



## ScreenWise Fall 2016 Newsletter



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### **Program Updates and Reminders**

**Happy Fall from ScreenWise!**



I hope you are enjoying the last few days of summer. It has been a busy and productive season for the ScreenWise team. We have added new providers to our network, improved access to screening and diagnostic services, and we have seen an increase in the number of patients screened for breast cancer, cervical cancer and cardiovascular disease. ScreenWise has also spent much of the summer integrating our three program areas - breast and cervical cancer screening, cardiovascular screening for women ages 40+, and genetics services. I am excited to share a few of the highlights that ScreenWise will roll out this autumn:

- broadening referral opportunities for Health Coaching and Lifestyle Programs to ALL ScreenWise Enrolling Providers, expanding cardiovascular screening services to women age 40+ throughout the state
- incorporating genetic counseling and testing for heritable breast and ovarian cancer (HBOC) into our CPT/ICD 10 reimbursement list support early detection of breast cancer
- increasing training opportunities for providers, including information about genetics associated with breast, cervical and cardiovascular disease
- updating our forms, program manual and website

Details about training webinars will be sent out in the coming weeks. Please prioritize attending one of the webinars so you can learn about the changes, ask questions, and share any other ideas for program improvements that you'd like us to consider. On behalf of the entire ScreenWise team, thank you for all that you do!

Sincerely,

Kristin Kane  
ScreenWise Program Manager

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## **Ahlers Database - Provider Access Now Read-Only**

Please note that, effective September 1, 2016, only State Users have access to the ScreenWise Ahlers data system. Providers no longer need to access the system to enter data, enter claims, or review EOBs.

This change aligns with the ScreenWise goal of reducing the program's administrative burden by making data and claims entry an in-house function. If you have patient data or claims that need to be entered:

- Send those to [screenwise.info@state.or.us](mailto:screenwise.info@state.or.us) using this secure email link: <https://secureemail.dhsoha.state.or.us/encrypt> or
- Fax to 971-673-0997.

If you have any questions or concerns about this change, please contact our Quality Assurance Coordinator, Gretchen Caplener, at [Gretchen.I.Caplener@state.or.us](mailto:Gretchen.I.Caplener@state.or.us) or 971-673-1277.

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## **Reminder: Updated Federal Poverty Levels**

The following are the updated ScreenWise Program Federal Poverty Level (FPL) Guidelines, effective July 1, 2016. ScreenWise clients must be at or below 250% FPL.

Persons in family (Household)* Size**	250% of Federal Poverty Guidelines (FPL)	
	Monthly	Annual
1	\$2,475	\$29,700
2	\$3,338	\$40,050
3	\$4,200	\$50,400
4	\$5,063	\$60,750
5	\$5,925	\$71,100
6	\$6,788	\$81,450
7	\$7,652	\$91,825
8	\$8,519	\$102,225

\*As defined by the Bureau of the Census for statistical purposes, a household consists of all the persons who occupy a housing unit (house or apartment), whether they are related to each other or not. If a family and an unrelated individual, or two unrelated individuals, are living in the same housing unit, they would constitute two family units, but only one household.

\*\*Size of Family Unit supported by Total Gross Household Income. Gross income is money made by individual BEFORE taxes.

### **New ScreenWise Marketing Materials are Here!**

We are excited to be able to offer new marketing materials to Clinics! We recently sent packages with English and Spanish posters, palm cards and post cards to the clinic address listed in the Provider Survey that was filled out on behalf of your clinic. If you have any questions or specific requests, please email [Katherine.h.mcguinness@state.or.us](mailto:Katherine.h.mcguinness@state.or.us)



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## Join the ScreenWise Rules Advisory Committee

This Winter, ScreenWise is updating our Oregon Administrative Rules (OARs) to consolidate our breast, cervical, cardiovascular and genetics program services under the ScreenWise umbrella. We're seeking members to serve on our Rules Advisory Committee (RAC), to review and provide input regarding the proposed OAR changes. We anticipate 2-3 meetings in Portland, with follow up communications by phone and email. The process for permanent rules generally requires 3-5 months from start to finish. If you're interested in joining the RAC, please email Darren Yesser at [darren.yesser@state.or.us](mailto:darren.yesser@state.or.us)

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**ScreenWise / 211info Partnership**



You may have heard that ScreenWise recently partnered with 211info, Oregon's free, live and confidential referral service, to serve as our program's assistance line, expanding access and service for patients looking to get screened and improving provider communication through a direct provider access line.

In addition to ScreenWise referrals, when someone contacts 211info, they can quickly provide a list of all currently available social services and aid programs for that individual in their local area, from emergency aid, to food assistance, to housing and shelter.

**Access to 211info is easy:**

- You can call by dialing 211 toll-free on any mobile phone or land line.
- You can text your ZIP code to 898211.
- You can email them at [help@211info.org](mailto:help@211info.org).
- You can find them online at [www.211info.org](http://www.211info.org).
- There's an app too. We have links to download the app to your cell phone on the [OHA home page](#) and at [211info's home page](#). The 211info app has been approved by OHA's Information Security Privacy Office (ISPO).

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## **Provider Spotlight: Jasmin Quintero of Community Health Centers of Lane County**



*Jasmin Quintero, Pediatric and Women's Health Care Patient Care Coordinator at CHC Lane County*

Community Health Centers (CHC) of Lane County is a Federally Qualified Health Center (FQHC) with 6 clinics and 1 School Based Health Center. Jasmin Quintero is the Pediatric and Women's Health Care Patient Care Coordinator and has worked for two years at the CHC.

At Jasmin's first meeting with her new Supervisor, she discussed how she felt they were missing opportunities to help patients receive great care while financially supporting their facility. Jasmin showed initiative and perseverance while becoming an expert user of ScreenWise services. She worked collaboratively with staff across clinics and the finance department to revise workflows to ensure the program was leveraged in a more efficient manner. Jasmin also organized trainings in conjunction with the ScreenWise Quality Assurance Coordinator to ensure that medical support staff and providers felt comfortable with their knowledge of expanded ScreenWise services and clinic workflows.

Thank you Jasmin and CHC of Lane County!

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## **CDC Guidance: Annual Breast MRI (August 2016)**



### **Q: When is annual breast MRI appropriate?**

**A:** Per Captain Jacqueline Miller, MD, FACS, Medical Director for CDC's National Breast and Cervical Cancer Early Detection Program, CDC funds can be used to provide annual breast MRI along with mammograms to program-eligible women who are considered high risk for breast cancer. High-risk includes women who:

- Have a lifetime risk of breast cancer of about 20% or greater, according to risk assessment tools that are based mainly on family history;
- Have a known BRCA1 or BRCA2 gene mutation;
- Have a first-degree relative (parent, brother, sister, or child) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves;
- Had radiation therapy to the chest when they were between the ages of 10 and 30 years; and
- Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes.

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[Professional Development Opportunities](#)



[Webinar: Rural Population Health Management Certificate Program for Oregon Rural Health Care Leaders](#)

Thanks to a grant from the State of Oregon through the Oregon Research & Education Fund, OAHHS' 501(c)(3) subsidiary, special funding has been made available for rural health providers to earn a certificate of rural population health management. Because of this generous grant, this certificate program is offered to all Oregon rural health care leaders at no cost. - See more at: <http://www.oahhs.org/populationhealth> . If you have questions about this program, or would like additional information, please contact Katie Harris, director of program management at [kharris@oahhs.org](mailto:kharris@oahhs.org)



[NCCN Course: Genetic/Familial High-Risk Assessment](#)

Check out this **free online NCCN course!** Guidelines focus on syndromes associated with an increased risk of breast and/or ovarian cancer and are intended to assist with clinical and shared decision-making. See more at: [NCCN Guidelines® Insights - Genetic/Familial High-Risk Assessment: Breast and Ovarian, Version 2.2015](#)



**Familias en Acción**

## Care for Latinos with Serious Illnesses: A Palliative Approach

Free training for healthcare professionals to learn new strategies to engage Latino patients and address culturally appropriate chronic disease management.

This training is funded through the Cambia Health Foundation.

[Registration Flyer: September 26th Training](#)

[Registration Flyer: October 17th Training](#)

## September is National Ovarian Cancer Awareness Month



**OVARIAN CANCER FACTS**  
Teal's the Deal Foundation™

☆ 1 out of 55 Women will develop Ovarian Cancer in their lifetime.

☆ PAP Tests do NOT detect for Ovarian Cancer.

**SYMPTOMS**

- Abdominal swelling or bloating
- Pelvic discomfort or pain
- Persistent indigestion, gas or nausea
- Changes in bowel habits.
- Changes in bladder habits.
- Loss of appetite or quickly feeling full.
- A persistent lack of energy.
- Low back pain.

To find out more, go to:

<http://www.cancer.org/cancer/ovariancancer/detailedguide/ovarian-cancer-signs-and->

[symptoms](#)

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