

**Appendix 1.** Survey administered to a random sample of PCPs in Ontario from January to June 2013 (relevant questions shown).

**1. Do you provide primary care to adults in your practice? Please check the circle next to your answer:**

- No (Thank you for considering participating to the survey. Please send back your response by mail, or fax or online as indicated above)
- Yes (Please complete the survey)

**2. Please describe your main medical record keeping system. Check ONLY ONE:**

- Paper record (please go to 3)
- Electronic Medical Record (EMR) (please go to 2a)
- A combination of paper and EMR (Please go to 2a)

a) **When did you start using EMR?** (Month/Year): \_\_\_\_\_

b) **Which EMR program do you currently use?** (e.g. Practice Solutions, OSCAR): \_\_\_\_\_

**c) What do you use your EMR for? Please check ALL that apply:**

- Scheduling
- Billing
- Patient clinical record
- Other, please specify: \_\_\_\_\_

**3. During your patient encounter, do you have a STANDARD approach that prompts you to remind patients when they are due for a cancer screening test?**

- Yes (please go to 3a)
- No (please go to 4)

**a) Please check your STANDARD reminder approach. Check ALL that apply:**

- Automated alert in EMR
- An indicator in the EMR Cumulative Patient Profile (CPP)
- An indicator in the paper record CPP
- Other, please specify: \_\_\_\_\_

**4. Do you have a SYSTEMATIC process to generate lists of patients due for cancer screening in your practice?**

- Yes (please go to 4a)
- No (please go to 5)

**a) How are these lists generated?**

- Manually
- EMR automated
- Other, please specify \_\_\_\_\_

**b) For patients on the list without an upcoming encounter planned in the clinic, do you have a process to remind them to complete the tests?**

- Yes (please go to 4c)
- No (please go to 5)

**c) How do you remind those patients? Please check ALL that apply:**

- i)  Personalized mailed letter sent from your office
- ii)  Telephone call from your office staff
- iii)  Email sent from your office
- iv)  Other, please specify: \_\_\_\_\_

**5. Do you have a designated staff member who is responsible for managing cancer screening in your practice?**

- Yes (please go to 5a)                       No (please go to 6)

**6. In 2011, Cancer Care Ontario provided the Colon Cancer Check Screening Activity Report (SAR), did you receive the SAR report?**

- Yes (Please go to 6a)               No (Please go to 7)

**a) Have you used the SAR to manage Fecal Occult Blood Test (FOBT) screening in your practice?**

- Yes (Please go to 6b)               No (Please go to 7)

**b) What did you use the SAR for? Please check ALL that apply:**

- To identify patients due for FOBT screening     To follow-up on positive FOBT results  
 Other, please specify: \_\_\_\_\_

**c) Did you find the Colon Cancer Check Screening Activity Report (SAR) useful?**

- Yes                       No

If no, please indicate why: \_\_\_\_\_

**7. Do you receive the Preventive Care Target Population/Service Reports (TPSR) provided by the Ontario Ministry of Health and Long Term Care?**

- Yes (Please go to 7a)               No (Please go to 8)

**a) Do you use the TPSR to manage cancer screening in your practice?**

- Yes (Please go to 7b)               No (Please go to 8)

**b) What do you use the TPSR for? Please check ALL that apply:**

- To identify patients due for cancer screening     To submit for bonuses  
 Other, please specify: \_\_\_\_\_

**Appendix 2.** Administrative codes used for the study.

Database	Description	Code
OCR	Malignant neoplasm of colon (excludes 153.5, appendix)	ICD 153.0 - 153.9
	Malignant neoplasm rectosigmoid junction and rectum	ICD 154.0 - 154.1
CIHI DAD/SDS (CCP)	Partial excision of large intestine	57.5
	Multiple segmental resection of large intestine	57.51
	Cecectomy	57.52
	Right hemicolectomy	57.53
	Resection of transverse colon	57.54
	Left hemicolectomy	57.55
	Sigmoidectomy	57.56
	Other partial excision of large intestine	57.59
	Total colectomy	57.6
	Large-to-large intestinal anastomosis	57.84
	Anastomosis to anus	57.85
	Exteriorization of large intestine	58.03
	Resection of exteriorized segment of large intestine	58.04
	Colostomy	58.1
	Colostomy, unqualified	58.11
	Permanent colostomy	58.13
	Delayed opening of (loop) (spur) colostomy	58.14
	Ileostomy	58.2
	Ileostomy, unqualified	58.21
	Permanent ileostomy	58.23
	Delayed opening of ileostomy	58.24
	Proctotomy	60.0
	Local excision or destruction of lesion or tissue of rectum	60.2
	Local excision of rectal lesion or tissue	60.24
	Pull-through resection of rectum	60.3
	Soave submucosal resection of rectum	60.31
	Other pull-through resection of rectum	60.39
	Abdominoperineal resection of rectum	60.4
	Other resection of rectum	60.5
	Anterior resection with concomitant colostomy	60.51
	Other anterior resection	60.52
	Posterior resection	60.53
	Duhamel resection	60.54
Hartmann resection	60.55	
Other resection of rectum nec	60.59	
CIHI DAD/SDS (CCI codes)	Excision partial, large intestine endoscopic (laparoscopic) approach; Colorectal anastomosis technique	1NM87DE

Excision partial, large intestine endoscopic (laparoscopic) approach; Colocolostomy anastomosis technique	1NM87DF
Excision partial, large intestine endoscopic (laparoscopic) approach; Enterocolostomy anastomosis technique	1NM87DN
Excision total, large intestine endoscopic (laparoscopic) approach; Ileorectal (endorectal, ileoproctostomy) anastomosis technique	1NM89DF
Excision radical, large intestine endoscopic (laparoscopic) approach; Colocolostomy anastomosis technique	1NM91DF
Excision partial, rectum endoscopic (laparoscopic) approach; Colorectal anastomosis technique	1NQ87DF
Excision total, rectum combined endoscopic (abdominal) with perineal approach; Coloanal (or ileoanal) anastomosis technique	1NQ89GV
Excision partial, large intestine open approach; Colorectal anastomosis technique	1NM87RD
Excision partial, large intestine open approach; Enterocolostomy anastomosis technique	1NM87RE
Excision partial, large intestine open approach; Colocolostomy anastomosis technique	1NM87RN
Excision total, large intestine open approach; Ileorectal (endorectal, ileoproctostomy) anastomosis technique	1NM89RN
Excision radical, large intestine open approach; Colorectal anastomosis technique	1NM91RD
Excision radical, large intestine open approach; Enterocolostomy anastomosis technique	1NM91RE
Excision radical, large intestine open approach; Colocolostomy anastomosis technique	1NM91RN
Excision partial, rectum perineal (e.g., pull through, transanal, sacral or sphincteric) approach; Colorectal anastomosis technique	1NQ87PB
Excision partial, rectum open abdominal approach (e.g., anterior); stoma formation with distal closure	1NQ87RD
Excision total, rectum abdominoperineal approach; Coloanal (or ileoanal) anastomosis technique	1NQ89KZ
Excision total, rectum abdominal (anterior) approach; Coloanal (or ileoanal) anastomosis technique	1NQ89SF
Excision total with reconstruction, rectum using open approach with ileum (for construction of pouch)	1NQ90LAXXG
Excision partial, large intestine endoscopic (laparoscopic) approach; Simple excisional technique	1NM87DA
Excision partial, large intestine open approach; Simple	1NM87LA

	excisional technique	
OHIP	Laboratory Medicine, biochemistry, occult blood	L181
	Tracking code, colon cancer check	L179
	Laboratory Medicine, Occult Blood test	G004
	Flex Sigmoidoscopy (using 60 cm flexible endoscope)	Z580
	Colonoscopy for diagnosis or ongoing management	Z496
	Confirmatory colonoscopy	Z497
	Follow-up of abnormal colonoscopy	Z498
	Colonoscopy for risk evaluation – absence of signs or symptoms, family history associated with increased risk of malignancy	Z499
	Absence of signs or symptoms or risk factors, 50 years of age or older – sigmoid to descending colon	Z555