

MARCH 2013 • PHYSICIANS

Colorectal Cancer Screening

One of the most preventable cancers

We can prevent colorectal cancer by screening with a cancer prevention test. These tests allow detection of polyps, which can be removed before they progress to cancer. Yet colorectal cancer is the third most common cancer in both men and women and the second-highest cause of cancer death.¹ So what's the problem?

The problem is that a full third of people aged 50 to 75 years are not up-to-date with their screening.² And screening is even more important than reducing risk factors or increasing treatment.²

How to increase screening in your practice

- Set up a system that tells you which patients should be screened and when. Quest Diagnostics now offers this feature through the Care360® electronic health record for doctors who offer the InSure® FIT™ test.
- Send a notice to these patients recommending they be screened at this time; notices can be in the form of a letter, postcard, email, or phone call.
- Provide information about screening in a brochure, newsletter, or on your website.
- Discuss screening options with your patients and help them choose the right option for them.
- Help your patients get access to screening.
 - Provide maps showing places that do colonoscopy; include the contact information for these places.
 - Keep stool-based test collection kits on hand to give to your patients.
 - Set a date and time for the patient to return the collection kit to your office or the lab; follow up with patients as needed. The Care360 electronic health record can help you keep track of what happens to InSure FIT collection kits that you give to patients.
- Help your patients learn about payment options that can work for them.
- Follow up quickly on all positive screening results.

Screening options

The fact that guidelines support multiple screening options might help address some of the reasons people don't get screened. People who don't want to handle stool might be more inclined to get a colonoscopy. Those who are afraid of colonoscopy might be okay with a stool-based test. Recommended screening options include:



Quest Diagnostics offers...

Patient-friendly screening solutions

Quest Diagnostics offers the InSure® FIT™ test and the ColoVantage® test. The InSure FIT is a noninvasive fecal immunochemical test. People don't need to change their diet or medications before taking the test. And there is no need to handle stool specimens, which might increase patient compliance.

The ColoVantage test is for people who decline the recommended screening options. It's a blood test that detects methylated septin 9 DNA. This DNA is released into circulation by colorectal cells during their progression to malignancy. People don't need to change their diet or medications before taking the test. The blood sample can be drawn at any time of the day.

Positive results on either of these tests should be followed by a colonoscopy.

Free CME credits

Thanks to a grant from Quest Diagnostics, doctors can get free CME credits for a colorectal cancer program. The title is Improving Diagnosis, Screening, and Outcomes in Colorectal Cancer: A Year 2011 and Beyond Practice-Based Update. You can access the program at <http://www.clinicalwebcasts.com/cvr/136.htm>.

- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5–10 years
- CT colonography every 5 years
- Fecal immunochemical test (FIT) every year
- Hemocult® Sensa® every year
- Fecal DNA test every 3 years

Paying for colorectal cancer screening

Private insurance coverage

At a minimum, the Affordable Care Act says insurance companies have to pay for U.S. Preventive Services Task Force (USPSTF) recommended services.³ This means the insurance company pays the full cost as long as the patient uses an in-network provider.

The USPSTF recommends these screening services for people aged 50 to 75 years⁴:

- Colonoscopy every 10 years or
- Sigmoidoscopy every 5 years + high-sensitivity fecal occult blood test or FIT every 3 years or
- Annual high-sensitivity fecal occult blood test or FIT

Other parts of the Affordable Care Act will further improve access to colorectal cancer screening:

- More people will have health insurance.
- There will be a sliding scale to minimize cost of insurance for those in financial need.

Medicare coverage

Medicare Part B covers colorectal cancer screening tests with some limitations. For details, refer to <http://www.medicare.gov/coverage/colorectal-cancer-screenings.html>.

So, people with insurance don't have to pay anything for screening, right?

Not necessarily. If the screening test used is outside the USPSTF recommendations, it may or may not be paid for by insurance. Also, some insurance plans are *grandfathered* health plans (ie, plan in existence before March 23, 2010). Under the Affordable Care Act, these plans might not have to cover USPSTF recommended services. Please check your benefits or contact your insurer to determine which screening tests are covered under your plan.

People may also have to pay all or part of the cost in the following situations:

- A screening test that results in polyp removal or a biopsy during the same office visit: Medicare and some insurance companies might consider this a diagnostic test instead of a screening test. They might charge a copayment.
- A screening test done sooner or more often than recommended
- Colonoscopy done as a follow-up for positive results on another screening test

Clinical quality measures

To earn incentive payments under the electronic health record (EHR) incentive program, doctors must report clinical quality measures (CQMs). The colorectal cancer screening CQM is the percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer. For this purpose, appropriate screening is defined as 1) a fecal occult blood test during the measurement period, 2) a flexible sigmoidoscopy during or 4 years prior to the measurement period, and 3) a colonoscopy during or 9 years prior to the measurement period.

References

1. American Cancer Society. Cancer facts and figures, 2013. <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036845.pdf>. Accessed January 25, 2013.
2. Joseph DA, King JB, Miller JW, et al. Prevalence of colorectal cancer screening among adults—behavioral risk factor surveillance system, United States, 2010. *MMWR*. 2012;61(Suppl):51-56. <http://www.cdc.gov/mmwr/pdf/other/su6102.pdf>. Accessed January 25, 2013.
3. Preventive services covered under the Affordable Care Act. HealthCare.gov website. <http://www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html>. Accessed January 28, 2013.
4. U.S. Preventive Services Task Force. Screening for colorectal cancer: U.S. Preventive Services Task Force recommendation statement. *AHRQ publication 08-05124-EF-3*, October 2008. <http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colors.htm>. Accessed January 25, 2013.