



President's Page

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"The mission of the Indianapolis Medical Society is to promote professional growth, advocacy for all physicians, and quality health care for the community!"

Innovative Community Medicine At Its Best

Headlines: **In the US, the rate of the most common cancers is declining!** *Colon cancer deaths among people under age 65 dropped 20% and the rate of screening colonoscopies has increased 30% over the past several years.*

This wonderful trend has been attributed to a host of reasons based on which cancer type is analyzed.

Members of the Indianapolis Medical Society, no doubt, have helped harness the cancer rate; but more specifically, the rate of colon cancer.

To appreciate Indiana physicians' influence on the national cancer rate of colon cancer requires a look at local activities over the past 14 years.



In 1993, Dr. James D. Rogge, community gastroenterologist and the president of the Indianapolis Gastroenterology Research Foundation (IGRF), approached the Lilly Health Plan (LHP) with a, then, novel idea. If most physicians believe that a colonoscopy was in fact the "gold standard" to detect and remove colon polyps, can the LHP devise a benefit that would allow greater patient access to this tool?

At the time, no private health plan provided benefits for a "screening colonoscopy." Ironically, I just had been appointed the director of the LHP, which by itself, was unusual for any health plan to have a physician overseeing health benefit design.

In order to offer this novel screening benefit, a true partnership had to be forged between the LHP and community gastroenterologists. Along with Dr. Rogge's leadership and tenacity, a screening provider network was created in Indianapolis, West Lafayette and Terre Haute (all locations of Lilly facilities). These providers agreed to participate in a screening program with costs/screens fixed, all excised tissue examined by one common laboratory, and the results of each screening entered into a common IGRF database.

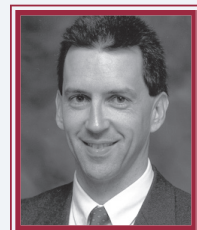
The LHP agreed to create the first private health insurance colonoscopy screening benefit in the country and broadly promoted the program to both employees and retirees. There would be 'no cost' or co-pay for the LHP members to access this service. IGRF maintained the network and provided all scheduling and coordination with participating providers. In 1995, the first LHP colon screening occurred. The LHP/IGRF program was so unique that it soon attracted national attention including being featured by "Good Morning America," TIME magazine and other lay publications. The LHP became, and remains, the world's largest community based colon cancer screening database. As of December 2006, LHP

members have had over 11,000 screenings with over 4,000 positive screens (polyps found/removed). In subsequent years, other national employers also contracted with IGRF to offer similar programs to their health plan members.



Equally important, as the database grew, researchers led by Dr. Thomas F. Imperiale of the Indiana University Medical Center (IUMC) began an impressive series of analytical evaluations of LHP data leading to multiple publications in the most highly regarded peer journals; including, *The New England Journal of Medicine*, *Annals of Internal Medicine* and *The Journal of American Medicine Association*. The first published *NEJM* article was in July 2000¹ and demonstrated the value of screening colonoscopies even if the distal colon was free of polyps. The article's findings were cited on the national evening news broadcasts. The *NEJM* editor, Dr. D. Podolsky noted, "The study reinforces that screening sigmoidoscopy is sub-optimal. The barrier to reducing the number of deaths from colon cancer is not the lack of scientific data but the lack of organizational, financial and societal commitment."²

Because of the credible findings of the LHP database, as well as multiple publications by other leading researchers including Dr. Douglas K. Rex, (IUMC), the advocacy for the promotion and utilization of screening colonoscopies has grown. Due to such findings, today, most major health plans, including Medicare, now cover screening colonoscopies as one method to detect colorectal cancer.



The receding colon cancer incidence trend cited by the American Cancer Society has to be, in part, related to the professionalism of the Hoosier physicians.

The leadership initiated by Dr. Rogge, the analytical team lead by Dr. T. Imperiale, the partnership with LHP and the dedication of community physicians are examples of innovative community medicine at its best.

Footnotes:

¹ Imperiale TF, Wagner DR, Lin CY, Larkin GN, Rogge JD, Ransohoff DF. Risk of advanced proximal neoplasms in asymptomatic adults according to the distal colorectal findings. *NEJM* 2000;343:169-174.

² Podolsky DK. Going the distance-the case for true colorectal-cancer screening. *NEJM* 2000; 343:207-208.