



Conversation 5: Round 2: Moving Forward with Cancer Screening and Prevention in the Uncertain World of Coverage for Health Care.

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Practical Actions

- Learn from Kentucky accomplishments in colorectal cancer advocacy and legislation. Identify opportunities for replication in other states.
- Identify other states having legislative success. Use local ACS-CAN representatives.
- Best Chance Network- pay for breast and cervical cancer.
- General CHC policies to advise on CRC screening
 - A referral process is established.
- Collaborate with local nonprofit organizations and share knowledge resources.
Examples:
 - Milwaukee Healthcare Partnership.
 - Links of Care.
 - Centers for Disease Control.
 - American Cancer Society.
 - Roundtables.
- Utilize the step-by-step ROI Guide.
 - How to replicate using data for your state.
 - Specify what data to collect.
 - How to present the data.
- Tap into local nonprofit hospital community benefit programs.
- Carve out for prevention services.
- Build partnerships at the local level to ask for more transparency and accountability from local hospitals.
- Utilize National Colorectal Cancer Roundtable and State-based roundtables.
- Establish partnerships between FQHC and colonoscopy providers.

Briefly give a picture of coverage for cancer prevention/early detection in your workplace or community. Is it worse/same/better than last year at this time?

- New Hampshire- about the same- confusion.
- Texas- how to move past?

- Maryland- Medicaid expansion.
 - Screening numbers are down.
 - Patient navigation.
- Colorectal cancer and young adults- news is confusing.
- What screening and when?
 - Stool tests.
- Montana- Medicaid expansion- better place but uncertainty sunset next year.
- Resources for uninsured.
- Effective messaging for options for testing.
 - Colonoscopy issues and policy.
 - Coding for testing (insurance).
 - Kentucky and Oregon- legislation passed to clarify colonoscopy should be covered.
 - DC- Medicaid expansion for years
 - High screening rates but high death rates disparities.
 - Managing other chronic diseases.
- Funding and outreach is high in Baltimore.
- Arizona- Medicaid expanded.
 - Breast/cervical funding for screening treatment issues.
 - Behind in process because of demand
 - Women cannot afford the Affordable Care Act.
 - Komen closed- had funded for undocumented women.
- State agencies can solicit fund- 100% for screening.
- Pathways to care defined cross state for undocumented.

What are current opportunities for expanding cancer prevention/early detection services in your community or practice at this time of uncertainty about health care coverage?

- Milwaukee program for undocumented.
- Mississippi- partner organizations came together to address disparities (pooling resources).
- Targeted portion of state
 - Breast and cervical
 - CAP Foundation- multi-screening.
 - Screening and treatment issues.
- What are hospitals doing for non-profit status?
 - Community benefit.

What are current challenges to providing cancer prevention/early detection services in

**your community or practice at this time of uncertainty about health care coverage?
&**

Which strategies are working well to facilitate “safety net” coverage for cancer prevention/early detection at this time?

(ANSWERS TO BOTH QUESTIONS)

- Questions how it's determined.
- New Hampshire- Hospital staff had low screening rates.
- Analyze data opportunity.
- Show cost-benefit analysis of preventative services opportunity.
- Integrated services system.
 - Business model.
- Large hospital systems expanding populations for grant funding.
- Comic used to talk through screening recommendations.

What additional resources are needed for programs or practices to continue to make progress in cancer prevention/early detection at this time? For individuals (consumers)?

- ROI on timely screening for breast, cervical, and colorectal screening- Kentucky.