

Attachment 5b:

Colorectal Cancer Control Program (CRCCP)

Clinic Data Dictionary

Public reporting burden of this collection of information is estimated to average **50 minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-XXXX).

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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CRCCP Clinic Data Dictionary (NOFO DP20-2002)

Contents

Part I: Partner and Record Identifiers

Part II: Baseline and Annual Record Data Items

Section 1. Baseline and Annual Clinic CRCCP Activity and Status

Section 2. Baseline and Annual Health System and Clinic Characteristics and Clinic Patient Population

Section 3. Baseline and Annual CRC Screening Rates and Practices

- Screening Rate Status
- Chart Review (CR) Screening Rates
- Electronic Health Records (EHR) Screening Rates
- CRC Screening Practices and Outcomes

Section 4. Baseline and Annual Monitoring and Quality Improvement Activities

Section 5. Baseline and Annual Evidence-based Interventions (EBIs) and Other Clinic Activities

- 5-1: EBI-Patient Reminder System
- 5-2: EBI-Provider Reminder System
- 5-3: EBI-Provider Assessment and Feedback
- 5-4: EBI-Reducing Structural Barriers
- 5-5: Small Media
- 5-6: Patient Navigation

Section 6. Annual Implementation Factors

Section 7. Other Baseline and Annual Colorectal Cancer Activities and Comments

Data Collection Notes:

- Baseline data are required for all clinics participating in CRCCP- NOFO DP20-2002.
- For clinics enrolled during the previous CRCCP funding period (NOFO DP15-1502) and still active, awardees must re-submit baseline data using the clinic's NOFO DP15-1502 program year 5 reported screening rates as the current baseline screening rates.
- For new clinics, baseline data are reported when new clinics are enrolled to participate in CRCCP activities and reflect activities prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).

	START DATE	END DATE
PY 1	JULY 1, 2020	JUNE 30, 2021
PY 2	JULY 1, 2021	JUNE 30, 2022
PY 3	JULY 1, 2022	JUNE 30, 2023
PY 4	JULY 1, 2023	JUNE 30, 2024
PY 5	JULY 1, 2024	JUNE 30, 2025

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Part I. Partner and Record Identifiers

Identifying information for the partner clinic and health system.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
P1	R	B	Grantee code	<p>Baseline Record: Two-character Grantee Code (assigned by CDC)</p> <p>Annual Record: N/A</p>	List	TBD- 2-digit code
P2	R	B	Clinic Enrollment NOFO	<p>Baseline Record: Indicates the NOFO during which the clinic was first enrolled into CRCCP.</p> <p>Identifies the clinic as new to CRCCP and newly enrolled during NOFO DP20-2002 or if the clinic was recruited prior to this funding cycle and is continuing from NOFO DP15-1502 and if so, its status at the end of DP15-1502.</p> <p><input type="checkbox"/> DP20-2002: Clinic is new to CRCCP (did not participate in NOFO DP151502. <input type="checkbox"/> DP15-1502 never terminated: Clinic is continuing on from NOFO DP15-1502 (never terminated) <input type="checkbox"/> DP15-1502 previously terminated: Clinic enrolled during NOFO DP15-1502 but ended CRCCP participation during that NOFO and is being re-enrolled into CRCCP as part of DP20-2002.</p> <p>If unknown, select DP20-2002.</p> <p>Annual Record: N/A</p>	List	<input type="checkbox"/> DP20-2002 <input type="checkbox"/> DP15-1502 never terminated <input type="checkbox"/> DP15-1502 previously terminated

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P3	R	B	CRCCP Partner Entity	<p>Baseline Record: Indicates the organizational level of the partner entity working with the grantee to implement CRC EBIs and associated population used for calculating screening rates.</p> <p>Clinic partnerships are the preferred action. When reporting clinic-level data, the clinic/grantee must report clinic-specific screening rates and population counts (not health system rates and counts).</p> <p>To report Health System-level data, <u>you must have approval from CDC's Evaluation Team before enrolling the Health System.</u></p> <p>In addition, four criteria <u>must</u> be met:</p> <ol style="list-style-type: none"> 1. All Clinics within the health system must be participating in CRCCP. 2. The same EBIs must be implemented uniformly across ALL clinics within the health system 3. The reported screening rate and population counts must be Health System-wide for ALL eligible patients at all clinics within the health system. 4. Data for any individual clinic within the health system must not be reported separately. Thus, you will have only one record reported for the entire health system in CBARS. Within the record, information at the health system level will be reported for both the Health System and the individual Clinic fields. Contact CDC's evaluation team for help with reporting these data. <p>Annual Record: N/A</p>	List	<input type="checkbox"/> Clinic <input type="checkbox"/> Health System <input type="checkbox"/> Other (specify below)
P3a	R	B	Other Partner Entity specify	<p>Baseline Record: If other partner, provide description</p> <p>Annual Record: N/A</p>	Char	Free text 200 Char limit

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P4	R	B	Partner Type	<p>Baseline Record: Organizational classification of partner clinic/health system.</p> <ul style="list-style-type: none"> ▪ 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. <p>Annual Record: N/A</p>	List	<input type="checkbox"/> CHC/FQHC <input type="checkbox"/> Health system/Hospital owned <input type="checkbox"/> Private/Physician owned <input type="checkbox"/> Health department <input type="checkbox"/> Tribal health <input type="checkbox"/> Primary Care Facility (non-CHC/FQHC) <input type="checkbox"/> Other
P5	R	B	Initial Partner Agreement	<p>Baseline Record: The initial type of formal agreement the grantee made with the partner health system and/or clinic for CRCCP activities.</p> <p>Annual Record: N/A</p>	List	<input type="checkbox"/> MOU/MOA <input type="checkbox"/> Contract <input type="checkbox"/> Other <input type="checkbox"/> None
P6	R	B	Date of Initial Partner Agreement	<p>Baseline Record: The original date the formal agreement was finalized between the grantee and partner clinic or health system for CRCCP activities.</p> <p>Annual Record: N/A</p>	Date	MM/DD/YYYY
HS1	R	B	Health system name	<p>Baseline Record: Name of the partner health system under which the clinic (intervention/partner site) operates.</p> <p>Annual Record: N/A</p>	Char	Free text 100 Char limit

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HS2	R	B	Health system ID	<p>Baseline Record: 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.</p> <ul style="list-style-type: none"> ▪ If this health system was recruited during NOFO DP15-1502, continue to use the existing three-digit health system ID that was assigned during NOFO DP15-1502 ▪ If this is a clinic where CDC's NBCCEDP breast and/or cervical cancer activities are also being implemented, we encourage using the same three-digit health system identification code assigned by the NBCCEDP staff. Contact the NBCCEDP staff in your state for a list of clinics participating in the NBCCEDP. <p>Annual Record: N/A</p>	Num	001-999
HS3	R	B	HS Street	<p>Baseline Record: Street address for the partner health system. If the street address is more than two lines, use a comma for separation.</p> <p>Annual Record: N/A</p>	Char	Free text 100 Char limit
HS4	R	B	HS City	<p>Baseline Record: City of the partner health system.</p> <p>Annual Record: N/A</p>	Char	Free text 50 Char limit
HS5	R	B	HS State	<p>Baseline Record: Two-letter state or territory postal code for the partner health system.</p> <p>Annual Record: N/A</p>	List	Various
HS6	R	B	HS zip code	<p>Baseline Record: 5-digit zip code for the partner health system.</p> <p>Annual Record: N/A</p>	Num	00001-99999

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HS7	R	B	HS County	<p>Baseline Record: County where the primary administrative office of the health system is located</p> <p>Annual Record: N/A</p>	Char	Free text 100 char limit
CL1	R	B	Clinic name	<p>Baseline Record: Name of the partner health clinic (intervention site).</p> <ul style="list-style-type: none"> ▪ If the partner is a health system (item P3 is "Health System") then re-enter the Health System information as the clinic name <p>Annual Record: N/A</p>	Char	Free text 100 Char limit
CL2	R	B	Clinic ID	<p>Baseline Record: Unique three-digit identification code for the partner clinic assigned by the grantee. Start with "001" and continue assigning numbers sequentially as health system partnerships are established.</p> <ul style="list-style-type: none"> ▪ If this clinic was recruited during NOFO DP15-1502, continue to use the existing 3-digit clinic ID that was assigned during NOFO DP15-1502 ▪ If this is a clinic where CDC's NBCCEDP breast and/or cervical cancer activities are also being implemented, we encourage using the same three-digit clinic identification code assigned by the NBCCEDP staff. Contact the NBCCEDP staff in your state for a list of clinics participating in the NBCCEDP. <p>Annual Record: N/A</p>	Num	001-999
CL3	R	B	Clinic Street	<p>Baseline Record: Street address for the partner clinic. If the street address is more than two lines, use a comma for separation.</p> <ul style="list-style-type: none"> ▪ If the partner is a health system (item P3 is "Health System") then re-enter the Health System information as the clinic name <p>Annual Record: N/A</p>	Char	Free text 100 Char limit

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CL4	R	B	Clinic City	Baseline Record: City of the partner clinic. <ul style="list-style-type: none"> If the partner is a health system (item P3 is "Health System") then re-enter the Health System information as the clinic name Annual Record: N/A	Char	Free text 50 Char limit
CL5	R	B	Clinic State	Baseline Record: Two-letter state or territory postal code for the partner clinic. <ul style="list-style-type: none"> If the partner is a health system (item P3 is "Health System") then re-enter the Health System information as the clinic name Annual Record: N/A	List	Various
CL6	R	B	Clinic zip code	Baseline Record: 5-digit zip code for the partner clinic. <ul style="list-style-type: none"> If the partner is a health system (item P3 is "Health System") then re-enter the Health System information as the clinic name Annual Record: N/A	Num	00001-99999
CL7	R	B	Clinic County	Baseline Record: County where the clinic is located <ul style="list-style-type: none"> If the partner is a health system (item P3 is "Health System") then re-enter the Health System information as the clinic name Annual Record: N/A	Char	Free text 100 char limit
P7	O	B	Part 1 Comments	Optional comments for Part 1.	Char	Free text 200 Char limit

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Part II. Baseline and Annual Record Data Items

Section 1. Baseline and Annual Clinic CRCCP Activity and Status

If the partner is a health system (P3=" Health System") then clinic data reported must represent the entire Health System

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B1-1	R	B	Clinic CRCCP Activities Start Date	<p>Baseline Record: Indicates the date the clinic (or health system if reporting health system-level data) began actively implementing CRCCP [NOFO DP20-2002] activities.</p> <p>Enter the date that the clinic started implementing CRCCP program activities to increase clinic-level colorectal cancer screening rates. Activities can include:</p> <ul style="list-style-type: none"> ▪ Enhancing existing EBIs ▪ Implementing new CRCCP EBI activities ▪ Conducting quality improvement activities to increase CRC screening rates such as: <ul style="list-style-type: none"> ○ Improving the quality of EHR screening data to produce an accurate CRC screening rate, integrate patient and provider reminder systems, or produce feedback reports; ○ Process mapping to identify areas where CRC screening can best be promoted or implemented; ○ Other activities that improve service delivery in ways to increase CRC screening. <p>▪ Note: For clinics enrolled during the previous CRCCP funding period (NOFO DP15-1502), grantees must re-submit baseline data using the clinic's NOFO DP15-1502, PY5 screening rates for NOFO 20-2002 baseline screening rates. In such cases, the same 12-month screening rate measurement period and the same screening rate measure (e.g., UDS) must be used for reporting under DP20-2002.</p> <p>For active clinics continuing from NOFO DP15-1502, (item P2, Clinic Enrollment NOFO is "DP15-1502 not terminated") the clinic CRCCP activities start date will be automatically entered by CBARS as 07/01/2020.</p> <p>Annual Record: N/A</p>	Date	MM/DD/YYYY
B1-2	Comp	B	Baseline PY	<p>Baseline Record: Baseline PY (based on activities start date) - auto-calculated based on start date (item, B1-1)</p> <p>Annual Record: N/A</p>	List	<input type="checkbox"/> CRCCP 2020-2002-py1 <input type="checkbox"/> CRCCP 2020-2002-py2 <input type="checkbox"/> CRCCP 2020-2002-py3 <input type="checkbox"/> CRCCP 2020-2002-py4 <input type="checkbox"/> CRCCP 2020-2002-py5

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A1-1	Comp	A	Annual Report Period	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates the reporting period represented in the data submission</p> <ul style="list-style-type: none"> ▪ Annual data are reported at the end of each CRCCP program year (PY) and reflect activities conducted during that completed program year. Select the PY that matches the data that are being reported. ▪ Screening rates reported at baseline and annually use a consistent 12-month measurement period that may be different from the CRCCP PY. 	List	<input type="checkbox"/> CRCCP 2020-2002-py1 <input type="checkbox"/> CRCCP 2020-2002-py2 <input type="checkbox"/> CRCCP 2020-2002-py3 <input type="checkbox"/> CRCCP 2020-2002-py4 <input type="checkbox"/> CRCCP 2020-2002-py5

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A1-2	R	A	Annual Partner Status	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates the status of CRCCP supported colorectal cancer EBI implementation and screening rate monitoring activities at this clinic during the program year. Select only one response.</p> <ul style="list-style-type: none"> ▪ Active: Grantee actively worked with the clinic to 1) plan and/or implement CRCCP colorectal cancer EBI activities and 2) monitor the colorectal cancer screening rate. If any CRCCP activities were planned or conducted at any point during the PY with support from the grantee, enter “Active”. ▪ Monitoring: Grantee did not provide CRCCP colorectal cancer EBI planning or implementation support (no active technical assistance provided) to the clinic during the PY but continued to monitor its screening rate and EBI implementation. ▪ Suspended: Partnership with the clinic was temporarily stopped for the PY with no CRCCP EBI colorectal cancer planning or implementation or screening rate monitoring activities conducted during any time of this PY, but the clinic intends to resume CRCCP EBI activities at some time before the end of the current cooperative agreement. <ul style="list-style-type: none"> ○ Note: If any CRCCP activities were conducted during the PY, enter “Active” and submit a full annual record for this PY. Only use the response “Suspended” if CRCCP implementation was halted for the full year. ▪ Terminated: Partnership with the clinic has ended with no CRCCP colorectal cancer EBI implementation or screening rate monitoring activities conducted during the PY or planned through the end of the cooperative agreement. <ul style="list-style-type: none"> ○ Note: If any CRCCP activities were conducted during the PY, enter “Active” and submit a full annual record for this PY. Only use the response “Terminated” if CRCCP implementation was terminated for the full year. <p><i>If active or monitoring, skip to Section 2</i> *Full annual record required for active or monitoring</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> Monitoring</p> <p><input type="checkbox"/> Suspended</p> <p><input type="checkbox"/> Terminated</p>
A1-2a	R	A	Suspension/Termination date	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates the date when the clinic partnership for CRCCP colorectal cancer EBI activities and screening rate monitoring activities were suspended or terminated. If the day is unknown use “15”</p>	Date	MM/DD/YYYY

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A1-2b	R	A	Reason for suspension or termination	<p>Baseline Record: N/A</p> <p>Annual Record: Reason(s) that CRCCP colorectal cancer EBI planning or implementation and screening rate monitoring activities have been suspended or terminated at the clinic.</p> <p>Select all that apply.</p>	List- Select all that apply	<p>Select all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinic implementation completed- no longer monitoring screening rates <input type="checkbox"/> Clinic non-performance <input type="checkbox"/> Clinic does not have resources/ capacity to participate <input type="checkbox"/> Clinic EHR problems or unable to collect clinic data <input type="checkbox"/> Clinic merged with another clinic <input type="checkbox"/> Clinic closed <input type="checkbox"/> Other
A1-2c	R	A	Other reason for suspension or termination	<p>Baseline Record: N/A</p> <p>Annual Record: If item A1-2b is other, please specify</p> <p><i>*End of record for partnership status (item A1-2) = suspended or terminated.</i></p>	Char	Free text 200 char limit

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COV-1	R	B&A	COVID-19 clinic closure or hours reduced	<p>Baseline Record: Indicates whether the clinic closed for an extended period (a full week or more) or reduced hours because of COVID-19 at any time during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Response option notes:</p> <ul style="list-style-type: none"> ▪ Closed= the clinic was completely closed to patients for an extended period of time (at least a full week or more) because of COVID-19. ▪ Hours reduced= the clinic was partially closed to patients for a set number of days per week or a set number of hours per day because of COVID-19. <p>If closed, specify # of weeks in item COV-2 and impact in COV-4 and COV5 If reduced hours, specify amount in item COV-3 and impact in COV-4 and COV5 If no, skip to COV-4.</p> <p>Annual Record: Indicates whether the clinic closed for an extended period (a full week or more) or reduced hours because of COVID-19 at any time during the program year (July1- June 30).</p> <p>Response option notes:</p> <ul style="list-style-type: none"> ▪ Closed= the clinic was completely closed to patients for an extended period of time (at least a full week or more) because of COVID-19. ▪ Hours reduced= the clinic was partially closed to patients for a set number of days per week or a set number of hours per day because of COVID-19. <p>If closed, specify # of weeks in item COV-2 and impact in COV-4 and COV5 If reduced hours, specify amount in item COV-3 and impact in COV-4 and COV5 If no, skip to COV-4.</p>	List – select one only	<p>Select one:</p> <p><input type="checkbox"/> Yes, closed</p> <p><input type="checkbox"/> Yes, reduced hours</p> <p><input type="checkbox"/> No, clinic did not close or reduce hours</p>
COV-2	R	B&A	COVID-19 closure amount	<p>Baseline Record: Indicates the number of weeks, in total, the clinic was closed because of COVID-19 at any time during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Annual Record: Indicates the number of weeks, in total, the clinic was closed because of COVID-19 at any time during the program year (July1- June 30).</p>		<input type="checkbox"/> #_of weeks

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COV-3	R	B&A	COVID-19 Hours reduced	<p>Baseline Record: Indicates the amount of time, in total, the clinic reduced hours because of COVID-19 at any time during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <ul style="list-style-type: none"> ▪ If the clinic reduced hours for a set amount of hours per day, provide the number of hours reduced for the entire week and the total number of weeks in which the reduction occurred during the year prior to CRCCP implementation. ▪ If the clinic reduced hours by closing for a set number of days per week, provide the number of days closed each week and the total number of weeks in which the reduction in days occurred during the year prior to CRCCP implementation. <p>Annual Record: Indicates the amount of time, in total, the clinic reduced hours because of COVID-19 at any time during the program year (July1- June 30).</p> <ul style="list-style-type: none"> ▪ If the clinic reduced hours for a set amount of hours per day, provide the number of hours reduced for the entire week and the total number of weeks in which the reduction occurred during the program year. ▪ If the clinic reduced hours by closing for a set number of days per week, provide the number of days closed each week and the total number of weeks in which the reduction in days occurred during the program year. 		<input type="checkbox"/> #_ hours each week for #_ weeks <input type="checkbox"/> #_ days per week for #_ weeks
COV-4	R	B&A	COVID-19 screening/diagnostic impact	<p>Baseline: Indicates whether COVID-19 negatively impacted the clinic's delivery of colorectal cancer screening and diagnostic services during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <ul style="list-style-type: none"> ▪ If yes, indicate how the clinic was impacted in items COV-4a through COV-4h ▪ If no, skip to COV-5 <p>Annual: Indicates whether COVID-19 negatively impacted the clinic's delivery of colorectal cancer screening and diagnostic services during the program year (July 1- June 30).</p> <ul style="list-style-type: none"> ▪ If yes, indicate how the clinic was impacted in items COV-4a through COV-4h ▪ If no, skip to COV-5 	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-4a	R	B&A	COVID-19 sick visits	Clinic visits were restricted to sick patients, with limited or no preventive care available	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-4b	R	B&A	COVID-19 high risk visits	Clinic visits were limited to patients at high risk for colorectal cancer or with symptoms for colorectal cancer	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-4c	R	B&A	COVID-19 telemed visits	Clinic visits were telehealth/telemedicine only	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-4d	R	B&A	COVID-19 no referrals for screening colo	Clinic could not refer average risk patients for screening colonoscopies due to limited availability of endoscopic services	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-4e	R	B&A	COVID-19 no referrals for follow-up colo	Clinic could not refer patients with positive or abnormal fecal test results for follow-up colonoscopies due to limited availability of endoscopic services	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

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COV-4f	R	B&A	COVID-19 pts cancelled	Patients cancelled or did not schedule appointments (e.g., due to COVID concerns)	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-4g	R	B&A	COVID-19 pts fearful	Patients fearful of getting COVID-19	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-4h	R	B&A	COVID-19 other	Other	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-4i	R	B&A	COVID-19 other specify	Other, specify	Char	Free text 200 char limit
COV-5	R	B&A	COVID-19 EBI impact	<p>Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of evidence-based interventions (EBIs) or Patient Navigation activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date). (e.g., implementation of some or all EBIs were suspended)</p> <ul style="list-style-type: none"> ▪ If yes, indicate all activities negatively impacted by COVID-19 in COV-5a through COV5-e ▪ If no, skip to COV-6 <p>Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of evidence-based interventions (EBIs) or Patient Navigation activities for colorectal cancer screening during the program year (July 1-June 30). (e.g., implementation of some or all EBIs were suspended)</p> <ul style="list-style-type: none"> ▪ If yes, indicate all activities negatively impacted by COVID-19 in COV-5a through COV=5e ▪ If no, skip to COV-6 	List	Yes <input type="checkbox"/> No
COV-5a	R	B&A	COVID-19 PTR impact	<p>Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Patient Reminder activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Patient Reminder activities for colorectal cancer screening during the program year (July 1-June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-5b	R	B&A	COVID-19 PVR impact	<p>Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Provider Reminder activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Provider Reminder activities for colorectal cancer screening during the program year (July 1-June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
COV-5c	R	B&A	COVID-19 PAF impact	<p>Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Provider Assessment and Feedback activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Provider Assessment and Feedback activities for colorectal cancer screening during the program year (July 1-June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-5d	R	B&A	COVID-19 RSB impact	<p>Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Reducing Structural Barriers activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Reducing Structural Barriers activities for colorectal cancer screening during the program year (July 1-June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-5e	R	B&A	COVID-19 PN impact	<p>Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Patient Navigation activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of Patient Navigation activities for colorectal cancer screening during the program year (July 1-June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
COV-6	O	B&A	COVID-19 Comments	Optional comments for COVID-19 Section	Char	Free text 200 char limit

Section 2. Baseline and Annual Health System and Clinic Characteristics and Clinic Patient Population

If the partner is a health system (P3=" Health System") then clinic data reported must represent the entire Health System

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-1 A2-1	R	B, A	Total # of primary care clinics in health system	<p>Baseline Record: The total number of primary health care clinics that operate under the partner health system, including those serving specific populations such as pediatric clinics, prior to beginning CRCCP activities (item B1-1: Clinic CRCCP Activities Start Date). A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices".</p> <p>Annual Record: The total number of primary health care clinics that operated under the partner health system, including those serving specific populations such as pediatric clinics <u>during the</u> program year (July 1-June 30). A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices".</p>	Num	1-9999999
B2-2 A2-2	R	B, A	Total # of primary care providers in health system	<p>Baseline Record: Total number of primary care providers who are delivering services for the parent health system prior to beginning CRCCP activities (item B1-1: Clinic CRCCP Activities Start Date).</p> <ul style="list-style-type: none"> ▪ Primary care providers include physicians (e.g., internists, family practice, OB/GYN, attending physicians, fellows and residents), nurses, nurse practitioners, and physician assistants. ▪ Do not include specialty providers in this number. ▪ Report on individuals, not full-time equivalents (FTEs). <p>Annual Record: Total number of primary care providers who were delivering services for the parent health system <u>during the</u> program year (July 1-June 30).</p> <ul style="list-style-type: none"> ▪ Primary care providers include physicians (e.g., internists, family practice, OB/GYN, attending physicians, fellows and residents) nurses, nurse practitioners, and physician assistants. ▪ Do not include specialty providers in this number. ▪ Report on individuals, not full-time equivalents (FTEs). 	Num	1-99999

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-3 A2-3	R	B, A	# of primary care providers at clinic	<p>Baseline Record: Indicates the total number of primary care providers who were delivering primary care services at the clinic prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <ul style="list-style-type: none"> ▪ Primary care providers include physicians (e.g., internists, family practice, OB/GYN attending physicians, fellows and residents), nurses, nurse practitioners, and physician assistants. ▪ Do not include specialty providers in this number. ▪ Report on individuals, not full-time equivalents (FTEs). ▪ If the partner is a health system (P3=" Health System") then re-enter the number of primary care providers at the Health System <p>Annual Record: Indicates the total number of primary care providers who were delivering primary care services at the clinic <u>during the program</u> year (July 1-June 30).</p> <ul style="list-style-type: none"> ▪ Primary care providers include physicians (e.g., internists, family practice, OB/GYN attending physicians, fellows and residents), nurses, nurse practitioners, and physician assistants. ▪ Do not include specialty providers in this number. ▪ Report on individuals, not full-time equivalents (FTEs). ▪ If the partner is a health system (P3=" Health System") then re-enter the number of primary care providers at the Health System 	Num	1-99999
B2-4 A2-4	R	B, A	Total # of clinic patients	<p>Baseline Record: The total number of clinic patients who had at least one medical visit to the clinic in the year prior to starting CRCCP.</p> <ul style="list-style-type: none"> ▪ If the partner is a health system (P3=" Health System") then re-enter the number of clinic patients at the Health System <p>Annual Record: The total number of clinic patients who had at least one medical visit to the clinic in the last complete program year (July 1-June 30).</p> <ul style="list-style-type: none"> ▪ If the partner is a health system (P3=" Health System") then re-enter the number of clinic patients at the Health System. 	Num	1-9999999

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-5 A2-5	R	B, A	Total # of clinic patients, age 50-75	<p>Baseline Record: The total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP.</p> <ul style="list-style-type: none"> If unavailable, it is acceptable to report on a similar age range used by the clinic for measuring screening rates (e.g. ages 51-74 used by FQHCs/CHCs for UDS screening rate). <p>Annual Record: The total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the last complete program year (July 1- June 30).</p> <ul style="list-style-type: none"> If unavailable, it is acceptable to report on a similar age range used by the clinic for measuring screening rates (e.g. ages 51-74 used by FQHCs/CHCs for UDS screening rate). 	Num	1-9999999
B2-5a	O	B	% of patients, age 50-75, women	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) who are women.</p> <ul style="list-style-type: none"> Report as a whole number percent. For example, enter 67 for 67%, not 0.67. Leave blank if unknown. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: N/A</p>	Num	00-100
B2-5b A2-5b	R	B, A	% of patients, age 50-75, uninsured	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) who did not have any form of public or private health insurance.</p> <ul style="list-style-type: none"> Report as a whole number percent. For example, enter 67 for 67%, not 0.67. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: The percent of the "Total # of clinic patients, 50-75 who had at least one medical visit to the clinic in the last complete program year (July 1- June 30) (item A2-5) who did not have any form of public or private health insurance.</p> <ul style="list-style-type: none"> Report as a whole number percent. For example, enter 67 for 67%, not 0.67. It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. 	Num	00-100

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-5c	O	B	% of patients, age 50-75, Hispanic	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) 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).</p> <ul style="list-style-type: none"> ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: N/A</p>	Num	00-100
B2-5d	O	B	% of patients, age 50-75, White	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) who are White/Caucasian (i.e., persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</p> <ul style="list-style-type: none"> ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: N/A</p>	Num	00-100
B2-5e	O	B	% of patients, age 50-75, Black or African American	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) who are Black or African American (i.e., persons having origins in any of the black racial groups of Africa).</p> <ul style="list-style-type: none"> ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: N/A</p>	Num	00-100

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-5f	O	B	% of patients, age 50-75, Asian	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) 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).</p> <ul style="list-style-type: none"> ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: N/A</p>	Num	00-100
B2-5g	O	B	% of patients, age 50-75, Native Hawaiian or other Pacific Islander	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) 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).</p> <ul style="list-style-type: none"> ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: N/A</p>	Num	00-100
B2-5h	O	B	% of patients, age 50-75, American Indian or Alaskan Native	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) 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).</p> <ul style="list-style-type: none"> ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: N/A</p>	Num	00-100

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-5i	O	B	% of patients, age 50-75, More than one race	<p>Baseline Record: Indicates the percent of the total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) who are of more than one race (i.e., persons having origins in two or more of the federally designated racial categories).</p> <ul style="list-style-type: none"> ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. <p>Annual Record: N/A</p>	Num	00-100
B2-6 A2-6	R	B, A	Name of primary EHR vendor at clinic	<p>Baseline Record: Indicates the primary EHR used at the clinic that was in use prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start).</p> <p>Annual Record: Indicates the primary EHR that was in use at the clinic during the program year (July 1-June 30).</p>	List	<input type="checkbox"/> Allscripts <input type="checkbox"/> Athenahealth <input type="checkbox"/> Cerner <input type="checkbox"/> eClinicalWorks <input type="checkbox"/> Epic <input type="checkbox"/> GE Healthcare <input type="checkbox"/> Greenway Health <input type="checkbox"/> Kareo <input type="checkbox"/> McKesson <input type="checkbox"/> Meditech <input type="checkbox"/> NextGen (Quality Systems, Inc.) <input type="checkbox"/> Practice Fusion <input type="checkbox"/> Other <input type="checkbox"/> None
B2-6a A2-6a	R	B, A	Other EHR, specify	<p>Baseline Record: Name of the 'other' electronic health record vendor(s) used by the clinic.</p> <p>Annual Record: Name of the 'other' electronic health record vendor(s) used by the clinic during the program year (July 1-June 30).</p>	Char	Free text 100 Char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-7 A2-7	R	B, A	Primary EHR home	<p>Level of EHR implementation and functionality: EHR system unique to the clinic versus health-system wide EHR system shared by all clinics.</p> <p>Baseline Record: Indicates the breadth and functionality of the clinic EHR system that was in use prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start).</p> <p>Annual Record: Indicates the breadth and functionality of the primary EHR system that was in use at the clinic during the program year (July 1-June 30).</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> EHR specific to the clinic</p> <p><input type="checkbox"/> Health system wide EHR</p> <p><input type="checkbox"/> Other: _____</p>
B2-7a A2-7a	R	B, A	Other EHR home specify	Specify other EHR home	Char	Free text 100 Char limit
B2-8	R	B	Newly screening or opened	<p>Baseline Record: Identifies clinics that have recently started providing colorectal cancer screening services and/or are newly opened prior to time of the Clinic CRCCP Activities Start Date (item B1-1).</p> <ul style="list-style-type: none"> ▪ Recently started providing colorectal cancer screening services: clinic has started providing colorectal cancer screening within 1 year of the Clinic CRCCP Colorectal Activities Start Date (item B1-1). ▪ Newly opened clinic: clinic has been in operation for less than 1 year at the time of Clinic CRCCP Colorectal Activities Start Date (itemB1-1). <p>If yes (<1 year), do not report baseline screening rates or baseline screening practices and outcomes (items</p> <p>Annual Record: N/A</p>	List	<p><input type="checkbox"/> Yes (< 1 year)</p> <p><input type="checkbox"/> No (1 or more years)</p>
B2-9 A2-9	O	B, A	Section 2 Comments	Optional comments for section 2	Char	Free text 200 char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Section 3. Baseline and Annual CRC Screening Rates and Practices

If the partner is a health system (P3=" Health System") then clinic data reported must represent the entire Health System

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-1 A3-1	R	B, A	Rate Status	<p>Baseline Record: Indicates the availability of baseline CRC screening rate data and associated information on data sources/approach for calculating the screening rates are available.</p> <ul style="list-style-type: none"> ▪ If "Chart review rate only" skip to B3-4a and skip EHR section. ▪ If "EHR rate only" skip to B3-5a (skip CR section). ▪ If "Both Chart Review rate and EHR rate", skip to B3-4a and complete both the CR section (B3-4a to B3-4l) and the EHR rate section (B3-5a to B3-5l). ▪ If "No, not yet available" go to B3-1a and enter date available and then skip to B3-6 CRC Screening Practices and Outcomes. ▪ If "No, cannot obtain" skip to B3-6 CRC Screening Practices and Outcomes. ▪ If "No, Newly opened/screening clinic" skip to Section 4, item B4-1. <p>*Clinics that have recently started colorectal cancer screening and/or are newly opened (item 3p) will not report a baseline screening rate or answer the remaining Section 3 questions.</p> <p>Annual Record: Indicates the availability of annual CRC screening rate data and associated information on data sources/approach for calculating the screening rates are available.</p> <ul style="list-style-type: none"> ▪ If "Yes, chart review rate only" skip to A3-4a and skip EHR section. ▪ If "Yes, EHR rate only" skip to A3-5a (skip CR section). ▪ If "Yes, both Chart Review rate and EHR rate", skip to A3-4a and complete both the CR section (A3-4a to A3-4l) and the EHR rate section (A3-5a to A3-5l). ▪ If "No, not yet available" go to A3-1a and enter date available and then skip to B3-6 CRC Screening Practices and Outcomes. ▪ If "No, cannot obtain" skip to A3-6 CRC Screening Practices and Outcomes. 	List Select one	<p>Baseline <i>Select one:</i></p> <p><input type="checkbox"/> Chart Review rate only <input type="checkbox"/> EHR rate only <input type="checkbox"/> Both Chart Review and EHR Rate <input type="checkbox"/> No, not yet available <input type="checkbox"/> No, cannot obtain <input type="checkbox"/> No, Newly opened/screening clinic</p> <p>Annual <i>Select one:</i></p> <p><input type="checkbox"/> Yes, Chart Review rate only <input type="checkbox"/> Yes, EHR rate only <input type="checkbox"/> Yes, Both Chart Review and EHR Rate <input type="checkbox"/> No, not yet available <input type="checkbox"/> No, cannot obtain</p>

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-1a A3-1a	R	B, A	Screening rate date available	<p>Baseline Record: If a baseline screening rate is not yet available, provide the approximate date that the screening rate will be available. <i>skip to B3-6</i></p> <p>Annual Record: If an annual screening rate cannot be obtained or is not yet available when submitting the annual clinic data, provide the approximate date that the screening rate will be available. <i>skip to A3-6</i></p>	Date	MM/DD/YYYY
B3-2 A3-2	R	B, A	Start date of 12-month measurement SR period	<p>Baseline Record: The start date of the 12-month screening rate measurement period used to calculate the clinic's baseline CRC screening rate. The 12-month measurement period does not need to coincide with the program year. Any 12-month period may be used as the measurement period.</p> <ul style="list-style-type: none"> ▪ The measurement period for the baseline screening rate should be the most recent 12-month measurement period prior to implementation of CRCCP activities (Item B1-1: Clinic CRCCP Activities Start Date). ▪ Note that the date that implementation activities started (Item BC1-1: Clinic CRCCP Activities Start Date) must be after the end of the baseline 12-month measurement period. <p>This same 12-month measurement period must be used for reporting subsequent annual colorectal cancer screening rates for this clinic.</p> <p>Annual Record: The start date of the annual colorectal cancer screening rate 12-month measurement period.</p> <ul style="list-style-type: none"> ▪ The 12-month measurement period for all annual records for this clinic should be consistent over time and match that used for the baseline screening rate. ▪ Measurement periods, starting with the baseline measurement period, should represent consecutive years. For example, if the baseline measurement period was 01/01/2019- 12/31/2019, then the first annual screening rate measurement period should be 01/01/2020 - 12/31/2020. <p>The first annual measurement period (year 1 for the clinic) should include the date that implementation activities started (Item BC1-1: Clinic CRCCP Activities Start Date).</p>	Date	MM/DD/YYYY

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-3 A3-3	comp	B, A	End date of 12-month measurement period	<p>Baseline Record: This date will be automatically calculated from the 12-month start date.</p> <p>Indicates the end date of the 12-month measurement period used to calculate the clinic's baseline CRC screening rate.</p> <ul style="list-style-type: none"> The measurement period for the baseline screening rate should be the most recent 12-month measurement period available prior to implementation of CRCCP activities (Item BC1-1: Clinic CRCCP Activities Start Date). This same 12-month measurement period must be used for reporting subsequent annual colorectal cancer screening rates for this clinic. <p>Annual Record: Indicates the end date of the annual colorectal cancer screening rate 12-month measurement period.</p> <ul style="list-style-type: none"> The 12-month measurement period for all annual records for this clinic should be consistent over time and match that used for the baseline screening rate. Measurement periods, starting with the baseline measurement period, should represent consecutive years. For example, if the baseline measurement period was 01/01/2019 - 12/31/2019, then the first annual screening rate measurement period should be 01/01/2020 - 12/31/2020. 	Date	MM/DD/YYYY
Chart Review (CR) Screening Rates ***This section should be skipped at baseline for clinics that are newly screening or newly opened***						
B3-4a A3-4a	comp	B, A	CR Screening rate (%)	<p>Baseline Record: This rate will be automatically computed by the data system using the numerator and denominator reported below.</p> <p>*Clinics that have recently started colorectal cancer screening and/or are newly opened (item 3p) will not report a baseline screening rate.</p> <p>Annual Record: This rate will be automatically computed by the data system using the numerator and denominator reported below.</p>	Num	00-100
B3-4b A3-4b	R	B, A	CR Numerator screening rate numerator	<p>Baseline Record: Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>.</p> <p>Annual Record: Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>.</p>	Num	0-999999

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-4c A3-4c	R	B, A	CR screening rate denominator	<p>Baseline Record: Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>.</p> <p>Annual Record: Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>.</p>	Num	1-9999999
B3-4d A3-4d	R	B, A	Measure used	<p>Baseline Record: Indicates the measure that was used to calculate the numerator and denominator for the clinic's colorectal cancer screening rate.</p> <ul style="list-style-type: none"> ▪ If an existing measure (e.g., UDS, HEDIS, GPRA) was not used, the <i>CDC Guidance for Measuring Breast, Cervical, and 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. <p>The same measure reported at baseline must be used for reporting subsequent annual colorectal cancer screening rates for this clinic.</p> <p>Annual Record: If an existing measure (e.g. UDS, HEDIS, GPRA) was not used, the <i>CDC Guidance for Measuring Breast, Cervical, and 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.</p> <p>The same measure reported at baseline must be used for reporting subsequent annual colorectal cancer screening rates for this clinic.</p>	List	<p>Select one:</p> <p><input type="checkbox"/> GPRA</p> <p><input type="checkbox"/> HEDIS</p> <p><input type="checkbox"/> NQF</p> <p><input type="checkbox"/> UDS</p> <p><input type="checkbox"/> Other</p>

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-4e A3-4e	Comp	B, A	% of charts reviewed to calculate screening rate	<p>Baseline Record: Indicates the percent of medical charts that were reviewed for adults, ages 50-75, who 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. If using the UDS measure, a minimum of 70 charts should be reviewed. See <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>.</p> <p>Field will be auto-calculated using the provided screening rate denominator (item B3-4c) and the total # of clinic patients, age 50-75 (item B2-5) reported for this program year.</p> <p>Annual Record: Indicates the percent of medical charts that were reviewed for adults, ages 50-75, who 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. If using the UDS measure, a minimum of 70 charts should be reviewed. See <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>.</p> <p>Field will be auto-calculated using the provided screening rate denominator (item A3-4c) and the total # of clinic patients, age 50-75 (item A2-5) reported for this program year.</p>	Num	00-100
B3-4f A3-4f	R	B, A	Sampling Method	<p>Baseline and Annual Records: Indicates if records were selected through either a random or systematic sampling method to generate a representative sample of the entire population of patients who meet the inclusion/selection criteria for the measure used. See <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>.</p> <ul style="list-style-type: none"> ▪ A random sample takes a randomly assigned subset of the population identified in the sampling frame. This is typically accomplished through generating a random number that will be assigned to each patient in the sampling frame. This can be accomplished in many ways (e.g., random number table, web-based software, computer software). ▪ A systematic sample orders every patient (e.g., alphabetically, by ID) in the sampling frame and then selects every nth patient. 	List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B3-4g A3-4g	R	B, A	CR screening rate confidence	<p>Baseline and Annual Records: Indicates the grantee's confidence in the accuracy of the CR-calculated screening rate.</p> <p>Accuracy of CR-calculated screening rates can vary depending on how charts are sampled and the information available in the charts.</p>	List	<input type="checkbox"/> Not confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-4h A3-4h	R	B, A	CR Screening rate problem	Baseline and Annual Records: Indicates if there are known unresolved problems with the CR reported screening rate or screening data quality.	List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B3-4i A3-4i	R	B, A	Specify CR- screening rate problem	<p>Baseline Record: If B3-4h 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 accuracy of the CR-reported screening rate.</p> <p>Annual Record: If A3-4h 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 CR-reported screening rate.</p>	Char	Free text 256 Char limit
B3-4j A3-4j	N/A		N/A for CR			

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-4k A3-4k	R	B, A	CR Screening rate target	<p>Baseline Record: Indicates the clinic-level colorectal cancer screening rate target established by the clinic for its first CRCCP annual clinic record.</p> <ul style="list-style-type: none"> ▪ Enter the targeted clinic-level colorectal cancer screening rate (i.e., the screening rate you want to achieve) for the clinic's first annual record, i.e. the colorectal cancer screening rate for the next <u>12-month measurement period</u> after the baseline screening rate measurement period. ▪ Do not enter the expected additional % increase. ▪ Targets should be: <ul style="list-style-type: none"> ○ Clinic-level targets. Do not report targets for the health system unless the partner is the health system (item P3= Health System). ○ Unique to each clinic. ○ Ambitious but realistic and achievable. <p>Annual Record: Indicates the clinic-level colorectal cancer screening rate target established by the clinic for the next subsequent CRCCP annual clinic record.</p> <ul style="list-style-type: none"> ▪ Enter the targeted clinic-level colorectal cancer screening rate (i.e., the screening rate you want to achieve) for the next annual record, i.e. the colorectal cancer screening rate for the next <u>12-month measurement period</u>. ▪ Do not enter the expected additional % increase. ▪ Targets should be: <ul style="list-style-type: none"> ○ Clinic-level targets. Do not report targets for the health system unless the partner is the health system (item P3= Health System). ○ Unique to each clinic. ○ Ambitious but realistic and achievable 	Num	1-100 999 (no target set)
B3-4l A3-4l	O	B, A	Comments for CR rates	Optional Comments for CR rates.	Char	Free text 200 char limit
EHR Screening Rates ***This section should be skipped at baseline for clinics that are newly screening or newly opened***						
B3-5a A3-5a	comp	B, A	EHR Screening rate (%)	<p>Baseline Record: This rate will be automatically computed by the data system using the numerator and denominator reported below.</p> <p>*Clinics that have recently started colorectal cancer screening and/or are newly opened (item 3p) will not report a baseline screening rate.</p> <p>Annual Record: This rate will be automatically computed by the data system using the numerator and denominator reported below.</p>	Num	00-100

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-5b A3-5b	R	B, A	EHR screening rate numerator	Baseline and Annual Records: Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	0-9999999
B3-5c A3-5c	R	B, A	EHR screening rate denominator	Baseline and Annual Records: Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i> .	Num	1-9999999
B3-5d A3-5d	R	B, A	EHR Measure used	Baseline and Annual Records: Indicates the measure that was used to calculate the numerator and denominator for the clinic's colorectal cancer screening rate. <ul style="list-style-type: none"> ▪ If an existing measure (e.g. UDS, HEDIS, GPRA) was not used, the <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics (Appendix 3)</i> provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. The same measure reported at baseline must be used for reporting subsequent annual colorectal cancer screening rates for this clinic.	List Select one	Select one: <input type="checkbox"/> GPRA <input type="checkbox"/> HEDIS <input type="checkbox"/> NQF <input type="checkbox"/> UDS <input type="checkbox"/> Other
B3-5e A3-5e	N/A	N/A	N/A for EHR	N/A for EHR	N/A for EHR	N/A for EHR
B3-5f A3-5f	N/A	N/A	N/A for EHR	N/A for EHR	N/A for EHR	N/A for EHR
B3-5g A3-5g	R	B, A	EHR screening rate confidence	Baseline and Annual Records: 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 Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics."	List	<input type="checkbox"/> Not confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident
B3-5h A3-5h	R	B, A	EHR Screening rate problem	Baseline and Annual Records: Indicates if there are known unresolved problems with the EHR reported screening rate or screening data quality.	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-5i A3-5i	R	B, A	Specify EHR screening rate problem	<p>Baseline Record: If item B3-5h 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 accuracy of the EHR-reported screening rate. Specify any activities to address the problem(s) such as improvements made to data entry systems or to the screening rate measurement calculation.</p> <p>Annual Record: If A3-5h 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.</p>	Char	Free text 256 Char limit
B3-5j A3-5j	R	B, A	EHR rate reporting source	<p>Baseline and Annual Records: Indicates the source of the denominator and numerator data reported for the EHR screening rate</p>	List Select one	<p>Select one:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HCCN data warehouse <input type="checkbox"/> Clinic EHR <input type="checkbox"/> Health system EHR <input type="checkbox"/> EHR Vendor <input type="checkbox"/> Other

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-5k A3-5k	R	B, A	EHR screening rate target	<p>Baseline Record: Indicates the clinic-level colorectal cancer screening rate target established by the clinic for its first CRCCP annual clinic record.</p> <ul style="list-style-type: none"> ▪ Enter the targeted clinic-level colorectal cancer screening rate (i.e., the screening rate you want to achieve) for the clinic's first annual record, i.e. the colorectal cancer screening rate for the next <u>12-month measurement period</u> after the baseline screening rate measurement period. ▪ Do not enter the expected additional % increase. ▪ Targets should be: <ul style="list-style-type: none"> ○ Clinic-level targets. Do not report targets for the health system unless the partner is the health system (item P3). ○ Unique to each clinic. ○ Ambitious but realistic and achievable <p>Annual Record: Indicates the clinic-level colorectal cancer screening rate target established by the clinic for its next subsequent CRCCP annual clinic record.</p> <ul style="list-style-type: none"> ▪ Enter the targeted clinic-level colorectal cancer screening rate (i.e., the screening rate you want to achieve) for the next annual record, i.e. the colorectal cancer screening rate for the next <u>12-month measurement period</u>. ▪ Do not enter the expected additional % increase. ▪ Targets should be: <ul style="list-style-type: none"> ○ Clinic-level targets. Do not report targets for the health system unless the partner is the health system (item P3). ○ Unique to each clinic. ○ Ambitious but realistic and achievable 	Num	1-100 999 (no target set)
B3-5l A3-5l	O	B, A	Comments for EHR rates	Optional comments for EHR rates	Char	Free text 200 char limit
CRC Screening Practices and Outcomes						
Information regarding clinic's practices and outcomes of CRC screening. Items include primary test type, FIT/FOBT return rate, colonoscopy follow-up rates, and colonoscopies paid for with CDC funds. ***This section should be skipped at baseline for clinics that are newly screening or newly opened***						
B3-6 A3-6	R	B, A	CRC Screening methods	<p>Baseline Record: Indicates all methods used by the clinic for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date). Colonoscopy includes referral for screening colonoscopy.</p> <p>Annual Record: Indicates all methods used by the clinic for colorectal cancer screening during the annual program year (July 1- June 30). Colonoscopy includes referral for screening colonoscopy.</p>	List Select all that apply	Select all that apply: <input type="checkbox"/> FIT <input type="checkbox"/> FIT-DNA (Cologuard) <input type="checkbox"/> FOBT <input type="checkbox"/> Colonoscopy: <input type="checkbox"/> Other: _____

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-6a A3-6a	R	B, A	Other CRC Screening methods	Specify "other" screening tests used	Char	Free text 200 char limit
B3-7 A3-7	R	B, A	Primary CRC screening method	Baseline Record: Indicates the colorectal cancer screening method most frequently used by the clinic during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date). Colonoscopy includes referral for screening colonoscopy. Annual Record: Indicates the colorectal cancer screening method most frequently used during the program year (July 1-June 30). Colonoscopy includes referral for screening colonoscopy.	List Select one	Select one: <input type="checkbox"/> FIT <input type="checkbox"/> FIT-DNA (Cologuard) <input type="checkbox"/> FOBT <input type="checkbox"/> Colonoscopy: <input type="checkbox"/> Other: _____
B3-7a A3-7a	R	B, A	Other primary CRC screening method	Specify "other" primary CRC screening method	Char	Free text <input type="checkbox"/> 200 char limit
B3-8 A3-8	R	B, A	Free fecal testing kits	Baseline Record: Indicates whether the clinic provided free fecal testing kits (FIT, FIT-DNA (Cologuard), or FOBT) to any of their patients during the year prior to CRCCP activity implementation (Item BC1-1: Clinic CRCCP Activities Start Date). This includes kits that may be made available by the laboratory and distributed at no cost to patients by the clinic. Annual Record: Indicates whether the clinic provided free fecal testing kits (FIT, FIT-DNA (Cologuard), or FOBT) to any of their patients during the program year (July 1-June 30). This includes kits that may be made available by the laboratory and distributed at no cost to patients used by the clinic.	List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-9 A3-9	Comp	B, A	Fecal Kit return rate	<p>Baseline Record: Percentage of patients receiving a fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the year prior to CRCCP activity implementation (Item BC1-1: Clinic CRCCP Activities Start Date) and returned it for processing. Includes <u>all fecal kits regardless of cost/payor</u>.</p> <ul style="list-style-type: none"> This rate will be automatically computed by the data system using the numerator (item B3-9b) and denominator (item B3-9a) reported. If data are not available at the time of submission, please provide the anticipated date of availability below (item B3-9c). <p>Annual Record: Percentage of patients receiving a fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the program year (July 1-June 30), who returned it for processing. Includes <u>all fecal kits regardless of cost/payor</u>.</p> <ul style="list-style-type: none"> This rate will be automatically computed by the data system using the numerator (item A3-9b) and denominator (item A3-9a) reported below. If data are not available at the time of annual data submission, please provide the anticipated date of availability below (item A3-9c). 	Num	00-100
B3-9a A3-9a	R	B, A	# of patients given fecal kits	<p>Baseline Record: The total number of patients, age 50-75, given a fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p><u>Includes all fecal kits regardless of cost/payor.</u></p> <p><i>Do not include mailed kits that were returned to sender.</i></p> <p>Annual Record: The total number of patients, age 50-75, given a fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the program year (July 1-June 30).</p> <p><u>Includes all fecal kits regardless of cost/payor.</u></p> <p><i>*Do not include mailed kits that were returned to sender.</i></p>	Num	00-100,000

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-9b A3-9b	R	B, A	# of patients returning fecal kits	<p>Baseline Record: The total number of patients, age 50-75, given a FIT/FIT-DNA (Cologuard)/FOBT kit during the year prior to CRCCP activity implementation (item B3-9a) that returned the kit for processing within 6 months of distribution.</p> <p>Annual Record: The total number of patients, age 50-75, given fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the July 1-June 30 program year (item A3-9a), that returned the kit for processing within 6 months of distribution.</p>	Num	00-100,000
B3-9C A3-9C	R	B, A	Fecal kit return date available	<p>Baseline Record: If fecal kit return rate data are not available at the time of baseline data submission, provide an anticipated date of availability.</p> <p>Annual Record: If fecal kit return rate data are not available at the time of annual data submission, provide an anticipated date of availability.</p>	Date	mm/dd/yyyy
B3-10 A3-10	comp	B, A	Colonoscopy completion rate	<p>Baseline Record: Percent of patients referred for colonoscopy during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date) regardless of reason, (e.g., screening colonoscopy or a colonoscopy as follow-up to positive fecal test), who complete the procedure and have a final result.</p> <ul style="list-style-type: none"> ▪ This rate will be automatically computed by the data system using the numerator (item B3-10b) and denominator (item B3-10a) reported below. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item B3-10c). <p>Annual Record: Percent of patients referred for colonoscopy during the program year (July 1-June 30), regardless of reason (e.g., screening colonoscopy or a colonoscopy as follow-up to positive fecal test), who complete the procedure and have a final result.</p> <ul style="list-style-type: none"> ▪ This rate will be automatically computed by the data system using the numerator (item A3-10b) and denominator (item A3-10a) reported below. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item A3-10c). 	Num	00-100

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-10a A3-10a	R	B, A	# patients referred for colonoscopy	<p>Baseline Record: The total number of patients, age 50-75, referred for colonoscopy, regardless of reason, during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Annual Record: The total number of patients, age 50-75, referred for colonoscopy, regardless of reason (e.g., screening colonoscopy or a colonoscopy as follow-up to positive fecal test), during the program year (July 1-June 30).</p>	Num	00-100,000
B3-10b A3-10b	R	B, A	# patients completing colonoscopy	<p>Baseline Record: The total number of patients, age 50-75, referred for colonoscopy during the year prior to CRCCP activity implementation (item B3-10a), who completed the procedure with a final result within 12 months of their colonoscopy referral date.</p> <p>Annual Record: The total number of patients, age 50-75, referred for colonoscopy during the July 1-June 30 program year (item A3-10a), who completed the procedure with a final result within 12 months of their colonoscopy referral date.</p>	Num	00-100,000
B3-10c A3-10c	R	B, A	Colonoscopy completion rate date available	<p>Baseline Record: If Colonoscopy completion rate data are not available at the time of baseline data submission, provide an anticipated date of availability.</p> <p>Annual Record: If Colonoscopy completion rate data are not available at the time of annual data submission, provide an anticipated date of availability</p>	Date	mm/dd/yyyy

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-11 A3-11	comp	B, A	Follow-up colonoscopy completion rate	<p>Baseline Record: Percentage of patients with a positive or abnormal CRC screening test, who were referred for a follow-up colonoscopy during the year prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).and completed the procedure and have a final result.</p> <ul style="list-style-type: none"> ▪ This rate will be automatically computed by the data system using the numerator (item B3-11b) and denominator (item B3-11a) reported below. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item B3-11c). ▪ CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography. <p>Annual Record: Percentage of patients with a positive or abnormal CRC screening test, who are referred for a follow-up colonoscopy during the program year (July 1-June 30), and complete the procedure with a final result.</p> <ul style="list-style-type: none"> ▪ This rate will be automatically computed by the data system using the numerator (item A3-11b) and denominator (item A3-11a) reported below. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item A3-11c). ▪ CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography. 	Num	00-100
B3-11a A3-11a	R	B, A	# patients referred for follow-up colonoscopy	<p>Baseline Record: The total number of patients, age 50-75, with a positive or abnormal CRC screening test, who were referred for a follow-up colonoscopy during the year prior to CRCCP activity implementation (Item BC1-1: Clinic CRCCP Activities Start Date).</p> <p>*based on the date of colonoscopy referral. CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography.</p> <p>Annual Record: The total number of patients, age 50-75, with a positive or abnormal CRC screening test results, referred for a follow-up colonoscopy during the program year (July 1- June 30).</p> <p>*Based on the date of colonoscopy referral. CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography.</p>	Num	00-100,000

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-11b A3-11b	R	B, A	# patients completing follow-up colonoscopy	<p>Baseline Record: The total number of patients, age 50-75, with a positive or abnormal CRC screening test, who were referred for follow-up colonoscopy during: during the year prior to CRCCP activity implementation (Item B3-11a) and completed the procedure with a final result within 6 months of their follow-up colonoscopy referral date*.</p> <p>*based on the date of colonoscopy referral. CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography.</p> <p>Annual Record: The total number of patients, age 50-75, with a positive or abnormal CRC screening test, who were referred for a follow-up colonoscopy during the July 1-June 30 program year (item A3-11a) and completed the procedure with a final result within 6 months of their follow-up colonoscopy referral date*.</p> <p>*Based on the date of colonoscopy referral. CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography.</p>	Num	00-100,000
B3-11c A3-11c	R	B, A	Follow-up colonoscopy completion rate date available	<p>Baseline Record: If the follow-up colonoscopy rate data are not available at the time of baseline data submission, provide an anticipated date of availability.</p> <p>Annual Record: If the follow-up colonoscopy rate data are not available at the time of annual data submission, provide an anticipated date of availability.</p>	Date	mm/dd/yyyy
A3-12	R	A	# patients with CDC-paid follow-up colonoscopy	<p>Baseline Record: N/A</p> <p>Annual Record: The total number of patients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was partially or fully funded with CDC funds, during the program year (July 1- June 30).</p> <p>* Based on the date of colonoscopy and not when the patient was referred or the date the colonoscopy report was received.</p>	Num	00-100,000
A3-12a	R	A	# patients with normal colonoscopy results	<p>Baseline Record: N/A</p> <p>Annual Record: Total number of patients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was partially or fully funded with CDC funds during July 1- June 30 program year (item A3-12) with normal results.</p>	Num	00-100,000

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A3-12b	R	A	# patients with adenomatous polyps	Baseline Record: N/A Annual Record: Total number of patients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was partially or fully funded with CDC funds, during the July 1- June 30 program year (item A3-12), with adenomatous polyps removed	Num	00-100,000
A3-12c	R	A	# patients with abnormal findings	Baseline Record: N/A Annual Record: The total number of patients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was partially or fully funded with CDC funds, during the July 1- June 30 program year (item A3-12), with other abnormal findings (other than adenomatous polyps).	Num	00-100,000
A3-12d	R	A	# patients diagnosed with CRC	Baseline Record: N/A Annual Record: The total number of patients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was partially or fully funded with CDC funds, during the July 1- June 30 program year (item A3-12), who were diagnosed with colorectal cancer	Num	00-100,000
B3-13 A3-13	O	B, A	Section 3 Comments	Optional Comments for Section 3.	Char	Free text 200 char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 4: Baseline and Annual Monitoring and Quality Improvement Activities

Information on the clinic's practices, policies, and support received to improve implementation of EBIs and/or monitoring of CRC screening rates

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B4-1 A4-1	R	B, A	Clinic colorectal cancer screening policy	<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 colorectal cancer 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> <p>Baseline Record: Indicates if the clinic had a written colorectal cancer screening policy or protocol in use prior to implementation of CRCCP activities (item B1-1: Clinic CRCCP Activities Start Date).</p> <p>Annual Record: Indicates if the clinic had a written colorectal cancer screening policy or protocol in use during the program year.</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
B4-2 A4-2	R	B, A	Clinic colorectal cancer champion	<p>Baseline Record: Indicates if there was a known champion for colorectal cancer screening internal to this clinic or parent health system prior to implementation of CRCCP activities (Item B1-1: Clinic CRCCP Activities Start Date)</p> <p>Annual Record: Indicates if there was a known champion or champions for colorectal cancer screening internal to this clinic or parent health system for at least 6 months during this program year (July 1- June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B4-3 A4-3	R	B, A	Utilizing health IT to improve data collection and quality	<p>Baseline Record: Indicates if the clinic was using health information technology (health IT) to improve collection, accuracy and validity of colorectal cancer screening data prior to CRCCP activity implementation (Item BC1-1: Clinic CRCCP Activities Start Date).</p> <ul style="list-style-type: none"> Activities may include standardization of data definitions used to document a patient's colorectal cancer screening, linkage of data to screening reports, EHR improvements and enhancements, provider training on proper EHR data entry and use, etc. <p>Annual Record: Clinic used health information technology (health IT) to improve collection, accuracy, and validity of colorectal cancer screening data during the program year (July 1- June 30).</p> <ul style="list-style-type: none"> Activities may include standardization of data definitions used to document a patient's colorectal cancer screening, linkage of data to screening reports, EHR improvements and enhancements, provider training on proper EHR data entry and use, etc. 	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
B4-4 A4-4	R	B, A	Utilizing health IT tools for monitoring program performance	<p>Baseline Record: Indicates if the clinic was using health IT to perform data analytics and reporting to monitor and improve their colorectal cancer screening program and rates prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <ul style="list-style-type: none"> Examples include: EHR overlays, Population Health Management software, data visualization software and programs. <p>Annual Record: Clinic used health information technology (health IT) tools to perform data analytics and reporting to monitor and improve their colorectal cancer screening program and rates during the program year (July 1- June 30).</p> <p>Examples include: EHR overlays, Population Health Management software, data visualization software and programs.</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B4-5 A4-5	R	B, A	QA/QI support	<p>Baseline Record: Indicates whether the clinic had a quality assurance/quality improvement specialist or team in place that addressed colorectal cancer screening prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date).</p> <ul style="list-style-type: none"> The person or team could work at the health system level and provide QA/QI support to the clinic. <p>Annual Record: Indicates whether the clinic had a quality assurance/quality improvement specialist or team in place that addressed colorectal cancer screening during the program year (July 1- June 30).</p> <ul style="list-style-type: none"> The person or team could work at the health system level and provide QA/QI support to the clinic. 	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A4-6	R	A	Process Improvements	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates whether process improvements were made at the clinic during the program year (July 1- June 30) to facilitate increased colorectal cancer screening of patients. Examples include process mapping to identify points to improve screening, daily huddles or other daily processes to identify persons due for screening and use of QI processes to improve screening.</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A4-7	R	A	Frequency of monitoring colorectal cancer screening rate	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates how often the clinic colorectal cancer screening rate was monitored and reviewed by clinic personnel during the program year (July 1- June 30).</p> <p>Select the response that best matches monitoring frequency during this program year.</p>	List Select One	<p>Select one:</p> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually
A4-8	R	A	Validated screening rate	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates if the clinic-level colorectal cancer screening rate data were validated using chart review or other methods during this program year (July 1- June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A4-8a	R	A	Validation method	Baseline Record: N/A Annual Record: If the clinic-level colorectal cancer screening rate data were validated using chart review or other methods during this program year (July 1- June 30), indicate the method(s) used to conduct the validation.	List Select all that apply	Select all that apply: <input type="checkbox"/> Manual Chart Review <input type="checkbox"/> EHR system or algorithm validation <input type="checkbox"/> Other validation method
A4-8b	R	A	Other Validation Method Specify	Specify other validation method	Char	Free text 200 char limit
A4-9	R	A	Health Center Controlled Network	Baseline Record: N/A Annual Record: For Community Health Centers/FQHCs only, indicates whether the clinic received technical assistance from a Health Center Controlled Network to implement EBIs or improve use of the clinic's EHR to better measure and monitor CRC screening rates during the program year (July 1- June 30).	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A4-10	R	A	Annual Partner Agreement type	Baseline Record: N/A Annual Record: The type of formal agreement the grantee had in place with the partner health system and/or clinic for CRCCP activities at the end of the program year (July 1- June 30).	List	Select one: <input type="checkbox"/> MOU/MOA <input type="checkbox"/> Contract <input type="checkbox"/> Other <input type="checkbox"/> None
A4-11	R	A	Frequency of implementation support to clinic	Baseline Record: N/A Annual Record: Indicates the frequency of on-site or direct contacts (e.g., telephone) with the clinic to support and improve implementation activities for EBIs/SAs and colorectal cancer screening data quality during this program year (PY). <ul style="list-style-type: none"> ▪ Support could be provided by a grantee or contracted agent. ▪ Examples of support activities include conducting a clinic workflow assessment, providing technical assistance to improve HIT, providing technical assistance on implementing an EBI/SA, training staff to support an EBI/SA, providing technical assistance to develop a colorectal cancer screening policy, providing support to a champion, or providing feedback to staff from monitoring or evaluating an EBI/SA implementation. ▪ Select the response that best matches delivery of implementation support during this program year (July 1- June 30). 	List	Select one: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A4-12	R	A	CRCCP financial resources	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates whether the grantee or a subcontractor of the grantee provided financial resources to this clinic and/or its parent health system during the program year (July 1- June 30) to support CRCCP activities. Funding could come from CDC, your state, or other sources. <i>If no, skip to A4-13.</i></p>	List Select one	<p>Select One:</p> <p><input type="checkbox"/> Yes, to the clinic</p> <p><input type="checkbox"/> Yes, to the parent health system</p> <p><input type="checkbox"/> No</p>
A4-12a	R	A	Amount of CRCCP financial resources	<p>Baseline Record: N/A</p> <p>Annual Record: If CRCCP financial resources were provided (item AC4-11 is Yes), indicate the total amount of financial resources provided to the clinic during this program year (PY).</p> <ul style="list-style-type: none"> ▪ Pro-rate funding, if needed, to associate with the PY. Do NOT include in-kind resources. ▪ If financial resources were provided to the parent health system (item AC4-11 is "Yes, to the parent health system") rather than directly to the clinic, and you do not know how much of those funds were used for this specific clinic, please divide the amount given to the health system by the number of clinics in that health system that were enrolled in the CRCCP program during the program year (July 1- June 30). 	Num	Dollar amount 1-900000, 999999 (UNK)
B4-6 A4-13	O	B, A	Section 4 Comments	Optional comments for section 4.	Char	Free text 200 char limit

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Section 5: Baseline and Annual Evidence-based Interventions (EBIs) and Other Clinic Activities

Information on implementation status and sustainability of activities, put in place by the grantee or clinic, to improve colorectal cancer screening. Annually: report 1) whether CRCCP resources were used to support the activity during the program year (July 1- June 30) , 2) if the activity was in place and operational at the end of the PY, 3) if not in place, were planning activities conducted for future implementation, and 4) if the activity is considered sustainable.

Section 5-1: EBI-Patient Reminder System

Indicates the clinic’s use of system(s) to remind patients when they are due for colorectal cancer screening. Patient reminders can be written (letter, postcard, email, text) or telephone messages (including automated messages).

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-1a	R	A	CRCCP resources used toward a patient reminder system	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving a patient reminder system for colorectal cancer screening.</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
B5-1b A5-1b	R	B, A	Patient reminder system in place	<p>Baseline Record: Indicates whether a patient reminder system for colorectal cancer screening was in place and operational (in use) in this clinic prior to CRCCP activity implementation (Item B1-1: Clinic CRCCP Activities Start Date), regardless of the quality, reach, or level of functionality.</p> <p>Annual Record: Indicates whether a patient reminder system for colorectal cancer screening was in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality.</p> <ul style="list-style-type: none"> ▪ If patient reminders were newly implemented during this program year, select “Yes, newly in place”. ▪ If patient reminders were in place prior to this program year, select “Yes, continuing” <p><i>If yes, newly in place skip to A5-1e</i> <i>If yes, continuing, skip to A5-1d</i> <i>If no, answer A5-1c and then skip to A5-2a</i></p>	List	<p>Baseline Record: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Record: <input type="checkbox"/> Yes, newly in place <input type="checkbox"/> Yes, continuing <input type="checkbox"/> No</p>

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-1c	R	A	Patient reminder system planning activities	Baseline Record: N/A Annual Record: If a patient reminder system was not in place (A5-1b is No), indicates whether planning activities were conducted this program year (July 1- June 30) for future implementation of a colorectal cancer screening patient reminder system. <i>Skip to A5-2a.</i>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-1d	R	A	Patient reminder system enhancements	Baseline: N/A Annual: If a patient reminder system was in place prior to this program year and continuing (A5-1b is Yes, continuing), indicates whether the clinic made changes to enhance or improve implementation of patient reminders during the program year (July 1- June 30).	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-1e	R	A	Patient reminders sent multiple ways	Baseline Record: N/A Annual Record: If a patient reminder system was in place (A5-1b is "Yes, newly in place" or "Yes, continuing"), indicates whether an average patient at this clinic received colorectal cancer screening reminders in more than one way (e.g., same patient received reminders in 3 different ways: one by letter, another by text message, and a third by telephone) during this program year (July 1- June 30).	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-1f	R	A	Maximum number and/or frequency of patient reminders	Baseline Record: N/A Annual Record: If a patient reminder system was in place (A5-1b is "Yes, newly in place" or "Yes, continuing"), indicates the maximum number of different ways and times (activity conducted more than one time during the year) that a given patient could have received colorectal cancer screening reminders during this program year (July 1- June 30) (e.g., same patient received a total of 4 reminders - 2 by phone, 1 by text, 1 by mail).	List Select one:	<i>Select one:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-1g	R	A	Patient reminder system sustainability	<p>Baseline Record: N/A</p> <p>Annual Record: If a patient reminder system was in place at the end of the program year (July 1- June 30) (A5-1b is "Yes, newly in place" or "Yes, continuing"), indicates whether the colorectal cancer screening patient reminder system is considered to be fully integrated into health system and/or clinic operations and is sustainable without CRCCP resources.</p> <p>[The patient reminder system has become an institutionalized component of the health system and/or clinic operations.]</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5-2: EBI -Provider Reminder System

Indicates the clinic's use of system(s) to inform providers that a patient is due (or overdue) for screening. The reminders can be provided in different ways, such as placing reminders in patient charts, EHR alerts, e-mails to the provider, etc.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-2a	R	A	CRCCP resources used toward a provider reminder system	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving a provider reminder system that addresses colorectal cancer screening.</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B5-2b A5-2b	R	B, A	Provider reminder system in place	<p>Baseline Record: Indicates whether a provider reminder system that addresses colorectal cancer screening was in place and operational (in use) in this clinic prior to CRCCP activity implementation (Item BC1-1: Clinic CRCCP Activities Start Date), regardless of the quality, reach, or level of functionality.</p> <p>Annual Record: Indicates whether a provider reminder system that addresses colorectal cancer screening was in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality.</p> <ul style="list-style-type: none"> ▪ If provider reminders were newly implemented during this program year, select "Yes, newly in place". ▪ If provider reminders were in place prior to this program year, select "Yes, continuing" <p><i>If yes, newly in place skip to A5-2e</i> <i>If yes, continuing, skip to A5-2d</i> <i>If no, answer A5-2c and then skip to A5-3a</i></p>	List	<p>Baseline Record:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Record:</p> <p><input type="checkbox"/> Yes, newly in place <input type="checkbox"/> Yes, continuing <input type="checkbox"/> No</p>
A5-2c	R	A	Provider reminder system planning activities	<p>Baseline Record: N/A</p> <p>Annual Record: If a provider reminder system is not in place (A5-2b is No), indicates whether planning activities were conducted this program year (July 1- June 30) for future implementation of a provider reminder system for colorectal cancer screening. <i>Skip to A5-3a.</i></p>	List	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
A5-2d	R	A	Provider reminder system enhancements	<p>Baseline: N/A</p> <p>Annual: If a provider reminder system was in place prior to this program year and continuing (A5-2b is Yes, continuing), indicates whether the clinic made changes to enhance or improve implementation of patient reminders during the program year (July 1- June 30).</p>	List	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-2e	R	A	Provider reminders sent multiple ways	<p>Baseline Record: N/A</p> <p>Annual Record: If a provider reminder system was in place at the end of the program year (July 1- June 30) (A5-2b is "Yes, newly in place" or "Yes, continuing"), indicates whether providers at this clinic typically received colorectal cancer screening reminders for a given patient in more than one way (e.g., provider receives both an EHR pop-up message and a flagged patient chart for the same patient) during this program year.</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-2f	R	A	Maximum number and/or frequency of provider reminders	<p>Baseline Record: N/A</p> <p>Annual Record: If a provider reminder system was in place at the end of the program year (July 1- June 30) (A5-2b is "Yes, newly in place" or "Yes, continuing"), indicates the maximum number of different ways and times (activity conducted more than one time during the year) that a given provider could have received colorectal cancer screening reminders for an individual patient during this program year (e.g., the provider received a total of 3 reminders for a given patient - 1 pop-up reminder in the patients electronic medical record, 1 reminder flagged in the patient chart, and 1 reminder via a list each day of patients due for screening) .</p>	List Select one	<p>Select one:</p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more
A5-2g	R	A	Provider reminder system sustainability	<p>Baseline Record: N/A</p> <p>Annual Record: If a provider reminder system was in place at the end of the program year (July 1- June 30) (A5-2b is "Yes, newly in place" or "Yes, continuing"), indicates whether the provider reminder system is considered to be fully integrated into health system and/or clinic operations and is sustainable without CRCCP resources.</p> <p>[The provider reminder system has become an institutionalized component of the health system and/or clinic operations.]</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5-3: EBI -Provider Assessment and Feedback

Indicates the clinic's use of system(s) to evaluate provider performance in delivering or offering screening to clients (assessment) and/or present providers, either individually or as a group, with information about their performance in providing screening services (feedback).

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected at	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-3a	R	A	CRCCP resources used toward provider assessment and feedback	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving provider assessment and feedback.</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
B5-3b A5-3b	R	B, A	Provider assessment and feedback in place	<p>Baseline Record: Indicates whether provider assessment and feedback processes for colorectal cancer screening were in place and operational (in use) in this clinic before your CRCCP begins implementation (item B1-1), regardless of the quality, reach, or current level of functionality.</p> <p>Annual Record: Indicates whether provider assessment and feedback processes for colorectal cancer screening were in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality.</p> <ul style="list-style-type: none"> ▪ If provider assessment and feedback processes were newly implemented during this program year, select "Yes, newly in place". ▪ If provider assessment and feedback processes were in place prior to this program year, select "Yes, continuing" <p><i>If yes, newly in place skip to A5-3e</i> <i>If yes, continuing, skip to A5-3d</i> <i>If no, answer A5-3c and then skip to A5-4a</i></p>	List	<p>Baseline Record: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Record: <input type="checkbox"/> Yes, newly in place <input type="checkbox"/> Yes, continuing <input type="checkbox"/> No</p>
A5-3c	R	A	Provider assessment and feedback planning activities	<p>Baseline Record: N/A</p> <p>Annual Record: If provider assessment and feedback were <u>not</u> in place and operational (A5-3b is No), indicates whether planning activities were conducted this program year for future implementation of provider assessment and feedback for colorectal cancer screening. <i>Skip to A5-4a.</i></p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-3d	R	A	Provider assessment and feedback enhancements	<p>Baseline: N/A</p> <p>Annual: If a provider reminder system was in place prior to this program year and continuing (A5-3b is Yes, continuing), indicates whether the clinic made changes to enhance or improve implementation of patient reminders during the program year (July 1- June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Type: R=Required; O=Optional; Comp=computed by CBARS

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Item #	Item Type	Collected at	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-3f	R	A	Provider assessment and feedback frequency	<p>Baseline Record: N/A</p> <p>Annual Record: If provider assessment and feedback were in place and operational at the end of the program year (July 1- June 30) (A5-3b is "Yes, newly in place" or "Yes, continuing"), indicates, on average, how often providers, either individually or as a group, were given feedback on their performance in providing colorectal cancer screening services during this program year.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Annually</p>
A5-3g	R	A	Provider assessment and feedback sustainability	<p>Baseline Record: N/A</p> <p>Annual Record: If provider assessment and feedback were in place and operational at the end of the program year (July 1- June 30) (A5-3b is "Yes, newly in place" or "Yes, continuing"), indicates whether provider assessment and feedback is considered to be fully integrated into health system and/or clinic operations and is sustainable without CRCCP resources.</p> <p>[Provider assessment and feedback has become an institutionalized component of the health system and/or clinic operations.]</p>	List	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Section 5-4: EBI -Reducing Structural Barriers

Indicates the clinic's use of one or more interventions to address structural barriers to colorectal cancer screening. 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."

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-4a	R	A	CRCCP resources used toward reducing structural barriers	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving reducing structural barriers.</p>	List	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B5-4b A5-4b	R	B, A	Reducing structural barriers in place	<p>Baseline Record: Indicates whether activities for reducing structural barriers to colorectal cancer screening was in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality.</p> <p>Annual Record: Indicates whether activities for reducing structural barriers to colorectal cancer screening were in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality.</p> <ul style="list-style-type: none"> ▪ If activities for reducing structural barriers were newly implemented during this program year, select "Yes, newly in place". ▪ If activities for reducing structural barriers were in place prior to this program year, select "Yes, continuing" <p><i>If yes, newly in place skip to A5-4e</i> <i>If yes, continuing, skip to A5-4d</i> <i>If no, answer A5-4c and then skip to A5-5a</i></p>	List	<p>Baseline Record: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Record: <input type="checkbox"/> Yes, newly in place <input type="checkbox"/> Yes, continuing <input type="checkbox"/> No</p>
A5-4c	R	A	Reducing structural barriers planning activities	<p>Baseline Record: N/A</p> <p>Annual Record: If reducing structural barriers was not in place at the end of the program year (July 1- June 30) (A5-4b is No), indicates whether planning activities were conducted this program year for future implementation of reducing structural barriers for colorectal cancer screening. <i>Skip to A5-5a.</i></p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-4d	R	A	Reducing structural barriers enhancements	<p>Baseline: N/A</p> <p>Annual: If reducing structural barriers was in place prior to this program year and continuing (A5-4b is "Yes, continuing"), indicates whether the clinic made changes to enhance or improve implementation of patient reminders during the program year (July 1- June 30).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-4e	R	A	Reducing structural barriers more than one way	<p>Baseline Record: N/A</p> <p>Annual Record: If reducing structural barriers was in place at the end of the program year (July 1- June 30) (A5-4b is "Yes, newly in place" or "Yes, continuing"), indicates whether this clinic reduced structural barriers for patients in multiple ways (e.g., offered evening clinic hours, offered assistance in scheduling appointments, provided free screenings for some patients) during this program year.</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-4f	R	A	Maximum ways reducing structural barriers	Baseline Record: N/A Annual Record: If reducing structural barriers was in place at the end of the program year (July 1- June 30) (A5-4b is "Yes, newly in place" or "Yes, continuing"), indicates the maximum number of different ways the clinic reduced structural barriers to colorectal cancer screening during this program year.	List Select one	Select one: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more
A5-4g	R	A	Reducing structural barriers sustainability	Baseline Record: N/A Annual Record: If reducing structural barriers was in place at the end of the program year (July 1- June 30) (A5-4b is "Yes, newly in place" or "Yes, continuing"), indicates whether reducing structural barriers is considered to be fully integrated into health system and/or clinic operations and is sustainable without CRCCP resources. [Reducing structural barriers has become an institutionalized component of the health system and/or clinic operations.]	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5-5: Small Media

Indicates the clinic's use of small media to improve colorectal cancer screening. 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).

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-5a	R	A	CRCCP resources used toward small media	Baseline Record: N/A Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving small media to improve colorectal cancer screening.	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B5-5b A5-5b	R	B, A	Small media in place	<p>Baseline Record: Indicates whether use of small media to improve colorectal cancer screening was in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality.</p> <p>Annual Record: Indicates whether use of small media to improve colorectal cancer screening were in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality.</p> <ul style="list-style-type: none"> ▪ If activities for reducing structural barriers were newly implemented during this program year, select “Yes, newly in place”. ▪ If activities for reducing structural barriers were in place prior to this program year, select “Yes, continuing”. <p><i>If yes, newly in place skip to A5-5e</i> <i>If yes, continuing, skip to A5-5d</i> <i>If no, answer A5-5c and then skip to A5-6a</i></p>	List	<p>Baseline Record:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Record:</p> <p><input type="checkbox"/> Yes, newly in place <input type="checkbox"/> Yes, continuing <input type="checkbox"/> No</p>
A5-5c	R	A	Small media planning activities	<p>Baseline Record: N/A</p> <p>Annual Record: If small media to improve colorectal cancer screening was not in place at the end of the program year (July 1- June 30) (A5-5b is No), indicates whether planning activities were conducted this year for future implementation of small media. <i>Skip to A5-6a</i></p>	List	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
A5-5d	R	A	Small media enhancements	<p>Baseline: N/A</p> <p>Annual: If reducing structural barriers was in place prior to this program year and continuing (A5-5b is “Yes, continuing”), indicates whether the clinic made changes to enhance or improve implementation of patient reminders during the program year (July 1- June 30).</p>	List	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
A5-5e	R	A	Maximum number of ways and times small media delivered	<p>Baseline Record: N/A</p> <p>Annual Record: If small media was in place at the end of the program year (July 1- June 30) (A5-5b is “Yes, newly in place” or “Yes, continuing”), indicates the maximum number of different ways and times (activity conducted more than one time during the year) a given patient could have received small media about colorectal cancer screening during this PY.</p>	List Select one	<p><i>Select one:</i></p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more</p>

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-5f	R	A	Small media sustainability	<p>Baseline Record: N/A</p> <p>Annual Record: If small media was in place at the end of the program year (July 1- June 30) (A5-5b is “Yes, newly in place” or “Yes, continuing”), indicates whether small media is considered to be fully integrated into health system and/or clinic operations and sustainable.</p> <p>[Small media has become an institutionalized component of the health system and/or clinic operations.]</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5-6: 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.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-6a	R	A	CRCCP resources used toward patient navigation	<p>Baseline Record: N/A</p> <p>Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving patient navigation to support colorectal cancer screening (including completion of follow-up colonoscopies).</p>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
B5-6b A5-6b	R	B, A	Patient navigation in place	<p>Baseline Record: Indicates whether patient navigation to support colorectal cancer screening (including completion of follow-up colonoscopies) was in place and operational (in use) in this clinic before your CRCCP begins implementation (itemB1-1), regardless of the quality, reach, or current level of functionality.</p> <p>Annual Record: Indicates whether patient navigation to support colorectal cancer screening (including completion of follow-up colonoscopies) was in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality.</p> <p><i>If yes, newly in place skip to A5-6d</i> <i>If yes, continuing, skip to A5-6d</i> <i>If no, answer A5-6c and then skip to A6-1.</i></p>	List	<p>Baseline Record:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Annual Record:</p> <input type="checkbox"/> Yes, newly in place <input type="checkbox"/> Yes, continuing <input type="checkbox"/> No

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-6c	R	A	Patient navigation planning	Baseline Record: N/A Annual Record: If patient navigation was not in place at the end of the program year (July 1- June 30) (A5-6b is "No"), indicates whether planning activities were conducted this program year for future implementation of patient navigation for colorectal cancer screening. <i>skip to A6-1.</i>	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-6d	R	B&A	Patient Navigation Purpose	Baseline Record: Indicates the focus of patient navigation in this clinic before your CRCCP begins implementation (item B1-1), Annual Record: Indicates whether patient navigation supported colorectal cancer screening, follow-up colonoscopies or both in this clinic at the end of the program year (July 1- June 30). <i>If A5-6b is yes, newly in place skip to A5-6f</i>	List	<i>Select one:</i> <input type="checkbox"/> CRC screening <input type="checkbox"/> Follow-up colonoscopies <input type="checkbox"/> Both
A5-6e	R	A	Patient Navigation Enhancements	Baseline: N/A Annual: If patient navigation was in place and continuing (A5-6b is "Yes, continuing"), indicates whether the clinic made changes to enhance or improve implementation of patient navigation during the program year (July 1- June 30).	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
A5-6f	R	A	Average amount of patient navigation time	Baseline Record: N/A Annual Record: For persons at this clinic who received navigation this program year (July 1- June 30), indicates the average amount of navigation time a patient received to overcome colorectal cancer screening barriers during this PY. If detailed monitoring data are not available, an estimate of the average time is sufficient.	List Select one	<i>Select one:</i> <input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> >15 to 30 minutes <input type="checkbox"/> >30 minutes to 1 hour <input type="checkbox"/> >1 to 2 hours <input type="checkbox"/> >2 to 3 hours <input type="checkbox"/> More than 3 hours
A5-6g	R	A	Patient navigators for EBIs	Baseline Record: N/A Annual Record: Indicates whether patient navigator(s) at this clinic assisted or facilitated implementation of any of the following 4 EBIs: patient reminders, provider reminders, provider assessment and feedback, or reducing structural barriers.	List	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-6h	R	A	Patient navigation sustainability	<p>Baseline Record: N/A</p> <p>Annual Record: If patient navigation was in place at the end of the program year (July 1- June 30) (A5-6b is “Yes, newly in place” or “Yes, continuing”), indicates whether patient navigation for colorectal cancer screening is considered to be fully integrated into health system and/or clinic operations and is sustainable without CRCCP resources.</p> <p>[Patient navigation has become an institutionalized component of the health system and/or clinic operations.]</p>	List	Yes No
B5-6h A5-6h	R	A, B	Number of FTEs delivering patient navigation	<p>Baseline Record: If patient navigation was in place at baseline (item B5-6b=Yes), indicates the number of full-time equivalents (FTEs) conducting patient navigation (e.g., navigators, nurse navigators, nurses, peer health advisors, health navigators) for colorectal cancer in this clinic during this program year.</p> <p>Annual Record: If patient navigation was in place at the end of the program year (July 1- June 30) (item A5-6b is “Yes, newly in place” or “Yes, continuing”), indicates the number of full-time equivalents (FTEs) conducting patient navigation (e.g., navigators, nurse navigators, nurses, peer health advisors, health navigators) for colorectal cancer in this clinic during this program year.</p> <p>For this number, please provide the total sum of whole and partial FTEs to the nearest tenths decimal place. For example, if 2 patient navigators work a <u>total</u> of 50% time to deliver navigation for colorectal cancer, then enter 0.5.</p>	Num	00.0-999.0
A5-6i	R	A	Number of patients navigated	<p>Baseline Record: N/A</p> <p>Annual Record: If patient navigation was in place at the end of the program year (July 1- June 30) (A5-6b is Yes), indicates the number of patients s receiving navigation services for colorectal cancer screening (including follow-up colonoscopies) during this program year.</p>	Num	1-99998 99999 (Unk)
B5-7 A5-7	O	A, B	Section 5 Comments	Optional comments for Section 5.	Char	Free text 200 Char limit

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Section 6. Annual Implementation Factors

- The following variables address factors affecting implementation of the evidence-based interventions or EBIs. EBIs include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.
- A representative of the clinic should provide the responses for these fields based on his or her experience during the program year.

Item #	Item Type	Collected	CRCCP Data Item	Definition	Field Type	Response Options
A6-1	R	A	Complexity	<p>Baseline Record: N/A</p> <p>Annual Record: EBIs' individual process steps and/or EBIs as a whole are difficult to implement</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Don't know/Not Applicable</p>
A6-2	R	A	Adaptability	<p>Baseline Record: N/A</p> <p>Annual Record: The EBIs are flexible and the process steps for implementing them can be tailored to fit our clinic workflow.</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Don't know/Not Applicable</p>
A6-3	R	A	Cost-substantial resources	<p>Baseline Record: N/A</p> <p>Annual Record: The EBIs require substantial resources to implement.</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p>Don't know/Not Applicable</p>
A6-4	R	A	Cost- worthwhile	<p>Baseline Record: N/A</p> <p>Annual Record: The EBIs are a worthwhile investment for systems change to increase colorectal cancer screening rates</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p>Don't know/Not Applicable</p>

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Item #	Item Type	Collected	CRCCP Data Item	Definition	Field Type	Response Options
A6-5	R	A	Patient Needs/ Resources	Baseline Record: N/A Annual Record: The EBIs and support strategies take into consideration the needs and preferences of the patients at this clinic. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List Select one	Select one: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree Don't know/Not Applicable
A6-6	R	A	External Policy	Baseline Record: N/A Annual Record: The requirement to report colorectal cancer screening data to an outside organization (e.g., HRSA, CMS, NCQS) is an important motivator to increase screening among our patients	List Select one	Select one: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Don't know/Not Applicable
A6-7	R	A	Incentives	Baseline Record: N/A Annual Record: Financial rewards received by your health system/clinic for meeting certain requirements or colorectal cancer screening thresholds provide incentive to improve colorectal cancer screening, (e.g., quality improvement awards)	List Select one	Select one: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Don't know/Not Applicable
A6-8	R	A	Conform	Baseline Record: N/A Annual Record: The EBIs to increase colorectal cancer screening are consistent with the opinions of clinical experts and staff in this setting. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List Select one	Select one: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Don't know/Not Applicable
A6-9	R	A	Innovate and experiment	Baseline Record: N/A Annual Record: Staff members are willing to innovate and experiment to improve procedures to increase colorectal cancer screening	List Select one	Select one: <input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Don't know/Not Applicable

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Item #	Item Type	Collected	CRCCP Data Item	Definition	Field Type	Response Options
A6-10	R	A	Priority	<p>Baseline Record: N/A</p> <p>Annual Record: Clinic leadership have set a high priority on the success of the colorectal cancer screening interventions relative to other quality improvement activities</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Don't know/Not Applicable</p>
A6-11	R	A	Staff- time and resources	<p>Baseline Record: N/A</p> <p>Annual Record: The clinic leadership/clinic managers make sure that staff have the time and resources necessary to implement the EBIs to increase colorectal cancer screening.</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p>Don't know/Not Applicable</p>
A6-12	R	A	Staff- training	<p>Baseline Record: N/A</p> <p>Annual Record: Clinic staff get the support in terms of the training needed to implement the EBIs to increase colorectal cancer screening.</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Don't know/Not Applicable</p>
A6-13	R	A	Appropriate Set	<p>Baseline Record: N/A</p> <p>Annual Record: The EBIs implemented at your clinic are an appropriate set of interventions to increase colorectal cancer screening.</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Don't know/Not Applicable</p>

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Item #	Item Type	Collected	CRCCP Data Item	Definition	Field Type	Response Options
A6-14	R	A	Champion designated	<p>Baseline Record: N/A</p> <p>Annual Record: Senior leadership/clinical management have designated a champion(s) for implementing the EBIs to increase colorectal cancer screening.</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Don't know/Not Applicable</p>
A6-15	R	A	Champion responsibility	<p>Baseline Record: N/A</p> <p>Annual Record: The clinic champion(s) accepts responsibility for implementing the EBIs to increase colorectal cancer screening</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Don't know/Not Applicable</p>
A6-16	R	A	Team debrief	<p>Baseline Record: N/A</p> <p>Annual Record: Progress of the implementation of the EBIs are reviewed through regular debriefings with clinic staff.</p> <p>Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.</p>	List Select one	<p>Select one:</p> <p><input type="checkbox"/> Strongly Disagree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Neither Agree nor Disagree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Don't know/Not Applicable</p>

Section 7: Other Baseline and Annual Colorectal Cancer Activities and Comments

Indicates whether other/additional colorectal cancer-related strategies are used in the clinic to improve screening levels such as clinic workflow assessment and data driven optimization, other data driven quality improvement strategies, 5 rights of clinical decision support (5 R's), etc.

Item #	Item Type	Collected	CRCCP Data Item	Definition	Field Type	Response Options
B7-1 A7-1	O	B, A	Other Colorectal Cancer Activity 1	<p>Baseline and Annual Records: Description of other CRC activity or strategy #1.</p>	Char	<p>Free text</p> <p>200 Char limit</p>
A7-1a	O	A	CRCCP resources used toward Activity1	<p>Baseline Record: N/A</p>	List	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

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Item #	Item Type	Collected	CRCCP Data Item		Field Type	Response Options
				Annual Record: Indicates whether CRCCP resources were used during the program year to support activity #1		
B7-2 A7-2	O	B, A	Other Colorectal Cancer Activity 2	Baseline and Annual Records: Description of other CRC activity or strategy #2.	Char	Free text 200 Char limit
A7-2a	O	A	CRCCP resources used toward Activity2	Baseline Record: N/A Annual Record: Indicates whether CRCCP resources were used during the program year to support activity #2.	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
B7-3 A7-3	O	B, A	Other Colorectal Cancer Activity 3	Baseline and Annual Records: Description of other CRC activity or strategy #3.	Char	Free text 200 Char limit
A7-3a	O	A	CRCCP resources used toward Activity3	Baseline Record: N/A Annual Record: Indicates whether CRCCP resources were used during the program year to support activity #3.	List	<input type="checkbox"/> Yes <input type="checkbox"/> No
B7-4 A7-4	O	B, A	Section 7 Comments	Optional comments for Section 7.	Char	Free text 200 Char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS

Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.

Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix