
Performance Improvement Team
presents:
**Accelerated Learning Education Program**

# Colorectal Cancer Screening

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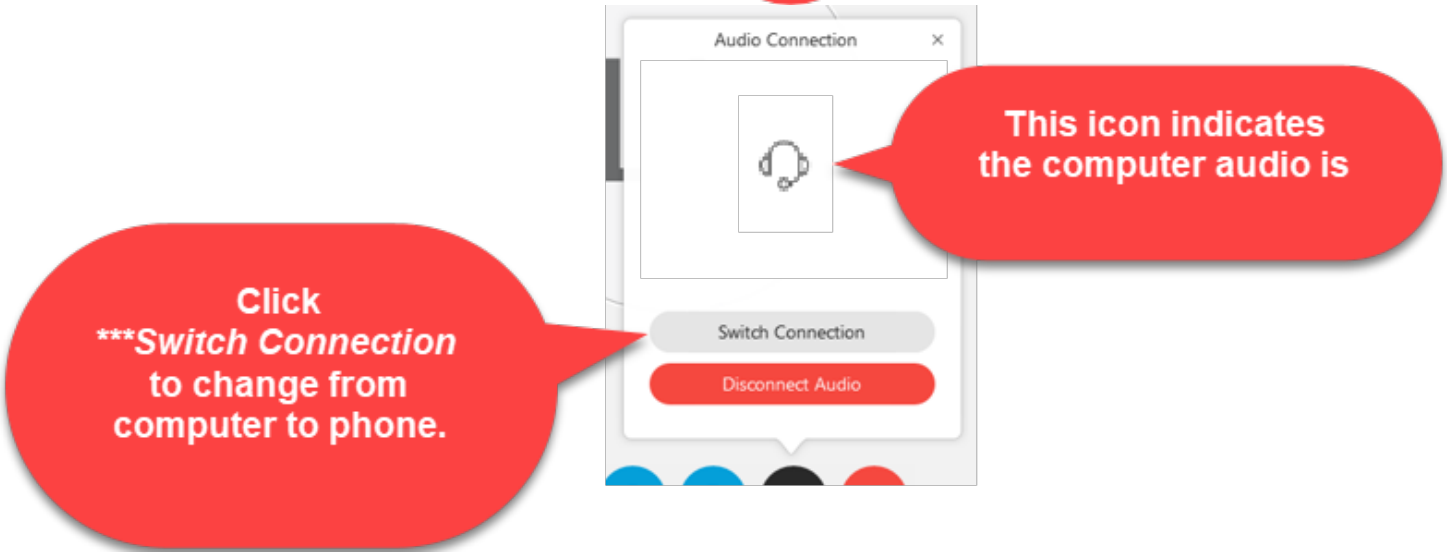
# Webinar Instructions

To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and talking during the webinar.

**Figure 1**


**Figure 2**

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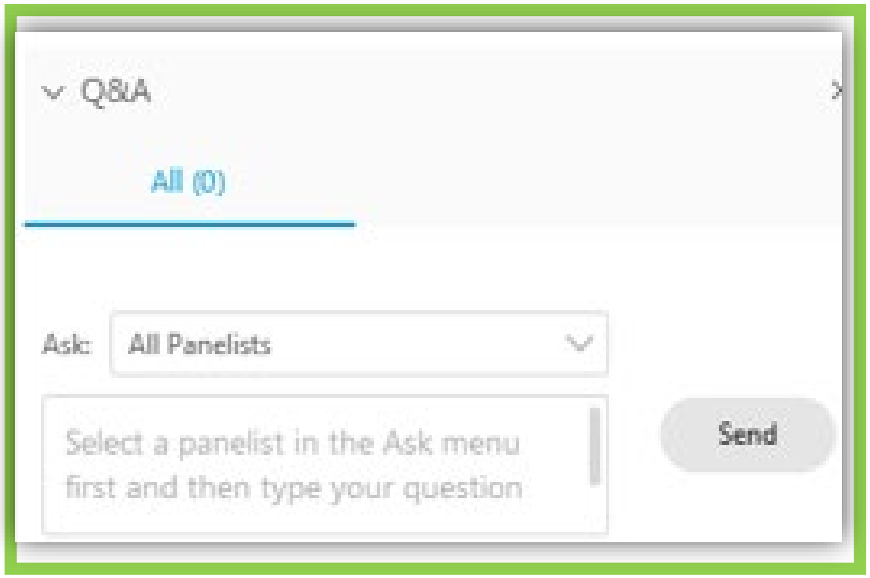
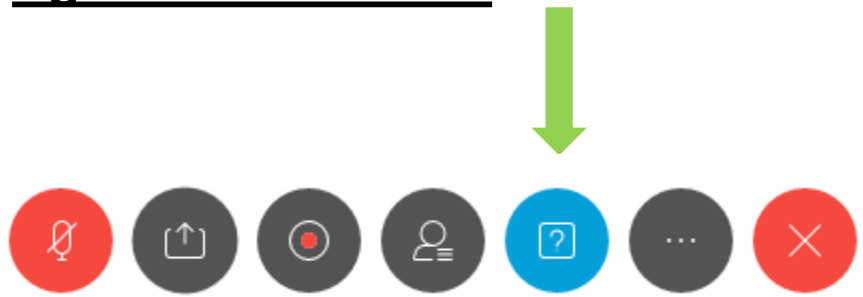
# Webinar Instructions

- All participants have been muted to eliminate any possible noise interference/distraction.
- We will answer questions following the presentation. If you have any questions, **please type your questions into the Q&A box located to the right of the screen.**

**Figure 1**



# Conflict of Interest

All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

CME credit is for physicians, physician assistants and other healthcare professionals whose continuing educational requirements can be met with AAFP CME.

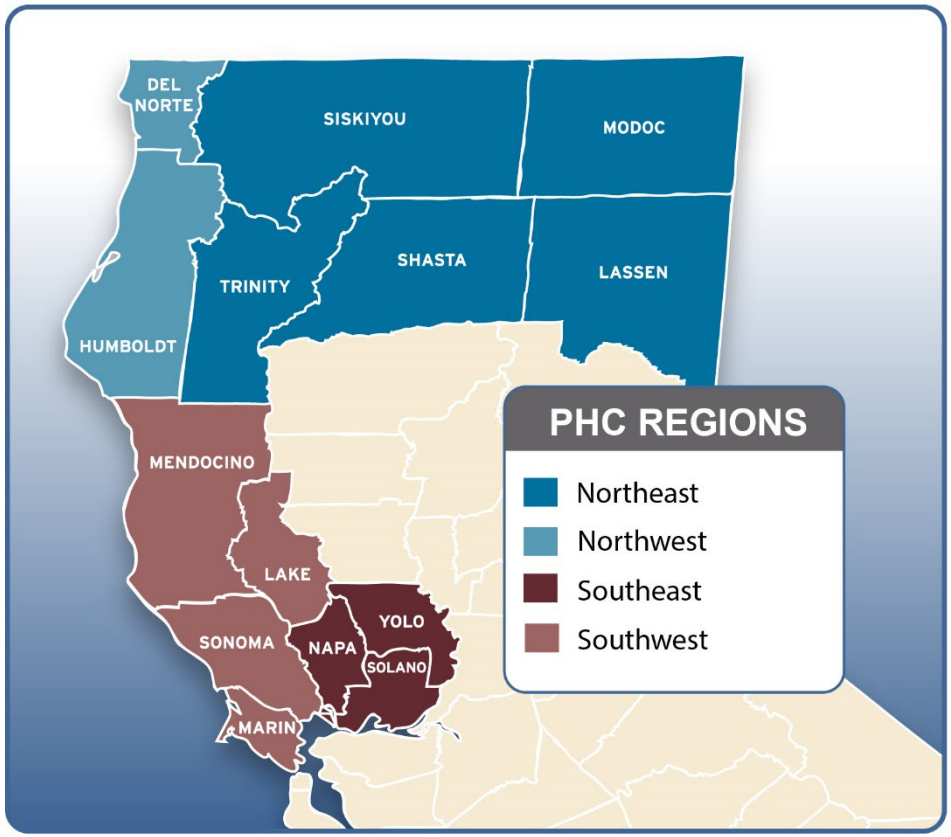
# Agenda

- Accelerated Learning Education Program
- Colorectal Cancer Screening Measure - Clinical Significance and Specifications
- Review/Share of Best and Promising Practices
- Commitment - One Change to Make Screening an Easier Choice for Members/Patients
- Resources/Offerings
- Evaluation and CME/CE credit
- Questions

# Accelerated Learning

- Clinical Significance of Measures
- PHC's Primary Care Provider Quality Incentive Program (PCP QIP) Specifications
- Quality Performance Improvement Tools
- Promising and Best Practices
- Access to PHC Improvement Advisors
- PHC Medical Directors Support
- CME/CE Credit

# Partnership HealthPlan of California (PHC) Regions




**Southeast:** Solano, Yolo, Napa

**Southwest:** Sonoma, Marin, Mendocino, Lake

**Northeast:** Lassen, Modoc, Siskiyou, Trinity, Shasta

**Northwest:** Humboldt, Del Norte

# Partnership HealthPlan of California (PHC)

**Mission**

To help our members, and the communities we serve, be healthy

**Vision**

To be the most highly regarded managed care plan in California

**Focus**

1. Quality in everything we do
2. Operational excellence
3. Financial stewardship

# Objectives

At the end of this activity, you will be able to:

- Define PHC's Primary Care Provider Quality Incentive Program (PCP QIP) specifications, timeframes, and documentation to maximize measure adherence.
- Identify best and promising practices that providers can use to address clinical process, interpersonal communication, education/outreach, and technical barriers in cancer screening services.
- Commit to one change you will test in your practice site to make colorectal cancer screening an easier choice for members/patients.

# 2020 PCP QIP Measures

| Measure | Family | Internal | Pediatric |
|---|---|---|---|
| ***Clinical Measures*** | | | |
| Well-Child Visit, First 15 Months of Life (W15) | 15.0 | -- | 25.0 |
| Controlling High Blood Pressure (CBP) | 15.0 | 20.0 | -- |
| Colorectal Cancer Screening (COL) | 12.5 | 20.0 | -- |
| Diabetes – HbA1C Good Control >9 (A1c) (CDC) | 12.5 | 20.0 | -- |
| Childhood Immunization Combo 10 (CIS-10) | 15.0 | -- | 25.0 |
| Asthma Medication Ratio | 15.0 | 20.0 | 25.0 |
| ***Non-Clinical Measures*** | | | |
| PCP Office Visits | 15.0 | 20.0 | 25.0 |
| **TOTAL** | **100** | **100** | **100** |

# Colorectal Cancer Screening

# Epidemiology

## Colon Cancer is Common

- 3rd most common cancer in in males and 2nd most common in women
- Globally: 1.8M new cases per year and >800K deaths in 2018 (WHO data)
- U.S.: 145K cases per year 2/3 of which are colon and 1/3 rectal and 59k deaths per year ~ 8% of all cancer deaths

## Incidence Varies by Region

- Driven by diet/environment and genetics
- Highest: Australia, New Zealand, Europe, and North America
- Lowest: Africa and South-Central Asia

## Mortality Variable by Region

- Declining in the US (4/100,00) but increasing in poorly resourced countries and Eastern Europe, Eastern Asia and Spain

# What is Colon Cancer?

- Most human CRCs arise from adenomas (adenomatous polyps) that become dysplastic
- Early carcinomas are frequently seen within large adenomatous polyps, and areas of adenomatous change can often be found surrounding human CRCs
- Adenomas/polyps and carcinomas are found large bowel, and adenomas are observed 10 to 15 years prior to the onset of cancer in both sporadic and familial cases
- The ability to reduce the incidence of CRC through removal of polyps has been shown in controlled trials in humans -

**EARLY detection** is key to preventing advanced disease

# Colorectal Cancer Screening

**Factors to Consider:**

- Assessing Risk – Risk determines age to start, frequency and test to use
- When to  initiate screening – Based on Risk
- When to discontinue screening – Based on health status and projected longevity
- Choosing a screening test – Based on Risk
- Following an abnormal test – Essential for all screening programs

# Assessing Risk

## When to start identifying risk?

- Age 20 years and older at initial visit and every 3-5 years
- Identifies familial risk factors that may be revealed over time
- No published guidelines

## Assessing risk: All "no" answers = Average risk

- Have you ever had CRC or an adenomatous polyp
- Have any family members had a polyp or CRC ~ if so at what age and are they 1st degree relatives (FDR)? If yes, what kind of polyp?
- Any family members with known genetic syndromes that cause CRC?
- Do you have inflammatory bowel disease? For how long?
- Did you ever receive abdominal radiation for childhood cancer?
- Are you a man with HIV infection?
- Are you African American?

# Risk Factors That *May* Affect Screening Recommendations

- **Personal History of CRC or Adenomatous Polyps**
- **Hereditary Syndromes ~ 5 % of CRC cases**
  - Lynch Syndrome (hereditary nonpolyposis colorectal cancer) ~ 3% of CRC, autosomal dominant
  - Familial Adenomatous Polyposis
  - MUTYH associate polyposis (MAP)
  - Carriers of BRCA1
  - Hereditary Breast and ovarian cancers
- **Personal or Family h/o sporadic or adenomatous polyps or CRC**
  - First-degree relative increases risk two-fold and risk increases with number of individuals diagnosed
  - Risk increases further if these occur at < 50 yo
- **Inflammatory Bowel Disease**
- **Abdominal-Pelvic Radiation**
- **Cystic Fibrosis**

# Risk Factors and How They Affect Screening Recommendations

**MAY affect screening**

- Race and gender
- Acromegaly
- Renal transplantation

**DO NOT affect screening**

- Socioeconomic class
- Sedentary lifestyle
- Obesity
- Diabetes/Insulin resistance
- Red/Processed meat consumption
- Substance Use: Tobacco/Alcohol
- Androgen Deprivations therapy
- Cholecystectomy

# Starting Screening

**Average Risk adults**

50 yo per USPSTF, AAFP

45 yo African American – Multi Society Task Force on Colorectal Cancer

**Higher than average risk: First Degree Relatives (FDR) with CRC Polyps or Advanced/ Serrated Adenoma (documented pathology)**

FDR diagnosed at <60 OR 2 + FDR any age: the earlier of: 40 yo OR 10 years prior to FDR dx

FDR >60 begin screening at 40 yo

**High–Risk Familial Colorectal Cancer Syndromes**

Lynch Syndrome start at 20-25 years or 2-5 years prior to earliest CRC dx in family

**Inflammatory Bowel Disease**

8 years after dx of IBD or proctitis

**Cystic Fibrosis** ~ if IBD present follow IBD recommendations

**Renal Transplant** ~ consider risk as that of individual at least 10 years older

# When to STOP Screening

- 75 years as long as life expectancy is 10 years +
- Older adults never screened a one-time screening with average risk based on life expectancy and comorbidities
- 76-85 years - individualize decision based on patient preference, prior tests, comorbidities
- Shorten life expectancy of (<5-10 years) may not benefit from screening

# Choosing a Screening Test

- **FIT Testing – annually**

  Annually once testing is initiated for **average risk** individuals

  Positive findings require follow up with colonoscopy

- **FIT/DNA – every 3 years**

  Cologuard every 3 years for **average risk**

  Positive findings require follow up with colonoscopy

- **Colonoscopy**

  For **average or above average** risk individuals

  Frequency is typically every 10 years in individuals with negative exam and no risk factors more frequent follow up based on findings and risk

# PCP QIP Performance on CRC

| | MeasureName | Geo Level | Dimension | CY2017 Dec-17 | CY2018 Dec-18 | CY2019 Dec-19 |
|---|---|---|---|---|---|---|
| Clinical | Colorectal Cancer Screening | NORTHEAST | LASSEN | 36.72 | 39.76 | 34.40 |
| | | | MODOC | 33.33 | 28.78 | 39.50 |
| | | | SHASTA | 38.63 | 42.16 | 41.18 |
| | | | SISKIYOU | 31.88 | 33.28 | 38.71 |
| | | | TRINITY | 18.91 | 26.38 | 33.27 |
| | | NORTHWEST | DEL NORTE | 41.58 | 37.60 | 38.13 |
| | | | HUMBOLDT | 36.66 | 36.21 | 37.67 |
| | | SOUTHEAST | NAPA | 37.05 | 42.54 | 45.18 |
| | | | SOLANO | 33.82 | 34.30 | 39.12 |
| | | | YOLO | 45.08 | 45.34 | 49.12 |
| | | SOUTHWEST | LAKE | 26.28 | 28.64 | 32.74 |
| | | | MARIN | 47.09 | 44.14 | 48.87 |
| | | | MENDOCINO | 34.89 | 37.97 | 43.15 |
| | | | SONOMA | 45.50 | 44.57 | 47.39 |

**Score Targets**

90th Percentile : 58.69
75th Percentile : 48.78
50th Percentile : 37.50
25th Percentile (MPL): 26.67

# CRC - PCP QIP 2020

| Practice Type | Full Points | Threshold | Percentile |
|---|---|---|---|
| Family<br>Internal | 12.5<br>20.0 | 32.24% | 25th |

- Only full points are available (no partial)
- No points will be earned through relative improvement
- The threshold is based on the PCP QIP performance in 2019

# Colorectal Cancer Screening

**Description:**

Percentage of members 51-75 years of age who were screened for colorectal cancer  according to evidence-based guidelines

**Denominator:**

Number of continuously enrolled Medi-Cal members 51-75 years of age by measurement year (MY).

# Colorectal Cancer Screening

**Numerator:**

Percentage of members 51-75 years of age who had one or more screenings for colorectal cancer.

Any of the following meet the criteria:

- FOBT or FIT (during measurement year [MY])
- Flexible sigmoidoscopy (during MY or 4 years prior)
- Colonoscopy (during MY or 9 years prior to MY)
- CT Colonography (during MY or 4 years prior to MY)
- FIT-DNA test/ Cologuard (during MY or 2 years prior to MY)

# Medical Record Documentation

- Include a note indicating the date when the screening was performed, the type of screening and result of the approved guideline screening.

- Note: Typically this information is included on health history forms; however, this is information is not always provided as part of the record submissions.

# Colorectal Cancer Screening Exclusions

- Have or have had colorectal cancer
- Have had a total colectomy
- In hospice
- Living long-term in an institution
- Age 65 years and older with frailty and advanced illness

Note: Patients are not excluded if they had cancer of the small intestine.

# Best and Promising Practices

Seize every opportunity: Establish a practice commitment to cancer screening!

- Utilize “flag” alerts in the EMR/EHR system that each staff member can use to identify and communicate to patients/ members who are due for their CRC at every member encounter.
- Pre-planning: conduct chart scrubbing prior to the visit, utilize daily huddles.
- Identification and outreach to remind patients to complete FIT kit.
    - Phone call/text reminders - 2 week and 1 week intervals.
    - Maximize template letters in EHR - personalize.

# Best and Promising Practices

Increase Access:

- ✓ Use of standing orders for MAs to implement and educate members/patients.
- ✓ Hand FIT kit out at end of visit, coupled with brief health coaching.
- ✓ Mail FIT kit to patients who are due (and do not need to be seen for another reason).
- ✓ For average-risk members/patients, offer options to screening. Emphasize personal choice - studies have shown this can increase screening.

# Best and Promising Practices

Communication/Education:

- ✓ Staff - use approved tailored targeted education; can be done by MAs – should not be a one-time occurrence.
- ✓ Conduct outreach efforts that rely on several communication/touch points. Combined with physician recommendations, these can have a significant cumulative effect .
- ✓ Use already existing media (videos, printed materials, posters, newsletters).
- ✓ Reminder systems for patients - place last test sticker on health card.
- ✓ Ensure information is consistent, member/patient preference, plain and person-centered, language and culturally appropriate, and delivered in traditional and electronic applications (based on patient's preference).

# Best and Promising Practices

*Strengthen Internal Operating Practices:*

- ✓ Submit timely claims and encounter data.
- ✓ Use complete and accurate codes to capture clinical services completed.
- ✓ Report back to all levels of staff on your progress to meet measures. Builds common language for quality improvement.
- ✓ Schedule a standing meeting with your QI staff to review the resources offered from PHC; (e.g., coaching support, maximizing eReports and PQD usage).

# Best and Promising Practices

- ✓ Commit to one change you will test in your practice site to make colorectal cancer screening an easier choice for members, patients, and your clinical team.

# PHC Resources

**Quality Improvement Program** - QIP@partnershiphp.org

**2020 PCP QIP Webpage:**
http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2020.aspx

**QI Monthly Newsletters:**
http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPMonthlyNewsletter.aspx

**Measure Highlights:**
http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx

**eReports:**
https://qip.partnershiphp.org/

# References

***References:***


- Centers for Disease Control and Prevention. *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems.* Atlanta: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013.
- https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm
- Patient and Physician Reminders to Promote Colorectal Cancer Screening: A Randomized Controlled Trial. Arch Intern Med. 2009 Feb 23; 169(4): 364-71. doi: 10.1001/archinternmed.2008.564
- http://www.ncbi.nlm.nih.gov/pubmed/22493463
- https://www.uspreventiveservicestaskforce.org/Tools/ConsumerInfo/Index/information-for-consumers (use the consumer topic search)


# Questions?

# Contact Us

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