

Policy Action Task Group



*Pre-Annual Meeting Task Group Informational Webinar
2018 Updates / 2019 Planning*

November 9, 2018

12:00 p.m. EST



Agenda

- Welcome & Introductions
- Task Group Charge
- Accomplishments
- Current projects
- Possible topics for annual meeting task group session
- Q&A



Past Chairs (through 2018)

Lynda Flowers, JD, MSN, RN
AARP Policy Institute
(Immediate Past Chair)

Citseko Staples
ACS CAN

2019 Task Group Co-Chairs

Heather Dacus, DO, MPG
Director, Bureau of Cancer Prevention
and Control; New York State
Department of Health

David Woodmansee
Director, State and Local Campaigns;
American Cancer Society Cancer
Action Network, Inc.



Charge:

- The charge of the Policy Action Task Group is to answer the day's pressing policy questions around colorectal cancer screening.



Task Group Themes

- Address copay issue, including definition of screening continuum
- Determine how to increase CRC screening for Medicaid patients and other newly insured
- Promote solutions for paying for screening navigation
- Activate local governments around 80% campaign
- Assist with case for financial benefit of screening



FY18 Project Plan (December 2017)

- Create new resource to define actions states can take to facilitate screening amongst Medicaid beneficiaries.
- Update and promote sustaining patient navigation toolkit
- Develop curriculum on sustaining patient navigation, based on toolkit
- Finish guidance to providers and patients on cost, law and coding.
- Continue to explore potential of developing a local jurisdiction cost modeling tool.



FY18 Accomplishments

Promising Practices for State Medicaid Agencies

- ❑ This report follows up on a 2015 report *Colorectal Cancer Initiatives in Medicaid Agencies—A National Review*.
- ❑ Purpose is to develop a deeper understanding of how the higher performing states approach challenges of CRC screening.
- ❑ States include: Arizona, Maryland, Minnesota, Montana, New York, Oregon
- ❑ Method of data collection (QNA Group):
 - Telephone interviews with staff members from Medicaid agencies and public health departments;
 - State also provided data, reports, and samples of materials they are using to support their colorectal cancer screening programs.





FY18 Accomplishments

9 Promising Practices Identified:

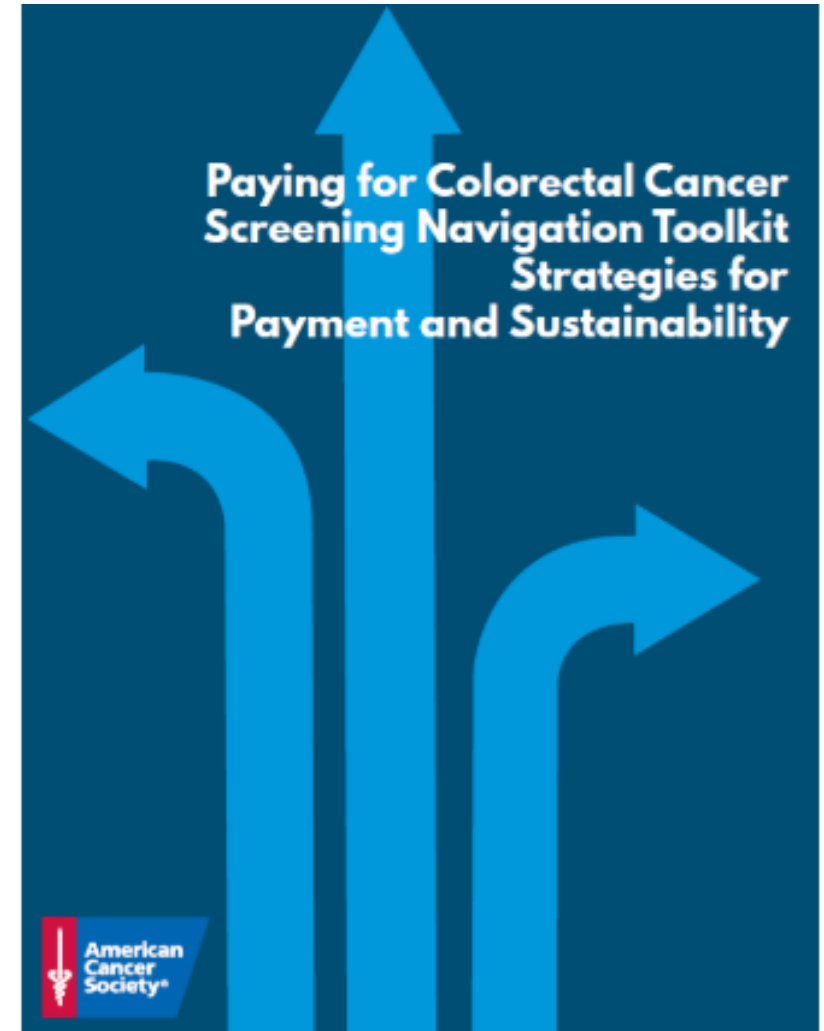
1. Define a Colorectal Cancer Screening Metric for State Medicaid Plans
2. Support or Mandate Public Reporting of Colorectal Cancer Screening Rates
3. Develop an Incentive Program/Value-Based Purchasing Measure for Colorectal Cancer Screening
4. Provide Education and Technical Support to Managed Care Organizations and Providers
5. Collaborate with State Public Health Staff
6. Work Closely with FQHCs that Serve Large Medicaid Populations
7. Promote Evidence-Based Strategies and Interventions
8. Facilitate Access by Covering Multiple Tests Without Cost-Sharing
9. Promote Test Options to Overcome Compliance Barriers, Provider Shortages, Geographic Issues, and Logistical Constraints



FY18 Accomplishments

Updates to **How to Sustain Patient Navigation Toolkit**

- One of the first NCCRT to undergo a “modernize” makeover (more accessible, user friendly)
 - ▣ New online curriculum in-development
 - ▣ Train the trainer model being piloted
 - Small, in-Person pilot training session held in Colorado (Sept. 2018)
 - ▣ Complete update to PDF toolkit undergoing final revisions





FY18 Accomplishments

Guidance to providers and patients on cost, law and coding

- Work continued throughout FY18 on this, but proved to be quite a complicated and difficult project (not necessarily unsurprising)
- An extensive survey was completed and distributed to relevant payers, providers, specialty societies, coders, etc to better map cost sharing complexities
- Survey was distributed by email first, and later conducted via phone interview.
 - ▣ Data collected was helpful, but a low response rate.
- Early drafts of decision aids have been developed, but more work is needed to make these truly useful and worth sharing.
- Where to go from here? Regroup? Pivot? Change course?



FY19 Project Plan

- Finalize and disseminate the “Promising Practices for State Medicaid Agencies” report
- Finalize Patient Navigation toolkit, curriculum, train the trainer.
 - Potential to define more clearly how state Medicaid programs can help pay for CRC screening navigation?
- Regroup on copay/cost maze? What role should NCCRT Policy Action Task Group play
 - Unified consensus statement on copays/deductible confusion
 - Pull more groups together to engage partners / educate policy makers
- Pursue NCQA requirement to have all state Medicaid agencies track CRC screening
- White paper to help employers make the case: ROI/value of CRC screening



FY20 Project Plan (Early Thoughts)

- 45 – 49 – How to pay – Insurance Coverage
- Demonstrate ACA impact on CRC Screening
- Develop resource for policy and procedures on FIT – follow up – colonoscopy
- Analysis Cost of Screening vs. treatment to Employers
- Qualitative research demonstrating need for Medicare to waive cost-sharing for colonoscopy
- Continue to explore potential of developing a local jurisdiction cost modeling tool

What else?



To be continued on
Wednesday, November 14, 2018
5:00 to 6:30 p.m.

Sheraton Inner Harbor
Baltimore, MD
See you there!



Questions & Suggestions?