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|  | | <h1>Wah-Zha-Zhi Health Center</h1> | | | |  | | |
| Chapter: | Ch 4 Quality of Care | | | | Dept: | Clinical | | |
| Standard: | | | | | | | | |
| Subject: | Provider Reminders Protocol for Cancer Screenings | | | | Effective Date: | 9/20/2018 | | |
| Review Date: | Updated? | | Revision Date: | | Version Number: | 1 | Page #: | Page 1 of 2 |
| | Yes | No | | | | | | |

I. Policy Statement:

Provider reminder and recall systems are evidenced-based strategies to increase screening for breast cancer (mammography), cervical cancer (Pap test), and colorectal cancer (FOBT). Reminders inform health care providers it is time for a client’s cancer screening test (called a “reminder”) or that the client is overdue for screening (called a “recall”). The goal of provider reminders/recalls is to increase scheduling of appropriate cancer screening services by healthcare providers.

II. Purpose:

Cancer screening, or checking for cancer or abnormal tissues before symptoms develop, is an effective way to prevent cancer or ensure early detection. Cancer screening is especially important for breast, cervical, and colorectal cancers. This is because screening can detect early-stage cancer or tissues that may become cancerous, effectively preventing cancer deaths and increasing the likelihood that a patient can still be treated effectively.

With increased cancer screening rates per national guidelines, many cancer deaths could be avoided. Routine patient cancer screenings are particularly effective as they can frequently prevent or detect cancers before a person develops any symptoms. Identifying abnormal tissues before disease develops or discovering cancer during early stages may make it easier for the cancer to be prevented, treated, or cured, reducing morbidity and mortality and the overall burden of disease. Cancer screening is low-risk and typically causes patients only minor discomfort or inconvenience while providing valuable results.



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III. Guidelines:

| | Breast Cancer | Cervical Cancer | Colorectal Cancer |
|---------------|--|--|---|
| USPSTF | <p>Age 40-49: mammograms should be woman's decision after learning about risks and benefits.</p> <p>Age 50-74: biennial mammograms recommended</p> <p>Age 75+: no specific recommendations.</p> | <p>Age 21-65: Pap test recommended every three years.</p> <p>OR alternately</p> <p>Age 30-65: Pap + HPV co-testing (i.e. done at the same time) every five years for women who want to extend the time period between tests.</p> | <p>Age 50-75: One of the following –</p> <ul style="list-style-type: none"> • FIT, FOBT, or FIT-DNA tests annually • FIT-DNA every three years • Colonoscopies every 10 years • CT colonoscopies and sigmoidoscopies every five years • Sigmoidoscopies every ten years with FIT testing completed annually. <p>Ages 76-85: individual decisions should be made based on patient health and history.</p> |
| ACS | <p>Age 40-44: mammograms should be woman's decision after learning about risks and benefits.</p> <p>Age 45-55: annual mammograms recommended.</p> <p>Age 55-74+: can continue annual mammograms or reduce screenings to every two years. Older women advised to continue screenings if healthy and expected to live at 10+ years.</p> | <p>Age 21-65: Pap test recommended every three years.</p> <p>OR alternately</p> <p>Age 30-65: co-testing every five years.</p> | <p>Age 50+: One of the following:</p> <ul style="list-style-type: none"> • Colonoscopies every 10 years • CT colonographies sigmoidoscopies, or double-contrast barium enemas every five years • FIT or FOBT tests annually • Stool DNA tests every three years. |

IV. Procedure:

Key steps for implementing this evidence-based approach of Provider Reminders

1. Electronic reminders shall be designed and implemented.
2. Identify patients due for screening test.
3. Alert providers of patients identified that need a screening test.
 - a. Ensuring electronic reminder in EHR system is programmed to alert provider of needed screening tests at time of visit
4. Complete screening tests or give a provider referral
 - a. Make sure the scheduled screening is appropriately documented in HER
5. Monitor provider performance on their use of provider reminders, reassess workflows, and adjust for what works best to increase number of patients officially scheduled for screening(s).