



Colorectal Health Screening Talking Points, Workflow

How to discuss with patients, place orders, document

It is best to screen for risk factors during the course of the patient interview, while updating the Social History; you can also use Health Maintenance to identify unreviewed items.

If you use Health Maintenance, turn the screen where you and your patient can view it together. With the Colorectal Health screening items visible, use the talking points listed here to help you conduct an effective screening interview for Colorectal Health.

"We like to include disease prevention as a part of your regular care."

"Colorectal cancer is the #2 cause of death related to cancer. 9 out of 10 people survive it if we use screening and it is found in an earlier stage."

"Since you are between 50 and 75 years old we need a plan to screen for cancer that could start in your bowels or rectal area, even if you don't have any symptoms of it right now."

"To help me understand any risk you might have, **could you tell me if either of your parents or a sister, brother have been diagnosed with colon cancer?**" (If yes, add to Family Hx, Problem List. Patient screening should begin 10 years before age onset.)

"Have you been tested with a colonoscopy, a stool test for blood, or a bowel xray with barium dye since you turned 50?" (If yes, Ask "Were there polyps found? Do you have a copy of the report I can review for you? It will help us know what schedule you need for screening going forward." Give any copies to front office staff to link to an order.)

“There are three ways we can schedule screening: We can order a **stool test every year**, order a **flexible sigmoidoscopy every 5 years** (thin flexible tube with a camera to look for polyps or cancer that reaches part of the lower bowel) or a colonoscopy every 10 years (flexible tube with a camera to look for polyps or cancer that reaches the entire lower bowel).” Discuss risks, benefits, and patient’s preference.

“I would like to recommend a referral for a colonoscopy. This is a test to do a good check of your lower bowel for any signs of a future cancer there. Will that be alright? Your result will remain confidential and it’s one more thing we can do to keep you in good health.” (If yes) place orders for Referral to GI. (**Do not order a colonoscopy.**)

If patient declines,

“I would like to order a stool test to screen for cancer. This is the simplest test we can do. It is repeated once a year. May I place that order for you?” Place order for a fecal blood immunochemical test, (**not the POCT FIT order**). Print order, obtain FIT test kit and triplicate lab form from IMC lab and attach patient label to triplicate lab form. Give FIT test, printed order and labeled triplicate lab form to patient to take completed test to the lab.

If patient declines all screening in Health Maintenance select **Colonoscopy**, then **Postpone** for one year and enter **Patient Declines**. (Repeat discussion in a year.)

United States Preventative Services Task Force 2016 Grade A Recommended