Illinois Department of Healthcare and Family Services
Breast Cancer Quality Screening and Treatment Advisory Board Meeting

April 8, 2011

Members Present
Gail Briggs (Representing Salim Al Nurridin)
Stephanie Huston Cox
Cathy Galligan (Representing Adrienne White)
Terry Macarol
Dr. Elizabeth Marcus
Anne Marie Murphy, PhD
Elizabeth Patton, S.A.
Janis Sayre (Representing Dr. Choucair)
Dr. Melissa Simon
Vicki Vaughn

HFS Staff
Julie Hamos, Director
Sharron Matthews, Assistant Director
Tracy Anderson

IDPH Staff
Dr. Damon Arnold, Director
Teresa Garate, Assistant Director
Jean Becker
K. Allen Griffy
Shannon Lightner

Members Absent
Dr. David Ansell
Dr. Gary Dunnington
Pamela Ganschow
Paula Grabler
Eileen Knightly
Sister Sheila Lyne
Linda Maricle
Donna Thompson
Ruth Todd
Adrienne White

Interested Parties
Kay Moore
Sharon Matthews called the meeting to order and welcomed attendees.

Attendees via videoconference in Springfield and Chicago introduced themselves followed by those on the phone.

Minutes from the February 25, 2011 meeting were reviewed. It was noted that some of the data elements discussed were not included. Anne Marie Murphy said she would provide them. Minutes were the approved and adopted.

**Quality Measures for the Illinois Breast and Cervical Cancer Program**


Shannon Lightner stated that the IBCCP is a federal program and the quality measures are established by the Center for Disease Control.

Director Hamos questioned if it is the Board’s goal is to have both pilot programs report the same measures. After discussion, it was agreed that it would be necessary for the measures to be consistent across all pilots; however, how they are achieved may vary per site.

Anne Marie Murphy questioned whether the provider community typically follows the treatment algorithms that the IBCCP uses. Dr. Simon responded that most providers should have knowledge of the standards. However, all providers may not be following them. It was also noted that not all providers have access to the same resources e.g. staffing and equipment.

The group discussed certain challenges in the appropriateness of services. Members cited that there are times when a patient goes to a facility to have a mammogram, but it is unclear if the mammogram should be screening or diagnostic. It was agreed that the facility should be responsible for following up with the physician to make sure the correct mammogram is done and that this would be an area where navigators would be helpful.

**Patient Navigation Pilot: St. Mary’s Hospital**

Vicki Vaughn, Director, Community Health Services at St. Mary’s Good Samaritan presented an overview of their proposed Patient Navigation Pilot design.

Accompanying Vaughn for the presentation was Kay Moore who is responsible for the day to day operations of their Breast Cancer program. St. Mary’s is a lead agency for the IBCCP. The facility experiences an average of 40 cancers diagnosed per year in the program.
St. Mary’s refers patients to approximately 6 different sites for treatment. They utilize 35 different facilities for mammograms.

Anne Marie Murphy inquired about St. Mary’s recall rate. The data was not included as part of this particular presentation. Vaughn is to share the information at the next meeting.

St. Mary’s is proposing the purchase of a mobile mammography unit to use as part of their outreach strategy for increasing screenings. It would be set up primarily for screening not diagnostic mammograms.

The group questioned whether there would be competition for the reading of the mobile unit mammograms. Also discussed was the potential for mobile unit mammograms to be read by radiologists with an expertise in mammography.

St. Mary’s is also proposing the purchase of a stereotactic unit. The stereotactic unit allows for a reduced rate of surgical biopsies. The addition of the stereotactic unit would allow St. Mary’s to be designated a Breast Cancer Center of Excellence. Their partner in the two site pilot design, Good Samaritan Hospital has already achieved that designation.

Anne Marie Murphy asked about the Medicaid rates are for excisional biopsies vs. stereotactic biopsies. No one was knowledgeable of such data being available.

Dr. Simon discussed that the goal of any program should be to fill in the gaps in the area you are serving.

Sharon Matthews discussed that the navigational pilots will take different approaches. The proposed model designs are based on the research compiled by IDPH which was presented at previous meetings citing three different basic programmatic approaches currently being utilized.

Concern was expressed that patient navigation will be confused with case management. Anne Marie Murphy offered the insight that when the legislation regarding the pilots was passed, the intent was to provide Medicaid clients with the follow-up care received by IBCCP women.

The group discussed that due to the differing approaches to patient navigation, the focus should be on the goals, services and outcomes, and not terminology. The pilots will need to incorporate the agreed upon goals, outcomes and measures, and designed for maximum implementation at their particular facilities in the targeted areas for their specific service populations. In addition, the designs need also to be replicable in similar areas.
Anne Marie Murphy suggested that the group take a look at the authorizing legislation and the progress that has been made in a future meeting. She also would like to review data on the number of mastectomies and breast reconstructions performed on Medicaid eligible women.

Sharon Matthews advised the group of a workshop focusing on Helping Women of Color Take Care of Themselves: Enhancing Your Communication Skills to Promote Breast Cancer Screening available in Chicago scheduled for on April 15, 2011.

The next meeting is set for Friday, May 20, 2011. The agenda will include more details on the Navigational Pilots and the revised Provider Agreement.

Meeting was adjourned.