

Colorectal Cancer (CRC) Screening Best Practices

NYC Community Cares Project (CCP), 2020





Best Practices to Increase CRC Screening Rates

These best practices focus on four core areas:

- Outreach
- Patient education
- Follow up
- Electronic medical record system



Best Practices: Outreach

- Assign a point person to assist patients with CRC screenings
- Assist with scheduling CRC screenings at times of referral
- Actively perform outreach to your CRC-eligible patients



Best Practices: Follow Up

- Perform reminder calls for scheduled screenings.
- Reschedule patients when CRC screening appointments are missed.
- Follow up on patient CRC screening refusals.
- Follow up on positive stool-based testing results.



Best Practices: Patient Education

- Discuss CRC screenings during pre-visit planning.
- Provide patient education on CRC screenings.
- Offer stool-based testing as a choice.
- Educate patients on the bowel prep process prior to colonoscopy.



Best Practices: Electronic Medical Record (EMR)

- Run lists on populations eligible for CRC screenings.
- Have an EMR with a reminder/flag system for CRC screenings.
- Document stool-based testing/colonoscopy refusals.



Why Implement Best Practices?

- ✓ Reduce barriers to care for patients.
- ✓ Lead to better coordination and continuum of care.
- ✓ Improve screening completion rates.

Need for Best Practices

- There is still a screening completion gap that needs to be addressed.
- Only an estimated 29% of CCP's partnered sites are implementing 85% or higher of best practices with regard to colorectal cancer screenings.

According to Annual Best Practices Survey

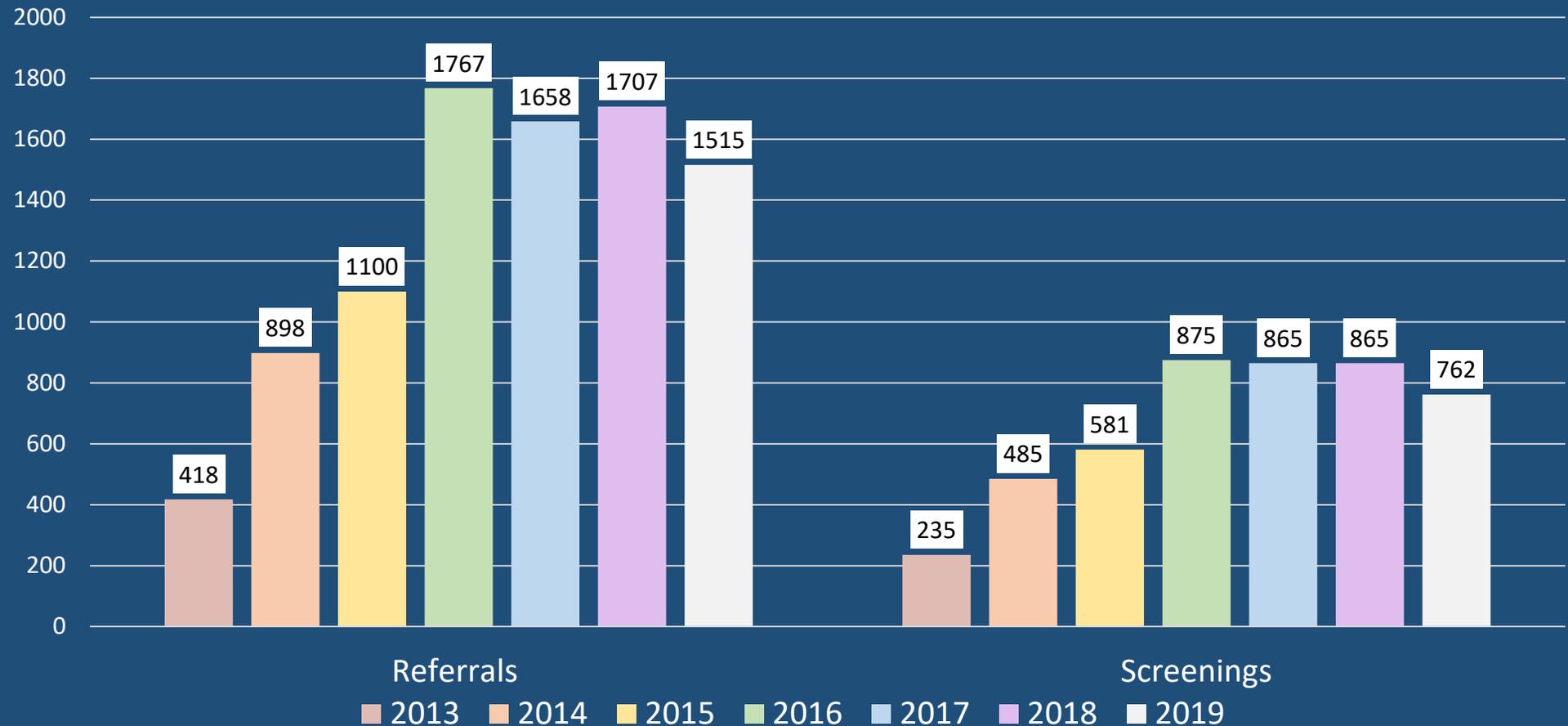


Reminder Calls: 60% of CCP centers perform reminder calls.

Written Policy: 53% of CCP centers have a written policy detailing CRC procedures.

Refusal Follow Up: 47% of CCP sites follow up on CRC refusals.

NYC CCP Colonoscopy Screenings by Year



Source: Community Cares Project. Monthly data from partners (2013–2019).



CRC Written Policy

- Health center staff can work together on a written policy, which should:
 - Include a statement about preferred screening methods.
 - Include an efficient workflow for the practice.
 - Delegate staff responsibility.



Electronic Medical Record (EMR)

- **Run list:** Ability to run lists on eligible patients to determine who is in need of a CRC screening.
- **Reminder/Flag system:** Prompts can be programmed to:
 - Alert providers of patients in need of a screening.
 - Alert providers of patients who need to return stool-based tests.
- **Documentation**
 - Designated area to document patients who have refused a screening.

Sources: de la Cruz, MSD, Sarfaty, MD. *Steps for Increasing Colorectal Cancer Screening Rates: A Manual For Community Health Centers*. National: American Cancer Society, 2014. http://nc crt.org/wp-content/uploads/0305.60-Colorectal-Cancer-Manual_FULFILL.pdf. Accessed January 13, 2020.

Craig, JA, Epey, DK, Haverkamp, D, Provost, E, Redwood, D. Use of Tracking and Reminder Systems for Colorectal Cancer Screening in Indian Health Service and Tribal Facilities. *IHS Primary Care Provider*;40(2):10–17. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5315090/#__ffn_sectitle. February 2015. Accessed January 13, 2020.

Outreach

- Convincing eligible patient populations to have a CRC screening.
 - Eligible populations may include:

Average Risk	Increased Risk
<ul style="list-style-type: none">• Consider screening patients with an average risk of CRC at 45 years old since CRC rates among younger people have increased.• Screenings for average risk patients should start no later than age 50. <p>* Most insurance plans cover colon cancer screenings starting at age 50. Coverage for screenings varies for people between the ages of 45 and 49. It is important to check your patients' insurance plans for coverage before scheduling them for a screening test.</p>	<ul style="list-style-type: none">• Patients with a family or personal history of CRC, polyps or inflammatory bowel disease may be at an increased risk of CRC and may need to be screened earlier than age 45.• Providers can consult with a specialist for screening recommendations.

Outreach Example



HAPPY BIRTHDAY!

Stay healthy and make it a good year.

Colon cancer screening, such as a colonoscopy or stool-based test, can detect or prevent cancer.

Speak to your health care provider today to ask:

- *When do I need to get screened, according to my specific risk?*
- *Which test should I get, and how are the tests different?*



Most insurance plans cover screening.

Call 311 for no- or low-cost screening options, or visit nyc.gov/health and search for **colon cancer** to learn more.



Patient Navigation

- A dedicated patient navigator at the health center can:
 - ✓ Provide patient education on CRC screenings.
 - ✓ Actively perform outreach to your patients.
 - ✓ Assist with scheduling CRC screenings at times of referral.
 - ✓ Reschedule appointments when CRC screenings are missed.
 - ✓ Perform reminder calls for scheduled screenings.



Patient Navigation (cont.)

- Additional patient navigator duties include:
 - Linking patients to resources and services.
 - Scheduling appointments with patients.
 - Providing a support system for patients needing additional encouragement.
 - Tracking interventions and outcomes.

Who can be a patient navigator?

- ❖ Community health workers
- ❖ Health educators
- ❖ Interns/volunteers

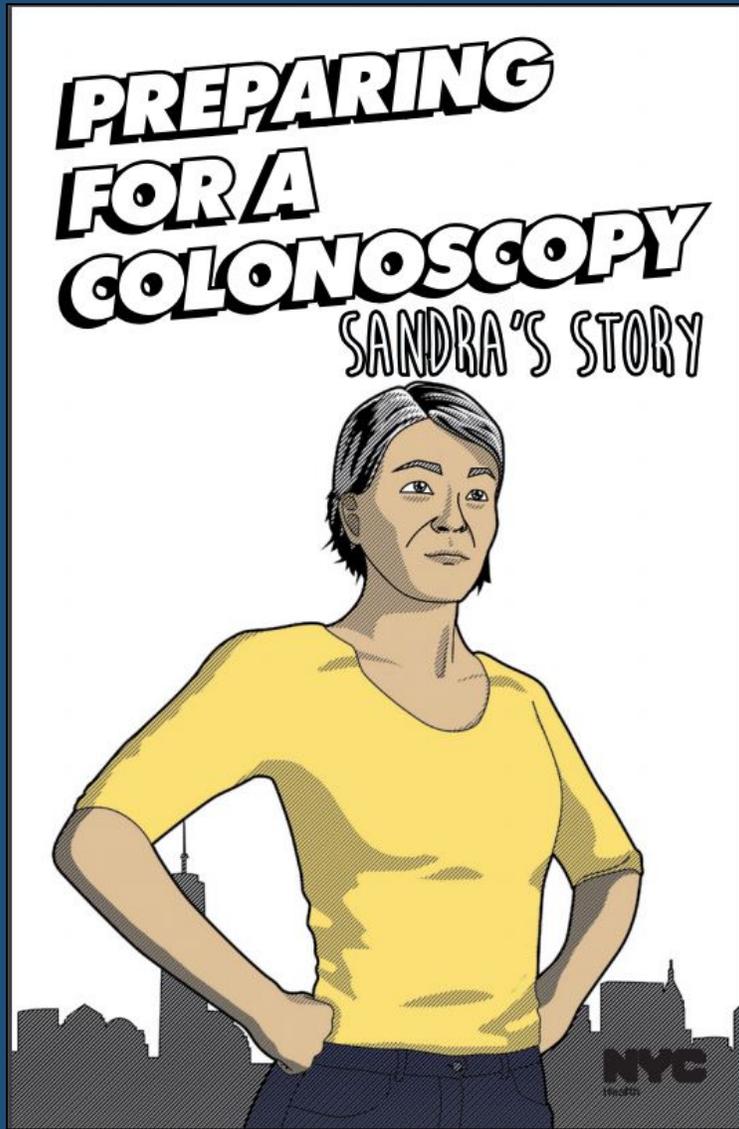


Patient Education

- **Educational Materials:** Reading materials provided to patients at times of referral should:
 - Use culture- and age-appropriate materials.
 - Explain the CRC screening process and its importance in depth.
 - Include information about and directions to the referred endoscopy center.

Examples:

- Multilingual flyers, brochures and fact sheets
- Educational videos streaming in the waiting area



Sandra's Story is available in 14 languages!

GET CHECKED FOR COLON CANCER

Colonoscopies Save Lives

What are polyps and colon cancer?

- Polyps are growths—or small clumps of cells—in the large intestine (colon). Some polyps are harmless, but some can turn into colon cancer.
- Removing polyps from the colon and rectum can help prevent cancer.
- People who are age 45 or older should talk to their health care provider about getting screened for colon cancer, even if they feel healthy.
- High-risk people who are younger than age 45 should also get screened to help prevent colon cancer. Talk to your health care provider about your risk.
- Even if you feel healthy, get a colonoscopy every 10 years or a stool (fecal) test every year.

What are the signs and symptoms?

- Symptoms of colon cancer include weight loss, bleeding from the rectum, diarrhea and constipation that doesn't go away.
- Blood tests in people with possible colon cancer might show low iron or low blood count (anemia).
- People with colon cancer often do not show signs right away.

Why should I get a colonoscopy?

- Testing allows doctors to find polyps and remove them before they become cancer.

What is a colonoscopy?

- During a colonoscopy, the doctor inserts a small tube with a light and camera into your rectum. They use the camera to look for polyps.
 - If the doctor finds polyps, they usually remove them during the test.
 - The test takes from 30 to 60 minutes.

What happens before the test?

- Your health care provider will give you a medicine to drink the day before the test. The medicine cleans out your colon, so you will have to use the bathroom often. You must drink a clear liquid diet (see reverse for examples) the entire day before.
- You may have to stop taking some medicines you normally take, like aspirin or blood thinners. Talk to your provider about stopping your medications one week before the test.
- On the day of the test, you will not eat or drink anything until the test is completed.
- Right before the test, you may be given medicine to help you relax.

What happens after the test?

- You will rest in the recovery area until the medicine wears off.
- You will need someone, like a friend or family member, to take you home after the test.

Are colonoscopies safe?

- Colonoscopies are safe, with few risks such as:
 - Reaction to the medicine you take before the test.
 - Bleeding after polyp removal. This usually stops on its own.
 - Tear in the colon or rectum wall. This occurs rarely, can cause pain and may require surgery to fix it.

When should I contact my health care provider?

- Contact your provider if you see blood on your toilet paper or in your stool, or if you feel dizzy, have severe pain in your belly or have a fever and chills.

Does the test hurt?

- You might feel pressure, bloating or cramping during the test, but the test usually does not hurt.

Bowel Prep

- Instruct patients how to properly use bowel prep to ensure the best possible results:
 - Have prep instructions available in multiple languages.
 - Insufficient prep results in patients needing to reschedule/repeat the procedure.



A good bowel prep can make it easier to detect polyps. A bad bowel prep, however, can hide polyps during a colonoscopy.



There are many bowel prep options that providers can prescribe to patients. Instructions for each should be clear and concise.

Sources: de la Cruz, MSD, Sarfaty, MD. *Steps for Increasing Colorectal Cancer Screening Rates: A Manual For Community Health Centers*. National: American Cancer Society, 2014. http://ncrt.org/wp-content/uploads/0305.60-Colorectal-Cancer-Manual_FULFILL.pdf. Accessed January 13, 2020.

Gardezi, SA, Tibbatts, C. Improving bowel preparation for colonoscopy in a cost effective manner. *BMJ Open Quality*. 2017;6(1). doi: 10.1136/bmjquality.u204560.w5376.



Stool-Based Tests

- This screening option can be used for patients hesitant to be screened via colonoscopy.
- Providers can discuss the advantages and disadvantages of a stool-based test with patients.



Follow-up

- **Refusals:** Follow up on patient refusals and recommend a screening during every visit.
- **Rescheduling:** If a patient does not show up for their appointment, primary care centers can assist in rescheduling the patient for another appointment.
- **Returning FIT kits or other stool-based tests:** Follow up on retrieving kits that patients have taken home for testing.
- **Positive stool samples:** Arrange colonoscopy screenings for patients who have positive FOBT or FIT exams.



Conclusion

- Since CRC is the second leading cause of cancer-related deaths, it is of the utmost importance that referred patients are screened in a timely manner.
- With these recommendations, it is our hope that any gaps in care will be addressed to increase screening completion rates, which will in turn save more lives.

Questions?

For any questions or comments about this presentation, please email:
CCP@health.nyc.gov.

Thank You.