

## Chapter 4 - Clinical Responsibilities and Follow-up

### 4.1. Clinic site - Designated Screening Coordinator

Duties fall into three areas:

- Screening
- Follow-up
- Case Management

#### Performance Indicators

BCCHP must meet the Centers for Disease Control (CDC) Performance Indicators. Screening Coordinators assist in reaching acceptable levels of performance.

- 1) For abnormal **breast** finding or test result:
  - Complete the diagnostic work-up within 60 days
- 2) For abnormal **cervical** finding or test result:
  - Complete the diagnostic work-up within 90 days
- 3) For a documented diagnosis of **breast cancer** or **invasive cervical cancer**:
  - Begin treatment within 60 days
- 4) For a documented diagnosis of **cervical dysplasia** (CIN 2 – CIN 3)
  - Begin treatment within 90 days
- 5) For a documented diagnosis of **cervical cancer** (CIN 4)
  - Begin treatment within 60 days

#### Screening responsibilities:

- Make sure that clients enrolled at your clinical site meet the BCCHP program eligibility criteria, see section 2.1, Program Eligibility.
- Identify eligible clients through the clinic system.
- Fully and accurately complete the BCCHP forms (Consent, Enrollment, and Screening).
- Give client a BCCHP Enrollment Card to take to future appointments.
- Submit BCCHP forms (Consent, Enrollment, and Screening) and a copy of the client's denial of Apple Health to the BCCHP office within 10 business days from the date of service.
- Perform appropriate screening tests and examinations.
- Make sure providers review test results in a timely manner.
- Give enrolled clients their test results in a timely manner.
- Establish a reminder system for re-screening clients.
- Provide navigation to clients to remove barriers. (see navigation policy in section 3.5)

#### Follow-up responsibilities:

- Assure that 100% of clients with abnormal findings have follow-up appointments.
- Use a tracking system to monitor abnormal findings and clients' progress through follow-up appointments.
- Improve appointment compliance by connecting clients with community resources.

- Document follow-up as described in the Follow-up Protocol in section 4.3.
- Respond promptly to the BCCHP Data Manager's "Monthly Follow-up Report."
- Provide navigation to clients to remove barriers. (see navigation policy in section 3.5)

#### **Case management responsibilities:**

- Transition clients diagnosed with cancer onto the Medicaid Breast & Cervical Cancer Treatment Program (BCCTP). Follow the steps on the Checklist, see Cancer Treatment chapter, section 5.5
- If client is not eligible for BCCTP, assist the client in obtaining other treatment coverage.
- Send documentation to the BCCHP Client Coordinator about the client's progress through cancer treatment, as outlined in the Checklist, see Cancer Treatment chapter, section 5.5
- Maintain communication with the BCCHP Client Coordinator about cancer clients throughout the active treatment period, as outlined in the Checklist, see Cancer Treatment chapter, section 5.5
- Respond promptly to the renewal reminder for clients on BCCTP Medicaid.
- Provide navigation to clients to remove barriers. (see navigation policy in section 3.5)

#### **General responsibilities:**

- Attend the yearly BCCHP All-Contractor Training
- Attend a minimum of two regular meetings during the year that are scheduled by WA Department of Health (DOH) or Public Health – Seattle & King County.
- Maintain the confidentiality of all medical records and other data about BCCHP clients.

#### **4.2. Clients with Abnormal Test Results**

See the "Clinical Policies" section 3 or on the website to review the recommendations for appropriate and covered clinical care and re-screening or

All contracted providers must meet the CDC Performance Indicators (indicated above) for timely and adequate follow-up for abnormal test results and diagnostic referral.

- No more than 10% of clients with abnormal findings will be lost to follow-up, or refused service. The definitions for these situations are in the next section, 4.3.

#### **4.3. Follow-up Protocol**

All contracted providers must document their attempts to ensure follow-up for clients with an abnormal finding. These include findings that are suspicious for cancer, or when the client needs more diagnostic testing. Documentation of Lost to Follow-up or Refused should be sent to the BCCHP office.

##### **Protocol:**

- Make at least 3 attempts (total) to contact the client, which can include:
  - Phone call
  - Personal visit
  - Face-to-face contact
- If none of the above attempts are successful, then send:
  - Certified letter to the client

Note: You can track certified letters online at: [www.usps.com](http://www.usps.com).

With the "Track and Confirm by email" – feature, the U.S. Postal Service will send you current delivery status information on your piece of mail.

There are two options:

- "Email all activity to date" will provide a single email to each recipient, stating the current delivery status information.
- "Email all future activity" will send an email each time they receive a delivery or delivery-related event (such as attempted, refused, returned to sender, or forwarded).

Definition of "**Lost to Follow-up**":

- Client does not return phone messages
- Client does not respond to a letter that was delivered
- Client no-shows for appointments (without re-scheduling or a cancelling)
- Client's phone is disconnected
- Letters to client get returned.

Definition of "**Refused**":

- Client declines the referral or refuses further testing or treatment.

#### **4.4. Follow-up for Abnormal Test Results**

Clinics are required to document all BCCHP services and referrals. Screening Coordinators must maintain tracking systems for clients with abnormal test results to make sure that they receive follow-up for any of the abnormal test results defined below.

Suspicious findings for this program are defined as those that are **suspicious for cancer**, not for infections or other issues. Providers may still mark "benign finding" and request diagnostics or specialist consultation if there is a concern that does not fall into one of the categories below. Example: fibrocystic breast findings are benign but the provider may want to have an evaluation by a breast surgeon. That evaluation will be covered.

For clients with a history of breast cancer and no current finding on CBE, the exam finding would be marked as normal or benign. These clients may be referred for a diagnostic mammogram.

**Abnormal / Suspicious CBE Results Include:**

- Discrete Palpable Mass - Suspicious for Cancer
- Bloody or serous nipple discharge (serous discharge is from the serum of the blood and is thin and watery)
- Nipple or areolar scaliness
- Skin dimpling, retraction, redness, swelling, heat

A palpable breast mass must be evaluated clinically, with ultrasound or surgical consult, regardless of mammogram result.

- A mammogram, whether screening or diagnostic, is not sufficient to evaluate an abnormal clinical breast exam (CBE).

**Abnormal Mammogram Results Include:**

- Suspicious Abnormality

- Highly Suggestive of Malignancy
- Assessment Incomplete

Clients with the above results need to have further diagnostics (ultrasound, biopsy, surgical consult) to reach a final diagnosis. See Breast Care Policy, Section 3

#### **Abnormal Pelvic Exam Results Include:**

- Visible mass

Clients with this result need further diagnostics (biopsy, surgical consult) to reach a final diagnosis.

If the client has an infection, a sexually transmitted disease (STD) or irritation, do not indicate that the pelvic exam is suspicious

#### **Abnormal Cervical Results Include:**

- ASCUS – atypical squamous cells of undetermined significance
  - See Cervical Care Policy section 3.2 for follow-up depending on HPV testing and result.
- LSIL - Low Grade Squamous Intraepithelial lesion ASC-H - Atypical Squamous Cells of Undetermined Significance - cannot exclude HSIL (ASC-H)
- HGSIL - High Grade Squamous Intraepithelial lesion encompassing: Moderate and severe dysplasia, CIS / CIN 2 and CIN 3
- AGC - Atypical glandular cells
- AIS - adenocarcinoma in-situ

Clients with the results LSIL, HGSIL, AGC, AIS will need further diagnostic tests (colposcopy or biopsy) to rule out a cancer diagnosis.

See the Cervical Care Policy section 3.

## **4.5 What to Do When You Get a Follow-up Report**

When abnormal findings are marked on BCCHP exam form, clients are identified in the BCCHP database as “needing follow-up.”

The BCCHP Data Manager runs the follow-up report monthly for each clinical site.

Clients appear on a site’s follow-up report when a final diagnosis is missing.

Follow instructions in the section “What Needs to be Done”.

- Do not write a summary of what has happened with the client on the Follow-up report.
- All information on a client must be documented by reports and/or communication logs.

**Note:** ALL diagnostic procedures must be performed by a BCCHP-contracted provider, either at the primary care site or by a specialist such as a radiologist, gynecologist, or surgeon so that BCCHP can pay for the diagnostic services.

<b>Pap testing</b>		
<b>Abnormal Result</b>	<b>Action Taken</b>	<b>What Needs to be Done</b>
Unknown, presumed abnormal	Result not marked on BCCHP Exam form.	Send BCCHP the Pap result.
ASC-H, High grade-SIL, squamous cell carcinoma	Client had colposcopy.	Send BCCHP the colpo-biopsy report. Check Cervical Care algorithm for follow-up.
AGC	Client had endometrial biopsy (EMB).	Send BCCHP the EMB result and the colpo-biopsy result. Check Cervical Care algorithm for follow-up.
ASC-H, High grade-SIL, squamous cell carcinoma or AGC	Client has <b>not</b> yet had colposcopy.	Send BCCHP documentation of attempts to contact client. See section 4.3.
ASC-H, High grade-SIL, squamous cell carcinoma or AGC	It has taken <b>over 90 days</b> to have colposcopy.	Send BCCHP the colpo-biopsy report and documentation for why it has taken over 90 days to have colposcopy.

<b>Clinical Breast Exam (CBE)</b>		
<b>Abnormal Result</b>	<b>Action Taken</b>	<b>What Needs to be Done</b>
Suspicious for malignancy	Client had diagnostic mammogram, ultrasound, biopsy or surgical consult.	Send BCCHP the report.
Suspicious for malignancy	Client had diagnostic mammogram <b>and</b> the radiologist states that the ultrasound is not needed.	Ask provider if the CBE was <u>truly suspicious for breast cancer</u> . <ul style="list-style-type: none"> <li>• If <b>yes</b>, the client needs either a repeat CBE or a surgical consult</li> </ul>

		<ul style="list-style-type: none"> <li>If <b>not</b>, the provider needs to change the original finding to benign, initial that change on the BCCHP Exam form and send it to BCCHP.</li> </ul>
Suspicious for malignancy	Client has <b>not</b> yet had diagnostic mammogram, ultrasound, biopsy or surgical consult.	Send BCCHP documentation of attempts to contact client. See section 4.3.
Suspicious for malignancy	It has taken <b>over 60 days to</b> complete the diagnostic mammogram, ultrasound, biopsy or surgical consult.	Send BCCHP the diagnostic report and documentation for why it has taken over 60 days to complete diagnostics.
<b>Mammogram</b>		
<b>Abnormal Result</b>	<b>Action Taken</b>	<b>What Needs to be Done</b>
Assessment Incomplete	Client has had diagnostic mammogram or ultrasound.	Send BCCHP the report.
Assessment Incomplete	Radiology facility is awaiting prior films for comparison.	Send BCCHP the addendum that contains the comparison report.
Assessment Incomplete	Client has <b>not</b> yet had diagnostic follow-up.	Send BCCHP documentation of attempts to contact client. See section 4.3.
<b>Mammogram</b>		
<b>Abnormal Result</b>	<b>Action Taken</b>	<b>What Needs to be Done</b>
Assessment Incomplete	It has taken <b>over 60 days to</b> complete diagnostics.	Send BCCHP results and documentation for why it has taken over 60 days to complete diagnostics.
Suspicious abnormality	Client had diagnostic mammogram, ultrasound, biopsy or surgical consult.	Send BCCHP the report.

Suspicious abnormality	Client has <b>not</b> yet had diagnostic mammogram, ultrasound, biopsy or surgical consult.	Send BCCHP documentation of attempts to contact client. See section 4.3.
Suspicious abnormality	It has taken <b>over 60 days</b> to complete diagnostic mammogram, ultrasound, biopsy or surgical consult.	Send BCCHP results and documentation for why it has taken over 60 days to complete diagnostics.
<b>Biopsy</b>		
<b>Abnormal Result</b>	<b>Action Taken</b>	<b>What Needs to be Done</b>
Suspicious abnormality	Client had biopsy.	Send BCCHP the report.
Suspicious abnormality	Client has <b>not</b> yet had biopsy.	Send BCCHP documentation of attempts to contact client. See section 4.3.
Suspicious abnormality	It has taken <b>over 60 days</b> to complete biopsy.	Send BCCHP results and documentation for why it has taken over 60 days to complete diagnostics.

The Screening Coordinator is required to maintain a tracking system of BCCHP clients with abnormal findings. Clients must have access to the proper follow-up care so that a final diagnosis may be made. Screening Coordinators shall assist with referrals for appointments, contact the client when appointments have been missed, assess for the need for an interpreter and assist if the client needs help in getting to or from an appointment. Inform BCCHP of these efforts and ask for assistance, if needed.

**4.7. Use of Conization and LEEP**

BCCHP will pay for conization or diagnostic LEEP under three conditions:

- when final diagnosis cannot be reached through colposcopy, or
- Pap test result is a HSIL with negative colposcopy findings
- CIN II diagnosis for undocumented clients or green card holders less than five years

In these cases, you must:

- obtain prior approval from BCCHP staff, and
- send documentation to BCCHP that addresses the need for the procedure.

For further clarification, see the Cervical Care Policy on webpage at [www.kingcounty.gov/health/cancer](http://www.kingcounty.gov/health/cancer) or call BCCHP staff.

#### **4.8. Anesthesia Charges and Facilities Fees for Biopsies**

BCCHP has approved payment for anesthesia charges and facilities fees for biopsy procedures. See Fee Schedule on the website at this [link](#) for rates and contact BCCHP staff for further explanation of this process, as needed.

#### **4.9. Clients Diagnosed with Breast, Cervical or Colon Cancer**

BCCHP must assure that all clients diagnosed with cancer find access to treatment.

**No more than 60 days should elapse between cancer diagnosis and the start of treatment.** If that occurs, an explanation for the delay in getting cancer treatment started is required.

It is the role of the Screening Coordinator to assist eligible clients in transitioning onto the treatment program in a timely manner.

#### **4.10**

#### **Breast and Cervical Cancer Treatment Program (BCCTP) Medicaid**

#### **BCCTP details are in manual Chapter 5**

This option is available to most clients diagnosed with breast or cervical cancer, regardless of citizenship; however, there are limits to coverage for clients who are not citizens. Those limits are explained in Chapter 5, section .

The following are situations where the client **would not** be eligible for the treatment program:

- Here on a visitor's visa
- Over age 65 at the time of diagnosis
- Has viable insurance such as major medical or catastrophic insurance, even if it has a high deductible.