How to increase Colon Cancer Screening Rates in Practice

An Action Plan to Implement Four Essential Strategies for Clinicians*

*Includes family physicians, general internists, obstetrician-gynecologists, nurse practitioners, physician assistants, and their office managers
Saving Lives through Cancer Screenings

As a clinician, you know the importance of screenings in both preventing cancer and finding it early. However, it can be a challenge to encourage patients to get screened and to engage staff in the process. That’s why it’s so important to have a plan that implements practice changes to increase cancer screening rates.

On the pages that follow are a sustainable plan for your practice that is evidence-based and tools specific to colorectal cancer (CRC).

Benefits to your health system include:

- Patients are more motivated to get screened for cancer.
- Having free, easy-to-use tools saves staff time and reduces costs.
- Interventions are evidence-based and, when used consistently, can improve overall cancer screening rates.

For more information on the topics in this booklet, visit cancer.org/colonmd or call 1-800-227-2345.
Improve Cancer Screening Rates
Using the Four Essential Strategies

1. Make a Recommendation
   Be clear that screening is important. Ask patients about their needs and preferences.
   The primary reason patients say they have not gotten screened is because a doctor did not advise it.
   **A recommendation from you is vital.**

2. Develop a Screening Policy
   Involve your staff to make screening more effective.
   Create a standardized course of action.
   Engage your team in creating, supporting, and following the policy.

3. Be Persistent with Reminders
   Measure Practice Progress
   Be clear that screening is important. Ask patients about their needs and preferences.
   Establish a baseline screening rate, and set an ambitious practice goal.
   Seeing screening rates improve can be rewarding for your team.

4. Create a simple tracking system that will help you follow up as needed.
   Measure your progress to tell if you are doing as well as you think.
   Track test results, and follow up with providers and patients.
   You may need to remind patients several times before they follow through.
Tools for Your Practice
To access these tools, go to cancer.org/screeningactionplan or scan the QR code for access from your smartphone.

Screening Options and Patient Readiness
- Understand CRC screening options: Common Sense Cancer Screening, CRC Screening Guideline Tables, and High-quality Stool Blood Tests
- Assess a patient’s risk: CRC Risk Based on Family History
- Assess a patient’s readiness: Decision Stage Questionnaire, Decision Stage Flow Chart

Outreach to Underserved Populations
- Use culturally and linguistically appropriate educational materials.

Essential #1
Make a Recommendation
Evidence accumulated over two decades shows that a recommendation from a doctor is the most powerful factor in a patient’s decision to get screened for cancer. Determine the screening messages you and your staff will share with patients. Explore how your practice will assess a patient’s risk status and openness to screening, taking into consideration insurance coverage and individual preferences.

Assess the patient’s risk status, discuss needs, and offer several test options to increase the likelihood that a patient will get screened. At a minimum, offer a choice between a high-sensitivity, multiple-sample stool blood test (FOBT or FIT) and a colonoscopy.

Take steps to identify and screen every age-appropriate patient. As shown below, start with patients who are easiest to reach and gradually incorporate groups that are less accessible:

- Patients who appear for regular checkups
- Patients who receive regular care for chronic conditions
- Patients who come in only when they have a problem
- Patients who are part of your practice, but almost never come in

Racial and ethnic minorities and the medically underserved are less likely to be given a screening recommendation. Devote particular attention to screening these groups. Recommendations that are sensitive to specific health belief systems and practices, to linguistic needs, and to economic circumstances can improve openness to screening.
Essential #2
Develop a Screening Policy

Create a standard course of action for screenings. Document it, and then share it with everyone in your practice. Compile a list of screening resources, and determine the screening capacity available in your community.

Consider the following when developing your screening policy:

- National screening guidelines
- Realities of your practice
- Patient history and risk level
- Patient preferences and insurance coverage
- Local medical resources

As part of a high-quality screening program for your practice, develop a policy for distribution, tracking, and follow up of annual take-home stool blood tests (FOBT/FIT). Academic evidence has shown that performing a single-sample stool blood test in the office is not best application of the test as it often fails to detect abnormalities.

Take steps to identify and screen every age-appropriate patient. For patients, the most effective cues to action are those delivered actively through dialogue with a health care provider, initially in person, and subsequently through follow up by telephone. Educate patients, and help them take the necessary next steps before and after they leave your office to increase the likelihood that they will get screened.

Tools for Your Practice

To access these tools, go to cancer.org/screeningactionplan.

Screening Policy and Office Visits

- Use these sample CRC screening policies as a starting point: Sample CRC Screening Algorithm 1, Sample CRC Screening Algorithm 2, and Sample FOBT Flow Chart
- Enhance a standard office visit: Office Policy Worksheet
- View how one office tracked available resources for individuals in need: Tiered Covered Services for Eligible Adults
- Develop a quality colonoscopy referral system: Developing a Quality Screening Colonoscopy Referral System in Primary Care Practice

Patient Education Materials

- Use these brochures, sample letters, pamphlets, and videos for patients. View the Educate Your Patients section of cancer.org/colonmd.
Essential #3
Be Persistent with Reminders

Physician and patient reminders contribute to increased screening rates. Determine how your practice will notify patients and physicians when screening or follow up is due. Put office systems in place that track test results and that use reminder prompts for patients and providers, and follow up on all positives.

Involve your staff in reminding both clinicians and patients of upcoming screenings. Chart prompts, ticklers and logs, and electronic medical records can all provide cues for physicians and their teams to take action. Postcards, letters, prescriptions, in-person conversations, and phone calls can encourage patients to follow through with screening. To achieve high screening rates with take-home stool blood tests, reminders and tracking systems are essential.

Record when a recommendation was given, the type of test recommended, and the test results. If additional follow up was needed, track and record whether a referral was made and what follow-up tests were performed. Actively monitor whether screening and all necessary follow-up tests are completed in a timely manner. In the case of a positive stool blood test, do not repeat the test, but always refer a patient for colonoscopy.

Tools for Your Practice
To access these tools, go to cancer.org/screeningactionplan.

Reminder Systems
- Electronic Health Records: ACP Center for Practice Improvement and Innovation, AAFP Center for Health IT, Purchasing an EHR System
- View sample chart prompt: Sample Chart Prompts

Tracking Information
- View the sample reminders in the Your Practice section of cancer.org/colonmd.
- View a sample CRC tracking log: CRC Tracking Template
Essential #4
Measure Practice Progress

During staff meetings, allow time for your team to report what is working well with your screening system, what can be done differently, whether documentation procedures need improvement, and if there are additional ways to support members of the team. Solicit feedback from your team and your patients to learn valuable information about opportunities to improve your system.

It is essential to complete one review that will serve as a baseline of comparison for all future audits. An initial audit can be completed simultaneously with the baseline review. Audits are not complicated, and the simplest audit involves reviewing a specified number of patient records and documenting key elements. Have staff conduct a screening audit, or contact a local company that can perform such a service.

Follow a continuous improvement model to develop and test changes.

1. Develop Your Plan: In cooperation with your staff, develop a screening system based on the four essential strategies. If you already have a system, review your approach and identify opportunities for improvement. Establish a baseline screening rate before implementing changes.

2. Do Your Plan: Engage your staff in the plan, and make sure everyone on your team knows their role.

3. Study Your Results: Measure your screening rates, and meet with your staff regularly to review progress.

4. Act on Your Results: Based on your results, identify opportunities for further improvement. When you are ready, build on your plan and consider how to include harder-to-reach patient groups.

For best results, continue to repeat this model.

Tools for Your Practice

To access these tools, go to cancer.org/screeningactionplan.

Staff Feedback

• Consider using a staff meeting questionnaire to guide discussion: Internal Practice Questionnaire

Practice Performance

• 8 Steps to a Chart Audit for Quality “How To” for Performance Improvement: This activity has been reviewed and is valid for up to 20 Prescribed continuing medical education (CME) credits by the American Academy of Family Physicians (AAFP). AAFP Prescribed credit is accepted by the American Medical Association (AMA) as applicable toward the Physician’s Recognition Award (PRA) and equivalent to AMA PRA Category 1 Credit. When applying for the PRA, Prescribed credit must be reported as Prescribed credit, not as Category 1.
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