



WEST VIRGINIA BREAST & CERVICAL CANCER SCREENING PROGRAM

Annual Report

This report has been prepared by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal, Child and Family Health to comply with the requirements of both West Virginia Code §§16-33-6 and 16-33-7(c).

Program Overview

The West Virginia Breast and Cervical Cancer Screening Program (BCCSP), within the West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health, is a comprehensive public health program that helps uninsured and underinsured women access 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 focuses services on low income, uninsured, and underinsured women aged 25-64 years. BCCSP provides clinical breast examinations (CBEs), mammograms, Pap tests, and human papillomavirus (HPV) 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 470 physicians and health care providers throughout West Virginia.

Although screening services are key to early detection, alone they are insufficient to achieve reduction in the illness and death associated with breast and cervical cancer. The BCCSP engages in the following additional program activities to implement a comprehensive program:

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

Breast and Cervical Cancer Diagnostic and Treatment Fund

By enacting House Bill 4181 in 1996, the West Virginia Legislature established the Breast and Cervical Cancer Diagnostic and Treatment Fund (Fund) for the purpose of assisting low income patients with certain diagnostic and treatment costs of breast and cervical cancer.

The Fund is comprised of state and federal funds as well as privately raised donations. Private donations are maintained in an account managed on behalf of the DHHR's Bureau for Public Health, Office of Maternal, Child and Family Health (OMCFH) by the Greater Kanawha Valley Foundation. In FY2019, private donations totaled \$92,207 and \$41,069 in FY2020. All patients benefitting from the Fund must be financially qualified for assistance and are preapproved for treatment by a BCCSP Nurse Supervisor. In FY2019, BCCSP disbursed \$61,562 on breast and cervical cancer diagnostic treatment for qualified patients and \$44,393 in FY2020.

Financial demand on the Fund has been mitigated by the 2000 passage of the Medicaid Treatment Act (MTA), Public Law 106-354, which permitted states the option to provide medical assistance for breast and cervical cancer diagnosis and treatment through Medicaid. West Virginia was one of the first states to include the costs of breast and cervical cancer treatment for women younger than age 65 through Medicaid.

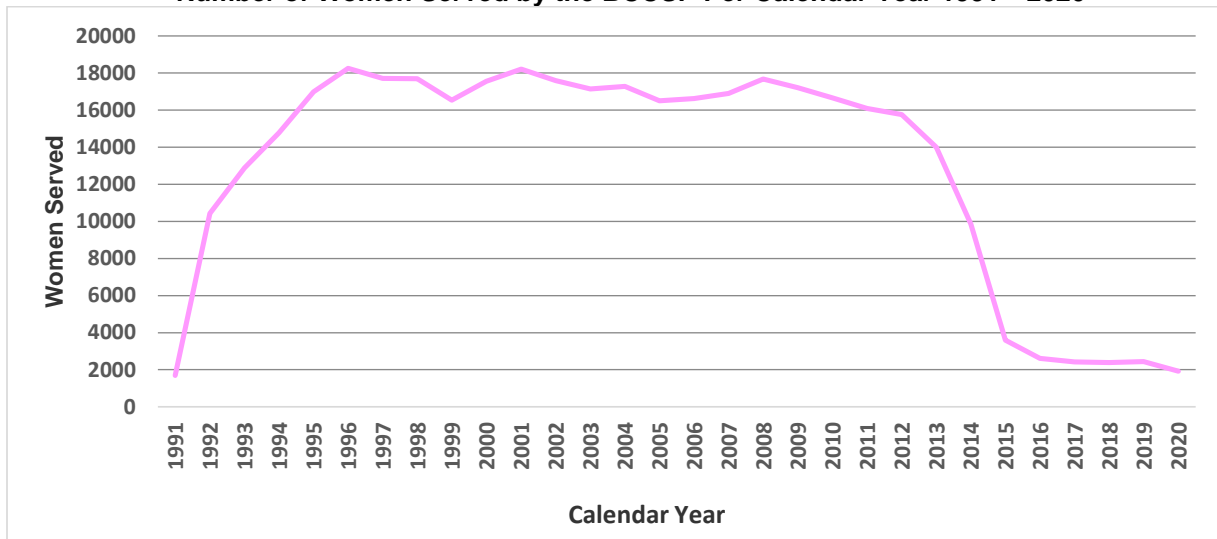
Enrollment and Screening

Since the program’s inception in 1991, BCCSP has enrolled more than 147,157 women and provided over 287,728 Pap tests, 211,142 mammograms, 10,651 HPV tests, and 307,909 CBEs to low income uninsured or underinsured women.

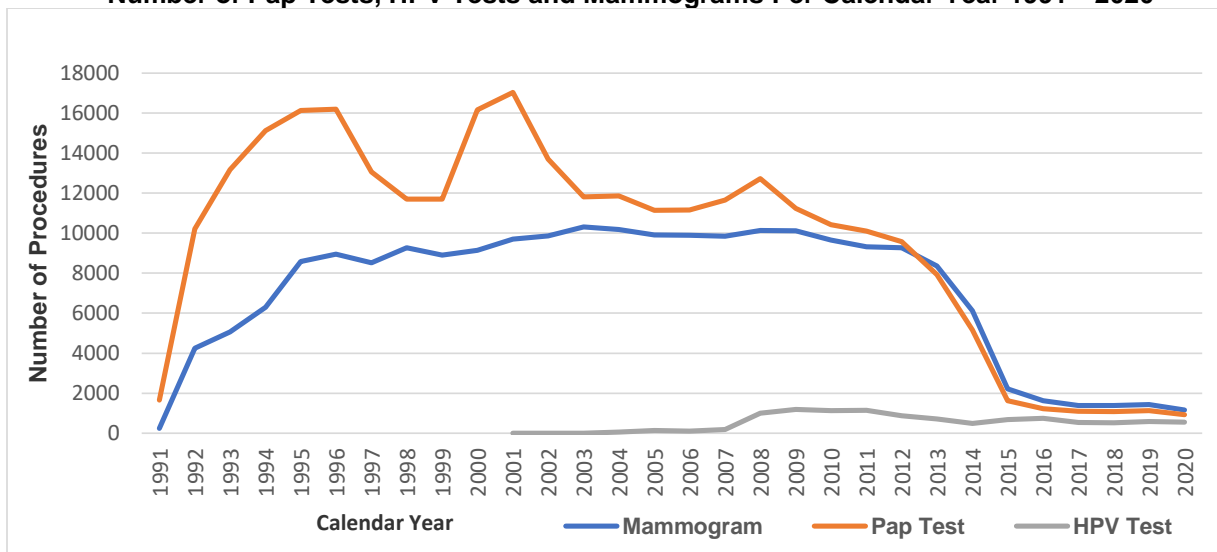
Breast and Cervical Cancer Detection

To date, BCCSP has assisted in the detection of 1,345 cases of invasive breast cancer, 334 in situ breast cancers, and 160 cases of invasive cervical cancer.

Number of Women Served by the BCCSP Per Calendar Year 1991—2020



Number of Pap Tests, HPV Tests and Mammograms Per Calendar Year 1991—2020



Definition of the Problem

Breast Cancer

Incidence and Mortality

Breast cancer is the most diagnosed cancer and the second leading cause of cancer-related death in West Virginia women.¹ Each year in West Virginia, about 1,474 women are diagnosed, and 300 women die of breast cancer.¹ More than half (55%) of the women with breast cancer in West Virginia are diagnosed with localized breast cancer.²

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. Many studies have shown that early detection of the disease not only increases a woman's chance of survival, but also increases treatment options.³ The BCCSP provides these breast screening procedures to eligible women.

According to the 2018 Behavioral Risk Factor Surveillance System (BRFSS), more than three out of four (75%) West Virginia women aged 50-74 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 less than \$15,000.⁴

Cervical Cancer

Incidence and Mortality

In 2017, 110 West Virginia women were diagnosed with and 28 women died of cervical cancer.⁵ Although the number of deaths from cervical cancer significantly declined with increased use of the Pap test, West Virginia has ranked in the top five for both cervical cancer incidence and mortality when compared with other states.⁶ More than half (51%) of the women with cervical cancer in West Virginia are diagnosed with regional or distant metastasis.⁷ Risk factors for cervical cancer include infection with HPV, smoking, using birth control for five years or more, giving birth to three or more children, having several sexual partners, or having human immunodeficiency virus.⁸

The bottom line is that cervical cancer is a preventable cancer that can be found early, even as a pre-cancer. Vaccination and screening lead to prevention and early detection of cervical cancer. No West Virginia woman should die of cervical cancer.

Early Detection

Cervical cancer is a preventable cancer that can be detected early, even as a pre-cancer. 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 pre-cancerous cell changes and cervical cancer.⁹

According to the 2018 BRFSS, about one in five (19.8%) West Virginia women ages 21 to 64 had 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 of less than \$24,999 were less likely to have had a Pap test in the preceding three years.¹⁰

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 health care practitioners to provide CBEs, mammograms, pelvic exams, HPV tests, Pap tests, and diagnostic procedures.

The BCCSP is committed to ensuring that each woman receives timely results for screening and diagnostic procedures and appropriate follow-up. Each contracted health care provider agrees to work in coordination with BCCSP to notify women of their results and arrange for timely follow-up. In addition, the BCCSP database is monitored monthly to identify women with incomplete records. If an incomplete record is identified, tracking and follow-up nurses contact the health care provider to identify and resolve any issues underlying the incomplete record.

Health care 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 is unable to keep her appointment for 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 pre-cancerous 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 West Virginia MTA program. As part of the MTA, enrolled women receive patient navigation/case management services via 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 to treatment. Once a woman has completed active treatment, the Case Manager disenrolls her from the MTA, and depending upon eligibility, may refer her to the BCCSP for a continuation of screening services.

Education and Outreach

Public Education and Outreach

The purpose of BCCSP 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 BCCSP Fund. Each year, more than 1,000 people *Walk for Women*.
- **Breast and Cervical Cancer Awareness Events**
Awareness events are held in all 55 counties throughout the months of October (breast cancer) and January (cervical cancer). Activities include wreath hangings, proclamation readings, and luncheons.
- **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 BCCSP Fund.
- **Free Screening Clinics**
One way to reach women and ensure they receive screening is using free screening clinics. Each year, the BCCSP partners with health care providers, laboratories, and community volunteers to screen women during non-traditional hours.

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 health care concerns, including insurance, Medicaid, and the Health Insurance Marketplace, and educating them about cancer screening, diagnostic and treatment services, and other women's health issues. This work is completed by BCCSP staff and community volunteers at health fairs, community events, local businesses, and faith-based organizations. Each year, BCCSP staff complete one-on-one outreach with more than 3,000 West Virginia women.

Professional Education

Professional education activities aim to improve the ability of health care providers to screen for and diagnose breast and cervical cancer so women receive appropriate and high-quality screening and diagnostic services. The BCCSP provides several professional education training sessions, including:

- **Women's Health Information Programs (WHIPs)**
The BCCSP provides regional trainings on a variety of topics related to women's health and program policy. These continuing education trainings are provided to BCCSP contracted screening providers and are offered annually. This year, due to COVID-19 pandemic, the training was offered virtually with 245 in attendance.

- **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.

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. 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:

- **Health Care Professionals**

Health care 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 470 professionals. Since the program's inception, this number has quadrupled, 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 health care providers.

- **Volunteers**

Each year more than 450 volunteers assist in outreach activities for the BCCSP, including Walks for Women, Breast Cancer Awareness Day activities, Quilts of Hope, health fairs, free screening clinics, awareness luncheons, and survivor events. Volunteers help distribute BCCSP literature and talk with community members, family, and friends about the importance of early detection and the services available through the BCCSP. Volunteers have 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 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, BCCSP 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 BCCSP activities. Data is used 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 BCCSP 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.

BCCSP screening rates were among the highest in the nation, however, the implementation of the Affordable Care Act and Medicaid expansion has impacted the number of services provided by BCCSP. While enrollment numbers have decreased, this shift should be viewed as a public health accomplishment, representing West Virginia's incredible success with enrolling the state's most vulnerable populations into Medicaid. This past year, the COVID-19 pandemic impacted health care services due to a statewide shutdown coupled with a second surge of the pandemic that has caused clinics and health departments to focus their time primarily on pandemic activities including testing, contact tracing, and follow-up with positive cases.

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 employs an active Medical Advisory Committee (MAC) comprised of gynecologists, oncologists, radiologists, and primary care physicians. The MAC provides expert professional advice to BCCSP on clinical practices.

Quality assurance monitoring is conducted at contracted BCCSP provider sites that screen a minimum of 20 enrolled women each year. Monitoring may include, but is not limited to, meetings with patients, 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 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 BCCSP and OMCFH and are carefully reviewed. Areas of provider deficiency are noted, and a corrective course of action is put into place. Staff nurses contact the provider to discuss deficiencies and work with them to ensure that problems are successfully corrected.

An epidemiologist reviews data on a routine basis to identify and report potential service problems to the Program Director. Problem areas are reviewed and discussed with nursing staff so a resolution can be determined. Any identified problems continue to be monitored by the epidemiologist to ensure the situation is resolved effectively and efficiently.

Technical Assistance

All technical assistance needs are performed by BCCSP staff. Technical assistance is commonly requested for proper completion of BCCSP forms, billing, and policies. Training on policies and procedures is provided monthly by BCCSP to new contracted provider staff and to refresh existing staff. In addition, BCCSP works with contracted providers to utilize evidence-based interventions to increase breast and cervical cancer screening rates.

For additional information regarding this program, please visit the BCCSP website at: <http://www.wvdhhr.org/bccsp/>.

¹ Centers for Disease Control and Prevention. [Data Visualizations Incidence and Mortality](http://www.cdc.gov/cancer/dataviz). Accessed at www.cdc.gov/cancer/dataviz, released June 2020.

² WV Cancer Registry 2016.

³ Centers for Disease Control and Prevention. Accessed at https://www.cdc.gov/cancer/breast/basic_info/screening.htm.

⁴ BRFSS 2018.

⁵ Centers for Disease Control and Prevention. Accessed at www.cdc.gov/cancer/dataviz.

⁶ North American Association of Central Cancer Registries. Accessed at <https://faststats.naaccr.org/selections.php>.

⁷ NAACCR. Accessed at <https://faststats.naaccr.org/selections.php>.

⁸ Centers for Disease Control and Prevention. Accessed at <https://www.cdc.gov/cancer/cervical/>, released 2018.

⁹ Centers for Disease Control and Prevention. Accessed at www.cdc.gov/cancer/cervical/basic_info/screening.htm, released 2018.

¹⁰ BRFSS 2018.