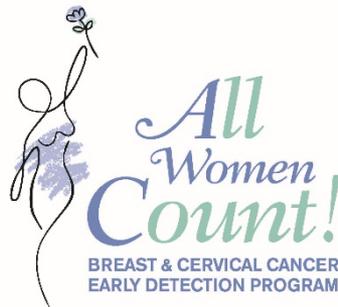
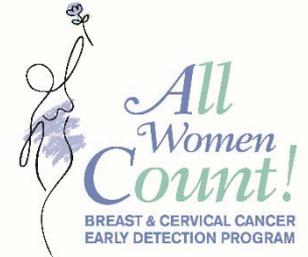


South Dakota Department of Health
All Women Count! (AWC!) Program
Finding Cancer Early For Better Outcomes
1-800-738-2301

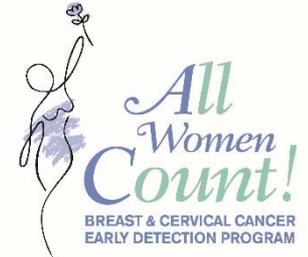


AWC! Program Webinar
December 4, 2019



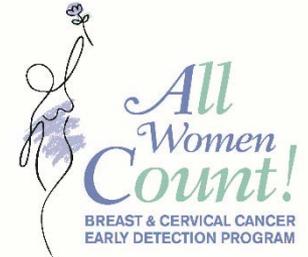
AWC! Team

- Karen Cudmore, Cancer Programs Director
- Roberta Hofeldt, AWC! Clinical Coordinator
- Tyann Gildemaster, AWC! Data Manager
- Sarah Quail, Cancer Programs Coordinator
- Stacy Seigfred, AWC! Outreach Coordinator



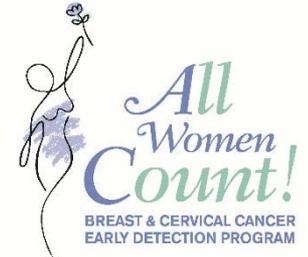
Purpose of webinar

- Provide brief background, eligibility, and covered services on All Women Count! Program
- Review All Women Count! Program forms
- Share results of SDSU's clinic-level assessment
- Provide next steps and timeline
- Q&A



Where are we at now:

- 1997: All Women Count! began screening women for breast and cervical cancer
- Today: Have screened over 27,000 women in 200+ participating provider sites across SD
- All Women Count! Clinic Agreements
 - Sent September 2019



AWC! Eligibility:

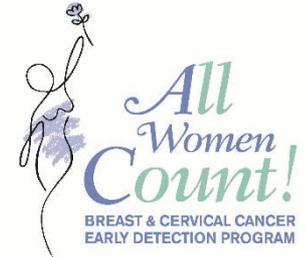
- SD women ages 30-64
 - Women 30-64 (Eligible for CBE, Pap test and/or HPV only)
 - Women 40-64 (Eligible for CBE, Pap test and/or HPV only, Mammogram)
- Income: 200% Federal Poverty Level (*updated each calendar year; based on family size*)
- **Woman can have insurance!** (*AWC! is the secondary payer*)
- AWC! priority population for breast screening:
Women ages 50-64

Covered services:

- Office visit for women 30-64
- Cervical cancer screening for women 30-64:
 - *Pap testing alone every 3 years*
 - *Co-testing: combination of pap testing with HPV testing every 5 years*
 - *Primary HPV testing every 5 years*
- Breast cancer screening for women 40-64:
 - Screening mammogram for women 40-64*
 - *Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!
 - **Reminder: 50-64 is the priority population**

Additional covered services:

- Cervical cancer diagnostic services:
 - Cervical biopsies
 - Colposcopy
 - LEEP
 - Cone
- Breast cancer diagnostic services:
 - Diagnostic mammograms
 - Breast Ultrasounds
 - Breast Biopsies

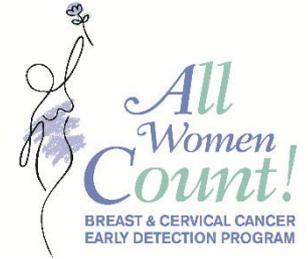


Additional covered service:

- New in January 2019:
 - Screening MRI for High Risk women only
 - Pre-authorization required
 - Case by case basis
 - Documentation may be requested
 - AWC! Staff will consult with Breast Medical Advisor on each case
 - *In conjunction with screening mammogram*

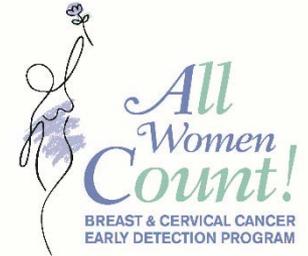
Non covered services:

- Diagnostic Breast MRI
- BRCA Testing
- HIV & STD Testing
- **Pelvic/transvaginal ultrasound**
- PET scan
- Pregnancy Test
- Vaginal cultures
- Vaginal or vulvar biopsy
- Wet mount
- X-rays
- Blood draws (*i.e. cholesterol, glucose, creatine, thyroid*)



What if there's a cancer diagnosis:

- Woman **MUST** be enrolled in All Women Count!
 - Diagnosed with breast or cervical cancer
 - No credible health insurance coverage
- Contact All Women Count! Program
 - AWC! Program staff will work with woman to enroll into South Dakota Medicaid



Quick glance at program forms

- Visit Form
- Mammogram Summary
- Pap/HPV Summary

Visit Form- Page 1

AWC! Office Use Only

Enrollment

Re-Enrollment/Return Visit

ALL WOMEN COUNT!
VISIT FORM
WOMEN AGES 30-64
(800) 738-2301

Encounter Number



Read, complete and sign consent at bottom of form.

1) Last Name		2) First Name		3) MI	4) Maiden Name/Other Name	
5) Date of Birth Age _____		6) Social Security Number		7) Address		
8) City		9) State	10) Zip Code	11) County		12) Phone Number
13) Race(s) - (check all that apply)				14) Are you of Hispanic/Latina/Latino origin?		
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<input type="checkbox"/> Asian		<input type="checkbox"/> White				
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Unknown				
15) Number Living in Household (including yourself)? _____			16) Total Gross Monthly Household income (before taxes)? \$ _____			
			<i>By signing on bottom of form, I confirm that the reported income above is true and accurate.</i>			
17) Do you have private health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Health insurance does not prevent eligibility.</i>			18) Do you have Medicare B or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, STOP. Not eligible for AWC!</i>			
19) Marital Status						
<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Living with someone <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other						
20) Education						
<input type="checkbox"/> Less than 9th grade		<input type="checkbox"/> High School Graduate or Equivalent		<input type="checkbox"/> Unknown		
<input type="checkbox"/> Some High School		<input type="checkbox"/> Some College or Higher				
21) Referral Source (check all that apply)						
<input type="checkbox"/> Self/Friend/Family		<input type="checkbox"/> AWC! Reminder letter		<input type="checkbox"/> Patient Navigator with Clinic		
<input type="checkbox"/> Clinic/Hospital		<input type="checkbox"/> Media Campaign (Radio, Newspaper, TV, Social Media)		<input type="checkbox"/> 211 Helpline Referral		
22) Previous Pap Test or HPV only testing?			23) If Yes, date of last Pap or HPV only testing _____/_____/_____			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
24) Have you had a Hysterectomy?		25) If Yes, reason for Hysterectomy		<input type="checkbox"/> Cervical Cancer <input type="checkbox"/> Non-Cancer		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pre Cancer <input type="checkbox"/> Unknown				
26) Are you a smoker/tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former						

Informed Consent and Release of Medical Information

By agreeing to take part in the All Women Count! Program, I give my permission to any and all of my medical providers, clinics, and/or hospitals to provide all information concerning my breast or cervical screening and any related diagnosis or treatment to the Program. Any information provided to the Program will remain confidential, which means that the information will be available only to me and to the employees of the South Dakota Department of Health working with this Program. The information will only be used to meet the purposes of the Program, and any published reports which result from the Program will not identify me by name or social security number. This consent is valid for one (1) year unless otherwise specified by me, the program participant, or my legal representative. By signing below, I affirm that the information and reported income listed above is true and accurate.

Program Participant Signature _____ Date _____ Print Name _____ Date of Birth _____

Visit Form- Page 1

15) Number Living in Household (including yourself)? _____	16) Total Gross Monthly Household income (before taxes)? \$_____ <i>By signing on bottom of form, I confirm that the reported income above is true and accurate.</i>
17) Do you have private health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Health insurance does not prevent eligibility.</i>	18) Do you have Medicare B or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, STOP. Not eligible for AWC!</i>

Note: Eligibility is not dependent upon health insurance status

Visit Form- Page 2



Please return form immediately to:
 All Women Count!
 615 E. 4th St.
 Pierre, SD 57501-1700
 (800) 738-2301

Encounter Number

ELIGIBILITY DETERMINATION, PATIENT HISTORY & TODAY'S SERVICES - CLINIC USE ONLY

Name _____ Visit Date _____ / _____ / _____
month day year

PATIENT HISTORY

Screening prior to this visit: Yes Record _____ / _____ No prior exam/test Don't know if done
mm yyyy

1) High Risk for Cervical Cancer? * Yes No Not Assessed / Unknown
* Defined as prior DES exposure and immunocompromised patients.

2) High Risk for Breast Cancer? * Yes No Not Assessed / Unknown
* Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or personal or family history of genetic syndromes

3) Did you refer to the SD Quitline? Yes No Not Applicable

4) Did you refer to the Marketplace (health insurance)? Yes No Not Applicable

ELIGIBILITY DETERMINATION

5) Age between 30-64 Yes (Eligible) No (Not Eligible)

6) Eligible by Income (refer to question 16) Yes (Eligible) No (Not Eligible)

Name of person verifying eligibility _____ (Please Print)

BREAST DATA

Breast exam done this visit? Yes Findings for this exam: **↓**
 Normal/benign: no diagnostic evaluation to/from breast cancer required.
 Abnormal: not suspicious for cancer (i.e. fibrocystic disease).
 Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required)
 No
 Patient refused

Mammogram ordered or done this visit? * Yes No Patient refused
*Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!

MRI for High Risk Screening (Refer to question 2 above)
 Screening MRI for High Risk Women Only
 Authorization # _____
 Pre-authorization required 1-800-738-2301

CERVICAL DATA

Cervical Cancer Screening done this visit? Yes No Patient refused
 No, Patient has had a hysterectomy for benign disease
 HPV done as co-testing
 HPV only

Colposcopy done this visit? No Yes, with Biopsy and ECC Yes, with Biopsy only Yes, with ECC only Yes, no pathology sent Endometrial Biopsy (needs pre-authorization)
 Loop Yes No
 Cone Biopsy Yes No

Indications for Follow-Up/Abnormal Pap results
 ASC-US
 HPV positive with ASC-US (reflex)
 LSIL
 HSIL
 AGUS
 + hr HPV testing
 Abnormal Pap date _____ / _____ / _____
month day year

Was Cervical Cancer Screening done as follow up to a previous abnormal? Yes No

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram _____ Cervical Cancer Screen date _____

Visit Form- Page 2

ELIGIBILITY DETERMINATION, PATIENT HISTORY & TODAY'S SERVICES - CLINIC USE ONLY

Name _____

Visit Date _____ / _____ / _____
month day year

PATIENT HISTORY

Screening prior to this visit:

Pap smear.....

Yes

Record

____ / ____
mm yyyy

No prior exam/test

Don't know if done

Visit Form- Page 2

1) High Risk for Cervical Cancer?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Assessed /Unknown
<i>* Defined as prior DES exposure and immunocompromised patients.</i>			
2) High Risk for Breast Cancer?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Assessed /Unknown
<i>* Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or personal or family history of genetic syndromes</i>			
3) Did you refer to the SD Quitline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
4) Did you refer to the Marketplace (health insurance)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

Visit Form- Page 2

ELIGIBILITY DETERMINATION

5) Age between 30-64

Yes (Eligible)

No (Not Eligible)

6) Eligible by Income (*refer to question 16*)

Yes (Eligible)

No (Not Eligible)

Name of person verifying eligibility (Please Print)

Income Guidelines: <http://getscreened.sd.gov/count/services/index.aspx>

(Mailed to your facility every year).

Visit Form- Page 2

BREAST DATA

Breast exam done this visit?

- Yes Findings for this exam: ↓
- Normal/benign: no diagnostic evaluation to r/o breast cancer required.
 - Abnormal: not suspicious for cancer (*i.e. fibrocystic disease*).
 - Abnormal: suspicious for cancer, diagnostic evaluation required **(two diagnostic tests required)**
- No
- Patient refused

Mammogram ordered or done this visit?*

- Yes
- No
- Patient refused

*Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!

MRI for High Risk Screening

(Refer to question 2 above)

- Screening MRI for High Risk Women Only

Authorization # _____

Pre-authorization required
1-800-738-2301

Visit Form- Page 2

BREAST DATA

Breast exam done this visit?

- Yes Findings for this exam: ↓
- Normal/benign: no diagnostic evaluation to r/o breast cancer required.
- Abnormal: not suspicious for cancer (*i.e. fibrocystic disease*).
- Abnormal: suspicious for cancer, diagnostic evaluation required **(two diagnostic tests required)**
- No
- Patient refused

Mammogram ordered or done this visit?*

- Yes
- No
- Patient refused

*Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!

MRI for High Risk Screening

(Refer to question 2 above)

- Screening MRI for High Risk Women Only

Authorization # _____

Pre-authorization required
1-800-738-2301

Visit Form- Page 2

BREAST DATA

Breast exam done this visit?

- Yes Findings for this exam: ↓
- Normal/benign: no diagnostic evaluation to r/o breast cancer required.
 - Abnormal: not suspicious for cancer (*i.e. fibrocystic disease*).
 - Abnormal: suspicious for cancer, diagnostic evaluation required **(two diagnostic tests required)**
- No
- Patient refused

Mammogram ordered or done this visit?*

- Yes
- No
- Patient refused

*Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!

MRI for High Risk Screening

(Refer to question 2 above)

- Screening MRI for High Risk Women Only

Authorization # _____

Pre-authorization required
1-800-738-2301

Visit Form- Page 2

BREAST DATA

Breast exam done this visit?

Yes Findings for this exam: ↓

Normal/benign: no diagnostic evaluation to r/o breast cancer required.

Abnormal: not suspicious for cancer (*i.e. fibrocystic disease*).

Abnormal: suspicious for cancer, diagnostic evaluation required **(two diagnostic tests required)**

No

Patient refused

Mammogram ordered or done this visit?*

Yes

No

Patient refused

*Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!

MRI for High Risk Screening

(Refer to question 2 above)

Screening MRI for High Risk Women Only

Authorization # _____

Pre-authorization required

1-800-738-2301

Visit Form- Page 2

1) High Risk for Cervical Cancer?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Assessed /Unknown
* Defined as prior DES exposure and immunocompromised patients.			
2) High Risk for Breast Cancer?*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Assessed /Unknown
* Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or personal or family history of breast or ovarian syndromes			
3) Did you refer to the SD Quitline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
4) Did you refer to the Marketplace (health insurance)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

BREAST DATA	Breast exam done this visit?	Mammogram ordered or done this visit?*	MRI for High Risk Screening (Refer to question 2 above)
	<input type="checkbox"/> Yes Findings for this exam: ↓	<input type="checkbox"/> Yes	<input type="checkbox"/> Screening MRI for High Risk Women Only
	<input type="checkbox"/> Normal/benign: no diagnostic evaluation to r/o breast cancer required.	<input type="checkbox"/> No	Authorization # _____
	<input type="checkbox"/> Abnormal: not suspicious for cancer (i.e. fibrocystic disease).	<input type="checkbox"/> Patient refused	Pre-authorization required 1-800-738-2301
<input type="checkbox"/> Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required)	*Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!		
<input type="checkbox"/> No			
<input type="checkbox"/> Patient refused			

Visit Form- Page 2

CERVICAL DATA

Cervical Cancer Screening done this visit?

- Yes
- No
- Patient refused
- No, Patient has had a hysterectomy for benign disease
- HPV done as co-testing
- HPV only

Colposcopy done this visit?

- No
- Yes, with Biopsy and ECC
- Yes, with Biopsy only
- Yes, with ECC only
- Yes, no pathology sent
- Endometrial Biopsy (needs pre-authorization)
- Leep Yes No
- Cone Biopsy Yes No

Indications for Follow-Up/Abnormal Pap results

- ASC-US
 - HPV positive with ASC-US(reflex)
 - LSIL
 - HSIL
 - AGUS
 - + hr HPV testing
- Abnormal Pap date _____ / _____ / _____
month day year

Was Cervical Cancer Screening done as follow up to a previous abnormal?

- Yes
- No

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram _____ Cervical Cancer Screen date _____

Visit Form- Page 2

CERVICAL DATA

Cervical Cancer Screening done this visit?

- Yes
- No
- Patient refused
- No, Patient has had a hysterectomy for benign disease
- HPV done as co-testing
- HPV only

Colposcopy done this visit?

- No
- Yes, with Biopsy and ECC
- Yes, with Biopsy only
- Yes, with ECC only
- Yes, no pathology sent
- Endometrial Biopsy (needs pre-authorization)
- Leep Yes No
- Cone Biopsy Yes No

Indications for Follow-Up/Abnormal Pap results

- ASC-US
 - HPV positive with ASC-US(reflex)
 - LSIL
 - HSIL
 - AGUS
 - + hr HPV testing
- Abnormal Pap date _____ / _____ / _____
month day year

Was Cervical Cancer Screening done as follow up to a previous abnormal?

- Yes
- No

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram _____ Cervical Cancer Screen date _____

Visit Form- Page 2

CERVICAL DATA

Cervical Cancer Screening done this visit?

- Yes
- No
- Patient refused
- No, Patient has had a hysterectomy for benign disease
- HPV done as co-testing
- HPV only

Colposcopy done this visit?

- No
- Yes, with Biopsy and ECC
- Yes, with Biopsy only
- Yes, with ECC only
- Yes, no pathology sent
- Endometrial Biopsy (needs pre-authorization)
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- ASC-US
 - HPV positive with ASC-US(reflex)
 - LSIL
 - HSIL
 - AGUS
 - + hr HPV testing
- Abnormal Pap date _____ / _____ / _____
month day year

Was Cervical Cancer Screening done as follow up to a previous abnormal? Yes No

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram _____ Cervical Cancer Screen date _____

Visit Form- Page 2

CERVICAL DATA

Cervical Cancer Screening done this visit?

- Yes
- No
- Patient refused
- No, Patient has had a hysterectomy for benign disease
- HPV done as co-testing
- HPV only

Colposcopy done this visit?

- No
- Yes, with Biopsy and ECC
- Yes, with Biopsy only
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- Leep Yes No
- Cone Biopsy Yes No

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- ASC-US
 - HPV positive with ASC-US(reflex)
 - LSIL
 - HSIL
 - AGUS
 - + hr HPV testing
- Abnormal Pap date _____ / _____ / _____
month day year

Was Cervical Cancer Screening done as follow up to a previous abnormal?

- Yes
- No

RESCREEN PLAN (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram _____ Cervical Cancer Screen date _____

Mammogram Summary

Patient name (Last, First, MI) _____ DOB _____



ALL WOMEN COUNT!
Breast and Cervical Cancer
Control Program
MAMMOGRAM SUMMARY
(800) 738-2301

Encounter Number

A. TO BE COMPLETED BY MAMMOGRAPHY FACILITY

Facility where mammogram done: _____ Radiology #: _____

Mammogram date ____ / ____ / ____
month day year

Mammogram occurred: Stationary/In House Mobile Unit

B. RADIOLOGIST'S ASSESSMENT (To be completed by Radiologist)

<u>ACR ASSESSMENT CATEGORY</u>		<u>RECOMMENDATION</u>
<input type="checkbox"/> 0	Assessment is incomplete-need additional imaging evaluation →	③ Magnification views ③ Additional projections ③ Spot compression ④ Ultrasound examination ⑤ Comparison with previous films
<input type="checkbox"/> 1	Negative →	① Mammogram in ____ year(s)
<input type="checkbox"/> 2	Benign finding →	① Mammogram in ____ year(s)
<input type="checkbox"/> 3	Probably benign finding-short interval follow-up suggested →	② Mammogram in ____ month(s)
<input type="checkbox"/> 4	Suspicious Abnormality-biopsy should be considered →	⑥ Surgical consult/biopsy
<input type="checkbox"/> 5	Highly suggestive of malignancy-appropriate action should be taken →	⑥ Surgical consult/biopsy

COMMENTS:

Radiologist name (please print) _____

Radiologist signature _____ Date dictated ____ / ____ / ____
month day year

Radiologist Group (please print) _____

Please return form immediately to:
 All Women Count!
 615 E. 4th St.
 Pierre, SD 57501-1700

Pap/HPV Summary

Patient name (Last, First, MI) _____ DOB _____



ALL WOMEN COUNT!
Breast and Cervical Cancer
Control Program
PAP/HPV SUMMARY
(800) 738-2301

Encounter Number

Date Specimen collected:

__/__/__

A. PAP SMEAR INFORMATION (To be completed by cytotechnologist or pathologist)

Lab name: _____ Specimen #: _____

SPECIMEN TYPE: Conventional Pap smear Liquid based (*ThinPrep*)[®]

SPECIMEN ADEQUACY

- Satisfactory for evaluation
 Unsatisfactory (If unsatisfactory, not covered)

INTERPRETATION RESULTS

- Negative for intraepithelial lesion or malignancy
 Infection/Inflammation/Reactive Changes (Beth 1991)
 Atypical squamous cell of undetermined significance (ASC-US)
 Low Grade SIL (including HPV changes)
 Atypical squamous cells cannot exclude HSIL (ASC-H) (Beth 2001)
 High Grade SIL
 Squamous Cell Carcinoma
 Atypical Glandular Cells (Beth 2014)
 Adenocarcinoma in Situ (AIS) (Beth 2014)
 Adenocarcinoma (Beth 2014)
 Other
 Endometrial cells (in women > 40 yr old)

B. HUMAN PAPILLOMAVIRUS

HPV Test Date: _____ HPV Test Reason: Co-Test or Screening Reflex Test Not Done

HPV Test Result:

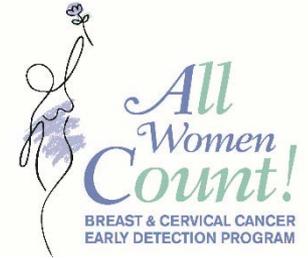
- Positive with genotyping not done
 Negative
 Positive with positive genotyping (types 16 or 18)
 Positive with negative genotyping (positive HPV, but not types 16 or 18)

COMMENTS:

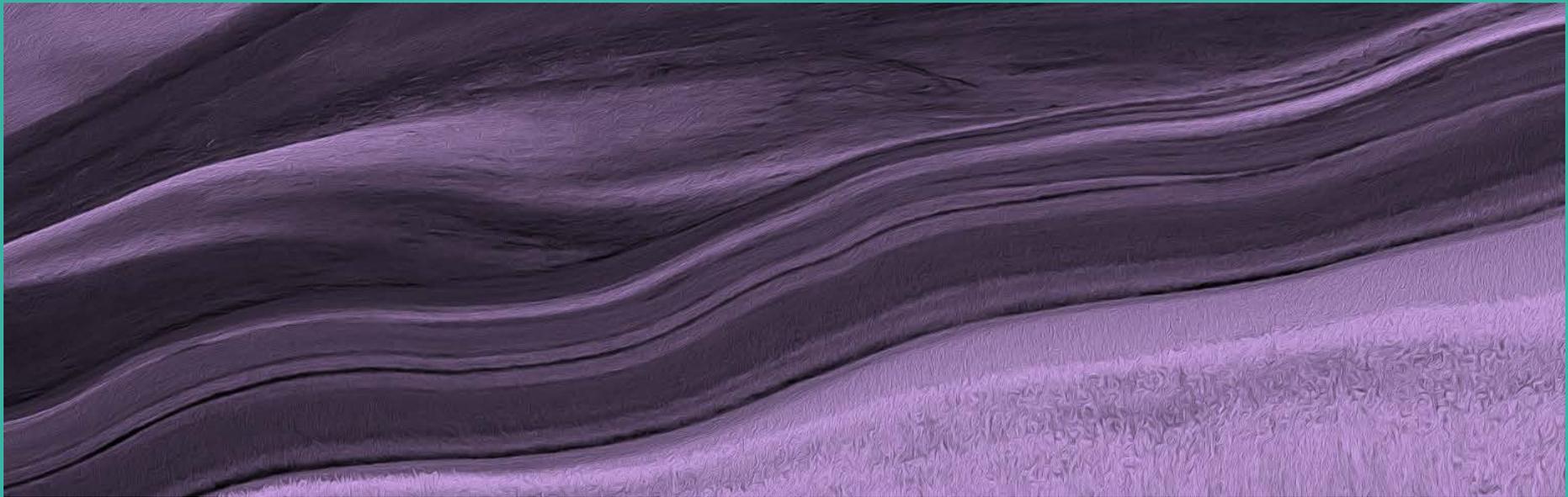
Pathologist name _____ Date Reported _____

month day year

Please return form immediately to:
All Women Count!
615 E. 4th St.
Pierre, SD 57501-1700



Why should I enroll a woman into the All Women Count! Program if she has insurance?



BARRIERS AND FACILITATORS TO ALL WOMEN COUNT! UTILIZATION

December 2019



Project Team:

Jenna Cowan, Evaluation Specialist

Patricia Da Rosa, Data Analyst

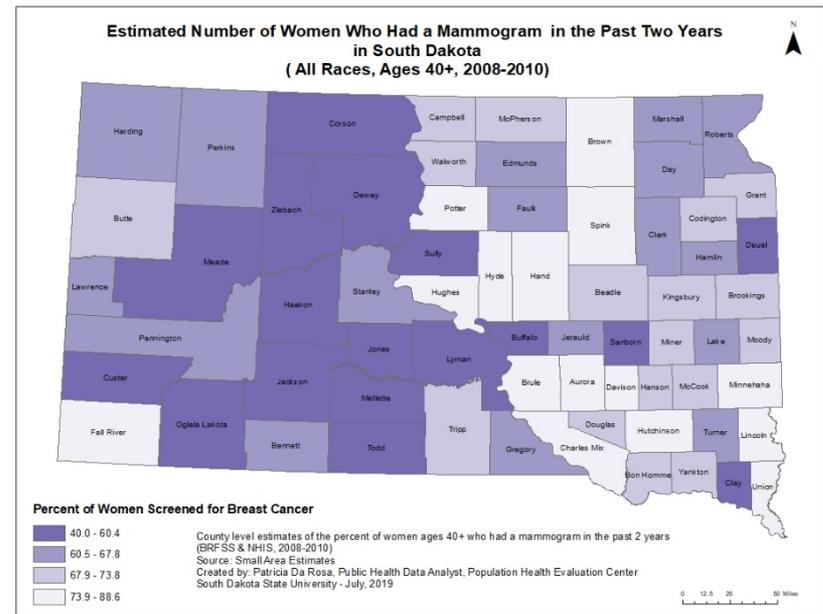
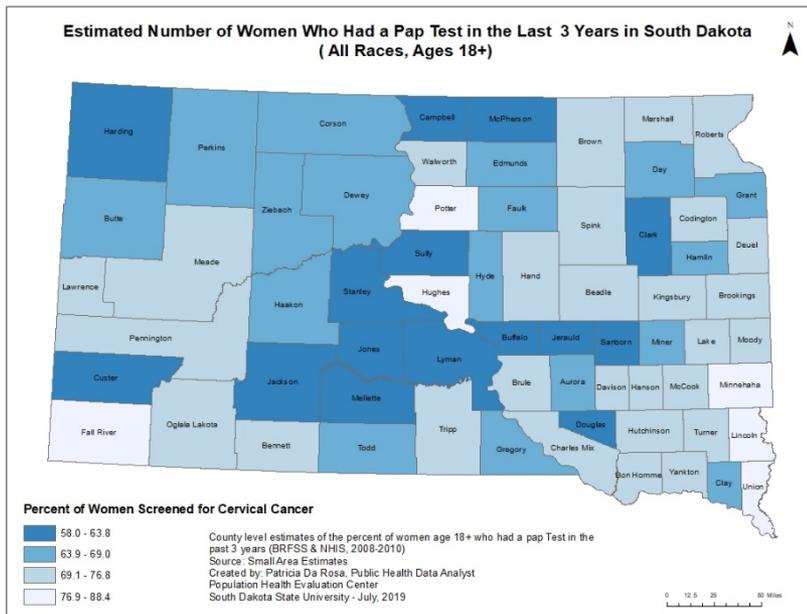
Beth Walstrom, Research Coordinator

Derek Gravholt, Graduate Research Assistant

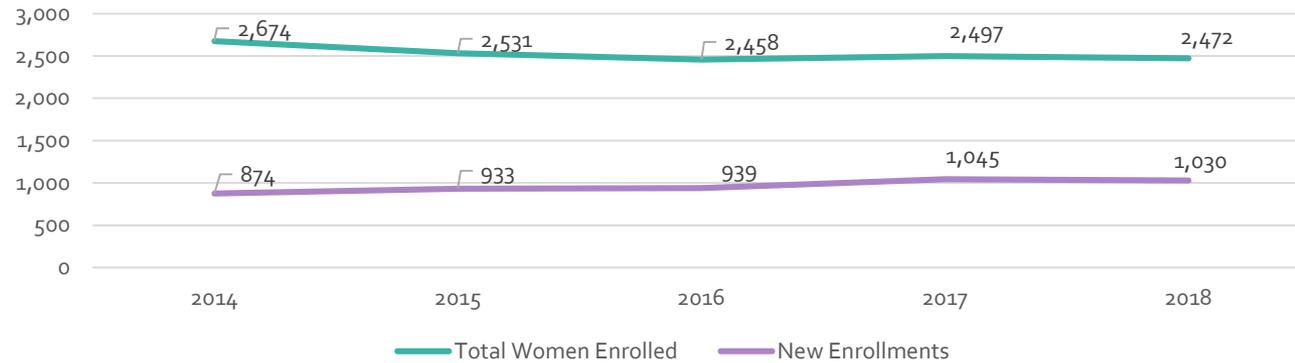
Specific Aims

- Assess the number of active AWC! healthcare facility partners in the state
- Identify coverage gaps in the state where no, or few, healthcare facilities partner with the AWC! program
- Identify opportunities for AWC! to partner with targeted healthcare facilities in areas of the state with low screening rates among eligible women
- Examine facilitators and barriers to partnering with the AWC! program
- Examine facilitators and barriers to enrolling women into the AWC! program for financial assistance for screening
- Identify and conduct interviews with five AWC! partner healthcare facilities with a high number of enrollments to AWC! and five AWC! partner healthcare facilities with a low number of enrollments to AWC! to further assess best practices and barriers/facilitators to success
- Disseminate results of success and best practices so these efforts can be applied in similar settings within the state

County-Level Screening Estimates

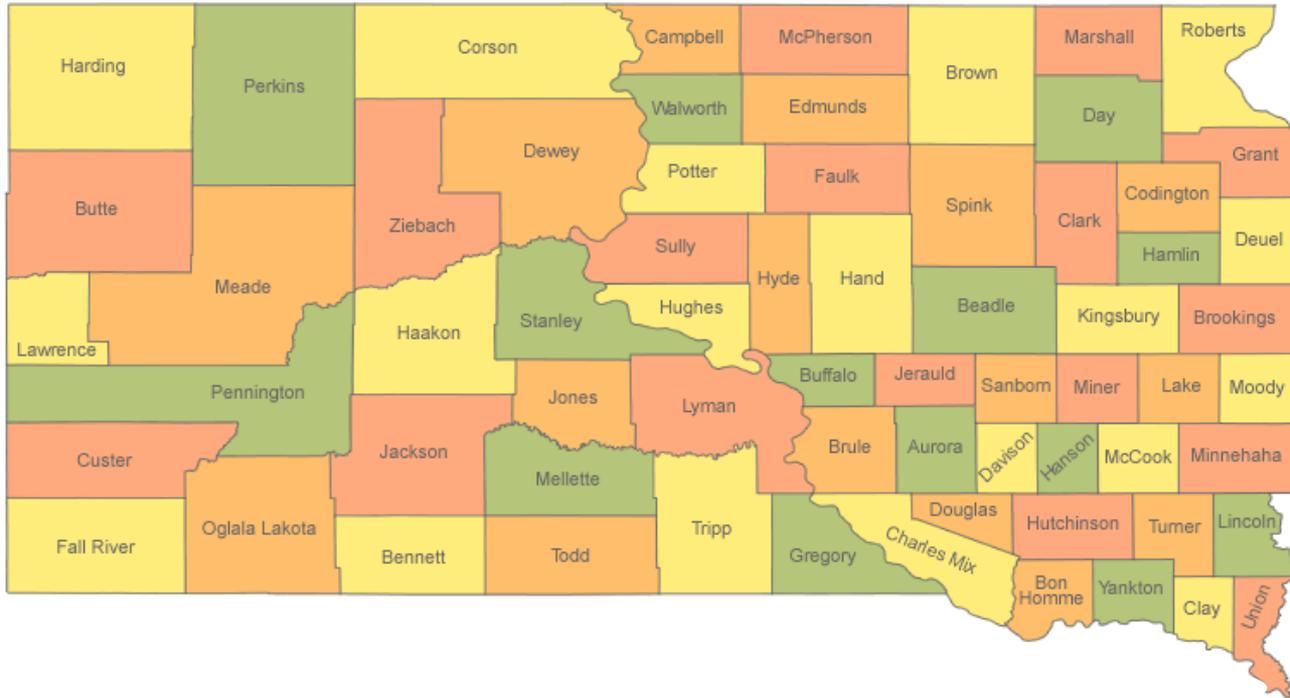


Historical Enrollment Rates, 2014-2018



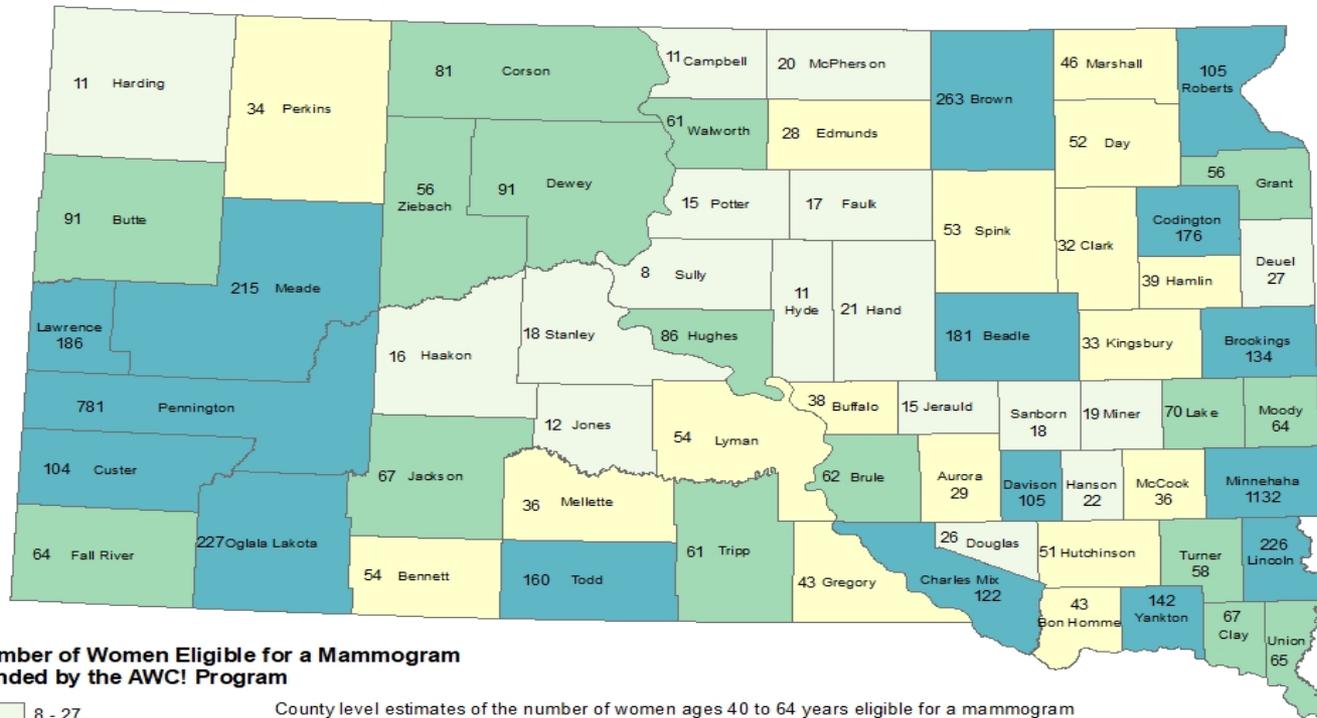
AWC! Enrollment Profile, 2017 and 2018

Category	2018	2017 Numbers	2018 Numbers
Women Enrolled		2,497	2,472
New Enrollments		1,045	1,030
Women Served:		2,186	2,066
-Breast		1,299	1,220
-Cervical		2,020	1,907
Women Served: Other Funds*		96	143
Women Served: No Funds**		169	233



SERVICE PROVISION AND COUNTY-LEVEL REACH

Estimated Number of Women Eligible for a Breast Cancer Screening Funded by AWC! All Races, Living Below or at 200% of Poverty, Ages 40 to 64



Number of Women Eligible for a Mammogram Funded by the AWC! Program

- 8 - 27
- 28 - 54
- 55 - 91
- 92 - 1132

County level estimates of the number of women ages 40 to 64 years eligible for a mammogram (Uninsured and Below or at the 200% Federal Poverty Level)

Source: Small Area Health Insurance Estimates (SAHIE), 2017

Created by: Patricia Da Rosa, Public Health Data Analyst

Population Health Evaluation Center

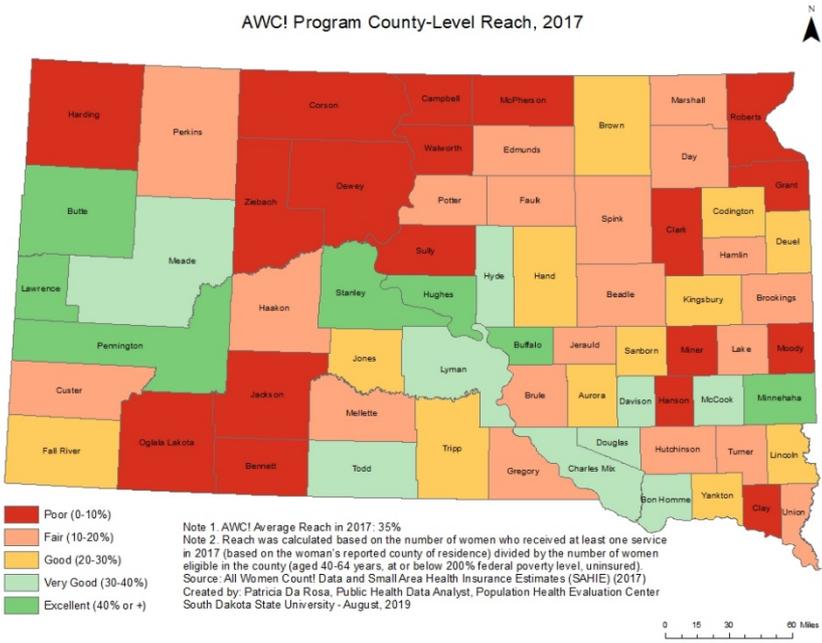
South Dakota State University - July, 2019



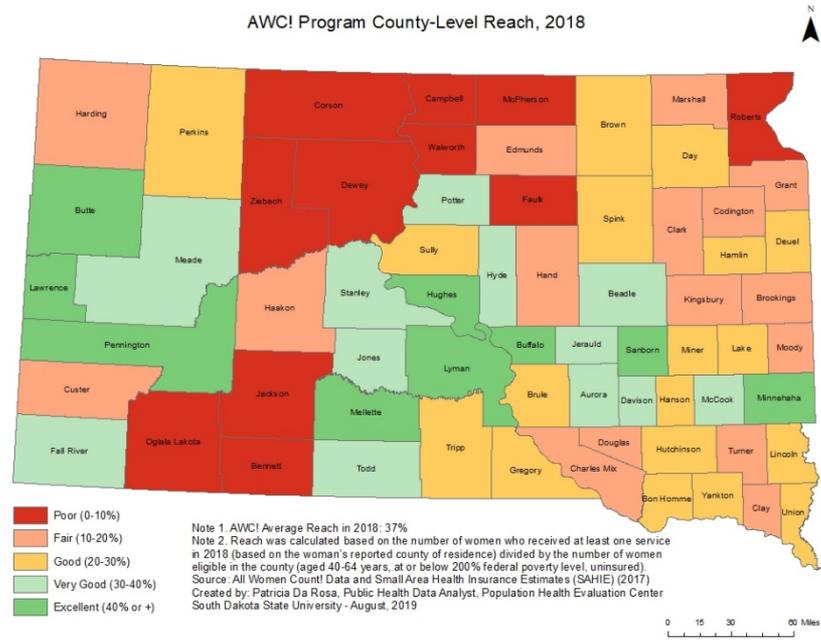
Service Provision Activity, Top 20 Sites

Vendor Encounter Code	Vendor Facility Name	City	County	Women Served in 2017	Women Served in 2018	Total Women Served
SRV	Falls Community Health	Sioux Falls	Minnehaha	269	250	519
RCH	Community Health Center of the Black Hills	Rapid City	Pennington	232	253	485
MHC	Avera Medical Group Health Care Clinic Sioux Falls	Sioux Falls	Minnehaha	172	233	405
NAT	Native Women's Health Care	Rapid City	Pennington	235	169	404
WPS	South Dakota Women's Prison	Pierre	Hughes	147	117	264
DWH	Sanford Health Midtown Clinic	Sioux Falls	Minnehaha	99	90	189
RIH	Rosebud Indian Health Services Hospital	Rosebud	Todd	65	74	139
FHE	Family Health Education Services	Spearfish	Lawrence	33	62	95
BHI	Edith Sanford Breast Center 17 th St	Sioux Falls	Minnehaha	48	44	92
WIH	Wagner Indian Health Service Health Center	Wagner	Charles Mix	60	19	79
HHH	James Valley Community Health Center	Huron	Beadle	33	41	74
FTC	Ft. Thompson Indian Health Services Health Center	Ft. Thompson	Buffalo	34	40	74
QCM	Regional Health Medical Clinic 10th	Spearfish	Lawrence	36	32	68
FPR	Regional Health Family Medicine Residency Clinic	Rapid City	Pennington	34	34	68
BCC	Brown County Community Health	Aberdeen	Brown	20	33	53
SSH	Rapid City Indian Health Services	Rapid City	Pennington	0	52	52
AYC	Yankton Community Health Center	Yankton	Yankton	17	34	51
ABN	Aberdeen Community Health Center	Aberdeen	Brown	25	26	51
WAT	Sanford Health Watertown Family Planning Clinic	Watertown	Codington	27	23	50
FAM	Regional Health Medical Clinic North Avenue	Spearfish	Lawrence	24	23	47

AWCI Program County-Level Reach, 2017



AWCI Program County-Level Reach, 2018



SURVEYS & INTERVIEWS

A hand holding a pink highlighter is marking a checklist on a document. The checklist consists of a series of squares, some of which are already marked with a pink checkmark. The text "SURVEYS & INTERVIEWS" is overlaid in the center of the image.

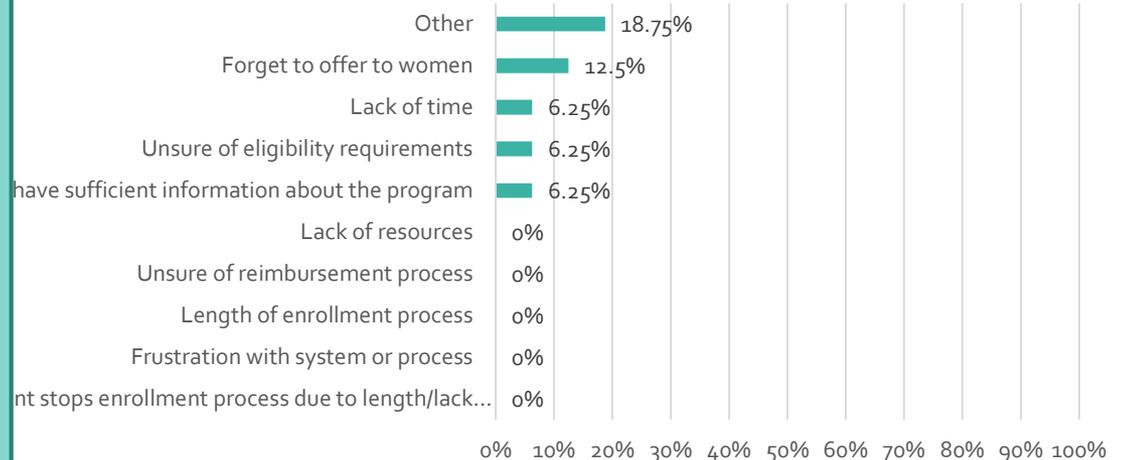
Barriers to offering breast and cervical cancer screening

- *Currently our process for reminding clients they are due for screening is lengthy and time-consuming since it is all done via paper charts/logs, manual index, and mostly phone calls. Changing over to EHR will help with this barrier.*
- *Staff feel like more training or annual training for AWC! would be beneficial.*
- *Overall knowledge about the program by the public is low.*
- *Hard to contact – patient moved or no phone #.*

Barriers to obtaining breast and cervical cancer screening

- *Breast screening is only offered every two weeks – if patients need something urgently, they must drive 75 miles.*
- *Female providers at our facility are booked out two months for a female exam opening.*
- *Limited access in our rural community to public transportation.*
- *Patients are not aware of the program, transportation*

Barriers Encountered with the Enrollment or Reimbursement Process



Suggested Improvements or Enhancements

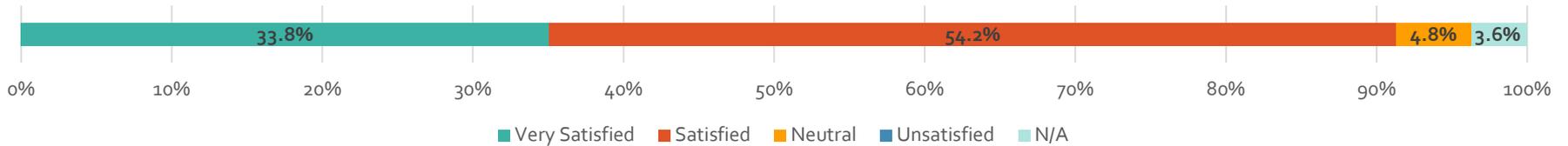
Enrollment Process

- *I think the new enrollment forms are a big improvement.*
- *I think it is easy to enroll a patient.*
- *Very simple.*
- *I like the new forms.*
- *I appreciate the shorter form and ease of not having to complete two blood pressures 5 minutes apart!*
- *Have enrolled several women over the years. Very easy process!*
- *No issues. Very easy to navigate and enroll.*

Reimbursement Process

- *It is easy to submit claims.*
- *Very simple.*
- *Very smooth – no issues. Nice helpful ladies to work with in the AWC! program in Pierre.*
- *I assist patients with the application process. We have a biller who does the actual billing.*

AWC! Program Satisfaction



Education/Promotion

- *Annual training for AWC! by SD DOH – would appreciate online recording of training so all patient registration staff could view annually.*
- *It's a good resource but underutilized at the clinic. Are there pamphlets or brochures with info on the program to provide to patients? This would help us educate patients on what's available.*
- *Not enough education for staff to promote.*

Expressions of Gratitude

- *Our state is fortunate to have this program available for women who qualify and are in need of screening.*
- *Reimbursements are timely, staff are very helpful with enrollment/billing questions.*
- *Roberta Hofeldt is a wonderful resource.*
- *Staff at AWC! are all very helpful and friendly.*
- *Roberta is awesome. 😊*
- *The people at the AWC! office go above and beyond to help make things go as smooth as possible.*
- *Every conversation I've had with Roberta at AWC! has been extremely pleasant. Her voice is always calming, friendly and welcoming. She is experienced in her position and very informative.*
- *The staff are wonderful to work with.*
- *Very easy to work with.*
- *When we call, everyone is just so nice and helpful. Thank you!*

Thoughts for Improvement

- *It would be a great opportunity if colorectal screening and other screening lab tests could be offered to this underserved demographic!*
- *We would like the program to cover women between the ages of 19-39 also.*
- *Income guidelines too narrow – eliminates some women from qualifying*
- *Only wish is that they could help cover lab work again and also help cover (bring back) colorectal screening assistance again.*

High Enrolling Sites

High uninsured patient population

Established screening process

Consistency in offering the program

Visible reminders at workstations

- *They've been amazing to help us out with whatever we need for the approved services.*
- *No complaints! People have found it beneficial.*
- *I appreciate the program, especially for the ones who do get a cancer diagnosis. The program is great at taking the patient from that point and getting them connected with Medicaid.*
- *I am thankful for the new form. That was a big improvement to just have one form and we don't have to keep calling the patient back for more information.*

Low Enrolling Sites

Low number of female patient physicals

Mammograms mostly referred offsite

Affordable Care Act impeded utilization

Lack of public awareness

- *Our experience with the program has been good. The eligibility assessment is easy and we have the guidelines in the cabinet with the AWC! forms.*
- *The program is very helpful. If I call for anything, even if they are not available, I usually get a return phone call that same day.*
- *I have had nothing but good experiences with the program. They have always been very helpful and have even told me I can have patients call them directly if I don't want to be the intermediary. I think it's a great program and I wish more would utilize it.*
- *I think it is a great program and a great resource.*

1

Develop strategic
partnerships in low-
reach counties

2

Increase public
promotion of the
program

3

Cultivate external
partnerships

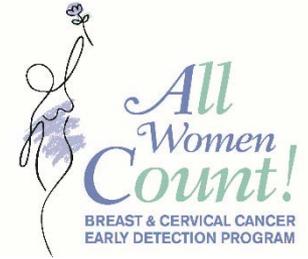
4

Offer annual
training

5

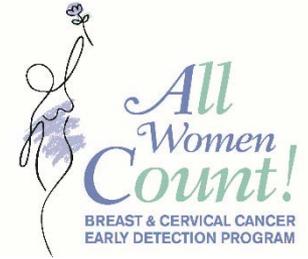
Utilize patient
reminder mailings
for AWC! promotion

RECOMMENDATIONS



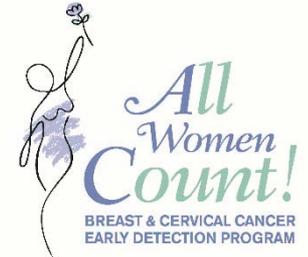
Next Steps

- Assign an AWC! Champion at your clinic
- Contact the AWC! Program for additional assistance
 - 1-800-738-2301
- Coming in 2020:
 - Updated CPT and Income guidelines
 - Window Cling- please display!



Additional Information

- Program forms can be ordered online at:
<http://getscreened.sd.gov/count/>
- Spanish Visit Forms are available upon request
 - To order: 1-800-738-2301
- Visit <http://getscreened.sd.gov/count/> for AWC! materials, FAQ document, and today's slides/recording
- Cervical Cancer Webinar with Dr. Maria Bell
 - January 23, 12:00 PM



Q&A

- Submit questions via chat box
- Click “Unmute” on bottom left of screen or dial *6 to unmute if you’re on the phone

All Women Count! Program:

- 1-800-738-2301
- <http://getscreened.sd.gov/count/>