# **Colorectal Cancer Screening At-a-Glance**

# For Healthcare Providers and Practice Managers In Maryland Medicaid Managed Care Organizations

#### **Overview**

Colorectal cancer is the second leading cause of cancer death in Maryland. Yet, *screening can* save lives by prevention or early detection of colorectal cancer.

- When adults get screened for colorectal cancer, it can be detected early at a stage when treatment is most likely to be successful, and in many cases, it can be prevented through the detection and removal of precancerous polyps.
- In Maryland, nearly 1 in 3 adults between 50 and 75 years old are not getting tested as recommended. Among the people less likely to get tested are Hispanics, rural populations, men, those aged 50 to 64, and those with lower income and education.

Screening can save lives but only if people get tested.

• There are several recommended screening test options for adults of average risk, each with a recommended screening interval, including: colonoscopy, stool tests (guaiac fecal occult blood test [FOBT] or fecal immunochemical test [FIT]), and sigmoidoscopy.

## The best test is the one that gets done.

Individuals may prefer one option to another; offering options increases screening rates.
Some options can be completed at home without special preparation or taking time off from work.

Many adaptable resources such as patient reminders, newsletter article suggestions, and colorectal cancer education materials are available in the Colorectal Cancer Resources for Medicaid MCOs Toolkit. Additional resources and technical assistance are available by contacting the Maryland Cancer Line at 1-800-477-9774.

#### **Especially for Healthcare Providers**

A recommendation from the patient's provider to get screened for colorectal cancer is one of the most important factors in influencing a patient to get screened.

• The number one reason among African Americans and the number three reason among Hispanics for not getting screened is that their doctor didn't recommend it to them.

Average-risk patients are more likely to complete screening if offered a choice of screening options; many prefer fecal testing over colonoscopy.

• Providers can use the patient's risk factors and preferences to make the best screening recommendation using shared decision=making.

Other members of the health care team can participate in facilitating screening for the patient – the burden does not need to fall solely on the provider. For example:

- Clerical staff can identify patients eligible for or overdue for screening and flag patient records
- Clinical staff can educate patients about screening including test options and followup on patient compliance
- Clinics can implement protocols or standing orders for providing fecal test kits to appropriate patients or scheduling colonoscopies.

## **Especially for Practice Managers and Administrators**

Signing the 80% by 2018 National Colorectal Cancer Roundtable Pledge to increase screening rates can help set a practice-wide goal, serve as a benchmark, and provide visibility to the commitment to improve screening rates through the list of pledge-signers at <a href="http://nccrt.org/tools/80-percent-by-2018/">http://nccrt.org/tools/80-percent-by-2018/</a>

- Medicaid MCO screening rates will be included on the HealthChoice Report Card
- Screening rates are included on Federally Qualified Health Center's data reported at <a href="http://bphc.hrsa.gov/uds/datacenter.aspx?q=d">http://bphc.hrsa.gov/uds/datacenter.aspx?q=d</a>

Implementing client and provider reminders and reducing barriers to screening have been shown to increase colorectal cancer screening rates.

- Placing fecal test kits in exam rooms makes it easy for staff to distribute to patients and instruct them on proper use.
- Most Maryland counties and Baltimore City have programs that will pay for colonoscopies for eligible clients and provide patient navigation services for eligible, unscreened clients (See Local CRC Screening and Patient Navigation Resource List included in the CRC Screening Toolkit).

Tested resources and educational materials are readily available in the CRC Screening Toolkit, free, and adaptable for use in your clinic or practice.

This information is brought to you by the Maryland Colorectal Cancer Control Program. For technical assistance and resources regarding colorectal cancer screening promotion, please call us at 1-800-477-9774.

