

2018 Current Fiscal Year Report: Breast and Cervical Cancer Early Detection and Control Advisory Committee

Report Run Date: 06/20/2019 11:24:47 AM

1. Department or Agency		2. Fiscal Year	
Department of Health and Human Services		2018	
3. Committee or Subcommittee		3b. GSA Committee No.	
Breast and Cervical Cancer Early Detection and Control Advisory Committee		1952	
4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	09/12/2018	09/12/2020	
8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date	
No			
9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?	
Continue	Not Applicable	Not Applicable	
11. Establishment Authority	Authorized by Law		
12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
42 U.S.C. 217a	12/14/1993	Continuing	No
15. Description of Committee	Non Scientific Program Advisory Board		
16a. Total Number of Reports	No Reports for this FiscalYear		
17a. Open	17b. Closed	17c. Partially Closed	Other Activities
1	0	0	0
17d. Total Meetings and Dates	1		

Purpose	Start	End
The agenda included discussions on expanded National Breast and Cervical Cancer Early Detection Program (NBCCEDP) strategies to increase breast and cervical cancer screening, review of success with implementing evidence-based interventions in health systems in the Colorectal Cancer Control Program and expanding evaluation to measure impact and sustainability of population based activities.	11/30/2017	12/01/2017

Number of Committee Meetings Listed: 1

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$3,250.00	\$3,500.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$28,382.00	\$28,921.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$3,145.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00

18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$2,231.00	\$2,660.00
18d. Total	\$37,008.00	\$35,081.00
19. Federal Staff Support Years (FTE)	0.30	0.30

20a. How does the Committee accomplish its purpose?

The committee makes recommendations regarding national program goals and objectives, implementation strategies, program priorities including surveillance, epidemiologic investigations, education and training, information dissemination, professional interactions and collaborations, and policy.

20b. How does the Committee balance its membership?

Current members are knowledgeable in the field of medicine including public health, epidemiology, endocrinology, family medicine, health education, oncology, and obstetrics and gynecology. Membership includes representatives of the general public, American Cancer Society, and ex-officio's representing the Food and Drug Administration, the Indian Health Service, National Institutes of Health and additional officials necessary to hold an effective meeting.

20c. How frequent and relevant are the Committee Meetings?

The committee usually meets annually. This meeting addressed topics including How to approach health systems change and what CDC is currently doing to address these issues; enhancing population-based screening through monitoring; performance management; approaches to decreasing disparities; and breast cancer mortality disparities.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Breast and Cervical Cancer Early Detection and Control Advisory Committee provides advice and guidance to the Secretary, HHS, and the Director, CDC, regarding the early detection and control of breast and cervical cancer. The committee makes recommendations regarding national program goals and objectives; implementation strategies; program priorities, including surveillance; epidemiologic investigations; education and training; information dissemination; professional interactions and collaborations; and policy.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

No reports required for this committee. Member Carolyn Aoyama left the committee on 8/31/2017, which should have been reported on the 2017 ACR, but was not.

Designated Federal Officer

Jameka R Blackmon DFO, BCCEDCAC

Committee Members	Start	End	Occupation	Member Designation
Allen, Jennifer	05/22/2018	03/31/2022	Professor and Chair, Tufts University	Special Government Employee (SGE) Member
Brewster, Wendy	08/28/2014	09/27/2018	Associate Professor, University of North Carolina School of Medicine	Special Government Employee (SGE) Member
Coronado, Gloria	11/02/2016	03/31/2020	Mitch Greenlick Endowed Senior Investigator in Health Disparities Research, Kaiser Permanente	Special Government Employee (SGE) Member
Flowers, Lisa	11/16/2016	09/27/2018	Associate Professor, Emory University School of Medicine	Special Government Employee (SGE) Member
Garcia, Francisco	10/10/2016	03/31/2020	Assistant County Administrator for Health Services and Chief Medical Officer	Special Government Employee (SGE) Member
Hannon, Peggy	10/03/2016	03/31/2020	Associate Professor, University of Washington	Special Government Employee (SGE) Member
Lee, Carol	10/12/2016	03/31/2020	Attending Physician, Memorial Sloan-Kettering Cancer Center	Special Government Employee (SGE) Member
Lerner, David	04/04/2014	03/31/2020	Medical Officer, Food and Drug Administration	Ex Officio Member
Liburd, Leandris	03/25/2016	03/31/2020	Director, Office of Minority Health and Health Equity	Ex Officio Member
Matoff-Stepp, Sabrina	10/01/2013	03/31/2021	Director, HRSA Office of Women's Health	Ex Officio Member
Mormann, Susan	10/07/2016	03/31/2020	Director, North Dakota Department of Health	Special Government Employee (SGE) Member
Muller, Carolyn	08/27/2014	09/27/2018	Director, University of New Mexico Cancer Center	Special Government Employee (SGE) Member
Nicholson, Wanda	12/09/2016	03/31/2020	Professor, University of North Carolina at Chapel Hill	Special Government Employee (SGE) Member
Plescia, Marcus	08/24/2014	09/27/2018	Chief Medical Officer, Association of State and Territorial Health Officers	Special Government Employee (SGE) Member
Schottinger, Joanne	04/01/2017	03/31/2021	Assistant Medical Director for Quality and Clinical Analysis	Special Government Employee (SGE) Member
Taplin, Stephen	10/01/2013	03/31/2018	Chief, Process of Care Research Branch, National Cancer Institute	Ex Officio Member
Uddin, Sayeedha	12/13/2016	03/31/2020	Senior Public Health Analyst, DHHS Office on Women's Health	Ex Officio Member
Wender, Richard	11/30/2016	09/27/2018	Chief Cancer Control Officer, American Cancer Society	Special Government Employee (SGE) Member
Wild, Richard	10/01/2013	03/31/2021	Chief Medical Officer, Centers for Medicare and Medicaid Services	Ex Officio Member
Zell, Bethany	04/01/2017	03/31/2021	Program Director, Healthy You	Special Government Employee (SGE) Member

Number of Committee Members Listed: 20

Narrative Description

The Breast and Cervical Cancer Early Detection and Control Advisory Committee (BCCEDCAC) provides advice and guidance to the Secretary, HHS, and the Director, CDC, regarding the early detection and control of breast and cervical cancer. The committee makes recommendations regarding national program goals and objectives; implementation strategies; program priorities, including surveillance; epidemiologic investigations; education and training; information dissemination; professional interactions and collaborations; and policy.

What are the most significant program outcomes associated with this committee?

Checked if Applies

- Improvements to health or safety
- Trust in government
- Major policy changes
- Advance in scientific research
- Effective grant making
- Improved service delivery
- Increased customer satisfaction
- Implementation of laws or regulatory requirements
- Other

Outcome Comments

n/a

What are the cost savings associated with this committee?

Checked if Applies

- None
- Unable to Determine
- Under \$100,000
- \$100,000 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$10,000,000
- Over \$10,000,000
- Cost Savings Other

Cost Savings Comments

n/a

What is the approximate Number of recommendations produced by this committee

for the life of the committee?

17

Number of Recommendations Comments

The committee made two key recommendations to CDC in FY18, however, 13 of the 17 recommendations have been considered by the Program and have been fully implemented as of FY18.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

71%

% of Recommendations Fully Implemented Comments

Committee recommendations have been considered by the Program and 13 of the 17 recommendations have been implemented. As of FY 18 the program fully implemented one additional recommendation made in FY15:9) The NBCCEDP must follow national guidelines for cervical cancer screening recommended by the USPSTF and clinical societies. CDC is currently supporting a current project to explore alternative cervical cancer screening modalities for geographically hard to serve women in the Pacific Island Jurisdiction. The remaining recommendations continue to be fully implemented as of FY17:1) Priority populations for the NBCCEDP nationally include low income women (at = 250% of the Federal Poverty Level) and women who are uninsured or underinsured. 2) Patient navigation (PN) and community health workers are now allowed costs in the NBCCEDP. A PN program policy has been developed and a method to measure PN services is under development.3) A requirement of the FOA funding a new 5-year cycle of the NBCCEDP (2017-2022) includes the implementation of evidenced-based interventions (EBIs) proven effective in increasing breast and cervical cancer screening as recommended in the Community Guide. Grantees partner with health systems' clinics in to implement EBIs and improve practice. 4) A well thought out comprehensive plan to evaluate the NBCCEDP (2017-2022) has been developed. 5) CDC funds the CRCCP (Colorectal Cancer Control Program) which is focused on implementing EBIs to increase colorectal cancer screening in partnership with health systems' clinics. In particular, grantees partner with FQHCs that serve a high-risk, low income, low-screened population. The NBCCEDP's efforts to implement EBIs in health system clinics will mirror the successful approach of the CRCCP and build on their lessons learned over the past two years on how to effectively engage health systems partners. Additionally, CDC funded several states to pilot projects to collaborate with Medicaid Programs. Those lessons learned are in review and will be disseminated to NBCCEDP and CRCCP grantees.7) NBCCEDP eligibility criteria has been maintained at = 250% of the FPL.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

24%

% of Recommendations Partially Implemented Comments

Committee recommendations are being considered by the Program as to their feasibility or implementation. 4 of the 17 recommendations have been partially implemented. As of FY18 the following FY18 Recommendations were partly implemented: 1) NBCCEDP staff have engaged with HRSA regarding developing a breast cancer screening UDS measure. This is under discussion at HRSA. 2) CDC staff are exploring the use of shared decision making with assistance of external subject matter experts and are planning to collect surveillance data on its use and outcomes. As of FY17 the following FY15 Recommendations were partly implemented with additional activities taking place in FY18: 6) CDC has not evaluated the capacity of NBCCEDP to improve health equity, however, addressing health disparities is a program priority. Grantees are required to target outreach to low income, un- or underinsured women for screening and they are required to partner with health systems that serve high-risk, low income, low-screened populations to implement systems-level improvements in cancer screening. CDC will began to collect data on the reach of the program through systems-level interventions once OMB approval is obtained. 8) Risk assessment and decision-making guides were more appropriately developed for the general population of women who are age-appropriate for screening versus just for NBCCEDP providers or women.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

Feedback is given at official Advisory Committee Meetings.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- Reorganized Priorities
- Reallocated resources
- Issued new regulation
- Proposed legislation
- Approved grants or other payments

Other

Action Comments

n/a

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

n/a

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO

Online Agency Web Site

Online Committee Web Site

Online GSA FACA Web Site

Publications

Other

Access Comments

n/a