Using Technology to Increase Colorectal Cancer Screening Rates

How health systems can optimize their EHRs to improve outcomes.

“By optimizing the EHR and using centralized information to direct patient care, providers can find a higher level of satisfaction and potentially lower their rate of burnout.”

—Durado Brooks, MD
Associate CMO, Screening
Exact Sciences
Madison, Wis.

A sense of collective burnout, coupled with the ongoing labor shortage and lingering care gaps caused by the pandemic, continues to weigh heavily on executives’ minds. Within this environment, health systems can benefit from opportunities to optimize workflows and increase access to care, particularly for cancer screening efforts.

During the COVID-19 pandemic, there has been a severe decline in breast, colorectal and prostate cancer screenings among the U.S. population, with an estimated 9.4 million screenings not conducted that typically would have happened in 2020 alone, according to an April 2021 article in JAMA Oncology. Colorectal cancer remains the second leading cause of cancer mortality in the United States, according to the American Cancer Society. Because of the delays in screening caused in significant part by the pandemic, it is an opportune time for health systems to collaborate with partners in this space to close screening gaps, improve patient and provider satisfaction, and strengthen clinical and financial outcomes.

Optimizing the EHR

Health systems can find opportunities within their EHRs to streamline workflows, decrease errors and reduce duplicative or inefficient caregiver work, which can help alleviate provider stress.

“By optimizing the EHR and using centralized information to direct patient care, providers can find a higher level of satisfaction and potentially lower their rate of burnout,” says Durado Brooks, MD, associate CMO, screening, for Exact Sciences. Both ordering cancer screenings and integrating the resulting process within the EHR can save time and ensure the care team doesn’t miss important information.

Health systems can also develop “pursuit lists” within the EHR that enable providers to identify patients who can benefit from colorectal cancer screening. Alerts and notifications can be configured in the EHR to remind busy providers to discuss screenings at a current visit or follow up with the patient if an opportunity is missed.

Brooks points to a 2013 Annals of Internal Medicine study that showed that simply by automating patient identification, screening adherence rose by 24.5%. “If we rely on the clinician and office staff to make every individual

Early Detection of Colorectal Cancer (CRC) is Critical

CRC remains the 2nd leading cause of cancer mortality in the United States1 with ~53K CRC deaths expected in 2023”

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Estimated Deaths, 2023*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>29,380</td>
</tr>
<tr>
<td>Prostate</td>
<td>34,700</td>
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<tr>
<td>Breast</td>
<td>43,700</td>
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<tr>
<td>Pancreatic</td>
<td>50,550</td>
</tr>
<tr>
<td>CRC</td>
<td>52,550</td>
</tr>
<tr>
<td>Lung</td>
<td>127,070</td>
</tr>
</tbody>
</table>

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identification of patients who need to be screened, a lot of people get missed,” he says.

EHR-driven “population health” capabilities, Brooks says, can be especially helpful in capturing a new cohort of patients recently identified for colorectal cancer screening. In 2021, the U.S. Preventive Services Task Force changed its screening recommendations to include adults aged 45 to 49 in addition to adults aged 50 to 75. In 2022, the National Committee for Quality Assurance updated its colorectal cancer screening healthcare effectiveness data and information set, or HEDIS, measure to include adults aged 45 to 49, as well.

Health systems also can use messaging capabilities available in the patient portal to send reminders about cancer screenings, provide information about screening options and follow up about missed screenings or test results. These optimizations contribute to enhanced shared decision-making between providers and patients, which plays an important role in increasing screenings. This is particularly true when providers offer a choice of screening options, including a noninvasive test such as Cologuard®. A study published in the April 9, 2012, issue of JAMA Internal Medicine found that nearly two times more patients completed colorectal cancer screening when presented with two options versus being offered colonoscopy alone.

**Patient Outreach and Retention**
Health systems that focus on using technology to reach out to and engage patients have proven success in elevating colorectal cancer screening rates. One large health system that committed to an EHR-driven engagement approach experienced 10.1% growth in its screening rates compared to the rest of the nation’s health systems, which had a screening rate increase of around 1.5% within the same time frame, according to Exact Sciences’ internal data. Exact Sciences engages with patients through the Exact Sciences Patient Navigation Program, which features on-demand phone support for patients with a Cologuard® kit order and reminder calls, texts and emails.

Engaging patients is essential to increasing screening rates and improving outcomes, especially when reaching vulnerable patients who may find it difficult to take time off from work or who may not have access to transportation, according to Brooks.

“Colorectal cancer that’s detected in its earliest stages is much easier to treat,” Brooks says. “That means there’s less burden on the patient and the healthcare system, and it’s far less expensive to treat.”

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