Increasing Colorectal Cancer Screening

Michigan Department of Community Health (MDCH)

Michigan Primary Care Association
2.27.14
Review national and FQHC colorectal cancer (CRC) screening statistics

Review risk appropriate CRC screening options to increase CRC screening

Discuss evidence-based recommendations to increase CRC screening rates

Review the use of patient navigation and system change to increase CRC screening rates
Colorectal Cancer Facts

- 2nd leading cause of cancer related death in men and women

- Disparities exist in screening use for underserved populations:
  - Low income
  - Uninsured or underinsured
  - No usual source of care/PCP

- Screening can reduce mortality and sometimes incidence

National CRC Screening Rates

65.1% of men and women report they are up-to-date
- White – 65.9%
- Black/African American – 65.5%
- Hispanic – 53.1% Non-Hispanic: 66.4%
- Native American – 54.5%

Of those men and women who were screened:
- Colonoscopy 62%
- FOBT 10%
- Flexible Sig with FOBT <1%

Source: CDC Morbidity and Mortality Weekly Report (MMWR) 11.5.13
Behavioral Risk Factor Surveillance System (BRFSS) 2012
Trends in Michigan Colorectal Cancer (CRC) Screening


2012 CDC Vital Signs

Many adults are not being tested

- Up-to-date CRC testing: 65%
- Tested but not up-to-date: 28%
- Never tested: 7%
- Insurance status of never tested adults aged 50–75 years:
  - Insured: 76%
  - Uninsured: 24%

Uniform Data System (UDS)

Clinical Performance Measures for 2012 UDS
Now includes CRC screening

Numerator:
Number of adults in the denominator who had interval appropriate CRC screening

Denominator:
Number of adults age 51-75 years who had at least one medical visit during the reporting period

Know Your Numbers!
# National CRC Screening Rates

<table>
<thead>
<tr>
<th>Color on Map</th>
<th>Interval</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54.1 to 59.2</td>
<td>Alaska, Arkansas, Idaho, Illinois, Mississippi, Montana, Nevada, New Mexico, North Dakota, Oklahoma, Texas, West Virginia, and Wyoming</td>
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<tr>
<td></td>
<td>59.3 to 63.5</td>
<td>Alabama, California, Hawaii, Indiana, Iowa, Kansas, Kentucky, Louisiana, Missouri, Nebraska, Ohio, and Tennessee</td>
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<td></td>
<td>63.6 to 68.9</td>
<td>Arizona, Colorado, Florida, Georgia, New Jersey, North Carolina, Oregon, Pennsylvania, South Carolina, South Dakota, Utah, Virginia, and Wisconsin</td>
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<td>69.0 to 75.2</td>
<td>Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New York, Rhode Island, Vermont, and Washington</td>
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</table>

Source: BRFSS 2010
2012 FQHC CRC Screening Rates

Source: Health Resources and Services Administration (HRSA)
Men and women 50-75 should be screened for CRC.

The U.S. Preventive Task Force (USPSTF) recommends against screening in adults older than 85 years of age.

People with a personal or family history should be screened earlier than 50 for CRC.
Recommended CRC Screening Tests

At-home yearly stool tests
- Fecal Occult Blood Test (FOBT)
- Fecal Immunochemical Test (FIT)

Sigmoidoscopy - every 5 years
  With FOBT every 3 years

Colonoscopy - every 10 years

Source: Michigan Cancer Consortium Guidelines for the Early Detection of CRC
**Average Risk for CRC**

May have any **recommended** CRC screening test at **appropriate** intervals

**Increased or High Risk for CRC**

Colonoscopy
FIT/FOBT Performance

- At-home stool tests
- When done correctly, FIT and high sensitivity FOBT have similar performance

Clinician’s Reference: FOBT for CRC Screening

Source: American Cancer Society
National Colorectal Cancer Roundtable
Digital Rectal Exam (DRE)

- A Digital Rectal Exam (DRE) is NEVER an acceptable CRC screening

- Misses 95% of advanced neoplasm
- False sense of security

American Cancer Society
National Colorectal Cancer Roundtable
Colonoscopy: Increased or High Risk for CRC

- Personal history of CRC or pre-cancerous polyps
- 1st degree relative with CRC or pre-cancerous polyps
- Genetic or clinical diagnosis or family history of familial adenomatous polyposis (FAP), hereditary non-polyposis colon cancer (HNPPC), inflammatory bowel disease, ulcerative colitis or Crohn’s colitis
- Symptomatic
You Can Make a Difference

- The single most important factor in the completion of CRC screening is a conversation with the provider.
- Promote all risk appropriate screening options to increase CRC screening.
- Develop systems to track and explore ways to increase CRC screening.
- Patient navigation and follow-up ensures tests are completed.
Consider Patient Preferences

- Diverse urban clinical setting
- 997 men and women average risk
- 58% had a screening test
  - Colonoscopies: 38% completed
  - FOBT: 67% completed
  - Choice: 69% completed
- Racial differences
  - Black lowest at 48%
  - Latinos 61% and Asians 63%

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Patient Navigation

- Assess readiness to screen
- Offer risk appropriate screening options
- Provide patient navigation, communicate test results and next screening interval:
  - Patient
  - Providers
  - Tracking system
<table>
<thead>
<tr>
<th>The Best CRC Screening</th>
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</thead>
<tbody>
<tr>
<td><strong>Risk</strong></td>
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<tr>
<td><strong>Preference</strong></td>
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<tr>
<td><strong>Readiness to screen</strong></td>
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<tr>
<td><strong>Barriers to Screening</strong></td>
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<tr>
<td><strong>Lack of knowledge</strong></td>
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<td><strong>Financial</strong></td>
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<tr>
<td><strong>Fear or lack of trust</strong></td>
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<tr>
<td><strong>Culture</strong></td>
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<tr>
<td><strong>Transportation</strong></td>
</tr>
<tr>
<td><strong>Time</strong></td>
</tr>
<tr>
<td><strong>Complicated test/prep</strong></td>
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</tbody>
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Evidence-based strategies and interventions that increase CRC screening:

- Client oriented screening interventions
- Provider oriented screening interventions
Increasing Breast, Cervical, and Colorectal Cancer Screening

### Client-oriented screening intervention strategies

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Breast Cancer</th>
<th>Cervical Cancer</th>
<th>Colorectal Cancer</th>
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<tbody>
<tr>
<td>Client reminders</td>
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<td>Client incentives</td>
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<td>Small media</td>
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<td>Mass media</td>
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<tr>
<td>Group education</td>
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<td>One-on-one education</td>
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<tr>
<td>Reducing structural barriers</td>
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<tr>
<td>Reducing client out-of-pocket costs</td>
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### Provider-oriented screening intervention strategies

| Provider assessment & feedback       |               |                 |                   |
| Provider incentives                  |               |                 |                   |
| Provider reminder & recall systems   |               |                 |                   |
| Promoting informed decision making for cancer screening | | | |
Client Oriented Strategies

- Print, telephone and email reminders
- Mail out kits with self addressed envelopes
- Track and follow-up if not returned
- **Ask if they plan to complete the screening**
- Discuss prep/test and assist with scheduling appointments for scopes
- Discuss and reduce structural barriers
- Reminder call the day before the scope
Small Media

Printed materials:

- Letters or post cards
- Brochures, flyers and posters
- Newsletters

Tailored CRC information for individuals

Make It Your Own

FREE - You design your media

- Mass media and videos with small media
MIYO – Appointment Reminders

Your colon cancer screening is scheduled for...

Doctor XYZ

Day: S M T W T F S

Date: __________________

Time: __________________

123 Road
Lansing MI 48913

WE’LL BE WAITING FOR YOU

Just a quick reminder about your colon cancer screening appointment.
50th Birthday Reminder

I got screened and now it's your turn.

Getting screened for colon cancer was something I never wanted to talk about let alone do. I talked with some friends and realized it wasn't that bad.

If you are 50 or older, talk with your doctor about your screening options.

Michigan Colorectal Cancer Early Detection Program
I'm important to them, and they are just as important to me. That's why I do all I can to stay healthy. Do the same for your family.

Michigan Colorectal Cancer Early Detection Program
What is colorectal cancer

Colorectal cancer can be confusing but your doctor can answer your questions. Ask your primary care provider the questions below.

I don’t have time for colon cancer.

That’s why I got screened. Take the time. Get screened.

Take care of your health and get screened for colon cancer.

What are the symptoms of colorectal cancer?
Can colorectal cancer run in families?
Am I at risk for colorectal cancer?
How can I reduce my risk of getting colorectal cancer?

Michigan Department of Community Health
Community Guide: Provider

- Provider assessment and feedback
  - Know your numbers (HRSA/UDS)  2009

- Provider reminder and recall systems
  Charts/EMR, email, in-office cards
  Sigmoidoscopy and FOBT  2006

- Provider Incentives –
  - Insufficient Evidence  2009
**Provider Oriented Interventions**

- Review of EMR/chart – flag for screening
- CRC screening begins at the front desk and with all staff:
  - Your provider will be talking to you
  - Do you have questions?
- Give FIT/FOBT kits and in-office reminder calls/cards
- Schedule appointment/prep/reminder call
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1. What are the different types of colorectal cancer screening and what test should I have?</td>
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<tr>
<td>2. Why should I be screened once I turn 50?</td>
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<tr>
<td>3. Are there risks involved with the test? If so, what are the risks I should know about?</td>
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<tr>
<td>4. How often should I be screened for colorectal cancer?</td>
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Deciding which colorectal cancer screening is right for you can be confusing but it doesn't have to be. Ask your doctor these questions about your screening options.

Michigan Colorectal Cancer Early Detection Program
Patient Navigation

- Educating staff about colorectal cancer and risk factors
- Reminder systems and team approach:
  - Begins with the front desk
  - RNs, Techs, NPs, Physicians, PAs
- Determine personal risk and family risk
- Increasing the client about awareness about colorectal cancer and screening
One-on-One Education

- Discuss personal and family risk for CRC
- Benefit to the individual
- Discuss screening options and preference
- Identify any barriers to CRC screening
- Determine readiness to screening
Start the conversation!

Hearing it from someone you trust makes a difference!

...and that, Jimmy, is the tale of my very first colonoscopy...
Michigan’s Screening Program

Men and women aged 50-64 who are low income, uninsured or underinsured and at average to increased risk for colorectal cancer.

**Average Risk Clients**
- High Sensitivity Fecal Occult Blood Test (FOBT)
  - Positive FOBT - Diagnostic colonoscopy

**Increased Risk Clients**
- A personal or family history of colorectal cancer or precancerous polyps.
  - Screening or surveillance colonoscopy
Michigan CRC Early Detection Program: Patient Navigation

- 77% - FOBT caseload
- 74% FOBT Return Rate
- 30% - National FOBT Return Rate
- 94% Colonoscopy completion rate

Patient Navigation makes a difference!!
CRC Resources

- Enroll Michigan - Certified Navigators
- Healthcare.gov - Health Insurance Marketplace
- American Cancer Society (ACS)
- Make It Your Own (MIYO)
- CDC Screen for Life Campaign
- Medicare: What’s Covered for CRC Screening
Thank you

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