

Breast and Cervical Cancer Program Allocation Criteria Survey – Parts C April 16, 2009

BACKGROUND

The mission of the Breast and Cervical Cancer Program (BCCP) is to screen medically underserved women of Oregon for the early detection of breast and cervical cancer.

Over 40,000 women in the state of Oregon are eligible to receive BCCP services, yet the BCCP only receives funding to serve about 7000 women annually. This is not a decrease in funding, but there has been an increase in demand for the program. Because of this, beginning in the fiscal year 2008-2009 enrolling providers participating in the BCCP were required to limit the number of screening visits or screening patients for each fiscal year. The BCCP will continue the practice in the 2009-2010 fiscal year. The issue of how to allocate patient numbers to providers is a challenging one, and the BCCP used the survey to solicit input on the process. The BCCP will consider the feedback from the survey, in addition to other factors, while developing a methodology that can be used to distribute allocations to providers in the fiscal year 2009-2010.

METHODS

An online survey of current and wait-listed BCCP providers, partners and others that are associated with the program was conducted in late February 2009.

Sample

The sample consisted of enrolling providers with a current BCCP Medical Services Agreement, providers that have requested a BCCP MSA but were wait-listed, and major BCCP partners. Partners were welcome to forward to grantees and others associated with the BCCP. An e-mail invitation to complete the survey was sent by the BCCP staff to these users, and surveys were completed by 107 respondents.

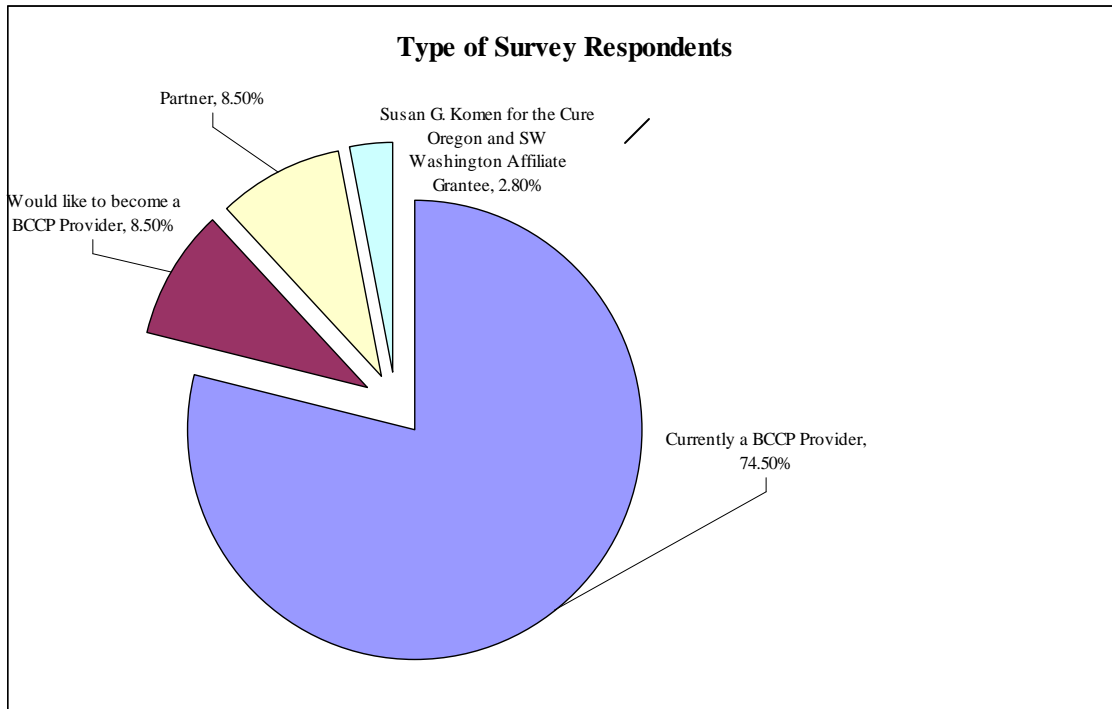
Data Collection

Survey Monkey was used to host the online survey and collect the responses.

Analysis

This survey has three parts overall criteria (Part A); provider distribution (Part B); and eligibility criteria (Part C). This report includes only survey parts A and B which will be discussed at the March 4 Steering Committee meeting. Part C will be discussed at the April Steering Committee meeting. Overall survey comments have been included in this report.

Who Answered the Survey?



Relationship to the BCCP” in the Other Category (n=14)

Other	Number	Other	Number
1. BCCP provider status pending	3	5. Community organization	2
2. Current provider	3	6. Provider advisor	1
3. Refer to program	2	7. Interested in more info	1
8. Former BCCP provider	2		

Eligibility Criteria

Question 1: *Underinsured: Currently defined as a \$500 or greater deductible or insurance doesn't cover breast or cervical cancer screening. Change to:*

Underinsured	Response	Response Count	Ranking
No longer serve underinsured.	9.4%	9	3
Raise the deductible.	36.5%	35	2
Do not change current requirement	54.2%	52	1
Other	1.0%	1	4
<i>answered question</i>			96
<i>skipped question</i>			11

Question 2: *Federal Percent of Poverty Level (FPL) is currently 250%, which is \$2,167/month or \$26,000 annually for 1 person. Change to:*

Federal Percent of Poverty Level	Response	Response Count	Ranking
150% of FPL (\$1300/month or \$15,600 annually for 1 person)	9.2%	9	4
185% of FPL (\$1604/month or \$19,240 annually for 1 person)	14.3%	14	3
200% of FPL (\$1733/month or \$20,800 annually for 1 person)	25.5%	25	2
Do not change current requirement	51.0%	50	1
Other (please specify)	2%	2	5
<i>answered question</i>			98
<i>skipped question</i>			9

Question 3: Age: Currently defined as women over the age of 40 or women under the age of 40 with a clinically documented symptom. Change to:

Qualifying Age	Response	Response Count	Ranking
Age 40-64 only (eliminate under 40 symptomatic program)	5	9	3
Age 50-64 only	7.1%	7	2
Do not change current requirement	80.6%	79	1
Other (please specify)	7.1%	7	4
<i>answered question</i>			98
<i>skipped question</i>			9

Question 4: National guidelines support screening for breast cancer every 1-2 years, following a normal mammogram. Currently a women is eligible for screening through the BCCP every year. Change to:

Mammogram Frequency	Response	Response Count	Ranking
Every 2 years	54.6%	53	1
Do not change current requirement	40.2%	39	2
Other (please specify)	6.2%	6	3
<i>answered question</i>			97
<i>skipped question</i>			10

Additional Comments (no additional changes from previous copy)

The following shows the open-ended responses for the question, *Please feel free to provide additional comments on this process. Are there other factors that you think should be considered that were not previously listed?* All responses are shown, for a total of 27. However, responses were broken down into general topic categories. All comments have been left as written with correction for spelling only.

Allocations—Suggestions and Comments

1. I would encourage you to not cut off individual practitioners. I serve a population that is generally suspicious of mainstream medicine. Their personal relationship with me is a big factor in convincing them to get paps and mammograms. Even though uninsured and low income, many of them would not go to a public health clinic or other "safety net" clinic.
2. I work on an Indian reservation. I literally have patients that come from all over the state to our clinic, because they have fallen through the cracks in their own counties. We have NO alternate resources for 40+% of our patients who need mammograms. We have also been unable to get designation as a BCCP site because of difficulties in resolving issues related to conjunction of federal and state programs. So, our disadvantaged population is not being proportionately covered by the program, even though many of these people do not live on the reservation and do pay state income tax. I would urge that some of these studies be slotted for Native Americans. I would also ask that your program do everything possible to resolve the blocks to establishing our clinic as a BCCP site. My staff and I are willing to do whatever it takes to see that our female patients get their chance at this critical health need.
3. Please allocate more coverage for American Indians/Alaska Native populations.
4. Locations of clinics utilizing the funding sources. For example- both Virginia Garcia and McMinnville hospital are BCCP Providers; however, they are located across the street from one another- do both facilities really need the extra funding for this purpose? would it not seem more cost effective to utilize funding within 1 facility to offer additional funding to other facilities not so close in proximity?
5. I will recommend that Oregon BCCP look into statistic of Asian women being served in the program and compared with percentage of population, penetration rate of women served and then decide the number of quoted should be served for this population.
6. Preference is not to change requirements but it is very frustrating to be out of BCCP funds in just a few months and be turning nearly everyone away for the remainder of the year. Perhaps changing requirements could help the limited funds last longer even though not ideal.
7. I think the majority of low income women come to the health dept or FQHC, free clinics, Drs., that speak other languages verses private doctors.

Eligibility Requirements

1. Although I would prefer the annual mammogram, in order to reach more women, it may be better to offer every 2 years. I am finding that I have women returning yearly and therefore I have limited new enrollment allocation... it is a catch 22.
2. Women under 40 that may have symptoms that may point to cervical cancer.

3. Change cervical exam requirements to a line with national standard--history of negative pap smears etc.
4. It is always difficult to limit services, but knowing that more women would be screened is encouraging. If the criteria change, I would be interested to know how many more of the 40,000 would get screened and treated.
5. It would be nice if there was some way to prioritize symptomatic women (i.e., women with breast lumps). Currently, I'm not aware of any such means.
6. A huge need we're facing are under 40 women with symptoms who do not have any insurance, are under 100% FPL and it would be a huge blow to lose BCCP funding for them.
7. I hope you can continue to make it a priority to enroll women who have a DPM.

General Comments

1. Made the paper work process more user friendly
2. We do have women that don't have Ins. if they are enrolled in another tribe we do their paps, free of charge as well as their mammograms.
3. I feel there is a greater need for this program to serve more of the under privileged women not only in our community, but in the state of Oregon. This program has saved the lives of many women and each and everyone of them that I know have been very grateful for this program.
4. I have lost a great deal of clinic time and money in staff wages for BCCP patient who do not show up. These no-showing patients are too costly for me and one of the main reasons I may not be able to afford to help again. Perhaps a tracking system for these patients or reimbursement for clinic time lost. It's a real shame, but unless these folks are held accountable they will never learn essential life skills like making appointments. Perhaps the BCCP program could go about subsidizing the WWE instead of paying for the entire visit. For example, the patient pays \$25. This allows some shared responsibility and empowers the patient. Another idea is mandatory pre-visit appointment that teaches SBE, breast health awareness, prescreens and the importance of making the appointment. Just thoughts.
5. A small co-pay could help defray some of the costs and perhaps extend the money to more women? Clearly, more funding is needed.
6. One new criteria for cervical screening is to do a thin liquid pap and an HPV on all women in monogamous relationships and if negative do PAPs every 5 years after. Cost effective?
7. Proof of income. They come in driving a new Lexus and lie about their income.
8. I think a requirement for enrollment in BCCP should require PROOF OF INCOME.
9. THIS IS SUCH A VALUABLE PROGRAM. THE ROUGHLY 90 WOMEN I SERVE EACH YEAR WOULD NOT BE ABLE TO RECEIVE SCREENING IF NOT FOR THE PROGRAM.
10. Thanks for you time and interest.
11. I think having access to BCCP Program be available for an entire year would be important. When we have the program only available a few months a year, it is more difficult for clients AND staff.
12. 6 patients per year? You need to understand or rather make understood that as administrators we field calls each week for women trying to get exams and it's bullshit that we have to turn them away. Have Washington get off their fat asses and support worthy causes instead of putting mutual fund CEO's on vacation.
13. Make sure that there are participating imaging and labs involved. Our Samaritan health System does not have a contract signed as yet, therefore the imaging facility is not on board either.