

INTRODUCTION

Thank you for your time and effort in overseeing the completion of this survey on behalf of your Cancer Center.

Purpose of this Survey

The National Cancer Institute (NCI), with support from ICF Next, is conducting this **20-minute survey to describe collaborations between your Cancer Center and [Health Resources and Services Administration \(HRSA\)](#)-supported and other safety-net settings of care. The survey will also ask about your Cancer Center's activities to support underserved and socially disadvantaged populations.** We are also particularly interested in cervical cancer related collaborations.

How the Survey Findings will be Used

The findings regarding your interaction with safety-net settings of care may allow NCI to:

- 1) **Inform gaps in coordination**
- 2) Identify opportunities to advocate for building effective relationships
- 3) Examine innovative approaches to cervical cancer prevention, screening, and treatment for underserved and socially disadvantaged populations

Survey Instructions and Key Terminology

If you need input from other staff to complete this survey, we ask that you collate their input on the PDF version and submit a single online survey on behalf of your institution.

Safety-net settings of care refer to community-based health care settings that provide health care services in medically underserved areas. HRSA supported settings of care include Community Health Centers, Federally Qualified Health Centers, Critical Access Hospitals, Rural Health Clinics, Ryan White Clinics, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.

All information collected in this survey will be stored in a password-protected computer folder. Survey findings will not connect individuals or their organizations with their answers. Your participation in this survey is completely voluntary. You may end your participation in the survey at any time without penalty or loss of benefits to your organization or to you.

If you have any questions about this research study, please contact the research manager, Emily Grenen, at emily.grenen@icfnext.com. If you have any questions about your rights as a research participant, please contact the ICF IRB chair, Christine Walrath, at christine.walrath@icfnext.com.

Please note that your survey answers will be saved. You may exit and return to the survey at any time. If you have questions or would like to set up a conference call to walk through the survey, please contact the project coordinator, Blair Altman at blair.altman@icfnext.com.

Do you agree to voluntarily participate in this survey?

* "Clinical workflow" refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

I agree [enter the survey]
I do not agree [if selected, end survey]

I. Partnership and Engagement with HRSA-Supported and Other Safety-Net Settings of Care

The following questions are about partnerships between your Cancer Center and HRSA-supported or other safety-net settings of care.

1. **How would you describe the partnership between your Cancer Center or your partner institutions and HRSA-supported or other safety-net settings of care? [Choose one answer.]**

Our Cancer Center has a formal arrangement (i.e., written agreement, signed contract) with at least one HRSA-supported or other safety-net setting of care **[If selected, skip to Q3]**

Our Cancer Center does not have any formal arrangement and never have, but we accept patients from HRSA-supported or other safety-net settings of care **[If selected, skip to Q3]**

Our Cancer Center no longer has a formal arrangement, but we used to, and we accept patients from HRSA-supported or other safety-net settings of care **[If selected, continue to Q2]**

Our Cancer Center has no formal arrangement, and we *do not* accept patients from HRSA-supported or other safety-net settings of care **[If selected, end survey]**

I don't know **[If selected, end survey]**

2. In brief (about 2 sentences), please explain why your Cancer Center *no longer* has a formal arrangement with HRSA-supported or other safety-net settings of care.

3. **How does your Cancer Center currently partner with or engage HRSA-supported or other safety-net settings of care? Select all that apply.**

- Through referrals/consultations **[If NOT SELECTED, skip Q4]**
- From registry of shared patients (e.g., interoperable medical record)
- Having informal relationships between providers (e.g., sharing a professional network)
- By using shared staff (e.g., patient navigators)
- Doing collaborative community outreach
- Performing research (e.g., clinical trials, community engaged research)
- Providing clinical services within HRSA-supported and safety-net settings of care

* "Clinical workflow" refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

Other [Specify: _____]

4. What is the role of HRSA-supported or other safety-net settings of care for your patient population? **Select all that apply.**

- Deliver primary care
- Deliver other care services (e.g., behavioral health, pharmacy, dental)
- Deliver supportive services (e.g., health education, transportation, social work, support groups)
- Provide services regardless of ability to pay
- Provide care to special populations (e.g., individuals experiencing homelessness, individuals with HIV/AIDS, immigrant populations)
- Provide patient navigation (e.g., coordination of care, healthcare coverage)
- Provide financial navigation
- Other [Specify: _____]
- I don't know **[If selected, no other response options may be selected]**

5. What are the local needs of the underserved and socially disadvantaged populations served by HRSA supported or other safety-net settings of care in your area? **Select all that apply.**

- Interpretation services
- Community outreach services
- Childcare needs
- Care reimbursement/coverage (e.g., financial assistance)
- Housing needs
- Local lodging (e.g., ACS Hope Lodge, Ronald McDonald House)
- Transportation services
- Food insecurity and nutrition needs
- Cultural considerations (e.g., norms, values, beliefs, fears, religious views, disclosure of information, end-of-life choices, and varying levels of trust in the health-care system)
- Resources to address poverty
- Rurality services
- Spiritual services
- Psychosocial or mental health services
- Tobacco cessation treatment and counseling
- Substance abuse treatment and counseling
- Cancer care navigation services (e.g., access to a patient navigator)
- Other [Specify: _____]
- I don't know **[If selected, no other response options may be selected]**

* "Clinical workflow" refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

6. Which of the following services does your Cancer Center provide for underserved and socially disadvantaged populations [includes both services your Cancer Center provides directly and services that may be provided by external organizations that your Cancer Center refers to or collaborates with (e.g., local food banks, homeless shelters.)] **Select all that apply.**
- Interpretation services
 - Childcare need services
 - Care reimbursement/coverage services (e.g., financial assistance)
 - Housing need services
 - Local lodging (e.g., ACS Hope Lodge, Ronald McDonald House)
 - Transportation services
 - Food insecurity and nutrition need services
 - Culturally competent materials/resources (e.g., norms, values, beliefs, fears, religious views, disclosure of information, end-of-life choices, and varying levels of trust in the health-care system)
 - Resources to address financial toxicity or poverty
 - Rurality resources
 - Spiritual services
 - Psychosocial or psycho-oncology services
 - Tobacco cessation treatment and counseling
 - Substance abuse treatment and counseling
 - Cancer care navigation services (e.g., access to a patient navigator)
 - None of the above
 - Other [Specify: _____]

7. **Using current resources**, tell us your center’s plan for taking any of the following actions to strengthen services for underserved and socially disadvantaged populations. **Select one per row.**

	We are already doing this, and the service does not need strengthening.	We are already doing this, and the service could be strengthened.	We are not already doing this, but we are planning to start.	We do not plan on doing this in the next year.
Hire additional staff, such as patient or financial navigators, social workers				
Provide more financial assistance to patients to help with direct costs of cancer care				

* “Clinical workflow” refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

Provide more financial assistance to patients to help with indirect costs of cancer care				
Train staff and providers in cultural sensitivity (i.e., cultural humility, cultural awareness, and cultural competence)				
Partner with non-health community organizations (e.g., faith-based organizations, community-based organizations)				
Improve transparency of treatment costs for patients				
Create additional tools or resources to enhance uptake of cancer screening				
Streamline integration of financial navigation into the clinical workflow*				
Streamline integration of spiritual services into the clinical workflow				
Streamline integration of psychosocial services into the clinical workflow				
Other [Specify: _____]				

8. ***If you had additional funding***, which of the following would your Cancer Center prioritize to strengthen services for underserved and socially disadvantaged populations? **Select all that apply.**

- Hire additional staff, such as patient or financial navigators
- Provide more financial assistance to patients to help with direct costs of cancer care
- Provide more financial assistance to patients to help with indirect costs of cancer care
- Train staff and providers in cultural sensitivity
- Partner with non-health community organizations (e.g., faith-based organizations, community-based organizations)
- Improve transparency of treatment costs for patients
- Create additional tools or resources to enhance uptake of cancer screening

* “Clinical workflow” refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

- Streamline integration of financial navigation into the clinical workflow
- Streamline integration of spiritual services into the clinical workflow
- Streamline integration of psychosocial services into the clinical workflow
- Other [Free text response: _____]

9. Please indicate on a scale of 1-3 the extent to which the following barriers present challenges to ***following-up to abnormal cancer screening*** between your Cancer Center and HRSA-supported or other safety-net settings of care (e.g., referring a patient to a cancer center for follow up care after they had an abnormal cancer screening at a HRSA site).

Note that 1 indicates that the barrier is *not a challenge*, 2 indicates that the barrier is *somewhat of a challenge*, and 3 indicates that the barrier is *a major challenge*.

	Not a Challenge (1)	Somewhat of a Challenge (2)	Major Challenge (3)
<i>Patient-Level Barriers</i>			
Patient transportation resources, travel time			
Patient caregiving responsibilities (e.g., children, elderly parents)			
Patient too busy with other commitments			
Patient health literacy			
Patient comorbidities			
<i>Clinician-Level Barriers</i>			
Clinical workload of Cancer Center staff			
Communication with patients and their caregivers			
<i>Systems-Level Barriers</i>			

* "Clinical workflow" refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

Interoperable electronic referral pathways between Cancer Center and HRSA-supported and other safety-net settings of care			
Timeliness of receipt of patient data after an abnormal screening test			
Collection and synthesis of pertinent patient data, including prior cancer screening and test results			
Communication between HRSA-supported and other safety-net settings of care staff and our Cancer Center staff (e.g., reporting results back to clinics)			
Limited Cancer Center budget			
Level of reimbursement for care			
Inadequate Cancer Center staffing and resources to navigate reimbursement			
Unfamiliar with safety-net settings of care (e.g., do not have a working relationship with a nearby HRSA-supported or other safety-net setting of care)			

* “Clinical workflow” refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

Other [Specify: _____]			
-------------------------------	--	--	--

10. Please indicate on a scale of 1-3 the extent to which the following barriers present challenges to **coordinating care** between your Cancer Center and HRSA-supported or other safety-net settings of care.

Note that 1 indicates that the barrier is *not a challenge*, 2 indicates that the barrier is *somewhat of a challenge*, and 3 indicates that the barrier is *a major challenge*.

	Not a Challenge (1)	Somewhat of a Challenge (2)	Major Challenge (3)
<i>Patient-Level Barriers</i>			
Patient transportation resources, travel time			
Patient caregiving responsibilities (e.g., children, elderly parents)			
Patient too busy with other commitments			
Patient health literacy			
Patient comorbidities			
<i>Clinician-Level Barriers</i>			
Clinical workload of Cancer Center staff			
Communication with patients and their caregivers			
<i>Systems-Level Barriers</i>			
Interoperable electronic referral pathways between Cancer Center and HRSA-supported or other safety-net setting of care			
Timeliness of receipt of patient data after an abnormal screening test			

* "Clinical workflow" refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

Collection and synthesis of pertinent patient data, including prior cancer screening and test results			
Communication between HRSA supported or other safety-net settings of care staff and our Cancer Center staff (e.g., reporting results back to clinics)			
Limited Cancer Center budget			
Level of reimbursement for care			
Inadequate Cancer Center staffing and resources to navigate reimbursement			
Unfamiliar with safety-net settings of care (e.g., do not have a working relationship with a nearby HRSA-supported or other safety-net setting of care)			
Other [Specify: _____]			

II. ***Cervical Cancer***

The following questions are specifically about cervical cancer control services offered at your Cancer Center.

11. Which of the following services are offered at your Cancer Center related to abnormal cervical cancer screening? **Select all that apply.**
- Colposcopy
 - Biopsy
 - Loop electrosurgical excision procedure (LEEP)
 - Cold knife cone

* “Clinical workflow” refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

- Ablation
- Care for invasive cervical cancer (surgery/chemotherapy/radiation)
- Other [Specify: _____]
- We do not provide any cervical cancer control services **[If selected, end survey]**

12. In the past two years, approximately what percentage of patients receiving follow-up care after an abnormal cervical cancer screening were referred to your Cancer Center from a HRSA-supported or other safety-net setting of care?

- <10%
- 10 - <25%
- 25 - <50%
- 50% - < 75%
- 75% or more
- I don't know

13. How are patients from HRSA-supported or other safety-net settings of care referred to your Cancer Center for follow-up care after an abnormal cervical cancer screening? **Select all that apply.**

- Call line or phone call referral
- Email referral
- Electronic health record (EHR) referral
- Interoperable patient portal
- Other [Specify: _____]

14. How does your Cancer Center follow-up with **patients who are referred** from HRSA-supported or other safety-net settings of care with an abnormal cervical cancer screening? **Select all that apply.**

- Patient reminders for post-screening follow-up appointments
- Patient reminders for post-treatment follow-up appointments
- Offering open-access scheduling
- Offering evening/weekend clinic access
- Referral to care coordination or specific care teams for underserved and socially disadvantaged populations (e.g., referral to a patient navigator, psychosocial services, or financial navigation)
- Other strategy not listed [Specify: _____]

15. How does your Cancer Center follow-up with **HRSA-supported or other safety-net settings of care** regarding patients they referred to your Cancer Center with an abnormal cervical cancer screening? **Select all that apply.**

* "Clinical workflow" refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).

- Communicating results of services rendered to patients back to HRSA-supported or other safety-net settings of care
- Referral systems (e.g., implementation of EHR referrals)
- Other strategy not listed [Specify:

_____]

* "Clinical workflow" refers to the delivery of clinical services (i.e., diagnostic procedures, care plans) or care information (i.e., medical treatment record, patient outcome).