

2009-2010 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*

*Earl Ray Tomblin, Governor
Michael J. Lewis, M.D., Ph.D., Cabinet Secretary*

West Virginia Breast and Cervical Cancer Screening Program Annual Report

2009-2010



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 2009-2010

Earl Ray Tomblin
Governor

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary, Department of Health and Human Resources

Chris Curtis, MPH
Acting Commissioner, Bureau for Public Health

Anne Williams, RN, BSN, MS-HCA
Director, Office of Maternal, Child and Family Health

Denise Smith, MS, CHES
Director, Division of Perinatal and Women's Health

West Virginia Breast and Cervical Cancer Screening Program
350 Capitol Street, Room 427
Charleston, West Virginia 25301
(304) 558-5388
1-800-642-8522
www.wvdhhr.org/bccsp

May 2011

Report Prepared By:

GeorgeAnn Grubb, MPH, Director
West Virginia Breast and Cervical Cancer Screening Program
Division of Perinatal and Women's Health
Office of Maternal, Child and Family Health

Nikki L. Lyttle, MS, Epidemiologist
West Virginia Breast and Cervical Cancer Screening Program
Division of Research, Evaluation and Planning
Office of Maternal, Child and Family Health

Special Thanks

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

Elizabeth Austin
Sheri Brown
Vickie Burke
Riki Lynn Butcher
Cathy Chadwell
Kay Cooper
Sandra Duvall
Carolyn Ferrell
Brenda Harlow
Kathy Helmick
Stephenie Kennedy
Tammy Kessel
Cally Mervine
Cathy Payne

Lucy Poe
Janet Poling
Pam Postalwait
Dee Ann Price
Ann Marie Puckett
Anna Reno
John Simmons
Beth Staats
Vicky Stevens
Megan Ward
Ruthie Watts
Thelma Workman
LeighAnne Vidal

This publication was supported by cooperative agreement DP07-703 from the Centers for Disease Control and Prevention.

Timeline

- 1991** West Virginia was one of four states chosen to screen underserved women as part of the National Breast and Cervical Cancer Early Detection Program.
- 1996** The Breast and Cervical Cancer Diagnostic and Treatment Fund was established.
- 2000** West Virginia was one of the first states to provide coverage of treatment for breast and cervical cancer through Medicaid.
- 2003** The Program began offering HPV testing to clients meeting certain clinical guidelines.
- 2007** The WVBCCSP transitioned from conventional Pap smears to liquid-based Pap tests.
- 2009** The WVBCCSP integrated WISEWOMAN cardiovascular health screenings at selected sites.
- 2010** The WVBCCSP met all eleven core performance indicators for the first time since they were established by CDC in 2004.

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.

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 124,200 women. Because of these screening services, 919 cases of invasive breast cancer, 373 in situ breast cancers, 10,878 cervical intraepithelial neoplasias (precancers), and 134 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 WVBCSP has enrolled more than 124,200 women and provided in excess of 242,200 Pap tests, 160,500 mammograms, and 242,500 CBEs to low income, uninsured/underinsured women. During this time, 3.0% of all Pap tests performed on WVBCSP clients were abnormal, 33.0% of hrHPV tests were positive, 9.5% of all mammograms had an abnormal result, and 5.6% 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

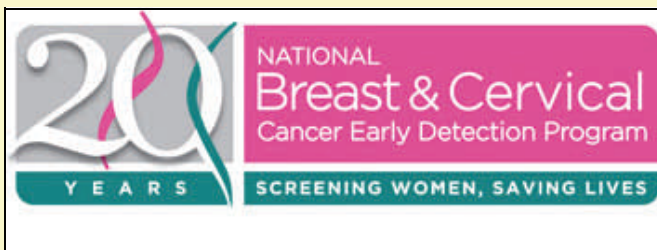
To date, the WVBCSP has detected 919 cases of invasive breast cancer, 373 in situ breast cancers, and 134 cases of invasive cervical cancer.

Of the invasive Program diagnosed breast cancer cases with reported staging data, an estimated 62.0% were early stage and 38.0% were late stage and roughly 64.3% invasive cervical cancers with staging data were early stage versus 35.7% 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.

20 Years of Screening Women and Saving Lives

For 20 years, CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has provided free or low-cost mammograms and Pap tests to low-income women with little or no health insurance. The NBCCEDP has come a long way since the law was passed in 1990 authorizing its formation. Originally limited to eight states, the program now reaches all fifty states, five U.S. territories, the District of Columbia, and twelve American Indian/Alaska Native tribes and tribal organizations.

The NBCCEDP has served more than 3.7 million women and its success has undoubtedly saved lives. Funded programs have diagnosed more than 44,885 breast cancers, 2,554 invasive cervical cancers, and 123,563 premalignant cervical lesions.



<http://www.cdc.gov/Features/CancerScreeningWomen/>

Mountains of Hope

- Mountains of Hope (MOH) is West Virginia's Comprehensive Cancer Coalition.
- MOH is comprised of more than 200 health care professionals, volunteers, cancer survivors, and community advocates from across the state.
- Members meet four times per year in Charleston to work together to implement the goals and objectives of the WV Cancer Plan.
- The four founding members of MOH are the WVBCSP, the WV Comprehensive Cancer Program, the American Cancer Society, and the Mary Babb Randolph Cancer Center.
- The mission of MOH is to facilitate and coordinate collaborations, statewide and at the community level, to address MOH's priorities.



Breast Cancer

Did you know?

- There are different kinds of breast cancer. Common types include ductal and lobular carcinoma.
- Men get breast cancer too. An estimated 1,970 men were diagnosed in the U.S. in 2010.
- Mammograms are the best method for detecting breast cancer at an early stage.
- More than 3 out of 4 (77.0%) West Virginia women aged 50 and older have had a mammogram within the past two years.
- The WVBCSP has provided over 160,500 mammograms and 242,500 CBEs.

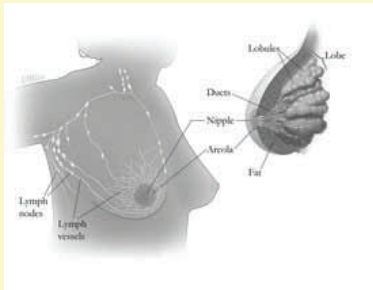


Diagram of the female breast.



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

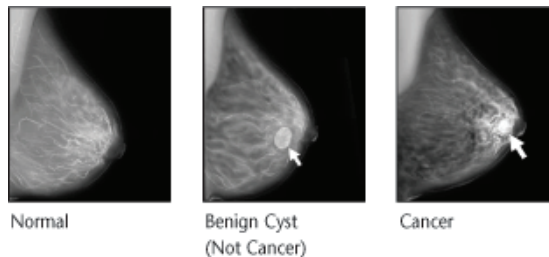
During 2010, the American Cancer Society estimated that 207,090 women would be diagnosed with invasive breast cancer in the United States² and that roughly 1,310 of those women were West Virginians³. Breast cancer is the most commonly diagnosed cancer (other than skin cancer) among women. It is estimated that the lifetime risk of a woman developing invasive breast cancer in her lifetime is a little less than 1:8.

Mortality

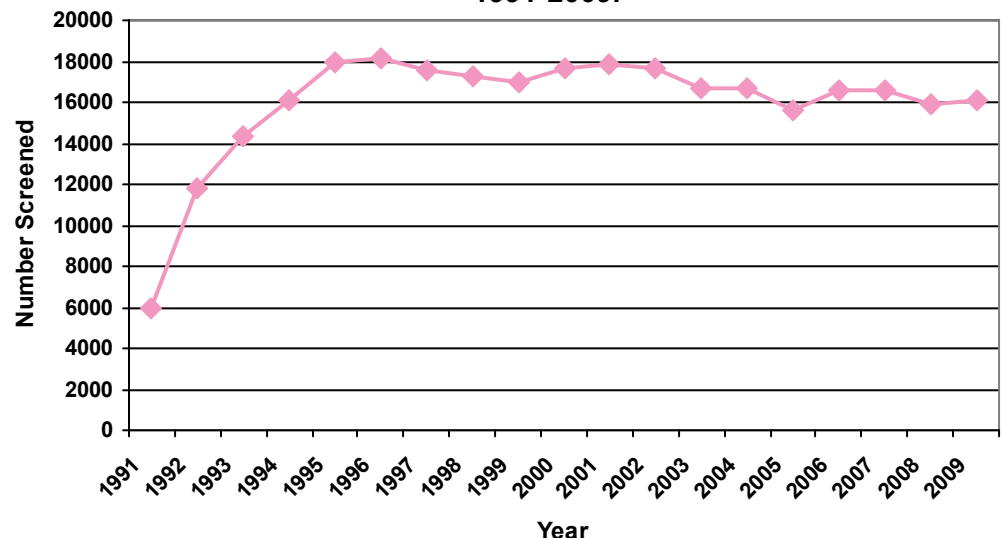
In 2010, a projected 39,840 women died from breast cancer across the United States. An estimated 270 of those deaths were among West Virginia women. Breast cancer is the second leading cause of cancer related deaths among women. Breast cancer mortality rates have been on the decline, a fact attributed to finding cancers earlier when treatment options are available. Currently, there are more than 2.5 million breast cancer survivors living in the United States. 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
1991-2009.



^aCalendar year runs from January 1 through December 31.

woman can feel the lump⁴. Clinical breast examinations are useful in detecting lumps that may be missed with mammography⁵. The WVBCSP provides these breast screening procedures to eligible women.

When breast cancer starts out, it is too small to feel and does not cause signs and symptoms. As it grows, however, breast cancer can cause changes in how the breast looks or feels.

According to the 2008 Behavioral Risk Factor Surveillance System, more than three out of four West Virginia women aged 50 to 64 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 estimated that in 2010, approximately 12,200 women in the United States were diagnosed with invasive cervical cancer. Researchers believe that non-invasive cervical cancer is roughly four times as common as invasive cervical cancer⁶. The primary cause of cervical cancer has been linked to infection with certain types of the human papillomavirus (HPV).

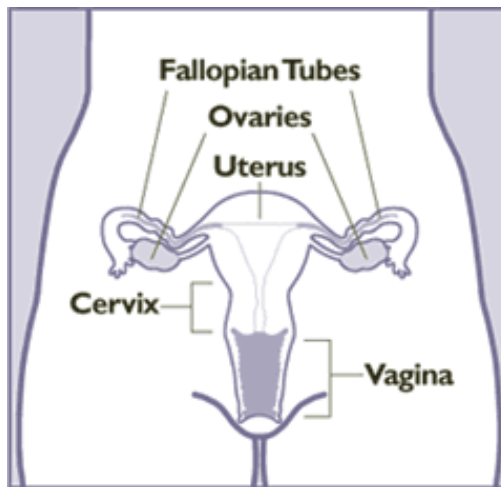
Mortality

Roughly 4,210 women died from invasive cervical cancer in the United States during 2010. 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. Six out of ten cervical cancers occur in women who have never had a Pap test or have not been tested in the past five years⁷.

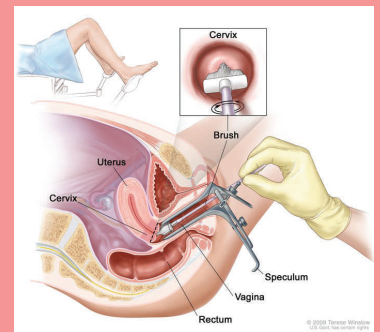
Approximately 19.2% of West Virginia women ages 18 and older have not had a Pap test in the past three years. The 2008 West Virginia Behavioral Risk Factor Survey Report found that women aged 65 and older were the least likely to have a Pap test in the past three years; women aged 25 to 34 were the most likely. Additionally, women without a high school diploma



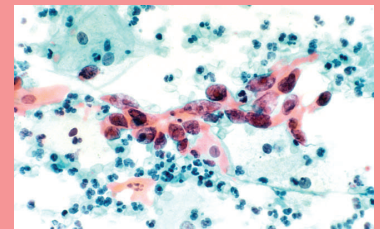
Cervical Cancer

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 242,400 Pap tests and 2,900 hrHPV tests.



Side view of the female reproductive anatomy during a Pap test.



Microscopic view of a Pap test specimen of cervical cancer.

Photos 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.



Woman receiving a mammogram.

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

and women in households with incomes at or below \$15,000 were less likely to have had a Pap test in the preceding three years. The frequency of screenings improved with higher educational levels⁸.

Gynecologic Cancer Symptoms					
Symptoms	Cervical Cancer	Ovarian Cancer	Uterine Cancer	Vaginal Cancer	Vulvar Cancer
Abnormal vaginal bleeding or discharge	●	●	●	●	
Pelvic pain or pressure		●	●		●
Abdominal or back pain		●			
Bloating		●			
Changes in bathroom habits		●		●	
Itching or burning of the vulva					●
Changes in vulva color or skin, such as a rash, sores, or warts					●

http://www.cdc.gov/cancer/cervical/basic_info/symptoms.htm

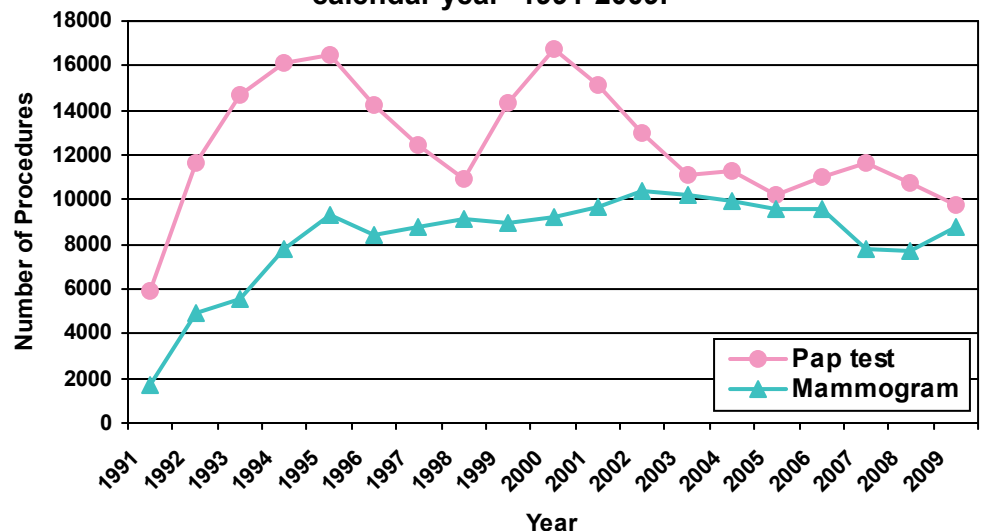
Early on, cervical cancer may not cause signs and symptoms. Advanced cervical cancer may cause bleeding or discharge from the vagina that is not normal for you, such as bleeding after sex. If you have any of these signs, see your doctor. They may be caused by something other than cancer, but the only way to know is to see your doctor.

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^a 1991-2009.



^aCalendar 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.

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.

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 WVBCCSP 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, 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:

- **Walk for Women...Take a Step Against Breast Cancer**

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,

Volunteers Make A Difference!



Volunteers raising money for the WV Diagnostic and Treatment Fund.



Walk for Women in Clay, WV.



Team Zumba raised more than \$1,000 to benefit the WV Diagnostic and Treatment Fund.



Setting up for a Walk for Women event..

WVBCCSP Successes

- West Virginia has provided breast and cervical cancer screening services to more than 124,200 women.
- A total of 919 cases of invasive breast cancer, 373 in situ breast cancers, and 127 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.
- WISEWOMAN cardiovascular screening services are being offered to eligible WVBCCSP women in more than thirty provider locations.
- During FY 09-10, the WVBCCSP screened over 15,400 women for breast and/or cervical cancer.
- In 2010, for the first time since their development by the CDC in 2005, the Program met all eleven core performance indicators.



more than 1,000 people Walk for Women. In 2009, twenty walks were conducted.

- **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, proclamation readings, and luncheons. Seventy-five events were held in October 2009.

- **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. The project increases awareness and raises 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 2009-2010, eighty-nine free clinics were conducted.

These broad-based campaigns are enhanced by one-on-one outreach conducted at the community level, which 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 at health fairs, community events, local businesses, and churches.

Professional Education

Professional education activities aim 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 an online newsletter, the *Provider Press*, for screening and referral 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 450 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.

After the Diagnosis:

WV Medicaid Treatment Act (MTA)

- Eligible West Virginians 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 3,034 women have received services through the MTA since its inception in 2001. Roughly 1,408 had an eligible breast diagnosis and 1,506 had an eligible cervical diagnosis.
- In June 2010, there were 548 women actively enrolled in the MTA who were receiving treatment for eligible diagnoses.
- Four Nurse Case Managers monitor the treatment status of patients and assist them in navigating the healthcare system.



Breast Cancer in Men

- The American Cancer Society estimated that in 2010, 1,970 new cases of invasive breast cancer were diagnosed in men in the United States and 390 died from the disease.
- Breast cancer is about 100 times less common in men than women.
- The lifetime risk of breast cancer for men is 1 in 1,000, compared to a little less than 1:8 for women.
- The incidence of breast cancer in men relative to the population has remained stable to the population for the past 30 years.
- The cause of male breast cancer is not well understood, but researchers have found several factors that might increase risk. Similar to female breast cancer, these factors are related to sex hormone levels in the body.
- Men and women with the same stage of breast cancer have a fairly similar outlook for survival.
- To find out more, visit the American cancer Society at www.cancer.org.

- **Organizations**

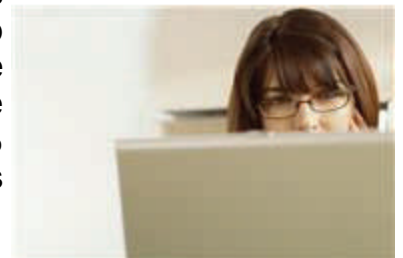
The WVBCCSP partners with groups and organizations that share the Program's goals and vision. Collaboration on this level allows resources to be combined without duplicating efforts. Partnering with groups such as the American Cancer Society, Appalachia Community Cancer Network, the West Virginia affiliate of Komen for the Cure, and the West Virginia 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. The Program also continues to calculate penetration rates annually to determine gaps in screening. Once gaps are identified, outreach staff are instructed to focus outreach strategies in these areas to help improve screening rates within the eligible population. It is important to note that the WVBCCSP is screening an estimated 18.9% of the state's eligible population, which is higher than the national average.



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 and to ensure provider compliance with Program guidelines.

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 conducted at WVBCCSP provider sites who screen a minimum of twenty Program-enrolled women each year. 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.

Training on WVBCCSP forms, billing, policies and procedures, and



Friends supporting breast cancer awareness.



Everyone supports breast cancer!



Region 6 Cancer Information Specialist Sandra Duvall works with the Triadelphia Volunteer Fire Department to spread the message!



Boone County breast cancer survivors.



Gearing up for a Walk for Women in the Northern Panhandle on a beautiful fall day.



A proclamation reading and wreath hanging in support of breast cancer in southern West Virginia.



Volunteers prepare for another successful breast cancer awareness event.



A group of volunteers from southern West Virginia.

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

Despite the shifting landscape of Healthcare Reform, the West Virginia Breast and Cervical Cancer Screening Program staff has actively engaged in a yearlong planning process in preparation for the changes ahead. While many procedural and fiscal details remain unresolved, the renewed federal focus on public health education and prevention are consistent with the mission of the WVBCCSPP throughout its twenty year history. As we move away from the need to reimburse for clinical services, we are more committed than ever to making sure women know the importance of screening and early detection of breast and cervical cancer and how to access these services. We remain invested in working in partnership with healthcare providers to assure that women receive timely diagnosis and treatment and support along the way.



In 2011, the WVBCCSPP celebrates its 20th anniversary of providing services to West Virginia women and we continue to follow the lead of the NBCCEDP/CDC and its founding principle:

“Every funded program is responsible for educating and motivating (eligible) women to seek screening; ensuring that services are convenient, accessible and provided in a respectful, culturally competent manner; effectively communicating results; and recalling and assisting women who need additional services.”

References

1. A. P. Legorreta; R. J. Brooks; A. N. Leibowitz; L. J. Solin. Cost of breast cancer treatment. A 4-year longitudinal study. Arch Intern Med 156: 2197-2201.
2. American Cancer Society. Breast Cancer Detailed Guide. April 2011. Available at: <http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-key-statistics>.
3. American Cancer Society. *Cancer Facts & Figures 2010*. Atlanta: American Cancer Society; 2010.
4. Institute of Medicine. Curry SJ, Byers T, Hewitt M, eds. *Fulfilling the Potential of Cancer Prevention and Early Detection*. Washington, D.C.: The National Academy Press; 2003.
5. Barton MB, Harris R, Fletcher SW. The rational clinical examination. Does this patient have breast cancer? The screening clinical breast examination: should it be done? How? JAMA 1999; 282(13):1270-1280.
6. American Cancer Society. Cervical Cancer Detailed Guide. April 2011. Available at: <http://www.cancer.org/Cancer/CervicalCancer/DetailedGuide/cervical-cancer-key-statistics>.
7. Center for Disease Control and Prevention. Inside Knowledge: Get the Facts About Gynecologic Cancer Cervical Cancer Fact Sheet. Atlanta, Georgia. April 2011. Available at: http://www.cdc.gov/cancer/cervical/pdf/cervical_facts.pdf.
8. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Atlanta, Georgia. April 2011. Available at: <http://apps.nccd.cdc.gov/BRFSS/display.asp?cat=WH&yr=2008&qkey=4426&state=WV>.

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 16,683 West Virginia women have benefited from the Fund.
- Since 1996, the Fund has provided over 47,000 potentially life saving procedures.
- On average, \$482 per woman (or \$171 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.

