

Colorectal Cancer Screening QI Fund Project

The purpose of the Colorectal Cancer Screening QI Fund Project is to promote colorectal cancer screening for prevention and early detection of colorectal cancer in members age 51 – 80. The 2008 goal was to establish a baseline.

80 IPAs participated in the 2008 Colorectal Cancer Screening QI Fund Project. The results for the IPAs are summarized in the following table:

Year	# of Sampled Members for all IPAs Combined	Total Number of Exclusions	Final # of Sampled Members	# Members Screened for Colorectal Cancer
2007	14,499	137	14,362	6,141
2008	20,875	518	20,357	9,870

In 2008, an HMO Colorectal Cancer Screening Network Rate was calculated based on a random sample of members. The results are as follows:

Year	Initial Sample	Total Number of Exclusions	Final Sample	# Members Screened for Colorectal Cancer	Network Rate
2008	449	10	439	200	46% (200/439)

A new component for the 2008 Colorectal Cancer Screening Project was physician and member outreach. IPAs could earn an additional QI Fund Payment if they conducted physician and member outreach. The purpose of the Outreach portion of the project was:

- To provide IPAs with a tool to identify populations for outreach based on eligibility and administrative data
- To motivate IPAs to develop systems to perform outreach
- To encourage PCPs and WPHCPs to recommend preventive care services to their patients
- To improve IPA provision of preventive care

Outreach Population

- The outreach project consisted of members age 51-80 enrolled with the IPA who did not have a claim or encounter for colorectal cancer screening.
- D2 identified the population based on HEDIS-like criteria and established continuous enrollment logic.

The results for the Outreach Portion of the 2008 Colorectal Cancer Screening HMO QI Fund Project are as follows:

2008	Number of IPAs Meeting Project Requirements
Submission of a completed Attestation Form with required supporting documentation of all required elements.	100% (78/78)

Identified Barriers to Colorectal Cancer Screening:

Members:

- Members may have inaccurate information about screening recommendations.
- Members may have a fear of discomfort experienced during a screening procedure.
- Members may be uncomfortable about the preparation required for a screening test.
- Members may be unaware that colorectal cancer screening tests are a covered benefit.
- Some members may deny the potential risk of colorectal cancer.
- Members might have insufficient information on importance of screening.

Physicians:

- May not routinely recommend colorectal cancer screening to their patients
- May lack a systematic method to track preventive services

IPAs:

- The IPA may not have ten years of colorectal cancer screening data.
- The IPA may not have a process in place to improve data collection and performance.
- The IPA may not have routinely performed outreach to members due for colorectal cancer screening.

Interventions Implemented to Address Identified Barriers:

Members:

- One hundred percent (78/78) of the IPAs performed outreach to HMO members
- Published an article in the Fall 2008 issue of Blue prints for health entitled “Make It A Healthy Year” which included information on colorectal cancer screening

IPAs/Physicians:

- Made a QI Fund payment to IPAs for completion of cervical cancer screening physician and member outreach
- Updated and distributed the BCBSIL Preventive Care Guideline
- The physicians and WPHCPs in 78 IPAs were provided a list of members due for cervical cancer screening
- BCBSIL encouraged PCPS and WPHCPs to recommend preventive care services to their members
- BCBSIL provided IPAs with a tool to identify populations for outreach based on eligibility and administrative data
- BCBSIL motivated IPAs to develop systems to perform outreach
- Conducted QI Forums and onsite/in house one-on-one trainings for several IPAs
- Reviewed and distributed the brochure “The Importance of a Pap Test” to the IPAs
- Provided trainings on the use of the preventive care module in the D2 Web-based tool
- Conducted HMO QI Fund Training for the IPAs in March 2008
- Reviewed best practices for physician and member outreach at a quarterly QI Forum
- Hosted a vendor fair in December 2008 at which IPAs could receive information about programs that are available to help with outreach efforts and tools for tracking and trending data

Physician and Member Outreach

Colorectal Cancer Screening Issues/Potential Barriers for Outreach

- The D2 preventive care module was not available as early in the year as planned.
- The IPAs were not familiar with the D2 preventive care module.
- Some IPA encounter data was incomplete or not submitted timely.
- Some IPAs did not have a system in place for outreach, as they had never performed preventive care outreach.
- Some IPAs and physicians may not be aware of the value of physician outreach to members.

- Some IPAs were not aware of the volume of members requiring outreach.
- Some IPAs were not aware of the cost and resources associated with performing the
- outreach.

Interventions to address barriers to Physician and Member Outreach

- A QI Fund payment was available to IPAs for completion of colorectal cancer screening physician and member outreach.
- The D2 Staff provided training on use of the preventive care module.
- The QI Staff provided educational programs, including the QI Forum.
- Met with physicians of two IPAs and conducted individual training for several IPAs
- The IPAs were required to consult with their physicians to develop the IPA plan for outreach

Analysis of the 2008 Colorectal Cancer Screening QI Fund Project results demonstrates that there is an opportunity to increase the colorectal cancer screening rate for HMO members. It is anticipated that the interventions implemented in 2008 will affect the number of members who are screened for colorectal cancer.