.2	0.8 (65.3%)	0.3 (26.2%)
AI/AN	0.8	0.5 (59.5%)	0.3 (31.9%)
Asian/PI	3.0	1.9 (63.4%)	0.9 (31.4%)
Black	9.2	6.1 (66.7%)	2.6 (27.2%)
White	62.3	43.7 (69.7%)	14.1 (23%)

\*Weighted population estimate

**2016 –  
Insurance  
status, all  
respondents  
age 50-75**



**Except**

**Hispanic (83%)**

**<\$15,000 (84%)**

**<High School (83%)**

# 2016 – Regular provider, all respondents age 50-75

≥90%	85% - 90%	80% - 84%	<80%
Age 65-75	Age 50-64		
Asian/PI White	Black Other/Multiracial	AI/AN	Hispanic
Women	Men		
≥\$50,000	\$35 – 49,999	≤\$34,999	
>Some college/technical school	High School Graduate	<High School	

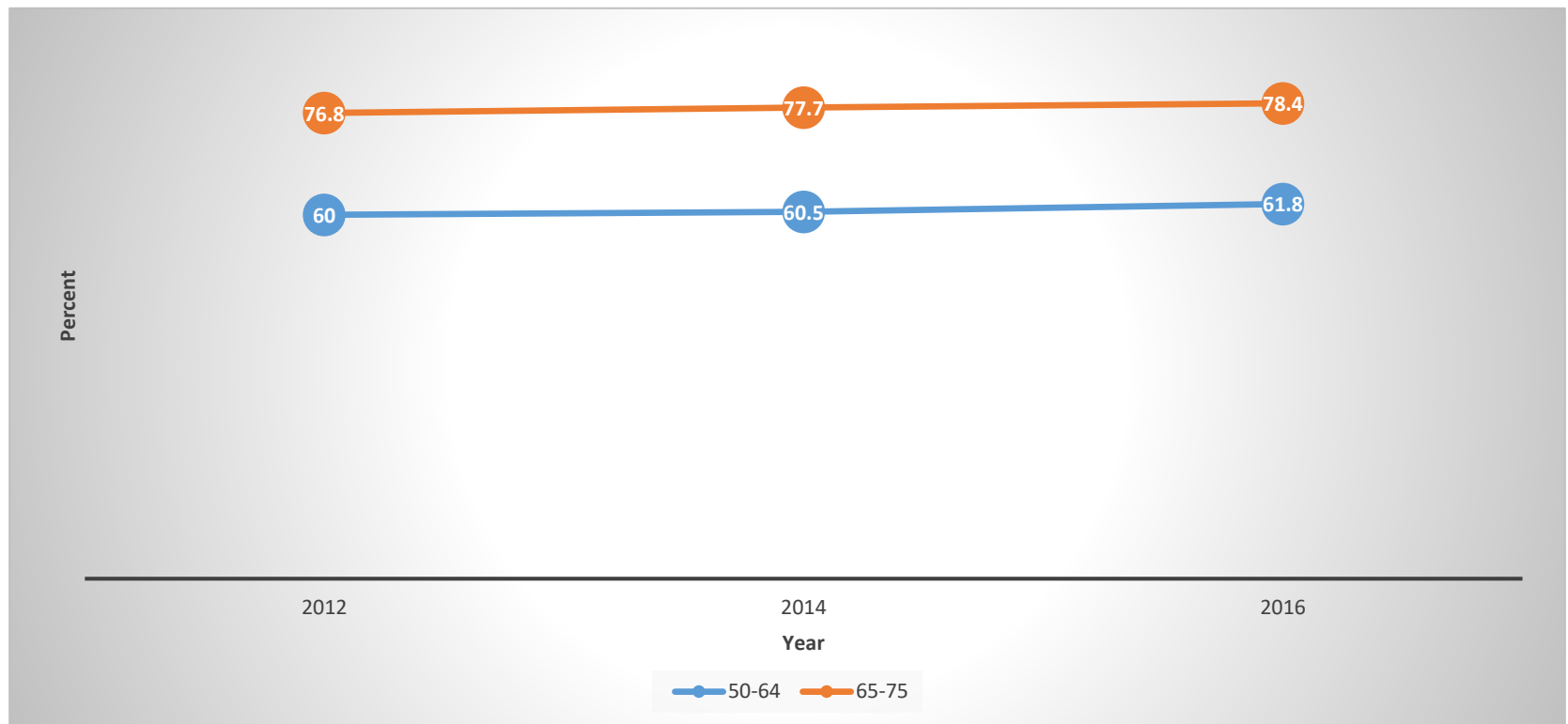
# Never Screened - 2016

	White	Black	Hispanic
Age 50-64	71%	75.7%	81.2%
Men	49.4%	52.6%	53.5%
≤High School	48.6%	58.6%	75.4%
<\$35,000	40.7%	62.8%	71.1%
Insured	89.3%	84%	71%

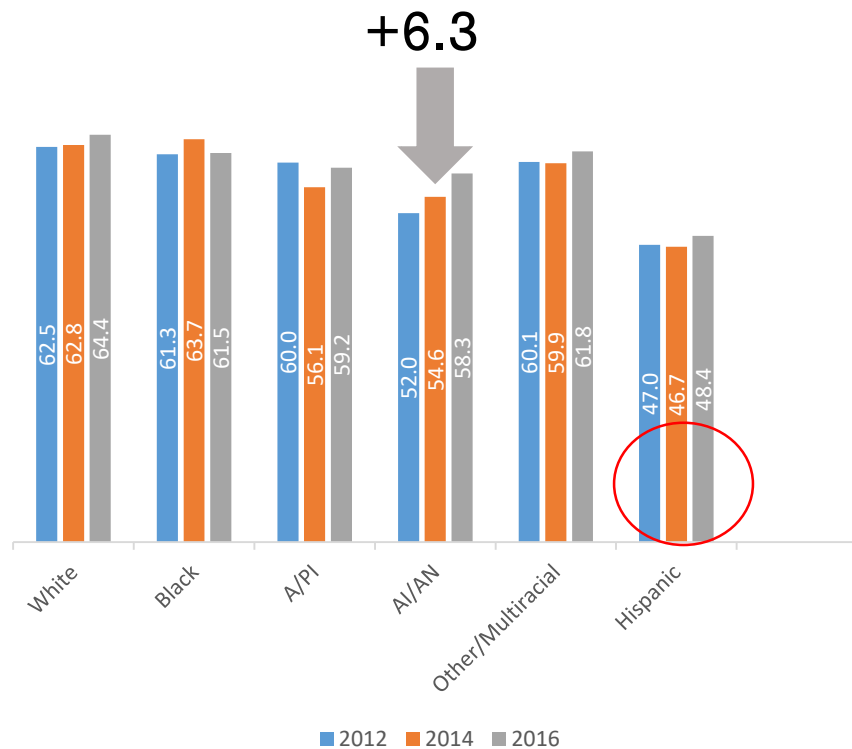


**Trends**

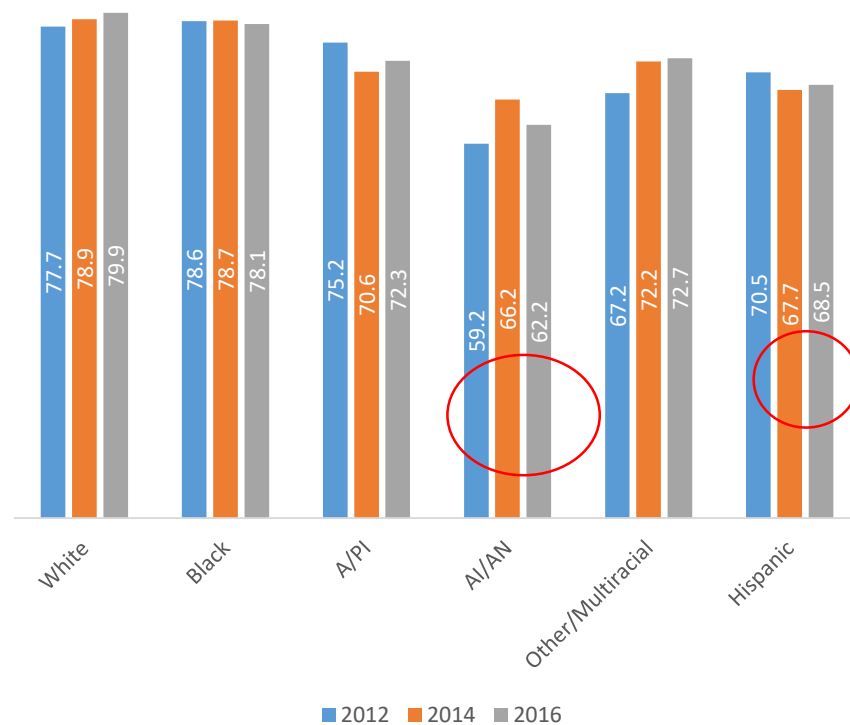
# Up-to-date with CRC Screening



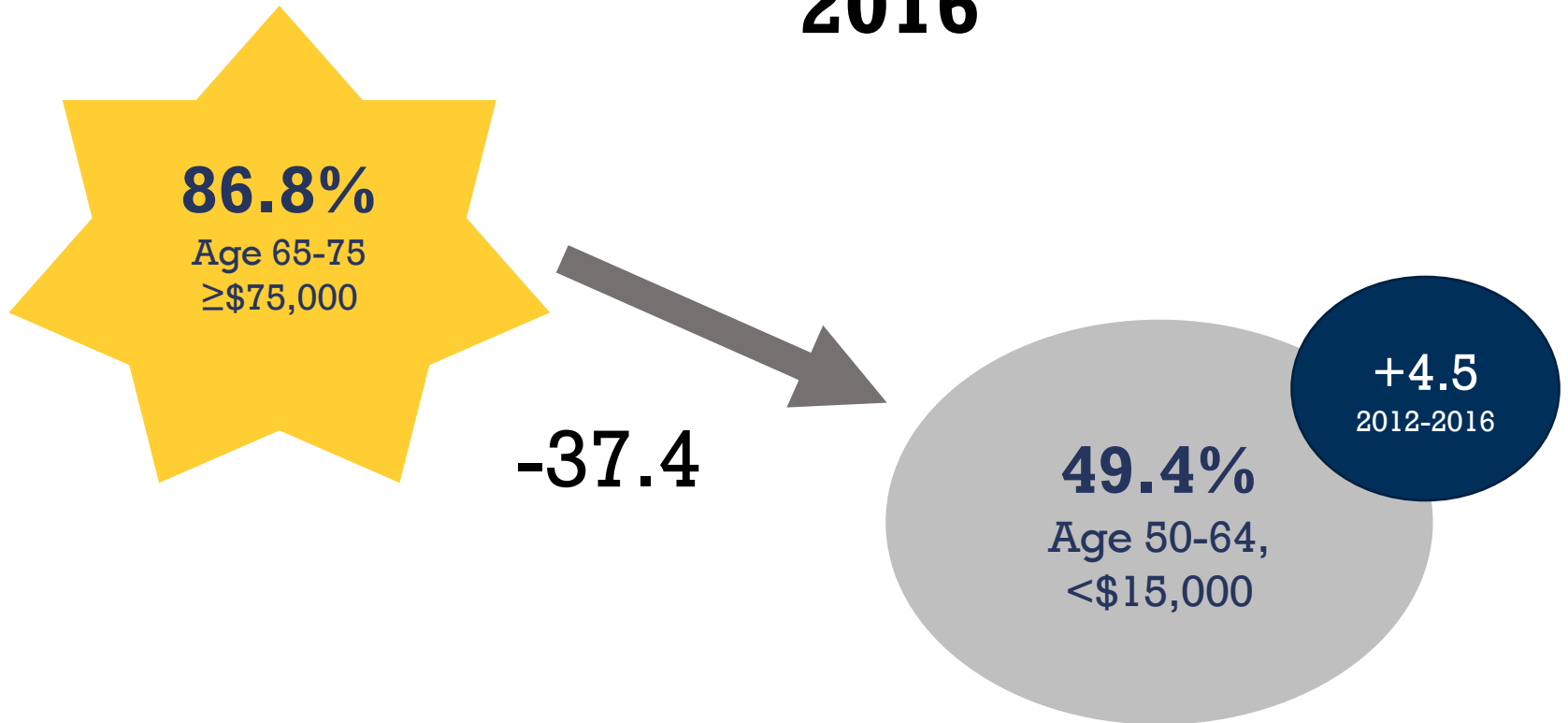
Age 50-64



Age 65-75



**2016**



**2012**

**2016**

**Total  
Population**

81.8 million



86.6 million



**+4.8  
million  
+5.9%**

**Up-to-Date  
Population**

53.2 million



58.3 million



**+5.1  
million  
+9.6%**

# Population Change 2012-2016

	Total Population		Up-to-Date Population	
White	+ 2.2 million	+3.6%	+3.3 million	+8.1%
Hispanic	+1.1 million	+15.4%	+700,000	+18.2%
50-64	+750,000	+1.3%	+1.5 million	+4.5%
65-75	+4.1 million	+16.6%	+3.6 million	+18.9%
Uninsured	-3.4 million	-37.8%	-970,000	-33.4%

# Limitations

- Estimates, and more estimates
- Absence of information on sub-groups
- Self-reported

# Conclusions

- We are making progress!
- Attention to:
  - People age 50-64 years
    - Insured
    - Uninsured
    - Hispanic populations
    - Pretty much everyone
  - People age 65-75 who are AI/AN, Hispanic, have low income
  - AI/AN and Asian/PI populations



# Questions?

Go to the official federal source of cancer prevention information:

[www.cdc.gov/cancer](http://www.cdc.gov/cancer)

---

 Follow DCPC Online!

 **@CDC\_Cancer**

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.

Division of Cancer Prevention and Control

RELIABLE | TRUSTED | SCIENTIFIC





# 2017 Uniformed Data System: Colorectal Cancer Screening Clinical Quality Measure

*January 28, 2019*

**Mew Rattanawatkul, MPH**

**Public Health/Management Analyst, Quality Division, Office of Quality Improvement**

**Bureau of Primary Health Care (BPHC)**

**Health Resources and Services Administration (HRSA)**



# Health Center Program Mission

---



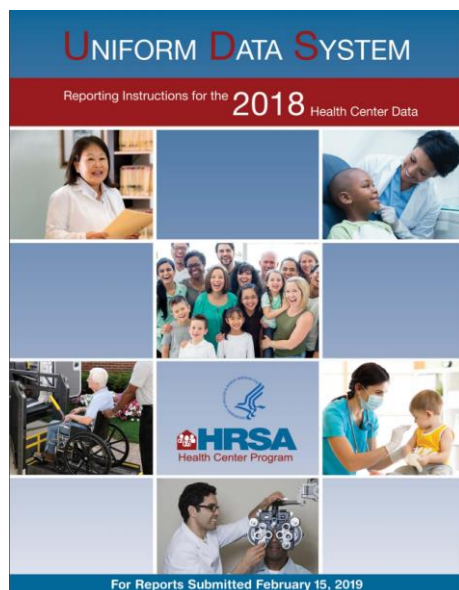
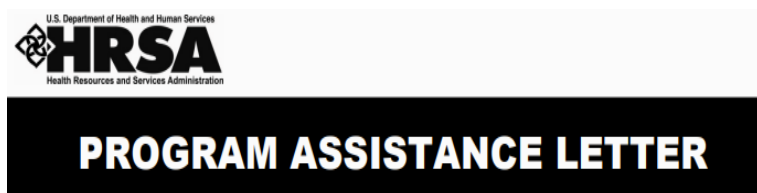
*Improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services*



# The Uniform Data System (UDS)

- Required by Section 330 of the Public Health Service Act (43 U.S.C. 254b)
- A standardized annual performance report submitted by program awardees and look-alikes
- Health Centers with Community Health Care (330e) awards submit the full UDS report
- Health Centers with the following awards complete a selected number of tables (Grant Report)
  - Migrant Health Center (330g)
  - Health Care for the Homeless (330h)
  - Public Housing Primary Care (330i)
- All in scope activities, defined in the approved application and reflected in official Notice of Award/Designation, must be reported
- UDS reports are due **February 15<sup>th</sup>**

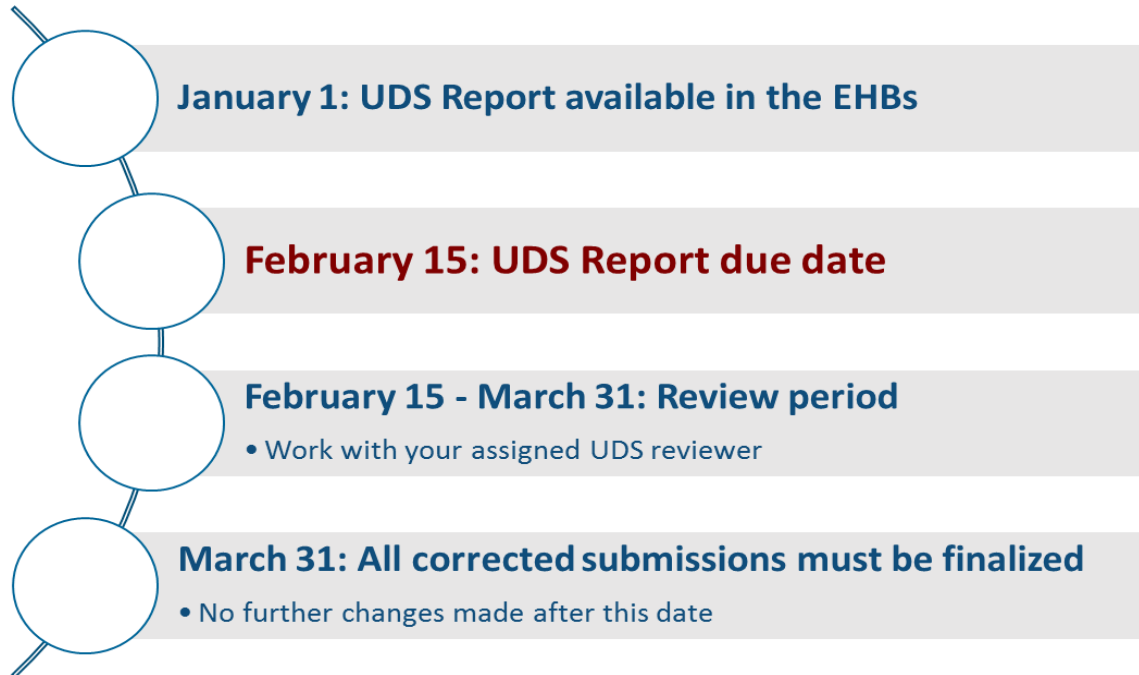
# Annual Updates



- The UDS is updated every year to:
  - Reduce reporting burden
  - Keep pace with the current healthcare environment
  - Reflect stakeholder feedback
  - Ensure evaluation of bureau and secretarial priorities
- UDS updates are announced via a proposed Program Assistance Letter (PAL) in May the year before data collection begins
- All instructions for the UDS can be found in the Uniform Data System Manual

# UDS Data Collection/Reporting from Grantees

- Data collection occurs from January – March for prior year data.
- 2018 UDS will be available in the summer of 2019.



# Type of Data Collected

- **11 structured Office of Management and Budget (OMB) approved forms**

- Patients by Zip Code
- Patients by Age and Sex Assigned at Birth\*
- Demographic Characteristics\*
- Selected Patient Characteristics\*
- Staffing and Utilization\*
- Selected Diagnoses and Services Rendered\*
- Quality of Care Measures
- Health Outcomes and Disparities
- Financial Cost
- Patient Related Revenue
- Other Revenue

**UNIFORM  
DATA  
SYSTEM**

- **Three Appendices**

- Health Center Health Information Technology
- Other Data Elements
- Workforce

\* Denotes tables that are submitted by 330 (g-i) awardees for a Grant Report



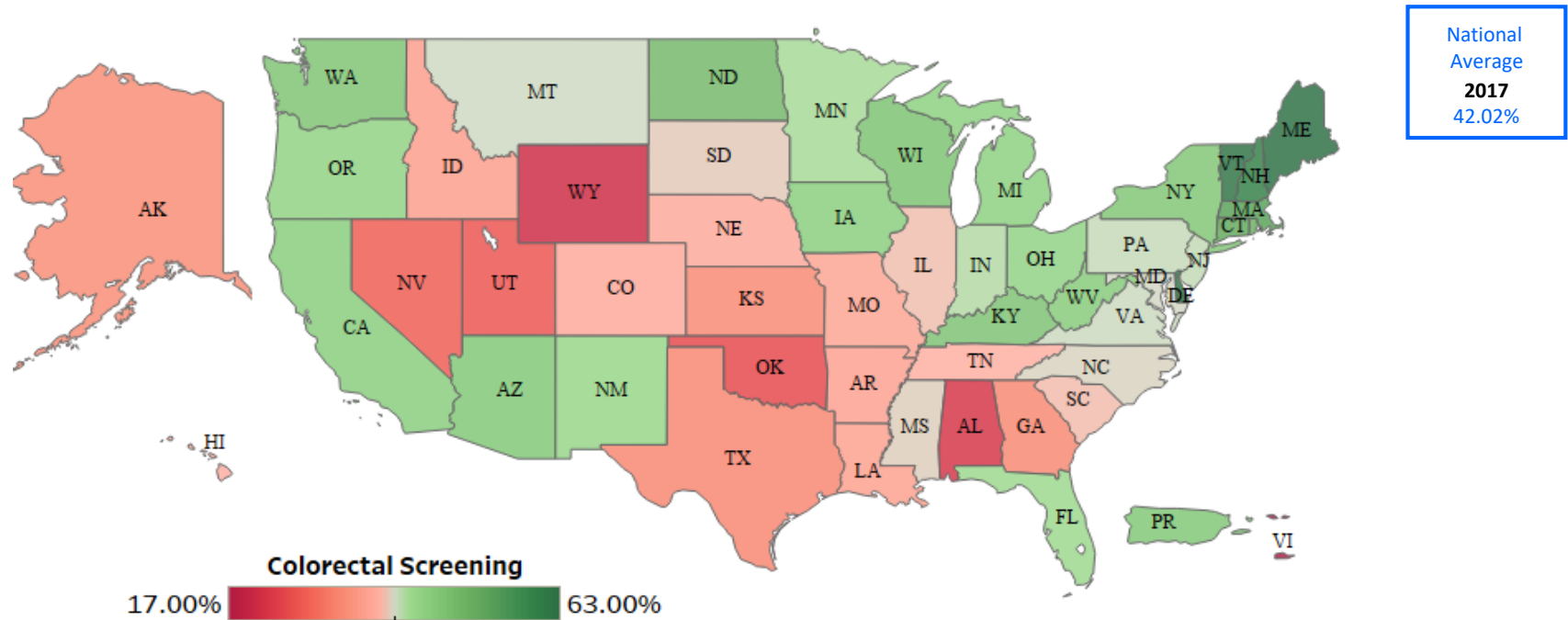
# Colorectal Cancer Screening Measure

- Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer

Numerator	Denominator
<ul style="list-style-type: none"><li>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:<ul style="list-style-type: none"><li>Fecal occult blood test (FOBT), including fecal immunochemical test (FIT), during the measurement period</li><li>Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period</li><li>Colonoscopy during the measurement period or the nine years prior to the measurement period</li></ul></li></ul>	<ul style="list-style-type: none"><li>Patients 50 through 75 years of age with a medical visit during the measurement period Note: Include patients born on or after January 1, 1942, and on or before December 31, 1966</li></ul>



# CRC Screening Comparison by States

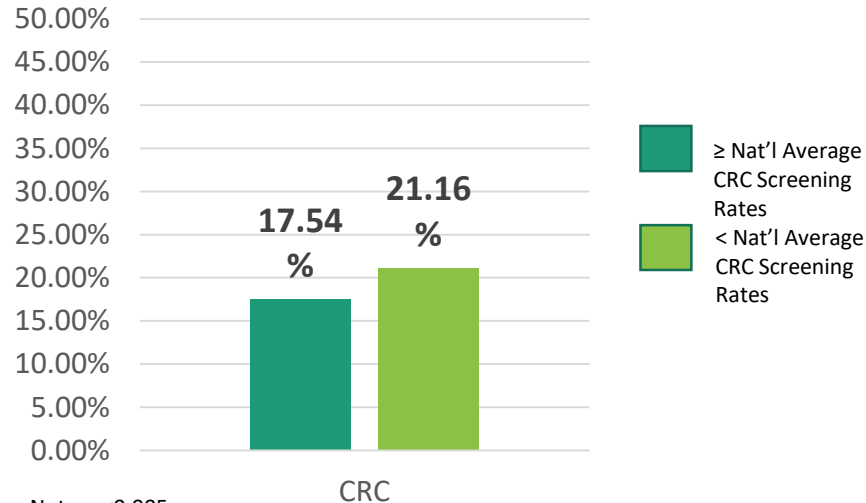


Range of Performance in Clinical Quality Measures

Source: Uniform Data System 2017 - Table 6B

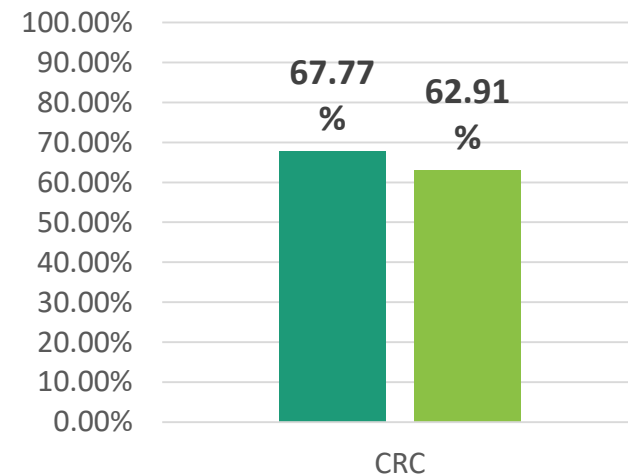
# CRC Screening Rates Comparison by Sociodemographic

## Patients Best Served in a Language Other than English



Note:  $p < 0.005$

## Patients at 100% or Below Federal Poverty Level Served

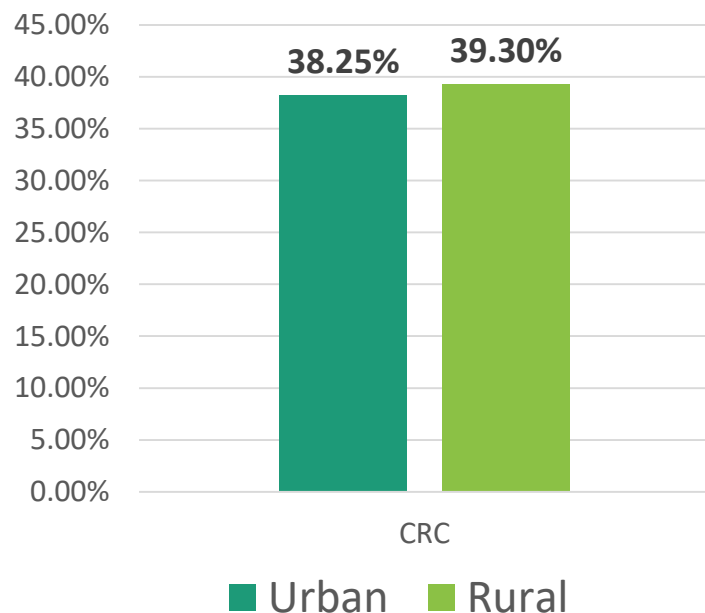


Note:  
 $p < 0.0001$

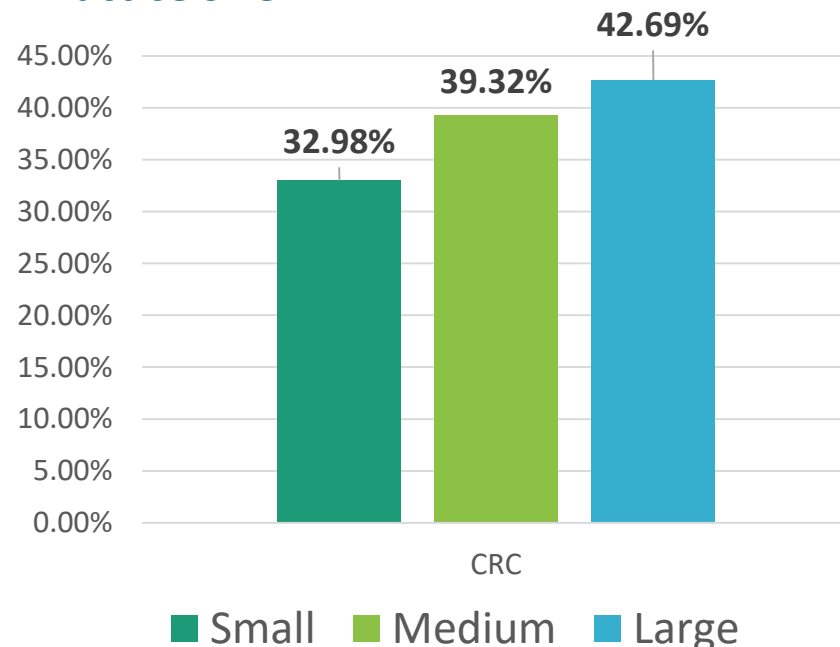
Source: Uniform Data Systems, 2017

# CRC Screening Rates Comparison by Geography and Practice Size

## Geography

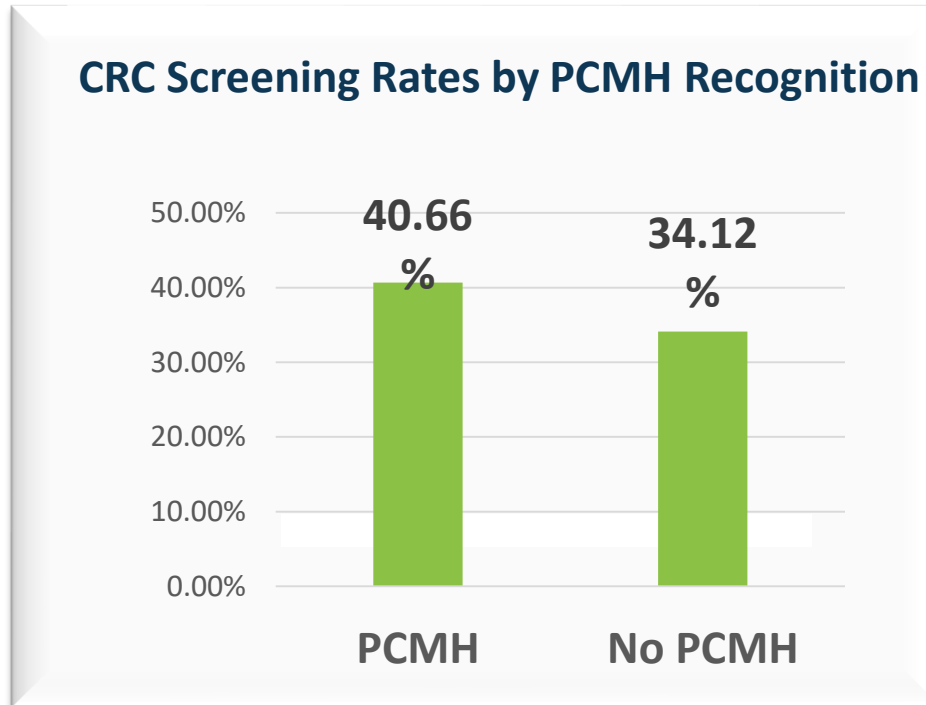


## Practice Size



Source: Uniform Data –Systems, 2017

# CRC Screening Rates Comparison by PCMH

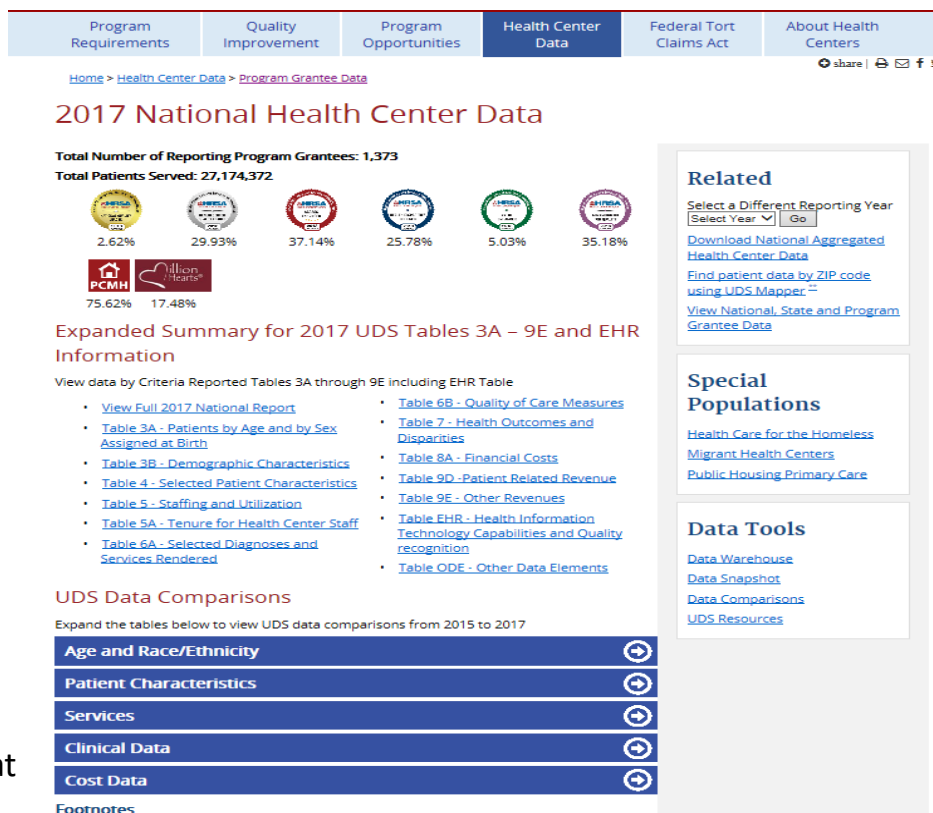


Source: Uniform Data System, 2017; HRSA Accreditation and PCMH Report, 2017

# Accessing UDS Data: BPHC Webpage

- Drop down menus provide a quick view of data
- Data can be downloaded for analysis

<https://bphc.hrsa.gov/uds/datacenter.aspx>



# UDS Resources

---

- HRSA Data Warehouse: <https://data.hrsa.gov/>
- Health Center Program Grantee Profiles:  
<https://bphc.hrsa.gov/uds/datacenter.aspx?q=d>
- UDS Mapper: <https://www.udsmapper.org/>
- UDS Modernization Initiative:  
<https://bphc.hrsa.gov/datareporting/reporting/udsmmodernization.html>
- UDS Resources: <https://bphc.hrsa.gov/datareporting/reporting/index.html>

# Thank You!

---

Mew Rattanawatkul, MPH

Management Analyst, Quality Division/Office of Quality Improvement (OQI)

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



krattanawatkul@hrsa.gov

---

[www.bphc.hrsa.gov](http://www.bphc.hrsa.gov)



Sign up for the *Primary Health Care Digest*





# Connect with HRSA

To learn more about our agency, visit

[www.HRSA.gov](http://www.HRSA.gov)



Sign up for the HRSA *eNews*

FOLLOW US:    







# Colorectal Cancer Screening HEDIS® Measure

---

**Mary Barton, MD MPP**

Vice President, Performance Measurement

National Committee for Quality Assurance

National Colorectal Cancer Roundtable  
Webex January 2019

## About NCQA

### It all starts with HEDIS®

Health care's  
most-used tool  
for improving  
performance

Asks how often  
insurers provide  
evidence-based  
care to support  
more than 70  
aspects of  
health

**H** *healthcare*

**E** *ffectiveness*

**D** *ata*

**I** *nformation*

**S** *et*

*About*



**190 million**

**58% of population**

HEDIS shines a light on health plans' quality

# Colorectal Cancer Screening Measure

Adults age 50–75 years

Screened for colorectal cancer by any of the following:

Fecal occult blood test/fecal immunochemical test annually

Flexible sigmoidoscopy within the last 5 years

Colonoscopy within the last 10 years

Computed tomography colonography within past 5 years

FIT-DNA within past 3 years

Administrative and medical record data

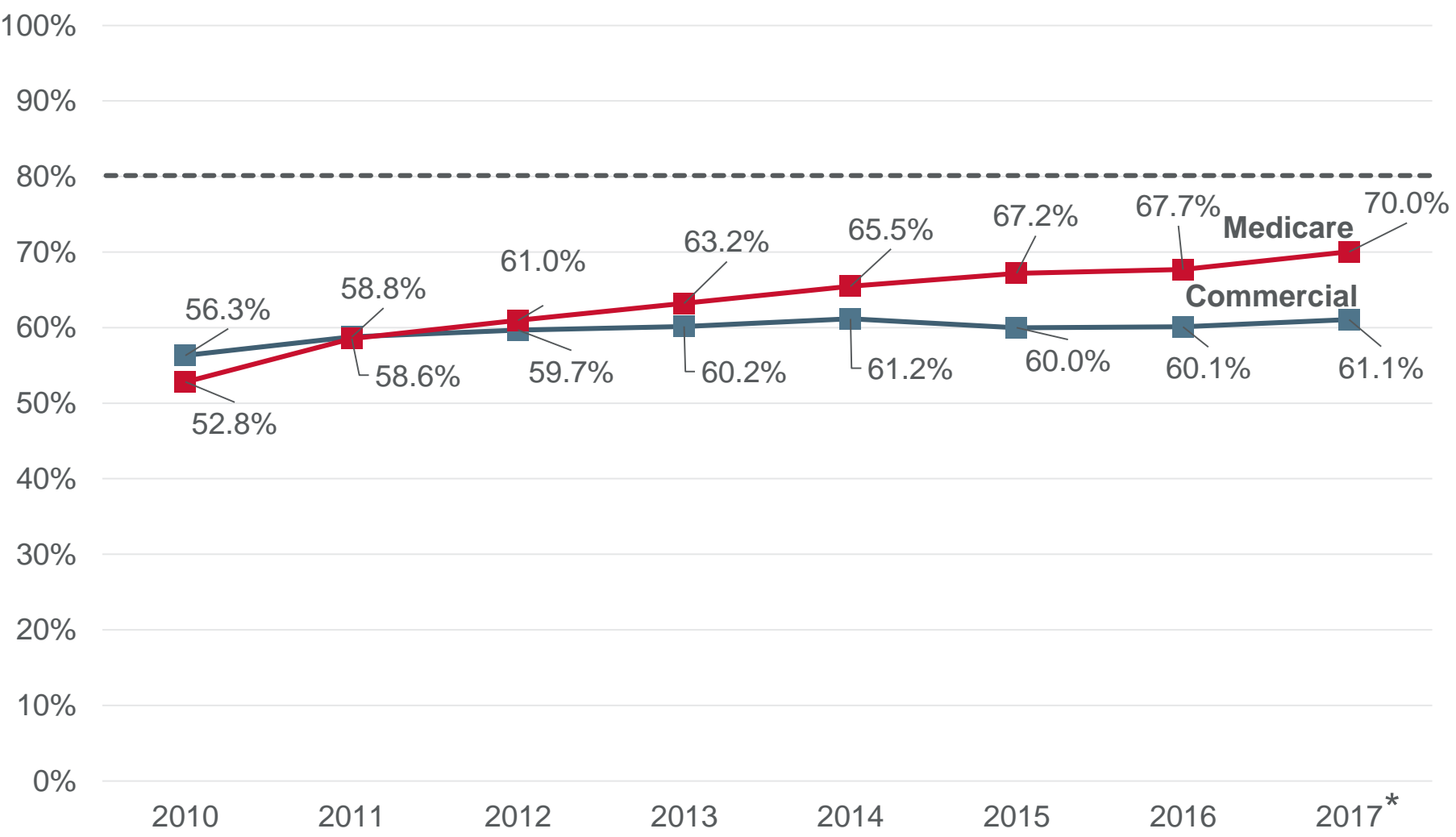
# Overview

*What do the data tell us?*

Commercial plans  
not moving fast

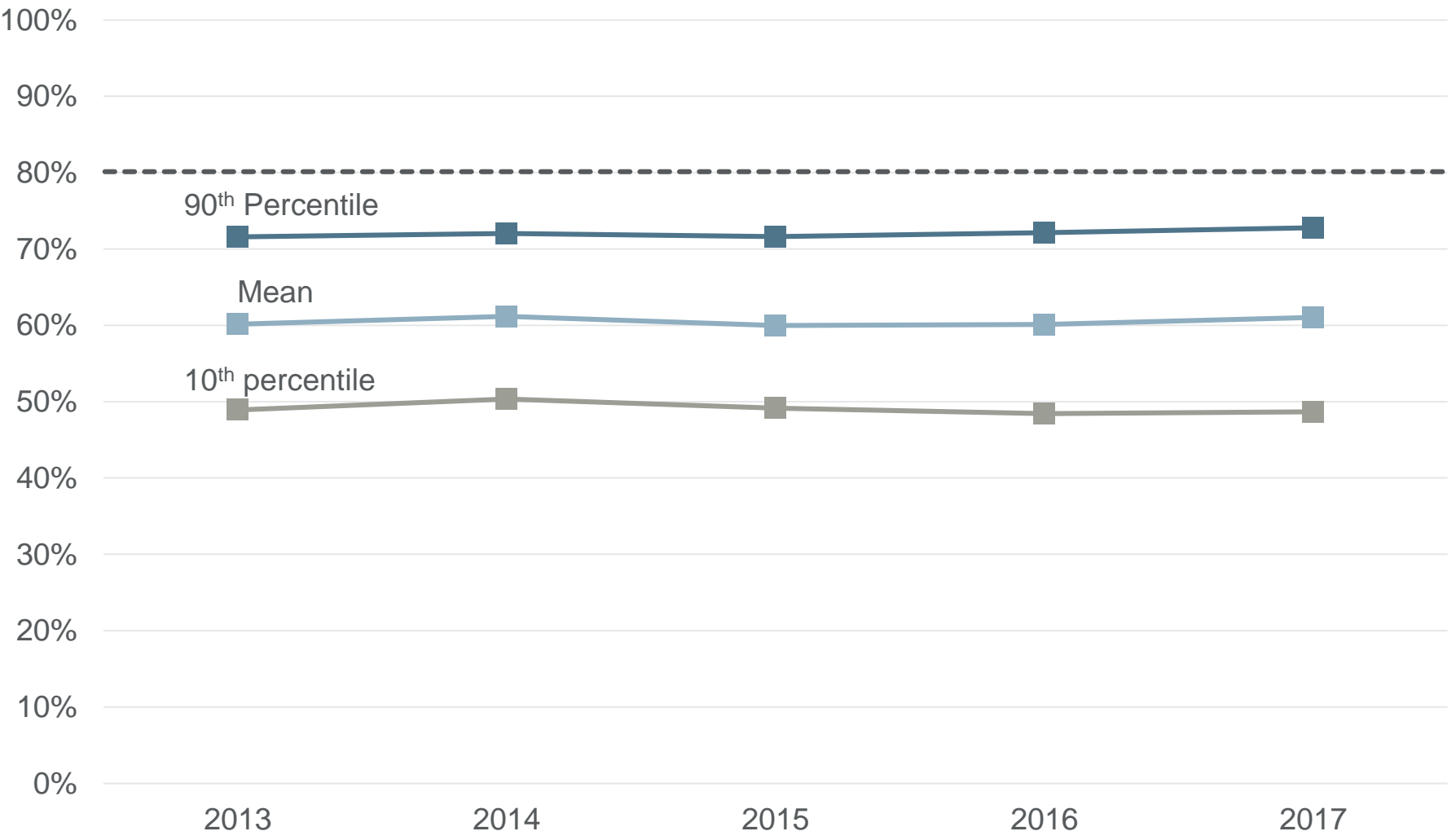
But look at Medicare!

# Average National Performance, 2010–2017

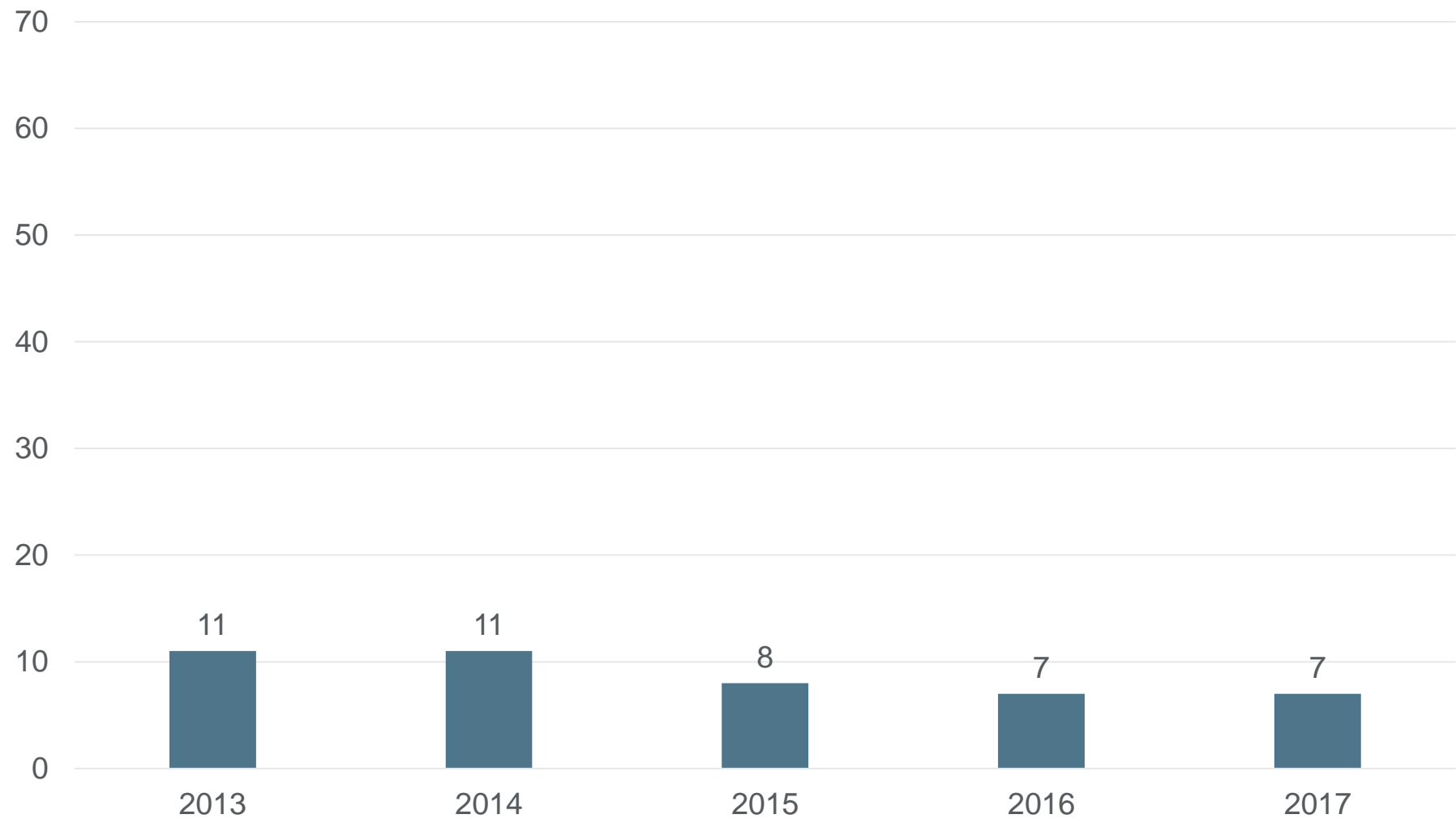


\*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.

# Commercial Plans

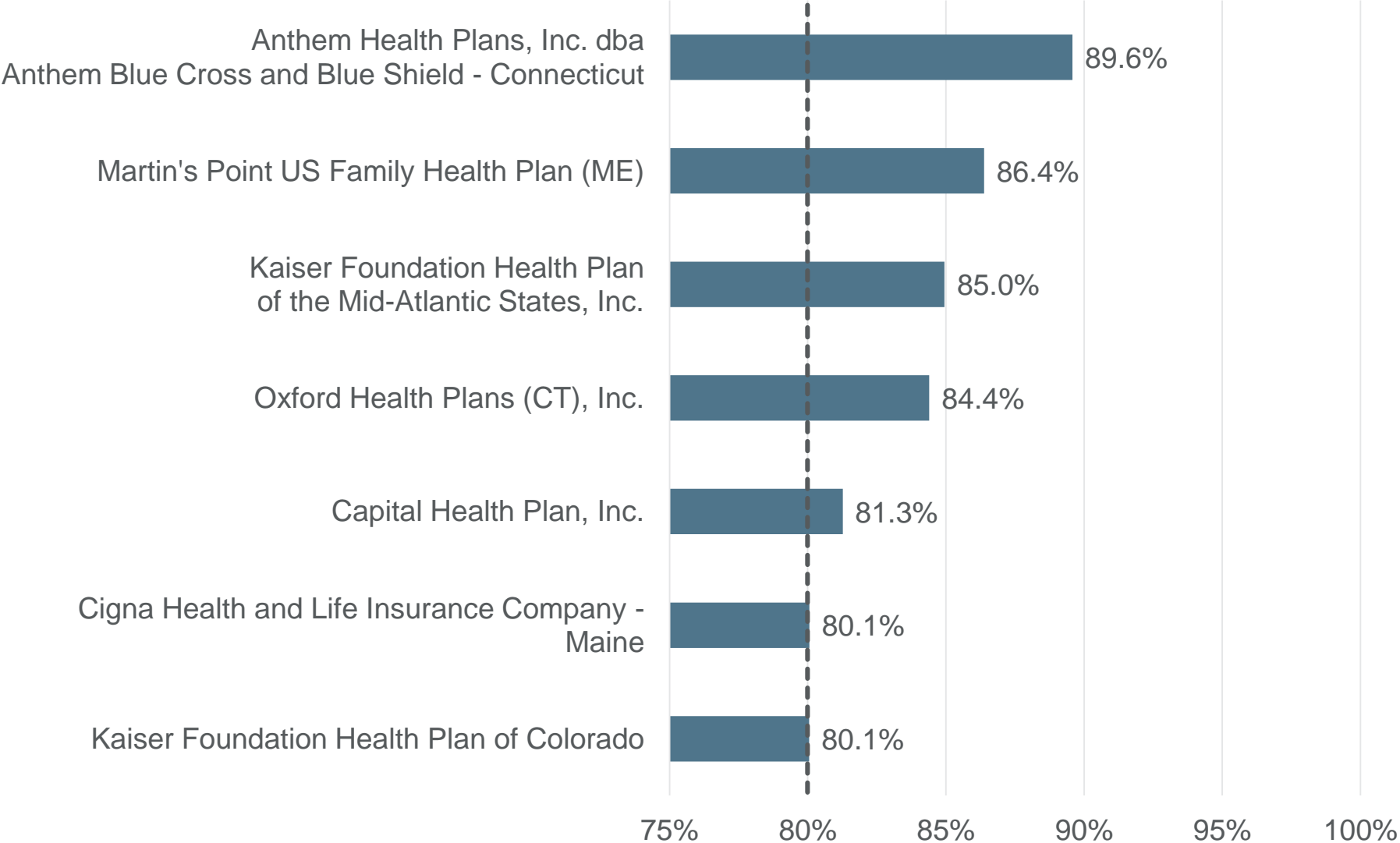


# Number of Commercial Plans Over 80%

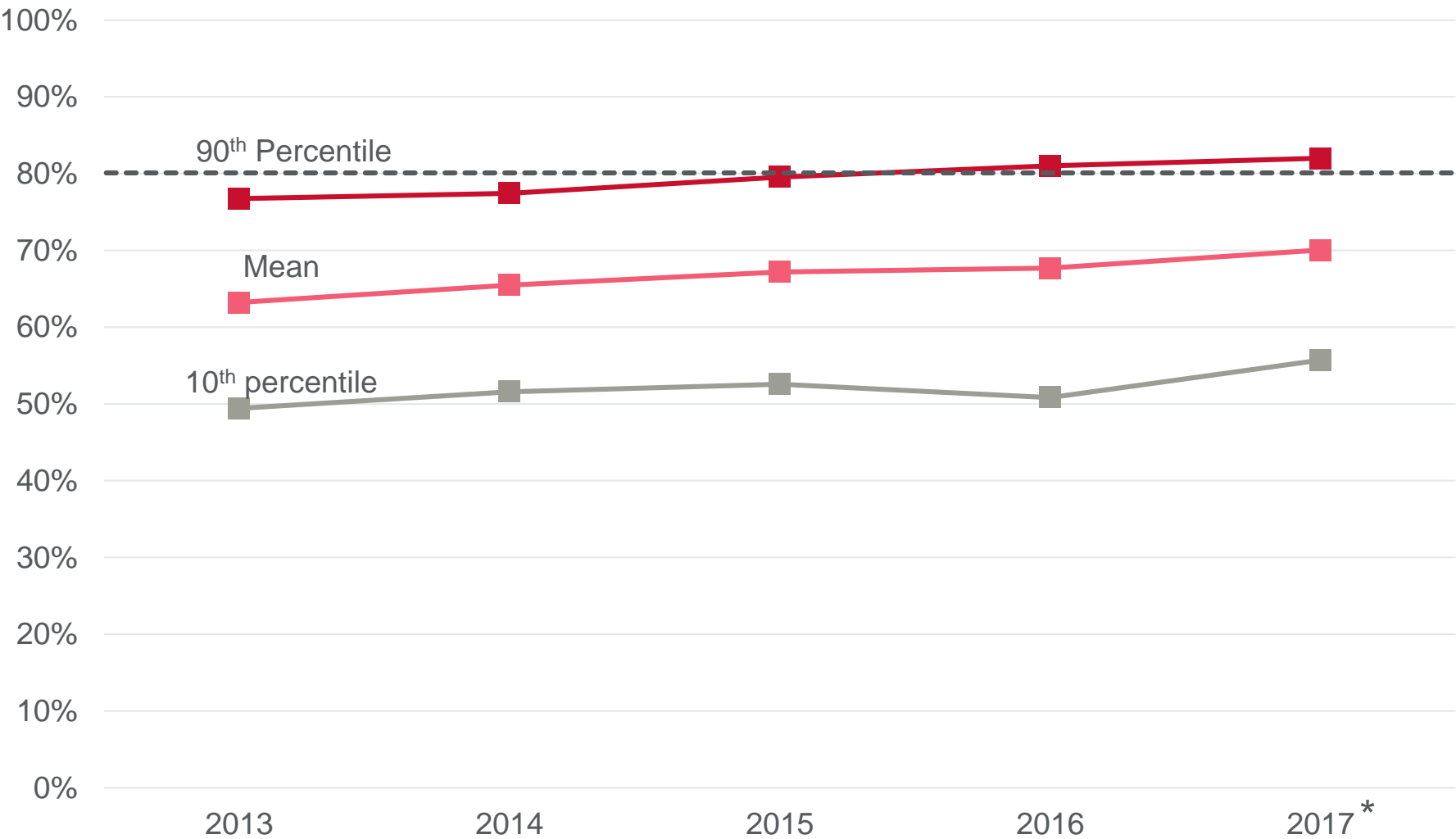




# Commercial Plans with Rate > 80%, 2017

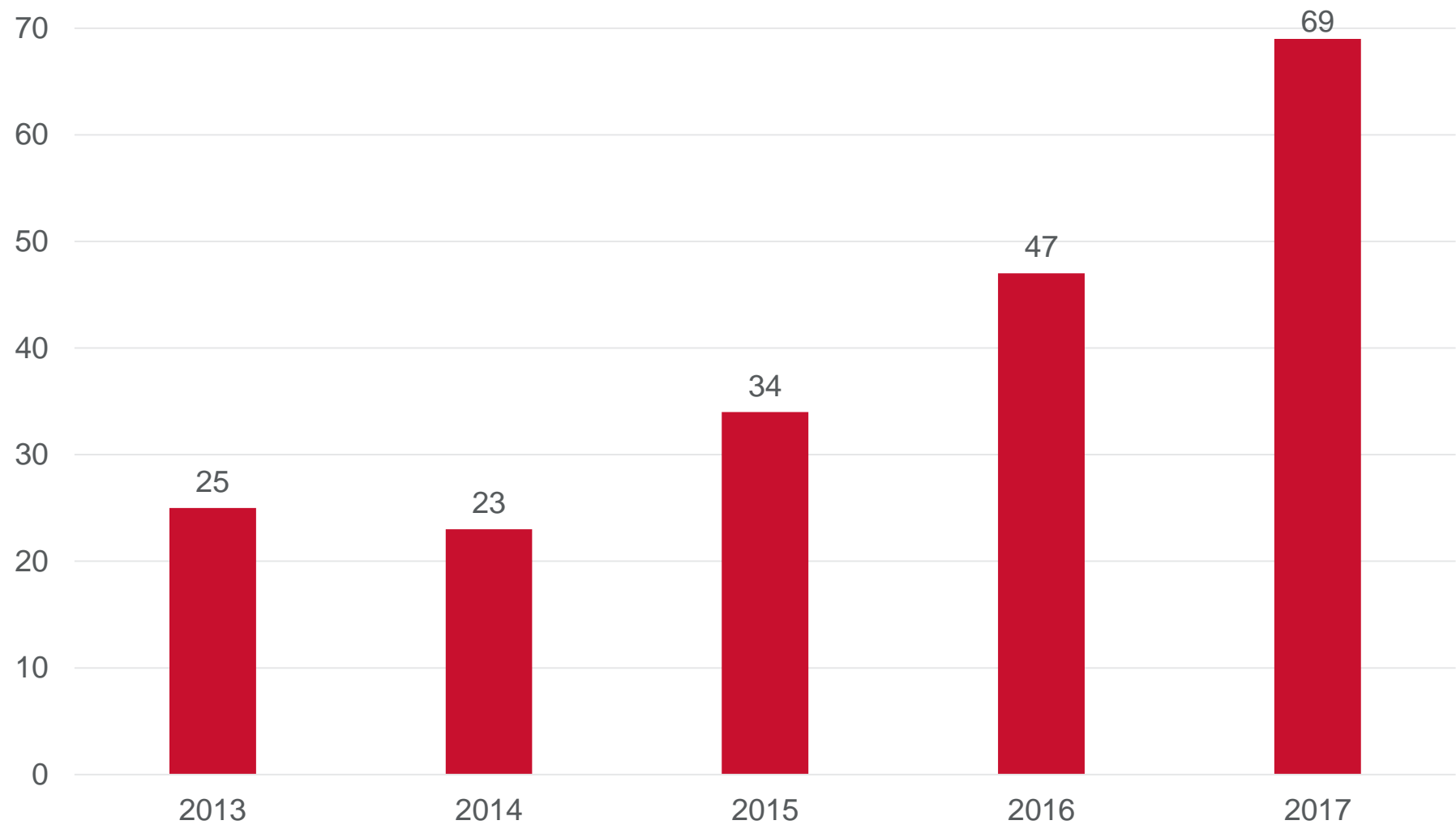


# Medicare Plans

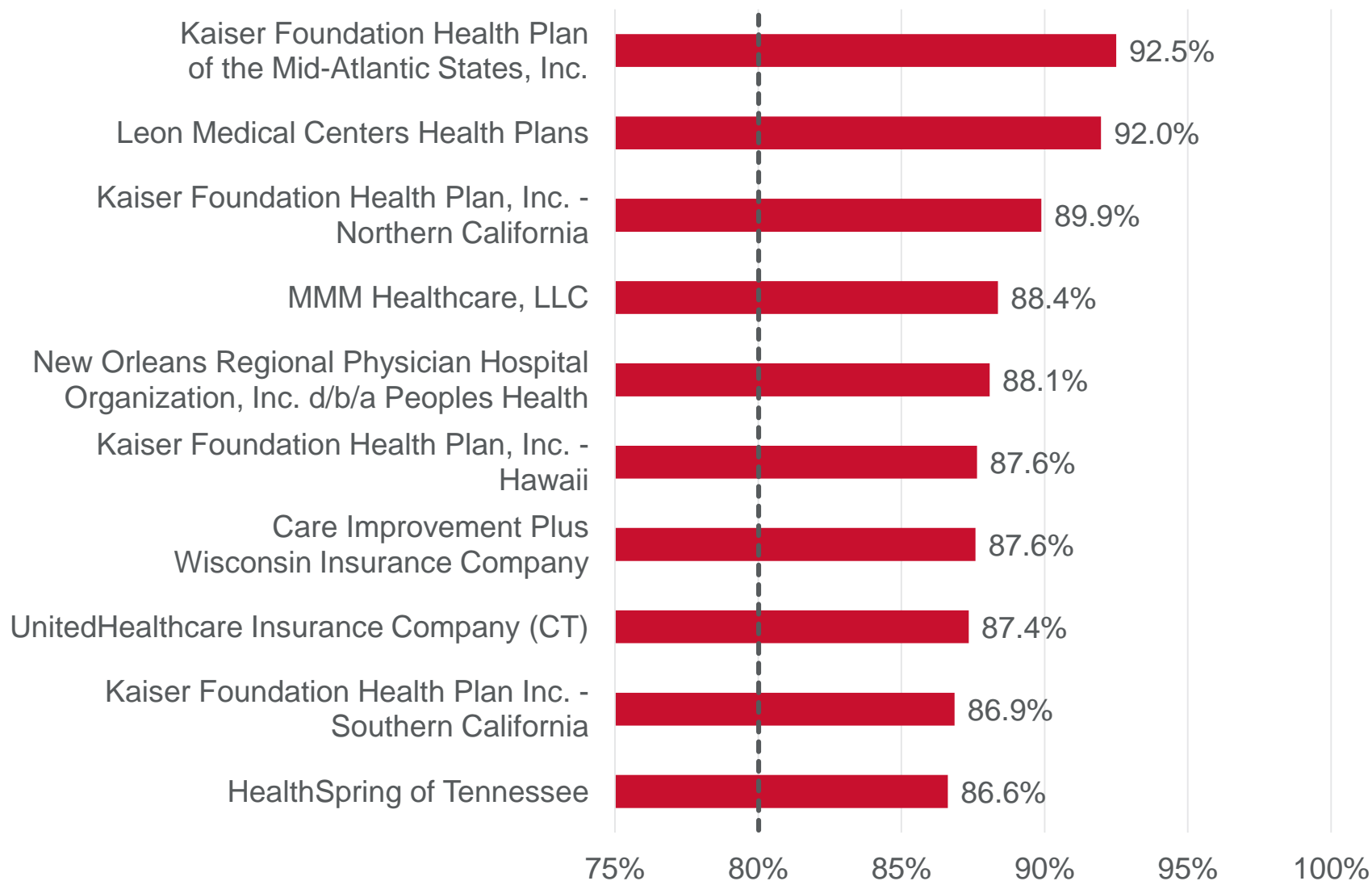


\*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.

# Number of Medicare Plans Over 80%



# Top 10 Medicare Plans with Rate > 80%, 2017





*Get in touch*

---

Mary Barton, MD, MPP

[barton@ncqa.org](mailto:barton@ncqa.org)

---



Please submit your questions in the chat box.

# Join Us for the Following Upcoming Event:

**Register now!**

Live Event & Broadcast  
Thursday, March 7th  
2:00pm Eastern



[www.fightcolorectalcaner.org/80ineverycommunity](http://www.fightcolorectalcaner.org/80ineverycommunity)

**Follow NCCRT on social media:**



@NCCRTnews



[www.facebook.com/coloncancerroundtable](http://www.facebook.com/coloncancerroundtable)

#80inEveryCommunity

# Thank You!

- Andrea (Andi) Dwyer
- Stacey Fedewa, PhD
- Djenaba Joseph, MD, MPH
- Mew Rattanawatkul, MPH
- Mary Barton, MD, MPP

**For more information contact:**

[nc crt@cancer.org](mailto:nc crt@cancer.org)