

## 2.0 First Phone Call Script

Use this script when calling patients for the first time on Outreach Lists 1 and 2

NOTE: Check the language field of the patient you are calling in the Access database to figure out if you need to use interpreter services. For interpreter services dial 6-5133 or (415) 206-5133 before calling patient. Be ready to give the interpreter the patient's name, medical record number, language needed, and location of the requesting department (SFGH Building 40). Follow interpreter's instructions to conference patient into the phone call.

<p>1. Placing call to next of kin or emergency contact.</p> <p><b>NOTE: If you are calling the patient's original number or alternative phone number start at 2.</b></p>	<p><b>If answering machine answers:</b> Hello, my name is &lt;&lt;OW Name&gt;&gt; I am calling from &lt;&lt;Clinic Name&gt;&gt; and I am trying to get in touch with Mr. /Ms. &lt;&lt;Patient's Last Name&gt;&gt;. S/he provided you as someone we could contact. The phone number provided to us is no longer in service. If you have updated contact information for them please call me at (415) xxx-xxxx. If I do not pick up please leave a message.</p> <p><b>If a person answers:</b> Hello, this is &lt;&lt;OW NAME&gt;&gt;. I am calling on behalf of Dr. &lt;&lt;Doctor's Name&gt;&gt; from &lt;&lt;Clinic Name&gt;&gt;. Am I speaking with &lt;&lt;Name of Alternate Phone or Emergency Contact&gt;&gt;? I am trying to get in touch with Mr. /Ms. &lt;&lt;Patient's Last Name&gt;&gt; and they provided you as someone we could contact. The number they gave us previously &lt;&lt;Recite Number that is now disconnected&gt;&gt; is no longer in service. Would you mind helping me update their information?</p> <p><b>If yes – go to 4a</b></p> <p><b>If no – go to 4b</b></p>
<p>2. Introduce yourself</p>	<p>Hello, this is &lt;&lt;OW NAME&gt;&gt;. I am calling on behalf of Dr. &lt;&lt;Doctor's Name&gt;&gt; from the &lt;&lt;Clinic Name&gt;&gt;. Is Mr. /Ms. &lt;&lt;Patient's Last Name&gt;&gt; available? Is this a good time to talk?</p> <p><b>If no - go to 2a</b></p> <p><b>If yes - go to 5</b></p> <p><b>If answering machine:</b> Hello, my name is &lt;&lt;OW Name&gt;&gt; I am calling from the &lt;&lt;Clinic Name&gt;&gt; for &lt;&lt;Patient's Name&gt;&gt;. Your doctor asked me to call to let you know that we are going to be sending you a free colon cancer testing kit in the next two weeks that can be completed at home and mailed back. If you believe you are up to date with colon cancer screening or if you think your address is not up to date in our system then call me at (415) 206-xxxx. If I do not pick up please leave a message with your name and phone number.</p> <p><b>Document information in Access database.</b></p>
<p>2a. If not available</p>	<p>Is this the best phone number to reach her/him?</p> <p><b>If yes – go to 2b</b></p> <p><b>If no - go to 3</b></p>
<p>2b. Best number to reach patient at.</p>	<p>When would be a convenient time to reach her/him? Thank you very much. Have a good day.</p>

	<p><b>Record in eCW and in your calendar to call back during that time. Start at 2, but do not allow patient to reschedule phone call. Record date of call in Access and put in the research notes the scheduled call back date and time.</b></p>
3. Not the best number to reach patient at.	<p>Am I calling &lt;&lt;<b>Recite Patient's phone number</b>&gt;&gt;?</p> <p><b>If yes – go to 3b</b></p> <p><b>If no – go to 3a</b></p>
3a. Wrong Number.	<p>I'm sorry for my mistake. Have a good day.  <b>Then, call correct number and start over.</b></p>
3b. Why wrong number.	<p>Please tell me why this isn't the best number for the patient to be reached at.</p> <p><b>If patient is <u>deceased</u> – go to 3c</b></p> <p><b>If this is <u>no longer patient's number</u> - go to 3d</b></p> <p><b>If patient <u>doesn't live there</u> anymore – go to 4</b></p> <p><b>If patient no longer receives care from SFHN provider anymore – go to 5c</b></p>
3c. Patient is deceased.	<p>I'm sorry for your loss. I will remove their contact information from our list and let their doctor know.</p> <p><b>Exclude in Access database and TE the appropriate clinic staff member to let them know that patient is deceased. Use the clinic implementation checklist to figure out whom to TE.</b></p>
3d. No longer patient's number.	<p>Thank you for telling me. I'll remove this number from our records.</p> <p><b>Document in Access and eCW. Use LCR to see if patient has another contact number. If so, call that number and start again. If there is no other contact then use the “1.1 Outreach Work Flow Lists 1 and 2” to figure out what to do next.</b></p>
4. Patient doesn't live there anymore	<p>Do you have the patient's updated information and would you be willing to share it with us?</p> <p><b>If yes – go to 4a</b></p> <p><b>If no – go to 4b</b></p>
4a. Has updated phone number.	<p>Could you tell me the number? <b>After they tell you the number say:</b> I want to confirm that I heard you correctly. The number I heard was &lt;&lt;<b>Recite New Phone Number</b>&gt;&gt;. Is that correct? <b>Correct if needed, and then say:</b> Thank you for providing me with this information. Have a good day.</p> <p><b>Transfer updated information to Access and LCR. Call new number and start at 2. If new number given does not work treat as if number is disconnected and use “1.1Outreach Work Flow Lists 1 and 2” to figure out what to do next.</b></p>

4b. Does not want to update contact information or doesn't have updated contact information.	<p>If you speak to them soon could you let them know that their contact information with their doctor is out of date and ask them if they could call the office to update their contact information as soon as possible? Thank you and have a nice day.</p> <p><b>Use LCR to see if patient has another contact. If they do contact them and start at 1. If no other contact information, but the postcard was sent successfully then get ready to send patient a FIT kit. If the postcard came back "returned to sender" then send a TE to the appropriate clinic staff member to let them know that we were unable to contact the patient and that their contact information needs updating. Use the clinic implementation checklist to figure out whom to TE and how to document in eCW and LCR. No more contact for one year.</b></p>
5. Speaking with patient.	<p>Your doctor asked me to call you because it is time to get your colon cancer screening test. Earlier this month we sent you a postcard. Did you receive the postcard?</p> <p><b>If yes - go to 5d</b></p> <p><b>If no - go to 5a</b></p>
5a. Didn't receive postcard.	<p>That's fine. Let's confirm your address before we continue to make sure it is correct in our system. What is your current address? <b>Confirm address.</b></p> <p><b>If the address is correct in our system - go to 5d</b></p> <p><b>If you updated the patient's address - go to 5b</b></p>
5b. Updated patient's address.	<p>Great thank you for telling me. Since your address has changed I just want to make sure that you are still receiving care at &lt;&lt;<b>Insert Name of Clinic</b>&gt;&gt;?</p> <p><b>If yes – go to 5d</b></p> <p><b>If no – go to 5c</b></p>
5c. Doesn't receive care from SFHN provider anymore	<p>Thank you for telling me. Since you are no longer part of the SFHN we are no longer going to offer you the at home screening test. However, please make sure you speak with your provider about getting screening. We will remove you from our list and let your doctor know that you have transferred your care. Have a good day.</p> <p><b>Use the clinic implementation checklist to figure out whom to TE. Assign the TE to the appropriate staff member to let them know that patient is no longer in SFHN and needs to be removed from clinic's panel. Exclude patient from study in Access database.</b></p>
5d. Did receive postcard or is still receiving care in the SFHN.	<p>Great thanks for telling me! At &lt;&lt;<b>Name of Clinic</b>&gt;&gt;, everyone over age 50 gets screened every year to check for colon cancer. According to our records you haven't done the screening this year is that correct? Colon cancer happens in the large intestine and is the second leading cause of cancer deaths in the United States.</p> <p><b>If yes - go to 6</b></p> <p><b>If no - go to 7</b></p>

6. Not screened this year.	<p>Thank you for telling me. We test once a year. This helps to make sure you are still healthy. I will mail out the test for you to complete so that we can have this year's results. You will receive it within a month. The test will have easy to follow instructions. Before I let you go you have any questions about the test or anything else?</p> <p><b>If patients has any questions about their usual care or wants to make an appointment with PCP refer them to the clinic.</b></p> <p><b>If <u>no concerns</u> - go to 20</b></p> <p><b>If patient says they <u>don't feel the need</u> to do the test, <u>don't see the importance</u> of doing the test, if they think the <u>test is ineffective</u>, <u>don't understand why their doctor wants to send them the test</u>, have <u>no family history of colon cancer</u>, or have <u>no symptoms</u> - go to 14</b></p> <p><b>If patient <u>has questions about how to complete the test</u> - go to 15</b></p> <p><b>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 16</b></p> <p><b>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 17</b></p> <p><b>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 18</b></p> <p><b>If patient says they have too many <u>other health concerns</u> - go to 20a</b></p> <p><b>If patient says they <u>want a colonoscopy</u> – go to 20a</b></p>
7. Patient Reporting having been screened this year.	<p>Thank you for telling me. Can you tell me which test you did?</p> <p><b>If patient <u>needs tests described</u> - go to 7a</b></p> <p><b>If <u>FIT or FOBT</u> - go to 8</b></p> <p><b>If <u>colonoscopy or flexible sigmoidoscopy</u> - go to 19</b></p>
7a. Descriptions of tests	<p>It is ok if you can't remember the name of the test you did last. I'll describe each of the tests and then you can let me know which one that you did.</p> <p>- A <b><u>colonoscopy</u></b> is a test where you drink laxative beforehand to cleanse your colon. During your appointment you are given a medication to make you sleep or make you groggy. Then the doctor looks inside your bottom and colon with a tube that has a light. After the test you have to be driven home</p> <p>-A <b><u>flexible sigmoidoscopy</u></b> is a test where you drink a laxative or use an enema to clean your colon. The doctor uses a smaller tube to look inside your bottom, but not all of you colon. During this test you are usually wide awake and can drive yourself home.</p>

	<p>-There are two types of <b><u>stool or poop tests</u></b>, which both need to be done yearly. They are tests where you would take a sample of their own poop and then return the test. The lab would then look for blood in these samples.</p> <p>Do any of these tests sound familiar to you? Which test did you have done?</p> <p><b>If <u>colonoscopy or flexible sigmoidoscopy</u> - go to 19</b></p> <p><b>If <u>FIT or FOBT</u> - go to 8</b></p>
8. FIT or FOBT test	<p>Who gave you the test? <b>Then say:</b> When did you get the test done?</p> <p><b>If <u>greater than 1 year</u> ago from today's date - go to 9</b></p> <p><b>If <u>less than 1 year ago and not received within SFHN</u> – go to 8b</b></p> <p><b>If <u>less than 1 year ago and received within SFHN</u> say:</b> Let me check my records. <b>Then check eCW to see if we've received the test results back.</b></p> <p><b>FIT in records - go to 8a</b></p> <p><b>FIT not in records - go to 10</b></p>
8a. FIT up to date and in records	<p>It looks like we have receive the test and it has been processed. Sorry for any confusion this phone call may have caused you. You are up to date for the year and we won't contact you again until next year. Thank you and have a nice day.</p> <p><b>Record in Access database. No more contact for one year. Close out phone encounter in eCW.</b></p>
8b. FIT received outside of system and up to date.	<p>Thank you for doing the screening previously. However, it is our policy that we have patients do the FIT for us so that we can have the most up to date results in our records. I will mail you a test to complete. The test will have easy to follow instructions. Before I let you go do you have any questions about the test or anything else?</p> <p><b>If patients has any questions about their usual care or wants to make an appointment with PCP refer them to the clinic.</b></p> <p><b>If patient has <u>no concerns</u> – go to 20</b></p> <p><b>If patient says they <u>doesn't want to do the test again, have too many other health concerns, or if they want a colonoscopy</u> – go to 20a</b></p> <p><b>If patient says they <u>don't feel the need to do the test, don't see the importance of doing the test, if they think the test is ineffective, don't understand why their doctor wants to send them the test, have no family history of colon cancer, or have no symptoms</u> - go to 14</b></p> <p><b>If patient <u>has questions about how to complete the test</u> – go to 15</b></p> <p><b>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 16</b></p>

	<p>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 17</p> <p>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 18</p>
9. FIT out of date	<p>Thank you for doing the screening. In order to make sure you stay healthy we test once a year. I will mail you a test for you to complete so we can have this year's results. The test will have easy to follow instructions. Before I let you go do you have any questions about the test or anything else?</p> <p>If patients has any questions about their usual care or wants to make an appointment with PCP refer them to the clinic.</p> <p>If patient has <u>no concerns</u> – go to 20</p> <p>If patient says they <u>doesn't want to do the test again, have too many other health concerns, or if they want a colonoscopy</u> – go to 20a</p> <p>If patient says they <u>don't feel the need to do the test, don't see the importance of doing the test, if they think the test is ineffective, don't understand why their doctor wants to send them the test, have no family history of colon cancer, or have no symptoms</u> - go to 14</p> <p>If patient <u>has questions about how to complete the test</u> – go to 15</p> <p>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 16</p> <p>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 17</p> <p>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 18</p>
10. Patient received test in SFHN, but no lab results.	<p>I'm sorry. It doesn't look like we have the results in our system yet. When did you mail it back to us?</p> <p>If <u>more than two weeks</u> ago – go to 10a</p> <p>If <u>less than two weeks</u> ago – go to 10b</p> <p>If they <u>never mailed the test back</u> – go to 11</p>
10a. Patient received test in SFHN, but no lab results. Mailed back more than two weeks ago.	<p>Since you mailed it to us a while ago I'm concerned that even if we received the test now you would probably have to redo it because the results would not be reliable. Can I mail you another kit?</p> <p>If yes - go to 20</p> <p>If no - go to 11</p>

10b. Patient received test in SFHN, but no lab results. Mailed back less than two weeks ago.	<p>I'll check the results again in a week or two to see if we have received the test back. If we haven't received it can I mail you another test?</p> <p><b>If yes – go to 12a</b></p> <p><b>If no – go to 11</b></p>
11. Patient does not want kit	<p>Please tell me why.</p> <p><b>If patient is <u>frustrated about test being lost</u> – go to 12</b></p> <p><b>If patient says they <u>forgot or did not have the time</u> – 13</b></p> <p><b>If patient says they <u>don't feel the need to do the test</u>, <u>don't see the importance of doing the test</u>, if they think the <u>test is ineffective</u>, <u>don't understand why their doctor wants to send them the test</u>, have <u>no family history of colon cancer</u>, or have <u>no symptoms</u> - go to 14</b></p> <p><b>If patient <u>has questions about how to complete the test</u> – go to 15</b></p> <p><b>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 16</b></p> <p><b>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 17</b></p> <p><b>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 18</b></p> <p><b>If patient says they have too many other health concerns - go to 20a</b></p>
12. Patient frustrated that kit results aren't back yet.	<p>I understand how frustrating this must be for you. This is an unusual circumstance. We want to keep you healthy and the best way to do that is to get your test results for this year. Are you sure you don't want me to send you another test?</p> <p><b>If patient still doesn't want test – go to 20a</b></p> <p><b>If patient wants test:</b>  <b>If they sent test back <u>more than two weeks</u> ago – go to 20</b>  <b>If they sent test back <u>less than two weeks</u> ago – go to 12a</b></p>
12a. Patient wants test	<p>Great! Hopefully, we'll receive it soon, but if not I'll mail you another one. If you don't receive anything from me that means we have received your test results back for this year.</p> <p><b>Record in eCW that patient has mailed kit back, but that we haven't received it back yet. In Access database record that patient reports up to date with screening.</b></p>
13. Patient says they forgot or are busy.	<p>I completely understand. Many patients are very busy. How can I help you complete the test?</p>

	<p><b>If they say they are not sure then suggest that one way that patient's remember to do the test is by placing it in the bathroom.</b></p> <p><b>Address patient's concerns then say:</b> Thank you for speaking with me today. Do you have any other questions?</p> <p><b>If <u>no concerns</u> – go to 20</b></p> <p><b>If patient says they <u>don't feel the need</u> to do the test, <u>don't see the importance</u> of doing the test, if they think the <u>test is ineffective</u>, <u>don't understand why their doctor wants to send them the test</u>, have <u>no family history of colon cancer</u>, or have <u>no symptoms</u> - go to 14</b></p> <p><b>If patient <u>has questions about how to complete the test</u> - go to 15</b></p> <p><b>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 16</b></p> <p><b>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 17</b></p> <p><b>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 18</b></p> <p><b>If patient says they have too many other health concerns - go to 20a</b></p>
<p>14. If patient says they don't feel the need to do the test, don't see the importance of doing the test, think the test is ineffective, don't understand why their doctor wants them to do the test, has no family history of colon cancer, or no symptoms.</p>	<p>I understand. What do you know about colon cancer and the at home test the doctor wants you to complete?</p> <p><b>Congratulate on correct information and correct misinformation gently using info below or if they don't know anything continue.</b></p> <p>Let me tell you more about colorectal cancer and the screening test. Colon cancer is a growth that occurs in the large intestine. One in 20 or 5% of people get colon cancer and it is the second leading cause of cancer deaths in the United States. For this reason, we want every patient over 50 to do the test every year.</p> <p>Many people with colon cancer do not have any symptoms or family history, which is why screening is so important even when you feel healthy. When people have colon cancer, they often don't feel anything until very late. But if we catch cancer early, we can take it out or treat it with medicines.</p> <p>At our clinic, we look for early cancer by checking blood in your stool or poop. The test finds blood you can't even see. Sometimes this blood is the first sign of cancer. The test we use, called the fecal immunochemical test or FIT, checks for this blood. If there's no blood, you just do the test again next year. If there is blood, it doesn't mean you have cancer. It just means your doctor will talk with you about doing another test to find what is causing the blood.</p>



	<p>The key to making sure this test detects anything that is developing is to get tested every year. We expect that if you do this test every year then we will detect cancer at an early stage while we can still treat it.</p> <p>We use this test because compared to a colonoscopy the test we use is simple, inexpensive, and non-invasive.</p> <p><b>After speaking with patient ask:</b> How do you feel about doing the test now?</p> <p><b>If they <u>want to do</u> the test – go to 20</b></p> <p><b>If patient still <u>wants to opt out</u> - go to 20a</b></p> <p><b>If they still <u>do not feel confident</u> about doing the test – go to 14a</b></p>
14a. Still not confident about doing the test.	<p>What other questions do you have about doing the test?</p> <p><b>If patient <u>has questions about how to complete the test</u> – go to 15</b></p> <p><b>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 16</b></p> <p><b>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 17</b></p> <p><b>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 18</b></p> <p><b>If patient says they have too many <u>other health concerns</u> or says they <u>want a colonoscopy</u> instead - go to 20a</b></p>
15. Patient is not sure how to complete the test.	<p>I understand. What do you know about the colon cancer test the doctor wants you to complete?</p> <p><b>Congratulate on correct information and correct misinformation gently using info below or if they don't know anything continue.</b></p> <ol style="list-style-type: none"> <li>1) Check your name on the bottle to make sure that it is yours. Correct if needed.</li> <li>2) Write the date that you are collecting the sample on the bottle.</li> <li>3) Lift the lid and toilet seat up. Open the large piece of white paper and place it on top of the water so that it will catch your stool. Lower the toilet bowl seat.</li> <li>4) Go to the bathroom.</li> <li>5) Unscrew the green cap and pull up. A grooved stick is attached to the cap.</li> <li>6) Scrape the surface of the stool (poop) with the grooved stick.</li> <li>7) Put the stick back in the bottle and screw the green cap tightly.</li> <li>8) Flush</li> <li>9) Wrap the bottle in the plastic bubble paper.</li> <li>10) Put the wrapped tube in the plastic bag labeled “biohazard”.</li> <li>11) Put the plastic bag in the return envelope and make sure the lab requisition form is in there too. Seal the return envelope.</li> <li>12) Mail the envelope right away. No stamp is required.</li> </ol>

	<p>You can flush the large piece of white paper. You can also use the provided glove during the collection process. The sample is safe to mail.</p> <p><b>Address responses as needed. Once everything addressed say:</b> Are you willing to complete the test now?</p> <p><b>If yes - go to 20</b></p> <p><b>If no - go to 15a</b></p>
15a. Still not confident about doing the test.	<p>What other questions do you have about doing the test?</p> <p><b>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 16</b></p> <p><b>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 17</b></p> <p><b>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 18</b></p> <p><b>If patient says they have too many <u>other health concerns</u> or says they <u>want a colonoscopy</u> instead - go to 20a</b></p>
16. Patient is concerned about the expense of the test or follow-up testing.	<p>I understand that medical procedures can be expensive. The stool test we are offering you is free and very quick to do. Most people do not need follow-up testing and your doctor or someone else from your care team will let you know if you need the follow-up test. The cost of the follow-up test will depend on what insurance you have and you will need to contact them to figure it out. How do you feel about doing the test now?</p> <p><b>If they want the test - go to 20</b></p> <p><b>If they do not want the test - go to 20a</b></p>
17. If patient indicates that the test is too embarrassing or too unpleasant	<p>I completely understand. It is common for many people to be embarrassed or uneasy about the test. After doing it, they often feel that it's not so bad. This year we are including a disposable glove to help with collection. Is there anything else we can do to help make completing the test easier for you to do?</p> <p><b>If patient says no – go to 17a</b></p> <p><b>If patient says yes –go to 17b</b></p>
17a. Nothing you can do to make test easier.	<p>Thanks for letting me know. Are you willing to complete the test?</p> <p><b>If yes – go to 20</b></p> <p><b>If no – go to 20a</b></p>
17b. Something you can do to make test easier.	<p>Great, how can I help?</p> <p><b>Address responses as needed. Then say:</b> Is there anything else I can do for you?</p>

	<b>Address responses as needed. Once everything addressed - go to 20</b>
18. If patient says they are concerned that doctor thinks they have cancer or they don't want to know if they have cancer.	<p>I understand completely. Many people feel scared of cancer. Most of the time, the test does not find cancer. Sometimes the test finds growths that are not yet cancer. So, the test helps people stay healthy. Tell me what makes you scared. <b>Document fears in eCW. Try to address patient's specific concerns. Use information from box 4 if needed. Then:</b> How do you feel about doing the test now?</p> <p><b>If they want the test - go to 20</b></p> <p><b>If they do not want the test - go to 20a</b></p>
19. Colonoscopy or Flexible Sigmoidoscopy	<p>Where did you get the test done? <b>Then,</b> When did you get the test done? <b>Then,</b> What were the results? <b>Record information in eCW.</b></p> <p><b>If received outside of SFHN and:</b></p> <p style="padding-left: 40px;"><b>For a colonoscopy received less than 10 years ago or sigmoidoscopy received less than 5 years ago – go to 19a</b></p> <p style="padding-left: 40px;"><b>For a colonoscopy received more than 10 years ago or sigmoidoscopy received more than 5 years ago – go to 19b</b></p> <p><b>If received within SFHN say,</b> Let me check your records. <b>Then check eCW to see when the test was done and if they are eligible for screening.</b></p> <p style="padding-left: 40px;"><b>For a colonoscopy received less than 10 years ago or sigmoidoscopy received less than 5 years ago – go to 19c</b></p> <p style="padding-left: 40px;"><b>For a colonoscopy received more than 10 years ago or sigmoidoscopy received more than 5 years ago – go to 19d</b></p>
19a. Up to date with Colonoscopy or Flexible Sigmoidoscopy	<p>Thank you for telling me this. It looks like you are up to date with your colon cancer screening, which is great! I'll let your doctor know what you told me and they may discuss this with you further.</p> <p><b>Transfer information to Access and exclude patient. Update in Health maintenance in eCW and send the appropriate staff person a TE. Use the clinic implementation checklist to figure out whom to TE.</b></p>
19b. Not up to date with Colonoscopy or Flexible Sigmoidoscopy	<p>From what you are telling me that means you are not up to date with colon cancer screening. However, the test we are offering might not be appropriate for you. I'll let your doctor know what you have told me and they may discuss this with you further.</p> <p><b>Transfer information to Access, defer for one year, and explain why in outreach notes section. Update in Health Maintenance in eCW and send the appropriate staff person a TE. Use the clinic implementation checklist to figure out whom to TE.</b></p>
19c. Up to date with Colonoscopy or Flexible	<p>According to my records it looks like you are up to date with screening. I'm sorry we contacted you in error. Have a nice day.</p>

Sigmoidoscopy. Received within SFHN.	<b>Record in eCW and close out TE. Record in Access database.</b>
19d. Not up to date with Colonoscopy or Flexible Sigmoidoscopy. Received inside SFHN.	<p>Thank you for doing the screening. It looks like you did have colorectal cancer testing, but according to my records you are due for a FIT test in order to make sure you stay healthy. I will mail you a test to complete so we can have this year's results. The test will have easy to follow instructions. Before I let you go do you have any questions about the test or anything else?</p> <p><b>If patients has any questions about their usual care or wants to make an appointment with PCP refer them to the clinic.</b></p> <p><b>If patient has <u>no concerns</u> – go to 20</b></p> <p><b><u>If patient says they doesn't want to do the test again, have too many other health concerns, or if they want a colonoscopy – go to 20a</u></b></p> <p><b><u>If patient says they don't feel the need to do the test, don't see the importance of doing the test, if they think the test is ineffective, don't understand why their doctor wants to send them the test, have no family history of colon cancer, or have no symptoms - go to 14</u></b></p> <p><b>If patient <u>has questions about how to complete the test</u> – go to 15</b></p> <p><b>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 16</b></p> <p><b>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 17</b></p> <p><b>If patient says they are concerned that <u>doctor thinks they have cancer</u> or <u>they don't want to know if they have cancer</u> - go to 18</b></p>
20. Patient does want test mailed to them.	<p>I'm glad. After you receive the test please complete it as soon as possible. Make sure that you record the date you collected the sample on the tube's label. If you have any questions please call me.</p> <p><b>Record in eCW and Access database. If needed update address in Access database, LCR, and eCW.</b></p>
20a. Patient doesn't want test mailed to them, or they have too many health concerns, or they want a colonoscopy.	<p>Dr. &lt;&lt;Doctor's Name&gt;&gt; would want to know how you feel. I will tell him/her to give you a call and someone from his/her office may contact you. Is that OK? Thank you and have a nice day.</p> <p><b>Use the clinic implementation checklist to figure out whom to TE. TE the appropriate staff person and let them know that the patient has opted out of FIT screening for the year, the reason why, and whether patient is ok with being contacted. Record in Access database. No more contact for one year.</b></p>

### 3.0 Patient Barriers Script

Use this script when patient calls and has questions or wants to opt out of colorectal cancer screening (CRC) screening.

NOTE: Check the language field of the patient you are calling in the Access database to figure out if you need to use interpreter services. For interpreter services dial 6-5133 or (415) 206-5133 before calling patient. Be ready to give the interpreter the patient's name, medical record number, language needed, and location of the requesting department (SFGH Building 40). Follow interpreter's instructions to conference patient into the phone call.

1. Asses who is calling and why.	<p>This is &lt;&lt;<b>Outreach Worker's Name</b>&gt;&gt; thank you for calling the Cancer Outreach Initiative. What can I help you with today?</p> <p><b>If patient is calling to report that they are <u>up to date with CRC</u> screening go to “6.0 Patient Reporting Up to Date Script”</b></p> <p><b>If they are <u>not a patient</u> and don't want to receive any more information from us - go to 11.</b></p> <p><b>If they are the patient keep reason in mind – go to 1a</b></p>
1a. Patient calling	<p>Thank you for telling me. Before we continue please spell out your last name for me so I can look you up in our system. Thanks! Please tell me your first name, date of birth, and medical record number if you know it. <b>Look patient up in e-clinical works (eCW). Open most recent telephone encounter (TE) labeled “FIT Outreach”. Document conversation in eCW and then transfer relevant information to Access when you are done.</b></p> <p><b>If patients has any questions about their usual care or wants to make an appointment with PCP refer them to the clinic. If they are <u>no longer part of the San Francisco Health Network</u> – go to 1b</b></p> <p><b>If patient <u>wants to opt out of</u> or <u>has questions</u> about CRC screening - go to 2</b></p> <p><b>If patient says they <u>want a colonoscopy</u> instead - go to 3</b></p>
1b. No longer part of San Francisco Health Network	<p>Thank you for telling me. Since you are no longer part of the SFHN we are no longer going to offer you the at home screening test. However, please make sure you speak with your provider about getting screening. We will remove you from our list and let your doctor know that you have transferred your care. Have a good day.</p> <p><b>Use the clinic implementation checklist to figure out whom to TE. Assign the TE to the appropriate staff member to let them know that patient is no longer in SFHN and needs to be removed from clinic's panel. Exclude patient from study in Access database.</b></p>
2. Patient calls and says they have questions or wants to opt out of CRC screening.	<p>Thank you for telling me why you are calling. Your doctor cares about your health and wants to keep you healthy. One of the ways your doctor wants to help you stay healthy is by having you get screened for colorectal cancer.</p> <p><b>If want to <u>opt out</u> say:</b> Please tell me more about why you don't want to do this test. <b>Probe if needed. Choose from options below.</b></p>

	<p>If patient <u>has questions</u> say: What questions do you have? Probe if needed. Choose from options below.</p> <p>If patient says they <u>don't feel the need</u> to do the test, <u>don't see the importance</u> of doing the test, if they think the <u>test is ineffective</u>, <u>don't understand why their doctor wants to send them the test</u>, have <u>no family history of colon cancer</u>, or have <u>no symptoms</u> - go to 4</p> <p>If patient <u>has questions about how to complete the test</u> - go to 5</p> <p>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 6</p> <p>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 7</p> <p>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 8</p> <p>If patient says they have too many <u>other health concerns</u> - go to 9</p>
3. Wants a colonoscopy.	<p>In the San Francisco Health Network we usually offer the FIT screening because we want to be able to screen all of our patients. This is a simple cancer screening test that we offer everyone. We use this test because compared to a colonoscopy the test we use is simple, inexpensive, and non-invasive. Are you sure you want a colonoscopy?</p> <p>If patient <u>still wants a colonoscopy</u> – go to 3a</p> <p>If patient is <u>unsure</u> – go to 4</p>
3a. Patient still wants a colonoscopy	<p>If you prefer a colonoscopy I will let Dr. &lt;&lt;Doctor's Name&gt;&gt; know how you feel. Someone from his/her office may contact you. Is that OK? Thank you and have a nice day.</p> <p><b>TE the MA and let them know that the patient has opted out of FIT screening for the year, the reason why, and if patient is ok with being contacted. Record in Access database. No more contact for one year.</b></p>
4. If patient says they don't feel the need to do the test, don't see the importance of doing the test, think the test is ineffective, don't understand why their doctor wants them to do the test, has no family history of colon cancer, or no symptoms.	<p>I understand. What do you know about colon cancer and the at home test the doctor wants you to complete?</p> <p><b>Congratulate on correct information and correct misinformation gently using info below or if they don't know anything continue.</b></p> <p>Let me tell you more about colorectal cancer and the screening test. Colon cancer is a growth that occurs in the large intestine. One in 20 or 5% of people get colon cancer and it is the second leading cause of cancer deaths in the United States. For this reason, we want every patient over 50 to do the test every year.</p> <p>Many people with colon cancer do not have any symptoms or family history, which is why screening is so important even when you feel healthy. When people have colon cancer, they often don't feel anything until very late. But if we catch cancer early, we can take it out or treat it with medicines.</p>

	<p>At our clinic, we look for early cancer by checking blood in your stool or poop. The test finds blood you can't even see. Sometimes this blood is the first sign of cancer. The test we use, called the fecal immunochemical test or FIT, checks for this blood. If there's no blood, you just do the test again next year. If there is blood, it doesn't mean you have cancer. It just means your doctor will talk with you about doing another test to find what is causing the blood.</p> <p>The key to making sure this test detects anything that is developing is to get tested every year. We expect that if you do this test every year then we will detect cancer at an early stage while we can still treat it.</p> <p>We use this test because compared to a colonoscopy the test we use is simple, inexpensive, and non-invasive.</p> <p><b>After speaking with patient ask: How do you feel about doing the test now?</b></p> <p><b>If they <u>want to do</u> the test – go to 10</b></p> <p><b>If patient still <u>wants to opt out</u> - go to 10a</b></p> <p><b>If they still <u>do not feel confident</u> about doing the test – go to 4a</b></p>
4a. Not confident about doing the test.	<p>What other questions do you have about doing the test?</p> <p><b>If patient <u>has questions about how to complete the test</u> - go to 5</b></p> <p><b>If patient is worried about the <u>expense of the test</u> or <u>follow-up tests</u> – go to 6</b></p> <p><b>If patient indicates that the test is <u>too embarrassing</u> or <u>too unpleasant</u> - go to 7</b></p> <p><b>If patient says they are concerned that <u>doctor thinks they have cancer</u> or they <u>don't want to know</u> if they have cancer - go to 8</b></p> <p><b>If patient says they have too many <u>other health concerns</u> - go to 9</b></p> <p><b>If patient says they <u>want a colonoscopy</u> instead - go to 10a</b></p>
5. Patient is not sure how to complete the test.	<p>I understand. What do you know about colon cancer test the doctor wants you to complete?</p> <p><b>Congratulate on correct information and correct misinformation gently using info below or if they don't know anything continue.</b></p> <ol style="list-style-type: none"> <li>1) Check your name on the bottle to make sure that it is yours. Correct if needed.</li> <li>2) Write the date that you are collecting the sample on the bottle.</li> <li>3) Lift the lid and toilet seat up. Open the large piece of white paper and place it on top of the water so that it will catch your stool. Lower the toilet bowl seat.</li> <li>4) Go to the bathroom.</li> <li>5) Unscrew the green cap and pull up. A grooved stick is attached to the cap.</li> <li>6) Scrape the surface of the stool (poop) with the grooved stick.</li> <li>7) Put the stick back in the bottle and screw the green cap tightly.</li> <li>8) Flush</li> </ol>

	<p>9) Wrap the bottle in the plastic bubble paper.  10) Put the wrapped tube in the plastic bag labeled “biohazard”.  11) Put the plastic bag in the return envelope and make sure the lab requisition form is in there too. Seal the return envelope.  12) Mail the envelope right away. No stamp is required.</p> <p>You can flush the large piece of white paper. You can also use the provided glove during the collection process. The sample is safe to mail.</p> <p><b>Address responses as needed. Once everything addressed say:</b>  Are you willing to complete the test now?</p> <p><b>If yes - go to 10</b></p> <p><b>If no - go to 10a</b></p>
6. Patient is concerned about the expense of the test or follow-up testing.	<p>I understand that medical procedures can be expensive.  The stool test we are offering you is free and very quick to do.  Most people do need follow-up testing and your doctor or someone else from your care team will let you know if you need the follow-up test. The cost of the follow-up test will depend on what insurance you have and you will need to contact them to figure it out.  How do you feel about doing the test now?</p> <p><b>If they want test – go to 10</b></p> <p><b>If they do not want the test – go to 10a</b></p>
7. If patient indicates that the test is too embarrassing or too unpleasant.	<p>I completely understand. It is common for many people to be embarrassed or uneasy about the test. After doing it, they often feel that it’s not so bad. This year we are including a disposable glove to help with collection. Is there anything else we can do to help make completing the test easier for you to do?</p> <p><b>If no – go to 7a</b></p> <p><b>If yes – go to 7b</b></p>
7a. Nothing you can do to make test easier.	<p>Thanks for letting me know. Are you willing to complete the test?</p> <p><b>If yes – go to 10</b></p> <p><b>If no – go to 10a</b></p>
7b. Something you can do to make test easier.	<p>Great, how can I help?  <b>Address responses as needed. Then say:</b> Is there anything else I can do for you?</p> <p><b>Address responses as needed. Once everything addressed say:</b> Are you willing to complete the test now?</p> <p><b>If yes - go to 10</b></p> <p><b>If no - go to 10a</b></p>



8. If patient says they are concerned that doctor thinks they have cancer or they don't want to know if they have cancer.	<p>I understand completely. Many people feel scared of cancer. Most of the time, the test does not find cancer. Sometimes the test finds growths that are not yet cancer. So, the test helps people stay healthy. Tell me what makes you scared.</p> <p><b>Document fears in eCW. Try to address patient's specific concerns. Use information from box 4 if needed. Then:</b> How do you feel about doing the test now?</p> <p><b>If they want the test - go to 10</b></p> <p><b>If they do not want the test - go to 10a</b></p>
9. Patient has other health concerns.	<p>This is a simple test and the information you gain can be acted upon at a later time. However, Dr. &lt;&lt;<b>Doctor's Name</b>&gt;&gt; would want to know how you feel. I will tell him/her what you have told me and someone from his/her office may contact you. Is that OK? Thank you and have a nice day.</p> <p><b>TE the MA and let them know that the patient has opted out of FIT screening for the year, the reason why, and if patient is ok with being contacted. Record in Access database. No more contact for one year.</b></p>
10. Patient does want test mailed to them.	<p>I'm glad. I will mail out the test to you soon. You will receive it within a month. The test will have easy to follow instructions. However, if you have any questions please call me again. While I have you on the phone can I verify the best phone numbers to reach you at? What are they?</p> <p><b>If needed update phone numbers in eCW, LCR, and Access database.</b></p>
10a. Patient doesn't want test mailed to them or if they want a colonoscopy.	<p>Dr. &lt;&lt;<b>Doctor's Name</b>&gt;&gt; would want to know how you feel. I will tell him/her to give you a call and someone from his/her office may contact you. Is that OK? Thank you and have a nice day.</p> <p><b>TE the MA and let them know that the patient has opted out of FIT screening for the year, the reason why, and if patient is ok with being contacted. Record in Access database. No more contact for one year.</b></p>
11. Someone that is not a patient calls and doesn't want to receive any more information from us.	<p>What is the name on the postcard you received?</p> <p><b>Look-up patient in eCW and/or Access and see where they are in the outreach process.</b></p> <p><b>If you have spoken with the patient to confirm their address – go to 11a.</b></p> <p><b>If you have not updated the patient's information then continue:</b> Do you know the patient that we are trying to contact?</p> <p><b>If yes – go to 11b</b></p> <p><b>If no – go to 11a</b></p>
11a. Doesn't know the patient or you've already updated the patient's address.	<p>Thank you for calling us. We will remove your contact information and you will not receive any more mail from us.</p>

	<p><b>If <u>they don't know patient</u> treat as if postcard was returned and use appropriate workflow to figure out whether to try to update patient's address.</b></p> <p><b>If <u>you have already updated the patient's address</u> do nothing.</b></p>
11b. Knows patient we are trying to contact.	<p>Great! If you speak to them soon could you let them know that their contact information with their doctor is out of date and ask them if they could call either this number or the office to update their contact information as soon as possible? Thank you and have a nice day.</p> <p><b>Document conversation in eCW. Treat as if postcard was returned and use the appropriate workflow to figure out what to do next.</b></p>