

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.cdoonline.org. Thank you for your feedback!

A. Contact Information

Name:	
Job Title:	
Work Phone:	
Email Address:	
Health Center:	

B. Prioritization of Colorectal Cancer Screening

1.	On a scale of 1-5, how important is providing colorectal cancer screening to your patients in your health center? 1 = Not at all important, 5 = Extremely Important	1	2	3	4	5
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.)? 1 = Not at all important, 5 = Extremely Important	1	2	3	4	5
3.	Please indicate any challenges your health center may have in providing colorectal cancer screening to all of your eligible patients? Please select all that apply. <ul style="list-style-type: none"> <input type="checkbox"/> Lack of staff time <input type="checkbox"/> Patients are not willing to be screened <input type="checkbox"/> No capacity among clinic staff to provide patients with appropriate education on screening and/or follow up <input type="checkbox"/> Lack of knowledge around cultural nuances of patient population that may impact screening compliance <input type="checkbox"/> Lack of a coordinated approach among all staff <input type="checkbox"/> Issue with understanding insurance complexities <input type="checkbox"/> Lack of an internal champion <input type="checkbox"/> Not a priority for my health center <input type="checkbox"/> More provider education needed to establish more provider buy-in 					

3.	<p>Number 3 continued - Please indicate any challenges your health center may have in providing colorectal cancer screening to all of your eligible patients? Please select all that apply.</p> <p><input type="checkbox"/> Lack of clinical training on specific screening methods</p> <p><input type="checkbox"/> Need to increase care team knowledge</p> <p><input type="checkbox"/> Offering colorectal cancer screening is not financially sustainable</p> <p><input type="checkbox"/> Not able to identify when patients are due for screening in underserved individuals (particularly those who may not have insurance or a medical home to identify medical history)</p> <p><input type="checkbox"/> Other: _____</p>
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4.	<p>On a scale of 1-5, what is the level of provider buy-in/support for colorectal cancer screening?</p> <p>1 = No buy-in/support, 5 = 100% buy-in/support</p>	1	2	3	4	5
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5.	<p>On a scale of 1-5, what is the level of provider buy-in/support for providing FIT as an option for colorectal cancer screening?</p> <p>1 = No buy-in/support, 5 = 100% buy-in/support</p>	1	2	3	4	5
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6.	<p>Please select all that apply to complete the following statement: Increasing colorectal cancer screening rates at our health center...</p> <p><input type="checkbox"/> is a priority this year</p> <p><input type="checkbox"/> was a priority last year</p> <p><input type="checkbox"/> will be a priority in future years</p> <p><input type="checkbox"/> unsure if it has been or will be a priority</p> <p><input type="checkbox"/> has never been a priority</p>
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7.	<p>On a scale of 1-5, how confident do you feel that your health center care team understands the benefits of colorectal cancer screening?</p> <p>1 = Not at all confident, 5 = Extremely confident</p>	1	2	3	4	5
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8.	<p>On a scale of 1-5, how confident do you feel that your patients understand the importance and benefits of colorectal cancer screening?</p> <p>1 = Not at all confident, 5 = Extremely confident</p>	1	2	3	4	5
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9.	<p>How do you identify patients who are due for colorectal cancer screening? Please select all that apply.</p> <p><input type="checkbox"/> EHR flags or provider reminders</p> <p><input type="checkbox"/> Chart audits</p> <p><input type="checkbox"/> Huddles</p> <p><input type="checkbox"/> Asking patients about screening status</p> <p><input type="checkbox"/> We do not currently identify patients</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p>
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10.	<p>Does your health center utilize a patient reminder system for colorectal cancer screening?</p> <p><input type="checkbox"/> Yes If yes, please briefly describe. _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
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C. Screening

1.	<p>What is the primary method of colorectal cancer screening utilized at your health center?</p> <p><input type="checkbox"/> Flexible sigmoidoscopy</p> <p><input type="checkbox"/> Colonoscopy/GI referral</p> <p><input type="checkbox"/> Double-contrast barium enema (DCBE)</p> <p><input type="checkbox"/> CT Colonography (virtual colonoscopy)</p> <p><input type="checkbox"/> Guaiac-based fecal occult blood test (gFOBT)</p> <p><input type="checkbox"/> Fecal immunochemical test (FIT)</p> <p><input type="checkbox"/> Stool DNA test</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p>
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2.	<p>Which additional methods of colorectal cancer screening does your health center utilize? Please select all that apply.</p> <p><input type="checkbox"/> Flexible sigmoidoscopy</p> <p><input type="checkbox"/> Colonoscopy/GI referral</p> <p><input type="checkbox"/> Double-contrast barium enema (DCBE)</p> <p><input type="checkbox"/> CT Colonography (virtual colonoscopy)</p> <p><input type="checkbox"/> Guaiac-based fecal occult blood test (gFOBT)</p> <p><input type="checkbox"/> Fecal immunochemical test (FIT)</p> <p><input type="checkbox"/> Stool DNA test</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p>
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