PCC
NEWSLETTER
FALL 2012



Preventing Colorectal Cancer News

Issue Brief: Health Insurers Should Cover Propofol Sedation During Colonoscopy Procedures

PCC is publishing a series of issue briefs for consumers, physicians and other interested parties in an effort to promote colorectal cancer screenings and prevention. Key topics include the importance of colon cancer screenings and prevention, industry standards, current legislation impacting the industry, as well as ultimately patients. The briefs will also address such issues as the appropriate time for people to get screened and how the industry can increase polyp detection rates.

A nonprofit organization, PCC encourages public policymakers, health officials, health plan executives and others to support colonoscopies as the gold standard colorectal cancer screening method. We have a unique opportunity to save tens of thousands of Americans each year from preventable colon cancer. This issue brief is the

See Issue Brief, page 2

In this issue...

PCC Profile: Manhattan's Physician Group

Screening colonoscopies have been proven to reduce the incidence of colorectal cancer (CRC), which is both preventable and treatable. Preventing Colorectal Cancer (PCC) advocates patients to schedule screening colonoscopies when they reach a certain age (this varies based on ethnicity and family history), or at the first sign of a change in bowel habit. That being said, how do members of our medical community communicate this advice and convince people to visit their gastroenterologist to schedule this potentially lifesaving screening?

Every year, PCC awards the *Champion Award for Colorectal Cancer Prevention* to recognize individuals, groups and companies that provide either exceptionally high standards of care or who most effectively advocate for the prevention and early detection of colorectal cancer.

Manhattan's Physician Group (MPG) was one of three winners of the 2012 Champion Award. Their methods of increasing screening rates have been effective and are worth sharing. PCC staff recently interviewed the CEO, Howard Tepper, and the Gastroenterology service line chief, Dr. Steven Finkelstein, and asked for the low-down on how MPG achieved the 90th percentile

See PCC Profile, page 3

ISSUE BRIEF

from page 1

third in the series of publications describing what actions we can take together to make a difference.

The Issue

Health insurers should cover the most effective screening procedures available to prevent colon cancer. Most leading experts now agree an important adjunct to a traditional colonoscopy is offering the sedation option of propofol during the screening procedure. Among other attributes, studies have shown a higher detection rate of precancerous polyps using propofol when compared to traditional sedation methods. As part of this new standard of care, propofol must be administered by a licensed anesthesiologist or Certified Registered Nurse Anesthesiologist (CRNA) due to patient safety concerns.

Unfortunately, inconsistent coverage policies from plan to plan or region to region sometimes leave unsuspecting patients on the hook for paying a large part of this life-saving screening test out-of-pocket, or otherwise unsure what is covered and what is not. Once providers and/or patients realize that propofol might not be covered for a colonoscopy, some will avoid having the screening altogether out of fear of the pain associated with less effective anesthetic. Some professionals have even advocated patients do not need an anesthetic at all, which is analogous to having a root canal without Novocain.

Due to the emerging standards of care and the clinical benefits, not covering the administration of propofol through a licensed anesthesiologist or CRNA is simply short-sighted and can harm the insured population.

Background

Colorectal cancer is the third leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second leading cause when both sexes are combined. Colon cancer is predicted to cause about 51,690 deaths during 2012. However, a major milestone was achieved recently when federal health care reform legislation mandated that insurers cover the cost of preventative colonoscopy screenings without copayments or deductibles.

The good news is that over 20 million colonoscopy procedures are performed in outpatient endoscopy suites each year and this number continues to increase annually. Unfortunately, the cost of the screening is only part of the total cost incurred by visiting the endoscopy center. The vast majority of these 20 million procedures are delivered with anesthesia and the charges incurred for this important aspect are sometimes disputed by insurers as 'not medically necessary.' When patients learn that there may be large and unexpected bills following their procedure, many become wary of scheduling their colonoscopy.

The Opportunity

It's vital that steps are taken to ensure all colonoscopies are of the highest quality and that patients are not discouraged from scheduling their screenings. As highlighted in previous PCC issue briefs, colonoscopies with propofol sedation provide the best clinical outcomes. The inconsistent interpretation by health plans about whether propofol is a covered benefit must be resolved with a consistent and clear coverage policy in all instances. It is simply the right thing to do for the patient.

Some health insurers do not cover propofol at all; others limit payments for anesthesiologists or CRNAs, and still others confuse matters by not enforcing their sedation coverage policy consistently as it relates to "medical necessity" and/or "benefit determinations." Whereas many large public payors such as the Center for Medicare and Medicaid Services (CMS) and many private payors cover anesthesiologist-CRNA administered propofol during a colonoscopy, a few notable exceptions exist.

Inconsistent health plan coverage policies can wreak havoc for practicing physicians and their patients in terms of the procedures that are covered and those that are not. While attempting to cut their costs, some insurers attempt or actually deny patients the optimal clinical experience of having a colonoscopy while under the care of an anesthesiologist or CRNA administering propofol. This is counterproductive and conflicts with current evidence-based practices.

Avoiding Colonoscopies

Many people refuse to undergo a potentially lifesaving colorectal cancer screening out of fear of the procedure. Having to undergo a colonoscopy without the benefit of anesthesia only heightens that fear. Patients who have a painful colorectal cancer screening not only are less prone

See Issue Brief, page 3

PCC PROFILE

from page 1

ranking nationally according to the National Committee on Quality Accreditation (NCQA) Benchmarks. MPG's medical offices serve a diverse community with approximately 25% of its population comprised of African American members and 20% Americans of Latin decent.

In addition to ranking in the 90th percentile nationally, "MPG recently received the NCQA Physician Practice Connections Patient-Centered Medical Home Recognition at Level 3, the highest level, for six of its practices in Manhattan," notes Tepper.

PCC: Your screening rates are around 71% of the Medicare members based on paid claims. The actual screening rates are actually even higher due to the fact that some members complete screening without a claim ever being submitted. Who gets credit for these impressive screening rates?

Tepper: We are a medical home with approximately 84,000 members. We understand the importance of preventative screenings, so we train our primary care physicians and staff on the importance of ensuring colon cancer screening consistent with practice guidelines are completed for all members. There are materials from the American Cancer Society promoting colonoscopy in our offices. Additionally, our integrated electronic medical records also help the nurses and coordinators flag those members who are due for screenings.

Finkelstein: Yes, it really starts with the primary care physician. We make it as easy as possible for them to make referrals. And the compliance to their recommended screenings is supported by a pre-screening interview. We do everything we can to demystify the procedure and stress the reason we are prescribing the colonoscopy. Colorectal cancer is preventable and we prefer to remove the polyps before they have the opportunity to develop into this deadly form of cancer.

PCC: How do you reach people who aren't coming into the office for 'well visits' with their primary care physician?

Tepper: We use our member newsletters to promote preventative screenings to everyone and we also target members who are due for a screening with a letter and fecal immunochemical test (FIT) kit to initiate screenings. There are follow-up phone calls to members who don't respond to the FIT kit mailing.

PCC: It seems that you've made significant efforts to educate not only your members but also the community in general.

Tepper: Yes, we attend at least 50 community events each year. There are some small expos at companies and then there are bigger events like the Harvest festival. Large events such as the Harvest Festival might have the primary focus of encouraging flu shots, but we try to incorporate CRC screenings by having materials available for the public.

Preventing Colorectal Cancer would like to thank Manhattan's Physician Group for their efforts in preventing this deadly form of cancer. As we like to say, *a cancer prevented is better than a cancer cured,* and MPG is doing an exemplary job increasing screening rates, educating the community and providing information regarding preventative screenings. •

ISSUE BRIEF

from page 2

to return for the next one, but will tell their friends and family about the painful procedure and even fewer people will agree to have the colonoscopy.

Given the high cost of treating a stage IV colorectal cancer, providing a safe and comfortable colonoscopy is the best clinical pathway. Refusing to pay for the anesthesia is short-sighted and limits the clinical efficacy of the colonoscopy. Health plans need to establish a coverage policy that is in the best interests of their health plan members, which should include the use of anesthesiologist-CRNA administered propofol as an anesthetic option in conjunction with colonoscopies.

Gold Standard of Care

The use of propofol during a colonoscopy, where an anesthesiologist or CRNA is present alongside a gastroenterologist, is emerging as the medical standard of care in the United States. Health insurance plans unwilling to cover the relatively small additional cost of anesthesia compared to the overall charges for a colonoscopy, while ignoring the superior clinical outcomes of more polyps being found and removed from patients who are anesthetized with propofol, are providing a marked disservice to the persons covered by their policies.

Lives are at risk and health insurance plans should not be allowed to cut costs at the risk of patient safety. Propofol-aided sedation for colonoscopies for Medicaid, Medicare and most health plans across the United States has become the standard of care.

To be included on the Issue Brief distribution list, please send an email to *info@preventingcolorectalcancer.org.* •

Consumer Advocate Section: Preventative Screening Covered Under the Affordable Care Act

Randall H.H. Madry, Executive Director

The Patient Protection and Affordable Care Act (PPACA) has become law, and under this reform initiative many are now covered for colorectal cancer preventive screenings without a copay or deductible. Unfortunately, not every health benefit plan is completely covered by the new law. Existing health benefit plans that are grandfathered in will not be covered by the initiative until 2014.

From a colorectal cancer screening and care perspective, one of the most important elements of PPACA is found in Section 2713. This section states, "A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for—(1) evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force."

Colorectal cancer is the second leading cause of cancer deaths; it is also one of the most treatable cancers if detected early. Colonoscopy is recognized on the United States Preventive Services Task Force list of evidence-based services, and received an 'A' rating. With this rating in place, if a person is covered by a health benefit plan subject to Section 2713 of PPACA, and is of the appropriate age, they can sign up for a potentially life-saving colorectal cancer colonoscopy and will not be charged a copay or deductible.

However, if a health benefit plan is grandfathered in or has been granted a waiver by the Obama Administration, there still may be a copay or deductible associated with the procedure. Health insurance carriers are required to advise customers if the plan is grandfathered at the time of renewal. If a person has individual coverage, they can contact their broker or call their health benefit carrier, or, if they are covered under a group plan, they can contact their employer's health benefits representative.

Time ultimately will cure this problem. The waivers and grandfather provision only last until 2014, at which time all plans will have to comply with Section 2713. Until then, it is important for individuals to understand that whatever the out-of-pocket costs for a colorectal cancer screening colonoscopy may be, it can't be as significant as the opportunity for a colorectal cancer screening colonoscopy to detect and remove pre-cancerous polyps. You can't put a price on health and well-being, and compared to the cost of becoming a colorectal cancer patient, the out-of-pocket expense of a colonoscopy is relatively insignificant. •

Join PCC

We Need Your Help!

Preventing Colorectal Cancer's mission is to educate the public and key stakeholders about the opportunities to reduce the incidence of colorectal cancer through maintaining screening and care options for patients. We want you to join us and embrace the mindset that together we can make a difference in redefining the standard of care, campaigning for transparency in reimbursement methodologies, and fighting for the coverage of sedation during colonoscopies. •

For more information email *info@preventingcolorectalcancer.org*

On the Horizon

Treatment Advances

This summer results from the National Human Genome Research Institute and National Cancer Institute (NCI) *Cancer Genome Atlas Project* were released. According to the study, 224 tumor samples were tested, which made it the largest sampling conducted by any group ever. "We found varieties of different types of genetic changes, and each of those changes point out to possibly a different type of approach that you could take," explained Dr. Raju Kucherlapati, head researcher.

The researchers also found similarities in the genetic makeup of different types of cancer. "Today, rectal cancer is treated somewhat differently than colon cancer," Kucherlapati noted, "but the study found that the two cancers are actually very similar to each other. Furthermore, drugs that have been used for breast cancer may be effective in 5 percent of colon cancer patients, too, due to a genetic similarity. It's a great opportunity to change the therapeutic agents for this cancer." •

IN THE NEWS

Colon and Rectal Cancers—Not So Different After All

Recent research by the Cancer Genome Atlas (TCGA) published in *Nature International Journal of Science,* shows that the pattern of genomic variations in colon and rectal tissues is the same regardless of the location or origin in the colon or the rectum. To find out more about the discoveries in this ground-breaking study.

For more information, visit *http://www.nature.com/nature/journal/v487/n7407/full/nature11252.html* •

The Impact of Diet on Cancer

Dr. Walter Willet, chair of the department of nutrition at the Harvard School of Public Health, recently delivered a lecture titled, "Diet & Cancer: The Fourth Paradigm" at the NIH campus in Bethesda, MD. Willett's lecture focused on the fact that diet and weight management are major contributors to cancer. To find out the four paradigms Dr. Willet discusses, please go to *www.cancer.gov/ncicancerbulletin*. •

Exercise May Boost Survival in Breast, Colon Cancer Patients

Research from the U.S. National Cancer Institute indicates that being physically active may lengthen the lives of people with breast and colon cancer. Exercise may also benefit patients with other types of cancer, but the study found no substantial evidence to back that claim.

To read the full article in the *Journal of the National Cancer Institute,* visit *www.oxfordjournals.org*. •

Americans Need to Eat More Vegetables

Research shows that diets high in fruits and vegetables decrease the risk of cancer, diabetes, heart disease and help control weight. Unfortunately, most Americans are not eating enough fruits and vegetables. To find out more, visit *www.usatoday.com/news/health.*

Can Drinking Coffee Lower Colon Cancer Risk?

The *American Journal of Clinical Nutrition* recently published the results of a NIH-AARP Diet and Health Study that focused on the impact of coffee and tea consumption on the incidence of colon cancer. While the study did not find any associations for tea and the incidence of CRC, there was evidence that coffee was inversely associated with colon cancer, proximal tumors in particular. To read more, visit *www.ajcn.org.*

ON THE HILL

New Call to Action! Colorectal Cancer Needs Your Support

An important bill has been introduced in the U.S. House of Representatives that will correct a significant shortcoming in the Patient Protection and Affordable Care Act. As the law is currently written, a Medicare patient who will undergo a colorectal cancer screening colonoscopy will be told that the screening is covered in full, but if the procedure finds a polyp, the procedure no longer is considered a covered-in-full screening procedure. It becomes a therapeutic procedure and all applicable deductibles and coinsurance charges must be satisfied. The patient does not know how much the procedure costs until the procedure is completed, the patient recovers and is handed the bill. H.R. 4120, the Removing Barriers to Colorectal Cancer Screening Act, will correct this unfortunate situation. The bill will waive the Medicare patient coinsurance when the screening procedure becomes a therapeutic procedure.

There are many reasons why numerous people do not take advantage of the single most effective opportunity to prevent colorectal cancer (CRC), a screening colonoscopy. Some fear the procedure itself, while others fear the associated costs or the threat of receiving bad news. One of the goals of our organization is to remove artificial barriers that are preventing patients from accessing this important procedure. Given the low relative cost of a colonoscopy compared to the estimated annual cost of $280,000 to treat a Stage IV CRC patient, every effort should be made to remove artificial barriers to patients accessing this care. Being unable to predict what the ultimate cost will be to a Medicare enrollee is just one more barrier that must be removed.

PCC applauds and supports the effort on the part of Fight Colorectal Cancer and the American Society of Gastrointestinal Endoscopy, which have been instrumental in pushing this bill to consideration, and wholeheartedly lend our support. **We urge you to consider this important legislation and contact your U.S. House of Representatives member and ask them to support H.R. 4120.** This is an important piece of legislation that will correct a significant shortcoming in the current law. Please consider lending your support to its passage, you can visit *www.preventingcolorectalcancer.org* to identify your representative and contact them. •

FOR MORE INFORMATION

To stay updated with the latest news, email *info@preventingcolorectalcancer.org* to join the mailing list or learn about the benefits of membership.

612 Third Street, Suite 2A
Annapolis, MD 21403
Toll free: (866) 333-6815
Email: *info@preventingcolorectalcancer.org*

contact