An Evolving Cancer Screening Program: How the NBCCEDP and Grantees are Adapting in a Changing Healthcare Environment

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Presentation Overview

- NBCCEEDP Basics
- Impacts of ACA
- Shifts in NBCCEEDP activities
- How programs are adapting to change
- Take-aways
National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

- Established by Breast and Cervical Cancer Mortality Prevention Act of 1990; amended over time
- Provides screening and diagnostic services to underserved women
- Medicaid provides treatment to eligible women diagnosed with cancer (authorized by separate legislation)


- 50 States
- DC
- 11 Tribes/tribal Organizations
- 5 Territories
NBCCEDP provides...

- Mammograms
- Clinical breast examinations
- Pap tests
- Pelvic examinations

- Diagnostic testing
- Patient navigation/Case Management
- Referrals to treatment
Eligibility Criteria

- At or below 250% Federal Poverty Level
- Uninsured or underinsured
- Ages 40 to 64 years for breast cancer screening
- Ages 21 to 64 years for cervical cancer screening
Since 1991...

- **4.8M** women served
- **12.2M** screenings
- **69,507** breast cancers
- **3,771** invasive cervical cancers
- **173,582** premalignant cervical lesions

Annual (PY 2015)

- **136,502** cervical cancer screening
  - 63% first time screened by program
  - 37% previously screened
- **212,314** breast cancer screening
  - 48% first time screened by program
  - 52% previously screened

October 2015 MDE Submission
More than just paying for screening…

...program based on a public health model
Impacts of ACA

The Affordable Care Act is a unique opportunity for prevention.
Organized Cancer Screening Programs

1990...

Listening-Learning-Visualizing the Future...

2013...
ACA Increases Cancer Screening Access

- Requires coverage of USPSTF recommended preventive health services, grades A and B, w/elimination of cost-sharing including colorectal, *breast and cervical cancer screening

- Required for…
  - New health insurance plans
  - Medicare
  - New Medicaid Expansion clients

*For mammography, uses USPSTF 2002 recommendations until new guidelines available
Current Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. "AR, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

Modeling Study on the Impact of Health Care Reform and CDC Programs – An Update

- George Washington University modeling study completed for ACS-CAN with CDC
- Leighton Ku, Tyler Bysshe, Erika Steinmetz, Brian Bruen

Published October 25, 2012
What Does this Mean for the NBCCEDP?

- Health reform implementation has reduced the eligible population, however...
  - Number of eligible women still exceeds funding
  - Access issues and barriers remain
  - Public health role remains vital, and ACA expands opportunities
  - Data continues to drive public health action
How is the NBCCEDP Adapting to Changes from the Affordable Care Act

- NBCCEDP modified policies for flexibility, while closely monitoring implementation
- 60/40 budget allocation requirement eliminated
- Increased outreach and in-reach important
- Patient navigation emphasized
- Evidence-based interventions in health systems promoted to increase reach and impact
NBCCEDP Strategic Direction:
Incremental* transition to a program model using evidence-based strategies aimed at systems and policy change intended to reduce morbidity and mortality of breast and cervical cancers among all population subgroups with emphasis on disparate populations.
Shifts in NBC CEDP activities
NBC CEDP Components

8 Components guiding activities:

- Management
- Professional Development
- Public Education and Tailored Outreach
- Screening/Diagnostic Follow-up/Case management
- QA/QI
- Partnerships
- Data Collection and Monitoring
- Evaluation
Population Based and Systems Change

- Population-based – defining a population and tailoring outreach and screening promotion efforts for that population
- Health Systems Change – making meaningful changes to healthcare systems (clinics, hospitals, insurers, any system that plays a role) to improve performance and outcomes.
How is Program Management Evolving?

Mainstays of PM:
- Hiring and training internal staff
- Managing screening contracts, reimbursing services
- Fiscal oversight
- Establishing and maintaining partnerships to assist with activities within any of the other components

CDC Also Recommends:
- Including activities in contracts that support screening education and completion for both uninsured and insured
- Educating providers and partners about systems changes to improve outcomes
- Making the case for why improving outcomes is worth it
What About Professional Development?

Mainstays of Professional Development:
- Educating providers/contractors on protocols and policies of your program
- Providing contractors with current algorithms and screening guidelines
- Offering providers continuing education opportunities

CDC Also Recommends:
- Educating providers and healthcare systems across the state or service region about current guidelines
- Engaging and/or assisting providers and healthcare systems to make systematic changes to increase screening
- Educating healthcare system management/staff about EBIs
And Recruitment...or Should We Say “PETO”?

Previously Known as “Recruitment”:
- Identifying and recruiting eligible women into the program
- In-reach within health systems
- Program promotion using flyers, posters, newsletters

Now PETO, CDC Also Recommends:
- Comprehensive public education planning
- Using data to tailor outreach to your population – knowing what works in your population and discontinuing ineffective activities
- Evidence-based strategies for improving public education and outreach
- Evaluating outreach for effectiveness
How is Screening, Diagnostic Follow-up, and Case Management Growing?

Mainstays of Screening/Diagnostic Care/PN and Case Mgmt:
- Providing and paying for screening and diagnostic services to NBCCEDP-eligible women
- Assisting NBCCEDP-eligible women with scheduling, providing test results and discussing implications, appointment reminder calls
- Reducing barriers to screening and follow-up through education, transportation, translation, problem-solving

CDC Also Recommends:
- Following the 2015 CDC Policy on Patient Navigation!
- Improving access for non-eligible, low-income women
- Assessing barriers to understanding and completing B&C screening
- Financial assistance to underinsured by paying for diagnostic care
- Assisting all low-income women with scheduling, access to results, appointment reminders
How is QA/QI Evolving?

Mainstays of QA/QI:
- Reviewing MDEs to identify gaps in service delivery quality
- Overseeing NBCCEDP contractors to ensure high quality deliverables are met – site visits, chart reviews, performance report cards
- Emphasizing algorithms and guidelines with NBCCEDP contractors

CDC Also Recommends:
- Partnering with new healthcare systems to identify screening rates and assess quality
- Expand activities with existing healthcare system partners to review B&C screening service delivery quality for all patients
- Assist healthcare systems with using QA/QI strategies, data, and EBIs to improve service delivery
And Partnerships?

Mainstays of Partnerships:

- Partnering with organizations, programs, and agencies with the common mission of increasing breast and cervical cancer screening among low income, uninsured women
- Maintaining partnerships by planning and aligning some activities to support increasing B&C screening for NBCCEDP-enrolled women

CDC Also Recommends:

- Considering new partnerships with the common mission of increasing screening for all low income women, regardless of insurance status (and really all women)
- New partners might be the Primary Care Association, Quality Improvement Organizations, Insurers, Health IT Partners, Chronic Disease Programs focused on similar populations
- Community outreach partnerships
What About Data Collection and Monitoring?

**Mainstays of Data Collection and Monitoring:**
- Having infrastructure to collect and manage patient-level data
- Collecting and using PN/case management information
- Protocols and procedures for data collection
- Data Management staff to monitor data quality and report analyses
- Data review and use for quality improvement

**CDC Also Recommends:**
- Enhancing data infrastructure to systematically capture PN data
- Using PN data to ensure screening continuum completion
- Collecting data to show how many women you serve and support without directly paying for services.
Mainstays of Evaluation:

- Reviewing data to determine need for providing NBCCEDP services
- Reviewing MDE data to evaluate screening progress and quality
- Assessing progress toward meeting program goals and objectives
- Using outcome information for program improvement

CDC Also Recommends:

- Developing evaluation plan to realistically determine if the actions taken lead to increased impact and improved outcomes
- Implementing that evaluation plan – collecting supporting information
- Reviewing and applying results
- Disseminating results to stakeholders
How programs are adapting to change
The Good News

- My grantees are already doing terrific work in many of the areas CDC is suggesting population-based and systems change activities.
- Each grantee is unique and has characteristics that make them special
- Let’s review some of the those activities now…
The HTBCCSP

Patient Navigation

- Educating women about the importance of screening
- Scheduling and reminding women of appointments
- Providing transportation for patients to the clinic or mobile site
- Home visits for discussing appointments and abnormal results
- Translation services when needed
- Transportation to diagnostic care
- Double data entry for MDEs and IHS system to close the information loop
Population-based Access

- Using a screening event pilot to expand services to Navajo women in NM
- Working with local health systems to work in tandem for PN and case management
- Continuing to serve women in Tuba City through mobile mammography events and the use of work policies to reduce barriers
Arizona WW HealthCheck Program

Broadening Healthcare Systems Change

- Including annual performance measurement and the use of EBIs in contractor scope of work
- Partnering with the AZ Alliance for Community Health Centers to conduct education on systems improvement and EBIs
- Working with 7 insurers in the state to develop a Health Plan Report Card
- Providing Care Coordination to all patients served in partner clinics
Nevada Women’s Health Connection and CRCCP

Data Infrastructure for Systems Change

- NACDD Medicaid Grant
- Adapted CaST System to be able to follow women leaving WHC and moving to Medicaid
- Receives all Medicaid breast, cervical, and CRC screening data for age-relevant women for entire state
- Building modules to assist chronic disease data processing and reviews
- Potential for EBI interventions through Medicaid managed plans with the ability to measure outcomes
New Jersey Cancer Education and Early Detection Program

Contractor Technical Assistance

- Tools for planning and reporting – Strategic Planning Tool, Outreach Tracking Logs, Progress Reports
- Face-to-face contractor meetings enhanced by webinar conferences
- Tailored awareness and education campaign linking to contractor sites and resources
What is CDC Doing to Promote Success Among Grantees

- Listening to your challenges and needs for broadening/adapting activities
- New policies to support flexibility
- Tools—Action Guides to Facilitate EBIs
- Partnership with National Association of Community Health Centers
- National Indian Health Board to assess barriers and opportunities to increase cancer screening in AI/AN-serving healthcare systems
- Promising Practices 3-part webinar series
Take-aways
Summary

- The NBCCEDP will continue to support breast and cervical cancer screening for low-income women
  - Some women will need financial assistance
  - Many women will need non-financial assistance
- Effective, tailored, and evaluated outreach is needed
- NBCCEDP activities have evolved to emphasize broader public health reach beyond reducing financial barriers
- Grantees have been operationalizing “screening promotion” (population-based and systems change efforts) throughout their work plans over the past 4 years...and it shows.
- We are learning together!
My Recommendations

- Think of how your program can work better with healthcare clinics and systems. Strengthen partnerships with healthcare partners where possible.
- If you conduct outreach, tie this work back to outcomes.
- Communicate what you do well to CDC and others—you are already doing many of the screening promotion activities.
- Please help me to understand your challenges and successes with partnering with local clinics, IHS, 638 facilities, and beyond.
Philip thinks you’re doing great work too!
THANK YOU!

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