

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*

Mona Sarfaty, MD

EDITORS

Karen Peterson, PhD
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

[Tips For Using This Manual](#)

[Log Out](#)

[<< Previous](#)

[State of the Science](#)

[Essential #1
Your Recommendation](#)

[Essential #2
Office Policy](#)

[Essential #3
Reminder System](#)

[Essential #4
Effective Communication](#)

[Test Your Knowledge](#)

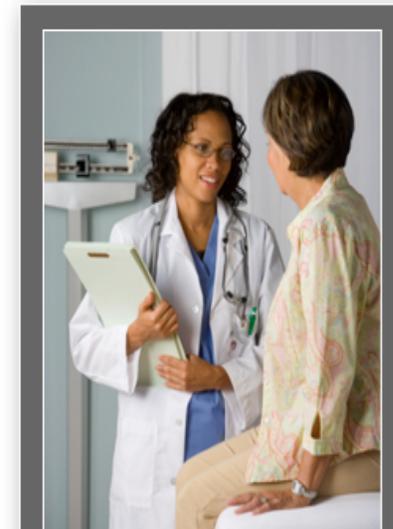
[Office Tools
Toolbox Evaluation](#)

[Next >>](#)



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](#)
 - [Essential #4: Effective Communication](#)



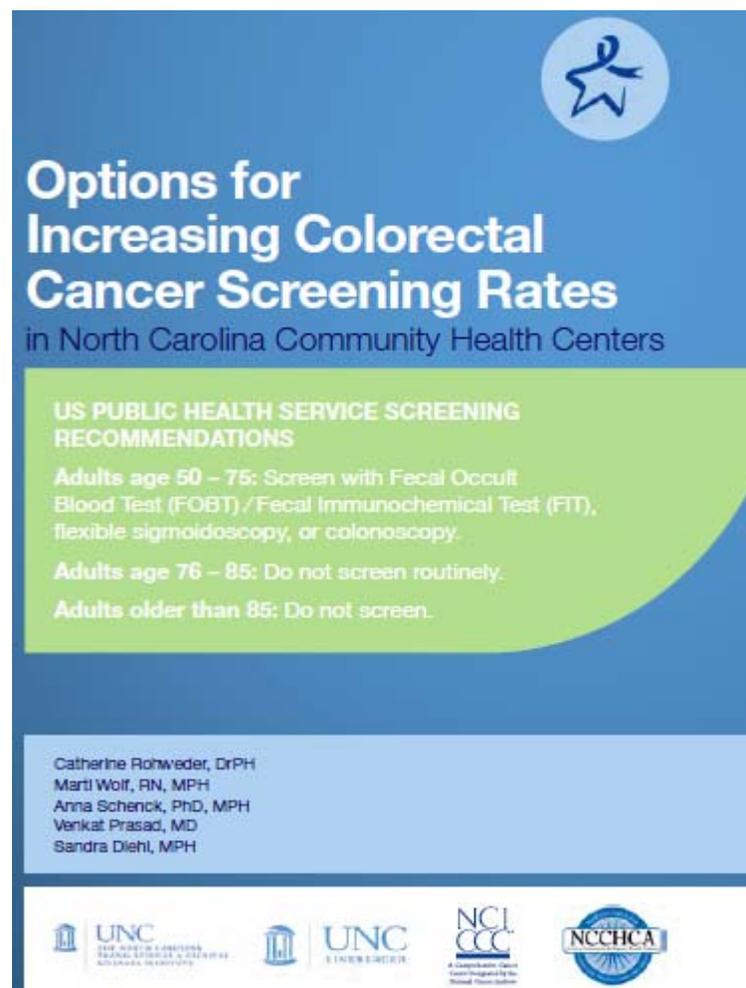
Available at <http://www.cancer.org/asp/pcmanual/PCM.swf>

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 Rowheder (rohwerder@email.unc.edu 919-966-6879)

Available at

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



The image shows the cover of a report titled "Options for Increasing Colorectal Cancer Screening Rates in North Carolina Community Health Centers". The cover features a blue background with a green curved section at the bottom. A logo in the top right corner depicts a stylized human figure with arms raised. The text on the cover includes the title, subtitle, and screening recommendations from the US Public Health Service. The authors listed are Catherine Rowheder, DrPH; Marti Wolf, RN, MPH; Anna Schenck, PhD, MPH; Venkat Prasad, MD; and Sandra Diehl, MPH. Logos for UNC, NCI, and NCCCHCA are visible at the bottom.

Options for Increasing Colorectal Cancer Screening Rates
in North Carolina Community Health Centers

US PUBLIC HEALTH SERVICE SCREENING RECOMMENDATIONS

Adults age 50 – 75: Screen with Fecal Occult Blood Test (FOBT) / Fecal Immunochemical Test (FIT), flexible sigmoidoscopy, or colonoscopy.

Adults age 76 – 85: Do not screen routinely.

Adults older than 85: Do not screen.

Catherine Rowheder, DrPH
Marti Wolf, RN, MPH
Anna Schenck, PhD, MPH
Venkat Prasad, MD
Sandra Diehl, MPH

UNC
NCI
NCCCHCA

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

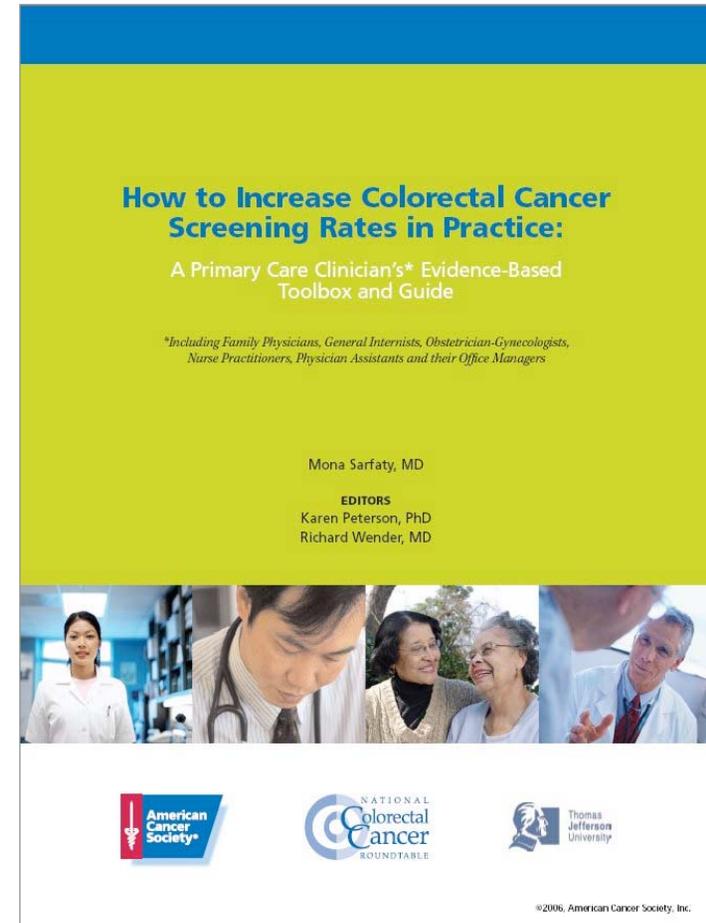


Examples of Toolkit Modifications

- 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

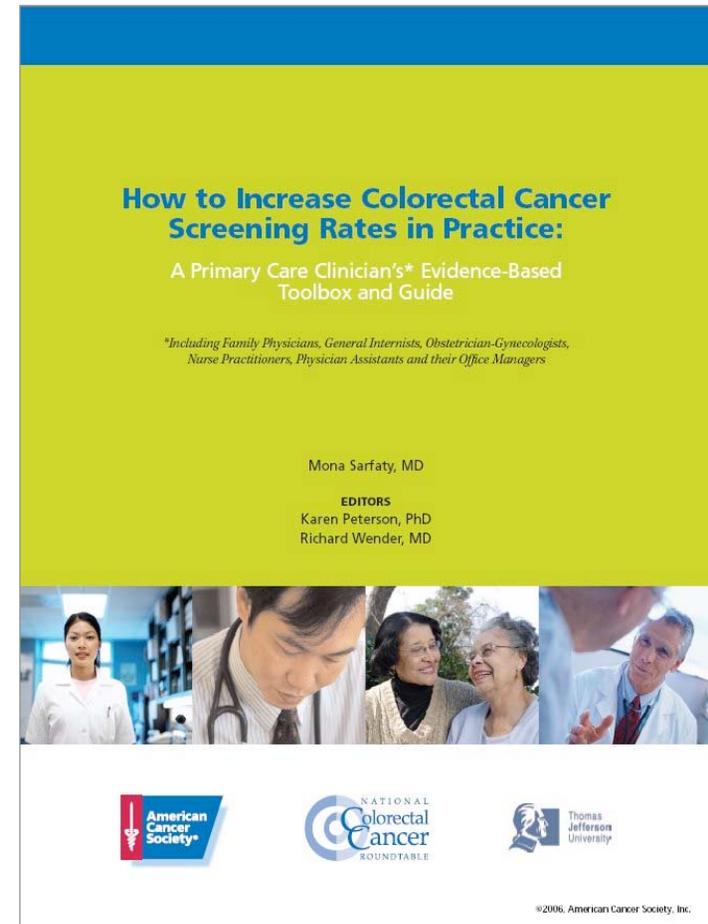
New Jersey Academy of Family Medicine

- 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/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 or nccrt.org
- The 2008 version is currently being updated with new section on quality screening colonoscopy programs





aeffect
(ā'•fekt)

Colorectal Cancer Screening Guide & Toolkit Research with Primary Care Physicians

Key Research Findings & Implications

September, 2008



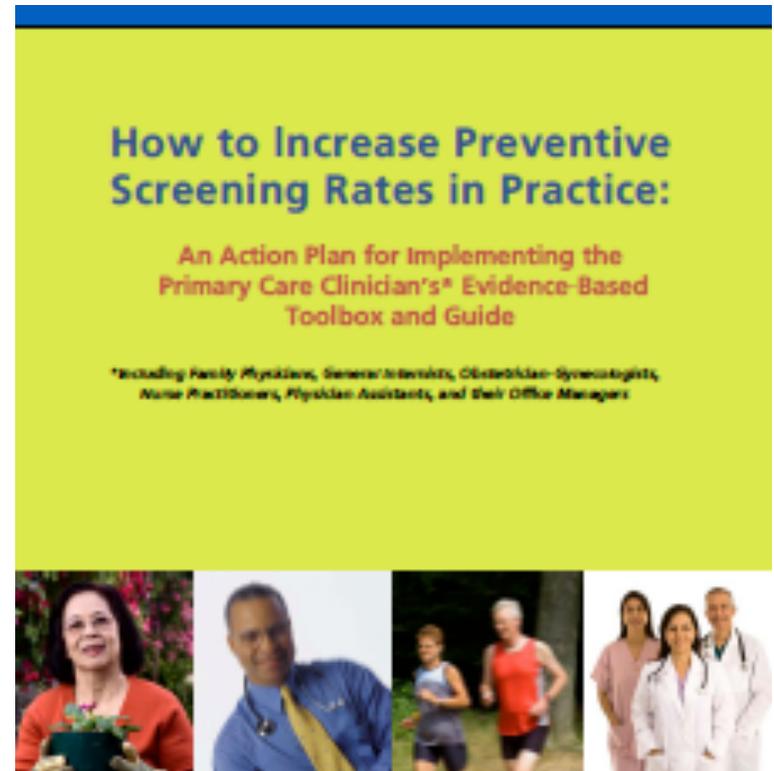
“Action Plan” Version

- 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/





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.

Develop a Screening Policy

Create a standardized course of action. Engage your team in creating, supporting, and following the policy.

The Four Essentials to Cancer Screening Communication

Measure Practice Progress

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

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.



Saving Lives Through Preventive Cancer Screening

Medical Center

Name _____ Age _____

Address _____ Date _____



**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 Recommendations¹ at a Glance

Risk Category	Age to Begin Screening	Recommendations
<p>Average risk No risk factors</p> <p>No symptoms²</p>	<p>< Age 50</p> <p>≥ Age 50</p>	<p>No screening needed</p> <p>Screen with any one of the following options:</p> <p><i>Tests That Find Polyps and Cancer</i></p> <p>FS q 5 yrs* CS q 10 yrs DCBE q 5 yrs* CTC q 5 yrs* OR</p> <p><i>Tests That Primarily Find Cancer</i></p> <p>gFOBT q 1 yr*,** FIT q 1 yr*,** sDNA***</p>
<p>Increased risk CRC or adenomatous polyp in a first-degree relative³</p>	<p>Age 40 or 10 years younger than the earliest diagnosis in the family, whichever comes first</p>	<p>Colonoscopy⁴</p>
<p>Highest risk Personal history for > 8 years of Crohn's disease or ulcerative colitis or a hereditary syndrome (HNPCC or, FAP, AFAP)</p>	<p>Any age</p>	<p>Needs specialty evaluation and colonoscopy</p>

Sample Tools for Your Practice

Individual Risk Based on Family History of CRC ^{***}	
Familial Setting	Approximate Lifetime Risk of Colon Cancer
No history of colorectal cancer or adenoma (General population in the United States)	6%
One second- or third-degree relative with CRC	About a 1.5-fold increase
One first-degree relative with an adenomatous polyp	About a 2-fold increase
One first-degree relative with colon cancer*	2-to-3-fold increase
Two second-degree relatives with colon cancer	About a 2-to-3-fold increase
Two first-degree relatives with colon cancer*	3-to-4-fold increase
First-degree relative with CRC diagnosed at < 50 years	3-to-4-fold increase

* 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

Medical Center

Name _____ Age _____

Address _____ Date _____



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

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.

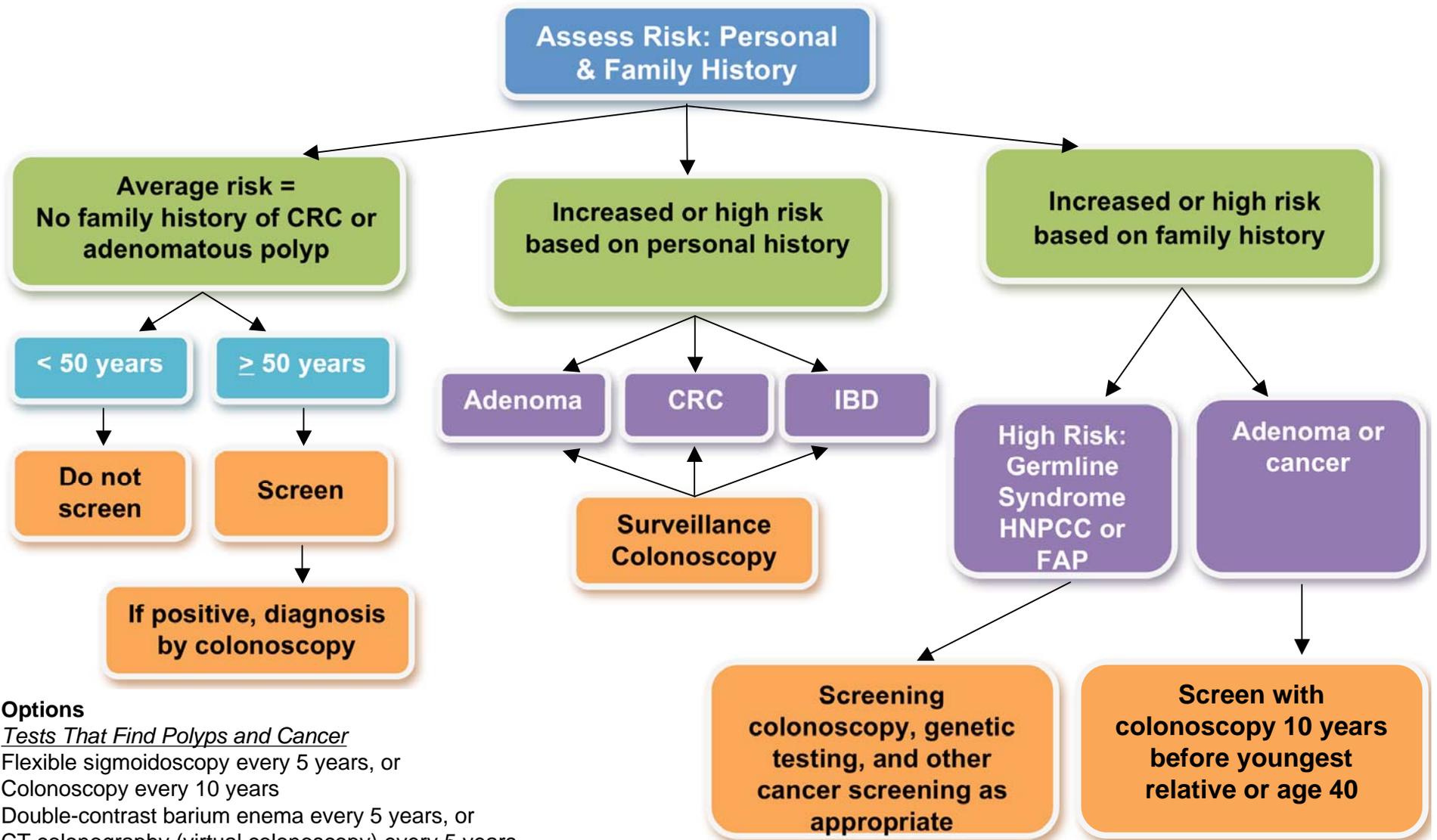


Tools for Your Practice

Essential #2: Develop a Screening Policy

- Screening Policy and Office Visits
- CRC Patient Education Materials

Sample Screening Algorithm



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 _____



**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.



Tools for Your Practice

Essential #3: Be Persistent

- Reminder Systems
- Tracking Information

APPENDIX D: TOOLS: Preventive Services Schedules

Adult Female Age 50 to 65 Preventive Care Flow Sheet

PATIENT NAME _____
DOB ____/____/____

**Put Prevention
 Into Practice**

DATE		50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68
HEALTH GUIDELINES																				
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																				
✓ = Discussed 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	Each visit																			
Blood pressure	Each visit																			
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 q5y																			
Colonscopy	≤50y q 10 or high risk																			

Reminder Fold-Over Postcard

Date

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

Medical Center

Name _____ Age _____

Address _____ Date _____



ADJUST **PLAN**
**Follow a continuous
improvement model
to develop and test
changes.** **ACT**
STUDY

A circular diagram with four blue arrows forming a clockwise cycle. The arrows are labeled with the words 'ADJUST', 'PLAN', 'ACT', and 'STUDY' at the top, right, bottom, and left positions respectively. The central text is overlaid on this cycle.

MD _____

Signature _____



Measure Practice Progress

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.



Tools for Your Practice

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?



Saving Lives Through Preventive Cancer Screening

R_x

Implement practice changes to achieve the Four Essentials.

R_x

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

R_x

Involve your staff and put office systems in place .

R_x

Follow a continuous improvement model to develop and test changes.



**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:

Dr. Terri Ades, DNP, FNP-BC, AOCN

Durado Brooks, MD, MPH

Edwin Diaz

Mary Doroshenk, MA

Ted Gansler, MD

Cynthia Gelb

Carmen Guerra, MD

Djenaba Joseph, MD, MPH

Debbie Kirkland

Dorothy Lane, MD, MPH

Kerstin Ohlander

Barbara Cebuhar

Mona Sarfaty, MD, MPH

Robert Smith, PhD

Michelle Tropper, MPH

Gregory Walker, MBA

Richard Wender, MD

Claire Weschler, MSED