



Left to right: Dana Abraham, M.D., Professional Individual; Jan Burford representing CARTI, Organization; Dr. Josetta Wilkins; Donna Terrell, Individual Volunteer and Chad Sullivan, Individual Volunteer.

2013 Josetta Wilkins Award Winners

Dr. Josetta Wilkins, a champion of women's health issues in our state, has made a profound difference in the lives of generations of Arkansas women. A breast cancer survivor herself, Dr. Wilkins was the driving force behind legislative action resulting in the passage of the Breast Cancer Act of 1997, and she is still an active participant in promoting good breast health practices. In her honor, volunteers, professionals and organizations are recognized each year for outstanding achievement in the area of breast cancer activism.

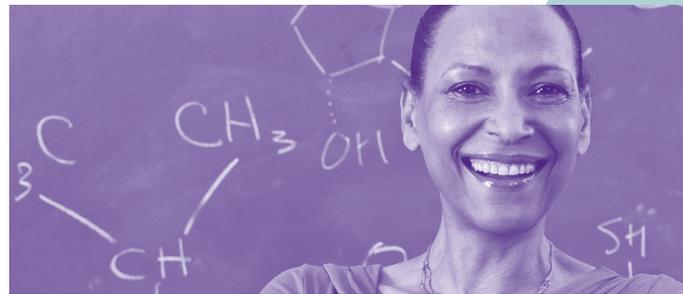


Arkansas Department of Health
Keeping Your Hometown Healthy

1-800-462-0599 • www.ARBreastCare.com
4815 W. Markham St., Slot 11
Little Rock, AR 72205-3867



BreastCare



Committed to Improving Arkansas Women's Health

Annual Report FY 2013
July 1, 2012 – June 30, 2013

Connecting Arkansas Women to Quality Care

When the Arkansas General Assembly passed the Breast Cancer Act of 1997, the fate of hundreds of Arkansas women took a turn for the better with this assurance of Arkansas's commitment to improving women's health for generations to come. Under the direction of the Governor's Breast Cancer Control Advisory Board, guidelines were established making breast cancer screening and diagnostic services available through the BreastCare program to eligible Arkansas women.

BreastCare's mission is to increase the rate of early detection of breast and cervical cancer and reduce the morbidity and mortality rates among women in Arkansas by lowering barriers to screening that result from lack of information, financial means or access to quality services.

What is BreastCare?

BreastCare is a comprehensive early detection program providing free breast and cervical cancer screenings to Arkansas women. During FY13, BreastCare served 13,355 women.



Early Diagnosis Is the Key

Without a cure for breast or cervical cancer, early detection remains our best ally in mitigating the effects of these diseases on Arkansas women and their families. Getting women to say "Yes" to regular mammograms and regular Pap tests is the first step.

Women Enroll Through BreastCare Providers

Women can find a BreastCare provider at ar.gov/BreastCare. Providers enroll eligible women in BreastCare.

When a qualifying woman is enrolled by her physician, she is scheduled for screening and diagnostic services as needed, including a clinical breast exam, Pap test and mammogram.

If a patient is diagnosed with precancerous or breast/cervical cancer, a BreastCare Regional Care Coordinator will provide follow-up case management. Although BreastCare does not fund treatment services, Care Coordinators provide support and information about treatment resources throughout the treatment process and beyond.

Eligibility qualifications:

- 40 - 64 years of age
- Income at or below 200% of the federal poverty level
- No health insurance
- Arkansas resident

THE BOTTOM LINE IN FY 2013

58,493

women eligible to receive services¹

11,640

women enrolled²

13,355

women served³

7,379

mammograms performed⁴

3,933

Pap tests performed⁴

226

women diagnosed with breast or cervical cancer⁵

\$3,773,136

spent on screening, diagnostic and treatment services⁶

Since February 1999

159,303

mammograms performed

79,908

Pap tests performed

3,242

cases of breast or cervical cancer diagnosed and/or treated

¹ Small Area Health Insurance Estimates by demographics, income, State and County, 2011 US Census Bureau.

² Women enrolled: Unduplicated count of women enrolled into the ADH BreastCare Program during a specified time period; Source of report: HP Enrollment System

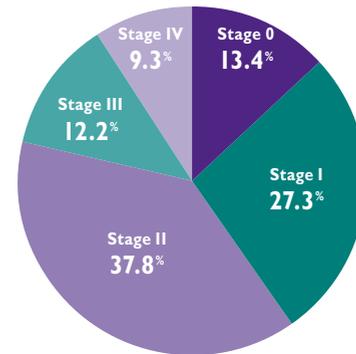
³ Women served: Unduplicated count of women receiving any clinical service through BreastCare Program during a specified time period. Clinical services include screening, diagnostic procedures and treatment; Source of report: HP Enrollment and Billing Systems

⁴ HP Enterprise Services, BreastCare Data.

⁵ Women diagnosed with invasive breast and cervical cancers; includes those enrolled in Medicaid category 07, DHS.

⁶ BreastCare funding sources include state tobacco excise and sales taxes, federal grant, and Komen grant.

Breast Cancer Stage at Time of Diagnosis for BreastCare Patients



Fiscal Year 2013

Data Source: ADH Online System, BreastCare Data

Early Detection for Better Outcomes at Lower Cost

Breast cancer is categorized as Stage 0, I, II, III or IV according to the size of the tumor and the involvement of lymph nodes and other organs. Because early stage breast cancer can be treated successfully and cost-effectively, early detection is critical. A regular screening mammogram is the best tool we currently have to help assure breast cancer is detected early.

The value of the BreastCare screening program is clear when we consider early diagnosis presented in the FY 2013 Staging Chart. Over 78% of the women who received a diagnosis of cancer while in the BreastCare program had an early stage cancer, Stages 0-II. The high costs and poor outcomes associated with late stage diagnosis and treatment make the case for regular breast cancer screening stronger than ever. Screening makes early detection and treatment possible and successful.

BreastCare Meets Performance Standards

In order to assess program performance, the Centers for Disease Control and Prevention established routine data collection standards that must be met by states receiving funds from the National Breast and Cervical Cancer Early Detection Program. These 11 core clinical indicators reflect how well women are served by state programs. For the sixth consecutive year, BreastCare met or exceeded all of these clinical standards.



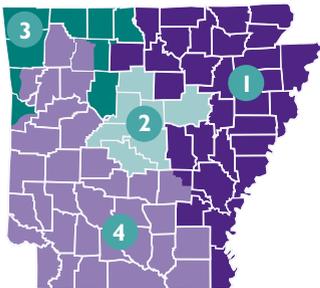
CORE PROGRAM PERFORMANCE INDICATORS July 2012 - June 2013			ARKANSAS RESULTS	
Indicator Type	Program Performance Indicator	CDC Standard	Percentage	Standard Met?
Screening	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%	39.6%	YES
	Mammograms Provided to Women ≥ 50 Years of Age	≥ 75%	90.2%	YES
Cervical Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	100%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 90 Days	≤ 25%	5.0%	YES
	Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	≥ 90%	94.4%	YES
	HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment > 90 Days	≤ 20%	0.0%	YES*
	Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days	≤ 20%	25.0%	YES*
Breast Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	95.4%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	10.0%	YES
	Treatment Started for Breast Cancer	≥ 90%	98.6%	YES
	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	≤ 20%	7.0%	YES

Source: Centers for Disease Control and Prevention (CDC), April 2013 MDE Submission Feedback.

*The denominator is less than 10. The one-sided hypothesis was not conducted.



BreastCare by Congressional District



BREAST CARE NUMBERS PER CONGRESSIONAL DISTRICT	1st District	2nd District	3rd District	4th District
Total Funds Spent ¹	\$2,046,577	\$1,161,284	\$1,458,943	\$1,580,999
Total State Funds Spent	\$957,607	\$616,663	\$771,958	\$972,990
Counties in District ²	30	7	10	33
Women Eligible for Services ³	18,753	10,851	12,529	16,360
Clients Served ⁴	4,044	2,243	3,260	3,808
Clients with Cancer Diagnosis ⁵	54	52	55	65
BreastCare Providers	294	394	256	257

¹ BreastCare funding sources include state tobacco excise and sales tax, federal grant, and Komen grant.

² Crawford, Newton, and Sebastian Counties are in both District 3 and District 4. Jefferson County is in both District 1 and District 4. Searcy County is in both District 1 and District 3.

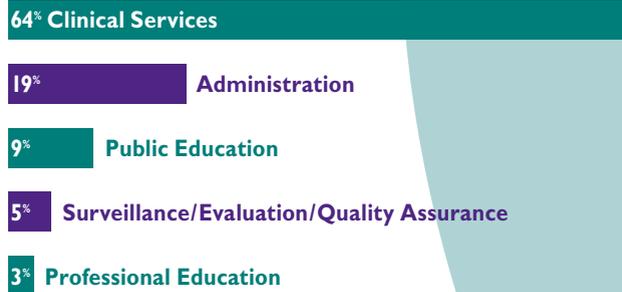
³ Small Area Health Insurance Estimates/County and State by Demographic and Income Characteristics/2011, US Census Bureau.

⁴ Unduplicated number of women served by BreastCare; HP Enterprise Services, BreastCare Data.

⁵ Clients diagnosed with breast and cervical cancers, does not include pre-cervical cancer; includes clients enrolled in Medicaid category 07, DHS BCC Listing.

Where the Money Goes

The allocation of federal, state and private funds to maximize services remains a priority. As in the past years, clinical services received the largest portion of funds in Fiscal Year 2013.



The BreastCare Team

The BreastCare Team is committed to ensuring that BreastCare's quality services are available to thousands of underserved Arkansas women. From public education and training to managing countless provider contracts, the BreastCare Team continues to excel in its endeavors to reach this goal.

Michelle Snortland, MBA
Program Director

Kay Creighton-Hays, M.Ed.
Program Administrator

Shiela Couch
Contracts and Accounts
Manager

**Joanne Jones, BSN, RNP,
MPH**
Program Nursing Coordinator

Adam Nelsen
Case Manager

**Sharada Adolph, MD,
DrPH**
Evaluator

**Brandy Sutphin, CPH,
MPH**
Senior Epidemiologist

Kenesha Carbage
Medical Records Technician

Geray Pickle
Budget Coordinator

Wanda Lung'aho
Accountant

Lisa Buckner
Administrative Assistant

Care Coordinators

Our Care Coordinators provide case management services for BreastCare clients and function as liaisons between the Arkansas Department of Health and providers who perform the screening. They also provide education and outreach to BreastCare providers.

Debby Vodrazka Harris, RN
Northwest Region

Lisa Martin, RN
Northeast Region

Polly Lockett-Fox, RN
Central Region

Julie Huntley, RN
Southwest Region

Verna Ferry, RN
Southeast Region

The Breast Cancer Control Advisory Board

Ronda Henry-Tillman, MD
Board Co-Chair
Little Rock, Arkansas
Representing
Medical Oncology
Term expires 1/1/16

Jerri Fant, MD
Board Co-Chair
North Little Rock, Arkansas
Representing
Arkansas Medical Society
Term expires 1/1/15

Debra Walden, RN
Jonesboro, Arkansas
Representing
Arkansas Nursing Association
Term expires 1/1/16

Hope Keiser, PhD
Little Rock, Arkansas
Representing
Susan G. Komen for the Cure
Term expires 1/1/16

Sarah Faitak
Fayetteville, Arkansas
Representing
Women's Health Advocacy
Term expires 1/1/15

Alicia Storey
Jonesboro, Arkansas
Representing
Arkansas Hospital Association
Term expires 1/1/17

John Lynch, DO
Jonesboro, Arkansas
Representing
Radiation Oncology
Term expires 1/1/17

Sharon Parrett, RN
Hot Springs, Arkansas
Representing
American Cancer Society
Term expires 1/1/17