

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:
 - o Milwaukee Healthcare Partnership
 - o Links of Care
 - Centers for Disease Control
 - American Cancer Society
 - o 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
 - o 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)
 - o 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