Cancer Prevention and Early Detection Program Manual: Assessment and Planning Process

Types of organizations eligible for this strategy
- Health Systems
- Network Organizations
- Community-based organizations

Overview

CDPHE recognizes that cancer prevention and early detection are impacted by different levels of influence, from characteristics and behaviors of an individual to the policies that support or hinder cancer prevention and early detection. The socio-ecological model framework recognizes these different influences on individual health and includes policy, community, organizational, interpersonal and individual levels of influence. The intent of the Cancer Prevention and Early Detection Program is to fund organizations to implement strategies to address cancer prevention and early detection at one or more levels of the socio-ecological framework, depending on the needs of the underserved population served by and living within the service area of the organization.

The Assessment and Planning Process is the foundation activity and guide for organizations to identify needs of and existing activities related to promoting and improving prevention and early detection of breast, cervical and colorectal cancer among underserved women and men served by and living within the service area of their organization.

As part of the Assessment and Planning Process, organizations will develop a strategic/action plan to inform the continuing application and budget including assessing how and what Additional Strategies (Targeted Community Outreach, Clinic Quality Improvement, Patient/Health Navigation, and Clinical Services) to engage in. Note that this process is repeated annually to give organizations and CDPHE the opportunity to identify and respond to changing needs by shifting funded strategies or funding amounts (see the Grant Management section of the Program Manual for additional information about timelines).

Components of the Assessment and Planning Process

1. Annual completion of the CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool (required of all contractors).
2. Annual preparation of a strategic/action plan based on the results of the assessment with proposed activities which align with the Additional Strategies (Targeted Community Outreach, Clinic Quality Improvement, Patient/Health Navigation, and Clinical Services) sections of the Program Manual (required of all contractors).
3. Participation in chart review (required of select health systems).
4. Preparation for implementation of approved strategies.
Completion of the CDPHE Cancer Prevention and Early Detection Assessment and Planning Process

All organizations are required to complete this process. A sample of information to be collected is provided within the Sample CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool. CDPHE expects that the first time this process is completed it will be more time intensive as organizations spend time identifying needs of and existing activities related to promoting and improving prevention and early detection of breast, cervical and colorectal cancer among underserved women and men served by and living within the service area of the organization across the socio-ecologic framework.

Required components of the tool differ by organization type:

- Community-based organizations will provide information on their service area
  - Required components are limited to outreach activities
- Health systems will provide information on population served by and living within the health system’s service area
  - Required components are tailored to reflect different roles of primary and non-primary care clinics within health systems.
- Network organizations are required to identify and secure a letter of commitment from each health system they plan to partner with, after which they will complete the Assessment and Planning Process based on the population served by and living within the service area for each health system.

Steps to completion of the assessment and planning process:

Step 1: Contractor completes the CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool and strategic/action plan and submits a draft to CDPHE. This will require that the funded organization connect with people within their organization and partner organizations who engage in cancer prevention and early detection activities across community, organizational, interpersonal and individual levels of the socio-ecological framework. Technical assistance will be available from CDPHE to support organizations in completing the CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool.

For contracts executed January 1, 2018: Organizations who submit their draft tool by March 1, 2018 may be eligible to begin changes to their Additional Strategies by October 1, 2018. All drafts are due no later than October 1, 2018.

Step 2: Organization receives feedback from CDPHE on their draft Tool and strategic/action plan within 30 calendar days. CDPHE will review drafts for quality and thoroughness and alignment between assessment results and the contractor’s strategic/action plan. CDPHE may request to meet with contractors in person or via phone to discuss recommendations for most impactful activities for inclusion in the contractor’s strategic/action plan or other significant feedback topics as identified.
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CDPHE will provide feedback within 30 calendar days (March 31, 2018 for early submissions and October 31, 2018 for all other submissions).

Step 3: Contractor incorporates CDPHE feedback and submits a final draft for review and approval by CDPHE.

Contractors who submit their revised draft by April 30, 2018 may be eligible to begin changes to their Additional Strategies by October 1, 2018; this is contingent upon successful completion and CDPHE approval of the organization’s continuing application. All final drafts are due no later than December 15, 2018.

Participation in CDPHE-led chart review

Health systems may be required to participate in a CDPHE-led chart review at each clinic site that meets certain criteria, including but not limited to:
1) Clinic is a primary care site.
2) Clinic site has been utilizing their current Electronic Health Record (EHR) for fifteen consecutive months or more.
3) Clinic site has not previously completed a methodology to assess accuracy of screening rates.
4) Clinic site(s) serve a high proportion of the high risk/burden population as identified by CDPHE staff.

Health systems meeting these criterion as of January 1, 2018 will be required to assist CDPHE in completing the chart review by no later than June 30, 2018. CDPHE will initiate communication with health systems during Step 1 and Step 2 to identify clinic sites required to participate in a CDPHE-led chart review.

Participation includes:
- Submission of an active patient list including medical record number, age and associated primary care clinic to CDPHE.
- Coordinating time and access to a CDPHE-paid chart reviewer to review a sample of selected records.
- Participation by organization staff of all levels in CDPHE-led discussion of chart review results where EHR-reported cancer screening rates are compared to rates as assessed through chart review.

For all other health systems, including those that were not prioritized due to CDPHE staff capacity and resources, CDPHE will use results of each health system’s CDPHE Cancer Prevention and Early Detection Assessment and Planning Tool to assess whether or not a tailored electronic or paper chart review process will be beneficial.

Preparing for implementation of approved strategies

As part of the Assessment and Planning Process, funded organizations may prepare for implementation of approved Additional Strategies after receiving CDPHE approval of each continuing application and before funding of approved Additional Strategies from the continuing application begins.
Preparation activities are limited to the following by Additional Strategy. Organizations may only complete preparation activities for new Additional Strategies (for example, expansion of Patient Navigation Strategy from uninsured to include insured women). Preparation activities funded through the Cancer Prevention and Early Detection program include:

- Attending CDPHE-approved trainings.
- Training staff on Additional Strategy requirements.
- Establishing clinic and organizational processes to implement Additional Strategy and reporting requirements.