reflects why consultation did not occur

North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) and WISEWOMAN Program Pre-Assessment Survey MUST be completed & returned prior to Triennial Program Review

genc	y/Contractor			
CCCI	P Navigator:WISEWOMAN	Navigator:		
ssess	sment Completed By:			
	(Name) (Position/Job T	Title)		(Date)
Per	rformance Management			
	Breast Cancer Performance Indicator	CDC Standard	FY	as of
1.	Screening mammograms provided to women > 50 years of age	<u>≥</u> 75%		
2.	Abnormal screening results with complete follow-up	> 90%		
3.	Abnormal screening results; Time from screening to diagnosis > 60 days	<u> </u>		
4.	Treatment started for breast cancer	<u> </u>		
5.	Breast cancer; time from diagnosis to treatment >60 days	<u> </u>		
	Cervical Cancer Performance Indicator	CDC Standard	FY_	as of
6.	Initial Program Pap test, women 30+ with no pap in last 10 years or never screened	≥ 35%		
7.	Abnormal screening with complete follow-up	> 90%		
8.	Abnormal screening results: time from screening to diagnosis >60 days	<u>=</u> < 25%		
9.	Treatment started for diagnosis of HSIL, CIN 2,3, CIS, Invasive Cancer	<u>=</u> > 90%		
10.	HSIL, CIN 2,3; time from diagnosis to treatment >60 days	<u>=</u> < 20%		
11.	Invasive carcinoma; time to diagnosis to treatment >60 days	<u>=</u> < 20%		
	Screening Rate	Most recent 12-month period to	Previous	12-month period
12.	What is your screening rate for mammograms? (Number of women who receive age-appropriate mammograms divided by the number of women who are due for a mammogram during a one-year period)	%		%
13.	What is your screening rate for cervical cancer screening (Pap and/or HPV testing)? (Number of women who receive age-appropriate cervical cancer screening divided by the number of women who are due for screening during a one-year period)	%		%
	WISEWOMAN PERFORMANCE INDICATORS	CDC STANDARD	FY_	as of
1.	Percentage of screening target number met or exceeded	100%		
2.	Percentage of allocated funds expended for each woman screened	100%		
3.	Percentage of participants who receiving risk reduction counseling	100%		
4.	Percentage of participants with abnormal blood pressure values who receive follow-up as defined by NC WISEWOMAN policy	100%		
5.	Percentage of participants who attend at least one session of health coaching or another lifestyle program as part of enrollment visit	100%		
6.	Percentage of participants actively enrolled in health coaching or another lifestyle program who receive a second session	<u>>80</u> %		
7.	Percentage of participants enrolled in health coaching or another lifestyle program who complete sessions as defined by NC WISEWOMAN policy	<u>></u> 60%		
8.	Percentage of participants actively enrolled who complete their screening cycle	≥30%		
9.	Percentage of participants with an alert screening value seen by a healthcare provider within one week of screening or documentation that	100%		

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Pa	tient Eligibility & Enrollment	Respo	onse
1.	All women enrolled in our BCCCP/WISEWOMAN programs meet the program financial eligibility requirements – under 250% of FPG for current fiscal year.	☐ Yes ☐ No	
2.	Income for program eligibility is assessed by:	☐ Self-declaration	
		☐ Written documentation	
		Other:	
3.	BCCM income eligibility is verified and documented in the patient medical record.	☐ Yes ☐ No ☐ N	IA .
4.	Patient insurance information is documented in the medical record	☐ Yes ☐ No	
	Some other records? Where?	☐ Yes ☐ No	
		□NA	
5.	The BCCCP/WISEWOMAN income guidelines are updated each year.	☐ Yes ☐ No	
6.	Patients are enrolled in BCCCP/WW program through the following mechanisms:	Self Referral Internal agency referrals Other (please specify):	
Fis	cal Management	Respo	onse
7.	List the name and title of person(s) responsible for the management of feder	eral and state BCCCP/ WISEWOMA	AN budget and expenditures.
	Name:Title:		
	Name:Title:		
8.	The BCCCP/WISEWOMAN navigator(s) participate(s) in management of program budgets.		
9.	a. Total funds allocated for FY	9a.	WISEWOMAN \$
	b. Reimbursement requested to date	9b.	WISEWOMAN \$
	c. Other local funds allocated for FY (e.g., Komen, ACS, agency funds, etc.)	9c.	\$
10.	Does the agency apply a Sliding Fee Scale for BCCCP/WISEWOMAN services?	☐ Yes ☐ No	
11.	Are women charged for BCCCP/WISEWOMAN covered services?	☐ Yes ☐ No	
12.	Please forward a copy of the following items to the attention of NC BCCCP Operations Manager, via fax at (919) 870-4812 or electronically to your regional nurse consultant.		
	a. Accounting policy & procedure		ail Date:
	b. Most recent approved agency budget		nail Date:
	c. Most recent agency audit (as well as findings and response, if applical	ble) ☐ Sent via ☐ fax ☐ en	nail Date:
Contracts			
12.	Name and title of the person(s) who has responsibility for ensuring that con	tracts for all services are current.	
	Name:Title:		

BCCCP/WISEWOMAN Pre-Assessment Survey

	Name: Title:			
13.	13. Current contracts or letters of agreement are on file for the following services: Breast U/S Colposcopy Fine Needle Aspiration			
	☐ Pathology ☐ Radiology ☐ Surgical Consult ☐ WISEWOMAN Medical Evaluation			
	☐ Mammograms – the contracted facility is accredited under the Mammography Quality Standards Act (MQSA) regulations			
	Pap tests – the facility is certified under the Clinical Laboratory Improvement	ent Amendments of 1988 (CLIA	'88)	
	WISEWOMAN Lab Services – the facility is certified under the most recer other approved certification.	nt Clinical Laboratory Improveme	ent Amendments (CLIA) or	
14.	Laboratory services for cervical cytology testing are provided by:	Name of Lab/Facility:		
15.	Analysis of blood for total cholesterol, HDL, and glucose/Hgb a1C is conducted	☐ Onsite ☐ Offsite (If off site please provide name of reference lab)		
16.	a. The CLIA certificate for the onsite lab is current	a. Yes No NA		
	b. The CLIA certificate for the offsite lab is current	b. Yes No NA		
17.	Contracts for ALL services provided above are reviewed and renewed annua	ally Yes	☐ No	
18.	List all health care professionals and/or agencies to whom you refer	ВСССР	WISEWOMAN	
	women receiving BCCCP/WISEWOMAN services. Additional worksheets	☐ Mammography	☐ WISEWOMAN Medical	
	for this question are attached for your use.	☐ Follow-up abnormal	Evaluation	
	Name and Title:	breast	☐ Nutrition Services	
	Agency or Organization:	Follow-up abnormal cervix	☐ Physical Activity	
	Address.	Surgical consult	☐ Smoking Cessation	
		Other	☐ Diabetes Education	
Co	Continuous Quality Improvement			
19.	The agency adheres to tobacco-free campus standards as described in NC G.S. 130A-498	☐ Yes ☐ No		
20.	The agency conducts continuous quality improvement activities at least annually (describe:)	☐ Yes ☐ No		
21.	Policies and procedures are reviewed and updated at least annually	☐ Yes ☐ No		
22.	For WISEWOMAN providers: Policy in place for management of patients with abnormal blood pressure results (including alert blood pressure and undiagnosed hypertension)	☐ Yes ☐ No		
23.	For WISEWOMAN providers: Does your agency provide team-based care?	☐ Yes ☐ No		
24.	Standing orders/protocols are in NC Public Health Nursing Professional Development Unit (PHNPDU) format and are reviewed and updated at least annually	☐ Yes ☐ No		
25.	An electronic health record policy has been submitted to the NC State Archives (required for LHDs/ highly recommended for contract providers)	☐ Yes ☐ No		
<u>Cli</u>	nical Procedures & Program Resources			
26.	Current copies of the following are available and accessible to all relevant star	ff:		

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	Breast & Cervical Cancer Control Program	Responses
	■ BCCCP Program Manual	☐ Yes ☐ No
	■ Breast Screening Manual: A Guide for Health Departments and Providers	☐ Yes ☐ No
	 Cervical Screening Manual: A Guide for Health Departments and Providers 	☐ Yes ☐ No
	WISEWOMAN Project	Responses
	■ WISEWOMAN Training Manual	☐ Yes ☐ No ☐ NA
	■ Med South Lifestyle Program Manual	☐ Yes ☐ No ☐ NA
	■ 2017 ACC/AHA and JNC-7 hypertension guidelines	☐ Yes ☐ No ☐ NA
	 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/ NLA/PCNA Guideline on the Management of Blood Cholesterol 	☐ Yes ☐ No ☐ NA
	■ 2022 ADA Standards of Medical Care in Diabetes	☐ Yes ☐ No ☐ NA
27.	The BCCCP/WISEWOMAN Training Manual is reviewed annually.	☐ Yes ☐ No
28.	In which clinics are BCCCP/WISEWOMAN participants screened?	BCCCP Clinic (schedule) General adult health clinic (schedule) Both of above (schedule) Primary Care Clinic (schedule) Other (schedule)
29.	Referrals to providers outside of your agency are documented on what form?	☐ DHHS 2734 (Referral/Follow-up Form) ☐ Other agency form
30.	Name and title of person(s) responsible for coordinating follow-up and providing	
	Name:Title:	
	Name:Title:	
31.	Evidence-based interventions (EBIs) are used to increase community demand, community access, and/or provider delivery	
	 a. Client reminders (cards, letters, phone calls, etc.) b. Minimize administrative barriers (simplify enrollment protocol, enhance clinic flow, etc.) 	a.
	c. Provide alternative screening sites (breast care center, mobile exam unit, etc.)	c. Yes No
	d. Provide alternative screening hours (evening, weekend, etc.)	d. 🗌 Yes 🔲 No
	e. Provide transportation	e. 🗌 Yes 🔲 No
	f. Provide translation	f. Yes No
	g. Provide childcare	g. 🗌 Yes 🔲 No
	h. Provider reminders (chart flags, EHR/EMR flags, spreadsheet, reports, etc.)	h. 🗌 Yes 🔲 No
	i. Other	i. 🗌 Yes 🔲 No

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32. Are activities conducted to connect community residents to breast and cervical cancer screening services and/or increase screening in the population?			
a. Community Health Worker outreach			0
b. Patient navigation program		b. Yes N	0
c. Presentations to service organizations (wo			0
d. Faith-based outreach		d. Yes N	0
e. Work-site outreach/presentations		e. 🗌 Yes 🔲 N	0
f. Other		f. Yes N	0
33. Community outreach activities are conducted a	· ·	Yes N	0
Please describe			
34. A directory of community resources is available	as a patient handout	☐ Yes ☐ N	0
35. Survivor resources are offered to patients who cervical cancer or breast or cervical precancer		☐ Yes ☐ N	0
36. Each patient signs a consent form each progra	m year to participate in:		
a. BCCCP		a. 🗌 Yes 🔲 N	0
b. WISEWOMAN		b. Yes N	o 🗌 NA
37. Notification of Receipt of Privacy Practices is si a. BCCCP b. WISEWOMAN	gned, dated and in the chart	a.	
38. Identify all health care professionals respons	sible for Additional tra	ining completed	
providing services to BCCCP women and/or cli	nical BCCCP		WISEWOMAN
assessments and/or team-based care to WISE	WOMAN Check all that ann	oly:	Check all that apply:
participants in your agency. Additional works this question are attached for your use.	leets for	essment of Adults	☐ WISEWOMAN Orientation
Name:	☐ BCCCP Orie	ntation	☐ Med South Orientation
	BCCCP Patie	ent Navigation	☐ Blood Pressure Measurement
Position: (RN, MD, NP, PA)	☐ Bleast & Cel		Review
Agency or Organization:	•	•	Other
	☐ Clinical Brea☐ Other	st Exam	
Our program requests consultation from Cancer Branch staff in the following areas:			
BCCCP <u>WISEWOMAN</u>			ADDITIONAL NEEDS
Check all that apply: Check all that apply:			Check all that apply:
Physical Assessment of Adults] WISEWOMAN Orientation		Fiscal Management/contracts
BCCCP Orientation	Med South Orientation		Data training
BCCCP Patient Navigation Blood Pressure Me		nt Review	Program Orientation
Breast & Cervical Cancer Medicaid (BCCM)	Other		Recruitment and Community Resources
☐ Clinical Breast Exam ☐ Other			Other
Comments:			

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Additional Worksheet for Question 18 (Please make additional copies of this page, as needed)

List all health care professionals and/or agencies to whom you refer women	BCCCP	WISEWOMAN
receiving BCCCP/WW services.	☐ Mammography	WISEWOMAN Medical
Name and Title:	Follow-up abnormal	Evaluation
Agency or Organization:	breast	☐ Nutrition Services
Agency of Organization.	☐ Follow-up abnormal	☐ Physical Activity
Address:	cervix	☐ Smoking Cessation
	Surgical consult	Diabetes Education
	☐ Other	
List all health care professionals and/or agencies to whom you refer women	<u>BCCCP</u>	WISEWOMAN
receiving BCCCP/WW services.	☐ Mammography	☐ WISEWOMAN Medical
Name and Title:	Follow-up abnormal	Evaluation
	breast	☐ Nutrition Services
Agency or Organization:	☐ Follow-up abnormal	☐ Physical Activity
Address:	cervix	☐ Smoking Cessation
	☐ Surgical consult	☐ Diabetes Education
	☐ Other	Diabetes Eddodtion
List all health care professionals and/or agencies to whom you refer women	BCCCP	WISEWOMAN
receiving BCCCP/WW services.	☐ Mammography	WISEWOMAN Medical
Name and Title:	Follow-up abnormal	Evaluation
	breast	☐ Nutrition Services
Agency or Organization:	Follow-up abnormal	☐ Physical Activity
Address:	cervix	☐ Smoking Cessation
	☐ Surgical consult	Diabetes Education
	☐ Other	Diabetes Education
List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services.	BCCCP	WISEWOMAN
receiving BCCCI /www.services.	Mammography	☐ WISEWOMAN Medical
Name and Title:	Follow-up abnormal	Evaluation
Aganay or Organization	breast	☐ Nutrition Services
Agency or Organization:	☐ Follow-up abnormal	☐ Physical Activity
Address:	cervix	☐ Smoking Cessation
	Surgical consult	Diabetes Education
	☐ Other	
List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services.	BCCCP	WISEWOMAN
receiving booop/www services.	Mammography	☐ WISEWOMAN Medical
Name and Title:	Follow-up abnormal	Evaluation
Agency or Organization	breast	☐ Nutrition Services
Agency or Organization:	☐ Follow-up abnormal	☐ Physical Activity
Address:	cervix	☐ Smoking Cessation
	Surgical consult	☐ Diabetes Education
	☐ Other	

Additional Worksheet for Question 38 (Please make additional copies of this page, as needed)

BCCCP/WW Professionals	Additional training completed:	
Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments and/or team-based care to WISEWOMAN participants in your agency. Name: Position: (RN, MD, NP, PA) Agency or Organization:	BCCCP Check all that apply: Physical Assessment of Adults BCCCP Orientation BCCCP Patient Navigation Breast & Cervical Cancer Medicaid (BCCM) Clinical Breast Exam Other	WISEWOMAN Check all that apply: WISEWOMAN Orientation Med South Orientation Blood Pressure Measurement Review Other
Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments and/or team-based care to WISEWOMAN participants in your agency. Name: Position: (RN, MD, NP, PA) Agency or Organization:	BCCCP Check all that apply: Physical Assessment of Adults BCCCP Orientation BCCCP Patient Navigation Breast & Cervical Cancer Medicaid (BCCM) Clinical Breast Exam Other	WISEWOMAN Check all that apply: WISEWOMAN Orientation Med South Orientation Blood Pressure Measurement Review Other
Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments and/or team-based care to WISEWOMAN participants in your agency. Name: Position: (RN, MD, NP, PA) Agency or Organization:	BCCCP Check all that apply: Physical Assessment of Adults BCCCP Orientation BCCCP Patient Navigation Breast & Cervical Cancer Medicaid (BCCM) Clinical Breast Exam Other	WISEWOMAN Check all that apply: WISEWOMAN Orientation Med South Orientation Blood Pressure Measurement Review Other
Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments and/or team-based care to WISEWOMAN participants in your agency. Name: Position: (RN, MD, NP, PA) Agency or Organization:	BCCCP Check all that apply: Physical Assessment of Adults BCCCP Orientation BCCCP Patient Navigation Breast & Cervical Cancer Medicaid (BCCM) Clinical Breast Exam Other	WISEWOMAN Check all that apply: WISEWOMAN Orientation Med South Orientation Blood Pressure Measurement Review Other