



GI & HEPATOLOGY NEWS

OFFICIAL NEWSPAPER OF THE AGA INSTITUTE

CTC and Colonoscopy Integrated Successfully



REBECCA GARDNER/ELSEVIER GLOBAL MEDICAL NEWS

BY ALICIA AULT
Elsevier Global Medical News
Page 1

The role of computed tomographic Colonography in colon cancer screening is still being debated, but a handful of gastroenterology practices is betting that it will be a frequently used modality in the near future—despite a recent proposed decision memo by Medicare to deny coverage of the procedure.

These practices are promoting computed tomographic colonography (CTC) as a screening option for patients at average risk, and are offering same-day, same-site (or nearby) colonoscopy to those who need it, to avoid the need for an additional prep and another day of testing. Anecdotally, these

The pleasant surprise has been that colonoscopy volume has not decreased, contrary to predictions, said Dr. Brooks Cash, AGAF.

practices are already reporting increased colorectal cancer screening rates.

It's well known that the number of Americans who undergo colonoscopy falls far short of those who are eligible; as few as 40% are being screened, the Centers for Disease Control and Prevention estimates.

But many Americans have heard about CTC and view it as preferable to undergoing sedation and missing a day's work for colonoscopy.

Two groups that are offering CTC and colonoscopy together couldn't be more different: the National Naval Medical Center in Bethesda, Md., and the Colon Health Center of Delaware, a venture funded by Mid-Atlantic GI Consultants of Newark, Del., and managed by a for-profit company that's aiming to create a branded, national chain of screening facilities.

The National Naval Medical Center's colonoscopy screening center was established by a grant from Congress and has been supported by the U.S. Navy's Bureau of Medicine ever since, said Dr. Brooks Cash, AGAF, integrated chief of medicine at the National Naval Medical Center/Walter Reed Army Medical Center, in an interview. CTC is a covered benefit for military personnel, retirees, and their dependents. The center, which draws patients from Washington, D.C., Maryland, and northern Virginia, serves about 500,000 eligible personnel, retirees, and dependents.

The National Naval Medical Center was also a site for the pivotal CTC study conducted by Dr. Perry Pickhardt and colleagues (*N. Engl. J. Med.* 2003; 349:2191-200). When the for-profit Colon Health Centers of America decided to build

a national network integrating CTC with endoscopic colonoscopy, the founders went to the National Naval Medical Center to study its operations, said Dr. Mark Baumel, chief executive officer of the Mendenhall, Pa.-based company, in an interview. Dr. Cash and Dr. Pickhardt are both on Colon Health Centers' advisory board.

Convincing patients was the easy part. "I had to do some pretty aggressive marketing to get the internists and primary care doctors as well as other referral bases to buy off on [the idea] that it was appropriate to offer this to average-risk individuals at our institution," said Dr. Cash. "I think the fact that most of them are now recommending CTC to many of their patients speaks volumes about our results and the success that we've had," he added.

In Delaware, the Mid-Atlantic GI physicians have been hosting educational forums to introduce the integration concept to referring physicians in the community, said Dr. Amy Patrick, a gastroenterologist and medical director of the Delaware center.

The center and CTC got a big boost from Blue Cross Blue Shield of Delaware, which is covering the procedure to see whether it will increase screening. The procedure is only being offered to enrollees age 50 years and older who should be screened but haven't been.

A total of 600 patients have been screened since the site opened in September 2008, and the center is screening 5-12 patients a day, Dr. Patrick said in an interview.

The center has been surveying all patients, and about 50% of all respondents report that they would not have sought screening if CTC was not an option, Dr. Patrick said. "These people were on the screening sidelines—they were opting for nothing," she told members of the Medicare Evidence Development and Coverage Assessment Committee (MEDCAC) at its review of CTC in November 2008.

The National Naval Medical Center is performing about 2,500 CTC scans a year, and an equal number of colonoscopies, said Dr. Cash. The pleasant surprise has been that colonoscopy volume has not decreased, contrary to predictions by gastroenterologists worried about the impact of CTC, he noted.

About 10% more colonoscopies are therapeutic now, compared with the period before CTC became available, but the volume has not exceeded the gastroenterologists' capacity to perform colonoscopies, said Dr. Cash.

Overall, the National Naval Medical Center has seen a 60% increase in the volume of colon cancer screening, he said. "In fact, we just conducted a survey of 250 consecutive patients undergoing CTC and found that 37% indicated that they would not have undergone colorectal cancer screening had CTC not been available. And that's in a setting where their care is at no cost," said Dr. Cash.

Screening Process

At both centers, patients are told to prepare for CTC using the same prep as that used for colonoscopy, and they are informed that they will be referred for a same-day colonoscopy if any suspicious lesions are found. Patients are told before the CTC that they need to have someone "on call" to drive them home if they need a polypectomy.

The CTC takes 10-15 minutes. At the Delaware center, a technician conducts the exam and off-site radiologists read the films, within 45 minutes to an hour. Colon Health Centers of America hires and pays the radiologists—a key attraction for Mid-Atlantic GI Consultants, said Dr. Patrick, who noted that she and her colleagues initially worried about finding radiologists with expertise in reading CTC films.

Colon Health Centers' lawyers also did the research to determine that the venture fell within the strictures of the physician self-referral laws. When her practice decided to offer CTC, "it was clear that it was much more complex than we realized," Dr. Patrick said.

The group practice financed the CT scanner, software, and other equipment, and the building of the facility, which is a third of a mile from its endoscopy center. The CTC center resembles a spa, with a fountain, a large-screen TV, wireless

service, and individual waiting rooms, according to Dr. Patrick. Mid-Atlantic GI Consultants reserves two colonoscopy slots daily for referrals from the Colon Health Center. Typically, there is only one patient per day from the center, she said.

At the National Naval Medical Center, the first step is to determine eligibility for CTC—certain patients will be referred straight to colonoscopy, said Dr. Cash. The CTC patients, who have completed a purgative prep, are given two different types of contrasts: barium and a water-soluble contrast, he said. The films are read fairly quickly after the 10-15 minutes required for the scan and image processing. For those who have suspicious lesions, same-day colonoscopy is offered; most of those patients do go for the same-day procedure.

“We’ve found that when you tell people they have a good sized polyp, they aren’t real interested in leaving it in there,” said Dr. Cash. The center has electronic medical records and a system of mail and telephone reminders to track patients who are eligible for screening or who need follow-up.

Compliance with same-day exams has not been a problem in Delaware, either, said Dr. Patrick; almost all of the patients who have polyps identified do follow the recommendation.

Maintaining a Piece of the Pie

Both Dr. Patrick and Dr. Cash said that integrating CTC and endoscopic colonoscopy offers gastroenterologists a way to stay connected to colorectal cancer screening patients—and a portion of the reimbursement. And, they say, it will not diminish colonoscopy’s standing.

“I don’t think this is going to pull away from colonoscopies as much as people fear,” said Dr. Cash. “If anything, the numbers will hold steady or actually increase a little.”

Dr. Patrick noted that by having the CTC done at Mid-Atlantic’s Colon Health Center, “we’re generating revenue from the CT scan while we’re doing other work.”

Dr. Joel Brill, AGAF, chairman of the AGA Institute’s practice management & economics committee, said that by offering CTC and colonoscopy together, gastroenterologists maintain their position as the focal point for colorectal cancer screening. It also should improve coordination of care, he said. “You’ve reduced the likelihood that the patient is going to be lost to follow-up,” he said in an interview.

While insurance coverage is spotty now, “there will be increasing pressure on Medicare and commercial insurers to cover this as a screening test,” said Dr. Brill. “Cigna has issued a positive coverage policy, and a number of states mandate coverage of any colorectal cancer screening test recommended by the American Cancer Society.”

On March 13, a letter signed by more than 40 members of Congress urged the Centers for Medicare and Medicaid Services to cover CTC as a means of screening for colorectal cancer.

Dr. Baumel said he believes commercial insurers will lead the way in coverage, with Medicare eventually following. Colon Health Centers of America would like to have at least 10 sites by the end of 2009, Dr. Baumel said. ■