### <u>Colorectal Cancer Screening Demonstration Project – 3-Year Plan Brief</u> Prepared by Becky Majdoch, MPH, Health Initiatives Director American Cancer Society

## Executive Summary:

Colorectal Cancer is the third leading cause of cancer cases and the third leading cause of cancer death in Louisiana. It is a preventable cancer if detected early. The cost of treating Colorectal Cancer found at a late stage costs up to 50 times as much as it costs to remove a pre-cancerous polyp. The Colorectal Cancer Screening Demonstration Project (CRC Demonstration Project) seeks to screen uninsured and underinsured Louisiana residents, aged 50 to 64 years, who have an average risk of developing Colorectal Cancer. It also seeks to build the capacity of all regions in Louisiana to screen for Colorectal Cancer so the CRC Screening Demonstration Project can serve residents across Louisiana by the third year of the program.

The CRC Demonstration Project will consist of three stages over 3 years. It will cost \$4.5 Million over the course of the 3 years.

- Year 1:
  - Build Capacity Purchase Colonoscopes, Train GI Technicians, Train GI Medical Fellows, Purchase Educational and Outreach Materials, Develop the Professional Workforce
  - Screen Eligible Patients Screen 2,000 eligible patients in Shreveport, New Orleans and the North Shore; Train Federally Qualified Health Center (FQHC) Staff on FIT Screening; Provide Case Management to Positive FIT/Colonoscopy Patients
- Year 2:
  - Build Capacity Continue GI Medical Fellowships
  - Screen Eligible Patients Screen 5,000 eligible patients in Shreveport, New Orleans, the North Shore, Alexandria, Monroe and Baton Rouge; Train FQHC Staff on FIT Screening; Provide Case Management to Positive FIT/Colonoscopy Patients
- Year 3:
  - Build Capacity Train GI Technicians
  - Screen Eligible Patients Screen 6,000 eligible patients in Shreveport, New Orleans, the North Shore, Alexandria, Monroe, Baton Rouge, Houma, Lake Charles and Lafayette; Train FQHC Staff on FIT Screening; Provide Case Management to Positive FIT/Colonoscopy Patients

The funds requested for the 3 years of the screening program are \$4,500,000, or \$1.5 million a year for 3 years. A conservative estimate of the savings from preventing colon cancer is \$10,160,000. So the saving from preventing the cancer minus the cost of the program would result in an overall savings of **\$5,660,000** for the state of Louisiana.

## The Problem:

The American Cancer Society's Screening Guidelines recommend that individuals begin receiving screening for Colorectal Cancer at age 50. Screening tests suggested by the Guidelines include Fecal Occult Blood Test, Fecal Immunological Test, Colonoscopy, CT Colonography, Flexible Sigmoidoscopy, Double-Contrast Barium Enema, and Stool DNA Test. Colorectal Cancer can be prevented if detected and removed in the pre-cancerous form, also known as a polyp.

In Louisiana, there were 2,346 cases of Colorectal Cancer diagnosed in 2004 (53.4 cases per 100,000 population) and 922 deaths from Colorectal Cancer (21.4 cases per 100,000 population). During the same time, the incidence rate for the United States was 49.5 cases per 100,000 population compared to Louisiana's 53.4 cases per 100,000 population. The mortality rate in the United States was 17.9 deaths

per 100,000 population, whereas in Louisiana it was 21.4 deaths per 100,000 population. Healthy People 2010 set out a goal for all states to reduce this rate to 13.9 deaths per 100,000 population by 2010.

The Colorectal Cancer Screening Demonstration Project will help screen uninsured and underinsured people aged 50 to 64 years with an average risk for developing Colorectal Cancer. Over a three-year period, the Demonstration Project will screen an increasing number of eligible patients each year for Colorectal Cancer while building the capacity of all Regions of Louisiana to offer Colorectal Cancer Screening to their uninsured and underinsured constituents.

<u>Target Audience:</u> Primary Target Audience:	Uninsured and Underinsured Louisiana Residents ages 50-64 years old at average risk of developing Colorectal Cancer
Secondary Target Audience:	Louisiana Healthcare Providers serving uninsured and underinsured patients ages 50-64 years old including FQHCs, Health Care Services Division Facilities, LSU Hospital Facilities, Rural Hospitals and LSU Family Practice Residency Programs

## Screening:

The eligible population for the CRC Screening Demonstration Project is 50-64 year olds at average risk of developing Colorectal Cancer who are uninsured or underinsured.

Steps	Testing	Location
Step 1: Eligible Patient	Fecal Immunological Test	Federally Qualified Health
	(recommended annually)	Centers
Step 2: Positive FIT Screen	Colonoscopy (recommended	HCSD and LSU Facilities, Rural
	every 10 years)	Hospitals and Family Practice
		Residency Programs
Step 3: Colon Cancer Found	No testing – fast-track patient to	Qualified Medicaid Providers,
_	Medicaid	including HCSD and LSU
		Facilities

## Capacity-Building:

The majority of capacity-building will occur in Year 1 of the CRC Demonstration Project. The budget allows for the purchase of 10 colonoscopes to be strategically placed at HCSD and LSU Hospitals for use by Surgeons, Gastroenterologists and Family Practice Residents. There will also be 3 GI Fellowships (one at each Louisiana Medical School) with a stipulation that the physicians trained through the Fellowships remain in Louisiana following the completion of their training. In Years 1 and 3, a total of 8 GI Technicians will be trained with agreements signed that they remain and practice in Louisiana upon completion of their training.

Other capacity-building includes educational and outreach materials to inform the public and healthcare providers about the importance of early detection in Colorectal Cancer as well as directing eligible patients into the program. There is also a budget for the professional development of program staff as well as qualified program providers.

## Budget Overview:

The total budget for the 3 years of the CRC Demonstration Project is \$4.5 Million or \$1.5 Million per year for 3 years.

• Year 1:

- Capacity-Building 51%
- Screening 33%
- Program Staffing 6%
- Administration 10%
- Year 2:
  - Capacity-Building 10%
  - Screening 74%
  - Program Staffing 6%
  - $\circ \quad \text{Administration 10\%}$
- Year 3:
  - Capacity-Building 1%
  - Screening 82%
  - Program Staffing 7%
  - Administration 10%

Through this program, we estimate conservatively that polyps will be removed from 186 persons that would have gone sometime in the next five years to become cancer. With a low estimate of the very initial cost of care for a person with colorectal cancer at \$40,000, the cost saved would be \$7,440,000. After cancer is treated, there are yearly costs of care for people surviving cancer, which is estimated at an average of \$6,800. Over the course of five years the cost of ongoing care is estimated as \$2,720,000.

# Conclusion:

Colorectal Cancer testing saves lives and money. It is fiscally responsible for Louisiana to implement a Colorectal Cancer Screening Demonstration Project for uninsured and underinsured patients ages 50-64 years old. A successful CRC Demonstration Project will allow Louisiana to determine the cost-effectiveness of expanding the program to cover all eligible patients after the 3-year pilot.

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