

NCCRT Distinguished National Leadership Award

Recipient: Dr. Stony Anderson, MACP

President, C4 Board of Directors

Margaret Hitchcock, PhD

Vice President, C4 Board of Directors
www.cacoloncancer.org





Postcards
from
Stonyworld





Most Meaningful:

*Favorite
Grandfather*

Stony Professional Appointments of Interest

1. Midshipman Battalion Commander, University of Oklahoma NROTC 1963-64
2. Weapons Officer and Senior Watch Officer, USS Lester DE 1022, 1967-68
3. Chief Resident, Internal Medicine, San Diego Regional Medical Center, 1974-75
4. Chief of Gastroenterology, San Diego Regional Medical Center, 1979-84
5. Chief of Medicine, Kaiser Permanente, San Diego, 1986-2004
6. Coordinating Chief of Internal Medicine, S.C.P.M.G., 1993 to 2000
7. Chairperson of S.C.P.M.G. Colorectal Cancer Screening Guideline Development Committee, 1992 to 2008



California
Colorectal
Cancer
Coalition



Stony's Many Awards



Video of Stony and Walter



Screen Capture Only – Link below contains video

<https://www.youtube.com/watch?v=l0M49JjikPs>

Stony's "Baby"

Project Access

Developed Project Access – San Diego in conjunction with Champions for Health

New Model

Modeled after the SF Bay Area Operation Access

Super Saturdays

Super Saturday screenings orchestrated by recruiting Kaiser volunteers

Donated Colonoscopies

Provided 215 donated colonoscopies for the uninsured being cared for San Diego FQHCs

Outcomes

- Discovered 8 cancers and 7 of the 8 were cured

Stony's Guiding Hand - C4's State & National Policy Efforts



- **USPSTF - May 2021**
 - Updated CRC screening guidelines
 - Lowered screening age to 45 for patients at average risk of developing CRC
 - Removed “**diagnostic**” from clinically mandated secondary screening colonoscopies
- **CA AB 342 (Gibson) – October 1, 2021**
 - Removes cost sharing in commercially insured patients for secondary colonoscopies following abnormal primary test
- **Centers for Medicare & Medicaid Services (CMS) – December 2021**
 - Addition of CRC Quality Measure to Medicaid/Medi-Cal Adult Core Set



For Reference: C4's CMS Policy Efforts

DIVERSITY, EQUITY, AND INCLUSION IN GI

Advancing Health Equity for Medicaid Beneficiaries by Adding Colorectal Cancer Screening to the Centers for Medicare and Medicaid Services Adult Core Set

In May 2021, the Centers for Medicare and Medicaid Services (CMS) Quality Measures Voting Members unanimously recommended the addition of colorectal cancer (CRC) screening to the CMS Medicaid Adult Core Set of Quality Measures for adoption in 2022. However, CMS has the latitude to reject recommendations from the Voting Members. The proposed CMS Medicaid CRC screening quality measure should be supported because it is actionable, has alignment with other metrics, is appropriate, is feasible, and will promote equity for all people insured through CMS (Table 1).

The American Medical Association's recently released social justice and health equity plan includes the addition of standards, benchmarks, incentives, and metrics to "embed equity in practice, process, action, innovation, and organizational performance and outcomes".¹ Addition of CRC screening to the CMS Medicaid Adult Core Set may foster health equity for nonelderly Medicaid beneficiaries who are more racially and ethnically diverse than Medicare beneficiaries. People from racial and ethnic minority groups comprise 84.8% of Medicaid beneficiaries but only 25.2% of Medicare beneficiaries (US average, 2019).²

Quality measures are used by health-care organizations and insurance plans, states, and national agencies to assess and compare quality of care. The requirement to measure and improve a quality measure has a profound impact on an organization's decision to adopt evidence-based programs to improve that quality

measure. The level of performance of this quality measure then influences payment, incentives, and accreditation. CMS require managed Medicare Advantage programs to report a core set of quality measures including CRC screening and other measures, as part of the Star Rating Program.³ Plans receive reimbursement bonuses and other benefits based on their overall star performance, which provide strong motivation for health plans to focus on what is being measured. Indeed, it has been said, "what is measured gets done." Further demonstrating the importance of quality measures is the fact that among 5-star health plans, Medicare CRC screening rates are consistently >80%, and 90% in some health plans.⁴ One caveat with assuming that the addition of a new Medicaid quality measure will result in CRC screening rates similar to Medicare beneficiaries is that the Medicaid beneficiaries may have different social and/or structural barriers to care than people receiving Medicare.

CMS Medicaid Adult Core Set of Quality Measures

As part of the Affordable Care Act, CMS is required to identify a core set of quality measures for Medicaid and states are required to have standardized reporting on all or a subset of these quality measures.⁵ Reporting will become mandatory for behavioral health quality measures in the CMS Medicaid Adult Core Set in 2024, but is not required for other adult measures such as for breast and cervical cancer screening. Long-term plans include linking all core set quality measures to Medicaid reimbursement.⁶ The current CMS Medicaid Adult Core Set of Quality Measures includes breast and cervical cancer screening but not CRC screening.⁷ There are currently no Medicaid-required cancer screening quality measures that apply to men.

The Burden of CRC in the United States

The American Cancer Society estimates that there will be 149,500 new

cases of CRC diagnosed in 2021 with 52,980 people dying due to their disease.⁸ The 2021 data indicate that CRC is third in incidence for both women and men, with 4.3% of men (1 in 23) and 4.0% of women (1 in 25) being diagnosed with CRC sometime in their lifetimes.⁹ In addition, CRC deaths rank second overall for all cancer deaths when combining rates for men and women.¹⁰ Recent Surveillance, Epidemiology, and End Results (SEER) trends indicate that CRC incidence rates increased by 0.3% annually in those aged 50–64 years (2011–2018 data), in sharp contrast to decreases of 3.1% per year in adults aged 65 and older (2012–2018 data), which includes low-income individuals aged 50–64 years eligible for Medicaid insurance in most states.¹¹ In May 2021, the United States Preventive Services Task Force expanded its CRC screening age recommendations to also include screening people 45–49 years of age at average risk.¹⁰ Pairing this information with CMS data that 14% of the Medicaid population is between the ages of 46 and 64, almost 9.5 million people covered by Medicaid need CRC screening.¹²

Effectiveness and Health Disparities in CRC Screening Rates

CRC screening is effective, decreasing incidence by 25.5% and mortality by 52.4%,¹³ and potentially cost-saving because CRC treatment is expensive.¹⁴ In 2018, the percentage of Medicaid beneficiaries who were up-to-date with screening was 54% vs 73% in Medicare-insured adults or 80% when combining screening rates for Medicare and commercial insurance.¹⁵ We believe this disparity is due in large part to the fact that Medicaid plans, unlike Medicare plans, are not required to report CRC screening rates. Medicaid enrollees are also 50% more likely to present with late-stage colon cancer and die due to it than those with commercial or Medicare insurance.¹⁶ California Cancer Registry data revealed that for all patients with CRC

Increasing Access to Colorectal Cancer Screening

April 12, 2022 • By Fight CRC
Advocacy Blog

We interviewed C4 President Daniel S. Anderson, MD, and Vice President, Margaret Hitchcock, PhD, to learn more.



Daniel S. Anderson, MD
President, California Colorectal Cancer Coalition (C4)



Margaret Hitchcock, PhD
Vice President, California Colorectal Cancer Coalition

Q. What are the CMS Medicaid Adult Core Set Quality Measures?

[https://www.gastrojournal.org/article/S0016-5085\(21\)04089-0/pdf](https://www.gastrojournal.org/article/S0016-5085(21)04089-0/pdf)

<https://fightcolorectalcancer.org/blog/increasing-access-to-colorectal-cancer-screening/>

Other claims to fame



Annual large
donor towards
the C4
community
grants program



Key participant
in developing
the CRC
components of
the 2021-25 CA
Cancer Plan



Past Chair of
CDOC, Ongoing
co-chair of the
CA Dialogue on
Cancer CRC
Work Group



Member of the
Medi-Cal
Managed Care
advisory group



Mike Potter, MD



“Stony is my hero, for his tireless advocacy of policies at the state and national level have increased access to screening for millions of Americans.

Also, he has very good taste in fine wines!”

Jim Allison, MD



“Congratulations on your selection by the NCCRT to be this year’s recipient of the NCCRT Award for Distinguished National leadership.

You and your Board have been blessed with complimentary skill sets that helped stop the widely accepted idea in the U.S. that colonoscopy was the best/gold standard screening test for CRC. Recent long-term studies of different screening tests are showing that dogma will never be proven.

Having coverage for colonoscopy after positive stool tests has been a long time in coming but, C4 and other groups have now been successful. Best of luck to you and your colleagues – well done you all.”

Laura Goetz, MD, MPH



“In the 10+ years that I have known him, all since his 'retirement', Stony has done more than most of us will ever do during our entire careers to improve the lives of not only Californians but of people across the United States. His boundless passion and dedication to fighting colorectal cancer, and the sunny disposition he maintains while taking on the toughest battles are truly remarkable qualities and show just how well deserved this award is. Congratulations Stony and keep fighting the good fight!”



Shauntay Davis-Patterson, MPH -CDPH



“Stony has been an integral part of CDOC's colorectal cancer efforts for over 17 years. Not only has he led C4 in making significant strides for colorectal cancer outcomes that have been funneled through CDOC, but he has also played an influential role in CDOC's leadership for over a decade. He is a doer, and a consistent advocate for underserved populations and continues to contribute to many of CDOC's efforts. On behalf of the Comp Cancer Program Director, the CDOC Chair, and all CDOC members, we thank Stony for his passion, dedication, and leadership.”



Molly McDonnell, FightCRC



“It has been a privilege to work with Stony through Fight CRC's Catalyst Program and beyond. His vast knowledge of the colorectal cancer screening landscape is second to none. He is a fantastic resource, a tireless advocate, and could not be more deserving of this award.”

C4 Mission: To save lives
and reduce suffering from
colorectal cancer (CRC)
for all Californians



*We are an all-volunteer 501-c3
nonprofit.*

www.cacoloncancer.org

SUPPORT
**Screen Your Gut-
Save Your Butt**



Run to defeat
**COLORECTAL
C A N C E R**



You're Invited!

5K Challenge | Saturday, March 4, 2023

Mission Bay | 8am-1pm
San Diego, CA

To register: charity.pledgeit.org/

ScreenYourGutSaveYourButt



www.cacoloncancer.org

Congratulations, Stony!



C4 Board of Directors (partial) – February 2020