

PRIORITIZING **COLORECTAL CANCER SCREENING**

CONSIDERATIONS FOR HEALTH SYSTEMS

CLINICAL NEED FOR COLORECTAL CANCER SCREENING



Colorectal Cancer (CRC) Is Among the Most Common and Deadly Cancers^{1,2}

CRC remains the second-leading cause of cancer death among US adults.¹

An estimated 52,580 people will die from CRC in 2022, more than from breast or prostate cancer.¹



CRC is one of the “most preventable yet least prevented” forms of cancer³

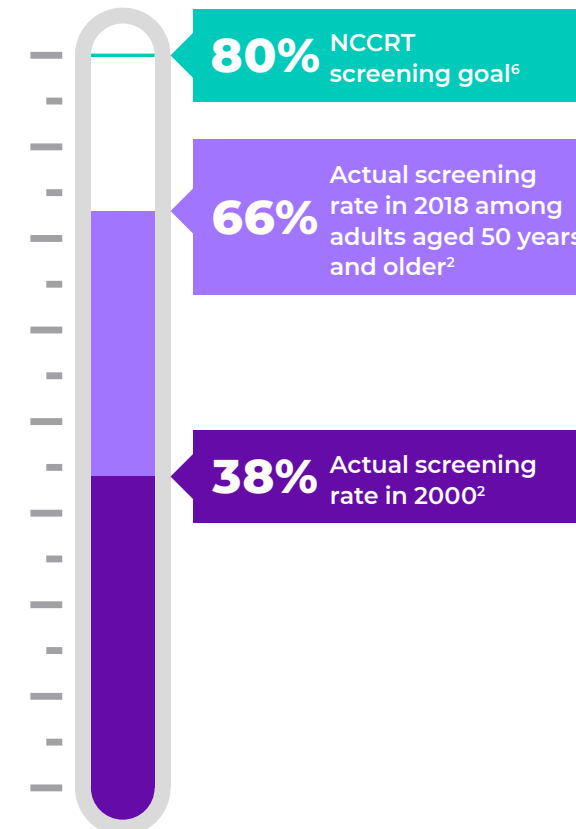
Because of the potential to detect and remove precancerous adenomas, CRC is one of the few cancers that can actually be prevented by screening^{3,4}:

- One-third of eligible adults are not up to date with CRC screening²
- Approximately 21% of adults 45 to 49 years old and 67% of adults 50 to 75 years old reported being up to date with CRC screening in 2018²

CLINICAL NEED FOR CRC SCREENING (cont'd)

A Significant CRC Screening Gap Remains⁵

The National Colorectal Cancer Roundtable (NCCRT) has set a goal to increase CRC screening rates to 80% in every community. Historically, rates have fallen short of this goal.⁶



Multiple Factors Contribute to the Gap in CRC Screening Rates



Barriers to screening may include lack of access to primary care on a regular basis, inadequate insurance coverage, lack of provider recommendation, logistical factors, and lack of knowledge.²



CRC screening rates are affected by socioeconomic status and ethnic and sociological influences in adults aged 50 years and older²:

- Among adults aged 50 years and older in 2018, screening was lowest among people aged 50 to 54 years (48%), Asian American adults (55%), individuals with less than a high school education (52%), the uninsured (30%), and recent (<10 years) immigrants (26%)²

BENEFITS OF OFFERING MULTIPLE CRC SCREENING OPTIONS



Offering Multiple Screening Options Can Be Used to Promote CRC Screening Adherence

Multiple screening options are recommended by the United States Preventive Services Task Force (USPSTF) and the American Cancer Society (ACS) with varying test/procedure complexity and limitations.^{2,5}

- Because no direct evidence compares different screening tests and because local resources or patient factors may influence the feasibility of different screening strategies, the USPSTF is unable to determine which tests are unequivocally “better” or “worse.”⁵
- Patient preference with regard to risk, convenience, and test/procedure complexity should be considered^{2,5}
- A clinical study in a community health network setting showed that when patients were offered a choice of CRC screening options:
 - Nearly half of those who completed a test still chose colonoscopy within 1 year
 - Adherence rates nearly doubled when patients were offered a noninvasive approach or given a choice of 2 screening options over colonoscopy alone^{7*}

*FOBT-only completion rate was not statistically different vs choice arm (P = .64).

†HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



CRC Screening and Improved Patient Satisfaction May Affect Quality Ratings

CRC screening can help health systems achieve quality goals. Various value-based payment models report CRC screening as a quality measure, including:

- Medicare ACO Shared Savings Program⁹
- Medicare Advantage Star Ratings¹⁰
- Merit-based Incentive Payment System¹¹
- Healthcare Effectiveness Data and Information Set (HEDIS®)^{12†}

ACO, accountable care organization.

Per the ACS 2018 guideline update,

“Adults aged 45 years and older with an average risk of CRC should undergo regular screening.”

As per the ACS qualified recommendation, screening modalities include either a high-sensitivity stool-based test or a structural (visual) examination.⁸

IMPLEMENTING A CHOICE-BASED CRC SCREENING PROGRAM

The NCCRT Recommends Best Practices for Health Systems to Implement a Successful Choice-based CRC Screening Program

A comprehensive approach to screening should be cohesive and organized to realize the benefits. Consider the following components⁴:

THE BUSINESS CASE FOR CRC SCREENING	CRC screening is an opportunity to move a higher patient volume through the health system (eg, primary care patients) and avoid costs associated with advanced CRC, including emergency department visits
TARGET AUDIENCE	Determine the scope of the CRC program (eg, patient base, primary care network), or consider piloting a screening program among health system employees
BASELINE SCREENING RATES	Accurate baseline population screening rates from health system cancer registries, CDC statistics, or SEER data can be useful for assessing the impact and long-term outcomes of a CRC screening program
TRACKING AND OUTREACH	Assess the resources available to devote to patient tracking and outreach to increase adherence, and consider partnerships with community organizations, federally qualified health centers, or other stakeholders

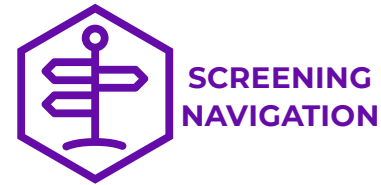
CDC, Centers for Disease Control and Prevention; SEER, Surveillance, Epidemiology, and End Results Program.



IMPLEMENTING A CHOICE-BASED CRC SCREENING PROGRAM (cont'd)

Use an Evidence-based Approach to Maximize Success in CRC Screening

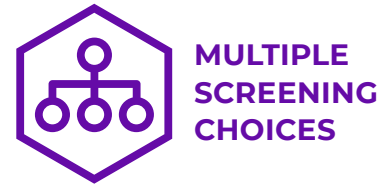
Evidence-based strategies should include⁴:



SCREENING NAVIGATION

Patient navigation programs have demonstrated increases in CRC screening rates. Components of patient navigation programs may include^{4,13}:

- Engaging patients with education
- Motivation and support
- Appointment scheduling
- Translation assistance
- Transport assistance
- Help overcoming barriers
- Test preparation



MULTIPLE SCREENING CHOICES

Multiple screening options are recommended by the USPSTF⁵ and the ACS⁸; **patients are more likely to follow through with screening when given options that align with their preferences.** Using multiple screening modalities is a particularly important strategy in areas where there may be a shortage of endoscopists or a large uninsured patient population who cannot afford colonoscopies.



SCREENING REMINDERS AND TECHNOLOGY INTEGRATION

Direct reminders to patients have been shown to increase CRC screening rates and can include direct kit mailing, letters, emails, postcards, and telephone calls.^{4,13} Provider reminders, chart audits, and feedback systems have also demonstrated increases. Technology-enabled reporting and processes can allow gaps in care to be identified and addressed consistently.^{14,15} Previously unscreened patients can be identified through EHR optimization.

Per the USPSTF,

“Discussion of implementation considerations with patients may help better identify screening tests that are more likely to be completed by a given individual.”¹⁵

EHR, electronic health record.

SUMMARY

Close the CRC Screening Gap in Your Health System



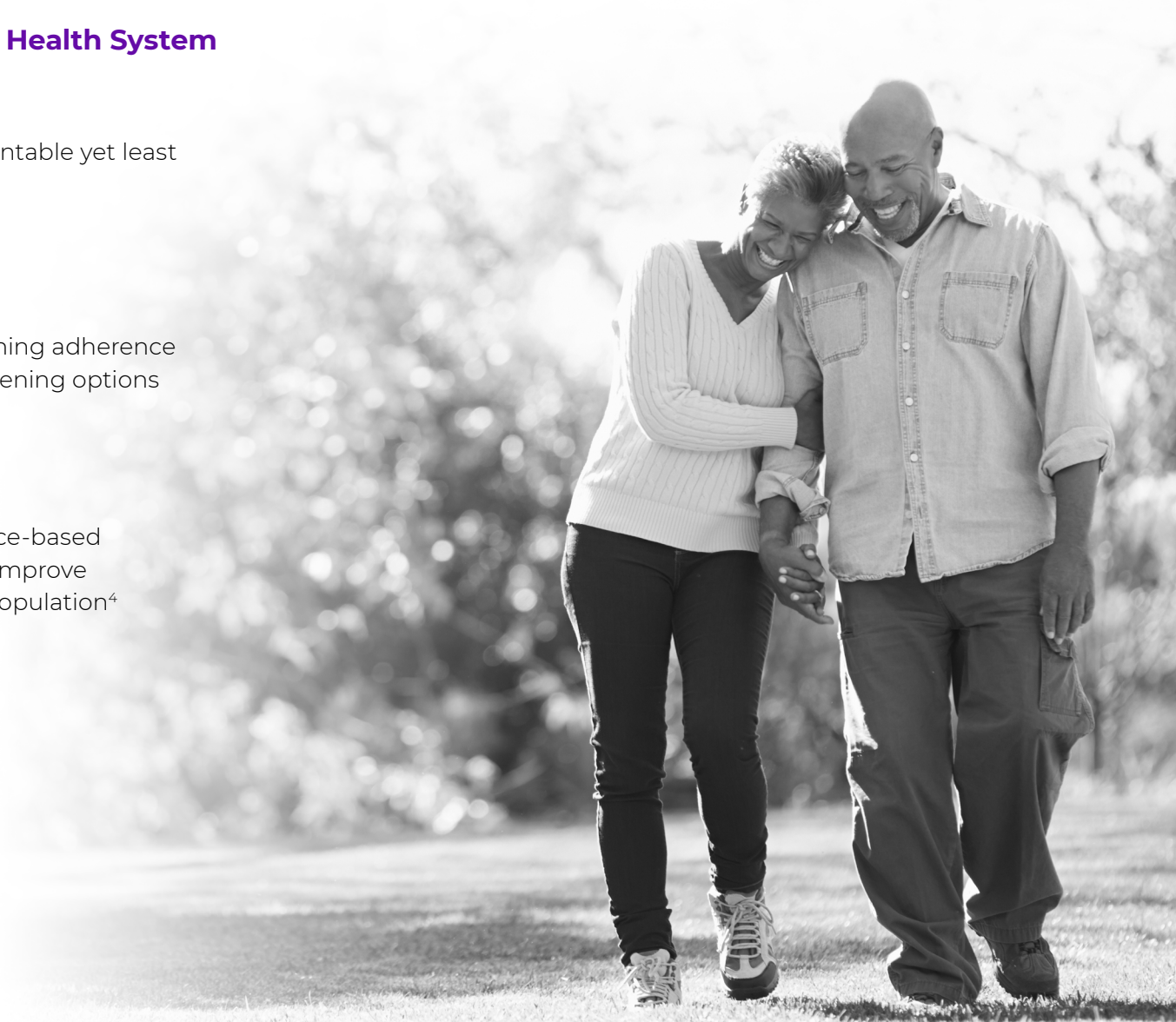
CRC is one of the “most preventable yet least prevented” forms of cancer³



Patient experience and screening adherence are better when multiple screening options are available^{2,7}



A comprehensive and evidence-based screening program can help improve CRC screening rates in your population⁴



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