

ATTACHMENT 3A: CRCCP Annual Grantee Survey (Screenshots)



Colorectal Cancer Control Program
Funded by the Centers for Disease Control and Prevention

**Colorectal Cancer Control Program (CRCCP)
Annual Grantee Survey**

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Form Approved
OMB No. 0920-1074

Expiration Date: XX/XX/XXXX

WELCOME

Colorectal Cancer Control Program (CRCCP) Annual Grantee Survey

The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC) is assessing how DP15-1502 grantees implement the Colorectal Cancer Control Program (CRCCP). This survey asks about your program implementation during program year 1 (PY1), the time period **June 30, 2015 through June 29, 2016**.

The aims of this data collection are to better understand how you are implementing your CRCCP program and to collect information about your training and technical assistance needs, therefore, your feedback is extremely important. Topics include: program management; implementation activities, health IT, and partnerships; data use; training and technical assistance needs; and, for component 2 grantees only, clinical service delivery. Your responses are voluntary and will be kept in a secure manner. Results will be incorporated into reports for you and other stakeholders.

We expect that grantees will make changes in the types of activities implemented over the course of the 5-year program period, but you should respond based upon what happened in your program in year 1 only. We do not expect that any program will be doing all of the activities asked about in this data collection.

If you have any questions about the survey content while completing it, please contact Stephanie Melillo at 770.488.4294 or bcu6@cdc.gov. If you have technical issues in completing the survey, please contact Information Management Services, XXXX, at XXXX or XXXX.

It should take approximately 45 minutes to complete the survey in one sitting.

Thank you for your participation.

[Click here](#) to download a PDF copy of this survey.

Public reporting burden of this collection of information is estimated to average 45 minutes per response including the time for reviewing the instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333. ATTN: PRA (0920-1074).

INSTRUCTIONS AND DEFINITIONS

WHO SHOULD COMPLETE THIS DATA COLLECTION?

The person responsible for the day-to-day management of the program and/or with the most program knowledge should complete this data collection.

WHAT TIME PERIOD IS BEING ASSESSED?

We are collecting information about the implementation of your DP15-1502 CRCCP, program year 1 (PY1). Unless instructed otherwise, *all responses should reflect implementation of your CRCCP in PY1 ONLY, June 30, 2015 – June 29, 2016.*

WHAT DO WE MEAN BY 'YOU AND YOUR CRCCP STAFF'?

'You and your CRCCP staff' include those people within your organization (e.g., State health department, tribal program, university) that work to carry out the mission of your CRCCP program.

WHAT DO WE MEAN BY 'YOUR CRCCP'?

The term 'Your CRCCP' refers to all those involved in the implementation of your CRCCP program/program activities, including you, your contractors, and your partners, regardless of the source of program funds.

WHAT DO WE MEAN BY 'HEALTH SYSTEM'?

For purposes of this survey, when we use the term 'health system', we mean entities delivering clinical care to a defined patient population including, but not limited to FQHCs/CHCs, other publicly funded entities providing primary care, academic health care centers, health plan clinic networks, other health care networks, and hospitals. Health systems often include multiple primary care clinic sites. Insurers/health care plans, Medicaid, and Medicare may also be considered health systems given they have an applicant-defined patient population and reimburse for clinical services rendered.

Instructions and Definitions, continued

WHAT ARE PROCESS AND OUTCOME EVALUATION?

Process evaluation involves collecting and analyzing information about **how** program activities were implemented. Examples of process evaluation metrics include:

- Percentage of patients due for screening that receive a client reminder
- Percentage of patients due for screening who receive a physician recommendation consistent with United States Preventive Services Task Force (USPSTF) recommendations
- Percentage of clients enrolled in patient navigation that receive appropriate assessment of barriers to CRC screening

Outcome evaluation examines whether expected outcomes were achieved. Examples of outcome evaluation metrics include:

- Clinic-level CRC screening rates
- CRC rescreening rate

WHAT ARE EVIDENCE-BASED INTERVENTIONS?

Provider Assessment and Feedback	Provider assessment and feedback interventions 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). Feedback may describe the performance of a group of providers or an individual provider, and may be compared with a goal or standard.
Provider Reminders	Reminders inform healthcare providers it is time for a client's cancer screening test or that the client is overdue for screening. The reminders can be provided in different ways, such as client charts or by e-mail.
Reducing Structural Barriers	Structural barriers are noneconomic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by 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 or eliminating or simplifying administrative procedures and other obstacles.
Patient Reminders	Patient reminders are written (letter, postcard, e-mail) or telephonic messages (including automated messages) advising people that they are due for screening. Reminder messages may be tailored or untailored to specific individuals or audiences.

Instructions and Definitions, continued

WHAT ARE SUPPORTING STRATEGIES?

Small Media	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. For the purposes of this survey, please include any social media activities as "small media".
Patient Navigation	Patient navigation is a strategy aimed at reducing disparities by helping clients overcome barriers to healthcare. For purposes of the CRCCP, patient navigation is defined as individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and follow-up as well as initiation of treatment services for persons diagnosed with cancer. Patient navigation includes assessment of client barriers, client education, resolution of barriers, and client tracking and follow-up. Patient navigators may be professional (e.g., nurse) or lay workers.
Community Health Workers (CHWs)	CHWs are non-clinical frontline public health workers who are trusted members and/or has an unusually close understanding of the community served. CHWs work in the community to provide education, support, and facilitate access to health care.
Professional development, provider education	Professional development/provider education are interventions directed at healthcare staff and providers to increase their knowledge as well as to change attitudes and practices in addressing cancer screening. Activities may include distribution or delivery of provider education materials, including screening guidelines and recommendations, and/or continuing medical education opportunities.
Quality Improvement or Quality Assurance (QI/QA)	QI/QA refers to the use of clinical data to support ongoing monitoring of the quality timeliness, and appropriateness of cancer screening services provided by the clinic or health system. QI/QA includes changing existing processes in response to clinical data to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality services. Activities should link to the clinic's or health system's existing QI plan and infrastructure if applicable.
Workplace interventions	Workplace interventions can include worksite policies, wellness programs, and other activities that help employees reduce health risks and improve their quality of life. These interventions can be delivered at the worksite, at other locations, or through the employee health benefits plan.
Facilitated linkages to medical home	Facilitating linkages to a medical home involves assisting individuals to secure a primary care provider through activities such as identifying appropriate and convenient provider sites and assisting to enroll in insurance coverage.

SECTION 1: RESPONDENT INFORMATION

1. With which CRCCP program are you affiliated?

Choose one of the following answers

Please choose... ▼

2. What is your current position with the BCCEDP program?

Check any that apply

- Program director (the primary contact for the CRCCP cooperative agreement)
- Program manager/coordinator (the day-to-day manager for the CRCCP)
- Other:

3. How long have you worked with the BCCEDP program in your state / tribe / territory / jurisdiction / organization? This may include time worked on the DP903/1414 CRCCP from 2009-2015.

Choose one of the following answers

- < 1 year
- 1-2 years
- 3-5 years
- 6+ years

SECTION 2: PROGRAM MANAGEMENT

1. During PY1, how challenging were the following management issues? If these issues are not applicable to your CRCCP, select 'N/A'.

Management Issues	N/A	Not a challenge	Minor challenge	Moderate challenge	Serious challenge
Reorganizing within your awardee organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with staff turnover, furloughs, or hiring freezes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having issues within your awardee organization that impede timely hiring of staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and hiring staff with appropriate skills and/or experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing Federal funds (other than CDC CRCCP funds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing non-Federal funds (e.g., State funds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Losing in-kind resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Executing contracts or consultant agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Executing formal MOAs/MOUs with partner health systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitoring performance of sub-awardees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving timely response from PGO on funding-related issues (within 2 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving timely response from CDC on program-related issues (within 2 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessing needed technical assistance or support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other management issue (please specify 1 issue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other management issue (please specify 1 issue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1a. Other management issue (please specify 1 issue)

Section 2, continued

1b. Other management issue (please specify 1 issue)

2. During PY1, how challenging were the following programmatic issues? If these issues are not applicable to your CRCCP, select 'N/A'.

Programmatic Issues	N/A	Not a challenge	Minor challenge	Moderate challenge	Serious challenge
Establishing or expanding partnerships with community health centers (CHCs), including federally qualified health centers (FQHCs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing or expanding partnerships with health systems other than CHCs/FQHCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing or expanding partnerships with insurers, including Medicaid, Medicare, and private payers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing or expanding a partnership with your state primary care association (PCA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing or expanding a partnership with a HCCN(s) Health Center Control Network(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing or expanding a partnership with the state quality assurance organization (e.g. linked to Health Center QI program and BPHC Clinical Quality Incentives)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining previously established partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting assessment activities in health systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing health system implementation plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching your priority population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing EBIs in health systems/clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing supporting activities in health systems/clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving electronic health record systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring adequate endoscopy services in your area (i.e., not enough endoscopy sites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other programmatic issue (please specify 1 issue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other programmatic issue (please specify 1 issue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2a. Other programmatic issue (please specify 1 issue)

Section 2, continued

2b. Other programmatic issue (please specify 1 issue)

3. During PY1, on average, how challenging were the following evaluation issues? If these issues are not applicable to your CRCCP, select 'N/A'.

<u>Evaluation Issues</u>	N/A	Not a challenge	Minor challenge	Moderate challenge	Serious challenge
Developing an evaluation plan for your program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining baseline CRC screening rates for partner health system clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining annual CRC screening rates for partner health system clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting reliable data on CRC screening rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extracting data from electronic health record systems (EHRs) to measure CRC screening rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting medical chart reviews to assess CRC screening rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting monitoring & evaluation of the implementation of CRCCP program activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting evaluation of CRCCP program outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting data on patient navigation to report to CDC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with an internal evaluator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with an external evaluator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other evaluation issue (please specify 1 issue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other evaluation issue (please specify 1 issue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3a. Other evaluation issue (please specify 1 issue)

Section 2, continued

3b. Other evaluation issue (please specify 1 issue)

4. In PY1, did your CRCCP engage any of the following people to assist with your evaluation activities?

Check any that apply

- A CRCCP staff person with specialized training or expertise in evaluation
- A staff person with specialized training or expertise who is within your awardee organization, but not a full time member of your CRCCP staff
- An evaluator from a university with specialized training or expertise in evaluation
- An evaluation consultant from outside your agency (other than a university) with specialized training or expertise
- Other staff (please specify):
- We did not engage anyone with special evaluation expertise in PY1

5. Please list the amount of Federal, State, Tribal, non-profit, university and other funding that supported your CRCCP program in PY1. Please pro-rate funding if needed to associate with PY1, June 30, 2015 – June 29, 2016. Do not include in-kind resources.

Federal (Do not include funds received from CDC through DP15-1502 CRCCP)	\$	<input style="width: 150px;" type="text"/>	.00
State	\$	<input style="width: 150px;" type="text"/>	.00
Tribal	\$	<input style="width: 150px;" type="text"/>	.00
Non-profit (e.g., American Cancer Society, LIVESTRONG)	\$	<input style="width: 150px;" type="text"/>	.00
University (e.g., other grant funds, internal university funds)	\$	<input style="width: 150px;" type="text"/>	.00
Other funding sources (please specify)	\$	<input style="width: 150px;" type="text"/>	.00

5a. Other funding sources (please specify)

SECTION 3: IMPLEMENTATION ACTIVITIES, HEALTH IT, AND PARTNERSHIPS

For the next two questions, we understand that grantees may be conducting planning activities not listed (for example, clinic workflow assessment, improving Health IT, addressing electronic health records issues). You may be conducting these activities as part of strategic implementation of the priority EBIs or other supporting activities. For instance, in PY1 you may have conducted clinic workflow analysis to determine how best to implement a provider reminders. If this is the case, please check the **appropriate endpoint EBIs and supporting activities below**. (e.g., in our example above, you would check 'provider reminders'). This will bring you to a section of the survey that will give you an opportunity to report on the specific planning activities and answer other detailed questions pertaining to only those EBIs and activities you select in the questions below. There is also a separate set of health IT questions later in the survey to capture the details of your HIT efforts.

1. In PY1, which of the following priority EBIs were **improved or newly implemented** by your CRCCP to promote or increase screening for colorectal cancer? By "your CRCCP" we mean all those involved in the implementation of your CRCCP program/program activities, including you, your contractors, and your partners, regardless of the source of your program funds.

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (other than patient navigation)
- None of the above

2. In PY1, which of the following other activities were **improved or newly implemented** by your CRCCP to promote or increase screening for colorectal cancer?

Check any that apply

- Small media (e.g., brochures, flyers, etc.)
- Patient navigation
- Professional development/Provider education
- Quality improvement/Quality assurance
- Community health workers
- Workplace interventions
- Facilitated linkages to medical home (i.e., assisted individuals to gain access to primary care)
- Other (please specify):
- None of the above

SECTION 3AA: PROVIDER ASSESSMENT AND FEEDBACK

Your CRCCP may have improved or newly implemented provider assessment and feedback in more than one health system in PY1. If this is the case, **to answer the questions below, please think about the ONE health system where you believe the activity was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system in which provider assessment and feedback was best implemented? *(if you choose not to provide a name, please enter N/A)*

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement provider assessment and feedback in this health system?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP (e.g. 3rd party vendor)
- An outside organization or consultant contracted by the health system
- Other:

3. During PY1, which activities did your CRCCP conduct related to provider assessment and feedback in this health system?

Check any that apply

- Identified a priority population
- Assessed the capacity or state of the EHR system
- Obtained or calculated a CRC screening rate in one or more of the health system clinics
- Educated providers/clinic staff on United States Preventive Services Taskforce (USPSTF) CRC screening recommendations
- Educated providers/clinic staff on United States Multi-Society Task Force (USMSTF) CRC surveillance recommendations
- Improved or newly implemented a system to assess provider performance in offering/delivering CRC screening (assessment)
- Improved or newly implemented a system to inform providers at regular intervals about their or their group's performance (feedback)
- Other (please specify):

Section 3AA, continued

4. During PY1, who delivered the feedback to the providers in this health system?

Check any that apply

- CRCCP staff member(s)
- A provider/colleague within the health system
- An external CRCCP contractor or consultant (e.g., State primary care association)
- Other (please specify):
- Feedback was not delivered to the providers

5. During PY1, how was the feedback given to the providers in this health system?

Check any that apply

- Written
- Verbal
- Individual
- Group
- Reports that do not include identifying information (e.g., names of health systems, clinics, or providers)
- Reports that include identifying information (e.g., names of health systems, clinics, or providers)
- Other (please specify):

6. During PY1, which of the following were included in the provider feedback used in this health system?

Check any that apply

- Comparisons of individual providers' performance (i.e., provider versus provider)
- Comparisons of individual providers' performance to a facility average (i.e., provider versus facility average)
- Comparisons of individual providers' performance to an established goal or target on specific indicators (i.e. provider versus goal/target)
- Comparisons of individual providers' or practice's performance to an aggregate average (i.e., provider versus state average)
- None, no comparisons were made

Section 3AA, continued

7. During PY1, were any of the following indicators included in the provider feedback given in this health system?

Check any that apply

- FOBT/FIT return rate
- Colonoscopy completion rate
- Overall CRC screening rate
- For positive FOBT/FIT tests, rate of complete colonoscopy
- Endoscopy-related quality indicators (e.g., bowel prep adequacy, adenoma detection rate, cecum reached, withdrawal time)
- None of these indicators were included

8. During PY1, how frequently did your CRCCP program distribute feedback to the clinic/clinic providers in this health system?

Choose one of the following answers

- 0 times (did not provide feedback)
- 1-2 times
- 3-4 times
- 5-6 times
- 7+ times

9. Please rate the overall level of difficulty it took to implement this provider assessment and feedback system in PY1 in this health system.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

Section 3AA, continued

10. During PY1, did your CRCCP program evaluate the process or outcomes of this provider assessment and feedback activity in this health system?

Check any that apply

- Yes, we conducted a **process evaluation** of the provider assessment and feedback system (e.g., number of providers receiving assessment and feedback reports for a given time period)
- Yes, we conducted an **outcome evaluation** of the provider assessment and feedback system (e.g., changes in clinic-level screening rates)
- No, but we developed a plan to evaluate the provider assessment and feedback system in the future
- No, we did not evaluate or plan for an evaluation of this provider assessment and feedback system

SECTION 3AB: PROVIDER REMINDERS

Your CRCCP may have improved or newly implemented provider reminders in more than one health system in PY1. If this is the case, **to answer the questions below, please think about the ONE health system where you believe the activity was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system in which provider reminders were best implemented? *(if you choose not to provide a name, please enter N/A)*

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement provider reminders in this health system?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

Section 3AB, continued

3. During PY1, which activities did your CRCCP conduct related to provider reminders in this health system?

Check any that apply

- Identified a priority population
- Assessed the capacity or state of the EHR system
- Obtained or calculated a CRC screening rate in one or more of the health system clinics
- Educated providers/clinic staff on United States Preventive Services Task Force (USPSTF) CRC screening recommendations
- Educated providers/clinic staff on United States Multi-Society Task Force (USMSTF) CRC surveillance recommendations
- Assessed the current records management process to select a provider reminder method
- Assessed clinic workflow process to select a provider reminder method
- Improved or newly implemented the provider reminder system
- Other (please specify):

4. How were the provider reminders generated in this health system?

Check any that apply

- Manually (e.g. flags affixed to paper charts by staff just prior to the patient's appointment)
- Electronically (e.g. automatic notification of providers via electronic chart)
- Manually within EHR system
- Automated within EHR system
- Other (please specify):

5. Which of the following formats describe the provider reminders used by the health system?

Check any that apply

- Notation in patient chart (e.g. "patient is due for CRC screening")
- Flowchart (e.g. tool for decision analysis to determine whether patient is due for CRC screening)
- Flag (e.g. physical reminder to check patient's CRC screening status)
- Electronic message (e.g. email to provider about patient's CRC screening status)
- Checklist (e.g. CRC screening status one of several items for provider to ask patient about)
- Other (please specify):

Section 3AB, continued

6. When were these provider reminders delivered to the provider in this health system?

Choose one of the following answers

- Before the scheduled encounter with the patient
- During the scheduled encounter with the patient
- Both before and during the scheduled encounter with the patient

7. Please rate the overall level of difficulty it took to implement this provider reminder system in PY1 in this health system.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

8. During PY1, did your CRCCP program evaluate the process or outcomes of this provider reminder system in this health system?

Check any that apply

- Yes, we conducted a **process evaluation** of the provider reminder system (e.g., percentage of eligible patients receiving a reminder from their provider)
- Yes, we conducted an **outcome evaluation** of the provider reminder system (e.g., changes in clinic-level screening rates)
- No, but we developed a plan to evaluate the provider reminder system in the future
- No, we did not evaluate or plan for an evaluation of this provider reminder system

SECTION 3AC: PATIENT REMINDERS

Your CRCCP may have improved or newly implemented patient reminders in more than one health system in PY1. If this is the case, **to answer the questions below, please think about the ONE health system where you believe the activity was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system in which patient reminders were best implemented? *(if you choose not to provide a name, please enter N/A)*

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement patient reminders in this health system?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

3. During PY1, which activities did your CRCCP conduct related to patient reminders in this health system?

Check any that apply

- Identified a priority population
- Assessed the capacity or state of the EHR system
- Obtained or calculated a CRC screening rate in one or more of the health system clinics
- Educated providers/clinic staff on United States Preventive Services Task Force (USPSTF) CRC screening recommendations
- Educated providers/clinic staff on United States Multi-Society Task Force (USMSTF) CRC surveillance recommendations
- Assessed the current records management process to select a patient reminder method
- Assessed clinic workflow process to select a patient reminder method
- Improved or newly implemented the patient reminder system
- Distributed FOBT/FIT kits with reminders (regardless of who paid for the kits)
- Other (please specify):

Section 3AC, continued

4. Which of the following formats describe the patient reminders implemented in this health system?

Check any that apply

- Printed reminders mailed to patient
- Telephone call/voicemail message reminders
- Automated calls
- Text messages
- Patient portals or on-line charts
- Emails
- Other (please specify):

5. Was an FOBT/FIT kit sent along with the mailed reminder to patients who are due or overdue for screening

Choose one of the following answers

- Yes
- No

6. Which of the following characteristics applies to the patient reminders used by this health system?

Check any that apply

- Reminders advise patient he/she is due for CRC screening (based on date of last screen or by "ageing in")
- Reminders advise patient he/she is overdue/late for CRC screening (based on the date of last screen or based on age + never-screened status)
- Reminders include information about CRC screening
- Reminders are sent to patient before an FOBT/FIT kit is provided or before an endoscopy exam is scheduled
- Reminders are sent to patient after a screening appointment is made to remind him/her of the appointment
- Reminders include reference to a specific type of test (e.g., FOBT, FIT, colonoscopy)
- Other (please specify):

Section 3AC, continued

7. Please rate the overall level of difficulty it took to implement this patient reminder system in PY1 in this health system.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

8. During PY1, did your CRCCP program evaluate the process or outcomes of this patient reminder system in this health system?

Check any that apply

- Yes, we conducted a **process evaluation** of the patient reminder system (e.g., percentage of eligible patients receiving reminders)
- Yes, we conducted an **outcome evaluation** of the patient reminder system (e.g., changes in clinic-level screening rates)
- No, but we developed a plan to evaluate the patient reminder system in the future
- No, we did not evaluate or plan for an evaluation of this patient reminder system

SECTION 3AD: REDUCING STRUCTURAL BARRIERS (other than PN)

Your CRCCP may have reduced structural barriers in more than one health system in PY1. If this is the case, **to answer the questions below, please think about the ONE health system where you believe the activity was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system in which reducing structural barriers was best implemented?
(if you choose not to provide a name, please enter N/A)

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement reducing structural barriers in this health system?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

3. During PY1, which activities did your CRCCP conduct related to reducing structural barriers in this health system?

Check any that apply

- Identified a priority population
- Obtained or calculated a CRC screening rate in one or more of the health system clinics
- Conducted assessment to identify structural barriers impeding access to CRC screening
- Implemented strategies to reduce barriers to screening
- Other (please specify):

Section 3AD, continued

4. During PY1, which strategies did your CRCCP implement to reduce structural barriers in this health system?

Check any that apply

- Reducing time or distance between service delivery setting and priority populations (e.g., FLU-FIT, direct mailing of FOBT kits to clients, planning an endoscopy clinic in an underserved rural area etc.)
- Modifying hours of clinical service to better meet client needs
- Offering services in alternative or non-clinical settings (e.g., worksites, sites with accommodations for those with disabilities)
- Eliminating or simplifying administrative procedures and other obstacles
- Paying or reimbursing for a patient navigator/case manager
- Paying or reimbursing for a community health worker
- Referring or assisting clients with insurance enrollment (e.g., Medicaid/Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)
- Other (please specify):

5. Please rate the overall level of difficulty it took to implement the strategy or strategies to reduce structural barriers in PY1 in this health system.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

6. During PY1, did your CRCCP program evaluate your efforts to reduce structural barriers in this health system?

Check any that apply

- Yes, we conducted a **process evaluation** of these efforts to reduce structural barriers (e.g., number of patients reached by community health workers)
- Yes, we conducted an **outcome evaluation** of these efforts to reduce structural barriers (e.g., changes in clinic-level screening rates for colorectal cancer)
- No, but we developed a plan to evaluate the efforts to reduce structural barriers
- No, we did not evaluate or plan for an evaluation of these efforts to reduce structural barriers in PY1

SECTION 3BA: SMALL MEDIA

Your CRCCP may have improved or newly implemented small media in more than one health system or other setting in PY1. If this is the case, **to answer the questions below, please think about the ONE health system or other setting where you believe the activity was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system or other setting in which small media was best implemented? *(if you choose not to provide a name, please enter N/A)*

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement small media in this health system or other setting?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

3. During PY1, which activities did you conduct related to implementing small media in this health system or other setting?

Check any that apply

- Identified a priority population
- Obtained or calculated a CRC screening rate in one or more of the health system clinics or other setting
- Conducted an assessment to inform small media messaging
- Conducted an assessment to inform culturally competent small media materials
- Conducted an assessment to inform distribution channels
- Developed new small media materials
- Modified existing small media materials
- Used existing small media materials with no changes
- Other (please specify):

Section 3BA, continued

4. Messaging included in the small media materials used in this health system or other setting during PY1 were:

Check any that apply

- Developed using the MIYO website (<http://www.miyoworks.org>)
- CDC's Screen for Life small media materials (<http://www.cdc.gov/cancer/colorectal/sfl/>)
- Other (please specify):

5. The small media materials used in this health system or other setting during PY1 were:

Check any that apply

- Postcards
- Videos
- Letters
- Brochures/Pamphlets
- Flyers
- Newsletters
- Social media posts
- Other (please specify):

6. Did your small media materials include infographics?

Choose one of the following answers

- Yes
- No

Section 3BA, continued

7. Please rate the overall level of difficulty it took to implement this small media activity in PY1.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

8. During PY1, did your CRCCP program evaluate small media activities in this example?

Check any that apply

- Yes, we conducted a **process evaluation** of the small media activities (e.g., number of small media materials distributed to end users)
- Yes, we conducted an **outcome evaluation** of the small media activities (e.g., changes in individuals' intentions to be screened for colorectal cancer or colorectal cancer screening rates)
- No, but we developed a plan to evaluate the small media activities in the future
- No, we did not evaluate or plan for an evaluation of these small media activities in PY1

SECTION 3BB: PATIENT NAVIGATION (PN)

Your CRCCP may have improved or newly implemented patient navigation (PN) in more than one health system or other setting in PY1. If this is the case, **to answer the questions below, please think about the ONE health system or other setting where you believe PN was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system or other setting in which PN was best implemented? *(if you choose not to provide a name, please enter N/A)*

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement PN in this health system or other setting?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

3. Which model most accurately describes the navigators in this health system or other setting, during PY1?

Check any that apply

- Navigators were employed by your CRCCP
- Navigators were employed by a partner organization or health system/clinic using CRCCP funding
- Navigators were funded by a partner organization or the health system/clinic, not with CRCCP funds (but navigation is viewed as part of CRCCP program)
- Navigation delivered was reimbursed on a per-patient basis using CRCCP funds
- Other (please specify):

Section 3BB, continued

4. Which classification most accurately describes the navigators in this health system or other setting, during PY1?

Check any that apply

- Nurse
- Social worker
- Health Educator
- Lay Health Worker/Community Health Worker
- Other (please specify):

5. During PY1, which activities did your CRCCP conduct related to PN in this health system or other setting?

Check any that apply

- Identified a priority population
- Assessed the capacity or state of the EHR system
- Obtained or calculated screening rate in one or more of the health system clinics
- Trained navigators on necessary topics (e.g., PN role, cancer screening)
- Enrolled priority population in navigation
- Delivered PN services to patients
- Documented PN services delivered
- Other (please specify):

Section 3BB, continued

6. During PY1, which services were delivered by PNs to clients in this health system or other setting?

Check any that apply

- Conducted clinic in-reach to recruit men and women for CRC screening
- Conducted client outreach to recruit men and women for CRC screening
- Assessed client barriers to CRC screening
- Educated clients about CRC screening test procedures
- Educated clients about bowel preparation procedures for endoscopy
- Provided peer support to clients
- Addressed clients' socio-cultural barriers/issues
- Sent FOBT/FIT kits to clients due for CRC screening
- Made reminder calls/emails to clients to return FOBT/FIT kits
- Assisted clients in securing financial payment for CRC screening/diagnostics (e.g., helped enroll in Medicaid or other insurance, secured free colonoscopy)
- Assisted clients in scheduling appointments for endoscopy
- Arranged/provided transportation services
- Arranged/provided translation (language) services
- Facilitated child care or elder care services
- Made reminder calls/emails for endoscopy appointments
- Tracked/followed-up clients to ensure screening was completed and patient received results
- Tracked/followed-up to ensure the primary care provider received endoscopy results
- Made recommendations to clinics/health systems on procedural or other changes that supported client adherence to screening
- Explained screening/diagnostic test results
- Assisted clients diagnosed with cancer to get into cancer treatment
- Identified clients in need of rescreening
- Other (please specify):

Section 3BB, continued

7. Please rate the overall level of difficulty it took to implement these PN activities in PY1.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

8. During PY1, did your CRCCP program evaluate the PN activities delivered in this health system or setting?

Check any that apply

- Yes, we conducted a **process evaluation** of these PN activities (e.g., number of men and women who were formally assessed by patient navigators)
- Yes, we conducted an **outcome evaluation** of these PN activities, (e.g., percent of men and women served by patient navigators who completed screening)
- No, but we developed a plan to evaluate the PN activities in the future
- No, we did not evaluate or plan for an evaluation of these PN activities in PY1

SECTION 3BC: PROFESSIONAL DEVELOPMENT/PROVIDER EDUCATION

Your CRCCP may have improved or newly implemented professional development/provider education in more than one health system or other setting in PY1. If this is the case, **to answer the questions below, please think about the ONE health system or other setting where you believe the activity was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system or other setting where professional development/provider education activities were best implemented? *(if you choose not to provide a name, please enter N/A)*

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement these professional development/provider education activities in this health system or other setting?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

3. During PY1, what activities did your CRCCP conduct related to professional development/provider education in this health system or other setting?

Check any that apply

- Identified a priority population
- Obtained or calculated a CRC screening rate in one or more of the health system clinics or other setting
- Delivered professional development/provider education activities
- Other (please specify):

Section 3BC, continued

4. What topics were included in the professional development/provider education activities delivered in this health system or other setting in PY1?

Check any that apply

- United States Preventive Services Task Force (USPSTF) screening recommendations
- Other national screening guidelines (e.g., ACS, NCCN)
- United States Multi-Society Task Force on Colorectal Cancer (USMSTF) surveillance guidelines
- Quality measures for colonoscopy (e.g., adenoma detection rate)
- Redesigning health system or clinic workflow to improve CRC screening
- CRC screening test options
- CRC screening quality assurance/quality improvement strategies
- Patient engagement strategies (e.g., cultural competence)
- How to work within EHR systems to improve screening rates
- Specific evidence-based intervention/strategy (e.g., assessment and feedback)
- Other (please specify):

5. Were CMEs/CMUs provided to some or all of the participants of these activities?

Choose one of the following answers

- Yes
- No
- Don't know

6. Were CDC's on-line continuing education courses offered to providers, "Screening for Colorectal Cancer: Optimizing Quality" (<http://www.cdc.gov/cancer/colorectal/quality/index.htm>)

Choose one of the following answers

- Yes
- No

Section 3BC, continued

7. Please rate the overall level of difficulty it took to implement professional development/provider education activities in PY1.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

8. During PY1, did your CRCCP program evaluate provider education/professional development activities in this health system or setting?

Check any that apply

- Yes, we conducted a **process evaluation** of professional development/provider education/quality improvement (e.g., number of providers receiving CMEs for a given time period)
- Yes, we conducted an **outcome evaluation** of professional development/provider education/quality improvement (e.g., changes in provider practices such as providers adherence to clinical guidelines or clinic-level screening rates)
- No, but we developed a plan to evaluate the professional development/provider education/quality improvement activities in the future
- No, we did not evaluate or plan for an evaluation for professional development/provider education/quality improvement activities in PY1

SECTION 3BD: QUALITY IMPROVEMENT/QUALITY ASSURANCE

Your CRCCP may have improved or newly implemented quality improvement/quality assurance (QI/QA) activities in more than one health system or other setting in PY1. If this is the case, **to answer the questions below, please think about the ONE health system or other setting where you believe the activity was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system or other setting where quality improvement/quality assurance activities were best implemented? *(if you choose not to provide a name, please enter N/A)*

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement these QI/QA activities in this health system or other setting?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

3. During PY1, what activities did your CRCCP conduct related to QI/QA in this health system or other setting?

Check any that apply

- Identified a priority population
- Obtained or calculated a CRC screening rate in one or more of the health system clinics or other setting
- Conducted or put into place quality improvement activities
- Other (please specify):

Section 3BD, continued

4. What topics were included in the QI/QA activities delivered in this health system or other setting in PY1?

Check any that apply

- Quality issues for FOBT/FIT (e.g., no in-office FOBT/FIT)
- Assessing the capacity or state of the EHR system
- Quality measures/indicators for colonoscopy (e.g., adenoma detection rate)
- Quality of data (e.g., documentation of screening, appropriate algorithms to assess screening rate)
- Process or workflow mapping
- System improvement (e.g., Plan Do Study Act)
- Other (please specify):

5. Please rate the overall level of difficulty it took to implement these QI/QA activities in PY1.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

6. During PY1, did your CRCCP program evaluate QI/QA activities in this health system or setting?

Check any that apply

- Yes, we conducted a **process evaluation** of quality improvement (e.g., frequency of feedback on quality measures)
- Yes, we conducted an **outcome evaluation** of quality improvement (e.g., changes in colonoscopy quality)
- No, but we developed a plan to evaluate the quality improvement activities in the future
- No, we did not evaluate or plan for an evaluation for quality improvement activities in PY1

SECTION 3BE: COMMUNITY HEALTH WORKERS (CHWs)

Your CRCCP may have worked in multiple health systems or other settings to improve or newly implement CHWs in PY1. If this is the case, **to answer the questions below, please think about the ONE health system or other setting where you believe the activity was BEST implemented in PY1.** We recognize that this is a subjective choice.

1. What is the name of the health system or other setting in which CHWs were best implemented? (if you choose not to provide a name, please enter N/A)

2. During PY1, who was **primarily** responsible for providing support in order to improve or implement CHWs in this health system or other setting?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

3. Which model most accurately describes the CHWs in this health system or other setting?

Check any that apply

- CHWs were employed by your CRCCP
- CHWs were employed by a partner organization or health system/clinic, using CRCCP funding
- CHWs were funded by the partner organization or health system/clinic, not with CRCCP funds (but navigation is viewed as part of CRCCP program)
- Other (please specify):

Section 3BE, continued

4. During PY1, which activities did your CRCCP conduct related to CHWs in this health system or other setting?

Check any that apply

- Identified a priority population
- Obtained or calculated screening rate in one or more of the health system clinics or other setting
- Trained CHWs on necessary topics (e.g., CHW role, cancer screening, outreach strategies)
- Conducted community health outreach activities
- Documented CHW services delivered
- Other (please specify):

5. During PY1, which strategies were conducted by the CHWs in this health system or other setting?

Check any that apply

- Conducted outreach to community organizations
- Recruited "hard-to-reach" men and women for CRC screening
- Conducted in-reach within the health system to recruit the priority population for CRC screening or re-screening
- Provided one-on-one education to priority population members
- Provided group education to priority population members
- Conducted peer counseling and support
- Connected men and women to a health system for CRC screening
- Referred or assisted men and women with insurance enrollment (e.g., Medicaid, Medicare, private insurance, IHS, state-funded insurance, Insurance Marketplace)
- Assessed client barriers to CRC screening
- Addressed barriers to CRC screening faced by individual men and women (e.g., transportation, language services)
- Other (please specify):

Section 3BE, continued

6. Please rate the overall level of difficulty it took to implement these CHW activities in PY1.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

7. During PY1, did your CRCCP program evaluate these CHW activities in this health system or setting?

Check any that apply

- Yes, we conducted a **process evaluation** of these CHW activities (e.g., geographic reach of CHWs, number/FTEs of CHWs conducting activities)
- Yes, we conducted an **outcome evaluation** of these CHW activities (e.g., percent of men and women reached by CHWs who complete screening)
- No, but we developed a plan to evaluate the CHW activities in the future
- No, we did not evaluate or plan for an evaluation for these CHW activities in PY1

SECTION 3BF: WORKPLACES

Your CRCCP may have collaborated with multiple workplaces to increase CRC screening in PY1. If this is the case, **to answer the questions below, please think about the ONE example that you believe represents the BEST implementation of workplace interventions in PY1.** We recognize that this is a subjective choice.

1. What is the name of the workplace where CRC screening efforts were best implemented? *(if you choose not to provide a name, please enter N/A)*

2. Approximately, what was the number of adults, over age 50, employed at this worksite?

Each answer must be between 0 and 9999

Only an integer value may be entered in this field.

adults over age 50

3. During PY1, who was **primarily** responsible for providing support in order to improve or implement interventions in this workplace?

Check any that apply

- CRCCP staff member(s)
- The health system staff
- An outside organization or consultant working with the CRCCP
- Other (please specify):

Section 3BF, continued

4. During PY1, which activities did your CRCCP conduct related to increasing CRC screening in this workplace?

Check any that apply

- Identified a priority population
- Engaged workplace leaders on importance of CRC screening
- Trained workplace leaders on necessary topics (e.g., types of CRC cancer screening tests)
- Conducted workplace intervention activities
- Documented services delivered
- Other (please specify):

5. During PY1, what activities were conducted in this workplace?

Check any that apply

- Provided one-on-one education to priority population members
- Provided group education to priority population members
- Delivered small media materials
- Contributed educational messages to workplace communications
- Conducted peer counseling and support
- Connected men and women to a health system for CRC screening
- Instituted workplace policy supporting CRC screening (e.g., benefit coverages, time off work)
- Workplace wellness activities
- Other (please specify):

6. Please rate the overall level of difficulty it took to implement these workplace activities in PY1.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

Section 3BF, continued

7. During PY1, did your CRCCP program evaluate these workplace activities in this health system or setting?

Check any that apply

- Yes, we conducted a **process evaluation** of these workplace activities (e.g., number of employees receiving education about CRC screening)
- Yes, we conducted an **outcome evaluation** of these workplace activities (e.g., percent of men and women reached in the workplace who complete screening)
- No, but we developed a plan to evaluate the workplace activities in the future
- No, we did not evaluate or plan for an evaluation for these workplace activities in PY1

SECTION 3C: HEALTH INFORMATION TECHNOLOGY (HEALTH IT)

1. During PY1, did your CRCCP provide technical assistance, training, health IT staff support, or other support to any of your health system partners to improve the use or quality of their electronic health record (EHR) data?

Choose one of the following answers

- Yes
- No

2. Did your CRCCP provide technical assistance, training, health IT staff support, or other support to any of your health system partners to improve the use or quality of their electronic health record (EHR) data prior to PY1?

Choose one of the following answers

- Yes
- No

3. During PY1, what challenges did your CRCCP program encounter in terms of delivering Health IT support?

Section 3C, continued

4. Who typically provided the technical assistance, training, or support?

Check any that apply

- Our own awardee organization Health IT specialist(s)
- An IT specialist employed by the health system
- An external Health IT consultant(s) or contractor(s)
- A Health Center Controlled Network (HCCN)
- Partner from an academic institution

Other (please specify):

5. During PY1, what types of activities were conducted?

Check any that apply

- Conducted a chart review to validate the EHR generated CRC screening rate
- Assessed the capacity or state of the EHR system
- Reviewed EHR to identify problems in regard to how CRC endoscopy referrals and screening results are recorded
- Made changes within EHR to accurately record endoscopy referrals and screening results (FOBT/FIT, colonoscopy)
- Developed standard queries within EHR
- Revised workflow systems to improve data entry in the EHR
- Provided training to health system staff about how to document endoscopy referrals and screening results (FOBT/FIT, colonoscopy)

Other (please specify):

Section 3C, continued

6. During PY1, did your CRCCP support the modification of health system partners' health IT or EHRs to improve or implement any of the following?

Check any that apply

- Accurate measurement of CRC screening rate
- Provider assessment and feedback system
- Provider reminders
- Patient reminders
- Reducing structural barriers (non-PN)
- Patient navigation monitoring
- Professional development/Provider education
- Quality improvement
- Other (please specify):

7. Please rate the overall level of difficulty it took to implement these health IT activities in PY1.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

SECTION 3D: NON-HEALTH SYSTEM PARTNERS

1. Did your organization partner with any of the following organizations to assist in implementing CRCCP program activities in PY1?

Check any that apply

- American Cancer Society
- State Primary Care Association
- State Quality Improvement Agency
- Medicare Quality Improvement Organization
- Health Center Controlled Network(s)
- Non-profit community organization(s)
- Professional Associations
- Local or regional health departments
- Business Associations
- Private EHR vendor (e.g., EHR software vendor, data warehouse)
- University
- Accountable Care Organization
- Healthcare Collaborative
- Health Plan Organizations/Insurers
- Regional Extension Centers
- Other (please specify):
- We did not partner with any of these organizations/groups

2. Did your organization provide CDC DP15 1502 funding to the **American Cancer Society** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

3. During PY1, which of the following CRCCP program activities were implemented in partnership with the **American Cancer Society**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

4. Did your organization provide CDC DP15 1502 funding to **State Primary Care Associations** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

5. During PY1, which of the following CRCCP program activities were implemented in partnership with **State Primary Care Associations**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

6. Did your organization provide CDC DP15 1502 funding to **State Quality Improvement Agencies** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

7. During PY1, which of the following CRCCP program activities were implemented in partnership with **State Quality Improvement Agencies**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

8. Did your organization provide CDC DP15 1502 funding to **Medicare Quality Improvement Organizations** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

9. During PY1, which of the following CRCCP program activities were implemented in partnership with **Medicare Quality Improvement Organizations**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

10. Did your organization provide CDC DP15 1502 funding to **Health Center Controlled Networks** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

11. During PY1, which of the following CRCCP program activities were implemented in partnership with **Health Center Controlled Networks**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

12. Did your organization provide CDC DP15 1502 funding to **Non-profit Community Organizations** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

13. During PY1, which of the following CRCCP program activities were implemented in partnership with **Non-profit Community Organizations**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

14. Did your organization provide CDC DP15 1502 funding to **Professional Associations** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

15. During PY1, which of the following CRCCP program activities were implemented in partnership with **Professional Associations**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

16. Did your organization provide CDC DP15 1502 funding to **Local or Regional Health Departments** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

17. During PY1, which of the following CRCCP program activities were implemented in partnership with **Local or Regional Health Departments**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

18. Did your organization provide CDC DP15 1502 funding to **Business Associations** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

19. During PY1, which of the following CRCCP program activities were implemented in partnership with **Business Associations**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

20. Did your organization provide CDC DP15 1502 funding to **Private EHR Vendors** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

21. During PY1, which of the following CRCCP program activities were implemented in partnership with **Private EHR Vendors**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

22. Did your organization provide CDC DP15 1502 funding to **Universities** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

23. During PY1, which of the following CRCCP program activities were implemented in partnership with **Universities**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

24. Did your organization provide CDC DP15 1502 funding to **Accountable Care Organizations** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

25. During PY1, which of the following CRCCP program activities were implemented in partnership with **Accountable Care Organizations**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

26. Did your organization provide CDC DP15 1502 funding to **Healthcare Collaboratives** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

27. During PY1, which of the following CRCCP program activities were implemented in partnership with **Healthcare Collaboratives**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

28. Did your organization provide CDC DP15 1502 funding to **Health Plan Organizations/Insurers** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

29. During PY1, which of the following CRCCP program activities were implemented in partnership with **Health Plan Organizations/Insurers**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

30. Did your organization provide CDC DP15 1502 funding to **Regional Extension Centers** to assist in implementing CRCCP program activities in PY1?

Choose one of the following answers

- Yes
- No

Section 3D, continued

31. During PY1, which of the following CRCCP program activities were implemented in partnership with **Regional Extension Centers**?

Check any that apply

- Provider assessment and feedback
- Provider reminders
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement activities
- Community health workers
- Workplace interventions
- Facilitating linkage to medical home
- Health information technology activities (e.g., improve use of EHRs)
- Other (please specify):

SECTION 3E: ENDOSCOPY PARTNERS

1. During PY1, did your CRCCP implement program activities at any facilities that conduct endoscopies or for the physicians/staff working in these facilities?

Choose one of the following answers

- Yes
- No

2. During PY1, in how many different endoscopy sites did your CRCCP implement program activities? (enter 9999 if unknown)

Each answer must be between 0 and 9999

Only an integer value may be entered in this field.

endoscopy sites

3. Approximately how many endoscopists (e.g., gastroenterologists) work in all endoscopy sites combined? (enter 9999 if unknown)

Each answer must be between 0 and 9999

Only an integer value may be entered in this field.

endoscopists

4. Approximately how many patients received colonoscopy for CRC screening in PY1 by all the endoscopy sites combined? (enter 9999 if unknown)

Each answer must be between 0 and 9999

Only an integer value may be entered in this field.

patients

Section 3E, continued

5. During PY1, which of the following CRCCP program activities were implemented in endoscopy sites?

Check any that apply

- Provider assessment and feedback (e.g., endoscopy quality reports)
- Patient reminders
- Reducing structural barriers (not including patient navigation)
- Small media
- Patient navigation
- Professional development/Provider education
- Quality improvement
- Community health workers
- Health information technology activities
- Other (please specify):

6. During PY1, who was responsible for providing implementation support for these activities?

Check any that apply

- CRCCP staff member(s)
- Endoscopy center staff
- An outside organization or consultant contracted by the CRCCP
- Other (please specify):

7. Were CMEs/CMUs provided to participants of these activities?

Choose one of the following answers

- Yes
- No
- Don't know

Section 3E, continued

8. Were CDC's on-line continuing education courses for providers, "Screening for Colorectal Cancer: Optimizing Quality" (<http://www.cdc.gov/cancer/colorectal/quality/index.htm>) used in these activities?

Choose one of the following answers

- Yes
- No

9. During PY1, how many endoscopists received CMEs/CMUs based on CRCCP activities? (enter 9999 if unknown)

Each answer must be between 0 and 9999

Only an integer value may be entered in this field.

endoscopists receiving CMEs/CMUs

10. Please rate the overall level of difficulty it took to implement these activities with endoscopy sites in PY1.

Choose one of the following answers

- 1 - Not difficult at all
- 2 - A little difficult
- 3 - Somewhat difficult
- 4 - Very difficult

SECTION 4: DATA USE

1. In the table below, for each data source that you and your CRCCP staff used (e.g., SEER, USCS), please check the box or boxes that reflect *how those data were used* (e.g., measure screening rates).

Data or Information Source	Did Not Use in PY1	Assessment and Planning	Measure Screening Rates	Monitor and Evaluate an Activity	Measure Clinical Quality	Reporting to Stakeholders
State or Regional Cancer Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRFSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State cancer registry, SEER data, or U.S. Cancer Statistics (USCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State or local CRC screening registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Census data (including Small Area Health Insurance Estimates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEDIS data (managed care plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDS data (HRSA's FQHCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IHS GPRA data (Government Performance and Results Act)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private insurer data (e.g., Kaiser, Blue Cross/Blue Shield)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All payor claims database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient records or aggregate/summary patient data (e.g., within clinics or health systems, RPMS for tribal programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own primary data collection (e.g., pre- & post-tests, provider survey, patient satisfaction survey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National or state health survey data (e.g., HINTS, NHIS, American Community Survey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other data or information source (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other data or information source (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4, continued

1a. Other data or information source (please specify 1 source)

1b. Other data or information source (please specify 1 source)

SECTION 5: TRAINING AND TECHNICAL ASSISTANCE

1. Using a scale of high, medium, and low, please rate **your current desire for training (not limited to PY1)** among you and your CRCCP staff in the areas listed below.

Area of Training/Technical Assistance	High	Medium	Low
Management Activities			
Program planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating health system implementation plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Logic model development & use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Monitoring and Evaluation			
Managing/Monitoring the performance of your partners/sub-awardees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data collection, management, & analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting clinic baseline data, including baseline CRC screening rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting clinic annual data, including annual CRC screening rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Priority Evidence-based Interventions			
Evaluating implementation of EBIs and supporting activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider assessment & feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provider reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting Program Activities			
Reducing structural barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient navigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development/Provider education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community health worker strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality Improvement/Quality Assurance (QI/QA) Activities			
Workplace interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical guidelines for CRC screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical guidelines for CRC surveillance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5, continued

Other			
Other QI/QA activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving EHRs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving clinic/health system workflow processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnership development & maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnering with FQHCs/CHCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnering with Primary Care Associations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnering with HCCNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnering with endoscopy sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnering with State QI organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please list any other technical assistance or training needs.

Section 5, continued

3. How useful have you found the following technical assistance resources?

Technical Assistance Resource	N/A - Did Not Use			
	Useful	Not Useful	Somewhat Useful	Very Useful
CDC CRCCP DP15-1502 Program Manual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDC Webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CRCCP Evaluation Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed CDC guide: An Action Guide for Working with Health Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed CDC guide: An Action Guide for Engaging Employers and Professional Medical Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NCCRT Manual: Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CDC/NCCRT: Screening for Colorectal Cancer: Optimizing Quality – a continuing education course for health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-going TA provided by CDC Program Consultants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation TA from CDC or CDC partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grantee survey reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other resource (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other resource (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3a. Other resource (please specify 1 resource)

3b. Other resource (please specify 1 resource)

Section 5, continued

4. How useful were CCDE data review/reports?

Choose one of the following answers

- N/A - Did Not Use
- Not Useful
- Somewhat Useful
- Very Useful

SECTION 6A: CLIENT ELIGIBILITY CRITERIA FOR SCREENING

1. During PY1, what Federal Poverty Level (FPL) was used to determine eligibility for clients receiving CRCCP-funded clinical services?

Choose one of the following answers

Only numbers may be entered in 'Other % FPL (please specify):' accompanying text field.

- 250% FPL
- 200% FPL
- Other % FPL (please specify):

2. During PY1, did your CRCCP require clients to provide any of the following types of documentation as proof of financial eligibility?

Check any that apply

- Pay stubs
- Tax forms (W-2)
- Proof of self-employment income
- Proof of eligibility for other social services (e.g. WIC, TANF, Unemployment)
- Signed affidavit
- Other (please specify):
- Our CRCCP did not require proof of financial eligibility

3. During PY1, were **under**-insured clients eligible to receive clinical services through your CRCCP? (i.e., under-insured are clients who are insured but cannot afford their insurance co-pay or deductible or whose insurance plan does not cover cancer screening)

Choose one of the following answers

- Yes
- No

Section 6A, continued

4. During PY1, did your program apply any additional eligibility criteria, specifically for **under**-insured clients, to receive CRCCP-funded clinical services?

Choose one of the following answers

- Yes (please describe):
- No

5. During PY1, among **under**-insured clients, what costs were reimbursed by your CRCCP program?

Check any that apply

- Co-pays
- Deductibles
- All clinical costs
- Other (please specify):

6. During PY1, did your CRCCP program track the insurance status of clients?

Choose one of the following answers

- Yes - in a data collection system
- Yes - manually or paper form only
- No

7. During PY1, what percentage of clients receiving clinical services through your CRCCP program were **under**-insured? (enter 999 if unknown)

Each answer must be between 0 and 999

Only an integer value may be entered in this field.

%

**SECTION 6B: PATIENT NAVIGATION (PN) FOR CLIENTS RECEIVING CRCCP
SCREENING SERVICES**

1. During PY1, how did your CRCCP program support PN activities for clients whose screening was paid by the CRCCP?

Check any that apply

- Grantee staff served as PNs
- Funding through a contract for FTE support for PNs
- Reimbursement to providers/clinics for PN services on a per-patient basis
- In-kind support for PNs from a community partner/program
- Other (please specify):
- Did not implement Patient Navigation activities

Section 6B, continued

2. During PY1, what activities were delivered by PNs to clients receiving screening services paid for by your CRCCP?

Check any that apply

- Conducted clinic in-reach to recruit men and women for CRC screening
- Conducted client outreach to recruit men and women for CRC screening
- Assessed client barriers to CRC screening
- Educated clients about CRC screening test procedures
- Educated clients about bowel preparation procedures for endoscopy
- Provided peer support to clients
- Addressed clients' socio-cultural barriers/issues
- Sent FOBT/FIT kits to clients due for CRC screening
- Made reminder calls/emails to clients to return FOBT/FIT kits
- Assisted clients in securing financial payment for CRC screening/diagnostics (e.g., helped enroll in Medicaid or other insurance, secured free colonoscopy)
- Assisted clients in scheduling appointments for endoscopy
- Arranged/provided transportation services
- Arranged/provided translation (language) services
- Facilitated child care or elder care services
- Made reminder calls/emails for endoscopy appointments
- Tracked/followed-up clients to ensure screening was completed and patient received results
- Tracked/followed-up to ensure the primary care provider received endoscopy results
- Made recommendations to clinics/health systems on procedural or other changes that supported client adherence to screening
- Explained screening/diagnostic test results
- Assisted clients diagnosed with cancer to get into cancer treatment
- Identified clients in need of rescreening
- Other (please specify):

Section 6B, continued

3. During PY1, did your CRCCP program evaluate the PN activities available to CRCCP clients?

Check any that apply

- Yes, we conducted a **process evaluation** of these PN activities (e.g., number of men and women who were formally assessed by patient navigators)
- Yes, we conducted an **outcome evaluation** of these PN activities, (e.g., percent of men and women served by patient navigators who completed screening)
- No, but we developed a plan to evaluate these PN activities in the future
- No, we did not evaluate or plan for an evaluation of these PN activities in PY1

4. During PY1, what type of data did PNs serving your CRCCP clients collect and report to your CRCCP?

Check any that apply

- Number of clients navigated
- FOBT/FIT return rate
- Colonoscopy completion rate
- CRC screening completion rate
- Number of screenings with cancer detected
- Number of screenings with adenomas detected
- Other (please specify):
- Did not collect and monitor any of these data

SECTION 6C: CRCCP CLINIC SERVICE REIMBURSEMENT MODEL AND DATA USE

1. During PY1, which payment reimbursement model best describes how your CRCCP program paid for screening and diagnostic clinical services?

Check any that apply

- Our organization provides clinical services directly
- Fee for service (*Provider bills and is reimbursed for services/procedures performed; may be managed internally by the grantee or externally by contractor, third party payer, etc.*)
- Capitated payment (*A uniform reimbursement rate per person served is established for a specified group of screening and/or diagnostic services.*)
- Bundled payment (*Reimbursement rates are established according to tiered case outcomes and are reimbursed retrospectively*)
- Employed/Contracted Service Provider (*Grantee uses CRCCP funds to employ or contract with service providers for screening and/or diagnostic services; uses other vendor for cytology, radiology, etc.*)
- Other payment model (please specify):

SECTION 6D: CRCCP PROVIDER SITES

1. In the table below, please enter the number of individual **primary care sites** that delivered CRCCP screening services (including referring for colonoscopy) in PY1 according to the type of provider setting. Please provide the number of **sites or clinics**, not the number of contracts. Do **not** include specialty clinics (e.g., imaging centers, labs).

If no sites of this type participated, enter "0". If this type of site participated, but you do not know the number of sites, enter "9999".

Federally Qualified Health Centers or Community Health Centers	<input type="text"/>	sites
Indian Health Service or other tribal health organization sites or clinics	<input type="text"/>	sites
Individual or groups of primary care provider (PCP) sites or clinics, not including FQHCs	<input type="text"/>	sites
Health care systems, hospitals, or clinics associated with an insurer (e.g. VA, Kaiser)	<input type="text"/>	sites
Other	<input type="text"/>	sites

1a. Other primary care sites or clinics (please specify)

2. Please enter the number of endoscopy/gastrointestinal (GI) sites or clinics that you worked with in PY1 to provide clinical screening services (either initial colonoscopy or follow-up colonoscopy to abnormal FOBT/FIT).

Each answer must be between 0 and 9999

Only an integer value may be entered in this field.

sites

3. Please describe any challenges faced when implementing Component 2.