Breast Cancer Control Advisory Board
Regular Quarterly Meeting

October 27, 2015
Minutes

Attending Board Members:
Dr. Jerri Fant, Dr. Ronda Henry-Tillman, Sarah Faitak, Dr. Hope Keiser, Alicia Storey and Debra Walden and Sharon Parrett (via teleconference).

Absent Board Members:
Dr. John Lynch

Arkansas Department of Health (ADH):
Dr. Appathurai Balamurugan, Linda Faulkner, Verna Ferry, Debby Harris, Rick Hogan, Rachel Johnson, Joanne Jones, David Kern, Polly Lockett-Fox, Marisa Nelson, Geray Pickle, Reggie Rogers, Cheryl Roland, Melinda Russell, Dr. Patricia Scott and Brandy Sutphin.

Other Organizations:
Royce Pinkard (Hewlett Packard (HP)

I. Call to order:
Dr. Ronda Henry-Tillman, Co-Chair, called the meeting to order at 5:07 p.m.

A. Welcome and Introductions:
Joanne Jones, Arkansas Department of Health (ADH) Community-Clinical Linkage Domain Lead/ BreastCare Program Director, introduced ADH Regional Care Coordinators Verna Ferry of the Southeast & Southwest regions; Debby Harris, Northwest, and Polly Lockett-Fox, Central.

B. Comments from members of the public: No comments from the public.

II. Board Business:

A. Review and Approval of Minutes from July 28, 2015, quarterly meeting:
Sharon Parrett asked for a correction of the minutes. She said on page six of the minutes in the October 27 board packet the third paragraph should be changed to add a statement she made that the board knew the contract was awarded, but the board was not asked for comment or involvement in that contract process.

Sarah Faitak made a motion, seconded by Debra Walden, that the minutes from the July 28, 2015, meeting be approved as Ms. Parrett suggested that they be amended. The minutes were approved by a voice vote without further discussion.

B. FY2016 BreastCare Non-Federal Revenues and Expenditures:

Ms. Jones said the BreastCare (BC) Program has spent 18 percent of its budget throughout the first quarter of the fiscal year which started July 1, 2015. She noted that 32 percent was spent on clinical services, which include diagnostic procedures, screening mammograms, and office visits.

Dr. Ronda Henry-Tillman asked about the process for patients who come to a ADH local health unit (LHU). If an individual comes in, are LHUs assisting patients to enroll for insurance under the Affordable Care Act before they tap money available through the BreastCare program. Ms. Jones said ADH no longer has in-person assisters in the LHUs, as the Arkansas Legislature directed. However, when ADH care coordinators meet women, especially those who have a cancer diagnosis, the coordinators navigate the women to get services.

Ms. Jones said nationally, numbers are low for breast and cervical cancer screening programs. Dr. Patricia Scott said women are being seen by LHUs and by private providers who contract with the ADH BC program to provide services. Dr. Henry-Tillman asked how the department could get the word out to women. She was told that women could call a regional care coordinator, their local health unit, check the ADH web page www.Healthy.Arkansas.gov , and call the BC program number. Marisa Nelson said she gets all the calls from Spanish speakers and directs them to LHUs.

C. BreastCare FY 2016 First Quarter Enrollment Report:

Cheryl Roland, BreastCare Program Data Manager, gave the enrollment report. During the first quarter, the program enrolled 1,401 women which is on par with the first quarter of the previous fiscal year. The number of women enrolled through federal and state programs is up. The total is similar to the previous year even though the BC program no longer has access to Susan G. Komen foundation funding.

D. Breast Cancer in Arkansas:

Brandy Sutphin, an ADH Epidemiologist, gave a MS PowerPoint presentation which will be sent to board members.

Commenting on the presentation, Dr. Henry-Tillman asked if there was data on Hispanic women in addition to the data on white and black women in the report. Ms. Sutphin said the numbers of Hispanic women she received were very small.

Ms. Sutphin showed a slide which noted that in July 2012, at the beginning of Fiscal Year 2013, there were 1,800 mammogram screenings through the BreastCare program in Arkansas and that in July 2015 that figure was down to 659. Dr. Henry-Tillman noted that was a huge difference and that perhaps the BC program should target areas where there are fewer screening facilities.

A presentation slide on BreastCare Breast Cancer Incidence in Arkansas showed in July 2012 that 23 cancers were detected per 1,000 mammograms; the number went down to a low of nine cancers per 1,000 mammograms in April 2014, peaked at 26 in October 2014 and that figure was at 18 cancers per 1,000 mammograms in July 2015.

Dr. Henry-Tillman said Arkansas figures are still much higher than national numbers. Dr. Appathurai Balamurugan said the figures showed a test of what mammograms can capture, rather than a statement on the BreastCare program itself. Ms. Jones said the American Cancer Society estimated that out of every 1,000 mammograms, one to two will indicate the presence of cancer. Dr. Henry-Tillman said the cancer society study is one reason why there is a recent change in national cancer screening guidelines. However, Arkansas has always had a higher detection rate per 1,000. Dr. Appathurai Balamurugan stated that this tells him BreastCare is finding more true cancers versus precancerous lesions.

The same slide on Breast Cancer Incidence showed a total of 41 breast cancers detected through the BreastCare program in July of 2012; the number of breast cancers peaked in April 2013 at 47; the total went down to nine in April 2014 and in July of 2014, up to 14 in October 2014 and then in July 2015 stood at 12.

A slide titled "Referred into Treatment Program" showed that over the period from March 13, 2014, through September 30, 2015, the BreastCare program referred a total of 93 cases compared to a total of 44 cases referred by providers outside the BC program. The slide indicated that BreastCare program referrals detected 78.5 percent of known stages in early stages, compared to 52.9 percent detected outside the BC program in the same early stages.

Dr. Henry Tillman asked for information about the impact of the BC program on cancer in the entire state. Ms. Sutphin just received data from the Arkansas Cancer Registry and that question could be answered once the epidemiologist hired for a Cancer Registry position analyzes the data.

Dr. Balamurugan said the slide showed that the BC program is catching cancers earlier than those caught outside the BC program. Discussion followed about whether it was statistically significant that there were roughly 26 percentage points' difference in the percentage of cancers caught in earlier stages between the two categories. Ms. Sutphin said it was difficult to know if it was statistically significant because of information about some cases was not immediately available. Dr. Henry-Tillman led a discussion of the significance of the number of cases in the different stages.

E. Requests for Proposals (RFP) Process -- Breast Cancer in Arkansas:

Rick Hogan, ADH Chief Counsel, and Reggie Rogers, ADH Legal Counsel, discussed the Request for Proposals (RFP) Process. Before starting his RFP presentation, Rick Hogan, Chief ADH Legal Counsel, said he wanted to clarify a statement he made at the last Breast Cancer Control Advisory Board meeting that the way BCCAB members will be chosen now differs from the way they used to be chosen. He said a new state law changed the selection procedure for some boards, but not the BCCAB. As a result, the Governor's Office was still accepting BCCAB nominations from organizations specified in the laws establishing the board.

Mr. Hogan gave an update on the appeal or protest involving the latest RFP for a communication contract with the BC program. A contract had been awarded to the Eric Rob & Isaac advertising agency of Little Rock. An appeal of that contract award was filed by The Communications Group, which had the expiring communications contract and applied to renew it. Following a lengthy hearing process, the Arkansas Department of Health recommended to cancel the contract awarded to Eric Rob & Isaac and start the RFP process over again. Eric Rob & Isaac has protested this decision and is appealing it. Eric Rob & Isaac asked that the contract that was issued to them be upheld. Mr. Hogan said ADH management was reviewing a letter, which he drafted in September, outlining the Department's position and leaving an option for Eric Rob & Isaac to take their appeal to circuit court. He said that letter should go out later in the week of the BCCAB meeting.

Mr. Hogan discussed involvement of BCCAB members in determining how this type of contract is initiated and awarded. One BCCAB member can be designated to be part of the independent body making RFP decisions. Mr. Hogan said the second part of this issue concerns what input the BCCAB should have in the RFP process in terms of weighting criteria and items which would go into the RFP. This second part will take more study.

Mr. Hogan said he hoped that by having a board designee participating, the board would be able to take a more active role in the selection process and it would address board members' concerns.

Dr. Henry-Tillman said she thought that the board should be more active, or why have a board. Mr. Hogan encouraged board members to present their ideas so details could be put in place about how the board member representative would function in the RFP process.

Dr. Henry-Tillman and Ms. Parrett commented on the importance of having one board member involved in the RFP process. Ms. Parrett said she would like to see the actual details of how that would work fleshed out a little better. Debra Walden said she didn't think that the board wanted to add another layer of committee involvement, but having a board designee was a good idea.

Dr. Fant said in the past the board met monthly, voted on the budget and program details and had much more input into decisions about how the program was managed. She said at this point the board does not have an active role in program decision making and it is not informed until after decisions have been made. She said if the board was going to have a member involved in the RFP process, the board would need information ahead of time. Mr. Hogan said he agreed with her comments at this meeting and the previous meeting and that he hoped to develop an algorithm, a step-by-step process, and present it to the board before the next board meeting.

F. Breast Cancer Control Advisory Board Appointments:

Linda Faulkner, BreastCare Program Administrator, gave a report on the status of reappointments or appointments to fill BCCAB four-year terms expiring in January. She said the terms of Dr. Hope Keiser, Debra Walden and Dr. Ronda Henry-Tillman were expiring in January.

Ms. Faulkner said the BC program sent:

- A letter to the Arkansas Nurses Association (ARNA) acknowledging that Debra Walden said she does not wish to serve another four-year term and that she has recommended to the association that Dee Collins, RNP, of St. Bernard's Regional Hospital, Jonesboro, be appointed to represent ARNA on the Board in her place. Ms. Walden had represented the Second Congressional District, where Ms. Collins resides.
- A letter to Susan G. Komen Arkansas notifying them of continued interest in another term by Dr. Hope Keiser who presently represents that organization.
- A letter to the Governor's Office recommending Dr. Rhonda Henry-Tillman to be appointed to serve the medical oncology community as its representative.
- Letters to the ARNA and Komen organizations directing their executive directors to send letters to the Governor's Office indicating their choice of board representatives. Their nominees must go on line to a link at the Governor's Office Web Site to complete an appointment application, whether they are new appointees or if they are seeking reappointment.
- Letters to the Governor's Office notifying the appointments coordinator that those nominations are forthcoming from ARNA and Komen and that the organizations have been told that their nominees should apply on line. The BC program also requested the Governor's Office to notify the program when the Governor makes his appointments.
- Appointments will be coming directly from the Governor's Office.

Ms. Faulkner said once the organizations decide on their nominees, those nominees must go online to apply at the Governor's Web Site. Ms. Jones said Dr. Henry-Tillman can immediately fill out the application at the Governor's Web Site. She is not nominated by an organization.

Mr. Hogan said that according to state law and the state constitution, board members remain in office until someone has been appointed to replace them or until they are reappointed.

G. Hard to Reach Populations:

Marisa Nelson, BC Public Health Educator, presented a 16-page report on activities being performed to reach patients in need of program services. Her report included: activities, such as, examples of advertisements in English and Spanish for radio and newspapers; information cards and brochures in English, Spanish and possibly Marshallese; a partnership with El Zocalo which produced a Spanish immigrant community resource directory with BC program contact information; a partnership with the American Cancer Coalition; agreements with The National Witness Project and the UAMS Mobile Mammography Unit and ADH staff outreach and exploration of new partnerships. She said the program is using FaceBook to publicize mobile mammography unit schedules.

Ms. Jones said that Ms. Nelson has been working hard to disseminate the BC program message in the absence of a communications contract.

Dr. Henry-Tillman asked if Ms. Nelson was having problems with documentation of immigrants getting screened. Ms. Nelson said the program does not request documentation.

Dr. Henry-Tillman said a national consensus report will be coming out soon concerning new screening recommendations and that the BC program in Arkansas should produce a message based on that report. Ms. Jones said it probably ought to be sooner rather than later and that a draft of the Arkansas Cancer Plan has language concerning screening recommendations.

Dr. Balamurugan said the new screening guidelines came out last week in JAMA, (Journal of the American Medical Association) and they won't impact doctors' practices immediately, but eventually a consensus statement would provide direction.

Ms. Nelson said the partnership with the UAMS mobile mammography unit and the partnership with The Witness Project will work toward establishing mammogram events at times and places which would be accessible for more women. She said she is compiling a comprehensive list of potential partner organizations which she included in her report and asked board members to suggest additions. Ms. Parrett suggested adding the Inter-Faith Services Health Clinic in El Dorado, Ms. Nelson said she can send a BC presentation to the organization or present it, if needed.

III. Other Board Business:

A. HP Contractor Report:

Royce Pinkard of HP provided copies of the quarterly report to board members and others attending the meeting. He mentioned a graph in the report which showed outreach events which HP staffers attended over the previous three years and the first quarter of this year.

Speaking of outreach activities, Dr. Henry-Tillman suggested that the BC program "think outside the box" and organize a "big activity" in each of the four corners and the central parts of the state to increase the numbers of individuals being screened.

Ms. Jones said the BC program is working with the UAMS mobile mammography unit to reach more women across the state. She said Lisa Martin, the Northeast Regional Care Coordinator, is also coordinating mobile mammography at flu clinics and was getting a good attendance at the events. One event had such a large response that it had to continue screening patients the following day.

Ms. Parrett said it was hard for people who do have insurance to find a primary care provider who has room in his or her practice to accept them. Can ADH do something in this promotion to not only help people be screened, but also find a provider, she asked.

The ADH regional care coordinators at the meeting said they would navigate such individuals to a provider.

Board discussion continued on the topic of allocating money and using creative approaches to provide greater access to screening across the state. Ms. Parrett asked Mr. Hogan if there was a legal way in which the board could allocate BC program funds, which have not been utilized, to reimburse a local mammogram unit for overtime or a weekend event. He said he would take that question under advisement. Dr. Henry-Tillman suggested that a special project be organized, paid out of funds which have not been used over a fiscal year. Ms. Jones said the concept and the budget piece are surmountable, but tougher obstacles would be the RFP process and review by the Arkansas General Assembly. Ms. Geray Pickle, Fiscal/ Administrative lead for the Chronic Disease Branch, said there are things which are easier to do with intergovernmental entities, like UAMS, but the program reach goes beyond intergovernmental entities and there are other things which need to be considered.

Alicia Storey, who works at St. Bernards Healthcare in Jonesboro, said that hospital's mammogram units have a full schedule without paying overtime, traveling to Pocahontas two days a week where the hospital's mammogram machine broke down, and visiting regional manufacturing plants and clinics.

B. Program Updates:

Ms. Jones highlighted several items:

- The agreement with The National Witness Project was just signed recently. As a result, the group should be able to provide its first report in January to the BCCAB on its second quarter outreach for breast and cervical cancer.

- The BC program is trying to help under-insured women obtain diagnostics by helping pay their deductibles; Changes in the BreastCare online system to accommodate enrolling the underinsured are close to being tested.
- The program also is working with the Clinton School of Public Service which in November has scheduled five focus groups in different parts of the state. The sessions will involve current patients to discuss program needs, satisfaction levels and other questions. A report from the Clinton School is expected at the April BCCAB meeting.

Dr. Henry-Tillman summarized action items for the ADH staff and board members to follow up:

- Board input into the RFP process;
- A big project to increase screening across the state;
- A report on breast cancer in Arkansas, and
- Board members being nominated for BCCAB reappointment should go to the Governor's Office web site to fill out an application.

Dr. Henry-Tillman recognized departing Board Member Debra Walden and thanked board members, ADH staff and other stakeholders for their work on BCCAB matters. She said establishment of the BC program and the BCCAB in 1997, even with enactment of the federal Affordable Care Act, is the best thing that has happened for breast and cervical cancer patients in the state. This program makes a difference for patients, she said.

IV. Closing

Dr. Fant made a motion to adjourn and Dr. Henry-Tillman adjourned the meeting at 6:28 p.m.

The next regular quarterly meeting of the board is January 26, 2016.