

# 2005-2006 Annual Report



## West Virginia Breast & Cervical Cancer Screening Program

WEST VIRGINIA  
Department of



*Bureau for Public Health  
Office of Maternal, Child & Family Health  
350 Capitol Street, Room 165  
Charleston, WV 25301*

*Joe Manchin III, Governor  
Martha Yeager Walker, Secretary*

# **West Virginia Breast and Cervical Cancer Screening Program Annual Report**

**2005-2006**



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



# West Virginia Breast and Cervical Cancer Screening Program Annual Report 2005-2006

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## 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*.
- 2005** The WVBCCSP reaches a record high of 32.9% of newly enrolled clients being never or rarely screened for cervical cancer.

## 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 more than 300 physicians and healthcare providers throughout West Virginia (WV).

West Virginia was one of the first states to begin screening women in April 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 100,000 women. Because of these screening services, 577 cases of breast cancer, 6,261 cervical intraepithelial neoplasias (precancers), and 101 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). West Virginia was one of the first states to take advantage of this opportunity. 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 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. The WVBCCSP engages in the following activities 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 the Program's inception in 1991, the WVBCCSPP has enrolled more than 100,000 women and provided in excess of 195,000 Pap tests, 124,000 mammograms, and 177,000 CBEs to low income, uninsured/underinsured women. During this time, 6.9% of all Pap tests performed on WVBCCSPP clients were abnormal, 8.4% of all mammograms had an abnormal result, and 5.2% of all CBEs were abnormal. Abnormal results are defined by the Program as procedural results that require additional diagnostic work-up.

## Breast and Cervical Cancer Detection

To date, the WVBCCSPP has detected 577 cases of invasive breast cancer and 101 cases of invasive cervical cancer.

Of the 577 total cases of invasive breast cancer detected through the Program, 67.4% were early stage and 30.7% were late stage. Data on the 101 cases of invasive cervical cancer diagnosed through the WVBCCSPP indicated that 72.3% were early stage versus 24.8% 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.



Wreath hanging ceremony as part of Breast Cancer Awareness Day activities in Region 5.



Logo from the WVBCCSPP's first annual Paws for a Cure dog walk in Wellsburg.

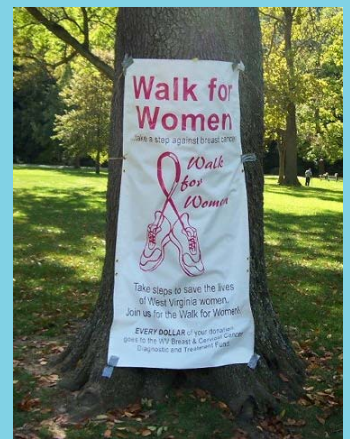
## Cancer Screening: A Good Investment



In 2005, cancer will cost the United States an estimated \$210 billion; \$136 billion for lost productivity and more than \$70 billion for direct medical costs<sup>2</sup>. Each year, breast cancer treatment costs nearly \$7 billion and cervical cancer treatment costs about \$2 billion.

Early detection could substantially reduce the billions of dollars spent on cancer treatment each year. Not only does cancer screening save lives by detecting breast and cervical cancers early; it is also the first step in preventing many cancers from ever developing:

- A mammogram every 1-2 years can reduce the risk of dying from breast cancer by approximately 20%-25% over 10 years for women 40 or older.
- Pap tests can detect precancerous lesions so they can be treated before cervical cancer develops. Researchers in many countries found that rates of cervical cancer deaths dropped 20%-60% after screening programs began.



A Walk for Women sign hangs in Ritter Park in Huntington. This year alone, walks like these have raised over \$86,000 for the WV Diagnostic and Treatment Fund which helps pay for breast and cervical diagnostic and treatment services for eligible WV women.

## Breast Cancer

### Did you know?

- Three West Virginia women are diagnosed with breast cancer every day.
- Five West Virginia women die every week from breast cancer.
- Mammograms are the best method for detecting breast cancer at an early stage.
- Only 72.4% of West Virginia women aged 40 and older have had a mammogram within the past two years.
- The WVBCSP has provided over 124,000 mammograms and 177,000 CBEs.

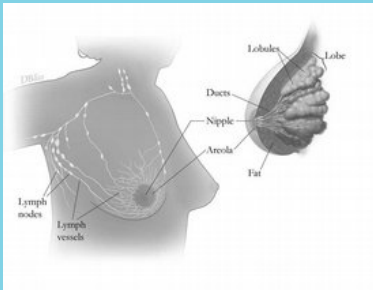
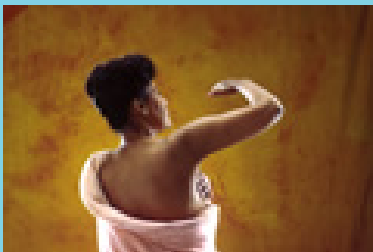


Diagram of the female breast.



Photograph of a woman performing a breast self exam.

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

## Definition of the Problem

### Breast Cancer

#### **Prevalence**

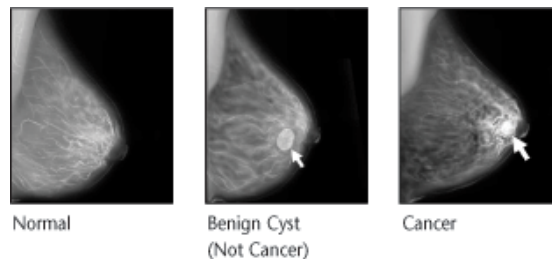
During 2006, the American Cancer Society estimates that 212,920 women will be diagnosed with invasive breast cancer in the United States. Data from the West Virginia Cancer Registry indicate that approximately 1,300 of those women will be West Virginians<sup>3</sup>. The most current cancer data for West Virginia indicates that between 1998 and 2002, breast cancer was the most commonly diagnosed cancer among women, with incidence increasing with age. More specifically, women 45-64 years of age were over 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 1:8 lifetime risk of developing the disease.

#### **Mortality**

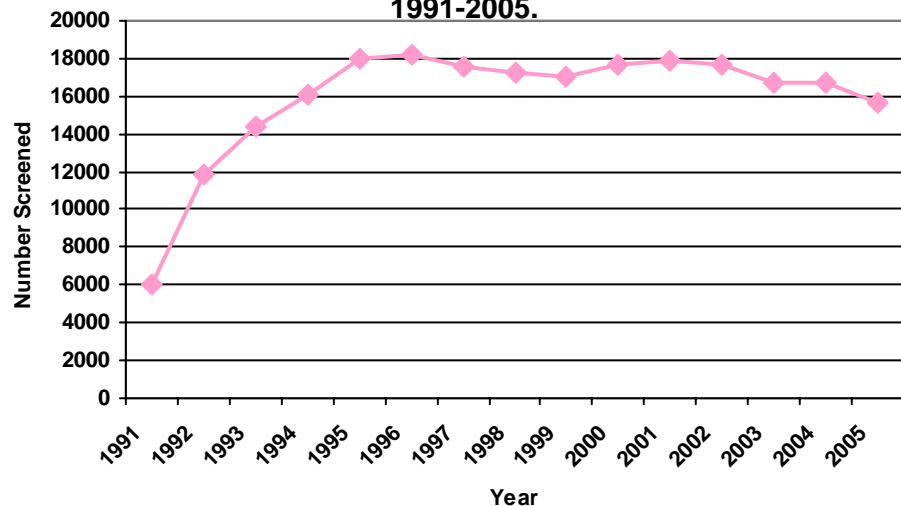
In 2006, a projected 40,970 women will die from breast cancer across the United States. An estimated 260 of those deaths will be among West Virginia women. From 1998-2002, breast cancer was the leading cause of cancer related deaths among West Virginia women aged 25-44. West Virginia ranks 45<sup>th</sup> in the nation in breast cancer mortality. A woman's risk of dying from breast cancer 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



Number of women screened by the WVBCSP per calendar year<sup>a</sup> 1991-2005.



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



also increases treatment options. On average, a mammogram can detect a breast lump one to three years before the woman can feel the lump<sup>4</sup>. Clinical breast examinations are useful in detecting lumps that may be missed with mammography<sup>5</sup>. The WVBCSP provides these breast screening procedures to eligible women.

According to the 2004 Behavior Risk Factor Surveillance System, less than three out of four (72.4%) West Virginia women aged 40 and older had a mammogram in the past two years<sup>6</sup>. Those least likely to have had a mammogram in the past two years included women 40-49 years of age, women without a high school diploma, and women with household incomes of less than \$15,000.



*"Even though I was scared, I am glad I went for a follow-up to find out what I had. Now my doctor and I can do something about the breast change."* - Jackie, Age 63

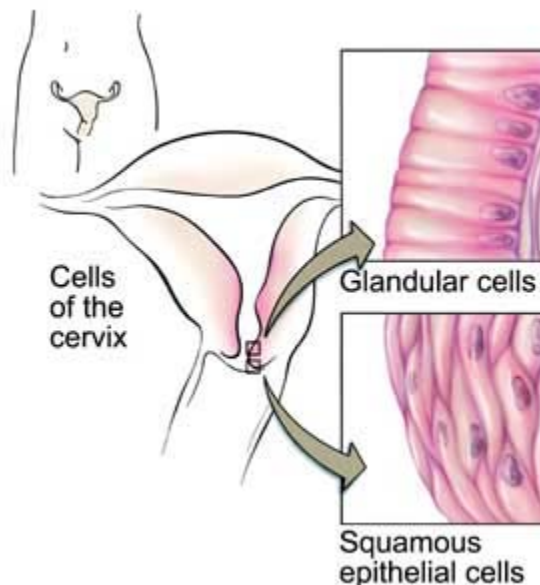
## Cervical Cancer

### **Prevalence**

The American Cancer Society estimates that in 2006, approximately 9,710 women in the United States will be diagnosed with invasive cervical cancer. Researchers believe that non-invasive cervical cancer is roughly four times as common as invasive cervical cancer<sup>7</sup>. An estimated 100 West Virginia women will be diagnosed with invasive cervical cancer. During 1998-2002, invasive cervical cancer was the ninth 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 3,700 women will die from invasive cervical cancer in the United States during 2006. Approximately 35 of those women will be West Virginians. During 1998-2002, invasive cervical cancer was the third leading cause of cancer-related mortality among West Virginia women aged 25-44. Nationally, West Virginia is tied for fourth in cervical cancer mortality (along with Illinois, Georgia, and Tennessee)<sup>8</sup>. 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.



## Cervical Cancer

### **Did you know?**

- Cervical cancer was the second most commonly diagnosed cancer in women aged 25-44, from 1998-2002.
- Cervical cancer was the third leading cause of cancer related mortality in women aged 24-44 from 1998-2002.
- With routine Pap tests, most cases of cervical cancer can be prevented.
- The WVBCSP has provided over 195,000 Pap tests.

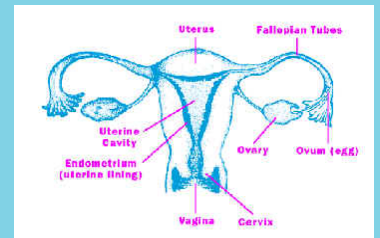
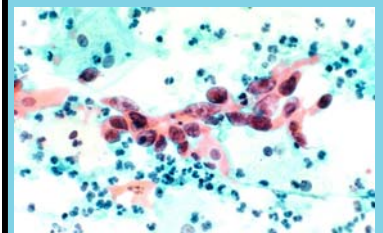


Illustration of female reproductive system.

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.



Mammography machine.

### 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)

## 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 17.4% of West Virginia women ages 18 and older have not had a Pap test in the past three years<sup>9</sup>. This percentage has worsened from 14.8% in 2002 to 17.4% in 2004, a statistically significant change. The 2004 West Virginia Behavioral Risk Factor Survey Report found that women aged 65 and older were the least likely to have a Pap test in the



*"I owed it to myself and my family to find out if anything was wrong. And once I had the facts, it was easy to take the next step." - Jenny, Age 46*

past three years; women aged 25 to 34 were the most likely. 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

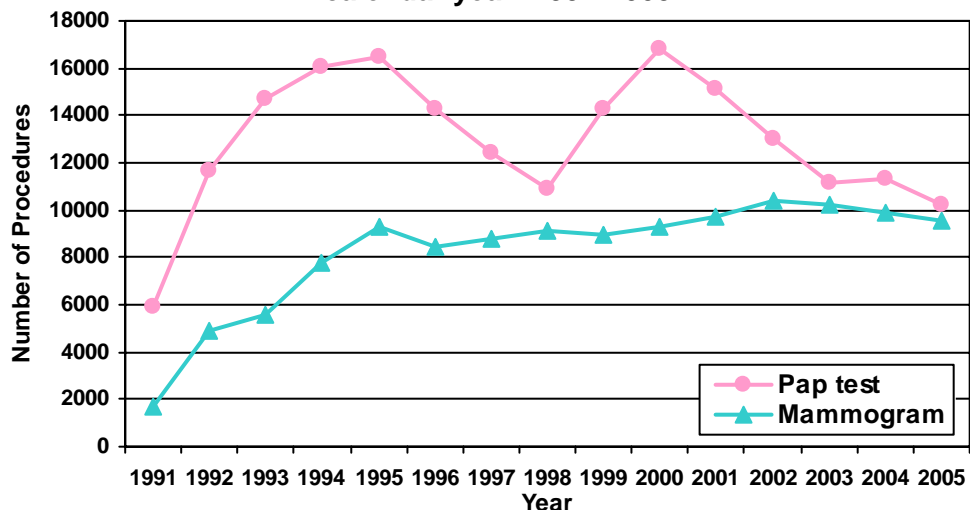
screenings improved with higher educational levels and income.

## Screening and Diagnostic Services

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

Once a woman is enrolled into WVBCSP, the Program is committed to ensuring that each woman receives timely results for screening and

Number of Pap tests and mammograms paid for by the WVBCSP per calendar year<sup>a</sup> 1991-2005.



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

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.

When a woman is diagnosed with breast cancer, cervical cancer, or certain precancerous cervical conditions she may be eligible to have her medical costs paid for through Medicaid. Once eligibility is assessed and granted, the woman is enrolled in the WV Medicaid Treatment Act (MTA). As part of the MTA, enrolled women receive case management services through a network of four regional Case Managers who are responsible for assessing their needs, developing a care plan, monitoring their throughout their treatment, and assisting their in resolving barriers, such as transportation, that may interfere with their receipt of treatment. Once the woman has completed active treatment, the Case Manager disenrolls her from the MTA. The woman is then referred back to the WVBCCSP for screening services pending eligibility.

Healthcare providers are required to monitor women enrolled in the Program and contact them by mail or telephone to schedule their routine screening examinations and follow-up visits. When a woman refuses follow-up services or treatment, providers and WVBCCSP staff work together to help the woman overcome identified barriers and return for medical care.

## Education and Outreach

### *Public Education and Outreach*

The purpose of public education is to increase the number of women receiving screening services by raising awareness, addressing barriers, and motivating women to use these services. This is accomplished through the systematic design and delivery of clear and concise messages about breast and cervical cancer and the importance of early detection.



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**  
Walks are conducted every October to raise awareness, honor survivors, and remember those who have lost their battle with the disease. Volunteers raise funds to support



Marshall University mascot Marco shows his support at the Huntington Walk for Women.



Strike Down Cervical Cancer bowling event in Brooke County.



Rain or shine, Camden on Gauley residents still walk for breast cancer.



Think Pink After Hours Auction in Ohio County.



You're never too young to show your support.

## **WVBCCSP Successes**

- West Virginia has provided breast and cervical cancer screening services to more than 100,000 women.
- A total of 577 cases of invasive breast cancer and 101 cases of invasive cervical cancer have been diagnosed through the Program.
- The WVBCCSP provides case management services through a partnership with Medicaid and the Office of Maternal, Child, and Family Health.
- The WVBCCSP is publishing an article in the October 2006 peer reviewed CDC e-journal *Preventing Chronic Disease*. The article is entitled, *Assessing Breast and Cervical Cancer Awareness and Knowledge among a Appalachian Population*.
- In 2006, staff were asked to present at two CDC conferences and the 2006 World Cancer Congress.



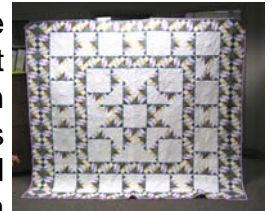
the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund. Each year, more than 1,000 people Walk for Women. In 2005, a record 21 walks were conducted as well as the first ever Paws for a Cure dog walk.

- **Breast Cancer Awareness Day**

Awareness events are held in all 55 counties during the first week of October. Activities include wreath hangings, proclamations, and luncheons. More than 2,400 people participate in these events.

- **Quilts of Hope**

Every two years, quilters from around the state create beautiful masterpieces that serve 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 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. In 2005, twenty-one free Pap test clinics, four free CBE clinics, and three free mammography clinics were conducted throughout WV.

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***

Professional education activities are designed to improve the ability of healthcare providers to screen for and diagnose breast and cervical cancer so that women receive appropriate and high-quality screening and diagnostic services. The WVBCCSP provides a number of professional education training sessions including:

- **Statewide Conference**

When funding is available, the WVBCCSP offers a statewide conference showcasing the latest information in 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.



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

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

- **Professional Education Newsletter**

The WVBCCSPP publishes a biannual newsletter, the *Provider Press*, for screening providers. The newsletter includes Program updates, educational information, and announcements.

## Partnership and Collaboration

Partnerships are critical to the WVBCCSPP's cancer control efforts. Success depends on the involvement of a variety of committed partners at the local, state, and national levels. These partners help strengthen the Program through their expertise, connections, resources and enthusiasm. The WVBCCSPP is proud to have a strong, committed groups of partners that provide the following resources:

- **Healthcare Professionals**

Healthcare professionals are the backbone of the WVBCCSPP. Physicians, nurses, nurse practitioners, and physician assistants provide life-saving screening, diagnostic services, and competent care to West Virginia women. The WVBCCSPP 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.

- **Volunteers**

Each year more than 300 volunteers assist in outreach activities for the WVBCCSPP. These activities include Walks for Women, Breast Cancer Awareness Day activities, Quilts of Hope, health fairs, free screening clinics, awareness luncheons, and survivor events. Volunteers help distribute Program literature and also talk with community members, family, and friends about the importance of early detection and the services available through WVBCCSPP.



- **Organizations**

The WVBCCSPP partners with groups and organizations that share the Program's goals and vision. Collaboration on this level allows resources to be

### After the Diagnosis:

#### WV Medicaid

### Treatment Act (MTA)

- West Virginia Medicaid provides full benefit coverage to women with breast and/or cervical cancer, including certain precancerous conditions who meet eligibility requirements.
- Eligibility requirements include being under the age of 65, a WV resident, enrolled in WVBCCSPP, uninsured or lacking credible coverage, and in need of breast/cervical cancer treatment.
- More than 1,629 women have received services through the MTA since its inception in 2001. Approximately 717 had an eligible breast diagnosis and 911 had an eligible cervical diagnosis.
- Currently, there are 471 women actively enrolled in the MTA who are receiving treatment for eligible diagnoses.
- Four Case Managers monitor the treatment status of patients and assist them in navigating the healthcare system.





## **Breast and Cervical Cancer Focus Groups**

- To better understand the population served, the WVBCCSP conducted focus groups in Beckley, Charleston, and Morgantown during June 2005. Sixty-nine women aged 25-64 participated. The following is a brief synopsis of findings:
- Knowledge about breast and cervical cancer were not equal. Women were more likely to know risk factors for breast cancer than cervical cancer.
- The cost of healthcare and lack of insurance were cited as major barriers to receiving care.
- Physicians play an important role in eliminating fear, embarrassment, and lack of education. Women viewed physicians as motivators, encouraging them to get Pap tests and mammograms.
- The message of an breast and cervical cancer educational campaign should be serious in nature.



combined without duplicating 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.

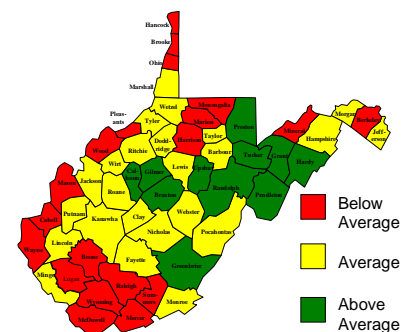
## **Evaluation**

### ***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 and analyzed using several databases that collect a variety of information.

During 2005, the WVBCCSP implemented several strategies based on data. One of the most helpful pieces of information obtained through analysis were county penetration rates. By calculating penetration rates, the Program identified where it was making the most impact; in other words what counties had the highest number of WVBCCSP participants relative to the number of eligible women in that county. This information has been used to strategically place radio advertisements promoting the WVBCCSP in underserved areas, identified where CIS outreach strategies should be more heavily focused, and to identify counties to pilot test a new mammography project aimed at women 50-64 years of age. The Epidemiologist is currently working to update the penetration rates using 2005 data.

**Fiscal year 2003-2004 penetration rates.**



The WVBCCSP has an evaluation team that 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 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 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 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.

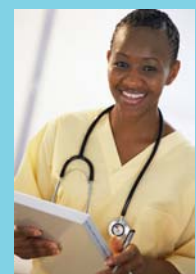
### **Technical Assistance**

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 Breast Self-Examination Instructor and MammaCare Clinical Breast Examiner, provides 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 them on staff.

## **PHNPAT: Public Health Nurse Physical Assessment Training**

- PHNPAT was developed to increase the number of qualified healthcare practitioners providing breast and cervical cancer screenings in health professional shortage areas.
- Since 1991, approximately 764 healthcare professionals have been PHNPAT trained, including 213 registered nurses.
- PHNPAT training includes, but is not limited to, instruction in the anatomy and physiology of the female breast and reproductive organs, pelvic examination, Pap test collection, and clinical and self breast exams.
- A 2005 survey of participants indicated that 79% of PHNPAT trained healthcare providers are practicing in rural areas and 59% believe that without PHNPAT, the number of women screened for breast and cervical cancer in their areas would decrease.



## **West Virginia Comprehensive Cancer Control Program (WVCCC)**

- The WVCCC is sponsored by the CDC and is a collaborative process through which a community and its partners pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services, and reduce the burden of cancer.

West Virginia  
Comprehensive  
Cancer  
Control Program



West Virginia Department of Health and Human Resources

- The WVCCC supports three separate cancer initiative in WV: ovarian cancer (through Marshall University), colorectal cancer, and prostate cancer (through West Virginia University).
- Mountains of Hope is WV's comprehensive cancer coalition and is funded through the WVCCC. Membership is comprised of over 200 healthcare professionals, volunteers, cancer survivors, and community advocates from around WV.

For more information, contact the WV Comprehensive Cancer Control Program Director at (304) 558-0644.

Training on WVBCCSP forms, billing, policies and procedures, and provider outreach is performed by the Clinical Services Coordinator and 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**

Over the last year, the WVBCCSP has developed a plan to increase the proportion of mammograms provided to women aged 50-64. This plan utilizes several components of other successful programs including on-site mammography screening paired with community celebrations. The initial demonstration project will be completed by the summer of 2006. At that time, recommendations will be made about whether to implement this type of project statewide.



In addition, the Program plans to renovate and revise its existing website so that providers and clients may access current information at their convenience. The website will include eligibility guidelines, provider responsibilities, a calendar of events, provider lists and other useful information.

The Program will also continue to implement strategies for dealing with the state's healthcare provider shortage. At this time, the program is continuously recruiting providers in high need areas, providing training to clinic staff as they experience turnover, and developing training plans to enhance existing providers' skills.

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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.
- Approximately 7,500 West Virginia women have benefited from the Fund.
- Since 1996, the Fund has provided over 27,100 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.

