

SPARC IMPLEMENTATION GUIDE: ACCESS TO MAMMOGRAMS FROM COMMUNITY FLU SHOT CLINICS

Acknowledgements:

SPARC's flu/mammography manual was made possible through the hard work and dedication of Lea Cassarino, MPH, CHES. The manual grew out of an evidence-based program launched by SPARC in 1997 and reported in the American Journal of Preventive Medicine (reference: D Shenson, et al. Improving access to mammograms through community-base influenza clinics: a quasi-experimental study. AJPM 2001; 20(2):97-102.) The flu/mammography project would not have been possible without the dedicated outreach workers who skillfully reached out to women needing mammograms and our immunization providers who welcomed these efforts at their flu clinics.

Copyright Information:

All material in this manual can be used, printed, and distributed only with special permission from SPARC. For questions please contact Douglas Shenson MD at dshenson@sparc-health.org.



TABLE OF CONTENTS

	Page:
Introduction and Background.....	3
In a Nutshell: How this Program Works.....	6
Timeline for Program Planning and Implementation.....	7
STEP 1: Collaborating with Public Flu Clinic Providers.....	8
STEP 2: Recruiting Certified Mammography Providers.....	12
STEP 3: Identifying and Recruiting Mammography Outreach Workers.....	18
STEP 4: Training the Outreach Workers.....	26
STEP 5: Forwarding Names of Project Participants to Mammographers....	50
STEP 6: Handling Special Circumstances.....	59
Participant does not have health insurance coverage	
Participant requests a mammogram from a non-participating provider	
Project enrollment form is incomplete	
STEP 7: Evaluating Project Outcomes.....	61

INTRODUCTION

This manual is designed to guide you through the step-by-step process of implementing SPARC’s Flu/Mammography project in your community. It contains all materials you will need and/or sources from which they may be ordered. Included are tips and hints for a successful program that are based on three years’ experience in carrying out this project in over 200 public flu clinics and walk-in settings.

This project can easily be managed by one person on a part-time basis, with the help of paid or volunteer mammography project outreach workers. Following its initial implementation, you will find that project start-up in subsequent years is eased due to the familiarity with the project by you, the mammography providers, public flu clinic providers and the outreach workers. Best of all, this is a “win/win” situation for everyone: more women are having easier access to mammograms; the mammogram providers are having greater numbers of women referred to them; public flu clinic providers are able to have an additional service available at their clinics and, as you’ll see, they often benefit from the presence of the outreach workers; and, you and the outreach workers are offering a valuable, life-saving service. You will find that a number of women who enroll in the program will not have had a mammogram in years—and sometimes never! Through this project you will be able to have a positive impact on the lives of many women and their families by providing them with the opportunity for early detection and treatment of breast cancer.

BACKGROUND

SPARC (*Sickness Prevention Achieved through Regional Collaboration*) is a nonprofit health care organization created to improve the health of residents of the Berkshire Taconic area by increasing their use of disease prevention services. (The area is a contiguous four-county region that includes Columbia and Dutchess Counties, NY; Litchfield County, CT and Berkshire County, MA). SPARC was launched by the Berkshire Taconic Community Foundation in 1994, and has received widespread recognition for innovations in community health. Included among the disease prevention services promoted by SPARC are immunizations and cancer screenings.

Breast cancer is the most common cancer diagnosed in women. According to the American Cancer Society Surveillance Research Report, 2003 there will be an estimated 267, 000 new cases of breast cancer in the U.S. and approximately 39,800 women will die in 2003. Older women are particularly vulnerable: the death rate from breast cancer is three times higher among women age 65 and older than among those ages 35 to 64. Routine mammography among women over age 50 can reduce breast cancer deaths by more than 30% by detecting tumors at earlier, more treatable stages.

SPARC's Flu/Mammography project is based on a simple premise: if the rate at which women obtain mammograms decline with age, while their risk for breast cancer increases with age, then reaching out to large groups of older women and making it easy for them to schedule a mammogram appointment can contribute to a greater number of women being screened. So, we asked, where can sizable numbers of older women be found? The answer: at annual public flu clinics. How can the appointment making process be eased? By having the provider initiate a phone call to schedule an appointment or by making mammogram appointments at flu clinics. With this in mind, in 1997 SPARC piloted an innovative approach to promoting mammography among women age 50 and older.

Women attending selected public flu shot clinics, who were age 50+ and overdue for their annual mammogram, were identified by staff using an intake form. These women were then offered the opportunity to have the mammogram provider of their choice call them, at home, to arrange for an appointment. This strategy resulted in a 100% difference in the six-month mammography rate among women offered the service as compared to a similar group of women who were not. On the heels of the successful pilot project, SPARC received funding from CPRO (Connecticut Peer Review Organization) in 1998 to expand its unique program to all of Litchfield County, CT.

SPARC collaborators held a total of sixty-six public flu clinics in the county from 9/29/98 – 12/8/98. In order to offer this program at as many clinics as possible, SPARC needed to recruit, hire, train and assign to clinics approximately 15-20 temporary staff persons. By working closely with its collaborators, a number of groups were identified—such as women's clubs and sororities—to use as a pool from which to hire temporary staff. In addition, classified advertising and individual referrals were used for recruitment. A total of 11 women were hired from these sources. Two health centers that hold flu clinics within their facilities also volunteered seven of their nurses to participate. In mid-September training sessions were held for the newly hired staff and each person was scheduled to work at a minimum of three clinics (though most worked more).

Because the project was now countywide, more mammogram providers were asked to participate. A total of six providers (out of a potential of 7 or 8) agreed, including four hospitals—one of which has three separate sites for mammography services. Another hospital was located in Berkshire County, MA because many people living near the northern border of Litchfield County obtain their health care in Massachusetts. One provider was a private physician who agreed to accept current patients and the other provider was a new radiology center that had recently opened in the southern portion of the county.

RESULTS

The results of the project were impressive. A total of 334 women signed-up to schedule a mammogram; 182 (55%) received a mammogram. Many factors contributed to this success, most notably was convenience. The project offered a hassle-free way to make an appointment, which many women indicated they appreciated. Of equal importance was the staff that implemented the project. They represented a mix of retired and semi-retired professional and non-professional women--a number of them retired nurses. Many worked at flu clinics in their own communities and thus, were reaching out to their own friends and neighbors.

In the following year, with funding received from the New York State Department of Health, SPARC's mammography project was expanded to public flu immunization clinics in Dutchess County, NY and was again offered at clinics throughout Litchfield County, CT. Twenty-five area women were recruited and trained to implement the project at over 90 clinics. Between the two counties 561 women signed up for the project in the fall of 1999. A total of 39% of the 1999 project's participants (220 women) received a mammogram.

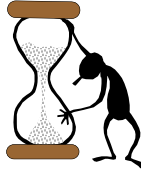
In 2003 a federally funded Rural Outreach Grant funded the project in 32 flu clinics in New York, Connecticut and Massachusetts. 1,375 women were asked if they were overdue for mammograms. 360 women reported that they did not have a mammogram in the past 12 months and 145 requested mammogram appointments. Outreach workers were able to offer specific appointment times for mammograms at nine flu clinics and were able to offer phone calls for future scheduling at all 32 flu clinics.



IN A NUTSHELL: HOW THIS PROGRAM WORKS

The SPARC Flu/Mammography Project makes it easy and convenient to arrange a mammogram appointment, increasing the likelihood that women will obtain a mammogram. To promote this cancer screening service, which women 50 years and older should have annually, the project's implementation process is as follows:

1. Obtain permission from one or more providers of public flu clinics in your community to undertake this project during their clinics.
2. Contact the certified mammogram providers in your county. Explain the project and their role in it (to telephone patients or provide appointment times at flu clinics). Obtain their agreement to participate.
3. Recruit project outreach workers (the number of workers depends upon the number of flu clinics to be targeted).
4. Reproduce and/or order materials (brochure, enrollment form, patient tracking form, etc).
5. Train outreach workers and schedule them to attend flu clinics.
6. Outreach workers enroll women in project at flu clinics.
7. Using patient tracking form, forward names of women enrolled in project to mammogram providers to schedule appointment.
8. Women obtain mammograms.
9. Mammogram provider returns completed patient tracking form to you.
10. Analyze patient tracking forms to determine the number of women who received a mammogram.



TIMELINE

FOR PROGRAM PLANNING AND IMPLEMENTATION

April

Identify, contact and meet with flu clinic providers. Explain project and arrange for implementation at flu clinics.

May - June

Begin contacting mammography providers throughout geographic area to be served. Recruit them to participate in project. Send follow up letter reiterating what they've agreed to do.

June-August

Recruit outreach workers; begin preparing/obtaining materials needed for project. Obtain times, dates and locations of all flu clinics to be staffed.

Late September

Train outreach workers (schedule training session as close to the start of the flu clinics as possible). Assign workers to clinics and provide them with all necessary materials.

October – Mid-November/December

Implement project at flu clinics. Periodically forward names of women requesting mammograms to participating providers.

December-January

Complete referrals of women for mammograms. Arrange and hold a wrap-up meeting for outreach workers to obtain their feedback on the project.

January-February

Follow-up with mammogram providers; have completed patient flow sheets returned.

March

Evaluate project. Gather outcome data from patient flow sheets and analyze.

STEP 1: COLLABORATING WITH PUBLIC FLU CLINIC PROVIDERS



In most counties, the County Health Department, Board of Health or area Health Districts hold the largest number of public flu shot clinics. However, they are usually not the only public clinic provider. Others may include visiting nurse associations, home health agencies, pharmacy and grocery store chains, hospitals, etc. You will need to:

- ✓ Determine which organizations hold public flu clinics in your county (begin with a call to your local health agency)
- ✓ Decide how many clinics you wish to target for the project
- ✓ Contact and meet with those providers at whose clinics you wish to implement the project.

When meeting with clinic providers to explain the project, give an overview of the project's purpose and how it works. Be sure to emphasize the following:

--Having this project at the clinic will not affect the flow of clinic traffic (explanation of how a flu clinic runs is part of the outreach workers' training);

--On average, the length of an outreach worker's interaction with a clinic patient is 30-90 seconds;

--Outreach workers are trained to arrive at the clinic early and introduce themselves to the nurse in charge and familiarize themselves with clinic staff;

--Many, many providers have found having the outreach workers present at clinics extremely helpful: although their primary responsibility is the mammography project, if necessary they can direct patients to the appropriate staff person to answer flu/pneumonia questions, obtain consent forms, etc.

You will need to obtain, from each clinic provider, a list of the dates, times and locations of their public flu clinics. In turn, upon completion of the outreach worker training, you will forward to each provider a list of the names of the outreach workers who will be at their clinics.

Many immunization providers have voiced concerns that having a separate mammography questionnaire at flu clinics may confuse the clinic participants and create delays in receiving flu shots. A provider may chose to insert the following mammography questions directly into their flu permission form.

Sample mammography questions to be added to flu permission form

- Have you ever had a mammogram? Yes No
- Have you had a mammogram in the past 12 months? Yes No
- Does your insurance cover mammography? Yes No
- Where do you prefer to get a mammogram? _____
- Could they call you to schedule a mammogram appointment? Yes No
- Can we make a mammogram appointment for you now? Yes No
- Your mammogram has been scheduled for (Date/Time) _____
at (Location) _____

The Health Insurance Portability and Accountability Act (HIPAA) requires notification of how medical information may be used and disclosed and how to get access to medical information. A Notice Poster can be used in conjunction with the notice given each patient. A sample of a notice poster follows:

NOTICE

USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PROVIDER X is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices. **PROVIDER X** must abide by the terms of the notice currently in effect; however **PROVIDER X** reserves the right to change the terms of this notice as well as make the new provisions effective for all protected health information maintained. If there is a change, **PROVIDER X** will inform you of this change at your next scheduled appointment or upon your request. In addition, a copy of the effective notice will be posted at all times in the office, with a date notifying you of the most recent update.

PROVIDER X IS NOT REQUIRED TO OBTAIN CONSENT OR AUTHORIZATION TO USE AND DISCLOSE INFORMATION ABOUT YOU UNDER THE FOLLOWING CIRCUMSTANCES:

- For purposes of treatment, payment and healthcare operations, including the release of information to:
 - An insurance company, Medicare, Medicaid
 - Any person or entity affiliated with billing and quality and risk management.
 - Any hospital, nursing home, or other health care facility in which you may be admitted
 - Any assisted living or personal care facility
 - Any physician providing you care
 - Any business associate of **PROVIDER X**
 - Licensing and accrediting bodies
- When **PROVIDER X** is required by law
- For certain public health activities or health care oversight activities
- When **PROVIDER X** reasonably believes that you are a victim of abuse, neglect or domestic violence
- In certain judicial administrative hearings
- In certain circumstances, to coroners, medical examiners and funeral directors
- For certain law enforcement purposes
- For cadaveric organ, eye or tissue donation purposes
- For certain research purposes
- For workers' compensation purposes
- For specialized government functions, including military and veterans' activities, national security and intelligence activities, medical suitability determinations, correctional institution and custodial situations

PROVIDER X IS ONLY REQUIRED TO INFORM YOU IN ADVANCE AND ALLOW YOU TO OBJECT TO THE USE AND DISCLOSURE OF INFORMATION ABOUT YOU UNDER THE FOLLOWING CIRCUMSTANCES:

- For use in a directory of individuals served by **PROVIDER X**
- To a family member, other close relative, close personal friend, or other identified person involved in your care
- To a public or private entity authorized by law or charter to assist in disaster relief efforts

USES AND DISCLOSURES NOT SPECIFICALLY ADDRESSED IN THIS NOTICE WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION, INCLUDING:

- Psychotherapy notes (notwithstanding the provisions allowing uses)
- Marketing, except face-to-face communication and promotional gifts of nominal value

YOUR RIGHTS

Subject to certain conditions, you have the right under the law, to:

- Request restrictions on certain uses and disclosure of information about you (although the PROVIDER is not required to agree with the request)
- Receive confidential communication of protected health information
- Inspect and copy protected health information
- Amend protected health information
- Receive an accounting of disclosures
- Obtain a paper copy of this notice

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to **THE PROVIDER** and the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for complaints filed. For further information or to make a complaint, contact:

NAME OF PROVIDER CONTACT & PHONE NUMBER

- OR -

The U.S. Department of Health and Human Services, Office of the Secretary
200 Independence Avenue, S.W. Washington, D.C. 20201
(202) 619-0257 OR Toll Free: 1-877-696-6775

The consent form used for mammography outreach must include a signed permission statement. A sample of a signed permission statement follows:

Sample consent and release of information:

Consent

I have reviewed the HIPAA material available on privacy. I authorize the release of this information to my healthcare provider, to those agencies that will facilitate mammogram appointments and to Agency XYZ for public health purposes.

Signature of participant _____ Date _____

Note regarding grocery store and pharmacy clinics:

This project has been successfully conducted at flu clinics in these settings. However, outreach workers have reported some difficulties not found in other settings. For example: there usually is not a place for people to sit down and lines may snake up and down aisles. This can make it awkward to discuss the mammogram project and complete the intake form.

STEP 2: RECRUITING CERTIFIED MAMMOGRAPHY PROVIDERS



Mammography facilities are certified by the Food and Drug Administration. A certified mammography facility is one that has met specific quality standards for the equipment they use, the people who work there and the records they keep.

An up to date list of certified mammogram providers in your area can be obtained online at www.fda.gov/cdrh/mammography/certified.html. Click on “Search for MQSA Certified Mammography Facilities in Your Area” and you can access a listing by zip codes of all mammography facilities certified by the FDA.

Once you have a list of providers, start telephoning them. You will want to speak to the person who is the Chief Technologist or the Director of Radiology. This person may or may not be able to say, “yes we will participate,” but should be able to direct you to the person who does have that authority.

Why Mammogram Providers Participate

For the most part we have found mammography providers very willing to participate in this project. Although they need to commit staff time to phone the women referred to them, they have the potential of receiving a great many referrals (some providers have had 30, 60, and even 90 women referred to them as a result of this project). Most of these women have Medicare or private insurance. If any woman is found to be uninsured, the provider is asked to refer her to the local breast and cervical cancer detection program. This program, in every state, is funded by the Centers For Disease Control and Prevention and the state health department. To find refer a woman for a free or low-cost mammogram contact the local breast and cervical program at www.cdc.gov/cancer/nbccep/contacts.htm

When a woman is enrolled in this project, not only is her name and telephone number obtained, but also the name of her primary care provider (PCP). There are two reasons for this: 1) the mammogram provider needs the name of the PCP in order to forward the results of the mammogram; and 2) and some mammogram facilities require a physician’s order for a mammogram. If this is the case in your community, then the mammogram provider needs to understand that as a part of the appointment making process they will obtain the order from the woman’s PCP (this is usually done via fax). If a woman does not have a PCP she can be referred to a federally qualified health center or a clinic providing care regardless of ability to pay.

Important Points to Cover

When discussing this program with mammogram providers, it is important that each facility understands the following:

- ☛ The project targets women age 50 and older who, based on self-report, are overdue for a mammogram. These women are identified at public flu clinics that are usually held Oct. 1st – November 30th.
- ☛ The woman is asked where she would normally go to get a mammogram. Her name and phone number, along with her physician's name and phone number, are then forwarded to the facility she identifies.
- ☛ It is the responsibility of the mammogram provider to telephone the woman at home to arrange for an appointment. It is recommended that a minimum of three attempts are made to reach her. If an order is required from her PCP, the mammogram provider should arrange to have one faxed to its facility.
- ☛ It is the responsibility of the mammogram provider to telephone the woman at home, if an appointment time is given at the flu clinic, as a reminder and to verify insurance status and medical provider.
- ☛ All names are forwarded on a Patient Tracking Form. This form allows the tracking of each patient's status i.e., has an appointment been made? Did she keep, cancel or not show for the appointment? Where you unable to reach her?, etc. Once all patients have been tracked, the form is to be returned to the Flu/Mammography Project Coordinator for data collection purposes.
- ☛ Prior to telephoning each woman, if she has a medical record on file it should be checked to determine that she is in fact correct and that it has been 12 months or more since her last mammogram. If, for example, it has only been 10 months since a patient's last mammogram, an appointment can be scheduled two months hence.
- ☛ If a patient is uninsured or underinsured, refer her to the local breast and cervical cancer detection program and local health insurance advocacy agency. Each facility needs to provide the name, phone number, fax number and email address of the contact person to whom the patient tracking forms should be forwarded.

Follow Up

Once a facility has committed to participating in the project, a follow-up letter should be sent to the person with whom you spoke. (*A sample letter can be found at the end of this section.*)

The letter includes points that each facility should address when telephoning women recruited by the project. This includes reminding the woman that when she attended a flu clinic recently she signed up to arrange for a mammography appointment. This reminder is important because sometimes a woman may not receive this phone call from up to 6 or more weeks following the flu clinic.

Additional Materials

Also located at the back of this section is a table for tracking mammography provider recruitment.

DATE:

NAME OF CONTACT
AND ADDRESS
OF MAMMOGRAM
FACILITY

Dear _____ :

Thank you for agreeing to have (NAME OF FACILITY) participate in our Flu/Mammography project. The purpose of this letter is to review the project's activities and procedures.

As we discussed in our recent telephone conversation, your role in this project will be to: a) telephone those women we identify at public flu clinics as wanting a mammogram at your facility or provide mammography appointment times at flu clinics; b) schedule an appointment; c) inform their primary care provider (PCP) of the appointment; d) provide the mammogram; and e) forward the results to the PCP. (NAME OF YOUR AGENCY) will furnish you with a list of those women's names, phone numbers and their physician's names and phone numbers. As agreed, those names and phone numbers will be faxed to (NAME OF PERSON AT FACILITY WHO WILL HANDLE THIS).

We suggest prior to calling each woman that her medical record be pulled (if she is not a new patient) to check that it has, in fact, been a year or more since her last mammogram. We encourage you to telephone the women as soon as possible after receiving their names, so that the interaction they had at the flu clinic will be fresh in their minds. Be sure to cover the following points in your conversation: 1) she recently attended a flu clinic at which she indicated interest in scheduling a mammogram at your facility; 2) your facility will contact her primary care provider to let him/her know that a mammogram appointment has been scheduled; and 3) the results of the mammogram will be forwarded to her health care provider. The number of telephone attempts you make to reach someone is strictly your decision, however we find most facilities make a maximum of three attempts.

When scheduling an appointment you may also wish to check insurance coverage. Although a health insurance plan or Medicare will cover the vast majority of women, some may be uninsured. For those women who are low income and have no health insurance we will be referring them to the (NAME OF LOCAL PROGRAM PROVIDING LOW-COST OR FREE MAMMOGRAMS AGENCY AND HEALTH INSURANCE ACCESS AGENCY). If you find that someone is eligible for this program, please ask her to call them at (PHONE NUMBER) to enroll in these programs.

In the spring of (LIST YEAR FOLLOWING FLU CLINIC SEASON) I will be contacting you to gather some data on the women that were referred to your facility. I'll be requesting such information as the number of women who had a mammogram, the number who didn't show for an appointment, the number you couldn't reach, etc. To facilitate this data collection, the names referred to you will be typed on a grid that will allow you to track this information. Hopefully, this will alleviate the need for having to go back and look up individual medical records once the project is complete.

Please don't hesitate to call me if you have any questions or concerns. My number is ().

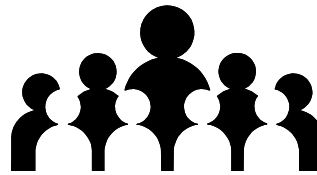
Sincerely,

NAME
Project Coordinator

**TRACKING FORM FOR
MAMMOGRAM PROVIDER RECRUITMENT**

Provider Name & Address	Contact Person/Phone	Status	F/U Letter Sent?	Person to Receive Patient Lists & Fax Number

STEP 3: IDENTIFYING AND RECRUITING MAMMOGRAPHY OUTREACH WORKERS



Necessary Skills/Qualifications

When recruiting outreach workers for this project, you will want people who possess the following:

Excellent communication skills. Look for a person with the ability to be clear, succinct and to-the-point.

Good “people” skills. Can get along well with others, is pleasant, friendly and won’t be put-off if someone is rude to them.

Current driver’s license and access to a car. The outreach workers are responsible for transporting themselves to and from the flu clinics.

Background in health. Can be volunteer or professional experience. This qualification is desirable but not required.

Interviewing and Hiring

If you have had experience with interviewing and hiring personnel, you should be able to limit this process to telephone interviews. *(At the end of this section is an application form that you can complete during the interview.)*

You will want the applicant to briefly describe his/her work history as well as any volunteer activities. Not only will you be able to ascertain whether or not this person has a background that would require good people skills, but you’ll also get a good sense of their communication skills just by listening.

If you feel the applicant meets the qualifications, the next step is to describe the project to them, in detail. Be sure s/he understands that travel to and from different flu clinics (“the worksite”) will be required. In addition, each applicant that is hired

must agree to staff a MINIMUM of three clinics (though most end up doing more). Let the applicant know the period of time during which the flu clinics take place (e.g. October 1 – November 30). Does the applicant have any travel plans that may significantly impact on this time period? Are there days the applicant will not be available? How many? Or, will she/he only be available part time? If so, you'll need to use your judgment as to whether or not you're willing to work around his/her schedule.

After an applicant has been told she/he has been hired, follow up with a confirmation letter. If possible include in the letter the date, time and location of the training session that will be held for the outreach workers. Once hired, attending this session is their first responsibility.

How Many Outreach Workers Do I Hire?

This is determined by the number of flu clinics at which you wish to implement this project. For the most part, plan on having a minimum of 2 outreach workers per clinic. For clinics serving 60 people or less, 1 outreach worker is sufficient. Clinics with attendance of 300-400 or more will need at least 3 outreach workers. Some clinics are combined with special events, such as health fairs or resource fairs and may draw nearly 1,000 people. At these clinics, plan on 4-5 mammography outreach workers. There are also instances where clinics may last for a long period of time. Setting up shifts of outreach workers has been a successful strategy in these situations.

Let's Do the Math: Say, for example, you are planning to conduct this project at 30 flu clinics. The attendance at these clinics ranges from 100 – 200 persons. This means you'll need 2 workers at each clinic. (Remember, each outreach worker is required to work a minimum of three clinics.) So, if everyone works 3 clinics and you have 30 clinics total, you would need a maximum of 20 workers (30 clinics ÷ 3 clinics per worker = 10 workers x 2 workers per clinic = 20 workers.)

As previously noted, many workers will attend more than three clinics, so it is highly likely that 12- 15 workers would be sufficient in this example.

To Pay or Not to Pay?

Could this project be carried out with volunteer, rather than paid outreach workers? Probably; However, SPARC has always paid its mammography outreach workers for several reasons: 1) A certain level of commitment to the job is needed.

Remember, you are relying on the outreach workers to attend a given number of clinics. If they don't show up, or show up late, it negatively impacts the program and the other workers; 2) It is easier to require people to do something when they are being paid to do it (e.g. they must work at a minimum of three clinics); 3) Paid workers may afford you more flexibility. For example, it may be easier to get a paid worker to fill in for one who is ill, or if a clinic requires more staffing.

If you decide to pay the outreach workers, there are a couple of options: Pay them an hourly rate as employees or as independent contractors. Paying as employees involves a fair amount of bookkeeping, tax forms, etc. as the agency is responsible for payroll taxes on payments to an employee. When paying outreach workers as independent contractors, the work done must show that the worker is an independent contractor per the "common law" factors considered by the I. R. S. You may wish to consult an accountant or a labor attorney. If outreach workers are to be paid as independent contractors they must sign a contract spelling out their responsibilities and how payment is determined. Another option is to pay them a stipend upon completion of their work. In this way bookkeeping is minimized as there are no deductions for taxes, social security, disability insurance, etc. (At the end of this section is a sample contract for independent contractors.)

Where and How do I recruit Outreach Workers?

There are a variety of methods you can use to recruit the staff you need, such as:

- ✓ Place a classified ad in the local newspaper (*a sample ad can be found at the back of this section*).
- ✓ Contact women's organizations such as the Junior League, the Older Women's Club, sororities, garden clubs, etc. Providing them with a job announcement can be helpful (*a sample is in the back of this section*).
- ✓ Contact breast cancer survivor groups. These groups are often sponsored by hospitals or the local office of the American Cancer Society.

- ✓Word of mouth. Do not underestimate this method of recruitment! Once you've identified a few women, ask them if they have any friends or relatives that may be interested. You may be surprised at the number of referrals you'll receive.

- ✓Retired nurses make great outreach workers for this program. Speak with your local health department, hospital or health care providers. They may know of recently retired nurses who may be interested.

APPLICATION

Name _____ Today's Date _____
(please print)

Address: _____

City _____ State _____ Zip Code _____

Telephone Number _____ Social Security Number _____

Do you own or have access to a car? Yes No

Employment History

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	JOB TITLE/DESCRIPTION

SAMPLE CLASSIFIED ADVERTISEMENT

Health Care: Temporary, part-time positions available to assist with implementing a breast cancer prevention program. Training provided.

Requires good communication / people skills, flexibility.

Car necessary. Health background, volunteer or professional, preferred.

Salary \$ /hr.

Contact (name, organization, telephone number).

SAMPLE JOB ANNOUNCEMENT

HELP WANTED

for

BREAST CANCER PREVENTION PROGRAM

Temporary, part-time positions are available to assist with implementing a breast cancer prevention program in October and November, (year). Responsibilities include attending flu clinics to offer women the opportunity to schedule mammogram appointments. Training is provided.

(INSERT HERE A PARAGRAPH ABOUT YOUR ORGANIZATION)

Interested applicants should possess good communication and people skills. Car necessary. A health background (volunteer or professional) is helpful but not required. Salary: \$ /hr.

To apply contact (Name, Organization, phone number)

For independent contractors

Outreach Worker Contract

Name: _____

Social Security Number: _____

Mailing Address: _____

The outreach worker is an independent contractor retained by SPARC to provide services for the period October 1, 2003 through December 1, 2003.

The outreach worker will assist the public with the completion of the Prescription For Life survey at various locations.

The outreach worker will receive \$12. per hour.

The outreach worker will complete the time sheet and return it to SPARC for payment by November 14, 2003.

SPARC will report all payments to the IRS on form 1099 and SPARC will not withhold any federal, state, local, Social Security or Medicare taxes from its payments. The outreach worker is responsible for all payment of taxes.

The outreach worker is not eligible for any employee health or welfare benefits or workman's compensation insurance from SPARC.

Signed: _____
(the outreach worker)

Date: _____

Signed: _____
(for SPARC)

Date: _____



STEP 4: TRAINING THE OUTREACH WORKERS

Effective outreach workers are key to the success of this program, and effective training is key to having successful outreach workers. This section will assist you with preparing for and conducting a training session. Included are the steps for preparing, implementing and evaluating a training session. A typical session is about 2 to 2 1/2 hours in length (depending upon the number of people to be trained).

Preparation of Materials

Much of your preparation will focus on putting together packets of materials to be used by the outreach workers at the training session. These packets include the following (samples of starred * items are at the end of this section):

1. Agenda for training session*
2. Sample project enrollment form (completed at the flu clinics by the outreach worker) or combination flu permission/project enrollment form*
3. Samples of items the outreach worker hands out at the flu clinics: an educational brochure, a postcard promoting clinical breast exams and a pink ribbon pin.*
4. A sample script for the outreach worker*
5. A brochure about quality mammograms (for the outreach worker's information)*.
6. A form for the outreach worker to record the date, time and location of clinics she will work at*.
7. A time sheet to track her hours (if this is a paid position)*
8. An outreach worker contract*
9. Confidentiality agreement*
10. HIPAA information (Use and Disclosure of Protected Health Information)*
11. Instructions regarding how completed enrollment forms are to be returned to you. (More on this below.)
12. Instructions on how to report hours worked (if this is a paid position)

- 13.If the outreach workers are being paid for their time, they will need to complete federal and state tax forms. Ask your payroll department for the appropriate forms and include these in the training packet *or* mail them to each worker asking them to bring the completed form to the training.
- 14.A nametag (preferably in large type) that should be worn when working at the flu clinics.
- 15.Training Session Evaluation Form*
- 16.Prior to the training session, you will also need to develop a clinic staffing schedule and a system for getting project enrollment forms returned to you. The following describes how to do this:

Clinic Staffing Schedule: Before the training session can occur you will need to have the dates, times and locations of all of the public flu clinics at which you plan to implement this program. This information is necessary because it is at the training session that the outreach workers sign up to work at the various clinics. Speak with the flu clinic providers about getting a list of the number of attendees at each clinic in the previous year. This will aid you in determining the number of workers you will need to assign to each clinic.

To facilitate this signing up process, prepare a schedule of the clinics, which includes an area to record the names of the staff assigned to each. A sample format is as follows:

**FLU/MAMMOGRAPHY PROJECT
CLINIC STAFFING SCHEDULE**

AREA: *Smithtown, Johnson City, Jonesboro***

LOCATION/ADDRESS	DAY/DATE	TIME	ASSIGNED STAFF
<u>Smithtown</u> Smithtown Fire House Fire House Rd.	Tuesday, Oct. 19	10 am – 12 noon	
<u>Johnson City</u> Town Hall Broadway	Monday, Nov. 22	2 pm – 3:30 pm	
<u>Jonesboro</u> Jonesboro Hospital Main St. ----- Jonesboro Town Hall E. Market St.	Saturday, Oct. 16 ----- Friday, Nov. 5	9 am- 1 pm ----- 10 am – 12 noon	-----

****NOTE:** The sign up process is easier for the outreach workers when this schedule groups together clinics in neighboring communities.

System for Forwarding Completed Enrollment Forms for Women Requesting Phone Calls:

Once a woman at a flu clinic has completed the project's enrollment form, it needs to be forwarded to whoever will be compiling the list of patient names sent to each mammogram provider. Ways to do this include the following:

- A. If the project is only in a few clinics that are scheduled within a short span of time, you may wish to have the outreach workers drop-off or mail the completed forms *once all the clinics are over*. If numerous clinics are involved, and/or they span the course of one to two months, establish a system whereby you can receive the completed forms every one to two weeks so that they can be processed and names forwarded to the mammogram provider in a timely manner.
- B. If you are working with one flu clinic provider, for example your local health department, then the outreach workers can give the completed intake forms to the clinic nurses who can bring the back to their office, where you can pick them up.
- C. If you are working with multiple clinic providers and multiple clinics, you might want to set up one or two drop-off points, where outreach workers can deliver the completed forms on a regularly scheduled basis. A typical drop off point may be a local community health center or senior citizen's center with whom you've made arrangements.

System for Forwarding Appointment Times Scheduled:

Once a woman has chosen a mammogram appointment time at flu clinic, her name, phone number, health insurance status and primary care provider is forwarded to the mammogram scheduler as soon as possible. This can be best accomplished by fax or email. The mammogram scheduler may then assign unclaimed appointment times to other flu clinic sites.

Once you decide how the forms will be handled, prepare a description of this process and what the outreach workers need to do and include this information in the packet of material distributed at the training session.

Scheduling and Notification of Training Session

Schedule the training session as close to the start of the public flu clinics as possible so that the outreach workers will have the opportunity to implement immediately what they've learned. Depending on the number of outreach workers to be trained, allow about 2 to 2 ½ hours to complete the session.

The room in which the training takes place should have either tables or desks because there will be some paper work that needs to be completed and each person will be given a packet of materials that will be used during the session.

TRAINING SESSION OUTLINE

I. Welcome, Introductions & Housekeeping (10-15 min.)

- A. Have outreach workers sign, date and hand in the Confidentiality Agreement included in the training packet.

II. Description of Your Organization and History of Project (5 min.)

III. Overview of Breast Cancer & Mammography (10-15 min.)

- A. Prevalence/Risk of Breast Cancer *(obtain data from American Cancer Society)*

1. Demographics
2. National/regional data

Nationally, breast cancer is the second leading cause of death in women. However, this rate is declining, which is believed to be due to earlier detection of cancer. The earlier in the disease process that cancer is diagnosed, the greater the chance for successful treatment.

- B. Mammograms

Studies show that regular mammograms can save lives because they can detect problems up to two years before a lump can be felt. It is this early detection, followed by treatment that can save a life. Regular mammography screening in women age 50+ can reduce deaths by at least 30%.

1. Description of mammography process

A mammogram is an x-ray of the breast. The process involves placing a breast between two plates and pressing firmly to slightly flatten it. X-rays are then taken at two different angles on each breast. This takes a few seconds.

2. Recommended Frequency
As a woman gets older, her risk of breast cancer increases. It is recommended that women age 50 and older have a mammogram annually. For women 40 to 59 it is recommend every one to two years.
3. Cost/Coverage
 - a. Describe local State/Federally funded breast and cervical cancer early detection program

IV. Responsibilities of Interviewers/Recruiters (20 min.)

A. Description of how a flu clinic flows

1. Review how providers you will be working with conduct their flu clinics.
2. Flu clinics have nurses, other staff and volunteers present to answer flu/pneumonia vaccine questions. Outreach workers should refer such questions to them.
3. Be careful not to interrupt the flow of traffic.
4. Approach women after they have completed the flu shot consent form but before they are immunized (this is often the most convenient time to enroll women, but may not work at all clinics—consider what will work best at your clinics, i.e. approaching women as they enter the clinic or while they are standing in line to be immunized, or prior to leaving)

B. Review of enrollment form

1. Be sure woman meets eligibility criteria (≥ 50 yrs. and overdue for mammogram) before completing enrollment form.
2. A mammogram provider must be checked off
3. Get name and location of woman's primary health care provider
4. Have woman sign form
5. Review each form to ensure it is complete
6. If scheduling mammogram appointments at flu clinic, offer each woman an appointment time at the facility of her choice. Indicate on appointment schedule her name, phone number, health insurance status and primary care provider.

C. Approaching potential participants

1. What to say (*review sample script in training packet*)
2. How to say it
 - a. Be friendly and polite, speak clearly
 - b. Be at eye level – if participant is seated, bend down or sit beside her

3. Common questions/answers

- a. “Do I really need a mammogram?” or “My doctor didn’t tell me I need one.” *Mammograms are recommended annually for women age 50 and older.*
- b. “Breast cancer doesn’t run in my family, so I’m not at risk, am I?” *As women age their risk of breast cancer increases, regardless of family history.*
- c. “Won’t it hurt?” *Most women do not find it painful. If you do feel some discomfort, it will only be for a few seconds. And isn’t the peace of mind worth it?*
- d. “I don’t want to be exposed to radiation.” *The amount of radiation in a mammogram is small, and equivalent to the amount you would be exposed to if you were to fly in an airplane across the country.*

4. Handling a negative response

- a. If a woman is strongly opposed to a mammogram, it is likely that you will not dissuade her during your brief encounter. Rather than pressing the issue, thank her for her time and move on.
- b. If a woman is somewhat negative or unsure, take a moment to talk to her about the benefits of a mammogram.
- c. Don’t push. Use good judgment.

5. Materials to handout

- a. Women who enroll in the program are given a pink ribbon pin, a postcard encouraging them to get a clinical breast exam, and a brochure about mammograms.
- b. Women who are doubtful about getting a mammogram and don’t enroll, can be given a brochure about the importance of mammograms for women over 50 (*the American Cancer Society has one*)
- c. Women who select a mammogram appointment time are given a written reminder of the date, time and place of the appointment.

D. Returning Completed Forms to your agency for processing

1. NOTE: The outreach workers need to have a system for getting the completed enrollment forms to you for processing. A system should be established prior to the training and a description of the system included in the training packet. Review that description here.

10 MINUTE BREAK

V. Practice Session (20-25 min.)

- A. Divide into teams of 3 (roles: 1 outreach worker, 2 flu clinic attendees)
 1. If possible, place teams in different parts of the room so that they are not distracted when role playing.
 2. Explain what a role play exercise is.
- B. Role Play using scripts provided (*scripts can be found in this section, following the training outline*) Note: Each role play exercise is based on real experiences of outreach workers
 1. Make enough copies of the scripts so that there is a complete set of each scenario for every team.
- C. Distribute the same scenario to each team. Allow each person to read her script. When everyone is finished reading, set a timer and allow them to role play for 3-5 minutes.
- D. Discussion
 1. When the time is up, briefly conduct a group discussion about the exercise. Questions to discuss include: Did the individual who played the outreach worker (OW) find it easier or harder than anticipated? Why? Did the OW remember to hand out a pink ribbon pin and the printed materials? Did the people playing flu clinic attendees feel that the OW came on too strong or not strong enough? Etc.
 2. Repeat steps 3 and 4 for each of the remaining exercises.

VI. Scheduling Clinic Coverage (15 min.+, depending on number of clinics)

- A. Remind outreach workers that they are each required to work at a minimum of three clinics.
- B. Indicate that they should get to each clinic about 15 minutes early in order to ascertain the layout, determine who is in charge, introduce themselves and identify the person to whom they should refer questions about the clinics or the immunizations being offered.
- C. Using the Clinic Staffing Schedule you have developed, review the time, date and location of each clinic, asking who is interested in working at it. Under the column “Assigned Staff” write down the names of outreach

workers who sign up. (*You may wish to give each flu clinic provider a list of names of the mammography outreach workers assigned to their clinics.*)

1. Depending on the number of clinics you will be working at, the sign-up process can be undertaken in several ways: you can read off the information about each clinic, you can put your clinic staffing schedule on overheads and use an overhead projector, or you can give each outreach worker a copy of the schedule and review it together.
- D. Review staffing needed for each clinic, as it is discussed
Indicate number of outreach workers needed (2, 3, 4 or more) based on anticipated size of clinic.
- E. Absenteeism – How to handle
1. Request a minimum of 24 hours notice, if possible, to allow enough time to find another outreach worker to fill-in.
- F. Review need for promptness/dependability
- G. Review confidentiality and HIPAA issues.

VI. Housekeeping/Personnel Details (10 min.)

- A. Distribute nametags
- B. Distribute supply of handout materials
- C. Issuing Paychecks (if applicable)
 1. Maintain timesheet
 2. Describe how outreach workers are to report hours worked and obtain checks.
 3. Sign contract if outreach workers are independent contractors

VII. Evaluation of Training Session/Wrap-Up (5 min.)

- A. Ask outreach workers to complete evaluation form included in the training packet.
- B. Provide outreach workers with information on how to contact you in case of scheduling difficulties, questions or other concerns.

ROLE PLAY EXERCISES

Role Play #1 -- The Part of Alice

Your name is Alice and you are attending a flu clinic with your friend Mary; both of you are over age 65. You have not had a mammogram in 2 years; Mary has not had one in 10 years. You have both just completed filling out your flu forms when someone approaches you about the mammography project.

Your friend Mary refuses to participate in the project. After listening to her, you are not sure whether or not you want to participate. Act very hesitant when the mammography project staff person talks to you about the project. But, in the end, let her talk you into it and agree to participate.

-----<-----

Role Play # 1 – The Part of Mary

Your name is Mary and you are attending a flu clinic with your friend Alice; both of you are over age 65. **You** have not had a mammogram in 10 years. Both of you have just completed filling out your flu forms when someone approaches you about the mammography project.

You are not interested in participating. After listening to the mammography project staff person explain the project, you tell her that you are perfectly healthy, haven't had one in 10 years and don't need one now. Although she'll try to talk you into it, **DO NOT GIVE IN**. Be nice, but be firm about not being interested.

The mammography project staff person will then speak with your friend Alice.

-----<-----

Role Play #1 – Mammography Project Staff Person

You approach two women (Mary and Alice) who are obviously over the age of 50. Using your script, attempt to recruit them for the project. Begin by speaking with Mary first.

Role Play # 2 – The Part of Mel

You and your wife Fran (you are both 66) have just completed filling out your consent forms for the flu shot. Someone approaches you about the mammography project.

Fran does not want to get a mammogram, you think she should. Its been 5 years since she had one. Help Fran come to the decision to schedule a mammogram.

-----✂-----

Role Play #2 – The Part of Fran

You and your husband Mel (you are both 66) have just completed filling out your consent forms for the flu shot. Someone approaches you about the mammography project.

You do not want to get a mammogram. Your last one was 5 years ago and you had a scare because something was found that required further testing. It turned out to be nothing, but you don't want to go through that again! Your husband thinks you should get a mammogram. Make excuses for not wanting one (it hurts; you're healthy and don't need it; breast cancer doesn't run in your family; you don't have time; etc.) **Allow the mammography project staff person to talk you into it.**

-----✂-----

Role Play #2 – Mammography Project Staff Person

You approach a married couple, Mel and Fran. They've just completed filing out the flu consent form. Using your script, try to get Fran to participate in the program.

Role Play #3 – The Part of Grace

You are 89 years old. You are sitting next to a younger woman (Betty, 53). You have just completed filling out the flu form. You have not had a mammogram in more than a year, but you do not want to get another. Someone approaches you to discuss the mammography project.

You believe that you're too old to get a mammogram because even if they found cancer you wouldn't get treatment. Be polite but firm and do not let the mammography staff person talk you into participating in the project.

-----><-----

Role Play #3 – The Part of Betty

You are an unemployed, 53 years old woman. You are sitting next to an older woman (Grace, 89). You are still filling out your flu form when a mammography staff person approaches Grace. When they finish talking you will be done with your flu form and approached next.

You have never had a mammogram. You are very interested in the project and want to know exactly what happens when a woman gets a mammogram. You are eager to sign up and do so quickly. When the paper work is completed you say, "I don't have any insurance, so how much is this going to cost me?" (you don't have Medicare either because you are under age 65).

-----><-----

Role Play #3 – The Part of the Mammography Project Staff Person

You approach two women. The older one (Grace) has completed her flu form. The younger woman (Betty) is not yet done with her flu form. Speak with Grace first, using your script to recruit her to have a mammogram. When you finish speaking with Grace, Betty will have completed her flu form and will be ready to speak with you.



Sickness Prevention Achieved through Regional Collaboration

FLU/MAMMOGRAPHY PROJECT STAFF TRAINING SESSION

Agenda

- I. Welcome and Introductions
- II. Overview of *(agency name)* and Mammography Project
- III. Facts About Breast Cancer and Mammograms
- IV. Your Role and Responsibilities

*****BREAK*****

- V. Practicing What You've Learned
- VI. Scheduling Clinic Coverage
- VII. Distribution of Materials
- VIII. Wrap Up & Evaluation



Sickness Prevention Achieved through Regional Collaboration

MAMMOGRAPHY SCREENING FORM

1. Are you over the age of 50? Yes No
2. Have you had a mammogram in the past 12 months? Yes No
(If NO, continue)
3. Where would you prefer to go to get a mammogram? (Please check one)
(list participating mammography providers here)
4. Could a member of the organization you identified above call you at home to schedule a mammography appointment?

Yes Name: _____

Phone Number: _____

No

5. In order to inform your primary care provider of your appointment and mammogram results please provide his/her name and address:

Name: _____

Address (town only) _____

6. **CONSENT:** I have reviewed the HIPAA material available on privacy. I authorize the release of this information to my healthcare provider, to those agencies that will facilitate mammogram appointments and to SPARC for public health purposes.

SIGNATURE _____

WHERE TO ORDER HAND-OUT MATERIALS

Pink Ribbon Pins:

There are many companies that manufacture pink ribbon pins promoting breast cancer awareness. An Internet search will provide names of many companies. Ordering large bulk orders of pins can reduce the price down to as little as \$1.55 per pin.

Brochure About Quality Mammograms:

Brochure title: “Things to Know About Quality Mammograms”
AHCPR Publication No. 95-0634

Order from: Agency for Health Care Policy & Research
 Publications Clearinghouse
 P.O. Box 8547
 Silver Spring, MD 20907
 Phone: 1-800-358-9295

Brochure About Older Women & Mammograms:

Brochure title: “The Older You Get the More You Need a Mammogram”

Order from: American Cancer Society
 1-800-ACS-2345
 www.cancer.org/asp/freebrochures/fbc_global.asp



To find out how to get your mammogram, contact your healthcare provider.

If you do not have health insurance, or if your health insurance does not cover the cost of mammograms, call:

In Dutchess County, NY

**The Healthy Women
Partnership
845-452-2635**

SAMPLE BROCHURE

SPARC Collaborators include:

AARP
AHORA
Any-Time Home Care
Beacon Community Health Center
Centers for Disease Control (CDC)
Dutchess County Department of Health
Dutchess County Department of Social Services
Dutchess County Healthy Women's Partnership/ACS
Dutchess County Medical Society
Dutchess County Office for the Aging
Dutchess Medical Practice
Dutchess Health 2000
Eastern Dutchess Rural Health Network
Fishkill Health Center
Hudson Valley Homecare
IPRO (NY State Peer Review Organization)
Medicus Urgent Care Centers
New York State Department of Health
Northern Dutchess Hospital
Planned Parenthood
Poughkeepsie Community Health Center
St. Francis Hospital
United Methodist Church, Millerton, NY
Vassar Brothers Hospital

A

Mammogram

Could Save

Your Life



Sickness Prevention
Achieved Through Regional Collaboration

Dedicated to helping all residents of our region, young and old, extend their lives through disease prevention.

Did you know that . . .

You are at risk for getting breast cancer. One woman in eight will get breast cancer at some point in her life.

What is a mammogram?

A mammogram is an X-ray picture of your breast. The radiation exposure is minimal --about the same as you would get flying across the country one way.

Why do I need a mammogram?

Every woman over 40 needs a regular mammogram, whether or not there is a family history of cancer. In fact, 80% of women with breast cancer have no family history of this disease. Your risk increases as you get older. You are never too old for a mammogram.

What can I expect?

A healthcare professional will give you a gown and show you to a changing room. Then, you will be positioned at the mammography machine. With new equipment, mammography is more comfortable than in the past. A specially trained technologist will guide you through the procedure.

How will I pay for a mammogram?

What if more care is needed?

There is a free/low cost program in Dutchess County that will adjust fees according to your ability to pay. Medical insurance, Medicare, and Medicaid will also pay for mammography. If further testing or treatment is necessary, there are resources available.

How often should I get a mammogram?

The American Cancer Society recommends that if you are:

- ◆ **Age 35-40**

You should have a baseline mammogram.

- ◆ **Age 40-60**

You should have an annual mammogram.

- ◆ **After age 60**

Don't stop at 60!

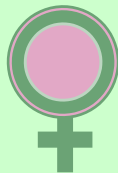
You should have an annual mammogram. Your risk of breast cancer is higher.

Where can I get a mammogram?

Mammograms are done in our community at physicians' offices and in hospitals.

You care about your health and so does your family. You can make an appointment for yourself by calling today...

SAMPLE TEXT FOR CBE REMINDER POSTCARD



REMINDER

In addition to having a mammogram each year, women age 40 and older should also have an **annual clinical breast** exam. Please call your health care provider to arrange an appointment.

And don't forget....all women should perform a **breast self-examination** every month.

SAMPLE SCRIPT

“Excuse me, may I speak with you a moment?
We’re offering a service today to women age 50 and over.”

“Are you 50 or older?”
(If NO, end interview)

“Have you had a mammogram within the past 12 months?”
(If YES, end interview)

“You may be interested in the service we have available:
If you tell us where you would normally go to get a mammogram, we can have that
mammogram provider *call you at home* so that you can schedule a mammogram appointment or
we can schedule an appointment for a mammogram now.
Are you interested in taking advantage of this free service?”

(If YES, continue with interview.
If NO, attempt to find out why and briefly discuss importance of mammograms, etc.
if the woman is still not interested, end interview.)

“Where would you prefer to go to get a mammogram?”
(Check off appropriate box on enrollment form.)

“We will arrange for **(NAME OF SELECTED PROVIDER)** to call you to schedule a
mammogram appointment at a time convenient for you.
Your health care provider will also be notified of your appointment and of your results.
May we go ahead and have **(NAME OF MAMMOGRAM PROVIDER)** call you?”

or

“We can schedule your mammogram now.
These are the appointment times available at XYZ Hospital.”

IF NO, END INTERVIEW.

IF YES, BE SURE ENROLLMENT FORM IS COMPLETED.
PROVIDE WOMAN WITH MAMMOGRAPHY BROCHURE,
PIN AND POST CARD RECOMMENDING A CLINICAL BREAST EXAM
AND AN APPOINTMENT TIME REMINDER.

“Thank you for your time. You should receive a call within 2-5 weeks.”

SCHEDULE OF CLINICS TO ATTEND

SITE/ADDRESS	DAY/DATE	TIME

TIME SHEET

Name: _____

Mailing Address: _____

Social Security Number: _____

Phone number: _____

Email address: _____

CLINIC DATE AND LOCATION	TIME ARRIVED	TIME DEPARTED	TOTAL HOURS
<i>1.</i>			
<i>2.</i>			
<i>3.</i>			
<i>4.</i>			
<i>5.</i>			
<i>6.</i>			
<i>7.</i>			
<i>8.</i>			
<i>9.</i>			
<i>10.</i>			

For Paid Staff

CONFIDENTIALITY AGREEMENT

I hereby acknowledge, by my signature below, that I understand that the medical information, records and data to which I have knowledge and access in the course of my employment with SPARC, Inc. (*Sickness Prevention Achieved through Regional Collaboration*) is to be kept confidential. Furthermore, this confidentiality is a term and condition of my employment. This information and any and all other information of a confidential nature shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements.

I understand and agree that any violation of this Agreement is grounds for disciplinary action, up to and including termination of employment.

Signature of Employee

Date

Signature of Program Coordinator

Date

CONFIDENTIALITY AGREEMENT

I hereby acknowledge, by my signature below, that I understand that the medical information, records and data to which I have knowledge and access in the course of my work with SPARC, Inc. (*Sickness Prevention Achieved through Regional Collaboration*) is to be kept confidential. Furthermore, this confidentiality is a term and condition of my assignment. This information and any and all other information of a confidential nature shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill the requirements of my position.

I understand and agree that any violation of this Agreement is grounds for disciplinary action, up to and including dismissal from my volunteer position.

Signature of Volunteer

Date

Signature of Program Coordinator

Date

TRAINING SESSION EVALUATION QUESTIONNAIRE

Please circle one.

1. Overall, how would you rate this training session?

Excellent Good Satisfactory Fair Poor

2. As a result of this training session, how prepared do you feel to do your job?

Very Prepared Adequately Prepared Somewhat Prepared Not Prepared

3. Overall, how would you rate the trainer?

Excellent Good Satisfactory Fair Poor

4. Was there anything not covered in the training session that you think should have been covered?

Yes No

If yes, what? _____

5. Do you have any additional comments? _____

Thank You.

STEP 5: FORWARDING PARTICIPANTS TO



NAMES OF PROJECT MAMMOGRAPHERS

Once the flu clinics are underway, you will receive a steady supply of completed enrollment forms. These forms will be forwarded to you (by the mammography outreach workers) via the method you established and explained to outreach workers at the training session. It is best to process the forms in batches, rather than waiting until the flu clinics are completed and all forms have been received. Once a woman has chosen a mammogram appointment time at a flu clinic, her name, phone number, health insurance status and primary care provider is forwarded to the mammogram scheduler as soon as possible. This can be best accomplished by fax or email. The mammogram scheduler may then assign unclaimed appointment times to other flu clinic sites.

Processing Enrollment Forms

Upon receipt of enrollment forms, review each one for completeness and eligibility. The next step is to locate the phone number of each participant’s primary care provider (PCP), as listed on the consent form (both the name and phone number of the PCP is forwarded to the mammographer). Once this is completed, you then have all of the necessary information to prepare the Patient Referral Form.

Completing Patient Referral Forms

Show below is an abbreviated version of page one of the Patient Referral Form (a sample of the entire form can be found at the end of this section).

SPARC FLU/MAMMOGRAPHY PROJECT

Patient Requesting Phone Calls Referral Form

Facility: ABC Imaging Center

Date: 0/0/00

The following is a list of the names and phone numbers of women interested in obtaining a mammogram at your facility. On the final page is a list of the women and their primary care providers. Please use this form to track these women through the process of obtaining a mammogram. Data gathered here will be used for evaluation purposes at the completion of the project. ***Fax completed forms to:***

APPOINTMENT/MAMMOGRAPHY STATUS							
<i>Check (✓) ALL appropriate boxes</i>							
Patient Name & Phone No.	Declined Appt.	Made Appt.	Kept Appt.	Cancelled Appt.	No Show For Appt.	Unable To Contact	Other (please explain)
1. Susan Jones 333-3333							
2. Linda Jenkins 222-2222							
3. Connie Martin 444-4444							

The second page of the Patient Referral Form indicates the names and phone numbers of each patient's PCP, along with the patient's name. A sample is below:

Facility: ABC Imaging Center	Date: 0/0/00
<p>The following is a list of the primary care providers, and their phone numbers, for each of the women wishing to make a mammogram appointment at your facility:</p>	
<p>Dr. Smith, 555-5555 Susan Jones Connie Martin</p>	<p>Dr. Thomas, 888-8888 Linda Jenkins</p>

SPARC FLU/MAMMOGRAPHY PROJECT
Patient Selecting Appointment times at Flu Clinics Referral Form

Facility: **ABC Imaging Center** Date: **0/0/00**

The following is a list of the names and phone numbers of women who selected mammogram appointment times at your facility. On the final page is a list of the women and their primary care providers. Please use this form to track these women through the process of obtaining a mammogram. Data gathered here will be used for evaluation purposes at the completion of the project. ***Fax completed forms to:***

<u>APPOINTMENT/MAMMOGRAPHY STATUS</u>							
<i>Check (✓) <u>ALL</u> appropriate boxes</i>							
Patient Name & Phone No.	Date of Appt.	Time of Appt.	Kept Appt.	Cancelled Appt.	No Show For Appt.	Unable To Contact	Other (please explain)
1. Susan Jones 333-3333							
2. Linda Jenkins 222-2222							
3. Connie Martin 444-4444							

Forwarding Patient Referral Forms

When a Patient Referral Form is completed, fax or email it to the mammography provider. (Be sure that your fax cover sheet indicates that the material being sent is confidential, as would be any medical record or information.) Keep a record of when information was faxed or emailed and to whom—you may need this later for follow up purposes.

Over the next few weeks the mammogram providers will contact the women who have enrolled in the program and arrange mammogram appointments. Once the provider has determined an outcome for every woman, that outcome is indicated on the form that is then returned to you. Outcomes include: had mammogram, cancelled appointment, no show for appointment, unable to reach, not interested, etc.

SPARC FLU/MAMMOGRAPHY PROJECT

Patient Referral Form

Requesting Phone Calls

Facility: _____

Date: _____

The following is a list of the names and phone numbers of women interested in obtaining a mammogram at your facility. On the final page is a list of the women and their primary care providers. Please use this form to track these women through the process of obtaining a mammogram. Data gathered here will be used for evaluation purposes at the completion of the project. ***Fax completed forms to:***

<u>APPOINTMENT/MAMMOGRAPHY STATUS</u>							
<i>Check (✓) <u>ALL</u> appropriate boxes</i>							
PATIENT NAME & PHONE	DECLINED APPT.	MADE APPT.	KEPT APPT. (HAD MAMMOGRAM)	CANCELLED APPT.	NO SHOW FOR APPT.	UNABLE TO CONTACT	OTHER (please explain)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

SPARC FLU/MAMMOGRAPHY PROJECT
Patient Referral Form (Page 2)

Facility: _____

Date: _____

The following is a list of the primary care providers, and their phone numbers, for each of the women wishing to make a mammogram appointment at your facility:

SPARC FLU/MAMMOGRAPHY PROJECT

Patient Referral Form

Appointments made at Flu Clinic

Facility: _____ Date: _____

The following is a list of the names and phone numbers of women who selected appointment times for mammograms at your facility. On the final page is a list of the women and their primary care providers. Please use this form to track these women through the process of obtaining a mammogram. Data gathered here will be used for evaluation purposes at the completion of the project. ***Fax completed forms to:***

<u>APPOINTMENT/MAMMOGRAPHY STATUS</u>							
<i>Check (✓) ALL appropriate boxes</i>							
PATIENT NAME & PHONE	DATE OF APPT.	TIME OF APPT.	KEPT APPT. (HAD MAMMOGRAM)	CANCELLED APPT.	NO SHOW FOR APPT.	UNABLE TO CONTACT	OTHER (please explain)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

SPARC FLU/MAMMOGRAPHY PROJECT
Patient Referral Form (Page 2)

Facility: _____

Date: _____

The following is a list of the primary care providers, and their phone numbers, for each of the women who selected a mammogram appointment time at your facility:



STEP 6:

HANDLING SPECIAL CIRCUMSTANCES



Participant Does Not Have Health Insurance Coverage

Many of the women enrolled in the project will have some form of health insurance. Women age 65 years and older who have Medicare coverage, are allowed a mammogram annually. Many private health insurance companies also allow yearly mammograms for women age 50 and older. Some women, however, may have health insurance policies that *do not* cover mammograms, and other women have no insurance.

For the women who do not have insurance coverage for a mammogram, they can be referred to a breast and cervical cancer early detection program. Every state has this program, which is funded with state and federal monies. The program offers free or low cost mammograms and pap tests to age- and income-eligible women. If the Flu/Mammography project you implement serves an area in which one of these programs are located, be sure to arrange to include them on the enrollment form as a “provider”. Thus, if a woman indicates to the mammography outreach worker that she is uninsured or cannot afford a mammogram, the early detection program should be checked off on the form as the provider she will go to. The early detection program will, in turn, contact her to determine her eligibility, enroll her and assist with arranging a mammography appointment with one of its participating providers. (As noted in Step 2, you will also provide information about this program to all mammography providers you work with. If a woman you refer to them turns out not to have insurance, the mammographer should refer her to the local early detection program.) A woman who does not have health insurance is also referred to the local health insurance advocacy agency.

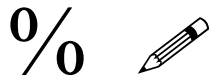
Participant Requests a Mammogram from a Non-participating Provider

Occasionally, a woman asks an outreach worker to “write-in” on the enrollment form the name of a mammogram provider that is not currently participating in the project. (This sometimes occurs if the provider is outside the geographic area served by the project.) If this happens you can... a.) Contact the provider and determine if they are willing to participate in the project and call the woman; or... b.) Send the woman a letter indicating that the provider she chose is not

participating in the project but that she is encouraged to contact the provider directly (see sample letter at the end of this section).

Project Enrollment Form is Incomplete

If you receive an enrollment that is not complete (e.g. a mammographer is not checked, her PCP is not shown, etc.), you should contact the woman directly. As long as the form has her name, phone number and signature, you can telephone her to complete the remaining items—you'll find that the follow-up is appreciated.



Date:

Dear Ms.:

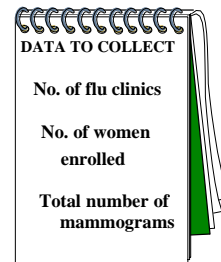
You recently attended a public flu immunization clinic that was offering a special service relating to mammograms. This service involves having the mammogram provider of your choice call you at home to schedule a mammogram appointment. You completed a form indicating that you would like to use this service. Unfortunately, because the mammogram provider you indicated is not located in *(name of geographic area served by project)*, we are unable to provide this service to you. Therefore, if you wish to schedule a mammogram appointment we encourage you to contact the provider directly.

We apologize for any inconvenience this may have caused you.

Sincerely,

Name
Title

STEP 7: EVALUATING PROJECT OUTCOMES



Data analysis and determining outcomes may be a simple or more involved process, depending upon programmatic needs. There are several levels of evaluation that can be conducted; however, ultimately you will want to know how many women were enrolled in the program and, of that number, how many obtained a mammogram.

Analysis of Patient Referral Forms

Once patient referral forms have been completed by the participating mammographers and returned to you, review them to obtain the following data:

- ✓ Total number of women referred to mammogram providers
- ✓ Total number of women selecting appointment times
- ✓ Total number of women requesting phone calls to schedule appointments
- ✓ Total number who received a mammogram
- ✓ Total number who declined an appointment when mammographer telephoned
- ✓ Total number who were not reached (e.g. unable to contact)
- ✓ Total number who cancelled appointments or were “no shows”

(In SPARC’s experience, if several hundred women were enrolled in the project, the number who actually had a mammogram ranged from about 28% to over 50% - much of this outcome depended upon the promptness of calls by the mammogram schedulers, once they received the referral form, and the degree of their follow-up efforts.)

Other Types of Data to Collect and Analyze

It is especially important when first implementing this project to collect some additional data for evaluating the implementation *process* and areas needing improvement. For example, track the number of referrals made to each mammography provider. Were there providers who received a great number of referrals? If so, you may need to discuss with them if they would prefer that patient names be forwarded to them on a more frequent basis, in more manageable batches. Were there any providers receiving no referrals? (They may not be interested in participating next time.)

You may also find it helpful to track the number of women enrolled *per flu clinic*. Of course the size of a particular clinic will impact the enrollment figure, but what you want to look for are trends and abnormalities. For example, were there any large clinics that yielded few enrollees? Why? Does there appear to be a pattern based on which outreach workers staff a clinic and how many (or few) women are enrolled? (This may point to a need for recognition or closer supervision of workers.) Do flu clinics of similar size have strikingly different results in different communities? Why? Collection and analysis of this type of data will assist you in refining and improving your project for the next flu season.



Hey! Don't Forget the Outreach Workers

Not all evaluation activities rely on numbers, and a great resource for some very practical input are your mammography outreach workers. The outreach workers finish their portion of the project at least 2-3 months before mammography providers complete and return patient referral forms; thus, they can provide you with input early-on in the evaluation process.

It is recommended that a wrap-up session be held with the outreach workers a week or two after the flu clinics have ended. This can be an informal, hour-length discussion of their experience and suggestions. In addition, it provides you the opportunity to share with them the total number of women they enrolled, which is usually many more than they thought!

To give you insight into the type of information the outreach workers can provide, here are a few examples of things that SPARC has learned at wrap-up sessions:

- ✓ There was a need for a handout targeting women who believed they no longer needed to get a mammogram;
- ✓ Certain clinic sites did not lend themselves to the program (e.g. grocery stores);
- ✓ The enrollment form could be slightly re-worded;
- ✓ More (or less) workers needed to be assigned to particular clinics.
- ✓

All of these suggestions (and others) have been incorporated into the program.

* * * * *