

The 9th Annual San Diego Colorectal Cancer Screening Roundtable Presents

Back to the Future: Getting CRC Screening Back on Track

Wednesday, February 22nd, 2023

UC San Diego
Moore's Cancer Center



BACK TO THE FUTURE!

GETTING CRC SCREENING BACK ON TRACK

Wednesday | February 22nd | 10AM-12PM PST

Roundtable Agenda & Speakers

✓ Welcome

✓ Colorectal Cancer Screening in San Diego: *How are we doing?*

✓ CRC Data: *Using CancerDAT to Inform Grants and Services*

✓ FQHC Case Studies

✓ Panel on Expansion of Medi-Cal to All 50+ in California: *Opportunities for Screening and Education*

✓ CA CRC Coalition Advocacy Updates and Grants



DANIEL STONEWALL ANDERSON, MD, MACP
California Colorectal Cancer Coalition (C4)



HELEN PALOMINO, LCSW
Cancer Resource Center of the Desert



TANYA PENN, MPH
San Diego State University, Institute for Public Health (IPH)



PATRICK SWEET III, MD
Pioneers Memorial Healthcare District & UCSD Health



MARIE RUSSELL, MD, MPH
TrueCare



PATRICK TELLEZ, MD
Community Health Group



MICHELLE HUGHES, PHARM.D, BCPS, BCAP
Neighborhood Healthcare



ALAN CONRAD, MD
Community Health Group



SAMIR GUPTA, MD, MSCS, AGAF
Moore's Cancer Center at University of California, San Diego



MARY L. BAKER, MSN, RN, CNS, FNP-BC, PHNA-BC
Southern California Care Community

[CLICK HERE TO REGISTER](#)

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Today's Agenda

- Welcome
- Colorectal Cancer Screening in San Diego: *How are we doing?*
- CRC Data: *Using CancerDAT to Inform Grants and Services*
- FQHC Case Studies
- Updates on Established and Emerging Screening Tests
- Panel on Expansion of Medi-Cal to All 50+ in California: *Opportunities for Screening and Education*
- CA CRC Coalition (C4) Advocacy Updates and Grants

Roundtable Reminders



Audio

Make sure your line is muted



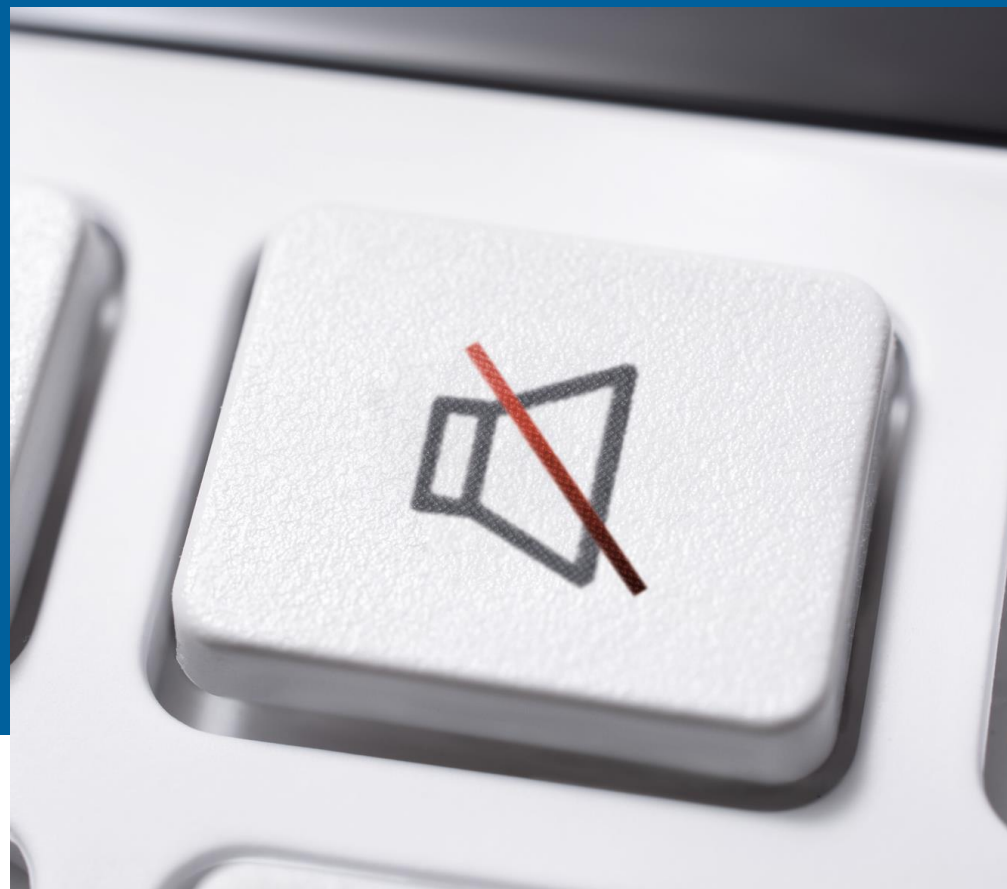
Zoom Chat

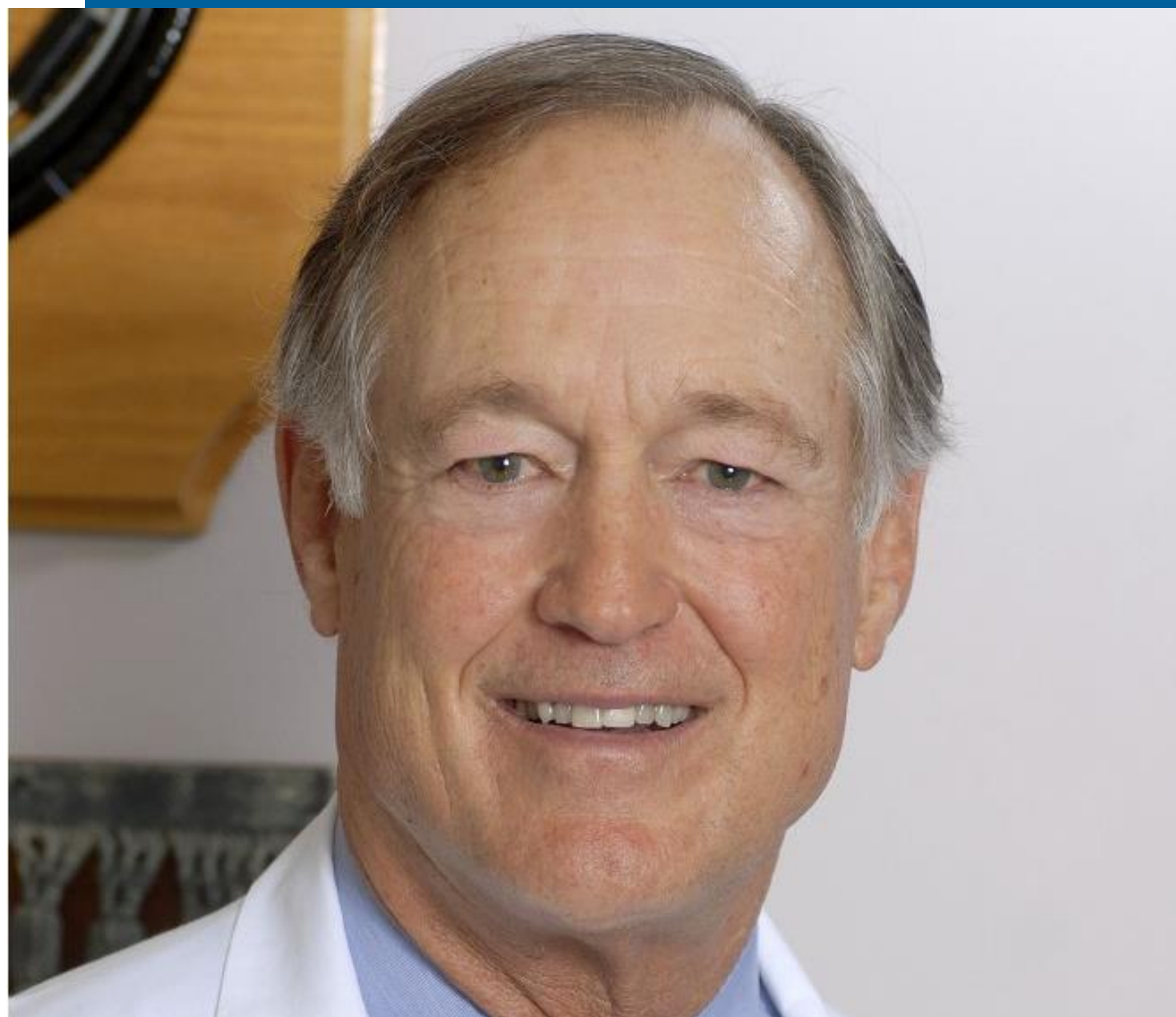
Use the chat to introduce yourself & ask questions throughout the roundtable!



Roundtable Recording

Slides and recording will be shared with all attendees





Daniel Stonewall Anderson, MD, MACP

California Colorectal Cancer Coalition

Welcome & Colorectal Cancer Screening in
San Diego: *How are we doing?*

San Diego CRC Roundtable

Welcome

Daniel S. Anderson MD MACP President
California Colorectal Cancer Coalition
February 22, 2023

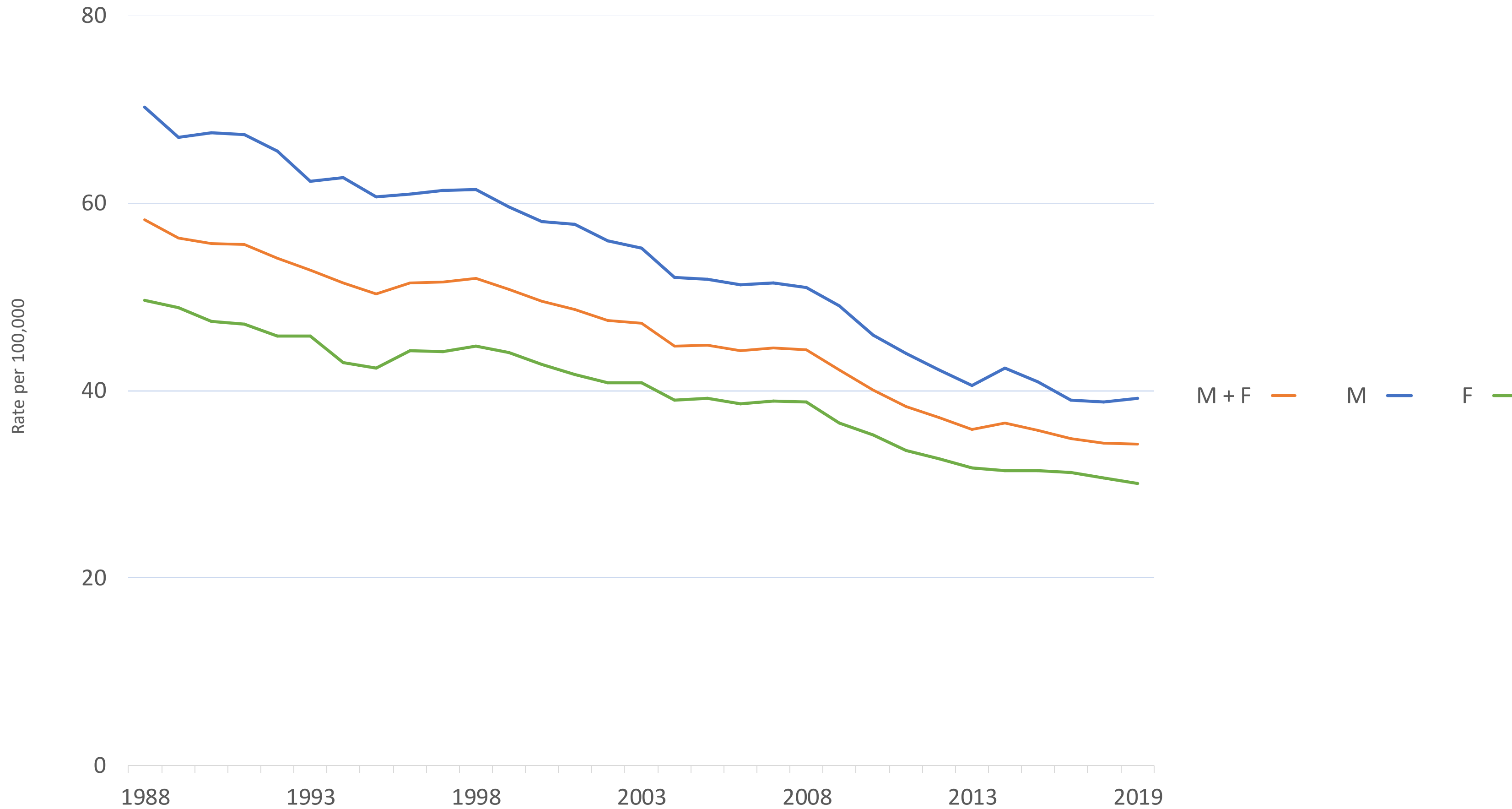
Colorectal Cancer Screening in San Diego and California: How Are We Doing?

Daniel S. Anderson MD MACP
San Diego CRC Roundtable
February 22, 2023

Trends in Age-Adjusted CRC Incidence Rates: California, 1988-2019

Overall
Decrease

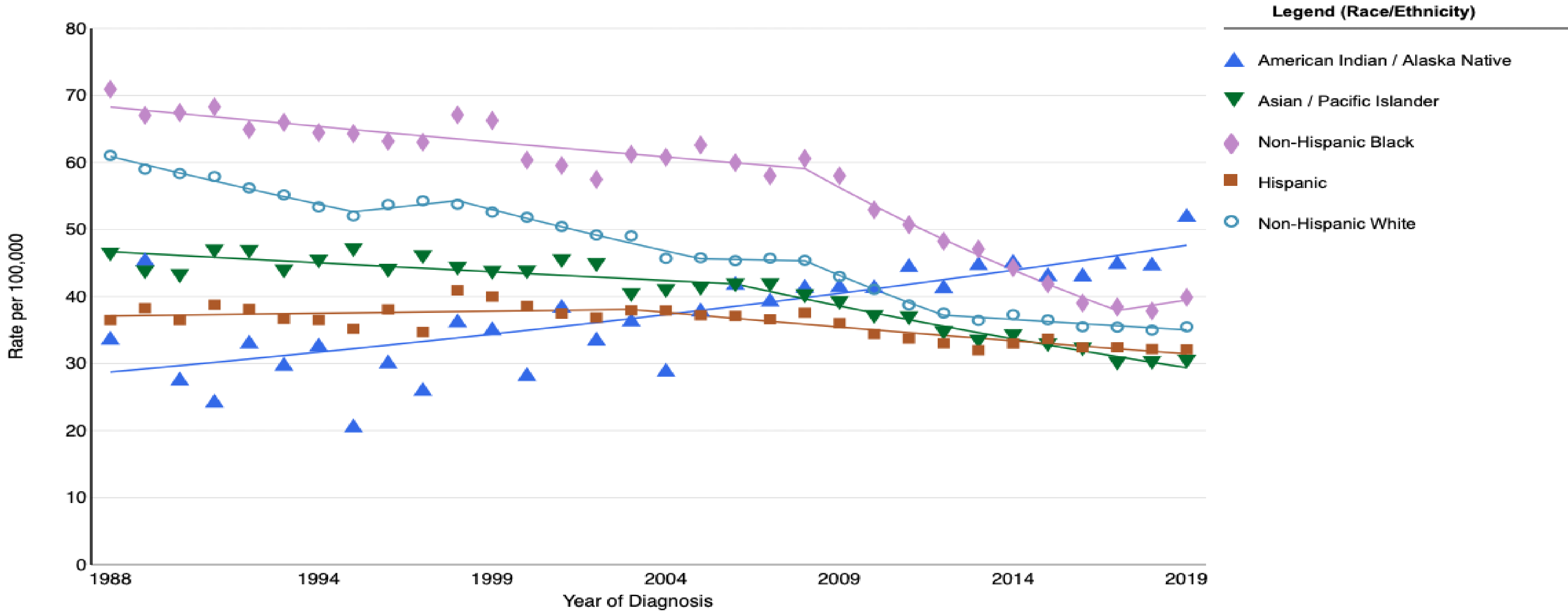
44 % M
38 % F



Colon and Rectum

Long-Term Trends in Incidence Rates, 1988-2019

By Race/Ethnicity, Both Sexes, All Ages, California



Created by <https://explorer.ccrca.org> on Wed Jan 18 2023.
 California Cancer Registry [<https://www.ccrca.org/learn-about-ccr/about-cancer-registries/>], California Department of Public Health.
 Due to inconsistent reporting by the Department of Veteran Affairs (VA), case counts and incidence rates for some cancers may be underestimated.
 Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130).
 The Annual Percent Change (APC) estimates were calculated from the underlying rates using the Joinpoint Trend Analysis Software [<http://surveillance.cancer.gov/joinpoint>], Version 4.9, March 2021, National Cancer Institute.
 The APC's direction is "rising" when the entire 95% confidence interval (C.I.) is above 0, "falling" when the entire 95% C.I. is lower than 0, otherwise, the trend is considered "stable".
 Hispanic is mutually exclusive from American Indian/Alaska Native, Asian /Pacific Islander, Non-Hispanic Black, and Non-Hispanic White.
 See Definitions [<https://explorer.ccrca.org/definitions.html>] page for more details about the race/ethnicity coding used for California Cancer Registry data.
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Overall Percent Change in CRC Incidence: California, 1988 - 2019

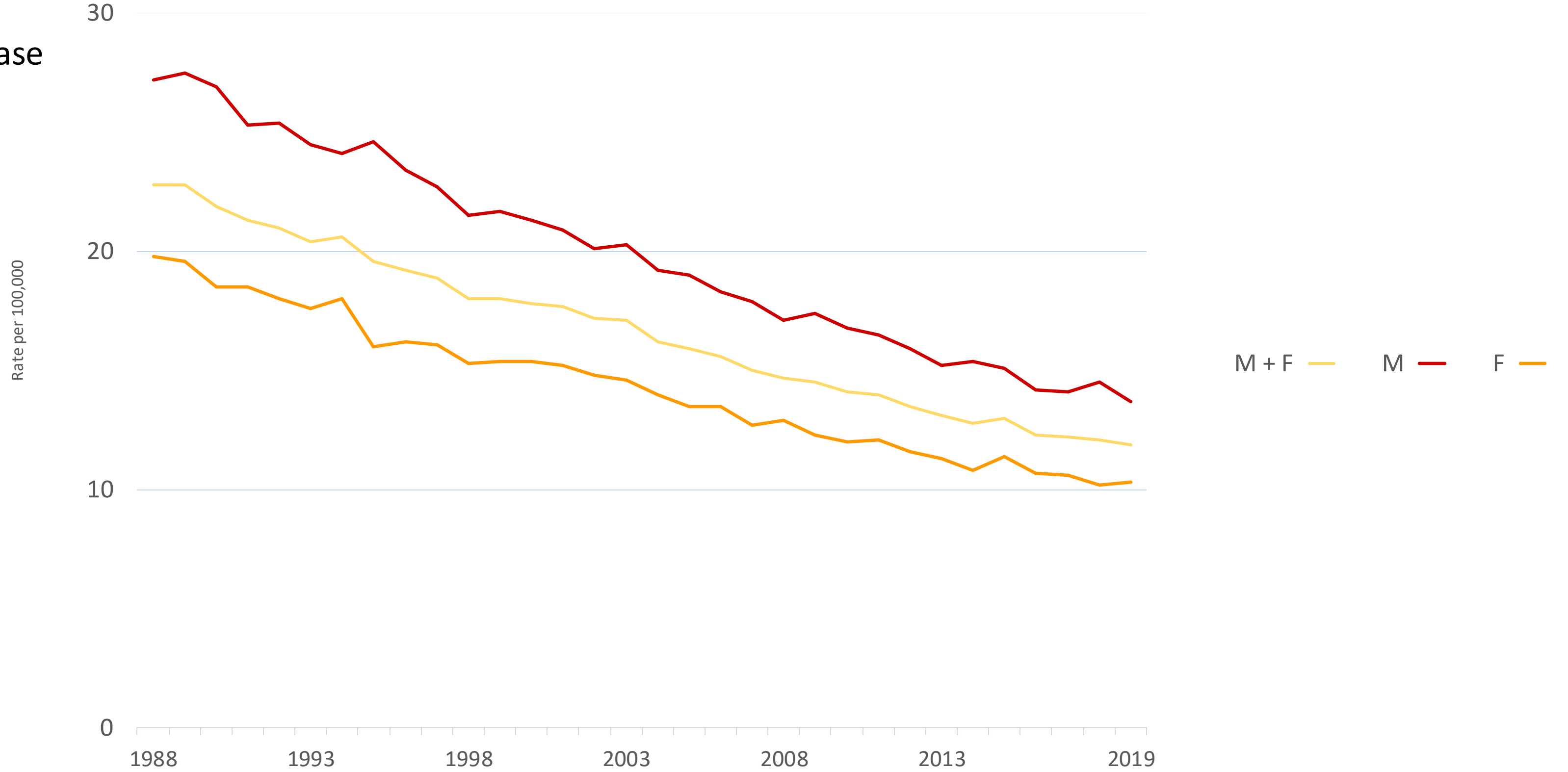
Race/Ethnicity	Males		Females	
White, non-Latino	-47 %	↓	-39 %	↓
African American	-44 %	↓	-46 %	↓
Latino	-15 %	↓	-10 %	↓
Asian/Pacific Islander	-38 %	↓	-30 %	↓
Native American	42 %	↑	57 %	↑

Trends in Age-Adjusted CRC Mortality Rates: California, 1988-2019

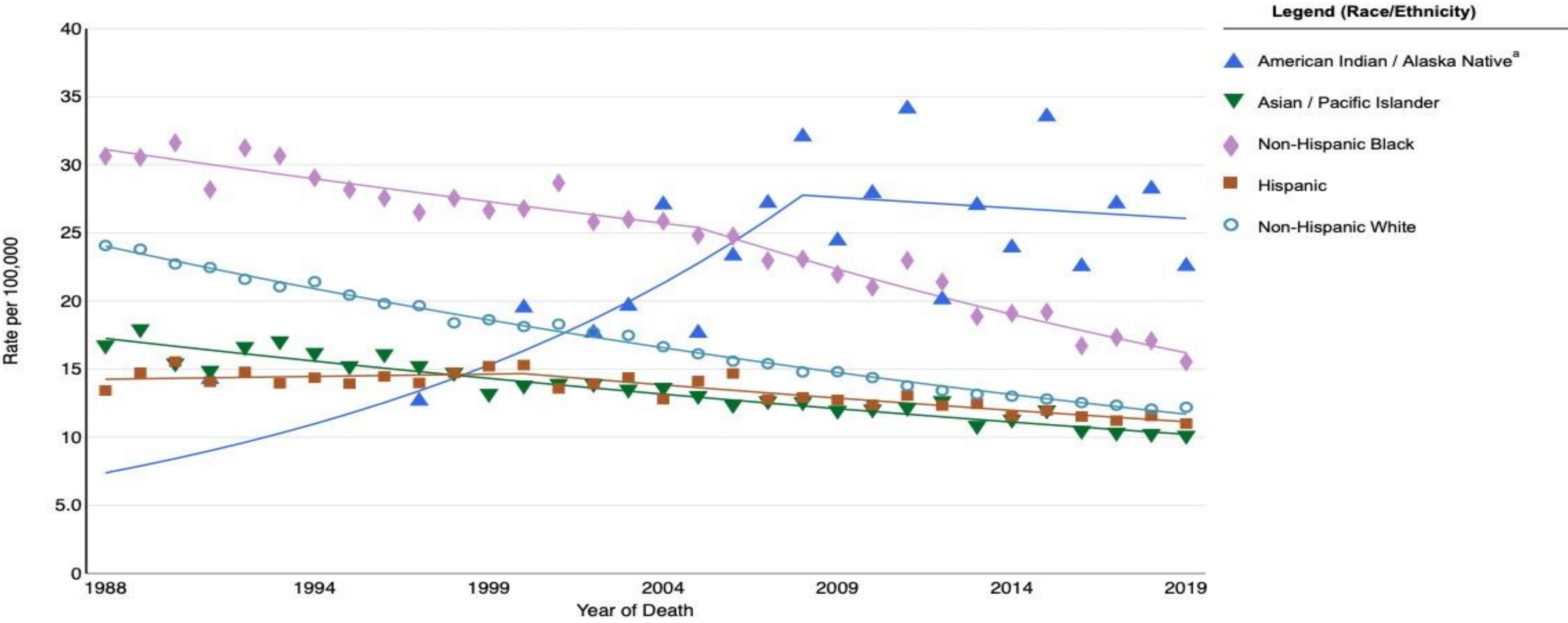
Overall Decrease

50 % M

48 % F



Colon and Rectum Long-Term Trends in Mortality Rates, 1988-2019 By Race/Ethnicity, Both Sexes, All Ages, California



Created by <https://explorer.ccrca.org> on Wed Jan 18 2023.
 [a] Age-adjusted rates are not shown if based on less than 15 deaths
 California Cancer Registry [<https://www.ccrca.org/learn-about-ccr/about-cancer-registries/>], California Department of Public Health, Center for Health Statistics Death Master Files.
 Rates are per 100,000 and are age-adjusted to the 2000 US Std Population (19 age groups - Census P25-1130).
 The Annual Percent Change (APC) estimates were calculated from the underlying rates using the Joinpoint Trend Analysis Software [<http://surveillance.cancer.gov/joinpoint>], Version 4.9, March 2021, National Cancer Institute.
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 See Definitions [<https://explorer.ccrca.org/definitions.html>] page for more details about the race/ethnicity coding used for California Cancer Registry data.
 Cancer sites are defined using the SEER Cause of Death Recode 1969+ (04/16/2012) [https://seer.cancer.gov/codrecode/1969+_d04162012/index.html].

Overall Percent Change in CRC Mortality: California, 1988 - 2019

Race/Ethnicity	Males		Females	
White, non-Latino	-53 %	↓	-47 %	↓
African American	-42 %	↓	-55 %	↓
Latino	-13 %	↓	-22 %	↓
Asian/Pacific Islander	-43 %	↓	-37 %	↓
Native American	114 %	↑	196 %	↑

San Diego Compared To California and the USA

Rate per 100,000 age-adjusted 2015-2019 from CCR

	San Diego	California	USA
Incidence:	30.2	30.2	37
Mortality:	12 (11.3 in 2018)	12.3	13.1
Late Stage	49.9%	49.7%	57%

Cancer Statistics 2023 Estimated Deaths California

1. Lung and Bronchus	9,380
2. Colon and Rectum	5,530
3. Pancreas	4,970
4. Breast	4,680
5. Prostate	4,090

How Well is San Diego Screening for Colorectal Cancer?

- Using the California Office of Patient Advocate <https://www.opa.ca.gov/reportcards/Pages/default.aspx>
- Using Uniform Data Systems Measures from the HRSA website <https://data.hrsa.gov/tools/data-reporting/program-data>
- Not using Survey Data

California Screening Rates from OPA.GOV 2021

Health Plans Rates

1. Kaiser North and South	76%
2. Sharp Health Plan	74%
3. Health Net HMO	69%
4. Anthem Blue Cross HMO	67%
5. Blue Shield California HMO	66%
6. CIGNA HMO	64%
7. United Health Care	63%

California Screening Rates from OPA.GOV 2020

Medical Groups San Diego County

1.	UC San Diego Health	79%
2.	Kaiser	73%
3.	Sharp Rees-Stealy	73%
4.	Sharp Medical Group IPA	69%
5.	Scripps Medical Group	68%
6.	Palomar Health Medical Group	63%
7.	Primary Care Associates MG	61%
8.	Scripps Coastal Medical Center	59%

California Screening Rates from OPA.GOV 2020

Medicare San Diego County

1.	Kaiser	86%
2.	UC San Diego Health	82%
3.	Sharp Rees-Stealy	80%
4.	Primary Care Associates Medical Group	76%
5.	Sharp Community Medical Group IPA	75%
6.	Scripps Clinic	73%
7.	Mercy Physicians Medical Group	70%
8.	Scripps Physician Medical Group	68%
9.	Palomar Health Medical Group	65%

Clinic	County	Pts Served 2019	Pts Served 2020	CRC HRSA 2012	CRC HRSA 2013	CRC HRSA 2014	CRC HRSA 2015	CRC HRSA 2016	CRC HRSA 2017	CRC HRSA 2018	CRC HRSA 2019	CRC HRSA 2020	CRC HRSA 2021
BORREGO HEALTH	San Diego	229,473	260,483		23.00%	37.10%	30.00%	34.42%	37.10%	26.56%	41.48%	32.22%	24.29%
CENTRO DE SALUD DE LA COMUNIDAD SAN YSIDRO	San Diego	97,516	96,140	41.40%	31.40%	50.00%	42.90%	60.00%	45.33%	50.21%	61.11%	53.82%	52.24%
FAMILY HEALTH CENTERS OF SAN DIEGO, INC. SAN DIEGO	San Diego	149,000	160,902	18.60%	30%	27%	33.9%	37.5%	39.9%	42.2%	45.09%	38.06%	40.83%
IMPERIAL BEACH COMMUNITY CLINIC IMPERIAL BEACH	San Diego	9,798	8,195	34.30%	50%	35.7%	59.1%	63.5%	49.5%	53.4%	59.21%	56.73%	60.02%
LA MAESTRA FAMILY CLINIC SAN DIEGO	San Diego	45,716	37,982	11.40%	28.60%	33.60%	51.30%	51.27%	54.32%	59.49%	62.21%	60.62%	65.90%
NEIGHBORHOOD HEALTH CARE ESCONDIDO	San Diego	76,630	77,789	16.60%	35.80%	60.00%	45.90%	53.76%	58.13%	61.33%	59.87%	46.25%	51.35%
NORTH COUNTY HEALTH PROJECT, INC. SAN MARCOS	San Diego	66,325	57,781	30.00%	30%	36.9%	43.0%	42.1%	50.9%	53.7%	53.3%	39.63%	41.79%
OPERATION SAMAHAN	San Diego	14,311	11,485	8.60%	2.50%	8.60%	54.10%	40.30%	39.73%	45.06%	42.86%	42.91%	42.74%
SAN DIEGO AMERICAN INDIAN HEALTH CENTER	San Diego	4,182	3,425	2.20%			20.50%	16.10%	20.28%	20.18%	28.25%	30.50%	8.04%
SAN DIEGO FAMILY CARE	San Diego	27,451	24,033	57.10%	34.20%	42.80%	39.60%	40.40%	40.16%	44.36%	50.68%	45.80%	51.41%
ST. VINCENT DE PAUL VILLAGE, INC.	San Diego	3,033	2,937	18.60%	20%	21%	15.7%	15.7%	19.2%	15.9%	19.5%	8.32%	8.33%
VISTA COMMUNITY CLINIC VISTA	San Diego	69,701	61,930	26.80%	29.60%	35.30%	28.10%	37.10%	40.44%	38.39%	51.72%	36.90%	36.75%
San Diego FQHCs		793,136	803,082	24.15%	28.65%	35.32%	38.68%	41.01%	41.25%	42.56%	47.94%	40.98%	40.31%
Weighted by population screening rate without Borrego Health				25.40%									46.10%
Weighted by population screening rate with Borrego Health 2013				24%									42.20%
California													39.90%
National													42%
MOUNTAIN HEALTH & COMMUNITY SERVICES ALPINE	San Diego	8,369		20.00%	28.60%	22.90%	24.30%	14.30%	31.43%	31.43%			

SUPPORT
**Screen Your Gut-
Save Your Butt**



Run to defeat
**COLORECTAL
C A N C E R**



You're Invited!

5K Challenge | Saturday, March 4, 2023

Mission Bay | 8am–1pm

San Diego, CA

To register: charity.pledgeit.org/

ScreenYourGutSaveYourButt



www.cacoloncancer.org



Tanya Penn, MPH

SDSU, Institute for Public Health

*CRC Data: Using CancerDAT to Inform
Grants and Services*



HEALTHDAT | San Diego

CANCERDAT | San Diego

Colorectal Cancer Data

USING CANCERDAT TO
INFORM GRANTS AND
SERVICES

SDSU

**Institute for
Public Health**

Our Mission

Our mission is to improve the public's health by promoting best practices through quality evaluation, training, technology, practice-based research and effective partnerships that bridge academic and community knowledge.

TODAY

How we got here

Data sources

Let's take a tour!

Wrap it all up


How we got here

HEALTHDAT
&
CANCERDAT
DEVELOPMENT

Memory Lane

- **2000-2015:** Identification of a need and a vision to address it
 - Listening, conversing, watching, dreaming
- **2015:** Funding!
- Build it. Then tear it down!
- Now do it again.
- Again.
- One more time.
- **2018:** We go LIVE with HealthDAT!
- **2018:** Funded proof of Concept for CancerDAT!
- Let's just keep building and tearing it down, though.





Empowering San Diego Communities to Connect and Collaborate

San Diego
DATA



Best
Practices



San Diego
Academic &
Collaborative
Resources



About Us





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San Diego
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About Us

REBECCA AND JOHN MOORES UCSD CANCER CENTER

What goes in?

DATA SOURCES

Health Outcomes

California Office of Statewide Health Planning and Development (OSHPD)

- ED Discharge
- Hospital Discharge
- In-patient Treatment (psychiatric and rehabilitation facilities)

County of San Diego

- Live Births
- Deaths
- Infant Mortality

California Cancer Registry

- Cancer Incidence



Demographics

- US Census Bureau



AMERICAN COMMUNITY SURVEY

U.S. CENSUS BUREAU

13194014
U.S. DEPARTMENT OF COMMERCE
Economic and Statistics Administration
U.S. CENSUS BUREAU

THE American Community Survey

This booklet shows the content of the American Community Survey questionnaire.

Start Here

Respond online today at:
<https://respond.census.gov/acs>
OR
Complete this form and mail it back as soon as possible.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.

If you need help or have questions about completing this form, please call 1-800-354-7271. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-582-8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llámeme sin cargo alguno al 1-877-833-8625. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: <https://respond.census.gov/acs>

For more information about the American Community Survey, visit our web site at: <http://www.census.gov/aca/www/>

Please print today's date.
Month: Day: Year:

Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.

Last Name:

First Name: MI:

Area Code + Number: -

How many people are living or staying at this address?
• INCLUDE everyone who is living or staying here for more than 2 months.
• INCLUDE yourself if you are living here for more than 2 months.
• INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
• DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people:

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM ACS-1 (INFO) (2014) (KFI)
06-08-2013
OMB No. 0607-0810

Social Determinants of Health

Data Sources

- California Health Places Index
- American Community Survey

Example of Types of Data

- Air Pollution
- Educational Attainment
- Food Insecurity
- Poverty
- Unemployment



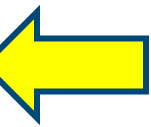
Behaviors

Data Sources

- LiveWell San Diego
- Behavioral Risk Factor Surveillance System
- American Community Survey
- California Health Interview Survey
- CDC PLACES

Example of Types of Data

- | | |
|-------------------|---------------|
| ■ Exercise | ■ Screening |
| ■ Flu Vaccination | ✓ Cholesterol |
| ■ Obesity | ✓ Colonoscopy |
| ■ Smoking | ✓ Mammography |
| | ✓ Pap smear |



Best Practices

- The Community Guide
- US Preventive Services Task Force
- Cochrane
- The Centers for Disease Control and Prevention
- National Library of Medicine

**Let's Take
a Tour**

Empowering San Diego Communities to Connect and Collaborate

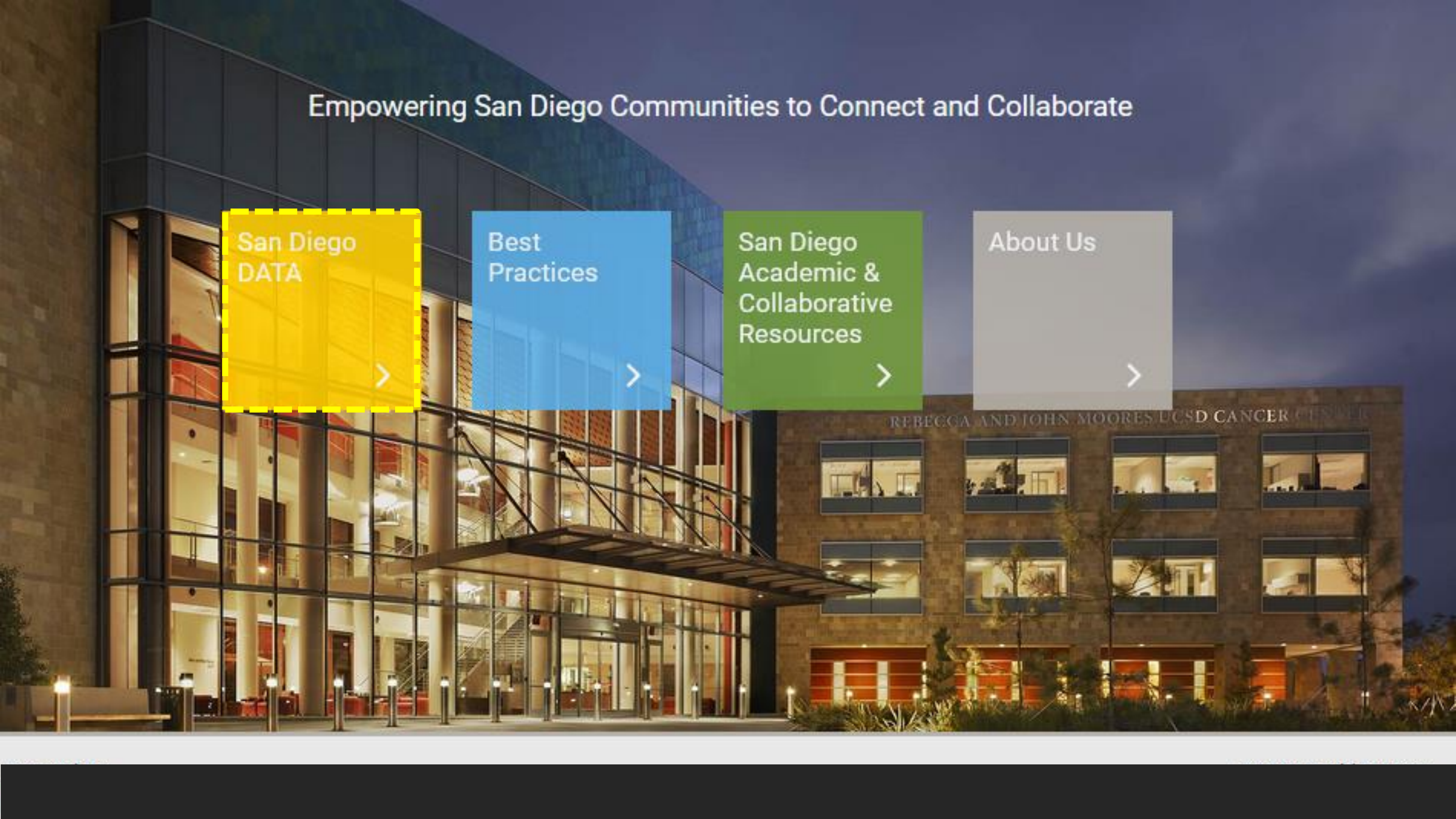
San Diego
DATA

Best
Practices

San Diego
Academic &
Collaborative
Resources

About Us

REBECCA AND JOHN MOORES UCSD CANCER CENTER



DATA

Best Practices

Resources

About Us

Contact Us

Diseases and Conditions

Demographics

Behaviors

Social Determinants



Diseases and
Conditions

Demographics

Behaviors

Social
Determinants



REBECCA AND JOHN MOORES UCSD CANCER CENTER

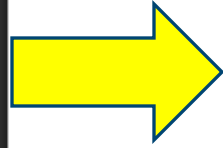


Diseases and Conditions

[View selected criteria](#)

CHOOSE FROM THE CATEGORIES BELOW:

- Brain Cancer
- Cervix Cancer
- Colorectal Cancer
- Female Breast Cancer
- Female Reproductive Cancer
- Liver Cancer
- Lung Cancer
- Melanoma of the Skin
- Non-Hodgkin's Lymphoma
- Non-melanoma Skin Cancer
- Ovarian Cancer
- Pancreatic Cancer
- Prostate Cancer
- Stomach Cancer



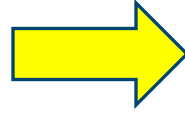
Diseases and Conditions

[View selected criteria](#)



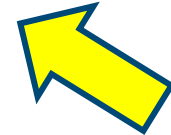
CHOOSE FROM THE CATEGORIES BELOW:

- Brain Cancer
- Cervix Cancer
- ▼ Colorectal Cancer
 - Death
 - Hospital Discharge
 - Invasive Colon & Rectal Cancer Incidence
- Female Breast Cancer
- Female Reproductive Cancer
- Liver Cancer
- Lung Cancer
- Melanoma of the Skin
- Non-Hodgkin's Lymphoma
- Non-melanoma Skin Cancer
- Ovarian Cancer
- Pancreatic Cancer
- Prostate Cancer
- Stomach Cancer

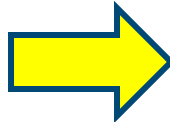


Diseases and Conditions

View selected criteria 



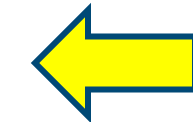
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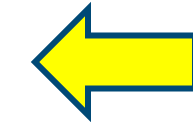
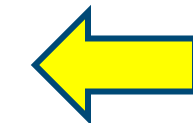
Regions

- ▼ Map Layers
 - Subregional Areas (SRAs) ⓘ
 - HHSA Regions ⓘ
 - Municipal Districts ⓘ
 - Supervisorial Districts ⓘ
- Subregional Areas (SRAs) ⓘ



Additional Options

- ▼ Year
 - 2014
 - 2015
 - 2016
 - 2017
 - 2018
- ▼ Demographics
 - Age
 - Gender
 - Race/Ethnicity
 - Total Population



Location: San Diego County

Disease/Outcome: **Colorectal Cancer: Death**

Region(s): All

View:



Reselect criteria

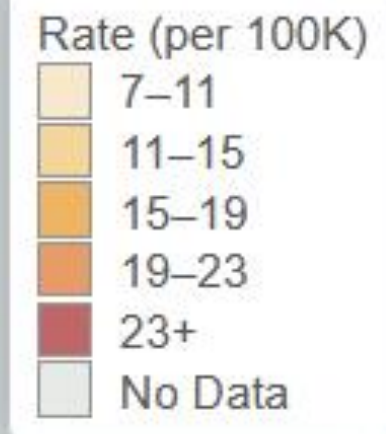


Colorectal Cancer/Death / Rate (per 100,000 population) / Unadjusted / 2018



Region Data

Hover over a region



Year(s)

2011-2018

Condition

Colorectal Cancer

Definition of Condition

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer, for short. Sometimes abnormal growths, called polyps, form in the colon or rectum. Over time, some polyps may turn into cancer. Screening tests can find polyps so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure. (CDC)

Outcome

Death

Outcome Definition

Death refers to the underlying cause of death. For a list of ICD-10 Mortality codes please see the Public Health Services Codebook which can be found on the HHS website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/regional-community-data.html

Rates Info

Rates per 100,000 population. Age-adjusted rates per 100,000 2000 US standard population.

Website Data Retrieved From

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/regional-community-data.html

Source Name

County of San Diego Health and Human Services Agency Public Health Services

Original Source

Vital Records Business Intelligence System Data (Death and Birth Data)

Location: San Diego County

Disease/Outcome: **Colorectal Cancer: Death**

Region(s): All

View:

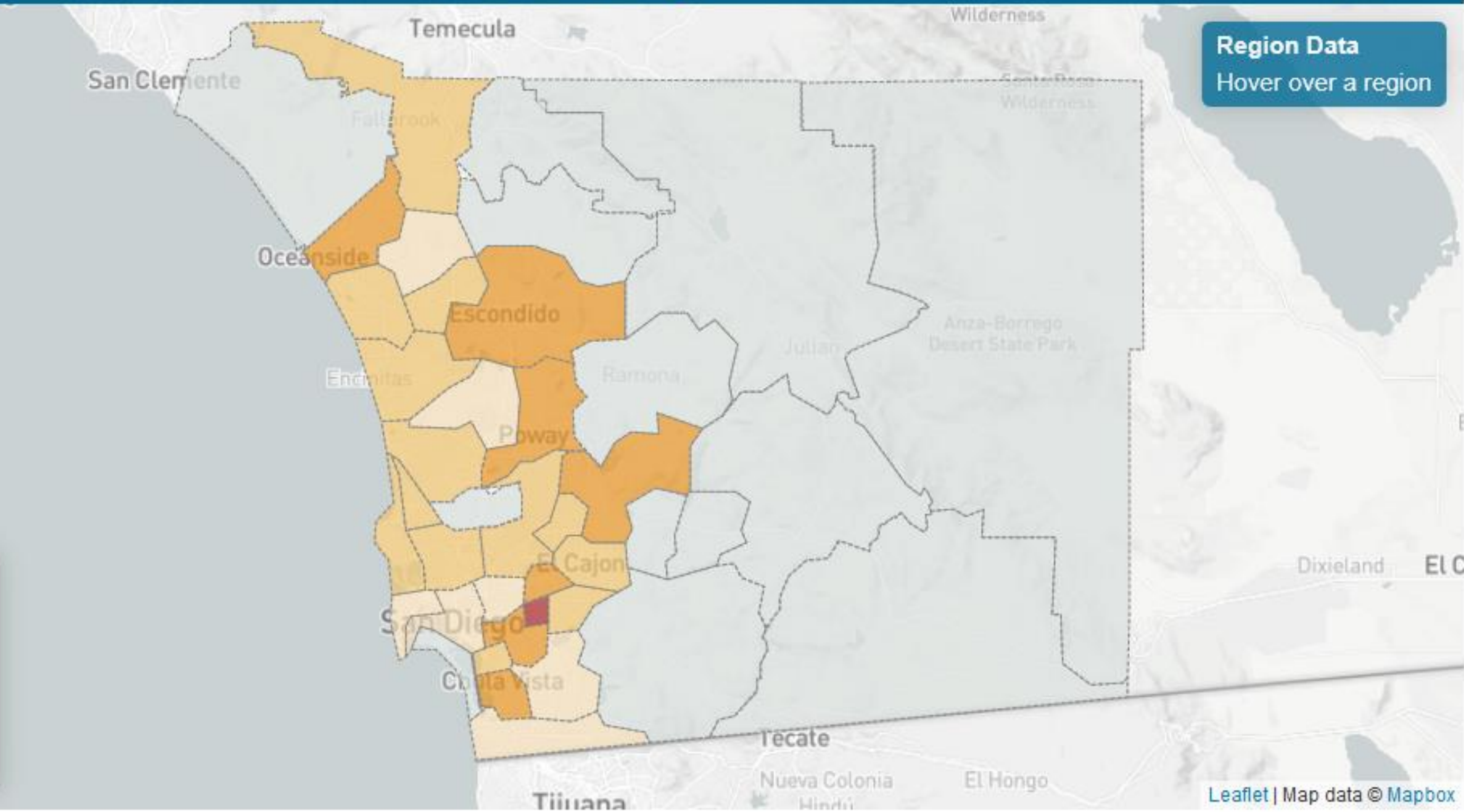
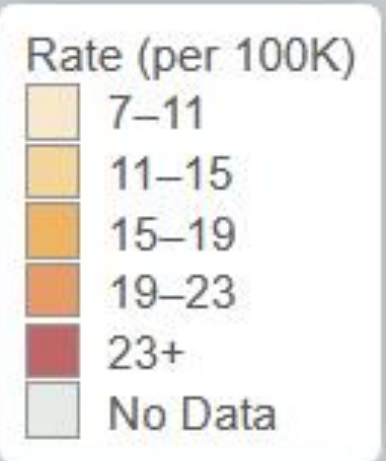


Reselect criteria



Colorectal Cancer/Death / Rate (per 100,000 population) / Unadjusted / 2018 ↻ 🖨

Region Data
Hover over a region



Location: San Diego County

Disease/Outcome: **Colorectal Cancer: Death**

Region(s): All

View:



Reselect criteria



Colorectal Cancer/Death / Rate (per 100,000 population) / 2018

Data Source	Disease/Condition	Indicator	Region	Year	Total Cases	Unadjusted Rate	Age Adjusted Rate	Male Cases	Male Rate	Female Ca
	Colorectal Cancer	Death	Lemon Grove	2018	8	24.60	21.50	—	—	—
	Colorectal Cancer	Death	La Mesa	2018	11	18.01	13.52	5	15.04	7
	Colorectal Cancer	Death	Oceanside	2018	29	17.11	14.50	16	18.61	13
	Colorectal Cancer	Death	Poway	2018	15	16.09	14.70	9	19.71	6
	Colorectal Cancer	Death	Chula Vista	2018	20	16.07	14.56	11	18.23	9
	Colorectal Cancer	Death	Escondido	2018	28	15.87	14.52	13	15.30	14
	Colorectal Cancer	Death	Lakeside	2018	9	15.75	13.99	—	—	7
	Colorectal Cancer	Death	Southeastern San Diego	2018	22	15.43	16.79	13	18.23	9
	Colorectal Cancer	Death	Elliott-Navajo	2018	14	14.58	10.19	7	14.44	7
	Colorectal Cancer	Death	University	2018	10	14.30	13.34	5	13.95	5
	Colorectal Cancer	Death	Spring Valley	2018	12	13.88	12.08	7	15.78	5
	Colorectal Cancer	Death	San Dieguito	2018	14	13.80	10.05	5	10.58	9
	Colorectal Cancer	Death	Del Mar-Mira Mesa	2018	24	13.79	13.72	7	7.75	17
	Colorectal Cancer	Death	Fallbrook	2018	6	13.15	9.67	5	19.02	—
	Colorectal Cancer	Death	Kearny Mesa	2018	22	12.99	10.79	12	14.36	10
	Colorectal Cancer	Death	Coastal	2018	11	12.85	9.25	5	11.52	6
	Colorectal Cancer	Death	San Diego County	2018	424	12.70	11.27	216	12.87	208
	Colorectal Cancer	Death	El Cajon	2018	17	12.64	10.31	9	13.63	8
	Colorectal Cancer	Death	Santee	2018	7	12.51	10.71	6	21.17	—

Location: San Diego County

Disease/Outcome: **Colorectal Cancer: Hospital Discharge**

Region(s): All

View:



Reselect criteria



Colorectal Cancer/Hospital Discharge / Rate (per 100,000 population) / Unadjusted / 2018



Region Data

Hover over a region



Rate (per 100K)

22-32

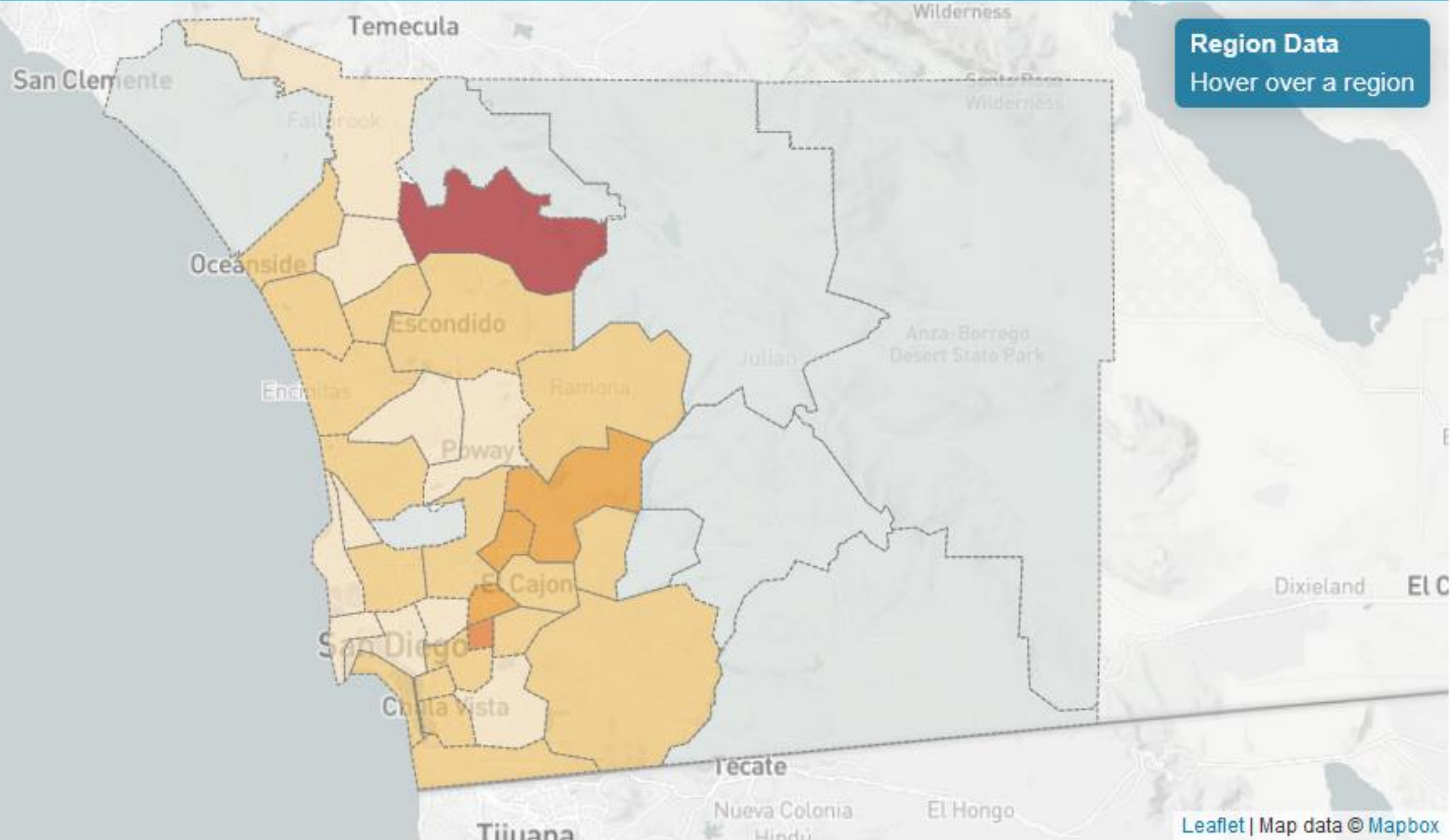
32-42

42-52

52-62

62+

No Data



Best Practices

CHOOSE FROM THE CATEGORIES BELOW:

- Breast Cancer
- Cervix Cancer
- **Colorectal Cancer**
- Female Reproductive Cancer
- Liver Cancer
- Lung Cancer
- Melanoma of the Skin
- Non-melanoma Skin Cancer
- Prostate Cancer

Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication (less)

The US Preventive Services Task Force (USPSTF) recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease (CVD) and colorectal cancer (CRC) in adults aged 50 to 59 years who have a 10% or greater 10-year CVD risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years. The USPSTF found adequate evidence that aspirin use to reduce risk for cardiovascular events (nonfatal MI and stroke) in adults aged 50 to 69 years who are at increased CVD risk is of moderate benefit. The magnitude of benefit varies by age and 10-year CVD risk. The USPSTF found adequate evidence that aspirin use reduces the incidence of CRC in adults after 5 to 10 years of use

Resources:

The US Preventive Services Task Force

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/aspirin-to-prevent-cardiovascular-disease-and-cancer>

Cancer Screening: Client Reminders - Colorectal Cancer (more)

Cancer Screening: Reducing Structural Barriers for Clients - Colorectal Cancer (more)

Wrap it all up!

*Drop us a line
and tell us how
you use it!*

How can I use this?

- Start a conversation about health outcomes in your own catchment area
- Identify disparities and see which actionable determinants pair with those disparities
- Use the maps and charts in presentations, reports, and grants
- Export the data to do your own analyses or create fancy charts and graphics
- Track change over time!
- Identify evidence-based practices to address health conditions
- Find local academics who share your interests and values
- Collaborate with other organizations or academic partners on funding opportunities

Questions, Comments, Suggestions

HEALTHDAT@SDSU.EDU

TPENN@SDSU.EDU





Marie Russell, MD, MPH

TrueCare

FQHC Case Study



Back to the Future: Getting CRC Screening Back on Track

Marie Russell, MD, MPH

CMO/COO

February 22, 2023

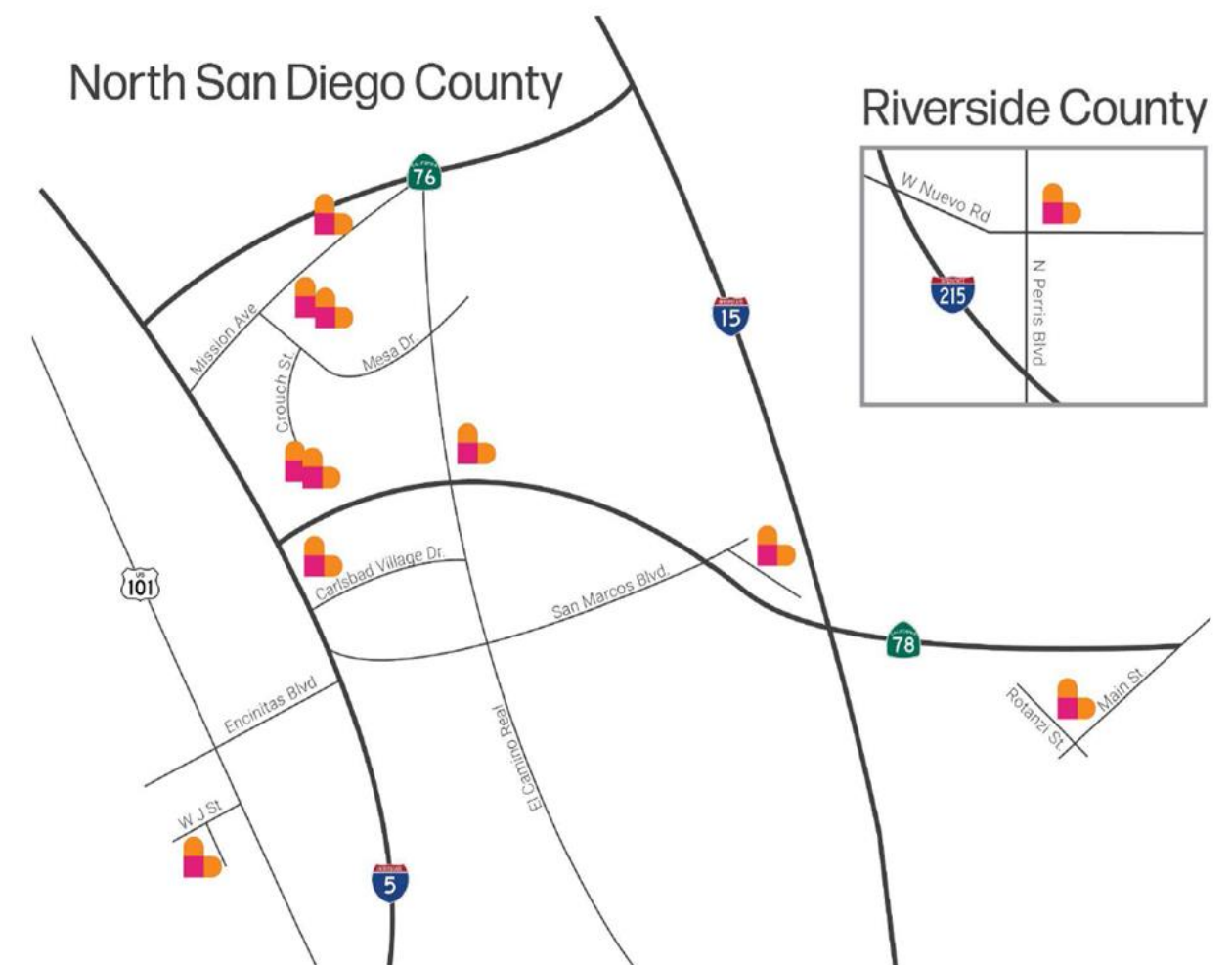
TrueCare – Health Inside, Welcome In!

- Providing quality healthcare services for 50+ years!
- First health center location in 1974
- 60K patients/year and growing!
- 300K+ visits annually



Service Area & Locations

- Grown to 13 health centers + 4 Mobile Units across two counties
- Comprehensive medical & dental services:
 - Primary care, dental, behavioral health, woman's health, chiropractic & cardiology
- TrueCare WIC Locations



Leverage Technology



CARE GAPS

- Diabetes Microalbumin
- DM Retinopathy Screening
- Breast Cancer Screening
- 5 more care gaps
- +1 awaiting completion

PROBLEM LIST

- Acute CHF (HCC-CMS)
- NSTEMI (non-ST elevated myocardial infarction) (HCC-CMS)

Bone Density Screening 🕒 Postponed until

Imm-Zoster, Recombinant (2 of 3) 🕒 Postponed until

Care Gaps Awaiting Completion

- Overdue**
- Never Done: Colorectal Cancer Screening (FIT/gFOBT - Preferred) (Yearly)
- Last ordered: Sep 1, 2022

Wellness 📘 ⋮

	Q1 '22	Q2 '22	Q3 '22	Q4 '22	QTD
Cervical Cancer Screening	59 %	59 %	60 %	59 %	59 %
Colorectal Cancer Screening	46 %	43 %	44 %	45 %	46 %

Continuous Quality Improvement

Identification

- Care gaps in EMR
- Identify previous results that could impact next screening (Care Everywhere, old records).

Communication

- Care Team reviews gaps of care from Epic during huddles
- WELL app auto-reminders
- Standing Orders

Education (Staff/Clinicians)

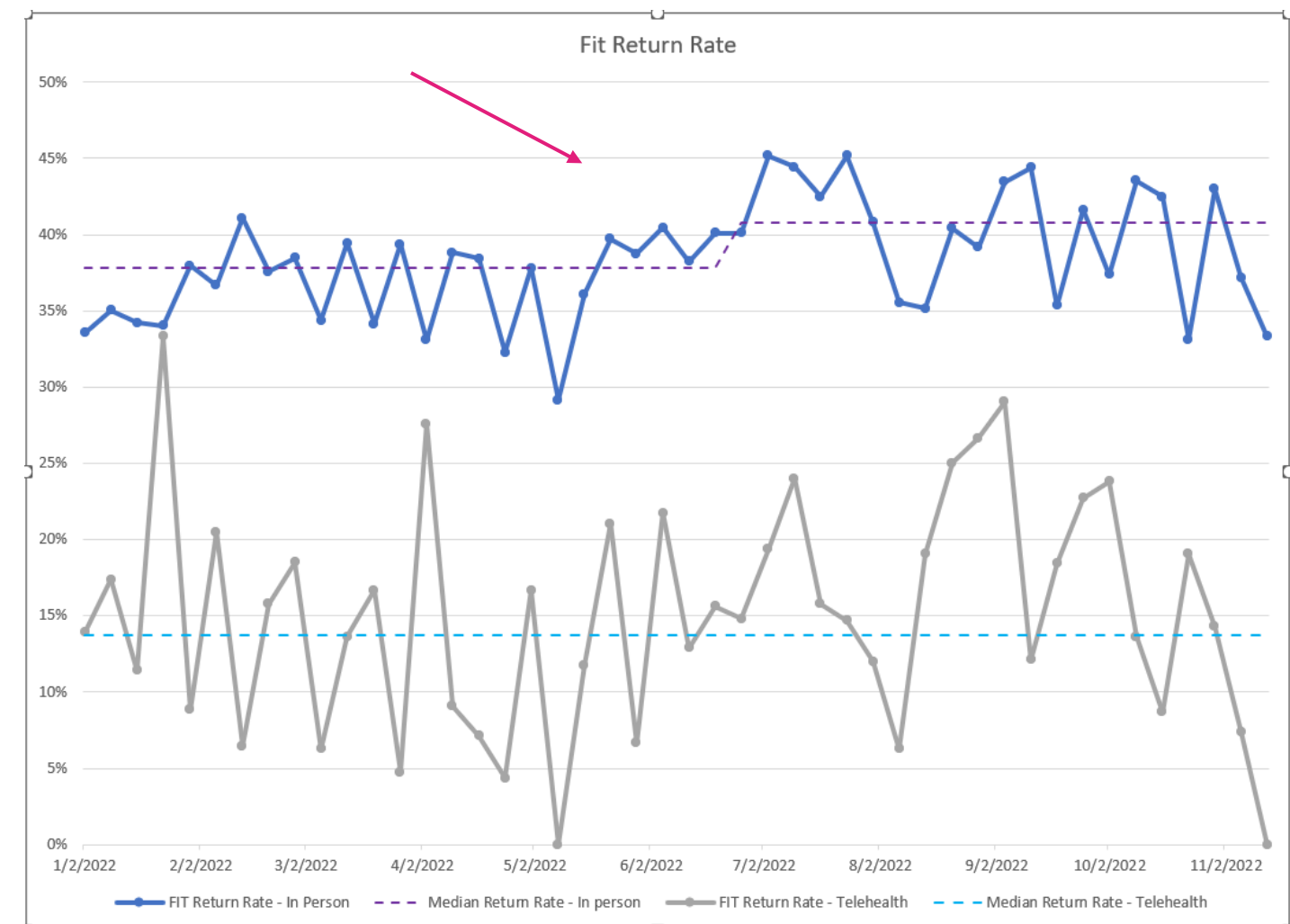
- Training for MA who provides health education for FIT and hands to patients
- Ensure PCP is correct in patient's chart: affects reports

Access

- All providers, no matter specialty should be providing FIT test

Health Information

- Patient education campaigns
- Utilize Patient reminder function for MyChart



Care Coordination in Action

Positive FIT workflow:

- Provider reviews and forwards recommendation to care coordination team
- Care Coordinators calls patient to provide recommendation
 - 3 calls and mail certified letter
- If patient agrees to proceed with colonoscopy, care coordinator places colonoscopy referral.
 - Text message patient once referral is processed
- Care coordinator f/u every other week to see if they schedule appt for 6 weeks.
- Recall list – for patients who need repeat/surveillance colonoscopy
 - Live calls to patients and certified letter
- Self-pay patients
 - Lots of education and support
 - Use Colonoscopy Assist and Project Access

Impact

- 48 year old Hispanic old male had routine office visit in September 2021
 - *FIT ordered...*
 - *...Came back positive*
- Provider placed referral for colonoscopy and care coordinators went to work
 - *Patient was self pay and care coordinators were able to work with patient to get colonoscopy through Colonoscopy Assist – October 2021*
 - *Patient found to have mass on colonoscopy and was diagnosed with colon cancer*
- Timely referral to surgery and oncologist

As of last Fall, patient with no detectable disease!

Looking Ahead

Continuous Quality
Improvement

Leverage Technology

Advocacy

Education

Partnerships



**Michelle Hughes, PharmD,
BCPS, BCAP**
Neighborhood Healthcare
FQHC Case Study



Samir Gupta, MD, MSCS, AGAF

Moore's Cancer Center at University of California, San Diego

Updates on Established and Emerging Screening Tests



Updates on Established and Emerging Colorectal Cancer Screening Tests

San Diego Colorectal Cancer Roundtable, February 22nd, 2023

Samir Gupta, MD, MSCS

Professor of Medicine, Division of Gastroenterology, UC San Diego

Staff Physician, Jennifer Moreno San Diego VA Medical Center

s1gupta@health.ucsd.edu @samirguptaGI

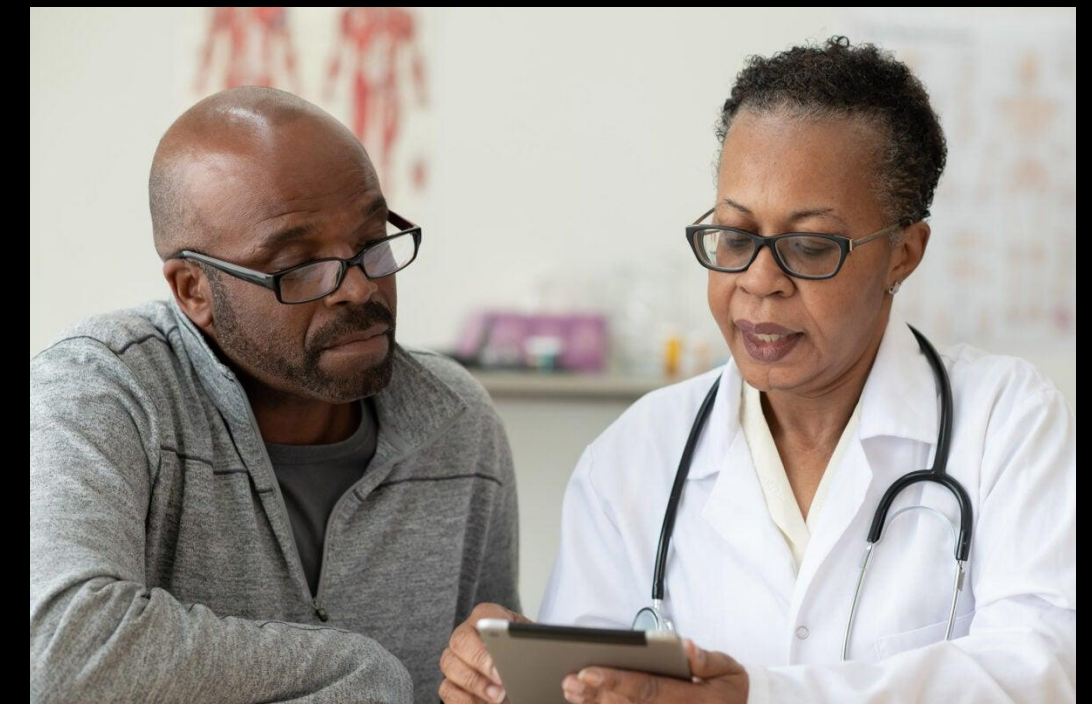
UC San Diego
HEALTH SCIENCES

Disclosures

- Consulting: Guardant Health; InterVenn; Geneoscopy
- Consulting and stock options: CellMax Life
- Research support: Freenome; Epigenomics
- All of these companies are developing tests for colorectal cancer screening and surveillance

Case

- 48 year old man presents to establish primary care
 - PMHx: Hypertension, obesity
 - FMHx: No family history of colorectal cancer
 - Prior primary care physician had referred him at age 46 for colorectal cancer screening with colonoscopy which he did not complete
- Key questions:
 - What is the evidence base to support screening?
 - What test is best for this patient?



“I try and do what my doctors tell me, but I’ve been busy with work and my young kids, and I heard I did not have to start until age 50.”

Outline

- Screening
 - Options
 - Impact on incidence and mortality
 - Comparative data
 - Emerging tests

Currently Available US Preventive Services Task Force Recommended Options

Stool-based strategies



High-sensitivity
FOBT



Fecal Immunochemical
Test (FIT)



Stool DNA-FIT

Direct-visualization techniques



CT Colonography



Flexible Sigmoidoscopy



Colonoscopy

Methylated serum septin 9 (Epi proColon) and PillCam COLON also FDA approved

Graphic courtesy of Dr. Folasade May, UCLA

Selecting a test today

- Base choice on:
 - Impact on CRC incidence/mortality
 - Sensitivity/specificity
 - Acceptability
 - Modelling

KHN Morning Briefing

Summaries of health policy coverage from major news organizations

Study Casts Doubt On Effectiveness Of Colonoscopy As Cancer Screen

A 10-year clinical trial found that colonoscopies reduce colon cancer risk by only a fifth and did not significantly lower the chances of death. The results call into question the increased use of the procedure for screening purposes.

CNN: A Colonoscopy Study Has Some Wondering If They Should Have The Procedure. What You Should Know

A new European study on colonoscopies – the largest of its kind – has complicated results, and it's left some people wondering whether they should have the procedure to screen for colon cancer. (Cohen, 10/10)

Stat: In Gold-Standard Trial, Colonoscopy Fails To Cut Rate Of Cancer Deaths

For decades, gastroenterologists put colonoscopies on a pedestal. If everyone would get the screening just once a decade, clinicians believed it could practically make colorectal cancer “extinct,” said Michael Bretthauer, a gastroenterologist and researcher in Norway. But new results from a clinical trial that he led throw confidence in colonoscopy’s dominance into doubt. (Chen, 10/9)

Bloomberg: Colonoscopy Screening Exams Fail To Prevent Cancer Deaths In Large Study

Colonoscopy screening exams that are recommended for older US adults failed to reduce the risk of death from colon cancer in a 10-year study that questions the benefits of the common procedure. (John Milton, 10/9)

NBC News: Video: Colonoscopies Made No Difference In Death Rates, European Study Finds

In one of the largest studies ever, researchers found colonoscopy screenings cut cancer risk by 18 percent and made no difference in death rates. (10/10)

health Life, But Better Fitness Food Sleep Mindfulness Relationships

START THE DAY HERE

Russian troops leave Kherson. Federal court strikes down Biden's student loan forgiveness. At least 4 dead after storm slams Florida.

New study examines the effectiveness of colonoscopies

By Brenda Goodman, CNN
Updated 3:57 PM EDT, Mon October 10, 2022

“Now, a landmark study suggests the benefits of colonoscopies for cancer screening may be overestimated”

<https://khn.org/morning-breakout/study-casts-doubt-on-effectiveness-of-colonoscopy-as-cancer-screen/>

<https://www.cnn.com/2022/10/09/health/colonoscopy-cancer-death-study>

Effect of Colonoscopy Screening on Risks of Colorectal Cancer
and Related Death

M. Bretthauer, M. Løberg, P. Wieszczyn, M. Kalager, L. Emilsson, K. Garborg, M. Rupinski, E. Dekker, M. Spaander,
M. Bugajski, Ø. Holme, A.G. Zauber, N.D. Pilonis, A. Mroz, E.J. Kuipers, J. Shi, M.A. Hernán, H.-O. Adami,
J. Regula, G. Hoff, and M.F. Kaminski, for the NordICC Study Group*

NordICC (Nordic-European Initiative on Colorectal Cancer) trial

Setting

- Norway, Sweden, and Poland 2009-2014
 - No usual care population CRC screening

Design

- RCT among 84,585 individuals age 55-64 years comparing:
 - Colonoscopy invitation (n=28,220)
 - No invitation (n=56,365)

Follow-up

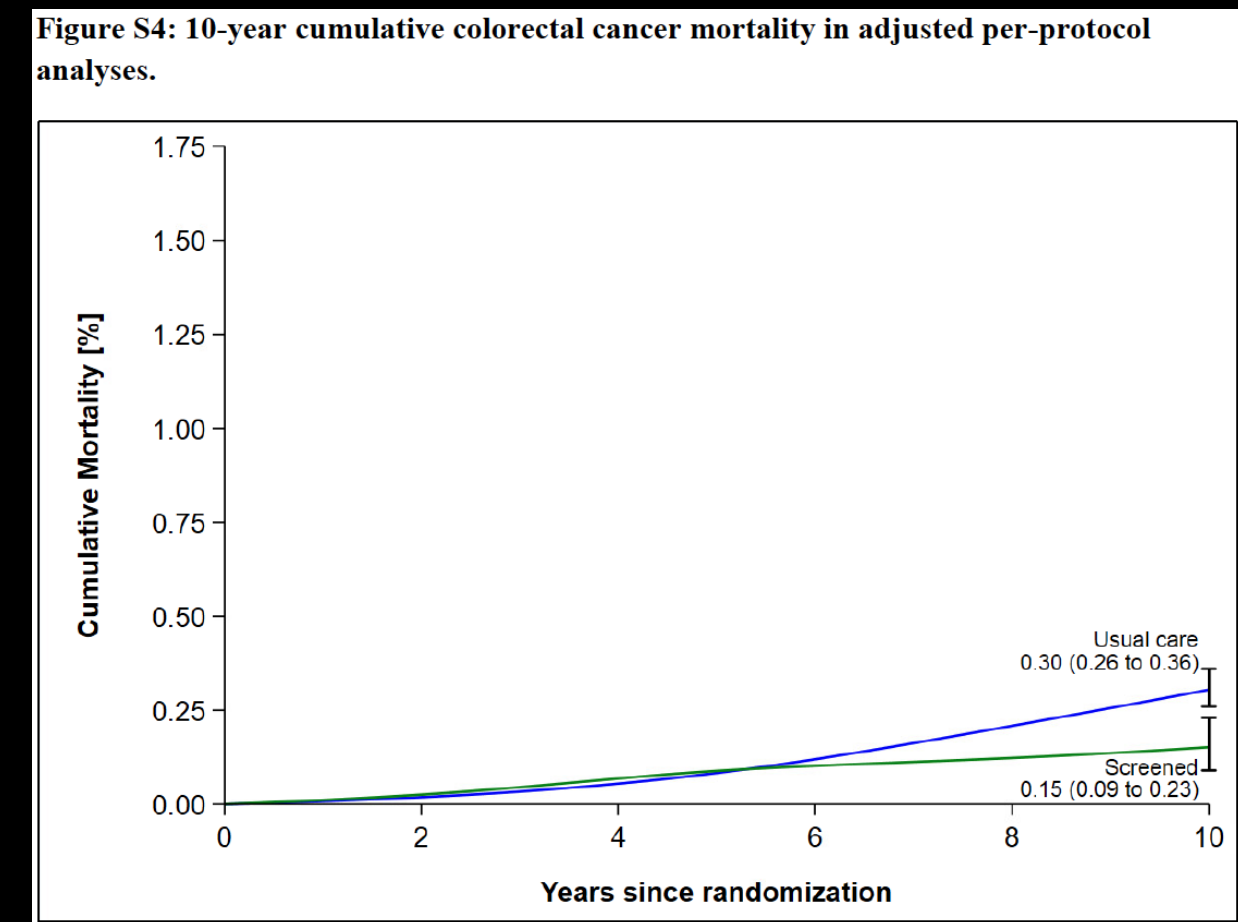
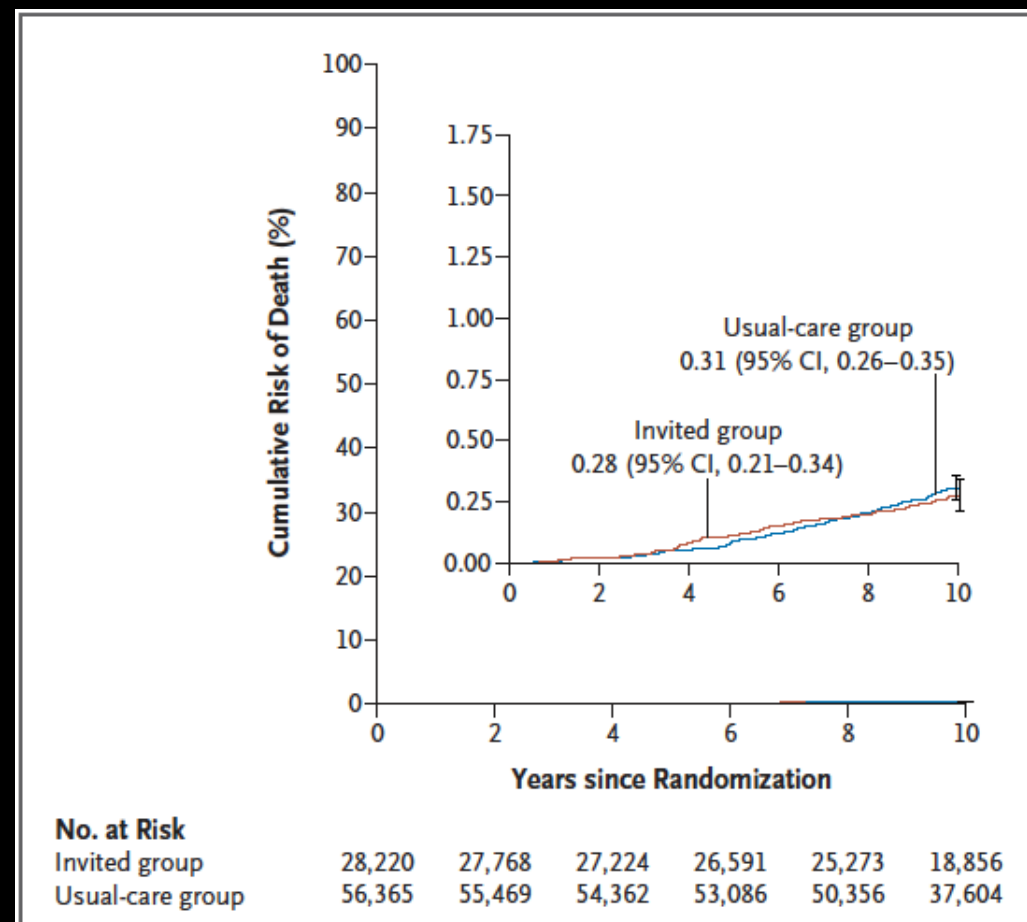
- Interim analysis through 10 years

Primary outcomes

- Incident and fatal CRC
- Intent-to-screen analysis
 - Screening participation: 42%

Key Results: Colonoscopy Invitation vs. No Invitation

	CRC Incidence	CRC Mortality	Explaining the Disappointing Results
Intent-to-Screen	↓ 18%	↓ 10% (non-significant)	<ul style="list-style-type: none"> - Suboptimal participation - Exam quality limitations - Insufficient follow up
Per-protocol	↓ 31%	↓ 50%	



Conclusions from NordICC study

- Authors
 - Benefit of colonoscopy may be more limited than previously hypothesized
- Alternative
 - Effectiveness of colonoscopy highly dependent on participation, quality, and time to realize the benefit

Randomized trial evidence for incidence and mortality reduction

Test Strategy	Relative impact of screening vs. no screening (as invited)	
	Incidence	Mortality
Guaiac FOBT	↓ 20%	↓ 18%
Sigmoidoscopy	↓ 22%	↓ 28%
Colonoscopy	↓ 18%	

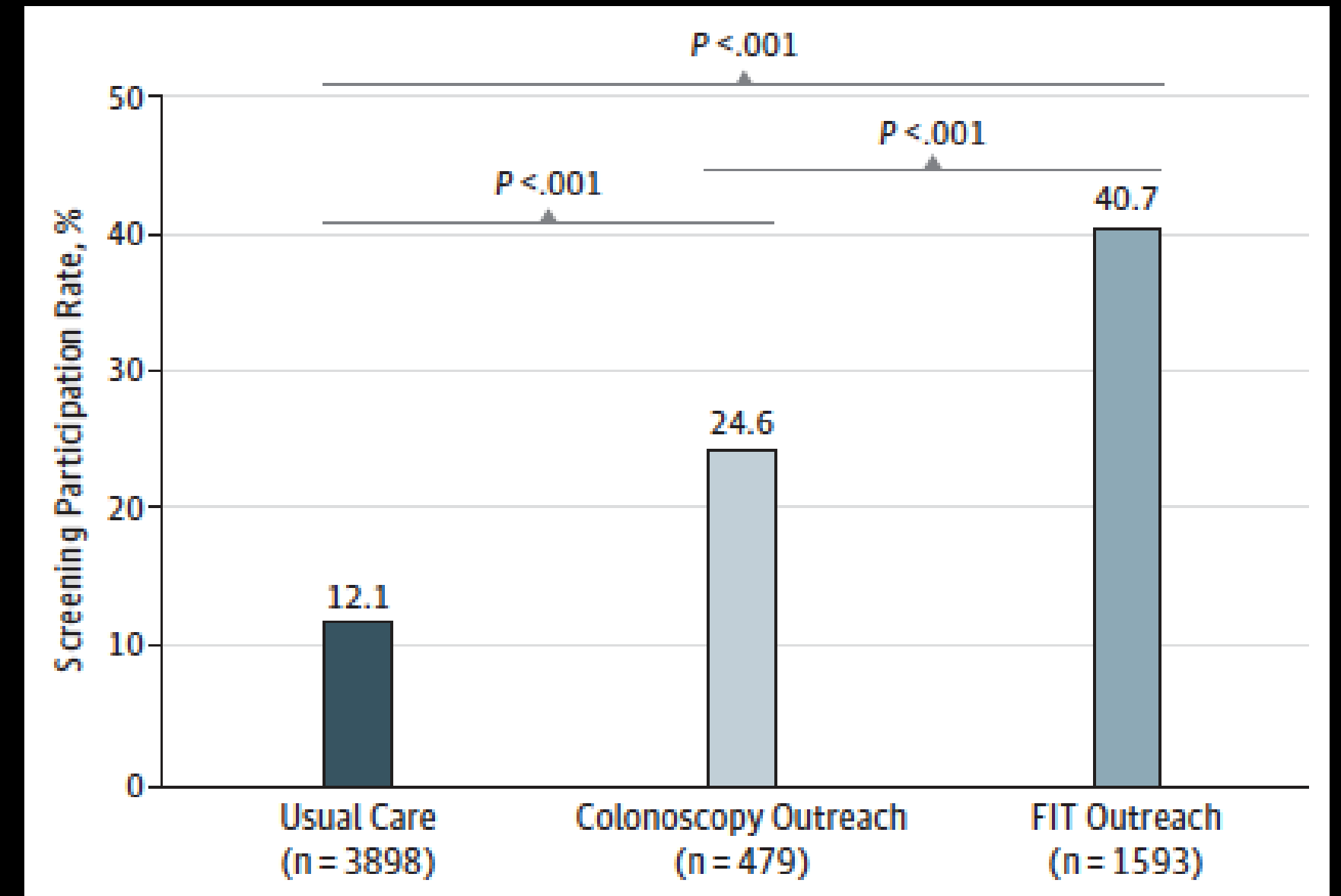
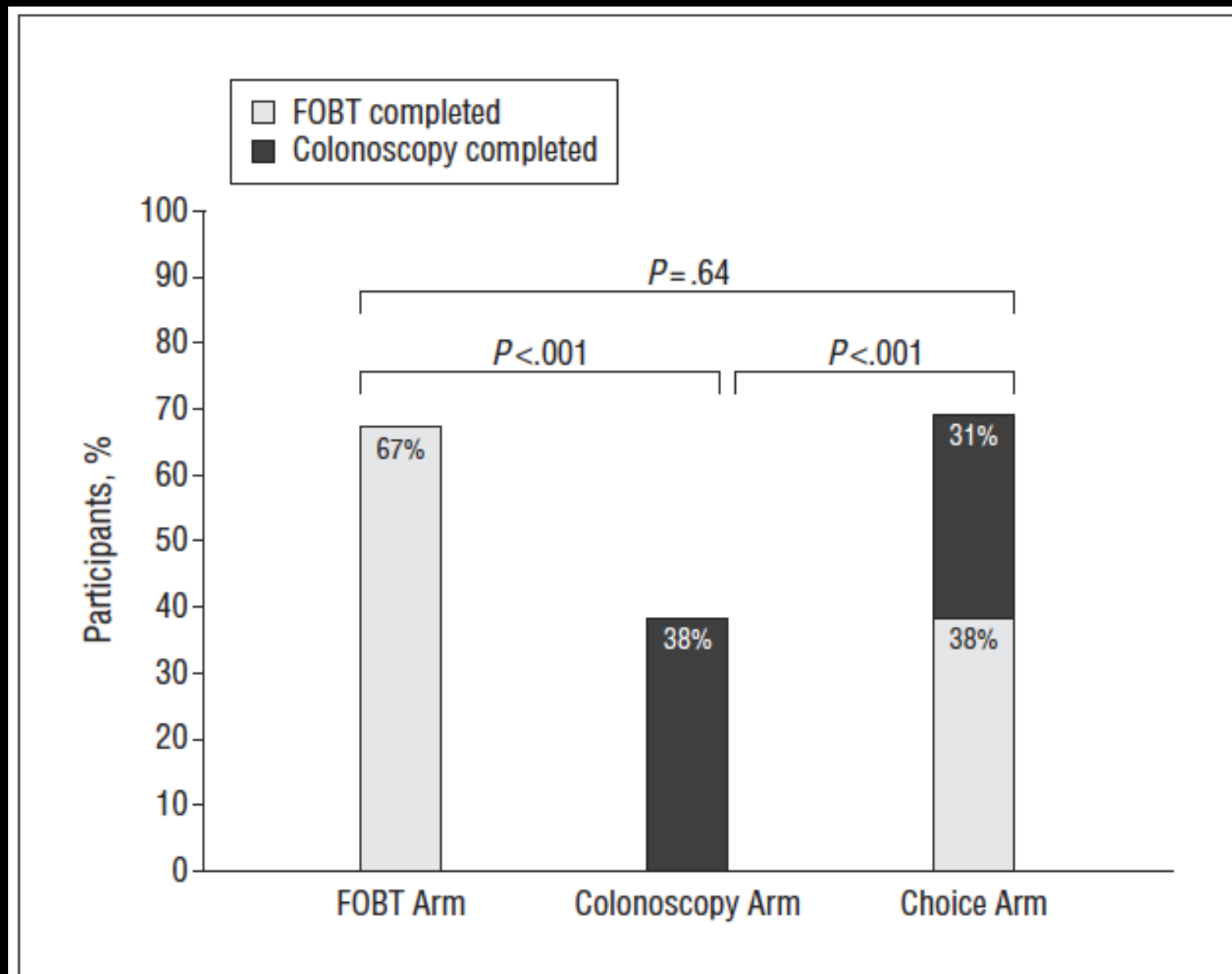
- Sparse head-to-head comparison data
- Bottom line: incremental benefit of a program of colonoscopy screening over other strategies remains unclear

Test Characteristics: Sensitivity and Specificity Vary Widely

Test	Sensitivity for CRC	Sensitivity for Advanced Polyps	Specificity
Colonoscopy	95%	95%	~89%**
FIT OC Sensor and OC-Light, Polymedco	~75%	~25%	~95%
FIT-DNA Cologuard, Exact Sciences	93%	47%	89%

gFOBT, guaiac fecal occult blood test; FIT, fecal immunochemical test; sDNA-FIT, multi-target stool DNA FIT test; RCT, randomized controlled trial; CRC, colorectal cancer
 *within reach of the sigmoidoscope; **false positives are defined by polyps biopsied or removed which were not adenomas; ***reported sensitivity is for polyps > 1cm

Acceptability: Participation varies substantially by test offered



Arch Intern Med. 2012;172(7):575-582

ORIGINAL INVESTIGATION

Adherence to Colorectal Cancer Screening

A Randomized Clinical Trial of Competing Strategies

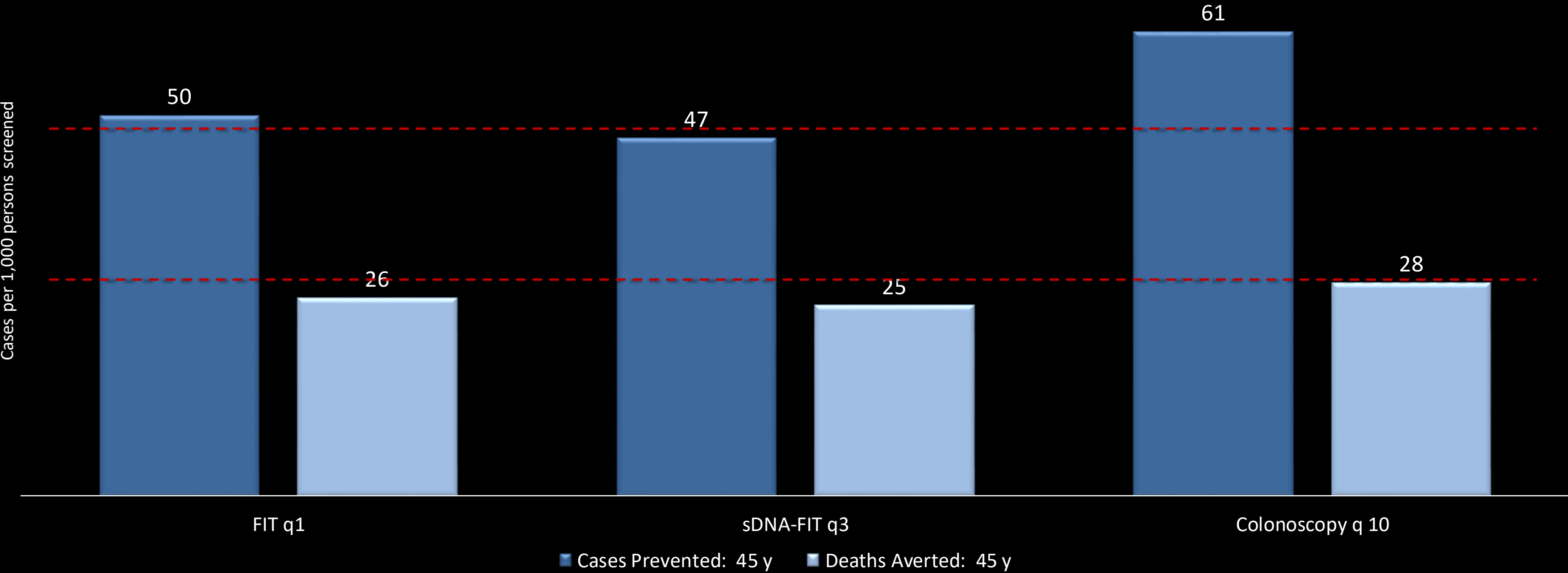
John M. Inadomi, MD; Sandeep Vijan, MD, MS; Nancy K. Janz, PhD; Angela Fagerlin, PhD; Jennifer P. Thomas, BS; Yunghui V. Lin, RN, MA; Roxana Muñoz; Chim Lau, BA; Ma Somsouk, MD, MAS; Najwa El-Nachef, MD; Rodney A. Hayward, MD

JAMA Internal Medicine Published online August 5, 2013 Original Investigation

Comparative Effectiveness of Fecal Immunochemical Test Outreach, Colonoscopy Outreach, and Usual Care for Boosting Colorectal Cancer Screening Among the Underserved A Randomized Clinical Trial

Samir Gupta, MD, MSc; Ethan A. Halm, MD; Don C. Rockey, MD; Marcia Hammons, BSN; Mark Koch, MD; Elizabeth Carter, MD; Luisa Valdez, NRCMA; Liyue Tong, MS; Chul Ahn, PhD; Michael Kashner, PhD; Keith Argenbright, MD; Jasmin Tiro, PhD; Zhuo Geng, BA; Sandi Pruitt, PhD; Celette Sugg Skinner, PhD

Modelling: CRC Cases Prevented and Deaths Averted by Screening Strategy Starting at Age 45, USPSTF 2021



Davidson JAMA 2021; Knudsen JAMA 2021; Figure design adapted from from Peterse EFPJ Natl Cancer Inst. 2021

2021 USPSTF Recommendations

Age Group	Recommendation	Grade	Modalities
50 to 75	<p><u>Screen</u></p> <ul style="list-style-type: none"> High certainty of substantial net benefit 	A	<ul style="list-style-type: none"> Guaiac FOBT annually Fecal immunochemical test (FIT) annually FIT-DNA (Cologuard) q 1-3 yrs Colonoscopy q 10 yrs CT colonography q 5 yrs Flexible sigmoidoscopy q 5yrs Flex sig q 10 years plus annual FIT
45 to 49	<p><u>Screen</u></p> <ul style="list-style-type: none"> Moderate certainty of moderate net benefit 	B	
76 to 85	<p><u>Selectively offer screening</u></p> <ul style="list-style-type: none"> Net benefit small, especially if previously up-to-date 	C	

- No major changes in modalities recommended
- No preference for one test over the other
- Age 45 now endorsed by ACS, AGA, ASGE, ACG

Emerging tests: multiple trials of non-invasive tests set to report

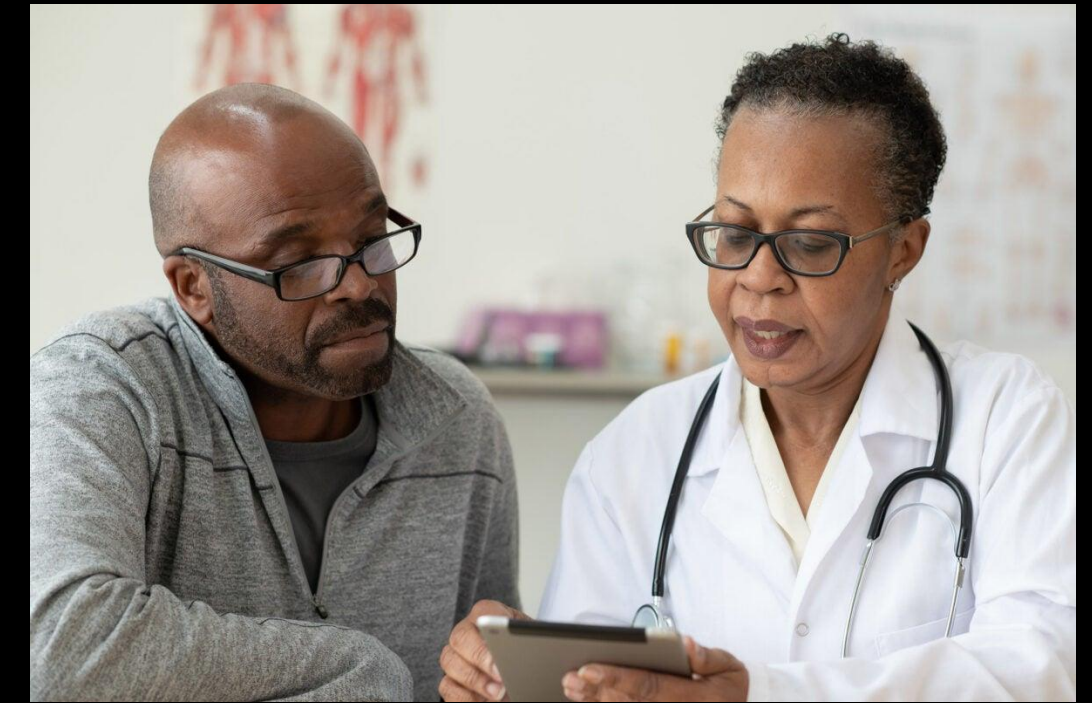
Trial (Sponsor)	Specimen Source	Number of Subjects
Clinical Validation of An Optimized Multi-Target Stool DNA (Mt-sDNA 2.0) Test, for Colorectal Cancer Screening "BLUE-C". (Exact Sciences)	Stool	24,000
Clinical Validation of the ColonoSight Test: a Multi-target Stool RNA (Mt-sRNA) Assay for Colorectal Neoplasia Screening in Average-risk Individuals Aged >45 Years Old. (Geneoscopy)	Stool	10,000
Prevention of Colorectal Cancer Through Multionics Blood Testing. (PREEMPT, Freenome)	Blood	25,000
Evaluation of the ctDNA LUNAR Test in an Average Patient Screening Episode	Bloo	20,000

Be prepared to consider two scenarios

- Stool-based test with performance better than current FIT-DNA
 - Imagine sensitivity 95% for CRC, 75% for advanced adenoma, specificity 90%
- Blood-based test with performance for CRC similar or better than FIT
 - ECLIPSE study preliminary results:
 - Sensitivity 83% for CRC, 13% for advanced adenoma; Specificity 90% (Guardant Health press release 12/22/22)
- Impacts:
 - Opportunity to get the 30% of population not up-to-date screened
 - More patients with abnormal tests requiring timely colonoscopy
 - Some patients and primary providers may increasingly choose non-invasive options for screening over colonoscopy

Back to our case

- 48 year old man presents to establish primary care
 - PMHx: Hypertension, obesity
 - FMHx: No family history of colorectal cancer
 - Prior primary care physician had referred him at age 46 for colorectal cancer screening with colonoscopy which he did not complete
- Approach:
 - Offer a choice of strategies based on preferences
 - Test sensitivity, specificity, effectiveness
 - Convenience and acceptability



“I try and do what my doctors tell me, but I’ve been busy with work and my young kids, and I thought I did not have to start until age 50.”



Thank you!

Acknowledgements

Grant Support: NCI UG3 CA233314 01A1 (Martinez, Gupta, Castaneda, MPI), Cancer Center Support Grant CA023100-32; NCI U54 CA132379 CA132384 (Martinez; Madanat); American Cancer Society RSG-17-232-01-CPPB (Nodora)

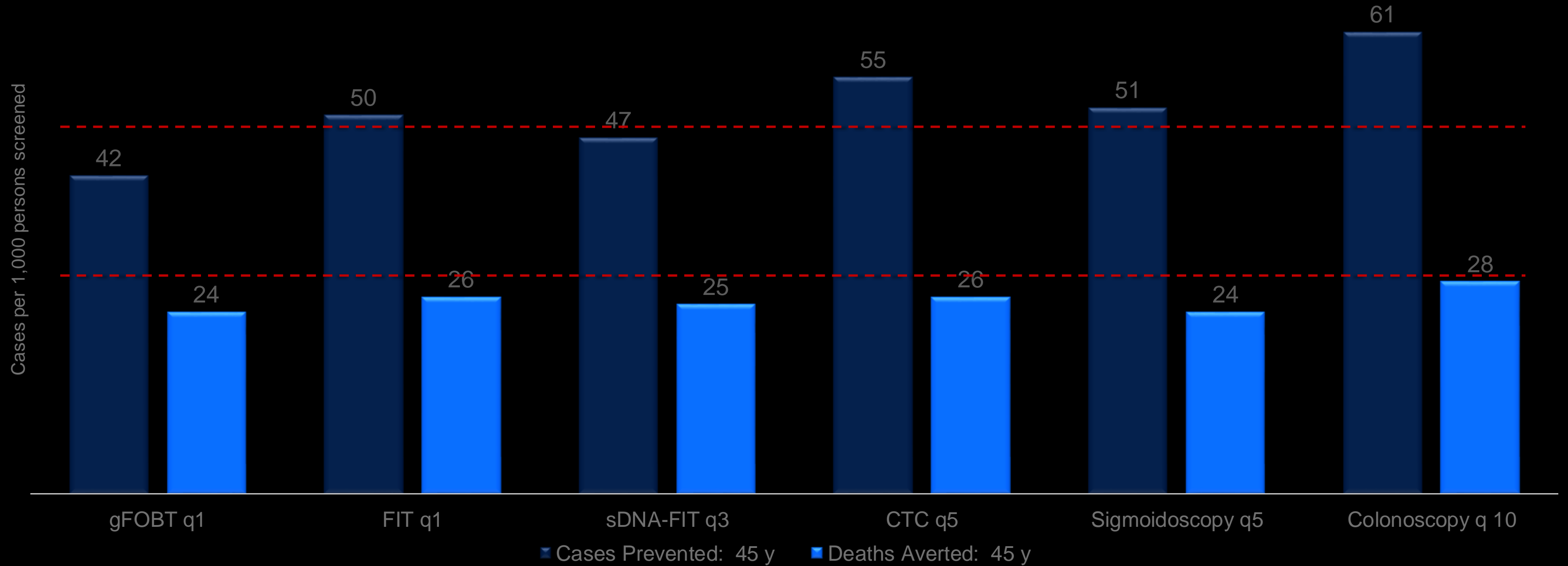
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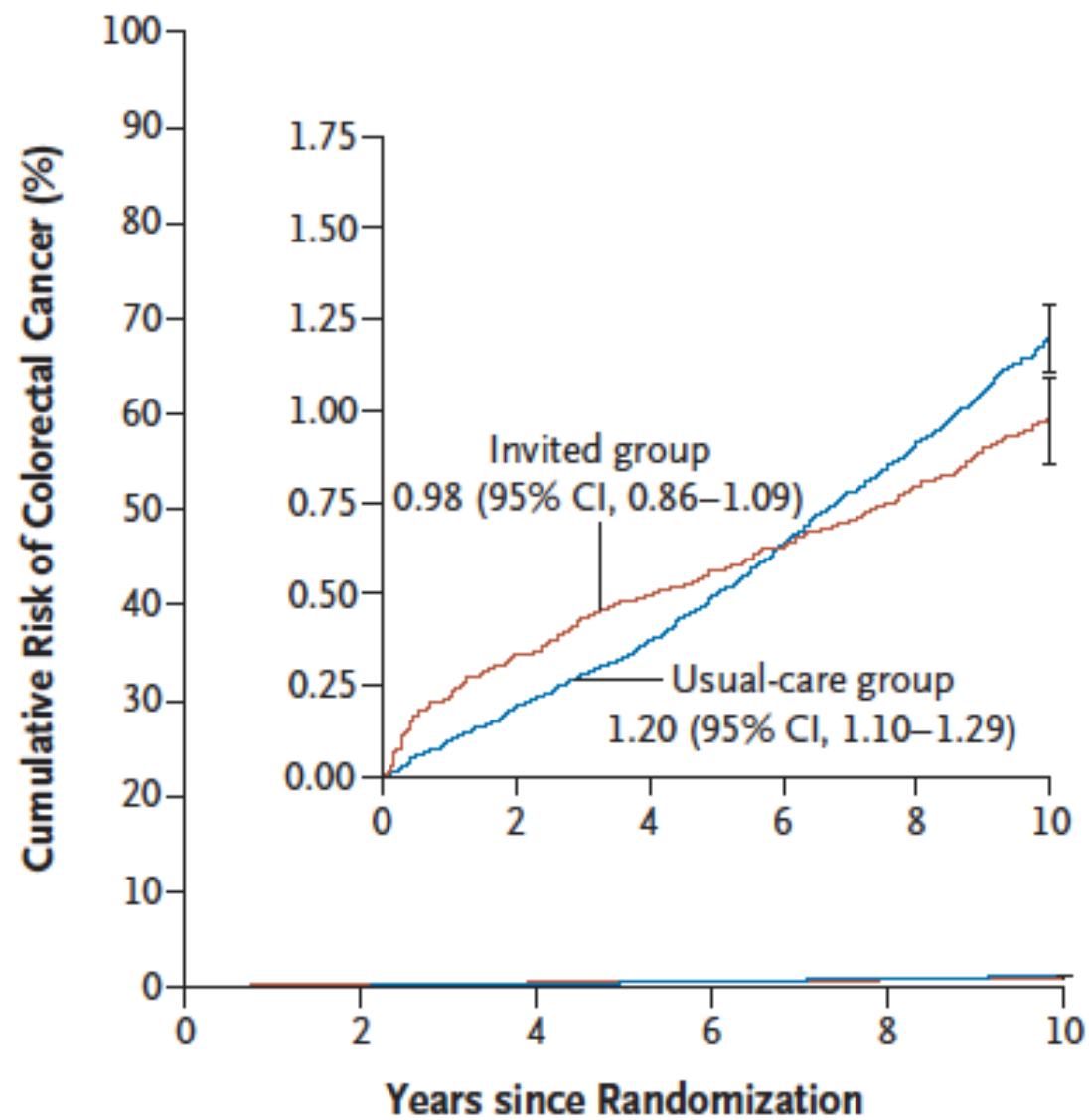
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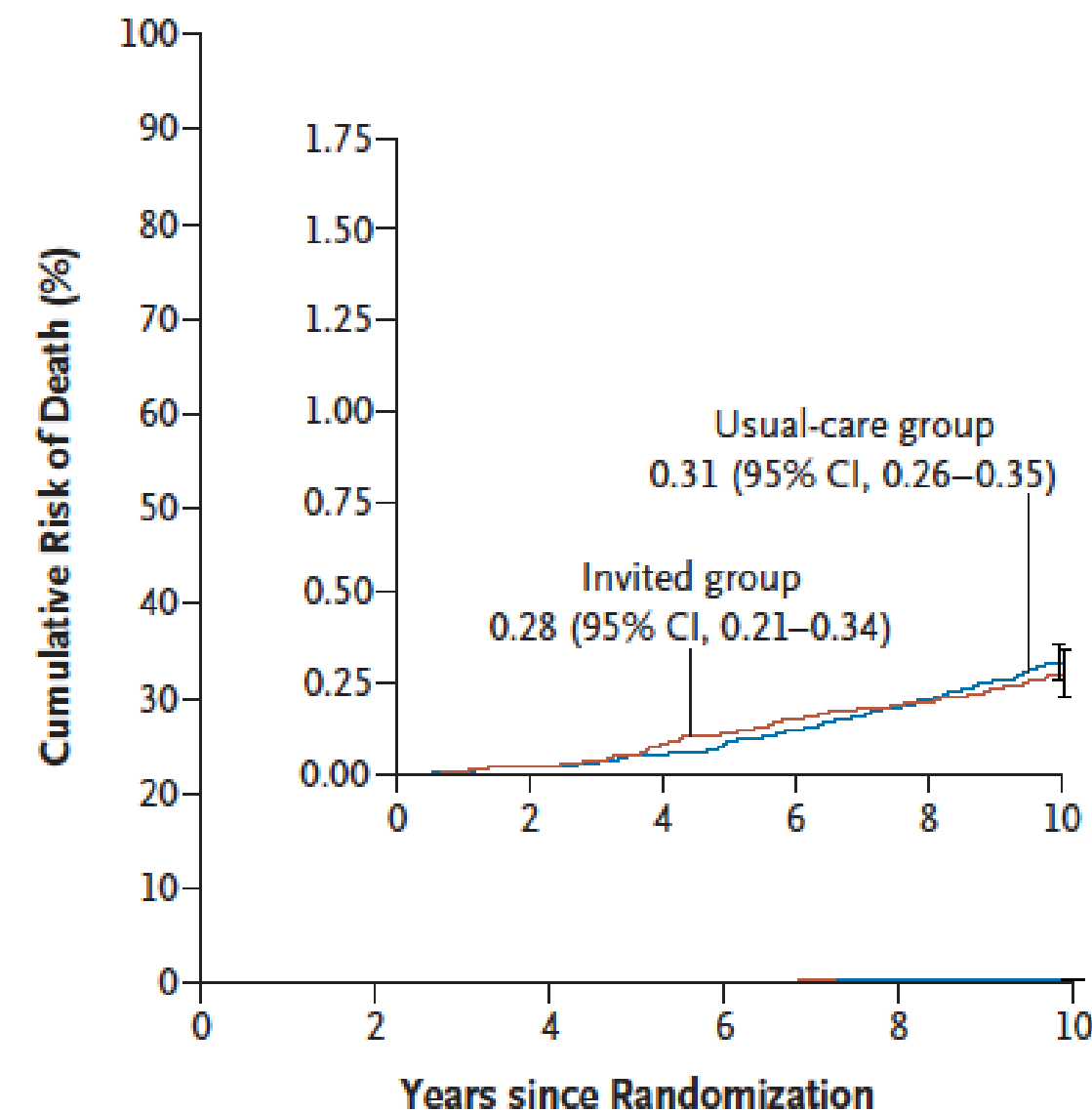
Modelling: CRC Cases Prevented and Deaths Averted by Screening Strategy Starting at Age 45, USPSTF 2021





No. at Risk

Invited group	28,220	27,684	27,111	26,461	24,000	18,748
Usual-care group	56,365	55,375	54,192	52,819	47,769	37,313



No. at Risk

Invited group	28,220	27,768	27,224	26,591	25,273	18,856
Usual-care group	56,365	55,469	54,362	53,086	50,356	37,604

**CRC Incidence Reduction vs.
No Invite**

↓ 18%

**CRC Mortality Reduction vs.
No Invite**

↓ 10% (non significant)

Figure S3: 10-year cumulative colorectal cancer incidence in adjusted per-protocol analyses

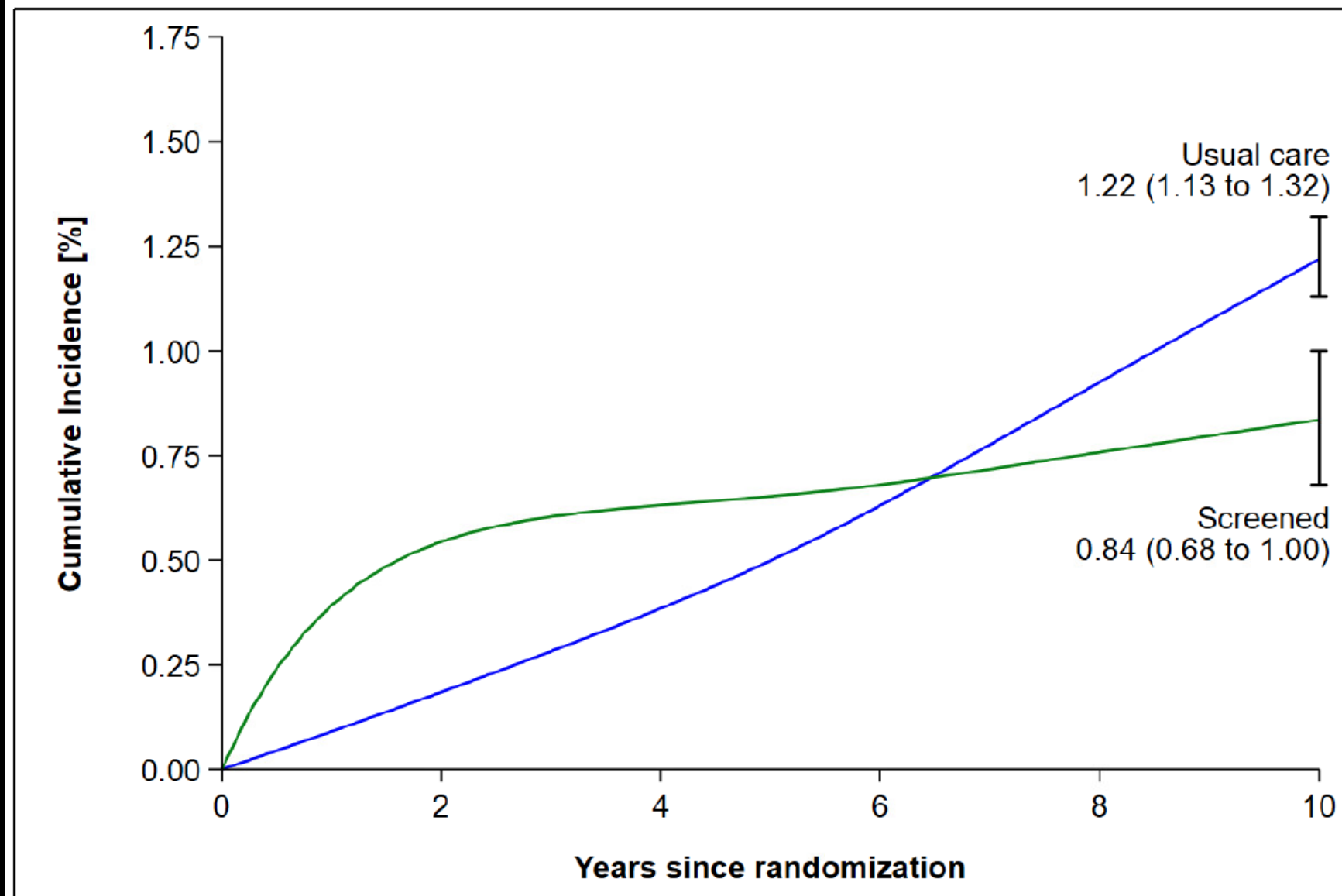
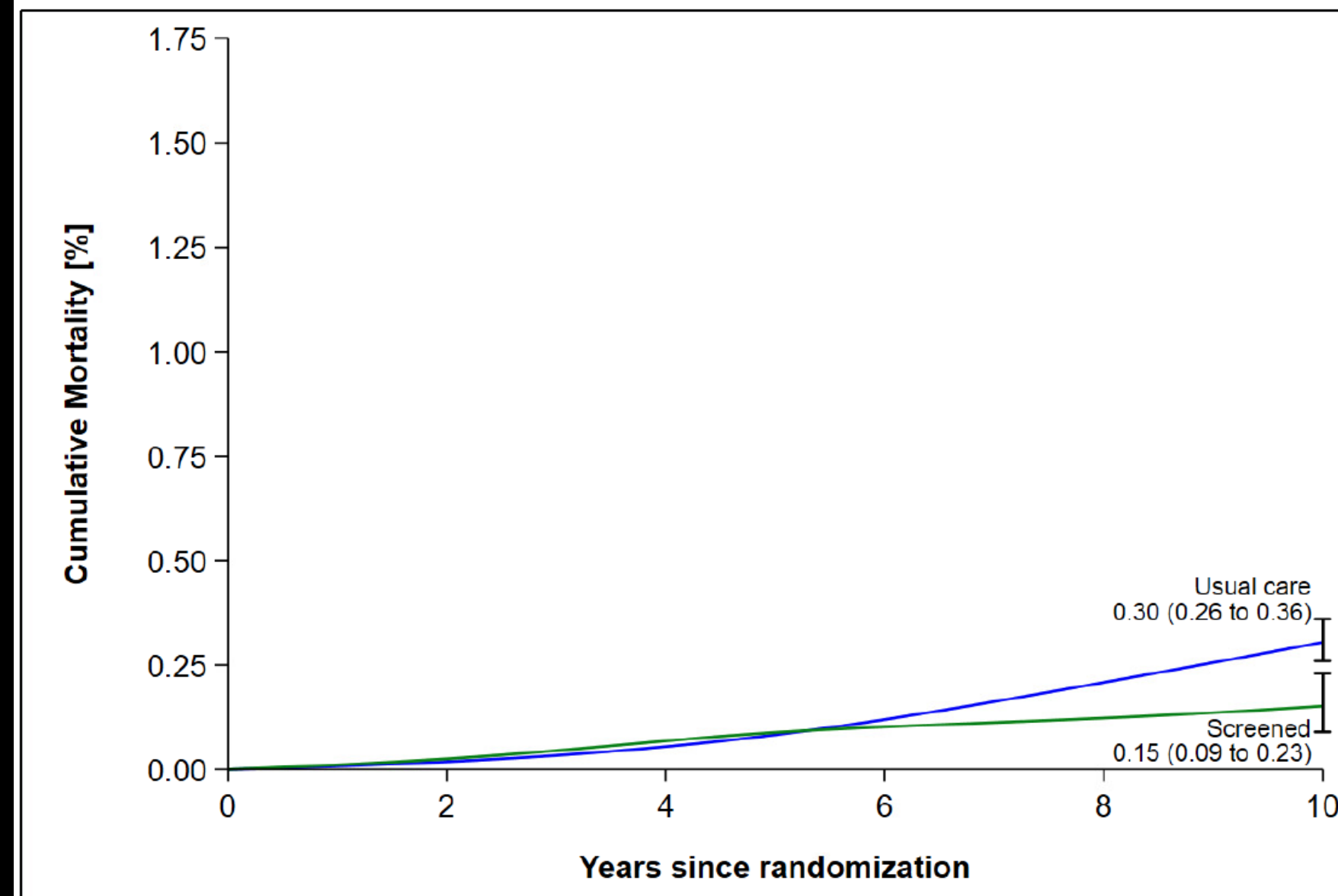


Figure S4: 10-year cumulative colorectal cancer mortality in adjusted per-protocol analyses.



CRC Incidence Risk Ratio (CI)

CRC Mortality Risk Ratio (CI)

Explaining the Differences

Intent-to-Screen

↓ 18%

↓ 10% (non significant)

- Suboptimal participation
- Exam quality limitations
- Insufficient follow up

Per-protocol

↓ 31%

↓ 50%

Panel on Expansion of Medi-Cal to All 50+ in California: Opportunities for Screening & Education



Helen Palomino, LCSW
Cancer Resource Center of the
Desert



Patrick Sweet III, MD
Pioneers Memorial Healthcare
District & UCSD Health



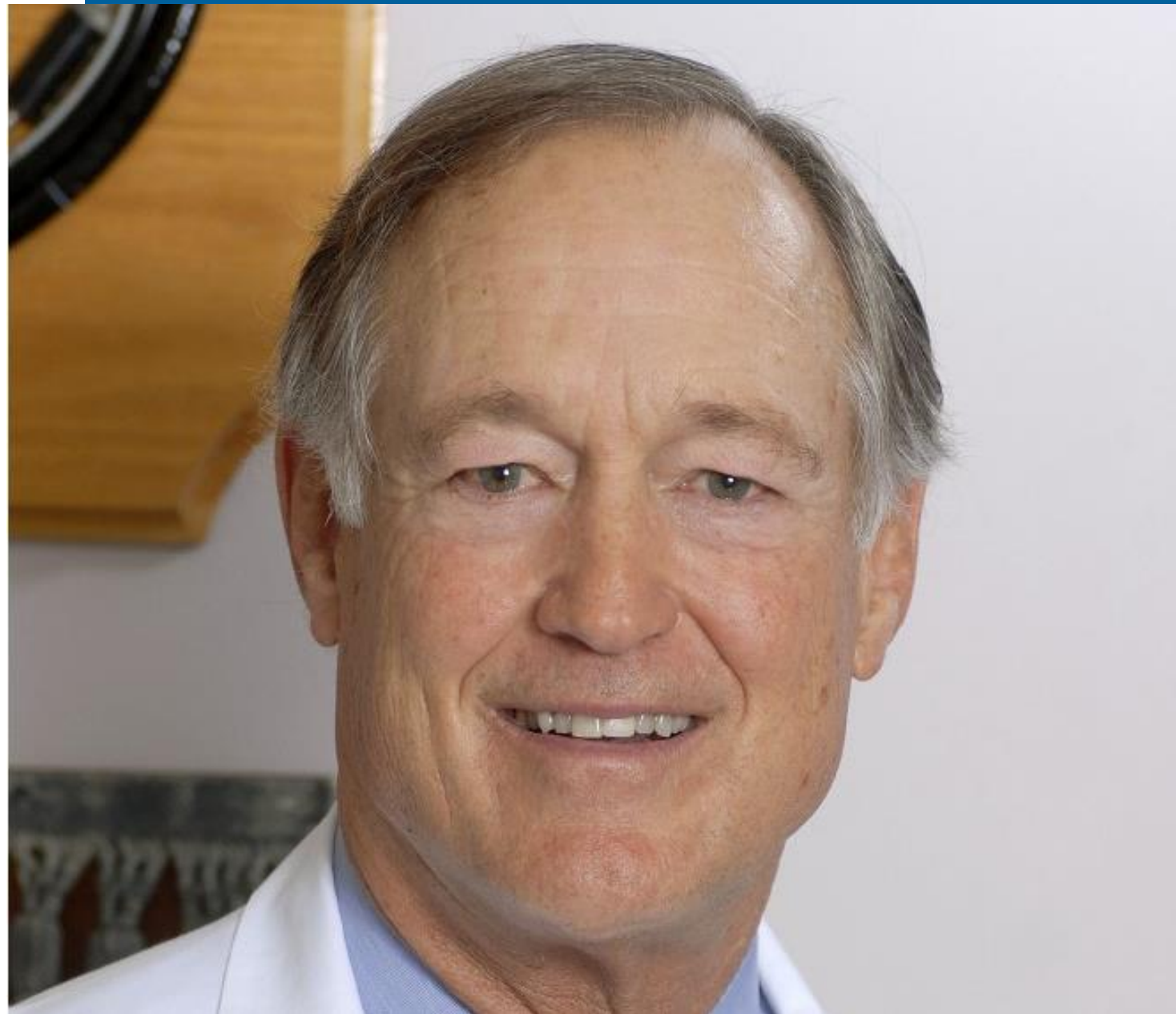
Mary Baker, MSN, RN, CNS,
FNP-BC, PHNA-BC
Southern California Care
Community



Patrick Tellez, MD
Community Health Group



Alan Conrad, MD
Community Health Group



Daniel Stonewall Anderson, MD, MACP

California Colorectal Cancer Coalition
CA CRC Coalition (C4) Advocacy Updates
and Grants



California Colorectal Cancer Coalition (C4)

Daniel S. Anderson MD MACP President

Board of Directors C4

California Advocacy Updates

C4 Grants Updates





Objectives

- Review changes to Medi-Cal that will impact CRC screening
- Describe the approach to anticipated problems in enrollment of undocumented Californians
- Review the process of adding colorectal cancer screening to the CMS Adult Quality Core Measures in 2022
- Discuss the next steps after health plans serving San Diego Medi-cal patients are published
- Review the C4 2023 Grants Program with CDHCS





Changes to Medi-Cal Enrollment Eligibility That Will Increase Colorectal Cancer Screening

- Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021), amended Welfare and Institutions Code section 14007.8 to expand eligibility for full scope Medi-Cal to individuals who are 50 years of age or older, regardless of citizenship or immigration status, if otherwise eligible. Expected to extend coverage to more than **185,000** individuals who are 50 years of age or older.
- Implementation date May 1, 2022





Changes to Medi-Cal Enrollment Eligibility that Will Increase Colorectal Cancer Screening

- Final Budget 2022 approved the expansion of Medi-Cal eligibility to undocumented Californians age 26 to 49, effective no earlier than January 1, 2024
- This will provide insurance to an expected **700,000** Californians
- Medi-Cal covers 14 million Californians in 2022
- Undocumented sign-up rate is unknown and needs to be examined





Exploring Possible Problems in Enrolling Undocumented Californians in Medi-Cal

- The ACP Fall Meeting in San Diego resulted in a policy group being formed to evaluate the possible problem with enrollment of undocumented Californians in Medi-Cal
- This group resulted in a group of students from the Kaiser Permanente School of Medicine and Wesley Health Centers developing a research project on undocumented Californians' perception of Medi-Cal insurance in our community
- The project will survey uninsured undocumented Californian's over age 50 newly eligible for Medi-Cal
- Presently recruiting FQHC to be partners in the project





Exploring Possible Problems in Enrolling the Undocumented in Medi-Cal

Medi-Cal Expansion Project:

FQHC Action Plan

Thank you for participating in the Medi-Cal expansion project! With your help, we will be able to gather important data on why many members of our community do not apply to Medi-Cal when they are eligible. Our aim is to dispel any myths surrounding public charge and get every member of our community to receive the healthcare they need. Please feel free to reach out to us with any questions or suggestions, thank you!





KPSOM Medi-Cal Enrollment Team

- KPSOM Medi-Cal Enrollment Team
- Olivia Goodman olivia.r.goodman@kp.org
- Victor Escobedo victor.s.escobedo@kp.org
- Deshae Gehr deshae.t.gehr@kp.org
- Emilia Zevallos-Roberts emilia.c.zevallos-roberts@kp.org





Exploring Possible Problems in Enrolling the Undocumented in Medi-Cal

- Medi-Cal Expansion Project Form
- Please complete this questionnaire and return it to clinic staff after completion. We appreciate your time and are happy to answer any questions. Thanks!
- Please complete this form if:
 - You are at least 50 years old
 - You identify as an undocumented immigrant
 - Please note that your responses are for research purposes only and are anonymous





Survey Instrument for Patient

- What clinic are you reporting from?
- Date
- Are you, or is anyone in your household considered an undocumented immigrant?
- Have you enrolled in Medi-Cal?
- Are you aware of your eligibility for coverage under the Medi-Cal expansion?
- If you have not enrolled, why not?
- Any additional comments?





Adding Colorectal Cancer (CRC) Screening to the California Medi-Cal Managed Care Accountability Set

- FQHC's Medical Director requested C4's help in adding CRC screening to the Medi-Cal Quality Measures in 2016.
- California was ready to add CRC screening to the required Medi-Cal Quality Measures in Spring of 2019 when Medi-Cal Managed Care shifted their Quality Measures to the CMS Medicaid Adult and Child Core Set of Quality Measures
- Colorectal cancer screening was and is not a CMS Medicaid Adult Core Set Quality Measure in 2019.





Importance of Adding CRC Screening to the CMS Medicaid Quality Measures

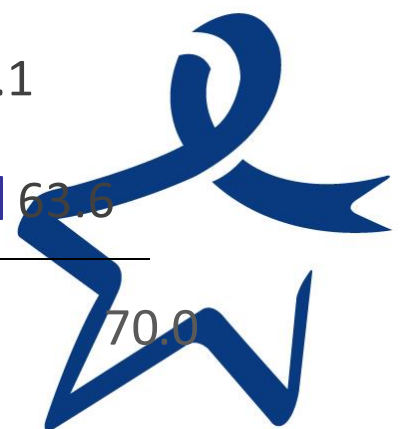
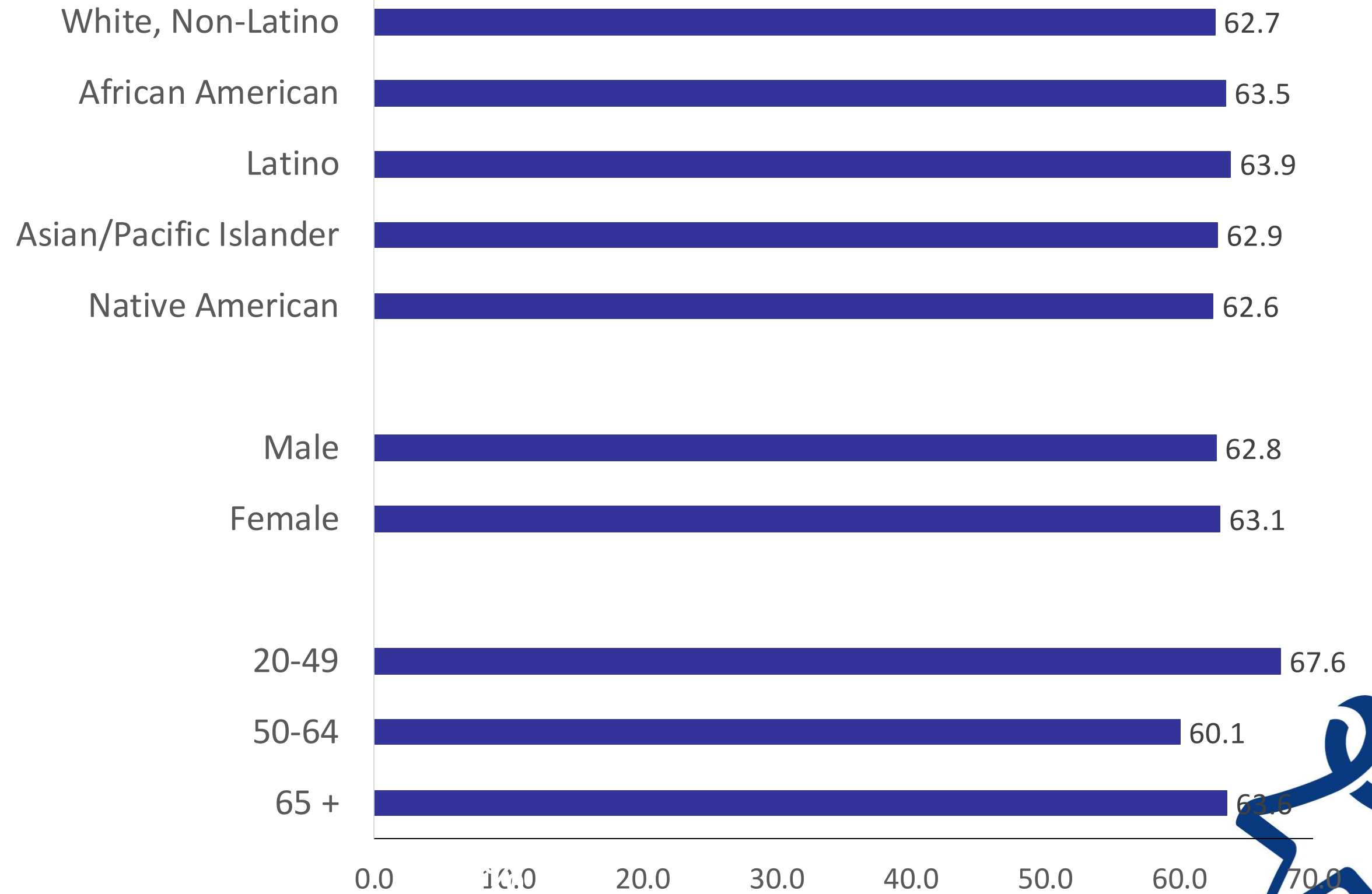
- Medi-Cal screening rates are unknown. It was 19% when last measured by the CDHCS in 2012.
- California's FQHCs whose insured population is mainly Medi-Cal has a 46% CRC screening rate which is far lower than California's Medicare screening rate of 83% or overall screening rate of 71%
- Medi-Cal's insured population CRC late-stage diagnosis is the same as California's uninsured population

	Baseline (2017)	Target (2025)
Medi-Cal	71%	64%
Uninsured	71%	64%





Percent Late Stage Diagnoses: California 2015-2017





Steps Necessary to Add CRC Screening to the CMS Medicaid Adult Quality Measures Core Set

- CMS has contracted the nomination of new measures to Mathematica since 2019
www.mathematica.org/features/MACCoreSetReview
The process to add measures in 2022 was underway
- For addition of a new measure in 2022, the following steps were required:
 1. In the Fall of 2020, one of the Core Set Review Voting Group members must decide to introduce CRC screening as a new core set quality measure





Steps C4 and Partners have accomplished to date to add CRC screening to the 2022 CMS Medicaid Adult Core Set, Continued

- C4 has provided talking points to the proposers to be used during the voting meeting to obtain support of the 2/3 vote necessary for the addition of CRC screening.
- C4 is recruiting and informing members of the interested public who represent the cancer community to support the measure during public comment period of the May 4-6 meetings





Colorectal Cancer Screening Submitted for Addition in January
Made the Cut to be a Measure for Addition in April
Discussed and Voted on in May

In May, after voting member discussion, public comments in support allowed by phone

Samir Gupta C4 UCSD

Daniel Anderson C4

Rachel Issaka University of Washington

Heidi Bossley Am College of Gastroenterology

Molly McDonnell Fight Colorectal Cancer

Richard Wender NCCRT and University of Pennsylvania

Bev Green Kaiser Permanente Washington

Heather Davis New York State Department of Health

Caroline Powers ACS/CAN

Gloria Coronado Kaiser Permanente Oregon

Colorectal Cancer Screening Was Recommended for Addition by a
Unanimous Vote





Adding CRC Screening to the Adult Core Set of Quality Measures

- Final report released in August 2021
- Center for Medicaid and CHIP Services (CMCS) review of final report and additional stakeholder input September to December 2021
- 2022 Core Sets were released by December 31, 2021 **containing** the addition of CRC screening





Colorectal Cancer Screening Added to the CMS Adult Quality Core Measures Core Set in December 2021

- Added CRC Screening to the California Medi-Cal Quality Measures in 2022
- CRC Screening will be a California Disparity Quality Measure in Medi-Cal in 2023
- CRC Screening will be added to the NCQA HEDIS Quality Measures in 2022
- For more information go to the Gastroenterology OP-ED DOI:<https://doi.org/10.1053/j.gastro.2021.12.253>



Advancing Health Equity for Medicaid Beneficiaries by Adding Colorectal Cancer Screening to the Centers for Medicare and Medicaid Services Adult Core Set



In May 2021, the Centers for Medicare and Medicaid Services (CMS) Quality Measures Voting Members unanimously recommended the addition of colorectal cancer (CRC) screening to the CMS Medicaid Adult Core Set of Quality Measures for adoption in 2022. However, CMS has the latitude to reject recommendations from the Voting Members. The proposed CMS Medicaid CRC screening quality measure should be supported because it is actionable, has alignment with other metrics, is appropriate, is feasible, and will promote equity for all people insured through CMS (Table 1).

The American Medical Association's recently released social justice and health equity plan includes the addition of standards, benchmarks, incentives, and metrics to "Embed equity in practice, process, action, innovation, and organizational performance and outcomes".¹ Addition of CRC screening to the CMS Medicaid Adult Core Set may foster health equity for nonelderly Medicaid beneficiaries who are more racially and ethnically diverse than Medicare beneficiaries. People from racial and ethnic minority groups comprise 84.8% of Medicaid beneficiaries but only 25.2% of Medicare beneficiaries (US average, 2019).²

Quality measures are used by health-care organizations and insurance plans, states, and national agencies to assess and compare quality of care. The requirement to measure and improve a quality measure has a profound impact on an organization's decision to adopt evidence-based programs to improve that quality

measure. The level of performance of this quality measure then influences payment, incentives, and accreditation. CMS require managed Medicare Advantage programs to report a core set of quality measures including CRC screening and other measures, as part of the Star Rating Program.³ Plans receive reimbursement bonuses and other benefits based on their overall star performance, which provide strong motivation for health plans to focus on what is being measured. Indeed, it has been said, "what is measured gets done." Further demonstrating the importance of quality measures is the fact that among 5-star health plans, Medicare CRC screening rates are consistently >80%, and 90% in some health plans.⁴ One caveat with assuming that the addition of a new Medicaid quality measure will result in CRC screening rates similar to Medicare beneficiaries is that the Medicaid beneficiaries may have different social and/or structural barriers to care than people receiving Medicare.

CMS Medicaid Adult Core Set of Quality Measures

As part of the Affordable Care Act, CMS is required to identify a core set of quality measures for Medicaid and states are required to have standardized reporting on all or a subset of these quality measures.⁵ Reporting will become mandatory for behavioral health quality measures in the CMS Medicaid Adult Core Set in 2024, but is not required for other adult measures such as for breast and cervical cancer screening. Long-term plans include linking all core set quality measures to Medicaid reimbursement.⁶ The current CMS Medicaid Adult Core Set of Quality Measures includes breast and cervical cancer screening but not CRC screening.⁷ There are currently no Medicaid-required cancer screening quality measures that apply to men.

The Burden of CRC in the United States

The American Cancer Society estimates that there will be 149,500 new

cases of CRC diagnosed in 2021 with 52,980 people dying due to their disease.⁸ The 2021 data indicate that CRC is third in incidence for both women and men, with 4.3% of men (1 in 23) and 4.0% of women (1 in 25) being diagnosed with CRC sometime in their lifetimes.⁸ In addition, CRC deaths rank second overall for all cancer deaths when combining rates for men and women.⁸ Recent Surveillance, Epidemiology, and End Results (SEER) trends indicate that CRC incidence rates increased by 0.3% annually in those aged 50–64 years (2011–2018 data), in sharp contrast to decreases of 3.1% per year in adults aged 65 and older (2012–2018 data), which includes low-income individuals aged 50–64 years eligible for Medicaid insurance in most states.⁹ In May 2021, the United States Preventive Services Task Force expanded its CRC screening age recommendations to also include screening people 45–49 years of age at average risk.¹⁰ Pairing this information with CMS data that 14% of the Medicaid population is between the ages of 46 and 64, almost 9.5 million people covered by Medicaid need CRC screening.⁶

Effectiveness and Health Disparities in CRC Screening Rates

CRC screening is effective, decreasing incidence by 25.5% and mortality by 52.4%,¹¹ and potentially cost-saving because CRC treatment is expensive.¹² In 2018, the percentage of Medicaid beneficiaries who were up-to-date with screening was 54% vs 73% in Medicare-insured adults or 80% when combining screening rates for Medicare and commercial insurance.¹³ We believe this disparity is due in large part to the fact that Medicaid plans, unlike Medicare plans, are not required to report CRC screening rates. Medicaid enrollees are also 50% more likely to present with late-stage colon cancer and die due to it than those with commercial or Medicare insurance.⁷ California Cancer Registry data revealed that for all patients with CRC

[https://www.gastrojournal.org/article/S0016-5085\(21\)04089-0/pdf](https://www.gastrojournal.org/article/S0016-5085(21)04089-0/pdf)

Increasing Access to Colorectal Cancer Screening

April 12, 2022 • By Fight CRC
Advocacy Blog

We interviewed C4 President Daniel S. Anderson, MD, and Vice President, Margaret Hitchcock, PhD, to learn more.



Daniel S. Anderson, MD

President, California Colorectal Cancer Coalition (C4)



Margaret Hitchcock, PhD


Vice President, California Colorectal Cancer Coalition

Q. What are the CMS Medicaid Adult Core Set Quality Measures?

fightcolorectalcancer.org/blog/increasing-access-to-colorectal-cancer-screening/



Next Steps

- Medi-Cal insurance carriers' colorectal cancer 2022 screening rates will be reported in 2023
 - Identify the insurance carriers that are poor performers
 - Set up training and interventions with Medi-Cal Managed Care to improve the poor performers' colorectal cancer screening rate.
 - Collaborating with Dr. Palav Babaria, Chief Quality Officer and Deputy Director of Quality And Population Health Management CA DHCS.
- 



Medi-Cal Reporting of CRC Screening in 2022

- Expect the health plans' CRC screening rates 2022 to be published by summer 2023
- Medi-Cal Health Plans in San Diego County:
 1. Aetna Better Health of California
 2. Blue Shield of CA (Promise)
 3. Community Health Group
 4. Health Net Community Solutions, Inc.
 5. Kaiser SoCal
 6. Molina Healthcare of California
 7. United Healthcare Community Plan





C4 Grants Program Overview

- Grants given in California since 2013: \$640,435 to 71 organizations
- Grants given in San Diego County since 2013: \$265,00 to 7 FQHCs and Champions For Health
- Recipients:
 1. Neighborhood Health Care
 2. Family Health Centers
 3. Champions For Health
 4. Vista Community Clinic
 5. St Vincent's DePaul
 6. Operation Samahan
 7. San Ysidro
 8. Linda Vista Community Clinic





C4 Grants Project in 2023 with CDHCS

- Breast and Colorectal Cancer Screening Implementation Project (BCCSIP). \$100,000 a year and \$15,000 max award
- New C4 Grants Project in partnership with the Department of Health Care Services (DHCS)/Every Woman Counts (EWC) program and the California Comprehensive Cancer Control Program.
- The project focus is on adding evidence-based interventions to existing breast and colorectal cancer screening initiatives within Federally Qualified Health Centers (FQHC) with the aim of increasing screening rates for both cancers.
- Applications open on [cacoloncancer.org](https://drive.google.com/file/d/16yzBJ3NZFXjpas1IBIVM4yvQdj_pMoo7b/view?usp=share_link) and https://drive.google.com/file/d/16yzBJ3NZFXjpas1IBIVM4yvQdj_pMoo7b/view?usp=share_link Must be a FQHC Every Woman Counts Provider





Thank you



Our Next Steps

Get Involved

- Register for Moores Cancer Center COE's new CRC collaborative. Link to register in the chat!

Evaluation

- Have any feedback? We would appreciate your feedback on today's event. Link for the eval. in the chat!

Stay Connected With COE

- Follow us on Twitter @**UCSDCancer_COE** for the latest updates!

**Screen Your Gut-
Save Your Butt**



Run to defeat
**COLORECTAL
C A N C E R**

You're Invited!

5K Challenge | Saturday, March 4, 2023

Mission Bay | 8am-1pm
San Diego, CA

To register: charity.pledgeit.org/

ScreenYourGutSaveYourButt



www.cacoloncancer.org

Thank you!

Slides, resources and more coming soon