

SCREEN TEAM



Health Professionals Unite to Score More CRC Screenings

By Cathy Cassata

Colorectal cancer (CRC) is the second deadliest cancer in the United States, yet experts believe that CRC has a 90% survival rate with early detection.¹ Screenings can detect abnormal cells before they become polyps, which typically take 10 to 15 years to develop into cancer.²

“Preventive screenings can help find and remove polyps before they turn into cancer or when the cancer is in the early stages and easier to treat,” says Joseph Perez, MD, a family practice physician at Lehigh Valley Health Network in Bangor, Pennsylvania.

Because CRC screenings are so effective, the American Cancer Society recommends, since 2018, that CRC screenings begin at 45 years old for everyone. And yet, up-to-date CRC screening prevalence among adults ages 45 years and older was 59% in 2021, found the National Health Interview Survey.³

In response, the American Cancer Society National Colorectal Cancer Roundtable established a campaign to push for CRC screening rates of 80% and higher in communities nationwide.

“There are multiple reasons that people don’t get screened,” says Dr. Perez. “For colonoscopies, the preparation process requires patients to take the day off before the procedure to adequately cleanse the colon [and] additional time for the procedure itself.”

Other issues include a lack of insurance or transportation (not having a person who can drive them home after the procedure) and anxiety around the procedure and results.

“There are other at-home screening options for patients, including stool-based testing like the fecal immunochemical test (FIT) and Cologuard, but some people find them unappealing because of the method of

sample collection,” says Dr. Perez. “My goal is to educate the patient on their options [and] the importance of screenings and to ease their concerns.”

Champions for CRC Screenings

Due to Dr. Perez’s active involvement in various quality metrics within his health care system, he was asked in 2023 to take on the role of CRC screening physician champion to aid in increasing screening rates. “As I talked to more people, I began hearing the impact that colorectal cancer had on some patients’ lives. Hearing their stories and knowing from a primary care perspective that this disease can be screened and prevented motivated me to do my best to get all my eligible patients screened,” he says.

He turned to his medical assistant, Melissa Stephan, RMA(AMT), for help. She worked with the clinical coordinators,

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clinical managers, and quality specialists to run reports of eligible patients who had not received CRC screenings.

“Based on those reports, [Stephan] made phone calls to patients and scheduled them to come in to see me. If she noticed that they were scheduled for an upcoming annual exam or a follow-up for another condition, she’d hold off on calling and then give me a heads up before their visit,” says Dr. Perez.

From 2021 to 2024, Stephan took charge of the process as his primary medical assistant. “I like to advocate for patients and people in general,” says Stephan. “Sometimes they struggle to have a voice, and that’s what we’re here for: to get them the answers they’re seeking and all the information they need to make informed health decisions.”

Health Care Heroes

Stephan noticed that many patients became uninterested in CRC screenings when they heard the word *colonoscopy*.

“They’d refuse right away, so I’d say, ‘I just want to inform you there are other options such as screenings like Cologuard and FIT that you can do in the comfort of your own home, but if you do complete it at home, Dr. Perez recommends you do so in about a week so we can get the results to you in a sufficient amount of time,’” she says.

She would also inform them that if the test results were positive, Dr. Perez highly recommends that they get a colonoscopy. “Most patients were agreeable, so giving them the other options and talking to them without big medical terms allowed us to relate to patients and be able to communicate better by letting them know what we had to offer, why we are offering it, and how it can help,” says Stephan.

While rooming patients, if she noticed that they were hesitant about CRC screen-

ings or open to them, she gave Dr. Perez a heads-up on the patients’ mindsets before he entered the room.

“The medical assistant’s input lets me know the challenge I’m facing when I see the patient and gives me a minute to prepare and determine how I approach the shared decision-making process with patients,” says Dr. Perez. “I can educate the ‘why’ for them, and they can be active in their own care by asking questions, and then hopefully, the patient realizes they can be proactive with CRC screening.”

To help further, Stephan educated herself on answers to common questions patients would ask regarding the tests, such as how long the test was good for if they tested negative and when they would need to take it again. “I put myself in the patients’ shoes and thought about what I would ask, and then I came up with relatable and factual responses that Dr. Perez agreed with,” she says.

She also referred patients to educational materials and demonstration kits that the clinic’s educational department supplied. “There is a lot of information that medical assistants can give to patients, but I’m still giving the advice and making the medical decisions for the best test,” says Dr. Perez.

It’s a team effort, he notes, to help patients make decisions. “I’m not the doctor that I am unless I have my team around me, and it starts with my medical assistants,” says Dr. Perez. “The patients who interact closely with my medical assistants may give [the medical assistants] invaluable tidbits of information. A little bit of conversation and a listening ear from the medical assistant might be the catalyst for me to be able to discuss topics that may save the patient’s life down the road.”

Saving the Day

Dr. Perez observes that many patients who are reluctant to undergo screenings come around to them once they learn more. He recalls a patient in his 50s who never had a CRC screening. During the patient’s conversation with Stephan, she was able to encourage him to be open to learning more from Dr. Perez.

“She opened the door a little for me, and ... [together, the patient and I] decided on Cologuard as a screening method, which ended up coming back positive. Then his colonoscopy showed a large adenomatous polyp that needed to be removed,” says Dr. Perez.

After one year of pushing for CRC screenings, Dr. Perez and Stephan met their network goal by achieving a 10% increase from the previous year. They continued to increase screenings in the following years too. While Stephan now teaches medical assisting courses at her alma mater Lincoln Technical Institute, Dr. Perez continues to work with his current medical assistants on the initiative.

“My goal was to be the best medical assistant I could be, and I believe I reached that working for Dr. Perez,” concludes Stephan. “I felt I made an impact on patients and possibly saved lives.” ♦

References

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