

Colorectal Cancer (CRC) Screening Best Practices



Strategies to Improve CRC Screening Rates

Outreach

- Actively outreach to encourage patients to complete screening
 - Text (CareMessage, Feed Trail, Phreesia)
 - Phone (Staff physically making calls)
 - Mailers (Post-cards or letters)
 - See *Outreach Templates* on [page 2](#)

Workflow

- Pre-visit Planning
 - Identify patients needing screening prior to the visit
 - Prepares staff for conversation and use of standing orders
 - Increases team-based care with the use of EMR alerts and Heartland Network tools
- Standing Orders
 - Offload provider burden
 - Allow staff to perform at the top of their license
 - *Standing Order Template* on [page 3](#)
 - The standing order should be reviewed and signed every 3 years to align with the HRSA OSV cycle, when the signee changes, and to align with health center policies
- EMR Alerts
 - Ensure NextGen alerts for CRC are on
 - Review staff workflows for alert utilization and actions

Data Analysis

- Use data to find patterns, trends, and opportunities to tailor outreach and efforts (language, age, race, gender, insurance status, prior screening history)
 - 45 to 55 y/o often have lower screening rates
 - Create outreach messages in a specific language if rates differ by language
 - Patients who have completed screening in the past are more likely to complete screening again than someone who has never completed screening

Lab

- ColoGuard (ExactSciences)
 - Consider using ColoGuard as primary screening (ColoGuard team helps with case management/returns)
 - Only need to screen every 3 years vs. every year
 - Covered by Insurance/Medicaid/Medicare or ExactScience's charity care program
 - No-cost interface between NextGen and ExactSciences
 - Process to initiate: Contact NextGen rep, notify Heartland Network (HCCN) and ExactSciences
- Quest and LabCorp Charity Care Programs
 - Typically, no-cost lab services for patients at or below 100% FPL
 - Reduces barriers due to cost for patients
 - Decreases health center expenses

Incentives

- Provide small (\$5-25) patient incentive for returning completed test
- **Important:** Patient should receive the incentive right away when they turn in their test
- Reference [HCAN's White Paper on Patient Incentives](#) to understand how your health center can offer incentives in compliance with federal laws

Resources

Websites:

- [National Colorectal Cancer Roundtable](#)
- [American Cancer Society Resources for Health Professionals](#)
- [USPSTF - Colorectal Cancer Screening Guidelines](#)
- [CMS130v13 Colorectal Cancer Screening Measure Definition](#)

HCCN Wiki:

- [Workflow Guide - Colon Cancer Screening](#)
- [Care Message – Outreach Workflow Guide](#)

Labs:

- [LabCorp](#)
- [Cologuard](#)
- [Quest](#)

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Outreach Script Examples



Text Message: Screening Outreach

This is [Health Center Name]. Our records show that you are due for colorectal cancer screening. Can we send you a screening test in the mail? Yes/No

- “Yes”

➡ Great, we will order the ColoGuard screening test. When the kit arrives, please call [Dedicated Number] if you have any questions.

- “No”

➡ Ok, we will follow up with you at a later date regarding this important health screening.



Text Message: Kit Return

Version 1: Hi this is [Health Center Name] reminding you to return your [Test Name]. Please call [Clinic Number] if you have any questions.

Version 2: This is [Provider Name]’s office reminding you to return your [Test Name]. Please call [Clinic Number] if you have any questions.

Version 3: This is [Health Center Name] following up on your [Test Name]. Our records show that you haven’t returned your [Test Name]. Do you need help completing and returning the [Test Name]? Yes/No

- “Yes”

➡ Someone from [Health Center Name] will reach out to assist soon.

- “No”

➡ Ok. We will monitor for your test results and reach out once we receive them.



Phone Outreach

“Hello, my name is [Staff First Name] calling from [Provider Name]’s office to follow up on your [Test Name]. We haven’t received your [Test Name] result yet, have you had a chance to complete and return that kit?

- “Yes”

➡ Great, we will follow up with the lab to confirm we get the result. How long ago did you turn it in?

- “No”

➡ Is there anything we can do to help you complete the test?

“Hello, my name is [Staff First Name] calling from [Provider Name]’s office. Our records show that you are due for colorectal cancer screening. Can we mail you a screening kit so you can complete this at home? Yes/No

- “Yes”

➡ Great, we will order the ColoGuard screening test and it will be mailed to your house. When the kit arrives, please call [Dedicated Number] if you have any questions.

- “No”

➡ Ok, we will follow up with you at a later date regarding this important health screening.

Standing Order for Colorectal Cancer Screening – Stool-Based Screening (FIT, FOBT, FIT-DNA)

Policy:

Under this standing order medical assistants (MA), Licensed Practical Nurses (LPN), or Registered Nurses (RN) with proper training may order a Fecal Immunochemical Test (FIT), Fecal Occult Blood Test (FOBT), or a Fecal immunochemical plus Multi-Targeted Stool DNA Test (FIT-DNA “Cologuard”), for colorectal cancer screening for clients who meet the following criteria.

Purpose:

To increase access to colorectal cancer screening and improve colorectal screening rates in appropriate populations, by removing barriers to ordering appropriate screening tests by competent clinical staff utilizing the following procedure.

Procedure:

1. Identify adults in need of regular colorectal cancer screening:
 - a. Average-risk clients (MA, LPN or RN may perform screening):
 - i. Age 45-75, FIT test every year
 - ii. No high-risk factors (listed below)
 - b. High-risk clients (Provider directed screening):
 - i. Family history of colon cancer or adenomatous polyps
 - ii. Prior history of abnormal screening
 - iii. Personal history of
 1. Inflammatory Bowel Disease (IBD)
 2. Ulcerative Colitis (UC)
 3. Crohn’s Disease
2. Verify prior screening was not completed within the following timeframes:
 - a. Colonoscopy – completed in the last 10 years
 - b. FIT/FOBT – completed in the last 12 months
 - c. FIT-DNA (Cologuard) – completed in the last 3 years
 - d. Flexible Sigmoidoscopy – completed in the last 5 years
3. Screen for contraindications
 - a. Active hemorrhoid bleeding, wait until bleeding has stopped to perform test
 - b. Menstrual bleeding, wait until bleeding has stopped to perform test
4. Record the reason(s) for non-receipt of the test. If clients refuse testing, provide education and then document.
5. Order the patient’s preferred test in the patient electronic medical record (EMR):
 - a. FIT/FOBT
 - i. Provide the patient with a test kit (FIT/FOBT)
 1. Include written instructions in the patient’s preferred language
 - ii. Review instructions on how to complete the test with the patient
 - iii. Explain the procedure to return a completed test kit to clinic or laboratory
 - iv. Document in the patient’s EHR that a kit was given to client and date given
 - b. FIT- DNA (Cologuard)
 - i. Notify the patient that a third-party vendor (ExactSciences) will mail their test kit to their home and may call them to verify order and instructions
 - ii. Review instructions on how to complete test with client
 - iii. Explain procedure to return completed test kit to the laboratory
 - iv. Document in the patient’s EHR that a kit was ordered

Medical Director _____

Printed Name

Signature

Effective date _____

Date reviewed _____

Date revised _____