



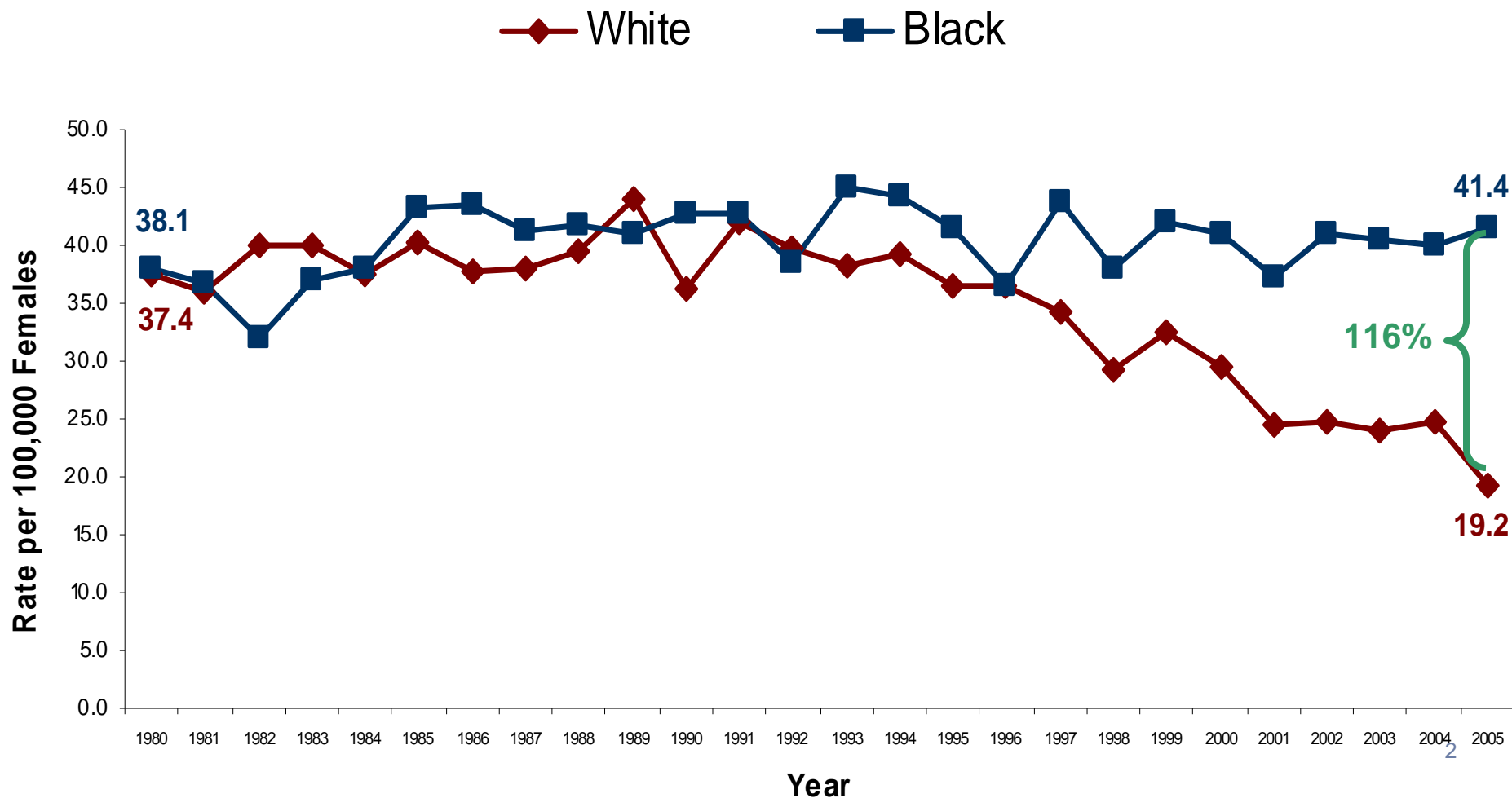
Chicago Breast Cancer Quality Consortium

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Black and White Breast Cancer Mortality, Chicago, 1980-2005



Implications of these Findings



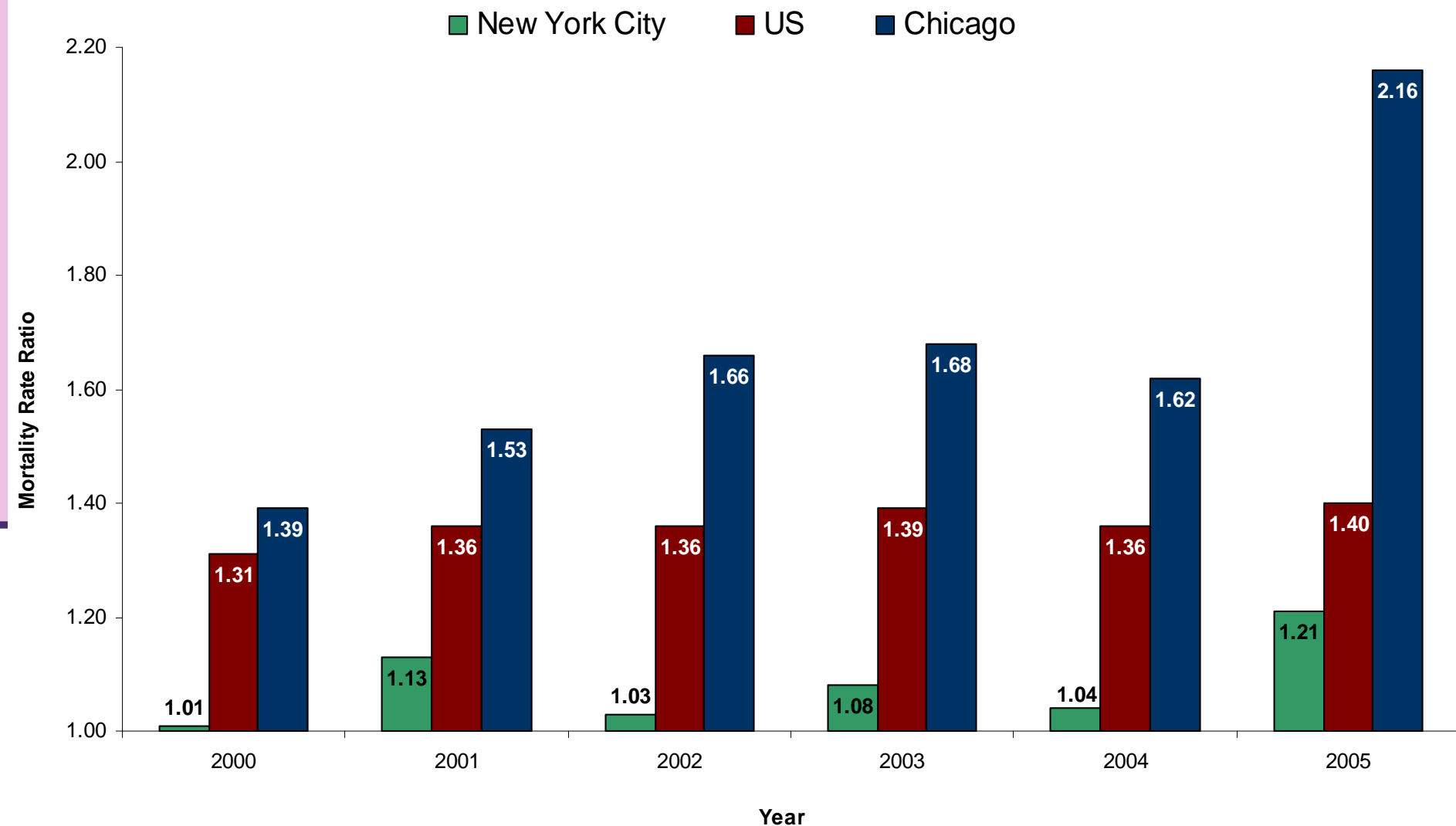
- It's as if none of the advances in screening and treatment have benefited Black women in Chicago
- The disparity in breast cancer mortality in Chicago is one of the highest in the US
- Over 100 Black women die each year in Chicago because of this inequality in mortality

Chicago vs. New York



- While breast cancer health disparities exist nationwide, there appears to be significant difference in the extent of the disparity in different locations.
- If this is the case, it implies a health system issue as a factor impacting outcomes.

Black:White Rate Ratios for Breast Cancer Mortality, New York City, US & Chicago, 2000-2005



What are some differences between Chicago and NYC?



- NYC has a relatively robust public health and hospitals system
- The relative size of the Medicaid budget for NY is over twice the size of the IL budget and provider rates are thus very different

What do we know about Chicago's health system that could contribute to disparities?

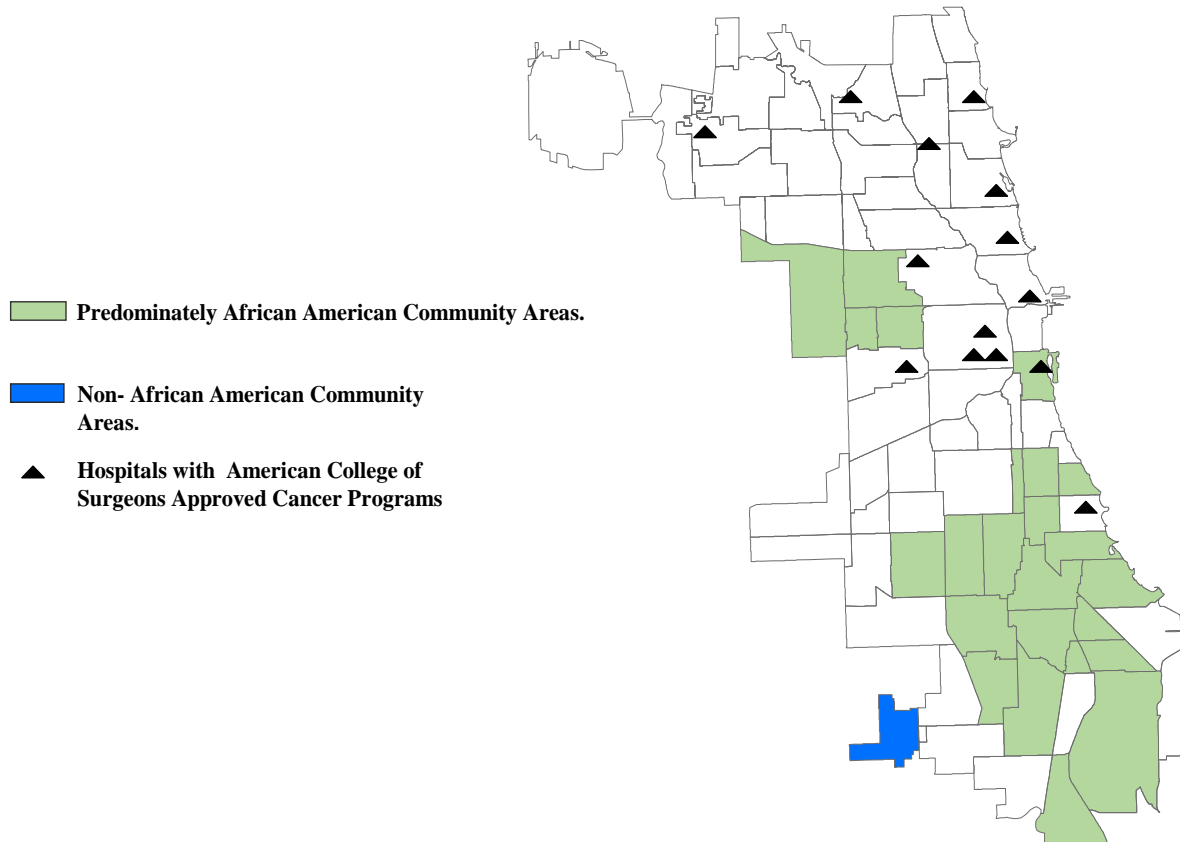


Mammography Facilities Survey performed in 2008

- Black women were far less likely to get a mammogram in facilities with digital equipment
- Black women were far less likely to get a mammogram in a facility that had breast imaging specialists
- Black women were far less likely to have a high image quality mammogram
- Black women were less likely to access care in an academic facility

- Source: Ansell et al. Aug 2009, Cancer Causes and Control

Chicago Community Areas with the Highest 2000 -2005 Average Annual Breast Cancer Mortality Rates



Chicago Breast Cancer Quality Consortium



- The driving hypothesis of the Consortium is that differential access to high quality breast cancer screening and treatment is a significant contributor to racial health disparities in breast cancer and in fact in disparities more broadly.
- The Chicago Breast Cancer Quality Consortium was created to build a collaborative between providers to share quality data in this area so as to IN A NON-JUDGEMENTAL MANNER identify deficits and to work together to fix them.
- The Consortium was recently approved by the Federal Government as the nation's first Patient Safety Organization dedicated exclusively to breast health

Making a difference!

Chicago Breast Cancer Quality Consortium



- First comprehensive quality improvement initiative of its kind
- Unlike other quality entities/forums
 - Goal of actively helping institutions to improve
 - Extra emphasis on low-resource ie struggling community hospitals that do not have resources available generally for quality improvement
- Over 75% interest in the 1st year
- 56 major Metropolitan Chicago institutions have signed up to participate representing 118 sites including both academic and community hospitals
- Funded by Susan G Komen for the Cure

Type of Measures being Collected



- Screening Measures
 - How many cancers does a facility detect per 1000 women screened.
 - Are a lot of the cancers small? (DCIS, ≤ 1 cm)
 - Are a lot of the cancers early stage ? (Stage 0, 1)
 - Are women with abnormal mammograms receiving follow up?
 - Time from Screening to Diagnosis
- Treatment Measures
 - Are most women receiving treatment consistent with national guidelines? Eg. % receiving breast conserving surgery that go on to receive radiation therapy, % ER+ or PR+ that go on to receive hormonal therapy, % HER2+ that go on to receive herceptin
 - Time from diagnosis to treatment

Overall Goal is to Save Lives



- This is not a project to just collect data.
- It is not a project to merely publish data.
- Participants in this project are committed to drilling down to find out what is really going on with patient care, how does care at their institution match up with best practices.
- The ultimate aim is to improve the healthcare delivery system for ALL.

Other Public Policy Initiatives



- Worked with Komen-Chicago to pass state legislation to address racial health disparities in breast cancer (SB1174) including provisions to
 - Eliminate cost sharing for mammography in private insurance
 - Require private insurers to cover pain meds for breast cancer patients when medically necessary
 - Increase Medicaid rates for mammography
 - Establish patient navigation program in Medicaid
 - Establish pay for performance program in Medicaid for mammography referrals
 - Establish mammography quality bonuses in Medicaid

Public Policy Initiatives continued



Past Successful Initiatives:

- Pushed Governor to expand the state's Breast and Cervical Cancer Program so that it covers All uninsured women.

Upcoming Year Initiatives:

- Pushing for more funding for state's Breast and Cervical Cancer Program - currently only universal in name.
- Require Insurers to cover routine medical costs for those in clinical trials
- Require Insurers to provide parity between oral chemotherapy drugs and intravenous ones.

National Healthcare Reform Debate



- Not all healthcare is created equal – Quality Matters
- As a nation, we are in danger of maintaining a healthcare caste system where the quality of care a patient gets depends on the width of their wallet and the type of insurance card in that wallet
- If we allow providers to continue to pick and choose patients based on the type of insurance card they have (payor mix), we will maintain our current system where uneven access to high quality healthcare can determine life versus death.
- Do we really want to live in a society where a person's chance at survival from breast cancer or their mother's chance at survival depends on their pocket book?