



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Office of the Secretary

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Earl Ray Tomblin  
Governor

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Cabinet Secretary

January 26, 2015

The Honorable William P. Cole, III, President  
West Virginia Senate  
Room 229M, Building 1  
State Capitol Complex  
Charleston, West Virginia 25305

The Honorable Tim Armstead, Speaker  
West Virginia House of Delegates  
Room 228M, Building 1  
State Capitol Complex  
Charleston, West Virginia 25305

Dear President Cole and Speaker Armstead:

As required by West Virginia Code §16-33-6, regarding the operation of the West Virginia Breast and Cervical Cancer Screening Program, please find enclosed the report for Fiscal Year (FY) 2013. This report is provided by the West Virginia Department of Health and Human Resources through the Office of Maternal, Child and Family Health, Division of Research, Evaluation and Planning.

If you have any questions or concerns, please feel free to contact Christina Mullins, Director, Office of Maternal, Child and Family Health, 350 Capitol Street, Room 427, Charleston, West Virginia 25301-3714, telephone (304) 356-4292, or email [christina.r.mullins@wv.gov](mailto:christina.r.mullins@wv.gov).

Sincerely,

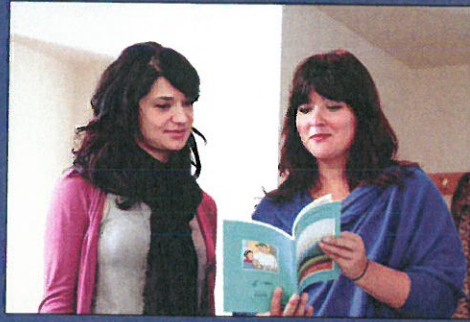
A handwritten signature in blue ink that reads "Karen L. Bowling".

Karen L. Bowling  
Cabinet Secretary

KB/alf

Enclosure

cc: Clark Barnes  
Steve Harrison  
Rahul Gupta, MD, MPH, FACP  
Anne Williams  
Christina Mullins  
Legislative Library



# WEST VIRGINIA BREAST AND CERVICAL CANCER SCREENING PROGRAM

FY 2013

October 2014



## Overview of the Program

The West Virginia Breast and Cervical Cancer Screening Program (Program) 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. 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). The Program is directed to low-income, uninsured/underinsured women aged 25-64 years. The Program provides clinical breast examinations (CBEs), mammograms, and Pap tests for eligible women, as well as diagnostic testing for women whose screening outcomes are abnormal. The Program is implemented through a network of more than 350 physicians and healthcare providers throughout West Virginia.

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 Program by the CDC.

To assist programs in providing treatment to women diagnosed with breast and/or cervical cancer, in 2000, the 106th United States 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.

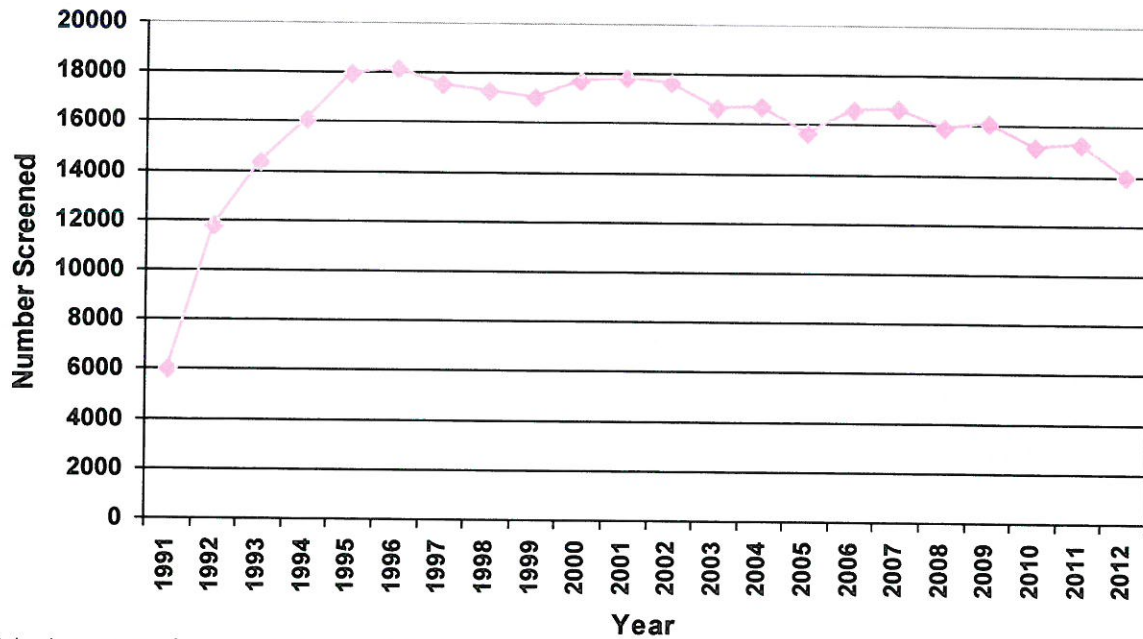
While screening services are key to early detection, their existence alone is insufficient to achieve a reduction in the illness and death associated with these diseases. The Program engages in the following activities to implement a comprehensive program:

- 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***

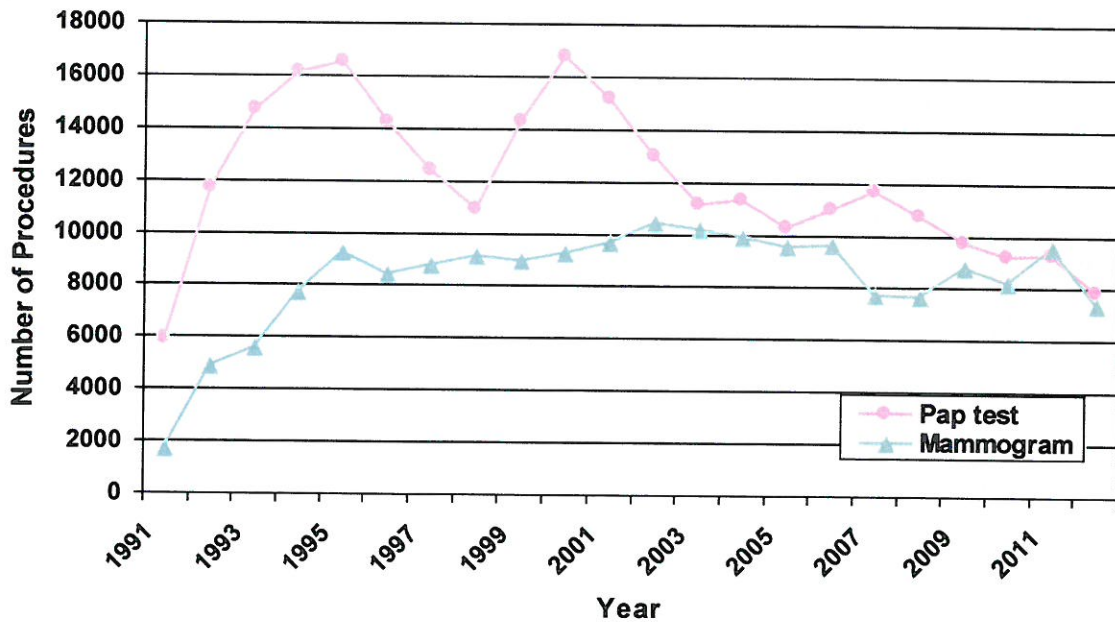
Since the Program's inception in 1991, the Program has enrolled more than 138,376 women and provided over 267,972 Pap tests, 183,744 mammograms, and 282,039 CBEs to low income, uninsured/underinsured women.

Number of women screened by the Program per calendar year <sup>a</sup> 1991-2012.



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

Number of Pap tests and mammograms paid for by the Program per calendar year <sup>a</sup>



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

### ***Breast and Cervical Cancer Detection***

To date, the Program has detected 1,163 cases of invasive breast cancer, 436 in situ<sup>1</sup> breast cancers, and 152 cases of invasive cervical cancer.

## **Definition of the Problem**

### **Breast Cancer**

#### ***Prevalence***

In 2014, the American Cancer Society estimates that 232,670 women in the United States will be newly diagnosed with invasive breast cancer and an additional 62,570 women will be newly diagnosed with in situ breast cancer. Breast cancer 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%).

Breast cancer is the most common type of cancer among West Virginia women, accounting for roughly 25% of all cancers diagnosed among females. West Virginia Cancer Registry data reports that roughly 1,304 West Virginia women are diagnosed with invasive breast cancer each year.

#### ***Mortality***

Breast cancer is the second leading cause of cancer-related deaths among women. During 2014, a projected 40,000 women will die from breast cancer across the United States. An estimated 290 of those deaths will be among West Virginia women. Breast cancer mortality rates have been declining over the years. This is attributed to the early detection of the disease. Currently, there are over 2.8 million breast cancer survivors living in the United States. A woman's lifetime risk of dying from breast cancer is approximately 1:36.

#### ***Early Detection***

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

According to the 2012 Behavioral Risk Factor Surveillance System, more than 75% of West Virginia women aged 50 and older have had a mammogram in the past two years. Those least likely to have had a mammogram in the past two years included women with less than a high school education and women with household incomes of less than \$15,000.

<sup>1</sup> An early stage cancer in which the cancerous growth or tumor is still confined to the site from which it started, and has not spread to surrounding tissue or other organs in the body. When cancer in situ involves cells that line the internal organs, or epithelial cells, it is called carcinoma in situ.



## **Cervical Cancer**

### ***Prevalence***

The American Cancer Society estimates that in 2014, 12,360 women in the United States will be diagnosed with invasive cervical cancer, 107 of those women will be West Virginia residents. Researchers believe that non-invasive cervical cancer is roughly four times as common as invasive cervical cancer. 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 most genital 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 age 20 rarely developing the disease. Over 15% of all cases are diagnosed among women over 65 years of age.

### ***Mortality***

Roughly 4,020 women will die from invasive cervical cancer in the United States during 2014. Approximately 36 of those deaths will be among West Virginia women. Cervical cancer was once among the most common causes of cancer death among American women. Over the past three decades, the number of deaths from cervical cancer has declined by more than 50%. This significant decline is attributed to the increased use of the Pap test, which finds cellular changes before they develop into cancer and also finds cancer in its earliest stages when it is most curable.

### ***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. According to case-control studies, the risk of developing invasive cervical cancer is three to ten times greater in women who have not been screened. 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 determine their appropriate screening interval.

Nearly one in four (24%) of West Virginia women ages 18 and older have not had a Pap test in the past three years. Data from the 2012 Behavioral Risk Factor Surveillance System found that women aged 25 to 34 years were most likely to have had a Pap test in the past three years. 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 levels.

## **Screening and Diagnostic Services**

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

The Program is committed to ensuring that each enrolled 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 Program 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 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 the Program 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 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 Program 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 the Program conducts numerous outreach activities designed to deliver population based messages 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. During FY 2012-2013, eighteen 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 112 events were held in October 2012.
- **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. Work continued this grant year on the creation of these works of art and quilts will be awarded to winning community members in October 2014.
- **Free Screening Clinics**  
One way to reach women and ensure that they receive screening is through the use of free screening clinics. Each year, the Program partners with healthcare providers, laboratories, and community volunteers to screen women. During FY 2012-2013, fifty-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 Health Information Specialists (HISs) and community volunteers at health fairs, community events, local businesses, and churches. During FY 2012-2013, Program staff completed one-on-one outreach with approximately 1,236 West Virginia women.

***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 Program provides a number of professional education training sessions including:



- **Women's Health Conference**  
In partnership with other statewide women's health programs, the Program 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. 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, the Program provides regional workshops and seminars on a variety of topics related to women's health and Program policy. These WHIP continuing education sessions are provided to the Program contracted screening providers and are offered every two years (even-numbered years).
- **Professional Education Newsletter**  
The Program 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 Program 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 PHNPAT 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 Program'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 Program is proud to have a strong, committed group of partners that provide the following resources:

- **Healthcare Professionals**  
Healthcare professionals are the backbone of the Program. Physicians, nurses, nurse practitioners, and physician assistants provide high-quality life-saving screening and diagnostic services to West Virginia women. The Program 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 Program. 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 the Program. Volunteers donated nearly 16,000 hours of services completing these activities.

- **Organizations**

The Program partners with groups and organizations that share its 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. In addition, Program staff partner with faith-based organizations, community coalitions, small businesses, extension services and non-profit organizations to deliver population-based education on the importance of breast and cervical cancer screening and follow-up.

## 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 Program 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 Program 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 Program screening rates are higher than the national average.

The Program has an evaluation team that meets quarterly to review work plans submitted to the 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 the 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 Program and to ensure provider compliance with Program guidelines.

The Program 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 Program are performed in accordance with best practices.

Quality assurance monitoring is conducted at the Program provider sites that 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 (OMCFH), Quality Assurance Monitoring Team is given access to all necessary information and is allowed to observe the Program examinations to ensure patient care standards are met and services are provided in accordance with the Program policy. All quality assurance monitoring reports are submitted to the 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 contacts the provider to discuss the deficiency and works with them to ensure that it is successfully corrected.

The Program Epidemiologist reviews the data on a routine basis and identifies and reports potential problems to the Program Director and Clinical Services Coordinator. Problems are discussed and a method for resolving the situation is determined. The identified problem continues 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 the Program staff. The Clinical Services Coordinator works with the Program providers to offer training in CDC approved CBE/breast self exam methods, which are clinically approved to be the most most thorough, systematic, and efficient method of examining breast tissue. Training on the Program forms, billing, policies and procedures, and provider outreach is performed by the Clinical Services Coordinator and the four regional Health Information Specialist (HIS). Providers seeking technical assistance should contact their local HIS or the Clinical Services Coordinator to set up an appointment.