

---

*Breast***Care**  
*Say Yes to a Mammogram!*



- ❖ **Increase the rate of early detection for:**
  - ❖ Breast and cervical cancer
  - ❖ Reduce morbidity and mortality related to these diseases

- ❖ Members of the Arkansas General Assembly passed the Arkansas Breast Cancer Act in 1997
- ❖ The Act also established a Governor-appointed advisory board to provide policy advice and guidance to the program
- ❖ Funded through Centers for Disease Control and Prevention (CDC), State Tobacco Tax, and Private Organizations such as Komen Affiliates

## ❖ Target Population

- ❖ Women age 40-64
- ❖ Low Income
- ❖ Uninsured
- ❖ Arkansas Residents

## ❖ Services Provided

- ❖ Breast and cervical cancer screening or diagnostic tests
- ❖ Public and professional education
- ❖ Transitions diagnosed clients for treatment to BreastCare 07 Medicaid, if eligible

- ❖ **Each Region will provide cancer screening services for women age 40 and older according to program performance indicators and eligibility guidelines.**
  - ❖ The client will receive appropriate diagnostic follow-up
  - ❖ The LHU will assure that test results with final diagnosis have been received within 60 days
  - ❖ If diagnosed with cancer, the client will receive treatment within one (1) month from the date of diagnosis

- ❖ Enrollment is provided for all eligible women
- ❖ Enrollment is confirmed before providing services
- ❖ Annual and initial appointments are scheduled by the LHU
- ❖ Clients keeping their appointments must be ‘arrived’ in the Scheduler
- ❖ Appointment status is to be updated on the Patient Management page in the BreastCare Online System

- ❖ LHU employees must enter clinic visit data online within five (5) days from date of service
- ❖ BreastCare clients with an abnormal breast or cervical result must receive a final diagnosis within 60 days
- ❖ BreastCare clients with an abnormal breast or cervical result must complete follow-up

- ❖ Each LHU maintains and updates the BreastCare standardized tracking system per policy by using the following forms:
  - ❖ The BreastCare Mammogram Log (BC-4)
  - ❖ The Pap Test/HPV Log (BC-7)

Indicator Type	Program Performance Indicator	Program Standard
Screening	Initial Pap test; Rarely or Never Screened	≥ 20%
	Screening Mammograms Provided to Women ≥ Age 50	≥ 75%
Cervical	Abnormal Screening Results with Complete Follow-up	≥ 90%
Cancer	Abnormal Screening Results; Time Screening to Diagnosis > 60 days	≤ 25%
Diagnostic	Treatment started for HSIL, CIN 2, CIN 3, CIS, Invasive	≥ 90%
Indicators	HSIL, CIN 2, CIN 3, CIS; Diagnosis to Treatment > 90 days	≤ 20%
	Invasive Carcinoma; Diagnosis to treatment > 60 days	≤ 20%
Breast	Abnormal Screening Results with Complete Follow-up	≥ 90%
Cancer	Abnormal Screening Results; Screening to Diagnosis > 60 days	≤ 25%
Diagnostic	Treatment started for Breast Cancer	≥ 90%
Indicators	Breast Cancer; Diagnosis to Treatment > 60 days	≤ 25%

- ❖ Women must be enrolled by a primary care provider or LHU and may be enrolled over the telephone
- ❖ A LHU is not required to enroll a woman who wants to receive her exam from another provider
- ❖ A LHU is not required to enroll a woman who was referred by a participating BreastCare Primary Care Provider (PCP)
- ❖ A LHU is not required to enroll a non-English speaking woman without an adult interpreter. However, provisions should be made to ensure client is served.

- ❖ Breast centers/mammography facility referrals to LHU
  - ❖ Enroll all eligible women during the telephone call
  - ❖ Schedule appointment for clinical breast exam (CBE) and Pap test at time of telephone enrollment
- ❖ Enter mammogram on Mammogram Log for tracking
  - ❖ Request mammogram result from facility at time of referral
  - ❖ Follow-up on mammogram results per policy
- ❖ Re-enrollment
  - ❖ Automated e-mail reminders instruct the client to call their provider in the month their BreastCare card expires to re-enroll in the program. Client must be re-enrolled yearly, if eligible

- ❖ BreastCare card is used to verify eligibility after enrollment
- ❖ Issue BreastCare card to client at scheduled initial appointment for CBE/Pap test
- ❖ If telephone enrollment from breast center or mammogram facility provide BreastCare card number to facility staff only
  - ❖ Give card to client on appointment date for CBE/Pap test
- ❖ Lost BreastCare cards can be reprinted by the LHU
- ❖ Assess eligibility at initial and annual visit
- ❖ Review and update insurance status at each follow-up visit
- ❖ Notify client if eligibility status changes

## ❖ Income

- ❖ Count the income for every person in the household
- ❖ Multiple families under one roof are counted as one household
- ❖ Alimony, child support, foster care, retirement and disability income must be counted
- ❖ Exception: do not count the income of High School and college students but count them as a person in the household.

## ❖ Household number

- ❖ Count every person living in the home

- ❖ Refer all women who are ineligible for BreastCare to
  - ❖ Encore for Women's Health: 1-888-663-3914
  - ❖ Susan G. Komen: 1-877-GO-KOMEN (1-877-465-6636)
  - ❖ Other resources can be found at [www.arbreastcare.com](http://www.arbreastcare.com)
  
- ❖ Review Indigent Care in BreastCare Policy and Procedures

Eligibility Criteria	Medical Benefits
Female	Clinical Breast Exam (CBE)
Age 40-49 (Plan A) Age 50-64 (Plan C) Age 40-64 (Plan KA, KO, KT)	Screening Mammogram
Income at or below 200% FPL	Diagnostic/Follow-up services for abnormal CBEs
Uninsured or non-credible insurance *	Pap test
Arkansas Resident	Diagnostic/Follow-up services for abnormal Pap tests

\*Non-credible insurance does not cover at least one of the following: inpatient care, outpatient care or physician services

\*Family Planning/TB Medicaid Waiver recipients may be eligible

\* Women  $\geq$  65 years of age without Medicare Part B may be eligible for BreastCare

Eligibility Criteria	Medical Benefits
Female	Breast cancer treatment
Current diagnosis of breast or cervical cancer	Cervical cancer treatment
Diagnosis of CIN II, CIN III or CIS	Cervical precancerous treatment
Income at or below 200% FPL	
Uninsured or non-credible insurance *	
Arkansas resident	
U.S. citizen or Qualified Alien (requires SSN)	
Must be seeking treatment	

\*Non-credible insurance does not cover at least one of the following: inpatient care, outpatient care or physician services

\*Family Planning/TB Medicaid Waiver recipients may be eligible

- ❖ Enrolled clients must receive services from a participating BreastCare provider
- ❖ BreastCare clients are not charged a record maintenance fee
- ❖ Refer patient billing problems to Hewlett Packard (HP) at 1-855-661-7830
- ❖ A complete list of covered and non-covered BreastCare services can be found in the BreastCare Policy and Procedure Manual
- ❖ All clients should be given the BreastCare covered and non-covered pamphlet

Age	History of Breast Cancer
Biopsy proven atypical hyperplasia	Mother/father, sister/brother, or daughter/son with breast cancer  * Pre-menopausal and bilateral disease increases risk
First live birth age $\geq$ 30	Nulliparity
Early menarche (before age 12)	Late menopause (after age 55)

<b>Peau d'Orange</b>	<b>Breast mass or thickening</b>
<b>Skin ulceration or scaling</b>	<b>Skin dimpling or puckering</b>
<b>Contour, asymmetry, vascular</b>	<b>Local skin inflammation or redness</b>
<b>Spontaneous nipple discharge or inversion</b>	<b>Focal pain</b> *noncyclic, localized pain confined to one area of the breast

- ❖ CBE of chest wall on all post-mastectomy sites
  - ❖ Abnormal findings require a surgical consult
- ❖ Screening mammograms are recommended for all women who are asymptomatic with normal CBE
  - ❖ Includes women with breast implants
- ❖ Diagnostic Mammogram is recommended for symptomatic women:
  - ❖ Abnormal CBE, breast biopsy in past 6-12 months or history of breast cancer
- ❖ Palpable mass requires diagnostic mammogram and ultrasound
- ❖ Bilateral mastectomy clients do not get mammograms

- ❖ **Screening Mammogram**: two views of each breast
- ❖ **Diagnostic Mammogram**: Evaluates the findings on a screening mammogram. Involves additional views and often ultrasound.
- ❖ **Surgical Consultation**: Ordered when a diagnostic work-up cannot be completed by the radiologist.
- ❖ **FNA** (Fine Needle Aspiration): ***Not a covered procedure.***
  - ❖ An abnormal CBE requires additional studies by a radiologist and/or a surgical consult even with a normal mammogram. A palpable solid mass always results in a surgical consultation and/or biopsy unless ultrasound demonstrates a benign abnormality or cystic mass.

- ❖ Get client signature on Authorization to Disclose Health Information (DHHS-4000)
- ❖ Schedule mammogram/ultrasound at a participating facility
  - ❖ Complete BreastCare Order (BC-5) order and fax to participating facility. Must be signed by APN.
  - ❖ Document appointment date on BreastCare Record (BC-1) and Mammogram Log (BC-4)
- ❖ Instruct client to present BreastCare card at mammography facility. Failure to do so may result in the client being billed.
  - ❖ Instruct client to wear two piece clothing and no deodorants, powders, perfumes or oils.

- ❖ BreastCare Mammogram Log (BC-4) is maintained to provide client tracking and time sensitive follow-up
  - ❖ Assures mammogram results are received
  - ❖ Allows documentation of appointments
  - ❖ All mammogram results are sent to the LHU from the facility
  - ❖ Results should be received in LHU within 10 days

## ❖ **Abnormal Mammogram Results**

- ❖ Make one attempt by telephone within two (2) weeks of the date mammogram was read
- ❖ If unable to contact by telephone send a letter
- ❖ If letter returned then refer to Care Coordinator
- ❖ Document all attempts to contact client in record

## ❖ **Missed Appointments**

- ❖ LHU is responsible for follow-up on missed appointments
- ❖ The Common Customer Management scheduler is used to track status of appointments

Category 0 – Assessment incomplete

Category 1 – Negative

Category 2 – Benign findings

Category 3 – Probably benign

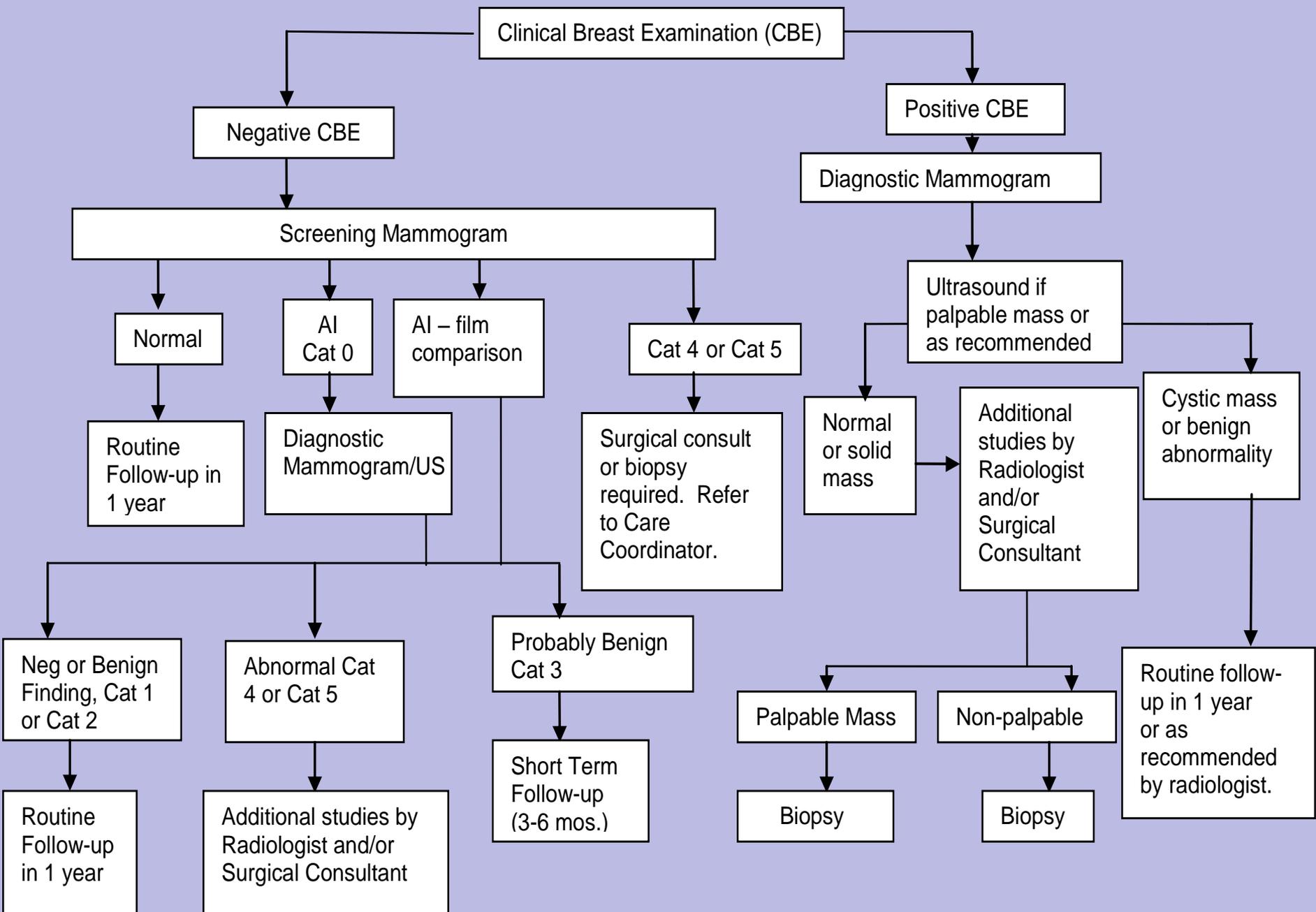
Category 4 – Suspicious abnormality

Category 5 – Highly suggestive of malignancy

Category 6 – Confirmed Breast Cancer

Unsatisfactory – Could not be Interpreted by Radiologist

# Breast Management Flow Chart



<b>CBE</b>	<b>Mammogram</b>	<b>Diagnostic Procedure</b>	<b>Follow-up</b>
Normal	Negative or Benign	Not Required	Not Required
Abnormal (other than palpable mass)	Negative, Benign or Probably Benign	Ultrasound, Surgical consult &/or Biopsy	Screening or diagnostic mammogram as only procedure is not adequate
Palpable Mass	Negative, Benign, Probably Benign, Suspicious Abnormality, Highly Suggestive of Malignancy	Ultrasound required	Results = simple cyst/ cystic mass No further follow-up required  Results = benign abnormality Routine follow-up in 1 year or as recommended
Abnormal	Suspicious abnormality, Highly suggestive of malignancy	Ultrasound, biopsy	Adequate
Normal	Suspicious abnormality	Surgical consult, Ultrasound &/or Biopsy	Adequate
Normal or abnormal	Highly suggestive of malignancy	Biopsy	Adequate
Normal	Assessment Incomplete	Additional mammographic views Ultrasound	Adequate
Abnormal	Assessment Incomplete	Biopsy or Surgical Consult & ultrasound	Ultrasound results = cystic mass or benign abnormality then surgical consult not necessary

- ❖ **Services begin** when LHU provider refers a client to the Care Coordinator
- ❖ **Services end** when the client no longer needs case management
- ❖ **Abnormal screening results that require referral:**
  - ❖ Category 4/5 mammograms
  - ❖ Ultrasounds-solid mass suspicious for cancer
  - ❖ Abnormal CBE requiring biopsy
  - ❖ Enrollees who refuse follow-up or are lost to follow-up after abnormal test results

## ❖ Refer Clients with the following Pap results:

ASC-US with (+) HPV

LGSIL

ASC-H

AEC

AGC

AGC-EM

HGSIL

Carcinoma-in-situ

Squamous Cell Carcinoma

Post-menopausal  
bleeding

- ❖ Enrollees who refuse follow-up
- ❖ Those lost to follow-up after abnormal test results
- ❖ Repeat Pap  $\geq$  ASC-US or HPV (+)

- ❖ Refer all clients with a **breast** or **cervical cancer** diagnosis or **cervical precancerous** condition to the Care Coordinator for possible transition to BreastCare Medicaid for treatment.
  - ❖ Referrals should be made within 5 days of the cancer biopsy date
- ❖ Exception: If the mammogram and breast biopsy are done on the same date, refer to the Regional Care Coordinator within 10 days from the date of the biopsy.

- ❖ Contact Care Coordinator by phone to notify of a client eligible for case management
- ❖ Fax Care Coordinator Referral Form (BC-2) and applicable reports:

Mammogram

Pap test and/or HPV

Ultrasound

Colposcopy

Breast biopsy

Privacy Notice (AS-30b)

- ❖ Place client record in pending file or according to LHU procedures until notified by Care Coordinator to close file

- ❖ Provides treatment to eligible women diagnosed with breast/cervical cancer or precancerous conditions
  - ❖ Complete and fax the BC-2 form to the Care Coordinator
- ❖ The Care Coordinator completes the Medicaid application & faxes it to the Central office
  - ❖ The Care Coordinator will notify the provider of the client's Medicaid eligibility status
  - ❖ Full Medicaid benefits are provided during the treatment period
  - ❖ Once treatment is completed, the 07 Medicaid will be closed
- ❖ Women  $\geq$  40 years may re-enroll into BreastCare for mammograms and/or Paps

- ❖ Women who are not enrolled in BreastCare but are diagnosed with breast or cervical cancer or precancer may be eligible for 07 Medicaid
  - ❖ The physician or client may call the BreastCare Program Medicaid Case Managers at 501-661-2998 or 501-280-4816 for further instructions
  - ❖ Full Medicaid benefits are available during the course of treatment
- ❖ Case Management services are provided by the Medicaid Case Managers for non-BreastCare clients

## Who can collect Pap Tests?

- ❖ Physicians
- ❖ Nurse Practitioners
- ❖ Registered Nurses
  - ❖ Must be trained and certified

NOTE: LPN's do not obtain Pap tests regardless of training

## Risk Factors

HPV Infection

History of abnormal Pap tests

HIV or AIDS

Smoking

Diethylstilbestrol (DES)  
exposures

## Symptoms

Abnormal vaginal bleeding

\*After 6 months amenorrhea

Post coital bleeding

<b>3 Year Pap Track</b> <b>Screen with cytology only</b>	<b>5 Year Pap Track</b> <b>Screen with co-test: cytology and HPV</b>
Must be at least 21-65 years of age  <small>*No screening for women under 21 years of age</small>	Must be at least 30-65 years of age
Last Pap result must be negative	Last Pap result must be negative
No history of CIN II or III	No history of CIN II or III
No history of HIV infection	No history of HIV infection
Not be immunocompromised	Not be immunocompromised
Not been exposed to DES	Not been exposed to DES

High Risk Women	Women $\geq$ age 65	Post Hysterectomy
<p>Must have at least one of the following:</p> <p>History of cervical cancer</p>	<p>Stop screening if adequate negative history</p> <p><u>Adequate History is considered as:</u></p> <p>three consecutive negative cytology;</p> <p>or</p> <p>two consecutive negative co-test results X 10 years</p>	<p>Hysterectomy not due to cancer or precancer</p> <p><u>No cervix present</u> Do not do Pap test</p> <p><u>Cervix present</u> Do Pap test</p>
History of CIN II or III		
HIV Positive		
Immunocompromised		
DES exposure		
All high risk women receive annual Pap tests with liquid based tests	History of CIN II or > continue screening X 20 years (ACOG 2012)	<p>Hysterectomy due to cancer or precancer</p> <p><u>Cervix present/Not present</u> Perform yearly Pap test</p>

## ❖ Pap Test Kit

- ❖ Cervical Brush and Spatula
- ❖ Cotton Swabs
- ❖ Speculums
- ❖ Gloves

- ❖ ThinPrep Pap Collection
  - ❖ Assemble supplies
  - ❖ Wash hands and put on gloves
  - ❖ Insert speculum using a small amount of warm water as lubricant
  - ❖ Gently remove excess exudate or blood with OB/GYN swab

## ❖ Ectocervix Sample with Plastic Spatula

- ❖ To rinse: swirl the spatula vigorously 10 times in the PreservCyt® Solution then discard spatula

## ❖ Endocervix Sample with Cervical Brush

- ❖ Insert the brush until only the bottom most fibers are exposed. Slowly rotate  $\frac{1}{4}$  or  $\frac{1}{2}$  turn in one direction
- ❖ To rinse: rotate & push the brush against the vial wall 10 times in the PreservCyt Solution. Swirl the brush vigorously to further release material. Discard the brush

## ❖ Specimen Preparation

- ❖ Tighten the cap so that the torque line on the cap passes the torque line on the vial
- ❖ Record the patient's name and ID number on the vial
- ❖ Record the patient's information and medical history on the Cytology Requisition form
- ❖ Place the vial and Cytology Requisition form in a specimen bag for transport to the laboratory

## ❖ Surepath Pap Collection

- ❖ Wash hands and put on gloves
- ❖ Insert speculum using a small amount of warm water as lubricant
- ❖ Gently remove excess exudate or blood with OB/GYN swab
- ❖ Rotate plastic spatula 360° at the cervical os

- ❖ Use the cytobrush to take the endocervical test
  - ❖ Cytobrush is contraindicated in pregnant patients
- ❖ Gently insert the tip into cervical canal & rotate clockwise in one direction for 180°
- ❖ Snap the devices at the red scoring line
- ❖ Drop the detachable heads of the devices into the Preservative Fluid Collection Vial

- ❖ Using a cervical brush or broom
  - ❖ Position tip of longer bristles in cervical os. Rotate clockwise  $\frac{1}{4}$  -  $\frac{1}{2}$  turn while bristles begin to stiffen
  - ❖ Continue rotating in a clockwise direction & gently push towards the cervix until the shorter bristles begin to bend extending over the ectocervix
  - ❖ Complete five – 360° rotations. Remove device and pop off ‘broom’ head into SurePath® vial

- ❖ A UPS driver will arrive on specified days of the week for those clinics with scheduled pickup days
  - ❖ Clinics without prearranged scheduled pickup days should call the Centers for Disease Detection (CDD) at 1-888-858-8663, ext. 208 or 209 for specimen pickup
  - ❖ Store specimen according to Local Public Health Policy for Laboratory Procedures

Note: CDD requires that all cytology specimens be received and processed within 21 days of collection or the specimen will be rejected

- ❖ Retrieve results from laboratory website within seven (7) days of collection date
- ❖ Print, date and initial the results, then enter on BC-7
- ❖ Document Pap and/or HPV results on BreastCare Record (BC-1)
- ❖ Pap and HPV results and recommendations are entered within five (5) days into BreastCare Online System

<b>ASCUS</b>	<b>Atypical squamous cells-undetermined significance</b>	<b>COLPO</b>	<b>Colposcopy</b>
AEC	Atypical endocervical	CONE	Conization
AGC	Atypical glandular cells	EC	Endocervical
AGC-EM	Atypical glandular cells endometrial	ECC	Endocervical curettage
CA	Carcinoma	HGSIL	High grade squamous intraepithelial lesion
CBE	Clinical breast exam	HPV	Human papilloma virus
CIN	Cervical intraepithelial neoplasia	LEEP	Loop electrode excision procedure
CIS	Carcinoma-in-situ	LGSIL	Low grade intraepithelial lesion
CKC	Cold knife conization	PA	Prior authorization

<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Negative</b>
Adequate specimen for interpretation	Specimen rejected	No Intraepithelial lesions  No malignancy found
Presence or absence of endocervical T zone and other quality indicators	Specimen processed & examined but unsatisfactory for evaluation	Normal Report  No evidence of Neoplasia

<b>Atypia</b>	<b>ASC</b>	<b>Abnormal</b>	<b>SIL</b>
Undefined abnormality	ASC-US Atypical squamous cells undetermined significance	Abnormal changes in squamous cells	squamous intraepithelial lesion immature dysplastic cells increased nuclear size increased amount of chromatin decreased cytoplasmic area
ASC is diagnosed if degree of atypia not enough to diagnosis squamous intraepithelial lesion	ASC-H Atypical squamous cells Can't exclude HSIL but lacks criteria for definitive interpretation	Abnormal changes in glandular cells	Low grade SIL CIN 1 (mild dysplasia) HPV infection  High grade SIL CIN 2 & CIN 3 with moderate-severe dysplasia and carcinoma in situ.

- ❖ Negative Results

- ❖ Follow management protocols

- ❖ Abnormal Pap or Positive HPV Results

- ❖ Refer abnormal Pap and/or HPV results that require colposcopy to Regional Care Coordinators
  - ❖ Notify client within five (5) calendar days by phone or face-to-face
  - ❖ Send certified letter if unable to contact

## ❖ BreastCare and Family Planning Clients

- ❖ Notify BC and FP client of SurePath ASC-US result within five (5) calendar days
- ❖ Advise the client who has a SurePath Pap test that if her Pap result is ASC-US, she will be notified to return for a HPV test with a ThinPrep

**Kit** (SurePath is not FDA approved for HPV testing)

## Enrollment

- ❖ Client calls clerk to get enrolled over the phone or comes to the LHU to enroll in person
- ❖ Clerk enrolls client into the BreastCare Program
- ❖ Appointment is scheduled for clinical breast exam and/or Pap test, if needed
- ❖ **Do Not Give BreastCare ID Card to client at this time**

## Appointment Day

- ❖ Client arrives at LHU for scheduled BreastCare appointment
- ❖ Client is “arrived” in the scheduler by the LHU clerk
  - ❖ Give client the “Welcome to BreastCare”, “Knowing Your Pap Choices” and “Covered /Non-covered Services” brochures.
- ❖ The nurse takes the client to an exam room and collects:
  - ❖ Medical History, including weight and blood pressure
  - ❖ Reproductive History
  - ❖ Screening History
  - ❖ Cervical Cancer Risk Assessment
  - ❖ Description of any abnormal signs and symptoms

The purpose of counseling is to educate the client by explaining the following:

- ❖ The physical exam includes an assessment of the breasts, external genitalia, vagina, cervix, uterus and adnexa
- ❖ The screening and diagnostic procedures to be performed
- ❖ The limitations of each screening or diagnostic procedure
- ❖ The type of Pap test client will receive
- ❖ The selection of the Pap track
  - ❖ 3 year versus 5 year

The physical assessment is performed by the APN/RNP/MD and may include but is not limited to:

- ❖ CBE
- ❖ Pelvic Exam
- ❖ ThinPrep liquid-based Pap test
- ❖ Mammography/Ultrasound Referral
  - ❖ The APN/RNP/MD will refer clients for a mammogram based on the CBE and history

The APN/RNP/PHN or designee schedules the mammogram and/or ultrasound appointment with a participating facility

- ❖ Document the type of mammogram (film/digital) on the BC-1
- ❖ The performing clinician signs the Order (BC-5) and enters his or her NPI number
- ❖ The LHU faxes the BreastCare Order (BC-5) to the mammography facility on the date of service
- ❖ Document the appointment date on a BreastCare Mammogram Log (BC-4) and on the BreastCare Record (BC-1)

Provide the following to the client:

- ❖ Appointment place, date and time
- ❖ BreastCare Identification card after scheduling mammogram
- ❖ Instruct the client to present her BreastCare card at the mammogram facility
  - ❖ Failure to do so may result in the patient being billed for any services provided.
- ❖ Instruct client to wear two piece clothing and no deodorants, powders, perfumes or oils on day of mammogram

- ❖ Mammogram results should be received in LHU within ten (10) days
- ❖ Results are managed according to BreastCare Policy and Procedure Algorithms (BC-39)
- ❖ Retrieve Pap and/or HPV test results from Laboratory website within seven (7) days of collection date
- ❖ Pap and/or HPV test results and recommendations are entered into the BreastCare Online System within five (5) days from the date of retrieval
- ❖ Manage Pap and/or HPV test results per BreastCare Policy and Procedure Algorithms (BC 40-43)

- ❖ ASCCP

- ❖ <http://asccp.org>

- ❖ CDC

- ❖ <http://www.cdc.gov>

- ❖ USPSTF

- ❖ <http://www.uspreventiveservicestaskforce.org/>

- ❖ BreastCare Policy

- ❖ <http://adhfilehold/fh/filehold/webclientportal/libraryform.aspx>