Breast Cancer Control Advisory Board
Meeting
October 10, 2017, Minutes

Attending Board Members:

Dr. Jerri Fant, Dee Collins, Sarah Faitak via teleconference, Dr. Hope Keiser, Dr. John Lynch via teleconference, Sharon Parrett, and Alicia Storey

Absent Board Members:

Dr. Ronda Henry-Tillman

Arkansas Department of Health (ADH):

Gloria Bastidas, Jim Chandler, Verna Ferry (who attended via teleconference), Rebecca Hallmark, Debby Harris, Joanne Jones, David Kern, Michelle Osborne, Len Ragsdell, Reggie Rogers, Cheryl Roland, Misty Smith, and Brandy Sutphin.

Other Organizations:

No representatives

I. Call to order:

Sharon Parrett, presiding in place of co-chairs Dr. Ronda Henry-Tillman and Dr. Jerri Fant, who arrived after the meeting started, called the meeting to order at 5:05 p.m. (1705)

A. Welcome and Introductions:

Joanne Jones, Cancer Prevention and Control Section Chief, introduced ADH staff members attending the meeting for the first time, Misty Smith, Grant Coordinator, and Gloria Bastidas, MSW, Public Health Educator. Ms. Jones also noted that Alysia Dubriske, former Chronic Disease Prevention and Control Branch Chief, and Marisa Nelson, BreastCare Administrator, had left ADH. Ms. Jones also introduced Michelle Osborne in the Colorectal Cancer Section.

B. Comments from members of the public:

No comments from the public.

II. Review and Approval of Minutes from April 25, 2017, quarterly meeting:

Dr. John Lynch made a motion, seconded by Alicia Storey, that the minutes from the April 25, 2017, meeting be approved. The minutes were approved by a voice vote without discussion.

III. **Reports**

A. Arkansas Uninsured Women: Where Are They?

Brandy Sutphin, Senior ADH Epidemiologist, presented two sets of maps showing each county's status for 2013 and 2015 in view of the federal Affordable Care Act. The source of the maps was the Small Area Health Insurance Estimate from American Community Survey done every year. Women without insurance can be covered by the BreastCare program.

One set of maps showed the percent of Women Without Health Insurance Age 40-64 whose families make less than or equal to 250 percent of the Federal Poverty Level.
The other set of maps showed the percent of Women Without Health Insurance Age 50-64 whose families make less than or equal to 250 percent of the Federal Poverty Level.

For Women, Age 40-64, in Arkansas, there were 32.0 percent in 2013 without insurance, compared to 14.9 percent in 2015. The county with the highest percent in 2013 was Sevier at 43.7 percent. Sevier was also the highest county in 2015, but the percentage of women without insurance dropped to 26.5 percent. The county

with the lowest percent in 2013 was Phillips at 23.2 percent, compared to the lowest county in 2015, St. Francis at 10.0 percent. Overall, the two maps for this category show dramatic improvement.

For Women, Age 50-64, in Arkansas, there were 29.0 percent in 2013 without insurance, compared to 12.9 percent in 2015. The county with the highest percent in 2013 was Pike with 35.5 percent. In 2015, Sevier was the highest county with 19.8 percent. The county with the lowest percent in 2013 was Phillips at 20.6 percent and in 2015 the lowest county was Mississippi at 8.2 percent. Also, overall, the two maps for this category show dramatic improvement.

B. FY2018 BreastCare Non-Federal Revenues and Expenditures

Ms. Jones said the Program has spent $480,349 (13.1 Percent of its FY 2018 budget) from July 1 through September 30, 2017. The fund balance is about $3.1 million. She said expenditures were less because there were no provider reimbursement expenses counted for September. Contract reports also shed light on why the money is unspent.

The BreastCare Program federal grant structure has changed a bit, Ms. Jones said. On the federal side we've moved to categorize expenses as clinical and non-clinical expenses.

C. FY2018 First Quarter Report Enrollment

Cheryl Roland, BreastCare Data Manager, said the number of women enrolled during the first quarter in this fiscal year totaled 2,352, which is 177 more than last year at this time, including state and federal programs. This continues an upward trend in enrollment, she said. The program added a new table in its report, Table 5, which gives a perspective on mammogram screening. During the first quarter, nearly 50 percent (49.6 percent) of enrollees (ages 40-64) had their last mammogram within two years; 25.2 percent last had a mammogram more than two years ago, and 25.2 percent have never had a mammogram. During the first quarter, there were seven diagnoses of cancer, nine diagnoses of precancer and two diagnoses of breast hyperplasia. All nine of the women diagnosed with precancer were under 40 years of age.

Ms. Roland gave a summary of clinical services provided during FY 2017: 8,511 women were enrolled in the BreastCare Program; 5,408 with federal funding and 3,103 with state funding. The number of women served was 7,777, which is a more than 2,000 increase from the previous year. She said the increase was due to expanded coverage and outreach efforts by the program.

D. Treatment Money for Patients Diagnosed with Cancer

Reggie Rogers, ADH Legal Counsel, reported on money available for cancer treatment. He noted that Act 88 of the 91st Arkansas General Assembly, Regular Session, 2017, in Section 8 stated that "the Arkansas Department of Health is authorized to transfer $500,000 for the fiscal year ending June 30, 2018, from the (tobacco) Prevention and Cessation Program Account to the Breast Cancer Control Fund in order to provide for the State's matching share for Medicaid services provided for breast and cervical cancer screening and treatment.

The amount transferred annually shall be the only obligation of the Arkansas Department of Health for state match for these services."

E. Other Reports

Ms. Jones updated the Board:

a. The Department received tentative approval for a new five-year cancer cooperative agreement at level funding compared what ADH has received in the past. The award process was late, so the final approval has not yet been received. The delay has prevented ADH from hiring its contractors to work in cancer programs.
b. BreastCare provider enrollment began in May and so far BreastCare has approved and finished 179 agreements, involving 276 clinical groups and 918 individual providers.
c. The contract with HP/DXC concluded August 31. Their final report showed that they processed 26,000 claims, valued at $1.1 million, handled 1,800 calls for assistance and held 56 provider outreach training events during FY2017.
d. Mobile Mammography Services: ADH has a contract in place with the University of Arkansas for Medical Sciences for its Mammovan. Contracts are being sought with St. Bernard's, Mercy, CHI St. Vincent Hot Springs and Baxter Regional facilities. A notice of funding will be posted and each of the contracts will be up to $26,000, partially funded out of state and federal money. It was easier to secure an agreement with UAMS because it is a state agency. Contracts with non-state entities follow a different process and take longer.
e. BreastCare also will be working with charitable clinics across the state and with providers to find under-served and uninsured women and navigate them to either ADH programs or other programs.
f. BreastCare also plans to pursue an agreement with the Arkansas Coalition for the Marshallese in Northwest Arkansas.
g. BreastCare does not have an RFP (Request for Proposals) for a media and communication contract, but has started to work toward obtaining advertising in media outlets.

F. The new hybrid billing system for providers

Ms. Roland said a hybrid system involving a contract with DataPath to reimburse providers and an ADH in-house designed billing application replaced the HP/DXC contract and started September 6. Providers and BreastCare enter claims into the billing system for that processes them for payment and DataPath processes the payments to providers. The new process uses front-end audits to determine immediately if a claim is valid, meaning that as soon as the claim is filed, it can be determined if it can be accepted for payment. The old process used both front and back-end audits, which the later took place after the claim was filed and could mean the claim would be denied.

As of the first week in October, the first payments were made to 49 providers, for 618 patients, for 718 claims and 980 procedures, for a payout of more than $54,000. As of the date of the meeting, BreastCare has received over1,000 paper claims, which staff has to key into the billing system to process. BreastCare staff have been responsive to provider feedback and have made several modifications to allow for easier processing as well as addressing some technical issues. Once future goal includes designing a process to allow providers to submit claims electronically through a batch file process.

Dr. Jerri Fant asked why the decision was made to take the system in-house. Ms. Roland said it was her understanding that cost was a factor.

Dr. Appathurai Balamurugan, Medical Director, Chronic Disease Prevention and Control Branch, complimented BreastCare staff for their work on the new system and said it could mean that extra money saved by the new system will be put back into the program.

G. Breast-care Treatment

This year to date, the BreastCare Program spent about $275,000 for treatment. During the first quarter of FY2018, out of 14 women assessed, six (three from NW Arkansas, two from SE Arkansas and one from SW Arkansas) were found eligible for treatment assistance; eight were not eligible because they were not eligible for Medicaid.

H. Social Media

Ms. Bastidas, the Cancer Prevention and Control Section Public Health Educator, said BreastCare Facebook posts received 697 likes for the period from April through June, 2017, and 669 likes from July through September; 88 percent of the responses came from women and 11 percent from men. The responses came from viewers in the 45-54 age bracket. Ms. Bastidas said the program was hoping to reach more Hispanic women through additional social media.

Dr. Balamurugan is working on "hotspotting," or targeting a message in communities where large numbers of hard-to-reach and underserved populations reside, including homeless shelters. Board members and ADH staff discussed how to reach individuals who did not have access to social media. Dr. Balamurugan said there would be a report on hotspotting at the next BCCAB meeting.

I. Inability to Enroll Women attending clinics and programs on Saturday.

Sarah Faitak asked why the program did not have any staff to enroll women in the BreastCare program when they hosted a clinic on a Saturday. Ms. Jones said there were no ADH staff available for the particular date of her event but with advance planning and notice perhaps the program could provide resources in the future.

IV. Action Item for the Next Meeting

The Board discussed how to reach underserved populations in a cost-effective manner. Hotspotting was discussed as being useful, but also consideration of the message and the barrier to people receiving the message. It was suggested that the message needed to be presented differently to reach people with different backgrounds and different cultural issues. There appeared to be an element of fear and people not wanting to know if they had cancer.

Dissemination of information at food pantries also was discussed. Debby Harris, a regional care coordinator, said she visits food pantries once a month every month and that she found that very few people visiting them were eligible for BreastCare Program services. Ms. Bastidas said it might be more effective to have someone from the food pantries or a family member provide information and encouragement to get help from the BreastCare Program.

Dissemination of information by school-based nurses was discussed. Ms. Jones said Ms. Bastidas was connecting with some groups who work with school nurses. Ms. Jones also said there are partnerships between groups in NW Arkansas school systems and school-based clinics. Ms. Jones said she would get details on that situation and report back to the Board.

V. Action Items for follow-up to be sent to Board Members by staff after the Meeting

A. Follow up response to question about FY2018 1st Quarter Report, Table 8 Clinical Services Expenditures (page 13 of packet):

The FY18 budgeted amount ($2,273,441) for BreastCare clinical services, using state tobacco excise tax funds, is significantly larger than what the table shows as spent on previous years. The budgeted amounts (shown in the last column) are only the portion of each fund source that is budgeted for clinical services. The amount is higher due to several factors. The FY18 amounts reflects use of the collapsed classification of expenditure reporting (from administrative, public education and health promotion, professional education, surveillance/QA, clinical services categories) to only two categories of clinical and non-clinical (support), that is consistent with the federal grant expenditure reporting. Additionally, patient navigation services are categorized as clinical services and previously were not.

B. ACT88 -- Appropriation Act for treatment funds discussion with Reggie Rogers

C. Two maps reviewing uninsured women from Brandy Sutphin

D. Social media report from Gloria Bastidas

E. Updated BreastCare staff listing

F. Chronic Disease Prevention & Control Organization Chart

G. BreastCare and treatment eligibility info

H. Information about filling out Board Members' annual Statement of Financial Interest, due to the Secretary of State's Office January 31, 2018.

VI. Closing

Ms. Parrett made a motion, seconded by Alicia Storey to adjourn. The meeting adjourned at approximately 6:10 p.m. (1810)

The next regular quarterly meeting is tentatively set for Tuesday, January 23, 2018.