

CCC Program: _____

Toolbox office name: _____



Toolbox Evaluation Form 2

Turn this form in with your quarterly reports to the MCCP. Details about any of these items can be reported in the Quarterly Progress column of your quarterly report.

PRACTICE ASSESSMENT AND PROCESS TRACKING TOOL

1) Does the practice have an existing policy for colorectal cancer screening?

- Please check all items that are included in the office policy prior to Toolbox implementation with a Y.
- Please date all the items that you incorporate into the office policy as a result of implementing the Toolbox.

- _____ Determination of individual risk level for each eligible patient
- _____ Assessment of patient's insurance coverage
- _____ Assessment of patient's awareness of and readiness for CRC screening
- _____ Assessment of patient's screening test preferences
- _____ Procedure for ensuring a complete diagnostic evaluation when a colorectal cancer screening test is positive
- _____ Process for remaining current with status of local medical resources

2) Does the practice have an existing reminder system for colorectal cancer screening:

- Please check all items that are included in the reminder systems prior to Toolbox implementation with a Y.
- Please date all the items that you incorporate into the reminder system as a result of implementing the Toolbox.

Office processes

- _____ Chart prompts
- _____ Audits & feedback
- _____ Ticklers and logs
- _____ Staff assignments

Patient education

- _____ Posters
- _____ Brochures
- _____ Reminder postcards
- _____ Reminder letters
- _____ Reminder calls