ATTACHMENT 4a: CRCCP Annual Grantee Survey (Screenshots)

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WELCOME

Colorectal Cancer Control Program (CRCCP) Annual Awardee Survey 2021

The Centers for Disease Control and Prevention (CDC), Division of Cancer Prevention and Control (DCPC) is assessing how DP20-2002 grantees implement the Colorectal Cancer Control Program (CRCCP). This survey asks about your program implementation during program year 1 (PY1), the time period **July 1, 2020 through June 30, 2021.**

The aim of this data collection is to better understand how you are supporting the implementation of your CRCCP program. Your feedback is extremely important.

We understand that over the course of the 5-year funding period, awardees will make changes to their programs. We do not expect that any program will be implementing all of these in every program year. Please respond based only on what happened as part of your program during PY1.

If you have any questions about the survey content while completing it, please contact Stephanie Melillo at 770.488.4294 or bcu6@cdc.gov or Justin Uhd at 404.718.5525 or mru7@cdc.gov. If you have technical issues in completing the survey, please contact Information Management Services, Inc. at support@crccp.org.

It should take approximately 15 minutes to complete the survey in one sitting.

Thank you for your participation.

Click here to download a PDF copy of this survey.

Click here to download a PDF copy of the orientation webinar slides.

INSTRUCTIONS AND DEFINITIONS

WHO SHOULD COMPLETE THIS DATA COLLECTION?

The person responsible for the day-to-day management of the program and/or with the most program knowledge should complete this data collection. You may also consult others as needed.

WHAT ARE EVIDENCE-BASED INTERVENTIONS (EBIs)?

Evidence-based interventions (EBIs) are the four strategies recommended by the Community Preventive Services Task Force (CPSTF) and prioritized by the CRCCP as outlined in DP20-2002. They include:

Provider Assessment and Feedback	Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback). Feedback may describe the performance of a group of providers or an individual provider, and may be compared with a goal or standard.
Provider Reminders	Reminders inform healthcare providers it is time for a client's cancer screening test or that the client is overdue for screening. The reminders can be provided in different ways, such as client charts or by e-mail.
Reducing Structural Barriers	Structural barriers are noneconomic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by reducing time or distance between service delivery settings and target populations, modifying hours of service to meet client needs, offering services in alternative or non-clinical settings or eliminating or simplifying administrative procedures and other obstacles.
Patient Reminders	Patient reminders are written (letter, postcard, e-mail) or telephonic messages (including automated messages) advising people that they are due for screening. Reminder messages may be tailored or untailored to specific individuals or audiences.

SECTION 1: RESPONDENT INFORMATION

1. With which CRCCP program are you affiliated?

Please choose... ⌄

2. What is your current position with the CRCCP program?
ⓘ Check all that apply

☐ Program director (the primary contact for the CRCCP cooperative agreement)

☐ Program manager/coordinator (the day-to-day manager for the CRCCP)

☐ Other: _____

SECTION 2: PROGRAM MANAGEMENT

1. Please list the amount of Federal, State, Tribal, non-profit, university and other supplemental funding that supported your CRCCP program in PY1. Please pro-rate funding if needed to associate with PY1, July 1, 2020 – June 30, 2021. Do not include in-kind resources.

ⓘ Your answer must be an integer between 0 and 99999999.   Enter '0' if funding was not received (for *any* of the six options below, including Other).

Federal (Do **not** include funds received from CDC through DP15-1502 CRCCP) $ [_____] .00

State $ [_____] .00

Tribal $ [_____] .00

Non-profit (e.g., American Cancer Society, LIVESTRONG) $ [_____] .00

University (e.g., other grant funds, internal university funds) $ [_____] .00

Other funding sources (please specify) $ [_____] .00

1a. Other funding sources (please specify)

[_____]

2. How much CRCCP funding, in total, did you provide to partner health systems/clinics to support follow-up colonoscopies in the event of abnormal screening test results?

ⓘ Your answer must be an integer between 0 and 99999999.   Enter '0' if funding was not received.

$ [_____] .00

SECTION 3: ASSESSMENT

1. Awardees are required to conduct an implementation readiness assessment of clinics where EBIs will be implemented. Does your program have an established process or standard approach to assessing the implementation readiness of primary care clinics (e.g., standard approach to using the implementation readiness assessment tool created by CDC or a similar tool)?

○ Yes

○ No

2. Which of the following activities are included in this established process or standard approach to assessing clinic implementation readiness?

ℹ **Check all that apply**

☐ Determine how the clinic calculates CRC screening rates

☐ Assess capacity of electronic health record [EHR] system to generate a clinic-level CRC screening rate

☐ Assess whether the EHR-generated CRC screening rate is validated through manual record review

☐ Assess the capacity of the EHR system to support implementation of multiple EBIs (e.g., provider reminders, patient reminders)

☐ Assess EHR system for data capture problems (e.g., proper recording of FIT kit distribution, complete screening results, endoscopy referrals)

☐ Map process or workflow of the CRC screening process within the clinic

☐ Determine how and where CRC screening test information is recorded

☐ Assess implementation quality of EBIs currently in place at the clinic

☐ Assess clinic resources and capacity available to support EBI implementation

☐ Assess training needs of clinic staff (e.g., knowledge of CRC screening options, proper documentation of CRC screening information in EHR, knowledge of EBIs)

☐ Assess whether there is a clinic champion for CRC screening

☐ Assess leadership support for CRC screening and implementation of EBIs

☐ Other (please describe): [   ]

SECTION 4: DATA MANAGEMENT

1. Who collects the clinic data for your program?

🛈 **Check all that apply**

☐ Awardee staff go to the clinics or health systems to collect the clinic data

☐ Awardee staff has direct electronic access to the clinic's data

☐ A contracted partner (e.g., Primary Care Association) goes to the clinics or health systems to collect the data

☐ Clinics or health systems collect and report the data (either to the awardee or to a contracted partner)

2. How do you ensure high quality clinic data are collected and reported to CDC? Note: "we" includes awardee staff and/or any subcontractors/partners that act on your behalf.

🛈 **Check all that apply**

☐ We visit the clinics to conduct data quality checks

☐ We provide training on how to collect and report clinic data

☐ We provide the clinics with CDC data collection forms (or our own data collection forms) to support standardized clinic data collection

☐ We have an electronic data reporting system that has built in data validation and other checks to improve data quality

☐ We provide the clinics with the CDC data dictionary

☐ We provide the clinics with the Guide to Measuring Breast, Cervical, and Colorectal Cancer Screening Rates

☐ We provide technical support to clinics on improving data capture in their EHRs

☐ We provide technical support to clinics to support improved calculation of clinic screening rates

☐ We require clinics to periodically validate EHR-generated CRC screening rates with a chart review

☐ We review the data prior to submitting it to CDC to assess data quality (missing fields, inconsistencies)

☐ Other (please describe): [   ]

SECTION 5: TECHNICAL ASSISTANCE

1. Do you follow an established process or standard approach to deliver technical assistance for implementing EBIs to your clinics?

- ◯ Yes
- ◯ No

2. Which of the following activities are included in your established process or standard approach to providing ongoing technical assistance for implementing EBIs to clinics?

ⓘ Check all that apply

- ☐ Providing technical assistance (TA) and support to clinic quality improvement teams
- ☐ Providing TA and support to clinic champions
- ☐ Coordinating clinic to clinic learning collaboratives
- ☐ Conducting site visits at regular and defined intervals
- ☐ Conducting site visits on an as-needed basis
- ☐ Conducting technical assistance calls at regular and defined intervals
- ☐ Conducting conference calls on an as-needed basis
- ☐ Requiring clinic staff attend specified training or conferences
- ☐ Other (please describe): _____

Section 5, continued

3. On a scale of 1-4 with 1 being "used, but not helpful", 2 being "somewhat helpful", 3 being "helpful", and 4 being "very helpful," how useful did you find the following TA resources in PY1? If you did not use the resource in PY1, please select "did not use."

TA Resources	Did not use	Used, but not helpful	Somewhat helpful	Helpful	Very helpful
Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics: Guidance Document	○	○	○	○	○
Clinic data collection forms	○	○	○	○	○
Clinic Data Dictionary	○	○	○	○	○
Clinic Data Spotlights	○	○	○	○	○
Clinic data reports in the Colorectal Baseline and Annual Reporting System (CBARS)	○	○	○	○	○
Clinic implementation readiness assessment tool	○	○	○	○	○
Evaluation Planning Guidance Document	○	○	○	○	○
CDC CRCCP DP20-2002 Program Manual	○	○	○	○	○
CDC CRCCP DP20-2002 Program Manual Part II: Evaluation and Performance Measurement	○	○	○	○	○
EBI Planning Guides (EPGs)	○	○	○	○	○
Quick Guide to Planning and Implementing Selected Activities to Increase Breast, Cervical, and Colorectal Cancer Screening	○	○	○	○	○
State Maps with county-level CRC screening estimates	○	○	○	○	○
CRCCP Evaluation Listserv	○	○	○	○	○
TA provided by CDC Program Consultants	○	○	○	○	○
TA provided by CDC Evaluation Team	○	○	○	○	○
TA provided by CDC's Office of Financial Resources (OFR)	○	○	○	○	○

SECTION 6: PARTNERSHIPS

1. Please list the number of partners (up to ten) that assist your CRCCP in providing TA to your clinics in PY1. Partners can include both those that you fund (e.g., contract) and those that collaborate with your program but are not funded by you to do so.

❶ Your answer must be between 0 and 10
❶ Only an integer value may be entered in this field.

[   ]

2. What is the name of partner #1 that assists your CRCCP in providing TA to your clinics in PY1.

[   ]

3. Please list the amount of funding (if any) that you provided partner #1 in PY1.

❶ Your answer must be an integer between 0 and 99999999.   Enter '0' if funding was not provided.

$ [   ] .00

4. Did you have a contract or Memorandum of Understanding (MOU) with partner #1 in PY1?

○ Yes
○ No

Section 6, continued

5. Which of the following activities did partner #1 conduct in PY1?

ⓘ Check all that apply

- ☐ Conduct implementation readiness assessment
- ☐ Improve EHRs for screening rate measurement
- ☐ Provide TA for QI efforts to support EBI implementation
- ☐ Provide TA for EBI implementation
- ☐ Collect clinic data
- ☐ Evaluation
- ☐ Other (please describe): _____

Questions 2-5 above are repeated for additional partners as entered in question 1 above

SECTION 7: COVID-19

1. Please indicate the number of CRCCP-funded staff (up to ten) deployed to assist on the COVID-19 response during PY1.

❶ Your answer must be between 0 and 10
❶ Only an integer value may be entered in this field.

[ ]

2. What is the position of staff person #1 deployed to assist on the COVID-19 response during PY1.

[ ]

3. What percentage of FTE time does staff person #1 spend on CRCCP grant funds (e.g., 50%, 100%)?

❶ Please enter an integer between 1 and 100.   If you do not know the percentage, enter 'UNK'.

Percentage of FTE time on CRCCP grant funds   [ ] %

4. What percentage of FTE time did staff person #1 spend deployed (e.g., 50%, 100%)?

❶ Please enter an integer between 1 and 100.   If you do not know the percentage, enter 'UNK'.

Percentage of FTE time deployed   [ ] %

Section 7, continued

5. What was the length of time staff person #1 was deployed in weeks?

❶ Only numbers may be entered in this field.
❶ Your answer must be at least 1

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[                    ]  weeks
```

Questions 2-5 above are repeated for additional staff as entered in question 1 above

42. Were any CRCCP-funded staff furloughed due to state/organizational budget shortfalls resulting from COVID-19 during PY1?

○ Yes
○ No

42a. Earliest date a CRCCP-funded staff member was furloughed.

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[                    ]  📅
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Format: yyyy-mm-dd

42b. Latest date a CRCCP-funded staff member was furloughed.

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[                    ]  📅
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Format: yyyy-mm-dd

42c. Describe the extent of the furlough.

Days per month: [   ]

Other (Specify):   [   ]

Section 7, continued

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43. Given COVID-19, did your CRCCP program temporarily stop working with any of your partner clinics that implement evidence-based interventions (EBIs) during PY1 (e.g., temporarily stopped providing TA to these clinics)?

○ Yes

○ No

43a. How many of your partner clinics did you stop working with due to COVID-19 during PY1?

ℹ **Choose one of the following answers**

○ Some

○ All

○ Do not know

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44. During PY1, did your CRCCP program provide assistance to your EBI partner clinics as they planned and/or began to "restart" routine clinical care?

☐ Yes (please describe) [   ]

☐ No

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45. Are there other ways that your CRCCP program was affected by COVID-19 in PY1?

☐ Yes (please describe) [   ]

☐ No

ATTENTION: You have reached the end of the question and answer portion of the survey. Clicking on "Next" will take you to the "Review Answers & Submit" section where you will be permitted to review your responses before finalizing them.

Your responses will be analyzed to check for missing data. If missing data are found you will be asked to revisit the sections/questions identified and make changes before submitting your responses. You will not be able to submit your answers until all of the issues identified have been resolved and you have certified your answers.

Please be aware, however, that once you certify your answers and submit your survey you WILL NOT be allowed to edit these, nor any other, responses.