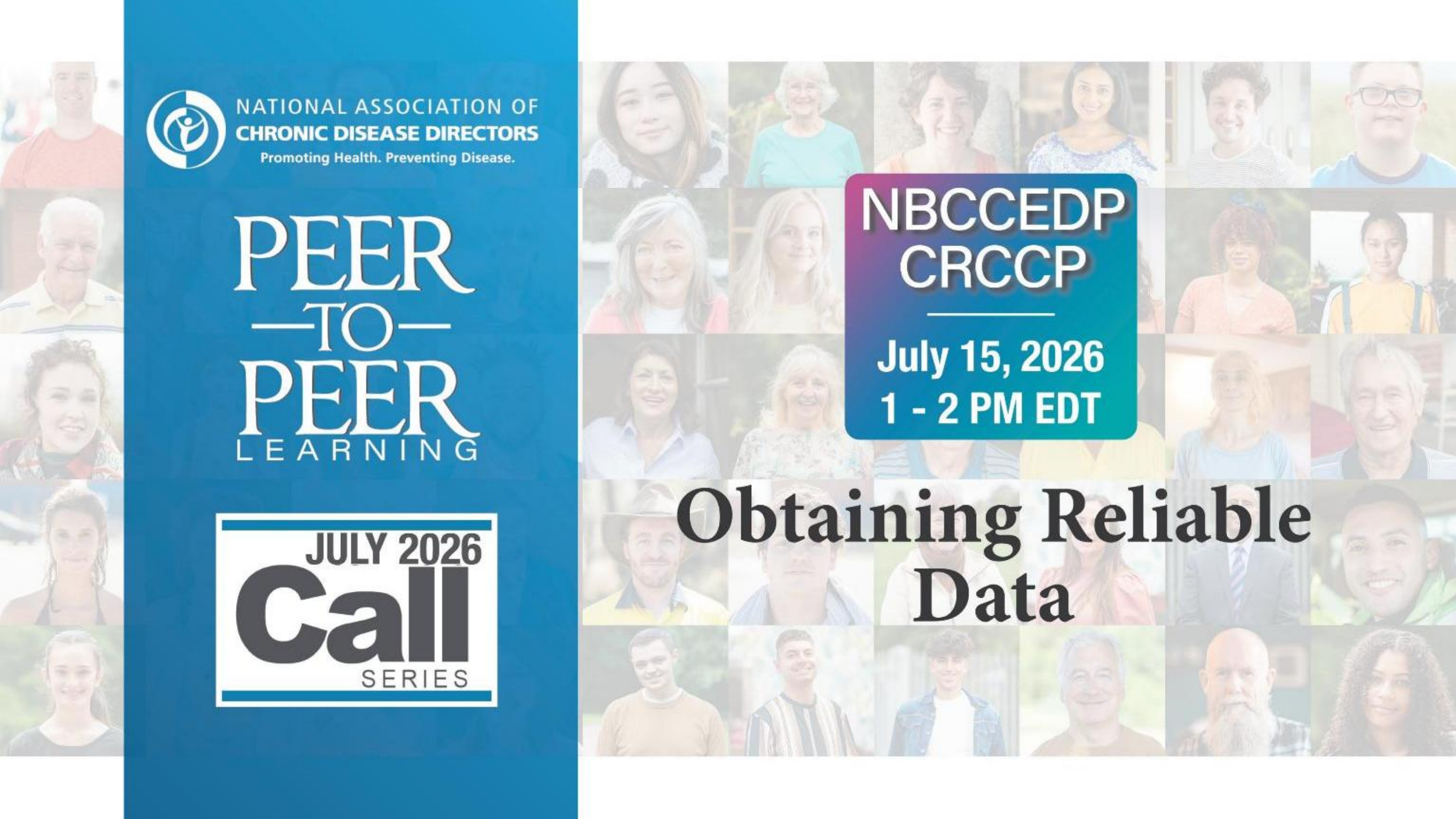

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

PEER TO PEER LEARNING

JULY 2026 Call SERIES

NBCCEDP CRCCP

July 15, 2026

1 - 2 PM EDT

Obtaining Reliable Data

I STAND IN ROWS,
TALL AND GRAND,
MAKING MUSIC ACROSS THE LAND.
FROM SHORT TO HIGH,
MY METAL GLEAMS,
ARRANGED IN STRICTLY ORDERED TEAMS.
WHAT OBJECT AM I?

The views expressed by speakers and moderators during this event do not necessarily reflect the official policies or views of the National Association of Chronic Disease Directors.

The “Enhancing Cancer Program Grantee Capacity through Peer-to-Peer Learning” project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $525,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

NATIONAL ASSOCIATION OF
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Agenda

2026 Call SERIES

- Welcome, Introduction, and Setting the Stage
- Obtaining Reliable Data - Recap
- Q&A
- **Time to Connect -** Group Discussion
- Wrap-up and Announcements

Meet the Facilitator

Stephen Jaye

Health Systems and Outreach Manager
Cancer Prevention and Control Division
Alabama Department of Public Health

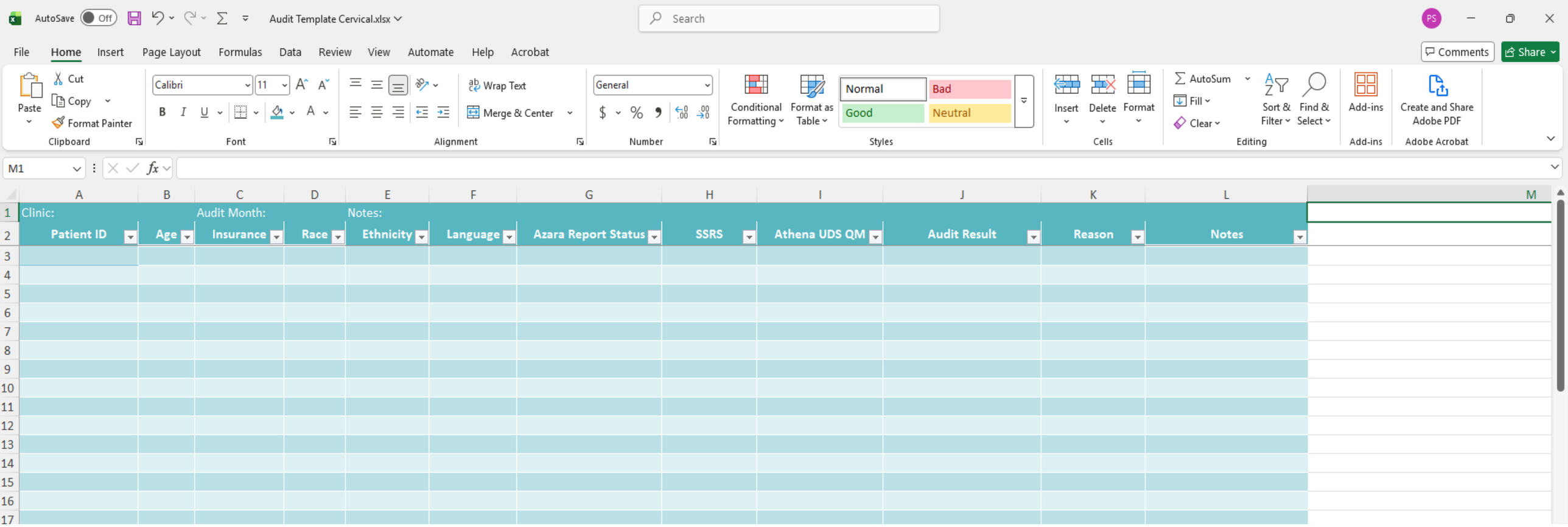
Shannon Phillips

Epidemiologist
Cancer Prevention and Control Division
Alabama Department of Public Health

ALABAMA PUBLIC HEALTH

ALABAMA CANCER PREVENTION & CONTROL

Obtaining Reliable Data



Ensuring Data Accuracy and Addressing Missing or Inconsistent Data

Strategies include:

- Auditing all eligible files for baseline audit

Clinic	Athena	Azara
Uniontown		
Breast	99/207 = 48%	98/285 = 34%
Cervical	71/134 = 52.99%	36/149 = 24.16%
PineApple		
Breast	117/200 = 58%	96/164 = 58.5%
Cervical	84/208 = 40%	40/159 = 25.16%
Dallas County		
Breast	228/513 = 44%	150/457 = 32.75%
Cervical	401/919 = 44%	215/704 = 30.54%
Yellow-Bluff-Camden		
Breast	116/235 = 49%	59/175 = 33.71%
Cervical	119/303 = 39%	56/183 = 30.60%

Ensuring Data Accuracy and Addressing Missing or Inconsistent Data

- Utilizing reports from Population Health Management software vs EHR standard reports or customized SSRS reports

Ensuring Data Accuracy and Addressing Missing or Inconsistent Data

- Create a list of documentation trends with examples
- Praise the good documentation
- Note and suggest improvements for inaccurate documentation

Topics of Focus

1) How to document a patient that declined a cancer screening?

2) DO NOT put a structured date (day/month/year) in GYN History comment section(because it will automatically trigger cancer screening quality measure as satisfied) for the following: *Date of Last Pap Smear, Date of Last Colonoscopy, Date of Last Mammogram, Most Recent Mammogram*

3) When leaving a comment in any comment section(GYN History, Surgical History, or Quality Measure Tab), make sure to include a date(month and year only*) to help with clarity and to eliminate confusion.

How to document a patient that declined a cancer screening?

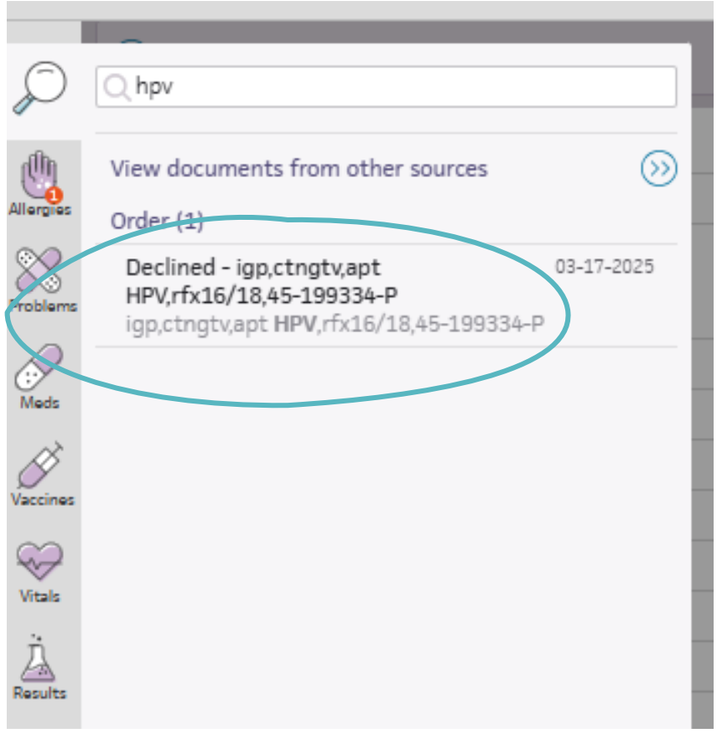
1) Order the screening
2) Cancel/refuse the order
3) Select “patient declined” as the reason
4) Document the conversation in the note

****This also gives you the capability to pull a decline report for cancer screening measures (breast, cervical, or colorectal) in Azara DRVS to identify patients who have declined screening, which helps improve care gap outreach. However, it DOES NOT remove the patient from the denominator.**

Previous Cytology Date / Results

History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
03-17-2025 8:24 AM	Create	kcox247	REVIEW		kcox247	
03-17-2025 8:24 AM		ATHENA	REVIEW		kcox247	Task Assignment Override #127 Applied (pin to top)
03-17-2025 8:25 AM	Approve	kcox247	SUBMIT		kcox247 STAFF	Order Signed (pin to top)
03-17-2025 8:25 AM	Order Submission - Reroute to Interface	ATHENA	SUBMIT		INTERFACE	This order will be submitted electronically via LABCORP. (pin to top)
03-17-2025 8:25 AM	Print	kcox247	SUBMIT		INTERFACE	
03-17-2025 8:25 AM	Submission Completed - By Interface	ATHENA	SUBMITTED			Order successfully submitted via LABCORP. (pin to top)
03-17-2025 8:34 AM	Error Identified - Send back to REVIEW	kcox247	REVIEW		kcox247	
03-17-2025 8:34 AM		ATHENA	REVIEW		kcox247	Task Assignment Override #127 Applied (pin to top)
03-17-2025 8:34 AM		ATHENA	CLOSED			Courtesy copy sent to online receiver portal (pin to top)
03-17-2025 8:34 AM	Order Submitted - Documentation Only	kcox247	CLOSED			Order declined; Patient refused (pin to top)

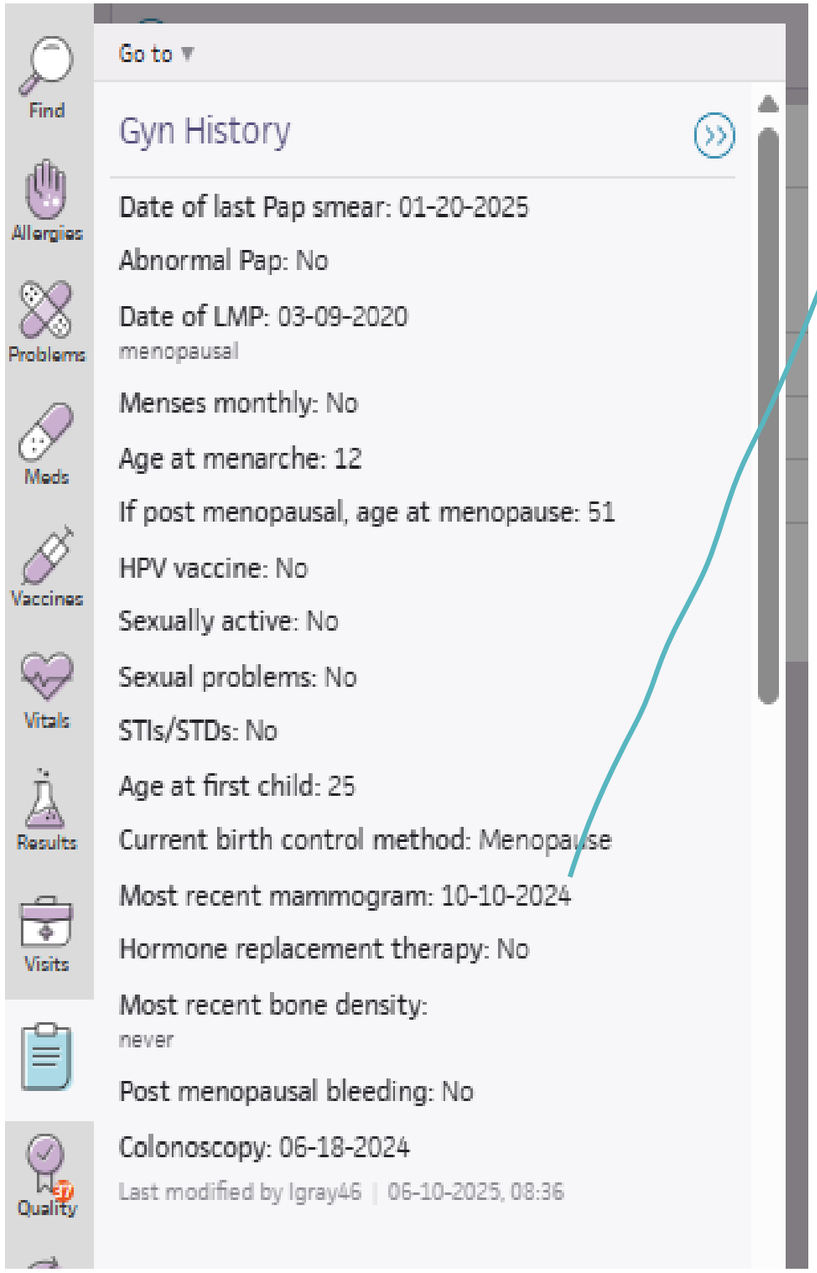


DO NOT put a structured date (day/month/year) in GYN History comment section for the following:

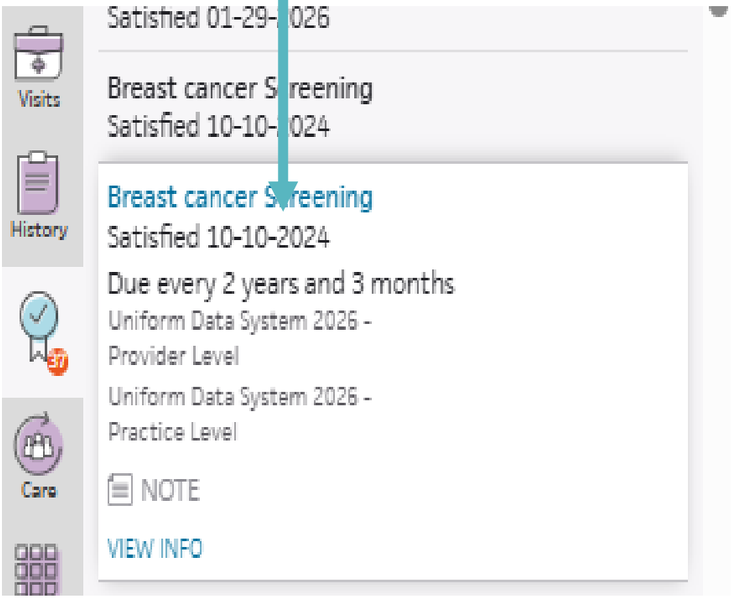
Date of Last Pap Smear:
Date of Last Colonoscopy:
Date of Last Mammogram:
Most Recent Mammogram:

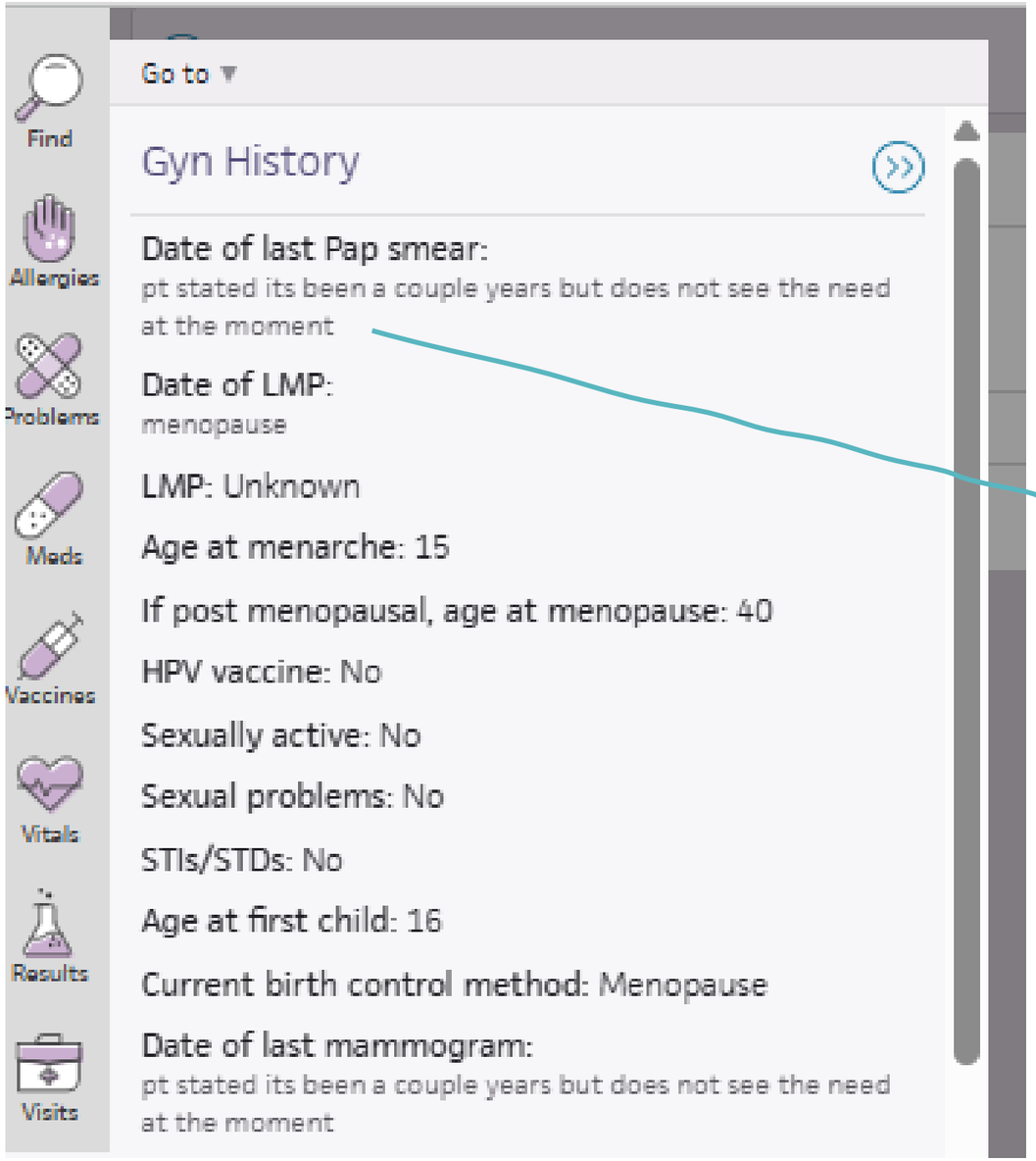
Instead, only comment with the month and year.

Date of Last Pap Smear: May 2025
or
Date of Last Pap Smear: Fall 2025



Because a structured date (Day/Month/Year) was entered in GYN HISTORY, the breast cancer screening quality measure is automatically and improperly triggered as SATISFIED.





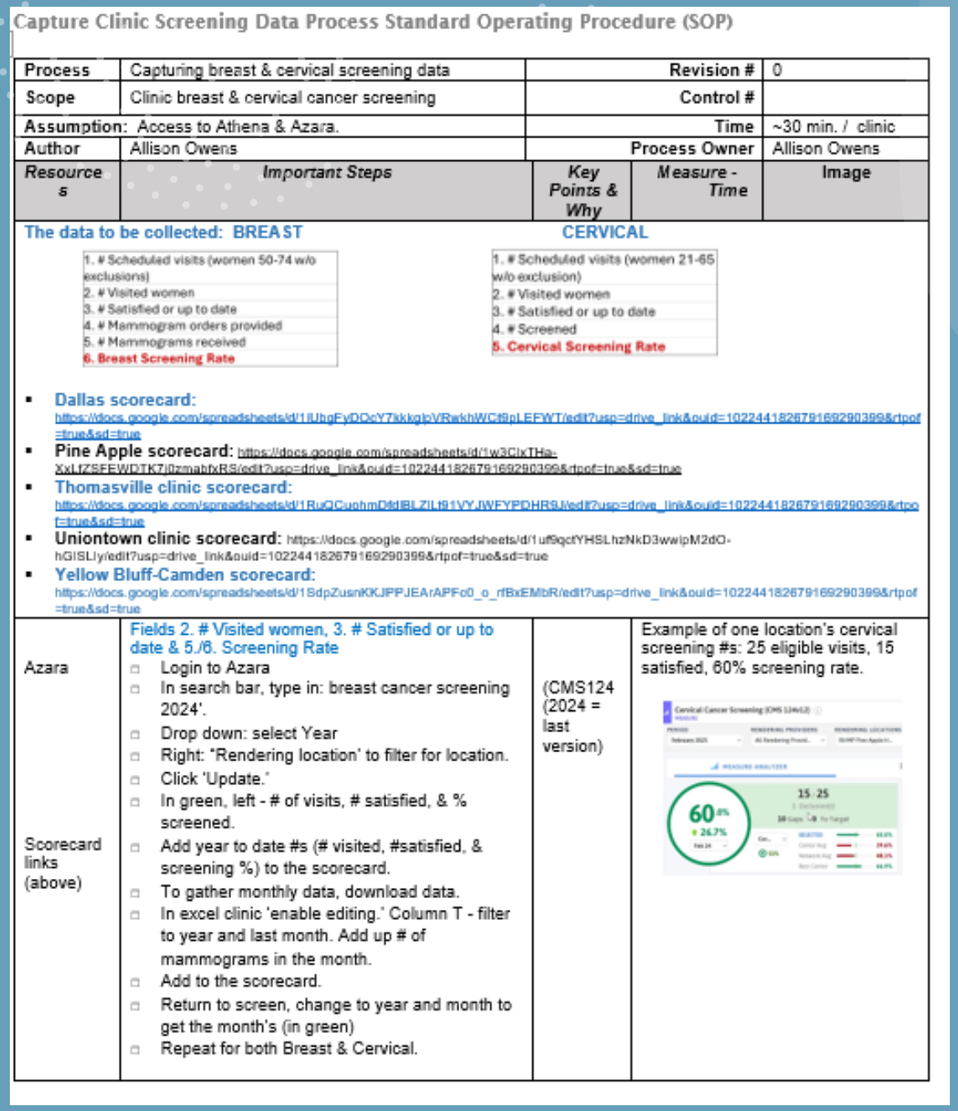
TIP - To leave a comment in any comment section without a date(month and year only*) is not best practice(ex. GYN History or the Quality Measure tab)

Type of comments in GYN History that need a month and year:

“pt not interested right now”
“pt referred”
“pt just had test last year”
etc.

Collaborating with Partners: Tools to Assist Facilitate Data Sharing

- Work with IT team member within each health system
- Work with health system to receive Electronic Health Record access
- Work with health systems to create a Standard Operating Procedure for accessing necessary data reports



Capture Clinic Screening Data Process Standard Operating Procedure (SOP)

Process	Capturing breast & cervical screening data	**Revision #**	0
Scope	Clinic breast & cervical cancer screening	**Control #**	
Assumption:	Access to Athena & Azara.	**Time**	~30 min. / clinic
Author	Allison Owens	**Process Owner**	Allison Owens

Resources	*Important Steps*	*Key Points & Why*	*Measure - Time*	Image
	The data to be collected: BREAST 1. # Scheduled visits (women 50-74 w/o exclusions) 2. # Visited women 3. # Satisfied or up to date 4. # Mammogram orders provided 5. # Mammograms received **6. Breast Screening Rate** **CERVICAL** 1. # Scheduled visits (women 21-65 w/o exclusion) 2. # Visited women 3. # Satisfied or up to date 4. # Screened **5. Cervical Screening Rate** ▪ **Dallas scorecard:** https://docs.google.com/spreadsheets/d/1iUhgFyDQcY7kkkgIpVRwkhWCf9pLEFWT/edit?usp=drive_link&ouid=102244182679169290399&rtpof=true&sd=true ▪ **Pine Apple scorecard:** https://docs.google.com/spreadsheets/d/1w3CIxTHa-XxLfZSFEWDTK7j0zmabfxRS/edit?usp=drive_link&ouid=102244182679169290399&rtpof=true&sd=true ▪ **Thomasville clinic scorecard:** https://docs.google.com/spreadsheets/d/1RuQCuohmDddBLZILt91VYJWFYPDHR9J/edit?usp=drive_link&ouid=102244182679169290399&rtpof=true&sd=true ▪ **Uniontown clinic scorecard:** https://docs.google.com/spreadsheets/d/1uf9qctYHSLhzNkD3wwipM2dO-hGISLIy/edit?usp=drive_link&ouid=102244182679169290399&rtpof=true&sd=true ▪ **Yellow Bluff-Camden scorecard:** https://docs.google.com/spreadsheets/d/1SdpZusnKKJPPJEArAPFc0_o_rfBxEMbR/edit?usp=drive_link&ouid=102244182679169290399&rtpof=true&sd=true			
Azara Scorecard links (above)	**Fields 2. # Visited women, 3. # Satisfied or up to date & 5./6. Screening Rate** ☐ Login to Azara ☐ In search bar, type in: breast cancer screening 2024'. ☐ Drop down: select Year ☐ Right: "Rendering location' to filter for location. ☐ Click 'Update.' ☐ In green, left - # of visits, # satisfied, & % screened. ☐ Add year to date #s (# visited, #satisfied, & screening %) to the scorecard. ☐ To gather monthly data, download data. ☐ In excel clinic 'enable editing.' Column T - filter to year and last month. Add up # of mammograms in the month. ☐ Add to the scorecard. ☐ Return to screen, change to year and month to get the month's (in green) ☐ Repeat for both Breast & Cervical.	(CMS124 (2024 = last version)	Example of one location's cervical screening #s: 25 eligible visits, 15 satisfied, 60% screening rate.	

2025 CNAHSI ABCCEDP Enrollment and Eligible			
Clinic	ABCCEDP Enrollment	# of Uninsured (Breast Audit)	# of Uninsured (Cervical Audit)
HFHC	144	229	441
AFHC	14	36	61

Informing Program Improvements with Data Driven Decision Making

- - Worked with ABCCEDP staff to collect enrollment numbers and compare with the total number of uninsured patients who would potentially be eligible for ABCCEDP

Additional Support That Could Help Our Team Strengthen Data Reliability And Quality

More trained staff to help complete the baseline audit and monthly reports in a more timely manner

More training access to people with expertise in specific EHR/Population Health Management software platforms to extract max value of what systems offer

Utilizing excel formulas to automatically pull numbers from the table where we input patient level data creates a breakdown of the findings and produces a screening rate

B2 =COUNTA(Azara[Patient ID])

	A	B	C
1		AZARA	SSRS
2	Number of Records:	=COUNTA(Azara[Patient ID])	=COUNTA(SSRS[Patient ID])
3			
4	Unsatisfied in Report	=COUNTIF(Azara[Azara Report Status],"Unsatisfied")	=COUNTIF(SSRS[SSRS],"Unsatisfied")
5	Unsatisfied in Audit	=COUNTIF(Azara[Audit Result],"Unsatisfied")	=COUNTIF(SSRS[Audit Result],"Unsatisfied")
6	Never Addressed	=COUNTIF(Azara[Reason],"US - Never Addressed")	=COUNTIF(SSRS[Reason],"US - Never Addressed")
7	Screening Recommended	=COUNTIF(Azara[Reason],"US - Screening Recommended/Discussed")	=COUNTIF(SSRS[Reason],"US - Screening Recommended/Discussed")
8	Pap Referral	=COUNTIF(Azara[Reason],"US - Pap Referral")	=COUNTIF(SSRS[Reason],"US - Pap Referral")
9	Records Needed	=COUNTIF(Azara[Reason],"US - Records Needed")	=COUNTIF(SSRS[Reason],"US - Records Needed")
10	Pt Decline	=COUNTIF(Azara[Reason],"US - Pt Declined")	=COUNTIF(SSRS[Reason],"US - Pt Declined")
11	No Show/Cancel	=COUNTIF(Azara[Reason],"US - No Show/Cancel")	=COUNTIF(SSRS[Reason],"US - No Show/Cancel")
12	Satisfied in Report but no records in chart	=COUNTIFS(Azara[Azara Report Status],"Satisfied",Azara[Audit Result],"Unsatisfied")	=COUNTIFS(SSRS[SSRS],"Satisfied",SSRS[Audit Result],"Unsatisfied")
13			
14	Satisfied in Report	=COUNTIF(Azara[Azara Report Status],"Satisfied")	=COUNTIF(SSRS[SSRS],"Satisfied")
15	Satisfied in Audit	=COUNTIF(Azara[Audit Result],"Satisfied")	=COUNTIF(SSRS[Audit Result],"Satisfied")
16	Satisfied in Report and Records in Chart	=COUNTIFS(Azara[Azara Report Status],"Satisfied",Azara[Audit Result],"Satisfied")	=COUNTIFS(SSRS[SSRS],"Satisfied",SSRS[Audit Result],"Satisfied")
17	Unsatisfied in Report but Records in Chart	=COUNTIFS(Azara[Azara Report Status],"Unsatisfied",Azara[Audit Result],"Satisfied")	=COUNTIFS(SSRS[SSRS],"Unsatisfied",SSRS[Audit Result],"Satisfied")
18	Excluded in Report but Records in Chart	=COUNTIFS(Azara[Azara Report Status],"Excluded",Azara[Audit Result],"Satisfied")	=COUNTIFS(SSRS[SSRS],"Excluded",SSRS[Audit Result],"Satisfied")
19			
20	Excluded in Report	=COUNTIF(Azara[Azara Report Status],"Excluded")	=COUNTIF(SSRS[SSRS],"Excluded")
21	Excluded in Audit	=COUNTIF(Azara[Audit Result],"Excluded")	=COUNTIF(SSRS[Audit Result],"Excluded")
22	Excluded for Hysterectomy	=COUNTIF(Azara[Reason],"Ex - Hysterectomy")	=COUNTIF(SSRS[Reason],"Ex - Hysterectomy")
23	Excluded for Other	=COUNTIF(Azara[Reason],"Ex - Other")	=COUNTIF(SSRS[Reason],"Ex - Other")
24			
25	Report Screening Rate	=B14/((B4+B14+B20)-B20)	=C14/((C4+C14+C20)-C20)
26	Audit Screening Rate	=B15/((B5+B15+B21)-B21)	=C15/((C5+C15+C21)-C21)

CITRONELLE BREAST AUDIT – MAY 2026

	AZARA	SSRS
Number of Records:	30	19
Unsatisfied in Report	18	11
Unsatisfied in Audit	18	12
Never Addressed	7	6
Screening Recommended	3	1
Mammo Ordered/Referral	6	4
Records Needed	0	0
Pt Decline	2	1
No Show/Cancel	0	0
Satisfied in Report but no records in chart	0	2
Satisfied in Report	12	8
Satisfied in Audit	12	7
Satisfied in Report and Records in Chart	12	6
Unsatisfied in Report but Records in Chart	0	1
Excluded in Report but Records in Chart	0	0
Excluded in Report	0	0
Excluded in Audit	0	0
Excluded for Mastectomy	0	0
Excluded for Other	0	0
Report Screening Rate	40%	42%
Audit Screening Rate	40%	37%

CITRONELLE CERVICAL AUDIT – MAY 2026

	AZARA	SSRS
Number of Records:	55	46
Unsatisfied in Report	27	18
Unsatisfied in Audit	30	26
Never Addressed	28	23
Screening Recommended	1	1
Pap Referral	0	1
Records Needed	1	1
Pt Decline	0	0
No Show/Cancel	0	0
Satisfied in Report but no records in chart	2	9
Satisfied in Report	22	25
Satisfied in Audit	20	16
Satisfied in Report and Records in Chart	20	16
Unsatisfied in Report but Records in Chart	0	0
Excluded in Report but Records in Chart	0	0
Excluded in Report	6	3
Excluded in Audit	5	4
Excluded for Hysterectomy	5	4
Excluded for Other	0	0
Report Screening Rate	45%	58%
Audit Screening Rate	40%	38%

MONTHLY SCORECARD

- Purpose: To get a monthly snapshot that allows us to evaluate how well implemented Evidenced-based interventions are working and to provide provider assessment and feedback.

Breast & Cervical Screening Monthly Report																Clinic: Huntsville
	Activity	2025	2026	J	F	M	A	M	J	J	A	S	O	N	D	
	Total number of clinic patients	8135														
Breast	Total # of Clinic Patients, Women aged 50-74 (w/ exclusions)	1576														
	# Scheduled visits (women 50-74 w/o exclusions with a scheduled appointment)		2500	421	377	457	373	475	397							
	# Visited women (women 50-74 w/o exclusions who came to appointment)	1405	1001	410	374	448	361	296	389							
	# Satisfied or up to date	557	411	189	154	184	155	140	177							
	# Mammograms required	848	590	221	220	264	206	156	212	0	0	0	0	0	0	
	# Mammogram orders provided*		359	66	86	103	126	130	64							
	Breast Screening Rate	40%	41%	46%	41%	41%	43%	47%	46%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Cervical	Total # of Clinic Patients, Women aged 21-64 (w/ exclusions)	3120														
	# Scheduled visits (women 21-64 w/o exclusion)		3831	819	636	686	640	406	644							
	# Visited women (eligible)	2420	1328	563	522	554	538	377	527							
	# Satisfied or up to date	1033	534	256	237	225	206	155	222							
	# Screening required	1387	794	307	285	329	332	222	305	0	0	0	0	0	0	
	# Screened		77	35	25	11	14	32	39							
	Cervical Screening Rate	43%	40%	45%	45%	41%	38%	41%	42%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

The MRN report also utilizes excel formulas to automate the process of pulling specific patients

CITRONELLE AUDIT MRN'S TO FOLLOW UP ON - MAY 2026

Patients who had a general appointment where screening could have been discussed (never addressed)	Patients who were reported in SSRS as Satisfied but had no records or mention of mammo in their chart	Patients who were reported in SSRS as Unsatisfied but had records
111207	90628	470846
122291	98291	

Patients who had a general appointment where screening could have been discussed (never addressed)		Patients who were reported in SSRS as Satisfied but had no records or mention of pap in their chart	Patients who were reported in SSRS as Unsatisfied but had documented hysterectomies
72117	94342	72117	79272
74933	138692	103190	
137793	165133	74933	
162526	181172	98291	
184606	384071	114042	
525027	470846	137793	
33944	524302	162526	
87133	526475	184606	
		525027	

A2 =FILTER(Azara[Patient ID],Azara[Reason]=A1,"")

	A	B	C	D	E	F	G	H	I	J	K
1	US - Never Addressed	US - Screening Recommended /Discussed	US - Pap Referral	US - Records Needed	US - Pt Declined	US - No Show/Cancel	Satisfied in Report but no records in chart	Unsatisfied in Report but Records in Chart	Excluded in Report but Records in Chart	No UDS QM	Manually Satisfied
2	103190	130358		98758			103190			79272	103190
3	98291						72117			100098	72117
4	114042									114042	74933
5	99048									184606	193252
6	100327									162526	
7	114262									525027	
8	241671									165133	
9	119393									62469	
10	72117									90628	
11	74933									190332	
12	137793										
13	184606										
14	33944										
15	87133										
16	138692										
17	384071										
18	524302										
19	526475										
20	94387										
21	122291										
22	350868										
23	162526										
24	525027										
25	181172										
26	165133										
27	94342										
28	90628										
29	470846										
30											


Q&A

PEER TO PEER LEARNING

2026 Call SERIES

Time to Connect

Let's Check-In

Breakout Discussion Questions


Obtaining Reliable Data

Breakout Session Worksheet

Topic Overview

Obtaining reliable data is essential to accurately measure program performance, identify gaps, and guide evidence-based decision-making. High-quality data ensures that screening efforts are effectively reaching appropriate populations and helps demonstrate program impact to stakeholders. Strengthening data reliability supports continuous improvement and advances the overall mission of cancer prevention and control. The Call Series shifts the focus upstream to the critical steps of collecting, managing, and validating reliable data. Participants will explore best practices for standardizing data collection, leveraging technology, and partnering with key stakeholders to enhance data quality.

Instructions

Individual Preparation: Before attending the Peer-to-Peer Call Series, please take a few minutes to review the discussion questions on this worksheet. Jot down brief notes or key points for each question based on your own experiences or insights. These notes will help guide your contributions during the breakout session and ensure a rich, productive conversation.

Group Discussion: Once the breakout session begins, each participant will have an opportunity to share their thoughts and responses to the questions. As a group, discuss common themes, unique strategies, and challenges that arise. Record key ideas, suggestions, and action items that emerge from your discussion. Be prepared to share highlights or notable takeaways with the larger group during the full session debrief.

Discussion Questions

1. What strategies have you found most effective for ensuring data completeness and accuracy within your program, and how have you addressed common barriers such as missing or inconsistent data?

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

1. What strategies have you found most effective for ensuring data completeness and accuracy within your program, and how have you addressed common barriers such as missing or inconsistent data?
2. How do you collaborate with your partners (e.g., clinics, health systems, registries) to improve data sharing and reliability, and what tools or processes have helped facilitate these collaborations?
3. In what ways have you used reliable data to inform program improvements, outreach, or resource allocation, and can you share a specific example of data-driven decision-making in your work?
4. Looking ahead, what additional support, training, or resources would help your team further strengthen data reliability and quality in your NBCCEDP or CRCCP program?

I STAND IN ROWS,
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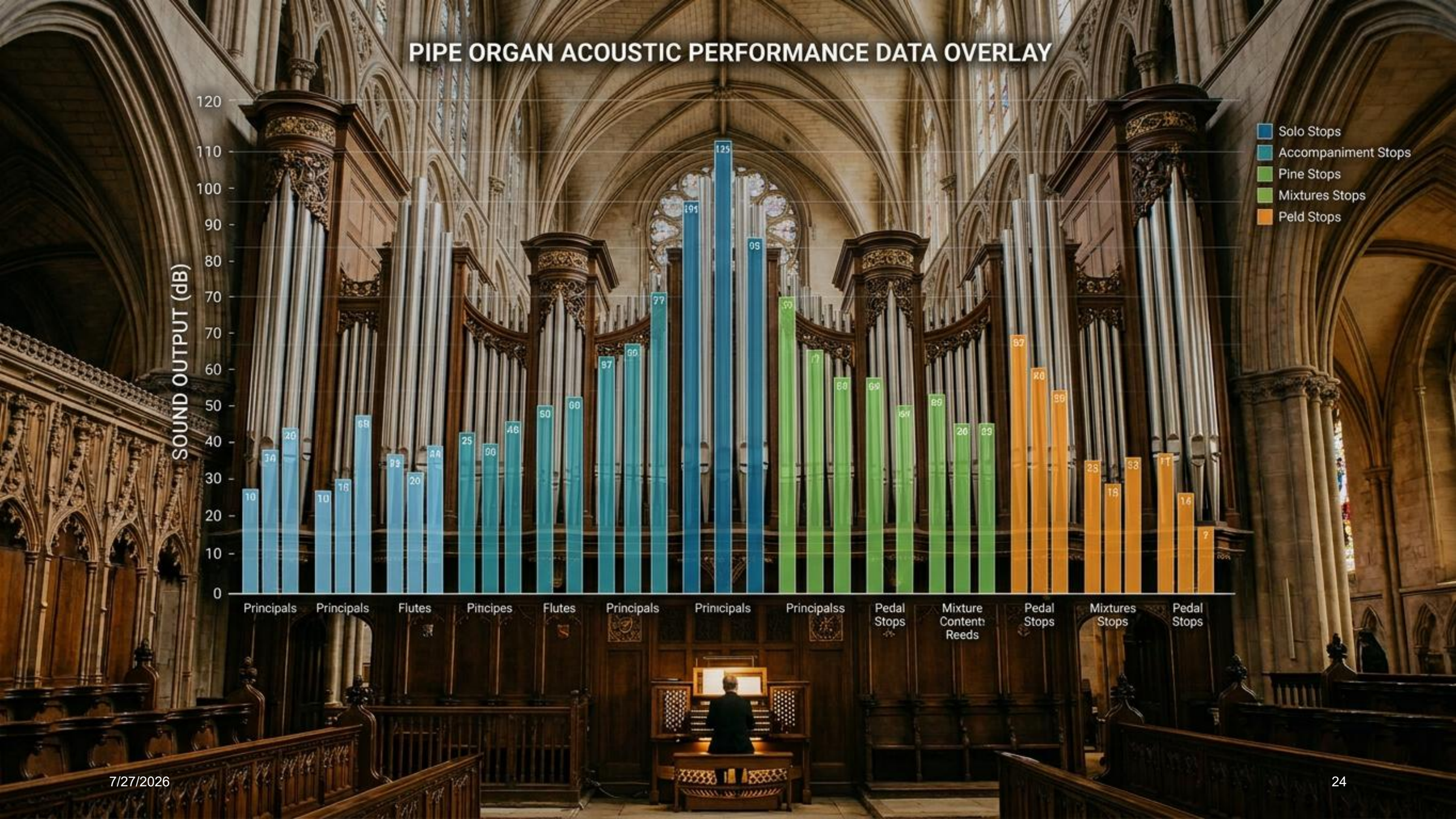
PIPE ORGAN ACOUSTIC PERFORMANCE DATA OVERLAY
SOUND OUTPUT (dB)
120
110
100
90
80
70
70
60
50
40
30
20
10
0
Solo Stops
Accompaniment Stops
Pine Stops
Mixtures Stops
Peld Stops
Principals
Principals
Flutes
Pitcipes
Flutes
Principals
Prinicipals
Principalss
Pedal Stops
Mixture Content Reeds
Pedal Stops
Mixtures Stops
Pedal Stops

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PEER TO PEER LEARNING

Wrap Up Announcements

Upcoming Opportunities

PEER TO PEER LEARNING

JULY 2026 Call SERIES

Obtaining Reliable Data

NBCCEDP

July 16, 2026
11- 12 PM EDT

CRCCP

July 16, 2026
2 - 3 PM EDT

2026 Call SERIES

thank you

Don’t forget to complete the survey.

We value your feedback to help inform Peer-to-Peer Learning.