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**Colorectal Cancer Screening and Documentation**

Policy: Colorectal Cancer Screening and Documentation.

1) [Clinic Name] will utilize the USPSTF Colorectal Cancer Screening Guidelines to screen all eligible patients.

2) A standing order has been adopted which allows medical assistants and RNs with proper training to order a fecal immunochemical test (FIT) or Cologuard to screen for colorectal cancer for clients who meet the criteria for average risk clients. For clients found to be high risk, the provider will provide additional assessment and referral for colonoscopy.

Purpose: To improve colorectal cancer screening and surveillance at [Clinic Name]

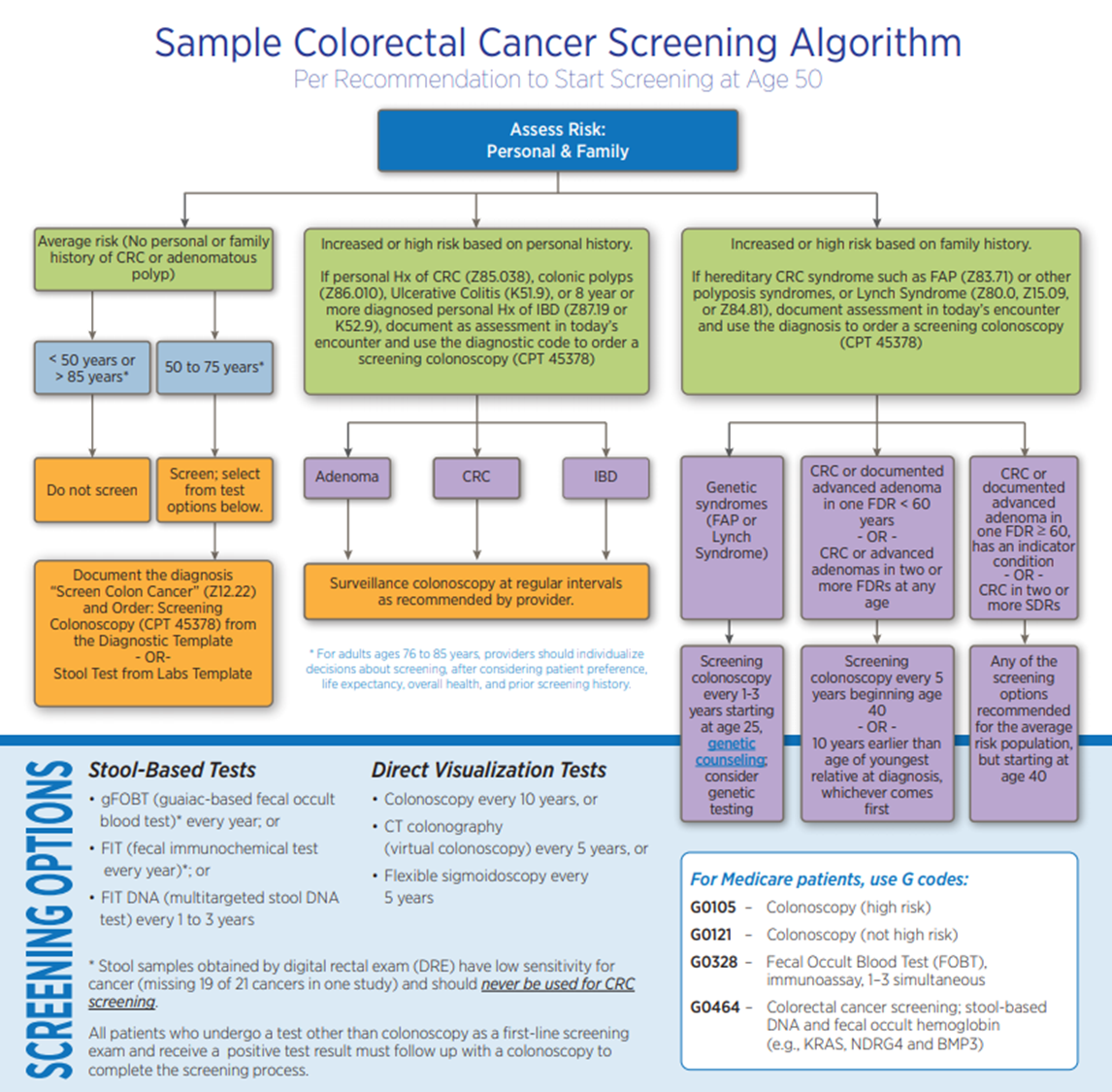
Colorectal cancer often begins as polyps, which are small growths inside the lining of the colon. While most polyps are harmless, some may turn into cancer. Colorectal cancer is the third most common cancer found in men and women in the United States. The lifetime risk for developing colorectal cancer is roughly 1 in 20.

The main purpose of colorectal cancer screening is to detect occult or hidden blood that may be present in the stool. The presence of blood may or may not be a sign of cancer. If blood is found, a colonoscopy is needed to detect the cause of bleeding. 9 out of 10 colorectal cancer deaths can be prevented through regular screening.

Research shows that a recommendation from a health care provider is the most powerful single factor in a patient’s decision about whether to obtain cancer screening, specifically colorectal cancer breast cancer and cervical cancer. In fact, lack of a doctor’s recommendation is actually experienced as a barrier to screening. Therefore, let this policy demonstrate that the health care providers serving this clinic believe so strongly in colorectal cancer screening that we assure, through a standing order, each and every client between the ages of 50 and 75 are offered this screening.

Procedure:

1. Healthcare provider, Nurse or Medical Assistant identifies patient meeting screening eligibility for colorectal cancer using the screening algorithm.



* 1. Average risk clients: Perform FIT test annually. If positive, diagnosis by colonoscopy
     1. Clients aged 50-75 with no symptoms. (No change in bowel habits, no visual blood in stool, no dark or tarry stool)
     2. No family history of colorectal cancer or adenomatous polyps
     3. No colonoscopy in the last 10 years or FIT in the last year
  2. High risk clients: Refer to provider for closer evaluation and colonoscopy
     1. Clients with family history of colorectal cancer or adenomatous polyps diagnosed at age 60 or younger: screening colonoscopy starting at age 40 or 10 years younger than the earliest diagnosis in the family. Repeat screening colonoscopy every 5 years. (Consider additional testing such as genetic testing or additional cancer screening)
     2. Personal history of Adenoma, CRC or Irritable Bowel Disease: Surveillance colonoscopy.

1. Screen for contraindications
   1. Active hemorrhoid bleeding, wait until bleeding has stopped to perform test
   2. Menstrual bleeding, wait until bleeding has stopped to perform test
   3. Short life expectancy or too frail to do colonoscopy, check with clinician before screening
   4. Symptoms suggesting colorectal cancer, refer to clinician
2. Record the reason(s) for non-receipt of the test [identify EMR location]
3. If clients refuse testing, provide education, and document.
4. Administer FIT hemoccult test:
   1. Provide client with test kit and written instructions in client’s preferred language
   2. Review instructions on how to complete test with client
   3. Explain diet or medication restrictions if necessary
      1. FIT test: no diet or medication restrictions
      2. FOBT test: avoid for 3 days before the test: broccoli, turnips, red meat, horseradish, vitamin C supplements and pain relievers, such as aspirin, ibuprofen (Advil, Motrin, others)
   4. Explain procedure to return completed test kit to clinic or laboratory in postage stamped envelope provided for this purpose.
   5. Close the loop: have client tell back the information, correct misinformation
5. Document that kit was given to client and date in client EMR.
6. Document that kit was given to client in tracking system
   1. If FIT test is not returned within 2 weeks, activate the reminder system:
      1. Client should be contacted with reminder letter at 2 weeks post visit
      2. Client should be contacted with reminder letter at 4 weeks post visit
      3. Client should be contacted with reminder phone call at 6 weeks post visit

[Suggested intervals: adapt as needed]

1. Clinic staff will document all colorectal cancer screening (CRCS) tests in the electronic medical record (EMR) as a procedure code appropriate to the testing method used. [May choose to list the codes here. If multiple testing methods exist (FOBT, FIT) then more than one code may be required.]
2. Upon return of test kit, document results in EMR [Identify location in the EMR]
3. Enter CRCS due date into EMR as a deferred order when completed CRCS is documented.

[Clinic may choose to add billing procedure here]

Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

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| Effective Date: |  |
| Date Reviewed: |  |
| Date Revised: |  |