

Preventing Colon Cancer in NYC

Achievements and Challenges



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Colorectal Cancer in NYC and the U.S.

- Colorectal cancer kills ~1400 New Yorkers, ~56,000 Americans each year
 - NYC: 11% of cancer deaths, 2.6% of all deaths
 - U.S.: 10% of cancer deaths, 2.3% of all deaths
- Second leading cancer killer after lung cancer
 - Kills more non-smokers than any other cancer

Colorectal Cancer Among the Most Preventable – *But Least Prevented* – of Cancers

- Colorectal cancer can almost always be cured if detected and treated early
 - Lead time from initial polyp development to advanced cancer is up to 10 years
- 5% lifetime risk of developing colon cancer
 - ~25% of people age 50+ have colon polyps
 - 20% of colon polyps become cancerous
 - Half of colon cancer patients will die from the disease

Increasing Colonoscopies in NYC

- Convened Citywide Colon Cancer Control Coalition (C5)
 - Experts endorse screening colonoscopy as gold standard
- Model of success: Lincoln Hospital
- New NYC guidelines and best screening practices



Provider Education



City Health Information

March 2003 The New York City Department of Health and Mental Hygiene Vol. 22 No. 2

PREVENTING COLORECTAL CANCER

New York City-Specific Guidelines for Colorectal Cancer Screening

MOST PEOPLE 50 YEARS OF AGE AND OLDER SHOULD UNDERGO:

COLONOSCOPY EVERY 10 YEARS

Annual fecal occult blood testing (FOBT) is an acceptable, although not optimal, alternative for those unwilling or unable to undergo colonoscopy.

Persons at high risk for colorectal cancer should begin screening with colonoscopy at age 40 or earlier.

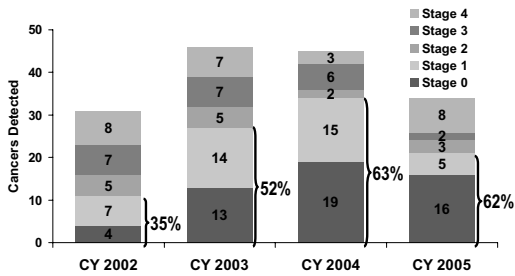
Colonoscopy as the Gold Standard

- Other methods have been shown to reduce mortality
- Colonoscopy:
 - is the most sensitive and specific screening tool
 - allows visualization of the entire colon and rectum
 - enables identification and removal of precancerous polyps and in situ carcinomas in one visit
 - is the only tool that can prevent cancer

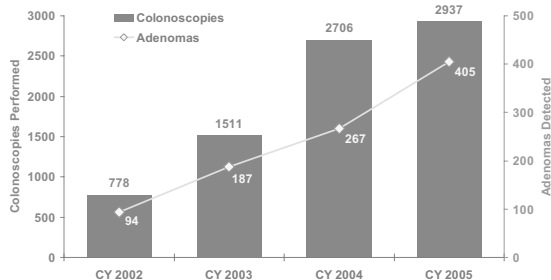
A Successful Model: Lincoln Medical Center

- Patient Navigators at all steps (April '03)
 - Broken appointments from 67% to 10%
- Direct Endoscopy referral reduced GI clinic
 - Wait times from 10 to 2 weeks (Aug. '03)
- Efficiency of GI suite improved (Oct. '03)
 - Expanded recovery area, additional equipment, anesthesia involvement, on-site scope cleaning, procedure time reduced
- Colonoscopy procedure note is part of EHR
 - Entered immediately post procedure

Lincoln: More Cancers Detected at Earlier Stages CY 2002-2005, at Diagnosis



4-Fold Increases in Colonoscopy Volume and Adenomas Detected Lincoln Medical Center, CY 2002-2005



Patient Education

New York City Department of Health and Mental Hygiene

Health & Mental Hygiene News—Volume 7, Number 2

Health Bulletin: Get Checked for Colon Cancer

#4 in a series of Health Bulletins on issues of pressing interest to all New Yorkers



If you're 50 or older, or at high risk, get a colonoscopy to prevent colon cancer.

- Colon cancer kills 1,500 New Yorkers a year. But it can almost always be prevented or cured if found early.
- Colonoscopy is the best test for colon cancer—and the only one that can prevent it.
- About a quarter of people 50 and older have colon polyps, which can develop into cancer.
- Everyone age 50 or older should get a colonoscopy.
- People with a family history of colon cancer should get a colonoscopy *before* age 50.



Get Checked

Public Health Detailing Action Kit

- Provides best medical practices for clinical practice & management
- Distributed to MD's & medical practices in high-burden areas
- Similar to pharmaceutical companies detailing efforts

Colon cancer is the #2 cancer killer in New York City, but it doesn't have to be.

Recipe for Success

- Use direct endoscopy referral
- Implement patient navigation system
- Routine screening for 50+
- Schedule high risk first

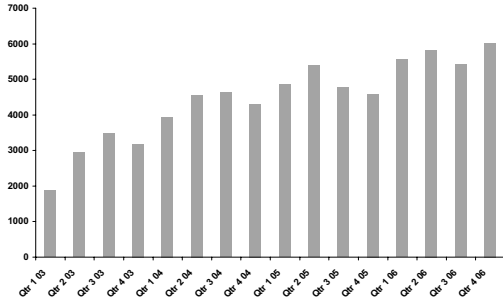
A Practical Guide to Increasing Screening Colonoscopy

Proven methods for health care facilities to prevent colorectal cancer deaths

Prepared by the Cancer Prevention and Control Program, Bureau of Chronic Disease Prevention and Control, The New York City Department of Health and Mental Hygiene and New York Colorectal Cancer Control Coalition

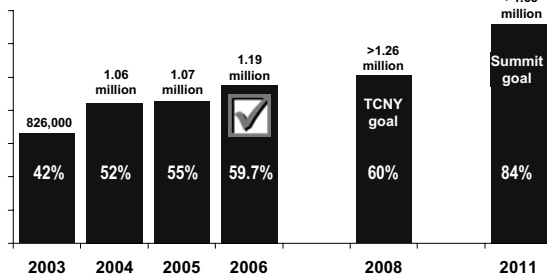
November 2008

Number of Colonoscopies in NYC Public Hospitals, 2003-2006



Note: Q1, 2003 data only provided by 8 hospitals; for all other quarters, 11 hospitals provided data

2011 Goal: Doubling Colonoscopy* from 2003



*New Yorkers 50+ who report having had a colonoscopy in the past 10 years
NYC Community Health Survey 2006

Citywide Navigator Program 2007

- Partner with nine HHC hospitals
 - Lincoln, Woodhull, Elmhurst, Bellevue, Harlem, Jacobi/North Central Bronx, King's County, Metropolitan
- Navigator Training offered for new navigators
- Outreach initiative launched to complement navigator efforts at Bellevue, Harlem and Jacobi
- In depth program evaluation in progress
- Continuing grant support from the New York Community Trust
- Expanding navigator initiative to voluntary hospitals



**Colon Cancer Navigator Program
Outcomes in Three Hospitals
after One Year:**

- 82% decrease in broken appointments
- 76% increase in volume of screening
- 50% increase in adenomas detected

Satisfaction Evaluation Results

- Patient Survey Respondents (n=49)
 - 64% would not have completed their colonoscopy if not for the navigator.
 - 98% were satisfied/very satisfied with the navigator experience.
 - 98% would return for colonoscopy in 10 years.
- Provider/Staff Surveys (n=29)
 - Providers and staff were unanimously positive about the program and stated that navigators were very helpful and made their jobs easier.
 - Navigators help capture patients that would otherwise be lost in the system.

**Navigator Initiative:
Lessons Learned**

- Partnerships are critical to success
 - Having a champion at the hospital level and within HHC Administration is essential
- Investments in "small" process improvements lead to important gains
 - Navigators address efficiency and scheduling problems that result in important increases in volume
- Navigators gain patient's confidence and are critical to successful colonoscopy completion.
- Systematic data gathering sustains program focus
 - Data gathered both system-wide within HHC and through the navigator database help to assure a continued focus on these programs

Challenges

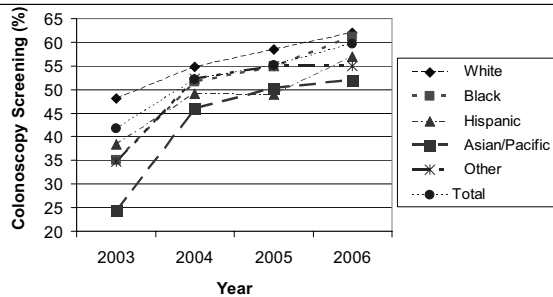
- Sustaining momentum
 - Ongoing public education and outreach
 - Continuing to assess and redirect program efforts to best serve communities
 - Ongoing provider education and outreach
- Reaching uninsured populations
 - Current ACS program covers 1,841 colonoscopies
 - 95,585 uninsured NYers age 50+ have not had a colonoscopy in the last 10 years.
- Engaging new sectors to expand reach and capacity



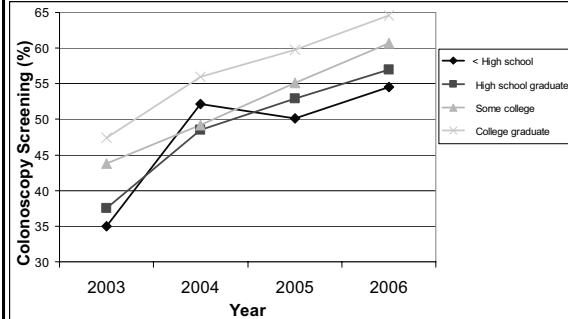
Challenges to Optimal Success

- Disparities in screening and mortality
- Need for federal support and funding

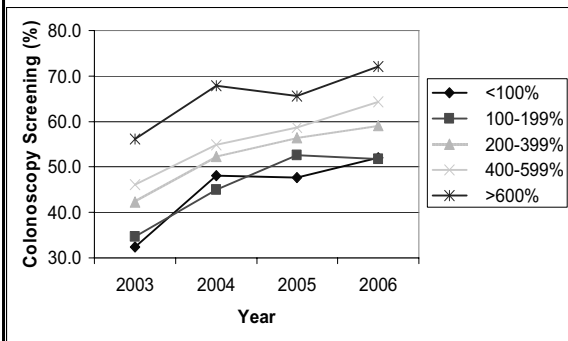
Colonoscopy in the Past 10 Years by Race/Ethnicity



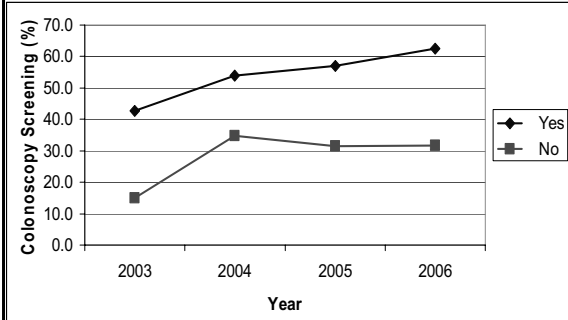
**Colonoscopy in the Past 10 Years
by Educational Level**



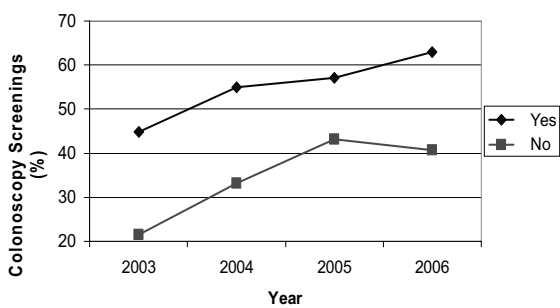
**Colonoscopy in the Past 10 Years
by Poverty Level**



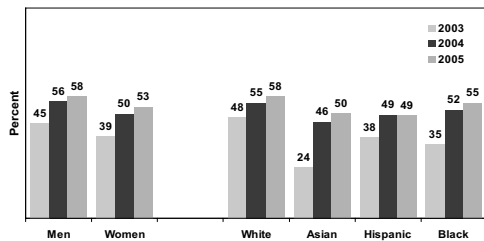
**Colonoscopy in the Past 10 Years
by Insurance Status**



Colonoscopy in the Past 10 Years by Having a Primary Care Provider

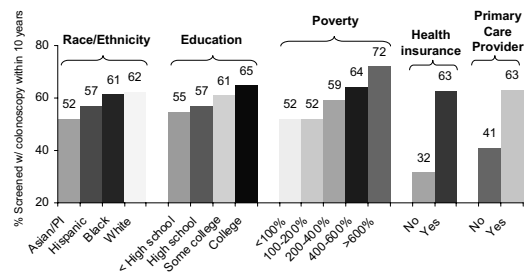


Colonoscopy Screening Increased Among All Groups (NYC, 2003 – 2005) But Disparities Persist*



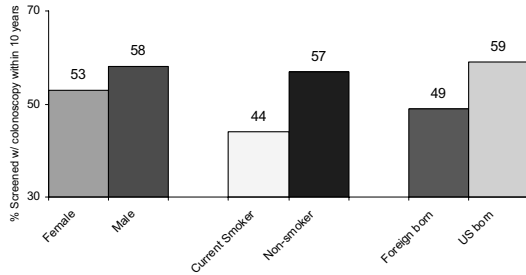
*Among adults age 50 and older; age adjusted
Source: NYC Community Health Survey, 2003, 2004, 2005

Colonoscopy Screening Disparities NYC, 2006*



*Among New Yorkers 50 and over; NYC Community Health Survey 2006.

Colonoscopy Screening Disparities* NYC, 2005



*Among New Yorkers 50 and over; CHS 2005.

Colon Cancer Prevention at the Federal Level *What More Can Be Done?*

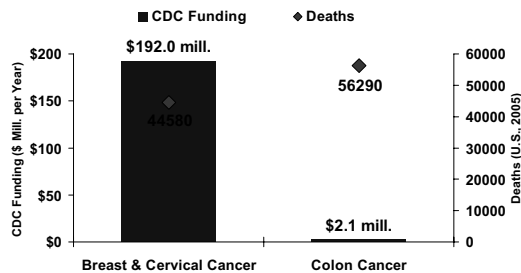
- Improve preventive health care
 - Incentivize insurance coverage for colonoscopy screening, other preventive care
- More intensive tobacco control
 - Smokers are 30-40% more likely than non-smokers to die of colorectal cancer
- Direct federal funding for local chronic disease prevention and control

Free and Low-Cost Colon Cancer Screening

- HHC public hospitals provide colonoscopy screenings at no charge for those without health insurance
 - Sliding scale for those ineligible for Medicaid
 - ACS/City Council supports more than 1800 uninsured colonoscopies at HHC and select voluntary hospitals
- NY State operates low/no-cost FOBT screening for uninsured/underinsured through local hospitals
 - Colonoscopy for high-risk patients and as follow-up for positive FOBT

CDC Funding for Breast/Cervical vs. Colon Cancer Screening

Even Though Colon Cancer Kills More People and Is Much More Preventable



Source: CDC, Breast/cervical cancer funding FY 02, Colon cancer funding FY 06, Deaths est. CY 05.

Cooperative Agreements for Chronic Disease

- Based on existing model used successfully for decades to combat communicable diseases
- Sustained funding for design/testing of innovative community-based interventions
- Funding based on factors closely correlated with chronic disease mortality/morbidity (e.g., poverty rates)
 - Not allocated by population alone or use of formulas based on historical funding of outdated programs
 - Awards to jurisdictions with high chronic disease burden **and** demonstrated ability to administer effective public health programs
