2020

Partner Clinic Readiness Assessment Toolkit

WEST VIRGINIA PROGRAM TO INCREASE COLORECTAL CANCER SCREENING

WEST VIRGINIA UNIVERSITY CANCER PREVENTION & CONTROL

Contents

Process Overview

The West Virginia Program to Increase Colorectal Cancer Screening (WV PICCS) will pursue a three-tiered approach to assessing each partner clinic's readiness to engage in the initiative.

Both qualitative and quantitative data points will be collected over a four-month onboarding period with partner clinics. Surveys will be administered, for the most part, through the Qualtrics platform. Two validated tools, the Organizational Readiness for Implementing Change (ORIC) measure and the Readiness Thinking Tool, will be used to collect data points related to perceived clinic readiness from various parties at each clinic. A Health Information Technology (HIT) Survey and a Colorectal Cancer (CRC) Screening Clinic Workflow and Processes Survey will provide the context needed to facilitate more in-depth semi-structured interviews with key informants. An environmental scan will help the WV PICCS team visually understand workflow strengths and weaknesses and identify potential avenues growth. Finally, CRC screening data points will be collected to establish a baseline from which to assess the effectiveness of interventions.

Most baseline assessment activities will be completed within the four-month onboarding period. Two exceptions will include the ORIC measure for all clinic staff and providers and the Readiness Thinking Tool (Tier III). The ORIC measure for all staff and providers will be administered after the initial WV PICCS training which will occur approximately 6 months after a clinic partnership begins. The Readiness Thinking Tool will be used before implementing any evidence-based intervention (EBI) throughout the implementation phase.

After Tier I and Tier II assessments are completed, WV PICCS staff will synthesize the findings and present each clinic with an Initial Assessment Report to facilitate the beginning of implementation activities. In addition, Tier I and Tier II assessments will be used to develop CDC Implementation Plans for each clinic by December 2020.

Tiered Approach to Readiness Assessments

Tier I

1. **HIT Survey.**[1] The person completing this survey will work closely with their clinic's electronic health record (EHR) for quality improvement. The survey will collect basic information on the EHR, staff capabilities, and functions that are needed to participate in WV PICCS (see Appendix A).

2. **Environmental Scan.** During the initial site visit, WV PICCS staff will conduct an environmental scan to assess interior, exterior, and digital features of the clinic. Due to COVID-19, this initial environmental scan may need to be delayed until in-person meetings are permitted (see Appendix B).

3. **CRC Screening Clinic Workflow and Processes Survey.** The person completing this survey will have a strong knowledge of clinic workflow and practices. The survey will be used to acquire an overall understanding of current practices, policies, and workflow related to CRC screening. This information will provide important background needed to facilitate key informant interviews (see Appendix C).

4. **COVID-19 Impact Survey.** The person completing this survey will have a strong knowledge of clinic workflow and organizational practices. The survey will be used to assess the effect of COVID-19 on clinic operations and specifically CRC screening initiatives (see Appendix D).
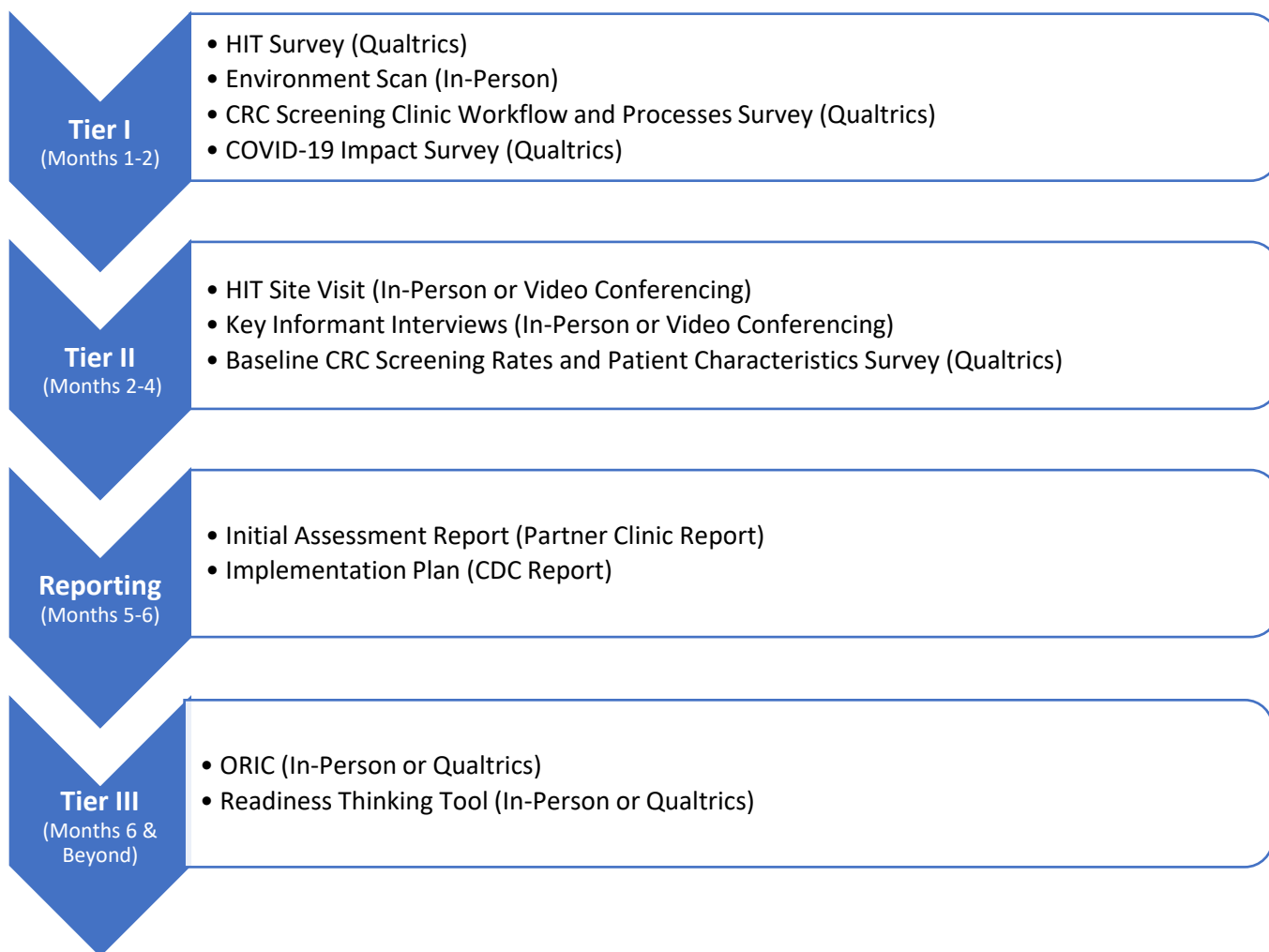
Tier II

5. **HIT Site Visit.** The WV PICCS HIT Team will visit each clinic and meet with designated staff to assess EHR capabilities and staff skills. Information gathered from the HIT Survey will provide the background needed to facilitate a productive site visit and overall HIT assessment process.

6. **Key Informant Interviews.** WV PICCS staff will interview at least four individuals at each clinic site. These key informants will come from different staffing categories including administrative/clerical, leadership, clinical support, and providers. The interview questions were designed to understand workflow, processes, motivation, and clinic culture. The interviews will be used to clarify answers from the CRC Screening Clinic Workflow and Processes Survey (see Appendix E).

7. **Baseline CRC Screening Rates and Patient Characteristics Survey.** The person completing this survey will be able to pull data from their clinic's EHR. The survey will be used to collect baseline CRC screening rates, CRC screening test completion/return rates, and patient characteristics (i.e. sex, nationality/ethnicity, and insurance status). The ability to accurately pull these reports will be assessed and facilitated during the HIT assessment process (see Appendix F).

Tier III

8. **ORIC.**[2] After the conclusion of the initial WV PICCS staff and provider training session, participants will be asked to complete the ORIC measure to assess perceived clinic readiness to participate in WV PICCS. (see Appendix G).

9. **Readiness Thinking Tool.**[3] This survey will be administered to all clinic CRC team members prior to implementing EBI throughout the implementation phase. (see Appendix H).

Readiness Assessment Timeline

The Readiness Assessment Timeline outlines the assessment activities each partner clinic will complete each month during the onboarding process.

Tier I
(Months 1-2)

- HIT Survey (Qualtrics)
- Environment Scan (In-Person)
- CRC Screening Clinic Workflow and Processes Survey (Qualtrics)
- COVID-19 Impact Survey (Qualtrics)

Tier II
(Months 2-4)

- HIT Site Visit (In-Person or Video Conferencing)
- Key Informant Interviews (In-Person or Video Conferencing)
- Baseline CRC Screening Rates and Patient Characteristics Survey (Qualtrics)

Reporting
(Months 5-6)

- Initial Assessment Report (Partner Clinic Report)
- Implementation Plan (CDC Report)

Tier III
(Months 6 & Beyond)

- ORIC (In-Person or Qualtrics)
- Readiness Thinking Tool (In-Person or Qualtrics)

References

1. WVU Office of Health Services Research. (2020).
2. Shea CM, Jacobs SR, Esserman DA, Bruce K, Weiner BJ. Organizational readiness for implementing change: A psychometric assessment of a new measure. Implementation science. 2014 Dec;9(1):1-5.
3. Capacity Building Center for States. (2019). Change and implementation readiness assessment tool. Washington, DC: Children's Bureau, Administration for
4. Children and Families, U.S. Department of Health and Human Services.

Readiness Assessment Tools

Appendix A
HIT Survey

WVPICCS Health Information Technology Assessment

Start of Block: Default Question Block

Q1
WV Program to Increase Colorectal Cancer Screening Health Information Technology Assessment
The following questions are about the use of electronic health records (EHRs) in relation to colorectal cancer screening and data use. Please complete these questions to the best of your ability, and consult with other members of your practice as needed.

Thank you sincerely for your time and partnership. The West Virginia Program to Increase Colorectal Cancer Screening (WV PICCS) values working with you.

Page Break

Q2 Please note the name of your health system or practice:

_____

Q3 Please note the name(s) and title(s) of the individual(s) completing this survey:

_____

_____

_____

_____

_____

Page Break

Q4 Please provide the following information about the EHR currently used:

Q5 Name of the EHR

_____

Q6 How long your practice has used the EHR (in years and months)

_____

Page Break

Q7 Who at your practice is responsible for reviewing reports from the EHR? (Please list the job title(s) of those involved.)

_____

_____

_____

_____

_____

Q8 Does your practice currently use the clinical data associated with UDS, PQRS, NQF, and/or other reporting bodies to plan and implement quality improvement activities for colorectal cancer?

◯ Yes

◯ No

Page Break

Q9 Which of the following areas does your practice have experience modifying in the EHR? (Please check all that apply.)
For the areas that your practice doesn't have experience modifying in the EHR, please list the barriers.

☐ Data collection forms/templates
_____

☐ Reporting _____

☐ Patient reminders _____

☐ Provider alerts _____

☐ Ability to create mailing lists/labels for patient reminders
_____

☐ None of the above

Page Break

Q10 Is your EHR set-up to provide a list of patients age 51-74 who are not up-to-date on their colorectal cancer screenings?

○ Yes

○ No, but that feature can be programmed with current staff and resources

○ No, but that feature can be programmed if additional resources were available

○ No, cannot be generated

Q11 If you would like to provide more information on whether your EHR is set-up to provide a list of patients age 51-74 who are not up-to-date on their colorectal cancer screenings, and if that feature is used, please do so here.

_____

_____

_____

_____

_____

Page Break

Q12 Is your EHR set-up to alert providers, medical assistants, or other staff that a patient is due or past due for colorectal cancer screening?

○ Yes

○ No, but that feature can be programmed with current staff and resources

○ No, but that feature can be programmed if additional resources were available

○ No, cannot be generated

Q13 If you would like to provide more information on whether your EHR is set-up to alert providers, medical assistants, or other staff that a patient is due or past due for colorectal cancer screenings, and/or whether those features are used, please do so here.

_____

_____

_____

_____

_____

Page Break

Q14 How actively used is the alert for due or past due colorectal cancer screenings?

○ Not at all used / Not activated

○ Sporadically used

○ Generally used among the health care team

○ Consistently used across the health care team / Standard operating procedure

○ Unsure

Q15 If you would like to provide more information on how actively the alert for due or past due colorectal cancer screenings is use, please do so here.

_____

_____

_____

_____

_____

Page Break

Q16
Does the EHR allow for the documentation of which colorectal cancer screening test has been referred by the provider (i.e., immunofecal occult blood test, sigmoidoscopy, colonoscopy, etc.)?

○ Yes, in discrete fields

○ Yes, in text box

○ No

○ Unsure

Q17 If you would like to provide more information on whether your EHR allows for the documentation of which colorectal cancer screening test has been referred by the provider (i.e., immunofecal occult blood test, sigmoidoscopy, colonoscopy, etc.), please do so here.

_____

_____

_____

_____

_____

Page Break ───────────────────────────────────────

Q18 Is your EHR set-up to capture family and personal history of colorectal cancer?

○ Yes, in discrete fields

○ Yes, in text box

○ No, but that feature can be programmed with current staff and resources

○ No, but that feature can be programmed if additional resources were available

○ No, cannot be generated

Q19 If you would like to provide more information on whether your EHR is set-up to capture family and personal history of colorectal cancer, please do so here.

_____

_____

_____

_____

_____

Page Break

Q20
Does the EHR allow you to run colorectal cancer screening rates by provider?

○ Yes

○ No

○ Unsure

Q21 Can your health system, without assistance, run these reports?

○ Yes

○ No

Q22 If you would like to provide more information on whether your EHR allows you to run colorectal cancer screening reports by provider, please do so here.

_____

_____

_____

_____

_____

Page Break

Q23 Do patient EHR charts indicate if a provider has recommended colorectal cancer screening and the patient declined?

○ Yes, in discrete fields

○ Yes, in text box

○ No, but that feature can be programmed with current staff and resources

○ No, but that feature can be programmed if additional resources were available

○ No, cannot be generated

Q24 Do patient EHR charts indicate if a provider has recommended colorectal cancer screening and the patient deferred a response (wants to think it over)?

○ Yes, in discrete fields

○ Yes, in text box

○ No, but that feature can be programmed with current staff and resources

○ No, but that feature can be programmed if additional resources were available

○ No, cannot be generated

Page Break

Q25 Please describe the office flow of how colorectal screening <u>results</u> are entered into the EHR. Please include descriptions as applicable of manual data entry, upload of scanned documents, and import of electronic data.

_____

_____

_____

_____

_____

Page Break

Q26 The WV Program to Increase Colorectal Cancer Screening aims to be an asset to your practice's ability to increase colorectal cancer screenings and best serve your patient population. Please provide any additional information on needs your organization may have for colorectal cancer screening reporting, tracking, and analytics so that we can best partner with you.

_____

_____

_____

_____

_____

End of Block: Default Question Block

Appendix B
Environmental Scan

PRE-SITE VISIT		
QUESTION	Y OR N	DETAILS
Site has a social media profile. If yes, which sites?		
Do the social media outlets provide any public health information? If so, what topics are being informed?		
Site has a website. If yes, are hours, location(s) and contact information provided?		
Website provides public health information. If so, what topics are being informed?		
SITE VISIT - EXTERIOR		
NOTE: Take photographs of exterior and interior of the clinic during the site visit.		
Site has easy access to parking.		
Parking spots are a reasonable walking distance from entry.		
Site has accessibility to individuals with disabilities (i.e. parking, wheelchair entrance, etc.)		
Site entrance is clearly visible.		
Valet service is available.		
SITE VISIT – INTERIOR		
Site has a waiting room/lobby.		
The lobby has TV screen(s), kiosk or video monitor(s). If so, which kind(s)?		
Lobby has public health information displayed. If so, are there brochures, posters or both?		
Lobby has colorectal cancer/screening information displayed. If so, are there brochures, posters or both?		
Public health information is displayed in other locations throughout the clinic. If so, please list areas.		
The clinic hours are clearly posted.		
There is a reception desk with a receptionist available.		
Do the exam rooms have any public health information displayed? If so, are there brochures, posters or both?		
Restrooms display any public health information? If so, please describe the type of publications displayed		
Are the CRC test kits physically located in the clinic area?		
Does the patient receive any form of tangible reminders when they exit their appointments?		

WV PICCS: CRC Screening Clinic Workflow and Processes (Baseline)

Start of Block: Default Question Block

Q1 This survey will collect your clinic's current colorectal cancer (CRC) screening practices and workflow.

The person(s) completing this assessment should have knowledge of clinic workflow and practices. It will take approximately 30 minutes to complete.

A separate assessment will need to be completed for each clinic participating in WV PICCS.

End of Block: Default Question Block

Start of Block: Block 1

Q2 The questions in this section collect information regarding CRC screening administration at your clinic (5 total).

Q3 Does your clinic have CRC screening standing orders?

○ Yes (1)

○ No (2)

Q4 Describe your CRC screening standing orders.

_____

_____

_____

_____

_____

Q5 Describe any challenges your clinic may have in establishing CRC screening standing orders.

_____

_____

_____

_____

_____

Q6 Identify the person identified as your clinic's CRC screening champion. Provide name and title/role.

_____

_____

_____

_____

_____

Q7 Select all of the CRC screening methods used by your clinic.

☐   FIT (1)

☐   FIT-DNA (Cologuard) (2)

☐   FOBT (3)

☐   Colonoscopy (4)

Q8 Which screening method do you use the most in your clinic?

○ FIT (1)

○ FIT-DNA (2)

○ FOBT (3)

○ Colonoscopy (4)

End of Block: Block 1

Start of Block: Block 2

Q9 The questions in this section collect information related to patient encounters (5 total).

Q10 Describe your clinic's patient encounter workflow (i.e. triage, staff members involved, etc.)

_____

_____

_____

_____

_____

Q11 Which staff members are responsible for assessing CRC screening eligibility?
When does this assessment occur?

_____

_____

_____

_____

_____

Q12 Who discusses CRC screening with the patients?
 How is CRC screening presented to the patient?

_____

_____

_____

_____

_____

Q13 Who orders CRC screening for the patient?
 How does this occur?

_____

_____

_____

_____

_____

Q14 Describe any CRC screening educational materials given to your patients and/or on display.

_____

_____

_____

_____

_____

End of Block: Block 2

Start of Block: Block 3

Q15 This section of questions collects information on your CRC screening tracking processes (9 total).

Q16 Who is responsible for tracking if and when a stool-based test (i.e. FIT) is returned? Describe this process.

_____

_____

_____

_____

_____

Q17 Who is responsible for tracking if and when a colonoscopy is completed?
Describe this process.

_____

_____

_____

_____

_____

Q18 How are positive or negative results documented and how are patients notified?

_____

_____

_____

_____

_____

Q19 Describe the process for working with patients to schedule follow-up testing after a positive FIT.

_____

_____

_____

_____

_____

Q20 How do you work with patients that do not show up for follow-up testing?

_____

_____

_____

_____

_____

Q21 How do you assist patients that are uninsured and unable to afford follow-up testing?

_____

_____

_____

_____

_____

Q22 Does your clinic have a patient navigator?

○ Yes (1)

○ No (2)

Q23 Describe the role of a patient navigator in your clinic.

_____

_____

_____

_____

_____

Q24 How many fulltime patient navigators does your clinic employ?

_____

Q25 This final section of questions will collect information on your current CRC practices (4-8 total).

Q26 Does your clinic engage in provider assessment and feedback for CRC screening?

○ Yes (1)

○ No (2)

Q27 Describe your provider assessment and feedback process.

_____

_____

_____

_____

_____

Q28 Does your clinic use provider reminders for CRC screening?

○ Yes (1)

○ No (2)

Q29 Describe your provider reminder process.

_____

_____

_____

_____

_____

Q30 Does your clinic use patient reminders for CRC screening?

○ Yes (1)

○ No (2)

Q31 Describe your clinic's use of patient reminders.

_____

_____

_____

_____

_____

Q32 Does your clinic actively seek to reduce structural barriers to CRC screening?

○ Yes (1)

○ No (2)

Display This Question:

If Does your clinic actively seek to reduce structural barriers to CRC screening? = Yes

Q33 Describe patient barriers to CRC screening and how your clinic tries to reduce them.

_____

_____

_____

_____

_____

End of Block: Block 4

COVID-19 Impact Survey

WV PICCS: COVID-19 Impact

Start of Block: Default Question Block

Q1 This survey will collect information how COVID-19 has affected your clinic with a specific emphasis on colorectal cancer (CRC) screening.

The person(s) completing this assessment should have knowledge of clinic workflow and operations. It will take approximately 5-10 minutes to complete.

A separate assessment will need to be completed for each clinic participating in WV PICCS.

End of Block: Default Question Block

Start of Block: Block 1

Q2 Over the past 12 months, due to COVID-19, have you had to close or reduced your clinic hours?

○ Yes, closed (at least a full week or more) (1)

○ Yes, reduced hours (2)

○ Yes, closed and reduced hours (3)

○ No, clinic did not close or reduce hours (4)

Display This Question:

If Over the past 12 months, due to COVID-19, have you had to close or reduced your clinic hours? = Yes, closed (at least a full week or more)

Or Over the past 12 months, due to COVID-19, have you had to close or reduced your clinic hours? = Yes, closed and reduced hours

Q3 Number of weeks your clinic was closed

_____

Q4 Number of clinic hours reduced per week

_____

Q5 Number of weeks clinic has operated with reduced hours

_____

End of Block: Block 1

Start of Block: Block 2

Q6 In the past 12 months, has COVID-19 negatively impacted your clinic's delivery of CRC screening and diagnostic services?

○ Yes (1)

○ No (2)

Q7 Indicate if any of these situations has occurred in your clinic over the past 12 months. Type Y (yes) or N (no) for each question.

○ Visits were limited to only sick patients, with limited or preventative care available (1)
_____

○ Visits were limited to those at high risk for CRC or with symptoms of CRC (2)
_____

○ Visits were telemedicine/telehealth only (3)
_____

○ Could not refer average risk patients for screening colonoscopies due to limited availability of endoscopic services (4) _____

○ Could not refer patients with abnormal or positive fecal test results for follow-up due to limited availability of endoscopic services (5) _____

○ Patients cancelled or did not schedule appointments due to fear of COVID-19 (6)
_____

○ Patients fearful of getting COVID-19 (7)
_____

Q8 Please provide any additional information on how COVID-19 has affected your clinic's CRC screening services.

_____

_____

_____

_____

_____

Q9 Over the past 12 months, has COVID-19 negatively impacted your clinic's implementation of of evidence-based interventions (EBIs) or patient navigation activities for CRC screening?

○ Yes (1)

○ No (2)

Display This Question:

If Over the past 12 months, has COVID-19 negatively impacted your clinic's implementation of of evid... = Yes

Q10 Indicate if any of these situations has occurred in your clinic over the past 12 months. Type Y (yes) or N (no) for each question.

○ COVID-19 negatively affected PATIENT REMINDERS for CRC screening (1)
_____

○ COVID-19 negatively affected PROVIDER REMINDERS for CRC screening (2)
_____

○ COVID-19 negatively affected PROVIDER ASSESSMENT & FEEDBACK for CRC screening (3)
_____

○ COVID-19 negatively affected REDUCING STRUCTURAL BARRIERS for CRC screening (4)
_____

○ COVID-19 negatively affected PATIENT NAVIGATION for CRC screening (5)
_____

Q11 Please provide any additional information that may help us understand the impact COVID-19 has had on your clinic.

_____

_____

_____

_____

_____

Appendix E
Key Informant Interview Guide

Administrative/Clerical Questions

1. Describe your position at CLINIC.
   - What are some of the primary tasks/duties that you complete each day?
     - Describe the workflow for these primary tasks.
   - How would you describe your average daily workload?
2. Describe your role, if any, in improving the quality of patient care at CLINIC.
   - Why do you feel this way?
3. Describe a quality improvement change that has been made at CLINIC in the past.
   - Describe how you were or were not able to contribute to this process.
   - How do you think this process of change could be improved in the future?
4. Describe some of the ways you could support a colorectal cancer screening quality improvement initiative at CLINIC.
   - Do you feel like your contribution would be important?
   - What would be some challenges to assisting?

Main goals: Understanding process/workflow, work volume, perception of inclusion/value/participation

Leadership Questions

1. Describe your role at CLINIC.
   - What is your role, if any, in improving the quality of patient care?
2. Describe a quality improvement change that has been made at CLINIC in the past.
   - What were the strengths and weaknesses of this process?
   - Who was involved in this process?
   - How could this process be improved in the future?
3. Describe CLINIC'S process for prioritizing quality improvement initiatives.
   - What are some of CLINIC's current quality improvement priorities?
   - Describe the resources you need to successfully complete these initiatives.
   - Do you feel you are well positioned to undertake a quality improvement initiative now?
     - Why or why not?
4. Describe some of the ways you could support a colorectal cancer screening quality improvement initiative at CLINIC.
   - Do you feel like your contribution would be important?
   - What would be some challenges to assisting?
   - Describe the resources you need to successfully complete this initiative.

Main goals: Views on quality improvement, approach to change, prioritization of QI, personal role in QI, capacity for QI

Clinical Staff Questions

1. Describe your position at CLINIC.
   - What are some of the primary tasks/duties that you complete each day?
     - Describe the workflow for these primary tasks.
   - How would you describe your average daily workload?
2. Describe your role, if any, in working with patients to satisfy quality measures.
   - How important is your role in ensuring patients satisfy quality measures?
3. Describe how you approach conversations about colorectal cancer screening with your patients.
   - How do patients typically respond to these conversations?
   - What are some of the challenges you have in getting patients to complete colorectal cancer screening?
   - Do you have any suggestions to improve colorectal cancer screening rates at CLINIC?
4. Describe a quality improvement change that has been made at CLINIC in the past.
   - Describe how you were or were not able to contribute to this process.
   - How do you think this process of change could be improved in the future?
5. Describe some of the ways you could support a colorectal cancer screening quality improvement initiative at CLINIC.
   - Do you feel like your contribution would be important?
   - What would be some challenges to assisting?
   - Describe the resources you need to successfully complete this initiative.
   - Describe any EHR-related changes that you feel could help or improve a colorectal cancer screening initiative.

Main goals: Understanding process/workflow, work volume, perception of inclusion/value/participation, colorectal cancer screening specific processes/approaches

Provider Questions

1. Describe your role at CLINIC.
   - How would you describe your average daily workload?
     - Approximately how many patients do you see on an average day in the clinic?
     - How much time do you spend on documenting patient encounters?
       - Do you feel that CLINIC's EHR is user-friendly and helps you in this documentation process?
         - ✓ Why or why not?
   - Describe the workflow for patient appointments.
2. How do you encourage patients to satisfy quality measures?
   - Do you feel that patients are responsive to these approaches?
     - Could these approaches be improved?
       - Why or why not?
   - Do other staff members work with you to encourage these quality measures are satisfied?
     - If so, who and how do they help?

3. Describe how you approach conversations about colorectal cancer screening with your patients.
    - How do patients typically respond to these conversations?
    - What are some of the challenges you have in getting patients to complete colorectal cancer screening?
    - Do you have any suggestions to improve colorectal cancer screening rates at CLINIC?
4. Describe a quality improvement change that has been made at CLINIC in the past.
    - Describe how you were or were not able to contribute to this process.
    - How do you think this process of change could be improved in the future?
5. Describe some of the ways you could support a colorectal cancer screening quality improvement initiative at CLINIC.
    - Do you feel like your contribution would be important?
    - What would be some challenges to assisting?
    - Describe the resources you need to successfully complete this initiative.
    - Describe any EHR-related changes that you feel could help or improve a colorectal cancer screening initiative.

Main goals: Understanding process/workflow, work volume, perception of inclusion/value/participation, colorectal cancer screening specific processes/approaches

Baseline CRC Screening Rates and Patient Characteristics Survey

WV PICCS: Baseline CRC Screening Rates and Patient Characteristics

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Start of Block: Default Question Block

Q1 This survey will be used to collect CRC screening rate information and patient characteristics for your clinic.

The person(s) completing this assessment should feel comfortable pulling this data from your electronic health records system.

If your health system has more than one clinic participating in WV PICCS, patient characteristics and CRC screening rates for each clinic can be entered on this survey.

Q2 Person Completing this Report

_____

Q3 Health System Name

_____

Q4 Number of Health System Clinics (include all sites - not just those participating in WV PICCS)

_____

Q5 Number of Health System Providers (not just for participating clinic)

_____

Q6 Data Source

○ Chart Review Only (1)

○ Electronic Health Records (EHR) Only (2)

○ Both (3)

Q7 Percent of Charts Reviewed for CRC Rate

_____

Q8 Did you use random or systematic sampling for the chart review?

○ Systematic (1)

○ Random (2)

○ Not Sure (3)

Q9 Electronic Health Record (EHR) Name

_____

Q10 Provide the following data points for your clinic. The reporting date range is January 1 - December 31, 2020.

Q11 Clinic 1: CRC Screening Rate Information

○ Clinic Name (2) _____

○ Numerator (3) _____

○ Denominator (4) _____

○ Percentage (5) _____

○ Measure Used (UDS, HEDIS, Practice Analytics) (6) _____

Q12 Clinic 1: Patient Characteristics

○ Total Number of Clinic Patients (3) _____

○ Total Number of Clinic Patients, Aged 50-75 (4)
_____

○ Total Number of WOMEN, 50-75 (5) _____

○ Total Number of MEN, 50-75 (6) _____

○ Total Number of UNINSURED, 50-75 (7)
_____

○ Total Number HISPANIC, 50-75 (10) _____

○ Total Number WHITE, 50-75 (11) _____

○ Total Number BLACK, 50-75 (12) _____

○ Total Number ASIAN, 50-75 (13) _____

○ Total Number PACIFIC ISLANDER, 50-75 (14)
_____

○ Total Number AMERICAN INDIAN, 50-75 (15)
_____

○ Total Number MORE THAN ONE RACE, 50-75 (2)
_____

Q13 Clinic 1: CRC Tests Ordered & Completed

○ Number of Screening Colonoscopies Ordered (2)

_____

○ Number of Screening Colonoscopies Completed (3)

_____

○ Number of FIT (stool-based tests) Ordered (4)

_____

○ Number of FIT (stool-based tests) Completed (5)

_____

○ Number of Diagnostic (follow-up) Colonoscopies Ordered (7)

_____

○ Number of Diagnostic (follow-up) Colonoscopies Completed (8)

_____

Q14 Clinic 1: Number of Providers

_____

Q15 Do you have another clinic that you need to add?

○ Yes (5)

○ No (6)

Skip To: Q30 If Do you have another clinic that you need to add? = No

Q16 Clinic 2: CRC Screening Rate Information

○ Clinic Name (2) _____

○ Numerator (3) _____

○ Denominator (4) _____

○ Percentage (5) _____

○ Measure Used (UDS, HEDIS, Practice Analytics) (6)
_____

Q17 Clinic 2: Patient Characteristics

○ Total Number of Clinic Patients (3) _____

○ Total Number of Clinic Patients, Aged 50-75 (4)
_____

○ Total Number of WOMEN, 50-75 (5) _____

○ Total Number of MEN, 50-75 (6) _____

○ Total Number of UNINSURED, 50-75 (7)
_____

○ Total Number HISPANIC, 50-75 (10) _____

○ Total Number WHITE, 50-75 (11) _____

○ Total Number BLACK, 50-75 (12) _____

○ Total Number ASIAN, 50-75 (13) _____

○ Total Number PACIFIC ISLANDER, 50-75 (14)
_____

○ Total Number AMERICAN INDIAN, 50-75 (15)
_____

○ Total Number MORE THAN ONE RACE, 50-75 (2)
_____

Q18 Clinic 2: CRC Tests Ordered & Completed

○ Number of Screening Colonoscopies Ordered (2)

_____

○ Number of Screening Colonoscopies Completed (3)

_____

○ Number of FIT (stool-based tests) Ordered (4)

_____

○ Number of FIT (stool-based tests) Completed (5)

_____

○ Number of Diagnostic (follow-up) Colonoscopies Ordered (7)

_____

○ Number of Diagnostic (follow-up) Colonoscopies Completed (8)

_____

Q19 Clinic 2: Number of Providers

_____

Q20 Do you have another clinic that you need to add?

○ Yes (5)

○ No (6)

Skip To: Q30 If Do you have another clinic that you need to add? = No

Q21 Clinic 3: CRC Screening Rate Information

○ Clinic Name (2) _____

○ Numerator (3) _____

○ Denominator (4) _____

○ Percentage (5) _____

○ Measure Used (UDS, HEDIS, Practice Analytics) (6)
_____

Q22 Clinic 3: Patient Characteristics

○ Total Number of Clinic Patients (3) _____

○ Total Number of Clinic Patients, Aged 50-75 (4)
_____

○ Total Number of WOMEN, 50-75 (5) _____

○ Total Number of MEN, 50-75 (6) _____

○ Total Number of UNINSURED, 50-75 (7)
_____

○ Total Number HISPANIC, 50-75 (10) _____

○ Total Number WHITE, 50-75 (11) _____

○ Total Number BLACK, 50-75 (12) _____

○ Total Number ASIAN, 50-75 (13) _____

○ Total Number PACIFIC ISLANDER, 50-75 (14)
_____

○ Total Number AMERICAN INDIAN, 50-75 (15)
_____

○ Total Number MORE THAN ONE RACE, 50-75 (2)
_____

Q23 Clinic 3: CRC Tests Ordered & Completed

○ Number of Screening Colonoscopies Ordered (2)

_____

○ Number of Screening Colonoscopies Completed (3)

_____

○ Number of FIT (stool-based tests) Ordered (4)

_____

○ Number of FIT (stool-based tests) Completed (5)

_____

○ Number of Diagnostic (follow-up) Colonoscopies Ordered (7)

_____

○ Number of Diagnostic (follow-up) Colonoscopies Completed (8)

_____

Q24 Clinic 3: Number of Providers

_____

Q25 Do you have another clinic that you need to add?

○ Yes (5)

○ No (6)

Skip To: Q30 If Do you have another clinic that you need to add? = No

Q26 Clinic 4: CRC Screening Rate Information

○ Clinic Name (2) _____

○ Numerator (3) _____

○ Denominator (4) _____

○ Percentage (5) _____

○ Measure Used (UDS, HEDIS, Practice Analytics) (6)
_____

Q27 Clinic 4: Patient Characteristics

◯ Total Number of Clinic Patients (3) _____

◯ Total Number of Clinic Patients, Aged 50-75 (4)
_____

◯ Total Number of WOMEN, 50-75 (5) _____

◯ Total Number of MEN, 50-75 (6) _____

◯ Total Number of UNINSURED, 50-75 (7)
_____

◯ Total Number HISPANIC, 50-75 (10) _____

◯ Total Number WHITE, 50-75 (11) _____

◯ Total Number BLACK, 50-75 (12) _____

◯ Total Number ASIAN, 50-75 (13) _____

◯ Total Number PACIFIC ISLANDER, 50-75 (14)
_____

◯ Total Number AMERICAN INDIAN, 50-75 (15)
_____

◯ Total Number MORE THAN ONE RACE, 50-75 (2)
_____

Q28 Clinic 4: CRC Tests Ordered & Completed

○ Number of Screening Colonoscopies Ordered (2)

_____

○ Number of Screening Colonoscopies Completed (3)

_____

○ Number of FIT (stool-based tests) Ordered (4)

_____

○ Number of FIT (stool-based tests) Completed (5)

_____

○ Number of Diagnostic (follow-up) Colonoscopies Ordered (7)

_____

○ Number of Diagnostic (follow-up) Colonoscopies Completed (8)

_____

Q29 Clinic 4: Number of Providers

_____

Q30 How confident are you in the accuracy of the data provided?

○ Not Confident (4)

○ Somewhat Confident (5)

○ Very Confident (6)

Q31 Are there known unresolved problems with the CRC data provided?

○ Yes (1)

○ No (2)

○ Unknown (3)

Q32 Please explain the unresolved problem with the CRC data provided.

_____

_____

_____

_____

_____

End of Block: Default Question Block

ORIC

WV PICCS: Organizational Readiness for Implementing Change (ORIC)

Start of Block: Default Question Block

Q1 This survey is used to collect information about clinic readiness to undertake colorectal cancer screening improvement initiatives with WV PICCS. It will be completed by staff and providers who participate in initial WV PICCS training. The assessment will take approximately 5 minutes to complete.

Q2 Health System/Clinic

_____

Q3 Role/Position

_____

End of Block: Default Question Block

Start of Block: Block 1

Q4 People who work here feel confident that the organization can get people invested in implementing this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q5 People who work here are committed to implementing this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q6 People who work here feel confident that they can keep track of progress in implementing this change.

    ○ Disagree (1)

    ○ Somewhat Disagree (2)

    ○ Neither Agree or Disagree (3)

    ○ Somewhat Agree (4)

    ○ Agree (5)

Q7 People who work here will do whatever it takes to implement this change.

    ○ Disagree (1)

    ○ Somewhat Disagree (2)

    ○ Neither Agree or Disagree (3)

    ○ Somewhat Agree (4)

    ○ Agree (5)

Q8 People who work here feel confident that the organization can support people as they adjust to this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q9 People who work here want to implement this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q10 People who work here feel confident that they can keep the momentum going in implementing this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q11 People who work here feel confident that they can handle the challenges that might arise in implementing this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q12 People who work here are determined to implement this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q13 People who work here feel confident that they can coordinate tasks so that implementation goes smoothly.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q14 People who work here are motivated to implement this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

Q15 People who work here feel confident that they can manage the politics of implementing this change.

○ Disagree (1)

○ Somewhat Disagree (2)

○ Neither Agree or Disagree (3)

○ Somewhat Agree (4)

○ Agree (5)

End of Block: Block 1

WV PICCS: Readiness Thinking Tool

Q1 This survey is used to collect information about clinic readiness to undertake specific colorectal cancer screening improvement initiatives with WV PICCS. The assessment will take approximately 5 minutes to complete.

Q2 Clinic Name

_____

Q3 Role/Position

_____

Q4 Date Completed

_____

Q5 Describe the evidence-based intervention (EBI) your clinic will implement.

_____

Q6 This innovation seems better than what we are currently doing.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q7 This innovation fits with how we do things.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q8 This innovation seems simple to use.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q9 This innovation can be tested and experimented with.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q10 We have the ability to see that this innovation is leading to outcomes.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q11 This innovation has a high level of importance compared to other things we do.

◯ Disagree (1)

◯ Partially Agree (2)

◯ Strongly Agree (3)

◯ Unsure (4)

End of Block: Block 2

Start of Block: Block 3

Q12 We have sufficient abilities to do the innovation.

◯ Disagree (1)

◯ Partially Agree (2)

◯ Strongly Agree (3)

◯ Unsure (4)

Q13 There is a well-connected person who supports and models this innovation.

◯ Disagree (1)

◯ Partially Agree (2)

◯ Strongly Agree (3)

◯ Unsure (4)

Q14 We have the necessary supports, processes, and resources to enable this innovation.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q15 We have the necessary relationships between organizations that support this innovation.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q16 We have the necessary relationships within the clinic to support this innovation.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

End of Block: Block 3

Start of Block: Block 4

Q17 We have clear norms and values of how we do things here.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q18 People have a strong sense/feeling of being a part of this clinic.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q19 Our clinic is open to change in general.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q20 Our clinic has the ability to acquire and allocate resources including time, money, effort, and technology.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q21 Our clinic has effective leaders.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q22 Our clinic has effective communication and teamwork.

○ Disagree (1)

○ Partially Agree (2)

○ Strongly Agree (3)

○ Unsure (4)

Q23 Our clinic has enough of the right people to get things done.

    ○ Disagree (1)

    ○ Partially Agree (2)

    ○ Strongly Agree (3)

    ○ Unsure (4)

Q24 Our clinic has the ability to plan, implement, and evaluate.

    ○ Disagree (1)

    ○ Partially Agree (2)

    ○ Strongly Agree (3)

    ○ Unsure (4)

End of Block: Block 4