



Expanding Pathways to Care:

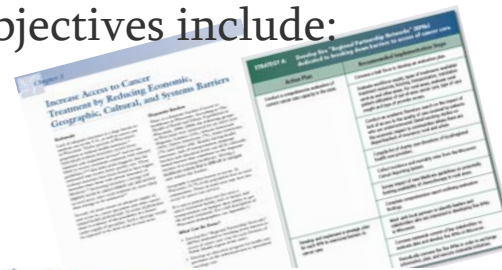
Using capacity assessment data for planning and policy development



Background:

In May 2006, The Wisconsin Comprehensive Cancer Control Program launched the Milwaukee Regional Cancer Care Network (MRCCN) to meet the goal of “promoting access to quality comprehensive cancer care” in Wisconsin's largest urban city. Charged with reducing economic, geographic, cultural, and systems barriers to cancer treatment, the MRCCN began implementing objectives outlined in CDC's Guidance for Comprehensive Cancer Control Planning. Objectives include:

- 1.) Enhance infrastructure,
- 2.) Mobilize support,
- 3.) Use data and research,
- 4.) Build Partnerships,
- 5.) Assess/address the cancer burden,
- 6.) Conduct Evaluation.



**Wisconsin's
Comprehensive Cancer Control Plan**
Prevention • Screening & Detection • Treatment • Quality of Life • Palliative Care



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Objectives:

- ❖ Illustrate how systems work interactively and cumulatively for health improvement.
- ❖ Use community needs assessment data to provide evidence for addressing socioeconomic barriers when considering health policy and local health planning.
- ❖ Use community needs assessment data to recommend allocating resources most effectively in maintaining a healthy community.
- ❖ Describe the critical success factors associated with what works and what doesn't when measuring performance.
- ❖ Identify how knowledge and lessons generated in one community can be translated into other communities



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Methods:

Strategy A: Develop five “Regional Partnership Networks” (RPN) dedicated to breaking down barriers to cancer care.

Communities
Served:

Milwaukee and Waukesha Counties

Priority:

Increase Access to Cancer Treatment by Reducing Economic, Geographic, Cultural, and Systems Barriers



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Methods: Phase I - 2006-2007

Goal: Conduct a comprehensive evaluation of current cancer care capacity in the state.

Enhance Infrastructure (Mar-Jun 06): Operational support is secured from WI CCC Program to launch Regional Network, staff are hired, and 40+ regional cancer care stakeholders are recruited to join network. Network members set monthly meetings, launch an aggressive seven-month assessment of cancer care capacity, and select a name to reflect focus on cancer treatment and care: “Milwaukee Regional Cancer Care Network (MRCCN).”



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Methods: Phase I - 2006-2007 (cont.)

Mobilize Support & Build Partnerships (Jul-Sept 06): Network members divide into three work groups, each with their respective “champion/co-chair” to further secure community buy-in and guide the capacity assessment process.

Community Resource Workgroup: Responsible for assessment of community resources including housing, transportation, language and financial. Survey tool developed and distributed to key community stakeholders. Survey findings are examined and summarized.

Data Resources Workgroup: Conduct data collection and assessment of cancer incidence and mortality rates, workforce supply, and treatment services. Data analyzed for trends.

Literature Review Workgroup: Conduct review of literature published from 2000 to 2006 that examine impact of un/underinsured on cancer care, health outcomes, and economics. Summary report completed.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Methods: Phase I - 2006-2007 (cont.)

Utilize Data / Research (Oct-Mar 07): Data analysis and review continues. Cancer experts at the IOM and NCI are consulted regarding indicators, measures, and benchmarks for assessment of cancer care capacity. A six-month process evaluation is conducted to assess MRCCN member satisfaction with meetings, leadership, and progress. MRCCN secures identify and recognizes the collective commitment of members by selecting brand logo. WI CC confirms additional one-year funding for MRCCN in 2007.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Methods: Phase II - 2007-2008

Goal: Develop and implement a strategic plan to overcome barriers to cancer care.

Assess Cancer Burden (Apr-Dec 07): Workgroups determine critical areas of burden and high-risk populations. Patient survey developed and piloted to further assess patient perspective regarding access to care. On the basis of capacity assessment findings, Network members outline key objectives to guide the strategic planning process. Objectives are incorporated into membership “Charter” along with mission and vision statements. Network members examine possible evidence-based models and assess their likelihood of success in reducing economic, geographic, cultural, and systems barriers.

Address Cancer Burden (Jan-Jun 08): Key cancer advocates will be recruited to commit to adopt appropriate strategies and action items based upon their respective capacities.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Results: Literature Review

The following themes emerged from an examination of 39 peer-reviewed articles which assessed the impact of health insurance or healthcare coverage on cancer care:

- ❖ Lack of insurance was significantly associated with decreased use of recommended health care services among lower-income and higher-income uninsured adults. Insured patients were more likely to be aware of the testing options, have received a referral and be screened within the recommended timeframe.
- ❖ Lower rates of testing were associated with no contact with their primary care provider in the past year, lack of a usual source of care, lack of health insurance and current health status being listed as fair or poor.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Results: Literature Review (cont.)

- ❖ When compared to those without cancer, cancer survivors were as likely to lack insurance, less likely to have private insurance and more likely to have public insurance.
- ❖ Survival rates are higher for insured patients than for uninsured patients for prostate, breast, colorectal and lung cancer.
- ❖ Uninsured and Medicaid patients had more emergent hospital admissions, more comorbid disease, and worse unadjusted and adjusted postoperative outcomes than patients with private insurance.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Results: Community Survey

Twenty-five of thirty-six (69%) organizations responded to the survey, 19 (76%) located in the City of Milwaukee, 3 (12%) in West Allis, one in Brookfield and two in Waukesha.

Financial Services:

Lack of health insurance coverage presents a significant barrier in receiving cancer care. Based on figures from the 2006 Aurora Community Health Survey, up to 12% of Milwaukee area residents are without adequate health insurance coverage. Racial and ethnic minorities are more likely to be uninsured. Only half of the surveyed organizations reported discounted rates for the uninsured and a designated financial assistant to aid clients with financial issues. Without some form of financial assistance, racial and ethnic minorities are at a disadvantage in receiving quality cancer care in the Milwaukee area.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development

Results: Community Survey (cont.)

Transportation Services:

Although public transportation is available in the Milwaukee area, recent bus fare increases and service reductions have limited accessibility. Private transportation is also available in the Milwaukee area but only one organization reported 24-hour service Monday through Friday. The other eight reporting organizations offered limited and/or restricted service. Lack of a valid driver's license or car ownership, especially among Milwaukee's low-income minorities, is another impediment to accessing health care services. The data on transit use, vehicle ownership, and privately-offered transportation in the Milwaukee area suggest that effective transportation is crucial in meeting the needs of both low-income and minority populations.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Results: Community Survey (cont.)

Interpretation Services:

Area organizations are making great efforts to meet the needs of LEP patients. Information collected serves as baseline data for this indicator in terms of services available. However, data collected thus far is not sufficient to assess the quality of services provided nor does it tell us if the need of patients is fully met. Further information, pertaining to patient's satisfaction with the services received, is needed.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Results: Community Survey (cont.)

Housing Services:

Based on responses from the 17 organizations that reported an average travel distance for clients; 47% traveled 5 or fewer miles, 47% traveled 6-10 miles, and only 6% traveled more than 10 miles. The limited travel distances reported by survey respondents suggests housing isn't a significant issue causing disparate cancer care in the Milwaukee area, presumably due to the close proximity of treatment facilities to patients' homes.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Results: Data Collection (cont.)

Treatment Services:

Preliminary finding of an examination of cancer treatment services in the Milwaukee area reveals a region rich in state-of-the-art facilities and services. With the possible exception of on-site genetic counseling, complementary/ integrative Medicine, and behavioral health support, particularly for low-income minorities.

Workforce: Preliminary findings of a review of cancer treatment providers (radiation oncologists and oncology nurses) in the Greater Milwaukee area does not appear to indicate that there is a workforce shortage. However, an examination of the demographic profile of the cancer care workforce in the region is likely to reveal results consistent with the state of WI; an under-representation of African American, Hispanic/Latino, and American Indian physicians in the health professions.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Results: Data Collection (cont.)

Incidence & Mortality:

As the most populous county in the state with 940,000 residents, Milwaukee County ranks 68th out of the 72 Wisconsin counties in premature cancer mortality. Given its large population and high cancer mortality rates, Milwaukee County's absolute burden is the highest in the state. According to a July 2006 report from the Wisconsin's Comprehensive Cancer Control Program (WI CCC Program), premature deaths from all cancer types except breast and lung are occurring at a statistically significantly higher rate in the city of Milwaukee than in the other urban areas of Wisconsin (92.9 deaths per 100,000 vs. 73.1 deaths per 100,000). Socioeconomic and racial data from the 2000 census suggest that the burden of cancer mortality in Milwaukee is likely influenced by the complicated interaction of social, economic, physical and environmental conditions.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Next Steps:

As the Milwaukee Regional Cancer Care Network further embarks on Phase II, they will pursue implementation of an evidence-based demonstration project to expand access to cancer care. The purpose of the demonstration project is:

- 1.) To implement an cancer screening & treatment program for underserved populations;
- 2.) To learn how to best implement program at the community level; and
- 3.) To inform current and future organized screening and treatment efforts.

In compliance with the Network's mission, vision and objectives, MRCCN's community partners and allies, as well as affected community members will engage in the following activities:

- Activity 1.) Contract with consultant to analyze data detailing the barriers to cancer care access.
- Activity 2.) Network with CDC regarding implementation of demonstration project.
- Activity 3.) Implement demonstration project to expand access to cancer care.
- Activity 4.) Engage consumers to further understand how access to cancer care can be improved.

Funding for this project is provided by The Center for Disease Control, The Wisconsin Department of Health and Family Services, The Wisconsin Healthier Partnership Fund and the UW-Paul P. Carbone Comprehensive Cancer Center.



Expanding Pathways to Care:

Using capacity assessment data for planning and policy development



Authors & Affiliations:

Lora Taylor de Oliveira, MPH, MBA, RD - Partnerships for Healthy Milwaukee
ltaylor@uwm.edu

Jessica P. Bergstrom, MPH - Center for Urban Population Health
jbergstrom@wisc.edu

Amy Conlon (Ellestad), MPH - WI Comprehensive Cancer Control Program
conlon@uwccc.wisc.edu

Ron A. Cisler, PhD - Center for Urban Population Health
rac@uwm.edu