Evaluation and Promotion of BRCA Best Practices among Michigan Health Plans

December 9, 2010

Debra Duquette, MS, CGC\textsuperscript{1}, Karen Lewis, MS\textsuperscript{2}, CGC, Mary Anne Ford, MHSA\textsuperscript{3}, Jenna McLosky, MS, CGC\textsuperscript{1}, and Janice Bach, MS, CGC\textsuperscript{1}

Michigan Department of Community Health\textsuperscript{1}
Priority Health\textsuperscript{2}
Michigan Association of Health Plans\textsuperscript{3}

\texttt{genetics@michigan.gov}
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.
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
Reduction in early cancer deaths in Michigan residents from appropriate use of cancer genetic services and tests

- Health Plan Champion; Michigan Association of Health Plans (MAHP)
- Michigan Cancer Surveillance Program (MDCH)
- 12 Clinical Cancer Genetics Sites
- CDC Office of Public Health Genomics
- MDCH Genomics Program
- Michigan Cancer Genetics Alliance
- Michigan Cancer Consortium
- Education

Policy
**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

**Resources**

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

**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 servs, 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
<table>
<thead>
<tr>
<th>Health Plan</th>
<th>BRCA1/2 written policy (Y/N)</th>
<th>Consistent with USPSTF</th>
<th>Distribution (%) of Patients at 8 Clinical Sites Receiving Cancer Genetic Counseling*</th>
<th>Number of Michigan Members*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>Y (2008)</td>
<td>Y</td>
<td>89 (2.7)</td>
<td>280,000</td>
</tr>
<tr>
<td>BCBSM; BCN</td>
<td>Y (2009)</td>
<td>Y</td>
<td>1,919 (57.5)</td>
<td>4.6 million; 625,000</td>
</tr>
<tr>
<td>Cigna</td>
<td>Y (2009)</td>
<td>Y</td>
<td>36 (1.1)</td>
<td>pending</td>
</tr>
<tr>
<td>Beaumont Employee</td>
<td>Y (2008)</td>
<td>Y</td>
<td>91 (2.7)</td>
<td>34,818</td>
</tr>
<tr>
<td>Molina</td>
<td>Y (2008)</td>
<td>Y</td>
<td>9 (0.3)</td>
<td>230,000</td>
</tr>
<tr>
<td>United Health</td>
<td>Y (2009)</td>
<td>Y</td>
<td>85 (2.6)</td>
<td>805,000</td>
</tr>
<tr>
<td>Health Alliance Plan</td>
<td>Y (2010)</td>
<td>Y</td>
<td>416 (12.5)</td>
<td>470,000</td>
</tr>
<tr>
<td>Priority Health</td>
<td>Y (2008)</td>
<td>Y</td>
<td>106 (3.2)</td>
<td>600,000</td>
</tr>
<tr>
<td>12 Health Plans</td>
<td>N</td>
<td>N</td>
<td>99 (3.0)</td>
<td>~1 million</td>
</tr>
<tr>
<td>1 Health Plan</td>
<td>Y</td>
<td>N</td>
<td>2 (0.06)</td>
<td>187,000</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Y</td>
<td>N</td>
<td>81 (2.5)</td>
<td>500,000+</td>
</tr>
<tr>
<td>Medicare</td>
<td>Y</td>
<td>N</td>
<td>419 (12.6)</td>
<td>~1.5 million</td>
</tr>
</tbody>
</table>

* 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
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

---

September 2010

[Letter content]

Dee:

The Michigan Department of Community Health Cancer Genomics Program, in partnership with the Centers for Disease Control and Prevention and the Michigan Association of Health Plans (MAHP), is working to promote evidence-based cancer prevention best practices. We would like to ask your health plan to consider joining this effort. By joining this effort, your health plan will become a model for others, and will be honored at an upcoming MAHP event.

More specifically, we encourage your health plan to develop a written policy aligned with the United States Preventive Services Task Force (USPSTF) Grade B Recommendation that genetic counseling be provided prior to BRCA1/2 genetic testing for women with a significant family history of breast and/or ovarian cancer. To our knowledge, your health plan does not currently have a written policy for BRCA1/2 counseling and testing.

The Michigan Department of Community Health in partnership with the Michigan Association of Health Plans would like to honor those Michigan health plans who meet these criteria. Those three criteria are:

1. A written policy for BRCA1/2 counseling and testing
2. A written policy that includes family history criteria for referral to cancer genetic services prior to BRCA1/2 testing aligned with the USPSTF Recommendations
3. A written policy that requires or strongly recommends genetic counseling prior to authorizing BRCA1/2 genetic testing. This recommendation is also aligned with Michigan state law which requires written informed consent prior to predictive genetic testing.

Any organization, Priority Health, Moline Healthcare and UnitedHealthcare are current MAHP members meeting all these criteria and are considered to have a model policy for BRCA1/2 genetic counseling and testing. Please consider establishing a model policy for BRCA1/2 counseling and genetic testing to receive this honor. If you would like further assistance or to learn more about the USPSTF guidelines for BRCA1/2 counseling and testing, please contact me at DusquetteD@mdch.state.mi.us.

Sincerely,

Deb Dusquette, M.D., CCC
Adult Genomics Genomics Coordinator
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
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 DeRuiter
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.