

Clinic Readiness Survey Leadership

Date of interview: _____ **Organizational interview ID#:** _____

Interviewer: _____ **Interview modality:** 1 phone 2 in-person

STOP CRC is a program about colon health. As part of STOP CRC, we are interviewing clinic leadership to understand more about what you are doing for colorectal cancer prevention. We want to know how you deliver and promote colorectal cancer in your clinics. Some questions ask for factual information about your health center, other questions ask for your opinion. Please answer the questions to the best of your knowledge. For questions that ask your opinion, remember that there is no right or wrong answer.

SECTION 1: PARTNERSHIPS & REQUIREMENTS (Outer Setting)

1. Does your Health Center have a partnership with the CDC funded program in your state?

CDC Funded State Program:	Yes	No	N/A
California: California Colon Cancer Control Program (CCCCP)	1	2	8
Washington: Breast, Cervical, and Colon Health Program (BCCHP)	1	2	8
Oregon: Oregon Colorectal Cancer Control Program	1	2	8

2. Does your Health Center receive funding from the CDC funded programs in your state?

CDC Funded State Program:	Yes	No	N/A
California: California Colon Cancer Control Program (CCCCP)	1	2	8
Washington: Breast, Cervical, and Colon Health Program (BCCHP)	1	2	8
Oregon: Oregon Colorectal Cancer Control Program	1	2	8

3. If “no or n/a” in Q2 above, check here _____ and skip to Q4.
 If “yes” in Q2 above, Does that funding require/recommend your Health Center to use any of the following approaches?.

[Note: Definitions of a-g provided on separate sheet]

	<u>Yes</u>	<u>No</u>	<u>DK</u>
a. Provider reminders?	1	2	8
b. One-on-one education?	1	2	8
c. Reduction of structural barriers?.....	1	2	8
d. Patient/client reminders?	1	2	8
e. Provider assessment and feedback?	1	2	8
f. Small media?	1	2	8
g. Patient Navigator(s)?	1	2	8

4. Is your Health Center required to report colorectal cancer screening rates to any of the following?

	Yes	No	DK
a. Healthcare Effectiveness Data and Information Set (HEDIS) metrics? ..	1	2	8
b. Uniform Data System (UDS) metrics?	1	2	8
c. Accountable and/or Coordinated Care Organization (ACO/CCO) metrics?	1	2	8
d. Meaningful Use metrics?	1	2	8
e. Other metrics? Please specify: _____	1	2	8

SECTION 2: CLINIC PROCESSES (InnerSetting)

This next set of questions asks about clinic processes for colorectal cancer screening.

5. Does your health center have clinical guidelines available to providers for colorectal cancer screening?
- | | |
|-----------------|---|
| Yes..... | 1 |
| No..... | 2 |
| Don't Know..... | 8 |

if response is 'no' or 'DK' skip to Q6

If yes, are these guidelines available to providers...

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a. In writing in the room where they see patients?	1	2	8
b. On-line in the room where they see patients?	1	2	8
c. On-line at some other location than where they routinely see patients? .	1	2	8

6a. What colorectal cancer screening tests do the guidelines recommend? (mark all that apply)

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a. Fecal testing?	1	2	8
b. Colonoscopy?.....	1	2	8
c. Flexible sigmoidoscopy?	1	2	8
d. Other? (Specify: _____).....	1	2	8

6b. What CRC screening tests are generally promoted by your providers for your insured patients?

	Often	Sometimes	Rarely	Not at all	Don't Know
a. Fecal testing?	1	2	3	4	8
b. Colonoscopy?	1	2	3	4	8
c. Flexible sigmoidoscopy?	1	2	3	4	8
d. Other? (Specify _____)	1	2	3	4	8

6c. What CRC screening tests are generally promoted by your providers for your uninsured patients?

	Often	Sometimes	Rarely	Not at all	Don't Know
a. Fecal testing?	1	2	3	4	8
b. Colonoscopy?	1	2	3	4	8
c. Flexible sigmoidoscopy?	1	2	3	4	8
d. Other? (Specify _____)	1	2	3	4	8

7. How often does your health center connect patients with available community resources for colorectal cancer screening? (Ref Kaplan Director)

Prompt for: what are these community resources?

- Not at all.....1
- Rarely.....2 →
- Sometimes.....3 →
- Often.....4 →
- Don't know.....8

Explain: _____

8. How often does your Health Center engage in the following activities to improve colorectal cancer screening:

	Often	Sometimes	Rarely	Not at all	Don't Know
a. Conduct daily huddles that include reviewing scheduled patients who need CRC screening?	1	2	3	4	8
b. Place standing CRC screening orders or have orders prepared by the nurse/medical assistants?	1	2	3	4	8
c. Track patients who have CRC screening <u>orders</u> ?	1	2	3	4	8
d. Track patients who <u>complete</u> CRC screening?	1	2	3	4	8
e. Track patients who have <u>abnormal</u> CRC screening results?	1	2	3	4	8
f. Track <u>referrals</u> for diagnostic work-up of abnormal CRC screening results?	1	2	3	4	8
g. Track when the referred diagnostic work-up is <u>completed</u> ?	1	2	3	4	8

SECTION 3: FECAL TESTING SERVICES (Inner Setting)

The next set of questions asks about fecal testing services offered at your health center.

9. Does your Health Center use [recommend] the following fecal tests?

Screening Test	Recommended ?		If yes, Specify Type	Where is the test processed? Specify the lab(s) or in-house.	How much are uninsured patients charged for testing?
	Yes	No			
Fecal Occult Blood Test (gFOBT) (3 sample card)	1	2			
Fecal Immunochemical Test (FIT)	1	2			

10. Does your Health Center plan to change the type of fecal test(s) offered in the next 6 months?

- Yes..... 1 Specify: _____
- No..... 2
- Don't Know..... 8

11. Does your Health Center plan to change to the current lab agreements related to fecal testing in the next 6 months?

- Yes..... 1 Specify: _____
- No..... 2
- Don't Know..... 8

12. How would you rate the capacity of available community resources to provide fecal testing to uninsured patients?

- Fully adequate..... 1
- Partially adequate..... 2 →
- Not at all adequate..... 3 →

Prompt for: Descriptions of resources & capacity

Explain: _____ _____ _____ _____ _____ _____ _____

SECTION 4: ENDOSCOPY SERVICES (Inner Setting)

The following questions ask about access to colonoscopy services. Some questions ask about access for screening colonoscopy others ask about access to follow-up colonoscopies for a positive FOBT (or flex sig).

13. Does your Health Center use [recommend] the following endoscopy screening tests?

Screening Test	Recommended?		Specify where the test is referred/completed:
	Yes?	No?	
Colonoscopy	1	2	_____
Flexible sigmoidoscopy	1	2	_____
Other?	1	2	_____

14a. How would you rate your health center's access to screening colonoscopy for your insured patients?

Prompt for: what community resources and their related capacity

- Fully adequate.....1
- Partially adequate..... 2 →
- Not at all adequate..... 3 →

Explain:

14b. How would you rate your health center's access to screening colonoscopy for your uninsured patients?

- Fully adequate.....1
- Partially adequate..... 2 →
- Not at all adequate..... 3 →

Explain:

14c. How would you rate your health center's access to follow up colonoscopy for a positive FOBT (or flex sig) for your insured patients?

- Fully adequate.....1
- Partially adequate..... 2 →
- Not at all adequate..... 3 →

Prompt for: what community resources and their related capacity

Explain:

14d. How would you rate your health center's access to follow up colonoscopy for a positive FOBT (or flex sig) for your uninsured patients?

- Fully adequate.....1
- Partially adequate..... 2 →
- Not at all adequate..... 3 →

Explain:

15. Does your Health Center plan to change the endoscopy services (colonoscopy or flexible sigmoidoscopy) resources offered in the next 6 months?

- Yes..... 1 Specify: _____
- No..... 2
- Don't Know..... 8

SECTION 5: INFORMATION SYSTEMS (Inner Setting)

The next set of questions asks about your clinical information systems or electronic health record for tracking and reporting clinical services. For these questions, quality performance reports may include rates of the delivery of clinical services, such as a screening test, at either the team/clinic or individual/provider level.

16. Does your information system send prompts to health care providers at the time of the patient encounter about which of their patients are eligible for colorectal cancer screening?

Yes 1
 No..... 2
 Don't Know..... 8

17. Does your information system have the capacity to send correspondence or reminders to patients eligible for colorectal cancer screening.

Yes 1
 No..... 2
 Don't Know..... 8

18. Does your information system have the capacity to send reminders or correspondence to patients about colorectal screening test results.

Yes 1
 No..... 2
 Don't Know..... 8

19. Are you able to use your information system to systematically identify all patients due for colorectal cancer screening?

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
a. By name.....	1	2	8
b. With contact information	1	2	8

20. In the past 12 months, are the results of the following actively delivered to providers:

	In a timely manner that makes a difference in <u>clinical care</u>	Too late to make a difference in <u>clinical care</u>	Not delivered <u>at all</u>
a. Results of Fecal occult blood tests	1	2	3
b. Results of endoscopy procedures for colorectal cancer screening	1	2	3
c. Results of endoscopy procedures for colorectal cancer detection after an abnormal screening test	1	2	3

21. Does your health center's information system have any capacity to measure colorectal cancer screening or follow-up?

Yes	1
No.....	2
Don't Know.....	8

22. Please describe your level of agreement or disagreement with the following statements about information systems.

	Disagree	Neither disagree nor agree	Agree	Don't know
a. The center's information system is adequate to accommodate the size of the population eligible for colorectal cancer screening	1	2	3	8
b. The center continually tries to improve the timeliness of its data on colorectal cancer screening and follow-up	1	2	3	8
c. The center continually tries to improve the accuracy and relevance of its data on colorectal cancer screening and follow-up	1	2	3	8
d. The information system accurately documents whether appropriate treatment takes place after cancer detection.....	1	2	3	8
e. The data gathered in the information system is used by leadership to change the health center's activities related to colorectal cancer screening.	1	2	3	8
f. The data gathered in the information system is used by providers to change their behavior related to colorectal cancer screening.	1	2	3	8

SECTION 6: MANAGEMENT STRATEGIES (Inner Setting)

This next set of questions asks about strategies to promote quality initiatives at your health center.

23. In the past 12 months, did your Health Center receive any of the following for scoring well on colorectal cancer screening quality measures?

	Yes	No	Do not know/ Not sure
a. Monetary incentives or reimbursements?	1	2	8
b. Public recognition (e.g., in published report cards or information distributed to patients)?	1	2	8
c. Other rewards? Specify: _____	1	2	8

24. Which of the following incentives are used (if any) in your clinics to encourage implementation of CRC screening? (Please choose all that apply)

- Positive feedback or encouragement..... 1
- Trainings..... 2
- Professional recognition..... 3
- Monetary incentives to individuals or teams..... 4
- Monetary incentives to teams..... 5
- Other..... 6 Specify: _____
- No incentives..... 7

25. What are the quality improvement priorities for your Health Center in 2014? [**Probe:** Is CRC screening one of these priorities for 2014? How formal or not are these quality improvement priorities? What are your priorities for practice transformation (medical home metrics such as: access, empanelment, reporting)? Any other quality or service improvement priorities for 2014 (utilization, access, etc.)?]

26. Has your Health Center adapted an alternative payment model (e.g. capitated payment)?

Yes..... 1
No..... 2
Don't Know..... 8

27. Does your Health Center plan to make any changes to your alternative payment model in the next 6 months?

Yes..... 1 Specify if Yes: _____
No..... 2
Don't Know..... 8

SECTION 7: WORKPLACE CULTURE (Inner Setting)

The following section asks about your workplace culture and the prioritization of colorectal cancer screening efforts.

28. The next set of questions specifically asks about the direct mailing of fecal tests. Please tell me to what extent you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Direct mailing of fecal tests to increase colorectal cancer screening rates is a top priority of the clinic.	1	2	3	4	5
b. Direct mailing of fecal tests to increase colorectal cancer screening rates is compatible with current activity/practices in the clinic.	1	2	3	4	5
c. I think that using direct mailing of fecal tests to increase colorectal cancer screening fits well with the way I like to work.	1	2	3	4	5
d. Health Center leaders provide staff with rapid and timely feedback on performance measures of colorectal cancer screening	1	2	3	4	5
e. Incentives at this Health Center are aligned with quality improvement.	1	2	3	4	5

29. To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. People in this Health Center operate as a real team	1	2	3	4	5
b. When we experience a problem in the Health Center, we make a serious effort to figure out what's really going on.	1	2	3	4	5
c. Leadership in this Health Center creates an environment where things can be accomplished.	1	2	3	4	5

30. The next set of questions asks about the resources for implementing a program like STOP CRC. STOP CRC is a program that involves the automated direct mailing of fecal tests to patients homes. Please tell me the response that best reflects your Health Center's readiness to implement the STOP CRC colorectal cancer screening intervention. The response options are disagree, somewhat disagree, neither agree nor disagree, somewhat agree, and agree.

	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree
a. We can get providers invested in implementing this change.	1	2	3	4	5
b. We can coordinate tasks so that implementation goes smoothly.	1	2	3	4	5
c. We have the resources to implement this change.	1	2	3	4	5
d. We know what we need to do to implement this change.	1	2	3	4	5
e. We need to implement this change.	1	2	3	4	5
f. We have the staff to implement this change.	1	2	3	4	5
g. We know what resources we will need to implement this change.	1	2	3	4	5
h. We believe that implementing this change will benefit patients.	1	2	3	4	5

31. Finally, how ready is your clinic [Health Center] to implement this change?

Not at all ready	A little ready	More ready than not ready	Ready	Very ready
1	2	3	4	5

SECTION 8: BACKGROUND INFORMATION

This final set of questions asks about you and your role at the health center.

32. What is your current job title?

33. How long have you worked in your current position?

|_|_|_| or |_|_|_|
Years Months

34. How long have you worked at this health center?

|_|_|_| or |_|_|_|
Years Months

35. About how many inpatient visits are typically scheduled in a day?

|_|_|_|
of visits scheduled in a day

36. About how many patients are typically seen in a day?

|_|_|_|
of patients seen in a day

37. Are you a...

	<u>Yes</u>	<u>No</u>
a. Physician? Specialty: _____	1	2
b. Physician Assistant (PA)?.....	1	2
c. Nurse Practitioner (NP)?.....	1	2
d. Registered Nurse (RN)?	1	2
e. Licensed Practical Nurse (LPN)?	1	2
f. Medical Assistant (MA)	1	2
g. Patient Care Coordinator (PCC).....	1	2
h. Other (SPECIFY for non-medical)_____	1	2

38. In what year did you graduate from your school or program

|_|_|_|_| YYYY
14

Year Graduated

39. In what year were you born?

|_|_|_|_| YYYYY
Year Born

40. What is your gender?

- Male 1
- Female 2

41. Are you Spanish/Hispanic/Latino?

- No..... 1
- Yes, Mexican, Mexican Am., Chicano 2
- Yes, Puerto Rican 3
- Yes, Cuban 4
- Yes, other Spanish/Hispanic/Latino..... 5

42. What is your race? (MARK ONE OR MORE RACES)

- Asian 1
- American Indian or Alaska Native..... 2
- Black or African American..... 3
- Native Hawaiian or Other Pacific Islander 4
- White 5

Readiness Survey –Clinic Staff

Date of interview: _____ Organizational interview ID#: _____

Interviewer: _____ Interview modality: 1 phone 2 in-person

STOP CRC is a program about colon health. As part of STOP CRC, we are interviewing clinic leadership to understand more about what you are doing for colorectal cancer prevention. We want to know how you deliver and promote colorectal cancer in your clinics. Some questions ask for factual information about your health center, other questions ask for your opinion. Please answer the questions to the best of your knowledge. For questions that ask your opinion, remember that there is no right or wrong answer.

SECTION 1: CLINIC PROCESSES (Inner Setting)

This set of questions asks about clinic processes for colorectal cancer screening.

1. How often does your Health Center engage in the following activities to improve colorectal cancer screening:

	Often	Sometimes	Rarely	Not at all	Don't Know
a. Conduct daily huddles to review scheduled patients who need CRC screening?	1	2	3	4	8
b. Place standing CRC screening orders or have orders prepared by the nurse/medical assistants?	1	2	3	4	8
c. Track patients who have CRC screening <u>orders</u> ?	1	2	3	4	8
d. Track patients who <u>complete</u> CRC screening?	1	2	3	4	8
e. Track patients who have <u>abnormal</u> CRC screening results?	1	2	3	4	8
f. Track <u>referrals</u> for diagnostic work-up of abnormal CRC screening results?	1	2	3	4	8
g. Track when the referred diagnostic work-up is <u>completed</u> ?	1	2	3	4	8

SECTION 2: FECAL TESTING SERVICES (Inner Setting)

This set of questions asks about fecal testing services offered at your health center.

2. Does your Health Center use [recommend] the following fecal tests?

Screening Test	Recommended ?		If yes Please specify type	Where is the test processed? Specify the lab(s) or in-house.	How much are uninsured patients charged for testing?
	Yes	No			
Fecal Occult Blood Test (gFOBT) (3 sample card)	1	2			
Fecal Immunochemical Test (FIT)	1	2			

SECTION 3: ENDOSCOPY SERVICES (Inner Setting)

The next set of questions asks about endoscopy services offered at your health center.

3. Does your Health Center use [recommend] the following endoscopy screening tests?

Screening Test	Recommended?		Specify where the test is referred/completed:
	Yes	No	
Colonoscopy	1	2	_____
Flexible sigmoidoscopy	1	2	_____
Other?	1	2	_____

4. What is the current clinic process for assuring that patients undergo endoscopy procedure for colorectal cancer detection after an abnormal screening test?

5. Please estimate the percentage of referred patients who actually complete an endoscopy?

_____ %

SECTION 4: INFORMATION SYSTEMS (Inner Setting)

The next set of questions asks about your clinical information systems or electronic health record for tracking and reporting clinical services. For these questions, quality performance reports may include rates of the delivery of clinical services, such as a screening test, at either the team/clinic or individual/provider level.

6. Using the medical records system currently in place, how are the following generated for a majority of your patients?

	Automatically generated from the Electronic Health Record (EHR)	Automatically generated from something <i>other</i> than EHR (specify)	Available, but not automated (hand counts, etc.)	Not able to generate
a. List of patient panels by provider				
b. List of patients who are due or overdue for colorectal cancer screening				
c. Point-of-care reminders when patients are due for colorectal cancer screening				
d. Colorectal cancer screening rates				

7. How accurate is the colorectal cancer screening data generated from your Electronic Medical/Health Records system?

___ Very accurate – would use data as primary source for reports or patient care decision

___ Somewhat accurate – would need a secondary audit before using data for reports or cross check with additional documentation for patient care decision

___ Not at all accurate – would not use for reports or patient care decision

8. How often does your clinic do the following to promote colorectal cancer screening:

	Often	Sometimes	Rarely	Not at all	Don't know
a. Mail fecal tests directly to patients?					
b. Provide fecal tests at flu clinics?					
c. Provide free testing to uninsured patients?					
d. Provide individual counseling & education?					
e. Deliver personal telephone reminders to patients?					
f. Deliver automated telephone reminders to patients?					
g. Send e-mail reminders to patients?					
h. Mail printed reminders such as post cards, letters or newsletters?					
i. Use instructional videos?					
j. Display posters and/or flyers?					
k. Provide feedback to providers about his/her own (or group's) performance in providing screening services?					
l. Use the automated reminder for providers to recommend screening?					
m. Use patient navigator (case management) to customize/tailor patient-specific barriers?					

MARK ALL MEMBERS OF LOCAL CLINIC TEAM WHO PARTICIPATE IN PERFORMING THE ACTIVITY OR MARK "NO ONE" IF NOBODY PERFORMS THE ACTIVITY.

	Provider (MD)	Other provider (NP, PA)	Nurse	Other staff (office, lab)	No one
9. Colorectal cancer screening					
a. Generates a list of patients due for screening.....	1	2	3	4	5
b. Actively contacts patients if due for screening.....	1	2	3	4	5
c. Discusses screening options with patients.....	1	2	3	4	5
d. Distributes fecal occult blood tests (stool cards).....	1	2	3	4	5
e. Schedules endoscopy	1	2	3	4	5
f. Enters fecal occult blood test results (stool cards) into tracking database.					
g. Actively contacts patients with abnormal screening results within 30 days.....	1	2	3	4	5
h. Arranges referral for treatment if cancer detected.....	1	2	3	4	5

10. In the past 12 months, our health center has been able to use reports of clinical performance to effectively design and test changes in managing the rate of:

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>	<u>Don't Know</u>
a. Appropriate screening for colorectal cancer.....	1	2	3	4	5	8
b. Completion of additional diagnostic testing after abnormal screening results within appropriate time frame .	1	2	3	4	5	8

11. To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. One-on-one education to increase colorectal cancer screening rates is a top priority of the clinic.					
b. Using one-on-one education to increase colorectal cancer screening rates is compatible with current activity/practices in the clinic.					
c. I think that using one-on-one education to increase colorectal cancer screening fits well with the way I like to work.					
e. The center's information system is adequate to accommodate the size of the population eligible for cancer screening					
f. The center continually tries to improve the timeliness of its data on cancer screening and follow-up					
The center continually tries to improve the accuracy and relevance of its data on cancer screening and follow-up					
g. The information system accurately documents whether appropriate treatment takes place after cancer detection					
h. The information system accurately documents whether appropriate diagnostic follow-up takes place after an abnormal screening result.					
i. The information system accurately documents whether appropriate treatment takes place after cancer detection.					
j. The data gathered in the information system is used by leadership to change the health center's activities related to cancer screening					
k. The data gathered in the information system is used by providers to change their behavior					

12. How often does your health center connect patients with available community resources for colorectal cancer screening?

- Not at all..... 1
- Rarely..... 2
- Sometimes..... 3
- Often..... 4
- Don't Know..... 8

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Don't Know

13. The available community resources for colorectal cancer screening are adequate for your patient population

1 2 3 4 5 8

14. Does your health center have clinical guidelines available to providers for colorectal cancer screening?

Yes..... 1
 No..... 2
 Don't Know..... 8

If **yes**, are these guidelines available to providers...

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a. In writing in the room where they see patients?	1	2	8
b. On-line in the room where they see patients?	1	2	8
c. On-line at some other location than where they routinely see patients?	1	2	8

There are many ways providers can inform patients about colorectal cancer screening choices.

	<u>Never</u>	<u>Rarely</u>	<u>Some- times</u>	<u>Routinely</u>	<u>Don't Know</u>
15. How often do you or your staff...					
a. Provide patients with language-appropriate educational materials, such as pamphlets, brochures, or books?	1	2	3	4	8
b. Provide patients with written or online directories that provide guidance to colorectal cancer resources?	1	2	3	4	8
16. During acute care visits, how often are colorectal cancer screening guidelines discussed with eligible patients?					
a. By you?	1	2	3	4	8
b. By others who work in the clinic?	1	2	3	4	8
17. During non-acute care visits, how often are colorectal cancer screening guidelines discussed with eligible patients?					
a. By you?	1	2	3	4	8
b. By others who work in the clinic?	1	2	3	4	8

18. Our clinic is using the information system to send prompts to health care providers at the time of the patient encounter about whether their patients are eligible for colorectal cancer screening.

Yes 1
No..... 2
Don't Know..... 8

19. Does your clinic use an information system to systematically identify all patients due for colorectal cancer screening?

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a. By name	1	2	8
b. With contact information.....	1	2	8

20. Our clinic is using the information system to send correspondence or reminders to patients eligible for colorectal cancer screening.

Yes 1
No..... 2
Don't Know..... 8

SECTION 6: MANAGEMENT STRATEGIES (Inner Setting)

This next set of questions asks about strategies to promote quality initiatives at your health center.

21. In the past 12 months, did your Health Center receive any of the following for scoring well on colorectal cancer screening quality measures?

	Yes	No	Do not know/ Not sure
a. Monetary incentives or reimbursements?	1	2	8
b. Public recognition (e.g., in published report cards or information distributed to patients)?	1	2	8
c. Other rewards? Specify: _____	1	2	8

22. Which of the following incentives are used (if any) in your clinics to encourage implementation of CRC screening?
(Please choose all that apply)

Positive feedback or encouragement.....	1
Trainings.....	2
Professional recognition.....	3
Monetary incentives to individuals or teams.....	4
Monetary incentives to teams.....	5
Other.....	6 Specify: _____
No incentives.....	7

SECTION 7: WORKPLACE CULTURE (Inner Setting)

The next set of questions asks about your workplace culture and the prioritization of colorectal cancer screening efforts.

23. To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. People in this Health Center operate as a real team	1	2	3	4	5
b. When we experience a problem in the Health Center, we make a serious effort to figure out what's really going on.	1	2	3	4	5
c. Leadership in this Health Center creates an environment where things can be accomplished.	1	2	3	4	5
d. It is hard to make any changes in this clinic because we are so busy seeing patients.	1	2	3	4	5
e. Things have been changing so fast in this clinic it is hard to keep up with what is going on.	1	2	3	4	5
f. Everything we do follow clinic workflow.	1	2	3	4	5

24. Clinic leaders provide staff with rapid and timely feedback on performance measures of colorectal cancer screening.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

25. Incentives at this clinic are aligned with quality improvement.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

26. The next set of questions asks about the resources for implementing a program like STOP CRC. STOP CRC is a program that involves the automated direct mailing of fecal tests to patient's homes. Please tell me the response that best reflects your Health Center's readiness to implement the STOP CRC colorectal cancer screening intervention. The response options are disagree, somewhat disagree, neither agree nor disagree, somewhat agree, and agree.

	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree
a. We can get providers invested in implementing this change.	1	2	3	4	5
b. We can coordinate tasks so that implementation goes smoothly.	1	2	3	4	5
c. We have the resources to implement this change.	1	2	3	4	5
d. We know what we need to do to implement this change.	1	2	3	4	5
e. We need to implement this change.	1	2	3	4	5
f. We have the staff to implement this change.	1	2	3	4	5
g. We know what resources we will need to implement this change.	1	2	3	4	5
h. We believe that implementing this change will benefit patients.	1	2	3	4	5

27. Finally, how ready is your clinic [Health Center] to implement this change?

Not at all ready	A little ready	More ready than not ready	Ready	Very ready
1	2	3	4	5

SECTION 8: BACKGROUND INFORMATION

This final set of questions asks about you and your role at the health center.

28. What is your current job title?

29. How long have you worked in your current position?

|_|_|_| or |_|_|_|
Years Months

30. How long have you worked at this health center?

|_|_|_| or |_|_|_|
Years Months

31. About how many inpatient visits are typically scheduled in a day?

|_|_|_|
of visits schedule in a day

32. About how many patients are typically seen in a day?

|_|_|_|
of patients seen in a day

33. Are you a...

	<u>Yes</u>	<u>No</u>
a. Physician? Specialty: _____	1	2
b. Physician Assistant (PA)?.....	1	2
c. Nurse Practitioner (NP)?.....	1	2
d. Registered Nurse (RN)?	1	2
e. Licensed Practical Nurse (LPN)?	1	2
f. Medical Assistant (MA)	1	2
g. Patient Care Coordinator (PCC).....	1	2
h. Other (SPECIFY for non-medical _____)	1	2

34. In what year did you graduate from your school or program

|_|_|_|_| YYYY
Year Graduated

35. In what year were you born?

|_|_|_|_| YYYYY
Year Born

36. What is your gender?

Male 1
Female 2

37. Are you Spanish/Hispanic/Latino?

No..... 1
Yes, Mexican, Mexican Am., Chicano 2
Yes, Puerto Rican 3
Yes, Cuban 4
Yes, other Spanish/Hispanic/Latino 5

38. What is your race? (MARK ONE OR MORE RACES)

Asian 1
American Indian or Alaska Native..... 2
Black or African American..... 3
Native Hawaiian or Other Pacific Islander 4
White 5

FOR PHYSICIANS ONLY

39. In what year did you graduate from medical school?

|_|_|_|_| YYYY
Year Graduated

40. FOR EACH OF THE FOLLOWING FIELDS, PLEASE CHECK YOUR CURRENT CLINICAL TRAINING STATUS.

	<u>Completed residency or fellowship</u>		<u>Board-certified</u>	
	Yes	No	Yes	No
a. Family Practice	1	2	1	2
b. Infectious Diseases	1	2	1	2
c. Internal Medicine	1	2	1	2
d. Med/Peds.....	1	2	1	2
e. Ob/Gyn	1	2	1	2
f. Psychiatry	1	2	1	2
g. Other (SPECIFY) _____	1	2	1	2

Definitions for Section 1, Q3a-e. (Leadership SURVEY)

- a. **Provider reminders:** Provider reminders inform health care providers that it is time for a patient's cancer screening test or that the patient is overdue for screening. Reminders can be provided in different ways, such as flagging client charts, building provider reminders into electronic medical record systems or provider appointment systems.

- b. **One-on-one education:** One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers or other health professionals, lay health advisors, or volunteers, and are conducted by telephone or in person in medical, community, worksite, or household settings.

- c. **Reduction of structural barriers:** Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access by: reducing distance to service delivery settings and target populations, modifying hours of service to meet patient needs, offering services in alternative or non-clinical settings, eliminating or simplifying administrative procedures.

- d. **Patient/client reminders:** Patient reminders include letters, postcards, or phone calls to alert patients that it is time for their cancer screening. Some reminders note only that the test is due, while other reminders include facts about the screening or offer to help set up an appointment, in addition to including a reminder that the test is due.

- e. **Provider assessment and feedback:** Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening 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 (e.g., average performance for a practice) or an individual provider, and may or may not be compared with a goal or standard.

- f. **Small media:** Small media include videos and printed materials such as letters, brochures, flyers, and newsletters used to inform and motivate people to be screened for colorectal cancer.

- g. **Patient Navigator(s):** A patient navigator guides the patient through the process of completing colorectal cancer screening by helping to reduce patient-specific barriers. Some programs may refer to this as case management. Some roles of the patient navigator include: Assisting with scheduling appointments, transportation, or dependent care; Providing patient education about colorectal cancer screening and testing modalities regarding screening (e.g., rationale, importance, bowel prep); Reminding patients about their colonoscopy appointment or returning their FOBT/FIT kits; Providing peer support to help with cultural or emotional concerns (e.g. allay fears),

Note: taken from CHC_CC_Survey p26-28, Q13a-g.