

Welcome to this quick reference guide for BCCCP data. This presentation will cover basic data entry scenarios for patients, frequently asked data questions, how to fix data entry errors, and information about how to request technical assistance. You will need to have a copy of the BCCCP Data Entry 2019 Mapping Guide for this module.

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#### Disclosures

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		Field Name	E-Required L-Disational	Values	Logie	
ΝLŬ		BCCCP Clent indicator	•	N/NS N-No	Always choose 185	
		ingh litic for threat Genor		1/165 2/160 3i Not assess(Universe)	mutations first degree indexise when is BRCA carriery. LPETARE BRCA 12000: Oracle in Found rate medial like the Gald Model radiation transformers to the cheast between ages 16.0 kg or personal or family hotory af genetic injudiences like Li- frourness syndrome. J. Na 4.16 house sessed and	
	BCCCP Data Entry				not determined to be high. 5. Not assessed Abdinouse If risk was not assessed, family history was not fallen, genetic testing was not done or Frick to	
2019 Mapping Guide for Data Entry			34	art Breast Screening Cycle	unknown	
		Screening Cycle Date		Dele 1117 MM-00 formel	Oute of first screening in the outlet	
] 7		Reformal Date		Dete 1111 MM-CO formet	Peoplered if Indication for Exceeding field I: Referrid • Exceeding completed et Nam-BCCCP provider end was referred to your BCCCP program for degrams your to complete the second provider of t	
8		Clinical Break Exam Procedure Exte		Cute of CBI		
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If you are not sure if a field is required or situational refer to the BCCCP Data Entry Guide. It's presented in the logical flow for breast and cervical screenings and

Defines which fields are required and situational along with a description of each field and its values.

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These are the fields that need to be filled out for a routine breast screening record. If you open the 2019 data entry mapping guide on page 3, you will see that the CBE and mammogram fields are marked situational. This is because a CBE and mammogram are both not required. Only one is required to begin a screening cycle. For the situational fields make sure you read the logic because some of the fields are connected. For example, if a CBE is completed you must fill out the CBE date, CBE charged to, CBE result received date, and CBE result.



Abnormal breast results for a CBE include: "Discrete palpable mass", "bloody or serous nipple discharge", "nipple or areolar scaliness", "skin dimpling or retraction". Abnormal breast results for a mammogram include: "Suspicious abnormality; consider biopsy", "highly suggestive of malignancy", "assessment incomplete; additional imaging required", and "recent non-BCCCP abnormal mammogram". The final imaging Outcome field: this is required to be competed if there is an additional mammogram, ultrasound, or film comparison completed

In the 2019 Data Entry Mapping Guide, the abnormal breast screening fields begin on page 6. Fields with the asterisk (\*) only are competed if the abnormal screenings are then diagnosed as cancer.

	NORMAL CERVICAL CANCER SCREENING			
	<ul> <li>Visit Date (Screening Cycle Date)</li> <li>Name</li> </ul>	<ul> <li>Date of Pelvic exam, date of pelvic exam results, pelvic exam paid by, pelvic exam results</li> </ul>	6	
L C	<ul><li>Patient ID Number</li><li>DOB</li></ul>	<ul> <li>Initial PAP test date, PAP charged to, Date of PAP results, PAP results, PAP test specimen adequacy, PAP test type</li> </ul>		
	* Race	Reason for HPV Test		
)	* Ethnicity	Diagnostic Workup Planned		
0	<ul> <li>BCCCP Client Indicator</li> </ul>	Short-Term Follow Up		
Ĭρ	<ul> <li>High Risk for Cervical Cancer</li> </ul>	Next PAP test Due		
18	<ul> <li>Purpose for PAP Test (Reason for Screening)</li> </ul>	<ul> <li>Diagnostic Disposition, Dx Date</li> </ul>		
	Date of Last PAP	<ul> <li>Patient Navigation Needs Assessment, PN Completed, PN Charged to</li> </ul>	-00-	

These are the fields that need to be filled out for a routine cervical screening record. If you open the 2019 data entry mapping guide on page 16, you will see that the PAP and Pelvic Exam fields are marked situational. This is because a PAP and Pelvic Exam are both not required. Only one is required to begin a screening cycle. For the situational fields make sure you read the logic because some of the fields are connected. For cervical records, the reason for HPV test is required to be completed for all records.

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ABNORMAL CERVICAL CANCER SCREENING

Abnormal cervical results for a PAP include: "Atypical squamous cells cannot exclude HSIL ASC-H", "High Grade SIL", "Squamous Cell Carcinoma", "Atypical Glandular Cells", "Adenocarcinoma in Situ (AIS)", "Adenocarcinoma", "Recent non BCCCP presumed abnormal, Results unknown".

In the 2019 Data Entry Mapping Guide, the abnormal cervical screening fields begin on page 23. Fields with the asterisk (\*) only are competed if the abnormal screenings are then diagnosed as cancer. Fields with two asterisk (\*\*) are for procedures that can be used as diagnostic and also as treatment; if these are used as treatment, the procedure date for this field is used as the treatment initiation date for the record when it is closed.

	。 FREQUENTLY ASK	ed data questic	DNS	~
0	LAST MAMMOGRAM/ LAST PAP DATE	PATIENT NAVIGATION	PURPOSE OF SCREENING	
	This is a required field for breast and cervical records. If you only know the year, default to January. If the date is unknown, please enter 88/8888. If the patient has never had a screening, please enter 00/0000.	When patient navigation is completed. Code the services as paid for by federal even if state dollars were used to pay for the patient's BCCCP services. If PN is not completed or is unknown, you are only required to fill out the PN needs assessment completed field.	This field is indicating the reason for the screening cycle. Since BCCCP is primarily a screening program, most often routine screening will be the indication. For this field think "Why am I opening a new record?"	

### **Purpose of Screening (Breast**

**records):** Routine Screenings are for the first mammogram of a new cycle. Diagnostic is primarily used when a woman is returning for short-term follow up. Referral is for a woman needing diagnostic workup after receiving a non BCCCP abnormal. No mammogram is used when only a CBE is performed or the woman goes directly to diagnostic workup, such as short term follow up.

**Purpose of Screening (Cervical Records):** Routine screening is for the first PAP test of the cycle. Surveillance is used for woman who had a previous abnormal prior to this cycle (most often used fo short term follow up records). Referral is for an abnormal screening outside of BCCCP. PAP after primary HPV is used when the PAP is done after the patient receives a positive primary HPV test. No pap, is used for a patient that goes directly to diagnostic services or the patient only had a primary HPV test (no screening procedures).

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	FREQUENTLY ASK	ED DATA QUESTIC	ons cont.	
9 -	DIAGNOSTIC WORK-UP PLANNED	SHORT-TERM FOLLOW UP	FINAL IMAGING OUTCOME	
	This is always "Ne" for a normal record. If the diagnostic workup planned is marked as "Yes" you must enter diagnostic workup in the record. If a patient is returning for short term follow up, mark this field as "No". The diagnostic information will go an the short-term plan up record.	This is marked "Yes" on data forms when a <u>planned delay</u> between the initial visit and subsequent visits accur. The amount of fime does not determine the short-term follow-up, the reason does.	This is a field on breast cancer data forms. It is required to be filled out if an additional mammogram, ultrasound, or film comparison is completed. If none of these services are performed, this field should be left blank.	\$ 

Short Term Follow Up: When Short term follow up is marked as yes, at the time the follow up visit occurs, a new screening cycle begins. Before marking yes to short term follow up on a record, ask yourself, did the doctor decide that everything is 'normal' for now but want to see the patient in a few months? If so, short term follow up is yes. Example: A clinician wants to wait 3 months for an ultrasound to reevaluate a woman's benign mammogram result. When the

patient comes back in 6 months, a new cycle/record is started.

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The short-term follow up field on the original record would be marked "yes". The patient's original record would have been closed as no caner. The diagnostic workup that has been scheduled for six months from her original screening visit would be included on the new record that is opened at the six month follow up visit.

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You will notice the column that says "Error\_Data" is blank. This is the area of the error report that will include what you have entered into the patient record. The "Record\_ID" is indicating the type of record that has the error. P4 are breast records and P5 are cervical records. The error reports also indicate the patient ID and include other identifying information about the record so you know which record has the error. If you do not know what field the error is referring to, use the 2019 Data Entry Mapping Guide.

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The monthly reports will all have the patient's name, patient ID, and visit date of each record containing errors so you know which record to fix. If a patient is missing from your monthly report, check your error reports before submitting a technical assistance request.



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