Supporting Table. Description of Program Activities for Implementing Interventions to Increase Colorectal Cancer Screening

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| Program Activity | Description |
| Intervention Development Phase |
| Select evidence-based interventions | Assessing needs, researching, and determining which evidence-based interventions to conduct (patient/provider reminder systems, provider assessment and feedback, reduction of structural barriers) as well as support activities (small media, one-on-one education, professional development training, patient navigation, community-clinical linkages, health IT) and other interventions (patient and provider incentives, etc.); mapping patient or data/work flow process; developing strategic implementation plans; assessing readiness and identification of priorities.  |
| Identify eligible patients (e.g., through database analysis) | Identifying target cohort of patients or clients through review of health system or health center data and other approaches. |
| Identify physicians or other providers and sign contracts/MOAs/MOUs  | Identifying providers to participate in activities related to the intervention, including determining eligible providers; contacting and meeting with providers to discuss intervention. [This may not be applicable to all programs.] |
| Develop forms or databases for tracking progress or outcomes (patient or provider related) | Developing processes and data sets to track patient and provider feedback and outcomes of the intervention. |
| Develop CRC invitation and contact materials | Developing printed materials (such as letters, brochures, postcard reminders, and newsletters) that can be used to inform and motivate patients to be screened for colorectal cancer. These can be tailored for use by providers during office visits. Materials can also be related to educating or motivating providers to discuss colorectal cancer screening with their patients. |
| Translate materials | Translating patient and provider materials into other languages, depending on the community being served, including hiring translator, cost of printing. |
| Obtain internal or external approvals | Obtaining any approvals that may be needed to conduct program-related activities (e.g., internal Institutional Review Board). |
| Modify or install new IT systems | Modifying existing IT systems, including EMRs, to conduct program-related activities; installing new IT systems; purchasing software or hardware. |
| Train implementation staff | Developing training materials and training agendas for all staff involved in program-related activities (both CRCCP awardee staff and the implementation sites, which can include clinics, health plans, or health systems); time spent training staff; time staff spent in trainings (including webinars). |
| Develop referral process and partnerships for diagnostic colonoscopy and cancer treatment | Identifying partner organizations and creating referral procedures for patients with positive fecal tests; ensuring treatment is available when required. |

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| Program Activity | Description |
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| Create process for ordering/mailing FOBT or FIT kits | Designing optimal approach to place orders or mail fecal test kits to patients, including process for ordering single tests, bulk orders, etc. |
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| Intervention Implementation Phase |
| Recruit patients /initial contact with patients | Recruiting patients for the program, through mailings, phone calls, other small media, one-on-one education, including costs for supplies (materials, printing, and postage); mailing fecal test kits. |
| Follow up with patients (by mail, telephone, or in-person) | Following up on recruitment and initial contact activities; reminding patients to return FOBTs and FITs. Includes costs for supplies (materials, printing, and postage).  |
| Monitor and track patients and provider processes (related to the screening test) | Analyzing databases (claims, EMR data) and reviewing charts to monitor screenings; developing and utilizing patient or provider tracking forms (paper or electronic); providing test results to providers and patients. |
| Process incentives | Providing incentives to patients; mailing incentives (materials, supplies, postage); costs of the incentive payments; staff time. |
| Process laboratory tests (applicable only to select fecal-based testing) | Processing fecal tests that are returned, including staff time and other costs. This activity may not be applicable to programs that are not responsible for processing returned kits.  |
| Refer for diagnostic colonoscopy (applicable only to fecal-based testing) | Assisting patient with the referral process; tracking patient to ensure completion of procedure; obtaining and documenting results from colonoscopy procedure. |
| Refer for treatment and follow-up  | Ensuring patient receives recommended treatment after cancer diagnosis, including staff time and developing processes to track patient. |
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| Administration & Management |
| Develop partnerships and formal contracting agreements | Developing and maintaining relationships with health systems, health plans, health centers and health clinics, as well as any other champions and stakeholders (e.g., American Cancer Society, Primary Care Associations); identifying and entering into any formal agreements with partners, including MOUs. [Note: Agreements initiated directly with physicians and other providers at health systems or clinics to implement the interventions should be reported under ‘Identify physicians or other providers and sign contracts/MOAs/MOUs.’] |
| Hire staff | Hiring staff at awardee site, partner sites, health clinic and health center sites; staff time posting job descriptions; scheduling interviews and interviewing; task shifting or addition of new tasks to existing staff. |

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| Program Activity | Description |
| Conduct oversight meetings and conference calls | Attending and participating in meetings and conference calls with awardees, partners, health clinics, health centers, and other stakeholders for general administrative oversight activities; time preparing agendas, travel, and drafting meeting summaries. Time spent by CRCCP awardee to monitor and perform follow-up with sites or partners should be reported here as well. NOTE: Time spent related to specific activities related to the interventions themselves should be reported under intervention development or implementation activities, and those related to the evaluation or data quality assessment should also be reported under specific activities listed. |
| Report fiscal and budget-related information | Collecting and reporting financial information for program-related activities. These are fiscal monitoring activities mandated by CDC, state, or other entities. |
| Develop implementation plans | Designing and drafting implementation plans for CDC, including meetings with staff to discuss and consultations with others outside of the team on design and strategy. |
| Evaluation, Research & Reporting |
| Develop evaluation plans | Preparing and writing the evaluation plans, including meeting with staff to discuss approaches and receiving feedback from others outside of the team on design and strategy. Any tools that are developed for collecting the required data should be reported in this category. |
| Collect and report baseline and annual clinic data to CDC | Collecting and reporting baseline or annual data using tools and definitions provided by CDC.  |
| Collect and report CRCCP survey and other information to CDC (non-financial data) | Collecting and reporting information requested by CDC or other partners, such as types of screening promotion activities conducted (including support activities), frequency of these activities. This could include surveys, questionnaires, interviews, and other approaches. NOTE: Financial data and baseline data are not included in this category. |
| Collect data for awardee- specific evaluation and special studies (e.g., CEA) | Collecting information related to any internal or state-specific evaluations that are being conducted; time and other costs incurred collecting qualitative and quantitative data. |
| Analyze and report results | Analyzing and reporting results for internal review, state-specific evaluations, and CDC evaluation. |
| Data Quality Assessment |
| Identify clinics or sites | Selecting clinic sites or health systems to participate in any data quality and assessment activities. |
| Conduct initial or continual quality assessment and feedback | Reviewing baseline data along the continuum of cancer care from clinic sites or health systems that participate in any data quality and assessment activities; providing written or oral feedback on data quality and approaches to improve quality of the data. |

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| Program Activity | Description |
| Perform patient chart reviews | Conducting patient chart reviews at clinic sites or health systems that participate in any data quality and assessment activities; comparing patient chart information with EMR data. |
| Perform training, quality improvement education, and technical support | Training staff on quality-improvement processes; familiarizing staff with national standards for colorectal cancer-screening reporting (e.g., Uniform Data System data elements) and trainings for specific quality improvement initiatives; providing sites with technical support; staff time for conference calls or on-site support with sites; providing information or guides for program-related activities; researching answers to sites’ inquiries. |
| Monitor data quality | Monitoring data quality; sampling of sites to review data; reviewing data for outliers; benchmarking with other sites. |

CEA = cost-effectiveness assessment; CDC = Centers for Disease Control and Prevention; CRC = colorectal cancer; CRCCP = Colorectal Cancer Control Program; EMR = electronic medical record; FIT = fecal immunochemical test; FOBT = fecal occult blood test; IT = information technology; MOA = memorandum of agreement; MOU = memorandum of understanding.