

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-workflows-a-pcps-recommendations/56456/>

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Improving CRC Screening Workflows: A PCP's Recommendations

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, Dr. Natalia Usoltseva shares her recommendations for improving colorectal cancer screening workflows in primary care. Dr. Usoltseva is a primary care provider at University of Washington Medicine in Seattle. Let's hear from her now.

Dr. Usoltseva:

Any new tool that you're trying to develop, regardless of the idea why, has to fit an existing workflow. If providers start wandering around, adaptation will be limited. As simple as you can do it—that will give you the best results, especially in a busy primary care world.

So standardization is helpful. This is a consistent tool; we have a shared decision-making visual aid, and that helps to keep the conversation efficient and ensures the patients are getting clear information, and that improves compliance overall.

The third piece of advice I will give is to leverage automatization as much as possible. So when you have this automatic ordering and automatic result, tracking those with outstanding digital outreach after the test is ordered reduces the administrative burden and it's proof of reliability. It's especially super important for preventative care, where follow through is everything.

Another piece of advice that I will give overall is to keep these patients at the center. So shared decision-making is not just a checkbox tool. It's actually a tool to help patients to make a decision based on their preference, lifestyle, and comfort level. And that's what guides that adherence for the patients.

And finally, we recognize that this is scalable, but not a one-size-fits-all approach. These tools can improve your efficiency, but some patients will still need additional support. They may need more education and they may need more tech to make a decision. They may have language-specific resources, or they still may need extra touchpoints and extra help navigating the system. So taking it all into consideration, that's what we have learned to be best practices for this implementation.

Announcer:

That was Dr. Natalia Usoltseva talking about how to optimize colorectal cancer screening in primary care settings. 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!