



Increasing Colorectal Cancer Screening in NYS: Statewide Data and Opportunities

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Welcome!

Bureau of Cancer Prevention and Control Mission

To reduce the burden of cancer for all New Yorkers through coordination and implementation of population- and evidence-based strategies.

The Burden of Cancer in NYS

108,000

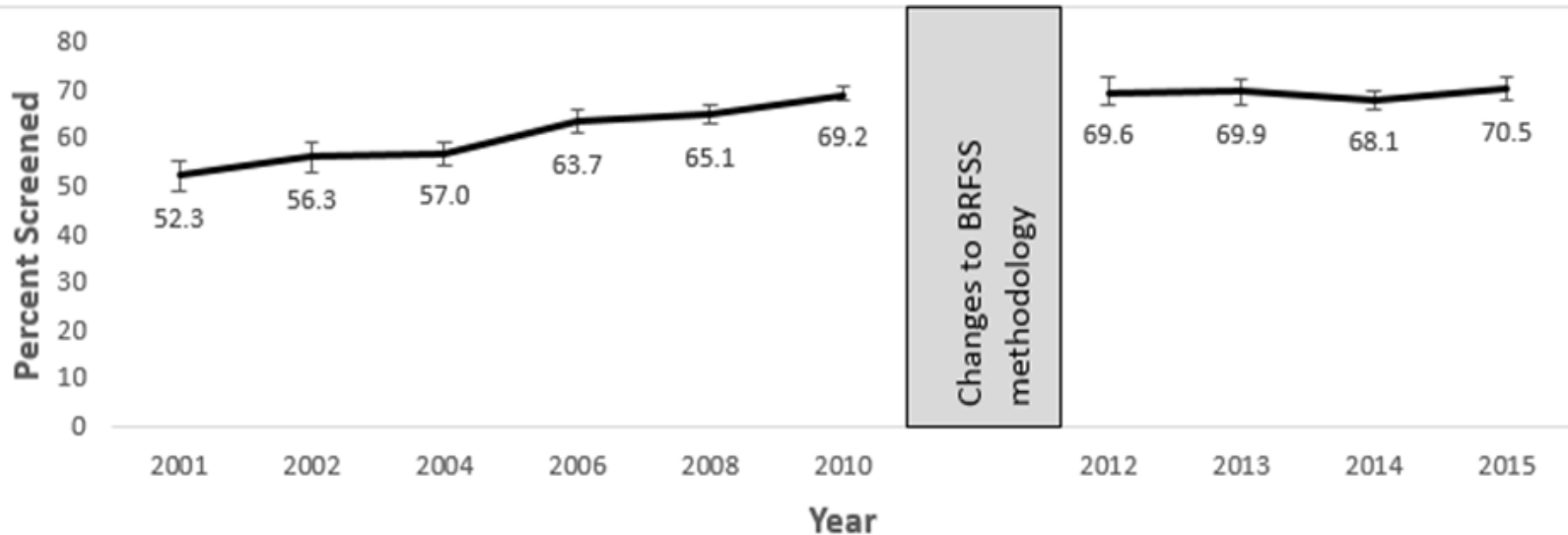
- Number of cancer cases diagnosed among residents of NYS each year

35,000

- Number of cancer-specific deaths each year
- 96 New Yorkers die each day

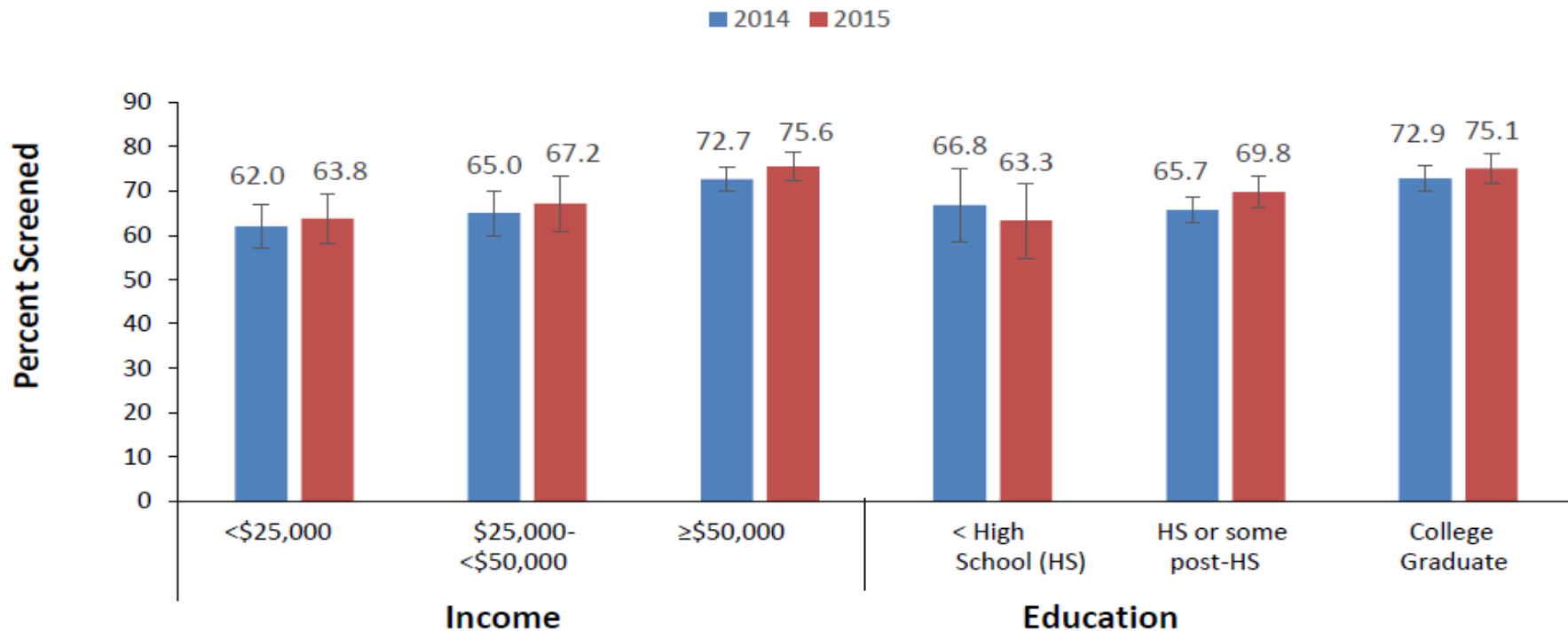
- Colorectal cancer is the 3rd most common cause of cancer in NYS ($\approx 9,000$ diagnosed each year).
- It's the 2nd leading cause of cancer death in NYS for men and women combined ($> 3,200$ deaths each year).
- Opportunity to impact these trends with screening.

% Adults Up-To-Date With CRC Screening



Approximately 100,000 more people reported being screened in 2015 compared to 2014.

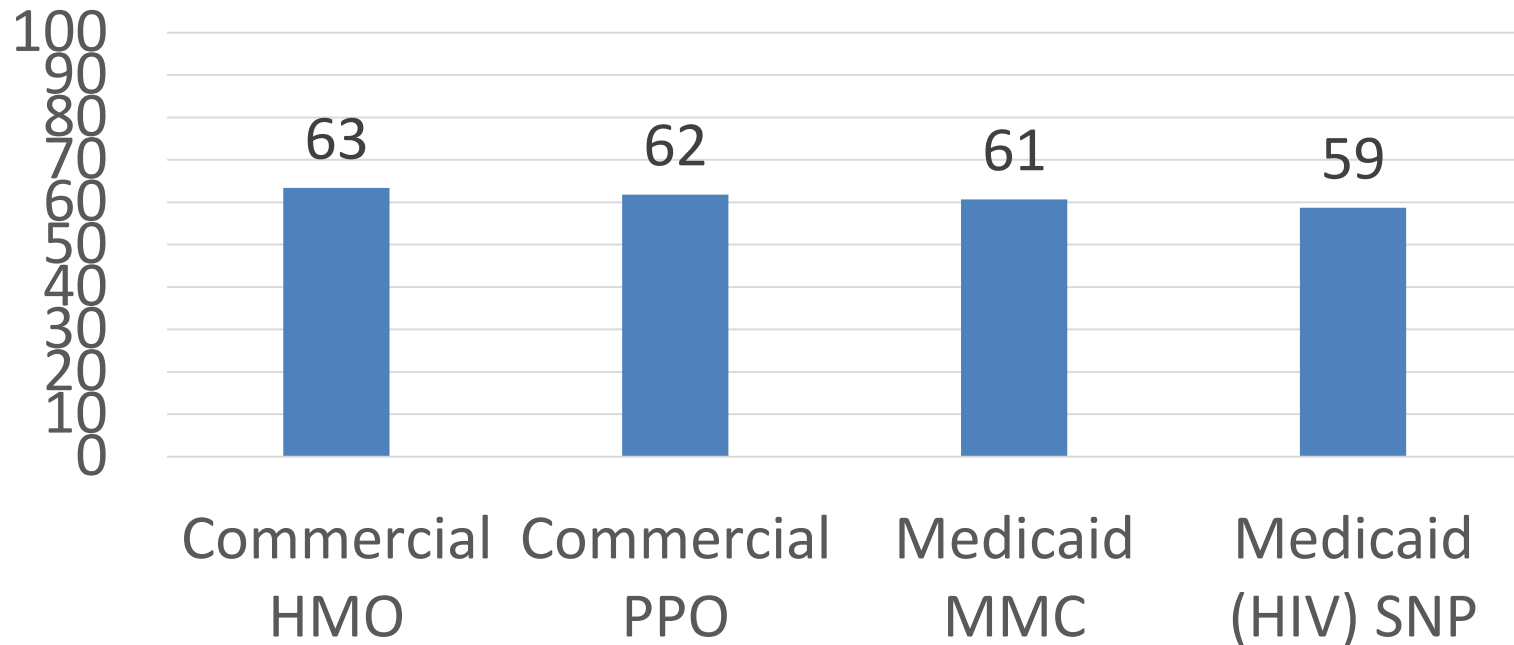
Figure 2. Percent up-to-date with colorectal cancer screening* among New York State adults aged 50 to 75 years by income and education, BRFSS 2014 and 2015 surveys



Note: Error bars represent 95% confidence intervals.

* FOBT/FIT within 1 year, or sigmoidoscopy within 5 years with FOBT/FIT within 3 years, or colonoscopy within 10 years.

Percent of Men & Women Screened for Colorectal Cancer by Payer, NYS, 2015



Source: http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2016/



Department
of Health

*No regular primary care
to reinforce message*

Lack of symptoms

*No family history or
personal connection*

Affordability

*Doctor does not
recommend it*

*Negative perceptions
about the test*

*More pressing
health issues*

Upstate Medicaid Managed Care Project

- July 2015 to June 2017:
 - Partnering with 3 Medicaid Managed Care plans
 - Targeting counties in ADK/North Country and Central NY regions
 - Identified Medicaid enrollees not up to date with CRC screening
 - Sent out **patient reminder letters (Two waves)**
 - **Follow up survey** to understand attitudes and beliefs about screening



Attitudes and Beliefs About Screening Among Upstate MMC Enrollees

No regular primary care to reinforce message

"I need to change my doctor; my doctor never answers the phone."

"My doctor changes every 2 weeks... I've had 4 different doctors in the last 14 months."

Lack of symptoms

"When I had a physical I brought it up to my doctor. They haven't gotten back to me still. This was in December."

"The cost is all that is stopping me."

No family history or personal connection

"I will get tested if I feel or believe I am having a problem."

Doctor does not recommend it

Affordability

"I'm not sure if the insurance would cover the colonoscopy afterwards if the take home test finds something."

"There's no colon cancer in my family."

"I will if my doctor decides it's necessary."

"My doctor told me I have the option to take it or not."

"I don't like the prep process."

"I don't like needles or doctors"

"How much is it going to cost me? I'm retired and on a fixed income. Who do I call? At this point I'm not sure if we're going to be covered. What if half way through cancer treatment I lose health insurance?"

"I can't take that stuff. It makes me sick and dehydrated."

Negative perceptions about the test

"My friends have done it and have had bad hemorrhoids after."

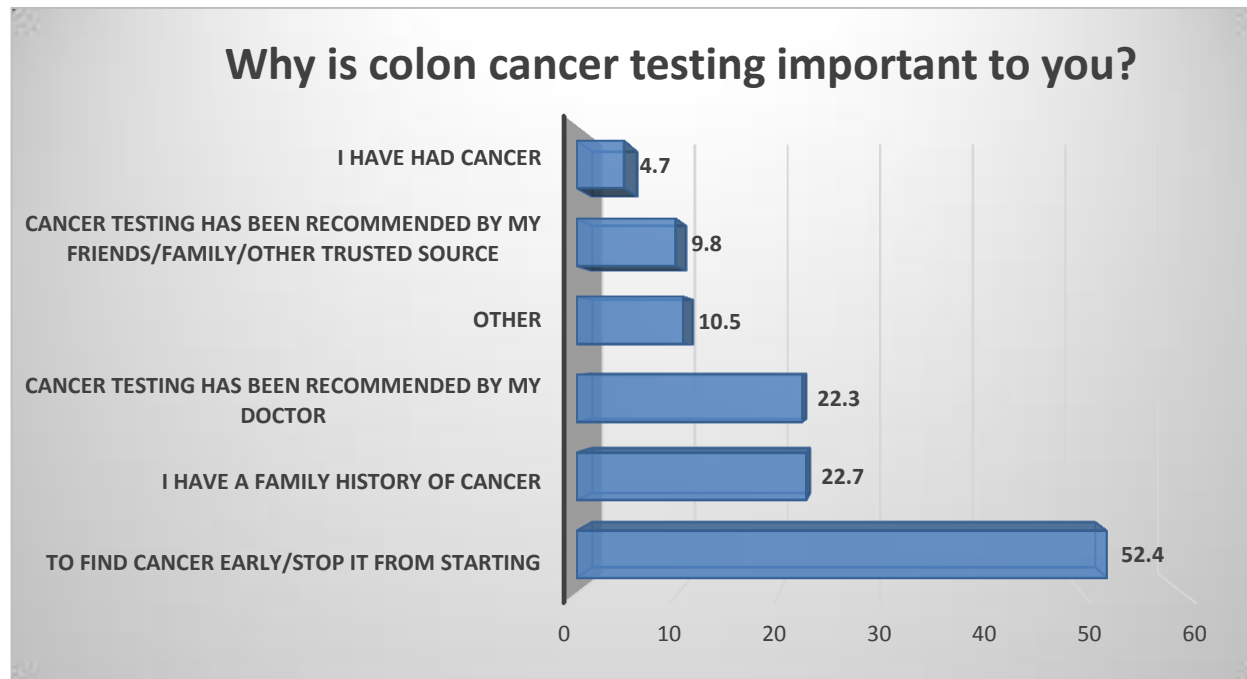
"My husband was in the hospital and after they stuck something up there everything went downhill. He got fissures after."

"I had a colonoscopy scheduled then then I went into arrhythmic heart failure and was in the hospital for a week so my colonoscopy got canceled."

More pressing health issues

MMC Enrollee Opinions on Why CRC Screening is Important

- More than three quarters (79.6%) of respondents consider colon cancer testing to be very or somewhat important



This was a follow up for those who responded that testing was very or somewhat important. This question was a select all that apply.

Proven Strategies to Increase Screening

(AKA Evidence-Based Interventions)

■ Increase Community Demand

- Media
- Client reminders

■ Increase Community Access

- Reduce structural barriers



- Reduce time/distance
- Ensure off-hour access
- Address cost concerns
- Simplify office admin procedures
- Provide patient navigation

■ Increase Provider Delivery/Promotion

- Assessment & feedback
- Provider reminders

NYSDOH CRC Campaign

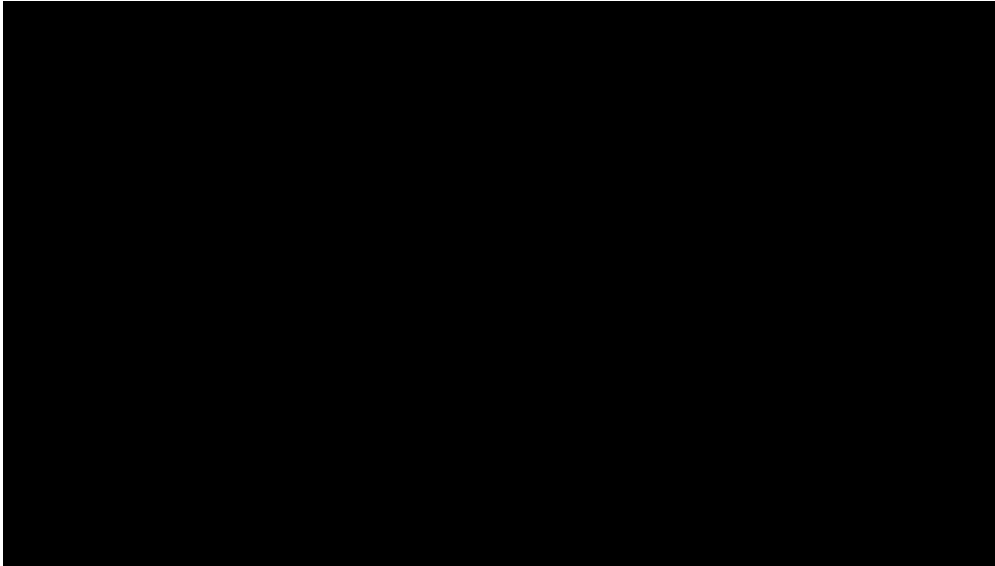
**50
or older?**

Get **screened**
for colon cancer.

Find it **early**.



**Click here
to learn why
finding it early
is important.**



NYS Opportunities for Success

- Over 125 NYS entities have signed the national ACS 80% by 2018 pledge
- Screening tests are covered health insurance benefits and local Cancer Services Programs can screen the uninsured.
- Many unscreened report having been to see their health care provider in the last 12 months.
- An evidence-base exists for what works – Focus for today's meeting!
- Tools and resources are available:
 - <http://nccrt.org/tools/80-percent-by-2018/>
 - http://www.health.ny.gov/diseases/cancer/colorectal/80_percent_by_2018_resources.htm



Thank you - Enjoy the Day!

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