

NYC's Public Health Focus on Quality in CRC Screening

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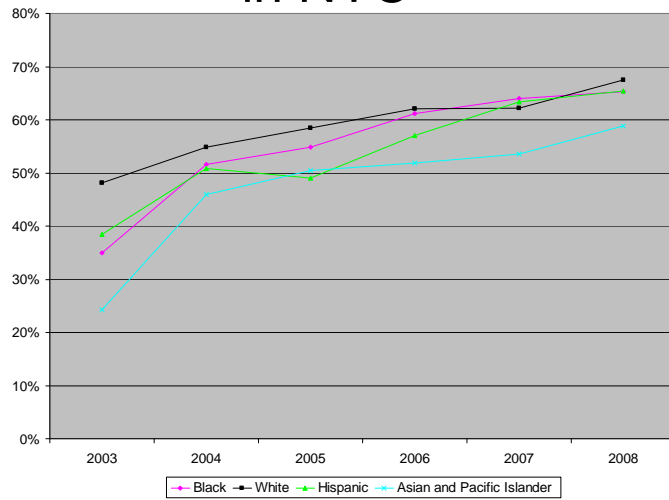


Dual Focus of NYC CRC Initiative

- Continue to increase colonoscopy screening volume across NYC while maintaining increasing quality of exam



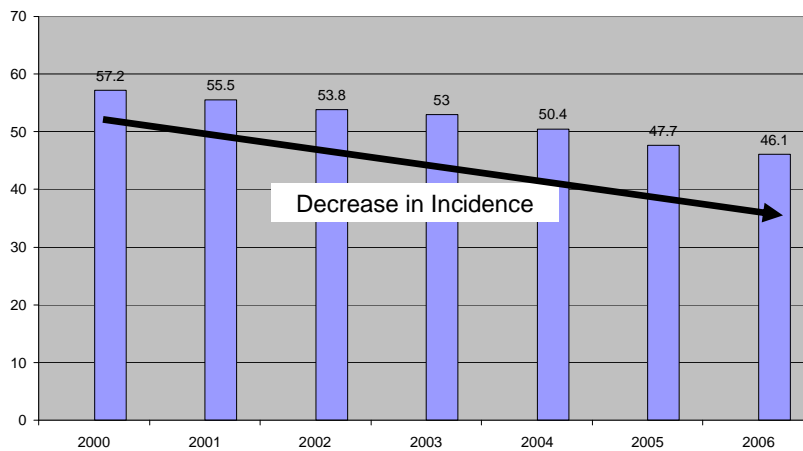
Elimination of Screening Disparity in NYC



Source: Community Health Survey

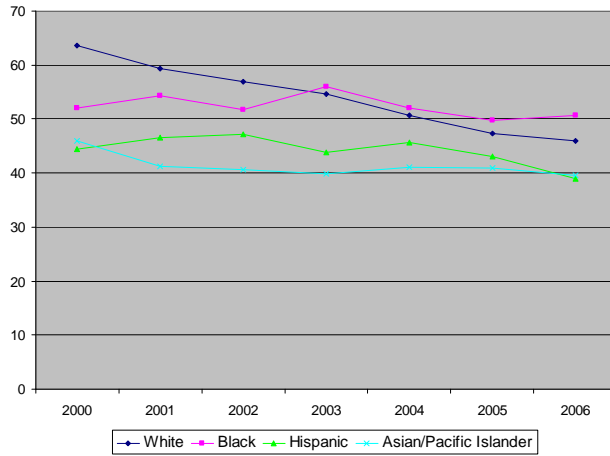


NYC Overall Incidence of Colorectal Cancer



Rates are per 100,000 and age-adjusted
Source: New York State Cancer Registry

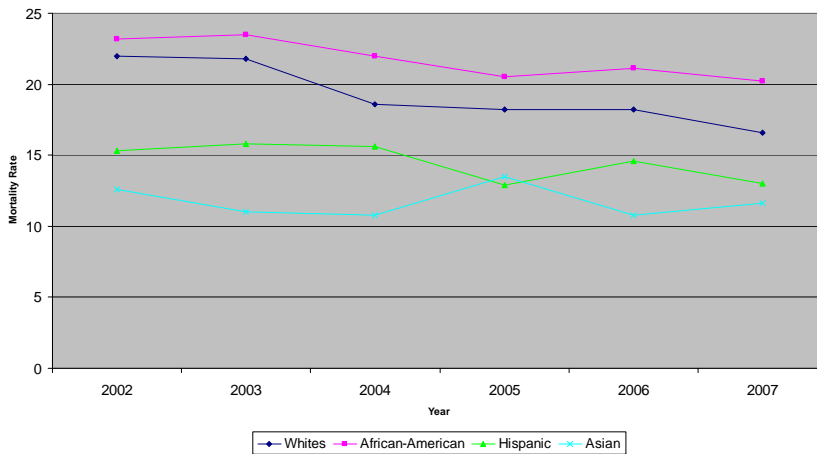
NYC Colorectal Cancer Incidence is Decreasing but Not Equally



Rates are per 100,000 and age-adjusted
Source: New York State Cancer Registry

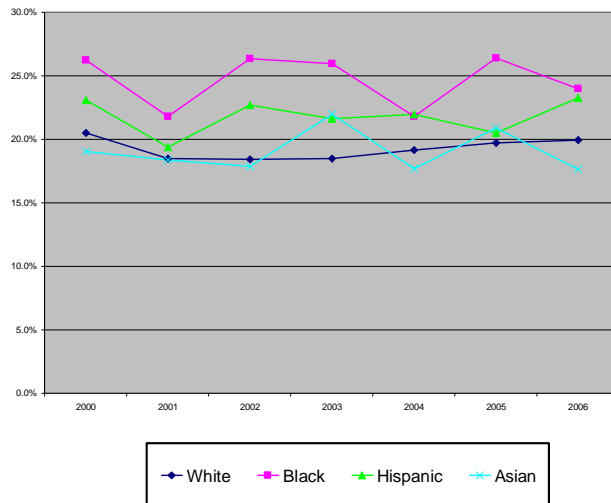


Mortality Progress in Blacks, Hispanics and Whites but Disparities Persist, NYC



*Mortality Rates are age-adjusted per 100,000
Source: DOHMH Vital Stats

Disparities % in Late-Stage Diagnosis of CRC – Why?



Source: New York State Cancer Registry

Rising Screening Rates

- As screening has increased incidence rates have fallen
- May be due to screening and other risk factor reductions such as smoking rates
 - NYC smoking rates have decreased from 21.6% in 2002 to 17.5% in 2007

What About Disparities?

- Reductions in screening disparities may not yet be reflected in incidence and mortality rates
- Screening quality may vary between social groups
- Or are other factors causing disparities?



Other Possible Causes of Disparity in Mortality from CRC

- Treatment Disparity
 - Lack of insurance
 - Delays in engaging in treatment
 - Unequal quality of screening exam
 - Unequal equipment
 - Unequal training
 - Unequal access (wait time)
- Lifestyle Factors
 - Diet, smoking, obesity
- Co-morbidities
- Genetic Factors



How Should NYC Implement a Quality Effort in CRC Screening?

Potential Methods:

- Benchmarking Initiative: Data gathering by provider, monitoring and feedback from essential source
- Physician Education: ASGE Course in NYC
- Consumer education about what constitutes a quality CRC screening exam
 - Quality bowel preparation
 - Informed consent
 - Post-exam report to patient
 - Appropriate follow-up from abnormal findings



Questions That Should be Addressed in a NYC Quality Effort

- What is a quality exam?
 - What few, key indicators do we need to measure & track?
 - Who should monitor quality?
 - What complications should be tracked?
 - How do we gather data on complications?
 - How do we understand quality through a population based lens that explores the relationship of quality with key demographics (race/ethnicity, income, insurance) ?
- How can we ensure citywide participation of physicians?
- What interventions should NYC implement to address identified quality disparities?



Challenges for C5

- Continue to increase rate of screening, especially preventative to 80% in 2012.
- Assure that screening services are of high quality and low risk.
- Seek simplicity and focus for quality measurement activities.