



MAR 27 1997

Dear State Medicaid Director:

I am writing to encourage States to provide coverage for annual screening mammograms for women age 40 and older. We are sensitive to the fiscal effect this may have on States, and want to assure you that we will continue to provide Federal financial participation (FFP) for this service.

Breast cancer is the second leading cause of cancer deaths in American women. While all States provide some coverage for screening mammography, coverage limitations for women in this age group may reduce early detection of breast cancer.

Recent announcements concerning the appropriate age and frequency at which women should receive screening mammograms have heightened public interest in this critical issue. There is a particular focus on women from age 40 to 49. The National Cancer Board, a presidentially-appointed committee that advises and consults with the Director of the National Cancer Institute (NCI) and the Secretary of Health and Human Services, recently considered an updated finding from breast cancer studies. The new data show that regular screening mammograms for women in their 40s reduces death from breast cancer by about 17 percent. Today, March 27, the Board recommended to the Director of the NCI that women over age 40 get screening mammograms every one to two years. The NCI adopted the Board's recommendations. (See attachment.)

As you know, all State Medicaid programs must cover diagnostic mammograms. These services are included under one of the mandated service categories and are determined to be medically necessary as a result of a sign, symptom, or complaint. However, States have flexibility in choosing whether, and on what basis, to cover screening mammograms as an optional service.

In light of the new recommendation, we urge you to consider providing annual coverage for screening mammograms for women over age 40. Regular screening mammograms for these women should lead to decreasing morbidity and mortality rates from breast cancer. Medicaid coverage of screening mammograms will eliminate financial impediments to this important service for Medicaid beneficiaries in this age category, and providing coverage for annual screens assures, consistent with the NCI recommendations, that women choosing to have annual mammograms will be able to obtain this service. Again, we want to reiterate that we will provide federal matching payments for service expansions for screening mammography.

In recent years, State have made aggressive efforts to ensure that Medicaid beneficiaries have access to preventive health measures. As partners with the States in Medicaid, we appreciate your commitment to ensuring the best possible preventive health services for Medicaid beneficiaries.

Sincerely,



Judith D. Moore
Acting Director
Medicaid Bureau

cc: Regional Administrators
Associate Regional Administrators for Medicaid
Lloyd Bishop, OLIGA
Jennifer Baxendell, NGA
Lee Partridge, APWA
Joy Wilson, NCSL



Office of Cancer
Communications

Building 31, Room 10A24
Bethesda, Maryland 20892

For Response to Inquiries

National Institutes of Health

March 27, 1997

NCI Press Office
(301) 496-6641

**Statement from the National Cancer Institute on the
National Cancer Advisory Board Recommendations on Mammography**

The National Cancer Institute (NCI) accepts the recommendations of the National Cancer Advisory Board on screening mammography.

As a result, NCI will recommend that:

- Women in their 40s should be screened every one to two years with mammography.
- Women aged 50 and older should be screened every one to two years.
- Women who are at higher than average risk of breast cancer should seek expert medical advice about whether they should begin screening before age 40 and the frequency of screening.

The board also stated that because of mammography's limitations, it is important that a clinical breast examination by a health care provider be included as part of regular, routine health care. NCI will include that statement in its recommendations.

Richard Klausner, M.D., NCI director, expressed his gratitude to the board for coming to closure on the issue quickly and for helping to bring clarity to this important issue. He said the board also made important recommendations for future research on breast cancer screening and education, and that NCI would address those research recommendations.

Klausner said the institute will immediately begin to develop new educational materials to communicate the screening recommendations and to help women and health professionals determine an individual's breast cancer risk. He said that NCI also will work with the American Cancer Society, other government agencies, advocacy organizations, cancer centers, and other

(more)

groups to educate the public and health professionals about the benefits, limitations, and risks of screening mammography.

###

Cancer Information Service

The Cancer Information Service (CIS), a national information and education network, is a free public service of the National Cancer Institute (NCI), the federal government's primary agency for cancer research. The CIS meets the information needs of patients, the public, and health professionals. Specially trained staff provide the latest scientific information in understandable language. CIS staff answer questions in English and Spanish and distribute NCI materials.

Toll-free phone number: 1-800-4-CANCER (1-800-422-6237)

TTY: 1-800-332-8615

CancerFax®

For NCI information by fax, dial 301-402-5874 from the telephone on a fax machine and listen to recorded instructions.

CancerNet™

For NCI information by computer:

CancerNet Mail Service (via E-mail)

To obtain a contents list, send E-mail to cancernet@icicc.nci.nih.gov with the word "help" in the body of the message.

Internet

Information is also accessible via the Internet through the World Wide Web at (<http://rex.nci.nih.gov>) and (<http://cancernet.nci.nih.gov>) servers.

WHY A LEGISLATIVE CHANGE IN MEDICARE COVERAGE FOR MAMMOGRAPHY?

Q. Medicare law already grants the Secretary broad authority to revise the frequency with which screening mammography may be paid for under Medicare. Why then is the Administration seeking statutory authority to make this change?

A. We are prepared to make this change through either the legislative or regulatory route. But in addition to changing the frequency, our legislative proposal also eliminates cost sharing requirements for this service -- a change (which must be accomplished through statute) that will increase access to this care. Many members of Congress, including Cong. Bill Thomas (R-CA) and Cong. Ben Cardin (D-MD) also have introduced legislation to provide for more frequent (annual) screening mammography coverage for certain Medicare beneficiaries with no cost sharing.

The public debate surrounding these legislative proposals will help raise awareness about the importance of receiving this lifesaving screening service. In order to take advantage of it, women must know both about the health benefits of mammography screening and the availability of insurance coverage that promotes access to this care. We stand committed to achieving these reforms this year.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Office of Managed Care
Director's Office
Washington, D.C. 20201

Office of Managed Care
Operational Policy Letter
OPL 97.049

Date: February 12, 1997

Subject: Medicare Managed Care Plans' Benefits and Coverage of Certain Surgical Interventions for Treatment of Breast Cancer

Question: May a Medicare managed care plan require that enrollees obtain services related to certain surgical interventions (including mastectomy and/or lymph node dissections) for treatment of breast cancer on an outpatient basis or establish a maximum length of stay for treatment as a hospital inpatient?

Answer: No. A managed care plan's coverage policies, disease management protocols, or utilization review criteria that impose such limits are not supported by the available medical evidence and do not take into account individual patient circumstances.

In OPL 96.046 (December 19, 1996), HCFA clarified that managed care plans must make decisions about the coverage of health care services pursuant to an objective, evidence-based process. We also made it clear that medical necessity decisions on the appropriate care for an individual patient must take into account the specific circumstances and needs of that individual. In addition, in OPL 96.044 (November 25, 1996), HCFA stated that a managed care plan may not restrict a physician in providing advice and counseling on what medically necessary treatment is most appropriate for an individual patient's condition or disease.

For Medicare beneficiaries, advanced age, increased risk of post-surgical complications, presence of significant comorbidity, impaired functional status, and lack of social support may put them at increased risk if this surgery is performed in an outpatient setting or with an insufficient hospital length of stay. The more extensive the surgical intervention (e.g., radical mastectomy), the more likely the patient is to be at increased risk from the procedure in the outpatient setting or from shortened lengths of stays. Given the current available evidence, it is not acceptable practice for managed care plans to adopt policies, applied indiscriminately to all Medicare enrollees, mandating surgical interventions for treatment of breast cancer in an outpatient setting or setting a maximum length of stay as an inpatient.

In certain circumstances, with carefully selected patients, an outpatient setting or limited hospital stay may be appropriate. However, these practices may only be used when they have been

determined to be appropriate by the patient and her physician, after assessment of the patient's individual circumstances. Assuring the availability of all medically necessary covered benefits to Medicare enrollees will continue to be a focus of HCFA's routine oversight of contracting managed care organizations.

Contact:

HCFA Regional Office Managed Care Staff

cc: OMC Management Team
RO Managed Care Contacts
PASS
Policy and Program Improvement Team

File *Breast Cancer: NCI Recommendations*
~~Mammography~~

NATIONAL
 CANCER
 INSTITUTE

Office of Cancer
 Communications

Building 31, Room 10A24
 Bethesda, Maryland 20892

For Response to Inquiries

National Institutes of Health

February 25, 1997

NCI Press Office
 (301) 496-6641

**Statement by Dr. Richard D. Klausner on the
 NCAB Session on Mammography**

The National Cancer Advisory Board began a serious discussion today about the use of screening mammography. The board members recognize the complexity and importance of this issue and so used this meeting to develop a careful and deliberative process whereby they can reach a decision about how to advise us on this issue. I agree with their approach.

The most important thing is that women be able to get information that will help them make the right decision -- the right personal choice about whether and when to be screened with mammography.

Women who are 50 or over should know that there is strong evidence that the use of screening mammography can reduce the breast cancer death rate by about a third in this age group.

Women who are under 40 should know that there is no evidence that screening mammography reduces breast cancer mortality in their age group.

Women who are between 40 and 50 should know that, so far, existing scientific evidence has not allowed all groups to make a blanket recommendation for screening with mammography. A woman in this age group should talk to her health care provider about whether mammography should be a part of her regular health care, and if so, how often she should have one. Her decision could depend on factors such as whether or not she has a personal or family history of breast cancer, whether she has signs or symptoms of menopause, and whether or not she has a personal history of benign breast disease, such as atypical hyperplasia.

(more)

**NATIONAL CANCER ADVISORY BOARD
WILL ADVISE NATIONAL CANCER INSTITUTE
ON MAMMOGRAPHY**

The National Cancer Advisory Board (NCAB) today began a discussion of the issues surrounding mammography screening for women. At the end of a two-hour session, the NCAB, recognizing the importance and complexity of the topic, decided to form a subcommittee to develop clear recommendations to the National Cancer Institute. The recommendations will include what message NCI should communicate to women and health care providers, and what products are needed to clearly communicate the message and facilitate informed decision making. The board intends to complete the process in about two months.

The subcommittee of board members was not named today, but NCAB Chair Barbara K. Rimer, Dr. P.H., said it will include representatives from different backgrounds and perspectives.

February 25, 1997

Information about the benefits, limitations, and risks of screening mammography is available with a toll free call to NCI's Cancer Information Service — 1-800-4-CANCER.

###

Cancer Information Service

The Cancer Information Service (CIS) is NCI's nationwide telephone service and outreach program. The CIS meets the information needs of patients, the public, and health professionals. Specially trained staff provide the latest scientific information in understandable language. CIS staff answer questions in English and Spanish and distribute NCI materials.

Toll-free phone number: 1-800-4-CANCER (1-800-422-6237)

TTY: 1-800-332-8615

CancerFax®

For NCI information by fax, dial 301-402-5874 from the telephone on a fax machine and listen to recorded instructions.

CancerNet™

For NCI information by computer:

CancerNet Mail Service (via E-mail)

To obtain a contents list, send E-mail to cancernet@icicc.nci.nih.gov with the word "help" in the body of the message.

Internet

CancerNet is also accessible via the Internet through the World Wide Web (<http://cancernet.nci.nih.gov>) and Gopher (<gopher://gopher.nih.gov>) servers.

SEC. 11242. ANNUAL MAMMOGRAMS.

(a) PROVIDING ANNUAL SCREENING MAMMOGRAPHY FOR WOMEN OVER AGE 39.—Section 1834(c)(2)(A) (42 U.S.C. 1395m)(c)(2)(A) is amended—

(1) in clause (iv), by striking "over 49 years of age, but under 65 years of age" and inserting "over 39 years of age",

(2) by striking clauses (iii) and (v), and

(2) by renumbering clause (iv) as (iii).

(b) EFFECTIVE DATE.—The amendment made by subsection (a) applies to services furnished on or after January 1, 1998.

Medicare Mammography Campaign

DRAFT

Breast cancer is the second leading cause of death from cancer for women and is most common among women over age 65. A woman's risk of developing breast cancer increases as she gets older. In 1994 approximately 50 percent of all new breast cancer cases were in women age 65 and older. Yet not enough older women take advantage of mammography to detect breast cancer early. According to data collected in 1993, about 54 percent of women age 65 and over had a mammogram in the previous two years, as compared to 65 percent for women age 50-64, and 60 percent for women age 40-49.

Since 1991, Medicare has covered biennial screening mammograms for women 65 and over. However, in 1994-1995, only about 39 percent of female beneficiaries 65 and over took advantage of the Medicare mammography benefit.

The Clinton Administration has made it a priority to educate older women about the importance of detecting breast cancer early and to inform them about Medicare coverage of mammography. In May 1995, the First Lady and Secretary Shalala kicked off the Medicare Mammography Campaign with an event at the White House to unveil the slogan, "Get a mammogram—it's a picture that can save your life" and to release a series of PSAs. Other campaign activities include:

- TV Public service announcements in 1995 featuring President Clinton and the First Lady. Mrs. Clinton's PSA included women over 65 who were successfully treated for breast cancer after getting mammograms. The President's PSA featured his mother who died of breast cancer.
- Print PSAs were placed in prominent women's magazines as well as "People" magazine in 1995.
- "Mama-grams" inserted in Mother's Day cards and flower arrangements in 1995 urging older women to get mammograms.
- A 1995 video news release distributed via satellite to TV stations nationwide included footage from the First Lady's listening sessions, where she talked with and listened to older women's concerns about mammography. Copies of the VNR have been sent to women's groups and senior citizen centers nationwide.
- Beneficiary brochures, in both English and Spanish, distributed by HCFA's Regional Offices and contractors directly to women as well as to physicians, hospitals, health clinics, and advocacy groups.
- HCFA representatives attended health fairs for women and seniors nationwide.
- HCFA's Atlanta Regional Office will be emphasizing mammography in their activities surrounding Mother's Day. Their theme for 1997 will be, "Mother Yourself for a Change: Have a Mammogram."
- The Dallas Regional Office will provide a pre-printed insert in the form of a "Mammogram Certificate" to eight major newspapers in all major cities in the Dallas Region (excluding Oklahoma).

To promote the Medicare mammography benefit, the Health Care Financing Administration specifically targets African American and Hispanic Medicare beneficiaries in their campaign. In 1997, HCFA will focus on education and information distribution.

DRAFT LANGUAGE FOR WHITE HOUSE ANNOUNCEMENT

President Clinton is pleased to announce that the health insurance system that covers federal employees, retirees, and their families has adopted the National Cancer Advisory Board's recommendations on providing mammograms to women between the ages of 40 - 49 every one to two years.

The U.S. Office of Personnel Management (OPM) administers the Federal Employees Health Benefits (FEHB) program which is the largest employer-sponsored health insurance program in the world. Just over four and one-half million people are enrolled and, with the addition of family members, the FEHB protects nearly ten million people. About 375 health benefits plans are offered; these include nationwide plans as well as health maintenance organization plans available in certain localities.

OPM Director James B. King is requiring all FEHB health benefit plans to comply with the National Cancer Advisory Board's recommendations on mammogram screenings beginning in January 1998, the start of the next contract year.

MAMMOGRAPHY BENEFIT

MEDICARE -- CURRENT LAW

- Since January 1, 1991, Medicare has covered screening mammography for the early detection of breast cancer. Before that, Medicare covered only diagnostic mammograms.
- Under current law, Medicare covers screening mammograms, together with a physician's interpretation of the results, according to the following frequencies:
 - o Under age 35: No coverage
 - o Age 35 to 39: Only one screening mammogram (baseline)
 - o Age 40 to 49: Women at high risk for breast cancer: annual screening mammogram (example: a woman with a mother, sister, or daughter who has had breast cancer)

Women at normal risk for breast cancer: one screening mammogram every two years
 - o Age 50 to 64: Annual screening mammogram
 - o Age 65 and over: One screening mammogram every two years
- Medicare also covers diagnostic mammograms when the patient shows signs or symptoms of possible breast disease.
- Beneficiaries must pay the Part B deductible and 20 percent coinsurance for mammograms. For dual eligible beneficiaries (Medicare + Medicaid), Medicaid will cover the cost-sharing for diagnostic mammograms regardless of the age of the patient.

MEDICARE -- LEGISLATIVE PROPOSALS

- Waive Cost-Sharing for Mammograms

Although Medicare coverage of screening mammography began in 1991, only 14 percent of eligible beneficiaries without supplemental insurance received a mammogram during the first two years of the benefit. One factor is the required Part B deductible and 20 percent coinsurance. To remove financial barriers to mammography, this proposal waives the Medicare coinsurance and the deductible for both screening and diagnostic mammograms, effective January 1, 1998.

- **Cover Annual Screening Mammograms for All Women Age 40 and Over**

OBRA 1990 mandated Medicare coverage of annual screening mammograms for women age 50-64, and for high risk women age 40-49, but only biennial mammograms for women age 40-49 at normal risk, and for those age 65 and over. This proposal would cover annual screening mammograms for all women age 40 and over, effective January 1, 1998.

MEDICAID -- CURRENT LAW

The Medicaid program is jointly funded by both Federal and State Governments. Within broad Federal guidelines, each state has wide latitude in designing its Medicaid program. The Medicaid statute at section 1905(a) of the Social Security Act lists the services for which Federal Medicaid payments may be made. Included in this list are both mandatory services which a State must provide, as well as optional services which are provided at State discretion. Mammography services may be covered under either the mandatory or optional benefit categories.

- There are no Medicaid regulations that specify age criteria for screening mammography. Screening mammography is provided by all States as an optional service. States may choose to cover screening mammograms under optional service categories such as preventive care, screening services, or clinic services.
 - o Most States cover screening mammograms in fee-for-service Medicaid. In addition, virtually all Medicaid managed care plans offer preventive services, including mammography, to their enrollees.
 - o States may specify limits on optional services, such as indicating how frequently screening mammograms may be available and specifying age limits.
 - o In 1990, the American College of Obstetricians and Gynecologists (ACOG) surveyed all States and found that fourteen States reported age limits and thirteen States reported frequency limits for screening. In nine of the States, the limits are comparable to the nationally recommended guidelines of national medical organizations, including the American Cancer Society, the National Cancer Institute, and the American College of Obstetricians and Gynecologists (ACOG).
 - o More recent data show that seventeen States have age limits and sixteen States now have frequency limits for screening.
- There are no Federal regulations governing State coverage of screening mammography as an optional service.

- Reimbursement amounts for mammograms are not set by Federal regulations and can vary from state to state. State payments to mammography providers are matched by Federal funds at the normal Federal medical assistance percentage for that specific state. These rates range from 50% to near 80%.
- Diagnostic mammograms are considered a medical necessity. States cover them under one of the mandated service categories: inpatient hospital services, outpatient hospital services, rural health clinic services or other laboratory and x-ray services.

October 25, 1997

Contact: FDA Press Office
(301) 443-3285

Mammography Quality Standards Act

Overview: In October 1997, years of effort culminated in the publication of the final rules of the Mammography Quality Standards Act (MQSA). The final regulations toughen the requirements that first became effective in 1994. They assure that mammograms are done only by trained medical personnel at properly equipped facilities, that the resulting images are of the best possible quality, and that facilities employ skilled physicians to interpret the results.

Congress passed the MQSA in 1992 to ensure that all mammography done at the approximately 10,000 facilities in this country is safe and reliable. The Food and Drug Administration (FDA), the agency responsible for implementing and enforcing the MQSA, set forth initial standards that mammography professionals and facilities had to meet by October 1, 1994. The publication of the final rules this year builds on and strengthens those standards. Standards must be met within 18 months after the publication of the final rules and all facilities are inspected annually to ensure compliance.

Breast Cancer's Tragic Toll

- Breast cancer is the second leading cause of cancer deaths in American women, following lung cancer.
- Since the early 1970s, the incidence of breast cancer has increased about 1 percent a year.
- An estimated 44,000 women will die from breast cancer in 1997, and an estimated 180,000 new cases of the disease will be diagnosed.
- Nearly half a million women will die of breast cancer in the 1990s, and more than one-and-a-half million new cases will have been diagnosed in this decade.

Mammography: Why High Quality Is Important

- Mammography, a special x-ray examination of the breast, is currently the most effective method for detecting breast cancer early.
- High-quality mammography can find 85 to 90 percent of breast tumors in women over 50.
- Widespread screening of women over 50, followed by prompt treatment when needed, can reduce cancer deaths by as much as 30 percent.
- If breast cancer is detected early, the cancer is less likely to have spread, giving a woman the best chance for survival.

Setting a New Standard

Mammography can fail to do its job because of poor technique in taking, processing or reading the films, inadequate record keeping and reporting of results, and lack of effective quality assurance controls. Under the MQSA, all mammography facilities are required to display their FDA certificate. To be certified, a facility must meet quality standards for x-ray images and equipment, personnel standards, and record keeping and reporting requirements.

Finding a Certified Facility

Information on regional certified facilities is available from the toll-free number of the NCI's Cancer Information Service at 1-800-4-CANCER.

Mammography Quality Standards

Congress passed the Mammography Quality Standards Act (MQSA) in 1992 to ensure that all women have access to high quality mammography services. Under the final rules of the Mammography Quality Standards Act (MQSA), published in October 1997, the FDA sets high standards for mammography facilities and certifies those which meet the standards. The roughly 10,000 mammography facilities nationwide accredited by the FDA must meet quality standards for equipment and personnel, and are inspected annually.

These regulations spell out the details for requiring facilities to hire capable technologists, use quality dedicated equipment that produces clear images, and employ skilled interpreting physicians to interpret the results both accurately and efficiently. The rules also require that doctors and patients be fully and quickly informed of results so that any follow-up testing or treatment can begin immediately. The names and locations of FDA certified mammography facilities are available by calling the Cancer Information Service at 1-800-4-CANCER. In addition, the FDA has included a list of all FDA certified mammography facilities in the United States on its internet home page. The address is <http://www.fda.gov/cdrh/faclist.html>.

National Action Plan on Breast Cancer

HHS' Office on Women's Health is coordinating the *National Action Plan on Breast Cancer*. This first-ever national plan was developed in 1993 under Secretary Shalala's leadership. The Plan has awarded over \$9 million in grants for 99 innovative research and outreach projects, with a special emphasis on the development of public-private partnerships targeted in the six priority areas:

- *The Information Action Council Working Group* is working to improve access to information about breast cancer for consumers, scientists, and practitioners via the Internet and other information technologies.
- *The Etiology Working Group* is focusing on efforts to expand the scope and breadth of biomedical, epidemiological and behavioral research on breast cancer. The group has identified four priority areas: chemicals and hormones, viruses, radiation and electromagnetic fields, and lifestyle factors.
- *The National Biological Resources Banks Working Group* (NAPBC) has focused on the development of a national mechanism and standard for obtaining and storing tissue for multiple areas of breast cancer research. The NAPBC has awarded funds to establish a national biological resources bank and is now conducting a survey of tissue banks throughout the country to identify and determine the accessibility of all available biological resources.
- *The Working Group to Ensure Consumer Involvement* has defined several specific activities to help ensure consumer involvement at all levels in the development of national research, education, and service delivery programs related to breast cancer.
- *The Clinical Trial Accessibility Working Group* has identified a series of initiatives to address four types of barriers to participation in clinical trials, including barriers associated with the informed consent process, patient and physician misperceptions about clinical trials, lack of information about the availability of trials, and cost.

Limitations of Mammography

While mammography is the best screening tool available now, early detection does not necessarily mean lives will be saved. Mammography may not help a woman with a small but fast growing tumor that has already spread at the time of detection. And about 50 percent of women whose breast cancer is detected by mammography would not have died from the cancer even if they had waited until a lump could be felt because the tumors are slow-growing and easy to treat.

Breasts of younger women contain many glands and ligaments that appear dense on a mammogram, so it is sometimes difficult to spot tumors in their breasts. About 25 percent of breast tumors are missed in women in their 40s compared to 10 percent for women in their 50s. Also, between 5 percent and 10 percent of mammograms are abnormal. Of those in younger women that are followed up with additional tests (another mammogram, fine needle aspiration, ultrasound, or biopsy) most will not be cancer. Over the past 30 years, mammography has been able to detect a higher proportion of small tissue abnormalities called ductal carcinoma in situ (DCIS), abnormal cells confined to the milk ducts of the breast. Some believe these tumors are not life threatening, while others think they are. Because there is so little data to support either view, the abnormalities are commonly removed surgically.

HHS is supporting a variety of research projects aimed at improving breast cancer detection.

HHS PROGRAMS SUPPORTING MAMMOGRAPHY

Mammography Quality Standards. Under the final rules of the Mammography Quality Standards Act (MQSA), published October 1997, the FDA sets high standards for mammography facilities and certifies those which meet the standards. The roughly 10,000 mammography facilities nationwide certified by the FDA must meet quality standards for both equipment and personnel, and are inspected annually. MQSA regulations require facilities to hire capable technologists, use quality dedicated equipment that produces clear images, and employ skilled interpreting physicians to interpret the results both accurately and efficiently. The rules also require that doctors and patients be fully and quickly informed of results so that any follow-up testing or treatment can begin immediately. Resources devoted to the MQSA total \$26.4 million for FY 1997, and the proposed budget for FY 1998 is \$27 million.

The names and locations of FDA certified mammography facilities are available by calling the Cancer Information Service at 1-800-4-CANCER. In addition, the FDA has included a list of all FDA certified mammography facilities in the United States on its internet home page. The address is <http://www.fda.gov/cdrh/faclist.html>

Research To Develop Better Screening. New imaging technologies under development for breast cancer screening include magnetic resonance imaging, breast ultrasound, and breast-specific positron emission tomography. In addition to imaging technologies, NCI-supported scientists are exploring methods to detect breast cancer using simple tests of the blood, urine, or nipple aspirates, and to detect genetic alterations that place women at increased risk for breast cancer.

In addition, HHS is working with the Department of Defense, the CIA, NASA, and other public and private entities to explore ways in which imaging technologies from other fields may be applied to the early detection of breast cancer. In particular, the computer technologies that have been used to improve spy satellites may help improve breast cancer detection as well. In October, 1996, HHS awarded \$1.98 million to the University of Pennsylvania to conduct a multi-site clinical trial of imaging technology from the intelligence community -- originally used for missile guidance and target recognition -- to improve the early detection of breast cancer.

Mammography Clinical Practice Guidelines. Recognizing the importance of the quality of screening mammograms in the early detection of breast cancer, HHS' Agency for Health Care Policy and Research developed a Clinical Practice Guideline -- *Quality Determinants of Mammography* -- with separate versions for mammography providers, health care professionals, and consumers. The guideline provides information on the roles and responsibilities of each health care professional involved in mammography services, as well as information and recommendations for women.

Medicare and Medicaid Coverage of Mammography. Since 1991, Medicare has covered mammography screening for the early detection of breast cancer. For women age 40-49, Medicare currently covers one screening mammogram every two years, except for women with a high risk (for example, a woman with a mother, sister or daughter who has had breast cancer), in which case annual mammograms are covered. For women age 50-64, annual screening mammograms are covered, and for women 65 and older, Medicare covers one screening mammogram every two years.

President Clinton proposed, and Congress adopted, the expansion of Medicare coverage which will help pay for annual mammograms for all Medicare beneficiaries age 40 and over. This new benefit will be available starting January 1, 1998.

Under Medicaid, diagnostic mammograms are a mandated service and states must cover them. Screening mammograms, however, are provided by states as an optional service, with most states covering screening mammograms in fee-for-service Medicaid. In addition, virtually all Medicaid managed care plans offer preventive services, including mammography, to their enrollees.

The Health Care Financing Administration has urged states to provide annual mammography screening to Medicaid beneficiaries at age 40; HCFA will continue to provide federal matching payments for annual mammography screening services.

National Breast and Cervical Cancer Early Detection Program. The CDC's National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammography screening to uninsured, low-income, elderly, minority, and Native American women nationwide. The resources devoted to breast cancer screening services are estimated to have increased from \$42 million in FY 1993, to \$81 million in FY 1997. The program, which has been operating in an increasing number of states over the past six years, has provided screening tests to almost one million medically underserved women. In October, 1996, the program went nationwide, with funding for all 50 states.

Privacy of Mammography Records. President Clinton is urging Congress to enact legislation to protect the privacy of personal medical records. These recommendations would establish a basic national standard of protection for mammography records, and women whose medical records reflect a specific genetic mutation such as those in breast cancer genes BRCA1 or BRCA2. There would be clear guidance, and significant incentives for the fair treatment of personal information by those in the health care field, and real penalties for misuse.

Mammography for Women with Addictive and Mental Health Disorders. Women who are in need or who receive substance abuse or mental health services often lack appropriate primary health care, including breast cancer education, detection and treatment. Women-focused substance abuse and mental health programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) are designed to be comprehensive, delivering primary health care services to women who often are medically underserved. These services include education on breast self-examination and mammography services, and counseling on risks for breast cancer.

###

File Sarah breast

Cancer



1997 Mammography Report:

**Activities by
Peer Review Organizations (PROs)/
Quality Improvement Organizations (QIOs)**

November 1997

Table of Contents

Introduction.....	pg. 3
Coalition Involvement.....	pg. 4
Project Activities.....	pg. 5
Distribution of HCFA Materials.....	pg. 6
Mammography Kick-Off Events.....	pg. 7
Materials Produced by PROs/QIOs.....	pg. 8
Mammography Spokespersons.....	pg. 9
 <u>Appendix:</u>	
Responses to Survey Questions.....	pgs. A-2 - A-24
Mammography Contact List.....	pgs. A-25 - A-27

Introduction

The Health Care Financing Administration (HCFA) sent a mammography survey to Peer Review Organizations/Quality Improvement Organizations in August and early September, 1997. The survey asked PROs/QIOs to report on:

- coalition involvement;
- project activities;
- planned distribution of HCFA materials;
- kick-off events;
- PRO/QIO-produced mammography materials; and
- spokespersons involved in PRO/QIO mammography efforts.

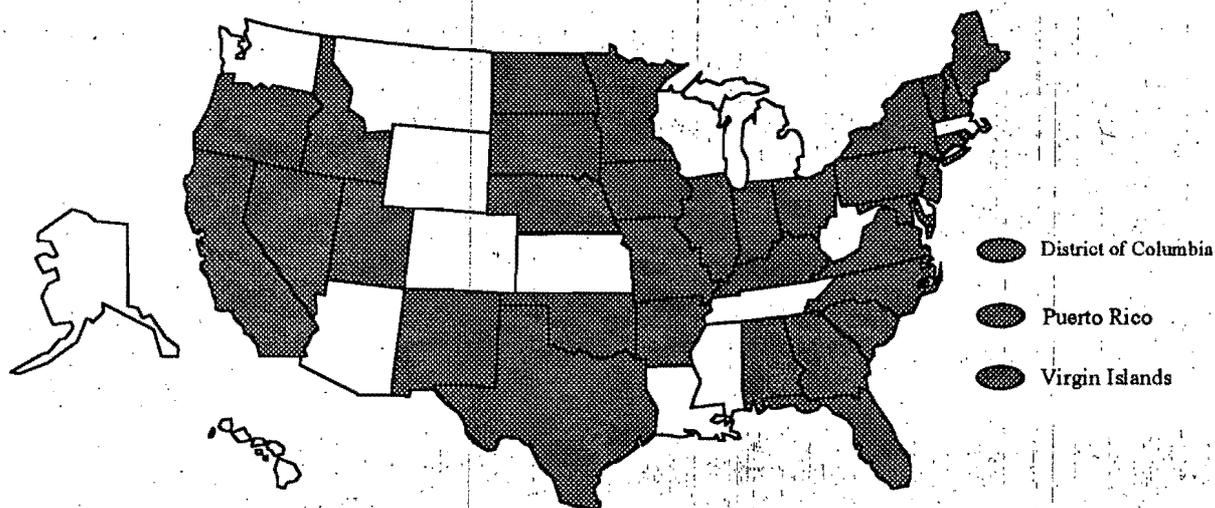
Survey responses were received in September and October. This report contains a summary of PRO/QIO activities and an appendix section that lists, state by state, the responses to each survey question.

Note:

- As part of their contract with HCFA, PROs/QIOs are responsible for conducting quality improvement projects and for informing beneficiaries about their Medicare rights.
- Many Peer Review Organizations now call themselves Quality Improvement Organizations. In this report, these titles are used interchangeably.
- In this report, the term "coalition" is used to reflect PRO/QIO involvement with a variety of agencies and organizations working together to promote mammography. In some states, these groups are called coalitions. In other states, they may be called partnerships or committees.
- The survey questions did not ask for detailed input on coalition involvement and general outreach activities. Therefore, this report does not intend to fully capture PRO/QIO efforts in these two areas.
- This report was prepared at HCFA's Boston Regional Office. For more information, contact Helen Mulligan at (617) 565-1296.

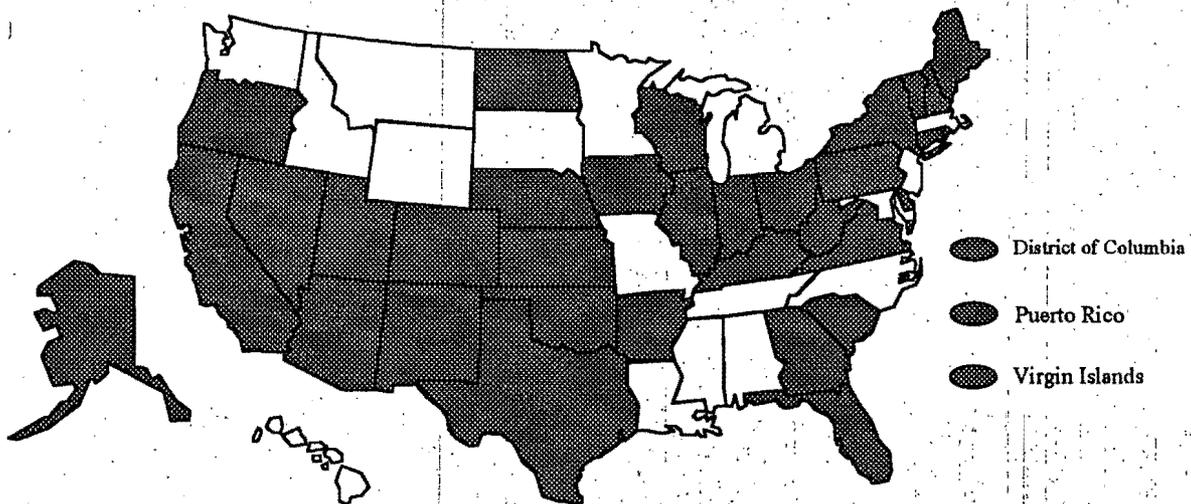
Coalition Involvement

- PROs/QIOs belong to mammography coalitions in 34 states, the District of Columbia, Puerto Rico and the Virgin Islands.
- Many coalitions are working on state-wide mammography campaign efforts. Some coalitions are targeting specific cities or counties. One coalition involves three states.
- Several PROs/QIOs serve on more than one coalition.
- Almost half of the coalitions were started by the PRO/QIO.



Project Activities

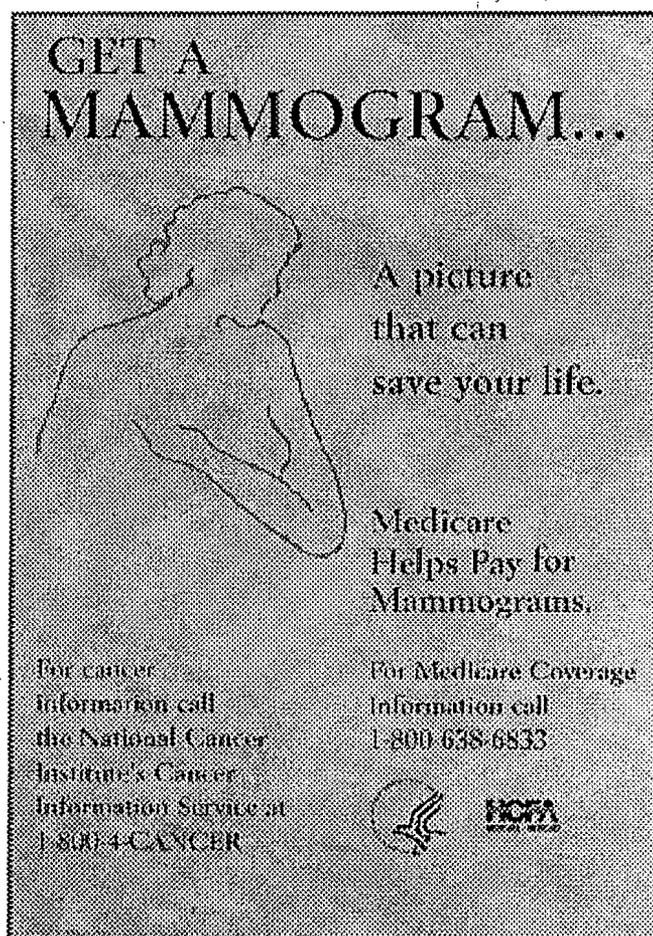
- ➔ PROs/QIOs are conducting quality improvement projects in 33 states, the District of Columbia, Puerto Rico and the Virgin Islands. Project collaborators include hospitals, HMOs, radiology sites, physicians, government agencies, colleges, health departments, churches and local groups.
- ➔ Project interventions include, in part, sending documents to beneficiaries by mail, setting up patient reminder systems in physician offices, conducting media campaigns and providing educational materials to providers and beneficiaries.
- ➔ Six PROs/QIOs are establishing partnerships in Atlanta, Chicago, Cleveland, Los Angeles, Philadelphia and San Antonio to support HCFA's multi-city mammography projects. The goal of these projects is to encourage more African-American and Hispanic females, ages 65 and older, to take advantage of the Medicare mammography screening benefit.
- ➔ Five PROs/QIOs are working on Kerr L. White Institute's multi-state projects that focus on increasing mammography screenings in low utilization areas. All these projects will include physician interventions. States involved are Colorado, Connecticut, Georgia, Oklahoma and Virginia.



Distribution of HCFA Materials

(Note: When responding to the survey, PROs/QIOs were under the assumption that they would receive HCFA materials no later than early October. However, since these materials were delayed, reported distribution plans may have changed.)

- ➔ HCFA materials--in English and Spanish--include postcards, bookmarks, stickers and posters.
- ➔ PROs/QIOs indicated that they plan to distribute HCFA-produced materials in 41 states, the District of Columbia, Puerto Rico and the Virgin Islands.



**GET A
MAMMOGRAM...**

A picture
that can
save your life.

Medicare
Helps Pay for
Mammograms.

For cancer
information call
the National Cancer
Institute's Cancer
Information Service at
1-800-4-CANCER

For Medicare Coverage
information call
1-800-638-6833

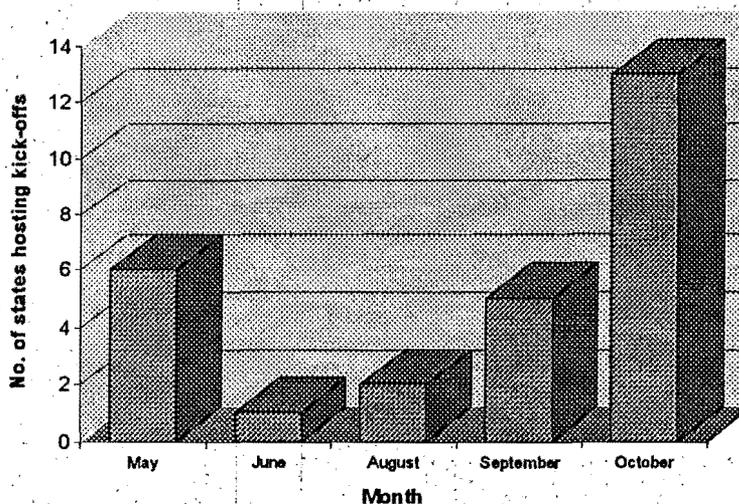
 

- ➔ In 11 states, the District of Columbia and Puerto Rico, PROs/QIOs plan to use the materials to support their quality improvement projects.
- ➔ In many areas, PROs/QIOs plan to distribute the materials to support beneficiary outreach and coalition activities. As part of their outreach efforts, some PROs/QIOs are working with community groups and religious organizations. Others are participating in health fairs and hosting educational seminars.

Mammography Kick-Off Events

- ➔ PROs/QIOs were involved in mammography kick-off events in 21 states, the District of Columbia, Puerto Rico and the Virgin Islands.
- ➔ Some kick-offs began with the signing of a Governor's proclamation. In several states, there were "Bells and Silence for Remembrance" campaigns involving religious organizations. In certain areas of the country, kick-offs revolved around press conferences or special meetings.
- ➔ PROs/QIOs reported that the kick-offs supported general outreach efforts, coalition activities and/or project interventions.
- ➔ Many of the kick-offs coincided with Mother's Day activities in May and Breast Cancer Awareness Month activities in October.

Number of states hosting kick-off events (by month)*



* Several states had more than one kick-off event

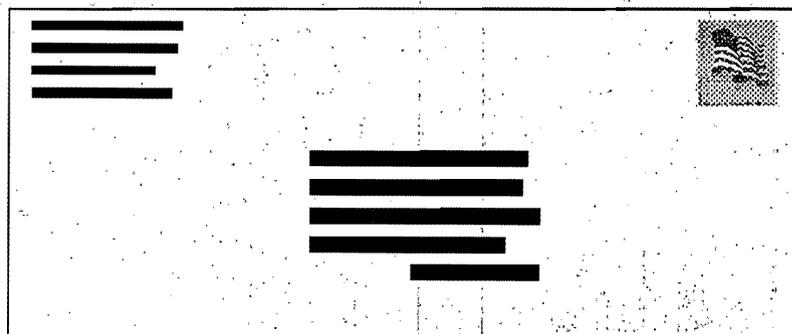
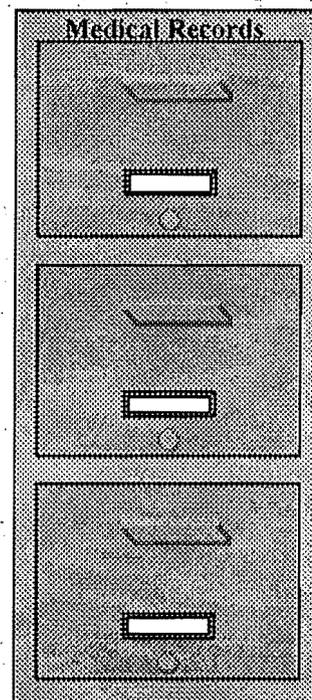
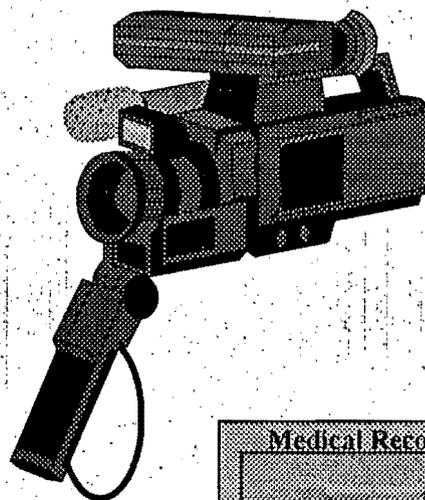
Materials Produced by PROs/QIOs



PROs/QIOs are planning to produce their own materials to support mammography activities in 31 states, the District of Columbia, Puerto Rico and the Virgin Islands.



PROs/QIOs have already created numerous materials (primarily in English or Spanish). Items produced include bookmarks, TV and radio public service announcements, videos, brochures, fact sheets, medical record stickers, posters, event calendars, direct mail letters, tent cards, HMO promotion kits, patient reminder cards, fans and campaign buttons.



Mammography Spokespersons



First ladies, politicians, breast cancer survivors and coalition leaders are serving as spokespersons for mammography education efforts in their states.



Spokespersons are appearing in the media, signing letters that are sent directly to beneficiaries and supporting a myriad of outreach activities.

Spokespersons include:



Delaware

Lt. Governor Ruth Ann Minner



Idaho

Sylvia Rickerd--Chairperson of Idaho Breast Cancer Coalition (breast cancer survivor)



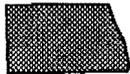
Minnesota

- 1) Mary Kay Sanders--Mrs. Minnesota (currently fighting breast cancer)
- 2) First Lady Susan Carlson
- 3) Bloomington Mayor Coral Houle (breast cancer survivor)



Missouri

- 1) First Lady Jean Carnahan
- 2) Pat Wilson (Lt. Governor's wife)



North Dakota

First Lady Nancy Schafer



Ohio

Dawn Moss--Miss Black USA 1996 (national spokesperson for the Breast and Prostate Cancer Awareness Program for Minorities and Immigrants)



Oregon

Kitty Piercy--Oregon State Representative



South Carolina

First Lady Mary Wood Beasley



South Dakota

Signe Hanson--Outreach Coordinator for South Dakota Health Department



Virgin Islands

First Lady Barbara Schneider



Florida

First Lady Rhea Chiles



West Virginia

First Lady Hovah Underwood

Appendix

1997 Mammography Report: Activities by Peer Review Organizations (PROs)/ Quality Improvement Organizations (QIOs)

Table of Contents:

- pg. A-2..... Survey Question #3 -- Is the PRO/QIO currently involved in a mammography coalition or partnership?
- pg. A-6..... Survey Question #4 -- Is the PRO/QIO involved (or does it plan to become involved) in a HCQIP mammography project this year (calendar year 1997)?
- pg. A-13..... Survey Question #5 -- Does the PRO/QIO plan to distribute HCFA's mammography materials this calendar year?
- pg. A-16..... Survey Question #6 -- Has the PRO/QIO conducted (or does the PRO/QIO plan to conduct) some type of mammography kick-off event this calendar year?
- pg. A-19..... Survey Question #7 -- Has the PRO/QIO produced (or does it plan to produce) any of its own materials, such as pamphlets, flyers, PSAs, fact sheets, etc., this calendar year?
- pg. A-22..... Survey Question #8 -- Has the PRO/QIO used (or does it plan to use) a local, state or national spokesperson to promote its mammography efforts?
- pg. A-25..... Mammography Contact List

Survey Question #3

Is the PRO/QIO currently involved in a mammography coalition or partnership?

State	PRO/QIO Involved in Coalition	Area Coalition Represents	Year Formed	Did PRO/QIO Start Coalition	Coalition/Partnership Point of Contact
Alabama	Yes	Entire State	1994	Yes	Joan Wimberly, Alabama Quality Assurance Foundation, (205) 970-1600 ext. 3434
Alaska	No				
Arizona	No				
Arkansas	Yes	Entire State	1995	Yes	Regina Shoate, Arkansas Foundation for Medical Care, (501) 649-8501
California	Yes	Entire State	1996	Yes	Patricia Er, North Coast Breast Cancer Early Detection Program (707) 778-2838
Colorado	No				
Connecticut	Yes	Entire State	1995	No	Allyson Schulz, Connecticut Peer Review Organization, (860) 632-6361
Delaware	No				
D.C.	Yes	Entire District	1996	Yes	Carolyn Waterman, Delmarva Foundation for Medical Care, (202) 337-3571
Florida	Yes	Entire State	Not Known	No	Heather Murphy, Breast & Cervical Cancer Coalition, (904) 414-5641
Georgia	Yes	1. Region 2. Atlanta (HHS Regional Office) 3. Atlanta metro area/Fulton & Dekalb Co.	1995 1997 1997	Yes No Yes	1. Patt Mueller, Georgia Medical Care Foundation (404) 982-7511 2. Yvonne Johns, HHS/Dept. of Minority Health (404) 331-5880 3. Diane Manheim, Georgia Medical Care Foundation (404) 982-7520
Hawaii	No				
Idaho	Yes	Entire State	1995	No	Minnie Inzer, Department of Health and Welfare (208) 332-7311

State	PRO/QIO Involved in Coalition	Area Coalition Represents	Year Formed	Did PRO/QIO Start Coalition	Coalition/Partnership Point of Contact
Illinois	Yes	1. DuPage Co. 2. Peoria, Tazewell & Woodford Co. 3. LaSalle Co.	1996 1996 1997	No No No	1. Ruth Todd, DuPage County Health Dept., (630) 682-7979 2. Diana Scott, Peoria City/County Health Dept., (309) 679-6601 3. Shirley Kleinlein, LaSalle Co. Health Dept., (815) 433-3366
Indiana	Yes	1. Varderburgh 2. Vigo	1996 1997	Yes No	1. Varderburgh--Carol Rogers, American Cancer Society, (812) 853-8010 2. Vigo--Pat O'Leary, Hux Cancer Center (812) 238-7649
Iowa	Yes	Entire State	Not known	No	Patty Price, Iowa Foundation for Medical Care (515) 223-2854
Kansas	No				
Kentucky	Yes	Louisville	1995	No	Connie Sorrell, Kentucky Cancer Program (502) 852-6318
Louisiana	No				
Maine	Yes	Entire State & 2 other States	1995	Yes	Pat Elwell, Northeast Health Care Quality Foundation (603) 749-1641
Maryland	Yes	Anne Arundel County	1996	Yes	Dr. Katharine Farrell, Anne Arundel Co. Dept. of Health, (410) 222-7252
Massachusetts	No				
Michigan	No	Currently working on developing a mammography coalition			
Minnesota	Yes	Entire State	1996	No	Jon Slater, Minnesota Department of Health (612) 623-5500
Mississippi	No				
Missouri	Yes	Entire State	1995	Yes	Maryann Coletti, American Cancer Society (773) 635-4821
Montana	No				
Nebraska	Yes	Entire State	Not Known	No	Laura Ousley, The Sunderbruch Corporation (402) 474-7471

State	PRO/QIO Involved in Coalition	Area Coalition Represents	Year Formed	Did PRO/QIO Start Coalition	Coalition/Partnership Point of Contact
Nevada	Yes	Entire State	1996	No	Pamela Graham, Nevada Breast & Cervical Cancer Early Det. Program (702) 687-4800 ext. 226
New Hampshire	Yes	Entire State & 2 other States	1995	Yes	Pat Elwell, Northeast Health Care Quality Foundation (603) 749-1641
New Jersey	Yes	Entire State	1994	No	Rick Greene, New Jersey Dept. Of Health & Senior Services (609) 292-5037
New Mexico	Yes	Entire State	Not Known	No	Leean McCorquodale, New Mexico Medical Review Association, (505) 842-6236
New York	Yes	1. Entire State 2. Bronx	1995 1996	Yes Yes	Eva Sciandra, New York State Department of Health (518) 474-1222
North Carolina	Yes	Entire State	1994	Yes	Kerry Troxclair, Medical Review of North Carolina, Inc. (919) 851-2955
North Dakota	Yes	Entire State	1995		Barbara Groutt, North Dakota Health Care Review, Inc. (701) 852-4231
Ohio	Yes	Entire State Cleveland	1996 1997	No Yes	Stephani Wilmer, Peer Review Systems (614) 895-9900, ext. 252
Oklahoma	Yes	Entire State	1994	No	Ella Kay Slagle, Oklahoma Department of Health (405) 271-4072
Oregon	Yes	Marion County	Several years	No	Jennifer Robin, YMCA (503) 581-9922
Pennsylvania	Yes	Philadelphia	1997	No	Eileen Queenan, KePRO (717) 564-8288
Puerto Rico	Yes	Entire Island	1995	Yes	Doris Rochet, Quality Improvement Prof. Research Org., (787) 753-6705
Rhode Island	Yes	Entire State	1997	Yes	Debra Lafferty, Connecticut Peer Review Organization (860) 632-6365

State	PRO/QIO Involved in Coalition	Area Coalition Represents	Year Formed	Did PRO/QIO Start Coalition	Coalition/Partnership Point of Contact
South Carolina	Yes	Entire State	1995	Yes	Diana Zona, Carolina Medical Review, (803) 731-8225
South Dakota	Yes	Entire State	1987	No	Carla Chiu, South Dakota Foundation for Medical Care (605) 336-3505
Tennessee	No				
Texas	Yes	San Antonio	1997	Yes	Terese Meyer, Texas Medical Foundation, (512) 329-6610
Utah	Yes	Entire State	Many years	No	Karen Bryner, Utah Div. of American Cancer Society (801) 483-1500
Vermont	Yes	Entire State & 2 other States	1995	Yes	Pat Elwell, Northeast Health Care Quality Foundation (603) 749-1641
Virginia	Yes	Entire State	1995	No	Becky Hartt, Virginia Department of Health (804) 786-7562
Virgin Islands	Yes	St. Croix, St. Thomas, St. John, Water Island	1996	No	Anne Hatcher, Virgin Islands Department of Health, (809) 773-1311 ext. 3145
Washington	No				
West Virginia	No				
Wisconsin	No				
Wyoming	No				

Question #4

Is the PRO/QIO involved (or does it plan to become involved) in a HCQIP mammography project this year (calendar year 1997)?

State	Quality Improvement Project	Additional Information
Alabama	No	
Alaska	Yes	<p><u>Target population:</u> Women 65-74 in the North Star Borough (the Fairbanks area) <u>Collaborators:</u> Mammography clinics in Fairbanks, Breast and Cervical Cancer Program, American Cancer Society <u>Interventions:</u> One direct mailing consisting of: 1) letter signed by a female physician; 2) enclosure identifying available mammography clinic locations, hours and phone numbers; 3) American Cancer Society pamphlet, re: self exam; 4) information about Breast and Cervical Cancer Program. <u>Measurements:</u> To be determined</p>
Arizona	Yes	<p><u>Target population:</u> Physicians, radiology groups, beneficiaries <u>Collaborators:</u> Three managed care plans <u>Interventions:</u> Patient letters, patient and physician education <u>Measurements:</u> Screening rates, timeliness of notification, timeliness of follow-up surgery</p>
Arkansas	Yes	<p><u>Target population:</u> African American beneficiaries in 13 counties <u>Collaborators:</u> African American Churches <u>Interventions:</u> Development of a "Wellness" training program <u>Measurements:</u> To be determined</p>
California	Yes	<p>Multi-city Mammography Project in Los Angeles <u>Target population:</u> Latina & African American women <u>Collaborators:</u> Numerous government agencies, state and local organizations, community groups and leaders <u>Interventions:</u> Beneficiary and Provider (in development stage) <u>Measurements:</u> Surveys, Part B data, Helpline contacts, more to be determined</p>
Colorado	Yes	<p>1) Kerr L. White Institute (KLWI) multi-state mammography project <u>Target population:</u> women 65 and over in counties with low mammography rates <u>Collaborators:</u> Primary care physicians. <u>Interventions:</u> MD office reminder system and direct mailings <u>Measurements:</u> Part B database 2) Direct Mail project <u>Target population:</u> women 65 and older in 6 county Denver metro area <u>Collaborators:</u> AMC Cancer Center, University of Colorado, State Health Dept. <u>Interventions:</u> direct mailing <u>Measurements:</u> Part B and CMAP databases</p>
Connecticut	Yes	<p>Kerr L. White Institute (KLWI) multi-state mammography project <u>Target population:</u> female beneficiaries in 3 counties <u>Collaborators:</u> managed care, municipal health departments <u>Interventions:</u> physician, direct mail <u>Measurements:</u> To be determined</p>
Delaware	Yes	<p><u>Target population:</u> Kent county women 65-75 <u>Collaborators:</u> Lt. Gov. Ruth Ann Minner; Breast and Cervical Cancer Screening Program; Med. Center of Delaware <u>Interventions:</u> county wide press announcement; direct mail <u>Measurements:</u> 1997 mammography rate increase</p>

State	Quality Improvement Project	Additional Information
D.C.	Yes	<p><u>Target population:</u> African American females > 65 years of age <u>Collaborators:</u> DC Coalition for Prevention <u>Interventions:</u> Directed to beneficiaries and providers. Education packet developed and sent to providers, senior centers, long-term care facilities and religious organizations <u>Measurements:</u> Baseline mammography utilization data</p>
Florida	Yes	<p>1) Statewide project <u>Target population:</u> women >65, target Hispanic and African American populations <u>Collaborators:</u> University of South Florida, Florida Breast & Cervical Cancer Coalition, Public Health Departments <u>Interventions:</u> Using a social marketing plan, develop education materials, mass media messages and more. Also, implement a provider education, notification and cooperation program. <u>Measurements:</u> Medicare Part B data and Hispanic telesurvey</p> <p>2) HMO project <u>Target population:</u> female Medicare HMO beneficiaries, 65-75 years old <u>Collaborators:</u> Three HMOs <u>Interventions:</u> Enrollee survey, physician mammography promotional kit, physician feedback utilization rates and enrollee education to include bookmark distribution and member mailings. <u>Measurements:</u> Percentage of female Medicare enrollees having at least one mammogram in a two year period.</p>
Georgia	Yes	<p>1) Kerr L. White Institute (KLWI) multi-state mammography project <u>Target population:</u> Physicians. Focus on women in their practices who have not had a mammogram in at least 2 years <u>Collaborators:</u> Physicians <u>Interventions:</u> Letters to patients in target audience. Physician training. <u>Measurements:</u> Part B data</p> <p>2) Multi-city mammography project in Atlanta <u>Target population:</u> Black women 65-80 in Fulton and DeKalb Counties <u>Collaborators:</u> Numerous government agencies, state and local organizations, community groups and leaders <u>Interventions:</u> To be determined <u>Measurements:</u> To be determined.</p> <p>3) Tell-A-Friend Project <u>Target population:</u> Older women in 5 south Georgia Counties <u>Collaborators:</u> American Cancer Society-Georgia Division, AARP, Georgia Breast Health Connection <u>Interventions:</u> training older women to talk to and encourage their 65+ friends to have a mammogram <u>Measurements:</u> Self reported by volunteers and those contacted. Special forms to collect data designed by QIO and American Cancer Society.</p>
Hawaii	No	Project activity planned in 1998
Idaho	No	

State	Quality Improvement Project	Additional Information
Illinois	Yes	<p>1) Multi-city mammography project in Chicago <u>Target population:</u> African American and Hispanic Medicare consumers in Chicago <u>Collaborators:</u> Market research company, numerous government agencies, cancer prevention organizations, state and local organizations, community groups and leaders, and breast cancer survivors <u>Interventions:</u> To be determined <u>Measurements:</u> HCFA Part B claims data (1994-95 data will be used as the baseline)</p> <p>2) Rural Counties project <u>Target population:</u> Consumers in 45 rural counties that represent low rate areas (720 physicians and 102,694 beneficiaries) <u>Collaborators:</u> Physicians, physician office staff and physician specialty societies <u>Interventions:</u> Dissemination of mammography information to select physicians. Follow-up to the information dissemination. Face to face meetings with physicians and staff, as appropriate. <u>Measurements:</u> HCFA Part B claims data (1994-95 data will be used as the baseline)</p> <p>3) Direct mail project <u>Target population:</u> Non-HMO, Medicare beneficiaries in Edwardsville, Marion, Champaign, and Peoria regions. <u>Collaborators:</u> None <u>Interventions:</u> Direct mail to beneficiaries <u>Measurements:</u> HCFA Part B claims data (1994-95 data will be used as the baseline)</p>
Indiana	Yes	<p><u>Target population:</u> Underserved <u>Collaborators:</u> AdminaStar Federal, ISDH, Cancer Information Services <u>Interventions:</u> Flyers in EOMB mailing; county coalitions promoting education, providing decreased cost screenings for eligible recipients; working with providers <u>Measurements:</u> CIS tracking, AdminaStar claims data, Part B data</p>
Iowa	Yes	<p><u>Target population:</u> Beneficiaries in selected counties; beneficiaries attending outreach presentations and health fairs <u>Collaborators:</u> American Cancer Society, Race for the Cure, Iowa Breast & Cervical Cancer Early Detection Program <u>Interventions:</u> Beneficiary education through outreach, newsletters; direct mail to beneficiaries; work conducted through participation in breast cancer coalitions <u>Measurements:</u> HCFA Part B claims data</p>
Kansas	Yes	<p><u>Target population:</u> Female Medicare beneficiaries, age 50-75, residing in 10 counties <u>Collaborators:</u> Kansas Department of Health <u>Interventions:</u> Direct beneficiary mailing; letter to physicians in 10 counties <u>Measurements:</u> Comparison of mammography rates in 1997 and preceding 3-year trend</p>
Kentucky	Yes	<p><u>Target population:</u> Underserved <u>Collaborators:</u> AdminaStar Federal, Kansas Dept. Of Public Health, West Louisville Partners in Cancer Control, Cancer Info. Services <u>Interventions:</u> Flyers in EOMB mailing; direct mailing; West Louisville mailing, follow up phone calls; mammography unit for screening <u>Measurements:</u> CIS tracking, AdminaStar claims data, Part B data</p>
Louisiana	No	Project activity planned in 1998.
Maine	Yes	<p><u>Target Population:</u> Physicians/hospitals <u>Collaborators:</u> Physicians/hospitals <u>Interventions:</u> Distributed mammography rates to hospital medical staffs, requested quality improvement plans <u>Measurements:</u> Percent of beneficiaries who had a mammogram in study time frame</p>

State	Quality Improvement Project	Additional Information
Maryland	No	Might conduct a project in 1998
Massachusetts	No	
Michigan	Decision pending	Project activity planned in 1998
Minnesota	No	Project activity planned in 1998
Mississippi	No	Project activity planned in 1998
Missouri	No	
Montana	No	Project activity planned in 1998.
Nebraska	Yes	<u>Target population:</u> Beneficiaries in selected counties; beneficiaries attending outreach presentations and health fairs <u>Collaborators:</u> "Every Woman Matters" program; Nebraska Medical Association <u>Interventions:</u> Beneficiary education through outreach, newsletters; direct mail to beneficiaries; work conducted through participation in breast cancer coalitions <u>Measurements:</u> HCFA Part B claims data
Nevada	Yes	<u>Target Population:</u> Female beneficiaries not billed for mammograms 1994-1996 <u>Collaborators:</u> None <u>Interventions:</u> Postcard and brochure--direct mail <u>Measurements:</u> Part B Claims data
New Hampshire	Yes	<u>Target Population:</u> Physicians/hospitals <u>Collaborators:</u> Physicians/hospitals <u>Interventions:</u> Distributed mammography rates to hospital medical staffs, requested quality improvement plans <u>Measurements:</u> Percent of beneficiaries who had a mammogram in study time frame
New Jersey	No	
New Mexico	Yes	<u>Target Population:</u> Providers <u>Collaborators:</u> UNM Cancer & Research Treatment Center, NM Breast & Cervical Cancer Coalition, NM Tumor Registry <u>Interventions:</u> To be determined <u>Measurements:</u> To be determined
New York	Yes	<u>Target Population:</u> Medicare eligible women in Bronx County <u>Collaborators:</u> Governmental agencies, various organizations in the county to include hospitals, religious groups, Bronx Breast Health Partnership <u>Interventions:</u> Mailing to all Bronx churches for distribution (Mother's Day); Local media advertising (flyers included in Pennysavers) <u>Measurements:</u> Number of response calls to Bronx Breast Health Partnership; number of additional mammograms or referrals to Partnership
North Carolina	No	Project activity planned in 1998

State	Quality Improvement Project	Additional Information
North Dakota	Yes	<p><u>Target Population:</u> Female Medicare beneficiaries who have not had a mammogram in 27 months</p> <p><u>Collaborators:</u> Dr. Kevin McCaul, NDSU Dept. Of Psychology, Blue Cross/Blue Shield of North Dakota</p> <p><u>Interventions:</u> Direct mailing</p> <p><u>Measurements:</u> Part B data</p>
Ohio	Yes	<p>Multi-city mammography project in Cleveland</p> <p><u>Target Population:</u> African American beneficiaries in Cleveland</p> <p><u>Collaborators:</u> Numerous government agencies, state and local organizations, community groups and leaders</p> <p><u>Interventions:</u> To be determined</p> <p><u>Measurements:</u> To be determined</p>
Oklahoma	Yes	<p>Kerr L. White Institute (KLWI) multi-state mammography project</p> <p><u>Target Population:</u> Female beneficiaries in counties with low mammography rates</p> <p><u>Collaborators:</u> Physicians in selected counties</p> <p><u>Interventions:</u> Sticker reminder system for physician offices; reminder letters from personal physicians to beneficiaries</p> <p><u>Measurements:</u> Part B claims data</p>
Oregon	Yes	<p><u>Target Population:</u> Female beneficiaries, age 67-75, residing in Marion county who did not have a claim for mammography from 1993-1995.</p> <p><u>Collaborators:</u> Marion County Partners for Breast and Cervical Health Awareness</p> <p><u>Interventions:</u> Direct postcard mailer to 1,280 women on coalition letterhead. Fifty percent received a postcard only. The other 50 percent received postcard and two educational brochures. Indirect interventions involved creating a breast health resource manual for physicians and staging a Mall Walk to increase awareness.</p> <p><u>Measurements:</u> Analyze claims data for both intervention groups as well as a similar non-intervention group and compare the results.</p>
Pennsylvania	Yes	<p>1) Multi-city mammography project in Philadelphia</p> <p><u>Target Population:</u> African American beneficiaries in Philadelphia</p> <p><u>Collaborators:</u> Numerous government agencies, state and local organizations, community groups and leaders</p> <p><u>Interventions:</u> To be determined.</p> <p><u>Measurements:</u> To be determined</p> <p>2) Physician project</p> <p><u>Target Population:</u> Medicare patients of three physician groups in central Pennsylvania</p> <p><u>Collaborators:</u> Three physician groups in central Pennsylvania</p> <p><u>Interventions:</u> Physician's office staff will make mammogram appointments for patients who have not had them</p> <p><u>Measurements:</u> Radiologist data (Central PA)</p>
Puerto Rico	Yes	<p><u>Target Population:</u> Female Medicare beneficiaries with Part B insurance</p> <p><u>Collaborators:</u> Agencies from Federal and State government, private, civic and non-profit organizations.</p> <p><u>Interventions:</u> Press conference, town campaigns with first lady or mayor promoting event, "Ribbons of Love for Remembrance" campaign involving religious organizations, distribution of posters in strategic places, and orientation in health fairs, speaker services and seminars. For physicians, educational seminars are planned.</p> <p><u>Measurements:</u> Beneficiary data from SDPS data base and Part B data.</p>

State	Quality Improvement Project	Additional Information
Rhode Island	Yes	<u>Target Population:</u> Providers and female Medicare beneficiaries <u>Collaborators:</u> Dept. Of Health, American Cancer Society, AARP, Dept. Of Elder Affairs, Acute Care hospitals, physicians, Carrier, RI Breast Coalition <u>Interventions:</u> To be determined <u>Measurements:</u> To be determined
South Carolina	Yes	<u>Target Population:</u> Female Medicare beneficiaries <u>Collaborators:</u> Members of the South Carolina Mammogram Coalition <u>Interventions:</u> Coalition-related activities <u>Measurements:</u> Part B Claims data
South Dakota	No	Project activity planned in 1998
Tennessee	No	Project activity planned in 1998
Texas	Yes	Multi-city mammography project in San Antonio <u>Target Population:</u> Hispanic Medicare beneficiaries in San Antonio <u>Collaborators:</u> Numerous government agencies, state and local organizations, community groups and leaders <u>Interventions:</u> To be determined <u>Measurements:</u> To be determined
Utah	Yes	<u>Target Population:</u> Female beneficiaries not billed for mammograms 1994-1996 <u>Collaborators:</u> None <u>Interventions:</u> Postcard and brochure--direct mail <u>Measurements:</u> Part B Claims data
Vermont	Yes	<u>Target Population:</u> Physicians/hospitals <u>Collaborators:</u> Physicians/hospitals <u>Interventions:</u> Distributed mammography rates to hospital medical staffs, requested quality improvement plans <u>Measurements:</u> Percent of beneficiaries who had a mammogram in study time frame
Virginia	Yes	Kerr L. White Institute (KLWI) multi-state project <u>Target Population:</u> 47,000 underserved female beneficiaries <u>Collaborators:</u> Primary care physicians <u>Interventions:</u> Physician and beneficiary <u>Measurements:</u> Mammography utilization rates
Virgin Islands	Yes	<u>Target Population:</u> Female Medicare diabetics and female Medicare beneficiaries who have not had a mammogram within the last two years <u>Collaborators:</u> V.I. Dept. Of Health, St.Croix/St. Thomas Chapters of American Cancer Society, AARP, physicians, JFL Hospital, RLS Hospital, Radiology Centers <u>Interventions:</u> PSAs, flyers, media announcements, press conferences, church presentations, newsletters, community/physician outreach <u>Measurements:</u> Compare a self-reported figure of 74% and increase the documented percent by a 10% increase via beneficiary an physician interventions.
Washington	No	Waiting for final results from 1996 project before deciding whether to conduct another HCQIP project.

State	Quality Improvement Project	Additional Information
West Virginia	Yes	<p><u>Target Population:</u> Women age 65-75 statewide and in targeted counties</p> <p><u>Collaborators:</u> First Lady Hovah Underwood, Breast & Cervical Cancer Screening Program</p> <p><u>Interventions:</u> Statewide radio and TV NCSAs, direct mailing in targeted areas</p> <p><u>Measurements:</u> Number of NCSAs aired & their commercial rate value, post intervention survey, and 1997 Mammography rate increase</p>
Wisconsin	Yes	<p><u>Target Population:</u> Female Medicare beneficiaries, age 40 and older</p> <p><u>Collaborators:</u> Clinics, WI Women's Cancer Control Program</p> <p><u>Interventions:</u> Reminder stickers for patient charts; educate physicians about discussing mammograms with female patients; distribute educational brochures in physician offices; direct mail reminders to randomly selected female beneficiaries.</p> <p><u>Measurements:</u> Compare mammography rates before and after interventions using hospital service areas which were randomly selected for each intervention.</p>
Wyoming	No	Project activity planned in 1998

Question #5

Does the PRO/QIO plan to distribute HCFA's mammography materials this calendar year?

(Note: When asked this question, PROs/QIOs were under the assumption that they would receive HCFA mammography materials no later than early October. However, since the materials were delayed, distribution plans may have changed.)

State	Plan to distribute HCFA materials?	Will distribution will be part of general outreach, coalition-related activities and/or HCQIP project intervention?
Alabama	Yes	Outreach and coalition activities
Alaska	Yes	Outreach
Arizona	Yes	Outreach and project intervention
Arkansas	Yes	Outreach, coalition activities and project intervention
California	No	
Colorado	To be determined	
Connecticut	Yes	Outreach and project intervention
Delaware	No	
D.C.	Yes	Outreach, coalition activities and project intervention
Florida	Yes	Outreach, coalition activities and project intervention
Georgia	Yes	Outreach, coalition activities and project intervention
Hawaii	Yes	Outreach
Idaho	Yes	Outreach and coalition activities
Illinois	Yes	Outreach, coalition activities and project intervention
Indiana	Yes	Outreach and coalition activities
Iowa	Yes	Outreach and coalition activities
Kansas	Yes	Project intervention
Kentucky	Yes	Outreach and coalition activities
Louisiana	Yes	Outreach and coalition activities
Maine	Yes	Outreach and coalition activities
Maryland	No	
Massachusetts	Yes	Outreach activities
Michigan	Yes	Outreach, coalition activities and project intervention

State	Plan to distribute HCFA materials?	Will distribution will be part of general outreach, coalition-related activities and/or HCQIP project intervention?
Minnesota	Yes	Outreach and coalition activities
Mississippi	Yes	Outreach activities
Missouri	Yes	Outreach activities
Montana	To be determined	
Nebraska	Yes	Outreach and coalition activities
Nevada	Yes	Outreach
New Hampshire	Yes	Outreach and coalition activities
New Jersey	Yes	Outreach and coalition activities
New Mexico	To be determined	
New York	Yes	Outreach, coalition activities and project intervention
North Carolina	Yes	Outreach and project intervention
North Dakota	Yes	Outreach
Ohio	Yes	Outreach, coalition activities and project intervention
Oklahoma	Yes	Outreach and project intervention
Oregon	Yes	Outreach
Pennsylvania	Yes	Outreach and coalition activities
Puerto Rico	Yes	Outreach, coalition activities and project intervention
Rhode Island	No	
South Carolina	Yes	Outreach and coalition activities
South Dakota	Yes	Coalition activities
Tennessee	Yes	Coalition activities and in May 1998
Texas	Yes	Outreach, coalition activities and project intervention
Utah	Yes	Outreach
Vermont	Yes	Outreach and coalition activities
Virginia	Yes	Outreach
Virgin Islands	Yes	Outreach and coalition activities in May 1998
Washington	Yes	Outreach activities
West Virginia	No	

State	Plan to distribute HCFA materials?	Will distribution will be part of general outreach, coalition-related activities and/or HCQIP project intervention?
Wisconsin	Yes	Outreach activities
Wyoming	To be determined	

Question #6

Has the PRO/QIO conducted (or does the PRO/QIO plan to conduct) some type of mammography kick-off event this calendar year?

State	Kick-off Event	Kick-off Date	Is kick-off part of part of general outreach, coalition-related activities and/or HCQIP project intervention?
Alabama	No		
Alaska	No		
Arizona	No		
Arkansas	Yes	Sept. 27	Outreach and coalition activities
California	Yes	Aug. 27 & 28	Outreach, coalition activities, and project intervention
Colorado	No		
Connecticut	Yes	Aug. 22	Project intervention
Delaware	Yes	Oct. 6	Outreach and project intervention
D.C.	Yes	Sept. 25/26	Coalition activities
Florida	No		
Georgia	Yes	Sept. 9	Start of planning for multi-city project
Hawaii	No		
Idaho	Yes	Sept./Oct.	Coalition activities
Illinois	Yes	Oct. 8, 9, 25	Coalition activities and project intervention
Indiana	No		
Iowa	Yes	October	Coalition activities -- Governor's Proclamation Signing
Kansas	No		
Kentucky	No		
Louisiana	No		
Maine	Yes	Oct. 5	Outreach -- Bells and Silence for Remembrance Campaign
Maryland	No		
Massachusetts	No		
Michigan	No		
Minnesota	Yes	Oct. 17	Coalition activities
Mississippi	Yes	May	Outreach

State	Kick-off Event	Kick-off Date	Is kick-off part of part of general outreach, coalition-related activities and/or HCQIP project intervention?
Missouri	No		
Montana	No		
Nebraska	Yes	May and October	May -- "Every Woman Matters" dissemination of materials October -- Multi-organizational calendar of events and coalition activities
Nevada	No		
New Hampshire	Yes	Oct. 5	Outreach -- Bells and Silence for Remembrance Campaign
New Jersey	No		
New Mexico	No		
New York	Yes	May	Coalition activities and project intervention
North Carolina	Yes	Sept. 30	State kick-off for Breast Cancer Awareness Month with 25 other organizations
North Dakota	No		
Ohio	Yes	Oct. 24-31	Outreach and coalition activities
Oklahoma	No		
Oregon	No		
Pennsylvania	Yes	To be determined	Coalition activities and project intervention
Puerto Rico	Yes	May 28	Coalition activities and project intervention
Rhode Island	No		
South Carolina	Yes	May, June and Oct.	Mother's Day program, outreach and coalition activities
South Dakota	No		
Tennessee	No		
Texas	Yes	October	Project intervention
Utah	No		
Vermont	Yes	Oct. 5	Outreach -- Bells and Silence for Remembrance Campaign
Virginia	No		

State	Kick-off Event	Kick-off Date	Is kick-off part of part of general outreach, coalition-related activities and/or HCQIP project intervention?
Virgin Islands	Yes	October	Project intervention
Washington	No		
West Virginia	Yes	May 20	Outreach and project intervention
Wisconsin	No		
Wyoming	No		

Question #7

Has the PRO/QIO produced (or does it plan to produce) any of its own materials, such as pamphlets, flyers, PSAs, fact sheets, etc., this calendar year?

State	PRO/QIO Materials Planned	Already Produced	Type(s) of materials
Alabama	Yes	Yes	Bookmarks
Alaska	Yes	Yes	Direct mail packet that included: a letter signed by a female physician, a list of mammogram clinic locations & office hours, and a fact sheet on the Breast & Cervical Cancer Program
Arizona	Yes	No	
Arkansas	To be determined		
California	Yes	No	To be determined
Colorado	Yes	No	Spanish language materials and other items yet to be designed
Connecticut	Yes	Yes	Radio PSAs, radio advertisements and project newsletter
Delaware	Yes	Yes	Letter from spokesperson for direct mail, flyers for kick off announcement
D.C.	Yes	No	Brochures, fact sheets in Spanish
Florida	Yes	Yes	Provider kits, posters, tent cards, bookmarks, TV and radio PSAs, press releases, chart stickers & HMO promotion kits. Also plans to produce bookmarks, brochures, PSAs, posters and press releases in Spanish.
Georgia	Yes	Yes	Posters, newsletters, October "Events Calendar," and "Bells for Remembrance" information
Hawaii	No		
Idaho	No		
Illinois	Yes	Yes	Posters, Questions and Answers (Q & A) cards
Indiana	Yes	Yes	EOMB Flyer (mammography as a family issue)
Iowa	Yes	No	Poster and beneficiary direct mail piece planned for January 1998
Kansas	Yes	Yes	Mammography folder containing: information on mammograms, mammography providers, fact sheets on PRO/QIO and Health Department

State	PRO/QIO Materials Planned	Already Produced	Type(s) of materials
Kentucky	Yes	Yes	EOMB Flyer (mammography as a family issue)
Louisiana	No		
Maine	Yes	No	To be determined
Maryland	No		
Massachusetts	No		
Michigan	No		
Minnesota	Yes	Yes	Member of a state-wide coalition that has produced and distributed brochures, posters, window decals, worship inserts, table tents, bookmarks, videos, etc. Some materials were specifically directed toward American Indians, African Americans and the Spanish-speaking communities. Plans to produce a PSA in 1998.
Mississippi	No		
Missouri	No		
Montana	To be determined		
Nebraska	Yes	No	Poster and beneficiary direct mail piece planned for January 1998
Nevada	Yes	Yes	Postcards, brochures
New Hampshire	Yes	No	To be determined
New Jersey	No		
New Mexico	To be determined		
New York	Yes	Yes	Promotional flyer printed in English and Spanish
North Carolina	Yes	Yes	Fans with mammography message
North Dakota	No		
Ohio	Yes		To be determined.
Oklahoma	Yes	No	"Myths about Mammography" bookmark, direct mail piece for project intervention
Oregon	Yes	Yes	Information materials: 1) Myths and Fact: What you need to know about Breast Cancer; 2) Are you Age 40 or over? A mammogram could save your life.

State	PRO/QIO Materials Planned	Already Produced	Type(s) of materials
Pennsylvania	To be determined		
Puerto Rico	Yes	Yes	Coalition brochure, beneficiary brochure, poster and campaign button—all in Spanish.
Rhode Island	No		
South Carolina	Yes	Yes	Updating coalition brochure
South Dakota	No		
Tennessee	No		
Texas	Yes	Yes	Bookmarks with "Medicare helps pay for Mammograms" message in both English & Spanish
Utah	Yes	Yes	Postcard, brochures
Vermont	Yes	No	To be determined
Virginia	Yes	No	Physician reminder stickers, patient reminder cards
Virgin Islands	Yes	Yes	Packets for physicians, posters, video message from First Lady (in English and Spanish).
Washington	No		
West Virginia	Yes	Yes	Letter from spokesperson for direct mail, flyers for kick off announcement
Wisconsin	Yes	Yes	Brochures, direct mail piece
Wyoming	To be determined		

Question #8

Has the PRO/QIO used (or does it plan to use) a local, state or national spokesperson to promote its mammography efforts?

State	Spokesperson involved	Name	Role
Alabama	No		
Alaska	No		
Arizona	No		
Arkansas	Yes	To be determined	
California	To be determined		
Colorado	To be determined		
Connecticut	No		
Delaware	Yes	Lt. Governor Ruth Ann Minner	Announced campaign, signed letters to beneficiaries
D.C.	Yes	To be determined	
Florida	Yes	First Lady Rhea Chiles	Produced PSAs for mammography campaign and appeared in an introduction to educational programs
Georgia	No		
Hawaii	No		
Idaho	Yes	Sylvia Rickerd (Breast Cancer Survivor), Chairperson of the Idaho Breast Cancer Coalition	Supported coalition activities
Illinois	Yes	To be determined	
Indiana	No		
Iowa	Yes	To be determined	
Kansas	No		
Kentucky	No		
Louisiana	No		

State	Spokesperson involved	Name	Role
Maine	No		
Maryland	No		
Massachusetts	No		
Michigan	No		
Minnesota	Yes	1) Mary Kay Sanders (Mrs. Minnesota) Ms. Sanders is 33-year old mother of four who is currently fighting breast cancer. 2) First Lady Susan Carlson 3) Bloomington Mayor Coral Houle (breast cancer survivor)	Appeared on television and attended "Pink Ribbon" events around the state
Mississippi	No		
Missouri	Yes	1) First Lady Jean Carnahan 2) Pat Wilson (Lt. Governor's wife)	Appeared in PSAs and a video
Montana	To be determined		
Nebraska	Yes	To be determined	
Nevada	No		
New Hampshire	No		
New Jersey	No		
New Mexico	To be determined		
New York	No		
North Carolina	No		
North Dakota	Yes	First Lady Nancy Schafer	Hosted media event, narrated video promoting mammography
Ohio	Yes	Dawn Moss, Miss Black USA 1996 (Ms. Moss is also the national spokesperson for the Breast and Prostate Cancer Awareness Program for Minorities and Immigrants)	Supported project and coalition activities
Oklahoma	No		

State	Spokes-person Involved	Name	Role
Oregon	Yes	Kitty Piercy, Oregon State Representative	Kick-off speaker for the Mall Walk in May; involved in other coalition activities
Pennsylvania	To be determined		
Puerto Rico	Yes	To be determined	
Rhode Island	To be determined		
South Carolina	Yes	First Lady Mary Wood Beasley	Supported coalition activities
South Dakota	Yes	Signe Hanson, Outreach Coordinator for State Health Department	Supported outreach and coalition-related activities.
Tennessee	Yes	To be determined	
Texas	Yes	To be determined	
Utah	No		
Vermont	No		
Virginia	No		
Virgin Islands	Yes	First Lady Barbara Schneider	Appeared in video message; serves as role model; supported coalition activities
Washington	No		
West Virginia	Yes	First Lady Hovah Underwood	Announced project, signed letters to beneficiaries, starred in radio and TV non-commercial sustaining announcements (NCSAs)
Wisconsin	No		
Wyoming	To be determined		

Mammography Contact List

State	Name of PRO/QIO	Point of Contact for Mammography Information
Alabama	Alabama Quality Assurance Foundation	Bill Hawkins, Communications Director (800) 760-4550 ext. 3124
Alaska	PRO-West	Dr. Mary Ellen Gordian, Principal Clinical Coordinator, (907) 562-2252
Arizona	Health Services Advisory Group, Inc.	Nancy Lane, Project Coordinator (602) 264-6382 ext. 6166
Arkansas	Arkansas Foundation for Medical Care	Marcie Payne, HCQIP Project Director (501) 649-8501
California	California Medical Review, Inc.	Jane Cordingley-Klein, Director of Communications (415) 882-5824
Colorado	Colorado Foundation for Medical Care	Deb Raiston, Project Manager (303) 695-3300, ext. 3003
Connecticut	Connecticut Peer Review Organization	Debra Lafferty, Project Coordinator (860) 632-6365
Delaware	West Virginia Medical Institute	Laura Gandee, Communications Director (304) 346-9864 ext. 278
D.C.	Delmarva Foundation for Medical Care, Inc.	Carolyn Waterman, Project Coordinator (202) 293-9650
Florida	Florida Medical Quality Assurance, Inc.	1) Michele Brodsky, Hispanic Mammo. Project 2) Amy Schaumann, Statewide Mammo. Project 3) Sharon Sopczak, HMO Mammography Project (813) 354-9111
Georgia	Georgia Medical Care Foundation	Diane Manheim, Interagency Project Coordinator (800) 982-0411 ext. 7520
Hawaii	Mountain/Pacific Quality Health Foundation	John Timmins, Communications Director (808) 545-2550
Idaho	PRO-West	Marilyn Croghan, Idaho Health Services Manager (208) 343-4617
Illinois	Iowa Foundation for Medical Care	Laurie Poole, Director (630) 571-5540
Indiana	Health Care Excel	Dr. John Lewis, Principal Clinical Coordinator (502) 339-7442
Iowa	Iowa Foundation for Medical Care	Patty Price, Quality Improvement Coordinator (515) 223-2854
Kansas	Kansas Foundation for Medical Care, Inc.	Scott Bailey, Communications Director (785) 273-2552 ext. 378

State	Name of PRO/QIO	Point of Contact for Mammography Information
Kentucky	Health Care Excel	Dr. John Lewis, Principal Clinical Coordinator (502) 339-7442
Louisiana	Louisiana Health Care Review	T. Bradley Keith, Director of Communications (504) 926-6353
Maine	Northeast Health Care Quality Foundation	Patricia Elwell, Director of Consumer Programs (603) 749-1641
Maryland	Delmarva Foundation for Medical Care, Inc.	Roxanne Rogers, Communications Manager (410) 822-0697
Massachusetts	MassPRO	Sue Kelman, Communications Director (617) 890-0011 ext. 216
Michigan	Michigan Peer Review Organization	Mary Slater, Senior Marketing Associate (313) 459-0900, ext. 526
Minnesota	Stratis Health	Sharon Farsht, Dir. of Marketing & Communications (612) 853-8540
Mississippi	Foundation for Medical Care, Inc.	Carole Kelly, Communications Manager (601) 948-8894
Missouri	Missouri Patient Care Review Foundation	Cathy Athon, Director of Operations (573) 893-7900 ext. 204
Montana	Mountain/Pacific Quality Health Foundation	Dr. John McMahon, Corporate Medical Director (406) 443-4020 ext. 117
Nebraska	Iowa Foundation for Medical Care	Patty Price, Quality Improvement Coordinator (515) 223-2854
Nevada	HealthInsight	Laura Kaloi, Director of Communications (801) 487-2290
New Hampshire	Northeast Health Care Quality Foundation	Patricia Elwell, Director of Consumer Programs (603) 749-1641
New Jersey	The Peer Review Organization of New Jersey	Mary Jane Brubaker, Dir. of Communications & Project Development (732) 238-5570 ext. 178
New Mexico	New Mexico Medical Review Association	Tony Spataro, Epidemiologist (505) 842-6236
New York	IPRO	Sheila McCullagh, Director of Consumer Relations (516) 326-7767 ext. 634
North Carolina	Medical Review of North Carolina, Inc.	Kerry Troxclair, Associate for Education & Outreach (919) 851-2955
North Dakota	North Dakota Health Care Review, Inc.	Barbara Groutt, Public Affairs Liaison (701) 839-5514

State	Name of PRO/QIO	Point of Contact for Mammography Information
Ohio	Peer Review Systems, Inc.	Linda Gaskell, Project Manager (614) 895-9900
Oklahoma	Oklahoma Foundation for Medical Quality, Inc.	Melinda Manoles, Director of Communications (405) 840-2891
Oregon	OMPRO	Greta Nightengale, Beneficiary Outreach Coordinator, (503) 279-0100
Pennsylvania	KePRO	Eileen Queenan, Dir. of Health Care Improvement (717) 564-8288
Puerto Rico	Quality Improvement Professional Research Org.	Doris Rochet, Dir. of Education & Communications (787) 753-6705
Rhode Island	Rhode Island Quality Partners, Inc.	Debra Lafferty, Project Coordinator (860) 632-6365
South Carolina	Carolina Medical Review	Diana Zona, Outreach Specialist (803) 731-8225
South Dakota	South Dakota Foundation for Medical Care	Carla Chiu, Registered Nurse (605) 336-3505
Tennessee	Mid-South Foundation for Medical Care, Inc.	Donna Kyle, VP for Communications & Marketing (901) 682-0381
Texas	Texas Medical Foundation	Terese Meyer, Community Outreach Specialist (512) 329-6610
Utah	HealthInsight	Anne Smith, Consumer Communications Coord. (801) 487-2290
Vermont	Northeast Health Care Quality Foundation	Patricia Elwell, Director of Consumer Programs (603) 749-1641
Virginia	Virginia Health Quality Center	Carol Stanley, Beneficiary Education Manager (804) 289-5320
Virgin Islands	Virgin Islands Medical Institute, Inc.	Dr. Cora Christian, Medical Director (340) 712-2400
Washington	PRO-West	Evan Stults, Communications Director (206) 368-2401
West Virginia	West Virginia Medical Institute	Laura Gandee, Communications Director (304) 346-9864 ext. 278
Wisconsin	MetaStar	Sandra Braun, Project Coordinator (800) 362-2320
Wyoming	Mountain Pacific Quality Health Foundation	Dr. John McMahon, Corporate Medical Director (406) 443-4020 ext. 117

Aetna**Facsimile****From:****Vanda B. McMurtry**
Senior Vice President
Federal Government Relations
Tel: (860) 273-0721
Fax: (860) 273-4479**PLEASE DELIVER IMMEDIATELY****To: Chris Jennings****Date: 4/2/97****Fax Number: 202-456-5557****Pages transmitted: 4****Message:**

Chris, I thought that you would be interested in our new initiative on mammography, which is very much in line with the position that President Clinton has taken recently. Don't hesitate to call me if you would like more information.

Thanks.**Van**

**If you have a problem receiving this transmission,
please call Nancy Thompson at (860) 273-0738**

Contact:
Jill B. Griffiths
215-283-6890

**AETNA U.S. HEALTHCARE TO COVER AND RECOMMEND ANNUAL
MAMMOGRAM SCREENING AT AGE 40 FOR HMO MEMBERS**

**-- Aetna U.S. Healthcare's HealthcareCheck® Program Already Downstaging
Incidence of Breast Cancer --**

BLUE BELL, PA and MIDDLETOWN, CT, April 2, 1997 – Aetna U.S. Healthcare announced today that the company, effective immediately, recommends and covers annual screening mammograms for its female HMO members beginning at age 40. In addition, Aetna U.S. Healthcare will continue to cover mammograms for members at any age when the woman's physician feels that the test is indicated. Aetna U.S. Healthcare is the first national managed care insurer to follow the new guidelines recently issued by the American Cancer Society and the National Cancer Institute.

"As the leading health benefits company in the country, we believe it is important to ensure that women have every opportunity for early diagnosis of breast cancer, which increases the likelihood of a cure for this potentially deadly disease." said Arnold W. Cohen, MD, Aetna U.S. Healthcare's Senior Medical Director for Women's Health.

"The underlying principle of managed care is prevention and wellness," said Michael J. Cardillo, president of Aetna U.S. Healthcare. "Aetna U.S. Healthcare has always supported women's health programs, such as screening for breast cancer and cervical cancer, and management of high risk pregnancies. We know that mammograms are a critical step in the early diagnosis of breast cancer, so it makes sense to provide women with early and regular access to this critical tool."

Aetna/2

"Aetna U.S. Healthcare has shown outstanding responsiveness by acting so quickly to put these new mammography guidelines to work immediately to save lives from breast cancer," said John R. Seffrin, PhD, Chief Executive Officer of the American Cancer Society. "We have worked hard to establish the scientific basis for recommending annual mammograms beginning at age 40. We hope that all healthcare insurers nationwide will follow the lead of Aetna U.S. Healthcare's important announcement."

Aetna U.S. Healthcare's pioneering Healthcare Check® program is a sophisticated screening program which will now provide referrals to a radiologist for all women beginning at age 40 on an annual basis. Since its inception in 1986 Healthcare Check has been nationally acclaimed as the model breast cancer screening program. The program's success at promoting breast cancer screening including self examination and mammography has been reported in over a dozen articles in the medical literature. Until now, Healthcare Check has followed national medical guidelines in recommending that all female members at age 50 and high-risk members at age 40 obtain annual mammograms; while lower risk women were referred to a radiologist every other year between the ages of 40 and 50.

"Aetna U.S. Healthcare has reported our success at finding breast cancer at an earlier stage through regular screening," said Cohen. "Our results also show that breast cancers detected in women through mammography screening were more likely to be eligible for breast conserving surgery. In fact, nearly two thirds of the Aetna U.S. Healthcare members who have had their breast cancer found through the Healthcare Check screening program have had their cancer treated without the need for a mastectomy."

-more-

Aetna/3**Comprehensive breast cancer treatment and detection programs at Aetna U.S.****Healthcare include the following:**

- A multi-disciplinary approach to breast cancer treatment which includes information and resources on breast conserving surgery, coordination of reconstructive surgery and access to support services to help women deal with the emotional aspects of both the disease and its treatment.
- Access to an Aetna U.S. Healthcare nurse case manager who specializes in support of women with breast cancer.
- The Aetna U.S. Healthcare second opinion program for women who are interested in breast conserving surgery.
- Mobile mammography units which bring mammography services to the work site and into the community where women can have a mammogram in a private setting without ever having to go to a doctor's office or radiologist's office.
- Three-pronged approach to early detection of breast cancer: mammograms annually beginning at age 40, breast self examination performed monthly, and breast physical examination performed annually by an Ob/Gyn or primary care doctor.

Aetna U.S. Healthcare is the health business unit of Aetna Inc. (NYSE: AET). Aetna U.S. Healthcare is the nation's leading health benefits organization, providing a variety of managed care, specialty health, indemnity, worker's compensation managed care and other products to over 23 million Americans nationwide.

###