2022 Prevention and Screening Final Report
DART Guidance for Health Systems and Health Plans

American Cancer Society

Overview

The Data and Reporting Tool (DART) is the main tool for reporting HPV vaccination and cancer screening activities and progress.

The 2022 DART final report has four sections:

1. Health System/Plan Details
2. Quality Improvement (QI)
3. HPV Vaccination Rates *or* Cancer Screening Rates
4. Impact Story

This document will guide you through the steps to complete each section and calculate HPV vaccination or cancer screening rates.

After reviewing the frequently asked questions and contact information, you can jump to tailored guidance for completing the DART for your project's focus area.

Thank you for participating in a 2022 Prevention & Screening project!
We wish you continued success in your cancer prevention and screening efforts.

We may periodically update this guide. To make sure you're using the most recent version, please bookmark the link to the guide instead of downloading it.

Frequently Asked Questions

When is the final report due?

The final report—including financial reports for funded projects—is due **January 31, 2023**.

Where do I enter my project's data?

Project data will be entered online into the Data and Reporting Tool (DART). The DART is hosted on the REDCap platform.

How do I enter data into the DART?

The process will be the same as baseline and midpoint: health systems/plans will receive an email with a unique link to the final report directly from REDCap. The Interventions & Implementation Team will notify ACS staff partners when these emails are sent. The final report will also be added to the survey queue.

Who has access to the DART?

Earlier in the project, each health system/plan identified one individual to receive the link to the DART. Please let your ACS staff partner know if you need to update the contact information for the DART link recipient.

Anyone with the link will be able to log in and modify the data. Only one person should access the DART at a time; if more than one person is in the DART at the same time, there's a chance data will get overwritten. We recommend partnering with your IT and/or EHR personnel to pull the quantitative data required for the DART.

Can I make changes to the data in the DART after I have submitted the data?

Yes, you can make changes to data as long as the DART is open. If you do make significant changes, we ask that you contact your ACS staff partner to notify them when changes are made.

Additional Support and Guidance

Your ACS staff partner is available to support you with your final report! They can offer additional guidance for how to complete the DART.

If you still have questions about the DART, please feel free to reach out to the Data and Evaluation Team:

If your project is focused on **HPV vaccination** and you are a **health system**, please contact Jen Isher-Witt at jennifer.ish@cancer.org

If your project is focused on **HPV vaccination** and you are a **health plan**, please contact Shaylen Foley at shaylen.foley@cancer.org

If your project is focused on **breast, cervical, colorectal, or lung cancer screening**, please contact Teri Malo at teri.malo@cancer.org

For other questions, please contact the Interventions & Implementation Team at interventions@cancer.org

What is your project's focus?

Click on the focus area below to be directed to tailored guidance

HPV vaccination
Health Systems

page 6

HPV vaccination
Health Plans

page 130

Breast cancer
screening

page 34

Cervical cancer
screening

page 58
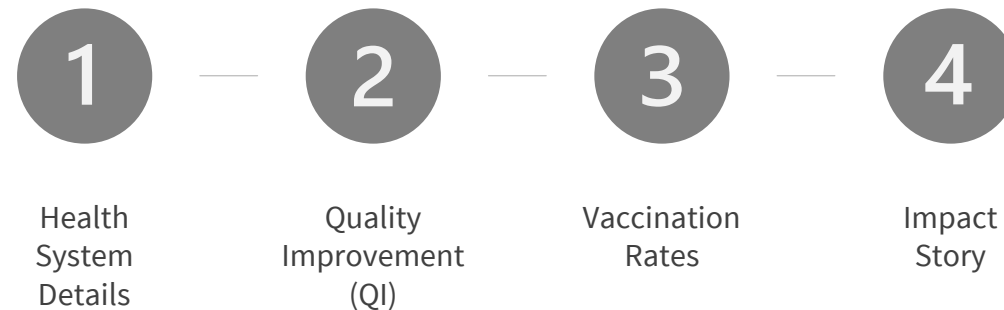
Colorectal cancer
screening

page 82

Lung cancer
screening

page 106

HPV Vaccination
Health Systems

HPV Vaccination

The following pages will guide you through completing each of the four sections of the report:

1 — **2** — **3** — **4**

| Health System Details | Quality Improvement (QI) | Vaccination Rates | Impact Story |

This guide includes screenshots of the DART and guidance for responding to each question.

⚠️ Please pay special attention to guidance for areas where health systems have commonly experienced challenges in the past (flagged with an orange triangle symbol). Doing so will help minimize follow-up questions from the Interventions & Implementation Team.

Health System Details

Guidance

1 Project focus is automatically selected based on previous reports and cannot be changed in the final report.

2 Indicate whether project funds were spent according to the budget that was submitted and approved by ACS. If *no* is selected, another question will appear. This question asks whether you previously submitted a budget modification for this project.

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Health System Details *continued*

1 Health system legal name
*must provide value

2 "Doing business as" (DBA)
*must provide value

3 Your system reported 8 participating clinic sites in June. Has this number changed?
*must provide value
○ Yes ○ No
reset

Please explain
*must provide value
Expand

What is the total number of participating sites currently?
*must provide value

4 Do you have any modifications to previously submitted data?
*must provide value
○ Yes ○ No
reset

Please briefly describe the modifications here.
*must provide value
Expand

An ACS staff person will reach out to you regarding data modifications.

Guidance

1 The health system's legal name is automatically populated based on previous reports. If needed, you may update the name by typing in the text box.

2 The health system's "doing business as" (DBA) name is automatically populated based on previous reports. If needed, you may update the DBA by typing in the text box. If the health system does not have a DBA, type "N/A."

3 Indicate whether the number of clinics participating in the project has changed since midpoint (June 2022). If *yes* is selected, **two more questions will appear**.

The first question asks for an explanation about the change in number of participating sites. Example: one or more of the participating clinic sites closed.

The second question asks for the total number of clinic sites that are currently participating in the project.

4 Indicate whether there are any modifications to previously submitted baseline and/or midpoint data. If *yes* is selected, another question will appear. This question asks for a brief description of the modifications made to previously submitted data.

Quality Improvement (QI)

Quality Improvement

QI Implementation Efforts

1 Does your health system have a QI lead and/or QI team/committee in place?

○ Yes, for all of the project
○ Yes, for part of the project
○ No

reset

At what frequency did this QI team connect?

○ Weekly
○ Monthly
○ Bi-monthly
⦿ Other (please describe)

reset

Describe

2 At baseline, you submitted this aim statement: **By December 31, 2022, Unicorn health system will increase HPV initiation rates for patients ages 9-10 by 5%....**

At midpoint, you reported the following changes to your aim statement: _____.

Please share progress toward meeting this aim statement.
* must provide value

Expand

3 Summarize project successes and challenges your system has encountered.
* must provide value

Expand

Guidance

1 Indicate whether the health system had a quality improvement (QI) lead and/or a QI team/committee in place for the entire project, part of the project, or not at all.

If *Yes, for all of the project* or *Yes, for part of the project* is selected, you will be asked to indicate the frequency with which the QI team connected (weekly, monthly, bi-monthly, or other). If *other* is selected, please use the text box to describe the frequency.

2 The project aim statement your health system submitted at baseline, along with any changes reported at midpoint, will appear here. Please review the project aim statement and share progress toward meeting the aim statement.

3 Please include a summary of project successes and challenges your health system experienced throughout the 12-month project period.

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Quality Improvement (QI) *continued*

1 Identify the QI activities you have conducted since the beginning of this project (January 1, 2022).

Select all that apply.
- ☑ Process map
- ☑ Root cause analysis
- ☑ Plan-do-study-act (PDSA) cycle
- ☑ Other (please describe)

Describe

Expand

2 Please share an example of your process map(s). [optional]
⬆ Upload file

Please share an example of your root cause analysis. [optional]
⬆ Upload file

Please share an example of your PDSA cycle(s). [optional]
⬆ Upload file

Please share an example of one of your other QI processes. [optional]
⬆ Upload file

3 How has this project addressed disparities in HPV vaccination?

Expand

Guidance

1 Indicate the QI activities the health system conducted since the beginning of the project (since January 1, 2022). If *other* is selected, please use the text box to describe the QI activity.

2 For each QI activity selected in the previous question, there will be an option to upload an example. Click on ⬆ Upload file to upload an example.

3 Please describe how the project addressed disparities in HPV vaccination.

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Quality Improvement (QI) *continued*

1 In addition to joining your core quality improvement team and attending progress meetings, what forms of support since January 1, 2022, did you receive from the ACS staff partner?

Select all that apply.

- ☐ Educational opportunities
- ☐ Guidance on best practices
- ☐ QI expertise
- ☐ Resources
- ☐ Strategy
- ☑ Other (please describe)

Describe [   ]

Program Planning
In this section, please select the evidence-informed interventions that were put into place to reach the goals of the project.

2 Identify the following HPV vaccination training and education activities your system has conducted since January 1, 2022, for this project to increase HPV vaccination.

Select all that apply.

- ☐ Educate staff on HPV vaccination as cancer prevention
- ☐ Educate staff on strategies to improve HPV vaccination rates
- ☐ Identify HPV vaccination champions
- ☑ Other (please describe)

Describe [   ]

Guidance

1 Indicate the form(s) of support your health system received from your ACS staff partner since January 1, 2022. If *other* is selected, please use the text box to describe the support.

2 Indicate the HPV vaccination training and education activities your health system has conducted since January 1, 2022, for this project to increase HPV vaccination. If *other* is selected, please use the text box to describe the training/education activity.

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Quality Improvement (QI) *continued*

1 Identify the client-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

* must provide value

- ☑ Client reminders
- ☐ Extended hours
- ☐ Offered in alternative settings like schools or mobile units
- ☐ Parent/patient education
- ☐ Other (please describe)

2 **Client Reminders**

Successes/Lessons Learned:

Expand

Barriers/Challenges:

Expand

Guidance

1 Select all the **client**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Client reminders* was selected, so a section for client reminders appeared. If more than one intervention was selected, additional text boxes would appear for each intervention.

Quality Improvement (QI) *continued*

1 Identify the provider-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.
* must provide value

☐ Modified EHR
☐ Provider training on making an effective HPV vaccine recommendation
☐ Provider training on starting the HPV vaccine series at age 9
☑ Provider assessment and feedback
☐ Provider prompts/reminders
☐ Vaccination protocols
☑ Standing orders
☐ Other (please describe)

2

Provider assessment and feedback

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Standing orders

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Guidance

1 Select all the **provider**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Provider assessment and feedback* and *Standing orders* were selected, so separate sections for provider assessment and feedback and standing orders appeared. If more interventions were selected, additional text boxes would appear for each intervention.

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Quality Improvement (QI) *continued*

1 Number of providers trained since the start of this project
(January 1, 2022)
* must provide value

2 Number of health system staff trained since the start of
this project (January 1, 2022)
* must provide value

Guidance

1 Enter the number of **providers** trained since the start of this project (since January 1, 2022). Providers include members of the clinical care team who are permitted to **directly vaccinate patients** at your participating clinic sites **in addition to standard providers** like physicians, nurse practitioners (NPs), and physician assistants (PAs). Depending on the clinic site's protocols, medical assistants (MAs) and nurses might also be included.

2 Enter the number of **health system staff** trained since the start of this project (since January 1, 2022). This number should include all other members of your clinical care team who are **not permitted to directly vaccinate** patients (e.g., front desk staff).

Please note: The number of **providers** trained and the number of **health system staff** trained should be **mutually exclusive**. No one should be included in **both counts**. If your health system does not permit MAs and nurses to directly vaccinate patients but they have received training, include them in the health system staff number.

Quality Improvement (QI) *continued*

1 At baseline, your health system reported using EHR as the primary data source to calculate your HPV vaccination rates. At midpoint, your health system reported using Immunization Information Systems (IIS). Has your data source changed since the midpoint?

* must provide value

● Yes ○ No

reset

Using different data sources results in loss of data quality and comparability over time. An ACS staff person will reach out to you regarding your previously submitted data.

What was the primary data source used to calculate final rates?

* must provide value

○ EHR
○ Chart audit
○ Immunization Information Systems (IIS)
● Other

reset

Describe

* must provide value

2 Did you use a secondary data source?

* must provide value

● Yes
○ No

reset

What secondary sources were used?

Select all that apply.

* must provide value

☐ EHR
☐ Chart audit
☐ Immunization Information Systems (IIS)
☑ Other (please describe)

Describe

* must provide value

3 Select how data will be reported:

* must provide value

○ Separated by sex (male, female)
○ Combined

reset

Guidance

1 Indicate whether there has been a change to your health system's primary data source for calculating HPV vaccination rates. If *yes* is selected, another question will appear. This question asks what primary source was used to calculate final rates. If *other* is selected, please use the text box to describe the primary data source.

2 Indicate whether your health system used a secondary data source for the data provided in this report. If *yes* is selected, another question will appear. This question asks what secondary sources were used. If *other* is selected, please use the text box to describe the secondary data source(s).

3 Indicate whether your health system will report vaccination rates separated by patient sex (separate rates for males and females) or combined (combined rates that include both males and females). The response to this question will determine the format of the rate tables in the next section of the DART.
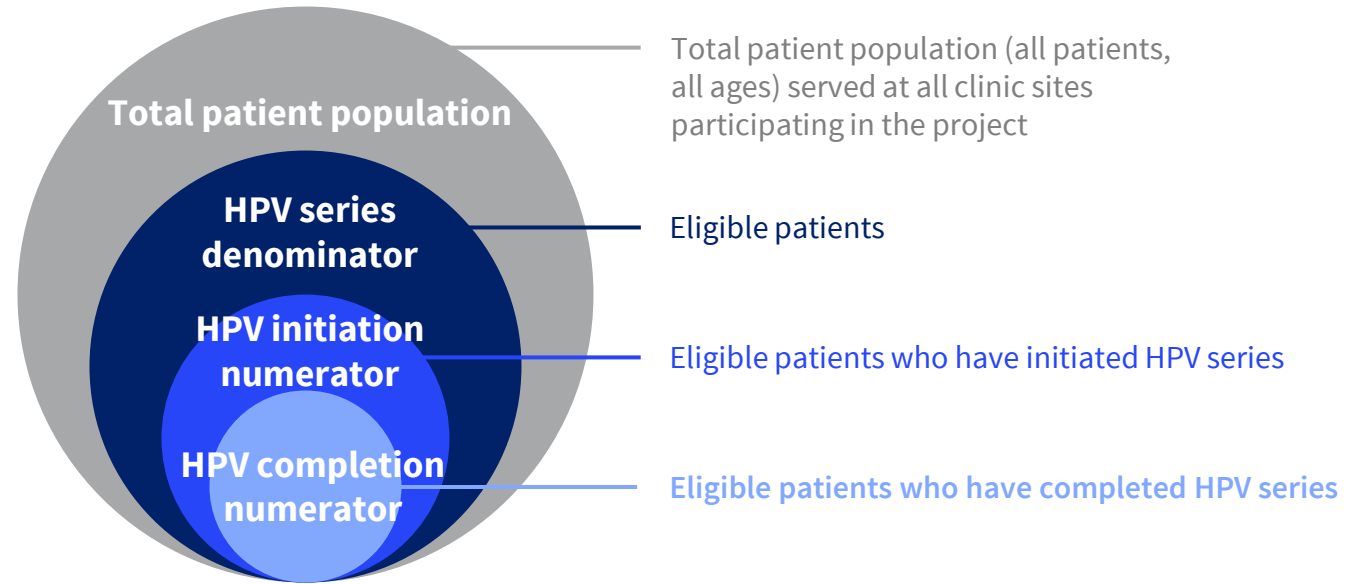
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HPV Vaccination Rate(s) Overview

What we want to know

To what extent do the health system's HPV vaccination initiation and completion rates change from the beginning of the project (baseline) to the end of the project (final)?

The HPV vaccination rates capture the percentage of children ages 9-13 who have started (HPV Initiation) or are "up to date" with the HPV series (HPV Completion). The HPV vaccination rates are the number of eligible patients with the specified number of HPV doses (**numerator**) divided by the number of eligible patients (**denominator**).

$$\text{HPV vaccination rate} = \frac{\text{Number of eligible patients with appropriate HPV doses}}{\text{Number of patients eligible for HPV vaccination}}$$

In most cases, the HPV denominator will be a subset of the total patient population, so the denominator will be a **smaller** number than the total patient population. Similarly, the HPV initiation numerator will be a subset of the HPV denominator, so the numerator will be a **smaller** number than the denominator. Finally, the HPV completion numerator will be a subset of the initiation numerator, so the numerator will be a **smaller** number than the initiation numerator.

Total patient population (all patients, all ages) served at all clinic sites participating in the project

Eligible patients

Eligible patients who have initiated HPV series

Eligible patients who have completed HPV series

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HPV Initiation Rate

The initiation rate captures the percentage of children ages 9-13 who have started the HPV series.

✅ Patients to **include** in the initiation numerator and denominator
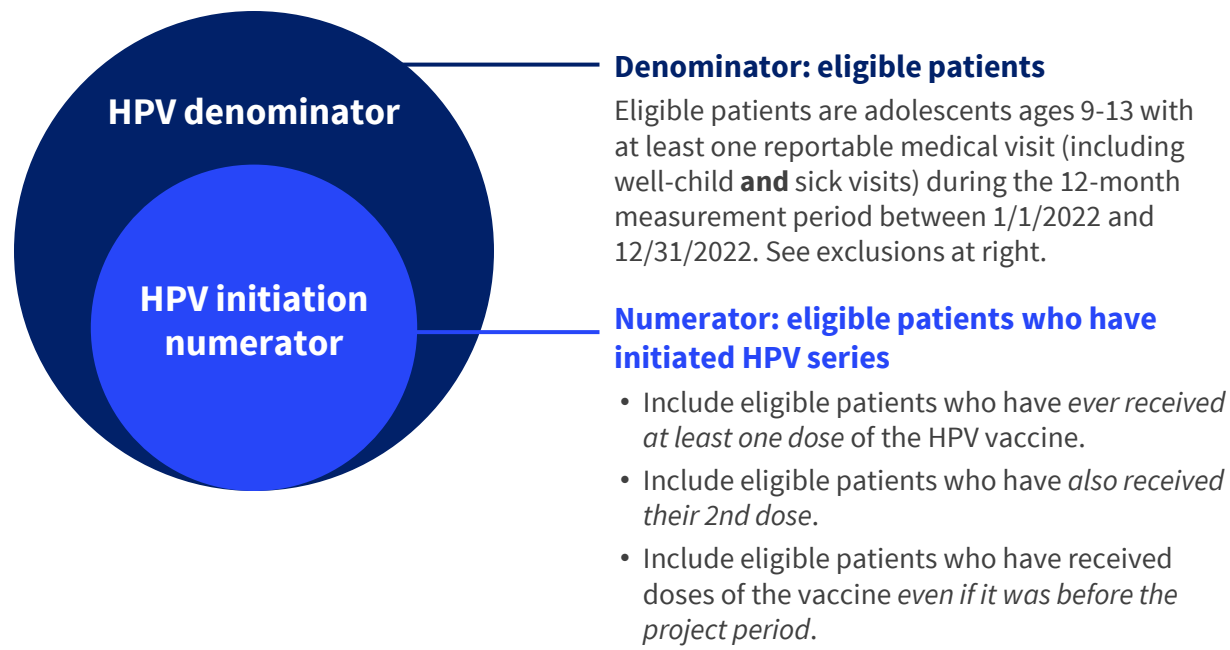
HPV denominator

HPV initiation numerator

Denominator: eligible patients

Eligible patients are adolescents ages 9-13 with at least one reportable medical visit (including well-child **and** sick visits) during the 12-month measurement period between 1/1/2022 and 12/31/2022. See exclusions at right.

Numerator: eligible patients who have initiated HPV series

- Include eligible patients who have *ever received at least one dose* of the HPV vaccine.
- Include eligible patients who have *also received their 2nd dose*.
- Include eligible patients who have received doses of the vaccine *even if it was before the project period*.

❌ Patients to **exclude** from the denominator

- Exclude dental or other non-medical visits.
- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test or screening alone does not count as a reportable medical visit.
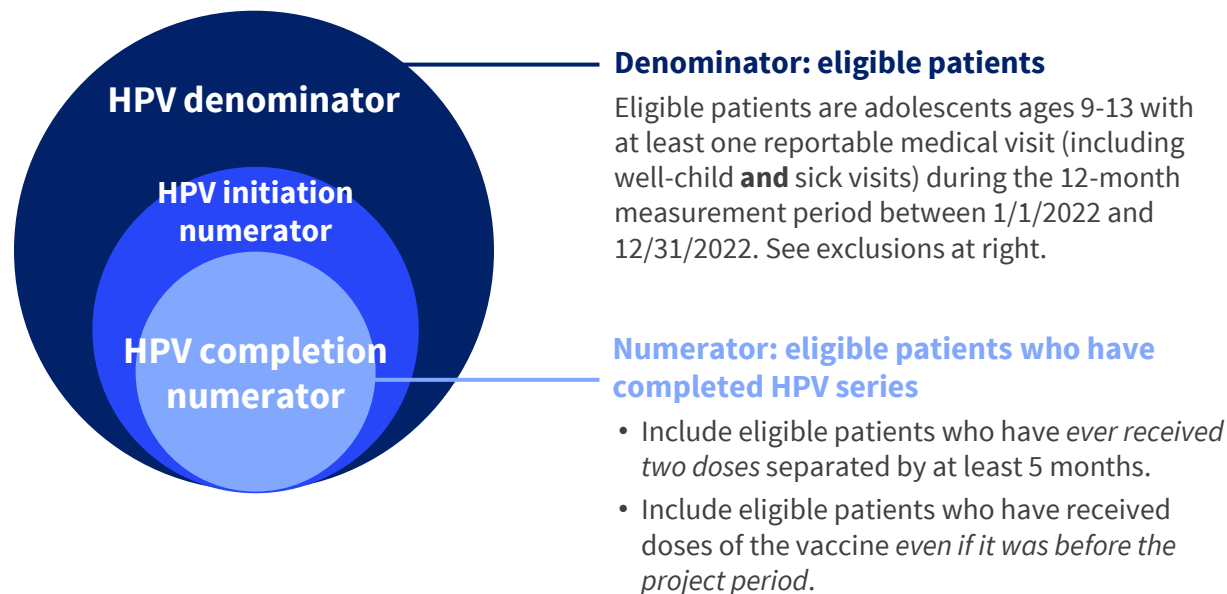
Additional guidance

- **Patients are grouped by the following age categories: 9-10, 11-12, 13. Each age group will have its own initiation rate.**
- If reporting sex separately, group patients according to assigned sex at birth.
- Only eligible patients included in the denominator should be included in the numerator.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

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HPV Completion Rate

The completion rate captures the percentage of children ages 9–13 who have received both doses or are "up to date" with the HPV series.

✅ Patients to **include** in the completion numerator and denominator

HPV denominator

HPV initiation numerator

HPV completion numerator

Denominator: eligible patients

Eligible patients are adolescents ages 9-13 with at least one reportable medical visit (including well-child **and** sick visits) during the 12-month measurement period between 1/1/2022 and 12/31/2022. See exclusions at right.

Numerator: eligible patients who have completed HPV series

- Include eligible patients who have *ever received two doses* separated by at least 5 months.
- Include eligible patients who have received doses of the vaccine *even if it was before the project period*.

⚠️ The completion numerator should be a **smaller** number than the initiation numerator. These numbers will **NOT** be mutually exclusive.
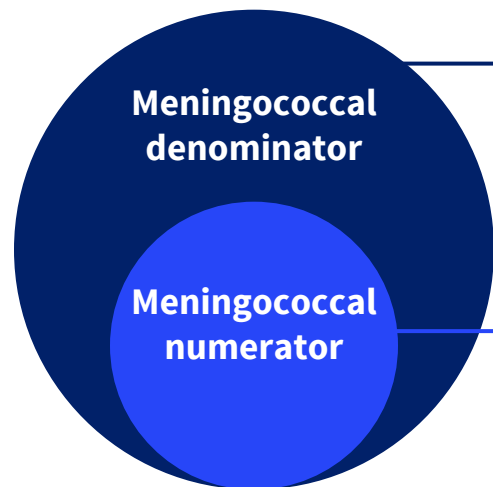
❌ Patients to **exclude** from the denominator

- Exclude dental or other non-medical visits.
- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test or screening alone does not count as a reportable medical visit.

Additional guidance

- **Patients are grouped by the following age categories: 9-10, 11-12, 13. Each age group will have its own completion rate.**
- If reporting sex separately, group patients according to assigned sex at birth.
- Only eligible patients included in the denominator should be included in the numerator.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Meningococcal Rate

✓ Patients to **include** in the numerator and denominator

Meningococcal denominator

Meningococcal numerator

Denominator: eligible patients

Eligible patients are adolescents ages 11-13 with at least one reportable medical visit (including well-child **and** sick visits) during the 12-month measurement period between 1/1/2022 and 12/31/2022. See exclusions at right.

Numerator: eligible patients who have received the meningococcal vaccine

- Include eligible patients who have *ever received* the meningococcal conjugate vaccine.
- Exclude Meningococcal B vaccines from calculation.
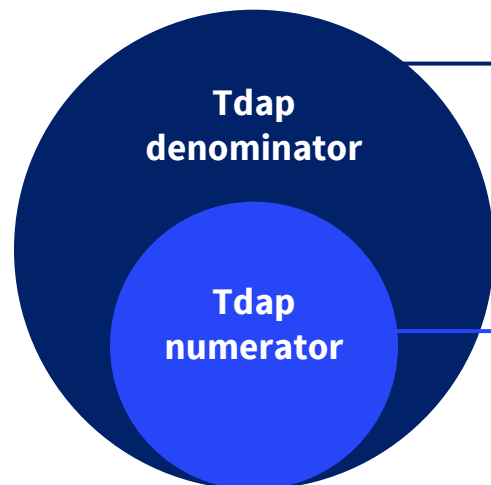
✗ Patients to **exclude** from the denominator

- Exclude dental or other non-medical visits.

- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test or screening alone does not count as a reportable medical visit.

Additional guidance

- **Patients are grouped by the following age categories: 11-12, 13. Each age group will have its own rate.**

- If reporting sex separately, group patients according to assigned sex at birth.

- Only eligible patients included in the denominator should be included in the numerator.

- Only include information for clinics participating in the project.

- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Tdap Rate

✅ Patients to **include** in the numerator and denominator

Tdap denominator

Tdap numerator

Denominator: eligible patients

Eligible patients are adolescents ages 11-13 with at least one reportable medical visit (including well-child **and** sick visits) during the 12-month measurement period between 1/1/2022 and 12/31/2022. See exclusions at right.

Numerator: eligible patients who have received the Tdap vaccine

Include eligible patients who have *ever received* the Tdap vaccine.

❌ Patients to **exclude** from the denominator

- Exclude dental or other non-medical visits.

- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test or screening alone does not count as a reportable medical visit.

Additional guidance

- **Patients are grouped by the following age categories: 11-12, 13. Each age group will have its own rate.**

- If reporting sex separately, group patients according to assigned sex at birth.

- Only eligible patients included in the denominator should be included in the numerator.

- Only include information for clinics participating in the project.

- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

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Vaccination Rates Summary

✅ Patients to **include** in the numerator and denominator

Vaccine	Numerator	Denominator
HPV initiation	• Include eligible patients who have *ever received at least one dose* of the HPV vaccine. • Include eligible patients who have *also received their 2nd dose*. • Include eligible patients who have received doses of the vaccine *even if it was before the project period*.	Eligible patients are adolescents ages 9-13 with at least one reportable medical visit (including well-child **and** sick visits) during the 12-month measurement period between 1/1/2022 and 12/31/2022. See exclusions at right.
HPV completion	• Include eligible patients who have *received both doses or are "up to date."* • Include eligible patients who have received doses of the vaccine *even if it was before the project period*.	
Meningococcal	• Include eligible patients who have *ever received* the meningococcal conjugate vaccine. • Exclude Meningococcal B vaccines from calculation.	Eligible patients are adolescents **ages 11-13** with at least one reportable medical visit (including well-child **and** sick visits) during the 12-month measurement period between 1/1/2022 and 12/31/2022. See exclusions at right.
Tdap	• Include eligible patients who have *ever received* the Tdap vaccine.	

❌ Patients to **exclude** from the denominator

- Exclude dental or other non-medical visits.
- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test or screening alone does not count as a reportable medical visit.

Additional guidance

- **Patients are grouped by the following age categories: 9-10, 11-12, 13. Each age group will have its own rate.**
- If reporting sex separately, group patients according to assigned sex at birth.
- Only eligible patients included in the denominator should be included in the numerator.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Vaccination Rates

Final Rate Data - HPV, Meningococcal, & Tdap/TD

1 In the fields below, please enter HPV initiation and completion rates for active patients ages 9-13 using the information below for guidance. **Group eligible patients using the following age ranges: 9-10, 11-12, and 13.** You may separate by sex or report combined. We are asking for data for the calendar year of 2022.

DENOMINATOR: ELIGIBLE PATIENTS

Include adolescents aged 9-13 with at least one reportable medical visit during the 12-month measurement period of 1/1/2022 - 12/31/2022. See exclusions below.

Exclusions

- Exclude dental or other non-medical visits. Medical visits do include well-child visits and sick visits.
- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test or screening alone does not count as a reportable medical visit.

INITIATION NUMERATOR: ELIGIBLE PATIENTS WHO STARTED THE HPV VACCINE SERIES (≥1 dose)

- Include eligible patients who have **ever received** at least one dose of the HPV vaccine.
- Include eligible patients who have **also received their 2nd dose.**
- Include eligible patients who have received doses of the vaccine **even if it was before the project period.**

COMPLETION NUMERATOR: ELIGIBLE PATIENTS WHO HAVE COMPLETED THE HPV VACCINE SERIES (2 doses)

- Include eligible patients who have **ever received** two doses of the HPV vaccine separated by at least 5 months.
- Include eligible patients who have received doses of the vaccine **even if it was before the project period.**

MENINGOCOCCAL NUMERATOR: ELIGIBLE PATIENTS WHO HAVE RECEIVED THE MENINGOCOCCAL VACCINE

- Include eligible patients who have **ever received** the meningococcal conjugate vaccine. See exclusions below.

Exclusions

- Exclude Meningococcal B vaccines from calculation.

TDAP NUMERATOR: ELIGIBLE PATIENTS WHO HAVE RECEIVED THE TDAP VACCINE

- Include eligible patients who have **ever received** the Tdap vaccine.

ADDITIONAL GUIDANCE

- If reporting sex separately, group patients according to assigned sex at birth.
- **Only eligible patients included in the denominator should be included in the numerator.**
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Guidance

1 Please review these definitions, exclusions, and additional guidance for determining which patients to include in the vaccination denominator and numerator. The definitions, exclusions, and additional guidance were repeated and expanded upon on the previous six pages of this guide.

Vaccination Rates *(by patient sex)*

2022 Vaccination Rate Table - HPV, Meningococcal & Tdap/TD

Female

	Denominator	Numerator			
	Eligible Patients	**HPV Initiation** In this count, include all eligible kids who have had **at least one dose.** This should include kids who have completed the series.	**HPV Completion** In this count, include only eligible kids who have **completed the series.**	Meningococcal	Tdap
Ages 9-10					
Vaccination Rates					
Ages 11-12					
Vaccination Rates					
Age 13					
Vaccination Rates					

Male

	Denominator	Numerator			
	Eligible Patients	**HPV Initiation** In this count, include all eligible kids who have had **at least one dose.** This should include kids who have completed the series.	**HPV Completion** In this count, include only eligible kids who have **completed the series.**	Meningococcal	Tdap
Ages 9-10					
Vaccination Rates					
Ages 11-12					
Vaccination Rates					
Age 13					
Vaccination Rates					

Guidance

1 If you previously indicated your health system will report vaccination rates separated by patient sex, you will see two tables: one for female patients and one for male patients. The tables are identical as far as the type of data requested.

2 Enter the vaccination **denominator** in the corresponding box for each patient age group (9-10, 11-12, 13).

3 Enter the **HPV initiation numerator** in the corresponding box for each patient age group (9-10, 11-12, 13).

4 Enter the **HPV completion numerator** in the corresponding box for each patient age group (9-10, 11-12, 13).

5 Enter the **meningococcal vaccine numerator** in the corresponding box for each patient age group (11-12, 13).

6 Enter the **Tdap vaccine numerator** in the corresponding box for each patient age group (11-12, 13).

7 The vaccination rates will automatically calculate based on the values entered for the denominator and numerator.

⚠️ The vaccination numerator should be a smaller number than the vaccination denominator.

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Vaccination Rates *(combined)*

2022 Vaccination Rate Table - HPV, Meningococcal & Tdap/TD					
Combined					
	Denominator	Numerator			
	Eligible Patients	**HPV Initiation** In this count, include all eligible kids who have had **at least one dose.** This should include kids who have completed the series.	**HPV Completion** In this count, include only eligible kids who have **completed the series.**	Meningococcal	Tdap
Ages 9-10					
	Vaccination Rat				
Ages 11-12					
	Vaccination Rates				
Age 13					
	Vaccination Rates				

Guidance

1 If you previously indicated your health system will report vaccination rates that are combined (instead of separated by patient sex), you will see only one rate table.

2 Enter the vaccination **denominator** in the corresponding box for each patient age group (9-10, 11-12, 13).

3 Enter the **HPV initiation numerator** in the corresponding box for each patient age group (9-10, 11-12, 13).

4 Enter the **HPV completion numerator** in the corresponding box for each patient age group (9-10, 11-12, 13).

5 Enter the **meningococcal vaccine numerator** in the corresponding box for each patient age group (11-12, 13).

6 Enter the **Tdap vaccine numerator** in the corresponding box for each patient age group (11-12, 13).

7 The vaccination rates will automatically calculate based on the values entered for the denominator and numerator.

⚠️ The vaccination numerator should be a smaller number than the vaccination denominator.

Additional Information

1 Please share anything else about your final data you'd like us to know, including challenges or missing data.

Expand

Guidance

1 Please use this text box to share anything else about your health system's final data that you would like us to know, such as challenges or missing data.

Vaccination Rates by Race/Ethnicity

Pilot - Optional Rates by Race/Ethnicity

(1) We are piloting the option to report rate data by additional demographic factors. You reported that your system has the capacity to report vaccination rate data by race/ethnicity. The following table is optional but preferred and will allow us to better track racial and ethnic disparities in HPV vaccination uptake. Use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022 - 12/31/2022) you used for the overall rate.

HPV Initiation: Percentage of adolescents 9-13 years of age who started the HPV vaccine series.

Race/Ethnicity	Denominator	Numerator	Rate (auto-calc)
American Indian/Alaska Native, non-Hispanic			
Asian, non-Hispanic			
Black/African American, non-Hispanic			
Hispanic/Latino			
Native Hawaiian/Other Pacific Islander, non-Hispanic			
White, non-Hispanic			
Other, non-Hispanic			
Multiracial, non-Hispanic			
Unreported/refused to report			

Guidance

(1) This section will appear if your health system indicated on the baseline report that it has the capacity to report vaccination rate data by patient race/ethnicity. This section is **optional but preferred** – it helps us to better track racial and ethnic disparities in vaccination.

If you're able to provide this information, please use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022—12/31/2022) you used for the overall vaccination rate.

You will see a total of **four tables**, one each for:
- HPV Initiation: Percentage of adolescents 9-13 years of age who started the HPV vaccine series
- HPV Completion: Percentage of adolescents 9-13 years of age who completed the HPV vaccine series
- Meningococcal: Percentage of adolescents ages 11-13 who have received the meningococcal conjugate (MenACWY) vaccine
- Tdap: Percentage of adolescents ages 11-13 who have received the Tdap vaccine

(2) Enter the vaccination **denominator**, using the definitions, exclusions, and additional guidance provided for the overall screening rate.

(3) Enter the vaccination **numerator**, using the definitions and additional guidance provided for the overall screening rate.

(4) For each race/ethnicity, the vaccination rate will automatically calculate based on the values entered for the denominator and numerator.

Patient Impact Story

PATIENT IMPACT STORY

Individual impact stories aid in creating a narrative around reducing barriers to cancer prevention and screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain cancer prevention and screening intervention work in marginalized communities.

Individual-level impact stories should feature **parents** of children who are being vaccinated against HPV-related cancer. Stories should include diversity in parent selection (race, gender, sexual orientation, class, geography, etc.).

When choosing to feature a parent in the individual story, consider the following questions:

- What barriers have prevented the patient from getting an HPV vaccination (e.g., fear, transportation, or other barriers)?
- What helped the parent decide to get their patient vaccinated against HPV?
- What were the outcomes?
- What does it mean to the parent to know that this clinic, ACS, and corporate sponsors want to help protect more children from HPV-related cancers?
- Can the parent provide a quote?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

1 Attachment: 〔W〕 Image and Story Release_FORM.docx (0.21 MB)

Provide a brief summary of the patient impact story here.

2 [text box]

Expand

3 **Parent wishes to remain anonymous.** ○

reset

4 Upload the parent's signed Image and Story Release Form here.

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

⬆ Upload file

5 Upload parent photo here.

⬆ Upload file

6 Upload any additional materials and/or photo(s) related to your impact story here.

⬆ Upload file

Guidance

Participating health system partners should share **at least one** impact story in the Patient or System category, or both. Individual-level impact stories should feature **parents** of children who are being vaccinated against HPV-related cancer.

When choosing to feature a **parent** in the individual story, consider the following:

- What barriers have prevented the patient from getting an HPV vaccination (e.g., fear, transportation, or other barriers)?
- What helped the parent decide to get their patient vaccinated against HPV?
- What were the outcomes?
- What does it mean to the parent to know that this clinic, ACS, and corporate sponsors want to help protect more children from HPV-related cancers?
- Can the parent provide a quote?

1 Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

2 Use the text box to provide a brief summary of the individual impact story.

3 Click on the white circle to let us know if the parent wishes to remain anonymous. If this button is clicked, the option to upload the Image and Story Release Form and parent photo below will disappear.

4 Click on ⬆ Upload file to upload the parent's completed and signed Image and Story Release Form.

5 Click on ⬆ Upload file to upload a parent photo.

6 Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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System or Policy Impact Story

SYSTEM OR POLICY IMPACT STORY

System-level impact stories aid in creating a narrative around reducing barriers to HPV vaccination to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain HPV vaccination intervention work in marginalized communities.

As you think about a potential systems or policy change story, consider the following questions:

- How were you championing HPV vaccination for adolescents before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to enhance or refine that process?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in HPV vaccination as a result of the project work?
- What barriers has the health system encountered providing access to HPV vaccination for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals vaccinated at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on HPV vaccination rates?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

1 Attachment: 📄 Image and Story Release_FORM.docx (0.21 MB)

2 Provide a brief summary of the system-level impact story here.

[text box]

Expand

3 Upload signed Image and Story Release Form for system-level impact story here.

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

⬆ Upload file

4 Upload any additional materials and/or photo(s) related to your impact story here.

⬆ Upload file

Guidance

As you think about a potential **systems or policy change** story, consider the following:

- How were you championing HPV vaccination for adolescents before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to enhance or refine that process?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in HPV vaccination as a result of the project work?
- What barriers has the health system encountered providing access to HPV vaccination for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals vaccinated at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on HPV vaccination rates?

1 Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

2 Use the text box to provide a brief summary of the system-level impact story.

3 Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

4 Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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Impact Story

1 In 1-2 sentences: If you could tell a potential funder about how your project has made a difference in cancer screening or HPV vaccinations, what would you say to them?

Expand

Guidance

1 In the text box, please share a brief response to the prompt:
If you could tell a potential funder about how your project has made a difference in HPV vaccination, what would you say to them?

Although the instructions specify 1-2 sentences, the text box will accept more than 2 sentences if you wish to share additional information.

HPV Vaccination *Health Systems*

Checklist

Before submitting your report, please use this checklist to review your data

Check that information has been provided for the

☐ Number of participating clinic sites

☐ Vaccination numerators (initiation and completion)

☐ Vaccination denominator

☐ Correct age groups

☐ Intended format of patient sex

☐ Types of evidence-based interventions used during the project

☐ Types of QI activities used during the project

Also check that the

☐ Vaccination numerator is a smaller number than the vaccination denominator

☐ Completion numerator is a smaller number than the initiation denominator

Click here for additional support and guidance

Submitting the Report

Click Submit below to submit your final report. If needed, you may return and make changes.

1 Submit

2 Save & Return Later

Guidance

1 If your report is complete and you are ready to submit the report to the Interventions & Implementation Team, click the *Submit* button. If needed, you can come back and make changes to the report as long as the DART is open.

2 If multiple people will be entering data or the tool will not be completed all at once, make sure to scroll to the bottom of the page and click the *Save & Return Later* button before closing out of the webpage. Please be sure to return to your report by January 31, 2023 and click the *Submit* button to submit your completed report.

What's next?

Once your completed report is submitted, the Interventions & Implementation Team will review the report. A team member may follow up with you if they need any clarification.
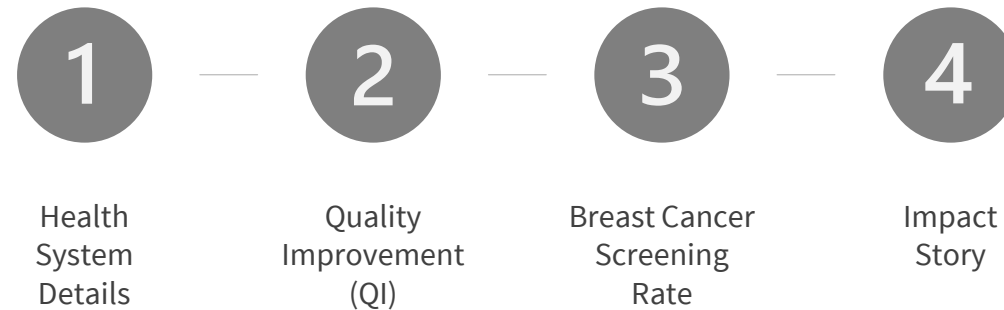
Thank You

**for participating in a
2022 Prevention & Screening project!**

Breast Cancer Screening

Breast Cancer Screening

The following pages will guide you through completing each of the four sections of the report:

1 — **2** — **3** — **4**

Health System Details

Quality Improvement (QI)

Breast Cancer Screening Rate

Impact Story

This guide includes screenshots of the DART and guidance for responding to each question.

⚠️ Please pay special attention to guidance for areas where health systems have commonly experienced challenges in the past (flagged with an orange triangle symbol). Doing so will help minimize follow-up questions from the Interventions & Implementation Team.

Health System Details

Guidance

1 Project focus is automatically selected based on previous reports and cannot be changed in the final report.

2 Indicate whether project funds were spent according to the budget that was submitted and approved by ACS. If *no* is selected, another question will appear. This question asks whether you previously submitted a budget modification for this project.

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Health System Details *continued*

1 Health system legal name
must provide value

2 "Doing business as" (DBA)
must provide value

3 Your system reported 8 participating clinic sites in June. Has this number changed?   ● Yes ○ No
must provide value
                                                                                                                reset

Please explain
must provide value
                                                                                                                Expand

What is the total number of participating sites currently?
must provide value

4 Do you have any modifications to previously submitted data?   ● Yes ○ No
must provide value
                                                                                                                reset

Please briefly describe the modifications here.
must provide value
                                                                                                                Expand

An ACS staff person will reach out to you regarding data modifications.

Guidance

1 The health system's legal name is automatically populated based on previous reports. If needed, you may update the name by typing in the text box.

2 The health system's "doing business as" (DBA) name is automatically populated based on previous reports. If needed, you may update the DBA by typing in the text box. If the health system does not have a DBA, type "N/A."

3 Indicate whether the number of clinics participating in the project has changed since midpoint (June 2022). If *yes* is selected, **two more questions will appear**.

The first question asks for an explanation about the change in number of participating sites. Example: one or more of the participating clinic sites closed.

The second question asks for the total number of clinic sites that are currently participating in the project.

4 Indicate whether there are any modifications to previously submitted baseline and/or midpoint data. If *yes* is selected, another question will appear. This question asks for a brief description of the modifications made to previously submitted data.

Quality Improvement (QI)

Quality Improvement

QI Implementation Efforts

1 Does your health system have a QI lead and/or QI team/committee in place?

- ○ Yes, for all of the project
- ○ Yes, for part of the project
- ○ No

reset

At what frequency did this QI team connect?

- ○ Weekly
- ○ Monthly
- ○ Bi-monthly
- ● Other (please describe)

reset

Describe

2 At baseline, you submitted this aim statement: increase breast cancer screening rates from X to X by Dec 31, 22..

At midpoint, you reported the following changes to your aim statement: _____.

Please share progress toward meeting this aim statement.

* must provide value

Expand

3 Summarize project successes and challenges your system has encountered.

* must provide value

Expand

Guidance

1 Indicate whether the health system had a quality improvement (QI) lead and/or a QI team/committee in place for the entire project, part of the project, or not at all.

If *Yes, for all of the project* or *Yes, for part of the project* is selected, you will be asked to indicate the frequency with which the QI team connected (weekly, monthly, bi-monthly, or other). If *other* is selected, please use the text box to describe the frequency.

2 The project aim statement your health system submitted at baseline, along with any changes reported at midpoint, will appear here. Please review the project aim statement and share progress toward meeting the aim statement.

3 Please include a summary of project successes and challenges your health system experienced throughout the 12-month project period.

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Quality Improvement (QI) *continued*

1 Identify the QI activities you have conducted since the beginning of this project (January 1, 2022).

Select all that apply.
- ☑ Process map
- ☑ Root cause analysis
- ☑ Plan-do-study-act (PDSA) cycle
- ☑ Other (please describe)

Describe

[   ]

Expand

2 Please share an example of your process map(s). [optional]
⬆ Upload file

Please share an example of your root cause analysis. [optional]
⬆ Upload file

Please share an example of your PDSA cycle(s). [optional]
⬆ Upload file

Please share an example of one of your other QI processes. [optional]
⬆ Upload file

3 How has this project addressed disparities in breast cancer screening?

[   ]

Expand

Guidance

1 Indicate the QI activities the health system conducted since the beginning of the project (since January 1, 2022). If *other* is selected, please use the text box to describe the QI activity.

2 For each QI activity selected in the previous question, there will be an option to upload an example. Click on ⬆ Upload file to upload an example.

3 Please describe how the project addressed disparities in breast cancer screening.

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Quality Improvement (QI) *continued*

1 In addition to joining your core quality improvement team and attending progress meetings, what forms of support since January 1, 2022, did you receive from the ACS staff partner?

Select all that apply.

- ☐ Educational opportunities
- ☐ Guidance on best practices
- ☐ QI expertise
- ☐ Resources
- ☐ Strategy
- ☑ Other (please describe)

Describe	

2 Identify the following screening training and education activities your system has conducted for this project to increase your target cancer screening since January 1, 2022.

Select all that apply.

* must provide value

- ☐ Educate staff on importance of on time cancer screening
- ☐ Educate staff on strategies to improve cancer screening
- ☐ Identified cancer screening champions
- ☑ Other (please describe)

Describe	

* must provide value

Guidance

1 Indicate the form(s) of support your health system received from your ACS staff partner since January 1, 2022. If *other* is selected, please use the text box to describe the support.

2 Indicate the screening training and education activities your health system has conducted for this project to increase your target cancer screening rate since January 1, 2022. If *other* is selected, please use the text box to describe the training/education activity.

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Quality Improvement (QI) *continued*

Program Planning

In this section, please select the evidence-informed interventions that were put into place to reach the goals of the project.

1 **Identify the client-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.**

Select all that apply.

* must provide value

- ☑ Client reminders
- ☐ Group education
- ☐ Navigation to screening
- ☐ One-on-one education
- ☐ Reduce out of pocket costs to the client
- ☐ Reduction of structural barriers
- ☐ Other (please describe)

2 **Client reminders**

Successes/Lessons Learned:

* must provide value

Expand

Barriers/Challenges:

* must provide value

Expand

Guidance

1 Select all the **client**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Client reminders* was selected, so a section for client reminders appeared. If more than one intervention was selected, additional text boxes would appear for each intervention.

Quality Improvement (QI) *continued*

Identify the client-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

* must provide value

- ☐ Client reminders
- ☐ Group education
- ☐ Navigation to screening
- ☐ One-on-one education
- ☐ Reduce out of pocket costs to the client
- ☑ Reduction of structural barriers
- ☐ Other (please describe)

Reduction of structural barriers

1 Identify the interventions your system has implemented to reduce structural barriers.

Select all that apply.

* must provide value

- ☐ Deployment of mobile screening units
- ☐ Flexible/extended hours
- ☐ Translation and/or interpretation services
- ☐ Transportation
- ☑ Other (please describe)

Describe

* must provide value

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Guidance

1 If *Reduction of structural barriers* is selected as a client-directed evidence-informed intervention, there will be one additional question asking you to share the intervention(s) your health system implemented to reduce structural barriers.

Following are some examples of interventions:

- Deployment of mobile screening units (e.g., mobile mammography van)
- Flexible or extended hours
- Translation and/or interpretation services
- Transportation (e.g., gas money/gift cards, parking passes, bus passes, shuttles, vouchers for taxis or ride sharing)

If *other* is selected, please use the text box to describe the intervention.

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Quality Improvement (QI) *continued*

1 Identify the provider-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

* must provide value

☐ EHR enhancements
☐ Office policies
☑ Provider assessment and feedback
☐ Provider prompts/reminders
☐ Screening protocols
☑ Standing orders
☐ Other (please describe)

2 **Provider assessment and feedback**

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Standing orders

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Guidance

1 Select all the **provider**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Provider assessment and feedback* and *Standing orders* were selected, so separate sections for provider assessment and feedback and standing orders appeared. If more interventions were selected, additional text boxes would appear for each intervention.

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Quality Improvement (QI) *continued*

1 At baseline & midpoint, your health system reported using _____ as the primary data source to calculate your breast cancer screening rates. Has your data source changed since the midpoint?

● Yes ○ No

reset

* must provide value

Using different data sources results in loss of data quality and comparability over time. An ACS staff person will reach out to you regarding your previously submitted data.

What was the primary data source used to calculate final rates?

○ EHR
○ Chart audit
○ Immunization Information Systems (IIS)
● Other

reset

* must provide value

Describe

[   ]

* must provide value

2 Did you use a secondary data source?

● Yes
○ No

reset

* must provide value

What secondary sources were used?

Select all that apply.

☐ EHR
☐ Chart audit
☑ Other (please describe)

* must provide value

Describe

[   ]

* must provide value

Guidance

1 Indicate whether there has been a change to your health system's primary data source for calculating breast cancer screening rates. If *yes* is selected, another question will appear. This question asks what primary source was used to calculate final rates. If *other* is selected, please use the text box to describe the primary data source.

2 Indicate whether your health system used a secondary data source for the data provided in this report. If *yes* is selected, another question will appear. This question asks what secondary sources were used. If *other* is selected, please use the text box to describe the secondary data source(s).
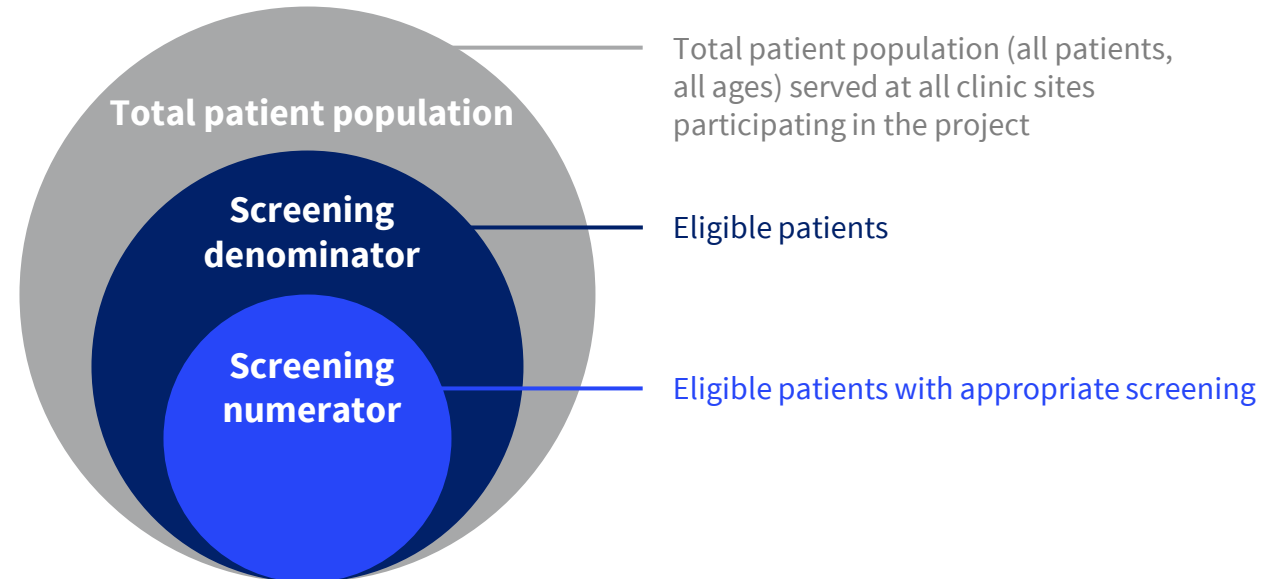
Cancer Screening Rate Overview

What we want to know

To what extent does the health system's cancer screening rate change from the beginning of the project (baseline) to the end of the project (final)?

The cancer screening rate is the percentage of eligible patients who had the appropriate screening for cancer (i.e., patients up to date with cancer screening) at the participating clinics. The screening rate is calculated by dividing the number of eligible patients with appropriate screening (**screening numerator**) by the number of patients who were eligible for screening (**screening denominator**).

$$\text{Cancer screening rate} = \frac{\text{Number of eligible patients with appropriate screening}}{\text{Number of patients eligible for screening}}$$

In most cases, the screening denominator will be a subset of the total patient population, so the denominator will be a **smaller** number than the total patient population. Similarly, the screening numerator will be a subset of the screening denominator, so the numerator will be a **smaller** number than the denominator.

Total patient population

Screening denominator

Screening numerator

Total patient population (all patients, all ages) served at all clinic sites participating in the project

Eligible patients

Eligible patients with appropriate screening

Breast Cancer Screening Rate

✅ Patients to **include** in the breast cancer screening numerator and denominator
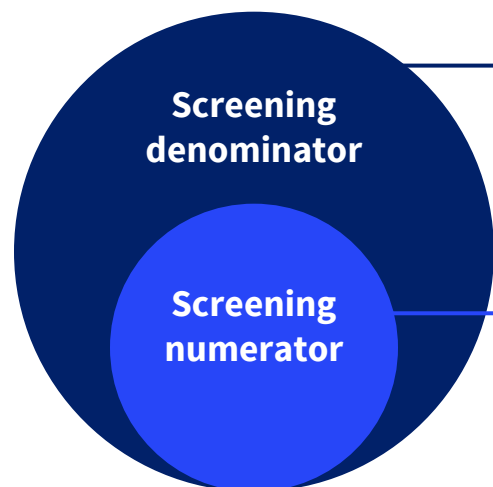
Screening denominator

Screening numerator

Denominator: eligible patients

Eligible patients are defined as women who were aged 50 through 74 with at least one reportable medical visit between 1/1/2022 and 12/31/2022. See exclusions at right.

Numerator: eligible patients with appropriate screening

Include women with one or more mammograms in the last 27 months (10/1/2020 and 12/31/2022). This includes a three-month grace period.

Please see next page for additional guidance

❌ Patients to **exclude** from the denominator

- Exclude patients who had a bilateral mastectomy or who have a history of bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.

- Exclude patients whose hospice care overlaps the measurement period.

- Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period.

- Exclude patients 66 and older with an indication of frailty for any part of the measurement period who meet any of the following criteria:
  - Advanced illness with two outpatient encounters during the measurement period or the year prior.
  - Advanced illness with one inpatient encounter during the measurement period or the year prior.
  - Taking dementia medications during the measurement period or the year prior.

- Exclude patients receiving palliative care during the measurement period.

- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.

Measurement period = 1/1/2022 through 12/31/2022

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Breast Cancer Screening Rate

Additional guidance

- Eligible patients are considered up to date for breast cancer screening if they have had a mammogram within the last 27 months. While the measurement period for the denominator is 12 months, the numerator is looking back 27 months, or 15 months prior to the beginning of the measurement period.

- Only eligible patients included in the denominator should be included in the numerator.

- Include eligible patients according to assigned sex at birth.

- Only include information for clinics participating in the project.

- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Breast Cancer Screening Rate

CANCER SCREENING RATES

(1) **BREAST CANCER QUALITY MEASURE DESCRIPTION (BASED ON CMS 125V10)**

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the last 27 months. For more information on the breast cancer screening electronic clinical quality measure (eCQM), click here.

DENOMINATOR: ELIGIBLE PATIENTS

Eligible patients are defined as women who were aged 50 through 74 with at least one reportable medical visit between 1/1/2022 and 12/31/2022. See exclusions below.

Exclusions
- Exclude patients who had a bilateral mastectomy or who have a history of bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.
- Exclude patients whose hospice care overlaps the measurement period.
- Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period.
- Exclude patients 66 and older with an indication of frailty for any part of the measurement period who meet any of the following criteria:
  - Advanced illness with two outpatient encounters during the measurement period or the year prior.
  - Advanced illness with one inpatient encounter during the measurement period or the year prior.
  - Taking dementia medications during the measurement period or the year prior.
- Exclude patients receiving palliative care during the measurement period.
- **Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.**

NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include women with one or more mammograms in the last 27 months (10/1/2020 and 12/31/2022). This includes a three month grace period.

ADDITIONAL GUIDANCE
- Eligible patients are considered up to date for breast cancer screening if they have had a mammogram within the last 27 months. While the measurement period for the denominator is 12 months, the numerator is looking back 27 months, or 15 months prior to the beginning of the measurement period.
- **Only eligible patients included in the denominator should be included in the numerator.**
- Include eligible patients according to assigned sex at birth.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Denominator **(2)**	Numerator **(3)**	Rate (auto-calc) **(4)**

Guidance

(1) Please review these definitions, exclusions, and additional guidance for determining which patients to include in the cancer screening denominator and numerator. The definitions, exclusions, and additional guidance were repeated and expanded upon on the previous three pages of this guide.

(2) Enter the cancer screening **denominator**, using the definitions, exclusions, and additional guidance above.

(3) Enter the cancer screening **numerator**, using the definitions and additional guidance above.

(4) The cancer screening rate will automatically calculate based on the values entered for the denominator and numerator.

⚠️ The screening numerator should be a smaller number than the screening denominator.

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Completed Screenings and Cancer Diagnoses

COMPLETED SCREENINGS AND CANCER DIAGNOSES

1 Below, list all values (as whole numbers) for the following metrics for the same 12-month measurement period used above (1/1/2022-12/31/2022). **These metrics are required.** For this section, report data on female patients of any age. Include combined results for all participating sites identified in the Health System Details section.

Note: Enter a 0 in the box if there were no orders/completed screenings/cancer diagnoses. Leave the box blank only if the number of orders/completed screenings/cancer diagnoses is unknown.

2

Screening Metrics	Value
Orders issued for screening mammograms	
Screening mammograms completed	
Orders issued for diagnostic mammograms	
Diagnostic mammograms completed	
Breast cancer diagnoses	

Guidance

1 Please note that this section requests data for female patients of **any age** and is not limited to the eligibility criteria outlined in the previous section on cancer screening rates.

2 In the spaces provided, enter the **number** of
- orders issued for screening mammograms
- screening mammograms completed
- orders issued for diagnostic mammograms
- diagnostic mammograms completed
- breast cancer diagnoses

Please include the number of mammograms completed and number of breast cancer diagnoses among patients served by participating clinics, **regardless of where the mammograms were performed**. The mammograms need not be done at the participating clinic(s).

⚠️ Enter a 0 in the box if there were no orders/completed screenings/cancer diagnoses.

Leave the box blank only if the number of orders/completed screenings/cancer diagnoses is unknown.

Breast Cancer Screening Rate

Additional Information

1 Please share anything else about your final data you'd like us to know, including challenges or missing data.

Expand

Guidance

1 Please use this text box to share anything else about your health system's final data that you would like us to know, such as challenges or missing data.

50

Breast Cancer Screening Rates by Race/Ethnicity

Pilot - Optional Rates by Race/Ethnicity

1 We are piloting the option to report rate data by additional demographic factors. You reported that your system has the capacity to report breast cancer screening rate data by race/ethnicity. The following table is <u>optional but preferred</u> and will allow us to better track racial and ethnic disparities in breast cancer screening rates. Use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022 - 12/31/2022) you used for the overall rate.

Breast Cancer Screening: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the last 27 months.

Race/Ethnicity	Denominator **2**	Numerator **3**	Rate (auto-calc) **4**
American Indian/Alaska Native, non-Hispanic			
Asian, non-Hispanic			
Black/African American, non-Hispanic			
Hispanic/Latino			
Native Hawaiian/Other Pacific Islander, non-Hispanic			
White, non-Hispanic			
Other, non-Hispanic			
Multiracial, non-Hispanic			
Unreported/refused to report			

Guidance

1 This section will appear if your health system indicated on the baseline report that it has the capacity to report breast cancer screening rate data by patient race/ethnicity. This section is **optional but preferred** – it helps us to better track racial and ethnic disparities in breast cancer screening.

If you're able to provide this information, please use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022—12/31/2022) you used for the overall screening rate.

2 Enter the cancer screening **denominator**, using the definitions, exclusions, and additional guidance provided for the overall screening rate.

3 Enter the cancer screening **numerator**, using the definitions and additional guidance provided for the overall screening rate.

4 For each race/ethnicity, the cancer screening rate will automatically calculate based on the values entered for the denominator and numerator.

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Patient Impact Story

PATIENT IMPACT STORY

Patient impact stories aid in creating a narrative around reducing barriers to cancer screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain screening intervention work in marginalized communities.

Patient-level impact stories should feature diversity in patient selection (race, gender, sexual orientation, class, geography, etc.). When choosing to feature a patient in the individual story, consider the following questions:

- What barriers have prevented the patient from getting a cancer screening (e.g., insurance, fear, transportation, or other barriers)?
- What helped the patient decide to get a cancer screening?
- What were the outcomes?
- What does it mean to the patient to know that this clinic, ACS, and corporate sponsors want to help provide access to cancer screenings?
- Provide a survivor story that illustrates how access to that screening and or treatment played a critical role in their treatment and ultimate survival of cancer.
- Can the patient provide a quote?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

1 Attachment: 🔲 Image and Story Release_FORM.docx (0.21 MB)

2 Provide a brief summary of the individual-level impact story here.

Expand

3 **Patient wishes to remain anonymous.** ○

reset

4 Upload signed patient Image and Story Release Form here. ⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

5 Upload patient photo here. ⬆ Upload file

6 Upload any additional materials and/or photo(s) related to your impact story here. ⬆ Upload file

Guidance

Participating health system partners should share **at least one** impact story in the Patient or System category, or both.

When choosing to feature a **patient** story, consider the following:
- What barriers have prevented the patient from getting a cancer screening (e.g., insurance, fear, transportation, or other barriers)?
- What helped the patient decide to get a cancer screening?
- What were the outcomes?
- What does it mean to the patient to know that this clinic, ACS, and corporate sponsors want to help provide access to cancer screenings?
- Provide a survivor story that illustrates how access to that screening and or treatment played a critical role in their treatment and ultimate survival of cancer.
- Can the patient provide a quote?

1 Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

2 Use the text box to provide a brief summary of the patient-level impact story.

3 Click on the white circle to let us know if the patient wishes to remain anonymous. If this button is clicked, the option to upload the Image and Story Release Form and patient photo below will disappear.

4 Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

5 Click on ⬆ Upload file to upload a patient photo.

6 Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

System or Policy Impact Story

SYSTEM OR POLICY IMPACT STORY

System-level impact stories aid in creating a narrative around reducing barriers to cancer screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain screening intervention work in marginalized communities.

As you think about a potential systems or policy change story, consider the following questions:

- How were you screening for patients before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to change that practice?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in cancer screening as a result of the grant funded project work?
- What barriers has the health system encountered providing access to screening for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals screened at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on cancer screening rates?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

(1) Attachment: 📄 Image and Story Release_FORM.docx (0.21 MB)

(2) Provide a brief summary of the system-level impact story here.

[text box]

Expand

(3) Upload signed Image and Story Release Form for system-level impact story here.   ⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

(4) Upload any additional materials and/or photo(s) related to your impact story here.   ⬆ Upload file

Guidance

As you think about a potential **systems or policy change** story, consider the following:

- How were you screening for patients before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to change that practice?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in cancer screening as a result of the grant funded project work?
- What barriers has the health system encountered providing access to screening for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals screened at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on cancer screening rates?

(1) Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

(2) Use the text box to provide a brief summary of the system-level impact story.

(3) Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

(4) Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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Impact Story

1

In 1-2 sentences: If you could tell a potential funder about how your project has made a difference in cancer screening or HPV vaccinations, what would you say to them?

Expand

Guidance

1

In the text box, please share a brief response to the prompt:
If you could tell a potential funder about how your project has made a difference in breast cancer screening, what would you say to them?

Although the instructions specify 1-2 sentences, the text box will accept more than 2 sentences if you wish to share additional information.

Checklist

Before submitting your report, please use this checklist to review your data

Check that information has been provided for the

☐ Number of participating clinic sites

☐ Screening numerator

☐ Screening denominator

☐ Number of cancer screenings ordered

☐ Number of cancer screenings completed

☐ Number of cancers diagnosed

☐ Types of evidence-based interventions used during the project

☐ Types of QI activities used during the project

Also check that the

☐ Screening numerator is a smaller number than the screening denominator

☐ Number of cancers diagnosed is less than the total number of cancer screenings completed

Click here for additional support and guidance

Submitting the Report

Click Submit below to submit your final report. If needed, you may return and make changes.

(1) Submit

(2) Save & Return Later

Guidance

1 If your report is complete and you are ready to submit the report to the Interventions & Implementation Team, click the *Submit* button. If needed, you can come back and make changes to the report as long as the DART is open.

2 If multiple people will be entering data or the tool will not be completed all at once, make sure to scroll to the bottom of the page and click the *Save & Return Later* button before closing out of the webpage. Please be sure to return to your report by January 31, 2023 and click the *Submit* button to submit your completed report.

What's next?

Once your completed report is submitted, the Interventions & Implementation Team will review the report. A team member may follow up with you if they need any clarification.
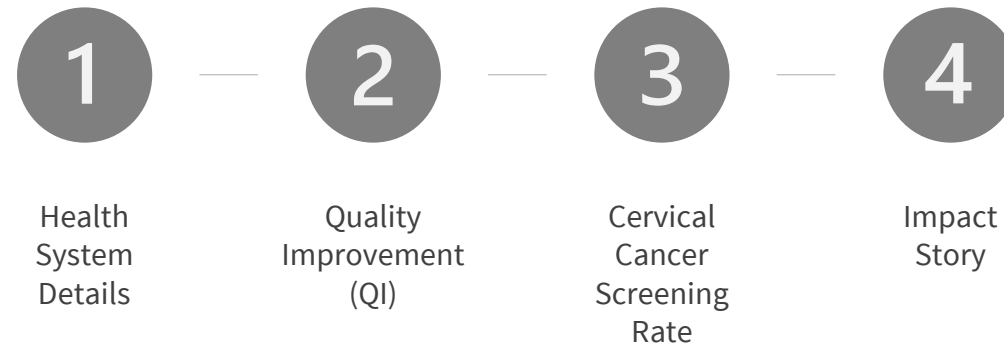
Thank You

for participating in a
2022 Prevention & Screening project!

Cervical Cancer Screening

Cervical Cancer Screening

The following pages will guide you through completing each of the four sections of the report:

1 — **2** — **3** — **4**

Health System Details

Quality Improvement (QI)

Cervical Cancer Screening Rate

Impact Story

This guide includes screenshots of the DART and guidance for responding to each question.

⚠️ Please pay special attention to guidance for areas where health systems have commonly experienced challenges in the past (flagged with an orange triangle symbol). Doing so will help minimize follow-up questions from the Interventions & Implementation Team.

Health System Details

Guidance

1 Project focus is automatically selected based on previous reports and cannot be changed in the final report.

2 Indicate whether project funds were spent according to the budget that was submitted and approved by ACS. If *no* is selected, another question will appear. This question asks whether you previously submitted a budget modification for this project.

60

Health System Details *continued*

1 Health system legal name
* must provide value

2 "Doing business as" (DBA)
* must provide value

3 Your system reported 8 participating clinic sites in June. Has this number changed?
* must provide value
○ Yes ○ No
reset

Please explain
* must provide value
Expand

What is the total number of participating sites currently?
* must provide value

4 Do you have any modifications to previously submitted data?
* must provide value
○ Yes ○ No
reset

Please briefly describe the modifications here.
* must provide value
Expand

An ACS staff person will reach out to you regarding data modifications.

Guidance

1 The health system's legal name is automatically populated based on previous reports. If needed, you may update the name by typing in the text box.

2 The health system's "doing business as" (DBA) name is automatically populated based on previous reports. If needed, you may update the DBA by typing in the text box. If the health system does not have a DBA, type "N/A."

3 Indicate whether the number of clinics participating in the project has changed since midpoint (June 2022). If *yes* is selected, **two more questions will appear**.

The first question asks for an explanation about the change in number of participating sites. Example: one or more of the participating clinic sites closed.

The second question asks for the total number of clinic sites that are currently participating in the project.

4 Indicate whether there are any modifications to previously submitted baseline and/or midpoint data. If *yes* is selected, another question will appear. This question asks for a brief description of the modifications made to previously submitted data.

61

Quality Improvement (QI)

Quality Improvement

QI Implementation Efforts

1 Does your health system have a QI lead and/or QI team/committee in place?

- ○ Yes, for all of the project
- ○ Yes, for part of the project
- ○ No

reset

At what frequency did this QI team connect?

- ○ Weekly
- ○ Monthly
- ○ Bi-monthly
- ● Other (please describe)

reset

Describe [   ]

2 At baseline, you submitted this aim statement: increase cervical cancer screening rates from X to X by Dec 31, 22..

At midpoint, you reported the following changes to your aim statement: no changes.

Please share progress toward meeting this aim statement.

* must provide value

[   ]

Expand

3 Summarize project successes and challenges your system has encountered.

* must provide value

[   ]

Expand

Guidance

1 Indicate whether the health system had a quality improvement (QI) lead and/or a QI team/committee in place for the entire project, part of the project, or not at all.

If *Yes, for all of the project* or *Yes, for part of the project* is selected, you will be asked to indicate the frequency with which the QI team connected (weekly, monthly, bi-monthly, or other). If *other* is selected, please use the text box to describe the frequency.

2 The project aim statement your health system submitted at baseline, along with any changes reported at midpoint, will appear here. Please review the project aim statement and share progress toward meeting the aim statement.

3 Please include a summary of project successes and challenges your health system experienced throughout the 12-month project period.

62

Quality Improvement (QI) *continued*

1 Identify the QI activities you have conducted since the beginning of this project (January 1, 2022).

Select all that apply.
- ☑ Process map
- ☑ Root cause analysis
- ☑ Plan-do-study-act (PDSA) cycle
- ☑ Other (please describe)

Describe

[   ]

Expand

2 Please share an example of your process map(s). [optional]

⬆ Upload file

Please share an example of your root cause analysis. [optional]

⬆ Upload file

Please share an example of your PDSA cycle(s). [optional]

⬆ Upload file

Please share an example of one of your other QI processes. [optional]

⬆ Upload file

3 How has this project addressed disparities in cervical cancer screening?

[   ]

Expand

Guidance

1 Indicate the QI activities the health system conducted since the beginning of the project (since January 1, 2022). If *other* is selected, please use the text box to describe the QI activity.

2 For each QI activity selected in the previous question, there will be an option to upload an example. Click on ⬆ Upload file to upload an example.

3 Please describe how the project addressed disparities in cervical cancer screening.

63

Quality Improvement (QI) *continued*

1 In addition to joining your core quality improvement team and attending progress meetings, what forms of support since January 1, 2022, did you receive from the ACS staff partner?

Select all that apply.

- ☐ Educational opportunities
- ☐ Guidance on best practices
- ☐ QI expertise
- ☐ Resources
- ☐ Strategy
- ☑ Other (please describe)

Describe	

2 Identify the following screening training and education activities your system has conducted for this project to increase your target cancer screening since January 1, 2022.

Select all that apply.

* must provide value

- ☐ Educate staff on importance of on time cancer screening
- ☐ Educate staff on strategies to improve cancer screening
- ☐ Identified cancer screening champions
- ☑ Other (please describe)

Describe	

* must provide value

Guidance

1 Indicate the form(s) of support your health system received from your ACS staff partner since January 1, 2022. If *other* is selected, please use the text box to describe the support.

2 Indicate the screening training and education activities your health system has conducted for this project to increase your target cancer screening rate since January 1, 2022. If *other* is selected, please use the text box to describe the training/education activity.

64

Quality Improvement (QI) *continued*

Program Planning

In this section, please select the evidence-informed interventions that were put into place to reach the goals of the project.

1

Identify the client-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

* must provide value

- ☑ Client reminders
- ☐ Group education
- ☐ Navigation to screening
- ☐ One-on-one education
- ☐ Reduce out of pocket costs to the client
- ☐ Reduction of structural barriers
- ☐ Other (please describe)

2

Client reminders

Successes/Lessons Learned:

* must provide value

Expand

Barriers/Challenges:

* must provide value

Expand

Guidance

1 Select all the **client**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Client reminders* was selected, so a section for client reminders appeared. If more than one intervention was selected, additional text boxes would appear for each intervention.

65

Quality Improvement (QI) *continued*

Guidance

1 If *Reduction of structural barriers* is selected as a client-directed evidence-informed intervention, there will be one additional question asking you to share the intervention(s) your health system implemented to reduce structural barriers.

Following are some examples of interventions:

- Deployment of mobile screening units (e.g., mobile mammography van)

- Flexible or extended hours

- Translation and/or interpretation services

- Transportation (e.g., gas money/gift cards, parking passes, bus passes, shuttles, vouchers for taxis or ride sharing)

If *other* is selected, please use the text box to describe the intervention.

Quality Improvement (QI) *continued*

1 Identify the provider-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

*must provide value

☐ EHR enhancements
☐ Office policies
☑ Provider assessment and feedback
☐ Provider prompts/reminders
☐ Screening protocols
☑ Standing orders
☐ Other (please describe)

2

Provider assessment and feedback

Successes/Lessons Learned:
*must provide value

Expand

Barriers/Challenges:
*must provide value

Expand

Standing orders

Successes/Lessons Learned:
*must provide value

Expand

Barriers/Challenges:
*must provide value

Expand

Guidance

1 Select all the **provider**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Provider assessment and feedback* and *Standing orders* were selected, so separate sections for provider assessment and feedback and standing orders appeared. If more interventions were selected, additional text boxes would appear for each intervention.

67

Quality Improvement (QI) *continued*

① At baseline & midpoint, your health system reported using EHR as the primary data source to calculate your cervical cancer screening rates. Has your data source changed since the midpoint?

◉ Yes   ○ No

reset

* must provide value

Using different data sources results in loss of data quality and comparability over time. An ACS staff person will reach out to you regarding your previously submitted data.

What was the primary data source used to calculate final rates?

○ EHR
○ Chart audit
○ Immunization Information Systems (IIS)
◉ Other

* must provide value

reset

Describe

[   ]

* must provide value

② Did you use a secondary data source?

◉ Yes
○ No

* must provide value

reset

What secondary sources were used?

Select all that apply.

* must provide value

☐ EHR
☐ Chart audit
☑ Other (please describe)

Describe

[   ]

* must provide value

Guidance

① Indicate whether there has been a change to your health system's primary data source for calculating cervical cancer screening rates. If *yes* is selected, another question will appear. This question asks what primary source was used to calculate final rates. If *other* is selected, please use the text box to describe the primary data source.

② Indicate whether your health system used a secondary data source for the data provided in this report. If *yes* is selected, another question will appear. This question asks what secondary sources were used. If *other* is selected, please use the text box to describe the secondary data source(s).

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Cancer Screening Rate Overview

What we want to know

To what extent does the health system's cancer screening rate change from the beginning of the project (baseline) to the end of the project (final)?

The cancer screening rate is the percentage of eligible patients who had the appropriate screening for cancer (i.e., patients up to date with cancer screening) at the participating clinics. The screening rate is calculated by dividing the number of eligible patients with appropriate screening (**screening numerator**) by the number of patients who were eligible for screening (**screening denominator**).

$$\text{Cancer screening rate} \ = \ \frac{\text{Number of eligible patients with appropriate screening}}{\text{Number of patients eligible for screening}}$$

In most cases, the screening denominator will be a subset of the total patient population, so the denominator will be a **smaller** number than the total patient population. Similarly, the screening numerator will be a subset of the screening denominator, so the numerator will be a **smaller** number than the denominator.

Total patient population

Screening denominator

Screening numerator

Total patient population (all patients, all ages) served at all clinic sites participating in the project

Eligible patients

Eligible patients with appropriate screening

Cervical Cancer Screening Rate

✅ Patients to **include** in the cervical cancer screening numerator and denominator
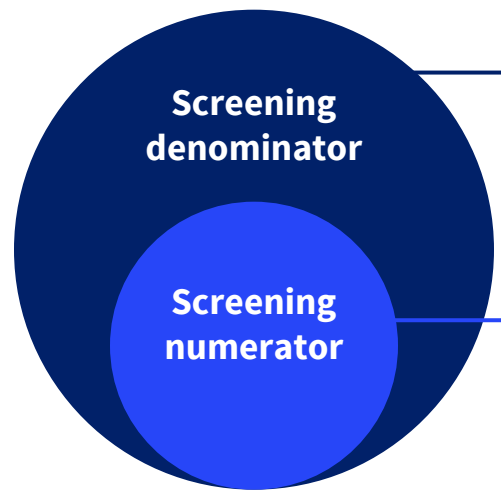
Screening denominator

Screening numerator

Denominator: eligible patients

Include women who were aged 21 through 64 with at least one reportable medical visit between 1/1/2022 and 12/31/2022. See exclusions at right.

Numerator: eligible patients with appropriate screening

Include eligible patients with one or more appropriate screenings, including:

- Cervical cytology for patients who are at least 21 years old at the time of the test performed between 1/1/2020 and 12/31/2022.
- Cervical human papillomavirus (HPV) testing for patients who are at least 30 years old at the time of the test performed between 1/1/2018 and 12/31/2022.

Please see next page for additional guidance

❌ Patients to **exclude** from the denominator

- Exclude patients who had a hysterectomy with no residual cervix or a congenital absence of cervix.

- Exclude patients who are in hospice care for any part of the measurement period.

- Exclude patients receiving palliative care during the measurement period.

- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.

*Measurement period = 1/1/2022 through 12/31/2022

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Cervical Cancer Screening Rate

Additional guidance

- Eligible patients are considered up to date for cervical cancer screening if they have had an appropriate screening within the last three to five years, depending on the screening test used and the age of the patient. While the measurement period for the denominator is 12 months, the numerator is looking back up to 60 months, or 48 months prior to the beginning of the measurement period.

- Only eligible patients included in the denominator should be included in the numerator.

- Include eligible patients of all genders who have a cervix.

- Only include information for clinics participating in the project.

- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Cervical Cancer Screening Rate

Cervical Cancer Screening Rate

CANCER SCREENING RATES

1

CERVICAL CANCER SCREENING QUALITY MEASURE DESCRIPTION (BASED ON CMS 124V10)

Percentage of women 21-64 years of age who had the appropriate screening for cervical cancer. For more information on the cervical cancer screening electronic clinical quality measure (eCQM), click here.

DENOMINATOR: ELIGIBLE PATIENTS

Include women who were aged 21 through 64 with at least one reportable medical visit between 1/1/2022 and 12/31/2022. See exclusions below.

Exclusions
- Exclude patients who had a hysterectomy with no residual cervix or a congenital absence of cervix.
- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients receiving palliative care during the measurement period.
- **Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.**

NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more appropriate screenings, including:
- Cervical cytology for patients who are at least 21 years old at the time of the test performed between 1/1/2020 and 12/31/2022.
- Cervical human papillomavirus (HPV) testing for patients who are at least 30 years old at the time of the test performed between 1/1/2018 and 12/31/2022.

ADDITIONAL GUIDANCE
- Eligible patients are considered up to date for cervical cancer screening if they have had an appropriate screening within the last three to five years, depending on the screening test used and the age of the patient. While the measurement period for the denominator is 12 months, the numerator is looking back up to 60 months, or 48 months prior to the beginning of the measurement period.
- **Only eligible patients included in the denominator should be included in the numerator.**
- Include eligible patients of all genders who have a cervix.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Denominator **2**	Numerator **3**	Rate (auto-calc) **4**

Guidance

1 Please review these definitions, exclusions, and additional guidance for determining which patients to include in the cancer screening denominator and numerator. The definitions, exclusions, and additional guidance were repeated and expanded upon on the previous three pages of this guide.

2 Enter the cancer screening **denominator**, using the definitions, exclusions, and additional guidance above.

3 Enter the cancer screening **numerator**, using the definitions and additional guidance above.

4 The cancer screening rate will automatically calculate based on the values entered for the denominator and numerator.

⚠️ The screening numerator should be a smaller number than the screening denominator.

72

Completed Screenings and Cancer Diagnoses

1

COMPLETED SCREENINGS AND CANCER DIAGNOSES

Below, list all values (as whole numbers) for the following metrics for the same 12-month measurement period used above (1/1/2022-12/31/2022). **These metrics are required.** For this section, report data on patients *of any age*. Include combined results for all participating sites identified in the Health System Details section.

Note: Enter a 0 in the box if there were no orders/completed screenings/cancer diagnoses. Leave the box blank only if the number of orders/completed screenings/cancer diagnoses is unknown.

2

Screening Metrics	Value
Orders issued for screening Pap tests	
Completed screening Pap tests	
Orders issued for screening HPV tests	
Completed screening HPV tests	
Orders issued for screening cotests Pap + HPV	
Completed screening cotests Pap + HPV	
Cervical cancer diagnoses	

Guidance

1 Please note that this section requests data for patients of **any age** and is not limited to the eligibility criteria outlined in the previous section on cancer screening rates.

2 In the spaces provided, enter the **number** of
- orders issued for screening Pap tests
- completed screening Pap tests
- orders issued for screening HPV tests
- completed screening HPV tests
- orders issued for screening cotests Pap + HPV
- completed screening cotests Pap + HPV
- cervical cancer diagnoses

Please include the number of screenings completed and number of cervical cancer diagnoses among patients served by participating clinics, **regardless of where the screenings were performed**. The screenings need not be done at the participating clinic(s).

⚠️ Enter a 0 in the box if there were no orders/completed screenings/cancer diagnoses.

Leave the box blank only if the number of orders/completed screenings/cancer diagnoses is unknown.

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Additional Information

1 Please share anything else about your final data you'd like us to know, including challenges or missing data.

Expand

Guidance

1 Please use this text box to share anything else about your health system's final data that you would like us to know, such as challenges or missing data.

Cervical Cancer Screening Rates by Race/Ethnicity

Pilot - Optional Rates by Race/Ethnicity

1 We are piloting the option to report rate data by additional demographic factors. You reported that your system has the capacity to report cervical cancer screening rate data by race/ethnicity. The following table is optional but preferred and will allow us to better track racial and ethnic disparities in cervical cancer screening rates. Use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022 - 12/31/2022) you used for the overall rate.

Cervical Cancer Screening: Percentage of women 21-64 years of age who had the appropriate screening for cervical cancer.

Race/Ethnicity	Denominator **2**	Numerator **3**	Rate (auto-calc) **4**
American Indian/Alaska Native, non-Hispanic			
Asian, non-Hispanic			
Black/African American, non-Hispanic			
Hispanic/Latino			
Native Hawaiian/Other Pacific Islander, non-Hispanic			
White, non-Hispanic			
Other, non-Hispanic			
Multiracial, non-Hispanic			
Unreported/refused to report			

Guidance

1 This section will appear if your health system indicated on the baseline report that it has the capacity to report cervical cancer screening rate data by patient race/ethnicity. This section is **optional but preferred** – it helps us to better track racial and ethnic disparities in cervical cancer screening.

If you're able to provide this information, please use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022—12/31/2022) you used for the overall screening rate.

2 Enter the cancer screening **denominator**, using the definitions, exclusions, and additional guidance provided for the overall screening rate.

3 Enter the cancer screening **numerator**, using the definitions and additional guidance provided for the overall screening rate.

4 For each race/ethnicity, the cancer screening rate will automatically calculate based on the values entered for the denominator and numerator.

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Patient Impact Story

PATIENT IMPACT STORY

Patient impact stories aid in creating a narrative around reducing barriers to cancer screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain screening intervention work in marginalized communities.

Patient-level impact stories should feature diversity in patient selection (race, gender, sexual orientation, class, geography, etc.). When choosing to feature a patient in the individual story, consider the following questions:

- What barriers have prevented the patient from getting a cancer screening (e.g., insurance, fear, transportation, or other barriers)?
- What helped the patient decide to get a cancer screening?
- What were the outcomes?
- What does it mean to the patient to know that this clinic, ACS, and corporate sponsors want to help provide access to cancer screenings?
- Provide a survivor story that illustrates how access to that screening and or treatment played a critical role in their treatment and ultimate survival of cancer.
- Can the patient provide a quote?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

① Attachment: 🅆 Image and Story Release_FORM.docx (0.21 MB)

② Provide a brief summary of the individual-level impact story here.

Expand

③ Patient wishes to remain anonymous.   ○

reset

④ Upload signed patient Image and Story Release Form here.   ⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

⑤ Upload patient photo here.   ⬆ Upload file

⑥ Upload any additional materials and/or photo(s) related to your impact story here.   ⬆ Upload file

Guidance

Participating health system partners should share **at least one** impact story in the Patient or System category, or both.

When choosing to feature a **patient** story, consider the following:
- What barriers have prevented the patient from getting a cancer screening (e.g., insurance, fear, transportation, or other barriers)?
- What helped the patient decide to get a cancer screening?
- What were the outcomes?
- What does it mean to the patient to know that this clinic, ACS, and corporate sponsors want to help provide access to cancer screenings?
- Provide a survivor story that illustrates how access to that screening and or treatment played a critical role in their treatment and ultimate survival of cancer.
- Can the patient provide a quote?

① Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

② Use the text box to provide a brief summary of the patient-level impact story.

③ Click on the white circle to let us know if the patient wishes to remain anonymous. If this button is clicked, the option to upload the Image and Story Release Form and patient photo below will disappear.

④ Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

⑤ Click on ⬆ Upload file to upload a patient photo.

⑥ Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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System or Policy Impact Story

SYSTEM OR POLICY IMPACT STORY

System-level impact stories aid in creating a narrative around reducing barriers to cancer screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain screening intervention work in marginalized communities.

As you think about a potential systems or policy change story, consider the following questions:

- How were you screening for patients before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to change that practice?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in cancer screening as a result of the grant funded project work?
- What barriers has the health system encountered providing access to screening for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals screened at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on cancer screening rates?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

1 Attachment: Image and Story Release_FORM.docx (0.21 MB)

2 Provide a brief summary of the system-level impact story here.

Expand

3 Upload signed Image and Story Release Form for system-level impact story here.
⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

4 Upload any additional materials and/or photo(s) related to your impact story here.
⬆ Upload file

Guidance

As you think about a potential **systems or policy change** story, consider the following:

- How were you screening for patients before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to change that practice?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in cancer screening as a result of the grant funded project work?
- What barriers has the health system encountered providing access to screening for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals screened at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on cancer screening rates?

1 Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

2 Use the text box to provide a brief summary of the system-level impact story.

3 Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

4 Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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Impact Story

1

In 1-2 sentences: If you could tell a potential funder about how your project has made a difference in cancer screening or HPV vaccinations, what would you say to them?

Expand

Guidance

1

In the text box, please share a brief response to the prompt:
If you could tell a potential funder about how your project has made a difference in cervical cancer screening, what would you say to them?

Although the instructions specify 1-2 sentences, the text box will accept more than 2 sentences if you wish to share additional information.

Checklist

Before submitting your report, please use this checklist to review your data

Check that information has been provided for the

☐ Number of participating clinic sites

☐ Screening numerator

☐ Screening denominator

☐ Number of cancer screenings ordered

☐ Number of cancer screenings completed

☐ Number of cancers diagnosed

☐ Types of evidence-based interventions used during the project

☐ Types of QI activities used during the project

Also check that the

☐ Screening numerator is a smaller number than the screening denominator

☐ Number of cancers diagnosed is less than the total number of cancer screenings completed

Click here for additional support and guidance

Submitting the Report

> Click Submit below to submit your final report. If needed, you may return and make changes.
>
> **1** [Submit]
>
> **2** [Save & Return Later]

Guidance

1 If your report is complete and you are ready to submit the report to the Interventions & Implementation Team, click the *Submit* button. If needed, you can come back and make changes to the report as long as the DART is open.

2 If multiple people will be entering data or the tool will not be completed all at once, make sure to scroll to the bottom of the page and click the *Save & Return Later* button before closing out of the webpage. Please be sure to return to your report by January 31, 2023 and click the *Submit* button to submit your completed report.

What's next?

Once your completed report is submitted, the Interventions & Implementation Team will review the report. A team member may follow up with you if they need any clarification.

Thank You

for participating in a
2022 Prevention & Screening project!

Colorectal Cancer Screening

Colorectal Cancer Screening

The following pages will guide you through completing each of the four sections of the report:

1		2		3		4
Health System Details		Quality Improvement (QI)		Colorectal Cancer Screening Rate		Impact Story

This guide includes screenshots of the DART and guidance for responding to each question.

⚠️ Please pay special attention to guidance for areas where health systems have commonly experienced challenges in the past (flagged with an orange triangle symbol). Doing so will help minimize follow-up questions from the Interventions & Implementation Team.

Health System Details

Guidance

1 Project focus is automatically selected based on previous reports and cannot be changed in the final report.

2 Indicate whether project funds were spent according to the budget that was submitted and approved by ACS. If *no* is selected, another question will appear. This question asks whether you previously submitted a budget modification for this project.

Health System Details *continued*

1 Health system legal name
* must provide value

2 "Doing business as" (DBA)
* must provide value

3 Your system reported 8 participating clinic sites in June. Has this number changed?
* must provide value
○ Yes ○ No
reset

Please explain
* must provide value
Expand

What is the total number of participating sites currently?
* must provide value

4 Do you have any modifications to previously submitted data?
* must provide value
○ Yes ○ No
reset

Please briefly describe the modifications here.
* must provide value
Expand

An ACS staff person will reach out to you regarding data modifications.

Guidance

1 The health system's legal name is automatically populated based on previous reports. If needed, you may update the name by typing in the text box.

2 The health system's "doing business as" (DBA) name is automatically populated based on previous reports. If needed, you may update the DBA by typing in the text box. If the health system does not have a DBA, type "N/A."

3 Indicate whether the number of clinics participating in the project has changed since midpoint (June 2022). If *yes* is selected, **two more questions will appear**.

The first question asks for an explanation about the change in number of participating sites. Example: one or more of the participating clinic sites closed.

The second question asks for the total number of clinic sites that are currently participating in the project.

4 Indicate whether there are any modifications to previously submitted baseline and/or midpoint data. If *yes* is selected, another question will appear. This question asks for a brief description of the modifications made to previously submitted data.

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Quality Improvement (QI)

Quality Improvement

QI Implementation Efforts

1 Does your health system have a QI lead and/or QI team/committee in place?
- ○ Yes, for all of the project
- ○ Yes, for part of the project
- ○ No

reset

At what frequency did this QI team connect?
- ○ Weekly
- ○ Monthly
- ○ Bi-monthly
- ● Other (please describe)

reset

Describe

2 At baseline, you submitted this aim statement: increase colorectal cancer screening rates from X to X by Dec 31, 22..

At midpoint, you reported the following changes to your aim statement: increase screening rates from 34 to 40.

Please share progress toward meeting this aim statement.

* must provide value

Expand

3 Summarize project successes and challenges your system has encountered.

* must provide value

Expand

Guidance

1 Indicate whether the health system had a quality improvement (QI) lead and/or a QI team/committee in place for the entire project, part of the project, or not at all.

If *Yes, for all of the project* or *Yes, for part of the project* is selected, you will be asked to indicate the frequency with which the QI team connected (weekly, monthly, bi-monthly, or other). If *other* is selected, please use the text box to describe the frequency.

2 The project aim statement your health system submitted at baseline, along with any changes reported at midpoint, will appear here. Please review the project aim statement and share progress toward meeting the aim statement.

3 Please include a summary of project successes and challenges your health system experienced throughout the 12-month project period.

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Quality Improvement (QI) *continued*

1 Identify the QI activities you have conducted since the beginning of this project (January 1, 2022).

Select all that apply.
- ☑ Process map
- ☑ Root cause analysis
- ☑ Plan-do-study-act (PDSA) cycle
- ☑ Other (please describe)

Describe

[   ]

Expand

2 Please share an example of your process map(s). [optional]

⬆ Upload file

Please share an example of your root cause analysis. [optional]

⬆ Upload file

Please share an example of your PDSA cycle(s). [optional]

⬆ Upload file

Please share an example of one of your other QI processes. [optional]

⬆ Upload file

3 How has this project addressed disparities in colorectal cancer screening?

[   ]

Expand

Guidance

1 Indicate the QI activities the health system conducted since the beginning of the project (since January 1, 2022). If *other* is selected, please use the text box to describe the QI activity.

2 For each QI activity selected in the previous question, there will be an option to upload an example. Click on ⬆ Upload file to upload an example.

3 Please describe how the project addressed disparities in colorectal cancer screening.

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Quality Improvement (QI) *continued*

1 In addition to joining your core quality improvement team and attending progress meetings, what forms of support since January 1, 2022, did you receive from the ACS staff partner?

Select all that apply.

- ☐ Educational opportunities
- ☐ Guidance on best practices
- ☐ QI expertise
- ☐ Resources
- ☐ Strategy
- ☑ Other (please describe)

Describe [   ]

2 Identify the following screening training and education activities your system has conducted for this project to increase your target cancer screening since January 1, 2022.

Select all that apply.

* must provide value

- ☐ Educate staff on importance of on time cancer screening
- ☐ Educate staff on strategies to improve cancer screening
- ☐ Identified cancer screening champions
- ☑ Other (please describe)

Describe [   ]

* must provide value

Guidance

1 Indicate the form(s) of support your health system received from your ACS staff partner since January 1, 2022. If *other* is selected, please use the text box to describe the support.

2 Indicate the screening training and education activities your health system has conducted for this project to increase your target cancer screening rate since January 1, 2022. If *other* is selected, please use the text box to describe the training/education activity.

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Quality Improvement (QI) *continued*

Program Planning

In this section, please select the evidence-informed interventions that were put into place to reach the goals of the project.

1 **Identify the client-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.**

Select all that apply.

* must provide value

- ☑ Client reminders
- ☐ Group education
- ☐ Navigation to screening
- ☐ One-on-one education
- ☐ Reduce out of pocket costs to the client
- ☐ Reduction of structural barriers
- ☐ Other (please describe)

2 **Client reminders**

Successes/Lessons Learned:

* must provide value

Expand

Barriers/Challenges:

* must provide value

Expand

Guidance

1 Select all the **client**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Client reminders* was selected, so a section for client reminders appeared. If more than one intervention was selected, additional text boxes would appear for each intervention.

Quality Improvement (QI) *continued*

Identify the client-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

* must provide value

- ☐ Client reminders
- ☐ Group education
- ☐ Navigation to screening
- ☐ One-on-one education
- ☐ Reduce out of pocket costs to the client
- ☑ Reduction of structural barriers
- ☐ Other (please describe)

Reduction of structural barriers

1

Identify the interventions your system has implemented to reduce structural barriers.

Select all that apply.

* must provide value

- ☐ Deployment of mobile screening units
- ☐ Flexible/extended hours
- ☐ Translation and/or interpretation services
- ☐ Transportation
- ☑ Other (please describe)

Describe

* must provide value

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Guidance

1 If *Reduction of structural barriers* is selected as a client-directed evidence-informed intervention, there will be one additional question asking you to share the intervention(s) your health system implemented to reduce structural barriers.

Following are some examples of interventions:

- Deployment of mobile screening units (e.g., mobile mammography van)
- Flexible or extended hours
- Translation and/or interpretation services
- Transportation (e.g., gas money/gift cards, parking passes, bus passes, shuttles, vouchers for taxis or ride sharing)

If *other* is selected, please use the text box to describe the intervention.

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Quality Improvement (QI) *continued*

1 Identify the provider-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

* must provide value

☐ EHR enhancements
☐ Office policies
☑ Provider assessment and feedback
☐ Provider prompts/reminders
☐ Screening protocols
☑ Standing orders
☐ Other (please describe)

2
Provider assessment and feedback

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Standing orders

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Guidance

1 Select all the **provider**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Provider assessment and feedback* and *Standing orders* were selected, so separate sections for provider assessment and feedback and standing orders appeared. If more interventions were selected, additional text boxes would appear for each intervention.

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Quality Improvement (QI) *continued*

1

At baseline, your health system reported using Chart audit as the primary data source to calculate your colorectal cancer screening rates. At midpoint, your health system reported using EHR. Has your data source changed since the midpoint?

* must provide value

◉ Yes ○ No

reset

Using different data sources results in loss of data quality and comparability over time. An ACS staff person will reach out to you regarding your previously submitted data.

What was the primary data source used to calculate final rates?

* must provide value

○ EHR
○ Chart audit
○ Immunization Information Systems (IIS)
◉ Other

reset

Describe

* must provide value

2

Did you use a secondary data source?

* must provide value

◉ Yes
○ No

reset

What secondary sources were used?

Select all that apply.

* must provide value

☐ EHR
☐ Chart audit
☑ Other (please describe)

Describe

* must provide value

Guidance

1 Indicate whether there has been a change to your health system's primary data source for calculating colorectal cancer screening rates. If *yes* is selected, another question will appear. This question asks what primary source was used to calculate final rates. If *other* is selected, please use the text box to describe the primary data source.

2 Indicate whether your health system used a secondary data source for the data provided in this report. If *yes* is selected, another question will appear. This question asks what secondary sources were used. If *other* is selected, please use the text box to describe the secondary data source(s).

Cancer Screening Rate Overview

What we want to know

To what extent does the health system's cancer screening rate change from the beginning of the project (baseline) to the end of the project (final)?

The cancer screening rate is the percentage of eligible patients who had the appropriate screening for cancer (i.e., patients up to date with cancer screening) at the participating clinics. The screening rate is calculated by dividing the number of eligible patients with appropriate screening (**screening numerator**) by the number of patients who were eligible for screening (**screening denominator**).

$$\text{Cancer screening rate} \ = \ \frac{\textbf{Number of eligible patients with appropriate screening}}{\textbf{Number of patients eligible for screening}}$$

In most cases, the screening denominator will be a subset of the total patient population, so the denominator will be a **smaller** number than the total patient population. Similarly, the screening numerator will be a subset of the screening denominator, so the numerator will be a **smaller** number than the denominator.

Total patient population — Total patient population (all patients, all ages) served at all clinic sites participating in the project

Screening denominator — Eligible patients

Screening numerator — Eligible patients with appropriate screening

Colorectal Cancer Screening Rate

✅ Patients to **include** in the colorectal cancer screening numerator and denominator
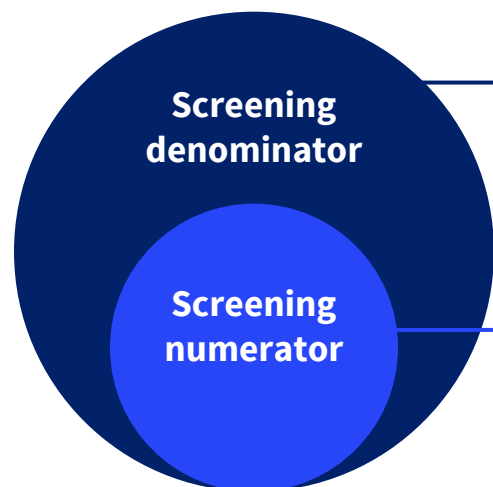
Screening denominator

Screening numerator

Denominator: eligible patients

Include patients who were aged 50 through 75 with at least one reportable medical visit between 1/1/2022 and 12/31/2022.
See exclusions at right.

Numerator: eligible patients with appropriate screening

Include eligible patients with one or more appropriate screenings, including:

- Fecal occult blood test (gFOBT or iFOBT) or FIT between 1/1/2022 and 12/31/2022 (screened in the past 1 year)
- Colonoscopy between 1/1/2013 and 12/31/2022 (screened in the past 10 years)
- FIT-DNA between 1/1/2020 and 12/31/2022 (screened in the past 3 years)
- CT colonography between 1/1/2018 and 12/31/2022 (screened in the past 5 years)
- Flexible sigmoidoscopy between 1/1/2018 and 12/31/2022 (screened in the past 5 years)

Please see next page for additional guidance

❌ Patients to **exclude** from the denominator

- Exclude patients who are in hospice care for any part of the measurement period.

- Exclude patients with a diagnosis or past history of total colectomy or colorectal cancer.

- Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period.

- Exclude patients 66 and older with an indication of frailty for any part of the measurement period who meet any of the following criteria:

  - Advanced illness with two outpatient encounters during the measurement period or the year prior.

  - Advanced illness with one inpatient encounter during the measurement period or the year prior.

  - Taking dementia medications during the measurement period or the year prior.

- Exclude patients receiving palliative care during the measurement period.

- Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.

  *Measurement period = 1/1/2022 through 12/31/2022

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Colorectal Cancer Screening Rate

Additional guidance

- Eligible patients are considered up to date for colorectal cancer screening if they have had an appropriate screening within the last 10 years depending on the screening test used. While the measurement period for the denominator is 12 months, the numerator is looking back up to 120 months, or 108 months prior to the beginning of the measurement period.

- Only eligible patients included in the denominator should be included in the numerator.

- Only include information for clinics participating in the project.

- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Colorectal Cancer Screening Rate

CANCER SCREENING RATES

1 **COLORECTAL CANCER SCREENING QUALITY MEASURE DESCRIPTION (BASED ON CMS 130V10)**

Percentage of adults 50-75 years of age who had the appropriate screening for colorectal cancer. For more information on the colorectal cancer screening electronic clinical quality measure (eCQM), click here.

DENOMINATOR: ELIGIBLE PATIENTS

Include patients who were aged 50 through 75 with at least one reportable medical visit between 1/1/2022 and 12/31/2022. See exclusions below.

Exclusions
- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients with a diagnosis or past history of total colectomy or colorectal cancer.
- Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period.
- Exclude patients 66 and older with an indication of frailty for any part of the measurement period who meet any of the following criteria:
  - Advanced illness with two outpatient encounters during the measurement period or the year prior.
  - Advanced illness with one inpatient encounter during the measurement period or the year prior.
  - Taking dementia medications during the measurement period or the year prior.
- Exclude patients receiving palliative care during the measurement period.
- **Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.**

NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more appropriate screenings, including:
- Fecal occult blood test (gFOBT or iFOBT) or FIT between 1-1-2022 and 12-31-2022.
- Colonoscopy between 1-1-2013 and 12-31-2022.
- FIT-DNA between 1-1-2020 and 12-31-2022.
- CT colonography between 1-1-2018 and 12-31-2022.
- Flexible sigmoidoscopy between 1-1-2018 and 12-31-2022.

ADDITIONAL GUIDANCE
- Eligible patients are considered up to date for colorectal cancer screening if they have had an appropriate screening within the last 10 years depending on the screening test used. While the measurement period for the denominator is 12 months, the numerator is looking back up to 120 months, or 108 months prior to the beginning of the measurement period.
- **Only eligible patients included in the denominator should be included in the numerator.**
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Denominator **2**	Numerator **3**	Rate (auto-calc) **4**

Guidance

1 Please review these definitions, exclusions, and additional guidance for determining which patients to include in the cancer screening denominator and numerator. The definitions, exclusions, and additional guidance were repeated and expanded upon on the previous three pages of this guide.

2 Enter the cancer screening **denominator**, using the definitions, exclusions, and additional guidance above.

3 Enter the cancer screening **numerator**, using the definitions and additional guidance above.

4 The cancer screening rate will automatically calculate based on the values entered for the denominator and numerator.

⚠️ The screening numerator should be a smaller number than the screening denominator.

Completed Screenings and Cancer Diagnoses

COMPLETED SCREENINGS AND CANCER DIAGNOSES

1 Below, list all values (as whole numbers) for the following metrics for the same 12-month measurement period used above (1/1/2022-12/31/2022). **These metrics are required.** For this section, report data on patients *of any age*. Include combined results for all participating sites identified in the Health System Details section.

Note: Enter a 0 in the box if there were no orders/completed screenings/cancer diagnoses. Leave the box blank only if the number of orders/completed screenings/cancer diagnoses is unknown.

2

Screening Metrics	Value
Orders issued for fecal occult blood tests (gFOBT or iFOBT) or FIT	
Fecal occult blood tests (gFOBT or iFOBT) completed	
Orders issued for screening colonoscopies	
Screening colonoscopies completed	
Orders issued for FIT-DNA tests	
FIT-DNA tests completed	
Orders issued for CT colonographies	
CT colonographies completed	
Orders issued for flexible sigmoidoscopies	
Flexible sigmoidoscopies completed	
Colorectal cancer diagnoses	

⚠️ Enter a 0 in the box if there were no orders/completed screenings/cancer diagnoses.

Leave the box blank only if the number of orders/completed screenings/cancer diagnoses is unknown.

Guidance

1 Please note that this section requests data for patients of **any age** and is not limited to the eligibility criteria outlined in the previous section on cancer screening rates.

2 In the spaces provided, enter the **number** of
- orders issued for fecal occult blood tests (gFOBT or iFOBT) or FIT
- fecal occult blood tests (gFOBT or iFOBT) completed
- orders issued for screening colonoscopies
- screening colonoscopies completed
- orders issued for FIT-DNA tests
- FIT-DNA tests completed
- orders issued for CT colonographies
- CT colonographies completed
- orders issued for flexible sigmoidoscopies
- flexible sigmoidoscopies completed
- colorectal cancer diagnoses

Please include the number of screenings completed and number of colorectal cancer diagnoses among patients served by participating clinics, **regardless of where the screenings were performed**. The screenings need not be done at the participating clinic(s).

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Additional Information

1 Please share anything else about your final data you'd like us to know, including challenges or missing data.

Expand

Guidance

1 Please use this text box to share anything else about your health system's final data that you would like us to know, such as challenges or missing data.

Colorectal Cancer Screening Rates by Race/Ethnicity

1 **Pilot - Optional Rates by Race/Ethnicity**

We are piloting the option to report rate data by additional demographic factors. You reported that your system has the capacity to report colorectal cancer screening rate data by race/ethnicity. The following table is <u>optional but preferred</u> and will allow us to better track racial and ethnic disparities in colorectal cancer screening rates. Use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022 - 12/31/2022) you used for the overall rate.

Colorectal Cancer Screening: Percentage of adults 50-75 years of age who had the appropriate screening for colorectal cancer.

Race/Ethnicity	Denominator **2**	Numerator **3**	Rate (auto-calc) **4**
American Indian/Alaska Native, non-Hispanic			
Asian, non-Hispanic			
Black/African American, non-Hispanic			
Hispanic/Latino			
Native Hawaiian/Other Pacific Islander, non-Hispanic			
White, non-Hispanic			
Other, non-Hispanic			
Multiracial, non-Hispanic			
Unreported/refused to report			

Guidance

1 This section will appear if your health system indicated on the baseline report that it has the capacity to report colorectal cancer screening rate data by patient race/ethnicity. This section is **optional but preferred** – it helps us to better track racial and ethnic disparities in colorectal cancer screening.

If you're able to provide this information, please use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022— 12/31/2022) you used for the overall screening rate.

2 Enter the cancer screening **denominator**, using the definitions, exclusions, and additional guidance provided for the overall screening rate.

3 Enter the cancer screening **numerator**, using the definitions and additional guidance provided for the overall screening rate.

4 For each race/ethnicity, the cancer screening rate will automatically calculate based on the values entered for the denominator and numerator.

Patient Impact Story

PATIENT IMPACT STORY

Patient impact stories aid in creating a narrative around reducing barriers to cancer screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain screening intervention work in marginalized communities.

Patient-level impact stories should feature diversity in patient selection (race, gender, sexual orientation, class, geography, etc.). When choosing to feature a patient in the individual story, consider the following questions:

- What barriers have prevented the patient from getting a cancer screening (e.g., insurance, fear, transportation, or other barriers)?
- What helped the patient decide to get a cancer screening?
- What were the outcomes?
- What does it mean to the patient to know that this clinic, ACS, and corporate sponsors want to help provide access to cancer screenings?
- Provide a survivor story that illustrates how access to that screening and or treatment played a critical role in their treatment and ultimate survival of cancer.
- Can the patient provide a quote?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

1 — Attachment: 🅆 Image and Story Release_FORM.docx (0.21 MB)

2 — Provide a brief summary of the individual-level impact story here.

Expand

3 — **Patient wishes to remain anonymous.** ○

reset

4 — Upload signed patient Image and Story Release Form here.   ⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

5 — Upload patient photo here.   ⬆ Upload file

6 — Upload any additional materials and/or photo(s) related to your impact story here.   ⬆ Upload file

Guidance

Participating health system partners should share **at least one** impact story in the Patient or System category, or both.

When choosing to feature a **patient** story, consider the following:
- What barriers have prevented the patient from getting a cancer screening (e.g., insurance, fear, transportation, or other barriers)?
- What helped the patient decide to get a cancer screening?
- What were the outcomes?
- What does it mean to the patient to know that this clinic, ACS, and corporate sponsors want to help provide access to cancer screenings?
- Provide a survivor story that illustrates how access to that screening and or treatment played a critical role in their treatment and ultimate survival of cancer.
- Can the patient provide a quote?

1 Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

2 Use the text box to provide a brief summary of the patient-level impact story.

3 Click on the white circle to let us know if the patient wishes to remain anonymous. If this button is clicked, the option to upload the Image and Story Release Form and patient photo below will disappear.

4 Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

5 Click on ⬆ Upload file to upload a patient photo.

6 Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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System or Policy Impact Story

SYSTEM OR POLICY IMPACT STORY

System-level impact stories aid in creating a narrative around reducing barriers to cancer screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain screening intervention work in marginalized communities.

As you think about a potential systems or policy change story, consider the following questions:

- How were you screening for patients before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to change that practice?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in cancer screening as a result of the grant funded project work?
- What barriers has the health system encountered providing access to screening for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals screened at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on cancer screening rates?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

(1) Attachment: 📄 Image and Story Release_FORM.docx (0.21 MB)

(2) Provide a brief summary of the system-level impact story here.

　　　　　　　　　　　　　　　　　　　　　　　Expand

(3) Upload signed Image and Story Release Form for system-level impact story here.　　　⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

(4) Upload any additional materials and/or photo(s) related to your impact story here.　　　⬆ Upload file

Guidance

As you think about a potential **systems or policy change** story, consider the following:

- How were you screening for patients before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to change that practice?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in cancer screening as a result of the grant funded project work?
- What barriers has the health system encountered providing access to screening for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals screened at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on cancer screening rates?

(1) Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

(2) Use the text box to provide a brief summary of the system-level impact story.

(3) Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

(4) Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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Impact Story

In 1-2 sentences: If you could tell a potential funder about how your project has made a difference in cancer screening or HPV vaccinations, what would you say to them?

Expand

Guidance

1   In the text box, please share a brief response to the prompt:
If you could tell a potential funder about how your project has made a difference in colorectal cancer screening, what would you say to them?

Although the instructions specify 1-2 sentences, the text box will accept more than 2 sentences if you wish to share additional information.

Checklist

Before submitting your report, please use this checklist to review your data

Check that information has been provided for the

☐ Number of participating clinic sites

☐ Screening numerator

☐ Screening denominator

☐ Number of cancer screenings ordered

☐ Number of cancer screenings completed

☐ Number of cancers diagnosed

☐ Types of evidence-based interventions used during the project

☐ Types of QI activities used during the project

Also check that the

☐ Screening numerator is a smaller number than the screening denominator

☐ Number of cancers diagnosed is less than the total number of cancer screenings completed

? *Click here for additional support and guidance*

Submitting the Report

Click Submit below to submit your final report. If needed, you may return and make changes.

1 Submit

2 Save & Return Later

Guidance

1 If your report is complete and you are ready to submit the report to the Interventions & Implementation Team, click the *Submit* button. If needed, you can come back and make changes to the report as long as the DART is open.

2 If multiple people will be entering data or the tool will not be completed all at once, make sure to scroll to the bottom of the page and click the *Save & Return Later* button before closing out of the webpage. Please be sure to return to your report by January 31, 2023 and click the *Submit* button to submit your completed report.

What's next?

Once your completed report is submitted, the Interventions & Implementation Team will review the report. A team member may follow up with you if they need any clarification.

Lung Cancer Screening

Lung Cancer Screening

The following pages will guide you through completing each of the four sections of the report:

1	**2**	**3**	**4**
Health System Details	Quality Improvement (QI)	Lung Cancer Screening Rate	Impact Story

This guide includes screenshots of the DART and guidance for responding to each question.

⚠ Please pay special attention to guidance for areas where health systems have commonly experienced challenges in the past (flagged with an orange triangle symbol). Doing so will help minimize follow-up questions from the Interventions & Implementation Team.

Health System Details

American Cancer Society

⊟ Survey Queue

A A A

⊞ ⊟

Final 2022 DART

Thank you for your participation in the 2022 Prevention & Screening cohort. This is your final submission (due 1/31/23). Please complete your responses as thoroughly as possible.

As a reminder, the DART is designed to be completed by the participating health system with the support of their ACS staff partner. ACS support will include reviewing the DART and ensuring completion.

If multiple people will be entering data and/or the tool will not be completed all at once, make sure to scroll to the bottom of the page and hit "Save and Return Later" before closing out of the webpage.

If you have questions or challenges completing this tool, please contact your ACS staff partner or email interventions@cancer.org.

Thank you!

ACS Interventions & Implementation

1 This project focuses on:
* must provide value

○ HPV vaccination
○ breast cancer screening
○ cervical cancer screening
○ colorectal cancer screening
◉ lung cancer screening

2 The funds received by this health system for this project were spent according to the budget submitted and approved by ACS.   ○ Yes ◉ No   reset
* must provide value

Did you previously submit a budget modification for this project?   ○ Yes ○ No   reset
* must provide value

ACS staff will follow-up with you for more information and final financial reconciliation.

Guidance

1 Project focus is automatically selected based on previous reports and cannot be changed in the final report.

2 Indicate whether project funds were spent according to the budget that was submitted and approved by ACS. If *no* is selected, another question will appear. This question asks whether you previously submitted a budget modification for this project.

Health System Details *continued*

Form (left panel)

1 Health system legal name
* must provide value

2 "Doing business as" (DBA)
* must provide value

3 Your system reported 8 participating clinic sites in June. Has this number changed?
* must provide value
● Yes ○ No
reset

Please explain
* must provide value
Expand

What is the total number of participating sites currently?
* must provide value

4 Do you have any modifications to previously submitted data?
* must provide value
● Yes ○ No
reset

Please briefly describe the modifications here.
* must provide value
Expand

An ACS staff person will reach out to you regarding data modifications.

Guidance

1 The health system's legal name is automatically populated based on previous reports. If needed, you may update the name by typing in the text box.

2 The health system's "doing business as" (DBA) name is automatically populated based on previous reports. If needed, you may update the DBA by typing in the text box. If the health system does not have a DBA, type "N/A."

3 Indicate whether the number of clinics participating in the project has changed since midpoint (June 2022). If *yes* is selected, **two more questions will appear**.

The first question asks for an explanation about the change in number of participating sites. Example: one or more of the participating clinic sites closed.

The second question asks for the total number of clinic sites that are currently participating in the project.

4 Indicate whether there are any modifications to previously submitted baseline and/or midpoint data. If *yes* is selected, another question will appear. This question asks for a brief description of the modifications made to previously submitted data.

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Quality Improvement (QI)

Quality Improvement

QI Implementation Efforts

1 Does your health system have a QI lead and/or QI team/committee in place?

○ Yes, for all of the project
○ Yes, for part of the project
○ No

reset

At what frequency did this QI team connect?

○ Weekly
○ Monthly
○ Bi-monthly
● Other (please describe)

reset

Describe [   ]

2 At baseline, you submitted this aim statement: This is a test aim statement to populate the midpoint form..

At midpoint, you reported the following changes to your aim statement: We're on track with our goal..

Please share progress toward meeting this aim statement.

* must provide value

[   ]

Expand

3 Summarize project successes and challenges your system has encountered.

* must provide value

[   ]

Expand

Guidance

1 Indicate whether the health system had a quality improvement (QI) lead and/or a QI team/committee in place for the entire project, part of the project, or not at all.

If *Yes, for all of the project* or *Yes, for part of the project* is selected, you will be asked to indicate the frequency with which the QI team connected (weekly, monthly, bi-monthly, or other). If *other* is selected, please use the text box to describe the frequency.

2 The project aim statement your health system submitted at baseline, along with any changes reported at midpoint, will appear here. Please review the project aim statement and share progress toward meeting the aim statement.

3 Please include a summary of project successes and challenges your health system experienced throughout the 12-month project period.

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Quality Improvement (QI) *continued*

1 Identify the QI activities you have conducted since the beginning of this project (January 1, 2022).

Select all that apply.
- ☑ Process map
- ☑ Root cause analysis
- ☑ Plan-do-study-act (PDSA) cycle
- ☑ Other (please describe)

Describe

[   ]

Expand

2 Please share an example of your process map(s). [optional]

⬆ Upload file

Please share an example of your root cause analysis. [optional]

⬆ Upload file

Please share an example of your PDSA cycle(s). [optional]

⬆ Upload file

Please share an example of one of your other QI processes. [optional]

⬆ Upload file

3 How has this project addressed disparities in lung cancer screening?

[   ]

Expand

Guidance

1 Indicate the QI activities the health system conducted since the beginning of the project (since January 1, 2022). If *other* is selected, please use the text box to describe the QI activity.

2 For each QI activity selected in the previous question, there will be an option to upload an example. Click on ⬆ Upload file to upload an example.

3 Please describe how the project addressed disparities in lung cancer screening.

111

Quality Improvement (QI) *continued*

1 In addition to joining your core quality improvement team and attending progress meetings, what forms of support since January 1, 2022, did you receive from the ACS staff partner?

Select all that apply.

- ☐ Educational opportunities
- ☐ Guidance on best practices
- ☐ QI expertise
- ☐ Resources
- ☐ Strategy
- ☑ Other (please describe)

Describe	

2 Identify the following screening training and education activities your system has conducted for this project to increase your target cancer screening since January 1, 2022.

Select all that apply.

* must provide value

- ☐ Educate staff on importance of on time cancer screening
- ☐ Educate staff on strategies to improve cancer screening
- ☐ Identified cancer screening champions
- ☑ Other (please describe)

Describe	

* must provide value

Guidance

1 Indicate the form(s) of support your health system received from your ACS staff partner since January 1, 2022. If *other* is selected, please use the text box to describe the support.

2 Indicate the screening training and education activities your health system has conducted for this project to increase your target cancer screening rate since January 1, 2022. If *other* is selected, please use the text box to describe the training/education activity.

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Quality Improvement (QI) *continued*

Program Planning

In this section, please select the evidence-informed interventions that were put into place to reach the goals of the project.

1 **Identify the client-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.**

Select all that apply.

* must provide value

- ☑ Client reminders
- ☐ Group education
- ☐ Navigation to screening
- ☐ One-on-one education
- ☐ Reduce out of pocket costs to the client
- ☐ Reduction of structural barriers
- ☐ Other (please describe)

2 **Client reminders**

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Guidance

1 Select all the **client**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Client reminders* was selected, so a section for client reminders appeared. If more than one intervention was selected, additional text boxes would appear for each intervention.

Quality Improvement (QI) *continued*

Identify the client-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

* must provide value

☐ Client reminders
☐ Group education
☐ Navigation to screening
☐ One-on-one education
☐ Reduce out of pocket costs to the client
☑ Reduction of structural barriers
☐ Other (please describe)

Reduction of structural barriers

Identify the interventions your system has implemented to reduce structural barriers.

Select all that apply.

* must provide value

☐ Deployment of mobile screening units
☐ Flexible/extended hours
☐ Translation and/or interpretation services
☐ Transportation
☑ Other (please describe)

Describe

* must provide value

Successes/Lessons Learned:

* must provide value

Expand

Barriers/Challenges:

* must provide value

Expand

Guidance

1 If *Reduction of structural barriers* is selected as a client-directed evidence-informed intervention, there will be one additional question asking you to share the intervention(s) your health system implemented to reduce structural barriers.

Following are some examples of interventions:

- Deployment of mobile screening units (e.g., mobile mammography van)

- Flexible or extended hours

- Translation and/or interpretation services

- Transportation (e.g., gas money/gift cards, parking passes, bus passes, shuttles, vouchers for taxis or ride sharing)

If *other* is selected, please use the text box to describe the intervention.

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Quality Improvement (QI) *continued*

① Identify the provider-directed evidence-informed interventions your system has implemented to reach your goals since January 1, 2022.

Select all that apply.

* must provide value

- ☐ EHR enhancements
- ☐ Office policies
- ☑ Provider assessment and feedback
- ☐ Provider prompts/reminders
- ☐ Screening protocols
- ☑ Standing orders
- ☐ Other (please describe)

②
Provider assessment and feedback

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Standing orders

Successes/Lessons Learned:
* must provide value

Expand

Barriers/Challenges:
* must provide value

Expand

Guidance

① Select all the **provider**-directed evidence-informed interventions your health system implemented to reach your goals since January 1, 2022.

② For each intervention selected, a new section will appear. Each section asks for successes/lessons learned and barriers/challenges for that intervention. Please use the text boxes to describe successes/lessons learned and barriers/challenges.

In this example, *Provider assessment and feedback* and *Standing orders* were selected, so separate sections for provider assessment and feedback and standing orders appeared. If more interventions were selected, additional text boxes would appear for each intervention.

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Quality Improvement (QI) *continued*

1 At baseline & midpoint, your health system reported using EHR as the primary data source to calculate your lung cancer screening rates. Has your data source changed since the midpoint?
  * must provide value

  ● Yes   ○ No

  reset

Using different data sources results in loss of data quality and comparability over time. An ACS staff person will reach out to you regarding your previously submitted data.

What was the primary data source used to calculate final rates?
  * must provide value

  ○ EHR
  ○ Chart audit
  ○ Immunization Information Systems (IIS)
  ● Other

  reset

Describe
  * must provide value

2 Did you use a secondary data source?
  * must provide value

  ● Yes
  ○ No

  reset

What secondary sources were used?
Select all that apply.
  * must provide value

  ☐ EHR
  ☐ Chart audit
  ☑ Other (please describe)

Describe
  * must provide value

Guidance

1 Indicate whether there has been a change to your health system's primary data source for calculating lung cancer screening rates. If *yes* is selected, another question will appear. This question asks what primary source was used to calculate final rates. If *other* is selected, please use the text box to describe the primary data source.

2 Indicate whether your health system used a secondary data source for the data provided in this report. If *yes* is selected, another question will appear. This question asks what secondary sources were used. If *other* is selected, please use the text box to describe the secondary data source(s).
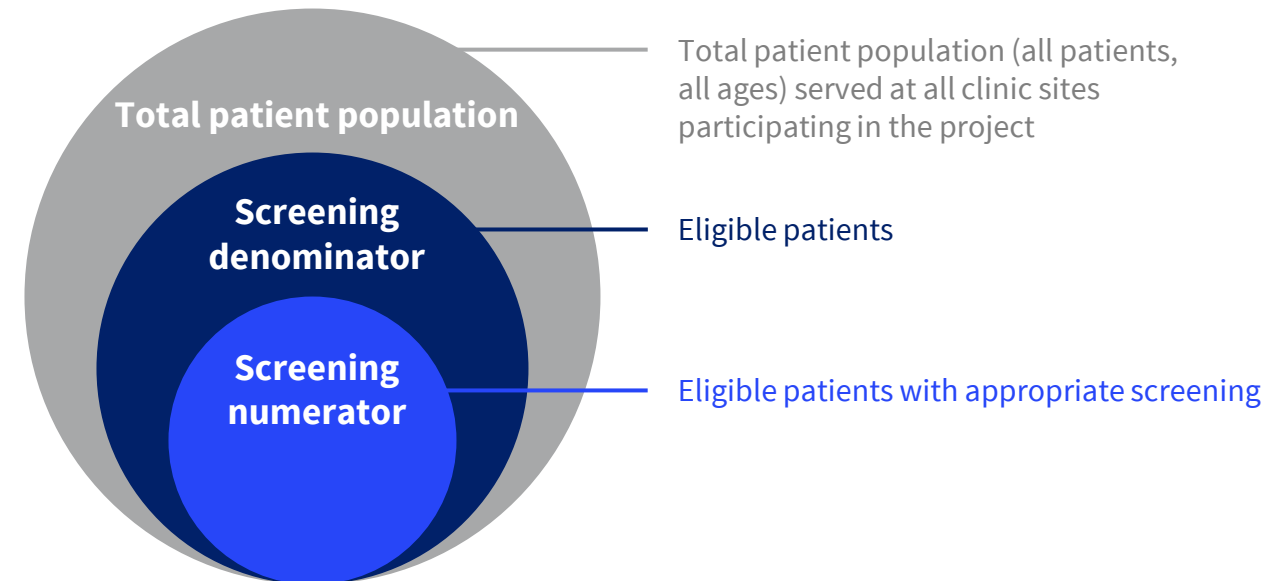
Cancer Screening Rate Overview

What we want to know

To what extent does the health system's cancer screening rate change from the beginning of the project (baseline) to the end of the project (final)?

The cancer screening rate is the percentage of eligible patients who had the appropriate screening for cancer (i.e., patients up to date with cancer screening) at the participating clinics. The screening rate is calculated by dividing the number of eligible patients with appropriate screening (**screening numerator**) by the number of patients who were eligible for screening (**screening denominator**).

$$\text{Cancer screening rate} \ = \ \frac{\text{Number of eligible patients with appropriate screening}}{\text{Number of patients eligible for screening}}$$

In most cases, the screening denominator will be a subset of the total patient population, so the denominator will be a **smaller** number than the total patient population. Similarly, the screening numerator will be a subset of the screening denominator, so the numerator will be a **smaller** number than the denominator.

Total patient population — Total patient population (all patients, all ages) served at all clinic sites participating in the project

Screening denominator — Eligible patients

Screening numerator — Eligible patients with appropriate screening

Lung Cancer Screening Rate

✓ Patients to **include** in the lung cancer screening numerator and denominator

Screening denominator

Screening numerator
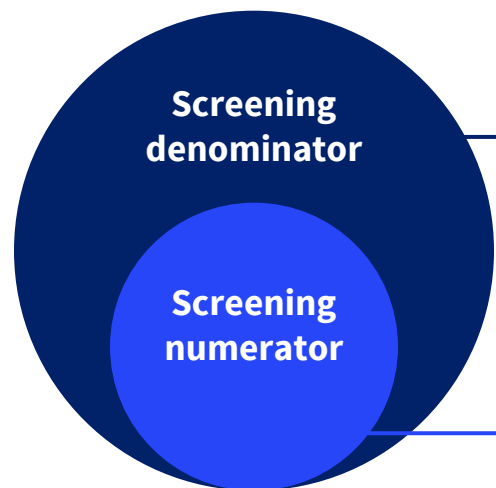
Denominator: eligible patients

Include patients

- who were aged 50 through 80, and
- who currently smoke or have quit within the past 15 years, and
- have a smoking history equivalent to a pack a day for 20 years, and
- with at least one reportable medical visit between 1/1/2022 and 12/31/2022

Numerator: eligible patients with appropriate screening

Include eligible patients with one or more LDCT screenings between 1/1/2022 and 12/31/2022.

✗ Patients to **exclude** from the denominator

Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.

Additional guidance

- Only eligible patients included in the denominator should be included in the numerator.
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Lung Cancer Screening Rate

CANCER SCREENING RATES

1

LUNG CANCER SCREENING QUALITY MEASURE DESCRIPTION

Percentage of adults 50-80 years of age who had a LDCT screening to screen for lung cancer within the last 12 months.

DENOMINATOR: ELIGIBLE PATIENTS

Include patients who were aged 50 through 80 who currently smoke or have quit within the past 15 years and have a smoking history equivalent to a pack a day for 20 years with at least one reportable medical visit between 1/1/2022 and 12/31/2022.

Exclusions
- **Exclude patients who were screened, tested, or vaccinated for COVID-19 without an accompanying medical exam or treatment. A COVID-19 test, screening, or vaccination alone does not count as a reportable medical visit.**

NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more LDCT screenings between 1/1/2022 and 12/31/2022.

ADDITIONAL GUIDANCE
- **Only eligible patients included in the denominator should be included in the numerator.**
- Only include information for clinics participating in the project.
- This information should be accessed via a EHR or population health system. For information on manual chart audits, please contact your American Cancer Society staff partner.

Denominator **2**	Numerator **3**	Rate (auto-calc) **4**

Guidance

1 Please review these definitions, exclusions, and additional guidance for determining which patients to include in the cancer screening denominator and numerator. The definitions, exclusions, and additional guidance were repeated and expanded upon on the previous two pages of this guide.

2 Enter the cancer screening **denominator**, using the definitions, exclusions, and additional guidance above.

3 Enter the cancer screening **numerator**, using the definitions and additional guidance above.

4 The cancer screening rate will automatically calculate based on the values entered for the denominator and numerator.

⚠️ The screening numerator should be a smaller number than the screening denominator.

Completed Screenings and Cancer Diagnoses

COMPLETED SCREENINGS AND CANCER DIAGNOSES

1 Below, list all values (as whole numbers) for the following metrics for the same 12-month measurement period used above (1/1/2022-12/31/2022). **These metrics are required.** For this section, report data on patients *of any age*. Include combined results for all participating sites identified in the Health System Details section

Note: Enter a 0 in the box if there were no orders/completed screenings/cancer diagnoses. Leave the box blank only if the number of orders/completed screenings/cancer diagnoses is unknown.

2

Screening Metrics	Value
Orders issued LDCT lung cancer screenings	
Completed screenings: initial screening	
Completed screenings: repeat annual screening	

Guidance

1 Please note that this section requests data for patients of **any age** and is not limited to the eligibility criteria outlined in the previous section on cancer screening rates.

2 In the spaces provided, enter the **number** of
- orders issued for LDCT lung cancer screenings
- completed screenings that were for an initial screening
- completed screenings that were for a repeat annual screening

Please include the number of screenings completed among patients served by participating clinics, **regardless of where the screenings were performed**. The screenings need not be done at the participating clinic(s).

⚠️ Enter a 0 in the box if there were no orders/completed screenings.

Leave the box blank only if the number of orders/completed screenings is unknown.

120

Completed Screenings and Cancer Diagnoses

1

Lung cancer screenings by Lung-RADS category	Value
Lung-RADS 0	
Lung-RADS 1	
Lung-RADS 2	
Lung-RADS 3	
Lung-RADS 4	
Total (auto-calculate)	
2 * We are unable to separate by Lung-RADS category - combined option	
3 Patients with a Lung-RADS 3 or 4 screening result referred for follow-up testing	
4 Patients with a Lung-RADS 3 or 4 screening result who received follow-up testing	

5

Lung cancer diagnoses by stage	Value
Stage 1	
Stage 2	
Stage 3	
Stage 4	
Stage unknown	
Total (auto-calculate)	
6 * We are unable to separate by cancer stage - combined option	

Guidance

1 In the boxes, enter the number of lung cancer screenings for each Lung-RADS category.

2 If your health system is unable to provide the number of lung cancer screenings separated by Lung-RADS category, please enter the combined (total) number of lung cancer screenings in the box provided.

3 Enter the number of patients with a Lung-RADS 3 or 4 screening result who were **referred** for follow-up testing.

4 Enter the number of patients with a Lung-RADS 3 or 4 screening result who **received** follow-up testing.

5 Enter the number of lung cancer diagnoses by cancer stage.

6 If your health system is unable to provide the number of lung cancer diagnoses separated by stage, please enter the combined (total) number of lung cancer diagnoses in the box provided.

⚠️ Enter a 0 in the box if there were no screenings/referrals/diagnoses.

Leave the box blank only if the number of screenings/referrals/ diagnoses is unknown.

Additional Information

1 Please share anything else about your final data you'd like us to know, including challenges or missing data.

Expand

Guidance

1 Please use this text box to share anything else about your health system's final data that you would like us to know, such as challenges or missing data.

Lung Cancer Screening Rates by Race/Ethnicity

Pilot - Optional Rates by Race/Ethnicity

① We are piloting the option to report rate data by additional demographic factors. You reported that your system has the capacity to report vaccination rate data by race/ethnicity. The following table is <u>optional but preferred</u> and will allow us to better track racial and ethnic disparities in lung cancer screening rates. Use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022 - 12/31/2022) you used for the overall rate.

Lung Cancer Screening: Percentage of adults 50-80 years of age who had a LDCT screening to screen for lung cancer within the last 12 months.

Race/Ethnicity	Denominator ②	Numerator ③	Rate (auto-calc) ④
American Indian/Alaska Native, non-Hispanic			
Asian, non-Hispanic			
Black/African American, non-Hispanic			
Hispanic/Latino			
Native Hawaiian/Other Pacific Islander, non-Hispanic			
White, non-Hispanic			
Other, non-Hispanic			
Multiracial, non-Hispanic			
Unreported/refused to report			

Guidance

① This section will appear if your health system indicated on the baseline report that it has the capacity to report lung cancer screening rate data by patient race/ethnicity. This section is **optional but preferred** – it helps us to better track racial and ethnic disparities in lung cancer screening.

If you're able to provide this information, please use the same definitions for denominator, numerator, and 12-month measurement period (1/1/2022—12/31/2022) you used for the overall screening rate.

② Enter the cancer screening **denominator**, using the definitions, exclusions, and additional guidance provided for the overall screening rate.

③ Enter the cancer screening **numerator**, using the definitions and additional guidance provided for the overall screening rate.

④ For each race/ethnicity, the cancer screening rate will automatically calculate based on the values entered for the denominator and numerator.

Patient Impact Story

PATIENT IMPACT STORY

Patient impact stories aid in creating a narrative around reducing barriers to cancer screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain screening intervention work in marginalized communities.

Patient-level impact stories should feature diversity in patient selection (race, gender, sexual orientation, class, geography, etc.). When choosing to feature a patient in the individual story, consider the following questions:

- What barriers have prevented the patient from getting a cancer screening (e.g., insurance, fear, transportation, or other barriers)?
- What helped the patient decide to get a cancer screening?
- What were the outcomes?
- What does it mean to the patient to know that this clinic, ACS, and corporate sponsors want to help provide access to cancer screenings?
- Provide a survivor story that illustrates how access to that screening and or treatment played a critical role in their treatment and ultimate survival of cancer.
- Can the patient provide a quote?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

1 Attachment: 📄 Image and Story Release_FORM.docx (0.21 MB)

2 Provide a brief summary of the individual-level impact story here.

Expand

3 **Patient wishes to remain anonymous.** ○

reset

4 Upload signed patient Image and Story Release Form here.   ⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

5 Upload patient photo here.   ⬆ Upload file

6 Upload any additional materials and/or photo(s) related to your impact story here.   ⬆ Upload file

Guidance

Participating health system partners should share **at least one** impact story in the Patient or System category, or both.

When choosing to feature a **patient** story, consider the following:
- What barriers have prevented the patient from getting a cancer screening (e.g., insurance, fear, transportation, or other barriers)?
- What helped the patient decide to get a cancer screening?
- What were the outcomes?
- What does it mean to the patient to know that this clinic, ACS, and corporate sponsors want to help provide access to cancer screenings?
- Provide a survivor story that illustrates how access to that screening and or treatment played a critical role in their treatment and ultimate survival of cancer.
- Can the patient provide a quote?

1 Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

2 Use the text box to provide a brief summary of the patient-level impact story.

3 Click on the white circle to let us know if the patient wishes to remain anonymous. If this button is clicked, the option to upload the Image and Story Release Form and patient photo below will disappear.

4 Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

5 Click on ⬆ Upload file to upload a patient photo.

6 Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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System or Policy Impact Story

SYSTEM OR POLICY IMPACT STORY

System-level impact stories aid in creating a narrative around reducing barriers to cancer screening to promote timely and accessible care. Not only do these stories showcase the incredible health system work that is being performed, impact stories also inspire efforts to sustain screening intervention work in marginalized communities.

As you think about a potential systems or policy change story, consider the following questions:

- How were you screening for patients before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to change that practice?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in cancer screening as a result of the grant funded project work?
- What barriers has the health system encountered providing access to screening for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals screened at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on cancer screening rates?

As your system considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions gathered accordingly.

1 Attachment: 📄 Image and Story Release_FORM.docx (0.21 MB)

2 Provide a brief summary of the system-level impact story here.

[text box]

Expand

3 Upload signed Image and Story Release Form for system-level impact story here.

⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health system regarding this story.

4 Upload any additional materials and/or photo(s) related to your impact story here.

⬆ Upload file

Guidance

As you think about a potential **systems or policy change** story, consider the following:

- How were you screening for patients before this project? As a result of the ACS partnership, what policies and/or processes have been implemented to change that practice?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health system had an increase in cancer screening as a result of the grant funded project work?
- What barriers has the health system encountered providing access to screening for patients and how have these barriers been addressed?
- What community outreach efforts do you believe have resulted in more individuals screened at your health system?
- What EHR enhancements have been implemented and shown to demonstrate an impact on cancer screening rates?

1 Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

2 Use the text box to provide a brief summary of the system-level impact story.

3 Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

4 Click on ⬆ Upload file to upload any additional materials and/or photos related to your impact story.

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Impact Story

1 In 1-2 sentences: If you could tell a potential funder about how your project has made a difference in cancer screening or HPV vaccinations, what would you say to them?

Expand

Guidance

1 In the text box, please share a brief response to the prompt:
If you could tell a potential funder about how your project has made a difference in lung cancer screening, what would you say to them?

Although the instructions specify 1-2 sentences, the text box will accept more than 2 sentences if you wish to share additional information.

Checklist

Before submitting your report, please use this checklist to review your data

Check that information has been provided for the

☐ Number of participating clinic sites

☐ Screening numerator

☐ Screening denominator

☐ Number of cancer screenings ordered

☐ Number of cancer screenings completed

☐ Number of cancers diagnosed

☐ Types of evidence-based interventions used during the project

☐ Types of QI activities used during the project

Also check that the

☐ Screening numerator is a smaller number than the screening denominator

☐ Number of cancers diagnosed is less than the total number of cancer screenings completed

Click here for additional support and guidance

Submitting the Report

Guidance

1 If your report is complete and you are ready to submit the report to the Interventions & Implementation Team, click the *Submit* button. If needed, you can come back and make changes to the report as long as the DART is open.

2 If multiple people will be entering data or the tool will not be completed all at once, make sure to scroll to the bottom of the page and click the *Save & Return Later* button before closing out of the webpage. Please be sure to return to your report by January 31, 2023 and click the *Submit* button to submit your completed report.

What's next?

Once your completed report is submitted, the Interventions & Implementation Team will review the report. A team member may follow up with you if they need any clarification.
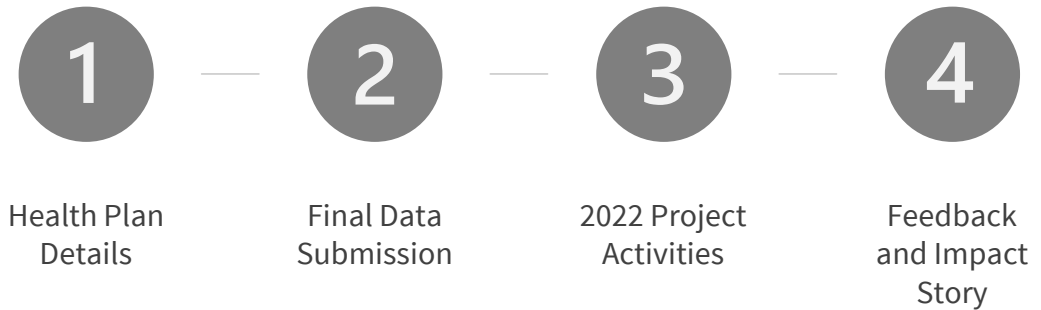
Thank You

**for participating in a
2022 Prevention & Screening project!**

HPV Vaccination
Health Plans

HPV Vaccination

The following pages will guide you through completing each of the three sections of the report:

1 — **2** — **3** — **4**

Health Plan Details | Final Data Submission | 2022 Project Activities | Feedback and Impact Story

This guide includes screenshots of the DART and guidance for responding to each question.

⚠️ Please pay special attention to guidance for areas where health plans have commonly experienced challenges in the past (flagged with an orange triangle symbol). Doing so will help minimize follow-up questions from the Interventions & Implementation Team.

Health Plan Details

Final Submission

A A A

⊞ ⊟

Page 1 of 4

1

Section 6: 2022 Final Project Update

Thank you for your participation in the ACS Health Plan Learning Collaborative on Adolescent Immunization. This final submission is designed to help you report your project impact and successes. Please answer all questions as completely as possible.

Health Plan Name

2 Project Lead Name

Guidance

1 Confirm you are entering information for the correct health plan.

2 Ensure that the project lead name is correct. If project lead has changed, please enter new project lead name here.

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Adolescent Vaccination Rates Overview

What we want to know

To what extent do the health plan's vaccination rates (particularly for the HPV series) change from the beginning of the project (baseline) to the end of the project (final)?

Adolescent vaccination rates capture the percentage of children who turned 13 years of age during 2022 who have received the following vaccinations on or by their 13th birthday: (HPV ≥1) one or more doses of the HPV vaccine, (HPV 2) are "up to date" with the HPV series, (Mening) one dose of meningococcal vaccine, (Tdap) one tetanus, diphtheria, and pertussis vaccine, and (IMA) the IMA combo, which includes only those adolescents who have received all four of the adolescent vaccine doses.

Each of these adolescent vaccination rates is calculated by dividing the number of eligible members with the specified vaccine dose (**numerator**) by the number of eligible members (**denominator**).

$$\text{Adolescent vaccination rate} = \frac{\textbf{Number of eligible members with appropriate vaccine doses}}{\textbf{Number of members eligible for vaccination}}$$

The denominator will be a subset of the total member population, so the denominator will be a **smaller** number than the total member population, including only age-eligible members. Similarly, the numerators will be a subset of the denominator, so all numerators will be a **smaller** number than the denominator.

Total member population (all members, all ages)

Eligible members who turned 13 during 2022

Eligible members with appropriate adolescent vaccine doses
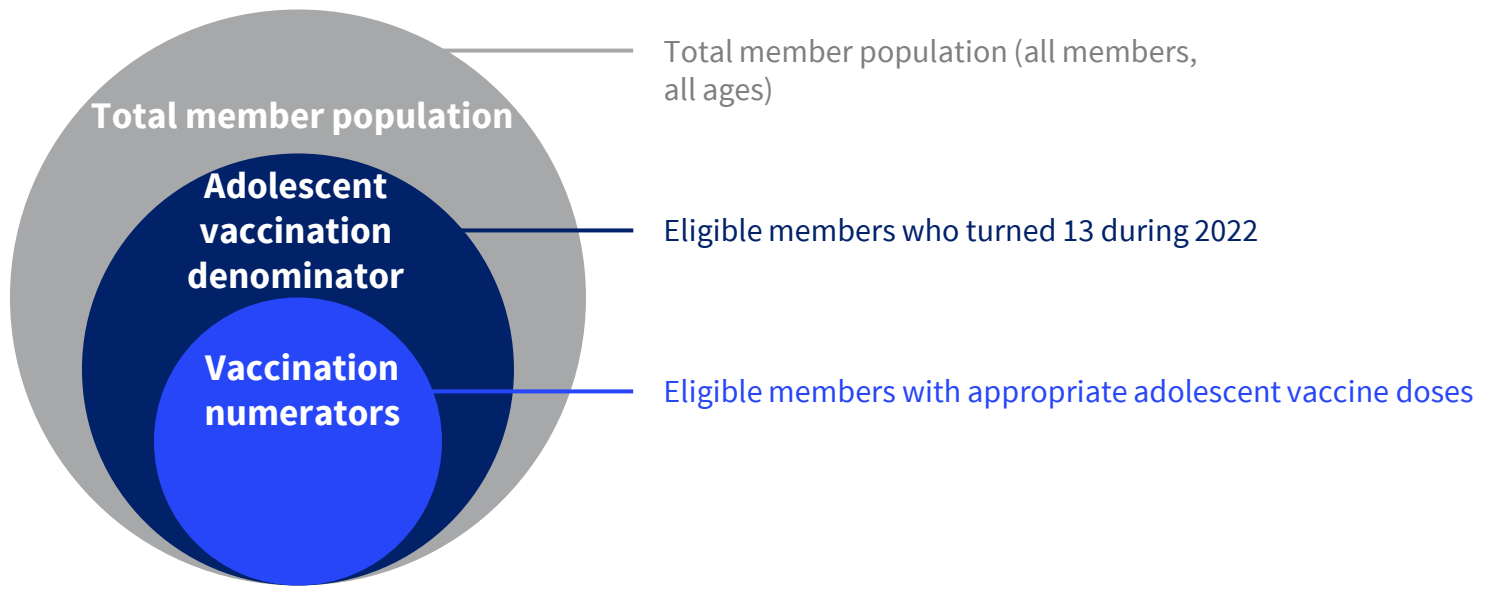
Vaccination Rates Summary

✅ Members to **include** in the numerator and denominator

Vaccine	Numerator	Denominator
HPV initiation (HPV ≥1 dose)	• Include eligible members who have *received at least one dose* of the HPV vaccine on or by their 13th birthday (this includes eligible members who have *received their 2nd dose)*. • Include eligible members who have received doses of the vaccine *even if it was before the project period* but took place between the member's 9th and 13th birthdays.	Eligible members are the number of enrolled members that turned 13 during the 12-month measurement period between 1/1/2022 and 12/31/2022. See additional guidance at right.
HPV completion (HPV 2 doses)	• Include eligible members who have *received both doses or are "up to date"* on or by their 13th birthday. • Include eligible members who have received doses of the vaccine *even if it was before the project period* but took place between the member's 9th and 13th birthdays.	
Meningococcal (Mening)	• Include eligible members who have received the meningococcal conjugate vaccine on or by their 13th birthday.	
Tdap	• Include eligible members who have received the Tdap vaccine on or by their 13th birthday.	
IMA Combination	• Include eligible members who have received meningococcal, Tdap, and both doses of HPV on or by their 13th birthday.	

Additional guidance

- **Members are grouped by product line. Each product line will have its own rate.**
- Please base reporting on the HEDIS IMA measure and disaggregate each vaccine dose.
- This data does not need to be your final HEDIS submission, we prefer "proactive" HEDIS data.
- Only eligible members included in the denominator should be included in the numerator.
- There must be at least 146 days between the first and second dose of the HPV vaccine OR at least three HPV vaccines, with different dates of service on or between the member's 9th and 13th birthdays, per HEDIS IMA guidance.

Vaccination Rates

1

Final Data Submission

In the fields below, please enter adolescent vaccination rate data for the health plan for 2022 using the information below for guidance. Ideally, all methods and data sources used should match the baseline data pulls for 2020 and 2021.

Measure: Adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine, and the complete human papillomavirus vaccine (HPV) series by their 13th birthday.

- Please base reporting on the HEDIS IMA measure and disaggregate each vaccine dose.
- This data does not need to be your final HEDIS submission, we prefer "proactive" HEDIS data.
- Please use similar data sources for each data submission.
- Please report by product line. You can report two product lines per state. Include only those product lines you are targeting for this 12-month project. You can select Medicaid, Commercial, Exchange, or Other. Please use question 3.4 to describe Other product lines. If your project impacts more than two product lines per state, please talk to your ACS staff partner.
- If your project impacts members in multiple states, please enter data for each state one at a time. We will allow you to report up to four states.

DENOMINATOR: ELIGIBLE MEMBERS
The number of enrolled members that turned 13 between **January 1, 2022 and December 31, 2022.**

NUMERATORS: ELIGIBLE MEMBERS WITH APPROPRIATE VACCINATION
The number of enrolled members who turned 13 during the specified calendar year who have *ever* received the appropriate adolescent vaccination dose by their 13th birthday. HPV ≥1 dose includes adolescents who received at least a single dose of the human papillomavirus vaccine (this will include members that have received only a single dose AND those who received both doses). IMA Combination includes adolescents who have received MCV4, Tdap, and both doses of HPV.

Guidance

1 Please review these definitions and additional guidance for determining which members to include in the vaccination denominator and numerator. The definitions and additional guidance were repeated and expanded upon on the previous six pages of this guide.

Vaccination Rates *(by state and product line)*

1 At baseline, you selected California as the <u>first state</u> you wish to report on. Please enter the final submission data for that state in the table below.

2022 Vaccination Rate Table for California

Medicaid	Numerators				
Denominator (eligible members)	HPV ≥1 dose	HPV 2 doses	Meningococcal	Tdap/TD	IMA Combination
2			**3**		
Vaccination Rates **4**					
Exchange **5**	Numerators				
Denominator (eligible members)	HPV ≥1 dose	HPV 2 doses	Meningococcal	Tdap/TD	IMA Combination
Vaccination Rates					

6 At baseline, you selected Delaware as the <u>second state</u> you wish to report on. Please enter the final submission data for that state in the table below.

Guidance

1 Depending on the number of states and product lines you reported on, you will see different tables for each state with up to two product lines within that state. The tables are identical as far as the type of data requested.

2 Enter the **adolescent vaccination denominator** in the corresponding box.

3 Enter the **adolescent vaccination numerators** in the corresponding boxes for each vaccine dose.

4 The vaccination rates will automatically calculate based on the values entered for the denominator and numerator.

5 Replicate this process for each product line participating in the project (Medicaid, Commercial, Exchange, or Other).

6 Replicate this process for each state you are submitting data for.

⚠️ The numerators should be a smaller number than the denominator.

⚠️ Vaccination numerator for HPV 2 doses should be smaller than the vaccination numerator for HPV initiation.

⚠️ Vaccination numerator for IMA should be smaller than the vaccination numerators of all other vaccination doses.

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Additional Information

1

6.1. Please select the sources used:

- ☑ Claims
- ☐ State Immunization Information Systems (IIS)
- ☐ Electronic Health Records (EHR)
- ☑ Other (describe):

Other:

2

6.2. Please share anything else about your final submission data you'd like us to know.

Expand

Guidance

1 Indicate the sources used to obtain the vaccination rate data. If *other* is selected, please use the text box to describe the source.

2 Please use this text box to share anything else about your health plan's final data that you would like us to know, such as alterations to the data definition, challenges, or missing data.

2022 Project Activities

2022 Project Activities

1 You submitted the following aim statement at baseline: We aim to increase HPV initiation and completion by 3 percentage points for adolescents age 13 for medicaid members in the state of Iowa during the next 12 months to prevent HPV-cancers.

You submitted these updates at midpoint: _____

2 6.3. Based on the above aim statement and the final data that was submitted, did your health plan meet the goals you selected for this project?

- ○ Yes
- ○ No
- ○ Some but not all

reset

3 We know it is not always possible to meet QI goals. Feel to explain more about meeting (or not meeting) your project goals here.

Expand

Guidance

1 The project aim statement your health system submitted at baseline, along with any changes reported at midpoint, will appear here.

2 After reviewing your project aim statement and final data, indicate whether your health plan met the goals that were selected for this project.

3 Please explain more about meeting (or not meeting) your project goals. This can include a summary of project successes and challenges your health plan experienced throughout the 12-month project period.

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2022 Project Activities *continued*

1

6.4. Identify the <u>provider-directed interventions</u> **your health plan implemented since January 2022 to increase HPV vaccination:**

Select all that apply.

- ☑ Provider training on making an effective HPV vaccine recommendation
- ☐ Provider training on starting the HPV vaccine series at age 9
- ☐ Provider incentive program for HPV vaccination
- ☑ Provider assessment & feedback
- ☐ Provider prompts/reminders
- ☐ Provider recognition program for high performing providers
- ☐ Provider outreach
- ☐ Vaccination protocols/standing orders
- ☐ Other (describe):

2

You selected **Provider training on making an effective recommendation.** Please describe what you did, and any successes, challenges, or lessons learned.

                                                                          Expand

How many **providers** did you train total?

You selected **Provider assessment and feedback.** Please describe what you did, and any successes, challenges, or lessons learned.

                                                                          Expand

Guidance

1 Select all the **provider**-directed evidence-informed interventions your health plan implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for a description of the intervention, and any successes, challenges, and lessons learned. Please use the text box to describe the intervention, and any successes, challenges, and lessons learned.

In this example, *Provider training on making an effective HPV vaccination recommendation* and *Provider assessment and feedback were* selected, so a section for these two interventions appeared. If more interventions were selected, additional text boxes would appear for each intervention.

If any provider training options are selected, an additional text box will appear to provide how many total providers were trained.

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2022 Project Activities *continued*

1 6.5. Identify the <u>member-directed interventions</u> your health plan implemented since January 2022 to increase HPV vaccination:

Select all that apply

☑ Member reminders (text, phone, e-mail, mail, other)
☑ Parent/patient education
☐ Optimization of member portal for alerts, reminders, and education
☐ Member incentive program for HPV or adolescent immunizations
☐ Social media campaigns
☐ Other (describe):

2 You selected **Member reminders (text, phone, e-mail, mail, other)**. Please describe what you did, and any successes, challenges, or lessons learned.

[text box]

Expand

You selected **Parent/patient education**. Please describe what you did, and any successes, challenges, or lessons learned.

[text box]

Expand

Guidance

1 Select all the **member**-directed evidence-informed interventions your health plan implemented to reach your goals since January 1, 2022.

2 For each intervention selected, a new section will appear. Each section asks for a description of the intervention, and any successes, challenges, and lessons learned. Please use the text box to describe the intervention, and any successes, challenges, and lessons learned.

In this example, *Member reminders (text, phone, e-mail, other)* and *Parent/patient education* were selected, so separate sections for Member reminders (text, phone, e-mail, other) and Parent/patient education appeared. If more interventions were selected, additional text boxes would appear for each intervention.

2022 Project Activities *continued*

2022 Project Activities Continued

1 6.6. Did you educate internal health plan staff on HPV vaccination?

- ● Yes
- ○ No

reset

How many internal health plan staff did you train?

[   ]

2 6.7. Please describe any changes your health plan made because of your involvement in the HPV vaccination learning collaborative with ACS (e.g. changes to your interventions or strategies, changes to your QI process or team, etc.).

[   ]

Expand

3 6.8. Did you add someone from your provider network to the HPV project team during 2022?

- ○ Yes
- ○ No

reset

Guidance

1 Indicate whether your health plan educated internal staff on HPV vaccination. If *Yes* is selected, you will be asked to provide how many internal health plan staff were trained.

2 Please include a summary of any changes your health plan made in 2022 because of your involvement in the HPV vaccination learning collaborative with ACS, such as changes to your interventions, strategies, QI process, or team.

3 Indicate whether your health plan added someone from your provider network to the HPV project team during 2022.

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2022 Project Activities *continued*

1 6.9. If applicable, please describe how your health plan promoted or addressed starting the HPV vaccine series at age 9.

Expand

2 6.10. Please describe any challenges encountered during this project.

Expand

3 6.11. What roles did ACS play in this project? (check all that apply)

☐ Educational opportunities
☐ Resources
☐ QI expertise
☐ Strategy
☐ Guidance on best practices

4 6.12. What is our plan to sustain the changes we made in this project?

Expand

Guidance

1 Please include a summary of how your health plan promoted or addressed starting the HPV vaccine series at age 9 during the 12-month project period.

2 Please include a summary of other challenges your health plan encountered during the 12-month project period.

3 Indicate what roles ACS played in your health plan's HPV project.

4 Please include a summary of your plan to sustain the changes you made during the 12-month project period.

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Feedback and Impact Story

Feedback and Impact Story

1 6.13. Does your health plan intend to commit to the 2023 Learning collaborative to continue work on HPV vaccination?

○ Yes
○ No

reset

2 6.14. Please indicate additional cancer focus areas your health plan would be interested in working with ACS on:

☐ Breast cancer
☐ Cervical cancer
☐ Colorectal cancer
☐ Lung cancer
☑ Other

You selected other in the question above. Please describe:

3 6.15. Please provide comments or feedback on your experience participating in the 2022 ACS Health Plan Learning Collaborative on Adolescent Immunization.

Expand

Guidance

1 Indicate whether your health plan intends to commit to the 2023 Learning Collaborative to continue your work on HPV vaccination.

2 Indicate which additional cancer focus areas your health plan would be interested in working with ACS on. If *other* is selected, please use the text box to describe the cancer focus area.

3 Please use the text box to provide comments or feedback on your experience participating in the 2022 ACS Health Plan Learning Collaborative on Adolescent Immunization.

Feedback and Impact Story *continued*

HEALTH PLAN IMPACT STORY

Health plan impact stories aid in creating a narrative around reducing barriers to HPV vaccination to promote timely and accessible care. Not only do these stories showcase the incredible health plan work that is being performed, impact stories also inspire efforts to sustain HPV vaccination intervention work in marginalized communities.

As you think about a potential plan or policy change story, consider the following questions:

- As a result of the ACS partnership, what policies and/or processes have been implemented to increase HPV vaccination rates?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health plan had an increase in HPV vaccination as a result of the project work?
- What barriers has the health plan encountered providing access to HPV vaccination for members and how have these barriers been addressed?
- What provider or member outreach efforts do you believe have resulted in more individuals vaccinated at your health plan?
- What data enhancements have been implemented and shown to demonstrate an impact on HPV vaccination rates?

As your health plan considers the impact stories to feature, note that there may be opportunities available to share these stories with a broad audience external to the American Cancer Society. Download and sign the attached Image and Story Release form to ensure all permissions are gathered accordingly.

1 Attachment: 📄 Image and Story Release_FORM.docx (0.21 MB)

Provide a brief summary of the health plan impact story here.

2

Expand

3 Upload signed Image and Story Release Form for health plan impact story here.

⬆ Upload file

By including this consent form, I authorize the American Cancer Society to contact my health plan regarding this story.

Guidance

As you think about a potential health plan impact story, consider the following:

- As a result of the ACS partnership, what policies and/or processes have been implemented to increase HPV vaccination rates?
- What impact has the relationship with ACS had on your project?
- What impact did the quality improvement tools and process have on your project?
- Has the health plan had an increase in HPV vaccination as a result of the project work?
- What barriers has the health plan encountered providing access to HPV vaccination for members and how have these barriers been addressed?
- What provider or member outreach efforts do you believe have resulted in more individuals vaccinated at your health plan?
- What data enhancements have been implemented and shown to demonstrate an impact on HPV vaccination rates?

1 Click on the hyperlink to download the Image and Story Release Form. Complete and sign the form.

2 Use the text box to provide a brief summary of the health plan impact story.

3 Click on ⬆ Upload file to upload your completed and signed Image and Story Release Form.

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Checklist

Before submitting your report, please use this checklist to review your data

Check that information has been provided for the

☐ Vaccination numerator

☐ Vaccination denominator

☐ Types of provider-focused and member-focused interventions used during the project

☐ Number of providers and health plan staff trained (as applicable)

Also check that the

☐ Vaccination numerator is a smaller number than the vaccination denominator

☐ Vaccination numerator for HPV completion is smaller than the vaccination numerator for HPV initiation

☐ Vaccination numerator for IMA is smaller than the vaccination numerators of all other vaccination doses

☐ Data notes box contains a description of any data exceptions made to the definition or issues that would make the final data not comparable with earlier time points

❓ *Click here for additional support and guidance*

Submitting the Report

Thank you for your amazing contribution to preventing HPV cancers!

Guidance

1 If your report is complete and you are ready to submit the report to the Interventions & Implementation Team, click the *Submit* button. If needed, you can come back and make changes to the report as long as the DART is open.

2 If multiple people will be entering data or the tool will not be completed all at once, make sure to scroll to the bottom of the page and click the *Save & Return Later* button before closing out of the webpage. Please be sure to return to your report by January 31, 2023 and click the *Submit* button to submit your completed report.

What's next?

Once your completed report is submitted, the Interventions & Implementation Team will review the report. A team member may follow up with you if they need any clarification.

Thank You

**for participating in a
2022 HPV Learning Collaborative
project!**