STATEWIDE COLORECTAL CANCER DISPARITY ELIMINATION IN DELAWARE

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AMERICAN SOCIETY OF CLINICAL ONCOLOGY
NATIONAL CANCER FORUM
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FACTORS ATTRIBUTED TO CRC RACIAL DISPARITY

• Differences of risk factors (i.e. obesity)
• Screening and early detection
• Follow up of abnormalities
• Variation of treatment (Access)
• Tumor Biology
MORTALITY DISPARITY BY STAGE (ROBBINS, JCO, 2012)

Local

Regional

Distant

Year of Death

Rate per 100,000

White

Black
Conclusion

- Disparities for CRC mortality increased for each stage of the disease. Concerted efforts to prevent or detect CRC at earlier stages in African Americans could improve the worsening disparity.

Steps to Eliminate CRC Disparity Outcomes (Paskett Editorial)

- Improve CRC screening rates with universal screening program and navigators
- Improve treatment outcomes with access to care (financial), navigators, and increased clinical trial participation
CRC RACIAL DISPARITY SOLUTIONS

- Increase screening with outreach
- Patient Navigation
- Insurance Coverage
- Integrated Health Systems
DELAWARE CANCER CONSORTIUM (DCC)

- Delaware (DE) Advisory Council on Cancer Incidence and Mortality
  - Established 2001 by Governor Ruth Ann Miner
  - Develop a statewide cancer control program
  - “Turning Commitment into Action” April 2002
  - Governor and State Legislature fully funded the recommended program
- DCC established in 2003 to oversee the program administered by the DE Division of Public Health
DELAWARE CANCER CONSORTIUM COMMITTEES

• Early Detection and Prevention
• Insurance
• Tobacco
• Disparity
• Quality
• Information
• Environment
DE CANCER CONSORTIUM RECOMMENDATIONS

Colorectal Screening
- Create a comprehensive statewide colorectal cancer (CRC) screening and advocacy program.
- Reimburse for colorectal cancer screening of uninsured and underinsured.
- Case manage every Delawarean with an abnormal colorectal cancer screening.
- Eliminate Racial Disparity.

Cancer Treatment Program
- DE uninsured residents diagnosed with cancer.
- Provide up to 24 months of cancer care.

Universal Coverage for Cancer Screening and Treatment.
CRC SCREENING PROGRAM
PRE AFFORDABLE CARE ACT (ACA)

• Began screening for CRC in 2002 Through Screening for Life
  • Reimburse providers for CRC screening and diagnostic services
  • Colonoscopy is “preferred” screening modality

• Eligibility
  • Uninsured and underinsured Delaware resident
  • Between 100% and 250% FPL
  • Meets age requirements (50 years) or is at increased or high risk

• Screening Nurse Navigators deployed in 2005

• Disparity Committee Coordination
  • Media campaign and tools directed towards the African American community

• Over 5,000 CRC screenings (90% colonoscopy) from 2002 - 2014
CRC SCREENING CAMPAIGN FOR HEALTH CARE PROFESSIONALS
At least one **Nurse Navigator** at each Delaware acute care hospital

- Recruit **insured and uninsured** to obtain CRC screening
- Overcome barriers preventing cancer screening and **case manage** all abnormal screenings
- Statewide Cancer Screening Nurse Navigator **database** to collect screening information on those who have received navigation services
- Statewide Network – all Care Coordinators know each other and work together to ensure patients needs are met
- **Special emphasis on disparity**

- Over **10,000** persons received navigation services through 2011
DE CANCER TREATMENT PROGRAM
PRE AFFORDABLE CARE ACT (ACA)

• Established in Delaware regulations in 2004
  • Provides free cancer treatment to Uninsured Delawareans for up to 24 months
  • Uninsured
  • Household income up to 650% of FPL
  • Any resident diagnosed with any cancer
• Cancer Care Navigators deployed 2005
• Statistics through June 2016
  • More than 1,400 persons served
  • More than $60 million spent on treatment
  • ($5 million annually)
THE CRC SCREENING PARADIGM

1. Increase Screening
2. Downward Cancer Stage Migration
3. Decrease Incidence
4. Decrease Mortality
5. Eliminate Disparity
DELAWARE CRC SCREENING DATA
1999 - 2014
In 2014, 76.5% of Delawareans age 50 and older reported ever having had a sigmoidoscopy or colonoscopy.
In Delaware, from 2002-2014, CRC screening rates increased 35% among Caucasians and 45% among African Americans.
In 2012, DE’s CRC screening rate for Caucasians was 8% higher than the U.S. For African Americans, DE’s rate was 9% higher than the U.S.
## CRC SCREENING PREVALENCE (FOBT/ENDOSCOPY)

### Table 5. Colorectal Cancer Screening* Prevalence among Adults Age 50 Years and Older by Race/Ethnicity and State, 2012

<table>
<thead>
<tr>
<th>State</th>
<th>All races combined</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank</td>
<td>%</td>
<td>± 95% CI</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>1</td>
<td>75.6</td>
<td>1.2</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>2</td>
<td>74.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>3</td>
<td>73.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Maine</td>
<td>4</td>
<td>73.0</td>
<td>1.3</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>5</td>
<td>72.1</td>
<td>2.4</td>
</tr>
<tr>
<td>Delaware</td>
<td>6</td>
<td>72.0</td>
<td>2.2</td>
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<tr>
<td>Connecticut</td>
<td>7</td>
<td>72.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Vermont</td>
<td>8</td>
<td>71.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Minnesota</td>
<td>9</td>
<td>70.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Maryland</td>
<td>10</td>
<td>70.4</td>
<td>1.6</td>
</tr>
</tbody>
</table>
DE CRC SCREENING OUTCOMES

- DE is a leader among all the states in screening prevalence
- DE screening rates exceed US rates by race
- Since 2002, DE African American (AA) screening rates have risen faster than US AA rates
- 2012 DE AA screening rates 4th highest in US
- The DE CRC screening racial disparity ELIMINATED by 2010 but...
Colorectal Cancer by Stage of Diagnosis, African Americans, Delaware 2001 and 2009

- **2001**
  - Local: 15%
  - Regional: 56%
  - Distant: 23%
  - Unstaged: 6%
  - N=52

- **2009**
  - Local: 50%
  - Regional: 33%
  - Distant: 7%
  - Unstaged: 10%
  - N=67
CRC STAGE MIGRATION OUTCOMES

- African American Stage Change by 2009:
  - Local increased by 300%
  - Regional decreased by 40%
  - Distant decreased by 70%
CRC INCIDENCE
1999 - 2011
Age-Adjusted Colorectal Cancer Incidence Rates by Race; DE 1999 - 2011

Year

Percent

99-01 00-02 01-03 02-04 03-05 04-06 05-07 06-08 07-09 08-10 09-11

All Races  African American  Caucasian

66.9 58.2 41.0 40.4
CRC INCIDENCE OUTCOMES

- DE CRC incidence has declined in last 10 years by 32%
- African American incidence has declined at a faster rate than Caucasian (39% vs. 30%)
  - The DE CRC incidence racial disparity **ELIMINATED by 2011**
CRC MORTALITY
1999 - 2011
CRC MORTALITY OUTCOMES

- DE Mortality decreased by 29% over 10 years
- Greater rate of mortality drop among African Americans compared to Caucasians (55% vs. 23%)
- The CRC mortality racial disparity **ELIMINATED by 2011**
- The DE mortality racial disparity trend is opposite the US (SEER) Robbins A S et al. JCO 2012;30:401-405
  - Universal Screening
  - Therapy Access (DE CA Treatment Program = Universal Care)
THE DELAWARE CRC SCREENING PARADIGM

1. Increase Screening - Done
2. Downward Cancer Stage Migration - Done
3. Decrease Incidence - Done
4. Decrease Mortality - Done
5. Eliminate Disparity – Done
## 2001 VS. 2009 CRC
### ESTIMATED DE HEALTH CARE SAVINGS
**(TOTAL POPULATION)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Decrease</th>
<th>Cost per Case</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased Incidence</td>
<td>65</td>
<td>$40K</td>
<td>$2,600,000</td>
</tr>
<tr>
<td>Stage Shift (regional to local)</td>
<td>83</td>
<td>$50K</td>
<td>$4,150,000</td>
</tr>
<tr>
<td>Reduced Relapse (regional)</td>
<td>20</td>
<td>$100K</td>
<td>$2,000,000</td>
</tr>
<tr>
<td><strong>Total Annual Savings</strong></td>
<td></td>
<td></td>
<td><strong>$8.75 million</strong></td>
</tr>
</tbody>
</table>
Eliminating Racial Disparities in Colorectal Cancer in the Real World: It Took a Village

Stephen S. Grubbs, Delaware Cancer Consortium, Dover, and Helen F. Graham Cancer Center, Newark, DE
Blase N. Polite, The University of Chicago, Chicago, IL
John Carney Jr., US House of Representatives, Washington, DC
William Bowser, Delaware Cancer Consortium, Dover, DE
Jill Rogers, Delaware Division of Public Health, Dover, DE
Nora Katurakes, Delaware Cancer Consortium, Dover; and Helen F. Graham Cancer Center, Newark, DE
Paula Hess, Delaware Cancer Consortium, Dover, DE
Electra D. Paskett, College of Medicine and Comprehensive Cancer Center, Ohio State University, Columbus, OH
CHALLENGES POST 2009

• Tightening of Delaware State Budget
  • Cancer Consortium budget reduction
  • Elimination of State subsidy for navigation
  • Reduction of marketing

• Affordable Care Act
  • Expanded Medicaid (good)
  • High deductible ACA insurance plans
  • Uninsured still prevalent
CRC SCREENING PROGRAM

• Post Affordable Care Act (ACA) eligibility guidelines
  Screening for Life Program (SFL):
  • Are a Delaware resident
  • Are not eligible for health insurance from the Health Insurance Marketplace
  • Underinsured:
    ▪ Have health insurance that doesn't cover screenings
    ▪ Have health insurance that has a deductible 15% or higher of client’s yearly gross income
  • Are age 18-64 and not eligible for Medicaid
  • Are age 65 or older and do not qualify for Medicare
  • Meet income guidelines (household income of 138%-250% FPL)
DE CANCER TREATMENT PROGRAM
POST AFFORDABLE CARE ACT (ACA)

- Updates to regulation in July, 2014
  - Are not eligible for health insurance for the Health Insurance Marketplace (HIM) and expanded Medicaid
  - If eligible for HIM and outside open enrollment client will be enrolled in DCTP temporarily
  - If insured – may be eligible for a waiver that will pay for copays/coinsurance related to cancer treatment
    - Insurance out of pocket max must be more than 15% of income
    - will NOT pay for premiums
POST AFFORDABLE CARE ACT STATISTICS
JULY, 2014 – JUNE, 2016

• Screening Program
  • 77 colorectal screenings annually through SFL compared to 200 annually pre ACA/Medicaid expansion (2012-2014)
  ▪ 62% SFL reduction

• Treatment Program
  • Average of 78 clients per month vs. 215 pre ACA/Medicaid expansion (64% reduction)
  • FY16 average monthly enrollment of 44 (80% reduction)
  • Temporarily eligible clients averaged 8 per month
Percent of Adults Ages 50 and Over Who Have Ever Had A Sigmoidoscopy/Colonoscopy, DE by Race 2002-2014

Screening Divergence Since 2010
COLORECTAL CANCER BY STAGE OF DIAGNOSIS
DELWARE AFRICAN AMERICAN 2001 AND 2013

Regional Stage declined by 43%
Early stage increased by 160%
SOLUTIONS TO 2017 AND FUTURE CHALLENGES

• Restore funding (new Delaware administration)
  • Reengage the screening nurse navigator programs
  • More aggressive marketing
  • New outreach to underserved communities
  • Monitor other underserved populations
• Expand CRC screening with FIT
• Monitor ACA deductible barrier for treatment
DE CRC EXPERIENCE CONCLUSION

• CRC Racial Disparity can be eliminated at a state wide level
• Requires utilization and coordination of all the identified techniques to overcome barriers
  • Navigation
  • Marketing/Outreach
  • Insurance Coverage for testing and therapy
  • Availability of testing and therapy
• Focused Commitment by all parties
  • Government (legislative and executive)
  • Health Care Providers
  • Payers
  • Advocacy Groups
2014 DE CANCER CONSORTIUM & EARLY DETECTION AND PREVENTION COMMITTEE

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