We hear a lot of warnings about lung cancer, skin cancer and breast cancer. However, colorectal cancer is actually the second leading cause of cancer death in the U.S.—both for men and women. That’s a sad statistic when you consider that this disease, often referred to as the silent killer, is one of the most preventable cancers. It’s also an expensive cancer to treat—unless it is caught early.

The estimated costs for one year of treatment for a patient with late-stage colorectal cancer are as high as $310,000, with an estimated annual cost nationwide of $14 billion. When adults are regularly screened, colorectal disease can be prevented through the detection and removal of precancerous polyps. Regular screening can also detect cancer at an early stage when treatment is most effective and the costs are significantly less.¹

Setting the Stage for National Change

Almost 20 years ago, the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC) recognized the need to raise the public’s awareness of colon cancer and accelerate screening efforts to stop this silent killer in its tracks. Together, these organizations rallied around a shared cause and established the National Colorectal Cancer Roundtable (NCCRT), a coalition of public and private organizations and dedicated individuals.

After several years of work and research, the groups published a strategic plan to increase screenings by 2018 in a widely read medical journal, Cancer. The article, published in 2002, stated that although the rationale for population-wide colorectal screening was well established, most eligible adults in the U.S. were not being screened.

“Colon cancer is the second leading cause of cancer death in the U.S. among men and women combined.”
To increase screening rates among the population, these experts established three important objectives:

- Break down patient and physician barriers to screening
- Address a lack of universal coverage and incentives to motivate adherence
- Expand the clinical infrastructure to make screening more cost effective and accessible to the population

Today, the National Colorectal Cancer Roundtable is leading the charge to close the screening gap and reduce colon cancer mortality rates through an initiative called 80% by 2018.

A Blueprint for Achieving 80% Compliance by 2018

The strategic plan developed by the NCCRT serves as a blueprint for achieving the national goal of screening 80 percent of the eligible population between the ages of 50 and 74 by 2018. Nationally recommended screening options include a colonoscopy every ten years, a flexible sigmoidoscopy every three years, or an annual iFOBT or FIT test, which can be conducted at home.

The NCCRT’s plan outlines four primary drivers for closing the screening gap and furthering the 80% by 2018 initiative:

- **Consumers:** Moving consumers of healthcare to action
- **Systems:** Activating providers, payers and employers to support screening
- **Policy:** Increasing access and removing barriers to screening
- **Process:** Maintaining momentum

“Screening and early detection of colorectal cancer not only saves lives, but money and resources – for both the patient and the provider.”

Best Practices for Health Plans

Screening and early detection of colorectal cancer not only saves lives; it also saves money and resources—both for patients and providers. With this in mind, the NCCRT has developed best practices that health plans and employers can engage in to achieve this important population health metric.

For health plans, the coalition recommends implementing the following six strategies to achieve the national goal of screening 80 percent of the targeted population by 2018:

1. **Set your screening goal at 80% by 2018 for all appropriate product lines**
   Make screening a high priority for your employees as well as your members by offering programs that make it accessible. Consider including colorectal testing options as part of your annual employee health screening events.

2. **Use your data**
   Health plans are in a unique position since they have the data they need to understand the full needs of their covered membership. Understand and leverage your data to initiate screening campaigns for both members and providers. Focus on the under-served populations using unique programs. Align these efforts with your quality improvement initiatives to improve your HEDIS scores—and then celebrate the successes!

3. **Educate your constituents about coverage**
   Make sure your constituents are informed about colorectal cancer screening as it relates to coverage. Keep your members, provider networks and the health plan staff up to date on what’s covered and not covered when it comes to screening. Set up training programs to ensure that both practitioners and claims administrators recognize and use the right codes for screening services.

4. **Promote all screening options**
   Educate your members and clinicians on all of the screening options available to them. Utilize the health plan’s websites, on-hold messaging, medical management staff, customer service, provider relations and quality management teams to
get the word out. Make sure that everyone understands this essential fact: the best test is the one that gets taken.

**Incentivize your network of clinicians**
Align the health plan’s incentives on this important Star and HEDIS measure with your value-based payment system. Consider creating incentive payments or shared savings programs with practices and health systems to keep everyone pushing for closure of this care gap.

**Break down barriers for members**
Perhaps your health plan has a diverse membership and there are cultural barriers to seeking screening. Maybe you are a Medicaid plan where transportation or time off work prevents members from getting screened. Consider engaging active members of the community to help other members understand the importance of screening. Establish a patient advisory board to better understand your particular barriers—and then develop a plan to increase engagement.

**Educate your employees**
There are many resources available that can be leveraged to assist you in education and communication efforts. You don’t have to recreate the wheel! The NCCRT and ACS offer many member-facing options, and companies like BioIQ have program offerings that provide targeted communications.

**Create a screening-friendly work culture**
Eliminate barriers that employees face to get screened. Consider offering a comp day for people who need to get screened via colonoscopy. Consider partnering with your health plan or an organization that provides home screening options for your population. Members that test positive will need follow-up tests, so make those easy and accessible too.

**Partner with your health plan**
Health plans have both the data and the practitioner relationships to make your programs successful. Consider working with them or other vendor partners to implement programs. Make sure that employees have zero out of pocket costs for screening. Consider extending that policy in instances when a screening colonoscopy becomes a diagnostic one.

**Be a leader**
Peer groups are important and make a difference in the adoption of screening programs. Make sure that your corporate leadership team is also walking the walk. If it’s appropriate, ask executives to tout the benefits of screening and share their experiences with colleagues.

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**“Health plans have both the data and the practitioner relationships to make your screening program successful.”**

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**Best Practices for Employers**

The NCCRT outlines five key strategies that employers can adopt to close the colorectal screening gap by 2018.⁵

**Adopt 80% by 2018 as a corporate commitment**
Know the screening rates for your employees and dependents age 50 and older. Hold your health plan accountable for providing you the data you need to understand your care gap. Use your corporate brand and media outlets to help the community understand your commitment to the goal.

**Best Practices for Hospitals**

The NCCRT outlines seven key strategies that employers can adopt to close the colorectal screening gap by 2018.⁶

**Set 80% by 2018 as your system-wide goal**
Recognize the reduction of colorectal cancer as community initiative. Take opportunities to provide training for your clinical teams and integrate screening conversations into existing patient touch points.
Improvement doesn’t happen without measurement
Make sure your system and affiliated clinicians know their screening percentages and share screening volumes across your system at least every six months. Encourage your staff to set goals for improvement.

Develop systems of care that include reminders for all constituents
Provide evidence-based tools to your clinicians and affiliated practice groups that enable them to comply with screening standards. Consider updating system policies to make screening easier for your patients, like facilitating handoffs and eliminating no-shows with navigators and reminder programs.

Educate your hospital system and affiliated practices
Provide education on all of the available screening modalities and ways to overcome barriers to screening. Make sure that both clinicians and patients understand the rules around reimbursement and highlight community resources so no patient goes without screening.

Monitor the quality of screening
Be sure to use the data available to you, including colonoscopy registries, to track screening and outcomes. Also consider monitoring adenoma detection rate, cecal intubation rate, prep quality and other quality measures for endoscopists. It’s always helpful to the community and your practitioners to make this data public. If you’re performing well, it’s also a great marketing tool.

Promote 80% by 2018 to your local primary care networks
Invite your local community physicians to sign the 80% by 2018 pledge or to participate in your hospital’s cancer or screening committees. Involving your primary care referral base is the best way to increase your community’s engagement in screening.

Partner with federally qualified community health centers and safety net practices
When communities partner together, everyone wins. Barriers are reduced and community resources can be leveraged from multiple sources to help spread the load. Consider reaching out to other local hospitals, care networks and federally qualified health centers to better screen the underserved population.

Next Steps
While there are multiple colorectal screening options, offering your patients, employees or members an at-home kit leaves little room for excuses or missed doctor appointments. Individuals can take the test in the privacy of their home, at their convenience, which helps you close gaps in care and meet your commitment of 80% by 2018. A comprehensive population-screening program will offer an engagement package, screening kit, reminders for participants and ongoing education to raise awareness about this potentially life-saving test.

Show Your Support – Sign the Pledge
National Colon Cancer Awareness Month
The numbers you need to know

140,000 adults
are diagnosed
with colon cancer each year

1 out of 3 people
will die of the disease

30,000 lives
could be saved each year in the
U.S. through increased screening

Age 50
is when screening should
generally begin

28 million Americans
are not up to date on screenings

Zero excuses
for skipping screening!

5 minutes
is all it takes to complete
a FIT test at home

80% by 2018
is the NCCRT’s movement to close
the screening gap

Fecal immunochemical test (FIT)
Flexible Sigmoidoscopy
Colonoscopy

Show your support!

Take the pledge at
About the Author

Rachel Phillips Terry is a corporate vice president at BioIQ, a healthcare technology company that helps assess health risk factors for individuals and populations. She has worked in healthcare for more than 20 years and held key positions at America’s Health Insurance Plans (AHIP) as well as several oncology management organizations. Rachel brings a broad base of experience to BioIQ, where she helps clients improve their quality reporting initiatives for HEDIS, STAR and Quality Rating System measures. She attended George Mason University in Fairfax, Virginia.

End Notes

2. HEDIS guidelines/USPSTF recommendation

Please visit www.bioiq.com to learn more. You can also contact (888) 818-1594 or sales@bioiq.com for a demonstration.