Welcome!

Office for State, Tribal, Local and Territorial Support

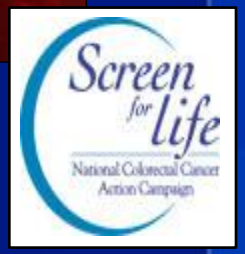
presents…

CDC *Vital Signs* Colorectal Cancer Screening, Incidence, and Mortality

July 12, 2011
2:00pm – 3:00pm EST

Agenda

2:00 pm	**Welcome & Introductions**	**Judy Monroe, MD, FAAFP** Deputy Director CDC, OSTLTS Director, CDC
2:02 pm	**Speaker Introductions**	**Mamie Jennings Mabery, MA, MLn** Knowledge Management Branch, OSTLTS, CDC
2:04 pm	***Vital Signs* Overview**	**Marcus Plescia, MD, MPH** Director, Division of Cancer Prevention and Control, CDC
2:10 pm	**Presentations**	**Kathryn Chapman, DPA** Director, Cancer Prevention Branch, Alabama Department of Public Health Program Manager, Alabama FITWAY Colorectal Cancer Prevention Program
		Susan Kuhn Primary Care Consultant for the New Hampshire Colorectal Cancer Screening Program
		Sharon Alroy-Preis, MD, MPH State Epidemiologist, New Hampshire Department of HHS
2:30 pm	**Q&A and Discussion**	**Mamie Jennings Mabery, MA, MLn**
2:55 pm	**Wrap – up**	**Judy Monroe, MD, FAAFP**
3:00 pm	**End of call**	



CDC Vitalsigns™ Teleconference

to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*

Colorectal Cancer Screening, Incidence, and Mortality—United States

Marcus Plescia, MD, MPH

Director

Division of Cancer Prevention and Control

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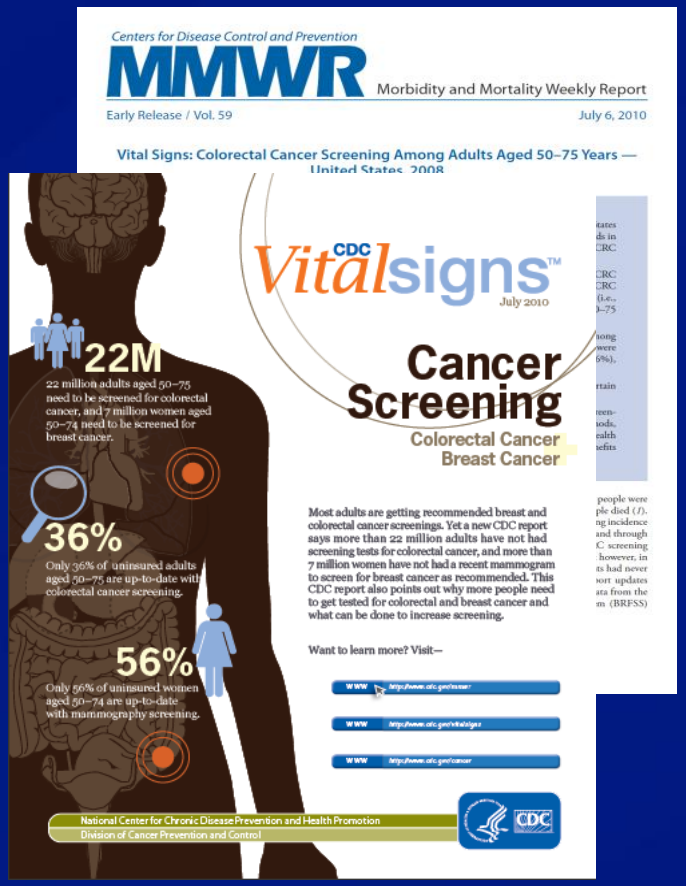
"The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention."

Cancer screening in the United States needs to be scaled up

- 22 million adults aged 50–75 need to be screened for CRC
- Insured are almost twice as likely to get screened as uninsured
- Minority respondents were less likely to be screened compared to whites


Centers for Disease Control and Prevention
MMWR Morbidity and Mortality Weekly Report
Early Release / Vol. 59 July 6, 2010
Vital Signs: Colorectal Cancer Screening Among Adults Aged 50–75 Years — United States, 2008

CDC Vitalsigns™ July 2010
Cancer Screening
Colorectal Cancer
Breast Cancer

22M
22 million adults aged 50–75 need to be screened for colorectal cancer, and 7 million women aged 50–74 need to be screened for breast cancer.

36%
Only 36% of uninsured adults aged 50–75 are up-to-date with colorectal cancer screening.

56%
Only 56% of uninsured women aged 50–74 are up-to-date with mammography screening.

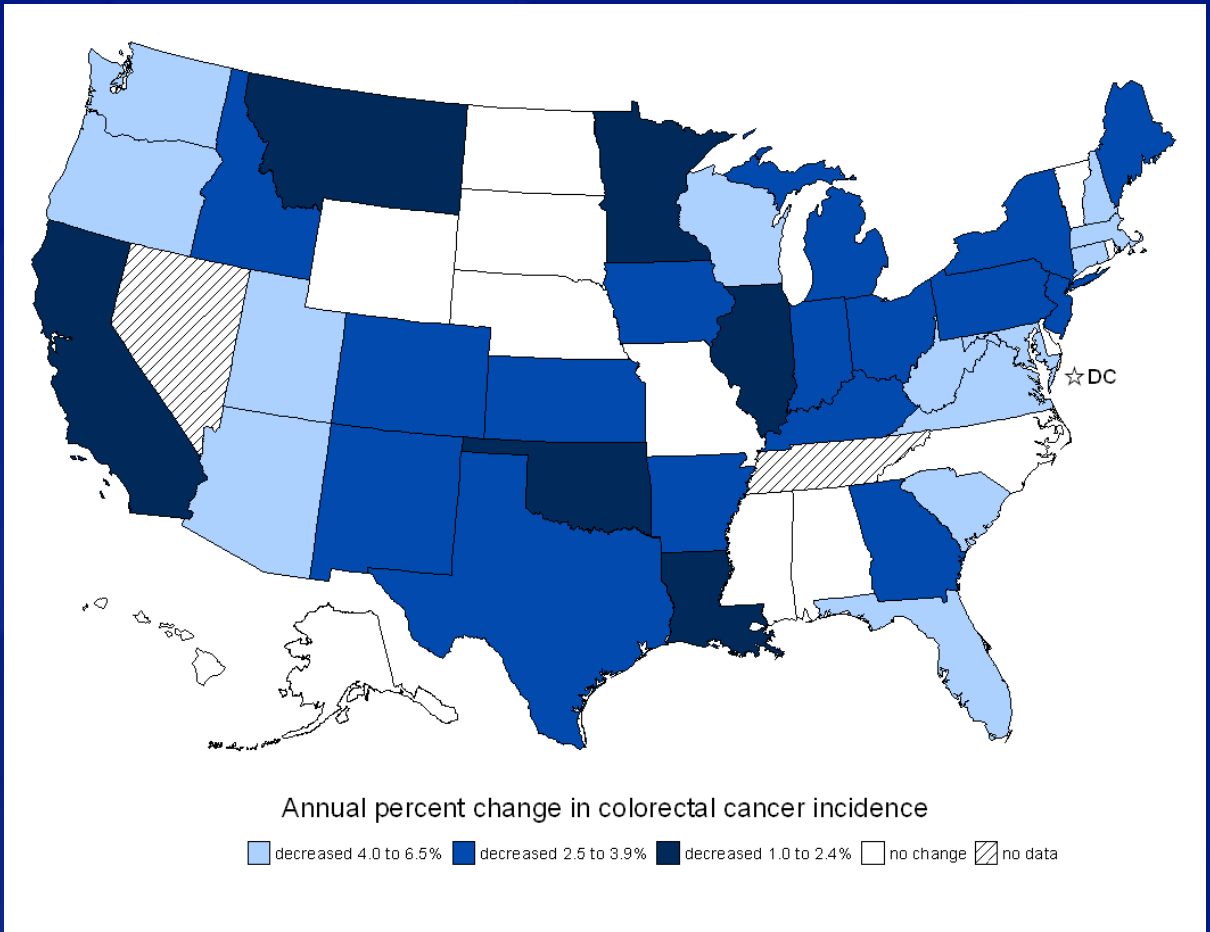
Most adults are getting recommended breast and colorectal cancer screenings. Yet a new CDC report says more than 22 million adults have not had screening tests for colorectal cancer, and more than 7 million women have not had a recent mammogram to screen for breast cancer as recommended. This CDC report also points out why more people need to get tested for colorectal and breast cancer and what can be done to increase screening.

Want to learn more? Visit—

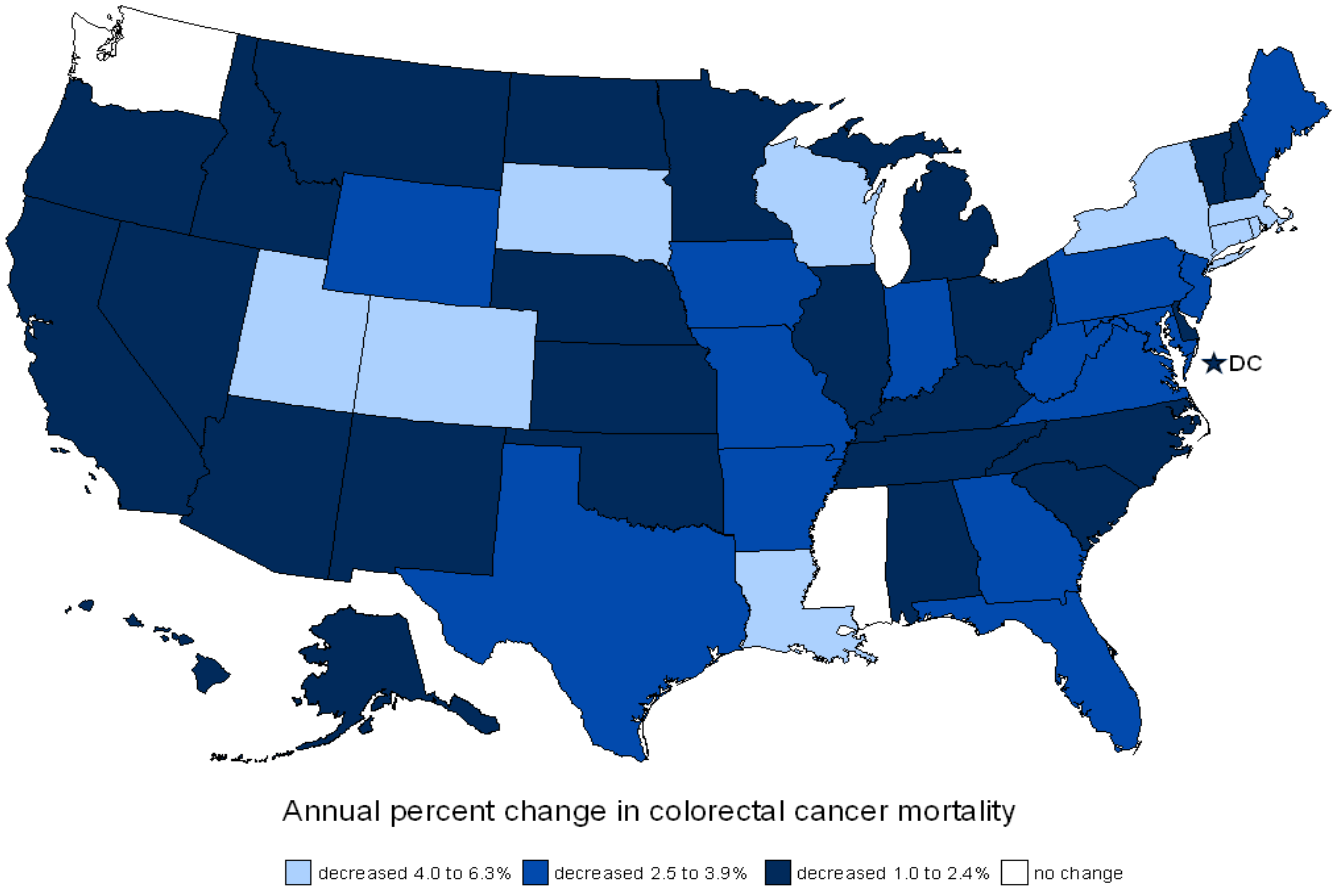
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

MMWR Weekly Report. July 9, 2010 / 59(26);808-812

Annual percent change in colorectal cancer incidence, United States, 2003-2007, United States Cancer Statistics



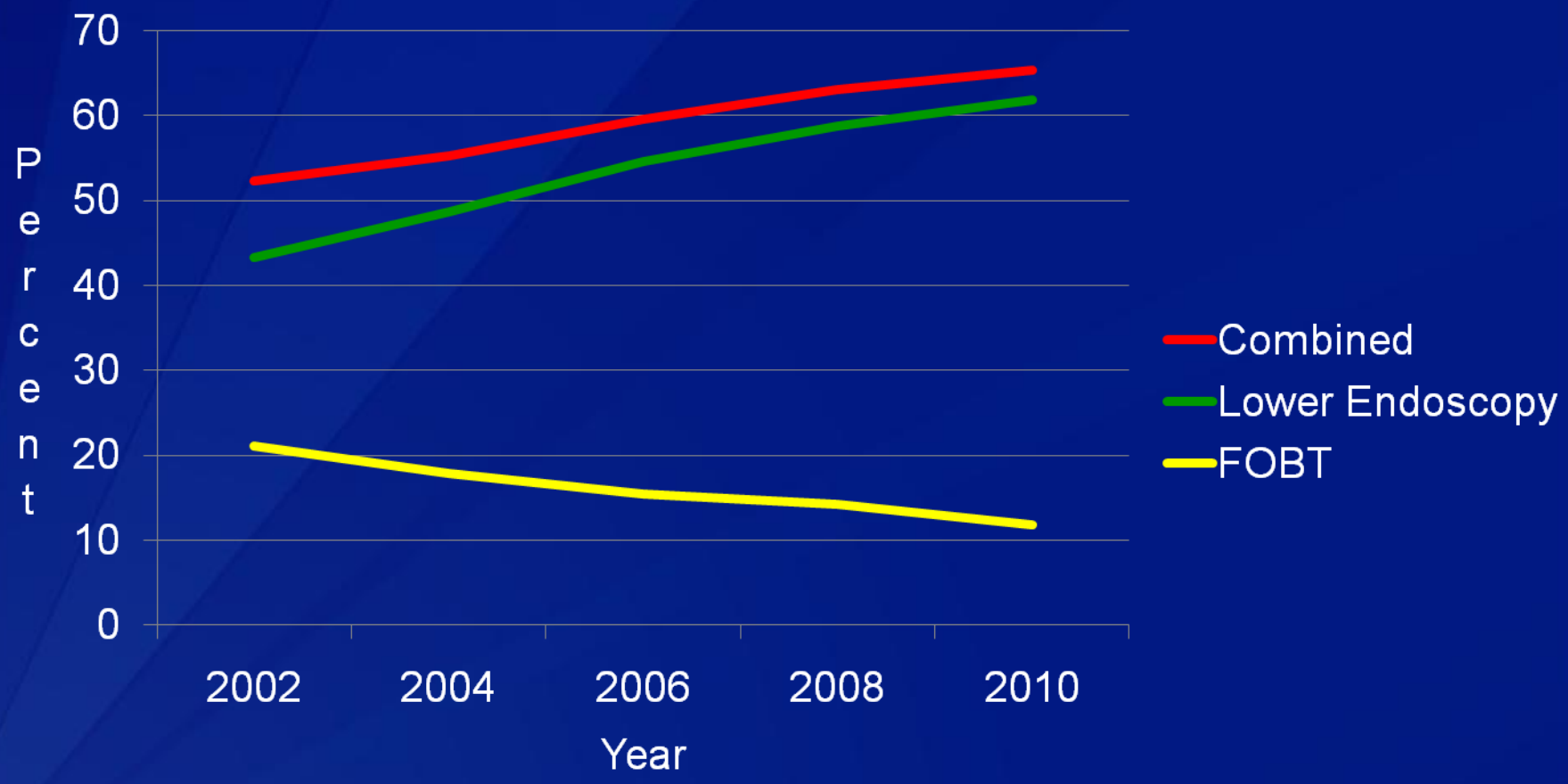
Annual percent change in colorectal cancer mortality in the United States, 2003-2007, National Vital Statistics System



Colorectal Cancer Screening Recommendations

- Issued by United States Preventive Services Task Force (USPSTF)
- For persons 50-75 years of age
- Options include:
  - Fecal occult blood test (FOBT) every year
  - Lower endoscopy
    - Sigmoidoscopy every 5 years with FOBT every 3 years
    - Colonoscopy every 10 years

Percent of adult respondents aged 50-75 years who reported receiving FOBT and/or lower endoscopy within 10 years, BRFSS 2002-2010



Action local and state public health departments can take

- Work with state Medicaid programs to
  - Identify eligible persons needing screening
  - Provide screening for these persons
  - Ensure timely evaluation for abnormal results

- Work with health care providers to encourage implementation of recommendations in The Guide to Community Preventive Services

  http://www.thecommunityguide.org/cancer/index.html

About the FITWAY program

- The Alabama FITWAY Colorectal Cancer Prevention program is focused on increasing the CRC screening rate to 80% of Alabamians aged 50 and older by 2014.
- Fecal immunochemical tests are an accurate, cost effective CRC screening option.
- FITs also allow uninsured and underinsured people, particularly in rural, underserved areas access to CRC screening.
- Along with messages of prevention and early detection, we plan to educate about the relationship between cancer, diet and exercise.
- In essence the “fit way” is a multifaceted approach to preventing CRC deaths.

Alabama FITWAY Colorectal Cancer Program

Funded by the Centers for Disease Control and Prevention

Increasing public knowledge about CRC screening

- Year 1 General multi-media educational campaign
- Website www.adph.org/fitway
- Year 2 Coordinated "Fight Back campaign" including Screenvision in theaters

Educating providers about the FIT and USPSTF and USMSTF CRC Guidelines

- Collected baseline data of physician knowledge and current CRC screening practices to shape educational efforts
  - Family Practice, Internal Medicine and Ob/Gyn physicians
  - 52% use colonoscopy; 22% use take home stool tests; 23% use DRE
  - Of those who use take home stool tests (22%), 14% use FIT
  - 11% knew a lot about the FIT
- Shared survey results and best practice guidelines statewide with physicians through newsletters, DVDs, & CEUs for nurses and social workers
- Ongoing academic detailing with physicians with peer-reviewed articles, samples of FITs, ACS tools, patient literature and reminder cards

Educating providers about the FIT and USPSTF and USMSTF CRC Guidelines (cont.)

- Presenting at physician conferences
- Advertising in professional magazines
- Partnering with the Alabama Medicaid Agency and the Alabama Primary Heath Care Association (FQHCs) to educate providers in their newsletters
- Partnering with the UAB CME Department to provide CME credit using case studies developed by Eddie Reed, M.D.
  Abraham Mitchell Distinguished Investigator
  Professor of Oncologic Sciences
  Mitchell Cancer Institute

Supporting system changes to increase access and reduce barriers

- Partnering with FQHCs to incorporate FITs into patient encounters
- Designing FQHC pharmacy distribution model
- Achieved statewide pricing for FITs
- Effected changes to CRC test and eligibility for Public Education Employees Health Insurance Plan during annual wellness screening

Improving use of EHR and reminder systems in physician offices

- Partnering with the Alabama Quality Assurance Foundation
- Teaching 15 physician practices how to use their EHR for meaningful use by piloting a CRC intervention
- Measuring outcomes compared to other health indicators and other practices that didn't have the intervention
- Increased CRC screening rates from intervention

Screening in 20 counties

- One third of grant funding to provide FIT testing with follow-up colonoscopy for abnormal results
- We screen low income/uninsured low-risk men and women aged 50 to 64 using a FIT with a follow-up colonoscopy for positive FITs at no cost to the patient.
- Guided by a Medical Advisory Board
- Find us at www.adph.org/earlydetection

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New Hampshire Colorectal Cancer Screening Program (NHCRCSP)

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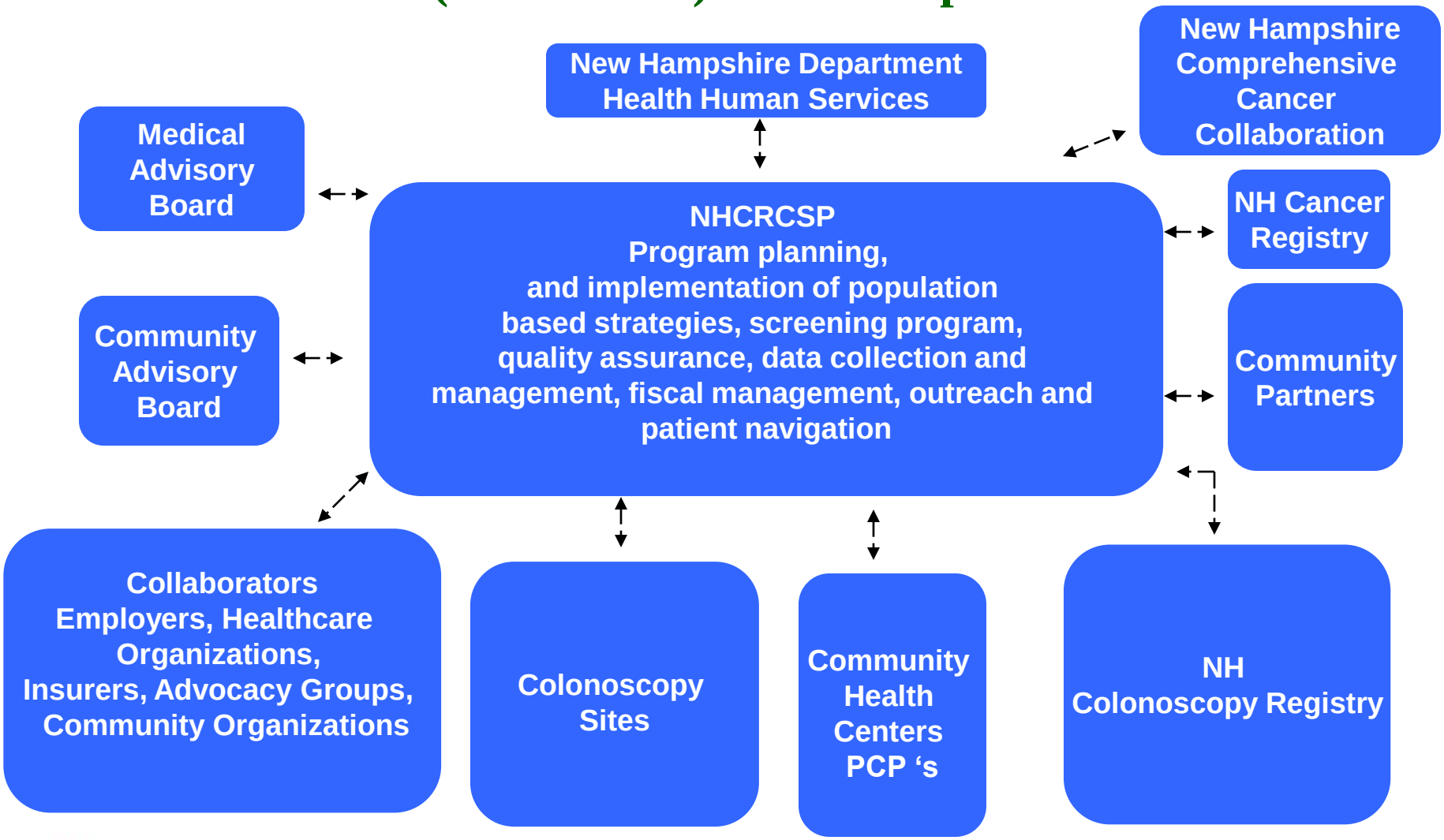
Dartmouth-Hitchcock

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

New Hampshire Colorectal Cancer Screening Program (NHCRCSP)Partnerships



Dartmouth-Hitchcock

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

NH Health Alert Network (NH HAN)

- NH HAN is a 24/7/365 comprehensive system for public health emergency communication
- Network of individuals who create, communicate and respond to public health emergencies
- Provides urgent information and guidelines regarding infectious disease

NH Healthy Insights (HI)

- Prevention news for the medical community of New Hampshire
- Notifies providers of news in the chronic disease field
- Focuses on one topic and provides an Executive Summary of the 3-5 main messages as well as a more detailed narrative.
- Messages may include short guidelines and other relevant material

Dartmouth-Hitchcock

NH DIVISION OF Public Health Services
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Public Health Services
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www.dhhs.nh.gov

Healthy Insights

March 2011

Prevention news for the medical community of New Hampshire

Sent by: Sharon Alroy-Preis, MD, MPH
NH State Epidemiologist

In collaboration with: Lynn Butterly, MD - PI and Medical Director
NH Colorectal Cancer Screening Program (NHCRCSP)

Colorectal Cancer: One Of The Few Malignancies That Can Be *Prevented* As Well As Detected Early

1. Only 36% of the colorectal cancers in New Hampshire are detected at an early stage (Stage 1)

2. Studies show that when providers recommend screening directly to their patients, they are significantly more likely to comply with screening.

3. Fecal Occult Blood Test (FOBT) is one of the options for early cancer detection that can be used in patients who have low-average risk for colon cancer BUT
   - It should not be used as an office-based test (i.e., as part of rectal exam).
   - If positive, it should be followed up with a colonoscopy (and not repeated for confirmation).

March is the **National Colorectal Cancer Awareness Month** and a great opportunity to share New Hampshire specific data on colorectal cancer with you as well as our plans to support you in your efforts to screen your patients.

Among cancers that affect both men and women, colorectal cancer is the second most commonly diagnosed malignancy in New Hampshire. In the past few decades we have seen reduced

Provider Assessment and Feedback

- Working with 50% of PCP's in New Hampshire to increase practice CRC screening rates.
- Provider feedback is critical
- Practice Champion

Provider Assessment and Feedback

- Implement reminder systems
- Consult on practice flow, use of provider and staff prompts.
- Results to date:
  - Large health system primary care practice (12 practices/82 PCP's) have increased screening rates from 60% to 75%
  - Mid Size health system (11 practices/43 PCP's) has increased screening rates by 11%.

CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook-
http://www.facebook.com/cdc

Follow us on Twitter-
http://twitter.com/cdcgov/

Syndicate *Vital Signs* on your website-
http://tools.cdc.gov/register/cart.aspx

Vital Signs interactive buttons and banners-
http://www.cdc.gov/vitalsigns/SocialMedia.html

Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov

Please mark your calendars for the next OSTLTS Town Hall Teleconference:

August 9, 2011
2:00pm – 3:00pm EST

For more information please contact Centers for Disease Control and Prevention
CDC 24/7: Saving lives. Protecting people. Saving money through prevention.

1600 Clifton Road NE, Atlanta, GA 30333
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E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.