



Support screening, save lives

Medical assistants shine in national effort to save lives from colorectal cancer



By Emily Butler Bell, MPH

Colorectal cancer (CRC) is the second-leading cause of cancer death in the U.S. when men and women are combined, yet screening can prevent many cases through the detection and removal of precancerous growths. Screening can also detect CRC at an early stage, when treatment is usually less extensive and more successful. Plus, patients have screening options—a colonoscopy is not the only test for CRC screening. Simple, affordable options are available, including tests that can be done at home.¹

Despite these options, about 1 in 3 adults ages 50 and older—about 38 million people—are still not getting screened as recommended.² While some organizations, such as the American Cancer Society (ACS), now recommend screening begin at age 45,³ all major guidelines recommend that screening for average-risk individuals start no later than age 50 and continue through at least age 75.

As part of a national effort to raise CRC screening rates, the American Association of Medical Assistants® (AAMA) has partnered with the National Colorectal Cancer Roundtable (NCCRT)⁴—an organization founded by the ACS and the Centers for Disease Control and Prevention—to provide medical assistants with the tools and information they need to increase quality, on-time CRC screening among the patients they serve.

The AAMA is an active NCCRT member and is proud to support the 80% in Every Community initiative,⁵ an NCCRT campaign to substantially reduce CRC as a major public health problem by increasing CRC screening rates to 80% and higher in communities across the nation. Why aim for 80%? Because this goal is ambitious, impactful, and achievable, and hundreds of practices and organizations have reached sustained screening rates of 80% and higher.⁶

Medical assistants' role

Medical assistants play a key role in ensuring patients receive timely recommendations for screening. Patients who are at average risk for CRC and are at the recommended age to start screening often have numerous other health concerns to address in a routine preventive care visit. Yet, medical assistants are stepping in to make sure patients get the information they need to make informed decisions.

In many medical practices, medical assistants support screening efforts by reviewing patient charts and flagging patients for screening before a preventive care visit. Moreover, medical assistants can sit down with patients after they receive a screening recommendation to answer questions and go over the next steps. These sit-downs

could include scheduling a colonoscopy or demonstrating how to use an at-home stool-based test (e.g., fecal immunochemical test [FIT], high-sensitivity fecal occult blood test [HS-gFOBT], and FIT-DNA test) or a take-home test that is paired with other preventive services (e.g., the Flu-FIT and Flu-FOBT programs offer take-home tests to patients when they come in for influenza vaccinations).⁷

The NCCRT provides numerous evidence-based tools to help implement the system changes needed to increase rates. The AAMA partnered with the NCCRT to create a new continuing education course (worth 1 AAMA-approved continuing education unit) on improving CRC screening rates for medical assistants, titled “Medical Assistants’ Roles in Improving Colorectal Cancer Screening Rates: Getting to 80%.”⁸ The course is authored and narrated by Durado Brooks, MD, MPH, vice president of cancer control interventions at the ACS. Since March 2020, over 3,112 medical assistants have completed the course.

Evidence-based practices

The NCCRT has also conducted extensive market research to better understand the rationale, attitudes, and motivations of screened and unscreened populations. This research, summarized in the *2019 Colorectal Cancer Screening*

Messaging Guidebook: Recommended Messages to Reach the Unscreened,⁹ includes tested messages that resonate with the unscreened, as well as profiles of priority populations. Companion guides for reaching Hispanic/Latino and Asian American populations are also available.

Additionally, the NCCRT offers a brief on the value of stool-based testing and the different types of stool-based tests available, *Clinician's Reference: Stool-Based Tests for Colorectal Cancer Screening*, as well as tools and resources for medical assistants working in a variety of settings, including community health centers, hospitals, and health systems. Visit the NCCRT Resource Center⁹ to find these and additional evidence-based tools to support CRC screening efforts.

The collective action and collaborative efforts of the 80% in Every Community campaign—and the 80% by 2018 initiative that came before it—have already achieved tremendous success. Between 2012 and 2018, 9.3 million additional U.S. adults ages 50 to 75 were screened.¹⁰ Community health clinics, health plans, employers, counties, and other groups are achieving 80% screening rates and higher. But many communities still have lower CRC screening rates. In the U.S., people less likely to get tested include those who are Hispanic, American Indian or Native Alaskan, Asian or Pacific Islander, men, or 50–64 years of age. Those who live in rural areas, have lower incomes, or have less education also get screened at lower rates.¹¹

Additionally, the burden of CRC is swiftly shifting to younger individuals as incidence increases in young adults and declines in older age groups—largely due to their higher rates of screening. The median age of diagnosis has dropped from age 72 during 2001–2002 to age 66 during 2015–2016; in other words, half of all new diagnoses are in people 66 or younger.¹² Now more than ever, health care professionals must make sure all eligible patients receive timely recommendations to get screened.

Take action

How can medical assistants be a part of the national effort to reach CRC screening rates of 80% and higher? In addition to implementing

the NCCRT's evidence-based practices found in its tools and resources, medical practices and organizations can pledge their commitment to working toward the shared goal to reach 80% in every community.

Medical assistants can also spread the word. Many patients and providers neither know nor consider all the options for CRC screening. Medical assistants can help connect patients to a testing option that is right for them. Lastly, medical assistants can join the conversation by sharing success and conversations by using the hashtag #80inEveryCommunity on social media.

Unsure about the difference a medical assistant can make? AAMA CEO and Legal Counsel Donald Balasa, JD, MBA, spotlights several real-life examples of how an intentional and focused use of knowledgeable and competent medical assistants has increased the screening rates for CRC in a July/August 2019 *CMA Today* article.¹³

Everyone deserves to live a life free from colorectal cancer. Thank you, medical assistants, for doing your part to ensure patients receive a timely recommendation. Together, we will continue this work until we see every community benefitting from increased screening rates. ♦

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CRC screening during the COVID-19 pandemic

The COVID-19 pandemic is dramatically impacting health and health care delivery, including CRC screening. In the early stages of the pandemic, many nonessential medical visits and procedures, including colonoscopies, were postponed. Colonoscopies have resumed in many parts of the country, but delayed exams and patient fears have contributed to dramatic reductions in screening. At the same time, many organizations are using innovative approaches to maintain a focus on CRC screening, such as mailing stool tests to patients with prepaid return labels. Check out *Reigniting Colorectal Cancer Screening as Communities Face and Respond to the COVID-19 Pandemic: A Playbook*⁹ for NCCRT recommendations on screening during the pandemic.

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