


OMED COLORECTAL CANCER SCREENING COMMITTEE MEETING
Saturday, May 19, DDW Washington, 2007
Presenter: R. Salmon




World Organisation of
Digestive Endoscopy

CIGNA HealthCare/Quest Diagnostics

**Improving Colorectal Cancer Screening
Through Home Testing**

CIGNA
DDW 2007




Colorectal Study Overview

Program Objective

- To identify a CRC screening intervention that can:
 - Improve screening rates significantly
 - Evaluate behavioral change based on intervention modality (ex: direct kit, indirect kit, reminders, materials only, no intervention).

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Colorectal Study Overview (continued)

Methodology – Pilot 2005

- Mail colorectal educational materials and a home fecal immunochemical test (FIT) kit to CIGNA HealthCare members in the state of Florida identified through claims data as non-compliant with current American Cancer Society colorectal cancer screening guidelines.
 - **The target population (58,967) was divided into three intervention modalities:**
 - An intervention group to receive the FIT along with materials and instructions on how to participate in the screening program.
 - An intervention group to receive the materials and a letter encouraging the member to see their PCP for testing options.
 - A group to receive no intervention (to serve as a control group).

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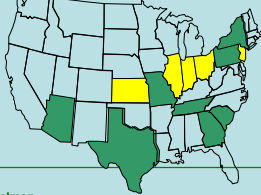
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2006 Program Expansion (continued)

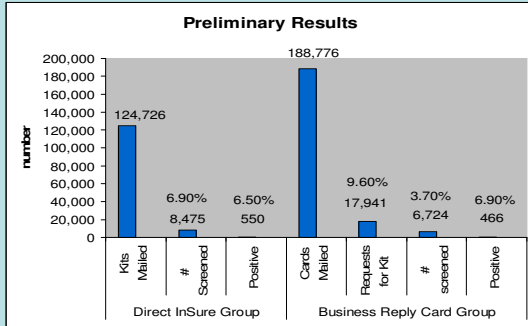
- Expansion Markets 2006
- Increased the outreach population to 320,000 members in 13 CIGNA HealthCare markets
- Piloted a dual approach:
 - in 5 markets, 125,000 members received the materials with the InSure® test kit;
 - in the other 8 markets, 195,000 members received the materials with a business reply card to request a kit.



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Response/Positive Numbers by Intervention Group



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Preliminary Conclusions 2006 program

- The results show that if the kit is mailed directly, the actual screening rate is higher than when a BRC is sent (6.9% versus 3.6%).
- However, mailing the materials with a Business Reply Card (BRC) to request an InSure® kit is less expensive than mailing the InSure® Kit directly.
- The "reminder component" of the program resulted in bump of 3.2% in the overall return rate.
- The 10.7% overall response rate in the population who were mailed a test kit is encouraging. However, compliance has not yet been analyzed in the intervention group.
- The results are significant in impacting behavior, therefore enhancements will be made to the program and expansion will be forthcoming in 2007.

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Next Steps - 2007

- Conduct an "impact analysis" of the 2006 compliance in the intervention groups.
- Conduct a six month claim analysis on the members who tested "positive" to help assure appropriate follow-up care has been sought.
- Determine expansion strategy for 2007, using ACS state level statistics for cancer prevalence, HEDIS 2007 rates, and quality improvement goals.
- Publish this study/activity as a Quality Improvement Effort leading to increased screening rates for Colorectal Cancer and improved health outcomes as determined by early intervention.

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