

SOS RN protocol for CRCS Care

Telephone Intake – Colorectal Screening Intent and Assistance

Step One: SOS Continued participants who receive RN care

- SOS Continued Group participants will appear on the RN's "To Do" list in the Database (DB) if one of the following criteria are met:
 1. Participant calls the SOS study information line with a question about CRC screening or requesting assistance with FOBT/FIT test or an alternative screening test (colonoscopy or flexible sigmoidoscopy)
 2. Participant has no FOBT/FIT results 3 weeks after the reminder mailing (3rd mailing)

Step Two: Preparation for the Phone Visit

- Check the To Do List
- Go to the Patient Statuses
- Check Prior CRC screening completion (date of last FOBT/FIT)
- Open patient's record in the electronic medical record (EMR):
 1. Check lab field to confirm that the participant has not completed a FOBT/FIT test in last 12 months (it is possible that the FOBT/FIT was done very recently).
 2. Check procedures field to confirm no colonoscopy in the last 9 years (we expect there to be no colonoscopy; let programmer know if you find a colonoscopy). Note whether the patient has done a flexible sigmoidoscopy.
 3. Filter on GI visits to see if there have been any referrals for colonoscopy or procedures in this field that were not found in procedures.
 4. Check the Health Maintenance Field for additional information on CRC screening, things to look for:
 - a. See if the patient's physician has entered any additional data on CRC screening such as reasons for overriding (e.g. patient refuses, test contraindicated, outside procedure), postponed (due date changed) or modified (modifiers are generally used for colonoscopy surveillance).
 - b. If Health Maintenance is not up to date, notify the patient's physician and work collaboratively with he/she and the patient to get this updated (physician needs to enter the update).

Step Three: Telephone Patient

1. Open a Telephone Encounter.
2. "Hello, this is _____ and I work at ___(health plan). May I speak to _____?"
3. "My name is _____. I am a ___(health plan) nurse working with the Smart Options for Screening Study".
4. This phone call might take a few minutes. Is this a good time to talk?" If not, schedule a time to talk
5. Can use the SOS smart phrases for documenting phone calls

Patient is not there:

1. If another person answers and patient not there, ask "When would be a good time to reach him/her?" Record date and time in SOS database. "Thank you for this information. I will try to call back to talk to him/her at this time."
2. If unable to contact patient with SOS database phone number, try alternate numbers
3. Message Content: Hi, my name is _____ and I am a ___(health plan) nurse. Can you please call me at xx. If I am not available, please leave me a message with a good time to call you and a phone number if is different from this one. Thank you.
4. Alternatively can send the patient a secure e-mail asking about a good time to call.
5. In unable to reach patient, secure e-mail emphasizing the importance of screening (see letter) with information on how to contact you. If no secure e-mail or secure e-mail not opened send letter with the same information

Step Four: Assisting with screening intent – ask, set agenda, advise

1. **Ask** for permission to have the discussion. I am _____, a nurse working on the SOS study. “I am calling to discuss colon cancer screening.” Is this a good time to discuss this? Listen to patient's response as to whether they are able to address the agenda at that time, but don't make it too easy for them to avoid you. Set up an alternate time as needed.
2. Clarify the **agenda** and **assess** patient's readiness for screening, risk for colon cancer (should be average but assure not high risk) risk for specific tests (chronic conditions), and test preference:
 - We received your message that you are interested in having a colonoscopy test to screen (or test) for colon cancer.
 - Our laboratory results show that you have not done the FOBT/FIT colon cancer screening test yet. We were wondering if you still are still planning to do the stool test? Would you like to talk about one of the other options for colon cancer testing?
 - I understand that you have questions about the different colon cancer screening tests?
 - Ascertain patient's CRC screening intent:
 - a. States a preference for a specific test – confirm screening intent
 - b. Expresses ambivalence → Ask, tell, ask until questions resolved
 - c. Wants more information or needs specific help→ Assist with resources, make follow-up plan if needed
 - d. Wants to discuss with physician → Arrange
 - e. Does not want to do any testing → Ask about next year, whether we can send cards again. Encourage discussing with physician at another time or prevention visit. Try stating that we will be sending the pamphlet and FOBT/FIT kit again in a year.
 - f. Other issues → Work towards identifying screening intent –resolving clinical issues (ask tell ask)
 - g. Confirm average risk status (no 1st degree relative with history of adenomas or CRC, -at or before age 60). If high risk, ___(health plan) recommends colonoscopy. Work collaboratively with patient and physician to complete this

Step Five: Agree and Assist

- **Agree:** I understand that you want to do a _____ (FOBT/FIT, colonoscopy, sigmoidoscopy). Is this correct? OK, I can help with this. Discuss potential benefits and risk. Address barriers (e.g., transportation, costs). If needed assist patient with determining whether there will be co-pays or deductibles (business office has this information, patient can call or with your permission you can call in their behalf, or for further clarifications)
- Start the Patient Action Plan (check for patient understanding of this), document shared decision making
 - Screening test is _____,
 - Next step is _____,
 - I will _____ or you will _____

Step Six : Create a Screening Action Plan (Assist and Arrange)

1. Arrange colonoscopy or sigmoidoscopy
 - Send the telephone encounter with the patient request for colonoscopy or flexible sigmoidoscopy to the patient's physician. Note if there are any issues related to being high risk for the procedure (warfarin, heart disease, renal insufficiency, sleep apnea, severe COPD, and any other serious illnesses) or high risk for CRC (prior adenomas, family history, overdue for a surveillance exam).
 - Ask the physician if they want you to pend a colonoscopy or flexible sigmoidoscopy order for them to sign or prefer something else (such as want to discuss with patient, or they will order it themselves)
 - Coordinate care based on the physician's recommendations working together with the patient and the physician (.e.g. set up a phone appointment for the patient and the physician)
 - Use telephone encounter and action plan to update any changes
2. EMR Documentation tool
3. Track for completion of plan
 - Referral completed and approved (external – not needed for internal if at average risk for procedure)

- Patient barriers addressed (access, transportation, language services, volunteer services, insurance issues-customer service has information on patients plan and coverage, generally screening procedures are covered but some may have a co-pay or cost-share for office visits, if in doubt call)
- Appointed
- Remind prior to appointment
- Procedure performed
- No shows do follow-up

Follow-up after a Positive SOS study FOBT/FIT

1. The patient will appear in the to do list **for positive SOS FOBT/FIT test**
2. Similar protocol to above, however **now the recommendation is to have a Diagnostic Colonoscopy.**
3. It is not recommended to redo the FOBT/FIT, but in some cases it might be considered (see talking points) and can be discussed with patients PCP.
4. In most cases the PCP will already have ordered this after the **positive FOBT/FIT results** comes in. Confirm the patient is appointed and completes the test. This may never involve directly interacting with the patient or PCP, and you will be able to see reminders in the DB to check on the patient's status.
5. Smart Phrase: SOS RN positive FOBT/FIT below;

Dear

I have some information to discuss with you regarding a test you had to screen for colon disease, but I've been unable to reach you by telephone. Your results suggest that further evaluation for colon disease may be recommended. Please call to discuss these results with me.

You can reach me at ***. The best time to reach me is****

Sincerely,

6. You will intervene if there are gaps in what the provider's team has documented or completed:
 - a. The patient is not appointed.
 - b. A colon cancer screening is ordered other than diagnostic colonoscopy.
 - c. The patient no shows.
 - d. There is poor documentation for reason for repeating FOBT/FIT (whether the FOBT/FIT is repeated or not).
 - e. Good documentation for repeating the FOBT/FIT and the FOBT/FIT is not done after 21 days (e.g. a woman was on her menstrual cycle when she did the FOBT/FIT; she and the physician decide to repeat the FOBT/FIT when she is not menstruating).
 - f. Poor documentation for contraindication to getting f/u CS.
 - g. Patient barrier to getting CS.
 - h. Patient leaving the health plan with insufficient evidence of patient understanding or having another insurance plan.
7. When you do intervene with patient open a telephone encounter.
8. Patient will stay on the list until they have completed the CS or the physician has documented the reason not to with an allowed exception (too frail, too ill, leaving health plan patient has been informed they need a follow-up colonoscopy and confirms understanding, other reasons and process to manage these may require a discussion until we have had enough experience.
9. Once the CS is completed – the patient will be removed from the DB
 - a. Documentation in the data base that the patient has received the CS with the date in the comments.
 - c. **Complete RN positive FOBT/FIT checklist and send to project manager.**