

**Breast Cancer Control Advisory Board
Regular First Quarter Meeting**

**July 22, 2014
Minutes**

Attending Board Members:

Dr. Ronda Henry-Tillman, Sarah Faitak, Dr. Hope Keiser, Dr. John Lynch (via teleconference), Sharon Parrett, Alicia Storey, and Debra Walden (via teleconference).

Absent Board Members:

Dr. Jerri Fant

Arkansas Department of Health (ADH):

Albert Brown II, Alysia Cover, Crystal Foreman, Vada Harrell, Rachel Johnson, Joanne Jones (via teleconference), David Kern, Geray Pickle, Cheryl Roland, Reginald A. Rogers, Monica Whitwell and Brandy Sutphin.

Other Organizations:

Royce Pinkard and Jeremy Fleckenstein (Hewlett Packard Enterprise)
Heather Bailey, Lisa Van Hook and Holly Frein (The Communications Group)

I. Call to order:

Dr. Ronda Henry-Tillman, Co-Chair, called the meeting to order at 5:00 p.m.

A. Welcome and Introductions:

Vada Harrell, the new Arkansas Department of Health BreastCare Program Administrator, introduced herself and other new BreastCare staff including Monica Whitwell, the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program Navigator, Albert Brown II, WISEWOMAN Program Administrator, Crystal Foreman, a BreastCare Nursing Program Coordinator, and Rachel Johnson, a BreastCare Nursing Program Coordinator.

The board members present introduced themselves to the new staff.

B. Comments from members of the public

There were no comments from the public.

II. Board Business

A. Review and Approval of Minutes from the January 28, 2014, meeting

Debra Walden made a motion to approve the minutes from the January 28, 2014, meeting and Sarah Faitak seconded the motion. The motion to approve the minutes was approved without discussion.

**B. Review of State Program Income and Expenditures
for FY2014, Fourth Quarter, ending June 30, 2014**

Joanne Jones, BreastCare Program Director, reviewed the expenditure report for July 1, 2013, through June 30, 2014 (page 9 of the packet). Expenditures for fiscal year totaled \$3.021 million with a remaining balance of \$737,874. The previous fiscal year had a balance of \$434,000. Ms. Jones noted that overall, the program spent 87 percent of its funds (page 10 of the packet). She said not all of the Komen funds were spent, and there were a number of vacant program positions which resulted in less money being spent. Debra Walden asked why there was a decline in spending. Ms. Jones said programs, such as the flu clinics and electronic medical records implementation at Local Health Units, took health unit staff away from the BreastCare Program resulting in lower enrollment. The Affordable Care Act also had an effect on the number of women Breastcare was able to enroll and serve.

C. BreastCare Quarterly Enrollment Reports

Cheryl Roland, BreastCare Program Data Manager, gave the BreastCare enrollment report. For final quarter of the fiscal year, the program enrolled a little more than 1,500 (1,546) women. Ms. Roland said this year is starting off slower than last year, and BreastCare staff is watching the trend. She pointed out figures in the BreastCare Annual Report, which was distributed at the meeting. The program enrolled 11,640 women in FY2013 (from July 2012 through June 2013), compared with 9,774 for FY2014. Alysia Cover, Chief, ADH Chronic Disease Prevention and Control Branch, said the staff thought they would experience a greater decline this year than it did. She said discussion with BreastCare programs in other states showed that enrollment varied but then leveled off, as it did in Arkansas.

III. Other Board Business

A. Contractor Reports

Vada Harrell summarized the contractor reports.

1. The Communications Group

Ms. Harrell pointed out the summary of outcomes and highlighted paid media vs. earned media coverage. The report also summarized the reach of the BreastCare message in Social Media, such as Facebook.

Dr. Henry-Tillman asked about The Communications Group media budget and the added value from broadcasters' donation of additional free Public Service Announcements. The BreastCare Program spent \$124,573 on advertising in broadcasting and print, and broadcasters on radio and television donated additional advertising valued at \$332,296, for a total media budget equivalent of \$456,869.

Debra Walden commented that Craighead County gets plenty of coverage with BreastCare spots on the local public radio station and then asked how public radio coverage is tallied. A Communication Group representative said public radio stations do not charge for announcements which the Program pays commercial stations to air, and as a result, it is difficult to get information about equivalent value in dollars.

Sharon Parrett asked if there is any way to follow Facebook posts to determine how many Facebook users have signed up for BreastCare Program services. The Communications Group staff said the number of people who post and the number of people who view posts can be tracked. BreastCare staff will work with the Communications Group to determine if there is a way to see how many “likes” and post viewings are translate into enrollments. Ms. Jones commented that during the BreastCare enrollment process, applicants are asked how they heard about the program. BreastCare staff said they would look into the matter to see if more definitive answers could be found about patients who receive information from Facebook and who sign up for services.

2. HP (Hewlett-Packard)

This report covered billing and claims, provider training and outreach, as well as the number of telephone calls for billing assistance.

3. The Witness Project, University of Arkansas for Medical Sciences

This report focused on education, outreach and recruitment of African-American clients for the BreastCare program in the Delta, the eastern portion of Arkansas.

4. Esperanza y Vida

There was no report for Esperanza y Vida which had provided education and outreach in Northwest Arkansas for Hispanic clients. That program no longer exists and BreastCare Program staff are actively seeking a replacement.

5. MOUs

Memorandums of Understanding with contractors -- The Communications Group, HP and The Witness Project -- have been submitted and approved for the 2014-2015 Fiscal Year.

B. Other Updates – Joanne Jones

1. Follow-up on Medicaid

Ms. Jones gave a report on what was done to help women who were receiving treatment through Medicaid 07, which ended December 31, 2013. She said approximately 82 percent of women formerly covered by Medicaid 07, were transitioned to health-care coverage under the private option. There were 18 percent, or 143 women, whom BreastCare staff tried to contact by telephone or letter, but were unable to reach.

Alysia Cover, Chief, ADH Chronic Disease Prevention and Control Branch, said based on follow-up on women whose income fell below 139 percent of the Federal Poverty Level (FPL) most of these women were covered by Medicaid, private option insurance or other coverage.

Ms. Jones said the BreastCare program can now help women, whose income is between 139-250 percent of the FPL, receive treatment through a special \$2 million appropriation by the Arkansas General Assembly.

The BreastCare Program, working with oncology providers, starting in March, began helping women with a cancer diagnosis receive treatment, which they would not otherwise receive under the BreastCare Program.

BreastCare staff talked to oncology providers one-on-one to let them know that the program could help pay for treatment of women with a cancer diagnosis. Communication is word-of-mouth and is not publicly advertised.

Since the middle of March, the BreastCare Program has assessed 61 women, 31 of whom have been navigated to health-care coverage or receive charitable hospital coverage, Ms. Jones said. Of the remaining 30 women, 20 are eligible for the treatment program, 15 of those have breast cancer and five have cervical cancer; and 10 women are still being reviewed for eligibility in the program.

Through the second week of July, the BreastCare Program has paid approximately \$50,000 in claims for treatment, out of the \$2 million, Ms. Jones said. Ms. Cover emphasized that this was for treatment, which was not a regular part of the BreastCare Program and helped women who otherwise would not be able to get treatment.

Dr. Henry-Tillman asked whether the \$2 million could provide “better bang for the buck” through paying for health insurance not treatment. She said it might help women more to get them on an insurance plan and provide more extensive coverage for a longer period. She asked if the Program had the costs for insurance plans which could help women in the 139-200 percent FPL income category receive treatment.

Ms. Cover said the \$2 million is specifically earmarked for treatment and is not set up to pay for insurance coverage to pay for treatment.

Ms. Jones said physicians are trying to deliver treatment to women at the lowest cost. Dr. Henry-Tillman asked if the BreastCare Program was trying to “bundle” medical treatment to save costs. Ms. Roland said some services are bundled but that the BreastCare Program was paying separately for them.

Ms. Cover said the BreastCare Program was required to follow Medicare rates and codes and that if experimental treatment was sought, it would have to be pre-approved. Health Department staff talked about paying premiums for insurance, but the Department is not set up to pay premiums to insurance companies. Ms. Cover said. Given the short time to get treatment started and spend the funding, there also was no time to set-up the infrastructure to pay insurance premiums.

Dr. Henry-Tillman asked about the time frame for use of the money. Ms. Cover said it is set to be used until the end of June 2015, but if there is any left after that period, it can be used until it runs out, but it will not be funded again.

Sharon Parrett asked if any people had to change their provider or their medicine regime when they became eligible for the private option, compared to what they had been on. BreastCare Program staff said they had not heard about any patients affected in that way.

Ms. Cover said another issue with paying for insurance premiums is that approach covers all types of medical conditions, while the BreastCare Program is just set up to cover breast and cervical cancer.

Dr. Henry-Tillman urged BreastCare staff to find creative ways to help women. Ms. Cover said there is the WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) which covers several medical conditions, but that is a separate program from the BreastCare Program.

If there is a way to think outside the box, Dr. Henry-Tillman said the Department could help more women. Dr. Henry-Tillman moved and Sarah Faitak seconded a motion to direct BreastCare Program staff to look at ways to cover breast-care treatment using insurance. Board members approved the motion unanimously without further discussion.

2. Expansion of Eligibility

Ms. Jones announced that the Arkansas BreastCare Program is increasing the income eligibility criteria to 250 percent of the Federal Poverty Level from the previous limit of 200 percent. This change will allow more women to be served.

Dr. Henry-Tillman said it would be helpful to get the word on that out immediately, and Ms. Jones said that information would go out electronically to providers and the change would be made on social media, including the BreastCare Program web page.

Ms. Parrett asked if there was any way to track the number of women affected by the change in eligibility. Ms. Roland said it was difficult to track but data collected on women who were determined ineligible at their initial assessment shows income to be the reason for their ineligibility.

C. Other Business – Board Members

Ms. Parrett asked if BreastCare staff had a policy concerning coverage of magnetic resonance imaging (MRI). Ms. Jones said that information was sent out to board members in the packet of reports for the cancelled meeting in April. It was the National Breast and Cervical Cancer Early Detection Program allowable procedures and relevant current procedural terminology (CPT) codes. This bulletin contained information that Breast MRI can be reimbursed under specified conditions. Ms. Jones said she would check to make sure board members received it.

Board members congratulated ADH staff on using innovative ways to spread resources, such as the \$2 million in money appropriated for breast cancer treatment and increasing the Federal Poverty Level percentage to help more women.

IV. Closing

Dr. Henry-Tillman adjourned the meeting at 5:47 p.m.

The next regular quarterly meeting of the board is October 28.