



Wednesday, March 20, 2024 | 12:00 p.m. PT

Addressing Disparities in Colorectal Cancer

CQC Public Webinar



California Quality
Collaborative

California Quality Collaborative

Advancing the quality and efficiency of the outpatient health care delivery system by creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder program**. Core funding from health plans sharing a delivery system.

Identifies and spreads best practices across outpatient delivery system in California

Trains 2,000 individuals from 250 organizations each year

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**

Sponsors



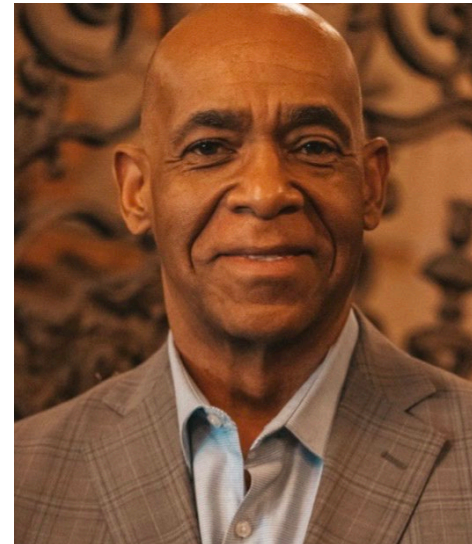
Today's Speakers



Peter Robertson
Senior Director,
Practice Transformation
California Quality
Collaborative



Taylor Priestley,
MSW, MPH
Health Equity Officer,
Director Health Equity &
Quality Transformation,
Covered California



David Ford
Senior Government
Relations Manager,
Southern California
Edison, Board Member,
American Cancer Society
West Region Los Angeles



Folasade May,
M.D., Ph.D., Mphil
Associate Professor of
Medicine, Director of
Quality and Director
of the May Laboratory
at UCLA Health

Today's Objectives



Review disparities in colorectal cancer screening and treatment



Hear patient, provider and payer perspectives on addressing colorectal cancer disparities



Understand actionable steps to advance equitable colorectal cancer care

Poll – Impact of Cancer

Have you, a family member or loved one been impacted by a cancer diagnosis?

Please let us know by completing the poll on your screen.

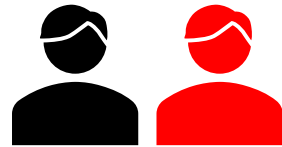
All poll responses are anonymous.



The impact of cancer in the United States

In the United States today:

1 in 2 men



1 in 3 women



will be diagnosed with cancer in their lifetime.

What's your why?



Health care is personal to each one of us, our families, friends and loved ones

March is Colorectal Cancer Awareness Month

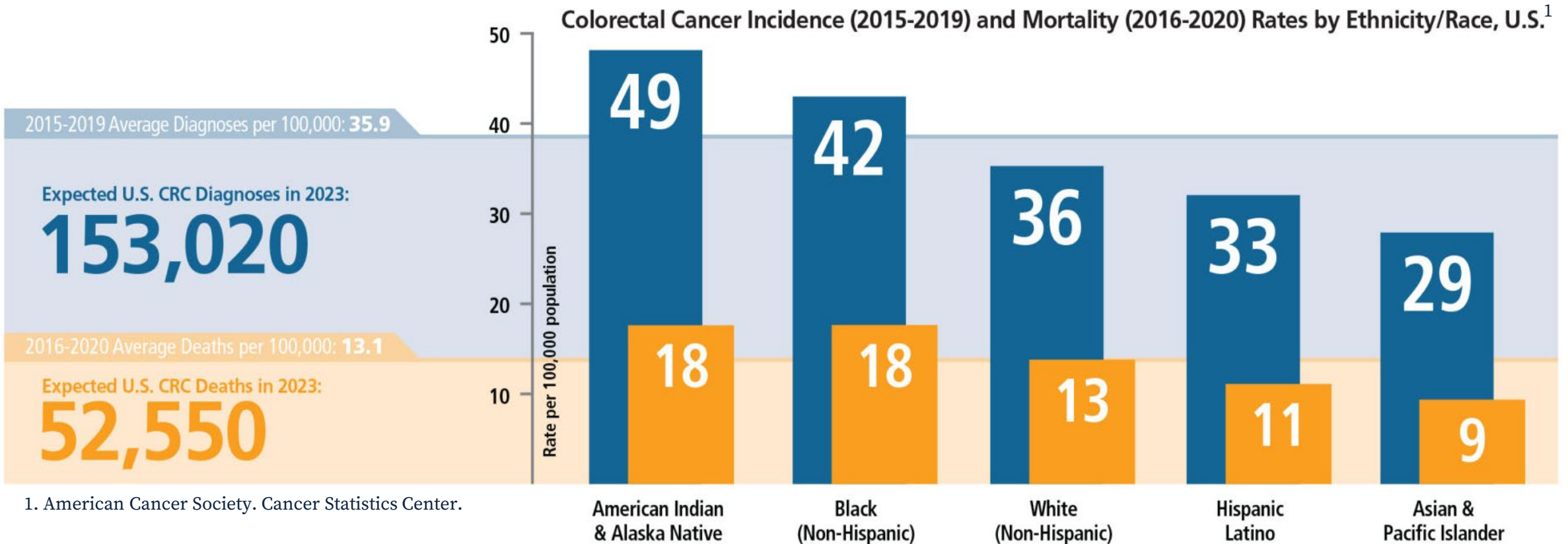
Second leading cause of
cancer death in the U.S.

150,000 people will be
diagnosed with the disease
this year

Black Americans 40% more
likely to die from the disease



Disparities in Colorectal Cancer Care

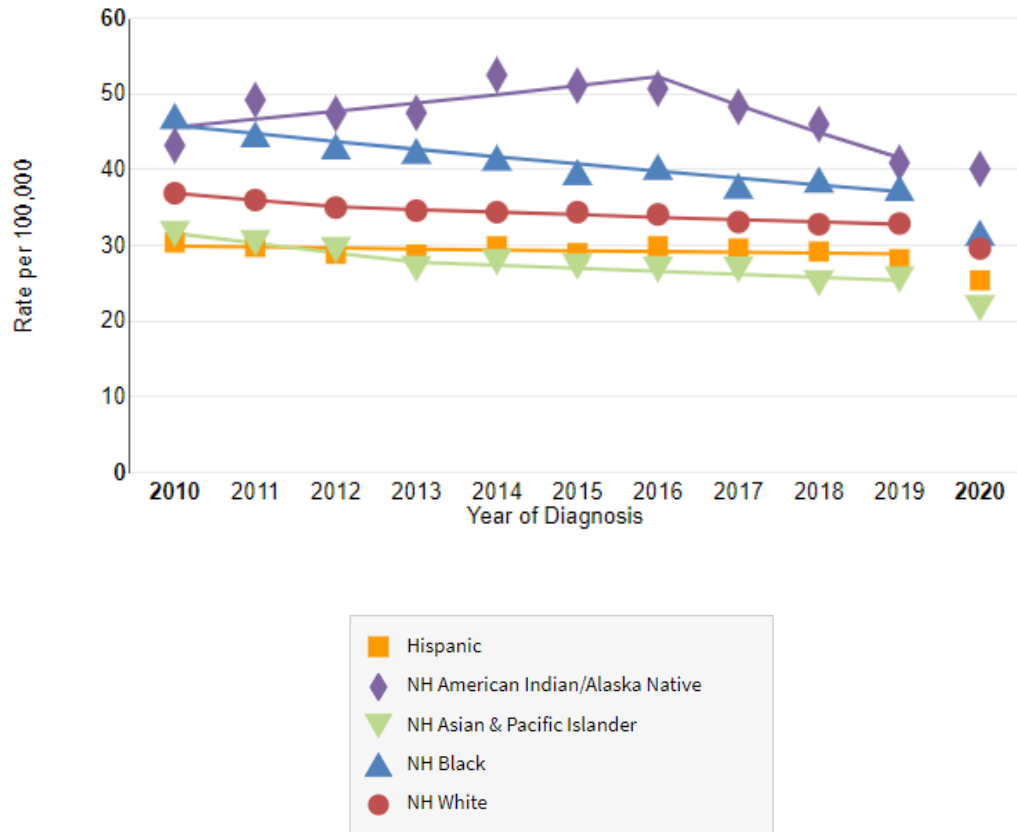


1. American Cancer Society. Cancer Statistics Center.

Source: [Digestive Health Physicians Association – Colorectal Cancer: Am I at Risk?](#)

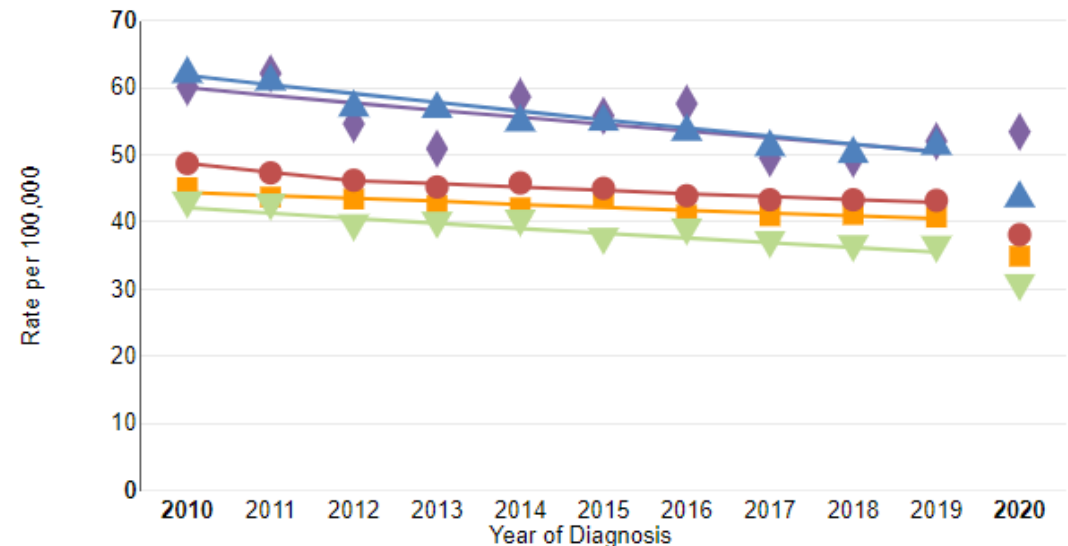
Disparities in Colorectal Cancer Care

FEMALE COLORECTAL CANCER:
AGE-ADJUSTED RATE OF NEW CASES PER 100,000 WOMEN BY RACE/ETHNICITY



Despite declines in incidence rate of colorectal cancer for both men and women there has been limited progress in addressing disparities across racial/ethnic groups.

MALE COLORECTAL CANCER:
AGE-ADJUSTED RATE OF NEW CASES PER 100,000 MEN BY RACE/ETHNICITY



How CQC is supporting efforts to address disparities

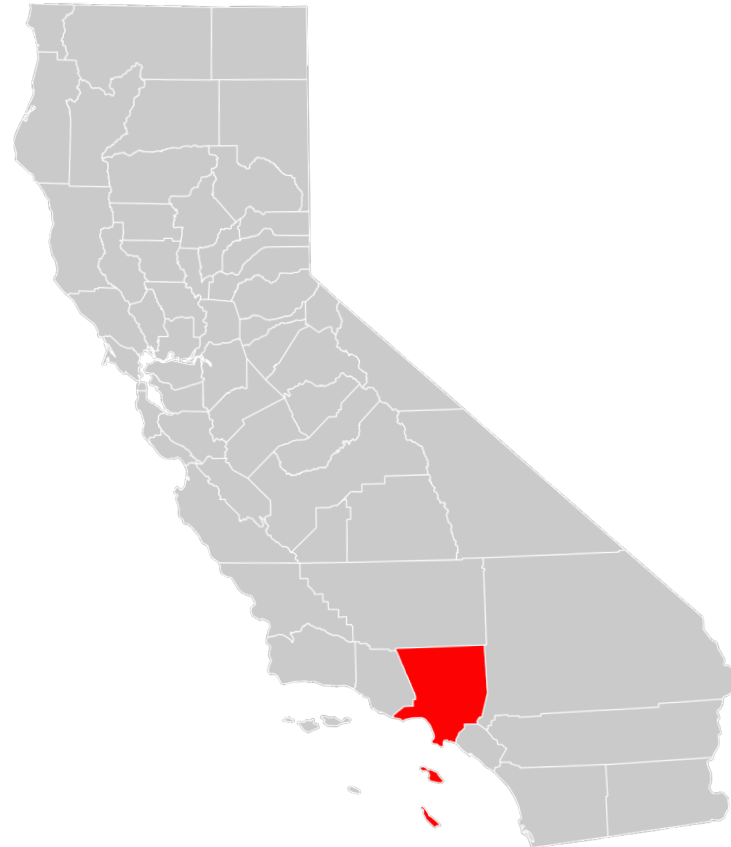
Statewide System Alignment

Advanced Primary Care

- Shared definition to strengthen primary care in the state ([attributes](#) & [measures](#))

Public Purchasers

- Covered California, CalPERs and DMHC defined a common core of measures (represent 46% of CA)
- Requirements to stratify measures by race and ethnicity



Local Practice Transformation

Equity and Quality at Independent Practices in LA County ([EQuIP-LA](#))

- Supporting 31 primary care practices across Los Angeles
- Advancing the equitable delivery of care provided to over 40,000 Medi-Cal enrollees of color



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Addressing Disparities in Colorectal Cancer Care

Panel Discussion

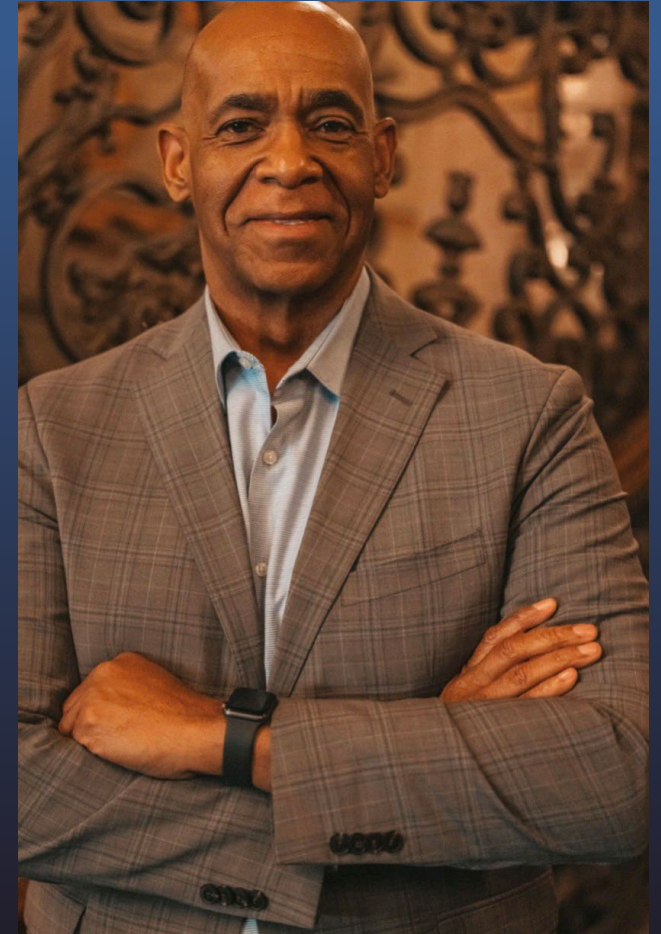


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Patient Perspective

David Ford

Senior Government Relations Manager,
Southern California Edison
Board Member,
American Cancer Society West Region Los Angeles





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Provider Perspective

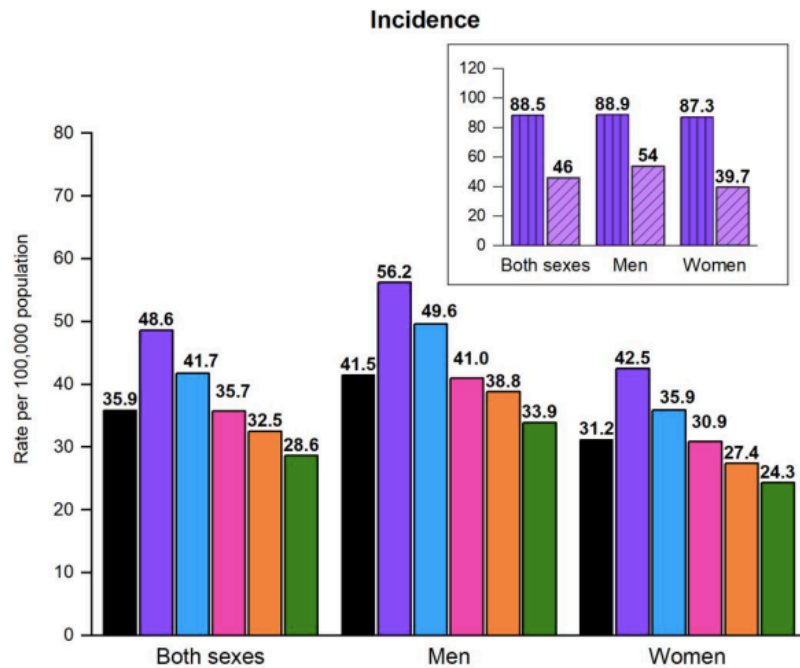
Folasade May, M.D., Ph.D., MPhil

Associate Professor of Medicine,
Director of Quality, Director of the May Laboratory
UCLA Health

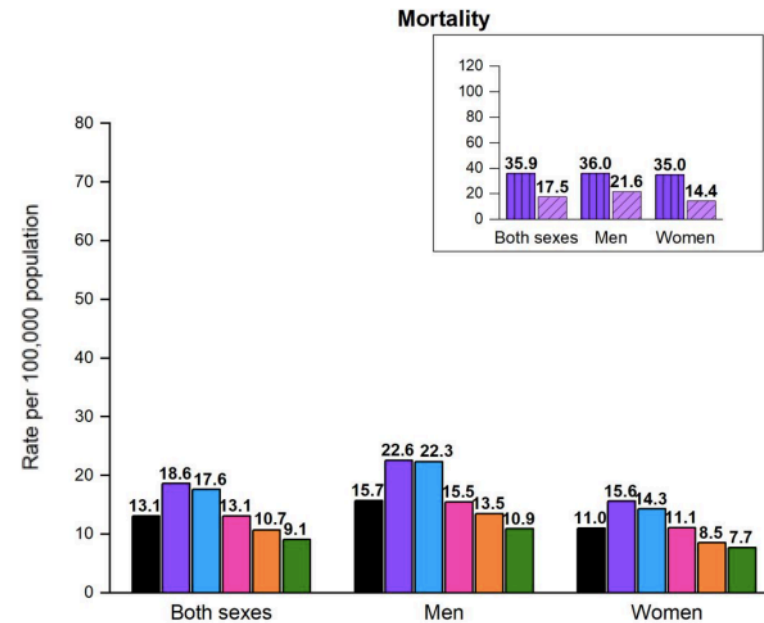


Cases and Deaths by Race/Ethnicity

**Colorectal cancer incidence
(2015–2019) by sex, race, and ethnicity; US**



**Colorectal cancer mortality
(2016–2020) by sex, race, and ethnicity; US**



1) Siegel RL, et al. CA Cancer J Clin. 2023; 2) North American Association of Central Cancer Registries, 2022. 3) National Center for Health Statistics, 2022.

Screening Options

Stool-based strategies



High Sensitivity FOBT

annually

CRC sensitivity: 62-79%

Adv. Adenoma sensitivity: 10%



Fecal Immunochemical Test

(FIT) annually

CRC sensitivity: 76-95%

Adv. Adenoma: 27-47%



FIT-DNA (Cologuard)

Every 1-3 years

CRC Sensitivity: 93%

Adv. Adenoma: 43%



Liquid Biopsy

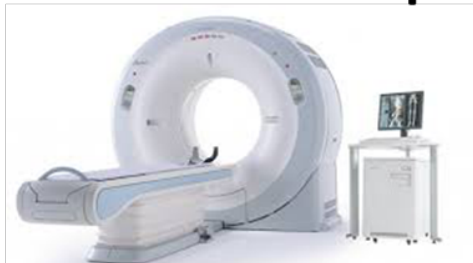
Not FDA approved

CRC Sensitivity: 83%

Adv. Adenoma: 13%

Recent data but not currently recommended

Direct-visualization techniques

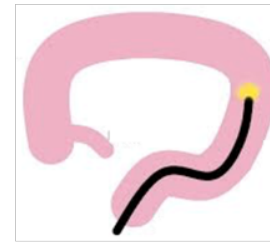


Virtual (CT) Colonography

Every 5 years

CRC Sensitivity: 96%

Adv. Adenoma: 67%-94%



Flexible Sigmoidoscopy with (Q10Y) or without FIT (Q5Y)

CRC Sensitivity: 58-75%

Adv. Adenoma: 72%-86%



Colonoscopy

Every 10 years

CRC Sensitivity: 95%

Adv. Adenoma: 89%-98%



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Payer Perspective

Taylor Priestley, MSW, MPH

Health Equity Officer

Director Health Equity & Quality Transformation

Covered California



Covered California Vision and Mission

Vision

To improve the health of all Californians by assuring their access to affordable, high-quality care.

Mission

To increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Our Equity & Quality Transformation Philosophy

Acknowledgment of and Accountability for History

Deep Listening and Respect

Partnership and Co-Creation

Redefining Best Practice

Financial Incentives for Quality and Equity

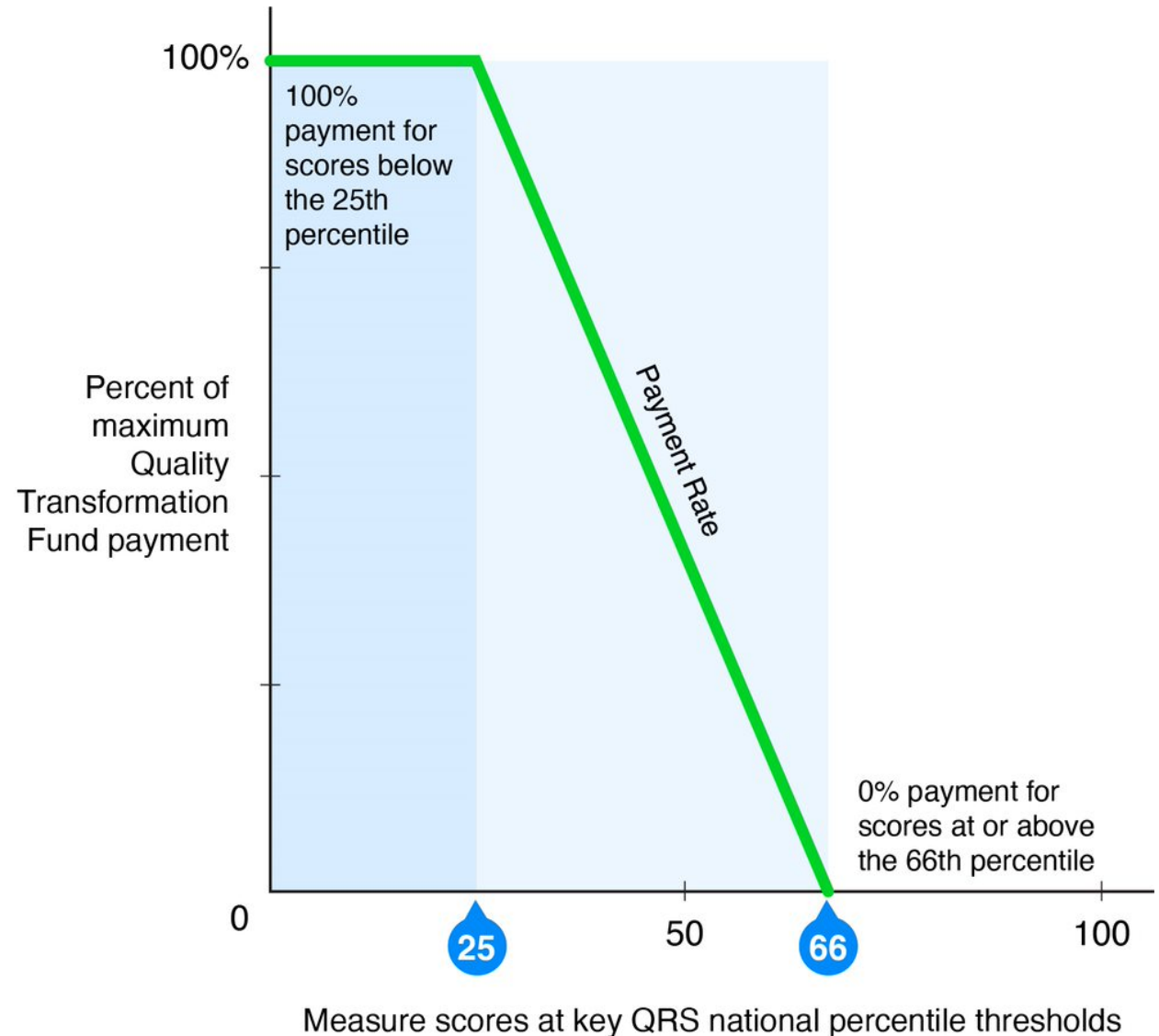


2023: Total 1% at risk | 2024: Total 2% at risk | 2025: Up to 3% at risk

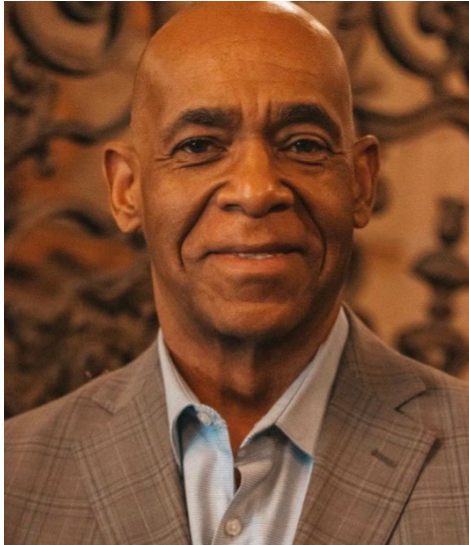
QTI Quality Payment Structure

- **Full per measure payment** if the measure score is below the 25th national Marketplace percentile
- Per measure payment at a declining constant rate for each measure score between the 25th and 66th national percentile
- **No payment** if the measure score is at or above the 66th national percentile

- *In 2026, each reportable race/ethnicity subpopulation performance will be separately evaluated against the national all-population 66th percentile and the same performance scoring along 25th to 66th percentile slope would apply to **each reportable subpopulation***



Thank You to Our Speakers!



David Ford
Senior Government
Relations Manager,
Southern California Edison
and Board Member,
American Cancer Society
West Region Los Angeles



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cqcinfo@pbgh.org



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Thank you!

Resources

About Colorectal Cancer:

- [Colorectal Cancer Screening Fact Sheet](#) – CDC, PDF Resource
- [Colorectal Cancer Fact Sheet](#) – Covered California, Screening Recommendation
- [Colorectal Cancer Overview & Key Statistics](#) – American Cancer Society, PDF Resource

For Patients:

- [Screening Brochure](#) – CDC, PDF Resource
- [Screening Stories](#) – CDC, Online Article
- [Infographic: Colorectal Cancer – Catching it Early](#) – American Cancer Society, PDF Resource

For Providers:

- [Case Study of a Comprehensive Team-Based Approach to Increase Colorectal Cancer Screening](#) - National Library of Medicine, Research Publication

Navigation Resources:

- [Fight Colorectal Cancer](#)
- [Colon Cancer Coalition](#)
- [American Cancer Society](#)
- [COLONTOWN](#)
- [Colorectal Cancer Alliance](#)



Common APC Measure Set

This measure set is used in:

- [California Advanced Primary Care Initiative](#) payment model demonstration project. Equity sensitive measures (green) have higher payouts for strong performance.
- [Advanced Primary Care Measurement Pilot](#) results
- Listed in Covered California and CalPERS [contracts](#)
- PBGH purchaser APC standards and toolkits ([Common Purchaser Agreement](#))

* Equity sensitive measures tied to quality initiatives lead by Covered California, CalPERS, NCQA and others. GSD HbA1c (>9%) and (<8%) are both included in 2024 to support payer tracking needs.

1. [Integrated Healthcare Association. Align. Measure. Perform. Commercial HMO \(Measurement Year 2024\)](#)
2. [California Department of Health Care Services. Medi Cal Managed Care Accountability Set \(Measurement Year 2024\)](#)
3. [CMS Universal Foundation Measure Set \(2023\)](#)
4. [DMHC Health Equity and Quality Measure Set \(2023\)](#)

| Quality Domain | Measure | NQF ID | Population | Industry Alignment | | | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|-------------------------|-----------------------|------------------|-------------------|
| | | | | Commercial ¹ | Medi-Cal ² | CMS ³ | DMHC ⁴ |
| Health Outcomes & Prevention | Asthma Medication Ratio | 1800 | Pediatric/Adult | ● | ● | ● | ● |
| | Childhood Immunization Status (Combo 10)* | 0038 | Pediatric | ● | ● | ● | ● |
| | Colorectal Cancer Screening* | 0034 | Adult | ● | ● | ● | ● |
| | Controlling High Blood Pressure* | 0018 | Adult | ● | ● | ● | ● |
| | Diabetes HbA1c Control* | 0059/ 0575 | Adult | ● | ● | ● | ● |
| | Immunizations for Adolescents | 1407 | Pediatric | ● | ● | ● | ● |
| Patient Reported Outcomes | Depression Screening and Follow-Up for Adolescents and Adults (DSF) | - | Pediatric/Adult | ● | ● | ● | ● |
| | Depression Remission or Response for Adolescents and Adults (DRR-E) <i>phased approach</i> | - | Pediatric/Adult | | ● | | ● |
| Patient Safety | Concurrent use of Opioids and Benzodiazepines was removed due to stakeholder feedback. A replacement will be chosen during updates post testing. | | | | | | |
| Patient Experience | Patient Experience (CG-CAHPS) | 0005 | Pediatric/Adult | ● | ● | ● | ● |
| High Value Care | Emergency Department Visits | - | Pediatric/Adult | ● | | | |
| | Inpatient/Acute Hospital Utilization | - | Pediatric/Adult | ● | | | |
| | Total Cost of Care | 1604 | Pediatric/Adult | ● | | | |

EQuIP-LA Initiative (2023-2025)

The Equity & Quality in Independent Practices-Los Angeles (EQuIP-LA) Initiative is a two-year improvement collaborative supporting 31 primary care practices advance health equity for over 40,000 Medi-Cal enrollees of color. The initiative aims to:

- Build capacity of participants to lead equity focused quality improvement efforts
- Reduce disparities of care related to colorectal cancer screening, diabetes and hypertension.



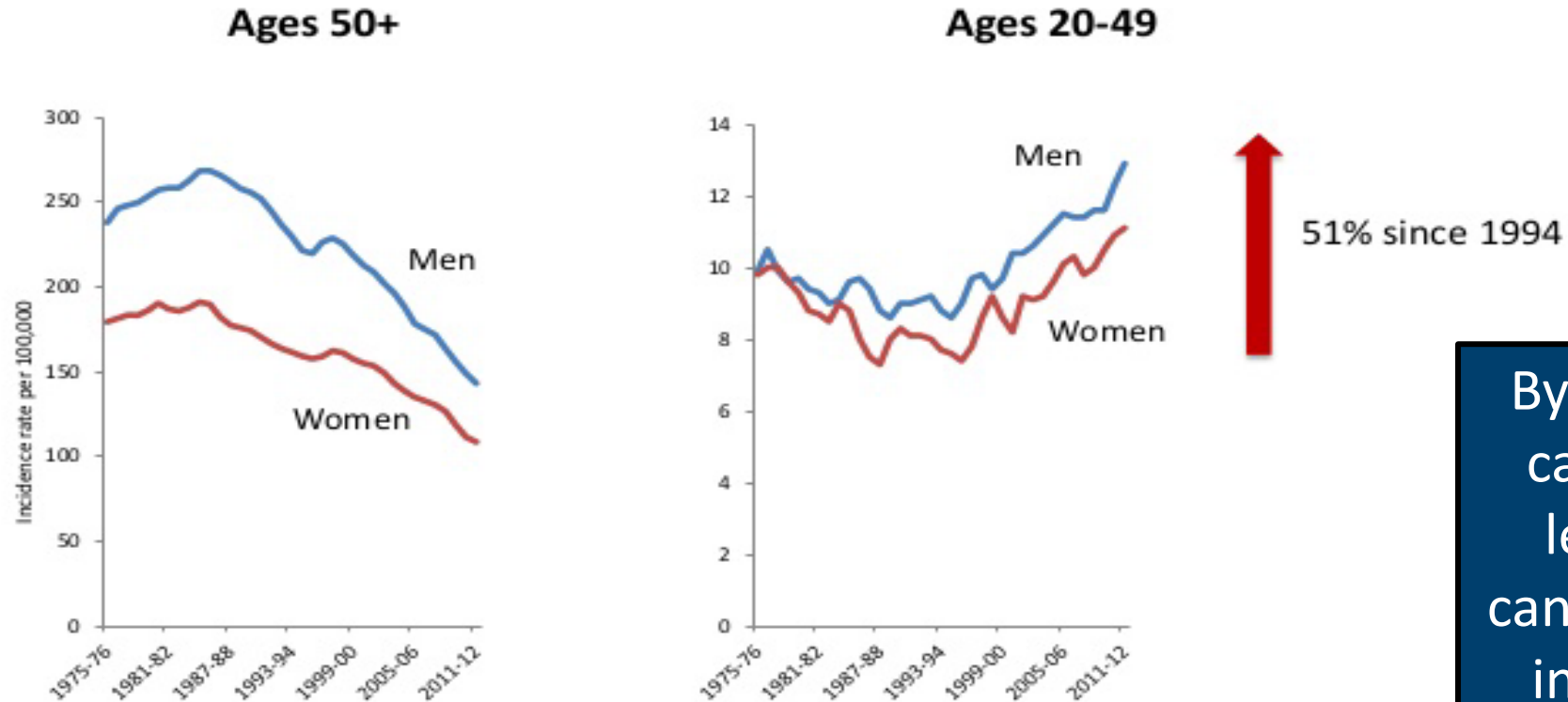
EQuIP-LA is funded by the California Health Care Foundation

Addressing Disparities in Colorectal Cancer Care

Folasade P. May M.D., Ph.D., M.Phil.

Associate Professor of Medicine
University of California Los Angeles
Veterans Health Administration

Cases are Rising in Young Adults



There has been a 51% increase in CRC incidence in individuals aged 20-49 since the early 1990s.

By 2030, colorectal cancer will be the leading cause of cancer-related death in this age group.

SEER 9 database. Delay-adjusted rates, 1975-2012; 2-year averages.

Photo courtesy of Rebecca Siegel.

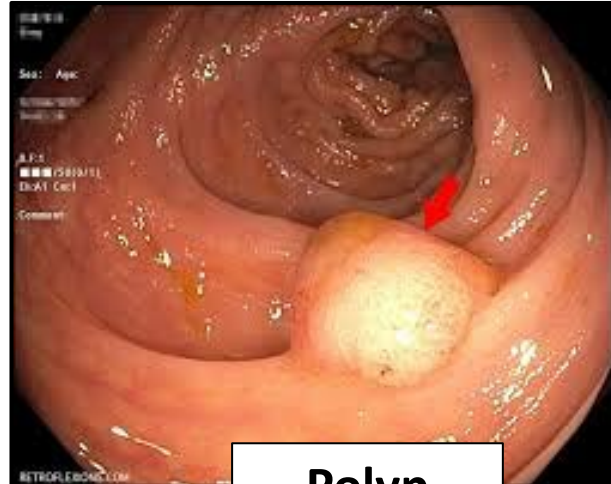
Rahib et al., JAMA open network, 2021.

Colorectal Cancer Originates as a Polyp

Colorectal cancer develops when the cells in polyps begin to grow uncontrollably.



Normal Colon



Polyp



Colorectal Cancer

Diet Modification

- Minimize processed meats:
 - Ham, bacon, hot dogs, raw sausages (salami), bologna, blood sausage, pate, meat spreads, cold cuts, canned meats, corned beef
- Minimize red meats:
 - Beef, pork, lamb, goat
- Increase intake of:
 - Whole grains, fiber, fruit, non-starchy vegetables, vitamin C-rich foods, fish, vitamin D



Other Lifestyle Changes

- Obesity and diabetes prevention
- Increase physical activity
- Drink alcohol in moderation
 - *Maximum of 2 drinks/day for men; 1 drink/day for women*
 - *Maximum 14 units/week for men and women*
- Avoid tobacco



BEER
½ pint
measure

=



WINE
125 ml
measure

=



PORT/SHERRY
50 ml
measure

=



SPIRITS
25 ml
measure



CO-LON-TOWN
[koh-luhn-toun] noun

1. A supportive online community for colorectal cancer patients, survivors, and caregivers.
2. A place to find science and hope while navigating treatment and survival.

The banner features a green and blue wavy top border, the text "CO-LON-TOWN" in blue, a definition in blue, a numbered list, and a "COLONTOWN" logo with a star and the tagline "A COMMUNITY OF HOPE" at the bottom.



Navigation After the Diagnosis





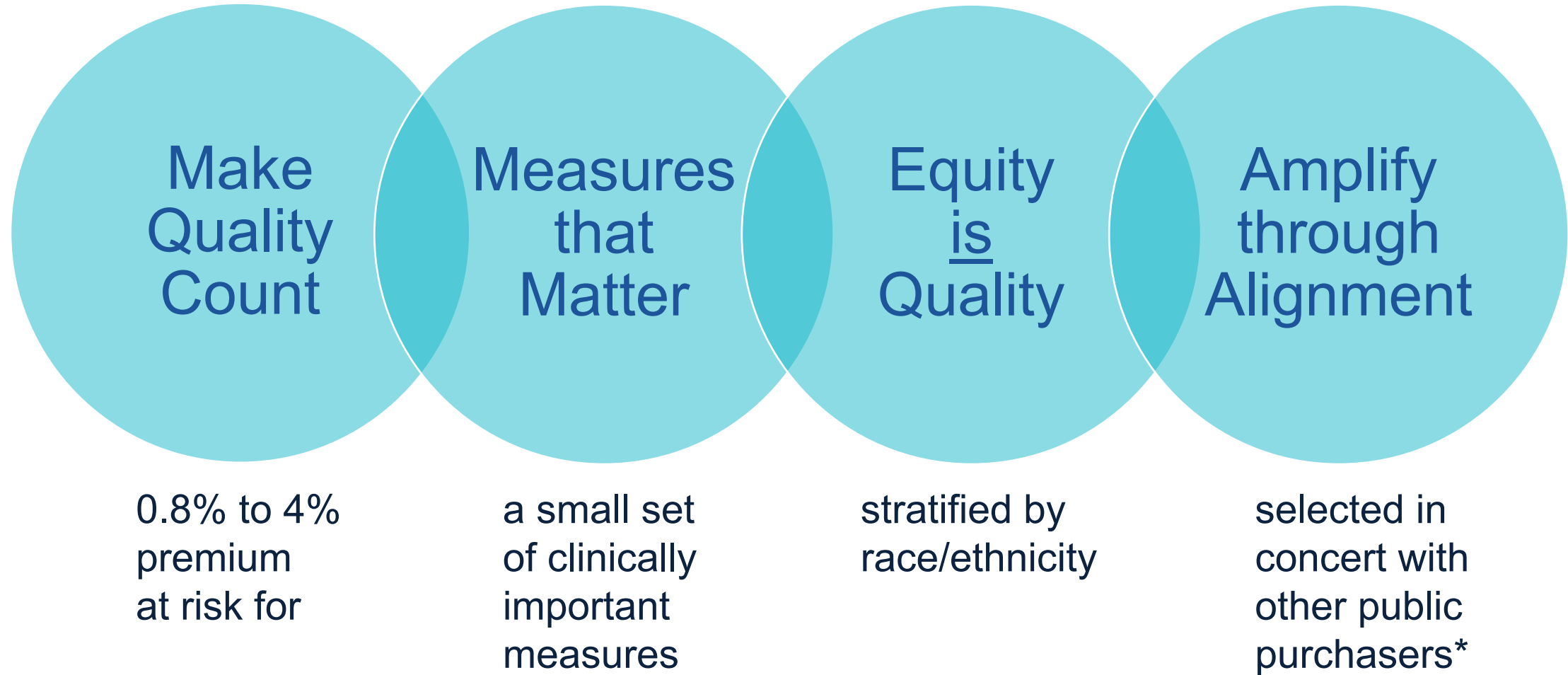
Addressing Disparities in Colorectal Cancer

Taylor Priestley

*Director, Equity and Quality Transformation,
Health Equity Officer*

March 20, 2024

Covered California Quality Transformation Initiative



*Public purchasers includes CalPERS and DHCS/Medi-Cal

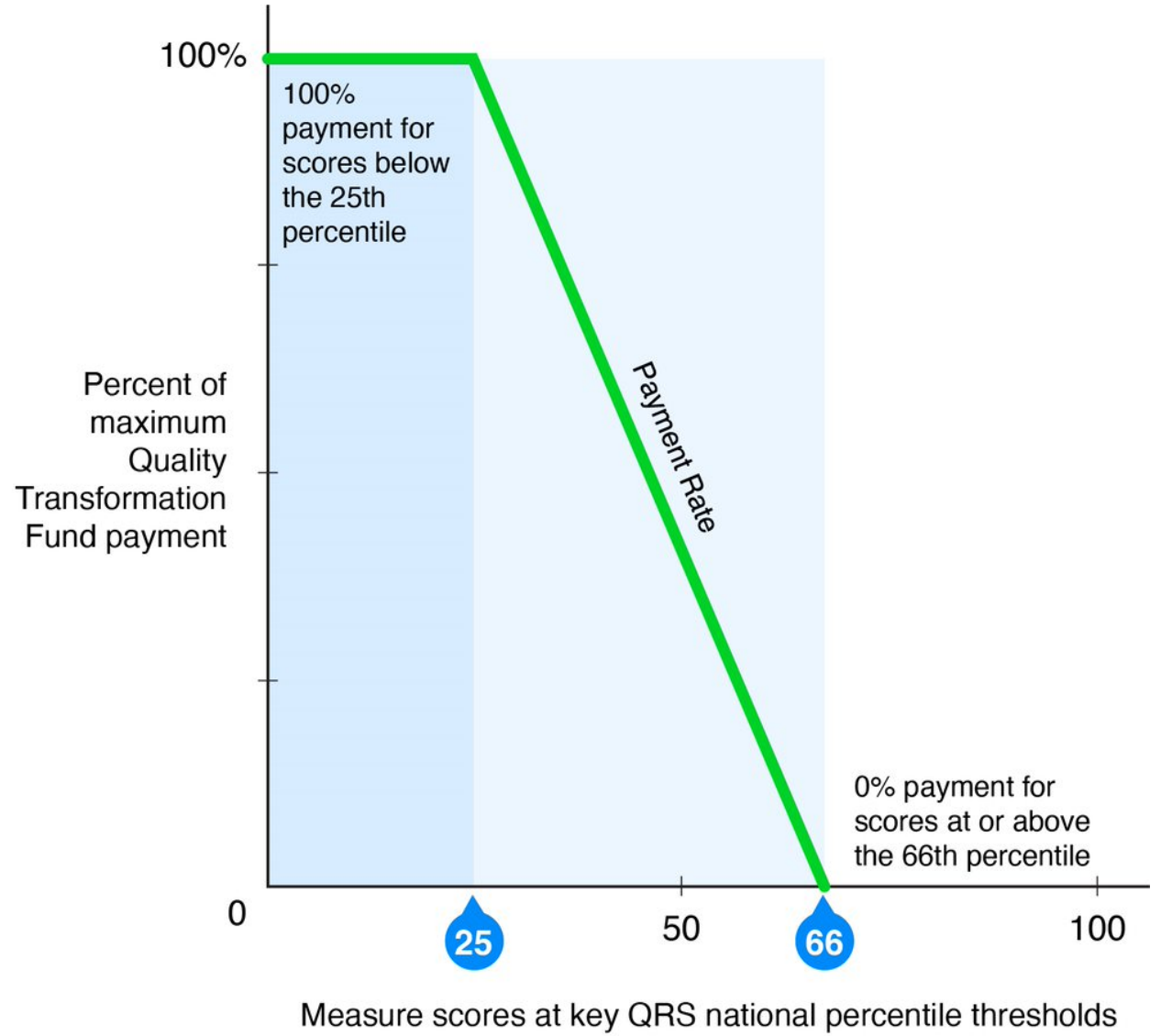
Covered California QTI Measures

| Core Measures* | Clinical Context |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Blood Pressure | Key risk factor for cardiovascular disease (heart attacks and strokes), the leading cause of death in the United States |
| Diabetes (A1c control) | ~50% Californians have prediabetes or diabetes, which is a leading cause of blindness and amputation and key risk factor for cardiovascular disease |
| Colorectal Cancer Screening | Cancer is the second leading cause of death after heart disease, and colorectal cancer is the second leading cause of cancer death after lung cancer. Screening reduces the risk of developing and dying from CRC cancer by 60-70% |
| Childhood Immunizations | Childhood immunizations prevent 10.5m diseases annually. For every \$1 spent on immunizations, there is as much as \$29 in savings |
| <i>Reporting only</i> | Depression Screening and Follow-Up for Adolescents and Adults |
| <i>Reporting only</i> | Medication Treatment for Opioid Use |

*All measures will be stratified by race/ethnicity

QTI Quality Payment Structure

- Premium at risk for payment (0.8% in PY2023, 1.8% in PY2024, 3% max. in PY2025, 4% max. in PY2026)
- Full per measure payment if the measure score is below the 25th national percentile
- Per measure payment at a declining constant rate for each measure score between the 25th and 66th national percentile
- No payment if the measure score is at or above the 66th national percentile



Guiding Principles: Use of Funds

Centered on goal to improve health outcomes for Covered California enrollees



Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations



Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance



Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes



Additive: funds should be used to advance quality in a currently underfunded arena.

What Success Looks Like



Receipt of high-quality care for all members regardless of subpopulation size



Embrace of an equity-centered approach to meet diverse needs with tailored interventions



Greatest financial accountability for subpopulations least served by current quality improvement approaches



Deep engagement and monitoring by Covered California to ensure disparities do not increase