CDC Colorectal Cancer Control Program (CRCCP)

IOM Committee on Integrating Public Health and Primary Care
August 11, 2011

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Director, Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention & Health Promotion
Centers for Disease Control and Prevention
Outline

• The case for colorectal cancer screening
• Integrated approaches of CDC screening programs
• Addressing Disparities
• Interface with Primary Care
Priorities among effective clinical preventive services

1. Aspirin chemoprophylaxis
2. Childhood immunization series
3. Tobacco use screening and brief intervention
4. Colorectal cancer screening
5. Hypertension screening
6. Influenza immunization
7. Pneumococcal immunization
8. Problem drinking screening and brief counseling
9. Vision screening – adults
10. Cervical cancer screening

Cancer Screening in the US Needs Improvement

- 22 million adults aged 50–75 need to be screened for colorectal cancer
- Insured are almost twice as likely to get screened as uninsured

Almost half of the colorectal and cervical cancer cases in the U.S. are diagnosed at late-stages of the diseases.

Preventable cancers are not being diagnosed when treatment is most effective.

Potential Mortality Reduction from Increased Screening, Risk Factors, and Treatment

CDC has extensive experience partnering with primary care for cancer screening

CDC has well established & effective cancer screening infrastructures across the US
American Indian Initiative:
- Arctic Slope Native Assn, Ltd – North Slope Borough, Barrow, AK
- Cherokee Nation – Tahlequah, OK
- Cheyenne River Sioux Tribe – Eagle Butte, SD
- Kaw Nation – Kaw City, OK
- Hopi Tribe – Kykotsmovi, AZ
- Navajo Nation – Window Rock, AZ
- American Indian Rehabilitation Area of the Northwest, Inc
- Alaska Native Tribal Health Consortium, representing:
  - Maniiliaq Association
  - Norton Sound Health Corporation
  - Bristol Bay Area Health Corporation (BBAHC)
  - Aleutian/Pribilof Islands Association (APIA)
  - South East Alaska Regional Health Consortium (SEARHC)
  - Ketchikan Indian Community (KIC)
- South Puget Intertribal Planning Agency – Shelton, WA
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NBCCEDP and CRCCP services are delivered by over 22,000 clinical providers

Delivery Systems

- CHCs, FQHCs
- Private physicians & physician practices
- Health plans
- Cancer centers
- Tribal health clinics
- Local health departments
- Minority health clinics
- Charity hospitals

CHCs/FQHCs...

- Contract w/CDC grantees to provide colorectal, breast & cervical cancer screening
- Participate in performance monitoring system
- Outreach and Patient Navigation
CDC Colorectal Cancer Control Program

• **Program Goal**
  – To increase colorectal cancer screening to 80% among those aged 50 and older by 2014

• **Program Development**
  – Informed by the *National Breast and Cervical Cancer Control Program* (NBCCEDP) and the *Colorectal Cancer Screening Demonstration Program* (CRCSDP)

• **Grantee Funding**
  – CDC funds 25 States and 4 tribes/tribal organizations
  – Cooperative agreement awards range from approximately $400,000 to $1.5M for a total awarded amount of approximately $27M
Colorectal Cancer Screening Program Components

• **Screening Promotion (Population-Based)**
  - Emphasis on policy and systems change
  - Implement Evidence-based strategies (Community Guide)
  - Ensure adequate diagnostic and treatment follow-up
  - Leverage existing resources and infrastructure

• **Screening Provision**
  - Direct screening for eligible low income, under- and uninsured men and women
Flexibility in Grantee Implementation…

- **Screening Provision**
  - Choose screening tests among USPSTF recommendations
  - Medical Advisory Board & local medical practices
  - Unique screening delivery systems
  - Unique non-screening support interventions

- **Screening Promotion**
  - Unique policy and systems change and intervention strategies
  - Unique health communication strategies
  - Unique partnerships
Public Awareness: CDC’s Screen for Life National Colorectal Cancer Action Campaign

- Fact Sheets/Brochures/Posters
- Public Service Announcements
- English and Spanish Materials
- Web Site: www.cdc.gov/screenforlife
CRCCP Screening Data

- Data from initiation of program screening in 2009 through CY 2010

- 8494 clients *screened

- 22 cancers diagnosed

- 1187 cases of precancerous polyps detected and removed

* FOBT, colonoscopy, sigmoidoscopy
CRCCP Status Updates
Year 1 Progress (Initial 25 grantees)

Grantees are working with key partners identified by CDC
- 81% with FQHCs and other health care systems
- 68% with their State Medicaid Office
- 42% with employers and insurers

Grantees are using evidence-based interventions recommended in the Community guide
- 92% are using small media
- 69% are promoting the use of client reminders
- 61% are promoting provider assessment and feedback systems
- 65% are promoting or supporting the use of patient navigation
CRCCP FQHC Partnership Examples

- **Alabama** contracts with the Alabama Primary Care Assn to promote the use of FIT as the standard of care screening test in FQHCs. Subsequently, the FQHC’s adopted a policy to incorporate screening into all age appropriate patient visits.

- **Florida** collaborated with ACS and Florida Association of Community Health Centers to conduct training on colorectal cancer screening for member FQHCs. Use of FIT was adopted by the FQHCs.

- **Montana** collaborates with the Montana Primary Care Association to disseminate the Community Guide recommendations to FQHCs to increase CRC screening
Disparities in Cancer Burden

UNEQUAL TREATMENT
CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTHCARE

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES
<table>
<thead>
<tr>
<th>Type</th>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Priority Population</td>
<td>Mammography screening age 50 and older</td>
<td>≥75%</td>
</tr>
<tr>
<td></td>
<td>Women rarely/never screened for cervical cancer</td>
<td>≥20%</td>
</tr>
<tr>
<td>Timely and complete Diagnostic follow-up of abnormal screening results</td>
<td>Breast diagnosis completed</td>
<td>≥ 90%</td>
</tr>
<tr>
<td></td>
<td>Breast diagnosis completed within 60 days</td>
<td>≥75%</td>
</tr>
<tr>
<td></td>
<td>Cervical diagnosis completed</td>
<td>≥ 90%</td>
</tr>
<tr>
<td></td>
<td>Cervical diagnosis completed within 90 days</td>
<td>≥ 75%</td>
</tr>
<tr>
<td>Timely and complete Treatment initiated for cancers diagnosed</td>
<td>Breast treatment initiated</td>
<td>≥90%</td>
</tr>
<tr>
<td></td>
<td>Breast treatment initiated within 60 days</td>
<td>≥80%</td>
</tr>
<tr>
<td></td>
<td>Cervical treatment initiated</td>
<td>≥90%</td>
</tr>
<tr>
<td></td>
<td>Cervical treatment initiated within 60 days (Invasive)</td>
<td>≥80%</td>
</tr>
<tr>
<td></td>
<td>Cervical treatment initiated within 90 days (CIN2/3)</td>
<td>≥80%</td>
</tr>
</tbody>
</table>
Conclusion:
“Women screened by the NBCCEDP received diagnostic follow-up and initiated treatment within preestablished program guidelines.”
<table>
<thead>
<tr>
<th>CRCCP Core Service Quality Indicators</th>
<th>CDC Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening CRCCP Priority Population</strong></td>
<td></td>
</tr>
<tr>
<td>Percent of new clients screened who are at average risk for CRC</td>
<td>≥ 75%</td>
</tr>
<tr>
<td>Percent of average risk new clients screened who are age 50 and older</td>
<td>≥ 95%</td>
</tr>
<tr>
<td><strong>Complete clinical follow-up</strong></td>
<td></td>
</tr>
<tr>
<td>Diagnostic evaluation is completed for abnormal screening tests</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>Treatment is initiated for cancers diagnosed</td>
<td>≥ 90%</td>
</tr>
<tr>
<td><strong>Timely clinical follow-up</strong></td>
<td></td>
</tr>
<tr>
<td>Time from a positive test (FOBT/FIT, Sig, DCBE) to diagnostic colonoscopy is within 90 days</td>
<td>≥ 80%</td>
</tr>
<tr>
<td>Time from cancer diagnosis to treatment is within 60 days</td>
<td>≥ 80%</td>
</tr>
</tbody>
</table>

CRCCP grantees have been screening approximately 18 months. Quality data are not yet available.
ACA will increase access to cancer screening to millions

- Requires coverage of USPSTF recommended preventive health services, grades A and B, with elimination of cost-sharing including colorectal, *breast and cervical cancer screening
- Required for...
  - New health insurance plans
  - Medicare
  - New Medicaid Expansion clients

*For mammography, uses USPSTF recommendations prior to November 2009 updated guidelines
Future Directions in Cancer Screening

- Outreach
- Care Management
- Quality Assurance
- Organized Approaches
Physician recommendation is a significant motivator to participation in cancer screening.

Beydoun HA, Predictors of colorectal cancer Screening. Cancer Causes Control; 2008
Percent of adult respondents aged 50-75 years who reported receiving FOBT and/or lower endoscopy within 10 years, BRFSS 2002-2010

### USPSTF Recommendations for CRC Screening

<table>
<thead>
<tr>
<th>Test</th>
<th>Evidence</th>
<th>Incidence Reduction</th>
<th>Mortality Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>gFOBT</td>
<td>Randomized Controlled Trial</td>
<td>17% - 20%</td>
<td>15% - 33%</td>
</tr>
<tr>
<td>Flexible sigmoidoscopy</td>
<td>Randomized Controlled Trial (UK Sig Trial)</td>
<td>21%</td>
<td>31%</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>Based on Statistical Models</td>
<td>52%-81%</td>
<td>65%-85%</td>
</tr>
</tbody>
</table>

*No randomized controlled trials*
CRCCP Screening Promotion Activities

Community Guide Recommendations to Increase CRC Screening

1. *Client reminder systems
2. *Small media (well designed, audience-appropriate informational or motivational videos, brochures, newsletters, etc.)
3. *Structural barriers (Patient navigation, time and distance barriers, hours of service, clinic environment, administrative barriers, )
4. *Provider assessment and feedback
5. *Provider reminder systems
6. *Multi-component interventions
7. “Other evidence-based, evaluated interventions”

* Community Guide recommendations are based on FOBT. There is insufficient evidence for colonoscopy.
Chronic Care Model

**Community**
- Resources and Policies
- Self-Management Support

**Health System**
- Health Care Organization
- Delivery System Design
- Decision Support
- Clinical Information Systems

**Productive Interactions**
- Informed, Activated Patient
- Prepared, Proactive Practice Team

**Improved Outcomes**
This leaflet explains how to use the kit. Please read carefully

CRC Screening: Kaiser Permanente, Northern California

1994-2003
CoCaP program
FSIG Capacity Built
FSIG > FOBT Screening rates followed by survey

2004
HEDIS
Performance Improvement Opportunity
FIT and Guaiac

‘05 – ‘06
Performance Allocations
Facility-based FOBT CRC Screening pilots

‘07 – ‘09
Regionally managed mailed FIT outreach
Monitored colonoscopy follow-up

Opportunistic
Organized

Source: TR Levine, NIH State of the Science Conference: February 2010
Colorectal Cancer Screening
KPNC HEDIS Performance Trend 2004-2010

Organized screening started in 2005

TR Levine, NCCRT presentation: November 2010
Collaboration of Public Health and Primary Care in the Community Health Center Setting
Build on Cancer Screening Infrastructure and History of Collaboration

• Extensive existing NBCCEDP & CRCCP provider network & delivery system
• Established Quality Assurance System
• State Health Dept Interface through Primary Care Association/Office of Rural Health
• Infrastructure of Local Health Departments
Implement Benchmarks and Performance Indicators

- Include CRC screening as a UDS measure*
- Adoption of consistent quality performance measures
- Develop payment systems that incentivize delivery of screening and other preventive services
Monitor and Assure Adequate Follow-up and Treatment

- Expand existing CDC reporting system to all patients who receive screening services (NBCCEDP providers).
- Adapt system for use across all FQHCs
- Adapt system to Electronic Health Records
Design and Support Practice Systems That Optimize Cancer Screening

- Practice-wide screening registries,
- Systems to prompt provider action,
- Use of standing orders and expedited screening referral,
- Automated mail-out or telephone screening reminders for screening or rescreening,
- (Direct mailing of FOBT kits to patients).
Provide Education, Outreach and Patient Support

- Provide effective “Small Media” materials
- Expand use of community outreach worker models to promote screening among residents in FQHC “catchment” areas
- Expand use of patient navigators
Community Oriented Primary Care

The COPC Process

1. Define & Characterize the Community
2. Involve the Community
3. Identify Community’s Health Problems
4. Develop Intervention
5. Monitor Impact of Intervention

Institute of Medicine
Thank You . . .

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Telephone, 1-800-CDC-INF0 (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov
Web: www.cdc.gov

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.
Additional Program Information
Social Ecological Model (Simplified)

CDC’s Colorectal Cancer Control Program: Simplified Logic Model

State and Tribal Grantees, in Collaboration With CCC Coalitions and Other Partners, Conduct These Activities...

Policy-Level
Influence Policy/Legislation

Community-Level
Increase General Population Awareness

Organizational-Level
Influence Health Care Systems, insurers, workplaces, CBOs, Professional Organizations

Individual-Level
Provide and/or Facilitate Screening for Medically Underserved

To Create These Changes That Improve or Increase...

Policies & Systems That Promote CRC Screening

Social Norms That Support CRC Screening

Proportion of Adults Seeking CRC Screening as Recommended

Provider Practices That Promote High Quality CRC Screening

In Order to Achieve Population-Level Program Outcomes

Increased, Appropriate CRC Screening

Increased CRC Prevention via Polypectomy

Increased Detection of Early-Stage CRC

Decreased Disparities in CRC Screening and Detection

Program Monitoring and Evaluation
CRCCP Strategies

• Screening Provision
  – Screen eligible low-income, uninsured and underinsured aged 50-64*
  – Up to 33% of grantee funding used for direct clinical services

• Screening Promotion
  – Colorectal cancer screening of populations age >50
  – Promote USPSTF guidelines and quality screening
  – Emphasis on upstream implementation (policy, organizational/system level) for multiplier effect
  – Evidence-based strategies (Community Guide)
  – Leverage existing resources & infrastructures

* Eligible for Medicare begins at age 65
Technical Assistance and Training

CDC provides grantees...

- Program social ecological model, program framework, and logic model
- Data collection TA and performance feedback
- Ongoing grantee capacity development and training
  - TA calls, Webinars and In-person trainings
  - Program Directors/Data Managers meeting
  - Intervention Action Guides

Grantees provide information and training to, and monitor clinical providers to assure quality screening, follow-up and tracking.
Oversight, Reporting and Accountabilities

**CRCCP Screening**

*Provision Requirements*
- Screening Eligibility Criteria
- USPSTF Recommended Screening Tests
- Clinical Guidelines
- Colorectal Cancer Data Elements (CCDEs)
- Core Service Quality Indicators (CSQI)

*Promotion Guidance*
- Social Ecological Model
- Program Framework
- Program Logic Model
Oversight, Reporting & Accountabilities

- Annual Workplans & Budgets
- Grantee Interim Progress Reports
- Grantee Financial Status Reports
- CDC Status and TA Calls
- CDC Site Visits

CDC Program Requirements & Guidance

CDC Notice of Grant Award, Grantee Program Policies

Grantee’s Clinical Provider Contract Requirements

CCDEs CSQIs
# Diverse CRCCP Grantee Partnerships

## Example Partners
- Comprehensive Cancer Control Coalition
- Association of Community Health Centers
- State Primary Care Assns
- Indian Health Service
- Cancer Centers
- Quality Improvement Orgs
- Prevent Cancer Foundation
- Medicaid Office
- American Gastroenterological Association
- Local community-based organizations

## Example Activities
- Fund raising
- Clinical provider network
- Medical Advisory Board
- Health disparities and targeted client outreach
- Policy and systems changes
- Public information/education
- Quality monitoring and assurance
- Professional education and training
- Treatment services
- Other…
CRCCP FQHC Partnership Examples

- **Nevada** contracts with two FQHCs that serve 16-17 counties; these two FQHCs are the primary source of people screened.

- **Delaware**’s FQHC partners identify program eligible men and women in their patient population and refer them for screening at five non-profit hospitals (colonoscopy).

- **Washington, Colorado and Utah** collaborate with the American Cancer Society to host “Quality Forums” for major health plans and systems to increase the quality of colorectal cancer screening among clinical providers.
Maryland is partnering with the:
- Medicaid Office to send 60,000 customized Screen for Life postcards to age eligible enrollees across the state with contact information for an appointment and screening information.
- Medicaid Managed Care Organization (MCO) to track the Medicaid screening rates and engage provider offices. Annual Medicaid data analysis is being done to track changes in screening as a result of the intervention.
New York contracts with the Hudson Headwaters Health Network (HHHN), a 13 site FQHC to provide patient navigation services to rural women in need of breast and cervical cancer.

- In six months, the patient navigators contacted 900 HHHN clients; 484 completed cancer screening and 192 are in process.

- The navigators assisted 177 clients with transportation, cost barriers to complete their cancer screening through the use of taxi services, bus fares and gas cards.
CRCCCP Program Evaluation

29 CRCCCP Grantees

CDC Program Evaluation
- Surveys of Grantee Screening Promotion Activities
- CRCCCP Impact Study
- CRCCR Cost Analysis Study
CDC Partnership with National Colorectal Roundtable

- Member-based, funded by CDC and ACS.
- Public and private sector entities, voluntary organizations and selected invited individuals with a special interest in reducing colorectal cancer incidence and mortality
- CDC staff are active members:
  - Steering Committee
  - Chairpersons and members of task specific workgroups
CDC Partnership with Prevention Research Centers

**CPCRN** (Cancer Prevention & Control Research Network)

**MIYO** (Make It Your Own) – Web-based communication tool to create small media products and patient reminders using evidence-based and tested messages and visuals (WA University in St. Louis)

**CRCCP Evidence-Based Use Project** –

“Screening Promotion” survey among CRCCP grantees (UW, UNC and Emory; CDC)
CDC Review and Adoption of New Scientific Evidence

- Internal CDC review of scientific evidence
- Seek external expert recommendations (as needed)
  - **FACA**: Mammography screening recommendation for women aged 40-49 year
  - **Ad Hoc External Expert Committee**: Program reimbursement of digital mammography
- Consideration of program implications and cost
- Develop, disseminate, implement new policy (if appropriate)
Health Information Technology

- No integration of CDC and HRSA data systems (a future opportunity!)
- CRCCP Colorectal Cancer Data Elements (CCDEs)
  - Demographic and clinical screening data
  - Required submission by grantees (clinical providers including participating FQHCs)
  - Screening and performance reports provided by CDC