

Chapter 1 Program Description

I. Program Purpose

The University of Colorado Comprehensive Cancer Center (UCCCC) in collaboration with the Colorado Cancer Coalition and Colorado's safety net providers, is implementing the Colorado Colorectal Screening Program, a statewide effort to provide colorectal screening services to medically underserved Coloradans, and to increase the awareness and demand for colorectal screening for all Coloradans.

The Colorado Colorectal Screening Program is funded by the Cancer, Cardiovascular Disease and Pulmonary Disease Competitive Grants Program Grant Program at the Colorado Department of Public Health and Environment, from resources available from Amendment 35, a tobacco tax in Colorado dedicated to improving health. This program is a key aspect of a plan to achieve the Colorado Year 2010 colorectal screening goal of increasing screening rates to 75% amongst the medically underserved in Colorado.

This Program is designed to provide colonoscopy, flexible sigmoidoscopy and barium enema screening services to Coloradans who have an income level that is at or below 250% of the Federal poverty level, and who have no health insurance or a health plan that does not cover any cost for a preventative endoscopic colorectal screening. The Program's operational objective is to integrate screening services into the safety net clinic system across Colorado, which includes the majority of clinics and hospitals who are members of the Colorado Community Health Network (CCHN), Colorado Rural Health Center (CRHC) and Clinic Net (CN).

II. Program Administration

Overall, the Program direction and development activities are managed by Program Director Dr. Holly Wolf. Program planning, clinic contracts and general fiscal matters should be directed to Dr. Wolf at holly.wolf@ucdenver.edu.



What is the Colorado Colorectal Screening Program?

Colorado Colorectal Screening Program is a statewide program that partners with community clinics, their screening partners and their treatment partners to provide endoscopic colorectal screening services and treatment of colorectal cancer cases diagnosed through the program to the medically underserved. In addition, the Program promotes colorectal screening awareness to Coloradans age 50 and older.

Program Screening Facts:

- The Program targets to screen approximately 2,600 patients this year
- Adenomas (those polyps most likely to develop into cancer) are found and removed in approximately 25 % of screens
- One percent of those screened are diagnosed with colorectal cancer

Those eligible for the Program must be:

- Lawfully present Colorado residents ages 50 and older (average risk) or those under 50 with personal or family history of colon cancer (elevated risk)
- At or below 250% Federal Poverty Level
- Uninsured, or the holder of an insurance plan that does not cover ANY costs for endoscopic colorectal screening;
- A member of a clinic that participates in the Program
- Meets the criteria of eligibility for screening under American Cancer Society guidelines

Other services include clinic outreach and patient support services.

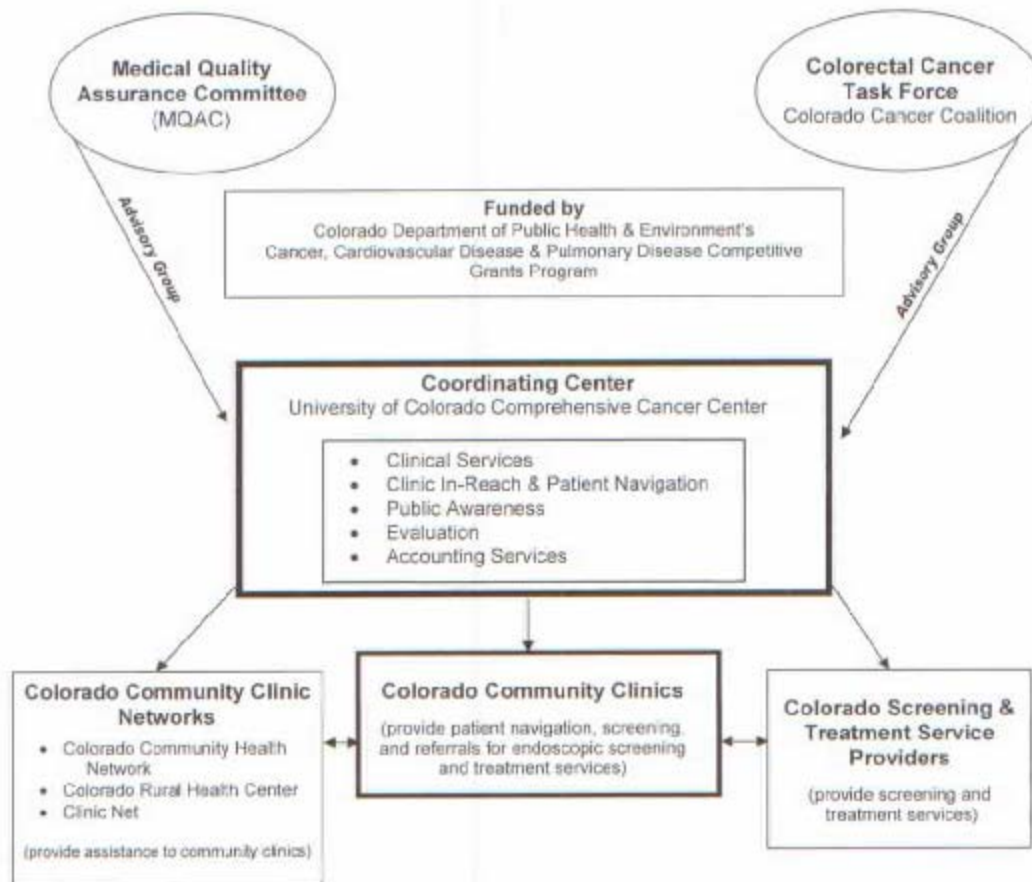
The Program is a payor of last resort; other coverage should be utilized, if available. The Program does not cover fecal occult blood tests (FOBT) or DNA stool testing.

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This program is funded by the Cancer, Cardiovascular Disease and Pulmonary Disease Competitive Grants Program at the Colorado Department of Public Health and Environment

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Figure 1-1: Organization



Medical Quality Assurance Committee

The Medical Quality Assurance Committee has an advisory role in:

1. Developing and periodically assessing the screening and surveillance guidelines to be used for determination of eligibility for the Program
2. Providing guidance to staff regarding questions about specific patients eligibility
3. Periodically reviewing the entry criteria of subjects accrued to the Program
4. Providing a resource to staff regarding medical decisions about treatment of colorectal cancers detected by the Program
5. Reviewing any medical complications related to participation in the Program
6. Periodically reviewing clinical outcome data for quality

The committee will meet either in person or via conference call approximately every 3-6 months. The chairman of the committee will be available to review individual patient questions and will get advice from the other committee members as needed and the individual recommendations will be reviewed at each committee meeting.

The following members participated in the formulation of the Program guidelines and are members of the MQAC:

Dennis Ahnen, MD

Chairman
Staff Physician, Denver VAMC and
Professor of Medicine, University of Colorado Denver School of Medicine

Tim Byers, MD, MPH

Interim Director of the University of Colorado Comprehensive Cancer Center and
Professor and Associate Dean for Public Health Practice, Colorado School of Public
Health

Mark Earnest, MD, PhD

Vice President, Colorado Coalition for the Medically Underserved
Associate Professor of Medicine
University of Colorado Denver

Hans Elzinga, MD

Family Physician / Endoscopist, Salud Family Health Center
Chair, Department of Family Medicine, Longmont United Hospital
Associate Professor, University of Colorado Denver

Martin McCarter, MD

Associate Professor of Surgery
GI Tumor & Endocrine Surgery
University of Colorado Denver

Rosemary Probst

Colorectal Cancer Survivor, Survivor Advocate

Lynn Strange, MD

Southern Colorado Family Medicine Residency Program

Neil Toribara, MD, PhD

Division of Gastroenterology, Denver Health Medical Center and
Associate Professor, University of Colorado Denver

Susan Rein, BSN, RN

Clinical Services Coordinator

Holly Wolf, PhD, MSPH

Program Director