2023 Get Screened Interventions Project

Dear Partner:

The American Cancer Society (ACS) is pleased to invite you to participate in the 2023 Get Screened Interventions Project. This is an opportunity for your healthcare system to collaborate with local ACS staff to develop and implement quality improvement processes and evidence-based interventions.

This packet contains information for your consideration as you decide whether to participate in this project. Please carefully review this information, especially the project timeline and data submission requirements. Connect with your ACS staff partner should you have questions or need additional information.

Packet Contents:
Project Overview and Requirements
Timeline and Commitment
Examples of Data Collected
Data Definitions Appendix
Budget Guidance, if applicable

Thank you for your consideration and for the impact you're making in your patients' lives!

2023 Get Screened Interventions Project

OVERVIEW

The American Cancer Society (ACS) is pleased to announce a project focused on cancer screening. The 2023 Get Screened Interventions Project leverages quality improvement (QI) strategies and resources to support public health agencies, health care providers, and screening advocates across the nation to promote and deliver cancer screening appropriately, safely, and equitably.

Quality improvement projects are based on previous structured intervention projects done through shared learning. Healthcare systems will have the opportunity to engage with nationwide partners to share best practices, challenges, and celebrations. Projects can improve health equity by focusing efforts among specific populations or communities where cancer disparities are more prevalent.

ACS staff will provide **strategy, materials, training and technical assistance, data and measurement tools, and the latest research** to maximize project outcomes. Depending on availability, funding may be available to support this project. Please discuss with your ACS staff partner and if applicable, refer to the budget guidance document at the end of this packet.

OBJECTIVES

- **Increase** cancer screening rates.
- **Secure** leadership support for practice changes aimed to increase cancer screening in a specific population.
- **Create** a comprehensive quality improvement action plan led by core team including ACS staff.
- **Embrace** a culture of team-based quality improvement.
- **Use** data to inform all aspects of the project.
- **Implement** effective, evidence-based interventions.
- **Execute** sustainable and meaningful process improvement.

SYSTEM SELECTION

- Invited healthcare systems will focus on breast, cervical, colorectal, or lung cancer screening
- Systems must be able to follow ACS data collection standards within project timeframe. *(See data collection requirements below.)*

IDEAL HEALTHCARE SYSTEMS

- Federally Qualified Health Centers (FQHCs), community health clinics, safety net hospitals, and Integrated Delivery Systems (IDS) with a primary care network.
- Provide care to populations who are marginalized and with limited access to care.

HEALTHCARE SYSTEM REQUIREMENTS

Identify Population of Focus
System must provide access to screening (may include referrals) for eligible patients for breast, cervical, colorectal, or lung cancer and have a baseline screening rate of <70%

Engage Leadership and Core Team
Engage system leadership to prioritize cancer prevention and convene a core quality improvement team including your ACS staff partner(s)

Build Partnership
Collaboration and success story sharing with ACS staff partner(s) throughout the duration of the project

Review Data
Collaborate with your ACS staff partner(s) to use the data collection tool to measure baseline, midpoint, and final data throughout the project

Carry Out Quality Improvement & Evidence-Based Interventions
Set goals and create action plan with ACS partner using data, previous activities, quality improvement methods, evidence-based interventions, and system capacity

Encourage Meaningful Participation of Full Care Team
Involve healthcare system staff in education, setting goals, reviewing progress, and carrying out interventions

DATA COLLECTION REQUIREMENTS

- Submit baseline, midpoint, and final reports, including demographic characteristics, planned and completed interventions, and screening rates by reporting deadlines.

  Additional requirements are available in the Data Definitions Appendix. Please also review examples of data collected.

- Required data submission dates:
  - **Baseline Report** – February 7, 2023
  - **Midpoint Report** – June 30, 2023
  - **Final Report** – January 31, 2024

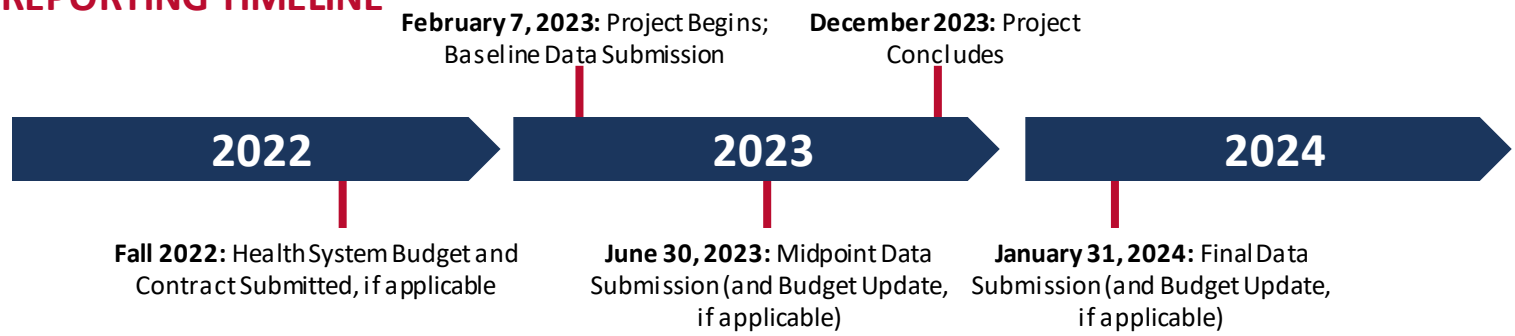
IMPACT STORIES

- Participating systems are asked to submit a patient impact story and a system impact story for their Midpoint and Final Reports.
- Participating systems are committing to share the patient story, a signed image and story release form, and a photo of the patient. This allows ACS staff permission to follow up with the patient if necessary.
- Your ACS staff partner will work with you to share storytelling resources, help identify a patient story that is understandable and relatable, aligns with our ACS screening guidelines, and empowers others.
- Some stories and quotes will be shared through our work via briefs or reports. Others may be shared with our funders or through ACS National promotion. You and your patient will be notified if your story is shared outside of local social opportunities.

QUESTIONS? Please reach out to your local ACS staff partner.

Timeline and Commitment

REPORTING TIMELINE



HEALTHCARE SYSTEM COMMITMENT

As a participant in the 2023 Get Screened Intervention Project, our healthcare system will agree to:

- Engage healthcare system leadership to prioritize cancer prevention through screening and convene a core quality improvement team including our ACS staff partner(s).
- Meet regularly with our ACS staff lead to discuss project progress, goals, and quality improvement activities, including the development and implementation of a project action plan and evidence-based interventions.
- Collaborate with our ACS staff partner(s) to use data collection tools and complete all data reporting requirements according to the project timeline, including:
  - **Baseline Report** – February 7, 2023
  - **Midpoint Report** – June 30, 2023
  - **Final Report** – January 31, 2024
- Provide a patient and system impact story highlighting the impact that our quality improvement and interventions work has had on the community and within our health system.
- Develop and adhere to a project budget in accordance with the budget guideline provided, if applicable.

QUESTIONS? Please reach out to your local ACS staff partner.

Examples of Screening Data Collected

Healthcare systems will be asked to report data at three intervals: baseline, midpoint, and end of project. Following are examples of data that were requested as part of previous screening projects. Data requested may include yes/no, check-all-that-apply, and free text responses. We encourage you to engage your IT/population health staff when assessing the ability to pull sample suggested data. *Please note that this list is not exhaustive, and questions may differ in final tool.*

Cancer screening

- Number of patients eligible for cancer screening (denominator; see Data Definitions Appendix)
- Number of eligible patients with appropriate screening (numerator; see Data Definitions Appendix)
- Number of orders issued for cancer screening, by screening type
- Number of completed cancer screenings, by screening type
- Number of cancer diagnoses
- Can your EHR provide a report of cancer screening rates by patient sex, race/ ethnicity, geographic status (e.g., rural, urban), disability status, insurance status, gender identity, and sexual orientation?

Health system details

- Total patient population served in 2022 at all clinic sites participating in the 2023 project
- Number of clinic sites in the health system participating in this project
- Among the total patient population at all participating clinic sites, indicate the percentage of patients served within each race/ethnicity and insurance category

Current system processes and quality improvement (QI) efforts

- Where does your health system refer patients for additional diagnostic testing and/or diagnosis after an abnormal cancer screening?
- How does your health system track referrals/follow-up appointments after an abnormal cancer screening?
- Where does your health system refer patients for cancer treatment after a cancer diagnosis?
- How does your health system track referrals/follow-up appointments after a cancer diagnosis?
- How does your health system communicate with cancer patients not adhering to treatment plans?
- How does your health system regularly monitor its performance related to cancer screenings?

Quality improvement program plan

- Does your health system have a QI team for this project?
- Identify the QI activities you will conduct to understand and improve gaps in processes
- Identify the evidence-based/informed interventions your health system will put in place to reach the project goals
- Establish a screening rate goal and action plan

2023 Data Definitions Appendix

Healthcare systems will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project (baseline, midpoint, end of project), **paying careful attention to the reporting and measurement periods specified in the data reporting tool**. Healthcare systems will report combined results for all clinics participating in the project. Please note these data definitions are subject to change.

BREAST CANCER SCREENING QUALITY MEASURE DESCRIPTION (BASED ON CMS125)

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

DENOMINATOR: ELIGIBLE PATIENTS

Include women who were aged 50 through 74 with at least one reportable medical visit during the 12-month measurement period. See exclusions below.

Exclusions

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

NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more mammograms in the last 27 months prior to the end of the measurement period.

ADDITIONAL GUIDANCE

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

2023 Data Definitions Appendix

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CERVICAL CANCER SCREENING QUALITY MEASURE DESCRIPTION (BASED ON CMS124)

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

DENOMINATOR: ELIGIBLE PATIENTS

Include women who were aged 21 through 64 with at least one reportable medical visit during the 12-month measurement period. See exclusions below.

Exclusions

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

NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

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

- Cervical cytology performed in the last three years for patients who are at least 21 years old at the time of the test.
- Cervical human papillomavirus (HPV) testing performed in the last five years for patients who are at least 30 years old at the time of the test.

ADDITIONAL GUIDANCE

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

2023 Data Definitions Appendix

Healthcare systems will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project (baseline, midpoint, end of project), **paying careful attention to the reporting and measurement periods specified in the data reporting tool**. Healthcare systems will report combined results for all clinics participating in the project. Please note these data definitions are subject to change.

COLORECTAL CANCER SCREENING QUALITY MEASURE DESCRIPTION (BASED ON CMS130)

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

DENOMINATOR: ELIGIBLE PATIENTS

Include patients who were aged 50 through 75 with at least one reportable medical visit during the 12-month measurement period. See exclusions below.

Exclusions

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

NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

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

- Fecal occult blood test (gFOBT or iFOBT) or FIT in the last 12 months.
- Colonoscopy in the last 10 years.
- FIT-DNA during the last three years.
- CT colonography in the last five years.
- Flexible sigmoidoscopy in the last five years.

ADDITIONAL GUIDANCE

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

2023 Data Definitions Appendix

Healthcare systems will be required to submit updates to the appropriate quality measure(s) below at three intervals throughout the project (baseline, midpoint, end of project), **paying careful attention to the reporting and measurement periods specified in the data reporting tool**. Healthcare systems will report combined results for all clinics participating in the project. Please note these data definitions are subject to change.

LUNG CANCER SCREENING QUALITY MEASURE DESCRIPTION

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

DENOMINATOR: ELIGIBLE PATIENTS

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

Exclusions

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

NUMERATOR: ELIGIBLE PATIENTS WITH APPROPRIATE SCREENING

Include eligible patients with one or more LDCT screenings in the last 12 months.

ADDITIONAL GUIDANCE

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

Budget and Permitted Expenses

Applicable only to projects receiving grant funding.

BUDGET GUIDANCE

100% of the grant funds shall be used to support the project activities in accordance with the detailed budget included in the initial budget report and in compliance with the following parameters. Please consult your ACS staff partner if you have questions about funding opportunities.

Budget Line Item	Percent Maximum (of Total Budget)
Personnel	75%
Printing, Supplies, & Postage	15%
Screening & Diagnostic Expenses	35%
Meetings, Travel, & Trainings	10%
Project-Specific Equipment	10%
Patient Incentives	10%
Patient Support	35%
HIT/EHR	75%
Overhead/Indirect	10%

Permitted *expenses enhance navigation to cancer prevention and early detection (i.e. care coordination, transportation costs aimed to reduce barriers to screening for patients, and/or patient education).*

Restricted (not permitted) *expenses include activities that program funding may NOT be used for. This includes but is not limited to:*

- Conducting research (beyond those activities required to capture the project impact measures)
- Reimbursement for expenses incurred *prior* to the grant term
- Influencing the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before any legislative body
- Cancer treatment
- General equipment including, but not limited to, phones and printers

For examples of line-item expenses that may be permitted or not permitted, please see table on the following page.

PERMITTED EXPENSES

The following page lists examples for commonly sought **permitted** and **not permitted** expenses for grant funding in cancer screening health systems initiatives. Note that the examples provided are not to be interpreted as the only options but are meant to serve as a guide for budget and program planning.

Guidance on Expenses

Applicable only to projects receiving grant funding.

	Permitted	Not Permitted
Printing, Supplies, & Postage *Maximum: 15%*	• ACS-branded materials available • Printing of *EXISTING* materials that have been created by health system (funds cannot be put towards design of NEW materials); funds ***may*** be used to translate / transcreate EXISTING health system materials into languages needed to reach populations of focus • Promotional flyers or postcards for events/screening facilities • Co-branding resources with existing modifiable templates • Postage for patient communication (e.g. reminder postcards, mailing of FIT)	• Design *and* printing of NEW educational materials by the health system • Language translation of existing ACS-branded materials
Screening and Diagnostic Expenses *Maximum: 35%*	• Subsidized coverage for screening and diagnostic services where need exists • FIT kits, Pap/HPV tests, or similar screening materials • Screening prep materials • Personal Protective Equipment (PPE) for screening personnel related to project	• Cancer treatment • No screening equipment (e.g. imaging machines, mobile screening van)
Meetings, Travel, & Trainings *Maximum: 10%*	• Food and beverages for hosted meetings • Meeting materials • Conference and training attendance fees relevant to purposes of project-implementation (in-person or online) • Gas/mileage reimbursement for meetings, outreach, and/or conference-related travel relevant to purposes of project implementation • Flights and hotels for meetings and/or conference-related travel relevant to purposes of project implementation • Gas for screening vehicle operation (e.g. mammography van)	• Routine maintenance for screening vehicle operation
Equipment *Maximum: 10%*	• Laptops or phones for ***NEW*** staff without existing equipment with relevance to purposes of project implementation – *include justification in budget narrative* • Tablets for project-related activities • Equipment to address challenges to equity in screening (e.g. mammography chair to aid with patient mobility concerns)	• Laptops or phones for ***EXISTING*** staff with access to technology equipment • Screening technology (e.g. mammography machine) • Phones, printers, fax machines • *Any* equipment needed for mobile screening units (e.g. new engine, screening machines)
Patient Incentives *Maximum: 10%*	*Up to $25 per recipient* • Amazon gift cards • Grocery gift cards • Small gifts (e.g. robes, t-shirts, sanitizers) Note: This is not a priority strategy for use of funds.	• Excessive prizes from drawings or giveaways (e.g. allotting incentive funds to designer purses) • Prizes from drawings which require a ticket purchase
Patient Support *Maximum: 35%*	• Rideshare charges for patient transportation to/from screening • Bus tokens/tickets or other transportation voucher • Gas cards • Lodging for patients seeking screening or diagnostic services	• Personnel stipends for vehicle transportation (e.g. screening vehicle driver – should be added to "Personnel" category)
HIT/EHR *Maximum: 75%*	• Integration of text messaging reminders • Build-out of new data management platforms for screening-related data tracking • Upgrading existing software for improved data management and tracking/monitoring of screening-related services • Consulting fees for EHR modifications	• Creation of or updates to patient-facing websites
Overhead/Indirect *Maximum: 10%*	• Administrative expenses/Facilities • Telephone line/internet expenses for project purposes	

Payments: First payment to be issued upon contract execution and following successful submission of baseline data in February 2023. Second payment to be issued following successful submission of final data in January 2024.