



The Survey of Colorectal Cancer Screening Practices, sponsored by the National Cancer Institute in collaboration with the Centers for Disease Control and Prevention and Health Care Financing Administration, is a nationwide study that will provide important information about how screening for colorectal cancer is being delivered in the U.S. The survey contains questions about health plan screening benefits and guidelines, systems for recruiting patients into colorectal cancer screening and reporting/tracking results, and your views on developments that might enhance colorectal cancer screening rates. **Even if your health plan does not currently screen patients for colorectal cancer**, we are interested in your response and seek your answers based on your plan's current practice. The survey is designed to accommodate a broad range of health plans. 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 312/867-4419. If you have any questions about the study, or would like to schedule an appointment to complete it over the telephone, please call 1-800-229-7448.

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) Data collected as part of this study are confidential and protected by law. Under the provisions of Section 301d of the Public Health Service Act (42 USC 241d), no information that could permit identification of a participating individual may be released. All such information will be held in strict confidence 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 (xxxx-xxxx*). Do not return the completed form to this address.



SURVEY OF COLORECTAL CANCER SCREENING PRACTICES IN HEALTH CARE ORGANIZATIONS

HEALTH PLAN SURVEY

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.).

Primary care physicians include family practitioners, general practitioners, general internists, and obstetricians/gynecologists.

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

PART I. PLAN AND PHYSICIAN CHARACTERISTICS

The questions in this initial section will help us to better understand how your health plan is organized. If your health plan is affiliated with a national or regional corporate parent, please respond for the affiliated plan you represent rather than the parent organization.

1. How many years has this health plan been in operation? _____ years
2. Before then, was this plan administered by another managed care organization?

G Yes (Specify previous organization) _____

G No

3. Please check the box next to the model type of and fill in the approximate number of enrollees in your health plan. If your plan is comprised of multiple products, check and fill in all that apply.

		# Enrollees
a. Staff	G	_____
b. Group model	G	_____
c. Network model	G	_____
d. IPA model	G	_____
e. PPO model	G	_____
f. Point of Service	G	_____
g. Other	G	_____

(Describe)_____

NOTE: If your plan consists of more than one model type, please respond to the remainder of the questionnaire only for the largest model type of your plan, that is, the model type above with the largest number of enrollees.

Below, we will refer to your largest model type by the term, "plan."

4. Approximately what percent of your plan's enrollees are covered by Medicaid? _____%

5. Approximately what percent of your plan's enrollees are covered by Medicare? _____%

6. Does your plan contract with individual primary care physicians, with primary care physician practices, or through some other arrangement? **(CHECK ALL THAT APPLY)**

G Individual primary care physicians

G Primary care physician practices

G Other arrangement (Describe) _____

7. Are your plan's primary care physicians paid on a fee-for-service basis, by some form of capitation, or by salary?

G Fee-for-service

G Capitation (SKIP TO QUESTION 9, next page)

G Salary (SKIP TO QUESTION 9, next page)

G Plan contracts with groups; do not know how groups pay physicians (SKIP TO QUESTION 9, next page)

8. Does the plan pay primary care physicians on a customary fee-for-service basis, negotiated fee-for-service basis, a combination of these, or another arrangement?

G Customary fee-for-service

G Negotiated fee-for-service

G Combined customary and negotiated fee-for-service

G Other (Describe) _____

PART II. PLAN BENEFITS

The next few items ask whether certain services, including cancer screening, are covered under your plan.

(PLEASE ANSWER EACH QUESTION UNDER COLUMN A BEFORE MOVING TO COLUMN B AND THEN COLUMN C, UNLESS DIRECTED OTHERWISE BY A SKIP INSTRUCTION.)

	Column A	Column B	Column C
	Routine Acute Care Physician Visit (i.e., for a sore throat)	Mammography Screening for Breast Cancer	Prostate Specific Antigen (PSA) Screening for Prostate Cancer
9. For patients other than Medicare beneficiaries, do plan benefits cover this service?	G Yes G No (SKIP TO COLUMN B)	G Yes G No (SKIP TO COLUMN C)	G Yes G No (SKIP TO QUESTION 12, next page)
10. Does the patient incur an out-of-pocket charge for this service when provided in plan?	G Yes G No (SKIP TO COLUMN B)	G Yes G No (SKIP TO COLUMN C)	G Yes G No (SKIP TO QUESTION 12, next page)
11. What type of charge is this?	G Deductible G Other cost sharing G Both	G Deductible G Other cost sharing G Both	G Deductible G Other cost sharing G Both

Questions 12-15 pertain to procedures used for colorectal cancer screening.

(PLEASE ANSWER EACH QUESTION UNDER COLUMN A BEFORE MOVING TO COLUMNS B THROUGH D, UNLESS DIRECTED OTHERWISE BY A SKIP 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
12. For patients other than Medicare beneficiaries, do plan benefits cover this service?	G Yes G No (SKIP TO COLUMN B)	G Yes G No (SKIP TO COLUMN C)	G Yes G No (SKIP TO COLUMN D)	G Yes G No (SKIP TO QUESTION 16)
13. Is coverage restricted to patients who are at high risk for colorectal cancer?	G Yes G No	G Yes G No	G Yes G No	G Yes G No
14. Does the patient incur an out-of-pocket charge for this service when provided in plan?	G Yes G No (SKIP TO COLUMN B)	G Yes G No (SKIP TO COLUMN C)	G Yes G No (SKIP TO COLUMN D)	G Yes G No (SKIP TO QUESTION 16)
15. What type of charge is this?	G Deductible G Other cost sharing G Both	G Deductible G Other cost sharing G Both	G Deductible G Other cost sharing G Both	G Deductible G Other cost sharing G Both

16. Do plan benefits cover genetic tests for inherited susceptibility to the following cancers or syndromes?
(CHECK ONE BOX ON EACH LINE)

- | | Yes | No |
|--|-----|----|
| a. Breast/ovarian cancer syndrome (i.e., BRCA 1, BRCA 2) | G | G |
| b. Hereditary nonpolyposis colon cancer | G | G |
| c. Familial adenomatous polyposis | G | G |

PART III. GUIDELINES/PROTOCOLS FOR SCREENING

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

17. Has your plan issued guidelines or protocols to its physicians or other health care professionals to help determine whether colorectal cancer screening is appropriate for the patient?

G Yes

G No (SKIP TO QUESTION 22)

18. For what types of patients do these guidelines apply? (CHECK ALL THAT APPLY)

G Asymptomatic, average-risk

G High-risk

G Other (Describe) _____

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

G Written letters or memos

G CME lectures or meetings

G E-mail notice or Intranet/Web site

G Other (Describe) _____

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

G Yes (Source) _____

G No

21. In what year did your plan first adopt colorectal screening guidelines? 19____

22. Do you expect the plan to adopt new or change its current colorectal screening guidelines during the **next** year ?

G Yes

G No

23. Has your plan issued guidelines or protocols to its physicians or other health care professionals to help determine the appropriateness of genetic testing for inherited susceptibility to the following cancers or syndromes? (**CHECK ONE BOX ON EACH LINE**)

	Yes	No
a. Breast/ovarian cancer syndrome (i.e., BRCA1, BRCA2)	G	G
b. Hereditary nonpolyposis colon cancer	G	G
c. Familial adenomatous polyposis	G	G

24. Please rank the colorectal cancer screening modalities listed below in order from most used (1) to second most used (2), third most used (3), to fourth most used (4) for eligible asymptomatic, average-risk plan enrollees. Leave a blank next to those not used in your plan. If your plan does not currently cover colorectal cancer screening, check the box below.

___ FOBT

___ Sigmoidoscopy

___ Colonoscopy

___ Double contrast barium enema

G Plan does not cover colorectal cancer screening for asymptomatic, average-risk patients (**SKIP TO QUESTION 59, PAGE 18**)

25. According to plan guidelines, which colorectal cancer screening test or test combination should asymptomatic, average-risk patients receive? (CHECK ONE BOX)

- G FOBT alone
- G Flexible sigmoidoscopy alone
- G FOBT **or** flexible sigmoidoscopy
- G FOBT **and** flexible sigmoidoscopy
- G Colonoscopy
- G Double contrast barium enema
- G Double contrast barium enema **and** flexible sigmoidoscopy
- G Other (Describe) _____

A. Screening with Fecal Occult Blood Testing (FOBT)

Complete this section only if plan guidelines or protocol specify FOBT as a colorectal cancer screening modality for asymptomatic, average-risk patients. Otherwise, skip to Question 35.

26. According to plan guidelines or protocol,

	<u>Patient Age/ Screening Interval</u>	<u>No Policy</u>
a. At what age do <u>asymptomatic, average-risk patients</u> begin to be screened with FOBT?	_____ years old	G
b. At what interval is screening with FOBT recommended?	Every _____ year(s)	G
c. At what age is screening with FOBT no longer recommended for asymptomatic, average-risk patients?	_____ years	G

27. Do plan guidelines or protocol specify the types of providers that are to screen eligible patients with FOBT?

- G Yes
- G No (SKIP TO QUESTION 29)

28. Indicate which provider types are to screen with FOBT. (CHECK ALL THAT APPLY)

Primary care physicians

Nurse practitioners

Physician's assistants

Other (Describe) _____

29. Do plan guidelines or protocol specify that providers: (CHECK ONE BOX ON EACH LINE)

	Yes	No
a. Give or mail patients home FOBT cards rather than conduct the test by digital rectal exam?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Counsel patients about diet and drug restrictions such as abstaining from consumption of red meat or aspirin prior to completing the FOBT?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

30. If patients are given or mailed home FOBT kits, does the plan have a procedure in place to ensure that patients complete and return the FOBT?

Yes

No (SKIP TO QUESTION 32)

31. What is the procedure? (CHECK ALL THAT APPLY)

Verbal instructions from provider

Reminder telephone call

Reminder by mail

Chart reminder to return kit at next visit

Other (Describe) _____

32. Do plan guidelines or protocol specify what is to be done *as an initial follow-up* to a positive FOBT?

G Yes

G No (**SKIP TO QUESTION 35**)

33. What is recommended *as an initial follow-up* to a positive FOBT? (**CHECK ALL THAT APPLY**)

G Repeat FOBT

G Flexible sigmoidoscopy

G Colonoscopy

G Double contrast barium enema

G Other (Describe) _____

34. Is the initial follow up to a positive FOBT typically performed in plan, or are patients referred out of plan? (**CHECK ONE BOX**)

G Performed in-plan

G Referred out of plan

G Both occur about equally

B. Screening with Flexible Sigmoidoscopy

Complete this section only if plan guidelines or protocol specify flexible sigmoidoscopy as a colorectal cancer screening modality for asymptomatic, average-risk patients. Otherwise, skip to Question 41.

35. According to plan guidelines or protocol,

	<u>Patient Age/ Screening Interval</u>	<u>No Policy</u>
a. At what age do plan providers begin screening asymptomatic, average-risk patients with flexible sigmoidoscopy?	_____ years old	G
b. At what interval is screening with flexible sigmoidoscopy recommended?	Every _____ year(s)	G
c. At what age is screening with flexible sigmoidoscopy no longer recommended for asymptomatic, average-risk patients?	_____ years	G

36. Do plan guidelines or protocol specify the types of providers that are to screen eligible patients with flexible sigmoidoscopy?

G Yes

G No (SKIP TO QUESTION 38)

37. Indicate which provider types are to screen eligible patients with flexible sigmoidoscopy. (CHECK ALL THAT APPLY)

G Primary care physicians

G Gastroenterologists

G General surgeons

G Radiologists

G Nurse practitioners

G Physician's assistants

G Other (Specify) _____

38. Is screening with flexible sigmoidoscopy typically performed by plan providers, or are patients referred out-of-plan? **(CHECK ONE BOX)**

G Plan provider(s)

G Out-of-plan provider(s)

G Both used about equally

39. Do plan guidelines or protocol specify what is to be done *as an initial follow-up* to a positive screening sigmoidoscopy?

G Yes

G No **(SKIP TO QUESTION 41)**

40. What is recommended *as an initial follow-up* to a positive sigmoidoscopy? **(CHECK ALL THAT APPLY)**

G FOBT

G Repeat sigmoidoscopy

G Colonoscopy

G Double contrast barium enema

G Other (Describe) _____

C. Screening with Colonoscopy

Complete this section only if plan guidelines or protocol specify colonoscopy as a colorectal cancer screening modality for asymptomatic, average-risk patients. Otherwise, skip to Question 45.

41. According to plan guidelines or protocol,

	<u>Patient Age/ Screening Interval</u>	<u>No Policy</u>
a. At what age do plan providers begin screening asymptomatic, average-risk patients with colonoscopy?	_____ years old	G
b. At what interval is screening with colonoscopy recommended?	Every _____ year(s)	G
c. At what age is screening with colonoscopy no longer recommended for asymptomatic, average-risk patients?	_____ years	G

42. Do plan guidelines or protocol specify the provider types that are to screen eligible patients with colonoscopy?

G Yes

G No (SKIP TO QUESTION 44)

43. Indicate which provider types are to screen with colonoscopy. (CHECK ALL THAT APPLY)

G Primary care physicians

G Gastroenterologists

G General surgeons

G Radiologists

G Nurse practitioners

G Physician’s assistants

G Other (Specify) _____

44. Is screening with colonoscopy typically performed by plan providers, or are patients referred out-of-plan? (CHECK ONE BOX)

G Plan provider(s)

G Out-of-plan provider(s)

G Both used about equally

D. Screening with Double Contrast Barium Enema

Complete this section only if plan guidelines or protocol specify double contrast barium enema as a colorectal cancer screening modality for asymptomatic, average-risk patients. Otherwise, skip to Question 49.

45. According to plan guidelines or protocol,

	<u>Patient Age/ Screening Interval</u>	<u>No Policy</u>
a. At what age do asymptomatic average-risk patients begin to be screened with double contrast barium enema?	_____ years old	G
b. At what interval is screening by double contrast barium enema recommended?	Every _____ year(s)	G
c. At what age is screening with double contrast barium enema no longer recommended for asymptomatic average-risk patients?	_____ years	G

46. Is screening with double contrast barium enema typically performed by plan providers, or are patients referred out-of-plan? (CHECK ONE BOX)

G Plan provider(s)

G Out-of-plan provider(s)

G Both used about equally

47. Do plan guidelines or protocol specify what is to be done *as an initial follow-up* to a positive double contrast barium enema?

G Yes

G No (SKIP TO QUESTION 49)

48. What is recommended *as an initial follow-up* to a positive double contrast barium enema? (CHECK ALL THAT APPLY)

G FOBT

G Flexible sigmoidoscopy

G Colonoscopy

G Repeat double contrast barium enema

G Other (Describe) _____

PART IV. SYSTEMS FOR COLORECTAL CANCER SCREENING

This section includes questions about the systems your health plan has in place to recruit patients into screening, and to track and report colorectal cancer procedure results.

49. Which of the following mechanisms does your plan use to remind *providers* that a patient is due for colorectal cancer screening? (CHECK ALL THAT APPLY)

G Notation or flag in patient's chart

G Computer prompt

G No set system, varies by provider

G Other (Describe) _____

50. Which of the following systems is currently used by your plan to inform *patients* that they are due for colorectal cancer screening? (CHECK ALL THAT APPLY):

Verbal recommendation from provider during office visit

Reminder telephone call

Reminder by mail

Other (Describe) _____

51. Does the plan have in place a mechanism to re-contact eligible patients who are not screened?

Yes, patients directly contacted by the plan

Yes, patients directly contacted by the provider

Yes, other contact (Describe) _____

No

52. Does the plan track the number of: (CHECK ONE BOX ON EACH LINE)

	Yes	No
a. Enrollees <i>invited</i> to receive colorectal cancer screening each year?	<input type="checkbox"/>	<input type="checkbox"/>
b. Invited enrollees who <i>actually complete</i> colorectal cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>
c. Eligible enrollees who complete colorectal cancer screening, whether or not they were invited?	<input type="checkbox"/>	<input type="checkbox"/>

53. For the colorectal cancer screenings it conducts, does the plan routinely measure and review the following: (CHECK ONE BOX ON EACH LINE)

	Yes	No
a. Number of abnormal screens	<input type="checkbox"/>	<input type="checkbox"/>
b. Number of false positive tests	<input type="checkbox"/>	<input type="checkbox"/>
c. Number of false negative tests	<input type="checkbox"/>	<input type="checkbox"/>
d. Positive predictive value of screening tests (# screen-detected cancers divided by # screening tests with positive results)	<input type="checkbox"/>	<input type="checkbox"/>

54. For patients with an abnormal colorectal cancer screening, does the plan track the following outcomes:
(CHECK ONE BOX ON EACH LINE)

	Yes	No
a. Whether follow-up procedures were obtained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Results of follow-up procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Any adverse events resulting from follow-up procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

55. Does the plan maintain or contract with an organized, dedicated unit for performing endoscopic colorectal cancer screening exams?

Yes

No

56. During the past year, has the plan distributed any printed information encouraging patients to seek colorectal cancer screening?

Yes

No

57. In the past year, has the plan conducted or sponsored any meetings/seminars on colorectal cancer screening for: (CHECK ONE BOX ON EACH LINE)

	Yes	No
a. Primary care physicians?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Specialty physicians such as general surgeons, gastroenterologists, or radiologists?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

58. Does the plan have in place an organized program to train primary care providers in colorectal cancer screening with flexible sigmoidoscopy or colonoscopy?

Yes

No

PART V. YOUR OPINIONS ABOUT COLORECTAL CANCER SCREENING

We are interested in your opinions about colorectal cancer screening in this final section.

59. In your opinion, is colorectal cancer screening actively promoted by your health plan at this time?

G Yes

G No

60. To what extent are your plan's intentions or efforts to actively promote colorectal cancer screening currently affected by the following potential barriers?

	Major Barrier	Minor Barrier	Not a Barrier
a. Lack of a formalized screening program	G	G	G
b. Scarce resources to conduct screening other than fecal occult blood testing (e.g., lack of qualified personnel, equipment, facilities)	G	G	G
c. Scarce resources to conduct diagnostic follow-up to screening	G	G	G
d. Lack of provider interest and support	G	G	G
e. Patient noncompliance in completing screening exams	G	G	G
f. Provider dissatisfaction with the level of reimbursement for screening	G	G	G
g. Lack of consensus on appropriate screening or diagnostic modalities	G	G	G

61. In your opinion, how important would these developments be in promoting colorectal cancer screening or achieving higher rates of colorectal cancer screening within your plan?

	Very Important	Somewhat Important	Not Important
a. Stronger evidence for screening efficacy	G	G	G
b. Stronger evidence for screening cost-effectiveness	G	G	G
c. Inclusion as a HEDIS measure	G	G	G
d. Increased efforts to educate the public in the importance of screening	G	G	G
e. Increased training/education for providers	G	G	G
f. Active screening promotion by other health plans	G	G	G
g. Technology improvements that result in procedures that are more acceptable to patients	G	G	G
h. Increased reimbursement for screening exams	G	G	G
i. Other (Describe)_____	G	G	G

62. Indicate whether you agree or disagree with the statements below about colorectal cancer screening with *flexible sigmoidoscopy*: (CHECK ONE BOX ON EACH LINE)

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. Is best conducted by primary care physicians	G	G	G	G
b. Is best performed by specialists such as gastroenterologists or surgeons	G	G	G	G
c. Can be effectively performed by well-trained mid-level practitioners such as nurse practitioners and physician's assistants	G	G	G	G
d. Is most effectively performed in dedicated screening or endoscopy centers rather than primary care physicians' offices	G	G	G	G

63. Please comment on the current capacity of facilities and personnel in your plan's service area for performing these colorectal cancer screening procedures over the next 3 years: (CHECK ONE BOX)

	More than enough to meet demand	Just about right to meet demand	Inadequate to meet demand	Don't know
a. Flexible sigmoidoscopy	<input checked="" type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G
b. Colonoscopy	<input checked="" type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G
c. Double contrast barium enema	<input checked="" type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G

64. Indicate your level of agreement with the following statement: (CHECK ONE BOX)

"Colorectal cancer screening *should be* actively promoted by my health plan at this time."

G Strongly agree

G Somewhat agree

G Somewhat disagree

G Strongly disagree

65. 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 emerging and challenging area of colorectal cancer screening. Please return your completed questionnaire in the enclosed postage-paid envelope or fax it to Lorayn Olson at (312) 867-4200.