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Testimony in support of House Bill 743, Human Services Committee

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Mr. Chairman, committee members, my name is Todd Harwell. I am the Chief of the Chronic Disease Prevention and Health Promotion Bureau in the Public Health and Safety Division of the Department of Public Health and Human Services. On behalf of the Department, I am testifying in support of House Bill 743, which would allow the use of Master Settlement Agreement (MSA) funds for chronic disease prevention and control activities. If I may, I would like to distribute copies of my testimony and our proposal.

As Representative Clark has indicated, this Bill would allow the use of MSA funding for our chronic disease programs to reduce the burden of tobacco-related disease including heart disease, diabetes, stroke, asthma, and cancer. The Centers for Disease Control and Prevention has published evidence-based guidelines to assist states in the development and implementation of comprehensive tobacco control activities, which includes chronic disease prevention programs.

Chronic diseases, including heart disease, cancer, chronic lower respiratory disease, and stroke, are the leading causes of death and disability in Montana and have the greatest impact on our citizens' lives and health care costs. The primary risk factors that lead to these high mortality rates include tobacco use, along with lack of regular physical activity, obesity, diabetes, high blood pressure, and high cholesterol.

Our proposal outlines how the MSA funding would be used to implement diabetes and heart disease prevention activities in local communities, improving acute stroke care in rural communities, implementing cancer screening and control activities, and asthma surveillance and control. As an example I would like to provide a more detailed description of the one of these projects – specifically, improving acute stroke care in rural Montana communities.

Stroke is the third leading cause of death in Montana and tobacco is a major risk factor. Unfortunately, many Montanans who have experienced a stroke and survive are permanently disabled. This does not need to be the case. Early identification and treatment of stroke can reduce or eliminate the permanent disabling effects of a stroke. Since 1995, an effective treatment has been available for acute ischemic stroke (i.e., 80% of all strokes). This treatment is called tissue plasminogen activator (tPA) – in laymen terms it is a clot dissolving

drug. To be effective, this therapy must be administered within 3 hours of a stroke. Unfortunately, data from Montana and nationally indicate that less than 10% of persons experiencing an ischemic stroke received this treatment. Why is this percentage so low? There are two reasons. First, persons experiencing a stroke and their family members often do not recognize the signs and symptoms of a stroke, they delay seeking treatment, and they often do not call 911 for quick emergency medical services. Secondly, health providers in many of our rural hospitals in Montana are not comfortable with using this clot dissolving drug.

Our Cardiovascular Health (CVH) Program has established a successful partnership with four of the primary stroke centers in Montana including Benefis Health Care in Great Falls, Billings Clinic in Billings, St. Patrick Hospital and Health Sciences Center in Missoula, and St. Vincent Health Care in Billings. Funding through the MSA would be used to expand a pilot project we are currently developing. The pilot project utilizes a telemedicine system to improve acute stroke care. The system provides two-way audio/video communication allowing neurologist consultation with health care professionals at the local hospital; transmission of the patient's CT scan to the neurologist, and flexibility to provide the consults from outside of the hospital. Existing telemedicine systems in Montana cannot currently support these requirements. Funding from the MSA would allow us to expand this project to additional rural hospitals.

As I mentioned previously, the second major issue is rapid identification of persons experiencing a stroke. To address this issue our Cardiovascular Health Program is proposing to expand its public education campaigns to increase community awareness of the warning signs for stroke and the need to call 911. Our Cardiovascular Health Program has piloted two stroke public education campaigns, one in the Great Falls and the other in the Billings media market, and has found significant improvements in community stroke awareness. Additional funding through the MSA would allow our program to implement the public education campaigns in more communities throughout Montana.

If enacted, this Bill would the Department working with local partners to implement critically important chronic disease prevention and control programs to prevent many premature deaths and to improve the health of Montanans. Mr. Chairman, committee members, thank you for the opportunity to testify. I would also like to thank Representative Clark for sponsoring this important legislation and ask that you supporting it.

Proposal to conduct chronic disease programs to reduce the burden of tobacco-related disease with Master Settlement Agreement funds

Best Practices For Comprehensive Tobacco Control Programs provides states with recommended strategies and funding levels for effective programs to prevent and reduce tobacco use, eliminate the public's exposure to secondhand smoke, and identify and eliminate disparities related to tobacco use and its effects among various population groups. These guidelines were created by the Centers for Disease Control and Prevention (CDC) and based on programs with documented results in other states.

Montana has implemented all of the components of a comprehensive program with the exception of chronic disease programs to reduce the burden of tobacco-related disease (e.g., heart disease prevention, cancer control). Title 17 of Montana Code Annotated defines tobacco disease prevention programs and lists the elements of a comprehensive program, with the exception of the chronic disease programs. At the same time, Title 17 instructs the Department to use standards contained in CDC's *Best Practices* document in designing its program. Therefore, legislation is needed to include chronic disease programs in the definition of a tobacco disease prevention program in Title 17.

Chronic diseases are the leading causes of death and disability in Montana and have the greatest impact on our citizens and health care costs. With funding from the Master Settlement Agreement, Montana can create chronic disease programs and achieve a comprehensive approach to tobacco disease prevention as recommended by the CDC. This funding will help to modernize Montana's public health system and better focus it efforts on contemporary public health issues that are having the greatest impact on the health of our citizens and health care costs.

Title: Primary Prevention of Diabetes and Heart Disease

Description of request: The Public Health & Safety Division proposes establishing programs in local health departments, community health centers, diabetes education programs, or other appropriate health care facilities to promote **increased physical activity, improved nutrition, maintenance of ideal body weight and tobacco use cessation** among persons at high risk for developing diabetes, who are also at elevated risk for heart disease, stroke and other complications. In addition, the funds would be used for the development of supportive technology and health education materials for these programs.

This funding would allow the Division to begin this effort in FY 2008 and establish up to four programs, enhance those programs in FY 2009 and expand the total number of programs to as many as eight in FY 2009. In order to identify qualified sites and support successful development of these sites, DPHHS would: establish criteria for site selection, review applications from potential participants and award contracts, establish an oversight panel (this would include nationally recognized experts on primary prevention of chronic disease), and provide regular in-the-field consultation to participating sites (including on-site consultation by nationally recognized experts).

These activities will be evaluated by assessing weight loss, physical activity, and reduction in tobacco use by persons at high risk for diabetes, who are referred for these services on a pre-determined recruitment target.

Justification: Heart disease and diabetes are leading causes of morbidity and mortality in Montana. One in four Montana adults are at risk for developing diabetes, as well as at elevated risk for heart disease, stroke and other complications. Among Montana American Indians the risk of dying of heart disease is 29% higher than among white Montanans, and the risk of dying of diabetes is 291% higher. The prevalence of overweight and obesity in Montana has continued to increase in Montana, which results in increasing number of Montanans with pre-diabetes, diabetes, metabolic syndrome, and increasing numbers of women with gestational diabetes. The Diabetes Prevention Program, a national study, has shown that with lifestyle intervention (healthy eating and increased physical activity), adults (including women with a history of gestational diabetes) can reduce their risk of developing diabetes by 58% and their future risk of developing heart disease and stroke.

In FY 2008 and FY 2009, $625,000 and $625,000 is requested to provide funding for the local pilot projects, and to cover the cost of the expert diabetes prevention consultants, training for the local site coordinators, and the salary and benefits for the state FTE, respectively.

Goal: To prevent diabetes, and cardiovascular disease among person at high risk for diabetes.

Performance Criteria and Milestones:
Objective 1 – Identify program sites and implement diabetes and heart disease prevention programs.

- Implement program in initial sites – December 31, 2007
- Enhance program in initial sites and initiate additional sites – July 1, 2008

Objective 2 - Develop and implement enhanced surveillance of risk factors and health behaviors among persons at high risk for developing diabetes and heart disease.
Objective 3 – Assess the clinical outcomes of persons enrolling in this program.

- Evaluate programs by June 30, 2009

FTE: 2 FTE (1 of these was already approved for FY 2009 to be funded with Tobacco Trust Fund Interest, but we would like it to become available in FY 2008).

Funding: Master Settlement Agreement Funds

Obstacles: Recruiting qualified staff to deliver the program and implementing it consistent with protocols used in the national Diabetes Prevention Program study.

Risk: This is a contemporary public health issue that if not addressed, will result in widespread illness, disability and death in our state, as well as escalating health care costs. Not implementing these activities will lead to a continued increase in the number of Montanans with diagnosed diabetes, heart disease and stroke.

Title: Improve Acute Stroke Care in Rural Montana

Description of Request: The Cardiovascular Health (CVH) Program proposes conducting projects with the **Stroke-Doc telemedicine system**. The projects would include four rural hospitals and four primary stroke centers. The system provides two-way audio/video communication allowing neurologist consultation with the local hospital; transmission of the patient's CT to the neurologist, and flexibility to do consults outside of the hospital. Existing telemedicine systems in Montana cannot meet these requirements. This pilot will help address the disparities in care that stroke patients face in rural Montana. For sustainability of the project, the CVH Program will work with the sites to identify potential funding sources once the pilot is completed. The CVH Program also proposes to expand its public education campaigns to **increase community awareness of the warning signs and risk factors for stroke** and to increase community awareness of the need to call 911 when experiencing these warning signs. This funding would allow the CVH Program to implement the public education campaigns in additional communities throughout Montana.

This funding would allow the Division to begin this effort in FY 2008 and establish up to two programs, enhance those programs in FY 2009 and expand the total number of programs to as many as six in FY 2009.

Justification: Stroke is the third leading cause of death in Montana. Among Montana American Indians the risk of dying of stroke is 23% higher than among white Montanans. By identifying the signs and symptoms of ischemic stroke (80% percent of strokes are ischemic) early, timely administration of tissue plasminogen activator (tPA) therapy can lessen or even eliminate the permanent effects of a stroke. To be effective, this must be administered within 3 hours of a stroke. Data from a national stroke registry indicated that in 2005, only between 3 and 8.5% of ischemic stroke patients received tPA. These projects will allow timely consultation by a neurologist to rural areas of Montana. The public education campaign will improve recognition of the signs and symptoms of stroke in the general public, so persons can initiate timely access to health care.

In FY 2008 and FY 2009, $625,000 and $625,000 is requested to purchase the StrokeDoc system for the participating rural hospitals, to cover the cost of the statewide public education campaign, and to cover the costs for the salary and benefits for the state FTE, respectively.

Goals:
By June 2009, increase community awareness of the warning signs of acute stroke.

By June 2009, establish a baseline measure of the proportion of eligible persons with an acute ischemic stroke who receive thrombolytic therapy.

Performance Criteria and Milestones:
Objective 1 – Develop and implement programs to improve acute stroke care in rural Montana.

- Implement program in initial sites – December 31, 2007
- Enhance program in initial sites and expand to additional sites – July 1, 2008

Objective 2 - Develop and implement enhanced surveillance of acute ischemic stroke care in Montana.

- Evaluate program in new sites – June 30, 2009

FTE: Will use existing FTE.

Obstacles: None

Risk: Not implementing these activities will lead to a continued increase in the number of Montanans with long-term effects and even deaths from stroke.

Title: Comprehensive Cancer Control

Description of Request: The Comprehensive Cancer Control Program at the Department of Public Health and Human Services in partnership with the Montana Comprehensive Cancer Control Coalition has prioritized strategies for the next 5 years. We are proposing to increase the efforts of the Montana Comprehensive Cancer Control Program MCCCP, the Montana Breast and Cervical Health Program (MBCHP) and the Montana Central Tumor Registry (MCTR), using the strategies in the **Montana Comprehensive Cancer Control Plan, primarily through contracted services with local and tribal health departments, community health centers, private medical service providers, and I.H.S**. This request is for 2 new FTE and $1,100,000 per year of the biennium.

Specific activities will include direct screening services to women at greatest risk for breast and cervical cancer; conducting regional and statewide needs assessments, public and professional education on screening and early detection, enhanced data collection, cancer surveillance and evaluation, outreach to disparate populations, particularly Montana's American Indian population.

Currently, the MBCHP provides funding to local and tribal health departments, urban Indian clinics and IHS Service Units to provide education, outreach, and direct clinical services for breast and cervical cancer screening. The program also has over 950 enrolled medical service providers who conduct clinical screening and diagnostic services. Improved cancer control can be achieved through these community based networks.

Justification: Cancer is the second leading cause of death in Montana and at least 30% of these cancer deaths are attributable to tobacco use. Fifty percent of all cancer deaths are preventable. There are significant disparities in access to prevention, screening, early detection and treatment among Montana's populations in urban, rural, and frontier areas. American Indians in Montana are 42% higher risk of dying of cancer than white Montanans.

Goals and objectives:
Goal 1: By June 30, 2009, increase the number of women screened per fiscal year for breast and cervical cancer through the MBCHP by 1,500 – 2,000. (FY 2006 baseline: 3,500)
Performance Criteria and Milestones:
Objective 1: Identify barriers to screening early detection, and treatment services.
Objective 2: Increase compliance with and the number of Montanans screened using cancer-screening guidelines.
Objective 3: Increase the cancer-screening services available to under-and uninsured Montanans.

- Implement comprehensive cancer control in local communities through contracts with local health departments, and MBCHP community based networks and medical service providers - - July 1, 2007
- Establish similar contracts on Montana Indian reservations for comprehensive cancer control – July 1, 2008

- Increase the number of women screened who are at risk for breast and cervical cancer – by June 30, 2009

Goal 2: By June 30, 2009, the Montana's Comprehensive Cancer Control Section will publish at least two reports per year describing cancer in Montana (Baseline: Montana has published tumor registry data sporadically)

Performance Criteria and Milestones:

Objective 1: Develop and enhance cancer surveillance data through the BRFFS, the MCTR, and the MBCHP.

Objective 2: Improve timeliness for reporting of reportable cancer cases within the year of diagnosis.

Objective 3: Improve availability, accessibility and utilization of cancer-related data.

Objective 4: Increase the percentage of cancer patients given care consistent with national treatment standards.

- Implement improvements in surveillance systems by June 30, 2008
- Publish reports by June 30, 2009.

FTE: 2 FTE

FY 2008

- $455,000 to enhance the current contracts with 13 local health departments to develop and implement cancer control activities. These would be performance based contracts, support at least .5 FTE, and would include responsibility to: work with medical service providers to promote compliance with screening guidelines; increase breast and cervical cancer screening in their service areas; assist with implementation of the statewide needs assessment described below; provide education on prevention, early detection and treatment; and expand their cancer coalition activities.
- $115,000 to enhance the current MBCHP contracts with local health departments to recruit and provide screening support to 1000 women age 30 through 50.
- $200,000 to pay medical service providers statewide for direct clinical screening and diagnostic services through the MBCHP for women age 30 through 40 for cervical cancer and 40 through 50 for breast and cervical cancer.
- $85,000 contract awarded to conduct a needs assessment to identify barriers for all Montanans. Particularly barriers to screening, treatment (access to clinical trials) and end-of-life care. Would be coordinated with current work being done in limited communities.
- $20,000 for Montana specific public awareness on screening and early cancer detection for breast, cervical, colorectal and prostate cancer, including materials for women 30-50 years of age who are never or rarely screened for cervical cancer.
- $61,000 to purchase a Citrix server for the MCTR to contract with a programmer to enhance the MCTR data collection and reporting system to allow doctor's offices, clinics and hospitals to submit electronic data required through Montana statute.
- $40,000 to contract with a programmer to enhance the MBCHP data collection and reporting system to allow local contractors to submit data and track and follow MBCHP clients electronically.
- $124,000 (salary and benefits) for 1.00 cancer education coordinator and a 1.00 contract manager for the MCCCP.

Funding 2009

- $455,000 to continue the contracts with 13 local health departments to develop and implement cancer control activities. These would be performance based contracts, support at least .5 FTE, and would include responsibility to: work with medical service providers to promote compliance with screening guidelines; increase breast and cervical cancer screening in their service areas; assist with implementation of the statewide needs assessment described below; provide education on prevention, early detection and treatment; and expand their cancer coalition activities.
- $172,500 to enhance the current MBCHP administrative site contracts with local health departments to recruit and provide screening support to 1500 women age 30 through 50.
- $300,000 to pay medical service providers statewide for direct clinical screening and diagnostic services through the MBCHP to women age 30 through 40 for cervical cancer and 40 through 50 for breast and cervical cancer.
- $172,500 to fund programs in each reservation community to develop and implement cancer control activities, similar to those described above with local health departments.

Evaluation: The community-based programs will be evaluated on quarterly and annual progress through performance based contracts. The number of women screened will be documented through the MBCHP data system. The timeliness and quality of MCTR data will be evaluated quarterly and reported annually.

Obstacles: Continuing to shift program focus from breast and cervical health to comprehensive cancer control.

Risk: Cancer is the second leading cause of death in Montana and if not addressed, will result in continued widespread morbidity, and escalating health care costs.

Title: Asthma Surveillance and Control Project

Description of request: Asthma is a common condition that currently cannot be prevented or cured. However, it can be controlled to help persons with asthma lead productive lives. The cornerstones of effective asthma control are: 1) following a thorough medical management plan and (2) avoiding contact with environmental substances (notably tobacco smoke) that trigger asthma attacks. This project will establish surveillance for asthma, identify the risks associated with inadequately controlled asthma in Montana, and implement steps to improve the control of this controllable disease.

Justification: Effective asthma control can markedly decrease emergency department visits and hospitalizations for persons with asthma. This results in cost savings from decreased health care utilization. Even more importantly, effective control has been shown to improve the quality of life for persons with asthma. This improvement includes decreases in missed school and work days which allows students to learn and workers to be productive.

In FY 2008 and FY 2009, $350,000 and $350,000 is requested to **provide funding for the local surveillance and quality improvement projects**, and to cover the cost of the expert asthma physician consultant, quality improvement software and maintenance, and the salary and benefits for the two state FTEs, respectively.

Goal: Assess and improve control of asthma in Montana youth (aged <18 years)

Performance Criteria and Milestones:
Objective 1 – Establish surveillance for asthma visits in at least 6 emergency departments (3 in large city hospitals; 3 in small town hospitals), and produce/disseminate quarterly surveillance reports regarding asthma control in Montana.

- Implement ED surveillance by December 31, 2007

Objective 2 – Identify risk factors associated with emergency department use by young persons with asthma with particular emphasis on whether or not these persons have adequate written asthma management plans.
Objective 3 – Implement an Asthma Quality Care Management System in at least one physician office/clinic in each of the cities and towns in which emergency department surveillance has been established.

- Implement asthma quality improvement interventions – March 30, 2008
- Evaluate program – June 30, 2009

FTE: 1 FTE

Obstacles: Recruiting qualified staff.

Risk: This is a contemporary public health issue that if not addressed, will result in continued widespread morbidity, and escalating health care costs.

Summary of proposal to conduct chronic disease programs to reduce the burden of tobacco-related disease with Master Settlement Agreement funds

Health Issue Addressed	FY 2008 Funding	FY 2009 Funding	FTE request	Program components
Primary prevention of diabetes and heart disease	$625,000	$625,000	2	Community based programs to prevent diabetes, heart disease and stroke through increased physical activity, improved nutrition, maintenance of ideal body weight and tobacco use cessation
Comprehensive cancer control	$1,100,000	$1,100,000	2	Funds will be provided to local programs for direct screening services; public and professional education; and outreach to disparate populations, including Montana's American Indians. It will also fund enhanced data collection, cancer surveillance and evaluation, and regional and statewide needs cancer assessments.
Stroke care in rural areas	$625,000	$625,000	0	Funds will support local Stroke-Doc telemedicine projects in rural hospitals and increase community awareness of the signs and risk factors for stroke and need for timely access to health care.
Asthma surveillance and control	$350,000	$350,000	1	Funds will support local surveillance and control projects.
Totals	$2,700,000	$2,700,000	5	