

Reducing the Preventive Colorectal Cancer Screening Backlog Through Alignment and Optimization

Preventive medicine took a backseat during the COVID-19 pandemic. As a result, health systems like Geisinger are facing a mounting backlog of preventive screenings, including for colorectal cancer. Geisinger undertook a multifaceted approach to close the care gap on colorectal cancer screening, the centerpiece of which was implementing a stool-based option, known as mt-sDNA, for eligible patients.

Geisinger took this novel approach from idea to success. A key to success was stakeholder alignment across departments, particularly from gastroenterology, which required using data to reveal the backlog was unwavering and continuing to grow. Another critical component was integrating health information technology along the colorectal cancer-screening journey.

Following are some health information technology-related best practices that enabled Geisinger staff to understand their roles in the colorectal cancer-screening process and improve patient outreach:

- Standardized scripting and communication tools to ensure simple and routine screening conversations and shared decision-making with patients.
- A best practice alert to quickly identify average-risk patients 45 and older for noninvasive screening.

- Best practice alerts for uncompleted mt-sDNA tests and declined screenings.
- A provider dashboard with monthly updates.
- Best practice alert tracking by location and care team member.
- An after-visit summary with how-to videos, instructions and patient education.

Through cross-team collaboration and health information technology optimizations, Geisinger has started to close the colorectal cancer-screening care gap, achieving a 70% screening rate and plans to build on this momentum.

For more information on colorectal cancer, mt-sDNA and screening strategies, visit [ache.org/about-ache/corporate-partners/sites/exact-sciences](https://www.ache.org/about-ache/corporate-partners/sites/exact-sciences).