

# The National Colorectal Cancer Roundtable Campaign to Screen 80% for Colorectal Cancer by 2018: Mapping Progress by State to Focus Screening Effort

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## BACKGROUND

Less than two-thirds of the population is up-to-date with colorectal cancer (CRC) screening. A national campaign has been initiated to increase screening rates to 80% by 2018. If this is accomplished, approximately 277,000 CRC cases and 203,000 CRC deaths could be averted by 2030. However, this will require screening an additional 24.4 million people. Goals were set per state for the total number needed to be newly screened (TNNS) to achieve the 80% goal nationally. Our aim is to determine whether we are in place to achieve this goal.

## METHODS

From a national perspective, we are assessing the progress of the 80% by 2018 effort by tracking CRC screening rates using various measures, such as the Behavioral Risk Factor Surveillance System, the National Health Interview Survey and the Uniform Data Set measure. From a local perspective, a key component of the campaign is to encourage local health systems, community groups, and other organizations to sign a pledge. Those who have signed are encouraged to track their screening rates; we are noting all systems that either achieve an 80% screening rate or have seen considerable improvement. Each signee is provided with an array of tools to facilitate screening and asked to report progress annually. We used ArcGIS to map the geographical location of committed state-based organizations to the state-level TNNS and track where community resources are already committed and where they are lacking. This mapping can be used across the campaign to monitor geographic outreach and numbers screened.

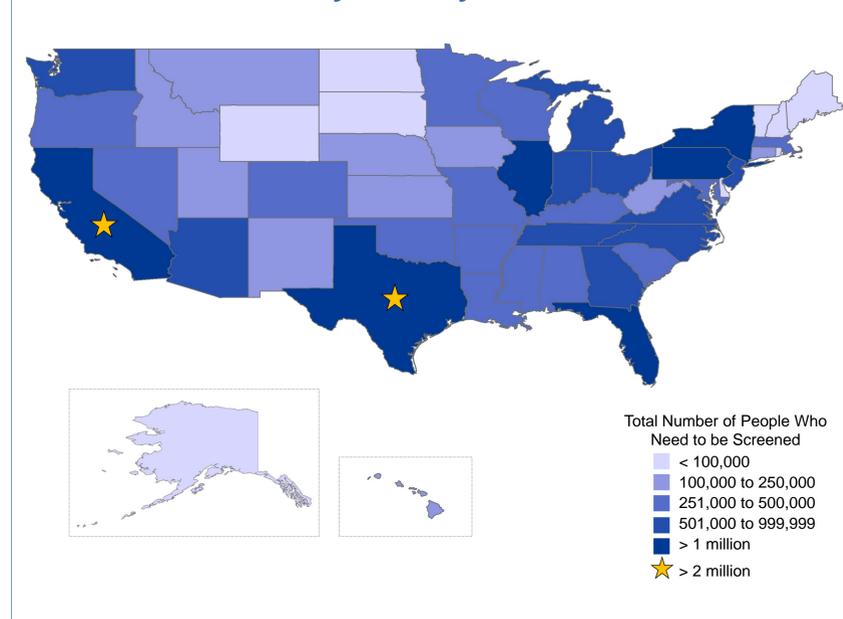
## RESULTS

At the time of analysis, over 900 organizations have signed the pledge. TNNS is plotted in Figure 1 and the 907 state-based organizations with location data are plotted in Figure 2. Current pledge participants are concentrated in the Northeast and Midwest, with others in the Southeast and West coast. The largest TNNS are focused in many of the highly populous states: CA, TX, FL, PA, IL, and NY, with CA and TX needing more than 2 million screened. Comparing the two maps, we can see that many of the states with large TNNS in order to reach the goal are well poised to do so, with often 15+ organizations having signed the pledge. One exception is TX, which requires over 2 million additional people screened but only has 12 organizations who have signed the pledge.

## CONCLUSIONS

Pledged organizations are positioned in many of the areas that require large TNNS and we anticipate that local health system and community involvement will contribute to rising screening rates and a reduction in CRC incidence and mortality. However, system engagement is sparse in some areas of high need. Moreover, barriers to screening (e.g., high rates of uninsured, especially in states that don't expand Medicaid) will hamper progress in some states. Efforts to increase the number of committed organizations and address the most important barriers to screening will be necessary to reach the 80% screening goal by the end of 2018. We have made considerable progress thus far in mapping by state the number of men and women at average risk age 50 and older who need to have CRC screening, and the number of committed organizations in those states. This will help focus national efforts to reach our goal of 80% screened by 2018.

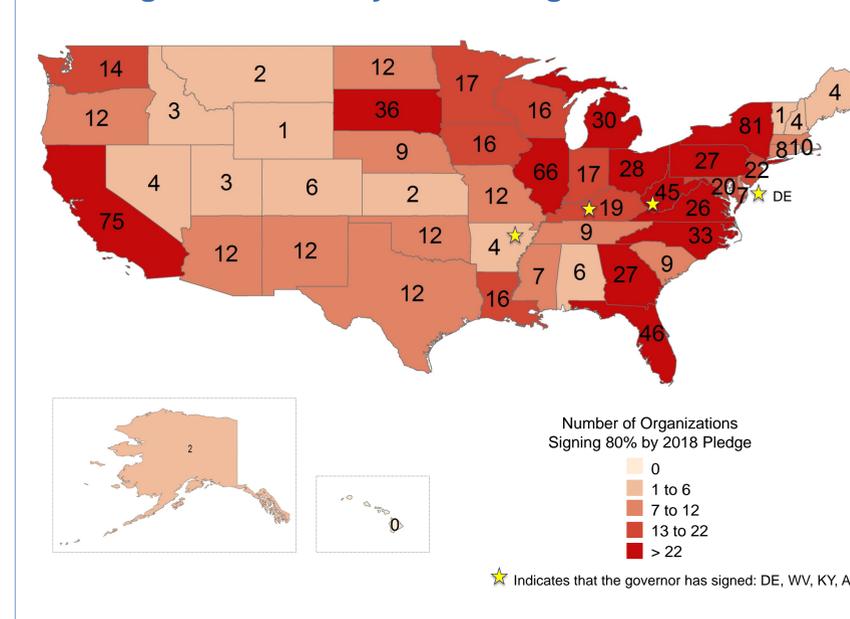
**FIGURE 1: Total Number Needed to be Screened for CRC to Reach 80% by 2018 by State**



**Figure 1 Legend**

The number of people who need to be screened (TNNS) by state is a function of their population of 50 to 75 year olds and, to a lesser extent, CRC screening prevalence. For example, California's CRC screening prevalence is about the national average, but because of their large population, they have the greatest number of people in need of CRC screening.

**FIGURE 2: Number of State-Based Organizations Who Have Signed the 80% by 2018 Pledge**

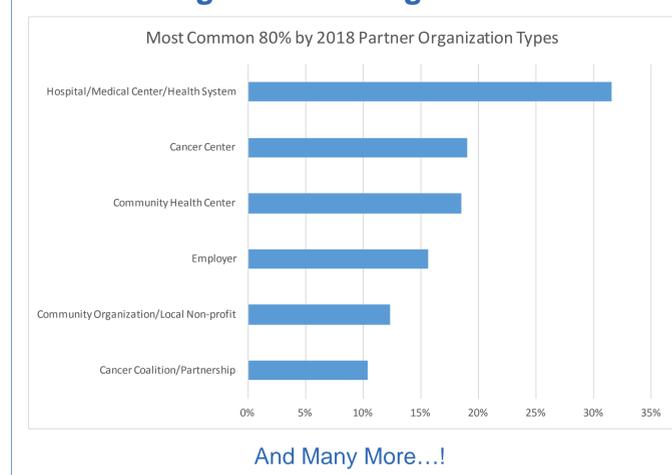


**Figure 2 Legend**

There are an additional 41 nationwide organizations who have signed the pledge and are not shown on the map. Some organizations are across several states and may have been counted more than once.

The full pledge list by state can be found at: <http://nccrt.org/wp-content/uploads/80by18-Pledge-list-by-States042716.pdf>

**Who Has Signed the Pledge So Far?**



**Key Components of the 80% by 2018 campaign**



**Notable Signees:**

- ✓ American College of Gastroenterology
- ✓ American Gastroenterological Association
- ✓ American Society for Gastrointestinal Endoscopy
- ✓ American Academy of Family Physicians
- ✓ American Cancer Society Cancer Action Network
- ✓ Centers for Disease Control and Prevention
- ✓ American College of Obstetricians and Gynecologists

## Is It Working?

(Survey results from 80% by 2018 partners)

- 81% of respondents are using nccrt.org and its materials
- 72% of respondents engaging in CRC activities said they launched, expanded or intensified their activities after getting involved in the 80% by 2018 effort
- 46% of those who are tracking screening rates reported a screening rate increase in the last year

## NCCRT 80% by 2018 Resources

<http://nccrt.org/tools/80-percent-by-2018/>

### 6 Things You Can Do As An Endoscopist:

1. Be a **champion** in your community about the importance of CRC screening.
2. Educate your staff on research and clinical **guidelines**.
3. Monitor colonoscopy quality **indicators**.
4. Partner with **primary care** physicians and hospitals.
5. Proactively **remind** patients to schedule an exam.
6. Ensure understanding of current coding **requirements** under the ACA.
  - a. **Affordability** is the number one reason the unscreened are not getting screened!



### Additional Measures You Can Take as Primary Care Physicians, Hospitals, Insurers, and Community Members:

1. Make CRC screening a **high priority** goal.
2. Understand the **power** of the physician recommendation.
3. Measure screening **rates** in your practice.
4. Develop systems of care to facilitate screening tests with **reminders**.
5. Educate about screening tests and **coverage**.
6. Monitor screening **quality**.
7. Promote 80% by 2018 to your **networks**.
8. Partner with **FQHCs** and other safety net practices.

"80% by 2018 is important because it provides a variety of tools to support providers and institutions in their efforts to improve CRC screening rates. It has shown that the goal is feasible by identifying organizations who are meeting it and celebrating those who have made impressive progress."  
- Dennis Ahnen, MD



"The 80% by 2018 campaign serves to unify and mobilize us toward the achievement of one shared national goal – to get more people screened and save more lives!"  
- Mark Pochapin, MD