

## STAFF SPOTLIGHT: TAMMY PRUITT DANKO, RN VNA HEALTHCARE, AURORA

### POINTS OF INTEREST:

- *Staff Spotlight*
- *Award Spending*
- *Update on BRCA*
- *Breast Density*
- *Ask Dr. Massad*
- *Ask Dr. Dunnington*
- *Affordable Care Act*
- *New Staff*
- *MDE Errors*
- *Upcoming events*



L-R: front row: Alejandra Zamora, secretary; Belinda Rivera, Case Manager Assistant, Mary Gonzalez, Case Manager Assistant  
Back row: Marisol Guerrero, Case Manager Assistant; Adriana Sanchez, RN, Case Manager; Cindy Zimmiewicz, RT (R)(M); Tammy Pruitt, RN, Women's Preventive Health Coordinator



Tammy Pruitt Danko has a special interest in women's preventive health. Thirteen years ago, her sister Dawn was diagnosed with breast cancer. This was a difficult time for their close knit family, and Tammy learned a lot about how a strong network of support makes a difference to a cancer patient. Dawn went into remission until the cancer reoccurred earlier this year. "I choose to face this difficult circumstance with hope and faith," Tammy says. "Having to cope with this experience in my own family has helped me be a comfort to my patients as they struggle with the emotional aspects of this disease."

Tammy is the Women's Preventive Health Coordinator and Illinois Breast and Cervical Cancer Program (IBCCP) Case Manager at VNA Health Care, the Lead IBCCP Agency for Kane and Kendall counties. She has worked at VNA for more than 20 years, and has led the IBCCP program since it began at VNA in 1999. In addition to Tammy Pruitt Danko, RN, the Women's Preventive Health Team includes Adriana Sanchez, RN; Karla White, RN; Belinda Rivera; Mary Gonzalez; Nancy Herrera; Alejandra Zamora; Marisol Guerrero; Rashida Alibhai, RDMS; Cindy Zimmiewicz, RT (R)(M); Sharon Prill, RT (R)(M); and Bonnie Foster, RT (R)(M)(CT) ARRT. Tammy's team works closely with the OB/GYN department at VNA to meet the IBCCP program guidelines and accomplish the program goals, including providing service in a timely manner and ensuring that patient satisfaction remains high.

VNA compliments the services available through IBCCP with complete primary and preventive care for women through the OB/GYN department. Services include wellness exams, Pap tests, breast exams, and health education. VNA offers on-site digital mammography, digital breast ultrasound, colposcopy, and loop electrosurgical excision procedures (LEEP).

The Women's Preventive Health program serves over 3,000 women each year in Aurora and Elgin. Recently, VNA was recognized for accomplishing all of the eleven CDC core performance indicators for women's health in fiscal year 2013. VNA is very committed to helping the uninsured enroll in the expanded Medicaid program as well as the Illinois Health Insurance Marketplace beginning October 1. To assist in this work, it has applied for and received \$1.2 million in grant funding and has hired a total of over 45 full and part-time Illinois Assistants and Navigators.

"As The Affordable Care Act goes into effect, the Women's Preventive Health Department at VNA will remain focused on our goal of ensuring all women in need are served," Tammy explains. "My team is here to provide compassionate care to all women throughout their experience at VNA."

VNA participates in several unique outreach activities to bring women into the program. Twice a year, the organization hosts "Bring A Sister" with the local parish nursing team from Presence Mercy Medical Center in Aurora. "Bring A Sister" is about connecting women to champion good health for each other, with a focus on serving African American women who normally would not be screened. The parish nurse from a local church pairs up women to attend the event together to enjoy a social time while learning about preventive health care. Their breast and cervical cancer screening as well as their mammogram appointment is done as part of the event. In October, VNA co-hosts a special health fair for women with Presence Mercy Medical Center and the American Cancer Society called "Positively Pink". This event incorporates some pampering time (manicures and massages) along with health education. The women can sign up for the IBCCP program at the event and make an appointment to come to VNA for their mammogram. In addition to these events, the VNA Outreach Team attends community health fairs and other local events to help spread the word about the IBCCP program.

"No woman looks forward to having a mammogram," Tammy says. "We try to do everything possible to make our patients feel comfortable and to create a caring atmosphere."

For further information, Tammy can be contacted at (630) 892-4355 ext. 8535 or at [tpruitt@vnafoxvalley.com](mailto:tpruitt@vnafoxvalley.com)

## USING REPORTS TO MONITOR AWARD SPENDING

### Know Where you Stand

- State program staff will be providing a monthly spreadsheet of where you stand with us fiscally tentatively scheduled to begin distribution in December. Compare this to your own fiscal amounts and make sure the two reconcile.
- 783 Report- This report shows the procedures billed for clients. Use this report to track expenditures that have already been acknowledged.
- 787 Report- This report tracks providers who have completed procedures but have not yet submitted bills. Use this report to account for all expenditures that are outstanding.

### Keep Track of the Future

- 785 Report- This report helps track clients who need further follow-up. Use this report to forecast expensive diagnostic procedures and to maintain a general understanding of the spending that is coming in the future.
- You can also look at the women that are scheduled for services during the month. Assign prices based on what procedures they are coming in to have done. This is another way of keeping track of your future spending.

You are your own best resource. Tracking past expenditures and projecting future expenditures will keep you on the path towards a zero balance at the end of the fiscal year. Communication is the final key to success. Make sure to communicate with your Quality Assurance Nurse, State Fiscal Staff, and your own Agency Fiscal Staff if you have questions or concerns about where you stand financially.

## UPDATE ON BRCA

The BRCA genes can directly affect a woman's risk for breast and ovarian cancer. These cancers tend to run in families so it is very important to understand your genetic risk. A BRCA1 mutation does not worsen cancer survival. Women with these mutations do benefit from having their ovaries surgically removed. This procedure is called an oophorectomy. Women who had this procedure are 70% less likely to die than those mutation carriers that did not have the surgery. Recent research has found that 81% of women with a BRCA1 mutation lived for at least 10 years after being diagnosed as compared to the 82% survival rate from mutation free women. Women with a positive lymph node status are 3 times more likely to die versus those whose cancer had not spread to the nodes. Studies suggest that women diagnosed with breast cancer before the age of 50 should be tested for BRCA1 mutations. If found to be a carrier the ovaries should be removed within 3 months. Personal and family medical histories are key to understanding a woman's risk for breast or ovarian cancer. If necessary a genetic counselor would determine if genetic testing is appropriate. Reimbursement for genetic testing is not covered by IBCCP.

Reuters Health, New York; August, 2013

## BREAST DENSITY

Illinois Governor Pat Quinn signed a law effective January 1, 2014 that requires mammography providers to notify a woman if her mammogram demonstrates dense breast tissue and provide notification to the patient in summary format. The summary should include in layman's terms the meaning and consequences of "dense breast tissue". Dense breast has more tissue than fat, which is more common in younger women. As women get older, their breasts become less dense. Dense breast can make it harder to find cancer on a mammogram and therefore may be associated with an increased risk of breast cancer. IDPH, Office of Women's Health developed a task force to address the legislation. The outcome of the task force was the development of a fact sheet on "Dense Breast" that will be available to women who receive services through IBCCP as well as the general public.

### ASK DR. MASSAD

**Q:** We have a 54 year old client who had a hysterectomy in 1990 for cervical cancer. Per our guidelines this woman is receiving annual screenings (Section 5.7). Her screenings were negative until 2011. In 2011 and 2012 her Pap was ASCUS/HPV+ and colposcopy results showed atypia. In 2013 her Pap was LSIL, no HPV test was performed and her colposcopy showed VAIN1. Per the new guidelines do we follow the Grade 1 (CIN1) Preceded by "Lesser Abnormalities" algorithm and cotest at 12 months or should she have other follow up? This physician wants to send her to a surgeon.

**A:** She can be observed with annual Pap for now. The guidelines for cervical cancer prevention absolutely do not apply here. If she has VAIN1 persists for 2 years, laser ablation would be appropriate.

### ASK DR. DUNNINGTON

**Q:** Our policy states that a woman with a palpable mass who has not followed up with diagnostic testing for her specific documented abnormality within 6 months time frame must be re-screened (Section 6.8). A medical provider is telling us by law that a CBE is good for 1 year.

**A:** While a normal CBE may be acceptable for one year, this would not apply when there are abnormalities noted by either patient history or physician exam.



## AFFORDABLE CARE ACT

### Affordable Care Act

The Affordable Care Act is projected to reduce the number of uninsured people by providing affordable coverage and requiring coverage beginning January 1, 2014. For the first time, Medicaid will be broadly available to all low-income adults regardless of their health status. The new category of Medicaid eligible persons will be in the age range of 19-64 with income less than or equal to 133% of the Federal Poverty Line. Beginning in 2014, the Medicaid program will be expanded to cover approximately 342,000 low-income, Illinoisans. This expansion will be 100 percent federally funded for the first three years and will bring an estimated \$5.7 billion into Illinois in Medicaid provider payments. An estimated 154,300 uninsured women in Illinois will be newly eligible for Medicaid coverage. Women in middle-class families will be eligible to receive help paying for private health insurance. The percentage of uninsured, low-income 21-64 year old women eligible for free screening programs is expected to be 192,615 in 2014 and Illinois' uninsured rate will actually be higher than the national average (13.9% vs. 12.5%) for this crucial at-risk population. Since the Affordable Care Act was passed in 2010, the Department of Health and Human Services has awarded more than \$31 million in Prevention Fund grants to Illinois and organizations in Illinois in efforts related to: Community and State Prevention (\$8,555,000). These funds support Community Transformation Grants, which authorize communities to use evidence-based interventions to prevent heart attacks, strokes, cancer, and other conditions by reducing tobacco use, preventing obesity, and reducing health disparities. These dollars also help support a chronic disease prevention grant program and strengthen evidence-based employer wellness programs (<http://www.hhs.gov/aca/prevention/il.html>).

### Affordable Care Act FAQ's

Lead and Consortia agencies were given a survey concerning their knowledge and guidance with IBCCP and the Affordable Care Act. Frequently asked questions were accumulated and answered as described in the survey.

#### **1) What is the future of IBCCP in light of the Affordable Care Act?**

We will continue operations as normal. However, if we are notified of any changes from the federal government, we will communicate directly with the lead agencies. Open and direct communication will be utilized to keep each agency informed and aware of any specific changes.

#### **2) Where can I learn more about the Affordable Care Act?**

Illinois Women win with affordable health care reform:

<http://www.ilmaternal.org/hcr/womenwin.pdf>

Illinois In-Person Grant Program (Funded by the state, administered by IDPH):

<http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Benefits%20Exchange/FINAL%20IPC%20Grant%20list%20071713.pdf>

Navigator Grant Recipients (Funded by the Federal Government):

<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/navigator-list-8-15-2013.pdf>

Health Insurance Marketplace

<https://www.healthcare.gov/>

#### **3) What are the three types of ACA entities that will assist enrollment with the Affordable Care Act?**

**Navigators** are to provide outreach, facilitate enrollment, and provide ongoing support to those who are not health insurance providers or someone who is paid by a health insurance provider to enroll individuals.

**In Person Counselors (IPC's)** duties are to outreach, facilitate enrollment and provide ongoing support to those who are not a health insurance provider or someone paid by a health insurance provider to enroll individuals.

**Certified Application Counselors (CAC's)** are volunteers that are available to assist anyone. The CAC's are not funded for their assistance, but go through the same training as Navigators and IPA's as well as going through the same training to provide application assistance.



### NEW STAFF:

### **ASHLEY KING**

Ashley recently completed her undergraduate study with a degree in Criminal Justice from the University of Illinois Springfield. During her undergraduate studies, Ashley was a four-year student athlete playing volleyball for the Prairie Stars. Currently, she is pursuing her Master's degree from the University of Illinois Springfield in the Human Development Counseling Program and is hoping to ultimately work as an advocate for women and children that have been sexually abused after graduation. Please help us as we welcome Ashley to IBCCP!



## COMMON MDE ERRORS

The most common occurring MDE errors are related to the initial CBE, and/or screening mammogram and the Indication Code on the PA30 screen. The **key determination** to consider is whether the woman had (or will have) a mammogram during the current screening cycle. If a woman has a CBE at the beginning of a screening cycle, data entry clerks will typically enter an indication code of IM4. This is the correct indication code if no mammogram is planned. But, if a mammogram is then completed within the screening cycle, the indication code must be changed to an IM1 (routine mammogram screening), IM2 (initial mammogram performed to evaluate symptoms, positive CBE results or previous abnormal mammogram result) or IM3 (initial mammogram done outside of Program-patient referred in for diagnostic evaluation). If the indication code remains IM4, after a mammogram is completed, Inter Field Error # 67 (initial mammography test result should be completed) will occur. When this error occurs, a cascading affect transpires. For example, an IF # 67 can lead into IF # 71 (initial mammogram date should be completed), IF # 76 (initial mammogram paid should be completed), and possibly end with an IF # 133 (status of breast final diagnosis/imaging should be completed) thus causing an Audit Error.

In summary, if a mammogram is completed in a screening cycle, the indication code must be an IM1, IM2, or IM3 (even if an ultrasound was also completed during this cycle). If a CBE and/or ultrasound were completed (but no mammogram was completed) the indication code must be an IM4. Also, after adding to the SV01 screen, always remember to review the BCS PA30 to make certain the indication code is correct and does not need to be edited. The best solution to avoid these types of errors is to follow the Cornerstone PA30 Flow Sheet for Indication Codes in the Policy and Procedure Manual (Forms C and D in Appendix G) or contact your Q.A. Nurse and/or Data Manager for questions.

## TEST YOUR IBCCP KNOWLEDGE!

**Q: A 41 year old client presents with a palpable mass identified by a provider. The client is referred for a diagnostic mammogram and the result is a BIRADS 1-Negative. What is the recommended follow-up?**

- A. Annual Screening
- B. Short-term follow-up
- C. Additional diagnostic work-up, such as an ultrasound or a repeat CBE within 30 days.

Answer: C. This is one of the causes of most of our irreconcilable MDE errors. Additional testing is not being done.

**Q: The Management of Women with an ASCUS Pap is:**

- A. Repeat cytology in 1 year
- B. HPV Testing
- C. Either A & B
- D. None of the above

Answer: C. Based on the updated Consensus Guidelines either repeat cytology in 1 year or HPV testing is acceptable.

**Q: Which of the following statement(s) is correct regarding the review of the 897B Report (Summary Statistics Detail Report-Listing of Abnormals)?**

- A. Submit the 897B Report with comments for clients that have a screening cycle greater than 60-days
- B. Look for screening cycles approaching the 60-day time frame
- C. Look for screening cycles that have an F2 status- Pending Diagnostic Work-up
- D. All of the Above

Answer: D. Case managers are required to submit this information to their assigned QA nurse on a monthly basis to assure all clients receive services in a timely manner.

## UPCOMING EVENTS AND DEADLINES

| DATE              | EVENT  |
|-------------------|--|
| October 23        | SIU Women's Health Conference- Springfield       |
| October 29 and 30 | IBCCP Cornerstone Training- Springfield          |
| October 31        | 1st Quarter Quarterly Project Status Report due  |
| December 3 and 4  | Office of Women's Health Conference- Springfield |
| December 15       | Mid-year Desk Audits due                         |
| January 15 and 16 | IBCCP Cornerstone Training- Springfield          |



IBCCP Insider is published quarterly by the Illinois Breast and Cervical Cancer Program. Story ideas, comments, and questions are welcome and should be forwarded to Ashley King at Ashley.King@Illinois.gov