



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Office of the Secretary
One Davis Square, Suite 100, East
Charleston, West Virginia 25301
Telephone: (304) 558-0684 Fax: (304) 558-1130

Karen L. Bowling
Cabinet Secretary

February 25, 2016

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

The Honorable Tim Armstead, Speaker
West Virginia House of Delegates
State Capitol Complex
Building 1, Room 228M
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 the enclosed report for Fiscal Year 2015. This report is provided by the West Virginia Department of Health and Human Resources through the Office of Maternal, Child and Family Health.

If additional information is needed, you may contact Christina Mullins, Director, Office of Maternal, Child and Family Health at (304) 356-4292 or via e-mail at christina.r.mullins@wv.gov.

Sincerely,

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

Karen L. Bowling
Cabinet Secretary

KLB:vc

Enclosure

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



WEST VIRGINIA BREAST AND CERVICAL CANCER SCREENING PROGRAM FY 2015

December 2015

Overview of the Program

The West Virginia Breast and Cervical Cancer Screening Program (BCCSP) 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 BCCSP 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 BCCSP 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 BCCSP engages in the following activities to implement a comprehensive program:

- Program Management
- Screening and Diagnostic Services
- Education and Outreach
- Partnership and Collaboration
- Evaluation (Surveillance, Quality Assurance, and Technical Assistance)

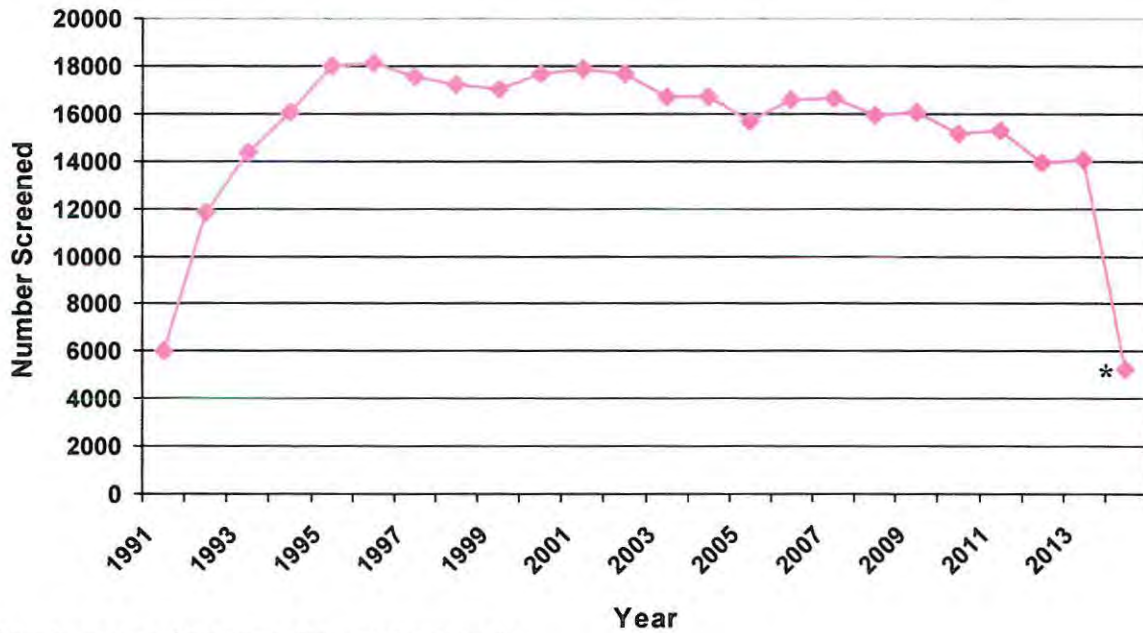
Enrollment and Screening

Since the Program's inception in 1991, the BCCSP has enrolled more than 142,004 women and provided over 274,189 Pap tests, 190,876 mammograms, and 293,098 CBEs to low income, uninsured/underinsured women.

Breast and Cervical Cancer Detection

To date, the BCCSP has detected 1,237 cases of invasive breast cancer, 461 in situ breast cancers, and 156 cases of invasive cervical cancer.

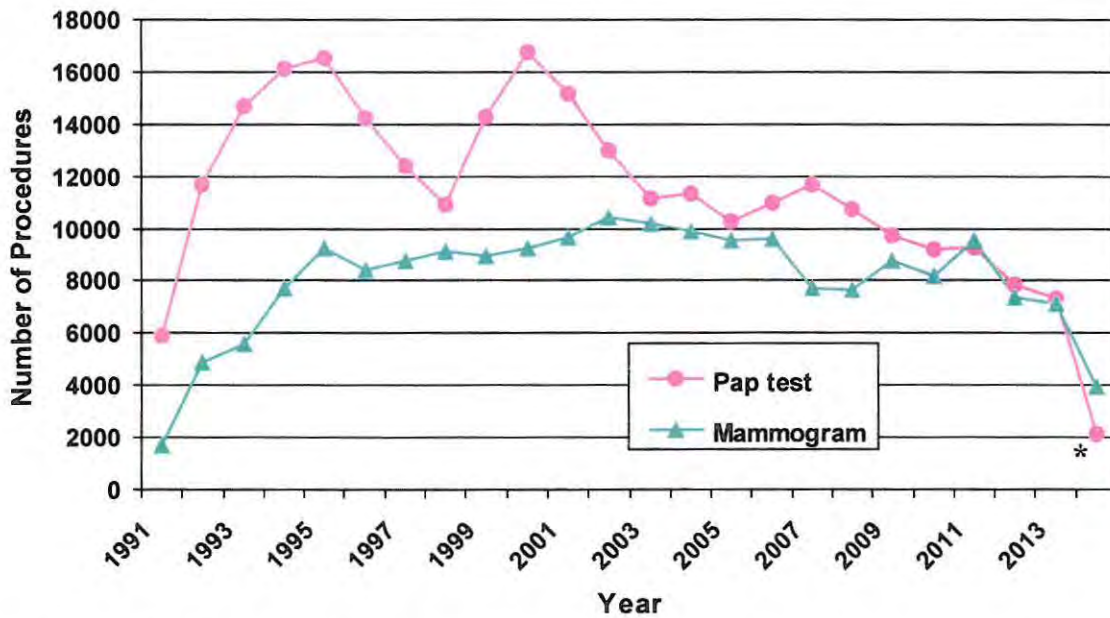
Number of women screened by the BCCSP per calendar year^a 1991-2014



^aCalendar year runs from January 1 through December 31.

* Denotes ACA expansion/Medicaid expansion.

Number of Pap tests and mammograms paid for by the BCCSP per calendar year^a 1991-2014



^aCalendar year runs from January 1 through December 31.

* Denotes ACA expansion/Medicaid expansion.

Definition of the Problem

Breast Cancer

Prevalence

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 1,360 West Virginia women are diagnosed with invasive breast cancer each year.

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%).

Mortality

Breast cancer is the second leading cause of cancer related deaths among women. An estimated 276 of those deaths will be among West Virginia women. A woman's lifetime risk of dying from breast cancer is approximately 1:36.

Early Detection

The CDC defines breast cancer screening as both mammography and CBE for its National Breast and Cervical Cancer Early Detection Program grantees. 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. The BCCSP provides these breast screening procedures to eligible women.

According to the 2014 Behavioral Risk Factor Surveillance System, more than three out of four 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.

Cervical Cancer

Prevalence

Approximately 102 West Virginia women will be diagnosed with invasive cervical cancer this year. 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

Sadly, an estimated 37 West Virginia women die from invasive cervical cancer each year. 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. 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.

According to the 2014 Behavioral Risk Factor Surveillance System, more than one in four (26.6%) West Virginia women ages 18 and older have not had a Pap test in the past three years. Additionally, women with less than a high school education and women in households with incomes between \$15,000 and \$24,999 were less likely to have had a Pap test in the preceding three years.

Screening and Diagnostic Services

Screening and diagnostic services are the core of the BCCSP. These services include: screening/rescreening, tracking, follow-up, and case management. The BCCSP 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 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 BCCSP 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 BCCSP 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 BCCSP 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 BCCSP 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 2014-2015, seventeen walks were conducted.
- **Breast and Cervical Cancer Awareness Events**
Awareness events are held in all fifty-five counties throughout the month of October (breast cancer) and January (cervical cancer). Activities include wreath hangings, proclamation readings, and luncheons. More than 168 awareness events were held during FY 2014-2015.
- **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, the BCCSP partners with healthcare providers, laboratories, and community volunteers to screen women during non-traditional hours. During FY 2014-2015, 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, including insurance, Medicaid, and the healthcare marketplace; and educating them about cancer screening, diagnostic, and treatment services, as well as other women's health issues. This work is completed by Program staff and community volunteers at health fairs, community events, local businesses, and faith-based organizations. During FY 2014-2015, Program staff completed one-on-one outreach with approximately 1,347 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 BCCSP provides a number of professional education training sessions including:

- **Women's Health Conference**

In partnership with other statewide women's health programs, the BCCSP 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 (BCCIPs), the BCCSP provides regional workshops and seminars on a variety of topics related to women's health and Program policy. These continuing education sessions are provided to the BCCSP contracted screening providers and are offered every two years (even-numbered years).

- **Professional Education Newsletter**

The BCCSP 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 BCCSP 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 BCCSP'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 BCCSP is proud to have a strong, committed group of partners that provide the following resources:

- **Healthcare Professionals**

Healthcare professionals are the backbone of the BCCSP. Physicians, nurses, nurse practitioners, and physician assistants provide high-quality life-saving screening and diagnostic services to West Virginia women. The BCCSP 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 BCCSP. 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 BCCSP. Volunteers donated thousands of hours of service completing these activities.

- **Organizations**

The BCCSP 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. 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 BCCSP 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 BCCSP 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 BCCSP screening rates were considered among the highest in the nation; however, the impact of the Affordable Care Act and Medicaid expansion has impacted the number of services provided by the BCCSP. While numbers have decreased, this shift should be viewed in a positive manner because it reflects West Virginia's incredible success with enrolling the state's most vulnerable residents into Medicaid. It is the hope of all of West Virginia's public health professionals that those newly insured populations will seek out much needed healthcare and lead healthier lives.

The BCCSP 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 BCCSP and to ensure provider compliance with Program guidelines.

The BCCSP 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 BCCSP are performed in accordance with best practices.

Quality assurance monitoring is conducted at the BCCSP 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 BCCSP examinations to ensure patient care standards are met and services are provided in accordance with the BCCSP 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 Epidemiologist reviews 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 BCCSP staff. The Clinical Services Coordinator works with the BCCSP 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 the BCCSP forms, billing, policies and procedures, and provider outreach is performed by the Clinical Services Coordinator and the four regional Health Information Specialists (HIS). Providers seeking technical assistance should contact their local HIS or the Clinical Services Coordinator to set up an appointment.