Breast and Cervical Cancer Program Evaluation Update

BCCP Annual Meeting / Janet Shin, M.P.H. / November 6, 2019

Presentation Overview

I. FY 2019 Evaluation Results
    a. Environmental Approaches
    b. Community Clinical Linkages
    c. Breast Cancer Genomics Project
    d. Direct Screening
    e. Client Navigation
    f. Clinical Breast Exam (CBE) Simulator Training
    g. Health Systems Interventions

II. FY 2020 Reporting Guidance

III. FY 2020 Environmental Approaches

FY 2019 Evaluation Results

Evaluation Results: Environmental Approaches

Environmental Approaches: Results

- 6 educational sessions at 5 worksites
- 306 participants (283 females and 23 males)
- 42 participants (14%) completed pre- and post- test surveys.
- Composite knowledge scores regarding breast, cervical and colorectal cancer for participants increased significantly from 2.7 to 3.9 ($p<0.0001$).
- Participants' accurate knowledge of breast, cervical and colorectal cancer increased from 45% to 65%.
- Although there was an increase in knowledge scores, results suggest that the worksite education project has had a minimal impact on increasing cancer screening services.

Data source: Pre- and post-tests

Environmental Approaches: Challenges

- Time lapse between the data collection period (i.e., when the worksite wellness survey was administered to worksites) and the implementation phase (i.e., when navigators contacted worksites)

- Difficult to establish new partnerships with some of the worksites, who initially expressed interest in cancer education, because they experienced significant staff turnover

- Due to time constraints at the worksites, 14% of participants in these educational sessions completed the pre- and post-test surveys. Given small sample size, findings must be interpreted carefully.

Evaluation Results: Community Clinical Linkages

Community-Clinical Linkage (CCL) Strategy by Client Navigators

- Offered group education and one-on-one education sessions

- Educated a total of 7,690 individuals (6,999 women and 691 men)

- 2,637 participants in one-on-one education sessions

- Out of 2,243 BCCP clients who received navigation services, 1,436 (64%) women were recruited through community outreach

- Referred 1,456 women without a regular medical home to the Federally Qualified Health Center (FQHC) or community clinic

- Referred 177 smokers to GA Tobacco Quit Line

Data source: Client navigation program database

CCL Strategy: What Worked Well

- Community outreach and client navigation
  - Educated a large number of women at health fairs
- Referral systems through external partnerships
  - Health department (HD) staff met with area physicians and clinics, explained the guidelines as to who could qualify for our program, and if they had a woman that presents that meets BCCP eligibility requirements, they referred the woman to HD
  - Partnerships with local MDs and hospitals have greatly assisted in linking our patients to cancer screening and care
  - Referral system (e.g., MOU, contract) to provide primary clinical services to community patients
  - FQHCs refer women to HD
  - Direct referral via email or phone contact with program staff and/or navigator
  - Relationship with free clinics in the community who provide referrals to the HD
- Partnership with other HD programs (i.e., internal program collaboration)

Data source: Grantee survey

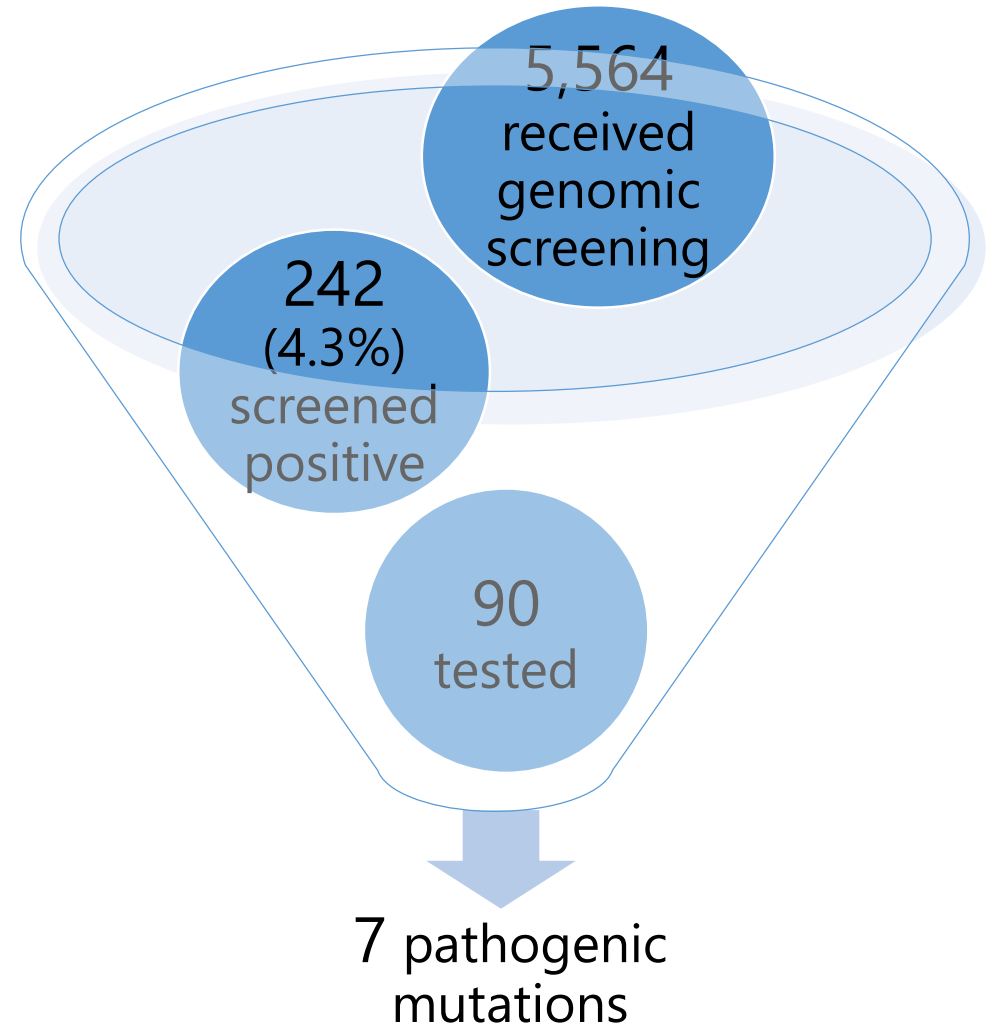# CCL Strategy: Lessons Learned

- Community program knowledge is the best asset in linking patients for screening, diagnostic and treatment services

- The more active we are in the community and with other clinics, the more referrals we receive which in turn leads to more women being screened. It also leads to better connections with community partners and clinics that provide services (that our patients need but) we may not offer and provides us with a way to link them to these services.

- Need to revise strategies on reaching the African American community. Experiencing challenges with compliance rates and getting the 'buy-in' from African American women to complete screening and follow-up services.

- Conducting health fairs and community outreach have been effective in increasing new BCCP clients

- Importance of tracking, enrollment, and referrals

- Women are not all proactively seeking screening services

Data source: Grantee survey

Evaluation Results: Breast Cancer Genomics Project

Breast Cancer Genomics Project

- Partnership with GA Center for Oncology, Research and Education (GA CORE)

- Screened women at high risk for Hereditary Breast and Ovarian Cancer

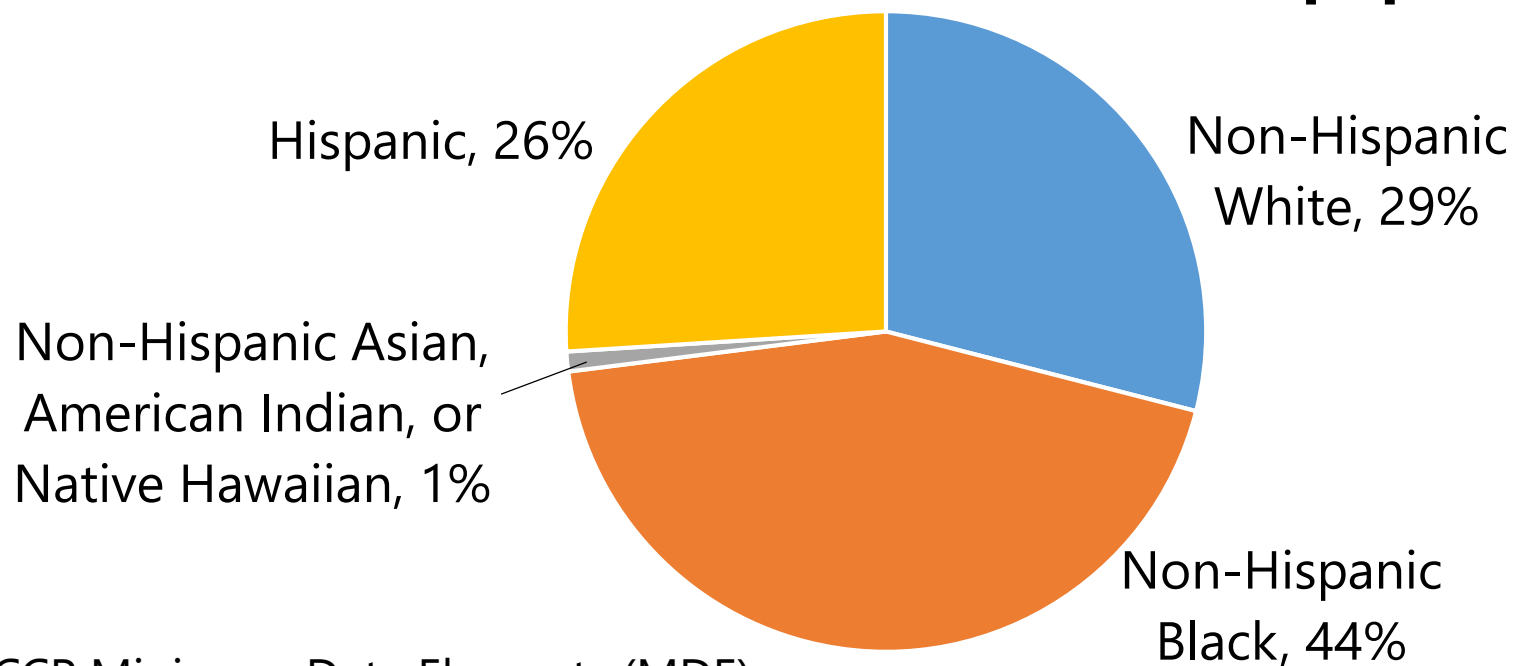- Breast Cancer Genetics Referral Screening Tool (B-RST)

https://www.breastcancergenescreen.org/

Data source: B-RST database

5,564 received genomic screening

242 (4.3%) screened positive

90 tested

7 pathogenic mutations

Evaluation Results: Direct Screening

Direct Screening

- 14,662 women served (received ≥ 1 screening or diagnostic services)
- 12,067 women received ≥ 1 screening services (e.g., Clinical Breast Exam (CBE), mammogram, or Pap test)

Race/Ethnic Distribution in the BCCP population

Hispanic, 26%

Non-Hispanic White, 29%

Non-Hispanic Asian, American Indian, or Native Hawaiian, 1%

Non-Hispanic Black, 44%

Data source: BCCP Minimum Data Elements (MDE) Clinical services using CDC and state funds

Direct Screening: Breast Cancer

Measure	N
CBE completed	13,832
Abnormal CBE findings	1,143
Mammogram (screening and diagnostic) completed	12,971
Abnormal mammogram findings	2,534
Follow-up planned	3,425
Follow-up completed	3,171
Follow-up refused	93
Lost to follow-up	40
Diagnosed with Lobular/Ductal Carcinoma in Situ	56
Diagnosed with invasive breast cancer	105

Data source: BCCP MDE / Clinical services using CDC and state funds

Direct Screening: Cervical Cancer

Measure	N
Pap test completed	5,091
Abnormal Pap test findings	107
HPV test completed	3,467
Abnormal HPV test findings	618
Follow-up planned	718
Follow-up completed	644
Follow-up refused	34
Lost to follow-up	14
Diagnosed with CIN 2 or CIN 3	102
Diagnosed with invasive cervical cancer	5

Data source: BCCP MDE / Clinical services using CDC and state funds

Evaluation Results: Client Navigation

Direct Screening and Client Navigation

- Navigated 2,093 women to complete mammograms

  - 1,665 screening mammograms

  - 428 diagnostic mammograms

- Navigated 623 women to complete Pap tests

- Navigated 422 women to complete HPV tests

- Navigated 2,106 women to complete breast and/or cervical screening and follow-up

  - 18 women diagnosed with invasive breast cancer

  - 1 woman diagnosed with invasive cervical cancer

  - 2 women diagnosed with CIN 2 or CIN 3

- 72 women missed appointments (3.2% of closed cases)

- 37 women were lost to follow-up (1.6% of closed cases)

Data source: Client navigation program database

Client Navigation: Barriers to Cancer Care

Type of Barrier	N
Cost	2,276
Language barrier	1,052
Lack of information or knowledge	991
Insurance copayment	575
Transportation barrier	237
Problem with scheduling appointment	188
Fear	126
Difficult to take time off work	115
Family issue	62
Other barrier	37
Homelessness	33
Special need	22
Substance abuse	21
Mental health issue	17

Data source: Client navigation program database

Client Reminders and Client Navigators' Contact with Clients

	Annual Client Reminder	Appointment Reminder	Appointment Scheduling	Information	Missed Appointment/ Rescheduling	Other	Return for Follow-Up Care	Total
Home visit	1	1	6	5	0	0	0	13
In person meeting	0	2	93	235	5	126	22	483
Letter	153	114	37	495	54	10	46	909
Phone call	240	1,469	2,330	531	706	191	212	5,679
Text message	0	747	13	203	22	135	2	1,122
Total	394	2,333	2,479	1,469	787	462	282	8,206

Data source: Client navigation program database

Evaluation Results: CBE Simulator Training

CBE Simulator Training

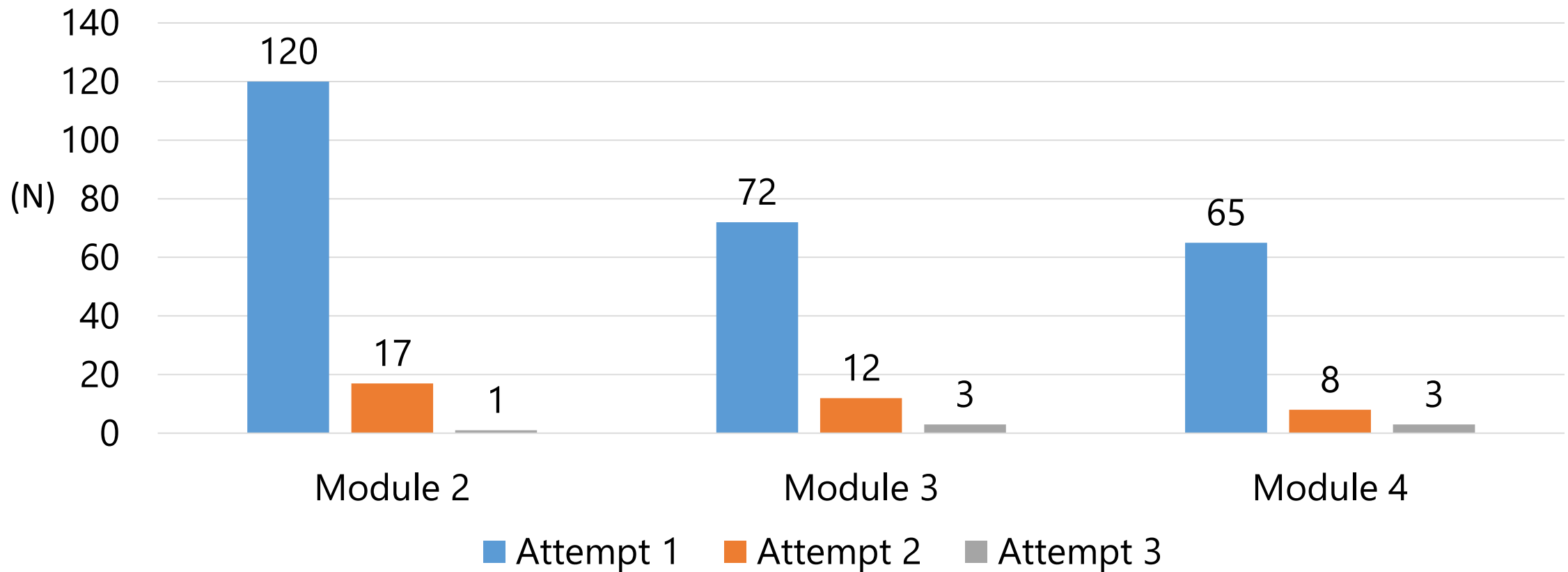**Percent of Lesions Correctly Identified (True Positive Detections)**

Data source: MammaCare training database

CBE Simulator Training

Positive Predictive Value (PPV)
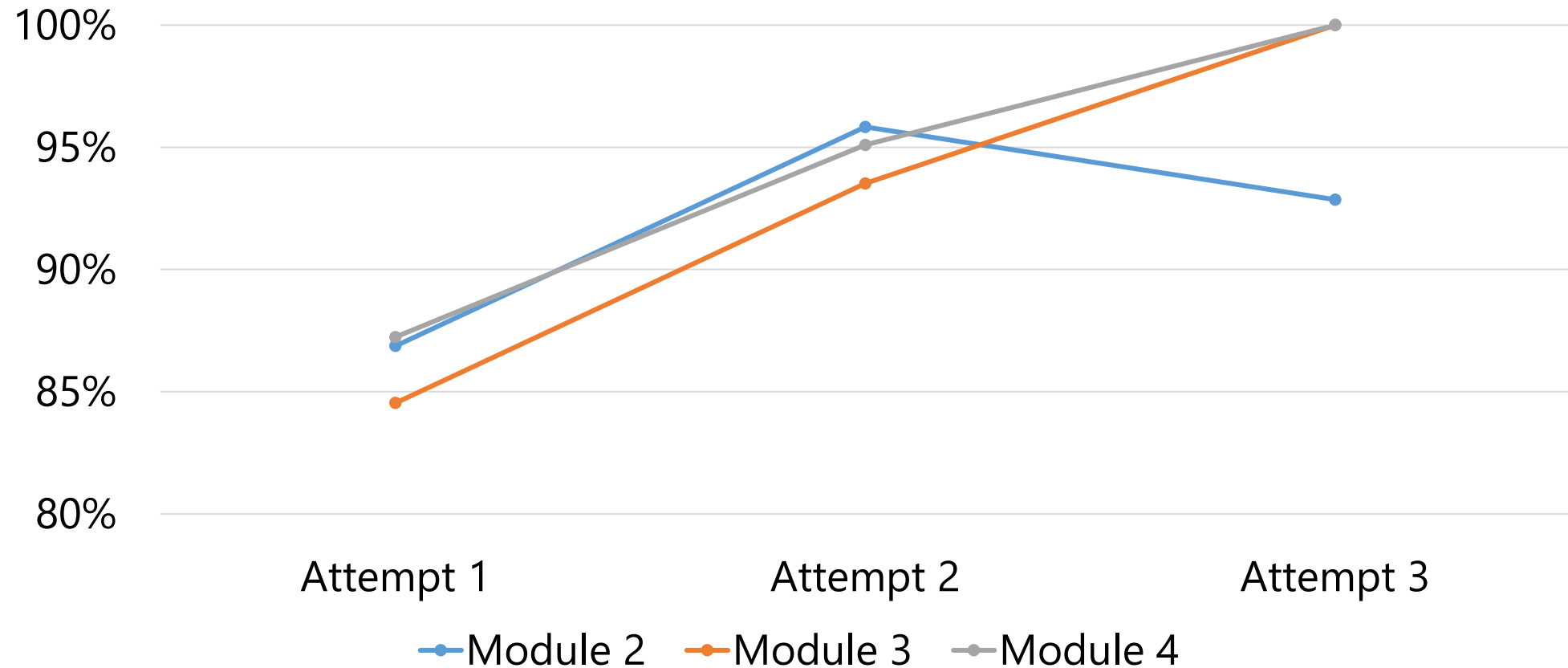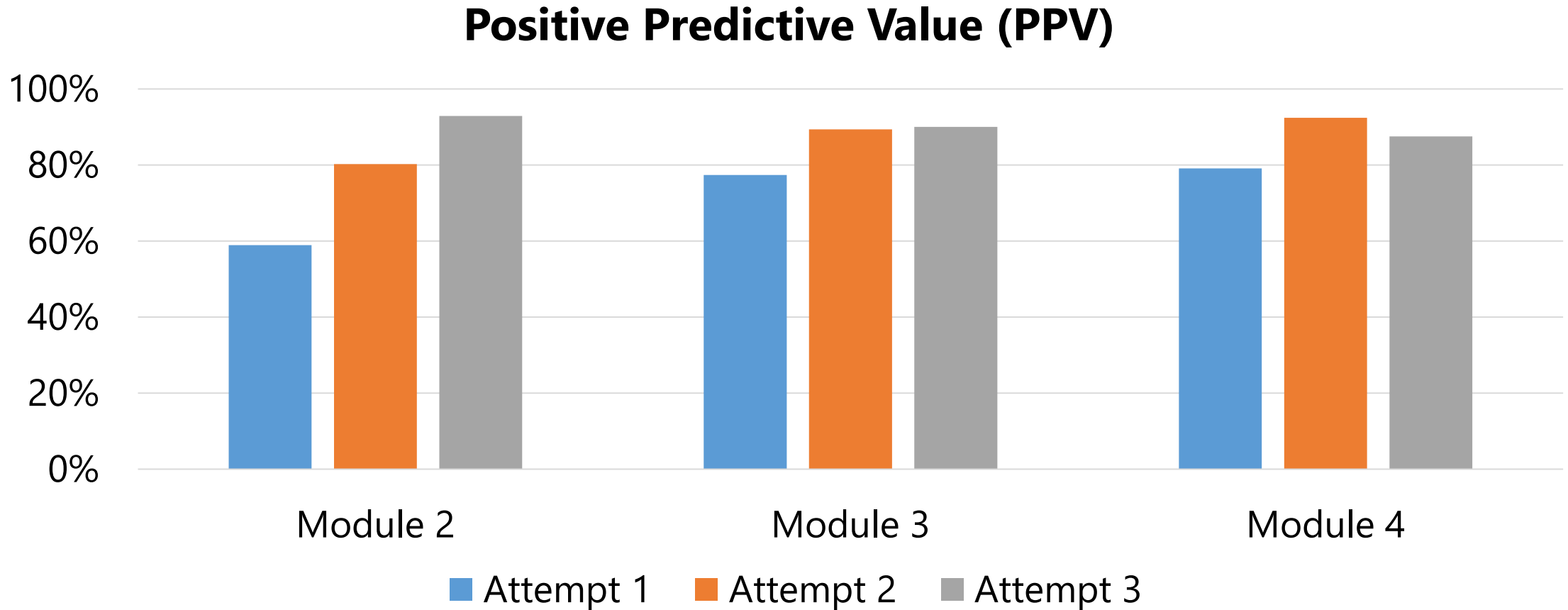
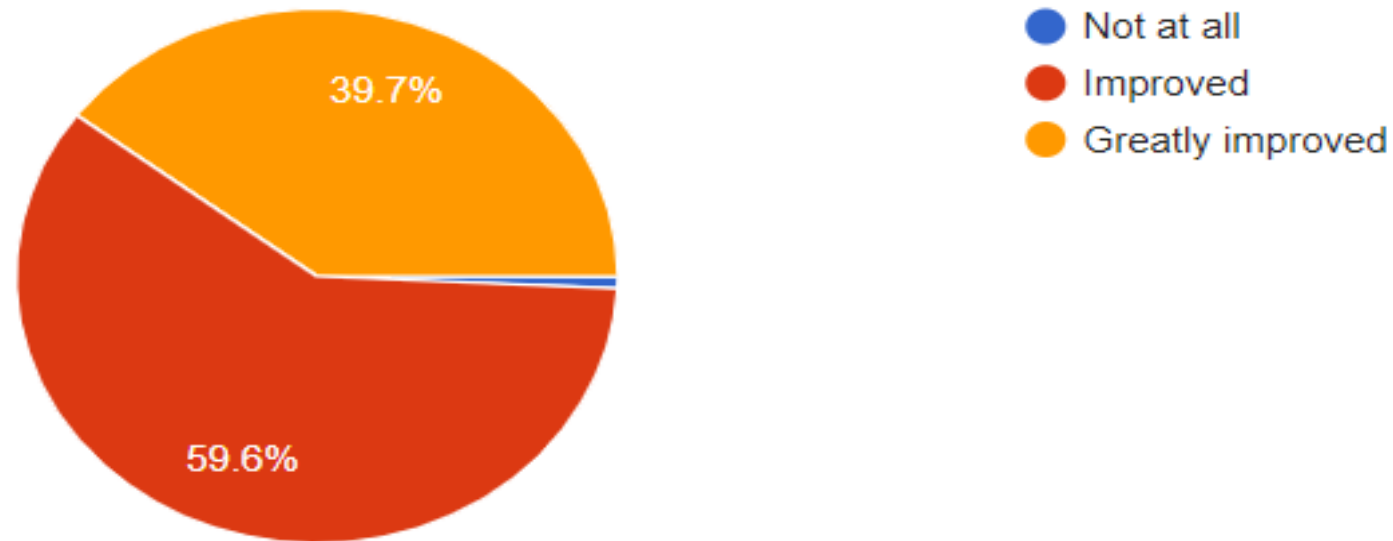Data source: MammaCare training database

CBE Simulator Training

Total False Detections

Data source: MammaCare training database

CBE Simulator Training

Did the CBE Simulator-Trainer increase your confidence in performing a breast exam?

Legend:
- Not at all
- Improved
- Greatly improved

39.7%

59.6%

Data source: Post-training survey

Evaluation Results: Health Systems Interventions

Health Systems Interventions: Implementing EBIs for Systems Change

- Contracted with the Albany Area Primary Health Care
- Conducted clinic needs assessment
- Developed Health System Implementation Plan

- Selected and conducted 3 priority evidence-based interventions (EBIs)
  o Client reminders
  o Provider assessment and feedback
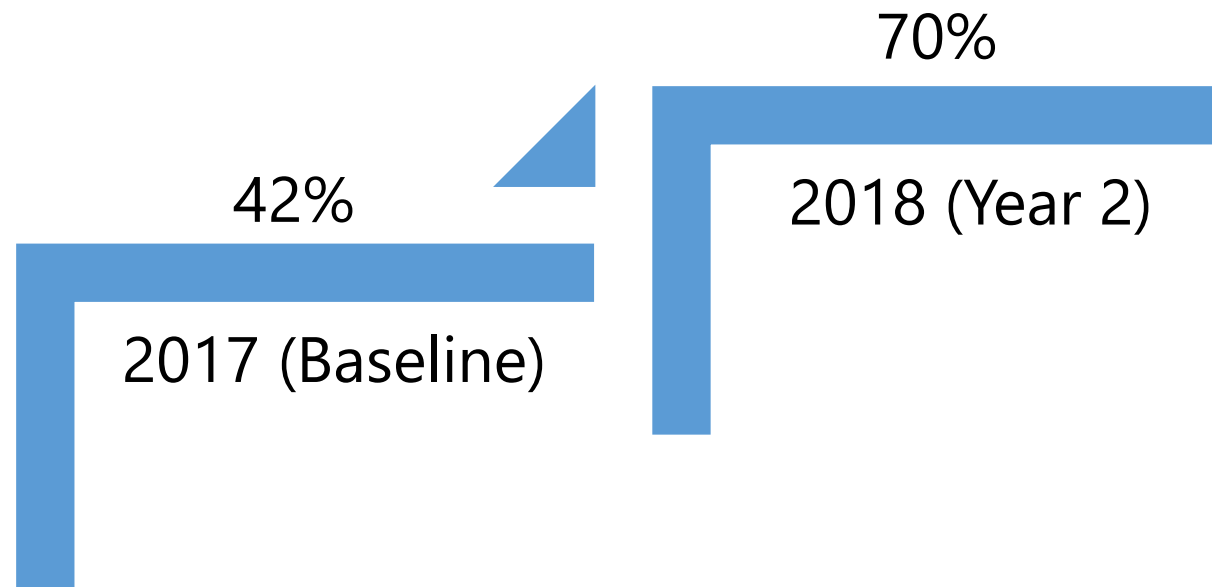 o Reducing structural barriers

- Collected and monitored baseline and annual clinic data
  o Clinic-level screening rate data (outcome measures)
  o EBI implementation data (process measures)
- Submitted clinic data to CDC

Health Systems Interventions: Clinic-level Cancer Screening Rates

- Clinic-level breast cancer screening rate increased from 42% in 2017 to 70% in 2018.

- Clinic-level cervical cancer screening rates were 48% in 2017 and 2018.

Clinic-level Breast Cancer Screening Rates

70%

2018 (Year 2)

42%

2017 (Baseline)

Data source: Clinic data

Implementing EBIs at County Health Departments and Clinics

Type of Evidence-Based Intervention (EBI) and Supportive Activity	Yes		No		*Unreliable	
	N	%	N	%	N	%
Reducing structural barriers - scheduling appointments	97	95.1%	3	2.9%	2	2.0%
Client reminder	96	94.1%	4	3.9%	2	2.0%
One-on-one education	93	91.2%	7	6.9%	2	2.0%
Reducing structural barriers - translation	90	88.2%	11	10.8%	1	1.0%
Community outreach	90	88.2%	10	9.8%	2	2.0%
Reducing out of pocket costs	85	83.3%	15	14.7%	2	2.0%
Reducing structural barriers - flexible clinic hours	74	72.6%	25	24.5%	3	2.9%
Provider assessment and feedback	67	65.7%	32	31.4%	3	2.9%
Small media	64	62.8%	32	31.4%	6	5.9%
Provider reminder system	63	61.8%	37	36.3%	2	2.0%
Reducing structural barriers - other administrative services	56	54.9%	45	44.1%	1	1.0%
Patient navigation	55	53.9%	43	42.2%	4	3.9%
Group education	36	35.3%	62	60.8%	4	3.9%
Reducing structural barriers - transportation	18	17.7%	83	81.4%	1	1.0%
Reducing structural barriers - mobile van	12	11.8%	89	87.3%	1	1.0%

Data source: Grantee survey / *Unreliable response = More than 1 staff from the same County Health Department (CHD) participated in the survey, and responses for these survey items were different amongst staff from the respective CHD.

FY 2020 Reporting Guidance

FY 2020 Q2 Report (Due by 1/15/2020)

- By 1/15/2020, submit updates in light blue sections i.e., status, challenges, & successes in worksheets named "PM", "3.Data", "4.Envir", "5.CC link", and "6.HS change", and questions and tables in "Sites" worksheet

FY 2020 Q2 Report (Due by 1/15/2020)

- By 1/15/2020, submit updates in light blue sections i.e., status, challenges, & successes in worksheets named "PM", "3.Data", "4.Envir", "5.CC link", and "6.HS change", and questions and tables in "Sites" worksheet

Activities				
1a. Ensure staff that is trained to provide the service in the program is updated with any programic guidelines.				
1b. Enusure all centers have the necessary items (ex: flyers, outreach items, brochures, banners) to promote program within centers.				
2a. Ensuring all staff that answers the phones at the centers are aware of the guidelines for the program when scheduling patient appointments.				
Challenges:				
Successes:				

FY 2020 Q3 Report (Due by 4/15/2020)

- By 4/15/2020, submit updates (i.e., summary of clinical services and budget updates) in "Report Apr20" worksheet (light yellow sections)

Summary of clinical services: Fill in cumulative counts (7/1/2019-to date) below, and submit this by 4/15/2020.

Age (years)	N of screening mammograms	N of diagnostic mammograms
40-49		
50-64		
40-64 (TOTAL)		

Age (years)	N of Pap tests	N of cervical diagnostic services
21-49		
50-64		
21-64 (TOTAL)		

N of ultrasounds: breast	N of ultrasounds: cervical	N of biopsies: breast	N of biopsies: cervical

Budget: Submit completed table by 4/15/2020.

405						
	Total budget for FY20	Spent in Jul-Sept 2019	Balance (as of 1/1/2020)	Spent in Jan-Mar 2020	Encumbered in Jan-Mar 2020	Balance *(insert current date)*
Client benefits						
Case management						
Regular operations						
TOTAL						

464						
	Total budget for FY20	Spent in Jul-Sept 2019	Balance (as of 1/1/2020)	Spent in Jan-Mar 2020	Encumbered in Jan-Mar 2020	Balance *(insert current date)*
Client benefits						
Case management						
Regular operations						
TOTAL						

... | PM | Sites | Fund | 3.Data | 4.Envir | 5.CC link | 6.HS change | Report Oct19 | **Report Apr20** | ⊕

FY 2020 CCL Tracking Data (Due by 7/15/2020)

- Grantees without client navigators:
  - Track individuals referred to BCCP services through community partners and/or CCL activities (e.g., navigation, community outreach/education).
  - Fill in "CCL Tracking Data" (Excel spreadsheet) and submit the attachment to BCCP Evaluator (janet.shin@dph.ga.gov) by 7/15/2020 via encrypted emails.
  - Measurement period: 7/1/2019 - 6/30/2020

- Grantees with client navigators do not need to complete/submit this spreadsheet, since navigators can continue to track these measures by using the Client Navigation Program database system.

FY 2020 CCL Survey (Due by 7/15/2020)

- Grantees without client navigators: track data and complete Qualtrics survey by 7/15/2020.
  - No. of one-on-one education sessions conducted
  - No. of group education sessions conducted
  - No. of participants in group education sessions
  - No. of women that received patient navigation services
  - No. of phone calls made to implement client reminders
  - No. of emails sent to implement client reminders
  - No. of text messages sent to implement client reminders
  - No. of letters, brochures, and/or post cards distributed
  - Measurement period: 7/1/2019 - 6/30/2020
- Grantees with client navigators do not need to complete this survey

FY 2020 Environmental Approaches

Environmental Approaches in FY 2020

- Develop/enhance wellness policies that increase access to cancer screening and promote healthy behaviors at worksites
  - Cancer screening policies: e.g., paid leave policy, flexible work scheduling policy, cancer screening referral system
  - Cancer prevention policies: e.g., physical activity policy, nutrition (healthy meeting) policy, breastfeeding friendly policy, tobacco-free policy
  - Work Healthy Georgia Toolkit: https://dph.georgia.gov/sites/dph.georgia.gov/files/DPH_WorkHealthy GA_Toolkit_4Web_062917.pdf
- Worksite: any place that employs people and may include small local businesses, such as shops, salons, restaurants, professional offices, or large factories/corporations with offices/locations in your geographic area

Worksite Partnership and Capacity Assessment

- Complete 1 survey for each health district/health system

- Fill out the survey with your colleagues collectively

- Review the list of worksites we provided in the meeting packet to respond to question 2-2

- State office BCCP team will use the survey findings to improve planning and implementation of worksite policy project activities

Questions

Janet Shin, M.P.H.
Breast and Cervical Cancer Program Evaluator
Office of Health Science
(404) 657-6608
Janet.Shin@dph.ga.gov