SCREENOUTCANCER
Colorectal Cancer

North Carolina Partnership to Increase
Colorectal Cancer Screenings (NC PICCS)

CLINIC READINESS ASSESSMENT: Clinic Characteristics and Demographics

1. Your Health Center Organization: _____

2. Your Clinic Site: _____

3. Primary Contact Information

   Name: _____

   Title: _____

   Email: _____

   Phone: _____

4. Secondary Contact Information

   Name: _____

   Title: _____

   Email: _____

   Phone: _____

5. How many primary care facilities are within your health system? _____

6. Community Characteristics:

   ☐ Urban (population of 50,000+)

   ☐ Suburban (30-49% commuter flow to urban)

   ☐ Large rural (population of 10,000 – 49,000)

   ☐ Small town/isolated rural (population below 10,000)

7. Patient Population **for this clinic**:
   a. Total patient population: _____
   b. Total patient population between 50-75: _____
   c. % of patients, age 50-75, women: _____
   d. % of patients, age 50-75, men: _____
   e. % of patients, age 50-75, uninsured: _____
   f. % of patients, age 50-75, Hispanic: _____
   g. % of patients, age 50-75, White: _____
   h. % of patients, age 50-75, Black or African American: _____
   i. % of patients, age 50-75, Asian: _____
   j. % of patients, age 50-75, Native Hawaiian or other Pacific Islander: _____
   k. % of patients, age 50-75, American Indian or Alaskan Native: _____

       l.   % of patients, age 50-75, More than one race: _____

      m. % of patients, age 50-75, unknown race: _____

8. How many patients, age 50-75, are eligible for colorectal cancer screening? _____

9. How may patients, age 50-75, are up to date on colorectal cancer screening? _____

10. Clinic Characteristics

      a. Total number of primary care providers* in your FQHC: _____

      b. Total number of primary care providers* at your clinic: _____

      *Providers are internists, family practice, OB/GYN, nurses, nurse practitioners, and physician assistants.

11. Are there currently planned or ongoing quality improvement (QI) initiatives other than this one for CRC?

☐ Yes   ☐ Not at this time

12. If yes, provide a brief description of other QI initiatives. _____

_____

_____

_____

13. Do you currently have leadership support for a CRC QI project?

☐ Yes   ☐ No   ☐ Not sure

14. Is there currently a champion for CRC screening internal to this clinic or to the parent health system?

☐ Yes   ☐ No   ☐ Not sure

15. Does your clinic currently have a written CRC screening policy or protocol in place?

☐ Yes   ☐ No   ☐ Not sure

16. If yes, for which do you have documented protocols? Check all that apply.

☐ CRC screening orders   ☐ CRC screening referrals

☐ CRC screening results   ☐ CRC screening refusal

☐ CRC screening follow-up

17. What criteria are used to determine eligibility for CRC screening? Check all that apply.

☐ Age

☐ Risk (family history, other health issues)

☐ Last completed screening result

☐ Other: _____

18. Which of the following processes are used to identify patients due for CRC screening? Check all that apply.

☐ Huddle reports/Pre-visit checklist

☐ EMR alerts

☐ CRC screening registry

☐ None

☐ Other: please specify _____

19. Is there a specific team member responsible for identifying patients due for screening?
☐ Yes   ☐ No   ☐ Not sure

20. If yes, please describe this team member. _____
_____

CLINIC READINESS ASSESSMENT: Patient Visit

21. Which of the following CRC educational materials are available for patients? Check all that apply.
☐ Brochures/handouts   ☐ Videos in waiting room
☐ Posters or fliers in patient areas   ☐ None
☐ Other: please specify

22. Do staff members routinely ask about previous CRC screenings if none are known or documented?
☐ Yes   ☐ No   ☐ Not sure

23. Do staff attempt to obtain results for past screening tests?
☐ Yes   ☐ No   ☐ Not sure

24. Which screening tests are recommended to your patients? Check all that apply.
☐ FIT   ☐ FIT-DNA   ☐ Cologuard   ☐ Colonoscopy
☐ Other: _____

25. Which best describes the prevailing clinical decision-making process for CRC screening?
☐ Colonoscopy recommended, stool test offered only if colonoscopy is refused
☐ FIT-First policy, provider can override with colonoscopy if needed
☐ Patient preference following review of available screening options

26. Is there a policy addressing patient refusal of screening?
☐ Yes   ☐ No   ☐ Not sure

27. What patient education is provided to patients when recommending CRC screening? Check all that apply.
☐ How to complete and return a FIT test
☐ Who to contact to schedule a colonoscopy
☐ Information about colonoscopy prep
☐ Information about next steps after abnormal test results
☐ None
☐ Other _____

28. What team members are responsible for educating patients on how to complete a screening test?
_____

CLINIC READINESS ASSESSMENT: Post Visit
Screening referral, results tracking and follow-up processes

29. Does the clinic offer a fully navigated experience for patients who need help completing screening?

    ☐ Yes   ☐ No   ☐ Not sure

30. If yes, please describe the staff who provide navigation (such as titles, number of FTE navigators)

    _____

    _____

31. Which of the following are navigators trained to address? Check all that apply.

    ☐ Scheduling colonoscopies   ☐ Reviewing prep instructions   ☐ Coordinating transportation

    ☐ What happens if patient is under/uninsured   ☐ Information on specialists that providers refer to

    ☐ Knowledge of wait times to receive colonoscopy   ☐ None

32. Is there a process in place for identifying and following up with patients who have not completed an ordered screening test?

    ☐ Yes   ☐ No   ☐ Not sure

33. Is there a process in place for contacting specialists to confirm receipt of screening and to obtain a copy of the results (closing the referral loop)?

34. ☐ Yes   ☐ No   ☐ Not sure

    If yes, describe the
    process._____

    _____

CLINIC READINESS ASSESSMENT: Documenting Patient Data
How the clinic captures data in order to track referrals and calculate reliable screening rates.

35. What EMR does the clinic use? _____

36. Does the clinic use any of the following population health or analytics platform overlays?

    ☐ Tableau   ☐ i2i   ☐ AZARA   ☐ Other: _____

37. Which of the following are documented in the EMR? Check all that apply.

    ☐ Previous screening results   ☐ Referrals for screening   ☐ Current results

    ☐ Patient refusal   ☐ Provider recommendation   ☐ Follow-up needed

38. Is data on CRC screening history captured in clickable, structured data fields or in free text?
☐ Structured data fields ☐ Free text

39. How are screening results from specialists entered into the EMR? Check all that apply.
☐ Manually entered ☐ Scanned ☐ Imported ☐ Other: _____

40. Is there a standard procedure for documenting screening results from specialists into the EMR?
☐ Yes ☐ No ☐ Not sure

41. Has a manual chart audit ever been conducted to validate EMR-generated reports?
☐ Yes ☐ No ☐ Not sure

42. If yes, when was it done, and how did the manual audit compare to EMR reports? _____
_____
_____

CLINIC READINESS ASSESSMENT: Process Improvement
Current capacity to use EMR data for process improvement

43. Is the EMR regularly used for any of the following? Check all that apply.
☐ Identifying patients due for screening
☐ FIT test tracking
☐ Tracking referral to specialist
☐ Pre-screen patient records to facilitate provider recommendation
☐ None of the above

44. Does the clinic have the capacity to modify/configure the EMR to run specific reports as needed?
☐ Yes ☐ No ☐ Not sure

45. Is the clinic currently able to generate the following reports? Check all that apply.
☐ Stool tests distributed and returned
☐ All colonoscopies referred vs. completed
☐ Follow-up colonoscopies referred vs. completed (those after +FIT)

46. At which level is the clinic able to drill down on screening rates? Check all that apply.
☐ By individual provider panel ☐ By care team
☐ By individual clinic ☐ By insurance status
☐ Currently unable to drill down ☐ Other: _____

47. Which quality standards reporting systems does the clinic submit data to?
☐ UDS ☐ HEDIS ☐ GPRO ☐ Other: _____

48. Which metric does the clinic use to report CRC screening data?

☐ UDS   ☐ NQF   __Other: _____

49. Please describe how CRC screening data is currently used by the clinic for QI.

_____

CLINIC READINESS ASSESSMENT: Provider Assessment and Feedback

How the clinic evaluates provider performance in delivering or offering screenings and presents providers with information about their performance. A provider can be generalized to any clinical staff providing direct patient care.

50. Is a process in place to regularly assess the number of eligible patients who are receive a screening recommendation?

☐ Yes   ☐ No   ☐ Not sure

51. Is a process in place to regularly assess the number of eligible patients who complete a CRC screening test?

☐ Yes   ☐ No   ☐ Not sure

52. If yes to 44 or 45, at what level is the data being aggregated? Check all that apply.

☐ Individual provider   ☐ Clinic team   ☐ Clinic site   ☐ N/A
☐ Other: _____

_____

53. What format is currently used to provide CRC screening feedback to providers? Check all that apply.

☐ Provider score cards   ☐ Provider rankings   ☐ Comparison to target rate   ☐ N/A
☐ Other: _____

54. How is quality data on CRC screening discussed with providers/clinic staff? Check all that apply.

☐Written reports   ☐ Interactive meetings   ☐ N/A
☐ Other: _____

55. Please provide examples of how QI is incentivized among providers. _____
_____
_____

CLINIC READINESS ASSESSMENT: Provider Reminders

How providers are reminded that patients are due for CRC screenings.

56. How are providers alerted that a patient is due or overdue for CRC screening? Check all that apply.

☐ EMR alert   ☐ Manual flag/note on chart   ☐ Verbally during huddles

☐ No reminders or alerts   ☐ Other: _____

57. If provider reminders are in place, provide a description of the process: how it is delivered, who receives the alert, what action is required to close the alert and so on. _____

CLINIC READINESS ASSESSMENT: Patient Reminders

Patient reminders are letters, postcards, phone calls or other messaging systems that advise patients when they are due for screening.

58. Do patients receive alerts when they are due or overdue for CRC screening outside of a provider visit?
☐ Yes   ☐ No   ☐ Not sure

59. If yes, how are patients reminded?
☐ Letter/postcard   ☐ Text message   ☐ Phone call   ☐ Portal message   ☐N/A
☐ Other: _____

60. If reminders are in place, how is the method used determined and what information is relayed to the patient?
_____

61. If reminders are in place, describe the reminder process until the screening is completed, such as how many alerts will the patient receive, at what intervals, and so on. _____
_____
_____

CLINIC READINESS ASSESSMENT: Reducing Structural Barriers

Structural barriers are non-monetary obstacles that prevent patients from accessing screening, such as transportation, language barriers, work schedules, childcare, and other issues.

62. Is there a formal process in place for assessing obstacles to screening completion?
☐ Yes   ☐ No   ☐ Not sure

63. If yes, describe the process. _____
_____
_____

64. What barriers have been identified? Check all that apply.
☐ Language/Culture   ☐ Financial/Insurance   ☐ Transportation
☐ Medical System (wait times, clinic hours, multiple appointments, etc.)
☐ Patient Education (health literacy, fear of test or diagnosis, low health priority, fatalism)

☐ Support systems (childcare, elder care, social or practical support)
☐ Other: _____

65. Are there efforts underway to reduce structural barriers for CRC screening?
    ☐ Yes   ☐ No   ☐ Not sure

66. If yes, please describe. _____
_____
_____

67. Name/credentials of person completing this form: _____

68. Role of person completing this form: _____

69. Date: _____

CLINIC READINESS ASSESSMENT: COVID-19 Impact

COV-1. As a result of COVID-19 did your clinic

☐ Close for a week or more?

☐ Reduce hours

☐ Did not close or reduce hours

COV-2. If your clinic closed, for how many weeks was it closed? _____ (# of weeks)

COV-3. If your clinic reduced hours of operation, provide the number of hours reduced for the entire week. _____ (# hours each week)

COV-4. If your clinic reduced hours by closing for a set number of days per week, provide the number of days closed each week. _____ (# days per week)

COV-5. How many weeks did the clinic operate at reduced hours? ____ (# weeks)

COV-6. How may weeks did the clinic operate with reduced days? ____ (# weeks)

COV-7. Did COVID negatively affect your delivery of CRC screening and other diagnostic services?

☐Yes   ☐No   If No, SKIP to COV-8

    COV-7a Clinic visits were restricted to sick patients, with limited or no preventive care available.
    ☐Yes   ☐No

    COV-7b Clinic Visits were limited to patients at highest risk for CRC or with symptoms of CRC.
    ☐Yes   ☐No

    COV-7c Clinic visits were telehealth/telemedicine only.
    ☐Yes   ☐No

COV-7d Clinic could not refer average risk patients for screening colonoscopies due to limited availability of endoscopic services.

☐Yes   ☐No

COV-7e Clinic could not refer patients with positive of abnormal fecal test results for follow-up colonoscopies due to limited availability of endoscopic services.

☐Yes   ☐No

COV-7f Patients cancelled or didn't schedule appointments due to COVID concerns.

☐Yes   ☐No

COV-7g Patients are fearful of getting COVID.

☐Yes   ☐No

Any other comments or impacts?

_____

_____

COV-8. Did COVID affect your ability to implement evidence-based interventions (EBIs) or patient navigation?

☐Yes   ☐No

If no, skip to COV-9

COV-8a Did COVID negatively affect your ability to implement **Patient Reminders** for CRC screening?

☐Yes   ☐No

COV-8b Did COVID negatively affect your ability to implement **Provider Reminders** for CRC screening?

☐Yes   ☐No

COV-8c Did COVID negatively affect your ability to implement **Provider Assessment and Feedback** activities for CRC screening?

☐Yes   ☐No

COV-8d Did COVID negatively affect your ability to **Reduce Structural Barriers** for CRC screening?

☐Yes   ☐No

COV-8e Did COVID negatively affect your ability to conduct **Patient Navigation** activities?

☐Yes   ☐No

COV-9 Any other comments or impacts?

_____

_____

_____

Thank you!