I. Program Management

Goal: Implement program based on funding, priority population and to promote screening using population-based approaches and systems change

The breast and cervical screening services provided by the Louisiana Breast and Cervical Health Program (LBCHP) have been restored to the levels prior to the overhaul of Louisiana public health care systems that began in 2012. The program continued to expand access to screening services and promoted screening using population-based approaches.

Our goal was to increase screening by adding new providers, particularly in a region where the program does not have a presence. After very numerous meetings, discussions and negotiation the provider agreed on the scope of work and to proceed with contract was sent to the provider. When the deadline approached the provider informed us that they were no longer interested. It is possible there were complications with the cooperative agreement between the public-private hospital and the state. The second potential provider was very interested as they were already serving the uninsured, but we were unable to sign a contract due to other pressing matters. The administration was overwhelmed by issues that led to their emergency room was closing down. This provider is still wants to join the program this fiscal year.

In an effort to increase access to care using a population-based approach, LBCHP is establishing and partnering with Louisiana Medicaid's Take Charge Plus (TCP) to implement a collaborative agreement. TCP provides health coverage for cervical cancer screening and cervical dysplasia treatment, but it does not pay for the treatment of cancer. The agreement will allow women diagnosed with cancer by a TCP provider to apply for the Breast and Cervical Medicaid (BCC). Currently only women diagnosed by contracted LBCHP providers can apply for BCC Medicaid. Women seen at federally qualified health centers throughout the state, and particularly in rural areas, will gain access to treatment. Building this partnership was extremely challenging due to some resistance from a few. We have overcome some of the challenges and are pressing forward.

LBCHP is committed to implement a practice facilitation model with a small number of Federally Qualified Health Centers in LA in coordination with the American Cancer Society. In June 2015, a group of LBCHP, LCP and ACS staff attended a Practice Facilitation training in Denver, Colorado. This training will provided an opportunity for all staff to build their knowledge base, learn more about FQHC operations, understand Continuous Quality Improvement processes, and acquire tools and techniques to perform as a practice facilitator. The result of this training was that we learned that we needed to adjust our strategy. Instead of going into the practice with our predetermined strategies for quality improvement finding out what the clinic staff wanted to work. This is the best way to have buy-in from the clinic and build a strong partnership. For sustainability the practices has to own the process.

Lauren Baker, a Regional Implementation Coordinator (RIC) was hired as a Practice Facilitator to motivate, empower, and equip primary care systems to improve upon their existing cancer prevention and early detection efforts by using proven quality improvement techniques.

Practice Facilitators (also referred to as Quality Improvement Coaches, Practice Enhancement Assistants, Practice Education and Resource Coordinators, Community Health Advocates or Practice Coaches) are individuals who develop a relationship with medical practices over a period of time, in order to help them to evaluate and improve their quality of care. Practice Facilitators help improve their clinical and administrative processes through performance evaluation and feedback, patient satisfaction surveys, clinician and staff training in quality improvement methods, team building, disseminating best practices, coordination of quality improvement initiatives, and provision of specific materials and resources (flow charts, QI training, etc.).

LBCHP collaborates with the American Cancer Society's (ACS) Primary Care System staff working with FQHCs to implement evidence-based interventions to increase cancer screening rates. Specific activities include (a) providing ACS/CDC resources; (b) sharing Quality Improvement tools; (c) motivating clinic staff to improve preventive and primary care with an emphasis on increasing cancer screening rates; (d) coaching clinic staff (but avoid playing a

clinical role); and, (e) setting professional boundaries that champion CDC priorities and health systems interests.

The progress and accomplishments are listed below:

The RIC did a Preceptorship at Tensas Community Health Center. She discovered a strong desire to focus on increasing screening for Breast, Cervical, & Colorectal Cancers. The Tensas Community Health Center intends to implement a new EHR in early next year and agreed to build provider reminders for cancer screening. Together with ACS partners, we decided to plan and schedule a half-day summit and to do Process Mapping.

- The David Raines Community Health Center in Shreveport, Louisiana wants to focus on increasing CRC screening. The medical director, Dr. Henderson wants to create standing orders for CRC & mammography screening. Together with ACS we attended their provider meeting on September 2015 to discuss implementation of the plan.
- FQHCs with clinics in Jonesville, Wisner, and Sicily Island want to implement the FLU/FIT initiative as soon as possible. The medical director and provider, Dr. Smith is on board and ready to move forward with plan. ACS is assessing clinic sites and operating hours to determine the best time to do in-service trainings. The Regional Implementation Coordinator is facilitating the implementation.

We find that although FQHCs may recognize and support the importance of increasing cancer screening rates, the CDC must be sensitive to three essential facts:

1. FQHCs are balancing many disease priorities,
2. FQHCs are frequently under-resourced; and
3. Many FQHCs need support related to quality improvement.

We will demonstrate our value when the resources and technical support we provide to our partners can be applied to the comprehensive and myriad demands of the health centers. Therefore it is essential that practice Facilitators establish long-term relationships with practices and become a resource for ongoing quality improvement (QI) and evidence translation. Practice

Facilitation has been shown to support improvement in primary care practices that focus on building organizational capacity for continuous improvement.

II. Partnerships, Coordination, and Collaboration

Goal: Increase collaboration and coordination with LCCCP coalition, Louisiana Tumor Registry, and other key organizations

Louisiana Cancer Prevention and Control Program (LCP) worked in partnership with a diversified group of collaborators and networks on a local, regional, and state level. LCP consists of LBCHP, Louisiana Comprehensive Cancer Control Program (LCCCP), and Louisiana Tumor Registry (LTR). The integral organizations of American Cancer Society (ACS), The Louisiana Campaign for Tobacco-Free Living (TFL), Louisiana Public Health Institute (LPHI), and Louisiana Healthy Communities Coalitions (LHCC) have been in partnership with LCP for over ten years.

LCP and LTR met monthly to coordinate activities and goals. LBCHP's clinical data and media outreach efforts are linked with LTR cancer registry data. LTR responded to numerous LCCCP requests for data and helped in interpreting data. LTR participated in the Colorectal Cancer Round Table (CRCRT) opening workshop and numerous conference calls. LTR liaison, presented at LCP's Patient Navigation Conference and regularly attended Greater New Orleans Healthy Communities Coalition (GNOHCC) meetings. LCP's policy specialist was invaluable in the successful efforts to restore LTR funding during this year's session of the Louisiana Legislature.

Goal: Coordinate program activities within regions

LCP was awarded a colorectal grant to increase partnerships that support increased colorectal cancer screening and the improvement of quality of screening and timely follow-up at appropriate intervals. The partners included are the LA Primary Care Association, ACS

Louisiana, Federally Qualified Health Centers (FQHCs), LA Colorectal Cancer Roundtable (CRCRT), Louisiana Medicaid, and LHCC.

New partnerships were also established with the Louisiana Smoking Cessation Trust - a court-established and court-supervised smoking cessation program to benefit Louisiana residents who began their smoking habit before September 1, 1988 - was promoted through all regional coalitions and LBCHP outreach efforts. Another added collaboration has been Well-Ahead, an initiative started by the Louisiana Department of Health and Hospitals (DHH) aimed at improving the health and wellness of Louisiana citizens. Well-Ahead goal is to promote wellness in the spaces and places citizens live in. LCCCP's Regional Implementation Coordinators (RICs) publicized the initiative. Through the efforts of the RICs, over ten neighborhoods, worksites, and schools throughout the state became Well-Ahead sites.

LBCHP was a key partner with Greater New Orleans Healthy Communities coalition (GNOHCC) role in Smoke-Free NOLA (New Orleans, LA). LBCHP worked with a host of partners for 100% smoke-free workplaces in New Orleans bars and gaming facility. The ordinance was passed and went into effect on April 22, 2015, which eliminated dangers of secondhand smoke exposure in all of the city's indoor public spaces.

Goal: Promote comprehensive breast & cervical cancer screening

During the entire fiscal year, Healthy Communities Coalitions continued to promote breast and cervical screenings at all outreach events. In addition to partners mentioned above and our providers, LBCHP continues to maintain relationships with LCP's special projects: Cervical Cancer Free Louisiana, Survive Dat! Young Women with Breast Cancer, and Patient Navigation Services. Other partners included the Louisiana Office of Public Health, LA Community Health Outreach Network, LSU AgCenter, Tulane Prevention Research Center, New Orleans Care Collaborative, Quitwithusla.org, Xavier University Center for Minority Health & Health Disparities Research & Education, the LSUHSC Foundation, Mary Bird Perkins Cancer Center's CARE Network, the LSU Health Care Services Division, Foundation, United Way of Greater

New Orleans, Komen for the Cure's New Orleans affiliate, the Hispanic Apostolate of Catholic Charities, Macy's Foundation, and the National Breast Cancer Foundation.

III. Public Education and Outreach

Goal: Recruit women into LBCHP who are rarely or never screened

Goal: Provide public education by delivering clear and consistent messages about breast and cervical cancer screening

These goals are being met in the following ways:

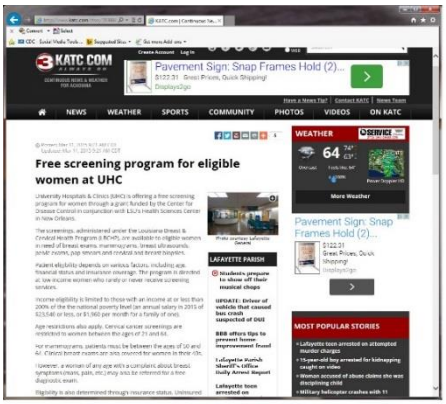
A. **Earned Media -** To take advantage of earned media, LBCHP issues press releases and content marketing pieces when there is specific LBCHP news to report, as well as in conjunction with breast and cervical cancer awareness months.

Two press releases centered on LBCHP cancers were issued during this period:
1. "Cervical Cancer Can Be Prevented, Yet Louisiana Women Have Fourth Highest Death Rate in U.S" – Issued Jan. 5, 2015. There were nine versions of this release reflecting and reporting specific data from each of Louisiana's nine health regions. (Ex: Louisiana Has Fourth Highest Cervical Cancer Death Rate in U.S.: Orleans Parish Has Most Deaths in State)
2. "Six Cancers You Don't Have To Get" – Issued Feb. 2, 2015 (In association with World Cancer Day.)

In addition, the first release was content marketed with a variety of headlines, including the original and one entitled "Why Louisiana Women Have the Fourth Highest Death Cervival Cancer Death Rate". Another content marketing piece, centering on the HPV Vaccine was entitled "What Your Pediatrician Isn't Telling You."

See Appendix for the media report. It is extremely inaccurate as LBCHP's long, non-unique name make it extremely difficult to track via media monitoring algorithms. For example, the Associated Press in Louisiana did a piece on LBCHP, which was picked up statewide, but

which is poorly reflected in this report. To illustrate, below are screenshots of media not listed in the report.



Status: Distribution goals were met and are ongoing.

Major Findings: LBCHP is benefitting from earned media, as coverage increases awareness of the program and the cancers it covers.

Barriers:

1. Long, general program names make it difficult for media monitoring software algorithms to pick up coverage; would advise public health programs in general to forego long names and acronyms as people can't remember or identify with them and create unique names.
2. Institutional constraints limit media contact.

Program Coordination:

1. LBCHP releases were issued via LCCCP regional representatives.
2. When data was used, it was provided by the LTR and credited.
3. Lifestyle factors, including tobacco and obesity, are listed as risk factors when appropriate. There were also two fairly extensive social media efforts directed at tobacco in the spring and early summer of this year.

B. Social Media - To increase overall awareness of LBCHP and breast cancer in general, breast cancer-related stories and tweets are relayed on a regular basis on the LBCHP's umbrella organization LCP Facebook (FB) and Twitter accounts, which were launched last spring.

In addition, custom social media campaigns, based on FB, were also created to help increase awareness of the various cancers that LCCCP (and LCP) cover including:

- Cervical Cancer Awareness – Jan 5. – Jan. 31 – 10 posts, including facts, a CDC infographic, webinar notice and calls to action. Most were tagged "January is Cervical Cancer Awareness Month. Get Your Pap Test." This all-text campaign (a result of a dearth of photos to illustrate this problem) is generally a hard sell on FB, and can't be boosted at all, but still resulted in a total of 242 likes and 18 shares.

- "HPV Ain't Pretty Campaign. Get The Vaccine" – Jan. 8 – Jan. 29 – 3 posts. Only one post had a photo (again because of a dearth of usable photos), which allowed boosting and targeting, specifically to the urban youth we wanted to reach. The photo post received 58 likes and proved good at attracting the same audience to the other two posts, in spite of the fact they were all text and couldn't be boosted or targeted. Total of 128 likes.

- HPV Vaccine Campaign – Jan. 10 – Jan. 17 – 2 posts using photos, targeting medical providers. Total 57 likes, 1 share.

- Most impressive of all is the video of well-known Louisiana anchorwoman Sally-Ann Roberts (and sister to Robin Roberts, GMA Host and breast cancer survivor) touting LBCHP. It has received 27,000 views on FB alone and was part of a larger outreach effort targeting women in New Orleans East.

Status: Distribution goals were met and are ongoing
Major Findings: LBCHP can benefit from social media, as coverage increases awareness of both breast and cervical cancer issues and the program
Barriers:

1. Time constraints limit how much posting and interaction can take place; as well as attention to all forms of social media. Doing best to take overall information as it is gathered and added to website to put it in social media-friendly forms
2. Shortage of audio and visuals, ranging from photographs, illustrations, infographics, continues, etc. Doing photography and film to compensate.

Program Coordination: All LCP programs and cancers are covered on the sites, with stories and tweets being posted on the subjects, as well on tobacco, obesity and ACA.

C. **LBCHP Materials -** To meet provider and patient needs, materials are developed and updated as needed, including general public fliers, provider information and regional data sheets.

Status: Creation and distribution goals were met and are ongoing

Major Findings: None.

Barriers: None.

Program Coordination: LBCHP is increasing its collaboration with LCCCP (distributing stories; RICS working to get the word out about the program in the regions), as well as LTR and SurviveDAT, the special project providing support for Young Breast Cancer Survivors.

D. Targeted Outreach - October Breast Cancer Awareness Outreach Summation: 38 Events (Ranging from radio interviews to salon and church appearances); 7,000 Approximate Audience; 1,670 Educational Materials Distributed; 7,000 Promotional Items Distributed; supported by social media. See chart in Appendix for the breakdown.

Status: Goals were met

IV. Screening, Diagnostic, and Patient Navigation

<u>Goal: Reach screening projections and quotas</u>

In FY 2015, the LBCHP has screened a total of 10,999 and served a total 11,600 women, and

diagnosed 113 invasive breast and 4 invasive cervical cancers. See Figure 1 for additional screening numbers and Figure 2 for all diagnoses.

***Figure 1*. LBCHP Total Number, 6/30/2014 – 6/29/2015**

Component	Indicator	Total
Breast	Number of initial mammograms performed	8,409
	Number of women screened for breast cancer (had CBE or initial mam)	10,481
	Number of women screened for breast cancer using mammography (had initial mam only)	8,311
	Number of women served by the breast program (any breast procedure)	11,047
Cervical	Number of Pap tests performed	2,739
	Number of women screened for cervical cancer (had Pap test)	2,706
	Number of women served by the cervical program (had any cervical procedure)	3,507
Program Total	Total number of women screened by the LBCHP (had CBE, initial mam, or Pap test)	10,999
	Total number of women served by the LBCHP (had a breast or cervical procedure)	11,600

***Figure 2*. Final Diagnoses, 6/30/2014 – 6/29/2015**

Component	Indicator	Total
Breast	Invasive Breast Cancer	113
	Ductal Carcinoma In Situ	20
	Lobular Carcinoma In Situ	4
Cervical	Invasive Cervical Cancer	4
	CIN I	19
	CIN II	4
	CIN III	7
	HPV	10
	Low-grade SIL	8
	High-grade SIL	5

The quotas set for FY 2015 for are shown in Figure 3. Some of these quotas are used for internal purposes, only, and are not part of the provider's contractual agreement. The smallest facilities, except for one exception, were the providers that did not reach their quota by the end of the year. These smaller facilities did not have the capacity to reach the quotas. For FY 2016, we adjusted all providers' quotas to more accurately reflect their facilities capacity and demand (see Figure 4). The exception that did not reach their quota but that is not a small facility is Woman's Hospital cervical program. We've had other challenges with starting up and maintaining this newer program, and a contract with them will not be renewed for next fiscal year.

Figure 3 is the report LBCHP staff uses to monitor the providers' progress toward their screening quotas. As of January 2015, providers can see the current number of mammograms, Pap tests,

and women served by their facility on their homepage in Catalyst, our data system. This has allowed providers to continuously monitor their progress.

Figure 3. **Provider Quotas for FY 2015**

Provider Progress Towards Number of Initial Mammograms Quota

Provider	# Initial Mams	Quota	% Towards Quota
Lallie Kemp	655	550	119
Chabert	943	550	171
UMC	2,644	550	481
Shreveport	550	550	100
St. Thomas	852	550	155
Conway	782	550	142
UHC	707	550	129
Woman's	1,029	550	187
LA Onc	188	550	34
CHRISTUS Cabrini	30	30	100

Provider Progress Towards Number of Women Screened Quota

Provider	# Women Screened	Quota	% Towards Quota
Lallie Kemp	1,012	900	112
Chabert	1,187	900	132
UMC	2,903	900	323
Shreveport	1,258	900	140
NOELA	113	292	39
St. Thomas	870	900	97
Conway	949	900	105
UHC	1,067	900	119
Woman's	1,022	900	114
LA Onc	269	900	30
CHRISTUS Cabrini	30	30	100
Woman's Cervical	304	900	34

Figure 4. **Provider Quotas for FY 2016**

Provider	Number of Mammograms	Number of Pap Tests
Central Health Christus Cabrini	200	-
Chabert - Oschner	750	150
University Hospital & Clinics - Lafayette	1,000	200
Conway	800	300
LA Oncology	250	100
Lallie Kemp	650	400
NOELA	-	108
Woman's Baton Rouge	1,100	-
Shreveport	800	400
St. Thomas CHC	1,200	-
University Medical Center	2,400	-
LBCHP Total	9,150	1,658

Goal: Maintain and increase services to all regions of the state

As shown by the map below (Figure 5), last fiscal year LBCHP served women throughout the state, with a higher concentration of women in regions where providers are located. Our program had gaps in service to women in the Lake Charles (Southwest corner) and Alexandria (central part) area. This gap has been consistent for some time, and last year we added a provider in Alexandria. It was a very small contract and services were provided to a limited number of women, but in this next fiscal year we are expecting to expand the number and type of services provided.

Women diagnosed with invasive breast cancer through the LBCHP tend to live in cities where providers are located or in regions surrounding the clinics. In many cases, those regions are quite a distance from the provider, verifying LBCHP's need for patient navigation services (to assist with transportation issues) and mobile screening units (to provide direct services in those areas). See Figure 6 below.

Figure 5. **Number of Women Served by Zip Code, 6/30/2014 – 6/29/2015 n=11,598**

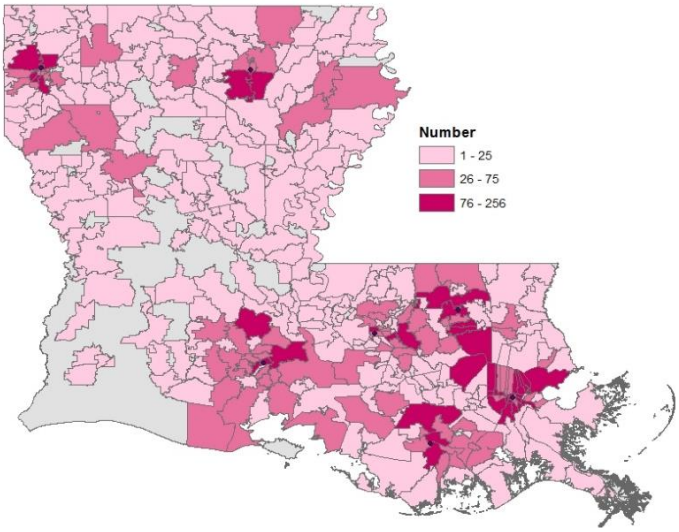
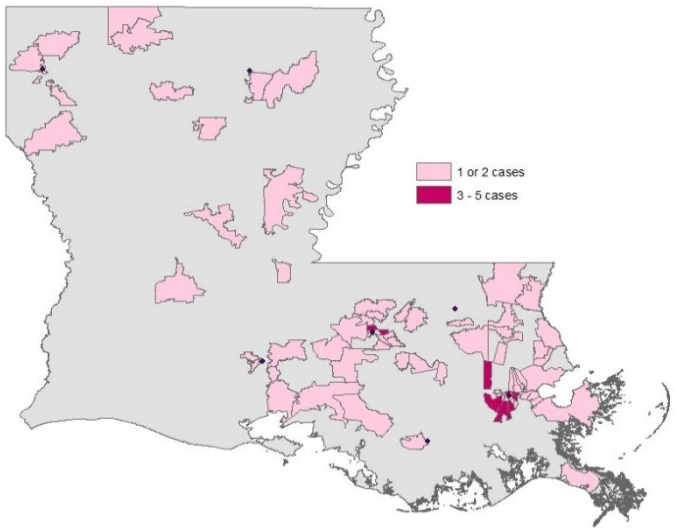


Figure 6. **Number of Women Diagnosed with Invasive Breast Cancer by Zip Code 6/30/2014 – 6/29/2015; n=113**



Goal: Implement health systems improvements and develop health systems policy to improve access and quality of care.

As discussed in the Program Management section above, LBCHP is trying to implement a collaborative agreement with Medicaid which would allow TCP recipients diagnosed with cervical cancer to get Medicaid through the expedited BCC application.

Patient Navigation

Patient navigation services continue to be provided to ensure timely and appropriate care as well as assist patients to overcome barriers. The patient navigators assist by assessing patient barriers, following up with patients within and between facilities, by helping with transportation for those in need, and by assisting with the retrieval and completion of MDE fields for data entry.

In the first half of this fiscal year, the patient navigation program had three major successes: A full-time navigator was hired for St Thomas Community Health Center (CHC) with a grant awarded from the National Breast Cancer Foundation (NBCF), a full time navigator was hired at UHC Lafayette, and the Patient Navigation Program hosted a one day, patient navigation seminar with national and local experts. The navigation seminar featured 10 guest lecturers and filled ninety of one hundred spaces.

In the second part of this Fiscal year, LBCHP successfully applied for funding to continue the employment of the patient navigator at St Thomas CHC. Initial results from the implementation of navigation at the two facilities demonstrated significant increases in the number of patients screened as well as improved MDE's. At University Hospitals and Clinics Lafayette, they nearly doubled the total number of women screened, and they diagnosed more breast cancers all while continuing to provide quality care. St Thomas CHC reduced the percentage of women whose time from screening to diagnosis time exceeded 60. This data will be evaluated more formally and presented in FY 2016.

Establishing a patient navigator training was another work plan objective for LBCHP. LBCHP participated in a George Washington Cancer Institute survey of the core competencies of patient navigators. The online training, based on those core competencies, was released. LBCHP patient navigators now will now receive online and in person, two part trainings on patient navigation. In FY 2016, LBCHP patient navigators will take this training. In addition, in fall of 2014, the LBCHP patient navigation coordinator and an LBCHP navigator attended a training by the National Consortium of Breast Centers (NCBC).

Finally, in an effort to comply with the new CDC Patient Navigation Program Policy, LBCHP began asking providers to use the patient navigation module in its data entry program, Catalyst. Newer providers with full time patient navigators adopted the navigation module use with ease. Existing providers struggled more to add the documentation of the navigation process into their work flow. LBCHP is working with resisting providers on this issue since it is now required.

V. Quality Assurance and Quality Improvement

Goal: Ensure that LBCHP participants receive appropriate, high-quality services

As shown in Figure 7 below, in FY 2015, the program as a whole exceeded all of CDC's core program performance indicator goals for the breast component. The program is struggling with meeting the CDC goal for the percentage of Pap tests to rarely or never screened women. The providers have noted this as a problem. We hope to address this issue through more outreach and media campaigning. Many of the cases causing the indicators to be unmet for the other two cervical indicators are likely due to incomplete data entry. Before the final data for FY 2016 is submitted to the CDC, all cases causing the errors will be reviewed and corrected, if appropriate..

Figure 7. **CDC's Core Program Performance Indicators, 6/30/2014 – 6/29/2015**

	CDC Goal	LBCHP
Breast Program		
Percentage of NBCCEDP funded mammograms provided to women 50 years of age and older	≥75%	88%

Percentage of abnormal breast screenings with complete follow-up	≥90%	97%
Percentage of abnormal breast screenings where the time between the screening/referral and final diagnosis was > 60 days	≤25%	6%
Percentage of final diagnosis of breast cancer where treatment has been started	≥90%	92%
Percentage of final diagnosis of breast cancer where the time between the date of final diagnosis and the date of treatment initiation is > 60 days	≤20%	5%
Cervical Program		
Percentage of initial program Pap tests provided to never/rarely screened women	≥20%	14%
Percentage of abnormal Pap tests with complete follow-up	≥90%	72%
Percentage of abnormal Pap tests where the time between the Pap test/referral and final diagnosis was > 90 days	≤25%	12%
Percentage of final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical carcinoma where treatment has been started	≥90%	79%
Percentage of final diagnosis of HSIL, CIN2, or CIN3/CIS where the time between the date of final diagnosis and the date of treatment initiation is > 90 days	≤20%	9%
Percentage of final diagnosis of invasive cervical carcinoma where the time between the date of final diagnosis and the date of treatment initiation is > 60 days	≤20%	0%

VI. Professional Development

Goal: Improve education and skills of health professionals in the prevention, detection, and control of breast and cervical cancer

LCP Professional Development program provided opportunities for staff and partners to develop the knowledge, skills, abilities, tools, resources and opportunities to be successful in their job and career. Professional education highlights included LCP's co-sponsoring "Lunch & Learn" webinar educational series, which were offered to health professionals at no-cost. Two of the programs presented during 2014-2015 fiscal year were Captain Jacqueline Miller, MD, FACS, Medical Director for CDC's National Breast and Cervical Cancer Early Detection Program presented *Cervical Screening & HPV: Evidence, Tips, and Tools to Increase Screening* (1/2015). The objectives were to understand the evidence and rationale supporting clinical recommendations for cervical cancer screening, describe the management of cervical abnormalities, define the relationship between HPV and cervical cancers, and identify trends in HPV prevention and research (HPV primary screening). Thirty-nine professionals attended the webinar and gave very favorable evaluations (overall purpose/goals were clearly stated 98% strongly agreed; presenter was knowledgeable of the subject 100% strongly agreed). Dr. Jordan

Karlitz, physician advisor for GI cancers for Louisiana Tumor Registry, presented *Colorectal Cancer in Louisiana* (3/2015). The objectives of his presentation were: review colorectal cancer epidemiology in the U.S. and Louisiana, particularly in young patients and highlight the increased colorectal cancer rates in the Acadian parishes and possible explanations for these increased rates. Twenty-four professionals attended the webinar and once again, gave outstanding scores (was attending this session worth your time? 100% strongly agreed; was the speaker prepared? 100% strongly agreed). Continuing educational credits were offered to physicians, nurses, social workers, and health educational specialists. LBCHP recorded online and webinar trainings and has them stored on its own YouTube channel. These are available for provider and others to review in the event they were unable to attend the training on the date scheduled.

In November 2014, seventeen LCP staff members attended the American Public Health Association (APHA) conference in New Orleans, LA. Attendees were able to learn new trends and best practices for all fields of public health, view state of the art products and services, and network with public health colleagues and industry leaders. Ms. Feist, LCP Professional Development Coordinator serves as the co-chair of Louisiana Public Health Association (LPHA), Allied Health section. LPHA is an affiliate member of APHA.

Fred Pryor Seminars and Career Track is one of the most respected international providers of professional seminars, which has multiple training tools, including on-site training, online learning and seminars. Majority of the staff took the opportunity to become Fred Pryor Rewards members. Due to this membership, staff was able to take an unlimited amount of online and seminar trainings. Throughout the fiscal year, LCP staff participated in twenty-six Fred Pryor's online courses as well as eight live seminars. Courses included the following topics: communication/personal development, project management, grammar & writing skills, finance & accounting, and time management.

LBCHP and LCCCP managers attended Health Team Works "Quality Improvement (QI)" Coach University. The skills acquired will assist them to lead and train employees in primary care practices interested in healthcare transformation. It educated the attendees on how to recognize,

integrate and support QI functions. The classes used a combination of didactic, online, simulation, and in-office training.

LBCHP's Patient Navigator and Diagnostic Care Coordinator both attended and passed the National Consortium Breast Patient Navigator Certification Program. The purpose of this certification is to set standards of achievement and the professional's role; enhance patient safety, quality of care and delivery of services; and recognize professionals who advance beyond basic knowledge in a field of specialty. In addition to this training, LBCHP's Clinical Director and Breast Nurse Specialist attended, Miami's Breast Cancer Conference 2015, which provided teaching on how to provide multidisciplinary care for patients with complex diseases such as breast cancer through the use of integrated teams of professionals representing the relevant treatment modalities, including surgery, radiation therapy, and systemic medical interventions.

The professional development coordinator continued to provide emails on related healthcare news and studies to our providers and partners, through her listserve *Cancer in the News*. LCP recognizes the value of continuously educating their employee base. Understanding this will better positioned LCP to adapt to the rapidly changing demands of today's work environment.

VII. Data Management and Utilization

Goal: Maintain and improve data system to support program performance

The data system, Catalyst, is continuously being improved for efficiency of data entry and reporting. Each month, adjustment and additions to the system are made at the data manager's and patient navigator's request. Additionally, the Catalyst managers continuously implement their own database and system improvements. As more reporting options are created, the providers will need technical assistance to be able to run and understand the reports. The assistance will be offered through email instruction and, if needed, webinars.

Data management has become significantly more efficient, secure, and streamlined with the implementation of Catalyst. PDF forms have been eliminated and data is now directly entered

into a web-based system. This eliminated the substantial amount of person-time it took to scan and verify the forms, and at least maintained, if not improved, confidentiality of collected data. The data is now housed in a secure server, rather than folders on the providers' computers and in CDs kept in the data manager's office. Further, there are security restrictions in Catalyst that didn't exist with the PDF forms (e.g. Catalyst will log a user off when left idle for 30 minutes).

Although Catalyst was implemented in February 2014, it has been a continuous process getting the system to work as needed. In the beginning of FY 2015, many adjustments were made to improve the data entry and reporting process. Many of the changes to the user-interface were at the request of providers, and the reports that were built were created to allow both providers and program staff to obtain required information.

In August 2014, all LBCHP cancer cases were linked with updated Louisiana Tumor Registry (LTR) information. The information was then verified and updated (for older cases that were already matched) or added (for new cases that hadn't already been matched) to Catalyst. This process was very time-consuming because it was done manually. The SHPR Group, the managers of Catalyst, preferred that the information was added manually since they didn't have a process to update and add the information through coding methods. If the LBCHP only added information for new cancer cases, rather than verifying and updating all cancer cases in the database, manually adding the information wouldn't be as labor-intensive. For the next LTR match, it would be preferred that the LBCHP only matches new cases. The next LTR match will be completed prior to the October 2015 data submission.

The program added a provider-only (password-protected) page to the LBCHP website (lbchp.org) to communicate new policy or guideline changes and to post training materials. In the beginning of FY 2015, it became apparent that not all providers are clear about their expectations, some providers need more technical assistance, and LBCHP needs to communicate more clearly with providers. Creating this page was one way the program hopes to improve communication. In the second half of the fiscal year, the following materials have been/will be posted to the "For Providers" webpage: an LBCHP flyer, updated CPT codes and billing information, current screening guidelines, updated data entry instructions, a data entry training

video, new "Ask Dr. Miller" newsletters, and the LBCHP provider manual. A strong effort will be made to encourage providers to regularly access the page.

Goal: Expand the cancer surveillance and increase quality of breast and cervical cancer screening

With Catalyst, reports can be easily and quickly created. Any LBCHP staff or provider can run these reports to get a host of information. Through the reporting system, examples of the information that can be obtained include the following (for any individual provider or the program as a whole): number of mammogram performed, number of Pap test, number of excisional biopsies, number of women screened for breast cancer, number of women served by LBCHP, number of women diagnosed with breast cancer, number of women diagnosed with CIN III, and number of women lost-to-follow-up. Additionally, there are reports for patient navigation data and a report to get a list of women due for a screening (the list is used for sending patient reminder cards). The reporting tool has made reporting to funders and the public a lot quicker and more consistent. Throughout the second half of the fiscal year, more training will be given to providers that are interested in using the reporting tool.

VIII. Evaluation

Goal: Develop and implement an evaluation plan, and disseminate results to staff and providers to improve the program

In FY 2014, the LBCHP developed goals and objectives for the LBCHP as a whole, and for individual program components. The goals and objectives developed are to encourage the program to expand (in areas of public education and outreach) and improve (related to the population and number of women served) and not just maintain the delivery of its high quality services. The program wants to evolve and maintain its relevance within the changing healthcare environment. The goals and objective should lead the program in the direction of its vision, and evaluation should make the course more effective and impactful. The following table, Figure 8, is LBHCP's evaluation plan. The goals and objectives are grouped by the component of the

program they are related to. The table below shows the goals, targets, and if the targets were met for FY 2015.

The plan and its results were discussed with LBCHP staff at the midterm of the year. The updated annual results will also be discussed with staff, and a one page document summarizing evaluation results will be disseminated. Details of the evaluation results are provided in Figure 8's charts, tables, and map.

The evaluation plan for FY 2016 will be developed as soon as the FY 2016 work plan is finalized (with the submission of this report).

Table 8. **LBCHP's Evaluation Plan, 6/30/2014 – 6/29/2015**

Goal/Objective	Indicator	Target	FY 2015 Measures	Met Target?
LBCHP				
Increase the percentage of never/rarely screened women	Percentage of rarely and never screened women	25%	Breast 44%; Cervical 14%	Yes, No
Meet the FY program screening goals	Number of women screened	12,000	10,999	No
	Number of women served	12,000	11,600	No
Expand screening services/service area	Number of women screened for cervical cancer at ILH	10	13	Yes
	Number of efforts to get a provider in Lake Charles	2	10	Yes *(but will not become provider)*
	Number of women screened at Lake Charles Memorial Hospital	*This indicator will be removed for next FY.*		
	Number of women screened at CHRISTUS Cabrini (Alexandria)	30 (~3/mo.)	30	Yes
Get LBCHP participants insured	Number of LBCHP women referred to the Marketplace	*Baseline will be set in FY 2016*		
Facilitate access to screening services	Number of new contracts with FQHC's	5	*Will be implemented in FY 2016.*	
	Number of referral postcards handed-out	-	*Will be implemented in FY 2016.*	
	Percent increase in new patients getting screened for breast or cervical cancer in regions using referral postcards	5%	*Will be implemented in FY 2016*	
Partnerships, Coordination, and Collaboration (PCC)				
	Number of potential new partners LBCHP attempted to collaborate with	3	3 (See Figure 8a below for details)	Yes
	Number of completed collaborative projects	1	1 (See Figure 8a below for details)	Yes
Increase collaboration with LTR	Number of LTR collaborative projects completed (not including LTR linkage)	3	2 (Updated all websites' stats, also used stats for the press releases and regional info sheets,	No

			stats for lung cancer social media)	
Screening, Diagnostic, and Patient Navigation				
Use data to identify priority populations	Number of projects	3	2 (BRFSS screening rates by parish, demo/SES by Census tracts)	No
Increase the availability of same day mams	Number of facilities offering same day mams	2	*Hard to assess. Facilities aren't sure. Definition unclear. See 7b for provider responses.*	
Professional Development				
Educate/train health professionals quarterly	Number of professionals that completed annual needs survey	10	0	No
	Number of professionals that attended training webinars	30	26 (Fred Pryor Online); 9 (NCI Research to Reality Cyber Series)	No
	Number of LBCHP staff that attended conferences, workshops, etc.	10	13 (APHA), 8 (Fred Pryor Live), 2 (PN Certification), 1 (QI training), 2 (Breast Conference)	Yes
	Number of LBCHP providers that were trained/educated	18	20 (Cervical & Colorectal Lunch-n-Learn)	Yes
Public Education and Targeted Outreach (PETO)				
Expand and increase new and social media reach	Increase the number of new users accessing lbchp.org	15%	29% (See Figure 7d below for more details)	Yes
	Number of 'Likes' on the LCP Facebook page	500	1,387	Yes
	Number or new Twitter followers	*This year will serve as the baseline.*	*112*	*Not yet evaluated.*
Increase mass media reach via press releases, PSAs	Number of LBCHP-specific press releases announced	5	2	No *(Measured will be revised in FY16)*
	Number of PSAs announced	3	1 (NPR)	No *(Measured will be revised in FY16)*
Quality Assurance & Quality Improvement (QAQI)				
Ensure patients receive timely FU after abnormal breast/cervical screening	Percentage of LBCHP participants who receive definitive diagnosis	80%	95% (breast); 91% (cervical)	Yes

	within 60 (breast)/90 (cervical) days			

Figure 8a. **Potential New Partners and Collaborative Projects**

Potential new partners LBCHP attempted to collaborate with:
1. Colorectal Cancer Round Table (CRCRT)
2. Louisiana Primary Care Association
3. Healthy Louisiana (Tobacco)
Completed collaborative projects (partners involved with LBCHP):
1. Smokefree NOLA- Ordinance passed, no smoking in bars and casinos in Orleans Parish

Figure 8b. **Assessment of Availability Same-Day Mammography Service. Provider responses.**

Provider	Same Day Mam Available?	Details
UHC	No	Same day mammograms may be available on your appointment dated based on availability - It means that the day of her appointment with Ms. Kelly, there may be an available mammogram space while she is there, if a slot is available that day. Ms. Kelly only has 5 slots on Monday, Wednesday, and Thursdays as a "walk in" for a mammogram. Because Ms. Kelly has more slots in a day having appointments than are available for that day. In that case we schedule the mammogram later with radiology.
Shreveport	No	As of now, we do not offer walk-in mmg appts at neither our PIW LSUHSC clinic nor van clinics. This may change in the future, but as of right now, we do not offer them.
ILH	Yes	If you are in the clinic already, **same-day mammograms** are available between 7:30am and 2:30pm, Monday-Friday. Ask your nurse.

Figure 8c. **LBCHP Pages with the Highest Number of New Users, 6/30/2014 – 6/29/2015**

Page	Number of New Users
1. Homepage	**3,461**
2. Screening Locations	**190**
3. Resources	**70**
4. Contact	**65**
5. News	**52**

Figure 8d. **Number of New Users to the LBCHP Website**

Measure	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
Number of New Users	16	221	426	304	352	293	291	308	341	480	262	257	334	417	317	319	310	543	833
	Average number for prior 6 months (baseline) = 269						Six month average (first half FY 2015) = 323 (20% increase) Average excluding October = 292 (8.5% increase)						Six month average (second half FY 2015) = 373 (16% increase from first half FY)						
							Annual Average = 348 Increase from baseline (269 to 348) = 29%												

Figure 8e. **Information about Call to the LBCHP InfoLine, 6/30/2014 – 6/29/2015, n=313**

Information	Number of Callers (Percent of All Callers)
Where the Caller Found the Number	
Internet search (not LBCHP website)	127 (43%)
LBCHP website	61 (21%)
Other	31 (10%)
Friend	25 (8%)
TV (WWL/WUPL) commercial with Sally-Ann Roberts	17 (6%)
Pamphlet/Brochure	15 (5%)
Through the HPV project	16 (5%)
Health fair	6 (2%)
Caller Demographics	
Female	240 (98%)
Age	
40-64	206 (74%)
21-29	42 (15%)
30-39	21 (8%)
64+	1 (<1%)
Unknown	10 (4%)
Top parishes calling from	
Orleans	124 (45%)
East Baton Rouge	48 (17%)
St. Martin	13 (8%)
St. Tammany	11 (4%)
Caddo	10 (4%)
Topics covered	
Breast exams	139 (42%)
Pap tests	64 (20%)
Insurance/Medicaid	40 (12%)
Breast cancer	33 (10%)
Prescription and medication assistance	20 (6%)
Cervical cancer	19 (6%)
Other	9 (3%)
Financial assistance (no prescription)	3 (1%)
Colon cancer	1 (<1%)
Top five places where callers were referred to	
Interim LSU Hospital/UMC	64 (23%)
Medicaid Services	53 (19%)
Woman's Hospital	39 (14%)
St. Thomas Community Health Center	33 (12%)
Lafayette General (UHC)	20 (7%)

Figure 8f. **Calls to the LBCHP InfoLine during June and July (during the LBCHP New Orleans area campaign)**

	June, n=37	July, n=31
Where the Caller Found the Number	**Number of Callers (Percent of All Callers)**	
TV (WWL/WUPL) commercial with Sally-Ann Roberts	21 (57%)	16 (52%)
Internet search (not LBCHP website)	7 (19%)	3 (10%)
Transportation Sign - along Chef Hwy with picture of Sally-Ann	3 (8%)	4 (13%)
LBCHP website	2 (8%)	2 (6%)
Newspaper - The Advocate ad with Sally-Ann and African-American woman	1 (3%)	2 (6%)
Doctor	1 (3%)	-
Friend	1 (3%)	-
Newspaper - The Advocate ad with Sally-Ann and Vietnamese woman		1 (3%)
Other	1 (3%)	3 (10%)

Figure 8g. **Number of calls to the LBCHP InfoLine in FY 2015**

Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
45	46	33	35	22	17	17	24	19	10	14	37	31

Figure 8h. **Parish from Which Callers Called, 6/30/2014 – 6/29/2015**

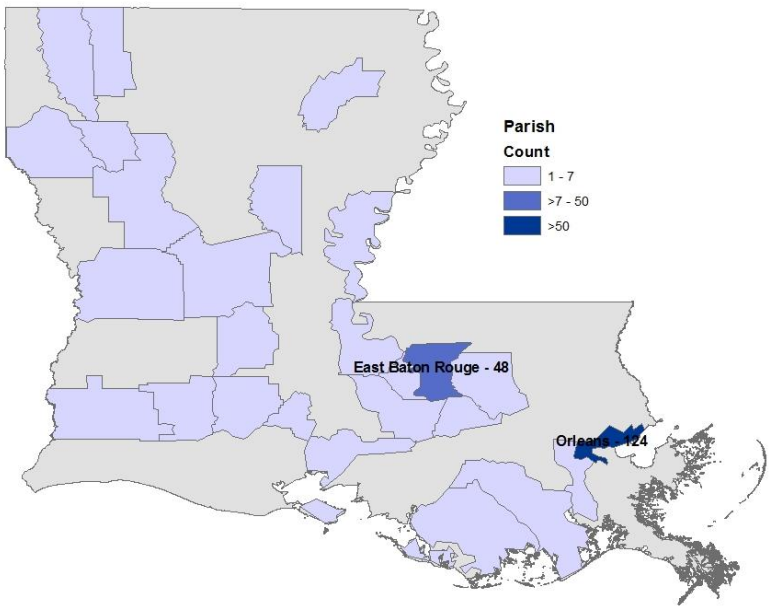
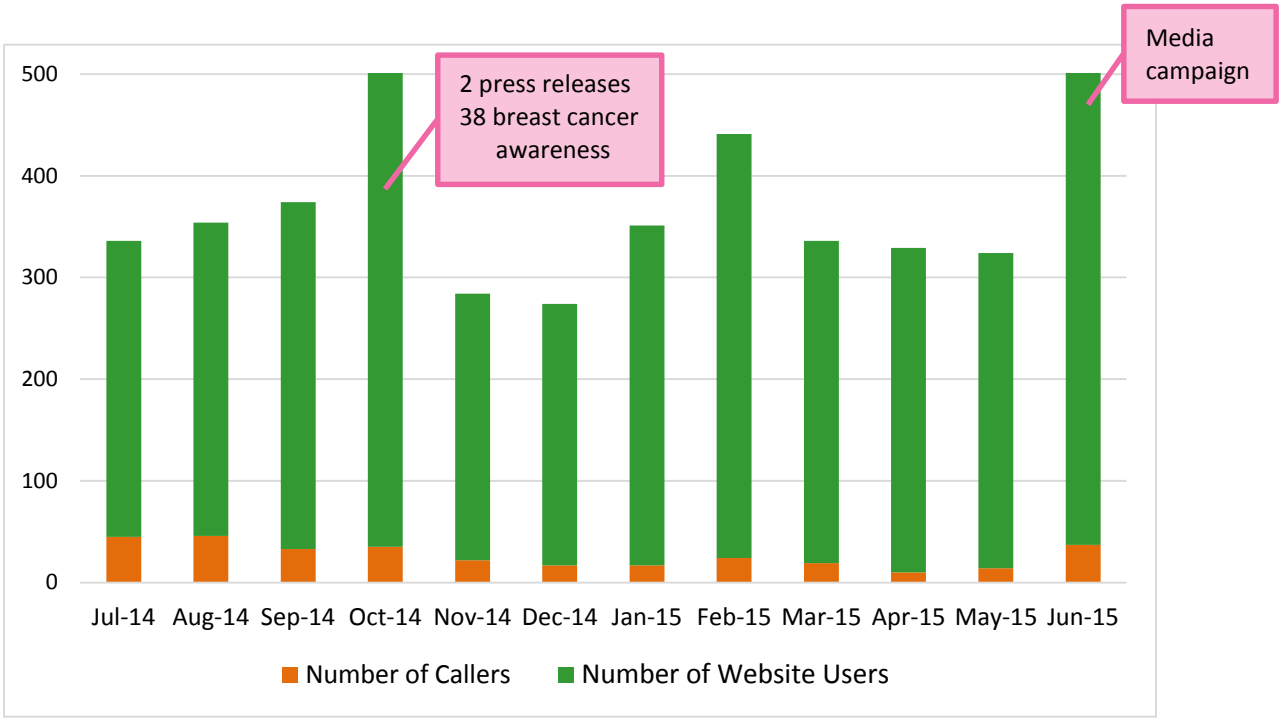


***Figure 8i*. Number of Call to InfoLine & Number of Website Users in FY 2015**



Goal: Assess the implementation and effectiveness of program activities to build program evaluation capacity and effectiveness

After the plan's implementation last year, it became apparent that some goals and objectives needed better indicators. Some of the indicators were difficult to capture or didn't accurately reflect the program's progress toward the corresponding goals and objectives. Also, some targets were adjusted based the outcomes from last year. It was expected that for some measures the FY 2014 numbers would serve as baselines. The plan above, Figure 8, reflects these adjustments.

Adjustments made based on last year's outcomes:

Expand screening services/service area – Since the end of last fiscal year (FY 2014), the LBCHP gained two new providers in the priority areas – in the Lake Charles and Alexandria area. The plan will now evaluate the number of women screened in those areas, rather than our efforts made to add providers in those areas. We also formalized a cervical program at Interim LSU

Hospital, so we are now monitoring the number of women screened through the program, rather than the efforts made to establish it.

Facilitate access to screening services – During the second half of this fiscal year, a project to increase breast and cervical cancer screening rates in Louisiana will be implemented. The project is a collaborate effort between the LCCCP, the LBCHP, and Federally-Qualified Health Centers (FQHCs) throughout the state. The effectiveness of this project to increase screening rates will be evaluated.

Get LBCHP participants insured – Last year the program mailed out postcards to educate LBCHP participants about the Health Insurance Marketplace. It proved difficult to accurately capture how many women signed-up for health insurance because of the postcards. By next fiscal year, all providers will have to record in Catalyst if a woman was referred to the Marketplace. LBCHP staff is currently working on assessing what providers are currently offering and developing referrals mechanisms for those not currently providing any referrals.

Expand and increase new and social media reach – Bringing a communications coordinators to the program has greatly advanced LBCHP communication efforts. The number of individuals accessing LCP's Facebook page and the LBCHP website has exceeded expectations. The underestimation was also because last year served as a baseline and it was the first time capturing these numbers. The target for both these indicators were significantly increased for this years. Over the next six months the evaluation specialist will work with the communications team to see if a better way to evaluate the effective of Facebook for the LBCHP, rather than just monitoring the number of like to the LCP page.

FY 2016 Evaluation Results:

What LBCHP Accomplished

- Started a cervical program at ILH/UMC
- Attempted to expand the program to needed areas (Lake Charles and Alexandria)
- Expanded the program to the Alexandria area

- Expanded LBCHP's partner network
- Provided professional development opportunities to central and regional staff (Fred Pryor, APHA Annual Meeting, Patient Navigation Seminar, Annual Meeting)
- Ensured patient received a timely definitive diagnosis
- Continued to expand and improve public education and targeted outreach methods
- Created more program awareness through a local media campaign
    - In the campaign month of June and July, lbchp.org had more new users - significantly more users - to the website than ever before. The monthly average for FY 2015 was 348, and in June and July the number was 543 and 833, respectively.
    - More than half of all callers to the hotline in June and July got the number from the LBCHP TV commercial (57% and 52%, respectively).

LBCHP Struggles to….

- provide cervical cancer screenings to at least a quarter of women that never or rarely are screened
- meet the target goal of 12,000 women screened
- provide same day mammograms at its clinics
- develop ways to further collaborate with LTR and to use different methods to identify its priority population
- get women insured
- facilitate access to screening services through a collaboration with LCCCP. This plan has been very disjointed and its strategy unclear, making it a challenge to evaluate the project's progress.