WOMEN’S HEALTH CHECK PROGRAM

Young Lawyers Section
Idaho State Bar Association
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Breast Cancer in Idaho

- Over 1,000 cases of breast cancer were diagnosed in Idaho in 2013, with almost 200 breast cancer deaths in 2014.
- Idaho has the lowest mammography rate in the country.
- When cancer is found early, the five year survival rate is close to 100%. When it is detected at a later stage, the survival rate is much lower.
- Over 1,800 mammograms provided by Women’s Health Check last year (July 2015 – June 2016) found 49 cases of invasive breast cancer.
Laws

  - An amendment to the Public Health Services Act (42 USC 201).
  - Title XV of the Public Health Services Act.
  - An amendment to Title XIX of the Social Security Act of 1935
    - Title XIX established Medicare and Medicaid (42 USC 1396) in 1965
    - This gives States enhanced matching funds to provide Medicaid eligibility to eligible women in need of treatment.
Laws, Regulations, Policies

• The NBCCEDP is authorized by Public Law 101-354, regulated by the federal government, and administered by the CDC.

  • The law allows us to contract with others to provide services, requires Matching Funds and Maintenance of Effort, restricts the use of our funds, caps administrative costs, and ensures that we are the “payor of last resort.”

  • The federal regulations are similar to other federal grant programs; we must compete for funding, submit progress reports and financial reports, and have a procurement process which means certain standards.
Women’s Health Check (WHC)

- WHC in Idaho since 1997
  - The Breast and Cervical Cancer Mortality Prevention Act of 1990 directed the Centers for Disease Control and Prevention (CDC) to establish the National Breast and Cervical Cancer Early Detection Program.
  - The availability of funds does not require states to apply for the funding or implement the program.

- Breast and cervical cancer screening program
  - Clinical breast exams, Mammograms, Pap tests, Pelvic exams, HPV tests
  - Diagnostic testing
  - Referral to treatment
WHC Eligibility Criteria

- Low Income (Federal Poverty Guidelines)
- No health insurance coverage for Pap tests or mammograms
- U.S citizen or eligible alien (with at least 5 years of residency)
- Age 21- 64
- Women over age 65 who are NOT eligible for Medicare or cannot afford Medicare Part B
BCC Medicaid

- The Every Woman Matters bill amended Idaho’s medical assistance law to establish Breast and Cervical Cancer Medicaid (BCC Medicaid)
  - In 2001, I.C. 56-209d was amended to opt into the National Breast and Cervical Cancer Prevention and Treatment Act.
  - Only women who are screened and diagnosed through the Women’s Health Check Program can qualify for BCC Medicaid.
  - BCC Medicaid offers “expanded” Medicaid to women undergoing cancer treatment, meaning other services are covered.
  - They are covered until/if treatment ends or they become otherwise ineligible (e.g. – they acquire health insurance coverage)
Cancer Control and Prevention

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### Local Coordinating Contractors (LCCs)

<table>
<thead>
<tr>
<th>LCC</th>
<th>Counties Served</th>
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<tbody>
<tr>
<td>LCC 1 — Panhandle Health District</td>
<td>Boundary, Bonner, Kootenai, Benewah, Shoshone</td>
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<tr>
<td>LCC 2 — St. Joseph Breast Imaging Center</td>
<td>Latah, Nez Perce, Lewis, Clearwater, Idaho</td>
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<tr>
<td>LCC 3 — SWDH</td>
<td>Adams, Washington, Payette, Gem, Canyon, Owyhee</td>
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<td>LCC 4 — CDHD</td>
<td>Valley, Boise, Ada, Elmore</td>
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<tr>
<td>LCC 5 — SCPHD</td>
<td>Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, Cassia</td>
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<td>LCC 6 — SEIPH</td>
<td>Butte, Bingham, Power, Bannock, Caribou, Oneida, Franklin, Bear Lake</td>
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<td>LCC 7 — EIPH</td>
<td>Lemhi, Custer, Clark, Fremont, Jefferson, Madison, Teton, Bonneville</td>
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<td>LCC 9 — Terry Reilly</td>
<td>Canyon, Ada, Owyhee</td>
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<td>LCC 10 — FMRI</td>
<td>Ada, Elmore</td>
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<tr>
<td>LCC 11 — St. Alphonsus Breast Care Center</td>
<td>Ada, Canyon, Payette, Adams, Owyhee, Boise, Gem, Washington, Valley, Elmore</td>
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WHC Providers

- Memoranda of Agreement with around 200 providers in Idaho.
- Providers are reimbursed for their services through a third party claims processor.
- LCCs are responsible for training new providers, providing program resources, changes and updates, and ensuring providers have all the tools to be successful at increasing breast and cervical cancer screening rates.
Funding Sources

- CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- 5 year competitive grant (currently in 5th year)
Current Workplan Components

1. BCC Program Management
2. Partnerships, Coordination and Collaboration
3. Public Education & Targeted Outreach
4. Screening, Diagnostic and Patient Navigation Services
5. Quality Assurance and Quality Improvement
6. Professional Development
7. Data Management and Utilization
8. Program Monitoring and Evaluation
Minimum Data Elements (MDEs)

- Set of standardized data elements used to collect demographic and clinical information on women screened exclusively with NBCCEDP funds.

- The MDEs are the data items considered to be minimally necessary for grantees and CDC to monitor and evaluate the program.

- Used to inform NBCCEDP policies and practices, assess the national program’s screening outcomes, and respond to the information needs of the CDC stakeholders and partners.
MDEs – 11 Core Program Performance Indicators

1. Initial Program Pap Tests, Rarely or Never screened
2. Mammograms Provided to Women >=50 Years of Age
3. Abnormal Screening Results and Complete Follow Up
4. Abnormal Screening Results, Time from Screening to Diagnosis >90 days
5. Treatment Started for Diagnosis of HSIL, CIN2, CIN3, CIS, Invasive
6. HSIL, CIN2, CIN3, CIS: Time from Diagnosis to Treatment > 90 Days
7. Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days
8. Abnormal Screening Results with Complete Follow-Up
9. Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days
10. Treatment Started for Breast Cancer
11. Breast Cancer, Time from Diagnosis to Treatment > 60 Days
QUESTIONS?