



SURVEY OF HEALTH PLAN POLICIES AND PROGRAMS FOR COLORECTAL CANCER SCREENING

The Survey of Health Plan Policies and Programs for Colorectal Cancer Screening is a nationwide study that will provide important information about how screening for colorectal cancer is being conducted in U.S. health plans. The survey is being sent to a random sample of health plan medical directors across the nation. In some cases, the medical director will be able to respond to all sections of the survey. In others, there may be another individual within the plan who is best able to respond to certain questions or sections. Please feel free to involve other knowledgeable individuals from your plan in responding to the survey, as needed.

Even if your health plan does not cover or promote colorectal cancer screening, we are interested in your response and seek your answers based on your plan's current practice. Most plans will not need to answer every question on the survey.

After completing the survey, please return it in the enclosed postage-paid envelope to: Lorayn Olson, Ph.D., Abt Associates, 640 N. LaSalle Street, Suite 400, Chicago, IL, 60610, or fax it to Dr. Olson at 1-800-786-4816. If you have any questions about the study, or would like to schedule an appointment to complete it over the telephone, please call 1-800-305-8013.

Thank you for your participation.

Federal Law requires that each survey participant be informed of the following:

- (1) Legislative authorization for this study is found under 42 USC 285a.
- (2) Your participation is completely voluntary. You are subject to no penalty if you choose not to provide all or any part of the requested information.
- (3) All information will be held in confidence except as required by law and will be presented only in statistical or summary form.
- (4) Public reporting burden for this collection of information is estimated to average 20 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0548). Do not return the completed form to this address.

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To ensure consistent interpretation of terms, ***cancer screening*** is defined in this survey as 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. Cancer screening is used in patients who display no signs or symptoms of possible cancer (i.e., pain, bleeding, palpable masses, etc.).

FOR MOST OF THE QUESTIONS ON THIS SURVEY, PLEASE ANSWER BY PLACING AN “X” IN THE APPROPRIATE BOX.

PLEASE PROVIDE INFORMATION REGARDING THE HEALTH PLAN LISTED BELOW.

- **If your health plan has ONLY ONE product line, please report on that product line.**
- **If your health plan has MULTIPLE product lines, please report on the product line with the largest enrollment that:**
 - a) **is a commercial (e.g., non-Medicare and non-Medicaid) entity, and**
 - b) **reports HEDIS® data.**
- **If your health plan does not report HEDIS® data to NCQA, please report on the product line with the LARGEST ENROLLMENT that is a COMMERCIAL (e.g. non-Medicare and non-Medicaid) entity.**
- **If all of your product lines are NON-COMMERCIAL, please report on the product line with the largest enrollment.**

We will refer to the product line for which you are reporting in this survey by the term “plan.”

PART I. PLAN CHARACTERISTICS AND BENEFITS

The questions in this section will help us to better understand how your plan is organized, and whether certain colorectal cancer screening services are covered.

1. For what type of plan are you reporting? **(CHECK ONE BOX)**

- Commercial (non-Medicare/non-Medicaid HMO, HMO Point-of-Service, or PPO)
- Non-commercial (Medicare HMO, Medicare PPO, or Medicaid HMO)
- Other (Please specify: _____)

2. Check the box next to the model type and fill in the average number of enrollees (i.e., insured individuals/covered lives) for this plan in 2004. **(CHECK ONE BOX AND FILL IN ONE LINE)**

- | | # Enrollees or Insured Individuals
(Your best estimate is fine) |
|---|---|
| <input type="checkbox"/> HMO | |
| Staff/group model | _____ |
| IPA model | _____ |
| Network model | _____ |
| Mixed model | _____ |
| <input type="checkbox"/> HMO/Point-of-Service model | _____ |
| <input type="checkbox"/> PPO model | _____ |
| <input type="checkbox"/> Other _____ | _____ |

3. Does this plan directly employ primary care physicians?

- Yes
- No **(SKIP TO QUESTION 6)**

4. How does this plan pay the majority of its primary care physicians? **(CHECK ONE BOX)**

- Fee-for-service
- Capitation
- Mixture of fee-for-service and capitation
- Salary
- Other (Specify: _____)

5. Does this plan provide incentive payments to primary care physicians based on any of the following: **(CHECK ONE BOX ON EACH LINE)**

	Yes	No
a. Results of enrollee satisfaction surveys?	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality of care measures involving the proportion of eligible enrollees for whom cancer screening tests are ordered?	<input type="checkbox"/>	<input type="checkbox"/>
c. Quality measures involving clinical care other than cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>

6. Do plan benefits cover colorectal cancer screening for all, some, or none of the eligible enrollees?

- All
- Some
- None **(SKIP TO QUESTION 15)**

7. In what year did your plan begin covering colorectal cancer screening?

- 2001 or earlier
- 2002
- 2003
- 2004 or later

PLEASE ANSWER EACH QUESTION UNDER COLUMN A BEFORE MOVING TO COLUMNS B THROUGH D, UNLESS DIRECTED OTHERWISE BY A SKIP IN INSTRUCTION.

	Column A	Column B	Column C	Column D
	Screening with Fecal Occult Blood Testing (FOBT)	Screening with Flexible Sigmoidoscopy	Screening with Colonoscopy	Screening with Double Contrast Barium Enema
8. Do plan benefits cover this service?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No (SKIP TO COLUMN B)	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No (SKIP TO COLUMN C)	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No (SKIP TO COLUMN D)	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No (SKIP TO QUESTION 13)
9. Is coverage restricted to enrollees who are at high risk for colorectal cancer?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
10. Does a deductible apply to this service when it is provided in network?	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No	<input type="checkbox"/> Yes, always <input type="checkbox"/> Yes, sometimes <input type="checkbox"/> No
11. Assuming any deductibles have been met, on average, what out-of-pocket amount do enrollees pay for this service when it is provided in network? (Please include any office visit fees.)	<input type="checkbox"/> \$0 (SKIP TO COLUMN B) <input type="checkbox"/> \$1-\$10 <input type="checkbox"/> \$11-\$25 <input type="checkbox"/> \$26-\$50 <input type="checkbox"/> \$51-\$100 <input type="checkbox"/> >\$100 <input type="checkbox"/> Don't know	<input type="checkbox"/> \$0 (SKIP TO COLUMN C) <input type="checkbox"/> \$1-\$10 <input type="checkbox"/> \$11-\$25 <input type="checkbox"/> \$26-\$50 <input type="checkbox"/> \$51-\$100 <input type="checkbox"/> >\$100 <input type="checkbox"/> Don't know	<input type="checkbox"/> \$0 (SKIP TO COLUMN D) <input type="checkbox"/> \$1-\$10 <input type="checkbox"/> \$11-\$25 <input type="checkbox"/> \$26-\$50 <input type="checkbox"/> \$51-\$100 <input type="checkbox"/> >\$100 <input type="checkbox"/> Don't know	<input type="checkbox"/> \$0 (SKIP TO QUESTION 13) <input type="checkbox"/> \$1-\$10 <input type="checkbox"/> \$11-\$25 <input type="checkbox"/> \$26-\$50 <input type="checkbox"/> \$51-\$100 <input type="checkbox"/> >\$100 <input type="checkbox"/> Don't know
12. What type of charge is this?	<input type="checkbox"/> Co-payment or co-insurance <input type="checkbox"/> Other cost Sharing	<input type="checkbox"/> Co-payment or co-insurance <input type="checkbox"/> Other cost Sharing	<input type="checkbox"/> Co-payment or co-insurance <input type="checkbox"/> Other cost Sharing	<input type="checkbox"/> Co-payment or co-insurance <input type="checkbox"/> Other cost Sharing

13. Which of the following factors, in your opinion, influence your plan's colorectal cancer screening coverage policies? Please rate each factor. **(CHECK ONE BOX ON EACH LINE)**

	Not Influential	Somewhat Influential	Very Influential
a. Clinical evidence in the published literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. U.S. Preventive Services Task Force recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. American Cancer Society guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cost-effectiveness or cost-benefit studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Technology assessment reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medicare policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Purchasers other than Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. At present, do plan benefits cover any of these emerging colorectal cancer screening technologies? **(CHECK ONE BOX ON EACH LINE)**

	Yes, Always	Yes, Sometimes	No	Don't Know
a. Fecal DNA testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Virtual colonoscopy (e.g., CT colonography)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Testing for inherited susceptibility to colorectal cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II. GUIDELINES, PROTOCOLS, AND CLINICAL POLICIES FOR COLORECTAL CANCER SCREENING

This section covers guidelines or protocols your plan may have in place, including protocols or clinical policies for the specific modalities that are used to screen for colorectal cancer.

15. Has your plan issued guidelines or protocols to providers in the plan regarding screening for colorectal cancer?

- Yes
- No (**SKIP TO QUESTION 26**)

16. For what types of enrollees do these guidelines apply? (**CHECK ALL THAT APPLY**)

- Asymptomatic, average-risk
- High-risk
- Other (Describe: _____)

17. How were the plan's colorectal cancer screening guidelines disseminated to its providers? (**CHECK ALL THAT APPLY**)

- Written letters, memos, or provider newsletters
- CME lectures or meetings
- E-mail notice
- Intranet/Web site
- Other (Describe: _____)

18. Were the plan's guidelines adopted from guidelines developed elsewhere?

- Yes →

What is the source? (CHECK/FILL IN ALL THAT APPLY)
<input type="checkbox"/> U.S. Preventive Services Task Force
<input type="checkbox"/> American Cancer Society
<input type="checkbox"/> Other Source _____
- No

19. In what year did your plan first implement colorectal cancer screening guidelines? (**CHECK ONE BOX**)

- 2001 or earlier
- 2002
- 2003
- 2004 or later

20. Has your plan issued a revision to these guidelines?

- Yes
- No (**SKIP TO QUESTION 22**)

21. In what year did your plan most recently issue revised colorectal cancer screening guidelines?

- 2001 or earlier
- 2002
- 2003
- 2004 or later

PLEASE ANSWER EACH QUESTION UNDER COLUMN A BEFORE MOVING TO COLUMNS B THROUGH D, UNLESS DIRECTED OTHERWISE BY A SKIP IN INSTRUCTION.

	Column A	Column B	Column C	Column D
	Fecal Occult Blood Testing (FOBT)	Flexible Sigmoidoscopy	Colonoscopy	Double Contrast Barium Enema
22. Do plan guidelines or protocol include this test to screen asymptomatic, average-risk enrollees for colorectal cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No (SKIPTO COLUMN B)	<input type="checkbox"/> Yes <input type="checkbox"/> No (SKIPTO COLUMN C)	<input type="checkbox"/> Yes <input type="checkbox"/> No (SKIPTO COLUMN D)	<input type="checkbox"/> Yes <input type="checkbox"/> No (SKIPTO QUESTION 25)
23. At what age should asymptomatic, average-risk enrollees begin screening with this test?	Age _____ <input type="checkbox"/> No Policy	Age _____ <input type="checkbox"/> No Policy	Age _____ <input type="checkbox"/> No Policy	Age _____ <input type="checkbox"/> No Policy
24. At what interval should asymptomatic, average-risk enrollees be screened?	Every _____ Year(s) <input type="checkbox"/> No Policy	Every _____ Year(s) <input type="checkbox"/> No Policy	Every _____ Year(s) <input type="checkbox"/> No Policy	Every _____ Year(s) <input type="checkbox"/> No Policy

25. Does your plan make its colorectal cancer screening guidelines available to a majority of primary care providers in an electronic format (such as a Web site or computer information system): **(CHECK ONE BOX ON EACH LINE)**

	Yes	No	Don't Know
a. At the point of care (e.g. exam room)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At their desk or work station, away from the point of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART III. SYSTEMS FOR CANCER SCREENING

We are interested in the systems that your plan may have in place to recruit enrollees into cancer screening, and/or to track and report screening results. We recognize that, for many plans, these systems may be implemented at the provider rather than the plan level.

- 26.** Systems for recruiting enrollees into colorectal or other cancer screening (e.g., chart reminders, direct correspondence with individuals due), or for tracking screening results, may be implemented at the plan level, provider level, or both. Please indicate the level at which systems for recruiting and/or tracking are implemented in your plan. **(CHECK ONE BOX)**

- Plan level only
- Both plan and provider levels
- Provider level only **(SKIP TO QUESTION 36)**

- 27.** Does your plan use electronic medical records in the majority of primary care practices or for a majority of plan enrollees? **(CHECK ONE BOX)**

- Yes
- No
- Don't Know

This section asks about the specific mechanisms your plan may use for recruiting enrollees and tracking results related to colorectal cancer screening and mammography, two common types of cancer screening. **PLEASE ANSWER EACH QUESTION IN COLUMNS A AND B.**

	Column A	Column B
	Colorectal Cancer Screening	Mammography
28. Are primary care providers routinely given lists of their enrollees who are not up-to-date for this type of screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Does the plan have a mechanism to remind providers that an enrollee is due for this screening? (CHECK ALL THAT APPLY)	<input type="checkbox"/> Yes, notation or flag in enrollee's chart <input type="checkbox"/> Yes, computer prompt <input type="checkbox"/> Yes, other mechanism (Describe) _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, notation or flag in enrollee's chart <input type="checkbox"/> Yes, computer prompt <input type="checkbox"/> Yes, other mechanism (Describe) _____ _____ <input type="checkbox"/> No
30. Does the plan have a mechanism to remind enrollees that they are due for this type of screening? (CHECK ALL THAT APPLY)	<input type="checkbox"/> Yes, verbal prompt from provider during office visit <input type="checkbox"/> Yes, reminder telephone call <input type="checkbox"/> Yes, reminder by mail <input type="checkbox"/> Yes, reminder by e-mail <input type="checkbox"/> Yes, personalized web page <input type="checkbox"/> Yes, other mechanism (Describe) _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, verbal prompt from provider during office visit <input type="checkbox"/> Yes, reminder telephone call <input type="checkbox"/> Yes, reminder by mail <input type="checkbox"/> Yes, reminder by e-mail <input type="checkbox"/> Yes, personalized web page <input type="checkbox"/> Yes, other mechanism (Describe) _____ _____ <input type="checkbox"/> No

PLEASE ANSWER EACH QUESTION IN COLUMNS A AND B.

	Column A	Column B
	Colorectal Cancer Screening	Mammography
<p>31. Does the plan have a mechanism to re-contact eligible enrollees who were not screened after the initial contact? (CHECK ALL THAT APPLY)</p>	<input type="checkbox"/> Yes, enrollees contacted by telephone <input type="checkbox"/> Yes, enrollees contacted by mail <input type="checkbox"/> Yes, enrollees contacted by e-mail <input type="checkbox"/> Yes, other contact (Describe) _____ _____ _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, enrollees contacted by telephone <input type="checkbox"/> Yes, enrollees contacted by mail <input type="checkbox"/> Yes, enrollees contacted by e-mail <input type="checkbox"/> Yes, other contact (Describe) _____ _____ _____ <input type="checkbox"/> No
<p>32. Does the plan track:</p>		
<p>a. the number of eligible enrollees reminded to receive this type of screening each year?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. the number of reminded enrollees who actually complete this type of screening?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. the number of enrollees who complete this type of screening, whether or not they were reminded?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. any adverse events (i.e., medical complications) resulting from this type of screening?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

33. Does the plan routinely measure and review the following screening test results?
(PLEASE ANSWER EACH QUESTION UNDER COLUMNS A AND B.)

	Column A	Column B
	Colorectal Cancer Screening	Mammography
a. % of abnormal screens	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. % of false positive tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. % of false negative tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Positive predictive value of screening tests $\left(\frac{\# \text{ screen-detected cancers}}{\# \text{ screening tests with positive results}} \right)$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

34. Does the plan track any of these outcomes for enrollees with an abnormal screening test result?
(PLEASE ANSWER EACH QUESTION UNDER COLUMNS A AND B.)

	Column A	Column B
	Colorectal Cancer Screening	Mammography
a. Whether follow-up procedures were obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Results of follow-up procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Any adverse events (i.e., medical complications) resulting from follow-up procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Does your plan routinely provide primary care physicians with feedback on their enrollees relative to other physicians (or other comparison groups) in the plan, such as:
(CHECK ONE BOX ON EACH LINE)

	Yes	No
a. % of the physician’s or practice’s eligible enrollees receiving colorectal cancer screening tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. % of the physician’s or practice’s eligible enrollees receiving mammograms?	<input type="checkbox"/>	<input type="checkbox"/>

36. During the last 12 months, did your plan: **(CHECK ONE BOX ON EACH LINE)**

	Yes	No	Don’t Know
a. Distribute any printed information to enrollees encouraging them to seek colorectal cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide on its website information to enrollees encouraging them to seek colorectal cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Conduct or sponsor any meetings, seminars, or continuing medical education sessions on colorectal cancer screening for primary care physicians ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Conduct or sponsor any meetings, seminars, or continuing medical education sessions on colorectal cancer screening for specialty physicians such as gastroenterologists, general surgeons, or radiologists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART IV. YOUR PLAN'S EXPERIENCES WITH COLORECTAL CANCER SCREENING

In May 2003, the National Committee for Quality Assurance (NCQA) approved a new Health Plan Employer Data and Information Set (HEDIS®) measure of colorectal cancer screening. Accredited plans are required to report HEDIS® measures to NCQA. Plans had the option of reporting the colorectal cancer screening measure in HEDIS 2004 (measurement/data year 2003). Accredited plans were required to report the measure in HEDIS 2005 (measurement/data year 2004).

37. Has your plan implemented any of the following in response to the HEDIS® colorectal cancer screening measure: **(CHECK ONE BOX ON EACH LINE)**

	Yes	No	Don't Know
a. Coverage of more types of colorectal cancer screening tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lower out-of-pocket charges for colorectal cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. New or revised practice guidelines or protocols for colorectal cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. New or updated enrollee/provider reminder systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. New or updated data systems to better track colorectal cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Does your plan measure colorectal cancer screening rates?

- Yes
- No **(SKIP TO QUESTION 46)**

39. In what year did your plan first begin measuring colorectal cancer screening rates?

Year _____

40. Has your plan implemented the HEDIS® measure on colorectal cancer screening?

- Yes
- No **(SKIP TO QUESTION 46)**

41. In what year did your plan first begin measuring the HEDIS® colorectal cancer screening rate?

- HEDIS® 2004 (measurement/data year 2003)
- HEDIS® 2005 (measurement/data year 2004)
- HEDIS® 2006 (measurement/data year 2005)

42. Does your plan provide physicians with incentive payments based on their performance related to the HEDIS® measure for: **(CHECK ONE BOX ON EACH LINE)**

	Yes	No
a. Colorectal cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>
b. Mammography?	<input type="checkbox"/>	<input type="checkbox"/>

43. Has your plan conducted any quality improvement studies of colorectal cancer screening?

- Yes (Describe) _____
- No **(SKIP TO QUESTION 47)**

44. In what year did your plan first implement a quality improvement study of colorectal cancer screening? **(CHECK ONE BOX)**

- 2001 or earlier
- 2002
- 2003
- 2004
- 2005 or later

45. Have you used this study or studies as one of your quality improvement activities for NCQA?

- Yes **(SKIP TO QUESTION 47)**
- No **(SKIP TO QUESTION 47)**

46. Do you anticipate that your plan will implement the HEDIS® colorectal cancer screening measure in the next 12 months?

- Yes
- No

47. In your plan, which colorectal cancer screening test or test combination is most often used for eligible asymptomatic, average-risk enrollees? **(CHECK ONE BOX)**

- FOBT only
- Flexible sigmoidoscopy only
- Both FOBT and flexible sigmoidoscopy
- Colonoscopy only
- Both FOBT and colonoscopy
- Other (Describe) _____
- Don't know

48. Colorectal cancer screening rates are low nationwide. We would like to better understand barriers to providing this preventive service that health plans may be experiencing. Please indicate below whether, in your opinion, these potential barriers have affected your plan’s efforts to provide colorectal cancer screening. **(CHECK ONE BOX ON EACH LINE)**

	Major Barrier	Minor Barrier	Not a Barrier	Don’t Know
a. Patient reluctance to complete screening exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. High turnover of plan membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of provider interest in/support for screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provider dissatisfaction with the level of reimbursement for screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of consensus on appropriate screening and/or diagnostic modalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Limited resources to conduct screening flexible sigmoidoscopy (i.e., lack of qualified personnel, equipment, facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Limited resources to conduct screening colonoscopy (i.e., lack of qualified personnel, equipment, facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Limited resources to provide timely follow-up to positive screening tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. In your opinion, how actively is colorectal cancer screening promoted by your plan at this time? **(CHECK ONE BOX)**

- Very actively
- Somewhat actively
- Not actively

50. Is there anything else you would like to tell us about colorectal cancer screening within your plan or in general?

Thank you very much. We greatly appreciate your participation. Study results will help us to better understand the challenging area of colorectal cancer screening. Please return your completed questionnaire in the enclosed postage-paid envelope or fax it to Lorayn Olson at 1-800-786-4816 .

