



**Women's Wellness Connection  
Breast and Cervical Cancer Screening Program (BCCSP) Advisory Board**

**July 19, 2017**

Location: Century Link  
(<https://stateofcolorado.centurylinkccc.com/CenturylinkWeb/WWC> and audio 720-279-0026 with passcode 335241#) - OR - A4D, 4<sup>th</sup> Floor, Building A  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, Denver, CO 80246

Call to Order, Usual Business (Gladys Brown Jones Turnbough (Chair))

1. Roll Call, Determine Quorum

- Board members present
  - Gladys Brown Jones Turnbough (Chair) - In person
  - Shana Santistevan (Vice Chair) - In person
  - Taj Kattapuram - Remotely
- Rosalina Roacha, Catherine Strode, Michael Oliphant and Mandy Ivanov were absent.
- Due to less than five board members being able to attend the meeting there is not a quorum today, will make a plan for how to address this later in the meeting.
- Colorado Department of Public Health and Environment (CDPHE) staff present:
  - Emily Kinsella, WWC Section Manager
  - Elizabeth Robertson, WWC Temporary Program Assistant
  - Christen Lara, Data Quality and Analytics Manager

2. Email inquiries to Board

- There weren't any inquiries to the central board email account.

Clinical Quality Improvement (CQI) for Population Health - Project Update - Christen Lara

- There are several different evidence based interventions (EBIs) that clinics can use to boost their breast or cervical cancer screening rates. The four main areas are:
  - Reducing structural barriers to screening
  - Provider reminder system
  - Client reminders
  - Provider assessment and feedback
- Using provider assessments we are able to figure out what each provider's current cancer screening rates are. This assessment may include running electronic health record (EHR) reports to access this data. This enables the CQI team to determine which interventions would be most appropriate for each provider. Funds are currently being provided to implement changes to breast, cervical, and colorectal screening rates. There is also limited funding for tobacco and hypertension screening. Currently 40-50 health systems are involved in this project.
- Please see the presentation slides for more information on data which has been collected and specific outcomes.



- Initially some of the clinics didn't know what their screening rates were or if they were accurate. The CQI team has helped clinics identify these rates enabling them to move forward and improve them. Currently clinic outcomes for participating clinics are a bit lower than the self-reported state average rates for cancer screenings which can occur for a variety of reasons. CQI numbers do however represent a higher percentage of uninsured people screened.
- Race and ethnicity breakdown for the CQI work is similar to the state average.
- Currently the CQI team is requesting last year's cancer screening rates from participating clinics to enable comparison to the year before.
- Implementing the CQI interventions has been systematically incorporated into the RFA structure.
- Initial outcomes of the project:
  - Breast cancer was found to be difficult to report accurately. Mammograms are not always done on site and often when pulled from the clinic's EHR system it pulls women aged 50-75.
  - Over a three year period the change in accuracy of rates has shown a significant improvement.
  - Improvements in the use of EHRs has helped improved the overall accuracy of reporting.
  - Meaningful integration of multiple disease programs being implemented with participating clinics.
- The new data that the CQI team is currently receiving will provide a better picture of improvements based on current and previously implemented measures.

#### Women's Wellness Connection - 5 year summary - Emily Kinsella

- See slides for additional information.
- WWC's last five year grant started June 30, 2012. Initially WWC just covered Pap smears and mammograms but since then have moved on to service delivery.
- Clinical Services
  - Served 43,428 women
  - 45 agencies (over 130 clinics)
  - Served 17% of eligible women statewide
- Targeted Outreach Program (TOP)
  - Started with seven agencies and have added two tribes and four additional agencies
  - 17,271 women educated
  - 9,956 referred
  - 4,912 screened
- Care Coordination Grant Program
  - The program was piloted with two clinics
  - Currently 28 agencies
  - 10,067 navigated through breast and cervical cancer screening
  - 26 agencies (75 clinics) participate statewide
  - Served 2% of eligible population
- Other activities over the 5 years
  - Roadshows
  - Quality awards
  - Site visits



- What do the board members see as WWC successes in the last 5 years?
  - The service is working. What would happen to those women if they didn't have access to our services? We are doing good things.
  - Care coordination - It is good that the clients have a support person to guide them through a complicated system for cancer treatment. It is a huge benefit to our clients to be able to have that support at a difficult time. It is an essential service to have someone take clients through process of screening through to treatment.
  - It is important to keep tracking clinic data to see how they are doing, and to be able to identify where they are struggling and how they can improve. Identifying how we can help them would enable us to provide better, more efficient services.
  - Could we see a comparison of rates between urban and rural services? Are the people with access to more services (for example the Denver area) having better outcomes than those with fewer services in rural areas?
    - Cancer outcomes are generally better in urban areas.
    - Can we direct more funding in rural areas to address this disparity?

#### Recommending a new board member to start October 2017

- As we do not have enough members attending today for a quorum, the Board cannot make recommendations today.
- The Board members present at the meeting discussed the merits of the applicants and logged their votes. They requested that Emily see if the rest of the Board would approve of electronic voting, then they could provide their votes via email.
- As a reminder, board members had requested that applicants have knowledge about Medicaid, ACA, or be a representative from LGBT community.
- Emily calculated the votes by awarding two points to each member's first choice, one to second. Emily will check with other board members to add their votes.
- Board members can be considered for multiple terms but will need to reapply after they finish their term to be considered for another one.

#### Board Input

- How is everything going with the board? Is the day and time working? Is doing the July meeting in person ok?
  - Webinars can be technologically problematic, it is good to be able to attend in person. Board likes having the option to do the webinar or come in person. Webinar and days and time are good.
- How are you liking the role on the board? Is there anything else you would like to be doing as a board member?
  - Really enjoyed being a part of the conference and being able to see the process as a whole. Please continue to invite us to trainings.
  - Would like to be more a part of the presentations at the Road Shows.
    - Board is welcome to participate in HIT calls or trainings sessions.
  - Board members would be interested in attending site visits with WWC Staff.
  - One board member was surprised there isn't more direct participation in the rural area based on the way the application for her position was written.
  - It is eye opening to see and hear what is going on in the clinics, how long people have been working and what awards were being given out.



- What kind of rural things did you think you would be doing as a member of this board?
  - Thought we would be doing more targeted outreach to the rural areas.
- What you value about being on the board?
  - In Otero County we look in awe of the Denver resources, it is good to come up here to see what is available and to find out information I can take back to my patients that can benefit them. Good to be able to look at experts in the field and seeing what they are doing.
  - Enjoy being on the board as a radiologist that does breast imaging, it's nice to know what's happening in different places around the state. She is personally involved in keeping up with legislation on breast cancer screening. She likes to get outside the suburban bubble, but would like to keep up with the rest of the state and rural area. Would like to contribute on a broader scale if possible.
  - It is great to know the work we are doing is so important and that we have a good reach across the state. This position gives her information to take back to the community about who we are serving, how the data looks in regard to patients diagnosed and treated. She is then able to take this information back to the community and use it to help them. Distributing this information at health fairs gets the word out there and enables here to help people find the resources they need.

#### Women's Wellness Connection Program updates

- Shirley Hass Schuett Award
  - Mandy and Shana presented award at conference.
  - Unfortunately, statewide quality winner was not in attendance to receive award
- Staffing changes
  - Kate DeShiell resigned as Program Assistant
    - Will be looking for a replacement
    - Have temporary staff (Elizabeth Robertson and Kristina Green) helping in the interim
- NBCCEDP Grant
  - Have not yet received Notice of Award, but grant started June 30th
  - Have been told we were awarded and received letter to incur costs, but no totals
  - Should get Notice of Award this week
  - Attending conference in August in Atlanta with all cancer programs (Comp Cancer, Colorectal, Cancer Registry)
- RFA
  - Released June 1
  - Applications were due June 17
  - Review and decision making through August 11<sup>th</sup>
  - Will notify Board of decisions week of August 14<sup>th</sup>
- Data Update - as of June bill run
  - Clinical Services agencies served 3,746 women (88.1 percent of goal of 4,251), including cervical screening for 529 women ages 21-39;
  - Care Coordination agencies coordinated screenings for 5,366 women (108.9 percent of 4,923 goal!), including cervical screening for 627 women ages 21-39.
- Lawful Presence



- Working on a simplified list of what documents are required to prove lawful presence for agencies to use
- List has been approved by CDPHE legal department
- State statute says that anyone receiving a public benefit must be lawfully present in the US. The list is being finalized and we are discussing how to roll it out. This will hopefully make it easier for our agencies to determine whether clients are eligible for our services.
- First Street Family Health
  - Terminated WWC Clinical Services contract as of June 29<sup>th</sup>
  - Will refer clients to another WWC-funded clinic in the area.

#### What should we discuss for the next meeting?

- Orientation - we will cover by-laws, etc.
- Update on the age expansion for cervical screening and the marketing campaign.
- Demonstration of map ranking state counties by risk for breast and cervical cancer.
  - Include rural vs. urban differences
- Board members like to hear from the agencies directly.
- Update from an expert on HPV and cervical screening?

#### Open Forum

- Cancer Coalition doing a conference August 18-20 in Westminster at Doubletree - Emily will forward information for the conference to all board members.

Next meeting: October 18, 2017

