

2010-2011 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

2010-2011



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 2010-2011

Earl Ray Tomblin
Governor

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

Marian Swinker, MD, MPH
Commissioner and State Health Officer, 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

GeorgeAnn Grubb, MPH
Director, West Virginia Breast and Cervical Cancer Screening Program

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

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Report Prepared By:

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

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Elizabeth Austin
Vickie Burke
Riki Lynn Butcher
Cathy Chadwell
Kay Cooper
Sandra Duvall
Candice Gore
Brenda Harlow
Kathy Helmick
Tammy Kessel
Stacy King
Cathy Payne

Lucy Poe
Janet Poling
Pam Postalwait
Anna Reno
John Simmons
Beth Staats
Vicky Stevens
Ruthie Watts
Thelma Workman
Stephenie Kennedy
Leigh Anne Vidal

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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 350 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 enrolled more than 129,300 women. Because of these screening services, 1,003 cases of invasive breast cancer, 393 in situ breast cancers, 11,835 cervical intraepithelial neoplasias (precancers), and 142 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 WVBCCSP has enrolled more than 129,300 women and provided in excess of 251,700 Pap tests, 168,600 mammograms, and 256,200 CBEs to low income, uninsured/underinsured women. During this time, 3.0% of all Pap tests performed on WVBCCSP clients were abnormal, 35.2% of hrHPV tests were positive, 9.3% of all mammograms had an abnormal result, and 5.7% 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 WVBCCSP has detected 1,003 cases of invasive breast cancer, 393 in situ breast cancers, and 142 cases of invasive cervical cancer.

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.

Guide to Community Preventive Services

The Guide to Community Preventive Services is a free resource to help users choose evidence-based programs and policies to improve health and prevent disease in communities. The Guide is a credible resource with multiple uses that is based on a scientific systematic review process and answers questions critical to almost everyone interested in community health and well being such as:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

The hope is that users of the Guide will:

- Use more interventions that have been shown to work
- Use fewer interventions that have not been shown to work
- Research interventions for which there is not enough evidence to say whether or not they work

To learn more visit: www.thecommunityguide.org

Vulvar Cancer

- Vulvar cancer is very rare. An estimated 3,500 women are diagnosed in the United States each year.
- Symptoms include itching, burning, or bleeding on the vulva that does not go away, color changes on the skin of the vulva (redder or whiter than normal), skin changes on the vulva (may look like a rash or warts), sores, lumps, or ulcers on the vulva that do not go away and pain in the pelvis, especially during urination or sex
- Risk factors include: having HPV, history of cervical precancer or cervical cancer, having a condition that makes it hard for the body to fight off health problems, smoking, and chronic vulvar itching or burning.
- Learn more at: www.cdc.gov/cancer/gynecologic/



Source: CDC

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 2,140 men were diagnosed in the U.S. in 2011.
- Mammograms are the best method for detecting breast cancer at an early stage.
- Roughly 3 out of 4 (75.1%) West Virginia women aged 50 and older have had a mammogram within the past two years.
- The WVBCSP has provided over 168,600 mammograms and 256,200 CBEs.

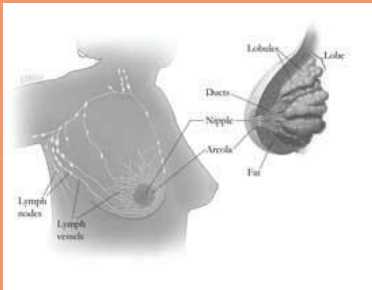


Diagram of the female breast.



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

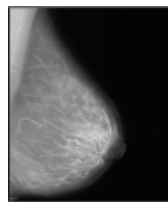
Breast Cancer

Prevalence

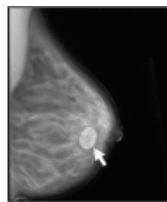
During 2011, the American Cancer Society estimated that 230,480 women in the United States would be diagnosed with invasive breast cancer and an additional 57,650 women would be diagnosed with in situ breast cancer². West Virginia Cancer Registry data reports that roughly 1,316 West Virginia women are diagnosed with invasive breast cancer each year. Breast cancer is the most commonly diagnosed cancer (other than skin cancer) among women and accounts for almost 1 in 3 cancers diagnosed among women throughout the United States. It is estimated that the lifetime risk of a woman developing invasive breast cancer is about 1:8 (12%)³.

Mortality

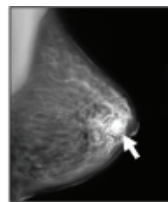
In 2011, a projected 39,520 women died from breast cancer across the United States. An estimated 294 of those deaths were among West Virginia women. Breast cancer is the second leading cause of cancer related deaths among women. Breast cancer mortality rates have been on the decline, a fact attributed to finding cancers earlier when treatment options are available. Currently, there are more than 2.6 million breast cancer survivors living in the United States. A woman's risk of dying from breast cancer is approximately 1:36.



Normal



Benign Cyst
(Not Cancer)

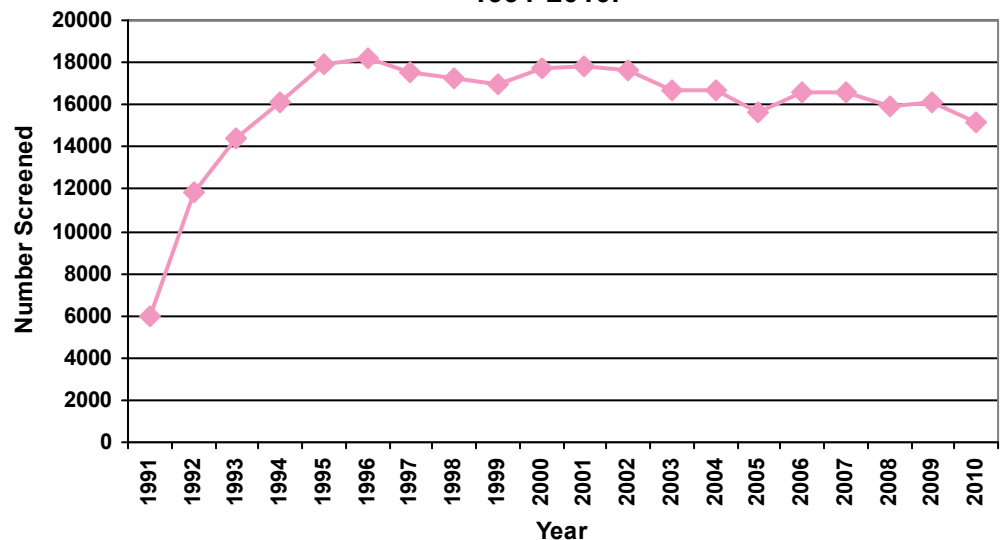


Cancer

Early Detection

The CDC defines breast screening as both mammography and CBE for its National Breast and Cervical

Number of women screened by the WVBCSP per calendar year^a
1991-2010.



^aCalendar year runs from January 1 through December 31.

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

Breast cancer claims the lives of thousands of women in the United States each year. Learn basic information about breast cancer and how to prevent and recognize it.

According to the 2010 Behavioral Risk Factor Surveillance System, approximately three out of four West Virginia women aged 50 and older have had a mammogram in the past two years⁸. Those least likely to have had a mammogram in the past two years included women 40-49 years of age, women with less than a high school education, and women with household incomes of less than \$15,000.

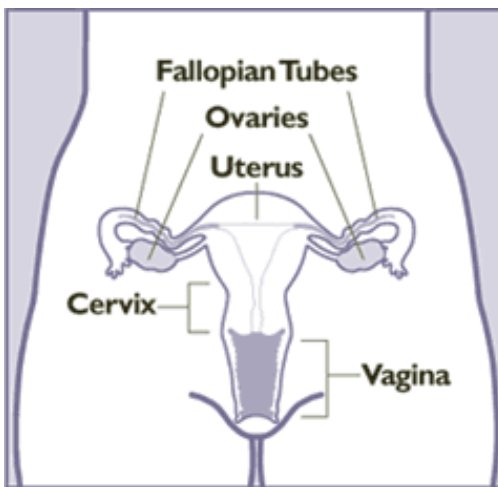
Cervical Cancer

Prevalence

The American Cancer Society estimated that in 2011, 12,710 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 is infection with certain types of the human papillomavirus (HPV), a common virus that can be passed from one person to another during sex. Many people will get an HPV infection at some point during their lives. However, only a few will get cervical cancer because HPV infections usually go away on their own. Cervical cancer tends to develop in women during midlife. While cervical cancer can occur at any age, most cases are detected in women under the age of 50, with women under aged 20 rarely developing the disease. About 20% of all cases are diagnosed among women over 65 years of age.

Mortality

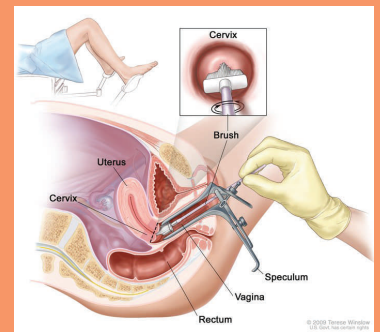
Roughly 4,290 women died from invasive cervical cancer in the United States during 2011 and an estimated 31 of those were West Virginians. Cervical cancer was once among the most common causes of cancer death among American women. Between 1955 and 1992, the number of deaths from invasive cervical cancer has declined by nearly 70%. This



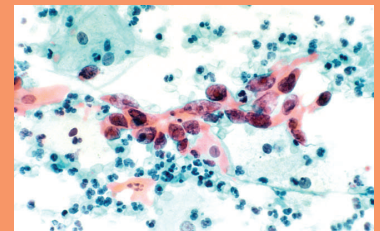
Cervical Cancer

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 WVBCCSP has provided over 251,700 Pap tests and 3,700 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

significant decline is attributed to the increased use of the Pap test during this timeframe. Mortality rates continued to decline until 2003. Since that time, mortality rates have remained relatively stable among white women, while continuing to decline among African Americans.

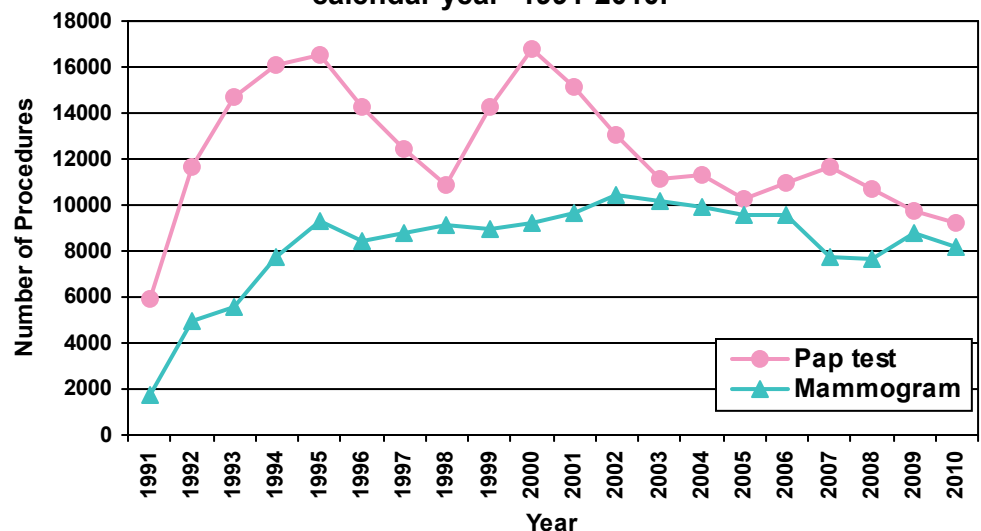
Early Detection

If routine cervical screening is followed, most cases of cervical cancer can be prevented. There are two tests that can help prevent cervical cancer or find it early - the Pap test and the HPV 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. The HPV test looks for the virus that can cause precancerous cell changes and cervical cancer. Women should talk with their healthcare provider to see if the Pap test and HPV test are right for them and to their appropriate screening interval.

Cervical cancer is the easiest gynecological cancer to prevent with regular screening tests and follow-up. It is also highly treatable if detected early.

Approximately 21.0% of West Virginia women ages 18 and older have not had a Pap test in the past three years. Data from the 2010 Behavioral Risk Factor Surveillance System 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 with less than a high school education 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 likelihood of screening improved with increased income and educational levels⁸.

Number of Pap tests and mammograms paid for by the WVBCSP per calendar year^a 1991-2010.



^aCalendar year runs from January 1 through December 31.

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 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.



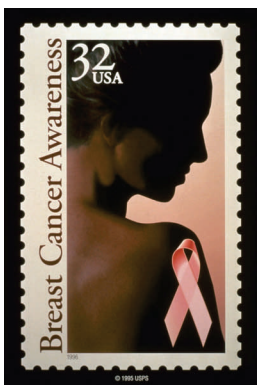
Breast cancer awareness event at Huntington's Kitchen.



Mingo County residents support breast cancer awareness.



Clay County teens show their support for breast cancer awareness.



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.



Abracadabra! Bras for a cause. It's not magic, mammograms save lives.

WVBCCSP Successes

- West Virginia has enrolled more than 129,300 women.
- A total of 1,003 cases of invasive breast cancer, 393 in situ breast cancers, and 142 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 twenty provider locations.
- During FY 09-10, the WVBCCSP screened over 15,200 women for breast and/or cervical cancer.
- The WVBCCSP continues to meet all eleven core performance indicators developed by CDC.



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, more than 1,000 people Walk for Women. In 2010, twenty-one 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. More than 100 events were held in October 2010.
- **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 2010-2011, sixty-seven 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 Health Information Specialists (HIS) 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:

- **Women's Health Conference**

In partnership with other statewide women's health programs, the WVBCCSP conducts a 1.5 day conference for healthcare professionals who specialize in women's health. The conference focuses on improving the health of women across the lifespan and provides continuing education credits for medical and social work attendees. The 2011 conference had more than 400 healthcare professionals in attendance, over twenty financial sponsors, 18 educational sessions by local, state, and national experts, and free physical activity events for attendees. The conference was also awarded a grant from the U.S. Department of Health and Human Services, Office of Women's Health. This conference is conducted every two years (odd-numbered years).

- **Women's Health Information Programs (WHIPs)**

Formally known as 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 offered to WVBCCSP and WISEWOMAN contracted screening providers and are offered every two years (even-numbered years).

- **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



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 3,565 women have received services through the MTA since its inception in 2001. Roughly 1,758 had an eligible breast diagnosis and 1,700 had an eligible cervical diagnosis.
- Approximately 510 women are 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.



Colorectal Cancer

- Colorectal cancer is the second leading cancer killer in the United States.
- Symptoms include blood in or on your stool, stomach pain, aches, or cramps that don't go away, and unexplained weight loss.
- Both men and women can get colorectal cancer, but the disease is most often found in people aged 50 and older.
- If everyone aged 50 and older had regular screening, at least 60% of colorectal cancer deaths could be avoided.
- There are several types of colorectal cancer screening tests. Talk with your healthcare provider to find out which test is right for you.
- Learn more at: www.cdc.gov/cancer/colorectal/

If you're 50
or older, get
screened for
colorectal cancer.



Source: CDC

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 high-quality life-saving screening and diagnostic services to West Virginia women. The WVBCCSP has a statewide network of screening and referral providers that includes more than 350 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.

- **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, Appalachian Community Cancer Network, Mountains of Hope, the West Virginia affiliate of Komen for the Cure, the West Virginia Cancer Control Program, and numerous community and faith-based groups allows all parties to work together on prevention, early detection, patient navigation, survivorship, and end-of-life care 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. Evidence-based practices are

utilized when applicable. 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 screening rates are 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

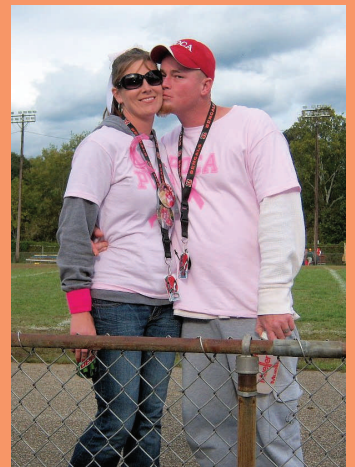
Breast Cancer Awareness Activities



Walk for Women in Hamlin.



Breast cancer awareness event at the Wirt County courthouse.



Poca goes pink!

Cervical Health Awareness Activities



Dr. Oakley speaking to a group about cervical health in Huntington.



Women's health screening flyer featuring cervical cancer advocate Julie Hewett.



Health Information Specialist Brenda Harlow spreading the word about cervical health.

Services Coordinator contacts 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 are performed by WVBCCSP staff. The Clinical Services Coordinator works with WVBCCSP providers to offer training in CDC approved CBE/BSE methods, which are clinically approved to be the most thorough, systematic, and efficient method of examining breast tissue. Training on WVBCCSP forms, billing, policies and procedures, and provider outreach is performed by the Clinical Services Coordinator and the eight regional HIS. Providers seeking technical assistance should contact their local HIS or the Clinical Services Coordinator to set up an appointment.

Future Directions

Over the next five years, as WVBCCSP moves away from the need to reimburse for clinical services, the Program is 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. The renewed federal focus on public health education and outreach is consistent with the mission of the WVBCCSP throughout its twenty year history. Our partnerships with healthcare providers, state level chronic disease programs, and community health organizations are essential to assure that women receive access to high quality screening and prevention services, timely diagnosis, treatment and support over the lifespan. Enhanced collaboration among public health, healthcare providers and community sectors is critical to reduce the disease burden, improve the scope and quality of screening services and eliminate health disparities.

For over two decades WVBCCSP has demonstrated leadership for policies and practices that support women in making informed health decisions and providing access to the healthcare delivery system. The Program will continue to build on the established foundation of community partners, extensive statewide provider network, and the community-based outreach and awareness activities of the Health Information Specialists 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.”

Together we will work to expand our reach by using evidenced-based outreach and intervention strategies to educate the broader population about early detection of breast and cervical cancers and eliminate barriers to screening.

References

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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 17,316 West Virginia women have benefited from the Fund.
- Since 1996, the Fund has provided over 49,300 potentially life saving procedures.
- On average, \$479 per woman (or \$168 per procedure) was spent on diagnostic and treatment services from the Fund.
- Funds raised by volunteers through Quilts of Hope and Walks for Women are donated to the Diagnostic and Treatment Fund.

