CDC National Survey of Endoscopic Capacity (SECAP)

The Centers for Disease Control and Prevention (CDC) is conducting a nationwide research study involving a survey to determine the current capacity of the U.S. 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 national 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.

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

Thank you for your participation in this important study.

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

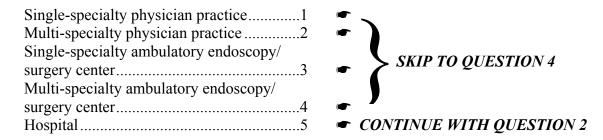
Public reporting burden of this collection of information is estimated to average 20-30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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.

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 where the survey was received. 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 this practice site, as identified on the mailing label. If this is a hospital setting, we would like your responses to reflect only this site, and not the activities of the entire hospital.

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 where this survey was received? (Circle one response)



2. Please indicate whether or not lower GI endoscopy is performed at any of the following sites in this hospital? (Circle 1 for yes or 2 for no)

| | | YES | NO | |
|----|--------------------------------------|--------------|--------------|--|
| | | \downarrow | \downarrow | |
| | | | | |
| 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 | | 2 | |
| h. | Other (Specify) | 1 | 2 | |

| 3. | Which of the following desc | ribes this practice site? (Circle one response) |
|----|--|---|
| | General surgery departm Colorectal surgery departm Family practice departm | ment |
| | | ne department5 |
| | Satellite clinic | 7 |
| | Other (Specify) | 8 |
| 4. | How many physicians (e.g., this practice site? Number of physicians | surgeons, medical doctors, and doctors of osteopathy) are in |
| 5. | What is the medical specialt total NUMBER for each m | y of the physicians in this practice site? (Please provide the ledical specialty) |
| | a. Family Practice | |
| | b. General Practice | |
| | c. Internal Medicine | |
| | d. Gastroenterology | |
| | e. General Surgery | |
| | f. Colorectal Surgery | |
| | g. Other Physicians | |
| | | |

| 6. | | nany of the following physicians in this practice site perform flexible sigmoidoscopy 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 |
| 7. | ye | sidents or fellows receive sigmoidoscopy or colonoscopy training in this practice site? s1 2 |
| 8. | How r | many of the following lower GI endoscopes does this practice site own? |
| | a. | Colonoscopes, fiberoptic |
| | 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) |

| 9. | 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 |
| Sect | tion 2. Screening Flexible Sigmoidoscopy |
| color testin possi in in tende | is section we ask about screening flexible sigmoidoscopies performed at this practice site for rectal cancer screening. We use the term screening to refer to the routine, periodic use of a ng procedure intended to detect cancer or pre-cancerous lesions at an earlier stage than is ible through clinical detection or incidental discovery. Colorectal cancer screening is used dividuals who have no signs or symptoms of possible cancer (i.e., abdominal pain or erness, change in bowel habits, bleeding, anemia, an abdominal or rectal mass, evidence of el obstruction, or weight loss) and have not had a neoplastic lesion previously diagnosed. |
| unab reim | u are unable to provide exact responses, please provide your best estimate. If you are ble to answer certain questions (e.g., questions regarding appointment availability or bursement rate), please feel free to consult with others in your practice who may be more liar with this type of information. |
| 10. | Do any physician or non-physician endoscopists in this practice site perform flexible sigmoidoscopy? |
| | yes |
| 11. | During a typical week, how many <u>flexible sigmoidoscopies</u> are performed by all physician and non-physician endoscopists in this practice site? (Please provide your best estimate) |
| | Total number of sigmoidoscopies |
| 12. | Approximately what percentage of all <u>flexible sigmoidoscopies</u> are performed for <u>colorectal cancer screening</u> ? (Please provide your best estimate) Percent performed for colorectal cancer screening % |

| 13. | Of the total number of <u>flexible sigmoidoscopies</u> performed during a typical week in this practice, what percentage is performed by the following types of providers? (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): % |
| 14. | How much room-time is scheduled for a <u>flexible sigmoidoscopy</u> ? (Circle one response) 15-30 minutes |
| 15. | In this practice site, approximately what percentage of flexible sigmoidoscopies performed in a week are incomplete? |

| 16. | What is the <u>primary</u> reason for an incomplete flexible sigmoidoscopy? (Circle one response) |
|-----|--|
| | Poor bowel preparation |
| 17. | If a flexible sigmoidoscopy is incomplete, what would be your next step? (Circle one response) |
| | Repeat the flexible sigmoidoscopy within week(s) 1 Refer the patient to another practice for sigmoidoscopy 2 Perform a colonoscopy 3 Refer the patient to another practice for colonoscopy 4 Order a double contrast barium enema 5 Other (Specify |
| 18. | Does this practice site routinely perform biopsies during a screening flexible sigmoidoscopy? |
| | yes |
| | |

19. 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)

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

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

| Nun | ıber per | week |
|-----|----------|------|

21. 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 | |
|----|--|-----|--------------|--|
| | | ↓ | \downarrow | |
| | | | _ | |
| a. | Increase proportion of the work day allocated to procedures | l | 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 | |

| 22. | | se estimate your average fee-for-service on the costs except the procedure the procedu | charge for the following procedures: (Do not e cost) |
|------------------------|----------------------------|--|--|
| | a. | flexible sigmoidoscopy without biopsy | \$ |
| | b. | flexible sigmoidoscopy with biopsy | \$ |
| 23. | | t would you consider to be an appropriated ures: (Do not include any other costs) | te fee-for-service charge for the following except the procedure cost) |
| | a. | flexible sigmoidoscopy without biopsy | \$ |
| | b. | flexible sigmoidoscopy with biopsy | \$ |
| 24. | | t is the typical waiting time for an appoint our practice? (Circle one response) | tment for a <u>screening</u> flexible sigmoidoscopy |
| | 1 4 | Within one month 1 -3 months 2 -6 months 3 More than six months 4 | |
| Sect | ion 3 | 3. Colonoscopy | |
| abou prime anoth | t colo ary sc her sc | creening, those performed for the diagnos | screening, including those performed for |
| unab reimi | le to d burse | unable to provide exact responses, please answer certain questions (e.g., questions i ment rate), please feel free to consult with ith this type of information. | |
| 25. | Do a | ny physician or non-physician endoscopis | sts in this practice site perform colonoscopy? |
| | | res | V 39 |

| 26. | | g a typical week, how many <u>colonoscopies</u> are performed by all physician and non- tian endoscopists in this practice site? (Please provide your best estimate) |
|-----|----|--|
| | 1 | Total number of colonoscopies |
| 27. | | ximately what percentage of all <u>colonoscopies</u> are performed for <u>colorectal cancer</u> ing? (Please provide your best estimate) |
| | Pe | rcent performed for colorectal cancer screening % |
| 28. | | total number of <u>colonoscopies</u> performed during a typical week, what percentage is med by the following types of providers? (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): % |

| 29. | How much room-time is scheduled for a <u>colonoscopy</u> ? (Circle one response) |
|-----|---|
| | Less than 30 minutes 1 30 minutes 2 30 minutes-45 minutes 3 More than 45 minutes 4 |
| 30. | In this practice site, approximately what percentage of colonoscopies performed in a week are incomplete? |
| | 9% |
| 31. | What is the <u>primary</u> reason for an incomplete colonoscopy? (Circle one response) |
| | Poor bowel preparation |
| 32. | If a colonoscopy is incomplete, what would be your next step? (Circle one response) |
| | Repeat the colonoscopy within week(s) |
| 33. | 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) Number per week |

| 34. | 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 1 1 1 1 | 2 2 2 2 2 2 2 2 2 2 | | | | |
| 35. | Please estimate your average fee-for-service charge for the following procedures: (Do not include any other costs except the procedure cost) | | | | | | |
| | a. colonoscopy without biopsyb. colonoscopy with biopsy\$ | | | | | | |
| 36. | What would you consider to be an appropriate fee-for-service charge for the following procedures: (Do not include any other costs except the procedure cost) | | | | | | |
| | a. colonoscopy without biopsyb. colonoscopy with biopsy\$ | | | | | | |
| 37. | What is the typical waiting time for an appointment for a <u>screening</u> 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 | | | | | | |

| 38. | What is the typical waiting time to have a colonoscopy performed at your practice site to <u>follow-up on a problem</u> 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 |
| 39. | What is the typical waiting time for a <u>referral to another clinic</u> for a colonoscopy to follow- up on a problem identified in a screening procedure? (Circle one response) |
| | Within one month |
| Sec | tion 4. Non-physician Endoscopists |
| colo | section focuses on the use of non-physician endoscopists to perform sigmoidoscopy or noscopy in this practice site. Non-physician endoscopists include nurse practitioners, sician assistants, registered nurses, and licensed practical nurses. |
| 40. | 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 |
| 41. | How many of the following non-physician endoscopists perform sigmoidoscopy or colonoscopy in this practice site? |
| | a. Licensed Practical Nurse |
| | b. Registered Nurse |
| | c. Nurse Practitioner |
| | d. Physician Assistant |

| 42. | 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 | | | | | |
| | sigmoidoscope is withdrawn only | | | | | |
| | The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician, but | | | | | |
| | A physician is "immediately available" in clinic | | | | | |
| | A physician is "immediately available" in hospital | | | | | |
| | A physician is "immediately available" by beeper/phone5 | | | | | |
| | The non-physician endoscopist is authorized to perform the exam in entirety, | | | | | |
| | unsupervised by a physician6 | | | | | |
| | Non-physician endoscopists do not perform flexible sigmoidoscopy7 | | | | | |
| | Other (Specify):8 | | | | | |
| 43. | 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 | | | | | |
| | A physician is present in the procedure room when the colonoscope is withdrawn only | | | | | |
| | The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician, but | | | | | |
| | A physician is "immediately available" in clinic | | | | | |
| | A physician is "immediately available" in hospital4 | | | | | |
| | A physician is "immediately available" by beeper/phone5 | | | | | |
| | The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician | | | | | |
| | Non-physician endoscopists do not perform colonoscopy | | | | | |
| | Other (Specify): 8 | | | | | |
| 44. | When a non-physician endoscopist performs a flexible sigmoidoscopy or colonoscopy, to whom is the reimbursement assigned? (Circle one response) The non-physician endoscopist | | | | | |

Section 5. Patient and Respondent Characteristics

| 45. | 5. Approximately what percentage of patients seen at this practice site are female? (Circle one response) | | | | | | |
|--|---|--|------------|------------|------------|------------|----------------|
| | 25· 50· | ss than 25% | | | | | |
| 46. | | ximately what percentage of patients see (Circle one response) | en at this | s practice | e site are | 50 years o | of age or |
| | 25· 50· | ss than 25% | | | | | |
| 47. 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% |
| 8 | a. Ame | erican Indian or Alaska Native | 0 | 1 | 2 | 3 | 4 |
| ł | | n | 0 | 1 | 2 | 3 | 4 |
| (| | k or African-American | 0 | 1 | 2 | 3 | 4 |
| (| | ve Hawaiian or other Pacific Islander | 0 | 1 | 2 | 3 | 4 |
| | | anic or Latino | 0 | 1 | 2 | 3 | 4 |
| 1 | f. Whi | te | 0 | 1 | 2 | 3 | 4 |
| 48. | Appro | ximately what percentage of your patien | its are co | overed by | y: | | |
| | a. | Medicare? | | | | | |
| | b. | Medicaid? | | % | | | |
| | c. | Private fee-for-service? | | % | | | |
| | d. | Managed Care (including HMO, PPO, IPA and POS) Plans? | | % | | | |
| | e. | Medicare/ Medicaid/ Managed Care? | | % | | | |

| 49. | What is your professional training? (Circle or | ie respo | onse) | | | |
|-----|---|-----------|----------------------|----------------|----------------|---------|
| | MD | | 1 | | | |
| | DO | | | | | |
| | Nurse endoscopist | | | SKIP TO O | NESTIO | N 52 |
| | Nurse | | 3 | SKIP TO O |)UESTIO | N 52 |
| | Other (Specify): | | | | | |
| | other (Specify). | | | SMI TO Q | CLSTIO | 11 32 |
| 50. | What is your medical specialty? (Circle all th | at appl | ly) | | | |
| | Family Practice | | .1 | | | |
| | General Practice | | .2 | | | |
| | Internal Medicine | | .3 | | | |
| | Gastroenterology | | .4 | | | |
| | General Surgery | | .5 | | | |
| | Colorectal Surgery | | .6 | | | |
| | Other (Specify): | | | | | |
| | Family Practice | | .2 .3 .4 .5 | | | |
| 52. | Approximately what percentage of the physicia (Circle one response for each row) | ans in th | nis pra | ctice site are | 2 : | |
| | | None | <25% | 6 25-49% | 50-74% | 75-100% |
| a | a. American Indian or Alaska Native | 0 | 1 | 2 | 3 | 4 |
| ł | o. Asian | 0 | 1 | 2 | 3 | 4 |
| (| e. Black or African-American | 0 | 1 | 2 | 3 | 4 |
| (| d. Native Hawaiian or other Pacific Islander | 0 | 1 | 2 | 3 | 4 |
| 6 | e. Hispanic or Latino | 0 | 1 | 2 | 3 | 4 |
| f | f. White | 0 | 1 | 2 | 3 | 4 |
| | | | | | | |

COMMENTS

THANK YOU FOR YOUR TIME AND EFFORT IN PARTICIPATING IN THIS SURVEY. PLEASE RETURN THE COMPLETED SURVEY IN THE POSTAGE PAID ENVELOPE TO:

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