

# CDC Survey of <STATE> Endoscopic Capacity (SECAP)

*Conducted for*

Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Division of Cancer Prevention and Control  
Atlanta, GA

*and*

<STATE> Department of Health  
<City, State>

Public reporting burden of this collection of information is estimated to average 20-30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS-24, Atlanta, GA 30333, ATTN: PRA (0920-0539). Do not send the completed form to this address.

# CDC Survey of <State> Endoscopic Capacity (SECAP)

The Centers for Disease Control and Prevention (CDC) and the <state> Department of Health are conducting a research study involving a statewide survey to determine the current capacity of the <state> health care system to provide endoscopic colorectal cancer screening and follow-up examinations to all appropriate persons. The results of the survey will be used to identify deficits in the current medical infrastructure, as well as to provide critical baseline information for use in planning state initiatives aimed at increasing colorectal cancer screening.

All information that you provide will be kept private to the extent allowed by law, and CDC does not plan to disclose identifiable data to anyone but the researchers conducting the study. Responses will be reported only in summary form along with information from the other facilities that participate in the survey. No personal identifiers will be included in either oral or written presentation of the study results.

Participation in the study is voluntary. You are subject to no penalty if you choose not to provide all or any part of the requested information.

If you have any questions regarding the study, please call XXX. If you have any questions regarding your rights as a study subject, please contact [insert name of <state> IRB person], Chairperson of the [<state>] Institutional Review Board, at [insert phone number].

When you have completed the survey, please return it in the enclosed postage-paid envelope to: CDC SECAP Study Office, XXXX.

Thank you for your participation in this important study.

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## Section 1. Practice Site Characteristics

*This section addresses practice site characteristics. In this survey, the term “practice site” is used to refer to the specific site identified in the cover letter. In a hospital setting, practice site refers to a specific department, division, clinic or endoscopy suite. In a non-hospital setting, practice site refers to a physician practice or ambulatory center. Responses should reflect only the procedures performed at the practice site, as identified in the cover letter.*

*If you are unable to respond to a specific question, please feel free to consult with others in your practice who may be more familiar with certain types of information.*

1. Which of the following categories best describes the practice site identified in the cover letter? **(Circle one response)**

Private practice.....1  
 Ambulatory endoscopy/surgery center .....2  
 Hospital .....3

**If you answered ‘private practice’ or ‘ambulatory endoscopy/surgery center’ to Question 1, please skip to Question 5.**  
**If you answered ‘hospital’ to Question 1, please continue with Question 2.**

2. Please indicate whether or not flexible sigmoidoscopy and/or colonoscopy are performed at any of the following sites in this hospital? **(Circle 1 for yes or 2 for no)**

	YES ↓	NO ↓
a. Gastroenterology department .....	1	2
b. General surgery department .....	1	2
c. Colorectal surgery department .....	1	2
d. Family practice department .....	1	2
e. General internal medicine department .....	1	2
f. Operating room .....	1	2
g. Satellite clinic .....	1	2
h. Other (Specify _____).....	1	2

3. How many patient beds does your hospital contain?

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Number of beds

4. Which of the following describes this location? **(Circle one response)**

- Gastroenterology department .....1
- General surgery department .....2
- Colorectal surgery department .....3
- Family practice department .....4
- General internal medicine department .....5
- Operating room .....6
- Satellite clinic .....7
- Other (Specify) \_\_\_\_\_ .....8

5. How many physicians (e.g., surgeons, medical doctors, and doctors of osteopathy) are in this practice site?

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Number of physicians

6. What is the medical specialty of the physicians in this practice site? **(Please provide the total NUMBER for each medical specialty. Include doctors who have privileges as well as doctors employed by the practice site)**

- a. Family Practice 

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- b. General Practice 

--	--	--
- c. Internal Medicine 

--	--	--
- d. Gastroenterology 

--	--	--
- e. General Surgery 

--	--	--
- f. Colorectal Surgery 

--	--	--
- g. Other Physicians 

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7. How many of the following physicians in this practice site perform flexible sigmoidoscopy and/or colonoscopy? **(Please provide a NUMBER, not a percentage)**

- a. Family Practice 

--	--	--
- b. General Practice 

--	--	--
- c. Internal Medicine 

--	--	--
- d. Gastroenterology 

--	--	--
- e. General Surgery 

--	--	--
- f. Colorectal Surgery 

--	--	--
- g. Other Physicians 

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8. Do interns, residents or fellows receive sigmoidoscopy or colonoscopy training in this practice site?

yes .....1  
no.....2

9. How many of the following types of flexible sigmoidoscopes and colonoscopes does this practice site own?

- a. Colonoscopes, fiberoptic 

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- b. Colonoscopes, with video 

--	--	--
- c. Flexible sigmoidoscopes, 70 cm, fiberoptic 

--	--	--
- f. Flexible sigmoidoscopes, 70 cm, with video 

--	--	--
- g. Flexible sigmoidoscopes, 60 cm, fiberoptic 

--	--	--
- h. Flexible sigmoidoscopes, 60 cm, with video 

--	--	--
- i. Flexible sigmoidoscopes, 30 cm, fiberoptic 

--	--	--
- j. Flexible sigmoidoscopes, 30 cm, with video 

--	--	--
- k. Other lower endoscopes (**Specify type \_\_\_\_\_**) 

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10. During a typical week, approximately how many patients are seen at this practice site for any reason, including for procedures? **(Circle one response)**

- 75 or fewer .....1
- 76-150 .....2
- 151-300 .....3
- 301-500 .....4
- 501 or more .....5

## Section 2. Flexible Sigmoidoscopy

*In this section we ask about flexible sigmoidoscopies performed at this practice site for colorectal cancer screening or follow-up. We use the term screening to refer to the routine, periodic use of a testing procedure intended to detect cancer or pre-cancerous lesions at an earlier stage than is possible through clinical detection or incidental discovery. Colorectal cancer screening is used in individuals who have no signs or symptoms of possible cancer (i.e., abdominal pain or tenderness, change in bowel habits, bleeding, anemia, an abdominal or rectal mass, evidence of bowel obstruction, or weight loss) and have not had a neoplastic lesion previously diagnosed.*

*If you are unable to provide exact responses, please provide your best estimate. If you are unable to answer certain questions (e.g., questions regarding appointment availability or reimbursement rate), please feel free to consult with others in your practice who may be more familiar with this type of information.*

11. Are any flexible sigmoidoscopies performed at this site?

- yes .....1
- no.....2    ➡ **SKIP TO QUESTION 24**

12. During a typical week, how many flexible sigmoidoscopies are performed at this practice site? **(Please provide your best estimate, including both screening and diagnostic examinations)**

Total number of sigmoidoscopies   

13. Approximately what **percentage** of all flexible sigmoidoscopies are performed for colorectal cancer screening? **(Please provide your best estimate)**

Percent performed for colorectal cancer screening       %

14. Of the total number of flexible sigmoidoscopies performed during a typical week in this practice, what **percentage** is performed by the following types of practitioners? (**Please provide your best estimate**)

- a. General practitioner    %
- b. Internist    %
- c. Family practitioner    %
- d. Gastroenterologist    %
- e. General surgeon    %
- f. Colorectal surgeon    %
- g. Resident with supervising physician in attendance    %
- h. Fellow with supervising physician in attendance    %
- i. Non-physician endoscopist    %
- j. Other (Specify): \_\_\_\_\_    %

15. How much room-time is scheduled for a flexible sigmoidoscopy? (**Circle one response**)

- 15-30 minutes.....1
- 30 minutes.....2
- 30 minutes-45 minutes.....3
- More than 45 minutes .....4

16. In this practice site, approximately what **percentage** of flexible sigmoidoscopies performed in a week are incomplete?

%

17. What is the most common reason for an incomplete flexible sigmoidoscopy? **(Circle one response)**

- Poor bowel preparation.....1
- Patient discomfort or pain.....2
- Patient anatomy.....3
- Other (Specify\_\_\_\_\_ )....4

18. If a flexible sigmoidoscopy is incomplete because of poor bowel preparation, patient discomfort or pain, or patient anatomy, what would be your next step?  
**(Circle one number for each column)**

	<b>Reason for Incomplete Procedure</b>		
	<b>a. Poor bowel preparation</b>	<b>b. Patient discomfort or pain</b>	<b>c. Patient anatomy</b>
Repeat the flexible sigmoidoscopy at a later date.....	1	1	1
Refer the patient to another practice for sigmoidoscopy .....	2	2	2
Perform a colonoscopy .....	3	3	3
Refer the patient to another practice for colonoscopy .....	4	4	4
Order a double contrast barium enema .....	5	5	5
Other (Specify_____ )	6	6	6

19. Does this practice site routinely perform biopsies during a screening flexible sigmoidoscopy?

- yes .....1
- no.....2    ➡ **SKIP TO QUESTION 21**



20. What action do you typically take if a lesion of the characteristics described below is identified during a screening flexible sigmoidoscopy in a healthy, average-risk patient? **(Circle one number for each column)**

	<b>Lesion</b>			
	<b>a. Polyp &lt;5mm</b>	<b>b. Polyp 0.5-1cm</b>	<b>c. Polyp &gt;1cm</b>	<b>d. Multiple polyps</b>
Perform the biopsy during the sigmoidoscopy .....	1	1	1	1
Conclude the sigmoidoscopy and schedule a colonoscopy with biopsy.....	2	2	2	2
Conclude the sigmoidoscopy with no further follow-up and resume a routine colorectal cancer screening schedule .....	3	3	3	3
Other (Specify _____)	4	4	4	4

21. If the demand for colorectal cancer screening were to increase substantially, what is the maximum number of flexible sigmoidoscopies that could be provided at this practice site per week with **no other investment of resources?** **(Please provide your best estimate)**

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**Maximum number  
per week**

22. If the demand for screening flexible sigmoidoscopy were to exceed your current capacity to perform screening flexible sigmoidoscopy, what steps would your practice take to meet the increased demand? **(Circle 1 for yes or 2 for no for a-h)**

YES	NO
↓	↓

- |   |   |   |
|---|---|---|
| a. Increase proportion of the work day allocated to procedures .....    | 1 | 2 |
| b. Increase physician staff.....  | 1 | 2 |
| c. Increase nursing staff to assist with procedures.....                | 1 | 2 |
| d. Increase/hire non-physician endoscopists to perform procedures ..... | 1 | 2 |
| e. Establish a larger screening unit/more procedure rooms.....          | 1 | 2 |
| f. Purchase more equipment.....   | 1 | 2 |
| g. Refer patients to other practices.....                               | 1 | 2 |
| h. Other (Specify _____).....   | 1 | 2 |

23. What is the typical waiting time for an appointment for a screening flexible sigmoidoscopy in your practice? **(Circle one response)**

- Within one month .....1
- 1-3 months .....2
- 4-6 months .....3
- More than six months.....4

### Section 3. Colonoscopy

*In this section we ask about colonoscopies performed at this practice site. We are inquiring about colonoscopies pertaining to colorectal cancer screening, including those performed for primary screening, those performed for the diagnosis of an abnormality identified through another screening procedure, and those performed for surveillance in a patient with a previously identified colorectal polyp or cancer.*

*If you are unable to provide exact responses, please provide your best estimate. If you are unable to answer certain questions (e.g., questions regarding appointment availability or reimbursement rate), please feel free to consult with others in your practice who may be more familiar with this type of information.*

24. Are any colonoscopies performed at this site?

- yes .....1
- no.....2    ➡ **SKIP TO QUESTION 36**

25. During a typical week, how many colonoscopies are performed at this practice site? **(Please provide your best estimate, including both screening and diagnostic examinations)**

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Total number of colonoscopies

26. Approximately what **percentage** of all colonoscopies are performed for colorectal cancer screening? **(Please provide your best estimate)**

Percent performed for colorectal cancer screening    

--	--	--

 %

27. Of the total number of colonoscopies performed during a typical week, what percentage is performed by the following types of practitioners? **(Please provide your best estimate)**

- a. General practitioner    %
- b. Internist    %
- c. Family practitioner    %
- d. Gastroenterologist    %
- e. General surgeon    %
- f. Colorectal surgeon    %
- g. Resident with supervising physician in attendance    %
- h. Fellow with supervising physician in attendance    %
- i. Non-physician endoscopist    %
- j. Other (Specify): \_\_\_\_\_    %

28. How much room-time is scheduled for a colonoscopy? **(Circle one response)**

- Less than 30 minutes.....1
- 30 minutes.....2
- 30 minutes-45 minutes.....3
- More than 45 minutes .....4

29. In this practice site, approximately what **percentage** of colonoscopies performed in a week are incomplete?

%

30. What is the most common reason for an incomplete colonoscopy? **(Circle one response)**

- Poor bowel preparation .....1
- Patient discomfort or pain.....2
- Patient anatomy.....3
- Other (Specify \_\_\_\_\_)....4

31. If a colonoscopy is incomplete because of poor bowel preparation, patient discomfort or pain, or patient anatomy, what would be your next step?

**(Circle one number for each column)**

	<b>Reason for Incomplete Procedure</b>		
	<b>a. Poor bowel preparation</b>	<b>b. Patient discomfort or pain</b>	<b>c. Patient anatomy</b>
Repeat the colonoscopy at a later date.....	1	1	1
Refer the patient to another practice for colonoscopy .....	2	2	2
Order a double contrast barium enema .....	3	3	3
Other (Specify _____)	4	4	4

32. If the demand for colorectal cancer screening and follow-up were to increase substantially, what is the maximum number of colonoscopies that could be provided at this practice site per week with **no other investment of resources**? **(Please provide your best estimate)**

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**Maximum number  
per week**

33. If the demand for colonoscopies were to exceed your current capacity to perform colonoscopies, what steps would your practice take to meet that increased demand? **(Circle 1 for yes or 2 for no for a-h)**

YES	NO
↓	↓

- |   |   |   |
|---|---|---|
| a. Increase proportion of the work day allocated to procedures .....    | 1 | 2 |
| b. Increase physician staff.....  | 1 | 2 |
| c. Increase nursing staff to assist with procedures.....                | 1 | 2 |
| d. Increase/hire non-physician endoscopists to perform procedures ..... | 1 | 2 |
| e. Establish a larger screening unit/more procedure rooms .....         | 1 | 2 |
| f. Purchase more equipment .....  | 1 | 2 |
| g. Refer patients to other practices.....                               | 1 | 2 |
| h. Other (Specify _____).....   | 1 | 2 |

34. What is the typical waiting time for an appointment for a screening colonoscopy at your practice site? **(Circle one response)**

- Within one month .....1
- 1-3 months .....2
- 4-6 months .....3
- More than six months.....4

35. What is the typical waiting time to have a colonoscopy performed at your practice site to follow-up on a problem identified in a screening procedure? **(Circle one response)**

- Within one month .....1
- 1-3 months .....2
- 4-6 months .....3
- More than six months.....4

36. What is the typical waiting time for a referral to another clinic for a colonoscopy to follow-up on a problem identified in a screening procedure? **(Circle one response)**

- Within one month .....1
- 1-3 months .....2
- 4-6 months .....3
- More than six months.....4
- Do not refer to another facility.....5

## Section 4. Non-physician Endoscopists

*This section focuses on the use of non-physician endoscopists to perform sigmoidoscopy or colonoscopy in this practice site. Non-physician endoscopists include nurse practitioners, physician assistants, registered nurses, and licensed practical nurses.*

37. Does this practice site employ non-physician endoscopists (e.g., nurse practitioners, physician assistants, registered nurses, and licensed practical nurses) to perform sigmoidoscopy or colonoscopy?

yes .....1  
 no.....2    ➔ **SKIP TO QUESTION 42**

38. How many of the following non-physician endoscopists perform sigmoidoscopy or colonoscopy in this practice site?

- |                             |                      |                      |                      |
|-----------------------------|----------------------|----------------------|----------------------|
| a. Licensed Practical Nurse | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. Registered Nurse         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Nurse Practitioner       | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Physician Assistant      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

39. When a non-physician endoscopist performs a flexible sigmoidoscopy, what level of supervision is provided? **(Circle one response)**

- A physician is present in the procedure room for the entire exam ..... 1  
 A physician is present in the procedure room when the flexible sigmoidoscope is withdrawn only.....2  
 The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician, but . . .  
     A physician is “immediately available” in clinic.....3  
     A physician is “immediately available” in hospital.....4  
     A physician is “immediately available” by beeper/phone .....5  
 The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician .....6  
 Non-physician endoscopists do not perform flexible sigmoidoscopy .....7  
 Other (Specify): \_\_\_\_\_ .....8

40. When a non-physician endoscopist performs a colonoscopy, what level of supervision is provided? **(Circle one response)**

- A physician is present in the procedure room for the entire exam .....1
- A physician is present in the procedure room when the colonoscope is withdrawn only .....2
- The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician, but . . .
  - A physician is “immediately available” in clinic.....3
  - A physician is “immediately available” in hospital.....4
  - A physician is “immediately available” by beeper/phone .....5
- The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician .....6
- Non-physician endoscopists do not perform colonoscopy .....7
- Other (Specify): \_\_\_\_\_ .....8

41. When a non-physician endoscopist performs a flexible sigmoidoscopy or colonoscopy, to whom is the reimbursement assigned? **(Circle one response)**

- The non-physician endoscopist .....1
- The practice.....2
- A staff physician .....3
- The hospital.....4
- The practice does not receive reimbursement.....5
- Other (Specify \_\_\_\_\_).....6

### **Section 5. Patient, Practice and Respondent Characteristics**

42. Approximately what percentage of patients seen at this practice site are female? **(Circle one response)**

- Less than 25% .....1
- 25-49%.....2
- 50-74%.....3
- 75-100%.....4

43. Approximately what percentage of patients seen at this practice site are 50 years of age or older? **(Circle one response)**

- Less than 25% .....1
- 25-49%.....2
- 50-74%.....3
- 75-100%.....4

44. Approximately what percentage of the patients seen at this practice site are:  
**(Circle one response for each row)**

	None	<25%	25-49%	50-74%	75-100%
a. American Indian or Alaska Native .....	0	1	2	3	4
b. Arab American.....	0	1	2	3	4
c. Asian.....	0	1	2	3	4
d. Black or African-American.....	0	1	2	3	4
e. Native Hawaiian or other Pacific Islander...	0	1	2	3	4
f. Hispanic or Latino.....	0	1	2	3	4
g. White .....	0	1	2	3	4

45. Approximately what percentage of your patients are covered by:

- a. Medicare?  %
- b. Medicaid?  %
- c. Private fee-for-service?  %
- d. Managed Care (including HMO, PPO, IPA and POS ) Plans?  %
- e. Medicare/ Medicaid/ Managed Care?  %
- f. No insurance coverage?  %

46. Please indicate whether or not your facility is one of the following types of medical facilities. **(Circle 1 for yes or 2 for no for a-d)**

YES	NO
↓	↓

- a. Staff model health maintenance organization.....1 2
- b. Group model health maintenance organization .....1 2
- c. Military hospital.....1 2
- d. Veterans Administration Medical Center .....1 2

47. What percentage of your patients travel from more than 50 miles away to have a sigmoidoscopy or colonoscopy at your facility?

%  
**Percentage of patients**



48. What is your professional training? **(Circle one response)**

- MD .....1
- DO .....2
- Nurse endoscopist .....3 **☛ SKIP TO QUESTION 51**
- Nurse .....4 **☛ SKIP TO QUESTION 51**
- Other (Specify): \_\_\_\_\_ .....5 **☛ SKIP TO QUESTION 51**

49. What is your medical specialty? **(Circle all that apply)**

- Family Practice .....1
- General Practice .....2
- Internal Medicine .....3
- Gastroenterology .....4
- General Surgery .....5
- Colorectal Surgery .....6
- Other (Specify): \_\_\_\_\_ .....7

50. In which specialty/sub-specialty have you completed residency or fellowship training?  
**(Circle all that apply)**

- Family Practice .....1
- Internal Medicine .....2
- Gastroenterology .....3
- General Surgery .....4
- Colon Rectal Surgery .....5
- Other (Specify): \_\_\_\_\_ .....6

51. Approximately what percentage of the physicians in this practice site are:  
**(Circle one response for each row)**

	None	<25%	25-49%	50-74%	75-100%
a. American Indian or Alaska Native .....	0	1	2	3	4
b. Arab American.....	0	1	2	3	4
c. Asian .....	0	1	2	3	4
d. Black or African-American.....	0	1	2	3	4
e. Native Hawaiian or other Pacific Islander ...	0	1	2	3	4
f. Hispanic or Latino.....	0	1	2	3	4
g. White.....	0	1	2	3	4

