

# “80% by 2018”: Where We Are Now with Increasing Colorectal Cancer Screening

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# Reaching 80% Colorectal Cancer Screening by 2018: *We Can Do It*

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## **The Key Events that have created this unique opportunity to launch our colorectal cancer screening goal of 80% rate by 2018**

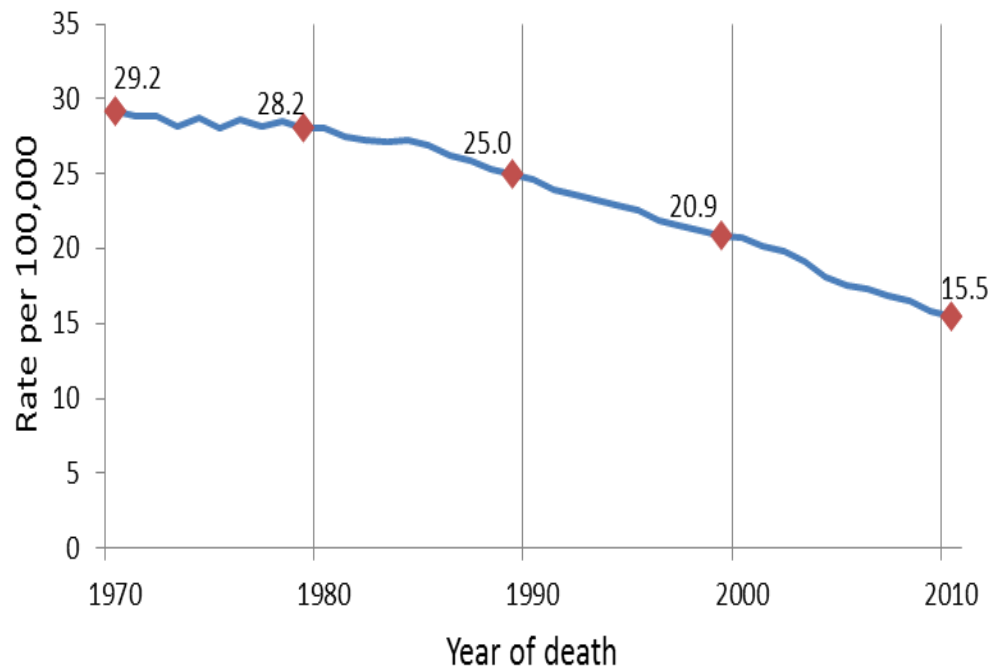
- Progress in screening rates, and trends in CRC incidence and mortality
- Passage and implementation of the Affordable Care Act.
- FQHC's are now reporting colon cancer screening rates as one of the UDS measures.
- The **Patient Centered Medical Home** has embraced cancer screening.

## **The Key Events that have created this unique opportunity to achieve our goal of 80% colon cancer screening rate by 2018**

- The CDC now funds 30 states and 4 tribes to conduct colorectal screening.
- We have tools, teams, national, and state leadership in place to catalyze a coordinated push forward.

# Increasing Decline in Colorectal Cancer Death Rates in the U.S., 1970-2010

**Decline per decade: 3%      11%      15%      25%**



The nation has become energized by the goal of 80% colon by 2018. The world loves a good goal. As public health stories go, this one works really well.



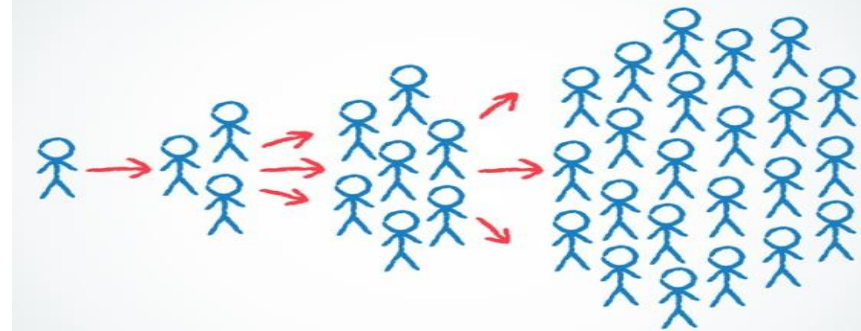
**So what will it really take?**

# **Some Key Strategies to reach 80% by 2018**

- The 80% by 2018 campaign has gone viral.
- We're not getting anywhere near 80% without relying on primary care clinicians.
- Creating medical neighborhoods.
- Approaching this state-by-state has broad appeal.
- Engaging health care plans.
- Working with large employers and CEOs.
- Addressing financial barriers that persist as major challenges to screening.

# The 80% by 2018 Campaign Has Gone Viral

- Diverse sets of organizations – from NGOs to hospital systems to the Commission on Cancer to Comp Cancer programs to professional groups to government agencies and many others – have stepped up to take a **leadership** role.
- They **OWN** this goal!





# Recruit as Many Partner Organizations as Possible!





# Katie Couric is the official spokesperson for 80% by 2018


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## Outsmart Colorectal Cancer With This Life-Saving Advice From Katie Couric

**Michele Promaulayko**  
Editor-in-Chief  
March 27, 2015

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# We're Not Getting to 80% Without Relying on Primary Care

- The basics of screening have not changed:
  - Everyone needs health insurance.
  - Everyone needs a primary care clinician.
  - The principal determinant of screening is whether or not a **primary care clinician recommends** screening.

**But this is asking a lot.**

# The Realities of Primary Care Practice

- Many competing priorities
- Many preventive care obligations
- Many have EMRs – but they don't always help
- **What will it take to help primary care clinicians lead the way to 80%?**





# Create Medical Neighborhoods around Federally Qualified Health Centers

- These centers provide care to more than 20 million people; more than two-thirds are uninsured or have medical assistance.
- Engaging primary care clinicians in these and other settings is critical.
- ***One of their greatest barriers is finding specialty networks to provide colonoscopy and treatment services.***



Southside Medical Center, Atlanta



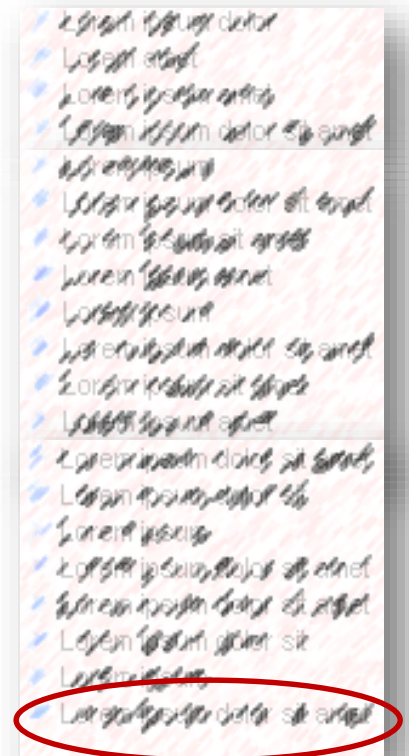
St. Elizabeth's Wellness Center, Philadelphia

# Links of Care

- The NCCRT, through the American Cancer Society, is funding the **Links of Care** program.
- Grants go to FQHCs or comparable care settings to promote CRC screening.
- Requires formation of a care network, i.e. a "**medical neighborhood**," to guarantee patients receive all aspects of care, from screening through treatment and survivorship care.

## Approaching this State-by-State Holds Broad Appeal

- Numerous states are in the process of forming state Colon Cancer Screening Roundtables or Coalitions.
- States **without** a history of NCCRT involvement are getting on board for the first time.
- Cities and states **love competition** – no one likes being at the bottom of the list.





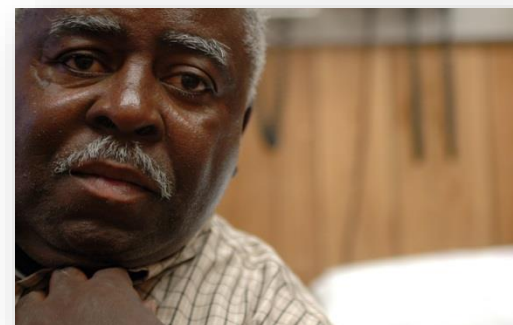
# More and More State-Level Engagement

- Strong existing CRC task groups and coalitions in California, Delaware, Kentucky, Maryland, Minnesota, New York, and South Carolina
- Several states are pursuing their own state CRC roundtable: West Virginia, Louisiana, Iowa, North Carolina, Georgia, Wisconsin, Montana, and South Dakota.



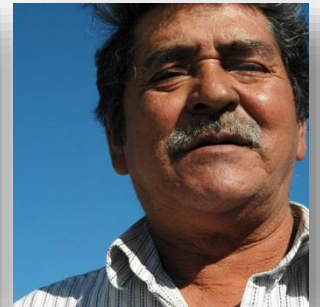
## Implement Intensive Efforts to Reach the Populations Confronting the Greatest Barriers to Care

- Poverty, lack of insurance, low education level, lack of a regular source of primary care are all associated with very low screening levels, under **30%**.
- Many Native American tribes have very low screening rates and some have very high mortality rates.



# What Will It Take To Reach These Groups?

- Support of FQHCs, Indian Health Service, and other safety net practices.
- Willingness to **donate** some services.
- Near universal sharing of the responsibility.
- **Innovative** models:
  - Navigators
  - Community health workers recruited from these vulnerable communities



# How to Engage Health Care Plans and Insurers?

- A great role for state roundtables.
- Insurers need to hear from all interested constituents – including hospitals, employers, not-for-profits, and clinicians – that achieving 80% by 2018 is a shared, important goal.
- Recognize and celebrate high-performing health plans.
- Let's learn from some health plans who are leading.
- The NCCRT will form a Health Plan Task Group.

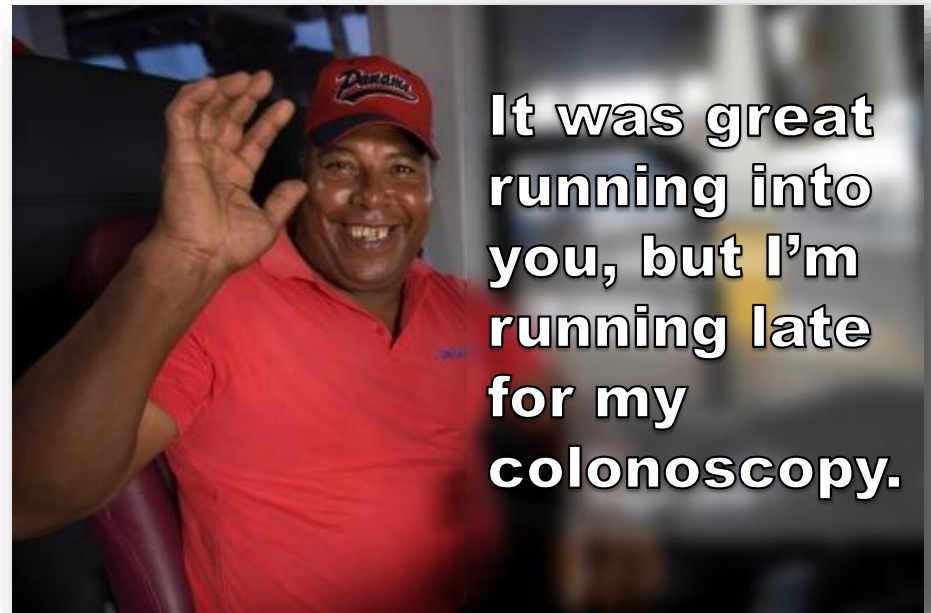
# Engaging Large Employers and CEOs is a Strategy Worth Exploring

- To more effectively impact health care plans, we will need to more effectively engage with their customers – **employers and CEOs.**
- Employers have a wonderful opportunity to help the nation achieve a critical public health goal.



# Make it Easier for Employees to be Screened

- Colonoscopy is the most complex cancer screening test.
- Requires a special diet and prep the day before.
- Requires a full day off from work.
- **Granting a day off for colonoscopy above the personal day allotment is powerful.**



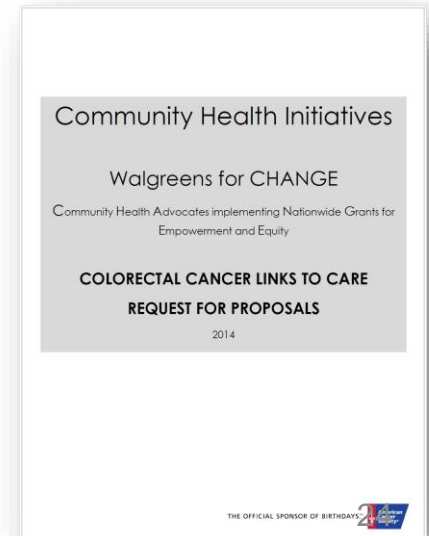
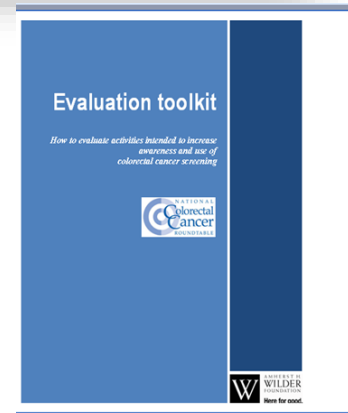
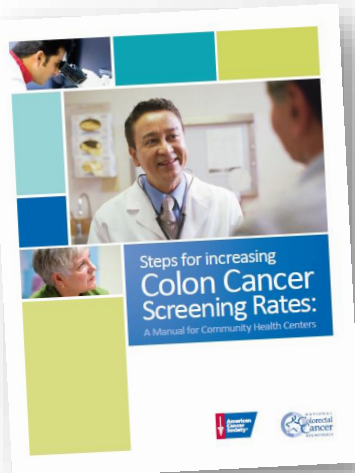
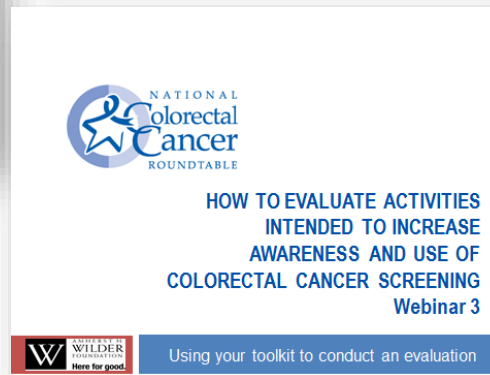
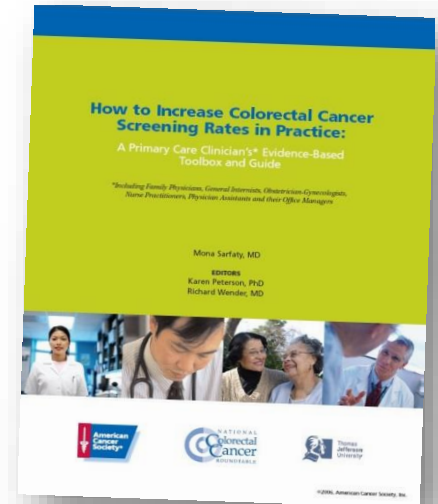
# Financial Barriers Persist as Major Challenges to Screening

- The CDC colon cancer screening program is a critically important option.
- Need policy and advocacy leadership around strategies to reduce financial barriers – including full implementation of ACA.
- Colonoscopy co-pays must be eliminated
- Some colonoscopies must be donated.
- Clinicians and the public must recognize that high sensitivity stool tests are **GOOD, IMPORTANT, AFFORDABLE and NECESSARY** options.



# Tools & Resources

## Tools, Resources, Publications





## Believe We Will Achieve this Goal!

- CRC screening rates increased 20% in 10 years, from 2000 to 2010
- We are now striving to increase screening rates by **15%** in 5 years.
- Signing a pledge is not enough.
- **Every organization** has to dedicate thought, creativity, time, and passion.



## Believe and Commit

There are many important public health problems and goals. But we have a chance right now to do something remarkable if we pull together to do it. **We can substantially reduce colon cancer as a major public health problem.** Let's get this done and then move on to the next goal.