

MCRCCP Readiness Assessment Process



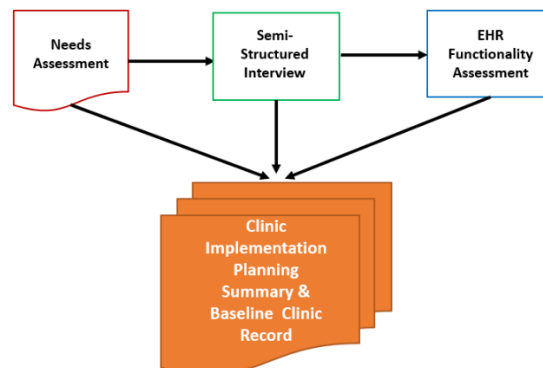
The Michigan Colorectal Cancer Control Program will assess clinic readiness to implement evidence-based interventions (EBIs) and integrate quality improvement activities through a three-part process which consists of the following steps and as seen in Figure 1.

1. A Needs Assessment Survey
2. A Semi-Structured Interview
3. An EHR Functionality Assessment

The **Needs Assessment** is a comprehensive self-assessment that clinic partners complete prior to the Semi-Structured interview. The survey captures clinic resources, practices, and baseline data that will be referred to during the Semi-Structured Interview. The **Semi-Structured Interview** is conducted by MCRCCP staff with key clinic staff including representatives from leadership, clinical operations, quality, and Health IT, where available. This interview captures qualitative details including clinic characteristics and environment, the CRC screening process, results reporting and tracking, preliminary information on the EHR and current EBIs in place. Lastly, our partner health informaticist will conduct an **EHR Functionality Assessment** which will assess EHR utilization and capacity, data entry and tracking processes, report building and data quality and validation processes.

All three assessments will be conducted at the clinic-level with the potential exception of the EHR Assessment which may partially occur at the health system level if it is housed there. Findings will be used to determine which EBIs a clinic selects, quality improvement needs and will inform the Clinic Implementation Planning Summary. Results from the EHR Functionality Assessment will also be used to provide clinics with continuous data quality support including staff EHR training, manual chart review assistance, workflow assistance, administrative set up of clinical decision support reminders, and report building, as needed. Data from the described process will be used to complete the CDC Baseline Clinic Record (form) with the exception of EHR data (e.g., baseline CRC screening Rate, patient demographic data, and insurance data) which will be pulled from the EHR following the EHR Functionality Assessment.

Figure 1: MCRCCP Readiness Assessment Process



EHR Functionality Assessment (Draft Template)

Questions to Ask When Assessing an EHR system



1) Certification- provides testing of criteria that are important for the EHR Incentive programs.

- Does the EHR provide Application Programming Interface (API) to facilitate information sharing?
- Does the EHR provide patient portals to communicate health information and education to patients?
- Does the EHR provide a method for health information exchange (usually a Direct Trust email address)?
- Check certification at <https://chpl.healthit.gov/#/search>

2) Customization

- Can the EHR provide for customized reporting, forms, or fields?
- Does your organization have an IT team capable of managing customization? More customizable EHRs require a stronger IT team who can manage the EHR, may require a lot of up-front set up.
- Will the vendor make changes if requested? How responsive are they to requests? Changes in some EHRs require extensive customization from the vendor, who may not be willing to make the changes even when requested

3) Reporting

- Can the provider office run their own reports or are they required to request special reports from the vendor with an additional fee?
- Will the vendor create reports for routine or special needs by specialty? Example: FPAR reports
- Clinical Quality Measures- Has the vendor certified on the clinical quality measures that are important to the specialty? They are listed at <https://chpl.healthit.gov/#/search>

4) Provider Alerts

- Are customized provider alerts available or only a basic list?
- Can provider alerts be customized for the practice/individual provider to prevent alert fatigue?
- Does the provider have to go to a certain screen for health maintenance alerts? Do they regularly do that?
- How invasive are the alerts? Do they have to be responded to before moving on?

5) Usability

- Does the workflow encourage providers to work around functionality that provides needed reporting measures?
- Can the workflow be adjusted by adding forms or are needed fields for the project scattered and not part of routine charting styles?
- How user friendly is the portal for patients? How user friendly is the process for getting information into the patient portal?

[NAME OF HEALTH SYSTEM/CLINIC] Needs Assessment



Instructions

Thank you for participating in the Michigan Colorectal Cancer Control Program's (MCRCCP) **Health System Change Project**. Over the next several years we will be working together to increase the colorectal cancer (CRC) screening rate in your selected clinic.

This questionnaire is the first of many interactions we will have with you to understand the clinic and the factors that may affect successful implementation of Evidence Based Interventions (EBIs). Details you provide will help MDHHS provide support and technical assistance over the course of the project. Please provide as much information as you can. We will review this information with you during the semi-structured interview.

If you have any questions while completing this survey, please contact Sharde' Burton at BurtonS4@michigan.gov.

Note:

- There are no "right" or "wrong" answers to this survey.
- A completed Needs Assessment is due on **[DATE]**

Clinic Information

1. **Clinic Name:**
2. **Clinic Street Address:**
3. **Clinic City, State, Zip:**
4. **Clinic County:**
5. **Primary Project Contact:**
6. **Primary Contact Phone Number:**
7. **Primary Contact Email Address:**
8. **Please check the box which most closely resembles your clinic type:**
 - Community Health Center/FQHC (includes "FQHC look-alikes")
 - Health system/Hospital owned
 - Private/Physician owned
 - Health Department
 - Tribal Health Clinic
 - Primary care facility (non- CHC/FQHC)
 - Other (please specify): _____
9. **Are you part of a health system?**
 - Yes
 - No
 - a. **If yes, what is the name of the health system?** _____

- b. Health System Street Address: _____
- c. Health System City, Zip code: _____
- d. Health System County: _____

10. How many primary care clinics operate under this health system? _____

Note: Include clinics that serve specific populations such as pediatric clinics. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as sites or practices.

11. Total number of primary care providers in health system: _____

Include the total number of primary care providers who are delivering services for the health system.

NOTE: Primary care providers include physicians (e.g., internists, family practice, OB/GYN), nurses, nurse practitioners, and physician assistants, attending physicians, fellows, and/or residents). Do not include specialty providers in this number. Report on individuals, not full-time equivalents (FTEs)

12. Total number of primary care providers who are delivering services at the clinic: _____

NOTE: Primary care providers include physicians (e.g., internists, family practice, OB/GYN), nurses, nurse practitioners, and physician assistants, attending physicians, fellows, and/or residents). Do not include specialty providers in this number. Report on individuals, not full-time equivalents (FTEs)

13. Is the clinic newly opened (clinic has been in operation for less than 1 year)?

- Yes
- No

14. During the past year, was the clinic closed or were hours reduced as a result of COVID-19?

Definitions:

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

- Yes, clinic was closed because of COVID-19
- Yes, clinic hours were reduced because of COVID-19
- No, clinic did not close or reduce hours

15. If the clinic was closed, indicate the number of weeks, in total, the clinic was closed because of COVID-19 at any time during the previous year.

_____ of weeks

16. If the clinic reduced hours per day, provide the number of hours reduced for the entire week and the total number of weeks in which the reduction occurred.

_____ hours each week for # _____ weeks

17. 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.

_____ days per week for # _____ weeks

18. Did COVID-19 negatively impact the clinic's delivery of CRC screening and diagnostic services?

19. If yes, indicate how the clinic was impacted:

- Clinic visits were restricted to sick patients, with limited or no preventive care available
- Clinic visits were limited to patients at high risk for colorectal cancer or with symptoms for colorectal cancer
- Clinic visits were telehealth/telemedicine only
- Clinic could not refer average risk patients for screening colonoscopies due to limited availability of endoscopic services
- Clinic could not refer patients with positive or abnormal fecal test results for follow-up colonoscopies due to limited availability of endoscopic services
- Patients cancelled or did not schedule appointments (e.g., due to COVID concerns)
- Patients fearful of getting COVID-19
- Other (please specify): _____

20. Did COVID-19 negatively impact the clinic's implementation of Evidence Based Interventions (EBIs) or Patient Navigation activities for CRC screening?

- Yes
- No

21. If yes, indicate all activities negatively impacted by COVID-19:

- COVID-19 negatively impacted the clinic's implementation of Patient Reminder activities for colorectal cancer screening
- COVID-19 negatively impacted the clinic's implementation of Provider Reminder activities for colorectal cancer screening
- COVID-19 negatively impacted the clinic's implementation of Provider Assessment and Feedback activities for colorectal cancer screening
- COVID-19 negatively impacted the clinic's implementation of Reducing Structural Barriers activities for colorectal cancer screening
- COVID-19 negatively impacted the clinic's implementation of Patient Navigation activities for colorectal cancer screening
- Other (please specify): _____

22. Please feel free to provide any additional comments on the impact of COVID-19 on your clinic and/or the impact on CRC screening: _____

Populations Served

23. Please check all populations that are served by your health clinic (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> Migrant workers |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> Low literacy | <input type="checkbox"/> Lesbian, gay, bisexual, transgender |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Individuals in recovery |
| <input type="checkbox"/> African American | <input type="checkbox"/> Individuals on parole |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other traditionally underserved groups (please list): |
| <input type="checkbox"/> Arab American | _____ |
| <input type="checkbox"/> American Indian | |
| <input type="checkbox"/> English Language Learners/Non-English Speaking | |

24. What are the geographical characteristics of the population that your clinic serves (check all that apply)?

- Rural
- Urban
- Suburban

25. Do you have language translation services available?

- Yes
- No

26. If yes, what specific translation services do you use?

- In-house language translation
- Call/Phone/IT based translation
- No language translation services

27. What languages do you have language translation services for?

- All languages
- Some languages (please specify): _____
- No language translation services

28. Is your building accessible to individuals with disabilities?

- Yes
- No

29. Does clinic staff have access to internal or external trainings or webinars on health equity or other topics related to diversity/inclusion?

- Yes
- No
- Unsure

30. Please identify the following staff resources that will be available to support the project:

Note: It is okay to leave a field blank if you are not able to name a key person or if the resource does not exist.

Role	Key Person Name	Job Title
Quality Improvement		
Health Information Technology		
Clinical Representative (e.g. Nurse, Medical Assistant, Care Coordinator, Nurse Manager)		
Organizational Decision Maker (e.g., COO or CEO)		
Grant Coordinator		
Other key staff – optional (e.g., patient navigator, CHW)		

31. Who will be the lead (primary contact) for this project?

32. Who will be responsible for pulling data for CRC screening? (If there is more than one staff member, please list all)

33. Who will be responsible for overseeing the implementation of Evidence Based Interventions (EBIs) for this project?

34. What staff will be responsible for providing Quality Assurance support for this project?

35. Who is responsible for providing IT/EHR support? (indicate N/A if no resource exists)

Electronic Health Record (EHR) Information

36. Does your clinic use an EHR to calculate CRC screening rates?

- Yes
- No

37. If yes, how long has your EHR been in place?

- Less than 2 years
- 2-5 years
- Greater than 5 years

38. If your EHR has been in place less than two years, please indicate the month and year it was put into place: _____

39. What is the name of the primary EHR vendor used by your clinic?

- | | |
|--|---|
| <input type="checkbox"/> Allscripts | <input type="checkbox"/> Greenway Health |
| <input type="checkbox"/> AthenaHealth | <input type="checkbox"/> Kareo |
| <input type="checkbox"/> Cerner | <input type="checkbox"/> McKesson |
| <input type="checkbox"/> eClinicalWorks | <input type="checkbox"/> Meditech |
| <input type="checkbox"/> Epic | <input type="checkbox"/> NextGen (Quality Systems, Inc.) |
| <input type="checkbox"/> GE Centricity | <input type="checkbox"/> Practice Fusion |
| <input type="checkbox"/> GE Healthcare | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> Greenway-Integrity | <input type="checkbox"/> None |
| <input type="checkbox"/> Greenway-SuccessEHS | |

40. Is your EHR system unique to the clinic or part of a Health System wide EHR?

- EHR specific to the clinic
- Health system wide EHR
- Other: _____
- I do not know

41. Does your EHR have the capacity to pull CRC screening rates by provider?

- Yes
- No
- I don't know

42. Is your EHR system able to identify/pull CRC screening data from prior years?

- Yes
- No
- I do not know

43. Does the EHR indicate date of last screening?

- Yes
- No
- I don't know

44. Does your EHR flag patients who are not up to date on their screening?

- Yes
- No
- I don't know

45. Does your EHR have the capacity to provide a list of patients who are not up to date on their screening (e.g., gap in care report)?

- Yes
- No
- I don't know

46. If no, does your clinic have another method to pull a list of patients who are not up to date on their screening (i.e., gap in care report)?

- Yes
- No
- I don't know

47. If yes, please briefly describe: _____

Clinical Cancer Screening Rates

Under this project, health clinics will be required to submit baseline, annual, and quarterly CRC rates. If your health clinic already uses a cancer screening measure (e.g., GPRA, UDS, NQF or HEIDS), you may continue to use this same measure and the measure's standard 12-month reporting period.

48. Will your baseline clinic CRC screening rate be generated by your EHR, chart review or both?

- Chart Review Screening Rate
- Electronic Health Record (EHR) Screening Rate
- Both Chart Review and EHR Screening

49. Which measure will be used to calculate CRC cancer screening rates?

- GPRA**
- HEDIS**
- UDS**
- NQF**
- Other:** _____
- I don't know**

NOTE: The same measure used at baseline should be used for reporting all subsequent annual CRC screening rates.

50. How confident are you in the accuracy of the calculated screening rate?

- Very confident
- Somewhat confident
- Not confident

51. What is the source of the denominator and numerator data that your clinic will be using to report screening rates?

- HCCN data warehouse
- Clinic EHR
- Health system EHR
- EHR vendor
- Other
- I don't know

52. Are there any known unresolved problems with the EHR reported screening rate or screening data quality?

- Yes
- No
- If yes, please briefly summarize the problem including the issue and severity of known problems: _____

53. Does your clinic use chart review to check the quality of your calculated EHR screening rates?

- Yes
- No
- Unsure

55. Does your clinic use other methods to check the quality of your calculated EHR screening rates (i.e., crosscheck data with payer reports)?

- Yes (please describe)
- No

54. Is there any additional information we should know about your EHR or factors that may impact your clinic's calculated screening rates?

55. Please indicate all CRC screening methods used by the clinic for CRC screening during the previous year:

- FIT
- FIT-DNA (Cologuard)
- FOBT
- Colonoscopy
- Other: _____

56. Which is the colorectal cancer screening method most frequently used by the clinic during the previous year:

- FIT
- FIT-DNA (Cologuard)
- FOBT
- Colonoscopy
- Other: _____

57. Did the clinic provide free fecal testing kits (KIT, FIT-DNA (Cologuard), or FOBT) to any of your patients during the previous year?

- Yes
- No
- Unknown

Cancer Screening – Patient and Provider Reminders

58. Does your EHR remind (flag) providers to recommend screening for patients that are overdue?

- Yes
- No
- I don't know

59. Does your EHR have the capacity to send reminders to patients that they are due or overdue for a cancer screening (example: send text, email, automated phone call, or letter)?

- Yes
- No
- I don't know

Monitoring and Quality Improvement

60. Does your clinic or health system have a quality assurance/quality improvement (QA/QI) specialist or team in place that is working to address CRC screening?

- Yes, we have a QA/QI specialist in place that is working to address CRC screening
- No, we do not have the described resource in place
- Other: _____

61. Did your clinic or health system have a quality assurance/quality improvement specialist or team in place that is working to address colorectal cancer screening prior to this grant?

- Yes
- No

62. Is this clinic currently recognized, certified, or accredited as a Patient Centered Medical Home (PCMH) **?

- Yes
- No
- Other: _____
- ** National recognition and accreditation programs include the National Committee for Quality Assurance (NCQA) PCMH Recognition, Accreditation Association for Ambulatory Health Care (AAAHC) Medical Home On-site Certification, The Joint Commission (TJC) Designation for Your Primary Care Home, and URAC Patient Centered Medical Home Accreditation.

63. Does your clinic or health system have an existing policy or standing orders in place regarding CRC screening? (y/n) (select all that apply)

- Yes – we have a CRC screening policy in place
- No – we do not have a CRC screening policy in place
- Yes – we have CRC screening standing orders in place
- No – we do not have CRC screening standing orders in place
- Other – we have a draft policy or standing order
- Other (Please describe): _____

64. Do you have a clinic champion/leader that is responsible for promoting colorectal cancer screening?

Champion definition: internal staff member who is responsible for promoting, monitoring, and guiding cancer screening processes to improve screening rates within your clinic; an influential figure who uses her or his expertise and interpersonal skills to promote the use of evidence based interventions; someone who is enthusiastic, dedicated, and supported by the organization’s leaders to promote breast and/or cervical cancer screening.

- Yes
- No

65. If yes, what is this person’s name? _____

Evidence Based Interventions in Place to Increase Screening

66. Please review the provided definitions and indicate any Evidence Based Interventions (EBIs) that your clinic currently has in place (in use) to increase colorectal cancer screening rates by placing an “x” next to the corresponding EBI.

Definitions:

Patient Reminder: written (letter, postcard, email, text) or telephone messages advising people that they are due for CRC screening

Provider Reminders: Provider Reminders inform healthcare providers that it is time for a client’s CRC cancer screening test or that the client is overdue for screening

Provider Assessment and Feedback: Evaluates provider performance in delivering or offering CRC screening to clients (assessment) and presents providers with information about their performance in providing screening (feedback).

- Feedback may describe the performance of a group of providers or an individual provider
- Feedback may be compared with a goal (target) or standard and/or used to foster competition and quality improvement

- Feedback is sometimes reported in the form of provider scorecards or in quality reports

Reducing Structural Barriers: Structural Barriers are **NON-FINANCIAL** burdens or obstacles that make it difficult for people to access cancer screening. Examples of interventions designed to reduce structural barriers include:

- Modifying clinic hours to meet client needs
- Language translation services
- Transportation Assistance
- Dependent care assistance
- Scheduling assistance
- Limiting the number of clinic visits

X	EBI in place for colorectal cancer screening
	<p>Patient Reminder System <i>Note:</i> Indicate whether there is a system in place to remind patients when they are due for colorectal cancer screening. Patient reminders can be written (letter, postcard, email, text) or telephone (including automated messages)</p>
	<p>Provider Reminder System <i>Note:</i> Indicate whether there is a system in place to inform providers that a patient is due (or overdue) for CRC screening. The reminders can be provided in different ways such as placing reminders in patient charts, EHR alerts, e-mails to the provider, etc.</p>
	<p>Provider Assessment and Feedback System <i>Note:</i> Indicate whether there is a system in place 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).</p>
	<p>Reducing Structural Barriers <i>Note:</i> Indicate whether the clinic has used one or more interventions to address structural barriers to CRC screening. Structural barriers are non-economic burdens or obstacles that make it difficult for people access cancer screening. Do not include patient navigation or community health workers as “reducing structural barriers.”</p>

Other Activities in Place to Increase Screening

67. Please indicate any additional supports/activities that your clinic currently has in place to increase CRC screening rates by placing an “x” next to the corresponding EBI:

X	In place for colorectal cancer screening
	<p>Patient Navigation (PN) in place at or employed by the clinic. <i>Note:</i> PNs typically assist clients in overcoming barriers to cancer screening and includes assessment of client barriers, client tracking, and follow-up. PN should involve multiple contacts with a client.</p>
	<p>Small media materials to improve CRC screening. <i>Note:</i> 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).</p>

68. If your clinic has Patient Navigators in place, please indicate the # of Full Time Equivalents (FTE).

Note: If someone works part-time, you can report the FTE to the nearest 10th decimal place (i.e., 20 hours/week in 40-hour week = .50 FTE). If you have more than one person working, you can add up their FTE totals (i.e. 2 staff working 10 hours/week in a 40-hour week = .50 FTE).

FTE CHWs: _____

#FTE Patient Navigators: _____

69. If a patient navigator is in place, what is the focus of their patient navigation activities as it relates to CRC screening

- CRC screening
- Follow-up colonoscopies
- Both

70. Please list any other ways you work with your community or other strategies your clinic has in place to increase colorectal cancer screening rates:

71. Please list any other questions or comments you have in relation to this grant:
