Innovations in Primary Care Practice Improvement: NYSDOH Cancer Screening-Related Priorities

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Welcome from the NYSDOH Bureau of Cancer Prevention and Control
NYSDOH BCPC - 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 is high

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

Source: NYS Cancer Registry, 2009-2013
### Table 28: Age-Adjusted Mortality Rates for the Five Leading Causes of Death by Gender and Race/Ethnicity: New York State 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Black</td>
</tr>
<tr>
<td>1</td>
<td>Diseases of the Heart 223.2</td>
<td>Diseases of the Heart 251.4</td>
</tr>
<tr>
<td>2</td>
<td>Malignant Neoplasms 183.1</td>
<td>Malignant Neoplasms 207.7</td>
</tr>
<tr>
<td>3</td>
<td>Accidents 41.2</td>
<td>Diabetes Mellitus 39.2</td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Disease 36.8</td>
<td>Pneumonia 34.0</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Disease 23.8</td>
<td>Cerebrovascular Disease 29.5</td>
</tr>
</tbody>
</table>

Over 25,000 New York residents are diagnosed with breast, cervical and colorectal cancers annually; they account for 20% of cancers deaths

- Breast cancer is the most commonly diagnosed cancer among NYS women
- Black and Hispanic women in NYS experience significantly higher cervical cancer incidence and mortality rates than white women
- Colorectal cancer is the third most commonly diagnosed cancer and third leading cause of cancer death in NYS men and women

Source: NYS Cancer Registry
NYSDOH BCPC - Role

- Promote primary prevention
- Increase demand for cancer screenings
- Promote access to quality cancer care across cancer continuum
- Demonstrate/monitor outcomes through evaluation and surveillance
- Promote health equity as it relates to cancer
Healthy People 2020

CLINICAL PREVENTIVE SERVICES

Clinical preventive services, such as disease screening and immunizations, are key to reducing death and improving the Nation’s health.

FEATURED DISPARITY

ADULTS WITHOUT A COLORECTAL SCREENING BASED ON THE MOST RECENT GUIDELINES, 2010

Among adults age 50 to 75, the rate of NOT getting the recommended screening for colorectal cancer for those with less than a high school education was about twice that for the population with an advanced degree (age adjusted).

56.8% Less than a high school education
28.5% Advanced degree

TARGETS

COLORECTAL CANCER SCREENING
In 2010, 59.2% of adults aged 50 to 75 years had received a colorectal cancer screening based on the most recent guidelines (age adjusted).

19.1% Increase needed

59.2% 2010
70.5% 2020 Target

POOR GLYCEMIC CONTROL
In 2009–10, 17.2% of adults aged 18 years and older with diagnosed diabetes had poor glycemic control (age adjusted).

6.4% Increase needed

17.2% 2009–10
16.1% 2020 Target
Percentage of Women Aged 50-74 Years Receiving Breast Cancer Screening Based on the Most Recent Guidelines

Breast cancer screening: Reported rates of screening vary across the state.

2013-2014 NYS Expanded Behavior Risk Factor Surveillance System (eBRFSS)
Percentage of NYS adults Aged 50-75 Years Receiving a Colorectal Cancer Screening Based on the Most Recent Guidelines

Figure 1. Colorectal cancer screening status, NYS adults aged 50-75 years, 2012 BRFSS

2013-2014 NYS Expanded Behavior Risk Factor Surveillance System (eBRFSS)
NYS Cancer Services Program
National Breast and Cervical Cancer Early Detection Program

• 1990 Breast and Cervical Mortality Act

• Funds 50 states, DC, 5 US territories and 12 AI/AN tribes

• Work with providers, practice networks, hospitals and LHDs

• Recruit medically underserved, low income women

• Timely follow-up and treatment is tracked – across the nation
  ▪ 80% of women were diagnosed within 60 days
  ▪ 94% initiated treatment within 60 days

Number of Clients Screened by Program Year
New York State Cancer Services Program: 1994-2016 Program Years

NOTE: Number screened represents men and women who received at least one program-funded breast, cervical or colorectal cancer screening during the program year.
Source: CSP Data Submitted through September 30, 2015
CDC Strategic Direction

• Incremental transition to a program model using Evidence-Based Interventions aimed at systems and policy change to reduce morbidity and mortality of breast, cervical and CRC among all population subgroups with emphasis on disparate populations.
Towards Organized Screening

**Opportunistic Screening**
- Screening provision and follow-up
- Outreach and care coordination
- Quality assurance, surveillance

**Organized Screening**
- Screening provision and follow-up
- Outreach and care coordination
- Quality assurance, surveillance

Contents of slide borrowed from Dr. Marcus Plescia, 2013 slide deck
The Screening Continuum

• Screening involves multiple steps, each of which is vulnerable to failures that can collectively diminish the benefit of screening

• Effectiveness depends on timely follow-up and access to quality treatment

• Are abnormal results being followed up on in a timely fashion? Timely access to tx?
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

National Colorectal Cancer Roundtable, “80% by 2018: Effective Messaging to Reach the Unscreened” available at www.nccrt.org
Proven Strategies to Increase Screening

- Increase Community Access
  - Reduce structural barriers

- Increase Community Demand
  - Media
  - Client reminders

- Increase Provider Delivery/Promotion
  - Assessment & feedback
  - Provider reminders

BCPC - Health Care System Interventions

- SUNY Upstate Academic Detailing/Practice Facilitation project
- CHCANYS Cancer Screening Registry demonstration project
- Patient navigation projects
How to Increase Preventive Screening Rates in Practice: An Action Plan for Implementing a Primary Care Clinician’s Evidence-Based Toolbox and Guide – Thomas Jefferson University, ACS and the NCCRT
Quality Improvement in Primary Care: External Supports for Practices

What external supports can help practices with quality improvement?

Four categories of external supports, which can be used alone or in combination, can assist practices with QI:

△ Data feedback and benchmarking provide practices with information on their performance, as compared to external benchmarks (such as regional or national averages), and help target areas for improvement.

△ Practice facilitation (or coaching) by external organizations helps practices develop skills and organize their approach to QI, provides QI tools and expertise, and helps them troubleshoot challenges or barriers.

△ Expert consultation (also called peer-to-peer mentoring) provides practices with specific evidence-based knowledge from clinicians and staff outside the practice.

△ Shared learning or learning collaboratives provide a community in which practices can share challenges, lessons learned, and best practices and draw motivation and inspiration.

Thank you - Enjoy the Day!

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