

Colorectal Cancer Screening: Preventing a Deadly Disease

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An Uncomfortable Truth

It's safe to say that when people turn 50, completing a colon cancer screening is not on the top of their to-do lists. For many, even discussing that region of the body is highly uncomfortable and they may avoid doing it at all costs. But the reality of colorectal cancer is sobering: colorectal cancer is the third most common cancer in America and the second leading cause of cancer-related

deaths. The American Cancer Society estimates that 49,700 people will die of this disease in 2015.

Colorectal cancer doesn't have to be devastating. It is highly treatable if caught early. If everyone over 50 received recommended screening, up to 80 percent of deaths could be prevented. And yet national screening rates are lagging – at least a third of all Americans aged 50-75 don't get the recommended screening, and rates among certain racial and ethnic groups – such as Latinos – are much lower.

The United States took a step forward in improving screening rates when the Affordable Care Act (ACA) became law in 2010. The ACA stipulates that all

WHAT YOU SHOULD KNOW

- **Colorectal cancer kills an estimated 49,700 people per year, but it doesn't have to. Early detection can prevent up to 80 percent of deaths.**
- **Kaiser Permanente has dramatically improved screening rates by promoting testing inside and outside of the doctor's office and by reducing disparities between whites and Latinos.**
- **Moving towards integrated care delivery can improve colorectal cancer screening rates, and, in fact, research shows that Kaiser Permanente's integrated model leads to better treatment and survival rates for the disease.**
- **In addition, normalizing conversations about colorectal cancer and improving affordability of screening can help make many deaths due to colorectal cancer a thing of the past.**

private health plans eliminate cost-sharing for colorectal cancer screening tests that have an “A” or “B” rating by the U.S. Preventive Services Task Force. With improved access, it is up to health systems and insurers to encourage more patients get tested. Kaiser Permanente is among the health systems leading this charge.

Colorectal Screening at Kaiser Permanente: Making the Right Thing Easy to Do

Kaiser Permanente’s journey towards improving colorectal cancer screening rates began simply: we looked at our screening rates according to the Healthcare Effectiveness Data and Information Set (HEDIS) and determined that we had room to improve. Beginning in the mid-2000s, our regions started looking into why patients were not getting screened. They discovered that many people weren’t getting screened because they weren’t given enough opportunities to do so – most only got referrals when they came into the office. At the same time, the most reliable tests offered back then – colonoscopy and flexible sigmoidoscopy – were a burden for patients because they were invasive and required patients to come into the office and miss work. Fortunately, a new test had come to market called the fecal immunochemical test (FIT), which could be performed in the privacy of people’s homes and sent back to a laboratory for analysis.



Armed with this information, we set out to make it as easy as possible for patients to complete a screening. Our approach to colorectal cancer screening follows these major principles:

- **Promote colorectal cancer screening at every point of care.** Functions in our electronic medical record, KP HealthConnect™, alert staff members—be they receptionists, medical assistants, primary care physicians, optometrists—that patients are due for a screening when they check in for an appointment and enables them to remind patients to complete a screening. In some offices, staff receive awards and prizes if they successfully help a patient complete a screening.
- **Get patients to complete an annual fecal immunochemical test (FIT).** Patients may elect to receive invasive tests such as colonoscopy or sigmoidoscopy, but most patients find the FIT to be much more convenient. Patients can receive a FIT kit at the point of care, and population health management tools in KP HealthConnect™ enable us to do mass mailings of the FIT kit. Initial return rates can be low, so regions have boosted response rates by: sending letters in advance of mailing the FIT; using trained callers

to follow-up with patients by phone; using robocall reminders; and sending reminder letters. Education on how to complete the FIT can also boost completion rates. Patients can view a how-to video in offices and online at kp.org/coloncancervideo, and in some areas can view it on iPads while they're waiting for an appointment. In some California offices, staff show patients how to use the test in a demonstration area, complete with a non-functioning toilet.

- **Reduce disparities.** In 2010, Kaiser Permanente began work to reduce disparities in screening rates between whites and Latinos, with the goal of eliminating the gap by 2017. Broadly, we have worked to reduce disparities by: ensuring that patients have access to providers and staff who speak their language; improving physician-patient communications; and delivering care that is culturally and linguistically appropriate. Initiatives particularly aimed at reducing colorectal cancer screening disparities include: making sure all educational and instructional materials are available in Spanish; putting up bilingual signage to promote screening; developing messaging that resonates with Latino members; and producing a video that features the real-life story of how screening saved a Latino member's life. In addition, our Northwest region has piloted the use of promotores – Spanish speaking health educators – to help members get screened, and has created pictorial instructions for the FIT, which can be understood by speakers of any language.



Outcomes: Leading the Nation, Reducing Disparities

Kaiser Permanente's efforts to improve colorectal cancer screening rates have paid off: between 2004 and 2013, our screening rates nearly doubled—from 43 percent to 82 percent.¹ Every region ranks in the 90th percentile for screening rates, and in 2014, the National Committee on Quality Assurance ranked our Mid-Atlantic region number one in the nation.

Although racial disparities in screening still exist, the gap is starting to close: before our disparities reduction work began in 2010, there was a 6.7 percent gap between whites and Latinos for screening.² In 2014, there was only a 3.3 percent gap.

Making it Work: Integrated Care Delivery, Changing Culture and Eliminating Barriers

Recent research shows that patients in Kaiser Permanente's integrated delivery system are more likely to receive evidence-based treatment for colorectal cancer and experience no racial or ethnic disparities in survival rates when compared to patients in non-integrated systems.³ Elements of Kaiser Permanente's integrated

care delivery system are also responsible for our success with improving colorectal cancer screening rates. First, our mission and pre-paid payment system compel us to invest in prevention and equitable care. Second, our robust electronic health record system has strengthened our culture of measurement and continuous improvement, in addition to supporting population health management and clinical decision-making. Third, our use of team-based care leverages the entire staff to ensure that patients receive necessary care. Fourth, we use learning communities and other knowledge exchange platforms to make sure best practices are scaled throughout the organization. Any movement towards integrated delivery—such as the growth of Accountable Care Organizations and payment reform—can only help in the effort to improve screening rates and reduce deaths.



But we also realize that health systems can't do it alone. Because colorectal cancer is still such an uncomfortable issue to talk about, health systems need to work with community groups, nonprofits, public health agencies and others to raise awareness and change culture.

Finally, although the Affordable Care Act made access to testing easier, there are lingering affordability barriers that could be overcome. For example, there is no universal policy around coverage for colorectal screening in state Medicaid programs, with some states only covering the test if it is deemed medically necessary. In addition, some patients may not be able to afford a follow-up colonoscopy after getting a positive FIT result, as some public and private payers may charge more when colonoscopy is used for diagnostic, rather than screening, purposes.

By moving towards integrated care, changing culture and further reducing barriers to access, we can help make many deaths due to colorectal cancer a thing of the past.

¹ Kaiser Permanente, Department of Hospital Quality and Care Delivery Excellence, internal analysis. Kaiser Permanente's Ohio region—which was acquired by HealthSpan in 2013—is not included in these figures.

² Kaiser Permanente, Department of Hospital Quality and Care Delivery Excellence, internal analysis.

³ Rhoads KF, P.M. (2015). How Do Integrated Health Care Systems Address Racial and Ethnic Disparities in Colon Cancer? *Journal of Clinical Oncology*.

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