

# COLORECTAL CANCER SCREENING IN NEW YORK STATE

Progress towards **80% by 2018** and a Call to Action for **80% in Every Community**

PROGRESS  
REPORT

2019

# A CALL TO ACTION

**Progress towards the 80% goal is happening, but our work to save lives needs to continue. Join the “80% in Every Community” effort today!**

Dear Partner,

Across New York State from Long Island and out to Buffalo, 183 partners committed to cancer prevention and control responded to the 2016 call to action to increase colorectal cancer screening rates by taking the National Colorectal Cancer Roundtable’s (NCCRT) “80% by 2018” pledge. As a result, screening rates have been on the rise. This report provides an overview of the colorectal cancer burden and progress towards the 80% goal for New York State (NYS) and New York City (NYC), as well as for NYS-based health plans and NYS Federally Qualified Health Centers (FQHCs). The report highlights examples of success and strategies meant to inspire us all towards further action.

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*Together, we can prevent more cancers and reduce the number of deaths due to colorectal cancer across our State.*

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As you will see, our work is not done. PLEASE JOIN OUR EFFORTS! All partners with the ability to promote or provide colorectal cancer screening in NYS are needed to achieve “80% in Every Community”, the NCCRT’s latest call to action. Together, we can prevent more cancers and reduce the number of deaths due to colorectal cancer across our great State.

– the NYS Colorectal Cancer Action Team of the NYS Cancer Consortium



**The NYS Colorectal Cancer Action Team** is a subcommittee of the NYS Cancer Consortium, made up of members from the NYS State Department of Health, NYC Department of Health and Mental Hygiene, American Cancer Society, Mount Sinai Hospital, the Community Health Care Association of NYS, Capital District Physicians’ Health Plan, the Colon Cancer Foundation, St. Lawrence County Health Initiative, Northwell Health, Memorial Sloan Kettering Cancer Center, Columbia University Medical Center, Physician’s Endoscopy and more. To learn more, visit the NYS Cancer Consortium at [nyscancerconsortium.org](http://nyscancerconsortium.org)

# COLORECTAL CANCER IN NEW YORK STATE

## Every Year



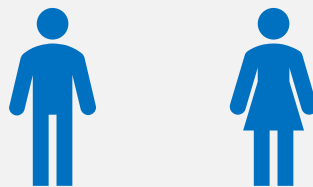
**9,000**

New Yorkers are diagnosed with colorectal cancer<sup>1</sup>



**3,000**

New Yorkers die from the disease<sup>1</sup>



**Among men and women combined,** colorectal cancer is the **2<sup>nd</sup>** leading cause of cancer death in New York State<sup>1</sup>

***Tens of thousands of lives could be saved in New York if colorectal cancer screening rates increased to***

***80% in Every Community.***



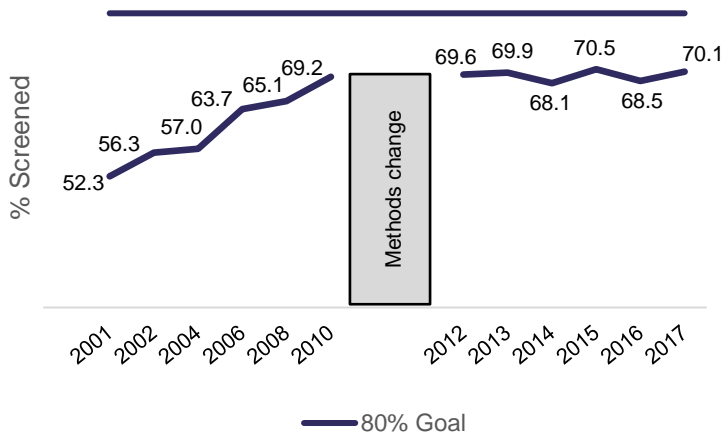
*Read on to find out what is happening in New York to achieve this goal and how you can help.*

## ***Did you know?***

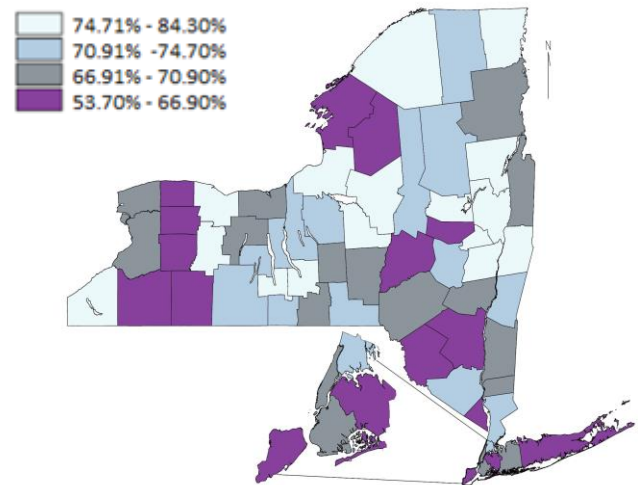
Fortunately, the rate of colorectal cancer mortality in the State has been decreasing for many decades, with an age-adjusted mortality rate decrease of 3.0% per year between 2005 and 2015. However, since 1991, the incidence among New Yorkers younger than 50 has been increasing by 1.8% per year, similar to trends seen nationally.<sup>2</sup>

# SCREENING RATES ACROSS NEW YORK STATE

Trends in Colorectal Cancer Screening\* among NYS Adults, Ages 50 to 75<sup>1</sup>



Colorectal Cancer Screening\* among NYS Adults, Ages 50 to 75, Variation Across Counties<sup>2</sup>



Colorectal cancer screening has increased over time, but we've hit a plateau.<sup>1</sup>

Rates vary across New York State with county-level screening rates ranging from 53.7% to 84.3%.<sup>2</sup>

*Some segments of the population are less likely to get screened.*

*Reaching men and women right at age 50 is one way we can ensure 80% of men and women at average risk in every community are screened.*

## Colorectal cancer screening\* rates are lower among:

- Those ages 50 to 64 (**66.3%**) versus those ages 65 to 75 (**77.9%**)
- Those without a regular health care provider (**32.9%**) versus those with a regular health care provider (**73.3%**)
- Those without health insurance (**50.9%**) versus those with health insurance (**71.5%**)
- Men (**69.0%**) versus women (**71.1%**)

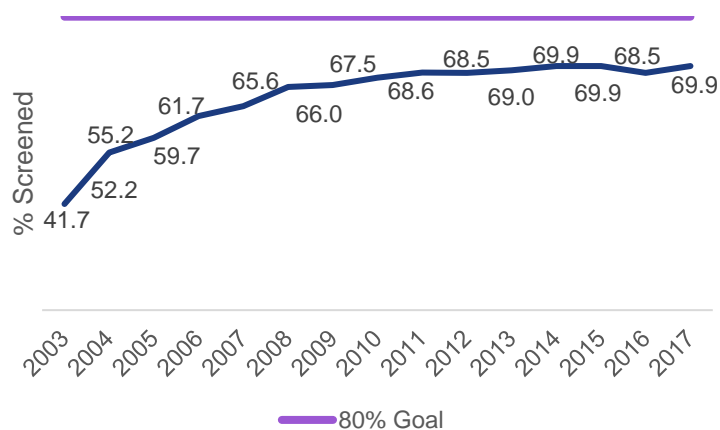
Disparities in colorectal cancer screening exist across NYS.

Data Sources: <sup>1</sup>2017 and <sup>2</sup>2016 Behavioral Risk Factor Surveillance System

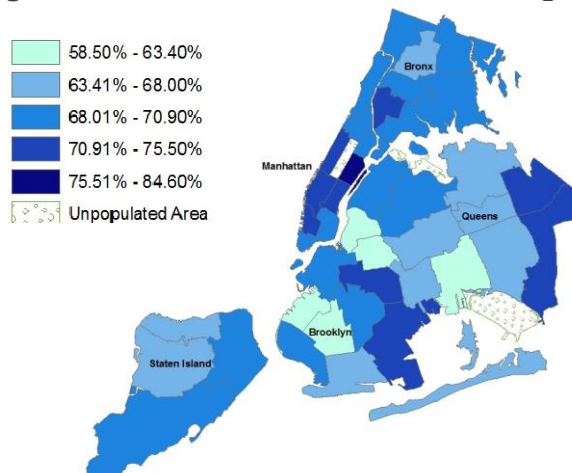
\* Colorectal Cancer Screening is defined as FOBT/FIT within 1 year, or sigmoidoscopy within 5 years with FOBT/FIT within 3 years, or colonoscopy within 10 years.

# SCREENING RATES ACROSS NEW YORK CITY

Trends in Timely Colonoscopy\* Among NYC Adults, Ages 50 and older<sup>1</sup>



Timely Colonoscopy\* Among NYC Adults, Ages 50 and older, Variation Across Neighborhood<sup>2</sup>



Timely colonoscopy has been consistently increasing over time.

Rates vary across New York City neighborhoods, ranging from 58.5% to 84.6%.<sup>1,2</sup>

*Disparities in CRC screening in NYC mirror those across the State.*

*We will continue to work toward 80% screened in every community.*

## Rates for Colorectal Cancer Screening\*\* are lower among:<sup>3</sup>

- Those ages 50 to 64 (**65.8%**) vs. those ages 65 to 75 (**78.8%**)
- Those without a regular health care provider (**44.5%**) versus those with a regular health care provider (**71.8%**)
- Those without health insurance (**53.1%**) versus those with health insurance (**71.0%**)
- Men (**68.9%**) vs. Women (**70.5%**)

Some populations in NYC are less likely to get screened than others.

Data Sources: <sup>1</sup> NYC Community Health Survey, 2013-2017 (age-adjusted to US standard population); <sup>2</sup> NYC Community Health Survey, 2013-2017 Pooled Data

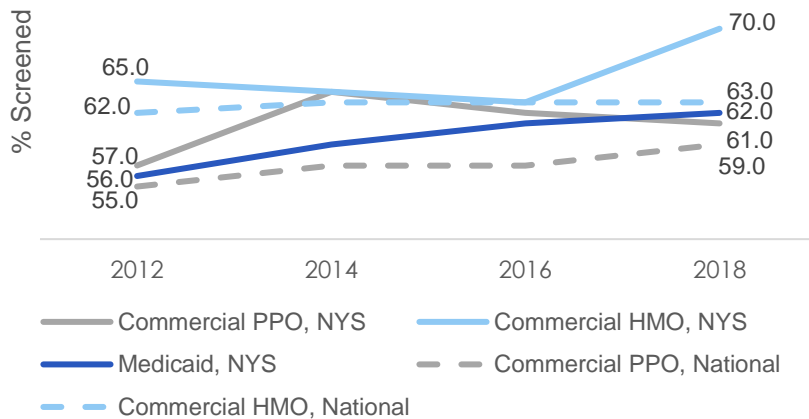
<sup>3</sup> NYC Community Health Survey, 2017 (age-adjusted)

\*Timely Colonoscopy is a colonoscopy in the past ten years.

\*\*Colorectal cancer screening is defined as timely colonoscopy, among NYC adults ages 50-75

# SCREENING RATES ACROSS NYS HEALTH PLANS AND NYS FEDERALLY QUALIFIED HEALTH CENTERS

## Colorectal Cancer Screening Trends Among New York State Health Plans, Ages 50-75

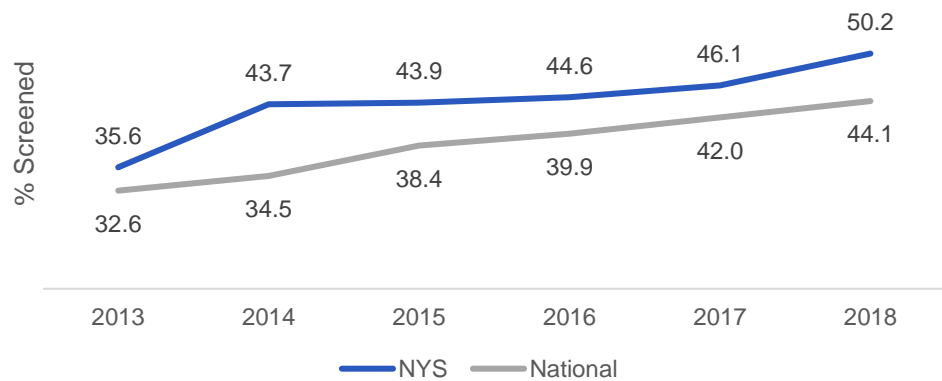


Colorectal cancer screening rates have been increasing among health plans in NYS, with variation seen among different insurance products.<sup>1</sup>

NYS FQHCs are making great progress, with a 41% increase in the percent screened from 2013 to 2018.

NYS estimates of screening consistently exceed national estimates.<sup>2</sup>

## Colorectal Cancer Screening Trends Among Federally Qualified Health Centers (FQHCs), Ages 50-75



Data Sources: <sup>1</sup> NYS Managed Cared Quality Reports; <sup>2</sup> Uniform Data System, 2013-2018

# NEW YORK CITY COMMUNITY CARES PROJECT

## What is the Community Cares Project?

The NYC Community Cares Project, established in 2013, is an NYC DOHMH intervention that aims to reduce inequity between the insured and uninsured for colon cancer prevention. It links uninsured NYC residents from community health centers to participating endoscopy centers which provide screening colonoscopy, anesthesia and pathology free of charge as charity care. Referring NYC sites include 19 primary care networks and 36 clinical sites actively providing direct referral to 12 endoscopy centers.

## Who does the Community Cares Project serve?

The Project focuses on access to care for NYC residents who have no health insurance to address one of the largest disparities in colon cancer preventive care. Overall, 88% in NYC have health insurance including private, Medicaid or Medicare. But for uninsured residents, colon cancer screening rates are about 20% lower than for insured people.

## What is the reach of the Community Cares Project to-date?

The Project **serves approximately 870 uninsured New York City residents each year** in the Bronx, Brooklyn, Manhattan and Queens. From 2013 to the present day, the total number of uninsured patients screened by colonoscopy free of charge is more than 4,000. Approximately **30% of these patients had adenomas removed**, potentially preventing cancers.

## Where can people learn more about the Community Cares Project?

Find out more about Community Cares Project here and contact the team at [CCP@health.nyc.gov](mailto:CCP@health.nyc.gov).

If you are an uninsured New York City resident and would like to get a free colonoscopy, contact a CCP primary care provider (PDF).





# NEW YORK STATE CANCER SERVICES PROGRAM

## What is the Cancer Services Program (CSP)?

The New York State Department of Health (NYSDOH) CSP provides breast, cervical and colorectal cancer (CRC) screening and diagnostic services free of charge to eligible uninsured and underinsured residents of NYS. The CSP began offering stool-based testing in 1997 to average risk, asymptomatic women and men ages 50 and older. In 2003 the CSP began providing screening colonoscopy for individuals at increased or high-risk. The CSP is currently implemented statewide through 22 contractors who partner with health care providers and community-based organizations to offer cancer screening and diagnostic services and assist those diagnosed with cancer to obtain treatment.

## Who is eligible for colorectal cancer screening in the CSP?

The NYSDOH CSP facilitates access to CRC screening for average risk, low-income, under/uninsured women and men aged 50-75 years old and those younger than 50 who are found to be at increased or high risk for CRC. As most cases of CRC occur in people aged 50 and older, contractors focus their efforts on reaching this age group and to those who experience barriers to care due to factors such as race, ethnicity, disability, sexual orientation, gender identity, geographic location, socioeconomic status, cultural isolation, low literacy, and language.

## How many people have been screened for colorectal cancer by the CSP?

Since 2007, **over 60,000 adults received CRC screening and/or diagnostic follow-up through the CSP**. Of the individuals screened, 76.7% were female, nearly 90% were between 50 and 64 years of age, 56% were non-white, and 57% were “downstate” residents from the five boroughs of NYC, Long Island or the Hudson Valley. Most individuals were at average risk and screened using stool-based tests. Approximately 9,700 screening colonoscopies were performed for increased/high risk individuals and over 5,500 diagnostic colonoscopies for clients who either had positive stool-based tests or were symptomatic for CRC. Approximately 30% of these patients had adenomas removed, potentially preventing cancers.

## Where can people learn more about the CSP?

To learn more about the NYSDOH CSP visit:  
<https://www.health.ny.gov/diseases/cancer/services/>

For additional questions contact:  
[CanServ@health.ny.gov](mailto:CanServ@health.ny.gov)

Or, visit our [Community Programs List](#) to find your local CSP by county or borough and call directly.





# SUCCESS STORIES

## 1 The Regional Primary Care Network

*The Regional Primary Care Network (RPCN) is a FQHC that serves the Finger Lakes region and Mohawk Valley of NYS, and includes the cities of Rushville, Utica and Ilion.*

### What They Did to Improve Colorectal Cancer Screening Rates

In 2014, RPCN participated in a 12-month quality improvement (QI) collaborative to improve CRC screening rates at their Rushville and Utica locations. Strategies focused on patient and staff education, electronic health record (EHR) data entry workflows and expanded staffing. Education efforts included clinic site poster displays, the playing of educational videos in waiting rooms and staff being coached on how to talk to patients about the importance of screening. Data entry workflow changes focused on correcting the documentation of fecal immunochemical test (FIT) kit distribution and return which allows all care team members to effectively use the pre-visit planning functionality of their EHR and to track open referrals and orders. The RPCN expanded their staffing to include Care Managers and Care Coordinators to support and monitor preventive care with pre-visit planning and daily huddling, and who help patients identify and overcome barriers preventing follow-through on CRC screening recommendations.

### The Impact

Despite staff turnover and competing priorities, the two RPCN practice sites have seen increases in their CRC screening rates. Between December 2013 and 2018, the rates increased by 45 percentage points to 53.1% at Rushville. For the same period at Utica, rates increased from 3% to 44.1%, an absolute increase of 41 percentage points.

### AT A GLANCE

- Use a multipronged approach to increase cancer screening rates
- Improve patient awareness by involving the entire care team
- Focus on data hygiene to ensure EHR-generated data reports are accurate and reliable
- Dedicate care management staff to increase monitoring of preventive care

## 2 The Institute for Family Health

*The Institute for Family Health (Institute) is one of the largest FQHCs in NYS with 31 health centers located in the Bronx, Manhattan, Brooklyn, and the Mid-Hudson Valley.*

### AT A GLANCE

- Hire cancer care navigators to optimize cancer screening completion and improve health outcomes
- Practice staff and the cancer care navigator work together to deliver care efficiently
- Make cancer screening an organizational priority

### What They Did to Improve Colorectal Cancer Screening Rates

Through grant funding, the Institute hired cancer care navigators to focus on patient outreach for overdue colorectal cancer screenings at their New Paltz (Mid-Hudson) and Stevenson (Bronx) locations. The navigators provide in-person education, collect consents for obtaining screenings completed with external providers, schedule appointments as needed, address barriers and dispense/follow up on FIT/FOBT kits. This approach integrates the cancer care navigator into clinic care team workflows to address incomplete cancer screening.

### The Impact

Between September 2016 and September 2018, the CRC screening rates increased from 45.0% to 58.9% at the New Paltz location and from 33.6% to 59.2% at the Stevenson location.

## 3

## The Family Health Network

*Family Health Network (FHN) is a FQHC serving Cortland and its contiguous counties and is the only source of primary care on a sliding fee schedule.*

### What They Did to Improve Colorectal Cancer Screening Rates

In 2016, FHN received 12-months of practice facilitation to improve CRC screening rates at their Cincinnatus and Moravia sites. Improvement efforts focused on colonoscopy referral management, clinical information system (CIS) data entry workflow and promotion of stool-based screening options for patients at average risk for CRC. The FHN hired a part-time staff person to fix data entry errors in their CIS so that accurate referral management (RM) reports can be generated to inform medical assistants, clinical staff and Care Coordinators when a colonoscopy referral occurs, if an appointment is scheduled or if the referral is still open. Average risk patients are also educated about stool-based testing options, with many opting for such. Care Coordinators mail FIT kits to patients who previously used this method of screening with a very good response rate.

### The Impact

Between March 2016 and December 2018, CRC screening rates increased by nearly 15 percentage points to 59% at Cincinnatus. For the same period at Moravia, rates increased from 37% to 55.7%, an absolute increase of 18 percentage points.

### AT A GLANCE

- Offer test options to average risk patients, since many are averse to colonoscopy
- Invest in health information technology and data entry workflow improvements around referral management
- Hire and utilize medical assistants and care coordinators to assist nursing and provider staff in preventive care processes

## 4

## The St. Lawrence County Health Initiative, Inc.

*The St. Lawrence County Health Initiative, Inc. (SLCHI) is a Rural Health Network serving Northern New York. Its mission is "to measurably improve the health of St. Lawrence County residents, and the residents of the North Country Region, through collaborative community efforts".*

### AT A GLANCE

- Offer cancer screening paid time off as a benefit to your employees to improve workforce health, increase productivity and reduce related business costs
- Promote the benefit to show your organization's commitment to its employee's health

### What They Did to Improve Colorectal Cancer Screening Rates

In 2018, the SLCHI's Board of Directors unanimously approved a policy that allows all employees to have access to preventive cancer screenings. Employees can now take paid leave above and beyond their sick, vacation and personal time. Employees must request the time in advance of their appointment and provide a written statement signed by their healthcare provider indicating that screening was completed. The policy allows for 4 hours of paid time off for breast, cervical and prostate screening, and 8 hours for colorectal cancer screening (specifically colonoscopy).

### The Impact

With just 17 employees, SLCHI is a small organization. Since the policy adoption, six employees have used the benefit (35%). Julie C. remarks: "I am so grateful that I was able to utilize the paid time off (PTO) benefit for cancer screening for my colonoscopy. My doctor found a pre-cancerous polyp and removed it. Honestly, I would have postponed this procedure had it not been for the PTO benefit. I've used a great deal of my PTO this year to care for family and would prefer to preserve what little I have left for that use, rather than my own care."

# WHAT YOU CAN DO

**Pledge Your Support** - We need to get ALL New Yorkers started with screening right at age 50, and some may need to be tested earlier. Join us and the nearly 180 NYS organizations that have taken the National Colorectal Cancer Roundtable's pledge to strive for an 80% screening rate in every community <https://nccrt.org/80-2018-pledge/>

**Use Tested Messaging** – Motivating the unscreened to be tested can be challenging, but updated market research is now available from the National Colorectal Cancer Roundtable to take the guess work out of what works <https://nccrt.org/resource/2019messagingguidebook/>

**Offer Test Options** – Research shows that patients offered test options for CRC screening follow through with screening compared to those only offered colonoscopy. Know the value of evidence-based fecal tests <https://nccrt.org/resource/fobt-clinicians-reference-resource/>

**Use Proven Strategies** – There is an evidence-base for what works to get people screened and sometimes more than one strategy is needed. Implement two or more proven strategies in your practice or health plan <https://www.thecommunityguide.org/topic/cancer>

**Promote Risk and Symptom Awareness** – it's not clear what the factors are behind the increased incidence of CRC among those younger than 50, but those with a personal or family history of colon polyps or CRC, or a personal history of inflammatory bowel disease, may need to be screened before age 50. In addition, individuals at any age with symptoms of CRC, such as blood in or on their stool, should be tested.

**Offer Paid Time Off for Employees to Get Screened** – Remove an important barrier to screening for your age and risk-eligible staff <https://on.ny.gov/2M9iMcY>

Pledge Your Support

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Use Tested Messaging

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Offer Test Options

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Use Proven Strategies

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Promote Risk and Symptom Awareness

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Offer Paid Time Off for Staff to Get Screened

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## **The New York State Cancer Consortium**

*The mission of the Consortium is to reduce the  
human and economic burden of cancer in NYS.*

[www.nyscancerconsortium.org](http://www.nyscancerconsortium.org)