Improving cervical cancer screening rates in the primary care setting

American Cancer Society

Stories, ideas and tools for your practice setting

June 26th 2019

Welcome

- Thank you for joining today's call
- Housekeeping and logistics:
  - Questions
    - Please type them into the chat box on skype or the phones will come off of mute after the last presentation
    - Please mute your phone or computer
  - Next steps and SurveyMonkey poll

Today's agenda

2018 HRSA Quality Improver Awardee: La Red Health
Brenda Pusey, LPN Director of Quality Improvement (QI), Georgetown, Delaware

Quality Improvement Successes
Lindsey Shults, BSN QI and Quality Assurance (QA) Risk Manager
Rural Medical Services, Inc. Community Health Center, Newport, Tennessee

Overview of Quality Improvement Efforts
Kelly Durall, RN COO/QI Director
Community Health Centers of Western Kentucky, Greenville, Kentucky

Kentucky Cervical Cancer Screening Project ECHO®
Karen Kayser, Ph.D., MSW
Professor/Dr. Renato LaRocca Chair of Oncology Social Work, University of Louisville - Kent School of Social Work

Closing and Next Steps

Cervical cancer: How common is it?

- Nearly 13,000 new cases in women in the U.S. each year
- Causes about 4,000 deaths in women in the U.S.
- Over the last 40 years, the cervical cancer death rate has gone down by more than 50% – the main reason for this change is the increased use of the Pap test.

So how do TN and KY compare in cervical incidence and mortality?

	Kentucky	Tennessee
Incidence rate- Age Adjusted/ U.S. Rank (lower # the worse)	10.2 #1	8.4 #14
Mortality rate- Age Adjusted/ U.S. Rank (higher # the worse)	2.6 #9	3.1 #5
Source: CDC Data, 2016		

We still have work to do in all areas of screening, education, early detection, patient navigation and support...

La Red Health Center
Georgetown, Delaware
January 29, 2019

Initiatives to Improve Cervical Cancer Screening Rates

Brian S. Olson, Chief Executive Officer
Rosa Rivera, Chief Operations Officer
Brenda Pusey, Director of Quality Improvement

Service Sites and Certifications/Awards

COMMUNITY HEALTH CENTER® FQHC QUALITY

PCMH

Health Resources and Services Administration HRSA Health Center Program ADVANCING HIT FOR QUALITY 2018 AWARDEE

TOP WORK PLACES 2018

MARVIN S. GILMAN SUPERSTARS IN BUSINESS

La Red Health Center

Mission Statement and Service Area

La Red Health Center's Mission is to be a

Center of Excellence

which Provides

Quality Patient Centered Care

to the

Diverse Members of Our Community

Service Area and Population Characteristics

- **Our service area is one of the largest counties in land mass east of the Mississippi River**
  - predominately rural in nature; approximately 1,500 active farms
  - limited and undependable public transportation
  - limited provider access to primary, oral and mental health care and other specialty care

- **La Red Health Center serves as a medical home to approximately 13,000 individuals**
  - fastest growing African American, Latino and Haitian populations in the state
  - fastest growing retiree mecca on the eastern seaboard
  - large influx of seasonal tourists
  - large number of self-employed, seasonal, service industry, agricultural, poultry industry workers
  - 48% best served in a language other than English
  - 33% uninsured

How Our Initiative Started

- The State of Delaware, in partnership with Quality Insights, started an initiative to improve the cancer screening rates in Delaware
- Special efforts led to funding for a Nurse Navigator through a state grant to improve the screening rates for cervical, breast, and colon cancers
- 2018 HRSA/BPHC Clinical Quality Improver for Cervical Cancer Screening, Exceeded Health People 2020 Goal, and PCMH recognized
- Cervical Cancer Screening Rates
  - 2015: 70.67%
  - 2016:72.31%
  - 2017: 94.65%

Our Care Team

- Key contributors
  - Cancer Screening Nurse Navigators
    - Clinical staff
      - Non-clinical staff
        - Board of Directors
          - Community partners

Our Board of Directors Preparing for Cervical Cancer Screening Awareness Month

Challenges

- No dedicated staff that focus on Cancer Screenings
- Limited provider time with patients for education on preventative screenings
- Staff unable to schedule appointments at community events
- Rescheduling patients if not enrolled in Screening for Life program
- Patients who do not have insurance or qualify for programs to cover the cost of cancer screenings and follow ups

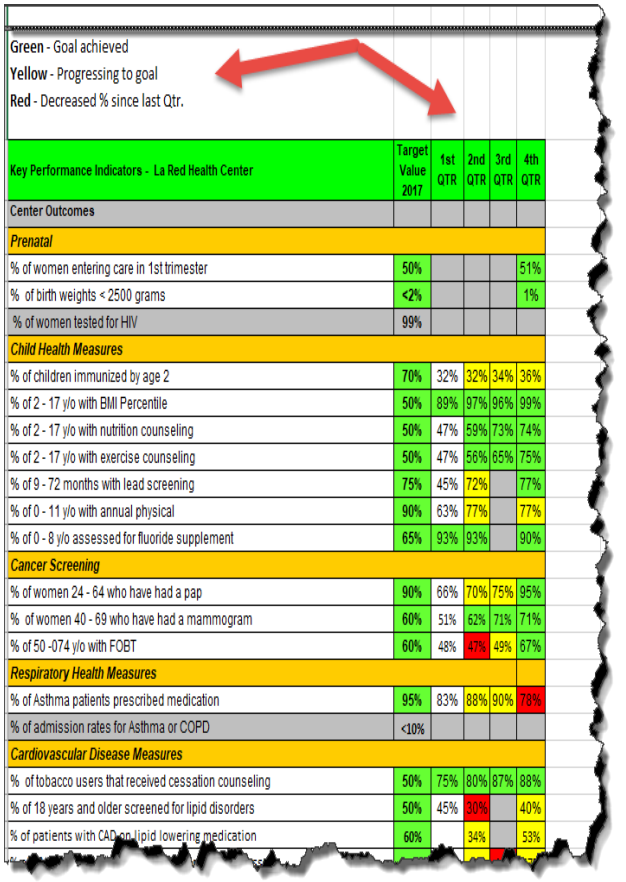
Care Coordination and Patient Navigators

- **Nurse navigators work with the clinical team to prepare for patient visits and minimize barriers to care**
  - Preventive screening reminders are put in the medical record
  - Appointment reminder calls
  - Set up transportation/translation services
  - Postcard reminders
  - Patient education
  - Schedule patients for visits at community events

La Red Health Center Nurse Navigators and Quality Director Celebrating Cervical Cancer Screening Awareness

Data Analysis

- **Reporting**
  - Patients who have not had preventative screenings
    - Outreach to these patients to schedule appointments
  - Created dashboards for staff to see progress
    - Reports shared quarterly
  - Improved staff documentation
    - Information is captured on reports better due to proper documentation
  - Data shared with stakeholders



Green - Goal achieved
Yellow - Progressing to goal
Red - Decreased % since last Qtr.

Key Performance Indicators - La Red Health Center	Target Value 2017	1st QTR	2nd QTR	3rd QTR	4th QTR
Center Outcomes					
Prenatal					
% of women entering care in 1st trimester	50%				51%
% of birth weights < 2500 grams	<2%				1%
% of women tested for HIV	99%				
Child Health Measures					
% of children immunized by age 2	70%	32%	32%	34%	36%
% of 2 - 17 y/o with BMI Percentile	50%	89%	97%	96%	99%
% of 2 - 17 y/o with nutrition counseling	50%	47%	59%	73%	74%
% of 2 - 17 y/o with exercise counseling	50%	47%	56%	65%	75%
% of 9 - 72 months with lead screening	75%	45%	72%		77%
% of 0 - 11 y/o with annual physical	90%	63%	77%		77%
% of 0 - 8 y/o assessed for fluoride supplement	65%	93%	93%		90%
Cancer Screening					
% of women 24 - 64 who have had a pap	90%	66%	70%	75%	95%
% of women 40 - 69 who have had a mammogram	60%	51%	62%	71%	71%
% of 50 -074 y/o with FOBT	60%	48%	47%	49%	67%
Respiratory Health Measures					
% of Asthma patients prescribed medication	95%	83%	88%	90%	78%
% of admission rates for Asthma or COPD	<10%				
Cardiovascular Disease Measures					
% of tobacco users that received cessation counseling	50%	75%	80%	87%	88%
% of 18 years and older screened for lipid disorders	50%	45%	30%		40%
% of patients with CAD on lipid lowering medication	60%		34%		53%

Direct Access to GYN Services

Addition of GYN office in 2016….

- GYN expertise is readily available
- Increased access for our uninsured patients (1.4 FTEs)
- New family medicine providers do a rotation with the GYN office
- Clinical staff in-services
- Easy access to follow up (colposcopies, biopsies)
- Quick consults if needed

Lessons Learned

- Evaluate your staff needs – the addition of a second Nurse Navigator created a huge impact (team effort, shared ideas, outreach efforts, etc.)
  - No Nurse Navigators 2015 (70.67%)
  - One Nurse Navigator 2016 (72.31%)
  - Two Nurse Navigators 2017 (94.65%)
- Value of Nurse Navigators/Care Coordinators
- Involvement at all levels – receptionists, schedulers, support staff, medical records staff, etc.
- Additional funding…..opportunities to address barriers like transportation, interpreting, outreach and staffing

Recommendations

- Identify a champion:
  - Does not need to be a provider
- Involve staff at all levels:
  - Training, month awareness activities, lunch & learn
- Team-based approach:
  - Providers should not feel this is just their responsibility
- Provide resources:
  - Mentors
  - Specialist support
  - Enhance scheduling by providing off-site access at outreach events

Next Steps

Maintaining the momentum….

- Improve outreach by using text messaging for:
  - Appointment reminders
  - Preventative Screenings
  - Expand remote appointment scheduling capability
- Increase Patient Portal activities:
  - Additional efforts to enroll females age 21-60
  - Patients will receive additional reminders and will be able to view results, request and view appointments
- Additional EHR training:
  - Utilize future orders capability to order screenings.
  - Train staff including other departments

Thank You For Letting Us Share Our Experience

Rural Medical Services, Inc

Impacting Cervical Cancer Screening

Lindsey Shults BSN, RN
Quality Assurance/Quality Improvement/Risk Manager

UDS Guidelines for Cervical Cancer Screening (CMS 124v6)

- Denominator - Women 23 through 64 years of age with a medical visit during the measurement period. Exclude women who had a hysterectomy with no residual cervix or were in hospice care during the measurement period.
- Numerator – Women with pap test in past 3 years or pap/HPV co-test in past 5 years for women who are at least 30 years old at the time of the test.

Tennessee FQHC Screening Rates

- State of Tennessee 2017 aggregate data show that 46.17% of health center patients who should have received screening actually received it.
- Range in compliance amongst health centers statewide is 14.29% - 70%.
- 2017 National Data shows a screening rate of 55.67%
- In 2017, RMS screening rate was 57.72%. In 2018, the rate increased to 64.17% showing a 6.45% increase in patients receiving screening.

Patient Barriers to Appropriate Care

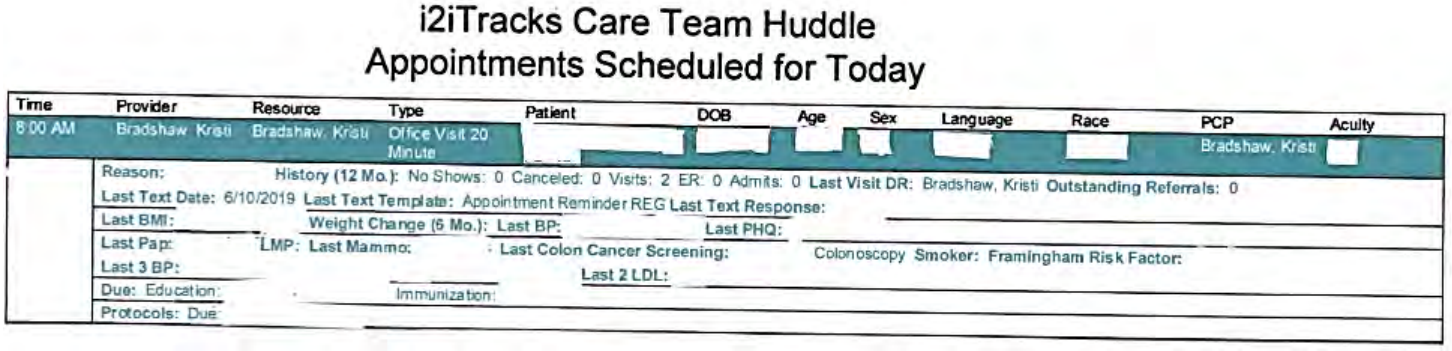
- Low Health Literacy
- Cost
- Time
- Transportation
- Other Priorities
- Multiple Other Health Conditions
- Access to Care
- Anxiety about Procedure
- Language/Culture

How is RMS impacting its screening rates?

- Patient education – patients are educated during their encounter in regards to their preventative health screenings that are due/overdue
- Patient Outreach – patients are contacted and offered to schedule appointments at the time that is most convenient to them. We have a population health nurse who identifies gaps in care and contacts patients for gap closure.
- Transportation – RMS offers routine non-emergent transportation for appointments when scheduled in advance to ensure patients are at the clinics to receive appropriate care
- Many times patients do not make preventative health a priority because they are having to be reactive to so many health/socioeconomic problems in their lives.
- Culturally competent care – on site interpreters/bilingual staff

How is RMS impacting its screening rates? Care Coordination

- In 2018, we were able to implement Care Coordinators at all of our clinic sites. Daily, the coordinators lead team huddles and identify gaps in care, included Cervical Cancer Screening
- Below is an example of our Huddle Form and the open gaps with identifiers:



i2iTracks Care Team Huddle
Appointments Scheduled for Today

Time	Provider	Resource	Type	Patient	DOB	Age	Sex	Language	Race	PCP	Acuity
8:00 AM	Bradshaw, Kristi	Bradshaw, Kristi	Office Visit 20 Minute							Bradshaw, Kristi	

Reason: History (12 Mo.): No Shows: 0 Canceled: 0 Visits: 2 ER: 0 Admits: 0 Last Visit DR: Bradshaw, Kristi Outstanding Referrals: 0
Last Text Date: 6/10/2019 Last Text Template: Appointment Reminder REG Last Text Response:
Last BMI: Weight Change (6 Mo.): Last BP: Last PHQ:
Last Pap: LMP: Last Mammo: Last Colon Cancer Screening: Colonoscopy Smoker: Framingham Risk Factor:
Last 3 BP: Last 2 LDL:
Due: Education: Immunization:
Protocols: Due:

How is RMS impacting its screening rates? Same Day Access

- All 5 of our clinic sites are now NCQA Recognized for PCMH. One of the many PCMH requirements is for same day access.
- Each of our providers now have 2 same day access appointments available in their schedules each day at the start of day. These appointments can be filled with 4 Acute Visits, Work-Ins which are 10 minute slots or they can be filled with 2 – 20 minute office visits that allow time for chronic care or preventative care management. These slots can only be filled by patients calling to be seen or who walk in to be seen that day.
- This has greatly improved our access to care as it is pretty much on demand for the patients.

How is RMS impacting its screening rates? TBCSP

- "The Breast and Cervical Screening Program provides breast and cervical cancer screening to eligible women and diagnostic follow up tests for those with suspicious results. Women diagnosed with breast or cervical cancer or pre-cancerous conditions for these cancers are enrolled for treatment coverage through the state's TennCare Program. All women, for any service, (screening, diagnosis, or treatment) must meet the general eligibility guidelines for the program."
- This program has improved our screening rates because women no longer have fears of what they would do if they have a positive result. This program carries them through diagnosis.
- Women also do not have to worry about the cost of the exam plus lab costs, as it is all covered through TBCSP.
- In 2018, TBCSP provided roughly 150 patients access to cervical screening alone.

Our Pap Smear Story…

Community Health Centers of Western Kentucky, Inc.
Muhlenberg, Logan, and Todd Counties

Kelly Durall, RN COO/QI Director

What do we look like?

- FQHC with 5 clinic locations in Western Kentucky (rural)
- 11,000 unique patients yearly (2018 UDS)
- We have:
  - 4 Behavioral Health Providers
  - 1 OB/GYN
  - 6 Pediatric Providers
  - 8 Family Practice Providers (2 MD's & 6 NP's)
  - 1 Internal Medicine Provider

How our work plan started…

- We noticed a decline in our pap smear completion rates from UDS data:
  - 2015 UDS: 48.57%
  - 2016 UDS: 44.29%

A work plan was initiated…

- We collected our data to begin and used that as a starting point:
  - Baseline 44.39%
  - Goal- 60%

What we did first..

- Data Validation!
  - Validated i2i software with manual reviews of EHR (eMD's) data to ensure proper collection of data points:
    - Missing elements:
      - Documentation of history of hysterectomy without residual cervix was not documented in a captured field
      - Scanned records of pap smears from other locations was not getting entered into flowsheets for capture
      - Several compliant patients not showing on i2i compliant list

Based on data validation we:

- Provided education to providers to document “hysterectomy without residual cervix” into problem list instead of history
- Educated front staff to send scanned data to nursing staff for data entry
- Put in a work ticket with i2i with examples

What we tried so that we could improve:

- Patient questionnaires:
  - We made patient questionnaires that would be handed out to every patient to ask critical quality information. The questions included:
    - Are you a smoker? If yes, what kind, how much and how long? Have you ever been exposed to secondhand smoke?
    - When was your last colonoscopy? Who performed it and what was the result?
    - If you are diabetic, when and where was your last eye exam performed?
    - If you are female, when was your last pap smear and who performed it?

COMMUNITY HEALTH CENTERS of WESTERN KENTUCKY, INC.

Name: _____ DOB: _____

1. Do you use a tobacco product (cigarettes, cigars, smokeless tobacco) or e-cigarettes?
    a. If you use tobacco products or e-cigaretts, how much do you use per day?
    b. If you have quit tobacco products and e-cigarettes, when did you quit?
        i. How much did you use per day before quitting?
2. Have you ever been exposed to secondhand smoke (example: lived with smokers or smoke exposure at work)?
3. When was your last Colonoscopy performed?
    a. Who was the doctor who performed it?
    b. What is the doctor's address and phone number?
4. When was your last Eye Exam performed?
    a. Who was the doctor who performed it?
    b. What is the doctor's address and phone number?

Females Only:

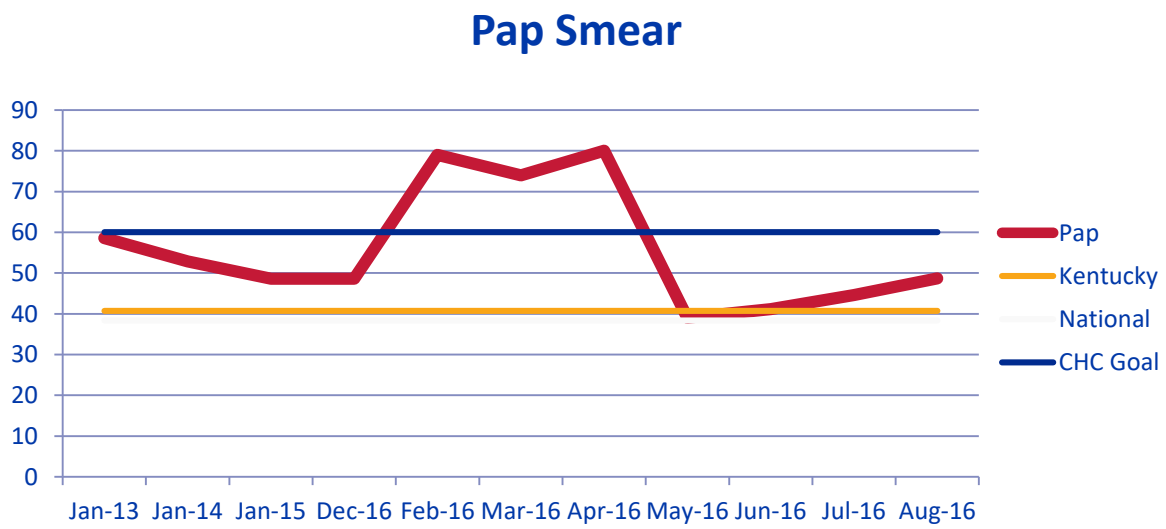
5. When was your last PAP Smear performed?
    a. Who was the doctor who performed it?
    b. What is the doctor's address and phone number?

Huddle Reports

- We updated our huddle report protocols within i2i to flag any patients due for screening
  - Huddle reports are given out daily to clinical staff for review of that days appointment

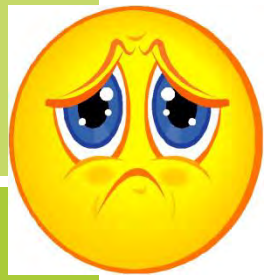
Trending Graphs

- Dashboards were created within excel to help show measure trending
  - That information was then given to providers
  - Results also shared with nursing staff at monthly staff meetings



Did it work?

- Work plan started in April 2016
  - May 2016= 39.02%
  - June 2016= 41.11%
  - July 2016= 44.63%
  - August 2016= 51.87%



In the mean time…

- Yeah! We improved but unfortunately had other measures rapidly declining that we felt needed more attention so the work plan was closed.
- We continued all of the things we did during our work plan and the results should at the least stay the same, right?

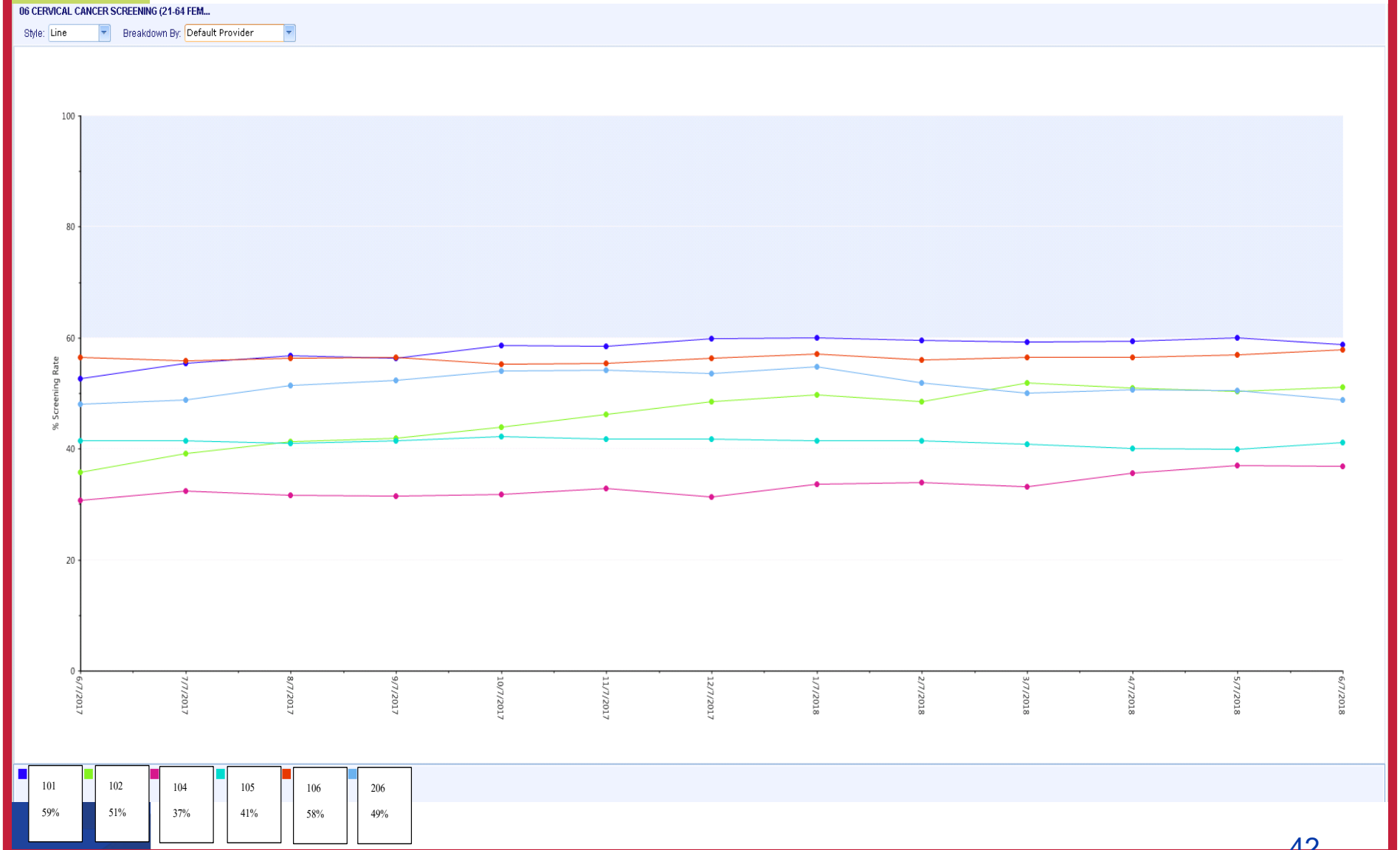
Wrong…

One year later…

- Pap smear measure is low again at 43%
  - Measure is picked back up as a work plan
  - Initial work plan implementations still in place

What we added:

- QI Director and IT specialist received advance training in i2i system which allowed for improvement of dashboard use
  - Pap smear dashboard now used to show provider trending with their peers
  - Same de-identified information given to nursing staff


06 CERVICAL CANCER SCREENING (21-64 FEM...
Style: Line
Breakdown By: Default Provider
100
80
60
40
20
0
% Screening Rate
6/7/2017
7/7/2017
8/7/2017
9/7/2017
10/7/2017
11/7/2017
12/7/2017
1/7/2018
2/7/2018
3/7/2018
4/7/2018
5/7/2018
6/7/2018
101
59%
102
51%
104
37%
105
41%
106
58%
206
49%

Letter campaign

- We developed a search within i2i to drill down a patient list of those that had not received their pap smear according to guidelines
  - Letters were then sent to the patients reminding them that their screening was due and to call to make an appointment or let us know where they received the service

Data Entry

- We also provided education to front office and nursing staff related to:
  - Requesting records from outside providers
  - Correct data entry of any scanned items into capturable fields

Surprise pap smears!

- We educated providers and encouraged them to offer pap smears at any non-emergent visits
  - We found patients did not respond well to this and very few agreed to the screening when “surprised”

Did we improve?

Yes!

- 2015 UDS= 48.57%
- 2016 UDS= 44.29%
- 2017 UDS= 51.56%
- 2018 UDS= 52.36%

We improved to a high 55% during our work plan but after almost a year we couldn't get any higher.

Again, other measures needed attention so the work plan was once again closed July 2018

What we found and where we are at now

- 52.36% for our 2018 UDS submission
  - This measure continues to wax and wane.
  - We have found that a lot of women do not want their family practice provider to perform (especially if they are a male provider). They prefer a separate OB/GYN provider.
  - Most women do not like surprise pap smears
  - We have difficulty getting records sent to us from other providers even after multiple attempts

Prevention and Early Detection of Cervical Cancer in Rural Kentucky: The ECHO® Model

Karen Kayser, Ph.D., MSW
Professor/Dr. Renato LaRocca Chair of Oncology Social Work
University of Louisville - Kent School of Social Work

A Project for Prevention and Early Detection of Cervical Cancer in Rural Kentucky

University of Louisville

Kent School of Social Work & School of Public Health & Information Sciences

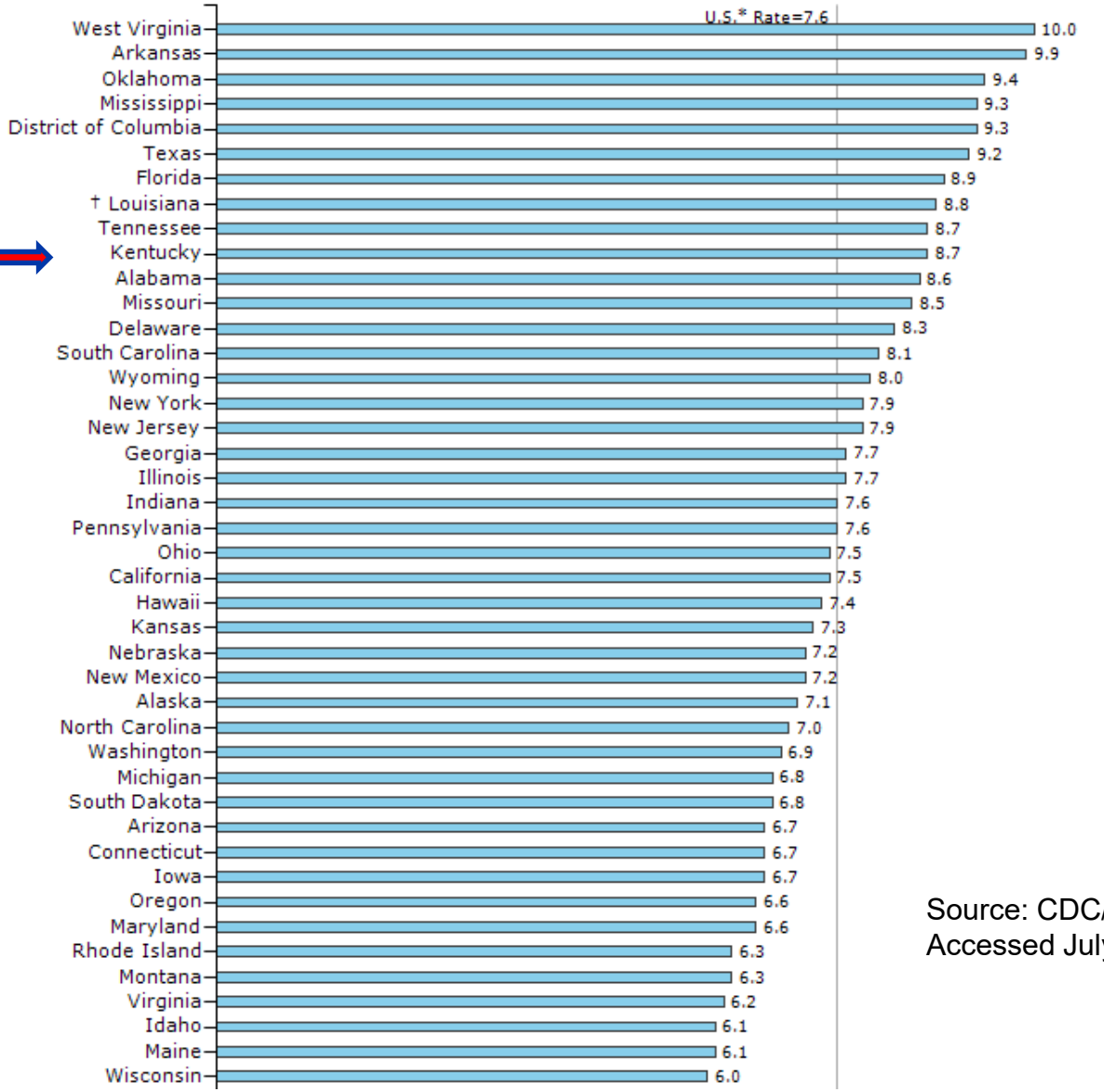
Why Kentucky?

- Kentucky continues to have the highest rates of incidence and deaths from cervical cancer in the nation.

- Burden of cancer has been experienced disproportionately among socio-economically disadvantaged and persons living in rural areas

Cervical Cancer Incidence Rates Ranked by State (2009 – 2013)

10th



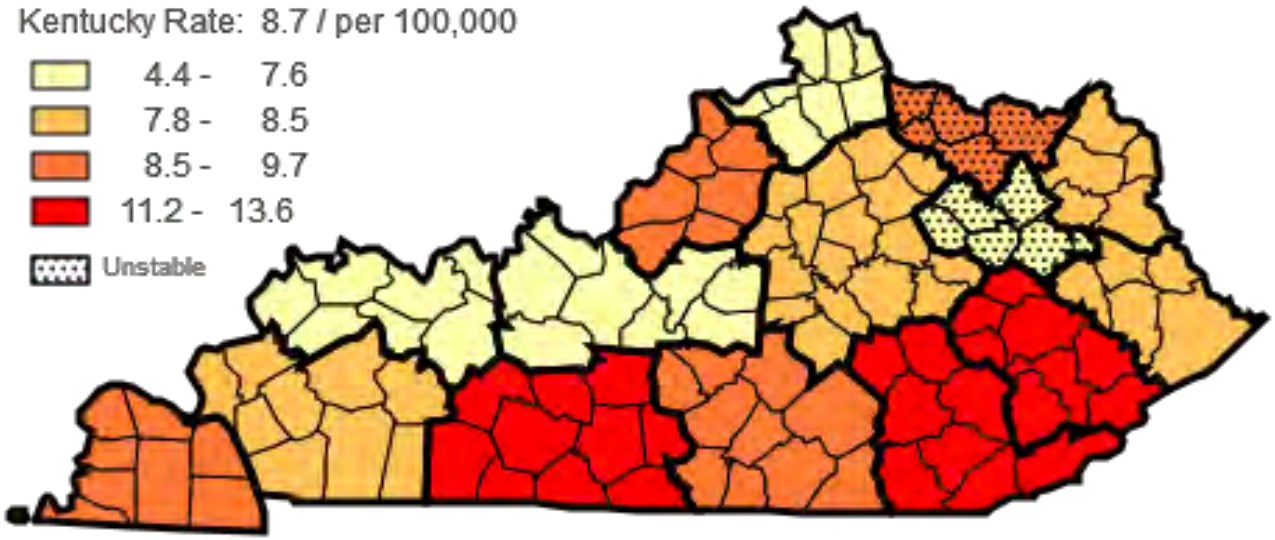
Source: CDC/USCS Website
Accessed July 20, 2016

Age-Adjusted Invasive Cancer Incidence Rates in Kentucky

Cervix Uteri, 2009 - 2013

By Area Development District

Age-Adjusted to the 2000 U.S. Standard Million Population

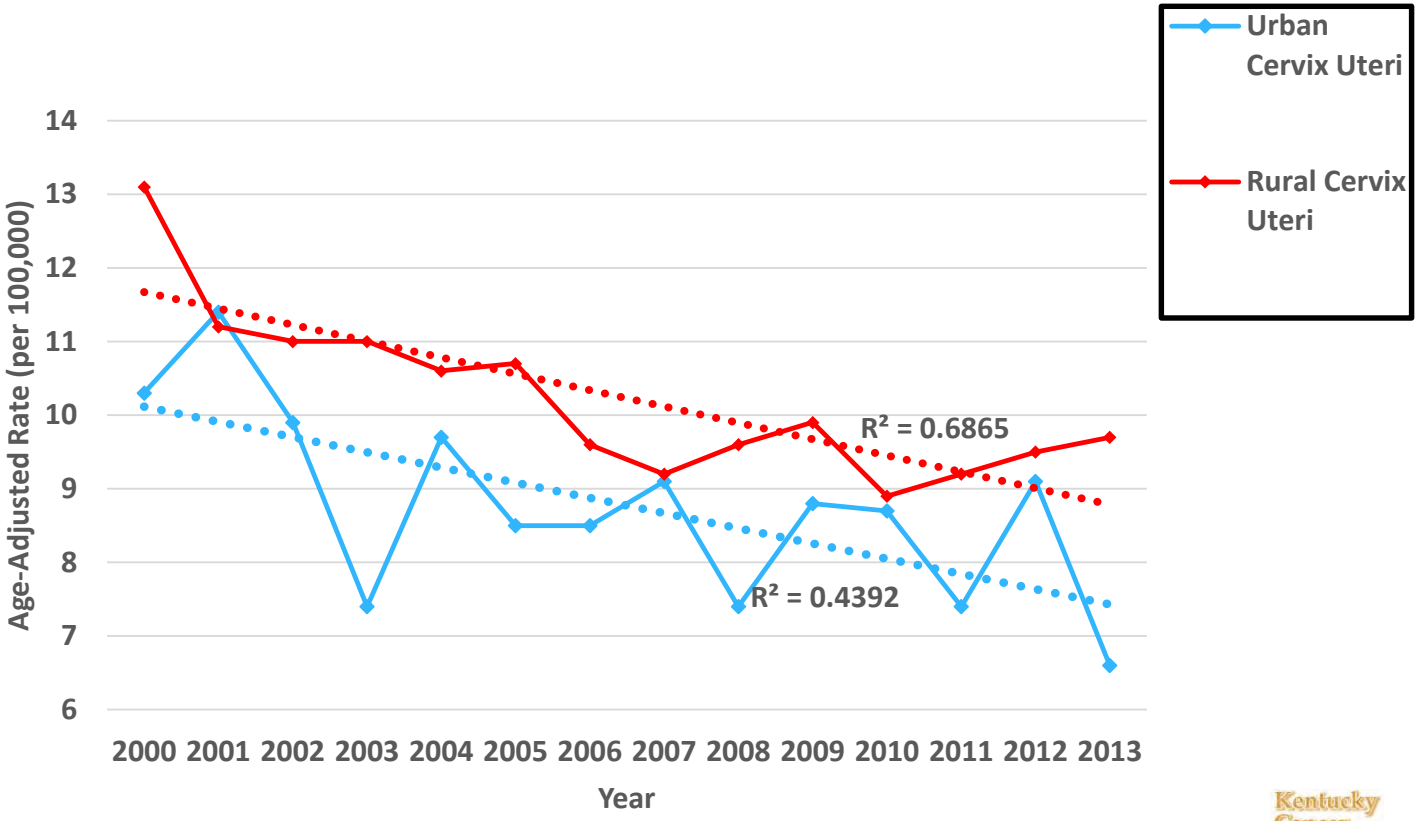


All rates per 100,000.

Data accessed July 26, 2016. Based on data released Jan 2016.

Kentucky Cancer Registry

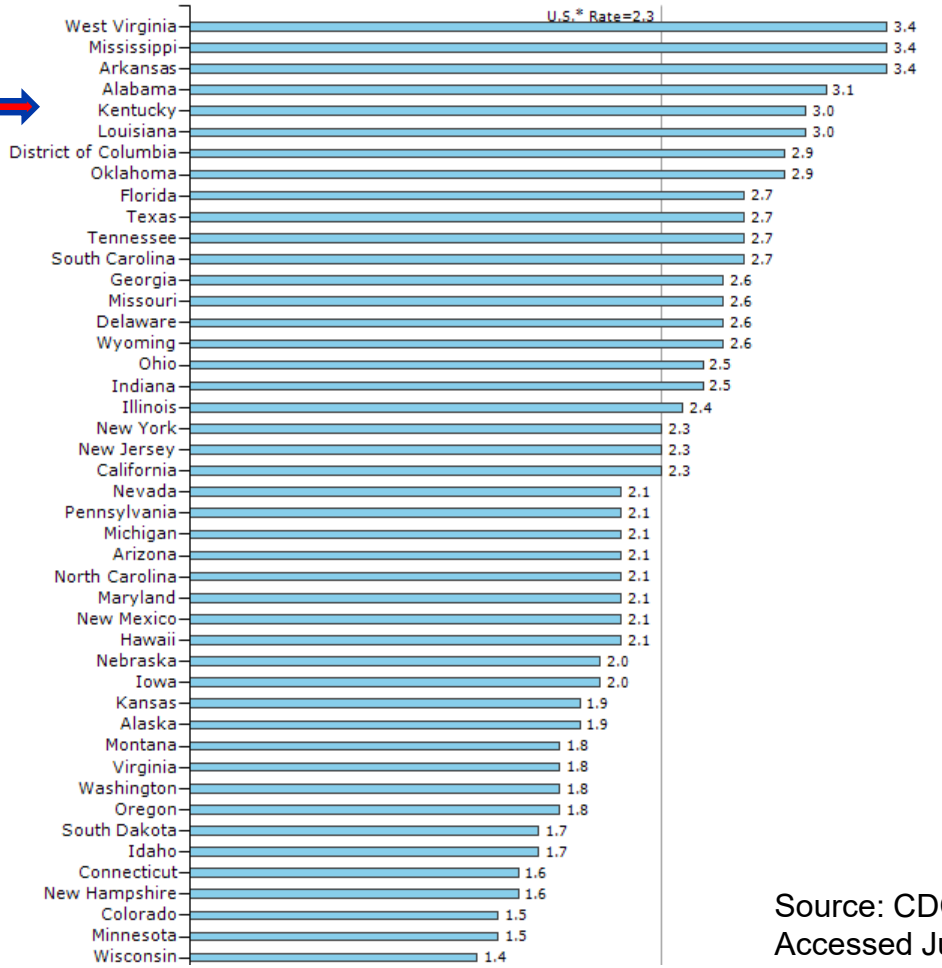
Urban vs Rural Cervical Cancer Incidence Rate 2000-2013



Kentucky Cancer Registry

Cervical Cancer Mortality Rates Ranked by State (2009 – 2013)

5th



Source: CDC/USCS Website
Accessed July 20, 2016

Age-Adjusted Cancer Mortality Rates in Kentucky

Cervix Uteri, 2009 - 2013

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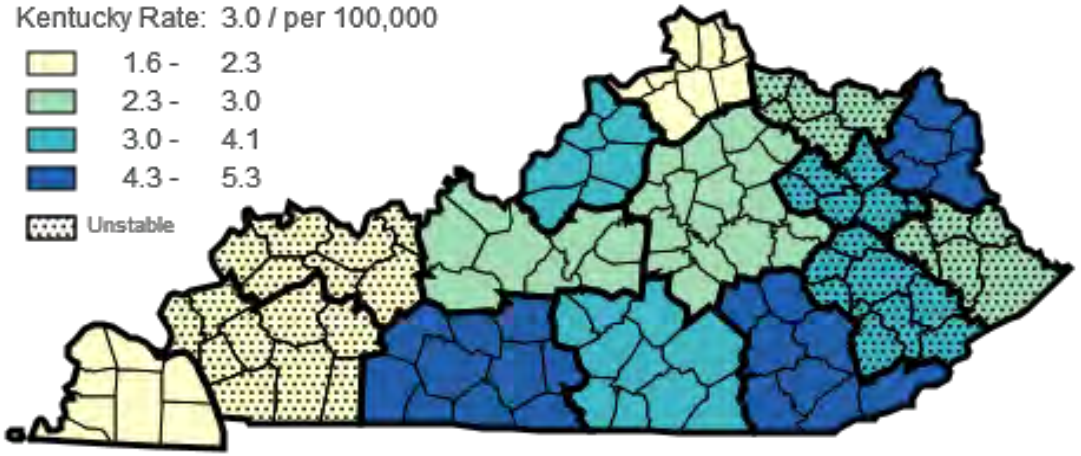


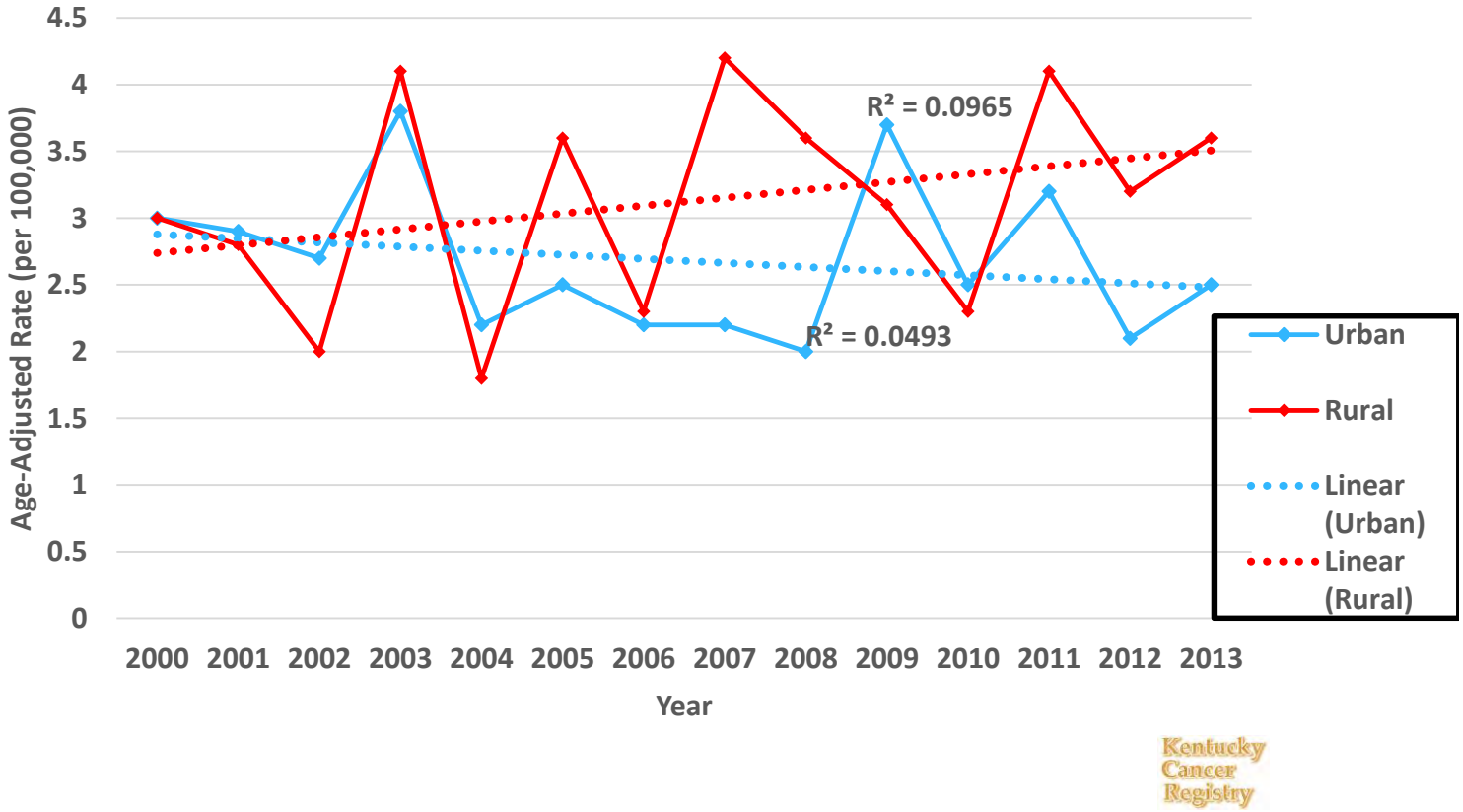
Data for 2014 is preliminary.

All rates per 100,000.

Data accessed July 26, 2016. Based on data released Jun 2016.

Kentucky Cancer Registry

Urban vs Rural Cervical Cancer Mortality Rates 2000-2013



Kentucky Cancer Registry

Comparison of Rates of Cervical Cancer

(Age-adjusted rate per 100,000)

	Cervical Cancer Incidence	Cervical Cancer Mortality
United States	7.6	2.3
Kentucky	8.7	3.0
Appalachia	9.7*	3.6*

*p<.05

Source: CDC/USCS Database; Kentucky Cancer Registry

Our Goal: What we aim to do?

- Using a community-based approach we aim to:
  - establish a collaborative partnership between academic, medical, and community stakeholders;
  - effectively address the complex set of social and environmental factors related to the prevention and treatment of cervical cancer

Objectives: How we plan to meet our goal

Using the ECHO Model, we plan to:

1. Engage stakeholders of several rural communities to identify the barriers to the access to screening and to identify community strengths and resources that can potentially help to improve access;

2. Build the skills of an interdisciplinary team (primary care physician, nurse, social worker, and community health worker) to provide an innovative preventive intervention to women who are at risk for cervical cancer;

3. Train community health workers in an evidence-based approach to educate women about primary HPV screening, the USPSTF-sponsored guideline and about the HPV vaccination.

ECHO (**E**xtension of **C**ommunity **H**ealthcare **O**utcomes)

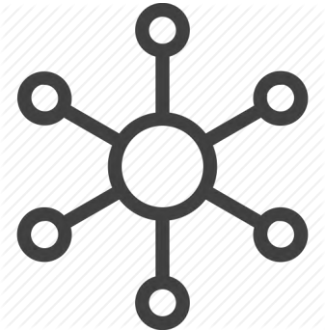
- Sharing knowledge and resources from an academic center (hub) to the community (spokes);
- Tele-mentoring (not tele-medicine)
- Bringing resources to the rural clinics instead of bringing patients to the resources.

Methods

- **Use Technology** to leverage scarce resources
- **Sharing "best practices"** to reduce disparities
- **Case based learning** to master complexity
- Web-based database to **monitor outcomes**

Arora S, Geppert CM, Kalishman S, et al: Acad Med. 2007 Feb;82(2): 154-60.

Hub and Spoke Model



Hub includes:

Multidisciplinary team of subject matter experts at University of Louisville (with 2 additional ones outside of UofL)

Spokes include:

Multidisciplinary care teams from comprehensive FQHCs in rural areas (Dayspring, Williamsburg, KY; Mountain Comprehensive, Whitesburg)

ECHO Whale


PCA Espanola


Baton Rouge


Pecos Valley MC


DOH Las Cruces


SBRT-First Choice South Va


Memorial HDX7000


LAS VEGAS ECFH

Curriculum for Cervical Cancer Prevention

- Using Zoom platform, we meet bi-weekly
- Follow a structure that includes a case presentation and didactic
- Each didactic has a particular topic and presenter with expertise

Curriculum

Cervical Cancer Prevention Topics & Didactic Presenters			
Topics	Description	Presenters	Date
ECHO Orientation	This session will include introductions (spokes and hub) as well as a review of: ECHO etiquette/IT support, Topics to be covered each month, Preparing patient case studies for presentation, Evaluation of sessions	Co-facilitators: Karen Kayser & Scott LaJoie	Thursday, April 18, 2019 12:00 – 1:00 pm
Overview of cervical cancer screening	History of pap smear (rates of cervical cancer over time) Changes in procedures Understanding of the disease and causes, primary prevention (vaccination), innovative ways of detecting and screening.	Diane Harper, MD, MPH Family Medicine University of Michigan	Thursday, May 2, 2019 12:00 – 1:00 pm

Curriculum (cont.)

Cervical Cancer Prevention Topics & Didactic Presenters			
Topics	Description	Presenters	Date
Guidelines for cervical cancer screening	Overview of National standards for cervical cancer screening USPSTF-sponsored guidelines Best practices for patient follow-up	Diane Harper, MD, MPH Family Medicine University of Michigan	Thursday, May 16, 2019 12:00 – 1:00 pm
Guidelines for HPV Vaccination	Importance of HPV vaccination and regular testing Overview of guidelines Communicating with parents/patients to make informed decisions	Navjyot Vidwan, MD Pediatric Infectious Diseases University of Louisville	Thursday, May 30, 2019 12:00 – 1:00 pm
Stigma/Psychosocial Issues	Understanding Financial, social, physical and mental challenges. Resources including navigators, social workers and CHWs in supporting patients Barriers to screening and HPV vaccination	Scott LaJoie, PhD, MPH & Karen Kayser School of Public Health University of Louisville	Thursday, June 13, 2019 12:00 – 1:00 pm

Curriculum (cont.)

Cervical Cancer Prevention Topics & Didactic Presenters (Updated)			
Topics	Description	Presenters	Date
Best Practices in Promotion of Cervical Cancer Screening and HPV Vaccination	Review of community-based programs and their effectiveness	Karen Kayser, PhD, MSW University of Louisville Kent School of Social Work	Thursday, June 27, 2019 12:00 – 1:00 pm
Developing a culturally and geographically-appropriate program in screening and prevention	How to assess the needs and resources of the community Analyzing barriers to screening	Hee Lee, PhD, MSG, MSW University of Alabama	Thursday, July 11, 2019 12:00 – 1:00 pm
Working in Low-Middle Income Countries (LMIC) with limited resources	Implementing a prevention and cancer screening program in Haiti	Robert Hilgers MD, MA, CAE (TBD) Women's Global Cancer Alliance	Thursday, July 25, 2019 12:00 – 1:00 pm
Technology for community outreach	Innovative uses of technology in prevention (mobile apps, internet)	Hee Lee, PhD, MSG, MSW University of Alabama	Thursday, August 8, 2019 12:00 – 1:00 pm

- https://cervicalcancerecho.weebly.com

Closing and next steps

- You will receive a SurveyMonkey post-call and slides from today with additional resources.
- Reach out to your ACS local contact for additional technical assistance, educational resources, project and workflow support.

Thank you!
Remember, you are the key.

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