

HEALTHY CHICAGO

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HEALTHY CHICAGO PARTNER SPOTLIGHT: METROPOLITAN CHICAGO BREAST CANCER TASK FORCE

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In 2006, a report by the Sinai Urban Health Institute captured the attention of the local health community with the news of a large and growing racial disparity in breast cancer mortality. While in 1980, Chicago's African American and White women died at much the same rate from breast cancer, today, African American women are much more likely to die from breast cancer compared to White women. In fact, the most recent data show that Chicago's African American women are 62% more likely to die of breast cancer, despite having a similar incidence rate of the disease. Over the past 20 years, there have been significant advancements in mammography's ability to detect breast cancer, and treatment has also improved substantially. Yet African American women in Chicago are not surviving better than they were 20 years ago. This is not the case in some other large urban areas.

In response to this alarming finding, a citywide call to action led to the 2007 formation of the Metropolitan Chicago Breast Cancer Task Force (Task Force), which issued a report with 37 recommendations on how to eliminate this health inequity in Chicago. One of those recommendations was the establishment of the Task Force office which occurred, with grant support, in 2008. The Task Force's mission is to reduce disparities in breast cancer care and mortality. For the past two years, the Task Force has served as an invaluable partner for the Chicago Department of Public Health's own efforts to address breast cancer disparities. Led by an Executive Director and a 16-member board (that includes a senior CDPH staff member), the Task Force addresses breast cancer disparities in many ways, including innovative clinical research and quality improvement by working with health care providers across metropolitan Chicago; policy development and legislative advocacy; and education and outreach regarding the disparity, the importance of early detection in saving lives, and in accessing high quality breast care. Their efforts, focused on access and quality, are framed by the following three hypotheses:

- Black women receive fewer mammograms
- Black women receive mammograms of inferior quality
- Black women have inadequate access to quality treatment once a cancer is diagnosed.

"The fact that African American women have seen no improvement in the survival of breast cancer over the last 20 years when so much has improved with treatment is a health care injustice."

- Anne Marie Murphy, Ph.D., Executive Director,
Metropolitan Chicago Breast Cancer Task Force

Today, the Task Force operates under the principle of leaving no stone unturned in their efforts to eradicate this disparity. Building upon the original 37 Task Force recommendations, the Task Force has established a wide array of projects. A common theme among the Task Force's projects is collaboration with all willing participants, including other breast cancer organizations, health care providers, breast cancer advocates, survivors, and community members. The Task Force seeks to bring everyone to the table to work for change in order to save women's lives. Key Task Force projects are highlighted below.

Chicago Breast Cancer Quality Consortium

In 2008, with private funding, the Task Force initiated the Chicago Breast Cancer Quality Consortium (the Consortium) project, with the goal of bringing breast health care providers from across metropolitan Chicago together to share their quality data. This project is designed to identify and solve quality problems in both mammography screening and breast cancer treatment. In an effort to promote data sharing, the Consortium successfully sought federal confidentiality protections for the data by becoming a federally-designated Patient Safety Organization (PSO) in 2009. The Consortium is the nation's first PSO dedicated exclusively to breast health and the elimination of racial health disparities. The Consortium has now collected two years of quality data and found that over 60% of facilities cannot demonstrate high quality in their screening mammography programs. What does it mean to be a high quality mammography screening facility?

- It means finding cancer when it is present – the facility's cancer detection rate
- It means finding cancer when it is small and early stage – the proportion of a facility's breast cancers that are small and early stage
- It means following up quickly with a woman if an abnormality is found – the facility's time between abnormal screen and follow-up imaging, and follow-up biopsy, if necessary.

Similarly, 30% of facilities providing treatment data could not demonstrate that they met most of the treatment benchmarks. For treatment, the Consortium looks at whether patient's treatments followed national guidelines. For example, did women who had a lumpectomy (breast conserving surgery) get radiation afterward? Did women get tested for certain hormone receptors? Was follow-up timely?

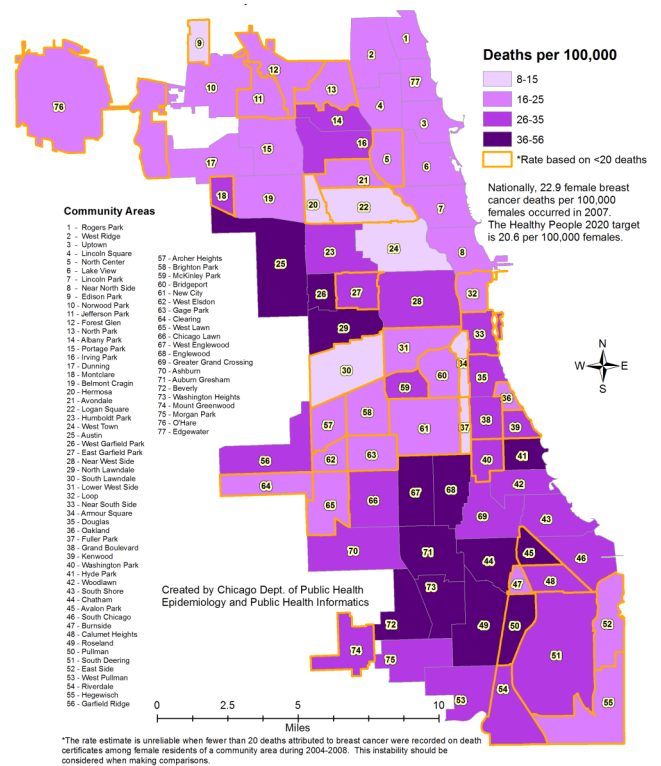
The Consortium is now working with over 15 facilities to improve their quality for breast cancer screening and treatment and recently ran a mammography technologist boot camp for all participating facilities.

Improving Access to Quality Screening

In 2010, the Dartmouth Atlas reported that Chicago has the lowest mammography screening rate in the country for women in Medicare aged 67-69.ⁱ In addition, data from the State of Illinois show low screening rates for women enrolled in the Medicaid program as well as for state employees.ⁱⁱ Further, the state's program for uninsured women, the Illinois Breast and Cervical Cancer Program, serves less than 10% of uninsured women over age 40.ⁱⁱⁱ Clearly, much needs to be done to encourage women to get screened. This is reinforced by the fact that according to data from the American Cancer Society's breast cancer facts and figures for 2011-2012, women whose breast cancer is found at the earliest stages (most likely via a mammogram) have a 99% chance of being alive 5 years later. However, when the cancer has spread, that survival rate falls to just 23%.^{iv}

Convenient access to mammography is one key to getting screened. The Task Force has carried out multiple surveys to look at mammography capacity in Metropolitan Chicago (years 2007, 2009 and 2010). The 2007 survey showed that in the aggregate, Chicago does not have enough capacity for all women over 40 to get an annual mammogram.

Average Annual Adjusted Breast Cancer Mortality Rate, Females, by Chicago Community Area, 2004-2008



More recent work from the Task Force is now looking at where the mammography facilities are located relative to where women needing mammograms live. The Task Force data show an uneven distribution of resources, with African American women far less likely to have their mammograms read by breast imaging specialists, less likely to benefit from a digital image and less likely to be able to get a same day diagnostic mammogram result that can help a woman navigate quickly to follow-up care.

A study carried out at Mercy Hospital and Medical Center in 2009 showed that the single greatest reason that a woman came to Mercy for a screening mammogram was because her doctor suggested it. As discussed above, Medicare data show that Chicago women are often not receiving mammograms. The Medicare data also showed that the places in the US that had the lowest preventive and early detection screening rates were those where people went less often to their primary care doctors for check-ups.

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The Task Force is partnering with the University of Illinois at Chicago Center for Population Health and Health Disparities (UIC-CPHHD) in order to understand and improve the ability of primary care sites to link women to breast cancer care. The Task Force is currently seeking new funding to understand what can go right and wrong in primary care when it comes to mammography screening and other cancer screens.

Advocacy and Legislation

The Task Force engages in aggressive, grassroots advocacy. In 2009, the Task Force along with other breast cancer advocates, passed the Reducing Breast Cancer Disparities bill to improve both private insurance and Medicaid for women with breast cancer or in need of breast cancer screenings (mammograms). One of the components of this bill was an increase in the Medicaid reimbursement rate for mammography.

In November of 2011, state legislation to modify the Reducing Breast Cancer Disparities law was passed. This new law tied increases in Medicaid reimbursement rates for mammography providers who are willing to report their mammography quality data to the Chicago Breast Cancer Quality Consortium.

The Task Force will be partnering with the Department of Healthcare and Family Services to implement this facility-based quality measurement project. With this new initiative, Illinois will be the first state in the nation to have a breast cancer screening surveillance system that is more robust than the federal Mammography Quality Standards Act.

The Task Force has been a strong advocate for Illinois Breast Cancer and Cervical Cancer Program (IBCCP) funding, which provides free mammograms and pap tests to uninsured women in Illinois. Last year, due to budget cuts, the program ran out of money in January 2012. In 2012, the IBCCP proposed budget was cut by over \$3 million. The Task Force mobilized to reverse these cuts to women's health care services and had \$1.6 million restored. The program will still, however, be underfunded this year and the Task Force will be mobilizing support to fund mammograms outside this program to supplement those funded by the program.

Future Directions

The upcoming year will have many opportunities and challenges for the Task Force as it works with the City and others to improve survival for women from breast cancer. The Task Force will continue working with many local health care providers on rapid cycle quality improvement projects and will be expanding this work statewide. The Task Force will also be launching a new *Screen to Live* project in the Englewood community in partnership with the Chicago Department of Public Health's Englewood clinic, St. Bernard Hospital, and Mercy Hospital and Medical Center. This project will be providing uninsured women with free mammograms. For more information, please contact the Task Force at 312-942-1899. For additional information about the Task Force's efforts, go to www.chicagobreastcancer.org.

References

- i Goodman D, Brownlee S, Chang C, Fisher E. Regional and Racial Variation in Primary Care and the Quality of Care among Medicare Beneficiaries. The Dartmouth Institute for Health Policy & Clinical Practice, 9/9/2010.
- ii Calculations are based on IBCCP data and funding.
- iii State of Illinois.
- iv American Cancer Society. Breast Cancer Facts & Figures 2011-2012. Atlanta: American Cancer Society, Inc.

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