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Colorectal Cancer Control Program (CRCCP) Clinic-level Data Dictionary

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**Colorectal Cancer Control Program (CRCCP)
Clinic-level Data Dictionary**

Item #	Item Type	CRCCP Data Item	Definition	Field Type	Response Options
<p>Sections 1-4 contain descriptive data reported at BASELINE assessment for each clinic where interventions are planned. Descriptive data in sections 2-4 may be updated over time as needed to complete missing information or to reflect a substantial change. New clinics may be added throughout the FOA period.</p> <p>Section 1: RECORD IDENTIFICATION FIELDS Section 2: PARTNER HEALTH SYSTEM CHARACTERISTICS Section 3: CLINIC CHARACTERISTICS Section 4: CLINIC PATIENT POPULATION CHARACTERISTICS</p>					
Section 1: RECORD IDENTIFICATION FIELDS					
1a	B*	Grantee code	Two-character Grantee Code (assigned by CDC)	List	GP= Great Plains LU= LA state Univ WU= WV Univ UC= Univ of Chicago PR= Univ of PR US= Univ of SC UW= Univ of WI or State Postal code
1b	B*	Baseline Assessment Date	Date the clinic baseline data assessment was completed and represents the starting point for tracking clinic-level implementation activities and screening rates.	Date	MM/DD/YYYY

Section 2: PARTNER HEALTH SYSTEM CHARACTERISTICS					
2a	B*	Health system name	Name of the partner health system under which the clinic (intervention site) operates.	Char	Free text 100 Char limit
2b	B*	Health system ID	Unique three-digit identification code for the partner health system assigned by the grantee. Start with "001" and continue assigning numbers sequentially as health system partnerships are established.	Num	001-999
2c	B	Total # of primary care clinics in health system	The total number of primary health care clinics that operate under the partner health system, including those serving specific populations such as pediatric clinics. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices".	Num	1-9999999
2d	B*	Health System Type	Type of health system partner Community Health Center/Federally Qualified Health Center (CHC/FQHC) includes "FQHC look-alikes" that meet program requirements but do not receive funding from the HRSA Health Center Program). A tribal health system includes IHS, Tribal or Urban Indian clinics (I/T/U) that serve AI/AN.	List	CHC/FQHC Academic health system Local health department Health Plan Clinic Network Hospital Tribal health system Other
2e	B*	Other health system type	Specify the "other organization type" of the health system partner	Char	Free text 100 Char limit
2f	B*	Type of agreement in place with the health system	Type of formal agreement the grantee currently has in place with the partner health system.	List	MOU/MOA Contract Other None
2g	B	Date of MOU/MOA or Contract	Date the formal agreement was finalized between the grantee and partner health system.	Date	MM/DD/YYYY
2h	B	Health Center Controlled Network name	For Community Health Centers/FQHCs only, name of the Health Center Controlled Network with which they partner, if any.	Char	Free text 100 Char limit
2i	B	Section2 Comments	Optional comments for Section 2.	Char	Free text 200 Char limit

Section 3: CLINIC CHARACTERISTICS

3a	B*	Clinic name	Name of the primary care clinic/site. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices".	Char	Free text 100 Char limit
3b	B*	Clinic ID	Unique three-digit identification code for the clinic assigned by the grantee. Start with "001" and continue assigning codes sequentially as clinics are recruited.	Char	001-999
3c	B*	Clinic street address	Street address for the clinic. If the street address is more than two lines, use a comma for separation.	Char	Free text 100 Char limit
3d	B*	Clinic city	City of the clinic.	Char	Free text 50 Char limit
3e	B*	Clinic state	Two-letter state postal code for the clinic.	List	Various
3f	B*	Clinic zip	5-digit zip code for the clinic.	Num	00001-99999
3g	B*	Clinic type	Type of clinic. Community Health Center/Federally Qualified Health Center (CHC/FQHC) includes "FQHC look-alikes" that meet program requirements but do not receive funding from the HRSA Health Center Program. Tribal health clinic includes IHS, Tribal or Urban Indian clinics (I/T/U) that serve AI/AN.	List	CHC/FQHC Health system/Hospital owned Private/Physician owned Health department Tribal health Other primary care facility
3h	B*	# of primary care providers at clinic	Total number of primary care providers who are delivering services at the clinic. Primary care providers include physicians (e.g., internists, family practice, ob/gyn), nurses, nurse practitioners, and physician assistants. Do not include specialty providers in this number. Report on individuals, not FTEs, which may include attending physicians, fellows and residents. Leave blank if unknown.	Num	1-9999
3i	B*	Name of primary EHR vendor at clinic	Name of the primary electronic health record vendor used by the clinic or health system.	List	Allscripts AthenaHealth Cerner eClinicalWorks Epic GE Centricity Greenway-Intergy Greenway-SuccessEHS NextGen Other

					None
3j	B	Other EHR, please specify	Name of the 'other' electronic health record vendor(s) used by the clinic or health system.	Char	Free text 100 Char limit
3k	B*	Other HIT tools used for data analytics and reporting	Report if clinic is using other HIT tools (such as EHR overlays) to perform data analytics and reporting to monitor and improve screening.	List	Yes No Unk
3l	B*	Does the clinic have access to free fecal testing kits?	Indicates whether the clinic is able to obtain free fecal testing kits (FOBT or FIT) that may be provided to low income patients. This includes kits that may be made available by the laboratory used by the clinic.	List	Yes No Unk
3m	B*	Primary CRC screening test type used by providers at clinic	Indicates the type of CRC screening test used most often by clinic providers.	List	FOBT-guaiaic FIT Colonoscopy referral Varies by provider Unknown
3n	B*	PCMH Certification	Indicates whether the clinic is currently recognized, certified or accredited as a Patient Centered Medical Home (PCMH). National recognition and accreditation programs include the: National Committee for Quality Assurance (NCQA) PCMH Recognition, Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home On-site Certification, The Joint Commission (TJC) Designation For Your Primary Care Home, and URAC Patient-Centered Medical Home Accreditation.	List	Yes No Unk
3o	B*	Newly opened clinic	Identify newly established clinics based on the amount of time the clinic was operational at the time of the baseline assessment. A new clinic is defined as in operation for less than 1 year at the time of assessment. The baseline assessment for a newly opened clinic should be delayed for at least 6 months after the clinic is operational to access information on the clinic and patient population Characteristics. Baseline screening rates will not be available for new clinics.	List	Yes (< 1 year) No (1 or more years)
3p	B	Section3 Comments	Optional comments for Section 3.	Char	Free text 200 Char limit
Section 4: CLINIC PATIENT POPULATION CHARACTERISTICS (# of Patients, Gender, Insurance Status, Ethnicity)					
4a	B*	Total # of clinic patients, age 50-75	The total number of patients aged 50-75 who have had at least one medical visit to the	Num	1-9999999

Item type: *=Required field; B=reported at Baseline and updated as needed; A=Reported Annually; COMP=Computed field

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			clinic in the last complete calendar year (January-December). If unavailable, it is acceptable to report on a similar age range used by the clinic for measuring screening rates (e.g. 51-74 used by FQHCs/CHCs for UDS screening rate).		
4b	B	% of patients, age 50-75, men	The percent of the " Total # of clinic patients, 50-75 " who are men. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
4c	B	% of patients, age 50-75, women	The percent of the " Total # of clinic patients, 50-75 " who are women. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
4d	B	% of patients, age 50-75, uninsured	The percent of the " Total # of clinic patients, 50-75 " who do not have any form of public or private health insurance. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
4e	B	% of patients, age 50-75, Hispanic	The percent of the " Total # of clinic patients, 50-75 " who are Hispanic or Latino (i.e., persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race). Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
(Race)					
4f	B	% of patients, age 50-75, White	The percent of the " Total # of clinic patients, 50-75 " who are White/Caucasian (i.e., persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.) Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
4g	B	% of patients, age 50-75, Black or African American	The percent of the " Total # of clinic patients, 50-75 " who are Black or African American (i.e., persons having origins in any of the black racial groups of Africa). Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
4h	B	% of patients, age 50-75, Asian	The percent of the " Total # of clinic patients, 50-75 " who are Asian (i.e., persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100

4i	B	% of patients, age 50-75, Native Hawaiian or other Pacific Islander	The percent of the " Total # of clinic patients, 50-75 " who are Native Hawaiian or other Pacific Islander (i.e., persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
4j	B	% of patients, age 50-75, American Indian or Alaskan Native	The percent of the " Total # of clinic patients, 50-75 " who are American Indian or Alaskan Native (i.e., persons having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment). Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
4k	B	% of patients, age 50-75, More than one race	The percent of the " Total # of clinic patients, 50-75 " who are More than one race (i.e., persons having origins in two or more of the federally designated racial categories). Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100
4l	B	Section4 Comments	Optional comments for Section 4.	Char	Free text 200 char limit

Sections 5-9 contain longitudinal data reported at BASELINE and ANNUALLY (as indicated) through the end of the FOA for each participating clinic.

Section 5: REPORT PERIOD

Section 6: CHART REVIEW (CR) SCREENING RATE DATA

Section 7: ELECTRONIC HEALTH RECORDS (EHR) SCREENING RATE DATA

Section 8: DATA MONITORING AND QUALITY IMPROVEMENT

Section 9: PRIORITY EVIDENCE-BASED INTERVENTIONS (EBIs) and SUPPORTIVE ACTIVITIES (SAs)

Section 5: REPORT PERIOD

5a	B*, A*	Report Period	<p>Reporting period represented in sections 5-9 where longitudinal data items are reported.</p> <p>Baseline data are reported once as new clinics are recruited to participate in CRCCP activities and prior to the start of CRCCP supported implementation activities. .</p> <p>Annual data are reported at the end of each program year (PY)</p> <p>Note that the screening rates reported at baseline and annually use a consistent 12-month reporting period.</p>	List	<p>Baseline</p> <p>CRCCP 1502-py1</p> <p>CRCCP 1502-py2</p> <p>CRCCP 1502-py3</p> <p>CRCCP 1502-py4</p> <p>CRCCP 1502-py5</p>
5b	A*	Clinic partnership status	<p>Indicates if the CRCCP partnership with this clinic has been terminated with no implementation or screening rate monitoring activities conducted this program year or planned through the end of the FOA.</p> <p><i>If not terminated, skip to 6a.</i></p>	List	<p>Terminated</p> <p>Not terminated</p>
5c	A*	Reason for termination	<p>Reason that implementation and screening rate monitoring activities have been terminated.</p>	Char	<p>Free text</p> <p>200 char limit</p>
5d	A*	Termination date	<p>Date the clinic partnership was terminated. (Report '15' as default value for the day)</p>	Date	<p>MM/DD/YYYY</p>

Section 6: CHART REVIEW (CR) SCREENING RATE DATA
 (* Screening rate data may be reported using Chart Review, EHR or Both)
 (*Baseline screening rate data are not reported for newly opened clinics, Item# 3o)

6a	Comp	CR Screening rate (%)	This rate will be automatically computed by the data system using the numerator and denominator reported below.	Num	00-100
6b	B*, A*	CR Denominator to calculate screening rate	Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Table1 in <i>CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	1-9999999
6c	B*, A*	CR Numerator to calculate screening rate	Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Table1 in <i>CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	0-9999999
6d	B*, A*	If screening rate unavailable, date the rate will be available	If a screening rate cannot be obtained when completing the clinic baseline data worksheet, provide the approximate date that the screening rate will be available. A baseline screening rate will not be available for a new clinic that was not in operation for at least one full year prior to the baseline assessment. Refer to item 3o.	Date	MM/DD/YYYY
6e	B*, A*	Measure used	Indicates the measure that was used to calculate the numerator and denominator for the screening rate. If an existing measure (e.g. UDS, HEDIS, GPRA) was not used, the <i>CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics</i> provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. The same measure reported at baseline should be used for reporting in subsequent years.	List	GPRA HEDIS NQF UDS Other
6f	B*, A*	Start date of 12-month reporting period	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The start date for this 12-month reporting period should not be more than 2 years prior to the anticipated start date of implementation. The same 12-month measurement period should be used for all subsequent years of CRC screening rate data collection at this clinic.	Date	MM/DD/YYYY
6g	B*, A*	End date of 12-month reporting period	The reporting period for the baseline screening rate should be the most recent 12-month measurement period available. The same 12-month measurement period should be used for all subsequent years of CRC screening rate data collection at this clinic.	Date	MM/DD/YYYY
6h	B*, A*	% of charts reviewed to calculate	Indicates the percent of medical charts that were reviewed for adults, ages 51-74, who	Num	00-100

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		screening rate	had at least one medical visit during the reporting year and who have not previously had colorectal cancer or had a total colectomy. A minimum of 10% or 100 charts should be reviewed. See CDC's guidance for instructions.		
6i	B, A	Section 6 Comments	Optional comments for Section 6.	Char	Free text 200 Char limit

Section 7: ELECTRONIC HEALTH RECORDS (EHR) SCREENING RATE DATA
 (*Screening rate data may be reported using Chart Review, EHR or Both)
 (*Baseline screening rate data are not reported for newly opened clinics, Item# 3o)

7a	Comp	EHR Screening rate (%)	THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.	Num	00-100
7b	B*,A*	EHR Denominator to calculate screening rate	Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Table1 in <i>CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	1-9999999
7c	B*,A*	EHR Numerator to calculate screening rate	Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Table1 in <i>CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	0-9999999
7d	B*,A*	If screening rate unavailable, date the rate will be available	If a screening rate cannot be obtained when completing the clinic baseline data worksheet, provide the approximate date that the screening rate will be available. (Report '15' as default value for the day) A baseline screening rate will not be available for a new clinic that was not in operation for at least one full year prior to the baseline assessment. Refer to item 3o.	Date	MM/DD/YYYY
7e	B*,A*	Measure used	Indicates the measure that was used to calculate the numerator and denominator for the screening rate. If an existing measure (e.g. UDS, HEDIS, GPRA) was not used, the <i>CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics</i> provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. The same measure reported at baseline should be used for reporting in subsequent years.	List	GPRA HEDIS NQF UDS Other
7f	B*,A*	Start date of 12-month reporting period	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available and consistent with the measure used (see <i>CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics</i>). The start date for this 12-month reporting period should not be more than 2 years prior to the anticipated start date of implementation. The same 12-month measurement period should be used for all subsequent years of CRC screening rate data collection at this clinic.	Date	MM/DD/YYYY
7g	B*,A*	End date of 12-month reporting period	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The same 12-month measurement period should be used for all subsequent years of CRC screening rate data collection at this clinic.	Date	MM/DD/YYYY

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7h	B*, A*	EHR rate reporting source	Indicates the source of the denominator and numerator data reported for the EHR screening rate	List	HCCN data warehouse Clinic EHR Health system EHR EHR Vendor Other
7i	B, A	How confident are you in the accuracy of the EHR-calculated screening rate?	Indicates the grantee's confidence in the accuracy of the EHR-calculated screening rate. Accuracy of EHR-calculated screening rates can vary depending on how data are documented and entered into the EHR. For additional information, see the National Colorectal Cancer Roundtable's summary report, "Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers" and "CDC Guidance for Measuring Colorectal Cancer Screening Rates in Health System Clinics."	List	Not confident Somewhat confident Very confident
7j	A*	Screening rate problem	Are there known unresolved problems with the EHR reported screening rate or screening data quality?	List	Yes No Unk
7k	A*	Specify screening rate problem	If 7j is YES, specify the problem and any activities conducted this program year to address it. Describe the issue and severity of known problems or rationale for low confidence in the validity of the EHR-reported screening rate. Specify any activities such as improvements made to data entry systems or to the screening rate measurement calculation.	Char	Free text 256 Char limit
7l	A*	Screening rate target	Indicates the screening rate target established for the subsequent annual screening rate reporting period. The number represents a percentage value (rate per 100). Targets should be realistic and actionable.	Num	1-100 999 (No target set)
7m	B, A	Section7 Comments	Optional comments for Section 7.	Char	Free text 200 Char limit

Section 8: MONITORING AND QUALITY IMPROVEMENT

8a	A*	Clinic CRC screening policy	<p>Does the clinic have a written CRC screening policy or protocol in use?</p> <p>A credible policy should include a defined set of guidelines and procedures in place and in use at the clinic or parent health system to support CRC screening, a team responsible for implementing the policy, and a quality assurance structure (e.g., professional screening guideline followed such as USPSTF, process to assess patient screening history/risk/preference/insurance, process for scheduling screening or referral, steps/procedures/roles to implement the office policy)</p>	List	Yes No Unk
8b	A*	Frequency of monitoring screening rate	<p>Indicates how often the clinic screening rate is monitored and reviewed by clinic personnel.</p> <p>Select the response that best matches monitoring frequency.</p>	List	Monthly Quarterly Semi-annually Annually
8c	A*	Frequency of implementation support to clinic	<p>On-site or direct contacts (e.g. telephone) with the clinic to support and improve implementation activities for EBIs/SAs and CRC screening data quality. Support could be provided by a grantee or contracted agent. Example support activities include conducting a clinic workflow assessment, providing technical assistance on implementing an EBI/SA, training staff to support an EBI/SA, providing technical assistance to develop a CRC screening policy, or providing feedback to staff from monitoring or evaluating an EBI/SA implementation.</p> <p>Select the response that best matches delivery of implementation support.</p>	List	Weekly Monthly Quarterly Semi-annually Annually
8d	A*	Validated screening rate	Validated the CRC screening rate data using chart review or other methods during this PY	List	Yes No Unk
8e	A*	Clinic CRC champion	Is there a known champion for CRC screening internal to this clinic or parent health system?	List	Yes No Unk
8f	A*	Client access to Component 2 services	<p>Indicates if clients have access to Component2 funded screening and diagnostic services at this clinic.</p> <p>Skip if grantees are not funded for Component2 services.</p>	List	Yes No Unk
8g	A	Section8 comments	Optional comments for Section 8.	Char	Free text 200 Char limit

Section 9: Priority Evidence-based Interventions (EBI) and Supportive Activities (SA)

For each EBI and SA, report (baseline) implementation status, and (annually) whether CRCCP resources supported the EBI/SA during the PY, if the EBI/SA is in place and operational at the end of the PY, and if not in place were planning activities conducted, and if the EBI is sustainable.

EBI (Patient reminder system)					
System in place to remind patients when they are due for screening. Patient reminders are written (letter, postcard, email) or telephone messages (including automated messages).					
9a1	B*	Patient reminder system in place at baseline	Indicates whether the EBI/SA is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP DP15-1502 implementation.	List	Yes No Unk
9a2	A*	Were CRCCP resources used toward a patient reminder system during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk
9a3	A*	Patient reminder system in place at PY end	Indicates whether the EBI/SA is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No Unk
9a4	A*	Patient reminder system planning activities	If not in place (9a3 is No) or if resources were used toward the activity and 9a3 is unknown, were planning activities conducted this year for future implementation of the EBI/SA?		Yes No Unk
9a5	A*	Patient reminder system sustainability	If in place (9a3 is Yes), do you consider the EBI/SA as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI/SA. The EBI/SA has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with CRCCP financial resources Yes, without CRCCP financial resources No Unk
EBI (Provider reminder system)					
System in place to inform providers that a patient is due (or overdue) for screening. The reminders can be provided in different ways, such as in patient charts or by e-mail.					
9b1	B*	Provider reminder system in place at baseline	Indicates whether the EBI/SA is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP DP15-1502 implementation.	List	Yes No Unk
9b2	A*	Were CRCCP resources used toward a provider reminder system during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk

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9b3	A*	Provider reminder system in place at PY end	Indicates whether the EBI/SA is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No Unk
9b4	A*	Provider reminder system planning activities	If not in place (9b3 is No) or if resources were used toward the activity and 9b3 is unknown, were planning activities conducted this year for future implementation of the EBI/SA?	List	Yes No Unk
9b5	A*	Provider reminder system sustainability	If in place (9b3 is Yes), do you consider the EBI/SA as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI/SA. The EBI/SA has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with CRCCP financial resources Yes, without CRCCP financial resources No Unk
EBI (Provider assessment and feedback)					
System in place to both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback).					
9c1	B*	Provider assessment and feedback in place at baseline	Indicates whether the EBI/SA is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP DP15-1502 implementation.	List	Yes No Unk
9c2	A*	Were CRCCP resources used toward provider assessment and feedback during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk
9c3	A*	Provider assessment and feedback in place at PY end	Indicates whether the EBI/SA is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No Unk
9c4	A*	Provider assessment and feedback planning activities	If not in place (9c3 is No) or if resources were used toward the activity and 9c3 is unknown, were planning activities conducted this year for future implementation of the EBI/SA?	List	Yes No Unk
9c5	A*	Provider assessment and feedback sustainability	If in place (9c3 is Yes), do you consider the EBI/SA as fully integrated into health system and/or clinic operations and sustainable? High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI/SA. The EBI/SA has become an institutionalized component of the health system and/or clinic operations.	List	Yes, with CRCCP financial resources Yes, without CRCCP financial resources No Unk

EBI (Reducing structural barriers)

Clinic has assessed structural barriers to CRC screening and has addressed these barriers through one or more interventions. Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Do not include patient navigation or community health workers as "reducing structural barriers."

9d1	B*	Reducing structural barriers in place at baseline	Indicates whether the EBI/SA is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP DP15-1502 implementation.	List	Yes No Unk
9d2	A*	Were CRCCP resources used toward reducing structural barriers during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk
9d3	A*	Reducing structural barriers in place at PY end	Indicates whether the EBI/SA is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No Unk
9d4	A*	Reducing structural barriers planning activities	If not in place (9d3 is No) or if resources were used toward the activity and 9d3 is unknown, were planning activities conducted this year for future implementation of the EBI/SA?	List	Yes No Unk
9d5	A*	Reducing structural barriers sustainability	If in place (9d3 is Yes), do you consider the EBI/SA as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI/SA. The EBI/SA has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with CRCCP financial resources Yes, without CRCCP financial resources No Unk

SUPPORTIVE ACTIVITIES (SA)

SA (Small Media)

Indicates whether small media are distributed to clinic patients. Small media are materials used to inform and motivate people to be screened for cancer, including videos and printed materials (e.g., letters, brochures, and newsletters).

9e1	B*	Small media in place at baseline	Indicates whether the EBI/SA is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP DP15-1502 implementation.	List	Yes No Unk
9e2	A*	Were CRCCP resources used toward small media during this	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing,	List	Yes No

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		PY?	monitoring/evaluating or improving the EBI/SA.		Unk
9e3	A*	Small media in place at PY end	Indicates whether the EBI/SA is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No Unk
9e4	A*	Small media planning activities	If not in place (9e3 is No) or if resources were used toward the activity and 9e3 is unknown, were planning activities conducted this year for future implementation of the EBI/SA?	List	Yes No Unk
9e5	A*	Small media sustainability	If in place (9e3 is Yes), do you consider the EBI/SA as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI/SA. The EBI/SA has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with CRCCP financial resources Yes, without CRCCP financial resources No Unk
SA (Professional development/Provider education)					
Indicates whether activities are in place to provide professional development/provider education to health care providers in this clinic. Activities may include distribution of provider education materials, including screening guidelines and recommendations, and/or continuing medical education opportunities (CMEs).					
9f1	B*	Professional development/provider education in place at baseline	Indicates whether the EBI/SA is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP DP15-1502 implementation.	List	Yes No Unk
9f2	A*	Were CRCCP resources used toward professional development/provider education during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk
9f3	A*	Professional development/provider education in place at PY end	Indicates whether the EBI/SA is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No Unk
9f4	A*	Professional development/provider education planning activities	If not in place (9f3 is No) or if resources were used toward the activity and 9f3 is unknown, were planning activities conducted this year for future implementation of the EBI/SA?	List	Yes No Unk
9f5	A*	Professional development/provider education sustainability	If in place (9f3 is Yes), do you consider the EBI/SA as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI/SA. The EBI/SA has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with CRCCP financial resources Yes, without CRCCP financial resources

					No Unk
SA (Community health workers)					
Indicates whether community health workers (CHWs) are in place at or employed by the clinic. CHWs are lay health educators with a deep understanding of the community and are often from the community being served. CHWs work in community settings, in collaboration with a health promotion program, clinic, or hospital, to educate people about cancer screening, promote cancer screening, and provide peer support to people referred to cancer screening.					
9g1	B*	Community health workers (CHWs) in place at baseline	Indicates whether the EBI/SA is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP DP15-1502 implementation.	List	Yes No Unk
9g2	A*	Were CRCCP resources used toward CHWs during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk
9g3	A*	CHWs in place at PY end	Indicates whether the EBI/SA is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No Unk
9g4	A*	CHWs planning activities	If not in place (9g3 is No) or if resources were used toward the activity and 9g3 is unknown, were planning activities conducted this year for future implementation of the EBI/SA?	List	Yes No Unk
9g5	A*	CHWs sustainability	If in place (9g3 is Yes), do you consider the EBI/SA as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI/SA. The EBI/SA has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with CRCCP financial resources Yes, without CRCCP financial resources No Unk
9g6	B*, A*	If community health workers (CHWs) in place, # of FTE CHWs	The number of CHW full time equivalents (FTEs) employed at or by the clinic. For this number, please provide the total sum of whole and partial FTEs to the nearest tenths decimal place.	Num	00.0-999.0
SA (Patient navigation)					
Indicates whether patient navigators (PNs) are in place at or employed by the clinic. PNs typically assist clients in overcoming individual barriers to cancer screening. Patient navigation includes assessment of client barriers, client education and support, resolution of client barriers, client tracking and follow-up. Patient navigation should involve multiple contacts with a client.					
9h1	B*	Patient navigation in place at baseline	Indicates whether the EBI/SA is in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Any activities that were implemented as a part of a previous CRCCP funding cycle (DP09-903 and DP14-1414) should be considered as operational prior to CRCCP	List	Yes No Unk

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			DP15-1502 implementation.		
9h2	A*	Were CRCCP resources used toward patient navigation during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk
9h3	A*	Patient navigation in place at PY end	Indicates whether the EBI/SA is in place and operational (in use) in this clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	List	Yes No Unk
9h4	A*	Patient navigation planning activities	If not in place (9h3 is No) or if resources were used toward the activity and 9h3 is unknown, were planning activities conducted this year for future implementation of the EBI/SA?	List	Yes No Unk
9h5	A*	Patient navigation sustainability	If in place (9h3 is Yes), do you consider the EBI/SA as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI/SA. The EBI/SA has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with CRCCP financial resources Yes, without CRCCP financial resources No Unk
9h6	B*, A*	If patient navigation in place, # of FTE patient navigators	The number of full time equivalents (FTEs) conducting patient navigation in this clinic. For this number, please provide the total sum of whole and partial FTEs to the nearest tenths decimal place.	Num	00.0-999.0
9h7	A	If patient navigation in place, # of clients navigated	Report the number of clients receiving navigation services during this program year.	Num	1-99998 99999 (Unk)
Other CRC-related strategies (Optionally report any in place at baseline, and report annually on up to 3 other strategies) (E.g., Clinic workflow assessment and data driven optimization, Other data driven quality improvement strategies, 5 rights of clinical decision support (5 R's), etc.)					
9i	B	HIT activities in place at baseline	Describe any activities in place to improve the use of health information technology (e.g., electronic medical records) for CRC screening in the clinic. Activities may include standardization of data fields used to document a patient's CRC screening, linkage of data to endoscopy reports, etc.	Char	Free text 256 Char limit
9j	B	Other CRC-related strategies in place at baseline	Any other activities or strategies that are in place to increase CRC screening in this clinic.	Char	Free text 256 Char limit
Other CRC Activity 1					
9k1	A	Other CRC Activity 1	Description of other CDC activity or strategy (1).	Char	Free text 200 Char limit
9k2	A	Were CRCCP resources used	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract)	List	Yes

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		toward Activity1 during this PY?	were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.		No Unk
Other CRC Activity 2					
9l1	A	Other CRC Activity 2	Description of other CDC activity or strategy (2).	Char	Free text 200 Char limit
9l2	A	Were CRCCP resources used toward Activity2 during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk
Other CRC Activity 3					
9m1	A	Other CRC Activity 3	Description of other CDC activity or strategy (3).	Char	Free text 200 Char limit
9m2	A	Were CRCCP resources used toward Activity3 during this PY?	Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI/SA.	List	Yes No Unk
9n	B, A	Section9 Comments	Optional comments for Section9.	Char	Free text 200 Char limit