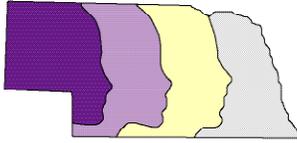


Every Woman Matters



NEBRASKA OFFICE OF WOMEN'S HEALTH

1-800-532-2227

EVERY PROVIDER MATTERS

(Every Woman Matters Provider Education)

Nebraska Health & Human Services' Every Woman Matters Program
Volume 9, No. 1 Winter/Spring 2009

Every Woman Matters - Focus on Cervical Cancer Prevention 2008-2009 New Guidelines

Sonja Kinney, MD

New ASCCP Guidelines

Dr. Sonja Kinney, MD, Obstetrician/Gynecologist is the Director of the Division of OB/GYN and the Colposcopy Clinic at the University of Nebraska Medical Center (UNMC), Omaha, Nebraska. Dr. Kinney is also a member of the Every Woman Matters Medical Advisory Committee.

In June 2008, the Cervical Subgroup of the Every Woman Matters (EWM) Medical Advisory Committee reviewed and adopted the 2006 ASCCP's guidelines on screening and diagnostic testing for cervical cancer prevention. The guidelines and easy to follow algorithms can be found by visiting the American Society of Colposcopy and Cervical Pathology's (ASCCP) website at www.asccp.org. Some of these guidelines continue to offer several possible follow-up options; however, these options may have very different associated costs and possible compliance rates. The Cervical Subgroup therefore used an evidence-based approach that also incorporated cost analysis in making our final decisions for reimbursement for services over this next year. This article will review the major changes presented in the 2006 ASCCP guidelines and will also highlight specific EWM reimbursement decisions.



Sonja Kinney, MD

Pap Test Screening:

The EWM program offers screening tests for women ages 40-64. Most EWM program clients receive liquid-based Pap tests. These Paps have the benefit of a better rate of identifying high-grade cervical abnormalities and allows the option of providing additional high risk HPV DNA testing from the same cervical sample. The Cervical Subgroup anticipates that within the next 1-2 years the EWM program will require this form of Pap test for reimbursement and will work with sites still performing conventional Pap tests to make the transition possible. While the FDA has approved use of HPV DNA testing in conjunction with a Pap test for screening, EWM program will not reimburse for the HPV DNA testing in this setting, **unless** the Pap test indicates ASC-US results. EWM's program will reimburse on the following schedule: biennial (every 2 years) cervical cancer screening with liquid-based cytology or conventional Pap tests for clients with normal/benign results [There is specific criteria required for reimbursement of annual Pap tests - See EWM Cervical Policies on page 3]. For women with a history of total hysterectomy, which includes the removal of the cervix as well as the body of the uterus for benign indications, routine Pap test screening is not indicated. The EWM Medical Advisory Committee strongly recommends an annual
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see Page 7 for more details!

ATTENTION PROVIDERS:

NEW....The Every Provider Matters Newsletter will now be going web-based. What's this mean for you? Future newsletters will be made available to you online. It will not be printed and mailed to each facility.

See page 7 for more details.

Cervical Cancer Prevention (Continued from Page 1)

pelvic exam be performed on all women, even if a Pap test is “not indicated”. Within the context of EWM, a pelvic exam is only reimbursable when done as a part of an office visit in which the client receives a clinical breast exam and/or a Pap test.

Management of Abnormal Pap Tests:

The EWM program will cover the diagnostic services of colposcopy with biopsies and LEEP for abnormal Pap tests or precancer of the cervix in eligible clients, if the 2006 ASCCP guidelines and allowable EWM reimbursement criteria are followed. (Refer to EWM form, Cervical Diagnostic Enrollment/Follow Up and Treatment Plan). A cone biopsy must have **pre-authorization** and follow the 2006 ASCCP guidelines.

Squamous cell abnormalities: (ASC-US, LGSIL, ASC-H and HGSIL)

Young women under the age of 21 are a targeted group of patients where the screening recommendations of the past have resulted in overtreatment. We now understand that HPV infection is very common in women less than 21 years of age. If infection is present and a Pap test is done, usually a mildly abnormal Pap result will be reported. This HPV infection on the cervix and the changes seen on a Pap test will usually revert to normal within the next 3 years if the patient has a normal immune system. In the past, patients with even a mildly abnormal Pap test regardless of age would be scheduled for a colposcopy procedure where magnification of the cervix combined with certain stains are used to direct biopsies. The new 2006 ASCCP guidelines instruct providers to only perform colposcopies in women under 21 years of age if a high-grade abnormality is suggested (ASC-H or HGSIL) on a Pap test or if the mildly abnormal result (LGSIL or ASC-US) persists for over 2 years. Following these guidelines will result in fewer young women having this procedure, which will decrease discomfort and cost, since the procedures are usually not necessary.

In accordance with the 2001 ASCCP guidelines, the 2006 guidelines have not changed in the initial triage recommendations for squamous Pap test abnormalities in the 40-64 year old age group. The Cervical Subgroup encourages medical providers to order all screening Pap tests with standing instructions to participating labs to have “reflex” HPV DNA testing done on all Paps with ASC-US results. The triage of ASC-US Paps with HPV DNA testing instead of repeat Pap testing at 6 and 12 months improves compliance in follow-up and provides cost savings [See EWM Cervical Policies on page 3]. For those Pap tests with ASC-US/HPV +, LGSIL, ASC-H, and HGSIL results - triage to colposcopy with directed biopsies is still recommended. The Cervical Subgroup recommends that in most cases, all ectocervical biopsies should be sent to Pathology in one specimen container. Since treatment of the entire transformation zone is usually recommended, individual specimens labeled 12 o’clock, 6 o’clock, and 8 o’clock for example, will increase cost to the patient and EWM program with no resulting therapeutic benefit. **“See and Treat”**: Women in older age groups with higher grade abnormalities suggested on their Pap test may benefit from both the diagnostic and treatment steps being performed at the same time. In the past, women with a high grade Pap test would separately have the “see” step of colposcopy with small biopsies and then the “treat” step where larger excisional biopsies are done. The combined “see and treat” option where both are done at the same visit has been encouraged in older women and may be offered to appropriate patients. Colposcopies and LEEPs are covered if the 2006 ASCCP guidelines and allowable EWM reimbursement criteria are followed (Refer to EWM form, Cervical Diagnostic Enrollment/Follow Up and Treatment Plan).

Glandular cell abnormalities: (AGC, AIS, etc)

Per 2006 Consensus Guidelines, the recommended initial work-up for atypical glandular cells (AGC) seen on a Pap test will include colposcopy and HPV DNA testing and Endometrial sampling (if 35 years or older or at risk for endometrial cancer). Clinical scenarios that infer increased risk of endometrial cancer in those patients under 35 include:

- Abnormal Bleeding
- Obesity (BMI >30)
- Polycystic Ovarian Syndrome (PCOS) or other conditions leading to chronic anovulation.

In the event of a negative evaluation for an AGC Pap test, i.e. negative colposcopically directed biopsies and endometrial sampling, the HPV DNA testing status can determine the interval of next surveillance testing. Negative evaluation for AGC Pap and negative HPV DNA testing would require next testing in one year. With a negative evaluation for AGC Pap and positive HPV DNA testing, then next testing would be recommended in 6 months. In the event that a particular pathologist specifies that only atypical endometrial cells are seen, then endocervical and endometrial sampling may be done without colposcopy and HPV DNA testing.

(Continued on Page 3)

Cervical Cancer Prevention

(Continued from Page 2)

Management of Abnormal Histology:

Squamous cell dysplasia: CIN 1, CIN 2/3

The EWM's Cervical Subgroup has adopted the 2006 ASCCP guidelines, which in general call for expectant management with surveillance after initial diagnosis of CIN 1 and treatment for most patients in the EWM program with CIN 2-3. Please see these guidelines at www.asccp.org to walk through particular example scenarios, as exceptions to these generalities exist. For example, ASC-H initial Pap and negative colposcopy directed biopsies and negative endocervical sampling- surveillance testing is recommended. For follow-up in these scenarios, the ASCCP algorithms offer testing with HPV DNA (once) or Pap tests (at 6 & 12 months). The EWM Cervical Subgroup has analyzed these alternative pathways and finds that for improved compliance with recommendations and for cost containment purposes, HPV DNA testing pathway only should be utilized. Therefore, EWM program will ONLY reimburse for HPV DNA testing surveillance for 12-month follow-up on expectantly managed CIN 1 or 6 month follow-up after treatment for CIN 2-3.

Glandular cell abnormalities: Atypical glandular cells, AIS, etc. Regarding the diagnosis of atypical glandular cells seen on above endocervical sampling or adenocarcinoma-in-situ (AIS) or initial Pap with atypical glandular cells favor neoplasia; diagnostic excisional procedure is recommended. The diagnostic excisional procedure may be reimbursed if preauthorized by the EWM director and is according to the algorithm from the 2006 ASCCP Consensus guidelines. EWM Medical Advisory Committee most strongly recommends cold-knife conization as the diagnostic excisional procedure in such cases.

All medical providers of women's screening health services are recommended to review the ASCCP website for more detailed explanation of the 2006 guidelines [See EWM Sponsors GYNs at State Professional Conferences on page 6]. The above article summarizes the changes effective December 2008 for the EWM program services.



The Nebraska Colon Cancer Screening Program (NCP) is a part of this statewide colon cancer awareness campaign. Continue to read more about this important campaign at www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm or go to www.StayInTheGameNE.com.

New Every Woman Matters Cervical Policies

Effective December 2008

Approved by the EWM Medical Advisory Committee

- **ONLY biennial (every 2 years)** cervical cancer screening with **Conventional Pap tests** or **Liquid-Based cytology** for clients with normal/benign results will be covered.
- In order for EWM to reimburse **every year** for a conventional or liquid-based Pap test, client must meet one of the following criteria: *
 - o Most recent Pap test was abnormal (ASC-US or greater)
 - o Compromised Immune System (from HIV infection, organ transplant, chemotherapy or chronic steroid use)
 - o Intrauterine DES exposure
 - o History of Invasive Cervical Cancer

*Criteria determined by Centers for Disease Control and Prevention (CDC), EWM funder

Note: The new Screening Visit Card sent to clients will have the client label with ID information. The date of the last reported Pap test she had through EWM, test results and if the Pap was conventional or liquid-based will be indicated on the label, along with CVD screening information. There will no longer be blue, salmon, green or purple screening cards; only an ivory colored screening card.

- Pelvic Exam & Hysterectomy criteria [see Pap Test Screening section in article on front cover]

EWM will follow the American Society for Colposcopy and Cervical Pathology (ASCCP) 2006 Consensus Guidelines for the Management of Women with Cervical Cytological and Histological Abnormalities found online at www.asccp.org. [See Dr. Kinney's article on pages 1-3]

- Refer to new EWM form "Cervical Diagnostic Enrollment/ Follow-Up & Treatment Plan" for allowable EWM reimbursement criteria as related to the ASCCP guidelines.

Important Reminders:

- EWM will **NOT** pay for HPV testing at the same time as the screening Pap test **UNLESS** that Pap test indicates ASC-US results.
- If the 2006 ASCCP guidelines indicate cytology at 6 months and 12 months **or** HPV testing at 12 months, EWM will **ONLY** pay for HPV testing at 12 months.
- No 3-month Pap test surveillance/follow-up is indicated in the 2006 ASCCP guidelines, therefore EWM will **NOT** pay for these Pap tests.
- EWM Medical Advisory Committee strongly encourages HPV testing as follow-up to **all** screening Pap test results of ASC-US.

EWM will reimburse a return office visit for HPV testing if the client had a conventional Pap with ASC-US results, funded by EWM in the last 3 months.

More detailed information was sent in a Provider Update to clinic program contacts in November 2008. The New Cervical Policy Update can be viewed at: www.dhhs.ne.gov/womenshealth/ewm/ewmproviders.htm.



Alan Thorson, MD

Why Screen for Colon Cancer?

Have you seen the latest edition, the fall 2008 issue, of the Nebraska Academy of Family Physicians (NAFP) "Cornhusker Family Physician" Journal? Alan G. Thorson, MD, FACS, Colon and Rectal Surgery, Inc. in Omaha and President Elect, American Cancer Society National Board of Directors, has a feature article, "Why Screen for Colorectal Cancer?" The Nebraska Colon Cancer Screening Program (NCP)/Every Woman Matters Program collaborated with Dr. Thorson and NAFP on this vital topic. Within the article, Dr. Thorson talks about the importance of screening for your patients as NE has one of the highest incidence rates of colorectal cancer in the United States. Featured in the journal, within the back inside cover, is even more information relating to providers across the state and NCP. Watch for the "NEW Colorectal Cancer Screening Guidelines and Which Test is Best?" article by Dr. Thorson appearing in the next Cornhusker Journal. You can read Dr. Thorson's article by logging on to: www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm.

Clear Health Communication and Better Health Outcomes: The Link to Helping Your Patients Succeed.

Did you know that most patients forget up to 80% of what their doctor tells them as soon as they leave the office, and nearly 50% of what they do remember is recalled incorrectly?

Clear health communication is a critical component of the health care delivery system. It affects the continuum of care from prevention and screening to history taking to explaining a diagnosis and treatment.

Millions of adult Americans – 90 million – have trouble understanding health information. This is known as low health literacy, and its scope and impact has serious consequences for individual patient outcomes and the health care system as a whole. The issue of health literacy is also fundamental to efforts to reduce health disparities.

Adults with low health literacy are often less likely to comply with prescribed treatment and self-care regimens; make more medication or treatment errors; fail to seek preventive care; are at a higher risk for hospitalization than people with adequate literacy skills; remain in the hospital nearly two days longer; and lack the skills needed to negotiate the health care system. Clear health communication techniques can help public health professionals reduce health disparities by ensuring that health information is delivered in easy-to-understand, actionable and culturally relevant terms.

Consider using these clear health communication techniques to assure better health outcomes for all of your patients-

Use visual aids and illustrations: Many people remember information better when it is presented to them visually. You can draw simple pictures or diagrams to help explain your instructions.

Beware of words with multiple meanings: Always clarify the meaning of words that can be interpreted in more than one way. For example: "Stool," "gait" and "dressing" are words that can

have different meanings depending on how they are used in a sentence. When possible, try to use words that have only one meaning, or be sure to clarify the meaning of a confusing word.

Avoid acronyms and other new words: Acronyms such as "CAT scan" and "HDL" are common to you, but some of your patients may not understand them. For example, say or write the complete phrase the first time you use it, and then explain the meaning. For example, you can explain that "HDL" means "the good cholesterol."

Use idioms carefully: When possible, try to avoid using idioms unless you're sure the patient understands the meaning. For example, instead of asking "I understand that you've been feeling blue," a better choice of words would be "I understand that you've been feeling sad lately."

Provide a health context for numbers and mathematical concepts: Health measurements, such as cholesterol or glucose levels, have little meaning to patients unless you put them into a context the patient can understand. For example, instead of just telling patients their numbers, give them additional information such as high and low parameters or a goal number. For example, "Your cholesterol level is 305. A healthy cholesterol level would be less than 200, so we need to talk about how we can lower your number."

Take a pause: Medical instructions can be confusing, so slow down and take pauses to give your patient time to digest the information and ask for clarification.

Be an Active Listener: Active listening means encouraging patients to talk and can be used to gather information. Allow your patients to tell their story or information they feel is necessary for their visit.

(Continued on Page 5)

Medication Needs and The Every Woman Matters Client

With the increasing cost of medications and the ever rising expense of daily living, there has been a significant number of clients seeking assistance to receive medications prescribed by their health care provider.

The Every Woman Matters (EWM) Program can not pay for medications, however, the Medication Access Brochure, outlines information and resources to assist clients to receive necessary medications.

Providers may download the brochure from the website, www.dhhs.ne.gov/womenshealth/ewm to distribute to clients.



Clear Health Communication (Continued from Page 4)

Address quizzical looks: You may notice that your patient sometimes may look confused, stare blankly, or may not seem to be paying attention when you are discussing medical instructions. These may be signs that the patient does not understand what you are explaining. Rephrase your instructions by using simpler words and concepts, and draw pictures if appropriate. Use the “Teach Back” method to ensure that your patients understand and can communicate what they are going to do when they leave your office.

Create a welcoming and supportive environment: Patients are most comfortable in an office that provider privacy and encourages communication. From the registration desk to the exam room, patients should be encouraged to ask questions. Discussions with the patient, whether it be with you or the nurse, should not be held in front of other staff or patients but rather, during his or her private consultation time.

Help patients remember your instructions with the “Teach Back” Method

- The “Teach Back” Method is simply asking your patients to repeat *in their own words* what they need to do when they leave your office. This method allows you to check your patient’s understanding of your medical instructions.

- You do not want your patients to view the Teach Back task as a test, but rather of how well you explained the concept. You can place the responsibility on yourself by using this suggested language:

- “I want to be sure that I did a good job explaining your blood pressure medications, because this can be confusing. Can you tell me what changes we decided to make and how you will now take the medication?”

- If your patient is not able to repeat the information accurately, try to re-phrase the information, rather than just repeat it. Then, ask the patient to repeat the instructions again

until you feel comfortable that the patient really understands the information.

Source: Pfizer Clear Health Communication Initiative. www.pfizerhealthliteracy.com

Clear Communication and the Every Woman Matters Program: We Need Your Help!

WISEWOMAN data from the Centers for Disease Control and Prevention indicates women have limited knowledge of cardiovascular (CVD) risk factors and are unaware of their own clinical risk factors or diagnosis. In the CDC findings, less than 30% of women can identify high cholesterol, hypertension and diabetes as major contributors to CVD. Additional data concludes that 66% of women are unaware of high blood pressure; 46% are unaware of high total cholesterol; and 54% are unaware of a diagnosis of diabetes at their one year follow-up exam. Unaware women answered “no” or “don’t know” to health history questions at their follow-up visit but whose baseline screening revealed an abnormal lab value.

To help clients understand their risk factors or diagnosis, the Program has developed a ‘clear health communication’ tested addition to the newest EWM Program screening card. Titled **“Your Heart Health Screening Results and Information”**, the two-sided panel is a comprehensive place to review screening results and risk factors with your EWM Program clients. Colorful and eye-catching, the panel offers clear and concise information about CVD risk factors and screening results as well as a place to engage the client in a goal-setting discussion. The panel is perforated, so please review with the client and send it with them at the end of their comprehensive screening visit.

Together we can improve the health outcomes of all Nebraskans. By incorporating clear health communication techniques into our day-to-day practice and program efforts, we can make a difference in the lives of those who entrust us with their healthcare.

Case Management Services Available Across the State

The Every Woman Matters Program provides Case Management Services to all providers across the state. These services assist clinic providers and clients to assure all clients enrolled in the program receive a diagnosis and treatment. Barriers to diagnosis and treatment, such as fear of procedures and language issues, are assessed and addressed by the case managers. Clinic providers will receive updates, including contact information, from the case manager for their region. Onsite trainings regarding program policies, procedures and forms for clinic staff can also be arranged by contacting the case manager in your region.



Donald Gibbens, MD



Sonja Kinney, MD

EWM Sponsors Speakers at 2009 State Professional Conferences

Every Woman Matters (EWM) is excited to announce the sponsorship of presentations at the annual Nebraska Nurse Practitioners Primary Care Conference in Kearney and the Nebraska Academy of Family Physicians Annual Meeting & Scientific Assembly in Lincoln.

Donald Gibbens, MD, OB/GYN with Milus, Gibbens, Friesen, Hattan, Martin in Lincoln presented a 2 hour session on "The Evolution of the Pap Smear" to nurse practitioners on Thursday evening, February 19, 2009.

Sonja Kinney, MD, Director of the Division of OB/GYN at UNMC in Omaha will present an "Update from Colposcopy Clinic: Adolescent Patients" for the family physicians on April 2, 2009.

Both speakers will highlight sections of the 2006 American Society of Colposcopy and Cervical Pathology (ASCCP) 2006 Consensus Guidelines for the Management of Women with Cervical Cytological and Histological Abnormalities. The two physicians are members of the EWM Medical Advisory Committee.

NEW!! Every Provider Matters Newsletter Features

Thank You to those of you who filled out and returned the survey that was included in the Summer 2008 Every Provider Matters newsletter. We appreciate your responses. Due to the response that we received, as well as using our fiscal resources more effectively promoting the use of available technology and being environmentally friendly, **this will be your last hardcopy newsletter.** We will continue to make the newsletter available to all healthcare providers as we normally do, but it will be **available only online.**

We have taken the opportunity to make a transitional issue with a shortened version of the newsletter, while leading you to the website to view other important newsletter articles that we did not include in this hardcopy version. We hope that this newsletter will assist you in feeling more comfortable with going to our site and viewing the newsletter and other important information. Please see the box below to see what other important articles are available to you that were not included in this newsletter.

The EWM Program strives to continue to do our business as usual but with less paper and less mailings in order to be environmentally conscious. We know this is not the best possible solution for all our providers and partners. We do anticipate that the use of the website in disseminating information will be more timely. The program will send notices when the provider newsletter is posted on the website.

Articles Available Online:

EWM Provider Matters Newsletter (*Winter/Spring 2009*)

- **Culturally Competent Nursing Care** – Earn 9 FREE CEUs – go to www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm to learn more.
- NEW Every Woman Matters Program Breast Policiesto read all the updated policies view www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm.
- NEW Every Woman Matters Program Cardiovascular/Diabetes Policies.....to learn more about the current policies go to www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm.
- Stay in The Game.....check out StayInTheGameNE.com to see how Husker Sports is promoting colon cancer screening and learn more about the NE Colon Cancer Screening Program for eligible men and women over 50
- Men's Health Component added – to look at the new men's health focus and recently released Men's Health Scorecard.....visit www.dhhs.ne.gov/menshealth
- 1st Annual Public Health Conference coming in April.....go to www.dhhs.ne.gov/Public%5Fhealth/conference
- Conversations for a Healthy Life Radio Show.....featuring men's and women's health topics...go to www.dhhs.ne.gov/womenshealth/podcasts.htm to listen to the broadcasts
- Professional Education offered to Cytologists described at www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm.
- Family Physicians Conference – visit www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm to note EWM involvement.

Remember www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm is an ongoing resource for Providers to keep updated on the Every Woman Matters Program.



The Nebraska Department of Health and Human Services (NDHHS) is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.

Funds for this project were provided through the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program, Well Integrated Screening and Evaluation for Women Across the Nation, and Colorectal Cancer Screening Demonstration Program Cooperative Agreements with the Nebraska Department of Health and Human Services.
#U58/DP000811, #U58/DP001421 and #3U55DP725047

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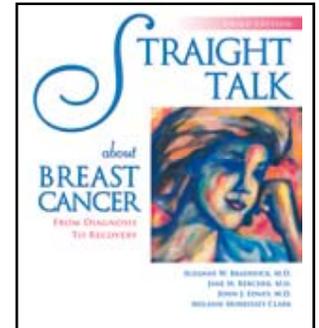
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Resources

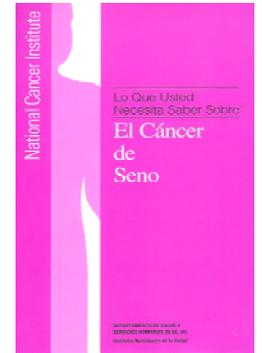
Does Your Clinic Have These Free Books to Give to Women Newly Diagnosed with Breast Cancer?

"I was glad I got this book when I saw the surgeon so I understood more and could ask questions", "After I read the book, I was less scared about going through this experience", "I hope all women receive this book, it was so easy for my family and me to read", is what women tell us about ***Straight Talk About Breast Cancer***. Written by a Nebraska physician after her own treatment for breast cancer, this book is an excellent resource for English-language women that guides them through breast cancer, from diagnosis to recovery.



Lo Que Usted Necesita Saber Sobre El Cancer de Seno (What You Need to Know About Breast Cancer) is a NEW Spanish-language booklet from the National Cancer Institute. It can serve as a valuable guide for women newly diagnosed with breast cancer.

It is the goal of Every Woman Matters, along with our partners, the Nebraska Medical Association and CIMRO of Nebraska (Medicare quality improvement organization) to make copies of both of these informative resources available **at no cost** to all Nebraska women recently diagnosed with breast cancer. Please call CIMRO at 1-800-458-4262 to order free copies for your clinic today.



If you would like to see past issues of the provider newsletter "Every Provider Matters" please log onto our website at: www.dhhs.ne.gov/womenshealth/ewmprovider_education.htm

If you would like to see past issues of the client newsletter "Health Ways...Healthy Days" please log onto our website at: www.dhhs.ne.gov/womenshealth/ewm

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