

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

May 20, 2011

Members Present

Gail Briggs (Representing Salim Al Nurridin)
Dr. Bechara Choucair
Cathy Galligan (Representing Adrienne White)
Doris Garrett (Representing Linda Maricle)
Terry Macarol
Dr. Elizabeth Marcus
Dr. Melissa Simon
Donna Thompson
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
Shannon Lightner

Members Absent

Dr. David Ansell
Stephanie Huston Cox
Dr. Gary Dunnington
Pamela Ganschow
Dr. Paula Grabler
Eileen Knightly
Sister Sheila Lyne
Anne Marie Murphy, PhD
Elizabeth Patton, S.A.
Ruth Todd

Interested Parties

Janis Sayre

Sharron 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 April 8, 2011 meeting were reviewed. Minutes were approved and adopted.

City of Chicago Department of Public Health Breast Cancer Services and Outcomes

Dr. Choucair, Commissioner, Chicago Department of Public Health (CDPH), presented information on his department's major initiatives.

Cancer disparities are a priority for the CDPH, with breast cancer as an initial focus. Breast Cancer disparities are addressed through the *Beyond Pink Chicago* initiative.

The Department is working to replace analog mammography equipment with digital mammography equipment. They are also coordinating with city alderman to reach out to women in the community.

Cathy Galligan discussed that "no show" rates are high and it is critical to provide support to women not only at diagnosis, but through treatment.

The CDPH works closely with the Metropolitan Chicago Breast Cancer Task force and is implementing a new special initiative with HFS Illinois Health Connect program. The Department identified 2 neighborhoods in Chicago with reportedly the highest "no show" rates for screenings; Austin and Roseland. The Department requested IHC to work as a partner in contacting 6,000 Medicaid clients (ages 40-69) who were overdue for mammograms that resided in these two communities. An update on the project will be requested for the next board meeting from IHC.

Provider Agreement Application

Sharron Matthews discussed the following:

- The department has continued to work on finalizing the Provider Agreement Application that will be signed by providers in order to receive the higher Medicare reimbursement rate for screening and diagnostic mammograms.
- Providers will agree to collect data and to work with the department on a quality improvement plan if necessary. The agreement will have a cover page and a two page survey attached.
- The department will need to take additional steps such as initiating a State Plan Amendment, an Administrative Rule change and notifying CMS in Washington.

- On April 19, 2011, Anne Marie Murphy, Executive Director, Metropolitan Chicago Breast Cancer Task Force, presented to HFS a proposal for the Task Force to provide assistance in collecting the quality data.
- The Department will need access to each individual provider's data in order to assess whether the provider has met the quality standards.

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 at the April 8, 2011 Board meeting. She has submitted a revised proposal that will be reviewed.

Patient Navigation Pilot: Mercy Hospital

Shannon Lightner, Deputy Director, Office of Women's Health, IDPH, presented the Mercy Hospital proposal. The proposal was drafted by Eileen Knightly who was unable to attend this meeting.

Mercy Hospital is the state's largest IBCCP provider. They are currently doing patient navigation which is referred to as "case management" in the IBCCP.

Mercy's proposal will mirror the process used in the IBCCP and also incorporate the services of a social worker. The navigation process will start with screening for Medicaid patients and go through treatment if necessary. The navigation process for IBCCP patient's who become eligible for Medicaid after diagnosis, will begin with treatment which is where the IBCCP navigation ends.

In the second year of the pilot Mercy plans to create an FQHC where Medicaid clients can access to mammograms on site.

It was noted that HFS, IDPH and pilots are still in discussions about project evaluation process and who will conduct it and data collection elements.

General Discussion on the Navigational Pilots

It was stressed that on-site reading of the mammograms is key. If follow-up is needed it can be scheduled on the same day. Providing more emphasis/information on the quality of the reading and reporting on results to the mammography technologist may help the recall rate.

Both proposals included purchase of equipment. This initiated another discussion on should the group be looking at the equipment needs of facilities statewide? What is needed to improve quality?

It was shared that the Breast Cancer Consortium did a capacity study and found that there were 500,000 women in Chicago eligible to receive mammograms, but the existing facilities only had the capacity to serve 300,000 women.

The benefits of Digital vs. Analog Mammogram equipment were reviewed:

- The clarity of digital films are better
- Digital films are superior for dense breasted women
- Digital films are superior for pre-menopausal women

The skill of the radiologist is key regardless of whether the film is analog or digital. The group consensus was that digital mammography equipment would be a "medium" cost piece of equipment for an average hospital. There are 3 primary vendors for digital mammography equipment.

Other options to reduce costs besides purchasing new would be to purchase previously owned digital equipment or to look at leasing the equipment.

Cathy Galligan suggested increasing times that screening facilities are open would also significantly improve access regardless of type of equipment utilized.

Next Meeting and Agenda Items

Given that the next meeting was scheduled for July 1st, the Friday just prior to the the July 4th holiday weekend, the group agreed to rescheduled for Friday, July 8, 2011. For the next meeting the director of IHC will be invited to present. Updates on the provider agreements, the provider Quality Improvement program, the Patient Navigation pilots and ideas for October Breast cancer Awareness month activities will also be covered.

Meeting was adjourned.