

# 2019 - 2020 Health Systems Annual Clinic Assessment/QI Plan

## INSTRUCTIONS

Submit Form and Invoice To [migillespie@healthylincoln.org](mailto:migillespie@healthylincoln.org) Payment Rate \$5,000  
 Clinic Name  Date

## PROJECT TEAM LEADS

Title	Name	Email
Lead Physician		
Care Coordinator Name		
Quality Improvement Coordinator		
Other		

Does you have a clinic champion for breast cancer screening? Yes  No  Unknown

## CURRENT HEALTH SYSTEM ENVIRONMENT

### 1. Clinic Characteristics

Number of Clinic Sites  PCMH recognize, certified, or accredited?   
 EHR Vendor  EHR Add-on Platforms   
 Does your clinic have a written breast cancer screening policy or protocol in use?

Sections 2-4 can be found on your UDS report. For assistance please contact Ron at [rchildress@healthylincoln.org](mailto:rchildress@healthylincoln.org)

2. Physicians			3. Mid-Levels and Nursing Staff			4. Outreach Staff		
	#	FTE		#	FTE		#	FTE
Family Physician	<input type="text"/>	<input type="text"/>	Nurse Practitioners	<input type="text"/>	<input type="text"/>	Community Health Worker	<input type="text"/>	<input type="text"/>
General Practitioners	<input type="text"/>	<input type="text"/>	Physician Assistants	<input type="text"/>	<input type="text"/>	Care Coordinators	<input type="text"/>	<input type="text"/>
Internists	<input type="text"/>	<input type="text"/>	Certified Nurse Midwives	<input type="text"/>	<input type="text"/>	Navigators	<input type="text"/>	<input type="text"/>
OB/GYN	<input type="text"/>	<input type="text"/>	Nurses	<input type="text"/>	<input type="text"/>			
Pediatricians	<input type="text"/>	<input type="text"/>	Other Medical Personnel	<input type="text"/>	<input type="text"/>			
Other Specialty	<input type="text"/>	<input type="text"/>	Laboratory Personnel	<input type="text"/>	<input type="text"/>			
Total Physicians	<input type="text"/>	<input type="text"/>	X-Ray Personnel	<input type="text"/>	<input type="text"/>			

### 5. Professional Development and Provider Education

- i. Were NBCCEDP resources used towards professional development/provider education activities?
- ii. Professional development/provider education in place?
- iii. Average duration of professional development/provider education?

### 6. Community Outreach, Education, and Support

- i. Were NBCCEDP resources used towards community outreach activities?
- ii. Community Outreach in Place?
- iii. Average duration of community outreach?

### 7. Navigation

- i. Were NBCCEDP resources used towards 1:1 navigation activities?
- ii. 1:1 navigation in Place?
- iii. Average duration of 1:1 navigation?

**Section 8 - We can help you complete. For assistance please contact Ron at [rchildress@healthylincoln.org](mailto:rchildress@healthylincoln.org)**

### 8. Patient Population Characteristics For Breast Cancer and Cervical Cancer Screening

*Please enter the total number of active patients and the total number of uninsured active patients.*

	#	%		#	%
Total Number of Active Patients	<input type="text"/>	<input type="text"/>	Uninsured	<input type="text"/>	<input type="text"/>

*Please enter the total number of active patients women 21-64 years of age and the total number of uninsured active patients women 21-64 years of age.*

	#	%		#	%
Total Number of Active Patients 21-64	<input type="text"/>	<input type="text"/>	Uninsured	<input type="text"/>	<input type="text"/>

*Please enter the total number of active patients women 50-74 years of age and the total number of uninsured active patients women 50-74 years of age.*

	#	%		#	%
Total Number of Active Patients 50-74	<input type="text"/>	<input type="text"/>	Uninsured	<input type="text"/>	<input type="text"/>

# CDC CLINIC ASSESSMENT

## 1. Clinic Strengths and Best Practices

## 2. Description of Intervention Needs and Interventions Selected

Briefly describe the health system policies and practices that require intervention and/or could be improved upon in order to increase screening rates. Describe how these interventions and/or improvements will be implemented at your clinic site(s) and the person(s) responsible for implementation.

## CDC CLINIC ASSESSMENT CONTINUED

### 3. Potential Barriers and/or Challenges

Briefly describe any anticipated potential barriers or challenges to implementation. Note if there are any difference by clinic location.

### 4. Implementation Resources Available

List or summarize the resources available to facilitate successful implementation (e.g. EHR system, clinic-based patient navigators) Note if there are differences by clinics. Will the program be using Patient Navigators or Community Health Workers to support implementation of Evidence-Based interventions? Also, note any community agencies you use for educational classes, or resources. Also describe the financial assistance programs awarded to patients you serve, if any.

## QUALITY IMPROVEMENT MEASURES

### 1. Select 4 Out Of 5 Quality Improvement Measures Below

- Breast Cancer Screening     Cervical Cancer Screening     Colorectal Cancer Screening  
 HPV Vaccinations     Hypertension Control

Proceed to the next page

## INTERVENTIONS SELECTION WORKSHEET

In the table below, check items you will focus on. Please explain items selected in the space provided below or attach another sheet. Please share any tools you are currently using.

<i>1. Client Reminders</i>	<i>Currently Doing</i>	<i>Plan To Implement</i>	<i>Describe the frequency for each select intervention</i>					
<input type="checkbox"/> <i>Mail</i>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
<input type="checkbox"/> <i>Text</i>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
<input type="checkbox"/> <i>Phone</i>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
<input type="checkbox"/> <i>Patient portal</i>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
<input type="checkbox"/> <i>Other:</i>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>

**Intervention Outcomes Description (Enter Detailed Description Below)**

2. Provider Reminder & Recall	Currently Doing	Plan To Implement	<i>Describe the frequency for each select intervention</i>					
<input type="checkbox"/> <b>Chart</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			
<input type="checkbox"/> <b>Email</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			
<input type="checkbox"/> <b>EHR Trackers</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			
<input type="checkbox"/> <b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			

**Intervention Outcomes Description (Enter Detailed Description Below)**

3. Provider Assessment & Feedback	Currently Doing	Plan To Implement	<i>Describe the frequency for each select intervention</i>					
<input type="checkbox"/> <b>Dashboards</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			
<input type="checkbox"/> <b>Data-sharing</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			
<input type="checkbox"/> <b>Benchmarking</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			
<input type="checkbox"/> <b>Provider Compare</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>			

**Intervention Outcomes Description (Enter Detailed Description Below)**



4. Reduction of Structural Barriers	Currently Doing	Plan To Implement
<input type="checkbox"/> <i>FIT Tests at Flu Shot Visit</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Extended Hours</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Walk-in Appointments</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Patient Navigation</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <i>Reducing out of Pocket Cost</i> <i>(Gas Card, Vouchers, Patient Assistances Programs)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Intervention Outcomes Description (Enter Detailed Description Below)
Empty space for detailed description

5. Policy Adoption	Currently Doing	Plan To Implement
<input type="checkbox"/> System Changes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Policy Changes Within Clinic  (E.g. Front desk to flag charts; provide FOBT at flu shot visit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

**Intervention Outcomes Description (Enter Detailed Description Below)**

6 . Other Evidenced-Based Intervention(s)	Currently Doing	Plan To Implement	Describe the frequency for each select intervention					
<input type="checkbox"/> Brochures or Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>
<input type="checkbox"/> Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	< 15min	<input type="checkbox"/>	30min-1hr	<input type="checkbox"/>	2-3hrs	<input type="checkbox"/>
			15-30min	<input type="checkbox"/>	1-2hrs	<input type="checkbox"/>	3hrs	<input type="checkbox"/>

**Intervention Outcomes Description (Enter Detailed Description Below)**