

# Public State Initiatives in Colorectal Screening:

## The Colorado Experience

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# Developing CRC Screening Programs in States

- Wyoming
- Connecticut
- Arizona
- Maryland
- New York
- Maine
- Minnesota
- South Carolina
- Colorado



# Colorectal Screening Experience in Colorado

- 2000 Provider / patient survey – ACS \$
- 2001 Medicare promotional trial - CMS \$
- 2002 Statewide awareness campaign - CDC \$
- 2003 Kaiser efficacy trial – Kaiser, CDC \$
- 2004 Dialogue for Action – CRPF, CDC \$
- 2005 HEDIS – insurers \$
- 2006 Began screening program – tobacco tax
- 2007 Statewide program - \$5 million per year



# Situation in 2000

- We were riding favorable trends
  - crc mortality dropping
  - crc screening increasing
- but: screening was still under-utilized
  - Both providers and patients were shy
- and: CRC screening a new Medicare benefit
- **Conclusion: promote it**



# Key messages for ages 65+

- Colorectal cancer comes from polyps
- One of every three adults has polyps
- 80% of colorectal cancer may be preventable
- Most Coloradans get breast or prostate screening, but not colorectal screening
- This is a new Medicare benefit – don't waste it

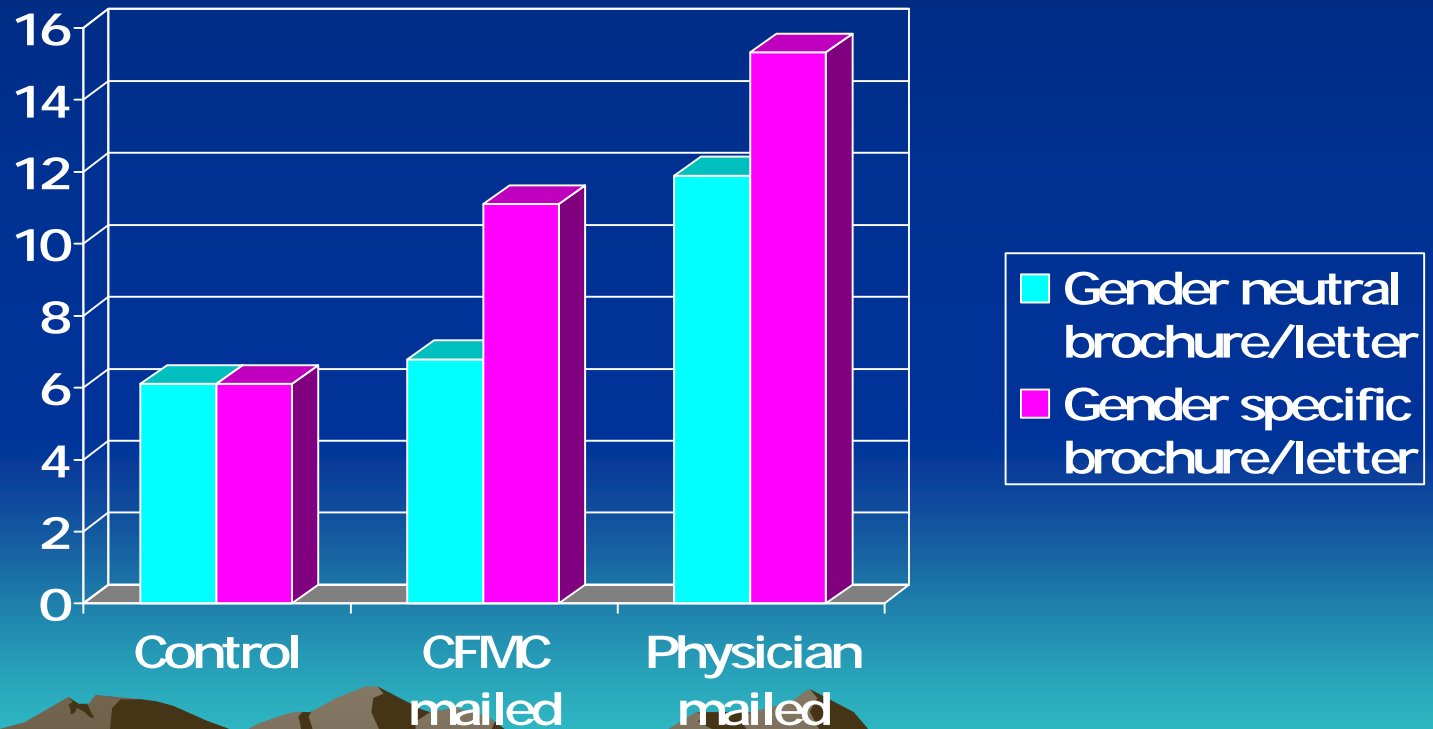


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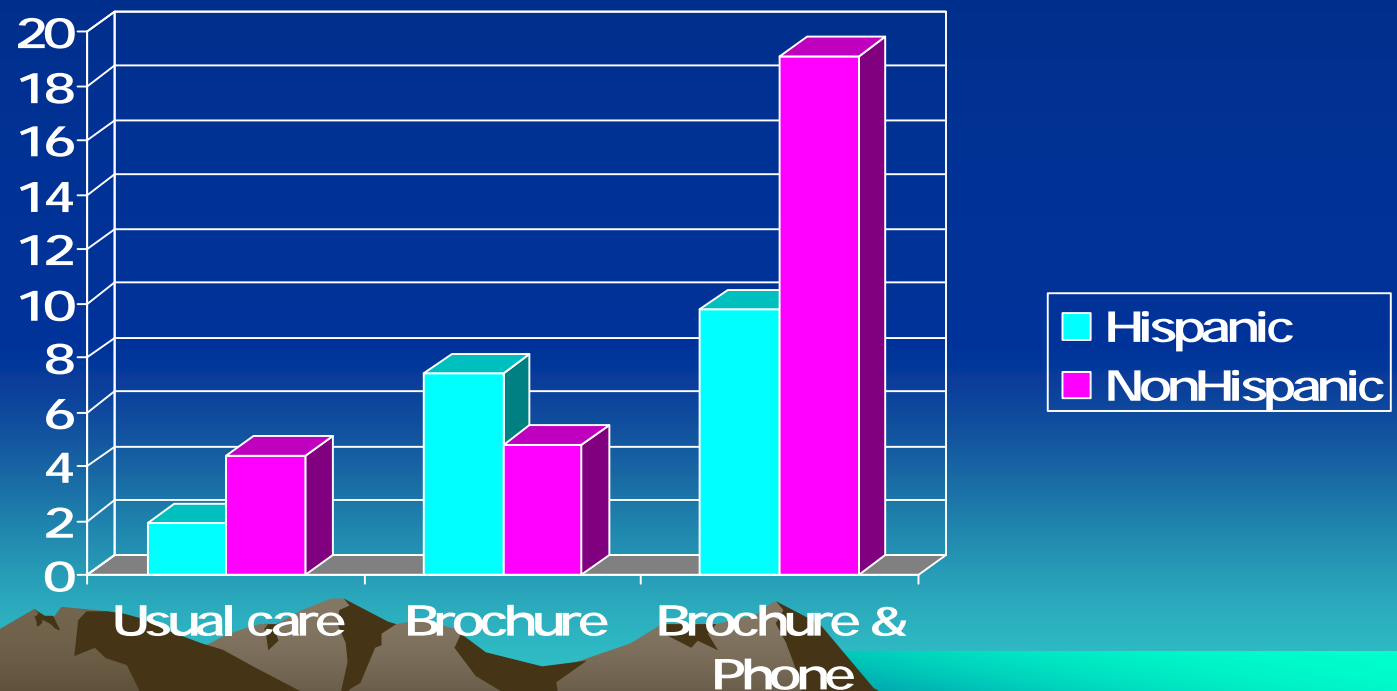


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# Summary of lessons in 2003

- Start with Medicare and the insured
- Gender-specific messaging works best
- Brief, written messages yield 5%
- Brief phone messages yield 10%
- MD-endorsed messages double response
- **Just do it**



# 2003: Colorado Colorectal Cancer Screening Promotion Program

To implement and evaluate a sustained awareness campaign to prompt Coloradoans ages 50-74 to ask their health care provider for colorectal cancer screening.

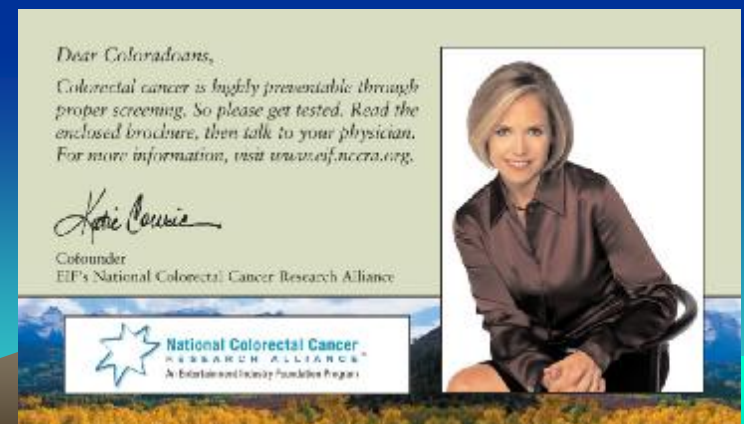


# Program strategy from 2003-2005

170,000 mailings to Coloradans 65-74 in 4 waves  
(75% of Colorado houses with Medicare beneficiary)

## Messages:

- Removing polyps can prevent colon cancer
- Medicare pays for colorectal cancer screening
- Ask your provider for screening



# 2006: Program activities

- **New partnerships with insurers and providers**
  - Fueled by HEDIS measure
  - HMO's have conducted mailings
  - Medicaid has conducted mailings
- **Beginning of a colorectal screening for uninsured with tobacco tax revenues**



# Colorado Colorectal Screening Program

- **Funded by revenues from a new tobacco tax**
  - Constitutional Amendment created competitive grants program for cancer, cvd, resp disease
- **Began in January, 2006 (\$2 million)**
- **Became statewide in Nov, 2007 (\$5 million)**
- **Partnership with community clinics**



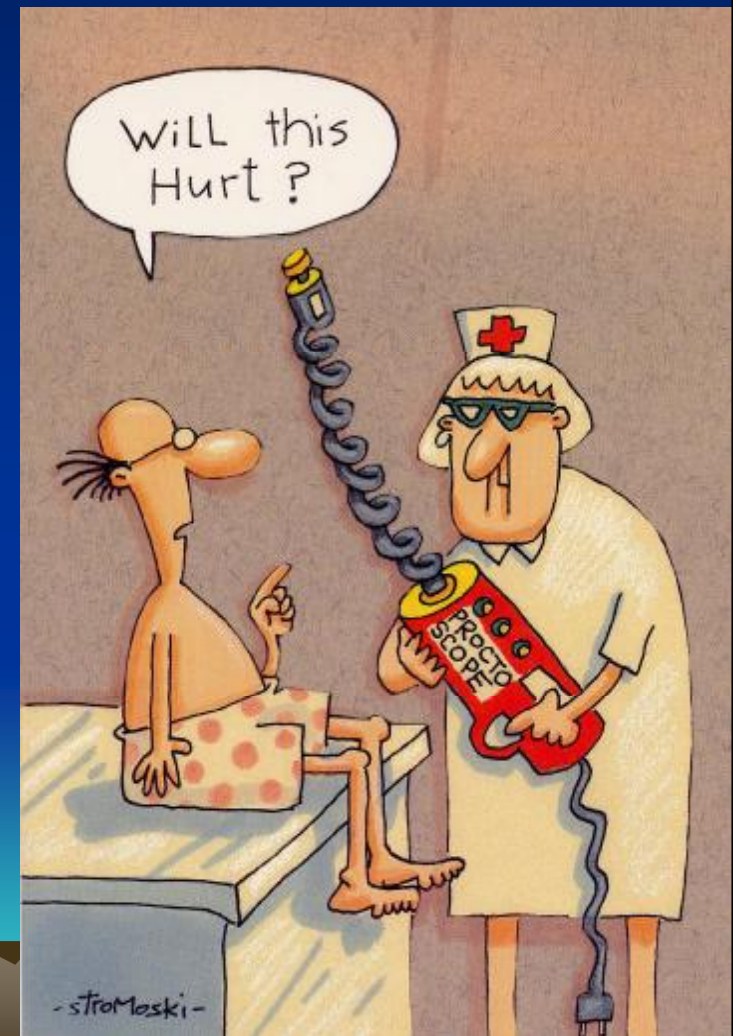
# Approach

- Provide endoscopic colorectal screening to Coloradans without health insurance who are under 250% Federal Poverty Level and who need screening
- Encourage all Coloradans ages 50 and older to get screened.



# Program Components

- Endoscopic screening in clinics or by referral
- Follow-up and Rx
- Patient navigation support
- Capacity development
- Public outreach & marketing
- Evaluation



# Program Eligibility

- **Coloradan ages 50 and older**
- **Under 50 if family or personal history**
- **Patient of a participating clinic**
- **Income below 250% of Federal Poverty**
- **No health insurance**
- **Need colorectal screening**
- **Lawfully present**



# Current program goals

- **Sustain statewide screening**
  - Seamless program management
  - Patient navigation and support
  - Flexibility for new screening methods
- **Screen approx 3000 per year**
  - Year 2010 objectives of 75% screening compliance among uninsured



# Findings from the first 4000 colonoscopies

- 65% female
- 47% Hispanic
  
- 97% had an adequate exam
- 25% had adenomas
- 1% had cancer



# Benefits from the first 4000 colonoscopies

- 35 cancers detected
- Adenomas removed from 1000 people
- Advanced adenomas removed from 400
- Approx 150 future cancers prevented
  - At only \$100,000 per case, this is \$15 million
  - Total program cost to date is \$10 million



# Program information

- [www.uccc.info/colonscreen](http://www.uccc.info/colonscreen)
- CCSP coordinating center: 1-866-909-3481
- ACS help line: 1-866-227-7194



# The bottom line ?



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- **Several states are now starting crc screening**
- **Funding sources differ**
- **Funding levels differ**
- **These state-specific models should help to inform an eventual Federal program**



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