**WCRS Completion Report**

This report will be used when projects are completed. Be as detailed as possible and do not leave any of the sections blank.

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| **Name:** | **Region:** | **Topic/Project Completed:** |
| Sample | Sample | Health System Implementation Plan |

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| **Project Background and Description** |
| *Describe project and purpose of partnership:* |
| **The WHY:**   I worked with Healthworks located in Cheyenne to implement a client reminder system focusing on breast and cervical cancer screenings. 75% of this clinics population are uninsured or underinsured. Roughly 48% of the clinics population are female and eligible for cancer screenings. |

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| **Method of Implementation**  |
| *As outlined in your work plan, list and describe any reduction of barriers or prevention measures met. Examples would be* *extended or altered office hours, providing child care, client or provider reminders and sun safety measures. Use this section to describe any small or mass media used, any specific Educational opportunities utilized during the project etc. If a Skin or FIT Project, use this section to outline policy. If HPV project use this section for vaccination details (how many were given? What series?)* |
| **The WHAT, WHEN, WHERE, HOW, and HOW MANY:**I reached out to the clinic director (Diane) at healthworks to set up a time to discuss a potential partnership. During the meeting, I explained to Diane that my goal is to work with a clinic to increase their cancer screening rates related to breast and cervical cancers. I explained that I would be available to help the project in any capacity to ensure that it is not a burden on the clinic. Diane expressed interest in the project and agreed. She completed the provider survey with clinic information that identified the uninsured population and the screening population. I met with Diane to help her pull the clinics baseline data and to discuss project options. Baseline data showed clinic screening rate was at 17%. The clinic discussed using client reminders to reach target population. Diane introduced me to Kenetha who would be in charge of the project within healthworks. Kenetha showed me their EHR system and walked me through the clinics current processes. We discovered that their system was able to pull a report of women who had not completed a mammogram and filter it by age so that we could target only age eligible women. We worked together to draft a letter that informed these women that they were due for a mammogram, gave contact information for them to get one scheduled, and gave them information on resources to pay for the mammogram if they needed assistance. We outlined a process for Healthworks to pull this report on a regular basis: * ***July****- Pull report for women who have not screened prior to July and mail letters. (82 letters)*
* ***August****- Pull report for women who were seen in July after initial letters were sent out. Send any new letters out. (26 letters)*
* ***September****-Pull July report to identify any women who received a letter and still had not screened. Contact remaining women by phone to see if they need further assistance. (113 phone calls) Pull report for women who were seen in August after initial letters were sent out. Send any new letters out. (32 letters)*
* ***October****-Pull August report to identify any women who received a letter and still had not screened. Contact remaining women by phone to see if they need further assistance (58 phone calls). Pull report for women who were seen in September after initial letters were sent out. Send any new letters out. (28 letters)*

After this process had been implemented for 4 months, Kenetha and I met to discuss how it was working and if there were any areas that needed to be revisited. Kenetha informed me that roughly 40% of the letters they mailed out are returned with bad addresses. Kenetha discussed potentially adding a texting reminder option for clients instead of mailing a letter. Kenetha contacted their EHR System to turn on the texting capability and we began sending text reminders instead of letters. I covered the cost of the EHR upgrade ($1000). After another 4 months, I checked in with Kenetha again and she informed me that the text messages were working and their clinic volume had increased by 24%. At our last meeting Kenetha pulled annual data for the clinic to show a 27% increase in cancer screening rates. The clinic sent out a total of 170 letters (prior to texts); 275 text reminders; and 240 phone calls. They were able to screen 135 women during the implementation.  |

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| **Key Partners/Collaborators** |
| *Outline partners and how they collaborated with the project. Did the partners provide additional support (financial or other)?* |
| **The WHO:**Healthworks located in Cheyenne- provided staff that focused on this project. Epic- EHR provided texting service at a discount (normal cost is $3000). |

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| **Barriers/Challenges and Success** |
| *Describe your success, challenges and/ or barriers. How did you overcome any challenges and/or barriers? How can the WCP assist you with these barriers/challenges? What tracking mechanisms were established? Were policies for sustainability created? Can the WCP provide any technical assistance?* |
| Healthworks sees a large population of lower income clients which means they move around quite often. As identified, mailing letters to addresses on file was not effective since such a large number of letters were returned undeliverable. Since the clinic were able to see such an increase in their screening rates, they mimicked this process to include colorectal reminders.  |

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| **Project Evaluation** |
| *Have you evaluated your efforts? If working with a partner to increase screening rates, did you review baseline data and data after implementing the project? Was there an increase?  If you held a screening event, how many screenings were completed? If you worked on reduction of barriers such as extended office hours, what were the office hours? What results did you see? Is the effort sustainable?* |
| After the 12 months of implementation, the clinic evaluated the effectiveness of letters vs. texts and phone calls. The clinic converted to texts instead of letters to save on postage. The clinic also implemented an internal provider reminder system to try to capture eligible clients while they were in the office to alleviate the need to have to remind them after a visit. |