



Prioritizing CRC screening at Geisinger Health System

Lessons Learned

■ **By Durado Brooks, M.D., M.P.H.; Cybele Pacheco, M.D., M.B.A., FAAFP; Heather Mosley, M.B.A.; Sherri Gorzelanczyk; and Natalie Tortorella**

The COVID-19 pandemic had a deep impact on care delivery models, staffing, and the prioritization of care, including a halt on preventive medicine and screenings to focus on more urgent needs. Geisinger Health System was no exception.

As their primary care began to reopen after an extended period of staff redeployments and drawn back services, there was a quick realization that there was a ballooning number of patients in need of preventive screenings, including colorectal cancer (CRC) screening.

Gastroenterologists (GIs) at Geisinger were focused on catching up with the growing backlog of colonoscopies for average-risk and high-risk patients alike. Geisinger's primary care team decided to undertake a collaborative and new systematic approach to screening average-risk patients. Using the electronic health record (EHR), internal stakeholder engagement, and patient

outreach, the primary care team deployed a multifaceted approach to offer eligible patients a multi-target stool DNA (mt-sDNA) screening choice to address the backlog and internal capacity challenges.

Quality Improvement Approach

Geisinger took the comprehensive improvement approach:

- ▶ **Secure internal stakeholder engagement** across several teams to support alignment and program rollout
- ▶ **Care team scripting and actionable tools** to engage patients in shared decision-making (SDM)
- ▶ **Optimize EHR workflows and best practice alerts (BPAs)** to easily identify and engage average-risk patients for CRC screening
- ▶ **Ongoing process improvement** through feedback, communication, dashboards, and performance metrics

Today, the CRC screening rate at Geisinger is 70%. The optimization of health information technology (HIT) is enabling Geisinger's providers to better understand their role in the CRC screening process and improve patient outreach. While the results are early, there are useful lessons and best practices to encourage innovative approaches to CRC screening using noninvasive methods.

Overcoming Systemwide Barriers

Health systems are navigating several competing priorities at any moment. To get started on the process of prioritizing noninvasive CRC screening options for average-risk patients, Geisinger identified the possible barriers they were facing. Cybele Pacheco, M.D., M.B.A., FAAFP, medical director for quality and innovation in Primary Care at Geisinger Health System, provided an overview of the

Figure 1

HIT Utilization and EHR Optimization



systemwide challenges Geisinger has been addressing to support CRC screening.

Primary care medicine is shifting to reaching vulnerable populations in Western Pennsylvania, where preventive medicine may be of lower priority to patients. Fewer patients are coming to their provider's offices, causing a need for additional provider outreach.

The effects of the COVID-19 pandemic continue to impact care delivery, including scheduling, delaying screenings, and shifting to telehealth.

Despite provider recommendations, patients continue to deprioritize getting screened for cancer.

GIs had to do something different to address the growing backlog of patients in need of CRC screening; the standard colonoscopy approach was no longer adequate.

Operationalizing Noninvasive CRC Screening Options

The alignment and support of internal stakeholders were key to the implementation of mt-sDNA as the

first noninvasive screening option for average-risk patients at Geisinger. Pacheco offered examples of how clinical leadership and the care team support these efforts:

1 Leadership

Collaborating with the GI team was particularly important to the internal shift to a noninvasive screening method, but the paradigm shift was not without challenges.

Prioritizing mt-sDNA as the first noninvasive screening option for average-risk patients can help support GIs by allowing them to focus on diagnostic procedures and patients with a higher risk for CRC.

Instituting monthly conversations with clinical leadership ensures effective systemwide communication. Feedback from these conversations can help inform workflow optimizations, identify barriers, and cascade information to additional departments and internal stakeholders.

Pacheco said, "Our system is happy we made this choice because it will set up our patients

for success at a time when staffing resources are severely curtailed."

2 Care Team

"I'm a true believer in primary care. It's the foundation," said Pacheco. "It's where the conversation begins. It's, 'Hey, you're due for a colorectal screening. If it were my sister, my mother, my daughter, I would want the same for them.' Then that relationship and that trust are set. That's why it's so important that I'm using the right words, too. I say, 'You are a candidate for mt-sDNA.'"

Standardized scripting and communication tools in the EHR help to ensure CRC screening conversations are consistent, simple, and routinized among the care team.

If a colonoscopy has already been scheduled for average-risk patients, care team members consider whether mt-sDNA is an appropriate alternative.

Automating best practice alerts (BPAs) can notify the care team of uncompleted mt-sDNA tests, as well as if a patient declines any CRC screening modality to support additional conversations at a future appointment.

To evaluate the impact of integrating mt-sDNA as the first noninvasive screening option for average-risk patients, the quality and innovation team calls eligible patients every two weeks and reviews the backlog every 90 days.

Outreach calls are made to eligible and unscreened patients beginning at age 45 during which patients are offered mt-sDNA.

An after-visit summary (AVS) that includes elements specific to CRC screening such as “how to use” videos for mt-sDNA testing, follow-up instructions, and patient education tools is provided.

HIT Utilization and EHR Optimization

Geisinger’s systematic effort to improve CRC screening rates by including mt-sDNA has made patient adherence a top priority. The optimization of HIT and access to real-time data are enabling providers to better understand their role in the screening process and uncover ways to improve patient outreach. Pacheco shared HIT-related best practices that have been implemented.

- ▶ The provider dashboard, updated daily, allows providers to zero-in on data to manage patient care. CRC statistics have been added to the EHR to help providers encourage screening.
- ▶ The EHR is optimized to identify eligible patients to begin CRC screening at age 45.
- ▶ BPAs fire and support SDM conversations between the patient and the provider.
- ▶ Providers receive scorecards with data generated from the EHR to communicate how many mt-sDNA tests were ordered, canceled, and completed.
- ▶ MyChart® communicates to patients what screenings are due, or overdue, to support discussion during appointments.

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- ▶ Action planning is organized around specific opportunities conveyed through internal dashboards (such as when to order mt-sDNA vs colonoscopy), with direct input from providers.
- ▶ Smart sets allow providers to prioritize mt-sDNA for average-risk patients.
- ▶ BPA tracking to provide insights by location, care team member, and region to identify new process improvement opportunities.
- ▶ Develop a targeted screening mailer to **engage patients at average risk for CRC screening beginning at age 45.**
- ▶ **Engage providers** on their preferences in receiving reports and updates related to mt-sDNA screenings.
- ▶ **Improve case management** by having tailored outreach to average-risk patients when they’re eligible for a screening.
- ▶ Support CRC screening adherence through the use of **patient navigation programs.**
- ▶ **Use automated BPAs and EHR notifications** to support providers.
- ▶ **Conduct educational sessions for primary care providers** on all CRC screening modalities to ensure they can support SDM conversations with patients.


Said Pacheco, “We’re always looking for new or missed opportunities; that’s always been part of our culture. Primary care is preventative if we do it right.”

A Dedication to Ongoing Improvement

Strategies to continue to build on Geisinger’s momentum include:

- ▶ **Add outstanding Health Maintenance topics to the AVS**, thus alerting patients (1) they meet CRC screening criteria, (2) their provider determined eligibility and felt it was important to order mt-sDNA for them, and (3) to reach out with questions.
- ▶ Enhance patient engagement with **screening reminders embedded into the patient’s EHR** and digital patient education.

Geisinger is continually seeking ways to boost CRC screening rates to the 80% national screening goal and enhance preventive health efforts that have been reduced by the pandemic.

Said Pacheco, “With the numbers of completed mt-sDNA tests we’re seeing, we’re hoping mt-sDNA can help raise our screening levels back to where they need to be—namely, to where they were before the pandemic.” 

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