

Making the Texas Cancer Plan a Reality:

Cost Estimates for
Implementation
2008



High Plains Division



Introduction

The *Texas Cancer Plan* is a statewide blueprint for cancer prevention and control in Texas. It is a consensus-based, strategic document used by public and private cancer control organizations that provides a planned, evidence-based approach to reducing the impact of cancer on Texans. The *Texas Cancer Plan* was developed by more than eighty cancer experts from across the state of Texas.

The Texas Cancer Council revised the *Texas Cancer Plan* in 2005. The Plan identifies five broad goal areas as follows:

- Goal I: Prevention Information & Services
- Goal II: Early Detection & Treatment
- Goal III: Professional Education & Practice
- Goal IV: Cancer Data Acquisition & Utilization
- Goal V: Survivorship

Each goal is accompanied by objectives to assist in the achievement of the goals.

The Texas Comprehensive Cancer Control Coalition was formed approximately 10 years ago to facilitate collaboration and communication among a wide range of member agencies working in cancer control. The Coalition exists to promote, enhance and expand all public and private partners' efforts to implement the *Texas Cancer Plan*. In late 2007, the Coalition established a committee to gather data and information that would allow it to make the best available estimate of what additional resources are needed to implement the *Texas Cancer Plan*.

This document represents best estimates of needed resources based on readily available information. It should not be construed as a complete inventory of existing cancer-related programs and expenditures. The document contains assumptions upon which estimated needs are based. The Coalition acknowledges that alternative methodologies and strategies exist for arriving at resource need estimates. Any recommended initiations or programs would need a more detailed cost analysis prior to implementation.

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Table of Contents

Executive Summary	1
Goal I: Prevention Information & Services.....	4
Goal II: Early Detection & Treatment	9
Goal III: Professional Education & Practice.....	14
Goal IV: Cancer Data Acquisition & Utilization.....	16
Goal V: Survivorship	18

Making the Texas Cancer Control and Prevention Plan a Reality: Cost Estimates for Implementation

Executive Summary

The *Texas Cancer Plan* is a statewide blueprint for cancer prevention and control in Texas. It is a consensus-based, strategic document used by public and private cancer control organizations that provides a planned, evidence-based approach to reducing the impact of cancer on Texans. The *Texas Cancer Plan* was developed by more than eighty cancer experts from across the state of Texas.

This document was prepared by the Texas Comprehensive Cancer Coalition and represents their best available estimates of what *additional* costs are currently needed to reasonably implement the Texas Cancer Plan given existing program funding and capacity for services. The Texas Comprehensive Cancer Control Coalition obtained readily available information about existing resources for cancer prevention and control. The Coalition acknowledges that significant resources are available that are not identified in this document, particularly in the area of early detection and treatment (e.g., Medicaid expenditures). The Coalition used and developed logical cost models and made realistic assumptions to estimate what additional resources may be needed beyond the current resources identified by the Coalition to achieve the objectives and goals of the Texas Cancer Plan.

Goal I: Prevention Information & Services

Texans will have the most current information and the opportunities necessary to reduce their risks for developing cancer.

Additional Funds Needed = \$107,235,000

	Additional Funds Needed	Current FY 08 State and Federal Funds
Comprehensive Tobacco Prevention and Control	\$58,100,000	\$10,480,000
Obesity Prevention and Control and Comprehensive School Health Education	\$26,275,000	\$1,100,000
Public Education on priority cancer topics including screening recommendations, HPV, End of Life, Insurance promotion, CEO Gold Standard, Medicaid, Clinical Reminders	\$22,860,000	
Public Awareness of and Protection from Carcinogens in the Environment	-	\$250,000

Goal II: Early Detection & Treatment

Texans will have prompt access to information and services that enable the early detection, diagnosis, treatment and support of cancer.

Additional Funds Needed = \$134,264,743

	Additional Funds Needed	Current FY 08 State and Federal Funds
Breast Cancer		
Screening & Diagnosis	\$21,201,369	
Case Management	\$2,294,200	
Treatment (Medicaid)	\$10,885,424	
Total	\$34,380,993	
Cervical Cancer		
Screening & Diagnosis	\$27,652,093	
Case Management	\$1,178,000	
Treatment (Cervical Dysplasia & Medicaid)	\$32,605,100	
Total	\$61,435,193	
Current FY 08 state and federal funds for Breast and Cervical Cancer		\$7,536,000
HPV Vaccine		
Ages 11 - 18 (TVFC)	-	\$53,588,638
Ages 19 - 26 (Adult Safety Net)	-	\$2,862,446
Total		\$56,451,084
Colorectal Cancer		
Screening & Diagnosis	\$9,846,883	
Treatment	\$12,691,613	
Total	\$22,538,496	
Prostate Cancer		
PSA testing (Not recommended by USPSTF)	\$411,020	
Office visit	\$1,459,041	
Treatment	\$14,040,000	
Total	\$15,910,061	

Goal III: Professional Education & Practice

Texas health care professionals will have up-to-date knowledge and skills about cancer prevention and control and will use them to provide quality prevention, education, screening, diagnostic, treatment and support services.

Additional Funds Needed = \$4,073,000

	Additional Funds Needed	Current FY 08 State and Federal Funds
Enhanced Health Care Professionals Knowledge, Skills and Practices	\$4,073,000	\$831,946

Goal IV: Cancer Data Acquisition & Utilization

Texans will have comprehensive and responsive cancer data and information systems for planning, implementing and evaluating programs, policies and cancer research.

Additional Funds Needed = \$1,843,369

	Additional Funds Needed	Current FY 08 State and Federal Funds
Enhance Texas Cancer Registry	\$1,509,049	\$3,916,471
Enhance Texas BRFSS	\$133,000	\$532,617
Texas Cancer Information	\$201,320	\$628,630
Total	\$1,843,369	\$5,077,718

Goal V: Survivorship

The end of cancer treatment is not the end of the cancer experience. A diagnosis of cancer is the beginning of the survivorship journey. All Texans will have an increased awareness and understanding of the issues and impacts of survivorship in our state.

Additional Funds Needed = \$3,340,000

	Additional Funds Needed	Current FY08 State and Federal Funds
Disseminate evidence-based survivorship tools	\$100,000	
Provide professional education and training on survivorship	\$440,000	
Comprehensive gap-filling survivorship programs	\$1,980,000	
Advanced Care Planning Training Pilot Project	\$720,000	
Implement Texas Pain Info & Advocacy Network Plan	\$100,000	
Total	\$3,340,000	

Program Management

Management and staffing will be needed to carry out the full scope of implementation of the Texas Cancer Plan. Estimates are that a minimum of approximately three to four percent of the total budget will be required.

Program Management Total – Depends on full funding level. Management and staffing will be calculated as three to four percent of the total budget.

Total Cost Estimate for Implementing the Texas Cancer Plan

The additional costs needed to implement the Texas Comprehensive Cancer Control and Prevention Plan is estimated at **\$250,756,112**. This would bring effective prevention and education programs to all Texans, provide early detection and diagnosis for cancer, and treatment for those Texans who are uninsured or underinsured in the state. In addition, a number of community, worksite, and local programs could be implemented to impact cancer on all levels in Texas.

Making the Texas Cancer Control and Prevention Plan a Reality: Cost Estimates for Implementation

Year by year, evidence grows stronger that a majority of cancers in thousands of Texans could have been prevented based on the choices each person makes every day: what to put on the dinner table, whether to take a brisk walk, when to stop smoking cigarettes, how often to visit the doctor to be screened.

The *Texas Cancer Plan* is a statewide blueprint for cancer prevention and control in Texas. It is a consensus-based, strategic document used by public and private cancer control organizations that provides a planned, evidence-based approach to reducing the impact of cancer on Texans. The Texas Cancer Plan was developed by more than eighty cancer experts from across the state of Texas.

This cost estimate document was prepared by the Texas Comprehensive Cancer Coalition and represents their best available estimates of what *additional* costs are currently needed to reasonably implement the Texas Cancer Plan given existing program funding and capacity for services. The Texas Comprehensive Cancer Control Coalition obtained readily available information about existing resources for cancer prevention and control. The Coalition acknowledges that significant resources are available that are not identified in this document, particularly in the area of early detection and treatment (e.g., Medicaid expenditures). The Coalition used and developed logical cost models and made realistic assumptions to estimate what additional resources may be needed beyond the current resources identified by the Coalition to achieve the objectives and goals of the Texas Cancer Plan.

Goal I: Prevention Information & Services

Texans will have the most current information and the opportunities necessary to reduce their risks for developing cancer.

Additional Funds Needed = \$107,235,000

Prevention of cancer is an integral part of the overall reduction and management of the cancer burden in Texas. Prevention efforts provide the basic groundwork for impacting the cancer burden in the state. Many cancers are preventable with sound health initiatives and awareness of the factors that contribute to the disease. Individual cancer risk, including tobacco use and smoking, is a barrier to sound public health efforts. Lifestyle choices are hard to change and people often choose to take risks with their health and have consequences later in life. Of the nearly 33,000 lives lost to cancer in Texas each year between 1997 and 2001, the American Cancer Society estimated that 10,500 of those residents died because of tobacco use. This represents nearly a third of all cancer deaths. Scientific evidence also suggests that it may be possible to reduce cancer deaths by up to another 30 to 35 percent by improving nutrition and physical activity behaviors, and by keeping a normal body weight. Given what scientific evidence suggests, up to two thirds of the 85,000 cancer cases estimated to occur in Texas in 2004 could have been prevented if behavioral changes had been made. Cancer prevention plays a key role in the fight against cancer in Texas. The fact that it can reduce the human and economic toll of cancer on Texans makes cancer prevention an urgent priority. Cancer prevention includes activities aimed at eliminating or reducing the risk of developing cancer as well as minimizing the effects of the disease.

A. Comprehensive Tobacco Prevention and Control

Additional funds needed = \$58,100,000 (Total Cost = \$68,580,000)

Background

Tobacco use remains the number one preventable cause of death and disease in Texas, yet we know that we can reduce tobacco use through implementation of evidence-based comprehensive tobacco prevention and control programs. Texas has demonstrated significant reductions in youth and adult tobacco use in areas of Southeast Texas that received a comprehensive tobacco prevention and control program funded at \$3 per person. Between 2000 and 2004, 6th through 12th grade tobacco use was reduced 37% and adult tobacco use dropped 27%.

The estimated cost of a statewide, comprehensive program is based upon a strong science base that has been established over the past two decades, substantiating the effectiveness of this approach. State cost estimates are outlined in the report of the Texas Inter-Agency Tobacco Task Force and Best Practices for Comprehensive Tobacco Control Programs, a guidance document published by the Centers for Disease Control and Prevention (CDC) to guide states in implementing and evaluating effective, evidence-based programs. Reducing the broad cultural acceptability of tobacco use requires changing many facets of the social environment. A statewide comprehensive program addresses the multiple program elements that must work together in an integrated manner.

Cost

Additional funds needed = \$58,100,000 (Total Costs = \$68,580,000)

Assumptions

Implementation of a comprehensive statewide tobacco prevention and control program funded at \$3 per capita based on the Texas Interagency Tobacco Task Force Report and CDC Best Practices for Comprehensive Tobacco Prevention.

The components of a comprehensive program include:

- 1) Community and school programs to reduce tobacco use;
- 2) Mass media campaigns
- 3) Cessation programs
- 4) Enforcement of tobacco policies and laws, and
- 5) Surveillance and evaluation

2005 US Census population estimate for Texas = 22,860,000.

Benefits:

A study conducted by the Center for Health Research Kaiser Permanente for the Texas Department of State Health Services estimates that implementation of a statewide comprehensive tobacco prevention and control program for a single year would result in 164,000 fewer smokers in the first year, and \$1.4 billion in medical care and productivity cost savings over the subsequent five years.

B. Obesity Prevention and Control and Comprehensive School Health Education

Additional funds needed = \$26,275,000

Background

The relationship between cancer and excess weight is becoming clearer and more alarming. Excess body weight is known to increase the risk of certain cancers such as breast, cervical, ovarian, endometrial, colon, kidney, gallbladder, prostate, and esophageal. A recent report in *The New England Journal of Medicine*, based on a 16-year study of 900,000 Americans, found that the heaviest participants had death rates from all cancers combined that were 52 percent higher for men and 62 percent higher for women than the rates for men and women of normal weight. Based on these findings, the researchers estimate that excess weight and obesity in Americans could account for 14 percent of all deaths from cancer in men and 20 percent of those in women.

While the research base for effective obesity prevention and control efforts continues to grow, there is no clear evidence-based solution at this time. It is clear that obesity is a multi-faceted problem, and much like tobacco control, it will likely require a comprehensive approach. Involving multiple settings, including families, worksites, schools, communities, faith-based organizations, business and industry, and state government and statewide organizations provides the best approach for reaching the largest amount of the population. Statewide efforts focusing on changes in policy and the environment can help make healthy eating and physical activity the easy choice for all Texans. This type of systems change approach is promising in working toward effective obesity prevention in Texas.

Identified Costs

Surveillance:

School Physical Activity & Nutrition Survey (SPAN) = \$650,000

School Initiatives:

Support for Coordinated School Health = \$25,000,000

Texas Action for Healthy Kids (TAHK) School health policy development and technical assistance to School Health Advisory Councils = \$100,000

Policy:

Partnership for a Healthy Texas - Research for evidence basis and advocacy = \$100,000

Healthcare:

Baby-Friendly Hospital Initiative = \$200,000

Worksite:

State Employee Wellness Program = \$225,000

Community:

Statewide media campaign to counter unhealthy eating, promote healthy eating and physical activity = To be determined

Total Costs = \$26,275,000

Assumptions

Surveillance:

SPAN costs approximately \$34.50 per student (for over 23,000 students), and includes buying validated equipment, training all individuals in standardized measurement techniques, administering a survey to assess nutrition and physical fitness knowledge and behaviors that may be related to weight, conduct-

ing measurements, and analyzing the data and providing reports to schools, schools districts, and other interested parties. SPAN data has been very useful in establishing accurate and validated prevalence and trend on the weight status of Texas school children. Repeating SPAN every four to five years would cost between \$500,000 and \$800,000. For the purposes of this cost estimate, the mid-range estimate of \$650,000 was used for every four years.

Schools:

While many school districts have implemented a coordinated school health program, others have been unable to fully implement due to a lack of financial resources. In addition to the cost of program materials, resources would also need to be provided for initial training and ongoing support for school personnel responsible for implementing the coordinated school health activities. This level of support must be provided from the campus, district, education service center and state agency responsible for ensuring that effective and efficient programming is implemented and sustained. To ensure that coordinated school health is implemented to improve the health and wellbeing of our students, funding is necessary at the state, service center and campus level. The Texas Education Agency intends to request \$25 million in the 81st Legislative Session to do the following:

- Fund 1.5 FTEs at the 20 Education Service Centers to include funding for the existing School Health Network through Memorandums of Understanding with the Texas Department of State Health Services (DSHS).
- Fund each elementary, middle, and junior high school campus an allotment of \$3,500 to support the purchase of necessary materials, equipment and stipends for school personnel providing administrative oversight and proper implementation of the program.

The Texas Action for Healthy Kids (TAHK) estimates that an additional \$100,000 is needed for healthy policy development and technical assistance to School Health Advisory Councils.

Policy:

The Partnership for a Healthy Texas estimates that an additional \$100,000 is needed to further develop evidence-based policy and for advocacy.

Healthcare:

Based on prior implementation experience, it is estimated that the cost for achieving the Baby Friendly Hospital Initiative (BFHI) designation may require \$20,000 in the first one to three years to obtain BFHI status, and only the annual fee would be required thereafter. It is assumed that 10 hospitals would have the capacity to move forward with this initiative, at \$20,000 each, the first year of initiation would cost \$200,000.

Worksites:

In January 2007, the Legislative Budget Board (LBB) published an Effectiveness and Efficiency report that included a recommendation to amend the Texas Government Code to require that the statewide wellness program for state employees be a comprehensive program that includes components necessary to reduce direct and indirect costs associated with preventable disease, and that a statewide wellness coordinator office be established. The LBB estimated that these two recommendations would cost \$225,000 in its first year of implementation. The 80th Texas Legislature enacted HB 1297 with many elements of the LBB recommendations above, but no new funding was authorized for implementation.

Benefits

Based on findings from a recent report in the *New England Journal of Medicine*, it is estimated that excess weight and obesity in Americans could account for 14 percent of all deaths from cancer in men and 20 percent of those in women. In 2004 there were 33,836 cancer deaths in Texas, so this translates into approximately 5,700 preventable Texas cancer deaths each year that are related to excess weight and obesity, and these could be dramatically reduced through implementation of effective interventions.

C. Public Awareness of and Protection from Carcinogens in the Environment

No additional funds needed at present (Current State General Revenue Funding = \$250,000)

Background

Most cancers develop because of interplay between the human body and the environment in which it lives. Environmental causes of cancer include both lifestyle factors, such as diet, and physical inactivity, tobacco and alcohol use, as well as environmental factors, such as exposure to radiation, infectious microbes, and agents in the air and water. To date, researchers cannot predict why, given exposure to the same environment, one person will develop cancer while another will not. Nevertheless, reducing exposure to carcinogens found in the environment is an important component of cancer prevention. The degree of cancer risk a person may have depends on the concentration or intensity, and the exposure dose of a particular carcinogen. Public awareness educational campaigns, as well as regulatory efforts to reduce exposures to known environmental carcinogens, such as toxins, are important in reducing individual cancer risk.

In 2001, in response to citizen concerns about the potential impact of environmental pollutants on their health, the Texas Legislature established the Texas Environmental Health Institute (TEHI or Institute) as a joint venture between the Texas Department of Health, predecessor agency to the Texas Department of State Health Services (DSHS), and the Texas Natural Resources Conservation Commission, predecessor agency to the Texas Commission on Environmental Quality (TCEQ), the State environmental agency. Their primary vision and mission is to have healthy informed communities and to examine ways to identify, treat, manage, prevent, and reduce health problems associated with environmental contamination.

Cost

No additional funding needed at present. Current state general revenue funding for the TEHI is \$250,000.

Assumptions

Current funding levels appropriated by the Texas Legislature for the Texas Environmental Health Institute are adequate to address this strategy.

Benefits

Development of a statewide plan to identify health conditions, related or potentially related to environmental contamination, for residents. Development of a plan to promote and protect the health and safety of residents by preventing or reducing their health risks from exposure to chemical and biological contaminants, radioactive materials, and other hazards in the environment and the workplace.

Development of a plan for informing and educating citizens about the identified health risks and ways to prevent or reduce exposure. Identification of private and federal funding opportunities for Institute operations. Increased implementation, coordination, and pursuit of funding for research concerning short-term and long-term impacts of exposure to environmental contamination.

D. Public Education statewide health message awareness campaign on priority cancer topics

Additional funds needed = \$22,860,000

Background

Cancer education, training and information are needed for a variety of populations in Texas. The public needs up-to-date information on priority cancer topics, including: evidence-based screening recommendations, prevention, HPV, end of life issues, clinical trials availability, Medicaid and insurance benefits, the CEO Gold Standard on Cancer, and the availability of support services. Cancer patients and survivors seek the latest medical information including clinical trials and options for treatment. Health professionals need up-to-date and accurate cancer information in order to effectively treat their patients. In addition, a comprehensive media campaign is needed to educate and inform the general public and health professionals about cancer and its burden in Texas. Media outreach will include development and creation of a mass media campaign including printed and electronic materials, advertisements and outreach information. A variety of mediums including television, radio, and newspaper are needed to reach the diverse and rural populations in the state.

Cost

Additional funds needed = \$22,860,000 (\$1 per capita)

Assumptions

Estimated cost to implement a statewide media campaign with multiple messages and multiple target audiences is \$1 per capita based on prior experience with Tobacco Prevention and Control media campaigns. This includes costs for: creative development of new TV, radio, magazine and online advertisements; media buys; media relations; outreach; and Web site development and maintenance.

Benefits

Improved public education on priority cancer topics is critical for implementation of the state cancer plan and will enhance all aspects of cancer prevention and control in Texas.

Goal II: Early Detection & Treatment

Texans will have prompt access to information and services that enable the early detection, diagnosis, treatment and support of cancer.

Additional Funds Needed = \$134,264,743

Of the 563,700 Americans who were estimated to die of cancer in 2004, the National Cancer Institute estimates that up to 35 percent of those deaths could have been avoided through screening and early detection. Screening and early detection for cancer across the state of Texas will help detect the disease

at its earliest stages when it is treatable and curable. Not all cancers are preventable, but in some that are more common in the Texas populations, early detection and treatment will help save lives.

A. Breast and Cervical Cancer Screening and Treatment

Additional Funds Needed = \$ 95,816,186

(Current FY08 state and federal funding for Breast and Cervical Cancer = \$7,536,000;

Current HPV Vaccine funding = \$56,451,084)

The assumptions below model the requirements of one state funded program, the National Breast and Cervical Cancer Early Detection Program. In Texas, the program is referred to as the Breast and Cervical Cancer Services program (BCCS). Current funding reflects monies budgeted for BCCS. This model was selected because it is a national model and uses gold standards of care. However, there are other federal and state-supported programs that provide breast and cervical cancer screening services to low-income women, such as prenatal care, family planning, primary health care and Medicaid.

The BCCS program defines breast cancer screening to include a clinical breast exam and mammogram, and cervical cancer screening to include a clinical breast exam, pelvic exam and a pap test. Diagnostic services and case management for abnormal results, and access to treatment are required. Services are delivered by local community contractors. Data reflect that screening services delivered in community-based settings are more cost effective than hospital and medical center models.

Background – Breast Cancer

Breast cancer is the second leading cause (after lung cancer) of preventable cancer death among women in Texas. Among Texas females, breast cancer accounts for nearly one-third of all cancer cases, but fewer than 16 percent of cancer deaths. It was estimated that in 2008, approximately 12,210 Texas women would be diagnosed with breast cancer and 2,520 would die from this disease. When breast cancer is diagnosed at its earliest stage, survival is excellent. When detected at a local stage, the five-year relative survival is 98 percent. That rate falls to 84 percent when the cancer is detected at a regional stage, and 27 percent when detected at a distant stage.

Cost

Screening & Diagnosis	\$21,201,369
Case Management	\$2,294,200
<u>Treatment</u>	<u>\$10,885,424</u>
Total for Breast Cancer Services	\$34,380,993

Assumptions

Eligibility for this program is defined as Texas women aged 40 to 64; at 200% or less of the federal poverty level, and not enrolled in Medicaid. Based on existing capacity, it is assumed that 15% of eligible women can be screened per year. Cost calculations are based on 2007 Texas Medicare reimbursement rates and Texas Medicaid treatment costs. Services include breast screening, diagnostic, case management services, and treatment.

Benefits

As a result of this program, an estimated 92,131 low income Texas women will be screened for breast cancer, 12,474 abnormal mammograms will be identified, and 2,211 of these women will receive treatment for breast cancer.

Background – Cervical Cancer

In 2008, approximately 970 women in Texas were expected to be diagnosed with invasive cervical cancer. Another 387 were expected to die from the disease. As cervical cancer screening has become more prevalent, pre-invasive lesions of the cervix are detected far more frequently than invasive cancer. Invasive cervical cancer represents approximately 3 percent of all female cancer incidence and 2 percent of all female cancer mortality in Texas. More than half of all new cases of invasive cervical cancer are diagnosed in women below the age of 50. For mortality, however, this is reversed. Approximately two of every three cervical cancer deaths occur among women age 50 and older. This is due in part to the fact that cervical cancer in older women is much more likely to be diagnosed at a later stage.

Of all cancers, cervical cancer is among the most amenable to prevention and early detection through screening. Most cervical cancers can be prevented in two ways. The first way is to prevent pre-cancers. In many cases this can be done by reducing exposure to the human papilloma virus (HPV) or through vaccination. The second way to prevent cervical cancer is to have regular Pap tests, which can detect pre-cancers and infection by HPV. Treating these problems can stop cervical cancer before it fully develops.

The 10-year survival rate for pre-invasive cervical cancer is 99 percent. These rates drop sharply to less than 50 percent if the cancer has spread by the time it is detected. In any age group, Hispanic and African American women are more likely to be diagnosed at a later stage of invasive of cervical cancer. Over the past 25 years, the high prevalence of Pap screening has led to a significant reduction in the incidence of invasive cervical cancer.

Cost

Screening & Diagnosis	\$27,652,093
Case Management	\$1,178,000
<u>Treatment (Cervical Dysplasia and Medicaid)</u>	<u>\$32,605,100</u>
Total	\$61,435,193

Assumptions

Eligibility for this program is defined as Texas women aged 18 to 64; at 200% or less of the federal poverty level; not enrolled in Medicaid and not having any other insurance. Based on existing capacity, it is assumed that 15% of the eligible population can be screened per year. Cost calculations are based on 2007 Texas Medicare reimbursement rates and Texas Medicaid treatment costs. Services include cervical cancer screening, diagnosis, case management, and treatment.

Benefits

As a result of this program, an estimated 245,819 low income Texas women will be screened for cervical cancer, and 6,391 of these women will receive treatment for cervical cancer.

Background – Human Papillomavirus (HPV) Vaccine

HPVs are now recognized as the major cause of cervical cancer. In 2007, an estimated 1,115 women in Texas were diagnosed with this type of cancer and nearly 400 will die from it. Studies also suggest that HPVs may play a role in cancers of the anus, vulva, vagina, and some cancers of the oropharynx (the middle part of the throat that includes the soft palate, the base of the tongue, and the tonsils). Data from several studies also suggest that infection with HPV is a risk factor for penile cancer (cancer of the penis).

In June 2006, the Advisory Committee on Immunization Practices (ACIP) voted to recommend the first vaccine developed to prevent cervical cancer and other diseases in females caused by certain types of genital human papillomavirus (HPV). The vaccine, Gardasil®, protects against four HPV types, which together cause 70% of cervical cancers and 90% of genital warts.

The Food and Drug Administration (FDA) licensed this vaccine for use in girls and women, ages nine through 26 years. The vaccine is given through a series of three shots over a six-month period.

Cost

No Additional Funds Needed

Current Funding:

Texas Vaccines for Children (VFC)	\$53,588,638
Adult Safety Net	
Ages 19 - 26	\$2,862,446
Total Current Funding for HPV Vaccine	\$56,451,084

Assumptions

Texas children age 18 years or younger are covered by the VFC program. Resources are also available for women 19 through 26 so no additional funding is currently needed.

Benefits

As a result of this program, 184,618 children age 11 to 18 and 6,927 adults age 19 to 26 will receive HPV vaccination and will be protected from the virus that is responsible for approximately 70% of cervical cancers.

B. Colorectal Cancer Screening and Treatment

Additional Funds Needed = \$ 22,538,496

Background

Colorectal cancer is the fourth most common cancer diagnosed and the second leading cause of cancer death in Texas. A person at age 50 has about a 5 percent lifetime risk of being diagnosed with colorectal cancer and a 2.5 percent chance of dying from it; the average patient dying of colorectal cancer loses 13 years of life.

More than 80 percent of colorectal cancers arise from adenomatous polyps. Although less than 1 percent of adenomatous polyps less than 1 cm will eventually develop into cancer, 10 percent of adenomatous polyps greater than 1 cm become malignant within 10 years, and about 25 percent become malignant after 20 years. The prevalence of adenomatous polyps increases from 20 percent to 25 percent at age 50, and to 50 percent by age 75 to 80.

In 2006, only 67 percent of Texas adults 50 years and older reported that they had ever received a screening test for colorectal cancer. Those who were uninsured were more at risk of not receiving a test. Still, about 30 percent of those who were insured reported that they had never had a screening test. Currently in Texas, individuals who are not insured or qualified for Medicaid or Medicare have no program to help them with colorectal cancer screening. Screening methods for colorectal cancer include home Fecal Occult Blood Tests (FOBT), flexible sigmoidoscopy, (alone or in combination), colonoscopy, and double-contrast barium enema. Each screening method has distinct advantages and limitations. The U.S. Preventative Services Task Force found that several screening methods are effective in reducing mortality from colorectal cancer, including an annual FOBT or a colonoscopy every 10 years. The suggested intervention in Texas will use the home FOBT and colonoscopy as main methods of screening.

Cost

	Additional Funds Needed	Current FY 08 State and Federal Funds
Screening & Diagnosis	\$9,846,883	
Treatment	<u>\$12,691,613</u>	
Total for Colorectal Cancer Services	\$22,538,496	

Assumptions

Eligibility for this program is defined as Texas adults aged 50-64; at 200% or less of the federal poverty level; not enrolled in Medicaid and not having any other insurance. Based on existing capacity, it is assumed that 15% of the eligible population can be screened per year. It is assumed that 75% get annual FOBT and 25% get colonoscopy. Cost calculations are based on 2007 Texas Medicare reimbursement rates. Services include colorectal cancer screening, diagnostic, and treatment.

Benefits

As a result of this program, 49,005 low income, Texas adults age 50-64 will receive colorectal cancer screening and 195 of these patients will receive treatment for colorectal cancer.

C. Prostate Cancer Screening and Treatment of High Risk Populations

Additional Funds Needed = \$15,910,061

Background

Prostate cancer constitutes a serious health care problem due to its relatively high incidence. In 2007, more than 15,000 new cases were expected in Texas. Population-wide screening for prostate cancer is controversial given the lack of evidence that early detection of the disease decreases the rates of morbidity and mortality in the population. However, for patients at high risk of prostate cancer, based on race, age, lifestyle, and family history, doctors may decide to screen for the disease since the survival rate is excellent when prostate cancer is detected early. The program will focus more on the specific needs of

those men. Even though prostate cancer is more frequent starting at age 50, it has been recommended to start screening men who are at high risk at age 40. Patients will be screened only after discussion between the physician and the patient about the advantages and limitations of the screening process. The program will consist of an annual screening for men aged 40 to 49 who are at high risk.

Cost	Additional Funds Needed	Current FY 08 State and Federal Funds
PSA Testing =	\$411,020*	
Office visit =	\$1,459,041	
Treatment =	\$14,040,000	
Total =	\$15,910,061	

* The U.S. Preventive Services Task Force (USPSTF) concludes that the evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE).

Assumptions

Eligibility for this program is defined as Texas men at high risk for prostate cancer. High risk men are defined as African American men aged 40-64; at 200% or less of the federal poverty level; not enrolled in Medicaid and not having any other insurance. Based on existing capacity, it is assumed that 15% of the eligible population can be screened per year. Assume 15% of PSA tests positive and 32.5% of those are true positive. Treatment costs are estimated at \$18,000 per case

Benefits

As a result of this program, 15,993 high risk, low income men age 40-64 will receive screening for prostate cancer, and 780 of these men will receive treatment for prostate cancer.

Goal III: Professional Education & Practice

Texas health care professionals will have up-to-date knowledge and skills about cancer prevention and control and will use them to provide quality prevention, education, screening, diagnostic, treatment and support services.

Additional Funds Needed = \$4,073,000 (Current Funding = \$831,946)

A. Professional Education

Additional Funds Needed = \$873,000

Background

Health care professionals are the front line in the war against cancer. Their critical role is helping people prevent cancer development through risk reduction and detection of cancer at an earlier, more treatable stage with appropriate screening and early detection. Because health care professionals - physicians, nurses, nurse practitioners, physician assistants, dentists, dental hygienists, and dietitians — are

often the primary source of information that Texans have about cancer risks and screening, they must be well-trained, active players in cancer prevention and control. Studies have highlighted, for example, how important a physician's recommendation for cancer screening is to a person's decision to obtain it. People who agreed to be screened for colorectal cancer said that their physician's advice was a powerful motivator, especially when they were told how important the test was and that they should not be embarrassed about receiving the exam. Other studies have shown that the primary care physician is in a crucial position to facilitate mammography referral, and that encouraging the screening while addressing patients' concerns about the procedure can have a beneficial impact on whether women seek mammography. Health care professionals also need easy access to cancer education, such as through the Internet, teleconferencing, and interactive educational software. These media also are especially valuable in providing continuing education for health care professionals who reside in rural communities or who have difficulty taking time away from their solo practices.

The Cancer Teaching and Curriculum Enhancement in Undergraduate Medicine (CATCHUM) Project is a consortium of the nine medical schools (including branch campuses) in Texas that is devoted to cancer prevention and control education. The CATCHUM Project grew out of national study of all allopathic medical schools in the United States which showed there to be serious deficiencies in the cancer education curricula, a shortage of faculty champions, relatively few clinical opportunities to learn about cancer prevention and early detection, and almost no training in how to provide patient education and anticipatory guidance.

Cost

	Additional Funds Needed	Current FY 08 State and Federal Funds
Physician Oncology Education Program	\$290,000	\$289,946
Nurse Oncology Education Program	\$385,000	\$344,000
Dental Oncology Education Program	\$198,000	\$198,000
CATCHUM		\$300,000
Total	\$873,000	

Assumptions

Of the approximately 194,000 healthcare professionals in Texas, the target is to reach 20% (38,800) per year. The cost per professional for cancer education is estimated at \$22.50.

Benefits

As a result of this program it is anticipated that 38,800 healthcare professionals in Texas will receive state-of-the-art training in cancer prevention and control.

B. Clinical System Changes to Improve Cancer Quality of Care in Primary Care Settings

Additional Funds Needed = \$3,200,000

Background

Health systems frequently fail to provide treatments that are known to work, persist in using treatments that don't work, enforce delays, and tolerate high levels of error. Healthcare leaders are now recognizing that the healthcare system needs radical redesign. In response to this need, the Institute for Health Improvement has been implementing their "Idealized design of clinical office practices" project in various clinical settings, including community health centers, and academic medical centers. These programs have demonstrated improvements in patient satisfaction, staff satisfaction, revenues and reduced costs, and also in clinical outcomes. They have made these improvements using the familiar methods of quality improvement—understanding the problem, identifying possible changes, testing those changes to see whether the change is an improvement, and then incorporating that change and moving on to try another. The Texas Association for Community Health Centers has developed a learning collaborative model to disseminate this system redesign to Texas community health centers.

Cost	Additional Funds Needed	Current FY 08 State and Federal Funds
Clinical System Change Training	\$3,200,000	

Assumptions

Cost estimates are based on experience of the Texas Association of Community Health Centers for statewide training on access redesign and clinical system change. This includes development of electronic learning courses, faculty development and follow-up trainings, and consultation and reporting.

Benefits

Implementation of this program will result in access redesign and clinical systems changes in hundreds of Texas clinic settings throughout the state, and this will result in increased delivery of cancer prevention and early detection services for hundreds of thousands of Texas patients.

Goal IV: Cancer Data Acquisition & Utilization

Texans will have comprehensive and responsive cancer data and information systems for planning, implementing and evaluating programs, policies and cancer research.

Additional Funds Needed = \$1,843,369 (Current Funding = \$5,077,718)

Background

Cancer data systems collect and disseminate a wide variety of information about who is being diagnosed or dying from the disease, screening rates, survivorship, and even the economic and emotional toll cancer takes on the lives of Texas citizens. Cancer data are critical for planning, targeting, and evalu-

ating programs focused on preventable and/or highly screenable cancers, as well as risk-related behaviors, such as tobacco use and sun exposure. Cancer data systems also assist in the planning, implementation, and evaluation of programs that address health disparities for higher-risk, medically underserved Texans.

Cost

Total need = \$1,843,369

	Additional Funds Needed	Current FY 08 State and Federal Funds
Enhance Texas Cancer Registry	\$1,509,049	\$3,916,471
Enhance Texas BRFSS	\$133,000	\$532,617
Texas Cancer Information Promotion	\$201,320	\$628,630

Assumptions

Health professionals knowledgeable of tumor registry issues, including members from the Texas Cancer Data Work Group and the Texas Comprehensive Cancer Control Coalition (TCCC), produced a Report of the Texas Cancer Registry Funding Options Ad Hoc Work Group (January 5, 2005) which included survey data that indicated nationally certified cancer registries were funded in the \$.25 to \$1.00 per capita range. For Texas, based on the FY2007 (pre-funding reduction) budget, a figure of \$.20 per capita (\$5.43 million) was identified as being sufficient to enhance the Texas Cancer Registry and meet all nationally required standards.

Costs per additional question on the annual Texas Behavioral Risk Factor Surveillance System are \$3,000 per question. Adding an additional 10 questions to the annual survey would cost \$30,000. Currently there are six Metropolitan Statistical Areas (MSA's) in Texas that do not have an adequate sample to produce local estimates. The cost to conduct the additional over sampling of the six remaining MSA communities would be \$103,000.

Costs to actively promote Texas Cancer Information (formerly the Texas Cancer Data Center) including Web site, brochure development and distribution, health professional outreach, development and distribution of public service announcements and community outreach are estimated to be \$201,320.

Benefits

High quality cancer incidence and mortality data enable physicians, public health experts, researchers, policymakers and the public to better understand and address the cancer burden in the state. These data are valuable in assessing the success of cancer prevention activities and new diagnostic techniques, cancer drugs, non-drug therapies and treatment protocols that result from advanced research.

Goal V: Survivorship

The end of cancer treatment is not the end of the cancer experience. A diagnosis of cancer is the beginning of the survivorship journey. All Texans will have an awareness and understanding of the issues and impacts of survivorship in our state.

Additional Funds Needed = \$3,340,000 (Current Funding = \$0)

	Additional Funds Needed	Current FY 08 State and Federal Funds
Disseminate evidence-based survivorship tools	\$100,000	
Provide professional education and training on survivorship	\$440,000	
Comprehensive gap-filling survivorship programs	\$1,980,000	
Advance Care Planning Training Pilot Project	\$720,000	
Implement Texas Pain Info & Advocacy Network Plan	\$100,000	
Total	\$3,340,000	

Given the continued advances in strategies to detect cancer early and to treat it successfully, the number of people living years beyond a cancer diagnosis will continue to increase. Regardless of the disease state, however, survivors may experience lasting adverse effects of treatment. Increasing innovations in medical technology have led to earlier diagnoses and improved treatment of many cancers, resulting in more people diagnosed with cancer surviving each year. Currently, approximately 62% of cancer survivors are expected to live at least 5 years after diagnosis (ACS, 2003). As of January 2000, there were approximately 9.6 million cancer survivors in the United States (NCI, 2003). This estimate includes people diagnosed with cancer but does not include others affected by a diagnosis, such as family members and friends.

A. Dissemination of Evidence-Based Tools

Additional Funds Needed = \$100,000

Background

As the number of cancer survivors increases, healthcare professionals are working to improve the quality of life of cancer survivors after they have completed treatment. Many hospitals, cancer-related organizations and researchers have created tools that have been shown to reduce the aftereffects of cancer treatment.

Cost

Estimated \$100,000 per year.

Assumptions

Costs associated with this strategy relate to promotion of previously developed materials (including the Survivor Guide, Cancer Care Passport, American Cancer Society and Lance Armstrong Foundation resources and others to increase quality of life for cancer survivors) through printing of 40,000 materials (\$75,000) and dissemination to hospitals, cancer treatment centers and healthcare professionals (\$25,000 for shipping). Web links to online materials will be created through the Survivorship web portal.

Benefits

By using existing tools, the TCCCC will use funds to disseminate evidence-based tools to cancer survivors after completing treatment. The TCCCC will promote existing tools to healthcare professionals across the state through print and online media. The TCCCC will also disseminate copies of these materials to providers when needed.

B. Provision of Professional Education and Training to Ensure Healthcare Professional Awareness and Knowledge of Cancer Survivorship Issues and Resources

Additional Funds Needed = \$440,000

Background

Healthcare providers include clinical, community and public health professionals who potentially affect the health and well-being of people living with cancer. Although the specific message will vary for different types of providers, all should understand the impact of a cancer diagnosis on quality of life, the common myths and misperceptions about cancer and accurate information to dispel them, prevention strategies for secondary illnesses, appropriate management strategies, referral sources (i.e. where and when to refer), sources of support and long-term treatment effects and end-of-life care.

Cost

Estimated \$440,000 per year

Assumptions

Of the approximately 194,000 healthcare professionals in Texas, the target is to reach 20% (38,800) healthcare professionals per year. The cost per professional for cancer education is estimated at \$22.50.

Development of continuing education workshops for healthcare professionals for online and paper based CE courses on cancer survivorship – Estimate 5CE/CME 1 hour courses created at a cost of \$25,000 per CME = **\$125,000**.

Printing of paper CE ~5,000 per CE course = 25,000 copies @ \$2.00 per copy or **\$50,000** each year. Registration for CE would be paid by the healthcare professional (estimate \$15.00 per registered hour)

Direct mail communications to Physicians/Nurses/Healthcare professionals ~100,000 contacts @ \$.70 per contact x 3 times per year = **\$210,000**

Web-based management of online course = **\$25,000** per year

Evaluation and monitoring = **\$30,000** per year

Benefits

Educating healthcare providers of the physical, emotional, and day-to-day concerns of cancer survivors will lead to an improved quality of life and also lead to a decreased number of secondary cancers. As a result of this program, approximately 38,800 healthcare professionals will receive this education.

C. Develop and implement programs that address the gaps in all areas of survivorship

Additional Funds Needed = \$1,980,000

Background

Patient navigation is a tool that can be used to ensure that survivors understand their care and their process of care and to enhance the delivery of optimum care. In these programs, health professionals and highly trained patient liaison representatives coordinate healthcare for patients and assist them in navigating the healthcare system. These navigators can provide information that will help educate the survivor about his or her health needs and concerns, ensure timely delivery of care, connect survivors with appropriate resources that will meet their needs, and provide general oversight to the delivery and payment of services of each survivor.

Cost

Total = \$1,980,000 per year

Assumptions

Implementation of this program will require development of a patient navigation pilot program for each of the Texas Health Service Regions (HSR). Patient navigators will help cancer survivors address their physical, emotional, and day-to-day concerns. Salary for FTE = \$60,000 x 2 navigators x 11 HSR = **\$1,320,000**

Travel for each navigator = \$10,000 travel expenses x 22 navigators = **\$220,000**

Additional expenses (office supplies, postage and training opportunities) = \$20,000 per navigator x 22 = **\$440,000**

Benefits

Each of the 11 Texas Health Service Regions will have two full time staff patient navigators. These patient navigators are effective resources for minority and medically underserved survivors. The navigators will help survivors find resources in their communities to address their physical, emotional or day-to-day concerns.

D. Advance Care Planning Training Pilot Project

Additional Funds Needed = \$720,000

Background

National studies estimate that fewer than 30% of our citizens have an advance care plan. When a person's wishes for care are not known, and they become unable to speak for themselves, the default approach is to treat with artificial methods of life support. People may end up receiving unwanted, intrusive, painful, and expensive treatments that, had they communicated their wishes in advance, might not have occurred. Successful advance care planning hinges on effective communication between healthcare professionals and the individual along with family and other loved ones within a system that supports it. Advance care planning must be facilitated by trained persons, all of whom have unique roles, skills and information. Coupled with this is the need for educating people on how to ask for and assess information about their diagnosis, prognosis, and treatment options. This discussion integrates

the medical condition with the individual's values and goals for their life into an advance care plan uniquely designed for that person. The ultimate success of an advance care plan depends on three critical elements: 1) The person actually plans ahead and documents their wishes, 2) perhaps even more important, the person discusses their wishes with family, formal and informal caregivers, and healthcare providers, and 3) there is a framework of policies and practices at the system level so that plans are obtained, stored, retrieved, updated, and finally, respected at the proper time.

Let's Talk, Texas! is a ground-breaking effort to transform the culture of advance care planning in Texas – one organization at a time. The program utilizes the Respecting Choices[®] approach to advance care planning to implement a demonstrated effective process of planning and a system of practices, policies, and education to ensure that well developed advance directives are respected. It is designed to help organizations assess how their current system works and to develop a more effective system to respect a patient's recorded plans for future medical care.

Cost

Estimated \$720,000 per year

Assumptions

Full implementation of the Advance Care Planning Training Project costs about \$30,000 per location. Current capacity exists to implement the program at 24 sites per year. The budget includes pre-program consultation, facilitator training, planning and implementation training, train-the-trainer, all program materials, and licensing fees.

Benefits

Benefits include 1) development of Texas-specific advance care planning tools that will enable people to make their wishes known to their families and healthcare providers; 2) increased study and testing of the potential for using a POLST (Physician Orders for Life Sustaining Treatment) in Texas; 3) collection of data on the Texas implementation; and, 4) publication of a report on three initial Texas pilot site findings.

E. Implementation of the Texas Pain Advocacy & Information Network Plan Additional Funds Needed = \$100,000

Background

Uncontrolled pain is a major national health problem of epidemic proportion, reflecting a troubling and unacceptable gap in the delivery of quality medical care. An estimated 50 million Americans, including more than 11 million Texans, suffer from chronic pain. Even though effective treatment for relieving up to 90% of pain is possible, more than half of Americans do not receive it. The elderly, women, and members of racial minorities are at increased risk for inadequate pain treatment. This decreases quality of life and slows recovery for people of all ages and walks of life. Significant barriers exist preventing the person suffering pain from attaining relief. The Texas Pain Information and Advocacy Network (TxPAIN) is a multi-faceted collaboration dedicated to raising public and patient awareness, educating healthcare professionals, promoting practice change within healthcare institutions, and effecting the removal of legal and regulatory barriers to pain management.

Cost

Estimated \$100,000 per year

TxPAIN Collaboration Strategies:

\$10,000 committee meetings/travel

\$5,000 data collection

\$25,000 public/professional awareness campaign

\$15,000 stakeholder meetings

\$5,000 web development

\$20,000 material development, printing, and distribution

Assumptions

The 2005 US Census population estimate for Texas = 22,860,000. In a Texas-specific survey conducted with the public in 2006, an estimated 11 million Texans, nearly 50% of the population, may be living with unrelenting pain.

Implementation of a comprehensive statewide pain initiative plan, as reflected in the Texas Report and Action Plan – *The Politics of Pain: Balancing Vigilance and Compassion*, is to ensure high quality pain care for people of all communities and cultures in Texas

The components of a comprehensive program include:

- 1) Public policy and regulatory adjustments – to ensure that public laws and health professional oversight groups support good pain management.
- 2) Health professional education and empowerment – so those who care for cancer patients are informed, educated, and empowered to deliver the best pain care available.
- 3) Advocacy for better patient care – to help educate practitioners, patients and families about realities and myths of pain management and controlled substances.
- 4) Public awareness – to generate consumer demand for better pain management through public awareness campaigns.
- 5) Crosscutting issues – the need to address disparities and access to care, and to garner support for implementing the plan.

Benefits

The estimated cost of implementing an ongoing, statewide, and comprehensive collaborative effort is based upon a strong science base that has been established over the past two decades in other states that have effectively used this approach. As a result of this combined-effort approach, Texans will have improved policies supporting pain management including an improvement in the Pain Policies Scorecard from the current “C” standing. In addition, health professionals will have an increased awareness, education, and understanding of the issues and impacts of effective pain management; and Texans will have an increased awareness and understanding of the issues and impacts of comprehensive pain management in our state.

Program Supervision

Management and Staffing will be needed to carry out the full scope of implementation of the Texas Cancer Plan. Estimates are that a minimum of approximately three to four percent of the total budget will be required.

TOTAL – Depends on full funding level. Management and staffing will be calculated as three to four percent of the total budget.



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