

Facility characteristics

Attachment H2 – Table 1

Number of eligible facilities, by sub-state region and survey administration			
	National SECAP	State SECAP	Total
Region			
Region 1			
Region 2			
Region 3			
Region 4			
Region 5			
Region 6			
Total			

Facility characteristics

Attachment H2 – Table 2

Surveys and response rate, by sub-state region and survey administration			
	National SECAP	State SECAP	Total
Region			
Region 1			
Region 2			
Region 3			
Region 4			
Region 5			
Region 6			
Total			

Facility characteristics

Attachment H2 – Table 3

Mean number of providers performing sigmoidoscopies and colonoscopies, by physician specialty, by facility type for State (standard errors in parentheses)			
	ASC	Hospital	Physician Practice
Total			
Flexible sigmoidoscopy			
Gastroenterologist			
Primary Care Provider			
	Internist		
	Family practitioner/ General practitioner		
Surgeon			
	General surgeon		
	Colorectal surgeon		
Non-physician endoscopist			
Other			
Total			
Colonoscopy			
Gastroenterologist			
Primary Care Provider			
	Internist		
	Family practitioner/ General practitioner		
Surgeon			
	General surgeon		
	Colorectal surgeon		
Non-physician endoscopist			
Other			
Total			
Number of facilities			

Facility characteristics

Attachment H2 – Table 4

Number of procedure rooms, video monitors, and endoscopes for lower endoscopies, by region (standard errors in parentheses)					
	Procedure rooms	Video monitors	Colonoscopes	Flexible sigmoidoscopes	Other lower endoscope
Mean per Facility					
Region 1					
Region 2					
Region 3					
Region 4					
Region 5					
Region 6					
Total in Region					
Region 1					
Region 2					
Region 3					
Region 4					
Region 5					
Region 6					

Facility characteristics

Attachment H2 – Table 5

**Number of procedure rooms, video monitors, and endoscopes for lower endoscopies,
by facility type
(standard errors in parentheses)**

	Procedure rooms	Video monitors	Colonoscopes	Flexible sigmoidoscopes	Other lower endoscope
Mean per Facility					
ASC					
Hospital					
Physician practice					
Total					
ASC					
Hospital					
Physician practice					

Facility characteristics

Attachment H2 – Table 6

Average room time typically scheduled for flexible sigmoidoscopy and colonoscopy, in State and the nation by facility type (standard errors in parentheses)			
Flexible Sigmoidoscopy*		Colonoscopy*	
State	Nation	State	Nation
ASCs			
Hospitals			
Physician practices			

*Among those facilities that perform the procedure

Facility characteristics

Attachment H2 – Table 7

Percentage of facilities typically using sedation and anesthesia for colonoscopy in State and the nation, by facility type (standard errors in parentheses)			
Opioids/Benzodiazepines		Propofol	
State	Nation	State	Nation
ASCs			
Hospitals			
Physician practices			

Characteristics of the individuals performing screening and follow-up examinations

Attachment H2 – Table 8

Percentage of all flexible sigmoidoscopies and colonoscopies performed, by physician specialty, by facility type for State (standard errors in parentheses)				
	ASC	Hospital	Physician Practice	Total
Flexible sigmoidoscopy				
Gastroenterologist				
Primary Care Provider				
	Internist			
	Family practitioner/ General practitioner			
Surgeon				
	General surgeon			
	Colorectal surgeon			
Non-physician endoscopist				
Other				
Total				
Number of facilities				
Colonoscopy				
Gastroenterologist				
Primary Care Provider				
	Internist			
	Family practitioner/ General practitioner			
Surgeon				
	General surgeon			
	Colorectal surgeon			
Non-physician endoscopist				
Other				
Total				
Number of facilities				

Characteristics of the individuals performing screening and follow-up examinations

Attachment H2 – Table 9

Percentage of facilities in State authorizing non-physician endoscopists to perform flexible sigmoidoscopies and colonoscopies with varying levels of supervision, by facility type (standard errors in parentheses)				
	ASC	Hospital	Physician Practice	Total
Flexible sigmoidoscopy				
A physician is present for the entire exam				
A physician is present only when the flexible sigmoidoscope is withdrawn				
The non-physician endoscopist is unsupervised, but...				
A physician is “immediately available” in clinic				
A physician is “immediately available” in hospital				
A physician is “immediately available” by beeper/phone				
The non-physician endoscopist is authorized to perform the entire exam unsupervised				
Other				
Non-physician endoscopists do not perform flexible sigmoidoscopy				
Number of facilities				
Colonoscopy				
A physician is present for the entire exam				
A physician is present only when the colonoscope is withdrawn				
The non-physician endoscopist is unsupervised, but...				
A physician is “immediately available” in clinic				
A physician is “immediately available” in hospital				
A physician is “immediately available” by beeper/phone				
The non-physician endoscopist is authorized to perform the exam unsupervised				
Other				
Non-physician endoscopists do not perform colonoscopy				
Number of facilities				

Screening and follow-up tests currently being performed

Attachment H2 – Table 10

Procedures currently being performed in State and the nation (standard errors in parentheses)				
	Flexible Sigmoidoscopy		Colonoscopy	
	State	Nation	State	Nation
Percent of facilities that perform the procedure				
Mean number of procedures performed per week per facility *				
Percent of procedures performed for screening*				
Percent of procedures that are incomplete*				
Mean number of procedures possible per week per facility*				
Number of facilities				

*Among those facilities that perform the procedure

Screening and follow-up tests currently being performed

Attachment H2 – Table 11

Procedures currently being performed by facility type (standard errors in parentheses)						
	Flexible Sigmoidoscopy			Colonoscopy		
	ASC	Hospital	Physician Practice	ASC	Hospital	Physician Practice
Percent of facilities that perform the procedure						
Mean number of procedures performed per week per facility *						
Percent of procedures performed for screening*						
Percent of procedures that are incomplete*						
Mean number of procedures possible per week per facility*						
Number of facilities						

*Among those facilities that perform the procedure

Screening and follow-up tests currently being performed

Attachment H2 – Table 12

**Typical waiting time for various endoscopy procedures
for State and the nation
(standard errors in parentheses)**

	State	Nation
Screening flexible sigmoidoscopy*		
1-2 weeks		
3-4 weeks		
1 – 2 months		
3 – 4 months		
5 – 6 months		
More than 6 months		
Screening colonoscopy*		
1-2 weeks		
3-4 weeks		
1 – 2 months		
3 – 4 months		
5 – 6 months		
More than 6 months		
Follow-up colonoscopy*		
1-2 weeks		
3-4 weeks		
1 – 2 months		
3 – 4 months		
5 – 6 months		
More than 6 months		

* Among those facilities that perform procedure

Maximum number of screening and follow-up examinations with widespread screening.

Attachment H2 – Table 13

Limiting factors to increasing the number of endoscopies, in State and the nation (standard errors in parentheses)				
	Flexible Sigmoidoscopy		Colonoscopy	
	State	Nation	State	Nation
Time				
Insufficient time – few open appointments				
Insufficient utilization due to cancellations or “no shows”				
Physicians & Staffing				
Insufficient number of physicians available to perform procedures				
Insufficient nursing staff to assist with procedures				
Insufficient ancillary staff to help with room turnover				
Insufficient staff or physicians to monitor the sedation or anesthesia	NA	NA		
Space & Equipment				
Insufficient procedure rooms				
Insufficient prep and/or recovery areas				
Insufficient endoscopes or monitors				
Insufficient reimbursement				
Other				
Not applicable, not planning to perform more procedures				

Maximum number of screening and follow-up examinations with widespread screening.

Attachment H2 – Table 14

Primary limiting factor to increasing the number of endoscopies, in State and the nation (standard errors in parentheses)				
	Flexible Sigmoidoscopy		Colonoscopy	
	State	Nation	State	Nation
Time				
Insufficient time – few open appointments				
Insufficient utilization due to cancellations or “no shows”				
Physicians & Staffing				
Insufficient number of physicians available to perform procedures				
Insufficient nursing staff to assist with procedures				
Insufficient ancillary staff to help with room turnover				
Insufficient staff or physicians to monitor the sedation or anesthesia	NA	NA		
Space & Equipment				
Insufficient procedure rooms				
Insufficient prep and/or recovery areas				
Insufficient endoscopes or monitors				
Insufficient reimbursement				
Other				
Not applicable, not planning to perform more procedures				

Maximum number of screening and follow-up examinations with widespread screening.

Attachment H2 – Table 15

Measures to address increased need for flexible sigmoidoscopy and colonoscopy, in State and the nation (standard errors in parentheses)				
	Flexible Sigmoidoscopy		Colonoscopy	
	State	Nation	State	Nation
Time				
Increase proportion of work day allocated to procedures				
Modify block scheduling				
Use patient navigators or reminder calls to decrease cancellations and “no shows”				
Physicians & Staffing				
Increase physician staff				
Increase/hire non-physician endoscopists to perform procedures				
Increase nursing staff to assist with procedures				
Increase ancillary staff to help with room turnover				
Increase staff or physicians to monitor the sedation or anesthesia				
Space & Equipment				
Establish a larger screening unit/more procedure rooms				
Establish additional prep and/or recovery areas				
Purchase or lease more equipment				
Other				
Not applicable, not planning to perform more procedures				

Maximum number of screening and follow-up examinations with widespread screening.

Attachment H2 – Table 16

Measures to address increased need for flexible sigmoidoscopy and colonoscopy, by facility type (standard errors in parentheses)						
	Flexible Sigmoidoscopy			Colonoscopy		
	ASC	Hospital	Physician Practice	ASC	Hospital	Physician Practice
Time						
Increase proportion of work day allocated to procedures						
Modify block scheduling						
Use patient navigators or reminder calls to decrease cancellations and “no shows”						
Physicians & Staffing						
Increase physician staff						
Increase/hire non-physician endoscopists to perform procedures						
Increase nursing staff to assist with procedures						
Increase ancillary staff to help with room turnover						
Increase staff or physicians to monitor the sedation or anesthesia						
Space & Equipment						
Establish a larger screening unit/more procedure rooms						
Establish additional prep and/or recovery areas						
Purchase or lease more equipment						
Other						
Not applicable, not planning to perform more procedures						

Maximum number of screening and follow-up examinations with widespread screening.

Attachment H2 – Table 17

Estimated number of facilities and potential to provide endoscopies statewide, by region

Region	Flexible sigmoidoscopy			Colonoscopy		
	Number of facilities	Mean number of weekly procedures possible	Potential Annual Volume	Number of facilities	Mean # weekly procedures possible	Potential Annual Volume
1						
2						
3						
4						
5						
6						
Total						

Attachment H2 – Table 18

Potential volume, current volume, and unused capacity for flexible sigmoidoscopy and colonoscopy, by region – annual number of procedures (standard errors in parentheses)

	Flexible Sigmoidoscopy			Colonoscopy		
	Potential Volume	Current Volume	Unused Capacity	Potential Volume	Current Volume	Unused Capacity
Region						
Region 1						
Region 2						
Region 3						
Region 4						
Region 5						
Region 6						
Total						