



Clinic Readiness Assessment

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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Clinic Readiness Assessment

Revisions

Assessment Revisions	Name	Title	Date

Respondent Name		Respondent Title	
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Part I: Clinic Characteristics and Demographics

Facility Name			
Facility Location <small>City, State, Zip</small>	City	State	Zip
		ND	
Facility Type	<input type="checkbox"/> FQHC <input type="checkbox"/> RHC <input type="checkbox"/> IHS <input type="checkbox"/> HPSA <input type="checkbox"/> Integrated Health System <input type="checkbox"/> Privately owned		
Health System Name			
Health System Composition <small>Number of facilities</small>	Hospitals	Clinics	Other
Staff Composition	Providers/Clinicians	Nursing	Support Staff
Community Composition <small>Percent of patient population</small>	Urban	Rural	

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 <small>Percent of patient population</small>	Gender	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	Other	White Hispanic or Latino	White Not Hispanic or Latino
	Male							
	Female							
	Other							
Insurance <small>Percent of patient population</small>	Group Coverage	Private Coverage	Medicare	Medicaid	Uninsured			
Patients, age 50-75, up-to-date with CRC screening, according to USPSTF guidelines								

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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. <input type="checkbox"/> 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.					

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.					

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.					

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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.					

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.					

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.					
Use the following questions to describe the capabilities of the Electronic Health Record system, whether or not these features are used.					
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 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					
Provider Reminders					
Patient Reminders					
Reducing Structural Barriers					

Part X: Impact of COVID-19

<p>Clinic Closure</p>	<p><input type="checkbox"/> Yes, Clinic closed for a week or more because of COVID-19. If checked, # of weeks _____</p> <p><input type="checkbox"/> No, clinic did not close</p>
<p>Hours Reduced</p>	<p><input type="checkbox"/> Yes, Reduced Hours Open per day If checked, Open from _____ AM/PM to _____ AM/PM, for _____ weeks.</p> <p><input type="checkbox"/> Yes, Reduced Days per Week If checked, # of days per week the clinic was closed _____, for _____ weeks.</p> <p><input type="checkbox"/> No, clinic did not reduce hours</p>
<p>CRC screening negatively impacted by COVID-19</p>	<p><input type="checkbox"/> Yes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clinic visits were restricted to sick patients, with limited or no preventive care available <input type="checkbox"/> Clinic visits were limited to patients at high risk for colorectal cancer or with symptoms for colorectal cancer <input type="checkbox"/> Clinic visits were telehealth/telemedicine only <input type="checkbox"/> Clinic could not refer average risk patients for screening colonoscopies due to limited availability of endoscopic services <input type="checkbox"/> Patients cancelled or did not schedule appointments due to COVID concerns <input type="checkbox"/> Other, Please specify: _____ <p><input type="checkbox"/> No, CRC Screening was not negatively impacted by COVID-19</p>
<p>Negative Impact on Evidence Based Intervention</p>	<p><input type="checkbox"/> Yes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient Reminder Activities <input type="checkbox"/> Provider Reminder Activities <input type="checkbox"/> Provider Assessment and Feedback <input type="checkbox"/> Reducing Structural Barriers <input type="checkbox"/> Patient Navigation Activities <input type="checkbox"/> Other, Please specify: _____ <p><input type="checkbox"/> No, there was no impact on Evidence Based Interventions</p>