

INSTRUCTIONS: NBCCEDP HEALTH SYSTEM EBI

IMPLEMENTATION PLAN

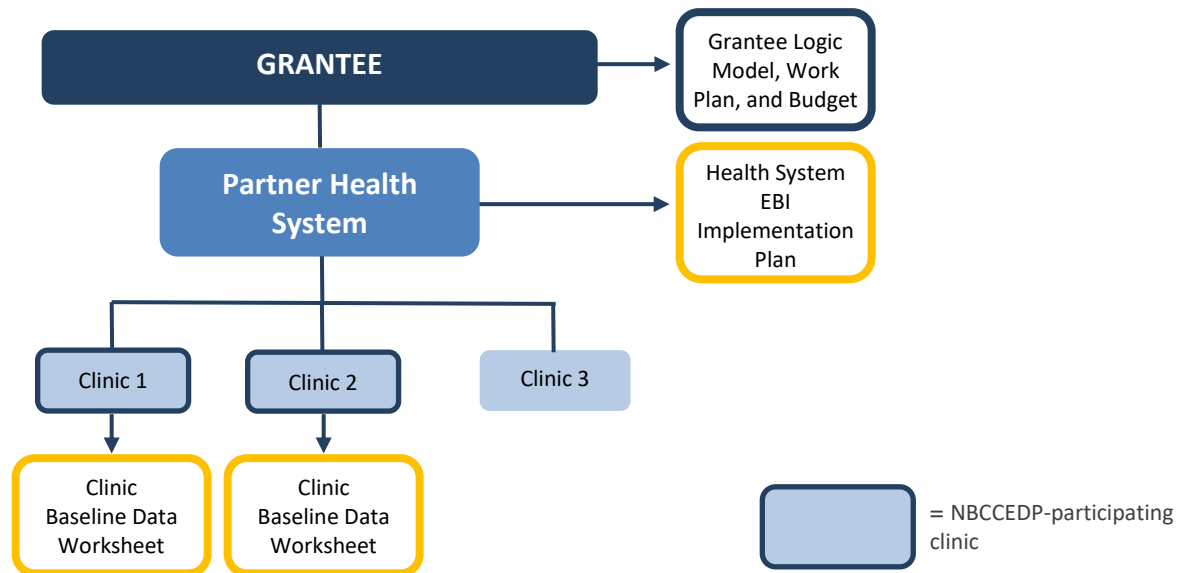
The Health System EBI Implementation Plan is a management tool for planning the implementation of *Community Guide*-supported evidence-based interventions (EBIs) within partner health systems. A Health System EBI Implementation Plan should be completed in collaboration with each partner health system. The plan is intended to promote program success by ensuring rigorous assessment and planning in the selection of priority EBIs and supporting strategies. A well-constructed Health System EBI Implementation Plan demonstrates your readiness for implementation and likelihood of achieving outcomes. Also, the plan may be useful as a reference to identify what works and what is less productive once implementation begins.

Things to know before you start:

- Develop a separate Health System EBI Implementation Plan for *each* health system in collaboration with the partner.
- **Submit Health System EBI Implementation Plans to your CDC program consultant for review and approval *prior* to implementing NBCCEDP program activities in the respective health system. Your program consultant will review the Health System EBI Implementation Plan and provide approval or feedback within approximately 1 month of receipt.** You may revisit and revise any implementation plan as needed; however, once approved by CDC, you are not required to submit updated versions. You may choose to develop similar plans for each clinic within a health system; however, you are not required to submit these plans for CDC approval. **Note: If you are already working with this partner to implement activities, do not stop. Please submit the implementation plan for existing partners as soon as possible in order to measure improvements over the course of DP17-1701.**
- Complete and submit at least one implementation plan for approval by mid-year of Program YR 1. While at least one plan during YR 1 is required, more may or may not be appropriate for your program. Discuss this with your CDC program consultant. Please focus on the quality of your health systems partnerships and intervention planning rather than trying to expand activities to too many partners too quickly.
- Health systems typically include more than a single clinic site. For instance, a federally qualified health center (FQHC) is often comprised of many clinic sites. You may be planning to implement activities in either all or a subset of clinics (*Figure 1*). As a reminder, within a given health system, clinic baseline data should be collected for *each clinic* where program activities will be implemented. See related CDC evaluation documents on www.nbccedp.org.
- Health systems partners may be existing partners that provide direct service delivery to NBCCEDP-eligible patients, or entirely new partners that serve low income women in a community health center setting. Depth over breadth with your health systems partner is important when developing the implementation plan, supporting evidence-based interventions, and evaluating outcomes. Plan to create an EBI implementation plan for all health systems partners for whom you provide or coordinate regular technical assistance on EBI intervention implementation and collect clinic-level data.

- CDC has existing resources and is developing more tools to assist NBCCEDP grantees with health systems partnerships and evidence-based intervention planning. Please discuss your needs for planning tools and resources with your program consultant.

Figure 1. Baseline Assessment and Planning Tools: Example Grantee, Health System, and Clinics



CDC has developed a Health System EBI Implementation Plan template that you may use. If you have your own template, please be sure it contains the information in this template including the following:

- Date of Health System EBI Implementation Plan
- Partner health system name and point of contact
- Implementation time period and number of clinics participating in NBCCEDP implementation
- Description of assessment activities conducted and assessment findings (e.g., health system context; NBCCEDP policies/activities currently in place; health system needs; potential barriers/challenges to implementation; resources available)
- Intervention plan (e.g., objectives; EBIs and supportive activities to be implemented)
- Management plan, including planned program monitoring efforts (e.g., communications plan; implementation support, including persons responsible for this support; process for monitoring implementation of EBIs/supporting activities; sustainability efforts).

COMMUNITY RESOURCE CENTER OF JOHNSON COUNTY WCRS REGION 3 NBCCEDP HEALTH SYSTEM EBI IMPLEMENTATION PLAN

July 1, 2018 - June 30, 2019

Health System Name	Johnson County Healthcare Center/Family Medical Clinic	Implementation Period	September 1, 2018 through June 30, 2019
Health System Point of Contact	Julia Bettinger	# of Clinics Participating in NBCCEDP Implementation	1 - Buffalo

I. HEALTH SYSTEM ASSESSMENT

Health System Assessment Approach

Briefly describe the assessment approach used to define the current environment within the health system and needed interventions. (e.g.,

Interview with partner provider implementation staff, completion of breast and cervical cancer screening survey to determine the clinic's knowledge, awareness and perceptions of evidenced-based interventions to increase breast and cervical cancer screenings and to identify existing client and provider barriers to cancer screenings, and collect and review baseline data.

interviews with key staff, review of clinic and health system data).

Current Health System Environment

Briefly describe the current health system environment: internal/external (e.g., number of primary care clinic sites, existing B&C screening policy and procedures, current screening processes, workflow approach, data documentation, B&C policy mandates from state or federal agencies, political climate, and organizational culture).

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Description of Intervention Needs and Interventions Selected

Briefly describe the health system processes and practices that require intervention throughout the health system in order to increase breast and cervical cancer screening. Describe how selected interventions will be implemented in participating clinics. Note if there are differences by clinic.

The FMC does not have a coordinated or comprehensive community outreach plan for promoting B & C screenings. This is little to no small or mass media available or accessible to use to promote activities organized to increase screening rates.

Potential Barriers and/or Challenges

Briefly describe any anticipated potential barriers or challenges to implementation. Note if there are differences by clinic.

A concern about an increase in positive results requiring further diagnostic or treatment for participants in screening program that are not current patients.

Implementation Resources Available

List or summarize the resources available to facilitate successful implementation (e.g., EHR system, clinic-based patient navigators). Note if there are differences by clinic. Will the program be using Patient Navigators or CHWs to support implementation of evidence-based interventions?

Key staff are supportive of assessing and implementing multiple strategies (EBI's) to increase B & C screenings. An EHR system is in place for client reminders and to expedite the data collection process, we have permission to utilize the provider's consultant for collecting baseline data and periodic/annual evaluation data. We will work closely with the marketing director and wellness coordinator to implement the initial EBI's.

II. NBCCEDP HEALTH SYSTEMS EBI INTERVENTION DESCRIPTION

Objectives

List your program objectives for this health system partnership.

Examples:

1. By December 2017, verify and report baseline breast and cervical cancer screening rates for individuals 50-74 (breast) and 21-65 (cervical) years of age at Health Systems Clinics: Clinic A, Clinic B, and Clinic C.
2. By December 2017, establish system for accurately reporting annual baseline breast and cervical cancer screening rates for individuals 40-75 (breast) and 21-75 (cervical) years of age at health system clinics: Clinic A, Clinic B, and Clinic C.

3. By December 2017, establish new policies at Health Systems Clinics: Clinic A, Clinic B, and Clinic C to support implementation of selected priority evidence-based interventions.
4. From February 2018 to February 2019, implement a provider assessment and feedback system in Clinics A and C, supported by enhanced EHR tickler system and training on quality breast and cervical cancer screening for participating providers in those clinics.
5. From February 2018 to February 2019, implement a client reminder system in Clinics B and C, supported by patient navigation for clients not responding to multiple reminders.
6. Beginning January 2018, annually report screening rates for Health Systems Clinics: Clinic A, Clinic B, and Clinic C.

NBCCEDP Health Systems EBI Intervention Objectives for partnership with:

Johnson County Healthcare Center/Family Medical Clinic, Buffalo, Wyoming

1. By July 31, 2018, report baseline breast and cervical cancer screening rates and other baseline data for JCHC/FMC (Buffalo Wyoming) and report results from partner provider survey of knowledge, perceptions and implemented EBI's.
2. By September 1, 2018,

3.

4.

5.

6.

III. PLANS FOR PARTNER COMMUNICATIONS, MANAGEMENT, AND MONITORING

Communications with Health System Partner

Briefly describe how you will maintain communications with the health system partner regarding implementation activities, monitoring, and evaluation.

Implementation Support

Briefly describe how you will provide on-going technical support to this health system partner to support implementation success. Include details about who will provide support and frequency of support.

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Collection of Clinic Baseline and Annual Data

Briefly describe how you will collaborate with this health system to collect clinic baseline breast and cervical cancer screening rates and annual data to complete CDC-required clinic data forms.

We have permission to coordinate with the partner provider's consultant to collect baseline, periodic, and annual data to complete the CDC-required clinic data forms.

Revising the Health System EBI Implementation Plan

Briefly describe how you will use feedback and monitoring and evaluation data to review and revise this Health System EBI Implementation Plan.

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Retention and Sustainability

Briefly describe how you plan to (1) retain partners, (2) continue to collect annual screening and other data throughout the five year grant period, and (3) promote continued implementation, monitoring, and evaluation post-partnership.

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HEALTH SYSTEM EBI IMPLEMENTATION WORKSHEET

This worksheet assists in identifying, planning, and monitoring major tasks in implementing selected priority EBIs and supportive activities within the partner health system(s) and its clinics. Use this tool for oversight at the health system level. Staff at participating clinics may use this worksheet to guide implementation at their sites as well. Although the boxes in the worksheet will expand, entries should be meaningful and concise. See sample on the following page.

Major Task	Expected Outcome(s) of Task	Challenges and Solutions to Task Completion	Person(s) Responsible for Task	Due Date

HEALTH SYSTEM EBI IMPLEMENTATION WORKSHEET (SAMPLE)

Major Task	Expected Outcome(s) of Task	Challenges and Solutions to Task Completion	Person(s) Responsible for Task	Due Date
<i>Validate the EHR breast and cervical cancer screening rate for each participating clinic using chart review</i>	<i>Accurate baseline clinic screening rate</i>	<i>Challenge: chart audit is costly, time-consuming; no dedicated staff Solution: hire consultant 20%-time to complete</i>	<i>Jackie Brown, Health System Quality Improvement Nurse and Chris Brock, Grantee Partner Data Manager with clinic contact</i>	<i>December</i>
<i>For each participating clinic, develop and pilot policy change/protocol in support of selected priority EBI</i>	<i>Policy refined, communicated to staff, and integrated into daily operations and workflows</i>	<i>Challenge: integrating policy such that it is not time-consuming and cumbersome Solution: include staff in planning, vet policy changes, and pilot policy on small scale</i>	<i>Janie Panie, Health System Clinical Officer with clinic contact</i>	<i>February</i>
<i>Train clinic staff on selected EBIs</i>	<i>Staff knowledgeable of EBIs and how to implement</i>	<i>Challenge: time to complete training Solution: train during scheduled meeting times</i>	<i>George Lopez, Grantee Partner PD</i>	<i>January</i>
<i>Orient clinic staff to new policy procedures</i>	<i>Staff roles clarified and workflow documented and communicated in staff</i>	<i>Challenge: time to complete training Solution: train during scheduled meeting times</i>	<i>Jackie Brown, Health System Quality Improvement Nurse</i>	<i>January</i>
<i>For each participating clinic, develop implementation monitoring process and document outcomes</i>	<i>Implementation monitored regularly, allowing for appropriate adaptations and course corrections</i>	<i>Challenge: staff time, expertise in evaluation limited Solution: recruit evaluator to assist with developing monitoring processes and outcomes</i>	<i>Janie Panie, Health System Clinical Officer Manager with clinic contact</i>	<i>February 2019</i>
<i>Conduct TA with clinics</i>	<i>Implementation according to policy and appropriate adaptations and course corrections</i>	<i>Challenge: Staff time Solution: provide multiple TA options for implementation support- (i.e., one-on-one, teleconference, email, listservs)</i>	<i>George Lopez, Grantee Partner PD</i>	<i>February 2019</i>