

FIT KIT COLON CANCER SCREENING PROGRAM

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BRIEF PROGRAM OVERVIEW



<u>Timeline</u>: Pilot program in 2018 and expanded program in 2019

Population: BCBSNC Medicare Advantage members

Screening Method: Fecal Immunochemical Test (FIT) kits

<u>Distribution</u>: Automatic deployment of kits directly to members with care gaps

Operations: Vendors (BioIQ and LabCorp) manage all aspects of operations and

laboratory analysis of samples

<u>Incentive</u>: Members eligible for \$25 reward (subject to maximum)

Communications:

Advance announcement letters to members and to their PCPs

Online announcement to all providers via eBrief

Results letters sent via US Mail to members and their PCPs

For Positive Results Certified Mail and telephone calls were used





WHAT IS A COLORECTAL CANCER SCREENING GAP?



Colorectal cancer screening is one of 40+ measures used by the Centers for Medicare and Medicaid Services (CMS) to evaluate Medicare Advantage health plans in their delivery of quality care. This evaluation results in an assignment of a Star rating, which is used by customers to make coverage decisions.

A gap in any measure means that the member has not received the appropriate screening or care.

Screening options that close the care gap for colorectal cancer include:

- Screening Colonoscopy once every 10 years
- Screening Fecal Occult Blood Test once every 12 months
- Multi target stool DNA test once every 3 years
- Sigmoidoscopy
- Barium enema



PROGRAM GOALS

- Close COL Stars Measure care gaps by increasing the number of members screened for colorectal cancer
- 2. Raise awareness among members on alternatives to the standard colonoscopy screening
- 3. Educate members on the benefits of early detection of colorectal cancer
- 4. Gain experience to aid in future gap closure programs





OPERATIONAL PROCESS

- 1. Develop list of members with open care gaps
- 2. Announce program to members and their PCPs
- 3. Ship kits directly to members one week later
- 4. Members return their samples to the lab
- 5. Lab analyzes the samples
- 6. Vendor sends results to the member and to their PCP
- 7. Vendor conducts reminder calls for four weeks



COMMUNICATIONS

- Provider eBrief posted outlining the program
- Announcement letters mailed to members
- Letter included with kit
- Automated member reminder calls
- Lab report and cover letter sent to members and their PCPs.
- When results are positive, the report is sent via certified mail to both the member and their PCP, and the member is contacted via phone.
- Focus on importance of the relationship between member and PCP.



PROGRAM RESULTS TO DATE

	2018	2019*
Kits Distributed	6909	10,300
Kits Returned	2089 (30%)	2276 (22%)
Positive Results	213 (10%)	233 (10%)
Negative Results	1840	2043

^{*} To date; other phases of the program still to come.





POSITIVE TEST RESULTS BY THE NUMBERS

- 213 members with positive results in 2018
- 129 sought additional testing (colonoscopy)
- 84 are being reached out to assist in scheduling a colonoscopy.



WHAT'S COMING REST OF YEAR 2019?

- Members who tested positive in 2018 but did not follow up with a colonoscopy will be contacted via phone and encouraged to schedule a colonoscopy now. Our vendor will assist in making the appointment.
- Members who participated in the 2018 program will be sent kits during October – December (benefit provides one kit every 12 months)
- Members with an open care gap who had a colonoscopy 10 years ago will be called to schedule another colonoscopy. If not, they will be mailed a FIT kit.
- Altogether another 1000+ members are expected to be screened – for a total of over 3200 members.

CONCLUSIONS



- The FIT test is well accepted by members and PCPs as screening method for colon cancer
- The large majority of PCPs are supportive of the program very little provider abrasion observed
- The "auto deploy" approach sending kits directly to members without involving their PCP – works well and results in a greater number of members being tested.

QUESTIONS



