

SOS
Smart Options for Screening
Medical Assistant (MA)/Licensed Practical Nurse (LPN): Telephone Intake –
Colorectal Screening Intent and Assistance

Step One: Patient assignment trigger occurs in Database

1. Check SOS lists daily to check for newly assigned patients
2. Check SOS lists daily to review status of previously assigned patients that are pending

Step Two: Preparation for the Phone Visit

1. Open SOS database record for patient
2. Open patient's record in the electronic medical record (EMR)
3. Note patient's clinic and primary care physician name.
4. Review colon cancer screening status in the EMR and SOS database
 - Last FOBT/FIT will be in lab – check if the patient has recently completed a FOBT/FIT, if so document and add code in the database (DB) to take the patient off the to-do list.
5. Check for patient telephone number in the SOS list. Be prepared to use alternate numbers in the EMR demographic section. Check if detailed message permission given.

Step Three: Telephone Patient – Initiating the Call –

Status: **Group 3** patient called the SOS information line and requests another type of screening test (or some other request) and you are calling to assist:

1. Open an EMR telephone encounter
2. "Hello, this is _____ and I work at ____ (health plan). May I speak to _____?"
3. Identified person comes to the phone, or says they are that person.
4. "Hello my name is _____. I am a MA/LPN at ____ (health plan) working on the Smart Options for Screening Project. I am returning your call, is this a good time to talk? ---- How can I help you?"
5. If not, schedule a time to talk.

Status: **Group 3 or 4** patient has been sent stool kit and sent a mailed reminder and you are calling to assist:

1. Open a telephone encounter (TE)
2. "Hello, this is _____ and I work at ____ (health plan). May I speak to _____?"
3. Identified person comes to the phone, or says they are that person.
4. "Hello my name is _____. I am a MA/LPN at ____ (health plan) working on the Smart Options for Screening Project. Is this a good time to chat?"
5. If not schedule a time to talk. Keep EMR phone encounter open, add note to DB with time.

Status: Patient is not there – left message

1. If another person answers and patient not there, ask "When would be a good time to reach him/her?" Record date and time in SOS database. "Thank you for this information. I will try to call back to talk to him/her at this time."
2. If unable to contact patient using the SOS database phone number, try alternate numbers.
3. Leave message on SOS listed phone number or alternate if clearly belongs to patient (do not leave message on phone numbers that are not clearly identified as being the patients). Voice Message Content: "Hi, my name is _____ and I am MA or LPN at ____ (health plan). I am calling you to talk about the Smart Options for Screening Project. Can you please call me at <your number>. If I am not available, please leave me a message with a good time to call you and a phone number if is different from this one. Thank you."
4. **Group 3: If unable to reach patients after 3rd attempt (and patient has not left a message) phone follow-up complete**
5. **Group 4: If unable to reach patients after 2nd attempt (and patient has not left a message), send RN the EMR phone encounter.**

Step Four: Introducing the subject:

1. **Group 3** - Patient calls in with request:
"You left a message about: ----- how can I help you?"
2. **Group 3 or 4** - Patient has not done FOBT/FIT needs a reminder call and elicit screening intent
"Our lab data shows that you have not sent in the stool test. Did you receive the envelope with a screening kit inside?"

Wait for patient's full response to this question. You may get all the information you need. If more prompting is needed here are some suggestions:

- No or lost it: Arrange to have another kit sent
- Yes they received the kit: "Are you planning to do the stool test?"
- Are you thinking you would prefer to do a different screening test?

Possible responses:

- **Completed and sent in recently** – Congratulate – "That's great, screening is very important. We have this information in our records/database, so when your next screening is due we will be contacting you again .
 1. Document and close TE
 2. Enter screening intent
- **Did not receive or lost FOBT/FIT** – "OK, we can send you another kit"
 1. Document and close TE
 2. Enter screening intent
- **Already did another test** – find out what test and when (approximate OK)
 1. Document and close TE
 2. Enter screening intent
- **In process or planning to do (soon or unknown)** "Ok we will be looking for your test to come in"
 1. Document and close TE
 2. **Group 4** automatically goes to RN if no FOBT/FIT sent in within 3 weeks
- **Want another type of test (colonoscopy)** " I will send the request to your physician"
 1. **Group 3**
 - a. Pend order
 - b. Enter screening intent
 2. **Group 4**
 - a. Document and cc to RN
 - b. Enter screening intent
 - c. RN will close encounter.
- **Wants another type of test (flexible sigmoidoscopy)** " – "**Generally we recommend a stool test first.** If the stool test is negative you do the flexible sigmoidoscopy next. If the stool test is positive (shows hidden blood) then we will want you to have a colonoscopy, to check the entire colon." It is OK if the patient does not want to do the FOBT/FIT. FS done at (list clinic locations).
 1. **Group 3**
 - a. If plans to do FOBT/FIT first and then FS (health plan recommendation):
 - I. Document in TE and cc yourself a reminder to check for FOBT/FIT in 3 weeks, if FOBT/FIT done and negative pend order for FS (if positive ignore it goes to part B study)
 - II. Enter screening intent
 - III. If no FOBT/FIT is done no more action is needed
 - b. If just wants FS (this should be unusual), cc request to primary care provider (PCP) and pend sigmoid order. If the PCP wants something else they will be prompted to send a reply.
 - I. Document in TE Enter status

2. **Group 4**

- a. Document and cc to RN
 - b. Enter screening intent
 - c. RN will close encounter.
- **Uncertain, wants more information**
 1. **Group 3** Offer patient options: telephone appt with PCP, secure message, discuss at next visit, Web resources.
 - a. Document in TE.
 - b. If requests telephone appt assist
 - c. Enter screening intent
 - d. Close TE when complete
 2. **Group 4**
 - Document and cc to RN
 - RN will close encounter.
 - Enter screening intent - this will go to the RN
- **Clinical issue –**
 1. **Group 3** “I cannot give you advice as what to do in this situation”, ask the patient to contact the clinic directly.
 - a. Document in TE. Forward message to PCP
 - b. Enter screening intent
 - c. Close TE when complete.
 2. **Group 4** “I cannot advise you what to do in this situation, but I will have a registered nurse call you.”
 - a. Document and cc to RN
 - b. Enter status screening intent - this will go to the RN.
 - c. RN will close encounter.
- **Doesn't want to screen –**

Some patients may not be interested in screening or it is not a good time. This is OK, but they will get another letter, pamphlet, and set of cards in a year. **If they do not want any more mailings or calls this is OK too, it does not require dropping out of the study,** their personal preference is important to us. If they want to terminate all involvement in the study – we will have a research specialist (RS) call them to discuss this.

 1. Doesn't want to screen at this time
 - a. Document in TE and close
 - b. Enter screening intent
 - c. Status:
 2. Doesn't want any more study interventions (mail or phone).
 - a. Document in TE and close.
 - b. Status: (Opts out of study interventions #xx) goes to RS
 3. Wants to terminate from the study.
 - c. Document in TE and close.
 - d. Status: (Requests termination of study participation #xx) goes to RS
- **Logistical Issue** – such as change of address, phone, leaving health plan (Status: Logistical issue: #___)
- **Other** (Status: Other: #___)

Step Five: Exiting Telephone Call

Reiterate screening intention, check for patient understanding.

1. Sent in FOBT/FIT
2. Needs another stool kit
3. Another type of screening test already done
4. In process or will do later
5. Wants to do a colonoscopy instead (group 3 cc to PCP, group 4 cc to RN)
6. Wants to do a flexible sigmoidoscopy instead (group 3 cc to PCP, group 4 cc to RN)

7. Wants more information from a provider (group 3 cc to PCP, group 4 cc to RN)
8. Clinical concern (physician, RN, accordingly)
9. Doesn't want to screen this year; OK or probably OK for next year, assign status Phone Follow-up Complete
10. Requesting information about disenrollment (goes to Project Manager)
11. Logistic issue –address or phone number change, leaving health plan (goes to research specialist)
12. Uncertain (group 3 can suggest telephone appointment with PCP, waiting till next year, thinking about it more and they have numbers to call to get our help; Group 4 goes to the RN)
13. Other (FOBT/FIT already completed did not need to call patient) there will be others.

1. Discuss plan _____ and check for understanding
2. Do you have any questions?
3. If doing FOBT/FIT: **“We will check the lab to see when your colon cancer test is done and will remind you when the next test is due”.**
4. “Thank you for your time”
5. Documentation- EMR and DB
6. Follow-up as per protocol

Patient Screening Intent	Epic Task	DB status name	Where Next
Completed FOBT/FIT Completed FS Completed FOBT/FIT	Close TE	Pt reports FOBT/FIT completed Pt reports FS completed Pt reports CS completed	RS
Needs new cards	Close TE	Needs new FOBT/FIT	RS
FOBT/FIT in process or future	Close TE	FOBT/FIT in process	Group 3 done Group 4 RN
Clinical concern	Document problem and action	Clinical concern pended Clinical concern resolved	Group 3 assist Group 4 RN
No screening this year	Close TE	No screening this year	RS
Opts out of interventions	Close TE	Opts out	RS
Requests early termination	Close TE	Requests termination	RS
Logistic Issue		Logistical Issue	RS
Left message	TE open	Left message	To do list
Unable to contact	TE open	Unable to contact	To do list
Unable to contact after at least 3 attempts	TE close	No contact after 3 attempts	Done
Group 3			
Wants FOBT/FIT and FS	TE	Wants to do FOBT/FIT then FS	Reflex Flex Sig pended
Wants FOBT/FIT then FS FOBT/FIT done	Pend order	Reflex FS pended	Done
Wants FS only	TE-cc PCP	Requests flexible sig	PCP
Wants CS	TE-cc PCP	Requests colonoscopy	PCP
Needs info/assist	Assist	Telephone appt PCP	Done
Group 4			
Wants FOBT/FIT then FS	TE	Wants to do FOBT/FIT then FS	RN
Wants FS only	TE-cc RN	Requests flexible sig	RN
Wants CS	TE-cc RN	Requests colonoscopy	RN
Needs information/counseling	TE-cc RN	Goes to RN	RN
Wants telephone appt PCP	Assist	Also cc RN	RN