



## Michigan Department of Community Health (MDCH) Cancer Genomics Program



Enhancing Breast Cancer Genomics Best Practices and Policies in the State of Michigan (2011-2014)

MDCH is enhancing and expanding its existing public health program utilizing health plan policies and current partnerships to maximize the health benefits of appropriate *BRCA*-related clinical services and minimize potential harms from inappropriate use. The program focuses on the Healthy People 2020 Objectives to: 1) increase the proportion of women with a family history of breast and/or ovarian cancer that receive genetic counseling; 2) reduce the overall cancer death rate; 3) reduce the breast cancer death rate; and, 4) reduce late-stage female breast cancer. Our proposed project aims to create a system that will ensure appropriate translation of *BRCA* counseling, testing, and follow-up into clinical and public health practice, according to national guidelines.

### Overall Project Accomplishments as of April 2013:

- Participated in multiple meetings with CDC and other state grantee staff in Georgia and Oregon; shared project activities and products with other states including Florida, Connecticut, Ohio, Minnesota, Colorado, North Carolina and Kansas
- Maintained MDCH cancer genomics websites at [www.michigan.gov/genomics](http://www.michigan.gov/genomics); and created new websites at [www.migrc.org](http://www.migrc.org) and [www.michigan.gov/cge](http://www.michigan.gov/cge)
- Shared data and activities with FORCE for discussion with US Patent and Trade Office in 2013; shared data with National Society of Genetic Counselors for discussion with CMS in 2012 and 2013
- Provided invited guest presentations at 2012 CDC University, 2012 National Human Genome Research Institute course, 2012 FORCE annual meeting, 2012 National Cancer Conference and 2013 Research to Reality Cyber-Seminar

### Policy Accomplishments as of April 2013:

- Recognized 14 of 25 health plans in Michigan for written *BRCA* counseling and testing policies aligned with the 2005 USPSTF recommendation (from baseline of 4 health plans in 2009). Published process and results in international, national and state publications.
  - Found 78.8% of women seen for *BRCA* counseling by a Michigan board-certified genetics professional were a member of one of these 14 health plans
- Identified 8 of 25 health plans with written policies for *BRCA*-related clinical services for women with a known deleterious *BRCA* mutation consistent with NCCN guidelines
  - Honored these health plans at key health plan events and through press releases/media coverage
- Provided technical assistance to multiple health plans regarding written *BRCA* counseling, testing and related clinical services policies
- Created and disseminated *BRCA* Policy Dashboard that captures each health plan's *BRCA* Clinical Services written policies, and a report highlighting the number of each health plan's members who received *BRCA* counseling and testing by a Michigan board-certified genetics professional
- Continued to decrease inadequate insurance as a barrier to *BRCA* testing for women seen for *BRCA* counseling by board-certified genetics professional (identified barrier for 17.7% of *BRCA* counseling patients in 2012 compared to 23.8% in 2009)
  - Partnered with the Cancer Resource Foundation, Inc., to provide over 50 cancer genetics tests to underinsured Michigan residents through cancer genetic testing co-pay program
- Authored seven articles for Michigan Association of Health Plans (MAHP) *Insight* on breast cancer genomics best practices (<http://www.mahp.org/insights.html> )
- Conducted key informant interviews with administrators from 7 health plans to address barriers and facilitators to creation and implementation of written policies for *BRCA* Clinical Services
- Expanded 2012 MAHP Pinnacle Award Criteria for Cancer Genomics Best Practices to include NCCN guidelines; awarded 2011 MAHP Pinnacle Award for Cancer Genomics Best Practices to Priority Health; highlighted at 2011 and 2013 MAHP CME Best Practice Forums (<http://www.mahp.org/awards.html> )
- Partnered with four health plan partners (Blue Cross Blue Shield of Michigan, Medicaid, Priority Health & MAHP) who currently serve on the 2011-2014 cooperative agreement steering committee

***Policy Goal: Promote adoption of health plan policies to increase coverage of BRCA clinical services for high risk women***

## Education Accomplishments in as of April 2013:

- Authored bi-monthly articles for the *MCC Update* newsletter on breast cancer genomics ([www.michigancancer.org](http://www.michigancancer.org))
- Distributed over 15,000 MDCH Cancer Family History Guides to assist providers in identifying high risk patients for referral to genetics specialist
- Created survey to be disseminated by major Michigan health plan to relevant primary care providers to measure awareness, knowledge, and appropriate use of national guidelines for *BRCA* counseling and testing referrals
- Partnered with NCHPEG, Oregon, Georgia and Florida to create *BRCA* CME module for primary care providers
- Provided in-service presentations on *BRCA*-related services at several Michigan hospitals and universities
- Presented invited plenary sessions at the 2012 Michigan Academy of Family Physicians annual conference; 2012 American Cancer Society-Great Lakes conference; 2012 Michigan Association of Physician Assistants conference; 2012 Intertribal Council of Michigan Annual Cancer Program; and, 2013 Michigan Society of Hematology and Oncology Nurse Retreat

***Education Goal: Increase health care provider knowledge and use of BRCA clinical practices according to national best-practice guidelines***

## Surveillance Accomplishments as of April 2013:

- Expanded *BRCA* clinical network of all Michigan board-certified cancer genetic professionals to include 15 clinics overall; captured *BRCA* genetic counseling and testing information on over 10,300 patients. Data revealed:
  - An increased number of patients seen for *BRCA* counseling by a board-certified genetics professional each year (including the number meeting USPSTF and NCCN risk evaluation criteria)
  - Top three referring provider types to board-certified genetic professionals for *BRCA* counseling are surgery, oncology and OB/GYN; increased primary care provider referrals from 2011 to 2012
  - Increased statewide use of specific *BRCA* tests beyond those ordered by board-certified professionals when Michigan *BRCA* clinical network data were compared with *BRCA* testing data received from Myriad Genetics, Inc. as follows: increased comprehensive *BRCA* testing by 72.2% from 2008-2011 (33.7% of total comprised by board-certified genetic professionals); increased BART testing by 370.9%, single site by 12.1%, and Ashkenazi Jewish three sites by 4.4% from 2008-2011 (54.1%-61.7% provided by board-certified genetic professionals in 2011)
- Analyzed Michigan Cancer Surveillance Program and mortality data
  - Continued to demonstrate decreased mortality for ovarian cancer and breast cancer at a young age
- Submitted a 'user story' involving the *BRCA* database in the Public Health Reporting Initiative, organized under the Office of the National Coordinator for Health IT in 2011; served as current member of the Stage 3 Sprint workgroup creating an implementation guide for public health reporting
- Identified over 200 cases appropriate for *BRCA* counseling through four local MSCP cancer registries; providers of these cases to receive targeted educational information; identified four local cancer genetics providers who will serve as a resource for local providers
  - Co-authored blog (with Connecticut) for CDC Office of Public Health Genomics in 2013
- Analyzed 2011-2012 phone survey involving female patients from 8 cancer genetics clinics who were identified with a *BRCA* known deleterious mutation or who were found to be a *BRCA* true negative to determine impact of *BRCA* testing results on follow-up health behavior and other factors
- Analyzed 2007-2009 Michigan Cancer Surveillance Program mandatory family history variables for breast cancer and ovarian cancer
  - Creating process for quality improvement of family history reporting with cancer registry staff
- Created protocol for surveillance projects examining follow-up care in patients covered by Blue Cross Blue Shield of Michigan and Priority Health who had *BRCA* testing
- Placed five 2012 Michigan BRFS questions on family history of breast and ovarian cancer and *BRCA* counseling and testing being asked to Michigan female adult residents
  - Analyzed results of 2011 Michigan BRFS questions and found 10.4% of Michigan adult women have a family history of breast and/or ovarian cancer that met selected USPSTF criteria (7.0% of Michigan adults met one of a select number of NCCN criteria for breast/ovarian cancer risk assessment); of those meeting USPSTF and/or NCCN criteria, 17.7-27.6% had at least one or more family members who had received genetic counseling for breast and ovarian cancer

***Surveillance Goal: Expand surveillance of BRCA clinical practices***