



Health Care Provider Examiner

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

Volume 3, Number 1

February 2001

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- Williams, Divide, McKenzie, Mountrail

Call 1.800.44WOMEN

www.womensway.net

Coordinator's Corner

By Danielle Kenneweg, Program Coordinator

The New Year is upon us and, for sure this time, the dawn of a new millennium. *Women's Way* has a "new dawn" from time to time. Our latest change involves a new data manager, Mike Sjomeling, who joined our staff in mid-November. Mike brings skills to the program that will help us to maintain a great data management system and to make improvements that will assist all of us in serving the women of North Dakota.



Welcome Mike!

Through the cooperative efforts of many program partners, we now have provided screening services to more than 3,100 women. See Page 2 for a numbers update. For more detail about services provided, check out our website at www.womensway.net.

Speaking of websites, *Women's Way* recently received a Silver Award for Excellence in Public Health Communication for its website. The award

comes from the National Public Health Information Coalition.

Women's Way now has a reciprocity agreement in place with Montana. Essentially this means that each state agrees to accept enrollment of women from the other state. Each state also agrees to accept case management responsibilities for the enrolled woman. This type of agreement is especially helpful for a woman who may live in Montana but who sees a health care provider and does much of her business in North Dakota.

It is important to complete and return data forms to local *Women's Way* coordinators as soon as possible. This will ensure women receive appropriate and timely follow-up as required by the Centers for Disease Control and Prevention (CDC). It also ensures that facilities and providers receive payment as quickly as possible. We also encourage you to be sure to include all dates on the forms.

Finally, a friendly reminder that *Women's Way* enrollees are not to be billed for services covered by the program. For clarification, call your local coordinator at 1.800.44 WOMEN (449.6636).

Let's hope for a short winter. In good health!

Women's Way Statistics

Profile for September 1997 through December 2000

Women Enrolled — Currently Active	2,618
Women Enrolled — Currently Inactive	477
Women Enrolled — Other	33
Total Women Enrolled	3,128

Women's Way statistics — including the number of procedures performed by region or provider, screening activity and demographic information — are available by contacting Mike Sjomeling at 1.800.280.5512. Cumulative program numbers are published monthly and posted on the *Women's Way* website at www.womensway.net.

<u>Breast Cancer Diagnosed</u>	
Stage 0	5
Stage 1	4
Stage 2	4
Stage 3	6
Stage 4	1
Total	20

<u>Cervical Dysplasia Diagnosed</u>	
CIN I	34
CIN II	16
CIN III	22
Total	72

<u>Cervical Cancer Diagnosed</u>	
Invasive Cervical Carcinoma	0

Women's Way helped put a smile back on my face!



Marleen Stammen

Women's Way has shown me when there are downs in life that with their program there are many ups. I began with this program three years ago and if it wasn't for *Women's Way* I would never be able to afford a mammogram. The first two years my check-ups were fine. This past year, I went in for a mammogram and it detected something. *Women's Way* called me and set up another appointment. This time I went in for a biopsy, later to find out I had a lump in my right breast. With the help of *Women's Way*, I was referred to a great physician.

Now my body is cancer free. *Women's Way* is a wonderful program. Without it, I would not have known of my cancer until it was too late.

Marlene Stammen
Palermo, N.D.



Paula Kummer,
Women's Way
Local Coordinator

I was contacted by Marleen's physician regarding her breast cancer diagnosis. I was understandably upset when I heard the news. Although I had never personally met her, I knew Marleen from speaking with her over the telephone for the past two years. I visited with Marleen again over the phone in late November 2000 regarding her diagnosis and was amazed by her charisma and positive attitude. She told me she had discussed her options with her surgeon and was scheduled for a mastectomy in early December. Four days after her mastectomy, Marleen surprised me by coming to my office so we could meet face-to-face. This was a very welcome visit that reinforced in me what a valuable program we have. Marleen's story is a true example that early detection is the best protection!

Paula Kummer
Women's Way Local Coordinator
First District Health Unit
Minot, N.D.

Reaching Out to Women Who Are Not Getting Screened

By *Women's Way* Outreach Office

In 1999, 31.5 percent of North Dakota women ages 50 and older had not had mammograms in the previous two years. Many women in that group are "hard-to-reach women" who are older, have no health insurance, have partial coverage, or in the case of many farm women, have high deductibles.

When hard-to-reach women are asked who most influences their health care decisions, most women will answer, "My health care provider." Yet, hard-to-reach women are not getting regular exams and the recommended screening tests and often see the doctor only for an injury or when very ill.

Hard-to-reach women between the ages of 50 and 64 may qualify to have their screening services paid by *Women's Way*. We'd like to partner with you to reach out to women who are not getting screened. Your facility may be able to identify and then provide women's cancer screening services to these hard-to-reach patients.

Consider the following "in-reach" strategies that have proven successful:

- Reviewing your current patient base to identify women who may need breast and cervical cancer screenings through chart tagging or targeted mailings.
- Hosting a "One-Stop Screening Event" where women can be screened with a Pap, pelvic exam, clinical breast exam, and mammogram, and be taught breast self-exam.
- Training your registration or nursing staff to assess for eligible *Women's Way* patients.
- Training a staff person to enroll eligible women into *Women's Way* right at your facility.

To find out how your facility can work with *Women's Way* to reach out to patients who are not receiving breast and cervical cancer screenings, call 1.800.44 WOMEN to talk to the local coordinator in your area.

Women's Health Screening Day Held at Fort Totten

By Deb Schiff, RN, *Women's Way* Local Coordinator, Lake Region District Health Unit

A special Women's Health Screening Day was held at the Fort Totten Indian Health Services clinic Oct. 16, 2000. This was the second women's health screening in which the clinic has participated since partnering with *Women's Way*. The first clinic was held May 17, 1999.

At the May 1999 clinic all appointments were filled early. Of the 37 women who received services that day, 17 were eligible for *Women's Way*. Because the clinic staff felt this was a special day for area women, they wanted to repeat the event.

When planning the October 2000 event, *Women's Way* worked with tribal health nurses, public health nurses, Indian Health Service staff, office staff, radiology staff and primary health care providers. Women who had attended the previous event had been calling the clinic to ask when another screening event would be held. Therefore invitations were sent

to those women who had participated in the May 1999 event, as well as to other area women ages 50 to 64. The appointments filled early. Three female primary health care providers participated in the event. Available screening services included clinical breast exam, Pap smear, pelvic exam and mammogram. The public health nurses taught each woman breast self-exam and gave her a set of *Women's Way* beads. Of the 31 women screened, 21 were eligible for *Women's Way*.

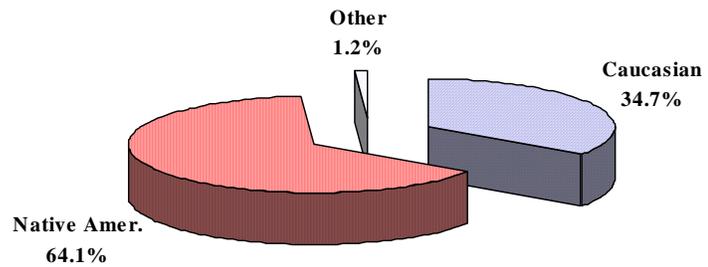
One of the oldest women screened at the events was 63-year-old Gladys Peltier. It had been 19 years since her last Pap smear. She said being able to get the services done in one day and the breast self-exam education were the best part of the event. She stated she still wears her "breast" beads when she goes out, and she does not miss a chance to tell others about the importance of breast self-exam and screenings.

Screening Events

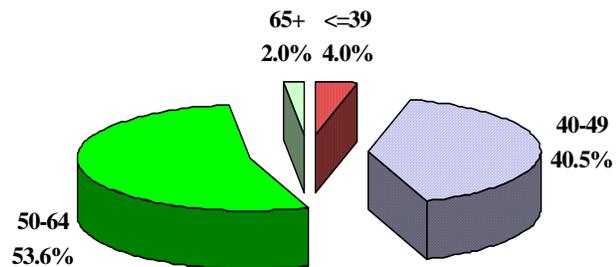
By Mike Sjomeling, Data Manager

A total of 259 women have received one or more screening services (200 Mammograms; 305 CBEs; 292 Pap tests; 300 Pelvic Exams) at the approximately 33 *Women's Way* screening events held in North Dakota since April 1998. The screening events are "one stop shopping" as the women who participate typically receive both breast (252/259) and cervical (229/259) screenings. In addition, it appears that the events have been successful in attracting new clients (i.e., 238 of the 252 women who participated in screening events received their first *Women's Way* breast screening). Screening events appear to be especially valuable in attracting Native American women who have been the primary target group of the screening events. In fact, 166 of the 246 Native American women ever enrolled in *Women's Way* participated in a screening event.

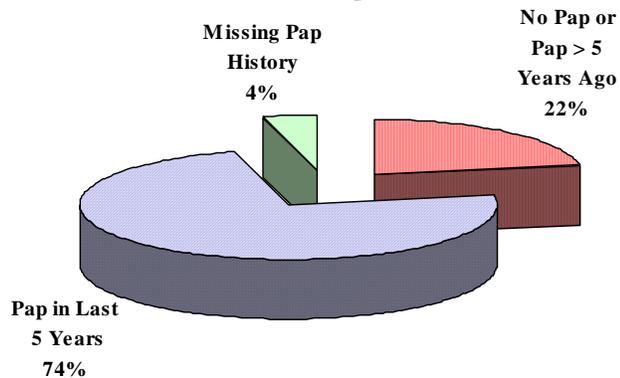
Screening Event Participation by Race



Initial Screening Event Participation by Age



Cervical Never or Rarely Screened Women
Initial Screening (N = 212)



New Cervical Cancer Screening Guidelines

By Danielle Kenneweg, Program Coordinator

During the past year, members of the *Women's Way* Medical Advisory Board (MAB) worked on new program policies related to cervical cancer screening.

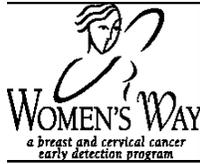
Extensive discussion centered around the issue of screening 18 through 39-year-old women. The MAB recommended caution in screening these younger women to prevent rapid depletion of funding. However, CDC program guidelines require that 20 percent of screened women meet the definition of rarely and never screened for cervical cancer.

Program resources do not allow for heavy recruitment and enrollment of 18 through 39-year-old

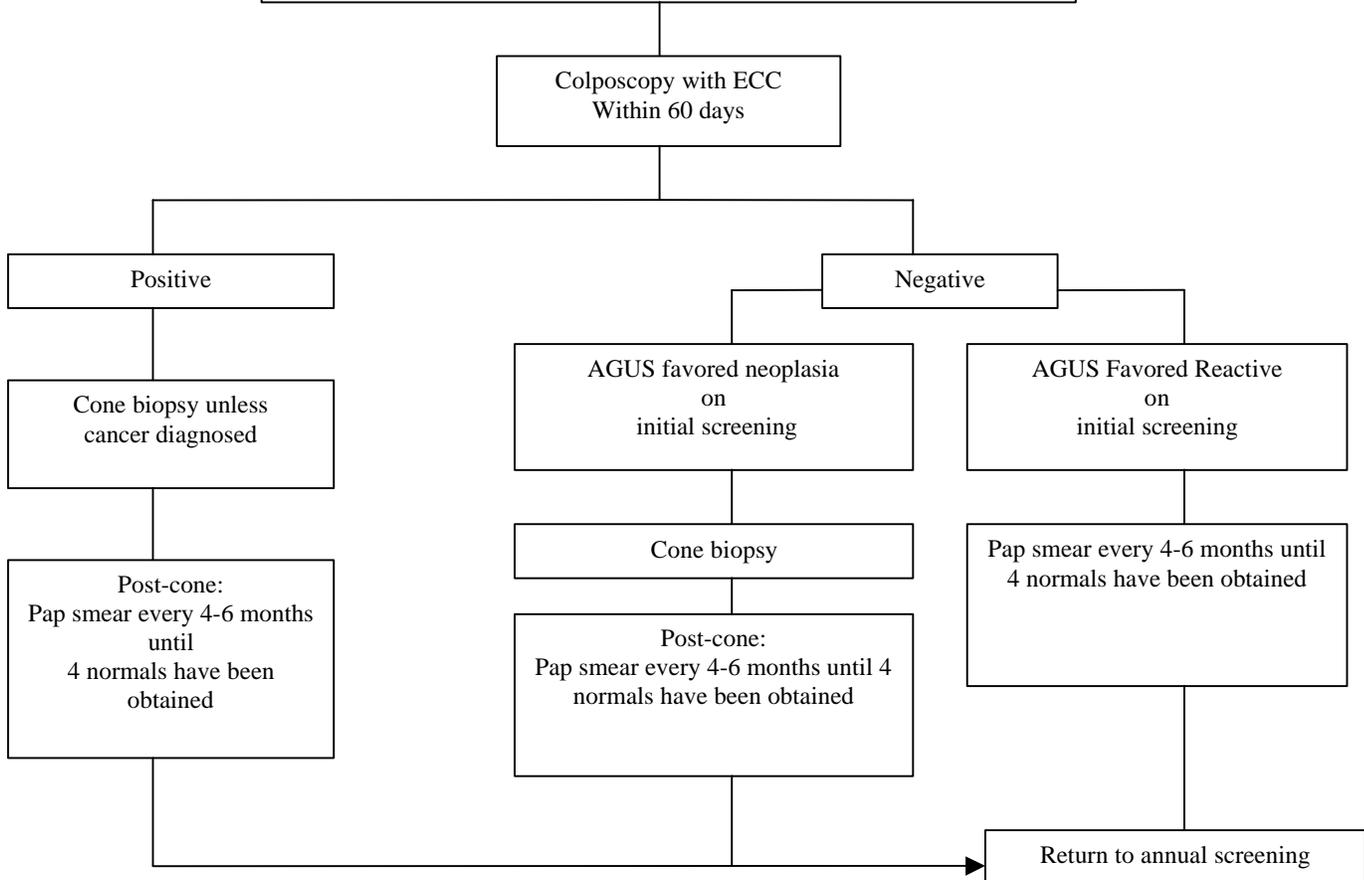
women; however, if the woman has never had a Pap smear or has not had one in the past five years, contact the local *Women's Way* coordinator about possible enrollment.

Cervical cancer screening guidelines were developed and approved by the MAB. The guidelines are printed on Pages 6 and 7 of this newsletter. For clarification, please call your local *Women's Way* coordinator at 1.800.44 WOMEN.

An algorithm for follow-up on AGUS results also has been developed. See Page 5 for the new algorithm.



AGUS
(Atypical Glandular Cells of Undetermined Significance)



Atypical Glandular Cells of Undetermined Significance (AGUS)
 AGUS is applicable when cellular changes in glandular cells exceed those expected in a benign reactive or reparative reaction yet are not abnormal enough to be clearly neoplastic.

- ? Represents a greater risk than ASCUS or LSIL, as between 30 and 50% of women with AGUS have significant CIN, AIS or cancer.
- ? Uncertainties concerning AGUS are associated with difficulties in differentiation among reactive and reparative changes, dysplasia and carcinoma. From 50 to 70% of such cases will be found to be normal.

AGUS Management
 AGUS management recommended by the American Society of Colposcopy and Cervical Pathology: any woman with AGUS changes must be followed up, at the minimum, with colposcopy of the cervix and the full vagina and an ECC.

- ? The higher risk of CIN, especially high-grade CIN, and the difficulty in detecting glandular dysplasia, including AIS and even adenocarcinoma, demand colposcopy of all women with AGUS.
- ? All women with smears reflective of AGUS should have an ECC, even if the endocervical canal looks normal through the colposcope.
- ? The entire vagina should be colposcopically evaluated.
- ? All women with negative colposcopy examination and ECC should be followed up closely. Until studies improve our incomplete knowledge of the significance of AGUS and the natural history of glandular lesions, it would seem prudent to examine these women cytologically every 4 to 6 months until a minimum of four follow-up negative Pap smears have been obtained.

ASCCP Practice Guidelines

Key	
AGUS	atypical glandular cells of undetermined significance
AIS	adenocarcinoma in situ
ASCUS	atypical squamous cells of undetermined significance
CIN	cervical intraepithelial neoplasia
ECC	endocervical curettage
LSIL	low grade squamous intraepithelial lesion

Developed by *Women's Way* Medical Advisory Board members: Jan Bury, M.D., Catherine Fisher, M.D.
 Approved: *Women's Way* Medical Advisory Board on November 8, 2000

Definition of Cervical Cancer Risk Levels

Risk Level	Characteristics	Recommended Interval
Extremely Low-risk	<ul style="list-style-type: none"> • Virginal • Older than age 65 with a history of consistently normal Pap tests, including at least one Pap test at 60-years-old or later 	<ul style="list-style-type: none"> • Pap test not necessary
Low-risk	<ul style="list-style-type: none"> • Non-smoker • Previously normal Pap tests • Onset of sexual activity at older than 20 years • Fewer than three sexual partners (ever) • User of barrier contraception (condoms) • No history of HPV or STDs 	<ul style="list-style-type: none"> • After three consecutive, regular Pap tests with normal or benign findings, then every three years
High-risk	<ul style="list-style-type: none"> • Smoker • Lower economic status • Previously abnormal (ASCUS or higher) Pap test • Onset of sexual activity at less than 20 years • Three or more sexual partners (ever) • A male sexual partner with high risk factors (i.e. multiple partners, a previous partner who had cervical cancer, dysplasia or HPV) • Does not regularly use barrier contraception (condoms) • History of HPV or STDs 	<ul style="list-style-type: none"> • Annually
Post-hysterectomy	<ul style="list-style-type: none"> • Cervical or uterine malignancy 	<ul style="list-style-type: none"> • Pap test every three months for two years, then every six months for three years, then annually
	<ul style="list-style-type: none"> • Premalignant cervical lesion 	<ul style="list-style-type: none"> • Pap test every six months for two to three years, then regularly
	<ul style="list-style-type: none"> • Benign cervix and uterus 	<ul style="list-style-type: none"> • Pap test not necessary

Cervical Cancer Screening Guidelines

		<i>Annual Pelvic</i>	<i>Annual Pap</i>	<i>3-Year Pap</i>
Low-Risk	<u>With</u> three consecutive, regular (normal or benign) Pap test results	X		X
	Hysterectomy for non-cervical cancer (reliable history)	X		
High-Risk	<u>Without</u> three consecutive, regular (normal or benign) Pap test results	X	X	
	Hysterectomy for cervical cancer (CIN)	X	X	
	Cervical cancer, history unreliable	X	X3	

Women's Way will fund a Pap test once over a three year period for low-risk women

Women's Way Cervical Cancer Screening Guidelines

Women Ages 18 through 39

- Never had a Pap test, or has not had a Pap test within the past five years, and
- Lower economic status
- And at least one of the following:
 - Smoker
 - Previously abnormal (ASCUS or higher) Pap test
 - Onset of sexual activity at less than 20 years
 - Three or more sexual partners (ever)
 - A male sexual partner with high risk factors (i.e. multiple partners, a previous partner who had cervical cancer, dysplasia, or HPV)
 - Does not regularly use barrier contraception (condoms)
 - History of HPV or STDs

Women Ages 40 and older

- *Women's Way* eligibility
- After three consecutive, normal Pap tests within a five-year (60 months) period, the Pap test will be covered every three years

Women Following Hysterectomy

- Covered for initial exam to determine if woman has a cervix
 - If cervix is intact:
 - After three consecutive, normal Pap tests within a five-year (60 months) period, the Pap test will be covered every three years
 - If no cervix is present:
 - Pap test is not covered by *Women's Way*, unless hysterectomy was

Summary: Frequency of Pap Tests

The Nov. 10, 2000, issue of *Morbidity and Mortality Weekly Report (MMWR)* published an article regarding the frequency of Pap tests and the detection of severe abnormalities. Titled "Incidence of Pap Test Abnormalities Within Three Years of a Normal Pap Test—United States, 1991—1998," the article summarizes a study done between 1991 and 1998 by the National Breast and Cervical Cancer Early Detection Program. Data was analyzed to determine the incidence of abnormalities after a normal Pap test. Findings indicate that clinically important Pap test abnormalities are not common (around 30 per 10,000 women screened) within a three-year period following a normal Pap test.

With millions of Pap tests performed yearly, guidelines are inconsistent regarding frequency of testing for women whose most recent Pap was normal. Because low-grade abnormalities and false-positive Pap test results can result in over treatment and unnecessary stress, health care providers are encouraged to seek the true benefits of annual screening and make rational screening plans that maximize the benefits and minimize the harms.

Watch for revised *Women's Way* forms!
Coming soon from a local coordinator near you!

By the way, three dates you should never forget:
Anniversaries, birthdays, and dates on *Women's Way*
forms! Please remember to complete all applicable
dates on the forms. Thanks for your help!

Have You Ever Thought of Having Your Nurse Do Your Routine Clinical Breast Exams?



By: Louise A. Murphy, M.D.

Sounds a little risky? Well, some information is being published that may persuade you to have your nurse involved.

Recently, JAMA published an article — “Does Your Patient Have Breast Cancer?,” JAMA, Oct. 6, 1999, Volume 282, #13, pages 1270-1280 — that states a convincing argument about the value of clinical breast exam (CBE) for the detection of breast cancer. The article describes a detailed technique based upon the research literature. With this exam, sensitivity was found to be at least 50 percent in asymptomatic women found to have cancerous lumps, and detected anywhere from 3 percent to 45 percent of breast cancers missed on mammography.

However, the type of breast exam that displayed these sensitivities is not yet standardized across the country. They describe the technique as consisting of five vital parts including a systematic search pattern, i.e., vertical strip technique; varying pressures using the pads of the middle three fingers; circular motion; and adequate duration. It has been proven, not surprisingly, that the highest recorded sensitivities of this exam were achieved when examiners took between 5 and 10 minutes to complete examination of both breasts. It has been my experience that it takes at least this amount of time and up to 15 minutes to do this.

After reading the article and realizing how thorough and how much time this takes, you may say, “No way, I don’t have time to incorporate this exam in my practice!” The problem is, women are becoming

more and more aware of this technique and may expect their health care providers to perform this type of exam. I also feel there is a professional obligation to provide this more sensitive exam to my patients, as it picks up more cancerous lumps than the traditional exam taught in medical school.

So the bottom line is that we need to find more time to do this. To you and your manager, that means seeing fewer patients per day, a point that will not be popular from a production point of view. However, there may be a way around that.

If your nurse could be trained to do the exam and take the time to educate your patient, that would free you up to be more productive. A little risky? Maybe. But it has been my experience that nurses many times can be taught to do more thorough breast exams than we physicians. This may mean having to hire a CRNA to do some of the duties that your nurse may not be able to do during the period of time, but it is less out-of-pocket than hiring another RN to fill in or another physician to get patients seen.

Overall, yes, more expense, but the expense is proving necessary to fulfill our professional obligations to patients by providing more sensitive and up-to-date care, and most of all by detecting more cancerous lumps, at earlier stages, to affect survival.

And better yet, you do not have to send your nurse away to get her trained. The exam is taught by *Women’s Way* right here in our state.

Something I think we all need to think about and act upon, soon!

WOMEN’S WAY IS ONLINE!

Check out our website at www.womensway.net

New Women's Way Trained Clinicians

Training at Central Valley Public Health Unit — August 2000



L to R: Candace Kreiter; Mary Huff; Vicky Sand; Colleen Holzworth; Cheryl Hefta, *Women's Way* professional educator; Yin Schaff; Linda Regen. Not pictured: Lori Pfeifer, Teresa Rittenbach, Paula Coleman, Pat Dardis



Jamestown class hard at work

Training at Upper Missouri District Health Unit — October 2000



L to R: Randa Eldred; Julie Johnson; Virginia Ceynar; Kris Wren; Cheryl Ulven; Mary Ann Foss and Annette Larson, *Women's Way* professional educators; Libby Johnson; Pat Blomquist



Annette Larson (right) instructs proper palpation technique during "hands on" clinical breast examination lab

Training at Fargo Cass Public Health — October 2000



Seated L to R: Mary Ann Foss, *Women's Way* professional educator; Howard Carver, Jr.; Harriet Gibbons; Joan Stoltz; Doreen Gigstad-Stave; Heidi Folkert. Standing: Joann Jorgensen; Colleen Olson; Cheryl Ross; Sheryll Clapp; Lana Jacobson; Helen Reddy, *Women's Way* professional educator



Fargo class practices new breast examination skills on silicone breast models under the guidance of Helen Reddy, instructor

**Want a training in your area?
Call Mary Ann Foss at 1.800.280.5512.**

Fort Totten Indian Health Center — October 2000



Public health nurses learn breast self-examination skills at “How to Teach Breast Self Examination” session held prior to their October 2000 Women’s Health Screening Event

Top Twelve Reasons for Completing and Returning *Women’s Way* Forms Quickly ...

1. So you don’t have to LOOK at them!
2. So you don’t have to TALK about them!
3. So you don’t have to HEAR about them!
4. You will get paid more quickly!
5. Save paper — *Women’s Way* will send more!
6. You can give them back and make someone else happy!



7. Help the *Women’s Way* data manager sleep — unreturned forms keep him up at night!
8. Make the local *Women’s Way* coordinator a happy camper.
9. Get them off your desk.
10. Do it because you *hate* filling out forms!
11. Do it because you *love* filling out forms!
12. OK, do it to get paid.

Education tools available for *Women’s Way* healthcare providers.

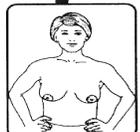
Call your local coordinator at 1.800.44 WOMEN for samples or to order quantities.

Do Monthly Breast Self-Exam

Review method shown on back of this card before starting.

1 First, in the shower

Gently lather each breast. With one arm raised, examine each breast with the opposite hand. Feel for any lumps or thickenings that are different from previous exams.



2 Second, in the mirror

See if there are any changes in your breasts while you are in each of the following positions: relax arms at your sides; clasp hands behind your head and press forward; press hands firmly on hips and bow slightly forward.

3 Third, lying down

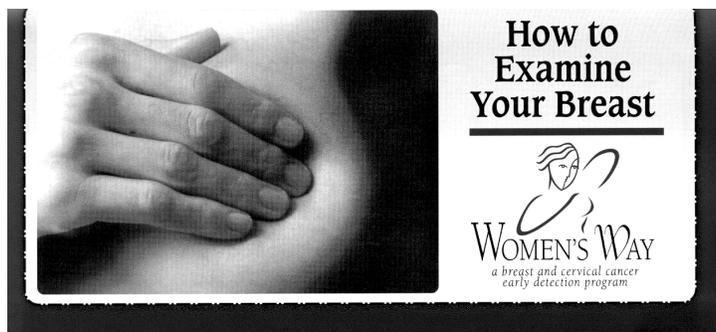
Place a small pillow or folded towel under your mid-back, on the side you are examining. Rub lotion on your breast and



repeat the finger-pad exam explained in the method section. Examine your left breast with your right hand, and your right breast with your left hand. Ask your doctor about any changes you find.



1.800.44 WOMEN



Two-color brochure folds out to 11 x 17 size. Provides step-by-step instruction on performing breast self-exam.

Save these dates:

Monday, October 1: Fourth annual Women’s Health Summit sponsored by North Dakotans Partnering for Women’s Health at Radisson Inn, Bismarck, N.D. Open to the public.

Saturday, October 27: *Women’s Way* Professional Network Conference for all *Women’s Way* health care providers at Seven Seas, Mandan, N.D. Free CME opportunities will be offered.

Plastic shower card in two colors of pink and blue. For women to hang in their showers.



Danielle Kenneweg, Coordinator
Mike Sjomeling, Data Manager
Mary Ann Foss, Nurse Consultant
Bev Martinson, Outreach Consultant
Sandra Bush, Program Secretary



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