



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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Cigarette Restitution Fund Program (CRFP)

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Family Health Administration

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CCSC HO# 10-02

MEMORANDUM

Date: January 15, 2010

To: Health Officers
CRF-CPEST Cancer Coordinators
SAHC CRF Coordinators

From: Diane Dwyer, MD, Medical Director, Center for Cancer Surveillance and Control

Re: Considerations when Adjusting Local Cigarette Restitution Fund (CRF) Colorectal Cancer (CRC) Programs to Fit Fiscal Year (FY) 2010 Budgets

Because of FY 2010 budget reductions, local CRF Programs asked us to provide guidance regarding possible changes to current program eligibility, recalls, etc. We consulted with the CRC Medical Advisory Committee and obtained counsel from the Attorney General regarding possible changes.

Attached are suggestions regarding determining eligibility, method of screening, and prioritizing recall and new clients for CRC screening. In addition, we have attached template letters to clients and providers.

Attachments include:

- Att 1 - Adjusting CRF CRC to fit the FY2010 budget;
- Att 2 - Letter to Client regarding Colonoscopy procedure result;
- Att 3 - Letter to Client regarding funding;
- Att 4 - Letter to Provider asking for recall interval reassessment; and
- Att 5 - Letter to Provider regarding funding.

If you have any questions, please contact Barbara Andrews at (410) 767-5123 or me at (410) 767-5088.

Attachments (E-mailed to Health Officers and CRF/Colorectal Cancer Coordinators)

cc: Carlessia Hussein, RN, Dr.PH Russell Moy, MD, MPH Donna Gugel
Arlee Gist Joan Salim

CCSC HO Memo #10-02—Attachment 1

Considerations when Adjusting a Cigarette Restitution Fund (CRF) Colorectal Cancer (CRC) Program to Fit FY2010 Budget

Determining Eligibility, Method of Screening, and Prioritizing Recall and New Clients

1. Determining Eligibility for New Clients or Recall Clients

Determine your program eligibility guidelines for FY10 for new and recall client screening and recall services:

Group/Situation	Possible Changes to Current Program Eligibility
Your program is screening for more than one cancer or educating for more than one cancer.	Reduce or change the cancers you are targeting. (Remember, as required by statute, the program must maintain at least 60% of the budget in Clinical Services and no more than 7% in Administrative costs)
New <50 year old clients without symptoms and at average CRC risk	Currently, your program should not enroll asymptomatic average risk clients under age 50
New <50 year old clients with symptoms	Options include: <ul style="list-style-type: none"> • Refer elsewhere for evaluation; or • Verify that colonoscopy is being recommended to rule out CRC, not other GI issue.
Household income level	<ul style="list-style-type: none"> • If your program is considering lowering Household Income eligibility to a figure less than 250% of the Federal Poverty Guideline, consult the CCSC.
Client eligible for Medicaid/ Medicaid Expansion	<ul style="list-style-type: none"> • If eligible, your program should refer that person to Medical Assistance to enroll in Medicaid Expansion rather than in the CRF Program.
Client has other commercial insurance	Options include: <ul style="list-style-type: none"> • Not enrolling a client who has other coverage for CRC screening--even if they have high copayments/deductibles and are low income.
New clients 65+ with Medicare	Options include: <ul style="list-style-type: none"> • Not enrolling a client who has Medicare; or • Not enrolling a clients who has Medicare Part B (that is, client has Medicare Part A only).
Existing client who will be ≥65 years old at next colonoscopy and who will be eligible for Medicare at that time	Options include: <ul style="list-style-type: none"> • Discharge from your CRF program if the client has/will have Medicare; inform client of the recall recommendation, that they should follow up with the provider, and state why you are discharging them (Attachment 3); or • Discharge from program if the client has/will have Medicare <i>unless</i> they had “significant” findings and can’t pay their co-pays/deductibles.

Group/Situation	Possible Changes to Current Program Eligibility
Existing client who will be ≥ 76 years old at next colonoscopy	<p>Options include:</p> <ul style="list-style-type: none"> Discharge client from your program if the client will be ≥ 76 years old at the next colonoscopy. Inform them of the recommended recall and tell them that they may see their primary care provider to determine whether CRC screening is indicated at the time of recall (Attachment 3). (The USPSTF* recommends against <i>routine</i> screening for colorectal cancer in adults 76 to 85 years of age. There may be considerations that support colorectal cancer screening in an individual patient. The USPSTF recommends against screening for colorectal cancer in adults older than age 85 years.)

2. Determining Screening Method in Colorectal Cancer Programs

- a. Determine whether you will change your colorectal cancer (CRC) screening strategy for average risk clients with no prior findings on colonoscopy. See CRC Minimal Elements, March 2009:

Colorectal Cancer Minimal Elements March, 2009

2. Special situations

Fiscal Limitations: Although screening with colonoscopy or FOBT/sigmoidoscopy are the most sensitive and specific methods for CRC screening, if Program monies are limited, annual FOBT, followed by colonoscopy if positive, is a less effective but acceptable strategy.

(Note: If a program wishes to change their procedure for screening of average risk clients, the annual FOBT is recommended to be a **Fecal Immunochemical Testing (FIT)** rather than a guaiac FOBT.)

- b. If your policy and procedures change, edit your program's policies and procedures.
- c. Discuss with your CCSC "Lead Contact" in the Cigarette Restitution Fund Programs Unit the need to complete a Budget Modification and/or to modify the programs Grant Narrative regarding the program changes.

3. Notifying clients of program funding availability: When you notify clients of their colonoscopy results, notify them that future testing depends on program funding availability (Attachment 2).

4. Prioritizing CRC Recall for Screening Colonoscopy (average risk with no prior adenomas or CRC) and Surveillance Colonoscopy (follow-up to prior findings)

- a. Generate and review your CDB CRC Recall list for FY2010 for each individual.
Note: You may request that CCSC Surveillance and Evaluation Unit generates a recall list for you with additional fields. Contact CCSC if you wish to request a list.
- b. Look at the following options for prioritizing CRC recall and new clients:

- i. Determine whether the client could be discharged from your program because s/he will be ≥ 65 years old at the time of colonoscopy recall and will have Medicare—and notify her/him that she is being discharged from the program and why (**Attachment 3**). Reiterate the recall recommendation.
- ii. Determine whether the client could be discharged because s/he has insurance and you have chosen not to pay co-pays and deductibles in FY10—and notify her/him that s/he is being discharged from the program and why (**Attachment 3**). Reiterate the recall recommendation.
- iii. **Highest (First) priority for recall are** clients needing repeat colonoscopy (or other indicated surveillance procedures[s]) if the client has/had:
 - CRC or anal cancer;
 - adenomas that had high grade dysplasia, were ≥ 1 cm, had villous or tubulovillous histology, serrated adenomas, or were incompletely removed;
 - hyperplastic polyps that were right sided, large, or “worrisome” or suspected to indicate hyperplastic polyposis;
 - colonoscopies that needed to be repeated because the prior colonoscopy was inadequate (poor prep or didn’t reach cecum); or
 - history of familial adenomatous polyposis, HNPCC, ovarian/endometrial cancer before 60 years of age, or inflammatory bowel disease.
- iv. **Second priority for recall are** clients who had small (<1 cm) tubular adenomas scheduled for repeat colonoscopy **in <5 years**
 - **Ask the colonoscopist: *Can the recall interval be longer?***
 - Contact colonoscopist. Determine whether the recall interval can be lengthened based on the risk history, prior adequacy of colonoscopy and findings and current guidelines (**Attachment 4**).
 - Lengthen the interval and notify the client (**Attachment 3**); document the discussion and decision in the chart and CDB; or
 - If insufficient funds in your program to screen at the recommended recall date, then discharge the client from program because of insufficient funding; send the client the provider’s recommended recall date. (**Attachment 3**).
- v. **Third priority recall category are** clients with average risk, no findings, needing colonoscopy with <10 year recall interval:
 - ***Can the recall interval be longer?***
 - Discharge the client if you have insufficient funding. Notify her/him that s/he is being discharged from the program and why (**Attachment 3**). Reiterate the recall recommendation of the provider; or
 - Contact colonoscopist. Determine whether the recall interval can be lengthened based on the risk history,

prior adequacy of colonoscopy and findings and current guidelines (**Attachment 4**).

- Lengthen the interval and notify the client (**Attachment 3**); document the discussion and decision in the chart and CDB; or
 - If insufficient funds in your program to screen at the recommended recall date, then discharge the client from program because of insufficient funding; send the client the provider's recommended recall date (**Attachment 3**).
- vi. **Fourth priority recall category are clients with** average risk (no CRC or adenoma findings), with colonoscopy recall **at** 10 year recall interval:
- If you have insufficient funding, discharge the client and notify her/him (**Attachment 3**) that s/he is being discharged from the program and the reason. Reiterate the provider's prior recall recommendation.

5. Enrolling New Clients for CRC Testing:

- a. Determine how many **new** clients you can take into the program after allotting spaces to your prioritized recall clients;
- b. **New Clients: Per the CRC Medical Advisory Committee (10/1/09): *New previously unscreened clients will have a higher yield of neoplastic findings on colonoscopy*** than rescreening of asymptomatic, average risk clients (without prior CRC or adenoma findings). If funds are available, **it is a local decision** whether to rescreen your enrolled average risk clients or to discharge them and enroll new, previously unscreened clients into your program. Please consult with your Health Officer and your Community Health Coalition as you make this decision.
- c. Close the program to new clients after you have exhausted the funding that you have budgeted for new clients; and
- d. Begin an "Interest List" for people who call the program for CRC screening enrollment (Note: **Do not put people on a "waiting list"** that implies that they would wait to get their colonoscopy until you call them back). Tell the person that he/she should seek screening another way and that he/she may call your program in the future to see if space has opened up (or you may contact them if space opens up).

6. Paying Facility Fees:

If you are currently paying HSCRC rates and the amount is above the Medicare Facility rate, options include:

- a. Schedule clients for colonoscopy at sites that are not HSCRC regulated (e.g. offices and/or non-regulated ambulatory surgical centers); and/or
- b. Discuss with your Community Health Coalition, your Health Officer, and colonoscopy facility(ies) whether the facility(ies) will approach HSCRC and request that your program be enabled to pay the Facility Fee at Medicare Rates or another negotiated rate *lower* than at HSCRC rates.

7. Providing General Information to Providers: **Attachment 5** is a template for a letter of information that you may wish to send to your providers regarding the program budget reductions.

LOCAL LETTERHEAD

DATE

PATIENT NAME/ADDRESS

Dear Mr. / Ms. [PATIENT NAME]:

Thank you for being screened for Colorectal Cancer (CRC)! This letter is a follow-up regarding your colonoscopy on [ENTER THE DATE OF THE PROCEDURE]

The colonoscopy result showed (check all that apply):

- Normal colon
- Adenomatous polyp(s) / Adenoma(s)
- Hyperplastic polyp(s)

Other findings:

- Inflammatory bowel disease (IBD)
- Ulcerative colitis
- Crohn's colitis
- Diverticula or diverticular disease
- Hemorrhoids
- Other _____

More information about colonoscopy findings are [on the back of this page] [enclosed].

According to current colon cancer screening guidelines and your doctor's recommendation, you should have a repeat colonoscopy in _____ years. This is based on your colonoscopy results, your personal and family history, and your prior screening tests. Future testing for cancer in this program will depend on whether our program has funds for cancer screening and whether you meet program eligibility requirements.

Also, the following things *may* mean you need to be tested sooner. Please call us at xxx-xxx-xxxx if:

- A brother, sister, or child is diagnosed with new colorectal cancer or adenomatous polyps
- You have symptoms that might mean colorectal cancer:
 - A change in bowel habits, diarrhea or constipation
 - Stools that are narrower than usual
 - General discomfort in the abdomen (pain, bloating, fullness, or cramps)
 - Blood in your feces (stool)

Thank you again for being screened for colon cancer.

Sincerely,

cc: Primary Care Provider
Gastroenterologist/Surgeon performing colonoscopy

LOCAL LETTERHEAD

[Square Bracketed and underlined blanks material needs to be modified or deleted.]

[Date]

Dear [Client Name],

This letter is in follow-up to your colonoscopy on _____.

[Choose from Options 1-4 and insert the appropriate paragraph(s)]

[Option 1 – choose Option 1 if discharging client from program]

Dr. _____ recommended that you have your next colonoscopy in [year or month, year]. We regret that you will need to find another way to get your colonoscopy paid for at that time. Due to a decrease in our funding, our colorectal cancer program no longer has enough funds to pay for colonoscopy for all those in need of this service.

[Option 2 –choose Option 2 for the letter if the doctor has set a new, later recall that the LHD plans to pay for]

We have contacted Dr. _____ who performed your colonoscopy. He [She] reevaluated the date for your next colonoscopy based on current guidelines. Dr. _____ recommends that you have your next colonoscopy in [year or month, year]. Please call us at that time to see if funds are available and if you are still eligible for our program.

[Option 3 – choose Option 3 if client will be ≥ 75 years of age at date of recall colonoscopy and that is beyond the age of your eligibility]

Because of funding cuts to our program, we have changed our program eligibility.

At the time of your next recommended colonoscopy in [Year, month], you will not be eligible for our program because you will be over 75 years of age, which is beyond the age range of our screening program. We are discharging you from our program at this time. Please talk to your doctor to get his/her colorectal cancer screening recommendation.

[Option 4 – choose Option 4 if client will be eligible for Medicare at recall colonoscopy and you have chosen not to accept clients who have Medicare]

Because of funding cuts to our program, we have changed our program eligibility.

At the time of your next recommended colonoscopy in [Year, month], you will be eligible for Medicare and no longer eligible for our program. We are discharging you from our program at this time. Please talk to your doctor to get this recommended screening for colorectal cancer.

If you develop any symptoms of colon cancer (blood in your stool, change in bowel habits, cramping, or, narrowing of your stool), or if a brother, sister, or child develops colorectal cancer or adenomatous polyps, please call [_____ or Dr. _____] to see what you should do. Also, because screening recommendations may change, please call _____ at _____ if you want to find out the latest screening recommendations.

If you have any questions, you may call your doctor or call me Monday-Friday, ____ a.m., to ____ p.m. at _____.

Sincerely,

LOCAL LETTERHEAD

[Square Bracketed material needs to be modified or deleted.]

[Date]

Dear [Name of CRC Screening Provider],

We wish to thank you for your participation in our colorectal cancer (CRC) screening program at the [_____] Health Department funded by the Cigarette Restitution Fund (CRF) Program in Maryland.

Because of funding cuts to our CRF program, we request that you review the following client(s) and their colonoscopy recall interval(s). The client(s) listed below either:

- are at average risk, and had adequate colonoscopies with no findings of adenoma or of hyperplastic polyposis, or
- had a finding of 1-2 tubular adenomas that were <1 cm.

Current guidelines recommend colonoscopy intervals of 10 years for those with no findings, and 5-10 years for those with 1-2 small tubular adenomas (http://fha.maryland.gov/pdf/cancer/ccsc09-19_att_crc_min_el.pdf).

Please notify us whether you will reevaluate the recall date and will change your recall recommendation(s) for each of your clients. You may complete columns 4 and 5, below, and fax this page back to _____. You may also contact me at _____ to discuss your recommendation. If you retain the Current Recall Date, our program **[may]** **[will]** not be able to pay for the colonoscopy; if you lengthen the interval, our program will notify the client(s) and reevaluate at the time of the New Recall Date to determine whether our budget permits screening of the client(s) in our CRF program.

Patient Name	Date of Birth	Current Recall Date	New Recall Date	Comments

Provider Signature:	Date:
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Please Fax to: _____ or mail to address above.

Sincerely,

LOCAL LETTERHEAD

[Square Bracketed material needs to be modified or deleted.]

[Date]

Dear [Name of CRC Screening Provider],

We wish to thank you for your participation in our colorectal cancer (CRC) screening program at the [_____] Health Department funded by the Cigarette Restitution Fund (CRF) Program in Maryland. Your services have been vital to the success of this program that targets the underserved, low income, uninsured, and minority residents of our county.

As you may have heard, the State of Maryland announced funding cuts for the fiscal year (FY) 2010 CRF Cancer Program on 8/26/09. As a result of this action, our CRF funds were reduced for FY 2010. Additionally, all future funding is subject to legislative appropriation.

Because of these budget reductions, we have reevaluated our program's focus in light of limited resources to ensure that we best serve the clients currently enrolled in our CRC screening program. We will be [calling you soon to discuss] [notifying you soon about]:

[Revise/edit/delete the following as appropriate for your program.]

- Changes in our program's eligibility requirements;
- Changes in our screening strategy;
- Recall intervals for clients you have previously screened;
- Prioritizing clients for recall based on their risk history and prior screening results; and
- Whether we can enroll new clients to the program.

Once again, we are pleased to have you as a clinical provider and thank you for your on-going service.

Sincerely,