



ARKANSAS DEPARTMENT OF HEALTH

Center for Health Advancement

Chronic Disease Prevention and Control Branch

NOTICE OF FUNDS AVAILABILITY

For

DH-19-0018

Arkansas Partnerships for Colorectal Cancer Screening:

Evidence-Based Interventions Including

Patient Navigation Services

Date Issued

April 1, 2019



**Notice of Available Funds for
Arkansas Partnerships for Colorectal Cancer Screening
March 2019**

The Arkansas Department of Health (ADH) – Chronic Disease Prevention and Control Branch (CDPCB) project, Arkansas Partnerships for Colorectal Cancer Screening, will offer funding to support the implementation of evidence-based interventions (EBI), patient navigation and reporting of efforts to increase colorectal cancer (CRC) screening in participating healthcare systems (HCS). The grant project is funded by the Centers for Disease Control and Prevention (CDC) Colorectal Cancer Control and Prevention Program (CRCCP). The goal of the project is to decrease CRC incidence, mortality and associated disparities in Arkansas by increasing CRC screening rates in appropriate populations. The project focuses on HCS change through the implementation of EBIs and patient navigation to increase CRC screening in Arkansas.

Pending the availability of funds, funds will be awarded to one (1) Arkansas Partnerships for Colorectal Cancer Screening active HCS partner that responds to this proposal for the period of April 1, 2019- June 29, 2019. One proposal per HCS is allowed. HCSs with less than 5 clinic locations are eligible for up to \$9,999. The application for funds will address HCS background information and selected planned interventions (EBIs and supporting activities) to increase CRC screening.

Participating Healthcare Systems will be eligible for the following:

- Pending the availability of funds, up to \$9,999 to support the implementation of a minimum of two EBIs and patient navigation. The EBIs include: Patient Reminders, Provider Reminders, Provider Assessment and Feedback, and Reducing Structural Barriers. Supporting activities include: Patient Navigation and Small Media (definitions provided in reference materials).
- Suggested uses for the funding include:
 - Postage for FOBT/FIT kits and patient reminders
 - Printing for patient reminders and small media educational tools
 - Personnel for project administration, reporting, patient navigation, translation, transportation, etc.
 - EHR system enhancements and updates
 - Utilizing patient portal for patient and provider reminders
 - Performance Facilitator Training and associated travel costs to Little Rock
- Technical assistance from ADH/CDPCB project staff and partners to support implementation of chosen EBIs.

Participation Requirements:

- The HCS must:
 - Have a signed letter of commitment on file to participate in ADH’s Arkansas Partnerships for Colorectal Cancer Screening.
 - Measure and be willing to report colorectal, breast, and cervical cancer screening rates.
 - Have signed or be willing to sign the National Colorectal Cancer Round Table’s (NCCRT) 80% In Every Community Pledge (see reference materials for more information on how to pledge).
 - Designate a project champion to:
 - Work with ADH and partners to address project requirements.
 - Identify a minimum of two EBIs to implement in addition to patient navigation at participating clinics in Polk County.
 - Continue to assess current needs and the capacity of the clinics to effectively conduct colorectal cancer screenings.
 - Work with ADH and partners to identify appropriate approaches to increase colorectal cancer screening through HCS change.
 - Utilize and enhance existing EHR system to support chosen EBIs and reporting requirements.
 - Participate in required data reporting and evaluation activities including those led by the CDC.
 - Meet monthly or as needed with ADH program staff and partners to discuss progress, exclusive of monthly scheduled data extraction.
 - Attend a two (2) day Performance Facilitator Training in Little Rock.

Reporting Requirements:

Applicants receiving funding are required to:

- Report monthly on project activities. Monthly reports are due on the 15th of each month. Reporting requirements will vary based on EBIs and activities selected.
- Submit a monthly invoice and the Subgrantee Payment Request Form to the ADH CDPCB with a complete description of the goods or services being billed. Invoices for goods must have the unit price and number of units billed. Invoices for services must have the date(s) of service, hourly rate and number of hours billed. Applicable sales tax must be listed separately on the invoice. Invoice details should follow the format of the attached sample budget and justification.
- Participate in any additional required data reporting and evaluation activities including those led by the CDC.

Funding Criteria:

Pending the availability of funds, HCSs with less than 5 clinic locations are eligible for up to \$9,999. The HCS applicant will be reimbursed monthly on an “Actual Cost” method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable project expenses. These expenses must be within an approved itemized budget listing of allowable project costs. Pursuant to Arkansas Code Annotated 19-4-1206, the ADH certifies that services have been performed or the goods received prior to payment being authorized and processed. No reimbursement will be made for the purchase of equipment or services made prior to the sub-grant award date of effectiveness. ADH will have the final decision on allowable costs.

No reimbursement will be made for purchases of FOBT/FIT kits and CRC treatment.

Funds will be dispersed monthly upon receiving an original invoice detailing expenditures. All activities are based on funding availability and must be completed by June 29, 2019. The contract may be extended for one (1) additional one year period, or any portion thereof, contingent on approval by the program, the ADH, any required legislative reviews, and upon the appropriation of necessary funding.

Selection Criteria:

The first eligible HCS to apply via email will be accepted. Applications are due **April 4, 2019 4:00PM**. To be eligible, the HCS must have a signed letter of commitment on file with ADH to participate in the Arkansas Partnerships for Colorectal Cancer Screening project. Applications must follow the format on the following pages and be signed by the HCS's fiduciary representative.

Documents needed:

- Application for Funding
- Itemized Budget and Justification (1-2 pages) – *example is provided in reference materials*
- HCS's NCCRT 80% In Every Community Pledge – *a link to pledge information is provided in reference materials*
- A completed W-9 for the applicant healthcare system (1 page).

All materials should be sent electronically to Carrie Cochran-Raglon, carrie.cochran-raglon@arkansas.gov. Once the application is received the applicant will receive an email confirmation.

To find out more about this project and funding opportunity, please contact Carrie Cochran-Raglon, Arkansas Partnerships for Colorectal Cancer Screening Project Administrator, at 501-661-2093 or carrie.cochran-raglon@arkansas.gov.

A Word version of this form is available upon request, please contact carrie.cochran-raglon@arkansas.gov.



**Arkansas Partnerships for Colorectal Cancer Screening
Notice of Funds Availability Reference Materials**

SAMPLE BUDGET AND JUSTIFICATION		
Item	Justification	Cost
Salary and Fringe for Project Administration <i>Personnel - Data collection, project administration, reporting, transportation, translation, patient education, patient navigation</i>	101 hrs/mo x 2 staff x \$14.50/hr x 3 months	\$ 8,787.00
Maintenance and Operations for Project Administration <i>i.e. postage, printing, envelopes</i>	\$100.00/mo x 3 months	\$ 300.00
Reporting Support	\$100.00/mo x 3 months	\$ 300.00
Registration Fee for Performance Facilitator Training	\$300/registrant x 1 registrant	\$ 300.00
Travel	311 miles x \$0.42/mile, Per Diem in Little Rock: Meals - 2 days x \$44.00/day, Lodging- 1 night x \$93.00/night	\$ 312.00
TOTAL		\$ 9,999.00

National Colorectal Cancer Round Table’s (NCCRT) 80% In Every Community Pledge

- Additional information about the pledge: <http://nccrt.org/80-in-every-community/>
- Online Pledge: <https://www.surveymonkey.com/r/80by2018pledge>

Patient Navigation Resources:

- GW Cancer Institute - <https://smhs.gwu.edu/gwci/patient-care/patient-navigation>
 - Free patient navigation training course: <http://gwcehp.learnercommunity.com/cancer-institute>
- Harold P. Freeman Patient Navigation Institute - <http://www.hpfreemanpni.org/>
- Patient Navigator Training Collaborative
 - Free patient navigation courses - <http://patientnavigatortraining.org/>

Community Guide: *information about the evidence-based interventions*

- <http://www.thecommunityguide.org/cancer/index.html>

U.S. Preventive Services Task Force: *screening recommendations*

- <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2>

WHAT ARE EVIDENCE-BASED INTERVENTIONS?

<p>Provider Assessment and Feedback</p>	<p>Provider assessment and feedback interventions 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 or an individual provider, and may be compared with a goal or standard.</p>
<p>Provider Reminders</p>	<p>Reminders inform healthcare providers it is time for a client’s cancer screening test or that the client is overdue for screening. The reminders can be provided in different ways, such as client charts or by e-mail.</p>
<p>Reducing Structural Barriers</p>	<p>Structural barriers are noneconomic 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, modifying hours of service to meet client needs, offering services in alternative or non-clinical settings or eliminating or simplifying administrative procedures and other obstacles.</p>
<p>Patient Reminders</p>	<p>Patient reminders are written (letter, postcard, e-mail) or telephonic messages (including automated messages) advising people that they are due for screening. Reminder messages may be tailored or untailored to specific individuals or audiences.</p>

WHAT ARE SUPPORTING STRATEGIES?

<p>Small Media</p>	<p>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 to general audiences. For the purposes of this project, please include any social media activities as “small media”.</p>
<p>Patient Navigation</p>	<p>Patient navigation is a strategy aimed at reducing disparities by helping clients overcome barriers to healthcare. For purposes of this project, patient navigation is defined as individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and follow-up as well as initiation of treatment services for persons diagnosed with cancer. Patient navigation includes assessment of client barriers, client education, resolution of barriers, and client tracking and follow-up. Patient navigators may be professional (e.g., nurse) or lay workers.</p>



Arkansas Department of Health

**Arkansas Partnerships for Colorectal Cancer Screening
Notice for Funds Availability Application**

Date

Month, Date, Year

**Healthcare System (HCS)
Information**

Healthcare System Name _____

Number of Clinics _____

Address _____

Federal ID Number _____

Fiscal Year _____

Provider is _____

Project Champion _____

Name

Title

Phone

Email

Brief Description of Healthcare System Staff

NUMBER OF PROVIDERS AND STAFF

Please fill in the number of providers and support staff with each credential or job role at your practice site(s).

MD, DO	
NP or ARNP (Advanced Registered Nurse Practitioner)	
PA (Physician Assistant)	
RN	
LPN	
Medical Assistant	
Administrative Staff	
Support Staff	
Social Workers or Counselors	
Community Health Worker/Patient Navigator	
Other	

List of Counties Served _____
 EHR System Name _____
 Year of EHR Implementation _____
 Description of how HCS uses EHR for CRC screening _____

Provide a brief description of your CRC screening policy.

CRC SCREENING METHODS	Provide	Refer
FOBT/FIT kit	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>
CT Colonography	<input type="checkbox"/>	<input type="checkbox"/>

MOST COMMON BARRIERS TO CRC SCREENING FOR YOUR PATIENTS <i>Select all that apply</i>	YES	NO	N/A
Access to Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/Elder Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/ Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear/Denial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Arkansas Partnerships for Colorectal Cancer Screening – Healthcare System Interventions

COLORECTAL CANCER SCREENING EVIDENCE-BASED INTERVENTIONS	Existing Process	Need to Implement or Enhance <i>Select a min. of 2 EBIs</i>	Not Interested
Patient Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Assessment and Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Structural Barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUPPORTING ACTIVITIES		<i>Patient navigation is required</i>	
Small Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Navigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete budget and justification up to the full eligible amount. Pending the availability of funds, HCSs with less than 5 clinic locations are eligible for up to \$9,999. Items can include but are not limited to the following:

- Postage for FOBT/FIT kits and patient reminders
- Printing for patient reminders and small media educational tools
- Personnel for project administration, reporting, patient navigation, translation, transportation, etc.
- EHR system enhancements and updates
- Utilize patient portal for patient and provider reminders
- Transportation costs related to patient navigation
- Travel between clinics
- Registration Fee for Practice Facilitator Training and associated travel to Little Rock, AR

No reimbursement will be made for purchases of FOBT/FIT kits and CRC treatment.

BUDGET AND JUSTIFICATION FOR FY19		
Item	Justification	Cost
Salary and Fringe		\$
Maintenance and Operations		\$
Reporting Support		\$
Travel		\$
Registration Fee for Performance Facilitator Training		\$
		\$
		\$
	TOTAL	\$

Authorized Representative Signature

Date

Authorized Representative Printed Name and Title