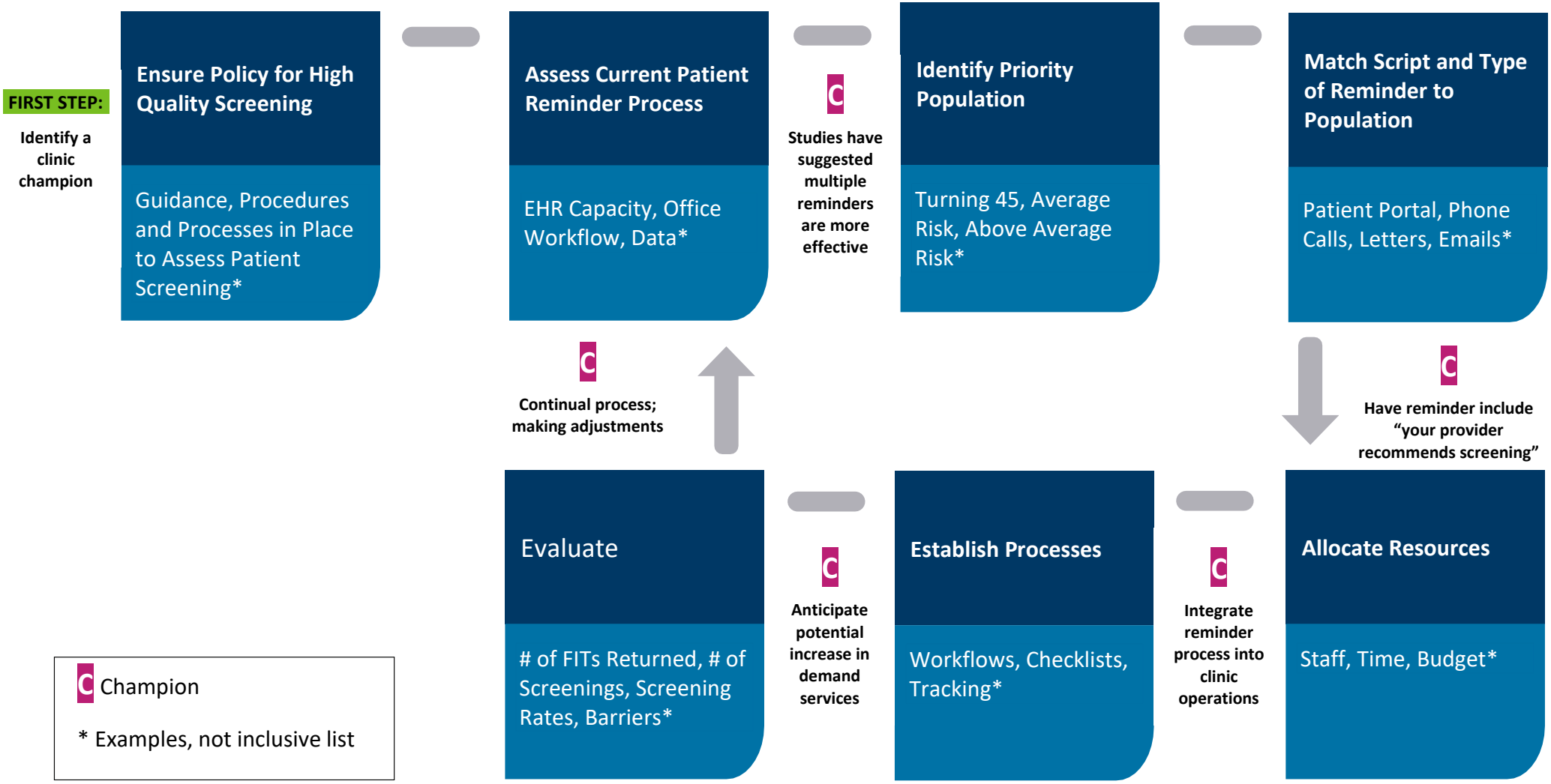
Sage and Sage Scopes Clinic Systems Change Program

PATIENT REMINDER PROCESS: AT A GLANCE

The Community Preventative Services Task Force recommends the use of patient reminders to increase breast, cervical, and colorectal cancer screening. Patient reminders are written messages (letter, postcard, email, patient portal) or telephone messages (direct calls or automated messages) to patients reminding them that they are due or overdue for screening.



Adapted from the Center for Disease Control and Prevention (CDC) and the New Hampshire Colorectal Cancer Screening Programs

DEPARTMENT OF HEALTH

Sage and Sage Scopes Clinic Systems Change Program

Patient Reminder Process: At A Glance

This is a step-by-step flowchart that explains the recommended processes for implementing patient reminders to increase breast, cervical, and colorectal cancer screening. Patient reminders are written messages (letter, postcard, email, patient portal) or telephone messages (direct calls or automated messages) to patients reminding them that they are due or overdue for screening.

Champion

The first step in the process is to identify a clinic champion. The champion plays a vital role in the process of successfully implementing the provider reminder process. Typically, the champion is responsible for coordinating the project. The clinic champion is the main point of contact with MDH; is particularly dedicated to increasing cancer screening and early detection; is responsible for representing the project; can make decisions or influence the decision-makers within the clinic; monitors and documents progress; and is responsible for recruiting team members and the communication and coordination of team activities.

Between steps in this flowchart, the champion has different responsibilities to complete.

Step 1: Ensure Policy for High Quality Screening

A few examples of how to successfully accomplish this step is to receive guidance from staff members on the current procedures and processes in place that are used to assess patient screening.

Step 2: Assess Current Patient Reminder Process

For this step, examples include assessing the current electronic health record (EHR) system capacity; creating an office workflow; and using data to make sure the correct patients are flagged.

Following this step, it is important for the champion to keep in mind that studies have suggested multiple reminders are more effective.

Step 3: Identify Priority Population

Examples include turning 45, individuals at average risk, and individuals' above average risk. The priority populations may be different for breast, cervical and colorectal cancer screenings.

Step 4: Match Script and Type of Reminder to Population

A few examples for this step include patient portal, phone calls, letters, and emails.

Following this step, the champion will share that it is recommended that reminders include "your provider recommends screening."

Step 5: Allocate Resources

Examples include staff, time, and budget.

Following this step, the champion will lead the integration of patient reminder processes into clinic operations.

Step 6: Establish Processes

Examples at this step include workflows, checklists, and tracking.

Following this step, the champion will anticipate potential increase in demand for services.

Step 7: Evaluate

Some examples include number of FITs returned, number of screenings, screening rates, and potential barriers.

Following the successful completion of step 7, the champion will make adjustments. Because this is a continual process, you may go through steps 2 – 7 again.

Acknowledgement

This process chart was adapted from the Center for Disease Control and Prevention (CDC) and the New Hampshire Colorectal Cancer Screening Programs.

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9/9/21