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December 2024

# **ScreenWise Result Reporting Training Module**

# Learning objectives for this module are to understand:

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- Clinical partner reporting responsibilities
- Reporting guidelines
- Purpose of Result Forms and Final Outcome Forms
- Key information to report on forms
- Purpose of Provider Data Reports (PDR)



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# **ScreenWise Clinical Partner Responsibilities**

# Reporting requirements for ScreenWise patients

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Enrolling clinics are required to report to ScreenWise the following:

- If conducted, screening results
- Final diagnoses
- Provider follow-up recommendations
- Treatment start date if cancer is diagnosed
- If a patient declines medically recommended services
- If a patient is lost to follow-up after 3 failed attempts to contact

# Result reporting guidelines

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- Use clinic resources such as imaging reports and pathology labs to complete forms.
- Use ScreenWise result reporting forms to report patient results.
- Submit forms using the state's secure portal. Instructions for using the secure portal can found on the [ScreenWise Provider Forms page](#).
- Reply to ScreenWise staff questions within 2 business days.
- Retain copies of ScreenWise result reporting forms in patient's file.
- If follow-up procedures extend beyond ScreenWise patient enrollment of 1 year, reassess patient eligibility and re-enroll into ScreenWise.



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# ScreenWise Result Reporting Forms

# Completing ScreenWise Forms

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Answer all questions at the top of each form including:

- Enrolling agency is the health system name
- Site name is the specific location within health system
- Patient's medical record number (MRN)
- Current date of enrollment into ScreenWise
- Patient's full name and date of birth

Enrolling agency:	<input type="text"/>	Site name:	<input type="text"/>
MRN:	<input type="text"/>	Date of enrollment:	<input type="text"/>
Patient full name:	<input type="text"/>	Date of birth:	<input type="text"/>

# Purpose of Result Form

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The Result Form is used to report standard breast and cervical screening results such as mammogram and Pap/HPV.

This form is only used for patients screened as part of the ScreenWise Program.

Result forms should be submitted as each result is known.



# Completing the Breast Section of the Result Form

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If no mammogram was completed, leave this section blank.

If a mammogram was completed, report the following information:

Breast screening services initial mammogram	
Date of mammogram: <input type="text"/>	<input type="checkbox"/> Screening mammography <input type="checkbox"/> Diagnostic mammography
Mammogram results	
<input type="checkbox"/> (BIRADS 1) Negative	<input type="checkbox"/> (BIRADS 0) Need evaluation or film comparison
<input type="checkbox"/> (BIRADS 2) Benign finding	<input type="checkbox"/> Result pending (resubmit data when complete)
<input type="checkbox"/> (BIRADS 3) Probably benign	<input type="checkbox"/> No result available-patient lost to follow-up, last contact date: <input type="text"/>
<input type="checkbox"/> BIRADS 4) Suspicious abnormality	
<input type="checkbox"/> BIRADS 5) Highly suggestive of malignancy	
Breast screening follow-up recommendations	
<input type="checkbox"/> Diagnostic work-up not needed at this time	<input type="checkbox"/> Diagnostic work-up to be determined
	<input type="checkbox"/> Diagnostic work-up needed (abnormal result)

# Completing the Cervical Section of the Result Form

If no cervical screening was completed, leave this section blank.

If cervical screening was completed, report the following information:

Cervical screening services HPV test		
<input type="checkbox"/> Co-Testing	<input type="checkbox"/> Reflex	<input type="checkbox"/> Unknown
HPV result		
<input type="checkbox"/> Negative	<input type="checkbox"/> Positive with positive genotyping (16 or 18)	<input type="checkbox"/> Positive with no genotyping done
<input type="checkbox"/> Not done	<input type="checkbox"/> Positive with negative genotyping (No 16 or 18)	
Pap test		
Pap test date: <input type="text"/>	<input type="checkbox"/> Routine	<input type="checkbox"/> Surveillance
Pap result		
<input type="checkbox"/> Negative for intraepithelial lesion or malignancy	<input type="checkbox"/> Unsatisfactory Pap, repeat Pap needed	<input type="checkbox"/> High Grade SIL (HSIL)
<input type="checkbox"/> Infection, inflammation, or reactive changes	<input type="checkbox"/> ASC-US	<input type="checkbox"/> Squamous Cell Carcinoma
<input type="checkbox"/> Result pending (resubmit data when compete)	<input type="checkbox"/> ASC-H	<input type="checkbox"/> Adenocarcinoma in situ (AIS)
	<input type="checkbox"/> LSIL (including HPV changes)	<input type="checkbox"/> Atypical Glandular Cells
		<input type="checkbox"/> Adenocarcinoma
Cervical screening follow-up recommendations		
<input type="checkbox"/> Diagnostic work-up not needed at this time	<input type="checkbox"/> Diagnostic work-up needed (abnormal result)	
<input type="checkbox"/> Diagnostic work-up to be determined		

# Purpose of Final Outcome Form

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The Final Outcome Form is used to report a final diagnosis following the completion of all diagnostic procedure such as breast ultrasounds and biopsies or cervical colposcopies.

Final Outcome forms should be submitted when all procedures are completed, and a final diagnosis is known.

# Completing the Breast Section of the Final Outcome Form

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If no breast diagnostic procedures were completed, leave this section blank. Otherwise, report the following information:

Breast diagnostic outcome	
Status of final diagnosis: _____	<input type="checkbox"/> Work-up complete <input type="checkbox"/> Work-up refused <input type="checkbox"/> Lost to follow-up
Final diagnosis date: _____	<input type="checkbox"/> Carcinoma in Situ <input type="checkbox"/> Invasive Breast Cancer <input type="checkbox"/> Breast Cancer not diagnosed <input type="checkbox"/> Lobular Carcinoma in situ (LCIS – Stage 0) <input type="checkbox"/> Ductal Carcinoma in situ (DCIS – Stage 0) <input type="checkbox"/> Other: _____

Breast treatment status	
<input type="checkbox"/> Treatment started    Date: _____	<input type="checkbox"/> Treatment refused    Date: _____
<input type="checkbox"/> Treatment not needed	<input type="checkbox"/> Patient lost to follow up
Determination date: _____	Date of 3rd contact attempt: _____

# Completing the Cervical Section of the Final Outcome Form

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If no cervical diagnostic procedures were not completed, leave this section blank. Otherwise, report the following information:

Cervical diagnostic outcome	
Status of final diagnosis: _____	<input type="checkbox"/> Work-up complete <input type="checkbox"/> Work-up refused <input type="checkbox"/> Lost to follow-up
Final diagnosis date: _____	<input type="checkbox"/> Normal/Benign reaction/Inflammation <input type="checkbox"/> HPV/Condylomata/Atypia <input type="checkbox"/> CIN I/ Mild dysplasia <input type="checkbox"/> CIN II/ Moderate dysplasia <input type="checkbox"/> CIN III/ Severe dysplasia/Carcinoma in situ <input type="checkbox"/> Invasive cervical carcinoma <input type="checkbox"/> Low grade SIL <input type="checkbox"/> High grade SIL <input type="checkbox"/> Other: _____
Cervical treatment status	
<input type="checkbox"/> Treatment started    Date: _____	<input type="checkbox"/> Treatment refused    Date: _____
<input type="checkbox"/> Treatment not needed	<input type="checkbox"/> Patient lost to follow up
Determination date: _____	Date of 3rd contact attempt: _____



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# Provider Data Reports (PDR)

# Purpose of Provider Data Reports (PDR)

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PDRs are sent to clinics when required information on procedures has not been reported to ScreenWise. This list of required data is based on services indicated at time of enrollment or were later found to be needed.

# PDR Process

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- PDRs are sent from ScreenWise to enrolling clinics mid-month.
- Clinics submit completed PDRs to ScreenWise by the end of the month.
- Patients remain on the PDRs until all outcomes are reported.
- PDRs are not sent to a clinic if their result reporting is complete.



# PDR Guidelines

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- Answer all questions on the report including procedure date, test type, result, and follow-up recommendation.
- Provide a status update for procedures that are scheduled, pending, declined or lost to follow-up.
- Check the enrollment date before reporting results to make sure the procedure was completed within 1 year of enrollment.
- Correct errors in patient information such as MRN# or name spelling.
- Notify ScreenWise of changes to clinic staff who should receive PDR.

# Key Reporting Take-Aways

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Final outcomes must be reported for every patient enrolled into the ScreenWise Program. This would include one of the following options:

- Screening result with follow-up recommendation
- Final diagnosis following the completion of all diagnostic procedures
- Treatment start date for all patients diagnosed with cancer
- Patients lost after 3 follow-up attempts and final contact date
- Date declined if patient declines recommended services

## ScreenWise clinical partner contact information

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Clinical partners can contact ScreenWise with eligibility, enrollment, and result reporting questions or concerns at:

- Email: [ScreenWise.info@odhs.oregon.gov](mailto:ScreenWise.info@odhs.oregon.gov)
- Phone: 971-673-0581
- Fax: 971-673-0997

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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Laura Hunsinger at [laura.p.hunsinger@oha.oregon.gov](mailto:laura.p.hunsinger@oha.oregon.gov) or 503-580-0652 (voice/text). We accept all relay calls.

Public Health Division  
ScreenWise Program  
800 NE Oregon Street, Suite 805  
Portland, OR 97232  
<http://www.oregon.gov/oha/screenwise>

