



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

STATEWIDE COLORECTAL CANCER DISPARITY ELIMINATION IN DELAWARE

STEPHEN S. GRUBBS, M.D.
DELAWARE CANCER CONSORTIUM
AMERICAN SOCIETY OF CLINICAL
ONCOLOGY

NATIONAL CANCER FORUM
NOVEMBER 14, 2016

FACTORS ATTRIBUTED TO CRC RACIAL DISPARITY

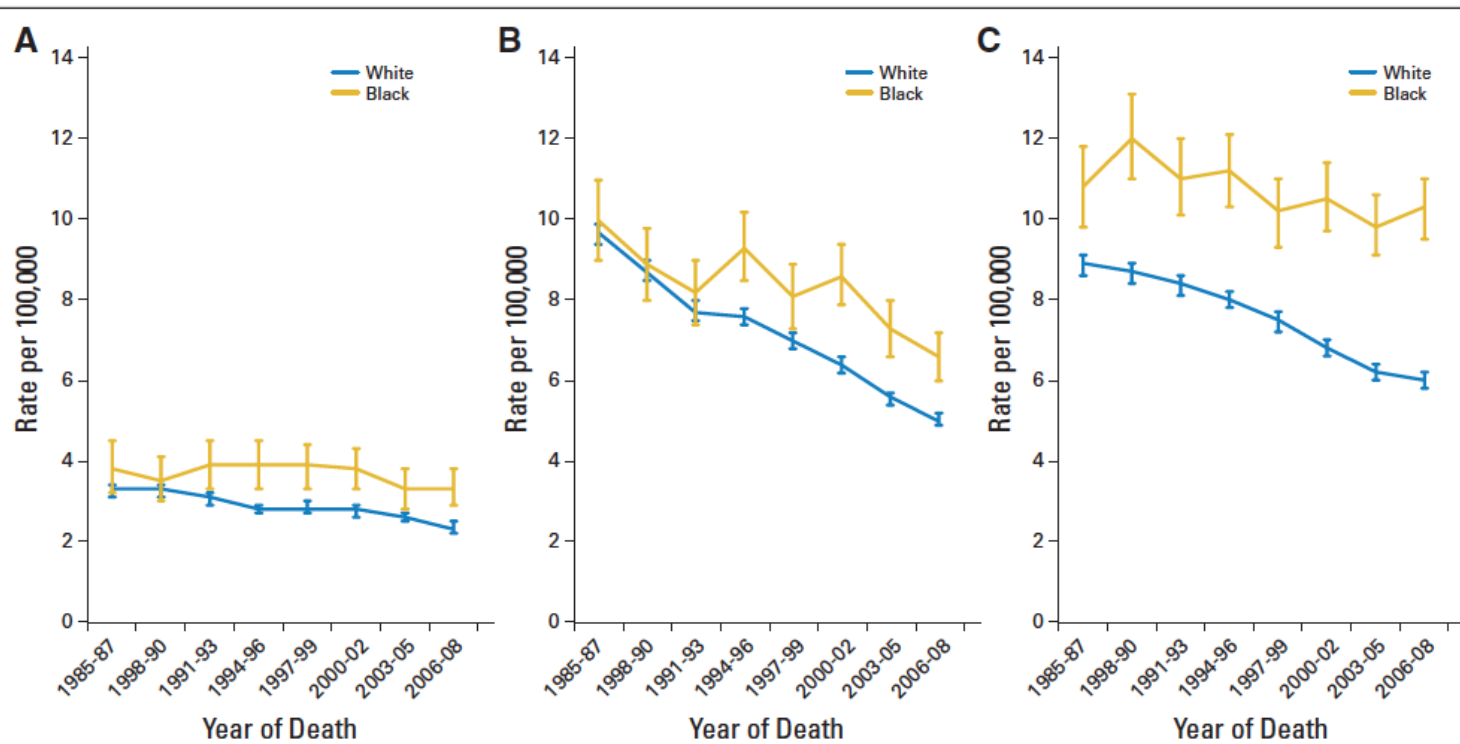
- Differences of risk factors (i.e. obesity)
- Screening and early detection
- Follow up of abnormalities
- Variation of treatment (Access)
- Tumor Biology

MORTALITY DISPARITY BY STAGE (ROBBINS, JCO, 2012)

LOCAL

REGIONAL

DISTANT



RACIAL DISPARITY IN STAGE SPECIFIC CRC MORTALITY RATES (ROBBINS A, JCO, 2012)

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 COMMUNICATION MATERIALS AND TOOLS FOR THE PUBLIC

"I want to be here for my grandchildren."
Dore, Dore

"It didn't hurt. Honest!"
Tina, Wilmington

"I had polyps removed that could've become cancer."
Dorey, Dorey

"I'm glad I did it."
David, Dorey

GET TESTED FOR COLON CANCER.

Colon cancer is the second leading cause of cancer deaths in the United States. But there's something you can do about it. Colon cancer is preventable. Everyone 50 and older should get tested. One simple examination is all it takes. It can even find and remove polyps that could become cancer. Even if you think you can't afford it, you could qualify for a free colon cancer test through the Screening for Life program. Don't wait. Get tested. It could save your life.

Talk to your doctor today to get tested. Or call 1-800-464-HELP to find out if you qualify for a free colon cancer test through Screening for Life.

Made possible, in part, with the cooperation of the Delaware Cancer Consortium.

screening for **life**
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Division of Public Health

"Everyone 50 and older should get tested!"
Stephen S. Grubbs, M.D.
oncologist

GET TESTED FOR COLON CANCER.

ASK YOUR DOCTOR OR CALL 1-800-464-HELP

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Division of Public Health

screening for **life**

"In Delaware, more people like us who are uninsured or underinsured are being diagnosed with colon cancer."

If you're uninsured or underinsured

GET TESTED.

IT'S EASY:

1. Call 1-800-464-HELP and ask for Screening for Life to find out if you qualify for a free colon cancer test.
2. Answer a few questions about yourself.
3. Watch the mail for a letter, ID card and list of places where you can get tested.
4. Look on the list of testing locations and find the one closest to you.
5. Call the number of that location and make an appointment to get tested.
6. If cancer is diagnosed and you are enrolled in Screening for Life, your treatment will be free for one year.

CALL 1-800-464-HELP

screening for **life**
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TO FIND OUT HOW TO GET TESTED FOR COLON CANCER.

Champions of Change

CHAMPIONS OF CHANGE

Colorectal cancer kills an alarming number of African Americans in Delaware who haven't been screened. Champions of Change is a comprehensive, grassroots initiative to help groups and organizations of all sizes and origins working within the state's African-American communities to promote and facilitate colorectal cancer screening. Champions of Change will supply free educational materials to participating groups

throughout the state, including brochures and information about Screening for Life, a state program that pays for colonoscopies for uninsured or underinsured Delawareans who meet income requirements. In addition to distributing materials, Champions of Change will motivate groups to overcome obstacles to testing, asking them to provide free child care or transportation for those who are getting tested.



DELAWARE CANCER CONSORTIUM COLORECTAL CANCER COMMITTEE UPDATE

In addition to making presentations to Delaware's hospitals, colorectal cancer committee chair Stephen Grubbs, M.D., presented the committee's plans to the Delaware Healthcare Association and to the Medical Society of Delaware. Presentations to educate physicians will be provided in the next few months to the American College of Gastroenterologists, the American College of Surgeons, the American College of Physicians, the American Academy of Family Physicians, and all Delaware hospital staff. The committee also concentrates on establishing the performance measures it will use to monitor effectiveness.



New Symbol of Hope for Colon Cancer Care



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health


THE GOAL IS TO
SCREEN 80 PERCENT
OF DELAWAREANS
AGE 50 OR OLDER.

DELAWARE
CANCER
CONSORTIUM



CRC SCREENING CAMPAIGN FOR HEALTH CARE PROFESSIONALS

**Urge your patients to
GET TESTED.**



"Together, we can drop Delaware's colorectal cancer death rate by more than 60 percent."
Stephen S. Grubbs, M.D., oncologist

It's no secret that colorectal cancer is a serious national health problem. And it's claiming the lives of 46 percent more African Americans than other Delawareans because they haven't been tested. Late-stage diagnosis happens far too often. But we can change all that. The Screening for Life program covers the cost of a colorectal screening for most uninsured and underinsured individuals. And insured patients just need to hear the message from you to get tested. Talk to every patient about it. Together, we can save lives.

For information about Screening for Life, call 1-800-464-HELP.


screening for life
DELAWARE HEALTH AND MEDICAL SERVICES
Division of Public Health
UNIVERSITY OF DELAWARE
COLONIAL MEDICAL CENTER

DELAWARE HEALTH AND MEDICAL SERVICES
Division of Public Health
UNIVERSITY OF DELAWARE
COLONIAL MEDICAL CENTER

JUNE 2004

PREVENTION Progress

A quarterly update from the Delaware Cancer Consortium



LETTER FROM DR. GRUBBS
Chairman of Colorectal Cancer

It is my privilege to report Delaware progress in the battle with colorectal cancer (CRC) to Delawareans. It is my pleasure to report that the Delaware Cancer Consortium has established and funded the state's first colorectal cancer screening program. The program will provide free educational materials to the general public and offer them an opportunity to reduce the incidence of this deadly and preventable disease.

Please plan to support and participate in the CRC screening program, and we hope you will take advantage of future program reports.

Best Regards,
Stephen S. Grubbs, M.D.

PARTNERS IN PREVENTION

One of the first efforts of the Delaware Cancer Consortium's colorectal committee—to create a statewide network of screening advocates and care coordinators employed by each Delaware hospital—has begun. Funding for these positions will be provided from the state's budget and will be facilitated with a contract with each hospital system. Slated to begin in



July, the staff position will ensure that each hospital has someone completely dedicated to promoting colorectal cancer screening.

MEDIA CAMPAIGN PROMOTES SCREENING

A statewide media campaign will be launched in early summer to encourage Delawareans to get tested for colorectal cancer. A mixture of print advertising, television and radio commercials, billboards, transit posters, and

brochures will feature quotes from actual Delawareans on the importance of screening and early detection in the battle against colorectal cancer. To receive free educational brochures and posters to display in your facility, please contact Samantha Radwicz at (202) 655-1552 or sam@u-b-c.com.



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AGE 50 OR OLDER.

DELAWARE
CANCER
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CRC SCREENING NURSE NAVIGATOR



- 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)

"I have cancer and don't have insurance. But a new state program paid for my treatments."

Giving people with cancer
help
and **hope.**

TREATMENT IS FREE TO QUALIFIED INDIVIDUALS THROUGH A NEW CANCER TREATMENT PROGRAM.

Dealing with cancer is difficult enough. Having it threaten your life savings and livelihood can make it a personal crisis. We've created a new cancer treatment program for people who don't have insurance and aren't eligible for Medicaid. The Delaware Cancer Treatment Program may help you pay for cancer treatment for a period of one year if you:

- Are a Delaware resident
- Have been diagnosed with cancer on or after July 1, 2004
- Have no comprehensive health insurance
- Have a household income that is less than 650% of the federal poverty limit

For example: For a family of four, your income must be less than \$122,525.

Call 1-800-996-9969
for more information or an application.

"WE'RE DOING SOMETHING ABOUT CANCER IN DELAWARE.
We are the first state in the nation to have developed a method and designated state funds specifically to help people treat cancer who can't pay for it themselves. It is just the beginning of our efforts to give the people of Delaware a fighting chance against this disease."
—Governor Ruth Ann Minner

Delaware Cancer Treatment Program
DELAWARE HEALTH CARE SERVICES
Division of Public Health

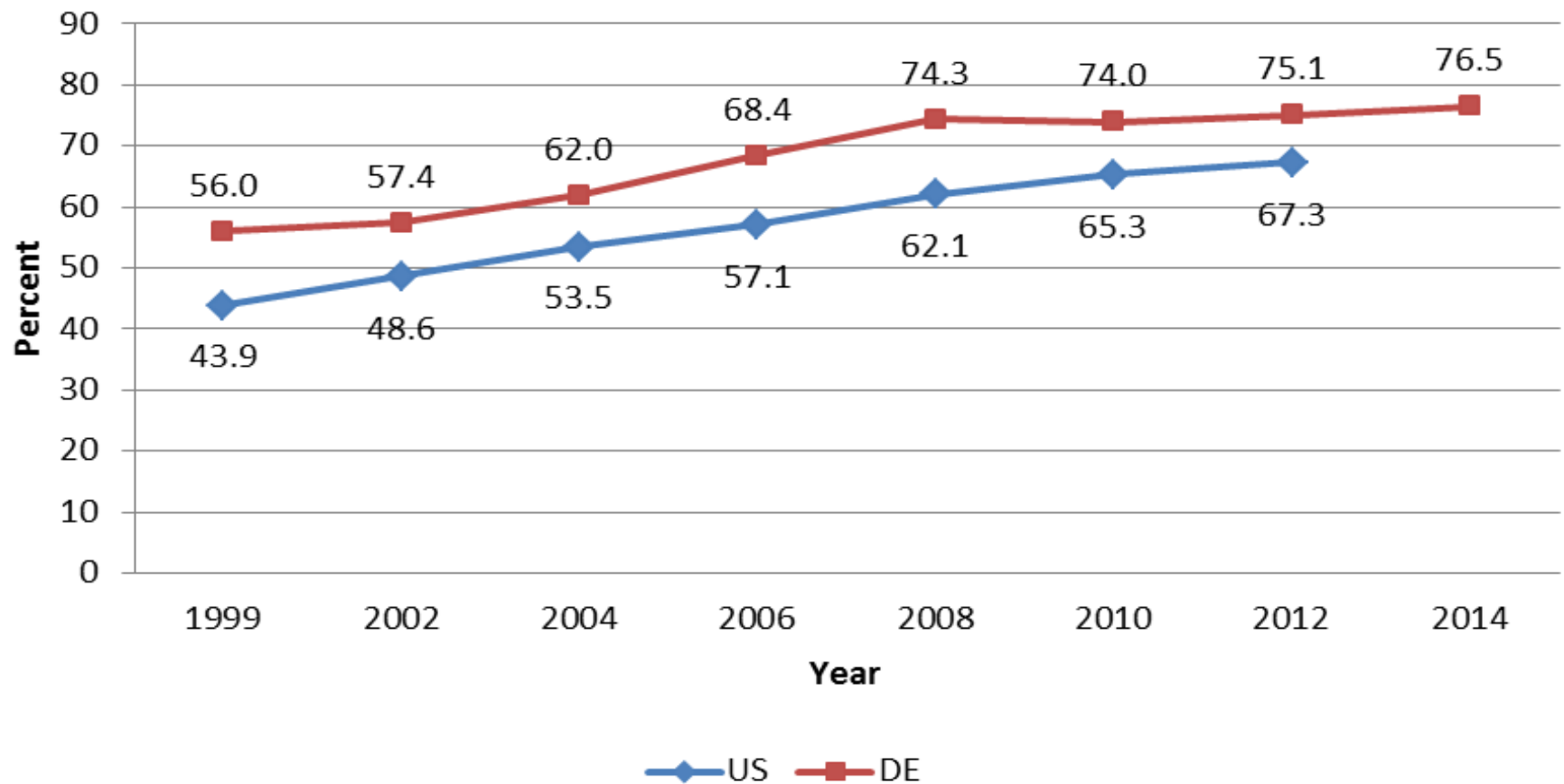
THE CRC SCREENING PARADIGM

1. Increase Screening
2. Downward Cancer Stage Migration
3. Decrease Incidence
4. Decrease Mortality
5. Eliminate Disparity

DELAWARE CRC SCREENING DATA

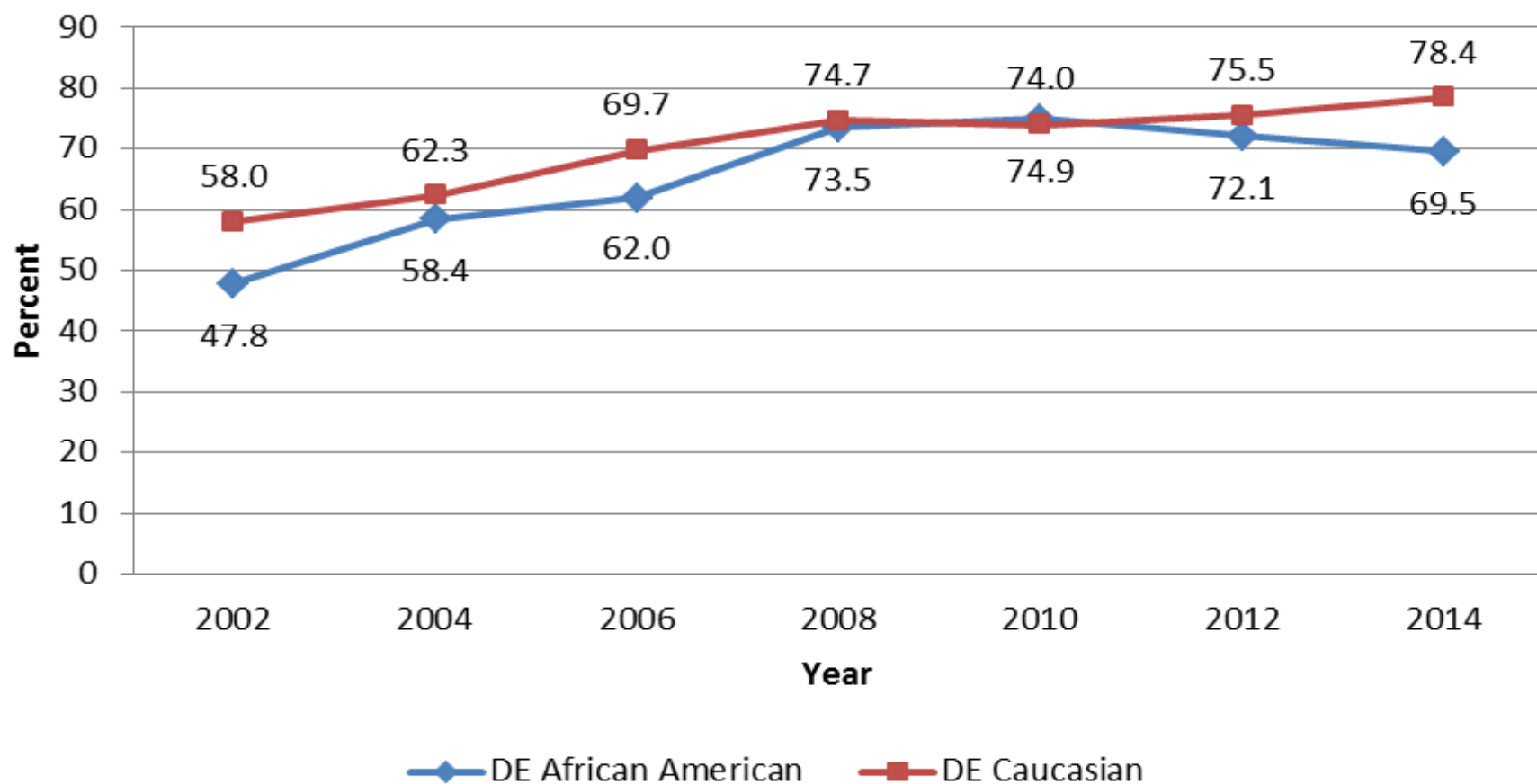
1999 - 2014

Percent of Adults Ages 50 and Over Who Have Ever Had A Sigmoidoscopy/Colonoscopy, US vs DE 1999-2014



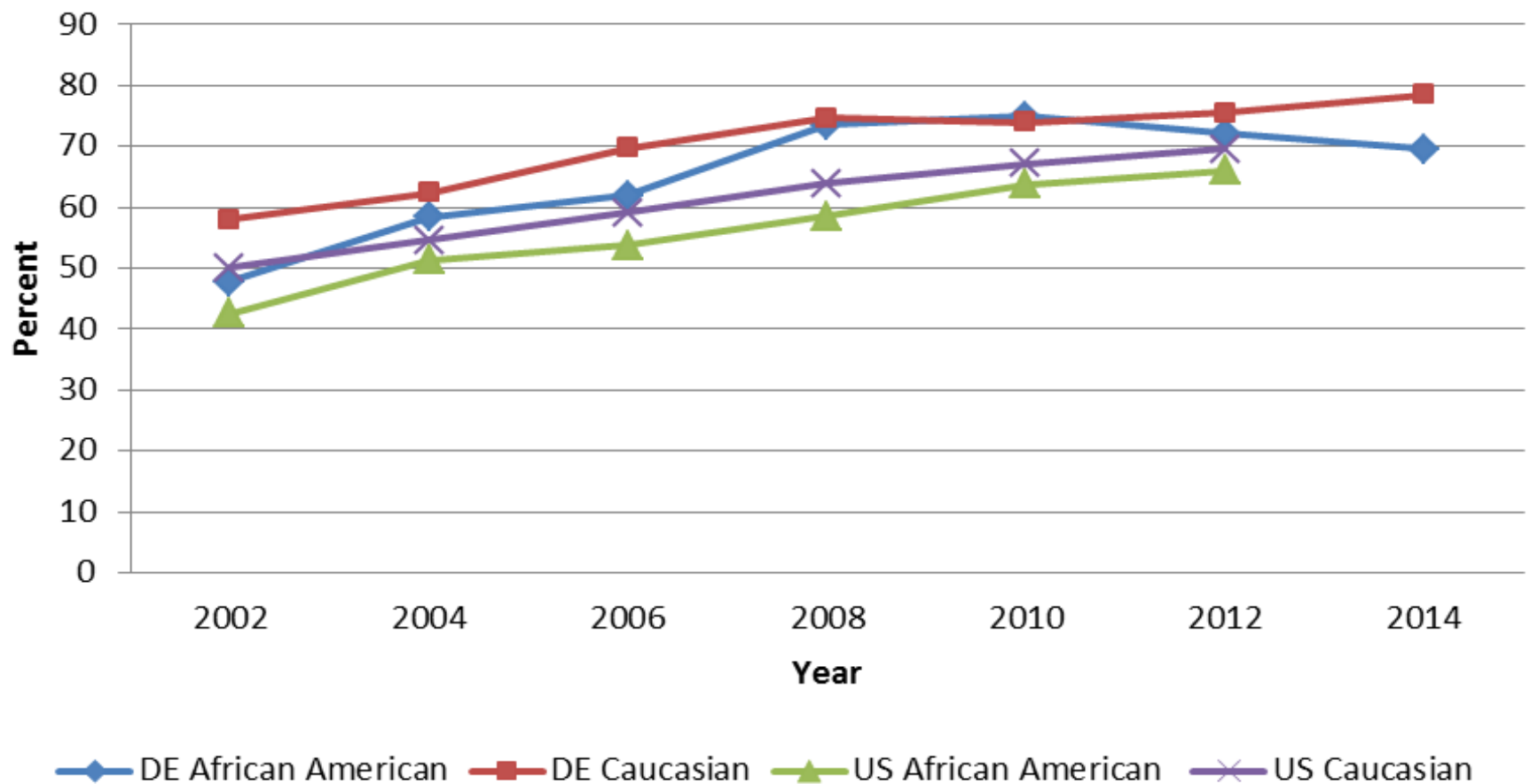
In 2014, 76.5% of Delawareans age 50 and older reported ever having had a sigmoidoscopy or colonoscopy.

Percent of Adults Ages 50 and Over Who Have Ever Had A Sigmoidoscopy/Colonoscopy, DE by Race 2002-2014



In Delaware, from 2002-2014, CRC screening rates increased 35% among Caucasians and 45% among African Americans.

Percent of Adults Ages 50 and Over Who Have Ever Had A Sigmoidoscopy/Colonoscopy, US vs DE by Race 2002-2014



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 PREVALANCE (FOBT/ENDOSCOPY)

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

State	All races combined			Non-Hispanic White			Non-Hispanic Black		
	Rank	%	± 95% CI	Rank	%	± 95% CI	Rank	%	± 95% CI
Massachusetts	1	75.6	1.2	1	76.9	1.2	13	66.1	6.2
New Hampshire	2	74.7	1.7	4	74.5	1.7		†	–
Rhode Island	3	73.0	2.0	2	75.2	1.9		†	–
Maine	4	73.0	1.3	7	73.6	1.4		†	–
Wisconsin	5	72.1	2.4	8	73.3	2.4		†	–
Delaware	6	72.0	2.2	10	72.1	2.3	4	69.8	6.9
Connecticut	7	72.0	1.7	5	73.9	1.7	17	64.1	8.0
Vermont	8	71.2	1.8	11	71.8	1.8		†	–
Minnesota	9	70.7	1.5	9	72.1	1.4		†	–
Maryland	10	70.4	1.6	12	71.4	1.7	3	70.8	3.7

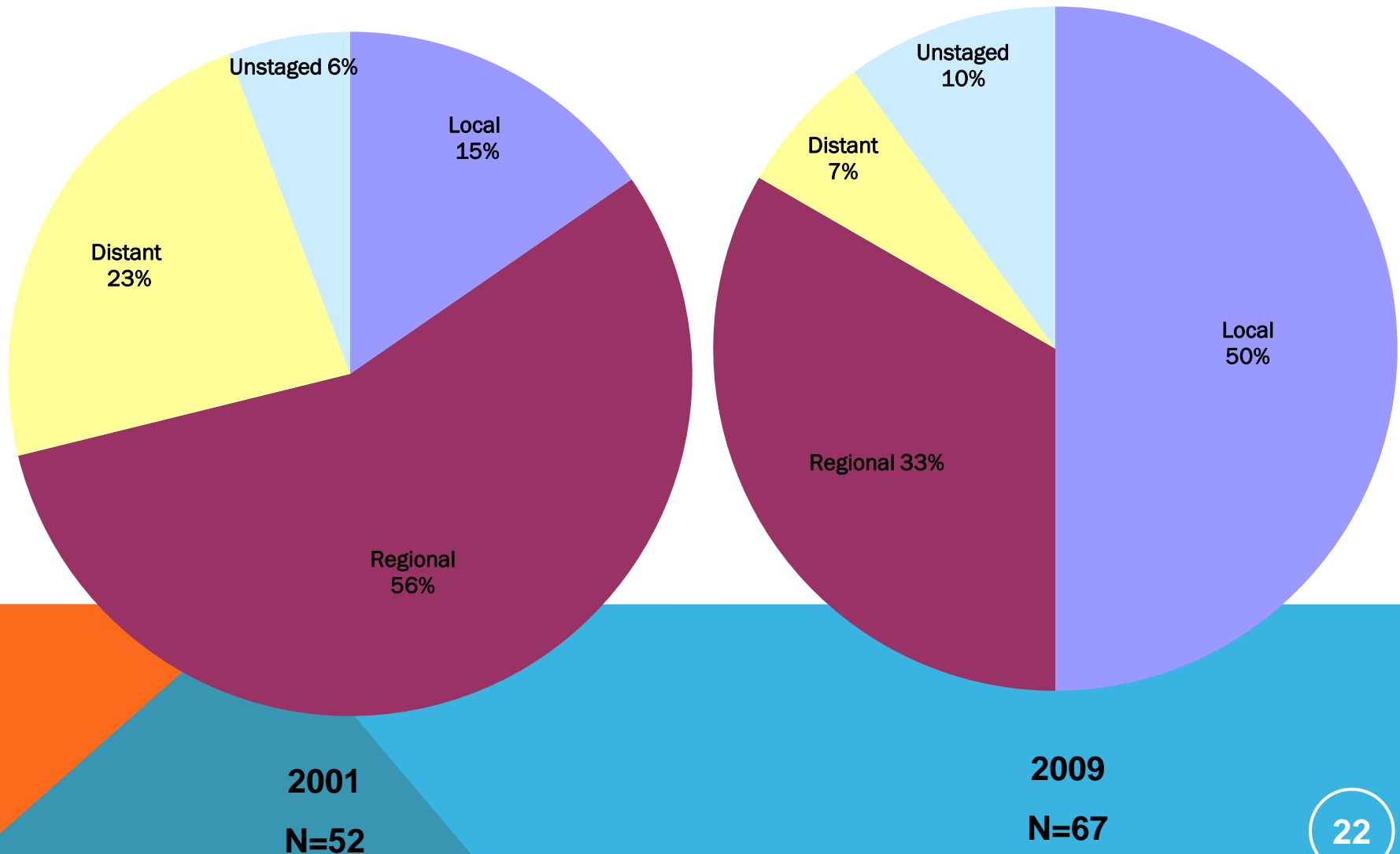
DE CRC SCREENING OUTCOMES



- ❖ 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...

CRC STAGE MIGRATION 2001 -2009

Colorectal Cancer by Stage of Diagnosis, African Americans, Delaware 2001 and 2009



CRC STAGE MIGRATION OUTCOMES

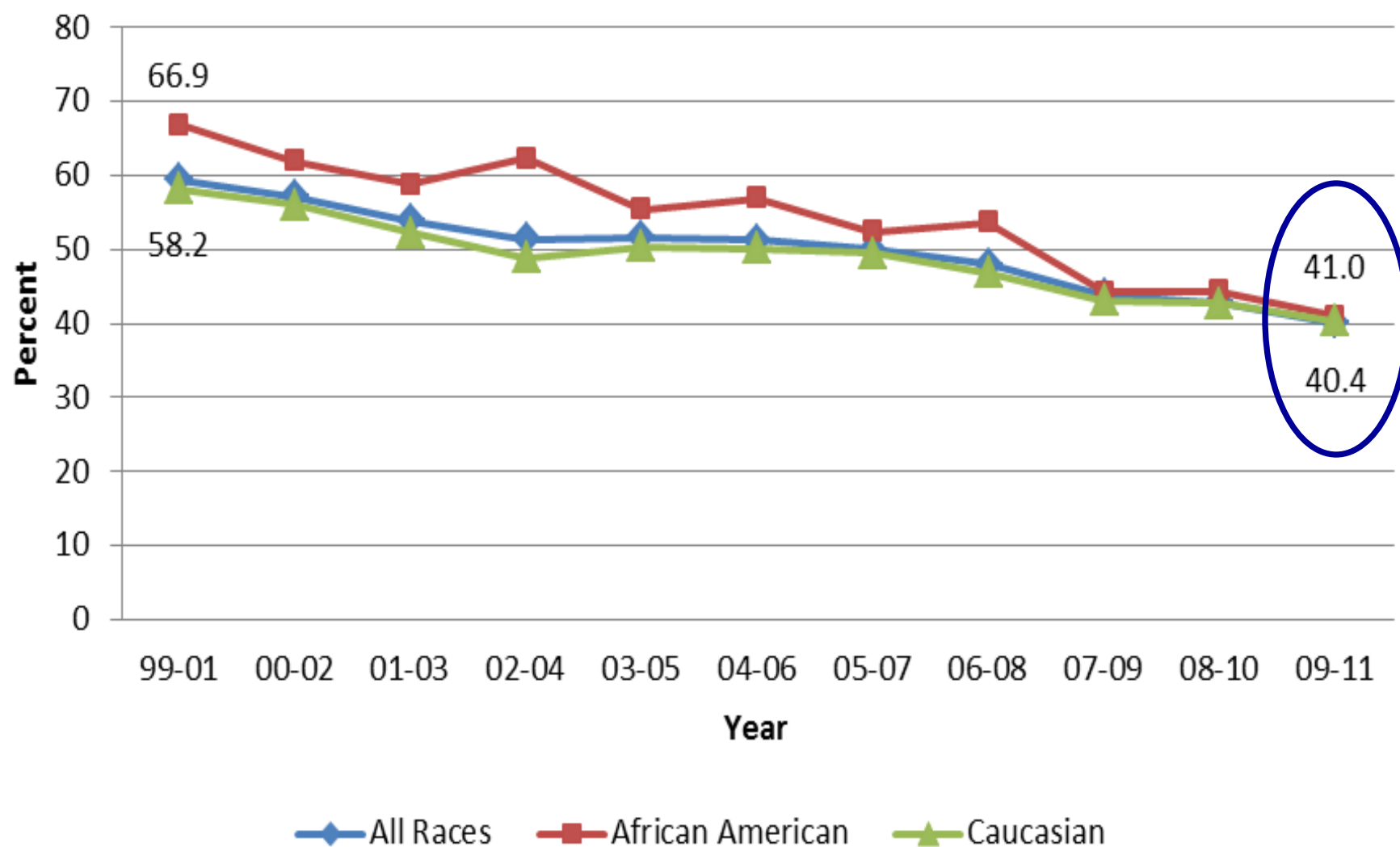


- **African American Stage Change by 2009:**
 - Local increased by 300%
 - Regional decreased by 40%
 - Distant decreased by 70%

CRC INCIDENCE

1999 - 2011

Age-Adjusted Colorectal Cancer Incidence Rates by Race; DE 1999 - 2011



CRC INCIDENCE OUTCOMES

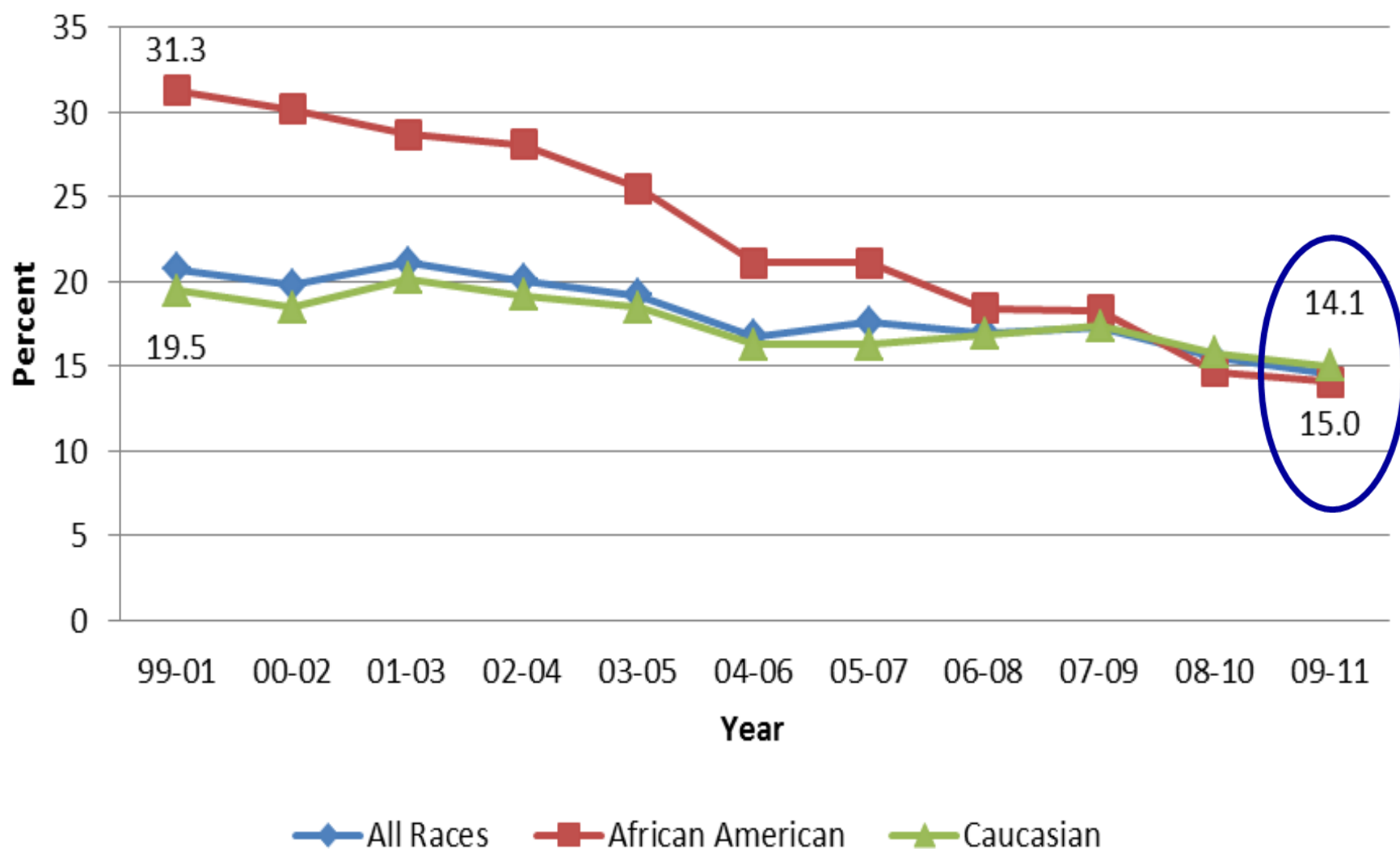


- DE CRC incidence has declined in last 10 years by 32%
- African American incidence has declined at a faster rate than Caucasian (39% vs. 30%)
- ◆ The DE CRC incidence racial disparity ELIMINATED by 2011

CRC MORTALITY

1999 - 2011

Age-Adjusted Colorectal Cancer Mortality Rates by Race; DE 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)

Decreased Incidence: $65 \times \$40K = \$2,600,000$

Stage Shift (regional to local): $83 \times \$50K = \$4,150,000$

Reduced Relapse (regional): $20 \times \$100K = \$2,000,000$

Total Annual Savings: **\$8.75 million**

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

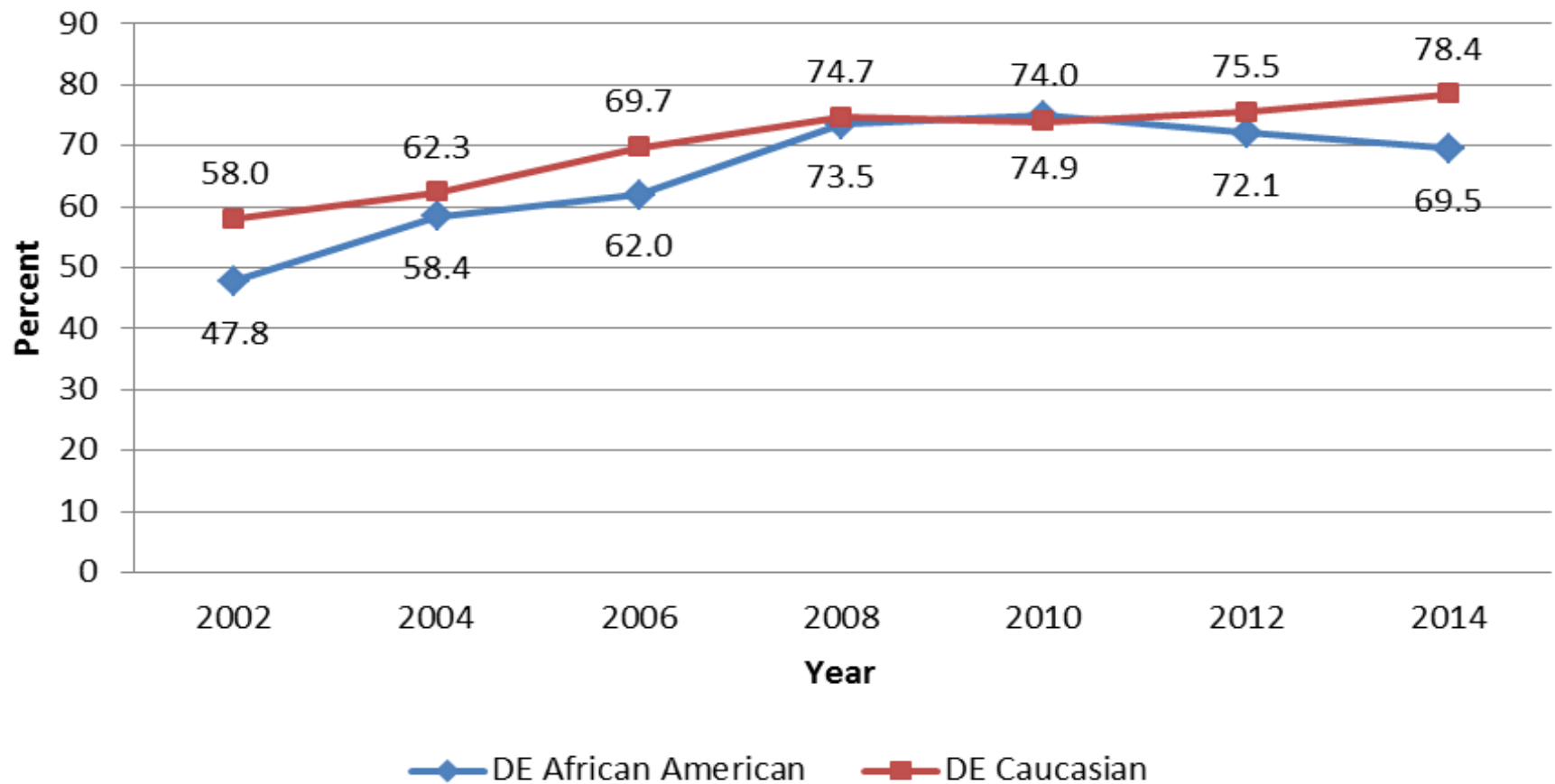
POST AFFORDABLE CARE ACT STATISTICS

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

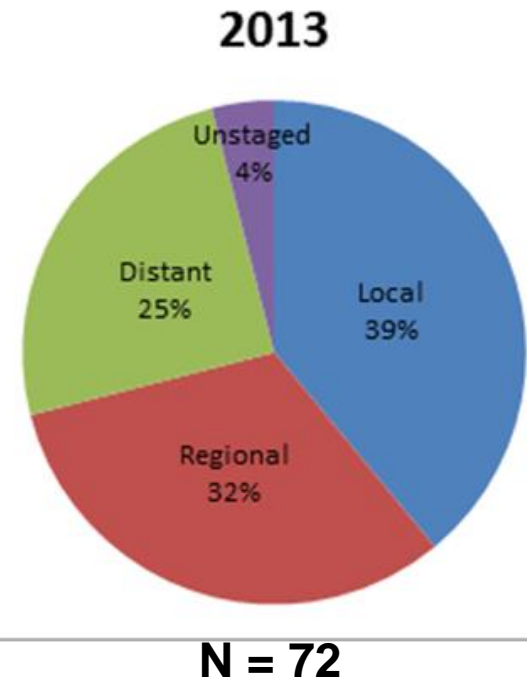
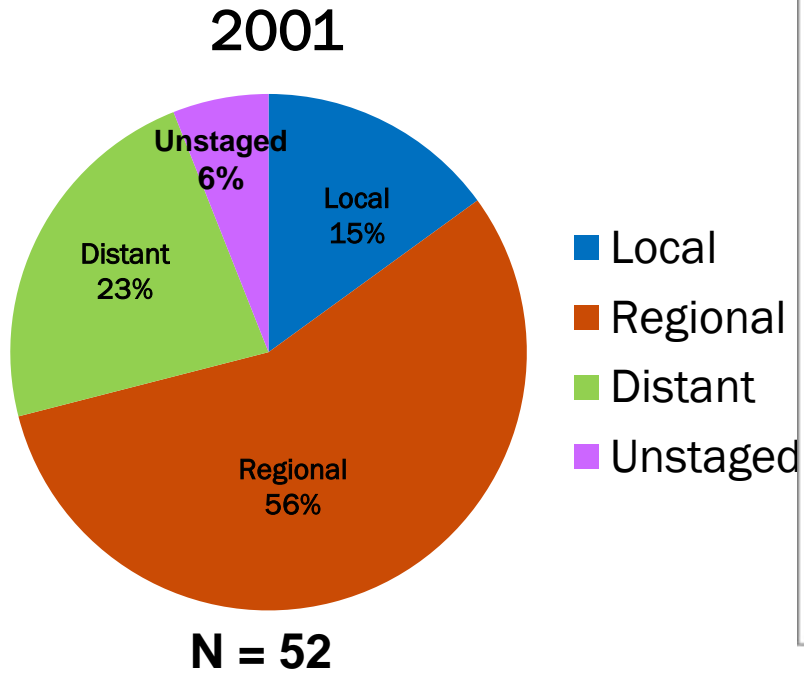


Percent of Adults Ages 50 and Over Who Have Ever Had A Sigmoidoscopy/Colonoscopy, DE by Race 2002-2014



Screening Divergence Since 2010

COLORECTAL CANCER BY STAGE OF DIAGNOSIS DELAWARE 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



DCC Advisory Committee

Members

Chairperson:

William W. Bowser, Esq.

U.S. Representative John C. Carney, Jr.

Lt. Governor Matt Denn

Christopher Frantz, M.D.

Stephen Grubbs, M.D.

The Honorable Bethany Hall-Long, PhD

The Honorable Debra Hefferman

Patricia Hoge, PhD

The Honorable Ruth Briggs King

The Honorable Rita Landgraf

Meg Maley, RN, BSN

The Honorable David McBride

The Honorable Collin O'Mara

Nicholas Petrelli, M.D.

Rishi Sawhey, M.D.

The Honorable Liane Sorenson

James Spellman, M.D.

EDPC

Members

Chairperson:

Stephen Grubbs, MD (Council Member)

Mark J. Baumel, MD, MS

Heather Bittner-Fagan, MD

Victoria Cooke

Nora C. Katurakes, RN, MSN, OCN

Carolee Polek, RN, MSN, PhD

Robert Sikes, PhD

Coy Smith, ND, RN, MSN, NEA-BC, FACHE

Estelle H. Whitney, MD

Rafael A. Zaragoza

THANK YOU



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