



**Health Care Solutions**  
From the American Cancer Society



# How to Increase Cancer Screening Rates in Practice

**An Action Plan for Implementing a Primary Care Clinician's\* Evidence-based Toolbox and Guide**

\*Including family physicians, general internists, obstetrician-gynecologists, nurse practitioners, physician assistants, and their office managers





# Improve Cancer Screening Rates

## Using the Four Essential Strategies

Be clear that screening is important. Ask patients about their needs and preferences.

# 1

### Make a Recommendation

The primary reason patients say they have not gotten screened is because a doctor did not advise it.

**A recommendation from you is vital.**

Involve your staff to make screening more effective.

# 2

### Develop a Screening Policy

Create a standardized course of action.

**Engage your team in creating, supporting, and following the policy.**

**COMMUNICATION**

### Measure Practice Progress

Establish a baseline screening rate, and set an ambitious practice goal.

**Seeing screening rates improve can be rewarding for your team.**

# 4

Measure your progress to tell if you are doing as well as you think.

### Be Persistent with Reminders

Track test results, and follow up with providers and patients.

**You may need to remind patients several times before they follow through.**

# 3

Create a simple tracking system that will help you follow up as needed.



## Saving Lives through Cancer Screenings

Implement practice changes to achieve the four essentials and increase cancer screening rates.

Increasing screening saves lives. An evidence-based plan for your practice is below.

### 1. Take steps to identify and screen every age-appropriate patient.

Start with patients who are easiest to reach, and gradually incorporate groups that are less accessible:

- Patients who come in for regular checkups
- Patients who receive regular care for chronic conditions
- Patients who come in only when they have a problem
- Patients who are part of your practice, but almost never come in

### 2. Involve your staff, and put office systems in place.

Given the many demands on your time, getting a recommendation to every appropriate patient will happen only once the screening process occurs systematically.

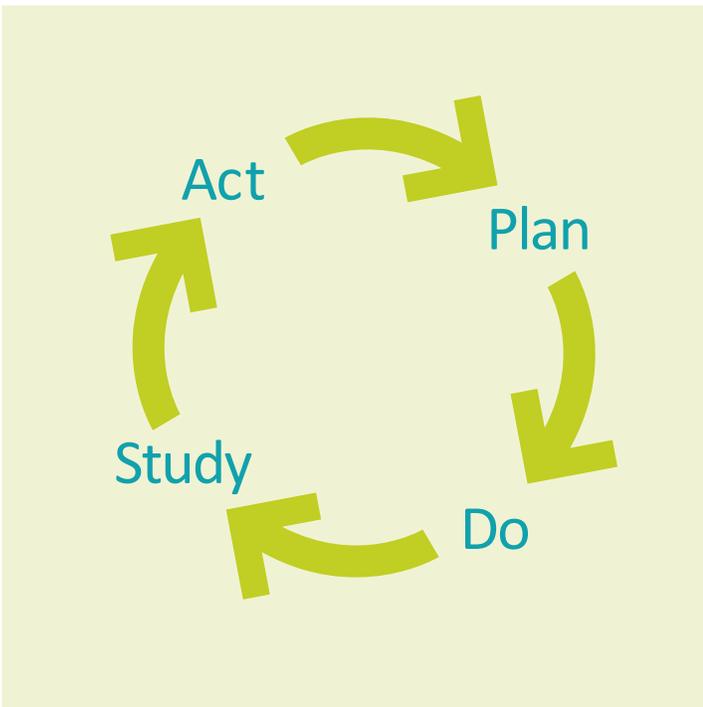
### 3. Follow a continuous improvement model to develop and test changes.

**Develop your plan:** Together with your staff, develop a screening system based on the four essentials. If you already have a system, review your approach and identify opportunities for improvement. Establish a baseline screening rate before implementing changes.

**Do your plan:** Engage your staff in the plan, and make sure everyone on your team knows their role.

**Study your results:** Measure your screening rates, and meet with your staff regularly to review progress.

**Act on your results:** Based on your results, identify opportunities for further improvement. When you are ready, build on your plan and consider how to include harder-to-reach patient groups.



For more information,  
visit [cancer.org](http://cancer.org) or call  
1-800-227-2345.



This publication was produced by the National Colorectal Cancer Roundtable (NCCRT), which is cofunded by the American Cancer Society and the Centers for Disease Control and Prevention. The information in this new condensed guide is intended to provide clinicians practical, action-oriented assistance that can be used in the office to improve colorectal cancer screening rates. It is based on an earlier publication:

*How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-based Toolbox and Guide*<sup>1</sup>

[cancer.org/asp/pcmanual/default.aspx](http://cancer.org/asp/pcmanual/default.aspx).

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<sup>1</sup> Sarfaty, Mona. *How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidence-based Toolbox and Guide* 2008. Eds. Karen Peterson and Richard Wender. Atlanta: The American Cancer Society, the National Colorectal Cancer Roundtable, and Thomas Jefferson University 2006, Revised 2008.



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