

Evaluation Report

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Executive Summary

Wyoming is one of the least racially diverse states in the U.S., reporting 84.1 percent of the state's population as white only (not Hispanic or Latino), 9.8 percent of the population claim Hispanic/Latino heritage, 2.7 percent is American Indian, 1.6 percent African American/Black, with the remaining 1.8 percent identified as other or mixed race. The American Indian population in Wyoming is also higher than the national average at 2.7 percent (national average is 1.2 percent). Disparities that are most often identified relative to cancer diagnoses and outcomes are associated with socio-economic and access issues, rather than race/ethnicity.

The target population of the Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) is women who are at or below 250 percent of the federal poverty level, aged 40-64 years to receive breast and cervical cancer screenings, and aged 21-39 years to receive cervical cancer screenings. The priority population includes Hispanic/Latino heritage (9.8 percent of the population in Wyoming) and American Indian (2.7 percent of the population in Wyoming). Of Wyoming's 23 counties, 17 are designated as "frontier" and four counties are designated as "rural," with 44 percent of Wyoming's population living in frontier designated areas. Wyoming is the 9th largest state in the U.S. by area but the least populated state with an estimated 578,759 residents.

Evaluation Results and Data Usage: Given the rural and frontier nature of our state, it is important that the WBCCEDP conduct continuous quality assurance checks and ongoing quality improvement projects to ensure the program is reaching its priority populations. The program has ongoing evaluation in place to collect data in order to make programmatic data-driven decisions. The data is reviewed by the Program Manager and Wyoming Department of Health Senior Leadership, as well as by additional stakeholders as needed. The program receives feedback from the various stakeholders and makes changes as needed. Additionally, during project year John Snow, Inc (JSI) was used as a consultant to evaluate programs effectiveness. JSI finished their work at the end of June 2021. JSI's report and findings are included as an attachment to this document.

How Results are Being Used : The results of the data findings and JSI review are informing changes to the program as identified in the reports. Evaluation results that show strengths in the program will be used to expand and continue various projects and activities. Results that show needed improvement or failures of the program will be used to refocus and redirect efforts to ensure program assurances and effectiveness. Areas of focus overall in strategies were Environmental Approaches and Health Systems Interventions- Implementing EBI's for System Change.

Overall Lessons Learned: The program has tried outreach with participating healthcare providers and engaged stakeholders routinely to aid in decisions regarding program and process improvement. Over the past year it has been difficult due to the Covid-19 pandemic, however, the program has made significant progress in building relationships and encouraging participation in feedback through work with JSI and provider outreach. This report discusses the various examples of how the program is using

data to make changes and shares its successes and shortcomings over the past year. In future program years the Program manager will be assessing what other resources are at the program's disposal to more effectively engage stakeholders regarding what is working and not working in the program. This will include contract work with JSI or another contractor and what can be adjusted within current program staff to ensure program effectiveness.

Strategy: Environmental Approaches

The program has encountered many challenges in implementing the environmental approaches strategy during the previous program years and this year continued to be a challenge for the program. The program identified some key approaches and lessons learned during this program year.

Questions, Data, & Key Findings: When evaluating the strategy of environmental approaches the two themes that the program wanted to review are we making progress in this strategy and how do we engage our stakeholders and partners in this area.

In the first question, the program in previous years has struggled with this strategy as previously mentioned. The program has relied on regional contractors to help with implementation of this strategy. Through data collection, reviewing work, and assessing progress, the key findings were that focus from the program needs to be redirected to this strategy. One key area that was brought to light in the JSI report was that the program struggles with the second question of outreach to stakeholders that could help overall with the strategy. Also with outreach, the program could be better in coordinating their efforts and resources with other preventive programs within the Department of Health.

One key success in this strategy was the work done with the Wyoming Smoking Cessation Program. Directly, this is done with referrals from the Screening Program to the Smoking cessation hotline that falls within the Community Linkages Strategy. Indirectly, this has been achieved by working with the Smoking Cessation Prevention team through marketing, education, and mutual tasks that are important to environmental strategies. This success was noted as something that could be duplicated in other preventive areas, such as chronic disease.

Action/ Disseminating results: With the key findings identified, the program decided on a number of changes and area of refocus. First, the program has decided to shift focus to this strategy to help. In doing this, the program has decided to redirect a staff nursing position to focus more on this work. The program nurse, in the coming year, will focus on outreach as it relates to the clinical environment approaches with overall prevention focus work, such as healthy lifestyle changes and education. Secondly, the program as a whole has been restructured with the Chronic Disease Program in the Department to help with combining interests as it relates to prevention. Additionally, the program has begun to engage other stakeholders within prevention work to find shared interests and work that can meet the program needs. Lastly, the program is working with their existing contractors, leadership, and contract managers to evaluate and redirect the focus to this strategy. Some decisions that will be made during this coming year will be: Are our contractors the best subject matter experts to be assisting in this strategy? If not, how do we go about refocusing their efforts? In taking this action, these results were disseminated to leadership and decision makers within the Department of Health. JSI results in general have been shared within Wyoming Cancer Coalition to aid with possible stakeholder collaboration.

Strategy: Community Clinical Linkages

The program has worked over the past year to diligently and strategically build strong partnerships, both with internal and external stakeholders. As an example, the program partnered with the Tobacco Prevention and Control Program (TPCP) to strengthen the referral process for program applicants who indicate they smoke. This was focused on the applications that came through for cervical or breast screening. It was also identified that one of the program's key populations would benefit from this Community Clinical Linkage, which is the Native American Population.

Questions, Data, & Key Findings: The question to this strategy was: Is the referral process to the Wyoming Tobacco Quitline working effectively? The program was able to identify that many individuals were getting smoking cessation information through their enrollment packets and individuals were being forwarded to smoking cessation counseling if indicated. However, in reviewing the data and processes, it was found that successful contacts to the individuals and numbers of those engaged in cessation were missing.

Action/ Disseminating Results: The program decided on working with Wyoming Tobacco Quitline staff, TPCP, and contractors. In doing this, a process was established to track referrals and provide quarterly updates. The program also changed the program application to better collect information needed for referrals. This process was started July 1st, 2021 and has had more successful updates. The information on data is being shared with Department of Health Leadership, team members within the Department, and the general public through the Wyoming Tobacco Quitline information data.

Strategy: Health Systems Interventions - Direct Screening and Patient navigation

The WBCCEDP is a centralized program, meaning that the program is contracted with all Wyoming Medicaid providers (over 6,000 providers statewide) to serve program clients and process all applications and billing claims in-house. The program has been interested in expanding in two key areas: Underinsured individuals and Patient Navigation only services.

Questions, Data, & Key Findings: The question around the expanding of services is: What is the benefit of expanding services to the underinsured and how can the program help with barriers to screen? The data showed that the program was denying a number of clients who either had insurance or who were over the income restrictions. For both groups, the program would make referrals to other resources, but the program saw that the actual number of those individuals being screened was low. Furthermore, a number of these individuals identified as the program's at-risk population. When assessing these groups through JSI, patient survey data, outreach with key stakeholders, and national trends it was found that, although they may have some resources to screen, there were still barriers to actual screening that the program could assist with. This included evidence based interventions such as reminder to screen notices, assistance with travel, and education.

Action/ Disseminating Results: Based on key findings and research of program requirements, the program took action in allowing individuals who were insured and met all other eligibility requirements such as income and age and risk factors to be enrolled into the program. To ensure that the program did not pay for services that otherwise insurance should pay for, the Program Manager used the fiscal agent.

The benefit of using the fiscal agent is that there is a feature built into the billing system that allows the insurance to pay first and therefore the program was following guidance of the payor of last resort. This process started on July 1st, 2021 and will further expand into individuals that are on Medicaid.

Secondly, the program looked at how it could expand Patient Navigation only services. By doing this, the program found that the major difficulty was resources paying for the screening service. Therefore, the program applied for a grant through the Wyoming Breast Cancer Initiative (WBCI) where funds could be used for individuals that normally would have been denied for services through the program. This partnership allowed for NBCCEDP staff to provide patient navigation only services and directly refer clients to a mammogram that is reimbursed directly by WBCI funding. This project was piloted this program year and officially implemented September 1st, 2021 and so far has positive results, including more individuals getting screened through Patient Navigation only services.

Both major projects have identified the need for increased data driven efforts on barriers in Wyoming. Results have been disseminated to leadership within the Department of Health, Wyoming Cancer Coalition Partners, screening providers, and shared through MDE data as it relates to Patient Navigation Only.

Strategy: Health Systems Interventions - Implementing EBI's for System Change

The WBCCEDP wanted to evaluate Health System Intervention Strategy to implement EBI's for system change. In particular, the program wanted to evaluate how changes to the process could increase the numbers of health systems the program works with and how those health systems could increase screening rates.

Questions, Data, & Key Findings: The main question around this is: Is the program's work effective enough to make progress in work plan goals of health system changes? Does there need to be a shift in resources provided to the strategy? Through provider outreach, interviewing regional contractors, JSI review, and assessment of work goals the program identified key findings. One key finding was the message of what the strategy meant and work with the provider was being lost. Due to this, there were a number of missed opportunities. Secondly, through the evaluation methods it was found that the work by regional contractors was not making the overall strategy successful in work plan objectives. In further research and review, it was found that there was not a subject matter expert who understood health systems reporting and clinical day to day practices of EBI, as it relates to using health system record management systems.

Action/Disseminating results: Based on the key findings, the Program Manager assumed day to day responsibility of the health system strategy from the regional contractors temporarily over the current project period. In doing this, the program manager has engaged health systems on strengths and weaknesses of implementation of EBIs. The Program Manager has identified several key improvement areas to help provide technical assistance to health systems. Additionally, the struggle for some providers is reporting the data, which is in the process of being simplified. During the current evaluation period, the Program Manager, along with leadership, will identify what resources are needed to obtain achievements in the strategy. This will be either done by securing contractors with subject matter expertise in health systems and/or a combination of staff members devoted to working on the strategy.

The results and direction has been disseminated to various health system stakeholders, the Department of Health leadership, to regional contractors, and Wyoming Cancer Coalition partners.