

# The Nevada Primary Care Physician's Colon Cancer Screening Toolkit.

Suggestions to  
increase colon  
cancer screening  
in the PCP office.



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The following is a list of tools included on the accompanying DVD. The tools are in a PDF file format that are downloadable and in most cases editable.

1. Letter to Patient, General Overview (editable)
2. Reminder Letter to Patient at Average Risk (editable)
3. Reminder Fold-Over Postcard (editable)
4. Letter to Patient at Increased or High-Risk (editable)
5. Results Letter, Patient with Positive Screening Result (editable)
6. Follow-up Phone Script for Patients Given an FOBT Home Kit
7. Follow-up Phone Script for Individuals Who Have a History of Colon Cancer
8. Preventative Services Timeline
9. Female Age 50 to 65 Preventable Care Flow Sheet
10. Female Over 65 Preventable Care Flow Sheet
11. Male Age 50 to 65 Preventable Care Flow Sheet
12. Male Over 65 Preventable Care Flow Sheet
13. Resources for Brochures, Pamphlets and Posters etc.
14. Surveillance Recommendations
15. Recommendations at a Glance
16. Sample FOBT Flow Chart
17. Sample Chart Audit
18. Sample Tracking Sheet
19. Decision Aid (PCP 11X17 Office Poster)
20. Decision Aid (PCP 8.5X11 Small Office Poster)

## Introduction

Colon Cancer is the second leading cause of cancer mortality in the United States with more than 50,000 deaths annually. A majority of these deaths could be prevented with proper screening, however the number of unscreened Americans over the age of 50 remains about 40%. More disheartening, Nevada lags most of the nation in colon cancer screening, and as a result, has one of the highest colon cancer mortalities.

The Primary Care Provider plays a key role in a patient's decision about whether or not to have colon cancer screening and about what screening method will be chosen. Indeed, research has shown the most important factor in a patient's decision to have a colonoscopy is a referral from their Primary Care Provider.

The Primary Care Provider's job is very difficult however, with many responsibilities competing for their attention during the patient's brief visit. Very efficient processes are necessary to accomplish all that is needed during the limited available time with the patient.

This Toolkit has been created to provide the Primary Care Provider some assistance or "Tools" to help to develop an effective system that will increase colon cancer screening in their patients.

The Nevada Primary Care Providers Toolkit is an adaptation of the American Cancer Society's Primary Care Clinician's Evidence Based Toolbox and Guide created in 2008. It has been considerably shortened to make it more user friendly, and it has been adapted to take into account the resources available to the Nevada PCP and their patients.

For those readers who are interested in more detailed information about developing office based systems for colon

cancer screening, we refer you to the original longer ACS version of the Toolbox at <http://ncrt.org/about/provider-education/crc-clinician-guide>.

The Nevada Toolkit highlights Eight Common Errors to Avoid, outlines the Five Key Essentials for Increasing Colon Cancer Screening in a PCP office and includes many useful templates for Phone Scripts, Reminder Letters, Tracking Sheets, Brochures, Decision Aids and more.

This toolkit is meant to be used in combination with the PowerPoint presentation “Increasing Colon Cancer Screening in Nevada, an Evidence Based Approach”. This presentation details the burden of Colon Cancer in our state and suggests practical evidence based approaches to increase colorectal cancer screening in our patients. Both of these resources will continue to evolve and be modified over time as new evidence develops.

We hope that these two publications will be important resources for the busy Primary Care Provider in Nevada and help them to be successful in reducing colon cancer mortality by increasing screening.

*John Gray MD, FACP*



*Keep your patients  
smiling*

## Avoid These Errors:

- Patients are screened for colorectal cancer (CRC) with only a digital rectal exam.
- Patients are screened for CRC in the office with a single sample from a stool blood test.
- Patients with a history of adenomatous polyps in a first degree relative are not identified as people at increased risk.
- Providers have cultural/ethnic assumptions that inhibit a frank discussion about CRC screening and a clear recommendation is not given.
- Patients with a positive FOBT, FIT, stool DNA, CT colonography, double-contrast barium enema, or flexible sigmoidoscopy never receive an order for a complete diagnostic exam.
- There is no follow up on patients referred for a complete diagnostic exam.
- Practitioners recommend screening with colonoscopy for those at average risk more often than every 10 years or CT colonography, double-contrast barium enema, or flexible sigmoidoscopy more often than every five years.
- Screening is started earlier than age 50 for average-risk asymptomatic individuals.

# The Five Essentials

## 1

### Essential #1: Your Recommendation

#### The importance of a Doctor's Advice

- The important role of the physician's advice in cancer screening has been repeatedly documented
- The doctor's advice is usually cited as the most important reason that an adult has had a recent screening test
- The most common reason cited for not having had a screening test is that the doctor has not recommended it
- Other reasons are "proxies" for lack of physician endorsement



1. The positive impact of advice from a doctor to get cancer screening is well documented.
2. The magnitude of a clinician's impact is considerable: State surveys have shown that 90% of people who reported a physician recommendation for CRC testing were screened vs. 17% of those who reported no provider recommendation, and 72% of those whose physician recommended an FOBT completed it vs. 8% of those whose physicians had not.
3. Every clinician has seen patients who should have received, but did not receive, cancer screening. A consistent and reliable recommendation will result if three other essential elements – an office policy, a reminder system, and an effective communication system – are part of the practice.
4. The positive effect of a doctor's advice is limited to those who have access to a doctor or a usual source of care. All patients need a usual source of care.
5. To prevent CRC and reduce mortality, the recommendation must include a referral for complete diagnostic exam where the FOBT or flexible sigmoidoscopy screening test is positive.

# 2

## Essential #2: An Office Policy

- An office policy is vital
- Only a systematic approach can insure that the physician's recommendation is delivered to all patients
- An office policy is the foundation of a systematic approach

A. An Office Policy is Vital

B. Fit the Policy to Your Practice

- Determine Individual Risk Level
- Identify Local Medical Resources
- Assess Insurance Coverage





# 3

## Essential #3: An Office Reminder System

- Reminder systems are “Cues to Action”
- Reminder systems can be directed to patients, clinicians, or both
- Reminder systems can be simple, or complex, with the more complex systems having the greatest benefit

A. Options for Patients: Education and Cues to Action

B. Options for Physicians:

- Chart Prompts
- Audits and Feedback
- Ticklers and Logs
- Staff Assignments



# 4

## Essential #4: An Effective Communication System

- Bottom Line...Today there is less time, and primary care clinicians are expected to do more
- Skillful communication strategies save time and resources
- Communication systems increase delivery of clear advice, without increasing time pressures on the staff

### A. An Effective Communication

- Stage-based Communication
- Shared Decisions, Informed Decisions, Decision Aids
- Staff Involvement



# 5

## Essential #5: Measure Your Results

- Don't assume your plan is working
- Develop goals based upon national guidelines...71% of patients screened per Healthy America 2020
- Measure and compare your results with your goals



CME/CEU info to come



**Please call or write for  
additional copies of  
this booklet**

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