

GENEQIP Intent to Participate

Please complete the survey below.

Primary Contact First Name

Primary Contact Last Name

Email Address

Phone Number

Role of Primary Contact

- ☐ Surgeon
- ☐ Medical Oncologist
- ☐ Other physician
- ☐ PA
- ☐ LPN
- ☐ Genetic Counselor
- ☐ Nurse Navigator
- ☐ Social Worker
- ☐ Quality Coordinator/Manager/Director
- ☐ Accreditation Coordinator/Manager/Director
- ☐ Oncology Data Specialist (Certified Tumor Registrar)
- ☐ Program Coordinator/Manager/Director

Is the primary contact listed the same person completing this form?

- ☐ Yes
- ☐ No

If no, name, role, and email of person completing this form?

Secondary Contact First Name

Secondary Contact Last Name

Secondary Email Address

Name of Program

FIN or Company ID

What type of program is your program?	☐ Community Cancer Program ☐ Academic Cancer Program ☐ Comprehensive Community Cancer Program ☐ Integrated Cancer Network Program ☐ Hospital Associate Cancer Program ☐ Free Standing Cancer Center Program ☐ NCI Designated Network ☐ NCI Designated Comprehensive Cancer Center Program ☐ Veterans Affairs Programs
Is your program NAPBC accredited?	☐ Yes ☐ No
Is your program NAPRC accredited?	☐ Yes ☐ No
Are you participating for credit from CoC, NAPBC, or NAPRC?	☐ Commission on Cancer (CoC) ☐ National Accreditation Program for Breast Centers (NAPBC) ☐ National Accreditation Program for Rectal Cancer (NAPRC)
Location of Program: City	
Location of program: State	
Choose the following that best describes your program	☐ Our program is located in a large metropolitan area (>500,000 people) ☐ Our program is located in a small metropolitan area (< 500,000 people) ☐ Our program is located in a suburban area ☐ Our program is located in a rural area
What % of your patients have Medicaid?	☐ < 20% ☐ 20-50% ☐ 50-75% ☐ >75% ☐ Unsure
Are you a safety net hospital/program?	☐ Yes ☐ No
Do you have access to a genetic counselor/geneticist? Note, access to a CGC does not have a bearing on participation in GeneQIP.	☐ Yes, we have at least one genetic counselor/geneticist on staff ☐ Yes, we contract with a company for genetic counseling ☐ No, we do not have any genetic counselor/geneticist available to us at this time
Do you have individuals referring for genetic testing that are not counselors or geneticists?	☐ Physician ☐ Advanced Practice Provider ☐ Registered Nurse/Navigator ☐ Other (Please Specify)
Other (Please specify)	

If participating for NAPBC or CoC credit, what is your analytic caseload for breast cancer patients?
(calendar year; please use most recent available)

If participating for NAPRC or CoC credit, what is your analytic caseload for rectal cancer patients?
(calendar year; please use most recent available)

Do you offer genetic testing to breast/rectal patients?

- ☐ Often or always
☐ Sometimes
☐ Hardly ever or Never
☐ I am not sure
-

Please share at least 3 names of QI team members to fill the below roles:

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- Physician champion: Physician with knowledge of the project that acts as a conduit between the QI team and leadership, urologist, and pharmacy
 - Clinician project leader: supports the day-to-day activities of the QI project. Communicates project status with internal and external stakeholders.
 - Oncology Data Specialists or similar: a dedicated person to analyze, interpret, and submit data
 - Nursing staff member: may provide support pre or post op and understands communication channels
 - Pharmacy team member: familiar with chemotherapy drugs used in intravesical administration
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This project requires a letter of support from the Program Director and/or Cancer Liaison Physician (when applicable). We will provide a template for this letter. Will you be able to obtain signatures of support from program leadership?

- ☐ Yes
☐ No
-

Being a part of a learning collaborative requires active and meaningful participation, including sharing successes and challenges with others enrolled in this collaborative. While information about participation in this collaborative will not be shared with those outside of the collaborative, participants are encouraged to participate in webinars via chat or connect with one another in small group calls. Are you and your team willing to be active participants?

- ☐ Yes
☐ No
☐ Unsure