



February 10, 2023

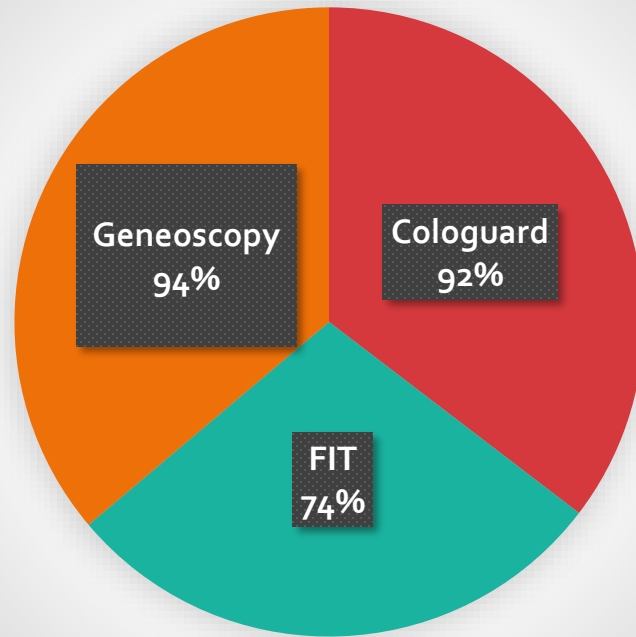
Colorectal Cancer (CRC)

- CRC is the third leading cause of cancer deaths in both men and women
- Louisiana has the 4th highest mortality rate of CRC in the nation.
- An estimated 52,000 people are expected to die from CRC in the US this year.
- The pathogenesis is linear.
- Hence, early detection and therapeutics have been proven to improve survival.

On January 24, 2023, Geneoscopy submitted a Premarket Approval (PMA) application to the Food and Drug Administration (FDA) for its Patented RNA biomarker, at-home, noninvasive, stool-based screening test, which detects Colorectal Cancer (CRC) and Advanced Adenomas (AA) in average-risk individuals.

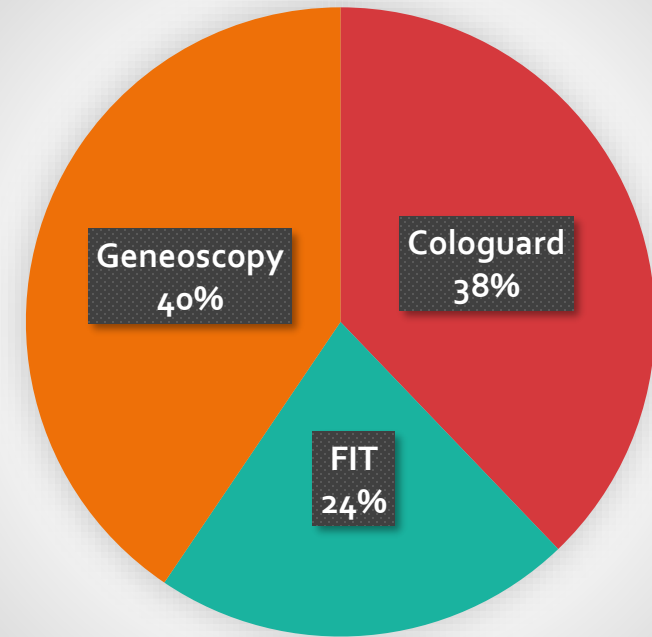
8,289 individuals between the ages of 45-49, representative of all lower 48 states and 3800 GI centers participated in the CRC-PREVENT Trial study

CRC Sensitivity Screening Test



■ Cologuard ■ FIT ■ Geneoscopy

AA Sensitivity Screening Test



■ Cologuard ■ FIT ■ Geneoscopy

Summary

- Due to patient aversion and poor compliance with colonoscopy preparation, stool-based tests have had more success in patient uptake and provider utilization.
- The Geneoscopy novel RNA test purports a higher sensitivity in detecting Colorectal Cancer and Advanced Adenomas to promote early intervention and better outcomes.
- Adding this new test once approved, will provide more accessible, user friendly, higher quality products to Louisiana Medicaid recipients, promoting greater equity and lower prices.

Violence Prevention

Hospital-based Violence Intervention:
Practices and Policies to End the Cycle of
Violence

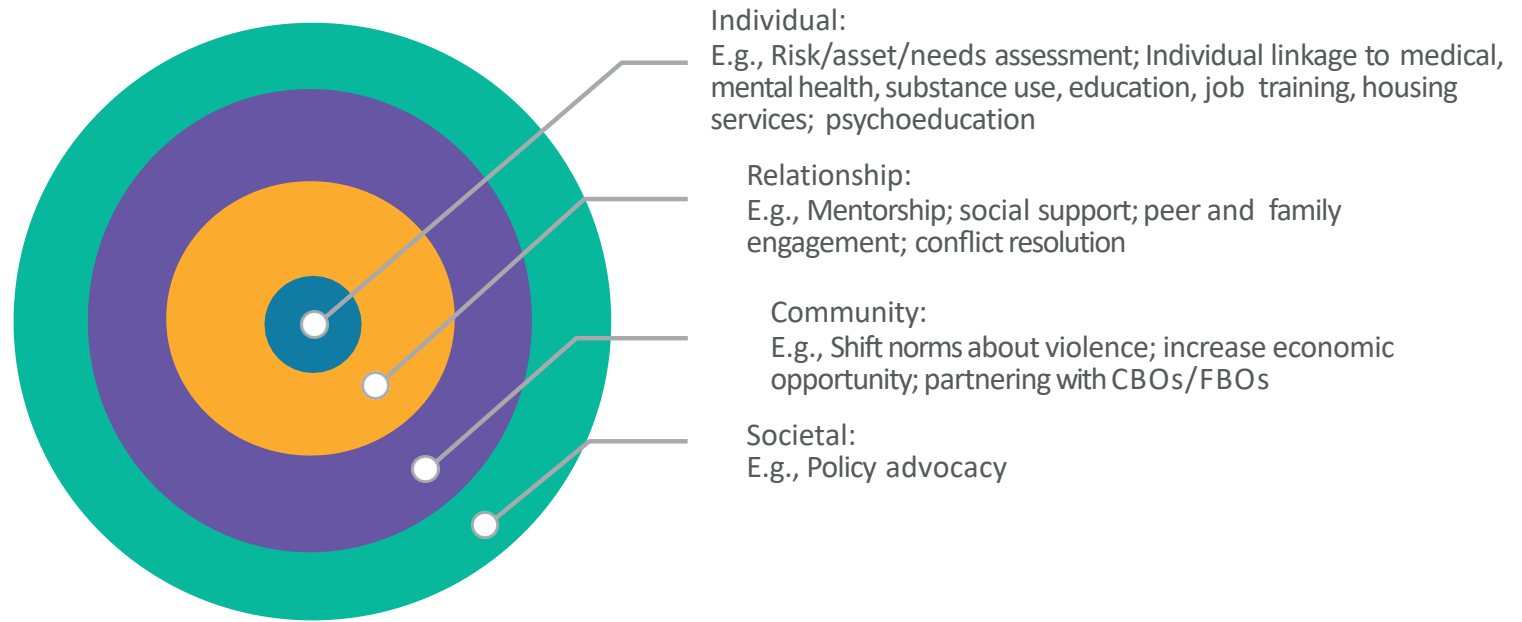
Executive Summary

- **Violence is an epidemic** that disproportionately hurts young people of color.
- **Violence is recurrent**, as prior victimization increases the probability of repeated injury, trauma, and poor health.
- **Violent injury is a traumatic event** that has serious mental health consequences.
- **Targeted intervention** at the hospital and post- discharge level is an effective strategy to break the cycle of violence, reducing future victimization and violent behaviors.
- **Hospital-based violence intervention programs** reduce health care costs by decreasing recidivism to the emergency department, and reduces other societal costs by decreasing involvement with the justice system.
- **Hospitals are essential partners** and resources for efforts to reduce violence.

Process

Figure 1: Social-Ecological Model of Violence Prevention

Adapted from the Centers for Disease Control and Prevention, the diagram below provides examples of how HVIPs provide intervention at multiple levels of the social ecology to prevent interpersonal violence.



Injury Prevention & Control

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Cost of Injury Data

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The 2019 cost of injury in the U.S. was \$4.2 trillion, according to a [report in CDC's Morbidity and Mortality Weekly Report](#). The costs include spending on health care, lost work productivity, as well as estimates of cost for lost quality of life and lives lost.

A separate report estimates the [cost of fatal injuries for states](#). The states with the highest per capita 2019 cost of fatal injuries were West Virginia, New Mexico, Alaska, and Louisiana. The states with the lowest fatal injury costs were New York, California, Minnesota, Nebraska, and Texas. All states face substantial avoidable costs due to injury deaths.

Page last reviewed: December 2, 2021

Content source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control



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The Epidemic of Interpersonal Violence

Table 1: Diagnosis Codes for Violent Injuries

Type of Assault/Homicide	ICD-9 E Codes	ICD-10 VMXY Codes
Blunt Object	968.2	Y00
Cut/Pierce	966	X99
Fight, Unarmed	960	Y04
Firearm	965(.0-.4)	U01.4, X93-X95
Other	960.1	
	961	U01(.0-.3, .5-.9), U02
	962(.0-.9)	X85-X92, X96-X98
	963-964	Y01-Y03
	965(.5-.9)	Y05
	968(.0-.1, .3, .7, .5-.9)	Y08-Y09
	979(.0-.9)	

Louisiana Medicaid Counts of Recipients having Assault/Homicide Diagnoses

Type of Assault/Homicide	Count of Distinct Recipients
Blunt Object	363
Cut/Pierce	652
Fight, unarmed	6,765
Firearm	1,072
Other	2,557
Overall distinct recipient count	10,316

Notes:

1. Study period: 2022-01-01 to 2022-12-31
2. Recipients with ICD-10 assault/homicide diagnoses at any diagnosis level were included.
3. Includes diagnoses from any setting
4. Includes both paid/adjusted and denied claims/encounters

Hospital Based Violence Intervention Programs

- HVIPs harness the power of the teachable moment through intervention Specialists who quickly gain trust and engage violently injured patients and their families on site in the emergency department, at a hospital bedside, or soon after ED discharge.
- The most common needs cited were culturally appropriate mental health (51%), victims of crime assistance (48%), employment (36%), housing (30%), and education (28%).
- HVIP practice is informed by an understanding that many violently injured individuals have extensive histories of trauma and carry the psychological, social, and biological consequences of those events.
- Exposure to extreme and chronic stress substantially increases risk for adverse health outcomes – such as heart disease, diabetes, obesity, substance abuse, depression, and sexually transmitted diseases.

Summary of HVIP Benefits

- HVIPs save lives, and help stop the 'revolving door' of violent injuries into emergency departments.
- HVIPs reduce subsequent criminal justice contact and involvement in violent crime.
- HVIPs reduce hospital expenses.
- HVIPs connect uninsured patients with Medicaid, SSI, and Victim of Crime programs.
- HVIPs have experience working with patients that hospital staff may find challenging.
- HVIPs help non-profit hospitals meet community benefit requirements.