

ADVANCING POLICY BY USING THE DATA: COLORECTAL CANCER ASSESSMENT IN ARKANSAS

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PURPOSE OF ASSESSMENT

- Identify gaps in access to colorectal cancer (CRC) screenings
- Provide assessment of:
 - Number of persons in Arkansas for whom a claim was paid for a non-invasive CRC screening test (FIT, gFOBT, Cologuard)
 - Number of persons in Arkansas for whom claims were paid for a non-invasive CRC screening test and a follow-up colonoscopy
 - Number of persons with a copay for a follow-up colonoscopy
 - Number of persons diagnosed with CRC by age, including ages 45–49
 - Number of late-stage CRC diagnoses by age
 - Projected number of persons aged 45–49 who would be screened based on final USPSTF recommendation
- Create analytic roadmap and advocacy piece



DATA SOURCES

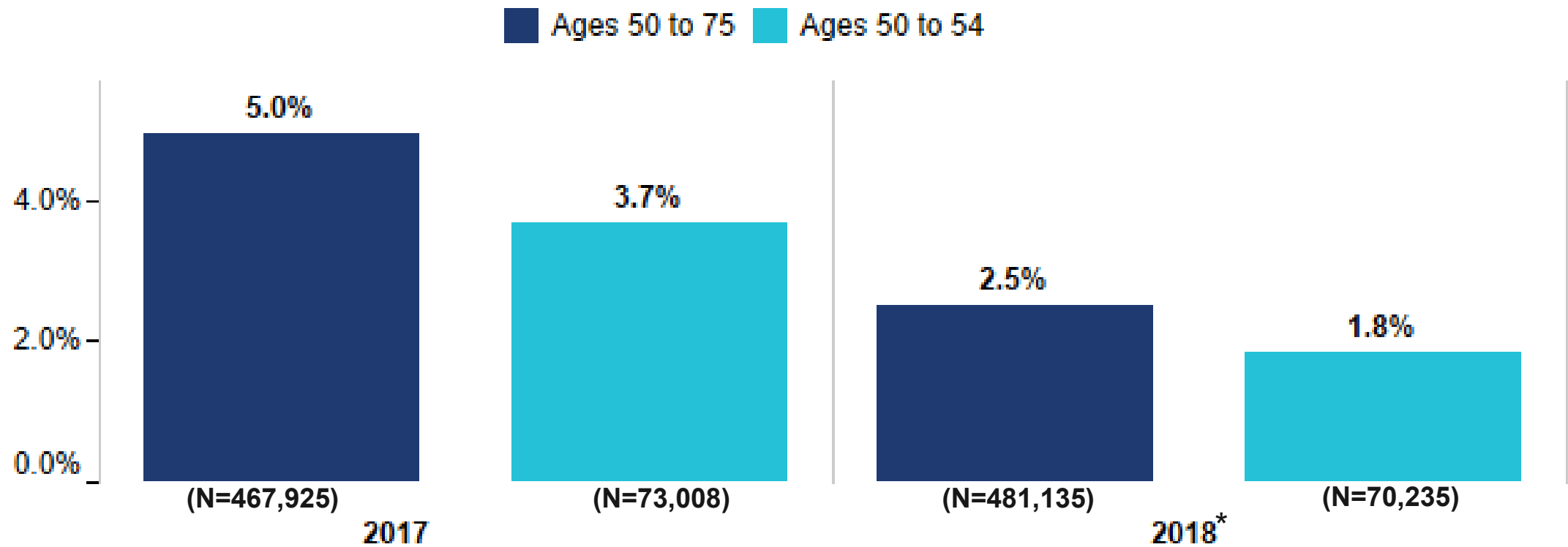
- Arkansas Healthcare Transparency Initiative's All-Payer Claims Database (APCD)
 - Medicare, Jan. 2016–Dec. 2018
 - Arkansas Medicaid, Jan. 2017–Dec. 2019
 - Fully insured private payers, Jan. 2017–Dec. 2019
 - Self-insured payers receiving state funds, Jan. 2017–Dec. 2019
 - Arkansas Cancer Registry data, 2016–2017



FINDINGS



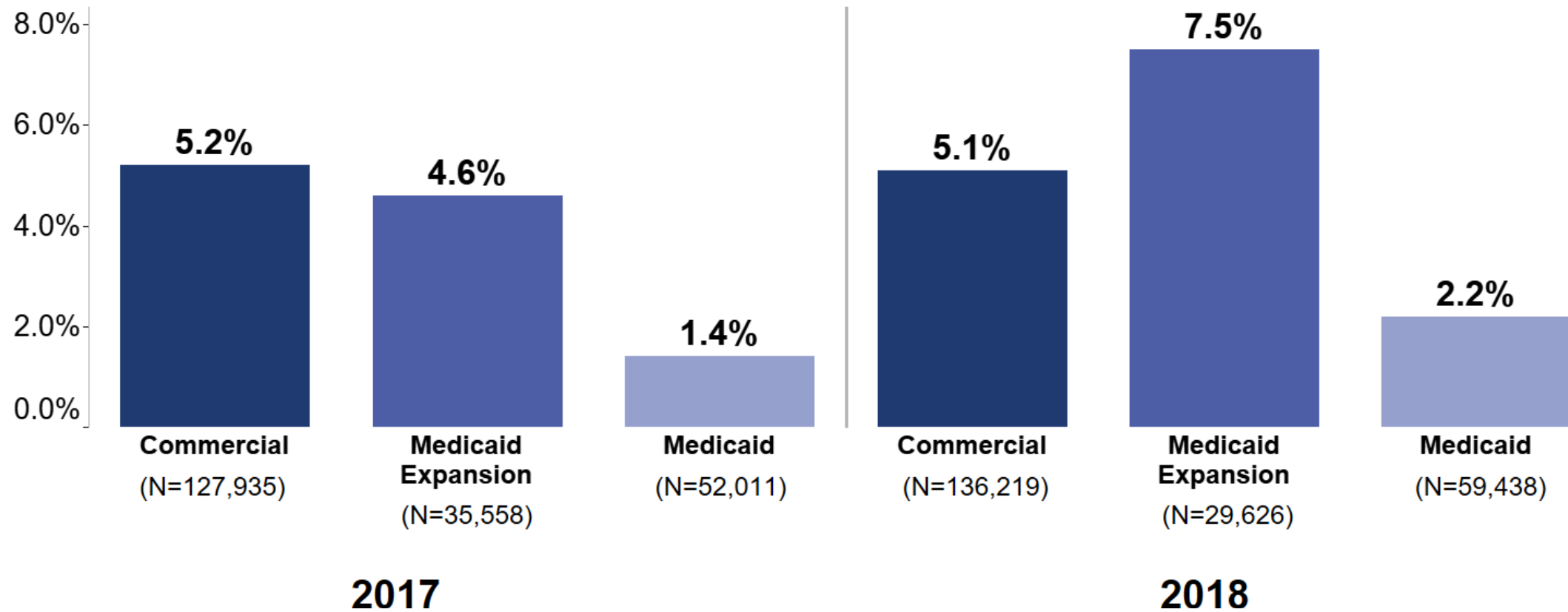
PERCENTAGE OF PERSONS AGED 50–75 WHO HAD STOOL-BASED TESTS, 2017–18



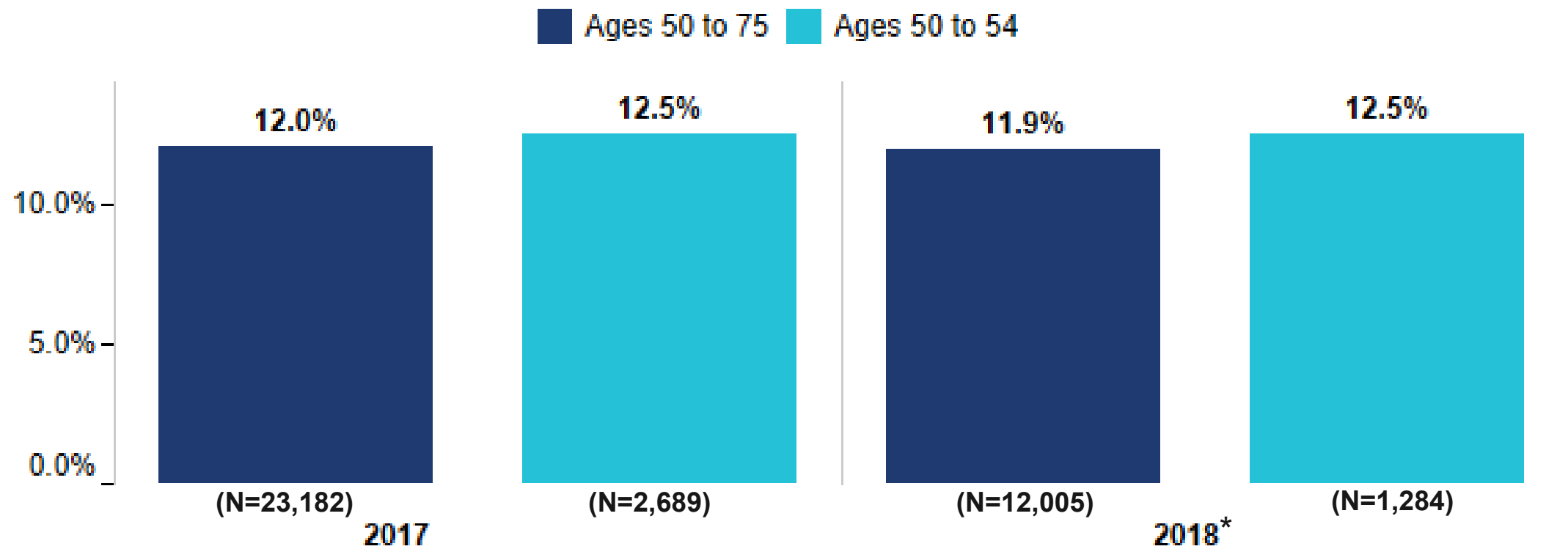
*Data from January 1, 2018–June 30, 2018.



PERCENTAGE OF PERSONS AGED 50–75, WITH STOOL-BASED SCREENINGS BY PAYER, 2017–18



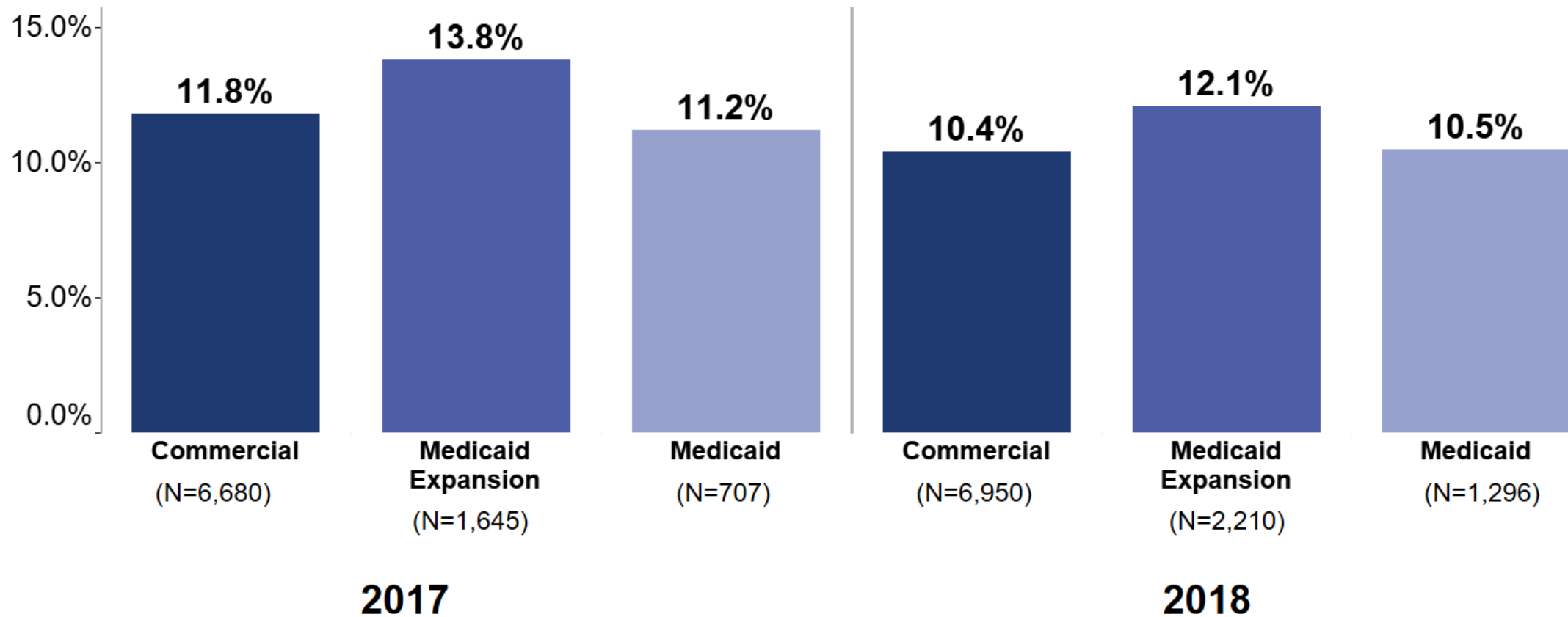
PERCENTAGE OF PERSONS WHO HAD FOLLOW-UP COLONOSCOPIES, 2017–18



*Data from January 1, 2018–June 30, 2018. | Note: A follow-up colonoscopy was defined as a colonoscopy completed within six months of a stool-based test.



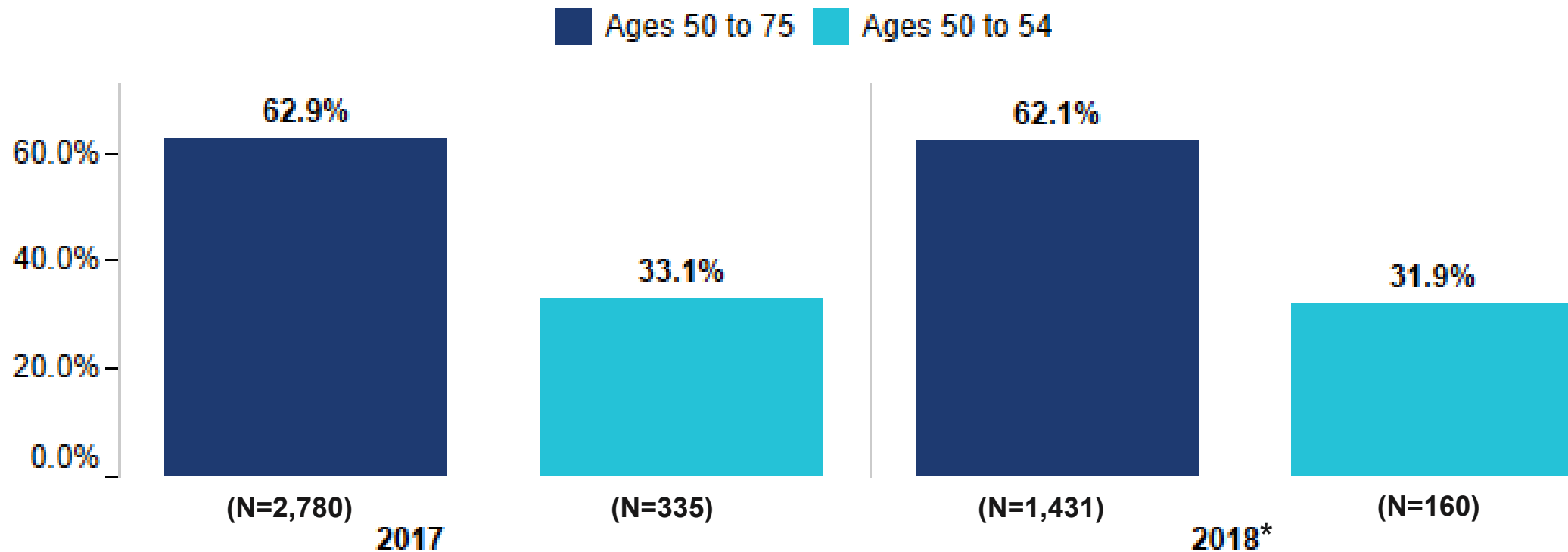
PERCENTAGE OF PERSONS 50–75, WITH FOLLOW-UP COLONOSCOPIES BY PAYER, 2017–18



Note: A follow-up colonoscopy was defined as a colonoscopy completed within six months of a stool-based test.



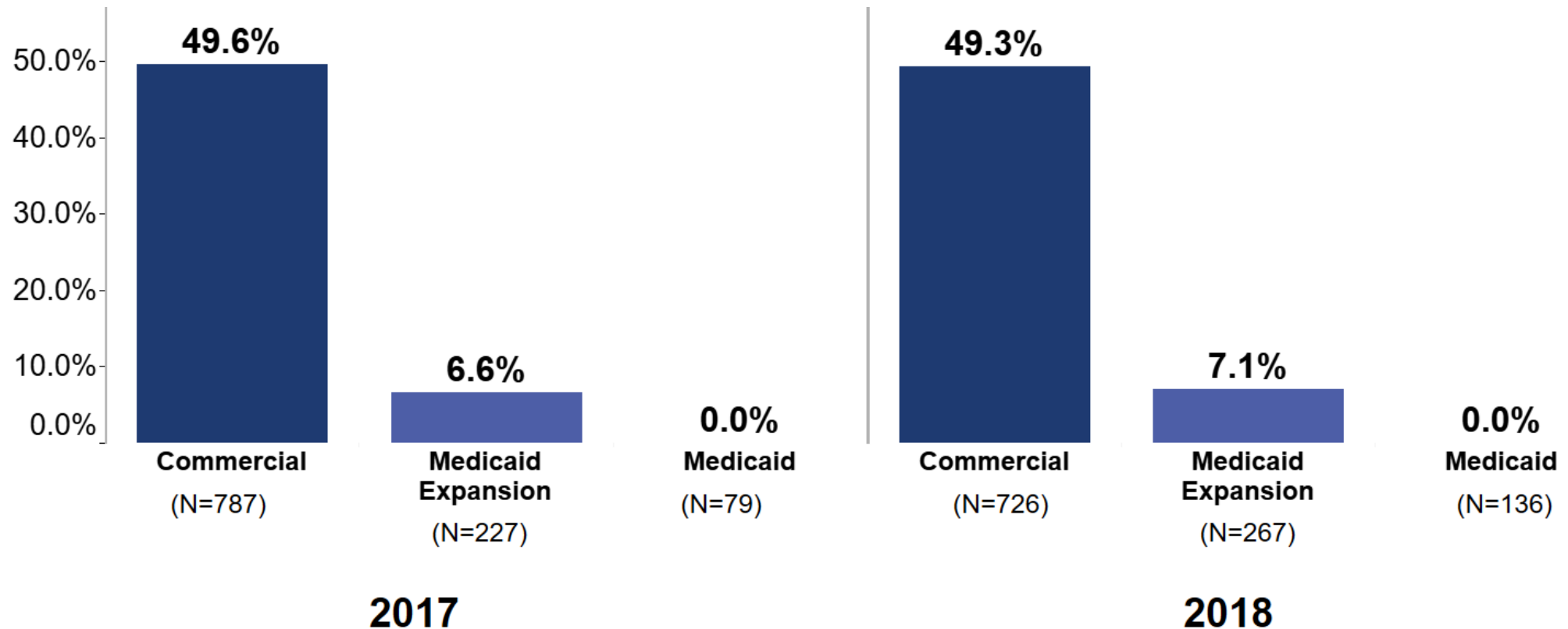
PERCENTAGE OF PERSONS AGED 50–75 WITH FOLLOW-UP COLONOSCOPIES & OUT-OF-POCKET COSTS, 2017–18



*Data from January 1, 2018–June 30, 2018. | Note: A follow-up colonoscopy was defined as a colonoscopy completed within six months of a stool-based test.



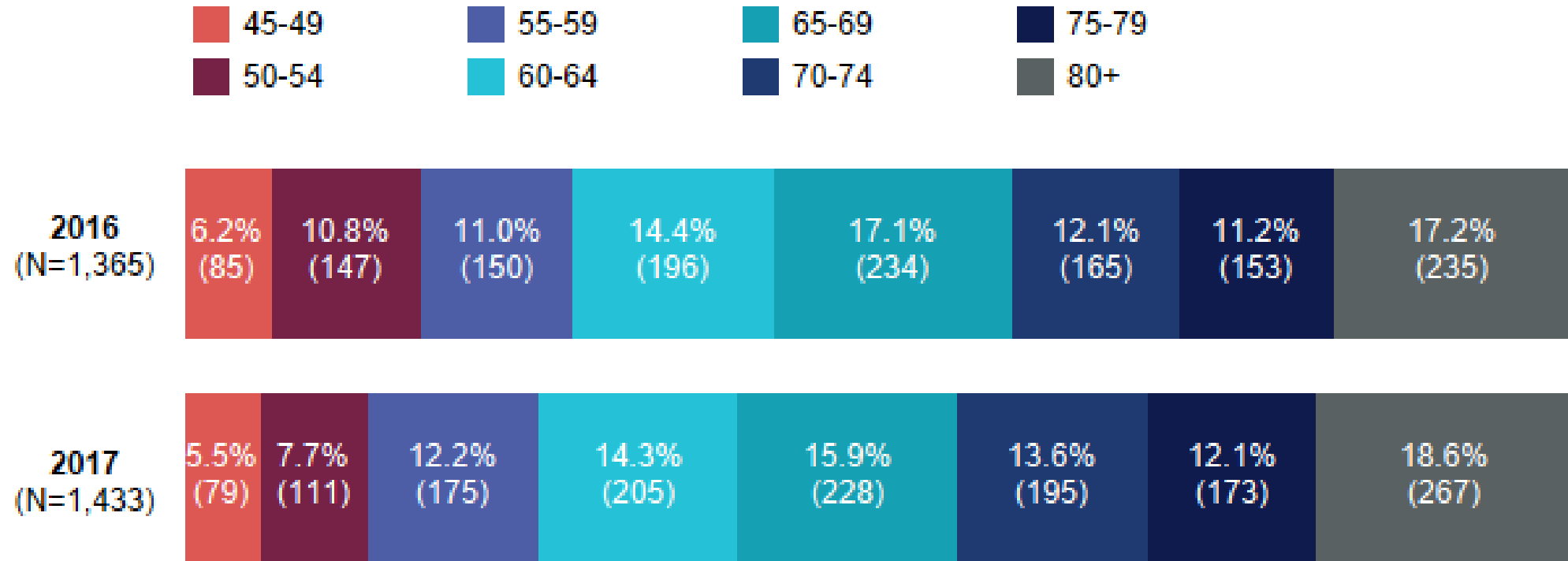
PERCENTAGE OF PERSONS AGED 50–75 WITH FOLLOW-UP COLONOSCOPIES & OUT-OF-POCKET COSTS BY PAYER, 2017–18



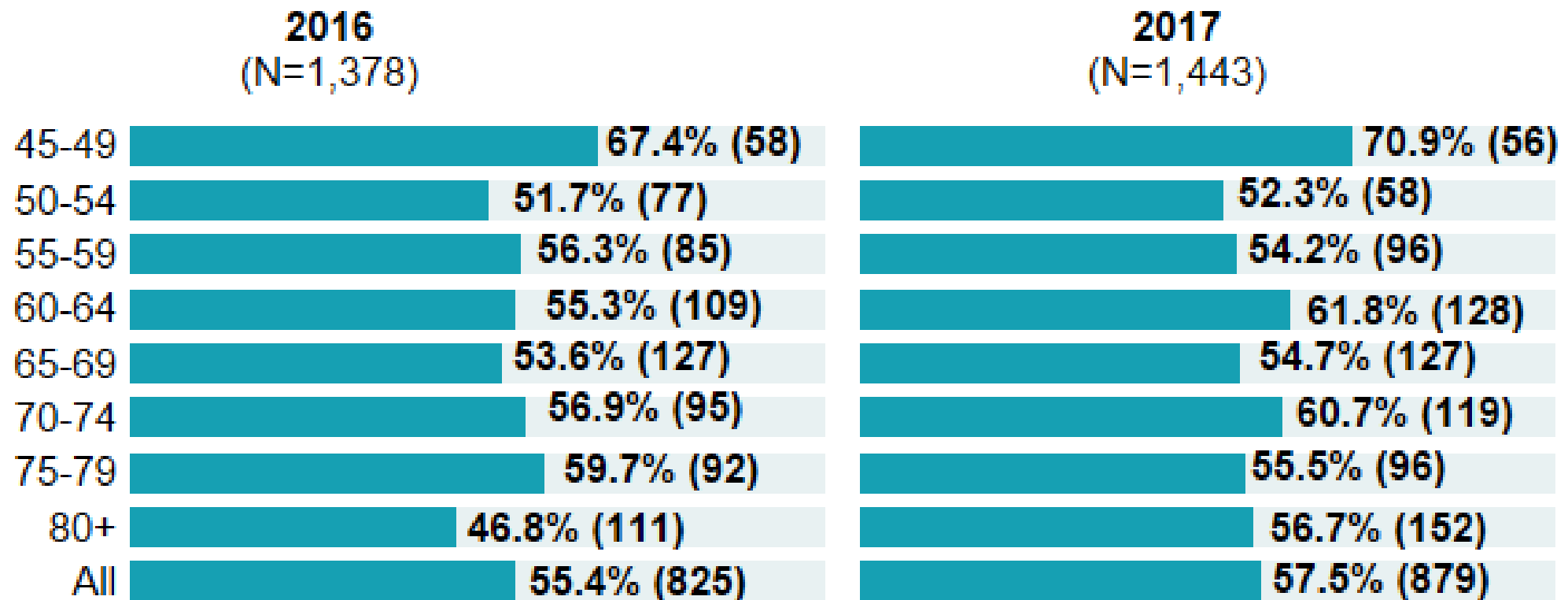
Note: A follow-up colonoscopy was defined as a colonoscopy completed within six months of a stool-based test.



PERSONS 45 & OLDER DIAGNOSED WITH ANY STAGE OF COLORECTAL CANCER BY AGE GROUP, 2016-17



PROPORTION OF ADVANCED COLORECTAL CANCER DIAGNOSES BY AGE GROUP, 2016–17



*CRC diagnoses are not mutually exclusive. An individual may have more than one CRC tumor diagnosis.

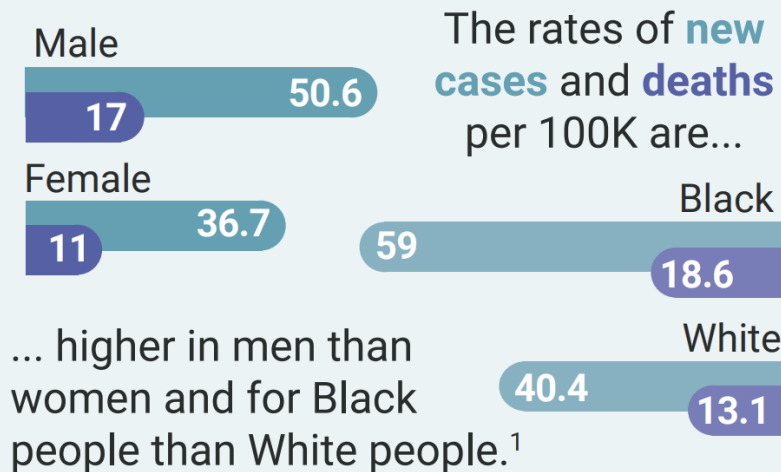
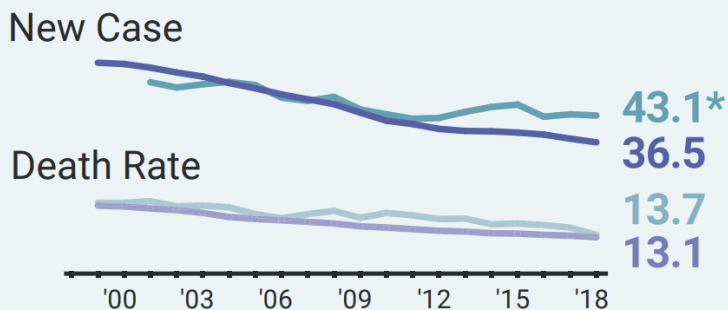
1,500 Arkansas will be newly diagnosed with CRC, and 500 Arkansans will die, in 2021.²

From 2014 to 2018, Arkansas ranked 1st:

5th in highest rate of new CRC cases in the U.S.

8th in highest rate of CRC deaths in the U.S.

Arkansas's CRC new case and death rates per 100K are above U.S. rates.¹



57.5% of the 1,528 new CRC diagnoses in 2017 were late-stage.³



Sources:

1. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021.
2. American Cancer Society. Cancer Statistics Center. <http://cancerstatisticscenter.cancer.org>. Accessed July 22, 2021.



Screening is the key to reducing CRC new cases and deaths.^{4,5}

23,182 (or 5%) of Arkansans ages 50–75 enrolled in commercial, traditional Medicaid or Arkansas Works, or Medicare coverage **had stool-based tests** in 2017.

2,780 (12%) of these individuals **had follow-up colonoscopies.**³



In 2021, Arkansas law and the USPSTF** **lowered the screening age range** from 50–75 to 45–75 years.


45 years
screening age

Based on this change:

2,429 Arkansans ages 45 to 49 are expected to have stool-based tests.

304 of these will have follow-up colonoscopies.³

Despite increased accessibility, CRC screenings remain low compared to breast and cervical cancer screenings.

Barriers to screening include:

- financial barriers, such as cost-sharing or lack of health coverage
- failure to recommend screening by providers
- transportation.
- language barriers
- patient fear⁶

Sources:

3. Arkansas Center for Health Improvement. Sept 30, 2021. Assessment of Colorectal Cancer Screenings and Disease Prevalence in Arkansas.
4. Centers for Disease Control and Prevention. (2021). What Can I Do to Reduce My Risk of Colorectal Cancer?
5. Zauber, AG. The Impact of Screening on Colorectal Cancer Mortality and Incidence – Has It Really Made a Difference? Dig Dis Sci. 2015 Mar; 60(3): 681–691.
6. American Cancer Society. Colorectal Cancer Facts & Figures 2020–2022. Atlanta: American Cancer Society; 2020.



Removing financial barriers such as cost-sharing is an effective way to improve screening.^{7,8}

Starting on January 1, 2022, most Arkansans ages 45 to 75 will no longer have out-of-pocket costs for follow-up colonoscopies.



Other states, such as Texas and Rhode Island, have also eliminated cost-sharing for these procedures.

Why is this important?



3 out of 5

eligible Arkansans*** who had a follow-up colonoscopy had cost-sharing in 2017.³

A study among Medicare enrollees found that removing the 20% coinsurance for a colonoscopy with a polyp removal or a follow-up colonoscopy would be **cost effective** if the screening rate increased by only 0.6 percentage points, from 60% to 60.6%.⁷




Sources:

7. Peterse EFP, Meester RGS, Gini A, et al. Value Of Waiving Coinsurance For Colorectal Cancer Screening In Medicare Beneficiaries. Health Aff (Millwood). 2017;36(12):2151-2159. doi:10.1377/hlthaff.2017.0228.
8. Meeker D, Joyce GF, Malkin J, Teutsch SM, Haddix AC, Goldman DP. Coverage and preventive screening. Health Serv Res. 2011;46(1 Pt 1):173-184. doi:10.1111/j.1475-6773.2010.01188.



STATE LAW & NEW FEDERAL GUIDANCE

- State law applies to Medicaid, employer-sponsored (only fully insured), and individual market plans
 - Requirement began Jan. 1
- Departments of Labor and Health and Human Services issued guidance Jan. 10
 - Requirement began May 31
- Applies to employer-sponsored (both fully insured and self-funded) and individual market health plans
- “The follow-up colonoscopy is an integral part of the preventive screening, without which the screening would not be complete” 



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