# Clinic Readiness Assessment Details:

Quality Health Associates of North Dakota

## Introduction

Quality Health Associates of North Dakota (QHA) is partnering with primary care clinics in North Dakota to increase CRC screening rates for rural, frontier and Native American populations. QHA’s strategy includes completion of a comprehensive readiness assessment to guide development of clinic-specific action plans for implementing at least two evidence-based interventions to address CRC screening.

QHA staff will support your clinic by providing both individual technical assistance and a rapid-action collaborative structure. QHA will share resources, tools and materials; conduct site visits and coaching calls to assess progress; identify barriers; and develop mitigation strategies. QHA staff will help your clinic staff leverage your electronic health records (EHRs) to collect and report CRC screening program measures.

## Purpose

This readiness assessment will be used to assess your clinic’s current processes associated with CRC screening of patients; capacity for data collection including the ability of your clinic’s EHR to report on patient demographics and screening rates; capacity for implementing evidence-based interventions (EBIs), current processes and workflows for CRC screening; and leadership support for implementing EBIs.

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## Revisions

|  |  |  |  |
| --- | --- | --- | --- |
| **AssessmentRevisions** | Name | Title | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondent Name** |  | **Respondent Title** |  |
| **Team Members Present:** |  |

## Part I: Clinic Characteristics and Demographics

|  |  |
| --- | --- |
| **Facility Name** |  |
| **Facility Location**City, State, Zip | City | State | Zip |
|  | ND |  |
| **Facility Type** | [ ] FQHC [ ] RHC [ ]  IHS [ ] HPSA [ ] Integrated Health System [ ] Privately owned |
| **Health System Name** |  |
| **Health System Composition**Number of facilities | Hospitals | Clinics | Other |
|  |  |  |
| **Staff Composition** | Providers/Clinicians | Nursing | Support Staff |
|  |  |  |
| **Community Composition**Percent of patient population | Urban | Rural |
|  |  |
| **Clinic Champion/Title:** |  |
| **Notes:** |  |

## Part II: Patient Characteristics

|  |  |
| --- | --- |
| **Patient Population** | **The total number of patients aged 50 to 74 years with at least one medical visit during the designated reporting year.** |
| **Population Race and Gender**Percent of patient population | Gender | American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or other Pacific Islander | Other | WhiteHispanic or Latino | WhiteNot Hispanic or Latino |
| Male |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |
| **Insurance**Percent of patient population | Group Coverage | Private Coverage | Medicare | Medicaid | Uninsured |
|  |  |  |  |  |
| **Patients, age 50-75, up-to-date with CRC screening, according to USPSTF guidelines** |  |
| **Identify and describe relevant patient population characteristics, such as average income, health literacy, and typical barriers faced to adhering to care** |  |
| **Notes:** |  |

## Part III: Clinic Practices and Policies

| **Mark each row using the following scale:****1 Strongly Disagree | 2 Disagree | 3 Neither Agree nor Disagree | 4 Agree | 5 Strongly Agree** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Colorectal cancer screening quality improvement initiatives are currently planned or initiated. |  |  |  |  |  |
| Up-to-date policies or standing orders are in place regarding colorectal cancer screening.  [ ]  Upload Policy |  |  |  |  |  |
| Training and reinforcement practices support standing orders. |  |  |  |  |  |
| Leadership generally supports preventive care and specifically prioritizes colorectal cancer screening. |  |  |  |  |  |
| Designated staff member(s) or administrator(s) champion colorectal cancer screening initiatives. |  |  |  |  |  |
| Protocols are available to determine a patient’s eligibility for colorectal cancer screening. |  |  |  |  |  |
| Existing protocols to determine a patient’s screening eligibility include age, risk, and screening results. |  |  |  |  |  |
| Existing protocols to determine a patient’s screening eligibility are actively used. |  |  |  |  |  |
| Staff member(s) are responsible for identifying patients due for screening. |  |  |  |  |  |
| Processes are used to identify patients due for screening, noting patient files, alerting patients that they are due, and flagging files for provider reminders. |  |  |  |  |  |
| Tasks associated with screening policies are identified in staff member job descriptions. |  |  |  |  |  |
| **Describe any currently planned or initiated colorectal cancer screening quality improvement initiatives**[ ]  **Attach relevant training materials or policies around colorectal cancer screening or standing orders** |  |
| **Describe the protocols used to determine a patient’s eligibility for CRC screening. Include criteria used for age, risk and prior results.** |  |
| **Identify staff members(s) responsible for identifying patients due for screening** |  |
| [ ]  **Attach a workflow diagram that describes the processes around identifying eligible patient, noting patients due for screening, alerting or notifying patients due for screening, and flagging files for provider reminders.** | [ ]  **Attach example staff member job description(s) that include tasks associated with screening policies.** |
| **Notes:** |  |

## Part IV: Patient Flow

| **Mark each row using the following scale:****1 Strongly Disagree | 2 Disagree | 3 Neither Agree nor Disagree | 4 Agree | 5 Strongly Agree** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Educational materials are visible or provided to all patients during their visit. |  |  |  |  |  |
| Colorectal cancer screening is always discussed with eligible patients during their visit. |  |  |  |  |  |
| An algorithm, including age, risk factors and date of last completed screening, is used to determine recommended screening practice. |  |  |  |  |  |
| Staff member(s) are designated to order screening tests for eligible patients. |  |  |  |  |  |
| Measures are taken to ensure an eligible patient has received a recommendation or referral during their visit and before leaving the clinic. |  |  |  |  |  |
| Patients are educated on how to complete the screening test. |  |  |  |  |  |
| Patients who can not be screened or scheduled for screening during current appointment are flagged for follow-up. |  |  |  |  |  |
| [ ]  **Attach a workflow diagram that describes the patient flow during their visit****Include:** * **Physical spaces and processes that take place for each**
* **Identify the availability of educational materials at each step**
* **Identify when and how CRC screening is discussed**
* **Identify staff responsibilities for ordering tests, and for educating the patient on how to complete the tests**
 | [ ]  **Attach evidence of educational materials visible or provided to patients during their visit.** |
| **Identify staff member(s) responsible for ordering screening tests on eligible patients:** |  |
| **Notes** |  |

## Part V: Screening and Results Tracking

| **Mark each row using the following scale:****1 Strongly Disagree | 2 Disagree | 3 Neither Agree nor Disagree | 4 Agree | 5 Strongly Agree** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| A clinical process exists to determine when a screening test is completed and how the information is documented. |  |  |  |  |  |
| A protocol exists for contacting patients who have not completed an ordered or scheduled screening test. |  |  |  |  |  |
| Patients are informed of negative/normal results and notifications are documented. |  |  |  |  |  |
| Patients are informed of positive/abnormal results and notifications are documented. |  |  |  |  |  |
| Staff members arrange follow-up testing, including scheduling the colonoscopy, reviewing prep instructions with the patient, and reviewing insurance coverage with the patient. |  |  |  |  |  |
| Staff members follow up with specialty care to ensure the patient has received the scheduled test, obtain and document the results, and prepare any further follow up or documentation. |  |  |  |  |  |
| **Part V Score:** **(Equation)**  |  |
| [ ]  **Attach a workflow diagram mapping clinic processes in terms of screening and results tracking****Include:*** **Staff responsible for determining when a screening test has been completed, or if a screening test is incomplete**
* **How results are documented**
* **How patients are informed of results**
 | [ ]  **Attach a workflow diagram mapping clinic processes in terms of follow-up testing****Include:** * **Staff responsible for scheduling the follow-up colonoscopy**
* **Staff who reviews prep instructions with the patient**
* **What happens when patients are uninsured or underinsured**
* **Specialist provider referral processes**
* **Estimated wait times**
 |
| **Identify staff member(s) responsible for determining if and when a FIT kit was returned or a colonoscopy completed** |  |
| **Notes** |  |

## Part VI: Rescreening

| **Mark each row using the following scale:****1 Strongly Disagree | 2 Disagree | 3 Neither Agree nor Disagree | 4 Agree | 5 Strongly Agree** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| The clinic tracks when patients are due for regular CRC screening. |  |  |  |  |  |
| Staff ask about previous CRC screening if none are known or documented. |  |  |  |  |  |
| Staff have a process for obtaining past screening results if unknown. |  |  |  |  |  |
| **Describe the clinic’s process for tracking when patients are due for regular CRC screening**  |  |
| **Describe how past screening results are obtained** |  |
| **Notes** |  |

## Part VII: Documentation and Electronic Health Record Utilization

| **Mark each row using the following scale:****1 Strongly Disagree | 2 Disagree | 3 Neither Agree nor Disagree | 4 Agree | 5 Strongly Agree** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Population Management tools or modules are utilized within the Electronic Health Record system. |  |  |  |  |  |
| Documentation practices are standardized across staff and consistently communicated during training. |  |  |  |  |  |
| **Part VII Score****(Equation)** |  |
| **Identify past system(s) used and plans to change products in the future** |  |
| **Identify how patient data related to CRC Screening is documented in the EHR** | **Previous Screening Results:** [ ]  Manual [ ]  Scanned [ ]  Imported [ ]  Structured Fields [ ]  Free Text |
| **Referrals**[ ]  Manual [ ]  Scanned [ ]  Imported [ ]  Structured Fields [ ]  Free Text |
| **Current Screening Results**[ ]  Manual [ ]  Scanned [ ]  Imported [ ]  Structured Fields [ ]  Free Text |
| **Patient Refusal**[ ]  Manual [ ]  Scanned [ ]  Imported [ ]  Structured Fields [ ]  Free Text |
| **Follow-up Needed/Documentation**[ ]  Manual [ ]  Scanned [ ]  Imported [ ]  Structured Fields [ ]  Free Text |
| **The EHR-generated CRC screening rate is validated through manual record review.** | ☐ Yes ☐ No |
| **Notes** |  |

|  |  |
| --- | --- |
| **Electronic Health Record System Name** |  |
| **Version Number(s)** |  |
| **Date Implemented:**  |  |
| **Population Management Module(s)** |  |
| **Our EHR will be changed entirely or upgraded: (approximate date)** |  |

## Part VIII: Electronic Health Records for Process Improvement

| **Mark each row using the following scale:****1 Strongly Disagree | 2 Disagree | 3 Neither Agree nor Disagree | 4 Agree | 5 Strongly Agree** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Reports are generated to identify when patients are due for screening. |  |  |  |  |  |
| Reports are generated to pre-screen scheduled patients’ records to facilitate provider recommendations. |  |  |  |  |  |
| Alerts are currently automatically generated for patient reminders, such as a letter or text sent to the patient. |  |  |  |  |  |
| The clinic currently submits data to quality standards reporting system(s) such as HEDIS or UDS. |  |  |  |  |  |
| Clinic staff can modify the EHR to generate specific reports as needed. |  |  |  |  |  |
| Alerts can be created for provider reminders. |  |  |  |  |  |
| Reports can be generated for Colorectal Cancer screening completion rates by provider, care team, and/or aggregate clinic. |  |  |  |  |  |
| **Part VIII Score****(Equation)** |  |
| **Describe how reports are generated using the EHR, and how handles this task** |  |
| **Describe how alerts are used for both patient (e-mail, text messages, letters) and providers (e-mail, EHR) as they relate to CRC screening** |  |
| **Reports can be generated for CRC screening completion rates by (check all that apply)** | [ ]  Provider [ ]  Team/Group [ ]  Aggregate Clinic [ ]  Health System [ ]  None |
| **Notes** |  |

## Part IX: Community Preventive Service Task Force (CPSTF)

Determine the degree to which the following CPSTF recommended strategies (listed in The Community Guide) are in place.

| **Mark each row using the following scale:****1 Strongly Disagree | 2 Disagree | 3 Neither Agree nor Disagree | 4 Agree | 5 Strongly Agree** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| Provider Assessment and Feedback |  |  |  |  |  |
| **Who is being assessed** | [ ]  Individual Providers [ ]  Pods [ ]  Clinic Teams [ ]  Clinics [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Describe the metric(s) used** |  |
| **Describe the format used for providing feedback (provider score cards, rankings, competition,comparison to a target rate)** |  |
| **How are the results discussed with the providers and clinic staff (written report, interactivemeeting)?** |  |
| **Is competition among providers encouraged? How is improvement incentivized?** |  |
| Provider Reminders |  |  |  |  |  |
| **Describe any alert to clinic staff that a patient is due or overdue for CRC Screening** |  |
| **Describe who receives the alert** |  |
| **Describe the format of the alert** | [ ]  EHR Notification [ ]  Manual Flag/Patient Note [ ]  Paper Flag or Note [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Describe how patient reminders are delivered, and any actions required to close the alert/tracking** |  |
| Patient Reminders |  |  |  |  |  |
| **Describe the format of the patient alert** | [ ]  Automated Voice Phone Call [ ]  Manual Voice Phone Call [ ]  Text Message [ ]  Mailed Letter [ ]  EHR Portal Notification [ ]  E-mail or Direct Secure Messaging [ ]  App Notification (Smart Phone or Tablet) [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Describe the criteria used to define the patient alert and the information that is relayed in the notification** |  |
| **Describe any additional information provided, such as education materials, links or next step instructions** |  |
| **Describe how the patient responses are tracked** |  |
| **Describe the reminder process (How many alerts will the patient receive? At what interval? When will they stop?)** |  |
| Reducing Structural Barriers |  |  |  |  |  |
| **Describe how obstacles to screening completion are identified (individual and community needs)** |  |
| **Describe what these obstacles or barriers are** |  |
| **Describe the ways in which transportation challenges, the need for alternative clinic hours, FIT kit return challenges, and other barriers are addressed by the clinic** |  |

## Part X: Impact of COVID-19

|  |  |
| --- | --- |
| **Clinic Closure**  | [ ]  Yes, Clinic closed for a week or more because of COVID-19.  If checked, # of weeks \_\_\_\_\_\_[ ]  No, clinic did not close |
| **Hours Reduced** | [ ]  Yes, Reduced Hours Open per day If checked, Open from \_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_ AM/PM, for \_\_\_\_\_\_ weeks.[ ]  Yes, Reduced Days per Week If checked, # of days per week the clinic was closed \_\_\_\_\_\_\_\_, for \_\_\_\_\_\_ weeks.[ ]  No, clinic did not reduce hours |
| **CRC screening negatively impacted by COVID-19** | [ ]  Yes [ ]  Clinic visits were restricted to sick patients, with limited or no preventive care available [ ]  Clinic visits were limited to patients at high risk for colorectal cancer or with symptoms  for colorectal cancer [ ]  Clinic visits were telehealth/telemedicine only [ ]  Clinic could not refer average risk patients for screening colonoscopies due to limited  availability of endoscopic services [ ]  Patients cancelled or did not schedule appointments due to COVID concerns [ ]  Other, Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No, CRC Screening was not negatively impacted by COVID-19 |
| **Negative Impact on Evidence Based Intervention**  | [ ]  Yes [ ]  Patient Reminder Activities [ ]  Provider Reminder Activities [ ]  Provider Assessment and Feedback [ ]  Reducing Structural Barriers [ ]  Patient Navigation Activities [ ]  Other, Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No, there was no impact on Evidence Based Interventions |
| **Review Current Impact of COVID on Clinic, notes:** |  |

## Part XI: Other Programs

|  |  |
| --- | --- |
| **Does your clinic currently participate in Women’s Way?** | ☐ Yes ☐ No |
| **Would your clinic be interested in participating in a similar program for Colorectal Cancer Screening?** | ☐ Yes ☐ No ☐ Not Applicable |
| **Other Programs Notes** |  |