

**VA Cancer Care Collaborative Survey: Gastroenterology Module**

**Job title (Check all that apply)**

- Chief, Gastroenterology
- Physician
- Other (specify): \_\_\_\_\_

**Service of primary respondent**

- Gastroenterology (GI)
- Surgery
- Other (specify): \_\_\_\_\_

The first questions are about notification and referral processes related to colonoscopy at your facility.

**1. Does your Primary Care program use a consult template for colonoscopy referrals?**

- Yes
- No – **GO TO QUESTION 2**
- Don't know – **GO TO QUESTION 2**

**1a. Which of the following items are included on the consult template used for colonoscopy referrals? (Check all that apply)**

- Anticoagulant use
- Anti-platelet use
- Diabetic
- Anemia/Iron deficiency
- Life expectancy or comorbidities related to life expectancy
- Previous colonoscopy results
- Physical/cognitive impairments that would make difficult to follow prep instructions
- Lab values
- Other (specify): \_\_\_\_\_
- None
- Don't know

**2. How is the GI / Endoscopy clinic first notified of an FOBT positive result? (Check all that apply)**

- Lab sends notification directly to GI / Endoscopy
- Primary care notifies using consult template or other referral process
- Other (specify): \_\_\_\_\_
- Don't know

**3. What method does your GI / Endoscopy program use to review colonoscopy referrals? (Check all that apply)**

- One nurse reviews referrals
- One physician reviews referrals
- Responsibility for reviewing referrals is rotated among nurses
- Responsibility for reviewing referrals is rotated among physicians
- Other (specify): \_\_\_\_\_
- We don't have a formal process in place for reviewing referrals
- Don't know

**4. How does staff provide feedback to referring providers about the appropriateness of their colonoscopy referrals? (Check all that apply)**

- Electronic communication to referring provider (e.g., to explain why referral request was cancelled)
- Phone call to referring provider (e.g., to explain why referral request was cancelled)
- Aggregate feedback provided periodically to the primary care team, clinic, or service
- Other (specify): \_\_\_\_\_
- No feedback provided
- Don't know

The next questions are related to tracking and feedback systems used by your GI / Endoscopy program.

**5. Has your GI / Endoscopy program assigned anyone the responsibility of tracking what happens to patients referred for colonoscopy? (Select One)**

- Yes – a single person has been assigned this responsibility
- Yes – this responsibility is shared by multiple individuals
- Yes – other (please explain): \_\_\_\_\_
- No – **GO TO QUESTION 6**
- Don't know – **GO TO QUESTION 6**

**5a. Which of the following outcomes does this person/s track for patients referred for colonoscopy? (Check all that apply)**

- Whether referral was cancelled by GI / Endoscopy
- Whether patient refused colonoscopy
- Whether patient chose to have a non-VA colonoscopy (i.e., colonoscopy at a location that would not be reimbursed by the VA)
- Date onsite colonoscopy completed
- Date fee basis or contract colonoscopy completed
- Date non-VA colonoscopy completed
- Results of onsite colonoscopy
- Results of fee basis or contract colonoscopy
- Results of non-VA colonoscopy
- Other (specify): \_\_\_\_\_
- Don't know

**5b. Approximately how frequently does this person/s check these outcomes? (Select One)**

- As needed on an ongoing basis
- Weekly
- Monthly
- Quarterly
- Other (specify): \_\_\_\_\_
- Don't know

**5c. How is the information that is tracked used? (Check all that apply)**

- For reporting the quarterly Colorectal Cancer Diagnosis Monitor data
- For assuring that all patients with +FOBT results receive appropriate follow-up
- For assuring all referred colonoscopies are completed in a timely manner
- For assuring results of fee basis and/ or off-site colonoscopies are documented
- Other (specify): \_\_\_\_\_

**5d. Does this person/s track these outcomes for CBOC patients referred for colonoscopy?**

- Yes
- No
- Don't know

**6. How is feedback on the timeliness of follow-up for patients with positive FOBT results given to GI / Endoscopy staff? (Check all that apply)**

- Verbally in a staff meeting
- In writing in the form of an aggregate team, clinic or facility report
- Other (specify): \_\_\_\_\_
- No feedback provided to GI / Endoscopy staff on this aspect of care – **GO TO QUESTION 7**
- Don't know – **GO TO QUESTION 7**

**6a. Approximately how frequently are GI / Endoscopy staff given this feedback? (Select One)**

- Weekly
- Monthly
- Quarterly
- Annually
- Don't know

**7. Which of the following rewards or reprimands do staff in your GI / Endoscopy program receive for their performance on assuring timely follow-up of positive FOBT results? (Check all that apply)**

- Recognition from leadership for good performance
- Monetary rewards for good performance
- Counseling or reprimands for poor performance
- Other (specify): \_\_\_\_\_
- None of the above
- Don't know

The next questions are about the scheduling, patient education, and reminder systems used in your GI / Endoscopy clinic.

**8. Which of the following options best describes the most common way that patients are scheduled for the first appointment to follow-up on a positive FOBT at your facility? (Select One)**

- Patient is sent a letter instructing them to come to the clinic at a specific date/time
- Patient is first sent a letter instructing them to call the clinic, and then an appointment date/time is negotiated over the phone
- A scheduler calls the patient to arrange an appointment date/time
- Other (specify): \_\_\_\_\_
- Don't know

**9. What is the most typical way that patients receive their colonoscopy preparation instructions at your facility? (Select One)**

- Written instructions provided with prep kit
- Written instructions mailed separate from prep kit
- Verbal instructions provided over the phone
- Individual appointment
- Group appointment
- Other (specify): \_\_\_\_\_
- Don't know

**10. Which of the following techniques are commonly used at your facility to remind patients of their colonoscopy appointment after they have received their prep kit and instructions?**

**(Check all that apply)**

- Mailed reminder letter
- Email or secure messaging reminder
- Phone call from clerk
- Phone call from nurse or provider
- Phone call from automated system
- Other (specify): \_\_\_\_\_
- We don't have a reminder system – **GO TO QUESTION 11**
- Don't know – **GO TO QUESTION 11**

**10a. Are preparation procedures reviewed as part of the reminder?**

- Yes
- No
- Don't know

**11. Do you require a pre-procedure clinic appointment prior to the colonoscopy appointment?**

- Yes
- No
- Don't know

The next questions are about colonoscopy supply and demand in your GI / Endoscopy program.

**12. How many slots are available for conducting colonoscopies in your GI / Endoscopy program in a typical week? \_\_\_\_\_**

**12a. How many of these are typically for existing patients / surveillance? \_\_\_\_\_**

**13. How many new colonoscopy consults are requested in your GI / Endoscopy program in a typical week? \_\_\_\_\_**

**13a. How many of these are typically for +FOBT patients? \_\_\_\_\_**

**14. In the past six months, did your GI program implement any of the following processes to keep up with colonoscopy demand? (Check all that apply)**

- Added additional clinic hours
- Implemented make up clinics
- Added additional staff
- Increased use of contract providers
- Increased use of fee basis providers
- Overbooked appointments
- Other (specify): \_\_\_\_\_
- No change implemented
- Don't know

**15. Does your facility utilize fee-basis colonoscopy?**

- Yes
- No – **GO TO QUESTION 16**
- Don't know – **GO TO QUESTION 16**

**15a. Are fee-basis colonoscopies typically completed within 60 days of the referral?**

- Yes
- No
- Don't know

**15b. Do you typically receive the documentation for fee-basis colonoscopies within 60 days of the referral?**

- Yes
- No
- Don't know

**16. Does your facility utilize off-site contract colonoscopy?**

- Yes
- No – **GO TO QUESTION 17**
- Don't know – **GO TO QUESTION 17**

**16a. Are off-site contract colonoscopies typically completed within 60 days of the referral?**

- Yes
- No
- Don't know

**16b. Do you typically receive the documentation for contract colonoscopies within 60 days of the referral?**

- Yes
- No
- Don't know

**17. Do you have sufficient resources available for entering fee-basis and/or contract colonoscopy documentation (both performance and results) into CPRS?**

- Yes
- No
- Not applicable
- Don't know

The next question is about surveillance practices at your facility.

**18. How soon is a repeat colonoscopy typically scheduled at your facility for the following types of patients:**

- Advanced or multiple ( $\geq 3$ ) adenomas on last colonoscopy : \_\_\_\_\_years
- 1-2 small adenomas (<1cm) on last colonoscopy: \_\_\_\_\_years

The last questions are about barriers and facilitators to providing timely follow-up for positive FOBT results.

**19. How difficult has it been for your GI / Endoscopy program to provide timely follow-up for positive FOBTs (i.e., completing colonoscopy within 60 days of the positive FOBT results)? (Select One)**

- Extremely difficult
- Very difficult
- Somewhat difficult
- Not at all difficult
- Don't know

**Continued on next page**

20. Please rate each of the following potential barriers to providing timely follow-up for positive FOBTs, where 1 is not a barrier and 5 is a key barrier to providing timely follow-up for positive FOBTs.

	Not a barrier 1	2	3	4	Key barrier 5	Don't Know
a. Not a priority to leadership	<input type="checkbox"/>					
b. Poor communication between GI and PC	<input type="checkbox"/>					
c. Poor communication between VA medical center and CBOC	<input type="checkbox"/>					
d. Lack of standardized tracking system	<input type="checkbox"/>					
e. Lack of incentives	<input type="checkbox"/>					
f. Inappropriate use of FOBT	<input type="checkbox"/>					
g. Delayed referral to GI for positive FOBTs	<input type="checkbox"/>					
h. Inappropriate use of colonoscopy	<input type="checkbox"/>					
i. Limited availability of onsite colonoscopy appointments	<input type="checkbox"/>					
j. Patient cancellations/no shows for colonoscopy appointments	<input type="checkbox"/>					
k. Poor patient prep/incomplete colonoscopy procedures	<input type="checkbox"/>					
l. Insufficient colonoscopy staff	<input type="checkbox"/>					
m. Insufficient colonoscopy space	<input type="checkbox"/>					
n. Availability of fee basis colonoscopy	<input type="checkbox"/>					
o. Other (specify):	<input type="checkbox"/>					

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**21. Do you have any other thoughts or concerns about the follow-up of positive FOBT results at your facility you would like to share with us?**

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**THANK YOU FOR COMPLETING THE SURVEY**

**Please return your completed survey in the provided postage paid envelope.**