Public State Initiatives in Colorectal Screening:
The Colorado Experience

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Developing CRC Screening Programs in States

- Wyoming
- Connecticut
- Arizona
- Maryland
- New York
- Maine
- Minnesota
- South Carolina
- Colorado
Colorectal Screening Experience in Colorado

- 2000 Provider / patient survey – ACS $
- 2001 Medicare promotional trial - CMS $
- 2002 Statewide awareness campaign - CDC $
- 2003 Kaiser efficacy trial – Kaiser, CDC $
- 2004 Dialogue for Action – CRPF, CDC $
- 2005 HEDIS – insurers $
- 2006 Began screening program – tobacco tax
- 2007 Statewide program - $5 million per year
Situation in 2000

• We were riding favorable trends
  • crc mortality dropping
  • crc screening increasing

• but: screening was still under-utilized
  • Both providers and patients were shy

• and: CRC screening a new Medicare benefit

• Conclusion: promote it
Key messages for ages 65+

• Colorectal cancer comes from polyps

• One of every three adults has polyps

• 80% of colorectal cancer may be preventable

• Most Coloradans get breast or prostate screening, but not colorectal screening

• This is a new Medicare benefit – don’t waste it
2001: Medicare Colorectal Screening project

- Randomized controlled trial (n=1500) to assess the effects of beneficiary targeted mailed messages
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- Randomized controlled trial (n=1500) to assess the effects of beneficiary targeted mailed messages
2003: Kaiser Colorectal Screening Promotion Project

- Randomized controlled trial (n=1082) to assess the impact of a mail-delivered or phone-delivered prompt to Kaiser members
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Summary of lessons in 2003

• Start with Medicare and the insured
• Gender-specific messaging works best
• Brief, written messages yield 5%
• Brief phone messages yield 10%
• MD-endorsed messages double response

• Just do it
2003: Colorado Colorectal Cancer Screening Promotion Program

To implement and evaluate a sustained awareness campaign to prompt Coloradoans ages 50-74 to ask their health care provider for colorectal cancer screening.
Program strategy from 2003-2005

170,000 mailings to Coloradans 65-74 in 4 waves (75% of Colorado houses with Medicare beneficiary)

Messages:

- Removing polyps can prevent colon cancer
- Medicare pays for colorectal cancer screening
- Ask your provider for screening
2006: Program activities

• New partnerships with insurers and providers
  • Fueled by HEDIS measure
  • HMO’s have conducted mailings
  • Medicaid has conducted mailings

• Beginning of a colorectal screening for uninsured with tobacco tax revenues
Colorado Colorectal Screening Program

• Funded by revenues from a new tobacco tax
  – Constitutional Amendment created competitive grants program for cancer, cvd, resp disease

• Began in January, 2006 ($2 million)

• Became statewide in Nov, 2007 ($5 million)

• Partnership with community clinics
Approach

• Provide endoscopic colorectal screening to Coloradans without health insurance who are under 250% Federal Poverty Level and who need screening

• Encourage all Coloradans ages 50 and older to get screened.
Program Components

- Endoscopic screening in clinics or by referral
- Follow-up and Rx
- Patient navigation support
- Capacity development
- Public outreach & marketing
- Evaluation
Program Eligibility

- Coloradan ages 50 and older
- Under 50 if family or personal history
- Patient of a participating clinic
- Income below 250% of Federal Poverty
- No health insurance
- Need colorectal screening
- Lawfully present
Current program goals

- Sustain statewide screening
  - Seamless program management
  - Patient navigation and support
  - Flexibility for new screening methods

- Screen approx 3000 per year
  - Year 2010 objectives of 75% screening compliance among uninsured
Findings from the first 4000 colonoscopies

- 65% female
- 47% Hispanic
- 97% had an adequate exam
- 25% had adenomas
- 1% had cancer
Benefits from the first 4000 colonoscopies

• 35 cancers detected
• Adenomas removed from 1000 people
• Advanced adenomas removed from 400
• Approx 150 future cancers prevented
  – At only $100,000 per case, this is $15 million
  – Total program cost to date is $10 million
Program information

– www.uccc.info/colonscreen

– CCSP coordinating center: 1-866-909-3481

– ACS help line: 1-866-227-7194
The bottom line?
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- Several states are now starting CRC screening
- Funding sources differ
- Funding levels differ
- These state-specific models should help to inform an eventual Federal program
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