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Form Approved

OMB No. 0920-0879

Expiration Date 01/31/2021

Background

Your clinic is working closely with the state or tribal health department or their partners on a special program focused on practice improvements to increase colorectal cancer (CRC) screening rates for your patients age 50-75. This program is called the Colorectal Cancer Control Program (CRCCP) and is supported by the Centers for Disease Control and Prevention (CDC). We will refer to CRCCP as "the CRC screening initiative" throughout this survey. Here, we refer to "clinic" to mean one entity within a larger health system. We refer to "health system" as an organization that may include clinics, hospitals, and leadership that are connected through common ownership or joint management.

Evidence-based CRC screening practice improvements

The CRC screening initiative is focused on improving CRC screening rates by implementing one or more of the priority evidence-based interventions listed in the Community Guide for Preventive Services that include the <u>practice</u> <u>improvements</u> listed below:

- · Provider reminders: Reminding providers to refer their patients for CRC screening
- · Client/patient reminders: Reminding patients that they are due or overdue for CRC screening
- \cdot <u>Provider assessment and feedback</u>: Providing assessment <u>and</u> feedback reports for providers on their performance related to screening patients for CRC
- Reducing structural barriers: Diminishing non-economic burdens or obstacles that make it difficult for people to
 access CRC (e.g., sending patients a fecal screening test via mail so they don't have to come into the clinic, providing
 language interpreters, modifying clinic hours to meet patient needs)

Throughout this survey, we will refer to the above activities as <u>CRC screening practice improvements</u>. Clinics may also engage in quality improvement processes to support their efforts to start or improve the CRC screening practice improvements they select. Quality improvement processes are systematic, continuous actions that lead to measurable improvement in services and patient health.

What is the purpose of the survey?

CDC is conducting this survey in collaboration with the University of Washington to learn more about how you have implemented these CRC screening practice improvements in your clinic to increase CRC screening. You have been invited to respond to this survey on behalf of this clinic, as you have been identified as the person most knowledgeable about your clinic's efforts to increase CRC screening. If there are items where you would like to check with other staff in your clinic for the best response, please do so.

How will these data be used?

CDC will use the survey data to learn more about how the CRC screening initiative is working in clinics, and to identify and share promising practices that will help improve the CRC screening initiative going forward. Respondents and clinics will not be identified in any publications or reports about the survey; data will be presented in aggregate. These data will also be linked to clinic data collected as part of other CRCCP activities.

- I am ready to proceed to the survey.
- I am not the correct person at this clinic to take this survey, but I have the name and contact information of the person who is. reset

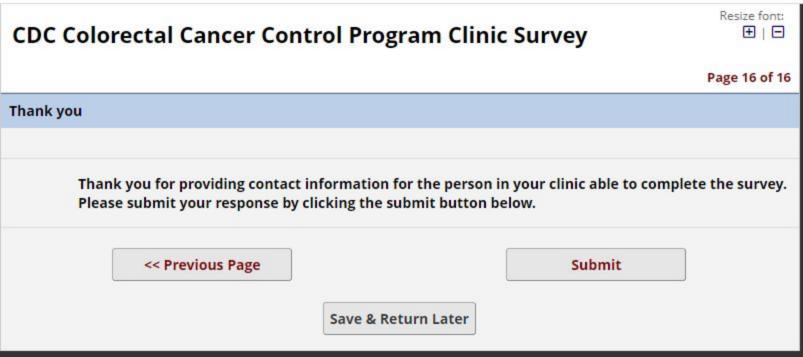
Please provide the name and email address of the person at your clinic who would be able to complete this survey.

Click "next page" to submit your response.

Name of person to complete survey:	
Email of person to complete the survey:	

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, 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 burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

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Respondent Role	
1. What is your role at this clinic? Check all that apply.	CRC screening champion QI specialist/manager Physician Physician Assistant Nurse or nurse practitioner Patient navigator or Community Health Worker (CHW)
	 ■ Medical Assistant ■ Referral specialist ■ Administrator (e.g., CEO, Director) ■ Administrative staff ✓ Other, please specify below
Other role	
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Policy, Leadership, and Quality Improvement	
2. Does your clinic have a written CRC screening policy or protocol in use?	YesNoDon't knowreset
2a. A CRC screening policy, which may also be referred to as standard operating procedures (SOPs), may include the below components. Check which of the components are part of your clinic?s CRC screening policy. Check all that apply:	 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 A quality assurance structure that supports CRC screening (e.g., professional screening guideline followed, process to assess patient screening history/risk/preference/insurance, process for scheduling screening or referral, procedures to implement the office policy) None of these Don't know
3. Is there currently a champion for CRC screening internal to this clinic or to your health system? A champion is an individual who dedicates some or all of their time to supporting, marketing or encouraging, and driving practices that promote CRC screening, overcoming organizational indifference or resistance to improve CRC screening.	Yes No Don't know reset
3a. The champion(s) is/are: Check all that apply.	health system-wide, including my clinic specific to my clinic only
3a-1. How many health system-wide champions exist? Enter #	
Check if the number above is an estimate	
3a-2. How many champions exist at this clinic? Enter #	
Check if this number is an estimate	

3b. What is the champion?s role in your clinic? Check all that apply.	QI specialist/manager Physician	
	Physician Assistant	
	Nurse or nurse practitioner	
	Nurse manager	
	Patient navigator or Community Health Worker (CHW)	
	☐ Medical Assistant	
	Referral specialist	
	Administrator (e.g., CEO, Director)	
	Administrative staff	
	Other, please specify below	
	☐ Don't know	
3c. The champion(s) was/were:	Selected or assigned to be the champion	
Check all that apply.	Emerged naturally and took on the role	
	☐ Don't know	
3d. The champion(s):	Receive(s) training and/or technical assistance to support their role as a champion	
	O Does/Do not receive training and/or	
	technical assistance	
	O Don't know rese	et
3e. How many times has there been turnover among	O Never	
your champion(s) during the time your clinic has participated in the CRC screening initiative?	Once	
	2-3 times	
	More than 3 times	
	O Don't know rese	ŧ
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Topic 1: Clinic Resources to Improve CRC Screening

In this section, questions will address general efforts and resources available to improve CRC screening and implement evidence-based CRC screening practice improvements supported by the CRC screening initiative. These practice improvements include:

- Provider reminders: Reminding providers to refer their patients for CRC screening Client/patient reminders: Reminding patients that they are due or overdue for CRC screening
- Provider assessment and feedback: Providing assessment and feedback reports for providers on
- their performance related to screening patients for CRC Reducing structural barriers: Diminishing non-economic burdens or obstacles that make it difficult for people to access CRC (e.g., sending patients a fecal screening test via mail so they don?t have to come into the clinic, providing language interpreters, modifying clinic hours to meet patient needs)

Unless otherwise noted, please answer these questions using the timeframe of the last 18 months.

4. In the last 18 months, has your clinic/health center received any incentives (including financial reimbursements) that have come from sources other than CDC (e.g., from HRSA) for scoring well on CRC

screening quality measurements (e.g., CRC screening rate)?

O No Don't know

Yes

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agree).

In the items below, "clinic staff" refers to any providers and staff (front and back-office) in your clinic who are engaged in CRC screening practice delivery and improvements.

5. Please rate your level of agreement with the following statements from 1 (strongly disagree) to 5 (strongly

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Clinic staff are expected to help increase CRC screening rates.	0	0	0	0	0
Clinic staff get the support they need to implement CRC screening practice improvements. This support may include staff training, technical assistance, incentives, workflow/workload changes (e.g., "Five whys," infinity diagrams, PDSA cycles, root cause analysis, process maps).	•	•	•	•	reset
Clinic staff receive recognition for implementing CRC screening practice improvements	0	0	0	0	reset
The clinic leadership has made increasing the clinic's CRC screening rate a top priority.	0	0	0	0	reset
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6. Please rate your level of agreement with the following statements from 1 (strongly disagree) to 5 (strongly agree).

The following are available to make CRC screening practice improvements work in our clinic:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
Equipment and materials (e.g., physical space, training materials, EHR system prompts or tracking)	0	0	0	0	0
Financial and/or staff resources (e.g., staff time)	0	0	0	0	reset
Patient education about the importance of CRC screening (e.g., one-on-one/group education, videos, print materials)	0	0	0	0	reset
Providers support CRC screening initiative	0	0	0	0	reset
A designated team to implement the CRC screening initiative	0	0	0	0	reset
Support from external partners (e.g., health department, university, American Cancer Society, Primary Care Associations)	0	0	0	0	reset
A designated team to implement the CRC screening initiative	0	0	0	0	reset
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Strongly Agree

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Agree

7. Please rate your level of agreement with the following statements from 1 (strongly disagree) to 5 (strongly

agree). In general, when there is agreement among clinic staff that change needs to happen in the clinic, we have the necessary support in terms of:



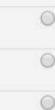
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Staffing

Leadership support

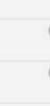
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Disagree

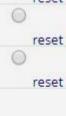


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Neutral







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CRC Screening Practice Improvement Implementation and	d Support
The next questions are about the CRC screening practic implementing.	e improvements your clinic is currently
8. Please indicate which of the following CRC practice in implementing.	nprovements your clinic is currently
8a. Provider reminders	
Reminding providers to screen or refer their eligible pati	ients for CRC screening;
8a-1. In the last 18 months, in what ways have	EHR pop-up message
	Flagged patient chart
screening? Check all that apply.	☐ Flagged patient room
	 Daily or weekly patient lists generated indicating patients due for screening
	Other, please specify below
8b. Client/Patient reminders	
Reminding patients that they are due or overdue for CRC colonoscopy) Do not answer about how you remind patient their follow-up colonoscopy	
8b-1. In the last 18 months, in what ways has a single	By mail (letter/postcard)
	☐ By text message
che sercennig reminiacisi eneckan enac appiy.	☐ By email
	By online portal notification
	By telephone call
	In person/at appointment
	Other, please specify below
8b-2. When a patient is due or overdue for screening,	0 1
up to how many reminders to complete CRC screening	O 2
reminders if a patient does not respond to the first	0 3
reminder. For example, if a patient receives two	0 4
	○ 5 or more
	The next questions are about the CRC screening practic implementing. 8. Please indicate which of the following CRC practice in implementing. 8a. Provider reminders Reminding providers to screen or refer their eligible pate. 8a-1. In the last 18 months, in what ways have providers at this clinic typically received reminders for a single average patient due or overdue for CRC screening? Check all that apply. 8b. Client/Patient reminders Reminding patients that they are due or overdue for CRC colonoscopy) Do not answer about how you remind patient their follow-up colonoscopy 8b-1. In the last 18 months, in what ways has a single average patient due or overdue for screening received CRC screening reminders? Check all that apply.

8b. Client/Patient reminders		
	Reminding patients that they are due or overdue for CRO colonoscopy) Do not answer about how you remind patient their follow-up colonoscopy	
	8b-1. In the last 18 months, in what ways has a single	By mail (letter/postcard)
	average patient due or overdue for screening received CRC screening reminders? Check all that apply.	☐ By text message
		☐ By email
		 By online portal notification
		☐ By telephone call
		☐ In person/at appointment
		Other, please specify below
	8b-2. When a patient is due or overdue for screening,	O 1
	up to how many reminders to complete CRC screening could they receive? This includes any follow-up	O 2
	reminders if a patient does not respond to the first	○ 3
	reminder. For example, if a patient receives two phone calls and a text message, you would answer	O 4
	"3".	○ 5 or more reset
	8c. Provider assessment and feedback	
	✓ Creating reports for providers on their performance relationships.	ited to screening patients for CRC
	8c-1. Please indicate, on average, how often providers,	O Weekly
	either individually or as a group, are given feedback on their performance providing CRC screening	Monthly
	services.	O Quarterly
		Annually
		reset
	8c-2. Are performance reports de-identified (i.e., names are removed from reports)?	O Yes
	•	○ No
		O Don't know reset
	8c-3. To what is provider performance compared?	To average performance across clinics in the health system
		 To average performance across all clinic providers
		To each individual provider in the clinic
		 To an individual provider?s own performance in a previous review(s)
		☐ To comparative benchmarks and/or goals
		There is no comparator used for provider performance
		Other, please describe below

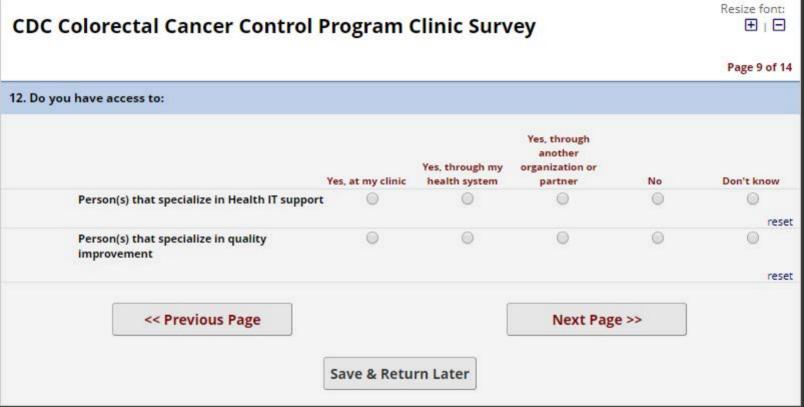
8d-1. In the last 18 months, what strategies has this clinic used	Expanded clinic hours
to reduce structural barriers to facilitate CRC screening? These strategies may have been in place before the CRC screening initiative started at your clinic or they may have been	Mailed fecal screening test (FIT, FOBT, or FIT- DNA/Cologuard) to patients
implemented as part of the initiative. Check all that apply.	 Provided pre-paid mail back materials to send completed tests back to clinic/laboratory
	Offered weekend clinic hours
	Set up alternative screening sites
	Provided patients with transportation to/from clinic and/or endoscopic center, including providing vouchers or payments for transportation
	Provided onsite translation or language interpreter
	 Developed methods (e.g., section in EHR) to track patient barriers
	Offered patient navigation
	Provided or connected patients to childcare
	 Provided patients with assistance in scheduling appointments for endoscopic screening (e.g., colonoscopy)
	Offered fecal screening in conjunction with other visit (e.g., flu shot)
	Other, please specify below
9. Does your health system and/or clinic currently operate a	Yes
mailed FIT/FOBT kit program where CRC screening tests are	○ No
mailed to patients?	O Don't know
	reset
9a. Mailed FIT/FOBT kits are managed	Centrally by the health care system
	☐ By this clinic
9b. Monitoring FIT/FOBT return rates is a way to assess how well your clinic is doing to increase CRC screening. To calculate a return rate, both the distribution and return of FIT/FOBT kits	 Yes, this clinic tracks both the number of FIT/FOBT kits distributed, and the number of FIT/FOBT kits returned
must be tracked. Does your clinic or health system track the FIT/FOBT kit distribution and return? This includes kits that are	No, this clinic tracks <u>neither</u> FIT/FOBT distribution nor return
distributed to patients either at point-of-care (e.g., in the clinic) and/or by mail.	 This clinic tracks FIT/FOBT <u>distribution</u>, but does not track return
	 This clinic tracks FIT/FOBT <u>return</u>, but does not track distribution
	O Don't know reset
10. Done your clinic actively conduct outroach to recruit new	
10. Does your clinic actively conduct outreach to recruit new patients?	O Yes
	No Don't know
	reset

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11. In the last 18 months, please indicate the frequency with which each type of support from an outside agency or organization was provided to your clinic to implement any of the CRC screening practice improvement(s) indicated above.

	Never	Once	2-3 times	4 or more times
Support conducting clinic workflow assessment (e.g., "Five whys," infinity diagrams, PDSA cycles, root cause analysis, process maps)	0	0	0	0
Technical assistance on developing practice improvement tools or materials (e.g., developing patient reminder systems)	0	0	0	re
Assistance improving your EHR system to better capture CRC screening rates	0	0	0	e re
Assistance integrating practice improvements into your EHR system	0	0	0	ne O
Technical assistance on developing a CRC screening policy.	0	0	0	re
Assistance identifying and/or training a clinic champion.	0	0	0	re
Assistance educating clinic staff about strategies to increase CRC screening	0	0	0	re
Assistance identifying resources for follow- up colonoscopies for patients with positive FIT tests	0	0	0	re
Other support 1	0	0	0	re
Other support 2	0	0	©	re
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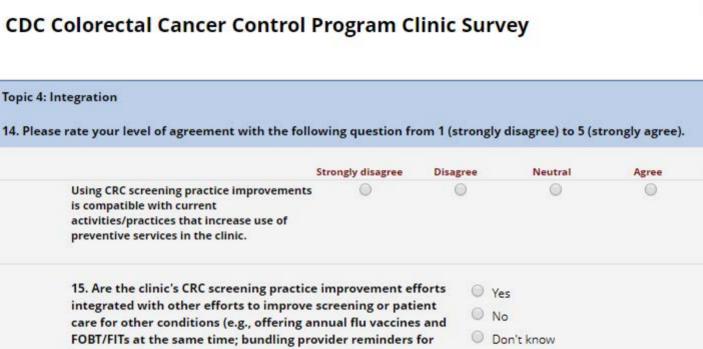
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Topic 3: Sustainability of CRC Screening Practice Improvements

13. The following questions aim to assess sustainability planning, or formal processes in which health systems and clinics are engaged to sustain CRC screening practice improvements. Think about sustaining the CRC screening practice improvements after support from the CRC screening initiative ends. On a scale of 1 (not at all) to 5 (to a very great extent) please indicate the extent to which you think your clinic has each of the following in place:

To a moderate

Not at all	To a small extent	extent	To a great extent	extent
0	0		•	0
0	0	0	0	reset
				0
				reset
0	•		•	0
6	_		_	reset
	0	0	9	0
				reset
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	Not at all			



breast, cervical, CRC, and other types of screening)?

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5: Spill-over	effects and unintended consequence	s of the the screening if	nitiative
screen	s the clinic benefited from participati ing initiative to increase CRC screening mg ways? Check all that apply.	TO THE PARTY OF TH	 The quality of the EHR data has improved, overa The clinic improved use of EHR data for other conditions.
			The clinic is applying QI systems we developed f CRC screening to other conditions/initiatives.
		ļ	The clinic received training that we are applying other initiatives.
			The clinic is implementing practice improvement for other conditions (e.g., reminding patients that are due or overdue for a diabetes check).
			Other, please describe below
Other initiati	benefits from participating in the CR0 ve	Cscreening	
	the best of your knowledge, are all cli		N/A; there is only one clinic in this health system
system	system participating in the CRC screening initiative?	nitiative?	 Yes; all clinics in this health system are participating in the CRC screening initiative
			 No; only some (or one) clinic(s) in this health system are (is) participating in the CRC screenin initiative
			I don't know if other clinics in the health system are participating in the CRC screening initiative
18. Did	the clinic experience any negative, u	nintended	Other clinic priorities are neglected
	uences of participating in the CRC sc all that apply.	reening initiative?	The accuracy of screening reporting/data entry in the EHR was improved, and we observed a decrease in screening rates due to poor measurement in the past.
		l	Some patients screened with positive FIT/FOBT results did not have resources to get a colonoscopy to finish the screening cycle.
		(Other, please describe below
Other	negative or unintended consequence	s	
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Горіс б: Н	lealth Information Technology					
	The following questions ask about Health Information Technology (HIT). HIT refers to the electronic systems health care professionals and patients use to store, share, and analyze health information. These can include but are not limited to electronic health records (EHR), electronic prescribing, and patient/provider communication via an online portal.					
	19. In the last 18 months, have you used HIT to improve the collection, accuracy, and validity of CRC screening data? This could involve standardizing data definitions used to document a patient's colorectal cancer screening, entering colonoscopy screening reports into your EHR, improvements to your EHR, training staff on properly entering CRC screening test data in your EHR, etc.	0	Yes No Don't know reset			
	20. Which of the following CRC screening practice improvements are both integrated into your electronic health system and used?	0	Provider reminders (e.g., EHR automatically generates reminders for providers to refer patients who are due or overdue for screening)			
			Client/Patient reminders (e.g., EHR automatically generates reminders for patients)			
			Provider assessment and feedback (e.g., EHR produces reports on providers' performance screening patients for CRC)			
			Recording patient barriers (e.g., maintaining notes about circumstances of patients that require various types of accommodation offered by the clinic)			
			Addressing structural barriers EHR tracks mailed or point-of-care FIT/FOBT kit distribution and return.			
			None of these CRC screening practice improvements are integrated into our EHR.			
		•	Other, please describe below			
	Other improvements					
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21. Please indicate which of the following ways your clinic has used health information technologies (HIT) in the last 18 months.

	Yes	No	Don't know		
Monitoring CRC screening rates	0	0	0		
				reset	
Tracking results of FIT/FOBT and following up with patients with abnormal results	0		0		
				reset	
Ensuring people with abnormal/positive	0	0	0		
screening tests are referred for colonoscopy					
Tracking distribution and return of FIT/FOBT	0	0	0	reset	
kits					
				reset	
Tracking results of colonoscopies / follow-up colonoscopies	0	0	0		
				reset	
Other, please describe below	0	0	0		
				reset	
22. How do you validate accuracy of your EHR-repo					
screening rate?	Chart review	W 1			
	 Compare against other reports We do not regularly address accuracy of EHR- 				
		■ We do not regularly add reported CRC screening	. 7.1		
		Don't know	, , , , , ,		
		Other, please specify be	low		
		a other, prease specify at			
Other methods to validate assuracy		9			
Other methods to validate accuracy					
23. Does your clinic or health system verify whether patients					
referred for colonoscopy complete the procedure?		Yes			
		O No			
		Don't know		reset	
23a. Colonoscopy completion is verified:	By the patient				
	Through the EHR				
		Based on communication (other than receipt of			
		endoscopy report) with the endoscopy office (e.g.,			
		phone call)	7777 (5.		
		By another means (plea	se describe):		
Other means of verifying colonoscopy completion					
		7			
24. You have reached the end of the survey. Is the additional information you would like to share ab					
clinic's participation in the CRC screening initiativ					
and a contract of the contract					
			E	xpand	

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