

The Kentucky Women's Cancer Screening Program  
**Annual Report on the Status of  
Breast Cancer in the Commonwealth  
Fiscal Year 2009**

Presented to the Governor  
and State Legislature

By

Kentucky Women's Cancer Screening Program  
Division of Women's Health  
Department for Public Health  
Cabinet for Health and Family Services



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# **The Kentucky Women's Cancer Screening Program Annual Report on the Status of Breast Cancer in the Commonwealth Fiscal Year 2009**

This report was prepared by

The Kentucky Women's Cancer Screening Program  
Division of Women's Health  
Kentucky Department for Public Health  
in collaboration with  
The Breast Cancer Advisory Committee

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Kentucky Cancer Registry  
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Funding for this project was provided through KRS 214.554 and a Cooperative Agreement (1/U58/DP000836-02) with the Centers for Disease Control and Prevention, Division of Cancer Control and Prevention.

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My Fellow Kentuckians:



Breast cancer remains a leading public health concern in the Commonwealth, where it is the second leading cause of cancer deaths among Kentucky women. We are committed to emphasizing the importance of awareness, regular screenings and early detection – the most powerful weapons we have in the fight against this terrible disease.

Since 1999, the rate of diagnosis of new cases of breast cancer has slightly decreased. Thanks to early detection and new innovative treatments, deaths from breast cancer are also steadily declining.

The “Annual Report on the Status of Breast Cancer in the Commonwealth for Fiscal Year 2009” demonstrates the results of tremendous efforts by the Kentucky Women’s Cancer Screening Program (KWCSPP) in the Kentucky Department for Public Health and its partners. The KWCSPP provides breast cancer screening services and prompt referral for treatment to eligible women in the Commonwealth. In FY 2009, the KWCSPP provided more than 29,332 breast cancer screenings to women.

The KWCSPP is absolutely vital for improving the health status of women in Kentucky and assisting in the reduction of health disparities. I think this report exemplifies the imperative need for this program and the wonderful services it provides. Because of increased screening efforts by the KWCSPP and other health care providers in collaboration with a strong network of community partnerships, women’s lives are being saved. My office is proud to support these efforts through ***Horses & Hope***, an initiative to deliver breast cancer awareness, education and screening to uninsured women working in Kentucky’s signature horse industry. For more information on ***Horses & Hope*** please visit [www.horsesandhope.org](http://www.horsesandhope.org).

Thank you for your interest in the health of women in Kentucky. It will only be through shared responsibility and working together that we will truly succeed in continuing to improve the health status of Kentuckians.

Best Wishes,

Handwritten signature of Jane Beshear in cursive script.  
Jane Beshear

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Secretary



### MESSAGE FROM THE COMMISSIONER

The Kentucky Women's Cancer Screening Program (KWCSF), in collaboration with the Breast Cancer Advisory Committee (BCAC) is pleased to share with you the Fiscal Year (FY) 2009 "Annual Report on the Status of Breast Cancer in the Commonwealth". This report provides an overview of the KWCSF and a summary of the KWCSF achievements during FY 2009. This report details the burden of breast cancer among women in Kentucky. Kentucky women are diagnosed with breast cancer at a lower rate than women in the U.S., but they are dying at the same rate of breast cancer compared to women in the rest of the nation. In 2010, the American Cancer Society estimates there will 3,290 newly diagnosed cases of breast cancer in Kentucky and 580 women will die from this disease.

A separate report has been created for the Breast Cancer Research and Education Trust Fund for fiscal years 2008 and 2009. The Breast Cancer Trust Fund (BCTF) provides annual funding for Kentucky-based research and education projects on breast cancer, with the ultimate goal of reducing breast cancer in Kentucky.

KWCSF was established in the Department for Public Health in 1990 to reduce the burden of breast cancer in Kentucky women. The KWCSF provides a vital service and a crucial component in the improvement of the status of women's health in the Commonwealth. The program's mission is to provide high quality breast cancer screening services at a low or reduced cost to women who may not otherwise receive breast cancer screening. Moreover, Kentucky is recognized as one of the top programs in the nation that has met all of the core performance indicators on the quality of breast and cervical cancer services assessed by the Centers for Disease Control and Prevention (CDC). **Kentucky has met all the quality of care indicators, set by the CDC, for eight consecutive submissions. Very few programs in the U.S. have made this accomplishment.**

During FY 2009, the KWCSF provided breast cancer screenings to 29,332 women and detected 120 invasive breast cancers. In response to the great need for breast cancer treatment services, National Breast and Cervical Cancer Treatment funds were made available beginning in 2002 through the Kentucky Department for Medicaid Services for the KWCSF women who were diagnosed with breast cancer and needed treatment services. Since the inception of the treatment program, more than 3,000 KWCSF patients have received coverage for treatment through the Breast and Cervical Cancer Treatment Program.

I would like to extend my appreciation to communities and healthcare providers across the Commonwealth for their support in the promotion of breast cancer awareness, screening and prompt referral for treatment of the KWCSF women with breast cancer. Through screening, early detection, prompt referral and community outreach initiatives, we can make a tremendous difference in the health and lives of Kentucky's women.

Sincerely,

William D. Hacker, MD, FAAP, CPE  
Commissioner  
Department for Public Health



## **Executive Summary**

Breast cancer has been a longstanding public health concern in Kentucky. Approximately 600 women die every year from breast cancer in the Commonwealth. To reduce the burden of breast cancer, the Kentucky Women's Cancer Screening Program (KWCSPP) has taken steps that include early detection through breast cancer screening and diagnostic services, prompt referrals to treatment services, quality assurance, public education and outreach activities, and collaborations with partner organizations and individuals around the state.

In 1990, Kentucky state general funds were made available for breast cancer screening services administered by the Kentucky Department for Public Health through local health departments. In 1995, the program applied for and received federal funding for additional breast cancer screening services. The KWCSPP enrolls women ages 21-64 with incomes less than 250% of poverty who have no other health care coverage. In the 19 years since the program's inception, 258,522 screening mammograms have been provided and 2,764 cases of breast cancer have been detected.

In FY 2009, at least 89,500 women received breast cancer screening services through local health departments. Of those women, 17,670 received screening mammograms. Local health departments were able to provide KWCSPP eligible women more than 29,332 breast cancer screening services, including 11,870 screening mammograms.

The KWCSPP made great strides in improving screening rates for the disparate populations through public education and outreach. KWCSPP recruitment staff continues to work with state partners, local health department staff, and 59 local community coalitions to support outreach efforts for breast cancer screening to women who have never or rarely been screened. Through contracts with the Fayette County Health Department and the University of Louisville Brown Cancer Center, the program supports special efforts to recruit African American, Hispanic, and other women from disparate populations for breast cancer screenings.

Data shows the overall breast cancer mortality rate is similar in rural and urban parts of the state, whereas in the past rural areas had higher breast cancer mortality rates. We hope this will prove to be the start of a positive trend, and it reflects the success of our outreach efforts. Moving forward, the KWCSPP and partners will continue to focus resources on activities to decrease racial as well as geographic disparities in screening, diagnosis, and death rates due to breast cancer.

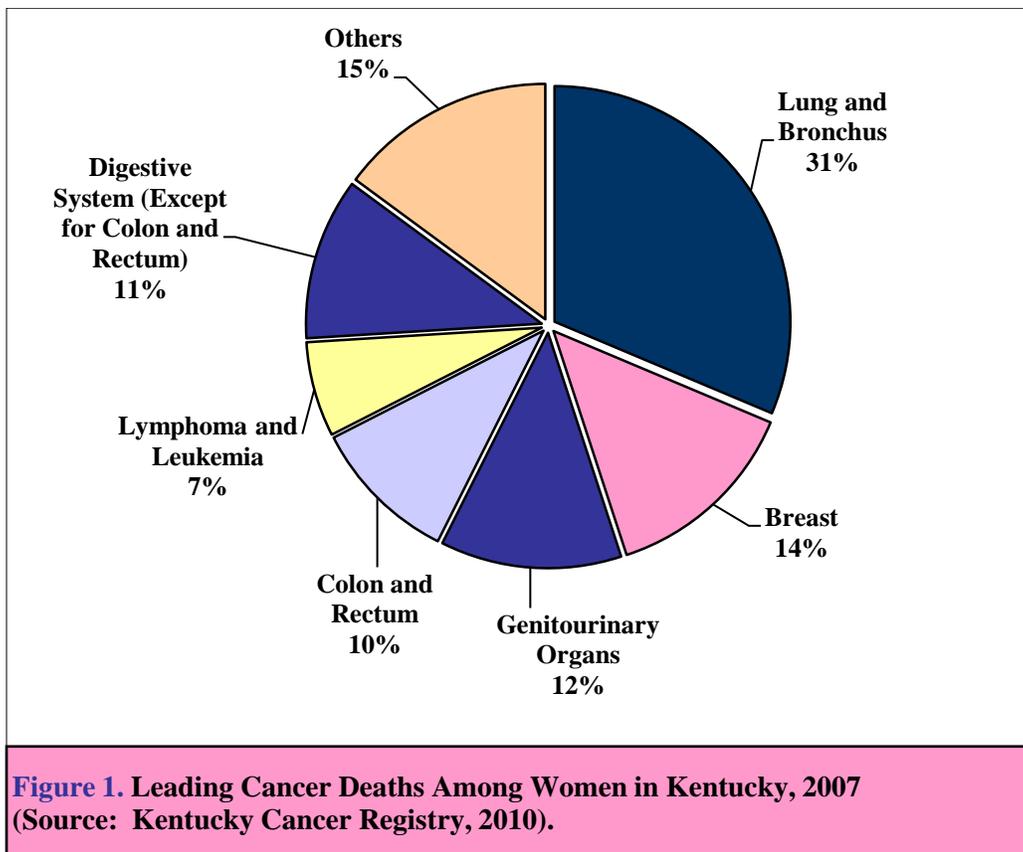
Every effort has been made to assure the quality of screening and diagnostic services and prompt referrals to treatment services. The Centers for Disease Control and Prevention (CDC) tracks and monitors the quality of breast cancer services and timely referrals through a report of the program's performance for 11 core performance indicators. Four of the program's core performance indicators assess quality of breast cancer services and seven of the core performance indicators assess quality of cervical cancer services. The KWCSPP met or exceeded 100% of the CDC standards for all 11 core performance indicators for the last four years, making the KWCSPP one of the highest quality programs in the country according to the CDC. Quality assurance tools developed by our program are now being used as models for other state's programs.

Since 2002, Kentucky's Medicaid Program has partnered with the KWCSPP to provide coverage for the Breast and Cervical Cancer Treatment Program (BCCTP) to Kentucky women screened or diagnosed

through the KWCSF. This collaborative effort between the Kentucky Department for Medicaid Services (DMS) and the KWCSF means that women diagnosed through the program may be able to access treatment for precancer or cancer of the breast. Without this partnership, which makes available screening, diagnosis, and referrals for treatment services through KWCSF, over 3,000 Kentucky women might not have been diagnosed or received treatment for breast or cervical cancer.

## I. Breast Cancer in Kentucky

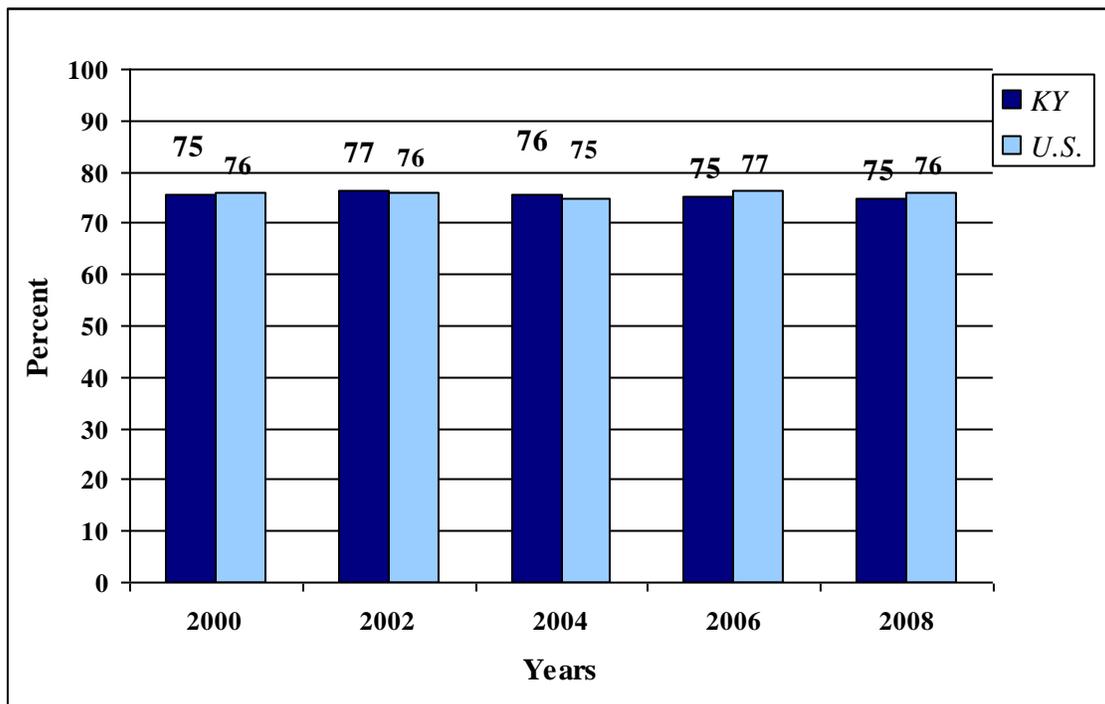
Breast cancer is the most commonly diagnosed cancer among American women. The American Cancer Society (ACS) estimates that 12.5%, or 1 in 8 American women born today, will be diagnosed with cancer of the breast at some time during their lifetime. In Kentucky, cancer was responsible for deaths of nearly one out of every five women. According to the most recent data available, breast cancer is the second leading cause of cancer deaths among women in Kentucky (Figure 1). Based on 2007 data from the National Cancer Institute (NCI), Kentucky was ranked as having the 12<sup>th</sup> highest breast cancer death rate (24.4 deaths per 100,000 women) in the nation. Breast cancer places a great financial toll on individuals and society alike. Breast cancer not only decreases the quality of life of the women it strikes, but the disease also has a negative impact on the quality of life of affected family members and caregivers. Addressing this problem requires a comprehensive approach, including risk reduction, screening, early detection, diagnosis, and treatment. The first step in this approach is to assure that women receive breast cancer screenings.



## A. Breast Cancer Screening Rates

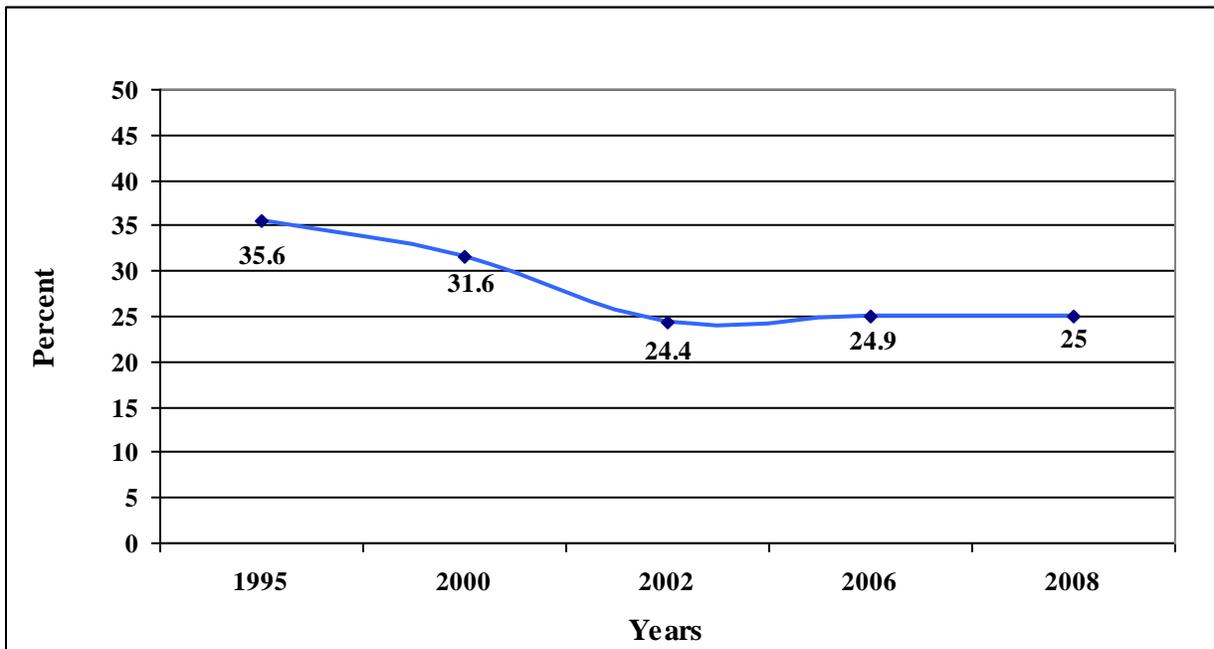
National screening guidelines endorsed by the Centers for Disease Control and Prevention (CDC), American College of Obstetricians and Gynecologists (ACOG), and the American Cancer Society (ACS) recommend that annual clinical breast exams be provided for women beginning at age 21 and annual screening mammograms be provided for women beginning at age 40.

Screening rates have remained consistent and have been close to the national average over the past five years. According to the Kentucky Behavioral Risk Factor Surveillance System Survey (BRFSS), Kentucky women aged 40 and older are receiving screening mammograms at a rate similar to the U.S. rate. Figure 2 shows the proportion of women aged 40 and older in Kentucky and in the U.S. who reported they had a mammogram in the past two years. From 2000 to 2008, Kentucky women who received screening mammograms in the past two years have remained fairly consistent.



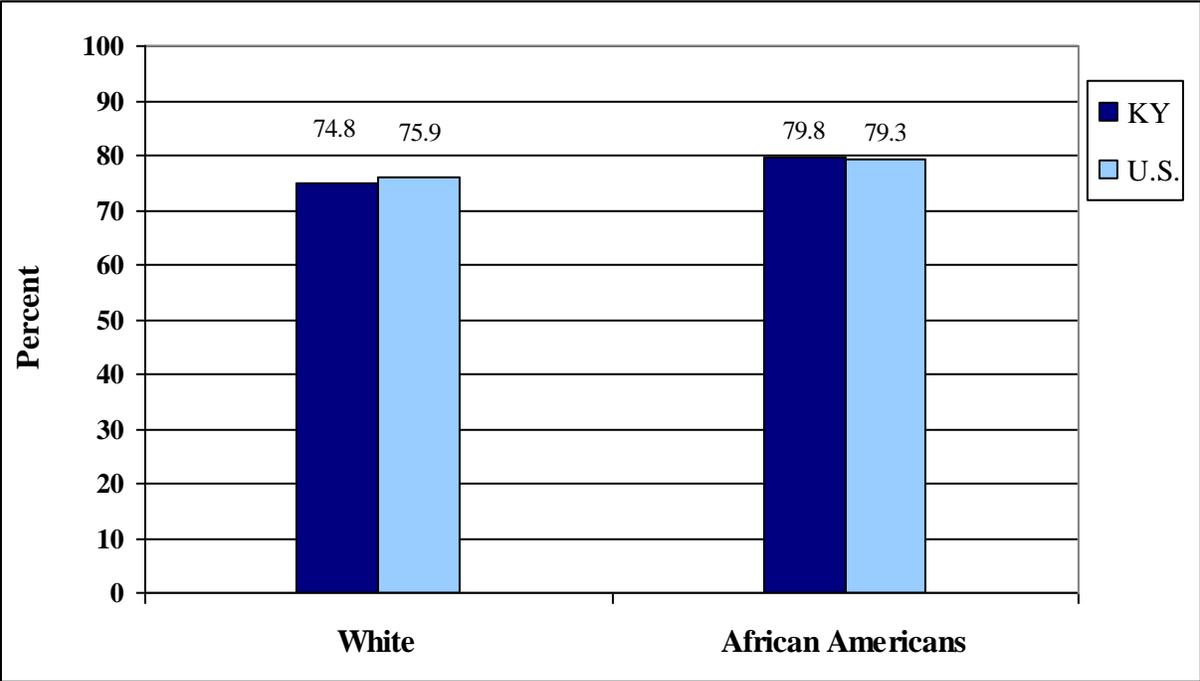
**Figure 2. Percentage of Kentucky Women Aged 40 and Older who had a Mammogram Within the Past Two Years; Kentucky and U.S.; 2000 to 2008 (Source: Kentucky Behavioral Risk Factor Surveillance System Survey and Centers for Disease Prevention and Control, 2008)**

In 2008, the BRFSS shows 25% of women surveyed, aged 40 and older reported they had not had a screening mammogram in the past two years, which is the frequency established in the nationally recommended guidelines for breast cancer screening. These women are considered to be never or rarely screened and are targeted by KWCSO outreach efforts. Since the establishment of the KWCSO, the percent of women reporting themselves to be in this category have declined from 35.6% in 1995 to 25.0% in 2008 (Figure 3) which is similar to the national trends. However, the trend since 2002 indicates that the proportion of women who have not received a mammogram in the past two years has remained consistent. This finding suggests that the KWCSO must continue outreach efforts to promote recommended screening intervals for early detection of breast cancer among Kentucky women and recruit never or rarely screened women as well as African American, Hispanic and Appalachian women. By fostering partnerships with public and private organizations as well as professionals and breast cancer survivors, progress will continue to be made.



**Figure 3. Percentage of Kentucky Women Aged 40 and Older Who Have Not Had a Mammogram Within the Past Two years, 1995-2008 (Source: Kentucky Behavioral Risk Factoral Surveillance System Survey and Centers for Disease Control and Prevention, 2008).**

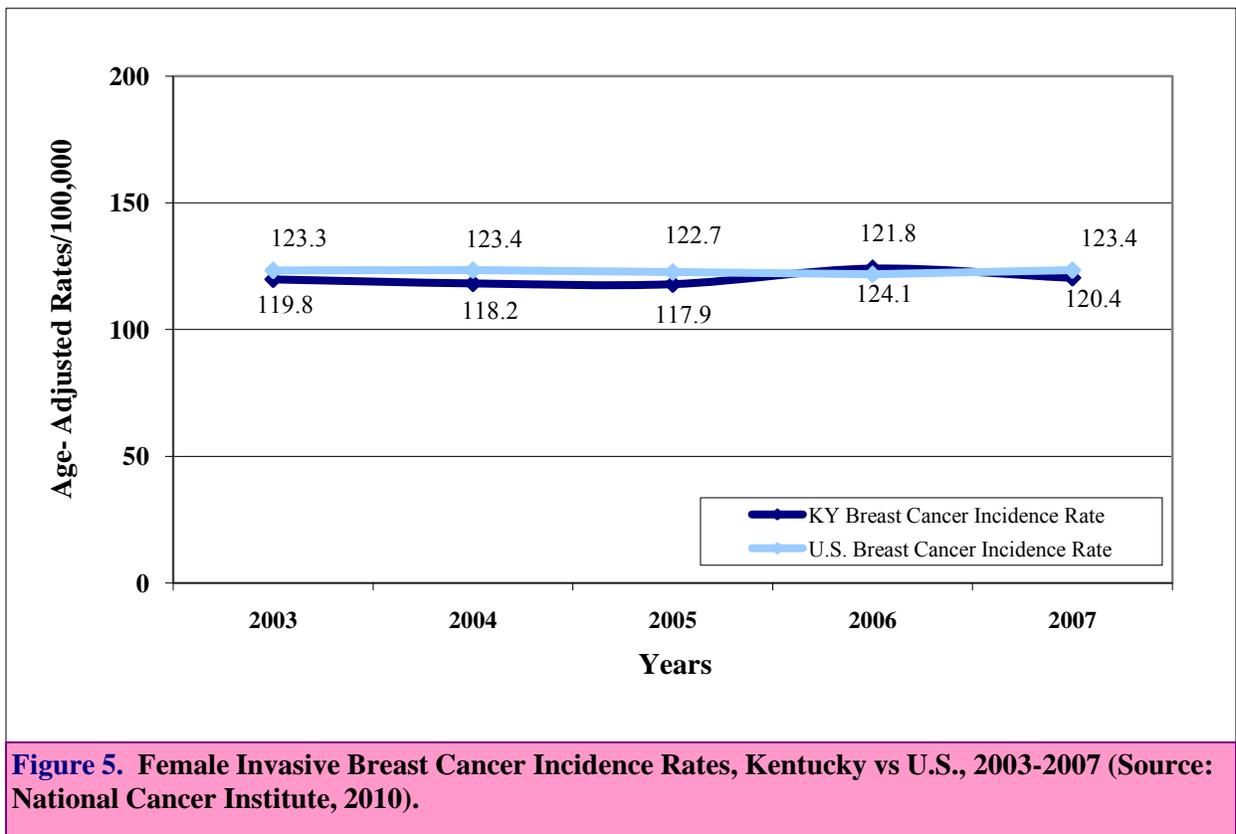
As depicted in the graph below, the BRFSS shows that 79.8% of Kentucky African American women surveyed, aged 40 and older, reported they have had a screening mammogram in the past two years compared to 79.3% in the nation. The gap between African American women age 40 and older who had a mammogram within the past two years is closing, in part due to more aggressive outreach efforts in Kentucky. Figure 4 also shows that the percentage of Kentucky White women (74.8%) who reported they have had a screening mammogram in the past two years is slightly lower than the national results (75.9%).



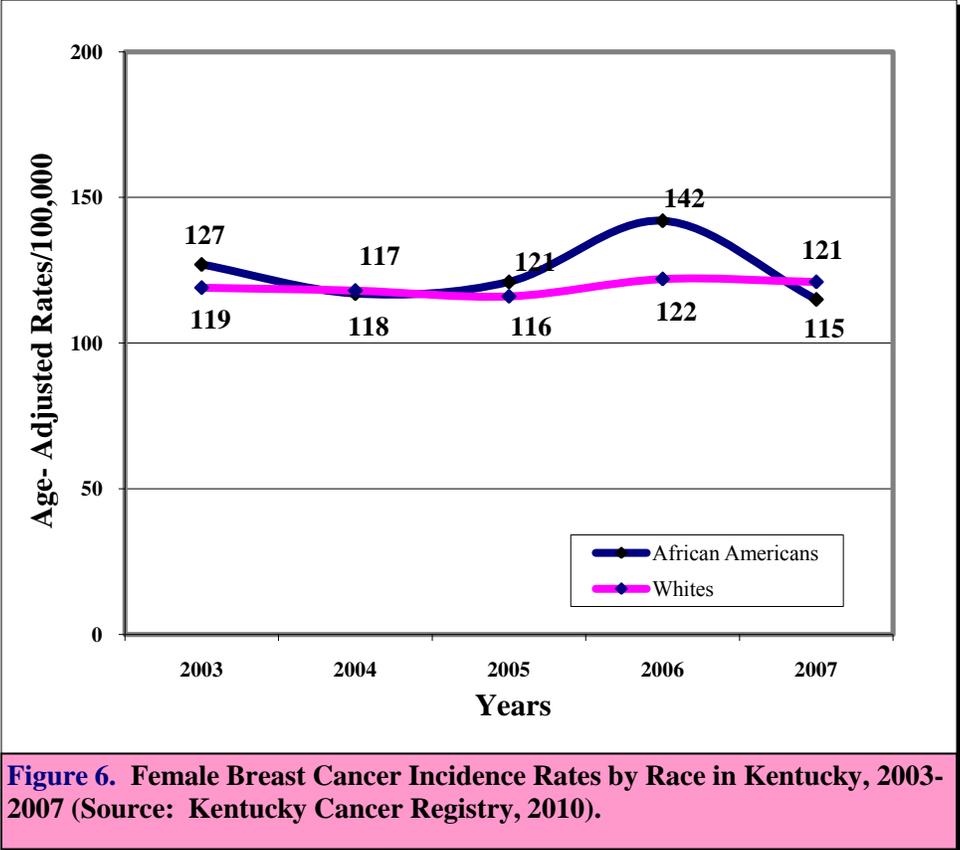
**Figure 4. Percentage of Women Aged 40 and Older Who Had a Mammogram Within the Past Two Years by Race; Kentucky and U.S.; 2008 (Source: Kentucky Behavioral Risk Factor Surveillance System Survey and Centers for Disease Prevention and Control, 2008).**

## B. Breast Cancer Incidence Rates

Breast cancer incidence (the rate of new cases of breast cancer) in Kentucky women in FY 2009 declined while the U.S. female breast cancer incidence rates increased over the same time period. According to the Surveillance, Epidemiology and End Results (SEER) Program data of the National Cancer Institute for the years 2003-2007, the five year average age-adjusted female breast cancer incidence rate in Kentucky was 120 cases per 100,000 women, lower than the U.S. rate of 122.9 cases per 100,000 women (Figure 5).



Incidence rates are influenced by racial, ethnic, and geographic disparities, and racial and ethnic disparities are found in Kentucky. The five year (2003-2007) average age-adjusted invasive breast cancer incidence rate was 119 cases per 100,000 among white women and 124 cases per 100,000 among Non-Hispanic African American women in Kentucky. This reflects a higher incidence of invasive breast cancer among Non-Hispanic African American women in Kentucky (Figure 6).

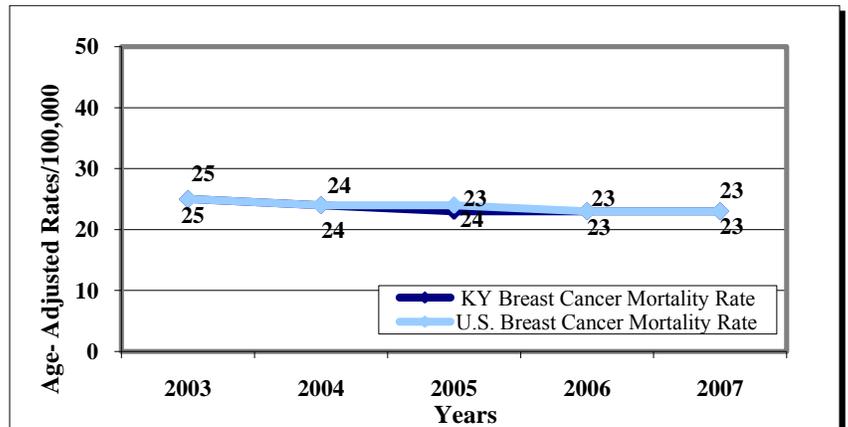


The most recent available data (2007) from the Kentucky Cancer Registry revealed seven counties in Kentucky had significantly higher age-adjusted incidence rates due to breast cancer compared to the statewide average age-adjusted rate (120/100,000 women). These counties were Robertson (168/100,000 women), Anderson (166/100,000 women), Bracken (162/100,000 women), Carlisle (153/100,000 women), Franklin (144/100,000 women), Owen (143/100,000 women) and Fayette (141/100,000 women) (Map 1). Women in counties with higher rates of breast cancer incidence may have multiple risk factors for breast cancer such as poor health history and economic and environmental factors. However, higher incidence in these counties could also represent effective outreach to recruit women for early detection of breast cancer and increased accessibility to breast cancer screening services.

### C. Breast Cancer Mortality Rates

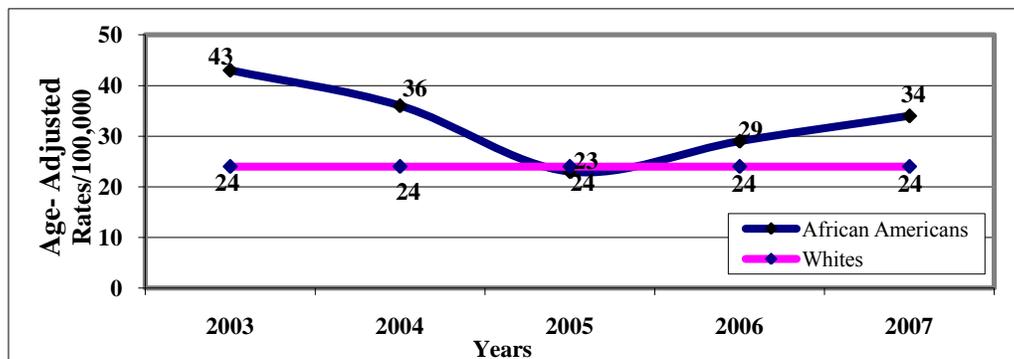
Breast cancer death rates in Kentucky and in U.S. have continued an overall downward trend over the last few years (Figure 7). In Kentucky, the five year average breast cancer mortality rate among women (24 deaths per 100,000 women) was equal to the average mortality rate due to breast cancer among women in the United States from 2003 through 2007.

During that period, the age-adjusted mortality rate of breast cancer in rural areas was no different than the rate in the urban areas. In past years, rural areas have shown higher mortality rates when compared to urban rates, so this may reflect the effect of outreach efforts designed to provide better access to care and early detection.



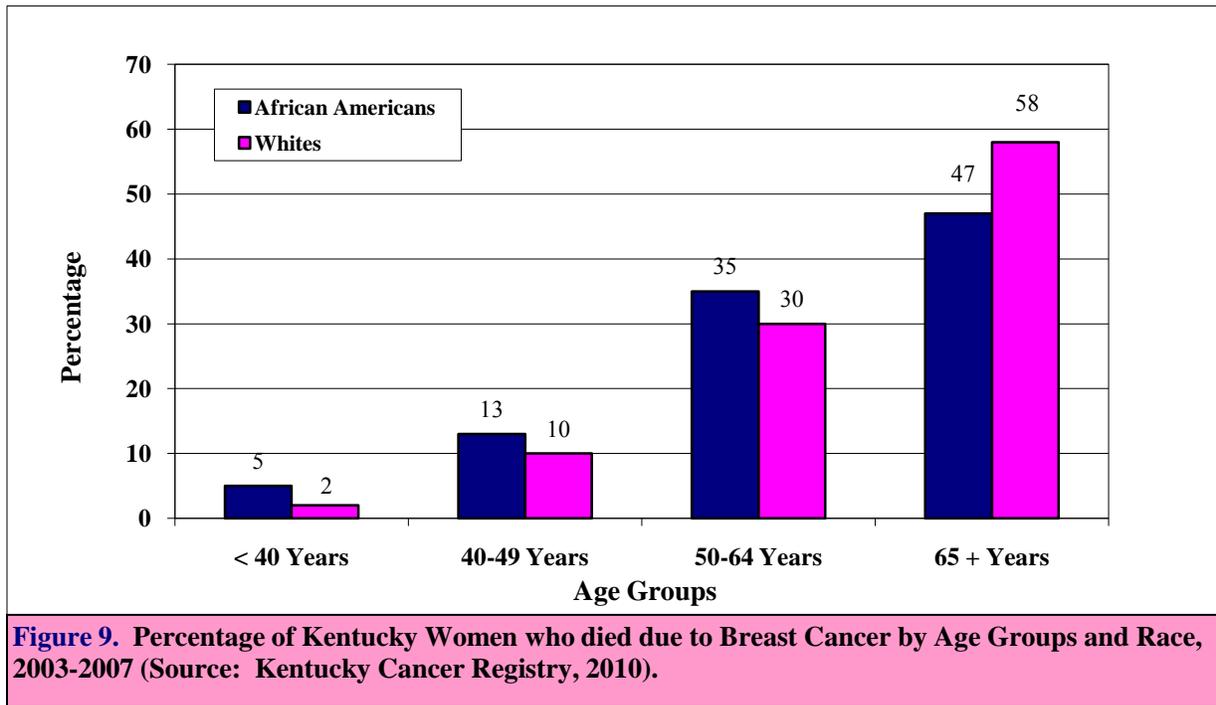
**Figure 7. Female Invasive Breast Cancer Mortality Rates, Kentucky vs U.S., 2003-2007 (Source: National Cancer Institute, 2010).**

Female breast cancer mortality rates vary considerably across racial and ethnic groups in Kentucky as they do in the United States. Although the average annual age-adjusted mortality rate in Kentucky among African American women has decreased significantly since 2003, African American women continue to die of breast cancer at a higher rate than any other racial or ethnic group, suggesting racial and ethnic disparities exist in Kentucky. The average annual age-adjusted breast cancer mortality rate in Kentucky from 2003-2007 was 23.6 cases per 100,000 White women and 32.8 cases per 100,000 in African American women. In Kentucky, among African Americans 36% of breast cancers found in the late stages are more likely to lead to higher mortality rates. The observed higher incidence and higher mortality among African American women may be the result of later detection of disease among African American women.



**Figure 8. Female Breast Cancer Mortality Rates by Race in Kentucky, 2003-2007 (Source: Kentucky Cancer Registry, 2010).**

From 2003 to 2007, African American women among the age group of 50-64 years have a higher death percentage due to breast cancer (35%) compared to White women (30%) (Figure 9). These findings indicate a need to continue on-going outreach initiatives to Kentucky's African American women to assure access to services and to promote early detection and prompt treatment after diagnosis.



Given the small number of Hispanic women in the general Kentucky population (1.5% in 2009), available data for breast cancer mortality among Hispanic women is not sufficient to support reliable inferences about mortality in this population. The KWCSPP will continue to assess trends for breast cancer mortality among this population and will work with community, state, and national partners to support initiatives to promote early detection, diagnosis, and prompt treatment of breast cancer among all minority residents of the state.

The most recent data from the Kentucky Cancer Registry (2007) revealed seven counties in Kentucky had higher age-adjusted mortality rates due to breast cancer compared to the state average age-adjusted rate (32.8/100,000 women). (Refer to Map 2.) These counties were: Carlisle (76/100,000 women), Lyon (64/100,000 women), Menifee (63/100,000 women), Wayne (58/100,000 women), Bourbon (56/100,000 women), Letcher (54/100,000 women), and Martin (48/100,000 women). However, the number of deaths due to breast cancer among these counties is too small to calculate a stable age-adjusted rate. Women in counties with higher rates of breast cancer mortality may have multiple risk factors for breast cancer such as poor health history, family history, and economic and environmental factors. National studies suggest a higher risk for breast cancer mortality in women with lower household income; less access to healthcare services for screening, diagnosis, and treatment; decreased outreach encounters; and later detection of disease.

#### **D. Summary of Breast Cancer Incidence and Mortality in Kentucky**

In Kentucky, screening mammography rates are very close to national rates; yet, nearly one in four Kentucky women who need mammograms do not get them. Many of these women are in areas where screening is not readily available or affordable while others may not know the importance of regular screening. Outreach efforts must continue until all women can access regular screenings, diagnosis, and treatment that will help eliminate the burden of breast cancer.

Data in this report suggest that Kentucky is making some progress in the fight against breast cancer. Overall mortality rates from breast cancer are decreasing; however, higher mortality rates among African American women indicate much work remains to be done. This reflects an accomplishment by the many agencies and individuals around the state who have been touched by breast cancer and have dedicated their time and effort in the fight against breast cancer. The need continues, and the work will continue with renewed optimism that KWCSF can make a difference.

## **II. Kentucky Women's Cancer Screening Program Overview**

The Kentucky Women's Cancer Screening Program (KWCSPP) was established in 1995 from federal funds to provide high quality breast cancer screening services at a low or reduced cost to women of all income levels through preventive health programs at the local health departments in all of Kentucky's 120 counties. Women to be screened are seen initially in local health departments by registered nurses or other practitioners who provide instruction in breast self-examination and perform clinical breast exams. In accordance with nationally recommended screening guidelines, annual clinical breast exams are provided for patients beginning at age 21 and annual screening mammograms are provided for patients beginning at age 40. Local health departments contract with local providers for screening mammograms and for follow-up diagnostic tests as clinically indicated.

Each year, the KWCSPP supports a variety of activities aimed at raising awareness about breast cancer and the benefits of screening. Throughout FY 2009, the program collaborated with the Kentucky Cancer Program and other partners to conduct media campaigns, to conduct community and provider education programs, and to support outreach activities of local community coalitions across the state. These outreach and media campaigns focused on recruitment of Appalachian, African American and Hispanic women, women age, 50 and older, and women who have never or rarely been screened for breast cancer.

### **A. Eligibility Criteria**

The KWCSPP serves women who may not otherwise receive breast cancer screening services. These women are age 21 to 64 years, have a household income of 250% or less of the federal poverty guidelines, and have no insurance, Medicare or Medicaid coverage. Women with household incomes below 100% of the poverty level receive services free or at a minimal cost. Women with household incomes between 100 and 250% of the poverty level are charged according to a sliding fee schedule. Women are never denied services due to an inability to pay. Women receive breast cancer screening services appropriate to their age. Women 21-39 years of age receive clinical breast exams (CBE) and screening mammography services if they have been previously diagnosed with breast cancer, have had chest wall radiation, have an abnormal CBE, or have a family history of pre-menopausal breast cancer. Women 40-64 years old receive clinical breast exams and annual mammograms. Women who do not meet the eligibility criteria for services through the KWCSPP may be referred to other programs for cancer screening services.

### **B. Provision of Services**

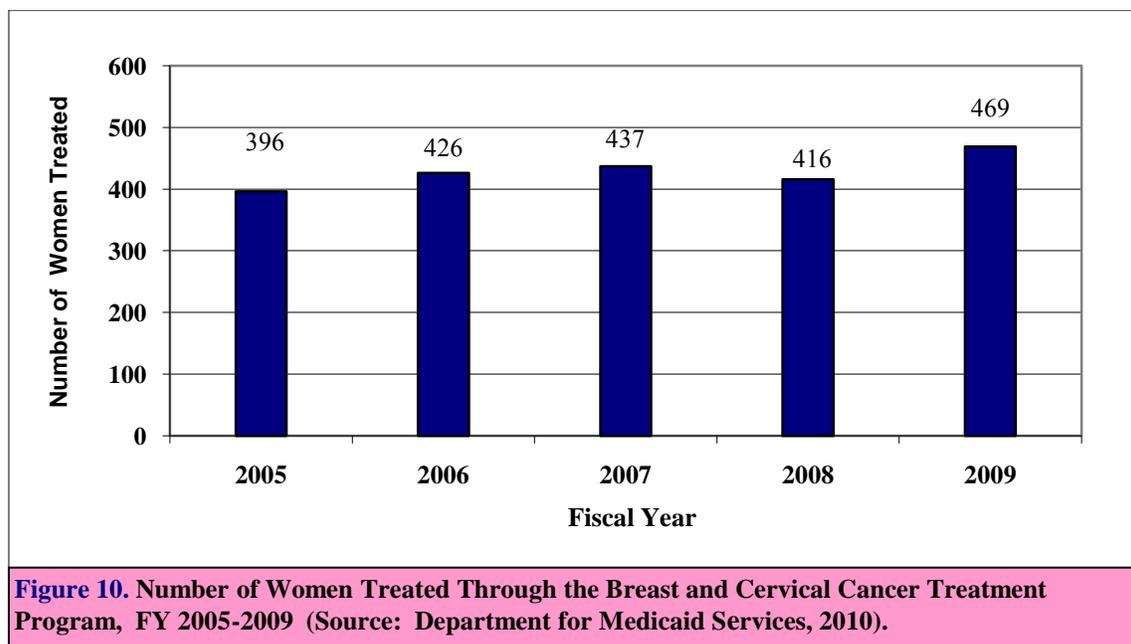
Breast cancer screening services are provided by a physician, nurse practitioner, or a specially trained registered nurse at a local health department or contracted healthcare provider. A cancer screening visit may include a health history, risk reduction counseling, a physical examination including a Pap test, a pelvic exam, a clinical breast exam, laboratory tests, and referral for an annual mammogram. Nurse case management is also provided for patient follow-up in the event of abnormal results. Patients are encouraged to receive all services; however, the patient retains the right to refuse any part of the exam.

Local health departments contract with local providers for mammograms and diagnostic tests. In counties where there is not a certified mammography facility or where an agreement cannot be established, a contract is established with a neighboring county or with a mobile mammography unit. There are approximately 170 mammography facilities available to local health department clients across the state. Technical assistance from KWCSP staff members is available to assist local health departments identify providers or to assist with funding to ensure transportation is available for patients to attend their medical appointments.

Women in the KWCSP or in local health departments who receive abnormal breast cancer screening results are referred to providers for follow-up diagnostic services, including diagnostic mammography. For services for which no funds are available, or for services not covered by third party payers, local health departments negotiate with local providers to provide these services to patients at a minimal cost. The KWCSP assists with enrolling and initiating necessary referrals to the Department for Medicaid Services Breast and Cervical Cancer Treatment Program (BCCTP) for the treatment of women with no health care coverage.

### C. Breast and Cervical Cancer Treatment Program

On October 1, 2002, Breast and Cervical Cancer Treatment Funds became available for women who were screened for breast cancer through the KWCSP. Kentucky’s Department for Medicaid Services (DMS) added coverage through special eligibility processes to enroll women who require treatment for breast or cervical cancer or precancerous conditions. Since 2005, the KWCSP has collaborated with the DMS to provide treatment to approximately 3,000 women through the DMS Breast and Cervical Cancer Treatment Program. Without the availability of the screening and diagnostic services and the treatment referrals, these women might not have been diagnosed or received treatment for breast or cervical cancer or precancerous conditions (Figure 10).



## D. Public Education and Outreach

### Coalitions

During FY 2009, collaborative efforts resulted in the implementation of media messages and support for outreach efforts in all 120 Local Health Departments and 59 local community coalitions for breast and cervical cancer (Table 1). Community coalitions implemented activities to increase awareness of the need for breast and cervical cancer screenings, targeting women age 50 and older as well as those who have never or rarely been screened for breast cancer. Women who have never or rarely been screened for breast cancer are at risk for late detection of breast cancer, resulting in higher mortality rates. The KWCSP helped plan and support local community coalitions outreach initiatives through educational presentations, distribution of educational materials, health fairs, professional education and awareness activities, newspaper and radio articles, press releases, and public service announcements (PSAs).

1. Ballard	31. McCracken
2. Bath	32. McCreary
3. Bourbon	33. Madison
4. Breathitt	34. Magoffin
5. Bullitt	35. Marshall
6. Caldwell	36. Martin
7. Carlisle	37. Meade
8. Carroll	38. Menifee
9. Christian	39. Mercer
10. Cumberland	40. Monroe
11. Elliott	41. Montgomery
12. Estill	42. Morgan
13. Fayette	43. Muhlenberg
14. Fleming	44. Nicholas
15. Floyd	45. Northern Kentucky
16. Franklin	46. Ohio
17. Fulton	47. Oldham
18. Graves	48. Owen
19. Green	49. Owsley
20. Harlan	50. Perry
21. Hickman	51. Powell
22. Jessamine	52. Pulaski
23. Knott	53. Shelby
24. Knox	54. Todd
25. Laurel	55. Warren
26. Lawrence	56. Washington
27. Lee	57. Wayne
28. Leslie	58. Whitley
29. Lewis	59. Wolfe
30. Lincoln	

### Targeted Outreach

Health disparities exist due to race and ethnicity, educational attainment, income, and rural location (including 51 counties in Appalachia), all of which impact the utilization of preventative screenings. Other contributing factors associated with the low number of cancer screenings among African American, Appalachian, and Hispanic women include lack of convenience and time to schedule an appointment, fear of the detection and diagnosis of breast cancer, and embarrassment related to the mammogram procedure. Additional barriers to breast cancer screening include lack of knowledge of breast cancer risk factors and screenings, myths and misconceptions about the etiology of breast cancer, fatalistic perspectives on breast cancer outcomes, lack of referrals from healthcare providers, mistrust of healthcare providers, cultural norms, and/or lack of health insurance (Shell, 2004).

Outreach efforts to recruit African American, Appalachian, and Hispanic women for breast cancer screenings were increased based on an analysis of the Kentucky Cancer Registry data. The Sister to Sister Project with the Fayette County Health Department provided 52 breast and/or cervical cancer screenings to women in Fayette County. Results of the screening revealed that 34 women needed screening mammograms, eight needed diagnostic mammograms, 36 women had Pap tests, and two needed further referrals. There were 18 women who had never had a mammogram, five women who had not been screened within the last five years, and one woman who had never had a Pap test.

“Horses and Hope”, a breast cancer initiative of the Office of the First Lady and the Kentucky Cancer Program (KCP), fosters work within the state’s equine industry to identify new opportunities to provide breast cancer awareness, education, screening, and treatment, as well as to raise funds to sustain programs in the future. In FY 2009 “Horses and Hope” sponsored four Breast Cancer Race Days to raise awareness at Kentucky’s racetracks. Attendance for the Breast Cancer Race Days was estimated to be greater than 124,000 race fans. The “Backside Outreach” offered one-on-one education and outreach to 288 backside workers by bilingual health educators. A mammography van was available on-site and 132 women were provided mammography screening.

Magoffin County provided 66 breast and cervical cancer screenings for Women’s Health Day and October screening events. One hundred twenty-four women were screened during events in Martin, Magoffin, Wolfe, Martin, Carter, and Boyd Counties. The Department for Medicaid Services (DMS) held a screening event resulting in 67 breast and cervical cancer screenings to women in Martin, Magoffin, and Wolfe Counties.

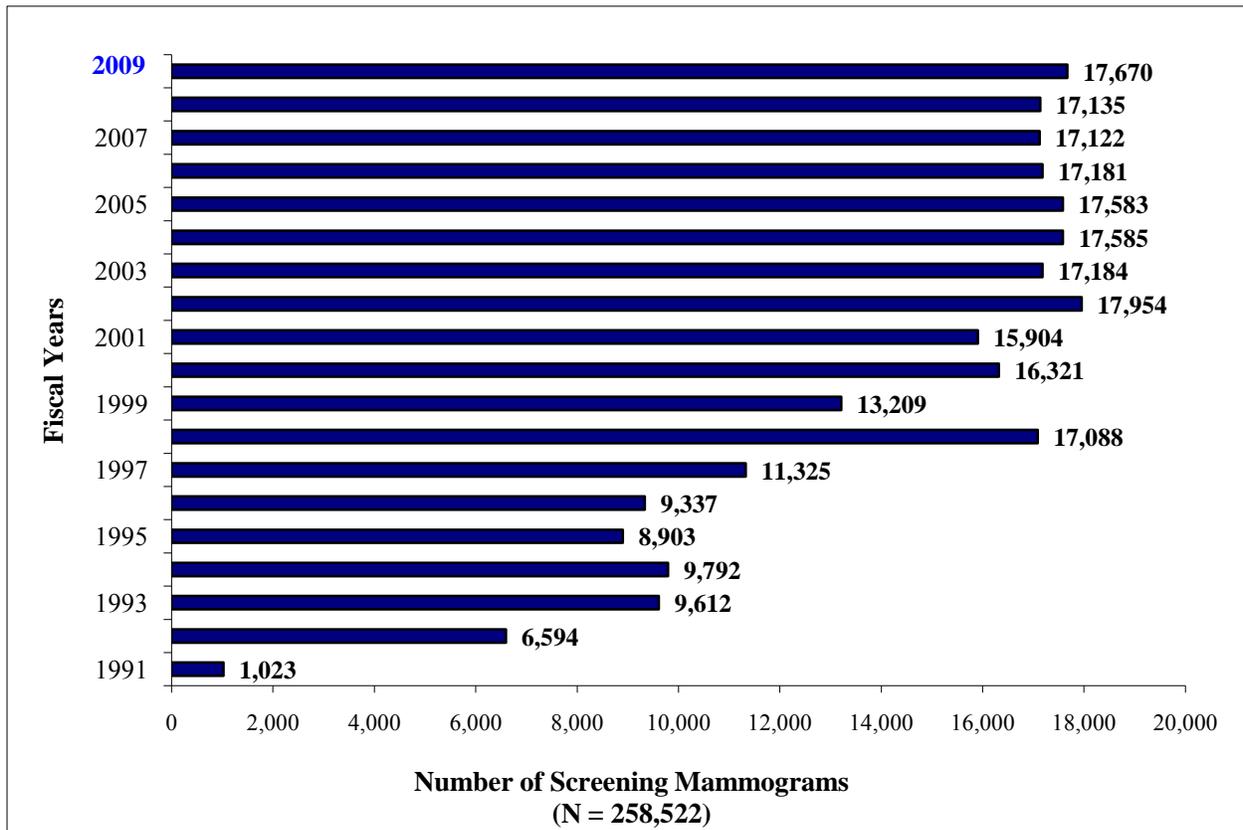
### III. Clinical Services Report

#### A. Screening Services

##### 1. Screening Mammograms Performed through Local Health Departments in Kentucky

Since 1991, a total of 258,522 screening mammograms have been performed through local health departments in Kentucky. During FY 2009, 17,670 screening mammograms were provided through local health departments (Figure 11) 11,870 were provided to KWCSF eligible women. *The KWCSF has a screening rate of 20% of eligible women, a rate higher than the 19% screening rate for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).*

Figure 11 shows the total number of screening mammograms provided by all local health departments in Kentucky for fiscal years 1991-2009. The number of screening mammograms has remained consistent since 2002. County-specific screening data is available upon request.



**Figure 11. Total Screening Mammograms Performed by the Local Health Departments in Kentucky, FY 1991-2009 (Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, 2010)**

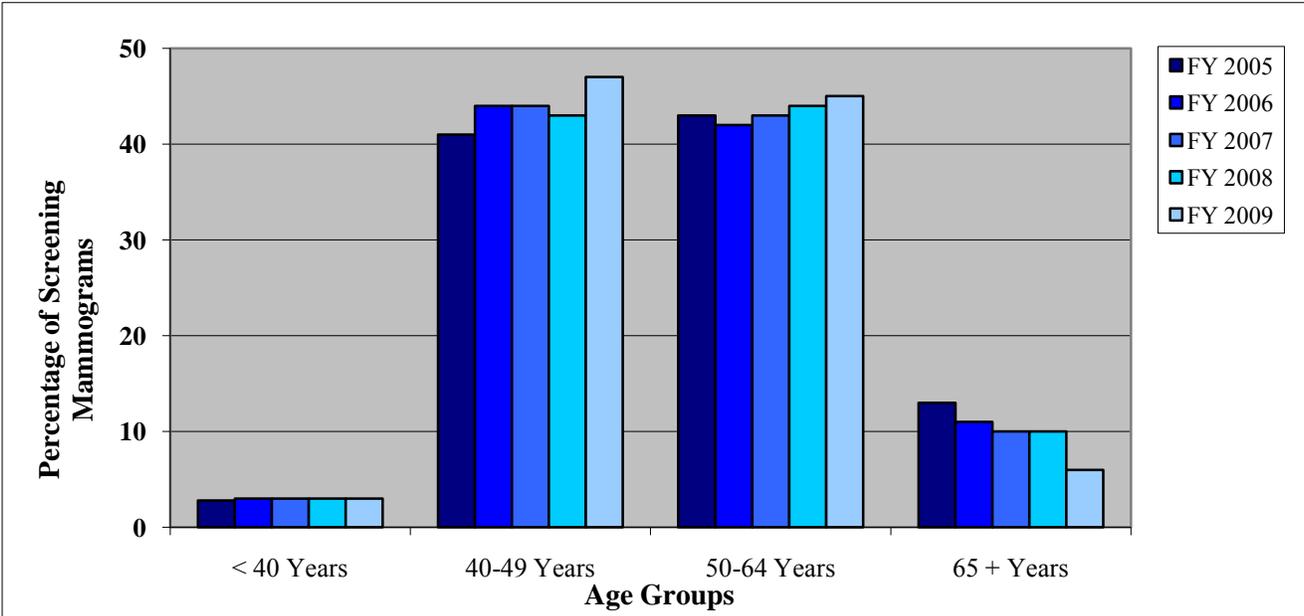
Table 2 demonstrates the number of screening mammograms performed FY 2005 - FY 2009 through local health departments in each of the 15 Area Development Districts. These numbers are not adjusted for the population.

<b>Table 2. Screening Mammograms Performed Through Local Health Departments in Kentucky.</b>					
<b>Area Development Districts</b>	<b>FY 2005</b>	<b>FY 2006</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>1. Barren River</b>	729	826	908	783	930
<b>2. Big Sandy</b>	806	853	967	902	815
<b>3. Bluegrass</b>	2103	2187	2206	2040	2438
<b>4. Buffalo Trace</b>	293	275	287	213	256
<b>5. Cumberland Valley</b>	1896	1677	1782	1430	1563
<b>6. FIVCO</b>	930	1006	932	783	746
<b>7. Gateway</b>	414	329	363	299	388
<b>8. Green River</b>	735	689	735	699	769
<b>9. Kentucky River</b>	1247	1261	1216	1260	1243
<b>10. KIPDA</b>	4068	3931	3527	4856	4131
<b>11. Lake Cumberland</b>	1202	1161	1161	1055	1313
<b>12. Lincoln Trail</b>	689	680	642	701	760
<b>13. Northern Kentucky</b>	345	351	341	285	427
<b>14. Pennyrile</b>	792	741	846	751	828
<b>15. Purchase</b>	1334	1214	1209	1078	1063
<b>Total</b>	<b>17,583</b>	<b>17,181</b>	<b>17,122</b>	<b>17,135</b>	<b>17,670</b>

## **2. Screening Mammograms Performed Through Local Health Departments by Age Groups**

The American Cancer Society and the National Cancer Institute recommend yearly screening mammograms for women 40 years old and older. The Kentucky Department for Public Health follows these recommendations for screening mammograms. In FY 2009, 95% of screening mammograms performed through local health departments were provided to women 40 years old and older. Of these women, 47% were 40-49 years old; 45% were 50-64 years old; and 6% were 65 years old and older.

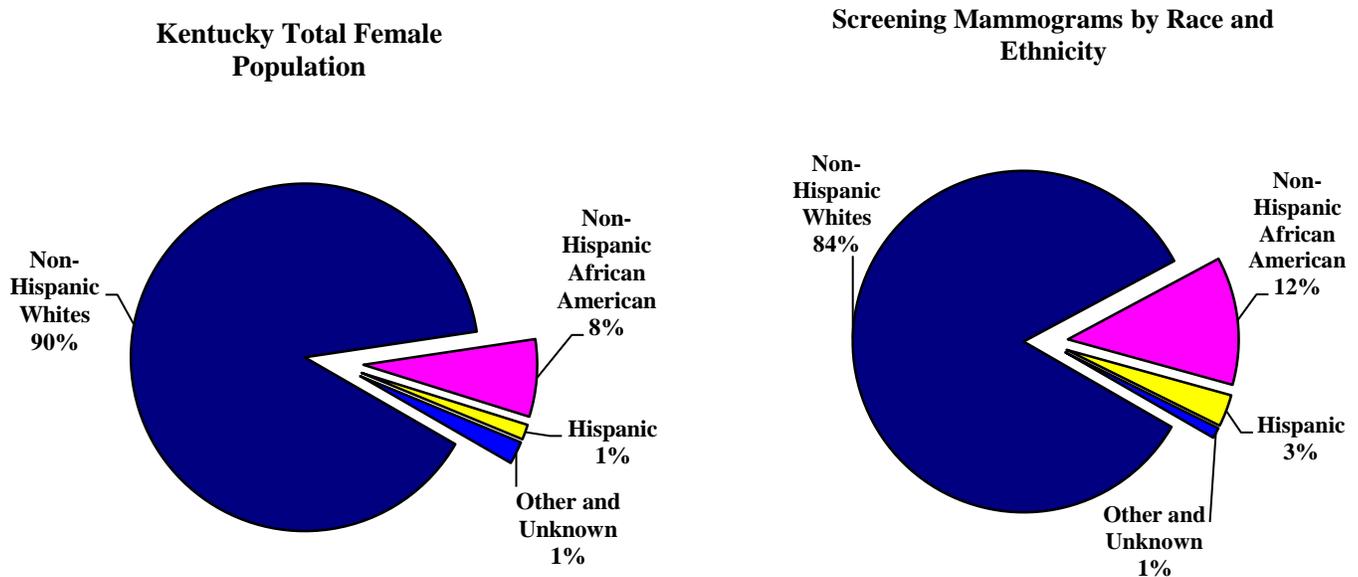
Throughout FY 2005-2009, the percentage of screening mammography among all age groups has remained stable (Figure 12). Results of several large studies indicate that screening mammograms reduce the number of deaths from breast cancer for women over 40 years old, especially for women over 50 years old. Studies conducted to date have not shown a benefit for regular screening mammograms or baseline mammograms for women under 40 years old. Since guidelines do not recommend routine screenings for women younger than 40 years old, a lower percentage of screening mammograms for those women is to be expected. However, women under 40 years old are provided mammograms at local health departments if they have symptoms of breast cancer or a family history of pre-menopausal breast cancer. Women 65 years and older who are eligible for Medicare may choose to obtain screening mammography services from private providers instead of the local health departments, which may explain the lower percentage of women 65 years old and older who received screening mammograms through local health departments compared to women ages 40-49 and 50-64.



**Figure 12. Percentage of Screening Mammograms Performed Through Local Health Departments in Kentucky by Age Groups, FY 2005-2009 (Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, 2010)**

### 3. Screening Mammograms Performed through Local Health Departments by Race and Ethnicity

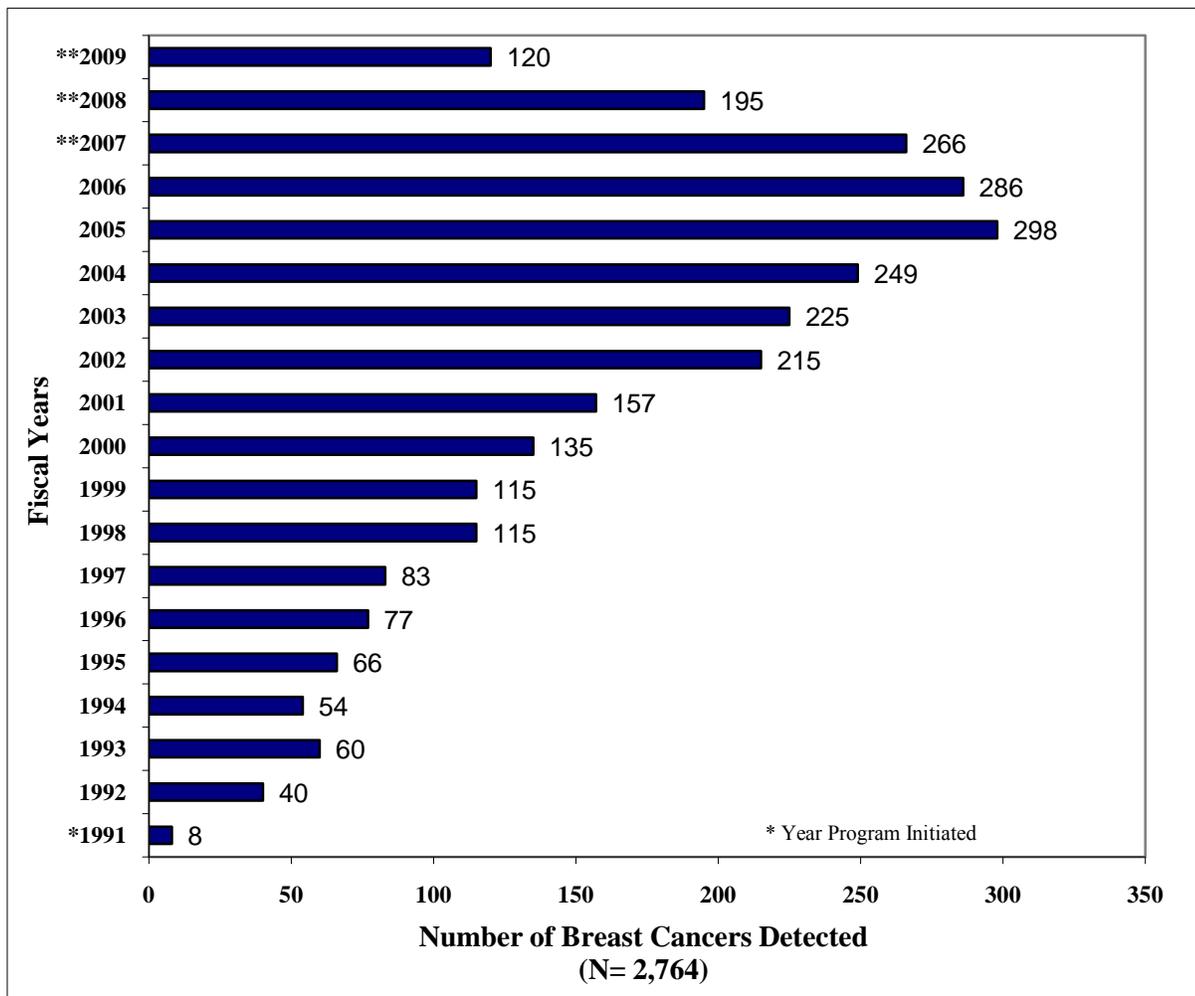
In FY 2009, 90% of the state's female population was Non-Hispanic White; 8% Non-Hispanic African American; 1% others and Unknown; and 1% Hispanic. Of the state's female population, the majority of screening mammograms (84%) were provided to Non-Hispanic White women. The remaining screening mammograms were divided among Non-Hispanic African Americans (12%); Hispanics (3%); and Others and Unknowns (1%), which includes Asians and American Indian women (Figure 13). Screening mammograms were provided to a higher proportion of African American women (12%) than are represented in the Kentucky population (8%) suggesting that outreach efforts by the KWCSPP may have a positive effect in the promotion of breast cancer screenings among African American women.



**Figure 13.** Percentage of Kentucky Total Female Population vs. Screening Mammograms Performed Through Local Health Departments in Kentucky by Race and Ethnicity, FY 2009 (Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health, 2010).

**B. Outcomes: Breast Cancers Detected through Local Health Departments in Kentucky**

Between FY 1991 and FY 2009, 2,764 cases of breast cancer were detected in women who received breast cancer screening services through local health departments (Figure 14). In FY 2009, a total of 120 breast cancers were detected through local health departments. Data for FY 2007, 2008 and 2009 is still preliminary and may increase when the data is finalized.



**Figure 14. Total Number of Invasive Breast Cancers Diagnosed FY 1991-2008 (Source: Kentucky Women's Cancer Screening Program, Kentucky Department for Public Health). \*\* Date for FY 2007 - 2009 are preliminary.**

#### IV. Quality Assurance

Continuous quality assurance activities promote the quality of service delivery at local health departments, contracted providers, mammography facilities, and laboratories. The KWCSF is required to submit reports twice each year providing feedback to CDC on performance indicators which measure the timeliness and appropriateness of care provided. There are specific requirements that our patients will receive a final diagnosis and treatment within CDC’s standard for quality of care. CDC data shows that KWCSF patients meet the expected CDC standard for women who receive complete follow-up. The CDC uses KWCSF program data to generate Kentucky’s Data Quality Indicator Guide (DQIG) which reveals the program has met 68 of 70 indicators for FY 2009. These indicators represent important aspects of patient care. Eleven of these indicators compose the program’s core performance: five of these indicators relate to breast cancer and six indicators relate to cervical cancer. **Based on the FY 2009 CDC report on the KWCSF’s 11 Core Performance Indicators, the program has met or exceeded the CDC standards for quality of cancer services for the last four years (Table 3).**

<b>Table 3. Breast Cancer Quality of Care Core Program Performance Indicators Kentucky Women’s Cancer Screening Program, FY 2009</b>					
<b>Program Performance Indicator</b>	<b>CDC Standard</b>	<b>Kentucky Results</b>		<b>National Results</b>	
		<b>Percentage</b>	<b>Standard Met?</b>	<b>Percentage</b>	<b>Standard Met?</b>
<b>Abnormal Breast Cancer Screening Results with Complete Follow-up</b>	≥ 90%	90.2% (1,933/2,142)	<b>YES</b>	93.1% (98,803/106,072)	<b>YES</b>
<b>Abnormal Breast Cancer Screening Results; Time from Screening to Diagnosis &gt; 60 Days</b>	≤ 25%	12.9% (250/1,931)	<b>YES</b>	9.9% (9,844/99,081)	<b>YES</b>
<b>Treatment Started for Breast Cancer</b>	≥ 90%	94.3% (66/70)	<b>YES</b>	96.4% (5,010/5,196)	<b>YES</b>
<b>Breast Cancer; Time from Diagnosis to Treatment &gt; 60 days</b>	≤ 20 %	9.1% (6/66)	<b>YES</b>	7.5% (373/4,985)	<b>YES</b>
<b>Screening Mammograms Provided to Women &gt; 50 years of age</b>	≥ 75%	100.0% (5,281/5,281)	<b>YES</b>	85% (282,054/331,644)	<b>YES</b>

Clinical benchmarks have been developed and implemented to standardize the quality assurance review process and correlate with standards established by the CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The quality assurance review process includes targeted activities to identify opportunities for program improvement, identify local health departments in need of further assessment or technical assistance, and focus staff activity and resources to assure and improve program performance.

In FY 2009, activities included routine quality assurance site visits at each local health department. During each site visit, the state Case Management Coordinator (CMC) reviews the patient follow-up tracking system and external healthcare provider contracts. The CMC assesses compliance with federal and state program guidelines and policies, as well as needs for training and technical assistance to assure the continuity of appropriate and timely quality care. The utilization of a standardized quality assurance tool during chart reviews assured that specific criteria and standards were being reviewed and consistently measured at each site. Any issues or concerns identified during the site visit were immediately addressed by the CMC with the local health department and findings were also communicated to the local health department in writing within 14 days of the site visit. If applicable, a written plan of correction may be requested from the local health department and a follow-up review would be conducted by the CMC to assure appropriate actions were taken to resolve issues.

In addition, protocols and practices were reviewed by the KWCSB Breast Cancer Medical Advisory Committee (BCMAM). Members of the BCMAM include radiologists, surgeons, and clinical pathologists. The BCMAM provide clinical expertise and advice regarding standards of care to promote quality services.

#### **A. Quality Assurance through Clinical Standards**

Clinical standards, including timetables for screening, diagnostic follow-up, and case management, are established for the local health departments through the Public Health Practice Reference (PHPR). The PHPR guidelines are updated biannually and reflect current nationally recognized research and best practices. This reference contains the standards by which services are evaluated through routine and focused quality assurance activities. In accordance with nationally recommended screening guidelines, the PHPR guidelines for breast cancer screenings recommend that annual clinical breast exams are provided beginning at age 21 and annual screening mammograms are provided beginning at age 40. All women with an abnormal clinical breast examination, regardless of age, are referred for surgical consultation for further evaluation. The appropriate follow-up for abnormal results of mammograms is specified in the PHPR.

#### **B. Quality Assurance through Case Management**

The goal of case management is for all women enrolled in the KWCSB to receive accessible, timely, and medically appropriate screenings and referrals for diagnostic and treatment services. Each local health department is required to designate a Nurse Case Manager (NCM) to assure complete and timely tracking and follow-up for all women with abnormal screening and diagnostic results. The NCM employs a patient tracking system to ensure women receive timely notification and referrals to providers for abnormal screening and diagnostic results. Using a patient reminder tool, the NCM assists patients with case management services and follow-up services at appropriate screening intervals. Additionally, the NCM is responsible for the development and implementation of an appropriate plan of care, coordination of patient care with providers, individualized patient counseling and education on test results and procedures, and ongoing review of the patient's plan of care to assure adherence to the current PHPR guidelines.

### **C. Quality Assurance through Professional Development**

FY 2009 the University of Louisville provided six two-day breast and cervical cancer screening courses to 46 local health department nurses and practitioners regarding women's health issues and cancer screening clinical skills and practices to assure that all women who receive breast cancer screenings through the local health departments receive quality services. This two-day training focused on teaching breast self-exam, performing a clinical breast exam using the MammaCare® method, female pelvic anatomy, performance of a bi-manual pelvic examination, correct Pap smear technique, and understanding abnormal Pap smear results. In addition to the hands-on training provided during the two-day course, the nurses completed a preceptorship, which included successful completion of 25 women's cancer screening examinations under the direct supervision of a qualified clinical preceptor, and received certification to document completion of the requirements to provide cancer screening services.

Since the greater density of breast tissue among younger women can make the detection of breast cancer challenging and may lead to a higher number of abnormal findings, it is critical to include the MammaCare® method as a part of the breast cancer screening trainings. To better prepare for this challenge, the KWCSPP contracted with the University of Louisville to conduct clinical breast examination training using the MammaCare® method for local health department nurses and providers.

In collaboration with the University of Louisville Professional Education, Department of OB-GYN, five one-day women's health update workshops were provided in the Central, Eastern, Western, Northern, and Southern regions of the state. Physicians and other healthcare professionals delivered information regarding current breast cancer screening practice guidelines to 297 local health department clinical staff.

In collaboration with the KWCSPP, the University of Louisville Professional Education Coordinator with the Kentucky Cancer Program developed and promoted four web based training modules for Kentucky providers entitled "Cancer screening and Follow-up," "Using the Public Health Practice Reference," "Nurse Case Management, Helping Patients with Abnormal Results," and "Reaching Kentucky's Never and Rarely Screened."

### **D. Quality Assurance through Data Monitoring**

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) requires the KWCSPP to collect an expanded data set that includes 100 data elements referred to as the Minimum Data Elements (MDEs). These data elements are collected from the local health departments in Kentucky to measure the effectiveness and efficiency of the program. MDEs are reported twice yearly to the CDC which provides feedback on the program's performance after each data submission. The CDC reviews the program's data report to determine whether standards are met for NBCCEDP performance indicators. Continued quality assurance efforts have contributed to improvements in data management and the collection and reporting of data for services provided by the KWCSPP.

Throughout FY 2009, the program continued efforts to streamline the data collection and reporting system to assure NBCCEDP performance indicators were met. The KWCSPP implemented data management tools to review vendor data files and assess, on a monthly basis, the completeness,

accuracy, and timeliness of the data reported in the data management vendor's file. *As a result of this and other efforts, the KWCSF met 68 of 70 indicators and submitted 99.5% complete data to CDC in FY 2009.*

Although changes to the data collection and reporting process have resulted in dramatic improvements in data timeliness and completeness, the program continues to address challenges in data management systems as identified through the program quality assurance monitoring. Quality assurance monitoring of local health department performance is accomplished through analysis of data files and site visits to determine local health department needs for technical assistance and program performance improvements. Ongoing assessment is necessary to ensure completeness and accuracy of eligibility, clinical screening, and diagnostic service data, as well as quality of services and fiscal accountability.

## **V. Financial Progress Report**

### **A. Funding Sources**

The KWCSF is supported by state, federal, and local funds. The majority of the funds pay for clinical services for eligible women, including diagnostic follow-up tests when abnormal screening test results are obtained. The remainder of the funds support administrative and infrastructure costs. These costs include program staff salaries, professional training programs for nurses and practitioners, outreach efforts, and other program activities. The KWCSF staff provides oversight and monitors contracts with universities and memoranda of agreements with the local health departments that support cancer screening services, follow-up diagnostic tests, case management, local outreach projects, and community based staff. Local health departments supplement the funding for breast cancer screening services for women through local tax appropriations.

### **B. Financial Data (FY 1991 – 2009)**

Table 4 reflects federal and state funds expended on breast cancer screening and follow-up for the past 18 years. FY 1990 – 1997 costs of mammograms were paid for with state funds. FY 1998 was the first year federal funds were allocated to Kentucky by the National Breast and Cervical Cancer Early Detection Program to pay for screening and follow-up services. As of October 1999, all 120 counties were eligible to receive federal fund reimbursement for screening and diagnostic follow up services.

Each column of the table summarizes the expenses paid by the program in each fiscal year for the following services/activities: breast cancer screening office visits; breast cancer screening mammograms; and breast cancer follow-up visits, including diagnostic tests, procedures, case management, training, and outreach activities. The last column reflects the total of expenditures of these services/activities for each fiscal year. The average cost of screening services, including those who received screening mammograms and clinical breast exams, was \$145.00 per woman.

**Table 4. Federal and State Funds Spent on Breast Cancer Screening and Follow-up  
for Fiscal Years 1991 through 2009**

Fiscal Year	Breast Cancer Screening		Breast Cancer Follow-Up <sup>2</sup>	Training <sup>3</sup>	Outreach <sup>3</sup>	Total per Fiscal Year
	Visits <sup>1</sup>	Mammograms				
1990-1991	\$172,200	\$92,200		\$10,300		\$274,700
1991-1992	\$260,900	\$328,700	\$14,500	\$12,500		\$616,600
1992-1993	\$341,700	\$476,100	\$102,600	\$12,250	\$104,000	\$1,036,650
1993-1994	\$360,400	\$558,400	\$140,600	\$20,200	\$254,000	\$1,333,600
1994-1995	\$336,800	\$499,700	\$128,100	\$13,900	\$110,950	\$1,089,450
1995-1996	\$556,600	\$516,000	\$130,300	\$11,550	\$6,000	\$1,220,450
1996-1997	\$549,700	\$608,900	\$191,574	\$3,000	\$117,602	\$1,470,776
1997-1998	\$588,000	\$870,200	\$238,300	\$42,600	\$198,108	\$1,937,208
1998-1999	\$642,200	\$640,200	\$317,500	\$56,700	\$236,853	\$1,893,453
1999-2000	\$838,962	\$619,920	\$411,308	\$31,360	\$543,294	\$2,444,844
2000-2001	\$718,395	\$610,624	\$423,669	\$31,000	\$359,702	\$2,143,390
2001-2002	\$866,703	\$633,640	\$566,645	\$43,500	\$496,517	\$2,607,005
2002-2003	\$436,438	\$614,246	\$565,754	\$43,500	\$496,517	\$2,156,455
2003-2004 <sup>4</sup>	\$424,116	\$596,903	\$549,780	\$54,500	\$456,517	\$2,081,816
2004-2005	\$420,580	\$591,927	\$545,196	\$54,500	\$456,517	\$2,068,720
2005-2006	\$375,884	\$632,673	\$668,263	\$58,500	\$382,249	\$2,117,569
2006-2007	\$336,761	\$656,685	\$690,361	\$57,878	\$245,582	\$1,987,267
2007-2008	\$387,265	\$813,610	\$689,498	\$62,877	\$213,672	\$2,166,922
<b>2008-2009</b>	<b>\$402,768</b>	<b>\$833,235</b>	<b>\$710,561</b>	<b>\$62,877</b>	<b>\$213,672</b>	<b>\$2,223,113</b>
<b>FY 1991-2009 Total</b>	<b>\$12,399,333</b>	<b>\$11,193,863</b>	<b>\$13,098,881</b>	<b>\$683,492</b>	<b>\$4,891,752</b>	<b>\$32,869,988</b>

Source: Kentucky Department for Public Health, Division of Women's Health, Cancer Resource Management File.

<sup>1</sup> The actual visits are a combination of breast cancer screening (education on breast self-examination and clinical breast exam) and other preventive measures. Actual proportion of the costs may vary since each visit is individualized to meet the patient's screening and other preventive services needs. Of the total visit cost, 40% is allocated to breast cancer screening (second column from left). The figures reported for 2008-2009 screening, diagnostic and case management services are based on the Statement of Revenue and Expenses for Fiscal Year 2009.

<sup>2</sup> Includes funds for case management.

<sup>3</sup> For the purpose of this report, the expended funds in the table allocate 50% of the total training and outreach expenditures of state funds to breast cancer. The remaining 50% is allocated to cervical cancer training and outreach. In FY 95, 96, and 97, additional federal funds were spent on training and outreach that are not shown in this table. Expenditures shown for these three years were state funds only.

<sup>4</sup> Rates for reimbursements for 10 services were increased during FY 2004 to provide an incentive to community providers to contract with local health departments to provide breast cancer screening services.

## APPENDIX A

### Kentucky Statutes and Administrative Regulations

#### 1. Kentucky Women's Cancer Screening Program

##### **KRS 214.550 Definitions for KRS 214.552 to 214.556.**

As used in KRS 214.552 to 214.556:

- (1) "Department" means the Department for Public Health of the Cabinet for Health and Family Services.
- (2) "Fund" means the breast cancer screening fund.
- (3) "Screening" means the conduct of screening mammography for the purpose of ascertaining the existence of any physiological abnormality which might be indicative of the presence of disease.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch. 99, sec. 461, effective June 20, 2005. -- Amended 1998 Ky. Acts ch. 426, sec. 408, effective July 15, 1998. -- Amended 1994 Ky. Acts ch. 184, sec. 1, effective July 15, 1994. -- Created 1990 Ky. Acts ch. 318, sec. 2, effective July 1, 1990.

##### **KRS 214.554 Breast Cancer Screening Program -- Breast Cancer Advisory Committee -- Annual report.**

- (1) There is established within the department a Breast Cancer Screening Program for the purposes of:
  - (a) Reducing morbidity and mortality from breast cancer in women through early detection and treatment; and
  - (b) Making breast cancer screening services of high quality and reasonable cost available to women of all income levels throughout the Commonwealth and to women whose economic circumstances or geographic location limits access to breast cancer screening facilities.
- (2) Services provided under the Breast Cancer Screening Program may be undertaken by private contract for services or operated by the department and may include the purchase, maintenance, and staffing of a truck, a van, or any other vehicle suitably equipped to perform breast cancer screening. The program may also provide referral services for the benefit of women for whom further examination or treatment is indicated by the breast cancer screening.
- (3) The department may adopt a schedule of income-based fees to be charged for the breast cancer screening. The schedule shall be determined to make screening available to the largest possible number of women throughout the Commonwealth. The department shall, where practical, collect any available insurance proceeds or other reimbursement payable on behalf of any recipient of a breast cancer screening under KRS 214.552 to 214.556 and may adjust the schedule of fees to reflect insurance contributions. All fees collected shall be credited to the fund.
- (4) The department may accept any grant or award of funds from the federal government or private sources for carrying out the provisions of KRS 214.552 to 214.556.
- (5) For the purpose of developing and monitoring the implementation of guidelines for access to and the quality of the services of the Breast Cancer Screening Program, there is hereby created a Breast Cancer Advisory Committee to the commissioner of the Department for Public Health which shall include the directors of the James Graham Brown Cancer Center and the Lucille Parker Markey Cancer Center, the director of the Kentucky Cancer Registry, the director of the Division of Women's Physical and Mental Health, one (1) radiologist with preference given to one who has been fellowship-trained in breast diagnostics and who shall be appointed by the Governor, one (1) representative of the Kentucky Office of Rural Health appointed by the Governor, one (1) representative of the Kentucky Commission on Women appointed by the Governor, and at least three (3) women who have had breast cancer and who shall be appointed by the Governor.
- (6) The commissioner of the Department for Public Health, in consultation with the Breast Cancer Advisory Committee, shall annually, but no later than November 1 of each year, make a report to the Governor, the

Legislative Research Commission, and the Interim Joint Committees on Appropriations and Revenue and on Health and Welfare on the: (a) Implementation and outcome from the Breast Cancer Screening Program including, by geographic region, numbers of persons screened, numbers of cancers detected, referrals for treatment, and reductions in breast cancer morbidity and mortality;

(b) Development of quality assurance guidelines, including timetables, for breast cancer screening under this section, and monitoring of the manner and effect of implementation of those guidelines; and

(c) Funds appropriated, received, and spent for breast cancer control by fiscal year.

**Effective:** June 20, 2005

**History:** Amended 2005 Ky. Acts ch. 99, sec. 462, effective June 20, 2005. -- Amended 2003 Ky. Acts ch. 48, sec. 1, effective June 24, 2003. -- Amended 1998 Ky. Acts ch. 95, sec. 1, effective July 15, 1998; and ch. 426, sec. 409, effective July 15, 1998. -- Amended 1994 Ky. Acts ch. 184, sec. 2, effective

## **2. Breast and Cervical Cancer Treatment Program**

### **907 KAR 1:805. Breast and cervical cancer eligibility for Medicaid.**

RELATES TO: 42 U.S.C. 1396a(aa)

STATUTORY AUTHORITY: KRS 194A.030(2), 194A.050(1), 205.520(3), EO 2004-726

NECESSITY, FUNCTION, AND CONFORMITY: EO 2004-726, effective July 9, 2004, reorganized the Cabinet for Health Services and placed the Department for Medicaid Services and the Medicaid Program under the Cabinet for Health and Family Services. The Cabinet for Health and Family Services, Department for Medicaid Services, has responsibility to administer the Medicaid Program. KRS 205.520(3) authorizes the cabinet, by administrative regulation, to comply with any requirement that may be imposed, or opportunity presented, by federal law for the provision of medical assistance to Kentucky's indigent citizenry. This administrative regulation establishes the requirements for the determination of Medicaid eligibility for low-income, uninsured women under the age of sixty-five (65) who have been identified by the Kentucky Women's Cancer Screening Program and are in need of treatment for breast or cervical cancer, including a precancerous condition and early stage cancer.

Section 1. Definitions. (1) "Cabinet" means the Cabinet for Health and Family Services.

(2) "CDC" means the federal Centers for Disease Control and Prevention.

(3) "Creditable coverage" is defined in KRS 304.17A-005(7).

(4) "Department" means the Department for Medicaid Services or its designated agent.

(5) "Kentucky Women's Cancer Screening Program" means the program administered by the Department for Public Health which provides breast and cervical cancer screening and diagnostic services to low-income, uninsured or underinsured women using both state funds and monies from the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, including Title XV funds.

(6) "Qualified alien" means an alien who, at the time the alien applies for or receives Medicaid, meets the requirements established in 907 KAR 1:011, Section 5(12)(a)1b or c.

Section 2. Eligibility Criteria. A woman shall be eligible for Medicaid benefits if she:

(1) Has not attained the age of sixty-five (65);

(2) Is a United States citizen or qualified alien;

(3) Is a resident of Kentucky;

(4) Is not an individual described in any of the mandatory Medicaid categorically-needy eligibility groups;

- (5) Is not a resident of a public institution in accordance with 907 KAR 1:011, Section 6;
- (6) Has been:
  - (a) Screened for breast or cervical cancer under the Kentucky Women's Cancer Screening Program;
- and
- (b) Found to need treatment for breast or cervical cancer, including a precancerous condition or early stage cancer;
- (7) Does not have creditable coverage unless the treatment of breast or cervical cancer is not:
  - (a) A covered service; or
  - (b) Covered due to:
    - 1. Exclusion as a preexisting condition;
    - 2. An HMO affiliation period; or
    - 3. Exhaustion of a lifetime limit on benefits; and
- (8) Has provided a Social Security number in accordance with 907 KAR 1:011, Section 11.

Section 3. Limitation. A woman who is determined to require routine monitoring services for a precancerous breast or cervical condition shall not be considered to need treatment.

Section 4. Eligibility Period. (1) Medicaid eligibility may be effective three (3) months prior to the month of application.

- (2) The length of Medicaid eligibility shall be as follows:
  - (a) Four (4) months for the treatment of breast cancer;
  - (b) Three (3) months for the treatment of cervical cancer; and
  - (c) Two (2) months for the treatment of precancerous cervical or breast disorder.
- (3)(a) The department may grant an extension of eligibility if further treatment is necessary for breast or cervical cancer or a precancerous cervical or breast disorder.
- (b) To request an extension, the treating provider shall complete a MAP-813D, Breast and Cervical Cancer Treatment Program Request for Extension of Eligibility, and submit it to the department.
- (c) After receipt of the completed MAP-813D, the department shall notify the recipient of the eligibility extension period.
- (4) If the age of sixty-five (65) is attained during an eligible period, Medicaid eligibility shall be terminated at the end of the birth month.

Section 5. Department for Public Health Responsibilities. A local health department shall:

- (1) In a joint effort with an applicant, complete a MAP-813B, BCCTP Eligibility Screening Form, to determine if the recipient is potentially eligible for Medicaid in another eligibility category;
- (2) Refer the applicant to the local Department for Community Based Services office if she is potentially eligible in another Medicaid group;
- (3) If the applicant is determined to meet the eligibility criteria established in Section 2 of this administrative regulation:
  - (a) In conjunction with the applicant, complete a MAP-813, Breast and Cervical Cancer Treatment Program Application; and
  - (b) Contact the department to obtain an authorization number; and
  - (4) If an authorization number is received, provide the applicant's eligibility information to the department.

Section 6. Recipient Responsibilities. The recipient shall be responsible for reporting to the department within ten (10) days a change in:

- (1) Breast or cervical cancer treatment status;
- (2) Creditable health insurance coverage;
- (3) Address; or
- (4) Another circumstance which may affect eligibility.

Section 7. Appeal Rights. (1) An appeal regarding the Medicaid eligibility of an individual shall be conducted in accordance with 907 KAR 1:560.

(2) If a woman is determined ineligible for the Kentucky Women's Cancer Screening Program, the appeal procedures shall be in accordance with 902 KAR 1:400.

Section 8. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "MAP-813B, BCCTP Eligibility Screening Form, September 9, 2002 edition," Department for Medicaid Services;

(b) "MAP-813, Breast and Cervical Cancer Treatment Program Application, January 15, 2003 edition," Department for Medicaid Services; and

(c) "MAP-813D, Breast and Cervical Cancer Treatment Program Request for Extension of Eligibility, January 15, 2003 edition," Department for Medicaid Services.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Medicaid Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. through 4:30 p.m. (30 Ky.R. 181; eff. 8-20-2003.)

## APPENDIX B

### Technical Notes

Data in this report was obtained from multiple sources. All data reported is based on the latest year available and are subject to change due to reporting delays. Data for services received at local health departments in all 120 Kentucky counties comes from Cancer Resource Management Reports and Minimum Data Elements (MDE) Reports. Encounter billing information is provided to the KWCSPP electronically by all local health departments. MDE reports include seventy data indicators required for reporting to the Centers for Disease Control and Prevention (CDC). The Minimum Data Elements are collected electronically through local health departments to report information on eligible patients for breast and cervical cancer screening, diagnostic and case management services paid with federal grant funding provided by the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Estimates for breast cancers detected through local health departments come from mammogram records that were electronically matched to Kentucky Cancer Registry (KCR) records. There is a lag time of nine months between the date of diagnosis and the date that a cancer case is reported to the KCR. An additional period of 21 months may be incurred before all individual cancer diagnosis information is reported to the KCR. Therefore, data for breast cancers detected in FY 2008 are preliminary. Lastly, some breast cancer cases may not have been reported to the KCR related to accessibility of diagnostic and treatment services in large urban centers located in contiguous states.

Incidence and survival data were obtained from the Surveillance, Epidemiology and End Results (SEER) Program of the National Cancer Institute (NCI), a nationally recognized source for cancer data. The SEER is considered the standard for quality among cancer registries around the world and collects cancer incidence and survival data from population-based cancer registries. In 2001, the SEER Program expanded coverage to include Kentucky. SEER data used for this report is from 2007. Mortality data come from the Surveillance and Health Data Branch of the Kentucky Department for Public Health. These rates are for the year 2007 and rates are age-adjusted to the 2000 U.S. standard population.

Breast cancer screening estimates for Kentucky and U.S. women aged 40 and older who did not receive mammograms within the past two years according to nationally recommended guidelines come from the Kentucky Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an annual telephone survey that assesses health behaviors and disease prevention practices among adults 18 years of age and older. BRFSS data used in this report are from the 2000-2008 surveys.

Population data is obtained from two sources. Data for Kentucky women by race and age were retrieved from the Kentucky State Data Center. The Kentucky State Data Center and its 78-member affiliate network provides training and assistance to government agencies, the business community, university researchers, and other interested data users regarding the use of census data for research, administration, planning, and decision making. The Kentucky State Data Center is a cooperative effort of the University of Louisville, the Commonwealth of Kentucky, and the U.S. Census Bureau. Data for the Kentucky population was obtained from the U.S. Census Bureau. The U.S. Census Bureau collects demographic, economic, community and other data about the American population.

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## APPENDIX D

### Glossary

**Age-Adjusted:** A weighted average of the age-specific or crude rates, where weights are the proportions of persons in the corresponding age groups of a standard million population.

**Benign:** A condition that is not cancerous.

**Biopsy:** A procedure to obtain a small amount of tissue for microscopic analysis to establish a precise diagnosis.

**Breast Carcinoma, In Situ:** An early form of breast cancer characterized by absence of invasion of surrounding breast tissues, with no spreading of cancer cells beyond the milk ducts or milk-producing glands.

**Breast Carcinoma, Invasive:** A form of breast cancer characterized by the invasion of surrounding breast tissue, with spreading of cancer cells beyond the milk ducts or milk glands.

**Breast Cancer Rates:** Calculations are based on invasive breast cancers.

**Incidence:** Rate of new cancers of a specific site/type occurring in a specified population during a year, expressed as the number of cancers per 100,000 people.

**Malignant:** The medical term for cancer, referring to the abnormal division of cells which can spread through the body.

**Mammogram:** A form of breast x-ray used to detect breast cancer.

**Mammogram, Screening:** Two x-ray views of each breast typically used when a physical exam shows no signs or symptoms of breast cancer.

**Mammogram, Diagnostic:** Two or more x-ray views of one or both breasts, typically used when a physical exam or screening mammogram shows signs or symptoms of breast cancer.

**Payer:** Agency responsible for paying for services performed through Local Health Departments; includes The Kentucky Women's Cancer Screening Program, Medicaid, Medicare, commercial insurance, and the client herself (self-pay).

**Prevalence:** Total number of people with a specific site/type of cancer at a particular moment in time in the entire population.

**Ultrasound, Breast:** An imaging procedure using high-frequency sound waves to create an image of a change in breast tissue.

## APPENDIX E

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