

**Illinois Department of Healthcare and Family Services  
Breast Cancer Quality Screening & Treatment Advisory Board Meeting  
Friday, December 3, 2010**

**Members Present**

Dr. David Ansell  
Velma Burt (Representing Dr. Bechara Choucair)  
Dr. Paula Grabler  
Eileen Knightly  
Sister Sheila Lyne  
Thom Mannard  
Dr. Elizabeth Marcus  
Linda Maricle  
Anne Marie Murphy, PhD  
Elizabeth Patton  
Dr. Melissa Simon  
Vicky Vaughn  
Donna Thompson  
Ruth Todd

**HFS Staff**

Julie Hamos, Director  
Sharron Matthews, Assistant Director  
Tracy Anderson  
Rita Altman  
Vir Doshi

**IDPH Staff**

Dr. Damon Arnold, Director  
Teresa Garate, Assistant Director  
Jean Becker

**Members Absent**

Salim Al Nurridin  
Stephanie Huston Cox  
Gary Dunnington  
Pamela Ganschow  
Terry Macarol

HFS Director Hamos called the meeting to order and welcomed attendees.

Attendees in Springfield and Chicago introduced themselves via videoconference. Next attendees that dialed in via phone introduced themselves.

### **Overview of Initiative**

Director Hamos provided background and an overview of the joint Breast Quality Screening and Treatment Initiative between the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Department of Public Health (IDPH). She reviewed the different components of the Initiative citing the establishment of the Breast Cancer Quality Screening and Treatment Advisory Board as one of the mandates of Public Act 95-1045 which focuses on improving state healthcare mammogram and Breast Cancer treatment programs and services. She reviewed the Joint Initiative Fact Sheet to explain the scope and the other components.

Director Hamos also indicated that as per the legislation, the Department will be increasing rates for mammograms to match Medicare rates. However, it was noted that providers will be required to meet increased quality standards for increased reimbursement. They will sign new provider agreements with the Department indicating their willingness to adhere to the enhanced quality standards.

Director Hamos stated that the Department will look to the Advisory Board and IDPH for assistance in developing the enhanced quality standards. It was noted that Advisory Board members were requested to work on this project for an initial time period of 1 year. She expressed her appreciation to the board members for their commitment.

Director Hamos shared that in 2014, it is projected that in Illinois Medicaid will make up 24% of the healthcare insured market. So the need for increased access for quality screening and treatment will also be increasing across the state.

To comply with another aspect of the legislation, 3 Patient Navigation Pilot Projects will be initiated. At this time the proposed Patient Navigation pilot will involve St. Mary's Hospital in Centralia, Illinois, Mercy Hospital in Chicago, Illinois and HFS's new Integrated Care Program that will service 40,000 lives of the AABD population in 6 different counties.

Also as part of the Initiative, the 2 agencies will expand public education and outreach activities to communicate the importance and availability of mammogram screening and cancer treatment.

### **Data Collection and Review**

The group discussed obtaining baseline metrics before the program starts and after, and which data sets to include.

The first recommendation from the group is to look at breast cancer screening statistics for Medicaid, Medicare and the state's group insurance plans. It was agreed that HFS would provide information related to breast cancer screening and treatment for women in:

- Illinois Health Connect
- 3 HMO Medicaid programs
- Group Health Insurance for state employees

To expand the scope of the project towards looking at quality in general, DR. Mellissa Simon offered to provide access to results of data for comparative analysis from a project in which she is involved.

Dr. David Ansell cited a quality consortium collaboration that is looking at Nature vs. Public. Data is being shared using transparency to promote quality improvement. CMS is conducting the study on core measures and has 800 hospitals participating in a random audit.

Other important comments regarding data collection and sharing included:

- Noting that Chicago has the lowest detection rate in Cook County
- Need to contact the City of Chicago and CMS about data sharing
- Should look at data from Manage Care, PPO and Medicaid Advantage as well as from cancer registries

### **Illinois Breast and Cervical Cancer Program**

Jean Becker provided an overview of the Illinois Breast and Cervical Cancer Program (IBCCP). This program is available for uninsured and underinsured women. It has 36 lead agencies and over 3000 medical providers that subcontract their services. It has served 40,255 women this year.

The IBCCP uses the Centers for Disease Control (CDC) standards for their Core Program Performance Indicators. Their program provides case management from screening to diagnosis to accessing treatment. Data is collected using the Cornerstone program. Teresa Garate pointed out that IBCCP does serve undocumented women for screening. However, finding resources for treatment is the great challenge for this group.

Director Arnold recommended that in order to really show the gaps in services and locations throughout the state, we needed to develop a table showing the disparity of treatment outside of Cook and DuPage counties.

It was noted that DuPage County currently has a project for uninsured women in which Dr. Simon is involved that includes Patient Navigation. She offered to collaborate with the board and share information and data to assist with the 3 pilots.

Also discussed is the fact that unfortunately many providers are not aware that uninsured women are eligible for IBCCP. Also, it can be difficult for participants to find providers who accept Medicaid payments. Technicians are less of a problem than finding radiologists to read the results who will accept the current rates.

Jean Becker indicated that the IBCCP reimburses providers at the Medicare rate and that in southern Illinois generally there is no difficulty in finding providers for its participants. Vicki Vaughn agreed and cited that in downstate Illinois the problem is not in obtaining the screenings but rather the travel involved to access to treatment.

## Quality Standards

Providers will be required to sign an agreement with HFS. The group discussed and agreed on 4 quality standards for inclusion in the agreement:

- Cancer Detection Rate
- For Abnormal Screening Results - Time from Screening to Diagnosis should be less than 60 days
- For Breast Cancer - Time from Diagnosis to Treatment should be less than 60 days
- Scheduling of Medicaid participants in the same manner as non-Medicaid patients

Members agreed that if providers do not meet the enhanced quality standards they would be required to develop and implement an improvement plan. To provide adequate time and incentive for implementation, a phase in of incremental rate increases was suggested by several members. Perhaps over a 2 year period.

### Cancer Detection Project

Anne Marie Murphy described a project of the Metropolitan Chicago Breast Cancer Task Force that collects data from providers regarding their cancer screenings and detection rates. This data is collected and submitted to the Illinois Hospital Association where it can be viewed from their web portal.

The project is being conducted as part of the federal Patient Safety Act which purpose is to share data using a non-judgmental system to encourage participation. Information is not discoverable. However, aggregate data can be shared.

Anne Marie Murphy agreed to share more details about indicators and other key aspects of the detection program for review in advance of the next meeting.

## Patient Navigation

Members discussed that there are different definitions of "Patient Navigation" as well as different types and roles of "Navigators". They can be lay volunteers and/or paid paraprofessionals or licensed providers. Collectively, they interface with women diagnosed with breast cancer and see them through treatment in a timely fashion by identifying barriers to care and working on resolutions and access to needed services. Navigation services might also include support for others close to the patient that can affect positive health outcomes. It was agreed that additional research was needed for the pilot project to move forward in development.

## Next Meeting Agenda Items

Director Hamos requested that since this first meeting focused on provider agreements that the next focus on the Patient Navigation Pilots. Members were asked to think about definitions, process, procedure and protocols, evaluation, related costs and how they should be designed.

Director Arnold requested that the group also discuss the death rate disparities for African American Women in the next meeting. It was also noted that Jim Parker from HFS Medical Division will be asked to give a report on the Illinois Health Connect.

## **Meeting Dates**

Meeting dates were selected for the 2011. It was agreed that meetings would be conducted every six weeks on Friday afternoons from 2:00 pm until 4:00 pm from January 14<sup>th</sup> through December 16<sup>th</sup>.

## **Ethics Training**

Shannon Stokes from HFS General Counsel's Office discussed the Ethics Training requirements for all members of Illinois state boards and commissions. The training manuals with instructions were emailed to each member during the meeting. Signature sheets acknowledging the completions of the training were requested for submission before December 22, 2010.

The first meeting of the Advisory Board was then adjourned by Director Hamos.