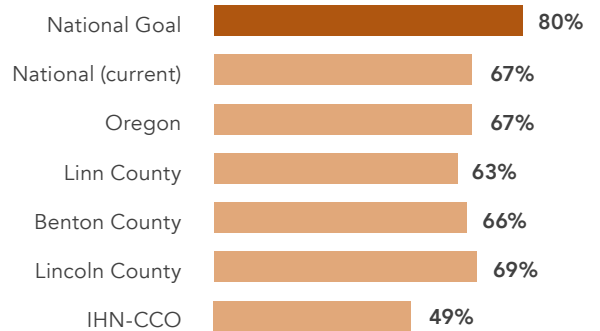


Linn, Benton, Lincoln Colorectal Cancer Screening Campaign: Findings & Recommendations

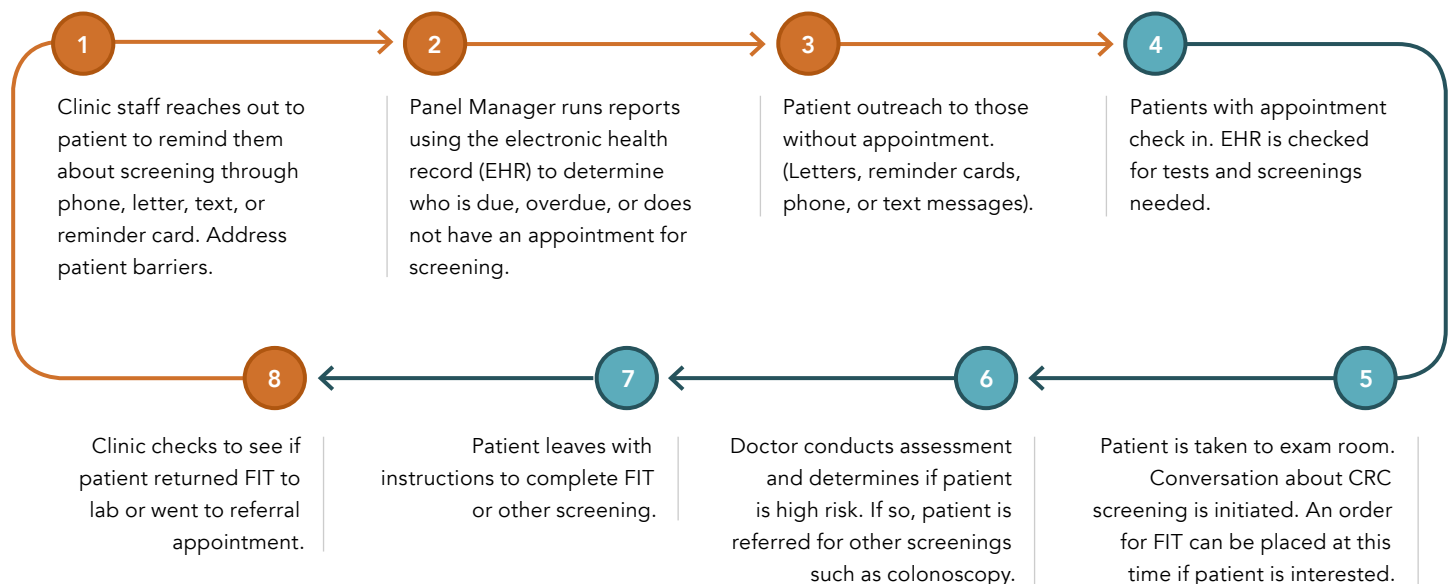
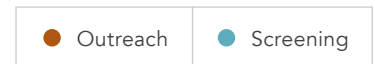
Background: To improve the regional screening rates, the Linn, Benton, and Lincoln (LBL) County Health Departments collaborated, with funding from InterCommunity Health Network-CCO to pilot a colorectal cancer screening campaign. The campaign promoted screening options like the fecal immunochemical test (FIT) and the statewide marketing campaign, The Cancer You Can Prevent, with area clinics. It also worked with pilot clinics to develop and implement a closed-loop referral process to improve the clinical workflow for screening, referral, and follow-up. This document provides lessons learned and recommendations collected from all clinics involved in the pilot program.

Adults Aged 50–75 Meeting the US Preventative Services Task Force Recommendations for Colorectal Cancer Screening^{1,2,3}



Closed-Loop Referral Process

Create a clinical workflows that enables clinic staff to follow patients through the referral and screening process. Also, identify and address barriers patients have to screening. This will facilitate patient follow through.



Identify Patients Due for Screening Through the Electronic Health Record (EHR)

- Make efficient use of the EHR.
- Have a Panel Manager who regularly checks the EHR against the appointment list.
- Use the Health Maintenance section to check patients' screening status. Use reminder systems that give notifications regarding patients' screening status.
- Scrub charts prior to appointments.
- Use hard stop function to ensure that clinic staff finish screening procedures before moving through the patient's record.
- Ensure staff have appropriate training necessary to ensure they know how to use EHR effectively.

Recommended Colorectal Cancer Screenings

- Screen populations appropriately. Those at average risk should be screened between ages 50 and 75. Those with high risk factors may need screening earlier.
- Consider patients' barriers to traditional colonoscopy. Those at average risk have more options, and 70% of patients will follow through with screening if provided more options.
- Use screenings recommended by the US Preventative Services Task Force like the FIT. The Task Force recommends using OC FIT CHECK® (Polymedco).
- DO NOT use standard guaiac tests. The sensitivity for these tests is less than 50%, and they are not recommended by the US Preventative Services Task Force.

Outreach & Reminders to Patients

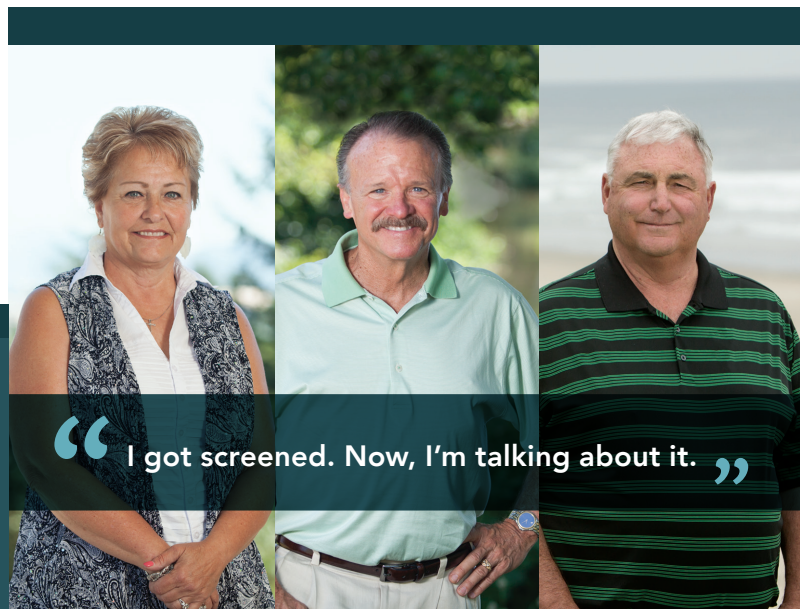
- Have staff dedicated as a Panel Manager to increase capacity to create reports and to be the lead on implementation of the closed-loop referral process.
- Outreach to patients who do not have a scheduled appointment. Various reminder methods can be employed such as birthday cards, letters, texts, and automated phone calls.
- Consider sending FIT kits with educational materials on the importance of colorectal cancer screening.
- Address patients' barriers to different types of screening to find a method that will work best for them.
- Work with patients to develop solutions to barriers they may have with at-home tests. For example, some clinics include gloves with the FIT for patients who are uncomfortable handling their own stool sample.
- Utilize marketing and educational materials in waiting and exam rooms. These materials help to initiate the conversation between the provider and the patient.



In Partnership with InterCommunity Health Network Coordinated Care Organization.

To learn more, visit:
thecanceryoucanprevent.org

1. CDC(2013,2014) Oregon Behavioral Risk Factor Surveillance Survey, Oregon.
2. Oregon Health Authority. Oregon's Health System Transformation: CCO Metrics 2015 Final Report. 2016. oregon.gov/oha/Metrics/Documents/2015_performance_report.pdf
3. National Colorectal Cancer Roundtable. 80% by 2018. nccr.org/tools/80-percent-by-2018



“ I got screened. Now, I'm talking about it. ”