How to Increase Preventive Screening Rates in Practice:

An Action Plan for Implementing
A Primary Care Clinician’s Evidence-Based Toolbox and Guide
How to Increase Colorectal Cancer Screening Rates in Practice:
A Primary Care Clinician’s* Evidence-Based Toolbox and Guide
2008

*Including Family Physicians, General Internists, Obstetrician-Gynecologists, Nurse Practitioners, Physician Assistants, and their Office Managers

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EDITORS
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Richard Wender, MD
CRC Toolkit and Guide

• Has become a signature piece for ACS and NCCRT
• Widely disseminated and adopted/adapted in multiple settings, including:
  – Modified versions developed by
    • ACS and NCCRT (Web version and Action Plan version)
    • UNC researcher for use in Community Health Centers
    • Nevada Colon Cancer Partnership for distribution to PCP’s throughout the state
  – CDC promotion to state and tribal programs
  – NJ Academy of Family Physicians for quality improvement/performance improvement CME
  – Evaluation by ABIM for possible use in recertification
Interactive Web-Based Version

How to Increase Colorectal Screening Rates in Practice
A Primary Care Clinician's Evidenced-Based Toolbox and Guide

Contents

- **Goal of this toolbox**
- **Physician Practice Assessment**
- **State of the Science**
  - Why Screen for Colorectal Cancer
  - Incidence and Survival
  - Survival Rates by Disease Stage
  - Risk Factors
  - Screening and Surveillance
  - Barriers to Screening

- **Essential practices to increase screening rates in your office**
  - **Essential #1**: Your recommendation
  - **Essential #2**: Office Policy
  - **Essential #3**: Reminder System

Community Health Center Version

- Customized to meet unique needs of patients and providers in these settings
  - Step-by-step guidance on how to implement office systems
- Developed UNC researcher Dr. Catherine Rohweder (rohweder@email.unc.edu 919-966-6879)

Available at www.ncspeed.org/sites/default/files/CRC_Toolkit.pdf

Funding for this project was provided by the University Cancer Research Fund of The UNC Lineberger Comprehensive Cancer Center
Examples of Toolkit Modifications

- Includes systems for opportunistic screening
- Places greater emphasis on FOBT/FIT
- Focuses on USPSTF screening guidelines
- Discusses safety net providers
- Ensures materials are available in Spanish
New Jersey Academy of Family Medicine

- NJAFP offers credits related to the CRC Manual for Family Physicians
  - practice improvement
  - maintenance of certification

- Available at
  - [http://www.njafp.org/education/practice-improvement-program](http://www.njafp.org/education/practice-improvement-program)
  - [http://www.njafp.org/education/maintenance-certification](http://www.njafp.org/education/maintenance-certification)
The Tool Kit is Available in Multiple Versions

- All provide:
  - Step-by-step guidance
  - Forms and templates
  - Useful web sites
- Available to view or download at [www.cancer.org/colonmd](http://www.cancer.org/colonmd) or nccrt.org
- The 2008 version is currently being updated with new section on quality screening colonoscopy programs
Colorectal Cancer Screening Guide & Toolkit Research with Primary Care Physicians

Key Research Findings & Implications

September, 2008
“Action Plan” Version

- Eight page implementation action plan
- Developed to introduce clinicians and staff to concepts and tools provided in the full Tool Kit
- Practical, action-oriented assistance that can be used in the office to improve colorectal cancer screening rates

Available at:
cancer.org/colonmd OR
nccrt.org/about/provider-education/crc-clinician-guide/
Develop a Screening Policy
Create a standardized course of action. Engage your team in creating, supporting, and following the policy.

Be Persistent With Reminders
Track test results and follow-up with providers and patients. You may need to remind patients several times before they follow through.

Measure Practice Progress
Establish a baseline screening rate and set an ambitious practice goal. Seeing screening rates improve can be rewarding for your team.

Make a Recommendation
The primary reason patients say they are not screened is because a doctor did not advise it. A recommendation from you is vital.

The Four Essentials to Cancer Screening

Communication
Saving Lives Through Preventive Cancer Screening

Medical Center

Name ___________________________ Age ________________
Address __________________________ Date ________________

Rx Implement practice changes to achieve the *Four Essentials.*

MD __________________________
Signature ____________________________
Make a Recommendation

**Essential #1:**
Determine the screening messages you and your staff will share with patients.

**Essential #1:**
Explore how your practice will assess a patient’s risk status and receptivity to screening.
Tools for Your Practice

Essential #1: Make a Recommendation

• CRC Screening Options and Patient Readiness
• Outreach to Underserved Populations
# Common Sense Colorectal Cancer Screening Recommendations at a Glance

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Age to Begin Screening</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average risk</strong></td>
<td>&lt; Age 50</td>
<td>No screening needed</td>
</tr>
<tr>
<td>No risk factors</td>
<td>≥ Age 50</td>
<td>Screen with any one of the following options:</td>
</tr>
<tr>
<td>No symptoms²</td>
<td></td>
<td><em>Tests That Find Polyps and Cancer</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>FS q 5 yrs*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CS q 10 yrs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DCBE q 5 yrs*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CTC q 5 yrs*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Tests That Primarily Find Cancer</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>gFOBT q 1 yr**, **</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FIT q 1 yr**, **</td>
</tr>
<tr>
<td></td>
<td></td>
<td>sDNA***</td>
</tr>
<tr>
<td><strong>Increased risk</strong></td>
<td>Age 40 or 10 years younger than the earliest diagnosis in the family, whichever comes first</td>
<td>Colonoscopy¹</td>
</tr>
<tr>
<td>CRC or adenomatous polyp in a first-degree relative²</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Highest risk</strong></td>
<td>Any age</td>
<td>Needs specialty evaluation and colonoscopy</td>
</tr>
<tr>
<td>Personal history for &gt; 8 years of Crohn's disease or ulcerative colitis or a hereditary syndrome (HNPCC or, FAP, AFAP)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Sample Tools for Your Practice

## Individual Risk Based on Family History of CRC***

<table>
<thead>
<tr>
<th>Familial Setting</th>
<th>Approximate Lifetime Risk of Colon Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>No history of colorectal cancer or adenoma (General population in the United States)</td>
<td>6%</td>
</tr>
<tr>
<td>One second- or third-degree relative with CRC</td>
<td>About a 1.5-fold increase</td>
</tr>
<tr>
<td>One first-degree relative with an adenomatous polyp</td>
<td>About a 2-fold increase</td>
</tr>
<tr>
<td>One first-degree relative with colon cancer*</td>
<td>2-to-3-fold increase</td>
</tr>
<tr>
<td>Two second-degree relatives with colon cancer</td>
<td>About a 2-to-3-fold increase</td>
</tr>
<tr>
<td>Two first-degree relatives with colon cancer*</td>
<td>3-to-4-fold increase</td>
</tr>
<tr>
<td>First-degree relative with CRC diagnosed at &lt; 50 years</td>
<td>3-to-4-fold increase</td>
</tr>
</tbody>
</table>

* First-degree relatives include parents, siblings, and children.
  Second-degree relatives include grandparents, aunts, and uncles.
  Third-degree relatives include great-grandparents and cousins.
Saving Lives Through Preventive Cancer Screening

Take steps to identify and screen every age-appropriate patient.

Name ___________________________ Age __________________
Address ___________________________ Date __________

RX

MD _____________________________
Signature ____________________________________________
Develop a Screening Policy

Essential #2: Create a standard course of action for screenings, document it, and share it.

Essential #2: Compile a list of screening resources and determine the screening capacity available in your community.
Tools for Your Practice

Essential #2: Develop a Screening Policy
• Screening Policy and Office Visits
• CRC Patient Education Materials
Assess Risk: Personal & Family History

Average risk = No family history of CRC or adenomatous polyp

Increased or high risk based on personal history

Increased or high risk based on family history

< 50 years

Do not screen

> 50 years

Screen

If positive, diagnosis by colonoscopy

Adenoma

CRC

IBD

Surveillance Colonoscopy

High Risk: Germline Syndrome HNPCC or FAP

Adenoma or cancer

Screening colonoscopy, genetic testing, and other cancer screening as appropriate

Screen with colonoscopy 10 years before youngest relative or age 40

Options

Tests That Find Polyps and Cancer
Flexible sigmoidoscopy every 5 years, or
Colonoscopy every 10 years
Double-contrast barium enema every 5 years, or
CT colonography (virtual colonoscopy) every 5 years

Tests That Primarily Find Cancer
Yearly fecal occult blood test (gFOBT)*, or
Yearly fecal immunochemical test (FIT)*, or
Stool DNA test (SDNA), interval uncertain

*The multiple stool take-home test should be used. One test done by the doctor in the office is not adequate for testing.
The tests that are designed to find both early cancer and polyps are preferred if these tests are available and the patient is willing to have one of these more invasive tests.
Saving Lives Through Preventive Cancer Screening

Medical Center

Name ___________________________ Age ___________________________
Address ___________________________ Date ___________________________

Rx Involve your staff and put office systems in place.

MD ___________________________
Signature ___________________________
Be Persistent with Reminders

Essential #3: Determine how your practice will notify patient and physician when screening and follow up is due.

Essential #3: Ensure that your system tracks test results and uses reminder prompts for patients and providers.
Essential #3: Be Persistent

- Reminder Systems
- Tracking Information
## APPENDIX D: TOOLS: Preventive Services Schedules

### Adult Female Age 50 to 65 Preventive Care Flow Sheet

<table>
<thead>
<tr>
<th>PATIENT NAME</th>
<th>DOB</th>
<th>DATE</th>
<th>HEALTH GUIDELINES</th>
<th>Put Prevention Into Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Date          | 50  | 51  | 52  | 53  | 54  | 55  | 56  | 57  | 58  | 59  | 60  | 61  | 62  | 63  | 64  | 65  | 66  | 67  | 68  |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Abuse         |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Advance directives | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Breast self-exam | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Calcium       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Dental health |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Drugs/alcohol |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Estrogen      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| HIV/AIDS      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Injuries      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Mental health/depression | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Nutrition     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Occupational health | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Physical activity | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Sexual behavior | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Tobacco       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| UV exposure   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Violence & guns | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

- ✔ Discusses w/ patient

| EXAMINATION & TESTS | 50  | 51  | 52  | 53  | 54  | 55  | 56  | 57  | 58  | 59  | 60  | 61  | 62  | 63  | 64  | 65  | 66  | 67  | 68  |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Height, weight      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Blood pressure      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Skin, oral, thyroid exam | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Pelvic/PAP          |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| STD screening       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Sexually active     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Rectal exam         |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Stool test (home)   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Annual ≥50y         |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Breast exam         |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Annual              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Mammogram           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Annual              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Flex, Sig, CTC, DCBE | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| ≥50y q55y           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| Colonscopy          |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| ≤50y q10 or high risk | |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

©2009 American Cancer Society, Inc. No.0052.19
Dear (Name):

Colon cancer is the second leading cause of cancer-related deaths in the United States, and men and women are equally at risk. The good news is that colon cancer can be prevented or detected early and death from colon cancer can be prevented if screening is done on a regular basis.

Our records indicate that it is time for your annual physical and cancer screening. Please call your primary care physician, at XXX-XXX-XXXX so that you can schedule an appointment at your earliest convenience.

Sincerely,
Saving Lives Through Preventive Cancer Screening

Follow a continuous improvement model to develop and test changes.

Medical Center

Name ___________________________ Age ______________________
Address ___________________________ Date ______________________

RX

ADJUST

PLAN

STUDY

ACT

MD ___________________________
Signature ________________________
Essential #4:
Discuss how your screening system is working during regular staff meetings and make adjustments as needed.

Essential #4:
Have staff conduct a screening audit or contact a local company that can perform such a service.
Essential #4: Measure Progress

- Staff Feedback
- Practice Performance
## Internal Practice Questionnaire

### Goals
Are we functioning in alignment with our greater purpose? Our vision?

- Do we need to reevaluate our goals?
- What is working well? Why?
- What is not working? Why?
- What can be done differently?
- Are we providing the services we said we wanted to provide?
- Should we reevaluate the services we offer?

### Materials
How do the cancer prevention materials fit our needs?

- Should we modify any of the cancer prevention materials?

### Documentation
Are we documenting the services we provide?

### Staff Performance and Satisfaction
How are the staff performing their functions?

- Are staff stepping in where needed?
- Are staff working together as a team?
- Are all staff contributing suggestions?
- How do staff members feel about their work?
- Do staff members feel supported and heard?

### Patients
How are our patients responding to the change?

*Source: Agency for Healthcare Research and Quality.*
# Chart Audit

## Chart Audit Template

<table>
<thead>
<tr>
<th>Name</th>
<th>ID</th>
<th>Date</th>
<th>Gender</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Screen Choice</th>
<th>FOBT</th>
<th>FOBT Return Y/N</th>
<th>Result</th>
<th>Result Date</th>
<th>CS</th>
<th>Result</th>
<th>Result Date</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FOBT/FS or CS</td>
<td></td>
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<td>DCBD</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FOBT</th>
<th>Flexible Sigmoidoscopy</th>
<th>Colonoscopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS</td>
<td>Y/N</td>
<td>Result</td>
<td>Result Date</td>
</tr>
<tr>
<td>Result Date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **FOBT**: Fecal Occult Blood Test
- **Flexible Sigmoidoscopy**: Flexible sigmoidoscopy
- **Colonoscopy**: Colonoscopy
Implement practice changes to achieve the Four Essentials.

Take steps to identify and screen every age-appropriate patient.

Involve your staff and put office systems in place.

Follow a continuous improvement model to develop and test changes.

Saving Lives Through Preventive Cancer Screening
Additional tools to assist practices with increasing colorectal cancer screening can be found in the guide.
The National Colorectal Cancer Roundtable would like to thank everyone who participated in and contributed to making this guide a success, including the following individuals:

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