Cancer Screening Compliance among Maryland Breast and Cervical Cancer Program (BCCCP) Clients with Program Discharge History

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In 2010:

- 207,090 women developed breast cancer in the US
- 39,840 of them died from the disease

Female Breast Cancer is the 3rd leading cause of cancer death in MD and 2nd among women

- 4,150 new cases in 2010
- 800 deaths in 2010

“Deaths from breast and cervical cancers could be avoided if cancer screening rates increased among women at risk. Deaths from these diseases occur disproportionately among women who are uninsured or underinsured.”

Source: CDC National Breast and Cervical Cancer Early Detection Program
About the BCCP

- **Purpose**
  - To increase breast and cervical cancer screening levels among uninsured, low-income women in the state of Maryland.

- **Activities**
  - Outreach services, patient and public education and screening (clinical breast exam, mammogram, and Pap test) and diagnostic follow-up services.

- **Population Served**
  - Maryland women aged 40 to 64, who are uninsured, or whose insurance does not cover screening services, and whose household income is at or below 250% of the federal poverty level.
  - 22 local health department programs and 2 hospitals
Anecdotal stories that women who are discharged due to gaining insurance do not keep up with regular screenings.

AIMS:
- To determine whether women remain compliant with regular breast cancer mammography screening when they are not enrolled in the BCCP.
- To determine whether this compliance differs by discharge reason and other factors, such as personal and family history of breast cancer.
- To investigate if patient navigation services provided by BCCP facilitate clients being screened for breast cancer.
Methods

- Development of Data Collection Tools
  - Chart Review Tool
  - Interview Scripts

- Quantitative Data Collection and Analysis
  - CaST Database Extraction
  - Client Chart Review and Extraction
  - Sample of 179 women who had a four or more year gap between their 2012 in program mammogram and previous in program mammogram.

- Qualitative Data Collection and Analysis
  - Interviews with 18 clients
  - Interviews with 13 local program coordinators
Findings
The Majority of Women Comply with Screenings

- Compliant: 67%
- Non-Compliant: 33%

* Data for 168 clients for whom information on compliance was available. Data were not available for 11 women (6.1% of the sample population).
Discharge due to Gaining Insurance, 

Gap Time = More Compliant

- No significant odds of compliance based on age, race, level of education, personal and family history of breast cancer or surgery or base mammogram results.

- Increased odds of compliance with increasing gap time.
  - 1.27 times greater odds of compliance for every year increase in gap time (CI 1.09, 1.50)
Discharge due to Gaining Insurance, Gap Time = More Compliant

Client Compliance by Discharge Reason

- Lost: 50.0%
- Refused: 56.3%
- Moved: 66.7%
- Insurance: 73.3%
- Income: 60.0%
- Ineligible: 66.7%
- Unknown: 78.6%

Discharge Reason
- Compliant
- Non-Compliant
What is Important about BCCP?

- Reminding Clients About Appointments/Hounding Them/Being on Their Backs
- Customer Service/Just Being There for Clients
- Scheduling Appointments/Making the Process Easier
- Handholding/Help Navigating the System
- Paying/Making Screenings Accessible

Most Important to Clients
Most Important to Coordinators
Educating
Summary

- Most clients are compliant out of the program.
- Clients who have longer gap times and who were discharged due to gaining insurance have greater odds of compliance.
- Clients find BCCP patient navigation services helpful but there may be discordance with what clients find helpful and what local programs think clients find helpful.
Policy and Practice
Recommendations

- **Client Needs Assessment**
  - Client Survey: what services do clients want, and what do they not want?
  - Find out what specific patient navigation services each local program offers and how much they are utilized by clients
  - This will allow programs to expend resources to services that will have maximal impact on keeping women in the program and receiving regular screenings

- **Development of discharge materials that act as a guide to accessing screenings while out of BCCP**
  - Compile information about insurance policies, screening appointment scheduling procedures and insurance provider contact information
  - Distribute relevant information to clients when discharged from the program (specifically due to gaining insurance)
  - Relevant with incoming implementation of the ACA and many women gaining insurance
Limitations/ Lessons Learned

- Time
  - There is only so much you can do
  - There is a lot left still to investigate

- Sample
  - Bias
  - Size

- Learning Curve
  - School vs. The Real World
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Questions?

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