Attachment 4b:

CRCCP Clinic-Level Data Dictionary

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| **Colorectal Cancer Control Program (CRCCP)** **Clinic-level Data Dictionary** |
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| **Item #** | **Item Type** | **CRCCP Data Item**  | **Definition** | **Field Type** | **Response Options** |
|  |
| **Sections 1-4 contain descriptive data reported at BASELINE assessment for each clinic where interventions are planned. Descriptive data in sections 2-4 may be updated over time as needed to complete missing information or to reflect a substantial change. New clinics may be added throughout the FOA period.** **Section 1: RECORD IDENTIFICATION FIELDS** **Section 2: PARTNER HEALTH SYSTEM CHARACTERISTICS** **Section 3: CLINIC CHARACTERISTICS** **Section 4: CLINIC PATIENT POPULATION CHARACTERISTICS** |
|  |
| **Section 1: RECORD IDENTIFICATION FIELDS** |
| 1a | B\* | Grantee code | Two-character Grantee Code (as assigned by CDC) | Dropdown | GP= Great PlainsLU= LA state UnivWU= WV UnivUC= Univ of ChicagoPR= Univ of PRUS= Univ of SCUW= Univ of WIorState Postal code |
| 1b | B\* | Baseline Assessment Date | Date the clinic baseline data assessment was completed and represents the starting point for tracking clinic-level implementation activities and screening rates.  | Date | MM/DD/YYYY |
| **Section 2: PARTNER HEALTH SYSTEM CHARACTERISTICS** |
| 2a | B\* | Health system name  | Name of the partner health system under which the clinic (intervention site) operates. | Character | Free text100 character limit |
| 2b | B\* | Health system ID  | Unique three-digit identification code for the partner health system assigned by the grantee. Start with “001” and continue assigning numbers sequentially as health system partnerships are established. | Numeric | 001-999 |
| 2c | B | Total # of primary care clinics in health system  | The total number of primary health care clinics that operate under the partner health system, including those serving specific populations such as pediatric clinics. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or “practices”. | Numeric | 1-9999999 |
| 2d | B\* | Health System Type | Type of health system partner | Dropdown | CHC/FQHCAcademic health systemLocal health departmentHealth Plan Clinic NetworkHospitalOther  |
| 2e | B\* | Other health system type | Specify the “other organization type” of the health system partner  | Character | Free text100 character limit |
| 2f | B\* | Type of agreement in place with the health system  | Type of formal agreement the grantee currently has in place with the partner health system.  | Dropdown  | MOU/MOAContractOther None |
| 2g | B | Date of MOU/MOA or Contract  | Date the formal agreement was finalized between the grantee and partner health system.  | Date | MM/DD/YYYY |
| 2h | B | Health Center Controlled Network name  | For Community Health Centers only, name of the Health Center Controlled Network with which they partner, if any. | Character | Free text100 character limit |
| 2i | B | Section2 Comments | Optional comments for Section2. | Character | Free text200 character limit |
| **Section 3: CLINIC CHARACTERISTICS** |
| 3a | B\* | Clinic name  | Name of the primary care clinic/site. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or “practices”. | Character | Free text100 character limit |
| 3b | B\* | Clinic ID  | Unique three-digit identification code for the clinic assigned by the grantee. Start with “001” and continue assigning codes sequentially as clinics are recruited.  | Character | 001-999 |
| 3c | B\* | Clinic street address  | Street address for the clinic. If the street address is more than two lines, use a comma for separation.  | Character | Free text100 character limit |
| 3d | B\* | Clinic city  | City of the clinic. | Character | Free text50 character limit |
| 3e | B\* | Clinic state  | Two-letter state postal code for the clinic. | Dropdown | Various |
| 3f | B\* | Clinic zip  | 5-digit zip code for the clinic. | Numeric | 00001-99999 |
| 3g | B\* | Clinic type  | Type of clinic. | Dropdown | CHC/FQHCCHC/FQHC look alikeHospitalOther primary care facility |
| 3h | B\* | # of primary care providers at clinic  | Total number of primary care providers who are delivering services at the clinic. Primary care providers include physicians (e.g., internists, family practice, ob/gyn), nurses, nurse practitioners, and physician assistants. Do not include specialty providers in this number. Report on individuals, not FTEs, which may include attending physicians, fellows and residents. Leave blank if unknown.  | Numeric | 1-9999 |
| 3i | B\* | Name of primary EHR vendor at clinic  | Name of the primary electronic health record vendor used by the clinic or health system. | Dropdown  | AllscriptsCernereClinicalWorksEpicGE CentricityGreenway-IntergyGreenway-SuccessEHSNextGenOtherNone |
| 3j | B | Other EHR, please specify  | Name of the 'other' electronic health record vendor(s) used by the clinic or health system. | Character | Free text100 character limit |
| 3k | B\* | Other HIT tools used for data analytics and reporting | Report if clinic is using other HIT tools (such as EHR overlays) to perform data analytics and reporting to monitor and improve screening. | Dropdown | YesNoUnknown |
| 3l | B\* | Does the clinic have access to free fecal testing kits? | Indicates whether the clinic is able to obtain free fecal testing kits (FOBT or FIT) that may be provided to low income patients. This includes kits that may be made available by the laboratory used by the clinic. | Dropdown | YesNoUnknown |
| 3m | B\* | Primary CRC screening test type used by providers at clinic  | Indicates the type of CRC screening test used most often by clinic providers. | Dropdown | FOBT-guaiacFITColonoscopy referralVaries by providerUnknown |
| **3n** | B\* | PCMH Certification | Indicates whether the clinic is currently recognized, certified or accredited as a Patient Centered Medical Home (PCMH). National recognition and accreditation programs include the: National Committee for Quality Assurance (NCQA) PCMH Recognition, Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home On-site Certification, The Joint Commission (TJC) Designation For Your Primary Care Home, and URAC Patient-Centered Medical Home Accreditation.  | Dropdown | YesNoUnknown |
| 3o | B | Section3 Comments | Optional comments for Section3. | Character | Free text200 character limit |
| **Section 4: CLINIC PATIENT POPULATION CHARACTERISTICS****( # of Patients, Gender, Insurance Status, Ethnicity )** |
| 4a | B\* | Total # of clinic patients, age 50-75  | The total number of patients aged 50-75 who have had at least one medical visit to the clinic in the last complete calendar year (January-December). If unavailable, it is acceptable to report on a similar age range used by the clinic for measuring screening rates (e.g. 51-74 used by FQHCs/CHCs for UDS screening rate).  | Numeric | 1-9999999 |
| 4b | B | % of patients, age 50-75, men  | The percent of the "**Total # of clinic patients, 50-75"** who are men. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4c | B | % of patients, age 50-75, women  | The percent of the **"Total # of clinic patients, 50-75"** who are women. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4d | B | % of patients, age 50-75, uninsured  | The percent of the **"Total # of clinic patients, 50-75"** who do not have any form of public or private health insurance. Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4e | B | % of patients, age 50-75, Hispanic  | The percent of the **"Total # of clinic patients, 50-75"** who are Hispanic or Latino (i.e., persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race). Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4f | B | % of patients, age 50-75, Non-Hispanic  | The percent of the **"Total # of clinic patients, 50-75"** who are not Hispanic or Latino. Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| **( Race )** |
| 4g | B | % of patients, age 50-75, White  | The percent of the **"Total # of clinic patients, 50-75"** who are White/Caucasian (i.e., persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.) Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4h | B | % of patients, age 50-75, Black or African American  | The percent of the **"Total # of clinic patients, 50-75"** who are Black or African American (i.e., persons having origins in any of the black racial groups of Africa). Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4i | B |  % of patients, age 50-75, Asian  | The percent of the **"Total # of clinic patients, 50-75"** who are Asian (i.e., persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4j | B | % of patients, age 50-75, Native Hawaiian or other Pacific Islander  | The percent of the **"Total # of clinic patients, 50-75"** who are Native Hawaiian or other Pacific Islander (i.e., persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4k | B | % of patients, age 50-75, American Indian or Alaskan Native  | The percent of the **"Total # of clinic patients, 50-75"** who are American Indian or Alaskan Native (i.e., persons having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment). Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4l | B | % of patients, age 50-75, More than one race  | The percent of the **"Total # of clinic patients, 50-75"** who are More than one race (i.e., persons having origins in two or more of the federally designated racial categories). Leave blank if unknown.It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. | Numeric | 00-100 |
| 4m | B | Section4 Comments | Optional comments for Section6.  | Character | Free text200 character limit |
|  |
| **Sections 5-9 contain longitudinal data reported at BASELINE and ANNUALLY (as indicated) through the end of the FOA for each participating clinic.****Section 5: REPORT PERIOD****Section 6: CHART REVIEW (CR) SCREENING RATE DATA****Section 7: ELECTRONIC HEALTH RECORDS (EHR) SCREENING RATE DATA****Section 8: POLICY DATA****Section 9: PRIORITY EVIDENCE-BASED INTERVENTIONS (EBIs) and SUPPORTIVE ACTIVITIES (SAs)** |
|  |
| **Section 5: REPORT PERIOD** |
| 5a | B\*, A\* | Report Period | Reporting period represented in sections 5-9 where longitudinal data items are reported. Baseline data are reported once as new clinics are recruited to participate in CRCCP activities and prior to the start of CRCCP supported implementation activities. .Annual data are reported at the end of each program year (py) Note that the screening rate reported annually is a retrospective rate that uses the same 12-month period as the baseline screening rate.  | Dropdown | Baseline CRCCP 1205-py1CRCCP 1205-py2CRCCP 1205-py3CRCCP 1205-py4CRCCP 1205-py5 |
| 5b | A\* | Clinic implementation plan status | Indicates if CRCCP activities with this clinic continue or have been terminated for the duration of the FOA with no further implementation or screening rate monitoring activities planned or to report. Continued with CRCCP: Partnership with clinic continued this program year with CRCCP resources used to implement activities and monitor screening rates. Sustained without CRCCP: Sustained partnership with clinic continued this program year where activities are institutionalized without CRCCP resources and screening rates are monitored and reported.Terminated: Terminated partnership with clinic with no implementation or screening rate monitoring activities conducted this program year or planned through the end of the FOA. *If not ‘terminated’, skip to 6a.* | Dropdown | Continued with CRCCP Sustained without CRCCP Terminated |
| 5c | A\* | Reason for termination | Reason that implementation and screening rate monitoring activities have been terminated.  | Character(skip) | Free text200 character limit |
| 5d | A\* | Termination date | Date the clinic partnership was terminated. (Report '15' as default value for the day) | Date | MM/DD/YYYY |
|  |
| **Section 6: CHART REVIEW (CR) SCREENING RATE DATA****(\*Screening rate data may be reported using Chart Review, EHR or Both)** |
| 6a | B, AComp | CR Screening rate (%)  | This rate will be automatically computed by the data system using the numerator and denominator reported below.  | Numeric | 00-100 |
| 6b | B\*, A\* | CR Denominator to calculate screening rate  | Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Table1 in *CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics.*  | Numeric | 1-9999999 |
| 6c | B\*, A\* | CR Numerator to calculate screening rate  | Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Table1 in *CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics.*  | Numeric | 1-9999999 |
| 6d | B\*, A\* | If screening rate unavailable, date the rate will be available  | If a screening rate cannot be obtained when completing the clinic baseline data worksheet, provide the approximate date that the screening rate will be available.  | Date | MM/DD/YYYY |
| 6e | B\*, A\* | Measure used  | Indicates the measure that was used to calculate the numerator and denominator for the screening rate. If an existing measure (e.g. UDS, HEDIS, GPRA) was not used, the *CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics* provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected.  | Dropdown  | GPRAHEDISNQFUDSOther |
| 6f | B\*, A\* | Start date of 12-month reporting period  | The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The start date for this 12-month reporting period should not be more than 2 years prior to the anticipated start date of implementation. If using an existing measure (e.g. UDS, HEDIS, GPRA), use the required reporting period for that measure. See table 1 in CDC Guidance.The same 12-month measurement year should be used for all subsequent years of CRC screening rate data collection at this clinic. | Date | MM/DD/YYYY |
| 6g | B\*, A\* | End date of 12-month reporting period  | The reporting period for the baseline screening rate should be the most recent 12-month measurement period available. The same 12-month measurement year should be used for all subsequent years of CRC screening rate data collection at this clinic. | Date | MM/DD/YYYY |
| 6h | B\*, A\* | % of charts reviewed to calculate screening rate  | Indicates the percent of medical charts that were reviewed for adults, ages 51-74, who had at least one medical visit during the reporting year and who have not previously had colorectal cancer or had a total colectomy. A minimum of 10% or 100 charts should be reviewed. See CDC’s guidance for instructions. | Numeric | 00-100 |
| 6i | B | Section6 Comments | Optional comments  | Character | Free text200 character limit |
| **Section 7: ELECTRONIC HEALTH RECORDS (EHR) SCREENING RATE DATA****(\*Screening rate data may be reported using Chart Review, EHR or Both)** |
| 7a | Comp | EHR Screening rate (%)  | **THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.** | Numeric | 00-100 |
| 7b | B\*,A\* | EHR Denominator to calculate screening rate  | Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Table1 in *CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics.*  | Numeric | 1-9999999 |
| 7c | B\*,A\* | EHR Numerator to calculate screening rate  | Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Table1 in *CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics.*  | Numeric | 1-9999999 |
| 7d | B\*,A\* | If screening rate unavailable, date the rate will be available  | If a screening rate cannot be obtained when completing the clinic baseline data worksheet, provide the approximate date that the screening rate will be available. (Report '15' as default value for the day) | Date | MM/DD/YYYY |
| 7e | B\*,A\* | Measure used      | Indicates the measure that was used to calculate the numerator and denominator for the screening rate. If an existing measure (e.g. UDS, HEDIS, GPRA) was not used, the *CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics* provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected.  | Dropdown  | GPRAHEDISNQFUDSOther |
| 7f | B\*,A\* | Start date of 12-month reporting period  | The reporting period for the baseline screening rate should be the most recent 12-month reporting period available and consistent with the measure used (see *CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics).* The start date for this 12-month reporting period should not be more than 2 years prior to the anticipated start date of implementation. If using an existing measure (e.g. UDS, HEDIS, GPRA), use the required reporting period for that measure. See table 1 in CDC Guidance.The same 12-month measurement year should be used for all subsequent years of CRC screening rate data collection at this clinic.  | Date | MM/DD/YYYY |
| 7g | B\*,A\* | End date of 12-month reporting period  | The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. **The same 12-month measurement year should be used for all subsequent years of CRC screening rate data collection at this clinic.** | Date | MM/DD/YYYY |
| 7h | B,A | How confident are you in the accuracy of the EHR-calculated screening rate?  | Indicates the grantee's confidence in the accuracy of the EHR-calculated screening rate. Accuracy of EHR-calculated screening rates can vary depending on how data are documented and entered into the EHR. For additional information, see the National Colorectal Cancer Roundtable’s summary report, “*Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers*" and "*CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics."*  | Dropdown | Not confidentSomewhat confidentVery confident |
| 7i | B\*, A\* | EHR rate reporting source | Indicates the source of the denominator and numerator data reported for the EHR screening rate  | Dropdown | HCCN data warehouseClinic EHRHealth system EHREHR VendorOther  |
| 7j | B | Section7 Comments | Optional comments for Section7. | Character | Free text200 character limit |
| **Section 8: POLICY DATA** |
| 8a | A\* | Clinic CRC screening policy | Does the clinic have a written CRC screening policy or protocol in use?  A credible policy should include a defined set of guidelines and procedures in place at the clinic to support CRC screening, a team responsible for implementing the policy, and a quality assurance structure (e.g., professional screening guideline followed such as USPSTF, process to assess patient screening history/risk/preference/insurance, process for scheduling screening or referral, steps/procedures/roles to implement the office policy)  | Dropdown | YesNoUnknown |
| **Section 9: PRIORITY Evidence-based Interventions (EBI) and Supportive Activities (SA)****For each EBI and supportive activity, report (baseline) implementation status, and (annually) if CRCCP resources supported the activity, implementation stage, and implementation date.** **EBI Implementation Stages are described as follows:**NOTE: Assessment activities, such as assessment conducted to develop a CRCCP Health Systems Implementation Plan would not be considered relevant to this question. In these questions, we’re inquiring about the stage of development for an EBI that was identified during that earlier assessment/implementation planning process.1. N/A – EBI not implemented or planned
2. Planned – Implementation activities are planned and development has not started.
3. Development – This stage involves development activities related to implementing a CRCCP program activity. Development activities might include creating a specific logic model for the activity, detailing specific implementation activities,  developing implementation materials (ie, draft letters, feedback reports), creating implementation protocols/standard operating procedures,  determining roles/responsibilities for staff, identifying appropriate staff or partners to implement the activity and/or support implementation, developing partnerships, garnering resources or purchasing needed materials (e.g., small media), establishing monitoring systems and evaluation strategies, etc.
4. Initial Implementation – This stage involves early implementation of the program activities whereby individuals begin to put the activity into practice. This stage may involve training staff, making changes to the health IT system, testing implementation systems (e.g., provider reminders), early implementation of the activities (e.g., patients begin receiving reminders, first provider assessment and feedback report produced, first group of patients receive navigation), receipt of early feedback about EBI use for refinement. Adaptations to how activities are implemented may be made during this time as real life experience is gained.
5. Full Implementation – This stage occurs when the activity is integrated into the service, organization, and system settings. The processes and procedures to provide the activity are now in place. For example, staffing or staff assignments are complete, caseloads are full, and services are being more skillfully provided by staff. The focus in on maintaining and improving the activity through excellent monitoring and purposeful improvement. Program monitoring and evaluation should be well instituted at this stage.
6. Sustained without CRCCP resources – This stage occurs when full implementation has been achieved and the activity continues without CRCCP resources. At this stage a supporting infrastructure is established within the organization, including any financial support needed to maintain the activity. The activity has become an institutionalized component of the health system operations. This stage may involve development and implementation of quality improvement plans, including regular review of process and outcome measures and using those data to improve the activity.
 |
| **EBI (Patient reminder system)** **System in place to remind patients when they are due for screening. Patient reminders are written (letter, postcard, email) or telephone messages (including automated messages)** |
| 9a1 | B\* | Patient reminder system in place at baseline  | Indicates whether a patient reminder system is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9a2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9a3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9b1* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9a4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
| **EBI (Provider Reminder System)****System in place to inform providers that a patient is due (or overdue) for screening. The reminders can be provided in different ways, such as in patient charts or by e-mail.** |
| 9b1 | B\* | Provider reminder system in place at baseline | Indicates whether a provider reminder system is in place and operational in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as "in place" prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9b2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9b3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9c1* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9b4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
| **EBI (Provider assessment and feedback)****System in place to both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback).** |
| 9c1 | B\* | Provider assessment and feedback in place at baseline | Indicates whether provider assessment and feedback are in place and operational in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as "in place" prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9c2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9c3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9d1* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9c4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
| **EBI (Reducing structural barriers)****Clinic has assessed structural barriers to CRC screening and has addressed these barriers through one or more interventions. Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Do not include patient navigation or community health workers as "reducing structural barriers."** |
| 9d1 | B\* | Reducing structural barriers in place at baseline | Indicates whether reducing structural barriers are in place and operational in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as "in place" prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9d2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9d3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9e1* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9d4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
| **SUPPORTIVE ACTIVITIES (SA)** |
| **SA (Small Media)****Indicates whether small media are distributed to clinic patients. Small media are materials used to inform and motivate people to be screened for cancer, including videos and printed materials (e.g., letters, brochures, and newsletters).** |
| 9e1 | B\* | Small media in place at baseline | Indicates whether small media activities are in place and operational in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as "in place" prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9e2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9e3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9f1* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9e4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
| **SA (Professional development/Provider education)****Indicates whether activities are in place to provide professional development/provider education to health care providers in this clinic. Activities may include distribution of provider education materials, including screening guidelines and recommendations, and/or continuing medical education opportunities (CMEs).** |
| 9f1 | B\* | Professional development/ provider education in place at baseline | Indicates whether professional development/provider education activities are in place and operational in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as "in place" prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9f2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9f3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9g1* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9f4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
|  |  |  | **SA (Health information technology)****Indicates whether activities are in place to improve the use of health information technology (HIT) (e.g., electronic medical records) for CRC screening in the clinic. Activities may include standardization of data fields used to document a patient's CRC screening, linkage of data to endoscopy reports, etc.** |  |  |
| 9g1 | B\* | Health information technology in place at baseline | Indicates whether health information technology activities are in place and operational in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as "in place" prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9g2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9g3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9h1* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9g4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic(report '15' as default value for the day)  | Date | MM/DD/YYYY |
| 9g5 | B\*A\* | If HIT activities in place, briefly describe HIT activities  | Describes the types of activities that are in place to improve the quality and use of HIT for CRC screening in the clinic.  | Character | Free text256 character limit |
| **SA (Community health workers)****Indicates whether community health workers (CHWs) are in place at or employed by the clinic. CHWs are lay health educators with a deep understanding of the community and are often from the community being served. CHWs work in community settings, in collaboration with a health promotion program, clinic, or hospital, to educate people about cancer screening, promote cancer screening, and provide peer support to people referred to cancer screening.** |
| 9h1 | B\* | Community health workers in place at baseline | Indicates whether community health workers are in place and operational in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as "in place" prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9h2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9h3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9i1* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9h4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic(report '15' as default value for the day)  | Date | MM/DD/YYYY |
| 9h5 | B\*A\* | If community health workers (CHWs) in place, # of FTE CHWs  | The number of CHW full time equivalents (FTEs) employed at or by the clinic. For this number, please provide the total sum of whole and partial FTEs to the nearest tenths decimal place.  | Numeric | 00.0-999.0 |
| **SA (Patient navigation)****Indicates whether patient navigators (PNs) are in place at or employed by the clinic. PNs typically assist clients in overcoming individual barriers to cancer screening. Patient navigation includes assessment of client barriers, client education and support, resolution of client barriers, client tracking and follow-up. Patient navigation should involve multiple contacts with a client..** |
| 9i1 | B\* | Patient navigation in place at baseline | Indicates whether patient navigators are in place and operational in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as "in place" prior to CRCCP DP15-1502 implementation.  | Dropdown | YesNoUnknown |
| 9i2 | A\* | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9i3 | A\* | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9j* | Dropdown | N/APlannedDevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9i4 | A\* | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
| 9i5 | B\*,A\* | If patient navigation in place, # of FTE patient navigators  | The number of full time equivalents (FTEs) conducting patient navigation in this clinic. For this number, please provide the total sum of whole and partial FTEs to the nearest tenths decimal place.  | Numeric | 00.0-999.0 |
| 9i6 | A | If patient navigation in place, # of clients navigated | Report the number of clients receiving navigation services during this program year.       | Numeric | Unknown (99999)1-99998 |
| **Oher CRC-related strategies (optionally report up to 3)**(e.g. Clinic workflow assessment and data driven optimization, Other data driven quality improvement strategies, 5 rights of clinical decision support (5 R’s), etc.) |
| 9j | B | Other CRC-related strategies currently in place  | Any other activities or strategies that are in place to increase CRC screening in this clinic.  | Character | Free text256 character limit |
| **Other CRC Activity 1** |
| 9j1 | A | Other CRC Activity 1 | Description of other CDC activity or strategy (1) | Character | Free text256 character limit |
| 9j2 | A | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9j3 | A | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9k1* | Dropdown | N/ADevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9j4 | A | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
| **Other CRC Activity 2** |
| 9k1 | A | Other CRC Activity 2 | Description of other CDC activity or strategy (2) | Character | Free text256 character limit |
| 9k2 | A | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9k3 | A | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9l1* | Dropdown | N/ADevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9k4 | A | Date fully implemented | Date the activity was fully implemented at the clinic(report '15' as default value for the day)  | Date | MM/DD/YYYY |
| **Other CRC Activity 3** |
| 9l1 | A | Other CRC Activity 3 | Description of other CDC activity or strategy (3) | Character | Free text256 character limit |
| 9l2 | A | Were CRCCP resources used toward this EBI/supporting activity during this PY? (y/n) | Indicates if CRCCP grantee resources (e.g. funds, staff time, materials, contracts, etc.) were used this during year to contribute to developing or implementing this activity  | Dropdown | YesNoUnknown |
| 9l3 | A | Implementation stage | Implementation stage of this EBI/activity at the end of the PY *If not “full” or “sustained” implementation, skip to 9m* | Dropdown | N/ADevelopmentInitial ImplementationFull ImplementationSustained without CRCCP resources |
| 9l4 | A | Date fully implemented | Date the activity was fully implemented at the clinic (report '15' as default value for the day)  | Date | MM/DD/YYYY |
| 9m | B | Section9 Comments | Optional comments for Section9.  | Character | Free text200 character limit |