Conversation 5: Round 2: Moving Forward with Cancer Screening and Prevention in the Uncertain World of Coverage for Health Care.

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Practical Actions

- Learn from Kentucky accomplishments in colorectal cancer advocacy and legislation
- Identify opportunities for replication in other states
- Identify other states having legislative success
- Use local ACS-CAN representatives
- Best Chance Network- pay for breast and cervical cancer
- Create general Community Health Clinic policies to advise on colorectal cancer screening
  - Establish a referral process
- Collaborate with local nonprofit organizations and share knowledge resources
- Examples:
  - Milwaukee Healthcare Partnership
  - Links of Care
  - Centers for Disease Control
  - American Cancer Society
  - Roundtables
- Utilize National Colorectal Cancer Round Table toolkits, guides, and resources
  - Guide to the Development of State Level Colorectal Cancer Coalitions
- Tap into local nonprofit hospital community benefit programs
- Build partnerships at the local level to ask for more transparency and accountability from local hospitals
- Establish partnerships between Federally Qualified Health Centers and colonoscopy providers

Briefly give a picture of coverage for cancer prevention/early detection in your workplace or community. Is it worse/same/better than last year at this time?

- New Hampshire- coverage is about the same as last year
- Texas- About the same as last year
  - How do we move forward?
- Maryland- Medicaid expansion
  - Screening numbers are down
  - Patient navigation
- Colorectal cancer and young adults
What type of screening and when?

- Montana - Medicaid expansion has improved since last year, but there is uncertainty for next year
- Effective messaging on different screening options
  - Colonoscopy issues and policy
  - Coding for testing (insurance)
    - Kentucky and Oregon - legislation passed to clarify colonoscopy should be covered
    - DC - Medicaid expansion for years
      - High screening rates but high death rates due to disparities
      - Managing other chronic diseases
- Funding and outreach is high priority in Baltimore, Maryland
- Arizona - Medicaid expanded
  - Breast/cervical funding for screening treatment issues.
  - Behind in process because of demand
  - Women cannot afford the Affordable Care Act
  - Susan G. Komen Arizona closed - had funded for undocumented women
- State agencies can solicit funds to cover 100% for screening
- Pathways to care defined cross state for undocumented.

What are current opportunities for expanding cancer prevention/early detection services in your community or practice at this time of uncertainty about health care coverage?

- Milwaukee - program for undocumented immigrants
- Mississippi - partner organizations came together to address disparities (pooling resources)
  - Targeted portion of state
  - Breast and cervical
  - CAP Foundation
    - See, Test and Treat program: One day, multi-screening event
- What are hospitals doing for non-profit status?
  - Community benefits

What are current challenges to providing cancer prevention/early detection services in your community or practice at this time of uncertainty about health care coverage?
&
Which strategies are working well to facilitate “safety net” coverage for cancer prevention/early detection at this time?

(ANSWERS TO BOTH QUESTIONS)

- Questions regarding how coverage is determined
- New Hampshire - Hospital staff had low screening rates
- Analyze data opportunity
Show cost-benefit analysis of preventative services opportunity
Integrated services system
Large hospital systems expanding populations for grant funding
Comic used to talk through screening recommendations

What additional resources are needed for programs or practices to continue to make progress in cancer prevention/early detection at this time? For individuals (consumers)?

- Utilize National Colorectal Cancer Round Table toolkits, guides, and resources
  - Guide to the Development of State Level Colorectal Cancer Coalitions