



How to increase Cancer Screening Rates in practice

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

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

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Saving Lives THROUGH CANCER SCREENINGS

As a clinician, you know the importance of screenings in preventing cancer. However, it can be a challenge to encourage patients to be 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.

This guide provides you with practical, action-oriented assistance that can be used in your office. A sustainable plan for your practice that is evidence-based and tools-specific to colorectal cancer is included on the pages that follow.

Benefits to your health system include:

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

For more information on the topics in this booklet, visit [cancer.org](https://www.cancer.org) or call **1-800-227-2345**.





Improve Cancer Screening Rates

USING THE FOUR ESSENTIALS

1

Make a Recommendation

The primary reason patients say they are not screened is because a doctor did not advise it. Be clear that screening is important.

Ask patients about their needs and preferences.

A recommendation from you is vital.

Develop a Screening Policy

Create a standardized course of action. Involve your staff to make screening more effective.

You cannot do this alone!

Engage your team in creating, supporting, and following the policy.

2

COMMUNICATION

Measure Practice Progress

Establish a baseline screening rate, and set an ambitious practice goal. If you have not measured progress, you may not be doing as well as you think.

Seeing screening rates improve can be rewarding for your team.

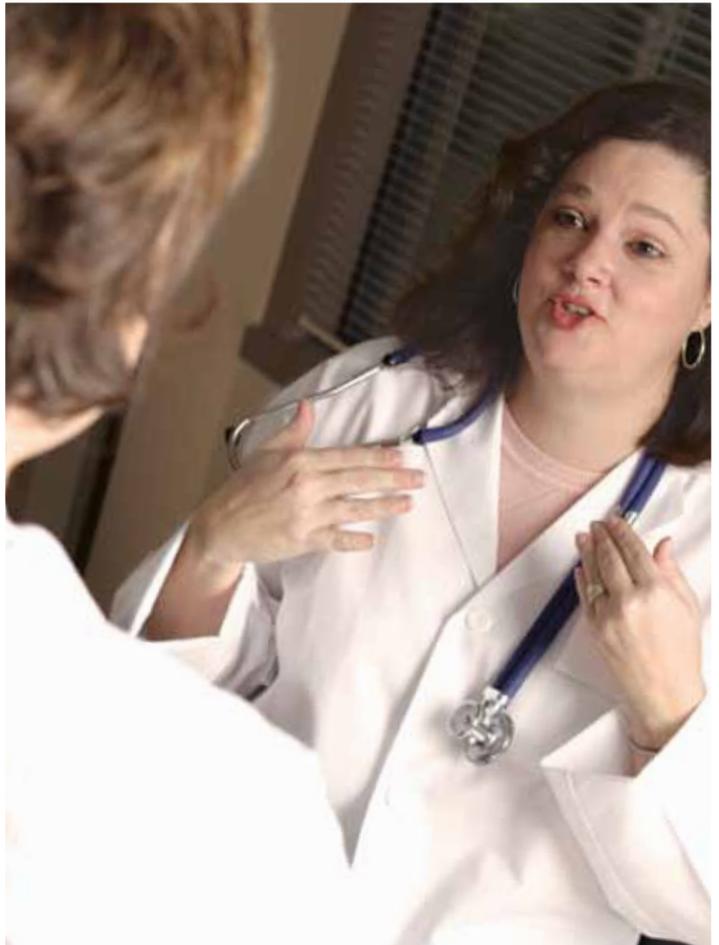
4

Be Persistent with Reminders

Track test results, and follow up with providers and patients. A simple tracking system will help you follow up as needed.

You may need to remind patients several times.

3



Essential #1

MAKE A RECOMMENDATION

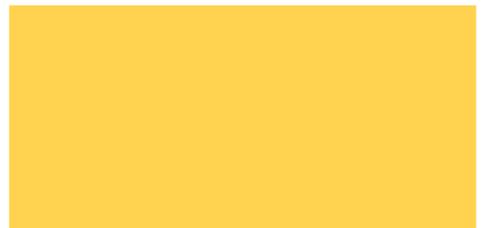
Evidence accumulated over two decades shows that a recommendation from a doctor is the most powerful single factor in a patient's decision to be screened for cancer. Determine the screening messages you and your staff will share with patients. Explore how your practice will assess a patient's risk status and receptivity 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. Start with patients who are easiest to reach and incrementally incorporate less accessible groups, listed here from most to least accessible:

- Patients who appear for regular check-ups;
- 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.

Members of minority or low-income groups, individuals with less formal education, and older adults 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 receptiveness to screening.



Tools for Your Practice

Access these resources by going to:

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 appropriate brochures, pamphlets, and posters geared toward your individual patients: Asian language, Spanish, other

Essential #2

DEVELOP A SCREENING POLICY

Create a standard course of action for screenings. Document it, and 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; and
- local medical resources.

As part of a high-quality screening program for your practice, develop a policy for an annual stool blood test (FOBT/FIT). Remember that a single sample stool blood test completed in the office is not a sound procedure.

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 necessary next steps before and after they leave your office to increase the likelihood that they will obtain screening.



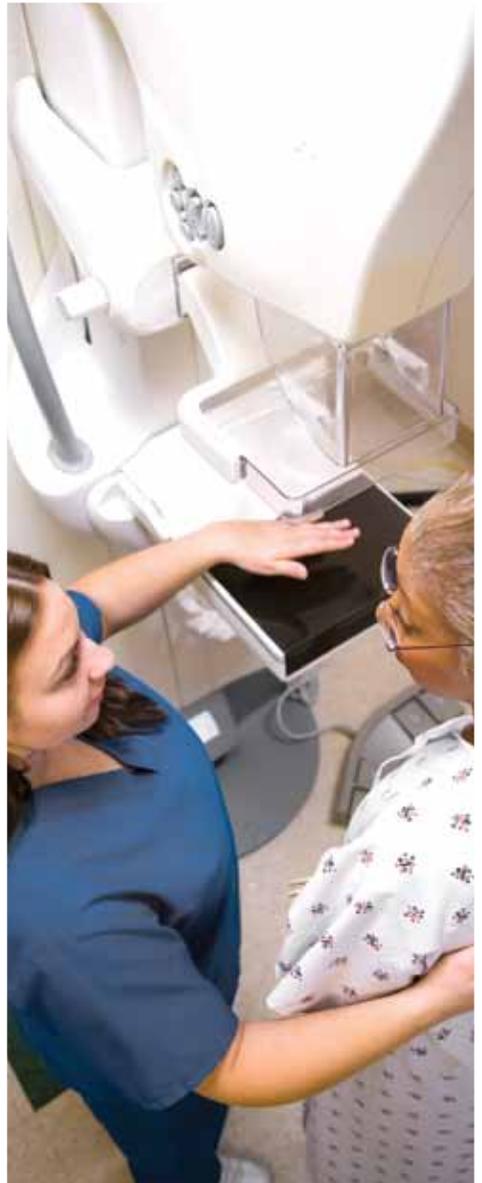
Tools for Your Practice

Access these resources by going to:
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 www.cancer.org/colonmd.



Essential #3

BE PERSISTENT WITH REMINDERS

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

Involve your staff in reminding both each other 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, a reminder 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, and always refer a patient for colonoscopy.



Tools for Your Practice

Access these resources by going to:

Reminder Systems

- Information about 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 for 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. Elicit 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 Essentials. 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 each 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 including harder-to-reach patient groups.

For best results, continue to repeat this model.



Tools for Your Practice

Access these resources by going to:

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 acceptable for up to 20 Prescribed Credits by the American Academy of Family Physicians. AAFP Prescribed Credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician’s Recognition Award. When applying for the AMA PRA, Prescribed Credit earned must be reported as Prescribed Credit, not as Category 1.



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www.cancer.org/asp/pcmanual/default.aspx

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¹ Sarfaty, Mona. *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-Based Toolbox and Guide 2008*. Eds. Karen Peterson and Richard Wender. Atlanta: The American Cancer Society, the National Colorectal Cancer Roundtable, and Thomas Jefferson University 2006, Revised 2008.



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