



VERMONT DEPARTMENT OF HEALTH

August 2, 2019

Dear Jane Doe,

Welcome to You First (formerly known as Ladies First)! We can cover the cost of your breast and cervical cancer screenings and heart health screenings. You First encourages regular health checks and positive lifestyle changes.

Getting started with You First services is easy.

1. **Make an appointment with your doctor.** This visit should include your Pap test, referral for a mammogram (if recommended), and a heart health checkup. You First will pay for these services.
2. **Fill out the You First Heart Health Questions** on the day of your appointment. Mail the complete form back to You First in the envelope that we included.
3. **Bring your You First membership card and Provider Report** (enclosed) to your appointment.
4. **Have your results sent to You First.** Your doctor can fax your completed Provider Report to 802-657-4208 or mail it to the included address. Please give us a call if more services are needed.

A member of the You First team will be reaching out to you soon to answer any questions that you might have about the program. Do you have a question right now? Call 1-800-508-2222 or visit us at YouFirstVT.org. We are excited to support a healthier you!

Sincerely,

Emmy Woodley
Member Services Coordinator

Phone: 1-800-508-2222
Fax: 1-802-657-4208
YouFirstVT.org

Vermont Department of Health
You First
108 Cherry Street—PO Box 70 Drawer 38
Burlington, Vermont 05402

Member ID Card



Please detach your member card below and keep it in your wallet so you'll be sure to bring it to your provider appointments.

See other side for more information.

 CUT HERE

YOU FIRST

VERMONT DEPARTMENT OF HEALTH

Jane Doe

UID: 1234

Coverage: 1/1/2019 - 1/1/2020

 YouFirstVT.org  800-508-2222

Front

My You First provider appointments:

Date: _____ Time: _____

Provider: _____

Date: _____ Time: _____

Provider: _____

Date: _____ Time: _____

Provider: _____

Yes, I had my You First:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Pap test | <input type="checkbox"/> Blood work |
| <input type="checkbox"/> Mammogram | Total cholesterol: _____ |
| <input type="checkbox"/> Blood pressure checkup | HDL: _____ |
| Systolic: _____ | LDL: _____ |
| Diastolic: _____ | Blood glucose: _____ |

Remember to:

- Say that you are a You First member when you make your appointment.
- Bring this member card and the Provider Report to your appointment.
- Remind the provider to send the Provider Report and test results to You First (Fax: 1-802-657-4208).

Back

Welcome to You First

You First Covered Services:



Breast Cancer Screening

- Starting at age 50 (unless your doctor recommends sooner)
- Breast exam every year
- Mammogram every other year (or as often as your doctor recommends)
- Additional testing as needed



Cervical Cancer Screening

- Pap test every 3 years (or as often as your doctor recommends)
- HPV testing for women over age 30
- Additional testing as needed



Heart Health Screening

- Starting at age 30
- Blood pressure
- Height and weight
- Cholesterol testing (if your doctor says you need it)
- Blood sugar testing (if your doctor says you need it)

How to use You First:



Make an appointment with your doctor.

Don't have a doctor? Call You First to help you find one: 800-508-2222.



Bring your You First ID Card and Provider Report with you to your appointment.

If you have other insurance, they will be billed first. You First will pay for what your insurance doesn't cover of the services that we offer.



Fill out the You First Heart Health Questions on the day of your appointment.

Mail the completed form back to You First in the envelope that is included.



Have your doctor send the Provider Report or the results to You First.

They can fax it to 802-657-4208.

YOU FIRST
VERMONT DEPARTMENT OF HEALTH

Questions? Call 800-508-2222

<p>14. Have you had a stroke/TIA?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't want to answer</p>	<p>24. Do you drink less than 36 ounces (3 medium-sized cans or 450 calories) of sugar sweetened beverages weekly?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't want to answer</p> <p><input type="checkbox"/> No</p>
<p>15. Have you had a heart attack?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't want to answer</p>	<p>25. Are you currently watching or reducing your sodium or salt intake?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't want to answer</p> <p><input type="checkbox"/> No</p>
<p>16. Do you have coronary heart disease?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't want to answer</p>	<p>26. In the past 7 days, how often did you have a drink containing alcohol (for example, beer, wine or a mixed drink)?</p> <p>___ days <input type="checkbox"/> Don't want to answer</p>
<p>17. Do you have heart failure?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't want to answer</p>	<p>27. How many alcoholic drinks, on average, do you consume during a day that you drink?</p> <p>___ drinks <input type="checkbox"/> Don't want to answer</p>
<p>18. Do you have vascular disease (peripheral arterial disease)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't want to answer</p>	<p>28. How many minutes of physical activity (exercise) do you get in a week?</p> <p>___ minutes <input type="checkbox"/> Don't want to answer</p>
<p>19. Do you have congenital heart disease and defects?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't want to answer</p>	<p>29. Do you smoke? (Includes cigarettes, pipes, or cigars, smoked tobacco in any form)</p> <p><input type="checkbox"/> Current smoker <input type="checkbox"/> Quit (1-12 months ago)</p> <p><input type="checkbox"/> Quit (more than 12 months ago) <input type="checkbox"/> Never smoked</p> <p><input type="checkbox"/> Don't want to answer</p>
<p>20. Are you taking aspirin daily to prevent a heart attack or stroke?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No <input type="checkbox"/> Don't want to answer</p>	
<p>21. How many cups of fruits and vegetables do you eat in an average day?</p> <p>___ cups <input type="checkbox"/> Don't want to answer</p>	<p>30. Over the past 2 weeks, how often have you had little interest or pleasure in doing things?</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> Several days</p> <p><input type="checkbox"/> More than half <input type="checkbox"/> Nearly every day</p> <p><input type="checkbox"/> Don't want to answer</p>
<p>22. Do you eat fish at least two times a week?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't want to answer</p> <p><input type="checkbox"/> No</p>	
<p>23. Thinking about all the servings of grain products you eat in a typical day, how many of those are whole grains?</p> <p><input type="checkbox"/> Less than half <input type="checkbox"/> About half</p> <p><input type="checkbox"/> More than half <input type="checkbox"/> Don't want to answer</p>	<p>31. Over the past 2 weeks, how often have you felt down, depressed, or hopeless?</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> Several days</p> <p><input type="checkbox"/> More than half <input type="checkbox"/> Nearly every day</p> <p><input type="checkbox"/> Don't want to answer</p>

If you have any questions, please contact our Lifestyle Program Coordinator at 802-652-4139.
800-508-2222 • www.YouFirstVT.org

Provider Report: Fax to 802-657-4208

Patient Name:	Date of Birth:	Form Completed by:
Practice Name:	Date of Office Visit:	Provider Name:

Heart Health Screening (For Members over the age of 40)	
Height:	Weight:
Waist Circumference:	
Blood Pressure (1 st reading):	Blood Pressure (2 nd reading):
Has the patient been diagnosed with hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Risk Reduction Counseling Performed?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Topics Addressed: <input type="checkbox"/> Nutrition <input type="checkbox"/> Weight <input type="checkbox"/> Physical Activity <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Tobacco Use	
Patient is a candidate for: <input type="checkbox"/> Weight Loss Program <input type="checkbox"/> Exercise Program <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Home Blood Pressure Program <input type="checkbox"/> Monitoring	
Referred to health coach or nutritionist?* <input type="checkbox"/> Yes <input type="checkbox"/> No Name of coach:	

Cholesterol and Glucose (current or most recent results)	
Cholesterol Date:	
Fasting Status: <input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting <input type="checkbox"/> Unknown	
Total Cholesterol:	Triglycerides:
HDL:	LDL:
Glucose/A1C Date:	
Fasting Status: <input type="checkbox"/> Fasting <input type="checkbox"/> Not Fasting <input type="checkbox"/> Unknown	
Glucose:	A1c:

Breast Cancer Screening	
Breast Cancer Risk Assessment: <input type="checkbox"/> Average <input checked="" type="checkbox"/> High* <input type="checkbox"/> Not performed	
Clinical Breast Exam Results (CBE): <input type="checkbox"/> Normal Exam <input type="checkbox"/> Benign Finding <input checked="" type="checkbox"/> Bloody or serous nipple discharge <input checked="" type="checkbox"/> Nipple or areolar scaliness <input type="checkbox"/> Skin dimpling or retraction <input checked="" type="checkbox"/> Discrete palpable mass previously diagnosed as benign <input checked="" type="checkbox"/> Discrete palpable mass <input type="checkbox"/> Not performed	

Notes:

Mammogram (current or most recent results)	
Indication:	<input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic
Type:	<input type="checkbox"/> 2D <input type="checkbox"/> 3D
Date:	Location:
Mammogram Result: <input checked="" type="checkbox"/> BI-RADS 0 – Incomplete, additional imaging/comparison is required <input type="checkbox"/> BI-RADS 1 – Negative <input type="checkbox"/> BI-RADS 2 – Benign Finding <input checked="" type="checkbox"/> BI-RADS 3 – Probably Benign <input checked="" type="checkbox"/> BI-RADS 4 – Suspicious Abnormality <input checked="" type="checkbox"/> BI-RADS 5 – Highly Suggestive of Malignancy	
Next mammogram scheduled for: Date: Location:	

Cervical Cancer Screening (current or most recent results)	
Cervical Cancer Risk Assessment: <input type="checkbox"/> Average <input checked="" type="checkbox"/> High* <input type="checkbox"/> Not performed	
Pap Test Indication: <input type="checkbox"/> Screening <input type="checkbox"/> Surveillance	
Date:	Location:
Pap Test Result: <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> LSIL <input type="checkbox"/> Negative for intraepithelial lesion or malignancy <input checked="" type="checkbox"/> Squamous cell carcinoma <input checked="" type="checkbox"/> ASC-US <input checked="" type="checkbox"/> Adenocarcinoma <input checked="" type="checkbox"/> ASC-H <input checked="" type="checkbox"/> Adenocarcinoma in situ <input checked="" type="checkbox"/> AGC <input type="checkbox"/> Not performed <input checked="" type="checkbox"/> HSIL <input type="checkbox"/> Other:	
HPV Indication: <input type="checkbox"/> Co-testing/Screening <input type="checkbox"/> Reflex	
Date:	Location:
HPV Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Not performed <input checked="" type="checkbox"/> Positive (genotyping not done) <input checked="" type="checkbox"/> Positive, but negative for genotypes 16 and 18 <input checked="" type="checkbox"/> Positive for genotypes 16 and 18	
Next cervical cancer screening scheduled for: Date: Location:	

You First is a program run by the Vermont Department of Health assisting income eligible Vermont residents to receive breast cancer, cervical cancer and heart health screening. Additionally, the program provides:

- Clinical navigation to members with abnormal screening results, at high risk for breast or cervical cancer, and those transitioning to treatment
- Health coaching to reduce cardiovascular disease risk and connection to home blood pressure monitoring, weight loss, exercise, and other healthy behavior support programs

More detailed information about You First and the services covered/provided by the program can be found on our website or by calling us at 800-508-2222.

Definitions

1. **Risk reduction counseling** entails:

- Using motivational interviewing to discuss participant's screening and health risk assessment results.
- Making accommodations as needed to address a patient's language, health literacy, and cultural background.
- Assuring participant understands her CVD risk as compared to other women her age.
- Identifying strategies together to support health goals.
- Linking to available resources to improve health outcomes.
- Arranging follow-up for women with uncontrolled hypertension.

2. **Health coaching** uses a patient-focused approach to prepare patients to take responsibility for their health and well-being. Coaching can include:

- Building skills related to nutrition, exercise or quitting smoking.
- Helping patients access community resources such as weight loss programs or fitness centers to improve health outcomes.

3. Women are considered to have a **high breast cancer risk** that have one or more of the following:

- Known genetic mutation(s) such as BRCA 1 or 2
- First-degree relatives with premenopausal breast cancer
- Radiation to the chest before the age of 30
- Lifetime risk of 20% or more for development of invasive breast cancer
- Personal or family history or genetic syndromes
- Previous history of breast cancer

4. Women are considered to have a **high cervical cancer risk** that have or more of the following:

- Have had a solid organ or stem cell transplant
- Who may be immune-compromised (e.g. infection with HIV or other disease)
- Who were exposed in utero to diethylstilbestrol (DES)
- Previous history of cervical cancer