



Message from the Chair

SUMMER EDITION 2018



Greetings,

In this edition of Message from the Chair, I am excited to update you on some initiatives happening around colorectal cancer locally, statewide and nationally, share updates from our North Carolina Colorectal Cancer Roundtable (NC CRCRT) meeting and provide an update on the great work of the North Carolina Colorectal Cancer Roundtable task groups.

In March, we had our NC Colorectal Cancer Roundtable Meeting! The meeting was very well-attended. Members and partners were particularly impressed with our task group progressions and meeting

speakers. We had excellent presentations on “Vidant Cancer Care and Medical Group 80% by 2018” from members of Vidant Cancer Care and Vidant Medical Group. We also had an overview of “Reducing the Burden of Cancer in N.C.: A Data and Resource Guide for Communities to Fight Cancer” which was provided by the N.C. Comprehensive Cancer Control and N.C. Breast & Cervical Cancer Control Programs Evaluator. We look forward to continuing to expand our partnership efforts and invite you to attend our upcoming fall 2018 NC Colorectal Cancer Roundtable Meeting Friday, October 12th from 10:00am-3:00pm at the American Cancer Society in Raleigh! During this meeting you will hear about our task groups progression, presentations from expert speakers in the colorectal cancer arena, and engage in robust conversation around colorectal cancer efforts happening in our state.

The North Carolina Colorectal Cancer Roundtable is a state coalition of public, private, and voluntary organizations, and invited

individuals dedicated to reducing the incident of and mortality from colorectal cancer in North Carolina, through coordinated leadership, strategic planning, and advocacy. The NC CRCRT looks forward to advancing our mission with the expertise of our Steering Committee Chair, members and partners to reduce colorectal cancer rates through prevention and early detection in North Carolina.

This newsletter is disseminated **three** times a year providing updates on emerging issues around colorectal cancer. Please see our contact information if you are interested in becoming involved with the NC CRCRT or if you are interested in spotlighting an initiative around colorectal health in our newsletter.

Sincerely,

Marti Wolf, RN, MPH, PCMH, CCE
Chair of the North Carolina Colorectal Cancer Roundtable Steering Committee

For more information on the North Carolina Colorectal Cancer Roundtable and additional colorectal cancer resources contact:
Nikita Spears, Comprehensive Cancer Control Program Coordinator at nikita.spears@dhhs.nc.gov or
Doranna Anderson, Comprehensive Cancer and Control Program Consultant at doranna.anderson@dhhs.nc.gov

North Carolina Colorectal Cancer Roundtable Steering Committee Members

The NC CRCRT steering committee membership is growing and becoming more formalized, as we continue to expand our forum of colorectal cancer experts and advocates. Thank you for your continued commitment and support to reducing colorectal cancer rates in North Carolina! Each Steering Committee member represents their professional association.

North Carolina Colorectal Cancer Roundtable Steering Committee List

<p>Keri Burnette Health Systems Manager State-Based American Cancer Society, Inc.</p>	<p>Glen Field NC Office of Rural Health</p>	<p>Deborah Fisher, MD Associate Professor of Medicine Associate Director of GI Research Duke Clinical Research Institute</p>	<p>Greg Griggs Executive Vice President NC Academy Family Physicians</p>	<p>Nancy Henley, MD Medical Director NC Department Medical Assistance</p>
<p>Nikki Hyatt, RN, BSN, OCN Outreach Coordinator Vidant Health-Greenville</p>	<p>Susan Kansagra, MD, MBA Section Chief Division of Public Health Chronic Disease and Injury Section North Carolina Department of Health and Human Services</p>	<p>Caroll Koscheski, MD Gastroenterologist N.C. Society of Gastroenterology Representative</p>	<p>Suzanne Lea, PhD, MPH Representative NC Public Health Association</p>	<p>John Lloyd Survivor Colon Cancer Alliance Outreach Volunteer</p>
<p>John Morrow, MD Director Pitt County Public Health Department</p>	<p>Michael Newcomer, MD Gastroenterologist Asheville Gastroenterology Associates</p>	<p>Rig Patel, MD Gastroenterologist Digestive Healthcare</p>	<p>Steve Patierno, PhD Professor of Medicine Pharmacology and Cancer Biology, Duke University School of Medicine Deputy Director Duke Cancer Institute</p>	<p>Matthew Strouch, MD American Board of Colon and Rectal Cancer Surgery</p>
<p>Mike Vicario Vice President of Regulatory Affairs, NC Healthcare Association</p>	<p>Stephanie Wheeler, PhD Associate Professor Health Policy and Management University of North Carolina at Chapel Hill</p>	<p>Marti Wolf, RN, MPH, PCMH, CCE NC CRCRT Steering Committee Chair Clinical Director, NC Community Health Center Association</p>	<p>Cornell Wright, MPA Executive Director NC Office of Minority Health and Health Disparities</p>	<p>Tom Wroth, MD Senior Vice President and Chief Medical Officer Community Care of NC</p>
<p>Larry Wu, MD Medical Director Blue Cross Blue Shield of NC</p>	<p>Jacqueline Wynn Associate Director for Regional Support NC Area Health Education Center</p>			

Revised 6.5.18

* Save the Date*



NC CRCRT Meeting
October 12, 2018
10:00 AM - 3:00 PM
American Cancer Society
8300 Health Park, Suite 10
Raleigh, NC 27615

For More Information on the NC Colorectal Cancer Roundtable contact:
Nikita Spears, Comprehensive Cancer Program Coordinator at 919.707.5331 or Nikita.Spears@dhs.nc.gov

Colorectal Cancer Roundtable Task Group Overviews/Updates

ACCESS TO CARE

CO CHAIR: VACANT

CO CHAIR: TERI MALO

OVERVIEW:

The goal of this task group is to identify barriers for both uninsured and insured patients across North Carolina. This group brings together interested stakeholders across the state to identify these barriers and come up with solutions that will overcome these barriers for residents in NC who face them. They will work closely with the other task groups to help promote these solutions so that screening rates can increase, and we can reduce the burden of colorectal cancer in NC.

PROVIDER SYSTEM AND POLICY IMPROVEMENT

CHAIR: DR. LARRY WU

CO CHAIR: DR. CAROLL KOSCHESKI

OVERVIEW:

Provider, System and Policy Improvement Task Force (PSPI) encompasses the "Provider Education" and "Health Policy" Task Groups including: connecting primary care physicians and gastroenterologists, screening options, billing/coding/reimbursement, how to reach uninsured populations, and patient navigation.

The NC CRCRT's Provider, System and Policy Improvement (PSPI) task group has the following goals:

- Developing a Colorectal Cancer Screening Insurance document for patients.
- Identifying resources to assist the uninsured receive screening and treatment services.
- Developing a provider document to assist providers with identifying appropriate colorectal screening test based on risk factors, family medical history and patient choice.
- Exploring how to work with billing codes and reimbursement. (i.e., if a person receives a positive FIT test and needs a colonoscopy, the colonoscopy is billed as a part of the screening procedure and not a treatment procedure.)

Task Group Updates:

- PSPI has recommended updates to Colorectal Cancer Screening Position Statement to the North Carolina Advisory Committee on Cancer Coordination and Control; adopted at its last meeting.
- PSPI is working with the NC Society of Gastroenterologist on recruiting GIs to assist with statewide screening for colorectal cancer.
- Adopted screening algorithm that promotes FIT testing or colonoscopy for low risk patients. FIT testing as an alternative increases screening rates. General framework is as follows:
 1. FQHCs as the screening hub performs FIT and risk stratification.
 2. High risk patients are referred directly to community physicians who have volunteered to perform colonoscopies, similarly positive FIT are referred for colonoscopy as well.
 3. Funding maybe required for a.) training, b.) navigation for the patient, and c.) payment for facility/ancillary for colonoscopy and cancer care.
 4. Will require local support by physicians performing colonoscopies and local facilities to work with FQHCs
 - a) Identify regions where there are not identified colonoscopy resources.
 - b) We signed up over a dozen GIs at the GI society meeting in Feb 2018, interested in being champions.
- For insured patients, two major insurers will begin to cover colonoscopy as preventive after + FIT, working with the NC CRCRT.
- **The Healthcare Provider Education Workgroup** had a "Systems Change Training" for primary care healthcare providers located in northeast NC on **May 3rd**. The workshop trained providers on evidence-based strategies to increase colorectal cancer screening rates and maximize their MIPS Scores.

PUBLIC EDUCATION & OUTREACH

CO CHAIR: JEAN SANTA MARIA

CO CHAIR: KYLEE S. DIAZ

OVERVIEW:

The Public Education and Outreach Task Group works to bring awareness to residents of NC about the importance of colorectal cancer screening. Knowing that colorectal cancer is 90% preventable through proper screening, this group works collaboratively to get this message out to the public and drive residents of NC, who are eligible screening age to their primary care doctor and/ or somewhere they can find a primary care doctor if they do not have one, to speak with a physician about the various types of colorectal cancer screening and the guidelines. The task group is also developing an educational outreach plan.

2018 Colorectal Cancer Resources

Upcoming Colorectal Cancer Conference

1. 2018 Southeastern Colorectal Cancer Consortium

The 2018 Southeastern Colorectal Cancer Consortium, will be held in *New Orleans, June 27th through June 29th*. The meeting will tackle best practices, lessons learned, and how to move forward in our work surrounding colorectal cancer.

View the preliminary agenda [here](#).

Meeting registration can be accessed here: <https://give.lsuhealthfoundation.org/crc2018>

Colorectal Cancer Articles and Tools

1. Colorectal Cancer Screening Options Covered as Preventive for Medicare Advantage Members Ages 50 and Older—paid as a preventive benefit for Blue Cross and Blue Shield of North Carolina Medicare Advantage and Blue MedicareSM members.

<https://www.bluecrossnc.com/provider-news/colorectal-cancer-screening-options-covered-preventive-medicare-advantage-members-ages>

2. Addressing Racial Disparity in Colorectal Cancer Screening With CT Colonography: Experience in an African-American Cohort

A new journal article appeared in *Clinical Colorectal Cancer*, entitled, Addressing Racial Disparity in Colorectal Cancer Screening With CT Colonography: Experience in an African-American Cohort. The study found that the yield of cancer (0.7%; 18/2490) was slightly higher as compared with a previously published predominantly white CT colonography cohort (0.4%), and that the overall colonographic prevalence of polyps and masses \geq 10 mm (8.5%) was within the range observed among African Americans undergoing screening optical colonoscopy. The study concludes that CTC is an effective screening modality for African-American adults and could potentially improve rates of colorectal screening in this underserved population.

3. HSRA Community Health Center Program Data

Each year, Health Resources and Services Administration (HRSA) funded Health Centers (HC) are required to report a core set of information that includes data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues. Since 2012, colorectal cancer screening has been included as a clinical quality measure (CQM). HRSA's Health Center Data website allows users to explore the UDS colorectal cancer screening rate at the national, the state, and at the HC level.

HSRA Program Data Link: <https://bphc.hrsa.gov/uds/datacenter.aspx>

4. New NCCRT State-Level CRC Coalition Guide and Workbook

We are pleased to share with you two new NCCRT tools: [Guide to the Development of State-Level CRC Coalitions](#) and the corresponding [Development of State-Level Colorectal Cancer Coalition Workbook](#). These resources highlight lessons learned from five states that have effective, well established collaborations that focus on increasing colorectal cancer screening rates.

5. Replay of Webinar on State-Level CRC Coalition Guide and Workbook

In case you missed it, the replay of the May 2nd, webinar, Developing State-level CRC Coalitions, can be found [here](#).

6. SAVE THE DATE: June 19th, 3:00pm ET Webinar on New NCCRT Risk Assessment and Screening Toolkit to Detect Familial, Hereditary and Early Onset CRC

Please save Tuesday, June 19th at 3:00pm ET for an NCCRT webinar to introduce participants to our soon-to-be-completed new resource: *Risk Assessment and Screening Toolkit to Detect Familial, Hereditary and Early Onset CRC*. The primary goal of the toolkit is to enable primary care clinicians to implement a structured family history collection system to identify individuals at increased or high risk of CRC and develop a management strategy for those individuals. A secondary goal is to facilitate timely diagnostic evaluation of patients with signs or symptoms of early onset CRC. Registration information will soon be available. Additionally, you may find this article about the toolkit of interest: <https://www.curetoday.com/articles/toolkit-aims-to-address-barriers-in-detection-of-early-onset-colorectal-cancer> Many thanks to the NCCRT Family History and Early Onset Task Group for their hard work on this much-needed new resource.

2018 Colorectal Cancer Resources

Colorectal Cancer Articles and Tools

7. American Cancer Society released new colorectal cancer screening guideline

The American Cancer Society released a new colorectal cancer screening guideline, published in [CA: A Cancer Journal for Clinicians](#). The new guideline recommends that adults at average risk for colorectal cancer start regular screening at age 45. The guideline was changed, based in part, on new data showing rates of colorectal cancer are increasing in younger populations. As a result, the American Cancer Society updated the guideline to save more lives by finding colorectal cancer early, when treatment is more likely to be successful and by detecting and removing polyps, which contributes to the prevention of colorectal cancer. Details about the new guideline and additional resources can be found on cancer.org/coloncancer.