

How this Framework can help you:

This framework is designed to provide a standard set of strategies and tools specific to help you improve care provided in the ambulatory environment. The framework has a three tiered approach that we believe provides a foundation for improvement work resulting in effective adoption and sustainability. These elements include:

1. **Infrastructure:** this first section focuses on the role of the care team and highlights how to prepare for upcoming appointments, optimize the role of team members, address equipment needs or medical record needs as well as how to regularly monitor your results;
2. **Competencies:** this section identifies what trainings are available to build clinical and content knowledge for all members of the care team and the patient population. Whenever possible hyperlinks to web based handouts, tools or webinars are included.
3. **Additional Resources:** We recognize that healthcare alone may not meet all of a patient's needs so this section includes medication and health care coverage as well as related community resources when applicable.

Need help implementing this Framework?

The MaineHealth ACO Improvement team can assist you with strategies and workflows in support of ACO initiatives. To learn more about what frameworks are available or for improvement support please contact

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or (207) 661-3804.

1. Infrastructure: CRC Testing

Identify Equipment Needs and Standardize (Hardware/Testing)

Pre-Visit Planning/Huddle

Pre-visit check list

Example of huddle tool

Patient Outreach Scripts

Define Care Team Roles

Documented workflow (including plan for abnormal results)

Patient education flyer

Talking points for care team related to test/condition/reason for visit

EMR Tools

Standardized process for capturing in EMR (CQM Guide)

Referral/Communication with Expanded Care Team

Referral form

Regularly Measure Results (Sustainability)

Gaps in care report

KPI examples for performance improvement

Pre-Visit Planning Checklist

Patient: _____ Reason for Appt: _____ Appt Time: _____

Adult Prevention: Gap(s) in Care or Due Soon:

- BMI (ht & wt)
- Blood Pressure (if >140/90) pull last 3 BP
- Falls Risk (65+)
- Pneumococcal
- Flu Shot
- TDaP
- Tobacco Use/Counsel/Referral to MTHL
- Depression Screen
- Pap Smear
- DEXA Scan
- Colon Cancer Screen (50-75)
- Breast Cancer Screen (50-75)
- Outside Reports / Tests
- Advance Directive
- Outstanding Testing
- Hospital Admissions/ED Visits

NOTES:

Diabetic: Gap(s) in Care or Due Soon:

- HgbA1c
- Tobacco Use/Counsel/Referral to MTHL
- Micro albumin
- Outside Reports / Tests
- Eye Exam
- Foot Exam
- Depression Screen
- LDL
- Outstanding Testing
- Hospital Admissions/ED Visits

Also review Preventive Care Gaps!

NOTES:

Cardiovascular Disease: Gap(s) in Care or Due Soon:

- Blood Pressure
- IVD / Aspirin
- HTN
- HF / Beta Blocker
- LDL
- Outside Reports / Tests
- Outstanding Testing
- Hospital Admissions/ED Visits

Also review Preventive Care Gaps!

NOTES:

Controlled Substance: Gap(s) in Care or Due Soon:

- Controlled Substance Agreement
- UTOX
- PMP
- Outstanding Testing
- Hospital Admissions/ED Visits

NOTES:

Pediatric Prevention: Gap(s) in Care or Due Soon:

- BMI (ht & wt)
- 5-2-1-0
- Immunizations
- Tobacco Use/Exposure/Counsel/Referral to MTHL
- Blood Pressure
- Depression Screening
- MCHAT/ASQ
- Outside Reports / Tests
- Outstanding Testing
- Hospital Admissions/ED Visits

NOTES:

Pediatric Asthma: Gap(s) in Care or Due Soon:

- Severity
- Controller Med
- Action Plan
- Lung Function Test
- Tobacco Use/Counsel/Referral to MTHL
- ACT
- Outside Reports / Tests
- BMI (ht & wt)
- Outstanding Testing
- Hospital Admissions/ED Visits

NOTES:

Room Set Up Needs/General Notes:

Huddle Sheet

- What can we proactively anticipate and plan for in our work day/week? At the beginning of the day, hold a review of the day, review of the coming week and review of the next week. Frequency of daily review is dependent on the situation, but a mid-day review is also helpful.
- This worksheet can be modified to add more detail to the content and purpose of the huddles.

Huddle Sheet

Practice: _____ Date: _____

Aim: Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.

Follow-ups from Yesterday

“Heads up” for Today: (include review for orders, labs, etc.; special patient needs, sick calls, staff flexibility, contingency plans)

Meetings:

Review of Tomorrow and Proactive Planning

Meetings:

Talking with Patients about Colorectal Cancer

It is important for you to talk about colorectal cancer screening with all adults aged 50-75 and at average risk. Age 76-85 years should be an individual decision, taking into account the patient's overall health and prior screening history. Refer to the Colorectal Cancer Screening Guidelines for other special considerations and recommendations on screening tests.

Explain what colorectal cancer is

Cancer happens when some cells in the body are growing out of control. Colorectal cancer happens when those cancer cells are growing in the colon or rectum area of the body.

Talking points:

- Most colon cancers develop from polyps or growths in the colon or rectum.
- A polyp is a growth that shouldn't be there and can turn into cancer over time.
- Colorectal cancer screening tests can find precancerous polyps, which can easily be removed to lower the risk for cancer.

Assess the patient's risk of colorectal cancer

Some people are at a higher risk for colorectal cancer. They may need to start screening at an earlier age or get tested more often than other people.

Talking points:

There are certain risk factors that can put you at a higher risk for colorectal cancer. These risk factors are:

- Age 50+ years or older
- Family history of:
 - Colorectal polyps or colorectal cancer
 - Inflammatory bowel disease (Crohn's disease, or ulcerative colitis)
 - A genetic syndrome like familial adenomatous polyposis (FAP), or hereditary non-polyposis colorectal cancer (Lynch syndrome)
- A diet of a lot of red meats (beef, pork, lamb), processed meats, and fatty foods
- Low physical activity levels
- Obesity
- Smoking and other tobacco use
- Heavy alcohol use (eight or more drinks per week for women, fifteen or more drinks per week for men.)

Talk about the symptoms of colorectal cancer

Precancerous polyps and early-stage colorectal cancer cells don't always cause symptoms. However, sometimes symptoms are present.

Talking points:

Symptoms of colorectal cancer may include:

- Blood in your stool
- Diarrhea or constipation
- Pains, aches, or cramps in your stomach that do not go away
- Unexpected weight loss

Talking with Patients about Colorectal Cancer

Help the patient make an appointment to get screened

Before the patient leaves your office, do the following things to encourage them to make a plan to get screened for colorectal cancer:

- Help your patient make a plan to get screened.
 - What test did they decide will work best for them?
 - When/how will they schedule an appointment?
 - How will they get to their appointment?
- Offer to give a list of available gastroenterologists or include it in their after visit summary.
- Try to schedule the colorectal screening test for the patient while they are in the office with you.

Talking with Patients about Colorectal Cancer

Talk about the different types of screening tests

Talk with your patient about the many different types of screening tests and help them pick one that works for them. Talk about the pros and cons of each type of screening test.

Test	What is it?	Preparation			How often?	Special Considerations
		Test	Special Diet	Laxative/enema	# of Years	
Fecal immunochemical tests (FIT)	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will collect a small stool sample and then mail the test kit with your sample back to your doctor or lab. They will check the sample for blood.	X			1	If anything unusual is found in the sample, your doctor will recommend a follow-up colonoscopy.
Colonoscopy	This is an exam that uses a small camera to look inside your colon. It is done at a doctor's office or hospital. If there is a growth or polyp in the colon, the doctors will be able to remove it during the colonoscopy. Patients are usually given a mild sedative to help relax.		X	X	10	Ask a friend or family member to give you a ride home after the colonoscopy. You won't be able to drive yourself. If polyps or cancer cells are found during the test, you will need colonoscopies more often in the future.
Flexible Sigmoidoscopy (flex sig)	The doctor uses a thin lighted tube to check for polyps or cancer inside the rectum and lower portion of the colon. They can remove any growths or polyps they find during the test.		X	X	5 years or once every 10 years if you get a FIT test every year.	
CT Colonography (virtual colonoscopy)	Your doctor will use X-rays and computers to get pictures of your whole colon.		X	X	5	
FIT-DNA	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will collect a whole bowel movement and then mail the test kit with the sample to a lab. It will be tested for changes in DNA that might show cancer cells or precancerous lesions or growths.	X			1-3 years.	If anything unusual is found, your doctor will tell you to get a follow-up colonoscopy.
Guaiaac-based Fecal Occult Blood Test (gFOBT)	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will use a stick to take a small stool sample. You will mail the test to your doctor or a lab. The samples will be tested for blood. This test needs you to take 3 separate samples.		X		1	If anything unusual is found, your doctor will tell you to get a follow-up colonoscopy.

* Reminder: The American Cancer Society and the US Preventive Services Taskforce do not consider a gFOBT done during a digital rectal exam in the doctor's office (which only checks one stool sample) enough for proper screening.¹

Talking with Patients about Colorectal Cancer

Identify potential barriers and help your patient overcome them

Your patient may have several questions and concerns about getting screened for colorectal cancer. Talk about their concerns and barriers with them. Reassure your patient that it is normal to have these concerns and that a lot of patients feel the same way when we talk about getting screened.

Common patient concerns	Talking points
Amount of time it will take	Today, patients experience little or no pain with colorectal cancer screenings, and even a colonoscopy can take less than an hour. Not bad for something that could save your life!
Fear	Before having any screening test, it is important that you discuss the test with your doctor or other health care provider. Every screening test has both benefits and harms. Your health care provider should talk to you about the benefits and harms of a screening test and include you in the decision about whether the screening test is right for you. This is called informed and shared decision-making.
Preparing for the test	There are some screening tests that can be done by you in the privacy of your own home. You will not have to do a lot of test preparation. These at-home tests also noninvasive, so there won't be anything going inside of your body.
Not understanding how to prepare for the test	The idea of testing and the preparation required for many of the tests (often called bowel prep) is unpleasant for many people and may discourage them from getting recommended tests. The prep may include eating a special diet, drinking up to a gallon of a liquid laxative, and sometimes enemas to clean out the colon. Knowing what to expect and correcting any misperceptions can take away some of the fear and restore your sense of control over the experience. (ACS)
Cost	Colorectal cancer screening tests may be covered by your health insurance plan without a deductible or co-pay. I can help you check with your insurance to find out which tests are covered for you.
Transportation to and from the test	Ask a friend or family member to give you a ride home after a colonoscopy. You won't be able to drive yourself. If there is no one you can ask, talk to your doctor about other options for transportation available in your area.

¹ Clinician's Reference: Fecal Occult Blood Testing (FOBT) for Colorectal Cancer Screening. National Colorectal Cancer Roundtable Web site. <http://nccrt.org/wp-content/uploads/FOBTCliniciansReferenceFinal.pdf>. Accessed August, 2017.

Adapted from the Centers for Disease Control and Prevention's [Screen for Life: National Colorectal Cancer Action Campaign](#), May 2017 and Colon Cancer Alliance's [National Campaign](#) May 2017

MA Outreach for CRC Screening

“Hi, Is (patient first name) available?”

“This is Audrey from Dr. (Provider’s name) office. I was reviewing your chart for due preventative cancer screenings and noticed you are due for colorectal cancer screening. Have you had any form of colorectal screening either stool testing or a colonoscopy?”

If patient states yes to colonoscopy in the past:

“Great, where was this done? With your permission I’d like to call and get a copy of this for our records”

If patient states no:

“Would you be willing to have stool testing or a colonoscopy done?”

If patient declines colonoscopy:

“We have another screening option that is less invasive and can be done at home, it doesn’t require any change in diet. Is this something that you would be willing to do? (If patient agrees to complete testing) Do you have any known rectal bleeding or blood on the tissue after a bowel movement? (If no, continue on. If patient states yes, IFOB/FIT testing not recommended. Re-discuss importance of colonoscopy with known bleeding.) If this test comes back positive, meaning there is blood in the stool, it would be recommended to have a colonoscopy to find out where the blood is coming from. We want to make sure this is not caused by cancer or pre-cancerous cells.”

*If patient has never had a colonoscopy, education about importance of colorectal cancer screening, guidelines and overview of colonoscopy is discussed with patient.

Addressing Colorectal Screening Barriers

1. "You mean I have to play with my poop?"
 - a. Not exactly. So what will happen is I sent you a kit that has two vial in it. Before having a bowel movement you will place the collection paper in the kit on the edges of the toilet seat. After you have your bowel movement you will open one vial by unscrewing the purple cap. There will be a white wand, you poke the wand in 6 different location of the stool and then mark the date/time. You then do this process again for another bowel movement and return the completed kit within 6 days.
2. "I feel fine, I don't need that done"
 - a. That's ok I understand. I do want to let you know that most people do not have any signs or symptoms of colon cancer until stage 4 or 5.
3. "I have no family history of cancer, even colon cancer."
 - a. Well that's good that you don't have the history. I just want to make sure you are aware that it does not decrease your risk. Colon cancer can happen to anyone, no matter their family or personal history. The signs or symptoms then do not usually show up until stage 4 or 5.
4. "I am not having another colonoscopy, that prep was the worse."
 - a. The prep is usually the worst part. Can you tell me what part of the prep was the worst part? Was it the Gatorade or just in general?
 - i. If the patient says the Gatorade: that is common. A lot of people are not a fan of the Gatorade or not able to tolerate this. There are other options, you can mix it with water, apple juice or any other clear liquid. The Gatorade is made for the electrolytes but as long as you are making sure to drink plenty of fluids, you should be ok.
 - ii. If the patient had this done prior to the Gatorade mixture: Oh well the good news is the prep has changed. Now they use Gatorade mixed with miralax and taking dulcolax. Patients have found this to be much easier.
 - iii. If it is the procedure in general: I can understand. Everyone response different and has a different experience. I am sorry you had a bad one. We do have a home stool sample kit that is another option for colorectal screening if that's something you are willing to do.
5. "I don't have anyone to stay with me"
 - a. If the patients has had an abnormal and needs a colonoscopy: I understand. We do have an options that you could have a different type of medication during your procedure. You would still get the nap and have the same type of procedure. The medication would affect your body different so you would just stay at the hospital for a longer amount of time that day after and then be able to go home.
 - b. IF the patient has never had a colonoscopy and no family history: I'm sorry to hear that. We do have a home stool test that you could complete this is good for 1 year of screening.
6. "I have tried the stool kit in the past but that paper doesn't work for me"
 - a. You're not the only one. Many people have issues with this. We like to recommend using saran wrap if you have some at home.

Colorectal Cancer Best Practices

Outreach

(CRC) Screening Workflow

Identify patients due for CRC Screening (MD, RN, MA, Care Manager or Quality Specialist)

- Review MHACO Gap Report *OR* MyPanelMetrics every 3-6 months

Chart Review

- Eligible: Age 50-75
- Contraindications: Prior colectomy or colon cancer
- Check for previously completed CRC screening (Colonoscopy, FIT, etc.)

Incorrect HM Modifier

Update HM modifier,
(i.e. Colonoscopy frequency,
FIT, not a screening
candidate, etc.)

Eligible for CRC Screening

Not eligible for CRC Screening

Outreach

- Send MaineHealth (MH) CRC Screening Outreach Letter & MH Educational Pamphlet via Bulk Communication (Letter, MyChart) **OR**
- Epic Birthday Letter with MH CRC Screening Educational Pamphlet

Follow-Up

- Up to 3 follow up phone calls within 2-4 weeks

Contact with patient

No contact with patient

Contact with patient

Previous CRC Screening Completed

- Clinical staff obtains prior CRC screen
- Enter into QM Results or Enter/Edit Results
- Route to PCP

Request for Office Visit

- Schedule office visit with PCP

Request for Colonoscopy

- Pend order for Colonoscopy and route to PCP

Request for FIT

- Sign order for FIT (if protocol order enabled) or route to PCP
- Print label for FIT collection vial
- Provide instructions for completion and return to Nordx

Declines CRC Screening

- Postpone in Health Maintenance for 1 year
- Document in Patient Outreach encounter

Clinical Considerations

High Risk Patient

- History of colonic adenomatous polyps
- History of inflammatory bowel disease (Crohn's disease, Ulcerative Colitis), OR
- Family history of CRC (one or more first degree relative(s) with CRC diagnosed ≤ 60 years old)

Offer Colonoscopy ONLY, not FIT

- If patient agrees to Colonoscopy, pend order and route to PCP, OR
- Schedule office visit with PCP

Average Risk Patient

- No history of colonic adenomatous polyps
- No history of inflammatory bowel disease (Crohn's disease, Ulcerative Colitis), AND
- No family history of CRC (one or more first degree relative(s) with CRC diagnosed ≤ 60 years old)

Offer Colonoscopy or FIT

- If patient agrees to either, see above workflows
- If patient is interested in alternate CRC screening modalities (CT Colonography, Cologuard (FIT-DNA), Sigmoidoscopy, etc.), route to PCP

Staff and Practice Engagement Tactics

Open Orders Tracking

- Clinical staff (MA, RN, PSR) tracks open FIT & Colonoscopy orders and reviews HM modifiers every 1-2 months via CRC Screening Open Orders Report within MyPanelMetrics

Suggested KPI's

- 100% of eligible patients seen in the office who are due for CRC screening will be offered a referral for colonoscopy or given a FIT kit.
- 100% of FIT kits are completed and returned within a two-week period.
- 100% of the time eligibility for CRC screening will be checked at pre-visit planning.
- 100% of patients that do not have coverage or cannot afford CRC screening will be referred to Care Partners ((877) 626-1684) for an Access to Care representative to discuss the patients' options.
- 100% of the time outreach is made to patients who are due or overdue for CRC screening and do not have a scheduled office visit (utilize for all bundles)

Resources

- MaineHealth: Talking with Patients about Colorectal Cancer
- MaineHealth: Colorectal Cancer Screening Guidelines

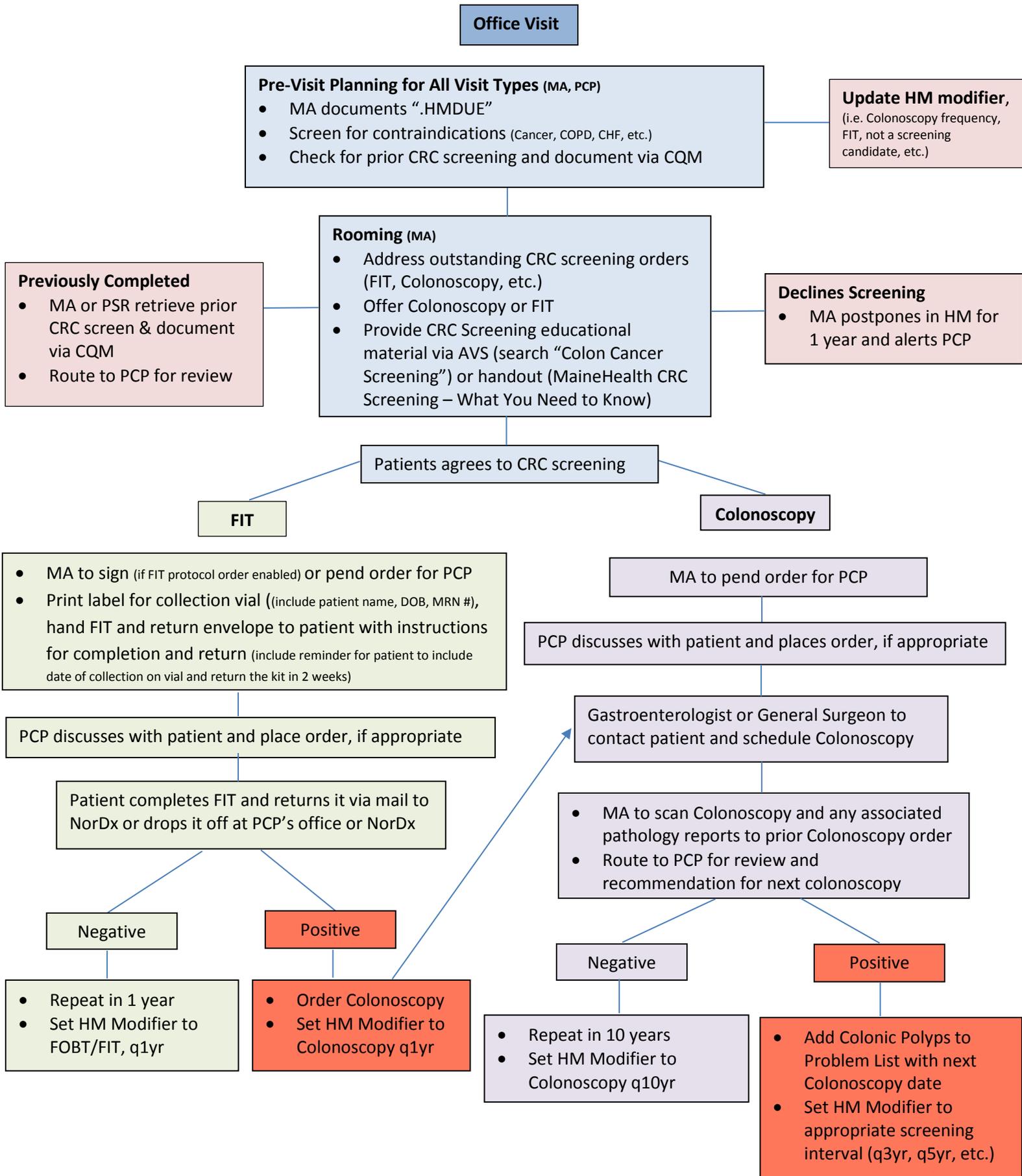
FIT Quality Assurance

- Include pre-filled out collection vial, lab slip, label with expiration date and reminder to include lab slip
- Include instructions for completion & return
- Consider including gloves
- Offer mail or drop off for FIT return
 - Mail: Include return envelope with postage (provided and paid for by PCP office) along with FIT and label
 - Return to Clinic: Ensure lab slip is included, patient information is clear, and FIT has not expired BEFORE the NorDx courier picks it up
- Pend FIT order and route to PCP; OR, if FIT protocol order enabled, order FIT with PCP co-signature

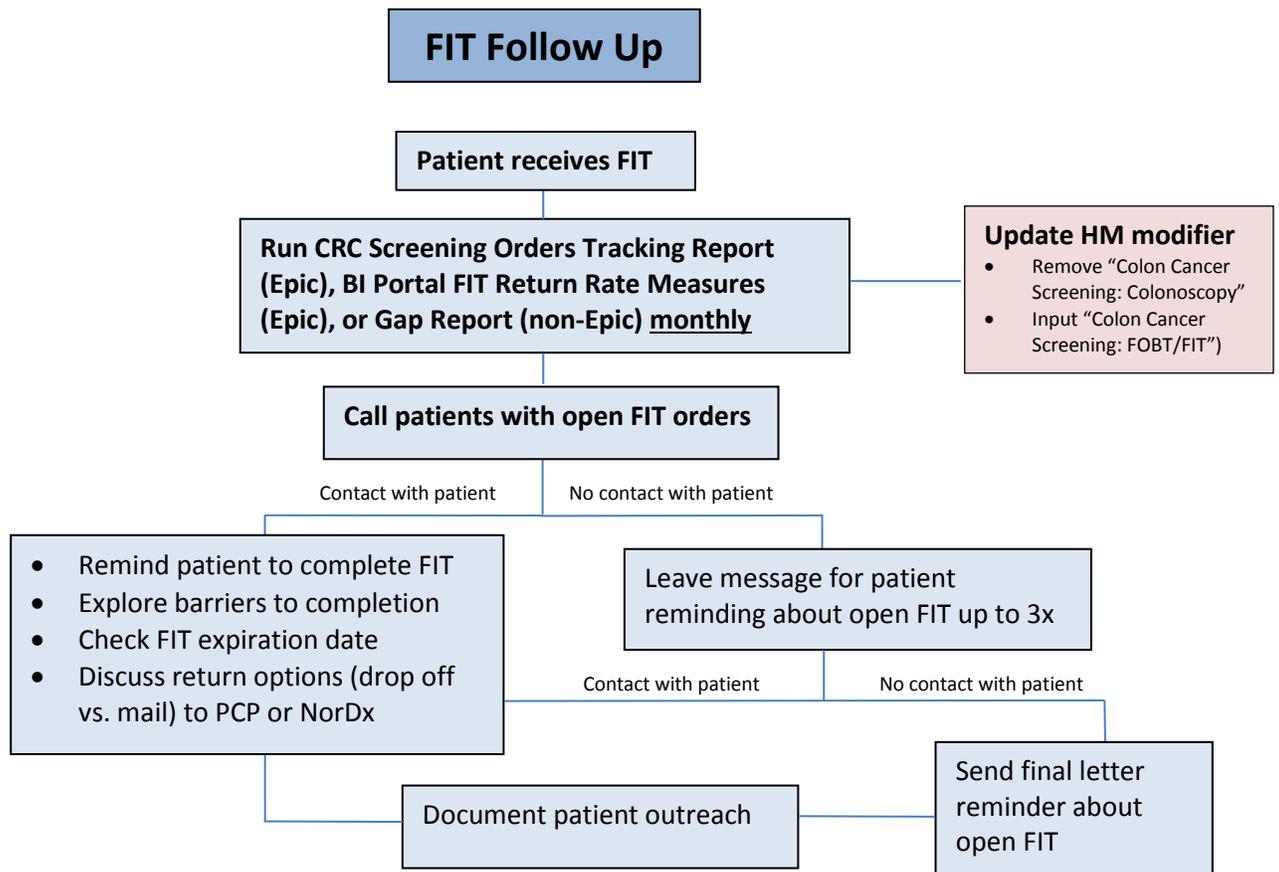
Other

- Staff wearing "Ask me about FIT" pins
- Waiting room educational material (videos, handouts, posters, etc.)
- Ambulance, Paramedicine or Community Health Worker pick up FIT, if available
- Annual CQM training for clinical staff
- FITs available in all exam rooms
- Flu-FIT clinics
- Use SmartPhrase ".HMDUE" for all office visits
- Provider should always reach out to patient if FIT results

Colorectal Cancer Screening Best Practices Workflow



Colorectal Cancer Screening Best Practices Workflow



- Suggestions for Improvement:**
- Recommend prompt return of FIT
 - Contact patient 2-4 weeks after FIT kit was distributed and not returned
 - Document FIT expiration date in eHR
 - Ensure distributed FITs have expiration date in >6 months
 - Provide gloves to complete FIT
 - Outreach during non-business hours

Colorectal Cancer Screening — What you need to know



What is colorectal cancer?

Colorectal cancer is the 2nd most common cancer that kills men and women in the United States. Colorectal cancer may be preventable with screening tests.

Cancer happens when some cells in the body are growing out of control. Colorectal cancer happens when those cancer cells are growing in the colon or rectum area of the body.

Most colon cancers develop from polyps [pol-ips] in the colon or rectum. A polyp is a growth of tissue that can turn into cancer. Screening tests can find polyps before they are cancer. Then they can be easily removed to lower your risk of cancer.



Who gets colorectal cancer?

Both men and women can get colorectal cancer, and the disease may be preventable through screening. Screening means having tests done early to try to prevent cancer from developing or to treat it early on.

- Regular screening is recommended for all adults who are 50 to 75 years old.
- If you are between ages 76 to 85 years old, ask your doctor if you should be screened.
- African Americans should begin screening at 45 years old.
- Individuals with a 1st degree relative with cancer should be screened with a colonoscopy 10 years prior to the age of diagnosis of their 1st degree relative.
- Patients with inflammatory bowel disease (IBD) should discuss screening strategies with their doctor.



What are the risk factors?

People who have risk factors for colorectal cancer may need to start screening at an earlier age and get tested more often than people who do not have risk factors.

You may be at risk for colorectal cancer if you have any of these risk factors:

- Age 50+
- Family history of:
 - Colorectal polyps or colorectal cancer
 - Inflammatory bowel disease (Crohn's disease or ulcerative colitis)
 - A genetic syndrome like familial adenomatous polyposis (FAP), or hereditary non-polyposis colorectal cancer (Lynch syndrome)
- You eat a lot of red meats (beef, pork, lamb), processed meats and fatty foods
- Low physical activity levels
- Obesity
- Smoking and other tobacco use
- Heavy alcohol use (eight or more drinks per week for women, fifteen or more drinks per week for men)



What are the symptoms?

Symptoms of colorectal cancer may not be noticeable. Pre-cancerous polyps and early-stage colorectal cancer don't always cause symptoms. Don't wait for symptoms to appear before deciding to get tested for colorectal cancer. If you have symptoms, they may include:

- Blood in your stool
- Diarrhea or constipation
- Pains, aches, or cramps in your stomach that do not go away
- Unexpected weight loss

Talk to your doctor about the need for getting screened for colorectal cancer if you have any of these symptoms.



Lower your risk of colorectal cancer

Make these lifestyle changes to lower your risk of colorectal cancer:

- Get regular screenings
- Maintain a healthy weight
- Live a physically active lifestyle
- Eat a healthy diet
- Don't use tobacco products
- If you drink alcohol, keep it moderate (No more than one drink per day for women and no more than two drinks per day for men)

Turn paper over to learn what screening test is right for you.

MaineHealth

Colorectal Cancer Screening Tests

Which colorectal cancer screening test is right for you?

Each type of screening test has pros and cons to think about before making a decision. Talk with your doctor about which types of tests are right for you and how often you should be screened for colorectal cancer. Use this chart to learn more about each of the different types of screening tests.

TEST	WHAT IS IT?	PREPARATION			HOW OFTEN?	SPECIAL CONSIDERATIONS
		Nothing	Special Diet	Laxative /Enema	# of Years	
Fecal Immunochemical Test (FIT)	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will collect a small stool sample and then mail the test kit with your sample back to your doctor or lab. They will check the sample for blood.	X			1 year	If anything unusual is found in the sample, your doctor will tell you to get a follow-up colonoscopy.
Colonoscopy	This is an exam that uses a small camera to look inside your colon. It is done at a doctor's office or hospital. If there is a growth or polyp in the colon, the doctor will be able to remove it during the colonoscopy. Patients are usually given a mild sedative to help relax.		X	X	10 years	Ask a friend or family member to give you a ride home after the colonoscopy. You won't be able to drive yourself. If polyps or cancer cells are found during the test, you will need colonoscopies more often in the future.
Flexible Sigmoidoscopy (flex sig)	The doctor uses a thin lighted tube to check for polyps or cancer inside the rectum and lower portion of the colon. They can remove any growths or polyps they find during the test.		X	X	5 years or once every 10 years if you get a FIT test every year.	
CT Colonography (virtual colonoscopy)	Your doctor will use X-rays and computers to get pictures of your whole colon.		X	X	5 years	
FIT-DNA	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will collect a whole bowel movement and then mail the test kit with the sample to a lab. It will be tested for changes in DNA that might show cancer cells or precancerous lesions or growths	X			1–3 years	If anything unusual is found, your doctor will tell you to get a follow-up colonoscopy.
Guaic-based Fecal Occult Blood Test (gFOBT)	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will use a stick to take a small stool sample. You will mail the test to your doctor or a lab. The samples will be tested for blood. This test needs you to take 3 separate samples.		X		1 year	If anything unusual is found, your doctor will tell you to get a follow-up colonoscopy.

Adapted from the Centers for Disease Control and Prevention's Screen for Life: National Colorectal Cancer Action Campaign, May 2017 and Colon Cancer Alliance's National Campaign May 2017.

Colorectal Screening and Resulting

Document the completion of colorectal cancer screening and the result.

Medicare Shared Savings Program (MSSP – ACO19)
Meaningful Use (MU eCQM130)
 Begin 50th birthday, end 75th birthday

P Ordering Screening Test - Provider

Order one of the following tests:

- GI7 Colonoscopy (screening);
- GI6 Colonoscopy (diagnostic)
- GI31 Flexible Sigmoidoscopy
- FIT (fecal immunochemical test) – result is interfaced from the lab

Use **QM Results Console** to record a result summary and the correct date of the procedure.

Other:

- Place an order for FOBT (fecal occult blood test) to be performed at home by the patient

Review the paper colonoscopy report if it is not interfaced:

- Note at top right of document whether result is Normal or Abnormal and add a brief comment if desired (e.g. ‘presence of polyps’).
- Submit for scanning

Note: When a non-interfaced colonoscopy report is properly scanned to the patient’s record in Epic, the measure and Health Maintenance Advisory (HMA) for this measure are both satisfied.

C Resulting the Order – Clinical Support

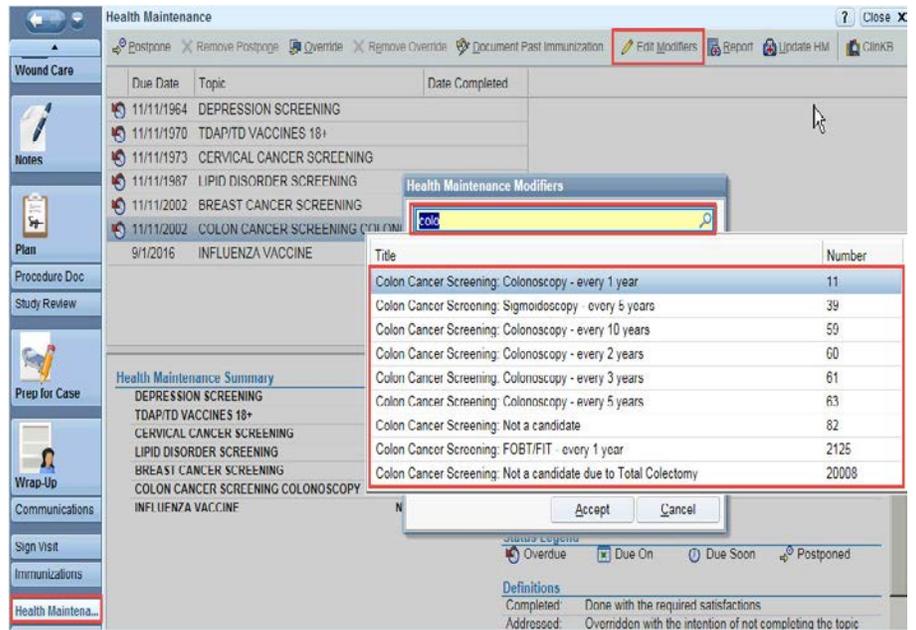
- Scan the report to document type ‘colonoscopy.’ It is very important that the correct date of the procedure be entered when scanning the report (NOT the date the document was scanned).
- Use **QM Results Console** to record a result summary of normal or abnormal with comments as indicated by the provider at the top right of the document.
- If an FOBT order was placed in Epic, use the **Enter/Edit Results** activity to result and close the order.



Providers may need to add a health maintenance modifier after receiving a colonoscopy report (e.g. polyps that require follow-up sooner than the default of 10 years).

Using Health Maintenance modifiers, you can change:

- Screening modality (e.g. sigmoidoscopy or FOBT/FIT) and/or
- Screening interval



Document an Exclusion for Total Colectomy - Provider

1. Go to the **Plan** activity and select the **Problem List** section. Add a diagnosis of **total colectomy** if not documented. **AND**
2. Use the Health Maintenance Modifier '*Colon Cancer Screening: Not a candidate due to Total Colectomy*' to turn off the reminder and remove the patient from the measure.

Health Maintenance Advisory (HMA) - The reminder mechanism for this measure is a Health Maintenance Advisory (HMA). The default is for a colonoscopy once every 10 years between ages 50-75.

Only use Postpone (NEVER Override) to turn off the HMA reminder when a patient **refuses** colonoscopy screening. Postpone allows you to choose a future date for the reminder, whereas Override would automatically turn off the reminder for 10 years.

See the Tips & Tricks titled [Health Maintenance Activity](#) for more information. **Reminders to patients via MyChart are turned on for this measure.**

Colorectal Cancer KPI's to consider

1. 100% of eligible patients seen in the office who are due for CRC screening will be offered a referral for colonoscopy or given a FIT kit.
2. 100% of FIT kits are completed and returned within a two-week period.
3. 100% of the time, during pre-visit huddle, patient's eligibility for CRC screening is discussed.
4. 100% of patients that do not have coverage or cannot afford CRC screening will be referred to 1-877-626-1684 for an Access to Care representative to discuss the patients' options.
5. 100% of eligible patients will engage in discussion of CRC screening with provider or clinical staff during office visit.
6. 100% of the time outreach is made to patients who are due or overdue for CRC screening and do not have a scheduled office visit.

2. Clinical Competencies: CRC Testing

MA/RN Training

Provider CME's

Staff & Patient Comprehension

CRC Screening Guidelines

Algorithms (Office workflow FIT/ FOBT)

Shared Decision Making Tools

"What you need to know" Clinical Talking points

MyChart Shared Decision Making Guide

Build Staff Training Into Annual Competencies and New Staff Orientation

3. Additional Resources

Care Partners and Med Access

<https://mainehealth.org/patients-visitors/billing-insurance/financial-assistance/carepartner>

Colorectal Cancer

Screening Guidelines

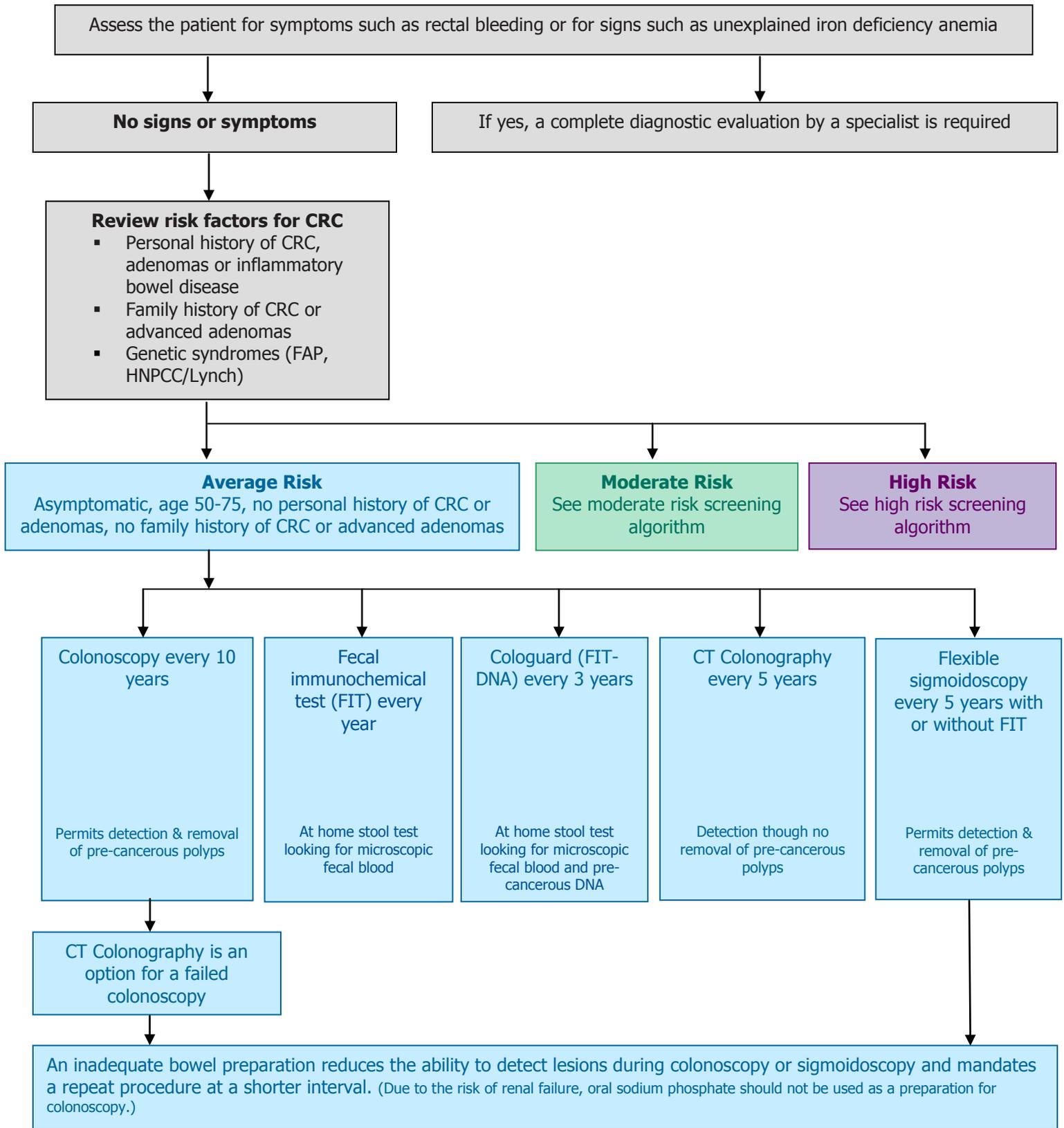
- **Age Range:** Patients age **50-75 years** and at average risk should be screened. Age **76-85 years** should be an individual decision, taking into account the patient's overall health and prior screening history.
- Special considerations should be made for those with higher risks, e.g. screening should begin at age 45 in African Americans; Individuals with 1st degree relative with cancer should be screened with a colonoscopy 10 years prior to the age of diagnosis of their 1st degree relative; Patients with inflammatory bowel disease (IBD) are at higher risk for colorectal cancer and screening strategies need to be discussed with their physician.
- **Screening Tests:**
 - Providers should offer patients a colonoscopy every 10 years OR an annual FIT.
 - For patients who decline a colonoscopy or FIT, providers should discuss the following other screening test options: gFOBT (Hemoccult II SENZA); FIT-DNA (stool DNA); CT-Colonography; Flexible Sigmoidoscopy

**Guidance to the provider:* The best screening method is the one that gets done – i.e., that is acceptable to the patient. A colonoscopy can be presented to the patient as the colorectal cancer prevention test and FIT can be presented as a cancer detection test.

**Any abnormal (non-colonoscopy) test demands a colonoscopy as follow-up*

Colorectal Cancer (CRC) Screening Recommendation for Individuals at **Average Risk**

Asymptomatic patients age 50 – 75 years old, no family history of CRC¹ or advanced adenomas^{2,3}



¹Family History: ≥1 first-degree relative with CRC or advanced adenomas at ANY age

²Advanced Adenoma: Adenomatous polyp with high-grade dysplasia, >1cm in size or a villous component

³Advanced Serrated Lesion: Sessile serrated polyp [SSP], traditional serrated adenoma >1cm in size or an SSP with cytologic dysplasia

Adapted from CRICO/RMF Colorectal Cancer Screening Algorithm (Controlled Risk Insurance Company Ltd. / Risk Management Foundation): A Decision-Making Tool for Primary Care Providers, May 2017

Colorectal Cancer Screening and Surveillance Recommendations for Individuals at **Moderate Risk**

Asymptomatic patients at any age with a positive family history of CRC or advanced adenomas

Review and update the patient's personal and family history relevant to colorectal cancer

1 first-degree relative with CRC or advanced adenoma at age <60 years old

2 first-degree relatives with CRC or an advanced adenoma at ANY age

1 first-degree relative with CRC or advanced adenoma at age ≥60 years

Start screening with colonoscopy at age 40 years OR 10 years younger than the earliest CRC diagnosis or adenoma detection in the family, whichever comes first

Start screening at age 40

Colonoscopy should be repeated every five years. Stool-based screening is NOT recommended.

The tests and recommended intervals to use for screening are the same as the screening options for average-risk patients

Personal history of CRC or adenomatous polyps

Surveillance colonoscopy per 2017 US Multi-Society Task Force on Colorectal Cancer guidelines (stool-based screening NOT)

Colorectal Cancer Screening Recommendations for Individuals at **High Risk**

Asymptomatic patients at any age with a history of inflammatory bowel disease or strong family history of CRC

Strong family history of colorectal cancer

Refer patient and family members to a high-risk clinic for genetic counseling and outline of screening procedures. If no high-risk clinic is available, then the consulting gastroenterologist should assume the responsibility for outlining the appropriate screening procedures.

HNPCC/Lynch
Hereditary nonpolyposis colorectal cancer

FAP
Familial adenomatous polyposis

Starting at age 20-25, colonoscopy every 1-2 years OR 2-5 years prior to earliest age of CRC diagnosis in the family

Refer to gastroenterologist to perform flexible sigmoidoscopy or colonoscopy in childhood, beginning at age 12

Screen for extracolonic malignancies per guidelines of high-risk genetics clinic

Screen for duodenal and periampullary adenomas and carcinomas and thyroid carcinomas as per guidelines of high-risk genetics clinic

Inflammatory bowel disease

Start screening 8-10 years after diagnosis of Ulcerative Colitis or Crohn's disease with colonoscopy every 1-2 years with random surveillance biopsies

A diagnosis of dysplasia should be confirmed by a pathologist expert in reading dysplasia in inflammatory bowel disease

Adapted from CRICO/RMF Colorectal Cancer Screening Algorithm (Controlled Risk Insurance Company Ltd. /Risk Management Foundation): A Decision-Making Tool for Primary Care Providers, May 2017

Screening or Diagnostic Colonoscopy:

Patient Information

What is a colonoscopy?

A colonoscopy is a test that lets your doctor see the inner lining of your large intestine (colon). The test is not painful and can take less than an hour to do. A colonoscopy helps your doctor diagnose, and sometimes treat many different colon problems like:

- Tumors
- Polyps (growth that can turn into cancer)
- Ulcers
- Inflammation
- Bleeding

There are different kinds of colonoscopies. What your insurance will pay for and how much you will have to pay out-of-pocket might depend on the kind of colonoscopy you get.

What is a screening colonoscopy?

- A screening is a test given to a patient when there are no signs or symptoms of disease.
- A screening colonoscopy is done to find signs of colorectal cancer or colorectal polyps early, **before** any symptoms are noticeable.
- There are two types of screening colonoscopies, preventative colonoscopies and surveillance or monitoring colonoscopies.

What is a diagnostic colonoscopy?

- Diagnostic colonoscopy is a test performed when a person **has** signs or symptoms of disease, such as belly pain, intestinal bleeding, low red blood cell counts (anemia), etc.
- If you had FIT, FOBT, or FIT DNA test as your screening test for colorectal cancer, and the results show traces of blood in your stool, your doctor will order a **diagnostic** colonoscopy.

Will my colonoscopy be covered by my insurance?

There are many different types of health insurance. Some of the most common are:

- Private insurance: This includes most plans purchased through the Affordable Care Act “Marketplace” and most plans that people get from their workplace/employer.
- Medicare: This insurance is run by the federal government and eligibility is based on age.
- Medicaid: This insurance program is administered by each state. This means that what this insurance pays for can be different from state to state.

Regardless of which insurance you have, **before having your colonoscopy, call your insurance company** to see how much you will have to pay. Some good questions to ask include:

1. Does my insurance cover a screening colonoscopy?

MaineHealth

Screening or Diagnostic Colonoscopy:

Patient Information

- If yes, does my insurance cover the entire cost of the test, including things like the bowel prep kit, anesthesia or sedation, the office visit or any test that might be run on a polyp that the doctor removes?
 - Is the cost different if the doctor is “in-network” or “out-of-network”?
2. What happens if the doctor finds one or more polyps during a screening colonoscopy and removes the polyp(s)? Does this mean that the test will no longer be considered a screening colonoscopy? What will I have to pay if this happens?
 3. **For people who have had polyp(s) removed as part of a past colonoscopy**, you may be on a more frequent schedule for colonoscopies. These colonoscopies are considered surveillance/monitoring screenings and would not be considered “preventive” screenings. If this is your situation, be sure to ask the questions 1 and 2 above, but ask about the cost for surveillance or monitoring screening colonoscopies specifically.
 4. **For people who have signs or symptoms or had a different screening test for colorectal cancer (such as FIT, FOBT, or FIT DNA test) and the results showed traces of blood in the stool**, your colonoscopy may be considered a diagnostic colonoscopy, not a screening colonoscopy. If this is your situation, be sure to ask the questions 1 and 2 above, but ask about the costs for diagnostic colonoscopies specifically.
 5. Be sure to ask about the amount you will have to pay for both deductibles and co-pays. These are different types of charges.

If you do not have health insurance, talk with your doctor about whether or not you qualify for programs in your state to get help paying for a colonoscopy.

Just like with any medical test, you should talk with your doctor about whether a colonoscopy is the right test for you. To learn more about the colorectal screening tests, visit <https://mainehealth.org/cancer/cancer-conditions/colon-cancer>

MaineHealth

@NAME@
@ADD

@LOGODEPT@

@TD@

Dear @FNAME@,

Our office is committed to helping you live a healthy lifestyle. Part of that commitment includes sharing information with you about steps you can take now to prevent health challenges in the future. One of those steps you can take is staying up to date with colorectal cancer screening.

Everyone between ages 50 and 75 should be screened for colorectal cancer. By getting colorectal cancer screening tests regularly, colorectal cancer can be found and treated early when the chances for cure are best. Many of these tests can also prevent the development of colorectal cancer.

Our records show that you are due for colorectal cancer screening. There are several ways to screen for colorectal cancer and the two most common include either:

1. Colonoscopy once every 10 years, OR
2. Yearly stool testing

Please see the enclosed educational pamphlet that explains all of your screening options.

Please call our office to make an appointment to be screened for colorectal cancer or to discuss this with your doctor. If you have already been screened for colorectal cancer, please call us so that we can update our records and we can ask for a copy of your test results.

We care about you and your wellbeing and we look forward to hearing from you!

In health,

@PCPPROSE@

Colorectal Cancer Screening:

What you need to know

What is colorectal cancer?

Colorectal cancer is the 2nd most common cancer that kills men and women in the United States. Colorectal cancer may be preventable with screening tests.

Cancer happens when some cells in the body are growing out of control. Colorectal cancer happens when those cancer cells are growing in the colon or rectum area of the body.

Most colon cancers develop from polyps [pol-ips] in the colon or rectum. A polyp is a growth of tissue that can turn into cancer. Screening tests can find polyps before they are cancer. Then they can be easily removed to lower your risk of cancer.

Who gets colorectal cancer?

Both men and women can get colorectal cancer, and the disease may be preventable through screening. Screening means having tests done early to try to prevent cancer from developing or to treat it early on.

- Regular screening is recommended for all adults who are 50 to 75 years old.
- If you are between ages 76 to 85 years old, ask your doctor if you should be screened.
- African Americans should begin screening at 45 years old.
- Individuals with a 1st degree relative with cancer should be screened with a colonoscopy 10 years prior to the age of diagnosis of their 1st degree relative.
- Patients with inflammatory bowel disease (IBD) should discuss screening strategies with their doctor.

What are the risk factors?

People who have risk factors for colorectal cancer may need to start screening at an earlier age and get tested more often than people who do not have risk factors.

You may be at risk for colorectal cancer if you have any of these risk factors:

- Age 50+
- Family history of:
 - Colorectal polyps or colorectal cancer

- Inflammatory bowel disease (Crohn's disease or ulcerative colitis)
- A genetic syndrome like familial adenomatous polyposis (FAP), or hereditary non-polyposis colorectal cancer (Lynch syndrome)
- You eat a lot of red meats (beef, pork, lamb), processed meats and fatty foods
- Low physical activity levels
- Obesity
- Smoking and other tobacco use
- Heavy alcohol use (eight or more drinks per week for women, fifteen or more drinks per week for men)

What are the symptoms?

Symptoms of colorectal cancer may not be noticeable. Pre-cancerous polyps and early-stage colorectal cancer don't always cause symptoms. Don't wait for symptoms to appear before deciding to get tested for colorectal cancer. If you have symptoms, they may include:

- Blood in your stool
- Diarrhea or constipation
- Pains, aches, or cramps in your stomach that do not go away
- Unexpected weight loss

Talk to your doctor about the need for getting screened for colorectal cancer if you have any of these symptoms.

Lower your risk of colorectal cancer

Make these lifestyle changes to lower your risk of colorectal cancer:

- Get regular screenings
- Maintain a healthy weight
- Live a physically active lifestyle
- Eat a healthy diet
- Don't use tobacco products
- If you drink alcohol, keep it moderate (No more than one drink per day for women and no more than two drinks per day for men)

Colorectal Cancer Screening Tests

Which colorectal cancer screening test is right for you?

Each type of screening test has pros and cons to think about before making a decision. Talk with your doctor about which types of tests are right for you and how often you should be screened for colorectal cancer. Use this chart to learn more about each of the different types of screening tests.

TEST	WHAT IS IT?	PREPARATION			HOW OFTEN?	SPECIAL CONSIDERATIONS
		Nothing	Special Diet	Laxative/Enema	# of Years	
Fecal Immunochemical Test (FIT)	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will collect a small stool sample and then mail the test kit with your sample back to your doctor or lab. They will check the sample for blood.	X			1 year	If anything unusual is found in the sample, your doctor will tell you to get a follow-up colonoscopy.
Colonoscopy	This is an exam that uses a small camera to look inside your colon. It is done at a doctor's office or hospital. If there is a growth or polyp in the colon, the doctor will be able to remove it during the colonoscopy. Patients are usually given a mild sedative to help relax.		X	X	10 years	Ask a friend or family member to give you a ride home after the colonoscopy. You won't be able to drive yourself. If polyps or cancer cells are found during the test, you will need colonoscopies more often in the future.
Flexible sigmoidoscopy (flex sig)	The doctor uses a thin lighted tube to check for polyps or cancer inside the rectum and lower portion of the colon. They can remove any growths or polyps they find during the test.		X	X	5 years or once every 10 years if you get a FIT test every year	
CT Colonography (virtual colonoscopy)	Your doctor will use X-rays and computers to get pictures of your whole colon.		X	X	5 years	
FIT-DNA	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will collect a whole bowel movement and then mail the test kit with the sample to a lab. It will be tested for changes in DNA that might show cancer cells or precancerous lesions or growths.	X			1-3 years	If anything unusual is found, your doctor will tell you to get a follow-up colonoscopy.
Guaiac-based Fecal Occult Blood Test (gFOBT)	The first part of this test can be done by you in the privacy of your own home. Your doctor will give you a test kit to take home. You will use a stick to take a small stool sample. You will mail the test to your doctor or a lab. The samples will be tested for blood. This test needs you to take 3 separate samples.		X		1 year	If anything unusual is found, your doctor will tell you to get a follow-up colonoscopy.

Adapted from the Centers for Disease Control and Prevention's Screen for Life: National Colorectal Cancer Action Campaign, May 2017 and Colon Cancer Alliance's National Campaign May 2017.



- Date of stool sample collection on the tube's label
- Please return this FIT Test Kit within two (2) weeks of receiving the test

Thank you



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FluFit Program Components & Flow Diagram

★ **GOAL:** Increase colorectal cancer screening rates by offering home FIT kits to eligible patients during annual flu shot activities

Program Planing & Implementation

- Designate a FluFIT program leader
- Program leader assigns clinic staff to participate
- Clinic staff completes training
- Clinic team approves program plans
- Advertise program to patients with posters and postcards

Daily Implementation

- Daily supervision by program leader
- Trained staff offers program every day during flu shot season
- EHR used to assess FIT eligibility when possible
- FIT given to eligible patients before flu shot is given
- FIT kits prepackaged with all selected patient instructions and educational materials
- Use postage paid return envelopes

Results Follow-up

Normal Results

- Notify patient and primary care provider
- Reminder to repeat FIT in one year

Results Follow-up

Abnormal Results

- Notify patient and primary care provider
- Arrange colonoscopy

FIT Not Completed

FIT Not Completed

- Postcards and Phone

FIT Completed

FIT Completed

- Completed tests mailed to lab for processing
- Clinic checks for results

Tracking

- FIT kits are tracked for completion

