



80% in Every Community

Melinda Cail, MD

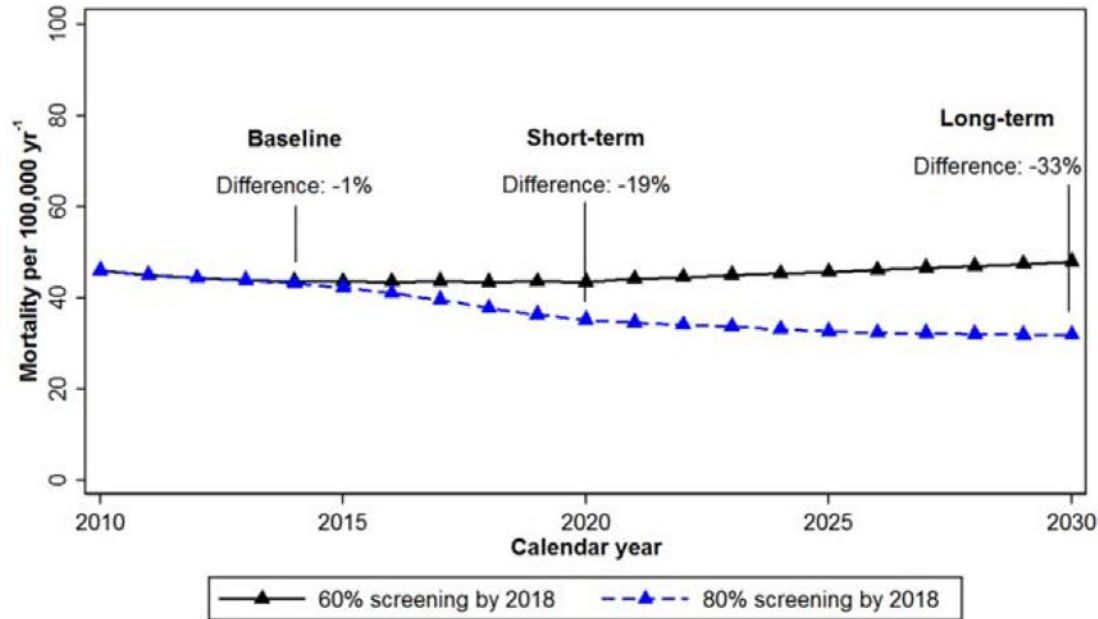
Primary Health Partners, Edmond
Clinical Assistant Professor, OU College of Medicine
American Cancer Society



National Goal: 80% Colon Cancer Screening Rate in Every Community



80% in Every Community: Potential Impact



80% screening rate yields:

43,000 averted cases and **21,000** averted cancer deaths/yr

277,000 cases averted and **203,000** total averted deaths from 2013 through 2030



When we launched this our
80% by 2018 campaign,
we never imagined it would capture the
attention of the nation like it has.

More Organizations Are Taking the Pledge



Niagara Falls Went Blue!



The 80% by 2018 campaign
has even been included in
the Cancer Moonshot
initiative.



Through **hard work** and **determination**,
we have made unprecedented progress since
this initiative was launched in 2014.

What We'll Discuss Today

- Indicators of progress
- Key takeaways ... and how to apply them
- New tools and resources
- Where to next?



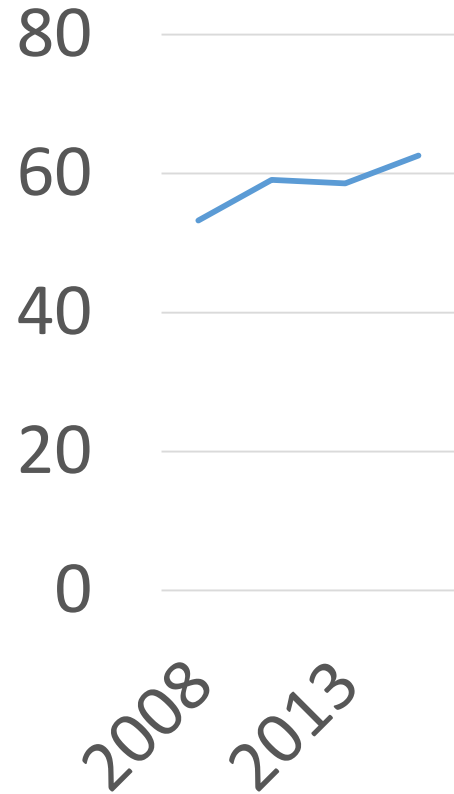
- **Progress toward our goal**

We're tracking all major measures – BRFSS, NHIS, HEDIS, UDS – and there are strengths and limitations of each.

Absolute percentages vary between measures due to technical factors. We are tracking directional trends.

NHIS Data

After plateauing for several years, screening increased from 59% to 63% from 2013 to 2015.

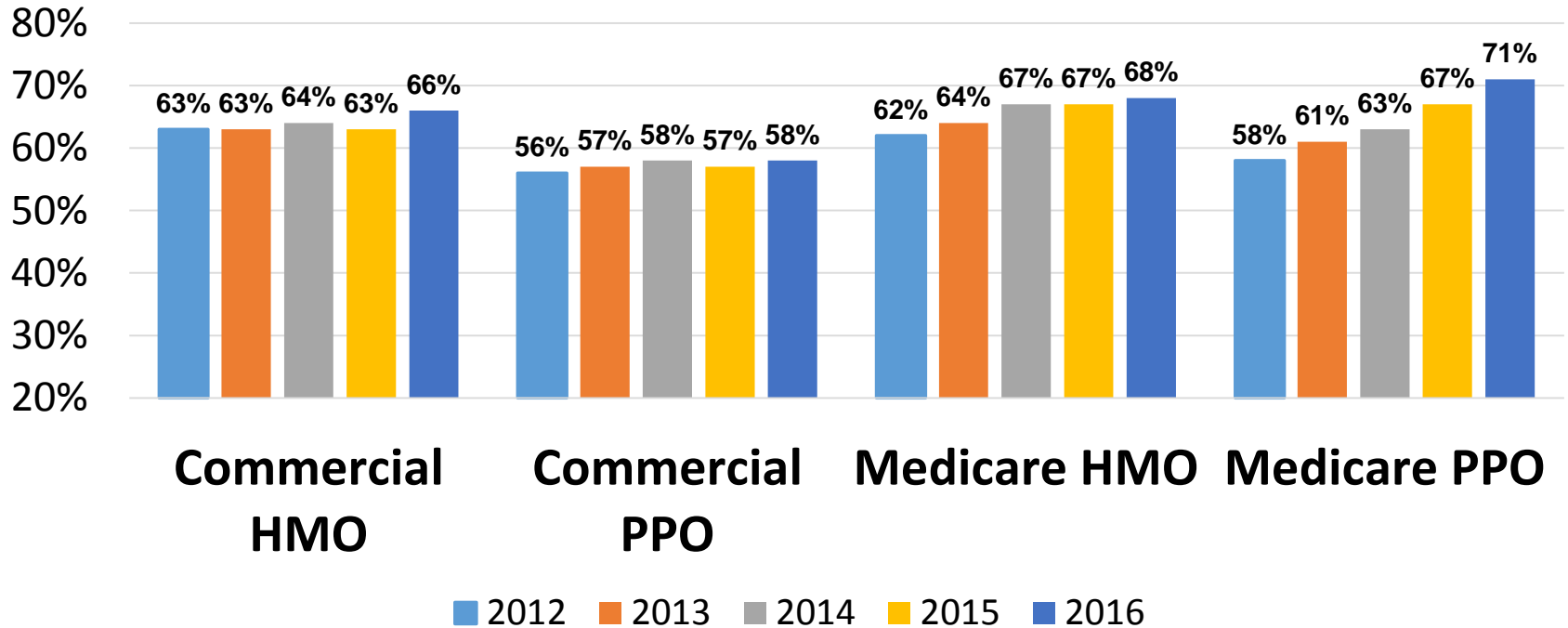


The increase in screening rate between 2013 and 2015 as measured by NHIS translates to an additional
3.7 million adults screened by 2015.

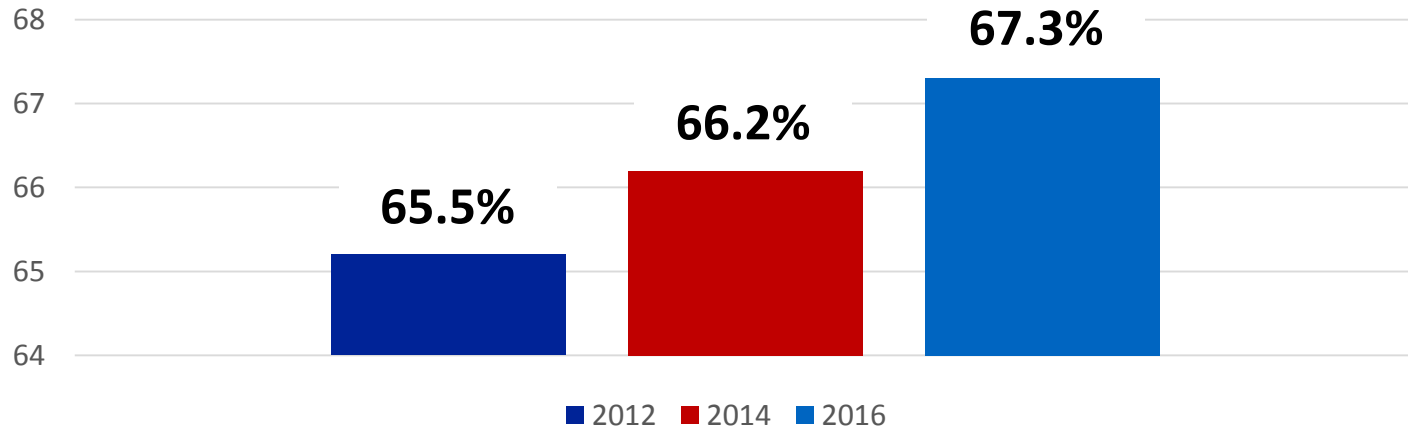
If screening remains at the 2015 level, an estimated
39,700 additional cases and
37,200 deaths will be prevented through 2030.



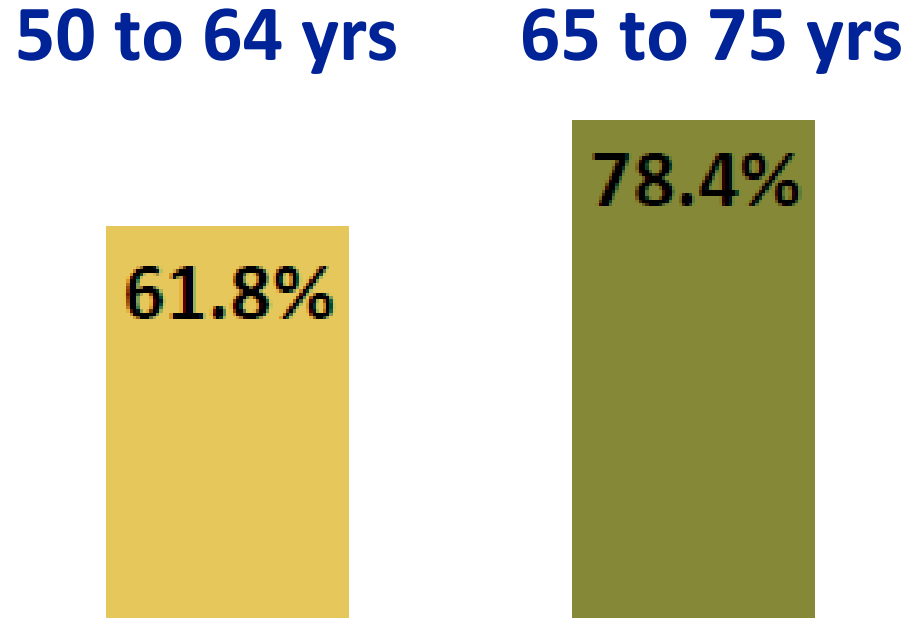
HEDIS Measures



Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening (BRFSS 2016)



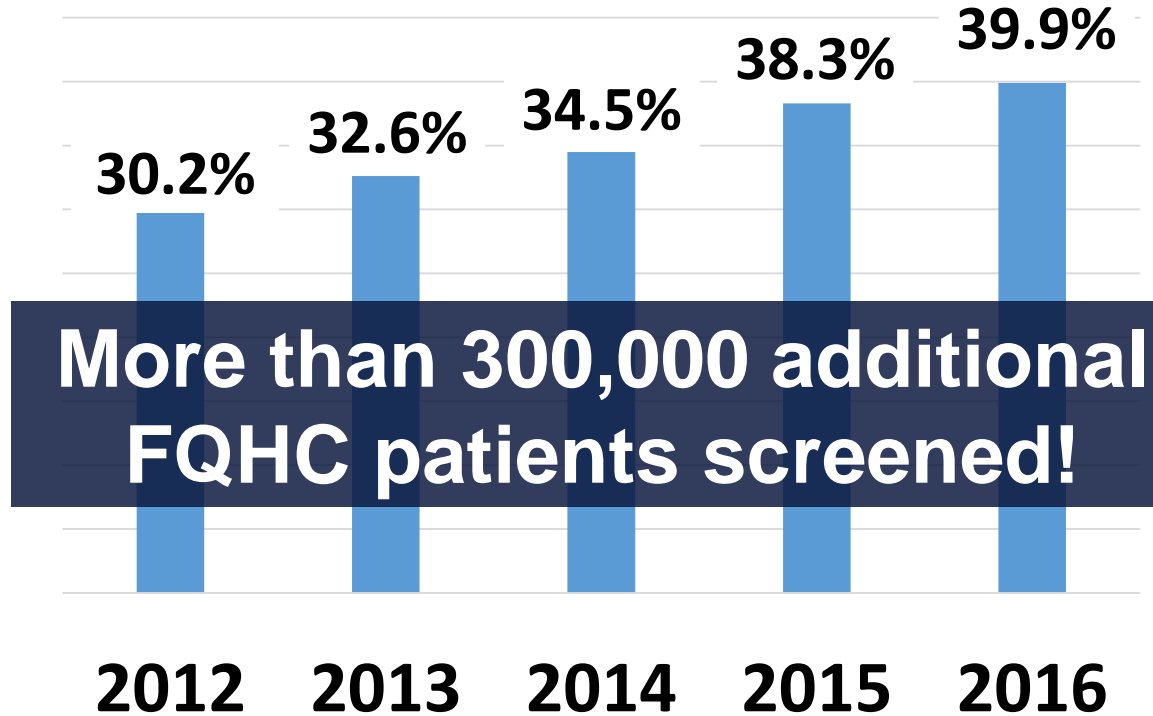
Amazing Screening Rates Among 65+ (BRFSS 2016)



FQHC Screening Rates Going Up

Colorectal Cancer Screening Rate

ALL FQHCs (UDS)



>100 Organizations Nationwide Have Achieved or Exceeded 80%!

47

Medicare plans

28

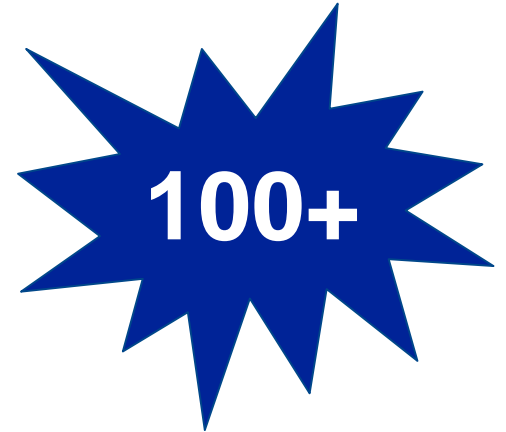
Community health centers

25+

Medical practices and health systems

7

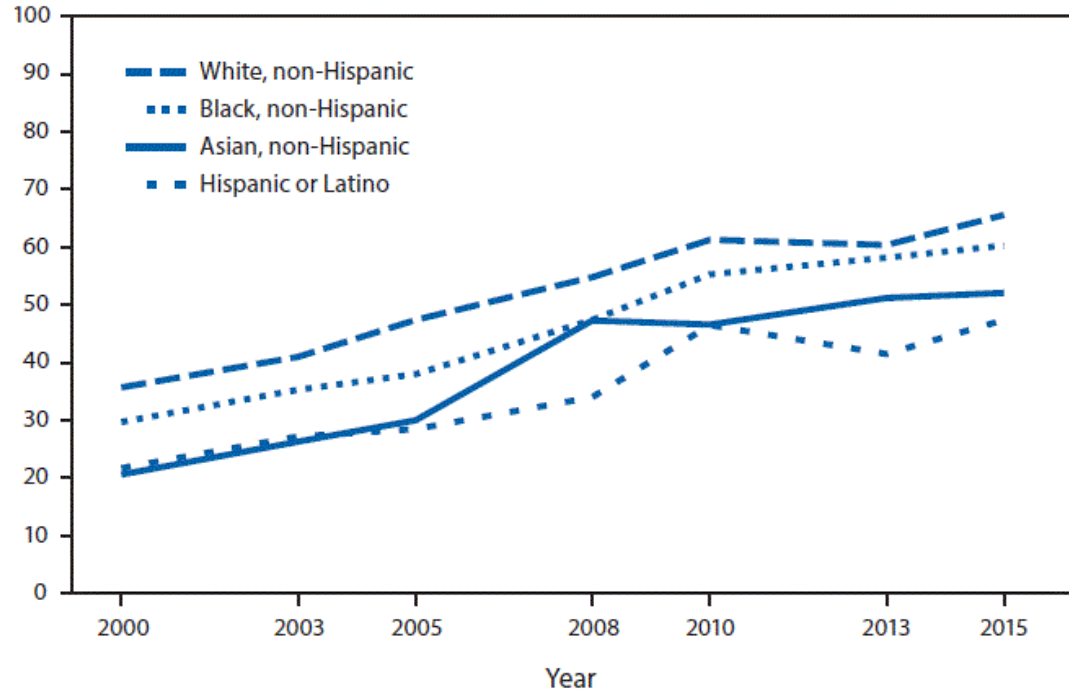
Commercial health plans



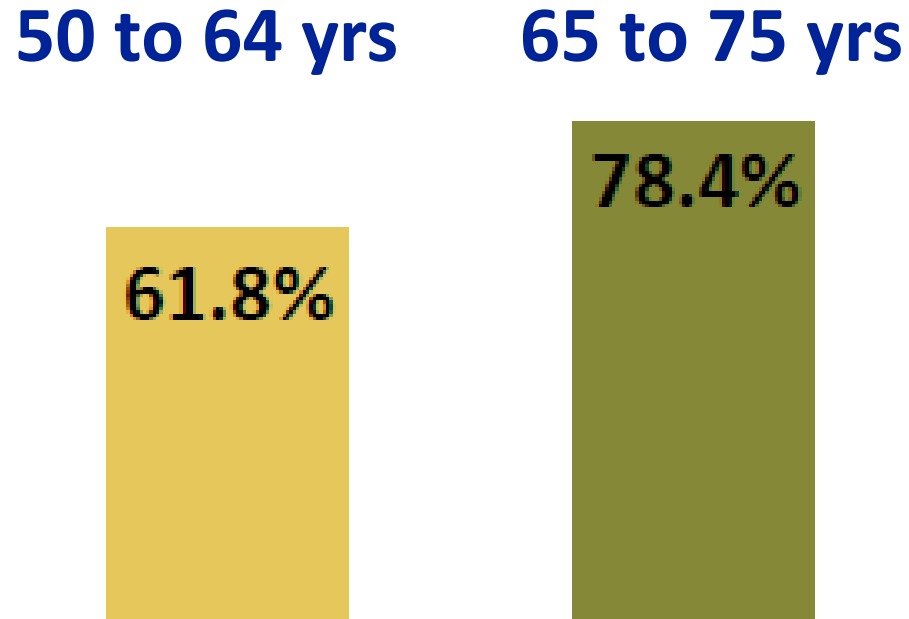
- **Where is progress lagging?**

Persistent Racial/Ethnic Screening Gaps

Colorectal Cancer Screening Among Adults Aged 50-75 Years, by Race/Ethnicity, NHIS, US, 2000-2015

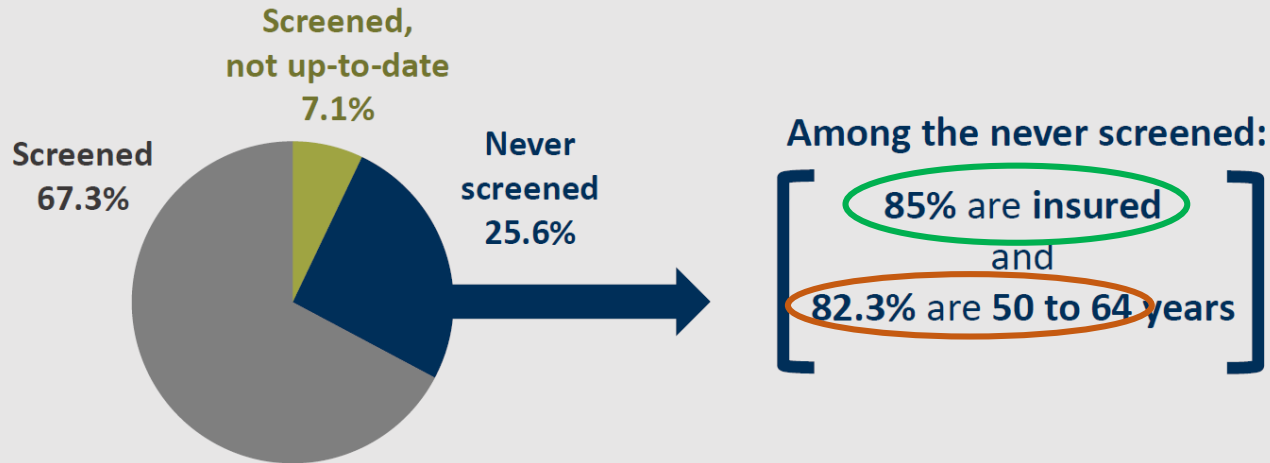


Sub-Optimal Rates Among <65 (BRFSS 2016)



Who's Not Screened?

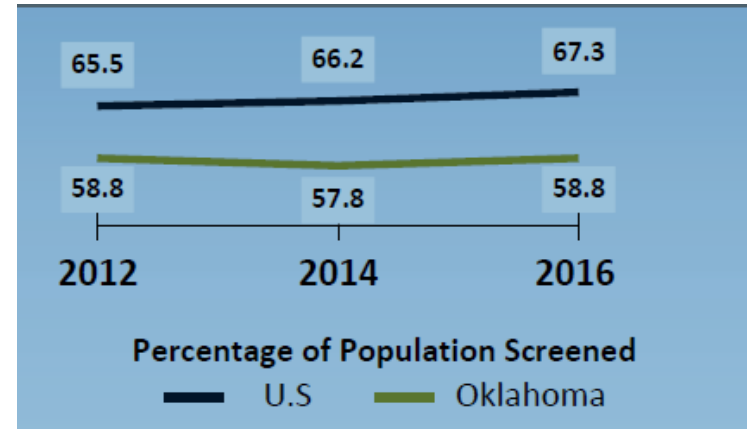
Among adults aged 50 to 75 years, **one quarter** have never been screened.



How Does Oklahoma Measure Up?

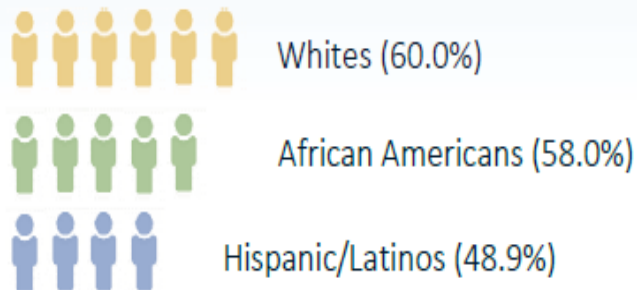
CRC screening test use in Oklahoma has not increased since 2012.

- In 2016, **58.8%** of age-eligible residents had a current CRC screening test.
- **453,000** residents were not currently screened.
- Hispanic/Latinos and African Americans lagged behind whites when it came to having a current screening test.
- Screening occurred more frequently in women and people aged 65 to 75, who were likely insured by Medicare.

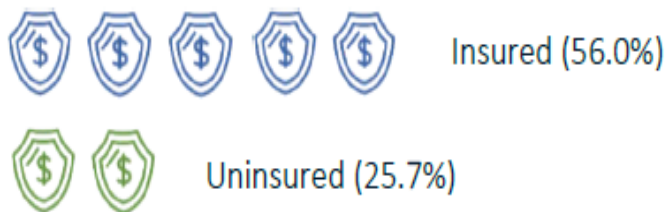


Who's Not Screened in Oklahoma?

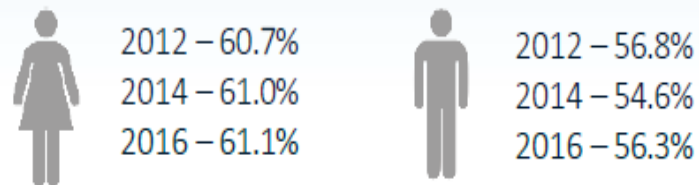
CRC screening test use, by race/ethnicity:



CRC screening test use, by insurance status:



CRC screening test use, by sex:



CRC screening test use, by age:



Men and women aged 65 to 75 years were eligible for Medicare insurance.

**What are the most important lessons
emerging from the first four
years of this campaign?**

80% demands daily work,
constant nurturing, and
leadership by many people
and organizations.



Hard Work and Innovation

- Hundreds of people have served on task forces, produced tools, given talks, spread the word, and arranged public events.
- Countless CRC workgroups at FQHCs, hospitals, employers, and health plans have been critical to success.

Hard Work and Innovation

- Innovation is happening all the time at the local level – everything from Poop on Demand to FluFIT to Surgery on Sunday.



In, Out and On TO THE NEXT ADVENTURE

Health Access FLU AND FIT Clinic

FREE FIT TEST
Yearly screening fecal immunochemical test

Health Access will also be providing a free fecal immunochemical test (FIT) to any patients who are:

- Between 50-75 years of age;
- Who have **NOT** had a colonoscopy within the past 10 years;
- Who have **NOT** had a FIT/FITST test this year.

FREE FLU SHOT

Health Access will provide seasonal flu vaccines on October 15th and 22nd from 9a-12p for any clinic patients who are uninsured. Patients who have Medicaid can get their shot from their local pharmacy or the Health Dept.

Who: Any uninsured adult free clinic patient.
What: Seasonal influenza vaccine
When: October 15 & 22, 2015 | 9a-12p
Where: Health Access, Inc. 489 Washington Ave, Clarksburg, WV 26301

Colon Cancer is the second leading cause of cancer-related death in the U.S.
On average, one out of three people die within 5 years of diagnosis.
90% of new cases occur in people 50 and older.
People with a family history of colon cancer, including those with a first-degree relative who has had colon cancer, have a 2- to 3-fold increased risk of developing the disease.
There are currently more than 10 million colon cancer patients in the U.S.

October 15th & 22nd 2015 | 9A-12P

Call Health Access at 304.622.2708
Make Your Appointments Today!

Surgery on Sunday
Changing Lives One Surgery at a Time

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MISSION
Surgery on Sunday is a not-for-profit organization that provides outpatient essential surgical services at no cost to income eligible, uninsured and underinsured individuals who are not eligible for federal or state assistance.



We All Have a Role to Play

<p>80% by 2018</p> <p>Insurers working together to save lives</p>  <p>Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, and is the most preventable.</p> <p>The number of colorectal cancer cases is dropping. We are helping to save lives. We can save lives.</p> <p>THE OFFICIAL SPONSOR OF BIRTHDAYS</p>	<p>80% by 2018</p> <p>Primary Care Physicians working together to save lives</p>  <p>Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, and is the most preventable.</p> <p>The number of colorectal cancer cases is dropping. We are helping to save lives. We can save lives.</p> <p>THE OFFICIAL SPONSOR OF BIRTHDAYS</p>	<p>80% by 2018</p> <p>Hospitals working together to save lives</p>  <p>Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, and is the most preventable.</p> <p>The number of colorectal cancer cases is dropping. We are helping to save lives. We can save lives.</p> <p>THE OFFICIAL SPONSOR OF BIRTHDAYS</p>	<p>80% by 2018</p> <p>What can Women's Health Professionals Do to Advance 80% by 2018?</p>  <p>Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, and is the most preventable.</p> <p>The number of colorectal cancer cases is dropping. We are helping to save lives. We can save lives.</p> <p>THE OFFICIAL SPONSOR OF BIRTHDAYS</p>	<p>80% by 2018</p> <p>What can Gastroenterologists & Endoscopists Do to Advance 80% by 2018?</p>  <p>Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, and is the most preventable.</p> <p>The number of colorectal cancer cases is dropping. We are helping to save lives. We can save lives.</p> <p>THE OFFICIAL SPONSOR OF BIRTHDAYS</p>	<p>80% by 2018 What Can Communities Do to Advance 80% by 2018?</p>  <p>Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.</p> <p>As a trusted community organization, you have the opportunity to educate and rally your members and stakeholders to help prevent colorectal cancer or find it early, when it's small, has not spread, and treatment is most likely to be successful.</p> <p>Join the national effort to get 80% of adults ages 50 or older regularly screened for colorectal cancer by 2018.</p> <p>The number of colorectal cancer cases is dropping, thanks to screening. We are helping to save lives. You can help.</p>  <p>Light by 2018 A National Colorectal Cancer Research Alliance Campaign</p>
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The work is happening
one **state** at a time ...



... one **coalition**
at a time ...



... one **hospital**
at a time ...



... one **health center** at a time ...



... and one **patient** at
a time.



5 Keys to Real Change

1. It's all about evidence-based interventions.
2. Screening options must be promoted.
3. Primary care, primary care, primary care
4. Champions matter!
5. We have to share knowledge about what works.

1. It's All About Evidence-based Interventions

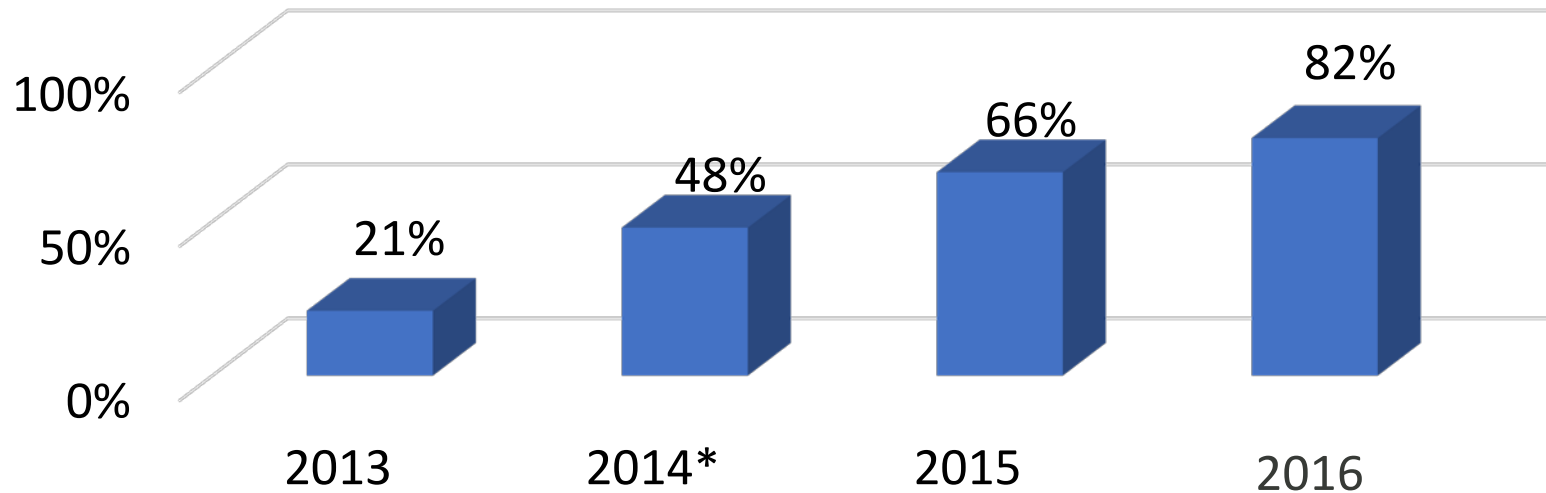
- There is no magic solution.
- Systems are having success by implementing what we've long promoted:
 - Patient reminders
 - Provider reminders
 - Provider feedback
 - Navigation
 - A team-based approach to care

Example: Federally Qualified Health Center

- C. L. Brumback Primary Care Clinics (Florida)
- Project efforts included:
 - Patient navigator
 - Care Team education and training
 - Morning huddle and monthly QI meetings focus on colorectal cancer screening
 - Standing FIT orders
 - Poop-on-demand
 - Open access colonoscopy with county public hospital
 - Clinical protocols for colonoscopy referral
 - Optimized EHR documentation and data collection
 - Data transparency – screening rates, by provider



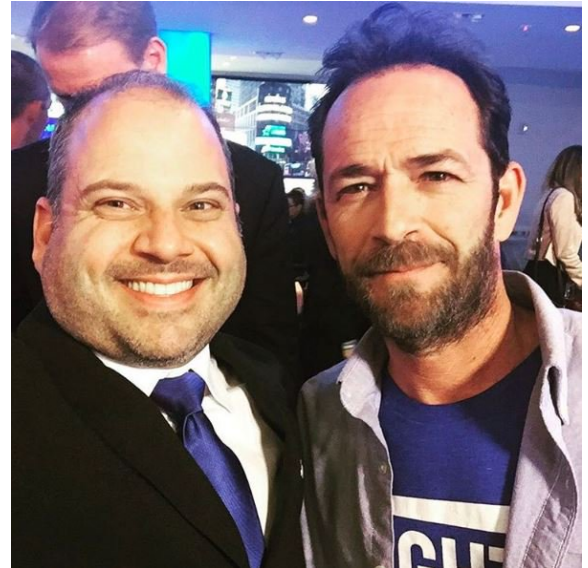
CL Brumback CRC Screening Rates



*CRC Grant received in November 2014

Example: Hospital Systems Success

- Advocate Illinois Masonic Hospital used evidence-based strategies to increase screening rates
- 50- to 65-year-olds:
 - 2014 screening rate: 25%
 - 2016 mid-year screening rate: 60%
- 65 and older:
 - 2014 screening rate: 17%
 - 2016 mid-year screening rate: 70%
 - 2016 year end rates approaching 80%



2. Screening Options Must Be Promoted

- USPSTF guidelines now essentially identical to ACS guidelines, recommending multiple screening strategies
- No system reaches 80% with colonoscopy alone.

Table. Characteristics of Colorectal Cancer Screening Strategies^a

Screening Method	Frequency ^b	Evidence of Efficacy	Other Considerations
Stool-Based Tests			
gFOBT	Every year	RCTs with mortality end points: High-sensitivity versions (eg, Hemoccult SENA) have superior test performance characteristics than older tests (eg, Hemoccult II)	Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)
FIT ^c	Every year	Test characteristic studies: Improved accuracy compared with gFOBT Can be done with a single specimen	Does not require bowel preparation, anesthesia, or transportation to and from the screening examination (test is performed at home)
FIT-DNA	Every 1 or 3 y ^d	Test characteristic studies: Specificity is lower than for FIT, resulting in more false-positive results, more diagnostic colonoscopies, and more associated adverse events per screening test Improved sensitivity compared with FIT per single screening test	There is insufficient evidence about appropriate longitudinal follow-up of abnormal findings after a negative diagnostic colonoscopy; may potentially lead to overly intensive surveillance due to provider and patient concerns over the genetic component of the test
Direct Visualization Tests			
Colonoscopy ^e	Every 10 y	Prospective cohort study with mortality end point	Requires less frequent screening. Screening and diagnostic followup of positive results can be performed during the same examination.
CT colonography ^b	Every 5 y	Test characteristic studies	There is insufficient evidence about the potential harms of associated extracolonic findings, which are common
Flexible sigmoidoscopy	Every 5 y	RCTs with mortality end points: Modeling suggests it provides less benefit than when combined with FIT or compared with other strategies	Test availability has declined in the United States
Flexible sigmoidoscopy with FIT ^c	Flexible sigmoidoscopy every 10 y plus FIT every year	RCT with mortality end point (subgroup analysis)	Test availability has declined in the United States Potentially attractive option for patients who want endoscopic screening but want to limit exposure to colonoscopy

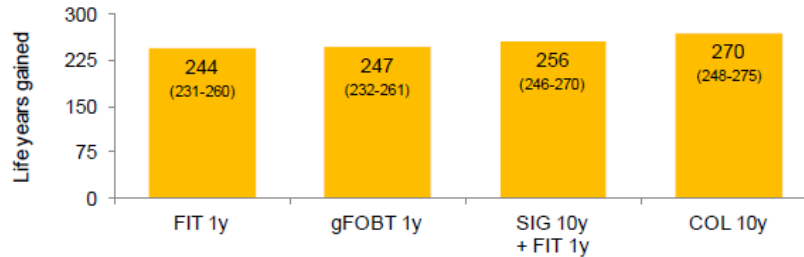
2. Screening Options Must Be Promoted

- Many primary care clinicians continue to think that FIT is a second rate choice.
- Some patients can't or won't have a colonoscopy – but are willing to complete stool testing
- Stool tests are often the only option for low resource settings.
- When practice settings “discover” the value of FIT, screening rates go up.

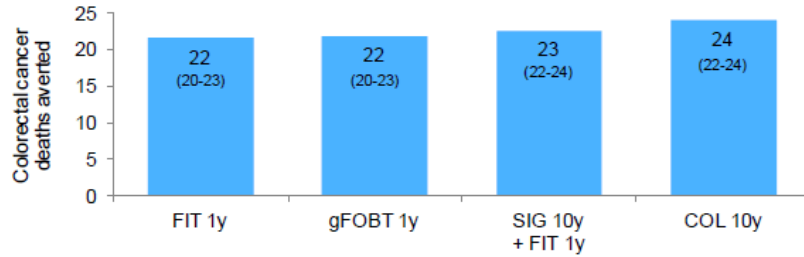
2. Options: Stool Tests are Effective

Draft: Figure. Benefits, Harms, and Burdens of Recommended Screening Strategies Over a Lifetime*†

A. Benefit: Life Years Gained, per 1,000 Screened



B. Benefit: Colorectal Cancer Deaths Averted, per 1,000 Screened



<http://www.uspreventiveservicestaskforce.org/Page/Document/draft-recommendation-statement38/colorectal-cancer-screening2>

2. Options: Partners are Embracing FIT

- Many patients prefer home stool testing.

Colonoscopy recommended:	38% completed colonoscopy
FOBT recommended:	67% completed FOBT
Colonoscopy or FOBT:	69% completed a test

- Use of FIT and/or offering screening test choices appeared again and again in the partner survey as an essential element to moving the needle on screening.

3. Primary Care Matters

The data show over and over again that the strongest predictor of whether someone is up-to-date with screening or not is whether or not their primary care clinician recommended it.

3. What Must a Primary Care Practice Do to Improve Screening Rates?

- Have strong leadership and champions.
- Have the capacity to measure and report screening rates in real time:
 - By practice
 - By clinician
 - By patient
- Have a system to contact patients who are out of date with screening and invite them to participate.

3. What Must a Primary Care Practice Do to Improve Screening Rates?

- Identify a screening policy
 - Financial/insurance considerations
 - Availability of colonoscopy
- Develop a reliable network of colonoscopists
 - Reliance on FOBT/FIT substantially reduces the number of colonoscopies
- Provide patient navigation
 - Ideally, navigation for colonoscopy should be provided by colonoscopy providers

3. Primary Care Must Focus on Initiating Screening for Avg Risk starting at age 50

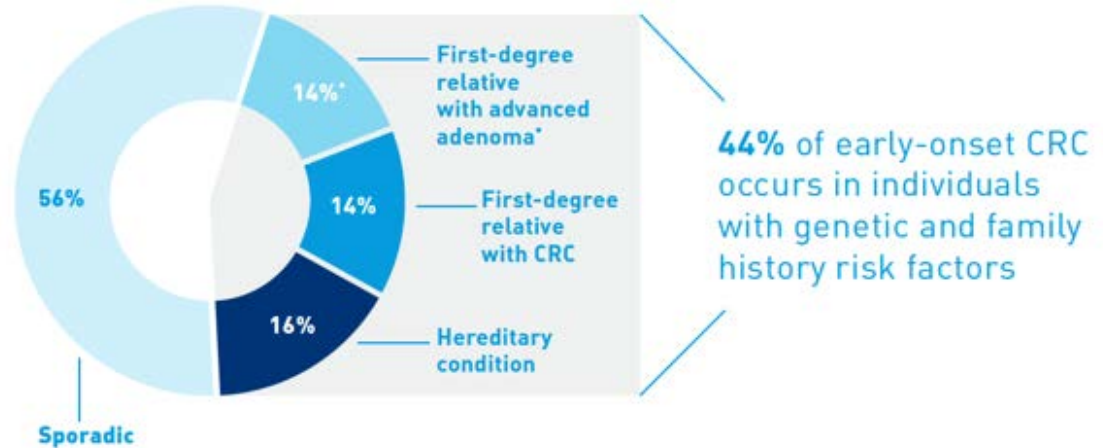
- Colorectal cancer mortality rates have increased in adults under 55 since the mid-2000s after falling for decades.
- The rise was confined to white individuals.

Less than half (49.1%)

of 50- to 54-year-olds are
up-to-date on screening

3. Primary Care Must Focus on Initiating Screening Before Age 50 for Increased Risk

- Identification and appropriate early screening of those at increased risk might prevent **nearly half** of early onset cases.



3. Strategies for Reaching Primary Care Providers

1. Partner with the influencers – state and national professional organizations.
2. Work with network leaders to develop ways to reach PCPs within those systems.
3. Focus more on HEDIS rates and work with payers.

4. Champions are Key

- The secret to success is to surround yourself with good people.
- Support from leaders and champions is a strong indicator of achievement.



4. Champions are Important

Show me a system or practice or hospital that signed a pledge but where you can't identify a true champion – the person who OWNS the issue and is the go-to person – and I'll show you a system that isn't likely to make much progress.



5. We Must Share What We Know

- We're constantly learning and sharing what we know.
- In our 80% by 2018 partner survey, our partners have identified needs that we're working hard to address:
 - How to better use EHRs
 - How to secure follow up colonoscopy for the uninsured
 - How to work with health plans
 - How to work with hospitals
 - How to implement effective state and regional coalitions

80% in Every Community Tools and Resources

Paying for Colorectal Cancer Screening Navigation Toolkit Strategies for Payment and Sustainability

How to Evaluate Activities to Increase Colorectal Cancer Screening and Awareness

80% by 2018

What can Women's Health Providers Do to Advance 80% by 2018?

80% by 2018

Tested Messages to Reach the Unscreened

Tools for the 80% by 2018 goal to screen 80% of adults 50 or older for colorectal cancer by 2018.

Hispanics/Latinos and Colorectal Cancer

Companion Guide

Colorectal Cancer Screening Best Practices Handbook for Health Plans

80% by 2018

What can Gastroenterologists & Endoscopists Do to Advance 80% by 2018?

Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.

Join the national effort to get 80% of age-appropriate adults regularly screened for colorectal cancer by 2018. (Starting screening before age 50 may be appropriate for people with certain risk factors). If we can achieve 80% by 2018, 277,000 cases and 203,000 colon cancer deaths would be prevented by 2035.

The number of colorectal cancer cases is dropping, thanks to screening. We are helping save lives.

80% by 2018

What Can Communities Do to Advance 80% by 2018?

Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.

As a trusted community organization, you have the opportunity to educate and rally your members and stakeholders to help prevent colorectal cancer or find it early, when it's small, has not spread, and treatment is most likely to be successful.

Join the national effort to get 80% of adults ages 50 or older regularly screened for colorectal cancer by 2018.

The number of colorectal cancer cases is dropping, thanks to screening. We are helping save lives. You can help.

Resource Center on NCCRT.org

All the tools you need are all in one place.

The screenshot displays the NCCRT.org Resource Center website. At the top left is the logo for the National Colorectal Cancer Roundtable. The navigation menu includes links for ABOUT, WHAT WE DO, WHAT'S NEW, RESOURCE CENTER, and GET INVOLVED. A search bar is located in the top right corner. The main heading reads "RESOURCE CENTER". Below this, there is a search input field and two buttons: "About The Resource Center" and "Submit A Resource".

The "FILTER AND SORT" section on the left includes a "Sort By" dropdown with options for "Alphabetically" and "Newest Added". Below that, the "View Resources By..." section has checkboxes for "NCCRT", "80% by 2018", "Signature Tools", and "External Partner". A "Setting" dropdown is also present, with "CHC/FQHC" selected.

The main content area shows "SHOWING RESULTS: 89 OF 89" and lists three resource cards:

- Webinar:** "New! Links Of Care Update – July 27, 2017". The card features a blue "WEBINAR" banner and a description: "This webinar shared what we've learned so far from our Links of Care pilots, which seek to improve colorectal cancer screening and..."
- Session:** "New! NCCRT/AARP Colorectal Cancer Screening Education Session". The card features the NCCRT logo and a description: "The Roundtable and AARP co-sponsored two 'Teletown Halls' to educate AARP members about the importance of colorectal cancer screening."
- CA:** "New! Review Of Population-Based Programs For Colorectal Cancer Screening". The card features the CA logo and a list of program details.

Where do we go from here?

Here's What We Know

1. This is the most successful public health campaign of its type in history.
2. We're moving the needle nationally.
3. We're moving the needle in FQHCs.
4. We won't know exactly how this turns out until 2020.
5. The first wave of indicators is exciting!

**No matter the result, our work did
not end in 2018.**

Where should we
focus our efforts?



Solutions are Local

- Community by Community,
- City by City,
- System by System
- Audience by Audience.

1. Reach PCPs beyond FQHCs

- Most unscreened patients are cared for in private practices
- PCPs in private practice settings may be difficult to reach.
 - Most PCPs – whether they're independent or working for a health system – haven't heard of 80% in Every Community.
 - We have to find ways to educate and engage them

1. Insured Individuals Ages 50-64

- Much lower screening rates overall than the 65+ group
- Rising CRC rates and lowest screening rates in those age 50-55
- Vast majority of the unscreened have insurance (85%)



2. Younger Individuals

- We need to encourage providers to:
 - start screening on time at age 50
 - Only 49.1% of 50-55 yr olds are up to date
 - Solicit, document and act on family history and risk factors long before a patient reaches 50;
 - Respond to symptoms at any age.

3. Reach Out to Key Populations with Low Screening Rates

- Screening rates among African American, Hispanic, American Indian and Alaska Natives, and Asian American groups are low.
- We don't have all the answers here. Get the right people at the table to find an approach that works.
 - Cultural appropriate messages and messengers
 - Improve access to screening and to follow up colonoscopy
 - Innovation and research remain critical.

Our goal is big ...

... but so is the
potential impact.



Reaching 80% will prevent hundreds of thousands of cases and deaths.



Colorectal cancer doesn't need to be the second leading cause of cancer death in the US among men and women combined.





Thank You

