

Improving Outcomes in our Community with Colorectal Cancer Screening

A Deeper Dive into the Financial Imperatives of
Community Health

2009 Integrated care Summit

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Quest Diagnostics

- 35 major laboratories and 2,000 smaller facilities in the US and around the world
- Over 42,000 employees working all shifts
- Average age about 42
- About 30% of the population over the age of 50
- Varied work environments and demographics
- Multiple health plans offered
- Initiated our wellness effort, HealthyQuest, in 2005

HealthyQuest Began Conventionally

Our wellness initiative for employees and their families

Initial Focus:

Health Assessments

Tobacco Use Cessation

Weight Management

Fitness and Stress Management

Our Path to Colorectal Cancer Screening

- Our very engaged health promotion leaders created a variety of Lunch and Learns
- One of these leaders did a Lunch and Learn on Colorectal Cancer
- A surprising response
- Helped foster different thinking
- Knowledge of newer technologies

A Little Background on This Disease

- Colorectal Cancer (CRC) is the second most common cause of cancer death
- Timely screening reduces mortality significantly
 - ◆ Diagnosed early, five year survival rate is up to 90%
 - ◆ Diagnosed late, the survival rate is only 10%
 - ◆ As many as 60% of death could be prevented if everyone 50 and older were screened regularly
- Many Americans do not take advantage of life prolonging screening methods
 - ◆ Average overall screening rate is about 50%
 - ◆ Among men, it is about 40%
 - ◆ Among African American men, it is about 30%

Who Should be Screened and When?

- Beginning *at* age 50 if at average risk
- Earlier than 50 and perhaps as early as 40 if
Individuals at higher risk due to family history of
colon cancer
- African Americans should be screened beginning at
age 45
- Evidence supports screening individuals before 50
and perhaps at age 45 with a history of extreme
heavy smoking history or obesity

Types of Colorectal Cancer Screening

- Colonoscopy every 10 years
 - CT Colonography every 5 years
 - Flexible Sigmoidoscopy every 5-10 years
 - Fecal Immunochemical Test (FIT) every year
 - Hemoccult Sensa every year
 - Fecal DNA testing every 3 years
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- To paraphrase Dr. C. Everett Koop:
Screening does not work for patients who do not do their screening

Value of Clinical Preventive Screening

The Top 25 services were ranked on the basis of cost effectiveness and the burden of disease by the National Commission on Prevention Priorities

Tied for #1 Spot

Aspirin therapy, Childhood Immunizations, Tobacco use treatment

Tied for #2 Spot

Screening for *Colorectal Cancer*, Hypertension, Problem Drinking, Vision, and Flu and Pneumococcal Immunizations

HealthyQuest Actions taken in Year One, 2007, to Promote CRC Screening

- ❑ Eligible population defined as employees and spouses >50, and African Americans > age 45
- ❑ Sent a FIT specimen collection kit to half the eligible population
- ❑ Sent a Business Reply Card offering a FIT specimen collection kit for the other half of the population
- ❑ Undertook an educational campaign of e mails, reminder postcards, posters, and onsite leadership
 - ❑ Stressed easy, noninvasive, highly sensitive
 - ❑ No diet or medication changes necessary, no preparation, no lost time

Results of Actions taken in Year One - 2007

- ❑ 2,900 persons participated and returned kits
 - ❑ About 16% total participation
 - ❑ 18% from those to whom we sent kits
 - ❑ 12% from those to whom we sent Business reply cards

- ❑ 121 tested positive
 - ❑ Each received follow up calls from independent physicians urging them to do appropriate follow up

- ❑ Projected a positive ROI after just 8% participation

- ❑ Likely informed 6-8 persons of CRC

Actions taken in Year Two – 2008

To promote CRC Screening

- ❑ Created a website...www.Doyouhavetheguts.com
- ❑ Initiated a 20 week long educational contest with answers to be found on the website
 - ❑ Prize was eligibility to a \$25 raffle, which was raised to \$50 near the end of the program period
 - ❑ Over 13,000 entries
 - ❑ Over 4,400 individuals responded
- ❑ Sent a FIT specimen collection kit to everyone who was eligible (same eligibility as 2007)
- ❑ Used stories from persons in year one about ease of use, and reminder postcards

Results of Actions taken in Year Two, 2008

- ❑ 5,500 persons participated, or about 25% of those eligible
- ❑ 254 persons tested positive
- ❑ Projected to have facilitated early detection for 16 persons
- ❑ Gained well over \$1million in productivity from avoiding 5,300 absences to have other screening
- ❑ Projected *net* medical claims avoidance from early detection of over \$1million
- ❑ “My best Christmas gift ever...”

Community Imperative

- ❑ Despite now being the #2 Cancer killer, Colorectal Cancer is one of the most treatable if detected early
- ❑ Huge opportunity to close the gap on disparate results
- ❑ The medical cost alone for late stage colorectal cancer treatment can be >\$115,000
- ❑ Cost of screening can be very modest
- ❑ Can we *imagine* the time when all Americans are screened at the same rate as the most educated
- ❑ We know what to do, we just must do it

Questions??

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