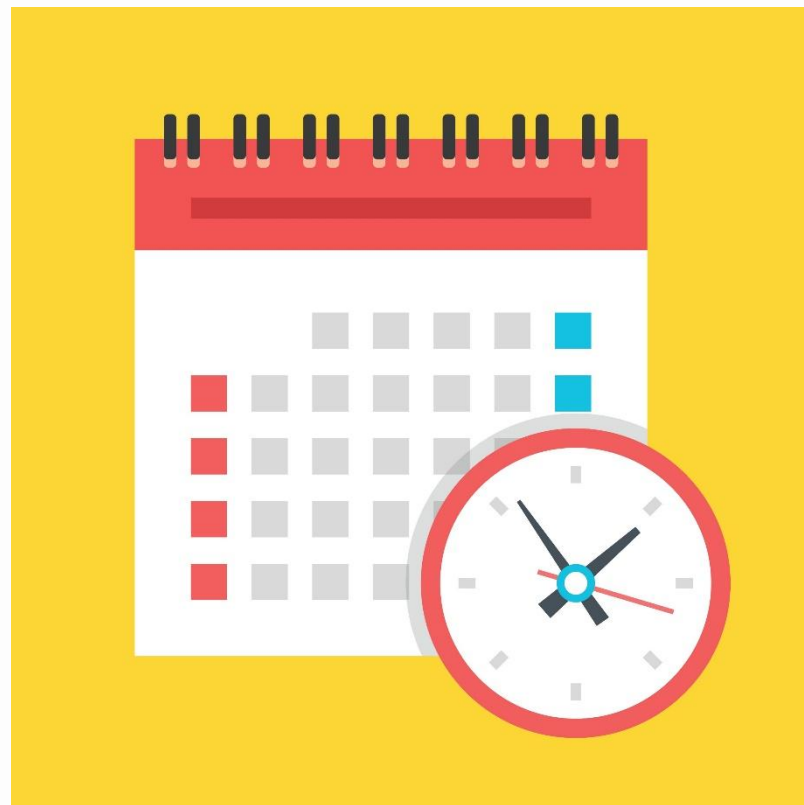


# Only YOU Can Help Increase Cancer Screening Rates: The November PE 46 Webinar



# Agenda

- **Welcome/Introductions**
- **Everything PE 46**
  - **General Updates**
  - **Fiscal Update**
- **ScreenWise Program**
- **Questions**

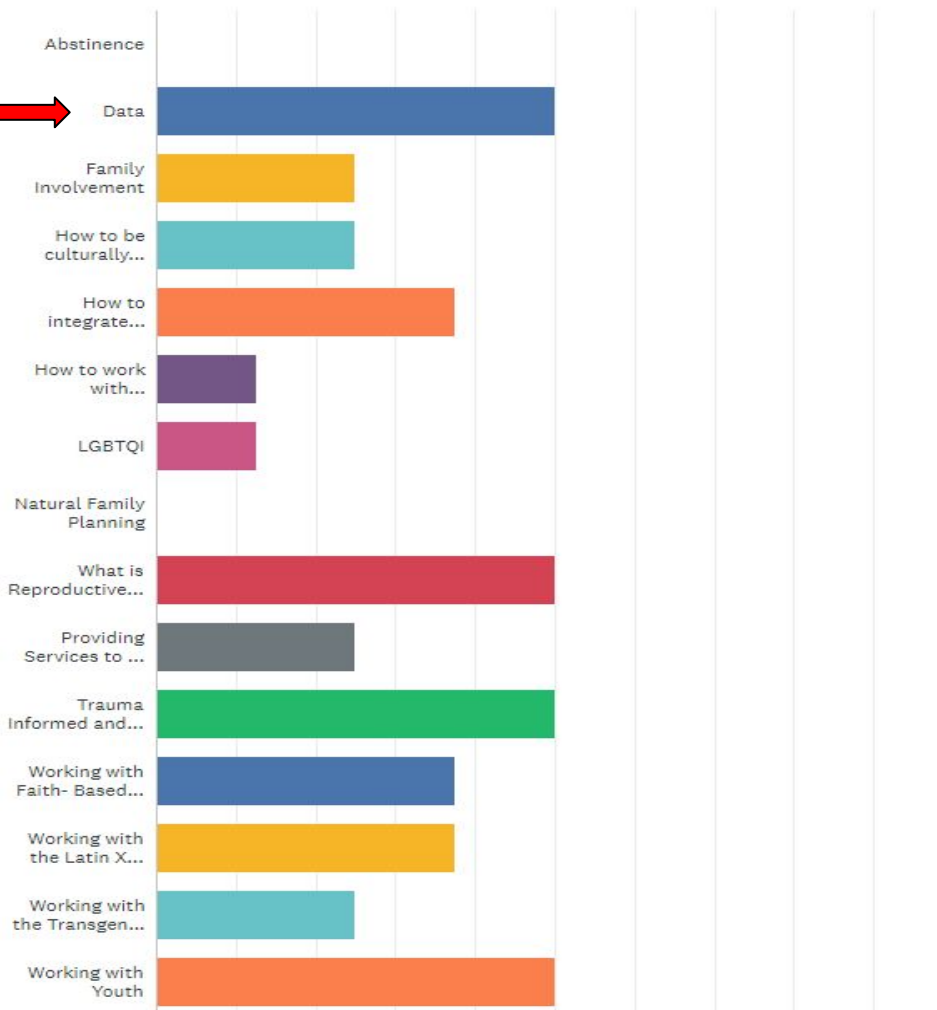


Q1

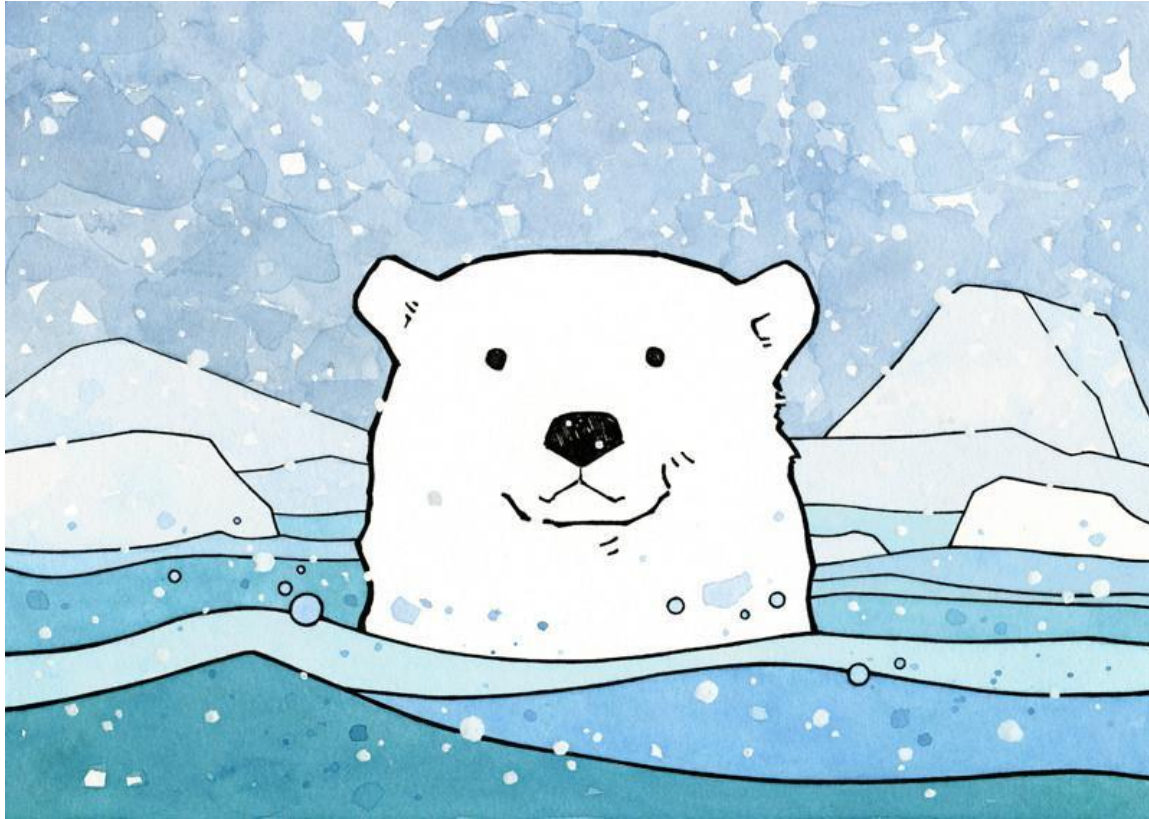
Customize

What topics are you interested in learning more about during PE 46 Webinars?

Answered: 8 Skipped: 0



# Everything PE 46



REPRODUCTIVE HEALTH PROGRAM  
Adolescent, Genetics, and Reproductive Health

Oregon  
Health  
Authority

# General Updates

- PE 46 Training Needs Survey- Please complete!
- TA Calls in December
- PE 46 Webinar December 21st 9am-10am: DATA
- PE 46 Web Page



**Dolly England** [Dolly.A.England@dhsoha.state.or.us](mailto:Dolly.A.England@dhsoha.state.or.us)

**Cell 503-951-1760**

REPRODUCTIVE HEALTH PROGRAM  
Adolescent, Genetics, and Reproductive Health



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# Fiscal Updates



REPRODUCTIVE HEALTH PROGRAM  
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# Community Partnerships



# Questions





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# ScreenWise

Oregon's Breast and Cervical Cancer Program



Presenter: Tessa Jaqua, SW Program Coordinator

REPRODUCTIVE HEALTH PROGRAM  
Adolescent, Genetics, and Reproductive Health

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# Program Mission

## The What:

Reduce disparities in breast, cervical, and hereditary cancer morbidity and mortality.

## The How:

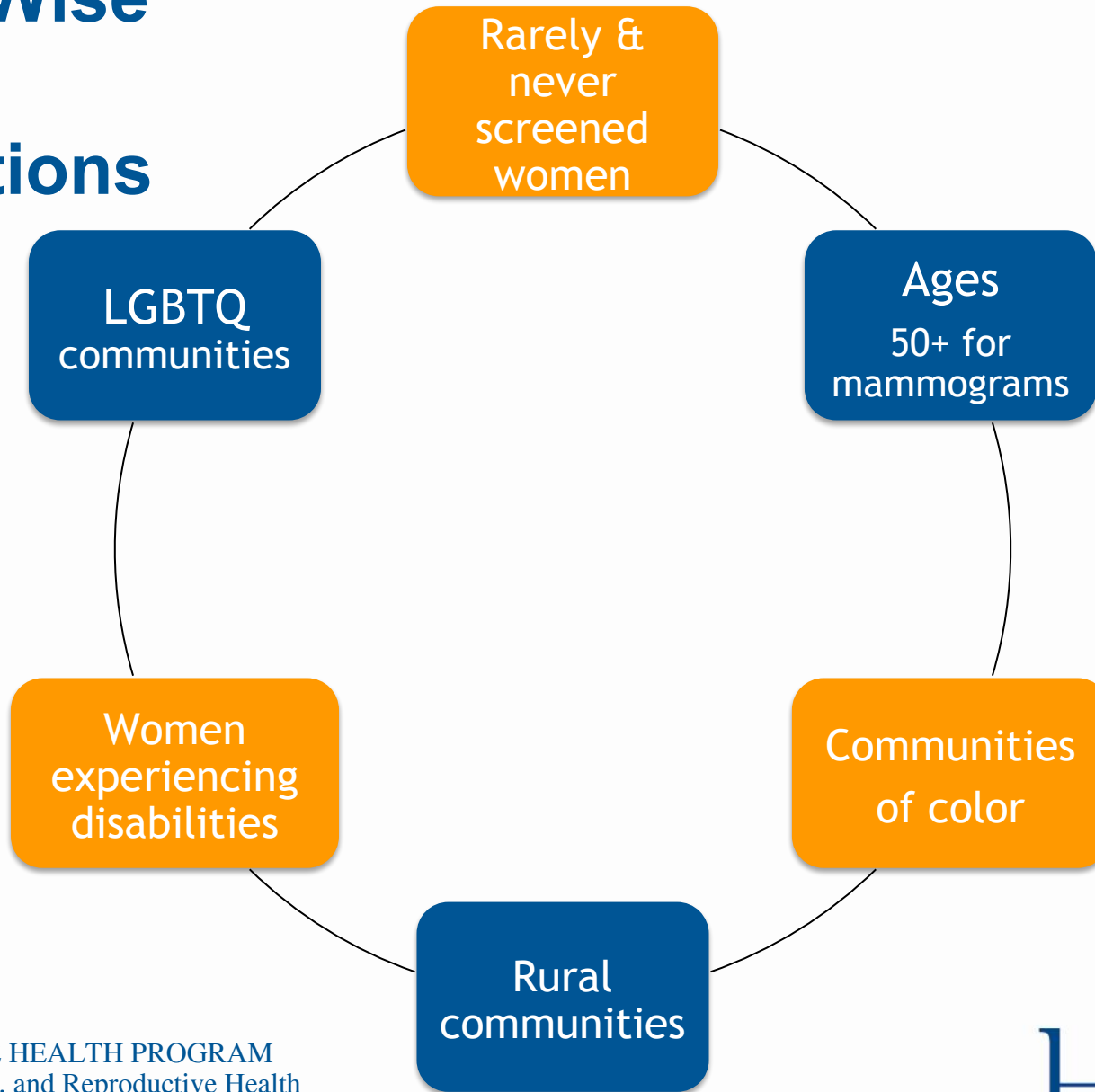
Secure access to clinical services via  
the ScreenWise (SW) Provider  
Network

- Disparity-driven service delivery
  - Payment for services

Promote statewide health system  
change

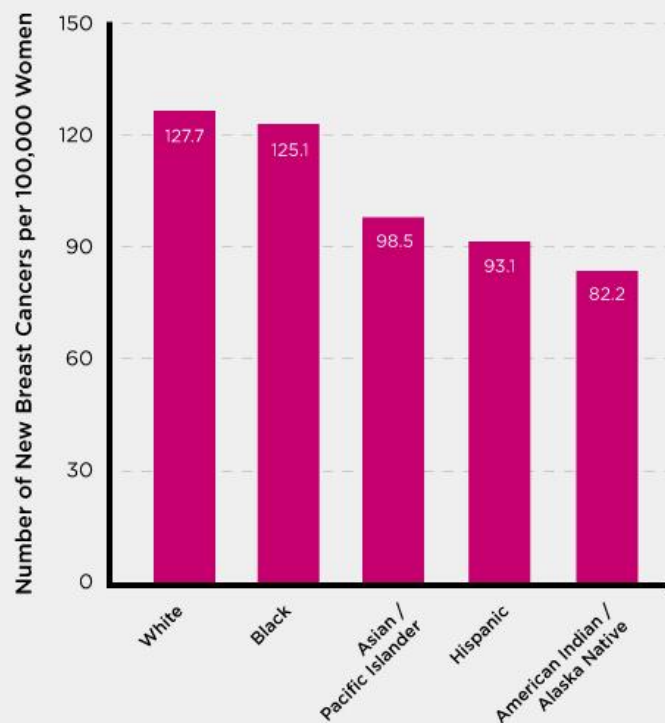
- Evidenced Based Intervention  
(EBI) Implementation

# ScreenWise Priority Populations

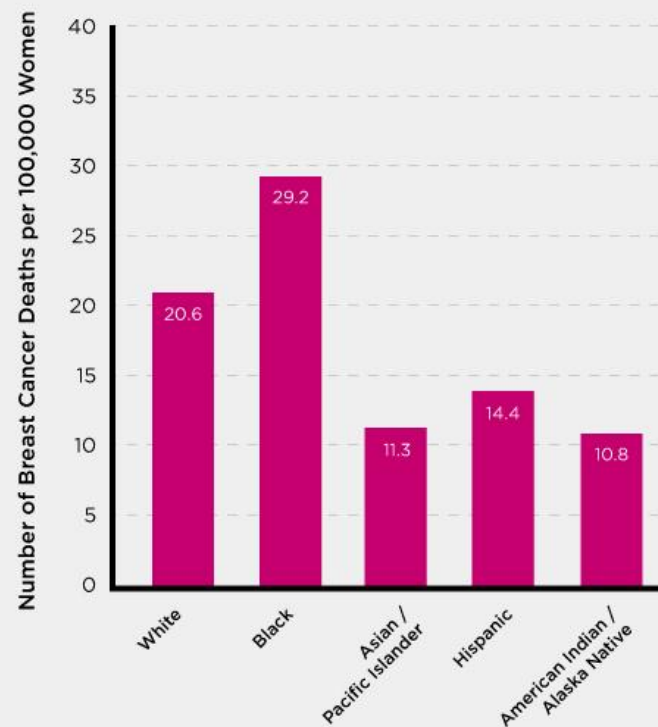


# Breast Cancer Incidence and Mortality

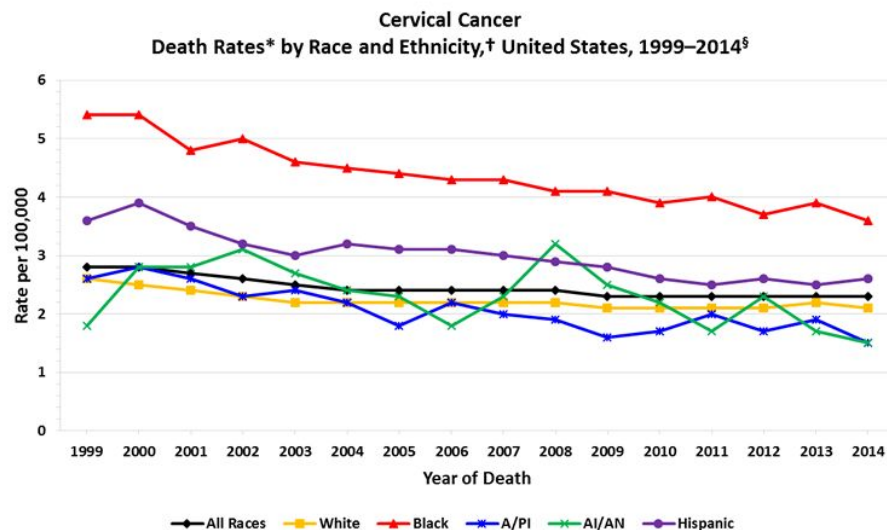
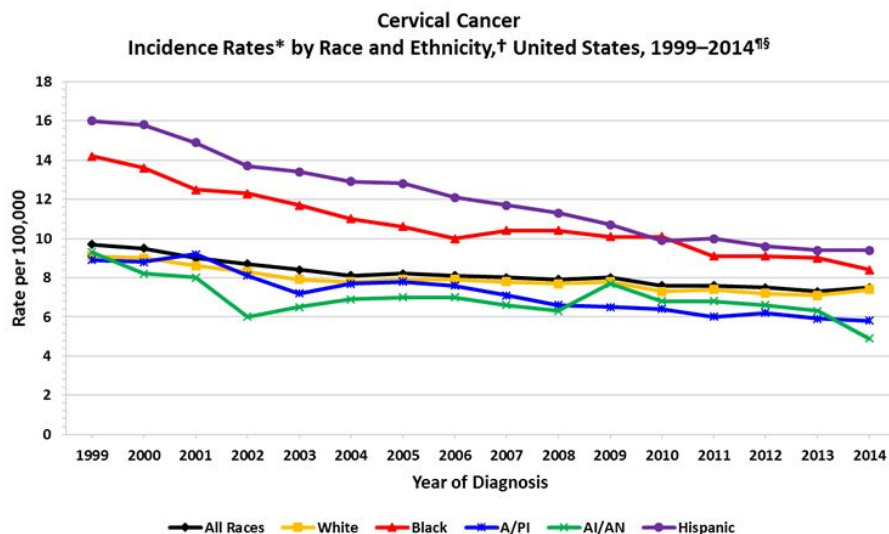
Breast Cancer Incidence in U.S. Women  
by Race and Ethnicity, 2010-2014



Breast Cancer Mortality in U.S. Women  
by Race and Ethnicity, 2010-2014

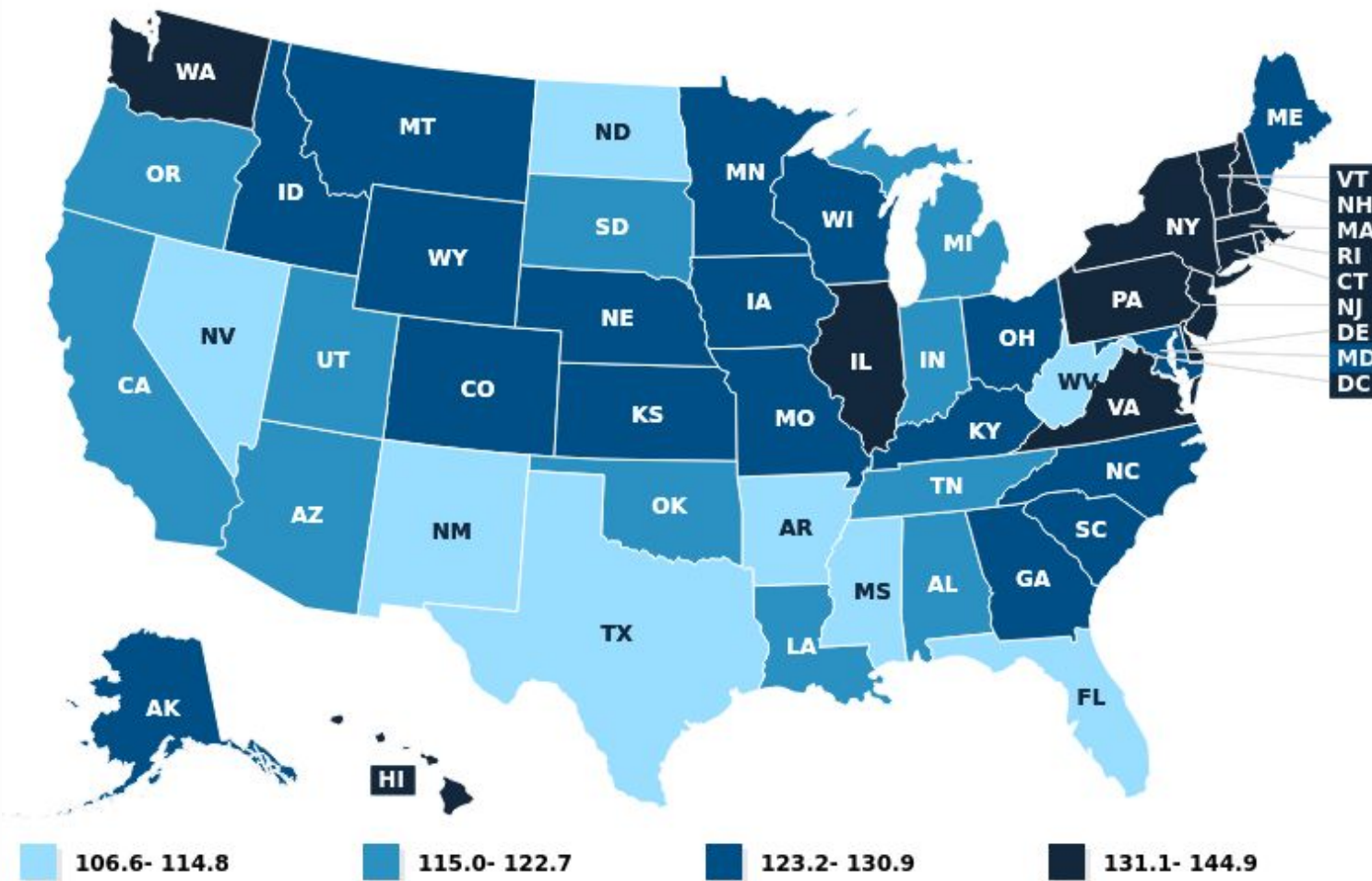


# Cervical Cancer Incidence and Mortality



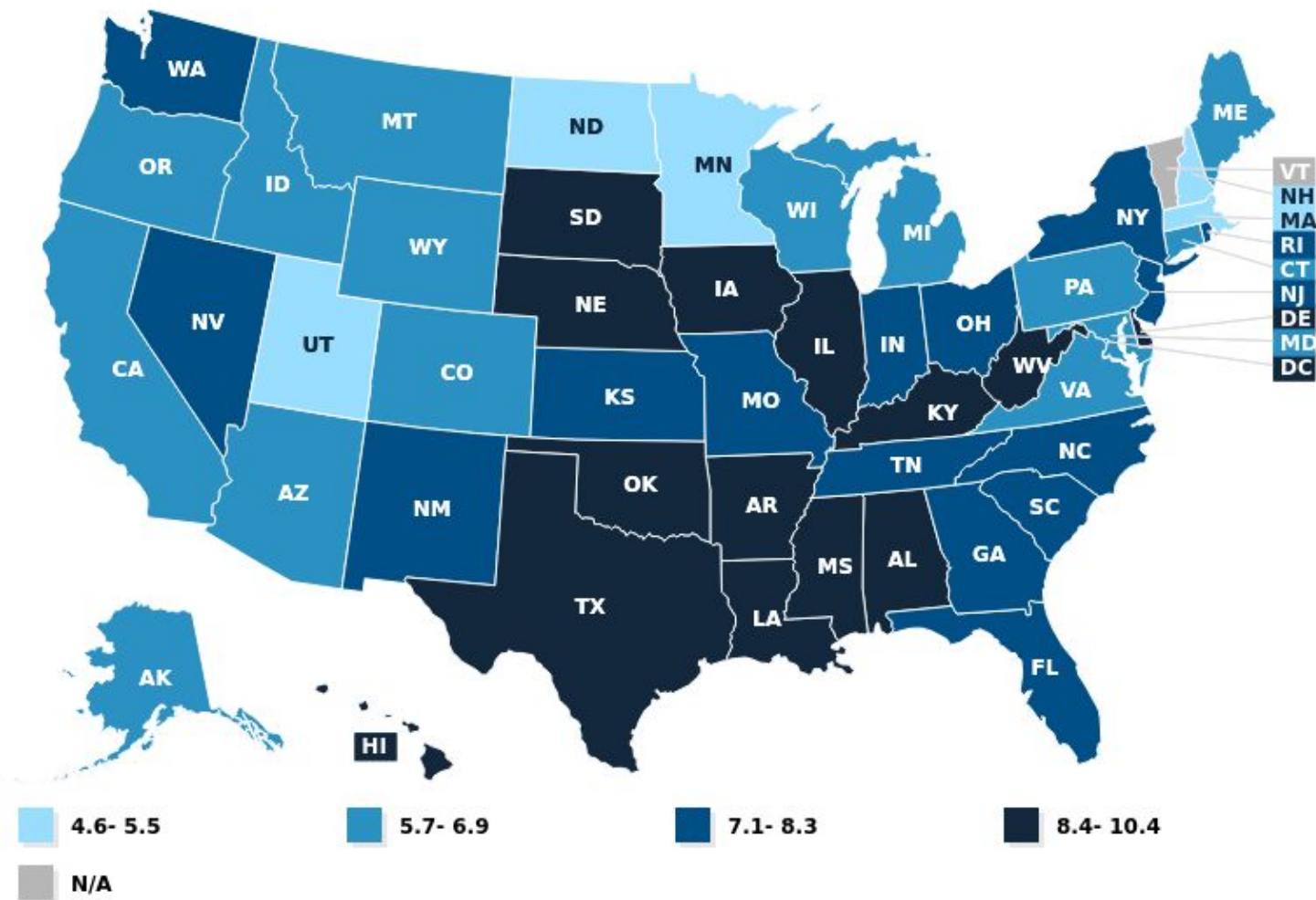


**Breast Cancer Incidence Rate per 100,000 Women: Breast Cancer Rate, 2014**



SOURCE: Kaiser Family Foundation's State Health Facts.

**Cervical Cancer Incidence Rate per 100,000 Women: Cervical Cancer Rate, 2014**

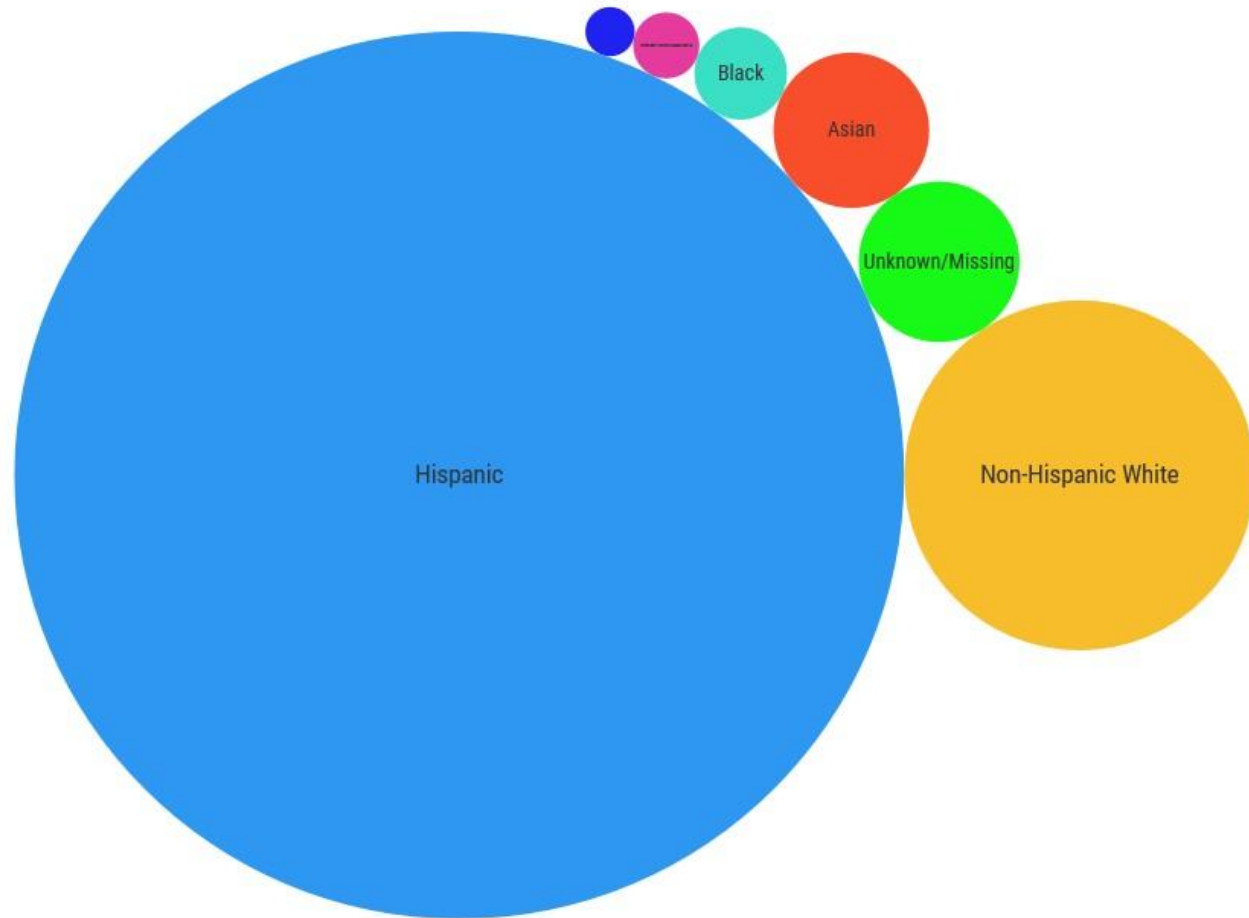


SOURCE: Kaiser Family Foundation's State Health Facts.

# Current Demographics

## SW Clients by Race & Ethnicity

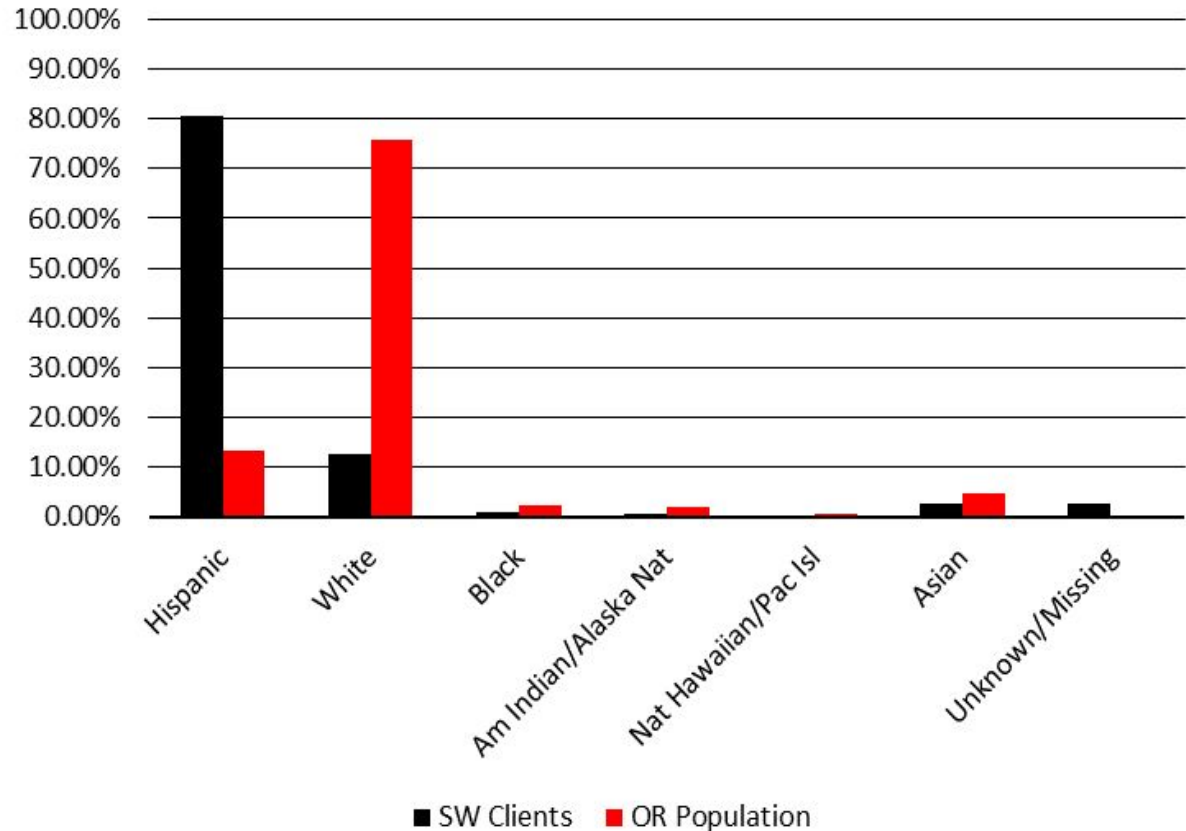
- Hispanic: 4,858
- Non-Hispanic White: 756
- Unknown/Missing: 159
- Asian: 149
- Black: 53
- American Indian/Alaska Native: 27
- Native Hawaiian/Pacific Islander: 15



Numbers reported from 7/1/17 – 6/30/18

# Current Demographics

## SW Clients by Race/Ethnicity, Compared to Oregon's Racial/Ethnic Demographics



Numbers reported from 7/1/17 – 6/30/18

# Current Demographics

## SW Clients by Rural/Urban Residence\*, Compared to Oregon's Rural/Urban Demographics

	Rural	Urban
ScreenWise Clients	23%	78%
Oregon Residents (in 2010)	19%	81%

\*Based on residence zipcode and definitions provided of Office of Rural Health.

Numbers reported from 7/1/17 – 6/30/18



# Current Demographics

## SW Clients by Rural Status of Residence\*

Oregon County	Percentage of ScreenWise Clients Living in Rural Area
Marion	14%
Yamhill	12%
Tillamook	7%
Deschutes	6%
Hood River	6%
Lincoln	6%
Clackamas	5%
Coos	5%
Douglas	5%
Jefferson	5%

\*Based on residence zipcode and definitions provided of Office or Rural Health.

# Provider Participation Opportunities

## ScreenWise Enrolling

- Determine patient eligibility
- Enroll patients into ScreenWise;
- Conduct patient screening, diagnostics and referrals as eligible or necessary;
- Collect and provide service documentation, results, and outcomes via required forms to SW program
- Refer patients with a qualifying cancer diagnosis to the [Oregon Health Plan](#) for treatment;
  - For diagnosed patients ineligible for Medicaid, identify and refer to free or low-cost sources of treatment.

## Health System Change (EBI)

SW Health systems work includes:

- Using EHR data to assess the health system patient population;
- Selecting and implementing an EBI from the CDC Community Guide for at least one Plan-Do-Act (PDSA) cycle.
- Developing a quality improvement strategy to increase cancer screening;
- Health system collection and reporting of aggregate baseline and annual screening data for breast and cervical cancer screening to SW / OPCA.

# Evidence Based Guidelines

## **Guidelines:**

Participating providers are required to follow evidenced based guidelines for clinical decision making

- American Society for Colposcopy and Cervical Pathology (ASCCP)
- National Comprehensive Cancer Network (NCCN)
- United States Preventative Services Task Force (USPSTF)

# Breast and Cervical Cancer Services

- Breast services can include, as eligible/recommended
  - Clinical breast exam
  - Screening mammogram
  - Diagnostic mammogram
  - Other abnormal follow up procedure such as: ultrasound, fine needle aspiration, biopsy, etc.
  - Genetic counseling & testing as related to hereditary breast cancer
    - BRCA testing and up to 2 hrs of counselling is covered by SW
- Cervical services can include, as eligible/recommended
  - Pelvic exam
  - Pap smear
  - HPV test
  - Abnormal follow up procedures such as: colposcopies, diagnostic LEEPs

# ScreenWise Patient Service Eligibility

A patient must meet the following requirements to be enrolled in ScreenWise:

- **Age:**
  - Age 21-49 and needing breast or cervical cancer diagnostic services<sup>¥</sup>.
  - Age 50 or older and needing breast or cervical cancer screening or diagnostic services.
- **Location<sup>¥¥</sup>:** A patient must live or intend to live in Oregon.
- **Income<sup>¥¥</sup>:** A patient must have a household income at or below 250% of Federal Poverty Level.
- **Insurance status<sup>¥¥</sup>:** A patient must either have no health insurance OR have health insurance, but not enough to cover their needs

¥ Need for diagnostic services to be determined by clinician

¥¥ Location, Income and Insurance information is self-declared by client



# EBI Implementation Participation

In collaboration with the Oregon Primary Care Association (OPCA), SW works with invited health systems to promote the use of Evidence-Based Interventions (EBIs), to increase breast and cervical cancer screening services among patients, regardless of insurance type.

- EBIs are based on CDC Community Guide Task Force findings ([www.thecommunityguide.org](http://www.thecommunityguide.org)), such as patient or provider reminders.
- Health systems are provided small grants as assistance for this work.
- Health systems can be participating SW clinics but it is not required.
  - We are currently seeking to health systems that serve or are looking to better serve our priority populations.
- Health systems must work to increase screening amongst all patients of screening age/need.

# WHO'S IN OUR CLINICAL NETWORK?

## Enrolling Provider

- Provides screening office visits, care coordination and reports all results to ScreenWise.
- Includes: Federally Qualified Health Centers, Local Health Departments, Rural Health Centers, Private Clinics, Naturopaths, Tribal Health Centers, County Clinics

## Ancillary Provider

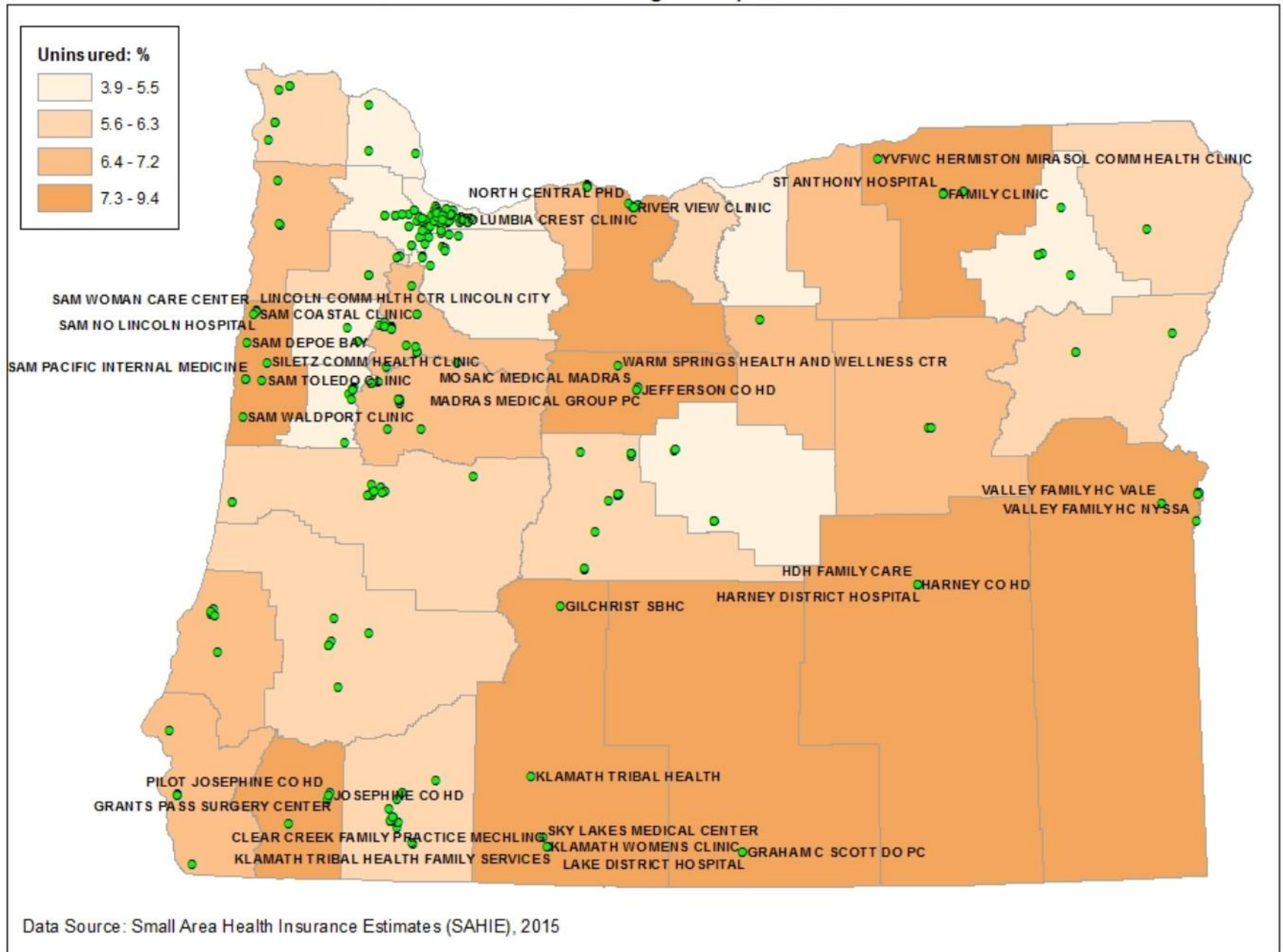
- Provides services beyond the scope of an enrolling provider. Reports results to enrolling provider and bills ScreenWise for services
- Includes: labs, genetic counselors, health coaches, imaging centers, surgeons, surgical centers, hospitals, county clinics

# ScreenWise and PE 46?

- Reproductive health access and breast and cervical cancer prevention and detection access impact largely similar populations.
- Cervical cancer prevention and detection are a key piece of pregnancy prevention (e.g. birth control methods like IUD, Pap smear etc.)
- Providing care that addresses patients as a whole, and not a single issue (i.e. pregnancy achievement or prevention) is a best practice.
- As access points for marginalized and medically underserved communities should have access to as many services as possible.
- Service bundling can help increase early detection and timely access to diagnostics and/or treatment.
- If you are dedicating resources to increasing access to reproductive health resources, why not add cancer prevention too?

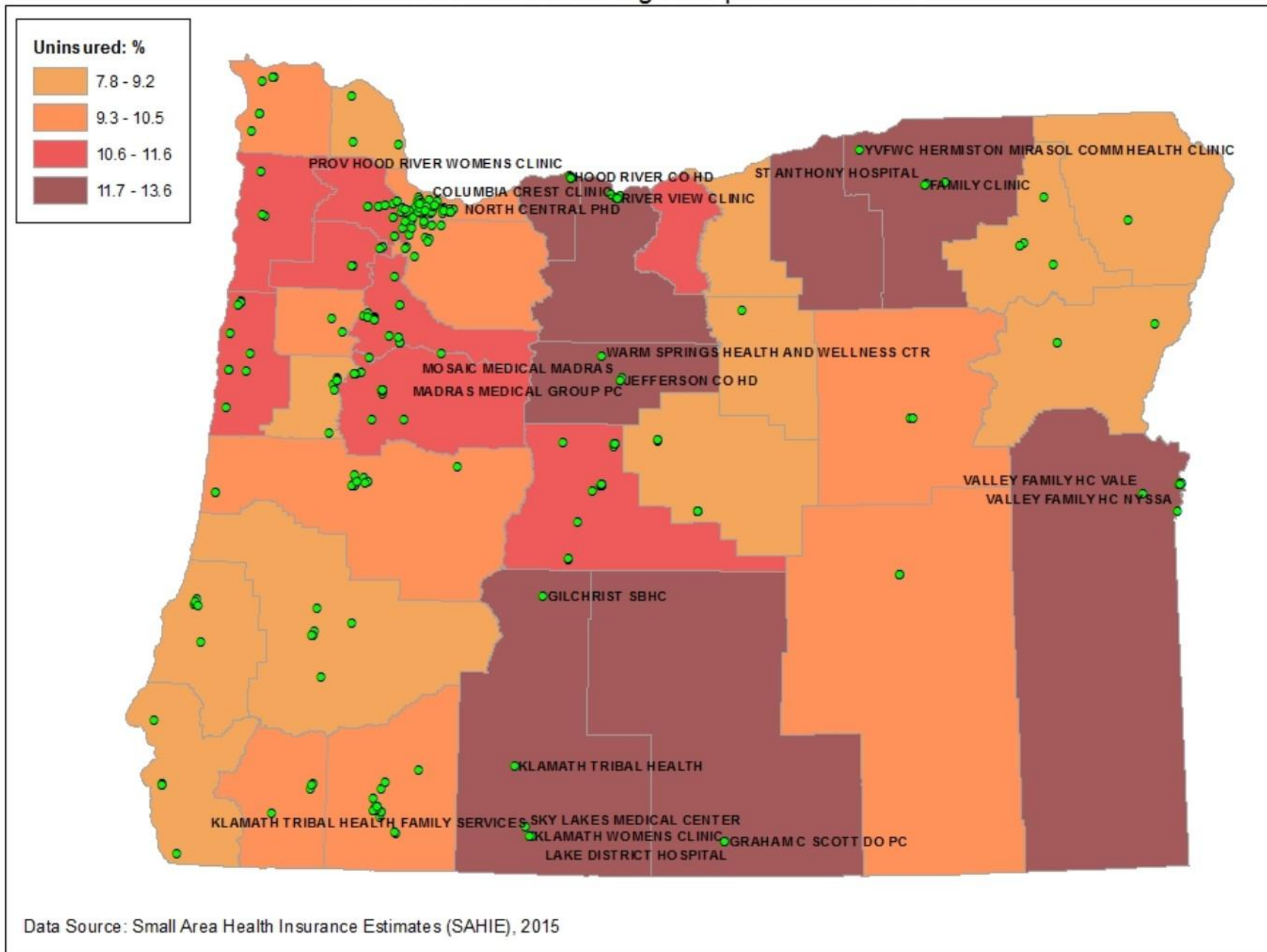
# Percent Uninsured, All Incomes, Women 50-64 years, Oregon 2015

## ScreenWise sites in highest quantile labeled



# Percent Uninsured, <=250% FPL, Women 50-64 years, Oregon 2015

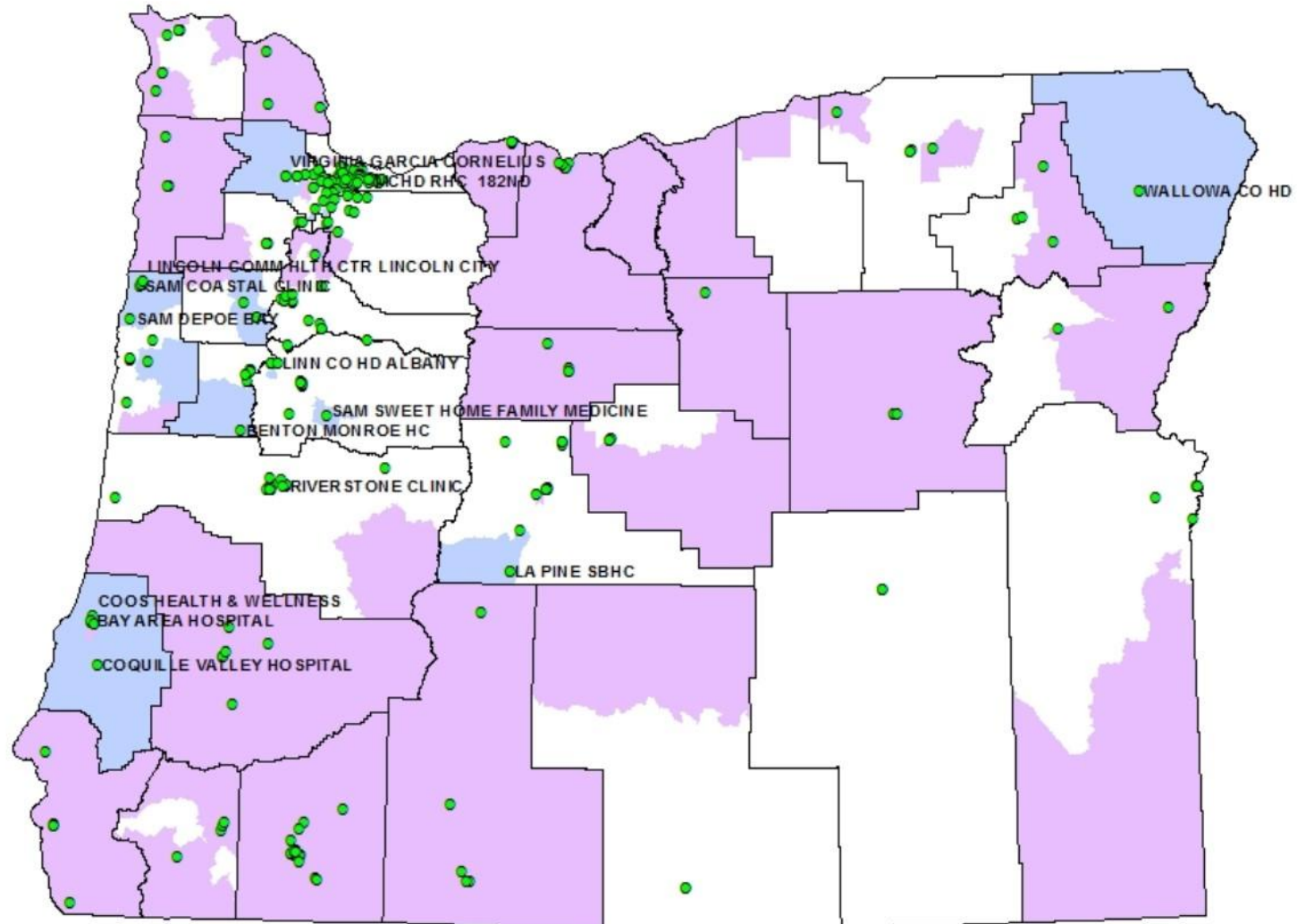
## ScreenWise sites in highest quantile labeled





# Medically Underserved Areas & Populations in Oregon

## ScreenWise enrolling sites in MUPs labeled

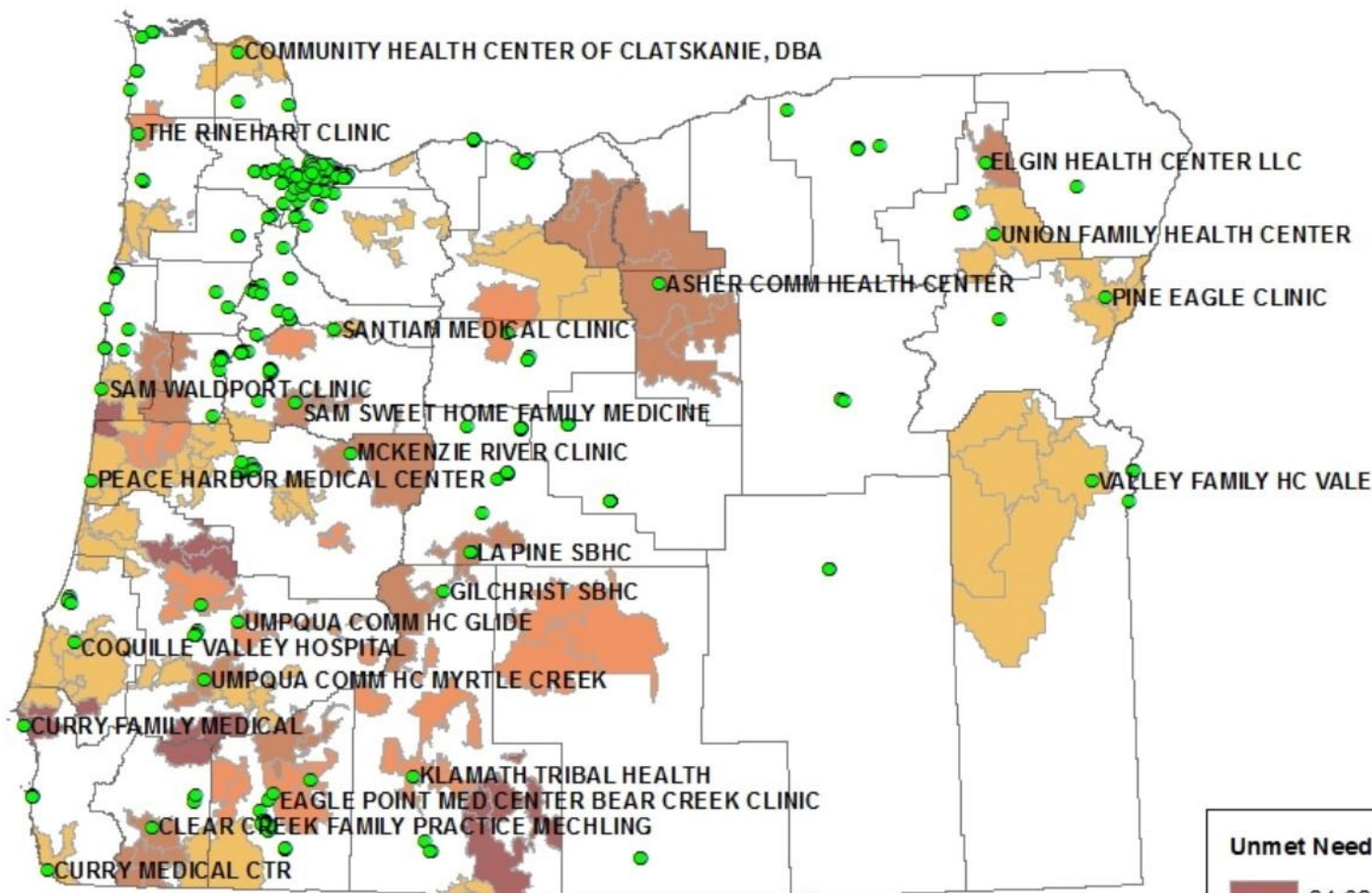


Medically Underserved Area (MUA) = geographic areas without access to primary care services.  
 Medically Underserved Population (MUP) = populations/sub-groups who face a shortage of primary health care services due to economic, cultural, or linguistic barriers.  
 Data Source: Oregon Office of Rural Health & HRSA Data Warehouse MUA Find

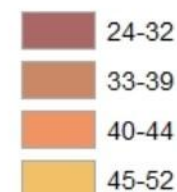
Designation Type	
<span style="display: inline-block; width: 15px; height: 15px; background-color: #FFB6C1; border: 1px solid black;"></span>	Medically Underserved Area
<span style="display: inline-block; width: 15px; height: 15px; background-color: #ADD8E6; border: 1px solid black;"></span>	Medically Underserved Population



## Areas of Unmet Healthcare Need in Oregon & ScreenWise Enrolling Sites



### Unmet Needs Scores\*



\*All scores 52 and lower indicate unmet healthcare needs; the lower the score, the greater the unmet need.

Score calculated based on 5 measures: (1) percent of primary care visits met, (2) ambulatory care sensitive conditions (ACSC) ratio - also known as preventable hospitalizations, (3) travel time to nearest hospital, (4) comparative mortality ratio, and (5) low birth weight ratio.

Data Source: Oregon Office of Rural Health

# THANK YOU!!

Tessa Jaqua  
ScreenWise Program Coordinator  
[tessa.r.jaqua@state.or.us](mailto:tessa.r.jaqua@state.or.us)

# Questions?



For more information visit our web page:

## **ScreenWise**

[www.healthoregon.org/screenwise](http://www.healthoregon.org/screenwise)

## **PE 46 Web page**

[www.healthoregon.org/PE46](http://www.healthoregon.org/PE46)

## **Reproductive Health Program**

[www.healthoregon.org/rhresources](http://www.healthoregon.org/rhresources)

# Thank you!

Please contact us with any questions.

[Dolly.A.England@state.or.us](mailto:Dolly.A.England@state.or.us)

**503-951-1760 NEW CELL PHONE!**

