

WWC / WISEWOMAN FY 2016-2017 Period 1 Progress Report

Welcome!

Welcome to the Women's Wellness Connection (WWC) periodic progress report. Here you will be reporting on WWC Clinical Services, Care Coordination and/or WISEWOMAN contract progress, if applicable. To assist in completing all sections, a worksheet with all survey prompts is available for download here: <https://www.colorado.gov/cdphe/wwc-progress-report>.

This report submission will cover: June 30, 2016 (WWC Care Coordination and Clinical Services) or July 1, 2016 (WISEWOMAN) through October 31, 2016.

Please coordinate with your agency staff to ensure only one report is submitted per agency.

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Contact information

*** 1. Contact information**

Name of individual submitting report

Agency name

Email address

Phone number

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WWC Clinical Services

* 2. Does your agency hold a WWC Clinical Services contract?

Yes (you will answer questions regarding your WWC Clinical Services contract)

No

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WWC Clinical Services core indicators

In this section you will be reviewing core indicators. If you have questions regarding core indicators, please refer to the [Quality assurance and improvement](#) section of the WWC Provider Toolkit.

Run your agency's "Core Indicator" report in eCaST with a start date of 6/30/2016 and end date of 10/31/2016. Indicate whether or not each indicator was met.

- * 3. **Indicator:** Rarely or Never Screened at initial Pap Test - 20% or more

Indicate whether or not this indicator was met.

- * 4. **Indicator:** Screening Mammograms provided to women 50 years or older - 75% or more

Indicate whether or not this indicator was met.

- * 5. **Indicator:** Abnormal Cervical Screenings with Complete Follow-up - 90% or more

Indicate whether or not this indicator was met.

- * 6. **Indicator:** Time from screening to diagnosis 60 days or less for abnormal cervical screening results - 75% or more

Indicate whether or not this indicator was met.

- * 7. **Indicator:** Abnormal Breast Screenings with Complete Follow-up - 90% or more

Indicate whether or not this indicator was met.

* 8. **Indicator:** Time from screening to diagnosis 60 days or less for abnormal breast screening results - **75% or more**

Indicate whether or not this indicator was met.

* 9. Does your agency have any Clinical Services cases with a “Service Age (Days)” over 60 days?

To find this information, run your agency’s “Screening Case Management” report in eCaST for breast and cervical or review any cases found when you click your agency’s “Case management” tile in the eCaST Portal.

* 10. Tell us about your process for the management of abnormal breast and cervical cases.

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WWC Clinical Services breast and cervical cancer report - BCCP Medicaid

In this section you will review your breast and cervical cancer cases enrolled in BCCP through Health First Colorado (BCCP Medicaid). If you have questions regarding BCCP, please refer to the [Breast and Cervical Cancer Medicaid Program \(BCCP Medicaid\)](#) section of the WWC Provider Toolkit.

- * 11. Do you have cases that took longer than 10 days to enroll in BCCP?

To find this information, run your agency's "Breast and Cervical Cancer report" in eCaST with end date 10/31/2016 for breast and cervical or review any cases found when you click your agency's "Cancer cases" tile in the eCaST Portal.



- 12. If yes, please provide an explanation and action plan for improving future performance.

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WWC Clinical Services budget

In this section review your agency budget. If you have questions regarding the budget, please refer to the [Agency reimbursement](#) section of the WWC Provider Toolkit.

WWC will review all agency budgets after the December bill run and add funding for agencies that are at or above the targeted percent.

- * 13. Run your agency's "Budget tracking report" in eCaST for FY 2017 with an end date 10/31/2016 and contract type "WWC." Is the agency's "Percent of funds expended" 19% or more?

Yes

No

- * 14. Please describe your agency's successes or challenges spending your budget this fiscal year to date.

- * 15. Please describe your agency's planned process for enrolling clients ages 21-39 into WWC Clinical Services for cervical cancer screening.

- * 16. Many clinics have indicated that their WWC Clinical Services clients are increasingly receiving 3D mammograms. Please estimate the percentage of your agency's WWC Clinical Services clients who receive 3D mammograms:

0-5%

6-25%

26-50%

51-75%

76-95%

95-100%

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WWC Clinical Services webinar attendance

Your agency is required to have at least one (1) staff member attend at least 50% Health Improvement Team (HIT) calls, 50% eCaST User's Groups, and a minimum of one (1) clinical webinar or training offered during the fiscal year (June 30, 2016 - June 29, 2017).

* 17. Mark all WWC trainings your agency attended or made up during the performance period (June 30, 2016 - October 31, 2016).

	Attended or made up	Did <u>not</u> attend or make up
Call Type: eCaST User's Group Call Date: July 27, 2016 Topic: End of year bill run questions and reminders and BPS changes	<input type="radio"/>	<input type="radio"/>
Call Type: HIT Call Date: August 18, 2016 Topic: Using data to impact WWC program reach	<input type="radio"/>	<input type="radio"/>
Call Type: eCaST User's Group Call Date: September 28, 2016 Topic: eCaST 2.0	<input type="radio"/>	<input type="radio"/>
Call Type: HIT Call Date: October 20, 2016 Topic: Cervical expansion	<input type="radio"/>	<input type="radio"/>

* 18. Did anyone on the clinical staff at your agency attend or make up the clinical webinar offered?

Attended or made up

Did not attend or make up

Call Type: Clinical
Webinar

Date: October 5, 2016

Topic: Cervical
screening guidelines
for younger women



Care Coordination

* 19. Does your agency hold a Care Coordination contract?

Yes (you will answer questions regarding your Care Coordination contract)

No

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WWC Care Coordination core indicators

In this section you will be reviewing core indicators. If you have questions regarding core indicators, please refer to the [Quality assurance and improvement](#) section of the WWC Provider Toolkit.

Review your agency's WWC Care Coordination "Core Indicator" report sent to your agency's Program Coordinator via email after Oct 31. If you have not received this report, contact your [CDPHE program coordinator](#).

- * 20. **Indicator:** Abnormal Cervical Screenings with Complete Follow-up - **90% or more**

Indicate whether or not this indicator was met.

- * 21. **Indicator:** Time from screening to diagnosis 60 days or less for abnormal cervical screening results - **75% or more**

Indicate whether or not this indicator was met.

- * 22. **Indicator:** Abnormal Breast Screenings with Complete Follow-up - **90% or more**

Indicate whether or not this indicator was met.

- * 23. **Indicator:** Time from screening to diagnosis 60 days or less for abnormal breast screening results - **75% or more**

Indicate whether or not this indicator was met.

- * 24. **Indicator:** Care Coordination clients 50 and older, receiving cervical services also receiving a mammogram - **35% or more**

Indicate whether or not this indicator was met.

* 25. Does your agency have any Care Coordination cases with a “Service Age (Days)” over 60 days?

To find this information, run your agency’s “Screening Case Management” report in eCaST for breast and cervical or review any cases found when you click your agency’s “Case management” tile in the eCaST Portal.



* 26. Tell us about your process for management of abnormal breast and cervical cases.

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WWC Care Coordination budget

In this section you will review your agency's budget. If you have questions regarding your budget, please refer to the Agency reimbursement section of the WWC Provider Toolkit.

WWC will review all agency budgets after the December bill run and add funding for agencies that are at or above the targeted percent.

- * 27. Run your agency's "Budget tracking report" in eCaST for FY 2017 with end date of 10/31/2016 and contract type "CCGP." Is the "Percent of funds expended" 19% or more?

Yes

No

- * 28. Please describe your agency's successes or challenges spending your Care Coordination budget this fiscal year to date.

- * 29. Please describe your agency's planned process for enrolling clients ages 21-39 into WWC Care Coordination for navigation of cervical cancer screenings.

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WWC Care Coordination webinar attendance

Your agency is required to have at least one (1) staff member attend all CCGP calls or webinars offered during the fiscal year (June 30, 2016 - June 29, 2017).

* 30. Mark all WWC CCGP trainings your agency attended during the performance period (June 30, 2016 - October 31, 2016).

Attended or made up

Did not attend or make up

Call Type: CCGP all agency webinar

Date: September 9, 2016

WWC Care Coordination client resources

WWC is developing a client brochure. It should be available in a few weeks. The purpose of this brochure will be to help explain the CCGP and its benefits to the client. Please answer the following questions to help us plan for this brochure.

- * 31. We are thinking about printing one side in English and the other side in Spanish. Approximately how many brochures might your agency use this fiscal year?

- * 32. If we are able to translate and print brochures in other languages, what other languages would your agency be interested in and how many?

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WISEWOMAN

* 33. Does your agency hold a WISEWOMAN contract?

- Yes (you will answer questions regarding your WISEWOMAN contract)
- No

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WISEWOMAN funding and budget tracking

- * 34. Run your agency's "Budget tracking report" in eCaST with end date 10/31/2016 and contract type "WISEWOMAN." Please enter the percent that your agency spent over or under budget. If your agency is 10% under or over budget, provide an explanation of your agency's challenges and successes in spending your budget to date.

- * 35. If your agency is 10% under or over budget, provide an explanation of your agency's challenges and successes in spending your budget to date.

- * 36. WISEWOMAN will review all agency eCaST budgets and expenditures to date after the February 15, 2017 bill run. Staff will take your agency's budget request along with all other agency requests and spending levels into consideration when making budget decisions in February. All necessary changes will be made through contract amendments and modifications at that time.

Please indicate below if your agency would like to request an eCaST budget increase or decrease for your contract to better align your agency's anticipated spending this year.

Increase (request amount)

Decrease (request amount)

No change (enter 0)

- 37. If you requested an increase or decrease, please justify.

- * 38. Has your agency utilized or do you have plans to utilize your WISEWOMAN additional supporting funding (travel and/or operating line items) for this fiscal year?

Yes

No

* 39. If additional support funding were to become available, would your agency be interested in and able to use more of these funds?

Yes

No

40. Do you have any questions or concerns about the WISEWOMAN additional support funding?

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WISEWOMAN program challenges

- * 41. For the WISEWOMAN program, what barriers or internal challenges have you experienced to program service delivery, client recruitment, data entry, etc. that may have resulted in fewer women participating in or completing the program at your site?

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WISEWOMAN training and call attendance

Your agency is required to have at least one (1) staff member attend the 6 All Agency calls offered during the fiscal year (July 1, 2016 - June 30, 2017).

- * 42. Mark all WISEWOMAN webinars your agency attended during this performance period (July 1, 2016 - October 31, 2016).

	Attended or made up	Did <u>not</u> attend or make up
Call type: All Agency Call	<input type="radio"/>	<input type="radio"/>
Date: August 18, 2016		
Call type: All Agency Call	<input type="radio"/>	<input type="radio"/>
Date: October 20, 2016		

- * 43. Is your agency on track to attend the 6 All Agency calls offered during the fiscal year (July 1, 2016 - June 30, 2017)?

- Yes
- No, please explain:

44. Are any of your agency's WISEWOMAN staff members in need of the following training:

- Motivational Interviewing DVD (required for Risk Reduction Counselors)
- eCaST training
- Other outstanding training (please specify)

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Agency contacts for WWC Clinical Services, Care Coordination, and/or WISEWOMAN contracts

As reminder, your agency should notify WWC of all updates to contact information within 15 days of the change.

* 45. Are there any staff changes that you have not yet notified WWC staff for either WWC Clinical Services, Care Coordination, and/or WISEWOMAN?

- Yes (If you answer "yes," please complete the survey (<https://www.surveymonkey.com/r/WWC-WISEWOMAN-Contacts-Updates>) to notify CDPHE WWC/WISEWOMAN staff of the changes.)
- No

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Optional questions for Clinical Services, Care Coordination, and/or WISEWOMAN contracts

The questions on this page are optional. You may skip if you wish, however please use this time to thoughtfully communicate with us regarding your WWC Clinical Services, Care Coordination, and/or WISEWOMAN contracts.

46. Do you have any specific technical assistance needs that you would like us to follow up with you?

47. Please provide comments on your progress for anything you feel is not captured elsewhere.

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Thank you!

Thank you for completing the progress report for WWC Clinical Services, Care Coordination and WISEWOMAN contracts!

We will be in touch if there are items needing attention.