BlueCross BlueShield of Illinois

Colorectal Cancer Screening

History

In the U.S., colorectal cancer is the third leading cause of cancer-related deaths in men and in women and the second most common cause of cancer deaths when men and women are combined.[1] Overall, the lifetime risk of developing colorectal cancer is about 1 in 23 (4.3%) for men and 1 in 25 (4.0%) for women.[1] The death rates have been dropping in both men and women for several decades for several reasons; one reason is that colorectal polyps are now being found more often by screening and removed before developing into cancer, or cancer is being found earlier when they are easier to treat.[1] In addition, treatments for colorectal cancer have improved over the last few decades and as a result there are more than 1.5 million survivors.[1]

Population

Patients who are 50-75* years of age who had appropriate screening for colorectal cancer using any of the following tests:[2,3]

- Colonoscopy in the past 10 years
- Flexible Sigmoidoscopy in the past five years
- Computed Tomography (CT) colonography "virtual colonoscopy" in the past five years
- Fecal (Stool Base) Testing
  - Fecal immunochemical test (FIT) kit annually
  - FIT-DNA multi-targeted stool DNA test, "Cologuard" in past three years
  - Guaiac Fecal Occult Blood Test (gFOBT) within the last year

Early detection is your patient's best protection. Here are a few best practices you may want to follow to encourage your patients to get screened for colorectal cancer.

***Please note:** The USPSTF now recommends starting screening at age 45. We recommend beginning screening this population according to clinical guidelines, but for the purposes of quality improvement measurement in 2022, only the population age 50 to 75 will be assessed. It is expected the population from age 45-75 will be formerly assessed starting in 2023.*

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1. Develop a Colorectal Cancer Screening Policy

Designate a few key influencers amongst the office staff/ team members to engage the team and create a policy that will work for your practice. It is encouraged to examine workflow issues that may impact screening. These key influencers can drive the initiative and provide systems to ensure all appropriate patients have been contacted, informed and encouraged to schedule their appointments.

- In-office: If the patient will be visiting in the office, assist with scheduling the appointment.
- Telehealth: If the patient would rather visit via telehealth, provide the patient with the information to successfully meet with their provider.
- Make sure demographic information is up to date, including:
  - Home address
  - Email address
  - Phone number(s)
  - Communication preference – letter, email or text message

2. Effective Communication – Keeping Patients Informed and Safe

- Share steps you are taking to help patients access care safely and comfortably.
- If necessary, share referrals with the patient to assist in appointment scheduling.
- If patients happen to cancel appointments, reach out to them as soon as possible to assist with rescheduling.

3. Update and Document the Patient's History

Include type and date of colon cancer screening tests, history of total colectomy or history of colon cancer, if applicable.

4. Educate patients about the importance of early detection

Remind patients about the need for screenings:

- Colorectal cancer usually starts as growths in the colon or rectum and doesn't typically cause noticeable symptoms.[3]
- You can prevent colorectal cancer by removing growths before they turn into cancer.[1]

5. Decision Support Recommendations

Review all the screening options with patients to determine which type of screening is best for them. Patients who are given a choice between colonoscopy and fecal testing and who review the pros and cons of each with their provider are more likely to complete the screening.[4]

- Use standing orders and empower qualified office staff to distribute FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy. Document kits given to patients so that compliance can be determined.
- Have FIT kits readily available to give patients during the visits for those patients who decline colonoscopy.
  - Make sure to provide patients who receive FIT kits with instructions to return the specimen to the office or mail to the lab appropriately.

6. Virtual Visits

If virtual visits are used instead of face-to-face visits, it is still important to discuss the need for colorectal cancer screening. After the conversation, refer the patient for testing or, if the patient declines a colonoscopy, ask if they would be willing to do an in-home test and then mail a home test kit to the patient.

1. American Cancer Society. https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html.
2. American Cancer Society. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html.
3. National Cancer Institute. https://www.cancer.gov/types/colorectal/screening-fact-sheet#who-is-at-risk-for-colorectal-cancer.
4. National Colorectal Cancer Roundtable. http://nccrt.org/wp-content/uploads/NCCRT_HospitalHandbook_July18_2018.pdf.