

BREAST TREATMENT TASK FORCE

Feasibility of a Self-Funded Model to Provide Breast Services to Uninsured Women in New York City

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BACKGROUND

Despite access-expanding mandates in the Affordable Care Act, approximately 30% of New York State residents remain uninsured. Most safety net programs provide services only to patients who qualify for Medicaid, leaving a large percentage of women without access to affordable breast cancer screening and diagnostics.

In response, Breast Treatment Task Force (BTTF) was developed to provide these services to uninsured patients earning \$24,120 - \$48,240 annually (200%-400% FPL).

Table 1: Target Population

Target Population: "The Unheard Third"	
Income	\$24,120-\$48,240 /year (200%-400% FPL)
Insurance Status/ Funds Available for Health Costs	Earn too much to enroll in Medicaid, but can't afford to buy health insurance for \$300-\$400/month; can pay \$60-\$120 per month for health related costs
Health Awareness	Proactive interest in health; reliable and able to attend appointments

OBJECTIVES

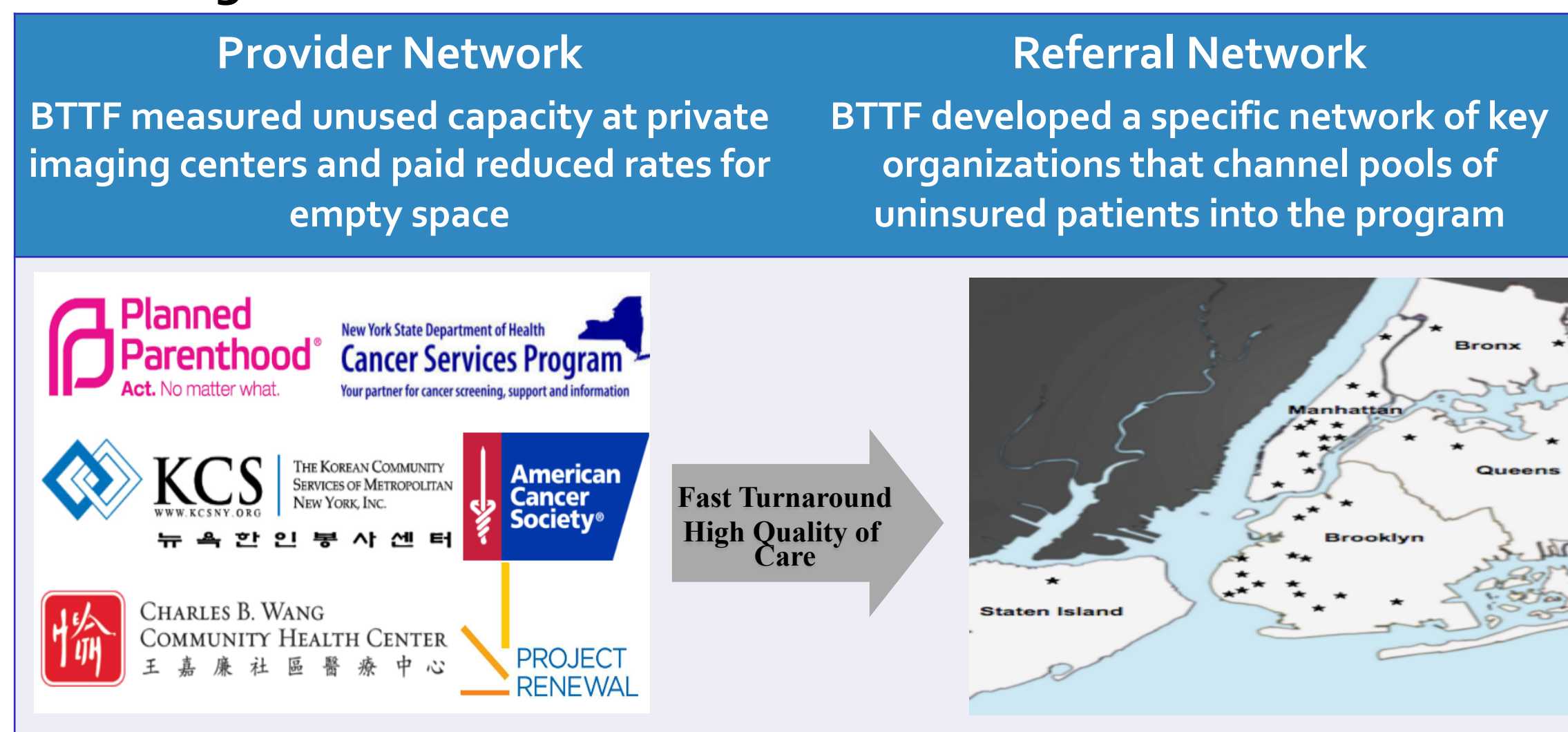
The purpose of this research was to test the feasibility of implementing a self-funded breast cancer screening and treatment program for uninsured women earning 200%-400% of the FPL.

METHODS

BTTF did the following:

- Surveyed imaging centers in New York City to determine unused imaging capacity
- Negotiated reduced rates for imaging services
- Developed referral network composed of community organizations e.g. Planned Parenthood

Figure 1: BTTF Provider and Referral Network Partners



- Developed eligibility criteria for patient inclusion with Project Renewal Scan Van as previously described
- Assessed patient satisfaction through surveys administered after patients received services

CONCLUSION

- BTTF constructed two networks:
 - 1) Network of private imaging centers willing to offer reduced prices for unused capacity
 - 2) An additional network of large community referral partners to identify low-income patients
- The two networks allow BTTF to use vacant appointments and machinery at private centers to provide services and expand the population of women that can be served beyond Medicaid patients

RESULTS

Table 2: Patient Demographics

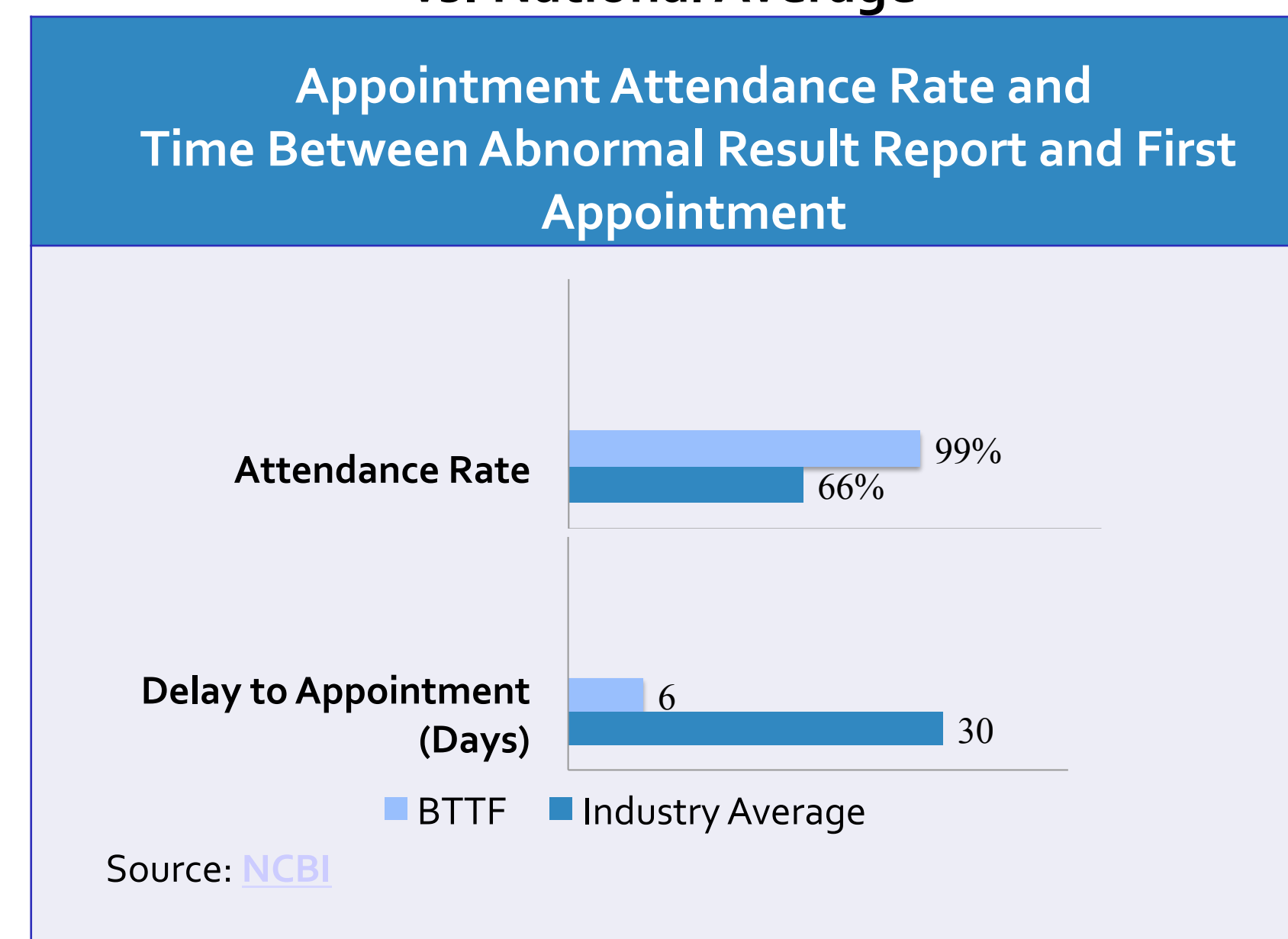
2017 Patient Demographics	
Total Patients	646
Median Income	\$30,000
Percentage < Age 50	95%
Percentage Working	61%*
Race	
Asian	34%
Hispanic/Latina	32%
African- American	19%
Caucasian	15%

*NYAM number, general BTTF population is 84%

Table 3: Services Provided

Services	Number Provided
Mammogram	409
Sonogram	617
Breast MRI	50
FNA/Biopsy	79
Office Visit	86

Figure 2: Comparison of BTTF Performance vs. National Average



SIGNIFICANCE

This model offers an example of how to successfully provide breast cancer screening and more importantly, diagnostic services to women who can't afford health insurance but don't meet Medicaid eligibility requirements, also known as the "Unheard Third."