Breast and Cervical Cancer Programs' Success in Maintaining Screening During Periods of High COVID-19 Test Percent Positivity

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Background

- Cancer screening services were significantly disrupted during the COVID-19 pandemic, resulting in a 94% decrease in both breast and cervical cancer screening during January-April 2020, as well as delayed diagnoses and treatment initiation.
- Breast and cervical cancer screening also declined within the Centers for Disease Control and Prevention (CDC)'s National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which funded 70 recipients provide breast and cervical cancer screening, diagnostic testing, and treatment referrals to individuals who have low incomes or are under- or uninsured.
- Six of the 70 NBCCEDP recipients were able to maintain breast and/or cervical cancer screening volume during July-December 2020 despite their states' high COVID-19 test percent positivity.
- The purpose of this study is to examine the strategies used by NBCCEDP recipients, screening providers, and partners that may have contributed to screening volume maintenance.

Methods

- Our qualitative multi-case study was guided by the Consolidated Framework for Implementation Research and the Health Equity Implementation Framework (Figure 1).
- During April – December 2022, we conducted 22 key informant interviews with NBCCEDP recipients, screening providers, and partners that explored organizational and operational changes; screening barriers; actions to help maintain screening volume; and support for provider sites to continue screening.
- We also documented contextual factors that may have influenced these recipients' actions, including program structures, clinic capacity, and state COVID-19 policies.
- We conducted rapid qualitative analysis to identify emerging themes across recipient programs and considered contextual data to enhance our understanding of crosscutting themes.

Figure 1. Methodological Framework



Results

Our analysis identified six crosscutting themes that represent actions taken by NBCCEDP recipients, screening provider sites, and partners which align with the CFIR and HEIR frameworks (Table 1).

Recipient and Provider Site Actions

Recipients and provider sites adapted their administrative processes to reduce burden among state-level staff and provider sites. Provider sites implemented COVID-19 safety measures to protect patients and reduce their fears about visiting the clinic.

> ***"We just worked with them [provider sites]. I hate to say it because it's overstated, but we were all in it together. We were all trying to get through it and continue addressing the breast and cervical screening needs of [state]."*** – Recipient

> ***"I feel like at that time we were pushing really hard to say, it's okay, you need to get this [screening] done and we will protect you when you're here. We will do everything we can to make you safe when you come in to get your screening test. So, I feel like that's probably the best that we could have done. And it's what we did, and our numbers show that we were able to continue screening."*** - Provider site

Provider Site Actions

Increased and more persistent patient reminders (e.g., more attempts) using multiple delivery methods (e.g., phone calls, emails, text messages).

Increased education to patients about the importance of staying up-to-date with cancer screening during the COVID-19 pandemic and rationale behind clinic safety protocols.

> ***"I said [to call center staff], 'I don't care what you have to do, but get them in here,' and we did, and it started to pick up a little bit…The only thing that works is being persistent and continuously making those calls."*** -Provider site

Partner Actions

Increased and more persistent patient reminders (e.g., more attempts) using multiple delivery methods (e.g., phone calls, emails, text messages).

> ***"Care coordinators] assisted those providers in breaking down the barrier of fear for patients, which I honestly think was the biggest thing that was stopping patients from getting their services at that time."*** – Partner

Table 1. Overview of Crosscutting Themes by CFIR and HEIF Construct

	Theoretical Framework and Construct						
	CFIR						HEIF
Crosscutting Theme	Adaptability	Available Resources	Networks and Communications	Patient Needs and Resources	Planning	Executing	Patient Factors
Recipient-and Provider Site -Level Actions							
Implemented changes to administrative processes	●	●			●	●	
Tailored technical assistance to provider sites		●	●				
Provider Site-Level Actions							
Modified clinic protocols to address patient safety	●	●		●	●	●	
Increased patient education	●		●	●			●
Increased/enhanced patient reminders	●	●	●	●			●
Partner-Level Actions							

Conclusions

- Simplifying administrative structures reduced burden on both state-level and front-line provider site staff.
- Highly passionate and dedicated staff in provider sites went to great lengths to ensure patients understood safety protocols and felt safe entering the clinic.
- NBBCEDP's existing focus on health equity was a programmatic strength – recipients and partners were well-positioned to identify and reduce patients' screening barriers.
- Programs may consider both permanent adaptations to increase efficiency and temporary solutions to continue providing high-quality patient care when faced with significant unexpected challenges.
- Future research can explore how provider sites were able to shift resources towards increased efforts

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