Overview of Breast Cancer in Nevada

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Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease
October 23, 2014
Objectives

• To update the Council on the current burden of breast cancer in Nevada
• To update the Council on what is being done to address the breast cancer burden and gaps in care
Age-Adjusted Female Breast Cancer Incidence and Mortality, 2007-2011

Nevada

- Incidence (Invasive only): 113.5
- Mortality: 24.1

Nation

- Incidence (Invasive only): 124.6
- Mortality: 22.2

Breast Cancer Collaborative

- Nevada Cancer Coalition
  - Members encouraged initiation
  - Engaged partners from across the state
  - Worked to identify priorities to improve breast cancer care and treatment throughout Nevada
    - Education
    - Screening
    - Treatment
    - Survivorship
What does breast cancer screening and treatment for uninsured, low-income women look like in Nevada?
Women’s Health Connection Overview

• Mission: To provide, promote, and ensure quality breast and cervical cancer services to underserved women in Nevada, and to connect them to resources

• WHC priority population:
  ▫ Cervical cancer screenings, 40- to 64- year-old women
  ▫ Breast cancer screenings, 50- to 64-year-old women
  ▫ < 250% FPL, have no health insurance, are underinsured, and don’t have Medicare Part B

• The WHC follows USPSTF Guidelines; 50 years and older for mammograms, 21 to 65 years for Pap Test

• If diagnosed within program, can refer into Medicaid Treatment program
Other Screening and Treatment Options

• Foundations and cancer centers throughout state raise/donate money to support screening and treatment
• Providers offer low-cost treatment
• Access to Healthcare Network
  ▫ Medical Discount Plan
• Mexican Consulate will help undocumented women travel back to Mexico for treatment
How many women in Nevada need these services?
Women in Need in Nevada

- In 2012, approximately 67,417 women in Nevada, aged 40 to 64, were uninsured, and under 250% of FPL.
- In 2012, 8,174 women were screened through the Women’s Health Connection Program.
- This means WHC Program has the capacity to screen ~12% eligible women.
- How can this challenge be addressed?
Undocumented Women in Nevada

- In 2013, approximately 36,674 women aged 40 to 64 years were undocumented in Nevada.
- These women have some options for screening, and limited options for treatment.
What effect has the ACA had on this challenge?
Understanding the Impact of ACA

- ~45% of WHC clients, presumably, eligible for Medicaid
- ~5% WHC clients are, presumably, Exchange eligible.
- Out of 11,956 women that were enrolled between July 1, 2012 to September 4, 2015, 1,732 were matched with the Medicaid database.
  - This means 14.5% transitioned to Medicaid.
Understanding the Impact of ACA

- The WHC has *not* seen a decrease in screening services since ACA implementation, which could suggest clients are not enrolling in Medicaid/Exchange or do not meet the Medicaid/Exchange eligibility criteria.
- Currently, clients are not precluded from the WHC if they are eligible for an insurance product, because the WHC does not want to deny services to clients who are at risk for developing cancer and might not return for a screening visit.
- The ACA is new; we won’t know its impact on the program until we receive updated enrollment data.
Understanding the Impact of ACA

- Survey is being developed to collect similar data for all partner organizations
  - This includes foundations, cancer centers, etc.
- This will help us understand the true need for additional screening and treatment services
What is WHC doing for ACA implementation?

- Educational postcards were mailed to promote 2013 ACA open enrollment period.
  - This will be done again for 2014.
- Linking with Medicaid data to track clients’ screening visits and transfer women out of WHC into Medicaid
- Additional ACA information and enrollment resources provided in client “Welcome Packet”
- Ensure providers scan clients for ACA eligibility and provide enrollment assistance
- Conducting additional provider questionnaires to identify gaps/needs with regard to the enrollment process
The take-home message
Core Challenges Identified by Breast Cancer Collaborative

1. Undocumented women have limited resources.
2. Uninsured women diagnosed outside the WHC program have nowhere to go for treatment.
3. Federal funding does not allow women under 50 to receive mammograms within WHC.
4. Nevada is 1 in 4 states that do not contribute state funding to breast and cervical program.
Solutions
Solutions

1. AHN provides treatment referral services to clients who don’t qualify for the Medicaid Treatment Program.

2. The Nevada Medicaid Treatment Program has specific eligibility guidelines. (Must be screened and diagnosed through the WHC and in need for treatment.) The State is exploring the ability to open these guidelines.

3. The WHC must follow the CDC guidelines with regard to screening mammography. A different funding source to augment the program could provide services to women 40 to 49 years of age.
Other (More Challenging) Solutions

4. State to contribute funds into WHC
   • Funding opportunities
     • GMAC
       ▫ Breast cancer wasn’t identified as priority
     • Attorney General Funds
       ▫ Applied end of August 2014 (Community Health Worker navigation for breast, cervical, colorectal, and diabetes)
     • Additional competitive CDC funding 2013; $163,179
       ▫ Screening
     • NACDD competitive grant
       ▫ Build interface with Medicaid data to track/transfer women from WHC and increase population-based screening
     • Division of Public and Behavioral Health Budget
       ▫ Due to economic climate in state, State funding opportunities have not been available
We must ensure all women are properly navigated through care and to sustainable payer sources.
Navigation within Clinical System

[Diagram showing decision paths for breast cancer screening and treatment, including options for applying for Medicaid and ensuring sustainable coverage.]
Next Steps

• Promote the importance of navigation within a clinical system through Community Health Workers, and work toward reimbursement of navigation services.
• Ensure every woman (person) who walks into a health care facility is linked to and educated about sustainable payer sources.
• Gather data from all partners on breast cancer screening and treatment (outside of WHC).
• Work to increase funding and resources for breast cancer screening/treatment in Nevada.
Breast Cancer Burden Report

• Report on the State of Cancer in Nevada
  ▫ Anticipated release date: January 2016
• Report will include:
  ▫ Geographical data
  ▫ Billing/claim data
  ▫ Race/Ethnicity data
  ▫ Income data
Thank you!

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