Evaluating Efforts to Increase Colorectal Cancer Screening among the Maryland Medicaid Population

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- Maryland Colorectal Cancer Control Program (MCRCCP)
- Established in 2009
- Administers “Organized Approaches to Increase Colorectal Cancer Screening” project
- Goal is to increase population-level screening rates through evidence-based interventions and health systems change
- Funded by the Centers for Disease Control and Prevention (CDC)
Colorectal Cancer in Maryland

- In 2013: 2,346 new cases and 919 deaths

Source: 2016 Cancer Report
Colorectal Cancer in Maryland

- Racial disparities exist in incidence and mortality rates

Source: 2016 Cancer Report
Screening Recommendations

The United States Preventive Services Task Force (USPSTF) reviewed the evidence on the risks and benefits of colorectal cancer screening and has recommended screening for individuals between the ages of 50 and 75.

Available Tests

- Colonoscopy - every ten years
- Flexible Sigmoidoscopy - every five years
- Stool Tests (FIT, FOBT) - annually
As of 2014, 72% of Maryland adults age 50 of older had received a recommended colorectal cancer screening test in the recommended timeframe.

Source: 2016 Cancer Report
Colorectal Cancer Screening in Medicaid

- As of February 2017, Maryland’s Medicaid and Children’s Health Insurance Program covered 1,284,266 individuals.
  - Eligible individuals include low-income adults and individuals with disabilities.
- HealthChoice, Maryland’s Medicaid managed care program, serves approximately 75% of Medicaid enrollees in Maryland.
- In CY 2014, based on claims data, 32.1% of eligible HealthChoice participants received a screening for colorectal cancer.
  - Some Medicaid recipients may have received screenings that are not captured by this data.
Create an evaluation plan to assess the Maryland Colorectal Cancer Control Program’s collaboration with the Maryland Medicaid program to increase colorectal cancer screening rates.

Draft a survey tool to collect evaluation data from partners.
Collaboration with Maryland Medicaid - Previous Project Activities

- Collected HealthChoice data on screening rates
- Sent screening reminder postcards to eligible Medicaid beneficiaries
- Presented data and resources to educate Managed Care Organizations’ (MCOs) leadership about current screening guidelines, quality improvement techniques, and screening rates
- Created a toolkit for MCO Primary Care Providers
Logic Model

Grantee Inputs

- Strategic State/Site Partnerships
- Priority, Evidence-based Interventions
- Technical Assistance and Training, Capacity Development
- Program Planning and Evaluation, Monitoring, and Analysis

Grantee Strategies/Activities

- Build and/or strengthen partnerships with key health systems, insurers, community-based organizations and other public health programs
- Use EHRs to develop effective access to system infrastructure and better automate colorectal cancer screening in EHRs, CCR
- Support community-clinical linkages between LHDs and public health care providers
- Utilize patient navigation as a tool for reducing screening barriers
- Support utilization and improvement of EHRs reporting capabilities
- Promote USPSTF and USMERTC CRC screening guidelines
- Community-clinical linkages
- Program management and contract monitoring

Grantee Outputs

- Activity specific outputs and evaluation data
- Managed and screened individuals
- Care/Care IT software, reports, and data
- Training and resource materials such as tool practices and resources marked
- Sustainable policy and systems changes

Short-Term Outcomes

- Increase in formal and informal partnerships
- Increase in the number of patients and/or systems changes to support access to high-quality CRC screening and increased screening rates
- Increase in adoption of evidence-based interventions to increase CRC screening in the target population
- Increase in appropriate provider recommendations for CRC screening
- Increased information access to CRC screening and increased screening rates
- Decrease in barriers to CRC screening
- Decrease in provider adherence to USPSTF and USMERTC guidelines for CRC screening and surveillance
- Increased CRC prevention via referrals
- Increased CRC detection of early-stage CRC
- Increased high-quality care, adherence to guidelines, and increased screening
- Increased CRC treatment initiation

Intermediate Outcomes

- Population level 80% CRC screening by 2018
- Increased early-stage CRC detection
- Reduced first CRC treatment initiation
- Increased CRC treatment initiation
- Decreased CRC mortality
- Decreased CRC incidence
- Decreased disparities in CRC incidence and mortality

Long-Term Outcomes

- Improved patient outcomes and quality of life
- Reduced cost of care
- Improved public health measures

Contextual Factors: resources, health care access, screening capacity, endoscopic capacity, geography, cultural beliefs, CRC-related policies

Program Monitoring and Evaluation

Annexes:
- CMC: Community Health Center
- CRC: Colorectal Cancer
- EMR: Electronic Medical Record
- HC: Local Health Department
- NHM: National Health Measurement
- USPSTF: United States Preventive Task Force
- USMERTC: United States Mult-Society Task Force
Methods

- Met with MCRCCP staff
- Reviewed evaluation plan for health systems component of MCRCCP’s work to use as a model
- Reviewed key program documents
- Evaluated potential data sources
- Drafted additional survey tools
Final Evaluation Plan - Contents

- Background on colorectal cancer and MCRCCP’s work
- Logic model
- Evaluation questions, indicators, and data sources
- Dissemination plan
- Evaluation timeline
Final Plan - Sample Questions

- What underserved populations are reached through program activities?
- How many partnerships has MCRCCP created with and between Medicaid-related partners?
- What types of resources has MCRCCP produced for partners?
- What were the successes and challenges of implementing screening promotion activities?
- How do partners assess their partnerships with MCRCCP?
- Did colorectal cancer screening rates increase among the Medicaid population over the course of the project?
Limitations & Challenges

- Data Collection & Feasibility
- Program Evaluation Coursework
Lessons Learned

- Improved my knowledge of
  - Evidence-based strategies to increase cancer screening rates
  - Medicaid & MCOs
  - Program evaluation
Conclusions - Implications for Policy & Practice

- Assess MCRCCP’s current efforts to increase colorectal cancer screening rates among Medicaid enrollees
- Shape future program activities
- Identify and invest in effective interventions
- Decrease the incidence and mortality from colorectal cancer in Maryland
- Reduce the disparities in screening, incidence, and mortality experienced by vulnerable populations
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References


Questions?