Attachment 5: Data Collection Revision Matrix

CRCCP Annual Grantee Survey		
Section	***Revision***	***Rationale***
Section 1: Respondent Information	No changes	
Section 2: Program Management	Wording changes throughout the section related to: • formal partnerships with health systems, insurance companies, health networks, and other entities that provide direct health care • ability of grantee to obtain accurate CRC screening rates • access of screening services among priority populations • efforts to evaluate program activities	Based on feedback from grantees, CDC incorporated minor wording changes to multiple survey items to increase clarity and understanding. Revised items do not require grantees to compile a higher volume of information; rather, the improved questions are expected to improve data quality.
	Added 1 question to measure challenges in obtaining accurate screening rate data	In Program Year 1, several grantees expressed concern about obtaining high quality screening rate data. This item is intended to assess the extent to which grantees faced challenges in obtaining high quality screening rate data by improving electronic health record systems.
	Added 2 questions to measure access to follow-up colonoscopies	During Program Year 1, several grantees made CDC aware of challenges in assuring follow-up colonoscopies for patients with positive CRC screening tests. These items are intended to measure the extent to which grantees faced challenges in ensuring that priority populations (e.g., un- and underinsured) had access to follow-up colonoscopy services, and efforts to increase access.
	Added 3 questions to assess evaluation activities	During Program Year 1, CDC had regular communications with CRCCP evaluators. These new questions are intended to gather additional information about the activities mentioned in PY1 communications by assessing current evaluation activities, including the development of data collection instruments to conduct internal evaluation activities, and working with internal and external evaluators for evaluation planning/implementation.
	Added 2 questions to assess programmatic support for grantees' partner health systems and/or clinics	In Program Year 1, CDC found that grantees established partnerships with entities not previously accounted for in the survey items related to partnership development. The revised item is intended to gather additional information about the development/maintenance of partnerships with different types of health agencies, including Health Center Control Networks (HCCNs) and Regional Extension Centers (RECs).

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	Added 2 questions to assess grantees' support for partner health systems/clinics	In Program Year 1, CDC learned that many grantees were providing support to grantees (e.g., technical assistance, resources) that were not captured in the previous survey. These items are intended to capture sources of support and financial resources.
Section 3: Implementation Activities, Health IT, and Partnerships	**Added** 3 questions to assess "promising" EBIs or supportive activities for future evaluation.	These questions were added to provide information about any EBIs or SAs that grantees are implementing that may be appropriate for more rigorous evaluation to inform future implementation.
	Removed 1 question that assessed any improved or newly-implemented community-clinical activities	
	Removed 76 questions (total of 10 subsections) that assessed grantee activities related to • Four EBIs (i.e., provider assessment and feedback, provider reminders, patient reminders, reducing structural barriers), and • Six SAs (i.e., small media, patient navigation, professional development/provider education, quality improvement, community health workers, workplaces)	This information will be collected via the Clinic-Level Data Elements. Removal from the survey reduces burden among grantees and avoids redundancy in the data collected.
Section 4: Data Use	No changes	
Section 5: Training and Technical Assistance	**Added** 3 questions to assess levels of need for TA and training related to evaluating EBIs and SAs; improving EHRs, and improving workflow processes.	In Program Year 1, CDC learned from grantees about additional TA and training needs not included in the existing survey. Additional questions have been added to gather information about these topic areas.
	Added 1 question to measure the usefulness of the newly established CRCCP Evaluation Network.	CDC is interested In obtaining feedback from grantees on the extent to which a newly developed CRCCP Evaluation Network (formed in Program Year 1) is useful for grantees in planning/implementing their programs to inform future program implementation.
	Added 1 question to measure usefulness of the Colorectal Cancer Clinical Data Elements (CCDEs) data reviews/reports.	CDC is seeking feedback on the extent to which CCDE data reviews and reports are useful for grantees in inform future TA efforts.

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CRCCP Clinic-Level Data Collection		
Section	***Revision***	***Rationale***
Section 1: Record Identification Fields	No changes	
Section 2: Partner Health System Characteristics	No changes	
Section 3: Clinic Characteristics	**Added** 1 question to determine whether clinic is newly opened.	In Program Year 1, CDC found that several grantees were unable to report screening rates at baseline due to the fact that these clinics were newly established. In Program Years 2-5, this item will determine whether the clinic is newly established (i.e., operating less than one year). Analysis will assess whether newly opened clinics observe significantly different screening rates from established clinics.
Section 4: Clinic Patient Population Characteristics	**Removed** 1 question "% of patients, age 50-75, Non-Hispanic"	A similar question measures the percent of patients age 50-75 who are Hispanic; therefore, CDC determined that it was unnecessary to also measure the percent of patients who were non-Hispanic as this can be calculated during analysis.
Section 5: Report Period	**Revised** 1 question to determine clinic partnership status.	In Program Year 1, CDC assessed clinics' implementation plan status to determine whether the clinic planned to continue CRCCP activities with CDC funding; sustain CRCCP activities without CDC funding or terminate the partnership with the grantee. CDC found that information on CRCCP activities irrespective of CRCCP funding was not essential to gather. The item has been revised so that in Program Years 2-5, the item will instead determine whether the grantee's partnership with the clinic is still active.
Section 6: Chart Review Screening Rate Data	No changes	
Section 7: Electronic Health Records (EHRs) Screening Rate Data	**Added** 2 questions to identify and describe any problems with reported screening rate	In Program Year 1, CDC found that some grantees provided low quality screening data due to unforeseen challenges collecting screening data from clinics (e.g., inaccurate reports from electronic health record systems), and expressed a low level of confidence in reported screening rates. For Program Years 2-5, this item will provide context to activities being implemented to monitor and improve data.
	Added 1 question to report screening rate	During Program Year 1, grantees shared an interest in setting clinic-specific

	target for annual reporting	targets for improving screening rates. This item is intended to encourage grantees to set screening rate targets for their programs to support them in working towards and established goal and increase chances for success.
Section 8: Monitoring and Quality Improvement	**Added** 6 questions to measure: • frequency of clinic screening rate monitoring and review • frequency of implementation support for clinics • whether screening rate was validated • existence of CRC champion within clinic or health system • client access to component 2 services (for grantees funded under Component 2 only) • open field to report optional comments	This section was added to assess monitoring and evaluation efforts at the clinic level. These questions are intended to assess program management practices, evaluation activities, and the potential impact of having a clinic or health systems champion. Analyses in this area will focus on whether differences in evaluation and monitoring practices impacted screening rates.
Section 9: Priority Evidence-Based Interviews (EBIs) and Supportive Activities (SAs)	**Removed** 22 questions (two from each of the eleven EBIs, SAs, and Other CRC Activities) that measured: • clinic implementation stage • date EBI/SA was fully implemented	In Program Year 1, many grantees expressed difficulty in determining implementation stages across clinics that varied greatly in their implementation activities. These questions were replaced with 3 new questions (described below).
	Added 24 questions (three to each of the eight EBIs and SAs) to measure: • whether the EBI/SA was in place at the end of the program year • whether planning activities were conducted for future implementation (if applicable) • extent to which the EBI/SA is sustainable (if applicable)	Intended to measure grantees' planning activities and sustainability for those EBI/SAs that are still active at the end of the program year. Feedback on clinics' planning activities will help CDC better understand clinics' planning efforts for their CRCCP activities.
	Removed 5 questions to assess health information technology (HIT), including: • HIT technology in place at baseline • Use of CRC resources to support HIT • Implementation stage of HIT • Date that HIT was fully implemented • Types of quality improvement activities	During Program Year 1, CDC learned that grantees conduct significant HIT related support activities in clinics. CDC determined that HIT activities involve various interim steps and may not be a continuous strategy in place over time. HIT activities can instead be reported under "Other CRC activity or strategy."

	in place to support HIT	