

80% by 2018: Improving Colon Cancer Screening Rates In North Carolina

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10 events, accomplishments, and decisions have converged today.



Together, they have created an **extraordinary opportunity** to achieve our goal of an **80%** colon cancer screening rate by **2018**.



1. Several New Reports Show Great Progress

Morbidity and Mortality Weekly Report

Vital Signs: Colorectal Cancer Screening Test Use — United States, 2012

On November 5, 2013, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

Abstract

Background: Strong evidence exists that screening with fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy reduces the number of deaths from colorectal cancer (CRC). The percentage of the population up-to-date with recommended CRC screening increased from 54% in 2002 to 65% in 2010, primarily through increased use of colonoscopy.

BRFSS: Key Findings

In 2012, **65.1%** of US adults were up to date with screening.

- The percentages of blacks and whites up-to-date with screening were equivalent.



We are Making Progress!

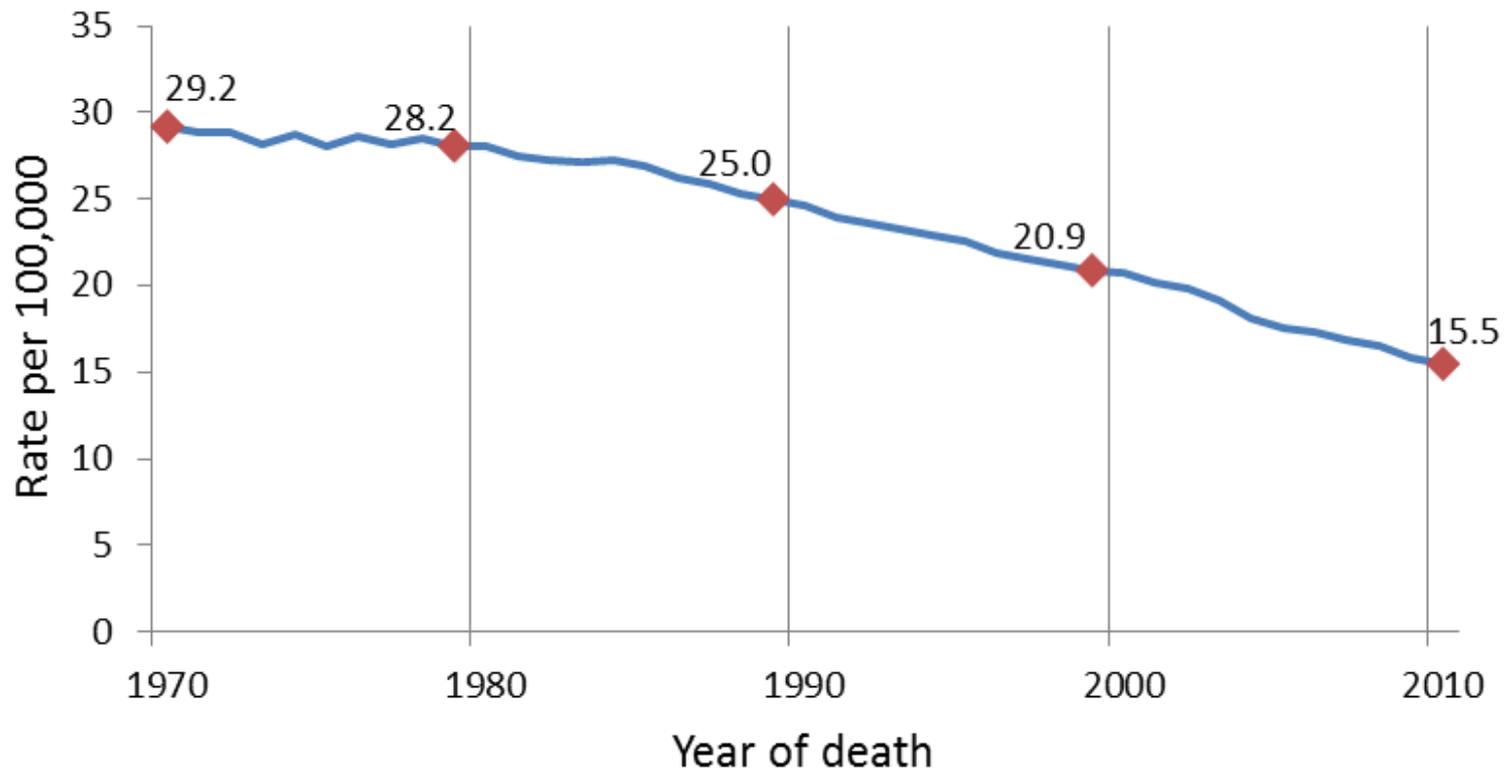
Increasing Decline in Colorectal Cancer Death Rates, 1970-2010

Decline per decade: 3%

11%

15%

25%



2. Many Newly Eligible Adults Now Have Health Insurance



- Lack of health care insurance is the leading barrier to screening.
- Programs to engage newly insured adults can substantially accelerate screening rates.

3. Financial Barriers Are Gradually Being Eliminated

- Screening is considered an essential benefit.
- No co-pay for screening colonoscopy for commercial plans.
- No co-pay if polyp is found and removed.
- Addressing co-pay for colonoscopy following positive stool blood test.
- Working with CMS to address Medicare policies.



4. A New Requirement for FQHCs

- Federally Qualified Health Centers (FQHCs) are all now required to report their colon cancer screening rates as a Uniform Data System (UDS) measure.
- Every FQHC is working to figure out how to measure and improve their screening rates.
- The National Association of Community Health Centers and HRSA are leading the charge.



5. The Quality Improvement Mandate

- The quality improvement mandate is clear.
- The CDC is compiling a comprehensive quality improvement education program.
- GI organizations, state screening programs, and insurers are joining forces to measure quality of screening.
- We're learning and sharing what it takes to implement a high-quality FOBT/FIT screening program.

6. The CDC Colorectal Cancer Control Program

Colorectal Cancer Control Program (CRCCP)

CRCCP

- About the Program
- Local Program Highlights
- Colorectal Cancer Screening Demonstration Program Evaluation
- Contact a Local Program

Moving Forward in an Era of Reform

New Directions for Cancer Screening [PDF-231KB]

Cancer Home

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CDC's Colorectal Cancer Control Program (CRCCP) provides funding to 25 states and 4 tribes across the United States for five years. The CRCCP's goal is to increase colorectal (colon) cancer screening rates among men and women aged 50 years and older from about 64% to 80% in the funded states by 2014. An increase in screening rates will reduce illness and death from colorectal cancer.

Features

- Tests Save Lives**
People who are able to pick the colorectal cancer screening test they prefer are more likely to get the test done.
- Contact Your Local CRCCP Program**
Find contact information for the states and tribal organizations participating in the CRCCP.

CRCCP Fact Sheet

By emphasizing a population-based approach, CDC intends to increase screening rates among both insured and uninsured populations. [Read more](#) [PDF-186KB]

CRCCP Research

- [CRCCP grantees' use of evidence-based interventions](#)
- [Small media and client reminders for colorectal cancer screening: current use and gap areas in CDC's CRCCP](#)
- [The CRCCP: partnering to increase population-level screening](#)

More Publications » **More Research »**

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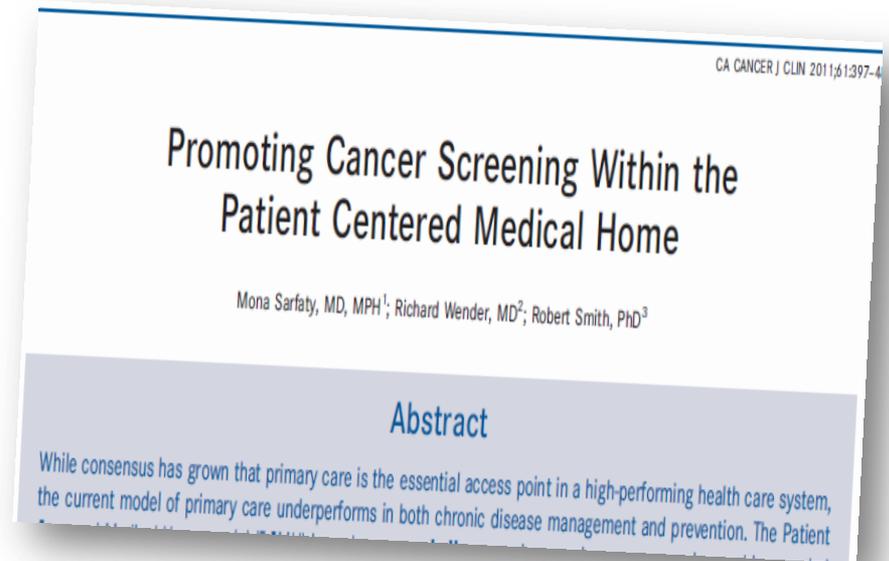
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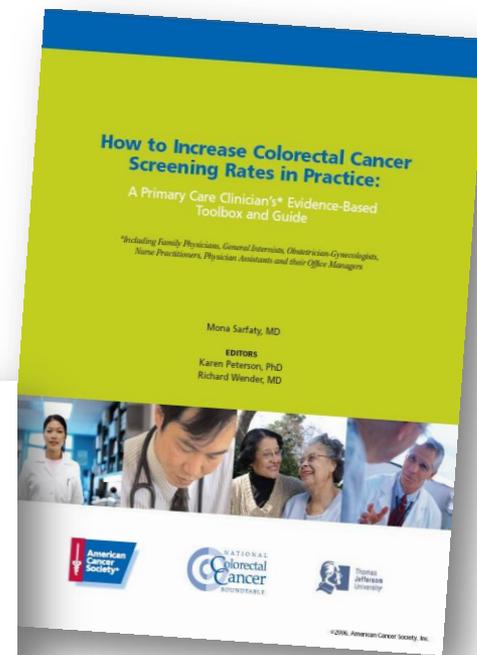
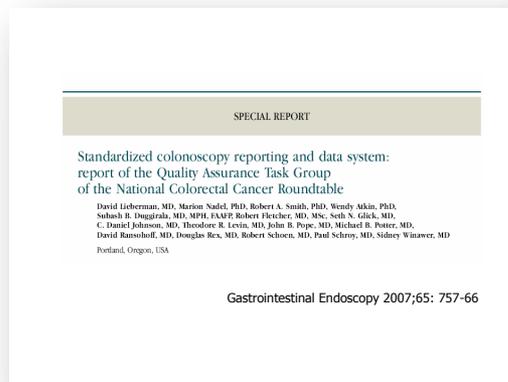
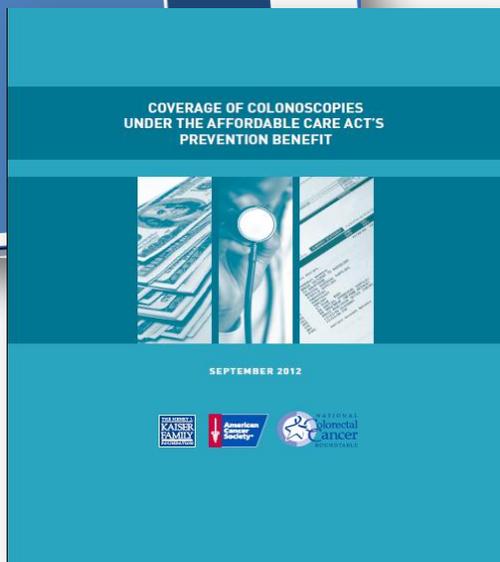
cdc.gov/cancer

7. The PCMH has Embraced Cancer Screening

- The PCMH has emerged as the predominant organizing model for primary care practices, including FQHCs.
- Almost all population-based quality improvement and pay-for-performance programs now include CRC screening.
- CMS Innovation Center pilots are measuring CRC screening rates.



8. Tools, Resources and Publications



family **PLZ!**
PREVENT COLON CANCER
search & share your family's health history
FAMILYPLZ.ORG

9. The Pledge

More than **175** organizations ...

including gastroenterologists, anesthesiologists, pathologists, NACHC, AARP, AAFP, state comprehensive cancer plans, hospital systems, and others

... have signed a pledge to deliver **coordinated, quality colorectal cancer screening** and **follow-up care to all people.**

10. The Former Assistant Secretary for Health recognizes this extraordinary public health opportunity



Howard Koh made CRC screening and the 80% goal the centerpiece of his program of work.

He remains fully engaged – and expects results.

10 Steps to Achieving 80% by 18



The nation has become energized by the goal of 80% colon by 2018.

So what will it really take?



10 Steps to Achieving **80%** by **2018**

1. Convene and educate **clinicians, insurers, employers, and the general public.**
2. Find strategies to reach **newly insured** Americans.
3. More effectively engage **employers and payers.**
4. Find new ways to communicate with the insured, **unworried well.**
5. Make sure that **colonoscopy** is available to everyone.



10 Steps to Achieving **80% by 2018**

6. Ensure everyone can be offered a **stool blood test** option.

7. Create powerful, reliable, committed **medical neighborhoods** around Federally Qualified Health Centers.

8. Recruit as many **partner organizations** as possible.

9. Implement intensive efforts to reach **low socio-economic** populations.

10. **Believe** we will achieve this goal!



1. Convene and Educate Clinicians, Insurers, Employers, and the Public

- Misunderstanding about screening guidelines persists.
- Colonoscopy every 10 years OR fecal immunochemical testing annually **with colonoscopy for every positive test.**
- High sensitivity guaiac FOBT annually is an acceptable alternative.

1. Convene and Educate

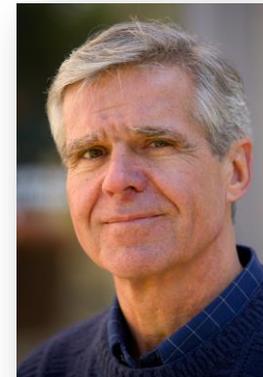
- Colonoscopy every 10 years and FIT annually prevent the same number of colon cancer deaths

... Assuming 100% compliance.



2. Find Strategies to Reach Newly Insured Americans

- **10 million** newly insured Americans.
- Several million of these individuals are eligible for CRC screening.
- Creates a great opportunity to move a cohort from the un-screened to the screened group.



Becoming Insured Offers Great Potential - Particularly if Every Patient has a Medical Home

Population	Never Been Screened
Total	27.7%
Insured	24%
Uninsured	55%
No regular source of care	61%

BRFSS findings: In 2012, **65.1%** of US adults were up-to-date.

4. More Effectively Engage the Insured, Unworried Well

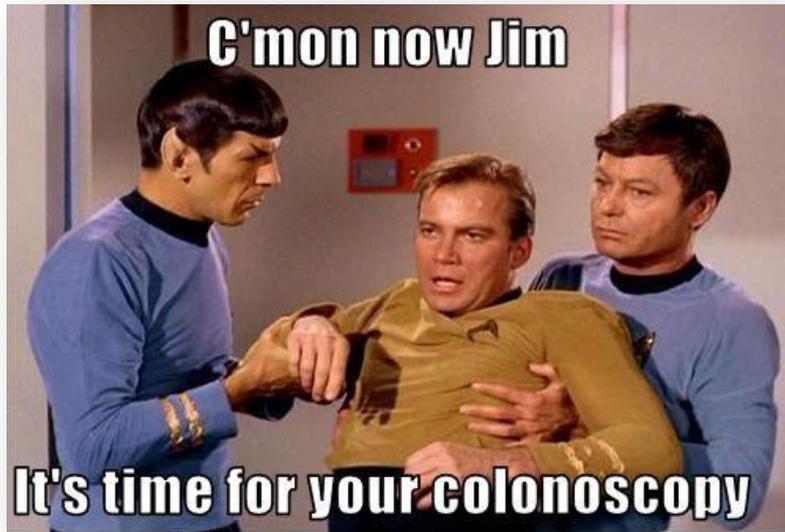
- **75%** of individuals who are not up to date have health insurance.
- Many of these individuals are just like the up-to-date group, **EXCEPT:** they're less worried about colon cancer and less motivated to seek preventive health care.
- We need different messages and strategies for this group.



Reaching the Unworried Well

These individuals consider themselves “healthy,” but are less likely to visit the doctor, talk about screening and or have a personal connection to cancer. They have the impression that if they don’t have symptoms or a family history – they don’t need to be screened. Most concerning of all – they are less likely to be swayed by a doctor’s recommendation.

5. Make Colonoscopy as Widely Available as Possible



- The increase in CRC screening rates between 2000 and 2010 resulted from a **36%** increase in colonoscopy rates.
- Getting to 80% demands that colonoscopy must be available to everyone.
- NYC has been a leader in this.

COLONOSCOPY: Good for 10 years



TESTED

2016
NO TEST NEEDED

2019
NO TEST NEEDED

2022
NO TEST NEEDED

2017
NO TEST NEEDED

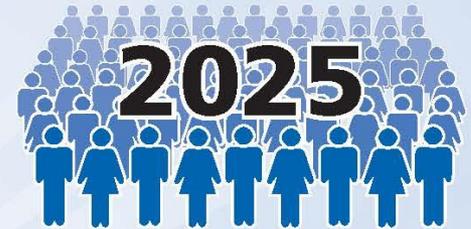
2020
NO TEST NEEDED

2023
NO TEST NEEDED

2018
NO TEST NEEDED

2021
NO TEST NEEDED

2024
NO TEST NEEDED



TESTED

FIT: Only good for one year



TESTED



TESTED



TESTED



TESTED



TESTED



TESTED



TESTED



TESTED



TESTED



TESTED



TESTED

6. Ensure Everyone Can be Offered a Stool Blood Test Option

- Some people will not or cannot have a colonoscopy.
- Anyone who hesitates should be offered a Fecal Immunochemical Test.
- In some settings, FIT needs to be offered as the primary screening strategy.



9. Implement Intensive Efforts to Reach the Populations Confronting the Greatest Barriers to Care

- Poverty, lack of insurance, low education level, lack of a regular source of primary care are all associated with very low screening levels, under 30%.
- Many Native American tribes and Hispanics have very low screening rates and some groups have very high mortality rates.



What Will It Take To Reach These Groups?

- Support of FQHCs, IHS, and other safety net practices
- Federal and corporate support
- Willingness to **donate** some services
- Near universal sharing of the responsibility
- **Innovative** models to **simplify the process**
 - Navigators
 - Community health workers from poor neighborhoods



10. **Believe** We Will Achieve this Goal!

- CRC screening rates increased 20% in 10 years, from 2000 to 2010.
- We are now striving to increase screening rates by **15%** in 5 years.
- Signing a pledge is not enough.
- **Every organization** has to dedicate thought, time, and passion.



10 Lessons Learned in Year One



10 Lessons Learned in Year One of the 80% by 2018 Campaign

1. The 80% by 2018 campaign has gone viral.
2. We're not getting anywhere near 80% without relying on our nation's primary care clinicians.
3. Approaching this state-by-state has broad appeal.
4. Engaging health care plans is difficult but critically important.
5. Creating medical neighborhoods can be really challenging.

10 Lessons Learned in Year One of the 80% by 2018 campaign

6. Working with large employers and CEOs is a strategy worth exploring.

7. We need to use tailored messages to reach the unscreened.

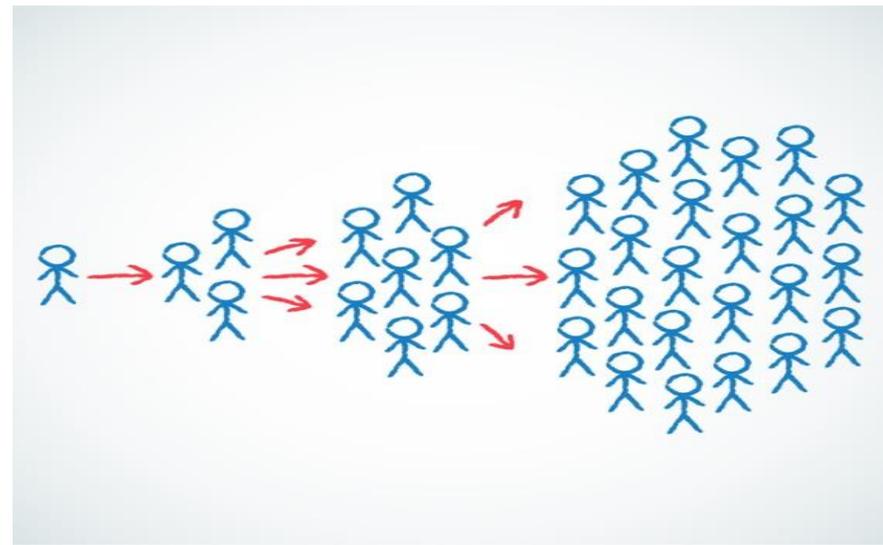
8. Financial barriers persist as major obstacles to screening.

9. Finding the right set of complementary strategies is a key goal.

10. We must floor the accelerator right now and keep pedal to the metal for the next four years.

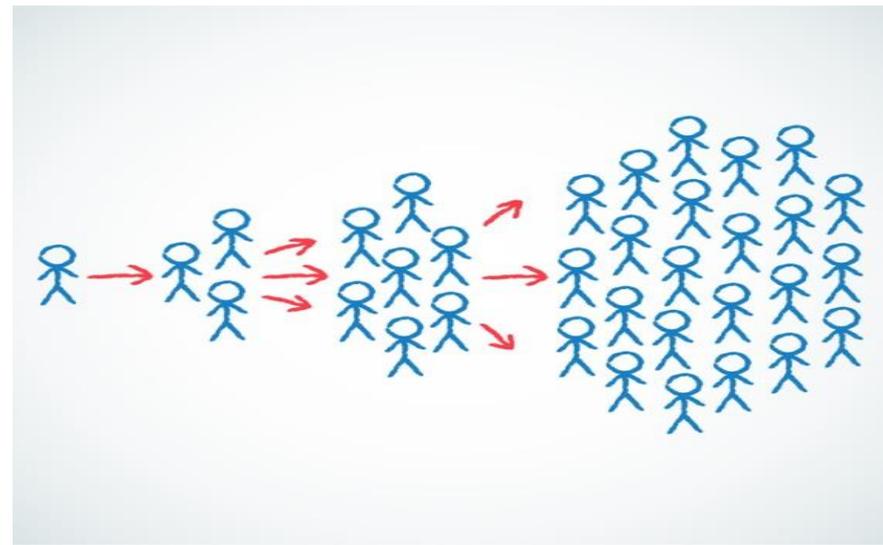
1. The 80% by 2018 Campaign Has Gone Viral

- The world loves a good goal. As public health stories go, this one works really well.
- Organizations are eager to pull together to get something important done.

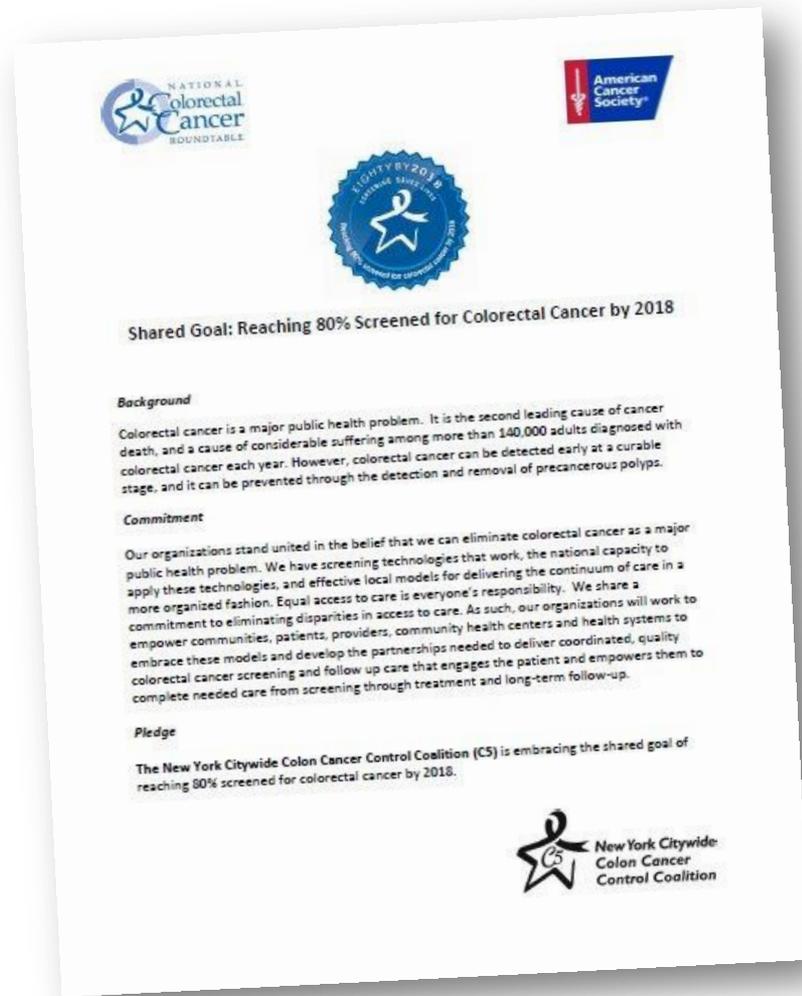


1. The 80% by 2018 Campaign Has Gone Viral

- Diverse sets of organizations – from NGOs to hospital systems to the Commission on Cancer to Comp Cancer programs to professional groups to government agencies and many others – have stepped up to take a **leadership** role.
- They **OWN** this goal!



More and More Organizations Are Signing the Pledge



NATIONAL Colorectal Cancer ROUNDTABLE

American Cancer Society

80% BY 2018
SHARED GOAL
REACHING 80% SCREENED FOR COLORECTAL CANCER BY 2018

Shared Goal: Reaching 80% Screened for Colorectal Cancer by 2018

Background

Colorectal cancer is a major public health problem. It is the second leading cause of cancer death, and a cause of considerable suffering among more than 140,000 adults diagnosed with colorectal cancer each year. However, colorectal cancer can be detected early at a curable stage, and it can be prevented through the detection and removal of precancerous polyps.

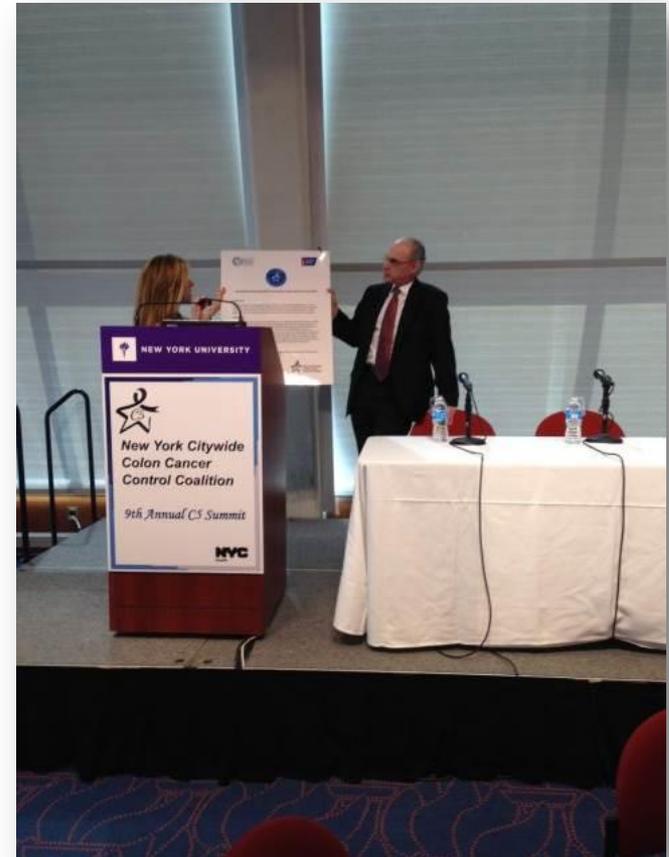
Commitment

Our organizations stand united in the belief that we can eliminate colorectal cancer as a major public health problem. We have screening technologies that work, the national capacity to apply these technologies, and effective local models for delivering the continuum of care in a more organized fashion. Equal access to care is everyone's responsibility. We share a commitment to eliminating disparities in access to care. As such, our organizations will work to empower communities, patients, providers, community health centers and health systems to embrace these models and develop the partnerships needed to deliver coordinated, quality colorectal cancer screening and follow up care that engages the patient and empowers them to complete needed care from screening through treatment and long-term follow-up.

Pledge

The New York Citywide Colon Cancer Control Coalition (C5) is embracing the shared goal of reaching 80% screened for colorectal cancer by 2018.

New York Citywide Colon Cancer Control Coalition



More Organizations Are Taking the Pledge



More Organizations Are Taking the Pledge



**Let's Pledge to
Maintain This Momentum ...**

On the road to 2018



What do we have going for us?

Avenues and tools
to reach
professionals

Understanding of
barriers and
facilitators to
screening

Strong presence on
ground; programs
for underserved

A network of Relay
events, fun runs,
etc.

Strong leadership
in policy and
advocacy

Survivors are
energized and
ready to go

Strong
collaborative spirit

Right groups
at the table

What are the barriers?

Funding and
resources

We DON'T Have Enough Resources!

Public health efforts will never be as well funded as we would like. They never are ...

So let's get to 80% by 2018 anyway.

2. We're Not Getting to 80% Without Relying on Primary Care

- The basics of screening have not changed:
 - Everyone needs health insurance.
 - Everyone needs a primary care clinician.
 - The principal determinant of screening is whether or not a **primary care clinician recommends** screening.

But this is asking a lot.

The Realities of Primary Care Practice

- Many competing priorities
- Many preventive care obligations
- Many have EMRs – but they don't always help
- **What will it take to help primary care clinicians lead the way to 80%?**



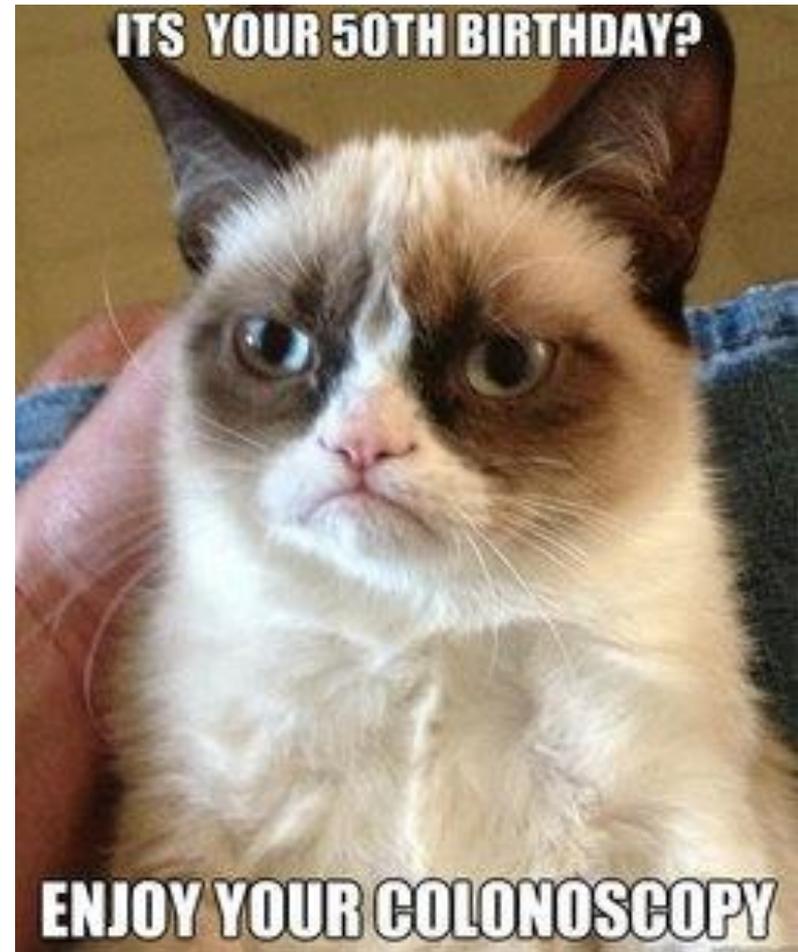
Extraordinary National Leadership

- The American College of Obstetricians and Gynecologists has stepped up big time.
- The American Academy of Family Physicians has signed the pledge and re-joined the NCCRT.
- The National Association of Community Health Centers is all in.
- The American College of Physicians has pledged their support.
- **We need to engage all of the primary care organizations.**



What Can We Do to Make it Easier for Primary Care Clinicians to Get This Done?

- Champions
- Education
- Incentives
- Facilitation
- Innovation
- Recognition

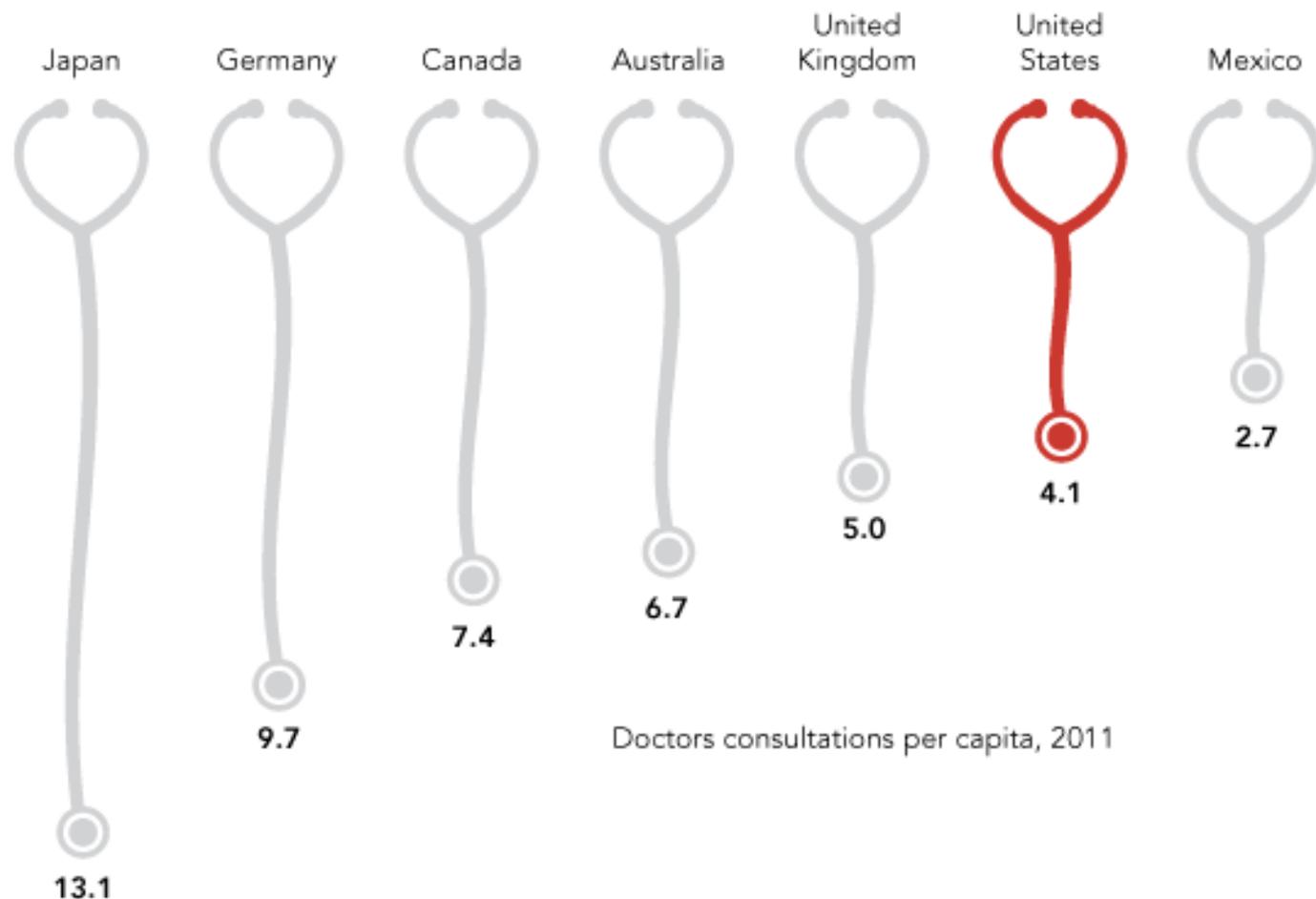


What Influences a Physician's Likelihood to Recommend Screening?

- Preventive visits
 - More visits, more likely to recommend.
- Financial incentives
 - Encourage payers to link substantial payment to colon cancer screening rates.
 - Link payment to other measures of quality, too.

Make Sure People Have Primary Care Providers ... And Visit Often

Despite high spending, Americans don't go to the doctor very frequently.



Payment is Critical

- The PCMH model cannot be implemented without a substantial change in payment model:
 - Payment for case management
 - Payment for improved performance
 - Payment for care coordination
 - Percentage of total health care dollars going to primary care must increase



How Much Additional Payment is Enough?

- Establishing a PCMH is costly:
 - EMR: Patient registries
 - Case managers
 - Population health managers
 - Improved support staff/clinician ratios
- Payment linked to quality must be substantial and it must be incremental.



One Family Doc's Experience

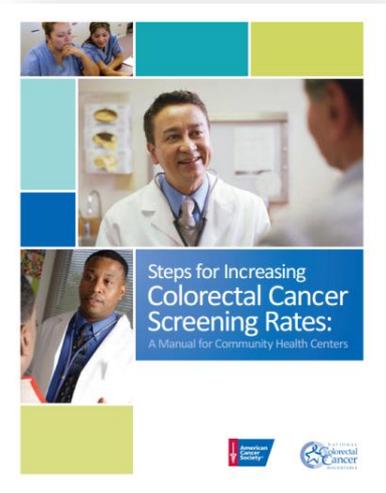
- If he had heard a few years ago that he was rated 70 percent on a particular quality metric and a colleague at the practice registered a mere 50 percent, that might have made him feel “pretty cool,” he says. “But I wouldn’t have made a big deal about it. Now, with financial incentives, we’re being more aggressive.”

<http://www.managedcaremag.com/archives/1008/1008.medicalhome.html>

Working with Primary Care Practices

Promote collaboration with primary care.

- Provide PCPs education about screening guidelines, testing options, achievable first steps and systems change. Link with CME; resident training and MOC.
- Help practices improve EHR systems to provide feedback, track screening and automate reminders. Promote EHRs as a way to do population management.



Systems: Working with Primary Care Practices

Promote collaboration with primary care.

- Work with NACHC, ACP, AAFP, ACOG, and AHEC to legitimize and promote local efforts to improve screening; Expand to include NP, PA, pharmacists.
- Promote and facilitate team based approach to care as a way to address workload issues.



Steps for Primary Care Practices

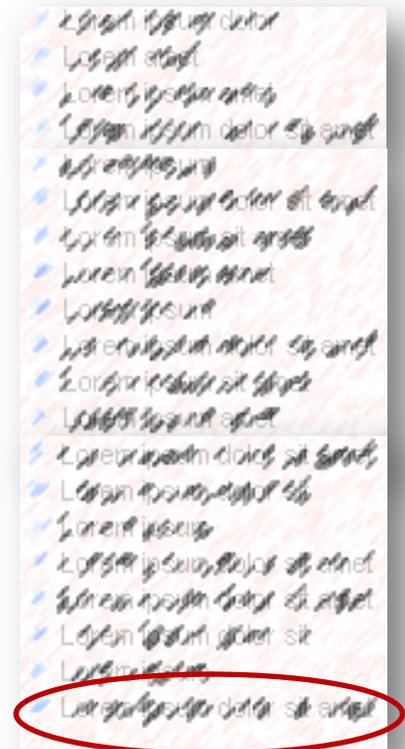
1. Take a registry approach.
 - Clinicians must know which patients they are responsible for caring for.
2. Understand which patients are not up-to-date, either by mining data to identify gaps or by working with payers.

Steps for Primary Care Practices

3. Find a way to reach out to patients who are not up-to-date and invite them in for care.
4. Take an opportunistic approach, too.
 - Have a system in place to identify everyone who is due for screening who comes into the office for any reason

3. Approaching this State-by-State Holds Broad Appeal

- Numerous states are in the process of forming state Colon Cancer Screening Roundtables or Coalitions.
- States **without** a history of NCCRT involvement are getting on board for the first time.
- Cities and states **love competition** – no one likes being at the bottom of the list.



More and More State-Level Engagement

- Strong existing CRC task groups and coalitions in California, Delaware, Kentucky, Maryland, Minnesota, New York, and South Carolina
- Several states are pursuing their own state CRC roundtable: West Virginia, Louisiana, Iowa, North Carolina, Georgia, Wisconsin, Montana, and South Dakota.



What Do States Want and Need?

- Data
 - What is our starting screening rate?
 - How do we set and measure interim targets?
 - What regions offer the most opportunity?
- Goals
 - Some states have embraced a more achievable goal, such as 70% by 2020.
 - Set a state goal and get state-wide, multi-stakeholder buy-in.
- Ideas
 - What is working in similar states?
 - What screening strategies should we adopt?
 - How can we ensure that colonoscopy is broadly available?

Let's Be Little League: Everyone's a Winner

- Some states are out in front. Some are far behind.
- But the playing field is not even.

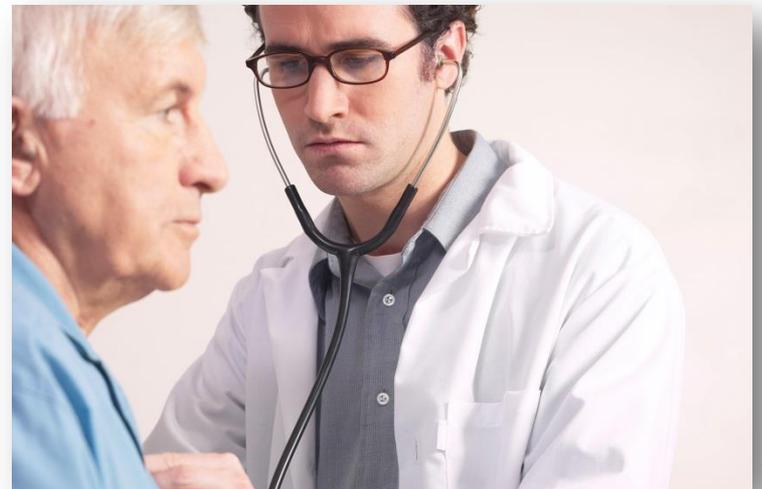


- We will celebrate the first state to reach 80%

... but we will celebrate, with equal joy, every state that is working hard to get the nation closer to our 80% goal.

4. Engaging Health Care Plans is Difficult but Critically Important

- Health care plans have a broad agenda and many demands.
- Although improving HEDIS measures is a valued goal, controlling health care costs, reducing readmissions, and managing chronic illness may be viewed as more urgent goals.
- Competition with other plans is intense.



How to Engage Health Care Plans and Insurers?

- A great role for state roundtables.
- Insurers need to hear from all interested constituents – including hospitals, employers, not-for-profits, and clinicians – that achieving 80% by 2018 is a shared, important goal.
- Recognize and celebrate high-performing health plans.
- Let's learn from some health plans who are leading.
- The NCCRT will form a Health Plan Task Group.

Let's Get Some CEOs and Large Employers to Join the Cause

- Large employers matter.
- If CEOs want an engaged health care plan, they can help bring this about.

Let's prove to the plans that diverse organizations can join together to accomplish something remarkable.

5. Creating Medical Neighborhoods Can Be Really Challenging

- We are continuing to pursue **links of care** between CHCs and specialists.



Links of Care – *Background*

- June 2012 – The NCCRT co-hosted a meeting with the National Association of Community Health Centers to identify strategies for improving colorectal cancer in community health centers.
- February 2013 – Assistant Secretary for Health Dr. Howard Koh convened a group to advance work on colorectal cancer screening rates, particularly among the underserved.



Links of Care – *Background*

- June 2013 – Strategy paper published. Need to improve access to specialty care after CRC screening highlighted as a major barrier.
- September 2013 – Leaders of professional societies along the care continuum met to review high performing models; commit to pilot effort.
- March 2014 – RFP announced.
- May 30, 2014 – Three pilot sites were selected.



Links of Care – *Strategy Paper*

CA CANCER J CLIN 2013;00:000-000

Strategies for Expanding Colorectal Cancer Screening at Community Health Centers

Mona Sarfaty, MD, MPH^{1*}; Mary Doroshenk, MA²; James Hotz, MD³; Durado Brooks, MD, MPH⁴; Seiji Hayashi, MD, MPH, FAAFP⁵;
Terry C. Davis, PhD⁶; Djenaba Joseph, MD, MPH⁷; David Stevens, MD⁸; Donald L. Weaver, MD⁹;
Michael B. Potter, MD¹⁰; Richard Wender, MD¹¹

Community health centers are uniquely positioned to address disparities in colorectal cancer (CRC) screening as they have addressed other disparities. In 2012, the federal Health Resources and Services Administration, which is the funding agency for the health center program, added a requirement that health centers report CRC screening rates as a standard performance measure. These annually reported, publically available data are a major strategic opportunity to improve screening rates for CRC. The Patient Protection and Affordable Care Act enacted provisions to expand the capacity of the federal health center program. The recent report of the Institute of Medicine on integrating public health and primary care included an entire section devoted to CRC screening as a target for joint work. These developments make this the ideal time to integrate lifesaving CRC screening into the preventive care already offered by health centers. This article offers 5 strategies that address the challenges health centers face in increasing CRC screening rates. The first 2 strategies focus on improving the processes of primary care. The third emphasizes working productively with other medical providers and institutions. The fourth strategy is about aligning leadership. The final strategy is focused on using tools that have been derived from models that work. CA Cancer J Clin 2013;000:000-000. ©2013 American Cancer Society, Inc.

Keywords: colorectal cancer screening, community health centers, strategies or strategic planning, public health, quality/quality improvement, Patient Centered Medical Home

Systems: *Links of Care*

- Three grants in the amount of \$100,000 each over 18 months have been awarded to Federally Qualified Health Centers (FQHCs) networks and local system partners to decrease colorectal cancer mortality rates.
- The grant funding is intended to stimulate collaboration among local partners and support development of the long-term structures and relationships needed to improve access to specialists delivery of colorectal cancer screening.



Links of Care – *Effective Models*

- James Hotz, MD, Medical Director, Cancer Coalition of South Georgia
- Colleen Schmitt, MD, Project Access/Founding Physician of Volunteers in Medicine, Chattanooga, TN
- Jason Beers, CEO, Operation Access, San Francisco and the Peninsula
- Lynn Butterly, MD, Principal Investigator and Medical Director, New Hampshire Colorectal Cancer Screening Program
- Dave Greenwald, MD, New York Citywide Colon Cancer Control Coalition (C5)
- Carla Ginsburg, MD, MPH, AGAF, Chair, Public Affairs and Advocacy Committee, American Gastroenterological Association

Links of Care –*Key Characteristics*

- A **strong physician champion** can help coordinate high-level institutional commitment from GI partners and hospitals/health systems.
- Participation of a **neutral partner** to help negotiate effort.
- GIs and hospitals are often willing to provide pro bono services and care if **expectations are defined, business case is clear, burden is shared**, and follow-up is assured.



Links of Care –*Key Characteristics*

- Volume can be managed if all parties work collaboratively and there is effective coordination/distribution of cases.
- High value is placed on **patient care management, program efficiency, and consistency of referral protocols** (e.g. standardized patient info forms).



Just Donate One

- Volunteering service feels good.
- Let's ask every clinician to offer some free care **one time**.
- Some will like it ... and will do it again.

Links of Care – *Key Characteristics*

- Use of **patient navigators** effectively address concerns about no shows, prep, cultural/language barriers.
- Form and leverage the ***right* partnerships**; understand what motivates each partner; **share the credit.**



Links of Care – *Medical Professional Societies*

Professional societies supporting the effort:

- **Signed the Commitment Statement.**
- Agreed to promote the effort among their membership.
- **Identify physicians in the pilot locations** who are willing to support a local effort to improve links of care, patterned after that of the high performing models.



Disseminating the Links of Care Model

- Engaging physicians who are in private practice poses a real challenge.
- Local, regional, and national meetings featuring 80% by 2018 can help.
- Hospital leadership is needed.
- The more local physician **champions** we can enlist, the better.
- **The business case for navigators is strong** – time for this to become a national standard.



6. Engaging Large Employers and CEOs is a Strategy Worth Exploring

- To more effectively impact health care plans, we will need to more effectively engage with their customers – **employers and CEOs.**
- Employers have a wonderful opportunity to help the nation achieve a critical public health goal.



Achieving 80% by 2018: The Role of Employers

- Create a culture of wellness across the enterprise.
- Educate employees and their families about colon cancer risk.
- Make it easier for individuals to get screened
- Create incentives.
- Serve as role models.



Insist All Screening Options are Covered without a Co-Pay

- Co-pays for colonoscopy can be as high as \$400 – a huge barrier to screening.
- ACA requires coverage of **screening** without a co-pay for commercial plans.
- ACS Cancer Action Network is working with CMS to eliminate co-pays.

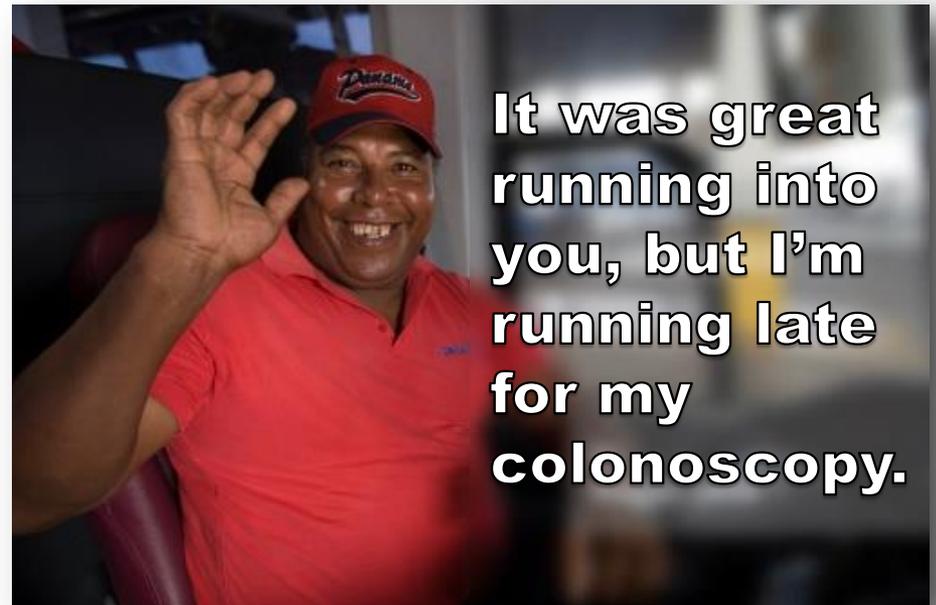


Create a Culture of Wellness

- Emphasizing wellness is good business.
- ACS has tools to help assess corporate wellness and to institute a health improvement program.
- Colon cancer screening predominately works by **preventing** colon cancer and is highly cost-effective.

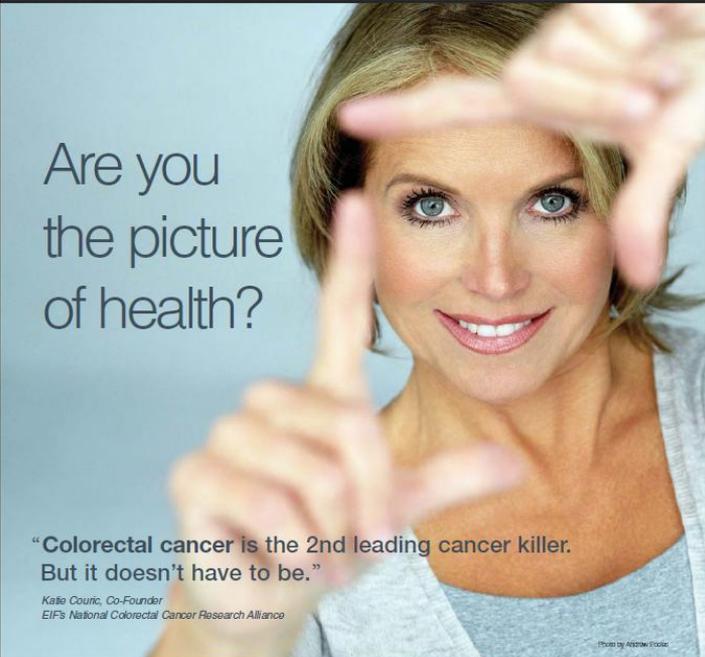
Make it Easier for Employees to be Screened

- Colonoscopy is the most complex cancer screening test.
- Requires a special diet and prep the day before.
- Requires a full day off from work.
- **Granting a day off for colonoscopy above the personal day allotment is powerful.**



Serve as Role Models

- CEOs are the **superstars** of their company.
- Talking about their own screening can have a local Katie Couric effect.



Are you
the picture
of health?

“Colorectal cancer is the 2nd leading cancer killer.
But it doesn’t have to be.”

*Katie Couric, Co-Founder
EIF’s National Colorectal Cancer Research Alliance*

Photo by Andrew Eccles

Colorectal cancer and precancerous polyps don’t always cause symptoms. So you can look healthy and feel fine and not know there may be a problem. ■ Screening helps find polyps so they can be removed **before** they turn into colorectal cancer. This is one cancer you can prevent! ■ Screening can also find colorectal cancer early, when treatment often leads to a cure. ■ If you’re 50 or older, make sure you really are the picture of health. Get screened for colorectal cancer.

1-800-CDC-INFO (1-800-232-4636) • www.cdc.gov/screenforlife

 DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



 National Colorectal Cancer
RESEARCH ALLIANCE
All Good News Starts With A Polyp

 EIF ENTERTAINMENT
INDUSTRY FOUNDATION

 Screen
for Life
National Colorectal Cancer
Research Alliance
Action Campaign

7. We Need Tailored Messages to Reach the Unscreened

- We have conducted market research with a large group of unscreened Americans.
- General messages to encourage screening will not be effective.
- NCCRT members are ready to commit to common messages.



Barriers to Consumer Screening – *Factors*

#1: Affordability

- *“I do not have health insurance and would not be able to afford this test. I do not feel the need to have it done.”*

#1 reason among 50-64 year olds & Hispanics

Nearly ½ uninsured

#2: Lack of symptoms

- *“Doctors are seen when the symptoms are evidently presumed, not before.”*

#1 reason among 65+ year olds

#3: No family history of colon cancer

- *“Never had any problems and my family had no problems, so felt it wasn't really necessary.”*



Barriers to Consumer Screening – *Factors*

#4: Perceptions about the unpleasantness of the test

- *“I do not think it is a good idea to stick something where the sun don’t shine. The yellow Gatorade I cannot stomach.”*

#5: Doctor did not recommend it

- *“I fear it will be uncomfortable. My doctor has never mentioned it to me, so I just let it go.”*

#6: Priority of other health issues

- *“I just turned 50 and I am dealing with another health issue, so it's on the back burner.”*

#1 reason among Black/African Americans;
#3 reason among Hispanics



Activating Messages that Motivate

- Most successful communications campaigns relay 3 messages to allow consumers to comprehend what is being asked to motivate action.
- We recommend utilizing these messages, or similar messaging, to educate your constituents around options to help achieve our goal.

There are several screening options available, including simple take home options. Talk to your doctor about getting screened.

Colon cancer is the second leading cause of cancer deaths in the U.S., when men and women are combined, yet it can be prevented or detected at an early stage.

Preventing colon cancer, or finding it early, doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Activating Messages that Motivate

In order to do this, messages must:

- Elicit support and testimony from peers and survivors to localize and connect the unscreened with those affected by colorectal cancer.
- Engage family and community networks to articulate the need for screening and make it relevant to each person.
- Align systems to reinforce messages and equalize the importance of screening among consumers and physicians.
- De-stigmatize the test and perceived barriers to conquer fear and provide information on screening options.

Engaging the Right Messenger

Physicians are viewed as a trusted source for health information.

- It's been well documented that physicians play a critical role in encouraging patients to get screened and providing information on the importance of colorectal cancer screening.
- Physicians need to understand some of the very real barriers that are stopping the unscreened from following through.
- *It's also important to note that our critical audiences are not regularly visiting their physician, so we must look beyond physicians to reach this audience.*

Survivors make it personal.

- More than half of the unscreened do not have a family history or personal connection to colorectal cancer.
- By sharing personal stories through survivors, it helps to put a face on colorectal cancer and create urgency for testing, particularly if the survivor comes from the targeted community.

Engaging the Right Messenger

Community and nonprofit organizations must be mobilized.

- Again, many of the unscreened do not regularly go to the doctor.
- Community organizations can play a key role in directing audiences to screening resources and inform them of their testing options.

Insurance carriers clear up confusion.

- Insurance carriers are able to educate their constituents on coverage and screening options and address concerns about affordability.

8. Financial Barriers Persist as Major Obstacles to Screening

- The CDC colon cancer screening program is a critically important option.
- Some colonoscopies must be donated.
- Fecal immunochemical tests and high sensitivity guaiac FOBT are **GOOD, IMPORTANT, NECESSARY options.**
- NCCRT member organizations must lead strategies to reduce financial barriers.

8. Financial Barriers Matter – And We Need Creative Solutions

- Propofol adds greatly to the cost of the colonoscopy. Lower cost options help and are being used successfully in some places.
- Cost of the prep matters: let's consider lower cost options.
- The cost of FIT tests make a difference.
 - We need strategies for Community Health Centers to be able to afford evidence based, proven, high sensitivity FITs.

Meta-analysis of FIT vs. Hemoccult Sensa

Conclusion: **FIT is a superior option** for annual stool testing.

	FIT	Hemoccult Sensa
Sensitivity:	73-89%	64-80%
Specificity:	92-95%	87-90%

Many Patients Prefer FOBT

Diverse sample of 323 adults given detailed side-by-side description of FOBT and colonoscopy:

(DeBourcy et al. 2007)

- **53%** preferred FOBT
- Almost **half** felt very strongly about their preference



Many Patients Prefer FOBT

Randomized clinical trial in which 997 patients in the San Francisco PH care system received different recommendations for screening:

(Inadomi et al. 2012)

Recommended Test	Completed Screening
Colonoscopy	38%
FOBT	67%
Colonoscopy or FOBT	69%

Many patients may forgo screening **if they are not offered an alternative to colonoscopy.**



9. Finding the Right Set of Complementary Strategies is a Key Goal

Should we focus on working with primary care to implement population management?

Or should we work on tailored messages to the unscreened?

Or would it be better to focus on working with hospitals or health care plans?

Here's the painful truth: There is nothing we can do to reach 80% colon cancer screening rates by 2018

... except everything.

The NCCRT Member Organizations Have This Covered

- Our members have the capacity to address every one of the key strategies.
- We can design and deliver messages that matter.
- We can provide tools for primary care.
- We can build medical neighborhoods that include employers and health plans.
- We **can** do everything ... and we'll need to.

10. We Must Floor the Accelerator and Keep Pedal to the Metal for the Next Four Years

- We have made the commitment to increase CRC screening rates by 15% in five years ... and we only have four years left to do it.
- Every member organization needs to participate in a national plan but also have their own plan to pursue the interventions that they are uniquely positioned to do.



We Need More Partners

- One way to keep the momentum going is to keep enlisting new partners, creating new ways to convene, and setting more and more segmented, local goals.



The Bottom Line

In 2013, there were about 106.6 million people age 50 and older. About **61.7 million** of them are up-to-date with colon cancer screenings.

To achieve the 80% by 2018 goal *today*,
an additional **23.5 million** people would
need to get screened.



By 2018, there will be 115.8 million people age 50 and older.

If the 61.7 million people who are up-to-date with screening in 2013 remain adherent,

an **additional 30 million** people will need to be screened to achieve 80%.



Achieving 80% colon cancer screening rates by the end of 2018 will be very difficult.



Colon Cancer Catching it early

Despite substantial decreases in colon cancer death rates over the past two decades, it remains the third-deadliest cancer in the United States among both men and women. Routine screening can prevent



80% 2013

40%
DIAGNOSED AT AN EARLY STAGE
PARTLY DUE TO LOW SCREENING RATE



DISTANT
Cancer has spread to other parts of the body such as liver or lungs



save lives

Colo lead the and one

Estimated patient high p cost of g get a p prevent group at a lea

Red



I CAN see it!



600 P



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