

## **CDOC Colorectal Cancer Workgroup**

Collaborating to increase colorectal cancer screening

## **Improving Colorectal Cancer Screening Rates - Needs Assessment Survey**

Purpose: The California Dialogue on Cancer (CDOC) Colorectal Cancer Workgroup would like to collect feedback in order to inform a training that will present strategies and address barriers to improving colorectal cancer screening rates in health centers. Your answers will be used to develop the agenda in order to maximize the effectiveness of the training. Please find more information on CDOC at www.cdoconline.org. Thank you for your feedback!

## A. Contact Information

Name:

	Job '	bb Title:												
	Wor	ork Phone:												
		nail Address:												
	Heat	Heath Center:												
В.	Prio	oritization	of Colo	rectal Cance	r Scree	ning								
	1.	On a scale of 1-5, how important is providing colorectal cancer screening to your patients in your health center?						1	2	3	4	5		
		1 = Not a	t all impo	tant, 5 = Extre	emely Im	portant								
	2.	2. On a scale of 1-5, how important is providing colorectal cancer screening options (e.g. providing a choice between tests such as colonoscopy and fecal immunochemical test (FIT) ect.)?							3	4	5			
		1 = Not a	t all impo	tant, 5 = Extre	emely Im	portant								
ĺ	2	DI ·	1	1 11	1 1.1			•			1			
	3.	Please indicate any challenges your health center may have in providing colorectal cancer screening to all of your eligible patients? <b>Please select all that apply.</b>												
		☐ Lack of staff time												
		☐ Patients are not willing to be screened												
		☐ No capacity among clinic staff to provide patients with appropriate education on screening and/or follow up						on						
		☐ Lack of knowledge around cultural nuances of patient population that may impact screening compliance												
			-	coordinated a		among	all staff	•						
				h understandir		_								
			Lack of a	n internal cha	mpion									
		☐ Not a priority for my health center												
		☐ More provider education needed to establish more provider buy-in												
											F	Page	1 0	f <b>4</b>

3.	ma	y h	ave	in							
	providing colorectal cancer screening to all of your eligible patients?  Please select all that apply.										
	☐ Lack of clinical training on specific screening methods	ning on specific screening methods									
	☐ Need to increase care team knowledge										
	☐ Offering colorectal cancer screening is not financially sustainable										
	☐ Not able to identify when patients are due for screening in underserved										
			lical								
	home to identify medical history)										
	☐ Other:										
4.	On a scale of 1-5, what is the level of provider buy-in/support for	1	2	3	4	5					
	colorectal cancer screening?										
	1 N 1 ' /										
	1 = No buy-in/support, 5 = 100% buy-in/support										
5.	On a scale of 1-5, what is the level of provider buy-in/support for	1	2	3	4	5					
٥.	providing FIT as an option for colorectal cancer screening?	1	2	3	4	3					
	providing 111 as an option for colorectar cancer screening.										
	1 = No buy-in/support, 5 = 100% buy-in/support										
6.	Please select all that apply to complete the following statement: Increas	ing	col	orec	tal						
	cancer screening rates at our health center										
	☐ is a priority this year										
	□ was a priority last year										
	□ will be a priority in future years										
	unsure if it has been or will be a priority										
	☐ has never been a priority										
7	On a scale of 1.5, how confident do you feel that your health center	1	2	2	1	5					
/.	On a scale of 1-5, how confident do you feel that your health center care team understands the benefits of colorectal cancer screening?	1	2	3	4	3					
	care team anderstands the benefits of colorectal cancer screening.										
	1 = Not at all confident, 5 = Extremely confident										
					· ·						
8.	On a scale of 1-5, how confident do you feel that your patients	1	2	3	4	5					
	understand the importance and benefits of colorectal cancer										
	screening?										
	1 - Not at all confident 5 - Extremely confident										
	1 = Not at all confident, 5 = Extremely confident										

	9.	How do you identify patients who are due for colorectal cancer screening?						
		Please select all that apply.						
			EHR flags or provider reminders					
			Chart audits					
			Huddles					
		☐ Asking patients about screening status						
		☐ We do not currently identify patients						
		☐ Unknown						
			Other:					
n•								
	10.	Does you	r health center utilize a patient reminder system for colorectal cancer					
		screening	i?					
			Yes					
			If yes, please briefly describe.					
			No					
			Unknown					
~	~	•						
C.	Scre	ening						
	1.	What is the	he <b>primary</b> method of colorectal cancer screening utilized at your health					
		center?						
		☐ Flexible sigmoidoscopy						
			Colonoscopy/GI referral					
		☐ Double-contrast barium enema (DCBE)						
		☐ CT Colonogrphy (virtual colonoscopy)						
		☐ Guaiac-based fecal occult blood test (gFOBT)						
		☐ Fecal immunochemical test (FIT						
		П	Stool DNA test					
		П	Unknown					
			Other:					
		Ц	Other.					
	2.		lditional methods of colorectal cancer screening does your health center					
		utilize? P	lease select all that apply.					
			Flexible sigmoidoscopy					
			Colonoscopy/GI referral					
			Double-contrast barium enema (DCBE)					
			CT Colonogrphy (virtual colonoscopy)					
			Guaiac-based fecal occult blood test (gFOBT)					
			Fecal immunochemical test (FIT					
		П	Stool DNA test					
		_	Unknown					
			Other:					
		Ц	Outor					

	3.	Does your health center utilize patient navigators (nurses, medical assis managers, or other staff that focus on improving screening) for colorect screening?    Yes  No									
		□ Unknown									
	4.	Please select all resources and/or trainings that would either enhance or help to successfully implement a colorectal cancer screening quality improvement project in your health center.  □ Operational best practices (e.g. provider reminders, standing orders, FluFIT) □ Clinical training on specific screening methods □ Patient navigation (e/g/ patient compliance, efficacy) □ Increasing care team knowledge □ Strategies and partnerships for follow up (insured and uninsured populations) □ Making colorectal cancer screening financially sustainable □ Education materials (e.g. patient videos, brochures, ect.) □ Understanding cultural nuances of patient population that may impact screening compliance □ Quality improvement □ Other:									
D.	Oth	er									
	1.	On a scale of 1-5, what do you think the confidence level among staff will be to implement a new policy to improve colorectal cancer screening?  1 = Not at all confident, 5 = Extremely confident	1	2	3	4	5				
	2.	By attending training to increase colorectal cancer screening rates in you what are you hoping to learn?	ur h	neal	th c	ente	er,				