

# Colorectal Cancer Control Program (CRCCP)

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Clinic Data Dictionary (abbreviated version)

Baseline and Annual Data Items

## Part I. Partner and Record Identifiers

Identifying information for the partner clinic and health system.

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
P1	R	B	Grantee code	Two-character grantee code (assigned by CDC)
P2	R	B	CRCCP Partner Entity	Organizational level of the partner entity working with the grantee to implement colorectal cancer (CRC) evidence-based interventions (EBIs) and associated population used for calculating screening rates.
P3	R	B, A	Partner Agreement	The type of formal agreement the grantee made with the partner health system and/or clinic for CRCCP activities.
P4	R	B	Date of Partner Agreement	The original date the formal agreement was finalized between the grantee and partner clinic or health system for CRCCP (DP20-2002) activities.
HS1	R	B	Health system name	Name of the partner health system under which the clinic (intervention/partner site) operates.
HS2	R	B	Health system ID	Unique three-digit identification code for the partner health system.
HS2a	R	B	Health System CRCCP activities start date	The date when a health system began CRCCP activities. This date is used to assign annual reporting periods to health system records.
HS3	R	B	HS Street	Street address for the partner health system.
HS4	R	B	HS City	City of the partner health system.
HS5	R	B	HS State	Two-letter state or territory postal code for the partner health system.
HS6	R	B	HS zip code	5-digit ZIP Code for the partner health system.
HS7	R	B	HS County	County where the health system is located.
CL1	R	B	Clinic name	Name of the partner health clinic (intervention site).
CL2	R	B	Clinic ID	Unique three-digit identification code for the partner clinic.
CL3	R	B	Clinic Street	Street address for the partner clinic.
CL4	R	B	Clinic City	City of the partner clinic.
CL5	R	B	Clinic State	Two-letter state or territory postal code for the partner clinic.
CL6	R	B	Clinic zip code	5-digit ZIP Code for the partner clinic.
CL7	R	B	Clinic County	County where the clinic is located.

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## Part II. Baseline and Annual Record Data Items

### Section 1. Baseline and Annual Clinic CRCCP Activity and Status

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
B1-1	R	B	Clinic Enrollment NOFO	Notice of funding opportunity (NOFO) during which the clinic was enrolled in CRCCP.
B1-2	R	B	Clinic CRCCP Activities Start Date	The date when the clinic began actively implementing CRCCP activities.
B1-3	Comp	B	Baseline PY	Baseline program year. This is calculated automatically based on the activities start date.
B1-4	R	B	Partner Type	Organizational classification of the partner clinic or health system.
A1-1	Comp	A	Annual Report Period	Indicates the Annual reporting period.
A1-2	R	A	Annual Partner Status	Status of CRCCP-supported activities at the clinic during the program year.
A1-2a	R	A	Suspension/Termination date	Date when CRCCP clinic activities were suspended or terminated.
A1-2b-2i	R	A	Reason for suspension or termination	Reason for clinic suspension or termination.

### Section 2. Baseline and Annual Health System and Clinic Characteristics and Clinic Patient Population

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
B2-1 A2-1	R	B, A	Total # of primary care clinics in health system	Total number of primary health care clinics that operate under the partner health system.
B2-2 A2-2	R	B, A	Total # of primary care providers in health system	Total number of primary care providers who are delivering services for the <b>parent health system</b> .
B2-3 A2-3	R	B, A	# of primary care providers at clinic	Total number of primary care providers who were delivering primary care services at the <b>clinic</b> .
B2-4 A2-4	R	B, A	Total # of clinic patients	<b>Total number</b> of clinic patients who had at least one medical visit to the clinic.
B2-5 A2-5	R	B, A	Total # of clinic patients, age 45-75	Total number of clinic patients aged 45 to 75 who had at least one medical visit to the clinic.
B2-5a	O	B	% of patients, age 45-75, women	Percentage of the total number of clinic patients aged 45 to 75 who are women.
B2-5b A2-5b	R	B, A	% of patients, age 45-75, uninsured	Percentage of the total number of clinic patients aged 45 to 75 who did not have any form of public or private health insurance.
B2-5c - B2-5i	O	B	% of patients, age 45-75, Race	Percentage of the total number of clinic patients aged 45 to 75 who are: <ul style="list-style-type: none"> <li>▪ Hispanic or Latino</li> <li>▪ White</li> <li>▪ Black or African American</li> <li>▪ Asian</li> <li>▪ Native Hawaiian or Pacific Islander</li> <li>▪ American Indian or Alaskan Native</li> <li>▪ More than one race</li> <li>▪ Other</li> </ul>
B2-6 A2-6	R	B, A	Name of primary EHR vendor at clinic	The primary electronic health record (EHR) system the clinic uses.
B2-7 A2-7	R	B, A	Primary EHR home	Level of EHR implementation and functionality.

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Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
B2-8	R	B	Newly screening or opened	Identifies clinics that have recently started providing CRC screening services and/or are newly opened.

### Section 3. Baseline and Annual CRC Screening Rates and Practices

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
B3-1 A3-1	R	B, A	Rate Status	Availability of baseline CRC screening rate data.
B3-1a A3-1a	R	B, A	Screening rate date available	Date when the screening rate will be available.
B3-2 A3-2	R	B, A	Start date of 12-month measurement SR period	Start date of the 12-month measurement period used to calculate the clinic's baseline CRC screening rate.
B3-3 A3-3	comp	B, A	End date of 12-month measurement period	End date of the 12-month measurement period used to calculate the clinic's baseline CRC screening rate.

#### Electronic Health Record (EHR) CRC Screening Rates

CRC screening rates collected and reported for patients aged 45 to 49 and 45 to 75.

B3-5a A3-5a	comp	B, A	EHR Screening rate (%)	CRC screening rate.
B3-5b A3-5b	R	B, A	EHR screening rate numerator	Numerator used to calculate the EHR-CRC screening rate.
B3-5c A3-5c	R	B, A	EHR screening rate denominator	Denominator used to calculate the EHR-CRC screening rate.
B3-5d A3-5d	R	B, A	EHR Measure used	Measure used to calculate the numerator and denominator for the clinic's EHR-CRC screening rate.
B3-5g A3-5g	R	B, A	EHR screening rate confidence	Grantee's confidence in the accuracy of the EHR-calculated screening rate.
B3-5h A3-5h	R	B, A	EHR Screening rate problem	Known unresolved problems with the EHR-reported screening rate or screening data quality.
B3-5j A3-5j	R	B, A	EHR rate reporting source	Reporting source for the denominator and numerator data reported for the EHR screening rate.
B3-5k A3-5k	R	B, A	EHR screening rate target	Clinic-level EHR-CRC screening rate <b>target</b> for following year.

#### CRC Screening Practices and Outcomes

Information regarding the clinic's practices and outcomes of CRC screening. Items include primary test type, FIT/FOBT return rate, colonoscopy follow-up rates, and colonoscopies paid for with CDC funds.

B3-6a-d A3-6a-d	R	B, A	CRC Screening Tests Used	All CRC screening methods used by the clinic.
B3-7 A3-7	R	B, A	Primary CRC screening test	The CRC screening test most frequently used by the clinic.
B3-8 A3-8	R	B, A	<b>Free</b> fecal testing kits	Clinic provides <b>free</b> fecal test kits (FIT, FIT-DNA [Cologuard], or FOBT).
B3-9a-d A3-9a-d	R	B, A	Fecal Kit return rate	Percentage of patients aged 45 to 75 who received a fecal test kit and returned it for processing. <i>Sub-questions collect individual numerator and denominator values.</i>

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Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
B3-10a-10d A3-10a-10d	R	B, A	Colonoscopy completion rate	Percent of <b>patients</b> aged 45 to 75 who were referred for colonoscopy (regardless of reason), completed the procedure, and have a final result. <i>Sub-questions collect individual numerator and denominator values.</i>
B3-11a-11d A3-11a-11d	R	B, A	Follow-up colonoscopy completion rate	Percentage of patients aged 45 to 75 with a positive or abnormal CRC screening test result, who were referred for a <b>follow-up</b> colonoscopy, completed the procedure, and have a final result. <i>Sub-questions collect individual numerator and denominator values.</i>
A3-12	R	A	# patients with CDC-paid follow-up colonoscopy	The total number of patients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was partially or fully funded with CDC funds.
A3-12a to A3-12d	R	A	CDC-paid follow-up colonoscopy results	Number of patients with normal colonoscopy results. Number of patients with adenomatous polyps. Number of patients with abnormal findings. Number of patients diagnosed with CRC.

#### Section 4: Baseline and Annual Monitoring and Quality Improvement Activities

Information on the clinic's practices, policies, and support received to improve implementation of EBIs and/or monitoring of CRC screening rates.

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
B4-1 A4-1	R	B, A	Clinic CRC screening policy	Clinic has a written CRC screening policy or protocol.
B4-2 A4-2	R	B, A	Clinic CRC champion	This clinic or its parent health system has a CRC screening champion.
B4-3 A4-3	R	B, A	Utilizing health IT to improve data collection and quality	Clinic used health information technology (health IT) to improve collection, accuracy, and validity of CRC screening data.
B4-4 A4-4	R	B, A	Utilizing health IT tools for monitoring program performance	Clinic used health IT tools to analyze and report data to monitor and improve its CRC screening program and rates.
B4-5 A4-5	R	B, A	QA/QI support	A quality assurance or quality improvement specialist or team addressed CRC screening at this clinic.
A4-6	R	A	Process Improvements	Process improvements were made at the clinic during the program year to facilitate increased CRC screening.
A4-7	R	A	Frequency of monitoring CRC screening rate	How often the clinic reviews its CRC screening rate.
A4-8	R	A	Validated screening rate	The clinic's CRC screening rate data were validated.
A4-8a-8d	R	A	Validation method	Method(s) used to validate the clinic's CRC screening rate data.
A4-9	R	A	Health Center Controlled Network	(Community health centers and federally qualified health centers only) received technical assistance from a Health Center Controlled Network to implement EBIs or improve use of the clinic's EHR system.
A4-10	R	A	Frequency of implementation support to clinic	How often on-site or direct contact is made with the clinic to support and improve implementation activities.
A4-11	R	A	CRCCP financial resources	Financial resources provided to this clinic and/or its parent health system to support CRCCP activities.

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Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A4-11a	R	A	Amount of CRCCP financial resources	Total amount of financial resources provided to the clinic.

## Section 5: Baseline and Annual EBIs and Other Clinic Activities

### Section 5-1: Patient Reminder System

Systems to remind patients when they are due for CRC screening. Patient reminders can be written (letter, postcard, email, text) or telephone messages (including automated messages).

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-1a	R	A	CRCCP resources used toward a patient reminder system	CRCCP grantee resources used toward a patient reminder system for CRC screening.
B5-1b A5-1b	R	B, A	Patient reminder system in place	Patient reminder system for CRC screening was in place at the clinic.
A5-1c	R	A	Patient reminder system planning activities	Patient reminder system not in place but planning activities were conducted.
A5-1d	R	A	Patient reminder system enhancements	Clinic made changes to enhance or improve implementation of patient reminders.
A5-1e	R	A	Patient reminders sent multiple ways	Patients at this clinic received CRC screening reminders in more than one way.
A5-1f	R	A	Maximum number and/or frequency of patient reminders	Maximum number of different ways and times that a given patient could have received CRC screening reminders during year.
A5-1g	R	A	Patient reminder system sustainability	Sustainability of patient reminder system <b>without</b> CRCCP resources.

### Section 5-2: Provider Reminder System

Provider reminders alert providers that a patient is due (or overdue) for screening. The reminders can be provided in different ways, such as placing reminders in patient charts, EHR alerts, or emails to the provider.

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-2a	R	A	CRCCP resources used toward a provider reminder system	CRCCP grantee resources used toward a provider reminder system for CRC screening.
B5-2b A5-2b	R	B, A	Provider reminder system in place	Provider reminder system for CRC screening was in place at the clinic.
A5-2c	R	A	Provider reminder system planning activities	Provider reminder system not in place but planning activities were conducted.
A5-2d	R	A	Provider reminder system enhancements	Clinic made changes to enhance or improve implementation of provider reminders.
A5-2e	R	A	Provider reminders sent multiple ways	Providers at this clinic received CRC screening reminders in more than one way.

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Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-2f	R	A	Maximum number and/or frequency of provider reminders	Maximum number of different ways and times that a given provider could have received CRC screening reminders during year.
A5-2g	R	A	Provider reminder system sustainability	Sustainability of provider reminder system <b>without</b> CRCCP resources.

### Section 5-3: Provider Assessment and Feedback

Evaluates provider performance in delivering or offering CRC screening to clients (assessment) and/or give providers information about their performance in providing screening services (feedback).

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-3a	R	A	CRCCP resources used toward provider assessment and feedback	CRCCP grantee resources used toward provider assessment and feedback for CRC screening.
B5-3b A5-3b	R	B, A	Provider assessment and feedback in place	Provider assessment and feedback for CRC screening was in place at the clinic.
A5-3c	R	A	Provider assessment and feedback planning activities	Provider assessment and feedback not in place but planning activities were conducted.
A5-3d	R	A	Provider assessment and feedback enhancements	Clinic made changes to enhance or improve implementation of provider assessment and feedback.
A5-3e	R	A	Provider assessment and feedback frequency	How often feedback on providing CRC screening services is given to providers.
A5-3f	R	A	Provider assessment and feedback sustainability	Sustainability of provider assessment and feedback <b>without</b> CRCCP resources.

### Section 5-4: Reducing Structural Barriers

Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Do **not** include patient navigation or community health workers as "reducing structural barriers."

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-4a	R	A	CRCCP resources used toward reducing structural barriers	CRCCP grantee resources used toward reducing structural barriers for CRC screening.
B5-4b A5-4b	R	B, A	Reducing structural barriers in place	Reducing structural barriers for CRC screening was in place at the clinic.
A5-4c	R	A	Reducing structural barriers planning activities	Reducing structural barriers not in place but planning activities were conducted.
A5-4d	R	A	Reducing structural barriers enhancements	Clinic made changes to enhance or improve implementation of activities to reduce structural barriers.
A5-4e	R	A	Reducing structural barriers in more than one way	The clinic reduces structural barriers for patients in multiple ways.
A5-4f	R	A	Maximum number of ways reducing structural barriers	Maximum number of different ways the clinic reduced structural barriers to CRC screening during this program year.

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Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-4g	R	A	Reducing structural barriers sustainability	Sustainability of reducing structural barriers activities <b>without</b> CRCCP resources.

### Section 5-5: Small Media

Small media are materials used to inform and motivate people to be screened for cancer, including videos and printed materials such as letters, brochures, and newsletters.

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-5a	R	A	CRCCP resources used toward small media	CRCCP grantee resources used toward small media for CRC screening.
B5-5b A5-5b	R	B, A	Small media in place	Small media for CRC screening was in place at the clinic.
A5-5c	R	A	Small media planning activities	Small media not in place but planning activities were conducted.
A5-5d	R	A	Small media enhancements	Clinic made changes to enhance or improve implementation of small media.
A5-5e	R	A	Maximum number of ways and times small media delivered	Maximum number of different ways and times that patients could have received small media about CRC screening during year.
A5-5f	R	A	Small media sustainability	Sustainability of small media activities <b>without</b> CRCCP resources.

### Section 5-6: Patient Navigation

Patient navigation includes assessment of client barriers, client education and support, resolution of client barriers, and client tracking and follow-up.

Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-6a	R	A	CRCCP resources used toward patient navigation	CRCCP grantee resources used toward patient navigation for CRC screening.
B5-6b A5-6b	R	B, A	Patient navigation in place	Patient navigation for CRC screening was in place at the clinic.
A5-6c	R	A	Patient navigation planning	Patient navigation not in place but planning activities were conducted.
A5-6d	R	B&A	Patient Navigation Purpose	Patient navigation supported CRC screening, follow-up colonoscopies, or both.
A5-6e	R	A	Patient Navigation Enhancements	Clinic made changes to enhance or improve implementation of patient navigation.
A5-6f	R	A	Average amount of patient navigation time	Average amount of navigation time a patient received to overcome CRC screening barriers during year.
A5-6g	R	A	Patient navigators for EBIs	The number of patient navigators at this clinic who helped implement EBIs.
A5-6h	R	A	Patient navigation sustainability	Sustainability of patient navigation <b>without</b> CRCCP resources.
B5-6i A5-6i	R	A, B	Number of FTEs delivering patient navigation	Number of full-time equivalents (FTEs) conducting patient navigation for CRC screening at clinic.

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Item Number	Item Type	Collected	CRCCP Data Item	Indication or Definition
A5-6g	R	A	Number of patients navigated	Number of patients receiving navigation services for CRC screening during this program year.

Item Type: R=required; O=optional; Comp=computed by CBARS.

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