**2020-2021 FQHC Template:**

**Evidence Based Interventions for Health Systems Change**

**Breast / Cervical**

**Purpose of Template:** This template is to assist in identifying, planning and monitoring major activities in implementing a collaborative impact project around increasing breast cancer screening rates, and/or increasing cervical cancer screening rates. Use this tool for oversight of the project and to help guide implementation. Entries must be meaningful and concise.

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| Name of Organization: |  | Date of Submission:  | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | Amount of Request:  | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Non-acceptable expenditures would include equipment or meeting logistics (i.e. food/room)* |
| **Evidence Based Intervention Chosen:** | [ ] Provider based interventions[ ] Client based interventions | **Focus Area:*****(one focus area per form)*** | [ ] Breast [ ] Cervical  | **Name of Project/Activity:** |  |
| **Primary EBI Chosen** | [ ] Policy Changes: Standing orders for screening based on risk and or age. Screening guidelines for clinic. [ ] Professional Education: Appropriate screening guidelines, process for entering screening data, chart or EHR flags, screening/Follow up and or treatment updates. [ ] Systems Changes/ Team based care approaches: Team huddles, Use of care coordinators, or Community Health Workers, Policy/Process changes within clinic. [ ] Provider reminders: Flags or charts, EHR alerts, emails, other trackers[ ] Provider assessment and feedback: Dashboards, Data sharing, Benchmarking, Provider comparison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ] Client Reminder Systems: Eligible women due or past due for screening services; mail, text, phone, portal, other[ ] Client education: 1:1 education, group education, small media: risk assessment, screening guidelines, breast and or cervical cancer educational information, diagnostic testing education.[ ] Structural Barrier Reduction: extended hours, special clinic hours (womens’ health day), translation, child care, patient navigation, transportation, other[ ] Reducing Out of Pocket Expenses: patient assistance programs, discount/vouchers for testing[ ] Provider assessment and feedback: Dashboards, Data sharing, Benchmarking, Provider comparison |
| **Overall Goal of Project:** | This should be brief and be SMART- Specific, Measurable, Actionable, Relevant and Time Bound (There should be a goal for each EBI chosen100% of women 21-65 who are due for cervical cancer screening will receive a reminder to schedule appointments 1 month prior to due date.70% of women receiving reminders will schedule well visit to include cervical cancer screening within 3 months  |
| **Target Audience of Project:** | Who are you trying to reach? How many women are you trying to reach? What do you know about these women? |
| **Narrative Description of Project: *(Include navigation workflow/pathway to care)*** | *Methodology- How will you go about implementing your interventions? What are your plans for quality improvements and midcourse corrections? How will you know you are successful?* |
| **Activity Description** | **Expected Outcomes and Due Dates** | **Collaboration/Partnership Opportunities***(priority populations, providers, etc.)* | **Person(s) Responsible** | **Status of Project & Justification***(Not Started, Delayed, In Progress, Completed; include any challenges or successes)* |
| **EXAMPLE ONLY** | *This is like your To Do List. What needs done to implement the interventions chosen?**Review the core components from the logic models to include. Core components are essential/ required activities to make intervention successful*  | *10 patients will be able to schedule mammogram each Tuesdays for a total of 40 patients in May 2019*This outcome is relevant to the activity. If the activity is about education the outcomes needs to be about knowledge gained. Outcomes should be SMART | *Who if anyone do you need to collaborate with? This can be internal or external.* | *Radiology Staff/Hospital Administration/Clinic Directors**HUB Staff**Marketing Department**Who will carry this activity out? Who will be the lead or champion for this activity?* | **Status:** Delayed**Justification:** due to staff turnover |
| **Challenges and Successes:**  |
|  |  |  |  | **Status:** **Justification:**  |
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| **Challenges and Successes:**  |
| **EVALUATIONReach & Impact Report: *(due 30 days after completion of project)******The narrative report needs to include:*** * *Number of Nebraskans reached as a result of the project*
* *Demographics of population served*
* *Collaborative efforts enhanced by the project; how will you retain partners*
* *Sustainable activities that are planned to continue as a result of the project*
* *Budget Expenditures – sufficient to carry out project/unexpected costs*

❑Success Story submitted |  |
| **Date Narrative Submitted:** | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ | **Narrative Submitted by:**  |  |

|  |  |
| --- | --- |
| **DHHS Approval** | **DHHS Response to Project Worksheet:**  |
| **Worksheet Approved:** [ ] **Yes** [ ] **No** | **Reason:**  |
| **DHHS Signature:** | **Date of Signature:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
|  |
| **DHHS Response to Evaluation Reach & Impact Report:**  |
| **Submitted on Time:** [ ] **Yes** [ ] **No** | **Report Approved:** [ ] **Yes** [ ] **No** | **Reason:**  |
| **DHHS Signature:** | **Date of Signature:** \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |

**Checklist for Reimbursement:** *Version: 1/2020*

❑ Complete and Submit Evidence Based Intervention for Health Systems Change Template *HSCMile 7*

❑ Workflow/Patient Pathway Received

❑ DHHS Approval of Evidence Based Intervention for Health Systems Change Template

❑ Evaluation Reach & Impact Narrative Report (due 30 days after completion of the project)

❑ Submit copy of products created and/or used

❑ Invoice