Which type(s) of patient reminders did your team use during the last quarter **(7/1/2019 to 9/30/2019)**? (select all that apply)

☐ Written reminders, e.g. letters, postcards (birthday cards, or other)

☐ Text message reminder when due for screening

☐ Email reminder when due for screening, e.g. patient portal

☐ Automated reminder calls when due for screening

☐ Live reminder calls when due for screening

☐ Other (please specify)

[   ]

Number of patients who received a reminder during the reporting period via the following:

If unknown, enter '9999'. If you did not distribute any, enter '0'.

Written reminders, e.g. letters, postcards (birthday cards, or other) [   ]

Email reminder when due for screening [   ]

Live reminder calls when due for screening [   ]

Text message reminder when due for screening [   ]

Automated reminder calls when due for screening [   ]

Describe any patient reminder successes you've experienced during this reporting period.

[   ]

Were the **successes or things that worked well in one clinic** shared/scaled up to implement in other clinic sites during the reporting period?

○ Yes

○ In progress

○ No

○ No, but planning to

○ I'm not sure

○ NA

Provider Reminders are to prompt health care providers/care team for when a patient is due or overdue for a cancer screening. This includes, flag in clients' EHR charts, visual aids, huddles, and services due reports.

* **Over the last quarter (7/1/2019 to 9/30/2019)**, did your health system use grant funding to work on **provider reminders** to increase **colorectal cancer** screening?

○ Yes   ○ No

Which type(s) of provider reminders did your team use during the last quarter **(7/1/2019 to 9/30/2019)**? (select all that apply)

☐ Flags in clients' charts (EHR)

☐ Visual aids posted publically

☐ Care team huddles

☐ Services due reports

☐ Other (please specify)

☐ Develop workflow for reminders specific to screening by external vendor (e.g. LabCorp; GI Facilities, etc.)

☐ Standardized training process for chart prep

☐ Promotion of Continuing Education Courses

Describe any provider reminder **successes** you've experienced during the reporting period.

Were the **successes or things that worked well in one clinic** shared/scaled up to implement in other clinic sites during the reporting period?

○ Yes

○ In progress

○ No

○ No, but planning to

○ I'm not sure

○ NA

Provider assessment and feedback interventions both evaluate provider performance in offering and/or delivering screening rates to clients (**assessment**) and present providers with information about their performance in providing screening services (**feedback**). Feedback may describe the performance of a group of providers or individual providers, and may be compared with a goal or standard. Examples of this includes reports, dashboards, and in-service trainings.

* **Over the last quarter (7/1/2019 to 9/30/2019)**, did your health system use grant funding to work on **provider assessment and feedback** to increase **colorectal cancer** screening?

○ Yes   ○ No

Which type(s) of provider assessment and feedback did your team use during the last quarter **(7/1/2019 to 9/30/2019)**? (select all that apply)

☐ Reconciled data to clean up EHR

☐ Developed or updated electronic dashboards

☐ Developed or updated non-dashboard screening rate reports

☐ Assessed provider knowledge, attitudes, or practices

☐ Provided/delivered - provider level data

☐ Other (please specify)

☐ Provided/delivered - clinic level data

☐ Provided/delivered - system level data

☐ Delivered in-service training(s)

☐ Promoted Continuing Education Courses

[   ]

How frequently did you provide colorectal cancer screening-specific feedback to providers and care team via the modes listed below?

	Weekly	Monthly	Quarterly	N/A - Don't use
One on one	☐	☐	☐	☐
Group setting	☐	☐	☐	☐
Updates in staff-only areas	☐	☐	☐	☐
Provider dashboard *with push by you or other*	☐	☐	☐	☐
Provider dashboard *no push*	☐	☐	☐	☐

Other (please specify)

[   ]

Describe any provider assessment and feedback **successes** that emerged during the reporting period.

[   ]

Were the **successes or things that worked well in one clinic** shared/scaled up to implement in other clinic sites during the reporting period?

○ Yes

○ In progress

○ No

○ No, but planning to

○ I'm not sure

○ NA

COLORECTAL CANCER | Reducing Structural Barriers

Structural barriers are non-financial obstacles that impede access to cancer screenings. Examples of activities to reduce structural barriers include keeping flexible clinic hours, MailFIT, MammoFIT, FluFIT, and offering on-site translation, transportation, patient navigators, and or other administrative services.

* **Over the last quarter (7/1/2019 to 9/30/2019)**, did your health system use grant funding to work on **reducing structural barriers** to increase **colorectal cancer** screening?

○ Yes   ○ No

Which type(s) of activities to address reducing structural barriers did your team use during the last quarter **(7/1/2019 to 9/30/2019)**? (select all that apply)

☐ Expanded clinic hours ☐ Patient navigation

☐ MailFIT ☐ Providing or connecting patients to childcare

☐ Setting up alternative screening sites ☐ Assisting with appointment scheduling

☐ Transportation assistance ☐ FluFIT

☐ On-site translation ☐ MammoFIT

☐ Develop methods (e.g. section in EHR) to track patient barriers

☐ Other (please specify)

[   ]

Describe any reducing structural barrier **successes** that emerged during the reporting period.

[   ]

Were the **successes or things that worked well in one clinic** shared/scaled up to implement in other clinic sites during the reporting period?

○ Yes

○ In progress

○ No

○ No, but planning to

○ I'm not sure

○ NA

SECTION 2: EBI IMPLEMENTATION

The following questions will ask about the **barriers and helping factors** your health system encountered while implementing the EBIs this past quarter **(7/1/2019 to 9/30/2019)**.

What **BARRIERS** did your team encounter while implementing the listed EBIs for **BREAST AND CERVICAL CANCER** during this past quarter (7/1/2019 to 9/30/2019)?

E.g. (EMR-related, staff capacity, workflow and processes, vendor/partner challenges, patient engagement)

Patient Reminders

Provider Reminders

Provider Assessment and Feedback

Reducing Structural Barriers

What **BARRIERS** did your team encounter while implementing the listed EBIs for **COLORECTAL CANCER** during this past quarter (7/1/2019 to 9/30/2019)?

E.g. (EMR-related, staff capacity, workflow and processes, vendor/partner challenges, patient engagement)

Patient Reminders

Provider Reminders

Provider Assessment and Feedback

Reducing Structural Barriers

Describe any **FACTORS OR RESOURCES** that **helped** your EBI implementation activities for **BREAST AND CERVICAL CANCER** during this past quarter (7/1/2019 to 9/30/2019)?
E.g. (workflow and process improvements, EMR data analytic improvements, TA team support, improved communication, and patient reminder materials)

Patient Reminders	
Provider Reminders	
Provider Assessment and Feedback	
Reducing Structural Barriers	

Describe any **FACTORS OR RESOURCES** that **helped** your EBI implementation activities for **COLORECTAL CANCER** during this past quarter (7/1/2019 to 9/30/2019)?
E.g. (workflow and process improvements, EMR data analytic improvements, TA team support, improved communication, and patient reminder materials)

Patient Reminders	
Provider Reminders	
Provider Assessment and Feedback	
Reducing Structural Barriers	