



Breast Cancer Prevention

Presentation to Public Health Council

May 13, 2015

- **Women's Health Network – Breast Cancer Screening Overview**
- **Overview of Breast Density Notification Requirements**



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

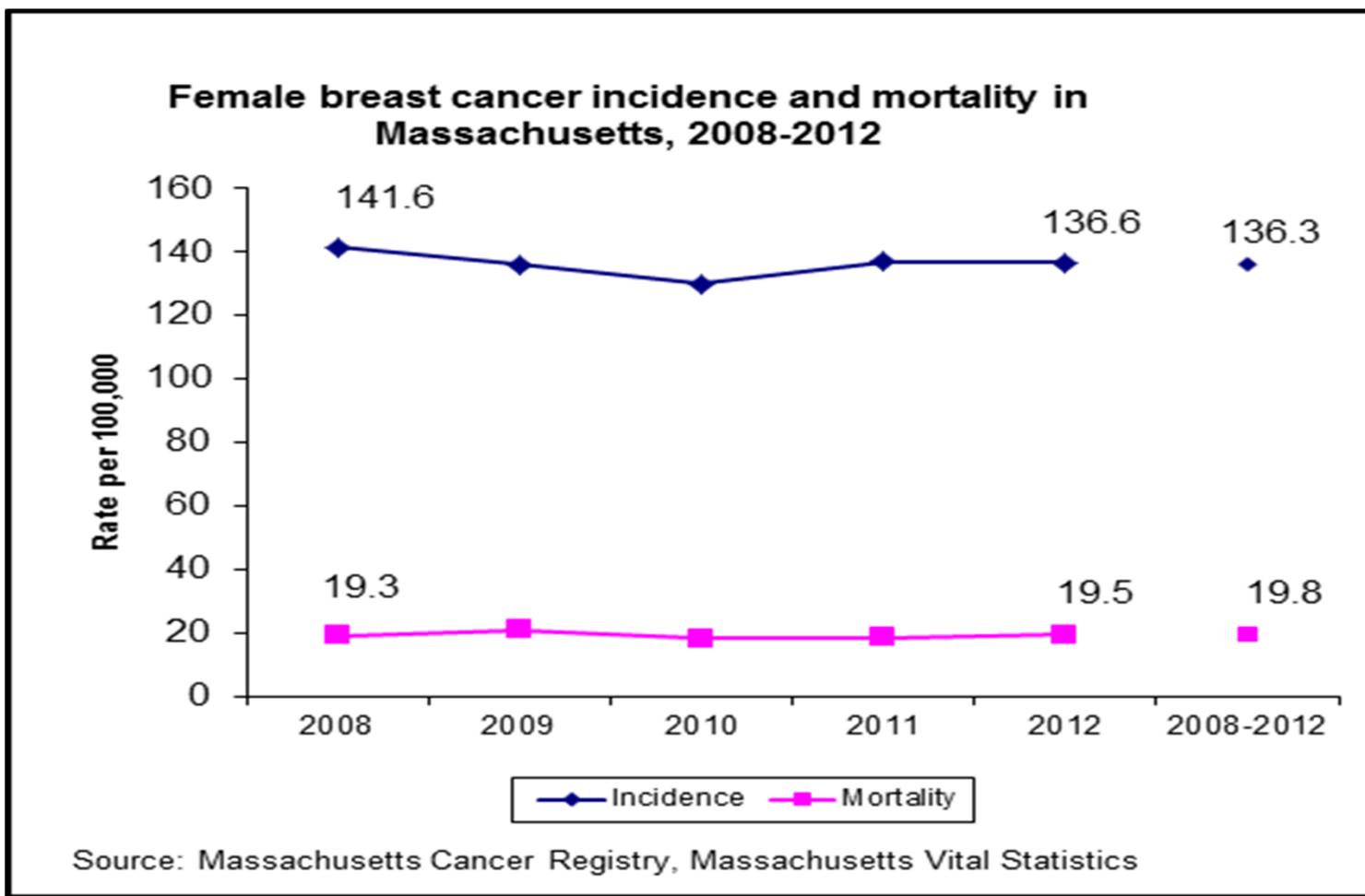
Women's Health Network

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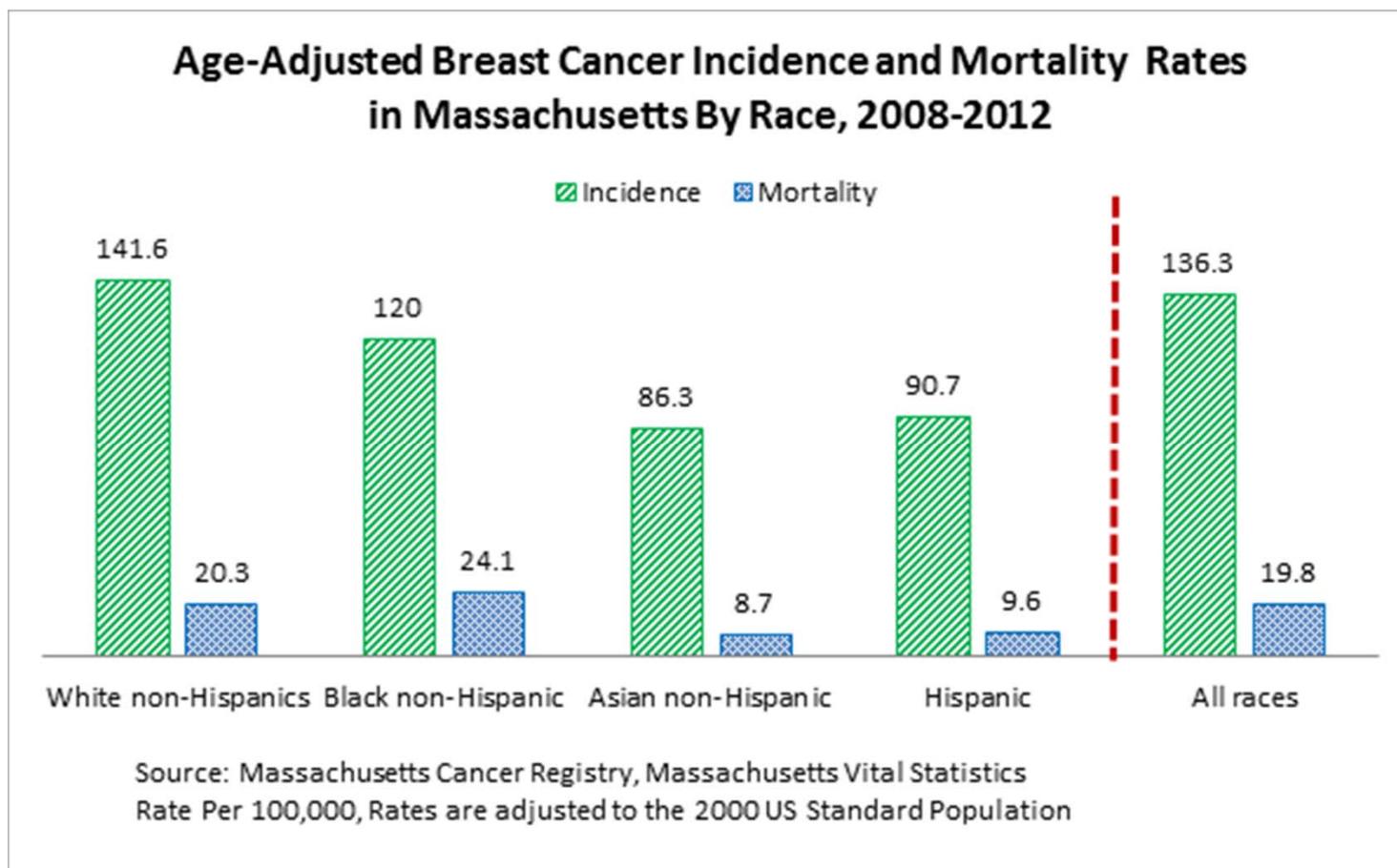


Cancer Burden - Breast





Cancer Burden Breast - Race





BREAST CANCER SCREENING AMONG MASSACHUSETTS WOMEN AGES 40 AND OLDER, 2012
MAMMOGRAM IN THE PAST TWO YEARS

	Number Screened	Rate	95% Confidence Interval
RACE-ETHNICITY*			
WHITE	8,035	84.5	83.4 - 85.7
BLACK	513	84.7	79.8 - 89.6
HISPANIC	650	88.0	84.1 - 92.0
ASIAN	77	72.5	57.2 - 87.8
OVERALL	9,616	84.6	83.5 - 85.7

Source: Massachusetts BRFSS



Historical Overview of Screening Program

- First funded in 1993
 - Statewide Contract providers
 - OB/GYN, Internal Medicine, Breast surgeons
 - Average screening 12,000 women
- Implementation of Health Care Reform in 2006
- Program infrastructure change 2008
 - Care Coordination Program (added colorectal cancer)
 - Expanded eligibility
 - Enrollment increase to approximately 20,000



Care Coordination Model – Clinical

- Implemented July 1, 2008
- Focus on priority populations in need of screening and follow-up
- Priority populations have been identified for screening
 - Latino
 - Native American
 - Rural



Eligibility

- **Eligibility for the Care Coordination**
 - Massachusetts residency, **and**
 - 40-64 years of age, **and**
 - Willing to enroll in the program, **and**
 - < 400% Federal Poverty level

- **Qualifications for Reimbursement of Medical Services**
 - WHN will pay for an approved list of services for **uninsured** clients when they are provided by a participating provider. Not all medical services required by clients are covered by the program.



Current Status

- 11 contractors
 - 9 Community Health Centers
 - 1 Hospital Based Practice
 - 1 Community based clinic

- Total capacity 11,980



Key Roles and Functions

- Roles
 - Case Manager
 - Patient Navigator
- Functions
 - Provide case management services to all clients with specific abnormal findings
 - Assist clients with barriers that may contribute to receiving appropriate medical care



Community Based Organization-Clinical Linkages

- Implemented September 2013
- Procurement Process
 - 3 CBOs linking with 3 clinical contractors
 - High risk populations
 - Boston – African Immigrants
 - Framingham – Latino population
 - Springfield – Latino/Mental Health
- Outreach, Education and linking to clinical services



Breast and Cervical Screening

NBCCEDP Massachusetts Care Coordination Screening Numbers

Fiscal Year	2009	2010	2011	2012	2013	2014
Women Served	6395	9615	9561	7472	6898	6193
Women Screened for Breast Cancer	5673	8508	8521	6712	6288	5809
- in situ / invasive breast cancers	33	34	38	30	28	22
- atypia breast disorders	631	965	907	688	721	676
Women Screened for Cervical Cancers	3853	5210	4998	3311	2517	1745
-in situ/invasive cervical cancers	14	16	20	5	5	4
cervical disorders	347	412	310	217	241	135

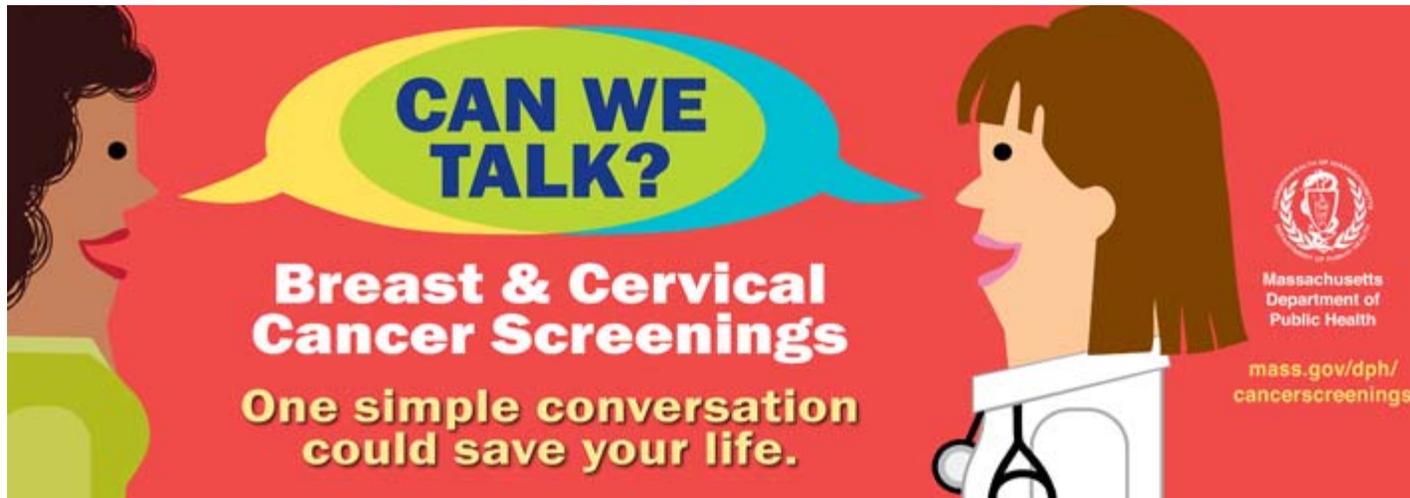
Source: October 2014 MDE



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Awareness Campaign



<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/cancer-prev-and-control/breast-and-cervical-cancer-screenings.html>



Breast Density Notification Requirements

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- In January, the Department of Public Health (DPH) and the Board of Registration in Medicine (BORIM) released information on Chapter 150 of the Acts of 2014, the Breast Density Notification Law, to providers of mammography services.
- The following slides will update the Public Health Council on this new law and the effort leading to the provision of this information.



Dense Breast Tissue

- Breasts are made up of a mixture of lobules, ducts, and glandular, fatty, and fibrous connective tissue.
 - The fatty and fibrous connective tissue give breasts their size and shape and hold the glandular tissue in place.
- Breasts are considered dense if there is a lot of fibrous or glandular tissue but not much fatty tissue.
 - The reasons why some women have more dense breast tissue than others are not clearly understood.
 - Many women have dense breasts, and it is NOT abnormal.
- **Breast density can be determined only by mammograms.**
- Although having dense breast tissue is linked to a higher risk of breast cancer, it does not mean an individual has a high risk overall.
 - Dense breast tissue may make it more difficult for doctors to see cancer on mammograms.

★ American Cancer Society (2013) – *Breast Density and your Mammogram Report*. [Cancer.org](https://www.cancer.org)



Chapter 150 of the Acts of 2014

AN ACT RELATIVE TO BREAST CANCER EARLY DETECTION

- Signed into law on June 26, 2014.
- Amends Section 5Q of Chapter 111 of the General Laws.
- Adds a requirement that all providers of mammography services provide written notification to a patient if an interpreting physician determines, based on standards promulgated by the American College of Radiology, that the patient has dense breast tissue.
- Requires the notification to include a minimum of eight specific points of information.



The notification must include, at minimum, the following information:

- that the patient's mammogram shows dense breast tissue;
- the degree of density apparent and an explanation of that degree of density;
- that dense breast tissue is common and not abnormal but that dense breast tissue may increase the risk of breast cancer;
- that dense breast tissue can make it more difficult to find cancer on a mammogram and that additional testing may be needed for reliable breast cancer screening;
- that additional screening may be advisable and that the patient should discuss the results of the mammogram with the patient's referring physician or primary care physician;
- that the patient has the right to discuss the results of the patient's mammogram with the interpreting radiologist or the referring physician;
- that a report of the patient's mammogram has been sent to the referring physician and will become part of the patient's medical record; and
- where the patient can find additional information about dense breast tissue.



Existing DPH regulations also establish the following rights of the patient, among others:

105 CMR 127.021(A)(1)

...

(f) Receive, directly or through her referring physician, a written statement describing the test results and, if results suggest other than routine mammographic follow-up, the next steps for the patient to pursue promptly after undergoing a mammogram at the facility;

(g) Be informed of the patient's right to discuss the results of the mammogram with the Responsible or Interpreting Physician or her referring physician;



Following enactment of the law, DPH staff met with advocates, practitioner groups and legislators, to discuss implementation.

Stakeholders included the following:

- **Legislative sponsors**
- **Massachusetts Radiological Society**
 - Practitioners expressed concern that patients may be unduly alarmed by the notices.
 - Concerned by interpretive clinicians definition of density, and how this definition would prompt the clinician to notify the patient of their breast density.
 - Requested universal patient breast density at all 4 levels on the density spectrum.
- **Are You Dense? Advocacy**
 - Asked for greater specificity as to the definition of “dense”.
 - Agreed with broader breast density notification.
 - Wanted a form letter for universal notification of patient breast density.



Implementation was truly a team effort, including input and action from:

- The Board of Registration in Medicine **BORIM**
 - Regulates licensed physicians;

And three DPH Bureaus:

- The Bureau of Health Care Safety and Quality **BHCSQ**
 - Division of Health Care Facilities Licensure and Certification regulates licensed facilities; and
 - Division of Health Professions Licensure regulates non-physician, licensed health care professionals;
- The Bureau of Environmental Health **BEH**
 - Radiation Control Program Inspects mammography equipment, operational protocols, and maintenance of clinical records in mammography clinics; and
- The Bureau of Community Health and Prevention **BCHAP**
 - Cancer Prevention and Control Program operates breast cancer screening programs and registries.



- The new statute specifically describes how a provider must comply with the regulation, by clearly outlining eight requirements in the written statement of mammography results, including
 - an explanation of the apparent degree of density;
 - an advisory to seek additional screening; and
 - a notice of an individual's right to discuss the results with the interpreting physician and the individual's primary care physician.
- Because the statute is so specific in the content and delivery of information to individuals, any additional regulation or any amendment of 105 CMR 127 would have resulted in redundancy, rather than clarity of Chapter 150.



Development of Guidance

- As a means of notifying providers of mammography services of the new law's requirements, the cross-agency implementation team opted to produce sub-regulatory guidance, through a circular letter and online information, rather than amending regulation.
- On **January 20, 2015**, DPH distributed circular letter **DHCQ 15-01-626** to providers of mammography services, including:
 - Hospitals;
 - Clinics;
 - Licensed Nurses and Physician Assistants
- On the same day, BORIM posted a letter with the same information to licensed physicians.
- To coincide with the release of the letters, BCHAP's **Mammography Results** website went live, pointing visitors to the new law and the circular letters, and referencing additional information on types of density.



Summary of Action Steps

DPH Actions:

- Engagement with stakeholders representing mammography patients and providers.
- Collaboration across bureaus and with BORIM to ensure a multi-disciplinary perspective.
- Collaborative effort with BORIM produced simple, but effective guidance, coupled with a public facing web presence.
- Ongoing assistance to individuals and providers with questions and concerns over the implementation of this law.
- Measure success of circular guidance to determine if additional action is necessary.



- Thank you for the opportunity to present this information today.
- For more information on breast density, and to find the DPH and BORIM circular letters, please visit the following website:
<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/cancer-prev-and-control/mammography-results.html>

Please direct any questions to:

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