******2020-2021 Template: Evidence Based Interventions for Health Systems Change  
Breast/Cervical/Colon**

**Purpose of Template:** This template is to assist in identifying, planning and monitoring evidence based interventions in health systems/clinics (including Federally Qualified Health Centers (FQHCs) and safety net clinics).   
  
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 Health System: | | | | Click here to enter text. | | | | Date of Submission: | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | Amount of Request: | | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Project:** | | | | Click here to enter text. | | | | **Focus Area:** | |  | | --- | | Breast  Cervical  Colon | | *Non-acceptable expenditures would include equipment or meeting logistics (i.e. food/room)* | | |
| **Evidence Based Intervention:**  *Recipients must implement at least two of the 4 required EBI’s described in each partner clinic, and should choose interventions based on the results of the clinic implementation readiness assessment.* | | | | **Provider Based Interventions:**  **Provider Assessment and Feedback** – *Interventions that evaluate provider performance in delivering/offering screening to patients (assessment) and presentation of information to providers about their performance in providing screening services (feedback). (i.e. dashboards, data sharing, benchmarking, provider comparison)*  **Provider Reminders** – *Reminders inform healthcare providers it is time for a client’s cancer screening test (reminder) or that a client is overdue for screening (recall). (i.e. flags or charts, EHR alerts, emails, other trackers)* | | | | | **Client Based Interventions:**   **Client (patient) Reminders** – *Written (letter/postcard/email) or telephone message (including recorded/automated) advising clients they are due for screening. Reminders can be general to reach overall target population or tailored with the intent to reach a specific person based on characteristics unique to that person, related to the outcome of interest and derived from an individual assessment.*  **Reducing Structural Barriers** – *Structural barriers are non-economic burdens or obstacles that make it difficult for clients to access cancer screening (e.g., inconvenient clinic hours, transportation, etc.* | | | |
| **EBI Elements:** *(may select multiple)* | | | | **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.* | | | | | **Small Media** - *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.*  **1:1 Navigation** – *Assessment of barriers (interpretation, translation, childcare, healthcare access, healthy literacy), patient education and support, resolution of barriers, patient tracking and follow-up.*  **Reducing Out of Pocket Expenses** - *Patient assistance programs, discount/vouchers for testing, etc.* | | | |
| **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)* | | | | * *EXAMPLE 1: 100% of women 21-65 who are due for cervical cancer screening will receive a reminder to schedule an appointment 1 month prior to due date.* * *EXAMPLE 2: 70% of women receiving reminders will schedule well visits to include cervical cancer screening within 3 months.* * *EXAMPLE 3: Provide reminders to 100% of women living in \_\_\_\_\_\_ who are enrolled in the EWM Program and have been referred for mammogram by their provider, but have failed to complete screening. Contact 100% of women living \_\_\_\_\_ who have been determined eligible for screening services through EWM but have failed to be screened. By June 30, 2020 50% of all women receiving a reminder for mammography will follow through to screening. By June 30, 2020 55% of women receiving a reminder to follow through with screening will have been screened.*   Click here to enter text. | | | | | | | | |
| **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?* | | | | * *EXAMPLE TEXT: Women residing in \_\_\_\_\_\_; 40-64 years of age enrolled in the EWM program who have been screened and referred for a mammogram, but have failed to receive one. Women residing in \_\_\_\_\_ 40-64 who have been determined eligible for a screening visit, received a screening card but have not been screened by a provider.*   Click here to enter text. | | | | | | | | |
| **Narrative Description of Project:** *(Include navigation workflow/pathway to care)* | | | | *Narrative should explain* **how** *you will carry out the evidence based intervention. 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?*  ❑ **Include Provider Pathway / Workflow** for Provider Based Intervention (u*se separate sheets as needed)*  ❑ **Include Client/Patient Pathway / Workflow** for Client Based Intervention (use separate sheets as needed)  Click here to enter text. | | | | | | | | |
| **Mid-Course Corrections:** | | | | *Narrative should explain when mid-course corrections will take place. (i.e., Screen 10 women, stop, discuss processes/procedures, implent changes, challenges, etc.)*  Click here to enter text. | | | | | | | | |
| **Activity #** | **Activity Description** | | | **Expected Outcomes and Due Dates** | | **Collaboration/ Partnership Opportunities** *(priority populations, providers, etc.)* | | | **Person(s) Responsible** | **Estimated Budget** | **Data Systems, Information and Resources Identified** *(integrative approaches need to include Med-IT or Encounter Registry data collection systems(s)* | |
| ***EXAMPLE ONLY***  ***1.1*** | | *Offer extended hours one evening a week (Tuesdays 5-8pm) to accommodate patients that need evening/after work hours* | | *10 patients will be able to schedule mammogram each Tuesdays for a total of 40 patients in May 2021*  *Mammography screening rates will increase by \_\_% (baseline \_\_) by July 2021* | | ***Build Relationship with:*** *-Radiology/Hospital Admin/Directors* ***Promote through:*** *-Local businesses that employ -Media/Marketing department -Local churches/Cultural Center* | | | *Radiology Staff/Hospital Administration/Clinic Directors*  *Staff*  *Marketing Department* | *$537* | *-Med-It – enter information on clients  -Encounter Registry - If non EWM client, enter information -Message created for flyers bulletins, newsletters, email* | |
| 1.1 | Identify staff to implement EBI  project. | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 2.1 | Develop annual screening goals (completed screening office visit and/or mammography screening) | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 3.1 | Finalize Provider and/or Patient/Client pathways | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 4.1 | Identify policies currently in place or needing to be developed | | |  | |  | | |  |  |  | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 4.1 | Develop 1:1 education, small media messaging. (telephone script, text msg, other materials); (postacrds, letters) | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 5.1 | Train individuals delivering patient reminders and one-to-one education | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 6.1 | Develop mid-course process pauses to perform Quality Improvement as needed | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 7.1 | Discussion with funders on Data Quality Check Improvement Report | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 8.1 | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 9.1 | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 10.1 | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| 11.1 | Submit Evaluation Report, Success Story | | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| **Status:** Click here to enter text.  **Justification:** Click here to enter text. | | | | | | | | | **Challenges and Successes:** Click here to enter text. | | | |
| **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* | | | | | | |  | | | | | |
| ❑ **Data Quality Check Improvement Report** – This report allows for conversation to take place between project staff and funders to discuss data captured throughout the project, discuss/clarify other objectives or goals not captured in the data. Successes, challenges, and recommendations are discussed. The Data Quality Check Improvement Report can be found at: \_\_\_\_\_\_.  ❑ **Success Story -** submit a success story to include lessons learned and how the project could be shared/implemented within other FQHCs/safety net clinics involved in the project. Success Story should also explain or tell other public health programs how the project could be implanted and be successful. Success Story template can be submitted online at: <http://dhhs.ne.gov/Pages/Health-Hub-Success-Story.aspx> | | | | | |
| **Date Narrative Submitted:** | | | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | | **Narrative Submitted by:** | | Click here to enter text. | | | | | |

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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: 3/2020*

❑ Complete and Submit Template ❑ Workflow/Patient and/or Provider Pathway Received ❑ DHHS Approval of Template

❑ Evaluation Reach & Impact Narrative Report (due 30 days after completion of the project) ❑ Discuss Data Quality Check Improvement Report  
❑Submit Success Story ❑ Submit copies of products created and/or used ❑ Invoice using Special Projects Budget/Reporting

❑Project information disseminated within Health Systems Change partners and/or Public Health