

Evaluation and Promotion of BRCA Best Practices among Michigan Health Plans

December 9, 2010

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Genomics Applications in Practice and Prevention (GAPP): Translation Programs in Education, Surveillance, and Policy

- **Goal:** move human genome applications into health practice to maximize health benefits and minimize harm through non-research activities

Promoting Cancer Genomics Best Practices through Surveillance, Education and Policy Change in the State of Michigan

- **Ultimate Impact:** A reduction in early cancer deaths (before age 50) through statewide surveillance and implementation of systems of care for inherited breast, ovarian, colorectal and other Lynch syndrome (HNPCC) related cancers that use best practice recommendations for family history assessment, cancer genetic counseling and testing

Our Program's Goals 2008-2011

- Develop and implement a model for **surveillance** of inherited cancers and use of relevant genetic tests; and share with other cancer registries and national programs
- Identify model **provider education** programs to increase use of appropriate screening, counseling and evidence-based genetic tests; and share with public health and/or clinical practice organizations
- Identify a model **health insurance policy** for BRCA1 & 2 cancer genetic testing; and share with health plans in Michigan and other states

Funding for this project was made possible by Cooperative Agreement #5U38GD000054 from the Centers for Disease Control and Prevention. The contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

2005 U.S. Preventive Services Task Force BRCA Recommendation

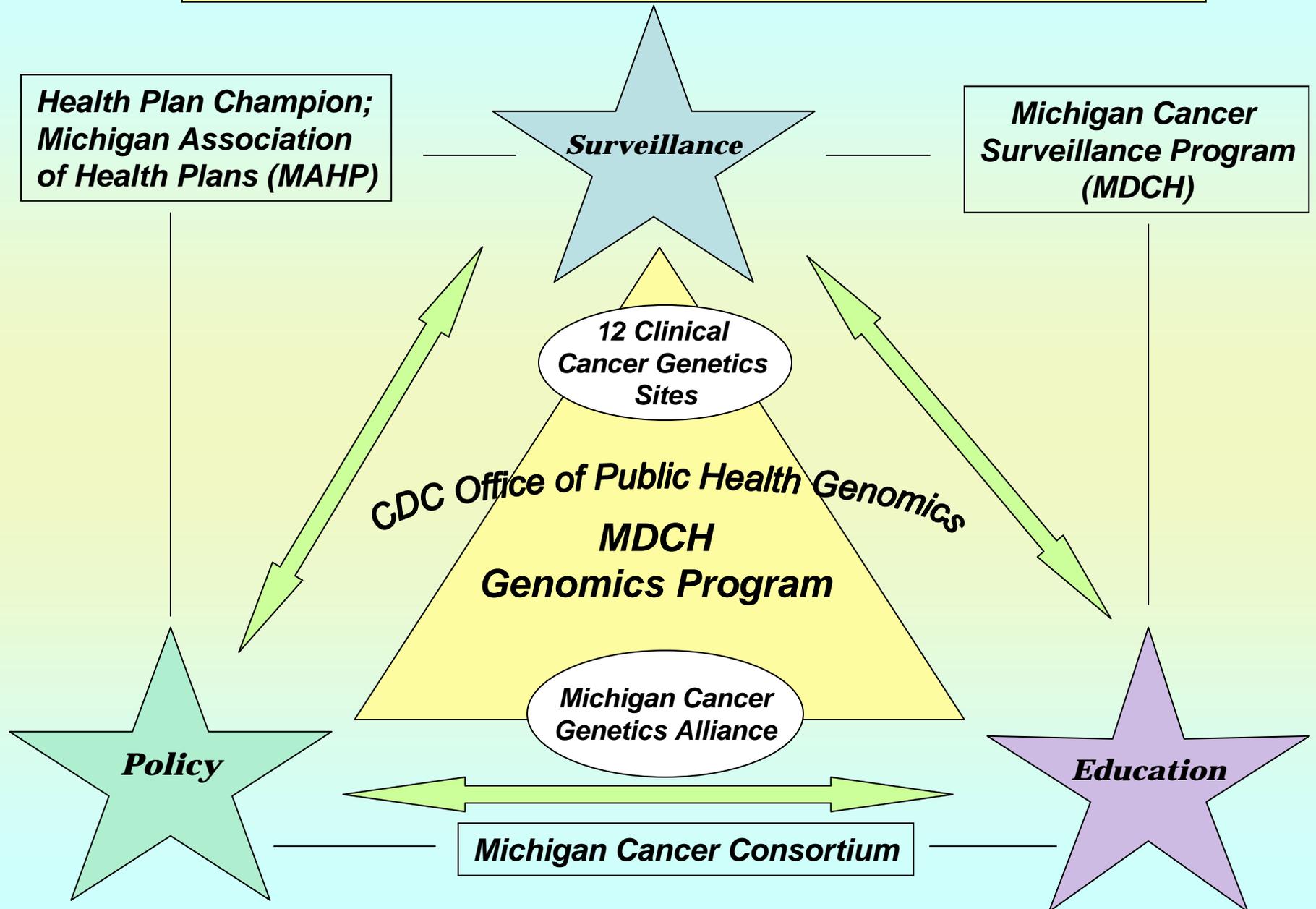
Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes should be referred for genetic counseling and evaluation for BRCA testing.

(Grade B Recommendation)

USPSTF also recommends against routine referral for women whose family history is not associated with increased risk

<http://www.uspreventiveservicestaskforce.org/uspstf05/brcagen/brcagenrs.htm>

**Reduction in early cancer deaths in Michigan residents
from appropriate use of cancer genetic services and tests**



Resources

- USPSTF BRCA Recommendations
- Health Plan Champion
- Michigan Association of Health Plans
- Michigan Cancer Consortium
- Michigan Cancer Genetics Alliance
- MDCH Genomics Program

Activities

- ✓ Review Michigan health plan policies for consistency with USPSTF BRCA recommendation
- ✓ Disseminate USPSTF guidelines to health plans through multiple venues
- ✓ Track BRCA counseling and testing at 12 clinical cancer genetics clinics for members with and without health plan policies consistent with USPSTF
- ✓ Recognize health plans consistent with USPSTF
- ✓ Provide technical assistance to health plans
- ✓ Conduct a workshop for health plans and cancer genomics experts

Policy

Performance Measure

- ★ Use of family history, genetic counseling and BRCA 1/2 testing (as recommended by USPSTF) and related clinical services increases from baseline

Promote Use of Identified Health Insurance Policy Model

Policy Objectives and Outcomes

- Understand current status of Michigan health insurance policies for BRCA1/2 testing with respect to USPSTF guidelines
 - 11 out of 23 health plans with written policies for BRCA
 - 8 in alignment with USPSTF recommendations
- Increase the number of health plans that have policies consistent with USPSTF guidelines
 - Increased the number that have policies consistent with USPSTF recommendations from 4 to 8 health plans

Surveillance of Health Plan BRCA 1/2 Policies

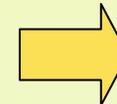
Methods:

- Contracted with “health plan champion” and Michigan Association of Health Plans (MAHP)
- Identified total of 24 Michigan health plans
– 17 members of MAHP
- Using multiple search types (i.e. websites, key administration contacts, list serves, newsletters, conferences) request and/or identify policies



Conduct ongoing surveillance to determine:

1. Does the health plan have a written BRCA counseling and testing policy?
2. If written policy, does it include coverage for female members with a significant family history of breast and/or ovarian cancer without a personal history (aligned with USPSTF)?
3. Does the policy ‘require’ or ‘strongly recommend’ counseling by a qualified health care professional or genetic counselor prior to BRCA testing?



Consider aligned with USPSTF if all three criteria are fulfilled

Network of Michigan Clinical Cancer Genetics Clinics

Collecting all BRCA
counseling cases from
October 2007- March 2011
seen by a board certified
genetics professional

Track specific health plan
coverage for BRCA
counseling and testing

Find Patient:

Patient Code: Gender: Birth Year:
Zip Code: Race: Ashkenazi Jewish:
Location: Race 2: Known Familial Mutation:
Referring Physician Type: Other Race: Num of 3rd Deg:
USPSTF: Relatives with Cancer:

Visits | Risk Assessment | Tests | Patient History | Relatives

Date: No Change In Personal History:
Visit Type: No Change In Family History:
Insurance: Medicaid:
Other Insurance: Medicare:

If testing not pursued, what was the reason?
Other reason (please specify):

1 of 0 visit(s)

Visits | Risk Assessment | Tests | Patient History | Relatives

Test Date	Test Type	Other Type	Result	Result Date
6/11/2020	Ashkenazi		Negative	6/20/2020
6/20/2020	Comprehensive		Negative	6/30/2020
6/30/2020	Other	HNPCC	Positive	7/15/2020
*				

Visits | Risk Assessment | Tests | Patient History | Relatives

Assessment Date	Assessment Type	Assessment Result
6/11/2020	BRCAPro risk	6
6/11/2020		

Visits | Risk Assessment | Tests | Patient History | Relatives

Date DX tracked	Cancer Type	Age At DX
6/11/2020	Breast	22
6/11/2020	Ovarian	27
6/11/2020		

Visits | Risk Assessment | Tests | Patient History | Relatives

Relationship:

Relative's History

Date DX tracked	Cancer Type	Age At DX
6/11/2020	Colorectal	25
6/11/2020	Breast	30
6/11/2020	Other	55
*		

1 of 0 diagnosed relatives

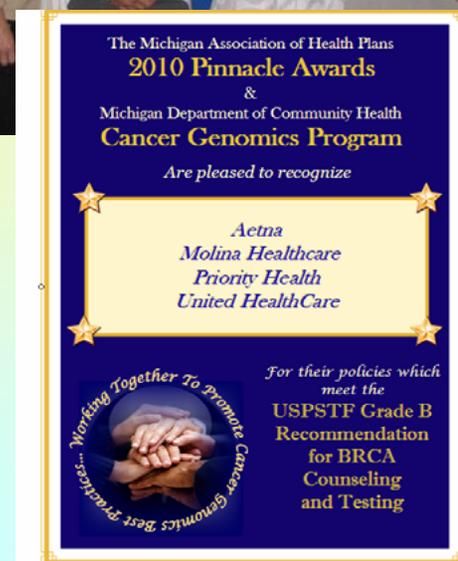
Michigan Health Plan Policies Consistent with USPSTF and Cancer Genetic Counseling Visits

Health Plan	BRCA1/2 written policy (Y/N)	Consistent with USPSTF	Distribution (%) of Patients at 8 Clinical Sites Receiving Cancer Genetic Counseling*	Number of Michigan Members*
Aetna	Y (2008)	Y	89 (2.7)	280,000
BCBSM; BCN	Y (2009)	Y	1,919 (57.5)	4.6 million; 625,000
Cigna	Y (2009)	Y	36 (1.1)	pending
Beaumont Employee	Y (2008)	Y	91 (2.7)	34,818
Molina	Y (2008)	Y	9 (0.3)	230,000
United Health	Y (2009)	Y	85 (2.6)	805,000
Health Alliance Plan	Y (2010)	Y	416 (12.5)	470,000
Priority Health	Y (2008)	Y	106 (3.2)	600,000
12 Health Plans	N	N	99 (3.0)	~1 million
1 Health Plan	Y	N (no genetic counseling recommendation)	2 (0.06)	187,000
Medicaid	Y	N (only personal history coverage)	81 (2.5)	500,000+
Medicare	Y	N (only personal history coverage)	419 (12.6)	~1.5 million

** Patients may be counted more than once because of multiple insurers*

Honoring Health Plans Aligned with USPSTF Grade B Recommendation

- Michigan Association of Health Plans (MAHP) 25th Anniversary Conference held on July 17-20, 2010
 - 2 health plans
- Announcement regarding regulations requiring new health insurance plans to cover preventive care for USPSTF Grade A & B Recommendations on July 14, 2010
- Pinnacle Awards to honor health plans aligned with USPSTF Grade B BRCA Recommendation on September 21, 2010
 - 4 health plans
- CME Best Practices event to educate health plan directors on December 8, 2010
 - 1 health plan
- MAHP Summer 2011 Conference and 2011 Pinnacle Awards



Promoting USPSTF Grade B BRCA Recommendation to Health Plans

- Educate health plans about USPSTF Grade B BRCA Recommendation and Best Practices
 - Health plan conferences
 - CME events
 - Displays
 - Provider tools
 - Articles in newsletters



JOIN THE MAHP FOUNDATION FOR THE ANNUAL BEST PRACTICES FORUM

WEDNESDAY, DECEMBER 8, 2010
8:00 A.M. TO 2:00 P.M.
THE ENGLISH INN

MARK YOUR CALENDARS AND PLAN TO JOIN THE PINNACLE AWARD RECIPIENTS FOR THE ANNUAL BEST PRACTICES FORUM. THIS YEAR'S PROGRAM WILL BE AT THE CONFERENCE CENTER OF THE ENGLISH INN IN EATON RAPIDS – A WONDERFUL SETTING IN ALL SEASONS OF THE YEAR. HIGHLIGHTS OF THE FORUM WILL INCLUDE:

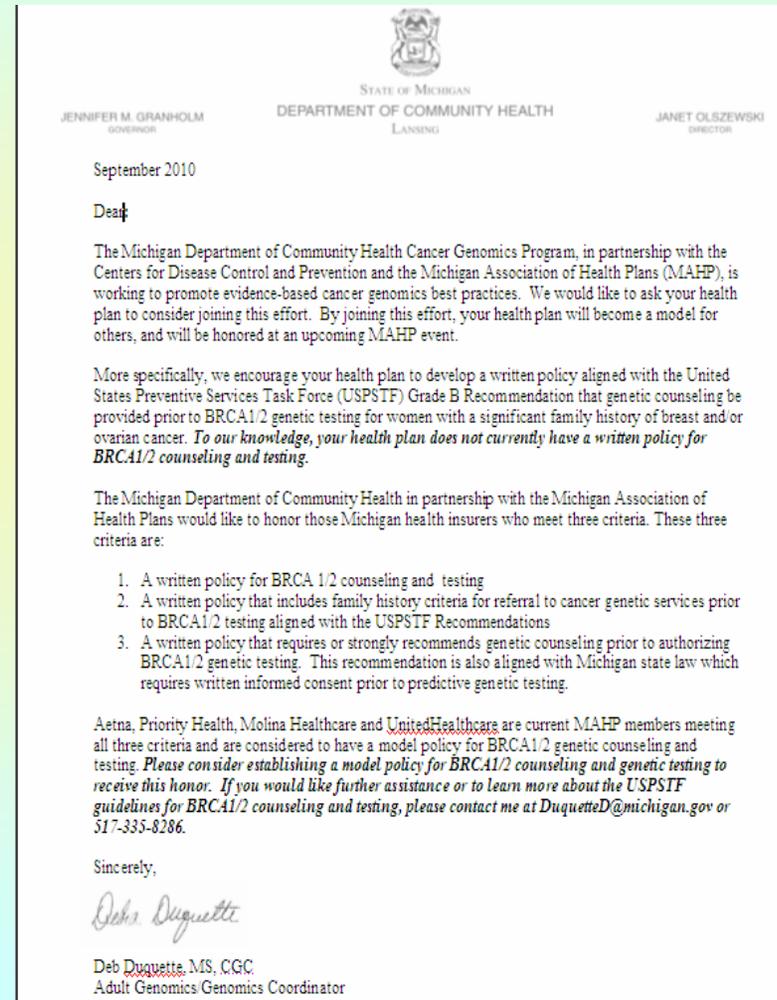
- PRESENTATION OF PINNACLE AWARD WINNING PROGRAMS AND OPPORTUNITIES FOR DISCUSSION WITH THE PEOPLE RESPONSIBLE FOR DESIGNING AND IMPLEMENTING THE PROGRAMS
- IN COLLABORATION WITH THE MDCH CANCER GENOMICS PROGRAM, SPECIAL PRESENTATION ABOUT GENETIC COUNSELING AND SCREENING FOR CANCER, AND DISCUSSION WITH HEALTH PLANS THAT HAVE IMPLEMENTED THE US PREVENTIVE SERVICES GUIDELINES
- OPPORTUNITY TO MEET WITH THE PINNACLE AWARD GOLD AND SPONSORS AND LEARN MORE ABOUT THEIR PRODUCTS AND SERVICES
- NETWORKING WITH COLLEAGUES.

WATCH FOR DETAILED INFORMATION IN THE WEEKS AHEAD.



Notification to Health Plans Not Aligned with USPSTF

- MDCH staff provided individualized packets to Michigan health plans at key events in 2010
 - Discuss in person with key health plan administrators
 - Emphasize USPSTF Grade B Recommendation
 - Provide summary of project and partnership with CDC and MAHP
 - Highlight three criteria required to receive honors
 - Report individualized information for each health plan regarding their assessment
 - Encourage to contact MDCH or MAHP for technical assistance



Educational Materials for Health Plans

Packet of educational materials includes:

- 2005 USPSTF BRCA Recommendation
- Michigan Informed Consent Law for Pre-symptomatic and Predictive Genetic testing
- Cancer Family History Guide©
- Directory of Michigan Cancer Genetic Counseling Services
- Model BRCA Policies with permission from:
 - Aetna
 - Priority Health
 - UnitedHealthcare

Annals of Internal Medicine | CLINICAL GUIDELINES

Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility: Recommendation Statement

U.S. Preventive Services Task Force*

This statement summarizes the U.S. Preventive Services Task Force
Ann Intern Med. 2005;143:355-361. www.annals.org

PriorityHealth | **MEDICAL POLICY**
No. 91540-04

GENETICS: COUNSELING, TESTING, SCREENING*

Effective Date: February 21, 2005 | Review Dates: 8/07, 10/07, 3/08, 5/08, 10/08, 2/09
Date Of Origin: August 5, 2005 | Source: Cancer

*This policy includes the following previously separate policies: 91458 Genetic Counseling, Testing and Screening; 91212 Gene Expression Analysis; 91449 Genetic Testing Pre-Implementation

Summary of Changes

Classification: **II** (Fig. 5, Section II, II, additional language added to clarify the use of predictive testing. Also, additional testing (9) added under II. Language also updated to reflect specialty physicians ordering predictive genetic testing have clinical expertise in the specific clinical areas for which the testing is being done.)

Decision: **II**

Additional: **II**

I. DESCRIPTION

A. Genetic Counseling* Genetic counseling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. This process integrates the following:

1. Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence.
2. Education about inheritance, testing, management, prevention, resources and research.
3. Counseling to promote informed choices and adaptations to the risk or condition.
4. Discussion of the ethical and legal aspects of autonomy, privacy, equity and confidentiality as applied to each individual seeking genetic testing.
5. Psychosocial aspects should be addressed during the pre-test and post-test counseling sessions surrounding any genetic testing.

*From Genetic Counseling No. 91458

Genetic counselors are defined by the plea or American Board of Genetic Counseling documents level-trained genetic counseling training in genetics and genetic counseling genetic counselor's or physician specialist individual or family regarding the genetic informed decision.

B. Genetic Testing. A genetic test is the analysis of certain metabolites in order to acquire disorder. This can be accomplished through a blood sample, saliva, or other biological samples.

The U.S. Preventive Services Task Force (USPSTF) recommends that women with a family history of breast and/or ovarian cancer, or a personal history of breast cancer, be offered genetic counseling and testing for BRCA1 and BRCA2 mutations. The USPSTF recommends that women with a family history of breast and/or ovarian cancer, or a personal history of breast cancer, be offered genetic counseling and testing for BRCA1 and BRCA2 mutations. The USPSTF recommends that women with a family history of breast and/or ovarian cancer, or a personal history of breast cancer, be offered genetic counseling and testing for BRCA1 and BRCA2 mutations.

Aetna | **Prior Authorization Request Form**
For Breast and Ovarian Cancer Screening by Molecular Testing

Sample Collection Date	Member ID Number or Subscriber Social Security Number	Date of Birth	Member Name
Member Address		Member Telephone Number	

Risk Criteria Category:

Women with a personal history of ovarian cancer.

Women with a personal history of breast cancer and any of the following:

1. Breast cancer is diagnosed at age 45 years or younger; or
2. Breast cancer is diagnosed at age 50 years or younger, with any of the following:
 - a. at least one close blood relative¹ with breast cancer at age 50 years or younger; or
 - b. at least one close blood relative¹ with epithelial ovarian cancer; or
 - c. bilateral breast cancer or two primaries, with first diagnosis age 50 years or younger; or
 - d. limited family structure² or no family history available because member is adopted.
3. Breast cancer is diagnosed at any age, with any of the following:
 - a. at least two close blood relatives³ on the same side of the family with breast cancer and/or epithelial ovarian cancer at any age; or
 - b. the member has two breast primaries⁴ and also has at least one close blood relative¹ with breast cancer diagnosed at age 50 or younger; or
 - c. the member has two breast primaries and also has at least one close blood relative¹ with epithelial ovarian cancer; or
 - d. at least one close blood relative¹ with breast cancer and at least one close blood relative¹ with epithelial ovarian cancer.

1. First-degree relatives (mother, father, daughter, son, sister, brother) and second-degree relatives (uncle, aunt, grandchild, grandparent, half-sister, half-brother).
2. Limited family structure is defined as a family in which the member is the only child of the parents, or the only child of a single parent, or the only child of a couple in which one parent is deceased.
3. Close blood relatives are defined as first-degree relatives (mother, father, daughter, son, sister, brother) and second-degree relatives (uncle, aunt, grandchild, grandparent, half-sister, half-brother).
4. Two breast primaries are defined as two separate breast cancer diagnoses in the same breast.

Informed Consent for Genetic Testing

Patient Education Information for use with the Michigan Model Consent Form for Genetic Testing

Annals
www.annals.org

Summary

- Understand current status of Michigan health insurance policies for BRCA1/2 testing with respect to USPSTF guidelines
 - 11 out of 23 health plans with written policies for BRCA coverage
 - 8 in alignment with USPSTF recommendations
 - Covers over 7.34 million Michigan residents
 - 1.15 million Michigan residents uninsured (2008)
- Increase the number of health plans that have policies consistent with USPSTF guidelines
 - Increased the number of health plans that have policies consistent with USPSTF recommendations from four to eight out of 23 Michigan plans, extending coverage to over 6.35 million Michigan residents



Acknowledgements



Clinical Sites

Beaumont Hospital: Whitney Ducaine, Lindsay Dohany & Dr. Dana Zakalik

Henry Ford Health System: Katie Biro, Amy Decker & Dr. Jacquelyn Roberson

Karmanos Cancer Institute: Nancie Petrucelli, Jennifer Barrick & Dr. Michael Simon

Oakwood Hospital: Dr. Julie Zenger Hain

University of Michigan: Dr. Sofia Merajver & Kara Milliron

University of Michigan: Dr. Gruber, Victoria Raymond & Jessica Everett

Informed Medical Decisions, Inc: Dr. Rebecca Sutphen

Battle Creek-Trinity Health: Sue DeRuitter

Michigan State University: Rhonda Scanlon

St. John-Providence East: Tracey Hall

St. John-Providence West: Samira Ahsan

Spectrum Health: Jeffrey Bissonnette

Michigan Association of Health Plans (MAHP)

Mary Anne Ford

Cheryl Ortwein

Rick Murdock

Health Plan “Champion”

Karen Lewis, *Priority Health*

Office of Public Health Genomics, CDC

Michigan Department of Community Health

Jenna McLosky

Janice Bach

Beth Anderson

Sarah Mange

Jeremy Hardy

Funding for this project was made possible by Cooperative Agreement #5U38GD000054 from the Centers for Disease Control and Prevention. The contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.