



## Clinic Characteristics:

**Please describe your clinic:**

1. What is your clinic's mission?
2. What is important to your leadership?
3. Please describe your leadership's support of preventive care (e.g., highly supportive, moderately supportive, not involved).
4. Please describe the level of prioritization that leadership places on CRC screening and specifically if it is present.
5. Does your clinic have a community needs assessment? (if yes, request copy)  
 Yes  
 No
6. Does your clinic have a quality improvement plan? (if yes, request copy)  
 Yes  
 No
7. Does your clinic have any planned or initiated quality improvement initiatives to increase CRC screening?  
 Yes  
 No
  - i. If yes, please describe: \_\_\_\_\_

## Patient Population Characteristics:

1. Tell us about the community and population that your clinic serves.

## Project Team/Resources

**Use this section to discuss staff from the health system and or clinic that will be directly involved in the project. Where possible, identify a clinic champion, staff from the quality department, IT staff, representation from leadership and clinical staff. Refer to and review the staff resources table located in the Needs Assessment.**

1. Which staff members will be directly involved in this project and how much time can each staff member dedicate to the project?
2. How will leadership be engaged or informed to support this project?
3. Is there a designated CRC Screening Champion in place?

<p><b>Champion definition:</b> <i>An influential staff member who uses her or his expertise and interpersonal skills to promote the use of cancer screening and evidence-based interventions to support cancer screening.</i></p>
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- a. What is this person's name and role?
- b. Please describe their background (clinical vs. administrative)?
- c. How long have they been the champion?
- d. Please define their role as a champion – what activities do they perform to increase clinic screening?

## Screening and Results Tracking

1. How are patients that are due for CRC regular screening identified?
2. Is this formalized in a clinical protocol or policy in use?
  - a. **If yes, does the policy/protocol include age, risk, and last completed screening result?**
  - b. How are staff trained on the policy/standing order?
  - c. Are you willing to share a copy of the policy and/or standing orders with us? (If “yes,” request copy)
3. For new patients, do staff ask about previous CRC screening if none are known or documented?
  - a. Does staff have a process for obtaining past screening results if unknown?
4. Which staff member(s) are responsible for identifying patients due for screening?
5. What is the process for noting that they are due (e.g., huddles, EHR alert, flagging in files or other visual reminders?)
6. Please describe the physical space that a patient encounters during a clinic visit (wellness visits/sick visits/other types of visits) and the different staff that interact with the patient in each space or step. (e.g., MA takes vitals, nurse conducts assessment).
7. Please describe any CRC screening education materials that are either visible in the clinic or provided during a patient encounter (e.g., posters, brochures, in discharge papers).
8. When and how, in the patient workflow, do staff members discuss CRC screening with the patient? (e.g., during vitals, while meeting with provider)
  - a. Is this formalized in the protocol?
  - b. How is testing type (FOBT, Cologuard, colonoscopy) determined? (provider preferences vs. shared decision making)?
  - c. Which staff members create the order for CRC screening? Is there a standing order?
9. Are there any processes in place to check that a patient received the CRC screening recommendation/referral during the visit prior to leaving? (missed opportunity)

## Home-Based CRC Screening Tests

1. Do you offer home-based CRC screening tests (e.g. FOBT, Cologuard, FIT test, etc.)?
  - a. If yes, please describe the process on educating the patient on how to complete the home-based screening test including how to get it to a lab.
2. Does staff at your site monitor patient compliance of home based-CRC screening tests (e.g., whether the patient completed FIT test or sent in Cologuard)?
  - a. If yes, please provide the process and which staff is responsible for determining if home-based tests are returned?
  - b. How is this tracked and documented?
3. If a patient fails to submit a home-based test, what if anything is the process for patient recall?
4. Do patients receive navigation assistance to overcome potential barriers to completing a home-based test? (e.g., fear, transportation, mailing cost, etc.) If yes, please describe.

## Referral-Based Screening Services

1. What locations do you refer clients to for external CRC screening (colonoscopy, sigmoidoscopy)?
2. Please describe the process of educating the patient on how to complete a colonoscopy including how to schedule, how to prep, and next steps in case of an abnormal result?
3. Please describe any information your staff provides on the colonoscopy prep process.
4. What is the process and what staff are responsible for determining when a colonoscopy is completed and how the information is tracked and documented?
5. Describe the process and staff responsible for following up with specialty care to ensure that the patient received the scheduled test and to obtain the results for further follow-up or documentation.
6. Do you provide patients with scheduling assistance for referral-based CRC screening services? (If yes, please describe.)
7. If a patient misses a referral-based screening appointment, what if anything, is the process for patient recall? How is this documented?
8. Do patients receive navigation assistance to overcome potential barriers to completing a referral-based CRC screening test? (i.e., cost, time off work, transportation, etc.) If yes, please describe.

## Barriers to CRC Screening

1. Please describe any barriers and/or challenges experienced at the patient level that led to delays or loss of completed screenings.
2. Please describe any barriers and/or challenges experienced at the clinic level that led to delays or loss of completed screenings.
3. Please describe any barriers and/or challenges experienced during the point of “transfer of care” between your clinic and the referral source (please describe in full detail).

## CRC Screening Results Reporting

1. How do you receive CRC screening results from an outside source? (i.e., gastroenterology provider, lab).
2. How do results get recorded into your EHR? Are there any opportunities for missed reports?
3. How do results get reported to the provider?
4. How are results communicated to the patient?
  - a. Specifically, describe the process for informing a patient of a negative (normal) result, including documentation.
  - b. Describe the process for informing a patient of a positive (abnormal) result, including documentation.

## EHR Reports

1. Describe if and how reports are generated using the EHR and who handles this task (internal, vendor, which staff if internal). Note whether reports are used to identify patients due for screening or to pre-screen patient records to facilitate provider recommendations.
2. Assess the clinic’s capacity to modify their EHRs to generate specific reports as needed.
3. Assess the clinic’s capacity to set up alerts for patient or provider reminders and whether this is currently done.
4. Assess whether the clinic can generate reports for CRC screening completion rates by provider, care

team, and/or aggregate clinic.

5. Identify the quality standards reporting system(s) to which the clinic submits data, such as the Uniform Data System (UDS) or the Healthcare Effectiveness Data and Information Set (HEDIS). Also identify the metric the clinic uses to report CRC screening data, such as the National Quality Forum (NQF) or UDS, and how these data affect their quality improvement activities.
6. **Review and discuss what measure will be used to collect baseline and annual screening rates including the preferred 12-month data collection period.**

## EHR Data Validation

1. Does your clinic validate (check) the quality of screening rate data by conducting chart reviews or other methods (i.e., using payee gap-in-care reports)?
2. If yes, please describe the process in place including the frequency, steps, and who is responsible for each step.
  - a. If the clinic uses chart reviews, please ask about the proportion (or percentage) of charts reviewed and at what frequency.
3. Describe any factors that impact EHR screening rates including any unresolved problems with the EHR reported screening rate or data screening quality.

## EBIs Currently in Place to support CRC Screening

**\*\*MDHHS – review and verify which EBIs are currently in place at the clinic level to support EBI screening as reported in the Needs Assessment**

X	<b>EBI in place for colorectal cancer screening</b>
	<b>Patient Reminder System</b>
	<b>Provider Reminder System</b>
	<b>Provider Assessment and Feedback System</b>
	<b>Reducing Structural Barriers</b>

## Patient Reminder System

***If in place, please describe***

1. Describe how a patient is notified when due or overdue for CRC screening (phone, letter, text).
2. Is this process manual or automated?
  - a. Describe how this was determined and what information is relayed.
3. Describe any additional information provided (Educational, next steps).
4. Describe how the patient response is tracked.
5. Describe the reminder process (How many alerts will the patient receive? At what interval? When will they stop?).
6. Describe any challenges with the implementation of this EBI? How, if at all, could it be improved?

## Provider Reminder System

### ***If in place, please describe***

1. Describe any alert to clinic staff that a patient is due or overdue for CRC screening.
2. Describe who receives the alert?
3. Describe the format (EHR, manual flag, note, visual cue) and how it is delivered?
4. Describe any action required to close out the alert/tracking?
5. How do you know that the reminder is being done (is there a process for checking/tracking)?
6. Describe any challenges with the implementation of this EBI? How, if at all, could it be improved?

## Provider Assessment and Feedback System

### ***If in place, please describe***

1. Describe who is being assessed (individual providers, pods, clinic teams, clinics).
  - a. Are the rates blinded?
2. Describe the metrics used (such as the number of eligible patients who receive a CRC screening recommendation or the number who complete a CRC screening test or gap in care report).
3. Describe the format used for providing feedback (provider score cards, rankings, competition, comparison to target rate).
4. How are the results discussed with providers and clinic staff (written report, interactive meeting)?
5. How frequently are assessments generated (monthly, quarterly) and how are the reports generated (dashboard, EHR report)?
6. Is competition among providers encouraged? How is improvement incentivized?
7. Describe any challenges with the implementation of this EBI? How, if at all, could it be improved?

## Reducing Structural Barriers

### ***If in place, please describe your system and process for reducing structural barriers***

1. When and how are patient barriers to CRC screening discussed? (e.g., transportation, insurance, clinic hours etc.)
  - a. Are they identified at the individual level or the community-needs level?
  - b. What are common barriers identified among your patient population?
2. How are barriers addressed?
3. Describe any challenges with the implementation of this EBI? How, if at all, could it be improved?

## Other Activities in Place for Colorectal Cancer Screening

***\*\*MDHHS – review and verify which other activities are currently in place at the clinic level to support EBI screening as reported in the Needs Assessment***

X	In place for COLORECTAL CANCER screening
	Patient Navigator
	Small Media

1. If in place, how do patient navigators currently support CRC screening?
  - Verify the total FTE (from Needs Assessment): \_\_\_\_\_
2. Please briefly describe other activities or strategies that are in place to increase colorectal cancer screening in this clinic.

3. Does your clinic have access to internal or external resources to cover or offset the cost of CRC screening for patients that are uninsured or underinsured? Please describe.
4. Does your clinic have access to internal or external resources to cover or offset the cost of CRC diagnostic testing for patients that are uninsured or underinsured? Please describe.
5. If CRC cancer is identified, does your clinic have access to internal or external resources to cover or offset the cost of CRC cancer treatment, if so, please describe.

### Support Needed and EBIs to Implement

1. Please describe what support you feel that your clinic needs to be successful in this project.  
Note: success is defined as implementing/improving selected EBIs and an improved cancer screening rate, as observed over time.
2. Please discuss and confirm which 2 EBIs your clinic would like to implement or improve to increase colorectal cancer screening rates:

<b>X</b>	<b>Select at least 2 EBIs that the clinic would like to implement and improve for this project</b>
	Patient Reminder System
	Provider Reminder System
	Provider Assessment and Feedback System
	Reducing Structural Barriers