**2020-2021 FQHC Template:**

**Evidence Based Interventions for Health Systems Change**

**Breast / Cervical**

**Purpose of Template:** This template is to assist in identifying, planning and monitoring major activities in implementing a collaborative impact project around increasing breast cancer screening rates, and/or increasing cervical cancer screening rates. Use this tool for oversight of the project and to help guide implementation. Entries must be meaningful and concise.

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| Name of Organization: | | |  | | | Date of Submission: | | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | Amount of Request: | | | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Non-acceptable expenditures would include equipment or meeting logistics (i.e. food/room)* | | | |
| **Evidence Based Intervention Chosen:** | | | Provider based interventions  Client based interventions | | | **Focus Area:**  ***(one focus area per form)*** | | Breast  Cervical | | **Name of Project/Activity:** | |  | |
| **Primary EBI Chosen** | | | Policy Changes: Standing orders for screening based on risk and or age. Screening guidelines for clinic.  Professional Education: Appropriate screening guidelines, process for entering screening data, chart or EHR flags, screening/Follow up and or treatment updates.  Systems Changes/ Team based care approaches: Team huddles, Use of care coordinators, or Community Health Workers, Policy/Process changes within clinic.  Provider reminders: Flags or charts, EHR alerts, emails, other trackers  Provider assessment and feedback: Dashboards, Data sharing, Benchmarking, Provider comparison  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Reminder Systems: Eligible women due or past due for screening services; mail, text, phone, portal, other  Client education: 1:1 education, group education, small media: risk assessment, screening guidelines, breast and or cervical cancer educational information, diagnostic testing education.  Structural Barrier Reduction: extended hours, special clinic hours (womens’ health day), translation, child care, patient navigation, transportation, other  Reducing Out of Pocket Expenses: patient assistance programs, discount/vouchers for testing  Provider assessment and feedback: Dashboards, Data sharing, Benchmarking, Provider comparison | | | | | | | | | | |
| **Overall Goal of Project:** | | | This should be brief and be SMART- Specific, Measurable, Actionable, Relevant and Time Bound (There should be a goal for each EBI chosen  100% of women 21-65 who are due for cervical cancer screening will receive a reminder to schedule appointments 1 month prior to due date.  70% of women receiving reminders will schedule well visit to include cervical cancer screening within 3 months | | | | | | | | | | |
| **Target Audience of Project:** | | | Who are you trying to reach? How many women are you trying to reach? What do you know about these women? | | | | | | | | | | |
| **Narrative Description of Project:  *(Include navigation workflow/pathway to care)*** | | | *Methodology- How will you go about implementing your interventions? What are your plans for quality improvements and midcourse corrections? How will you know you are successful?* | | | | | | | | | | |
| **Activity Description** | | | **Expected Outcomes and Due Dates** | | **Collaboration/ Partnership Opportunities** *(priority populations, providers, etc.)* | | | | **Person(s) Responsible** | | **Status of Project & Justification** *(Not Started, Delayed, In Progress, Completed;  include any challenges or successes)* | | |
| **EXAMPLE ONLY** | *This is like your To Do List. What needs done to implement the interventions chosen?*  *Review the core components from the logic models to include. Core components are essential/ required activities to make intervention successful* | | *10 patients will be able to schedule mammogram each Tuesdays for a total of 40 patients in May 2019*  This outcome is relevant to the activity. If the activity is about education the outcomes needs to be about knowledge gained. Outcomes should be SMART | | *Who if anyone do you need to collaborate with? This can be internal or external.* | | | | *Radiology Staff/Hospital Administration/Clinic Directors*  *HUB Staff*  *Marketing Department*  *Who will carry this activity out? Who will be the lead or champion for this activity?* | | **Status:** Delayed **Justification:** due to staff turnover | | |
| **Challenges and Successes:** | | |
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| **Challenges and Successes:** | | |
| **EVALUATION Reach & Impact Report: *(due 30 days after completion of project)***  ***The narrative report needs to include:***   * *Number of Nebraskans reached as a result of the project* * *Demographics of population served* * *Collaborative efforts enhanced by the project; how will you retain partners* * *Sustainable activities that are planned to continue as a result of the project* * *Budget Expenditures – sufficient to carry out project/unexpected costs*   ❑Success Story submitted | | | | | | |  | | | | | | |
| **Date Narrative Submitted:** | | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | | **Narrative Submitted by:** | | |  | | | | | | |

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| **DHHS Approval** | **DHHS Response to Project Worksheet:** | | | | |
| **Worksheet Approved: Yes No** | | **Reason:** | | |
| **DHHS Signature:** | | | | **Date of Signature:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
|  | | | | |
| **DHHS Response to Evaluation Reach & Impact Report:** | | | | |
| **Submitted on Time: Yes No** | **Report Approved: Yes No** | | **Reason:** | |
| **DHHS Signature:** | | | | **Date of Signature:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |

**Checklist for Reimbursement:** *Version: 1/2020*

❑ Complete and Submit Evidence Based Intervention for Health Systems Change Template *HSCMile 7*

❑ Workflow/Patient Pathway Received

❑ DHHS Approval of Evidence Based Intervention for Health Systems Change Template

❑ Evaluation Reach & Impact Narrative Report (due 30 days after completion of the project)

❑ Submit copy of products created and/or used

❑ Invoice