

National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Clinic-level Data Dictionary for Breast Cancer Screening Data

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**National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
Clinic-level Data Dictionary for Breast Cancer Screening Data**

Item #	Item Type	NBCCEDP Data Item	Definition	Field Type	Response Options
<p>Sections 1-4 contain descriptive data reported at BASELINE assessment for each clinic where interventions are planned. Descriptive data in sections 2-4 may be updated over time as needed to complete missing information or to reflect a substantial change. New clinics may be added throughout the FOA period.</p> <p>Section 1: RECORD IDENTIFICATION FIELDS Section 2: PARTNER HEALTH SYSTEM CHARACTERISTICS Section 3: CLINIC CHARACTERISTICS Section 4: CLINIC PATIENT POPULATION CHARACTERISTICS</p>					
Section 1: RECORD IDENTIFICATION FIELDS					
1a	B*	Grantee code	Two-character Grantee Code (assigned by CDC)	List	AC= Arctic Slope AI= American Indian Cancer Fnd. AS= American Samoa CN= Cherokee Nation CR= Cheyenne River Sioux GP= Great Plains GU= Guam HT= Hopi KW= Kaw Nation MH= Marshall Islands MP= Northern Mariana Islands NW= NARA NN= Navajo Nation PR= Puerto Rico PW= Palau SP= South Puget SO= Southcentral Fnd. SE= SEARHC YK= Yukon or State Postal code
1b	B*	Baseline Assessment Date	Date the clinic baseline data assessment was completed and represents the starting point for tracking clinic-level breast cancer screening implementation activities and breast cancer screening rates.	Date	MM/DD/YYYY

Section 2: PARTNER HEALTH SYSTEM CHARACTERISTICS

2a	B*	Health system name	Name of the partner health system under which the clinic (intervention site) operates.	Char	Free text 100 Char limit
2b	B*	Health system ID	<p>Unique three-digit identification code for the partner health system assigned by the grantee. Start with "001" and continue assigning numbers sequentially as health system partnerships are established.</p> <p>If this is a health system where NBCCEDP activities focused on cervical cancer screening are also being implemented, use the same three-digit identification code assigned by the NBCCEDP staff.</p> <p>If this is a health system where CDC's Colorectal Cancer Control Program (CRCCP) activities are also being implemented, we encourage using the same three-digit identification code assigned by the CRCCP staff. Contact the CRCCP staff in your state for a list of clinics participating in the CRCCP.</p>	Num	001-999
2c	B	Total # of primary care clinics in health system	The total number of primary health care clinics that operate under the partner health system, including those serving specific populations such as pediatric clinics. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices".	Num	1-9999999
2d	B*	Health system type	<p>Type of health system partner. Choose the best fit regardless of whether the health system is private, public, or non-profit.</p> <p>Community Health Center/Federally Qualified Health Center (CHC/FQHC) includes "FQHC look-alikes" that meet program requirements but do not receive funding from the HRSA Health Center Program.</p> <p>A tribal health system includes IHS, Tribal, or Urban Indian clinics (I/T/U) that serve American Indian/Alaska Native (AI/AN) populations.</p>	List	CHC/FQHC Academic health system Local health department Health Plan Clinic Network Hospital Tribal health system Primary care facility (non-CHC/FQHC) Other
2e	B*	Other health system type	Specify the "other organization type" of the health system partner.	Char	Free text 100 Char limit
2f	B*	Type of agreement in place with the health system	Type of formal agreement the grantee currently has in place with the partner health system.	List	MOU/MOA Contract Other None

2g	B	Date of formal agreement	Date the formal agreement was finalized between the grantee and partner health system.	Date	MM/DD/YYYY
2h	B	Health Center Controlled Network name	For CHCs/FQHCs only, name of the Health Center Controlled Network with which they partner, if any.	Char	Free text 100 Char limit
2i	B	Section 2 Comments	Optional comments for Section 2.	Char	Free text 200 Char limit

Section 3: CLINIC CHARACTERISTICS

3a	B*	Clinic name	Name of the primary care clinic/site. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices".	Char	Free text 100 Char limit
3b	B*	Clinic ID	<p>Unique three-digit identification code for the clinic assigned by the grantee. Start with "001" and continue assigning codes sequentially as clinics are recruited.</p> <p>If this is a clinic where NBCCEDP activities focused on cervical cancer screening are also being implemented, use the same three-digit identification code assigned by the NBCCEDP staff.</p> <p>If this is a clinic where CDC's Colorectal Cancer Control Program (CRCCP) activities are also being implemented, we encourage using the same three-digit identification code assigned by the CRCCP staff. Contact the CRCCP staff in your state for a list of clinics participating in the CRCCP.</p>	Num	001-999
3c	B*	Clinic street address	Street address of the clinic. If the street address is more than two lines, use a comma for separation.	Char	Free text 100 Char limit
3d	B*	Clinic city	City in which the clinic is located.	Char	Free text 50 Char limit
3e	B*	Clinic state	Two-letter state postal code where the clinic is located.	List	Various
3f	B*	Clinic zip	5-digit zip code where the clinic is located	Num	00001-99999
3g	B*	Clinic type	<p>Type of clinic.</p> <p>Community Health Center/Federally Qualified Health Center (CHC/FQHC) includes "FQHC look-alikes" that meet program requirements but do not receive funding from the HRSA Health Center Program.</p> <p>Tribal health clinic includes IHS, Tribal, or Urban Indian clinics (I/T/U) that serve AI/AN populations.</p>	List	CHC/FQHC Health system/Hospital owned Private/Physician owned Health department Tribal health Primary care facility (non-CHC/FQHC) Other
3h	B*	# of primary care providers at clinic	Total number of primary care providers who are delivering services at the clinic. Primary care providers include physicians (e.g., internists, family practice, OB/GYN), nurses, nurse practitioners, and physician assistants. Do not include specialty providers in this number. Report on individuals, not full time equivalents (FTEs), which may include attending	Num	1-9998 9999 (Unk)

			physicians, fellows and residents.		
3i	B*	Name of primary EHR vendor at clinic	Name of the primary electronic health record (EHR) vendor used by the clinic or health system.	List	Allscripts AthenaHealth Cerner eClinicalWorks Epic GE Centricity Greenway-Intergy Greenway-SuccessEHS NextGen Other None
3j	B	Other EHR, please specify	Name of the 'other' electronic health record vendor(s) used by the clinic or health system.	Char	Free text 100 Char limit
3k	B*	Other HIT tools used for data analytics and reporting	Report if clinic is using other health information technology (HIT) tools (such as EHR overlays or Population Health Management software) to perform data analytics and reporting to monitor and improve screening.	List	Yes No Unk
3l	B*	PCMH Recognition	Indicates whether the clinic is currently recognized, certified, or accredited as a Patient Centered Medical Home (PCMH). National recognition and accreditation programs include the: National Committee for Quality Assurance (NCQA) PCMH Recognition, Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home On-site Certification, The Joint Commission (TJC) Designation For Your Primary Care Home, and URAC Patient-Centered Medical Home Accreditation.	List	Yes No Unk
3m	B*	Newly opened clinic	Identify newly established clinics based on the amount of time the clinic was operational at the time of the baseline assessment. A new clinic is defined as in operation for less than 1 year at the time of assessment. The baseline assessment for a newly opened clinic should be delayed for at least 6 months after the clinic is operational to access information on the clinic and patient population characteristics. Baseline screening rates should not be reported for "newly opened" clinics.	List	Yes (< 1 year) No (1 or more years)
3n	B	Section 3 Comments	Optional comments for Section 3.	Char	Free text 200 Char limit

**Section 4: CLINIC PATIENT POPULATION CHARACTERISTICS for BREAST CANCER SCREENING
(# of Patients, Gender, Insurance Status, Ethnicity, Race)**

4a	B*, A*	Total # of clinic patients, age 50-74, women	The total number of patients aged 50-74, women, who have had at least one medical visit to the clinic in the last complete calendar year (January-December). If unavailable, it is acceptable to report on a similar age range used by the clinic for measuring screening rates (e.g., 52-74 used for calculating a HEDIS screening rate).	Num	1-9999999
4b	B	% of clinic patients, age 50-74, women	The percent of patients aged 50-74, women. Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.	Num	00-100
4c	B	% of patients, age 50-74, uninsured, women	The percent of the " Total # of clinic patients, 50-74, women " who do not have any form of public or private health insurance. Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.	Num	00-100
4d	B	% of patients, age 50-74, Hispanic, women	The percent of the " Total # of clinic patients, 50-74, women " who are Hispanic or Latino (i.e., persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race). Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.	Num	00-100
(Race)					
4e	B	% of patients, age 50-74, White, women	The percent of the " Total # of clinic patients, 50-74, women " who are White/Caucasian (i.e., persons having origins in any of the original peoples of Europe, the Middle East, or North Africa). Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.	Num	00-100
4f	B	% of patients, age 50-74, Black or African American, women	The percent of the " Total # of clinic patients, 50-74, women " who are Black or African American (i.e., persons having origins in any of the black racial groups of Africa). Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.	Num	00-100
4g	B	% of patients, age 50-74, Asian,	The percent of the " Total # of clinic patients, 50-74, women " who are Asian (i.e., persons	Num	00-100

Item type: *=Required field; B=reported at Baseline and updated as needed; A=Reported Annually; COMP=Computed field

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		women	having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.		
4h	B	% of patients, age 50-74, Native Hawaiian or other Pacific Islander, women	The percent of the " Total # of clinic patients, 50-74, women " who are Native Hawaiian or other Pacific Islander (i.e., persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.	Num	00-100
4i	B	% of patients, age 50-74, American Indian or Alaskan Native, women	The percent of the " Total # of clinic patients, 50-74, women " who are American Indian or Alaskan Native (i.e., persons having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment). Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.	Num	00-100
4j	B	% of patients, age 50-74, More than one race, women	The percent of the " Total # of clinic patients, 50-74, women " who are more than one race (i.e., persons having origins in two or more of the federally designated racial categories). Report whole number as percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-74.	Num	00-100
4k	B	Section 4 Comments	Optional comments for Section 4.	Char	Free text 200 char limit

Sections 5-12 contain longitudinal data reported at BASELINE and ANNUALLY (as indicated) through the end of the FOA for each participating clinic.

Section 5: REPORT PERIOD

Section 6: CHART REVIEW (CR) SCREENING RATE DATA FOR BREAST CANCER

Section 7: ELECTRONIC HEALTH RECORDS (EHR) SCREENING RATE DATA FOR BREAST CANCER

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Section 9: EVIDENCE-BASED INTERVENTIONS (EBIs)

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Section 10: PROFESSIONAL DEVELOPMENT AND PROVIDER EDUCATION

Section 11: COMMUNITY OUTREACH, EDUCATION, AND SUPPORT

Section 12: PATIENT NAVIGATION FOR SCREENING, DIAGNOSTICS, AND/OR TREATMENT INITIATION

Section 13: OTHER BREAST CANCER-RELATED STRATEGIES

Section 5: REPORT PERIOD

5a	B*, A*	Report period	<p>Reporting period represented in sections 5-12 where longitudinal data items are reported.</p> <p>Baseline data are reported once as new clinics are recruited to participate in NBCCEDP breast cancer activities and prior to the start of NBCCEDP supported implementation activities.</p> <p>Annual data are reported at the end of each program year (py).</p> <p>Note that the screening rates reported at baseline and annually use a consistent 12-month reporting period.</p>	List	<p>Baseline</p> <p>NBCCEDP 1701-py1</p> <p>NBCCEDP 1701-py2</p> <p>NBCCEDP 1701-py3</p> <p>NBCCEDP 1701-py4</p> <p>NBCCEDP 1701-py5</p>
5b	A*	Implementation status	<p>Indicates if implementation activities have started using NBCCEDP resources to support 1 or more EBIs to increase breast cancer screening during the program year. If resources were used for EBI planning only (see items 9a-g4), report 'Not started'.</p> <p><i>If implementation has not started, skip to 5d.</i></p>	List	<p>Started</p> <p>Not started</p>
5c	A*	Implementation start date	<p>Month and year when implementation is started. For this variable, implementation is defined as using NBCCEDP resources to put one or more new EBIs in place or enhance/improve an EBI (or EBIs) that was in place at baseline.</p>		MM/YYYY
5d	A*	Breast cancer activity partnership status	<p>Indicates if the NBCCEDP breast cancer EBI activities with this clinic have been terminated with no implementation or breast cancer screening rate monitoring activities conducted this program year or planned through the end of the FOA.</p> <p><i>If not terminated, skip to 6a.</i></p>	List	<p>Not terminated</p> <p>Terminated</p>
5e	A*	Reason for termination	<p>Reason that breast cancer EBI implementation and screening rate monitoring activities have been terminated.</p>	Char	<p>Free text</p> <p>200 char limit</p>
5f	A*	Termination date	<p>Month and year when the clinic partnership for breast cancer EBI activities and screening rate monitoring activities were terminated.</p>	Date	MM/YYYY

Section 6: CHART REVIEW (CR) SCREENING RATE DATA for BREAST CANCER (*Screening rate data may be reported using chart review, EHR or both) (*Baseline screening rate data are not reported for newly opened clinics, Item 3m)					
6a	Comp	CR Screening rate (%)	THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.	Num	00-100
6b	B*, A*	CR Denominator to calculate screening rate	Denominator is dependent on the measure used (e.g., GPRA, HEDIS, NQF). Please see Appendix 1 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	1-9999999
6c	B*, A*	CR Numerator to calculate screening rate	Numerator is dependent on the measure used (e.g., GPRA, HEDIS, NQF). Please see Appendix 1 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	0-9999999
6d	B*, A*	If screening rate unavailable, date the rate will be available	If a screening rate cannot be obtained when completing the clinic baseline or annual assessment, provide the approximate date that the screening rate will be available. A baseline screening rate will not be available for a new clinic that was not in operation for at least one full year prior to the baseline assessment. Refer to item 3m.	Date	MM/DD/YYYY
6e	B*, A*	Measure used	Indicates the measure that was used to calculate the numerator and denominator for the screening rate. If an existing measure (i.e., HEDIS, GPRA) was not used, the <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. The same measure reported at baseline should be used for reporting in subsequent years.	List	GPRA HEDIS NQF Other
6f	B*, A*	Start date of 12-month reporting period	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The start date for this 12-month reporting period should not be more than 2 years prior to the anticipated start date of NBCCEDP supported activities. The same 12-month measurement period should be used for all subsequent years of breast cancer screening rate data collection for this clinic.	Date	MM/DD/YYYY

6g	B*, A*	End date of 12-month reporting period	The reporting period for the baseline screening rate should be the most recent 12-month measurement period available. The same 12-month measurement period should be used for all subsequent years of breast cancer screening rate data collection for this clinic.	Date	MM/DD/YYYY
6h	B*, A*	% of charts reviewed to calculate screening rate	Indicates the percent of medical charts that were reviewed. A minimum of 10% or 100 charts should be reviewed. The percent should be based on the number of women meeting the denominator definition for the measure used (e.g., for HEDIS, 10% of charts for women ages 52-74, who had at least one medical visit during the measurement year). See <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> . THIS % WILL BE AUTOMATICALLY CALCULATED USING THE DENOMINATOR AND TOTAL # OF CLINIC PATIENTS REPORTED ABOVE FOR THIS PY.	Num	00-100
6i	B*, A*	Sampling method	Were records selected (through either a random or systematic sampling method) to generate a representative sample of the entire population of patients who meet the inclusion/selection criteria? See <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> . A random sample takes a randomly assigned subset of the population identified in the sampling frame. This is typically accomplished through generating a random number that will be assigned to each patient in the sampling frame. This can be accomplished in many ways (e.g., random number table, web-based software, computer software). A systematic sample orders every patient (e.g., alphabetically, by ID) in the sampling frame and then selects every nth patient.	List	Yes No Unk
6j	B, A	Section 6 Comments	Optional comments for Section 6.	Char	Free text 200 Char limit

Section 7: ELECTRONIC HEALTH RECORDS (EHR) SCREENING RATE DATA for BREAST CANCER

(* Screening rate data may be reported using chart review, EHR or both)

(*Baseline screening rate data are not reported for newly opened clinics, Item 3m)

7a	Comp	EHR Screening rate (%)	THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.	Num	00-100
7b	B*, A*	EHR Denominator to calculate screening rate	Denominator is dependent on the measure used (e.g., GPRA, HEDIS, NQF). Please see Appendix 1 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	1-9999999
7c	B*, A*	EHR Numerator to calculate screening rate	Numerator is dependent on the measure used (e.g., GPRA, HEDIS, NQF). Please see Appendix 1 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	0-9999999
7d	B*, A*	If screening rate unavailable, date the rate will be available	If a screening rate cannot be obtained when completing the clinic baseline or annual assessment, provide the approximate date that the screening rate will be available. (Report '15' as default value for the day). A baseline screening rate will not be available for a new clinic that was not in operation for at least one full year prior to the baseline assessment. Refer to item 3m.	Date	MM/DD/YYYY
7e	B*, A*	Measure used	Indicates the measure that was used to calculate the numerator and denominator for the screening rate. If an existing measure (i.e., HEDIS, GPRA) was not used, the <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. The same measure reported at baseline should be used for reporting in subsequent years.	List	GPRA HEDIS NQF Other
7f	B*, A*	Start date of 12-month reporting period	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available and consistent with the measure used (see <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>). The start date for this 12-month reporting period should not be more than 2 years prior to the anticipated start date of NBCCEDP supported activities. The same 12-month measurement period should be used for all subsequent years of breast cancer screening rate data collection for this clinic.	Date	MM/DD/YYYY

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7g	B*, A*	End date of 12-month reporting period	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The same 12-month measurement period should be used for all subsequent years of breast cancer screening rate data collection for this clinic.	Date	MM/DD/YYYY
7h	B*, A*	EHR rate reporting source	Indicates the source of the denominator and numerator data reported for the EHR screening rate.	List	HCCN data warehouse Clinic EHR Health system EHR EHR Vendor Other
7i	B*, A*	How confident are you in the accuracy of the EHR-calculated screening rate?	Indicates the grantee's confidence in the accuracy of the EHR-calculated screening rate. Accuracy of EHR-calculated screening rates can vary depending on how data are documented and entered into the EHR. For additional information, see the National Colorectal Cancer Roundtable's summary report, " <i>Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers</i> " and <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> .	List	Not confident Somewhat confident Very confident
7j	B*, A*	Screening rate problem	Are there known unresolved problems with the EHR reported screening rate or screening data quality?	List	Yes No
7k	B*, A*	Specify screening rate problem	If 7j is YES, specify the problem and any activities conducted this program year to address it. Describe the issue and severity of known problems or rationale for low confidence in the validity of the EHR-reported screening rate. Specify any activities such as improvements made to data entry systems or to the screening rate measurement calculation.	Char	Free text 256 Char limit
7l	A*	Screening rate target	Indicates the screening rate target established for the subsequent annual screening rate reporting period. The number represents a percentage value (rate per 100). Targets should be realistic and actionable.	Num	1-100 999 (No target set)
7m	B, A	Section 7 Comments	Optional comments for Section 7.	Char	Free text 200 Char limit

Section 8: MONITORING AND QUALITY IMPROVEMENT for BREAST CANCER SCREENING

8a	B*, A*	Clinic screening policy	<p>Does the clinic have a written breast cancer screening policy or protocol in use?</p> <p>A credible policy should include a defined set of guidelines and procedures in place and in use at the clinic or parent health system to support breast cancer screening; a team responsible for implementing the policy; and a quality assurance structure (e.g., professional screening guideline followed, such as USPSTF, process to assess patient screening history/risk/preference/insurance, process for scheduling screening or referral, steps/procedures/roles to implement the office policy).</p>	List	Yes No
8b	A*	Frequency of monitoring breast cancer screening rate	<p>Indicates how often the clinic breast cancer screening rate is monitored and reviewed by clinic personnel.</p> <p>Select the response that best matches monitoring frequency.</p>	List	Monthly Quarterly Semi-annually Annually
8c	A*	Frequency of implementation support to clinic	<p>On-site or direct contacts (e.g., telephone) with the clinic to support and improve implementation activities for EBIs and breast cancer screening data quality. Support could be provided by a grantee or contracted agent. Example support activities include conducting a clinic workflow assessment; providing technical assistance on implementing an EBI; training staff to support an EBI; providing technical assistance to develop a breast cancer screening policy; or providing feedback to staff from monitoring or evaluating an EBI implementation.</p> <p>Select the response that best matches delivery of implementation support.</p>	List	Weekly Monthly Quarterly Semi-annually Annually
8d	A*	Validated cancer screening rate	Validated the breast cancer screening rate data using chart review or other methods during this PY.	List	Yes No
8e	B*, A*	Clinic champion	Is there a known champion for breast cancer screening internal to this clinic or parent health system?	List	Yes No
8f	B*, A*	BCCEDP clinical services	Does your program support/reimburse for breast cancer screening, diagnostics, and/or patient navigation services at this clinic? Funding could come from CDC, your state, or other sources.	List	Yes No
8g	A	Section 8 Comments	Optional comments for Section 8.	Char	Free text 200 Char limit

Section 9: EVIDENCE-BASED INTERVENTIONS (EBIs)

For each EBI, report (baseline) implementation status, and (annually) whether NBCCEDP resources supported the EBI during the PY, if the EBI is in place and operational at the end of the PY (and if not in place were planning activities conducted), and if the EBI is sustainable.

EBI (Patient reminder system)

System in place to remind patients when they are due for breast cancer screening. Patient reminders are written (e.g., letter, postcard, email) or telephone messages (including automated messages).

9a1	B*	Patient reminder system in place at baseline	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.	List	Yes No
9a2	A*	Were NBCCEDP resources used toward a patient reminder system during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the EBI for breast cancer screening.	List	Yes No
9a3	A*	Patient reminder system in place at PY end	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No
9a4	A*	Patient reminder system modality	If in place (9a3 is Yes), indicates whether an average patient at this clinic received breast cancer screening reminders in more than one way (e.g., same patient received 3 reminders: one by letter, another by text message, and a third by telephone) or a reminder type multiple times (e.g., same patient received 2 different text message reminders or 2 different telephone messages) during this PY.	List	Yes No
9a5	A*	Patient reminder dosage	If multi-modal (9a4 is Yes) for breast cancer screening, how many different ways or different times did a given patient receive breast cancer screening reminders?	List	2 3 4 5 or more
9a6	A*	Patient reminder system planning activities	If not in place (9a3 is No) were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
9a7	A*	Patient reminder system sustainability	If in place (9a3 is Yes) for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No

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			component of the health system and/or clinic operations.]		
EBI (Provider reminder system)					
System in place to inform providers that a patient is due (or overdue) for breast cancer screening. The reminders can be provided in different ways, such as in patient charts or by e-mail.					
9b1	B*	Provider reminder system in place at baseline	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.	List	Yes No
9b2	A*	Were NBCCEDP resources used toward a provider reminder system during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the EBI for breast cancer screening.	List	Yes No
9b3	A*	Provider reminder system in place at PY end	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No
9b4	A*	Provider reminder system modality	If in place (9b3 is Yes), indicates whether providers at this clinic typically received breast cancer screening reminders for a given patient in multiple ways during this PY (e.g., provider receives both an EHR pop-up message and a flagged patient chart for same patient).	List	Yes No
9b5	A*	Provider reminder system dosage	If multi-modal (9b4 is Yes), on average, how many different ways did providers receive breast cancer screening reminders for a given patient?	List	2 3 4 5 or more
9b6	A*	Provider reminder system planning activities	If not in place (9b3 is No) were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
9b7	A*	Provider reminder system sustainability	If in place (9b3 is Yes) for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
EBI (Provider assessment and feedback)					
System in place to both evaluate provider performance in delivering or offering breast cancer screening to patients (assessment) and present providers with information about their performance in providing breast cancer screening services (feedback).					
9c1	B*	Provider assessment and feedback in place at baseline	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach,	List	Yes No

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			or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.		
9c2	A*	Were NBCCEDP resources used toward provider assessment and feedback during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the EBI for breast cancer screening.	List	Yes No
9c3	A*	Provider assessment and feedback in place at PY end	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No
9c4	A*	Provider assessment and feedback frequency	If in place (9c3 is Yes), indicates, on average, how often providers were given feedback on their performance in providing breast cancer screening services during this PY.	List	Weekly Monthly Quarterly Annually
9c5	A*	Provider assessment and feedback planning activities	If not in place (9c3 is No) were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
9c6	A*	Provider assessment and feedback sustainability	If in place (9c3 is Yes) for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
EBI (Reducing structural barriers)					
Clinic has assessed structural barriers to breast cancer screening that are relevant to the clinic patient population and has addressed these barriers through one or more interventions. Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Do not include patient navigation or community health workers as "reducing structural barriers."					
9d1	B*	Reducing structural barriers in place at baseline	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.	List	Yes No
9d2	A*	Were NBCCEDP resources used toward reducing structural barriers during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the EBI for breast cancer screening.	List	Yes No

9d3	A*	Reducing structural barriers in place at PY end	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No
9d4	A*	Reducing structural barriers modality	If in place (9d3 is Yes), indicates whether this clinic reduced structural barriers for patients in multiple ways during this PY (e.g., offered evening clinic hours, provided free screenings for some patients).	List	Yes No
9d5	A*	Reducing structural barriers dosage	If multi-modal (9d4 is Yes), how many different ways did the clinic reduce structural barriers to breast cancer screening during this PY?	List	2 3 4 5 or more
9d6	A*	Reducing structural barriers planning activities	If not in place (9d3 is No) were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
9d7	A*	Reducing structural barriers sustainability	If in place (9d3 is Yes) for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No

EBI (Small media)

Indicates whether small media are distributed to clinic patients. Small media are materials used to inform and motivate people to be screened for breast cancer, including videos and printed materials (e.g., letters, brochures, and newsletters).

9e1	B*	Small media in place at baseline	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.	List	Yes No
9e2	A*	Were NBCCEDP resources used toward small media during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the EBI for breast cancer screening.	List	Yes No
9e3	A*	Small media in place at PY end	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No
9e4	A*	Small media modality	If in place (9e3 is Yes), indicates whether a given patient received multiple forms of small media related to breast cancer screening (e.g., the same patient received a postcard, was exposed to posters in the office setting, received a clinic newsletter or brochure) during	List	Yes No

			this PY.		
9e5	A*	Small media dosage	If multi-modal (9e4 is Yes) how many different ways did a given patient likely receive small media about breast cancer screening?	List	2 3 4 5 or more
9e6	A*	Small media planning activities	If not in place (9e3 is No) were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
9e7	A*	Small media sustainability	If in place (9e3 is Yes) for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No

EBI (Patient education for clinic patients)

Indicates whether activities are in place to provide group or individual education to clinic patients on indications for, benefits of, and ways to overcome barriers to breast cancer screening with the goal of informing, encouraging, and motivating participants to seek recommended screening. Patient education may include role modeling or other interactive learning formats.

9f1	B*	Patient education in place at baseline	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.	List	Yes No
9f2	A*	Were NBCCEDP resources used toward patient education during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the EBI for breast cancer screening.	List	Yes No
9f3	A*	Patient education in place at PY end	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No
9f4	A*	Patient education dosage	If in place (9f3 is Yes), indicates, on average, how many hours of breast cancer screening education were received by a given patient during this PY.	List	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
9f5	A*	Patient education planning activities	If not in place (9f3 is No) were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
9f6	A*	Patient education sustainability	If in place (9f3 is Yes) for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources

			any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]		No
EBI (Reducing out of pocket costs)					
Indicates whether a system is in place to reduce patient out-of-pocket costs to minimize or remove economic barriers that make it difficult for patients to access breast cancer screening services. Reducing costs may include vouchers or reimbursements for transportation/parking, reduction in co-pays, reimbursing for breast cancer screening and/or diagnostics, or adjustments in federal or state insurance coverage.					
9g1	B*	Reducing out of pocket costs in place at baseline	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation. If BCCEDP resources are used to support/reimburse for breast cancer screening and/or diagnostics, then this EBI should be considered in place.	List	Yes No
9g2	A*	Were NBCCEDP resources used toward reducing out of pocket costs during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the EBI for breast cancer screening.	List	Yes No
9g3	A*	Reducing out of pocket costs in place at PY end	Indicates whether the EBI is in place for breast cancer screening and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality. If BCCEDP resources were used to support/reimburse for breast cancer screening and/or diagnostics, then this EBI should be considered in place.	List	Yes No
9g4	A*	Reducing out of pocket costs modality	If in place (9g3 is Yes), indicates whether this clinic reduced out of pocket costs for patients in multiple ways during this PY.	List	Yes No
9g5	A*	Reducing out of pocket costs dosage	If multi-modal (9g4 is Yes), on average, how many different ways did the clinic use to reduce out of pocket costs for patients?	List	2 3 4 5 or more
9g6	A*	Reducing out of pocket costs planning activities	If not in place (9g3 is No) were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
9g7	A*	Reducing out of pocket costs sustainability	If in place (9g3 is Yes) for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No

Section 10: PROFESSIONAL DEVELOPMENT AND PROVIDER EDUCATION

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Indicates whether activities are in place to provide professional development/provider education to health care providers in this clinic on breast cancer screening. Activities may include distribution of provider education materials, including screening guidelines and recommendations, and/or continuing medical education (CMEs) opportunities.

10a1	B*	Professional development/provider education in place at baseline	Indicates whether this activity is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.	List	Yes No
10a2	A*	Were NBCCEDP resources used toward professional development/provider education activities during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the activity for breast cancer screening.	List	Yes No
10a3	A*	Professional development/provider education in place at PY end	Indicates whether the activity is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No
10a4	A*	Professional development/provider education dosage	If in place (10a3 is Yes), indicates on average, how many hours of breast cancer screening professional development training or education were received by a given provider during this PY.	List	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours

Section 11: COMMUNITY OUTREACH, EDUCATION, AND SUPPORT

(Community outreach, education, and support; Other CCL activities)

For each community outreach, education, and support activity, report (baseline) implementation status, and (annually) whether NBCCEDP resources supported the activity during the PY, if the activity is in place and operational at the end of the PY (and if not in place were planning activities conducted), and if the activity is sustainable.

Community outreach, education, and support

Indicates whether community outreach and education activities are in place with the goal of linking women in the community to breast cancer screening services at this clinic. An example is using community health workers (CHWs) for community outreach. CHWs are lay health educators with a deep understanding of the community and are often members of the community being served. CHWs work in community settings to educate people about cancer screening, promote cancer screening, and provide peer support to people referred to cancer screening.

11a1	B*	Community outreach activities in place at baseline	Indicates whether this activity is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.	List	Yes No
11a2	A*	Were NBCCEDP resources used toward community outreach activities during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating, or improving the activity for breast cancer screening.	List	Yes No
11a3	A*	Community outreach activities	Indicates whether the activity is in place for breast cancer screening and operational (in	List	Yes

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		in place at PY end	use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.		No
11a4	A*	Community outreach activities dosage	If in place (11a3 is Yes), for persons in the clinic's community who were exposed to outreach activities conducted by the clinic during this PY, indicates the amount of time a given person received those activities.	List	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
11a5	A*	Community outreach planning activities	If not in place (11a3 is No) were planning activities conducted this year for future implementation of the activity for breast cancer screening?	List	Yes No
11a6	A*	Community outreach sustainability	If in place (11a3 is Yes) for breast cancer screening, do you consider the activity as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the activity. The activity has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
11a7	B*, A*	If community health workers (CHWs) used, # of FTE CHWs	The number of CHW full time equivalents (FTEs) employed at or by the clinic during the program year for breast cancer screening. For this number, please provide the total sum of whole and partial FTEs to the nearest tenths decimal place. For example, if 2 CHWs work a total of 50% time, then enter 0.50.	Num	00.0-999.0

Other community-clinical linkage (CCL) activities

Indicates whether other CCL activities are in place at or employed by the clinic to link priority population members in the community to breast cancer screening services at this clinic.

11b	B*, A*	Other community-clinical linkage (CCL) activities	Describe other activities this clinic is conducting to link women in the community to breast cancer screening services in this clinic.	Char	Free text 256 Char limit
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Section 12: PATIENT NAVIGATION FOR SCREENING, DIAGNOSTICS, AND/OR TREATMENT INITIATION

For each patient navigation for screening, diagnostics, and/or treatment initiation activity, report (baseline) implementation status, and (annually) whether NBCCEDP resources supported the activity during the PY, if the activity is in place and operational at the end of the PY (and if not in place were planning activities conducted), and if the activity is sustainable.

Patient navigation for screening, diagnostics, and/or treatment initiation

Indicates whether patient navigation is in place at this clinic. Patient navigation involves assisting clients in overcoming individual barriers to breast cancer screening and typically includes assessment of patient barriers; patient education and support; resolution of patient barriers; patient tracking; and follow-up. Patient navigation should involve multiple contacts with a patient. Refer to the CDC Patient Navigation Policy for more guidance.

12a1	B*	Patient navigation in place at baseline	Indicates whether patient navigation is in place for breast cancer screening and operational (in use) in this clinic before your NBCCEDP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous NBCCEDP funding cycle (DP12-1205) should be considered as operational prior to NBCCEDP DP17-1701 implementation.	List	Yes No
12a2	A*	Were NBCCEDP resources used toward patient navigation during	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during this PY to contribute to planning, developing, implementing,	List	Yes No

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		this PY?	monitoring/evaluating, or improving patient navigation activities for breast cancer.		
12a3	A*	Patient navigation in place at PY end	Indicates whether patient navigation for breast cancer is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No
12a4	A*	Patient navigation dosage	If in place (12a3 is Yes), for persons at this clinic who received navigation this PY, indicates the average amount of navigation time she received to overcome breast cancer screening barriers.	List	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
12a5	A*	Patient navigation planning activities	If not in place (12a3 is No) were planning activities conducted this year for future implementation of the patient navigation for breast cancer?	List	Yes No
12a6	A*	Patient navigation sustainability	If in place (12a3 is Yes), do you consider patient navigation for breast cancer as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the activity. The activity has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
12a7	B*, A*	If patient navigation in place, # of FTEs delivering patient navigation	The number of full time equivalents (FTEs) conducting patient navigation (e.g., navigators, nurse navigators, nurses, peer health advisors, health navigators) for breast cancer in this clinic. For this number, please provide the total sum of whole and partial FTEs to the nearest tenths decimal place. For example, if 2 patient navigators work a total of 50% time to delivery navigation for breast cancer, then enter 0.50.	Num	00.0-999.0
12a8	A	If patient navigation in place, # of clients navigated	Report the number of clients receiving navigation services for breast cancer during this program year.	Num	1-99998 99999 (Unk)
Section 13: Other breast cancer-related strategies (Optionally report any in place at baseline, and report annually on up to 3 other strategies) (e.g., clinic workflow assessment and data driven optimization; other data driven quality improvement strategies; 5 rights of clinical decision support [5 Rs], etc.)					
13a1	B	HIT activities in place at baseline	Describe any activities in place to improve the use of health information technology (e.g., electronic medical records) for breast cancer screening in the clinic. Activities may include standardization of data fields used to document a patient's breast cancer screening, linkage of data to mammography reports, etc.	Char	Free text 256 Char limit
13a2	B	Other breast cancer-related strategies in place at baseline	Any other activities or strategies that are in place to increase breast cancer screening in this clinic.	Char	Free text 256 Char limit
Other Breast Cancer Activity 1					
13b1	A	Other breast cancer Activity 1	Description of other breast cancer activity or strategy (1).	Char	Free text 200 Char limit

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13b2	A	Were NBCCEDP resources used towards Activity1 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes No
Other Breast Cancer Activity 2					
13c1	A	Other breast cancer Activity 2	Description of other breast cancer activity or strategy (2).	Char	Free text 200 Char limit
13c2	A	Were NBCCEDP resources used towards Activity2 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes No
Other Breast Cancer Activity 3					
13d1	A	Other breast cancer Activity 3	Description of other breast cancer activity or strategy (3).	Char	Free text 200 Char limit
13d2	A	Were NBCCEDP resources used towards Activity3 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes No