

*Breast***Care**

Advocating for Underserved  
Arkansas Women

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**FY 2012**

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**JULY 1**

**2011**

—THROUGH—

**JUNE 30**

**2012**

# SERVING ARKANSAS WOMEN FOR 13 YEARS

When the Arkansas General Assembly passed the Breast Cancer Act of 1997, the fate of hundreds of Arkansas women took a turn for the better with this assurance of Arkansas's commitment to improving women's health for generations to come. Under the direction of the Governor's Breast Cancer Control Advisory Board, guidelines were established making breast cancer diagnostic and treatment services available through the BreastCare program to Arkansas women who had little or no health insurance or who could not otherwise afford these critical services. Since BreastCare began providing services in February of 1999, thousands of Arkansas women have been enrolled in the program and are receiving services regularly.

## What is BreastCare?

BreastCare is a comprehensive early detection program providing free breast and cervical cancer screenings to Arkansas women age 40 to 64 who have no health insurance coverage and a household income at or below 200% of the federal poverty level. The progress in raising awareness of the importance of regular breast and cervical cancer screenings in our target group validates the collaborative efforts of the BreastCare team, a network of healthcare providers, and other partners who make education, screening and diagnostic services available. During FY12, BreastCare served 12,034 women at a cost of approximately \$3.5 million dollars.

BreastCare is making a difference in the health of underserved women in Arkansas.

## Program qualifications:

- 40 - 64 years of age
- Income at or below 200% of the federal poverty level
- No health insurance
- Arkansas resident



# HELPING WOMEN GET THE HELP THEY NEED

While the BreastCare phone center closed in July 2011, enrolling in BreastCare is still easy. As a matter of fact, in FY2012, 13,291 women ages 40-64 enrolled in the BreastCare program by calling or visiting their local BreastCare provider physician, Community Health Center, Area Health Education Center or County Health Unit. Women now learn immediately if they are eligible and if so receive an appointment for their exam and mammogram referral. They receive a BreastCare identification card at their screening visit along with information regarding covered and non-covered services.

BreastCare added an online assessment tool to our website at [www.ARBreastCare.com](http://www.ARBreastCare.com) for interested women to check their eligibility and find BreastCare provider information.



## BREASTCARE: EARLY DIAGNOSIS IS THE KEY

Without a cure for breast or cervical cancer, early detection remains our best ally in mitigating the effects of these diseases on Arkansas women and their families. Getting women to say “Yes” to regular mammograms and regular Pap (cervical cancer screening) tests is the first step.

**FACT:** BreastCare participants’ cancers are diagnosed earlier when treatment is less costly and has a higher likelihood of long-term success.

**FACT:** Women in the BreastCare program who receive a cancer diagnosis have better outcomes than those who are referred to the program after they received a diagnosis.

### Mammograms and Pap Tests are the Goal

When a qualifying woman is enrolled by her physician, she is scheduled for a clinical breast exam, Pap test and mammogram. As with any screening program, there will be some women who receive abnormal results. BreastCare’s five regional care coordinators provide follow-up case management to women with a cervical or breast cancer or cervical precancerous diagnosis, assisting them throughout the treatment process and beyond.

# THE BOTTOM LINE IN FY 2012

**52,447**

women eligible to receive services<sup>1</sup>

**13,291**

women enrolled<sup>2</sup>

**12,034**

women served<sup>2</sup>

**8,401**

mammograms performed<sup>2</sup>

**3,348**

Pap tests performed<sup>2</sup>

**230**

women diagnosed with breast or cervical cancer<sup>3</sup>

**\$3,471,147**

spent on screening, diagnostic and treatment services<sup>4</sup>

## SINCE FEBRUARY 1999

**151,924**

mammograms performed

**75,975**

Pap tests performed

**3,016**

cases of breast or cervical cancer diagnosed and/or treated

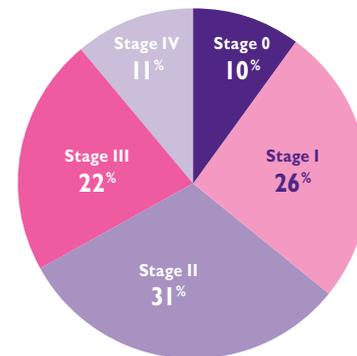
<sup>1</sup> Small Area Health Insurance Estimates by demographics, income, State and County, 2009 US Census Bureau.

<sup>2</sup> HP Enterprise Services, BreastCare Data.

<sup>3</sup> Women diagnosed with invasive breast and cervical cancers; represents those enrolled in Medicaid category 07, DHS.

<sup>4</sup> BreastCare funding sources include state tobacco excise and sales taxes, federal grant, and Komen grant.

## Breast Cancer Stage at Time of Diagnosis for BreastCare Patients



**Fiscal Year 2012**

*Data Source: ADH Online System, BreastCare Data*

## Early Detection for Better Outcomes at Lower Cost

Breast cancer is categorized as Stage 0, I, II, III or IV according to the size of the tumor and the involvement of lymph nodes and other organs. Because early stage breast cancer can be treated successfully and cost-effectively, early detection is critical. Regular screening mammogram is the best tool we currently have to help assure breast cancer is detected early.

The value of the BreastCare screening program is clear when we consider early diagnosis presented in the FY 2012 Staging Chart. Almost 70% of the women who received a diagnosis of cancer while in the BreastCare program had an early stage cancer. The high costs and poor outcomes associated with late stage diagnosis and treatment make the case for regular breast cancer screening stronger than ever. Screening makes early detection and treatment possible and successful.

# BREASTCARE MEETS PERFORMANCE STANDARDS

Federal funding for programs such as BreastCare is tied closely to performance. In order to assess program performance, the Centers for Disease Control and Prevention established routine data collection standards that must be met by states receiving funds from the National Breast and Cervical Cancer Early Detection Program. These 11 core clinical indicators reflect how well women are served by state programs. For the fifth consecutive year, BreastCare met or exceeded all of these clinical standards.



CORE PROGRAM PERFORMANCE INDICATORS July 2010 - June 2011			ARKANSAS RESULTS	
Indicator Type	Program Performance Indicator	CDC Standard	Percentage	Standard Met?
Screening	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%	51.4%	YES
	Screening Mammograms Provided to Women ≥ 50 Years of Age	≥ 75%	96.9%	YES
Cervical Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	93.8%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 90 Days	≤ 25%	6.7%	YES
	Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	≥ 90%	100%	YES
	HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment > 90 Days	≤ 20%	27.3%	YES*
Breast Cancer Diagnostic Indicators	Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days	≤ 20%	0.0%	YES
	Abnormal Screening Results with Complete Follow-Up	≥ 90%	95.8%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	9.0%	YES
	Treatment Started for Breast Cancer	≥ 90%	97.1%	YES
	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	≤ 20%	4.4%	YES

Source: Centers for Disease Control and Prevention (CDC), April 2012 MDE Submission Feedback.

\*For percentages with a denominator ≥ 10, a one-sided hypothesis test was used in determining if a program failed to meet a DQIG standard.

# INVESTING IN WOMEN'S HEALTH

## BreastCare Gets More for Less

Thanks to the generosity of BreastCare Providers, we were once again able to provide crucial screening and diagnostic services at well below the average cost. In fact, BreastCare clients received \$3.25<sup>1</sup> in clinical services for every dollar spent in Fiscal Year 2012.

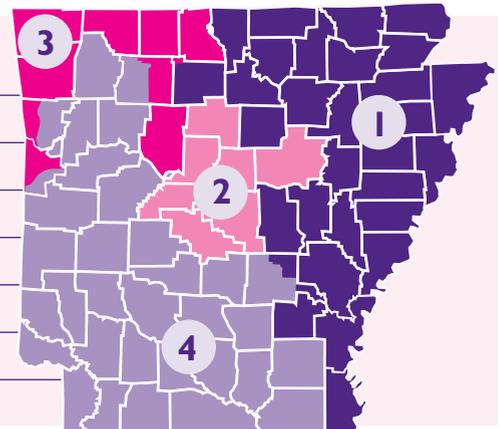
<sup>1</sup> HP Enterprise Services, BreastCare Data.

## Where the Money Goes

The allocation of federal, state and private funds to maximize services remains a priority. As in the past years, clinical services received the largest portion of funds in Fiscal Year 2012.



BREAST CARE NUMBERS PER CONGRESSIONAL DISTRICT	1st District	2nd District	3rd District	4th District
Total Funds Spent <sup>1</sup>	\$1,996,290	\$1,093,854	\$1,360,532	\$1,718,173
Total State Funds Spent	\$1,046,400	\$607,120	\$702,711	\$975,949
Counties in District <sup>2</sup>	30	7	10	33
Women Eligible for Services <sup>3</sup>	14,616	10,228	12,343	15,260
Clients Served <sup>4</sup>	3,842	1,903	2,880	3,409
Clients with Cancer Diagnosis <sup>5</sup>	80	48	76	86
BreastCare Providers	295	396	228	258



<sup>1</sup> BreastCare funding sources include state tobacco excise and sales tax, federal grant, and Komen grant.

<sup>2</sup> Crawford, Newton, and Sebastian Counties are in both District 3 and District 4. Jefferson County is in both District 1 and District 4. Searcy County is in both District 1 and District 3.

<sup>3</sup> Small Area Health Insurance Estimates/County and State by Demographic and Income Characteristics/2009, US Census Bureau.

<sup>4</sup> Unduplicated number of women served by BreastCare; HP Enterprise Services, BreastCare Data.

<sup>5</sup> Clients diagnosed with breast and cervical cancers, does not include pre-cervical cancer; represent clients enrolled in Medicaid category 07, DHS BCC Listing.

# PEOPLE WHO MAKE A DIFFERENCE

## 2012 Josetta Wilkins Award Winners

Dr. Josetta Wilkins, a champion of women's health issues in our state, has made a profound difference in the lives of generations of Arkansas women. A breast cancer survivor herself, Dr. Wilkins was the driving force behind legislative action resulting in passage of the Breast Cancer Act of 1997 and she is still an active participant in promoting good breast health practices. In her honor, one volunteer, one professional and one organization are recognized each year for outstanding achievement in the area of breast cancer activism. The winners were recognized at a ceremony held at St. Vincent Health System's auditorium. Speakers included Dr. Namvar Zohoori, Arkansas Department of Health; Dr. Ronda Henry-Tillman, BreastCare Advisory Board Co-Chair; and Dr. Josetta Wilkins. KLRT-TV personality Donna Terrell served as emcee.



Left to right: MammoVan team members Kimberly Enoch, program manager; Shakia Jackson, patient navigator; Dr. Josetta Wilkins, Heather Buie, mammography technician and Stephanie McLean, clinical technician.

## WINNERS

### Individual -

#### Danielle Smith, Rose Bud

Danielle lost her mother, Betty Jane "BJ" Smith to breast cancer in 2005 at age 48. Danielle wanted a tribute to her mother, so she created "BJ's Angels" and "Roping for a Cure" to raise money for cancer research.



Danielle Smith

For the past six years, Danielle has been the captain of BJ's Angels, a Susan G. Komen Race for the Cure team. She founded an annual event, Roping for a Cure, that features team roping, a live auction, t-shirt sales and more. She has helped raise a combined total of more than \$77,000! Thanks, Danielle, for your tireless effort.

### Professional Individual -

#### Ella Anderson, Little Rock

Ella is a 12-year breast cancer survivor and has made it her mission to spread the word about the disease and treatment. She is a Witness Role Model and a Lay Health Advisor with the Witness



Ella Anderson

Project. Ella has been a captain of a Susan G. Komen Race for the Cure team for approximately 10 years and has helped raise more than \$10,000.

She has led her church group to participate in the American Cancer Society's program, "Look Good, Feel Better," at Baptist Health and St. Vincent Health System and transports patients to sessions where they are pampered with wigs, caps and professional makeup. Thank you, Ella. You make a difference.

### Organization -

#### UAMS MammoVan, Little Rock

The University of Arkansas for Medical Sciences (UAMS) MammoVan provides digital screening mammograms to low-income, uninsured, under-insured and underserved residents in 26 Arkansas counties. The ultimate purpose is to reduce breast cancer disparities by providing education, early detection, patient navigation and referral services.

In its first two years, the MammoVan provided nearly 4,000 mammograms, diagnosing 20 cancers. The van has the capacity to provide as many as 44 mammograms during a one-day visit.

## Breast Cancer Control Advisory Board

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**Ronda Henry-Tillman, MD**  
**Board Co-Chair**

University of Arkansas for  
Medical Sciences  
Little Rock, Arkansas  
REPRESENTING  
Medical Oncology  
Term expires 1/1/16

**Jerri Fant, MD**  
**Board Co-Chair**

Breast Health Clinics of Arkansas  
REPRESENTING  
Arkansas Medical Society  
Term expires 1/1/15

**Debra Walden, RN**

Jonesboro, Arkansas  
REPRESENTING  
Arkansas Nursing Association  
Term expires 1/1/16

**Hope Keiser, PhD**

Little Rock, Arkansas  
REPRESENTING  
Susan G. Komen for the Cure  
Term expires 1/1/16

**Sarah Faitak**

Fayetteville, Arkansas  
REPRESENTING  
Women's Health Advocacy  
Term expires 1/1/15

**Tammy Gavin**

White River Medical Center  
Batesville, Arkansas  
REPRESENTING  
Arkansas Hospital Association  
Term expires 1/1/13

**John Lynch, DO**

Jonesboro, Arkansas  
REPRESENTING  
Radiation Oncology  
Term expires 1/1/13

**Laura Hutchins, MD**

University of Arkansas for  
Medical Sciences  
Little Rock, Arkansas  
REPRESENTING  
American Cancer Society  
Term expires 1/1/13

## The BreastCare Team

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The BreastCare Team is committed to ensuring that BreastCare's quality services are available to thousands of underserved Arkansas women. From public education and training to managing countless provider contracts, the BreastCare Team continues to excel in its endeavors to reach this goal.

**Melody Parsley, MS**

Program Director

**Michelle Snortland, MBA**

Program Administrator

**Shiela Couch**

Contracts and Accounts Manager

**Joanne Jones, BSN, RNP,  
MPH**

Program Nursing Coordinator

**Renee House, BSN, RN**

Program Nursing Coordinator

**Meghan Hunt, CHES**

Health Educator

**Adam Nelsen**

Case Manager

**Sharada Adolph, MD,  
DrPH**

Evaluator

**Brandy Sutphin, CPH,  
MPH**

Senior Epidemiologist

**Keneshia Carbage**

Medical Records Technician

**Geray Pickle**

Budget Coordinator

**Wanda Lung'aho**

Accountant

**Lisa Buckner**

Administrative Assistant

## Care Coordinators

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Our Care Coordinators provide case management services for BreastCare clients and function as liaisons between the Arkansas Department of Health and the local providers who perform the screening. They also provide education and outreach to existing and potential BreastCare providers.

**Debby Vodrazka Harris, RN**

Northwest Region

**Lisa Martin, RN**

Northeast Region

**Polly Lockett-Fox, RN**

Central Region

**Julie Huntley, RN**

Southwest Region

**Renee Roland, RN**

Southeast Region



Arkansas Department of Health