



## Health Care Systems for Increasing and Tracking Colorectal Cancer Screening Tests

**Physicians & other clinicians — Complete Sections A to D.  
All other staff — Complete Section C only**

<b>Name</b>	_____
<b>Role in the Practice</b>	<input type="checkbox"/> Physician
	<input type="checkbox"/> Other clinician (CRNP, PA)
	<input type="checkbox"/> Other clinical staff (specify) _____
	<input type="checkbox"/> Other office staff (specify) _____
<b>Practice ID</b>	_____
<b>Date</b>	_____ _____ _____  Month Day Year

**CONFIDENTIALITY:** *If you do participate, all information collected in this survey will be kept strictly confidential.* All information may be inspected by the Lehigh Valley Hospital and Health Network Institutional Review Board, and the researchers at the Lehigh Valley Hospital Department of Family Medicine. Only de-identified information will be provided to researchers at CNAC, researchers at Thomas Jefferson University and federal agencies to which we report this study's results. If any publications

Public reporting burden for this collection of information is estimated to average 15 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850. 0

result from this research, results will be written in a way that will protect your identity. All information will be kept in a locked cabinet for ten years after the completion of the study and access will be limited to the above-mentioned groups.

## A. Colorectal Cancer Screening Practices (Physicians and Other Clinicians Only)

This section asks about different approaches to colorectal cancer screening. Please respond based on how you **actually** practice, even if this differs from how you would prefer to practice.

**A-1.** How **frequently** do you recommend the following tests for colorectal cancer screening to your asymptomatic, average-risk patients age 50 or older?

Tests	Check one box on each line			
	Very frequently	Somewhat Frequently	Not frequently	Never
A. Colonoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B. Stool test alone				
● Fecal occult blood test (FOBT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Fecal immunochemical test (FIT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Stool DNA test	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
C. Other				
● Flexible sigmoidoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Virtual colonoscopy (CT colonography)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Double contrast barium	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Digital rectal exam	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A-2.** How **effective** do you believe the following tests are in reducing colorectal cancer mortality in asymptomatic, average-risk patients aged 50 years and older?

Tests	Check one box on each line			
	Very effective	Somewhat effective	Not effective	Don't know
A. Colonoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B. Stool test alone				
● Fecal occult blood test (FOBT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Fecal immunochemical test (FIT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Stool DNA test	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
C. Other				
● Flexible sigmoidoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Virtual colonoscopy (CT colonography)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Double contrast barium	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
● Digital rectal exam	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**B. Case Scenarios**  
**(Physicians and Other Clinicians Only)**

We would like your thoughts about the follow-up of these two hypothetical patients.

**B-1.** Your office is involved in a colorectal cancer screening program that involves sending stool tests to patients age 50 and older. Patients may complete and return stool test cards to a central lab for processing. Your office is informed of an abnormal screening test result for one of your patients.

What would you routinely do when you are informed that a patient has a positive stool test result?  
Would you recommend . . .

**Check all that apply**

- 1  Repeat stool test?
  - 2  Flexible sigmoidoscopy?
  - 3  Colonoscopy?
  - 4  Double contrast enema?
  - 5  Other? (Specify) \_\_\_\_\_
- 

**B-2.** Your office is involved in a colorectal cancer screening program that offers flexible sigmoidoscopy to patients age 50 and older. Patients may undergo a screening flexible sigmoidoscopy examination. Your office is informed of an abnormal test result for one of your patients.

What would you routinely do when you are informed that a patient has an abnormal flexible sigmoidoscopy result? Would you recommend . . .

**Check all that apply**

- 1  Stool test?
  - 2  Repeat flexible sigmoidoscopy?
  - 3  Colonoscopy?
  - 4  Double contrast enema?
  - 5  Other? (Specify) \_\_\_\_\_
-

## C. Colorectal Cancer Screening Process in Your Office (Physicians, Other Clinicians, and ALL Other Staff)

This section asks about how the colorectal cancer screening process occurs in your office. Please respond based on how this process **actually** works in your practice, even if this differs from how you would prefer things to work.

- C-1.** For screening **stool tests**, who in your practice actually performs the activity involved in each step below?

**Check all that apply.**

	I do it	Another person does it (specify job title)	No one does it	Don't know
Gives stool test cards to the patient	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Contacts non-responders to stool test	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Gives stool test results to patient	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Refers patients with positive stool test for follow-up	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Schedules follow-up for positive stool test patients	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Contacts follow-up no-shows	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Reschedules no-shows for follow-up	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- C-2.** For screening **flexible sigmoidoscopy**, who in your practice actually performs the activity involved in each step below?

**Check all that apply**

	I do it	Another person does it (specify job title)	No one does it	Don't know
<b>a.</b> Orders screening flexible sigmoidoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>b.</b> Schedules flexible sigmoidoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>c.</b> Contacts flexible sigmoidoscopy no-shows	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>d.</b> Reschedules no-shows for flexible sigmoidoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C-3.** For screening **colonoscopy**, who in your practice actually performs the activity involved in each step below?

**Check all that apply**

	I do it	Another <u>person</u> does it (specify job title)	No one does it	Don't know
<b>a.</b> Orders screening colonoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>b.</b> Schedules colonoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>c.</b> Contacts colonoscopy no-shows	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>d.</b> Reschedules no-shows for colonoscopy	1 <input type="checkbox"/>	2 <input type="checkbox"/> _____	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## D. Background of Your Patients and Yourself (Physicians and Other Clinicians Only)

**D-1a** During the past 12 months, how **many** (number) newly-diagnosed colorectal cancer patients have you **personally** seen in your practice? An estimate is fine.

| \_\_\_\_\_ | newly-diagnosed colorectal cancer patients

**D-1b** During the past 12 months, how many (number) newly-diagnosed colorectal adenomatous polyp patients have you **personally** seen in your practice? An estimate is fine.

| \_\_\_\_\_ | newly-diagnosed colorectal adenomatous polyp patients

**D-2a** During the past 12 months, approximately what **percentage (%)** of your newly-diagnosed colorectal cancer patients was diagnosed because they had a symptom (e.g. hematochezia, weight loss, abdominal pain or bloating)? An estimate is fine.

| \_\_\_\_\_ % | of newly-diagnosed colorectal cancer patients

**D-2b** During the past 12 months, approximately what **percentage (%)** of your newly-diagnosed colorectal adenomatous polyp patients was diagnosed because they had a symptom? An estimate is fine.

| \_\_\_\_\_ % | of newly-diagnosed colorectal adenomatous polyp patients

**D-3a** During the past 12 months, approximately what **percentage (%)** of your newly-diagnosed colorectal cancer patients was diagnosed because they had an FOBT-positive result? An estimate is fine.

| \_\_\_\_\_ % | of newly-diagnosed colorectal cancer patients

**D-3b** During the past 12 months, approximately what **percentage (%)** of your newly-diagnosed adenomatous polyp patients was diagnosed because they had an FOBT-positive result? An estimate is fine.

| \_\_\_\_\_ % | of newly-diagnosed colorectal adenomatous polyp patients

**D-4.** On average, how many patients do you see each week?

- 1  Less than 100
- 2  100-124
- 3  125-149
- 4  150 or more

**D-5.** What is your date of birth?

| \_\_\_\_\_ | | \_\_\_\_\_ | | \_\_\_\_\_ |  
Month Day Year

**D-6.** What is your gender?

1  Male      2  Female

**D-7.** Do you consider yourself to be Hispanic or Latino?

- 1  Yes      2  No

**D-8.** Do you consider yourself to be . . .

- 1  American Indian or Alaska Native
- 2  Asian
- 3  Black or African American
- 4  Native Hawaiian or Pacific Islander
- 5  White
- 6  More than one race
- 7  Other (Please specify) \_\_\_\_\_

**D-9.** Do you as an individual have an affiliation with a medical school or nursing school, such as adjunct, clinical, or other faculty appointment?

**Check one box**

- 1  Yes (Specify what medical or nursing school) \_\_\_\_\_
- 2  No

**D-10. Physicians only --** What is your **primary** medical specialty?

**Check one box**

- 1  Family medicine
- 2  General practice
- 3  General internal medicine
- 4  Obstetrics/Gynecology
- 5  Other (Specify) \_\_\_\_\_

**D-11. Physicians only --** Are you board-certified in that specialty?

**Check one box**

- 1  Yes
- 2  No

**D-12a. Physicians only ---** In what year did you graduate from medical school? \_\_\_\_\_

Year

**D-12b. Other clinicians only --** In what year did you receive your highest clinical degree? \_\_\_\_\_

Year

**Thank you for sharing your opinions with us.**

Surveys will be collected at the end of academic detailing session.  
Or surveys can be returned in envelope given to the office manager.

If you have any questions about the survey, please contact:

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