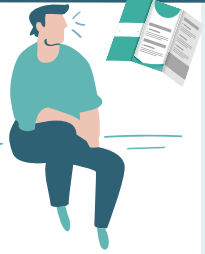


Colorectal Cancer Screening Implementation

Colorectal cancer (CRC) is the second leading cancer killer in the US. About 9 out of every 10 people whose colorectal cancers are found and treated early are alive 5 years later.

Prepare the patient

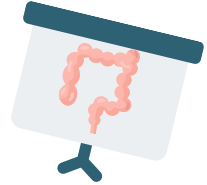


- Patient education materials (diagrams, demonstrations, etc.) in multiple languages at appropriate literacy levels.
- Multilingual staff can help promote patient understanding.



Prepare the clinic

Educate all staff on CRC screening. Know your baseline screening rate.



Convince reluctant patients to get screened



- A recommendation from the provider (or other team member) is the most influential factor on patient screening behavior.
- Avoid medical jargon, focus on the benefits of screening, and limit info to 3-5 key points.



Track return rates and follow-up



Ensure quality screening for a stool-based screening program

- When giving normal (negative) results, tell patient that test will need to be repeated in one year.
- Track and refer all positive test results to colonoscopy.



- Prompt providers when screening is due and if results are abnormal.
- Remind patients to return screening tests.
- Registries track CRC screening data: last screening date, overdue status, and patient's next scheduled visit.
 - Orders with no results within a specified timeframe can be followed up with a phone call from staff.



Coordinate care across the continuum

Coordinate follow-up after a colonoscopy.

Measure and improve performance

- Generate monthly screening reports.
- Continuous refinement of screening process.