An Updated Approach to Colon Cancer Screening and Prevention

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Advocate Condell Medical Center
Colon Cancer Screening and Prevention

- Review current use of colonoscopy
- Present updates for colon cancer screening
Colon Cancer Screening and Prevention

• American Cancer Society key statistics for 2016:
  – 95,270 new cases of colon cancers and 39,220 new cases of rectal cancer are expected to occur in 2016
  – Colorectal cancer is the third most common cause of cancer death in the United States
  – Colorectal cancer accounts for 49,190 deaths that are expected to occur in 2016
  – Currently, only about 65% aged 50 or older, for whom screening is recommended, report having received colorectal cancer testing consistent with current guidelines
  – Lifetime risk of colon cancer for average risk patient is near 5%
Colon Cancer Screening and Prevention
“The Problem”

Estimated New Cases*

**Male**
- Prostate: 217,730 (28%)
- Lung & bronchus: 116,750 (15%)
- Colon & rectum: 72,090 (9%)
- Urinary bladder: 52,760 (7%)
- Melanoma of the skin: 38,870 (5%)
- Non-Hodgkin lymphoma: 35,380 (4%)
- Kidney & renal pelvis: 35,370 (4%)
- Oral cavity & pharynx: 25,420 (3%)
- Leukemia: 24,690 (3%)
- Pancreas: 21,370 (3%)
- All sites: 789,620 (100%)

**Female**
- Breast: 207,090 (28%)
- Lung & bronchus: 105,770 (14%)
- Colon & rectum: 70,480 (10%)
- Uterine corpus: 43,470 (6%)
- Thyroid: 33,930 (5%)
- Non-Hodgkin lymphoma: 30,160 (4%)
- Melanoma of the skin: 29,260 (4%)
- Kidney & renal pelvis: 22,870 (3%)
- Ovary: 21,880 (3%)
- Pancreas: 21,770 (3%)
- All sites: 739,940 (100%)

*Estimated based on 2020 data sources.
Colon Cancer Screening and Prevention

1.0 to 2.4% decrease in both colorectal cancer incidence and deaths in Illinois.

When to be Screened

• Average Risk Patients
  Age 50 to 75
  Colonoscopy every 10 years
  Stool testing every year

• High Risk Patients
  Personal History of colon polyps
  Family history of colon polyps or cancer
  Earlier age to initiate screening
Colonoscopy
Colonoscopy
Colon Polyps
Colonoscopy

• New England Journal of Medicine:
  National Polyp Study-53% Mortality reduction from colon cancer

• Annals of Internal Medicine:
  77% Reduction in overall colorectal cancer risk
We need to do better

According to the CDC, Illinois has a low prevalence of colorectal cancer screening.
Changes in GI

MACRA
A new Medicare reimbursement system
goes into effect in 2017

KEY INFORMATION FROM AGA

MACRA replaces the flawed sustainable
growth rate formula and significantly
changes how Medicare pays physicians.
What you do in 2017 will impact
what you get paid in 2019.

2017: TWO PATHWAYS FOR REIMBURSEMENT

ALTERNATIVE PAYMENT MODELS (APM)
Most appropriate for large systems able to
take downside risk.
APMs focus on care coordination, shared
financial risk.
Avoid MIPS penalties and receive lump sum
incentive if practice adheres to stringent
standards and risk sharing
requirements.
There are no GI-specific
APMs at this time.

OR

MERIT-BASED INCENTIVE PAYMENT
SYSTEM (MIPS)
Most GIs will participate in MIPS.
MIPS replaces current
quality, value and EHR
reporting systems.
Receive bonus or penalty
based on four
categories:
1. Quality
2. Advancing care
   information (EHRs)
3. Clinical performance
   improvement activities
4. Resource use

CMS estimates 12,600 GIs will be subject to MIPS and 38.3%
will get penalties. Plan now to avoid cuts.

LEARN MORE AT WWW.GASTRO.ORG/MACRA

Advocate Condell Medical Center
Changes in our approach to get to 80% by 2018 and meet demands of Payers

- Emphasize quality
- Alternatives to colonoscopy
- Direct Access Screening
- Transparent costs
GI Lab Quality Indicators

• Average Risk Colonoscopy Without Polyp Recommended Follow-up Interval \( \geq 10 \) Years
• Colonoscopy Interval for Patients with History of Adenomatous Polyps \( \geq 3 \) Years
• Adenoma Detection Rate
• Colonoscopy Withdrawal Times (Excludes hx of resection)
Average Risk Colonoscopy Without Polyp
Recommended Follow-up Interval > 10 Years
2014-2015

% Compliance
50.00% 60.00% 70.00% 80.00% 90.00% 100.00%

Better


% Compliance  Goal

Advocate Condell Medical Center
Average Risk Colonoscopy Without Polyp
Recommended Follow-up Interval >10 Years
2015-2016

% Compliance  Goal

50%  60%  70%  80%  90%  100%

Better

Advocate Condell Medical Center
Colonoscopy Interval for Patients with History of Adenomatous Polyps > 3 Years 2014-2015

% Compliance Goal
Colonoscopy Interval for Patients with History of Adenomatous Polyps > 3 Years 2015-2016
## Adenoma Detection Rate 2015

<table>
<thead>
<tr>
<th></th>
<th># Female Colonoscopies</th>
<th># Female + Adenomas</th>
<th>% Female Adenoma Detection Rate</th>
<th># Male Colonoscopies</th>
<th># Male + Adenomas</th>
<th>% Male Adenoma Detection Rate</th>
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<tbody>
<tr>
<td>YTD</td>
<td>263</td>
<td>95</td>
<td>36%</td>
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<td>71</td>
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<td>41%</td>
<td>26</td>
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<td>65%</td>
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</table>

Interpretation of quality metric will have limited value due to low volume utilization.
GI Scope Withdrawal Time
2015-2016
> 6 minutes is current standard of care

% Colonoscopy Withdrawal Times > 6 Minutes

Overall % Colonoscopy Withdrawal Times > 6 Minutes
Benchmark

Apr 2015 n 61
May 2015 n 70
June 2015 n 64
July 2015 n 68
Aug 2015 n 87
Sept 2015 n 77
Oct 2015 n 80
Nov 2015 n 93
Dec 2015 n 87
Jan 2016 n 125
Feb 2016 n 166
Mar 2016 n 203
Apr 2016 n 249
May 2016 n 212

93.40% 93% 96% 98% 90% 94% 97% 93% 96% 97% 96% 97% 96.00%
Benefits of measuring quality

• Demonstrate quality of care to payers
• Improved care for our patients
How can we get more patients screened?

• Stool FIT/Microscopic blood
• Stool DNA (Cologuard)
• Direct access screening colonoscopy
Potential Alternatives to Colonoscopy

- Stool FIT/Microscopic blood
- Stool DNA (Cologuard)
- Blood DNA
Cologuard vs FIT

Cologuard Cancer Sensitivity by Stage

- Stage I: 89.7% (N = 29) vs 65.5% (N = 21)
- Stage II: 100.0% (N = 21) vs 76.2% (N = 10)
- Stage III: 90.0% (N = 10) vs 90.0% (N = 4)
- Stage IV: 75.0% (N = 4) vs 75.0% (N = 4)
- Stages (I–III): 93.3% (N = 60) vs 73.3% (N = 60)
Cologuard vs FIT

- Accuracy in identifying advanced polyps
  Cologuard 42%
  FIT 24%
Direct Access Screening Colonoscopy

- GI labs will market directly to patients
- GI labs will schedule procedures
- GI labs will provide prep instruction
- Coordination of care with GI physicians
Transparent Costs

- Bundled/Episode of care payments
- Shift risks to providers
- ASC vs HOPD
Colon Cancer Screening and Prevention

- Colonoscopy is effective at screening and preventing colon cancer
- Colon cancer incidence and mortality is declining
- More people need to be screened
- Improved access to colonoscopy
- Alternatives to colonoscopy
- Improved value