

Wyoming Cancer Program
Quality Improvement Projects to Increase Cancer Screening Rates
Request for Application

Purpose:

The Wyoming Cancer Program (WCP) is committed to reducing the impact of breast and cervical cancer on Wyoming residents. This funding announcement is geared toward implementing quality improvement processes within health system and clinic settings that improve and increase preventive services, such as cancer screenings.

Applicants should use clinical data on cancer burden, screening rates, or insurance status to implement an intervention to deliver primary care to increase clinic-wide breast and cervical screening rates. All projects must be related to breast or cervical cancer screenings in a clinical or health system setting, and grantees should serve a larger population of this audience.

Grantees must implement at least one quality improvement project or evidence-based intervention (EBI).

Project Period:

The grant will begin when signatures are received from all parties and end on June 28, 2024. All funds must be spent by June 28, 2024. Projects should have sustainability in mind so that efforts continue after the initial funding period ends.

Availability of Funding:

Proposed projects should be \$15,000 or less. Additional funding may be granted depending on the scope of the project and availability of funding. The total number and dollar amount of grant awards is dependent on funds available, and the number and scope of proposals submitted.

Action Dates:

- September 15, 2022: Application opens
- December 30, 2022: Application period closes
 - *If you need additional time to complete the application process, you must notify the program of your interest to apply and include an anticipated application submission date.*

Informational zoom calls will be held on:

- September 26, 2022, at 4:00 PM
- September 28, 2022, at Noon
- September 30, 2022, at 10:00 AM

Registration information can be found at <https://health.wyo.gov/publichealth/cancer-and-chronic-disease-prevention-unit/cancer/request-for-application/>

Use of Grant Funds:

Grant funds may be used for staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses. Grant funds may not be used for lobbying, to replace dollars currently earmarked for cancer related activities, or to replace existing activities or funding in any way.

Grant funding may not be used for clinical care. However, reimbursement funding may be available for any patient who applies and is eligible for the WCP screening programs. Information about the WCP can be found online at health.wyo.gov/cancer.

Funding restrictions include (but are not limited to):

- Research
- Food of any kind
- Any lobbying activities
- Healthcare provider incentives
- Capital construction or supplies for decorative purposes
- Furniture or equipment without approval by the program
- Any program or service that denies service based on race, gender, color, or national origin
- Any program or organization with a conflict of interest
- Projects/products unrelated to the primary purpose outlined in this grant application

Reporting:

- Must pull baseline data from records to determine a clinic screening rate- templates will be provided.
- Must agree to pull annual data for each year of participation- templates provided.
 - Annual data is due to WCP by August 15th of each year.
 - Data can be pulled by the measure the clinic currently uses but it must remain consistent throughout the project. Data may be sources such as: GPRA, NQF, UDS, HEDIS, or real time clinic data, etc.
 - Data should not contain any PHI but will include data points such as total number of patients, total number of clients receiving breast or cervical screenings, etc.
- Check-in calls will be scheduled quarterly with the WCP during the implementation period.
- Quarterly updates will be required to include:
 - Updates on project
 - Changes made to project
 - Successes and challenges
- An annual report will be due no later than August 15, 2023, and a final report will be due at the end of the grant term. Templates will be provided.
- A presentation to the Wyoming Cancer Coalition on the project implemented and any successes or challenges may be required.

Application Process:

A completed Funding Request Form must be submitted.

Funding Requests may be submitted via email to Star Jones at star.jones@wyo.gov or faxed to 307-777-3765 or submitted via mail to:

Star Jones
Wyoming Cancer Program
122 West 25th Street, 3rd Floor West
Cheyenne, WY 82002

- The WCP will review the Funding Request Form and provide feedback to the Applicant prior to approval. The project plan and budget must be approved by the WCP prior to award.
- Projects will be awarded on a rolling basis until all available funding has been awarded.
- Once approved, the WCP will begin the grant process. Additional information may be requested by the WCP at that time.
- Once the grant is fully executed, the implementation may begin.
- Technical assistance will be provided by the WCP as needed.

What are Evidence-Based Interventions?

Evidence-based interventions (EBI) are practices or programs that have peer-reviewed, documented empirical evidence of effectiveness. EBI uses a continuum of integrated policies, strategies, activities, and services whose effectiveness has been proven or informed by research and evaluation. More information can be found at:

<https://www.thecommunityguide.org/>

Examples of EBI include:

Patient Navigation: as it relates to breast, and cervical cancer screening, is individualized assistance to help clients overcome personal and healthcare system barriers, and to facilitate understanding and timely access to quality screening. The purpose is to navigate clients who identify non-clinical barriers such as transportation assistance, interpretation services, appointment scheduling, etc. Patient navigation should result in the client completing needed services.

Reducing Structural Barriers: involves non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by:

- Reducing time or distance between service delivery settings and target populations, such as:
 - Offering services in alternative or non-clinical settings (e.g. mobile mammography vans at worksites or in residential communities, events at which providers are available outside of standard clinic hours such as Women's Night Out event.)
 - Eliminating or simplifying administrative procedures and other obstacles (e.g. scheduling assistance, patient navigators, transportation, dependent care, translation services, limiting the number of clinic visits)

Small Media: include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted toward general audiences. ***Small media cannot be used as a stand-alone EBI for this application. If selected, small media must be implemented in conjunction with another EBI.***

Mass Media: using television, radio, newspapers, magazines, and billboards to communicate educational and motivational information about cancer screening. Mass media can be used alone, but almost always include other components (e.g., client reminders) or attempt to capitalize on existing interventions and infrastructure. ***Mass media cannot be used as a stand-alone EBI for this application. If selected, mass media must be implemented in conjunction with another EBI.***

Client Incentives: small, non-coercive rewards (e.g., cash, coupons) that aim to motivate people to seek cancer screening for themselves or to encourage others (e.g., family members, close friends) to seek screening. Incentives are distinct from interventions designed to improve access to services (e.g., transportation, childcare, reducing client out-of-pocket costs). Incentives are typically received by clients following completion of their screening.

Client Incentives cannot be used as a stand-alone EBI for this application. If selected, client incentives must be implemented in conjunction with another EBI.

Client Reminders: written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for a screening. Client reminders may be enhanced by one or more of the following:

- Follow-up printed or telephone reminders
- Additional text or discussion with information about indications for, benefits of, and ways of overcoming barriers to screening
- Assistance in scheduling appointments

These interventions can be general to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.

Reducing Client Out-of-Pocket Costs: involves attempting to minimize or remove economic barriers that make it difficult for clients to access cancer screening services. Costs can be reduced through a variety of approaches, including vouchers, reimbursements, reduction in co-pays, or adjustments in federal or state insurance coverage. Efforts to reduce client costs may be combined with measures to provide client education, information about program availability, or measures to reduce structural barriers. ***Reducing Client Out-of-Pocket Costs could include clients receiving coverage from the WCP for their screening services.***

Provider Assessment and Feedback: both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback). Feedback may describe the performance of a group of providers (e.g., mean performance for a practice) or an individual provider, and may be compared with a goal or standard.

Provider Reminder and Recall Systems: inform healthcare providers that it is time for a client's cancer screening (reminder) or that the client is overdue for screening (recall). These reminders can be delivered in different ways, such as in client charts or by e-mail.

Provider Incentives: are direct or indirect rewards intended to motivate providers to perform cancer screenings or make appropriate referrals for their patients to receive these services.

Rewards are often monetary, but can also include non-monetary incentives (e.g., continuing medical education credit). Because some form of assessment is needed to determine whether providers receive rewards, an assessment component may be included in the intervention. ***Provider Incentives cannot be used as a stand-alone EBI for this application. If selected, provider incentives must be implemented in conjunction with another EBI.***

Who is considered a “health system”?

Health systems can be healthcare delivery sites, such as hospitals, clinics, local health departments, community health centers, and Federally Qualified Health Centers (FQHCs).