Colorectal cancer (CRC) is the second-leading cause of cancer death in the U.S. when men and women are combined, yet screening can prevent many cases through the detection and removal of precancerous growths. Screening can also detect CRC at an early stage, when treatment is usually less extensive and more successful. Plus, patients have screening options—a colonoscopy is not the only test for CRC screening. Simple, affordable options are available, including tests that can be done at home.¹

Despite these options, about 1 in 3 adults ages 50 and older—about 38 million people—are still not getting screened as recommended.² While some organizations, such as the American Cancer Society (ACS), now recommend screening begin at age 45,³ all major guidelines recommend that screening for average-risk individuals start no later than age 50 and continue through at least age 75.

As part of a national effort to raise CRC screening rates, the American Association of Medical Assistants® (AAMA) has partnered with the National Colorectal Cancer Roundtable (NCCRT)⁴—an organization founded by the ACS and the Centers for Disease Control and Prevention—to provide medical assistants with the tools and information they need to increase quality, on-time CRC screening among the patients they serve.

The AAMA is an active NCCRT member and is proud to support the 80% in Every Community initiative,⁵ an NCCRT campaign to substantially reduce CRC as a major public health problem by increasing CRC screening rates to 80% and higher in communities across the nation. Why aim for 80%? Because this goal is ambitious, impactful, and achievable, and hundreds of practices and organizations have reached sustained screening rates of 80% and higher.⁶

Medical assistants’ role
Medical assistants play a key role in ensuring patients receive timely recommendations for screening. Patients who are at average risk for CRC and are at the recommended age to start screening often have numerous other health concerns to address in a routine preventive care visit. Yet, medical assistants are stepping in to make sure patients get the information they need to make informed decisions.

In many medical practices, medical assistants support screening efforts by reviewing patient charts and flagging patients for screening before a preventive care visit. Moreover, medical assistants can sit down with patients after they receive a screening recommendation to answer questions and go over the next steps. These sit-downs could include scheduling a colonoscopy or demonstrating how to use an at-home stool-based test (e.g., fecal immunochemical test [FIT], high-sensitivity fecal occult blood test [HS-gFOBT], and FIT-DNA test) or a take-home test that is paired with other preventive services (e.g., the Flu-FIT and Flu-FOBT programs offer take-home tests to patients when they come in for influenza vaccinations).⁷

The NCCRT provides numerous evidence-based tools to help implement the system changes needed to increase rates. The AAMA partnered with the NCCRT to create a new continuing education course (worth 1 AAMA-approved continuing education unit) on improving CRC screening rates for medical assistants, titled “Medical Assistants’ Roles in Improving Colorectal Cancer Screening Rates: Getting to 80%.” The course is authored and narrated by Durado Brooks, MD, MPH, vice president of cancer control interventions at the ACS. Since March 2020, over 3,112 medical assistants have completed the course.

Evidence-based practices
The NCCRT has also conducted extensive market research to better understand the rationale, attitudes, and motivations of screened and unscreened populations. This research, summarized in the 2019 Colorectal Cancer Screening
Take action
How can medical assistants be a part of the national effort to reach CRC screening rates of 80% and higher? In addition to implementing the NCCRT’s evidence-based practices found in its tools and resources, medical practices and organizations can pledge their commitment to working toward the shared goal to reach 80% in every community.

Medical assistants can also spread the word. Many patients and providers neither know nor consider all the options for CRC screening. Medical assistants can help connect patients to a testing option that is right for them. Lastly, medical assistants can join the conversation by sharing success and conversations by using the hashtag #80inEveryCommunity on social media.

Unsure about the difference a medical assistant can make? AAMA CEO and Legal Counsel Donald Balasa, JD, MBA, spotlights several real-life examples of how an intentional and focused use of knowledgeable and competent medical assistants has increased the screening rates for CRC in a July/August 2019 CMA Today article.13

Everyone deserves to live a life free from colorectal cancer. Thank you, medical assistants, for doing your part to ensure patients receive a timely recommendation. Together, we will continue this work until we see every community benefitting from increased screening rates. ✦

References