DP20-2002: Public Health and Health Systems Partnerships to Increase Colorectal Cancer Screening in Clinics

CLINIC IMPLEMENTATION READINESS ASSESSMENT GUIDANCE

This Clinic Assessment Guidance document can help you in designing your program specific assessment tool. The purpose of this document is to provide a comprehensive list of key elements to include in your assessment tool. The purpose of the clinic assessment is to document the clinic’s current colorectal cancer (CRC) screening process, the quality of CRC screening data in the electronic health record (EHR), and available clinic resources in order to: 1) guide the selection of evidence-based interventions (EBIs) to address identified gaps and opportunities, and 2) identify and conduct any needed quality improvement activities prior to implementation of EBIs (e.g., improving the quality of EHR screening data). Clinic assessments should be conducted with each clinic before implementation of EBIs occurs.

1. Include variables in your clinic assessment that describe clinic and patient characteristics and demographics. Patient demographic data will be used in determining baseline CRC screening rates for the clinic.

Collect at minimum, the following information on clinic characteristics and demographics.

- Type of facility being assessed and number of facilities within the larger health system (if applicable).
- Type and number of providers and other office staff.
- Relevant community characteristics – urban/suburban/rural, other.
- Currently planned or initiated quality improvement initiatives.
- Current policies and/or standing orders in place regarding colorectal cancer screening.
- Enforcement and training practices that support standing orders.
- Leadership support of preventive care and prioritization of colorectal cancer screening specifically.
- Presence or absence of a designated staff member or administrator championing colorectal cancer screening initiatives.

Collect at a minimum, the following information on patient characteristics. These should align with baseline data collection for submission through the clinic data collection system (CBARS).

- Total number of patients aged 51–74 with at least one medical visit during the designated reporting year.
- Number of active patients by sex and race/ethnicity.
- Number of active patients by insurance type (including uninsured).
- Number of patients up-to-date with CRC screening according to USPSTF guidelines.
- Relevant patient population characteristics (average income, health literacy, typical barriers faced to adhering to care).

2. Include a clinic work flow assessment as part of your overall Clinic Assessment Tool. A work flow assessment seeks to identify existing practices and missed opportunities for patient identification (due for screening), education, recommendation for screening, and follow-up.

Collect information on how patients are identified as due for CRC screening.

- Protocols to determine a patient’s eligibility for CRC screening (age, risk, last completed screening result).
- Which staff member identifies patients due for screening and the process for noting this in the patient file, alerting the patient that they are due, and/or flagging their file for a provider reminder.
Consider how you will map clinic processes in terms of patient flow.

- Identify the physical spaces the patient encounters during a visit and the different staff who interact with the patient in each space or step. Describe what processes take place along the way (e.g., in the pre-exam area, the nurse takes the patient’s height, weight, and blood pressure, etc.).
- Identify educational materials visible or provided at each step of patient flow.
- Identify if, when, and how in the workflow and protocol a staff member discusses CRC screening with the patient. Address related issues such as shared decision-making for test selection, refusal to be screened, insurance status as a financial barrier to screening completion.
- Identify which staff member orders the screening test.
- Describe any measures taken to ensure a patient has received a recommendation/referral for screening during their visit and before leaving the clinic. For example, catching a missed opportunity before the patient leaves.
- Describe the process for educating the patient on how to complete the screening test (how to complete and return a FIT test to the lab, who to contact to schedule a colonoscopy, any information about colonoscopy prep, information about next steps in case of an abnormal result). Include information on when this occurs during a patient visit and which staff member is responsible for this task.

Consider how you will map clinic processes in terms of screening and results tracking and follow-up.

- Identify the clinic process and staff responsible for determining if/when a FIT kit was returned or a colonoscopy completed and how the information is documented.
- Identify the protocol for contacting a patient who has not completed an ordered/scheduled screening test.
- Describe the process for informing a patient of negative/normal results, including documentation.
- Describe the process for informing patient of positive/abnormal results, including documentation.
- Describe the process and staff responsible for working with a patient to arrange for follow-up testing. Include information on who schedules the colonoscopy, who reviews prep instructions with the patient, what happens when patients are uninsured or underinsured, which specialist providers the clinic refers patient to, what is the typical wait-time for receiving the colonoscopy, etc.
- Describe the process in place and staff responsible for following up with specialty care to ensure that the patient received the scheduled test and to obtain the results for further follow-up or documentation.
- Describe the process for following up with a patient who did not show up for their scheduled appointment.

Consider what information you will collect on clinic processes for rescreening patients.

- Describe the clinic’s process for tracking when patients are due for regular CRC screening.
- Determine if staff ask about previous CRC screening if none are known or documented.
- Determine if staff have a process for obtaining past screening results if it is unknown.

3. Review and assess your clinic partner’s data collection and monitoring system to determine how they will obtain accurate data to calculate reliable CRC screening rates. There is some overlap in the suggested variables mentioned below and the previous section.

Consider how you will collect information on how the clinic uses their EHR to document patient data.
• Identify if the clinic uses an electronic health record and which kind. Note any other important information about the product, modules, or population management tools used with the system.
• Identify past systems used and discuss plans to change products in the future.
• Identify how patient data related to CRC screening is documented in the EHR during the patient visit and for tracking and follow up. Include how previous screening results, referrals, current results, patient-refusal, and follow-up needed is documented. Document whether data are entered into a structured field or it is free-text and whether data are manually entered, scanned, imported, etc.
• Identify whether documentation practices are standardized across staff and consistently communicated during training.

Consider how you will collect information on the current capacity to use EHR data for process improvement.

• Identify if and how reports are run using the EHR and who handles this task (internal, vendor, which staff if internal). Note whether reports are used to identify patients due for screening, pre-screen patient records to facilitate provider recommendations, etc.
• Assess clinic capacity to modify their EHRs to run specific reports as needed.
• Assess clinic capacity to set up alerts for patient or provider reminders and whether this is currently done.
• Assess whether the clinic is able to run reports for CRC screening completion rates by provider, care team, and/or aggregate clinic.
• Identify if and which quality standards reporting system(s) (UDS, HEDIS, etc.) the clinic submits data to, which metric the clinic uses to report CRC screening data (NQF, UDS, etc.), and whether/how this data impacts their own quality improvement activities.

4. Determine the degree to which the following Community Preventive Services Task Force (CPSTF) recommended strategies (listed in The Community Guide) are in place at the implementation site/clinic.

• Provider assessment and feedback
  o Describe who is being assessed (individual providers, pods, clinic teams, clinics).
  o Describe the metric used (number of eligible patients that receive a CRC screening recommendation, the number that complete a CRC screening test, etc.).
  o Describe the format used for providing feedback (provider score cards, rankings, competition, compared to a target rate).
  o How are the results discussed with the providers/clinic staff (written report, interactive meeting)?
  o Is competition among providers encouraged? How is improvement incentivized?

• Provider Reminders
  o Describe any alert to clinic staff that a patient is due or overdue for CRC screening.
  o Describe who receives the alert.
  o Describe the format (EHR, manual flag/note) and how it is delivered.
  o Describe any action required to close out the alert/tracking.

• Patient Reminders
  o Describe how a patient is alerted when due or overdue for CRC screening (phone, letter, text).
  o Describe how this was determined and what information is relayed.
- Describe any additional information provided (educational, next steps).
- Describe how the patient response is tracked.
- Describe the reminder process until the screening test is completed (How many alerts will the patient receive? At what interval?).

- Reducing Structural Barriers
  - Describe how obstacles to screening completion are identified (individual and community needs).
  - Describe what these obstacles or barriers include.
  - Describe the ways in which transportation challenges, the need for alternative clinic hours, FIT kit return challenges are addressed by the clinic.