



# How High Performing Health Plans Excel at Colorectal Cancer Screening

Four Reasons Every Medicare Advantage Plan Should Invest In At-home Screening for Colorectal Cancer

## INTRODUCTION

Improving HEDIS® and STARS scores presents many challenges, limited resources, and few true solutions that are effective at scale. Nowhere is this more evident than in the Medicare Advantage market, where the “race to the top” has resulted in unprecedented pressure to improve the delivery of preventive services like colorectal cancer screening. Thanks to the availability of effective at-home screening tests, colorectal cancer screening is one quality measure that every Medicare Advantage plan can excel at. The following are four reasons every Medicare Advantage plan should invest in at-home screening for colorectal cancer (CRC).



## 01. Identify treatable disease & avoid CRC deaths

According to the American Cancer Society, colorectal cancer is the second most common cause of cancer death for men and women combined.<sup>1</sup> The CDC's "Screen for Life" program was created because regular testing for colorectal cancer saves lives, yet 22 million high-risk Americans are out of compliance with their recommended screening.<sup>2</sup> The U.S. Preventive Services Task Force estimates that up to 1/3 of all colorectal cancer deaths in America could be prevented with routine screening,<sup>3</sup> saving over 15,000 lives per year, and the Purchaser's Guide

to Preventive Services rates colorectal cancer screening one of the most high-value healthcare services available today.<sup>4</sup> There is no single activity a STARS team can do that has a greater impact on saving lives than to invest in colorectal cancer screening.

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## 02. Convenient screening improves member compliance

Many people have legitimate concerns about undergoing screening colonoscopy. The unpleasant bowel prep required, fear of pain, and fear of the procedure itself are consistently reported by patients as top barriers to CRC screening.<sup>5,6</sup> Logistical hurdles such as the need to take time off from work and secure a ride to and from the procedure are also significant downsides to this type of screening. These concerns are not unfounded. Colonoscopy is invasive and requires sedation. Complications are well described and include bleeding and colon perforation. In one review of over 16,000 patients receiving a screening colonoscopy in a community setting (where most screening colonoscopies are performed), one in 200 patients suffered a serious complication.<sup>7</sup> For a Medicare Advantage plan that needs to screen tens of thousands of people, that translates to a real number of members suffering meaningful harm. Alternatively, every major guideline-issuing body in the nation has declared annual stool testing a first-tier method of screening for CRC, including the U.S. Preventive Services Task Force, the American Cancer Society, the American College of Gastroenterology, and the Multi-Specialty Task Force on CRC Screening.<sup>8,9,10,11</sup> A recent review of 73 randomized controlled trials attempting to increase

Annual stool testing was the most effective approach, more than doubling the likelihood that a person would get screened.<sup>13</sup>

CRC screening compliance showed that annual stool testing with patient navigation was the most effective approach available, more than doubling the likelihood that a person would get screened.<sup>12</sup> In one study, a large population of uninsured individuals were more than three times as likely to get screened when this approach was compared to usual care.<sup>13</sup> Meeting members where they live and offering them an easy alternative to colonoscopy is one effective way to boost screening rates.





### 03. Avoid unnecessary colonoscopy and reduce cost of care

A large number of colonoscopies are completely normal, and can be avoided altogether with annual stool testing. A study published in JAMA of over 44,000 people undergoing screening colonoscopy found that over 60% of the procedures found no abnormality whatsoever.<sup>14</sup> A recent report in Gastroenterology describing colonoscopies performed at 46 medical centers indicated that over 10% of the procedures were unsuccessful or incomplete,<sup>15</sup> a terrible experience that necessitates repeating the entire procedure, including the prep. Several evaluations have found annual stool testing is equally cost-effective as colonoscopy, and becomes even more cost effective than colonoscopy as compliance rates increase.<sup>16,17</sup> Annual stool

testing with Fecal Immunochemical Tests (FIT), in particular, is not only singled out by the U.S. Preventive Services Task Force, but has proven to be far more cost-effective than stool DNA testing.<sup>16,18,19</sup> Furthermore, regular screenings for CRC work by identifying early stage disease, which is not only more easily treated, but is also ¼ to ⅓ of the cost of treating advanced disease according to the American Journal of Managed Care.<sup>20</sup>

**Annual stool testing with Fecal Immunochemical Tests (FIT) has proven to be far more cost-effective than stool DNA testing<sup>16,18,19</sup>**



## 04. Address a crucial health disparity

Addressing health disparities is a priority for every health plan in America. Colorectal cancer disparities are some of the worst in all of healthcare. One leading researcher from the University of Chicago summed it up for Medscape Medical News: “We should be embarrassed.”<sup>21</sup> Where a person lives, their race, and their education are all significant factors that put individuals at risk, and can more than triple their likelihood of a preventable death from cancer.<sup>22</sup> In a world where few tools exist for ameliorating such health disparities, at-home testing is a powerful tool for reaching vulnerable populations and getting them the care they need.

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# BioIQ can help

BioIQ specializes in addressing gaps in care that impact HEDIS® and STARS. We achieve gap closure rates in the 20% – 60% range through a deep understanding of members as individuals and providing an avenue to compliance that improves member experience and satisfaction.



In 2019, BioIQ achieved a major milestone of conducting one million colorectal cancer screenings with the simple, convenient at-home Fecal Immuno-chemical Test (FIT).



With over 14 years of experience, BioIQ helps payors implement and manage all aspects of health testing programs to close care gaps and improve quality measures.



To optimize engagement rates, BioIQ analyzes each member population's to identify consumer and social determinant data to predict behavior and identify the optimal pathways to engage individuals.



BioIQ partners with over 30 health plans today, supporting their gap closure initiatives with targeted interventions including health screenings and immunizations.



**Read our latest CRC Screening success story to learn how BioIQ helped a large health plan achieve a 34% return rate within a targeted member population.**

<https://www.bioiq.com/resources/getting-a-grip-on-gaps-one-health-plans-crc-screening-success-story/>

To learn more about the ways BioIQ can support your quality improvement initiatives, contact us at **888-818-1594** or at **[sales@bioiq.com](mailto:sales@bioiq.com)**.

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