ATTACHMENT 9

DOCUMENT REVIEW FORM FOR CASE STUDIES

CRCCP Case Studies: Document Review Form

I. Document Info		
State name		
Document name/date		
Date reviewed		
Reviewer's initials		
II. History/Background	of the Program	
in index, y, ducing round		
III. Description of Current Activities		
Screening promotion	Description of activities and partnership (e.g. promotion	
	of patient navigation)	
Screening provision	Description of activities and partner involvement if	
	appropriate Type (convene MAB, recruit for screening,	
	enroll in insurance programs, etc.)	
Policy change	Description of activities	
Data collection and	Description of activities	
evaluation		
Program integration	Description of activities	
Healthcare reform	Description of activities	
FOBT/FIT	Description of strategies to implement, measures of	
	effectiveness, brand of test, other related information	
Challenges	Description of activity, challenge and how handled	
encountered		
Facilitators	Description of activity, facilitator and how it helped	
encountered		
IV. Description of Planned Activities		
Screening promotion	Description of activities and partnership (e.g. promotion	
	of patient navigation)	
Screening provision	Description of activities and partner involvement if	
	appropriate Type (convene MAB, recruit for screening,	
	enroll in insurance programs, etc.)	
Policy change	Description of activities	
Data collection and	Description of activities	
evaluation		
Program integration	Description of activities	
Healthcare reform	Description of activities	
FOBT/FIT	Description of strategies to implement, measures of	
	effectiveness, brand of test, other related information	
Challenges anticipated	Description of activity, challenge and how handled	
Facilitators	Description of activity, facilitator and how it helped	
anticipated		

V. Additional	Notes