

Table [2]. Qualitative Assessment of Quality Improvement Implementation (Intervention Practices)

Practice	Team Structure	Leadership	Engagement	Psychological Safety	Intra-communication	Inter-communication	CRC Screening Rates	
							Baseline (%)	12-Month Follow-up (%)
P2 ^a	Strong	Moderate	Strong	Strong	Strong	Moderate	14	30
P7	Strong	Weak	Moderate	Weak	Moderate	Weak	53	73
P8 ^a	Strong	Moderate	Strong	Moderate	Moderate	Weak	37	52
P10 ^a	Strong	Moderate	Moderate	Moderate	Strong	Strong	71	33
P11	Weak	Weak	Moderate	Weak	Moderate	NA	54	66
P15	Moderate	Weak	Moderate	Weak	Moderate	Weak	50	67
P16 ^a	Strong	Strong	Strong	Strong	Strong	Weak	43	48
P17	–	–	–	–	–	–	41	10
P19 ^a	Strong	Strong	Strong	Strong	Strong	NA	52	44
P21	–	–	–	–	–	–	38	56
P22 ^a	Strong	Weak	Moderate	Moderate	Moderate	Weak	47	71
P23 ^a	Strong	Moderate	Strong	Strong	Strong	Weak	93	86

CRC = colorectal cancer; NA = not applicable.

^a High-performing practice.

Table 2: A table containing textual and numerical quantitative data

Note. From “Effects of facilitated team meetings and learning collaboratives on colorectal cancer screening rates in primary care practices: A cluster randomized trial,” by E. K. Shaw, P. A. Ohman-Strickland, A. Piasecki, S. V. Hudson, J. M. Ferrante, R. R. McDaniel, Jr., P. A. Nutting, and B. F. Crabtree, 2013, *Annals of Family Medicine*, 11(3), p. 225 (<https://doi.org/10.1370/afm.1505>). Copyright 2013 by Annals of Family Medicine, Inc. Reprinted with permission.