Tips for better screening rates at your facility

1. Recommend CRC Screening to Patients
   - Discuss multiple screening options with patients (not only colonoscopy)

2. Develop a CRC Screening Policy
   - Fit the policy to your practice
     - Determine patient risk level
     - Identify local medical resources
     - Assess insurance coverage
     - Consider patient preference
     - Engage your team in following the policy

3. Be Persistent with CRC Reminders
   - Use patient tools:
     - Education and cues to action
   - Use provider tools:
     - Chart prompts
     - Audits and feedback
     - Ticklers and logs
     - Staff assignments
     - Track test results

4. Measure Practice Progress
   - Have staff conduct a screening audit
   - Establish a baseline screening rate
   - Discuss how the screening system is working

Avoid these errors:

- Not assessing a patient’s level of risk for developing CRC, based on personal, family, and medical history, to determine appropriate screening approach.
- Screening patients with a digital rectal exam (DRE).
- Screening patients in the clinic with guaiac-based FOBT, using only a single stool sample following a DRE.
- Not ordering diagnostic colonoscopy for patients with a positive gFOBT, iFOBT, or flexible sigmoidoscopy.
- Not following up on patients referred for colonoscopy.
- Recommending screening with colonoscopy at intervals shorter than every 10 years, or flexible sigmoidoscopy at intervals shorter than every 5 years, for average-risk persons.
- Starting screening earlier than age 50 for average-risk, asymptomatic individuals.
- Applying recommendations for average-risk persons to patients that are at increased risk for developing CRC.

Learn more at: http://www.ucare.org/providers/Documents/IncreaseCancerScreeningRates.pdf

Subscribe to the IHS CRC listserv at:
http://www.ihs.gov/listserv/index.cfm?module=signUpForm&list_id=138

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Colorectal Cancer (CRC) Screening
A Reference Guide for IHS and Tribal Healthcare Providers

May 2013
Colorectal cancer in American Indian and Alaska Native (AI/AN) communities

Did you know?

Of all AI/AN men and women who are currently cancer free at age 50, an estimated 4.1% (1 in 24) will develop CRC in their lifetime.


Who, how, and how often to screen for CRC

The United States Preventive Services Task Force recommends:

- Average-risk men and women aged 50-75 should be screened using any of the following:
  - YEARLY: Immunochemical fecal occult blood test (iFOBT) or high-sensitivity guaiac-based fecal occult blood test (gFOBT)
  - OR-
  - EVERY 5 YEARS: Flexible sigmoidoscopy (along with FOBT every 3 years)
  - OR-
  - EVERY 10 YEARS: Colonoscopy

- Routine screening is not recommended for men and women ages 76-85. Decisions about first-time screening in this age group should be made on an individual basis.
- Screening is not recommended for men and women over the age of 85.

Link to USPSTF recommendations:
http://www.uspreventiveservicestaskforce.org/uspstf/uspscolo.htm

Ways to encourage patients to get screened

Utilize culturally and linguistically appropriate materials to educate patients. Check the following sites for materials and links to other resources:
- Albuquerque Area Southwest Tribal Epidemiology Center, Tribal Colorectal Health Program—http://aaihb.org/aastec/tchp/

When recommending FOBT, include an option for immunochemical FOBTs, which offer patients several advantages over traditional guaiac-based FOBTs, including:
- No dietary or medication restrictions before or during screening
- Fewer stool samples needed
- Various stool collection methods (less stool handling)
- Detects only colorectal bleeding

Utilize the Guide to Community Preventive Services, which highlights interventions that can increase cancer screening: http://www.thecommunityguide.org/cancer/index.html