FY2017 BCCP/CPEST
Pilot Projects for Local Program Structure and Operation
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Background

- The DHMH Center for Cancer Prevention & Control (CCPC) administers the Breast and Cervical Cancer Program (BCCP) and Cigarette Restitution Fund Cancer Prevention, Education, Screening and Treatment Program (CPEST) through awarding funds to LHDs and hospitals ***in each jurisdiction*** of the state
- Statewide, local programs vary in staff structure and capacity
- Since inception, these programs have primarily focused efforts on ***providing direct clinical services*** and case management services for eligible clients
- Due to decline in eligible clients, considering a change in program operations and structure is needed to ***ensure fiduciary responsibility and efficiency***

Program Overview

BCCP

- Program requirements set by federal funders (CDC) though the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- Program has been administered in Maryland since 1992, with decentralized structure funding 22 LHDs and 2 hospitals statewide
- Currently funded with federal and special funds
- Local programs recruit, screen/diagnose, recall and case manage eligible women for breast/cervical cancer

CPEST

- Program authorized in statute COMAR §13-1101; Special Funds
- Program administered in Maryland since 2001 with decentralized structure funding 23 LHDs and as of FY16, 1 hospital (Baltimore City) statewide
- Local programs recruit, screen/diagnose, recall and case manage eligible clients primarily for colorectal cancer
- Some programs also screen for breast, cervical, oral and/or skin cancer
- Per statute, the University of Maryland Medical System in Baltimore City also funded to provide cancer screening
- Total of 2 hospitals funded to provide screening services in Baltimore City through CPEST

ACA Impact

- With the advent of the Affordable Care Act (ACA) in January 2014, and the Maryland Medicaid Program expansion, the number of individuals screened in both the BCCP and CPEST has declined
- For **BCCP**, the number of individuals screened has **declined by 50%,** from 10,028 in FY 13 to 5,080 in FY 15.
- For **CPEST**, the number of cancer screenings performed has **declined by 52%** from 6,389 in FY 13 to 3,073 in FY 15.

Table 1. Number of Individual Women* Served** by BCCP

LHD PROGRAM	FY 2013	FY 2014	FY 2015	% Decline FY 2013-2014	% Decline FY 2014-2015	% Decline FY 2013-2015
ALLEGANY	307	202	78	34.2%	61.4%	74.6%
ANNE ARUNDEL	818	648	369	20.8%	43.1%	54.9%
BALTIMORE CO	1,609	1,209	642	24.9%	46.9%	60.1%
CAROLINE	176	118	59	33.0%	50.0%	66.5%
CARROLL	377	309	172	18.0%	44.3%	54.4%
CECIL	249	201	96	19.3%	52.2%	61.4%
CHARLES	159	113	74	28.9%	34.5%	53.5%
DORCHESTER	170	100	72	41.2%	28.0%	57.6%
FREDERICK	534	505	372	5.4%	26.3%	30.3%
GARRETT	207	152	92	26.6%	39.5%	55.6%
HARFORD	207	134	62	35.3%	53.7%	70.0%
HOWARD	480	441	356	8.1%	19.3%	25.8%
KENT	123	101	60	17.9%	40.6%	51.2%
MONTGOMERY	1,510	1,296	936	14.2%	27.8%	38.0%
PRINCE GEORGE'S	634	574	338	9.5%	41.1%	46.7%
QUEEN ANNE'S	100	104	43	-4.0%	58.7%	57.0%
ST MARY'S	143	93	34	35.0%	63.4%	76.2%
SOMERSET	99	70	50	29.3%	28.6%	49.5%
TALBOT	146	97	54	33.6%	44.3%	63.0%
WASHINGTON	376	253	153	32.7%	39.5%	59.3%
WICOMICO	414	360	224	13.0%	37.8%	45.9%
WORCESTER	137	95	43	30.7%	54.7%	68.6%
NON-LHD PROGRAMS	FY 2013	FY 2014	FY 2015	% Decline FY 2013-2014	% Decline FY 2014-2015	% Decline FY 2013-2015
CALVERT MEMORIAL	236	155	81	34.3%	47.7%	65.7%
MEDSTAR (BALT CITY)	1,230	1,125	765	8.5%	32.0%	37.8%
ALL PROGRAMS	10,441	8,455	5,225	19.0%	38.2%	50.0%

* Individual women per year only

** All procedures; funding sources CDC, General, and Special

Table 2. Number of Cancer Screenings* Performed by CPEST

LHD PROGRAM	FY 2013	FY 2014	FY 2015	% Decline FY 2013-2014	% Decline FY 2014-2015	% Decline FY 2013-2015
ALLEGANY	77	55	29	28.6%	47.3%	62.3%
ANNE ARUNDEL *Breast and cervical cancer screening	888	634	389	28.6%	38.6%	56.2%
BALTIMORE CITY *Colorectal and oral cancer screening	1,608	1,078	649	33.0%	39.8%	59.6%
BALTIMORE CO.	302	204	138	32.5%	32.4%	54.3%
CALVERT	77	47	14	39.0%	70.2%	81.8%
CAROLINE	40	41	23	-2.5%	43.9%	42.5%
CARROLL	86	61	27	29.1%	55.7%	68.6%
CECIL	26	29	13	-11.5%	55.2%	50.0%
CHARLES	82	66	26	19.5%	60.6%	68.3%
DORCHESTER	53	35	40	34.0%	-14.3%	24.5%
FREDERICK	87	92	70	-5.7%	23.9%	19.5%
GARRETT *Colorectal, skin, and oral cancer screening	116	78	75	32.8%	3.8%	35.3%
HARFORD	83	51	27	38.6%	47.1%	67.5%
HOWARD	87	102	63	-17.2%	38.2%	27.6%
KENT *Colorectal and Skin cancer screening in FY15	17	29	21*	-70.6%	27.6%	-23.5%
MONTGOMERY	294	207	214	29.6%	-3.4%	27.2%
PRINCE GEORGE'S	176	228	203	-29.5%	11.0%	-15.3%
QUEEN ANNE'S	33	31	9	6.1%	71.0%	72.7%
SOMERSET	21	20	11	4.8%	45.0%	47.6%
ST. MARY'S	50	42	8	16.0%	81.0%	84.0%
TALBOT	50	33	23	34.0%	30.3%	54.0%
WASHINGTON	102	69	48	32.4%	30.4%	52.9%
WICOMICO	73	73	27	0.0%	63.0%	63.0%
WORCESTER	47	28	19	40.4%	32.1%	59.6%
NON-LHD PROGRAMS	**FY 2013**	**FY 2014**	**FY 2015**	**% Decline FY 2013-2014**	**% Decline FY 2014-2015**	**% Decline FY 2013-2015**
BALTIMORE CITY-UMMS *Colorectal , breast and cervical cancer screening	1,914	1,486	907	22.4%	39.0%	52.6%
ALL PROGRAMS	6,389	4,819	3,073	24.6%	36.2%	51.9%

* Combination of all types of CRF funded cancer screening including: colonoscopy, mammograms, clinical breast exams, PAP testing, oral cancer screening, skin cancer screening

BCCP Funding Considerations

- Between FY 13 and FY 16, federal funding awarded to the BCCP declined nearly 20%
- Overall, state funding from all sources for the BCCP declined from $4,086,500 to $2,909,895 from FY 13 to FY 16.
- Congruent with the decline in number of eligible clients, the funding expended by local programs has decreased since FY2013
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Fiscal Year	Federal Funding Award to LHDs	Federal Funding Expended by LHDs
2013	$3,526,171*	$3,248,349
2014	$3,074,246	$2,854,619
2015	$3,074,246	$2,561,401

*Funding award in FY 2013 included one-time supplement

CPEST Funding Considerations

- Per COMAR 13-1108, CRF-CPEST funding to LHDs (except to Baltimore City) must be determined by a formula, based on the cancer incidence and mortality rates of each jurisdiction
- Congruent with the decline in number of eligible clients, the funding expended by local programs has decreased since FY2013

Fiscal Year	DHMH CPEST Special Funds Award to LHDs	DHMH CPEST Special Funds Expended by LHDs
2013	$7,547,472	$7,365,353
2014	$7,547,472	$6,830,926
2015	$7,547,472	**Pending final reconciliations – informally reported at* $6,222,628

Changing Environment-Changing Programs

- CDC authorized BCCP provision of patient navigation/case management services for non-program funded clients in FY2015
- CPEST implemented patient navigation/case management services for non-program funded clients in FY2015
- CPEST 60/40 Requirement – Per statute, 60% of expended funds must be spent on screening services, which includes clinical staff costs

Cost Effectiveness & Efficiency

- Currently, LHD staff are often shared (funded from both) between BCCP and CPEST, particularly in smaller jurisdictions.
- COMAR § 13-1110 allows the Department the option "to require that two or more counties join together as a region to apply" for a CPEST grant if:
  - It would be cost-effective to fund on a regional basis; and
  - It would serve the public health interests of the counties to on a regional basis.
- COMAR §13-1110 requires funding awarded to a regional CPEST grant is equal to the sum of CRF-CPEST grants that otherwise would have been distributed to each county, however **improved cost efficiency in the delivery of program services to county residents could be achieved by regionalization of some CPEST grants.**

Cost Effectiveness & Efficiency

- Decentralized structure of both programs has many benefits; however, cost of maintaining program infrastructure in all 24 jurisdictions could pose a risk to the overall program's efficiency, viability and integrity
- When a local program screens relatively *few* individuals, the program may have costly excess capacity.
- Conversely, allocating those fixed costs across *more individuals* screened results in a more effective, *lower* cost, and efficient use of program resources.

Proposal

- To enhance the viability and increase the cost efficiency of LHD funding awards as judicious stewards of federal and state funding, CCPC proposes to conduct pilot projects during FY 17 to test up to two new program operating models:

Model 1

- For both CPEST and BCCP integrate two or three voluntary local health department programs into a regional program. Staff could be shared across programs to increase efficiency and decrease cost.

Model 2

- Integrate the BCCP and the CPEST program in one jurisdiction to serve the eligible population in that jurisdiction with breast, cervical and colorectal cancer services. Because the programs provide similar services and have experienced similar challenges after the implementation of the ACA, integrating the programs could use one fixed cost infrastructure to provide more services to more people, resulting in lower program costs per person served.

Next Steps – as of 1/13/2016

- Convene a focus group of seasoned BCCP and CPEST local coordinators from various counties to obtain input and suggestions for the pilot projects.
- Develop implementation plans, including criteria for selection of pilot jurisdictions.
- Develop metrics for assessing impact on cost and quality of each model in the pilot.

Follow-up since 1/13/2016

- Convened a focus group of BCCP and CPEST local coordinators on 2/2/2016 to obtain input and suggestions for the pilot projects.
- Integrated BCCP/CPEST local programs considered more feasible in near term.
- Regional collaboration could be fostered for some activities to realize benefits.

BCCP/CPEST FY 17 Pilot Projects

Goal: To enhance delivery and efficiency of breast, cervical and colorectal cancer screening services and population-level screening promotion activities in a post-Affordable Care Act era, while preserving the strengths of Maryland's decentralized cancer programs within its diverse jurisdictions and communities.

Pilot Project Overview

- Approx. five local health departments will be selected to plan and begin to implement integrated BCCP/CPEST program for FY 17:
  - Provide breast, cervical and colorectal screening, diagnostic, treatment, PN services
  - Foster partnerships for population-level screening promotion activities

Example Activities

- Develop process maps of existing BCCP and CRF-CPEST processes.
- Identify opportunities to integrate and streamline processes (e.g. outreach, forms)
- Develop an implementation plan.
- Involve and inform/train staff

Pilot Project Planned Timeline

Date	Task/activities
March 17, 2016	Presentations to local program coordinators
April 15, 2016	Local programs submit statement of interest in participation
April – May 2016	Readiness assessments
June 2016	Selection of participating programs
Summer 2016	Local programs submit supplemental work plans
July 1, 2016 – January 31, 2017	Local programs assess, map processes, plan, prepare with additional technical assistance as needed
January 13, 2017	Local programs submit budget mods, if indicated
February 1 – June 30, 2017	Local programs implement planned changes.
Ongoing	Feedback, discussion and evaluation activities.

Indication of Interest

- Send e-mail by April 15 to:

  Cindy.domingo@maryland.gov

  Dawn.henninger@maryland.gov

  Indicate interest and brief rationale/description.

  (For questions or more info, send joint email to both Cindy and Dawn.)

Prevention and Health Promotion Administration

http://phpa.dhmh.maryland.gov

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