OMB Control No. 0920-1046

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National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Clinic-level Data Dictionary for Cervical Cancer Screening Data

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D‐74, Atlanta, Georgia 30329; ATTN: PRA (0920-1046)

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| **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**  **Clinic-level Data Dictionary for Cervical Cancer Screening Data** | | | | | |
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| **Item #** | **Item Type** | **NBCCEDP Data Item** | **Definition** | **Field Type** | **Response Options** |
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| **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.**  **Section 1: RECORD IDENTIFICATION FIELDS**  **Section 2: PARTNER HEALTH SYSTEM CHARACTERISTICS**  **Section 3: CLINIC CHARACTERISTICS**  **Section 4: CLINIC PATIENT POPULATION CHARACTERISTICS** | | | | | |
|  | | | | | |
| **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 cervical cancer screening implementation activities and cervical cancer screening rates. | Date | MM/DD/YYYY |

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| **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 | 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.  If this is a health system where NBCCEDP activities focused on breast cancer screening are also being implemented, use the same three-digit identification code assigned by the NBCCEDP staff.  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. | 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 | Type of health system partner. Choose the best fit regardless of whether the health system is private, public, or non-profit.  Community Health Center/Federally Qualified Heath Center (CHC/FQHC) includes “FQHC look-alikes” that meet program requirements but do not receive funding from the HRSA Health Center Program.  A tribal health system includes IHS, Tribal, or Urban Indian clinics (I/T/U) that serve (American Indian/Alaska Native (AI/AN) populations. | 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 |

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| **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 | Unique three-digit identification code for the clinic assigned by the grantee. Start with “001” and continue assigning codes sequentially as clinics are recruited.  If this is a clinic where NBCCEDP activities focused on breast cancer screening are also being implemented, use the same three-digit identification code assigned by the NBCCEDP staff.  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. | 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 | Type of clinic.  Community Health Center/Federally Qualified Heath Center (CHC/FQHC) includes “FQHC look-alikes” that meet program requirements but do not receive funding from the HRSA Health Center Program.  Tribal health clinic includes IHS, Tribal, or Urban Indian clinics (I/T/U) that serve AI/AN populations. | 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 physicians, fellows and residents. | Num | 1-9998  9999 (Unk) |
| 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 (EHR) 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 |

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| **Section 4: CLINIC PATIENT POPULATION CHARACTERISTICS for CERVICAL CANCER SCREENING**  **( # of Patients, Gender, Insurance Status, Ethnicity, Race)** | | | | | |
| 4a | B\*, A\* | Total # of clinic patients, age 21-64, women | The total number of patients aged 21-64, 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., 24-64 used for calculating a HEDIS screening rate). | Num | 1-9999999 |
| 4b | B | % of clinic patients, age 21-64, women | The percent of patients aged 21-64, 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 21-64. | Num | 00-100 |
| 4c | B | % of patients, age 21-64, uninsured, women | The percent of the **"Total # of clinic patients, 21-64, 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 21-64. | Num | 00-100 |
| 4d | B | % of patients, age 21-64, Hispanic, women | The percent of the **"Total # of clinic patients, 21-64, 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 21-64. | Num | 00-100 |
| **( Race )** | | | | | |
| 4e | B | % of patients, age 21-64, White, women | The percent of the **"Total # of clinic patients, 21-64, 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 21-64. | Num | 00-100 |
| 4f | B | % of patients, age 21-64, Black or African American, women | The percent of the **"Total # of clinic patients, 21-64, 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 21-64. | Num | 00-100 |
| 4g | B | % of patients, age 21-64, Asian, women | The percent of the **"Total # of clinic patients, 21-64, women"** who are Asian (i.e., persons 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 21-64. | Num | 00-100 |
| 4h | B | % of patients, age 21-64, Native Hawaiian or other Pacific Islander, women | The percent of the **"Total # of clinic patients, 21-64, 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 21-64. | Num | 00-100 |
| 4i | B | % of patients, age 21-64, American Indian or Alaskan Native, women | The percent of the **"Total # of clinic patients, 21-64, 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 21-64. | Num | 00-100 |
| 4j | B | % of patients, age 21-64, More than one race, women | The percent of the **"Total # of clinic patients, 21-64, 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 21-64. | Num | 00-100 |
| 4k | B | Section 4 Comments | Optional comments for Section 4. | Char | Free text  200 char limit |

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| **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 CERVICAL CANCER**  **Section 7: ELECTRONIC HEALTH RECORDS (EHR) SCREENING RATE DATA FOR CERVICAL CANCER**  **Section 8: MONITORING AND QUALITY IMPROVEMENT FOR CERVICAL CANCER SCREENING**  **Section 9: EVIDENCE-BASED INTERVENTIONS (EBIs)**  **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 CERVICAL CANCER-RELATED STRATEGIES** | | | | | |
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| **Section 5: REPORT PERIOD** | | | | | |
| 5a | B\*, A\* | Report period | Reporting period represented in sections 5-12 where longitudinal data items are reported.    Baseline data are reported once as new clinics are recruited to participate in NBCCEDP cervical cancer activities and prior to the start of NBCCEDP supported implementation activities.  Annual data are reported at the end of each program year (py)  Note that the screening rates reported at baseline and annually use a consistent 12-month reporting period. | List | Baseline  NBCCEDP 1701-py1  NBCCEDP 1701-py2  NBCCEDP 1701-py3  NBCCEDP 1701-py4  NBCCEDP 1701-py5 |
| 5b | A\* | Implementation status | Indicates if implementation activities have started using NBCCEDP resources to support 1 or more EBIs to increase cervical cancer screening during the program year. If resources were used for EBI planning only (see items 9a-g4), report ‘Not started’.  *If implementation has not started, skip to 5d.* | List | Started  Not started |
| 5c | A\* | Implementation start date | 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. |  | MM/YYYY |
| 5d | A\* | Cervical cancer activity partnership status | Indicates if the NBCCEDP cervical cancer EBI activities with this clinic have been terminated with no implementation or cervical cancer screening rate monitoring activities conducted this program year or planned through the end of the FOA.  *If not terminated, skip to 6a.* | List | Not terminated  Terminated |
| 5e | A\* | Reason for termination | Reason that cervical cancer EBI implementation and screening rate monitoring activities have been terminated. | Char | Free text  200 char limit |
| 5f | A\* | Termination date | Month and year when the clinic partnership for cervical cancer EBI activities and screening rate monitoring activities were terminated. | Date | MM/YYYY |

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| **Section 6: CHART REVIEW (CR) SCREENING RATE DATA for CERVICAL 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, UDS). Please see Appendix 2 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.* | Num | 1-9999999 |
| 6c | B\*, A\* | CR Numerator to calculate screening rate | Numerator is dependent on the measure used (e.g., GPRA, HEDIS, UDS). Please see Appendix 2 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.* | 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, UDS) was not used, the *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics* 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  UDS  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 cervical 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 cervical 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 24-64, who had at least one medical visit during the measurement year. See *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics*.  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 *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.*  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 |

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| **Section 7: ELECTRONIC HEALTH RECORDS (EHR) SCREENING RATE DATA for CERVICAL 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, UDS). Please see Appendix 2 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.* | Num | 1-9999999 |
| 7c | B\*, A\* | EHR Numerator to calculate screening rate | Numerator is dependent on the measure used (e.g., GPRA, HEDIS, UDS). Please see Appendix 2 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.* | 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, UDS, GPRA) was not used, the *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics* 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  UDS  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 *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics).* 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 cervical cancer screening rate data collection for this clinic**. | Date | MM/DD/YYYY |
| 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 cervical 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, “*Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers*" and *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.* | 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 |

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| **Section 8: MONITORING AND QUALITY IMPROVEMENT for CERVICAL CANCER SCREENING** | | | | | |
| 8a | B\*, A\* | Clinic screening policy | Does the clinic have a written cervical cancer screening policy or protocol in use?    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 cervical 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). | List | Yes  No |
| 8b | A\* | Frequency of monitoring cervical cancer screening rate | Indicates how often the clinic cervical cancer screening rate is monitored and reviewed by clinic personnel.  Select the response that best matches monitoring frequency. | List | Monthly  Quarterly  Semi-annually  Annually |
| 8c | A\* | Frequency of implementation support to clinic | On-site or direct contacts (e.g., telephone) with the clinic to support and improve implementation activities for EBIs and cervical 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 cervical cancer screening policy; or providing feedback to staff from monitoring or evaluating an EBI implementation.  Select the response that best matches delivery of implementation support. | List | Weekly  Monthly  Quarterly  Semi-annually  Annually |
| 8d | A\* | Validated cancer screening rate | Validated the cervical 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 cervical 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 cervical 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 |

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| **Section 9: EVIDENCE-BASED INTERVENTTIONS (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 cervical 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 cervical 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 cervical cancer screening. | List | Yes  No |
| 9a3 | A\* | Patient reminder system  in place at PY end | Indicates whether the EBI is in place for cervical 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 | A8 | Patient reminder system modality | If in place (9a3 is Yes), indicates whether an average patient at this clinic received cervical 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 cervical cancer screening, how many different ways or different times did a given patient receive cervical 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 cervical cancer screening? | List | Yes  No |
| 9a7 | A\* | Patient reminder system sustainability | If in place (9a3 is Yes) for cervical 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 reminder system)**  **System in place to inform providers that a patient is due (or overdue) for cervical cancer cervical 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 cervical 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 cervical cancer screening. | List | Yes  No |
| 9b3 | A\* | Provider reminder system  in place at PY end | Indicates whether the EBI is in place for cervical 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 cervical 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 cervical 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 cervical cancer screening? | List | Yes  No |
| 9b7 | A\* | Provider reminder system sustainability | If in place (9b3 is Yes) for cervical 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 cervical cancer screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback).** | | | | | |
| 9c1 | B\* | Provider assessment and feedback  in place at baseline | Indicates whether the EBI is in place for cervical 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 |
| 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 cervical cancer screening. | List | Yes  No |
| 9c3 | A\* | Provider assessment and feedback  in place at PY end | Indicates whether the EBI is in place for cervical 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 cervical 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 cervical cancer screening? | List | Yes  No |
| 9c6 | A\* | Provider assessment and feedback sustainability | If in place (9c3 is Yes) for cervical 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 cervical 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 cervical 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 cervical cancer screening. | List | Yes  No |
| 9d3 | A\* | Reducing structural barriers  in place at PY end | Indicates whether the EBI is in place for cervical 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 cervical 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 cervical cancer screening? | List | Yes  No |
| 9d7 | A\* | Reducing structural barriers sustainability | If in place (9d3 is Yes) for cervical 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 cervical 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 cervical 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 cervical cancer screening. | List | Yes  No |
| 9e3 | A\* | Small media  in place at PY end | Indicates whether the EBI is in place for cervical 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 cervical 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 this PY. | List | Yes  No |
| 9e5 | A\* | Small media dosage | If multi-modal (9e4 is Yes) how many different ways did a given patient likely receive small media about cervical 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 cervical cancer screening? | List | Yes  No |
| 9e7 | A\* | Small media sustainability | If in place (9e3 is Yes) for cervical 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 cervical 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 cervical 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 cervical cancer screening. | List | Yes  No |
| 9f3 | A\* | Patient education  in place at PY end | Indicates whether the EBI is in place for cervical 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 cervical 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 cervical cancer screening? | List | Yes  No |
| 9f6 | A\* | Patient education sustainability | If in place (9f3 is Yes) for cervical 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 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 cervical cancer screening services. Reducing costs may include vouchers or reimbursements for transportation/parking, reduction in co-pays, reimbursing for cervical 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 cervical 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 cervical 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 cervical 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 cervical 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 cervical 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 cervical cancer screening? | List | Yes  No |
| 9g7 | A\* | Reducing out of pocket costs sustainability | If in place (9g3 is Yes) for cervical 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**  **Indicates whether activities are in place to provide professional development/provider education to health care providers in this clinic on cervical cancer screening. Activities may include distribution of provider education materials, including screening guidelines and recommendation, 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 cervical 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 cervical cancer screening. | List | Yes  No |
| 10a3 | A\* | Professional development/provider education  in place at PY end | Indicates whether the activity is in place for cervical 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 |
| 10a4 | A\* | Professional development/provider education dosage | If in place (10a3 is Yes), indicates on average, how many hours of cervical 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 cervical 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 cervical 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 cervical cancer screening. | List | Yes  No |
| 11a3 | A\* | Community outreach activities  in place at PY end | Indicates whether the activity is in place for cervical 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 |
| 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 cervical cancer screening? | List | Yes  No |
| 11a6 | A\* | Community outreach sustainability | If in place (11a3 is Yes) for cervical 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 cervical 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 cervical 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 cervical cancer screening services in this clinic. | Char | Free text  256 Char limit |
| **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 cervical 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 cervical cancer 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 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 patient navigation activities for cervical cancer. | List | Yes  No |
| 12a3 | A\* | Patient navigation in place at PY end | Indicates whether patient navigation is in place for cervical cancer 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 cervical 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 cervical cancer? | List | Yes  No |
| 12a6 | A\* | Patient navigator sustainability | If in place (12a3 is Yes) for cervical cancer, do you consider patient navigation 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 navigation | The number of full time equivalents (FTEs) conducting patient navigation (e.g., navigators, nurse navigators, nurses, peer health advisors, health navigators) for cervical 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 cervical 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 cervical cancer during this program year. | Num | 1-99998  99999 (Unk) |
| **Section 13: Other cervical 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 cervical cancer screening in the clinic. Activities may include standardization of data fields used to document a patient’s cervical cancer screening, linkage of data to lab reports, etc. | Char | Free text  256 Char limit |
| 13a2 | B | Other cervical cancer-related strategies in place at baseline | Any other activities or strategies that are in place to increase cervical cancer screening in this clinic. | Char | Free text  256 Char limit |
| **Other Cervical Cancer Activity 1** | | | | | |
| 13b1 | A | Other cervical cancer Activity 1 | Description of other cervical cancer activity or strategy (1). | Char | Free text  200 Char limit |
| 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 Cervical Cancer Activity 2** | | | | | |
| 13c1 | A | Other cervical cancer Activity 2 | Description of other cervical 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 Cervical Cancer Activity 3** | | | | | |
| 13d1 | A | Other cervical cancer Activity 3 | Description of other cervical 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 |