

Attachment 9: CRCCP Data Collection Revision Matrix

Annual Awardee Survey

Revision	Old Item #	New Item #	Rationale
REVISED OR ADDED SECTIONS			
Section 1: Respondent Information			
Removed 1 item	3	n/a	<p>Previous item reported length of time that respondent has worked with the CRCCP. This was meant to reveal the reliability of responses.</p> <p>CDC found that this information did not provide the intended context for responses and was therefore not useful.</p>
Section 2: Program Management			
Removed 43 items	1-3	n/a	<p>Previous items reported management (14), programmatic (16), and evaluation issues (13).</p> <p>Annual collection of these data were not useful as they did not support timely TA, and some items were redundant in nature. The new CRCCP Quarterly Program Update collects only the most pertinent information on programmatic issues on a quarterly basis to facilitate timely CDC TA.</p>
Removed 1 item	4	n/a	<p>Previous item identified people engaged to provide assistance for evaluation activities to determine whether awardees receiving external evaluation support had stronger evaluation activities.</p> <p>CDC found that evaluation activities and challenges varied greatly across awardees, and therefore CDC was unable to meaningfully use these responses to inform our evaluation TA.</p>
Removed 1 item	6	n/a	<p>Previous item identified entities that provided support/technical assistance to partner health system clinics.</p> <p>This item is now addressed through Survey item #12 (Partnerships) to assess non-health system partners and their implementation support activities.</p>
Removed 1 item	7	n/a	<p>Previous item reported proportion of partner clinics who received financial support from the awardee.</p> <p>CDC found that these data were more appropriately captured at the clinic level and added this variable to the CRCCP clinic level data collection.</p>
Removed 1 item	8	n/a	<p>Previous item reported whether grantee had mechanism in place to help eligible patients receiving follow-up colonoscopy.</p>

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			CDC found that these data were more appropriately captured at the clinic level and added variables to assess patient navigation implementation (for screening and follow-up colonoscopy) to the CRCCP clinic level data collection.
Section 3. Assessment (NEW)			
Added 2 items	n/a	7, 8	New items report whether awardees have conducted readiness assessment of potential partner clinics, and what elements are included in those assessments. DP20-2002 awardees are required to conduct formal assessments of potential partner clinics prior to implementing the CRCCP within those clinics.
Section 4. Data Management			
<i>Previously "Health Information Technology (Health IT)"</i>			
Revised 1 item	1	8	Previous item reported whether the awardee provided TA, training, or other support to clinics to improve EHR data use or quality. This item was broadened to capture awardees' strategies for strengthening data quality and use beyond EHR improvements based on the experience of DP15-1502.
Revised 1 item <i>Previously in "Data Use"</i>	1	9, 10	Previous item reported data sources used by awardees. CDC found that while awardees used outside data sources to support planning (e.g., identify target populations) clinic data was a more meaningful source of information to inform ongoing CRCCP implementation. Therefore, collecting these items on an annual basis did not yield meaningful information to inform CDC TA.
Removed 6 items	2-7	n/a	Previous items report health IT support, including the nature of EHR support, challenges, and solutions. These items did not yield useful data as EHR systems varied greatly across awardees and identified challenges were often outside of the scope of CDC TA/training capacity.
Section 5. Technical Assistance			
<i>Previously "Training and Technical Assistance"</i>			
Removed 2 items	1, 2	n/a	Previous items rated awardees' desire for various training and technical related to management, monitoring and evaluation, and EBI implementation. Annual collection of these data were not useful as they did not support timely TA. The new CRCCP Quarterly Program Update collects information on programmatic issues on a quarterly basis to facilitate timely CDC TA.
Added 2 items	n/a	12, 13	New items report whether awardee has an established process for delivering TA to partner clinics, and the types of activities included in that standard process. CDC will assess the extent to which awardees are intentional in selecting and provided ongoing support to their partner clinics.
Revised 1 item	3	15	New item includes updated list of TA resources.

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Removed 1 item	4	n/a	Previous item reports usefulness of CCDE data reports for Component 2 awardees. Item was eliminated as Component 2 (and associated CCDE data collection) is no longer funded in DP20-2002.
Section 6. Partnerships <i>Previously "Non-Health System Partners"</i>			
Revised 29 items	1-29	12	<p>Previous items collected information on non-health system partnerships with 14 pre-determined partner types, as well as each partner's activities and implementation support. The information was not specific enough to support CDC process evaluation efforts.</p> <p>New item condenses these items into one broader question to allow awardees to report the name of each specific partner organization, whether a contract or MOU was in place, and the type(s) of implementation support provided by the partner. These data will inform CDC's process, outcome, and cost studies.</p>
Section 7: COVID-19 Questions (NEW)			
Added 5 items	n/a	13-17	New items to assess the effect of COVID-19 on CRCCP staffing at the awardee level, and implementation and support to partner clinics.
REMOVED SECTIONS			
Section 3A. EBIs and Supporting Activities			
Removed 4 items	1-4	n/a	<p>Previous items reported whether and which EBIs and SAs implemented were "promising" and worthy of rigorous evaluation, and whether grantees are conducting or planning effectiveness evaluations.</p> <p>This section did not yield useful data as very few awardees had implemented EBIs long enough to be deemed promising and were not conducting or planning to conduct effectiveness evaluations.</p>
Section 3D. Endoscopy Partners			
Removed 10 items	1-10	n/a	CDC found that awardees were not partnering with endoscopy clinics. Therefore, these items did not provide useful information to inform program TA.
Section 6A. Client Eligibility for Screening			
Removed 7 items	1-7	n/a	Previous items reported eligibility criteria for patients receiving CRC screening for Component 2 awardees. Item was eliminated as Component 2 is no longer funded in DP20-2002.
Section 6B. Patient Navigation for Clients Receiving CRCCP Screening Service			

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Removed 5 items	1-4	n/a	Previous item assessed whether and how awardees provided patient navigation services to patients receiving CRC screening through Component 2. Items were eliminated as Component 2 is no longer funded in DP20-2002.
Section 6C. CRCCP Clinic Service Reimbursement Model and Data Use			
Removed 1 item	1	n/a	Item pertained to CRCCP screening activities under Component 2 funding. Item was eliminated as Component 2 is no longer funded in DP20-2002.
Section 6D. CRCCP Provider Sites			
Removed 4 items	1-4	n/a	Items pertained to CRCCP screening activities under component 2 funding. Items were eliminated as Component 2 is no longer funded in DP20-2002.

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Clinic-Level Data Dictionary

Revision	Old Item	New Item	Rationale
Partner and Record Identifiers			
Added 1 item	n/a	P2. New Clinic Enrollment NOFO	Added variable to capture whether the clinic is newly funded for CRCCP through DP20-2002, or if they had previous CRCCP funding through DP15-1502. This informs initial CDC TA provided to awardees and their partners at the start of the cooperative agreement.
Added 1 item	n/a	P3. CRCCP Partner Entity	Given DP20-2002 is open to all recipient types, this variable was added to define the various partner types, including health systems, clinics, and other entities to be determined.
Revised 2 items	2g. Health System Type 3g. Clinic Type	P4. Partner Type	Revised variable definition to capture partner types at the clinic level only
Added 2 items	n/a	HS7. HS County CL7. Clinic County	Added variables to capture health system and clinic counties to determine OMB rural designation.
Section 1: Baseline and Annual Clinic CRCCP Activity and Status			
Revised 1 item	1b. Baseline Assessment Date	B1-1. Clinic CRCCP Activities Start Date	Previous item captured date at which CRCCP funding was initiated, but did not necessarily indicate the start date for CRCCP activities. Revised variable captures date CRCCP activities initiated regardless of receipt of funding.
Revised 3 items	5b. Clinic partnership status 5c. Reason for termination 5d. Termination date	A1-2. Annual Partner Status A1-2a. Suspension / Termination date A1-2b. Reason for suspension or termination A1-2c. Other reason for suspension or termination	Revised variable names and definitions to 1) better capture the annual level of activity among active partner clinics and reasons for clinic suspensions and terminations. The partner status response options now include clinics who are still partnering with the awardee but have suspended CRCCP activities and clinics that are no longer receiving TA from the grantee but are still being monitored for outcomes. Improved response options were added to capture and categorize reasons for clinic suspensions and terminations.
Added 20 items	n/a	COV-1. COVID-19 clinic closure or hours reduced	Added variables to assess the impact of COVID-19 on clinic operations, EBI implementation, and clinics' ability to conduct or refer patients for CRC

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		<p>COV-2. COVID-19 closure amount</p> <p>COV-3. COVID-19 Hours reduced</p> <p>COV-4. COVID-19 screening/diagnostic impact</p> <p>COV-4a. COVID-19 sick visits</p> <p>COV-4b. COVID-19 high risk visits</p> <p>COV-4c. COVID-19 telemed visits</p> <p>COV-4d. COVID-19 no referrals for screening colo</p> <p>COV-4e. COVID-19 no referrals for follow-up colo</p> <p>COV-4f. COVID-19 pts cancelled</p> <p>COV-4g. COVID-19 pts fearful</p> <p>COV-4h. COVID-19 other</p> <p>COV-4i. COVID-19 other specify</p> <p>COV-5. COVID-19 EBI impact</p> <p>COV-5a. COVID-19 PTR impact</p> <p>COV-5b. COVID-19 PVR impact</p> <p>COV-5c. COVID-19 PAF impact</p> <p>COV-5d. COVID-19 RSB impact</p>	<p>screening.</p>
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		COV-5e. COVID-19 PN impact COV-6. COVID-19 Comments	
Section 2: Baseline and Annual Health System and Clinic Characteristics and Clinic Patient Population <i>Previously:</i> <ul style="list-style-type: none"> • Section 2: Partner Health System Characteristics • Section 3: Clinic Characteristics • Section 4: Clinic Patient Population Characteristics • Section 5: Reporting Period 			
Added 2 items	n/a	B2-2/A2-2. Total number of primary care providers in health system B2-4/A2-4 Total number of clinic patients	Added variables to assess potential and actual reach of the CRCCP at the health system and clinic levels.
Removed 1 item	3n. PCMH Certification	n/a	For DP15-1502, CDC found that clinic data on patient-centered medical home (PCMH) certification was not relevant for program monitoring and to inform CDC TA. This variable was removed to limit burden on clinics.
Revised 1 item	3o. Newly opened clinic	B2-8. Newly screening or opened	Revised variable definition to capture those clinics that are not newly opened but only recently began CRC screening activities.
Removed 1 item	4c. % of patients, age 50-75, men	n/a	Removal of this variable reduces redundancy given item BC2-9a “% of patients 50-75, women”
Added 2 items	n/a	B2-7/A2-7. Primary EHR home B2-7a/A2-7a: Specify other EHR home	Variables added to distinguish whether the EHR used by the clinic to obtain and monitor CRC screening rates is unique to the clinic or has functionality to other clinics within the parent health system.
Section 3: Baseline and Annual CRC Screening Rates and Practices <i>Previously:</i> <ul style="list-style-type: none"> • Section 6: Chart Review (CR) Screening Rate Data • Section 7: Electronic Health Record (EHR) Screening Rate Data 			
Added 1 item	n/a	B3-1/A3-1. Rate status	Variable added to monitor whether awardee has a clinic-level screening rate available, and whether it is derived from a chart review or EHR system to

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			improve data quality, collection and analysis
Revised 6 items	<p>6d. If screening rate unavailable, date the rate will be available</p> <p>7d. If screening rate unavailable, date the rate will be available</p> <p>6f. Start date of 12-month reporting period (CR)</p> <p>7f. Start date of 12-month reporting period (EHR)</p> <p>6g. End date of 12-month reporting period (CR)</p> <p>7g. End date of 12-month</p>	<p>B3-1a/A3-1a. Screening rate date available</p> <p>B3-2/A3-2. Start date of 12-month measurement period</p> <p>B3-3/A3-3. End date of 12-month measurement period</p>	Consolidated each pair of variables previously collected for chart review rate and EHR rate separately. New consolidated variables assess screening rate availability, and screening rate reporting start and end dates for both chart review and HER-derived screening rates together.
Added 4 items	n/a	<p>B3-4g/A3-4g. How confident are you in the accuracy of the CR-calculated screening rate?</p> <p>B3-4h/A3-4h. CR screening rate problem</p> <p>B3-4i/A3-4i. Specify CR-screening rate problem</p> <p>B3-4k/A3-4k. Screening rate target</p>	Variables added for chart review screening rates that were previously only collected for EHR-derived screening rates.
Added 3 items	n/a	<p>B3-6/A3-6. CRC screening methods</p> <p>B3-6a/A3.6a. Other CRC screening methods</p> <p>B3-7a/A3-7a. Other primary CRC method used</p>	Originally only collecting data on the primary test and not getting full scope of tests used in the clinic. New items capture full scope of CRC screening tests used.
Added 17 items	n/a	<p>B3-9/A3-9. Fecal kit return rate</p> <p>B3-9a/A3-9a. Number of</p>	Variables added to better capture and evaluate CRC screening activities by looking at return/completion rates of screening recommendation. In addition, variables were added to capture the extent to which awardees are supporting

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		<p>patients given fecal kits</p> <p>B3-9b/A3-9b. Number of patients returning fecal kits</p> <p>B3-9c/A3-9c. Fecal kit return rate date available</p> <p>B3-10/A3-10. Colonoscopy completion rate</p> <p>B3-10a/A3-10a. Number of patients referred for colonoscopy</p> <p>B3-10b/A3-10b. Number of patients completing colonoscopy</p> <p>B3-10c/A3-10c. Colonoscopy completion rate date available</p> <p>B3-11/A3-11. Follow-up colonoscopy completion rate</p> <p>B3-11a/A3-11a. Number of patients referred for follow-up colonoscopy</p> <p>B3-11b/B3-11b. Number of patients completing follow-up colonoscopy</p> <p>B3-11c/A3-11c. Follow-up colonoscopy completion rate date available</p> <p>A3-12. Number of patients with CDC-paid follow-up colonoscopy</p> <p>A3-12a. Number of patients with normal colonoscopy results</p> <p>A3-12b. Number of patients</p>	<p>follow up colonoscopies in the event of abnormal CRC screening test results, including obtaining the follow-up colonoscopy results for colonoscopies partially funded with CDC funds, as required by the NOFO</p>
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		with colonoscopy results of adenomatous polyps A3-12c. Number of patients with colonoscopy results of other abnormal findings A3-12d. Number patients diagnosed with CRC	
Section 4: Baseline and Annual Monitoring and Quality improvement Activities <i>Previously: Section 8: Monitoring and Quality Improvement”</i>			
Revised 1 item <i>Moved from “Baseline and Annual Health System and Clinic Characteristics and Clinic Patient Population”</i>	3l. Does the clinic have access to free fecal testing kits?	B3-8/A3-8. Free fecal testing kits	Variable name and definition revised to include FIT-DNA (fecal immunochemical test, cancerous DNA test) and Cologuard as screening options. This variable will be collected at baseline and annually, instead of just annually as in DP15-1502.
Removed 1 item	8f. Client access to Component 2 services	n/a	Variable is obsolete as Component 2 is no longer funded through DP20-2002.
Added 1 items	n/a	B4-5/A4-5. QA/QI Support	Variable added to better assess clinics’ ability to provide quality assurance (QA) and quality improvement (QI) support for implementation of EBIs.
Revised 1 item <i>Moved from “Baseline and Annual Health System and Clinic Characteristics and Clinic Patient Population”</i>	3k. Other HIT tools used for data analytics and reporting	B4-3/A4-3. Utilizing Health IT to improve data collection and quality B4-4/A4-4. Utilizing health IT tools for monitoring program performance	Variable separated into two variables to assess both data quality and use of data for program performance.
Added 2 items	n/a	A4-8a. Validation method A4-8b. - Other Validation method Specify	Variables added to obtain clinic’s process for validating data to ensure screening rate data quality and specify other validation method(s), when applicable.

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Added 1 item	n/a	A4-10. Annual partner agreement type	Variable allows CDC to assess clinics' agreement type annually (in addition to at baseline as above).
Added 2 items	n/a	A-12. CRCCP financial Resources A4-12a. Amount of CRCCP financial resources	Variables allow CDC to assess the cost and cost effectiveness of CRCCP activities in increasing CRC screening rates.
Section 5: Baseline and Annual Evidence-Based Interventions (EBIs) and Other Clinic Activities			
Revised 12 items	9a1. Patient reminder system in place at baseline 9a3. Patient reminder system in place at PY end 9b1. Provider reminder system in place at baseline 9b3. Provider reminder system in place at PY end 9c1. Provider assessment and feedback in place at baseline 9c3. Provider assessment and feedback in place at PY end 9d1. Reducing structural barriers in place at baseline 9d3. Reducing structural barriers in place at PY end 9e1. Small media in place at baseline 9e3. Small media in place at PY end 9h1. Patient navigation in place at baseline	A5-1b. Patient reminder system in place A5-2b. Provider reminder system in place A5-3b. Provider assessment and feedback in place A5-4b. Reducing structural barriers in place A5-5b. Small media in place A5-6b. Patient navigation in place	Previous variables collected at baseline only. New variables condensed by EBI and collected at baseline and annually

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	9h3. Patient navigation in place at PY end		
Added 5 items	n/a	<p>A5-1d. Patient reminder system enhancements</p> <p>A5-2d. Provider reminder system enhancements</p> <p>A5-3d. Provider assessment and feedback enhancements</p> <p>A5-4d. Reducing structural barriers enhancements</p> <p>A5-5d. Small media enhancements</p>	Variables added to determine whether each EBI or other activity was enhanced during the program year to improve CDC's understanding of EBI and small media implementation needs and effectiveness to increase CRC screening rates.
Added 10 items	n/a	<p>A5-1e. Patient reminders sent multiple ways</p> <p>A5-1f. Maximum number and/or frequency of patient reminders</p> <p>A5-2e. Provider reminders sent multiple ways</p> <p>A5-2f. Maximum number and/or frequency of provider reminders</p> <p>A5-3c. Provider assessment and feedback planning activities</p> <p>A5-3e. Provider assessment and feedback frequency</p> <p>A5-4e. Reducing structural barriers in more than one way</p> <p>A5-4f. Maximum number of ways and times used to reduce structural barriers</p>	Variables allow CDC to assess dose of service delivery for EBI implementation, which is essential for understanding the most effective EBI implementation strategies

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		A5-5e. Maximum number of ways and times small media delivered A5-6f. Average amount of patient navigation time	
Added 3 items	n/a	A5-6d. Patient Navigation Purpose A5-6e. Patient Navigation Enhancements A5-6g. Patient navigators for EBIs	Variables added to better understand patient navigation implementation within clinics, including the breadth of patient navigation services for CRC screening in clinics, patient navigation needs and effectiveness to increase CRC screening rates, and the importance of patient navigators in facilitating and implementing EBIs.
Removed 5 items	9f1. Professional development / provider education in place at baseline 9f2. Were CRCCP resources used toward professional development / provider education during this PY? 9f3. Professional development / provider education in place at PY end 9f4. Professional development / provider education planning activities 9f5. Professional development / provider education sustainability	n/a	For DP20-2002, awardees are no longer required to implement professional development as a supporting activity. Therefore, these variables are obsolete.
Removed 5 items	9g1. Community Health Workers (CHWs) in place at baseline 9g2. Were CRCCP resources used toward CHWs during this PY?	n/a	For DP20-2002, awardees are no longer required utilize community health workers as a supporting activity. Therefore, these variables are obsolete.

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	<p>9g3. CHWs in place at PY end</p> <p>9g4. CHWs planning activities</p> <p>9g5. CHWs sustainability</p> <p>9g6. If CHWs in place, # of FTE CHWs</p>		
Section 7. Annual Implementation Factors (NEW)			
<p>Added 16 items</p>		<p>A6-1. Complexity</p> <p>A6-2. Adaptability</p> <p>A6-3. Cost-substantial resources</p> <p>A6-4. Cost- worthwhile</p> <p>A6-5. Patient needs/Resources</p> <p>A6-6. External Policy</p> <p>A6-7. Incentives</p> <p>A6-8. Conform</p> <p>A6-9. Innovate and experiment</p> <p>A6-10. Priority</p> <p>A6-11. Staff- time and resources</p> <p>A6-12. Staff- training</p> <p>A6-13. Appropriate set</p> <p>A6-14. Champion designated</p> <p>A6-15. Champion responsibility</p> <p>A6-16. Team debrief</p>	<p>Variables allow CDC to assess the extent to which several contextual factors may affect EBI implementation within clinics.</p>

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ACRONYMS

CCDE: CRC clinic data elements

CRC: Colorectal Cancer

CRCCP: Colorectal Cancer Control Program

EBI: Evidence-based intervention

EHR: Electronic health record

MOU: Memorandum of understanding

NOFO: Notice of funding opportunity

SA: Supporting activity

TA: Technical assistance