

# Increasing Colorectal Cancer Screening with Stool DNA Tests

Vicki Shenton, MSN/Ed, BSN, RN

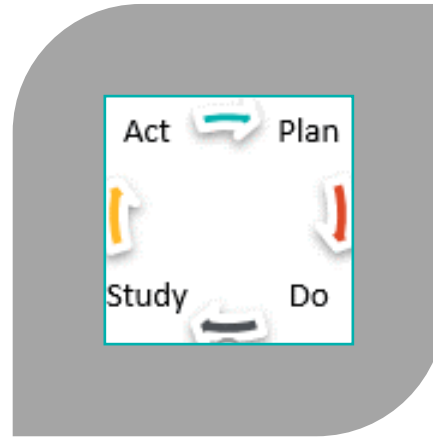
June 22<sup>nd</sup>, 2022



# Purpose of Today's Webinar



PRESENT INNOVATIVE APPROACH  
TO CLOSING THE GAP OF OVERDUE  
COLOGUARD RESCREENS



ILLUSTRATE USE OF A PDSA CYCLE  
IN A CONTINUOUS QUALITY  
IMPROVEMENT PROJECT



INTRODUCE EXAMPLES OF USEFUL  
PDSA TOOLS

# About North Memorial Health



## Empowering our customers to achieve their best health

At North Memorial Health, we're on a mission to change healthcare by treating our customers like family.



**2** HOSPITALS  
(MAPLE GROVE +  
ROBBINSDALE)  
WITH ONE LEVEL-1  
TRAUMA CENTER



**20** PRIMARY CARE  
AND SPECIALTY  
CLINICS



**2** URGENCY  
CENTERS

**3** URGENT CARE  
CLINICS

North Memorial Health Clinics, Urgency Centers, and Urgent Care Clinics are a joint venture with BlueCross BlueShield of Minnesota.

**100+** SPECIALTY CARE  
SERVICES  
including a comprehensive  
stroke program



**31,885**  
TELEHEALTH VISITS in 2020



**104**  
AMBULANCES



**9**  
HELICOPTERS

Largest hospital-based EMS air and ground service in the country; serving Minnesota and Wisconsin



**440+**  
PROVIDERS

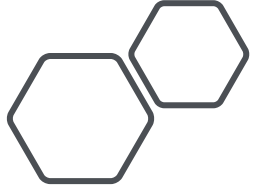


**6,500+**  
TEAM  
MEMBERS



DELIVERING THE  
**most babies**  
IN MINNESOTA (2019<sup>3</sup> & 2020)

# OVERVIEW



# Colorectal Cancer Screening (CRCS)

- Test that aims to prevent disease or find it early in those who do not have symptoms
- Is not about a single age
- Key to finding cancer early, when treatment works best



# U.S. Preventive Services Task Force

## Clinician Summary of USPSTF Recommendation Screening for Colorectal Cancer

May 2021



### What does the USPSTF recommend?



**For adults aged 50 to 75 years:**

Screen all adults aged 50 to 75 years for colorectal cancer.



**For adults aged 45 to 49 years:**

Screen adults aged 45 to 49 years for colorectal cancer.



**For adults aged 76 to 85 years:**

**Selectively screen** adults aged 76 to 85 years for colorectal cancer, considering the patient's overall health, prior screening history, and patient's preferences.



### To whom does this recommendation apply?

Adults 45 years and older who do not have signs or symptoms of colorectal cancer and who are at average risk for colorectal cancer (ie, no prior diagnosis of colorectal cancer, adenomatous polyps, or inflammatory bowel disease; no personal diagnosis or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer [such as Lynch syndrome or familial adenomatous polyposis]).



### What's new?

The USPSTF expanded the recommended ages for colorectal cancer screening to 45 to 75 years (previously, it was 50 to 75 years). The USPSTF continues to recommend selectively screening adults aged 76 to 85 years for colorectal cancer.



### How to implement this recommendation?

**Screen all adults aged 45 to 75 years** for colorectal cancer. Several recommended screening tests are available. Clinicians and patients may consider a variety of factors in deciding which test may be best for each person. For example, the tests require different frequencies of screening, location of screening (home or office), methods of screening (stool-based or direct visualization), prep procedure bowel preparation, anesthesia or sedation during the test, and follow-up procedures for abnormal findings.

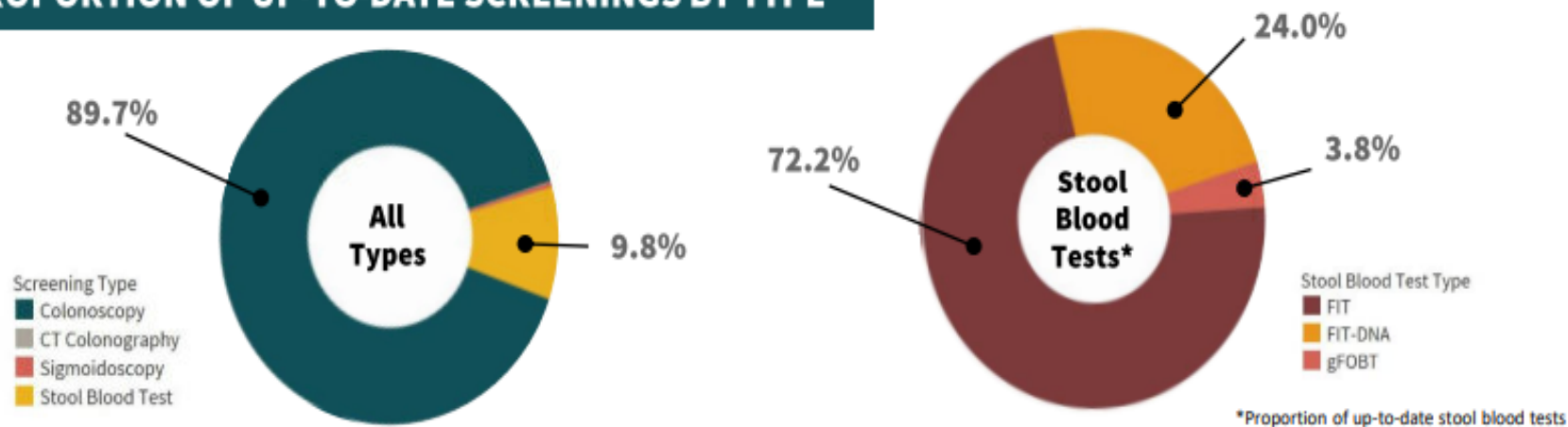
Recommended screening strategies include:

- High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year
- Stool DNA-FIT every 1 to 3 years
- Computed tomography colonography every 5 years
- Flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 10 years + annual FIT
- Colonoscopy screening every 10 years

The USPSTF recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation.

**Minnesota  
CRCS  
Rates @ a  
Glance**

**PROPORTION OF UP-TO-DATE SCREENINGS BY TYPE**



**OPPORTUNITIES FOR IMPROVEMENT**

**52%** of non-English speaking patients in Minnesota have an up-to-date colorectal cancer screening, compared to 72% of English-speaking patients



Patients between 50-54 years of age have significantly lower rates (59%) of screening compared to patients in age groups 55 years and older in Minnesota



American Indian/Alaskan Native, Asian, Black/African American, Multi-Racial and Native Hawaiian/Other Pacific Islander patients have significantly lower rates of screening compared to White patients in Minnesota<sup>7</sup>

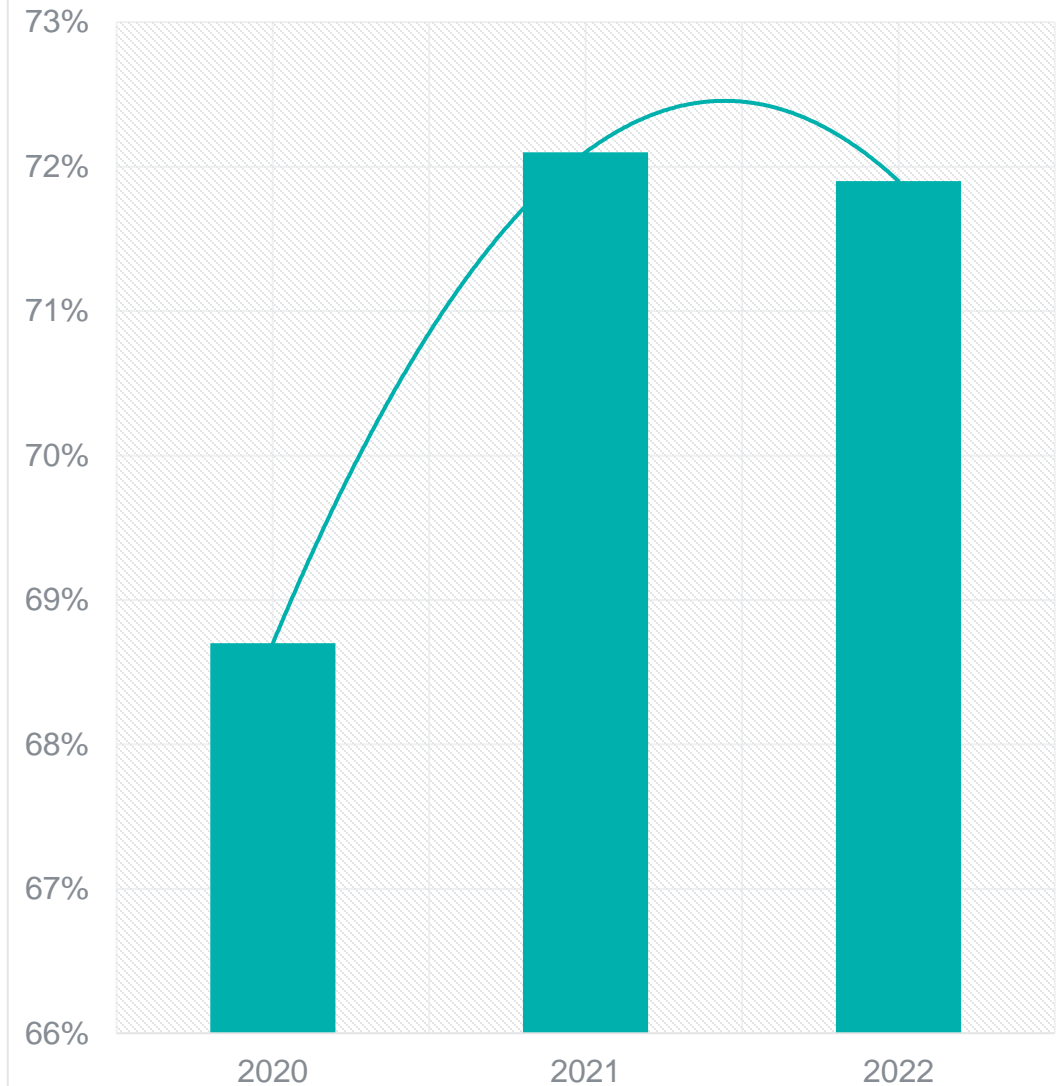
# BACKGROUND

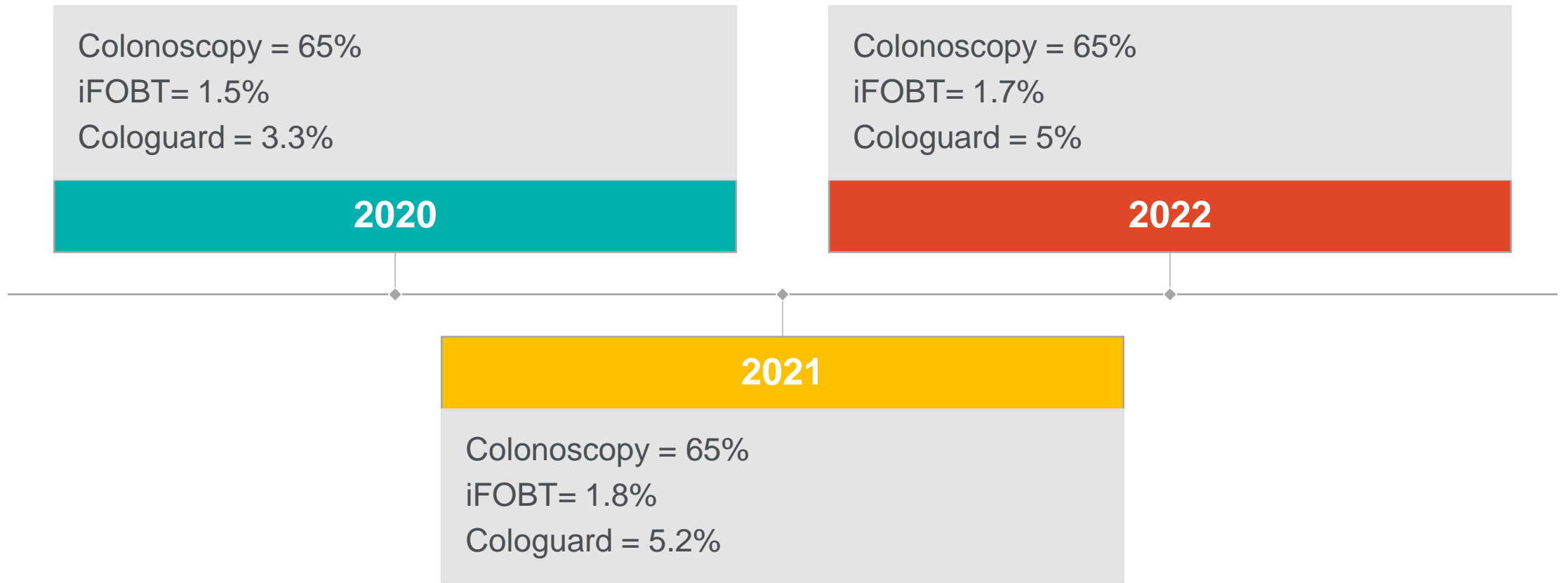


# Colorectal Cancer Screening Pandemic Trends

- *Epic data based on our Internal Reporting built to closely mirror HEDIS specs (is not claims based)*

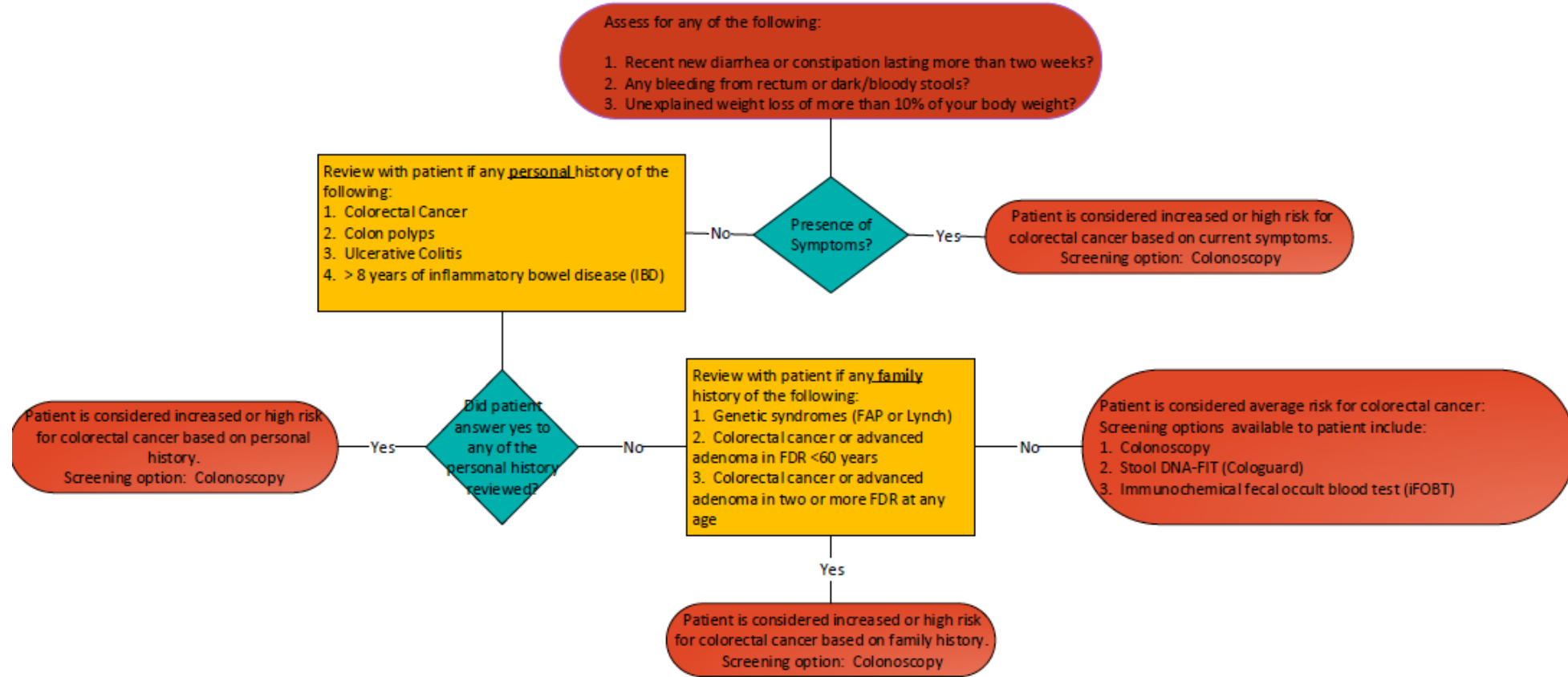
## Customers UTD with CRCS





# Comparison of screening modalities for Customers who are UTD

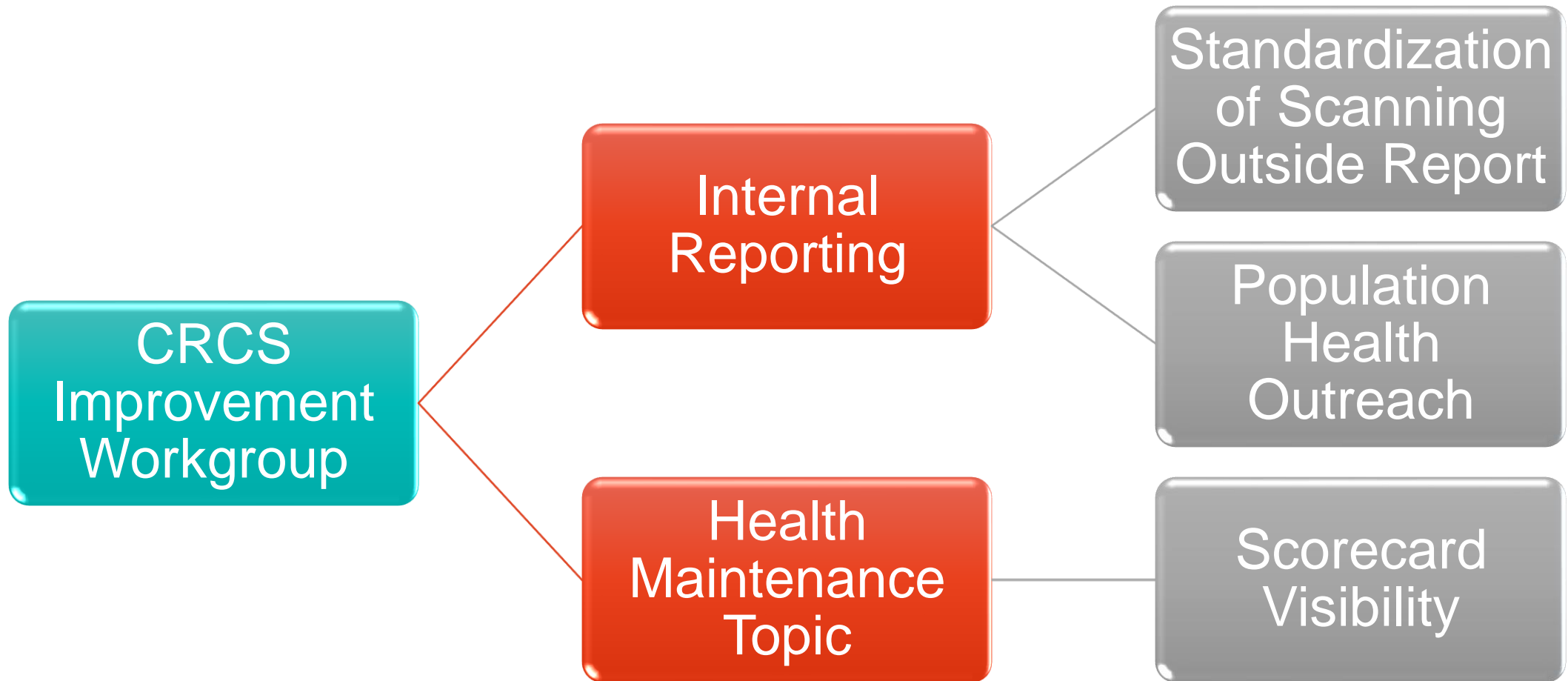
## Colorectal Cancer Screening (CRCS) Provider Discussion Guide



Screening Options	
<b>Stool-Based Tests</b> * Yearly immunochemical fecal occult blood test (iFOBT) * Multi-target stool DNA (Cologuard) every three years	<b>Direct Visualization test</b> * Colonoscopy (every 10 years)

Definitions
FDR: first-degree relative
FAP: familial adenomatous polyposis
Advanced Adenoma: is a lesion $\geq 1$ cm in size or having high-grade dysplasia or villous elements

# Existing CRCS Improvement Tactics



# PDSA Review

# What is PDSA?



Plan, Do, Study, Act (PDSA) is a quality improvement method commonly used for testing change by planning it, trying it, observing results, and acting upon what has been learned



Prediction based test of change



Works best when starting small and fast tests



Designed to run in cycles

# Three Fundamental Questions

What are we  
trying to  
accomplish?

How will we know  
that change is an  
improvement?

What change can  
we make that will  
result in an  
improvement?

# Why Test Changes?

Avoids wasting effort

Provides opportunity learning from "failures" without significant negative impact

Evaluate for any downstream impacts

Reduce implementation resistance from key stakeholders



# Root Cause Analysis (RCA)

- Avoid jumping to conclusions
- Avoid addressing only symptoms
- Design and implement lasting solutions that eliminate the “root”

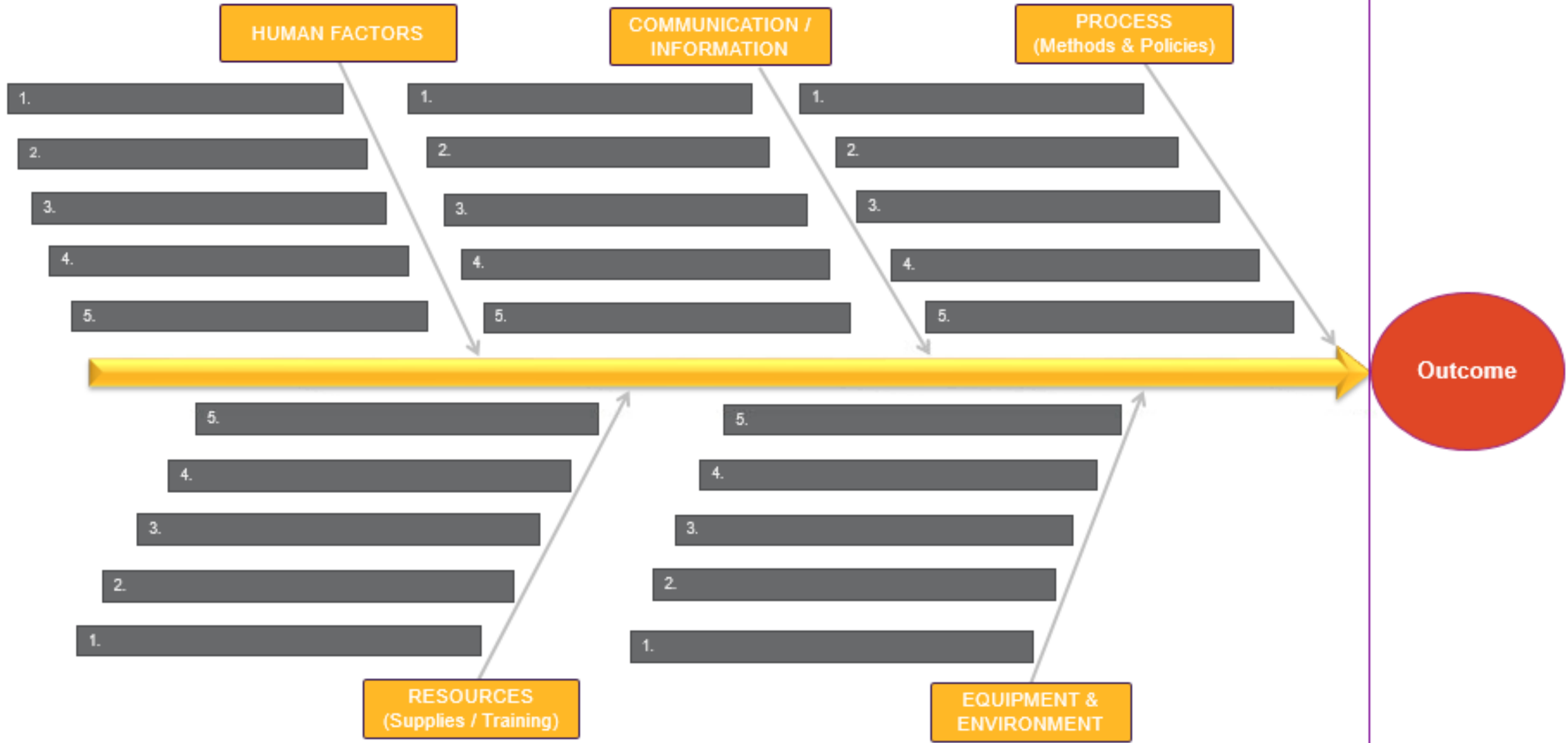


# PDSA Tool Examples

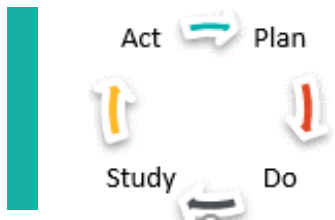
# Fishbone Diagram

CAUSES

EFFECT



# PDSA Cycle Worksheet



Project Name:		Cycle Begin Date:	Cycle End Date:
Cycle #:	What is purpose of cycle? Test Opt-Out <input type="checkbox"/> Test (Small-Scale) <input type="checkbox"/> Test (Large-Scale) <input type="checkbox"/> Implementation		
What are we trying to accomplish?	How will we know that change is an improvement?	What change can we make that will result in improvement?	

**PLAN:**  
 What is going to happen?  
 Who will make the change?  
 Who will receive the change?  
 When will the change take place?  
 How long will it last?  
 Where will the change take place?  
 What tasks or tools are needed?  
 What types of data will be collected?  
 Who will collect data?

---

**Prediction:**

**DO:** Carry out the change and collect data  
 Was the cycle completed as planned?  Yes  No  
 Record data and observations:  
 What did you observe that was not part of the plan?

**STUDY:** Analyze and summarize data  
 Did the results match your prediction(s)?  Yes  No  
 Compare the result of your test to your previous performance:  
 What did you learn?

**ACT:** Decide to Adopt, Adapt, or Abandon

**Adopt:** Select changes to implement on a larger scale and develop implementation plan

**Adapt:** Improve the change and continue testing plan. Describe what you will change in your next PDSA

**Abandon:** Discard this change idea and try a different one

# PDSA Cycle Tracking Form

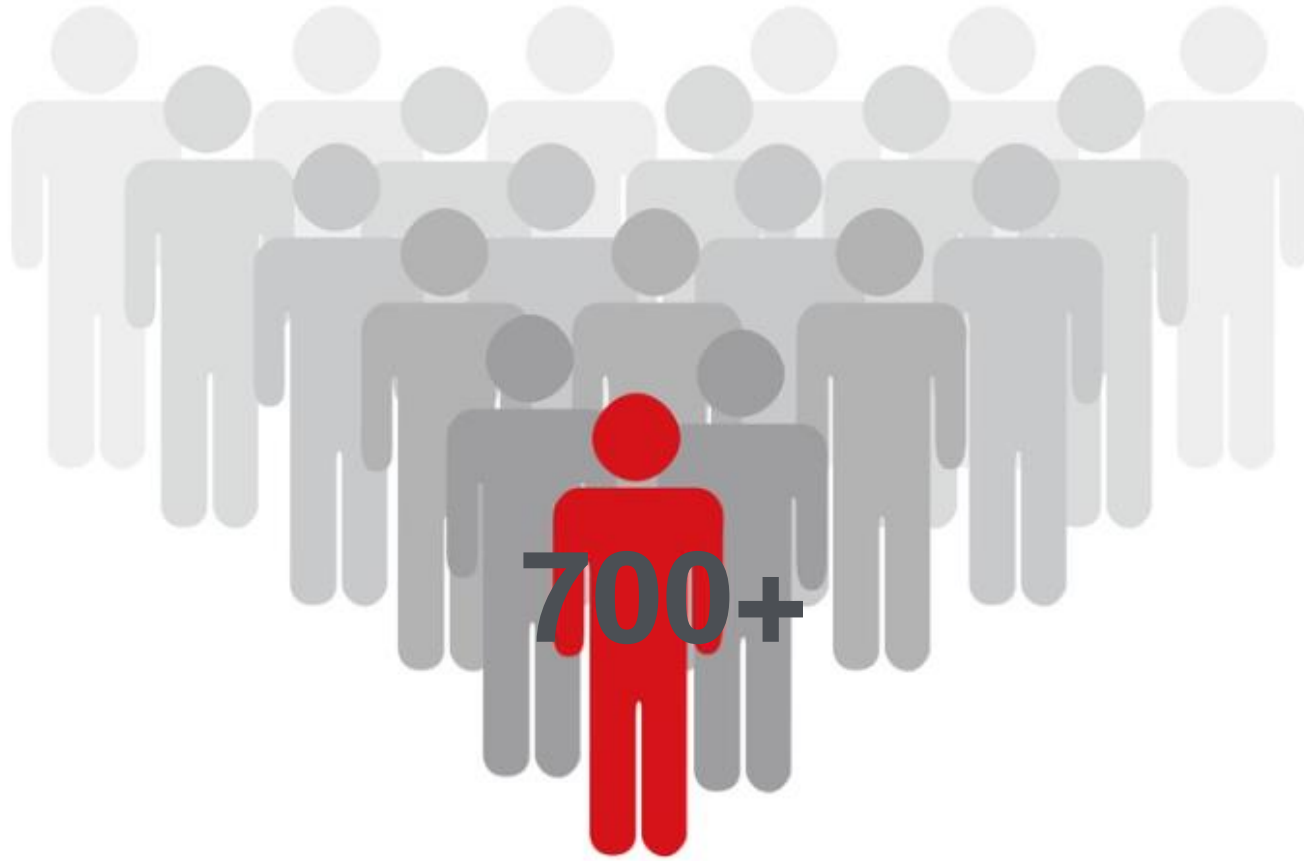


Project Name:  
Change Tested/Implemented:

CYCLE #:	PLAN	DO	STUDY	ACT
1	Objective of Cycle: <input type="checkbox"/> Test a Change (Small-Scale) <input type="checkbox"/> Test a Change (Large-Scale) <input type="checkbox"/> Implement a Change	Test Begin Date:  Test End Date:	What worked well?  What could be improved?	<input type="checkbox"/> Abandon: Discard change idea and try a different one <input type="checkbox"/> Adapt: Improve the change and continue testing plan <input type="checkbox"/> Adopt: Develop implementation plan and plan for sustainability
2	Objective of Cycle: <input type="checkbox"/> Test a Change (Small-Scale) <input type="checkbox"/> Test a Change (Large-Scale) <input type="checkbox"/> Implement a Change	Test Begin Date:  Test End Date:	What worked well?  What could be improved?	<input type="checkbox"/> Abandon: Discard change idea and try a different one <input type="checkbox"/> Adapt: Improve the change and continue testing plan <input type="checkbox"/> Adopt: Develop implementation plan and plan for sustainability
3	Objective of Cycle: <input type="checkbox"/> Test a Change (Small-Scale) <input type="checkbox"/> Test a Change (Large-Scale) <input type="checkbox"/> Implement a Change	Test Begin Date:  Test End Date:	What worked well?  What could be improved?	<input type="checkbox"/> Abandon: Discard change idea and try a different one <input type="checkbox"/> Adapt: Improve the change and continue testing plan <input type="checkbox"/> Adopt: Develop implementation plan and plan for sustainability
4	Objective of Cycle: <input type="checkbox"/> Test a Change (Small-Scale) <input type="checkbox"/> Test a Change (Large-Scale) <input type="checkbox"/> Implement a Change	Begin Date:	What worked well?  What could be improved?	<input type="checkbox"/> Abandon: Discard change idea and try a different one <input type="checkbox"/> Adapt: Improve the change and continue testing plan <input type="checkbox"/> Adopt: Develop implementation plan and plan for sustainability

# PDSA in Action

# Plan



Identified Gap in **Cologuard** Rescreen

# Plan

## Fishbone Diagram

CAUSES

EFFECT

### Patient Barriers

1. Other health priorities

2. Unaware of screening due

3. Out-of-pocket costs

4. Lack of access to care

5.

### Primary Care Provider Barriers

1. Clinic encounter time constraints

2. Competing organizational priorities

3. Staffing constraints

4. Underutilization of system resources

5. Unclear insurance coverage for dx colonoscopy

### Support Team Barriers

1. Staffing constraints

2. COVID workflow challenges

3. Time constraints during rooming process

4. Underutilization of system resources

5.

5. Utilization of telehealth

4. Patients not assigned to a PCP

3. Capacity constraints in clinics

2. Competing organizational priorities

1. No outlined process for Cologuard recall

### Systems/Clinic Barriers

5.

4. Delay in CRCS Payor Initiatives data

3. EHR does not include outside payor initiatives

2. Cologuard data resides outside of internal application

1. No internal baseline Cologuard rescreen benchmarks

### Data Measurement Barriers

700+  
CUSTOMERS  
OVERDUE  
COLOGUARD  
RESCREEN



# Plan



## Root Cause Analysis (RCA)

- Avoid jumping to conclusions
- Avoid addressing only symptoms
- Design and implement lasting solutions that are capable of eliminating the “root”

# Plan RCA Analysis



Missing baseline data/reliance on external application



Competing organizational priorities impacting screening rate



Current staffing constraints significantly impacting any new quality improvement efforts

# Plan

## Problem-Solving

---

- Exact Sciences on board with opt-out approach for Cologuard Rescreen Pilot
- Worked collectively to mitigate risk



# Plan

**What is going to happen?** Customers overdue for Cologuard rescreen will automatically receive a kit outside of an office visit and without assistance from front-line team members.

**Who will make the change?** Partnership with QI, Care Access and IT applications

**Who will receive the change?** Customers who meet inclusion guidelines

**When will the change take place?** 11/1/2021

**How long will it last?** 90 days

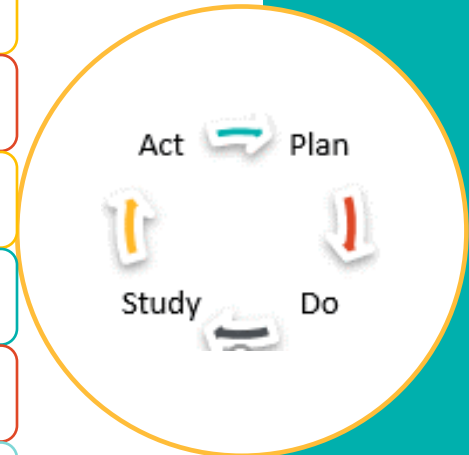
**Where will the change take place?** All Primary Care Clinics @ NMH

**What tasks or tools are needed?** Approval from Operations, IT & Care Access Senior Leaders, accurate identification of customers included, communication blasts, phone line for customers to call in and opt out, workflow for CSRs

**What types of data will be collected?** Rate of kit completion

**Who will collect data?** Exact Sciences

**Prediction: 80% of customers who are included in Cologuard Opt-Out Outreach will complete kit in 90 days**



# Do

Current Health Maintenance overdue alert for Cologuard

Successfully completed previous Cologuard test > 3 years and result negative.

Attributed PCP listed in customer profile and PCP still active with NMH. Has email or phone number listed as preferred method of communication.

Customer is currently between the ages of 45-75

Clinic, telehealth or home visit encounter within the last two years

Not a current palliative or hospice patient

No inflammatory bowel disease, colorectal cancer or rectal bleeding documented within problem list, medical history or used for an encounter.

Customer inclusion requirements



# Do

Communication tool for notifying Primary Care Providers of rescreen pilot

## Cologuard Rescreen Pilot



### What is changing and when?

- On November 1<sup>st</sup>, 2021 approximately 250 primary care customers will receive automated messaging via Email (preferred), text or voicemail. On November 15<sup>th</sup>, 2021 batch Cologuard lab orders will be placed for the customers who did not contact NMH to opt out of rescreen.
  - Sample size relatively low for initial rescreen pilot due to strict eligibility guidelines including:
    - Current Health Maintenance overdue alert for Cologuard
    - Successfully completed a Cologuard test over three (3) years ago and result was negative
    - Attributed PCP identified and provider still active
    - Customer is currently between the ages of 45-75
    - Clinic, telehealth or home visit encounter within the last two (2) years
    - Not a current palliative or hospice care patient
    - No inflammatory bowel disease or colorectal cancer documented within the customer's problem list, medical history or used as an encounter



### Why is the change happening?

Delivery of quality adult preventative services such as colorectal cancer screening is essential to improving population health. To effectively close colorectal cancer screening care gaps, leveraging information technology supports is paramount. The USPSTF recommends rescreening every three years for negative sDNA-FIT results. An opportunity exists within Blaze Health to target outreach to customers who have successfully completed Cologuard testing in the past and due for rescreening.



### How do I navigate this change?

- Review FAQs and email messaging below for your awareness

### Frequently Asked Questions:

- When is the customer charged for the Cologuard test?** Customer is not charged until the completed kit has been resulted. This means if a kit is sent out to the customer home and is never sent back in, customer will not receive a charge.
- What number is the customer given to call with if they wish to opt out?** A unique CSR phone number has been assigned for customers to call to enable tracking responses and provide more accurate data for auditing purposes.
- What will CSR say if a customer does call in?** CSR agents have been provided a Tip Sheet and FAQs. If a customer calls in and requests to opt out prior to November 15<sup>th</sup>, the CSR agent will send an in-basket message to ensure customer is removed from bulk Cologuard orders.
- Who receives the Cologuard results?** The attributed PCP will receive the Cologuard result per the usual process.
- What if the customer has questions related to completion of the Cologuard kit or Insurance Coverage concerns?** The automated messaging sent to the customer on November 15<sup>th</sup> includes an Exact Sciences 24-hour patient representative line **1-844-870-8870** who will be able to assist.



# Do

Communication tool for customers included in pilot

## Automated Phone message or text (Customer does not have email on file)

From North Memorial Health: Hello, our records indicate that you may be eligible for Colorectal Cancer rescreening with Cologuard. We recommend screening three years after a negative Cologuard result. For your convenience, we will send you a rescreen kit unless you opt out. Please call for more information or to opt out.

## Automated Email Message



Dear (Patient's Name),

Our records indicate that you're eligible for Colorectal Cancer Rescreening with Cologuard. The U.S. Preventive Services Task Force (USPSTF) recommends screening again three years after a negative Cologuard result. For your convenience, a Cologuard rescreening order will be placed for you. If you want to opt out of the rescreen or have completed colorectal cancer screening such as a colonoscopy since your last Cologuard, please call to speak with an agent who can assist with opting out.

### How it Works:

- Contact Exact Sciences at 1-844-870-8870 with questions related to insurance coverage or completion of the Cologuard kit.
- A kit will be shipped to you with instructions and a prepaid, preaddressed UPS return label.
- You collect your own stool sample in the privacy of your own home.
- Call Exact Sciences at 1-844-870-8870 to schedule a pick-up of your completed kit right from your home
- You will receive your Cologuard test results via MyChart notification or a letter will be mailed to your home address if you have not signed up for MyChart.
- Your provider will also receive your results and advise on any follow-up steps. The test result will be positive, negative or no result obtained.

### What does a positive result mean?

- The test detected abnormal DNA and/or blood that could be caused by precancerous polyp or cancer in the colon. **The test can detect 92% of colon cancers and 42% of large adenomatous polyps (the precursor to cancer).**
- The test can also have a positive result that is incorrect (false positive). This means the test result is positive, but no colon cancer or precancerous polyps were present.
- The test has a 13% false positive rate, which means about 1 in 8 positive tests will incorrectly identify colon cancer or polyps.
- Your provider will recommend a follow-up *diagnostic* colonoscopy for all positive results (please note: a *diagnostic* colonoscopy may incur an insurance copay or deductible based on your healthcare coverage).

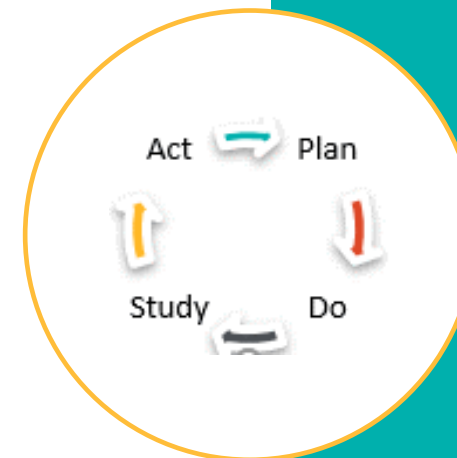
### What does a negative result mean?

- The test did not detect abnormal DNA and/or blood in the sample.
- The test can also have also an 8% false negative rate, which means that 1 in 12 negative tests will incorrectly miss colon cancer or a precancerous polyp.

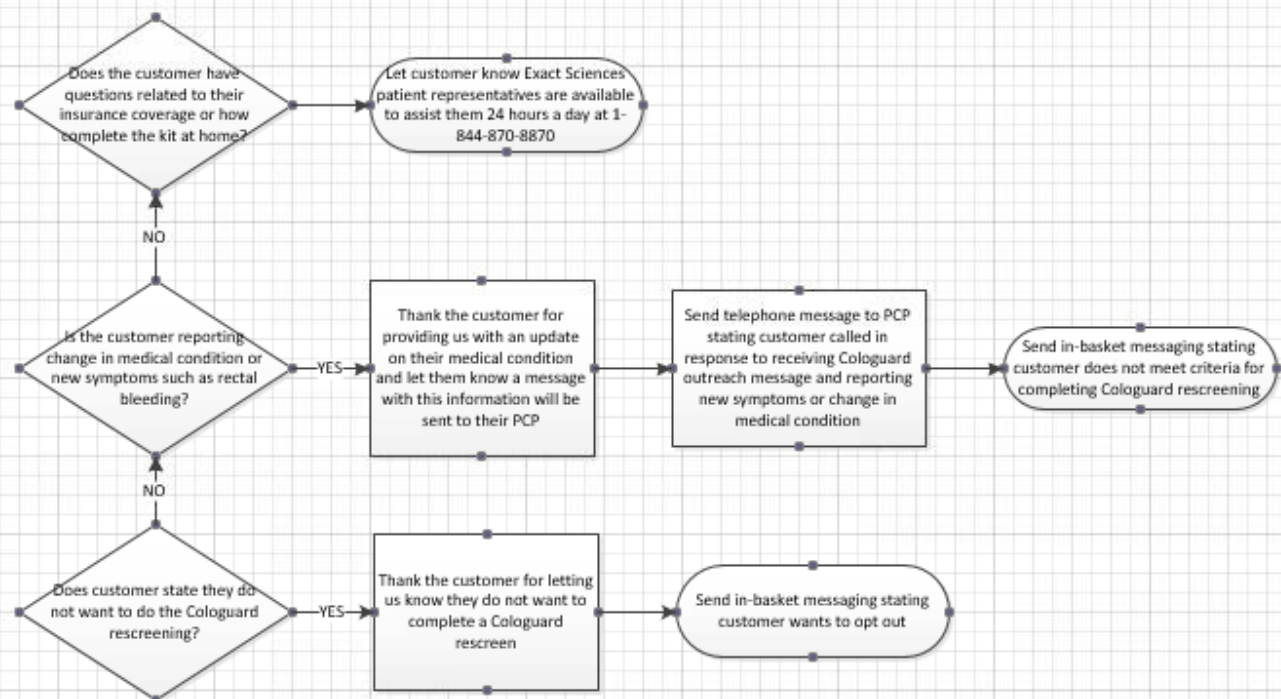
### What does no result obtained mean?

- The test was not able to provide a result
- If this happens, your provider will advise if further steps are required. For example, you may be asked to provide another stool sample.

Thank you for taking the steps to protect your health.



Customer Service Representative



Tool for Customer Service Agents to use if call comes in regarding pilot

Customer

**Overview:** Approximately 250 Primary Care customers will receive automated messaging letting them know a Cologuard<sup>®</sup> Rescreen Test will be sent out to their home. Customers are instructed to call if they have questions about why they received this message or if they wish to “opt out” of rescreen (see attached email messaging for exact verbiage the customer is receiving). All of the customers receiving the automated message have successfully completed a Cologuard test in the past so should be familiar with the process. Cologuard is an at-home Colon Cancer Screening test for adults ages 45-75 who are at average risk and works by detecting certain DNA markers and blood in the stool.

**Frequently Asked Questions**

**Will my insurance cover the cost?** The Affordable Care Act (ACA) requires both private insurers and Medicare to cover the costs of colorectal cancer screening tests, including Cologuard. The recommendation is for customers to get rescreened with Cologuard every three (3) years. For further information or questions related to customer’s specific insurance coverage, please instruct the customer to call Exact Sciences (company that makes Cologuard) at 1-844-870-8870

**When is the customer charged for the Cologuard test?** Customer is not charged until the completed kit has been resulted. This means if a kit is sent out to the customer’s home but is never sent back, customer will not receive a charge.

**Who receives the Cologuard results?** The customer’s attributed PCP will receive Cologuard results per the usual process.

**What if the customer has questions related to completion of the Cologuard kit or insurance coverage concerns?** The automated messaging sent to the customer includes an Exact Sciences 24-hour patient representative live 1-844-870-8870.

**Can the customer still do the test if they report current rectal bleeding?** No. Please send in-basket message to remove customer from batch Cologuard orders due to symptoms in addition to sending telephone message to PCP

**What if the customer wants to opt out and not receive a Cologuard kit in the mail?** Send an in-basket message from customer’s Epic record stating “Cologuard Opt Out”



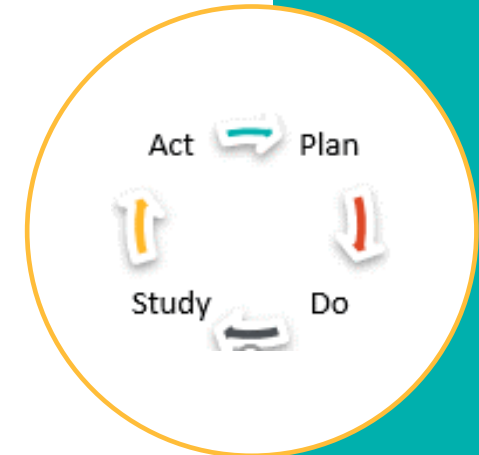
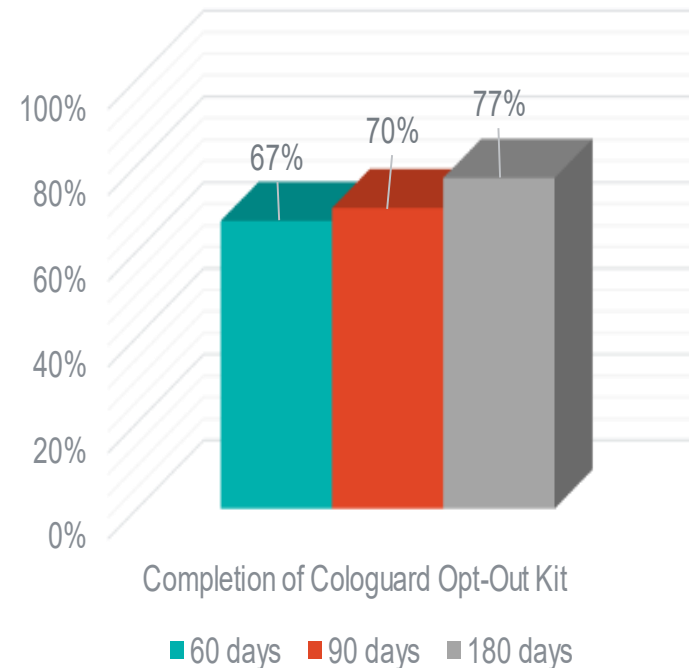
# Do

## Was the cycle completed as planned?

*There was an approximate one-week delay in customers receiving their kits due to initial omission of a diagnosis code for the Batch orders. Cycle ended up being extended from 90 days to 180 days to get a full picture of data completion rates.*

**Record Data & Observations:** *Four customers opted out; one customer called to report current rectal bleeding; 206 out of 250 eligible customers received kits. 138 customers completed a kit @ 60 days. 144 customers completed a kit @ 90 days. 159 customers successfully completed a kit @180 days.*

**What did you observe that was not part of the plan?** *Batch orders had to be entered by each clinic location for individual providers to receive results; impact of real-time tools for outreach; customers receiving results prior to provider addressing*



# Study

**Analyze and summarize Data:** Our test with outreach intervention of auto sending kit to home showed 77% completion rate by May 2022. While we did not reach our prediction of 80% kit return rate in 90 days, we are confident this outreach approach is effective at closing the gap of Cologuard rescreen and did result an improvement.

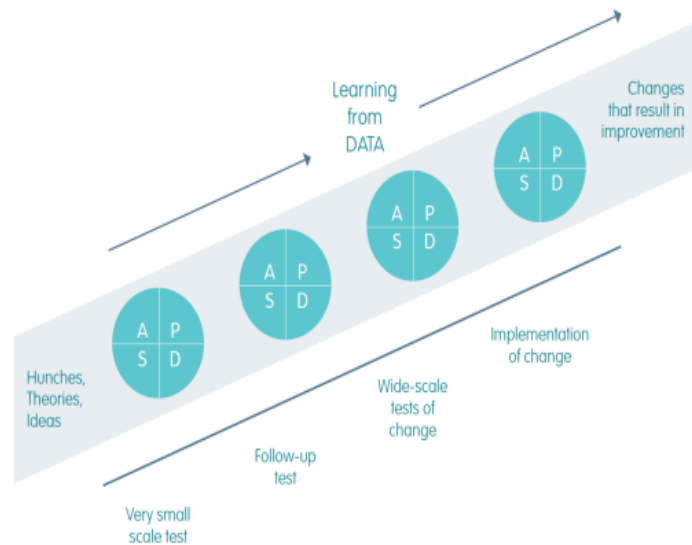
**Compare the result of your test to your previous performance:** Our average completion rate at NMH from 1/1/21 to 6/1/22 is 59% for customers completing Cologuard for the first time. Rescreen average completion rate without outreach intervention from 1/30/18 to 12/31/22 was 81

**Lessons Learned:** Need for customized internal reporting; set more realistic goals; have more data points during cycle including clear baselines; need provider guidelines on response expectations for positive results



# Act

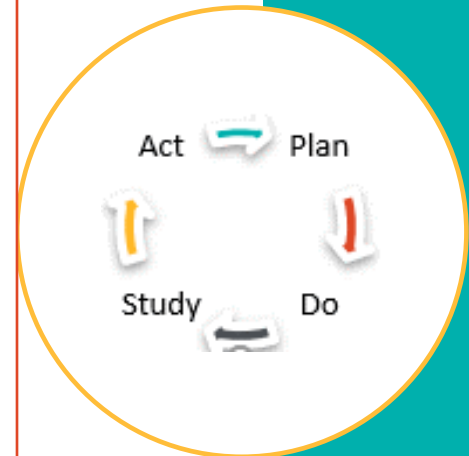
Decide to adopt, adapt or abandon: All parties agree to **adapt** this change.



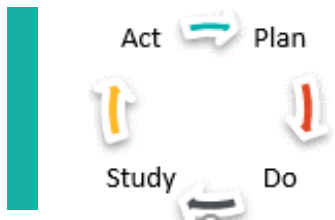
Cycle #2: Customers with MyChart as preferred method of communication

Cycle #3: Customers seen in clinic > 2 years ago but still active

Cycle #4: Implement as annual outreach activity



# PDSA Cycle Worksheet



<b>Project Name: Cologuard Opt-Out Rescreen</b>		<b>Cycle Begin Date: 11/1/21</b>	<b>Cycle End Date: 5/1/21</b>
Cycle #: 1	What is purpose of cycle? Test Opt-Out		
	<input checked="" type="checkbox"/> <b>Test (Small-Scale)</b> <input type="checkbox"/> <b>Test (Large-Scale)</b> <input type="checkbox"/> <b>Implementation</b>		
What are we trying to accomplish? <i>Decrease number of customers overdue for Cologuard rescreen</i>	How will we know that change is an improvement? <i>Data collected on kit completion</i>	What change can we make that will result in improvement? <i>Automatically send out Cologuard kits to customers that are overdue for rescreen</i>	

**PLAN:**  
What is going to happen? Customers overdue for Cologuard rescreen will automatically receive a kit in the mail once they have been identified as overdue for Cologuard rescreen and meet inclusion criteria

Who will make the change? Partnership with QI, Care Access and IT applications

Who will receive the change? Customers who meet inclusion guidelines

When will the change take place? 11/1/2021

How long will it last? 90 days

Where will the change take place? All NMH Primary Care Clinics

What tasks or tools are needed? Approval from Operations, IT & Care Access Senior Leadership, Accurate identification of customers included, communication blasts, phone line for customers to call in and opt out, workflow for CSRs

What types of data will be collected? Rate of Kit Completion

Who will collect data? Exact Sciences

**Prediction: 80% of customers included in Cologuard Opt-Out Outreach will complete kit in 90 days and close the gap of customers overdue for this test**

**DO:** Carry out the change and collect data  
 Was the cycle completed as planned?  Yes  No

Record data and observations: Four customers opted out; only 206 out of 250 eligible customers received kits due to outdated or inaccurate emails or phone numbers on file; January 2022 completion rate was 67%; March completion rate was 72%, completion rate by May 2022 77%

What did you observe that was not part of the plan? Batch orders had to be entered by each clinic location for individual providers to receive results; impact of real-time tools for outreach; customers receiving results directly prior to provider addressing

**STUDY:** Analyze and summarize data

Did the results match your prediction(s)?  Yes  No

Compare the result of your test to your previous performance: Our average completion rate at NMH from 1/1/21 to 6/1/22 is 59% for customers completing Cologuard for the first time. With our rescreen average completion rate from 1/30/18 to 12/31/22 is 81%, our pilot completion rate of 77% is lower.

What did you learn? Need for customized internal reporting; set more realistic goals; have more data points during cycle including clear baselines; need provider guidelines on response expectations for positive results

**ACT:** Decide to Adopt, Adapt, or Abandon

**Adopt:** Select changes to implement on a larger scale and develop implementation plan

**Adapt:** Improve the change and continue testing plan. Describe what you will change in your next PDSA

**Abandon:** Discard this change idea and try a different one

# PDSA Cycle Tracking Form



**Project Name:** Cologuard Opt-Out Rescreen

**Change Tested/Implemented:** Auto kit shipment to customers who were overdue for Cologuard Rescreen

CYCLE #:	PLAN	DO	STUDY	ACT
1	Objective of Cycle: <input checked="" type="checkbox"/> Test a Change (Small-Scale) <input type="checkbox"/> Test a Change (Large-Scale) <input type="checkbox"/> Implement a Change	Test Begin Date: 11/1/2021  Test End Date: 5/1/2022	What worked well? Customer completion of kits, few opt-outs What could be improved? Use MyChart messaging, reduce cycle length, goal setting, tracking data, customer identification, order entry	<input type="checkbox"/> Abandon: Discard change idea and try a different one <input checked="" type="checkbox"/> Adapt: Improve the change and continue testing plan <input type="checkbox"/> Adopt: Develop implementation plan and plan for sustainability
2	Objective of Cycle: <input type="checkbox"/> Test a Change (Small-Scale) <input checked="" type="checkbox"/> Test a Change (Large-Scale) <input type="checkbox"/> Implement a Change	Test Begin Date: 7/15/2022  Test End Date:	What worked well?  What could be improved?	<input type="checkbox"/> Abandon: Discard change idea and try a different one <input type="checkbox"/> Adapt: Improve the change and continue testing plan <input type="checkbox"/> Adopt: Develop implementation plan and plan for sustainability
3	Objective of Cycle: <input type="checkbox"/> Test a Change (Small-Scale) <input type="checkbox"/> Test a Change (Large-Scale) <input type="checkbox"/> Implement a Change	Test Begin Date:  Test End Date:	What worked well?  What could be improved?	<input type="checkbox"/> Abandon: Discard change idea and try a different one <input type="checkbox"/> Adapt: Improve the change and continue testing plan <input type="checkbox"/> Adopt: Develop implementation plan and plan for sustainability
4	Objective of Cycle: <input type="checkbox"/> Test a Change (Small-Scale) <input type="checkbox"/> Test a Change (Large-Scale) <input type="checkbox"/> Implement a Change	Begin Date:	What worked well?  What could be improved?	<input type="checkbox"/> Abandon: Discard change idea and try a different one <input type="checkbox"/> Adapt: Improve the change and continue testing plan <input type="checkbox"/> Adopt: Develop implementation plan and plan for sustainability

96%

In Minnesota, more than 96% of Cologuard® patients have no out-of-pocket cost for screening.\*



Minnesota

Most insured patients pay \$0\*

Cologuard is covered by Medicare/Medicare Advantage and most major insurers.

Currently, 93% of Minnesota Cologuard patients aged 45-49 have no out-of-pocket cost for screening.\*

In **Minnesota**, Exact Sciences Laboratories is in-network\*\* for most Commercial Insurers including:



#### In-Network Insurers†^

Blue Cross and Blue Shield of Minnesota †

HealthPartners †

Medica

PreferredOne

Cigna Corporation †

[Learn more at Cologuard.com/access](https://www.cologuard.com/access)

†Not a comprehensive list of in-network insurers available.

^Exceptions for coverage may apply; only an insurer can confirm how Cologuard would be covered.

‡Colorectal Cancer screening policy updated to reflect the 2021 USPSTF recommendations for screening average-risk patients beginning at age 45 (Grade B). Exceptions for coverage may apply; only an insurer can confirm how Cologuard would be covered.

\*Exact Sciences estimate based on historical patient billing as of November 30, 2021. Rate of coverage varies by state and region. Exceptions for coverage may apply; only your patients' insurers can confirm how Cologuard would be covered.

# Cologuard Insurance Coverage

# COLOGUARD® IS COVERED BY MINNESOTA MEDICAID



For members 50-75 years old, who are asymptomatic, at average risk of developing colorectal cancer (CRC), and are eligible for screening.

Complete insurance information should be provided with each order.

Eligible patients who are actively enrolled in any State Medicaid program can access Cologuard.\*

No payment will be expected from the patient unless the plan requires a co-pay.

Visit [cologuardhcp.com/medicaid](https://cologuardhcp.com/medicaid)

## Indications and Important Risk Information

Cologuard is intended for the qualitative detection of colorectal neoplasia associated DNA markers and for the presence of occult hemoglobin in human stool. A positive result may indicate the presence of colorectal cancer (CRC) or advanced adenoma (AA) and should be followed by diagnostic colonoscopy. Cologuard is indicated to screen adults of either sex, 45 years or older, who are at typical average risk for CRC. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high-risk individuals.

Cologuard is not for high-risk individuals, including patients with a personal history of colorectal cancer and adenomas; have had a positive result from another colorectal cancer screening method within the last 6 months; have been diagnosed with a condition associated with high risk for colorectal cancer such as IBD, chronic ulcerative colitis, Crohn's disease; or have a family history of colorectal cancer, or certain hereditary syndromes.

Positive Cologuard results should be referred to diagnostic colonoscopy. A negative Cologuard test result does not guarantee absence of cancer or advanced adenoma. Following a negative result, patients should continue participating in a screening program at an interval and with a method appropriate for the individual patient.


False positives and false negatives do occur. In a clinical study, 13% of patients without colorectal cancer or advanced adenomas received a positive result (false positive) and 8% of patients with cancer received a negative result (false negative). The clinical validation study was conducted in patients 50 years of age and older. Cologuard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near-age groups.

Cologuard performance when used for repeat testing has not been evaluated or established. Rx only.

EXACT SCIENCES CORPORATION  
5505 Endeavor Lane, Madison, WI 53719  
ExactSciences.com | ExactLabs.com | 1-844-870-8870  
Cologuard is a registered trademark of Exact Sciences Corporation.  
©2021 Exact Sciences Corporation. All rights reserved. US CG 5223-1 September 2021



# Cologuard Insurance Coverage



**What  
questions do  
you have?**

---

