

# West Virginia Breast and Cervical Cancer Screening Program Annual Report

**1991-2004**



**You're Worth It...**



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April 2005

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## Special Thanks

Centers for Disease Control and Prevention  
Marshall University  
Office of Maternal, Child, and Family Health (OMCFH)  
OMCFH Data Entry Unit  
OMCFH Finance Division  
West Virginia Cancer Registry  
West Virginia Comprehensive Cancer Control Program  
West Virginia University  
West Virginia WISEWOMAN

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*This publication was supported by cooperative agreement U55/CCU321950 from the Centers for Disease Control and Prevention.*

## Timeline

**1991** West Virginia was one of eight states chosen to screen low income, uninsured/underinsured women as part of the National Breast and Cervical Cancer Early Detection Program.

**1996** House Bill 1481 established the Breast and Cervical Cancer Diagnostic and Treatment Fund.

**2000** West Virginia was one of the first states to provide coverage of treatment for breast and cervical cancer through Medicaid.

**2003** The WVBCCSP began providing liquid based Pap tests and hrHPV testing to clients meeting specific clinical guidelines.

**2004** Program is highlighted in the CDC publication, *The National Breast and Cervical Cancer Early Detection Program 1991-2002 National Report*.



## Overview of the Program

The West Virginia Breast and Cervical Cancer Screening Program (WVBCCSP) is a comprehensive public health program that helps uninsured/underinsured women gain access to screening services for the early detection of breast and cervical cancer. The Program is directed to low-income, uninsured/underinsured women aged 25-64 from priority populations. The Program provides clinical breast examinations (CBEs), mammograms, and Pap tests for eligible women, as well as diagnostic testing for women whose screening outcome is abnormal. The WVBCCSP is implemented through a network of over 300 physicians and healthcare providers throughout West Virginia.

West Virginia was one of the first states to begin screening women in April of 1991 with funds from a cooperative agreement from the Centers for Disease Control and Prevention (CDC). Since that time, WVBCCSP has provided services to more than 95,000 women. Because of these screening services, 517 cases of breast cancer, 5,924 cervical lesions, and 85 cases of cervical cancer were diagnosed.

In 1996, the West Virginia Legislature enacted House Bill 1481, establishing the Breast and Cervical Cancer Diagnostic and Treatment Fund for the purpose of assisting medically indigent patients with certain diagnostic and treatment costs for breast and cervical cancer. The Fund provides resources to offset the cost of diagnostic care not otherwise available to the WVBCCSP by the CDC.

To assist programs in providing treatment to women diagnosed with breast and/or cervical cancer, the 2000 Congress gave the states the option to provide medical assistance for treatment through Medicaid (PL106-354). The State of West Virginia was one of the first states to take advantage of this opportunity. This means that when an uninsured woman under the age of 65 is diagnosed with breast and/or cervical cancer, she may be eligible to have her medical costs paid for through Medicaid.

While screening services are key to early detection, their existence alone is insufficient to achieve a reduction in the illness and death associated with these diseases. As required by the CDC, the WVBCCSP engages in the following activities in order to implement a comprehensive program:

- Program Management
- Screening and Diagnostic Services
- Education and Outreach (Public Education and Outreach and Professional Education)
- Partnership and Collaboration
- Evaluation (Surveillance, Quality Assurance, and Technical Assistance)

## Enrollment and Screening

Since Program inception in 1991, the WVBCSP has enrolled over 95,000 women and provided in excess of 184,000 Pap tests, 115,000 mammograms, and 162,000 CBEs to low income, uninsured/underinsured women. During this time, 7.1% of all Pap tests performed on WVBCSP clients were abnormal, 7.7% of all mammograms had an abnormal result, and 5.1% of all CBEs were abnormal. Abnormal results are defined by the Program as procedural results which require additional diagnostic work-up.

## Breast and Cervical Cancer Detection

To date, the WVBCSP has detected 517 cases of invasive breast cancer and 85 cases of invasive cervical cancer.

Of the 517 cases of invasive breast cancer detected through the Program since 1991, 65.2% were early stage and 31.5% were late stage. Data on the 85 cases of invasive cervical cancer diagnosed through the WVBCSP indicated that 68.2% were early stage versus 25.9% late stage. The cost of medical care for treating these patients is strongly related to the clinical stage at diagnosis. Studies have indicated that medical costs are higher for patients diagnosed with stage III and IV (late stage) compared with stages 0 and I (early stage)<sup>1</sup>. Screening mammography has also been linked to a significant decrease in the cost of medical care because it helps achieve downstaged results and reduces cancer mortality, which results in a reduction of healthcare resources for treatment.

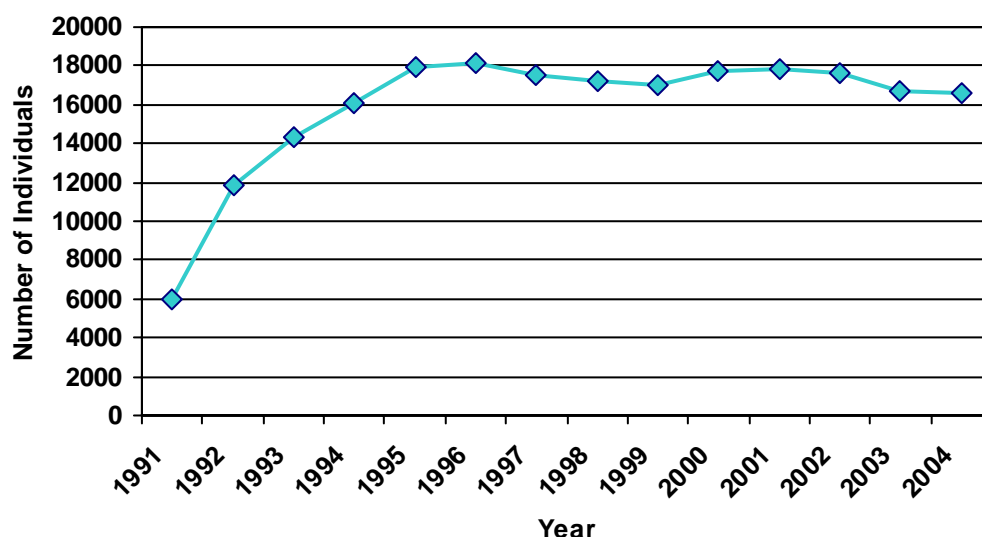


A Breast Cancer Awareness Month ceremony conducted during October.



Brenda Thomas, Region 2 Cancer Information Specialist, spreads the word that early detection saves lives.

Number of women screened by the WVBCSP per calendar year<sup>a</sup> 1991-2004.



<sup>a</sup>Calendar year runs from January 1 through December 31.



Participants enjoy a sunny day at the Parkersburg Walk and Rock held in October.



Quilters display one of the beautiful, handmade Quilts of Hope. The project raised \$25,500 for the Diagnostic and Treatment Fund.



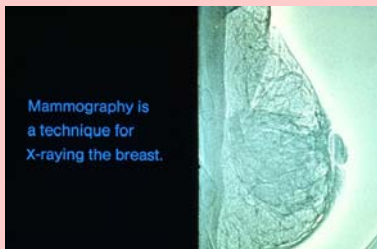
## Breast Cancer

### Did you know?

- Four West Virginia women are diagnosed with breast cancer every day.
- Six West Virginia women die every week from breast cancer.
- Mammograms are the best method for detecting breast cancer at an early stage.
- Only 74.6% of West Virginia women aged 40 and older had a mammogram in the past two years.
- The WVBCCSP has provided over 115,000 mammograms and 162,000 CBEs.



Photograph of a woman receiving a mammogram.



## Definition of the Problem

### Breast Cancer

#### **Prevalence**

During 2005, the American Cancer Society estimates that 211,240 women will be diagnosed with invasive breast cancer in the United States. Data from the West Virginia Cancer Registry indicates that approximately 1,300 of those women will be West Virginians<sup>2</sup>. The most current cancer data for West Virginia indicates that between 1997 and 2001, breast cancer was the most commonly diagnosed cancer among women. Breast cancer incidence increased with age. More specifically, women 45-64 years of age were four times more likely to be diagnosed with breast cancer than women 25-44 years of age. It is estimated that a woman has a 1:7 lifetime risk of developing the disease.

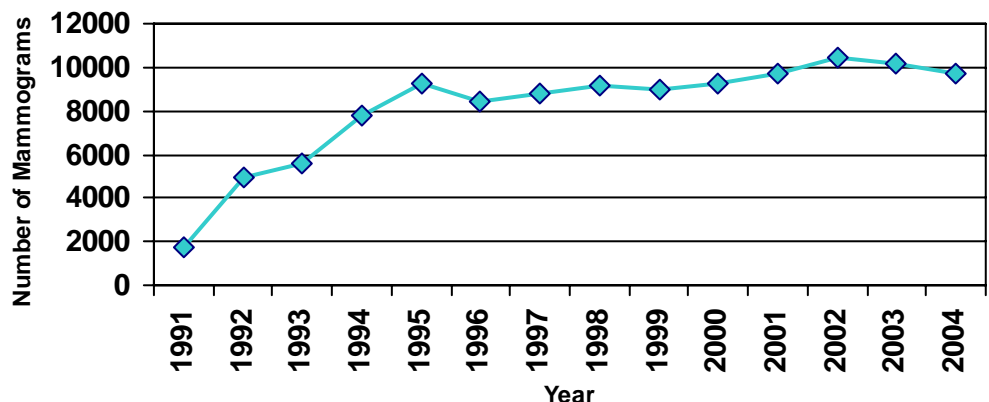
#### **Mortality**

In 2005, a projected 40,410 women will die from breast cancer all across the United States. An estimated 300 of those deaths will be among West Virginia women. From 1997-2000, breast cancer was the leading cause of cancer related deaths among West Virginia women aged 25-44. West Virginia ranks 19<sup>th</sup> in the nation in breast cancer mortality. A woman's chance of dying from the disease is approximately 1:33.

#### **Early Detection**

The CDC defines breast screening as both mammography and CBE for its National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Currently, mammography is the best method for early detection of breast cancer. Early detection of the disease not only increases a woman's chance of survival, but increases treatment options. On average, a mammogram can detect a breast lump one to three years before the woman can feel the lump<sup>3</sup>. Clinical breast examinations are useful in detecting lumps that may be missed with mammography<sup>4</sup>. The WVBCCSP provides these breast screening procedures to eligible women.

Number of mammograms paid for by the WVBCCSP per calendar year<sup>a</sup> 1991- 2004.



<sup>a</sup>Calendar year runs from January 1 through December 31.

According to the 2002 West Virginia Behavioral Risk Factor Survey Report, more than one third of all women aged 40 and older reported not having a CBE in the past year. Of women 18 and older, 11.2% reported that they had never had a CBE. Women least likely to have had a CBE in the past year included women aged 65 and older, women with no high school diploma, and women with household incomes of less than \$15,000.

Nearly three out of four (74.6%) West Virginia women aged 40 and older had a mammogram in the past two years. The number of women receiving mammograms has steadily improved from 54.7% in 1992 to 74.6% based on 2002 data. Those least likely to have had a mammogram in the past two years included women 40-44 years of age, women without a high school diploma, and women with household incomes of less than \$15,000.

## **Cervical Cancer**

### ***Prevalence***

The American Cancer Society estimates that during 2005, approximately 10,370 women in the United States will be diagnosed with invasive cervical cancer. Non-invasive cervical cancer is thought to be roughly four times as common as invasive cervical cancer. In West Virginia, if current cervical cancer trends continue, data from the West Virginia Cancer Registry indicates that approximately 134 women will be diagnosed with invasive cervical cancer. During 1997-2001, invasive cervical cancer was the seventh leading cause of cancer incidence among West Virginia women. However, invasive cervical cancer was the second most commonly diagnosed cancer among women aged 25-44.

### ***Mortality***

A projected 3,710 women will die from invasive cervical cancer in the United States during 2005. Approximately forty-four of those women will be West Virginians. During 1997-2001, invasive cervical cancer was the third leading cause of cancer-related mortality among West Virginia women aged 25-44. Nationally, West Virginia ranks 3<sup>rd</sup> in cervical cancer mortality. Cervical cancer was once among the most common causes of cancer death among American women. Since the advent of the Pap smear in 1955, the number of deaths due to invasive cervical cancer has declined significantly.

### ***Early Detection***

If routine cervical screening is followed, most cases of cervical cancer can be prevented. The best method of early detection for cervical cancer is the Pap test. The Pap test can detect cervical abnormalities in their earliest stage before the disease progresses and allows the woman to seek appropriate treatment.

Approximately 14.8% of West Virginia women ages 18 and older (who have not had a hysterectomy) have not had a Pap test in the past three years<sup>5</sup>. This percentage has improved from 23.1% in 1992. The 2002 West Virginia Behavioral Risk Factor Survey Report found that women

## **Cervical Cancer**

### **Did you know?**

- Cervical cancer was the second most commonly diagnosed cancer in women aged 25-44, from 1997-2001.
- Cervical cancer was the third leading cause of death in women aged 24-44 from 1997-2001.
- With routine Pap tests, most cases of cervical cancer can be prevented.
- The WVBCSP has provided over 184,00 Pap tests.

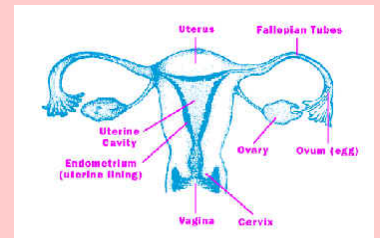
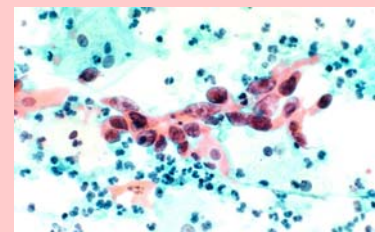


Illustration of female reproductive system.

Illustration courtesy of The National Women's Health Information Center; U.S. Department of Health and Human Services; [www.4woman.gov](http://www.4woman.gov)



Microscopic view of a Pap test specimen of cervical cancer.

Photo courtesy of the National Cancer Institute; [www.cancer.gov](http://www.cancer.gov)



## Definitions

### **Pap Test**

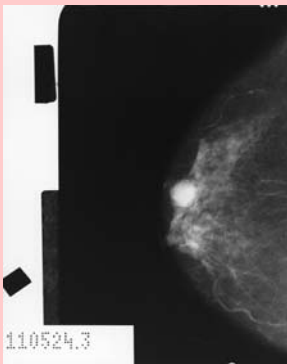
Procedure in which cells are scraped from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer, as well as noncancerous conditions, such as infection or inflammation.

### **Clinical Breast Exam**

Exam of the breast performed by a healthcare provider to check for lumps or other changes.

### **Mammogram**

An x-ray of the breast.



Mammographic film of a breast with cancer.

### **Biopsy**

The removal of cells or tissue for examination by a pathologist.

### **HPV**

Human papillomavirus. A member of a family of viruses that can cause abnormal tissue growth (for example, genital warts) and other changes to cells. Infection with certain types of HPV may increase the risk of developing some types of cancer.

Definitions and photo courtesy of the National Cancer Institute; [www.cancer.gov](http://www.cancer.gov)

aged 65 and older were less likely to have a Pap test in the past three years when compared to women younger than 65 years of age. Additionally, women without a high school diploma and women in households with incomes less than \$15,000 were less likely to have had a Pap test in the preceding three years. The frequency of screenings improved with higher educational levels and income.

## **Screening and Diagnostic Services**

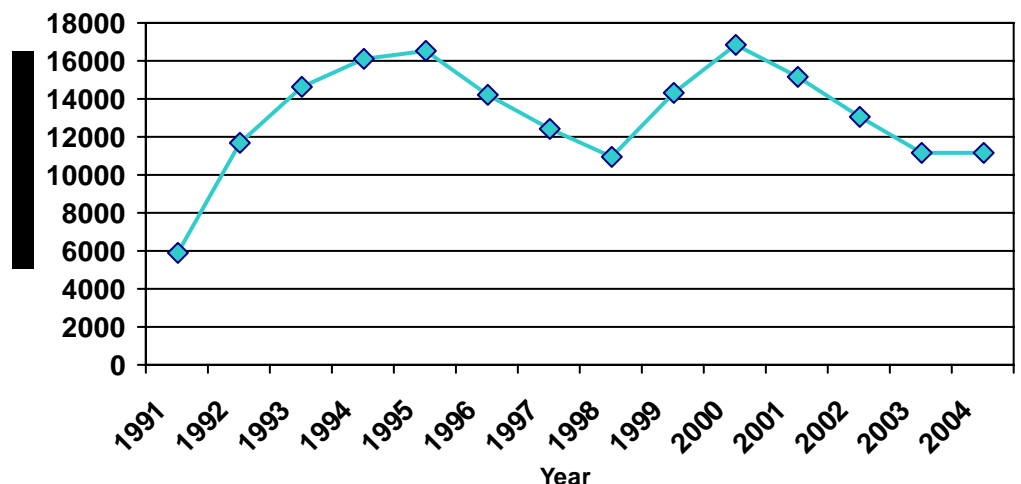
Screening and diagnostic services are the very core of the WVBCCSP. These services include: screening/rescreening, tracking, follow-up, and case management. The WVBCCSP contracts with a variety of healthcare practitioners to provide CBEs, mammograms, pelvic exams, Pap tests, and diagnostic procedures.

***“Early detection through screening is our best defense against morbidity and mortality from breast and cervical cancers and pre-cancers.”***

- Julie L. Gerberding, MD, MPH, Director, Centers for Disease Control and Prevention.

Once a woman is enrolled into WVBCCSP, the Program is committed to ensuring that each woman receives timely results for screening and diagnostic procedures and appropriate follow-up. Each contracted healthcare provider agrees to work in coordination with the Program to notify women of their results and arrange for timely follow-up. In addition, the WVBCCSP database is monitored on a weekly basis to identify women with incomplete records. Once these records are identified, Tracking and Follow-Up Nurses contact the client's healthcare provider to identify and resolve any problems.

**Number of Pap tests paid for by the WVBCCSP per calendar year<sup>a</sup> 1991- 2004.**



<sup>a</sup>Calendar year runs from January 1 through December 31.

When a woman receives abnormal screening and/or diagnostic results, she is referred for case management services. The WVBCCSP Case Manager assesses the client's needs, develops an individual care plan and monitors the client throughout her treatment. Case Managers assure that WVBCCSP clients understand their diagnostic and screening results and help them make informed decisions about their treatment in conjunction with their physician. Additionally, Case Managers assist clients in resolving problems that may interfere with receiving treatment.

After a woman receives initial screening and diagnostic services, it is very important to ensure that she returns for rescreening at appropriate intervals. Healthcare providers are required to monitor women enrolled in the Program and contact them by mail or telephone to schedule their annual examinations.

## Education and Outreach

### *Public Education and Outreach*

The purpose of public education is to increase the rate of screening among West Virginia women and to ultimately decrease mortality and morbidity related to breast and cervical cancer. This is accomplished by increasing knowledge, skills, and motivations to seek screening; providing information about screening and follow-up procedures; increasing adherence to appropriate screening intervals; and developing and distributing easy-to-read, culturally sensitive and age-appropriate educational materials.

Each year WVBCCSP conducts numerous outreach activities designed to educate the general public and recruit program eligible women for screening. Some of the most successful campaigns include:

- **Take a Step Against Breast Cancer...Walk for Women**  
These walks are held every October to raise awareness, honor survivors, and remember those who have lost their battle with the disease. Volunteers raise funds to support the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund. Each year, more than 1,000 people Walk for Women.
- **Breast Cancer Awareness Day**  
Awareness events are held in all fifty-five counties during the first week of October. Activities include wreath hangings, proclamations, and luncheons. More than 2,500 people participate in these events.
- **Quilts of Hope**  
Every two years, quilters from around the state create beautiful masterpieces that act as symbols of hope to women in their fight against cancer. This project is designed to increase awareness and raise funds to support the West Virginia Breast and Cervical Cancer Diagnostic



Breast Cancer Awareness Month ceremony conducted at the Charleston Town Center in October 2004.



Another beautifully handcrafted Quilt of Hope.



Save Our Sisters at Ebenezer Medical Outreach Clinic, providing breast cancer education and support to women in their community.



Cancer Information Specialists Kathy Helmick and Brenda Thomas display Shop Talk bags.

## **WVBCCSP Successes**

- West Virginia has provided breast and cervical cancer screening services to over 95,000 women.
- A total of 517 cases of invasive breast cancer, 5,924 cervical lesions, and 85 cases of invasive cervical cancer have been diagnosed through the Program.
- The WVBCCSP is implemented through a provider network of over 200 physicians and healthcare providers.
- The PHNPAT program has trained 425 nurses, of which 211 received PHNPAT certification, allowing them to perform pelvic examinations, Pap test collection, and clinical breast examinations on WVBCCSP clients.
- Nearly 300 volunteers work with WVBCCSP throughout the year to raise breast and cervical cancer awareness.



and Treatment Fund.

- **Free Screening Clinics**

One way to reach women and ensure that they receive screening is through the use of free screening clinics. Each year, WVBCCSP partners with healthcare providers, laboratories, and community volunteers to screen women for breast and cervical cancer at approximately sixteen sites.

- **Shop Talk**

This statewide breast cancer awareness project allows the public to receive early detection information from their hair stylists or barbers. Each spring WVBCCSP partners with the West Virginia Medical Institute to provide toolkits of information to more than 500 hair salons and barber shops with licensed staff.

These broad-based campaigns are enhanced by one-on-one outreach conducted at the community level. This involves talking with women face-to-face about their healthcare concerns and educating them about available screening services. This work is completed by regional Cancer Information Specialists (CIS) and community volunteers. These hard-working individuals seek to educate women at health fairs, community events, local businesses, and churches.

### ***Professional Education***

The purpose of professional education activities is to affect healthcare providers' knowledge, attitudes, and behaviors which will ultimately result in more women being routinely screened. The WVBCCSP provides a number of annual professional education training sessions including:

- **Annual Statewide Conference**

Each spring, the WVBCCSP offers an annual conference showcasing the latest information related to breast and cervical cancer screening, prevention, and treatment. All WVBCCSP providers and program partners are invited. Continuing education credits are available for physicians, nurses, radiological technologists and other healthcare professionals.

- **Public Health Nurses Physical Assessment Training (PHNPAT)**

PHNPAT is a three and a half day comprehensive training offered in the spring of each year. A training update is offered to certified PHNPAT nurses in the fall of each year. PHNPAT provides instruction in anatomy and physiology of the breast and female reproductive organs, pelvic examination and Pap test collection, CBE, breast self-examination, and referral information for those women who need further diagnostic work up and/or treatment. The knowledge and skills learned in the PHNPAT course allows certified PHNPAT nurses to provide these services to WVBCCSP clients, thus increasing the number



of available practitioners.

- **Breast and Cervical Cancer Information Programs (BCCIPs)**

Each summer, the WVBCCSP provides regional workshops and seminars on a variety of topics related to women's health. These continuing education sessions are available for physicians, nurses, radiological technologists, and other healthcare professionals.

- **Professional Education Newsletter**

The WVBCCSP provides a quarterly newsletter, the *Provider Press*, for screening providers. The newsletter includes Program updates, educational information, and announcements.

## Partnership and Collaboration

Partnerships are the cornerstone of an effective outreach and education effort. To reach citizens in their communities, where they live, work, and play is essential to a successful screening program. This effort cannot be dependent upon paid staff, but must be completed in conjunction with community stakeholders and existing groups. The WVBCCSP has an army of volunteers, businesses, faith groups, organizations, and healthcare providers that assist in the education and recruitment of program eligible women. Such partners bring their expertise, commitment, and passion to an established statewide program committed to decreasing the breast and cervical cancer burden in West Virginia. Partners provide the following resources:

- **Volunteers**

Each year over 200 volunteers assist in outreach activities for the WVBCCSP. These activities include Walks for Women, Quilts of Hope, health fairs, free screening clinics, awareness luncheons, and survivor events. Volunteers help distribute over 22,000 pieces of Program literature annually and also talk with community members, family, and friends about the importance of early detection and the services available through WVBCCSP.

- **Organizations**

The WVBCCSP prioritizes partnership with groups and organizations that have similar interests and agendas. Collaboration on this level allows for use of combined resources and non-duplication of efforts. Partnering with groups such as the American Cancer Society, Appalachian Community Cancer Network, Mid-Atlantic Region's Cancer Information Service, Susan G. Komen Breast Cancer Foundation, and the West Virginia Comprehensive Cancer Control Program allows all parties to work together on prevention, early detection, and survivorship issues affecting West Virginia residents.

## Breast Cancer License Plate

On November 10, 2005, the West Virginia Department of Motor Vehicles made the Breast Cancer Awareness license plate available to the public. Patty Davis, a breast cancer survivor and member of the Hampshire County Cancer Coalition was fundamental in making the license plate possible.



Unveiling the new West Virginia Breast Cancer Awareness license plate.



Patty Davis receives the number 1 license plate for helping make the project a reality.

Contact your local Department of Motor Vehicles to find out how you can get a Breast Cancer Awareness license plate.

## **Measuring Effectiveness**

- Evaluation is defined by CDC as the systematic documentation of the operations and outcomes of a program and the comparison of these results with a set of explicit standards or objectives.
- Evaluation activities must be carefully planned and implemented to ensure that program data are credible and useful.
- Routine data surveillance identifies problem areas, determines a plan of action, and ensures resolution.
- Quarterly Evaluation Team meetings assess progress towards completing the Program's work plan activities and objectives.
- The WVBCCSP uses data to monitor the quality of services provided by the WVBCCSP.
- The Program determines the need for policy and procedure changes through data and literature reviews.



### **• Healthcare Professionals**

Healthcare professionals are the backbone of a screening program. Physicians, nurses, nurse practitioners, and physician assistants provide life-saving screening, diagnostic services, and competent care to West Virginia women. The WVBCCSP has a statewide network of screening and referral providers that includes more than 300 professionals. Since the Program's inception, this number has tripled, resulting in easier access and timely provision of service. These dedicated professionals not only provide compensated care to women, but also volunteer to participate in free screening clinics, serve as preceptors, and train/teach other healthcare providers.

## **Evaluation**

### ***Surveillance***

Surveillance is the continuous, proactive, timely and systematic collection, analysis, interpretation, and dissemination of health data. The purpose of surveillance is to use relevant data to plan, monitor, and evaluate Program activities. The WVBCCSP uses data to help make sound Program decisions, such as determining where to implement pilot studies in order to use limited resources effectively. Data is also used to determine the types of activities that will increase enrollment and impact hard to reach women, design studies to understand the targeted population, and plan marketing and advertising strategies. Data is monitored through several databases which collect a variety of information. Databases used for analysis are dependent upon the type of data being analyzed.

***Information gained through Evaluation is critical to guiding operations and ensuring the Program's success.***

The primary database used by the WVBCCSP is CaST (Cancer Screening and Tracking) which was designed by the CDC for use by NBCCEDP participants. All information collected on WVBCCSP clients are entered into this database. The CaST database currently has over 1 million records available for analysis. Typical analysis includes determining Program problem areas, ensuring compliance with CDC mandated guidelines, determining cancer and screening related statistics, identifying the WVBCCSP population, and fiscal budgeting and monitoring. Projects and activities that are implemented by the Program are also evaluated using data.

The WVBCCSP has an Evaluation Team which meets quarterly to review work plans submitted to CDC and determine if proposed activities and objectives have been completed within the specified time period. Any activity or objective that has not been completed is reviewed and a deadline for completion is established. The goal of the Evaluation Team is



to make sure that all activities and objectives outlined in the work plans are completed within the specified timeframes given to CDC.

### **Quality Assurance**

Quality assurance is defined as the use of established standards, systems, policies and procedures to monitor, assess, and identify practical methods for improvement. The purpose of this component is to ensure the quality of services delivered to women through the WVBCCSP.

The WVBCCSP has an active Medical Advisory Committee (MAC) comprised of medical experts in the field of women's health and oncology. The MAC ensures that clinical practice guidelines set forth by the WVBCCSP are performed in accordance with best practices.

Quality assurance monitoring is also performed on all WVBCCSP providers. Monitoring may include, but is not limited to, meetings with consumers, review of medical records, review of service policies and procedures, review of staffing ratios and job descriptions, and meetings with any staff directly or indirectly involved in the provision of services. On-site reviews may also be incorporated into a quality assurance monitoring visit. During an on-site review, the Office of Maternal, Child and Family Health (OMCFH) Monitoring Team is given access to all necessary information and is allowed to observe WVBCCSP examinations to ensure patient care standards are met and services are provided in accordance with WVBCCSP policy. All quality assurance monitoring reports are submitted to OMCFH and are carefully reviewed. Areas of provider deficiency are noted and a corrective course of action is put into place. The Clinical Services Coordinator visits the provider to discuss the deficiency and work with them to ensure the deficiency is successfully corrected.

The Epidemiologist reviews Program data on a routine basis and identifies and reports potential problems to the Program Director and Clinical Services Coordinator. Problems are reviewed and the method for resolving the situation is determined. The identified problem area will continue to be monitored by the Epidemiologist to ensure that the situation is resolved effectively and efficiently.

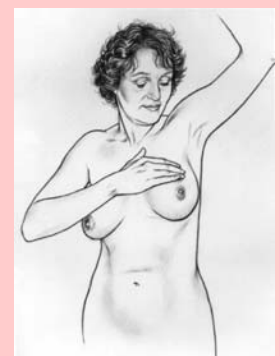
### **Technical Assistance**

All technical assistance needs, such as trainings on the MammaCare method of CBE, forms completion, outreach techniques, and WVBCCSP policies and procedures are performed by WVBCCSP staff.

The Clinical Services Coordinator, a certified MammaCare specialist and Breast Health Specialist, provides all MammaCare training to WVBCCSP providers. The MammaCare method of CBE has been clinically proven to be the most thorough, systematic, and efficient method of examining breast tissue. Currently, there are only four certified MammaCare specialists in West Virginia and the WVBCCSP is proud to have one of

## **MammaCare**

- MammaCare began in 1974 as a research project supported by the National Cancer Institute.
- MammaCare teaches the most thorough, systematic, and efficient method of examining breast tissue, including using the pads of the middle three fingers, various levels of pressure and an organized search pattern.
- MammaCare techniques have been extensively studied and reported in medical and scientific journals.
- The technique produces more thorough and sensitive manual breast examinations. Clinical data confirm that MammaCare techniques assist in finding the smallest meaningful change in breast tissue.



Woman performing a breast self examination.

Illustration courtesy of the National Cancer Institute.; [www.cancer.gov](http://www.cancer.gov)

MammaCare information taken from [www.mammacare.com](http://www.mammacare.com)

## **WISEWOMAN**

West Virginia WISE-WOMAN is a CDC-funded project which provides:

- screening for chronic disease risk factors including blood pressure, glucose, cholesterol, and other lipid testing
- dietary, physical activity, and smoking cessation interventions
- referral and follow-up as appropriate.



There are fifteen WISE-WOMAN projects in the United States.

Women aged 40-64 who are enrolled in the WVBCCSP are eligible to participate in WISE-WOMAN.

The West Virginia WISE-WOMAN project is currently available in a limited number of facilities around the state.

For more information, contact the WISEWOMAN Project Director at 558-0644.

them on staff.

Training on WVBCCSP forms, billing, policies and procedures, and provider outreach is performed by the Clinical Services Coordinator and any of the nine regional CIS. Providers seeking technical assistance should contact their local CIS or the Clinical Services Coordinator to set up an appointment.

## **Future Directions**

The WVBCCSP utilizes evaluation data to identify needs and develop its plans for the future. For example, current data indicates that WVBCCSP should be providing more mammograms for women aged 50-64. In order to better understand what outreach efforts might be successful in reaching this population, WVBCCSP is planning to conduct focus groups in the Spring of 2005. The focus groups will provide much needed information on the barriers that women in this age group face and what strategies can be implemented to overcome them.

In addition, WVBCCSP plans to further cultivate its volunteer network. Many volunteers have expressed an interest in participating in activities on a year-round basis. At the time of this report, plans are underway to educate staff on strategies for recruiting and maintaining a volunteer group. Once the training has been completed, a volunteer plan will be implemented to involve people across the state in increasing the number of women screened for breast and cervical cancer.

As a whole, West Virginia is experiencing a healthcare provider shortage, and the WVBCCSP is affected by this lack of providers. Therefore, plans are being developed to begin active recruiting in areas where providers are leaving and in areas where there have been ongoing shortages. The Program will involve hospitals, health departments and other community agencies in assuring that women have access to much needed healthcare services.

The WVBCCSP has screened over 95,000 women, and numerous lives have been saved since its inception. Program staff, providers, and volunteers will continue to work diligently to assure that women receive routine screening.

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## Diagnostic and Treatment Fund

- The Diagnostic and Treatment Fund was established in 1996.
- Annual appropriations for the Fund have ranged from \$200,000 to \$400,000.
- Over 7,000 West Virginia women have benefited from the Fund.
- Since 1996, the Fund has provided over 25,700 potentially life saving procedures.
- On average, \$515 per woman (or \$140 per procedure) was spent on diagnostic and treatment services from the Fund.
- Funds raised through Quilts of Hope and Walks for Women are donated to the Diagnostic and Treatment Fund.

