



Colorectal Cancer Control Program Cost Assessment Tool

User's Guide

Instructions for Program Year 2011-2012 Data Collection

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INTRODUCTION

This manual was written to guide the Colorectal Cancer Control Program (CRCCP) grantees in completing the Cost Assessment Tool (CAT). The CAT collects information on cost data elements and allocates these costs to specific activities. This activity based data collection will allow CDC to perform in-depth evaluation of the CRCCP that has not been possible previously using budget information and federal expenditure data. Economic evaluation will provide grantees and CDC critical information to inform decision-making by assessing the effectiveness of the program in relation to the cost expended on CRCCP activities.

The information collected by the CAT consists of a set of standardized cost data elements to ensure that consistent and complete information is collected. This information consists of annual expenditures, in-kind contributions; personnel activities and expenditures; consultant expenditures; costs associated with hardware, IT support, software, and other materials; administrative costs; and other factors affecting cost, effectiveness, and data collection. These data items are the minimum necessary to evaluate the cost effectiveness of the program. The objective of the cost data collection is to collect activity based cost data. Therefore, information on actual cost incurred or expenditures should be reported and not budget data. In addition to the cost expended on specific activities, we also request information on the total funding received (from all sources). Cost data will be collected for the following periods:

| | |
|---------|--|
| Year 1: | July 1, 2009 – June 30, 2010 (completed) |
| Year 2: | July 1, 2010 – June 30, 2011 |
| Year 3: | July 1, 2011 – June 30, 2012 |
| Year 4: | July 1, 2012 – June 30, 2013 |
| Year 5: | July 1, 2013 – June 30, 2014 |

Please note that we will also collect pre-screening period data. The length of the pre-screening period will vary for each program and information will be collected for both the pre-screening period and the implementation period. The pre-screening period begins when a program starts to spend CRCCP funds and ends the date when the first screening test is provided. All activities with “PS” in their description refer to the pre-screening period.

The cost data and other requested information will be collected via the web-based CAT. You will receive details on the web link, userid and password from RTI International. The CAT can be completed over several sessions by saving work in progress. Once the information for each screen is completed, grantees should save the information. ‘Save and Exit’ will save the information for the page and take the user back to the Home Page. ‘Save and Continue to Next Section’ will save the information and take the user to the next screen. Users can also skip to screens within CAT by scrolling over the CAT menu and selecting the desired screen. Information entered on a screen will not be saved unless one of the Save buttons is clicked. The sections below provide details on the screens that will have to be completed by the grantees.

Contact Information: Please contact Sujha Subramanian or Sonja Hoover from RTI, International, CDC contractor for this project, or Florence Tangka, CDC Economist, if you have any questions. You may also contact your CDC program consultant for guidance.

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1. PROGRAM DETAILS

Overview:

This worksheet collects information for each program including name and primary contact person for completing the CAT

View of Screen 1:

| | |
|--|--|
| 1A. Name | |
| 1B. Address | |
| 1C. Primary contact person | |
| Name | |
| Telephone | |
| Email | |
| 1D. Did you complete pre-screening period data in Year 1 or Year 2? | |
| Yes (skip to Section 2) | |
| No (skip to 1E) | |
| 1E. Pre-screening Period | |
| Begin Date (mm/dd/yy) | |
| End Date (mm/dd/yy) | |

Instructions:

- 1A. Name: From the drop down categories in the purple box, please select the awardee name.
- 1B. Address: Please provide the mailing address for the program.
- 1C. Primary Contact Person: Enter the name and contact information for the person whom RTI should contact if there are any questions regarding the data elements provided.
- 1D. Pre-screening Period: Enter the date that the program began (“begin date”) in the month/date/year format. The pre-screening begin date is the date when programs began to spend CRCCP funds. Then enter the date of the first screening provided by the program (“end date”). This will constitute the pre-screening period.

2. TOTAL EXPENDITURE

Overview:

This spreadsheet requests information regarding total funding received for CRCCP activities and includes sections for CRCCP funding and other funds.

View of Screen 2A (CRCCP funds):

| Type of CRCCP funds | \$ Amount | Comments |
|--|-----------|----------|
| Total CRCCP funding for current year* | | |
| Unobligated CRCCP funds carried forward from previous year | | |
| Amount of CRCCP funds unspent for the current year | | |
| Total CRCCP funds expended: | — | |

* CRCCP funds are defined as those funds that were awarded directly by CDC through the program announcement.

View of Screen 2B (Other funds):

| Source of other funds | \$ Amount | Activity (if applicable) | Comments |
|--|-----------|--------------------------|----------|
| (e.g.) CDC Comprehensive Cancer Control Program (CCCP) Funds | | | |
| (e.g.) State funds | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total funds expended: \$ | — | | |

Instructions:

- 2.a. “Federal Funds”: Enter dollar amounts of the total CDC CRCCP funding for current year and amount of CRCCP funds unspent (unobligated) for the current fiscal year. Please enter the information for unobligated funds that are reported in the annual financial status report (FSR). ‘Total CRCCP funds expended’ row will be automatically calculated using this formula:

$$\text{Total CRCCP funds expended} = (\text{total CRCCP funding for current year} - \text{amount of CRCCP funds unspent for the current year})$$

- 2.b. “Other Funds”: Please enter the ‘source of other funding’ and the ‘amount’ of funding received that support your CRCCP program for the reporting period. Please enter the sources from which you have received funding for the fiscal year. For each source of funding, select choices from the ‘CRCCP activity’ when directly applicable (that is, funding source funded one specific activity). A description for each activity category is listed in **Appendix A** below to assist you in completing the survey.

Total other funds expended will be automatically summed up. The total funds expended row is also automatically calculated using the formula:

$$\textit{Total funds expended} = \textit{Total CRCCP expended} + \textit{Total other funds expended}$$

3. IN-KIND CONTRIBUTION

Overview:

This section collects information on the amount and sources of in-kind contribution that support your CRCCP program. Labor and non-labor contributions should be reported. All in-kind contributions related to screening and diagnostic testing should be reported in screen 7b (please note that the difference between provider charge and reimbursement is not considered an in-kind contribution and should not be reported)

View of Screen 3A (Labor):

| Source of In-Kind Contributions* | Hours Contributed | \$ Amount | CRCCP Activity (if applicable) | Method Used to Estimate \$ Value |
|---------------------------------------|-------------------|-----------|--|----------------------------------|
| Nurse | 25 | \$3,000 | Provision: developing plans for provision of cancer services | Percentage of staff salary |
| Physician - Scientific Advisory Board | 6 | \$900 | Quality Assurance | Other |
| | | | | |
| | | | | |
| Total: | | — | | |

View of Screen 3B (Non-labor):

| Source of In-Kind Contributions | \$ Amount | CRCCP Activity (if applicable) | Method Used to Estimate \$ Value |
|---------------------------------|-----------|--------------------------------|----------------------------------|
| Computer and Other Electronics | \$1,500 | | Market Price |
| | | | |
| | | | |
| Total: | | — | |

Instructions:

- 3.a. In-Kind Contributions—Labor: Please indicate the 'source of in-kind contributions', 'amount' and 'method used to assess \$ value' from the drop down boxes in the cells (see **Appendix B** for details). Please select appropriate activity from the 'CRCCP Activity' (please see **Appendix A** for details) list to indicate whether the contribution was received during the pre-screening period or during implementation (when screening services are provided). An additional column is provided if you use other methods for calculating \$ value or if you have any comments. If one funding source provided monies for more than one activity then they can be listed on multiple rows with the dollar amount relevant to specific activities. You can also indicate additional sources of in-kind contributions by

selecting 'other' from 'source of in-kind contributions'. You will be asked to specify what type of contribution if you select 'other' from the drop-down menu. The totals will be calculated automatically.

- 3.b. In-Kind Contributions–Non-Labor: Please follow the same instructions as in 3A. The drop down categories for the source of in-kind contribution is non-labor related in this case.

The total in-kind contribution is calculated as a sum of both labor and non-labor contributions.

Check Post 2: Only enter in-kind contributions that were provided or incurred during the reporting year (either during the pre-screening period or implementation).

4. PERSONNEL EXPENDITURE

Overview:

This section collects information on the personnel expenditures related to CRCCP activities. Details requested include job titles, FTEs, salaries, and percentage of time spent by each staff member on CRCCP activities.

Please note: Information from last year is pre-populated onto this screen for the current year for convenience, but can be edited. To make updates, click on the hyperlink of the job title. This will populate the entry back into the data field which can then be edited and updated. You may also delete any employee entries.

View of Screen 4:

| | Job Title | FTE % (a full-time employee is 100%) | Total hours per week | Months Employed in Fiscal Year | % Time Spent on CRCCP Activities | Salary (salaries are the total annual salaries earned by staff and not only amounts related to CRCCP activities) | | |
|------|-----------------|---|----------------------|--------------------------------|----------------------------------|---|--------|--------|
| | | | | | | Base | Fringe | Total |
| ex 1 | Project Manager | 100% | 38 | 12 | 75% | 40,000 | 15,000 | 55,000 |
| ex 2 | Data Manager | 50% | 19 | 8 | 25% | 15,000 | 5,000 | 20,000 |
| 1 | | | | | | | | - |
| 2 | | | | | | | | - |
| 3 | | | | | | | | - |
| 4 | | | | | | | | - |
| 5 | | | | | | | | - |

| | | % Salary Paid by Sources | | | |
|------|-----------------|--------------------------|---------------------------|----------------------------|-------------------------------|
| | Job Title | % Salary paid by CRCCP | % Salary paid by CDC CCCP | % Salary paid by the state | % Salary paid by other source |
| ex 1 | Project Manager | 50% | | 50% | |
| ex 2 | Data Manager | 100% | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Instructions:

Please provide information on one row for each employee in your program during the reporting period. Under "FTE" provide the total proportion of time employed (includes CRCCP and other activities). Report the number of hours worked per week and also the number of months (based on all CRCCP program and other activities). Under "Percent time spent on CRCCP activities" please indicate the percent of time the staff member spent directly on CRCCP activities for the reporting period.

Under the salary columns, please indicate the total base salary and fringe received by the staff member (again for CRCCP program and other activities). The total will be calculated automatically. Please report only the information for positions that were filled at some point during the fiscal year. Please use the comments box at the bottom of the screen to describe positions that were vacant during the fiscal year. Note that salaries and fringe benefits reported in this section should include all benefits received by staff in the calculations of total salaries. Use the comments box at the bottom of the screen to describe the method for including paid leave in the calculations. For a staff member whose salary has changed during the fiscal year, please report a prorated salary if possible. For example, if a staff member has an annual salary of \$30,000 for the first four months of the fiscal year and an annual salary of \$33,000 for the last eight month of the fiscal year, please prorate as follows:

$$\text{Prorated annual salary} = (4/12)(\$30,000) + (8/12)(\$33,000) = \$32,000.00$$

If there are several salary changes for a given staff member within the fiscal year, or it is otherwise difficult to calculate a prorated salary, please take a simple average.

Next, for each employee, please enter the % of salary paid by CRCCP funds and other funds. For example, 50% of a person's salary could be paid by CRCCP and 50% could be paid by the state. Please make sure all percentages add to 100%.

Check Post 3: Please make sure salaries entered in the questionnaire are the total annual salaries earned by staff members and not only the amounts related to CRCCP activities.

5. PERSONNEL ACTIVITIES

5A. Personnel Activities: Pre-Screening

Overview:

This worksheet collects information on the percentage of time spent on each specific CRCCP activity by each staff member (entered in section 4 as described above). Examples are provided below for Project Manager and Data Manager. Please note that a description of each activity is provided in **Appendix A** of this guide.

View of Screen 5a:

| | (e.g.) Project Manager | (e.g.) Data Manager |
|---|------------------------------|---------------------------|
| PS: Program Management | 50% | |
| Screening Promotion Activities | X | X |
| - PS: client reminders | | |
| - PS: small media | | |
| - PS: mass media | | |
| - PS: provider assessment and feedback | | |
| - PS: provider reminders | | |
| - PS: reduction in structural barriers | | |
| - PS: patient navigation and support | | |
| - PS: reduction in out-of-pocket costs | | |
| - PS: enrolling in insurance programs | | |
| - PS: other screening promotion activities (please specify) | | |
| Screening Provision Activities | X | X |
| - PS: manage provider contracts, billing systems and other procedures | | |
| - PS: patient navigation and support | | |
| - PS: provide screening and diagnostic services | | |
| - PS: ensure appropriate treatment for complications and cancers | | |
| - PS: other screening provision activities (please specify) | | |
| PS: Quality Assurance and Professional Development | | |
| PS: Partnership Development and Maintenance | 50% | |
| PS: Clinical and Cost Data Collection and Tracking | | 85% |
| PS: Program Monitoring and Evaluation | | 15% |
| PS: Other Activities (please specify) | | |
| | 100% | 100% |

Instructions:

Please provide information in one column for each employee in your program. The title of each staff member will be automatically copied from the "personnel expenditure" section. For each staff member, please fill the cells with the percent of total time spent on each activity (include only activities specific to CRCCP). The percent time spent on all activities per person should equal 100%. For example, a program director may only spend 10% of his/her time on CRCCP activities and 90% of his/her time on other programs. If his/her 10% time dedicated to the program is spent half on Program Management and half on Partnership Development, then each of those categories would be recorded as 50% for a total of 100%. Examples of specific tasks to be included under each activity category are provided in ***Appendix A*** for the pre-screening period .If you allocate time to any of the other activities categories ("other screening provision," "other screening promotion," "other activities"), please provide a description of these activities.

5B. Personnel Activities: Implementation

Overview:

This worksheet collects information on the percentage of time spent on each specific CRCCP activity by each staff member (entered in section 4 as described above) for the implementation phase. Examples are provided below for Project Manager and Data Manager. Please note that a description of each activity is provided in **Appendix A** of this guide. Please do not include time for the rows, “Screening Promotion Activities” or “Screening Provision Activities,” but rather for the more specific activities (e.g., client reminders, establishing provider contacts and billing systems).

View of Screen 5b:

| | (e.g.) Project Manager | (e.g.) Data Manager |
|---|------------------------|---------------------|
| Program Management | 40% | |
| Screening Promotion Activities | X | X |
| - client reminders | | |
| - small media | | |
| - mass media | | |
| - provider assessment and feedback | | |
| - provider reminders | | |
| - reduction in structural barriers | | |
| - patient navigation and support | | |
| - reduction in out-of-pocket costs | | |
| - enrolling in insurance programs | | |
| - other screening promotion activities (please specify) | | |
| Screening Provision Activities | X | X |
| - manage provider contracts, billing systems and other procedures | | |
| - patient navigation and support | | |
| - provide screening and diagnostic services | | |
| - ensure appropriate treatment for complications and cancers | | |
| - other screening provision activities (please specify) | | |
| Quality Assurance and Professional Development | 20% | |
| Partnership Development and Maintenance | 20% | |
| Clinical and Cost Data Collection and Tracking | | 100% |
| Program Monitoring and Evaluation | 20% | % |
| Other Activities (please specify) | | |
| | 100% | 100% |

Instructions:

The instructions are the same as they were for 5a. However, please note that this Sheet 5b is for the implementation phase. Also, examples of specific tasks to be included under each activity category are provided in *Appendix A*. If you allocate time to any of the other activities categories (“other screening provision,” “other screening promotion,” “other activities”), please provide a description of these activities.

6. CONSULTANT/CONTRACT EXPENDITURE

Overview:

This worksheet collects information on costs related to consultants. A consultant is defined as an **individual** with whom you have a formal relationship to perform CRCCP related activities. For example, this could be a media specialist who designs a brochure for outreach activities or an endoscopist who performs colonoscopies. Contract, for the purposes of this data collection effort, is defined as a formal relationship with any organization or business (for example, a community based organization or company that prints the materials for outreach activities). The terms consultants and contracts are often used interchangeably, therefore we request that you only provide the information on a consultant or contract once, either in worksheet 6 (consultants) or worksheet 8 (contracts).

View of Screen 6:

| | Job Title | Annual Payment | Activity 1 | Time Activity 1 | Activity 2 | Time Activity 2 | Activity 3 | Time Activity 2 | Total Percent Time |
|---|------------------|----------------|------------------------|-----------------|------------|-----------------|------------|-----------------|--------------------|
| 1 | Public Relations | \$30,000 | Promotion: small media | 100% | | | | | 100 |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |

Instructions:

We are requesting information on consultant title, payment, and proportion of time spent on CRCCP activities. Please complete one line in the worksheet for each consultant.

Step 1: “Job Title”: From the drop down box, please select a title for the consultant. Please use the rows highlighted in purple to enter additional titles than those provided in the drop down boxes.

Step 2: “Annual Payment”: Enter the total amount of payments made to consultants during the project year. For example, if you have a contract with a public relations firm for \$30,000 for the entire year, please indicate only the amount that was received by the consultant for the requested period. The “Total cost of consultants” will be calculated for you at the bottom of this column.

Step 3: “CRCCP Activity 1”, “CRCCP Activity 2”, and “CRCCP Activity 3”: From the drop down boxes in these three columns, select up to three main activities performed for the CRCCP by the consultant. If an individual performs less than three activities, please leave unneeded columns blank. Please select appropriate activity from the list to indicate whether the contribution was received during the pre-screening period or during implementation (when screening services are provided). If you allocate time to any of the other activities categories (“other screening provision,” “other screening promotion,” “other activities”), please provide a description of these activities.

Step 4: “% Time CRCCP Activity 1”, “% Time CRCCP Activity 2”, and “% Time CRCCP Activity 3”: Enter the percent of time spent on each activity in the respective columns. The percentage allocated to all activities should total 100%.

Check Post 4: Only payments made for services incurred during the project year should be reported.

7. SCREENING COSTS

7A. Screening and Diagnosis Costs

This worksheet collects data for the various screening and follow-up tests provided. All awardees are requested to report costs associated with pre-screening exams, bowel preparation, screening tests and diagnostic follow-up tests -- by type of screening test. The types of screening tests are in the column headings and include: FOBT, FIT, Sigmoidoscopy, Colonoscopy, DCBE, CT colonography, Other (specify). Only provide screening and diagnosis costs for the program year (for procedures that occurred during the annual reporting period). Costs for surveillance procedures (i.e. colonoscopies performed on individuals who have been diagnosed with a polyp or cancer) should be reported separately from the costs of screening/diagnostic tests.

View of Screen 7A:

| Cost of Screening and Diagnostic Testing | | | | | | | |
|--|-----------|-----|---------------|-------------|------|--------------------|------------------|
| | \$ Amount | | | | | | |
| | FOBT | FIT | Sigmoidoscopy | Colonoscopy | DCBE | CT Colonography | Other Specify |
| Pre-screening exams | | | | | | | |
| Electrocardiogram (EKG) | | | | | | | |
| Blood work | | | | | | | |
| Office visit fee | | | | | | | |
| Other | | | | | | | |
| Bowel preparation | | | | | | | |
| Screening tests | | | | | | | |
| Screening test | | | | | | | |
| Anesthesia fee | | | | | | | |
| Facility fees | | | | | | | |
| Other | | | | | | | |
| Diagnostic follow-up tests | | | | | | | |
| Bowel preparation | | | | | | | |
| Colonoscopy | | | | | | | |
| Double-contrast barium enema (DCBE) | | | | | | | |
| Pathology fees | | | | | | | |
| Anesthesia fee | | | | | | | |
| Facility fees | | | | | | | |
| Other | | | | | | | |
| Total cost of screening and follow-up | | | | | | | |
| Cost of Surveillance Colonoscopy | | | | | | | |

Instructions:

Please enter the following information by screening test [FOBT, FIT, sigmoidoscopy, colonoscopy, DCBE, CT colonography, other (specify)]. Please report **all** costs associated with a selected test in a single column. For example, if the program provided 100 colonoscopies, then the screening costs and all pre- and post-screening exams/tests will be reported in the colonoscopy column for all 100 tests. The totals at the bottom of each column will indicate the

total cost of providing all exams and tests for individuals screened using the selected screening test (FOBT, colonoscopy etc.). Please use the comments box at the bottom of the screen to report additional details.

“Pre-Screening Exams”: Enter the dollar amounts for the cost of **all** pre-screening exams including EKG and laboratory tests that were performed. If there are tests other than the ones specified, please select the “other” category and specify the test in the column cell indicated with “specify here”. Please add more rows if you have more tests.

Bowel Preparation and Anesthesia: Enter the dollar amount for the cost of **all** bowel preparations.

“Screening Tests”: Enter the dollar amounts for the cost of **all** tests that were performed. If there are tests other than the ones specified, please select the “other” category and specify the test in the column cell indicated with “specify here”. Please add more rows if you have more tests. Also indicate anesthesia and facility fees incurred during screening.

“Diagnostic Follow-Up Tests”: Enter the dollar amounts for the costs of **all** follow-up tests that were performed. If you would like to enter a test that is not included, please choose the “other” category and specify the test in the column cell indicated with “specify here”. Please add more rows if you have more tests. Also indicate any pathology, anesthesia and facility fees that were incurred.

The total costs by screening/diagnostic tests are automatically calculated in the yellow cell.

Please enter the cost incurred for surveillance in the category “Surveillance Colonoscopy”: Indicate the cost of **all** surveillance colonoscopies, i.e. colonoscopy on a person who has a prior history of adenoma(s) or colorectal cancer. The individual may have been screened either through the CRCCP or outside of the program.

7B. Screening and Diagnosis In-Kind Costs

Please follow the directions in 7A to complete this table. However, only include the costs of those services that were provided as in-kind contributions during the program year/reporting period. For example, cost of donated FOBT kits. Please use the comments box at the bottom of the screen to report additional details.

7C. Number of People Screened and Number of People Enrolled in Insurance Programs

This worksheet collects data on the number of people screened through various methods as well as the number of people enrolled in insurance programs due to CRCCP activities.

Note: Information on the number of individuals screened and those receiving surveillance is not required for programs that only provide these services using CRCCP funds. We can obtain the details required from the CCDE data. Programs that use other funds for

these services should provide the total numbers for their program (CRCCP and other funding sources).

View of Screen 7C:

Total Number Screened and Enrolled in Insurance Programs

| | FOBT | FSE | Sigmoidoscopy | Colonoscopy | DCBECT | Colonography | Other: Specify | Total |
|---|------|-----|---------------|-------------|--------|--------------|-------------------|-------|
| Total number of individuals screened | | | | | | | | 0 |
| Total number of screening tests performed | | | | | | | | 0 |
| Total number of follow-up colonoscopies | | | | | | | | 0 |
| Total number of adenomatous polyps/lesions detected | | | | | | | | 0 |
| Total number of cancers detected | | | | | | | | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | | 0 |

| | |
|--|--|
| Total Number of Individuals Undergoing Surveillance | |
|--|--|

| | |
|---|--|
| Total Number of Individuals Enrolled in Insurance Programs | |
|---|--|

Instructions:

Please provide all the information requested in this section based on the number of procedures that were provided during the program year. Please use the comments box at the bottom of the screen to report additional details.

“Total Number of Individuals Screened:” Please provide the number of people screened for the current program year by the type of screen. For example, if the program provided 100 FOBTs and 50 colonoscopies, place “100” in the FOBT column and “50” in the colonoscopy column. The total number of individuals screened is automatically calculated.

“Total Number of Screening Tests Performed.” Please provide the number of screening tests performed for the current program year. Include repeat or follow-up screenings if they occurred within the same program year. For example, if a person had an FOBT and a follow-up FOBT within the same program year, count as 2 FOBTs.

“Total number of follow-up colonoscopies.” Please provide the number of follow-up colonoscopies performed for the current program year in the cell intersecting the column labeled “Colonoscopy” and the row labeled “Total number of follow-up colonoscopies.”

“Total number of adenomatous polyps/lesions detected.” Please provide the total number of adenomatous polyps/lesions detected for the current program year by the type of screen.

“Total number of cancers detected.” Please provide the total number of cancers detected for the current program year by the type of screen used to detect the cancer.

“Total Number of Individuals Undergoing Surveillance:” Please provide the number of individuals that were provided surveillance colonoscopy.

“Total Number of Individuals Enrolled in Insurance Programs:” Please provide the number of people that have been enrolled in any insurance program.. [You do not have to provide this information if your program did not engage directly in this activity, that is report any cost for this activity (enrolling in insurance programs) in 5A and 5B.]

8. CONTRACTS, TRAVEL, MATERIALS OR SERVICES PURCHASED

Overview:

This worksheet collects expenditures on contracts, travel, materials, and services. Contracts with providers and other organizations for non clinical (screening and diagnostic testing) activities such as screening promotion activities should be reported in this section. This section also collects information on the method used to calculate the cost and the funding source. Please only report cost for the current program year.

View of Screen 8:

| | Type of Service Purchased | CRCCP Activity | Amount (\$) | Cost Calculation | Funding Source |
|------|--|-----------------------------|-------------|------------------|----------------|
| ex 1 | Sub-award to local health department | Promotion: client reminders | \$10,000 | Actual | Other |
| ex 2 | Travel for Reverse Site Visit | Program Management | \$ 5,000 | Actual | CRCCP |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Total cost of contracts, travel, materials and supplies | | - | | |

Instructions:

In this worksheet, please use one row to report each contract, travel, material or service purchased. You can report travel grouped into relevant activities (i.e. report all travel related to one type of CRCCP activity in a single row).

Step 1: “Type of Service Purchased”—Indicate the type of cost incurred. Please refer to examples provided above (View Screen 7).

Step 2: “CRCCP Activity”—From the drop down box in this column, please select an activity for which the cost was incurred. If it is for the program in general and cannot be assigned to a category, please enter ‘n/a’ (not applicable). Please select appropriate activity from the list to indicate whether the contribution was received during the pre-screening period or during implementation (when screening services are provided). If you allocate time to any of the other activities categories (“other screening provision,” “other screening promotion,” “other activities”), please provide a description of these activities.

Step 4: “Amount”—Enter the amount of expense incurred only for the current program year.

Step 5: “Cost Calculation”—Please select whether the amount was based on “actual” cost or an “estimate” from the drop down list provided.

Step 6: “Funding Source”—From the drop down box in this column, please select the funding source (“CRCCP”, “state” and “other”).

contributions (except those related to screening and diagnosis) in the “In-Kind” worksheet (Worksheet 3).

9. ADMINISTRATIVE COSTS

Overview:

This section collects information on administrative cost allocation methodology, the types of costs included in the administrative or overhead cost categories, and amount of such costs.

View of Screen 9A (Allocation methodology):

| 9A. Allocation Methodology | Y/N | | \$ Amount |
|---|-----|---|-----------|
| Proportion of direct cost | | | 0 |
| Please indicate percent of direct cost used | | % | |
| Lump-sum payment | | | 0 |
| Other: specify _____ | | | 0 |

View of Screen 9B (Administrative, indirect or overhead costs):

| 9B. Types of costs included in the administrative or overhead costs reported above: | Y/N | | \$ Amount |
|---|-----|-----------------------|-----------|
| | | | |
| Rent for office space (including water, gas, electric, etc) | | if no, provide amount | |
| Repairs/maintenance | | if no, provide amount | |
| Network connection/maintenance (i.e. internet connection charge) | | if no, provide amount | |
| Phone Service (i.e. local phone service, long distance or cell phone charges) | | if no, provide amount | |
| Shared office equipment | | if no, provide amount | |
| Other costs: | | | |
| Specify: | | Provide amount | |

Instructions:

Under 9A, provide the allocation methodology/methodologies used for administrative costs. Indicate whether administrative costs are a proportion of direct costs. If yes, provide the percent or dollar amount. If no, indicate the lump-sum amount or other methodology and amount.

Under 9B, provide details on the total lump sum payment made and whether costs associated with rent, repairs/maintenance, network connection/maintenance, phone service, and shared office equipment, are included in the lump sum administrative cost. If these are paid for as specific line item charges in addition to the administrative costs, please provide the dollar amounts.

10. ALLOCATION BETWEEN SCREENING PROVISION AND SCREENING PROMOTION

The purpose of this allocation is to allow us to present total costs related to screening provision and screening promotion activities. If you have indicated costs for at least one of the activities in the table below, please allocate these activities into screening provision or screening promotion components. If time for an overarching activity is spent on a screening promotion activity, then the time would be allocated to screening promotion (and alternatively, for screening provision). For example, management time spent on developing clinical contracts for direct services would be allocated to screening provision, whereas management time developing a contract for a media campaign would be directed to screening promotion. Your best estimate is fine.

Please remember that once the percentages are allocated, screening promotion totals should equal 100% (i.e., program management+ quality assurance+ partnership development+ data collection+ program monitoring+ administration+other activities=100%) and screening provision totals should equal 100%.

View of Screen 10:

| | Screening Provision (%) | Screening Promotion (%) |
|--|--------------------------------|--------------------------------|
| Program management | | |
| QA/professional development | | |
| Partnership development and maintenance | | |
| Clinical and cost data collection and tracking | | |
| Program monitoring and evaluation | | |
| Other activities | | |
| Administrative costs | | |

11. SUMMARY DATA SHEET

Please review the summary information to ensure that the difference reported between total expenditure and total cost allocated to activities is zero. If the difference is not zero, please review the data entries and correct any errors. You will not be able to submit the data if the difference is more than 5 percent.

There is also a button on this sheet, "Generate Excel Report." If this button is selected, an Excel report containing the web-CAT information will be produced. The web-CAT can then be reviewed and printed. Please note that if you have provided comments in the web-CAT, all comments will appear in a separate worksheet at the end of the Excel document.

12. CONFIRMATION OF COST DATA

Please verify that all relevant fields have been completed on all 13 CAT screens and that you have reviewed the summary data sheet. The data will be submitted when you click the "Confirm Cost Data Complete" button.

Thank you for completing this questionnaire.

APPENDIX A: DESCRIPTION OF PROGRAM ACTIVITIES

| Program Activity | Description |
|--|---|
| 1. Program Management | <ul style="list-style-type: none"> ▪ Monitor program performance ▪ Manage fiscal system ▪ Manage contract with local physicians and clinics to deliver screening services ▪ Coordinate administrative-related policies and procedures ▪ Manage programmatic/administrative/reporting issues; travel for program meetings ▪ Monitor administrative billing and reimbursement system. ▪ Recruit, hire, and train staff as required on an ongoing basis ▪ Continue to collaborate with CDC. |
| 2. Screening Promotion Activities | |
| 2a) Client Reminders | <ul style="list-style-type: none"> ▪ Reminders include letters, postcards, emails, or phone calls to alert patients that it is time for their cancer screening. Some reminders note only that the test is due, while other reminders include facts about the screening or offer to help set up an appointment, in addition to including a reminder that the test is due. |
| 2b) Small Media | <ul style="list-style-type: none"> ▪ Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences. |
| 2c) Mass Media | <ul style="list-style-type: none"> ▪ Mass media include radio, television, billboards, magazines, newspapers, public service announcements, and advertisements. |
| 2c) Provider Assessment and Feedback | <ul style="list-style-type: none"> ▪ These interventions assess how often providers offer or deliver screening services to clients (assessment) and then give providers information about their performance (feedback). The feedback may describe the performance of an individual provider or of a group of providers (e.g., mean performance for a practice). The performance may be compared with a goal or standard. |
| 2d) Provider Reminders | <ul style="list-style-type: none"> ▪ Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The reminders can be provided in different ways, such as flagging client charts, building provider reminders into electronic medical record systems or provider office appointment systems, or by e-mail to the provider. |
| 2e) Reduction in Structural Barriers | <p>Many structural barriers can make it difficult for people to seek screening for cancer. They include distance from screening location, limited hours of operation, lack of daycare for children, and language and cultural factors. Interventions designed to reduce these barriers may facilitate access by:</p> <ul style="list-style-type: none"> ▪ Reducing time or distance between service delivery settings and target populations ▪ Modifying hours of service to meet client needs ▪ Offering services in alternative or non-clinical settings ▪ Eliminating or simplifying administrative procedures and other obstacles (e.g., revising clinic flow procedures, adopting electronic medical records systems). |

| | |
|---|---|
| | <ul style="list-style-type: none"> Note: We are not asking about patient navigation services here; patient navigation for screening promotion and screening provision is covered elsewhere in the CAT. |
| 2f) Patient Navigation and Support | <p>Establish a patient support system and/or use patient navigators to ensure appropriate screening, diagnostic, and treatment services are received in a timely manner. Some programs may refer to this as case management. Some roles of the patient navigator (PN) include:</p> <ul style="list-style-type: none"> Assisting with scheduling appointments, transportation, or dependent care; Providing patient education about CRC screening and testing modalities regarding screening (e.g., rationale, importance, bowel prep); Reminding patients about their colonoscopy appointment or returning their FOBT/FIT kits; Providing peer support to help with cultural or emotional concerns (e.g., allay fears). |
| 2g) Reduction in Out-of-Pocket Costs | <ul style="list-style-type: none"> Interventions could include reducing the costs of the screening tests, providing vouchers, reimbursing clients or clinics, and/or reducing health insurance costs. |
| 2h) Enrolling in Insurance Programs | <ul style="list-style-type: none"> Assist individuals eligible for Medicaid or other insurance programs to enroll |
| 2i) Other Screening Promotion Activities (please specify) | <ul style="list-style-type: none"> Report any additional screening promotion activity that is not reportable under the above options and provide a description of these activities. |
| 3. Screening Provision Activities | |
| 3a) Manage Provider Contracts, Billing Systems and Other procedures | <ul style="list-style-type: none"> Manage contract with local physicians and clinics to deliver screening services Monitor administrative billing and reimbursement system. |
| 3b) Patient Navigation and Support (Client Directed) | <ul style="list-style-type: none"> Use patient navigators to ensure that timely screening and diagnostic services are provided to clients screened by the program. |
| 3b) Provide Screening and Diagnostic Services | <ul style="list-style-type: none"> Provide CRC pre-screening, screening, diagnostic follow-up, and surveillance colonoscopy services. |
| 3c) Ensure Appropriate Treatment for Complications and Cancers | <ul style="list-style-type: none"> Develop/execute plan to obtain treatment services for people diagnosed with cancer or experiencing medical complications |
| 3d) Other Screening Provision Activities (please specify) | <ul style="list-style-type: none"> Report any additional screening provision activity that is not reportable under the above options and provide a description of these activities. |
| 4. Quality Assurance and Professional Development | <ul style="list-style-type: none"> Monitor quality control standards and mechanisms Continual review of clinical policies and procedures Educate/train health care professionals |
| 5. Partnership Development and Maintenance | <ul style="list-style-type: none"> Maintain a relationship with the CDC-funded comprehensive cancer control (CCC) implementation program Maintain partnerships with diverse group of entities |
| 6. Clinical and Cost Data Collection and Tracking | <ul style="list-style-type: none"> Monitor and provide feedback using patient data tracking system Collect and report person level clinical data |

| | |
|---|--|
| | <ul style="list-style-type: none"> ▪ Collect and report cost data |
| 7. Program Monitoring and Evaluation | <ul style="list-style-type: none"> ▪ Collaborate with CDC in the monitoring and evaluation of the overall program. ▪ Implement program-specific monitoring and evaluation. |
| 8. Other Activities | <ul style="list-style-type: none"> ▪ Report any additional activities that are not reportable under the above options and provide a description of these activities. |

APPENDIX B: DROP DOWN BOX CATEGORIES

Local Colorectal Cancer Control Programs

Alabama
 Alaska Native Tribal Health Consortium (Tribal Organization in Alaska)
 Arizona
 Arctic Slope Native Association (Tribal Organization in Alaska)
 California
 Colorado
 Connecticut
 Delaware
 Florida
 Georgia
 Iowa
 Maine
 Maryland
 Massachusetts
 Michigan
 Minnesota
 Montana
 Nebraska
 Nevada
 New Hampshire
 New Mexico
 New York
 Oregon
 Pennsylvania
 South Dakota
 South Puget Intertribal Planning Agency (Tribal Organization in Washington)
 Southcentral Foundation (Tribal Organization in Alaska)
 Utah
 Washington

Program Activities

PS: program management
 PS: client reminders
 PS: small media
 PS: mass media
 PS: provider assessment/feedback
 PS: provider reminders
 PS: reduction structural barriers
 PS: patient navigation/support
 PS: reduction oop costs
 PS: enrolling in insurance programs
 PS: other screening promotion activities
 PS: manage provider contracts, billing systems and other procedures
 PS: patient navigation and support
 PS: provide screening and diagnostic services
 PS: ensure appropriate treatment for complications and cancers
 PS: other screening provision activities
 PS: QA/professional development
 PS: partnership development and maintenance
 PS: clinical and cost data collection and tracking
 PS: program monitoring and evaluation
 PS: other activities
 Program management
 Promotion: client reminders
 Promotion: small media
 Promotion: mass media
 Promotion: provider assessment/feedback
 Promotion: provider reminders
 Promotion: reduction structural barriers
 Promotion: patient navigation/support
 Promotion: reduction oop costs
 Promotion: enrolling in insurance programs
 Promotion: other screening promotion activities

Provision: manage provider contracts, billing systems and other procedures
 Provision: patient navigation and support
 Provision: provide screening and diagnostic services
 Provision: ensure appropriate treatment for complications and cancers
 Provision: other screening provision activities
 QA/professional development
 Partnership development and maintenance
 Clinical and cost data collection and tracking
 Program monitoring and evaluation
 Other activities

Job Titles

Senior Manager
 Executive Director
 Project Director
 Chief Medical Officer
 Epidemiologist
 Data Manager
 Health Educator
 Patient Navigator
 Project Nurse
 Sr. Administrative Assistant
 Administrative Assistant
 Project Coordinator
 IT Specialist
 Fiscal Assistant
 Accountant
 Health Surveillance Specialist
 Practice Manager
 Case Manager
 Clinic Manager
 Social Worker
 Graduate Intern
 Family and General Practitioner
 Internist (Gastroenterologist)
 Surgeon
 Nurse

Method Used to Estimate \$ Value

Market price
Percentage of staff salary
Other

Consultants

Outreach Specialist
Public Health Nurse
Social Worker
Co-coordinator
Media/marketing Specialist
Info Tech Specialist

Cost Calculation

Actual
Estimate

Funding Source

CRCCP
State
Other