

# **Breast and Cervical Cancer Program Allocation Steering Committee Minutes Portland State Office Building, March 4, 2009**

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## Committee Members:

- Dr. Michelle Berlin; representing Oregon Health and Science University (OHSU Center for Women's Health)
- Gail Brownmiller; representing Susan G. Komen for the Cure
- Pat Crozier; representing Conference of Local Health Officials (CHLO)
- Rian Frachele; representing DHS Women's and Reproductive Health Section
- Mandi Poltl; representing American Cancer Society
- Julie McFarlane; representing DHS WISEWOMAN (WW) program
- Dr. Elizabeth Steiner; representing the Knight Cancer Center
- Melonie Thomas; representing the Centers for Disease Control and Prevention (CDC)

Breast and Cervical Cancer Program (BCCP) staff in attendance: Amy Manchester Harris, Elvin Yuen, Maureen Hinman, Mary Kate Brousseau, and Kate Schmidt

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## **Welcome – Rian Frachele**

Rian, Manager of the Women's and Reproductive Health Section (where the BCCP is located), provided an overview of the day, facilitated introductions, went over expectations, roles and responsibilities; including, the desired outcome of the meeting. There are three phases of the planning:

- Collect information from a wide audience on the different criteria; and, collect and review data sources.
- Steering Committee reviews survey results, inventory of data, and help identify criteria in allocation process.
- State applies criteria; and, Steering Committee gives input on outcomes and discusses eligibility criteria.

There are four elements to the process of allocation: Centers for Disease Control and Prevention (CDC) eligibility requirements, selection criteria, data collection or application, and eligibility criteria. Funding levels also play an important role in the number of allocation slots that can be awarded (see attached slides for more information).

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## **Overview of CDC Requirements for Program – Melonie Thomas, Centers for Disease Control and Prevention (CDC)**

Melonie, CDC Project Consultant for the State of Oregon, joined the group by phone from Atlanta. Melonie covered the role of the program, program requirements, and priority populations. They have a new Medical Director as of March 1, 2009, Dr. Jacqueline Miller.

National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funding requirements include:

Priority is given to low-income women in provision of program services and program services must be available to women throughout the state. The *priority* population for NBCCEDP mammography services is for women between the ages of 50 and 64 who are low-income (up to 250% of federal poverty level), who have not been screened in the past year, and who have no other source of health-care reimbursement, such as insurance. Recruitment efforts should be concentrated on this population (see attached slides for more information).

#### Questions for CDC:

- How does the CDC deal with new technologies (i.e., liquid-based paps) that are more expensive? It used to be that the program would only reimburse at the conventional Pap rate, which was a barrier for providers to provide services to BCCP clients. **Response:** The CDC takes feedback to the committee to discuss.
- What percentage of Program Services Branch would disappear if everyone had health insurance? **Response:** Program Support Branch of CDC would have to concentrate more on education. Also, health insurance coverage does not necessarily mean quality care is reaching hard-to-reach patients.

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#### Breast and Cervical Cancer Program (BCCP) Today – Amy Manchester Harris

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Amy, the new Program Manager for the BCCP, presented where the program is today; including, where BCCP providers are located around the state and breast/cervical cancer rates.

Amy reviewed the program has several elements: Providers/Partners, BCCP providers, infrastructure, data systems, and connection to treatment.

- Because the BCCP might not be informed about an increase in funding until June or July, perhaps we need 2 strategies for allocations: One for a flat-funding scenario and another for an increase in funding scenario. There was a recommendation to plan for the worst-case scenario.
- If we have an algorithm developed, no matter what the scenario, we can plug numbers in and adjust the allocations accordingly.
- WISEWOMAN (WW) has funding to screen 1500 women currently. For the next fiscal year, WW submitted a larger budget at the CDC prompting. CDC has increased funding, and perhaps even more from the stimulus package.
  - At OHSU, there was a forum that explained the need to have ‘shovel ready’ research projects ready for potential extra funding.
- Overview of BCCP providers in the State of Oregon (statewide coverage)
  - Does Linn truly have 4-7 providers? Pat Crozier thought that Linn County Health Department was the only provider in Linn County.
  - There was concern that there are no enrolling providers in Klamath.
  - How many providers does Native American Rehabilitation Association (NARA) have? They accept any Native American/Alaskan Native patients that drive to their clinic which is located in Portland. (
  - Gail Brownmiller shared new data from the last 10 years from Oregon State Cancer Registry (OSCaR) about late stage diagnosis. By race, these are the

groups in order of highest late stage diagnosis: American Indian, Asian, African American, Caucasian

- Gail asked if BCCP currently gathers data to show if clients are rarely or never screened. Yes, this data can be pulled from the Web Data System and measured through the date of the last mammogram or Pap test. According to the CDC, “rarely or never screened” is defined as clients who have not been screened in 5 or more years.

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### **Review of Criteria – Maureen Hinman, Amy Manchester Harris**

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In preparation for the Allocation Steering Committee discussion, BCCP conducted an on-line survey of current providers, providers on the waiting list and partners. BCCP also met with community partners and sought input into the allocation process around important issues for partner organizations. These conversations will continue during the allocation process. The survey asked about perceived importance of different criteria for awarding allocation slots. There were three different parts -- the results from parts 1 and 2 were shared with the group by Maureen.

See slides for more information on survey results and the attached write up of the survey. One of the criteria “Current participating BCCP provider” was ranked high. It may reflect a desire for providers to maintain continuity of care.

Amy facilitated the selection of criteria discussion. Selecting criteria is about what type of data is available. Amy went over each criterion and what data type is available. The Steering Committee members discussed each criteria and available data sources to identify if there were good data sources to use when implementing the criteria. Overall comments:

- Insurance coverage was grouped together with the criterion of unemployment because it is similar data sets and it is likely that if you are unemployed you are also uninsured.
- Race/Ethnicity: This may be provider criteria more than county level criteria because it is related to target populations.
- “Willing to accept BCCP referrals” was removed from the criteria options because it was determined that it should be a given; and, added to the BCCP Oregon Administrative Rules and/or Medical Services Agreement.
- “Provider services a particular population in a culturally competent manner” combined with “Provider focus on priority populations”.
- Provider meets criteria (wording) was removed. This might be a possibility for the future, but with current data, this is not an option. The point was made, as well, that we will work with providers on this and then, if they do not meet the BCCP guidelines, they should be removed as BCCP providers.
- A secondary criterion for provider criteria was established. If it comes down to choosing between providers, this criteria will be used. Secondary criteria include provider setting for Americans with Disability Act (ADA) compliance.
- Current BCCP provider: The BCCP wants to honor providers that have stuck with BCCP through hard times, but the program also needs to expand statewide.

However, in some areas there may be too many providers. This is where the hard decisions will have to be made.

**Discussion of Criteria**

Each of the participants were given three dots which they placed on their top choices for criteria once reviewing the survey results (from the allocation survey of providers), data available, and after the discussion of each criteria.

<b>Overall Criteria</b>			
<b>Criteria:</b>	Race/Ethnicity Levels by County	<b>BCCP Provider/Partner Survey Result Ranking:</b>	5
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• Census</li> <li>• Behavioral Risk Factor Surveillance Survey (BRFSS)</li> <li>• OSCaR/CDC</li> <li>• BCCP Web Data System</li> <li>• Some Population Specific data</li> </ul>			
<b>Suggestions:</b> Maybe we should look at organizations that serve clients.			

<b>Criteria:</b>	Number of breast/cervical cancers diagnosed by county	<b>BCCP Provider/Partner Survey Result Ranking:</b>	4
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• OSCaR/CDC/National Cancer Institute</li> <li>• Komen Community Profiles/Thompson Reuters</li> </ul>			
<b>Suggestions:</b> There were two categories one for number of cases and one for incidence – these were combined.			

<b>Criteria</b>	Insurance Coverage by County	<b>BCCP Provider/Partner Survey Result Ranking:</b>	1
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• OHP Eligibility</li> </ul>			
<b>Suggestions:</b> Other sources recommended were Uninsured – Komen data; A limitation discussed is that Oregon Health Plan (OHP) will have only data on citizens . Maybe the average insurance deductible rates would be good to collected . This should be merged with the “Unemployment by County Criteria” which was done.			

<b>Criteria:</b>	Unemployment rates by County	<b>BCCP Provider/Partner Survey Result Ranking:</b>	3
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• Census</li> <li>• BRFSS</li> <li>• Komen profiles</li> <li>• 2008 Poverty Report</li> </ul>			

<ul style="list-style-type: none"> <li>• <i>Rolling up our Sleeves</i> Report</li> </ul>
<b>Suggestions:</b> Added to the list of resources: CPS – Labor statistics and Unemployment claims. This criteria was joined with insurance (above)

<b>Criteria:</b>	Provider is in a designated medically underserved area (MUA). (Should be under Provider Criteria)	<b>BCCP Provider/Partner Survey Result Ranking:</b>	2
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• Health Resources and Services Administration</li> </ul>			
<b>Suggestions:</b> None?			

<b>Provider Criteria</b>			
<b>Criteria:</b>	Current BCCP Provider	<b>BCCP Provider/Partner Survey Result Ranking:</b>	4
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• BCCP Web Data System</li> </ul>			
<b>Suggestions:</b> Maybe this is really a secondary issues and not part of the allocations.			

<b>Criteria:</b>	Provider is a safety net provider	<b>BCCP Provider/Partner Survey Result Ranking:</b>	1
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• Agency licensing/classification</li> </ul>			
<b>Suggestions:</b> Also would be good to talk with the Oregon Community Rural Health Clinics			

<b>Criteria:</b>	Provider Setting is ADA Compliant	<b>BCCP Provider/Partner Survey Result Ranking:</b>	8
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• OHSU Office of Disability &amp; Health</li> </ul>			
<b>Suggestions:</b> Maybe this really is a secondary criterion – part of the Medical Services Agreement, Oregon Administrative Rule and standard of care.			

<b>Criteria:</b>	Provider services a particular population in a culturally competent manner.	<b>BCCP Provider/Partner Survey Result Ranking:</b>	5
<b>Data Sources/Other:</b>			
<ul style="list-style-type: none"> <li>• BCCP Web Data System</li> </ul>			

<p><b>Suggestions:</b></p> <ul style="list-style-type: none"> <li>• This is an Oregon priority, meaning not a funding requirement?</li> <li>• Komen can help to survey providers, if needed.</li> <li>• Important question: Is there population in area not being reached by provider?</li> </ul>
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<b>Criteria:</b>	Provider focuses on priority populations	<b>BCCP Provider/Partner Survey Result Ranking:</b>	7
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<b>Data Sources/Other:</b>
<ul style="list-style-type: none"> <li>• BCCP Web Data System</li> </ul>

<b>Suggestions:</b> This relates to a CDC criteria and combined with “Provider services a particular population in a culturally competent manner”
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**First Round of Rankings**

Steering Committee members were asked to pick the top three in each criterion.

Overall Criteria voting results:

- Insurance/Unemployment=7
- Rate and Number Breast and Cervical Cancer =5
- Race/Ethnicity by county=5
- Provider services a particular population in a culturally competent manner=0

Provider Criteria

- Provider is a safety net provider=6
- Provider is in a designated Medically Underserved Area=6
- Focuses on priority pops/services culturally competent=6

**Second Round of Rankings**

Due to the tie in rankings that happened in the first round, the Steering Committee members were asked to pick the top three in each criterion a second time with fewer dots. Their ranking were as follows:

Overall Criteria Weighting Results

- Insurance/Unemployment=1
- Rate and Number Breast and Cervical Cancer =2
- Race/Ethnicity by county=3
- Screening rates=4 (*this criteria will be removed from list*)

Provider Criteria Weighting Results

- Provider is a safety net provider=2
- Provider is in a designated Medically Underserved Area =3
- Focuses on priority pops/services culturally competent=1

**Wrap Up**

There was a request for preliminary information before the April meeting (1-week to 10-days ahead of time), even if in draft form. That gives the committee members a chance to request additional information if necessary before the meeting. BCCP will apply the data that we have to the draft and let them know what is pending for the meeting.

Next meeting April 24<sup>th</sup>, 8:30 AM-12:30 PM.