Colorectal Cancer Screening

Institute of Medicine NCPF Workshop
February 25th & 26th, 2008

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Quintiles Transnational Corp.

> quintiles.com
Quintiles Transnational Corp.

Clinical Research Organization
• Drug Development
• Commercialization

Founded 25 years ago
• CEO - Dennis Gillings, CBE, PhD
• 20,000 employees in over 50 countries

5800 US employees
• 16 offices
• 44% home based
• 50% frequent travelers
• 22% 40-49 yrs
• 16% 50+ yrs

1 Health Plan
• PPO with base and buy up options
• Self Insured
Overview

Quintiles experience

- CEO Roundtable on Cancer
- CEO Cancer Gold Standard
- Colorectal Cancer Screening Programming
- Utilization and Outcome Metrics

What Employers Need to Improve Screening Rates

- Mid & Large Size Employers
- Small Size Employers
Mission: To develop and implement initiatives

- Reduce the risk of cancer
- Enable early diagnosis
- Facilitate access to best-available cancer treatment

http://www.ceoroundtableoncancer.org
Five areas of focus: the five “Pillars”

• Tobacco Use
• Diet and Nutrition
• Physical Activity
• Screening and Early Detection
• Access to Quality Care and Clinical Trials

See [http://www.cancergoldstandard.org](http://www.cancergoldstandard.org)
# Proposed CEO Roundtable on Cancer Member Company Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Healthcare Expenditure</td>
<td>Net Employer Expense (PEPY)</td>
<td>annual claims analysis</td>
</tr>
<tr>
<td>Cancer Screening Rate- Cervical</td>
<td>% of eligible individuals that obtained screening</td>
<td>Claims analysis or HEDIS</td>
</tr>
<tr>
<td>Cancer Screening Rate- Breast</td>
<td>% of eligible individuals that obtained screening</td>
<td>Claims analysis or HEDIS</td>
</tr>
<tr>
<td>Cancer Screening Rate- Colorectal</td>
<td>% of eligible individuals that obtained screening</td>
<td>Claims analysis or HEDIS</td>
</tr>
<tr>
<td>Tobacco Use- self report</td>
<td>% of eligible individuals that use tobacco</td>
<td>employee survey</td>
</tr>
<tr>
<td>Physical Activity Marker-self report</td>
<td>% of eligible employees that respond &quot;Yes&quot;. During the last two months, have you exercised aerobically (walk, run, bike, etc) for at least 30 minutes, at least 2X’s a week?</td>
<td>employee survey</td>
</tr>
<tr>
<td>Diet and Nutrition Marker- self report</td>
<td>% of covered employees that respond &quot;Yes&quot;. During the last two months, have you eaten at least 5 servings of fruits and vegetables per day?</td>
<td>employee survey</td>
</tr>
<tr>
<td>Program Engagement</td>
<td>HRA completion, include reference to any incentives to completion</td>
<td>HRA administrator</td>
</tr>
</tbody>
</table>
Who’s driving this bus?

How important is screening and early detection to our CEO?

“…if we detect one cancer early and save a life, this whole program is worth it….don’t you think?”
Screening and Early Detection at Quintiles

- **No Co-pay, Deductible or Cap** on screening tests (per ACS guidelines) and prevention visits

- **On Site Health and Wellness Events** with Cancer Awareness Booth- Cancer educator providing age and gender specific recommendations and materials

- **Monthly Cancer Special Report** Electronic Newsletter

- **Interactive Website**, links to medical library resources, clinical trial search engines, in depth content

- **Comprehensive age/gender specific Screening Reminders**
Colorectal cancer is the third most common type of non-skin cancer in men (after prostate cancer and lung cancer) and in women (after breast cancer and lung cancer). It is the second leading cause of cancer death in the United States after lung cancer. The rate of new cases and deaths resulting from this disease is decreasing. Still, over 147,000 new cases are diagnosed, and more than 57,000 people die from colorectal cancer each year.

LEARN MORE

- Overview
- Detection & Prevention
- Clinical Trials

OVERVIEW

A Snapshot of Colorectal Cancer (PDF)
Understanding Colorectal Cancer
Symptoms and Diagnosis
Staging
Treatment

MONTHLY CANCER VIDEO

- Monthly Cancer Messages
Colorectal Cancer Resources

American Cancer Society
Learn about colorectal cancer, early detection, risk factors, prevention, treatment, and more. You can also read stories of hope from people whose lives have been touched by cancer.

Cancer News on the Net
Cancer News on the Net® is dedicated to bringing patients and their families the latest news and information on cancer diagnosis, treatment, and prevention.

Centers for Disease Control and Prevention
Provides information on colorectal cancer including prevention and screening.

The Colon Cancer Alliance
Provides a resource center and patient support for colorectal cancer.

Colorectal Cancer Network
Provides information on colorectal cancer prevention and treatment as well as support groups for those affected by colorectal cancer.

Healthfinder
A website by the U.S. Department of Health and Human Services that provides information and resources for many health topics.

I Can Cope
An educational program for people facing cancer, either personally or as a caregiver. The program offers reliable information, peer support, and practical coping skills.

Look Good... Feel Better
A community-based, free, national service that teaches female cancer patients beauty techniques to help restore their appearance and self-image during chemotherapy and radiation treatments.

Mayo Clinic
Mayo Clinic is a not-for-profit practice that provides diagnosis and treatment information. Their site provides general information, signs and symptoms, causes, treatment, prevention, etc. about colorectal cancer.

MedicineNet.com
MedicineNet.com provides information on early detection, risk factors, prevention, treatment, and more on colorectal cancer.

MedlinePlus: Colorectal Cancer
MedlinePlus has extensive information from the National Institutes of Health and other trusted sources on over 200 diseases and conditions. The link above will take you to colorectal cancer-specific news.

Memorial Sloan-Kettering Cancer Center
Learn about colorectal cancer, early detection, risk factors, prevention, treatment, and more.

National Cancer Institute: Colon and Rectal Cancer
The National Cancer Institute's provides a gateway for information about colorectal cancer including early detection, risk factors, prevention, treatment, and more.
Screening Reminder from CMO

https://www.healthyuhealthyq.com/content_images/ceocancergoldstandard/march.html
DO YOU KNOW
IN THE U.S. ONLY 52% OF MEN AND WOMEN 50+ YEARS OLD WERE SCREENED FOR COLON CANCER IN THE LAST YEAR -- DON'T BE IN THE 48% WHO HAVEN'T!

FEATURED CONTENT
Elasticity of Cells Could Be a Marker for Cancer
Learn about a new method for detecting cancer early...

Model More Accurately Estimates Breast Cancer Risk in African Americans
A new model published online November 27 in the Journal of the National Cancer Institute (JNCI) ...

Antibody Test Could Spot Rheumatoid Arthritis Early
If primary care doctors tested suspected rheumatoid arthritis patients for key antibodies before the ...

INSPIRATIONAL STORY

"Miraculous Screening: Early Screening is the Key to Defeating Prostate Cancer." Read more...

COMMUNITY SPOTLIGHT
Healthy U Healthy Q

DO YOU HAVE AN INSPIRATIONAL STORY? Click here to email healthy@healthyq.com
2007 Program Utilization

• 34% (of those with access to on-site events) attended an on-site health and wellness event including exposure to cancer educator

• 34% opened the Mar ’07 electronic colorectal cancer newsletter

• High engagement in overall wellness program, noticeable shift in corporate culture towards self-care, health awareness, wellness activities

• $50 HRA Incentive in place for 2008, early results show significant increase in participation
Colorectal Cancer Screening Compliance
NCQA HEDIS® Data

Recommended Screening Compliance
Jan 06 - Dec 06

- PAP: 74%
- Mammogram: 52%
- Colorectal: 44%
- PSA: 66%

# Additional tests indicated per guidelines
# Tests Completed
## Colorectal Cancer Screening Rates from Health Plan Provider Report

<table>
<thead>
<tr>
<th>Age Group (%) of All EE</th>
<th># Members Screened 2006 (BL)</th>
<th>2006 Screen Rate</th>
<th># Members Screened 2007 (Y1)</th>
<th>2007 Screen Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;40 yr (62%)</td>
<td>17 (10 FOB, 4 FS/DCBE, 2 Colonoscopy)</td>
<td>1%</td>
<td>19 (15 FOB, 2 FS/DCBE, 2 Colonoscopy)</td>
<td>1%</td>
</tr>
<tr>
<td>40-49 yr (22%)</td>
<td>65 (56 FOB, 5 FS/DCBE, 4 Colonoscopy)</td>
<td>8%</td>
<td>67 (51 FOB, 2 FS/DCBE, 12 Colonoscopy)</td>
<td>9%</td>
</tr>
<tr>
<td>50+ yr (16%)</td>
<td>106 (47 FOB, 14 FS/DCBE, 45 Colonoscopy)</td>
<td>49%</td>
<td>174 (85 FOB, 25 FS/DCBE, 64 Colonoscopy)</td>
<td>59%</td>
</tr>
<tr>
<td>All Age Groups</td>
<td>188 (113 FOB, 23 FS/DCBE, 51 Colonoscopy)</td>
<td>10%</td>
<td>260 (151 FOB, 31 FS/DCBE, 78 Colonoscopy)</td>
<td>12%</td>
</tr>
</tbody>
</table>

# Employees in 2006: 4823 (7234 with cov. spouses)  # Employees in 2007: 5967 (8950 with cov. spouses)
About ½ of members have covered spouses.

FOBT (q 1yr), flexible sigmoidoscopy/double contrast barium enema (q 5yr), colonoscopy (q 10yr)
## Colon Cancer Screening Metrics from 2007 HRA data

### 2007 HRA Participants  (N=947)

<table>
<thead>
<tr>
<th>Colon Cancer Screen</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Age 50 and older</td>
<td>195</td>
</tr>
<tr>
<td>Screened 3 or more years ago</td>
<td>100</td>
</tr>
<tr>
<td>Percent <em>not</em> screened</td>
<td>51.3%</td>
</tr>
<tr>
<td>Percent screened</td>
<td>48.7%</td>
</tr>
</tbody>
</table>
What Do Mid & Large Size Employers Need?

Metrics Support

- Healthcare Database managed by third party (not HCA)
- Best Practices Data Collection and Analysis Models
- Monitor screening data frequently to determine effectiveness of incentives and engagement methods in own population
- Design and run participation reports to aid in incentive/reward plans

Health Plans that offer proactive, evidence-based coverage

- Easily interpretable plan documentation that promotes screening
- No co pay, deductible, or cap on preventive and recommended screenings
- Currency on updated screening guidelines
- Flexibility to allow for screening in high risk individuals who don’t meet guidelines
- Accountability for achieving screening targets
What Do Mid & Large Size Employers Need?

Purchaser’s Guide to Clinical Preventive Services

- National Business Group on Health Tool Kit for Employers
- Summary Plan Descriptions Language Statements
- Evidence Statements
- Prioritization and Implementation- strongly supports coverage for colorectal Cancer screening for most employee groups
- Opportunities to Promote Delivery and Use

Get this guide to as many employers as possible!

www.businessgrouphealth.org/prevention/purchasers/
### SUMMARY PLAN DESCRIPTION LANGUAGE

#### Colorectal Cancer (Screening)

**Covered Screening**
- Colonoscopy
- Double-contrast barium enema
- Fecal occult blood testing (FOBT) (alone or combined with flexible sigmoidoscopy)
- Flexible sigmoidoscopy (alone or combined with FOBT)

**Initiation, Cessation, and Interval**
Colorectal cancer screening is a covered benefit for men and women aged 50 and older. Screening may be initiated at an earlier age if the beneficiary has certain risk factors and a clinician determines that the individual requires early screening.

Colorectal cancer screening intervals are based on the method of screening used:

<table>
<thead>
<tr>
<th>Screening Method</th>
<th>Approved Interval for Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>Flexible sigmoidoscopy</td>
<td>Every five years</td>
</tr>
<tr>
<td>Double-contrast barium enema</td>
<td>Every five years</td>
</tr>
<tr>
<td>Fecal occult blood tests (FOBT)</td>
<td>Every year</td>
</tr>
<tr>
<td>Combination of flexible</td>
<td>Every five years for the flexible sigmoidoscopy and annually for the FOBT</td>
</tr>
<tr>
<td>sigmoidoscopy and FOBT</td>
<td></td>
</tr>
</tbody>
</table>

#### Contraceptive Use (Counseling)

**Covered Counseling**
Counseling on contraceptive use is a covered benefit.

**Initiation, Cessation, and Interval**
Counseling is a covered benefit for all beneficiaries aged 13 to 55 years, whenever it is deemed medically indicated. Counseling should be conducted at least once a year and whenever emergency contraception is prescribed.
### Quintiles 2008 Medical Plan Summary

#### Blue-Card PPO

<table>
<thead>
<tr>
<th><strong>Plan Type</strong></th>
<th><strong>Base Plan</strong></th>
<th><strong>Buy-Up Plan</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Providers</strong></td>
<td>Members can receive services from any hospital or physician but receive greater benefits when they use the Blue-Card network. To locate a provider in your area, please call 1-800-810-BLUE. Web: <a href="http://www.bcbs.com">www.bcbs.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Deductible</strong></th>
<th>In-Network: $400 per individual / $800 per family</th>
<th>In-Network: $200 per individual / $400 per family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Network: $600 per individual / $1,000 per family</td>
<td>Non-Network: $400 per individual / $600 per family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Coinsurance</strong></th>
<th>Portion of covered charges paid by BCBS after members satisfy the deductible &amp; the required copayments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network providers</td>
<td>80%</td>
</tr>
<tr>
<td>Non-network providers</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Out-of-Pocket Maximum</strong></th>
<th>Total dollar amount (deductible + coinsurance) a plan member pays each year toward covered charges before BCBS pays 100% of benefits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>$1,500 individual, $3,000 family</td>
</tr>
<tr>
<td>Non-Network</td>
<td>$2,500 individual, $5,000 family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physician Services</strong></th>
<th>In-Network: $20 copay then 100% (includes office visit, lab and x-ray performed and billed by the physician's office). Non-Network: Subject to deductible and coinsurance.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Maternity, Surgical Procedures, Anesthesia</strong></th>
<th>In-Network: 80% (subject to deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Non-Network: 60% (subject to deductible)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Child Preventive Care</strong></th>
<th>Includes well child exams and immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Network</td>
<td>Non Network: 60% (subject to deductible)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Adult Preventive Care</strong></th>
<th>Mammograms, Pap Smears, Prostate Exams, Routine Physicals, Injections</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Non-Network: 70% (subject to deductible)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Diagnostic X-ray &amp; Lab</strong></th>
<th>$20 copay will include x-ray and lab work when performed and billed by the physician's office.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Non-Network: 60% (subject to deductible)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hospital Inpatient/Outpatient Services</strong></th>
<th>If prior approval for a hospital admission is not obtained, the claim may not be paid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Non-Network: 80% (subject to deductible)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Emergency Room</strong></th>
<th>Copayment waived if admitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Non-Network: 80% (subject to deductible)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Ambulance</strong></th>
<th>90% per trip, $1000 limit (subject to deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Non-Network: 90% (subject to deductible)</td>
</tr>
</tbody>
</table>

**Start with 10 minutes...**
What Do Mid & Large Size Employers Need?

Insight into Successful Companies’ Methods

• Best Practices- what strategies did they use to increase employee participation in screening (awareness, reminders, senior manager support, direct manager support, flex-time, paid time off for screening, incentives, culture)
• Is there a tipping point specific to colorectal screening?

Guidance on Regulatory Compliance

• HIPAA, ADA, ADEA
• Incentive/Rewards for screening
• Privacy issues with age based screening recommendations
• Examples of compliance and non-compliance
• Continued communication regarding updates
What Small Size Employers need

• Access/links/partnerships with community resources for education, awareness and screening services

• Tax incentives for providing proactive, evidence based benefits packages
Summary of Needs

- Support & guidance around metrics and ROI data
- Pressure on Health Care Plans to provide prevention-focused plans with more transparency and accountability
- Continual flow of implementation and promotion ideas and tools

Thank You!