

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT BREAST & CERVICAL CANCER
EARLY DETECTION PROGRAM

Annual Legislative Report
And Executive Summary

For the period July 1, 2005, through June 30, 2006

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Commissioner

**Breast and Cervical Cancer Early Detection Program (CBCCEDP)
July 1, 2005– June 30, 2006**

EXECUTIVE SUMMARY

2004 New Cancer Cases And Cancer Deaths		
	Breast Cancer	Cervical Cancer
U. S. Women diagnosed	158,111¹	10,457¹
CT Women diagnosed	2,706¹	130¹
U. S. Women deaths	3,303²	220²
CT Women deaths	518³	37³
¹ 2004 CT Tumor Registry Data as submitted to NAACCR December 2006 ² CDC Wonder Compressed Mortality Tables 2004 ³ CT Vital Statistics: CT Resident Deaths 2004		

Early detection and treatment can save lives, reduce the extent of treatment, and improve the quality of life of many of the women affected by breast and cervical cancer. In fact, deaths due to cervical cancer can virtually be prevented with early detection and treatment. Appropriate and timely screenings are essential in early diagnosis and treatment. Cost and lack of access are the main barriers to receiving these screenings.

Target Population: Connecticut women with no or inadequate health care coverage.

<u>Screening Test</u>	<u>Age</u>
Mammograms:	≥ 40-64, and (ages) 35–39 for women with risk factors
Pap Tests:	≥ 19-64

Clinical Services

In the past year a recorded 8,543 women were screened through the CBCCEDP.

<u>Screening Exams Performed</u>	<u>FY 04-05</u>	<u>State Funded</u>	<u>CDC Funded</u>	<u>FY 05-06</u>	<u>State Funded</u>	<u>CDC Funded</u>
Clinical Breast Exams	7,864	3,932	3,932	7,114	3,486	3,628
Mammograms	5,792	1,969	3,823	5,631	2,140	3,491
Pap	6,716	4,768	1,948	5,860	4,454	1,406

<u>Cancers Diagnosed</u>	<u>FY 04-05</u>	<u>FY 05-06</u>
Breast	45	56
Cervical	7	14

EXECUTIVE SUMMARY, Continued

Treatment Coverage:

The Governor signed the Connecticut Breast and Cervical Cancer Prevention and Treatment Act on July 2, 2001. This legislation provides Medicaid coverage for treatment to women with a precancerous condition or cancer of the breast or cervix who were screened through the Connecticut Breast and Cervical Early Detection Program (CBCCEDP) and who have no means of payment for treatment services. Since July 2, 2001 a total of 351 women were diagnosed with in situ or invasive carcinoma through the CBCCEDP. Of this number 251 cases were breast carcinoma, 100 were cervical carcinoma.

Public Education and Outreach:

The Program has participated in numerous activities throughout the year to reach the target populations with information regarding the importance of breast and cervical cancer screening and to encourage their participation. Public education and outreach efforts continue to focus on the never or rarely screened women for breast and cervical cancer, as well as encouraging women to return for re-screening services.

Case Management

Case management's primary purpose is to ensure that all women enrolled in the CBCCEDP with abnormal screening results or a diagnosis of cancer receive the follow-up services they need in a timely and systemic manner. The case management process ensures that clients with abnormal results receive individualized advice and counseling, with the appropriate linking to services. In addition, case managers assist with health education activities, tracking, reporting, and sending out reminders for clients due for rescreening.

Professional Education Services

Professional education activities for the CBCCEDP continue to focus on addressing the issues related to breast and cervical cancer risks, screening, diagnosis, and treatments incorporating new advances as approved. Educational programs are based on contracted health care provider's specific educational needs and by building on existing seminars and professional organizations educational programs. Efforts have focused on facilitating the use of CDC sponsored on-line interactive training and telephone conferences provided through Cancer Care, another nationally sponsored program.

Quality Assurance Activities

The CBCCEDP continues to be dedicated to ensuring quality cost effective care is offered to program clients. Quality assurance is a continuous process involving a systematic evaluation of program services and systems to ensure program objectives are being met. Patient data submission forms are reviewed on a daily basis to ensure that women are getting timely and appropriate follow-up. Contracted health care providers are monitored bi-annually to ensure that they are meeting projected screening numbers and fiscal obligations.

Contracted health care providers receive technical assistance regarding administrative and clinical issues on an ongoing basis. Policies and procedures are provided to each contracted provider in the Program Manual and updated in consultation with the Medical Advisory Committee to ensure standards of care are clearly defined.

Program Challenges

As of June 30, 2006, the program has been successful in enrolling over 37,000 Connecticut women in the CBCCEDP and has provided more than 165,000 screening services (clinical breast exams, mammograms and Pap tests). The most concerning challenge for the CBCCEDP is to ensure that the program is sufficiently funded so that no women who are seeking program services have to be turned

away. Connecticut consistently continues to have a breast cancer mortality rate below that of the United States. In consideration of both incidence and mortality as a function of survival, women in Connecticut may receive early detection and timely treatment. While both federal and state funding for the program has remained consistent, the number of women presenting for breast and/or cervical cancer screening continues to significantly increase. Additional resources are needed to address gaps and disparities among population sub-groups, and to cover screening diagnostic services and case management costs for these newly enrolled women.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CONNECTICUT BREAST AND CERVICAL CANCER
EARLY DETECTION PROGRAM

Annual Legislative Report

For the period July 1, 2005 through June 30, 2006

This Annual Legislative Report of the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) administered by the State of Connecticut, Department of Public Health contains the following four sections:

- **Needs Statement**
- **Program Resources**
- **Surveillance Initiatives**
- **Future Program Challenges**

Needs Statement

Invasive Breast and Cervical Cancer Incidence and Mortality				
United States and Connecticut 2004				
	Incidence		Deaths	
	Cases	Rates*	Cases	Rates*
Breast Cancer				
United States	157,665¹	64.26¹	40,949²	24.4²
Connecticut	2,706¹	70.95¹	553³	24.8²
Cervical Cancer				
United States	10,037¹	8.03¹	3,819²	2.4²
Connecticut	138¹	7.24¹	37²	1.7²

¹2004 CT Tumor Registry Data as submitted to NAACCR December 2006

²CDC Wonder Compressed Mortality Tables 2004

³ CT Vital Statistics: CT Resident Deaths 2004

*Rates are age-adjusted to the 2000 U.S. Standard Million Population

Breast Cancer

In Connecticut an estimated 2,720 women are expected to be diagnosed with breast cancer in 2005. After lung cancer, breast cancer is the second leading cause of cancer deaths among women.

Early detection of breast cancer is found to be the key to reducing breast cancer mortality. Regularly scheduled clinical breast examinations combined with mammography have resulted in the detection of breast cancer at earlier stages before symptoms appear.

Cervical Cancer

Among women in Connecticut it is estimated that 220 new cases of invasive cervical cancer in 2005. The initial precancerous stage known as cervical cancer *in situ* is not a requirement for reporting to the Connecticut Tumor Registry. Cervical cancer *in situ* is diagnosed 5-6 times more than invasive cervical cancer.

The Papanicolaou (Pap) test was introduced as a screening exam for cervical cancer in the mid-1950s. The utilization of this test has resulted in a decline in the cervical cancer mortality. Cervical cancer detected in its earliest stage (*in situ*) is nearly 100% curable. This high rate of cure for its early stages combined with the slow development of the disease make screening programs for cervical cancer a highly effective method for reducing morbidity and mortality due to this form of cancer.

Barriers to Screening

The most frequently cited barrier to breast and cervical cancer screening is cost. Women with limited income generally do not have any health insurance or have health insurance that either does not cover the cost of screening exams or has a high deductible. These women are at greater risk of being diagnosed with late-stage breast and/or cervical cancer, which is more difficult to treat. The State of Connecticut, Department of Public Health has established the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) to promote the early detection of breast and cervical cancer. In addition to providing screening and diagnostic services to medically underserved, low-income women, this program also supports public and professional education, outreach, and case management.

Program Resources

The CBCCEDP was established in 1995 by the federal Centers for Disease Control and Prevention (CDC) through a Cooperative Agreement with funding of approximately \$1.5 million per year. Each year since July 1996, state funds have also been allocated from the Governor's budget to expand and enhance the CBCCEDP. From the initial four health care providers contracted in 1996, the CBCCEDP has expanded program services to ensure that all women in Connecticut have access through a total of 18 health care provider sites and approximately 120 satellite sites. The CBCCEDP provides breast and cervical cancer screening, diagnostic follow-up, and treatment as needed. Table 1 illustrates the program's expansion from its initial 4 provider sites to the program's current 18 provider sites.

TABLE 1

Date Providers Joined Program	# of Contracted Health Care Providers
1-Oct-95	4
1-Apr-96	7
1-Dec-96	4
1-Feb-98	3
Total	18

State legislation was amended in fiscal year 1997/1998 to increase the number of women in the State eligible for CBCCEDP services. Previous legislation stipulated that women age 40 and older were eligible for breast and cervical cancer screening. The amended legislation made mammograms available to women age 35-39 who has risk factors for breast cancer and Pap tests available to women beginning at age 19.

Coverage for Treatment

As of July 2, 2001, Governor Rowland signed the Connecticut Breast and Cervical Treatment Act. This legislation provides Medicaid coverage for treatment to women who are screened through the CBCCEDP with a precancerous condition or cancer of the breast or cervix. Women in need of treatment are granted presumptive eligibility, under the Department of Social Services' Medicaid Program if they are not covered under creditable insurance, are under age 65, and are legally residing in the U.S.

Services and Activities

Services and activities supported under this program include: 1) **Clinical Services**: Clinical exams for breast and cervical cancer screening, diagnostic services, treatment referral services, and case management; 2) **Public Education and Outreach Activities**: community outreach, public education, and promotional activities to increase awareness of the benefits of early detection and participation in screening services; 3) **Professional Education Services**: education for professionals and providers of services to assure quality, and promote access to and use of, these services; and, 4) **Quality Assurance Activities**: ensuring clinical standards and the quality of services are maintained with ongoing program review for effectiveness.

Clinical Services

The CBCCEDP continues to monitor the implementation of the Program's Cervical Cancer Screening Policy effective since April 1, 2000 that has been developed to maximize the overall health benefit by increasing the number of women receiving Pap tests. The policy, which includes an operational plan and protocol, mandates increased screening for CBCCEDP-eligible women never or rarely screened and decreased over-screening among CBCCEDP-enrolled women. More specifically, at least 25% of the women screened by each screening provider must have never had a Pap test or not have had a Pap test within the last five years. In addition, the Cervical Cancer Screening Policy mandates that over-screening among CBCCEDP-enrolled women be reduced. For each screening provider, less than 15% of women who have had three consecutive, annual, normal Pap tests should receive a fourth annual Pap test.

Priority has been given to ensuring that Program eligible women with abnormal breast and/or cervical screening examinations receive appropriate diagnostic follow-up and linkage to treatment. Evaluation of case management is initiated through review of the CBCCEDP program data and the Program's quality improvement process. This process compares state Program data to the federal Centers of Disease Control and Prevention's national benchmarks, and identifies areas of quality improvement. Education regarding quality improvement measures are provided to contracted health care providers to ensure CBCCEDP clients are receiving quality cost effective care.

The program continued to maintain a centralized computer tracking, follow-up and reminder database system. This system includes demographic, screening, diagnostic and treatment referral data on all women enrolled in the program. Reports are generated to ensure that all women with abnormal screenings have been followed-up. In addition, lists and labels (which include women due for their breast and cervical cancer rescreening tests at the recommended intervals) are distributed to the contracted health care providers on a monthly basis. These are used to remind enrolled clients to return for rescreening. A backlog in data entry and receiving reports has interfered with the timeliness of these efforts.

Current systems are labor intensive and unable to accommodate the increasing volume of women receiving services through the program. Investigation is underway to identify enhanced systems that would streamline efforts and allow for computerized reporting from the health care providers and the state program. Further, enhanced reporting systems would improve quality assurance activities and data management.

Program Data

The CBCCEDP has enrolled 37,475 women from October 1, 1995 through June 30, 2006. For the period, July 1, 2005 through June 30, 2006, a recorded 8,543 women received services through the program. The program continues to provide services to a greater number of new participants each year, as well as rescreening services for women enrolled in previous years.

Tables 2 and 3 present selected demographic characteristics of women screened.

TABLE 2

Age Distribution of Screened Women July 1, 2005 – June 30, 2006		
Age Group	Number	Percent
<40	2,009	24%
40-44	1,596	19%
45-49	1,681	20%
50-54	1,306	15%
55-59	1,065	12%
60-64	870	10%
65+	123	1%
Total	8,543	~100.0%

TABLE 3

Race and Ethnicity of Screened Woman July 1, 2005 - June 30,2006			
Race & Ethnicity	Number	Percent	% Change FY04-05
White Non-Hispanic	3906	45.8%	+1.16
White Hispanic	1361	15.9%	+1.75
Black Non-Hispanic	1109	13.0%	-1.54
Black Hispanic	60	0.7%	-0.01
Asian Non-Hispanic	148	1.7%	-0.29
Asian Hispanic	3	<1%	+0.02
Native American Non-Hispanic	23	<1%	+0.14
Native American Hispanic	10	<1%	+0.02
Hawaiian / Pacific Islander Non-Hispanic	7	<1%	+0.02
Hawaiian / Pacific Islander Hispanic	6	<1%	+0.01
Multiple Race Non-Hispanic	129	1.51%	NC
Multiple Race Hispanic	40	0.5%	+0.10
Unknown Non-Hispanic	482	6.5%	-1.22
Unknown Hispanic	1066	12.5%	-1.23
Unknown Ethnicity	185	2.2	+1.08
Total	8535	~100%	

Table 4 below presents all screening tests (including women enrolled during this past year, as well as, previously enrolled women) performed by health care providers contracted through the CBCCEDP. The numbers of screening tests performed differ due to the recommended screening guidelines for each test. Depending on a woman's age, previous screening history, and current medical situation, screening tests offered through the program are not appropriate for all women.

TABLE 4

Screening Tests Performed* July 1, 2005 - June 30,2006	
Exam Type	Number
Clinical Breast Exams	7114
Mammograms	5,631
Pap Tests	5,860

*Information is based on Program data for the first four-month period and projected for full year.

Table 5 below describes the total number of cancers diagnosed through the CBCCEDP for this reporting period.

TABLE 5

Diagnoses and Treatment of Cancer Cases July 1, 2005 – June 30, 2006		
	Diagnosed	Receiving Treatment
Breast Cancer	56	49 (88%)
In situ	22	18
Invasive	34	31
Cervical Cancer	14	6(43%)
In situ	12	6
Invasive	2	0
Total Cancers	70	55 (78%)

Based on current program records approximately 88% of all women diagnosed with breast cancer through the program are known to have received treatment. Approximately 43% of all women diagnosed with cervical cancer through the program are known to have received treatment. These estimates exclude women lost to follow-up and women who have been recently diagnosed and whose treatment plan has yet to be determined.

Public Education and Outreach Activities

State funds for this program have provided opportunities to develop educational material and conduct public education initiatives to educate Connecticut's target population regarding the importance of early detection of breast and cervical cancers. State-funded outreach educators have conducted local community-based activities including visits to shelters, churches, drug rehabilitation centers, health fairs, presentation of education programs to women's groups and adult education classes.

Professional Education Services

Professional education activities for the CBCCEDP continue to focus on addressing the issues related to breast and cervical cancer risks, screening, diagnosis, and treatments incorporating new advances as approved. Educational programs are based on contracted health care provider's specific educational needs and by building on existing seminars and professional organizations educational programs through sponsorship of speakers

Quality Assurance Activities

Ensuring that the Program is reaching underserved women in the State of Connecticut is a priority. Contracted health care provider quarterly reports are monitored to ensure that screening projections are being met. Technical assistance and professional education is provided to ensure effective outreach strategies are being utilized and systems are in place to remind women to return for rescreening. To date the CBCCEDP has been successful in enrolling over 37,000 Connecticut women. During fiscal year 2005-2006 the program provided 18,605 screening examinations to 8,543 women.

Patient data forms are continually monitored to ensure timely and appropriate care is being provided. The Program has consistently stayed below the federal Centers of Disease Control and Prevention's benchmark for the number of days between screening and diagnosis for women who have an abnormal breast exam.

To ensure contracted health care providers are kept up to date on administrative and clinical policies and procedures, the Program Manual was revised to reflect changes in the clinical reporting language for the pap test and the new guidelines for the follow-up of cervical cytological abnormalities by the American Society for Colposcopy and Cervical Pathology. Also, professional education was provided to the Program's contracted health care provider case managers.

Program Challenges

As of June 30, 2006, the program was successful in enrolling over 37,000 Connecticut women in the CBCCEDP and has provided more than 165,000 screening services (clinical breast exams, mammograms and Pap tests).. The most concerning future challenge for the CBCCEDP is to ensure that the program is sufficiently funded so as not to have to turn women away who are seeking program services. Connecticut consistently continues to have a breast cancer mortality rate below that of the United States. In consideration of both incidence and mortality as a function of survival, women in Connecticut may receive early detection and timely treatment. While both federal and state funding for the program has remained consistent, the number of women presenting for breast and/or cervical cancer screening continues to significantly increase. Additional resources are needed to address gaps and disparities among population sub-groups, and to cover screening diagnostic services and case management costs for these newly enrolled women.