

Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Sensitivity analysis using adjudicated claims data

Follow up	All patients			With adjudicated claims		
	n	% FU-CY (95% CI)		n	% FU-CY (95% CI)	
90-day	18,560	43.3	(42.7-43.8)	1603	54.0	(52.3-55.6)
180-day	15,159	51.4	(50.8-51.9)	1260	63.1	(61.5-64.7)
360-day	12,284	56.1	(55.6-56.7)	1024	68.7	(67.1-70.2)

eTable 2. Coefficients of HCO identity for Cox model

HCO ID		HR (95% CI)	
1		Reference	
2		1.06	(1.26-0.89)
3		1.40	(1.86-1.05)
4		1.08	(1.34-0.88)
5		0.84	(1.06-0.67)
6		0.90	(1.34-0.60)
7		1.42	(1.75-1.16)
8		1.08	(1.36-0.86)
9		0.86	(0.99-0.74)
10		0.92	(1.07-0.80)
11		0.70	(0.84-0.59)
12		0.81	(1.14-0.57)
13		0.86	(1.05-0.70)
14		1.05	(1.26-0.88)
15		0.66	(0.84-0.51)
16		0.75	(0.91-0.63)
17		1.18	(1.42-0.99)
18		0.52	(0.64-0.43)
19		0.52	(0.72-0.38)
20		0.89	(1.07-0.74)
21		1.61	(1.99-1.31)
22		0.95	(1.09-0.82)
23		0.99	(1.16-0.84)
24		0.48	(0.57-0.39)
25		0.80	(0.93-0.69)
26		0.75	(0.92-0.62)
27		0.26	(0.40-0.17)
28		1.13	(1.45-0.88)
29		1.67	(2.26-1.24)
30		1.36	(1.80-1.03)
31		0.78	(0.98-0.63)
32		1.14	(1.34-0.96)
33		0.73	(0.99-0.54)
34		0.75	(1.04-0.54)
35		1.07	(1.28-0.90)
36		1.27	(1.49-1.07)
37		0.84	(1.01-0.70)
38		1.08	(1.24-0.95)
39		2.07	(2.73-1.58)

eTable 3. Unadjusted FU-CY Rates for Select Characteristics

Characteristic at index date	Time Interval	FU-CY	95% CI
Overall	90	43.3%	(42.7%-43.8%)
Overall	180	51.4%	(50.8%-51.9%)
Overall	360	56.1%	(55.6%-56.7%)
RACE=Caucasian	90	44.4%	(43.9%-45.0%)
RACE=African American	90	33.9%	(31.8%-35.9%)
RACE=Asian	90	34.0%	(29.6%-38.2%)
RACE=Other/Unknown	90	36.1%	(33.5%-38.6%)
RACE=Caucasian	180	52.5%	(52.0%-53.1%)
RACE=African American	180	42.9%	(40.7%-45.0%)
RACE=Asian	180	40.7%	(36.1%-45.0%)
RACE=Other/Unknown	180	43.3%	(40.6%-45.9%)
RACE=Caucasian	360	57.2%	(56.6%-57.7%)
RACE=African American	360	49.0%	(46.8%-51.1%)
RACE=Asian	360	46.2%	(41.4%-50.6%)
RACE=Other/Unknown	360	48.7%	(46.0%-51.3%)
ETHNICITY=Not Hispanic	90	44.0%	(43.4%-44.5%)
ETHNICITY=Hispanic	90	35.2%	(31.9%-38.4%)
ETHNICITY=Unknown	90	35.5%	(33.3%-37.6%)
ETHNICITY=Not Hispanic	180	52.1%	(51.6%-52.7%)
ETHNICITY=Hispanic	180	43.8%	(40.3%-47.1%)
ETHNICITY=Unknown	180	42.7%	(40.4%-44.8%)
ETHNICITY=Not Hispanic	360	56.8%	(56.2%-57.3%)
ETHNICITY=Hispanic	360	50.3%	(46.7%-53.6%)
ETHNICITY=Unknown	360	48.6%	(46.3%-50.8%)
INDEX_TEST=FIT	90	36.0%	(35.3%-36.7%)
INDEX_TEST=mt-sDNA	90	53.4%	(52.6%-54.2%)
INDEX_TEST=FIT	180	43.7%	(43.0%-44.4%)
INDEX_TEST=mt-sDNA	180	62.1%	(61.3%-62.9%)
INDEX_TEST=FIT	360	48.7%	(47.9%-49.4%)
INDEX_TEST=mt-sDNA	360	66.6%	(65.8%-67.4%)

eTable 4. Cox Proportional Hazard sensitivity analysis excluding COVID period

Characteristic at index date		HR (95% CI)	
Age (years)		Reference	
	50-59	Reference	
	60-69	0.99	(0.95-1.03)
	70-75	0.98	(0.93-1.02)
Gender		Reference	
	Female	Reference	
	Male	1.00	(0.97-1.03)
Race		Reference	
	Caucasian	Reference	
	African American	0.87	(0.81-0.93)
	Asian	0.82	(0.71-0.95)
	Other	0.93	(0.85-1.03)
Ethnicity		Reference	
	Not Hispanic	Reference	
	Hispanic	0.90	(0.80-1.01)
	Unknown	0.93	(0.85-1.01)
Insurance status		Reference	
	Commercial	Reference	
	Medicaid	0.79	(0.73-0.85)
	Medicare	0.95	(0.91-1.00)
	Other	0.87	(0.61-0.83)
	Unknown	0.71	(0.76-1.00)
Smoking status		Reference	
	Never smoked	Reference	
	Current smoker	0.90	(0.86-0.94)
	Not currently smoking	1.05	(0.98-1.12)
	Previously smoked	0.99	(0.95-1.03)
	Unknown	0.89	(0.82-0.96)
Prior SBT use		Reference	
	No	Reference	
	Yes	1.13	(1.08-1.18)
Index year		Reference	
	2017	Reference	
	2018	1.00	(0.96-1.04)
	2019	0.91	(0.87-0.95)
SBT type		Reference	
	FIT	Reference	
	mt-sDNA	1.65	(1.60-1.72)
CCI levels		Reference	
	0	Reference	
	1-2	0.90	(0.87-0.94)
	3-4	0.73	(0.68-0.77)
	5+	0.63	(0.57-0.70)
Note: Excludes patients with index date later than Sep. 2019 Abbreviations: HR, Hazard ratio; SBT, stool-based test; CCI, Charlson Comorbidity Index			

eTable 5. Comparison of index years 2019 and 2020 assessing COVID-19 impact

90-day							
Pre-COVID (Nov 18 - Jun 19)				COVID (Nov 19 - Jun 20)			
Index month	n	% FU-CY (95% CI)		n	% FU-CY (95% CI)		p
Nov	478	45.6	(42.2-48.8)	448	45.0	(41.5-48.3)	0.85
Dec	477	49.0	(45.6-52.0)	414	45.0	(41.4-48.5)	0.25
Jan	456	47.4	(44.0-50.6)	445	36.7	(33.1-40.2)	0.01
Feb	443	50.1	(46.7-53.3)	478	28.3	(24.8-31.7)	<0.01
Mar	558	47.8	(44.7-50.7)	395	20.5	(16.9-24.0)	<0.01
Apr	587	47.5	(44.5-50.3)	154	32.8	(26.4-38.6)	0.01
May	687	45.4	(42.6-48.1)	195	38.5	(32.9-43.6)	0.09
Jun	568	44.6	(41.5-47.6)	252	47.0	(42.3-51.3)	0.53
180-day							
Pre-COVID (Nov 18 - Jun 19)				COVID (Nov 19 - Jun 20)			
Index month	n	FU-CY (95 CI)		n	FU-CY (95 CI)		p
Nov	397	53.5	(50.5-56.7)	396	50.2	(46.6-53.5)	0.35
Dec	402	56.0	(52.7-59.0)	377	48.5	(44.7-52.0)	0.04
Jan	392	53.4	(49.9-56.6)	394	43.2	(39.4-46.7)	0.01
Feb	360	57.5	(54.2-60.7)	373	42.6	(38.7-46.3)	<0.01
Mar	440	55.9	(52.8-58.8)	318	34.8	(30.5-38.9)	<0.01
Apr	449	55.8	(52.8-58.7)	118	44.0	(37.2-50.2)	0.02
May	537	53.6	(50.8-56.3)	163	44.4	(38.7-49.6)	0.04
Jun	422	53.8	(50.6-56.7)	194	55.6	(50.9-59.9)	0.67
360-day							
Pre-COVID (Nov 18 - Jun 19)				COVID (Nov 19 - Jun 20)			
Index month	n	FU-CY (95 CI)		n	FU-CY (95 CI)		p
Nov	307	58.9	(55.5-62.1)	319	56.2	(52.7-59.5)	0.49
Dec	316	60.7	(57.4-63.4)	302	54.6	(50.9-58.1)	0.12
Jan	293	58.2	(54.7-61.3)	313	50.3	(46.4-53.9)	0.05
Feb	283	61.1	(57.8-64.2)	282	49.8	(45.8-53.5)	0.01
Mar	321	59.4	(56.3-62.3)	235	44.0	(39.4-48.3)	<0.01
Apr	354	60.0	(57.0-62.8)	70	49.2	(42.1-55.4)	0.09
May	428	57.5	(54.6-60.2)	100	50.7	(44.7-56.0)	0.22
Jun	345	57.1	(53.9-60.1)	88	58.7	(53.9-63.0)	0.78

eAppendix 1. Exclusionary ICD-9 and ICD-10 Codes for Patients Not at Above-Average Risk

Patients not at average risk, and excluded from the current study, had the following codes associated with their screening test or procedure:

Code	Description
ICD-9	
V12.72	Personal history of colonic polyps
V10.05	Personal history of malignant neoplasm of the large colon
V10.06	Personal history of malignant neoplasm of the rectum, rectosigmoid junction, anus
V16.0	Family history of malignant neoplasm of the gastrointestinal tract
V84.09	Genetic susceptibility to other malignant neoplasm (includes lynch syndrome)
153	Malignant neoplasm of colon
153.0	Malignant neoplasm of hepatic flexure
153.1	Malignant neoplasm of transverse colon
153.2	Malignant neoplasm of descending colon
153.3	Malignant neoplasm of sigmoid colon
153.4	Malignant neoplasm of cecum
153.5	Malignant neoplasm of appendix vermiformis
153.6	Malignant neoplasm of ascending colon
153.7	Malignant neoplasm of splenic flexure
153.8	Malignant neoplasm of other specified sites of large intestine
153.9	Malignant neoplasm of colon, unspecified
154	Malignant neoplasm of rectum, rectosigmoid junction, and anus
154.0	Malignant neoplasm of rectosigmoid junction
154.1	Malignant neoplasm of rectum
154.8	Malignant neoplasm of other sites of rectum, rectosigmoid junction, and anus
230.3	Carcinoma in situ of colon
230.4	Carcinoma in situ of rectum
211.3	Benign neoplasm of colon (includes Familial Adenomatous Polyposis)
211.4	Benign neoplasm of rectum and anal canal
229.9	Benign neoplasm, unspecified site
238.9	Neoplasm of uncertain behavior, unspecified
569.0	Anal and rectal polyp
569.49	Other specified disorders of rectum and anus (includes fibroepithelial polyp)
555	Regional enteritis
555.0	Crohn's disease (inflammatory bowel disease)
555.1	Crohn's disease (inflammatory bowel disease),
555.2	Crohn's disease (inflammatory bowel disease)
555.9	Crohn's disease (inflammatory bowel disease)
556	Ulcerative proctocolitis

556.0-556.9	Ulcerative Colitis
578.1	Stool contents: occult blood in stool
792.1	Stool contents: abnormal substance in stool
ICD-10	
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications

K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K52.8	Other specified noninfective gastroenteritis and colitis
K62.1	Rectal polyp
K62.5	Hematochezia
K50.8	Crohn's disease of small and large intestine without complication
K50.10	Crohn's disease of large intestine without complication
K50.11	Crohn's disease of large intestine
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.90	Ulcerative colitis, unspecified, without complication
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K51.20	Ulcerative (chronic) proctitis
K51.3	Ulcerative (chronic) rectosigmoiditis
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K92.1	Melena
R19.5	Other fecal abnormalities (FOBT/FIT positives, occult blood)

Z86.01	Personal history of adenoma/colonic polyps
Z86.010	Personal history of colonic polyps
Z85.09	Personal history of malignant neoplasm digestive tract
Z15.09	Genetic susceptibility to other malignant neoplasm
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.3	Malignant neoplasm of hepatic flexure
C18.5	Malignant neoplasm of splenic flexure
C18.7	Malignant neoplasm of sigmoid colon
C18.2	Malignant neoplasm of ascending colon
C18.4	Malignant neoplasm of transverse colon
C18.6	Malignant neoplasm of descending colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of the colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D12.6	Adenomatous polyp of colon (benign neoplasm of colon, unspecified) includes familial adenomatous polyposis/hereditary
D12.0	Benign neoplasm of cecum (includes familial polyposis)
D12.1	Benign neoplasm of appendix (includes familial polyposis)
D12.4	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.2	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.7	Benign neoplasm of rectosigmoid junction (includes familial polyposis)
D12.8	Benign neoplasm of rectum
D36.9	Benign neoplasm, unspecified site
D48.9	Neoplasm of uncertain behavior, unspecified

eAppendix 2. Colonoscopy Procedure Codes

Colonoscopy CPT/HCPCS codes:

- CPT/HCPCS – 44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398, G0105, G0120, G0121

Flexible Sigmoidoscopy CPT/HCPCS codes:

- 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350, G0104, G0106

CT Colonography CPT codes:

- 74261, 74262, 74263

eAppendix 3. AMGA Colorectal Cancer Screening and Follow-up Interview Guide

AMGA Colorectal Cancer Screening and Follow-up *Interview Guide*

Introduction

The purpose of this research is to better understand how providers and other clinic staff approach colorectal cancer screening follow-up and barriers to timely colonoscopy after a positive stool-based test. This interview is being conducted by AMGA, a health care trade association of which your organization is a member. You have been identified as a provider with knowledge of this topic. Your input is extremely valuable to this study and will contribute to improving the care for patients at risk for colorectal cancer (CRC). The interview will take up to 90 minutes. An honorarium in the amount of \$500 will be provided for participation in the interview.

Your participation in this study is voluntary. Your responses will be treated confidentially, and any findings will be shared in a de-identified, aggregated format. We are requesting to record this interview to aid in the research. The recording will be deleted after research is completed, and no comments will be directly attributed back to you unless we specifically obtain your consent in advance to do so. The information you share in the interview will be stored in a password protected file to which only AMGA will have access. Any data which is shared with the project funder and any published data will be aggregated and de-identified.

Please do not respond to any of these questions with patient identifiable information. None of the responses require any MRNs, patient names, or other identifiers.

At this point, the researcher will request consent to proceed and to record the interview.

Background

1. Please describe your current role at your organization.
2. How many years have you been practicing (or working at organization if non-provider)?
3. About how many patients do you see per week?
4. About how many patients do you discuss CRC screening with per week?
5. How do you (or your organization) approach preventive services like cancer screening and immunizations? Do you discuss with patients directly or does another staff member discuss?
6. How does the computer help or hinder you in preventive service reminders?
7. Does your organization or clinic practice have any specific guidelines or recommendations around CRC cancer screening and how are they communicated to patients?
8. Do you discuss cancer screening, CRC in particular, with your partners (if provider) or with other staff/team members at your organization (if non-provider)?

Colorectal Cancer Screening

9. What CRC screening options are communicated to patients, and are some preferentially recommended?
10. Do you use stool-based screening tests for CRC screening?
 - a. What factors influence your decision for choosing stool-based screening?
 - b. In what situations would a stool-based test be preferred over a colonoscopy?
 - c. What proportion of your patients do you think use stool-based screening? Has this number increased post-COVID?
 - d. Which type of stool-based test (or tests) do you use?
 - i. Are they mailed to patients? Provided during an office visit? Both?
 - ii. If both, what % are done by each method?
11. Do patients request stool-based screening?
12. What do you think of the new US Preventive Services Task Force (USPSTF) guidelines to start screening at age 45? How do you think this will be received by patients? What challenges do you anticipate around these new guidelines?
13. Does your organization track screening rates e.g., using benchmarks or reports? If so, can you share the general findings/rates?
 - a. Are benchmarks or reports stratified by any patient demographics, e.g., race, ethnicity, age, sex?

Colorectal Cancer Follow-up

14. Is a potential need for a follow-up colonoscopy discussed with the patient at the time the stool-based test is ordered?
15. How is the result of the stool-based test communicated to you?
16. How is the result of the stool-based test communicated to the patient?
17. Are test results documented in the EHR, e.g., in a structured field, scanned report, clinical notes?
 - a. If in a structured field, is there more than one date documented? e.g., the date the test was ordered, result was received, or result was discussed with the patient? If only one date, how do you interpret the date?
18. What is the process for scheduling the follow-up colonoscopy after a positive stool-based test?
 - a. Is scheduling the follow-up colonoscopy offered at the time the positive stool-based results are provided to the patient? How does the scheduling occur?
 - b. Is there a recommended or required timeframe communicated to the patient for completing a follow-up colonoscopy?
 - c. How often do you think patients are adhering to this timeline?
19. Does your organization track time to follow-up colonoscopy e.g., using benchmarks or reports? If so, can you share the general findings/rates?
 - a. Are benchmarks or reports stratified by any patient demographics, e.g., race, ethnicity, age, sex?
20. Is cost or insurance coverage for a follow-up colonoscopy addressed at any point with the patient?
 - a. How do you, or how does your organization, bill for the colonoscopy, e.g., diagnostic or screening?

21. What are the biggest **barriers** you face regarding follow-up to a positive stool-based test?
 - a. At the patient level? (e.g., reluctance, lack of willingness to follow guidelines, fatalism, fear, time, transportation, etc.)
 - b. At the provider level? (e.g., lack of time to explain, lack of touchpoints, other health issue to prioritize, recent colonoscopy done, failure to inform patient of result, result attributed to false positive)
 - c. At the organizational level? (e.g., recommendations, no gastroenterology dept. or referral pathway, lack of appointments, technology, staffing shortages, language barriers between patients and providers)
 - d. External to the organization? (e.g., insurance coverage for diagnostic test)
22. What are the biggest **facilitators** to follow-up? (ask about each level)
 - a. At the patient level? (e.g., enthusiasm, knowledge, wanting to please provider, transportation assistance)
 - b. At the provider level? (e.g., timely informing patient of result, time to discuss preventive health with patients, plenty of access to appts.)
 - c. At the organizational level? (e.g., referral pathways, care gap reports, prevention culture of organization, emphasis on value-based care, care coordination, interpretation services or educational materials in different languages, appointment reminders)
 - d. External to the organization? (e.g., insurance assistance)

Patient Experience

23. Education
 - a. Who provides most of the education for patients on CRC screening and follow-up?
 - b. Is the patient portal used for this education?
 - c. Are flyers or reminders used?
24. What is the average age that you think your patients first get screened?
 - a. Does this differ by screening type, e.g., stool-based test vs. colonoscopy?
25. What prevents patients from timely screening, at the age they become eligible?
26. Do you think patients are aware of the new guidelines that lower the screening age to age 45?

Data Sharing

Share overall findings for reactions and reflections

27. Do these data align with your expectations, or are you surprised?
 - a. What about these data surprise you?

Success Factors (after seeing data)

Patient-level

28. In your opinion, what has the biggest impact on successful follow-up to a positive stool-based test? (Patient cooperation, education, convenience, etc.)?
29. Is there an emotional archetype associated with success?
30. Are there specific patient fears that prohibit success (fear of procedure, etc.)?
31. Any other patient-level factors that influence success that you have observed?

Provider-level

32. As a provider, what factors contribute to your success in patient adherence to follow-up to a positive stool-based test?

Organizational

33. How does your organization contribute to the success of follow-up to a positive stool-based test?

Overall Barriers & Facilitators - **OPTIONAL**

34. Of the **barriers** we have discussed—patient-level, provider-level, organizational, externally—which do you think are the largest or most important at this organization?
35. Of the **facilitators** we have discussed—patient-level, provider-level, organizational, externally—which do you think are the largest or most important at this organization?

Conclusion

36. Is there anything else that you would like to share on this topic?
37. Is there anything that I should have asked but did not?

Thank you for your participation in this interview. Your insights will help improve care for patients at risk for CRC. Feel free to contact anyone from the AMGA team if you have any further questions or comments!