

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



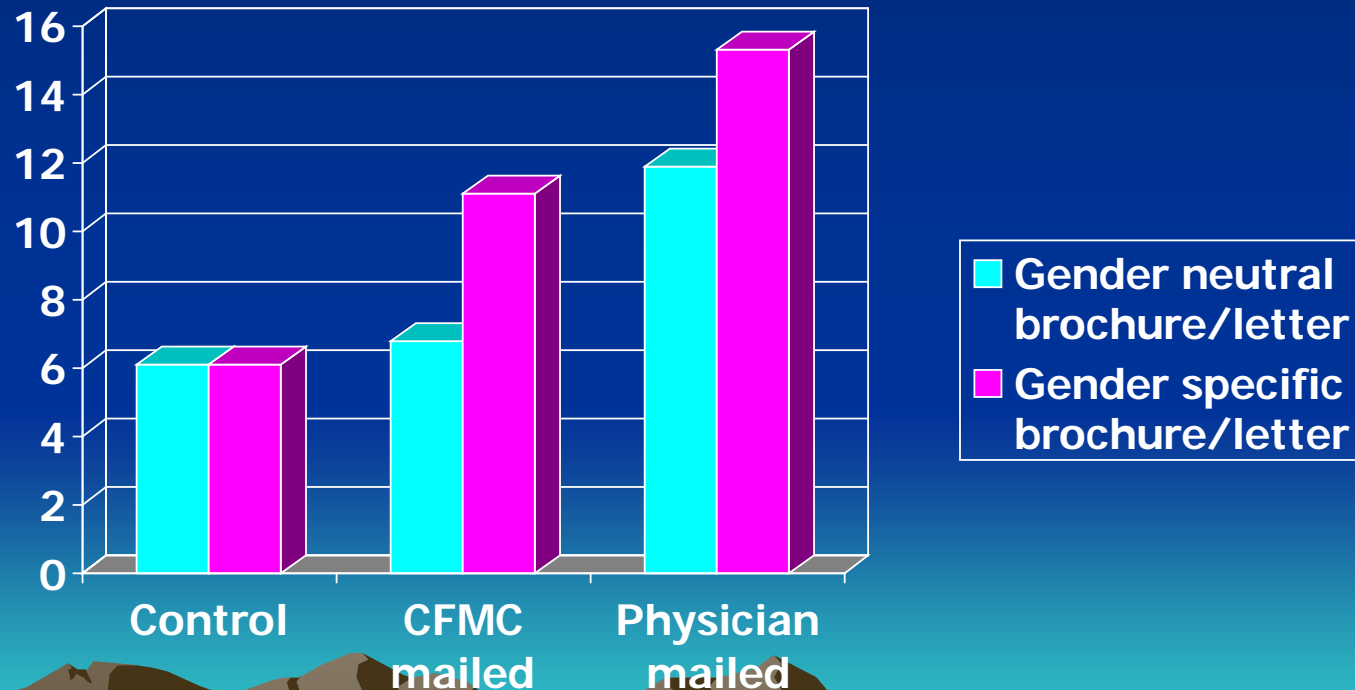
2001: Medicare Colorectal Screening project

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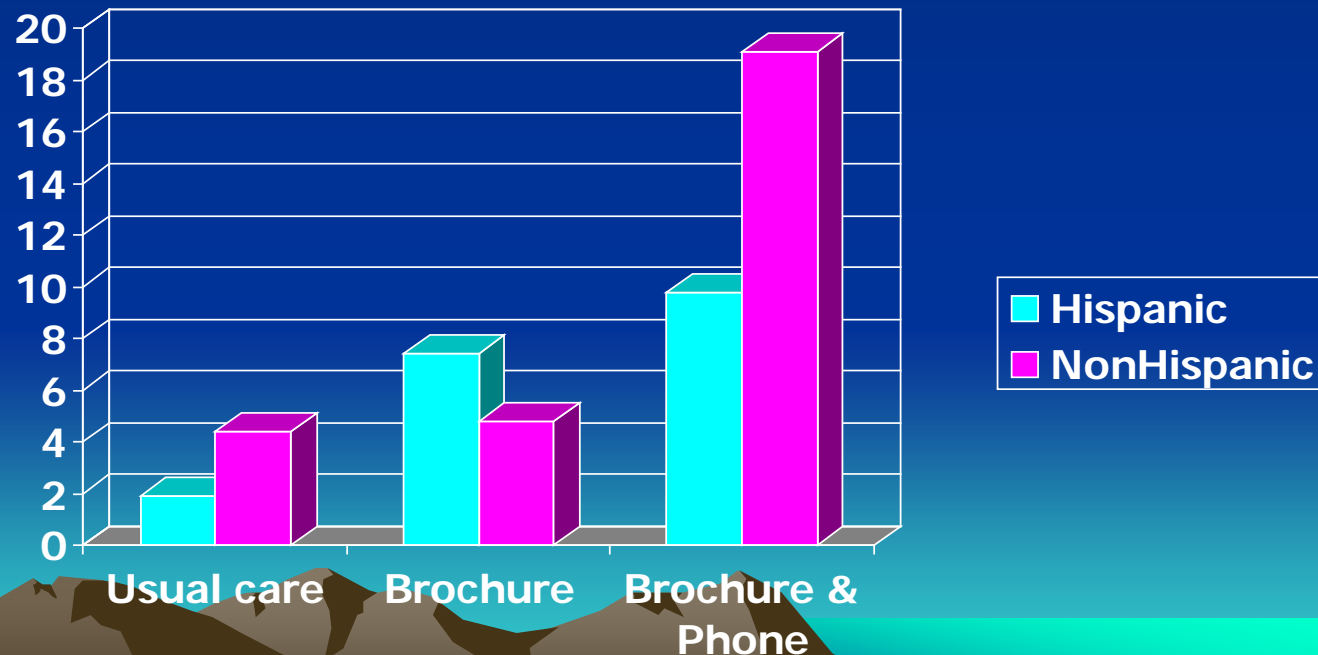
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- Randomized controlled trial (n=1082) to assess the impact of a mail-delivered or phone-delivered prompt to Kaiser members



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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.

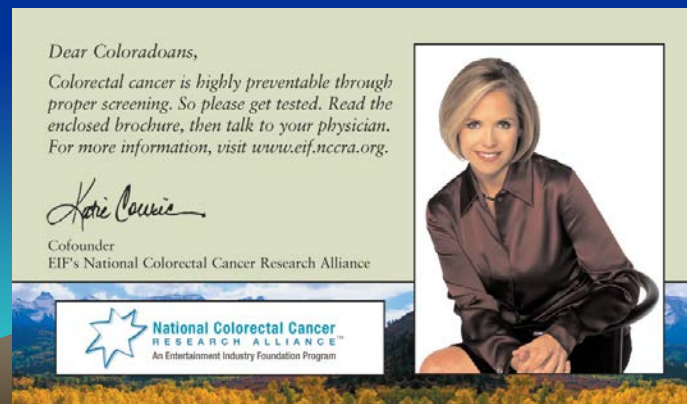


Program strategy from 2003-2005

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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