
**Report to
The Vermont Legislature**

**Vermont Department of Health Ladies First Program
2015 – 2016 Program Outreach Plan**

In Accordance with Act 58, (2015), Section E.312.1

Submitted to: Joint Fiscal Committee

Submitted by: Vermont Department of Health

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Report Date: September 1, 2015



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Table of Contents

Executive Summary.....	Error! Bookmark not defined.
Introduction	3
Program Background	3
Target Audience	5
Barriers to Conducting Outreach.....	6
Declining Screening Numbers	6
Changing Program Policies	7
HMC Media Contract	9
Health System Outreach	11
Conclusion	12

Vermont Department of Health Ladies First Program 2015 – 2016 Program Outreach Plan

Introduction

The 2015 Appropriations Act directed the Commissioner of Health to develop a marketing plan for the Ladies first Program (Act 58, 2015, Section E.312.1). The plan, due to the Joint Fiscal Committee on September 1, 2015, is required to demonstrate appropriate integration with other marketing and outreach efforts of the Department of Health. This document presents this plan and a discussion of strategies for program implementation during the upcoming years.

Program Background

The Ladies First (LF) program is funded primarily by federal funds granted to the Department of Health from the Centers for Disease Control (CDC). Depending on funding availability, LF sometimes receives funding from the Susan G. Komen Foundation of New Hampshire and Vermont. Komen funding represents a very small proportion of the program's budget. The program was awarded \$1,304,000 in CDC funds for FY16 and \$28,000 in Komen funds for the period of April 1, 2015 – March 31, 2016.

Ladies First is housed at the Department of Health central office in Burlington, VT. The program is staffed by the following positions: Program Director (.3 FTE); Program Coordinator (1.0 FTE); Case Managers (1.8 FTE); Chronic Disease Nutritionist (1.0 FTE); Data and Reporting Coordinator (1.0 FTE); and Program Administrative Assistant (1.0 FTE).

Ladies First's mission is to reduce the social, economic and individual impact of cancer and heart disease and to save lives through heart health screenings and early detection of breast and cervical cancers.

The program removes barriers to breast and cervical cancer and heart health prevention services by providing free screening, diagnostic and case management services, as well as referral to treatment available through the Breast and Cervical Cancer Treatment Program (BCCTP) at the Department of Health Access (DVHA).

Approximately 60% of members are referred to the program by their provider. Ladies First works closely with the network of Federally Qualified Health Clinics (FQHCs), Free Clinics, Planned Parenthood Clinics, and some private practices. The program provides sub-awards to FQHCs and Free Clinics through the state's grant and contract system. Ladies First sub-award dollars fund outreach, enrollment, patient navigation, care coordination, and quality improvement activities in these clinics. Ladies First and community clinic shared goals include identifying women eligible for the program, increasing preventive screening across the clinics' entire patient populations, ensuring that quality breast and cervical cancer screening and diagnostic care takes place, and increasing use of effective and sustainable health systems in partner clinics.

To reach women not being served by community clinics, LF conducts outreach and recruitment activities targeted at low income Vermont women. The goals of these outreach activities are to maximize awareness of the program, increase program enrollment and raise awareness about the importance of being screened.

Target Audience

The program serves women under 250% of the Federal Poverty Level (FPL) who face significant barriers to receiving health care. The program fulfills its mission by engaging in the following activities:

- Providing grants to Federally Qualified Health Centers (FQHCs) and Free Clinics to identify and enroll eligible women into the program;
- Funding staff time in those community clinics to conduct panel management and patient navigation activities across the entire patient population to identify clients due for screening and ensure appropriate screening and diagnostic services are completed;
- Educating providers about LF, evidenced-based guidelines, and clinical policy updates;
- Providing free clinical breast exams and mammograms to LF members and uninsured or underinsured women;
- Paying for appropriate diagnostic services LF members and uninsured or underinsured women;
- Removing cost barriers to women on Qualified Health Plans through Health Connect and other high deductible programs who face a financial barrier to care due to cost sharing, a deductibles, or other financial or access barriers by paying for co-pays and / or towards deductibles;
- Providing Case Management services to women with abnormal results;
- Providing care-transfer services from LF to the BCCTP for members with a cancer diagnosis;
- Applying outreach strategies such as radio ads, social media posts, participation at community events, and placing information in providers offices, to engage traditionally underserved and vulnerable populations around breast cancer screening.

Barriers to Conducting Outreach

A factor which greatly inhibited the program’s outreach capabilities was budget restrictions from the CDC which required that the program spend at least 60% of its program budget on *direct clinical services* and the other 40% on staffing, program administration, outreach, supplies, transportation, travel and more. **This “60/40” split was eliminated for FY16; however, it is unclear whether it will be reinstated in FY17.**

Declining Screening Numbers

From approximately 2007 to present, the program has seen a consistent decline in the number of women served each year (see Table 1 below).

This has resulted in the program paying for fewer direct services (such as mammograms and pap tests), and in an increase in women enrolling in other programs such as Medicaid and Health Connect. In particular, the program saw a significant decline in 2007-2008 when Catamount Health took effect, and again in 2015 following implementation of Medicaid expansion and Vermont Health Connect Plans. Furthermore, between 2005 and 2009, the number of regional Health Department staff conducting outreach and on-the-ground community activities promoting the program declined. This was due to a reduction in program funds and restructuring of staff duties in those offices.

Table 1 – Ladies First Annual Screening Numbers

Year	Mammograms provided	Pap tests Provided
June 2007 – June 2008	1183 mammograms	1096 pap tests
June 2008 – June 2009	756 mammograms	647 pap tests
June 2009 – June 2010	713 mammograms	637 pap tests
June 2010 – June 2011	481 mammograms	404 pap tests
June 2011 – June 2012	421 mammograms	461 pap tests
June 2012 – June 2013	397 mammograms	339 pap tests
June 2013 – June 2014	291 mammograms	183 pap tests
June 2014 – June 2015	218 mammograms	144 pap tests

The numbers presented above reflect the decline in the provision of screening services by the Ladies First Program over the last several years. It should be noted that the screening rates for breast and cervical cancer did not drop significantly during this period – these numbers reflect the services paid for by Ladies First. During this period many women who were previously on Ladies First enrolled in Catamount Health and Vermont Health Access Plan, and later in Expanded Medicaid and Vermont Health Connect.

It should also be noted that these numbers do not reflect office visits for clinical breast exams and pelvic exams, heart health screening, care coordination and case management activities, diagnostic services, and transfer to cancer treatment that the program provides to Ladies First members.

Changing Program Policies

Three important policy changes have occurred which have had and will continue to have a significant impact on Ladies First operations:

1. Effective July 1, 2014, LF obtained permission from CDC to co-enroll women on Health Connect (or other insurance programs with cost barriers) into Ladies First in order to help such women with the cost-sharing associated with diagnostic care and/or any services which present a cost barrier for a member.
2. Effective July 1, 2015, the program received permission to fund community clinics to conduct panel management and patient navigation activities across entire patient panels, including Medicaid women, Health Connect members, uninsured, underinsured, and Ladies First members. While the program may not pay for direct clinical services that Medicaid or another program covers, it can pay for navigation and other services that will ensure more women are screened and that appropriate follow up care is completed if needed.

3. Effective July 1, 2015, the 60/40 budget restriction was lifted, which will provide the program with some flexibility in conducting outreach activities.

It is anticipated that the impact of these policy changes will affect Vermont women in the following ways:

1. Expanded patient navigation activities will help the program reach more women and ensure more women are screened. While Ladies First may not be paying for many more services, they will have the ability to reach many more women.
2. Benefits of Co-enrollment:
 - a. When a woman has moved from a screening to a diagnostic situation, she is no longer in a situation where there are no co-pays or deductibles. Ladies First can step in at that point and a) pay the co-pay; b) cover the deductible; or c) pay for the service (up to the Medicare Part B rate) and ensure payments are applied towards the deductible (NOTE: Ladies First does not cover premiums).
 - b. The Heart Health side of our program is also able to provide lifestyle services, such as free Weightwatchers or Curves Complete memberships to women who have identified with a BMI over 25 (this is a benefit that is not covered by Health Connect or private programs, and which could save the state dollars in the future).

Ladies First 2015/ 2016 Outreach and Communications Planning

HMC Media Contract

As noted above, with the program's budget restrictions being softened in FY16, Ladies First has allocated a proportion of the budget to fund a contract with a communications firm. The program is working with HMC Media of Richmond, VT (the same firm that Health Connect uses to ensure efforts are aligned) and expects to receive the following contract deliverables:

1. Development of an 18 month Communications and Outreach plan to include strategies for:
 - a. Social media (Facebook; twitter)
 - b. Paid media (Print media, google ads, and radio ads)
 - c. Earned media (news interviews, articles in town newspapers)
 - d. Provider Education
 - e. Community relations and special events
 - f. Alignment with Agency outreach efforts, with specific focus on Medicaid and Health Connect
2. Development of a promotional platform that can be used across mediums (print and electronic) to promote the program to funders and the public. It is anticipated that the promotional piece will incorporate member testimonials, highlights regarding the program's services, and why co-enrollment is important.

Public Outreach

Rack cards and collateral: In 2013, the program worked with the Department of Health Communication Office to "re-brand" the program.

Design and materials that were created included a new logo and tagline, rack cards, program brochures, letterhead and consumer website. Throughout the year program brochures and rack

cards are distributed to primary care providers, hospitals, community clinics, community locations (e.g. grocery stores, malls) to promote the program in public places across the state.

Free Screening Days: In FY16, the program will be working with partners to conduct or assist with three free screening days in different regions of the state. These will take place in Addison County, Bennington County, and Chittenden County. At these events all participants will be screened for Ladies First. The program will be using Komen dollars to pay for radio ads to promote the screening events in Addison and Bennington Counties and the services offered by Ladies First.

Breast Cancer conference: The program will have a table at the 2015 Annual Vermont Breast Cancer Conference. This will include an overview of the program, new services, co-enrollment, and general information about the importance of screening.

Library October promotion project: Every October (Breast Cancer Month), Ladies First partners with libraries across the state to put on Breast Cancer Awareness Displays and to promote the program's services.

Office of Local Health Facebook page outreach: Program staff work closely with the Department of Health Communications Division to promote the program via Facebook including local events, policy changes, the importance of being screened, and new services being offered.

Minority Health: Ladies First will be working with the Refugee Resettlement Project to develop an education program and culturally appropriate materials that address the importance of screenings and preventive care.

Komen Race for the Cure Events: Ladies First is a Komen grantee and attends the Komen Race for The Cure event in Manchester, VT every year. The program promotes its services at this event and liaises with breast cancer care professionals and the public regarding the program's services.

Local Health Events: The program works with partners across the state to conduct outreach activities at other local events that are relevant to the program's mission. These events include American Cancer Society Relay for Life events, local Health Fairs facilitated by FQHCs, regional fairs and expositions, and more.

Health System Outreach

Health Connect Collaboration: Ladies First is working with Health Connect to promote the program's services and the importance of co-enrollment with Health Connect. The program director meets with Health Connect outreach staff on a regular basis to discuss promotion of co-enrollment, training insurance navigators, and how to conduct in-reach to Health Connect

members who could be co-enrolled. Ladies First will be conducting at least one training for Health Connect navigator organizations (entities paid by the state to enroll women in Health Connect and Medicaid programs) in FY16. The program is submitting information regarding co-enrollment to Health Connect navigator newsletters.

Other Insurance Navigation Outreach: The program has established a relationship with the state's largest navigator contractor, the Vermont Coalition of Clinics for the Uninsured (VCCU). Ladies First funds VCCU clinics to promote the program and ensure that when insurance navigation activities take place, women are screened for enrollment or co-enrollment with a Health Connect Program. Program staff will be visiting other insurance navigator organizations to promote co-enrollment and discuss ways to collaborate.

Enrollment Activities in community clinics: The program is currently funding outreach and in-reach activities in Federally Qualified Health Centers (FQHCs). Enrollment staff have been trained and are required to screen new women for Ladies First and existing clients for co-enrollment.

Department of Health Access: Ladies First is working closely with the Department of Vermont Health Access to promote the importance of breast and cervical cancer and heart health

screening, and to increase screening levels for Medicaid recipients. Although the program is not paying directly for Medicaid recipients to receive these screenings, it is committed to conducting outreach and in-reach activities to maximize screening in the Medicaid population. The program is currently working with Medicaid to fund part of a quality improvement position to be housed at Medicaid. It is anticipated that the position will identify Medicaid women due for screenings, will identify sub-populations in need of more intensive outreach, and will generally dedicate time to planning and quality improvement related to cancer and heart health screening in Vermont's Medicaid population.

Provider Education: Ladies First has a provider training website (separate from public/consumer website) which provides significant information related to program policies and services, billing and coding rules, clinical algorithms, evidence based interventions, clinical policy changes, and other information of interest and relevance to the providers who serve the program. CME/ CEU eligible training modules are available on the website. Program staff also travel across the state to conduct one-on-one trainings with providers in FQHCs, private practices, and Free Clinics. The program anticipates visiting all FQHCs and Free Clinics in FY16. Since July 1, 2015, the program has visited Bennington, Rutland, Arlington, and Richford. Visits are planned to Newport, White River Junction, Saint Johnsbury, Saint Albans, and Springfield. These visits include meetings with clinics and Department of Health local staff to identify opportunities for outreach and collaboration.

Conclusion

It is anticipated that changes in federal policies affecting program activities, administration and budget regulations, will enable the program to reach significantly more women and that screening numbers will increase across the state. The program believes that co-enrollment with other insurance programs will increase, which will lead to a decrease in cost barriers associated with breast and cervical cancer diagnostic services.

The program is working closely with its key partners, including statewide community clinics (free clinics and FQHCs), Medicaid, Health Connect, hospitals, the American Cancer Society, and others, to promote Ladies First services to underserved and vulnerable populations. A portion of funding is being used to work with a communications and media firm, which will help the program plan and execute outreach strategies that align with other state programs and which will help maximize its impact in Vermont.