Appendix A:3.3 NY State Clinic Readiness Assessment Tool

COLORECTAL CANCER CLINIC ASSESSMENT

Introduction:

Clinics should complete this assessment tool to the best of their ability. This survey is one component of the clinic assessment process and your responses will be reviewed with the project team during assessment meetings. The information provided in this survey will set the stage for ongoing communication and discussion as we work with you to understand your processes and build improvement plans. Questions or clarifications can be addressed to your project manager.

Contents

Section 1: General Clinic Information

	Question	Answer
1.	FQHC/Health System Name	
2.	Clinic Name	
3.	Clinic Location (city, zip code)	
4.	Name/title of key contact for project	
5.	Email address of key contact	
6.	Telephone number of key contact	
7.	Name/title of individual	

	completing assessment (IF DIFFERENT FROM KEY CONTACT):	
8.	Email address of individual completing assessment	
9.	Telephone number of individual completing assessment	

Section 2: Clinic and Patient Characteristics

	Question	**Answer**	
1.	Total number of clinic sites in the health system that provide primary care services (do not include school-based health clinics)		
2.	Number of staff by category at the clinic and FQHC/Health System level	**Clinic Level**	**FQHC/Health System Level**
	Primary Care Clinical Providers (MD/DO, NP, PA)		
	Nursing (RN, LPN, APN)		
	Medical Office Assistants		
	Community Health Workers		
	Patient Navigators		
	Health Information Technology specialists (or some other identifier)		
	Administrative		
	Clerical		
	Other		
3.	Please provide NPI#s used for billing along with billing addresses. This will be used to support health plan engagement, specifically Medicaid Managed Care plans, in this work.		

4.	Percent of patients less than 200% of the federal poverty limit	
5.	Percent of patients best served in a language other than English	

6. Patient Population Characteristics:	Answer
Total # of clinic patients that had at least one visit in the last year (all ages)	
Total # of clinic patients 50-75 that had at least one visit in the last year:	
Of the patients 50-75 with at least one visit in the prior year:	
% of patients, Men	
% of patients, Women	
% of patients, uninsured	
% of patients, Hispanic	
% of patients, Non-Hispanic	
% of patients, white	
% of patients, Black/AA	
% of patients, Asian	
% of patients, Native Hawaiian/Pacific Islander	
% of patients, American Indian/Alaska Native	
% of patients, more than one race	

Section 3: Quality Improvement (QI) Structure and Priorities

Question	**Answer**
1. **Please briefly describe the clinic or center's QI**	

	structure. **If the QI structure is at the FQHC/Health System level, please note that and describe.**	
2.	**How experienced is your clinic staff with QI efforts?** *Select One:*	☐ Highly- we have a QI Team, and clinic QI plan ☐ Fairly- we know about QI, but do not formally work on it ☐ Not very experienced- we don't know much about QI and do not work on it
3.	**Prior to the start of this work, has your clinic:** *Select all that apply*	☐ Used HIT to perform data analytics and reporting to monitor and improve the colorectal cancer screening rate ☐ Had a QI team or other clinic staff focused improvement efforts on screening
4.	**What are your other current and planned quality improvement initiatives?**	

Section 4: Colorectal Cancer Screening Workflow

	Question	**Answer**
1.	**Does your clinic follow a set of colorectal cancer screening guidelines?**	☐ Yes ☐ No
2.	**(If yes) Which guidelines does your clinic follow?** *Select all that apply*	☐ USPSTF ☐ ACS ☐ Other, please describe
3.	**Does your clinic have an established workflow, process or protocol for colorectal cancer screening**	☐ Yes ☐ No (skip to question #9).
4.	**(If yes) Is that process documented?**	☐ Yes (please share workflow, skip to question #6)) ☐ No
5.	**If the process is not documented or you are unable to share please provide a brief description of the current workflow, process, or protocol.**	
6.	**Are there any concerns or issues with the current colorectal cancer workflow that you would like to address?**	
7.	**When are staff educated about colorectal cancer screening policies and/or processes?** *Select all that apply*	☐ At orientation ☐ Annually ☐ When they change

		☐ Staff are not educated about colorectal cancer screening policies and/or processes ☐ Other
8.	**How often are colorectal cancer screening protocols reviewed and updated?** *Select One:*	☐ Annually ☐ Every 2 years ☐ Every 5 years ☐ Other
9.	**Does your clinic have a standing order for fecal screening test kits?**	☐ Yes ☐ No
10.	**Does your clinic have a clinical champion for cancer screening?**	☐ Yes ☐ No (skip to question #12)
11.	**If yes, please select which activities the clinical champion engages in to promote colorectal cancer screening.** *Select all that apply*	☐ Sets clear expectations to staff regarding implementation ☐ Actively and enthusiastically promotes value of the innovation ☐ Discusses barriers, answers questions with other physicians ☐ Communicates strategies/challenges with leadership ☐ Shows appreciation for the efforts and contributions of others ☐ Refers patients into the program to set an example ☐ Keeps the project a priority and protects its resources ☐ Ensures that the innovation is implemented in the face of organizational inertia or resistance ☐ Other
12.	**What screening modalities does your clinic recommend?** *Select all that apply*	☐ High sensitivity guaiac Fecal Occult Blood test (gFOBT) ☐ Fecal Immunochemical Test (FIT or iFOBT) ☐ FIT-DNA (Cologuard®) ☐ Colonoscopy
13.	**Indicate which colorectal cancer screening modality was most frequently used by the clinic during the prior year.** *Select One*	☐ High sensitivity gFOBT ☐ FIT/iFOBT ☐ FIT-DNA (Cologuard®) ☐ Colonoscopy

14.	**Please describe if screening modality varies by provider, patient preferences and/or any recent changes due to the impact of COVID.**	
15.	**Name(s) of high sensitivity FOBT or iFOBT/FIT used**	
16.	**Does the clinic offer free fecal test kits?**	☐ Yes ☐ No
17.	**What staff roles are responsible for identifying patients that are due for screening?** *Select all that apply*	☐ Clerical ☐ Medical Assistants ☐ Nursing ☐ Clinical Providers ☐ Other (please specify)
18.	**What staff roles are responsible for discussing the importance and need for colorectal cancer screening with patients?**	☐ Clerical ☐ Medical Assistants ☐ Nursing ☐ Clinical Providers ☐ Other (please specify)
19.	**Is a colorectal cancer risk assessment completed for patients?** *Select all that apply*	☐ No (skip to question #22) ☐ Yes, for all adult patients ☐ Yes, when they turn 50 ☐ Yes, during annual physical ☐ Yes, at other interval
20.	**If a risk assessment is done, please select the factors that are included in the clinic's assessment.** *Select all that apply*	☐ Age ☐ Symptoms ☐ Increased or High-Risk Factors ☐ Family history of adenoma/colorectal cancer ☐ Other (describe)
21.	**If your clinic uses a specific risk assessment tool, is it embedded in your electronic health record (EHR)?**	☐ Yes ☐ No
22.	**What staff roles are responsible for placing orders for colorectal cancer screening tests?** *Select all that apply*	☐ Clerical ☐ Medical Assistants ☐ Nursing

		☐ Clinical Providers
		☐ Other (please specify)
23.	**Does your clinic have a defined or documented colorectal cancer screening patient education protocol/process that educates patients about the importance of colorectal cancer screening, screening options and the screening process?**	☐ Yes ☐ No
24.	**How do patients receive fecal screening test kits?** *Select all that apply*	☐ Kits are available in-patient rooms and given to patient at time of appointment ☐ Patient visits lab to pick up ☐ Kit is mailed to patient ☐ Other (please describe)
25.	**Where do patients return their fecal screening test kits?** *Select all that apply*	☐ Mail to the clinic ☐ Drop off at the clinic ☐ Mail to a lab ☐ Other (please describe)
26.	**How are kit distributions and returns tracked?**	
27.	**Do clinical staff contact patient to prompt them to complete fecal screening test kits?**	☐ Yes ☐ No (skip to question #28)
28.	**If yes, at what intervals?**	
29.	**Do clinic staff have a role to assist patients in completing colonoscopy referrals?**	☐ Yes ☐ No (skip to question # 31)
30.	**If yes, what roles do they have?** *Select all that apply*	☐ Scheduling referral appointment ☐ Reminding patient to attend referral appointment ☐ Assisting patient to obtain endoscopy preparation items ☐ Assisting the patient to attend the appointment (e.g. arranging rides, childcare, eldercare, etc..) ☐ Educating patients on colonoscopy process (prep, and next steps)
31.	**How are colonoscopy referrals tracked?**	
32.	**In a typical year how many GI/endoscopy practices do you regularly refer patients to for colorectal**	

	cancer screening?	
33.	What is the approximate percent of colorectal cancer screening reports returned from the GI/endoscopy practice to the clinic?	
34.	Is there a standard process in place for your clinic to obtain endoscopy and lab reports/results? *Select One*	☐ No process (skip to question #36) ☐ Informal process ☐ Formal process
35.	Please describe the process.	
36.	Are patients notified of their colorectal cancer screening results? *Select One*	☐ No (skip to question #39) ☐ Yes, but only for positive screening results ☐ Yes, for all results

		Normal	Abnormal
37.	How are patients provided colorectal cancer screening results, both normal and abnormal? *Check Box (check all that apply)*		
	In person appointment	☐	☐
	Phone Call	☐	☐
	Results are mailed	☐	☐
	Patient portal alert	☐	☐
	Other	☐	☐

38.	Are the communication of results to the patient documented in the EHR?	☐ Yes ☐ No
39.	What is the follow-up process for contacting patients who have not returned their fecal test kit or completed their colonoscopy referral?	
40.	How do you track when patients are due for rescreening?	
41.	Does your rescreening process differ from the initial screening process? For example, if a patient previously completed a take home fecal test kit, do you have a process for mailing them a new one?	☐ Yes, please describe: ☐ No

	Question	Answer
42.	**If a patient reports that they are up to date with screening, do you attempt to verify that information with the reported service provider?** *Select One*	☐ Yes, the majority of the time. ☐ Yes, only for select providers ☐ No
43.	**Do you collect documentation that the screening occurred from that service provider? If yes, please describe efforts to collect documentation.**	☐ Yes, please describe: ☐ No (skip to next section)
44.	**Is this information captured in the HIT system? If yes, please describe.**	☐ Yes ☐ No

Section 5: Evidence Based Interventions (EBIs) and Supportive Strategies to Promote Colorectal Cancer Screening

	Question	Answer
	Provider Assessment and Feedback	
	Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to patients (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 an individual provider and may be compared with a clinic goal or standard.	
1.	**Does your clinic use provider assessment and feedback to improve colorectal cancer screening rates?** *Select One*	☐ Yes ☐ No (skip to question #7)
2.	**What forms of Provider Assessment and Feedback does the clinic use?** *Select all that apply*	☐ Individual provider/care team reports ☐ Clinic level reports ☐ Center level reports
3.	**Who are reports provided to?** *Select all that apply*	☐ C-Suite ☐ Clinicians ☐ Administrative staff ☐ Nursing staff ☐ All staff ☐ Other (specify)

4.	If reports are generated at the individual provider or care team level and shared beyond those individuals, are providers identified or de-identified? *Select One*	☐ Identified ☐ De-identified
5.	Where or in what format are reports shared? *Select all that apply*	☐ Provider meetings ☐ E-mail ☐ Quarterly reports ☐ Embedded in other communications (specify) ☐ Other (specify)
6.	How often are feedback reports shared? *Select all that apply*	☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Provider Reminders

Reminders inform health care providers it is time for a patient's cancer screening test or that the patient is overdue for screening. The reminders can be provided in different ways, such as alerts in patient charts or by e-mail.

7.	Does your clinic use provider reminders for colorectal cancer screening?	☐ Yes ☐ No (skip to question #12)
8.	What form of provider reminders does the clinic use for colorectal cancer screening? *Select all that apply*	☐ EHR alert ☐ Paper notes (skip to question #12) ☐ Pre visit planning (skip to question #12) ☐ Other (specify) (skip to question #12)
9.	If provider reminders are in the EHR does the provider need to actively close and document the patient response or can it just be ignored? *Select One*	☐ Required active response to stop alert ☐ Alert stops if ignored
10.	Is the patient response documented in the EHR?	☐ Yes ☐ No
11.	If provider reminders are in the EHR can the nurse, MA or other staff manage them?	☐ Yes ☐ No

Patient Reminders

Patient reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening. These interventions can be untailored to address the overall target population or tailored with the intent to reach one specific person, based on characteristics that are unique to that person, related to the outcome of interest, and derived from an individual assessment.

12.	Does your clinic use patient reminders to let patients know they are due or past due for colorectal cancer screening?	☐ Yes ☐ No (skip to question #15)
13.	(If yes) What form of patient reminders does the clinic use for colorectal cancer screening? *Select all that apply*	☐ Mail ☐ Phone ☐ Patient portal ☐ E-mail ☐ Text message ☐ Automated calls ☐ Communications from patient navigators or community health workers ☐ Other
14.	Please describe the patient reminder process (e.g., patients are called 2 x, then one letter, each instance one week apart)	

Structural Barrier Reduction

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 to cancer screening

15.	Does your clinic have structural barrier reduction in place to make it easier for patients to access colorectal cancer screening?	☐ Yes ☐ No (skip to question #18)
16.	Does your clinic do any of the following activities to reduce structural barriers? *Select all that apply*	☐ Reducing time or distance between 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 procedures and other obstacles ☐ Other (specify)
17.	Please provide brief details about the barrier	

reduction activities checked in the above question.

Financial Barrier Reductions

Interventions to reduce patient out-of-pocket costs attempt to minimize or remove economic barriers that make it difficult for patients to access cancer screening services. Costs can be reduced through a variety of approaches, including vouchers, reimbursements, reduction in co-pays, or adjustments in federal or state insurance coverage.

18.	Does your clinic offer financial barrier reductions?	☐ Yes
		☐ No (skip to question #20)
19.	**(If Yes) Does you clinic provide any of the following?** *Select all that apply*	☐ Reduction in co-pays ☐ Sliding fee scale ☐ Participate in Cancer Services Program ☐ Voucher for colonoscopy prep items ☐ Other (specify)

Education

Group and one-on-one education convey information on indications for, benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended screening.

Group education is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format, and often incorporate role modeling or other methods. One-on-one education is typically delivered by healthcare workers or other health professionals, lay health advisors, or volunteers to individual patients, and are conducted by telephone or in person in medical, community, worksite or household settings.

20.	Does your clinic provide verbal colorectal cancer screening education?	☐ Yes
		☐ No (skip to question #22)
21.	**(If yes) Do your clinic staff utilize:** *Select all that apply*	☐ One-on-one education ☐ Group education ☐ On-line educational resources (FIT instruction videos, colonoscopy education videos, colorectal cancer organizational education such as NCCRT, ACS, health plans, CBOs, etc…

Small Media

Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.

22.	Does your clinic use small media to promote colorectal cancer screening?	☐ Yes
		☐ No (skip to question #24)
23.	Small Media- Please describe what the clinic uses for small media to promote colorectal cancer	☐ Letters ☐ Brochures

	screening? *Select all that apply*	☐ Newsletters ☐ Other (specify)

Patient Navigation and Community Health Workers

24.	**Does your clinic have Community Health Workers (CHW) or Patient Navigators (PN) on staff?** *Select One*	☐ Yes, CHWs (answer question #25, skip #26) ☐ Yes, PNs (answer question #26, skip #25) ☐ Yes, both CHWs and PNs ☐ No (skip to question #27)
25.	**(If Yes) What role do your CHWs have in the cancer screening process?** *Select all that apply*	☐ Not used for colorectal cancer screening ☐ One on one education ☐ Group education ☐ Patient reminders ☐ Other specify
26.	**(If yes) What role do your PNs have in the cancer screening process?**	***Select all that apply:*** ☐ Not used for colorectal cancer screenings ☐ Used for barrier assessment and reduction ☐ Appointment scheduling ☐ Patient reminders ☐ Navigation for colorectal cancer diagnostic services ☐ Other (specify)

EBI Assessment

27.	**If your clinic has ever implemented provider assessment and feedback, provider reminders, patient reminders, reducing structural barriers or supportive strategies to increase colorectal cancer screening, has any sort of assessment or evaluation of their impact been conducted?**	☐ Yes ☐ No (skip to next section)
28.	**If yes, please briefly describe your findings**	

Section 6: Barriers

1. **Patient Related Barriers**: In your opinion, how important are each of the following as potential barriers to increasing the cancer screening rate in your clinic?

Patient Related Barriers	Not Important	Low Importance	Neutral	Moderate Importance	Very Important
Patient fear of screening procedure	☐	☐	☐	☐	☐

13

	Not Important	Low Importance	Neutral	Moderate Importance	Very Important
Patient fear of screening results	☐	☐	☐	☐	☐
Patient lack of insurance/procedure costs	☐	☐	☐	☐	☐
Language barriers	☐	☐	☐	☐	☐
Lack of transportation	☐	☐	☐	☐	☐
Patient embarrassment	☐	☐	☐	☐	☐
Patients do not follow through with recommendations	☐	☐	☐	☐	☐
Patient co-morbidities	☐	☐	☐	☐	☐
Religious barriers	☐	☐	☐	☐	☐
Cultural custom barriers	☐	☐	☐	☐	☐

2. **System Related Barriers**: Please identify by importance how each of the following system-related barriers impact your clinic (or clinic's colorectal cancer screening rates).

System- Related Barriers	Not Important	Low Importance	Neutral	Moderate Importance	Very Important
Not having enough time to discuss colorectal cancer screening with patients	☐	☐	☐	☐	☐
Not enough time or capacity to discuss colorectal cancer screening completion (take home test instructions or colonoscopy prep)	☐	☐	☐	☐	☐
Inability to track down date and results of prior screenings	☐	☐	☐	☐	☐
Long delay in scheduling screening procedures	☐	☐	☐	☐	☐
Remembering to make screening recommendations	☐	☐	☐	☐	☐
Managing concurrent care provided by specialist (GI)	☐	☐	☐	☐	☐
Delay in receiving screening results from specialists	☐	☐	☐	☐	☐
Shortage of trained providers to conduct screening	☐	☐	☐	☐	☐
Organizational focus on efforts other than screening	☐	☐	☐	☐	☐
Lack of fulltime commitment to quality improvement efforts	☐	☐	☐	☐	☐

	Question	Answer
3.	**What sources are utilized to identify patient and/or system**	

14

	barriers to colorectal cancer screening?	
4.	Are you able to identify patient population characteristics (e.g. economic status/race/gender) of those patients who are not up to date with colorectal cancer screening?	
5.	Please identify any additional system barriers not noted, including insurance, billing, laboratory delays or other gaps in patients completing a colorectal cancer screening or delivering test results to patient	
6.	Have you used Patient and Family Advisory Council feedback into your QI Initiatives?	☐ Yes ☐ No ☐ Not Applicable
7.	Please describe	

Section 7 Health Information Technology (HIT)/Data/Reporting

	Question	Answer
1.	Has the clinic fully transitioned from paper charts to EHR (if no, describe)	☐ Yes ☐ No,
2.	What EHR does the clinic use?	
3.	Do all clinics in the health system use the same EHR? (if no, describe)	☐ Yes ☐ No,
4.	How long has your clinic used your current EHR?	Numeric Field (X Years, X Months)
5.	Does your clinic plan to change EHRs in the next 2 years?	☐ Yes ☐ No
6.	What other data systems are used to support care management?	
7.	Is the clinic connected to the HIE/QE in the region? If yes, what is the name(s) of the HIE?	☐ Yes, ☐ No
8.	How does your organization host the EHR? *Select One*	☐ In-house, on internal servers ☐ Hosted externally, not internet/web based ☐ Hosted externally to organization, internet/web based ☐ Other

	☐ Don't know	
9. **What colorectal cancer screening data elements are captured in structured fields?** *Select all that apply*	☐ Distribution of fecal screening kits ☐ Referral to GI ☐ Date of distribution or referral ☐ Date for scheduled colonoscopy ☐ Date of test completion ☐ Type of test ☐ Results of test ☐ Other	

10. Does your clinic currently use any of the following data reports from the EHR or another clinic data system to support colorectal cancer screening	Yes	No	Not Available
List of patients not up-to-date on cancer screening	☐	☐	☐
Patient visit planning report	☐	☐	☐
Referral management report	☐	☐	☐
colorectal cancer screening rates	☐	☐	☐
Patient Reminders	☐	☐	☐
Other	☐	☐	☐

11. **Who (staff role) is responsible for generating colorectal cancer reports?** *Select all that apply*	☐ Clerical ☐ Medical Assistants ☐ Nursing ☐ Clinical Providers ☐ Other (please specify)
12. **Can reports be exported?** *Select One*	☐ Yes ☐ No ☐ Don't Know/ not sure
13. **Can EHR reports be added/modified by clinic staff or only by the EHR vendor?** *Select all that apply*	☐ FQHC staff ☐ EHR Vendor
14. **Can EHR alerts and reminders be added/modified by clinic staff or only by the EHR vendor?** *Select all that apply*	☐ FQHC staff ☐ EHR Vendor
15. **If there are modifications required (e.g. adding customized reports) to the EHR, is there a cost associated with this?** *Select One*	☐ Yes ☐ No ☐ Don't know/not sure

16.	**Are colorectal cancer screening documentation practices standardized across the clinic?** *Select One*	☐ Yes, for all ☐ Yes, for most ☐ No, only for some ☐ No, everyone has their own documentation process.
17.	**What method is used to record colorectal cancer screening results in the EHR?** *Select all that apply*	☐ Automatically pushed in from lab or endoscopy center ☐ Manually entered ☐ Other
18.	**Does your clinic conduct routine data validation on data generated by your EHR?** *Select One*	*Select one:* ☐ Yes ☐ No (skip to Section 8) ☐ Not sure/don't know (skip to section 8)
19.	**If yes, is it conducted for colorectal cancer screening reporting?** *Select One*	☐ Yes ☐ No (skip to Section 8) ☐ Not sure/don't know (skip to Section 8)
20.	**If yes, how often is this done?**	

Section 8: Colorectal Cancer Screening Rate

	Question	Answer
1.	Pre-COVID Data: **Colorectal cancers screening rate for December 2019 trailing year**	
	Colorectal cancer numerator	
	Colorectal cancer denominator	
2.	Baseline Data: **Colorectal cancer screening rate for June 2020 trailing year?**	
	Colorectal cancer numerator	
	Colorectal cancer denominator	
3.	**Where did you pull the numerator and denominator from?** *Select all that apply*	☐ EHR ☐ Ancillary data system ☐ Other (Free Text)

4.	**Colorectal cancer screening measure** *Select One*	☐ UDS ☐ NQF ☐ HEDIS ☐ QPP-MIPS ☐ Other (Free Text)
5.	**How confident are you in the accuracy of the colorectal cancer data generated by your EHR?** *Select One*	*Select one:* ☐ Not Confident ☐ Somewhat Confident ☐ Mostly Confident ☐ Highly Confident
6.	**If the answer to the above question is a 1 or 2 please describe the known issues and any efforts to address the problems.**	
7.	**During the baseline measurement period (June 2020 TY) what was the number of tests below that were ordered and completed?**	
	Fecal screening test kits	/
	Screening Colonoscopy	/
	colorectal cancer Screening via other methods	/
	Follow-up Colonoscopy	/
8.	**Colorectal cancer screening rate target for June 2021. Target rate should be ambitious but realistic and achievable.**	

Section 9: COVID-19 Impact on colorectal cancer Screening

Please answer the following questions based on the baseline assessment period of July 2020 – June 2021		
1.	**Did COVID-19 cause your clinic to close or reduce the number of hours open?** *Select all that apply*	☐ Yes, closed *(answer Question 2)*
		☐ Yes, reduced hours/days *(answer Question 3)*
		☐ No, clinic did not close or reduce hours/day *(proceed to Question 4)*
2.	**If <u>fully closed for 1 week or more</u>, how many weeks was the clinic closed because of COVID-19?**	# of weeks

3.	**If reduced hours/days, what was the typical number of hours the clinic was open per week prior to COVID-19.**	# hours each week
	Number of hours the clinic reduced due to COVID-19. Provide a weekly estimate.	# hours each week
	Number of weeks the clinic operated at the above reduced time.	# of weeks
4.	**Did COVID-19 negatively impact the clinic's delivery of colorectal cancer screening and/or diagnostic services?**	☐ Yes (proceed to Question 5) ☐ No (proceed to Question 6)
5.	**Clinic visits were limited to sick patients, with limited or no preventive care available.**	☐ Yes ☐ No
	Clinic visits were limited to patients at high risk or with symptoms for colorectal cancer.	☐ Yes ☐ No
	Clinic visits were restricted to telehealth/telemedicine only.	☐ Yes ☐ No
	Clinic could not refer average risk patients for colonoscopy due to limited availability of endoscopic services.	☐ Yes ☐ No
	Clinic could not refer patients with positive or abnormal fecal test results for follow-up colonoscopies due to limited availability of endoscopic services.	☐ Yes ☐ No
	Patients cancelled or did not schedule appointments due to COVID concerns.	☐ Yes ☐ No
	Patients were fearful of getting COVID-19.	☐ Yes ☐ No
	COVID-19 negatively impacted the clinic's delivery of colorectal cancer screening and/or diagnostic services that cannot be categorized in the above options.	☐ Yes ☐ No
6.	**Did COVID-19 negatively impact the clinic's implementation of evidence-based interventions (EBIs) for colorectal cancer screening?**	☐ Yes (proceed to Question 7) ☐ No (proceed to Question 8)
7.	**Did COVID-19 negatively impact patient reminders?**	☐ Yes ☐ No
	Did COVID-19 negatively impact provider reminders.	☐ Yes ☐ No
	Did COVID-19 negatively impact provider assessment and feedback?	☐ Yes ☐ No
	Did COVID-19 negatively impact reduction of structural barriers?	☐ Yes ☐ No
	Did COVID-19 negatively impact implementation of patient navigation?	☐ Yes ☐ No

8.	Additional comments related to impact of COVID-19 on colorectal cancer screening?	

Section 10: Other

	Question	Answer
1.	In the past 2 years have you worked with partner organizations to support colorectal cancer screening?	
2.	Please note any particular areas or strategies you would like to focus your colorectal cancer screening improvement work on?	
3.	Is there any additional information that you think would be helpful to share with us regarding your screening process or screening rates?	