

Moving Forward in an Era of Reform

New Directions for Cancer Screening

Background

In 1990, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was established to increase breast and cervical cancer screening among low-income, uninsured, and under-insured women. Twenty years later, NBCCEDP has a substantial infrastructure across the nation and effective systems to reach underserved communities and assure timely follow-up and treatment.

Impact of Health Care Reform on NBCCEDP

Health care reform through the Affordable Care Act (ACA) will increase access to breast and cervical cancer screening services for many low-income, underserved women through expanded insurance coverage and eliminating cost-sharing. Other provisions of the ACA and the American Reinvestment and Recovery Act (ARRA, the stimulus bill) will also improve delivery of these essential services by improving health care quality and driving wider adoption of electronic health records. However, all ACA provisions will not be implemented until 2015 and some effects will take longer. Currently, even with adequate health insurance, many women will still face substantial barriers to obtaining breast and cervical cancer screening such as geographic isolation, limited health literacy or self-efficacy, lack of provider recommendation, inconvenient times to access services, and language barriers.

Public Health Roles in Cancer Screening

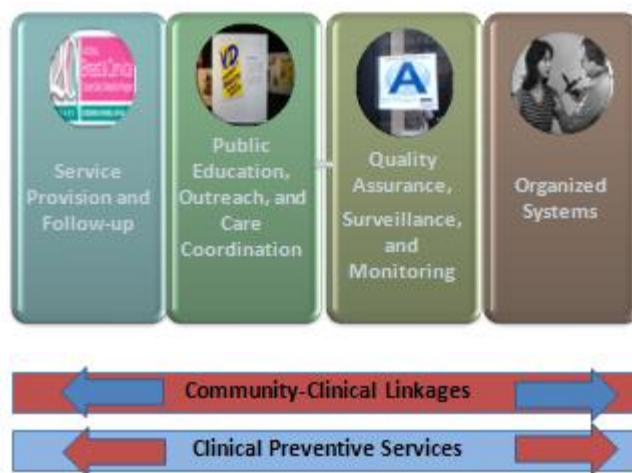
CDC and other public health agencies now have an unprecedented opportunity to embrace new roles that build on the existing capacity and extensive clinical network of the NBCCEDP. Much of this work can focus on *assuring the delivery of clinical preventive services*. Widespread participation in screening and aggressive outreach to underserved communities with a disparate cancer burden can be achieved through the following population-based approaches:

Public Education and Outreach: Educate women about breast and cervical screening through traditional media and new communication avenues like social media. Increase the use of peer educators and patient navigators to help women in underserved communities adhere to cancer screening recommendations.

Screening Services and Care Coordination: Provide screening services to women not covered by new insurance provisions in the ACA, particularly in states that do not expand Medicaid eligibility. Help all women with positive screening results obtain appropriate follow-up tests and treatment.

Quality Assurance, Surveillance, and Monitoring: Use the existing infrastructure of state and local health departments to monitor the provision of screening services in every community. Develop electronic reporting mechanisms for use in aggressive management of cancer cases identified through screening tests. Adapt and expand the use of CDC's existing quality assurance system to other health care settings such as Federal Qualified Health Centers (FQHCs). Leverage emerging resources like Health Information Exchanges to monitor screening and follow up.

Organized Systems: Develop more systematic approaches to cancer screening to better organize and unify the efforts of health care providers. Assume a more central role in developing the infrastructure for systematic approaches, such as population-based screening registries to identify eligible adults to participate in screening and manage the screening process. Work with state Medicaid programs and state insurance exchanges to institute active outreach and management systems to promote, coordinate, and monitor cancer screening.



Expanded Roles in Clinical Preventive Services and Community-Clinical Linkages

As public health develops aggressive approaches to improve cancer screening through the existing infrastructure in NBCCEDP, this will provide experience, credibility, and foundation for future expansion to other clinical preventive services.

CDC Program Preparation for Health Care Reform

Program Activities Related to Health Care Reform

CDC has implemented several new research and practice-based activities to prepare for the implementation of health care reform and expand the impact and reach of our cancer screening programs. As the ACA and related efforts continue to be implemented, CDC and its state program partners will continue to research and evaluate potential gaps that can be filled by its programmatic activities.

Colorectal Cancer Control Program (CRCCP): CDC funds 25 states and 4 tribes to improve colorectal cancer screening. Up to one-third of the funds awarded may be used to pay the clinical costs of screening. The remaining funds are used to implement population-based approaches to increase screening among both insured and uninsured populations. Interventions include the implementation of evidence-based practices such as patient and provider reminder systems, protocols for nurse referrals, and patient navigation systems.

Study on the ACA's Impact: CDC has funded efforts by George Washington University to estimate impact of the ACA on expanded insurance coverage rates and on clinical preventive services provided for NBCCEDP- and CRCCP-eligible populations. The results of these analyses provide data on the size and characteristics of the population that will not have health insurance in 2014 and beyond.

Medicaid Collaboration Planning Grants: CDC supports the National Association of Chronic Disease Directors to work with Michigan, North Carolina and Washington to plan collaborative approaches to improve cancer screening rates in their state Medicaid programs. These programs will develop policies that facilitate organized cancer screening programs for Medicaid enrollees and transition current NBCCEDP patients into state Medicaid programs as Medicaid eligibility criteria are expanded.

Collaboration with the Health Resource and Service

Administration (HRSA): Many FQHCs currently participate as NBCCEDP and CRCCP providers. Grantees are expanding their work by collaborating with state Primary Care Associations and FQHC networks to implement evidence-based approaches to increase cancer screening. At the federal level, CDC and HRSA are collaborating to address colorectal cancer screening rates as a Uniform Data Set (UDS) quality measure for all FQHCs.

Innovative Demonstration Projects: CDC's fiscal year 2012 funding opportunity with states is supporting large-scale demonstration projects in two state health departments to develop data systems and systematic outreach for active screening recruitment and follow-up in a state Medicaid program, and develop and implement cancer screening registries in a statewide system of FQHCs.

Care Coordination Funding: Supplemental funding was awarded to 11 grantees in fiscal year 2010 to demonstrate new roles in early breast and cervical cancer detection through targeted outreach, patient navigation, and case management. This 2-year demonstration project explores ways to use proven cancer-related patient care coordination programs in new settings and evaluates their cost-effectiveness.

NBCCEDP Promising Practices Assessment: The non-screening practices that increase quality cancer screening in the NBCCEDP are being documented so that they may be used for newly insured populations under the ACA. The three program areas include: 1) health education and promotion; 2) quality assurance and quality improvement; and 3) case management and patient navigation.

NBCCEDP Waiver Demonstration Project: This 2-year demonstration project in Washington, Massachusetts, and Utah assesses the feasibility of waiving the mandates to provide screening services so that more federal resources could be devoted to non-clinical activities, such as patient navigation, public education, and/or awareness and outreach.

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

4770 Buford Hwy NE
Mailstop K-64
Atlanta, GA 30341

800-CDC-INFO (800-232-4636)
TTY: (888) 232-6348

www.cdc.gov/cancer/
cdcinfo@cdc.gov
Twitter: @CDC_Cancer

