

SUCCESS STORY TEMPLATE

FUNDED-PROGRAM or PROJECT: **NC Breast and Cervical Cancer Control Program (BCCCP) Telehealth Guidance During COVID-19 Pandemic**

TITLE [Character Limit: 80]

NC BCCCP team provides telehealth guidance through COVID-19 pandemic.

SUMMARY [Character Limit: 600]

During the COVID-19 pandemic beginning in early 2020, routine screening services were halted for patients. An algorithm was developed outlining telehealth options and mandatory components of NC BCCCP services that were available for medical doctors, midlevel providers, and/or registered nurses deferring clinical breast exams (CBEs) for asymptomatic patients. Considerations were incorporated in planning for face-to-face visits for diagnostic services for symptomatic patients as well as return visits for asymptomatic patients when appropriate and available.

CHALLENGE [Character Limit: 800]

- *CBEs would be deferred until clinic visits were available.
- *If mammography facilities were closed for screening mammograms, decreased scheduling may have been implemented until facilities reopened.
- *For symptomatic visits, clinicians would need to see patients face-to-face. Precautions were to be in place for safety and prevention.
- *Cervical cytology and co-testing/high risk human papillomavirus (hrHPV) testing per American Society for Colposcopy and Cervical Pathology (ASCCP) risk-based management guidelines would be scheduled for face-to-face clinical visits as appointments became available.
- *All providers were guided to re-open for routine, asymptomatic breast and cervical cancer screenings in a manner that practiced social distancing/precautions for decreased transmission of viruses.

ACTION TAKEN [Character Limit: 700]

BCCCP providers were supplied with a broad plan for solutions to barriers. A telehealth algorithm was developed in collaboration with provider discussions and NC BCCCP staff. Consideration was given for healthcare providers in Federally Qualified Health Centers (FQHCs), Local Health Departments (LHDs), hospitals, and cancer centers. The telehealth algorithm was disseminated to all NC BCCCP/WISEWOMAN providers and uploaded to the cancer branch website. The biannual training webinar held in July 2020 included this telehealth algorithm policy and added to the March 2020 training. Technical assistance is another resource available to providers for guidance through nurse consultants.

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RESULTS/ACCOMPLISHMENTS/IMPACT [Character Limit: 800]

The telehealth algorithm provides a standard of care and a provision of expectation for NC BCCCP and WISEWOMAN services across North Carolina during an unprecedented time of the COVID-19 pandemic. NC BCCCP believes these efforts provided support for providers across the state and the tool was utilized and appreciated. Each enrolled FQHC, LHD, hospital, and cancer center was provided technical assistance through the well-planned telehealth algorithm developed by the NC BCCCP and WISEWOMAN team. The support provided will be critical through the upcoming months as the nation continues to face challenges serving patients through the COVID-19 pandemic.

DIRECT QUOTE/TESTIMONIAL [Character Limit: 300]

"I want to thank you again for helping me get coverage with BCCCP. I am deeply grateful to you and Cindy and the rest of your team that made this possible for me. It takes the financial worry out of the picture so that I can concentrate on healing."

-Anonymous patient

SUSTAINING/REPLICATING SUCCESS [Character Limit: 700]

Providers expected guidance from state leaders; therefore, the telehealth algorithm was developed to provide necessary support. Not all providers functioned the same during the pandemic with differing levels of barriers depending on area, population, rural or urban status, and demographic make-up. The telehealth algorithm was helpful to providers for the varying levels of services they were able to provide and may be utilized by providers in the future. WISEWOMAN services were largely impacted due to the mandated initial in-person clinical visit for biometric measurements and health coaching visits. The NC BCCCP team is innovative, cohesive, and capable to meet challenges required.

CONTACT INFORMATION

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PICTURE

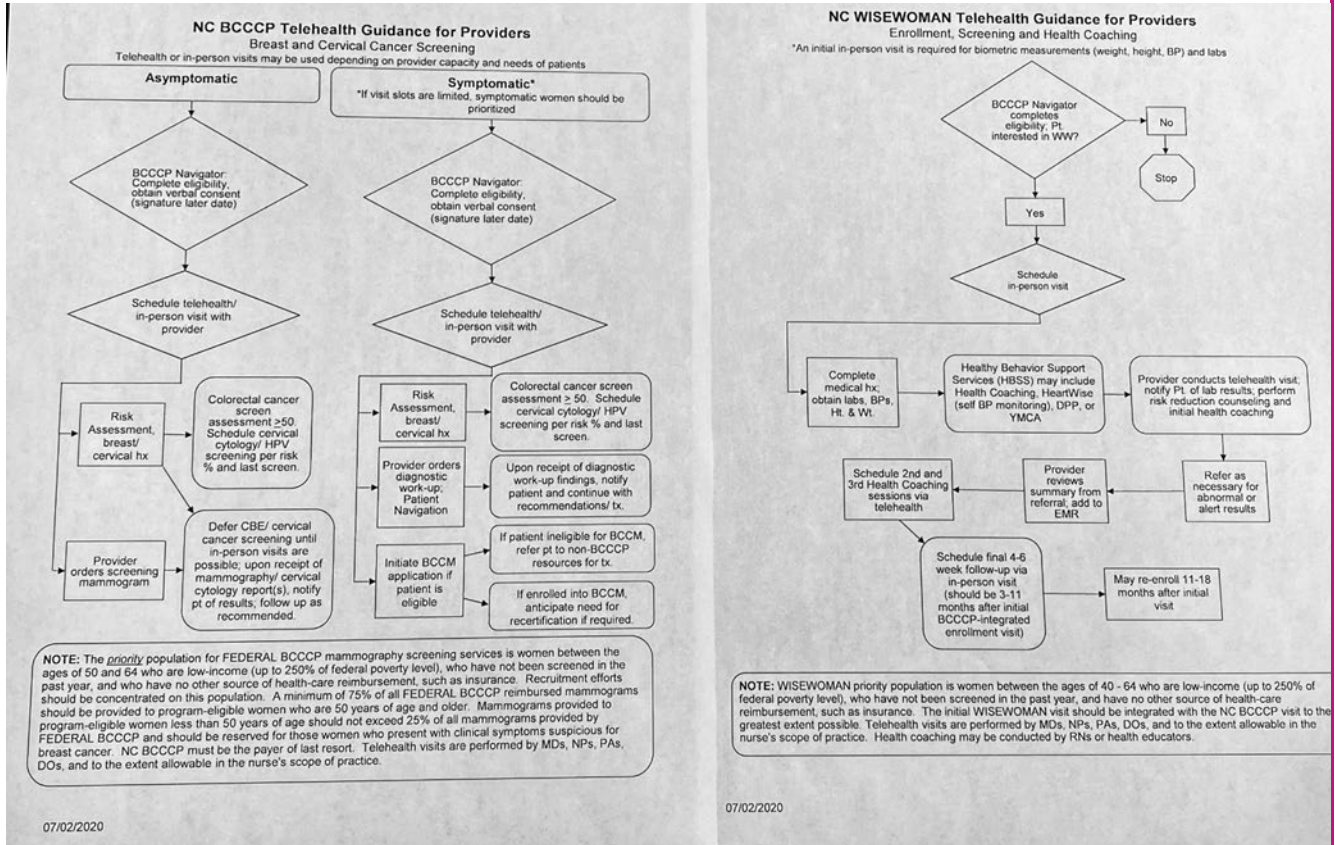


Photo captures the telehealth algorithm for BCCCP and WISEWOMAN providers.

If your success story falls under a specific strategy, check which one(s):



HEALTH SYSTEMS INTERVENTIONS



ENVIRONMENTAL APPROACHES



EPIDEMIOLOGY AND SURVEILLANCE



COMMUNITY PROGRAMS LINKED TO CLINICAL SERVICES

Success Story Pointers

- ✓ Keep paragraphs short – no more than 5-6 sentences.
- ✓ Keep story to no more than two pages.
- ✓ Include direct quotes if they strengthen the story.
- ✓ Limit use of acronyms. If you use acronyms, spell them out on first mention.
- ✓ Use plain language.

Check Key Word(s) and Area(s)

Disparate/Hard to Reach Population

Provider Reminders (*i.e.* EMR reminders, client charts, e-mails)

Employer and Professional Organizations

Tribal and Territorial Health

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Community Health Workers

Patient Navigators

Electronic Health Records/Health Information Technology

Partnership Development & Sustainability

Medical Homes

Policy Development and Change

Community Based Organizations

Patient Reminders (*i.e. phone calls, e-mails, postcards, text message*)

Provider Assessment and Feedback (*i.e. performance reports*)

Reducing Structural Barriers (*i.e. reducing time/distance to services, transportation, child care, extending clinic hours, non-clinical setting, simplifying administrative procedures*). Select all that apply.

Media (*i.e. radio, television, billboards, flyers, social media, brochures*) Select all

Community Health Centers (*i.e., FQHCs*)

Medical Advisory Group and Coalitions

Chronic Disease Program Integration

Employer Worksite/Workplace Wellness

Outreach and Education (*i.e., group, one on one, events*)

Healthcare Providers Clinics

Service Delivery (*screening, diagnostics*)

Quality Improvement

Data Sources and Utilization

Professional Development Training

Federal Agencies

Facilitating Enrollment in Insurance Plan & Coverage

SUBMITTED ON: