

Colorectal Cancer Screening: Why we must do better. By Jonathan Cartsonis, MD 10/18

Nationwide, colorectal cancer screening efforts have been a resounding success as well as tragic failure. Between 2000 and 2013, colorectal cancer rates dropped by one third, partly due to screening but also due to lifestyle changes such as lower rates of tobacco use. Aggressive screening goals, announced periodically by organizations like the American Cancer Society (80 percent by 2018) and Healthy People 2020 (70.5% goal by 2020) are part of an effort to further reduce the disease burden. Unfortunately, as a nation, we are far from these goals: Just 63 percent of adults had been adequately screened by 2015, the latest data available¹.

Last year I presented the CVN Quality Committee practice recommendations for improving screening rates. These are based on medical literature and best practices across CVN (for a summary click [here](#)).

Is it realistic to think we can improve screening rates into the 70's? The answer is yes. By 2014, already fourteen states had achieved this level¹. Not only has it been done elsewhere, CVN should continue to emphasize improving CRC screening rates for at least a few other reasons:

1. In population health, numbers represent patients. Let's remember we are really referring people--our friends, family, coworkers, mothers, fathers, and grandparents. Every CRC death is unnecessary trauma and grief to patients and their communities.
2. The National Colorectal Roundtable has noted that If we achieve 80% screening in 2018, 277,000 cases and 203,000 colorectal cancer deaths would be prevented by 2030².
3. Payment reform: In October, AHCCCS inaugurated an Alternative Payment Methodology (APM) that rewards CHCs for improved quality on specific targets. If Minimum Performance Standards (MPS) are met on one or all of three measures, incentive money is now disbursed to the CHC. For colorectal cancer that target is greater than 65% eligible patients screened; for DM, less than 41 % of patients with HgBA1c >9%; and for BMI and Counselling for Nutrition and Physical Activity in kids 3-17, >55% is the target. For each standard met, a bonus of 0.5% of all AHCCCS reimbursements is returned to the CHC. As the saying goes, "no money, no mission." Now there is a strong business incentive to improve CRC screening rates.

CVN membership has a duty to seriously bear down and focus on CRC screening. Our team of practice coaches, informatics experts, and executive leadership will continue ongoing consultations with CHC membership. We will continue to work with you to make these goals a reality.

¹American Cancer Society. *Colorectal Cancer Facts & Figures 2017-2019*. Atlanta: American Cancer Society; 2017

²Meester RG, Doubeni CA, Zauber AG, et al. Public health impact of achieving 80% colorectal cancer screening rates in the United States by 2018. *Cancer*. 2015;121: 2281-2285.