Health System Readiness Self-Assessment and Planning Guide for Prostate Cancer Screening Programs

This resource was developed by the American Cancer Society National Prostate Cancer Roundtable to support primary care clinicians in conducting prostate cancer risk assessment and screening. This document provides a self-assessment and planning guide for your practice to begin understanding its readiness to implement a prostate cancer screening program.

See the digital toolkit for more prostate cancer screening resources.



For each of the questions that follow, enter a rating of **1 (Not in Place)**, **2 (Partially in Place)**, or **3 (Fully in Place)**, and use the "Notes / Next Steps" section to identify areas for improvement.

1 Organizational Commitment and Strategic Alignment

For each question, enter one rating by writing the number (1, 2, or 3) in the column to the right. Do not use a check mark.		Rating
1.1	Does the leadership team support implementing prostate cancer screening and risk assessment?	
1.2	Have prostate cancer screening and risk assessment been incorporated into a department or organizational strategic plan or quality improvement goals?	
1.3	Are there dedicated champions or staff responsible for implementation?	
1.4	Are there staff in existing programs (e.g., urology, genetic counseling) who can support integration?	
1.5	Are there data governance policies to protect the privacy and security of screening results and risk findings?	
	COLUMN TOTAL (Sum the values in the column.)	

Notes / Next Steps

2 Clinical Workflow Integration

For each question, enter one rating by writing the number (1, 2, or 3) in the column to the right. Do not use a check mark.		Rating
2.1	Do current workflows allow time for informed decision-making conversations about screening (e.g., during wellness visits)?	
2.2	Has the workflow been tested and refined to minimize disruption to routine care and ensure feasibility across different clinic types (e.g., primary care, urology)?	
2.3	Are staff roles clearly defined for initiating, conducting, and documenting informed decision-making discussions and screening?	
2.4	Is there a system to identify and flag patients at higher risk (Black population, patients with family history, germline mutations) for earlier screening discussions?	
2.5	Is there a patient navigation process to support urology and genetic counseling referrals, MRI scheduling, and biomarker test ordering?	
2.6	Is there a follow-up system to track whether patients with elevated PSA results have completed recommended referrals, imaging, and additional testing?	
	COLUMN TOTAL (Sum the values in the column.)	

Notes / Next Steps

3 Data Collection and EHR Capacity

For each question, enter one rating by writing the number (1, 2, or 3) in the column to the right. Do not use a check mark.		Rating
3.1	Can the EHR capture family history and risk factors (e.g., race, family history of prostate or other hereditary cancers, germline mutations)?	
3.2	Is there a process to document and retrieve informed decision-making discussions, patient decisions about screening, and PSA orders and results?	
3.3	Is there a process to document and retrieve risk assessments, MRI findings (PI-RADS scores), and biomarker test results?	
3.4	Can patient reminders for screening and follow-up alerts be automated?	
3.5	Is there a process for tracking urology and other specialty referrals initiated and completed?	
3.6	Does the EHR provide real-time, provider-facing alerts to flag missed opportunities for informed decision-making, unordered or incomplete screenings, and abnormal results?	
3.7	Are patient summary dashboards or screens available that highlight open care gaps related to prostate cancer screening and follow-up?	
3.8	Are clinical decision support rules in place to trigger screening prompts based on patient demographics (e.g., age, race, family history)?	
3.9	Does the EHR include population health modules or reports to identify screening gaps across a patient panel and support outreach to patients not recently seen?	
3.10	Can the EHR integrate or link to risk assessment tools (e.g., risk calculators like PCPT V2, ERSPC, PBCG)?	
	COLUMN TOTAL (Sum the values in the column.)	

Notes / Next Steps

4 Staff Preparedness

For each question, enter one rating by writing the number (1, 2, or 3) in the column to the right. Do not use a check mark.		Rating
4.1	Have clinical and non-clinical staff responsible for implementation been oriented on the rationale for the screening program and trained to conduct informed decision-making conversations about screening benefits, limitations, and uncertainties?	
4.2	Are scripts, decision aids, visuals, and handouts available and accessible?	
4.3	Are staff responsible for implementation confident in discussing PSA results, risk factors, and screening recommendations?	
4.4	Is there a referral pathway for urology and genetic counseling when needed?	
4.5	Is staff trained on how to document for billing or provide cost transparency to patients regarding PSA testing, MRI, and biomarker tests?	
	COLUMN TOTAL (Sum the values in the column.)	

Notes / Next Steps

5 Patient Communication and Support

For each question, enter one rating by writing the number (1, 2, or 3) in the column to the right. Do not use a check mark.		Rating
5.1	Are materials available in multiple languages and literacy levels?	
5.2	Are medical interpreters and culturally responsive practices in place?	
5.3	Are patients offered different formats to understand screening information (e.g., verbal explanations, visual aids, written materials)?	
5.4	Are patients informed about available care coordination or navigation support?	
5.5	Are resources in place to address financial barriers to screening and follow-up for uninsured or underinsured patients (e.g., coverage assistance, sliding-scale fees, charity care programs)?	
5.6	Can patients easily follow up with questions or concerns?	
5.7	Is the program designed to reduce disparities in access to screening and follow-up care for underserved or high-risk populations (e.g., Black patients, patients with limited English proficiency, those with transportation barriers, or LGBTQIA+ patients - particularly transgender women)?	
	COLUMN TOTAL (Sum the values in the column.)	

Notes / Next Steps

6 Evaluation and Continuous Improvement

For each question, enter one rating by writing the number (1, 2, or 3) in the column to the right. Do not use a check mark.		Rating
6.1	Has input from patients or community members been incorporated into the design and improvement of the screening program?	
6.2	Are metrics in place to track screening rates, completion of informed decision-making discussions, and follow-up of abnormal results?	
6.3	Is feedback from clinicians and staff routinely collected and used to refine workflows, training, or tools?	
6.4	Are disparities in screening completion and follow-up being monitored and addressed (e.g., by risk, race, language, insurance status)?	
6.5	Is there a plan to review and update screening protocols and tools over time based on new guidelines?	
	COLUMN TOTAL (Sum the values in the column.)	

Notes / Next Steps

Self-Assessment Averages and Interpretation

After completing the sections above, record your column totals in the table below. Divide the Total Score by the number of questions to calculate the average. Refer to the last table to interpret your results and guide next steps.

Assessment Category	Category Total Score	Average Score (Total ÷ # Questions)
1 Organizational Commitment and Strategic Alignment (5 Questions)		
2 Clinical Workflow Integration (6 Questions)		
3 Data Collection and EHR Capacity (10 Questions)		
4 Staff Preparedness (5 Questions)		
5 Patient Communication and Support (7 Questions)		
6 Evaluation and Continuous Improvement (5 Questions)		

Average Scores	Interpretation	Suggested Actions
1–1.9	Early Stages	Prioritize this area for planning and support. Consider leadership engagement, technical assistance, additional staff, training, and workflow adaptations or modifications.
2–2.5	Developing	Identify specific items rated 1 or 2 and develop a plan to strengthen them.
2.6–3	Strong Foundation	Maintain current practices and consider using this category as a model for areas needing improvement. Continue monitoring for updates or refinements.

References

1. Caci L, Nyantakyi E, Blum K, et al. Organizational readiness for change: A systematic review of the healthcare literature. Implement Res Pract. 2025;6:26334895251334536. Published 2025 May 15. doi:10.1177/26334895251334536.
2. McClam M, Workman L, Walker TJ, et al. Organizational readiness for implementation: A qualitative assessment to explain survey responses. BMC Health Serv Res. 2025;25(1). doi:10.1186/s12913-024-12149-8.