

GAP Initial Application

Please complete the survey below.

Deadline to apply is December 20, 2024.

Thank you!

Primary Contact First Name

Primary Contact Last Name

E-mail Address:

Phone Number:

Role of Primary Contact:

- a. Surgeon
- b. Medical oncologist
- c. Other physician
- d. NP, PA
- e. RN, LPN
- f. Geneticist
- g. Nurse Navigator
- h. Social worker
- i. Quality Coordinator/Manager/Director
- j. Accreditation Coordinator/Manager/Director
- k. Oncology Data Specialist (Certified Tumor Registrar)
- l. Program Coordinator/Manager/Director

Is the primary contact listed the same as the person completing this form?

- Yes
- No

If no, name, role, and email of person completing this form?

Secondary Contact First Name

Secondary Contact Last Name

Secondary E-Mail Address:

Name of Program:

FIN or Company ID:

What program accreditation does your program currently have?

- a. Community Cancer Program
 b. Academic Cancer Program
 c. Comprehensive Community Cancer Program
 d. Integrated Cancer Network program
 e. Hospital Associate Cancer Program
 f. Free Standing Cancer Center Program
 g. NCI Designated Network
 h. NCI Designated Comprehensive Cancer Center Program
 i. Veterans Affairs programs

Is your program NAPBC accredited?

- Yes
 No

Location of program: City

Location of program: State

Choose the following that best describes your program:

- a. Our program is located in a large metropolitan area (>500,000 people)
 b. Our program is located in a small metropolitan area (< 500,000 people)
 c. Our program is located in a suburban area
 d. Our program is located in a rural area

What % of your patients have Medicaid? (estimate)

- a. < 20%
 b. 20-50%
 c. 50-75%
 d. >75%
 e. Unsure

We are a safety net hospital/program?

- Yes
 No
 Unsure

Do you have access to a genetic counselor/geneticist?
Note, access to a CGC does not have a bearing on participation in this pilot.

- a. Yes, we have at least one genetic counselor/geneticist on staff
 b. Yes, we contract with a company for genetic counseling
 c. No, we do not have any genetic counselor/geneticist available to us at this time

Do you have individuals referring for genetic testing that are not counselors or geneticists? (Select all that apply)

- a. Physician
 b. Advanced Practice Provider
 c. Registered Nurse/Navigator
 d. Other (please specify)

Other:

What is your analytic caseload for breast cancer patients? (calendar year; please use most recent available)

We offer genetic testing to breast cancer patients?

- a. Often or always
 b. Sometimes
 c. Hardly ever or Never
 d. I am not sure

This project requires that you have a dedicated QI team (a team is at least 3 people). If selected for this pilot you will be asked to list the members name, role and their email address. Note, more than one person may serve in different roles.

Are you going to be able to form a QI Team?

- Yes
 No

This project will require a letter of support from the Breast Program Director and/or Cancer Liaison Physician (when applicable). We will provide a template for this letter. Will you be able to obtain signatures of support from program leadership?

- Yes
 No

Why does your program want to participate in this pilot? (150 words max)

If selected to participate, and if this QI project launches into a national project in 2026, we ask that you consider remaining on the project for another year and serving as a mentor to other programs. Not agreeing to do so will NOT impact the committees decision for participation.

- Yes our program will consider continuing on in 2026 to act a mentor for other programs
 No our program is only interested in participating in the 2025 Pilot

Being a part of this Pilot requires programs to participate on calls (at least quarterly) and share barriers as well as best practices with other programs. Is your team willing to be contribute new ideas and support iterative change to make this pilot successful?

- Yes
 No
 Unsure

Being a part of this pilot requires programs to submit data related to newly diagnosed breast cancer patients offered genetic testing. Specifically, the pilot will look at 3 cohorts of patients and if they were offered genetic testing. These cohorts are:

- **Patients diagnosed with triple negative breast cancer**
- **Patients between the ages of 51-65 diagnosed with breast cancer**
- **Patients age 50 and younger diagnosed with breast cancer.**

Will your program be able to access this data? (Yes/No)

- Yes
 No
 Unsure

This pilot may also request satisfaction level data from patients and/or physicians and staff related to being offered genetic testing.

Does your program have a way to survey patients?
(yes/no) Yes
 No

Does your program have a way to survey physicians and
staff? (yes/no) Yes
 No