

Conversation 3: Opportunities and Challenges for Cancer Screening under the Affordable Care Act (Group A)

Facilitator: Elizabeth A. Westbrook, MCHES, *Kentucky Cancer Program*

Resource Person: Citseko Staples Miller, *American Cancer Society Cancer Action Network (ACS CAN)*

Practical actions your workplace can take to increase mandated guidelines-driven cancer screening under the Affordable Care Act.

- Develop a checklist both on/offline for easy access on what is available, what is covered and what is not covered.
- Form a networking/information exchange with other state-level health agencies, American Cancer Society, NCCRT, universities, etc.
- Develop a “Cancer Plan” for patients’ pre/post treatment, which includes next steps, what’s covered and what isn’t.
- Be more educated about the Affordable Care Act (ACA).
 - Educate community health workers.
 - Bring speaker into workplace.
 - Develop webinar training seminars on ACA modeled after [Washington State’s training](#) for their health care exchange.
- Work with quality improvement records.
- Additional bilingual navigators needed to connect people.
- Improve communication with insurance companies.
 - Insurance companies and quality improvement directors should meet one-on-one.
 - Build a relationship with one go-to contact.
 - Electronic messaging/newsletter circulated for transparent updates to coverage.
- Streamline billing code for colonoscopy.
 - Clarify the screening vs. diagnostic line.
- Contact ACS CAN person to start a dialogue.
- Need legislative action to have doctors be accountable for when he/she doesn’t update the required information.
 - Need plan/provider communication on what is covered. Lack of updates and some information is not correct.
- Know what is covered.
 - Update websites/fact sheets with clear and correct information.

Survivor involvement to help make use of opportunities or meet challenges ahead as implementation of the Affordable Care Act proceeds.

- Have survivors be advocates and speak with the public on screening prep, process, etc.

Opportunities/Challenges

- Keep to task force/mandated screenings.
 - Some disagree with task force conclusions for prostate cancer screenings.
- Montgomery County, MD Community clinics look for who is eligible – increase screenings and education.

- NYC partner with community based organization which links patients to health care centers.
- Take advantage of the coverage under ACA to encourage screenings.

Challenges and Ways to Overcome Them

- Knowing what is/isn't covered.
 - In New Hampshire, they are educating the public about Medicaid including what is covered, referring to other resources when not covered. They also have been talking to large employers in rural areas and providers.
 - Create a one pager on costs – cancer checklist.
 - Screening vs. coverage places more emphasis on patient navigation.
- The procedure is covered but the patient has to travel to receive it.
 - Colorectal Cancer Alliance plans to provide stipends/partner with health care organizations to provide grants beginning in July.
 - Howard-Buddy System: have family members make sure patients keep appointments.
 - In NYC, patient navigation is in place for the un-insured as well as electronic patient records to track screenings/cancer plans.
- Medicaid expansion needs to address polyp removal issue during colonoscopies.
 - CMS guidance needed.
 - Oregon bill passed polyp removal as part of screenings.
- The application process and the time spent waiting to hear if they are covered.
 - Talk to the doctor so he/she can see patient before they hear whether they qualify.
- Changes in expansion lead to challenges in connecting patients to programs.
 - For example, in Washington state, people cannot be screened through breast/colon programs due to a change in the expansion.
 - Apple Health State Exchange: Get people connected to programs rather than recruiting (decentralized program).
- Where are the insured?
 - Develop a database to see the insurance status of clients and resources available.
 - Onsite patient navigators.
 - Undocumented populations can be better served now with program resources.
- Telling people with Medicaid what resources are available to them.
- People who are now “covered” will still get a bill (and they don't know that they will).
 - [National Patient Advocate Foundation](#) helps people with insurance and assist in iron out issues in coverage.
- Non-expansion within a state.
- Coding is a challenge.
- Employers with uninsured want to know what the next role is for organizations that deal with the uninsured.