

2007-2008 Annual Report



West Virginia Breast and Cervical Cancer Screening Program



*Bureau for Public Health
Office of Maternal, Child and Family Health
350 Capitol Street, Room 427
Charleston, WV 25301*

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

West Virginia Breast and Cervical Cancer Screening Program Annual Report

2007-2008



WEST VIRGINIA
Breast & Cervical
CANCER SCREENING PROGRAM

You're Worth It

You're Worth It...



West Virginia Breast and Cervical Cancer Screening Program Annual Report 2007-2008

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Timeline

- 1991** West Virginia was one of eight states chosen to screen underserved women as part of the National Breast and Cervical Cancer Early Detection Program.
- 1996** House Bill 4181 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.
- 2004** Program is highlighted in the CDC publication, *The National Breast and Cervical Cancer Early Detection Program 1991-2002 National Report*.
- 2006** The WVBCCSP reaches a record high of 44.6% of newly enrolled clients being never or rarely screened for cervical cancer.
- 2007** Both the WVBCCSP and Family Planning Program transition from conventional Pap smears to liquid-based Pap tests.

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. 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 113,000 women. Because of these screening services, 756 cases of invasive breast cancer, 8,438 cervical intraepithelial neoplasias (precancers), and 123 cases of invasive cervical cancer were diagnosed.



In 1996, the West Virginia Legislature enacted House Bill 4181, 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 WVBC CSP has enrolled more than 113,000 women and provided in excess of 222,000 Pap tests, 145,000 mammograms, and 214,000 CBEs to low income, uninsured/underinsured women. During this time, 4.2% of all Pap tests performed on WVBC CSP clients were abnormal, 15.9% of all mammograms had an abnormal result, and 7.1% 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 WVBC CSP has detected 756 cases of invasive breast cancer and 123 cases of invasive cervical cancer.

Of the 756 total cases of invasive breast cancer detected through the Program, 70.4% were early stage and 27.0% were late stage. Data on the 123 cases of invasive cervical cancer diagnosed through the WVBC CSP indicated that 72.4% were early stage versus 22.0% 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)¹. 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.

WVBC CSP Volunteer Creates *Bare Attractions* Calendar

In 2007, a volunteer from Wheeling created the first ever *Bare Attractions* calendar. The idea for the calendar was sparked by the movie *Calendar Girls*, in which a group of women decided to make a calendar to generate money to help fight leukemia. Support for the calendar was overwhelming - more than forty breast cancer survivors modeled for the project. Models ranged from first year breast cancer survivors to women who have survived the disease for twenty-five years.



Volunteers received donations in excess of \$16,000 for the calendar. Money raised from the calendars was donated to the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund.

The calendar was a tribute to the courage, determination, and willingness of the women displayed on its pages to share their personal stories and help fight against breast cancer.

WVBC CSP Website

- Launched November 1, 2006.
- Provides information for women and participating WVBC CSP providers.
- Contains helpful Program information such as forms, information updates, provider lists, and staff contact information.
- Features bulletin boards with information on free screening clinics, community events, continuing education information, and more.
- Download annual reports, newsletters, brochures, and other publications from the website.
- Revisions will occur during FY 08-09 to include WISEWOMAN information.
- Visit us on the web at: www.wvdhhr.org/bccsp



Breast Cancer

Did you know?

- Three West Virginia women are estimated to be 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.
- Nearly 3 out of 4 (74.5%) West Virginia women aged 40 and older have had a mammogram within the past two years.
- The WVBCSP has provided over 145,000 mammograms and 214,000 CBEs.

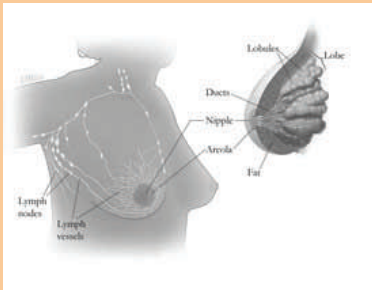


Diagram of the female breast.



Photograph of a woman performing a breast self exam.

Illustration and photo courtesy of the National Cancer Institute.
www.cancer.gov

Definition of the Problem

Breast Cancer

Prevalence

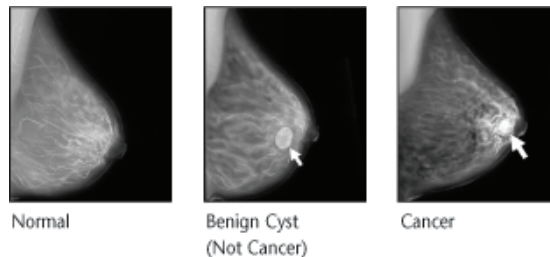
During 2008, the American Cancer Society estimates that 182,460 women will be diagnosed with invasive breast cancer in the United States² and that roughly 1,150 of those women will be West Virginians³. Breast cancer continues to be the most commonly diagnosed cancer among women and the risk of developing breast cancer increases with age. It is estimated that a woman has a 1:8 lifetime risk of developing the disease.

Mortality

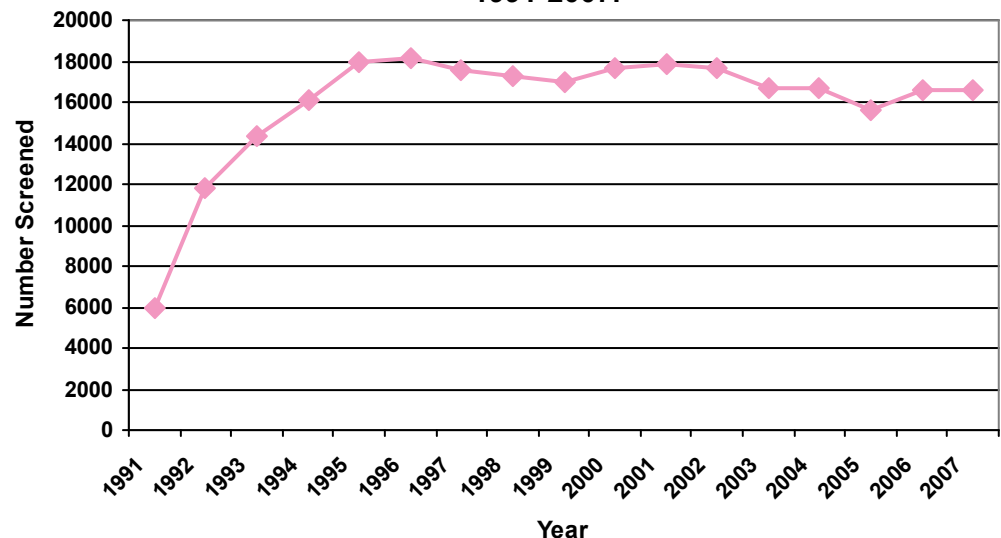
In 2008, a projected 40,480 women will die from breast cancer across the United States. An estimated 310 of those deaths will be among West Virginia women. Breast cancer is the leading cause of cancer related deaths among women. According to 2004 United States Cancer statistics, West Virginia ranks 17th in the nation for breast cancer mortality rates⁴. A woman's risk of dying from breast cancer is approximately 1:35.

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 also increases treatment options. On average, a mammogram can detect a breast lump one to three years before the



Number of women screened by the WVBCSP per calendar year^a
1991-2007.



^aCalendar year runs from January 1 through December 31.

woman can feel the lump⁵. Clinical breast examinations are useful in detecting lumps that may be missed with mammography⁶. The WVBCSP provides these breast screening procedures to eligible women.

Continue to get regular mammograms. Mammograms work best when they can be compared with previous ones. This allows your doctor to compare them to look for changes in your breasts.

According to the 2006 Behavioral Risk Factor Surveillance System, nearly three out of four (74.5%) West Virginia women aged 40 and older had a mammogram in the past two years⁷. 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.

Cervical Cancer

Prevalence

The American Cancer Society estimates that in 2008, approximately 11,070 women in the United States will be diagnosed with invasive cervical cancer and 80 of them will be West Virginians. Researchers believe that non-invasive cervical cancer is roughly four times as common as invasive cervical cancer⁸. The primary cause of cervical cancer has been linked to infection with certain types of the human papillomavirus (HPV).

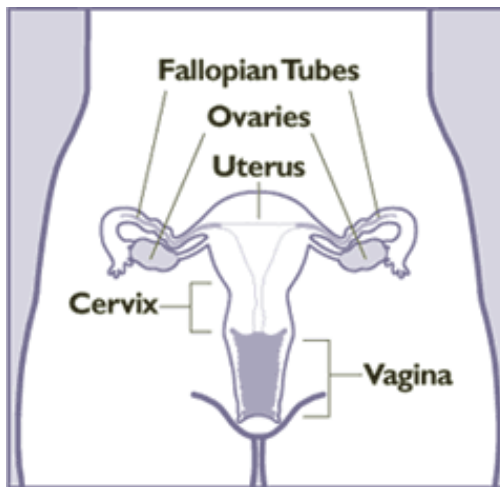
Mortality

A projected 3,870 women will die from invasive cervical cancer in the United States during 2008. Approximately 35 of those women will be West Virginians. 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 16.2% of West Virginia women ages 18 and older have not had a Pap test in the past three years. This percentage has improved from 17.4% in 2004. The 2006 West Virginia Behavioral Risk Factor



Cervical Cancer

Did you know?

- The primary cause of cervical cancer is infection with certain types of HPV.
- Symptoms of cervical cancer usually do not appear until abnormal cervical cells become cancerous and invade nearby tissue.
- With routine Pap tests, most cases of cervical cancer can be prevented.
- The WVBCSP has provided over 222,000 Pap tests.

Illustration of female reproductive system.

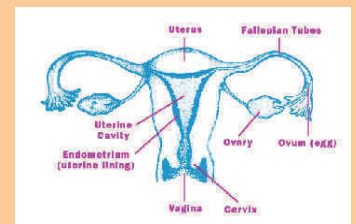


Illustration courtesy of The National Women's Health Information Center; U.S. Department of Health and Human Services; www.4woman.gov

Microscopic view of a Pap test specimen of cervical cancer.

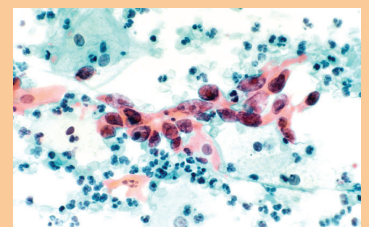


Photo courtesy of the National Cancer Institute; www.cancer.gov

Definitions

Pap Test

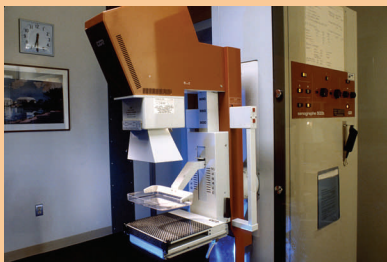
Procedure in which cells are scraped from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer, as well as non-cancerous conditions, such as infection or inflammation.

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

Survey Report found that women aged 65 and older were the least likely to have a Pap test in the 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 between \$15,000 and \$24,999 were less likely to have had a Pap test in the preceding three years. The frequency of screenings improved with higher educational levels.

It is important to get tested for cervical cancer because 6 out of 10 cervical cancers occur in women who have never received a Pap test or have not been tested in the past five years.

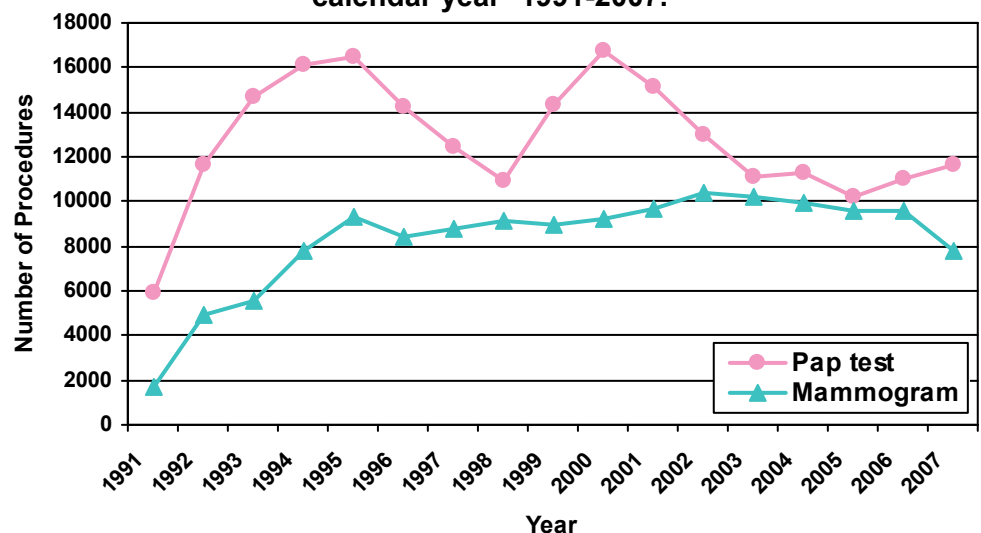
Screening and Diagnostic Services

Screening and diagnostic services are the 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.

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.

Healthcare providers are required to monitor women enrolled in the Program and contact them by mail or telephone to schedule their routine

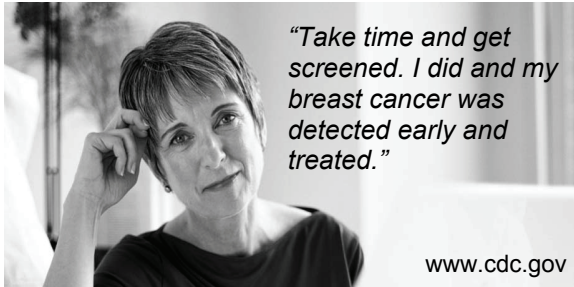
Number of Pap tests and mammograms paid for by the WVBCCSP per calendar year^a 1991-2007.



^aCalendar year runs from January 1 through December 31.

screening examinations and follow-up visits. When a woman refuses follow-up services or treatment, providers and WVBCSP staff work together to help the woman overcome identified barriers and return for medical care.

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 Nurse

Case Managers who are responsible for assessing their needs, developing a care plan, monitoring them throughout their treatment, and assisting them 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 WVBCSP for screening services pending eligibility.

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 WVBCSP 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 the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund. Each year, more than 1,000 people Walk for Women. In 2007, nineteen walks were conducted.



Another successful Walk for Women.



A volunteer gears up to walk!



Walkers pose for pictures with Marshall University mascot Marco at Ritter Park.

WVBCCSP Successes

- West Virginia has provided breast and cervical cancer screening services to more than 113,000 women.
- A total of 756 cases of invasive breast cancer and 123 cases of invasive cervical cancer have been diagnosed through the Program.
- All Program eligible women began receiving liquid-based Pap tests on July 1, 2007.
- Patient Data, Client Enrollment, and Informed Consent forms were revised.
- West Virginia received funding for the WISEWOMAN project. WISEWOMAN will be integrated into the WVBCCSP.
- The CDC mandates that at least 75% of all funded mammograms be provided to women 50-64 years. The WVBCCSP currently exceeds that mandate with 86.3%.



- **Breast Cancer Awareness Day**

Awareness events are held in all fifty-five counties throughout the month of October with each county choosing a day. Activities include wreath hangings, proclamations, and luncheons. Seventy-five events were held in October 2007.

- **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. During FY 2007-2008, fifty-nine free clinics were conducted.



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 individuals 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:

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

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

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

The WVBCCSP partners with the Robert C. Byrd Health Sciences Center at West Virginia University to offer this three-day training course to public health nurses. This innovative course trains nurses in anatomy and physiology of the female breast and reproductive organs, pelvic examinations, Pap test collection, and clinical and self breast examinations. For those nurses seeking certification, they apply their training in a six-month supervised preceptorship.

Partnership and Collaboration

Partnerships are critical to the WVBCCSP'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 WVBCCSP is proud to have a strong, committed group of partners that provide the following resources:

- **Healthcare Professionals**

Healthcare professionals are the backbone of the WVBCCSP. 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 services. 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 WVBCCSP. 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 WVBCCSP.

- **Organizations**

After the Diagnosis:

WV Medicaid Treatment Act (MTA)

- West Virginians who meet certain eligibility requirements may receive full benefit coverage if diagnosed with breast and/or cervical cancer, including certain precancerous conditions.
- Eligibility requirements include being under the age of 65, uninsured or lacking credible coverage, and in need of breast/cervical cancer treatment.
- More than 2,335 women have received services through the MTA since its inception in 2001. Roughly 1,113 had an eligible breast diagnosis and 1,222 had an eligible cervical diagnosis.
- Currently, there are 467 women actively enrolled in the MTA who are receiving treatment for eligible diagnoses.
- Four Nurse Case Managers monitor the treatment status of patients and assist them in navigating the healthcare system.



Inside Knowledge: Get the Facts About Gynecologic Cancer

- CDC, in collaboration with the Department of Health and Human Services' Office on Women's Health, established the *Inside Knowledge: Get the Facts About Gynecologic Cancer* campaign to raise awareness of the five main types of gynecologic cancer: cervical, ovarian, uterine, vaginal, and vulvar.
- Inside Knowledge is an initiative that supports the Gynecologic Cancer Education and Awareness Act of 2005, or Johanna's Law.
- Campaign messages were developed based on an extensive review of gynecologic cancer educational materials and guidance from a panel of experts.
- To find out more about Inside Knowledge or to learn more about Johanna's Law, go to www.cdc.gov/cancer/knowledge



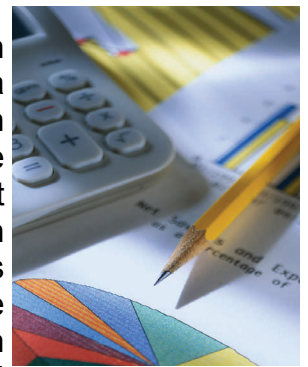
The WVBCCSP partners with groups and organizations that share the Program's goals and vision. Collaboration on this level allows resources to be combined without duplicating efforts. Partnering with groups such as the American Cancer Society, Appalachian Community Cancer Network, Mid-Atlantic Region's Cancer Information Service, the West Virginia affiliate of Komen for the Cure, 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.

The WVBCCSP has been closely tracking outreach activities and evaluating their effectiveness. Data has indicated that the most effective outreach strategy undertaken by the Program has been free screening clinics. Early data analysis indicates that approximately 85% of all women reached through outreach activities were enrolled into the Program as a result of attending a free screening clinic. These free clinics also reach the highest number of women with abnormal screening exams. Nearly 98% of all abnormal breast screenings and 92% of all abnormal cervical screenings were discovered through free screening clinics. Data will continue to be monitored by the Program and used to guide and develop effective outreach campaigns.



The WVBCCSP continues to use penetration rates to strategically place radio advertisements promoting the WVBCCSP in underserved areas, identify where CIS outreach strategies should be more heavily focused, and to identify counties to pilot test new projects aimed at increasing services to the eligible population.

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 (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 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.

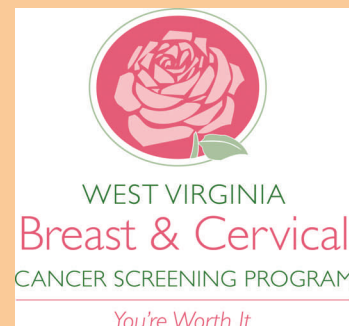
The Clinical Services Coordinator, a certified MammaCare Breast Self-Examination Instructor and MammaCare Clinical Breast Examiner, provides MammaCare training to WVBCCSP providers. The

A New Look: **WVBCCSP Updates** **Logo**

- You may have noticed a new, fresh look for the Program!
- After seventeen years, the WVBCCSP has updated its logo.
- During May and June 2008, the WVBCCSP unveiled the new logo to staff and Program providers to rave reviews.
- See below for a comparison of the old logo and the new logo.



Old WVBCCSP Logo



New WVBCCSP Logo

WISEWOMAN INTEGRATION

- The WISEWOMAN project will be integrated into the WVBCCSP during FY 08-09.
- WISEWOMAN provides cardiovascular screening and healthy lifestyles education to eligible women.
- WVBCCSP enrollees aged 40-64 are eligible to receive WISEWOMAN services at select healthcare provider sites.
- WISEWOMAN services include cholesterol screening, glucose measurements, BMI calculation, and blood pressure readings.
- WISEWOMAN's screening goal for the first year is 2,500 women.
- Currently, thirty-nine WVBCCSP providers will be offering WISEWOMAN services.
- To find out more, contact Meredith Pride, WISEWOMAN Project Coordinator at (304) 558-5388.



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.

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

During the 2008-2009 fiscal year, screening and diagnostic services will continue to be the number one priority. However, WVBCCSP will be adding cardiovascular health (CVH) screening to approximately 40 of its screening provider sites. The West Virginia Department of Health and Human



Resources was awarded funding to implement WISEWOMAN from the Centers for Disease Control and Prevention (CDC). Services will include assessment of cholesterol, glucose, blood pressure, height, weight, body mass index, and lifestyle interventions. To receive these services, women must be enrolled in WVBCCSP and be between the ages of 40-49 years of age. It is estimated that CVH screening will begin in January of 2009.

The WVBCCSP will also be working with the CDC to better understand the categorical costs associated with implementing breast and cervical cancer screening and diagnostic services. Program staff are analyzing services based on CPT codes and allocating administrative time and resources to the program categories of management, screening and diagnostic services, quality assurance, recruitment, professional development, surveillance, and evaluation. This cost distribution will be used to identify areas of improvement.

The WVBCCSP remains committed to implementing effective program strategies, and will continue to aggressively assess its priorities and methods in the upcoming years.

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Diagnostic and Treatment Fund

- The Diagnostic and Treatment Fund was established in 1996 by the West Virginia Legislature.
- Annual appropriations for the Fund have ranged from \$200,000 to \$400,000.
- Approximately 15,700 West Virginia women have benefited from the Fund.
- Since 1996, the Fund has provided over 56,800 potentially life saving procedures.
- On average, \$434 per woman (or \$120 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.

