Context

- Colorado’s NBCCEDP-funded program
- 44 clinical service (service delivery) agencies
- Bundled Payment System
- More state dollars than federal
- State statute:
  - Age: 40-64 for breast screening
  - Verify legal presence
- Medicaid expansion state
- Connect for Health Colorado
Impact of ACA on WWC

- WWC screenings have decreased by 33-74% compared to previous year
  - Pre-ACA: Up to 75% of WWC clients had incomes below 138% of FPL
- Most WWC clients are now Medicaid eligible

<table>
<thead>
<tr>
<th># Screenings Per Month</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul</td>
<td>230</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Aug</td>
<td>1,111</td>
<td>1,900</td>
<td>504</td>
</tr>
<tr>
<td>Sep</td>
<td>1,549</td>
<td>1,042</td>
<td>481</td>
</tr>
<tr>
<td>Oct</td>
<td>1,045</td>
<td>1,666</td>
<td>509</td>
</tr>
<tr>
<td>Nov</td>
<td>1,575</td>
<td>1,603</td>
<td>558</td>
</tr>
<tr>
<td>Dec</td>
<td>1,477</td>
<td>1,575</td>
<td>527</td>
</tr>
<tr>
<td>Jan</td>
<td>1,028</td>
<td>1,018</td>
<td>474</td>
</tr>
<tr>
<td>Feb</td>
<td>2,019</td>
<td>1,177</td>
<td>400</td>
</tr>
<tr>
<td>Mar</td>
<td>1,125</td>
<td>753</td>
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</tr>
<tr>
<td>Apr</td>
<td>1,306</td>
<td>661</td>
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</tr>
<tr>
<td>May</td>
<td>1,707</td>
<td>672</td>
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</tr>
<tr>
<td>Jun</td>
<td>1,627</td>
<td>420</td>
<td></td>
</tr>
<tr>
<td>EOY</td>
<td>1,320</td>
<td>546</td>
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<tr>
<td>Average</td>
<td>1,317</td>
<td>1,086</td>
<td>493</td>
</tr>
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</table>

Source: eCaST
Number of Screenings per Month

FY13
FY14
FY15
Women’s Wellness Connection’s Broadening Focus

FOCUS: Entire population
Clinics serving underserved clients
Patient navigation and case management for eligible women
Funding clinical services for eligible women

Goal: Reduce breast and cervical cancer morbidity and mortality

• Diagram is based on the Socio Ecological Model
• Circle sizes do not correlate to effort or funding
Strategic Directions

1. Bring on additional service delivery providers
   ◦ Inner City Health Center (Denver)
   ◦ Southwest Health System (Cortez)
   ◦ Center for Health Equity and Practice (Denver)

2. Expand Eligibility for Services
   ◦ Targeted screening mammograms for women 40-49
     • Following USPSTF Guidelines
   ◦ Lowering age for cervical cancer screening
     • Determining implications on BCCP Medicaid
3. **Care coordination: newly eligible Medicaid (or insured) clients**
   - RFA released Oct. 2014
   - Open to WWC agencies and non-WWC agencies
   - 14 agencies funded (all WWC) beginning of Feb.
   - Patient navigation and case management
   - Ensure access to breast and cervical cancer screening for clients with health insurance
   - Clients must meet WWC’s age, income and lawful presence criteria
4. **Outreach/education**
   - Outreach RFA for local outreach efforts
     - Recommended 7 organizations for funding
   - Identify eligible women 139-250% FPL
     - Analyze (and map?) eCaST data
     - Focus groups of clients and non-WWC providers
       - In-depth interviews with some of above
       - Later - Identify other programs that serve same population
   - Marketing TA for WWC agencies, including best practices

5. **Collaboration/training**
   - Regional Road Shows!
Strategic Directions

6. Program evaluation/quality improvement
   ◦ Streamline WWC program, esp. for small agencies
     • Pilot project to determine if eCaST data can be extracted from EHRs
     • Communications improvements (WWC Update, etc.)
   ◦ Identify & reduce time/cost of program requirements
   ◦ Provide support to agencies/regions with unique needs
     • Fund WWC agencies for one-time expenses that will increase screening
   ◦ Continuous needs assessment/program evaluation
Conclusion

- **Substantial change in health care environment**
  - Most WWC agencies ready for change
  - Shifting landscape = redefine “underserved” for WWC

- **Transition process complex and confusing**
  - Patient experience/knowledge is limited
  - Timeline for transition is uncertain

- **There is still a need for WWC**
  - Access to health care ≠ access to screenings
  - High need clients seeking services have no funding sources