

Recommendation Framework

The workgroup's goal is to increase the appropriate cervical cancer screening process in Washington State to decrease incidence of and mortality from cervical cancer.

Note: the following refers to colorectal cancer screening

Focus Area	Action Steps
Tracking	<ul style="list-style-type: none"> • Track outcomes and identify disparities in cancer screening and mortality through a comprehensive cancer screening registry including colon, breast, and cervical cancers. The registry will include at minimum screening, screening outcome, and factors that influence screening and outcome including race, ethnicity, and insurance status. <ul style="list-style-type: none"> ○ Short term goal: Individual site-level registry ○ Long-term goal: Centralized registry managed by state agency • Contact colon cancer screening and follow-up outreach including follow-up on abnormal non-colonoscopy screening tests. <ul style="list-style-type: none"> ○ Manage outreach and registry through dedicated role at site level ○ Prioritize outreach to populations with historical or demonstrated lower colorectal cancer screening rates including minoritized individuals, those covered by Medicaid, the underinsured, and the uninsured
Measurement	<ul style="list-style-type: none"> • Request self-reported race and ethnicity at a site level and report at a health plan level to identify disparities to develop actionable plans to address those disparities • Report screening completion by race and ethnicity by site and health plan • Include measurement of the colorectal cancer screening rate (NQF #0034) for all appropriate populations including for Medicaid • Track positive fecal tests with follow-up colonoscopy
Person-Centered Care	<ul style="list-style-type: none"> • For patients 50-75, individualize screening modality choice considering overall health, history of prior screening, and risk factors, using shared decision making using language and level of understanding appropriate to the person • For patients electing or who are recommended to have a colonoscopy, offer education around sedation options, including no sedation or sedation on demand
Payment	<ul style="list-style-type: none"> • Develop a cost calculation worksheet to show the return on investment for colorectal cancer screening • Tie provider payments to showing improvement in colorectal cancer screening rates in state health care purchasing contracts • Waive member cost share for colonoscopy to evaluate an abnormal colorectal cancer screening test (i.e., sigmoidoscopy, stool, blood, imaging screening test), whether polypectomy or biopsy is performed • Waive the member cost share for screening colonoscopy if a polyp is identified and removed in the procedure

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| | <ul style="list-style-type: none">• Provide funding for patients who are uninsured and income-eligible to have the same access to free colorectal screening and treatment as those with breast and cervical cancer |
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Stakeholder Checklists

Delivery Organizations

- Onsite colorectal cancer screening registry for people aged 45-75 or who are otherwise appropriate for receiving colorectal cancer screening, (registry can include other cancer screening) of the attributed population includes:
 - Age
 - Sex at birth and gender (if available)
 - Race
 - Ethnicity
 - Insurance status
 - Modality selected for screening
 - Screening dates
 - Screening results
 - Follow-up steps
- Registry is used to electronically notify providers during a visit with patients aged 45-75 or who are otherwise due for colorectal cancer screening
- Specific staff person or persons is dedicated to managing registry and outreach
- Outreach occurs to those within attributed population due for cancer screening at appropriate intervals depending on the colorectal cancer screening modality they have selected or that is most appropriate for them
- A mailed FIT program exists for average risk individuals not up-to-date for colorectal cancer screening who are identified through the registry (unless have opted for different modality)
- Abnormal FIT tests are tracked, and patients receive follow-up until colonoscopy is completed or there is adequate documentation in the EHR as to why a colonoscopy was not done
- Prioritize outreach to populations with historical or demonstrated lower colorectal cancer screening rates including:
 - American Indian/Alaska Native
 - African American
 - Hispanic
 - Medicaid
 - Underinsured
 - Uninsured
- Providers are trained or receive access to training on:
 - Indications for colonoscopy including family history and signs and symptoms of presence of colorectal cancer
 - How to have a conversation about selecting the colorectal cancer screening modality using shared decision making for patients aged 50-75 or who are otherwise appropriate

- Patient decision aids on colorectal cancer screening modality selection are reviewed as an organization and make the patient decision aid available to the patient. This may also be done in partnership with a health plan's patient-facing webpage.

These recommendations not intended to be used in lieu of medical advice.

Patients and Family Members

- Understand your personal family history and risk of colorectal cancer. You can find information from the American Cancer society [here](#) and in **See Appendix D: Colorectal Cancer Risk Assessment Checklist**. If you are high risk, consider screening earlier than age 45 such as age 40
- Understand the signs and symptoms of colorectal cancer and talk to your doctor or care team if you have signs or symptom
 - More information [here](#)
- If you are aged 45 to 75, you should be screened for colorectal cancer using a test that you choose
 - More information [here](#)
- If you are 75 to 85, think about your overall health and wellness-related goals, risks of screening procedures, your personal preferences, and whether you have been screened previously
 - Give your provider(s) information about your values and preferences and discuss options, tradeoffs, and implications of a decision together.
 - Ask about whether a patient decision aid is available.

Providers

- Understand the USPSTF cancer screening recommendations by age and risk category and the various options for colon cancer screening
- Understand and utilize the cancer screening registry available in your practice
- Understand factors that increase lifetime risk for or indicate current colorectal cancer including:
 - Symptoms
 - Family history
 - Genetics
- Participate in skills training around shared decision making specific to colorectal cancer screening and/or other cancer screening. This is a learned skill set that is supported by patient decision aids
- Discuss a person's individual risk factors as appropriate during a visit with a patient decision aid as informing a screening modality by appropriate age

Health Plans

- Collect data on colorectal cancer screening participation, including demographics such as patient race and ethnicity
- Waive member cost share for colonoscopy to evaluate an abnormal colorectal cancer screening test (i.e., sigmoidoscopy, stool, blood, imaging screening test), whether or not polypectomy or biopsy is performed
- Waive the member cost share for screening colonoscopy if a polyp is identified and removed in the procedure

- Track and report colorectal cancer screening for eligible adults (NQF #0034) and stratify by race including for Medicaid

Employers

- Incorporate colorectal cancer screening metrics into any value-based contracts (e.g., Centers of Excellence, Accountable Care Organizations)
- Consider education about relevant cancer screenings aligned with the USPSTF recommendations

Washington State Health Care Authority

- Require Medicaid Managed Care Plans to report on percentage of eligible adults screened for colorectal cancer NQF #0034 and by race and ethnicity
- Certify patient decision aids for colorectal cancer screening

Washington State Department of Health

- Develop a statewide colorectal cancer screening registry for people aged 45-75 or who are otherwise appropriate for receiving colorectal cancer screening, (registry can include other cancer screening) of the attributed population includes:
 - Patient identifier
 - Age
 - Sex at birth and gender (if available)
 - Race
 - Ethnicity
 - Insurance status
 - Modality selected for screening
 - Screening date
 - Screening result
 - Follow-up steps
- Use data from the registry to compare the rate of colorectal cancer screening, stage at diagnosis, and mortality compared across health plans and delivery systems

Washington State Legislature

- Mandate health plan reporting on available race and ethnicity data for all quality performance metrics
- Pass legislation to increase colorectal cancer screening including:
 - Requiring health plans to
 - Waive member cost share for colonoscopy to evaluate an abnormal colorectal cancer screening test (i.e., sigmoidoscopy, stool, blood, imaging screening test), whether or not polypectomy or biopsy is performed
 - Waive the member cost share for screening colonoscopy if a polyp is identified and removed in the procedure

- Allow patients who are income-eligible to have the same access to free screening and treatment as those with breast and cervical cancer

NCQA

<https://www.ncqa.org/hedis/measures/cervical-cancer-screening/>

Assesses women who were screened for cervical cancer using any of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.