

Maryland Department of Health and Mental Hygiene
Center for Cancer Prevention and Control

*Integrating Breast, Cervical and Colorectal Cancer Screening Programs
in Local Health Departments – FY 2017 Pilot Projects*

Goal:

To enhance delivery and increase efficiency of breast, cervical and colorectal cancer screening services and population-level screening promotion activities in a post-Affordable Care Act (ACA) era, while preserving the historical strengths of decentralized cancer screening programs within Maryland's diverse jurisdictions and communities.

Project Overview and Purpose:

In Fiscal Year 2017, a pilot project will be conducted in up to five selected local health departments to integrate the Breast and Cervical Cancer Program (BCCP) and the Cigarette Restitution Fund - Cancer Prevention Education Screening and Treatment (CRF-CPEST) programs in each participating jurisdiction. Participating local programs will plan, develop and implement a program that 1) provides uninsured, under-insured, and insured eligible populations with breast, cervical, and colorectal cancer screening, diagnosis, treatment, and patient navigation services and 2) promotes population-level cancer screening through community and clinical partnerships. Programs will develop an integrated operational structure to streamline CRF-CPEST and BCCP program processes within their:

- Recruitment and outreach activities
- Intake and enrollment processes
- Linkage of clients to screening, diagnosis, and treatment
- Development of relationships with providers and community partners to increase referrals and population-level screening promotion activities.

Activities:

Example pilot project activities include:

- Develop process maps of existing BCCP and CRF-CPEST outreach, referral, screening, case management, and patient navigation procedures.
- Identify opportunities to integrate and streamline operational processes between the existing BCCP and CRF-CPEST programs.
- Develop or refine policies and procedures for integrated program operations.
- Develop an implementation plan to improve integration of staff, program forms, and other resources necessary for program quality and efficiency.
- Prepare staff and partners for pilot implementation.
- Implement program changes and assess the impact of change on program outcomes.

Pilot Project Benefits:

- Opportunity to streamline the operations and processes of BCCP and CRF-CPEST programs to benefit clients and conserve resources, for example:
 - Enrolling patients with one contact
 - Integrating letters and other forms for both programs
 - Ease of referrals to one program contact
- Participating programs may, with justification in order to achieve project objectives:

- Request an exemption from the 80% screening cost requirement in BCCP
- Request to reduce their FC01N performance measures CRF-CPEST
- Re-align their FC01N budget to plan and implement project activities
- Allocate FC02 funds for screening, diagnostic, and patient navigation services for breast and/or cervical cancer in addition to colorectal cancer.

Programs interested in selection will:

- Email inquiries for more information to the BCCP and CRF-CPEST Program managers.
- Notify the BCCP and CRF-CPEST Program managers of interest by **April 15, 2016**.
- Complete a readiness assessment in conjunction with DHMH during April and May 2016 to help determine the feasibility of participation in the pilot project.

Once selected, programs will:

- Submit pilot project work plan to supplement the BCCP and CRF-CPEST application.
- Receive additional technical assistance, including on-site guidance, training and support as needed, to assess existing operational processes and develop implementation plans.
- Complete a budget modification by mid- January 2017, if indicated, to re-allocate salaries and resources among grants to begin implementation by February 1, 2017.
- Participate in feedback and discussion activities to assess planning and implementation.

Immediate Next Steps:

- **If interested in participating, local programs should send an email to Dawn Henninger (dawn.henninger@maryland.gov) and Cindy Domingo (cindy.domingo@maryland.gov) by April 15, 2016.** Readiness assessments will be provided to all local programs that submit an email stating interest.

Tentative Timeline:

Date	Task/Activity
By March 17, 2016	Information provided to all BCCP and CRF-CPEST program coordinators
By April 15, 2016	Local programs' submit statement of interest in participation.
April-May 2016	Readiness assessments completed by local program with DHMH staff.
June 2016	Selection of participating programs
Summer 2016	Participating programs submit supplemental work plans.
July 1, 2016 – January 31, 2017	Local programs assess, map processes, plan and prepare, in collaboration with DHMH program staff.
By January 13, 2017	Budget modifications submitted, if needed, for implementation.
February 1 (or earlier) – June 30, 2017	Local programs implement planned changes.
Ongoing	Process evaluation activities by local programs and DHMH staff