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## Increasing Colorectal Cancer (CRC) screening in Michigan

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## NOTES FROM THE FIELD

### **Increasing Colorectal Cancer (CRC) screening in Michigan**

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Data collected by the Michigan Cancer Surveillance Program in 2014 shows that there were 4,608 cases of colorectal cancer diagnosed and there were 1,766 deaths from the disease. Regular screening is one of the best ways to prevent colorectal cancer. Screening can prevent colorectal cancer through the detection and removal of precancerous growths, as well as detect cancer at an earlier stage. The declines in colorectal cancer incidence in recent years (about 3% per year from 2004-2013) have mainly been attributed to early detection (American Cancer Society, 2017).

Michigan has been working to address colorectal cancer screening for over 20 years. Recent efforts include:

- Attending the first national 80% by 2018: Colorectal Cancer Forum in September 2015.
- Developing an action plan while at the Forum to address the 80% by 2018 pledge.
- Michigan and its Michigan Cancer Consortium (MCC) took the pledge to work towards a goal of screening 80% of Michigan residents for CRC by 2018.

The Michigan Cancer Consortium's (MCC) Colorectal Cancer Priority Workgroup implemented a statewide project from 2016-2017 with a goal to initiate colorectal cancer (CRC) screening as a quality measure for Michigan Medicaid. CRC screening is currently a HEDIS measure for commercial insurance plans and Medicare. Quality measures are tools that help measure or quantify healthcare processes, outcomes, patient perceptions and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include: effective, safe, efficient, patient-centered, equitable and timely care. The Centers for Medicare & Medicaid Services (CMS) uses quality measures in its quality improvement, public reporting, and pay-for-reporting programs for specific healthcare providers.

States with colorectal cancer screening as a Medicaid quality measure, such as New York, show increased screening rates for their members. According to the 2013 National Health Interview Survey data, only 36% of Medicaid-insured adults nationwide were up to date with US Preventative Services Task Force colorectal cancer screening recommendations compared to at least 60% of privately or Medicare insured adults (Fedewa et al., 2015), while the state of New York had a screening rate of 59% for Medicaid insured adults in 2014 (NY State Dept. of Health, 2015).

The MCC Colorectal Cancer Priority Workgroup identified partners in their goal to initiate CRC screening as a quality measure as: key leaders with Michigan Medicaid, staff of the National Colorectal Cancer Round Table, leaders with the American Cancer Society Cancer Action Network and American Cancer Society, Inc., Lakeshore Division. The workgroup drafted a letter to key leaders at Michigan Medicaid and a meeting with those leaders followed. The letter gave background information and recent data from studies on colorectal cancer. The idea that CRC screening should be a quality measure was well received, but it was recommended

to be presented at a later date, as the state's amended plan was in the process of being approved by CMS. The state's amended plan would include CRC screening as a preventive benefit for state Medicaid members. Upon approval of the state's amended plan within a year after the initial meeting, the MCC Colorectal Cancer Priority Workgroup followed up with key leaders of Michigan Medicaid. While CRC screening has not yet been made a quality measure of Medicaid in Michigan, many efforts are currently in place to make it so and meetings with the partners described above continue.

Moving forward, the Colorectal Cancer Priority Workgroup will continue its efforts to improve colorectal cancer screening rates in Michigan. The workgroup will focus on proven intervention strategies to increase colorectal cancer screening rates. Following are the evidence-based interventions (EBI's) the workgroup will focus on to increase screening rates:

- Client reminders
- Provider reminders
- Reducing structural barriers
- Provider assessment and feedback

The workgroup will promote these evidence-based interventions among the Michigan Cancer Consortium member organizations through a policy, systems, and environmental (PSE) change project. The combination of continued work to initiate CRC screening as a quality measure and implementation of a PSE change project are important efforts to increase the colorectal cancer screening rates in Michigan.

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