

2020 - 2021 Annual Breast & Cervical Cancer Clinic Readiness Assessment/QI Plan

Submit Form and Invoice To

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Date

Section 1: Health System Profile

Health System Name

Health System Street

Health System City

Health System Zip

Health System County

Total # of Primary Care Clinics in System

Total # of Primary Care Providers in System

PCMH recognize, certified, or accredited?

Yes

No

Pending

Section 2: Clinic Profile

Clinic Name

Clinic Street

Clinic City

Clinic Zip

Clinic County

Title	Name	Phone	Email
Lead Physician			
Care Coordinator Name			
Quality Improvement Coordinator			
Other			

Do you have a clinic champion for breast cancer screening?

Yes

No

Title	Name	Phone	Email
Breast Cancer Champion			

Do you have a clinic champion for cervical cancer screening?

Yes

No

Title	Name	Phone	Email
Cervical Cancer Champion			

Physicians			Mid-Levels and Nursing Staff			Outreach Staff		
	#	FTE		#	FTE		#	FTE
Family Physician	<input type="text"/>	<input type="text"/>	Nurse Practitioners	<input type="text"/>	<input type="text"/>	Community Health Worker	<input type="text"/>	<input type="text"/>
General Practitioners	<input type="text"/>	<input type="text"/>	Physician Assistants	<input type="text"/>	<input type="text"/>	Care Coordinators	<input type="text"/>	<input type="text"/>
Internists	<input type="text"/>	<input type="text"/>	Certified Nurse Midwives	<input type="text"/>	<input type="text"/>	Navigators	<input type="text"/>	<input type="text"/>
OB/GYN	<input type="text"/>	<input type="text"/>	Nurses	<input type="text"/>	<input type="text"/>			
Pediatricians	<input type="text"/>	<input type="text"/>	Other Medical Personnel	<input type="text"/>	<input type="text"/>			
Other Specialty	<input type="text"/>	<input type="text"/>	Laboratory Personnel	<input type="text"/>	<input type="text"/>			
Total Physicians	<input type="text"/>	<input type="text"/>	X-Ray Personnel	<input type="text"/>	<input type="text"/>			

Section 3: Electronic Health Record Overview

Primary EHR Vendor at Selected Clinic

Primary EHR Home: Health System Wide EHR EHR Specific to Clinic

Section 4: Breast and Cervical Quality Improvement Measures

Breast Cancer Screening Yes No

Cervical Cancer Screening Yes No

Attach Policy for Breast Cancer Screening Yes No Do Not Have

Attach Policy for Cervical Cancer Screening Yes No Do Not Have

5. Patient Population Characteristics For Breast Cancer and Cervical Cancer Screening

Please enter the total number of active patients and the total number of uninsured active patients.

	#	%		#	%
Total Number of Active Patients	<input type="text"/>	<input type="text"/>	Uninsured	<input type="text"/>	<input type="text"/>

Please enter the total number of active patients women 21-64 years of age and the total number of uninsured active patients women 21-64 years of age.

	#	%		#	%
Total Number of Active Patients 21-64	<input type="text"/>	<input type="text"/>	Uninsured	<input type="text"/>	<input type="text"/>

Please enter the total number of active patients women 50-74 years of age and the total number of uninsured active patients women 50-74 years of age.

	#	%		#	%
Total Number of Active Patients 50-74	<input type="text"/>	<input type="text"/>	Uninsured	<input type="text"/>	<input type="text"/>

Section 6: Workflow Assessment

Include variables that describe clinic workflows, including:

*Patient Identification: Protocol used to determine patient's eligibility and those due for screening, e.g.

*Patient Flow: Processes while patient is in office for screening/education, decision making, test return or prep, e.g.

*Screening and Results Tracking Follow-Up: Process to determine if tests are returned, informing of test results, specialty care referrals, e.g.

*Rescreening Patients: Process for tracking when patients are due, e.g.

Attach clinic workflow for patients identified due for breast cancer screening	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do Not Have	<input type="checkbox"/>
Attach clinic workflow for patients identified due for cervical cancer screening	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do Not Have	<input type="checkbox"/>
Attach patient workflow related to breast cancer visit, education, referrals, screening instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do Not Have	<input type="checkbox"/>
Attach patient workflow related to cervical cancer visit, education, referrals, screening instructions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do Not Have	<input type="checkbox"/>
Attach clinic workflow for breast cancer screening, results tracking and follow up	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do Not Have	<input type="checkbox"/>
Attach clinic workflow for cervical cancer screening, results tracking and follow up	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do Not Have	<input type="checkbox"/>
Attach clinic workflow for rescreening breast cancer patients	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do Not Have	<input type="checkbox"/>
Attach clinic workflow for rescreening cervical cancer patients	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do Not Have	<input type="checkbox"/>

Note: PHL and Women's/Men's Health Programs will be supporting clinics with scheduled webinars and resources regarding workflow development/enhancements

Section 7: Priority Evidenced Based Interventions for Breast and Cervical Cancer

In the table below, check items you are currently doing. Please explain items selected in the space provided below or attach another sheet. Please share any tools you are currently using.

Primary Evidence Based Strategies

Breast Cancer

<i>Provider Assessment</i>	<i>Currently Doing</i>	<i>Frequency of each Intervention</i>	<i>Implementation Timeframe</i>
<input type="checkbox"/> Dashboards	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	Prior Year (FY 19-20) <input type="checkbox"/>
<input type="checkbox"/> Data-sharing	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	Plan to Implement (FY 20-21) <input type="checkbox"/>
<input type="checkbox"/> Benchmarking	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	
<input type="checkbox"/> Provider Compare	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	

Intervention Descriptions (Enter Detailed Description Below)

Cervical Cancer

<i>Provider Assessment</i>	<i>Currently Doing</i>	<i>Frequency of each Intervention</i>				<i>Implementation Timeframe</i>	
<input type="checkbox"/> Dashboards	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Prior Year (FY 19-20) <input type="checkbox"/>		
<input type="checkbox"/> Data-sharing	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Plan to Implement (FY 20-21) <input type="checkbox"/>		
<input type="checkbox"/> Benchmarking	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			
<input type="checkbox"/> Provider Compare	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			

Intervention Descriptions (Enter Detailed Description Below)

Breast Cancer									
Provider Reminders		Currently Doing	Frequency of each Intervention					Implementation Timeframe	
<input type="checkbox"/> Chart	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			Prior Year (FY 19-20)	<input type="checkbox"/>
<input type="checkbox"/> Email	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			Plan to Implement (FY 20-21)	<input type="checkbox"/>
<input type="checkbox"/> EHR Trackers	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>				
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>				
Intervention Descriptions (Enter Detailed Description Below)									

Cervical Cancer

<i>Provider Reminders</i>	<i>Currently Doing</i>	<i>Frequency of each Intervention</i>				<i>Implementation Timeframe</i>	
<input type="checkbox"/> Chart	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Prior Year (FY 19-20) <input type="checkbox"/>		
<input type="checkbox"/> Email	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Plan to Implement (FY 20-21) <input type="checkbox"/>		
<input type="checkbox"/> EHR Trackers	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			
<input type="checkbox"/> Other:	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			

Intervention Descriptions (Enter Detailed Description Below)

Breast Cancer										
Patient Reminders		Currently Doing	Frequency of each Intervention						Implementation Timeframe	
<input type="checkbox"/> Mail	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Prior Year (FY 19-20)	<input type="checkbox"/>
<input type="checkbox"/> Text	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>		Plan to Implement (FY 20-21)
<input type="checkbox"/> Phone	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Patient portal	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intervention Descriptions (Enter Detailed Description Below)

Cervical Cancer

<i>Patient Reminders</i>	<i>Currently Doing</i>	<i>Frequency of each Intervention</i>						<i>Implementation Timeframe</i>	
<input type="checkbox"/> Mail <input type="checkbox"/> Text <input type="checkbox"/> Phone <input type="checkbox"/> Patient portal <input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Prior Year (FY 19-20)	<input type="checkbox"/>
		Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Plan to Implement (FY 20-21)	<input type="checkbox"/>
		Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>		
		Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>		
		Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>		

Intervention Descriptions (Enter Detailed Description Below)

Breast Cancer			
Reducing Structural Barriers	Currently Doing	Implementation Timeframe	Intervention Descriptions (Enter Detailed Description Below)
<input type="checkbox"/> Extended Hours <input type="checkbox"/> Walk-in Appointments <input type="checkbox"/> Patient Navigation <input type="checkbox"/> Reducing out of Pocket Cost <i>(Gas Card, Vouchers, Patient Assistances Programs)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 Prior Year (FY 19-20) <input type="checkbox"/> Plan to Implement (RY 20-21) <input type="checkbox"/>	
Cervical Cancer			
Reducing Structural Barriers	Currently Doing	Implementation Timeframe	Intervention Descriptions (Enter Detailed Description Below)
<input type="checkbox"/> Extended Hours <input type="checkbox"/> Walk-in Appointments <input type="checkbox"/> Patient Navigation <input type="checkbox"/> Reducing out of Pocket Cost <i>(Gas Card, Vouchers, Patient Assistances Programs)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 Prior Year (FY 19-20) <input type="checkbox"/> Plan to Implement (RY 20-21) <input type="checkbox"/>	

Support Activities							
Breast Cancer							
	Currently Doing	Intervention Frequency				Intervention Timeframe	
<input type="checkbox"/> Patient Navigation (1:1 Education)	<input type="checkbox"/>	< 15min <input type="checkbox"/>	30 min-1hr <input type="checkbox"/>	2-3hrs <input type="checkbox"/>	Prior Year (FY 19-20)	<input type="checkbox"/>	
		15-30 min <input type="checkbox"/>	1-2hrs <input type="checkbox"/>	3hrs <input type="checkbox"/>	Plan to Implement (FY 20-21)	<input type="checkbox"/>	
Intervention Descriptions (Enter Detailed Description Below)							
Cervical Cancer							
	Currently Doing	Intervention Frequency				Intervention Timeframe	
<input type="checkbox"/> Patient Navigation (1:1 Education)	<input type="checkbox"/>	< 15min <input type="checkbox"/>	30 min-1hr <input type="checkbox"/>	2-3hrs <input type="checkbox"/>	Prior Year (FY 19-20)	<input type="checkbox"/>	
		15-30 min <input type="checkbox"/>	1-2hrs <input type="checkbox"/>	3hrs <input type="checkbox"/>	Plan to Implement (FY 20-21)	<input type="checkbox"/>	
Intervention Descriptions (Enter Detailed Description Below)							

Breast Cancer			
	<i>Currently Doing</i>	<i>Intervention Frequency</i>	<i>Intervention Timeframe</i>
<input type="checkbox"/> <i>Small Media</i>	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	Prior Year (FY 19-20) <input type="checkbox"/> Plan to Implement (FY 20-21) <input type="checkbox"/>

Intervention Descriptions (Enter Detailed Description Below)

Cervical Cancer

	<i>Currently Doing</i>	<i>Intervention Frequency</i>	<i>Intervention Timeframe</i>
<input type="checkbox"/> <i>Small Media</i>	<input type="checkbox"/>	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	Prior Year (FY 19-20) <input type="checkbox"/> Plan to Implement (FY 20-21) <input type="checkbox"/>

Intervention Descriptions (Enter Detailed Description Below)

Note: Sections 8 & 9 - to be completed in collaboration with TA Team

Section 8: Implementation Factors

1. Description of Intervention Needs

Briefly describe the health system policies and practices that require intervention and/or could be improved upon in order to increase screening rates. Describe how these interventions and/or improvements will be implemented at your clinic site and the person(s) responsible for implementation.

Empty text box for describing intervention needs.

2. Implementation Resources Available

List or summarize the resources available to facilitate successful implementation (e.g. EHR system, clinic-based patient navigators). Will the program be using Patient Navigators or Community Health Workers to support implementation of Evidence-Based interventions? Also, note any community agencies you use for educational classes, or resources. Also describe the financial assistance programs awarded to patients you serve, if any.

3. Potential Barriers or Challenges

Briefly describe any anticipated potential barriers or challenges to implementation.

Section 9: Description of Community/Clinic Characteristics

Include variables that describe clinic and patient characteristics and demographics, including:

- * Currently planned or initiated quality improvement initiatives
- * Current policies or standing orders in place regarding breast and cervical screening
- * Training and reinforcements practices that support standing orders
- * Leadership support of preventive care generally and prioritization of breast and cervical screening specifically
- * Presence of absence of a designated staff member or administrator championing breast and cervical screening initiatives

Describe barriers experienced to receiving/completing breast and cervical screening for patients