

Suggestions for Outreach to Physician Offices

Preliminary Steps

- Identify key personnel in each practice who are critical in making decisions, coordinating and implementing office operating procedures. Typically this will include the Practice/Office Manager (P/OM) and/or the lead physician. In the earliest planning stages, involve only those who need to be involved.
- Schedule a brief appointment at the physician's office to speak personally with the lead physician and/or Practice/Office Manager (P/OM) for purposes of identifying yourself, describing the program, stating your objectives, and discussing the most practical and efficient way to utilize physicians and office support staff.
- Identify convenient appointment or conference times. If it is decided that numerous clinical and support staff need to be involved, consider using staff "brown bag" lunchtimes or regularly scheduled staff meetings as opportunities to present your program.
- When meeting with staff, be brief; stay on schedule. Respect (their) time constraints.

Orienting Physicians/Primary Care Providers and Staff

- Given the lack of time and possibly, *interest*, physicians might have in describing and promoting your program to patients, establish as close and cordial a relationship with P/OMs as possible. Generally, P/OMs are entrusted with much responsibility for operational and logistical matters, so as to allow the clinical providers the time to do what they do best (that is, *practice medicine*). P/OMs carry considerable weight with the physicians, as well as with other non-clinical and clinical office staff.
- Be enthusiastic and fully knowledgeable about your program. Also, demonstrate that you understand *their* needs and concerns. Know ahead of time the questions *they* will likely ask, and be prepared to address them (in your presentation) *before they are asked*, or in subsequent dialogue.
- In a climate of intense competition for limited human, material, and time resources, be prepared to address how *your* program will *benefit their practice*.
- Allow time for, and seek feedback. An effective presentation/appointment will initiate and facilitate interaction and dialogue.

Facilitating Provider / Patient Interaction

- Suggest to P/OMs that Front Desk or Back Office staff (whomever pulls patient charts for the office visit) check the chart to determine if the patient is age 50 or older, or at increased risk for colorectal cancer in light of personal and/or family medical history. They can, in turn, "flag" those patients' charts by clipping a note to the file reminding the physician or other attending practitioner, to speak with the patient about colorectal screening and your local cancer program. Several of our jurisdictions have designed stickers that can be attached to the outside of the patient chart. Remember HIPAA regulations regarding confidentiality of patient information.
- Consider creating and distributing to the P/OMs for their providers, a "ready-made" template (consisting of approximately 20-30 seconds of text or "talking points") they *might consider using* with patients to discuss colorectal cancer and the importance of CRC screening. As a cautionary note, use discretion and offer this only as a "convenience". Some providers will love this idea; others will not be receptive to what they perceive as "directives" from DHMH or your LHD or local program.
- *The most important function the primary provider (i.e., Physician, Nurse Practitioner or Physician Assistant) can provide is to use his/her influence, credibility, and professional stature to initiate dialogue and to get the patient thinking about CRC screening.* Someone else can fill patients in on details. Suggest to P/OMs that they identify and designate an on-site staff/resource person to whom the primary provider can refer patients after he/she has provided the initial CRC message. This staff member should be willing, articulate and capable of carrying on dialogue concerning colorectal cancer risk and/or CRC screening and should be knowledgeable about and willing to refer appropriate patients to your program.
- Since patients are more likely to forget or dismiss this information as unimportant once they leave the office, it is important that dialogue with patients occurs at the time of their visit.
- The information and "message" any designated physician's office staff member provides the patient about CRC screening and your CPEST program must be consistent with the LHD message. Therefore, you might wish to provide them with an identical or expanded "CRC Talking Points" template to use. Likewise, once a patient expresses interest in the CPEST colorectal cancer screening, physician office staff should be encouraged to contact LHD CRFP cancer program staff immediately to determine eligibility status and to initiate the CRC screening enrollment process.
- Provide P/OMs and office staff (including physicians, NPs and PAs) with a supply of local health department Cancer Program brochures or flyers that list names of specific contact persons, (e.g., educational or outreach staff or Program Coordinator) and their telephone number(s), including the (general) public information number.
- Contact representatives from other counties with similar interests to exchange and compare physician outreach strategies.

Primary Care Physician: Colorectal Cancer Patient Messaging

Key Patient Discussion Points:



- Colorectal cancer **screening saves lives.**
- Following lung cancer, colorectal cancer is the leading **cause of cancer death.**
- There usually are **no symptoms of early colorectal cancer.**
- Colorectal cancer is **preventable** through screening. There are several screen options.
- **Colonoscopy can find colorectal cancer** in its early stages **when it is most curable; colonoscopy also finds and removes polyps that may turn cancerous.**
- **Colonoscopy is** (usually) **a safe and painless procedure,** and the **cost** of colonoscopy (and other screening methods) **is covered by most health insurance plans including Medicare and Medicaid.** Other screenings include testing for blood in your stool, sigmoidoscopy, and barium enema.
- As a patient of mine who is at least 50 years old (or under 50 with other risk factors), ***I want you to be screened for colorectal cancer.*** In addition, for your general good health, it is important to not use tobacco products, to eat a healthy diet, and exercise regularly.

