Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/improving-crc-screening-conversations-in-primary-care/56455/

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Improving CRC Screening Conversations in Primary Care

Announcer:
Welcome to *Clinician's Roundtable* on ReachMD. Today, Dr. Natalia Usoltseva, a primary care provider at University of Washington Medicine in Seattle, will be talking about her experience with shared decision-making tools for colorectal cancer screening. Here she is now.

Dr. Usoltseva:
Shared decision-making can be very challenging in time-constrained visits. So how do we incorporate those conversations into the routine? Overall, the time constraint is a very real concept and a very real concern for us. As we all know, primary care visits already packed. They feel very rushed, and we have so many points that we need to touch on before we actually jump into why patient is here. So anything on top of it needs to be very practical, and the providers need to bite on it as well.

So what we tried to do is create a shared decision-making aid. And that actually helped us to rely on some kind of standardization versus expecting the providers to have a long, open-ended conversations that will vary from provider to provider.

This shared decision-making tool actually covered things like how often this test needs to be done, what preparation is needed, if it's invasive or not, and what happens if results are abnormal. And we strategically placed it in each exam room in our organization across all of our clinics. And while the patient was waiting in the room, they already will have started the reading it on their own.

And by the time the provider came, they will have some understanding. They're ready for the discussion and usually, they already have questions for us. And that helps us to actually make this conversation focused and efficient, because we're not starting from scratch. You have a visual aid that you guide your patient through with this consistent framework, and it can be done in a few minutes with a routine visit.

We also embedded in our system supporting documents to help provider quickly assess whether this patient is of average risk or of high risk, because this is very important in terms of what type of the test you're supposed to choose. If patient is a high risk, then they need to have a colonoscopy, and the stool-based approach is not appropriate for that patient.

With time, it became a normal part of care. So providers became more comfortable with this conversation. They developed their own script in their brain, and because the message was always standardized, it reduced variability and uncertainty. I always say that the best test for cancer screening is the one that has been done. And it's very important that when we discuss those screening options for colorectal cancer screening, we align the ordering of tests with the preference of the patients, because, most likely, they will complete the test that they prefer. They understand the meaning of this test, and it means that you have less conversations and less delays, and less time will be spent tracking down those incomplete screenings later.

Announcer:
That was Dr. Natalia Usoltseva discussing how her practice integrated shared decision-making tools for colorectal cancer screening. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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