



# Health Care Provider Examiner

- A newsletter for health care professionals serving North Dakota women -

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Call 1.800.44.WOMEN

## Coordinator's Corner

By Danielle Kenneweg, Program Coordinator

Welcome to the third issue of *Health Care Provider Examiner* – a communication tool for health care professionals who provide services to North Dakota women enrolled in *Women's Way*. Thanks to each of you and your facilities for providing important cancer screening services to more than 1,500 North Dakota women. Without your cooperation and dedication, many of these women would not receive any preventive care. Page 4 of this publication provides more information about clients you've served, screening activity and results of the screening services.

Please meet the newest *Women's Way* staff member, Lisa Muftić. Lisa is the data manager for the program and is a delightful addition to the team. Her computer skills, fresh ideas and desire to learn more have built the program's capacity to improve services to women.

In this issue you will find lots of

news. Polly Benson shares her experience using the vertical strip method of clinical breast exam. Information is provided about past and future MammaCare training.

Program policy on Paps after hysterectomy and follow-up of abnormal CBEs is clarified.

Results of a survey with *Women's Way* providers can be found on page 4. And finally, take a look at the article about our beads – a wonderful, hands-on teaching tool.

Enjoy the remainder of this summer. In good health!



Lisa Muftić, Data Manager

## Pap Testing Following Hysterectomy CDC Policy Guidelines

Approximately 35 percent of women 50 years of age or older have had a hysterectomy. The vast majority of these women do not have a cervix and are not at risk for developing cervical cancer.

As set forth by CDC policy guidelines, *Women's Way* will not pay for Pap tests for women who have had hysterectomies. However, if the hysterectomy was performed due to cervical neoplasia,

*Women's Way* funds may be used to pay for Pap tests.

In addition, a small percentage of women have had a "supracervical hysterectomy" and have an intact cervix. The presence of a cervix can be determined on physical exam. These women are at risk of developing cervical cancer; therefore, *Women's Way* funds may be used to pay for Pap tests.

# Women's Way MammaCare Specialists Provide Associate Training

By Mary Ann Foss, Nurse Consultant

In November 1998, nine *Women's Way* health care providers (HCPs) completed a 40-hour "Train the Trainer" course to become certified MammaCare specialists. As specialists, these HCPs are qualified to conduct MammaCare associate trainings throughout North Dakota. The MammaCare associate trainings consist of 24 hours of didactic and skills training. Class size is limited to six. The trainings are sponsored by *Women's Way*, the North Dakota Breast and Cervical Cancer Early Detection Program.

Associate training provides HCPs the skills to perform sensitive, thorough clinical breast examinations and to teach breast self-exam and evaluate the woman's proficiency in the technique.

Participants who complete the training receive 24 hours of AMA/PRA Category 1 credits from the Bismarck CME Council. The council is accredited by the North Dakota Medical Association as a provider of continuing medical education for physicians and approved by the American Council of Pharmaceutical Education (ACPE) as a provider of continuing education for pharmacists. Participants also may receive nursing CEs, as this activity has been approved for 28.8 CONTACT HOURS by the Preventive Health Section, North Dakota Department of Health. The Department of Health is approved as a provider of continuing education in nursing by CNE-NET, which is accredited as an approver of continuing education in nursing by American Nurse's Credentialing Center's Commission on Accreditation.

During April and May 1999, Carla Folske, family nurse practitioner (FNP) at West River Health Clinics, Bowman, N.D., conducted an associate training in Dickinson, N.D. Five FNPs completed the training and became certified as MammaCare associates.

Also during April and May 1999, Paulette Benson, FNP conducted an associate training in Wishek, N.D. Six FNPs/PA-Cs completed Paulette's training and are now certified MammaCare associates.



### Dickinson associate training:

Back row (left to right): Carla Folske, MammaCare specialist-instructor; Suzanne Kostenko, FNP, Killdeer; Sharon Olson, FNP, Killdeer; Judy Bock, FNP, Bel-field; Mary Ann Foss, MammaCare specialist-assistant instructor.

Front row (left to right): Lisa Bordeaux, FNP, New England; Michelle Hardy, FNP, Beach.



### Wishek associate training:

Back row (left to right): Lori Bichler, FNP, Ashley; Karen Macdonald, FNP, Steele and Linton; Alice Schatz, PA-C, Linton; Rosemary Hauff, PA-C, Gackle.

Front row (left to right): Kay Rau, PA-C, Wishek; Paulette Benson, MammaCare specialist-instructor; and Ardy Praus, PA-C, Linton.

***The next MammaCare Associate Training is scheduled for Sept. 15 through 17, 1999, in Fargo, N.D.***

***For more information about MammaCare associate training, contact Mary Ann Foss***

***at 701.328.2472 or 800.280.5512 or via e-mail at [mfoss@state.nd.us](mailto:mfoss@state.nd.us).***

## Polly's Story

This week at the clinic a 36-year-old female presented with a breast lump she wanted checked. She noticed this when doing a breast self-exam. I proceeded with the exam, knowing only that the lump was in the right breast. Since my MammaCare training, I've been using the verticle stripping method consistently, constantly reminding myself to use the three pressures (light, medium and deep touch) during breast exams. I was almost finished checking the right breast without finding any evidence of a lump, when I decided to re-do the exam. I paid close attention to my pressures and did come across the breast lump on light to medium pressure. After extensively palpating the area, I realized that this lump could not be



palpated on deep touch. The patient could have pointed out the exact area when I did not find it the first time, but what if this was a patient who presented without knowledge of any breast lump? This really scared me! This experience reaffirms the fact that the three pressures are essential for a great breast exam. We owe it to these women to do the best job we can!

Paulette Benson

*Polly is a FNP, PA-C at the Wishek Community Hospital and Clinic. In November 1998, Polly completed the 40-hour course required to become a Women's Way MammaCare specialist.*

## Follow-up of Abnormal CBEs

By Lisa Muftić, Data Manager

The Breast and Cervical Cancer Mortality Prevention Act of 1990 requires programs to take all appropriate measures to ensure necessary follow-up services required by women with abnormal screening results. The surveillance, tracking and follow-up components of the National Breast and Cervical Cancer Early Detection Program continues to be a high priority for the Centers for Disease Control and Prevention (CDC). *Women's Way* monitors all clinical services provided to women screened through the program in order to ensure the timely and appropriate referral and follow-up of women with abnormal or suspicious test results. In doing so, CDC has identified the follow-up of abnormal clinical breast exams (CBEs) as a key issue that needs to be addressed.

Follow-up concerning an abnormal CBE:

- A diagnostic work-up **MUST** be planned whenever there is an abnormal CBE.
- Whenever a diagnostic work-up is planned, a final diagnosis must be recorded for follow-up to be considered adequate.
- Whenever a diagnostic work-up is planned, the time from screening mammogram or CBE (whichever occurs first) to final diagnosis must be no more than 60 days.

In accordance with CDC policy guidelines, the clini-

cal management of a patient with a solid, dominant mass should include a bilateral mammogram and may also include ultrasonography or aspiration.

A patient with a palpable, discrete solid mass should be referred to a surgeon even when the mammographic findings are negative.

***A normal mammogram at any age does not eliminate the need for further evaluation of a palpable mass.***

Open excisional surgical biopsy is preferred for any solid, dominant, suspicious, persistent mass. Fine-needle aspiration biopsy may be an alternative preliminary diagnostic approach, if it is recognized that negative results of fine needle aspiration of a suspicious mass mean nothing and an excisional biopsy is required.

If significant doubt exists about the nature of a mass, consider a mammogram or ultrasound first and then fine-needle aspiration for cytologic exam. If mass appears benign, recheck bimonthly or quarterly. If mass persists after three months and can be distinguished from remainder of breast tissue, refer to surgeon.

(Reference: CDC NBCCEDP Orientation Manual, 1997; Evaluation of Common Breast Problems: Guidance for Primary Care Providers, 1998).

To receive more information on CDC's policy regarding follow-up of abnormal CBEs, contact your local *Women's Way* Coordinator at 1.800.44.WOMEN.

*CDC requires that all women who have an abnormal CBE receive a diagnostic work-up, irrespective of a subsequent "normal" mammogram.*

# Health Care Provider Survey Results

By Lisa Muftić, Data Manager

On May 18, 1998, surveys were mailed out to 820 health care providers enrolled in the *Women's Way* program. Of the 233 health care providers who responded to the survey, 52.4 percent were physicians, 14.6 percent were nurse practitioners, 9.9 percent were physician's assistants, 9.4 percent were registered nurses, 10.7 percent were categorized as other, and 3.0 percent were non-responsive.

The purpose of the Health Care Provider Survey was to learn more about the breast and cervical cancer education and screening needs of health care providers in North Dakota. Information gathered will be used to develop training materials, conduct inservices and workshops to better serve the North Dakota medical community in the areas of breast and cervical cancer.

The survey included questions about screening practices, patient/public education, professional education, challenges faced while performing breast and cervical cancer screening, and the implementation and use of office reminder systems. Questions about screening focused on the frequency that providers recommend mammograms, CBEs, pel-

vic exams and pap smears. Results of the survey were compared to guidelines set forth by the American Cancer Society.

The survey indicated that the majority of providers are following the recommended guidelines for screening of breast and cervical cancer. However, 54 providers (23.2 percent) reported recommending a mammogram less than annually for a woman over 75 years of age, even though age is the number one risk factor for developing breast cancer.

Questions were also asked about reporting practices. While 68.7 percent of providers stated being familiar with and using The Bethesda System (TBS), only 37.8 percent of providers reported being familiar with and using the Lexicon categories of the American College of Radiology Breast Imaging Reporting and Database Systems (BI-RADS) in describing the results of mammography. The Centers for Disease Control and Prevention requires all facilities participating in the NBCCEDP to report mammography results using the BI-RADS assessment categories.

Questions pertaining to patient

and public education examined educational services health care providers offer female patients older than age 40. Approximately 89.3 percent of providers report teaching breast self-exam, while only 35.6 percent provide the opportunity for the client to palpate lumps on breast models. It is also interesting to note that 20.2 percent of providers indicated that they have not received either formal or continuing education regarding breast self-exam.

Questions were also asked regarding office reminder systems, including the use of patient reminder systems, physician prompter systems and reminder systems for screening abnormalities. Approximately 66.5 percent of providers reported using patient reminder systems to contact women for routine mammogram screening tests. The types of patient reminder systems most used were letters (31.3 percent), charts (30.5 percent), and computer-based systems (21.9 percent).

Complete results from the Health Care Provider Survey will be published in a report and distributed to all providers enrolled in the *Women's Way* program.

## Women's Way Statistics

Profile for the period of Aug. 1, 1997, to July 31, 1999

Women Enrolled	1,622
Women Screened	1,575
Health Care Providers Enrolled	1,144
Health Care Facilities Enrolled	239

*Women's Way* statistics, including the number of procedures performed by region or provider, screening activity, and demographic information, are available by contacting Lisa Muftić at 701.328.2479.

### Breast Cancer Diagnosed

Stage 1	1
Stage 2	2
Stage 3	4
Total	7

### Cervical Cancer Diagnosed

CIN I	7
CIN II	4
CIN III	9
Total	20

## Make a Difference with Women's Way Beads

By Mary Ann Foss, Nurse Consultant

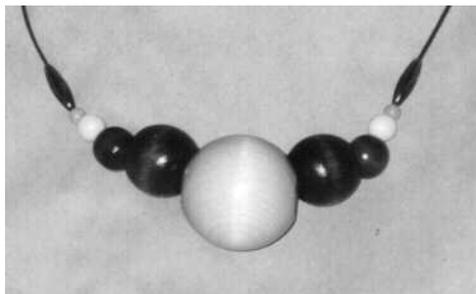
Would you like the opportunity to impact the health and the lives of North Dakota women? We need your help to make a unique educational tool available to North Dakota health care providers.

The different-sized *Women's Way* beads represent the size of lumps that can be found with a mammogram, by a health care provider or by the woman. Through this teaching instrument, women learn that they could have a sizeable lump yet, depending on its location, may not be able to feel it.

The necklace gives women a tangible reminder of what they have learned. Health care providers can wear the necklace as a teaching tool or give the bead packets to patients. Because the necklaces come unstrung in the kit, you may choose to have women string the beads as they learn what the bead sizes mean. Or, you could choose to have the necklaces pre-strung to offer to women. Patients can then share the information with friends or relatives whenever they wear the necklaces. This education tool has been used with great success in other states, and the illustration is especially effective with clients who have low reading skills.

*Women's Way* has had many requests from health professionals interested in using the bead necklaces, but we do not have program funds to cover the cost. In response to these requests, we are seeking financial support to un-

derwrite the cost of producing and distributing 10,000 bead necklace sets to health care facilities. You and/or your facility can join other health professionals in underwriting the cost of bead necklace kits to medical staff and patients across North Dakota.



Please consider a contribution of \$500 to \$2,000 or more toward this effort. The American Cancer Society North Dakota Division, a *Women's Way* partner, has agreed to serve as fiscal agent for this project. The contribution should be

made out to *Women's Way*/ND-ACS and mailed to Mary Ann Foss, Nurse Consultant, *Women's Way*, North Dakota Department of Health, 600 E. Boulevard Ave., Dept. 301, Bismarck, N.D. 58505-0200.

Facilities and health care providers who underwrite the cost will be recognized on a card placed in the 10,000 bead kits. But most importantly, your support will be evident and appreciated throughout North Dakota medical facilities.

Thank you for considering this request. We eagerly anticipate working with you on this effort and would appreciate your response as soon as possible. Please contact Mary Ann Foss toll free at 1.800.280.5512 with questions or your pledge of support.

## 1999 Healthful Aging Summit

The 1999 Healthful Aging Summit will be held at the Seven Seas Inn and Conference Center in Mandan, N.D., September 23 to 24. The agenda is as follows:

Thursday, September 23rd

1 p.m. to 5 p.m. **Women's Cancer Issues Facilitator Training**

Sponsored by *Women's Way* and N.D. Division American Cancer Society

6:45 p.m. to 9 p.m. **Hats Off to Healthful Aging Social**

Hosted by North Dakota First Lady Nancy Jones Schafer

Friday, September 24th

8 a.m. to 4 p.m. **1999 Healthful Aging Summit**

Sponsored by North Dakotans Partnering for Women's Health

For more information, please call Mary Ann Foss at 701.328.2333



**NORTH DAKOTANS**  
PARTNERING FOR  
**WOMEN'S HEALTH**

1999 Healthful Aging Summit

## Women's Way Coming Events

### August

- 18th Cumulus Broadcasting golf tournament, Bismarck  
26th *Women's Way* golf scramble, Williston

### September

- 20th Breast and Cervical Cancer Screening Presentation for Bismarck/Mandan daycare providers, St. Mary's Elementary School, Bismarck  
15-17 MammaCare Associate Training, Fargo  
23rd Women's Cancer Issues Facilitator Training, Mandan  
24th 1999 Healthful Aging Summit, Mandan  
25th Intuitive Healing: The Mind/Body/Spirit Connection Workshop with Beth Moran, Mandan

### October

October is National Breast Cancer Awareness Month

- 3rd Walk-a-Thon, High School Track, Harvey  
5-6 Women's Health Screening Event, Fort Yates  
8th National Lee Denim Day  
11th Cancer Coalition Support Group Dinner, Bismarck  
14th *Women's Way* to Better Health Workshop for health care providers, Mandan  
14th "Celebrate Life! Styles" dinner and fashion show, Mandan  
15th National Mammography Day  
15th 4<sup>th</sup> Annual Breast Cancer Awareness Walk/Run sponsored by Medcenter One Health Systems & *Women's Way*, Tom O'Leary path, Bismarck  
15-16 MammaCare Associate Training – Devils Lake  
16th Cuts for the Cure, Regis Hair Salon -- Minot  
16th Women's Health Screening, Family Physician's Clinic, Mandan  
29-30 MammaCare Associate Training – Devils Lake

*For more information about the events listed above, please contact Mary Ann Foss at 701.328.2333 or [mfoss@state.nd.us](mailto:mfoss@state.nd.us)*



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