CANCER SCREENING CHANGE PACKAGES
OVERVIEW

TAKING ACTION. SAVING LIVES.

CDC — CENTERS FOR DISEASE CONTROL AND PREVENTION

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

CPCRN
Cancer Prevention and Control Research Network

Contents

Acknowledgements

The Cancer Screening Change Packages were created by the U.S. Centers for Disease Control and Prevention (CDC) together with the National Association of Chronic Disease Directors (NACDD) and the Cancer Prevention and Control Research Network (CPCRN). The change packages are quality improvement tools intended to support health care professionals in various clinical settings, and the community-based organizations and practitioners who partner with them. They provide tools and resources to implement strategies that improve access to and delivery of cancer screening services.

Project team

The Cancer Screening Change Packages were conceptualized by Avid Reza, MD, MPH and Stephanie Melillo, MPH, in CDC's Division of Cancer Prevention and Control. They provided overall project direction and guidance and worked closely as part of the project team, comprised of members from:

- CDC's Division of Cancer Prevention and Control: Jean Shapiro, PhD; Jane Henley, MSPH; Thomas B Richards, MD; Julie Townsend, MS; and Floyd "Trey" Bonner III, MPH.
- NACDD: Dawn Wiatrek, PhD; Sandte Stanley, MPH, MA; DeShara Johnson; Shelby Roberts, MPH; and Anya Karavanov, PhD.
- CPCRN's University of North Carolina at Chapel Hill: Jennifer Leeman, DrPH, MPH, MDiv; Catherine Rohweder, DrPH, MPH; Adrienne Hall, MPH; Shelly Maras, PhD; and Lindsay Stradtman, MPH.

Contributors

We would like to thank Lisa C. Richardson, MD, MPH, director of CDC's Division of Cancer Prevention and Control, for supporting this project. It supports the division's goal of "helping all people reduce their risk of cancer and get the right screening tests at the right time."[1]

We would also like to extend our appreciation to the NACDD's staff and leaders, including John Patton and Randy Schwartz, MSPH.

Also, we would like to thank Hilary K. Wall, MPH, and Brenna VanFrank, MD, MSPH, for sharing their expertise and lessons learned from the Million Hearts® change packages.[2,3,4]

Cancer screening experts from across the country were engaged to inform the development of the Cancer Screening Change Packages. These experts include professionals who participated in interviews to help identify high-quality, practical tools and resources (see Appendix B for a list of individuals). The American Cancer Society and the George Washington University Cancer Center received funding from NACDD through a subcontract to provide additional tools and resources as part of the environmental scan of available materials. A librarian at the University of North Carolina Health Sciences, Jamie Lynn Conklin, MSLIS, provided guidance on the search methods for the scientific literature and grey literature. Additionally, CDC subject matter experts served as reviewers (see Appendix C for a list of individuals). Lastly, we would like to recognize all the people who provided expertise throughout the project.

What are the Cancer Screening Change Packages?

The Cancer Screening Change Packages are intended to support the delivery of cancer screening services that have received A or B recommendations from the United States Preventive Services Task Force (USPSTF). These online technical packages:

- Are intended for health care professionals in various clinical settings, including single and group practices, health maintenance organizations, Federally Qualified Health Centers, imaging and cancer center facilities, and public health departments, and the practitioners who partner with them.

- Present a list of evidence-based and practice-based changes that clinicians can select from to improve cancer screening.

- Provide clinical teams with practical tools and resources that can be used or adapted to improve the reach and effectiveness of their cancer screening efforts.

- Take into consideration that the decision to start the screening process may begin before a person engages with the health care system (see Appendix A). Therefore, these change packages provide tools and resources to address information gaps and barriers to recommended cancer screening.
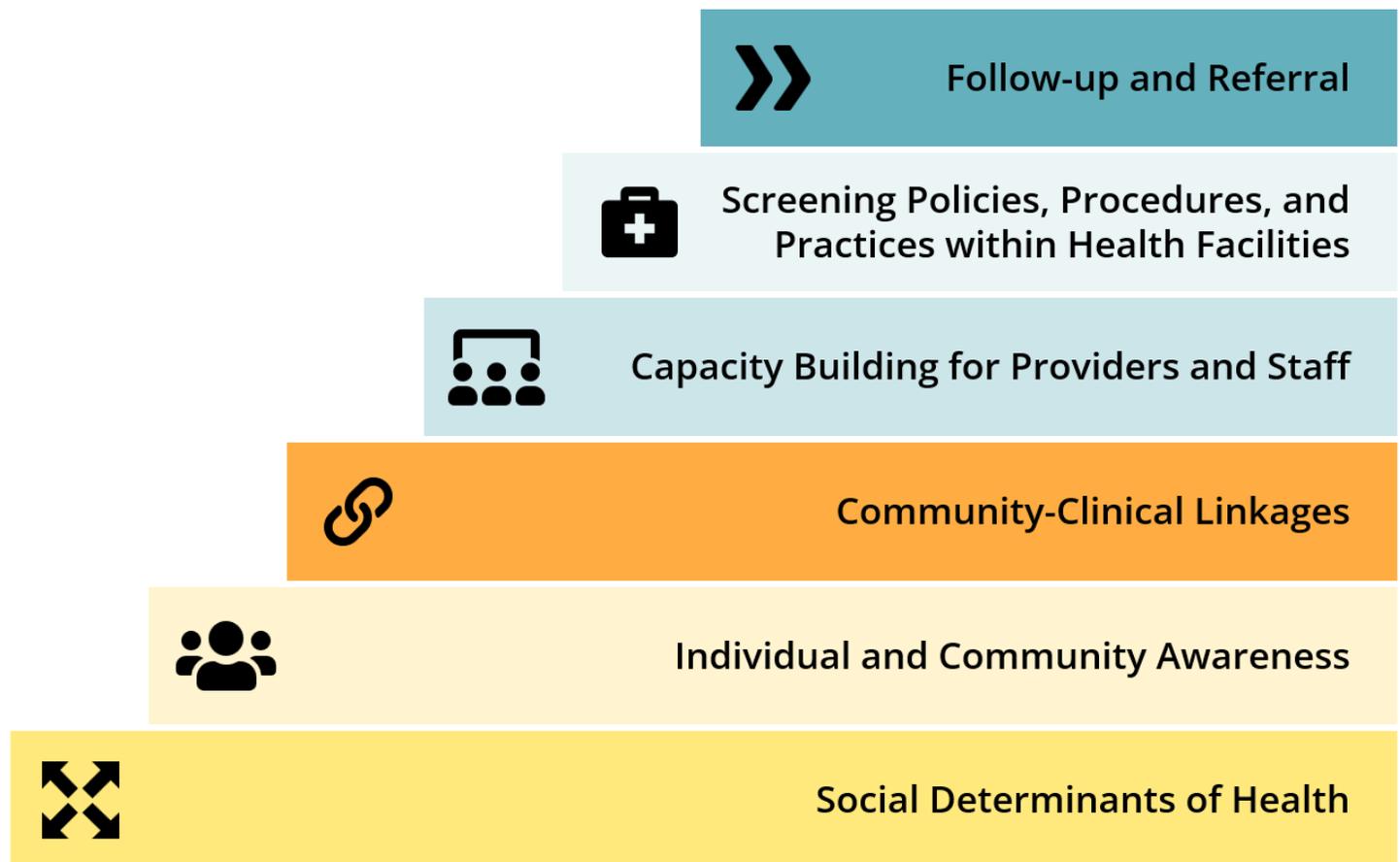
Disclaimer:

CDC has identified resources that may be beneficial to support the delivery of cancer screening. However, CDC does not endorse any specific resource nor is the list of resources provided an exhaustive list of all resources that may be available.

Organizing framework of the Cancer Screening Change Packages

Cancer screening services may be improved by implementing change concepts, change ideas, and relevant tools and resources.

- **Change concepts** are "general notions that are useful for developing more specific strategies for changing a process."[2]

- **Change ideas** are "actionable, specific ideas or strategies"[2] for changing a process. These change packages include evidence-based and practice-based change ideas.

- Each change idea is linked to **tools and resources** that can be used or adapted to improve cancer screening.

The following six **focus areas** organize the change concepts, change ideas, and tools and resources in these Cancer Screening Change Packages**:**

Follow-up and Referral

Screening Policies, Procedures, and Practices within Health Facilities

Capacity Building for Providers and Staff

Community-Clinical Linkages

Individual and Community Awareness

Social Determinants of Health

The social determinants of health focus area includes tools and resources to inform and educate about "the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems."[5]

The individual and community awareness focus area includes tools and resources to inform and educate the public about cancer, risk factors, and screening practices to increase awareness about and demand for cancer screening services.

The community-clinical linkages focus area includes tools and resources to:
- Engage community members and organizations to support screening efforts.
- Reduce structural barriers to screening in the community.
- Implement bi-directional outreach and referral between community and clinical organizations.

The capacity building for providers and staff focus area includes tools and resources for health care staff to increase knowledge and skills, improve cancer screening practices, and monitor and report on screening performance.

The screening policies, procedures, and practices within health facilities focus area includes tools and resources to assess the status of cancer screening, make cancer screening a priority, reduce structural barriers, and use data to identify patients due for screening and opportunities to improve cancer screening rates within a clinical setting or system.

The follow-up and referral focus area includes tools and resources to:
- Promote and support regular screening per USPSTF recommendations.
- Ensure timely referral for diagnostic testing, treatment, and other appropriate next steps, such as genetic testing, when screening tests are abnormal.

In the tables below, the table header rows represent the **focus areas.** **Change concepts** are at the top of each table row, and **change ideas** are listed as bullet points within each change concept.
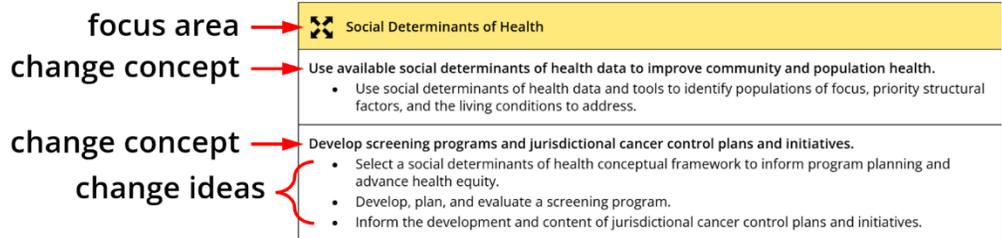
Note: *Change concepts and ideas may apply to one or more cancers. Some change ideas may not have a supporting tool or resource. Please visit https://www.cdc.gov/cancer/dcpc/resources/change-packages/ for the cancer-specific screening change packages and associated tools and resources.*

✖ Social Determinants of Health
Develop screening programs and jurisdictional cancer control plans and initiatives. • Use social determinants of health data and tools to identify populations of focus, priority structural factors, and the living conditions to address. • Select a social determinants of health conceptual framework to inform program planning and advance health equity. • Develop, plan, and evaluate a screening program. • Inform the development and content of jurisdictional cancer control plans and initiatives.
Inform policies that can support cancer screening and treatment. • Inform individuals who may be eligible for Medicaid. • Educate about benefits and options for paid leave that may improve access to cancer screening and treatment. • Educate about broadband access to support telehealth.
Inform about the availability of health insurance coverage. • Educate individuals on health insurance coverage for recommended cancer screenings. • Educate individuals about the eligibility for safety net programs that may reduce out-of-pocket costs.
Support employee wellness. • Promote employee screening through education and screening events or initiatives in the workplace.

👥 Individual and Community Awareness

Inform and educate the public to increase awareness and use of recommended cancer screenings.
- Deliver group education.
- Deliver one-on-one education.
- Develop small media materials such as videos, letters, brochures, and newsletters.
- Develop a mass media strategy and messages to reach a large audience through platforms such as newspapers, magazines, radio, television, and the Internet.
- Use informational materials such as websites, infographics, posters, and videos.

🔗 Community-Clinical Linkages

Engage community members and organizations to support screening efforts.
- Engage or train community-based organizations.
- Engage or train community leaders and others.

Engage community-based health professionals to refer or recommend individuals for screening.
- Engage pharmacists to deliver home-based screening tests or recommend and refer individuals for screening.
- Engage community health workers to recommend and refer individuals for screening.

Reduce structural barriers to screening in the community.
- Enlist patient navigators or community health workers to help individuals access screening.
- Identify transportation or transportation vouchers for screening appointments.
- Identify dependent care so that parents and caregivers can attend screening appointments.
- Offer tests that patients can take at home.
- Use mobile vans or buses to deliver screening in community settings.
- Use telehealth for screening consultations.
- Develop (or use existing) resource and information hubs, such as 211, to address the intersection of health and social services and help individuals access screening.

Implement bi-directional outreach and referral systems for screening.
- Establish formal partnerships or systems between health care organizations and community-based organizations to ensure clinical and community linkages to screening.

Capacity Building for Providers and Staff

Increase provider and staff knowledge, skills, and motivation to improve screening.
- Promote continuing education opportunities to increase provider knowledge and skills.
- Offer telementoring to help providers and staff stay current on screening recommendations, guidelines, practices, and approaches.
- Train staff and providers on cancer screening and quality improvement.

Prepare the clinical team.
- Identify patients who are eligible and due for screening prior to their appointment.
- Implement pre-visit planning into workflows.
- Use clinical decision support tools to ensure that indicated screening orders or actions occur during the visit.

Provide individual and system-level feedback on screening measures.
- Use audits and feedback to measure and report on screening performance.
- Monitor and evaluate screening performance at the provider and health care facility levels.
- Establish and communicate screening performance goals at the provider and health care facility levels.

Screening Policies, Procedures, and Practices within Health Facilities

Make cancer screening a priority.
- Assess primary care clinics' readiness to implement existing evidence-based interventions (EBIs) to increase cancer screening.
- Prioritize screening by engaging leaders and identifying screening champions.
- Use a whole-office approach by delegating screening tasks across the health care facility team.
- Provide economic incentives, such as the Centers for Medicare & Medicaid Services Electronic Health Record (EHR) Incentive Program and the Quality Payment Program, to health care providers, facilities, and settings.
- Make cancer screening a quality improvement measure at the system level.
- Optimize billing practices by using existing codes to capture all billable services.

Implement population management strategies for all eligible patients.
- Benchmark or compare health care facility screening prevalence to state and national prevalence.
- Use community assessment data to identify barriers to and resources for screening.
- Run EHR reports on eligible patient populations to generate lists or create a registry of patients who are due for screening and conduct outreach.
- Use EHR tools to calculate and analyze cancer screening rates.
- Analyze data by patient sub-populations to determine if screening disparities exist.

🧰 Screening Policies, Procedures, and Practices within Health Facilities

Establish standard operating procedures for screening.
- Develop formal written screening policies for the health care facility.
- Implement standing orders for screening.
- Use implementation guides and quality improvement tools to create workflows and address workflow barriers.

Use risk assessment tools and follow-up.
- Use a family history algorithm to assess a patient's risk of developing cancer to help determine eligibility for screening at an earlier age.
- Use a risk calculator to determine a patient's eligibility for screening at an earlier age.

Practice patient education, communication, and shared decision making.
- Use tools and resources to facilitate shared decision making regarding screening.
- Use patient education materials and small media such as videos and printed materials.
- Use patient education materials to support discussions on potential out-of-pocket costs for screening and follow-up.
- Use communication tools and strategies to improve patient-centered communication.
- Personalize messaging to increase screening among patients.
- Provide educational and instructional materials to patients on screening procedures.

Implement patient and provider reminder systems.
- Use multi-modal screening reminders, such as mail, phone, or text messages, for patients.
- Use electronic reminders, such as prompts in the EHR, for providers and staff.
- Use physical reminders, such as stickers or cards, for providers and staff.

Reduce structural barriers in the health care setting.
- Identify health-related social needs.
- Offer non-traditional facility hours.
- Offer screening in non-clinical or alternative settings such as mobile vans or community centers.
- Use telehealth for screening consultations and follow-up of results.
- Use patient navigation to improve completion of screening.
- Ensure information or interpretation services are available in the patient's primary language.
- Streamline administrative procedures, such as simplifying patient paperwork, reducing the number of required visits, and offering flexibility for late arrivals.
- Conduct an environmental scan and organizational assessment of cancer screening capacity.

» Follow-up and Referral for Additional Testing and Treatment

Establish relationships with specialists for diagnostic testing and treatment.
- Identify and partner with referral services or specialists who can provide follow-up diagnostic tests and/or cancer screening.
- Establish two-way communication with referral services or specialists to find out if patients followed up with referrals.
- Develop written agreements with referral services or specialists to coordinate follow-up care.

Adopt policies and procedures for patient referral and follow-up for diagnostic testing and treatment.
- Develop protocols and workflows, such as reminder systems, to ensure follow-up referrals are made.
- Implement best practices for notification of abnormal test results and follow-up instructions to the patient.
- Create a tracking system for documenting patient follow-up after an abnormal test result.
- Use EHR-based clinical decision management tools to guide follow-up care.

Overcome barriers to follow-up and treatment.
- Work with specialists and health care facilities to negotiate free or reduced-cost follow-up services or offer payment plans for patients experiencing financial disadvantage.
- Identify sources for low-cost or free transportation services for follow-up care.
- Offer same-day and open-access scheduling and services outside of traditional hours.
- Use patient navigation to help individuals access follow-up services.

Facilitate genetic screening for patients and their relatives.
- Implement risk assessment tools such as family histories and genetic counseling tools during primary care visits.
- Educate patients regarding genetic risk and communication with family members.
- Refer patients and family members for genetic counseling and testing when appropriate.

Implement follow-up processes for regular screening.
- Develop tracking systems to document when patients are due for their next regular screening.
- Provide visit summaries and patient education on future regular screening.

How to use the Cancer Screening Change Packages

The Cancer Screening Change Packages offer a menu of strategies and associated tools and resources to support cancer screening services. Health care professionals—and the public health departments, community-based organizations, and others who partner or collaborate with them—can choose tools and resources from this menu to address processes that need improvement. Some may approach these change packages with a specific goal in mind. Others may need to identify the areas for improvement. The steps below explain how to use the Cancer Screening Change Packages.

To get started

- ☐ Engage team members and potential partners. These may include physicians, pharmacists, nurses, medical assistants, social workers, community health workers, patient navigators, quality improvement coordinators, health informaticians, administrators, health department staff, and members of community-based organizations.
- ☐ Establish leadership support and commitment to improving cancer screening.
- ☐ Identify one or more champions to engage leadership and lead efforts.

Working with the change package

- ☐ Become familiar with the organizing framework: focus areas, change concepts, and change ideas.
- ☐ Review the flow charts in Appendix A to understand the cancer screening process that patients follow and the opportunities to improve screening.
- ☐ Determine if a needs assessment would help identify focus areas, change concepts, and change ideas that would be most effective and feasible.
- ☐ Select a focus area based on circumstances and needs.
- ☐ Identify appropriate evidence-based and practice-based change concepts and change ideas.
- ☐ Select tools and resources for implementation and adapt as necessary.
- ☐ Implement, monitor, and evaluate the selected changes and associated tools and resources.

Cancer Screening Change Packages may be updated periodically as screening processes evolve and new tools and resources are developed.

Methods summary

The Cancer Screening Change Packages use an organizing framework consisting of focus areas, change concepts, and change ideas that draw on:

1. Cross-cutting quality improvement strategies and approaches included in the Million Hearts® change packages.[2,3,4]

2. Evidence-based strategies from the Community Guide.[6]

3. Best practices and lessons learned from CDC's National Comprehensive Cancer Control Program, Colorectal Cancer Control Program, and National Breast and Cervical Cancer Early Detection Program[7,8,9]

4. Subject matter experts (SMEs).

The project team, with input from SMEs, created a flow chart for each type of cancer to display the cancer screening process that patients follow. Each process starts with individual and community awareness and ends with referral to a specialist for follow-up if the test is abnormal (see Appendix A for cancer-specific flow charts). The flow charts were used to ensure that critical steps in the screening process for each cancer were reflected in the organizing framework.

In addition, a pilot test was conducted with a subset of tools and resources to refine the organizing framework. Lastly, an environmental scan identified tools and resources through an iterative process resulting in similar but tailored frameworks for each cancer.

To identify tools and resources for inclusion in the Cancer Screening Change Packages, an environmental scan was conducted using five main sources:

1. Interviews with SMEs for breast, cervical, and colorectal cancers.

2. Recommendations from funded partners (the American Cancer Society and the George Washington University Cancer Center).

3. Grey literature.

4. Scientific literature.

5. Individuals or organizations within the project team's networks with relevant expertise.

SMEs were interviewed using a semi-structured interview guide that included questions about their awareness, use, and perceptions of tools and resources related to their area of cancer expertise (see Appendix B for a list of individuals). The American Cancer Society and the George Washington University Cancer Center received funding to identify and provide additional tools and resources. The grey literature search comprised a search of websites and organizations recommended during the SME interviews and a web search using terms tailored for each cancer. The University of North Carolina Health Sciences librarian advised on search methods for the scientific literature and helped develop and refine a list of search terms for each cancer. Project team members reached out to cancer screening experts within their professional networks to address gaps, including change ideas for which no associated tools or resources were found during the search process.

Each tool and resource identified through the environmental scan was assigned a unique identifier and entered into a spreadsheet. These materials were first assessed by members of the project team using specific criteria to determine which tools and resources should be excluded from further review. SMEs reviewed the remaining tools and resources to:

- Determine if they were up to date with the current USPSTF cancer screening recommendations.

- Assess their overall quality and utility.

- Map them to the appropriate sections of the organizing framework and suggest revisions to the draft framework if warranted. See Appendix C for a list of SME reviewers.

When no tools and resources were identified for a change idea, a follow-up search was conducted. Any new tools and resources identified were reviewed using the process described above. A final review meeting was held to gain consensus about the overall completeness and accuracy of the change packages. A similar overall process will be used for periodic updates moving forward.

Appendix A: cancer screening flow charts

Breast cancer screening flow chart

For asymptomatic women aged 40 to 74 years without previously diagnosed high-risk breast lesions or breast cancer, underlying genetic mutations, or a history of chest radiation at a young age.

See USPSTF recommendation at www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening.
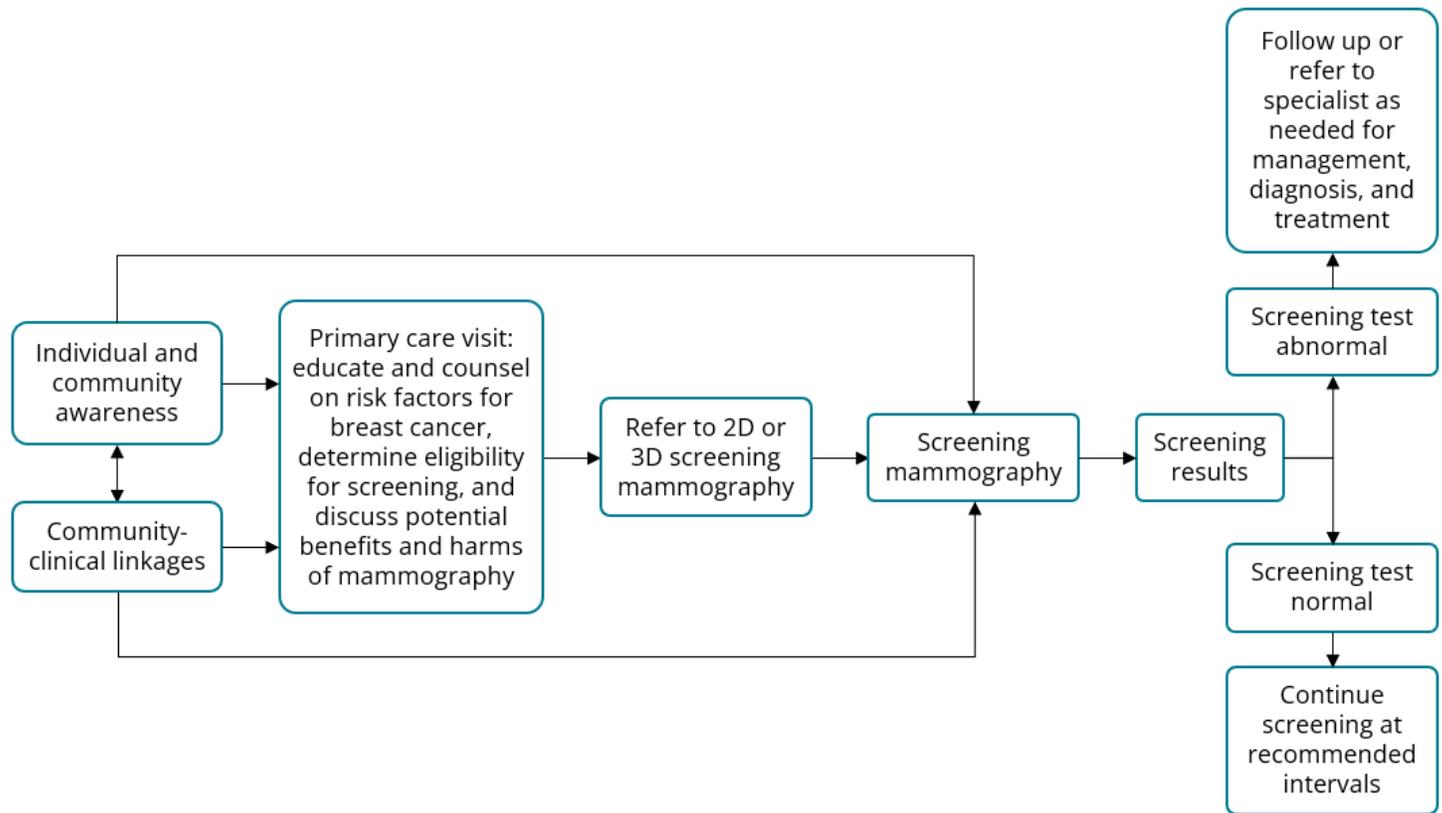
This flow chart demonstrates the critical steps in the screening process for breast cancer, starting with individual and community awareness. Community-clinical linkages can support screening efforts by engaging community members, reducing structural barriers, and providing referrals.

Patients may enter the screening process through 1) a primary care visit to educate and counsel on risk factors for breast cancer, determine eligibility for screening, and discuss potential benefits and harms of mammography or 2) directly seeking screening mammography.

Patients may be referred for either a 2D digital or 3D mammography. If the result from either of these tests is abnormal, the next step for the patient is to follow up with their provider or with a specialist as needed for management, diagnosis, and treatment. If the result is normal, continue screening at recommended intervals.

More information—

- Community-clinical linkages: www.ahrq.gov/ncepcr/tools/community/

- Breast cancer risk factors: www.cdc.gov/cancer/breast/basic_info/risk_factors.htm
- Breast cancer screening: www.cdc.gov/cancer/breast/basic_info/screening.htm

Cervical cancer screening flow chart

For all women aged 21 to 65 years who have a cervix, without previously diagnosed high-grade precancerous lesions or cervical cancer, no exposure to diethylstilbestrol in utero, and not immunocompromised.

See USPSTF recommendation at www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening.
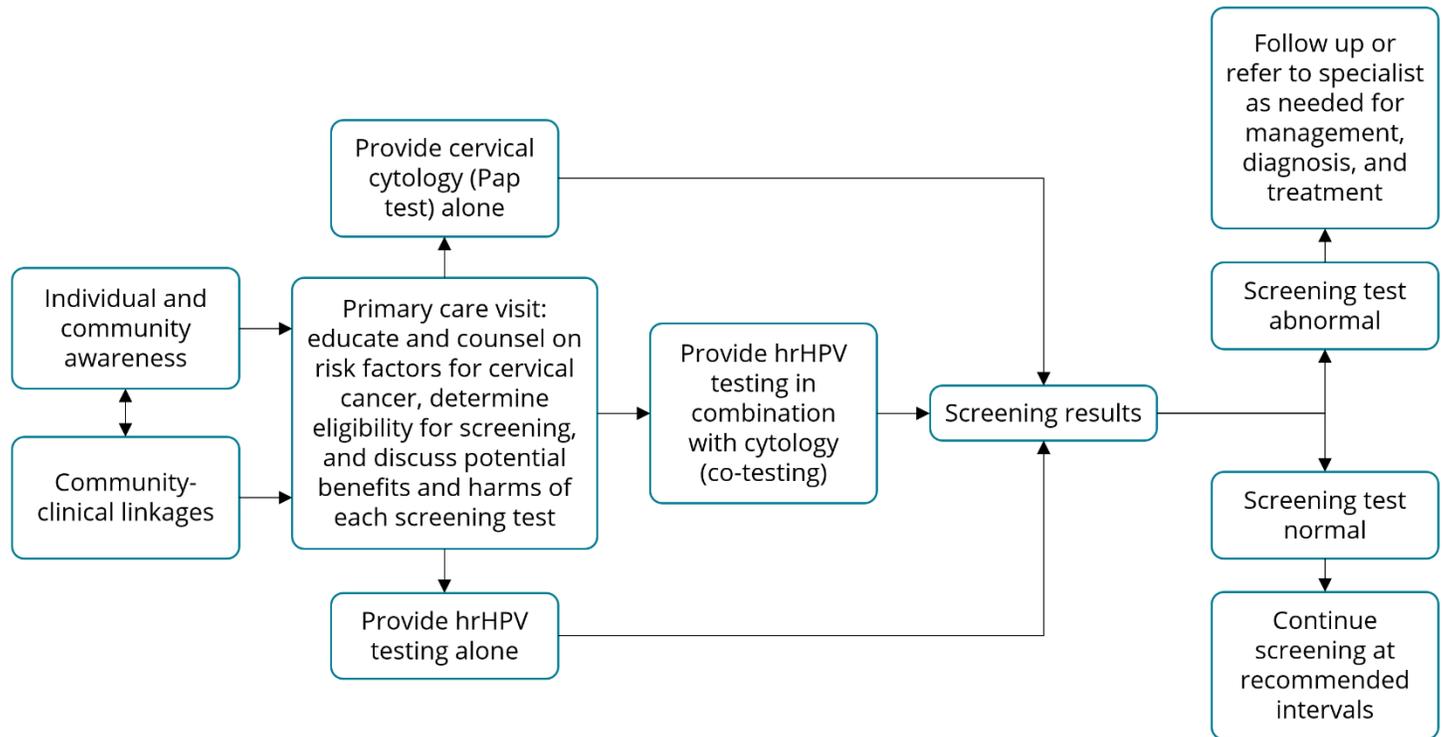
This flow chart demonstrates the critical steps in the screening process for cervical cancer, starting with individual and community awareness. Community-clinical linkages can support screening efforts by engaging community members, reducing structural barriers, and providing referrals.

Patients enter the screening process through a primary care visit to educate and counsel on risk factors for cervical cancer, determine eligibility for screening, and discuss potential benefits and harms of each screening test.

Patients who are 21 to 29 years old receive cervical cytology testing only. Patients who are 30 to 65 years old have three options: (1) receive cervical cytology testing alone, (2) high-risk human papillomavrus (hrHPV) testing in combination with cytology (co-testing), or (3) hrHPV testing alone. If the result of any of these tests is abnormal, the next step for the patient is to follow up with their provider or with a specialist as needed for management, diagnosis, and treatment. If the result is normal, continue screening at recommended intervals.

More information—

- Community-clinical linkages: www.ahrq.gov/ncepcr/tools/community/
- Cervical cancer risk factors: www.cdc.gov/cancer/cervical/basic_info/risk_factors.htm
- Cervical cancer screening: www.cdc.gov/cancer/cervical/basic_info/screening.htm

Colorectal cancer screening flow chart

For adults aged 45 to 85 years who do not have signs or symptoms of colorectal cancer and who do not have a personal or family history of colorectal cancer or colorectal polyps, no history of genetic syndrome such as familial adenomatous polyposis or hereditary non-polyposis colorectal cancer (Lynch syndrome), and no prior diagnosis of inflammatory bowel disease.

See USPSTF recommendation at www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening.
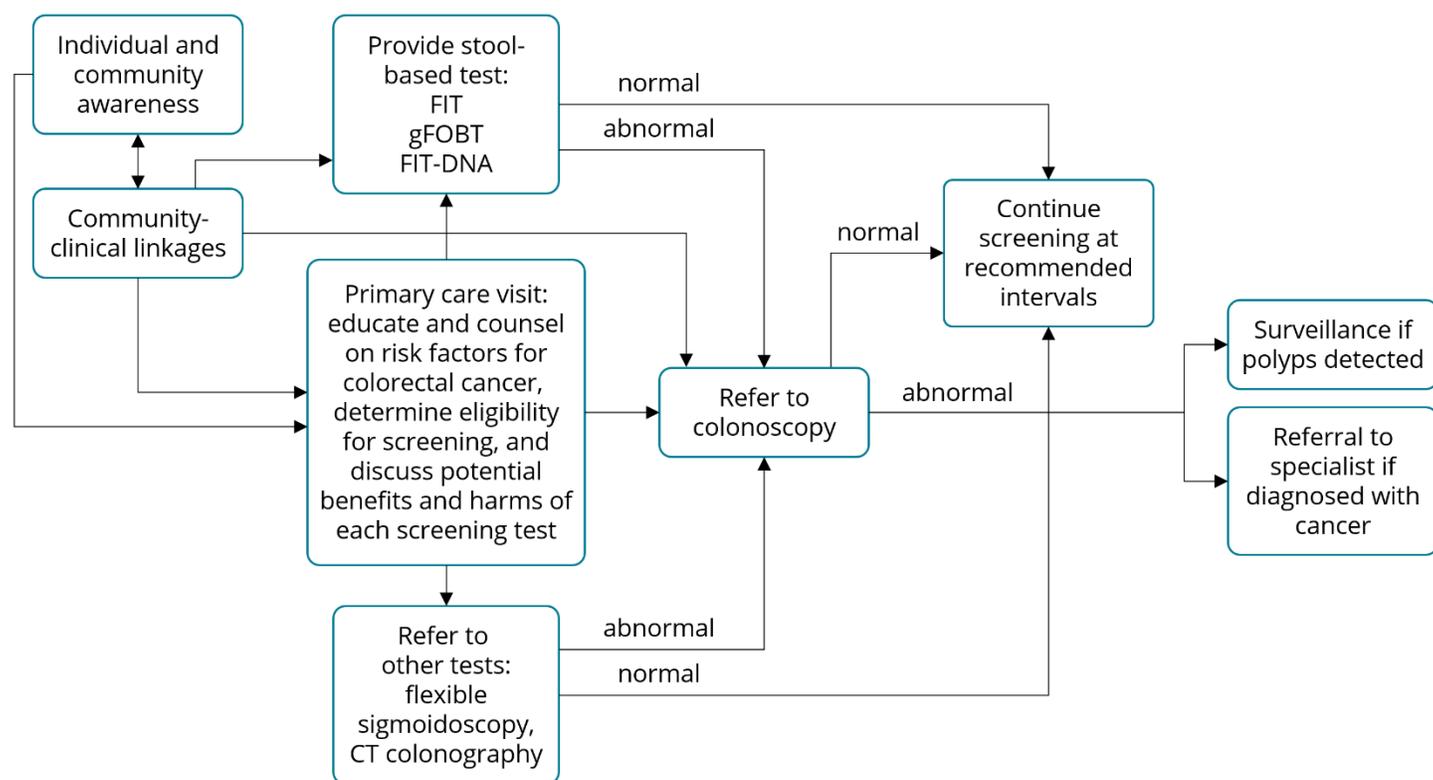
This flow chart demonstrates the critical steps in the screening process for colorectal cancer, starting with individual and community awareness. Community-clinical linkages can support screening efforts by engaging community members, reducing structural barriers, and providing referrals.

Patients may enter the screening process through 1) a primary care visit to educate and counsel on risk factors for colorectal cancer, determine eligibility for screening, and discuss potential benefits and harms of each screening test, 2) community clinical linkage efforts that provide direct referrals to a colonoscopy, or 3) community clinical linkage efforts that that provide a stool-based test, such as a fecal immunohistochemical test (FIT), guaiac fecal occult blood test (gFOBT), or a FIT-DNA (deoxyribonucleic acid) test.

Patients who enter the screening process through a health care visit may be referred for a stool-based test, colonoscopy, flexible sigmoidoscopy, or CT colonography. If the test result is normal, continue screening at recommended intervals. If the stool-based test, flexible sigmoidoscopy, or CT colonography result is abnormal, the next step is referral to colonoscopy. If polyps are detected during the colonoscopy, surveillance, in which the provider decides on an appropriate interval for monitoring the patient, is the course of action. If cancer is diagnosed, the patient should be referred to a specialist.

More information—

- Community-clinical linkages: www.ahrq.gov/ncepcr/tools/community/
- Colorectal cancer risk factors: www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm
- Colorectal cancer screening: www.cdc.gov/cancer/colorectal/basic_info/screening/
- Colorectal cancer screening tests: www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm

Appendix B: subject matter expert (SME) interviews

Breast cancer SME interviews

- **Cam Escoffery, PhD, MPH, CHES**
  Emory University - Rollins School of Public Health, Professor; Department of Behavioral, Social, and Health Education Sciences

- **Sue Heiney, PhD, RN, FAAN**
  University of South Carolina College of Nursing; Research Professor and Dunn Shealy Professor of Nursing

- **Lillie D. Shockney, RN, BS, MAS, HON-ONN-CG**
  Co-Founder of the Academy of Oncology Nurse & Patient Navigators, University Distinguished Service Professor of Breast Cancer, and Professor of Surgery at the Johns Hopkins University School of Medicine

Cervical cancer SME interviews

- **Heather Brandt, PhD**
  St. Jude Children's Research Hospital; Director of HPV Cancer Prevention Program

- **Maria Fernandez, PhD**
  University of Texas Health Science Center at Houston School of Public Health; Professor, Health Promotion and Behavioral Sciences

Colorectal cancer SME interviews

- **Alison Brenner, PhD, MPH**
  University of North Carolina - Chapel Hill School of Medicine; Research Assistant Professor, Division of General Medicine and Clinical Epidemiology

- **Gloria Coronado, PhD**
  Kaiser Permanente, Mitch Greenlick Endowed Senior Investigator in Health Disparities Research

- **Andi Dwyer, BS**
  University of Colorado Cancer Center; Co-Director, Colorado Colorectal Screening Program

- **Richard Wender, MD**
  National Colorectal Cancer Roundtable, Chair

Appendix C: subject matter expert (SME) reviewers

Breast cancer SME reviewers

- **Jacqueline W. Miller, MD, FACS**
  Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

- **Paran Pordell, DrPH, MPH, CHES**
  Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

- **Susan (Sue) Sabatino, MD, MPH**
  Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cervical cancer SME reviewers

- **Julie Townsend, MPH**
  Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

- **Mona Saraiya MD, MPH, FACPM**
  Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Colorectal cancer SME reviewers

- **Stephanie Melillo, MPH**
  Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

- **Jean A. Shapiro, PhD**
  Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

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[4] Centers for Disease Control and Prevention. Cardiac Rehabilitation Change Package. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2018. Cardiac Rehabilitation Change Package: Million Hearts® (hhs.gov)

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