CRCCP Baseline and Annual Clinic Data

Data Users' Manual

DP20-2002, Colorectal Cancer Control Program (CRCCP)

September 2020, v1.0

Centers for Disease Control and Prevention
Program Services Branch
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion

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Chapter 1: Overview

Introduction

The purpose of **CRCCP Baseline and Annual Clinic Data** is to collect standardized, longitudinal data for every clinic participating in the program in order to answer important evaluation questions, including those related to implementation of program activities (e.g., EBIs) and changes in CRC clinic-level screening rates over time.

CRCCP clinic data must be collected for **each individual clinic,** not a health system. The CRCCP is implemented at the clinic level, therefore, to effectively evaluate the program, measurement must occur at that same level. You will collect and report a baseline clinic data record for each clinic at the time it is recruited into the program, and then annual clinic data records for that clinic each CRCCP program year (PY, July-June) thereafter. The **CRCCP Baseline and Annual Clinic Data Dictionary** is discussed in detail in *Chapter 4: Data Collection and Management.* Full and abbreviated data dictionaries are provided in **Appendices A and B** respectively (also see Appendices C and D for abbreviated baseline data dictionary and abbreviated annual data dictionary).

The clinic data include items in the following areas:

- Health system, clinic, and patient characteristics
- Baseline and annual colorectal cancer (CRC) screening rates
- CRC screening practices and completion of follow-up colonoscopies
- Monitoring and quality improvement activities
- EBIs and other clinic activities
- COVID-19 effects on clinic activities

We recommend that you **assign a staff person** (e.g., data manager, evaluator) to manage the clinic data for your program and report clinic data records to CDC. Staff involved in collecting the clinic data should be well versed with the CRCCP Baseline and Annual Clinic Data Dictionary and understand all data items and their definitions. The staff person responsible for the clinic data collection must understand how data items are defined in order to collect and report accurate, high quality clinic data. You will report baseline and annual clinic data records using an electronic system called **Clinic Baseline and Annual Report System (CBARS)** that is accessed via the crccp.org website managed by the CDC data contractor, Information Management Services or IMS (See *Chapter 6: Reporting Baseline and Annual Clinic Data Using CBARS*).

Overview of CRCCP Baseline and Annual Clinic Data Records

Baseline Clinic Data Record

For each new clinic recruited into the program, you will collect and report a baseline clinic data record. The CRCCP Baseline and Annual Clinic Data Dictionary specifies which data items should be reported with the baseline record.

- All data collected in the baseline record represent activities in place *prior* to implementing CRCCP activities.
- You may enter the baseline clinic data record into CBARS at any time during the PY. However, all baseline clinic data records for clinics recruited in a given PY must be entered into CBARS by June 30.
- CDC provides an Excel-based form, the Baseline Clinic Data Collection Form **(Appendix E),** that you may use to capture the required data. You are not required to use this form. If you would like to collect additional data items from your partner clinics using this form, you may request an unlocked version from CDC and modify the form as needed.

Annual Clinic Data Record

For every clinic with a baseline record, you will collect and report an annual clinic data record. The CRCCP Baseline and Annual Clinic Data Dictionary specifies which data items should be reported with the annual record.

- All data collected for the annual record represent activities for the CRCCP PY, July – June (*except* for the CRC screening rate, see *Chapter 3: Measuring Clinic-level CRC Screening Rates*).
- You must collect and report annual clinic data records for all participating clinics in CBARS following each PY, between July 1 and September 30.
- CDC provides an Excel-based form, the Annual Clinic Data Collection Form (Appendix F), that you may use to capture the required data. You are not required to use this form. If you would like to collect additional data items from your partner clinics using this form, you may request an unlocked version from CDC and modify the form as needed.

Chapter 2: Clinic Data Time Periods and Reporting Timelines

Program Year versus Screening Rate Measurement Period

Program Year (PY)

The PY refers to the 12-month budget period for the CRCCP five-year cooperative agreement cycle. Once a clinic is recruited and a baseline record submitted, annual clinic data records should be reported for each PY until the clinic is terminated by the recipient. All data collected for the annual record represent activities for the CRCCP PY, July – June, *except* for the CRC screening rate (see below).

CRCCP DP20-2002
PROGRAM YEARS

PY1: July 1, 2020 - June 30, 2021
PY2: July 1, 2021 - June 30, 2022
PY3: July 1, 2022 - June 30 ,2023
PY4: July 1, 2023 - June 30, 2024
PY5: July 1, 2024 - June 30, 2025

Screening Rate Measurement Period

The screening rate measurement period refers to the 12-month period used to calculate a baseline and annual CRC screening rate. The screening rate measurement period does not need to align with the CRCCP PY; for example, the 12-month calendar year, January-December, is often used to measure the CRC screening rate. The screening rate measurement period is established for a clinic as part of the baseline clinic record.

The baseline and annual CRC screening rates for a given clinic will be assessed over time to monitor overall program effectiveness. Therefore, the 12-month screening rate measurement period established at baseline must remain consistent; that is, the same 12-month screening rate measurement period used at baseline must then be used when reporting an annual CRC screening rate as part of the annual clinic data record**.** Therefore, if the calendar year (January – December) is used to calculate the baseline screening rate for Clinic A, then you must use the calendar year to report subsequent screening rates with each annual clinic data record for Clinic A. (See *Chapter 3: Measuring Clinic-level CRC Screening Rates* for more information).

Data Reporting Timelines

Reporting timelines for baseline and annual clinic records are described below. See **Appendix G** for a detailed clinic data submission timeline by program year.

Baseline Clinic Data Records are collected and reported via crccp.org/CBARS by grantees as clinics are recruited. Baseline clinic records can be reported to CDC throughout the PY but must be submitted in CBARS by the end of the PY (**June 30th**) in which the clinics were recruited (See examples below).

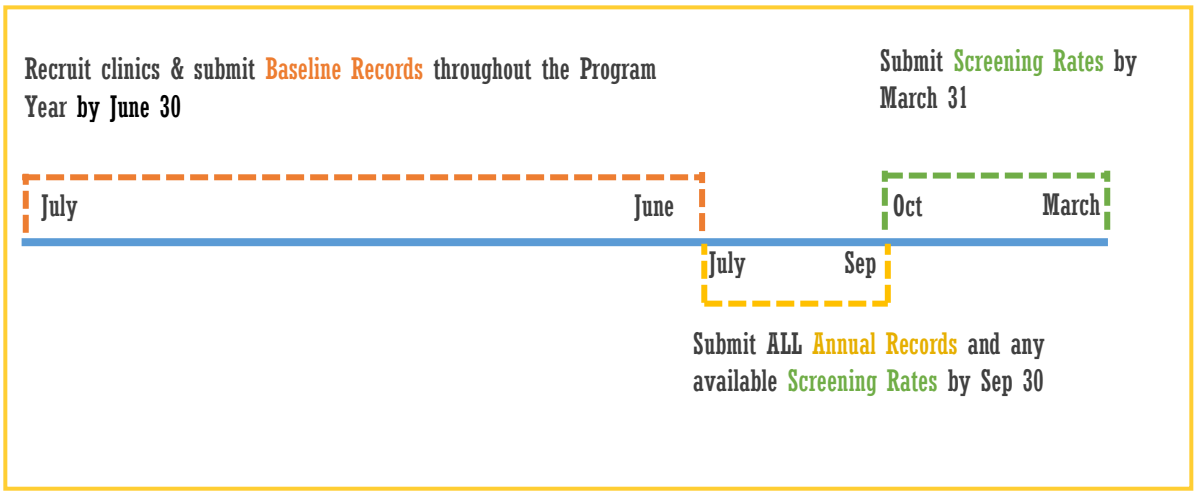
Annual Clinic Data Records are collected following the end of each PY and reported via crccp.org/CBARS between July 1 and September 30. All annual clinic data records must be submitted by **September 30th**. If an updated annual CRC screening rate is not available at the time you submit the annual clinic data record (that is, by September 30th) for a given clinic, you still must submit the annual record in CBARS with all other record information. In place of providing the updated screening rate, you will provide a date when the updated screening rate will be available. You will update the annual record when the updated screening rate is available. All outstanding screening rates are due by **March 31st** of the following year (See examples below).

An Annual Clinic Data Record is reported for a clinic until you terminate the clinic's participation in the CRCCP. If a clinic partnership is ended at any point during a PY and *any* CRCCP activities took place, then a complete Annual Clinic Data Record must be submitted since program activities were conducted for part of the PY. In the Annual Clinic Data Record for the next PY, select 'Terminated' as the annual clinic status.

Note: Both a Baseline Clinic Data Record and an Annual Clinic Data Record are required to be submitted for the year in which a clinic is enrolled. Therefore, if a clinic is enrolled in PY1, you will report a Baseline Clinic Data Record during PY1 (by June 30) and an Annual Clinic Data Record for PY1 (by September 30).

Let's Review the Timelines for Reporting Clinic Data!

Figure 1: Reporting Schedule for Clinic Data Records



June 30: Date that all **Baseline Clinic Data Records** for clinics recruited during a given PY are due into CBARS**.**

- **Example:** You recruit a clinic in November 2020 (PY1). You may enter the baseline clinic data record into CBARS once you have collected the baseline data. You must report that clinic's baseline clinic data record by June 30, 2021, the end of PY1.

September 30: Date that **Annual Clinic Data Records** for all clinics with a previously submitted baseline record are due into CBARS. Because annual records represent activities for the PY, July – June, the September 30th due date provides you a 3-month period following each PY to collect and submit annual clinic data.

- **Example:** You recruit 6 clinics in PY1 and have submitted baseline clinic data records for them by June 30, 2021. At the end of PY1, you will collect and submit annual clinic data records for all 6 clinics by September 30, 2021. In PY2, you recruit an additional 5 clinics and submit baseline records for those five clinics by June 30, 2022. At the end of PY2, you will collect annual clinic data records for all 11 clinics and submit them by September 30, 2022.

  As a reminder, the first Annual Clinic Data Record for a given clinic should be reported for the PY in which the clinic was recruited even though program activities were likely implemented for less than the full 12-month period.

  - **Example:** Clinic A was recruited in November 2020 of PY1 and you submit the Baseline Clinic Data Record for Clinic A in December 2020 (meeting the deadline of June 30, 2021). You will then submit Clinic A's first Annual Clinic Data Record for Clinic A by September 30, 2021. That annual clinic data record will represent CRCCP activities

implemented from whenever you initiated program activities (e.g., December 2020) through June 30, 2021.

- **Example:** Clinic B was recruited in March 2021 of PY1 and you submit the Baseline Clinic Data Record for Clinic B in April 2021 (meeting the deadline of June 30, 2021). You will then submit Clinic B's first Annual Clinic Data Record by September 30, 2021. That record will represent activities implemented from whenever you initiated program activities (e.g., April 2021) through June 30, 2021.

March 31: Date that any **outstanding clinic-level screening rates** must be reported into CBARS. Depending on the 12-month screening rate measurement period established at baseline, you may not have an updated CRC screening rate by the September 30th due date for annual clinic data records. That's OK. ***However, you should still submit the annual clinic data record by the September 30th due date*** and, instead of providing an updated CRC screening rate with that record, you will provide a date in the appropriate field noting when the updated screening rate will be available. Once the updated screening rate is available, you will go into crccp.org/CBARS and edit the annual clinic data record with the updated screening rate. All unreported screening rates are due by March 31st of the following year.

- **Example:** Clinic A is recruited in February 2021. In completing the baseline clinic data record, you choose to use the calendar year, January 2020 - December 2020 as the 12-month screening rate measurement period for calculating the baseline screening rate. In September 2021, you will report the first annual clinic data record for Clinic A. However, you cannot yet provide an updated screening rate for the time period January 2021 – December 2021 because the 2021 calendar year is not yet complete. In this situation, you will submit an annual clinic data record by the September 30th deadline and, as part of the record, provide the date when the updated screening record for calendar year 2021 will be available. Once the updated screening rate is available, you will go into the CBARS system and modify the annual clinic data record for Clinic A to add the calendar year 2021 CRC screening rate. Remember, you must meet the March 31st deadline.

Chapter 3: Measuring Clinic-level CRC Screening Rates

In this chapter, additional information on measuring the CRC screening rate for a clinic is detailed. As noted, in collecting data for both the baseline and annual clinic data records, you will calculate a clinic-level CRC screening rate. CDC has developed a document, *Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates* **(see Appendix H)** that will be a valuable resource for you. Also see Top 10 CRCCP Clinic Data Tips (**Appendix I**) that includes information about measuring the screening rates.

Some of the most important factors involved with measuring the CRC screening rate include:

1. **Measure screening rates at the clinic-level**: The screening rate must be measured at the clinic-level, not for the parent health system.

2. **Establish the 12-month screening rate measurement period at baseline**: For each clinic, you must establish a 12-month screening rate measurement period *at baseline* and *use that same 12-month screening rate measurement period when you report updated screening rates as part of each annual record submission for that clinic*. You may select any 12-month period for measuring the screening rate (e.g., calendar year); you are **not** required to use the CRCCP program year as the measurement period. The 12-month screening rate measurement period established at baseline should represent a 12-month period *prior to implementing program activities*. In other words, the measurement period **should not overlap** with the start date of CRCCP implementation activities. You may select different 12-month measurement periods for different clinics.

3. **Select a CRC screening rate measure**: For each clinic, you must select a CRC screening rate measure (e.g., UDS) *at baseline* and use that **same screening rate measure** when you report updated screening rates as part of each annual record submission for that clinic. You may select different CRC screening rate measures for different clinics. CDC's *Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates* **(see Appendix H)** includes information for all the various measures, including exactly how to calculate each of them (i.e., numerator and denominator specifications).

4. **Calculate the screening rate using chart review or the electronic health record (EHR) system:** You may calculate the screening rate using either chart review or the clinic's EHR system. The *Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates* **(see Appendix H)** provides instructions for calculating a CRC screening rate using chart review. As part of your clinic assessment, you may have identified problems in calculating an accurate CRC screening rate using the clinic's EHR system. If this is the case, you should resolve those issues prior to measuring the baseline screening rate using the EHR and prior to implementing program activities.

5. **A clinic's screening rate reported year to year should reflect *consecutive* 12-month periods**: The CRC screening rate for a given clinic reported from year to year should represent consecutive 12-month periods. For example, if you select the 2019 calendar year (January – December 2019) as the 12-month measurement period at baseline for Clinic A, then you will report the 2020 calendar year screening rate with the first annual record for Clinic A, the 2021 calendar year with the second annual record for Clinic A, and so forth.

6. **Clinic screening rates are due by March 31st:** If a CRC screening rate for a particular clinic is not available by the due date for annual clinic data record submission (September 30), then the date when the screening rate is expected to be available should be entered in the annual record. Once the updated screening rate is available, the annual record should be edited within crccp.org/CBARS and the screening rate added. All updated screening rate data for annual records are due by March 31.

Chapter 4: Data Collection and Management

The complete CRCCP Baseline and Annual Clinic Data Dictionary (**Appendix A**) provides a detailed listing of all data elements that you will collect and report to CDC. Each data item has a prescribed number, with baseline items having a "B" prefix and annual record items having an "A" prefix. For each clinic data item, the item type (required, optional, computed) and the collection time (baseline, annually, or both) are noted, as well as a complete definition, field type (e.g., number, date, character, list), and appropriate response options. Abbreviated CRCCP Baseline and Annual Clinic Data Dictionaries (**Appendices C, D**) are also provided as are Excel-based Baseline and Annual Clinic Data Collection Forms (**Appendices E, F**).

Persons collecting the clinic data must be provided with the detailed data dictionary, properly trained, and fully understand the item definitions and the response options available. **Thorough understanding of the clinic data on the part of collectors is critical to ensuring high quality data.**

Data Dictionary by Section

Part I: Partner and Record Identifiers

This section provides information on the clinic that you are partnering with to implement EBIs and improve CRC screening rates.

Specific Items to Note:

- Item P2 Partner Entity
    - Indicates whether the partner is a clinic or other type (e.g., health system). The preferred action is **ALWAYS** to work at the clinic level.
    - To report Health System-level data rather than clinic-level, you **must have a compelling reason and approval from CDC's Evaluation Team** before enrolling the Health System as the partner type and the following criteria must be met:
        1. All clinics within the health system must be participating in CRCCP.
        2. The same EBIs must be implemented uniformly across ALL primary care clinics within the health system.
        3. The reported CRC screening rate and population counts must be Health System-wide to include ALL eligible patients at all clinics within the health system.
        4. Data for any individual clinic within the health system **must not** be reported separately. Thus, you will have only one record reported for the entire health system in CBARS.

Part II: Baseline and Annual Record Data Items

Section 1., Baseline and Annual Clinic CRCCP Activity and Status, provides information on the clinic's enrollment into CRCCP and the clinic's annual participation status.

Specific Items Notes:

Specific Items to Note:

- Item B1-1. Clinic Enrollment NOFO
    - Indicates whether the clinic was enrolled during the DP15-1502 (2015-2020) NOFO or is a new partner for DP20-2002 (2020-2025).
    - For clinics continuing from DP15-1502 into DP20-2002, a **new** updated baseline clinic data record is required, and the clinic's PY5 screening rate (DP15-1502) should be used for the new baseline rate (DP20-2002).
    - For non-terminated clinics that are not continuing into DP20-2002, no action is needed. If a baseline record is not submitted, the clinic will be considered as terminated at the end of DP15-1502.
- Item B1-2. Clinic CRCCP Activities Start Date
    - Indicates the date the clinic began actively implementing CRCCP (NOFO DP20-2002) activities.
    - Implementation could include enhancing existing EBIs, implementing new CRCCP EBI activities, or conducting quality improvement activities to increase CRC screening rates. CDC uses this date to assign the clinic's baseline PY (item B1-3).
    - If you are working with a clinic but are still in the "planning stage", wait until the clinic is ready to implement activities before officially enrolling them with a start date.
    - The activities start date will be used for assigning the clinic's baseline PY (item B1-2). All baseline record items should reflect the clinic's activities prior to this date.
- Item A1-2. Annual Partner Status
    - A clinic must be assigned one of 4 "Annual Partner Status" categories (Item A1-2) to indicate their status during the PY:
        - Active
        - Monitoring- no implementation support but monitoring rates and activities
        - Suspended- clinic did not participate during the year but expected to return
        - Terminated- all activities with clinic are completed or stopped

- If the status of the clinic is 'terminated' or 'suspended', then you will enter a date (item A1-2a) and a reason (items A1:2b-2h) for the termination or suspension and then the CBARS system will skip the rest of the record. Clinic partnerships can be suspended or terminated for different reasons, including:
    - Clinic implementation completed - no longer monitoring screening rates
    - Clinic non-performance
    - Clinic does not have resources / capacity to participate
    - Clinic EHR problems or unable to collect clinic data
    - Clinic merged with another clinic
    - Clinic closed
  - A note about Terminating Clinics: The Annual Partner Status of "Terminated" should be reported in the PY following the year when activities ended. That is, if you worked with a clinic during *any part* of a PY to implement CRCCP activities, then a full annual clinic data record should be submitted for that PY with the appropriate Annual Partner Status reported (e.g., Active). For example, if you terminate a clinic the first of September of PY2 (that is, you implemented program activities in July and August of PY2), you will submit a full annual clinic data record for that clinic for PY2 to include information about all EBIs implemented during those two months and report the Annual Partner Status as "Active". Then, you would submit an annual clinic data record for PY3 for the clinic and report the Annual Partner Status as "Terminated." Once a clinic is terminated, you will no longer submit annual records for that clinic.
- Item COV 1 – COV-8e. A number of questions related to COVID-19 are included in this section and are intended to collect information about whether the COVID-19 pandemic impacted:
    - Clinic hours
    - CRC screening and diagnostics
    - EBI and other activities to improve CRC screening

Section 2., Health System and Clinic Characteristics and Clinic Patient Population, provides information on the clinic and parent health system.

Information collected includes:

- # of providers
- # of patients
- Proportion of patients that are age eligible for CRC screening (age 50-75), uninsured, and of specific race/ethnicity categories
- Primary electronic health record system (EHR) used by the clinic

Specific Item to Note:

- Item B2-8. Newly screening or opened
    - This baseline item identifies clinics that have, within the past year, initiated CRC screening services and/or are a clinic that has newly opened
    - A baseline screening rate is not collected for these clinics; nor are baseline screening practices and outcomes.
    - Population counts provided in the baseline clinic data record should reflect the time period from the clinic's opening or beginning of screening.

Section 3., CRC Screening Rates, provides baseline and annual clinic-level CRC screening rate information.

Information collected includes

- Numerator and Denominator
- 12-month screening rate measurement period
- Measure used (e.g., UDS, HEDIS)
- How screening rate was determined: Chart Review, EHR or both
- Confidence level in reported rate
- Target screening rate for next year

Specific Items to Note:

- Item B3-1a and A3-1a. Screening rate date available.
    - If a screening rate for any given clinic is not available by the due date for the annual clinic data record submission (September 30), you will provide the date when the rate will be available. You have until March 31 of the following year to edit the annual clinic data record and submit the updated screening rate.

- Item B3-4k/A3-4k and Item B3-5K/A3-5K. CR and EHR Screening rate target.
    - You should set a screening rate target for the **next PY**. You should use a target rate, not the percent or percentage point increase you expect to achieve. Targets should be based on the previous year's rate and be realistic, but ambitious. Unique targets should be set for each individual clinic.
- Items B3-9/A3-9. Fecal kit return rate.
    - This rate is calculated based on the 12-month PY, July 1 – June 30.
    - There will be a data lag for providing this data given the calculation.
- Items B3-10/A3-10. Colonoscopy completion rate.
    - This rate is calculated based on the 12-month PY, July 1 – June 30.
    - There will be a data lag for providing this data given the calculation.
- Items A3-12, A3-12a-d. Number of patients with CDC-paid follow-up colonoscopy (and results).
    - These items collect aggregate data on all patients who were provided a follow-up colonoscopy paid in full or in part with CDC CRCCP funds.

Section 4., Baseline and Annual Monitoring and Quality Improvement Activities, provides information on the clinic's practices, policies, and support received to improve implementation of EBIs and/or monitoring of CRC screening rates.

Information collected includes:

- Clinic CRC Screening Policy and Champion
- Utilization of health IT to improve data quality and monitoring program performance
- Quality Assurance/ Improvement Support
- Frequency of monitoring the CRC Screening Rate during the PY
- Validation of CRC screening rate
- Frequency of recipient implementation support to the clinic
- Provision of financial support to the clinic

Section 5., Evidence-based Interventions (EBIs) and Other Clinic Activities, provides information on the clinic's implementation, use, and sustainability of activities, put in place by the grantee or clinic, to improve colorectal cancer screening

Activities include:

- 4 EBIs: Patient Reminders, Provider Reminder, Provider Assessment and Feedback, and Reducing Structural Barriers.
- 2 other activities: Small Media and Patient Navigation

For each activity, information will be collected on:

- Status of the activity at the end of the PY
- Resources used toward the activity
- If in place, the frequency/quantity of the activity during the PY
- Sustainability of the activity

Section 6., Annual Implementation Factors, provides information about factors affecting implementation of EBIs such as complexity, adaptability, resources, patient preferences, data reporting, financial incentives, leadership support, and other domains. A representative from the clinic should complete these fields based on his or her experience during the PY.

Chapter 5: CRCCP Clinic Data Review Process

CDC will lead a clinic data review process that involves CDC/IMS staff and your team. The review of your clinic data is conducted semi-annually following each data submission (September 30, March 31) and includes a conference call with CDC/IMS staff and your team. The purpose of the clinic data review process is to identify data quality issues and potential programmatic issues. The review is part of an effort to continually improve your clinic data quality and strengthen program implementation. In this chapter, the clinic data review process is described, including a summary of the process and timeline (Table 1).

Sources for Clinic Data Review

The clinic data to be reviewed are accessed via crccp.org, under the CBARS tab. The data in CBARS are raw, that is, the data represent what has been submitted into the CBARS system by you. CBARS is a live system, therefore, data are always up-to-date based on your most recent clinic data submissions. As part of the review, CDC also reviews various data dashboards in Tableau, a system only accessible by CDC staff. Some dashboards are produced using raw/live data from CBARS while other dashboards are based on a processed, analytic dataset (e.g., some clinic data have been removed due to data quality concerns).

The CRCCP Clinic Data Review process is carried out by members of CDC's evaluation team and IMS technical consultants (TCs) and focuses on several areas including program reach, clinic and health system characteristics, reporting and data quality, and screening rate change. An important goal is to identify reporting (e.g., missing records) and data quality issues (e.g., change in screening rate measure used over time) that can ultimately impact data analysis and program outcomes.

Areas of Clinic Data Review

The focus on reporting and data quality represents the largest portion of the CRCCP Clinic Data Review. Within this section of the review, CDC evaluators and IMS TCs assess missing clinic records, missing data fields, terminated clinic records, and several data quality issues.

Important data quality issues assessed include those listed below. Examples of these types of data problems as seen in the CBARS system are included at the end of this chapter.

- Missing baseline and annual clinic data records
- Incorrect assignment of baseline and annual clinic data records to the appropriate DP20-2002 PY
- Issues with CRC screening rate data
    - Missing screening rate data
    - Changes in the screening rate measure used for a given clinic
    - Changes in the 12-month screening rate measurement period used for a given clinic

- Using a screening rate measurement period that is not 12-months in length
- Reporting 12-month screening rate measurement periods for a given clinic that are not sequential
- Conducting a chart review (CR) to calculate the screening rate using an inadequate number of records
- Making unusual changes in the use of EHR and CR-reported screening rates over time for a given clinic
- Reporting large changes/fluctuations in the EHR-generated screening rate denominator over time for a given clinic
- Consistently reporting “not confident” in EHR-generated screening rate for a given clinic

Clinic Data Review Process and Timeline

The steps for conducting the clinic data review are summarized below in Table 1. All of you will participate in a data review conference call based on the annual clinic data record submission (due September 30). The review will be conducted in the winter months (e.g., Dec-Jan). Following the March submission, an abbreviated review is conducted to assess newly entered screening rate data. For the March submission, conference calls will only be conducted with recipients in cases where problems are identified.

CRCCP Clinic Data Review Process	
Step 1	Recipient submits clinic data via CBARS (September 30, March 31).
Step 2	CDC/IMS conduct a data review for each recipient and summarizes findings in a "Call Notes" document.
Step 3	CDC/IMS schedule clinic data review conference call for the recipient and sends a calendar invite to all call participants.
Step 4	CDC sends the recipient the Call Notes by email for review prior to conference call.
Step 5	CDC/IMS facilitate the conference call with the recipient; participants discuss all items summarized in "Call Notes." At the end of the call, CDC/IMS/recipient identify "Action Items" requiring follow-up.
Step 6	CDC/IMS prepare a written listing of Action Items and sends them by email to the recipient.
Step 7	The recipient addresses all action items; CDC/IMS provide technical assistance as needed to support the recipient in responding to them. The recipient submits a written response to the action items by email to CDC/IMS.
Step 8	CDC assesses the completion of all action items by the recipient.
Step 9	CDC contacts recipient to follow-up on incomplete action items, if necessary.
Step 10	Recipient addresses incomplete or incorrectly addressed action items and responds to CDC/IMS.

Examples

Below, we provide some examples of data quality problems and include screen shots from the CBARS system (note that these screen shots are from the DP15-1502 CBARS system).

Example #1: Screening rate measure changes from “NQF” at baseline to “Other” thereafter.

Clinic	Baseline	Year 1	Year 2	Year 3
	PY1 **2.01**% (25/1245) : EHR {NQF} [10/01/2014-09/30/2015] Confidence: Very confident Total # of patients age 50-75: 1245 Newly Opened Clinic: No	PY1 **9.50**% (160/1685) : EHR {Other} [10/01/2015-09/30/2016] Confidence: Very confident Target for next PY: 12%	PY2 **11.97**% (155/1295) : EHR {Other} [10/01/2016-09/30/2017] Confidence: Very confident Target for next PY: 13.00%	PY3 **21.68**% (353/1628) : EHR {Other} [10/01/2017-09/30/2018] Confidence: Very confident Target for next PY: 25%

Example #2: Inconsistent 12-month screening rate measurement period is used over time.

Clinic	Baseline	Year 1	Year 2	Year 3
	PY1 **55.92**% (548/980) : EHR {NQF} [01/01/2015-12/31/2015] Confidence: Somewhat confident Total # of patients age 50-75: 1510 Newly Opened Clinic: No	PY1 **35.14**% (991/2820) : EHR {NQF} [09/15/2015-09/15/2016] Confidence: Very confident Target for next PY: 80%	PY2 **63.92**% (985/1541) : EHR {NQF} [01/01/2017-12/31/2017] Confidence: Very confident Target for next PY: 80%	PY3 **71.91**% (1075/1495) : EHR {NQF} [01/01/2018-12/31/2018] Confidence: Somewhat confident Target for next PY: 80%

Example #3: Insufficient number of charts reviewed to assess screening rate.

Clinic	Baseline	Year 1
	PY4 **45.65**% (21/46) : CR {UDS} [01/01/2017-12/31/2017] **50.00**% (216/432) : EHR {UDS} [01/01/2017-12/31/2017] Confidence: Somewhat confident Total # of patients age 50-75: 432 Newly Opened Clinic: No	PY4 **64.15**% (34/53) : CR {UDS} [01/01/2018-12/31/2018] **48.11**% (255/530) : EHR {UDS} [01/01/2018-12/31/2018] Confidence: Very confident Target for next PY: 80%

Example #4: Significant change in EHR-generated screening rate denominators from one year to another.

Clinic	Baseline	Year 1	Year 2	Year 3
	PY1 **2.66**% (45/1691) : EHR {HEDIS} [01/01/2015-12/31/2015] Confidence: Very confident Total # of patients age 50-75: 4625 Newly Opened Clinic: No	PY1 **15.67**% (249/1589) : EHR {HEDIS} [01/01/2016-12/31/2016] Confidence: Very confident Target for next PY: %	PY2 **30.70**% (1111/3619) : EHR {HEDIS} [01/01/2017-12/31/2017] Confidence: Very confident Target for next PY: %	PY3 **26.52**% (489/1844) : EHR {HEDIS} [01/01/2018-12/31/2018] Confidence: Very confident Target for next PY: 50%

Chapter 6: Reporting Baseline and Annual Clinic Data Using CBARS

THIS CHAPTER WILL BE DRAFTED FOLLOWING THE COMPLETION OF THE UPDATED CBARS SYSTEM SO THAT SCREEN SHOTS CAN BE INCLUDED.

Appendices

Appendix A: CRCCP Clinic Data Dictionary (Full)

CRCCP NOFO 2020-2002
OMB # 0920-1074
Expiration Date: XX/XX/XXXX
Version date: 9/15/2020

Colorectal Cancer Control Program (CRCCP)

Clinic Data Dictionary

CRCCP Clinic Data Dictionary (NOFO DP20-2002)

Contents

CRCCP DP20-2002
Program Years (PY)

	START DATE	END DATE
PY 1	JULY 1, 2020	JUNE 30, 2021
PY 2	JULY 1, 2021	JUNE 30, 2022
PY 3	JULY 1, 2022	JUNE 30, 2023
PY 4	JULY 1, 2023	JUNE 30, 2024

Data Collection Notes:

- Baseline data are required for all clinics participating in CRCCP- NOFO DP20-2002.
- For clinics enrolled during the previous CRCCP funding period (NOFO DP15-1502) and still active, awardees must re-submit baseline data using the clinic's NOFO DP15-1502 program year 5 reported screening rates as the current baseline screening rates.
- For new clinics, baseline data are reported when new clinics are enrolled to participate in CRCCP activities and reflect activities prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date).

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Part I. Partner and Record Identifiers
Identifying information for the partner clinic and health system.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
P1	R	B	Grantee code	Baseline Record: Two-character Grantee Code (assigned by CDC) Annual Record: N/A	List	TBD- 2-digit code
P2	R	B	CRCCP Partner Entity	Baseline Record: Indicates the organizational level of the partner entity working with the grantee to implement CRC EBIs and associated population used for calculating screening rates. Clinic partnerships are the preferred action. When reporting clinic-level data, the clinic/grantee must report clinic-specific screening rates and population counts (not health system rates and counts). To report Health System-level data, you must have approval from CDC's Evaluation Team before enrolling the Health System. In addition, four criteria must be met: 1. All Clinics within the health system must be participating in CRCCP. 2. The same EBIs must be implemented uniformly across ALL clinics within the health system 3. The reported screening rate and population counts must be Health System-wide for ALL eligible patients at all clinics within the health system. 4. Data for any individual clinic within the health system must not be reported separately. Thus, you will have only one record reported for the entire health system in CBARS. Within the record, information at the health system level will be reported for both the Health System and the individual Clinic fields. Contact CDC's evaluation team for help with reporting these data. Annual Record: N/A	List	□ Clinic □ Health System □ Other (specify below)
P2a	R	B	Other Partner Entity specify	Baseline Record: If other partner, provide description Annual Record: N/A	Char	Free text 200 Char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
P3	R	B, A	Partner Agreement	Baseline Record: The initial type of formal agreement the grantee made with the partner health system and/or clinic for CRCCP activities. Annual Record: The type of formal agreement the grantee had in place with the partner health system and/or clinic for CRCCP activities at the end of the program year (July 1- June 30).	List	□ MOU/MOA □ Contract □ Other □ None
P4	R	B	Date of Partner Agreement	Baseline Record: The original date the formal agreement was finalized between the grantee and partner clinic or health system for CRCCP DP20-2002 activities. Annual Record: N/A	Date	MM/DD/YYYY
HS1	R	B	Health system name	Baseline Record: Name of the partner health system under which the clinic (intervention/partner site) operates. Annual Record: N/A	Char	Free text 100 Char limit
HS2	R	B	Health system ID	Baseline Record: Unique three-digit identification code for the partner health system assigned by the grantee. Start with "001" and continue assigning numbers sequentially as health system partnerships are established. ▪ If this health system was recruited during NOFO DP15-1502, continue to use the existing three-digit health system ID that was assigned during NOFO DP15-1502 ▪ If this is a clinic where CDC's NBCCEDP breast and/or cervical cancer activities are also being implemented, we encourage using the same three-digit health system identification code assigned by the NBCCEDP staff. Contact the NBCCEDP staff in your state for a list of clinics participating in the NBCCEDP. Annual Record: N/A	Num	001-999
HS3	R	B	Health system Street	Baseline Record: Street address for the partner health system. If the street address is more than two lines, use a comma for separation. Annual Record: N/A	Char	Free text 100 Char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
HS4	R	B	Health system City	Baseline Record: City of the partner health system. Annual Record: N/A	Char	Free text 50 Char limit
HS5	R	B	Health system State	Baseline Record: Two-letter state or territory postal code for the partner health system. Annual Record: N/A	List	Various
HS6	R	B	Health system zip code	Baseline Record: 5-digit zip code for the partner health system. Annual Record: N/A	Num	00001-99999
HS7	R	B	Health system County	Baseline Record: County where the primary administrative office of the health system is located Annual Record: N/A	Char	Free text 100 char limit
CL1	R	B	Clinic name	Baseline Record: Name of the partner health clinic (intervention site). ▪ If the partner is a health system (item P2 is "Health System") then re-enter the Health System information as the clinic name Annual Record: N/A	Char	Free text 100 Char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
CL2	R	B	Clinic ID	Baseline Record: Unique three-digit identification code for the partner clinic assigned by the grantee. Start with "001" and continue assigning numbers sequentially as health system partnerships are established. ▪ If this clinic was recruited during NOFO DP15-1502, continue to use the existing 3-digit clinic ID that was assigned during NOFO DP15-1502 ▪ If this is a clinic where CDC's NBCCEDP breast and/or cervical cancer activities are also being implemented, we encourage using the same three-digit clinic identification code assigned by the NBCCEDP staff. Contact the NBCCEDP staff in your state for a list of clinics participating in the NBCCEDP. Annual Record: N/A	Num	001-999
CL3	R	B	Clinic Street	Baseline Record: Street address for the partner clinic. If the street address is more than two lines, use a comma for separation. ▪ If the partner is a health system (item P2 is "Health System") then re-enter the Health System information as the clinic street Annual Record: N/A	Char	Free text 100 Char limit
CL4	R	B	Clinic City	Baseline Record: City of the partner clinic. ▪ If the partner is a health system (item P2 is "Health System") then re-enter the Health System information as the clinic city Annual Record: N/A	Char	Free text 50 Char limit
CL5	R	B	Clinic State	Baseline Record: Two-letter state or territory postal code for the partner clinic. ▪ If the partner is a health system (item P2 is "Health System") then re-enter the Health System information as the clinic state Annual Record: N/A	List	Various

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
CL6	R	B	Clinic zip code	Baseline Record: 5-digit zip code for the partner clinic. ▪ If the partner is a health system (item P2 is "Health System") then re-enter the Health System information as the clinic zip code Annual Record: N/A	Num	00001-99999
CL7	R	B	Clinic County	Baseline Record: County where the clinic is located ▪ If the partner is a health system (item P2 is "Health System") then re-enter the Health System information as the clinic county Annual Record: N/A	Char	Free text 100 char limit
P5	O	B	Part 1 Comments	Optional comments for Part 1.	Char	Free text 200 Char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Part II. Baseline and Annual Record Data Items

Section 1. Baseline and Annual Clinic CRCCP Activity and Status

If the partner is a health system (P2=" Health System") then clinic data reported must represent the entire Health System

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B1-1	R	B	Clinic Enrollment NOFO	Baseline Record: Indicates the NOFO during which the clinic was first enrolled into CRCCP. Identifies the clinic as new to CRCCP and newly enrolled during NOFO DP20-2002 or if the clinic was recruited prior to this funding cycle and is continuing from NOFO DP15-1502 and if so, its status at the end of DP15-1502. □ DP20-2002: Clinic is new to CRCCP (did not participate in NOFO DP151502) □ DP15-1502 never terminated: Clinic is continuing on from NOFO DP15-1502 (never terminated) □ DP15-1502 previously terminated: Clinic enrolled during NOFO DP15-1502 but ended CRCCP participation during that NOFO and is being re-enrolled into CRCCP as part of DP20-2002. If unknown, select DP20-2002. Annual Record: N/A	List	□ DP20-2002 □ DP15-1502 never terminated □ DP15-1502 previously terminated

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B1-2	R	B	Clinic CRCCP Activities Start Date	Baseline Record: Indicates the date the clinic (or health system if reporting health system-level data) began actively implementing CRCCP [NOFO DP20-2002] activities. Enter the date that the clinic started implementing CRCCP program activities to increase clinic-level colorectal cancer screening rates. Activities can include: ▪ Enhancing existing EBIs ▪ Implementing new CRCCP EBI activities ▪ Conducting quality improvement activities to increase CRC screening rates such as: o Improving the quality of EHR screening data to produce an accurate CRC screening rate, integrate patient and provider reminder systems, or produce feedback reports; o Process mapping to identify areas where CRC screening can best be promoted or implemented; o Other activities that improve service delivery in ways to increase CRC screening. ▪ Note: For clinics enrolled during the previous CRCCP funding period (NOFO DP15-1502), grantees must re-submit baseline data using the clinic's NOFO DP15-1502, PY5 screening rates for NOFO 20-2002 baseline screening rates. In such cases, the **same 12-month screening rate measurement period and the same screening rate measure (e.g., UDS) must be used for reporting under DP20-2002.** **For active clinics continuing from NOFO DP15-1502, (item B1-1, Clinic Enrollment NOFO is "DP15-1502 not terminated") the clinic CRCCP activities start date will be automatically entered by CBARS as 07/01/2020.** Annual Record: N/A	Date	MM/DD/YYYY
B1-3	Comp	B	Baseline PY	Baseline Record: Baseline PY (based on activities start date) - auto-calculated based on start date (item, B1-2) Annual Record: N/A	List	□ CRCCP 2020-2002-py1 □ CRCCP 2020-2002-py2 □ CRCCP 2020-2002-py3 □ CRCCP 2020-2002-py4 □ CRCCP 2020-2002-py5

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B1-4	R	B	Partner Type	Baseline Record: Organizational classification of partner clinic/health system. ▪ Community Health Center/Federally Qualified Heath Center (CHC/FQHC) includes "FQHC look-alikes" that meet program requirements but do not receive funding from the HRSA Health Center Program. ▪ Tribal health clinic includes IHS, Tribal or Urban Indian clinics (I/T/U) that serve AI/AN. Annual Record: N/A	List	□ CHC/FQHC □ Health system/Hospital owned □ Private/Physician owned □ Health department □ Tribal health □ Primary Care Facility (non-CHC/FQHC) □ Other
A1-1	Comp	A	Annual Report Period	Baseline Record: N/A Annual Record: Indicates the reporting period represented in the data submission ▪ Annual data are reported at the end of each CRCCP program year (PY) and reflect activities conducted during that completed program year. Select the PY that matches the data that are being reported. ▪ Screening rates reported at baseline and annually use a consistent 12-month measurement period that may be different from the CRCCP PY.	List	□ CRCCP 2020-2002-py1 □ CRCCP 2020-2002-py2 □ CRCCP 2020-2002-py3 □ CRCCP 2020-2002-py4 □ CRCCP 2020-2002-py5

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A1-2	R	A	Annual Partner Status	Baseline Record: N/A Annual Record: Indicates the status of CRCCP supported colorectal cancer EBI implementation and screening rate monitoring activities at this clinic or health system during the program year. Select only one response. ▪ **Active:** Grantee actively worked with the clinic or health system to 1) plan and/or implement CRCCP colorectal cancer EBI activities and 2) monitor the colorectal cancer screening rate. If any CRCCP activities were planned or conducted at any point during the PY with support from the grantee, enter "Active". ▪ **Monitoring:** Grantee did not provide CRCCP colorectal cancer EBI planning or implementation support (no active technical assistance provided) to the clinic during the PY but continued to monitor its screening rate and EBI implementation. ▪ **Suspended:** Partnership with the clinic was temporarily stopped for the PY with **no** CRCCP EBI colorectal cancer planning or implementation or screening rate monitoring activities conducted during any time of this PY, but the clinic intends to resume CRCCP EBI activities at some time before the end of the current cooperative agreement. o Note: If **any** CRCCP activities were conducted during the PY, enter "Active" and submit a full annual record for this PY. Only use the response "Suspended" if CRCCP implementation was halted for the full year. ▪ **Terminated:** Partnership with the clinic or health system has ended with **no** CRCCP colorectal cancer EBI implementation or screening rate monitoring activities conducted during the PY or planned through the end of the cooperative agreement. o Note: If any CRCCP activities were conducted during the PY, enter "Active" and submit a full annual record for this PY. Only use the response "Terminated" if CRCCP implementation was terminated for the full year. *If active or monitoring, skip to COV-1* *If suspended or terminated, indicate date and reason in A1-2a through A1-2i* *Full annual record required for active or monitoring *If CRCCP Partner Entity is "Health system" then response options are either "Active" or "Terminated"*	List	□ Active □ Monitoring □ Suspended □ Terminated

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A1-2a	R	A	Suspension/Termination date	Baseline Record: N/A Annual Record: Indicates the date when the clinic partnership for CRCCP colorectal cancer EBI activities and screening rate monitoring activities were suspended or terminated. If the day is unknown use "15"	Date	MM/DD/YYYY
A1-2b	R	A	Clinic implementation completed-no longer monitoring screening rates	Baseline Record: N/A Annual Record: Reason that CRCCP colorectal cancer EBI planning or implementation and screening rate monitoring activities have been suspended or terminated at this clinic.	List	□ Yes □ No
A1-2c	R	A	Clinic non-performance	Baseline Record: N/A Annual Record: Reason that CRCCP colorectal cancer EBI planning or implementation and screening rate monitoring activities have been suspended or terminated at this clinic.	List	□ Yes □ No
A1-2d	R	A	Clinic does not have resources/capacity to participate	Baseline Record: N/A Annual Record: Reason that CRCCP colorectal cancer EBI planning or implementation and screening rate monitoring activities have been suspended or terminated at this clinic.	List	□ Yes □ No
A1-2e	R	A	Clinic EHR problems or unable to collect clinic data	Baseline Record: N/A Annual Record: Reason that CRCCP colorectal cancer EBI planning or implementation and screening rate monitoring activities have been suspended or terminated at this clinic.	List	□ Yes □ No
A1-2f	R	A	Clinic merged with another clinic	Baseline Record: N/A Annual Record: Reason that CRCCP colorectal cancer EBI planning or implementation and screening rate monitoring activities have been suspended or terminated at this clinic.	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A1-2g	R	A	Clinic closed	Baseline Record: N/A Annual Record: Reason that CRCCP colorectal cancer EBI planning or implementation and screening rate monitoring activities have been suspended or terminated at this clinic.	List	□ Yes □ No
A1-2h	R	A	Other	Baseline Record: N/A Annual Record: Reason that CRCCP colorectal cancer EBI planning or implementation and screening rate monitoring activities have been suspended or terminated at this clinic.	List	□ Yes □ No
A1-2i	R	A	Other reason for suspension or termination	Baseline Record: N/A Annual Record: If item A1-2h is other, please specify **End of record for partnership status (item A1-2) = suspended or terminated.*	Char	Free text 200 char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
COV-1	R	B, A	COVID-19 clinic closure or hours reduced	Baseline Record: Indicates whether the clinic closed for an extended period of time (a full week or more) or reduced hours because of COVID-19 at any time during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Response option notes: ▪ Closed= the clinic was completely closed to patients for an extended period of time (at least a full week or more) because of COVID-19. ▪ Hours reduced= the clinic was partially closed to patients for a set number of days per week or a set number of hours per day because of COVID-19. If closed, specify # of weeks in item COV-2 and impact in COV-7 through COV-8e If reduced hours, specify amount in item COV-3 through COV-6 and impact in COV-7 through COV-8e If no, skip to COV-7. Annual Record: Indicates whether the clinic closed for an extended period of time (a full week or more) or reduced hours because of COVID-19 at any time during the program year (July 1- June 30). Response option notes: ▪ Closed= the clinic was completely closed to patients for an extended period of time (at least a full week or more) because of COVID-19. ▪ Hours reduced= the clinic was partially closed to patients for a set number of days per week or a set number of hours per day because of COVID-19. If closed, specify # of weeks in item COV-2 and impact in COV-7 through COV-8e If reduced hours, specify amount in item COV-3 through COV-6 and impact in COV-7 through COV-8e If no, skip to COV-7	List	□ Yes, closed □ Yes, reduced hours □ No, clinic did not close or reduce hours
COV-2	R	B, A	COVID-19 closure amount	Baseline Record: Indicates the amount of weeks, in total, the clinic was closed because of COVID-19 at any time during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates the amount of weeks, in total, the clinic was closed because of COVID-19 at any time during the program year (July 1- June 30).	Num	__#__ of weeks

Item Type: R=Required; O=Optional; Comp=computed by CBARS
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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
COV-3	R	B, A	COVID-19 Hours reduced	Baseline Record: Indicates the amount of time, in total, the clinic reduced hours because of COVID-19 at any time during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ If the clinic reduced hours for a set amount of hours per day, provide the number of hours reduced for the entire week during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates the amount of time, in total, the clinic reduced hours because of COVID-19 at any time during the program year (July 1- June 30). ▪ If the clinic reduced hours for a set amount of hours per day, provide the number of hours reduced for the entire week during the program year.	Num	_#__ hours each week
COV-4	R	B, A	COVID-19 Days reduced	Baseline Record: Indicates the amount of time, in total, the clinic reduced days because of COVID-19 at any time during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ If the clinic reduced hours by closing for a set number of days per week, provide the number of days closed each week during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates the amount of time, in total, the clinic reduced days because of COVID-19 at any time during the program year (July 1- June 30). ▪ If the clinic reduced hours by closing for a set number of days per week, provide the number of days closed each week during the program year.	Num	_#__ days per week
COV-5	R	B, A	COVID-19 Weeks with reduced hours	Baseline Record: Indicates the amount of weeks the clinic reduced hours because of COVID-19 during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ The total number of weeks in which the reduction occurred during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates the amount of weeks the clinic reduced hours because of COVID-19 during the program year (July 1- June 30). ▪ The total number of weeks in which the reduction occurred during the program year.	Num	__#__weeks

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
COV-6	R	B, A	COVID-19 Weeks with reduced days	Baseline Record: Indicates the amount of weeks the clinic reduced days because of COVID-19 during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ The total number of weeks in which the reduction occurred during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates the amount of weeks the clinic reduced days because of COVID-19 during the program year (July 1- June 30). The total number of weeks in which the reduction occurred during the program year.	Num	__#__weeks
COV-7	R	B, A	COVID-19 screening/diagnostic impact	Baseline: Indicates whether COVID-19 negatively impacted the clinic's delivery of colorectal cancer screening and diagnostic services during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ If yes, indicate how the clinic was impacted in items COV-7a through COV-7h ▪ If no, skip to COV-8 Annual: Indicates whether COVID-19 negatively impacted the clinic's delivery of colorectal cancer screening and diagnostic services during the program year (July 1- June 30). ▪ If yes, indicate how the clinic was impacted in items COV-7a through COV-7h ▪ If no, skip to COV-8	List	□ Yes □ No
COV-7a	R	B, A	COVID-19 sick visits	Clinic visits were restricted to sick patients, with limited or no preventive care available	List	□ Yes □ No
COV-7b	R	B, A	COVID-19 high risk visits	Clinic visits were limited to patients at high risk for colorectal cancer or with symptoms for colorectal cancer	List	□ Yes □ No
COV-7c	R	B, A	COVID-19 telemed visits	Clinic visits were telehealth/telemedicine only	List	□ Yes □ No
COV-7d	R	B, A	COVID-19 no referrals for screening colo	Clinic could not refer average risk patients for screening colonoscopies due to limited availability of endoscopic services	List	□ Yes □ No
COV-7e	R	B, A	COVID-19 no referrals for follow-up colo	Clinic could not refer patients with positive or abnormal fecal test results for follow-up colonoscopies due to limited availability of endoscopic services	List	□ Yes □ No
COV-7f	R	B, A	COVID-19 pts cancelled	Patients cancelled or did not schedule appointments (e.g., due to COVID concerns)	List	□ Yes □ No
COV-7g	R	B, A	COVID-19 pts fearful	Patients fearful of getting COVID-19	List	□ Yes □ No
COV-7h	R	B, A	COVID-19 other	Other	List	□ Yes □ No
COV-7i	R	B, A	COVID-19 other specify	Other, specify	Char	Free text 200 char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
COV-8	R	B&A	COVID-19 EBI impact	Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of evidence-based interventions (EBIs) or Patient Navigation activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). (e.g., implementation of some or all EBIs were suspended) ▪ If yes, indicate all activities negatively impacted by COVID-19 in COV-8a through COV-8e ▪ If no, skip to COV-9 Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of evidence-based interventions (EBIs) or Patient Navigation activities for colorectal cancer screening during the program year (July 1-June 30). (e.g., implementation of some or all EBIs were suspended) ▪ If yes, indicate all activities negatively impacted by COVID-19 in COV-8a through COV-8e ▪ If no, skip to COV-9	List	□ Yes □ No
COV-8a	R	B&A	COVID-19 PTR impact	Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Patient Reminder** activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Patient Reminder** activities for colorectal cancer screening during the program year (July 1-June 30).	List	□ Yes □ No
COV-8b	R	B&A	COVID-19 PVR impact	Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Provider Reminder** activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Provider Reminder** activities for colorectal cancer screening during the program year (July 1-June 30).	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
COV-8c	R	B&A	COVID-19 PAF impact	Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Provider Assessment and Feedback** activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Provider Assessment and Feedback** activities for colorectal cancer screening during the program year (July 1-June 30).	List	□ Yes □ No
COV-8d	R	B&A	COVID-19 RSB impact	Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Reducing Structural Barriers** activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Reducing Structural Barriers** activities for colorectal cancer screening during the program year (July 1-June 30).	List	□ Yes □ No
COV-8e	R	B&A	COVID-19 PN impact	Baseline: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Patient Navigation** activities for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual: Indicates whether COVID-19 negatively impacted the clinic's the implementation of **Patient Navigation** activities for colorectal cancer screening during the program year (July 1-June 30).	List	□ Yes □ No
COV-9	O	B&A	COVID-19 Comments	Optional comments for COVID-19 Section	Char	Free text 200 char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 2. Baseline and Annual Health System and Clinic Characteristics and Clinic Patient Population
If the partner is a health system (P2=" Health System") then clinic data reported must represent the entire Health System

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-1 A2-1	R	B, A	Total # of primary care clinics in **health system**	Baseline Record: The total number of primary health care clinics that operate under the partner health system, including those serving specific populations such as pediatric clinics, prior to beginning CRCCP activities (item B1-2: Clinic CRCCP Activities Start Date). A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices". Annual Record: The total number of primary health care clinics that operated under the partner health system, including those serving specific populations such as pediatric clinics during the program year (July 1-June 30). A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices".	Num	1-9999999
B2-2 A2-2	R	B, A	Total # of primary care providers in **health system**	Baseline Record: Total number of primary care providers who are delivering services for the **parent health system** prior to beginning CRCCP activities (item B1-2: Clinic CRCCP Activities Start Date). ▪ Primary care providers include physicians (e.g., internists, family practice, OB/GYN, attending physicians, fellows and residents), nurses, nurse practitioners, and physician assistants. ▪ Do not include specialty providers in this number. ▪ Report on individuals, not full-time equivalents (FTEs). Annual Record: Total number of primary care providers who were delivering services for the **parent health system** during the program year (July 1-June 30). ▪ Primary care providers include physicians (e.g., internists, family practice, OB/GYN, attending physicians, fellows and residents) nurses, nurse practitioners, and physician assistants. ▪ Do not include specialty providers in this number. ▪ Report on individuals, not full-time equivalents (FTEs).	Num	1-99999

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-3 A2-3	R	B, A	# of primary care providers at **clinic**	Baseline Record: Indicates the total number of primary care providers who were delivering primary care services at the **clinic** prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ Primary care providers include physicians (e.g., internists, family practice, OB/GYN attending physicians, fellows and residents), nurses, nurse practitioners, and physician assistants. ▪ Do not include specialty providers in this number. ▪ Report on individuals, not full-time equivalents (FTEs). ▪ If the partner is a health system (P2=" Health System") then re-enter the number of primary care providers at the Health System Annual Record: Indicates the total number of primary care providers who were delivering primary care services at the **clinic** during the program year (July 1-June 30). ▪ Primary care providers include physicians (e.g., internists, family practice, OB/GYN attending physicians, fellows and residents), nurses, nurse practitioners, and physician assistants. ▪ Do not include specialty providers in this number. ▪ Report on individuals, not full-time equivalents (FTEs). ▪ If the partner is a health system (P2=" Health System") then re-enter the number of primary care providers at the Health System	Num	1-99999
B2-4 A2-4	R	B, A	Total # of clinic patients	Baseline Record: The **total number** of clinic patients who had at least one medical visit to the clinic in the year prior to starting CRCCP. ▪ If the partner is a health system (P2=" Health System") then re-enter the number of clinic patients at the Health System Annual Record: The **total number** of clinic patients who had at least one medical visit to the clinic in the last complete program year (July 1-June 30). ▪ If the partner is a health system (P2=" Health System") then re-enter the number of clinic patients at the Health System.	Num	1-9999999

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-5 A2-5	R	B, A	Total # of clinic patients, age 50-75	Baseline Record: The total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the year prior to starting CRCCP. ▪ If unavailable, it is acceptable to report on a similar age range used by the clinic for measuring screening rates (e.g. ages 51-74 used by FQHCs/CHCs for UDS screening rate). Annual Record: The total number of clinic patients aged 50-75 who had at least one medical visit to the clinic in the last complete program year (July 1- June 30). ▪ If unavailable, it is acceptable to report on a similar age range used by the clinic for measuring screening rates (e.g. ages 51-74 used by FQHCs/CHCs for UDS screening rate).	Num	1-9999999
B2-5a	O	B	% of patients, age 50-75, women	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) **who are women**. ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: N/A	Num	00-100
B2-5b A2-5b	R	B, A	% of patients, age 50-75, uninsured	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) **who did not have any form of public or private health insurance.** ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: The **percent** of the **"Total # of clinic patients, 50-75** who had at least one medical visit to the clinic in the last complete program year (July 1- June 30) (item A2-5) **who did not have any form of public or private health insurance.** ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75.	Num	00-100

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-5c	O	B	% of patients, age 50-75, Hispanic	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) **who are Hispanic or Latino** (i.e., persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race). ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: N/A	Num	00-100
B2-5d	O	B	% of patients, age 50-75, White	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) **who are White/Caucasian** (i.e., persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.) ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: N/A	Num	00-100
B2-5e	O	B	% of patients, age 50-75, Black or African American	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) who are **Black or African American** (i.e., persons having origins in any of the black racial groups of Africa). ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: N/A	Num	00-100

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-5f	O	B	% of patients, age 50-75, Asian	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) **who are Asian** (i.e., persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: N/A	Num	00-100
B2-5g	O	B	% of patients, age 50-75, Native Hawaiian or other Pacific Islander	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) **who are Native Hawaiian or other Pacific Islander** (i.e., persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: N/A	Num	00-100
B2-5h	O	B	% of patients, age 50-75, American Indian or Alaskan Native	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) who are **American Indian or Alaskan Native** (i.e., persons having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment). ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: N/A	Num	00-100

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-5i	O	B	% of patients, age 50-75, More than one race	Baseline Record: Indicates the **percent of the total number of clinic patients aged 50-75** who had at least one medical visit to the clinic in the year prior to starting CRCCP (item B2-5) **who are of more than one race** (i.e., persons having origins in two or more of the federally designated racial categories). ▪ Report as a whole number percent. For example, enter 67 for 67%, not 0.67. ▪ Leave blank if unknown. ▪ It is acceptable to report the percent based on the total clinic population if unknown for those age 50-75. Annual Record: N/A	Num	00-100
B2-6 A2-6	R	B, A	Name of primary EHR vendor at clinic	Baseline Record: Indicates the primary EHR used at the clinic that was in use prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start). Annual Record: Indicates the primary EHR that was in use at the clinic during the program year (July 1-June 30).	List	□ Allscripts □ Athenahealth □ Cerner □ eClinicalWorks □ Epic □ GE Healthcare □ Greenway Health □ Kareo □ McKesson □ Meditech □ NextGen (Quality Systems, Inc.) □ Practice Fusion □ Other □ None
B2-6a A2-6a	R	B, A	Other EHR, specify	Baseline Record: Name of the 'other' electronic health record vendor(s) used by the clinic. Annual Record: Name of the 'other' electronic health record vendor(s) used by the clinic during the program year (July 1-June 30).	Char	Free text 100 Char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B2-7 A2-7	R	B, A	Primary EHR home	Level of EHR implementation and functionality: EHR system unique to the clinic versus health-system wide EHR system shared by all clinics. Baseline Record: Indicates the breadth and functionality of the clinic EHR system that was in use prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start). Annual Record: Indicates the breadth and functionality of the primary EHR system that was in use at the clinic during the program year (July 1-June 30).	List	□ EHR specific to the clinic □ Health system wide EHR □ Other: _____
B2-7a A2-7a	R	B, A	Other EHR home specify	Specify other EHR home	Char	Free text 100 Char limit
B2-8	R	B	Newly screening or opened	Baseline Record: Identifies clinics that have recently started providing colorectal cancer screening services and/or are newly opened prior to time of the Clinic CRCCP Activities Start Date (item B1-2). ▪ Recently started providing colorectal cancer screening services: clinic has started providing colorectal cancer screening within 1 year of the Clinic CRCCP Colorectal Activities Start Date (item B1-2). ▪ Newly opened clinic: clinic has been in operation for less than 1 year at the time of Clinic CRCCP Colorectal Activities Start Date (itemB1-2). **If yes (<1 year), do not report baseline screening rates or baseline screening practices and outcomes (Section 3)** Annual Record: N/A	List	□ Yes (< 1 year) □ No (1 or more years)
B2-9 A2-9	O	B, A	Section 2 Comments	Optional comments for section 2	Char	Free text 200 char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 3. Baseline and Annual CRC Screening Rates and Practices
If the partner is a health system (P2=" Health System") then clinic data reported must represent the entire Health System

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-1 A3-1	R	B, A	Rate Status	Baseline Record: Indicates the availability of baseline CRC screening rate data and associated information on data sources/approach for calculating the screening rates. ▪ If "Chart review rate only" skip to B3-2 and skip EHR section. ▪ If "EHR rate only" skip to B3-2, then skip to B3-5a (skip CR section). ▪ If "Both Chart Review rate and EHR rate", skip to B3-2 and complete both the CR section (B3-4a to B3-4l) and the EHR rate section (B3-5a to B3-5l). ▪ If "No, not yet available" go to B3-1a and enter date available and then skip to B3-6a CRC Screening Practices and Outcomes. ▪ If "No, cannot obtain" skip to B3-6a CRC Screening Practices and Outcomes. Annual Record: Indicates the availability of annual CRC screening rate data and associated information on data sources/approach for calculating the screening rates. ▪ If "Yes, chart review rate only" skip to A3-2 and skip EHR section. ▪ If "Yes, EHR rate only" skip to A3-2, then skip to A3-5a (skip CR section). ▪ If "Yes, both Chart Review rate and EHR rate", skip to A3-2 and complete both the CR section (A3-4a to A3-4l) and the EHR rate section (A3-5a to A3-5l). ▪ If "No. not yet available" go to A3-1a and enter date available and then skip to A3-6a CRC Screening Practices and Outcomes. ▪ If "No, cannot obtain" skip to A3-6a CRC Screening Practices and Outcomes.	List	□ Chart Review rate only □ EHR rate only □ Both Chart Review and EHR Rate □ No, not yet available □ No, cannot obtain

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-1a A3-1a	R	B, A	Screening rate date available	Baseline Record: If a baseline screening rate is not yet available, provide the approximate date that the screening rate will be available. *skip to B3-6a* Annual Record: If an annual screening rate cannot be obtained or is not yet available when submitting the annual clinic data, provide the approximate date that the screening rate will be available. *skip to A3-6a*	Date	MM/DD/YYYY
B3-2 A3-2	R	B, A	Start date of 12-month measurement SR period	Baseline Record: The start date of the 12-month screening rate measurement period used to calculate the clinic's baseline CRC screening rate. The 12-month measurement period does not need to coincide with the program year. Any 12-month period may be used as the measurement period. ▪ The measurement period for the baseline screening rate should be the most recent 12-month measurement period prior to implementation of CRCCP activities (Item B1-2: Clinic CRCCP Activities Start Date). ▪ Note that the date that implementation activities started (Item B1-2: Clinic CRCCP Activities Start Date) must be **after** the end of the baseline 12-month measurement period. This same 12-month measurement period must be used for reporting subsequent annual colorectal cancer screening rates for this clinic. Annual Record: The start date of the annual colorectal cancer screening rate 12-month measurement period. ▪ The 12-month measurement period for all annual records for this clinic should be consistent over time and match that used for the baseline screening rate. ▪ Measurement periods, starting with the baseline measurement period, should represent consecutive years. For example, if the baseline measurement period was 01/01/2019- 12/31/2019, then the first annual screening rate measurement period should be 01/01/2020 - 12/31/2020. The first annual measurement period (year 1 for the clinic) should include the date that implementation activities started (Item B1-2: Clinic CRCCP Activities Start Date).	Date	MM/DD/YYYY

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-3 A3-3	comp	B, A	End date of 12-month measurement period	Baseline Record: This date will be automatically calculated from the 12-month start date. Indicates the end date of the 12-month measurement period used to calculate the clinic's baseline CRC screening rate. ▪ The measurement period for the baseline screening rate should be the most recent 12-month measurement period available prior to implementation of CRCCP activities (Item B1-2: Clinic CRCCP Activities Start Date). ▪ This same 12-month measurement period must be used for reporting subsequent annual colorectal cancer screening rates for this clinic. Annual Record: Indicates the end date of the annual colorectal cancer screening rate 12-month measurement period. ▪ The 12-month measurement period for all annual records for this clinic should be consistent over time and match that used for the baseline screening rate. ▪ Measurement periods, starting with the baseline measurement period, should represent consecutive years. For example, if the baseline measurement period was 01/01/2019 - 12/31/2019, then the first annual screening rate measurement period should be 01/01/2020 - 12/31/2020.	Date	MM/DD/YYYY
Chart Review Screening Rates ***This section should be skipped at baseline for clinics that are newly screening or newly opened*						
B3-4a A3-4a	comp	B, A	CR Screening rate (%)	Baseline Record: This rate will be automatically computed by the data system using the numerator and denominator reported below. Annual Record: This rate will be automatically computed by the data system using the numerator and denominator reported below.	Num	00-100
B3-4b A3-4b	R	B, A	CR screening rate numerator	Baseline Record: Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.* Annual Record: Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.*	Num	0-9999999

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-4c A3-4c	R	B, A	CR screening rate denominator	Baseline Record: Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.* Annual Record: Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.*	Num	1-9999999
B3-4d A3-4d	R	B, A	CR Measure used	Baseline Record: Indicates the measure that was used to calculate the numerator and denominator for the clinic's colorectal cancer screening rate. ▪ If an existing measure (e.g., UDS, HEDIS, GPRA) was not used, the *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics* provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. **The same measure reported at baseline must be used for reporting subsequent annual colorectal cancer screening rates for this clinic.** Annual Record: If an existing measure (e.g. UDS, HEDIS, GPRA) was not used, the *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics* provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. **The same measure reported at baseline must be used for reporting subsequent annual colorectal cancer screening rates for this clinic.**	List	□ GPRA □ HEDIS □ NQF □ UDS □ Other

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-4e A3-4e	Comp	B, A	% of charts reviewed to calculate screening rate	Baseline Record: Indicates the percent of medical charts that were reviewed for adults, ages 50-75, who had at least one medical visit during the reporting year and who have not previously had colorectal cancer or had a total colectomy. A minimum of 10% or 100 charts should be reviewed. If using the UDS measure, a minimum of 70 charts should be reviewed. See *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics*. Field will be auto-calculated using the provided screening rate denominator (item B3-4c) and the total # of clinic patients, age 50-75 (item B2-5) reported for this program year. Annual Record: Indicates the percent of medical charts that were reviewed for adults, ages 50-75, who had at least one medical visit during the reporting year and who have not previously had colorectal cancer or had a total colectomy. A minimum of 10% or 100 charts should be reviewed. If using the UDS measure, a minimum of 70 charts should be reviewed. See CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics. Field will be auto-calculated using the provided screening rate denominator (item A3-4c) and the total # of clinic patients, age 50-75 (item A2-5) reported for this program year.	Num	auto-calculated
B3-4f A3-4f	R	B, A	Sampling Method	Baseline and Annual Records: Indicates if records were selected through either a random or systematic sampling method to generate a representative sample of the entire population of patients who meet the inclusion/selection criteria for the measure used. See *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.* ▪ A random sample takes a randomly assigned subset of the population identified in the sampling frame. This is typically accomplished through generating a random number that will be assigned to each patient in the sampling frame. This can be accomplished in many ways (e.g., random number table, web-based software, computer software). ▪ A systematic sample orders every patient (e.g., alphabetically, by ID) in the sampling frame and then selects every nth patient.	List	□ Yes □ No □ Unknown

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-4g A3-4g	R	B, A	CR screening rate confidence	Baseline and Annual Records: Indicates the grantee's confidence in the accuracy of the CR-calculated screening rate. Accuracy of CR-calculated screening rates can vary depending on how charts are sampled and the information available in the charts.	List	□ Not confident □ Somewhat confident □ Very confident
B3-4h A3-4h	R	B, A	CR Screening rate problem	Baseline and Annual Records: Indicates if there are known unresolved problems with the CR reported screening rate or screening data quality.	List	□ Yes □ No □ Unknown
B3-4i A3-4i	R	B, A	Specify CR- screening rate problem	Baseline Record: If B3-4h is YES, specify the problem and any activities conducted this program year to address it. Describe the issue and severity of known problems or rationale for low confidence in the accuracy of the CR-reported screening rate. Annual Record: If A3-4h is YES, specify the problem and any activities conducted this program year to address it. Describe the issue and severity of known problems or rationale for low confidence in the validity of the CR-reported screening rate.	Char	Free text 256 Char limit
B3-4j A3-4j	N/A		N/A for CR			

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-4k A3-4k	R	B, A	CR Screening rate target	Baseline Record: Indicates the clinic-level colorectal cancer screening rate **target** established by the clinic for its first CRCCP annual clinic record. ▪ Enter the targeted clinic-level colorectal cancer screening rate (i.e., the screening rate you want to achieve) for the clinic's first annual record, i.e. the colorectal cancer screening rate for the next 12-month measurement period after the baseline screening rate measurement period. ▪ Do not enter the expected additional % increase. ▪ Targets should be: o Clinic-level targets. Do not report targets for the health system unless the partner is the health system (item P2= Health System). o Unique to each clinic. o Ambitious but realistic and achievable. Annual Record: Indicates the clinic-level colorectal cancer screening rate **target** established by the clinic for the next subsequent CRCCP annual clinic record. ▪ Enter the targeted clinic-level colorectal cancer screening rate (i.e., the screening rate you want to achieve) for the **next** annual record, i.e. the colorectal cancer screening rate for the next 12-month measurement period. ▪ Do not enter the expected additional % increase. ▪ Targets should be: o Clinic-level targets. Do not report targets for the health system unless the partner is the health system (item P2= Health System). o Unique to each clinic. o Ambitious but realistic and achievable	Num	1-100 999 (no target set)
B3-4l A3-4l	O	B, A	Comments for CR rates	Optional Comments for CR rates.	Char	Free text 200 char limit
EHR Screening Rates ***This section should be skipped at baseline for clinics that are newly screening or newly opened*						
B3-5a A3-5a	comp	B, A	EHR Screening rate (%)	Baseline Record: This rate will be automatically computed by the data system using the numerator and denominator reported below. Annual Record: This rate will be automatically computed by the data system using the numerator and denominator reported below.	Num	00-100

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-5b A3-5b	R	B, A	EHR screening rate numerator	Baseline and Annual Records: Numerator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.*	Num	0-9999999
B3-5c A3-5c	R	B, A	EHR screening rate denominator	Baseline and Annual Records: Denominator is dependent on the measure used (e.g., UDS, HEDIS). Please see Appendix 3 in *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.*	Num	1-9999999
B3-5d A3-5d	R	B, A	EHR Measure used	Baseline and Annual Records: Indicates the measure that was used to calculate the numerator and denominator for the clinic's colorectal cancer screening rate. ▪ If an existing measure (e.g. UDS, HEDIS, GPRA) was not used, the *CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics (Appendix 3)* provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. **The same measure reported at baseline must be used for reporting subsequent annual colorectal cancer screening rates for this clinic.**	List	□ GPRA □ HEDIS □ NQF □ UDS □ Other
B3-5e A3-5e	N/A	N/A	N/A for EHR	N/A for EHR	N/A for EHR	N/A for EHR
B3-5f A3-5f	N/A	N/A	N/A for EHR	N/A for EHR	N/A for EHR	N/A for EHR
B3-5g A3-5g	R	B, A	EHR screening rate confidence	Baseline and Annual Records: Indicates the grantee's confidence in the accuracy of the EHR-calculated screening rate. Accuracy of EHR-calculated screening rates can vary depending on how data are documented and entered into the EHR. For additional information, see the National Colorectal Cancer Roundtable's summary report, "Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers" and "CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics."	List	□ Not confident □ Somewhat confident □ Very confident
B3-5h A3-5h	R	B, A	EHR Screening rate problem	Baseline and Annual Records: Indicates if there are known unresolved problems with the EHR reported screening rate or screening data quality.	List	□ Yes □ No □ Unknown

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-5i A3-5i	R	B, A	Specify EHR screening rate problem	Baseline Record: If item B3-5h is YES, specify the problem and any activities conducted this program year to address it. Describe the issue and severity of known problems or rationale for low confidence in the accuracy of the EHR-reported screening rate. Specify any activities to address the problem(s) such as improvements made to data entry systems or to the screening rate measurement calculation. Annual Record: If A3-5h is YES, specify the problem and any activities conducted this program year to address it. Describe the issue and severity of known problems or rationale for low confidence in the validity of the EHR-reported screening rate. Specify any activities such as improvements made to data entry systems or to the screening rate measurement calculation.	Char	Free text 256 Char limit
B3-5j A3-5j	R	B, A	EHR rate reporting source	Baseline and Annual Records: Indicates the source of the denominator and numerator data reported for the EHR screening rate	List	□ HCCN data warehouse □ Clinic EHR □ Health system EHR □ EHR Vendor □ Other

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-5k A3-5k	R	B, A	EHR screening rate target	Baseline Record: Indicates the clinic-level colorectal cancer screening rate **target** established by the clinic for its first CRCCP annual clinic record. ▪ Enter the targeted clinic-level colorectal cancer screening rate (i.e., the screening rate you want to achieve) for the clinic's first annual record, i.e. the colorectal cancer screening rate for the next 12-month measurement period after the baseline screening rate measurement period. ▪ Do not enter the expected additional % increase. ▪ Targets should be: o Clinic-level targets. Do no report targets for the health system unless the partner is the health system (item P2). o Unique to each clinic. o Ambitious but realistic and achievable Annual Record: Indicates the clinic-level colorectal cancer screening rate **target** established by the clinic for its next subsequent CRCCP annual clinic record. ▪ Enter the targeted clinic-level colorectal cancer screening rate (i.e., the screening rate you want to achieve) for the **next** annual record, i.e. the colorectal cancer screening rate for the next 12-month measurement period. ▪ Do not enter the expected additional % increase. ▪ Targets should be: o Clinic-level targets. Do no report targets for the health system unless the partner is the health system (item P2). o Unique to each clinic. o Ambitious but realistic and achievable	Num	1-100 999 (no target set)
B3-5l A3-5l	O	B, A	Comments for EHR rates	Optional comments for EHR rates	Char	Free text 200 char limit
CRC Screening Practices and Outcomes						
Information regarding 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. *****This section should be skipped at baseline for clinics that are newly screening or newly opened*****						
B3-6a A3-6a	R	B, A	FIT	Baseline Record: Indicates whether this method was used by the clinic for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates whether this method was used by the clinic for colorectal cancer screening during the annual program year (July 1- June 30).	List	□ Yes □ No

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-6b A3-6b	R	B, A	FIT-DNA (Cologuard)	Baseline Record: Indicates whether this method was used by the clinic for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates whether this method was used by the clinic for colorectal cancer screening during the annual program year (July 1- June 30).	List	□ Yes □ No
B3-6c A3-6c	R	B, A	FOBT	Baseline Record: Indicates whether this method was used by the clinic for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates whether this method was used by the clinic for colorectal cancer screening during the annual program year (July 1- June 30).	List	□ Yes □ No
B3-6d A3-6d	R	B, A	Colonoscopy	Baseline Record: Indicates whether this method was used by the clinic for colorectal cancer screening during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Colonoscopy includes referral for screening colonoscopy. Annual Record: Indicates whether this method was used by the clinic for colorectal cancer screening during the annual program year (July 1- June 30). Colonoscopy includes referral for screening colonoscopy.	List	□ Yes □ No
B3-6e A3-6e	R	B, A	Other	Other	List	□ Yes □ No
B3-6f A3-6f	R	B, A	Other CRC Screening methods	Specify “other” screening tests used	Char	Free text 200 char limit
B3-7 A3-7	R	B, A	Primary CRC screening method	Baseline Record: Indicates the colorectal cancer screening method most frequently used by the clinic during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Colonoscopy includes referral for screening colonoscopy. Annual Record: Indicates the colorectal cancer screening method most frequently used during the program year (July 1-June 30). Colonoscopy includes referral for screening colonoscopy.	List	□ FIT □ FIT-DNA (Cologuard) □ FOBT □ Colonoscopy: □ Other: _____

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Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-7a A3-7a	R	B, A	Other primary CRC screening method	Specify "other" primary CRC screening method	Char	Free text 200 char limit
B3-8 A3-8	R	B, A	**Free** fecal testing kits	Baseline Record: Indicates whether the clinic provided **free** fecal testing kits (FIT, FIT-DNA (Cologuard), or FOBT) to any of their patients during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). This includes kits that may be made available by the laboratory and distributed at no cost to patients by the clinic. Annual Record: Indicates whether the clinic provided **free** fecal testing kits (FIT, FIT-DNA (Cologuard), or FOBT) to any of their patients during the program year (July 1-June 30). This includes kits that may be made available by the laboratory and distributed at no cost to patients used by the clinic.	List	□ Yes □ No □ Unknown
B3-9 A3-9	Comp	B, A	Fecal Kit return rate	Baseline Record: Percentage of **patients** receiving a fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date) and returned it for processing. Includes all fecal kits regardless of cost/payor. ▪ This rate will be automatically computed by the data system using the numerator (item B3-9b) and denominator (item B3-9a) reported. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item B3-9c). Annual Record: Percentage of **patients** receiving a fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the program year (July 1-June 30)., who returned it for processing. Includes all fecal kits regardless of cost/payor. ▪ This rate will be automatically computed by the data system using the numerator (item A3-9b) and denominator (item A3-9a) reported below. ▪ If data are not available at the time of annual data submission, please provide the anticipated date of availability below (item A3-9c).	Num	00-100

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Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-9a A3-9a	R	B, A	# of patients given fecal kits	Baseline Record: The total number of patients, age 50-75, given a fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Includes all fecal kits regardless of cost/payor. *Do not include mailed kits that were returned to sender.* Annual Record: The total number of patients, age 50-75, given a fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the program year (July 1-June 30). Includes all fecal kits regardless of cost/payor. **Do not include mailed kits that were returned to sender.*	Num	00-100,000
B3-9b A3-9b	R	B, A	# of patients returning fecal kits	Baseline Record: The total number of patients, age 50-75, given a FIT/FIT-DNA (Cologuard)/FOBT kit during the year prior to CRCCP activity implementation (item B3-9a) that returned the kit for processing within 6 months of distribution. Annual Record: The total number of patients, age 50-75, given fecal testing kit (FIT, FIT-DNA (Cologuard), or FOBT) during the July 1-June 30 program year (item A3-9a), that returned the kit for processing within 6 months of distribution.	Num	00-100,000
B3-9c A3-9c	R	B, A	Fecal kit return date available	Baseline Record: If fecal kit return rate data are not available at the time of baseline data submission, provide an anticipated date of availability. Annual Record: If fecal kit return rate data are not available at the time of annual data submission, provide an anticipated date of availability.	Date	mm/dd/yyyy

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-10 A3-10	comp	B, A	Colonoscopy completion rate	Baseline Record: Percent of **patients** referred for colonoscopy during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date) regardless of reason, (e.g., screening colonoscopy or a colonoscopy as follow-up to positive fecal test), who complete the procedure and have a final result. ▪ This rate will be automatically computed by the data system using the numerator (item B3-10b) and denominator (item B3-10a) reported below. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item B3-10c). Annual Record: Percent of **patients** referred for colonoscopy during the program year (July 1-June 30), regardless of reason (e.g., screening colonoscopy or a colonoscopy as follow-up to positive fecal test), who complete the procedure and have a final result. ▪ This rate will be automatically computed by the data system using the numerator (item A3-10b) and denominator (item A3-10a) reported below. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item A3-10c).	Num	00-100
B3-10a A3-10a	R	B, A	# patients referred for colonoscopy	Baseline Record: The total number of patients, age 50-75, referred for colonoscopy, regardless of reason, during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). Annual Record: The total number of patients, age 50-75, referred for colonoscopy, regardless of reason (e.g., screening colonoscopy or a colonoscopy as follow-up to positive fecal test), during the program year (July 1-June 30).	Num	00-100,000
B3-10b A3-10b	R	B, A	# patients completing colonoscopy	Baseline Record: The total number of patients, age 50-75, referred for colonoscopy during the year prior to CRCCP activity implementation (item B3-10a), who completed the procedure with a final result within 12 months of their colonoscopy referral date. Annual Record: The total number of patients, age 50-75, referred for colonoscopy during the July 1-June 30 program year (item A3-10a), who completed the procedure with a final result within 12 months of their colonoscopy referral date.	Num	00-100,000

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-10c A3-10c	R	B, A	Colonoscopy completion rate date available	Baseline Record: If Colonoscopy completion rate data are not available at the time of baseline data submission, provide an anticipated date of availability. Annual Record: If Colonoscopy completion rate data are not available at the time of annual data submission, provide an anticipated date of availability	Date	mm/dd/yyyy
B3-11 A3-11	comp	B, A	Follow-up colonoscopy completion rate	Baseline Record: Percentage of patients with a positive or abnormal CRC screening test, who were referred for a **follow-up** colonoscopy during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date).and completed the procedure and have a final result. ▪ This rate will be automatically computed by the data system using the numerator (item B3-11b) and denominator (item B3-11a) reported below. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item B3-11c). ▪ CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography. Annual Record: Percentage of patients with a positive or abnormal CRC screening test, who are referred for a follow-up colonoscopy during the program year (July 1-June 30), and complete the procedure with a final result. ▪ This rate will be automatically computed by the data system using the numerator (item A3-11b) and denominator (item A3-11a) reported below. ▪ If data are not available at the time of submission, please provide the anticipated date of availability below (item A3-11c). ▪ CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography.	Num	00-100

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-11a A3-11a	R	B, A	# patients referred for follow-up colonoscopy	Baseline Record: The total number of patients, age 50-75, with a positive or abnormal CRC screening test, who were referred for a **follow-up** colonoscopy during the year prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). *based on the date of colonoscopy referral. CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography. Annual Record: The total number of patients, age 50-75, with a positive or abnormal CRC screening test results, referred for a follow-up colonoscopy during the program year (July 1-June 30). *Based on the date of colonoscopy referral. CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography.	Num	00-100,000
B3-11b A3-11b	R	B, A	# patients completing follow-up colonoscopy	Baseline Record: The total number of patients, age 50-75, with a positive or abnormal CRC screening test, who were referred for **follow-up** colonoscopy during: during the year prior to CRCCP activity implementation (Item B3-11a) and completed the procedure with a final result within 6 months of their follow-up colonoscopy referral date*. *based on the date of colonoscopy referral. CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography. Annual Record: The total number of patients, age 50-75, with a positive or abnormal CRC screening test, who were referred for a follow-up colonoscopy during the July 1-June 30 program year (item A3-11a) and completed the procedure with a final result within 6 months of their follow-up colonoscopy referral date*. *Based on the date of colonoscopy referral. CRC screening tests include FIT, FOBT, FIT-DNA, sigmoidoscopy, CT colonography.	Num	00-100,000
B3-11c A3-11c	R	B, A	Follow-up colonoscopy completion rate date available	Baseline Record: If the **follow-up** colonoscopy rate data are not available at the time of baseline data submission, provide an anticipated date of availability. Annual Record: If the **follow-up** colonoscopy rate data are not available at the time of annual data submission, provide an anticipated date of availability.	Date	mm/dd/yyyy

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A3-12	R	A	# patients with CDC-paid follow-up colonoscopy	Baseline Record: N/A Annual Record: 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, during the program year (July 1- June 30). * Based on the date of colonoscopy and not when the patient was referred or the date the colonoscopy report was received.	Num	00-100,000
A3-12a	R	A	# patients with normal colonoscopy results	Baseline Record: N/A Annual Record: 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 during July 1- June 30 program year (item A3-12) with normal results.	Num	00-100,000
A3-12b	R	A	# patients with adenomatous polyps	Baseline Record: N/A Annual Record: 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, during the July 1- June 30 program year (item A3-12), with adenomatous polyps removed	Num	00-100,000
A3-12c	R	A	# patients with abnormal findings	Baseline Record: N/A Annual Record: 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, during the July 1- June 30 program year (item A3-12), with other abnormal findings (other than adenomatous polyps).	Num	00-100,000
A3-12d	R	A	# patients diagnosed with CRC	Baseline Record: N/A Annual Record: 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, during the July 1- June 30 program year (item A3-12), who were diagnosed with colorectal cancer	Num	00-100,000

Item Type: R=Required; O=Optional; Comp=computed by CBARS
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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B3-13 A3-13	O	B, A	Section 3 Comments	Optional Comments for Section 3.	Char	Free text 200 char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

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 #	**Item Type**	**Collected**	**CRCCP Data Item**	**Indication/ Definition**	**Field Type**	**Response Options**
B4-1 A4-1	R	B, A	Clinic colorectal cancer screening policy	A credible policy should include a defined set of guidelines and procedures in place and in use at the clinic or parent health system to support colorectal cancer screening, a team responsible for implementing the policy, and a quality assurance structure (e.g., professional screening guideline followed such as USPSTF, process to assess patient screening history/risk/preference/insurance, process for scheduling screening or referral, steps/procedures/roles to implement the office policy). Baseline Record: Indicates if the clinic had a written colorectal cancer screening policy or protocol in use prior to implementation of CRCCP activities (item B1-2: Clinic CRCCP Activities Start Date). Annual Record: Indicates if the clinic had a written colorectal cancer screening policy or protocol in use during the program year.	List	□ Yes □ No
B4-2 A4-2	R	B, A	Clinic colorectal cancer champion	Baseline Record: Indicates if there was a known champion for colorectal cancer screening internal to this clinic or parent health system prior to implementation of CRCCP activities (Item B1-2: Clinic CRCCP Activities Start Date) Annual Record: Indicates if there was a known champion or champions for colorectal cancer screening internal to this clinic or parent health system for at least 6 months during this program year (July 1- June 30).	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B4-3 A4-3	R	B, A	Utilizing health IT to improve data collection and quality	Baseline Record: Indicates if the clinic was using health information technology (health IT) to improve collection, accuracy and validity of colorectal cancer screening data prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ Activities may include standardization of data definitions used to document a patient's colorectal cancer screening, linkage of data to screening reports, EHR improvements and enhancements, provider training on proper EHR data entry and use, etc. Annual Record: Clinic used health information technology (health IT) to improve collection, accuracy, and validity of colorectal cancer screening data during the program year (July 1- June 30). ▪ Activities may include standardization of data definitions used to document a patient's colorectal cancer screening, linkage of data to screening reports, EHR improvements and enhancements, provider training on proper EHR data entry and use, etc.	List	□ Yes □ No
B4-4 A4-4	R	B, A	Utilizing health IT tools for monitoring program performance	Baseline Record: Indicates if the clinic was using health IT to perform data analytics and reporting to monitor and improve their colorectal cancer screening program and rates prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ Examples include: EHR overlays, Population Health Management software, data visualization software and programs. Annual Record: Clinic used health information technology (health IT) tools to perform data analytics and reporting to monitor and improve their colorectal cancer screening program and rates during the program year (July 1- June 30). Examples include: EHR overlays, Population Health Management software, data visualization software and programs.	List	□ Yes □ No

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Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B4-5 A4-5	R	B, A	QA/QI support	Baseline Record: Indicates whether the clinic had a quality assurance/quality improvement specialist or team in place that addressed colorectal cancer screening prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date). ▪ The person or team could work at the health system level and provide QA/QI support to the clinic. Annual Record: Indicates whether the clinic had a quality assurance/quality improvement specialist or team in place that addressed colorectal cancer screening during the program year (July 1- June 30). ▪ The person or team could work at the health system level and provide QA/QI support to the clinic.	List	□ Yes □ No
A4-6	R	A	Process Improvements	Baseline Record: N/A Annual Record: Indicates whether process improvements were made at the clinic during the program year (July 1- June 30) to facilitate increased colorectal cancer screening of patients. Examples include process mapping to identify points to improve screening, daily huddles or other daily processes to identify persons due for screening and use of QI processes to improve screening.	List	□ Yes □ No
A4-7	R	A	Frequency of monitoring colorectal cancer screening rate	Baseline Record: N/A Annual Record: Indicates how often the clinic colorectal cancer screening rate was monitored and reviewed by clinic personnel during the program year (July 1- June 30). Select the response that best matches monitoring frequency during this program year.	List	□ Monthly □ Quarterly □ Semi-annually □ Annually
A4-8	R	A	Validated screening rate	Baseline Record: N/A Annual Record: Indicates if the clinic-level colorectal cancer screening rate data were validated using chart review or other methods during this program year (July 1- June 30).	List	□ Yes □ No

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Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A4-8a	R	A	Manual Chart Review	Baseline Record: N/A Annual Record: If the clinic-level colorectal cancer screening rate data were validated using chart review or other methods during this program year (July 1- June 30), indicates whether this method was used to conduct the validation.	List	□ Yes □ No
A4-8b	R	A	EHR system or algorithm validation	Baseline Record: N/A Annual Record: If the clinic-level colorectal cancer screening rate data were validated using chart review or other methods during this program year (July 1- June 30), indicates whether this method was used to conduct the validation.	List	□ Yes □ No
A4-8c	R	A	Other validation method	Other	List	□ Yes □ No
A4-8d	R	A	Other Validation Method Specify	Specify other validation method	Char	Free text 200 char limit
A4-9	R	A	Health Center Controlled Network	Baseline Record: N/A Annual Record: For Community Health Centers/FQHCs only, indicates whether the clinic received technical assistance from a Health Center Controlled Network to implement EBIs or improve use of the clinic's EHR to better measure and monitor CRC screening rates during the program year (July 1- June 30).	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A4-10	R	A	Frequency of implementation support to clinic	Baseline Record: N/A Annual Record: Indicates the frequency of on-site or direct contacts (e.g., telephone) with the clinic to support and improve implementation activities for EBIs/SAs and colorectal cancer screening data quality during this program year (PY). ▪ Support could be provided by a grantee or contracted agent. ▪ Examples of support activities include conducting a clinic workflow assessment, providing technical assistance to improve HIT, providing technical assistance on implementing an EBI/SA, training staff to support an EBI/SA, providing technical assistance to develop a colorectal cancer screening policy, providing support to a champion, or providing feedback to staff from monitoring or evaluating an EBI/SA implementation. ▪ Select the response that best matches delivery of implementation support during this program year (July 1- June 30).	List	□ Weekly □ Monthly □ Quarterly □ Semi-annually □ Annually
A4-11	R	A	CRCCP financial resources	Baseline Record: N/A Annual Record: Indicates whether the grantee or a subcontractor of the grantee provided financial resources to this clinic and/or its parent health system during the program year (July 1- June 30) to support CRCCP activities. Funding could come from CDC, your state, or other sources. *If no, skip to A4-12.*	List	□ Yes, to the clinic □ Yes, to the parent health system □ No
A4-11a	R	A	Amount of CRCCP financial resources	Baseline Record: N/A Annual Record: If CRCCP financial resources were provided (item A4-11 is Yes), indicate the total amount of financial resources provided to the clinic during this program year (PY). ▪ Pro-rate funding, if needed, to associate with the PY. Do **NOT** include in-kind resources. ▪ If financial resources were provided to the parent health system (item A4-11 is "Yes, to the parent health system") rather than directly to the clinic, and you do not know how much of those funds were used for this specific clinic, please divide the amount given to the health system by the number of clinics in that health system that were enrolled in the CRCCP program during the program year (July 1- June 30).	Num	Dollar amount 1-900000 999999 (UNK)

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B4-6 A4-12	O	B, A	Section 4 Comments	Optional comments for section 4.	Char	Free text 200 char limit

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 5: Baseline and Annual Evidence-based Interventions (EBIs) and Other Clinic Activities

Information on implementation status and sustainability of activities, put in place by the grantee or clinic, to improve colorectal cancer screening.
Annually: report 1) whether CRCCP resources were used to support the activity during the program year (July 1- June 30) , 2) if the activity was in place and operational at the end of the PY, 3) if not in place, were planning activities conducted for future implementation, and 4) if the activity is considered sustainable.

Section 5-1: EBI-Patient Reminder System

Indicates the clinic's use of system(s) to remind patients when they are due for colorectal cancer screening. Patient reminders can be written (letter, postcard, email, text) or telephone messages (including automated messages).

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-1a	R	A	CRCCP resources used toward a patient reminder system	Baseline Record: N/A Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving a patient reminder system for colorectal cancer screening.	List	□ Yes □ No
B5-1b A5-1b	R	B, A	Patient reminder system in place	Baseline Record: Indicates whether a patient reminder system for colorectal cancer screening was in place and operational (in use) in this clinic prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date), regardless of the quality, reach, or level of functionality. Annual Record: Indicates whether a patient reminder system for colorectal cancer screening was in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality. ▪ If patient reminders were newly implemented during this program year, select "Yes, newly in place". ▪ If patient reminders were in place prior to this program year, select "Yes, continuing" *If yes, newly in place skip to A5-1e* *If yes, continuing, skip to A5-1d* *If no, answer A5-1c and then skip to A5-2a*	List	Baseline Record: □ Yes □ No Annual Record: □ Yes, newly in place □ Yes, continuing □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-1c	R	A	Patient reminder system planning activities	Baseline Record: N/A Annual Record: If a patient reminder system was not in place (A5-1b is No), indicates whether planning activities were conducted this program year (July 1- June 30) for future implementation of a colorectal cancer screening patient reminder system. *Skip to A5-2a.*	List	□ Yes □ No
A5-1d	R	A	Patient reminder system enhancements	Baseline: N/A Annual: If a patient reminder system was in place prior to this program year and continuing (A5-1b is Yes, continuing), indicates whether the clinic made changes to enhance or improve implementation of patient reminders during the program year (July 1- June 30).	List	□ Yes □ No
A5-1e	R	A	Patient reminders sent multiple ways	Baseline Record: N/A Annual Record: If a patient reminder system was in place (A5-1b is "Yes, newly in place" or "Yes, continuing"), indicates whether an average patient at this clinic received colorectal cancer screening reminders in more than one way (e.g., same patient received reminders in 3 different ways: one by letter, another by text message, and a third by telephone) during this program year (July 1- June 30).	List	□ Yes □ No
A5-1f	R	A	Maximum number and/or frequency of patient reminders	Baseline Record: N/A Annual Record: If a patient reminder system was in place (A5-1b is "Yes, newly in place" or "Yes, continuing"), indicates the maximum number of different ways and times (activity conducted more than one time during the year) that a given patient could have received colorectal cancer screening reminders during this program year (July 1- June 30) (e.g., same patient received a total of 4 reminders – 2 by phone, 1 by text, 1 by mail).	List	□ 1 □ 2 □ 3 □ 4 □ 5 or more

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-1g	R	A	Patient reminder system sustainability	Baseline Record: N/A Annual Record: If a patient reminder system was in place at the end of the program year (July 1- June 30) (A5-1b is "Yes, newly in place" or "Yes, continuing"), indicates whether the colorectal cancer screening patient reminder system is considered to be fully integrated into health system and/or clinic operations and is sustainable **without** CRCCP resources. [The patient reminder system has become an institutionalized component of the health system and/or clinic operations.]	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 5-2: EBI -Provider Reminder System

Indicates the clinic's use of system(s) to inform 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, e-mails to the provider, etc.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-2a	R	A	CRCCP resources used toward a provider reminder system	Baseline Record: N/A Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving a provider reminder system that addresses colorectal cancer screening.	List	□ Yes □ No
B5-2b A5-2b	R	B, A	Provider reminder system in place	Baseline Record: Indicates whether a provider reminder system that addresses colorectal cancer screening was in place and operational (in use) in this clinic prior to CRCCP activity implementation (Item B1-2: Clinic CRCCP Activities Start Date), regardless of the quality, reach, or level of functionality. Annual Record: Indicates whether a provider reminder system that addresses colorectal cancer screening was in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality. ▪ If provider reminders were newly implemented during this program year, select "Yes, newly in place". ▪ If provider reminders were in place prior to this program year, select "Yes, continuing" *If yes, newly in place skip to A5-2e* *If yes, continuing, skip to A5-2d* *If no, answer A5-2c and then skip to A5-3a*	List	Baseline Record: □ Yes □ No Annual Record: □ Yes, newly in place □ Yes, continuing □ No
A5-2c	R	A	Provider reminder system planning activities	Baseline Record: N/A Annual Record: If a provider reminder system is not in place (A5-2b is No), indicates whether planning activities were conducted this program year (July 1- June 30) for future implementation of a provider reminder system for colorectal cancer screening. *Skip to A5-3a.*	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-2d	R	A	Provider reminder system enhancements	Baseline: N/A Annual: If a provider reminder system was in place prior to this program year and continuing (A5-2b is Yes, continuing), indicates whether the clinic made changes to enhance or improve implementation of provider reminders during the program year (July 1- June 30).	List	□ Yes □ No
A5-2e	R	A	Provider reminders sent multiple ways	Baseline Record: N/A Annual Record: If a provider reminder system was in place at the end of the program year (July 1- June 30) (A5-2b is "Yes, newly in place" or "Yes, continuing"), indicates whether providers at this clinic typically received colorectal cancer screening reminders for a given patient in more than one way (e.g., provider receives both an EHR pop-up message and a flagged patient chart for the same patient) during this program year.	List	□ Yes □ No
A5-2f	R	A	Maximum number and/or frequency of provider reminders	Baseline Record: N/A Annual Record: If a provider reminder system was in place at the end of the program year (July 1- June 30) (A5-2b is "Yes, newly in place" or "Yes, continuing"), indicates the maximum number of different ways and times (activity conducted more than one time during the year) that a given provider could have received colorectal cancer screening reminders for an individual patient during this program year (e.g., the provider received a total of 3 reminders for a given patient – 1 pop-up reminder in the patients electronic medical record, 1 reminder flagged in the patient chart, and 1 reminder via a list each day of patients due for screening) .	List	□ 1 □ 2 □ 3 □ 4 □ 5 or more
A5-2g	R	A	Provider reminder system sustainability	Baseline Record: N/A Annual Record: If a provider reminder system was in place at the end of the program year (July 1- June 30) (A5-2b is "Yes, newly in place" or "Yes, continuing"), indicates whether the provider reminder system is considered to be fully integrated into health system and/or clinic operations and is sustainable **without** CRCCP resources. [The provider reminder system has become an institutionalized component of the health system and/or clinic operations.]	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 5-3: EBI -Provider Assessment and Feedback
Indicates the clinic's use of system(s) to evaluate provider performance in delivering or offering screening to clients (assessment) and/or present providers, either individually or as a group, with information about their performance in providing screening services (feedback).

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-3a	R	A	CRCCP resources used toward provider assessment and feedback	Baseline Record: N/A Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving provider assessment and feedback.	List	□ Yes □ No
B5-3b A5-3b	R	B, A	Provider assessment and feedback in place	Baseline Record: Indicates whether provider assessment and feedback processes for colorectal cancer screening were in place and operational (in use) in this clinic before your CRCCP begins implementation (item B1-2), regardless of the quality, reach, or current level of functionality. Annual Record: Indicates whether provider assessment and feedback processes for colorectal cancer screening were in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality. ▪ If provider assessment and feedback processes were newly implemented during this program year, select "Yes, newly in place". ▪ If provider assessment and feedback processes were in place prior to this program year, select "Yes, continuing" *If yes, newly in place skip to A5-3e* *If yes, continuing, skip to A5-3d* *If no, answer A5-3c and then skip to A5-4a*	List	Baseline Record: □ Yes □ No Annual Record: □ Yes, newly in place □ Yes, continuing □ No
A5-3c	R	A	Provider assessment and feedback planning activities	Baseline Record: N/A Annual Record: If provider assessment and feedback were <u>not</u> in place and operational (A5-3b is No), indicates whether planning activities were conducted this program year for future implementation of provider assessment and feedback for colorectal cancer screening. *Skip to A5-4a.*	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-3d	R	A	Provider assessment and feedback enhancements	Baseline: N/A Annual: If a provider assessment and feedback system was in place prior to this program year and continuing (A5-3b is Yes, continuing), indicates whether the clinic made changes to enhance or improve implementation of provider assessment and feedback during the program year (July 1- June 30).	List	□ Yes □ No
A5-3e	R	A	Provider assessment and feedback frequency	Baseline Record: N/A Annual Record: If provider assessment and feedback were in place and operational at the end of the program year (July 1- June 30) (A5-3b is "Yes, newly in place" or "Yes, continuing"), indicates, on average, how often providers, either individually or as a group, were given feedback on their performance in providing colorectal cancer screening services during this program year.	List	□ Weekly □ Monthly □ Quarterly □ Annually
A5-3f	R	A	Provider assessment and feedback sustainability	Baseline Record: N/A Annual Record: If provider assessment and feedback were in place and operational at the end of the program year (July 1- June 30) (A5-3b is "Yes, newly in place" or "Yes, continuing"), indicates whether provider assessment and feedback is considered to be fully integrated into health system and/or clinic operations and is sustainable without CRCCP resources. [Provider assessment and feedback has become an institutionalized component of the health system and/or clinic operations.]	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 5-4: EBI -Reducing Structural Barriers
Indicates the clinic's use of one or more interventions to address structural barriers to colorectal cancer screening. 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 #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-4a	R	A	CRCCP resources used toward reducing structural barriers	Baseline Record: N/A Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving reducing structural barriers.	List	□ Yes □ No
B5-4b A5-4b	R	B, A	Reducing structural barriers in place	Baseline Record: Indicates whether activities for reducing structural barriers to colorectal cancer screening was in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Annual Record: Indicates whether activities for reducing structural barriers to colorectal cancer screening were in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality. ▪ If activities for reducing structural barriers were newly implemented during this program year, select "Yes, newly in place". ▪ If activities for reducing structural barriers were in place prior to this program year, select "Yes, continuing" *If yes, newly in place skip to A5-4e* *If yes, continuing, skip to A5-4d* *If no, answer A5-4c and then skip to A5-5a*	List	Baseline Record: □ Yes □ No Annual Record: □ Yes, newly in place □ Yes, continuing □ No
A5-4c	R	A	Reducing structural barriers planning activities	Baseline Record: N/A Annual Record: If reducing structural barriers was not in place at the end of the program year (July 1- June 30) (A5-4b is No), indicates whether planning activities were conducted this program year for future implementation of reducing structural barriers for colorectal cancer screening. *Skip to A5-5a.*	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-4d	R	A	Reducing structural barriers enhancements	Baseline: N/A Annual: If reducing structural barriers was in place prior to this program year and continuing (A5-4b is "Yes, continuing"), indicates whether the clinic made changes to enhance or improve implementation of reducing structural barriers during the program year (July 1- June 30).	List	□ Yes □ No
A5-4e	R	A	Reducing structural barriers more than one way	Baseline Record: N/A Annual Record: If reducing structural barriers was in place at the end of the program year (July 1- June 30) (A5-4b is "Yes, newly in place" or "Yes, continuing"), indicates whether this clinic reduced structural barriers for patients in multiple ways (e.g., offered evening clinic hours, offered assistance in scheduling appointments, provided free screenings for some patients) during this program year.	List	□ Yes □ No
A5-4f	R	A	Maximum ways reducing structural barriers	Baseline Record: N/A Annual Record: If reducing structural barriers was in place at the end of the program year (July 1- June 30) (A5-4b is "Yes, newly in place" or "Yes, continuing"), indicates the maximum number of different ways the clinic reduced structural barriers to colorectal cancer screening during this program year.	List	□ 1 □ 2 □ 3 □ 4 □ 5 or more
A5-4g	R	A	Reducing structural barriers sustainability	Baseline Record: N/A Annual Record: If reducing structural barriers was in place at the end of the program year (July 1- June 30) (A5-4b is "Yes, newly in place" or "Yes, continuing"), indicates whether reducing structural barriers is considered to be fully integrated into health system and/or clinic operations and is sustainable without CRCCP resources. [Reducing structural barriers has become an institutionalized component of the health system and/or clinic operations.]	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 5-5: Small Media
Indicates the clinic's use of small media to improve colorectal cancer screening. Small media are materials used to inform and motivate people to be screened for cancer, including videos and printed materials (e.g., letters, brochures, and newsletters).

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-5a	R	A	CRCCP resources used toward small media	Baseline Record: N/A Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving small media to improve colorectal cancer screening.	List	□ Yes □ No
B5-5b A5-5b	R	B, A	Small media in place	Baseline Record: Indicates whether use of small media to improve colorectal cancer screening was in place and operational (in use) in this clinic before your CRCCP begins implementation, regardless of the quality, reach, or current level of functionality. Annual Record: Indicates whether use of small media to improve colorectal cancer screening were in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality. ▪ If activities for small media were newly implemented during this program year, select "Yes, newly in place". ▪ If activities for small media were in place prior to this program year, select "Yes, continuing". *If yes, newly in place skip to A5-5e* *If yes, continuing, skip to A5-5d* *If no, answer A5-5c and then skip to A5-6a*	List	Baseline Record: □ Yes □ No Annual Record: □ Yes, newly in place □ Yes, continuing □ No
A5-5c	R	A	Small media planning activities	Baseline Record: N/A Annual Record: If small media to improve colorectal cancer screening was not in place at the end of the program year (July 1- June 30) (A5-5b is No), indicates whether planning activities were conducted this year for future implementation of small media. *Skip to A5-6a*	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-5d	R	A	Small media enhancements	Baseline: N/A Annual: If small media was in place prior to this program year and continuing (A5-5b is "Yes, continuing"), indicates whether the clinic made changes to enhance or improve implementation of small media during the program year (July 1- June 30).	List	□ Yes □ No
A5-5e	R	A	Maximum number of ways and times small media delivered	Baseline Record: N/A Annual Record: If small media was in place at the end of the program year (July 1- June 30) (A5-5b is "Yes, newly in place" or "Yes, continuing"), indicates the maximum number of different ways and times (activity conducted more than one time during the year) a given patient could have received small media about colorectal cancer screening during this PY.	List	□ 1 □ 2 □ 3 □ 4 □ 5 or more
A5-5f	R	A	Small media sustainability	Baseline Record: N/A Annual Record: If small media was in place at the end of the program year (July 1- June 30) (A5-5b is "Yes, newly in place" or "Yes, continuing"), indicates whether small media is considered to be fully integrated into health system and/or clinic operations and sustainable. [Small media has become an institutionalized component of the health system and/or clinic operations.]	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 5-6: Patient Navigation

Indicates whether patient navigators (PNs) are in place at or employed by the clinic. PNs typically assist clients in overcoming individual barriers to cancer screening. Patient navigation includes assessment of client barriers, client education and support, resolution of client barriers, client tracking and follow-up. Patient navigation should involve multiple contacts with a client.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-6a	R	A	CRCCP resources used toward patient navigation	Baseline Record: N/A Annual Record: Indicates whether CRCCP grantee resources (e.g. funds, staff time, materials, contract) were used during this program year (July 1- June 30) to contribute to planning, developing, implementing, monitoring/evaluating or improving patient navigation to support colorectal cancer screening (including completion of follow-up colonoscopies).	List	□ Yes □ No
B5-6b A5-6b	R	B, A	Patient navigation in place	Baseline Record: Indicates whether patient navigation to support colorectal cancer screening (including completion of follow-up colonoscopies) was in place and operational (in use) in this clinic before your CRCCP begins implementation (item B1-2), regardless of the quality, reach, or current level of functionality. Annual Record: Indicates whether patient navigation to support colorectal cancer screening (including completion of follow-up colonoscopies) was in place and operational (in use) in this clinic at the end of the program year (July 1- June 30), regardless of the quality, reach, or current level of functionality. *If yes, newly in place skip to A5-6d* *If yes, continuing, skip to A5-6d* *If no, answer A5-6c and then skip to A6-1.*	List	Baseline Record: □ Yes □ No Annual Record: □ Yes, newly in place □ Yes, continuing □ No
A5-6c	R	A	Patient navigation planning	Baseline Record: N/A Annual Record: If patient navigation was not in place at the end of the program year (July 1- June 30) (A5-6b is "No"), indicates whether planning activities were conducted this program year for future implementation of patient navigation for colorectal cancer screening. *skip to A6-1.*	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-6d	R	B&A	Patient Navigation Purpose	Baseline Record: Indicates the focus of patient navigation in this clinic before your CRCCP begins implementation (item B1-2), Annual Record: Indicates whether patient navigation supported colorectal cancer screening, follow-up colonoscopies or both in this clinic at the end of the program year (July 1- June 30). *If A5-6b is yes, newly in place skip to A5-6f*	List	□ CRC screening □ Follow-up colonoscopies □ Both
A5-6e	R	A	Patient Navigation Enhancements	Baseline: N/A Annual: If patient navigation was in place and continuing (A5-6b is "Yes, continuing"), indicates whether the clinic made changes to enhance or improve implementation of patient navigation during the program year (July 1- June 30).	List	□ Yes □ No
A5-6f	R	A	Average amount of patient navigation time	Baseline Record: N/A Annual Record: For persons at this clinic who received navigation this program year (July 1- June 30), indicates the average amount of navigation time a patient received to overcome colorectal cancer screening barriers during this PY. If detailed monitoring data are not available, an estimate of the average time is sufficient.	List	□ Less than 15 minutes □ >15 to 30 minutes □ >30 minutes to 1 hour □ >1 to 2 hours □ >2 to 3 hours □ More than 3 hours
A5-6g	R	A	Patient navigators for EBIs	Baseline Record: N/A Annual Record: Indicates whether patient navigator(s) at this clinic assisted or facilitated implementation of any of the following 4 EBIs: patient reminders, provider reminders, provider assessment and feedback, or reducing structural barriers.	List	□ Yes □ No

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A5-6h	R	A	Patient navigation sustainability	Baseline Record: N/A Annual Record: If patient navigation was in place at the end of the program year (July 1- June 30) (A5-6b is "Yes, newly in place" or "Yes, continuing"), indicates whether patient navigation for colorectal cancer screening is considered to be fully integrated into health system and/or clinic operations and is sustainable without CRCCP resources. [Patient navigation has become an institutionalized component of the health system and/or clinic operations.]	List	□ Yes □ No
B5-6i A5-6i	R	B, A	Number of FTEs delivering patient navigation	Baseline Record: If patient navigation was in place at baseline (item B5-6b=Yes), indicates the number of full-time equivalents (FTEs) conducting patient navigation (e.g., navigators, nurse navigators, nurses, peer health advisors, health navigators) for colorectal cancer in this clinic during this program year. Annual Record: If patient navigation was in place at the end of the program year (July 1- June 30) (item A5-6b is "Yes, newly in place" or "Yes, continuing"), indicates the number of full-time equivalents (FTEs) conducting patient navigation (e.g., navigators, nurse navigators, nurses, peer health advisors, health navigators) for colorectal cancer in this clinic during this program year. For this number, please provide the total sum of whole and partial FTEs to the nearest tenths decimal place. For example, if 2 patient navigators work a total of 50% time to deliver navigation for colorectal cancer, then enter 0.5.	Num	00.0-999.0
A5-6j	R	A	Number of patients navigated	Baseline Record: N/A Annual Record: If patient navigation was in place at the end of the program year (July 1- June 30) (A5-6b is Yes), indicates the number of patients receiving navigation services for colorectal cancer screening (including follow-up colonoscopies) during this program year.	Num	1-99998 99999 (Unk)
B5-7 A5-7	O	B, A	Section 5 Comments	Optional comments for Section 5.	Char	Free text 200 Char limit

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Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
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Section 6. Annual Implementation Factors

- The following variables address factors affecting implementation of the evidence-based interventions or EBIs. EBIs include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.
- A representative of the clinic should provide the responses for these fields based on his or her experience during the program year.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A6-1	R	A	Complexity	Baseline Record: N/A Annual Record: EBIs' individual process steps and/or EBIs as a whole are difficult to implement Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-2	R	A	Adaptability	Baseline Record: N/A Annual Record: The EBIs are flexible and the process steps for implementing them can be tailored to fit our clinic workflow. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-3	R	A	Cost-substantial resources	Baseline Record: N/A Annual Record: The EBIs require substantial resources to implement. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A6-4	R	A	Cost- worthwhile	Baseline Record: N/A Annual Record: The EBIs are a worthwhile investment for systems change to increase colorectal cancer screening rates Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-5	R	A	Patient Needs/ Resources	Baseline Record: N/A Annual Record: The EBIs and support strategies take into consideration the needs and preferences of the patients at this clinic. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-6	R	A	External Policy	Baseline Record: N/A Annual Record: The requirement to report colorectal cancer screening data to an outside organization (e.g., HRSA, CMS, NCQS) is an important motivator to increase screening among our patients	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-7	R	A	Incentives	Baseline Record: N/A Annual Record: Financial rewards received by your health system/clinic for meeting certain requirements or colorectal cancer screening thresholds provide incentive to improve colorectal cancer screening, (e.g., quality improvement awards)	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A6-8	R	A	Conform	Baseline Record: N/A Annual Record: The EBIs to increase colorectal cancer screening are consistent with the opinions of clinical experts and staff in this setting. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-9	R	A	Innovate and experiment	Baseline Record: N/A Annual Record: Staff members are willing to innovate and experiment to improve procedures to increase colorectal cancer screening	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-10	R	A	Priority	Baseline Record: N/A Annual Record: Clinic leadership have set a high priority on the success of the colorectal cancer screening interventions relative to other quality improvement activities	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-11	R	A	Staff- time and resources	Baseline Record: N/A Annual Record: The clinic leadership/clinic managers make sure that staff have the time and resources necessary to implement the EBIs to increase colorectal cancer screening. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A6-12	R	A	Staff- training	Baseline Record: N/A Annual Record: Clinic staff get the support in terms of the training needed to implement the EBIs to increase colorectal cancer screening. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-13	R	A	Appropriate Set	Baseline Record: N/A Annual Record: The EBIs implemented at your clinic are an appropriate set of interventions to increase colorectal cancer screening. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-14	R	A	Champion designated	Baseline Record: N/A Annual Record: Senior leadership/clinical management have designated a champion(s) for implementing the EBIs to increase colorectal cancer screening. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable
A6-15	R	A	Champion responsibility	Baseline Record: N/A Annual Record: The clinic champion(s) accepts responsibility for implementing the EBIs to increase colorectal cancer screening Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
A6-16	R	A	Team debrief	Baseline Record: N/A Annual Record: Progress of the implementation of the EBIs are reviewed through regular debriefings with clinic staff. Evidence-based interventions or EBIs to increase colorectal cancer screening include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.	List	□ Strongly Disagree □ Disagree □ Neither Agree nor Disagree □ Agree □ Strongly Agree □ Don't know/Not Applicable

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Section 7: Other Baseline and Annual Colorectal Cancer Activities and Comments
Indicates whether other/additional colorectal cancer-related strategies are used in the clinic to improve screening levels such as clinic workflow assessment and data driven optimization, other data driven quality improvement strategies, 5 rights of clinical decision support (5 R's), etc.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition	Field Type	Response Options
B7-1 A7-1	O	B, A	Other Colorectal Cancer Activity 1	Baseline and Annual Records: Description of other CRC activity or strategy #1.	Char	Free text 200 Char limit
A7-1a	O	A	CRCCP resources used toward Activity 1	Baseline Record: N/A Annual Record: Indicates whether CRCCP resources were used during the program year to support activity #1	List	□ Yes □ No
B7-2 A7-2	O	B, A	Other Colorectal Cancer Activity 2	Baseline and Annual Records: Description of other CRC activity or strategy #2.	Char	Free text 200 Char limit
A7-2a	O	A	CRCCP resources used toward Activity 2	Baseline Record: N/A Annual Record: Indicates whether CRCCP resources were used during the program year to support activity #2.	List	□ Yes □ No
B7-3 A7-3	O	B, A	Other Colorectal Cancer Activity 3	Baseline and Annual Records: Description of other CRC activity or strategy #3.	Char	Free text 200 Char limit
A7-3a	O	A	CRCCP resources used toward Activity 3	Baseline Record: N/A Annual Record: Indicates whether CRCCP resources were used during the program year to support activity #3.	List	□ Yes □ No
B7-4 A7-4	O	B, A	Section 7 Comments	Optional comments for Section 7.	Char	Free text 200 Char limit

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Appendix B: CRCCP Clinic Data Dictionaries- Baseline and Annual Data Items (Abbreviated)

CRCCP NOFO 2020-2002
OMB # 0920-1074
Expiration Date: XX/XX/XXXX
Version date: (9/15/2020)

CRC Control Program (CRCCP)

Clinic Data Dictionary- abbreviated version

All Baseline and Annual Data Items

Part I. Partner and Record Identifiers

Identifying information for the partner clinic and health system.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ 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 CRC 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
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

Part II. Baseline and Annual Record Data Items

Section 1. Baseline and Annual Clinic CRCCP Activity and Status

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B1-1	R	B	Clinic Enrollment NOFO	NOFO during which the clinic was first enrolled into CRCCP.
B1-2	R	B	Clinic CRCCP Activities Start Date	Date the clinic began actively implementing CRCCP [NOFO DP20-2002] activities.
B1-3	Comp	B	Baseline PY	Baseline PY - auto-calculated based on activities start date
B1-4	R	B	Partner Type	Organizational classification of partner clinic/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

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
COVID-19 questions				
COV-1	R	B&A	COVID-19 clinic closure or hours reduced	Indicates whether the clinic closed or reduced hours due to COVID-19 impact
COV-2	R	B&A	COVID-19 closure amount	Indicates the amount of weeks, in total, the clinic was closed because of COVID-19
COV-3 to COV-6	R	B&A	COVID-19 time reduced	The amount of time, in total, the clinic reduced hours because of COVID-19
COV-7a-7i	R	B&A	COVID-19 screening/diagnostic impact	COVID-19 negatively impact the clinic's delivery of CRC screening and diagnostic services
COV-8a-8e	R	B&A	COVID-19 EBI impact	COVID-19 negative impact of COVID-19 on implementation of evidence-based interventions (EBIs) or Patient Navigation activities

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

Item #	Item Type	Collected	CRCCP Data Item	Indication/ 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 **parent health system**
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 **clinic**
B2-4 A2-4	R	B, A	Total # of clinic patients	The **total number** 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 50-75	total number of clinic patients aged 50-75 who had at least one medical visit to the clinic
B2-5a	O	B	% of patients, age 50-75, women	% of the total number of clinic patients aged 50-75 who are women.
B2-5b A2-5b	R	B, A	% of patients, age 50-75, uninsured	% of the total number of clinic patients aged 50-75 who did not have any form of public or private health insurance.
B2-5c	O	B	% of patients, age 50-75, Hispanic	% of the total number of clinic patients aged 50-75 who are Hispanic or Latino
B2-5d	O	B	% of patients, age 50-75, White	% of the total number of clinic patients aged 50-75) who are White/Caucasian N/A
B2-5e	O	B	% of patients, age 50-75, Black or African American	% of the total number of clinic patients aged 50-75 Black or African American
B2-5f	O	B	% of patients, age 50-75, Asian	% of the total number of clinic patients aged 50-75 who are Asian
B2-5g	O	B	% of patients, age 50-75, Native Hawaiian or other Pacific Islander	% of the total number of clinic patients aged 50-75 who are Native Hawaiian or other Pacific Islander
B2-5h	O	B	% of patients, age 50-75, American Indian or Alaskan Native	% of the total number of clinic patients aged 50-75 who are American Indian or Alaskan Native
B2-5i	O	B	% of patients, age 50-75, More than one race	% of the total number of clinic patients aged 50-75 who are of more than one race
B2-6 A2-6	R	B, A	Name of primary EHR vendor at clinic	primary EHR used at the clinic

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B2-7 A2-7	R	B, A	Primary EHR home	Level of EHR implementation and functionality
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 #	Item Type	Collected	CRCCP Data Item	Indication/ 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 that 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 screening rate 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.
Chart Review (CR) CRC Screening Rates				
B3-4a A3-4a	comp	B, A	CR Screening rate (%)	Clinic's 12-month CRC screening rate
B3-4b A3-4b	R	B, A	CR Numerator to calculate screening rate	Numerator for CRC screening rate
B3-4c A3-4c	R	B, A	CR Denominator to calculate screening rate	Denominator for CRC screening rate
B3-4d A3-4d	R	B, A	Measure used	measure that was used to calculate the numerator and denominator for the clinic's CRC screening rate.
B3-4e A3-4e	comp	B, A	% of charts reviewed to calculate screening rate	percent of medical charts that were reviewed
B3-4f A3-4f	R	B, A	Sampling Method	Indicates if records were selected through either a random or systematic sampling method
B3-4g A3-4g	R	B, A	CR screening rate confidence	grantee's confidence level of the accuracy of the CR-calculated screening rate.
B3-4h A3-4h	R	B, A	CR Screening rate problem	Indicates if there are known unresolved problems with the CR reported screening rate or screening data quality.
B3-4i A3-4i	R	B, A	Specify CR- screening rate problem	
B3-4j A3-4j	N/A		N/A for CR	
B3-4k A3-4k	R	B, A	Screening rate target	Indicates the clinic-level CRC screening rate **target** for the next year
Electronic Health Records (EHR) CRC Screening Rates				
B3-5a A3-5a	comp	B, A	EHR Screening rate (%)	EHR CRC-Screening Rate
B3-5b A3-5b	R	B, A	EHR screening rate numerator	Numerator used to calculate EHR- CRC screening rate
B3-5c A3-5c	R	B, A	EHR screening rate denominator	Denominator used to calculate 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.
B3-5e A3-5e	N/A	N/A	N/A for EHR	N/A for EHR

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B3-5f A3-5f	N/A	N/A	N/A for EHR	N/A for EHR
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 **target** for following year
CRC Screening Practices and Outcomes				
Information regarding 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	CRC screening test most frequently used by the clinic
B3-8 A3-8	R	B, A	**Free** fecal testing kits	Clinic provides **free** fecal testing kits (FIT, FIT-DNA [Cologuard], or FOBT)
B3-9 A3-9	comp	B, A	Fecal Kit return rate	Percentage of **patients** of patients, age 50-75 who received a fecal testing kit (FIT, FIT-DNA (Cologuard) and returned it for processing. *Sub-questions collect individual numerator and denominator values*
B3-10 A3-10	comp	B, A	Colonoscopy completion rate	Percent of **patients,** age 50-75, referred for colonoscopy regardless of reason, who complete the procedure and have a final result. *Sub-questions collect individual numerator and denominator values*
B3-11 A3-11	comp	B, A	Follow-up colonoscopy completion rate	Percentage of patients age 50-75 with a positive or abnormal CRC screening test, who were referred for a **follow-up** colonoscopy and completed the procedure and have a final result. *Sub-questions collect individual numerator and denominator values*
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	# patients with normal colonoscopy results # patients with adenomatous polyps # patients with abnormal findings # 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 #	Item Type	Collected	CRCCP Data Item	Indication/ 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	champion for CRC screening internal to this clinic or parent health system
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 information technology (health IT) tools to perform data analytics and reporting to monitor and improve their CRC screening program and rates

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Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B4-5 A4-5	R	B, A	QA/QI support	Clinic had a quality assurance/quality improvement specialist or team in place that addressed CRC screening
A4-6	R	A	Process Improvements	Process improvements were made at the clinic during the program year to facilitate increased CRC screening of patients.
A4-7	R	A	Frequency of monitoring CRC screening rate	Frequency of clinic CRC screening rate monitoring and review
A4-8	R	A	Validated screening rate	clinic-level CRC screening rate data were validated
A4-8a-8d	R	A	Validation method	Method(s) used to conduct the validation.
A4-9	R	A	Health Center Controlled Network	CHCs/FQHCs only, received technical assistance from a Health Center Controlled Network to implement EBIs or improve use of the clinic's EHR
A4-10	R	A	Frequency of implementation support to clinic	Frequency of on-site or direct contacts 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.
A4-11a	R	A	Amount of CRCCP financial resources	Total amount of financial resources provided to the clinic

Section 5: Baseline and Annual Evidence-based Interventions (EBIs) and Other Clinic Activities

Section 5-1: EBI-Patient Reminder System

System(s) 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 #	Item Type	Collected	CRCCP Data Item	Indication/ 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 **without** CRCCP resources.

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 5-2: EBI -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, e-mails to the provider, etc.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ 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
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 **without** CRCCP resources.

Section 5-3: EBI -Provider Assessment and Feedback

Evaluates provider performance in delivering or offering screening to clients (assessment) and/or present providers, either individually or as a group, with information about their performance in providing screening services (feedback).

Item #	Item Type	Collected at	CRCCP Data Item	Indication/ 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	Frequency of feedback to providers on providing CRC screening services.
A5-3f	R	A	Provider assessment and feedback sustainability	Sustainability of provider assessment and feedback **without** CRCCP resources.

Section 5-4: EBI -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 #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
A5-4a	R	A	CRCCP resources used toward reducing structural barriers	CRCCP grantee resources used toward reducing structural barriers for CRC screening.

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
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 reducing structural barriers activities
A5-4e	R	A	Reducing structural barriers in more than one way	Reducing 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.
A5-4g	R	A	Reducing structural barriers sustainability	Sustainability of reducing structural barriers activities **without** 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 (e.g., letters, brochures, and newsletters).

Item #	Item Type	Collected	CRCCP Data Item	Indication/ 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 **without** CRCCP resources.

Section 5-6: Patient Navigation

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

Item #	Item Type	Collected	CRCCP Data Item	Indication/ 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.

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
A5-6g	R	A	Patient navigators for EBIs	Patient navigator(s) at this clinic assisted or facilitated implementation of EBIs
A5-6h	R	A	Patient navigation sustainability	Sustainability of Patient Navigation **without** 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
A5-6g	R	A	Number of patients navigated	Number of patients receiving navigation services for CRC screening during this program year.

Section 6. Annual Implementation Factors

- The following variables address factors affecting implementation of the evidence-based interventions or EBIs. EBIs include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.
- A representative of the clinic should provide the responses for these fields based on his or her experience during the program year.

Item #	Item Type	Collected	CRCCP Data Item	Definition
A6-1	R	A	Complexity	EBIs' individual process steps and/or EBIs as a whole are difficult to implement
A6-2	R	A	Adaptability	The EBIs are flexible and the process steps for implementing them can be tailored to fit our clinic workflow
A6-3	R	A	Cost-substantial resources	The EBIs require substantial resources to implement
A6-4	R	A	Cost- worthwhile	The EBIs are a worthwhile investment for systems change to increase CRC screening rates
A6-5	R	A	Patient Needs/ Resources	The EBIs and support strategies take into consideration the needs and preferences of the patients at this clinic
A6-6	R	A	External Policy	The requirement to report CRC screening data to an outside organization (e.g., HRSA, CMS, NCQS) is an important motivator to increase screening among our patients
A6-7	R	A	Incentives	Financial rewards received by your health system/clinic for meeting certain requirements or CRC screening thresholds provide incentive to improve CRC screening, (e.g., quality improvement awards)
A6-8	R	A	Conform	The EBIs to increase CRC screening are consistent with the opinions of clinical experts and staff in this setting
A6-9	R	A	Innovate and experiment	Staff members are willing to innovate and experiment to improve procedures to increase CRC screening
A6-10	R	A	Priority	Clinic leadership have set a high priority on the success of the CRC screening interventions relative to other quality improvement activities
A6-11	R	A	Staff- time and resources	The clinic leadership/clinic managers make sure that staff have the time and resources necessary to implement the EBIs to increase CRC screening
A6-12	R	A	Staff- training	Clinic staff get the support in terms of the training needed to implement the EBIs to increase CRC screening
A6-13	R	A	Appropriate Set	The EBIs implemented at your clinic are an appropriate set of interventions to increase CRC screening
A6-14	R	A	Champion designated	Senior leadership/clinical management have designated a champion(s) for implementing the EBIs to increase CRC screening
A6-15	R	A	Champion responsibility	The clinic champion(s) accepts responsibility for implementing the EBIs to increase CRC screening
A6-16	R	A	Team debrief	Progress of the implementation of the EBIs are reviewed through regular debriefings with clinic staff

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Appendix C: CRCCP Clinic Data Dictionary- Baseline Data Items (Abbreviated)

CRCCP NOFO 2020-2002
OMB # 0920-1074
Expiration Date: XX/XX/XXXX
Version date: (9/15/2020)

CRC Control Program (CRCCP)

Clinic Data Dictionary- abbreviated version

Baseline Data Items

Part I. Partner and Record Identifiers

Identifying information for the partner clinic and health system.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ 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 CRC EBIs and associated population used for calculating screening rates.
P3	R	B	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 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
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

Part II. Baseline and Annual Record Data Items

Section 1. Baseline and Annual Clinic CRCCP Activity and Status

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B1-1	R	B	Clinic Enrollment NOFO	NOFO during which the clinic was first enrolled into CRCCP.
B1-2	R	B	Clinic CRCCP Activities Start Date	Date the clinic began actively implementing CRCCP [NOFO DP20-2002] activities.
B1-3	Comp	B	Baseline PY	Baseline PY - auto-calculated based on activities start date
B1-4	R	B	Partner Type	Organizational classification of partner clinic/health system.
COVID-19 questions				
COV-1	R	B, A	COVID-19 clinic closure or hours reduced	Indicates whether the clinic closed or reduced hours due to COVID-19 impact
COV-2	R	B, A	COVID-19 closure amount	Indicates the amount of weeks, in total, the clinic was closed because of COVID-19

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
COV-3 to COV-6	R	B, A	COVID-19 time reduced	The amount of time, in total, the clinic reduced hours because of COVID-19
COV-7a-7i	R	B, A	COVID-19 screening/diagnostic impact	COVID-19 negatively impact the clinic's delivery of CRC screening and diagnostic services
COV-8a-8e	R	B, A	COVID-19 EBI impact	COVID-19 negative impact of COVID-19 on implementation of evidence-based interventions (EBIs) or Patient Navigation activities

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

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B2-1	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	R	B, A	Total # of primary care providers in **health system**	Total number of primary care providers who are delivering services for the **parent health system**
B2-3	R	B, A	# of primary care providers at **clinic**	total number of primary care providers who were delivering primary care services at the **clinic**
B2-4	R	B, A	Total # of clinic patients	The **total number** of clinic patients who had at least one medical visit to the clinic
B2-5	R	B, A	Total # of clinic patients, age 50-75	total number of clinic patients aged 50-75 who had at least one medical visit to the clinic
B2-5a	O	B	% of patients, age 50-75, women	% of the total number of clinic patients aged 50-75 who are women.
B2-5b	R	B, A	% of patients, age 50-75, uninsured	% of the total number of clinic patients aged 50-75 who did not have any form of public or private health insurance.
B2-5c	O	B	% of patients, age 50-75, Hispanic	% of the total number of clinic patients aged 50-75 who are Hispanic or Latino
B2-5d	O	B	% of patients, age 50-75, White	% of the total number of clinic patients aged 50-75) who are White/Caucasian N/A
B2-5e	O	B	% of patients, age 50-75, Black or African American	% of the total number of clinic patients aged 50-75 Black or African American
B2-5f	O	B	% of patients, age 50-75, Asian	% of the total number of clinic patients aged 50-75 who are Asian
B2-5g	O	B	% of patients, age 50-75, Native Hawaiian or other Pacific Islander	% of the total number of clinic patients aged 50-75 who are Native Hawaiian or other Pacific Islander
B2-5h	O	B	% of patients, age 50-75, American Indian or Alaskan Native	% of the total number of clinic patients aged 50-75 who are American Indian or Alaskan Native
B2-5i	O	B	% of patients, age 50-75, More than one race	% of the total number of clinic patients aged 50-75 who are of more than one race
B2-6	R	B, A	Name of primary EHR vendor at clinic	primary EHR used at the clinic
B2-7	R	B, A	Primary EHR home	Level of EHR implementation and functionality
B2-8	R	B	Newly screening or opened	Identifies clinics that have recently started providing CRC screening services and/or are newly opened

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 3. Baseline and Annual CRC Screening Rates and Practices				
Item #	**Item Type**	**Collected**	**CRCCP Data Item**	**Indication/ Definition**
B3-1	R	B, A	Rate Status	Availability of baseline CRC screening rate data
B3-1a	R	B, A	Screening rate date available	Date that the screening rate will be available.
B3-2	R	B, A	Start date of 12-month measurement SR period	Start date of the 12-month screening rate measurement period used to calculate the clinic's baseline CRC screening rate.
B3-3	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.
Chart Review (CR) CRC Screening Rates				
B3-4a	comp	B, A	CR Screening rate (%)	Clinic's 12-month CRC screening rate
B3-4b	R	B, A	CR Numerator to calculate screening rate	Numerator for CRC screening rate
B3-4c	R	B, A	CR Denominator to calculate screening rate	Denominator for CRC screening rate
B3-4d	R	B, A	Measure used	measure that was used to calculate the numerator and denominator for the clinic's CRC screening rate.
B3-4e	comp	B, A	% of charts reviewed to calculate screening rate	percent of medical charts that were reviewed
B3-4f	R	B, A	Sampling Method	Indicates if records were selected through either a random or systematic sampling method
B3-4g	R	B, A	CR screening rate confidence	grantee's confidence level of the accuracy of the CR-calculated screening rate.
B3-4h	R	B, A	CR Screening rate problem	Indicates if there are known unresolved problems with the CR reported screening rate or screening data quality.
B3-4i	R	B, A	Specify CR- screening rate problem	
B3-4j	N/A		N/A for CR	
B3-4k	R	B, A	Screening rate target	Indicates the clinic-level CRC screening rate **target** for the next year
Electronic Health Records (EHR) CRC Screening Rates				
B3-5a	comp	B, A	EHR Screening rate (%)	EHR CRC-Screening Rate
B3-5b	R	B, A	EHR screening rate numerator	Numerator used to calculate EHR- CRC screening rate
B3-5c	R	B, A	EHR screening rate denominator	Denominator used to calculate EHR-CRC screening rate
B3-5d	R	B, A	EHR Measure used	Measure used to calculate the numerator and denominator for the clinic's EHR-CRC screening rate.
B3-5e	N/A	N/A	N/A for EHR	N/A for EHR
B3-5f	N/A	N/A	N/A for EHR	N/A for EHR
B3-5g	R	B, A	EHR screening rate confidence	Grantee's confidence in the accuracy of the EHR-calculated screening rate.
B3-5h	R	B, A	EHR Screening rate problem	Known unresolved problems with the EHR reported screening rate or screening data quality.
B3-5j	R	B, A	EHR rate reporting source	Reporting source for the denominator and numerator data reported for the EHR screening rate

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B3-5k	R	B, A	EHR screening rate target	Clinic-level EHR-CRC screening rate **target** for following year
CRC Screening Practices and Outcomes				
Information regarding 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	R	B, A	CRC Screening Tests Used	All CRC screening methods used by the clinic
B3-7	R	B, A	Primary CRC screening test	CRC screening test most frequently used by the clinic
B3-8	R	B, A	**Free** fecal testing kits	Clinic provides **free** fecal testing kits (FIT, FIT-DNA [Cologuard], or FOBT)
B3-9	comp	B, A	Fecal Kit return rate	Percentage of **patients** of patients, age 50-75 who received a fecal testing kit (FIT, FIT-DNA (Cologuard) and returned it for processing. *Sub-questions collect individual numerator and denominator values*
B3-10	comp	B, A	Colonoscopy completion rate	Percent of **patients,** age 50-75, referred for colonoscopy regardless of reason, who complete the procedure and have a final result. *Sub-questions collect individual numerator and denominator values*
B3-11	comp	B, A	Follow-up colonoscopy completion rate	Percentage of patients age 50-75 with a positive or abnormal CRC screening test, who were referred for a **follow-up** colonoscopy and completed the procedure and have a final result. *Sub-questions collect individual numerator and denominator values*

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 #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B4-1	R	B, A	Clinic CRC screening policy	clinic has a written CRC screening policy or protocol
B4-2	R	B, A	Clinic CRC champion	champion for CRC screening internal to this clinic or parent health system
B4-3	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	R	B, A	Utilizing health IT tools for monitoring program performance	Clinic used health information technology (health IT) tools to perform data analytics and reporting to monitor and improve their CRC screening program and rates
B4-5	R	B, A	QA/QI support	Clinic had a quality assurance/quality improvement specialist or team in place that addressed CRC screening

Section 5: Baseline and Annual Evidence-based Interventions (EBIs) and Other Clinic Activities

Section 5-1: EBI-Patient Reminder System

System(s) 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 #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B5-1b	R	B, A	Patient reminder system in place	Patient reminder system for CRC screening was in place at the clinic

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 5-2: EBI -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, e-mails to the provider, etc.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B5-2b	R	B, A	Provider reminder system in place	Provider reminder system for CRC screening was in place at the clinic

Section 5-3: EBI -Provider Assessment and Feedback

Evaluates provider performance in delivering or offering screening to clients (assessment) and/or present providers, either individually or as a group, with information about their performance in providing screening services (feedback).

Item #	Item Type	Collected at	CRCCP Data Item	Indication/ Definition
B5-3b	R	B, A	Provider assessment and feedback in place	Provider assessment and feedback for CRC screening was in place at the clinic

Section 5-4: EBI -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 #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B5-4b	R	B, A	Reducing structural barriers in place	Reducing structural barriers for CRC screening was in place at the clinic

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 (e.g., letters, brochures, and newsletters).

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B5-5b	R	B, A	Small media in place	Small media for CRC screening was in place at the clinic

Section 5-6: Patient Navigation

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

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
B5-6b	R	B, A	Patient navigation in place	Patient navigation for CRC screening was in place at the clinic
B5-6d	R	B&A	Patient Navigation Purpose	Patient navigation supported CRC screening, follow-up colonoscopies or both
B5-6i	R	A, B	Number of FTEs delivering patient navigation	Number of full-time equivalents (FTEs) conducting patient navigation for CRC screening at clinic

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Appendix D: CRCCP Clinic Data Dictionary- Annual Data Items (Abbreviated)

CRCCP NOFO 2020-2002
OMB # 0920-1024
Expiration Date: XX/XX/XXXX
Version date: 9/15/2020

CRC Control Program (CRCCP)

Clinic Data Dictionary- abbreviated version

Annual Data Items

Part II. Baseline and Annual Record Data Items

Section 1. Baseline and Annual Clinic CRCCP Activity and Status

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
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.
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
COVID-19 questions				
COV-1	R	B&A	COVID-19 clinic closure or hours reduced	Indicates whether the clinic closed or reduced hours due to COVID-19 impact
COV-2	R	B&A	COVID-19 closure amount	Indicates the amount of weeks, in total, the clinic was closed because of COVID-19
COV-3 to COV-6	R	B&A	COVID-19 Hours reduced	The amount of time, in total, the clinic reduced hours because of COVID-19
COV-7a-7i	R	B&A	COVID-19 screening/diagnostic impact	COVID-19 negatively impact the clinic's delivery of CRC screening and diagnostic services
COV-8a-8e	R	B&A	COVID-19 EBI impact	COVID-19 negative impact of COVID-19 on implementation of evidence-based interventions (EBIs) or Patient Navigation activities

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

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
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
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 **parent health system**
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 **clinic**
A2-4	R	B, A	Total # of clinic patients	The **total number** of clinic patients who had at least one medical visit to the clinic
A2-5	R	B, A	Total # of clinic patients, age 50-75	total number of clinic patients aged 50-75 who had at least one medical visit to the clinic
A2-5b	R	B, A	% of patients, age 50-75, uninsured	% of the total number of clinic patients aged 50-75 who did not have any form of public or private health insurance.
A2-6	R	B, A	Name of primary EHR vendor at clinic	Primary EHR used at the clinic
A2-7	R	B, A	Primary EHR home	Level of EHR implementation and functionality

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 3. Baseline and Annual CRC Screening Rates and Practices				
Item #	**Item Type**	**Collected**	**CRCCP Data Item**	**Indication/ Definition**
A3-1	R	B, A	Rate Status	Availability of baseline CRC screening rate data
A3-1a	R	B, A	Screening rate date available	Date that the screening rate will be available.
A3-2	R	B, A	Start date of 12-month measurement SR period	Start date of the 12-month screening rate measurement period used to calculate the clinic's baseline CRC screening rate.
A3-2	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.
Chart Review (CR) CRC Screening Rates				
A3-4a	comp	B, A	CR Screening rate (%)	Clinic's 12-month CRC screening rate
A3-4b	R	B, A	CR Numerator to calculate screening rate	Numerator for CRC screening rate
A3-4c	R	B, A	CR Denominator to calculate screening rate	Denominator for CRC screening rate
A3-4d	R	B, A	Measure used	measure that was used to calculate the numerator and denominator for the clinic's CRC screening rate.
A3-4e	comp	B, A	% of charts reviewed to calculate screening rate	percent of medical charts that were reviewed
A3-4f	R	B, A	Sampling Method	Indicates if records were selected through either a random or systematic sampling method
A3-4g	R	B, A	CR screening rate confidence	grantee's confidence level of the accuracy of the CR-calculated screening rate.
A3-4h	R	B, A	CR Screening rate problem	Indicates if there are known unresolved problems with the CR reported screening rate or screening data quality.
A3-4i	R	B, A	Specify CR- screening rate problem	
A3-4j	N/A		N/A for CR	
A3-4k	R	B, A	Screening rate target	Indicates the clinic-level CRC screening rate **target** for the next year
Electronic Health Records (EHR) CRC Screening Rates				
A3-5a	comp	B, A	EHR Screening rate (%)	EHR CRC-Screening Rate
A3-5b	R	B, A	EHR screening rate numerator	Numerator used to calculate EHR- CRC screening rate
A3-5c	R	B, A	EHR screening rate denominator	Denominator used to calculate EHR-CRC screening rate
A3-5d	R	B, A	EHR Measure used	Measure used to calculate the numerator and denominator for the clinic's EHR-CRC screening rate.
A3-5e	N/A	N/A	N/A for EHR	N/A for EHR
A3-5f	N/A	N/A	N/A for EHR	N/A for EHR
A3-5g	R	B, A	EHR screening rate confidence	Grantee's confidence in the accuracy of the EHR-calculated screening rate.
A3-5h	R	B, A	EHR Screening rate problem	Known unresolved problems with the EHR reported screening rate or screening data quality.
A3-5j	R	B, A	EHR rate reporting source	Reporting source for the denominator and numerator data reported for the EHR screening rate

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
A3-5k	R	B, A	EHR screening rate target	Clinic-level EHR-CRC screening rate **target** for following year
CRC Screening Practices and Outcomes				
Information regarding 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.				
A3-6a-d	R	B, A	CRC Screening Tests Used	All CRC screening methods used by the clinic
A3-7	R	B, A	Primary CRC screening test	CRC screening test most frequently used by the clinic
A3-8	R	B, A	**Free** fecal testing kits	Clinic provides **free** fecal testing kits (FIT, FIT-DNA [Cologuard], or FOBT)
A3-9	comp	B, A	Fecal Kit return rate	Percentage of **patients** of patients, age 50-75 who received a fecal testing kit (FIT, FIT-DNA (Cologuard) and returned it for processing. *Sub-questions collect individual numerator and denominator values*
A3-10	comp	B, A	Colonoscopy completion rate	Percent of **patients,** age 50-75, referred for colonoscopy regardless of reason, who complete the procedure and have a final result. *Sub-questions collect individual numerator and denominator values*
A3-11	comp	B, A	Follow-up colonoscopy completion rate	Percentage of patients age 50-75 with a positive or abnormal CRC screening test, who were referred for a **follow-up** colonoscopy and completed the procedure and have a final result. *Sub-questions collect individual numerator and denominator values*
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	# patients with normal colonoscopy results # patients with adenomatous polyps # patients with abnormal findings # 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 #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
A4-1	R	B, A	Clinic CRC screening policy	clinic has a written CRC screening policy or protocol
A4-2	R	B, A	Clinic CRC champion	champion for CRC screening internal to this clinic or parent health system
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
A4-4	R	B, A	Utilizing health IT tools for monitoring program performance	Clinic used health information technology (health IT) tools to perform data analytics and reporting to monitor and improve their CRC screening program and rates
A4-5	R	B, A	QA/QI support	Clinic had a quality assurance/quality improvement specialist or team in place that addressed CRC screening
A4-6	R	A	Process Improvements	Process improvements were made at the clinic during the program year to facilitate increased CRC screening of patients.
A4-7	R	A	Frequency of monitoring CRC screening rate	Frequency of clinic CRC screening rate monitoring and review
A4-8	R	A	Validated screening rate	clinic-level CRC screening rate data were validated
A4-8a-d	R	A	Validation method	Method(s) used to conduct the validation.

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
A4-9	R	A	Health Center Controlled Network	CHCs/FQHCs only, received technical assistance from a Health Center Controlled Network to implement EBIs or improve use of the clinic's EHR
A4-10	R	A	Frequency of implementation support to clinic	Frequency of on-site or direct contacts 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.
A4-11a	R	A	Amount of CRCCP financial resources	Total amount of financial resources provided to the clinic

Section 5: Baseline and Annual Evidence-based Interventions (EBIs) and Other Clinic Activities

Section 5-1: EBI-Patient Reminder System

System(s) 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 #	Item Type	Collected	CRCCP Data Item	Indication/ 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.
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 **without** CRCCP resources.

Section 5-2: EBI -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, e-mails to the provider, etc.

Item #	Item Type	Collected	CRCCP Data Item	Indication/ 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.
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

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
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
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 **without** CRCCP resources.

Section 5-3: EBI -Provider Assessment and Feedback

Evaluates provider performance in delivering or offering screening to clients (assessment) and/or present providers, either individually or as a group, with information about their performance in providing screening services (feedback).

Item #	Item Type	Collected at	CRCCP Data Item	Indication/ 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.
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	Frequency of feedback to providers on providing CRC screening services.
A5-3f	R	A	Provider assessment and feedback sustainability	Sustainability of provider assessment and feedback **without** CRCCP resources.

Section 5-4: EBI -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 #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
A5-4a	R	A	CRCCP resources used toward reducing structural barriers	CRCCP grantee resources used toward reducing structural barriers for CRC screening.
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 reducing structural barriers activities
A5-4e	R	A	Reducing structural barriers in more than one way	Reducing structural barriers for patients in multiple ways

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
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.
A5-4g	R	A	Reducing structural barriers sustainability	Sustainability of reducing structural barriers activities **without** 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 (e.g., letters, brochures, and newsletters).

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
A5-5a	R	A	CRCCP resources used toward small media	CRCCP grantee resources used toward small media for CRC screening.
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 **without** CRCCP resources.

Section 5-6: Patient Navigation

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

Item #	Item Type	Collected	CRCCP Data Item	Indication/ Definition
A5-6a	R	A	CRCCP resources used toward patient navigation	CRCCP grantee resources used toward Patient navigation for CRC screening.
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	Patient navigator(s) at this clinic assisted or facilitated implementation of EBIs
A5-6h	R	A	Patient navigation sustainability	Sustainability of Patient Navigation **without** CRCCP resources.
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
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
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Section 6. Annual Implementation Factors

- The following variables address factors affecting implementation of the evidence-based interventions or EBIs. EBIs include patient reminders, provider reminders, reducing structural barriers, and provider assessment and feedback.
- A representative of the clinic should provide the responses for these fields based on his or her experience during the program year.

Item #	Item Type	Collected	CRCCP Data Item	Definition
A6-1	R	A	Complexity	EBIs' individual process steps and/or EBIs as a whole are difficult to implement
A6-2	R	A	Adaptability	The EBIs are flexible and the process steps for implementing them can be tailored to fit our clinic workflow
A6-3	R	A	Cost-substantial resources	The EBIs require substantial resources to implement
A6-4	R	A	Cost- worthwhile	The EBIs are a worthwhile investment for systems change to increase CRC screening rates
A6-5	R	A	Patient Needs/ Resources	The EBIs and support strategies take into consideration the needs and preferences of the patients at this clinic
A6-6	R	A	External Policy	The requirement to report CRC screening data to an outside organization (e.g., HRSA, CMS, NCQS) is an important motivator to increase screening among our patients
A6-7	R	A	Incentives	Financial rewards received by your health system/clinic for meeting certain requirements or CRC screening thresholds provide incentive to improve CRC screening, (e.g., quality improvement awards)
A6-8	R	A	Conform	The EBIs to increase CRC screening are consistent with the opinions of clinical experts and staff in this setting
A6-9	R	A	Innovate and experiment	Staff members are willing to innovate and experiment to improve procedures to increase CRC screening
A6-10	R	A	Priority	Clinic leadership have set a high priority on the success of the CRC screening interventions relative to other quality improvement activities
A6-11	R	A	Staff- time and resources	The clinic leadership/clinic managers make sure that staff have the time and resources necessary to implement the EBIs to increase CRC screening
A6-12	R	A	Staff- training	Clinic staff get the support in terms of the training needed to implement the EBIs to increase CRC screening
A6-13	R	A	Appropriate Set	The EBIs implemented at your clinic are an appropriate set of interventions to increase CRC screening
A6-14	R	A	Champion designated	Senior leadership/clinical management have designated a champion(s) for implementing the EBIs to increase CRC screening
A6-15	R	A	Champion responsibility	The clinic champion(s) accepts responsibility for implementing the EBIs to increase CRC screening
A6-16	R	A	Team debrief	Progress of the implementation of the EBIs are reviewed through regular debriefings with clinic staff

Item Type: R=Required; O=Optional; Comp=computed by CBARS
Collected: B= Variable collected at baseline; A=Variable collected annually; B, A=variable collected at baseline and annually.
Item numbers: Baseline Record item numbers have a B prefix; Annual Record item numbers have an A prefix

Appendix E: Baseline Clinic Data Collection Form

Available to download at crccp.org.

BASELINE CLINIC DATA COLLECTION FORM for COLORECTAL CANCER

Partner and Record Identifiers

Report Period*:	Baseline	Grantee Code*:	Please select:
CRCCP Partner Entity*:	Please select:	Partner Agreement*:	Please select:
If other CRCCP partner entity, please specify (200 char limit)*:		Date of Partner Agreement (MM/DD/YYYY)*:	

Health system identifiers		Clinic identifiers	
Health system name*:		Clinic name*:	
Health system ID*:		Clinic ID*:	
Health system street*:		Clinic street*:	
Health system city*:		Clinic city*:	
Health system state*:	Please select:	Clinic state*:	Please select:
Health system zip code*:		Clinic zip code*:	
Health system county*:		Clinic county*:	
[custom field]		[custom field]	
[custom field]		[custom field]	
Comments (200 char limit):			

Clinic CRCCP Activity and Status at Baseline

Clinic Enrollment NOFO*:	Please select:	Baseline Program Year*:	Please select:
Clinic CRCCP Activities Start Date*:		Partner Type*:	Please select:

COVID-19

COVID-19 clinic closure or hours reduced*:	Please select:	COVID-19 days reduced (# of days per week)*:	
COVID-19 closure amount (# of weeks)*:		COVID-19 weeks with reduced hours*:	
COVID-19 hours reduced (# of hours each week)*:		COVID-19 weeks with reduced days*:	

COVID-19 Screening/diagnostic impact

COVID-19 screening/diagnostic impact*:	Please select:	COVID-19 no referrals for follow-up colonoscopy*:	Please select:
COVID-19 sick visits*:	Please select:	COVID-19 patients cancelled*:	Please select:
COVID-19 high-risk visits*:	Please select:	COVID-19 patients fearful*:	Please select:
COVID-19 telemed visits*:	Please select:	COVID-19 other*:	Please select:
COVID-19 no referrals for screening colonoscopy*:	Please select:	If other, please specify (200 char limit)*:	

COVID-19 Evidence-based Intervention (EBI) Impact

COVID-19 EBI Impact*:	Please select:	COVID-19 Provider Assessment and Feedback Impact*:	Please select:
COVID-19 Patient Reminders Impact*:	Please select:	COVID-19 Reducing Structural Barriers Impact*:	Please select:
COVID-19 Provider Reminders Impact*:	Please select:	COVID-19 Patient Navigation Impact*:	Please select:
[custom field]		[custom field]	
[custom field]		[custom field]	
Comments (200 char limit):			

Health system and Clinic Characterisitcs and Clinic Patient Population at Baseline

Total # of primary care clinics in health system*:		Total # of primary care providers in health system*:	
		# of primary care providers at clinic*:	
# of Patients, Gender, Insurance Status, Ethnicity		**Race**	
Total # of clinic patients*:		% of patients, age 50-75, White:	
Total # of clinic patients, age 50-75*:		% of patients, age 50-75, Black or African American:	
% of patients, age 50-75, women:		% of patients, age 50-75, Asian:	
% of patients, age 50-75, uninsured*:		% of patients, age 50-75, Native Hawaiian or other Pacific Islander:	
% of patients, age 50-75, Hispanic:		% of patients, age 50-75, American Indian or Alaskan Native:	
		% of patients, age 50-75, More than one race:	
Name of primary EHR vendor at clinic*:	Please select:	Primary EHR home*:	Please select:
If other EHR, please specify (100 char limit)*:		If other EHR home, please specify (100 char limit)*:	
		Newly screening or opened*:	Please select:
[custom field]		[custom field]	
[custom field]		[custom field]	
Comments (200 char limit):			
CRC Screening Rates and Practices at Baseline Complete either or both chart review and EHR section ***This section should be skipped if clinic is newly screening or opened at baseline*			
Rate status*:	Please select:	Start date of 12-month measurement period (MM/DD/YYYY)*:	
If screening rate unavailable, date the rate will be available (MM/DD/YYYY)*:		End date of 12-month measurement period (MM/DD/YYYY; auto-calculated)*:	
Chart Review (CR) Screening Rate Data for Colorectal Cancer			
CR Screening rate (%) calculated field*:		CR screening rate confidence*:	Please select:
CR Numerator to calculate screening rate*:		CR screening rate problem*:	Please select:
CR Denominator to calculate screening rate*:		Specify CR screening rate problem (250 char limit)*:	
CR Measure used*:	Please select:		
% of charts reviewed to calculate screening rate (auto-calculated)*:		CR screening rate target*:	
Sampling method*:	Please select:		
[custom field]		[custom field]	
[custom field]		[custom field]	
Comments (200 char limit):			
Electronic Health Record (EHR) Screening Rate Data for Colorectal Cancer			
EHR Screening rate (%) calculated field*:		EHR Screening rate problem*:	Please select:
EHR Numerator to calculate screening rate*:		Specify EHR screening rate problem (250 char limit)*:	
EHR Denominator to calculate screening rate*:			
EHR Measure used*:	Please select:	EHR rate reporting source*:	Please select:
EHR screening rate confidence*:	Please select:	EHR screening rate target*:	
[custom field]		[custom field]	

(custom field)		(custom field)	
Comments (200 char limit):			
CRC Screening Practices and Outcomes at Baseline ***This section should be skipped if clinic is newly screening or opened at baseline***			
FIT used by clinic*:	Please select:	Primary CRC screening method*:	Please select:
FIT-DNA (Cologuard) used by clinic*:	Please select:	If other, please specify other primary CRC screening method (200 char limit)*:	
FOBT used by clinic*:	Please select:	Free fecal testing kits provided by clinic*:	Please select:
Colonoscopy used by clinic*:	Please select:		
Other*:	Please select:		
If other, please specify CRC screening methods (200 char limit)*:			
Fecal Kit Return Rate Data		**Colonoscopy Completion Rate Data**	
Fecal kit return rate (%) calculated field*:		Colonoscopy completion rate (%) calculated field*:	
# of patients given fecal kits*:		# of patients referred for colonoscopy*:	
# of patients returning fecal kits*:		# of patients completing colonoscopy*:	
If unavailable, fecal kit return date available (MM/DD/YYYY)*:		If unavailable, colonoscopy completion rate date available (MM/DD/YYYY)*:	
Follow-up Colonoscopy Completion Rate Data			
Follow-up colonoscopy completion rate (%) calculated field*:		(custom field)	
# of patients referred for follow-up colonoscopy*:		(custom field)	
# of patients completing follow-up colonoscopy*:		(custom field)	
If unavailable, follow-up colonoscopy completion rate date available (MM/DD/YYYY)*:		(custom field)	
Comments (200 char limit):			
Monitoring and Quality Improvement Activities at Baseline			
Clinic colorectal cancer screening policy*:	Please select:	Clinic colorectal cancer champion*:	Please select:
Utilizing health IT to improve data collection and quality*:	Please select:	Utilizing health IT tools for monitoring program performance*:	Please select:
QA/QI support*:	Please select:		
(custom field)		(custom field)	
(custom field)		(custom field)	
Comments (200 char limit):			
Evidence-based Interventions and Other Clinic Activities In Place at Baseline			
Patient reminder system*:	Please select:	Small media*:	Please select:
Provider reminder system*:	Please select:	Patient navigation*:	Please select:
Provider assessment and feedback*:	Please select:	Patient navigation purpose*:	Please select:
Reducing structural barriers*:	Please select:	# of FTEs delivering patient navigation*:	
(custom field)		(custom field)	
(custom field)		(custom field)	
Comments (200 char limit):			
Other Colorectal Cancer-related Strategies at Baseline			
Other colorectal cancer Activity 1 (200 char limit):			

Other colorectal cancer Activity 2 (200 char limit):	
Other colorectal cancer Activity 3 (200 char limit):	
Other Comments	
Other Comments (200 char limit):	

Appendix F: Annual Clinic Data Collection form

Available to download at crccp.org.

ANNUAL CLINIC DATA COLLECTION FORM for COLORECTAL CANCER

Activities during the July - June Program Year

Partner and Record Identifiers

Grantee Code*:	Please select:	Partner Agreement*:	Please select:

Health system identifiers / Clinic identifiers

Health system name*:		Clinic name*:	
Health system ID*:		Clinic ID*:	
(custom field)		(custom field)	
(custom field)		(custom field)	
Comments (200 char limit):			

Clinic CRCCP Activity and Status

Annual Report Period*:	Please select:		
Annual Partner Status*:	Please select:		
Suspension/Termination date*:			

Reason(s) for suspension or termination:

Clinic implementation completed-no longer monitoring screening rates*:	Please select:	Clinic closed*:	Please select:
Clinic non-performance*:	Please select:	Other*:	Please select:
Clinic does not have resources/capacity to participate*:	Please select:	If other, specify reason for suspension or termination (200 char limit)*:	
Clinic EHR problems or unable to collect data*:	Please select:		
Clinic merged with another clinic*:	Please select:		

COVID-19

COVID-19 clinic closure or hours reduced*:	Please select:	COVID-19 days reduced (# of days per week)*:	
COVID-19 closure amount (# of weeks)*:		COVID-19 weeks with reduced hours*:	
COVID-19 hours reduced (# of hours each week)*:		COVID-19 weeks with reduced days*:	

COVID-19 Screening/diagnostic impact

COVID-19 screening/diagnostic impact*:	Please select:	COVID-19 no referrals for follow-up colonoscopy*:	Please select:
COVID-19 sick visits*:	Please select:	COVID-19 patients cancelled*:	Please select:
COVID-19 high-risk visits*:	Please select:	COVID-19 patients fearful*:	Please select:
COVID-19 telemed visits*:	Please select:	COVID-19 other*:	Please select:
COVID-19 no referrals for screening colonoscopy*:	Please select:	If other, please specify (200 char limit)*:	

COVID-19 Evidence-based intervention (EBI) impact

COVID-19 EBI Impact*:	Please select:	COVID-19 Provider Assessment and Feedback Impact*:	Please select:
COVID-19 Patient Reminders Impact*:	Please select:	COVID-19 Reducing Structural Barriers Impact*:	Please select:
COVID-19 Provider Reminders Impact*:	Please select:	COVID-19 Patient Navigation Impact*:	Please select:
(custom field)		(custom field)	
(custom field)		(custom field)	
Comments (200 char limit):			

Health system and Clinic Characterisitcs and Clinic Patient Population

Total # of primary care clinics in health system*:		Total # of primary care providers in health system*:	
		# of primary care providers at clinic*:	
# of Patients and Insurance Status			
Total # of clinic patients*:		% of patients, age 50-75, uninsured*:	
Total # of clinic patients, age 50-75*:			
Name of primary EHR vendor at clinic*:	Please select:	Primary EHR home*:	Please select:
If other EHR, please specify (100 char limit)*:		If other EHR home, please specify (100 char limit)*:	
(custom field)		(custom field)	
(custom field)		(custom field)	
Comments (200 char limit):			
CRC Screening Rates and Practices Complete either or both chart review and EHR section			
Rate status*:	Please select:	Start date of 12-month measurement period (MM/DD/YYYY)*:	
If screening rate unavailable, date the rate will be available (MM/DD/YYYY)*:		End date of 12-month measurement period (MM/DD/YYYY; auto-calculated)*:	
Chart Review (CR) Screening Rate Data for Colorectal Cancer			
CR Screening rate (%) calculated field*:		CR screening rate confidence*:	Please select:
CR Numerator to calculate screening rate*:		CR screening rate problem*:	Please select:
CR Denominator to calculate screening rate*:		Specify CR screening rate problem (250 char limit)*:	
CR Measure used*:	Please select:		
% of charts reviewed to calculate screening rate (auto-calculated)*:		CR screening rate target*:	
Sampling method*:	Please select:		
(custom field)		(custom field)	
(custom field)		(custom field)	
Comments (200 char limit):			
Electronic Health Record (EHR) Screening Rate Data for Colorectal Cancer			
EHR Screening rate (%) calculated field*:		EHR Screening rate problem*:	Please select:
EHR Numerator to calculate screening rate*:		Specify EHR screening rate problem (250 char limit)*:	
EHR Denominator to calculate screening rate*:			
EHR Measure used*:	Please select:	EHR rate reporting source*:	Please select:
EHR screening rate confidence*:	Please select:	EHR screening rate target*:	
(custom field)		(custom field)	
(custom field)		(custom field)	
Comments (200 char limit):			
CRC Screening Practices and Outcomes			
FIT used by clinic*:	Please select:	Primary CRC screening method*:	Please select:
FIT-DNA (Cologuard) used by clinic*:	Please select:	If other, please specify other primary CRC screening method (200 char limit)*:	
FOBT used by clinic*:	Please select:	Free fecal testing kits provided by clinic*:	Please select:

Colonoscopy used by clinic*:	Please select:		
Other*:	Please select:		
If other, please specify CRC screening methods (200 char limit)*:			
Fecal Kit Return Rate Data		**Colonoscopy Completion Rate Data**	
Fecal kit return rate (%) calculated field*:		Colonoscopy completion rate (%) calculated field*:	
# of patients given fecal kits*:		# of patients referred for colonoscopy*:	
# of patients returning fecal kits*:		# of patients completing colonoscopy*:	
If unavailable, fecal kit return date available (MM/DD/YYYY)*:		If unavailable, colonoscopy completion rate date available (MM/DD/YYYY)*:	
Follow-up Colonoscopy Completion Rate Data		**CDC-paid Follow-up Colonoscopies**	
Follow-up colonoscopy completion rate (%) calculated field*:		# of patients with CDC-paid follow-up colonoscopy*:	
# of patients referred for follow-up colonoscopy*:		# of patients with normal colonoscopy results*:	
# of patients completing follow-up colonoscopy*:		# of patients with adenomatous polyps*:	
If unavailable, follow-up colonoscopy completion rate date available (MM/DD/YYYY)*:		# of patients with abnormal findings*:	
		# of patients diagnosed with CRC*:	
Comments (200 char limit):			

Monitoring and Quality Improvement Activities			
Clinic colorectal cancer screening policy*:	Please select:	Validation by manual chart review*:	Please select:
Clinic colorectal cancer champion*:	Please select:	EHR system or algorithm validation*:	Please select:
Utilizing health IT to improve data collection and quality*:	Please select:	Other validation method*:	Please select:
Utilizing health IT tools for monitoring program performance*:	Please select:	If other, specify validation method*:	
QA/QI support*:	Please select:		
Process improvements*:	Please select:	Health Center Controlled Network*:	Please select:
Frequency of monitoring colorectal cancer screening rate*:	Please select:	Frequency of implementation support to clinic*:	Please select:
Validated screening rate*:	Please select:	CRCCP financial resources*:	Please select:
		Amount of CRCCP financial resources*:	
(custom field)		(custom field)	
(custom field)		(custom field)	
Comments (200 char limit):			

Evidence-based Interventions and Other Clinic Activities			
Patient reminder system			
CRCCP resources used toward a patient reminder system*:	Please select:	Patient reminders sent multiple ways*:	Please select:
Patient reminder system in place*:	Please select:	Maximum number and/or frequency of patient reminders*:	Please select:
Patient reminder system planning activities*:	Please select:	Patient reminder system sustainability*:	Please select:
Patient reminder system enhancements*:	Please select:		
(custom field)		(custom field)	
(custom field)		(custom field)	
Provider reminder system			
CRCCP resources used toward a provider reminder system*:	Please select:	Provider reminders sent multiple ways*:	Please select:
Provider reminder system in place*:	Please select:	Maximum number and/or frequency of provider reminders*:	Please select:
Provider reminder system planning activities*:	Please select:	Provider reminder system sustainability*:	Please select:

Appendix G: Detailed Clinic Data Submission Timeline

CRCCP DP20-2002- BASELINE AND ANNUAL CLINIC DATA SUBMISSION OVERVIEW

Submission Due Dates	Clinics Enrolled in CRCCP PY1 7/1/2020- 6/30/2021	Clinics Enrolled in CRCCP PY2 7/1/2021- 6/30/2022	Clinics Enrolled in CRCCP PY3 7/1/2022- 6/30/2023	Clinics Enrolled in CRCCP PY4 7/1/2023- 6/30/2024	Clinics Enrolled in CRCCP PY5 7/1/2024- 6/30/2025
No later than June 30, 2021	**Baseline Record**				
September 30, 2021	**Annual Record # 1** **Clinic Year=1:** Annual Record for a clinic's 1st year in CRCCP DO20-2002. **CRCCP PY=1:** Data represent clinic activities from **July 1, 2020- June 30, 2021**				
March 31, 2022	Missing Screening Rates and any edits/updates for the clinic's **Annual Record # 1**				

Submission Due Dates	Clinics Enrolled in CRCCP PY1 7/1/2020- 6/30/2021	Clinics Enrolled in CRCCP PY2 7/1/2021- 6/30/2022	Clinics Enrolled in CRCCP PY3 7/1/2022- 6/30/2023	Clinics Enrolled in CRCCP PY4 7/1/2023- 6/30/2024	Clinics Enrolled in CRCCP PY5 7/1/2024- 6/30/2025
No later than June 30, 2022		**Baseline Record**			
September 30, 2022	**Annual Record # 2** **Clinic Year=2:** Annual Record for a clinic's 2nd year in CRCCP DO20-2002. **CRCCP PY=2:** Data represent clinic activities from **July 1, 2021- June 30, 2022**	**Annual Record # 1** **Clinic Year=1:** Annual Record for a clinic's 1st year in CRCCP DO20-2002. **CRCCP PY=2:** Data represent clinic activities from **July 1, 2021- June 30, 2022**			
March 31, 2023	Missing Screening Rates and any edits/updates for the clinic's **Annual Record #2**	Missing Screening Rates and any edits/updates for the clinic's **Annual Record # 1**			

Submission Due Dates	Clinics Enrolled in CRCCP PY1 7/1/2020- 6/30/2021	Clinics Enrolled in CRCCP PY2 7/1/2021- 6/30/2022	Clinics Enrolled in CRCCP PY3 7/1/2022- 6/30/2023	Clinics Enrolled in CRCCP PY4 7/1/2023- 6/30/2024	Clinics Enrolled in CRCCP PY5 7/1/2024- 6/30/2025
No later than June 30, 2023			**Baseline Record**		
September 30, 2023	**Annual Record # 3** **Clinic Year=3:** Annual Record for a clinic's 3rd year in CRCCP DO20-2002. **CRCCP PY=3:** Data represent clinic activities from **July 1, 2022- June 30, 2023**	**Annual Record # 2** **Clinic Year=2:** Annual Record for a clinic's 2nd year in CRCCP DO20-2002. **CRCCP PY=3:** Data represent clinic activities from **July 1, 2022- June 30, 2023**	**Annual Record # 1** **Clinic Year=1:** Annual Record for a clinic's 1st year in CRCCP DO20-2002. **CRCCP PY=1:** Data represent clinic activities from **July 1, 2022- June 30, 2023**		
March 31, 2024	Missing Screening Rates and any edits/updates for the clinic's **Annual Record #3**	Missing Screening Rates and any edits/updates for the clinic's **Annual Record # 2**	Missing Screening Rates and any edits/updates for the for the clinic's **Annual Record # 1**		

Submission Due Dates	Clinics Enrolled in CRCCP PY1 7/1/2020- 6/30/2021	Clinics Enrolled in CRCCP PY2 7/1/2021- 6/30/2022	Clinics Enrolled in CRCCP PY3 7/1/2022- 6/30/2023	Clinics Enrolled in CRCCP PY4 7/1/2023- 6/30/2024	Clinics Enrolled in CRCCP PY5 7/1/2024- 6/30/2025
No later than June 30, 2024				**Baseline Record**	
September 30, 2024	**Annual Record # 4** **Clinic Year=4:** Annual Record for a clinic's 4th year in CRCCP DO20-2002. **CRCCP PY=3:** Data represent clinic activities from **July 1, 2023- June 30, 2024**	**Annual Record #3** **Clinic Year=3:** Annual Record for a clinic's 3rd year in CRCCP DO20-2002. **CRCCP PY=3:** Data represent clinic activities from **July 1, 2023- June 30, 2024**	**Annual Record # 2** **Clinic Year=2:** Annual Record for a clinic's 2nd year in in CRCCP DO20-2002. **CRCCP PY=3:** Data represent clinic activities from **July 1, 2023- June 30, 2024**	**Annual Record # 1** **Clinic Year=1:** Annual Record for a clinic's 1st year in CRCCP DO20-2002. **CRCCP PY=3:** Data represent clinic activities from **July 1, 2023- June 30, 2024**	
March 31, 2025	Missing Screening Rates and any edits/updates for the clinic's **Annual Record # 4**	Missing Screening Rates and any edits/updates for the clinic's **Annual Record # 3**	Missing Screening Rates and any edits/updates for the clinic's **Annual Record # 2**	Missing Screening Rates and any edits/updates for the clinic's **Annual Record # 1**	

Submission Due Dates	Clinics Enrolled in CRCCP PY1 7/1/2020- 6/30/2021	Clinics Enrolled in CRCCP PY2 7/1/2021- 6/30/2022	Clinics Enrolled in CRCCP PY3 7/1/2022- 6/30/2023	Clinics Enrolled in CRCCP PY4 7/1/2023- 6/30/2024	Clinics Enrolled in CRCCP PY5 7/1/2024- 6/30/2025
No later than June 30, 2025					**Baseline Record**
June 30, 2025	**Annual Record # 5** **Clinic Year=5:** Annual Record for a clinic's 5th year in CRCCP DO20-2002. **CRCCP PY=5:** Data represent clinic activities from **July 1, 2024- June 30, 2025**	**Annual Record # 4** **Clinic Year=4:** Annual Record for a clinic's 4th year in in CRCCP DO20-2002. **CRCCP PY=5:** Data represent clinic activities from **July 1, 2024- June 30, 2025**	**Annual Record # 3** **Clinic Year=3:** Annual Record for a clinic's 3rd year in in CRCCP DO20-2002. **CRCCP PY=5:** Data represent clinic activities from **July 1, 2024- June 30, 2025**	**Annual Record # 2** **Clinic Year=2:** Annual Record for a clinic's 2nd year in CRCCP DP20-2002. **CRCCP PY=5:** Data represent clinic activities from **July 1, 2024- June 30, 2025**	**Annual Record # 1** **Clinic Year=1:** Annual Record for a clinic's 1st year in CRCCP DO20-2002. **CRCCP PY=5:** Data represent clinic activities from **July 1, 2024- June 30, 2025**

Appendix H: Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates

Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics

Guidance Document

CDC RFA DP20-2002 Colorectal Cancer Control Program

CDC RFA DP17-1701 National Breast and Cervical Cancer Early Detection Program

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control
Program Services Branch

Updated: August 2020

Contents

Appendices: Screening Rate Measure Tables

Purpose

The purpose of this document is to provide guidance to grantees of CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Colorectal Cancer Control Program (CRCCP) for measuring baseline and, thereafter, annual cancer screening rates within participating health system clinics. Given the emphasis on partnering with health systems to implement evidence-based strategies, this guidance is centered in that context. Organizations outside of the NBCCEDP and CRCCP may also find this guidance useful for effectively monitoring screening rates.

Reporting Requirements

An important purpose of the NBCCEDP and CRCCP is to increase breast, cervical, and colorectal cancer screening rates (a priority outcome) within partner health system clinics that serve priority population(s). NBCCEDP and CRCCP grantees are required to implement evidence-based interventions (EBIs) in partnership with health system clinics to increase screening rates. In addition, grantees are required to report a baseline clinic data record and an annual clinic data record for every participating clinic to CDC. These data include a clinic-level screening rate.

Health system partners may include Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), health care/hospital networks, Indian Health Service (IHS), local health department clinics, and others. Health systems often have multiple clinics (also referred to as "sites" among FQHCs). As grantees may intervene with only a single or subset of these clinics and may implement different activities in different clinics, a baseline cancer screening rate is expected to be measured and reported for ***every clinic*** within a health system, rather than for the overall health system, where NBCCEDP or CRCCP activities will be implemented. After a baseline screening rate has been reported as part of the baseline clinic data record, report an updated cancer screening rate annually thereafter as part of the annual clinic data record. These data will allow grantees and CDC to monitor changes in cancer screening rates in all clinics where EBIs are implemented and allow us to demonstrate the impact of the NBCCEDP and CRCCP.

Selecting a Cancer Screening Rate Measure and Using It Consistently

This section describes the importance of selecting a specific measure or method to calculate the screening rate at baseline, and then using that same measure or method consistently throughout the grant reporting period. The section offers two options for reporting cancer screening rates:

1. Using an existing measure, such as the Health Resources and Services Administration's (HRSA's) Uniform Data System (UDS).
2. Calculating a new rate based on the National Quality Forum (NQF)-endorsed measure.

As part of initial assessment efforts conducted with a partner health system, identify the option that is most appropriate for each clinic where program activities are planned.

Selecting a Cancer Screening Rate Measure

Several measures exist to monitor breast, cervical, and colorectal cancer screening rates within a health system or clinic. Appendices 1-3 provide a comprehensive overview of these measures. If there are collaborations with a health system clinic that already reports one of these measures, such as UDS or the Healthcare Effectiveness Database and Information System (HEDIS), this measure may be reported to CDC. This may help to facilitate partnership development and build on the existing health system/clinic structure. However, work closely with partner health systems or clinics to improve the quality of their reporting, particularly if there is evidence of imprecision or inconsistency in breast, cervical, and/or colorectal cancer screening rate reporting (see section below titled Electronic Health Record, or EHR, validation). Also, be aware that HRSA requires FQHCs to submit a screening rate for the health system as a whole; CDC requires screening rates for the clinic/site.

When using an existing cancer screening rate measure such as UDS for a given clinic, report the measure for the same 12-month time period as was reported to the external system (for example, for UDS, reporting is to HRSA for the 12-month calendar year, January through December) and follow the same guidelines recommended for calculating that measure (see Appendices 1-3). As a reminder, report the screening rate for the individual clinic. For example, let's say there is a partnership with a FQHC health system that has six clinic sites and program activities are implemented in four of them. In this example, report the UDS screening rates for the time period January through December *for each* of the four clinics to CDC. Even if the FQHC reported a single, aggregate screening rate for the entire health system to HRSA, **provide the clinic-level rate for each of the four clinics to CDC**. Again, report to CDC the values representing the same 12-month measurement year (i.e., calendar year) that was used to report to HRSA. ***Do not*** report a number that has been updated to represent a different and/or longer measurement year.

Important Note: In CDC's clinic data collection, grantees report both the numerator and denominator population sizes (raw data) for calculating the screening rate at baseline and annually.

Baseline Screening Rate Measurement Period

All screening rates must represent a 12-month measurement period. The 12-month screening rate measurement period does **not** need to match the NBCCEDP or CRCCP program year (July 1 through June 30). The screening rate for a given clinic is established as part of the baseline clinic record. The baseline screening rate measurement period must represent a time period that precedes implementation of NBCCEDP or CRCCP program activities (EBIs). Specifically, the baseline screening rate *measurement period* should represent the most recent 12-month measurement period that precedes the start of NBCCEDP or CRCCP intervention activities. For instance, if colorectal cancer screening program activities for a given FQHC clinic began in November 2020, and you are using the UDS colorectal cancer measure that is based on calendar year, you would report a baseline screening rate for the 12-month calendar year time period, January through December 2019. There should not be an overlap in the baseline screening rate measurement period and the start of program activities given that the baseline period should reflect a time *before* implementation.

Reporting an Annual Screening Rate

After a baseline screening rate is reported for a given clinic as part of the baseline clinic data record, you will provide an annual clinic data record to CDC for that clinic, including an updated, annual screening rate using the *same* 12-month screening rate measurement period established in the baseline clinic data record. Based on the example above where the 2019 calendar year was used as the measurement period for the baseline screening rate, subsequent annual screening rates reported in annual clinic data records would be based on calendar years 2020, 2021, 2022, etc. Grantees should report an annual clinic data record, including the updated, annual screening rate, every year through the end of the five-year program period, regardless of whether your program implements activities for that entire period[1].

Note: CDC requires grantees to report screening rates annually as part of the annual clinic data record. However, grantees are highly encouraged to monitor a clinic's screening rate more frequently (monthly or quarterly) and provide feedback to the clinic staff on their progress.

Measuring Consistently

Grantees may use different screening measures for different clinics (such as HEDIS for Clinic 1 and UDS for Clinic 2). However, after selecting the most appropriate measure for a given clinic and the 12-month screening rate measurement period, **that same measure (and calculation) and the same 12-month measurement period must be used for reporting in all subsequent years.** For example, if the HEDIS screening measure is used as the baseline screening rate for Clinic 1 for the 12-month screening rate measurement period based on calendar year, the HEDIS screening measure and the calendar year must be reported for that clinic for all subsequent years.

[1] There is an exception for clinics that are formally terminated and for which grantees cannot collect data in future years. CDC provides additional information on termination in a set of frequently asked questions made available to NBCCEDP and CRCCP grantees.

Calculating National Quality Forum (NQF) Endorsed Breast Cancer Screening Rate Measure

As of June 2016, the NQF-endorsed measure is the National Committee for Quality Assurance (NCQA) measure for breast cancer screening (HEDIS measure)[2]. If a partner health system and/or clinic does not report a breast cancer screening measure, or if a different measure is preferred, CDC encourages following the NQF's endorsed measure definition. Please follow the guidance below to calculate this measure.

Step 1. Determining the 12-month Screening Rate Measurement Period

The NQF-endorsed measure uses the calendar year (January 1 to December 31) as the 12-month screening rate measurement period.

Step 2. The NQF-Endorsed Breast Cancer Screening Rate Measure Definition

The NQF describes the breast cancer screening rate measure as the percentage of women 50 to 74 years of age who have had a mammogram. The screening rate is calculated using the numerator and denominator definitions described below. As a reminder, both the numerator and denominator population sizes, not just the screening rate, will be reported to CDC as part of the baseline and annual clinic data records.

Step 3. Defining the Denominator

The number of women **50 to 74**[3] years of age with a medical visit during the measurement year.

NOTE: Exclusion Criteria

Do not include women with a bilateral mastectomy or two unilateral mastectomies in the denominator. Also exclude women who use hospice services, are enrolled in an institutional special needs plan, or living in a long-term care institution any time during the measurement year.

Step 4. Defining the Numerator

The number of women in the denominator with appropriate screening for breast cancer, who had at least one medical visit during the measurement year.

What Is Appropriate Breast Cancer Screening?

Appropriate screening is defined as having a screening mammography during the measurement year or one year prior to the measurement year.

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[2] For more information regarding NQF (including background information, measure definitions, and relevant CPT codes), visit www.qualityforum.org/Measures_Reports_Tools.aspx.

[3] Although the measurement definition encompasses ages 50 to 74, the actual calculation covers patients ages 52 to74 to allow for women to be screened within two years of turning 50 and before reaching age74. For example, if your 12-month measurement year runs from January 1 to December 31, 2016, only patients with a date of birth between January 1, 1942 and December 31, 1964 should be included in the calculation.

Calculating NQF-Endorsed Cervical Cancer Screening Rate Measure

As of January 2017, the NQF-endorsed measure is the NCQA measure for cervical cancer screening (HEDIS measure)[4]. If a partner health system and/or clinic does not report a cervical cancer screening measure, or if a different measure is preferred, CDC encourages following the NQF's endorsed measure definition. Please follow the guidance below to calculate this measure.

Step 1. Determining the 12-month Screening Rate Measurement Period

The NQF-endorsed measure uses the calendar year (January 1 to December 31) as the screening rate measurement period.

Step 2. The NQF-Endorsed Cervical Cancer Screening Rate Measure Definition

The NQF describes the cervical cancer screening rate measure as the percentage of women 21 to 64 years of age who are up-to-date with appropriate screening for cervical cancer. The screening rate is calculated using the numerator and denominator definitions described below. As a reminder, both the numerator and denominator population sizes, not just the screening rate, will be reported to CDC as part of the baseline and annual clinic data records.

Step 3. Defining the Denominator

The number of women **24 to 64**[5] years of age with a medical visit during the measurement year.

NOTE: Exclusion Criteria

Do not include women who have had a complete hysterectomy with no residual cervix, women with cervical agenesis or acquired absence of cervix, in the denominator.

Step 4. Defining the Numerator

The number of women (**aged 24 to 64**) with appropriate screening for cervical cancer, who had at least one medical visit during the measurement year.

What is Appropriate Cervical Cancer Screening?

Appropriate screening is defined as having either:

- Pap test within the measurement year or previous two years for women 21 to 64 years of age.
- Pap / HPV co-testing within the measurement year or previous four years for women 30 to 64 years of age.
- *Currently under consideration to be added*: Primary HPV testing within the measurement year or previous four years for women 30 to 64 years of age.

[4] For more information regarding NQF (including background information, measure definitions, and relevant CPT codes), visit www.qualityforum.org/Measures_Reports_Tools.aspx.

[5] Although the measure definition encompasses ages 21 to 64, the actual calculation covers patients ages 24 to 64 to allow for women to be screened within three years of turning 21 and before reaching age 64. For example, if your 12-month measurement year runs from January 1 to December 31, 2016, only patients with a date of birth between January 1, 1950 and December 31, 1992 should be included in the calculation.

Calculating NQF-Endorsed CRC Screening Rate Measure

As of December 2014, the NQF-endorsed measure is the National Committee for Quality Assurance (NCQA) measure for CRC screening (HEDIS measure)[6]. If a partner health system and/or clinic does not report a CRC screening measure, or if a different measure is preferred, CDC encourages following the NQF's endorsed measure definition. Please follow the guidance below to calculate this measure.

Step 1. Determining the 12-month Measurement Period

The NQF-endorsed measure uses the calendar year (January 1 to December 31) as the measurement year.

Step 2. The NQF-Endorsed CRC Screening Rate Measure Definition

The NQF describes the CRC screening rate measure as the percentage of patients 50 to 75 years of age who are up-to-date with appropriate screening for colorectal cancer. The screening rate is calculated using the numerator and denominator definitions described below. As a reminder, both the numerator and denominator population sizes, not just the screening rate, will be reported to CDC at baseline and annually.

Step 3. Defining the Denominator

The number of patients **51 to 75**[7] years of age with a medical visit during the measurement year.

NOTE: Exclusionary criteria

Do not include patients with a diagnosis of colorectal cancer or a total colectomy in the calculation. Other exclusions include patients provided hospice services any time during the measurement period and patients 65 or older in institutional special needs plans or residing in long-term care any time during the measurement period.

Step 4. Defining the Numerator

The number of patients (**aged 51 to 75**) with one or more appropriate screenings for colorectal cancer, who had at least one medical visit during the measurement year.

What is Appropriate CRC Screening?

Appropriate screening is defined as having any of the following CRC screening tests:

- **Fecal occult blood test** (**FOBT)**, including fecal immunochemical test (FIT), during the measurement year.
- **Flexible sigmoidoscopy** during the measurement year or the four years prior to the measurement year.

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[6] For more information regarding NQF (including background information, measure definitions, and relevant CPT codes), visit www.qualityforum.org/Measures_Reports_Tools.aspx.

[7] Although the measure definition encompasses ages 50 to 75, the actual calculation covers patients ages 51 to 75 to allow for people to be screened within a year of turning 50 and before reaching age 75. For example, if your 12-month measurement year runs from January 1 to December 31, 2015, only patients with a date of birth between January 1, 1941 and December 31, 1964 are included in the calculation.

- **Colonoscopy** during the measurement year or the nine years prior to the measurement year.
- **CT colonography** during the measurement year or the four years prior to the measurement year.
- **FIT-DNA** during the measurement year or the two years prior to the measurement year.

Measurement Considerations for FOBT/FIT

To qualify as receiving appropriate screening, sufficient evidence of **test kit results** is needed. Evidence solely of mailing a FOBT/FIT kit to a patient or use of in-office obtained stool specimens (such as a digital rectal exam) are insufficient. As an additional quality consideration, adherence to the quality criteria for a given kit type regarding the number of fecal samples is required. Information available in the patient's medical chart, including patient-reported screening history, represents adequate evidence of appropriate screening as long as a test date is recorded in the medical record or chart.

Measurement Considerations for Electronic Health Records (EHRs)

Health system use of EHRs is increasing. A functional EHR system, especially in clinics with large patient populations, is integral to building an organized screening system. EHRs may represent a potential source of data for calculating cancer screening rates. The accuracy of data extracted from EHRs can vary for many reasons, including how data are documented and entered into the EHR. CDC strongly encourages working with partner health systems to improve the accuracy of EHR-generated cancer screening rates and their functional use.

The National Colorectal Cancer Roundtable's (NCCRT) summary report, *"Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers,"* [8] documents several other potential problems that could lead to calculating an inaccurate cancer screening rate using an EHR: the system is not optimized to track cancer screening easily, poor documentation of previous screening received outside of the health system, lack of staff training, and family history data are not easily accessible. Refer to this guide for additional information that may help mitigate these problems on extracting data from EHRs.

Assess the quality of the EHR system to determine whether it can be used to calculate a cancer screening rate for reporting to CDC. CDC suggests that the EHR system adhere to the following criteria:

- **Length of time the EHR has been operational.** Preferably, an EHR system is fully operational for at least two calendar years (or data for this time period must be imported into the system). If this criterion is not met, conduct a medical chart review as an alternative to calculate a breast, cervical, and/or colorectal cancer screening rate.
- **Format of data.** The EHR system needs to have the functionality to identify all breast, cervical, and/or colorectal cancer screening tests performed in the clinic or by other providers within a specified time frame. For instance, assess whether data are input into a specific data field or fields or if breast, cervical, and/or colorectal cancer screening test results have been scanned in to the EHR. Also, determine whether the data fields are used consistently across providers. The EHR must provide accurate data.
- **Identify exclusions.** The EHR system needs to allow for exclusions as part of a query (for example, patients who have had bilateral mastectomy or a hysterectomy).
- **Comprehensive collection.** The EHR system needs to be able to identify breast, cervical, and/or colorectal cancer screening data from prior years to determine if patients meet standards of being up-to-date with appropriate screening.

[8] National Colorectal Cancer Roundtable, American Cancer Society, and National Association of Community Health Centers. "*Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers*." Available at https://nccrt.org/

Validating the EHR Rate

Validation is an important step in determining the accuracy of the EHR-generated screening rate. Given the EHR issues described above, EHR-generated screening rates may not be accurate. To validate the accuracy of an EHR-generated breast, cervical, and/or colorectal cancer screening rate, we suggest comparing it to a screening rate calculated via medical chart review. This type of validation is especially beneficial for EHR systems that have been in place for a short amount of time (less than two years) or have not been shown to meet the criteria detailed above. EHR validation is an ongoing process, not a one-time event. Validation may require multiple iterations to achieve accuracy. Thus, we understand that the process of validating a clinic's EHR system may overlap with the implementation of EBIs. If discrepancies between the EHR screening rate and the chart review rate exist, report medical chart review results to CDC. Validation results can be used subsequently to make improvements and/or enhancements to the EHR system. After the EHR has been improved and can produce accurate screening rates, report the EHR-generated rate to CDC.

Using Medical Chart Review to Estimate Cancer Screening Rate

Guidance for conducting a medical chart review or abstraction is detailed below. This process can also be followed when conducting medical chart reviews to validate an EHR. For more specific information and tools (including sample chart audit templates), refer to the NCCRT's manual *Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers.*[9] While this manual is specific to CRC and situated in the context of community health centers, information related to sampling methods and tracking chart audits can be applied to other types of cancer and in other health systems.

Proportion of Medical Charts to Review

To ensure an accurate cancer screening rate, determine the appropriate number of charts to review before starting the review process. Many statistically rigorous approaches can be used, such as by specifying the confidence level and measurement of error based on the clinic population size. Apply these approaches if you have the necessary capacity or access to staff with statistical expertise. If those resources are unavailable, then, at a minimum, review 10% of the charts for adults who meet the denominator definition for the measure used (for example, for the HEDIS breast cancer screening rate, 10% of charts for women ages 52 to 74, who had at least one medical visit during the measurement year). If the clinic population for that group (women ages 52 to 74) exceeds 1,000 patients, then the sample can be limited to 100 patients. Because CDC requires reporting of clinic-level screening rates, draw a sample from *each clinic* where intervention activities are planned or implemented. In other words, conduct independent chart reviews for each clinic. The number of charts reviewed will be used as the denominator for screening rate calculations.

Note: Remember to oversample (pull more charts than the number initially identified) to account for patients who will be excluded from the denominator (such as patients with a bilateral mastectomy for breast cancer screening).

Selecting Appropriate Charts

This section describes a process for selecting the medical charts that will be used for the sample: determining the appropriate population, identifying the number to sample, conducting a random or systematic sample, identifying available data sources, or replacing excluded patients.

Determine the Sampling Frame

The sampling frame includes all patients in the clinic population for which it is appropriate to sample. The sampling frame provides the larger patient population list from which samples will be pulled. Inclusion criteria must be identified prior to generating the list of patients. Additional

[9] National Colorectal Cancer Roundtable and American Cancer Society. *Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers.* Available at https://nccrt.org/

criteria can be added as appropriate (for example, the sampling frame must include patients who received contracted medical services during the 12-month screening rate measurement period). A patient initially listed in the sampling frame may be removed if, upon further inspection, he or she does not meet the inclusion criteria.

Sampling Method

After determining the appropriate population to sample (the sampling frame), select a sampling method that will generate a representative sample of the entire population of patients who meet the selection criteria. Random sampling or systematic sampling are two recommended options. A random sample takes a randomly assigned subset of the population identified in the sampling frame. This is typically accomplished by assigning a random number to each patient in the sampling frame. Random numbers can be generated in many ways, such as a random number table, web apps, and spreadsheet software.

A systematic sample puts every patient in the sampling frame in some order, for example, alphabetically or by patient ID number, and then selects every n^{th} patient. To determine the best interval, a general rule is to divide the number of patients in the sampling frame by the number of patients needed in the sample. For example, if a clinic has 800 patients in the sampling frame and needs 80 patients in the sample, you would divide 800 by 80 and select every 10^{th} patient. As noted earlier, you may need to select 1% to 5% more patients to replace those who meet exclusion criteria).

Screening Rate Measurement Period

The defined 12-month screening rate measurement period is the basis for the medical chart abstraction. Do not extract data before the end of the measurement period because this could exclude patients who are screened near the end of the measurement year. We suggest that the abstraction is conducted within two months after the end of the measurement year. For example, if the measurement year runs from January 1 to December 31, 2019, chart reviews need to be completed by March 1, 2020.

Additional Considerations

Assessing Data Reliability

No method for abstracting data is perfect. CDC anticipates limitations and challenges in calculating a screening rate regardless of the method used (medical chart abstraction or EHR-generated rate), and we expect screening rate estimates to improve over time as a health system's EHR is improved and chart abstraction methods are strengthened. Consequently, when calculating a cancer screening rate, it will be beneficial to assess the perceived reliability of the data reported. Identifying and documenting potential issues with the collection or extraction of cancer screening rate data will provide important context to changes in these rates over time. Additionally, if you use an EHR-generated rate, CDC requires you to report on the reliability of the data reported as part of the clinic data record.

Tools and Resources

The following list of resources (many of which are referenced in this document) may be helpful when collaborating with health system partners and clinics.

- National Colorectal Cancer Roundtable and American Cancer Society. *Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers*. Available at https://nccrt.org/
- National Colorectal Cancer Roundtable, American Cancer Society, and National Association of Community Health Centers. *Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers*. Available at https://nccrt.org/
- Centers for Disease Control and Prevention. *Increasing Colorectal Cancer Screening: An Action Guide for Working with Health Systems.* https://www.cdc.gov/cancer/crccp/action-guides.htm
- Centers for Disease Control and Prevention. *Increasing Population-based Breast and Cervical Cancer Screenings: An Action Guide to Facilitate Evidence-Based Strategies.* be https://www.cdc.gov/cancer/crccp/action-guides.htm
- U.S. Health Resources and Services Administration. *Breast Cancer Screening.* www.hrsa.gov/quality/toolbox/508pdfs/breastcancerscreening.pdf
- U.S. Health Resources and Services Administration. *Cervical Cancer Screening.* www.hrsa.gov/quality/toolbox/508pdfs/cervicalcancerscreening.pdf
- North Carolina Department of Health and Human Services. *The Breast and Cervical Cancer Screening Manual: A Guide for Health Departments and Providers.*
- American Cancer Society, Iowa get Screened, Iowa Cancer Consortium, and Upper Midwest Public Health Training Center. *How to Increase Cancer Screening Rates: A Quality Improvement Toolkit for Busy Office Practices.*

Information Resources

Information in this document was informed by the following sources:

- *DP17-1701 FOA: Organized Approaches to Increasing Cancer Screening*
- *DP20-2002 FOA: Public Health and Health Systems Partnerships to Increase Colorectal Cancer Screening in Clinical Settings*
- National Colorectal Cancer Roundtable, American Cancer Society, and National Association of Community Health Centers report: *Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers*
- American Cancer Society and National Colorectal Cancer Roundtable's manual: *Steps for Increasing Colorectal Cancer Rates: A Manual for Community Health Centers*
- National Quality Forum, Quality Positioning System, See: http://www.qualityforum.org/Home.aspx
- National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set (HEDIS) 2020 Performance Measurement Specifications
- Health Resources and Services Administration. Uniform Data System (UDS): Reporting Instructions for Calendar Year 2020 Health System Data. see: https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2020-uds-manual.pdf
- Indian Health Service, Government Performance and Results Act (GPRA). 2019 measures*, See:* https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2020-uds-manual.pdf *https://www.ihs.gov/quality/government-performance-and-results-act-gpra/*

Appendix 1. Breast Cancer Screening Rate Measures

Measure	Reporting Period	Performance Measure	Numerator	Denominator	Appropriate Screening Definition
Government Performance and Reporting Act (GPRA)[1] used by Indian Health Service	July 1 to June 30	The proportion of eligible patients who have had mammography screening	Women in the denominator who had a mammogram documented in the past two years	American Indian/Alaska Native female patients, ages 52 to 74, with at least two clinic visits in the past three years *Exclusions: women with a documented bilateral mastectomy or two unilateral mastectomies*	Mammography within the measurement year or one year prior to the measurement year
Health Care Effectiveness Data and Information Set (HEDIS)	January 1 to December 31; measures reported to NCQA[2] in June	The percentage of women ages 50 to 74 who had one or more mammograms to screen for breast cancer	Women in the denominator who had at least one mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year	Women ages 52 to 74 as of December 31 for the measurement year *Exclusions: women with bilateral mastectomies or two unilateral mastectomies 14 or more days apart*	Mammogram within the measurement year or one year prior to the measurement year

[1] 2019 is most recent measure GPRA date available, See: https://www.ihs.gov/quality/government-performance-and-results-act-gpra/

[2] National Committee for Quality Assurance (NCQA) sets HEDIS measures

Measure	Reporting Period	Performance Measure	Numerator	Denominator	Appropriate Screening Definition
Uniform Data System (UDS)[3]	January 1 to December 31; measures reported to HRSA[4] in February	The percentage of women ages 50-74 who had a mammogram to screen for breast cancer	Women in the denominator with one or more mammograms during the 27 months prior to the end of the measurement period	Women ages 51 to 73 with at least one medical visit during the measurement period. Exclusions: women with bilateral mastectomies or two unilateral mastectomies; women in hospice care during the measurement period;	Mammography within the measurement year or 15 months prior to the measurement year
National Quality Forum (NQF)-Endorsed Measure	January 1 to December 31	The percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer	Number of women in the denominator with a mammogram during the 27 months prior to the end of the measurement period	Women ages 52 to 74 with at least one medical visit during the measurement year. *Exclusions: women with a bilateral mastectomy or two unilateral mastectomies; women in hospice care; women enrolled in an institutional special needs plan; women living in long-term institutions any time during the measurement year*	Mammography within the measurement year or 15 months prior to the measurement year.

[3] 2020 is more current UDS date available, See: https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2020-uds-manual.pdf

[4] Health Resources and Services Administration (HRSA)

Appendix 2. Cervical Cancer Screening Rate Measures

Measure	Reporting Period	Performance Measure	Numerator	Denominator	Appropriate Screening Definition
Government Performance and Reporting Act (GPRA) used by Indian Health Service[1]	July 1 to June 30	The proportion of eligible patients up to date with cervical cancer screening	Patients in the denominator who had one or more screenings for cervical cancer documented	American Indian / Alaska Native female patients, ages 24 to 64, with at least two clinic visits in the past three years *Exclusions: documented history of hysterectomy*	Pap test within the measurement year or two years prior to the measurement year; Pap/HPV co-testing on the same day within the measurement year or four years prior if the patient is 30 to 64 years of age
Health Care Effectiveness Data and Information Set (HEDIS)	January 1 to December 31; measures reported to NCQA[2] in June	Percentage of women 21 to 64 years of age who were screened for cervical cancer using cervical cytology or HPV, or cervical cytology / HPV co-testing	Patients in the denominator who received one or more screenings for cervical cancer	Women ages 24 to 64 as of December 31 during the measurement year *Exclusions: women who have had a complete hysterectomy with no residual cervix*	Pap test within the measurement year or prior two years for women ages 21-64; primary HPV test or Pap/HPV co- testing within the measurement year or prior four years for women ages 30-64.
Uniform Data System (UDS)[3]	January 1 to December 31; measures reported to HRSA[4] in February	Percentage of women 21 to 64 years of age who were screened for cervical cancer using cervical cytology or cervical cytology / HPV co-testing	Women in the denominator who received one or more screenings for cervical cancer	Women ages 23 to 64 of age with a medical visit during the measurement period *Exclusions: women who had a hysterectomy with no residual cervix or a congenital absence of cervix; women who were in hospice care during the measurement period*	Pap test within the measurement year or prior two years for women who are at least 21 years old at the time of the test; Pap test / HPV co-testing within the measurement period or the 4 years prior for women who are at least 30 years old at the time of the test

[1] 2019 is most recent measure GPRA date available, See: https://www.ihs.gov/quality/government-performance-and-results-act-gpra/

[2] National Committee for Quality Assurance (NCQA) sets HEDIS measures

[3] 2020 is more current UDS date available, See: https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2020-uds-manual.pdf

[4] Health Resources and Services Administration (HRSA

Measure	Reporting Period	Performance Measure	Numerator	Denominator	Appropriate Screening Definition
National Quality Forum (NQF) Endorsed Measure	January 1 to December 31	Percentage of women 21 to 64 years of age who are up-to-date with appropriate screening for cervical cancer	Women in the denominator with appropriate screening for cervical cancer	The number of women 24 to 64 years of age with a medical visit during the measurement year. *Exclusions: women who have had a complete hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix*	Either: - Pap test within the measurement year or previous two years for women 21 to 64 years of age - Pap / HPV co-testing within the measurement year or previous four years for women 30 to 64 years of age - ***Note:*** HRSA is considering a revised measure to add: Primary HPV testing within the measurement year or previous four years for women 30-64 years of age

Appendix 3. Colorectal Cancer Screening Rate Measures

Measure	Reporting Period	Performance Measure	Numerator	Denominator	Appropriate Screening Definition
Government Performance and Results Act (GPRA) used by Indian Health Service[1]	July 1 to June 30	Proportion of clinically appropriate patients ages 50 to 75 who are up-to-date with colorectal screening	Patients in the denominator who have had any colorectal cancer screening	American Indian/Alaska Native patients ages 50-75, with at least two clinics visits in the past three years *Exclusions: documented history of colorectal cancer or total colectomy*	Fecal occult blood test (FOBT) or Fecal Immunochemical Test (FIT) during measurement period; Flexible Sigmoidoscopy or CT colonography in past 5 years; Colonoscopy in past 10 years; FIT-DNA in the past 3 years
Health Care Effectiveness Data and Information Set (HEDIS)	January 1 to December 31; measures reported to NCQA[2] in June	Percentage of adults ages 50 to 75 who had at least one appropriate screening for colorectal cancer within the time frame indicated	Patients in the denominator who received one or more screenings for colorectal cancer	All patients 51-75 years of age as of December 31 during the measurement year *Exclusions: colorectal cancer or total colectomy, received hospice care during the measurement year, are living in long-term in an institution, are enrolled in an institutional skilled nursing facility, are age 66 and older with advanced illness and frailty*	FOBT or FIT during the measurement year; flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year; colonoscopy during the measurement year or the nine years prior to the measurement year; computerized tomography (CT) colonography during the measurement year or the four years prior to the measurement year; fecal immunochemical test (FIT)-DNA test (Cologuard®) during the measurement year or the two years prior to the measurement year

[1] 2019 is most recent measure GPRA date available, See: https://www.ihs.gov/quality/government-performance-and-results-act-gpra/

[2] National Committee for Quality Assurance (NCQA) sets HEDIS measures

Measure	Reporting Period	Performance Measure	Numerator	Denominator	Appropriate Screening Definition
Uniform Data System (UDS)[3]	January 1 to December 31; measures reported to HRSA[4] in February	Percentage of adults 50 to 75 years of age who had appropriate screening for colorectal cancer	Patients in the denominator with one or more screenings for colorectal as defined	Patients 50-74 years of age with a medical visit during the measurement period *Exclusions: colorectal cancer or total colectomy, were in hospice care during the measurement period, aged 66 or older living long-term in an institution for more than 90 days during the measurement period, aged 66 or older with advanced illness or frailty*	Guaiac-based FOBT, or FIT, during the measurement year; FIT-DNA during the measurement period or the 2 years prior to the measurement period; flexible sigmoidoscopy during measurement period or the 4 years prior to the measurement period; CT colonography during the measurement period or the 4 years prior to the measurement period; colonoscopy during measurement period or 9 years prior to the measurement period
National Quality Forum	January 1 to December 31	Percentage of adults ages 50 to 75 years who had appropriate screening for colorectal cancer	Patients in the denominator with one or more screenings for colorectal cancer according to clinical guidelines	Patients 51-75 years of age with a medical visit during the measurement period *Exclusions: diagnosis or past history of total colectomy or colorectal cancer; patient was provided with hospice services any time during the measurement period; patients 65 or older in institutional special needs plans (SNP) or residing in long-term care and time during the measurement period*	FOBT, including FIT, during the measurement year; Flexible Sigmoidoscopy during the measurement period or the four years prior to the measurement period; colonoscopy during the measurement period or the nine years prior to the measurement period; CT colonography during the measurement period or the four years prior to the measurement period; FIT-DNA during the measurement period or the two years prior to the measurement period

[3] 2020 is more current UDS date available, See: https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2020-uds-manual.pdf

[4] Health Resources and Services Administration (HRSA)

Appendix I: Top 10 CRCCP Clinic Data Tips

10 CRCCP Clinic Data Tips

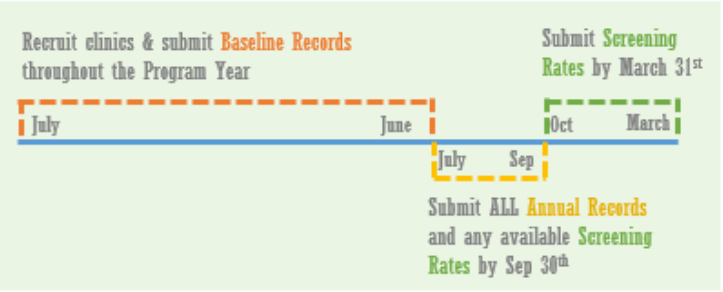
1 Program Years

PY1 July 1, 2020-June 30, 2021
PY2 July 1, 2021-June 30, 2022
PY3 July 1, 2022-June 30, 2023
PY4 July 1, 2023-June 30, 2024
PY5 July 1, 2024-June 30, 2025

2 Clinic Level Data

Baseline and Annual colorectal cancer screening rates and implementation activities should be based on the clinic's rate and activities (not the entire Health System's).

3 Record Submission Timeline



Baseline Records can be entered into CBARS once a grantee begins actively working with the clinic, at any time during the program year but before June 30th.

Annual Records must be entered after the program year ends, between July 1st and Sep 30th. An Annual Record is required for all clinics enrolled during any of the completed program years (excludes terminated and suspended clinics).

If Screening Rates are not available at the time of the Annual Record submission, they can be added when available but must be entered by March 31st.

4 Enrolling and Terminating Clinics

Clinics can be enrolled at any time during the program year. Both a Baseline and an Annual Record are required for the program year in which a clinic is enrolled.

If a clinic partnership is terminated at any point during a program year, submit a complete Annual Record, since program activities were conducted for part of the year. In the Annual Record for the **next** program year, select 'Terminated' as the clinic partnership status.

5 Clinic CRCCP Activities Start Date

This is the date the clinic began actively participating in CRCCP activities, as defined in the clinic data dictionary.

The clinic's assigned Baseline program year is derived from this date. For example, if the 'activities start date' is May 2, 2021, the clinic will be assigned as joining the program in PY1. Clinics carrying over from DP15-1502 will be automatically assigned a start date of July 1st, 2020.

6 CBARS

Check and address all edits identified in CBARS, after data entry but before clicking Submit, when reporting Baseline and Annual Records. 'Edits' can be found on the Edit-Submit tab and also in Reports tab.

When you enter a screening rate, CBARS displays all previously reported screening rates. Does the newly reported rate make sense when compared to previously reported rates? Provide comments to explain any large fluctuations in the screening rate that might be observed.

Don't forget to click SUBMIT – this will indicate to IMS and CDC that you have finished reporting data for the submission period.

Reports are available in CBARS to view and monitor your clinics' data.

7 Measuring Screening Rates

For a given clinic, the same 12-month measurement period should be used in Baseline and Annual records.

For a given clinic, the same measure type (UDS, HEDIS, NQF, etc.) should be used in Baseline and Annual records.

REVIEW THE GUIDANCE DOCUMENT ON CRCCP.ORG

Chart Review: must review at least 10% of records, or 100 records (70 for UDS) if eligible population is >1,000.

There should be no gaps in measurement periods- you should report consecutive years of data.

8 Screening Rate Targets

Enter the goal screening rate for the next program year (NOT the % increase you are aiming for).

Discuss and set targets in collaboration with the partner clinic. Set targets that are realistic but ambitious, and monitor progress toward the target screening rate throughout the program year.

9 Completed Screening

In order to be complete, a fecal test must be:

Returned to the Clinic ✓ Tested by a lab ✓ Recorded with Results Received ✓

In order to be complete, a colonoscopy must be:

Performed ✓ Endoscopy Report with Results Received ✓

10

DON'T BE SHY. If you need help, ask your Program Consultant to put you in touch with CDC's evaluation team.

Appendix J: Frequently Asked Questions about CRCCP Clinic Data

TO BE ADDED LATER