

Preventing Colon Cancer in NYC

Progress and Future Directions

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Overview

- Change in leadership at DOHMH
- How have we been doing?
 - C5: 2003 to present
- Future directions
 - The context
 - The issues



Farewell to Health Commissioner Dr. Thomas Frieden

- Appointed director of the Centers for Disease Control and Prevention (CDC)
- Commissioner NYC DOHMH 2002-2009
- Longest serving Commissioner in 50 years
- Major accomplishments include:
 - Dramatic increase in colon cancer screening



Welcome to New Commissioner Dr. Thomas Farley

- Formerly, Professor and Chair, Community Health Sciences, Tulane University, School of Public Health and Tropical Medicine
- Pediatrician, epidemiologist and leading national voice in public health policy
- Continued commitment to CRC Prevention and Control



Citywide Colon Cancer Control Coalition (C5)

2003 to 2009



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
 - ~15 - 25% of people age 50+ have colon polyps
 - Killed ~1,600 New Yorkers each in 2003
- Yet only 42% screened for colon cancer in 2003

C5 Convened in 2003

- Commissioner Convenes C5
- Colorectal cancer screening guidelines reviewed
- DOHMH study confirms sufficient capacity for colonoscopy procedure in eligible population
- C5 recommends colonoscopy as the preferred method for screening for CRC in New York City.
- DOHMH, C5 and partners work together to identify and overcome barriers to screening



Reimbursement: Addressing financial barriers to colonoscopy

- Colonoscopy screening program to reimburse hospitals for colonoscopy procedures for uninsured is developed and funded by the City Council
- ACS-led negotiations with insurers result in a commitment to cover screening colonoscopy for average-risk patients.
- CMS now fielding demonstrations to develop mechanism for funding navigators.

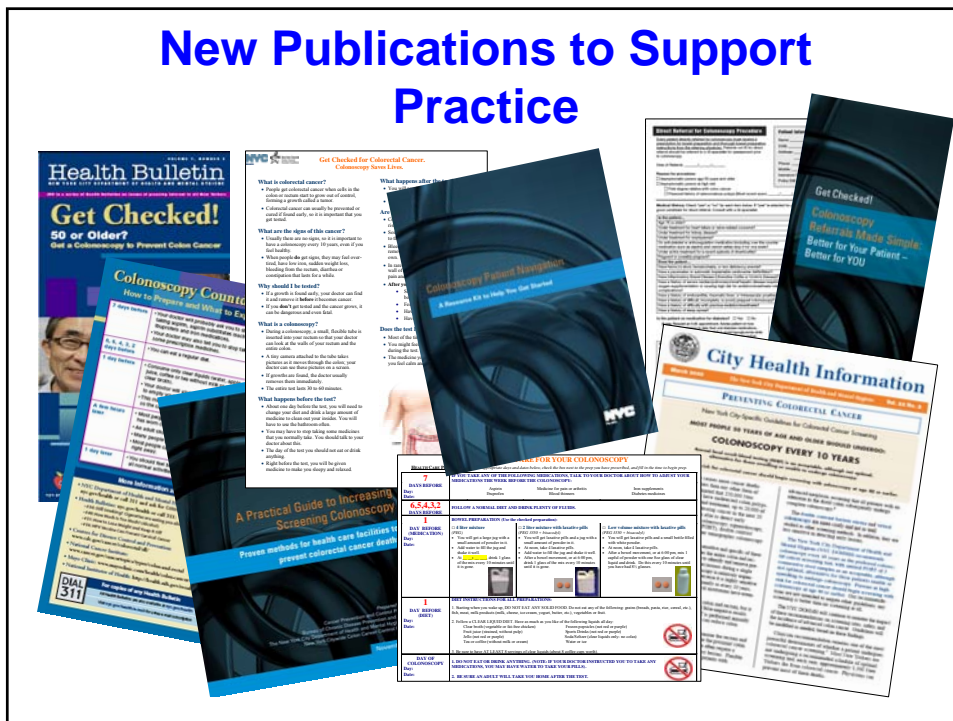


Increase awareness and education

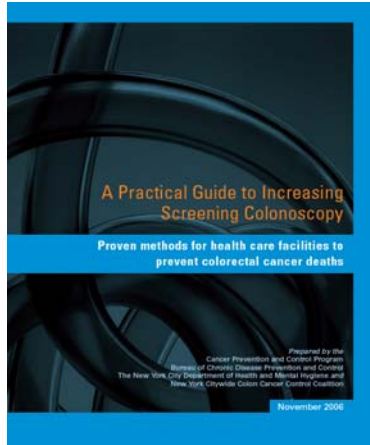
- Take Care New York (TCNY), a 10 point health policy for New York is released
- TCNY: #7. Get Checked for Cancer
 - Increase cancer screening
 - Promote free or low-cost screenings
 - Media campaigns to increase public awareness
 - Educate the public and health care providers
 - Improve medical systems for prevention



New Publications to Support Practice



Practical Guide to Increasing Screening Colonoscopy



- Use direct endoscopy referrals
- Implement patient navigator
- Routine screening for 50+
- Schedule high risk first



Patient Navigators

- Idea developed by Harold Freeman, MD at Harlem Hospital in 1990, focus on breast cancer
- HHC patient navigators
 - Started with Lincoln Hospital (2003) to Woodhull (2005) and Elmhurst (2006)
 - As of 2010, 10 hospitals will have programs
- Voluntary Hospitals: Brookdale, NY Presbyterian, Jamaica, and Montefiore in 2009
- Plans to expand to an additional 5 voluntary hospitals in 2010
- By 2010 a total of 19 hospitals participating



Primary care referrals 2006-2008

Direct Referral For Colonoscopy Procedure

Every patient already referred for colonoscopy must receive a prescription for bowel preparation and thorough hand-washing instructions from the referring physician. Patients not fit for direct referral should be referred to a specialist for assessment prior to colonoscopy.

Date of Referral: _____

Reason for procedure:

Asymptomatic person age 50 years and older
 Asymptomatic person at high risk
 Past degree related with colon cancer
 Personal history of adenomatous polyps (Most recent event: _____)

Patient Information or Label:

Name: _____
 DOB: _____
 Address: _____
 Phone: _____
 Mobile: _____
 Insurance Carrier: _____
 Policy ID#: _____

Medical History Check "yes" or "no" for each item below. If "yes" is selected for any of the items below, the patient may not be a good candidate for direct referral. Consult with a GI specialist.

Do the patient:	Yes	No	Refuse
Are you allergic?			
Under treatment for heart failure or valve-related concerns?			
Under treatment for kidney disease?			
Under treatment for angina/MI?			
Do you (patient) or anticoagulation medication (including over the counter medication such as aspirin) and cannot safely stop it for one week?			
Under active treatment for a recent infection of genital/urinary?			
Pregnant or possibly pregnant?			

Review the patient:

Yes	No	Refuse
Have you (patient) or family member, or close contact (sexual partner)?		
Have a pancreatic or autoimmune inflammatory condition or diabetes?		
Have inflammatory bowel disease (Crohn's Disease or Ulcer's Disease)?		
Have a history of severe cardiac (pathologic)/renal/hepatic disease requiring ongoing medication or causing high risk for medication/contrast-related complications?		
Have a history of aneurysms, (aneurysm) tears, or arteriovenous malformations?		
Have a history of difficult, incomplete, or poorly prepared colonoscopy?		
Have a history of difficulty with previous endoscopic/sigmoidoscopy?		
Have a history of sleep apnea?		

Is the patient on medication for diabetes? Yes No
Is the patient allergic to LATEX? Yes No

Explain to patient an ACE preparation which patient on their mouth and/or to take fast and dilute medications, fluids or (bottleable) to avoid (ingesting) while on the liquid bowel preparation and during procedure.

Is the patient allergic to any MEDICATION? Yes No
 List: _____

Please list all medications and OTC supplements below (do not include alcohol as necessary):

Medication: _____ Dose: _____
 Medication: _____ Dose: _____
 Medication: _____ Dose: _____
 Medication: _____ Dose: _____

Please note any other relevant medical/surgical history:

Abdominopelvic surgery
 Abdominopelvic radiation
 Other, please list: _____

Assessment: This patient is a good candidate for a direct referral for colonoscopy. Yes No

Physician Signature: _____
 Physician Name (Print): _____
 Office Phone: _____ Office Fax: _____
 Office Address: _____
 Preferred method to send results: PHONE FAX MAIL

NYC Health

- Direct endoscopy referral form
- Use in primary care settings in addition to hospitals
- Disseminate form

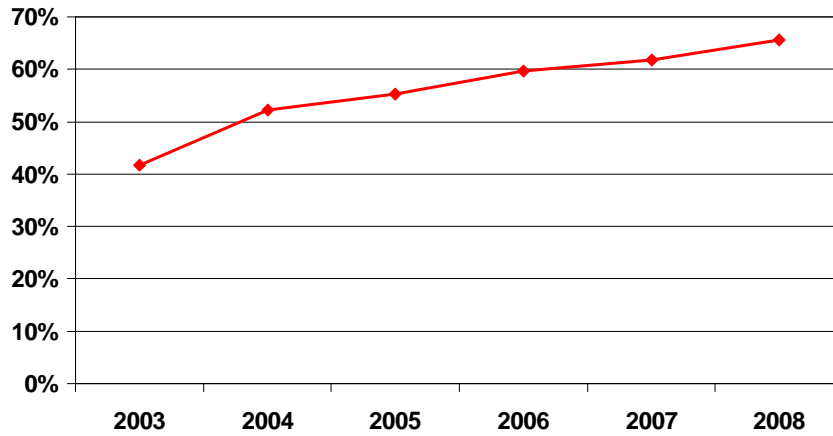


Expand C5 partnership - 2007

- C5 broadened its stakeholder representation to include
 - Insurance providers
 - Professional associations (e.g., ACOG)
 - Survivor organizations
 - Community clinics



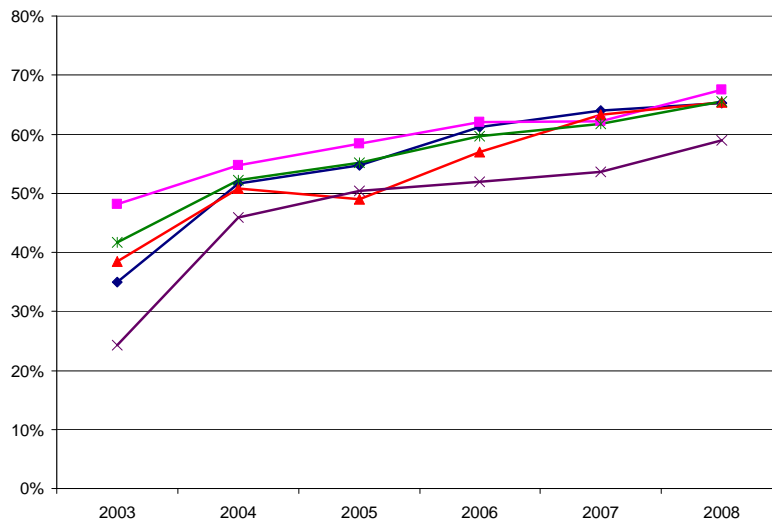
Colonoscopy in past 10 years, 2003-2008



Source: NYC Community Health Survey



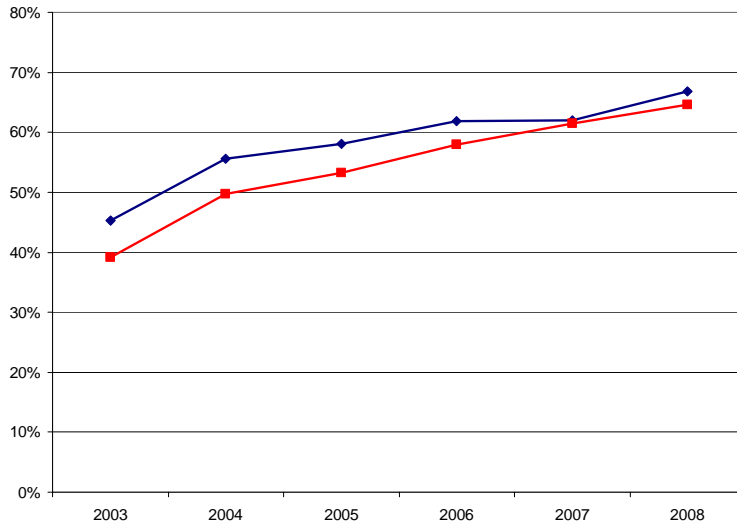
Colonoscopy in the Past 10 years by Race/Ethnicity, 2003-2008



Source: NYC Community Health Survey

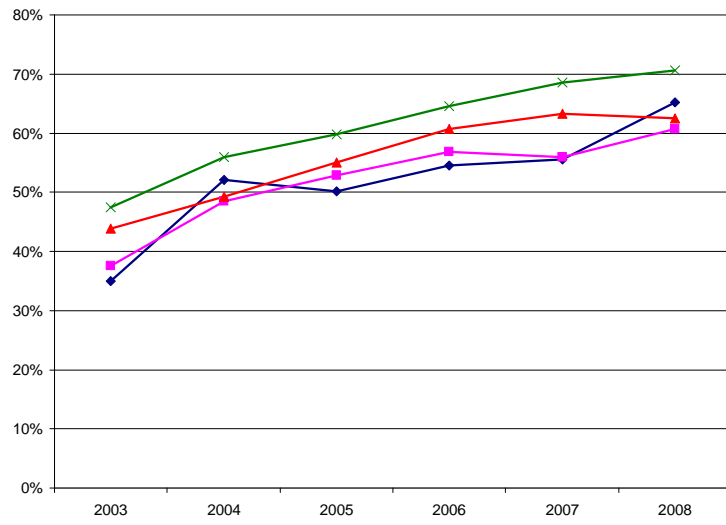
◆ Black
 ■ White
 ▲ Hispanic
 × Asian and Pacific Islander
 ✱ Overall

Colonoscopy in the Past 10 Years by Gender, 2003-2008



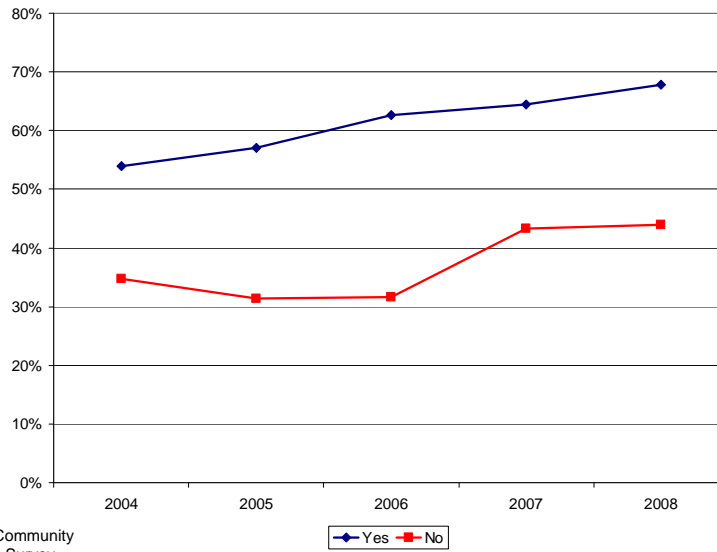
Source: NYC Community Health Survey

Colonoscopy in the Past 10 Years by Educational Level, 2003-2008



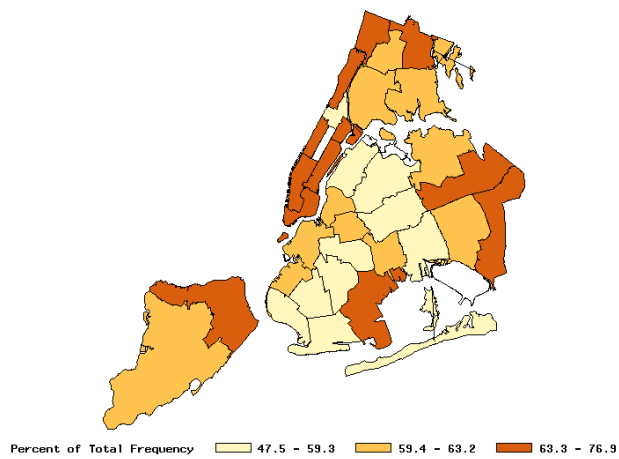
Source: NYC Community Health Survey

Colonoscopy in the Past 10 Years by Insurance Status



Source: NYC Community Health Survey

Percentage Reporting Colonoscopy in Last 10 Years, By Neighborhood



Adults 50 and older.
Source: NYC Community Health Survey, 2007



Percent Screened with Colonoscopy By Neighborhood

NEIGHBORHOOD	% YES	% NO
Coney Island	47.5	52.5
The Rockaways	48.9	51.1
Long Island City/Astoria	49.6	50.4
Borough Park	53.5	46.5
West Queens	54.3	45.7
Central Harlem	55.8	44.2
Flatbush	56.0	44.0
Ridgewood/Forest Hills	56.6	43.4
Bay Ridge/Bensonhurst	57.6	42.4
Bedford Stuyvesant/Crown Heights	59.0	41.0
Southwest Queens	59.3	40.7
Pelham/Throgs Neck	59.4	40.6
Williamsburg/Bushwick	59.4	40.6
Jamaica	59.5	40.5
The South Bronx	59.8	40.2
Flushing/Clearview	60.7	39.3
Fordham/Bronx Park	61.6	38.4

NEIGHBORHOOD	% YES	% NO
Greenpoint	62.1	37.9
Southern Staten Island	62.2	37.8
East New York/New Lots	62.3	37.7
Downtown Brooklyn/Heights/Slope	62.5	37.5
Sunset Park	63.2	36.8
Northern Staten Island	63.3	36.7
Washington Heights/Inwood	66.2	33.8
East Harlem	68.0	32.0
Southeast Queens	68.0	32.0
Chelsea/Greenwich Village	68.1	31.9
Kingsbridge and Riverdale	70.2	29.8
Union Square/Lower Manhattan	70.4	29.6
The Northeast Bronx	70.6	29.4
Canarsie and Flatlands	71.3	28.7
Bayside/Little Neck/Fresh Meadows	74.7	25.3
Upper East Side/Gramercy	75.6	24.4
Upper West Side	76.9	23.1

Adults 50 and older. Percents are age-adjusted.
Source: NYC Community Health Survey, 2007

Future Directions

- Current context
 - Financial issues affecting NYC
 - Health reform
 - New leadership at CDC
- Key issues for consideration



FY2010 NYC DOHMH Budget Update

- November – 5% Target
 - Selected major DOHMH cuts: Oral Health, Mental Hygiene Contracts, East Harlem STD Clinic
 - **Total PEG in CTL: \$15.4M**
- January – 7% Target
 - Selected major DOHMH cuts: Primary Care Initiative, NY/NY III, HIV, School Health
 - **Total PEG in CTL: \$21.7M**
- Executive (May) – 4% Target
 - Selected major DOHMH cuts: Primary Care Initiative, HHC Child Health Clinics, Mental Hygiene (Criminal Justice Panel + MR/DD clinics)
 - **Total PEG in CTL: \$10.4M**
- Total FY2010 CTL PEG – \$47.6M
- PEG proposals NOT FINAL until budget negotiations are complete

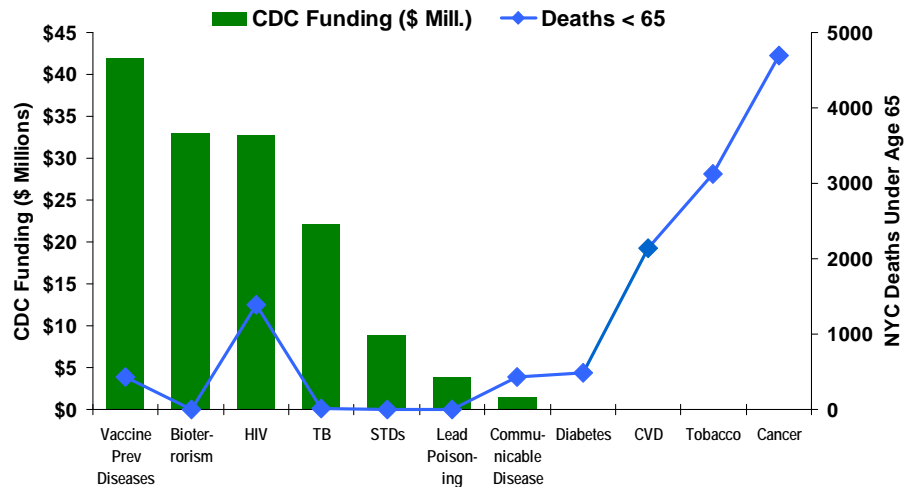


Federal Funding Possibilities

- CDC allocation for colon cancer screening: \$39 million/yr in CDC funds for 20 state programs
- Stimulus funds: \$650 million for a prevention and wellness programs; awaiting HHS guidelines
- HRSA patient navigator program (currently \$4 million), support funding increases



Funding by CDC vs. Leading Causes of Premature Death NYC, Deaths Before Age 65, 2004



Funding est. FY '04; deaths CY '04

Future Directions: State and Federal Legislation

- NYS Assembly Feb 2009: Bill to amend state insurance law to require insurers to cover colorectal cancer screening
- Federal legislation such as H.R. 1189: Colorectal Cancer Prevention, Early Detection and Treatment Act of 2009
- Health Care Reform: Support insurance coverage of colon cancer and other preventive screenings/services without cost-sharing



Future Directions: Quality

- Our success in screening requires an increasing focus on ensuring quality procedures.
- What are the issues and how should we proceed to address them
- Key conversation in today's meeting



Future Directions: Assess neighborhood variation in screening rates

- Assess barriers in low rate neighborhoods
 - Health care services
 - Insurance
 - Other barriers
- Innovative neighborhood interventions
 - NYCHA - Baruch Houses and Gouverneur-HHC
 - Models from Dana Farber and others



C5: partnership to improve colorectal cancer outcomes in NYC

- C5 critical partnership in advancing an aggressive prevention agenda
- C5 focus on **policy** as well as program implementation is important
- CRC screening guidelines; trailblazing policy decision to preference colonoscopy
- C5/DOHMH partnership is increasingly recognized across the country as effective in reducing colorectal cancer
- Thank you for your continued support!



C5 is Making a Difference

"In my career, three things have surprised me: how quickly tuberculosis cases came down in New York City, how quickly tobacco use came down in New York City, and how quickly colon cancer screening went up in New York City, ... Even more surprising is the closing of the race and ethnicity gap."

Thomas R. Frieden, MD, MPH

June 5, 2008

(as printed in the C5 Summit article in The New York Times on June 6, 2008)

