



Medicaid/Medicare health plan-initiated mailed FIT outreach to increase colorectal cancer screening: Outcomes from the BeneFIT study

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Agenda Slide

Colorectal Cancer Screening Background

Methods

Results

Implications

Questions?

Colorectal Cancer Screening

- The US Preventive Services Task Force recommends routine colorectal cancer screening for individuals aged 50 – 75.
- Programs that directly mail fecal tests to patients' homes have been shown to improve rates of colorectal cancer screening in various clinical settings.

Colorectal Cancer Screening

Directly mailing fecal immunochemical tests (FITs)

- Improves CRC screening rates
- Implementation challenges
- Solution?
 - Implementation by health insurance plans

Medicaid Populations

- 2016 – 82 Million people
 - 1.8 million in WA
 - 1.0 million in OR
- 1.8 million are overdue for CRC screening
- Medicaid reduces financial barriers to screening
- 47% of Medicaid insured adults aged 50-64 are up to date with CRC screening
- Medicaid Managed Care plans and Medicare Advantage plans have started using direct-to-member outreach

Observational Study

- *Pilot Program of Mailed Fecal Immunochemical Tests to Increase Colorectal Cancer Screening Rates: BeneFIT*
- Evaluated the implementation and effectiveness
- Findings may aid decision-makers

Methods

Directly mailing fecal immunochemical tests (FITs)

- 2 States (Oregon and Washington)
- Washington – for profit that operates in multiple states
 - 504 health centers, opt-out option
- Oregon – non-profit local organization
 - 6 health centers, opted into the program

Member Selection

Health Plan Washington Centralized Program

- Minimal collaboration with clinics
- Pulled lists – August 2016
- Used outside vendor for mailings
 - Intro letters + Plan chose FIT
 - Live reminder calls (6 attempts)
 - Centralized lab, sent results to plan and provider
 - Abnormal FITs to care coordinator

Health Plan Oregon Collaborative Program

- Health plan pulled lists August-October 2016
 - Option to update list (scrub)
- FITs from clinics
- Updated lists + FITs to mail vendor
 - Intro letter, FIT, reminder postcard
- Phone reminders or incentives – clinics
- Returned kits to clinics – standard workflow

Implementation Measures

- Proportion of eligible enrollees to whom health plans delivered each intervention component
 - mailed letter introducing the program,
 - mailed FIT,
 - reminders,
 - care coordination
- For each health plan, we report the number of enrollees excluded at each step, and the reason.



- Primary outcome:
 - FIT completion in 6 months
- Secondary:
 - Any CRC screening completion
 - Demographics and health care use
 - Abnormal FIT and follow-up colonoscopy



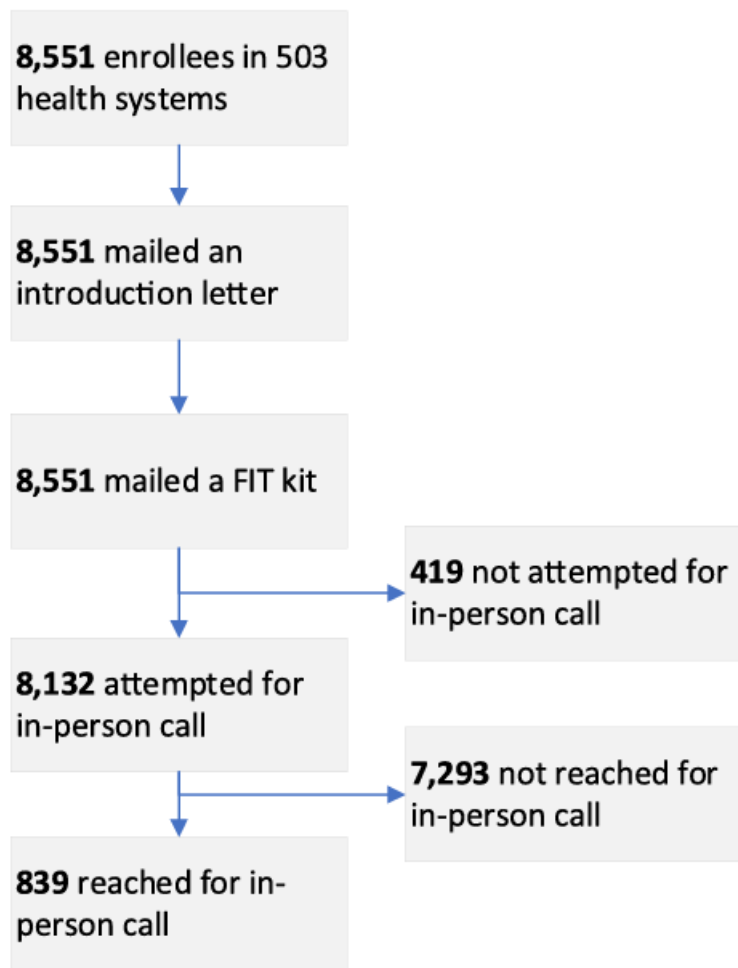
Effectiveness Measures

Results...

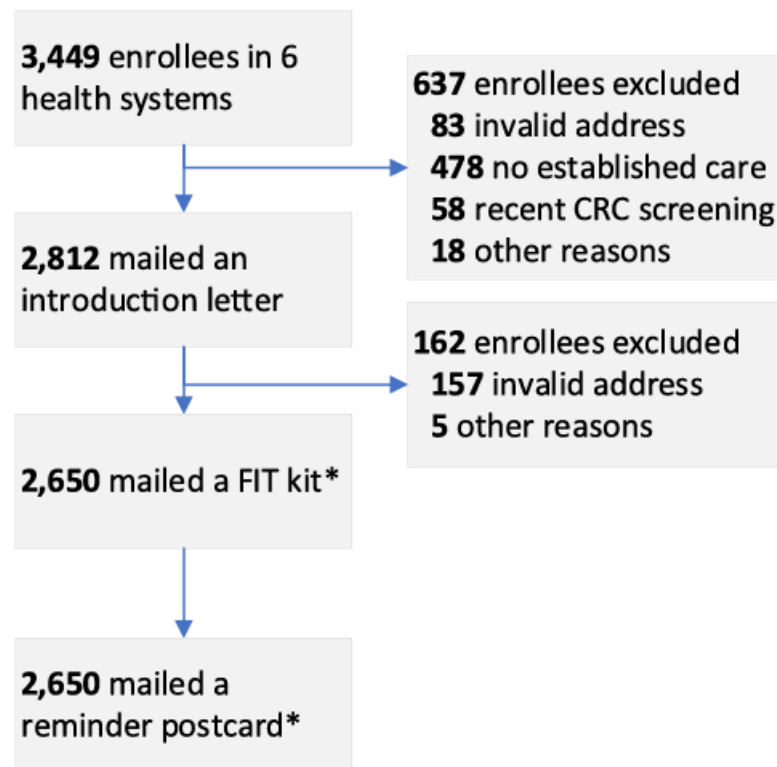


Figure 1: BeneFIT program activities

Health Plan Washington



Health Plan Oregon



* 35 enrollees were determined to be ineligible after the mailing of the FIT and reminder postcard; 33 had an invalid address, and 2 had recent CRC screening

Table 1. Mailed FIT outreach and reminders delivered by health plans

Activities	Health Plan Washington: Centralized Model			Health Plan Oregon: Collaborative Model		
	N	% completed FIT ^a	% completed any CRC screening [†]	N	% completed FIT [†]	% completed any CRC screening [†]
Initially eligible				3,449	14.6 (13.4, 15.8)	16.8 (15.5, 18.0)
Mailed introductory letter	8,551 [‡]	18.2 [‡] (17.4, 19.0)	21.6 [‡] (20.8, 22.5)	2,812	17.4 (16.0, 18.8)	19.6 (18.1, 21.1)
Mailed FIT				2,650	18.3 (16.8, 19.7)	20.6 (19.0, 22.2)
Sent reminder letter	NA	NA	NA			
Attempted reminder phone call	8,132	15.3 (14.5, 16.1)	18.9 (18.0, 19.7)			
Answered in-person[§]	839	76.2 (73.3, 79.1)	77.0 (74.0, 79.8)	NA	NA	NA
Not answered	7,293	8.3 (7.7, 9.0)	12.2 (11.4, 12.9)			
No call needed/made[¶]	419	NA	NA			

[†]within 6 months after introduction letter mailing

[‡]for Health Plan Washington, all initially eligible patients received both the introductory letter and the mailed FIT kit

[§]in-person conversations only; no phone messages were left

[¶]no phone call was made for 419 enrollees, 307 of whom completed their FIT within 1 month of introduction letter mailing

Table 3. CRC screening completion rates of enrollees mailed an introductory letter in Health Plan Oregon (n = 2,812), by descriptive characteristics

Health Plan Oregon: Collaborative Model				
Characteristics [‡]	FIT Completion [†]		Any CRC Screening Completion [†]	
	% [§]	Adjusted OR (95% CI) [§]	% [§]	Adjusted OR (95% CI) [¶]
Overall	17.4	-	19.6	-
Race/ Ethnicity				
White	17.3	1.0	19.6	1.0
Black / African American	14.5	0.98 (0.38, 2.52)	17.1	1.02 (0.45, 2.31)
Asian / Pacific Islander / Native Hawaiian	18.1	1.42 (0.66, 3.06)	20.5	1.40 (0.78, 2.50)
American Indian / Alaska Native	17.2	0.99 (0.39, 2.52)	17.2	0.83 (0.32, 2.15)
Hispanic	17.5	1.17 (0.93, 1.46)	18.4	1.04 (0.86, 1.26)
Other / Multiple race	23.5	1.69 (1.04, 2.75)	25.5	1.62 (1.06, 2.48)
(Missing)	17.3	0.98 (0.69, 1.39)	19.7	1.02 (0.71, 1.47)
Insurance type[@]				
Medicaid	17.5	1.0	19.8	1.0
Medicare-Special Needs (Medicare-Medicaid)	13.4	0.56 (0.42, 0.76)	15.3	0.58 (0.41, 0.82)
Medicare Advantage	26.7	1.34 (0.93, 1.93)	29.2	1.34 (0.88, 2.04)
Primary care visits in past year				
0	7.7	1.0	8.9	1.0
1 to 3	20.8	3.07 (1.94, 4.84)	23.4	3.09 (1.97, 4.84)
4 or more	24.4	3.77 (2.38, 5.97)	27.6	3.84 (2.41, 6.12)

[†]within 6 months of introduction letter mailing date

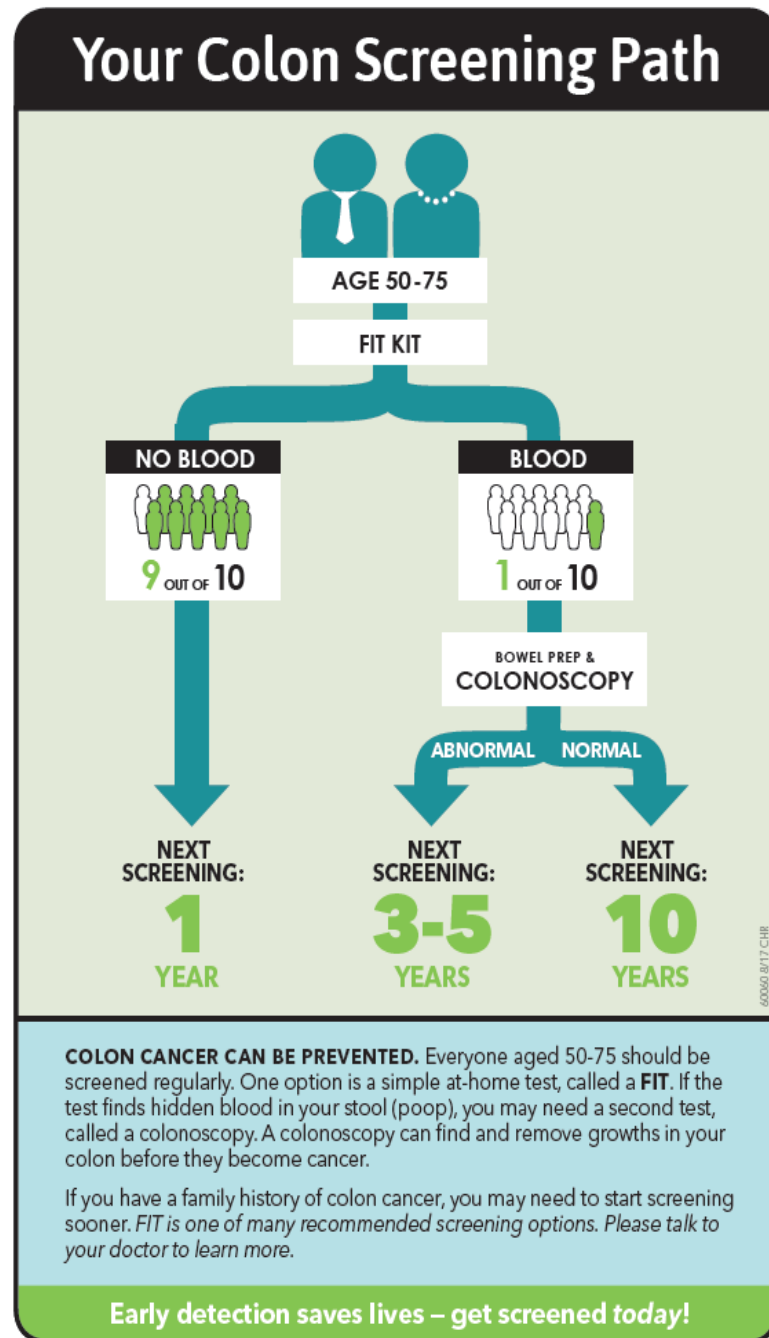
[‡]urban/rural residence was excluded because of low cell sizes

[§]values are row percentages

[¶]Odds ratios based on logistic regression clustered on health center (n = 6) and adjusted for all other variables in the table

[@]value was missing for 1 participant; Medicare-Special Needs = dually enrolled in Medicaid and Medicare

The 2-step screening process



Abnormal Follow-Up

Washington

Oregon

Fit Type	Washington	Oregon
Abnormal Tests	14.6%	8.3%
Follow-up Colonoscopy in 1 year	32.8%	35.9%

Y1 Costs of Developing and Implementing Health Plan-Based Mailed FIT Programs

	Oregon Health Plan (2,812 enrollees)		Washington Health Plan (8,551 enrollees)	
	Cost	%	Cost	%
Development Personnel Costs	\$11.5K	-	\$37.3K	-
Implementation Personnel Costs	\$26.0K	50%	\$14.6K	10%
Mail Vendor and Lab Claim Costs	\$21.7K	42%	\$122.4K	88%
Incentive Payments	\$3.9K	8%	\$2.7K	2%
Total Implementation Costs	\$51.6K	100%	\$139.7K	100%

Y1 Implementation Costs per Activity, by Health Plan

Activity	Oregon Health Plan		Washington Health Plan	
	N	Cost per	N	Cost per
Mailed intro letter	2,812	\$18.36	8,551	\$16.34
Mailed FIT kit	2,650	\$19.48	8,551	\$16.34
Completed FIT	488	\$105.79	1,557	\$89.75

Published costs from other mailed FIT programs have varied from \$48 to \$149.

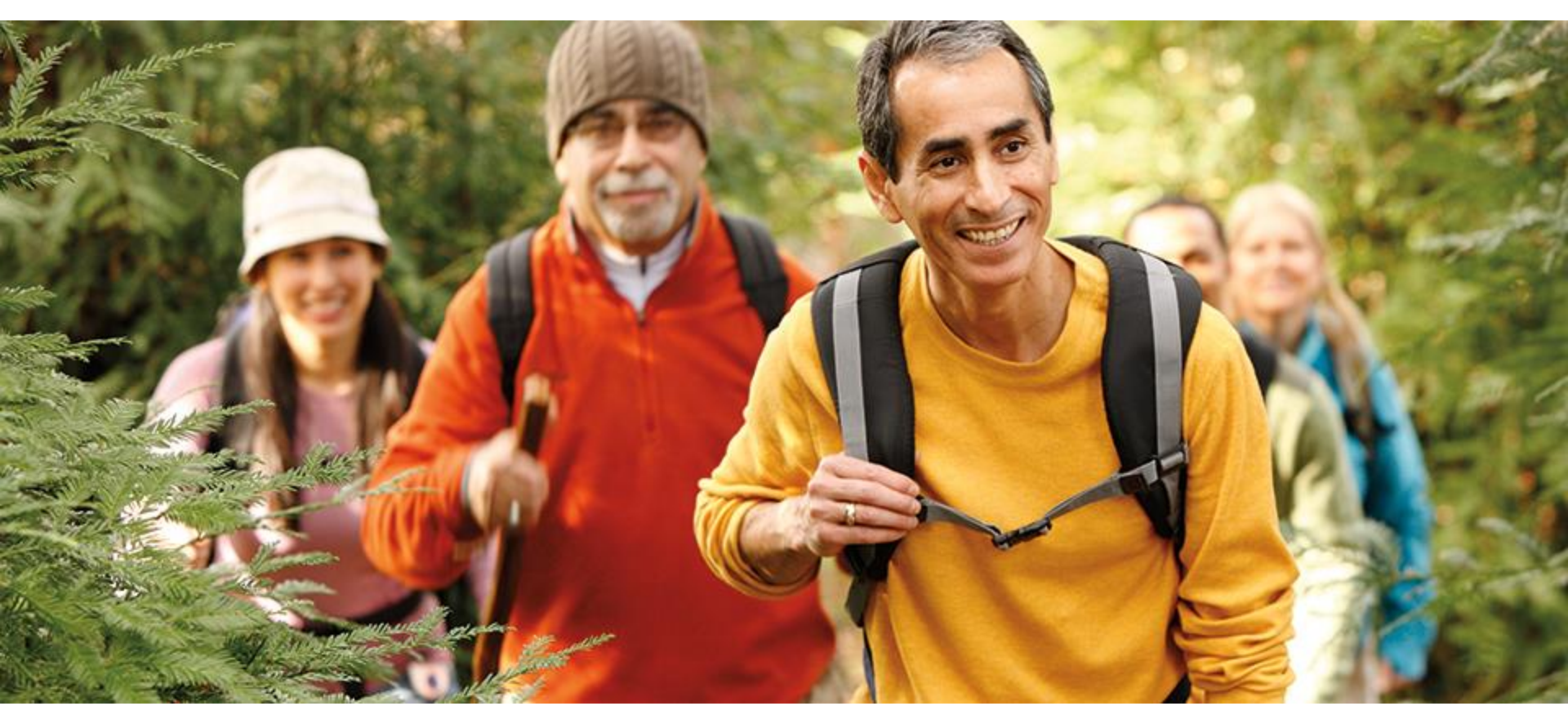
Implications

- Similar return rates across two health plans
 - Despite the differences in design
 - Despite the degrees of collaboration
- Collaboration had other benefits
 - Update patient records (Colonoscopy)
 - Outreach to unestablished patients
 - Results were automated and workflow standard
- Centralization had other benefits
 - Multiple reminders
 - Less work for the health centers
- Phone calls showed particularly high rates of return
 - Tailored telephone outreach
- Room for improvement on follow-up to abnormal FIT

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Questions?