DP17-1701 National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Logic Model

Grantee Strategies and Activities

Strategy 1: Program Collaboration
- Collaborate with NCCCP, NPCR, and other chronic disease programs that serve the priority population or communities.
- Collaborate with NCCCP to establish a programmatic advisory board.

Strategy 2: External Partnerships
- Establish formal agreements with health systems/clinics to provide patient support services, health system changes, and/or provider-focused activities.
- Establish formal agreements with community-based and faith-based organizations to access hard to reach populations.

Strategy 3: Cancer Data and Surveillance
- Use data to identify and describe priority populations and/or communities of need for breast and cervical cancer screening.
- Establish and maintain MDE systems for patient surveillance.
- Conduct linkage of diagnosed women with state cancer registry.

Strategy 4: Environmental Approaches for Sustainable Cancer Control
- Work with employers to inform development of wellness policies that promote screening and healthy behavior.
- Work with community organizations to include education programs that reduce risk for breast and cervical cancer in their community outreach activities.

Strategy 5: Community-Clinical Linkage to Aid Patient Support
- Use community- or clinic-based health workers, lay advisors, or health educators for community outreach and referral to medical homes.
- Provide patient navigation services to identify and address barriers to facilitate access to appropriate breast and cervical cancer screening and follow-up.

Strategy 6: Health System Changes and Provider-Focused Activities
- Conduct assessment of partner health systems, including breast and cervical cancer screening rates, data functionality, process flow, and use of EBIs.
- Implement provider education, quality assurance, and quality improvement and ensure continuous quality improvement by implementing provider assessment and feedback systems (EBI).
- Implement health systems changes to increase breast and cervical cancer screening:
  - Health information technology or electronic health record improvements
  - Patient reminder systems (EBI)
  - Provider reminder systems (EBI)
  - Reduce structural barriers (EBI)
- Provide appropriate quality screening, diagnostic follow-up, and treatment referral services to uninsured and underinsured NBCCEDP-eligible women.

Strategy 7: Program Monitoring and Evaluation
- Develop an evaluation plan based on program-identified strategies.
- Establish and maintain a data reporting system to collect required clinical data to monitor and track patient-level clinical care to ensure quality services.
- Report required clinic-level data to CDC to monitor effectiveness and implementation of interventions.
- Monitor breast and cervical cancer screening rates, data use, and process flow in clinic settings.

Program Management
- Hire and retain qualified program staff to accomplish program goals.
- Develop and maintain a fiscal system that tracks and monitors program expenditures.
- Identify and retain medical professionals to provide NBCCEDP clinical consultations.
- Participate in required CDC meetings.

Short-Term Outcomes

- Established health system and community partnerships that support increased breast and cervical cancer screening
- Knowledge and capacity for breast and cervical cancer prevention and screening among priority populations
- Access to health care and preventive services among priority populations
- Policies and systems that promote healthy lifestyle behaviors and support high-quality breast and cervical cancer screening
- Multiple evidence-based interventions in place that support improved provider practices and health systems to support high-quality breast and cervical cancer screening
- Data systems for measurement and use of patient and health system data
- High quality staff, clinical consultants, and providers

Intermediate Outcomes

- Increased appropriate breast and cervical cancer screening, rescreening, and surveillance among priority populations
- Increased use of evidence-based lifestyle programs, clinical preventive services, and cancer care
- Improved delivery of clinical preventive services and cancer care
- Increased health-seeking and healthy lifestyle behaviors to reduce cancer risk
- Enhanced data-based decision-making regarding B/C cancer screening

Long-Term Outcomes

- Reduced breast and cervical cancer morbidity and mortality
- Reduced disparities in breast and cervical cancer incidence and mortality

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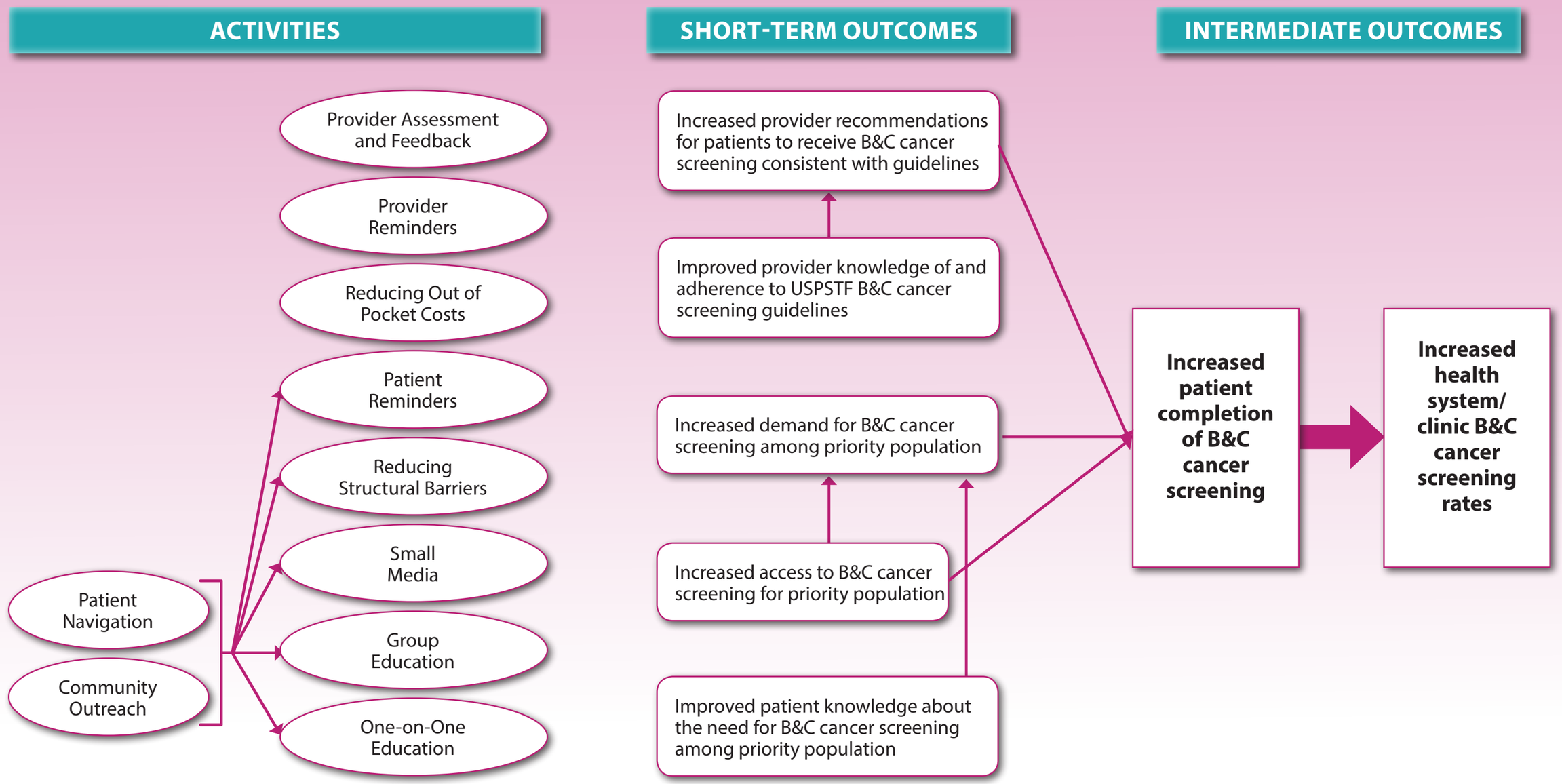
NBCCEDP Meta-Logic Model of Priority Evidence-based Strategies and Program Supported Activities



Definitions/Abbreviations

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Research-tested messages and designs for health communications materials

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CS250452-B

Provider Assessment and Feedback for the NBCCEDP – Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

- Identify and recruit partners to implement provider assessment and feedback systems
- Obtain annual rates of B&C cancer screening
- Educate providers* on USPSTF B&C cancer screening guidelines
- Implement system to monitor provider performance in offering and delivering appropriate B&C cancer screening (ASSESSMENT)
- Implement system to inform providers at regular intervals about their performance (FEEDBACK)

OUTPUTS

- Appropriate partners recruited to implement provider assessment and feedback systems
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Targeted providers educated on USPSTF B&C cancer screening guidelines
- Provider assessment and feedback system implemented with timely distribution of accurate feedback reports to primary care providers

SHORT-TERM OUTCOMES

- Increased implementation of provider assessment and feedback systems among health systems/ clinics within grantee service area
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Improved provider knowledge of and adherence to USPSTF B&C cancer screening guidelines
- Increased provider recommendations for patients to receive B&C cancer screening consistent with guidelines

INTERMEDIATE OUTCOMES

- Increased patient completion of B&C cancer screening

Moderating factors:
- Organizational barriers (e.g., limited IT or EMR system)

Moderating factors:
- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Increased health system/clinic B&C cancer screening rates

*The term "providers" refers to any/all clinical staff involved in implementation/use of the provider assessment and feedback system.

Monitoring and Evaluation by Grantee

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CS250452-B

Provider Reminders for the NBCCEDP – Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

- Identify and recruit partners to implement provider reminder systems
- Obtain annual rates of B&C cancer screening
- Assess current records management process and select provider reminder method
- Educate providers* on USPSTF B&C cancer screening guidelines
- Implement provider reminder system (e.g., flag medical charts, adapt EMR system)

OUTPUTS

- Appropriate partners recruited to implement provider reminder systems
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Provider reminder method selected consistent with assessment findings
- Targeted providers educated on USPSTF B&C cancer screening guidelines
- B&C cancer screening reminders consistent with guidelines delivered to primary care providers

SHORT-TERM OUTCOMES

- Increased implementation of provider reminder systems among health systems/clinics within grantee service area
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Improved provider knowledge of and adherence to USPSTF B&C cancer screening guidelines
- Increased provider recommendations for patients to receive B&C cancer screening consistent with guidelines
- Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

Moderating factors:
- Organizational barriers (e.g., limited IT or EMR system)

Moderating factors:
- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Increased health system/clinic B&C cancer screening rates

The term "providers" refers to any/all clinical staff involved in implementation/use of the **provider reminders.**

Monitoring and Evaluation by Grantee

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CS250452-B

Reducing Out of Pocket Costs for the NBCCEDP – Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

- Identify and recruit partners to reduce out of pocket costs
- Obtain annual rates of B&C cancer screening
- Identify priority population and conduct assessment to identify out of pocket costs impeding access to B&C cancer screening
- Implement at least one of the following strategies:
  - Reimburse clinical services/ co-pays
  - Pay for/reimburse other expenses incurred in order to obtain screening (e.g., childcare, parking, transportation)

OUTPUTS

- Appropriate partners recruited to implement provider reminder systems
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Priority population identified and strategy to reduce out of pocket costs selected consistent with assessment findings (e.g. co-pay reimbursement, voucher for transportation, $ or reimbursement for childcare)

SHORT-TERM OUTCOMES

- Reduced out of pocket costs for B&C cancer screening among priority population
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Increased access to B&C cancer screening for priority population
- Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

- **Increased health system/clinic B&C cancer screening rates**

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Monitoring and Evaluation by Grantee

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CS250452-B

Patient Reminders for the NBCCEDP – Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

- Identify and recruit partners to implement patient reminder systems
- Obtain annual rates of B&C cancer screening
- Assess current records management process and select patient reminder method
- Educate implementers* on USPSTF B&C cancer screening guidelines
- Implement patient reminder system (e.g., postcards, letters)

OUTPUTS

- Appropriate partners recruited to implement patient reminder systems
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Patient reminder method selected consistent with assessment findings
- Targeted implementers educated on USPSTF B&C cancer screening guidelines
- B&C cancer screening reminders consistent with guidelines delivered to patients

SHORT-TERM OUTCOMES

- Increased implementation of patient reminder systems among health systems/clinics within grantee service area
- Increased number of primary care clinics with accurate B&C cancer screening rates

Moderating factors:

- Organizational barriers (e.g., limited IT or EMR system)

INTERMEDIATE OUTCOMES

- Increased demand for B&C screening among priority population
- Increased patient completion of B&C cancer screening

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Increased health system/clinic B&C cancer screening rates

*The term 'implementers" refers to any/all staff involved in implementation/use of the patient reminder system.

Monitoring and Evaluation by Grantee

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CS250452-B

Reducing Structural Barriers for the NBCCEDP – Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

- Identify and recruit partners to reduce structural barriers
- Obtain annual rates of B&C cancer screening
- Identify priority population and conduct assessment to identify out of pocket costs impeding access to B&C cancer screening
- Implement at least one of the following strategies:
  - Offer cancer screening services in alternative/ non-clinical settings
  - Reduce time or distance between service delivery settings and priority population
  - Modify hours of service to meet patient needs
  - Eliminate or simplify administrative procedures
  - Eliminate or reduce obstacles (e.g., dependent care, transportation, language)

OUTPUTS

- Appropriate partners recruited to reduce structural barriers
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Priority population identified and strategy to reduce barriers selected consistent with assessment findings
- Outputs dependent on strategy selected (Example: "breast cancer screening services offered in alternative/non-clinical settings appropriate for priority population")

SHORT-TERM OUTCOMES

- Reduced out of pocket costs for B&C cancer screening among priority population
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Increased access to B&C cancer screening for priority population

INTERMEDIATE OUTCOMES

- Increased patient completion of B&C cancer screening

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Increased health system/clinic B&C cancer screening rates

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CS250452-B

Small Media for the NBCCEDP– Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

- Identify and recruit partners to implement small media
- Obtain annual rates of B&C cancer screening
- Identify priority population and conduct assessment to inform small media messaging and distribution channels
- Identify/customize small media materials with tested messages (MIYO)*
- Distribute small media materials

OUTPUTS

- Appropriate partners recruited to implement small media
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Priority population identified, small media messaging selected, and distribution channels specified consistent with assessment findings
- Small media materials customized for and delivered to individuals in the priority population

SHORT-TERM OUTCOMES

- Increased distribution of small media within grantee service area
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Improved knowledge about B&C cancer screening among priority population
- Increased demand for B&C cancer screening among priority population
- Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Increased health system/clinic B&C cancer screening rates

*CDC recommends use of scientifically tested messages (MIYO) or, if grantee is developing original materials, that adequate message testing be conducted.

Monitoring and Evaluation by Grantee

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Group Education for the NBCCEDP– Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

- Identify and recruit partners to implement group education
- Obtain annual rates of B&C cancer screening
- Identify priority population and conduct assessment to inform content and format of group education
- Identify/customize small media materials
- Train individuals delivering group education sessions
- Conduct group education sessions

OUTPUTS

- Appropriate partners recruited to implement group education
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Priority population identified, group education content selected, and format specified consistent with assessment findings
- Individuals delivering Group Education appropriately trained
- Group education sessions customized for and delivered to priority population

SHORT-TERM OUTCOMES

- Increased occurrence of group education sessions within grantee service area
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Improved knowledge about B&C cancer screening among priority population
- Increased demand for B&C cancer screening among priority population
- Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Increased health system/clinic B&C cancer screening rates

*See also logic model Small Media for the NBCCEDP.

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CS250452-B

One on One Education for the NBCCEDP– Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

- Identify and recruit partners to implement one on one education
- Obtain annual rates of B&C cancer screening
- Identify priority population and conduct assessment to inform content and format of one on one education
- Identify/customize small media materials*
- Train individuals delivering one on one education sessions
- Conduct one on one education sessions

OUTPUTS

- Appropriate partners recruited to implement one on one education
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Priority population identified, one on one education content selected, and format specified consistent with assessment findings
- Individuals delivering one on one education appropriately trained
- One on one education sessions customized for and delivered to priority population

SHORT-TERM OUTCOMES

- Increased occurrence of one on one education sessions within grantee service area
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Improved knowledge about B&C cancer screening among priority population
- Increased demand for B&C cancer screening among priority population
- Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Increased health system/clinic B&C cancer screening rates

*See also logic model Small Media for the NBCCEDP.

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Patient Navigation (PN) for the NBCCEDP – Logic Model

PROGRAM SUPPORTED ACTIVITY

ACTIVITIES

- Identify and recruit partners to implement PN
- Obtain annual rates of B&C cancer screening
- Train navigators on necessary topics (e.g., PN role, cancer screening)
- Navigator responsibilities:
  - Enroll patients from priority population in PN
  - Assess patient barriers to B&C cancer screening/diagnostics
  - Provide culturally competent health education and social support**
  - Facilitate resolution of patient barriers
  - Conduct patient tracking and follow-up
  - Ensure patients and primary care providers receive screening/ diagnostics results

OUTPUTS

- Appropriate partners recruited to implement PN
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Navigators appropriately trained
- Barriers assessed and resolved for priority population and individuals within that population
- Patients educated on B&C cancer screening and/or diagnostic procedures
- Patients tracked effectively, timely reminders delivered, and screening results given to patients and primary care providers in a timely manner

SHORT-TERM OUTCOMES

- Increased implementation of PN programs among clinics/health systems/other sites within grantee service area
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Increased access to B&C cancer screening for priority population
- Improved knowledge of B&C cancer screening among priority population
- Increased patient completion of B&C cancer screening
- Increased patient understanding of screening results and necessary follow-up
- Increased provision of screening results and necessary follow-up to primary care provider

INTERMEDIATE OUTCOMES

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Increased health system/clinic B&C cancer screening rates

*NBCCEDP Policies Manual for PN Policy

**See also logic models for One on One and Group Education for the NBCCEDP

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Community Outreach for the NBCCEDP – Logic Model

PROGRAM SUPPORTED ACTIVITY

ACTIVITIES

- Identify and recruit partners for linking community members from the priority population to partner clinics
- Obtain annual rates of B&C cancer screening
- Train staff responsible for community outreach on relevant topics (e.g., role, cancer screening)
- Outreach staff responsibilities:
  - Identify priority population in the community
  - Provide culturally competent health education and social support*
  - Help reduce participants' barriers to accessing clinical services
  - Link/Connect participants to partner clinics** for B&C cancer screening
  - Track participants from community through screening completion

OUTPUTS

- Appropriate partners recruited
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- CHWs and other staff responsible for community outreach appropriately trained
- Barriers assessed and resolved for priority population and individuals within that population
- Participants educated on B&C cancer screening and/or diagnostic procedures
- Community members linked to health system/clinics
- Participants tracked effectively and timely reminders delivered

SHORT-TERM OUTCOMES

- Increased implementation of PN programs among clinics/health systems/other sites within grantee service area
- Increased number of primary care clinics with accurate B&C cancer screening rates
- Increased access to B&C cancer screening for priority population
- Increased knowledge of B&C cancer screening among priority population
- Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

- **Increased health system/clinic B&C cancer screening rates**

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

*See also logic models for One on One and Group Education for the NBCCEDP

**When possible, link patients to clinics where BCCEDP programs are in place

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