

# How to Increase Preventive Screening Rates in Practice:

An Action Plan for Implementing  
*A Primary Care Clinician's Evidence-Based  
Toolbox and Guide*





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# Saving Lives Through Preventive Cancer Screening





# Saving Lives Through Preventive Cancer Screening

Medical Center

Name \_\_\_\_\_ Age \_\_\_\_\_


Address \_\_\_\_\_ Date \_\_\_\_\_



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

MD \_\_\_\_\_

Signature \_\_\_\_\_



# Saving Lives Through Preventive Cancer Screening

Medical Center

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_



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

MD \_\_\_\_\_

Signature \_\_\_\_\_



# Saving Lives Through Preventive Cancer Screening

Medical Center

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_



**Involve your staff,  
and put office systems  
in place.**

MD \_\_\_\_\_

Signature \_\_\_\_\_



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Name \_\_\_\_\_ Age \_\_\_\_\_

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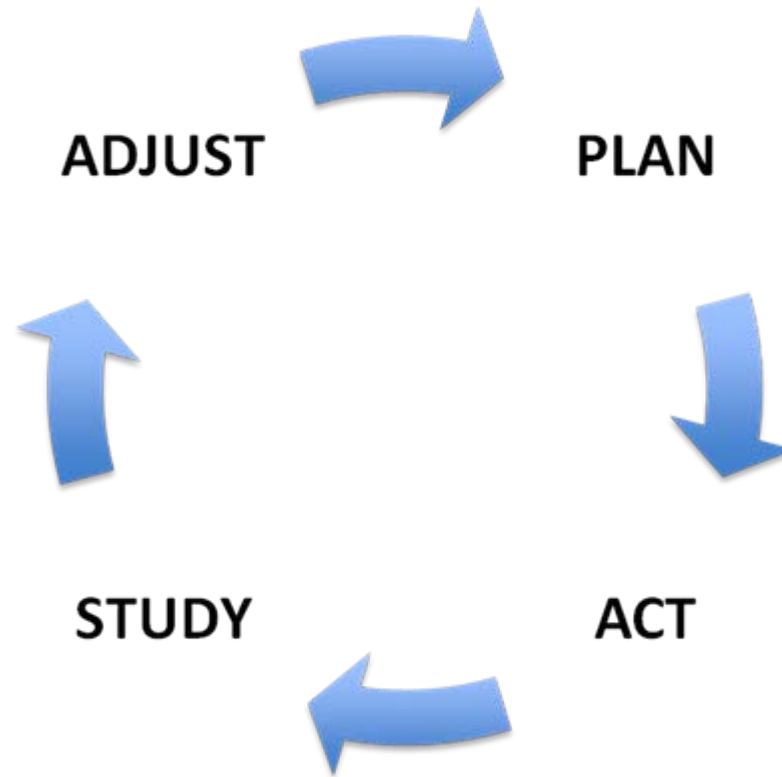
**Follow a continuous  
improvement model  
to develop and test  
changes.**

MD \_\_\_\_\_

Signature \_\_\_\_\_



# Saving Lives Through Preventive Cancer Screening







**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.**

**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.**



# 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<sup>1</sup> at a Glance

Risk Category	Age to Begin Screening	Recommendations
<p><b>Average risk</b> No risk factors</p> <p>No symptoms<sup>2</sup></p>	<p>&lt; Age 50</p> <p>≥ Age 50</p>	<p><b>No screening needed</b></p> <p><b>Screen with any one of the following options:</b></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><b>Increased risk</b> CRC or adenomatous polyp in a first-degree relative<sup>3</sup></p>	<p><b>Age 40 or 10 years younger than the earliest diagnosis in the family, whichever comes first</b></p>	<p><b>Colonoscopy<sup>4</sup></b></p>
<p><b>Highest risk</b> Personal history for &gt; 8 years of Crohn's disease or ulcerative colitis or a hereditary syndrome (HNPCC or, FAP, AFAP)</p>	<p><b>Any age</b></p>	<p><b>Needs specialty evaluation and colonoscopy</b></p>

# Sample Tools for Your Practice

## Individual Risk Based on Family History of CRC<sup>\*\*\*</sup>

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.



# 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.*

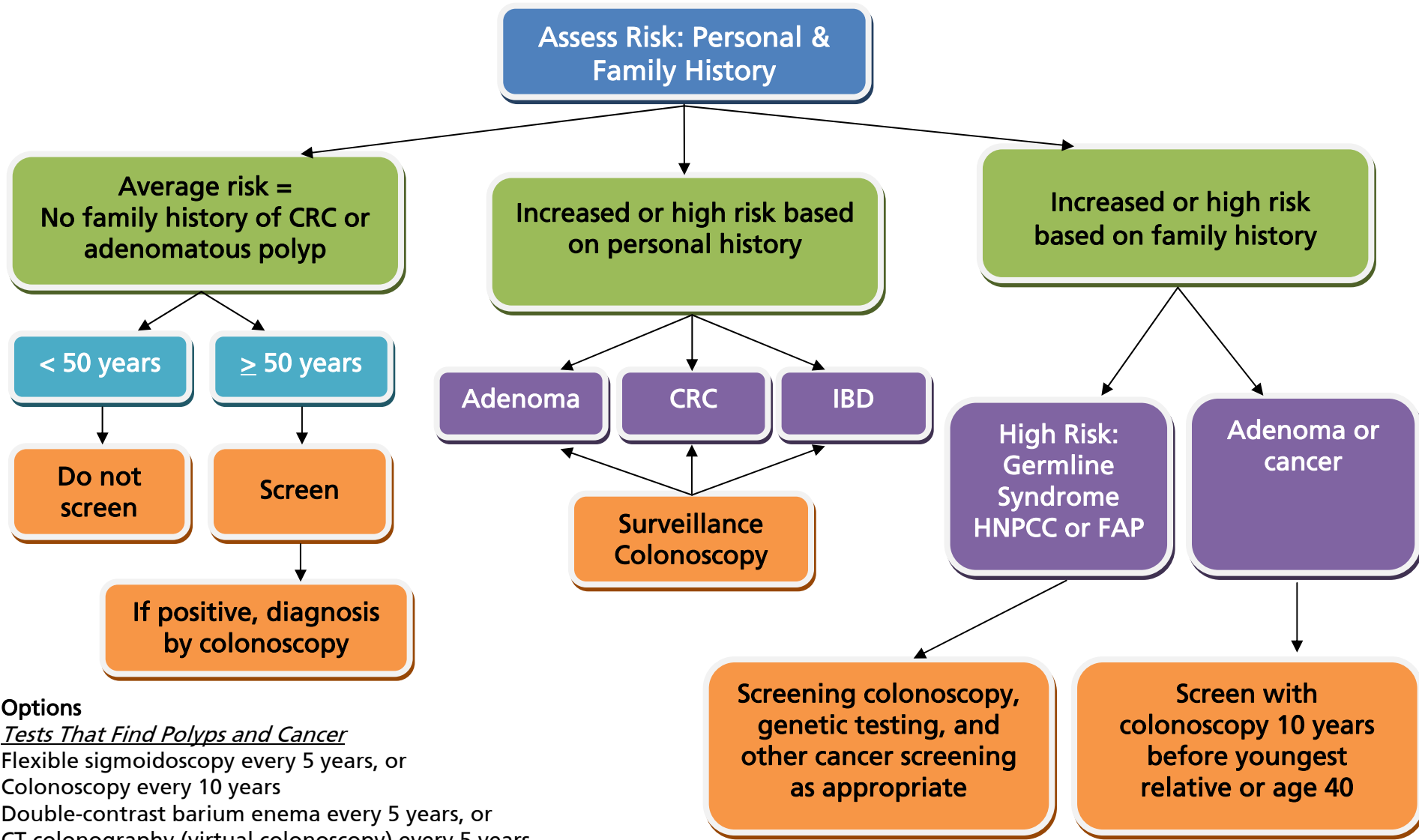


# Tools for Your Practice

## 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.





# 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

## 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?



# Measure Practice Progress

## Essential #4

*Discuss how your screening system is working during regular staff meetings, and make adjustments as needed.*

## Essential #4

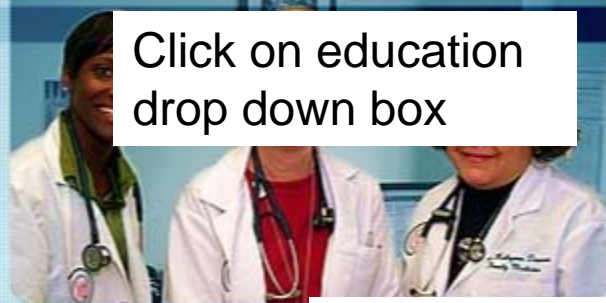
*Have staff conduct a screening audit, or contact a local company that can perform such a service.*



# Tools for Your Practice

## Essential #4: Measure Progress

- Staff Feedback
- Practice Performance



Click on education drop down box

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## Colorectal Cancer (CRC) Screening Module

**PRE** Pre-assessment Phase    **POST** Action Phase    Post-assessment Phase

STEP 1	STEP 2	STEP 3	STEP 4
<b>Enter Patients</b> You have entered 6 out of the maximum 25 patients you may have in your sample. <a href="#">Continue</a> →	<b>Practice Assessment</b> <a href="#">Continue</a> →	<b>Interpretation of data</b> <a href="#">Continue</a> →	<b>Review QIP</b> <a href="#">Continue</a> →

### Earned CME Information

This Practice Improvement Program is worth a total of 20 credit hours. You will receive this credit at the completion of the activity.



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R<sub>x</sub>

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

R<sub>x</sub>


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

R<sub>x</sub>

**Involve your staff, and put office systems in place .**


R<sub>x</sub>

**Follow a continuous improvement model to develop and test changes to your screening system.**



**Additional tools to assist practices  
with increasing colorectal cancer  
screening can be found in the  
guide.**





**The National Colorectal Cancer  
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everyone who participated in and  
contributed to making this guide a  
success.**

