Increasing Breast, Cervical, & Colorectal Cancer Screening in Community Health Clinics

FQHC Clinic Level Readiness Assessment (Project Year: )

# Purpose

**The purpose of this assessment is to:**

1. Inform technical assistance team of your FQHC’s clinic experience in implementing quality improvement activities
2. Identify activities in place at your FQHC clinic to increase cancer screening rates
3. Identify next steps and areas of focus for work plan
4. Inform how we can best provide technical assistance and coaching to your FQHC clinic during the grant year

# Instructions

**Please complete with input of the full cancer project team**.

Note: There are no right or wrong answers. You may wish to assign sections to the appropriate staff and compile answers for submission. The completed assessment should reflect your clinic as it existed before the start of the grant year (July 2020). If you are unable to obtain answers to specific questions by the due date, please leave those sections blank. Responses will not be shared beyond the cancer project team and technical assistance team (DOH and UW ARC NW).

Please complete and return with accompanying materials to your coach

**At least 1 week** prior to your scheduled phone meeting. The purpose of the phone meeting is a follow-up based on the information provided in the Readiness Assessment.

**FQHC Name:** Enter text.

**Clinic Name:** Enter text.

**Clinic Champion(s) completing this assessment:**

**Name**: Enter text. **Title**: Enter text. **Email**: Enter text. **Phone**: Enter text.

**Name**: Enter text. **Title**: Enter text. **Email**: Enter text. **Phone**: Enter text.

# Overall Readiness for Cancer Screening Improvement Project(s):

Please check the boxes under the corresponding cancer type if the statement on the left is true for your FQHC clinic currently.

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| --- | --- | --- | --- |
| **Policies and Processes** | **Breast** | **Cervical** | **Colorectal** |
| Using the dropdown menus, please answer for each cancer: |  |  |  |
| Our clinic has a screening **policy** for this cancer type  (check if a policy is in place for the specified cancer) | Choose an item. | Choose an item. | Choose an item. |
| We have a documented **process** for assessing a patient’s risk this cancer type  (check if there is a process in place for the specified cancer) | Choose an item. | Choose an item. | Choose an item. |
| We have a documented **process** that starts at assessing a patient’s screening status until resolution of diagnosis for this cancer type  (check if there is a process in place for the specified cancer) | Choose an item. | Choose an item. | Choose an item. |
| Our clinic has an established **policy** for referring patients with abnormal screening results for this cancer type | Choose an item. | Choose an item. | Choose an item. |
| Our clinic has a **process** to identify when patients are due for screening services | Choose an item. | Choose an item. | Choose an item. |
| *If you checked any of the above boxes, please provide your technical assistance team with copies of the policies, procedures, and/or workflows referenced.* | | | |

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| **Surveillance** | **Breast** | **Cervical** | **Colorectal** |
| Our clinic has a **method of tracking** the status and completion of patients’ cancer screening in the following places: |  |  |  |
| In the electronic health record | Choose an item. | Choose an item. | Choose an item. |
| In a spreadsheet | Choose an item. | Choose an item. | Choose an item. |
| Other tool/method (describe below) | Choose an item. | Choose an item. | Choose an item. |
| For the statements, using the dropdown menus, please indicate your level of agreement for each cancer: |  |  |  |
| ***STATEMENT***  Our clinic has a **method of tracking** referred patients with abnormal results for this cancer type (i.e. ‘referral tracking system’)  *(They are called 3X and if still not able to get hold of them, the patients are sent a certified letter.)* | Choose an item. | Choose an item. | Choose an item. |
| ***FOLLOW-UP QUESTIONS:***  Does the EHR have a built-in “flag” section to notify staff about the patient’s test result when logged into their record or do staff have access via chart documentation? (Y/ N)  Which staff have access/are authorized to review and act upon patient flag?  Are test results communicated across health system databases (i.e. diagnostic lab system to ordering provider in EHR) or entered and communicated manually? | | | |
| ***STATEMENT***  Our clinic has **dedicated staff time** to track referred patients with abnormal results (*This is part of the duties of the MA’s.)* (MA and PHC) | Choose an item. | Choose an item. | Choose an item. |
| ***FOLLOW-UP QUESTIONS:***  Are EHR notifications for results automatically communicated back to the referring provider/healthcare team within the EHR system? (Y/N)  How are staff notified about abnormal results for patients?  Which staff are notified of results?  Does EHR system allow for a patient-portal system to notify patients of screening results? (Y / N) | | | |
| ***STATEMENT***  Our clinic has a **method of tracking** the follow up on patients due/ past due for cancer screening | Choose an item. | Choose an item. | Choose an item. |
| ***FOLLOW-UP QUESTIONS:***  Does the EHR have a built-in “flag” section to notify staff about the patient’s due/past-due screening timelines when logged into their record or do staff have access via chart documentation?  Which staff have access/are authorized to review and act upon patient flags?  Are due dates of screening timeline communicated across health system databases (i.e. diagnostic lab system to ordering provider in EHR) or entered and communicated manually? | | | |
| ***STATEMENT***  Our clinic has **dedicated staff time** to track patients due/ past due for cancer screening *(We do not call but will remind if patients in office.)* | Choose an item. | Choose an item. | Choose an item. |
| ***FOLLOW-UP QUESTIONS****:*  *How are staff notified about due/past-due screening for patients?*  *Which staff are notified of due/past-due screening?* | | | |
| *If you checked any of the above boxes, please provide your technical assistance team with copies of tracking spreadsheets and staff responsible for duties indicated.* | | | |

Please read the statements and select the response that is true for your clinic currently.

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| **Operations** | |
| Our clinic champion(s) has experience with QI projects.  Yes  No | Clinic Champion Name(s): |
| Our clinic has assigned a point of contact to work with the BCCHP regional contractor in our area.  Yes  No | Point of Contact Name: |
| Our clinic uses a population health management tool (e.g. PRAPARE).  Yes  No | Pop Health Tool Name: |
| Our clinic has a laboratory on site.  Yes, our clinic runs our own laboratory  Yes, our clinic partners with an external laboratory vendor  No laboratory on site |  |
| Our clinic has standing orders that clinic staff can use to order screening tests for  Breast  Cervical  Colorectal  N/A | |
| Our clinic has equipment for screening available in exam rooms at all times for:  Breast  Cervical  Colorectal  N/A | |
| Our clinic offers these screenings, follow-up tests, and procedures available at our clinic site:  Mammography  Pap test  HPV test  Colposcopy  FOBT/ FIT  Flexible sigmoidoscopy  Colonoscopy | |
| *For Colorectal Cancer Screening:* | |
| Our clinic **provides FOBT/FIT kits as a screening option**  During patient visits  As a pick up at front desk  By directly mailing to patients  At Pharmacies within our FQHC system  At Pharmacies that we partner with in the communities  During MammoFIT, FluFIT, and/or one-stop cancer screening events  We do not currently screen via FOBT/FIT  Other (describe below) | |
| *Please provide your technical assistance team with a copy of your most recent organizational chart.* | |

# Patient Reminders

Patient reminders are written (letter, postcard, e-mail) or telephone messages (including automated messages) advising people that they are due for screening.

Please indicate if your organization is utilizing the specific intervention for the selected cancer at a health systems or clinic level.

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| **Patient Reminders for Cancer Screening – System**  **(note: may be a combination of automated and manual processes)** | **Breast** | **Cervical** | **Colorectal** |
| Patients are notified: |  |  |  |
| * When they are **due** for this cancer screening | Choose an item. | Choose an item. | Choose an item. |
| * When they are **past** **due** for this cancer screening | Choose an item. | Choose an item. | Choose an item. |
| * About **test results** | Choose an item. | Choose an item. | Choose an item. |
| Our clinic currently has **dedicated staff time** to notify patients when they are due/ past due for cancer screening | Choose an item. | Choose an item. | Choose an item. |
| *If you checked any of the above boxes, please provide your technical assistance team with copies of letter/text/electronic messaging templates, live/automated phone scripts, and report templates.*  *Additionally, include all languages in which these materials are available.* | | | |

# Provider Reminders

Reminders inform health care providers it is time for a patient’s cancer screening test (called a “reminder”) or that a patient is overdue for screening (called a “recall”).

Please indicate if your organization is utilizing the specific intervention for the selected cancer at a health systems or clinic level.

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| **Provider Reminders** | **Breast** | **Cervical** | **Colorectal** |
| Our clinic utilizes a provider electronic reminder system/module for this cancer type | Choose an item. | Choose an item. | Choose an item. |
| Our clinic staff meet daily(‘**huddle**’) to identify/review patients due for this cancer screening | Choose an item. | Choose an item. | Choose an item. |
| Our clinic’s EHR prompts health care providers at the time of patient encounter to **remind them which patients are due or overdue** for this cancer screening | Choose an item. | Choose an item. | Choose an item. |
| Our clinic has operational reports (e.g. **Services Due Reports**) available for staff members who are tracking cancer screening status for this cancer screening | Choose an item. | Choose an item. | Choose an item. |
| Our clinic uses reports to monitor the ordering of appropriate screening tests for eligible patients with a recent appointment | Choose an item. | Choose an item. | Choose an item. |

# Provider Assessment & Feedback

Provider assessment and feedback interventions evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback).

Please indicate if your organization is utilizing the specific intervention for the selected cancer at a health systems or clinic level.

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| --- | --- | --- | --- |
| **Provider Assessment & Feedback** | **Breast** | **Cervical** | **Colorectal** |
| Our clinic has provider-level data available for this cancer type | Choose an item. | Choose an item. | Choose an item. |
| The following provider-level reports are available: |  |  |  |
| * Screening rates for this cancer type | Choose an item. | Choose an item. | Choose an item. |
| * Registry/list of patients who are due/overdue for this cancer type | Choose an item. | Choose an item. | Choose an item. |
| * Registry/list of missed opportunities | Choose an item. | Choose an item. | Choose an item. |
| * Other provider-level report (describe below) | Choose an item. | Choose an item. | Choose an item. |
| **Provider-level** reports are regularly shared with providers and clinical staff | Choose an item. | Choose an item. | Choose an item. |
| **Clinic-level** reports are regularly shared with providers and clinical staff | Choose an item. | Choose an item. | Choose an item. |
| **System-level** reports are regularly shared with providers and clinical staff | Choose an item. | Choose an item. | Choose an item. |
| Our clinic has assessed the current knowledge and practices of its providers for this cancer screening | Choose an item. | Choose an item. | Choose an item. |
| Our clinic shares information with providers through the following: |  |  |  |
| * Group meeting (e.g. all provider meetings, quality improvement meeting) | Choose an item. | Choose an item. | Choose an item. |
| * Individual meeting (e.g. one-on-one; peer to peer training) | Choose an item. | Choose an item. | Choose an item. |
| * Team meeting (e.g. team huddles, provider care team meeting) | Choose an item. | Choose an item. | Choose an item. |
| * Electronically (e.g. dashboard, email, etc.) | Choose an item. | Choose an item. | Choose an item. |
| * Other (Describe): | Choose an item. | Choose an item. | Choose an item. |
| Our clinic regularly rewards providers/teams for their performance for these cancer screening rates | Choose an item. | Choose an item. | Choose an item. |
| *If you checked any of the above boxes, please provide your technical assistance team with copies of your system/ clinic/ provider level reports, dashboards, assessment tools, and results.* | | | |

# Reducing Structural Barriers

Structural barriers are non-economic burdens or obstacles that make it difficult for patients to access cancer screening (e.g., inconvenient clinic hours, access to screening services, transportation issues).

Please indicate if your organization is utilizing the specific intervention for the selected cancer at a health systems or clinic level.

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| **Assessing Patient Barriers to Cancer Screening** | **Breast** | **Cervical** | **Colorectal** |
| Our clinic has a **standardized method to assess** patient barriers for this cancer screening type | Choose an item. | Choose an item. | Choose an item. |
| Our clinic assesses the following patient barriers to cancer screening |  |  |  |
| * Geographic location | Choose an item. | Choose an item. | Choose an item. |
| * Access to transportation | Choose an item. | Choose an item. | Choose an item. |
| * Knowledge/ understanding of test steps | Choose an item. | Choose an item. | Choose an item. |
| * Service delivery hours | Choose an item. | Choose an item. | Choose an item. |
| * Cost | Choose an item. | Choose an item. | Choose an item. |
| * Other (describe below)   *We have a FIT like test we can do in-house.* | Choose an item. | Choose an item. | Choose an item. |
| Our clinic keeps a list of commonly identified barriers that staff consult when scheduling appointments with patients | Choose an item. | Choose an item. | Choose an item. |
| Our clinic uses patient navigators for: |  |  |  |
| * For cancer screening education (e.g. explaining test options, why cancer screening is important) | Choose an item. | Choose an item. | Choose an item. |
| * To address patient’s fears/concerns | Choose an item. | Choose an item. | Choose an item. |
| * To understand lab results | Choose an item. | Choose an item. | Choose an item. |
| * For assistance with transportation to/from screening tests, follow up care, other appointments | Choose an item. | Choose an item. | Choose an item. |
| * To help patients understand how to prepare for screening procedure(s) | Choose an item. | Choose an item. | Choose an item. |
| * Other (describe below)The team are trained to talk with the patients and address their concerns, and the CHW help the patients to contact other resources or schedule transportation.   *Help patient contact offices if needed.* | Choose an item. | Choose an item. | Choose an item. |
| Our clinic uses the following strategies to address patient barriers: |  |  |  |
| * Free/reduced cost options | Choose an item. | Choose an item. | Choose an item. |
| * BCCHP (the Breast, Cervical, and Colon Health Program) |  |  |  |
| * Alternative clinic hours | Choose an item. | Choose an item. | Choose an item. |
| * Offering screening services at multiple and varied locations- Mamm parties and Pap party. | Choose an item. | Choose an item. | Choose an item. |
| * Other (describe below) | Choose an item. | Choose an item. | Choose an item. |

# Connecting Patients to Follow Up Care

Please indicate if your organization is utilizing the specific intervention for the selected cancer at a health systems or clinic level.

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| --- | --- | --- | --- |
| **Referrals to Follow Up Care for Cancer Screening** | **Breast** | **Cervical** | **Colorectal** |
| Patients with abnormal cancer screening results are counted towards our clinic’s screening rate numerator |  |  |  |
| List clinical partners (e.g. imaging centers, gastroenterologists, endoscopy centers, etc.) that your patients are referred to and/or receive care for each cancer type. ( we work with UW, Swedish and SCCA) |  |  |  |

# Additional Supportive Activities

Please select which of the following Supportive Activities your clinic and or FQHC is engaged (before July 1, 2020 Note: If you check yes for any of the boxes, please provide your technical assistance team with examples of those materials or information.

|  |  |  |
| --- | --- | --- |
| **Supportive Activities** | **Yes** | **Example of what to share with technical assistance team** |
| Small Media (CRC pamphlets, videos, in-clinic posters, etc.) |  |  |
| Professional Development/Provider Education |  |  |
| Health Info Technology (improvements related to tracking cancer screening & referral) |  |  |
| Patient Navigators (Community Health Workers, Health Care Advocates, Promatoras, Nurses, etc.) |  |  |
| Outreach / Education Activities |  |  |

# Additional Comments

Do you have any additional comments or information that you’d like to convey regarding your clinic’s readiness to undertake this quality improvement work?

**Thank you for completing this assessment.**