FUNDED-PROGRAM or PROJECT: Puerto Rico Breast and Cervical Cancer Prevention and Early Detection Program

TITLE [Character Limit: 80]			
COVID-19 Pandemic: A Healthcare Providers Survey			
SUMMARY [Character Limit: 600]			
On March 16, 2020, due to COVID-19 pandemic, Puerto Rico entered in one of the earliest and more restrictive lockdowns in the nation. The Puerto Rico Breast and Cervical Cancer Prevention and Early Detection Program (PR-BCCEDP) conducted a survey to evaluate the readiness of our health providers for facilitating services to our participants. We found that most of the providers were able to continue delivering services uninterruptedly thru telemedicine, despite the fact that most of them didn't have protocol in place prior to COVID-19. Similar to other populations, our partner healthcare providers reported a reduction in the number of patients requesting in person clinical services, including breast and cervical cancer screening.			
ACTION TAKEN [Character Limit: 700]			
We developed and implemented a survey using SurveyMonkey Inc., to explore the readiness of the PR-			

We developed and implemented a survey using SurveyMonkey Inc., to explore the readiness of the PR-BCCEDP healthcare providers to continue or restart delivering services to our Program participants after the end of the lockdown. A link with the survey content was sent thru email to all of our providers and follow up calls were regularly made until survey completion. We conducted the survey between the months of July and September 2020. These data is being used to better understand the readiness of our healthcare partners and to inform our Program participants on what to expect in the process of getting screened. We believe this might help to avoid deferring getting screened.

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### **DIRECT QUOTE/TESTIMONIAL [Character Limit: 300]**

"Although we have seen a decrease in patients visits during COVID-19, I want my patients to know that we are making changes in order to prioritize patient's safety, communication and care. Although telemedicine has become a very important tool, direct contact with patients is mandatory for Pap smears and mammograms for good care and follow up without neglecting patients and office personnel safety."

#### RESULTS/ACCOMPLISHMENTS/IMPACT [Character Limit: 800]

- 100% response rate (N=17 healthcare providers), 2 (12%) were Federally Qualified Health Centers, 7 (41%) were private clinics and 8 (47%) were imaging centers.
- Most of the providers were able to continue facilitating services uninterruptedly (12, 71%), although more than half of them had to adjust their service hours (9, 53%).
- Reductions in patient attendance for breast and cervical cancer screening was reported by 12 (71%)
  of the providers.
- Most of the clinics had to prioritize the care of patients with breast and cervical cancer abnormal screening findings (15, 94%).
- Most providers reported using telemedicine services during the pandemic (16, 94%), 38% of them reported not having a telemedicine protocol in place before COVID-19.
- The major barrier for the implementation of telemedicine were patients' acceptance (7, 41%) followed by technical problems (5, 29%) and difficulties with insurance reimbursement (3, 18%). Two providers did not report barriers (2, 12%).

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#### SUSTAINING/REPLICATING SUCCESS [Character Limit: 700]

With this survey, we sought to understand how our provider's operations and needs have changed during COVID-19. Obtaining this information significantly helped us in Program planning. We believe that COVID-19 might have important long lasting implications on how healthcare providers interact with patients and the Program plans on re-implementing and adjusting this survey in accordance to upcoming national and local administrative orders.

#### **CONTACT INFORMATION**

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#### **PICTURE**

Dr. Luis Ramos-Rodriguez (PR-BCCEDP Gynecologist)



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	☐ Provider Reminders ( <i>i.e.</i>	☐ Employer and
Reach Population	EMR reminders, client	Professional
	charts, e-mails)	Organizations
☐ Tribal and Territorial Health		
	☐ Provider Assessment	☐ Chronic Disease
	and Feedback (i.e.	Program Integration

SUBMITTED ON: October 27, 2020

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☐ Community Health	performance reports)	
Workers		☐ Employer
	☐ Reducing Structural	Worksite/Workplace Wellness
☐ Patient Navigators	Barriers (i.e. ☐ reducing	
	time/distance to	☐ Outreach and
☐ Electronic Health	services, $\square$ transportation,	Education (i.e., group,
Records/Health	$\square$ child care, $\square$ extending	one on one, events)
Information Technology	clinic hours, $\square$ non-clinical	
	setting, $\square$ simplifying	
☐ Partnership	administrative	Clinics
Development &	procedures). Select all	
Sustainability	that apply.	
		(screening, diagnostics)
☐ Medical Homes	☐ Media (i.e. radio,	
	television, billboards,	☐ Quality Improvement
☐ Policy Development	flyers, social media,	
and Change	brochures) Select all	☐ Data Sources and
		Utilization
☐ Community Based	☐ Community Health	
Organizations	Centers (i.e., FQHCs)	☐ Professional Development
		Training
☐ Patient Reminders ( <i>i.e.</i>	☐ Medical Advisory Group	☐ Federal Agencies
phone calls, e-mails,	and Coalitions	
postcards, text		☐ Facilitating
message)		Enrollment in Insurance Plan
		& Coverage