

80% by 2018



Hospitals working together to save lives



Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.

Estimated costs for one year of treatment for a patient with metastatic (late-stage) colon cancer are as high as \$310,000,¹ with an estimated annual cost nationwide of \$14 billion.² When adults ages 50 and older get screened for colon cancer, it can be prevented through the detection and removal of precancerous polyps or detected at a stage when treatment is most effective.



**Reduce health care costs
through prevention.
Help save lives.**



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Be part of the national effort to get 80% of adults ages 50 and older regularly tested for colon cancer by 2018.

80% by 2018 is a National Colorectal Cancer Roundtable initiative in which more than 140 organizations have committed to eliminating colorectal cancer as a major public health problem and are working toward the shared goal of 80% of adults ages 50 and older being regularly screened for colorectal cancer by 2018.

As a health care facility, here are seven things that you can do to reach 80% by 2018:

1. Make colorectal cancer screening a high priority. Set your system-wide colorectal cancer screening goal at 80% or higher by 2018.

- There are many important quality initiatives, but we have a unique opportunity to substantially reduce colon cancer as a major public health problem in the next decade.
- Host educational opportunities for clinical staff on the importance of colon cancer screening and the 80% by 2018 initiative.
- Use patient touch points to promote screening.³ For example, include facts about colorectal cancer risks and the importance of screening in your discussions with patients, while collecting their medical history. Make it easy for them to understand how to get screened.



2. Monitor and report system-wide screening rates.

Without measurement, improvement almost never happens.

- Make sure your affiliated primary care physicians know both their individual screening rates and the rates of their practice overall. Encourage them to set goals to improve.
- Inform clinicians of their colorectal screening rates at least once every six months.

3. Develop smoothly functioning systems of care to facilitate screening tests with both patient and physician reminders around screening.

- Provide evidence-based tools* to help your affiliated practices make systematic changes to improve screening rates and quality.
- Adopt existing tools, practices, and policies to facilitate patient handoffs, maximize bowel prep thoroughness, eliminate no-shows, and provide navigation, especially for those who may otherwise experience cancer disparities.⁴
- Consider open-access colonoscopy, which allows healthy, age-appropriate patients to schedule a colonoscopy without a pre-procedure visit.

4. Educate patients, physicians, and staff about the importance of screening tests and how to overcome barriers to screening.

- Educate patients, physicians, and support staff about the various, often less expensive, testing options.⁵
 - Know what the recommended screening test options are, including: colonoscopy, stool tests (guaiac fecal occult blood test [FOBT] and fecal immunochemical test [FIT]).
 - High-quality stool testing programs using FOBTs and FITs can help save lives with annual testing and appropriate follow-up of all positives. Patients should be made aware that there are alternatives to a colonoscopy for screening. When informed of their options, many patients prefer stool tests.



- Educate patients and administrative staff about reimbursement.
 - Affordability is a very real issue for some patients. Develop systems and policies to help patients navigate financial barriers to screening.
 - Increase awareness of the fact that colon cancer screening is covered by most insurance plans under the Affordable Care Act's preventive services section, usually without out-of-pocket costs.⁶
- Educate patients and administrative staff about local resources.
 - Know the resources and support available in your area to recommend the best options for screening and appropriate follow-up.
 - Partner with clinicians and community facilities to develop programs to ensure that screening and treatment are available for the medically underserved.

5. Monitor the quality of screening.

- Use colonoscopy registries to track screening and outcomes.
- Monitor adenoma detection rate, cecal intubation rate, prep quality, and other quality measures for endoscopists.⁷
- Consider public reporting of quality data.
- If accredited by the Commission on Cancer, monitor your reports out of the National Cancer Data Base.

6. Promote 80% by 2018 to local primary care networks.

- Invite local primary care networks to sign the 80% by 2018 pledge at nccrt.org/about/80-percent-by-2018/80-percent-by-2018-pledge.
- Encourage the dialogue since a recommendation from a primary care clinician is the key determinant of whether someone is screened.
- Invite local primary care physicians to attend grand rounds or other educational opportunities around colorectal cancer screening.
- Invite a primary care physician to join the hospital cancer committee to provide input on screening and prevention outreach programs.

7. Partner with federally qualified community health centers and other safety net practices.

- Hospitals can help address barriers to screening by: partnering with community health centers to provide screening and treatment for low-income patients detected with cancer through screening, waiving facilities charges for physicians who provide low-cost screening for the uninsured, and supporting community educators to promote screening. The burden on any one hospital to care for those diagnosed with cancer is decreased if all hospitals share the obligation.
- Consider partnering with local federally qualified health centers on colorectal cancer screening initiatives to fulfill your community benefit requirement or outreach requirements for Commission on Cancer accreditation.



You have the power to have a huge impact on screening rates in your community!

Visit cancer.org/colonmd or nccrt.org/tools to learn more about how to act on the preceding recommendations and be part of 80% by 2018.



Sources

¹ action.acscan.org/site/DocServer/Increasing_Colorectal_Cancer_Screening_-_Saving_Lives_an.pdf?docID=18927.

*Evidence-Based Toolbox and Guide, Action Plan: ncrt.org/about/provider-education/crc-clinician-guide.

Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. Projections of the cost of cancer care in the United States: 2010-2020. *Journal of the National Cancer Institute*. Jan 19 2011;103(2):117-128.

Bradley CJ, Lansdorp-Vogelaar I, Yabroff KR, et al. Productivity savings from colorectal cancer prevention and control strategies. *American journal of preventive medicine*. Aug 2011;41(2):e5-e14.

³ http://ncrt.org/wp-content/uploads/0305.60-Colorectal-Cancer-Manual_FULFILL.pdf Appendix D1.

⁴ CRC Manual for Community Health Centers: ncrt.org/about/provider-education/manual-for-community-health-centers-2.

⁵ uspreventiveservicestaskforce.org/uspstf08/colocancer/colcancs.pdf and cancer.org/colonmd.

⁶ cancer.org/cancer/colonandrectumcancer/moreinformation/colonandrectumcancerearlydetection/colorectal-cancer-early-detection-screening-coverage-laws.

⁷ Responsibilities of Referring Physicians Report: ncrt.org/about/quality/quality-colonoscopy-services.



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