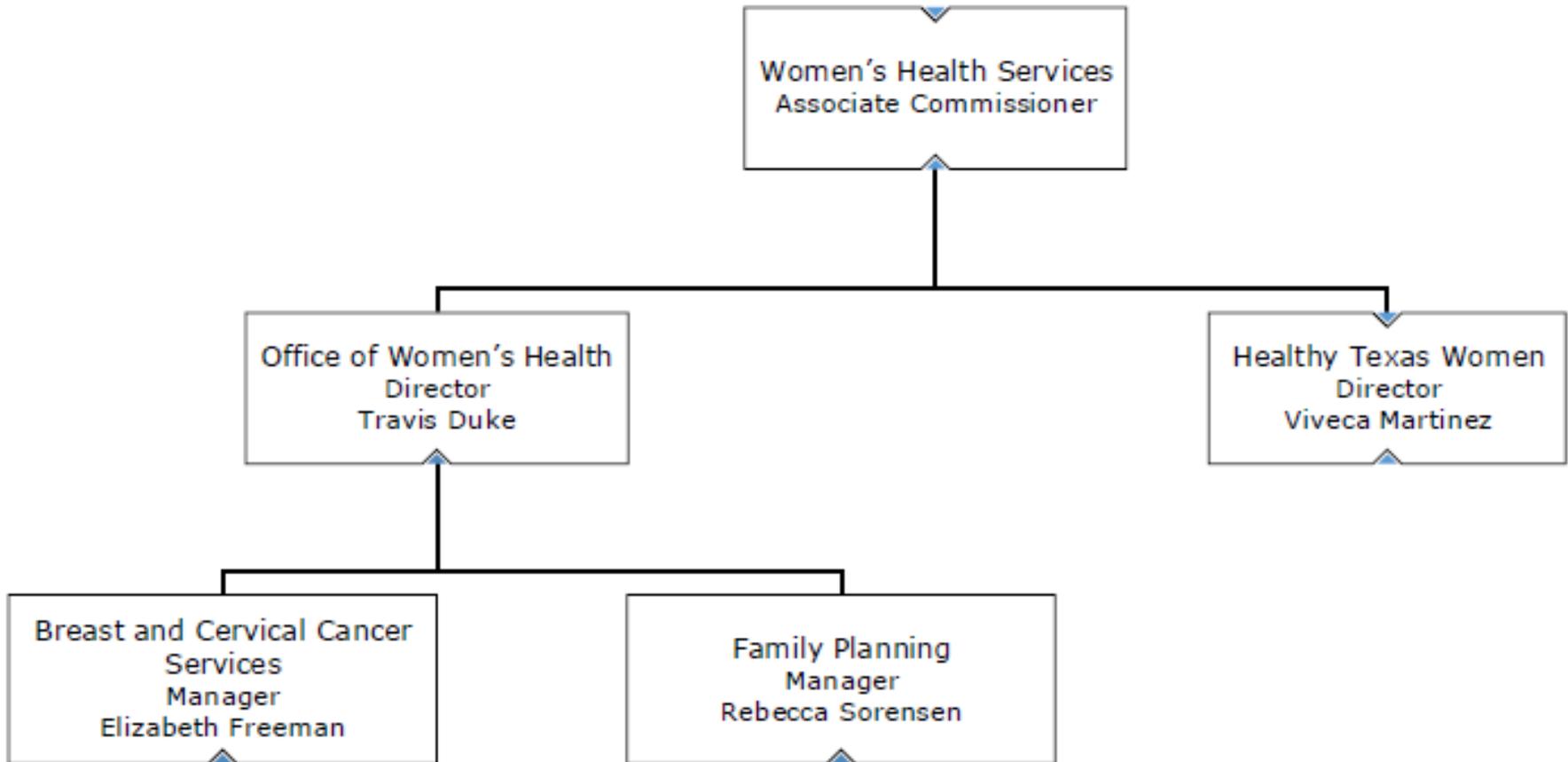

Breast and Cervical Cancer Services (BCCS) Program Overview

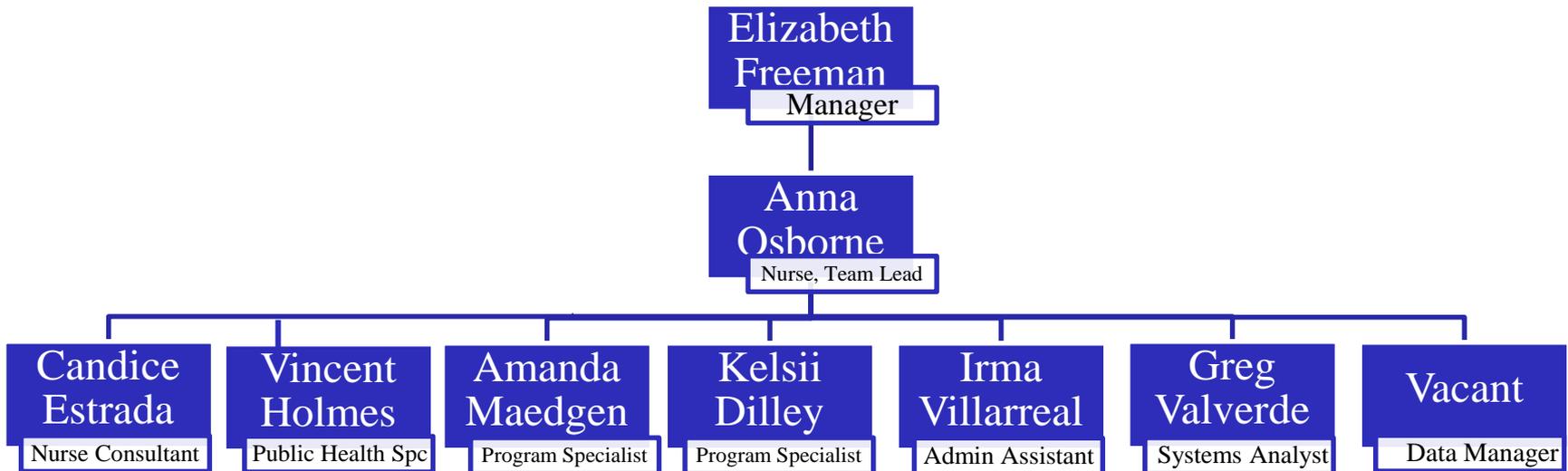
Elizabeth Freeman, Manager
Anna Osborne, RN, Team Lead

August 11, 2016

- BCCS Organization
- Background and History
- Texas Program
- State Office Responsibilities
- Contractor Responsibilities
- Moving Forward

Women's Health Services Division





Program Background and History

Goal

Authorization

Amendments

Framework

Program Goal

Reduce morbidity and mortality from breast
and cervical cancer

Program Authorization - Federal

- Breast and Cervical Cancer Mortality Prevention Act of 1990 created the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- Administered by the Centers for Disease Control and Prevention (CDC)
- First national cancer screening program in the U.S.
- Focuses on low-income and uninsured women

1993 - Prevention Act Amendment

NBCCEDP funds specifically allowed to be awarded to tribes and tribal organizations

1998 - Prevention Act Amendment

Appropriate follow-up services include support service such as case management

2000 - Breast and Cervical Cancer Prevention and Treatment Act

Medicaid treatment for women diagnosed with breast or cervical cancer through the NBCCEDP

2007- Medicaid Reform Act

Medicaid expansion to include eligible women diagnosed outside NBCCEP

Prevention Act of 1990

Authorized grantees like Texas to:

1. Screen women for breast and cervical cancer, with priority to low-income women;
2. Provide appropriate follow-up services and support services, such as case management and treatment referrals;
3. Develop and disseminate public information and education;
4. Improve the education, training and skills of health professionals;
5. Monitor the quality and interpretation of screening procedures; and,
6. Evaluate the above activities through surveillance or program monitoring.

NBCCEDP Conceptual Framework

NBCCEDP Conceptual Framework



NBCCEDP Success

Intervention	Target Population	Life-years saved per person	Data source, year
Quitting cigarette smoking	35-year-olds	0.667–0.833	Wright et al, 1998
NBCCEDP--breast cancer screening	Low-income, uninsured women, aged 40-64	0.0560	Hoerger et al, 2011
Smoking cessation advice and assistance	18+ years	0.0098	Maciosek et al, 2010
Measles vaccine	<5 years old	0.0080	Wright et al, 1998
Rubella vaccine	<5 years old	0.0080	Wright et al, 1998
NBCCEDP--Cervical cancer screening	Low-income, uninsured women, aged 18-64 years	0.0060	Ekwueme et al, 2014
Pap smear every year	20-year-old women	0.0049	Wright et al, 1998
Breast cancer screening	50+ year-old women	0.0045	Maciosek et al, 2010
Colorectal cancer screening	50 +years FOBT ^a	0.0041	Maciosek et al, 2010
Cholesterol screening	50 + years	0.0028	Maciosek et al, 2010
Hypertension screening	18+ years	0.0011	Maciosek et al, 2010

CORE PROGRAM PERFORMANCE INDICATORS			
Indicator Type	DQIG Item	Program Performance Indicator	CDC Standard
Screening	6.a.	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%
	19.e.	Mammograms Provided to Women ≥ 50 Years of Age	≥ 75%
Cervical Cancer Diagnostic Indicators	11.a.	Abnormal Screening Results with Complete Follow-Up	≥ 90%
	16.d.	Abnormal Screening Results; Time from Screening to Diagnosis > 90 Days	≤ 25%
	17.	Treatment Started for Diagnosis of HSIL, CIN2, CIN3, CIS, Invasive	≥ 90%
	18.d.	HSIL, CIN2, CIN3, CIS; Time from Diagnosis to Treatment > 90 Days	≤ 20%
	18.g.	Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days	≤ 20%
Breast Cancer Diagnostic Indicators	20.a.	Abnormal Screening Results with Complete Follow-Up	≥ 90%
	25.d.	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%
	26.	Treatment Started for Breast Cancer	≥ 90%
	27.d.	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	≤ 20%

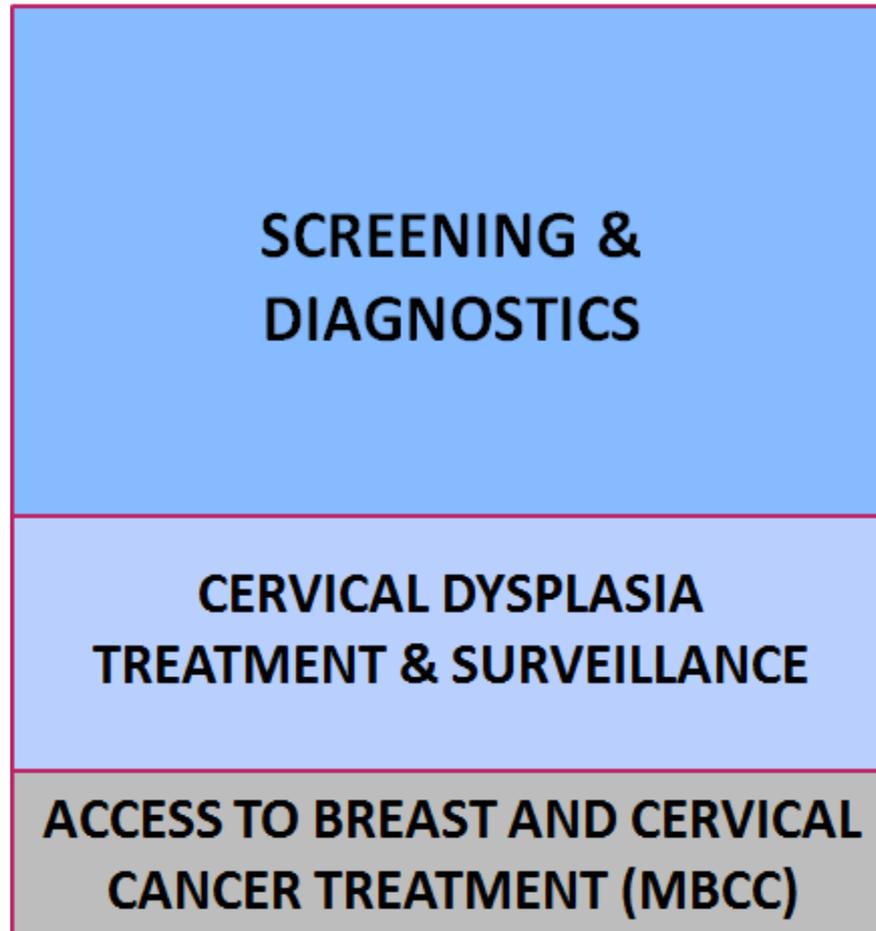
Texas

Breast and Cervical Cancer Services

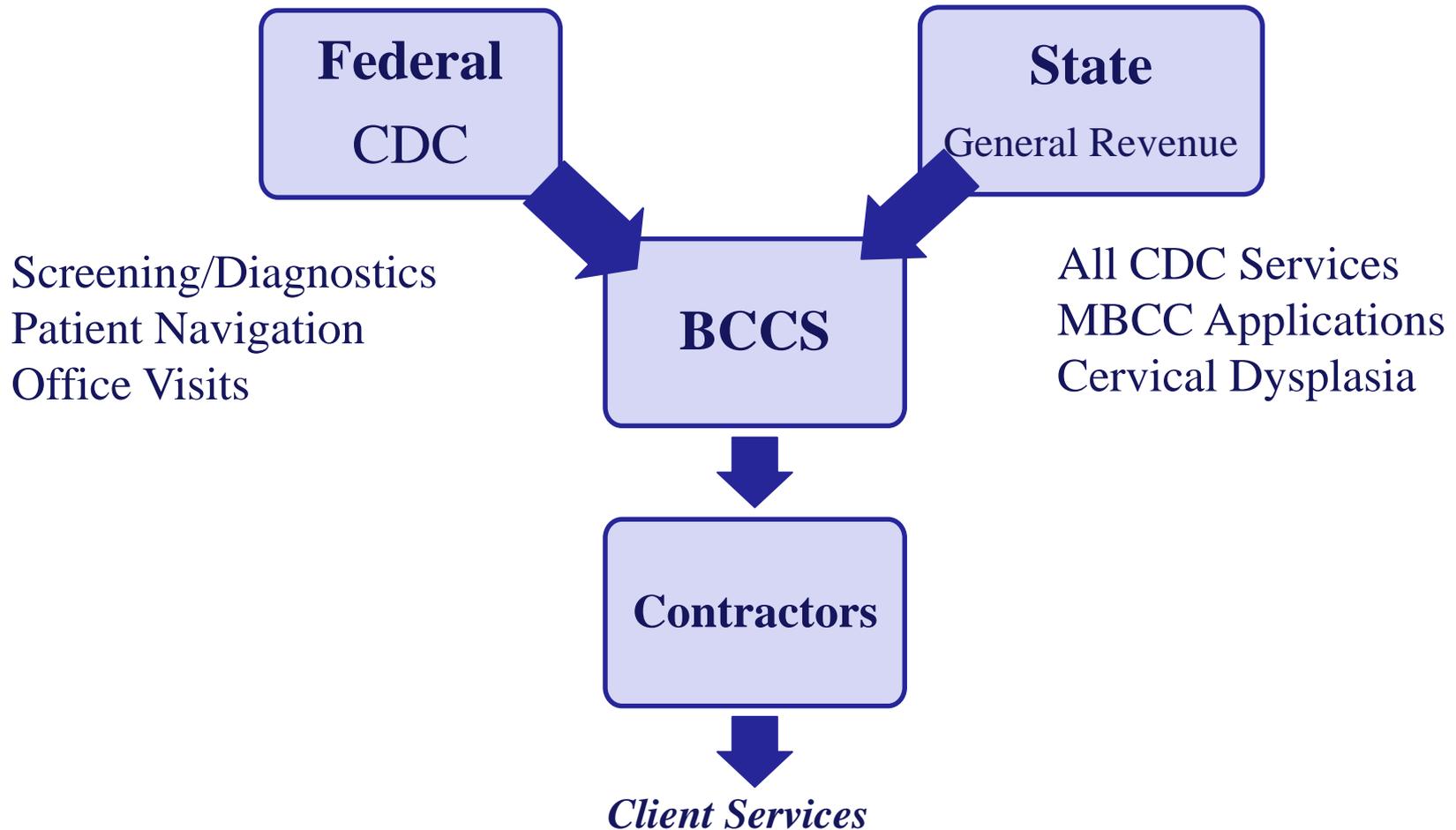
Contractor Types

- Federally Qualified Health Centers (FQHC)
- Public Health Districts
- Hospital Districts
- University-run Clinics
- Non-Profit Clinics
- Private Practices
- Administrative Organizations (Subcontracting Clinical)

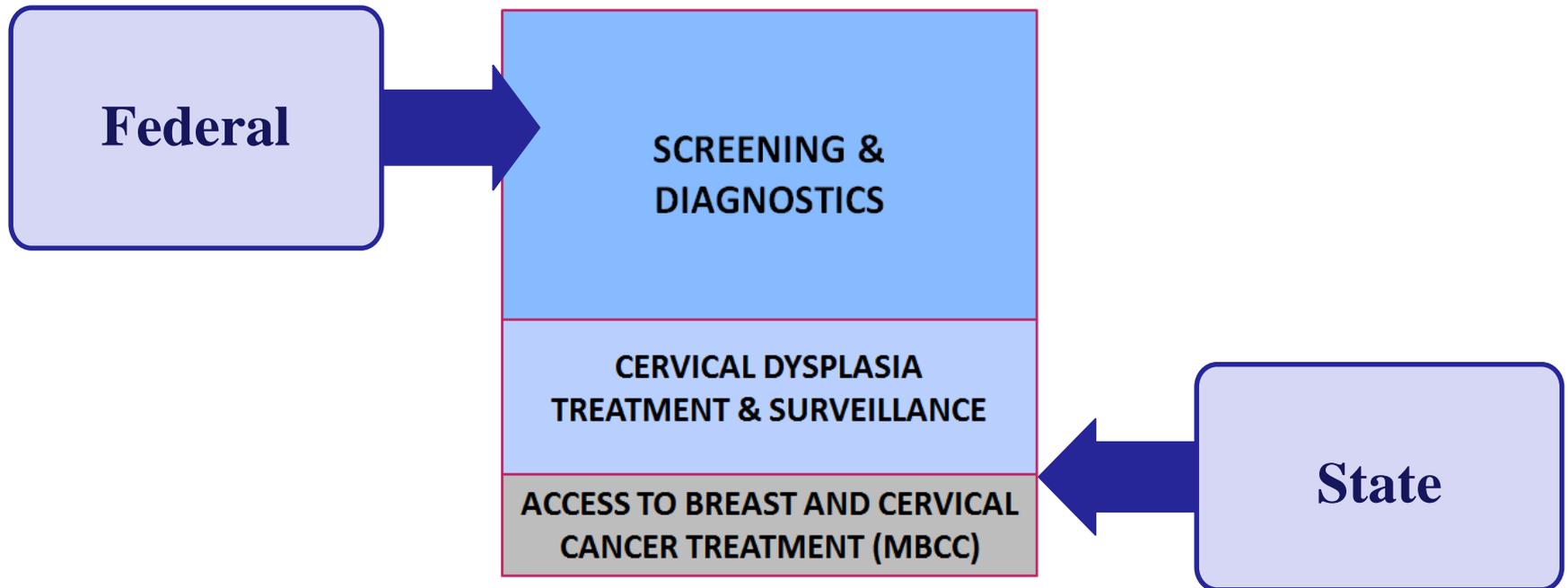
BCCS Structure



BCCS Funding



BCCS Funding



BCCS Program Statistics

Since 1991

More than 399,700 women served

Fiscal Year 2015

34,376 Women Served

- 328 Breast Cancers Detected
- 51 Invasive Cervical Cancers Detected
- 1,911 Cervical Precancerous Conditions Detected

BCCS Program Statistics

Fiscal Year 2016

- 37 contracted agencies
- 173+ client access sites
- \$264 average cost per client

So Far...

24,753 women served

- 233 breast cancers detected
- 1,154 precancerous conditions
- 43 invasive cervical cancers

Thank you for providing these valuable services to the
women of Texas!

Program Eligibility

General Eligibility

Clinical Eligibility

Medicaid for Breast and Cervical Cancer (MBCC)

Cervical Dysplasia

Priority Populations

Payor of Last Resort

BCCS General Eligibility

- Household income at or below 200% Federal Poverty Level (FPL)
- Texas resident
- Not eligible for other programs/benefits providing same services

BCCS Clinical Eligibility

- Breast Screening
 - Age 40 years and over
 - 75% must be age 50 years and over
- Breast Diagnostic
 - Age 18 and over

- Cervical Screening
 - Age 21-29 years every 3 years
 - Age 30-64 years
 - Every 3 with Pap only
 - Every 5 with Pap/HPV co-testing
- Cervical Diagnostic
 - Age 18 and over

Medicaid for Breast and Cervical Cancer (MBCC) Eligibility

- Qualifying biopsy-confirmed cancer diagnosis
- Under age 65
- U.S. citizen/eligible immigrant
- Texas resident
- Income 200% or less of FPL
- Uninsured or otherwise lacking creditable coverage
- Need treatment

Cervical Dysplasia Eligibility

Meet general eligibility criteria and:

- Need treatment for biopsy-confirmed CIN I, CIN II, CIN III, CIS
- Not eligible for MBCC

BCCS Priority Populations

Target Populations

- Women ages 50-64 for breast cancer screening
- Women ages 21-64 who have rarely or never been screened for cervical cancer
- African American, Native American, Hispanic, and underserved women in rural areas

BCCS and other Office of Women's Health programs have variable:

- Program intent
- Age requirements
- Target populations
- Citizenship requirements
- Services
 - Ex: Assistance with MBCC

State Office Responsibilities

Program Management

Screening and Diagnostic Services and Case Management

Data Management

Quality Assurance and Quality Improvement

Evaluation

Partnerships

Professional Education

State Office Responsibilities

Program Management

- Developing annual grant work plan;
- Awarding and executing contracts;
- Ensuring the expenditure of at least 95% of BCCS funds and meeting 100% match requirements;
- Performing utilization review of BCCS services provided, ensuring quality services and appropriate use of funding;
- Training all designated agency staff on program components and core performance indicators; and
- Updating and disseminating a BCCS Policy and Procedure Manual.

State Office Responsibilities

Screening and Diagnostic Services

- Establish requirements for eligibility to ensure eligible women receive BCCS-funded services; and
- Provide training and technical assistance to contractors to meet CDC standards.

State Office Responsibilities

Data Management

- Ensure availability of high-quality data for program planning, quality assurance, and evaluation; and
- Train and provide technical assistance to contractors.

State Office Responsibilities

Quality Assurance and Quality Improvement

- Meet the national Minimum Data Elements (MDE); and
- Coordinate with appropriate agency departments to ensure timely quality assurance visits, appropriate review of findings, and implementation of plans to correct findings.

State Office Responsibilities

Evaluation

- Assess the quality, effectiveness, and efficiency of BCCS implementation.

State Office Responsibilities

Partnerships

- Expand and maximize resources;
- Coordinate BCCS activities;
- Overcome obstacles to the recruitment of priority populations; and
- Promote the delivery of comprehensive breast and cervical cancer screening services.

State Office Responsibilities

Professional Education

- Assure that BCCS health care and allied health professionals are trained on current breast and cervical cancer screening guidelines.

Contractor Responsibilities

Program Administration and Management

Screening and Diagnostic Services

Patient Navigation

Quality Management

Professional Development

Recruitment

Data Collection

Partnerships

Contractor Responsibilities

Program Administration and Management

- Contractors will maximize available resources to implement and maintain BCCS components according to BCCS policies and procedures.
- Contractors are required to determine eligibility prior to enrolling women and must reassess income and insurance status prior to program-funded office visits and services rendered thereafter.

Screening and Diagnostic Services

- Contractors must provide:
 - A clinical breast examination (CBE) and mammogram for women receiving breast cancer screening
 - A CBE, pelvic examination, Pap test and HPV test as appropriate for women screened for cervical cancer
- Screening and diagnostic services include providing each enrolled client with breast and cervical cancer education.

Patient Navigation

- Contractors must establish, broker, and sustain a system of essential support services for BCCS-enrolled women to identify and overcome barriers to definitive diagnosis and treatment.
- Contractors are required to provide follow-up, tracking and individualized patient navigation of clients with abnormal results.

Patient Navigation, Continued

- Ensure timely and appropriate diagnostic services and initiation of or referral to cervical dysplasia treatment, if applicable;
- Identify and take action to overcome client barriers such as transportation, scheduling, language and lack of understanding about follow-up procedures;
- Make a good faith effort to ensure clients receive or are referred to treatment resources for precancer or cancer; and
- Ensure women diagnosed with breast or cervical cancer are assessed for Medicaid for Breast and Cervical Cancer (MBCC) eligibility and assisted with application if appropriate.

Contractor Responsibilities

Quality Management

- Contractors must ensure the quality of services by monitoring internal and subcontractor performance and identifying opportunities for improvement.
- Contractors must ensure that providers follow evidence-based clinical guidelines consistent with national recognized standards of care.

Contractor Responsibilities

Professional Development

- Contractors are responsible for ensuring their health care professionals provide BCCS services competently and with sensitivity to diverse patient cultures.

Contractor Responsibilities

Recruitment

- Contractors must establish and promote evidence-based outreach and inreach methods, including development of a plan to recruit priority populations and provide public education.

Contractor Responsibilities

Data Collection

- Collect and process breast and cervical cancer data, reports, and financial billing in Med-IT® web-based system
- Submit information and/or reports as requested per BCCS
 - Ex: Surveys

Contractor Responsibilities

Partnerships

- Establish and maintain partnerships that further the goal of providing breast and cervical cancer services in the proposed target service area.

Moving Forward

BCCS FY17

Open Enrollment
Policy Manual
User Guide

2017 CDC Cancer Program Funding Opportunity Announcement (FOA)

Strategic Direction

Transition the program model using evidence-based strategy aimed at systems and policy change intended to reduce morbidity and mortality among population subgroups with **emphasis on disparities**.

www.bccstexas.com

www.healthytexaswomen.org

Questions?

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