

## **CDC Colorectal Cancer Screening Demonstration Program Checklist to Assess Preparedness (Readiness) for Screening**

### **Use of Readiness Checklist**

This Readiness Checklist is intended to assist CDC and the Colorectal Cancer Screening Demonstration Program (CRCSDP) sites determine readiness to initiate clinical services. We would like these readiness criteria to be met before the March 2006 site visits occur. Through conference call discussions, awarded programs and the consultation team (CDC program consultant, CDC scientific consultant, and IMS technical monitor) will discuss progress toward implementation using the criteria detailed below. CDC encourages awardees to share any documentation relating to these criteria with their consultant team. If at all possible, we would like to see these draft documents, including draft program policies, by early February 2006. Assuming that these readiness criteria are met and no unexpected issues arise during the March site visits, service delivery will be initiated following the site visits in March.

### **Provision of Screening and Diagnostic Follow-up Services**

- Client Eligibility and Intake
  - Procedures have been developed to assess patients for program eligibility in terms of age, income, insurance status, and geography
  - Procedures have been developed to assess the clinical eligibility of patients
  - Procedures have been developed to assess the risk status of patients
- Provider Network
  - Providers have been identified and are in place to offer CRC screening and diagnostic services
  - All necessary materials and equipment have been purchased or are available (i.e., FOBT/FIT kits, endoscopes and associated equipment, bowel preparation, etc.)
- Laboratory Services
  - A pathology laboratory(ies) has been identified to receive/process pathology specimens
  - Laboratory services have been secured for FOBT/FIT processing
  - Laboratory(ies) meet national CLIA standards
- Diagnostic Services
  - A referral system is in place to assure timely access to diagnostic testing
- Treatment Services
  - Resources are secured and a referral system is in place to assure timely medical treatment for persons diagnosed with CRC
- Complications
  - Resources are secured and a referral system is in place to assure timely medical treatment for persons who experience complications due to screening or diagnostic procedures

### **Public Education and Outreach**

- Public Education and Outreach Activities
  - Grantees are ready to implement plans for recruiting participants for screening through public education and/or outreach and in-reach activities

### **Data Collection and Tracking**

- An adequate CCDE data collection, management, and reporting system is operational
  - A final draft of data collection forms has been reviewed by CDC/IMS
  - A systems specification document is developed, including CCDE to database mapping
  - Internal system development and testing is complete, including data entry field validation
  - System security and confidentiality has been addressed
  - Procedures for data system back-up are in place
  - An export function is in place to create a CCDE file for IMS prior to the first required data submission
  - The data system supports report generation and analysis
  - Technical support, training, and documentation to support system sustainability is in place (e.g., instructions for form processing and data entry)
- Procedures are in place to collect and report cost data for the start-up period
- Procedures are in place to collect and report aggregate data requested by CDC (i.e. number of medically ineligible clients)
- Procedures are in place to report serious complications requiring hospitalizations to CDC within 72 hours

### **Patient Support**

- A tracking system is in place to assure appropriate follow-up for participants needing diagnostic and treatment services
- A plan for the provision of patient support services to facilitate access to diagnostic and treatment services is in place

### **Partnership Development and Maintenance**

- A relationship has been established with the State's CCC program
- Other partnerships have been established (e.g., the State Cancer Registry)

### **Quality Assurance and Professional Development**

- A Medical Advisory Board/Committee has been established and convened
- Quality assurance procedures are in place to assess the quality of clinical services provided by the Program and by service providers
- A plan has been developed to monitor performance on the CCDE service quality indicators

**Quality Assurance and Professional Development (continued)**

- Final program policies related to QA have been written and approved by the MAB and reviewed by CDC. These policies should address the following:
  - Plan for the evaluation of patients with symptoms
  - Plan to refer patients with IBD, ulcerative colitis, or Crohn's disease for appropriate disease management
  - Plan for referring patients coming into the program with a history of positive FOBT and/or flexible sigmoidoscopy and requesting diagnostic services
  - Plan to manage/refer patients suspected of having genetic syndrome (FAP or HNPCC)
  - Plan for screening patients with a family history of CRC or polyps
  - Plan for patients with CRC
  - Plan for screening/surveillance of patients with history of polyps
  - Plan for dealing with inadequate bowel prep or failure to reach the cecum in colonoscopy
  - Plan for monitoring and reporting complications of screening and diagnostic procedures
  - Plan for managing patients who may not benefit from screening

**Program Management**

- Key personnel positions have been filled with qualified staff
  - For example, Program Director and Data Manager
- A financial system is in place assuring appropriate tracking of CDC expenditures
- A system is in place to assure appropriate reimbursement to contractors