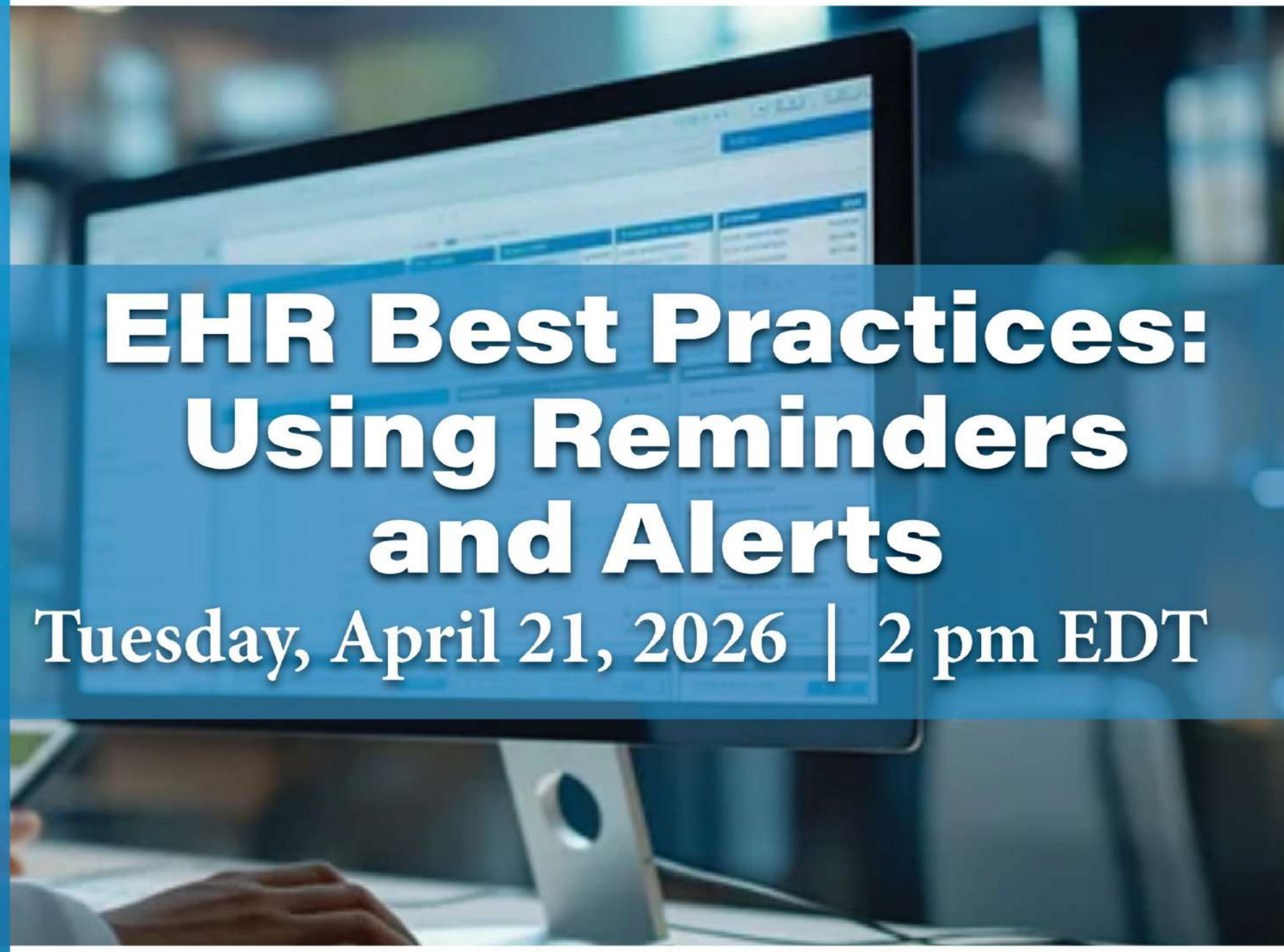
NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

PEER TO PEER LEARNING

SME Webinar



EHR Best Practices: Using Reminders and Alerts

Tuesday, April 21, 2026 | 2 pm EDT

PEER TO PEER LEARNING

SME WEBINAR

The views expressed by speakers and moderators during this event do not necessarily reflect the official policies or views of the National Association of Chronic Disease Directors.

The “Enhancing Cancer Program Grantee Capacity through Peer-to-Peer Learning” project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $525,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

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Agenda

- Welcome and Introductory Remarks
- Presentation
- Q&A
- Resources
- May 2026 SME Webinar | Call Series
- NBCCEDP Business Meeting
- Poll
- Adjourn

Learning Objectives

- Identify EHR reminder and alert types relevant to cancer screening — including preventive care reminders, referral follow-up alerts, and result notifications — and communicate their value to clinic partners.
- Apply a structured approach to help clinic partners assess where reminders and alerts will have the greatest impact and introduce supplemental tools such as EHR interfaces to extend their capabilities.
- Outline a process clinic partners can use to retrieve and document colonoscopy results for patients referred outside the clinic and demonstrate how to use EHR reporting tools to track reminder impact and support program-level accountability.

Meet Your Speaker

Gloria Coronado, PhD

Professor and Associate Director for Cancer Population Sciences
University of Arizona Cancer Center

How to implement cancer screening reminders in busy clinical practices

Gloria D. Coronado, PhD

Professor, Associate Director of Population Sciences

University of Arizona Cancer Center

Background and Training

- Stanford University, BA
- University of Washington, MS, PHD, Epidemiology
- 14 years at Fred Hutchinson Cancer Research Center – helping develop health disparities program focused on:
    - Community-based programs in rural Latino communities in Eastern Washington
- 12 years at the Kaiser Permanente Center for Health Research as Mitch Greenlick Endowed Scientist in Health Disparities Research
    - Colorectal cancer screening and follow-up in community practice settings
- Now Professor and Associate Director of Population Science at University of Arizona Cancer Center
- Vice-chair of National Colorectal Cancer Roundtable
- Mission: Use tailored and risk-stratified approaches to improve cancer screening

Today’s talk: Screening Reminders

How Effective are Screening Reminders?

What is the Special Sauce?

Case Example: Colorectal Cancer Screening

Conclusion and Invitation

Why Screening reminders matter

- Cervical, breast, and colorectal cancers can be prevented or detected early through screening.
- Despite guidelines, screening uptake remains suboptimal
- Barriers include:
  - Forgetfulness
  - Access issues
  - Lack of awareness
- **Reminders = low-cost, scalable intervention**

What We Hear from Patients

“It’s convenient… you don’t have to leave your house.”

“A nice lady called me and even offered a food program… I really liked that.”

“I really need the help. It’s important to have programs like this.”

What are screening reminders

- **Patient-directed reminders**
  - Letters, postcards
  - Phone calls
  - Text messages / emails
- **Provider-directed reminders**
  - Electronic health record (EHR) alerts
- **Multicomponent approaches**
  - Reminders + education or navigation

Widely recommended by Centers for Disease Control and Prevention

https://thecommunityguide.org/

Do reminders work?

Strong evidence from randomized controlled trials and meta-analyses

Cochrane Collaboration reviews show:

Patient reminders consistently outperform no intervention

Breast cancer screening: ↑ mammography rates (~10–20%)

Cervical cancer screening: ↑ Pap test uptake (~10–15%)

Colorectal cancer screening: ↑ FOBT/colonoscopy completion (~5–20%)

https://www.cdc.gov/cancer/php/ebi-planning-guides/client-reminder-planning-guide.html

Key Insights from Recent Reviews

Reminder Modalities: Digital reminders (text, email) are increasingly favored, as they are cost-effective and have high engagement rates, especially among younger populations.

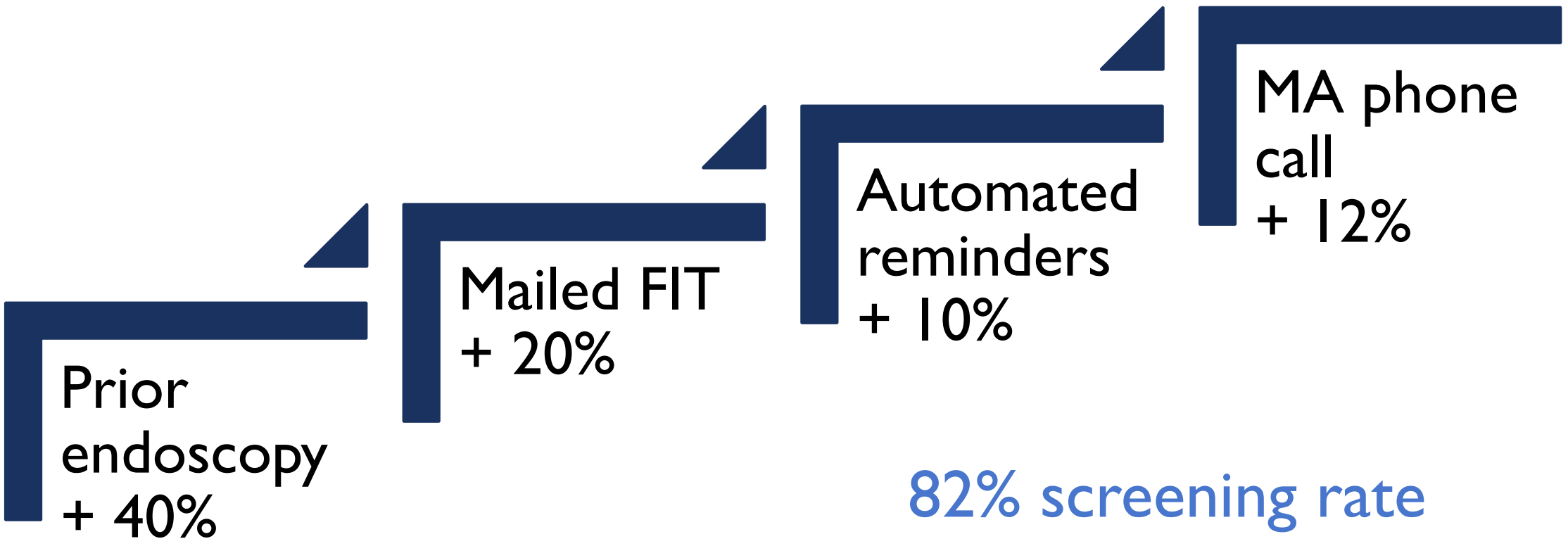
Personalization: Tailored reminders based on patient history and demographics lead to better results compared to one-size-fits-all approaches.

Multimodal Approaches: Combining reminders with educational interventions, access support (e.g., transport, clinic scheduling), and motivational strategies tends to enhance effectiveness.

Focus on Underserved Groups: Recent reviews emphasize the importance of targeting underserved or hard-to-reach populations, where reminders can have a significant impact on reducing health disparities.

https://www.cdc.gov/cancer/php/ebi-planning-guides/client-reminder-planning-guide.html

KAISER PERMANENTE NORTHERN CALIFORNIA PROGRAM

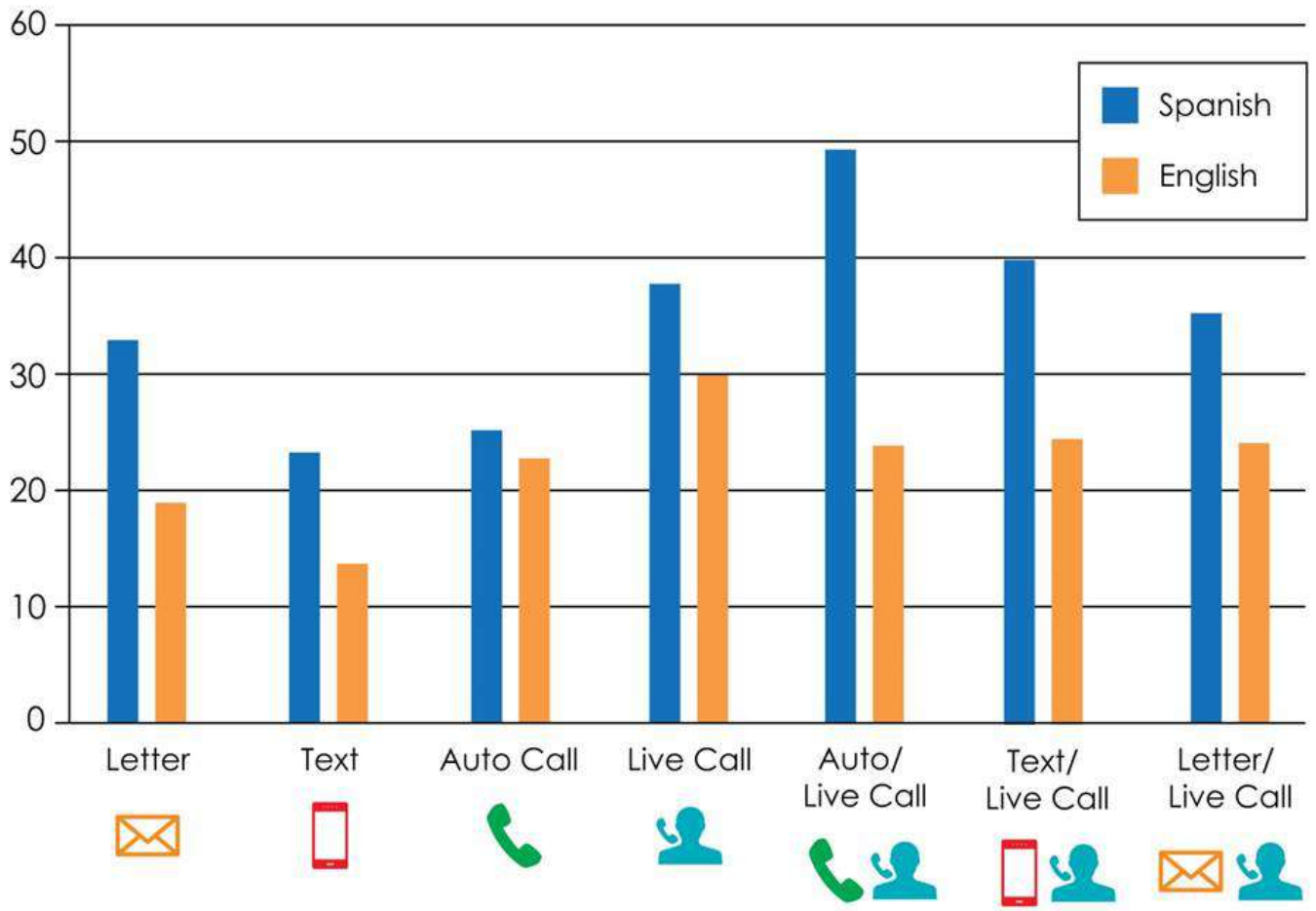


Kaiser Permanente Center for Health Research

Selby et al. 2020

EVIDENCE FOR MULTI-MODAL REMINDERS

FIT return rates were higher among patients who prefer Spanish vs. English



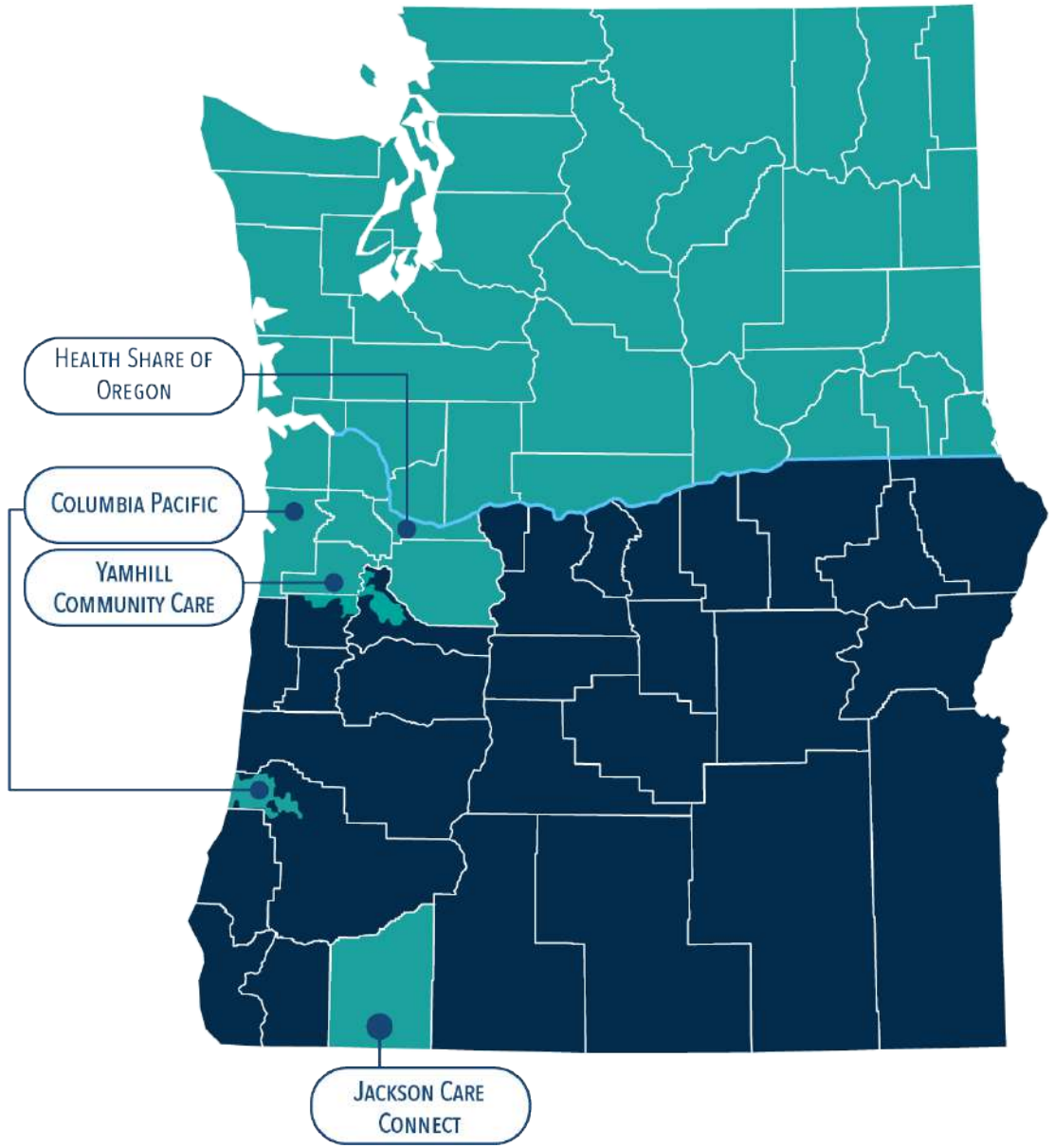
Kaiser Permanente Center for Health Research

Coronado et al. 2018 STOP CRC

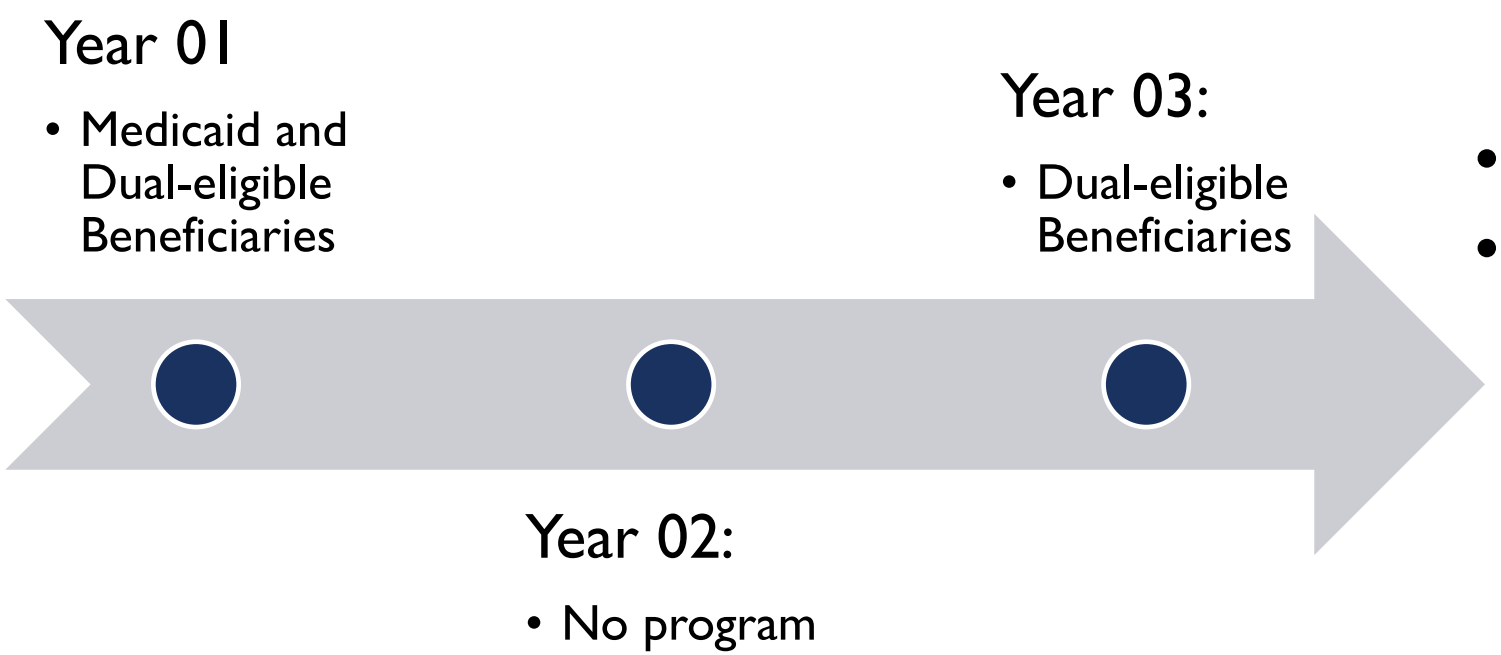
PARTICIPATING HEALTH PLANS

- Health Plan Oregon insures about 220,000 Medicaid and dual Medicaid-Medicare enrollees in Oregon.

- Health Plan Washington insures about 650,000 Medicaid and dual Medicaid-Medicare enrollees in Washington state.



AN OPT-IN APPROACH LED TO 68% FIT RETURN



- Reached by phone: ~10%
- Among those who were reached and agreed to have a FIT sent to their home, FIT return rate: 68%

What Makes Reminders More Effective?

- Multiple reminders is more effective than a single reminder
- Personalized and tailored reminders are more effective than generic reminders
  - “I” statements are effective (i.e., I would like you to get screened)
  - Tailored to prior to screening history, language, etc.
- Make sure to avoid information overload

Thompson et al. https://pubmed.ncbi.nlm.nih.gov/31068395/

Promoting screening in African Methodist Episcopal Churches

Promoting screening in American Indian Tribal Communities

- https://vimeo.com/showcase/11000354?video=892075915

Gaps and Public Health Impact

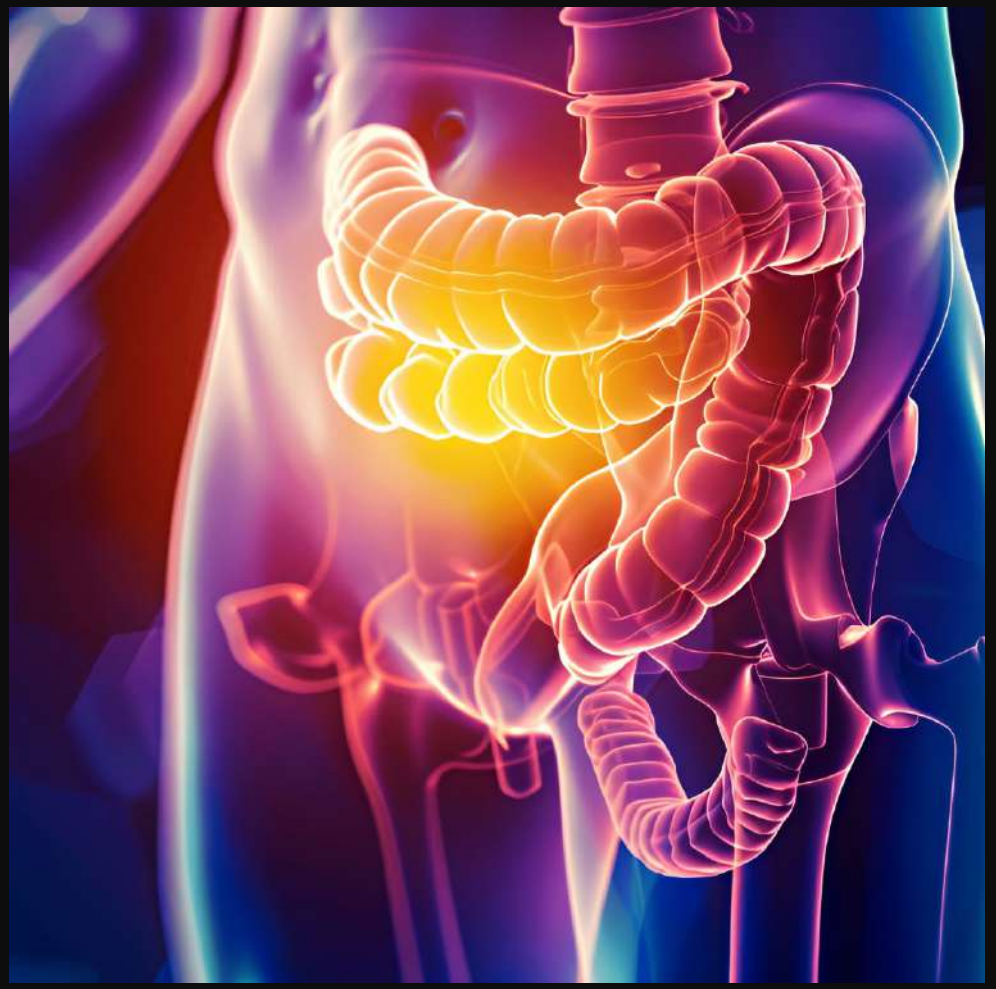
Limitations:

- Variable effect sizes
- Access barriers still persist
- Digital divide affects reach

Implications:

- Reminders should be part of **multilevel interventions**
- Integration into EHR systems is key
- Policy support improves population-level screening rates

Case example: Colorectal cancer screening



PRIME

- **R01 NIMHD:** Community Partnership for Telehealth Solutions to Counter Misinformation and Achieve Equity **(Coronado, Escaron)**
- **Funding:** NIMHD; 5-year project; $5m direct costs
- **Goal:** Test a program that provides community resources to address social determinants of health and test a video-text intervention to improve colorectal cancer screening
- **Partners:** SDSU; AltaMed Health Services; **25 clinics in California**
- **Findings:** Pending
- **Accomplishment:** Pending

Partnering Health System

AltaMed Health Services

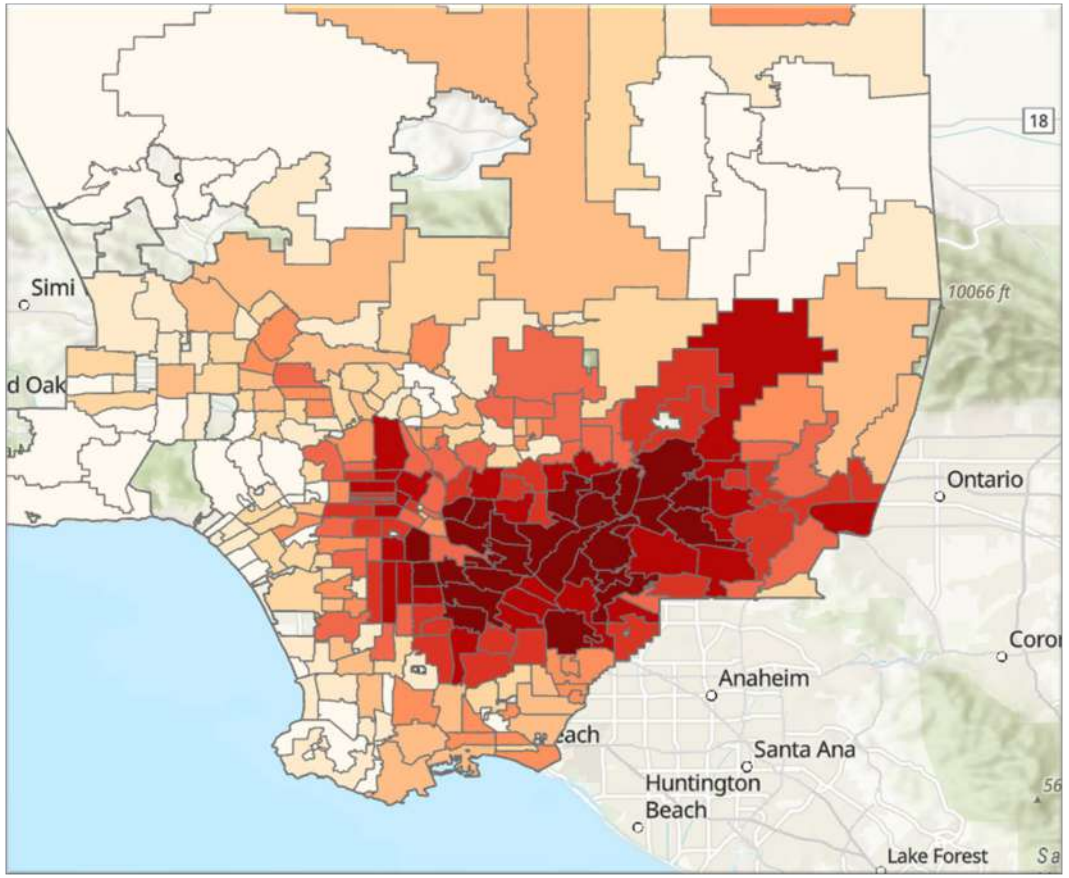
AltaMed Health Services Corporation

Largest Independent Community Health Center in the US

- 257,093 patients (UDS 2020)
  - 88% Racial and/or ethnic group member (83% Latino)
  - 43% Best served in language other than English
  - 61% Medicaid; 20% Uninsured
- >3,000 employees; ~400 physicians

Mission: To eliminate disparities in health care access and outcomes

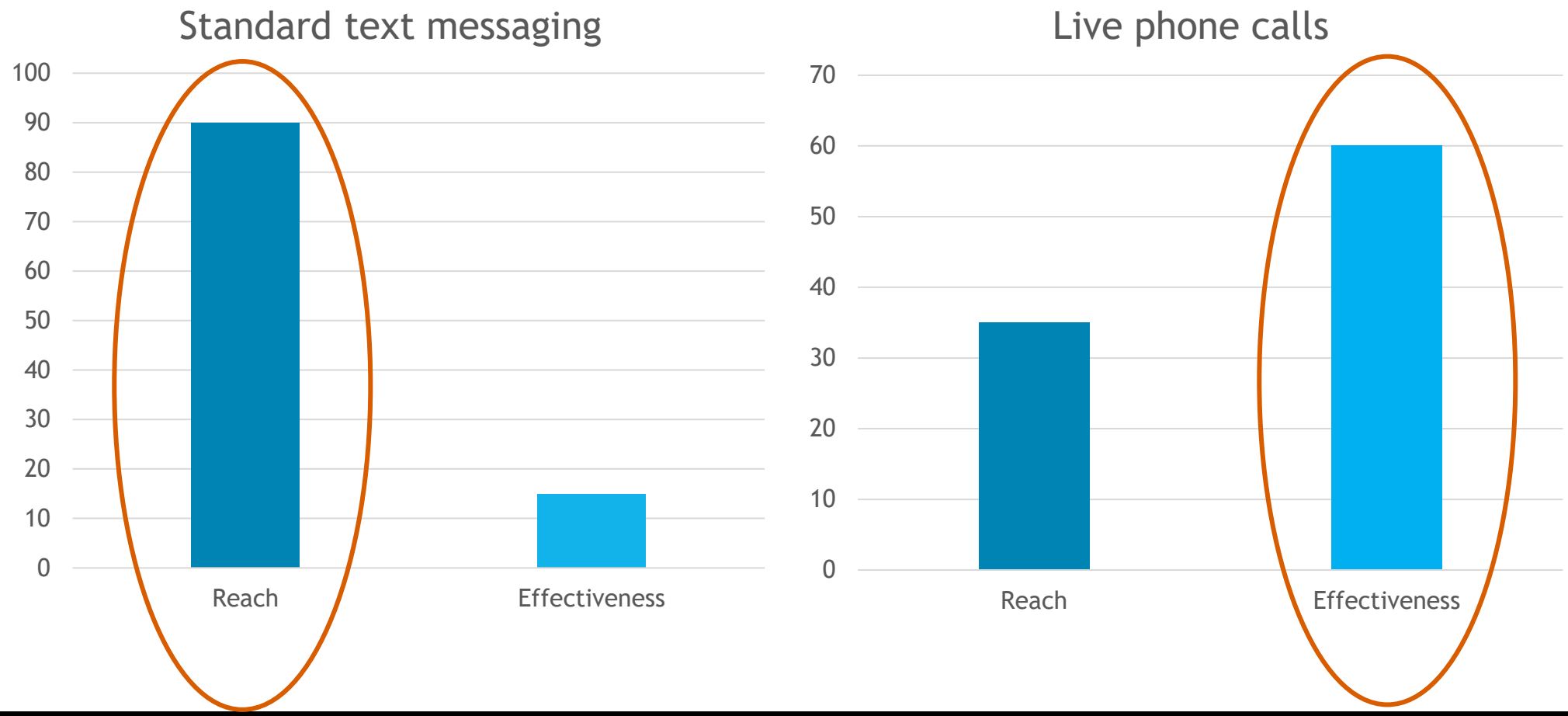
Figure 1. Density Map of AltaMed patients aged 45-49



	N	Hispanic	Non-English speaking	Cell phone in EHR	Up-to-date with CRC screening
Age 45-49	14,078	82%	55%	81%	1.4%
Age 50-54	11,188	82%	63%	82%	35.6%

Patient characteristics

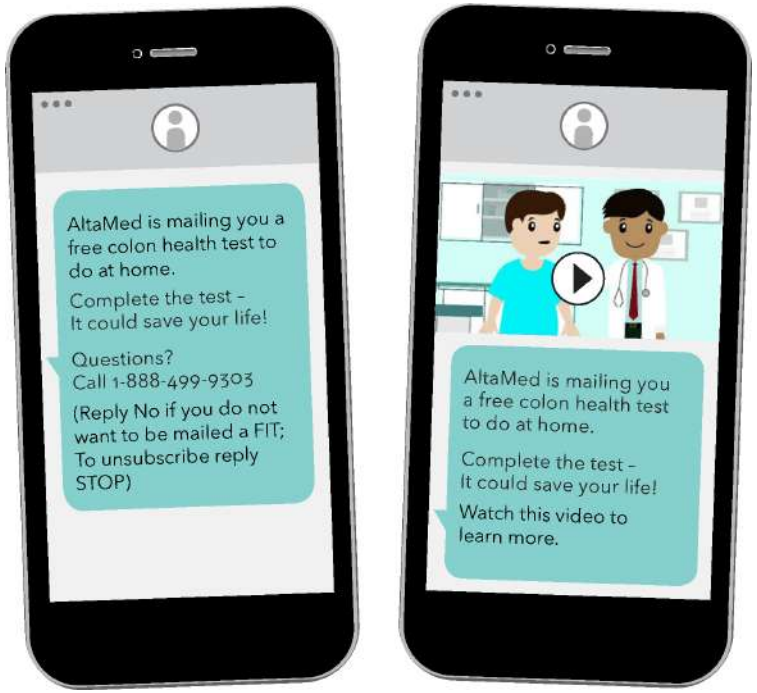
Patient characteristics of patients ages 45-54, AltaMed 2021



Reach and effectiveness of text and live phone calls

Video-text messages…

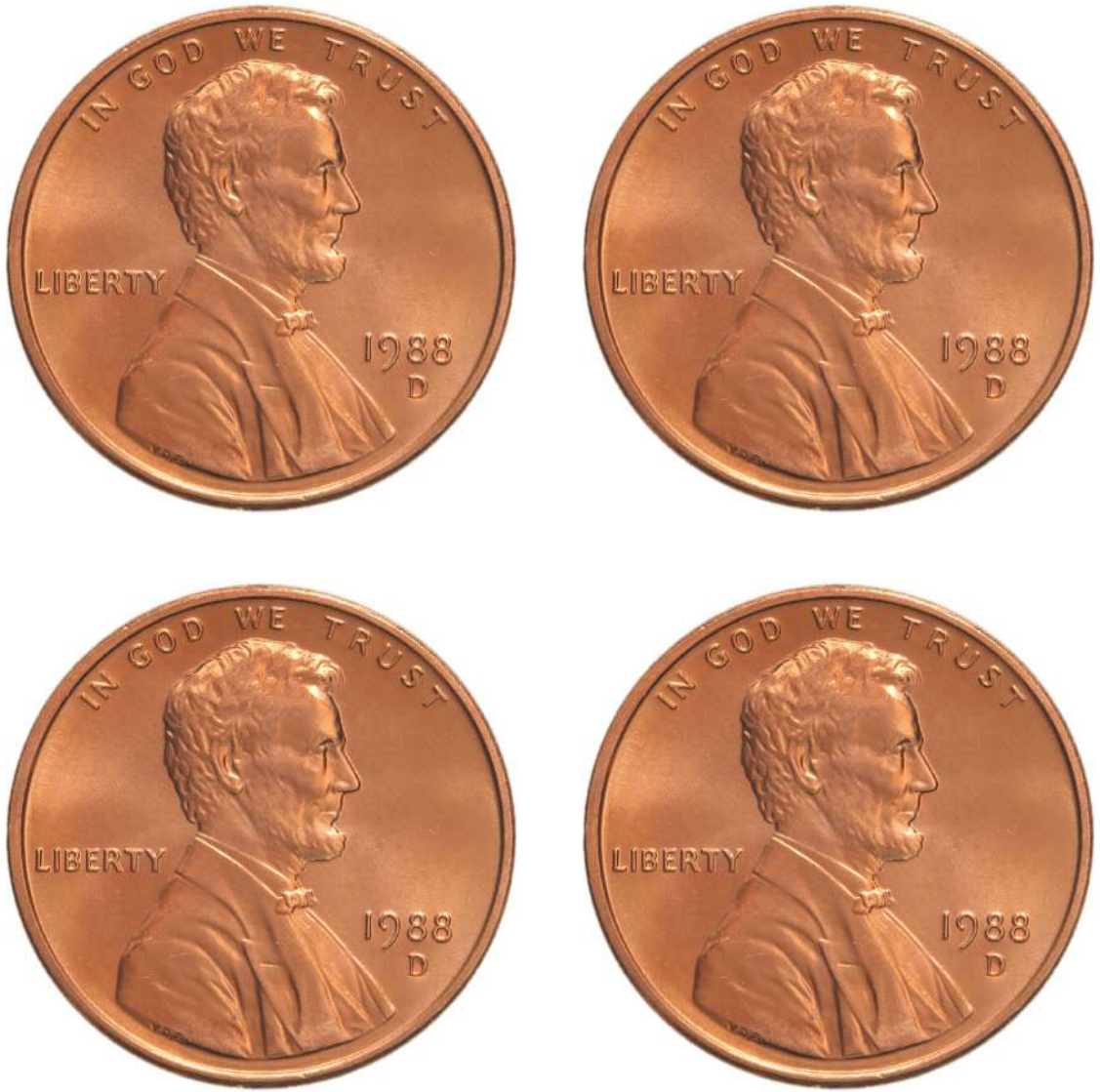
A resource-efficient strategy to counter myths and misinformation



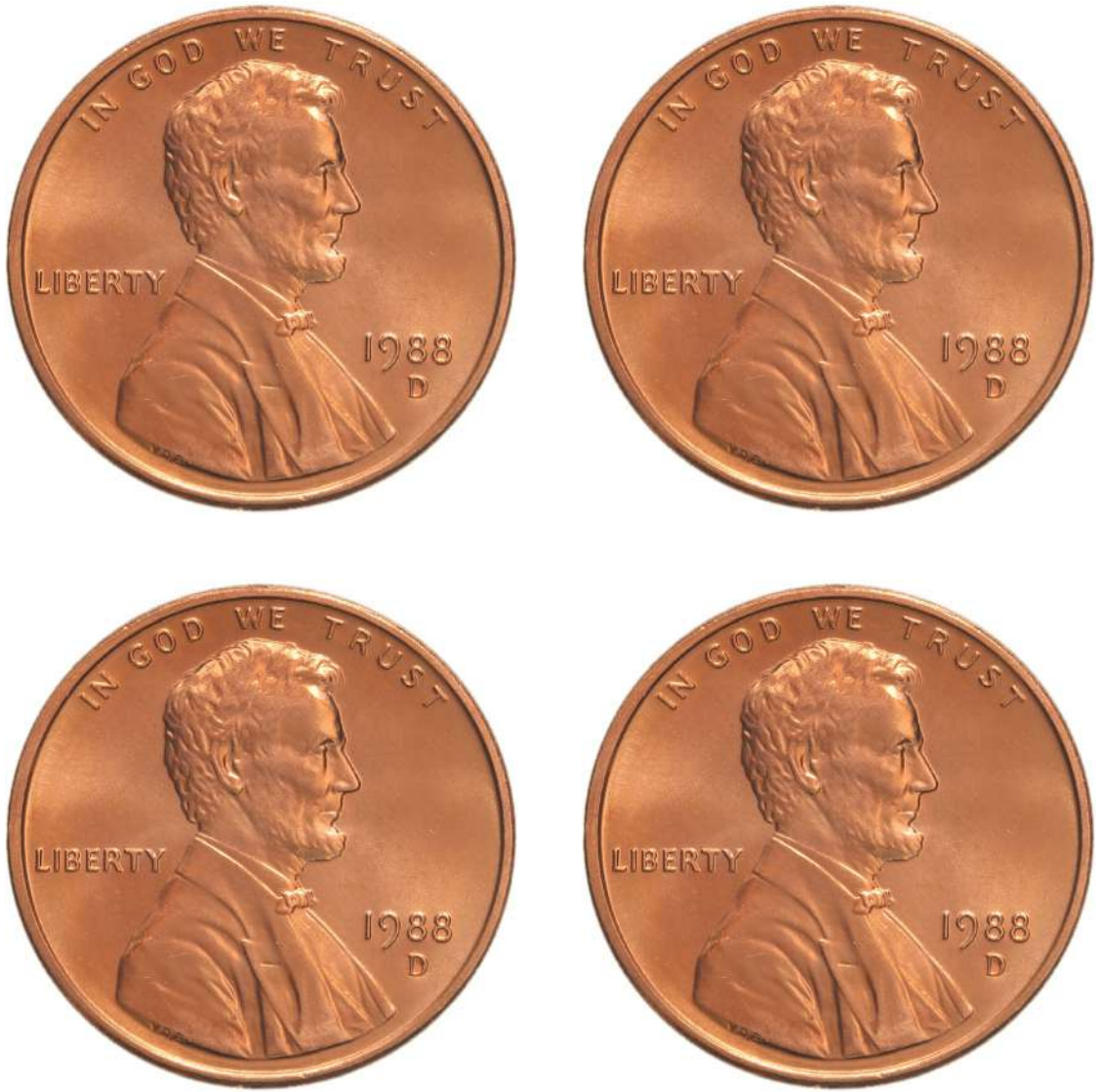
*Texts and videos will be sent in English and Spanish

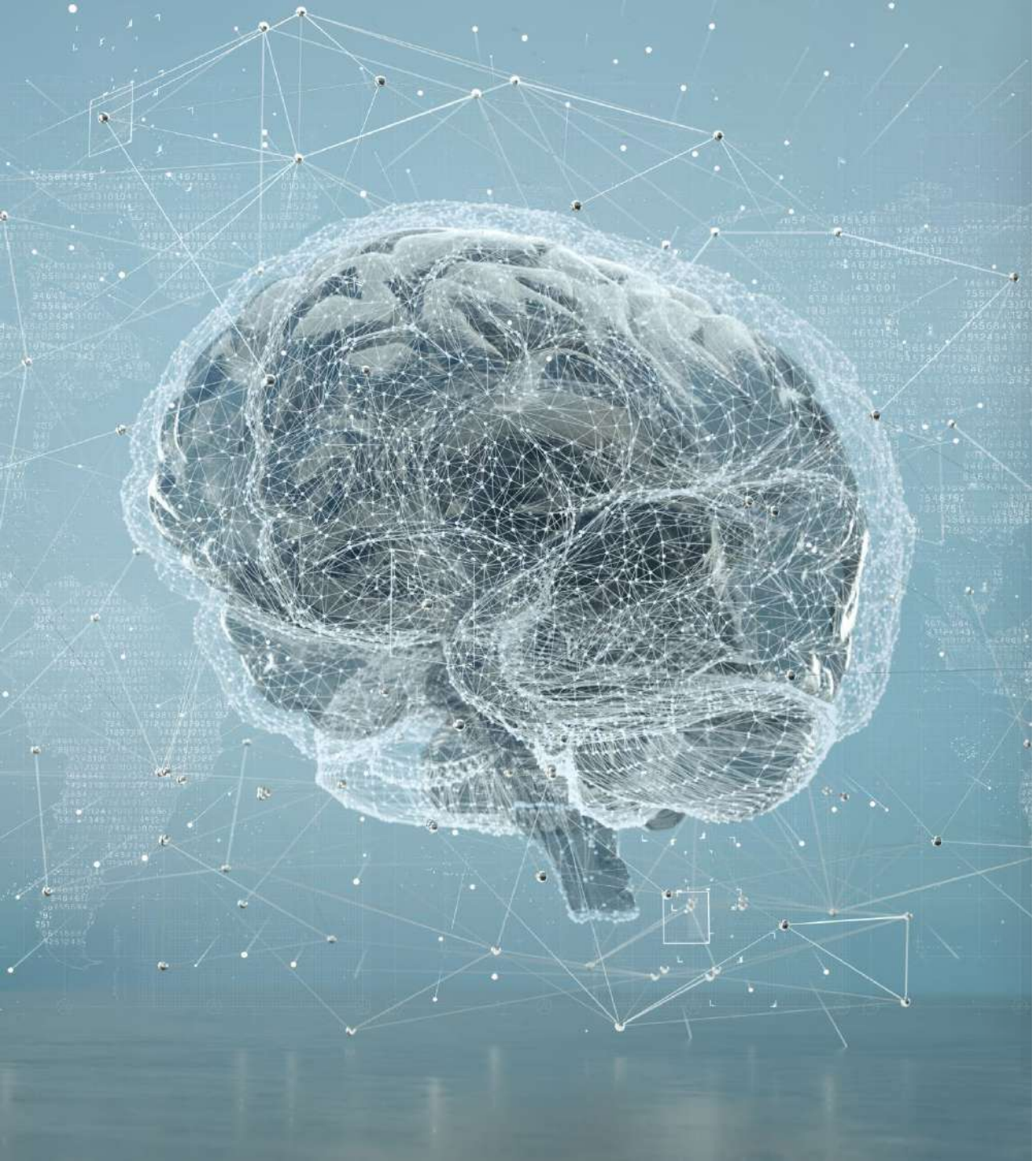
Video-texts Sent as part of Mailed FIT outreach

Cost of sending a text message



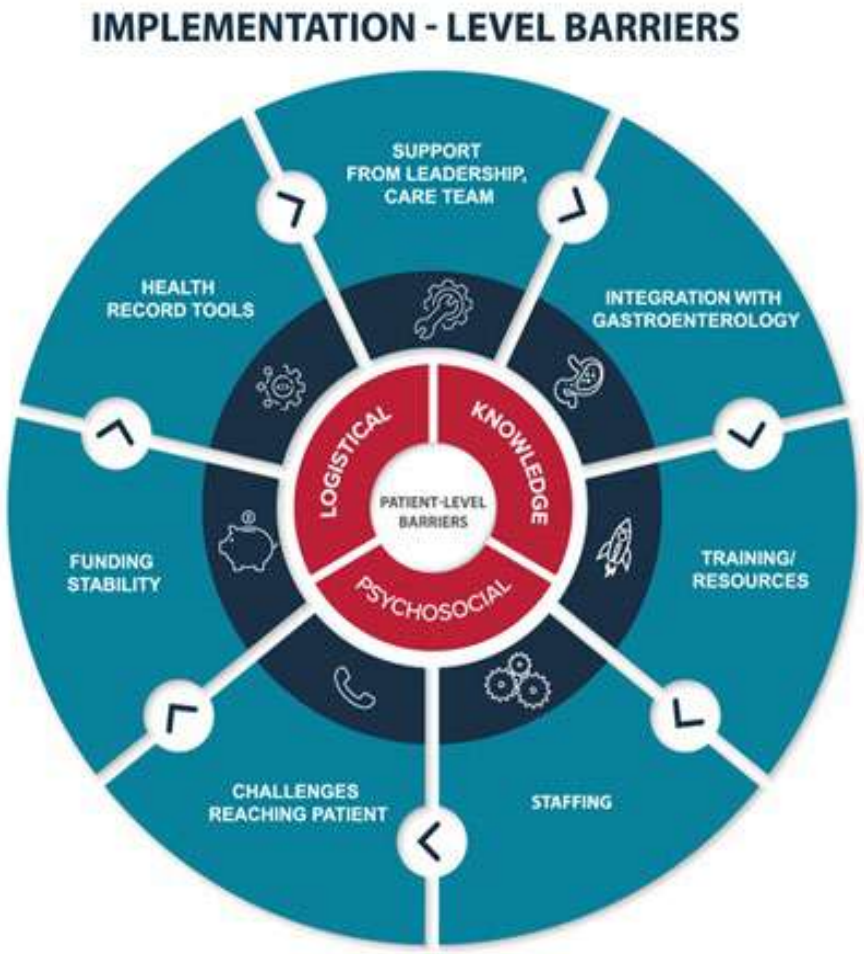
Cost of sending a text message with a video





Artificial Intelligence can deliver heath education

Implementing Patient Navigation can be challenging



Coronado et al. Cancer 2025

AI CAN ADDRESS SOME OF THESE CHALLENGES

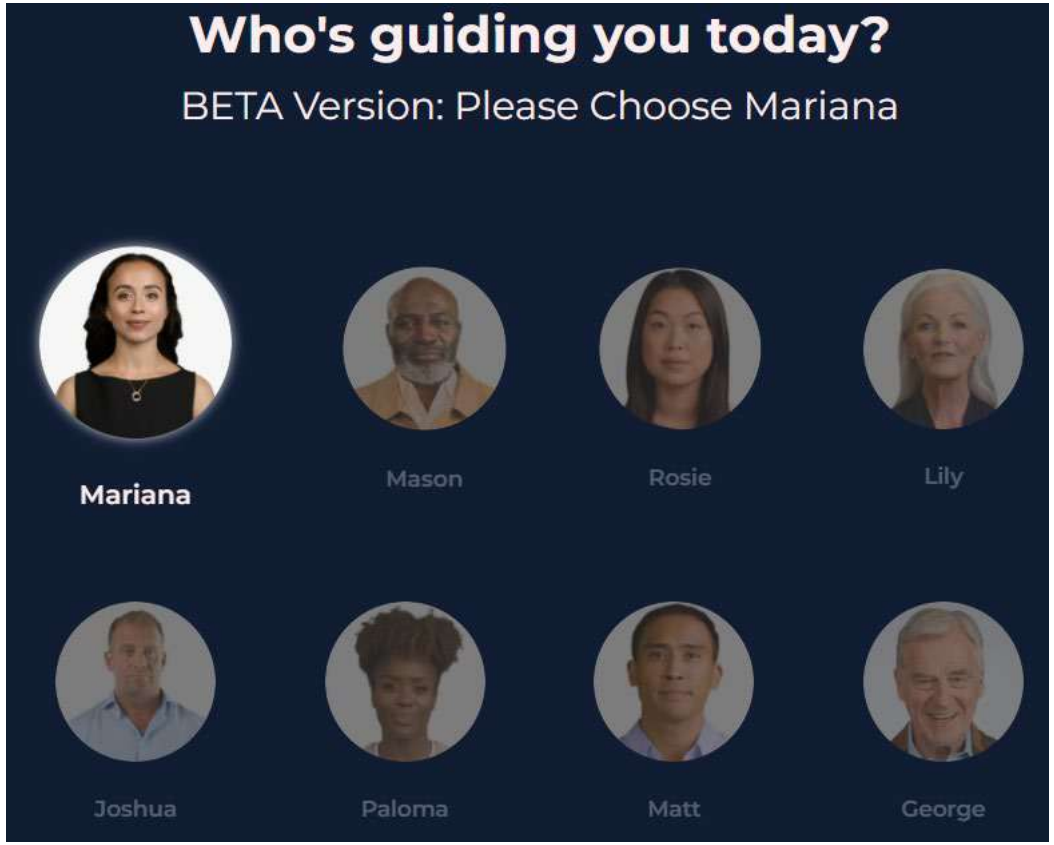
Challenge	AI-based solution
Training	Training is easy
Staffing (turnover, fatigue)	AI does not tire
Reaching patients	AI-health coach can be delivered via email, text, patient portal, or community health worker
Funding stability	AI can reduce program costs
Addressing multiple topics is challenging	Bundling can be easy

Mariana: Adaptable Digital Health Education Support

What Mariana Does

- Delivers brief, tailored health education
- Designed to complement live clinic outreach
- 3 modules (multiple videos per module):
  - Pre-scheduling: what is a colonoscopy
  - Pre-procedure: how to do the prep
  - Post-procedure: what to know after the procedure

https://cricketprep.com/en/hero



Introducing Mariana

AI-health coach can be used in various ways

- Clinic waiting rooms (tablet)
- Community events, health fairs
- Community Health Workers
- Clinic exam rooms
- Sent by text or email
- Patient portal
- Sent by mail, using QR code

AI can be scaled incrementally

Conclusion

Patient reminders can boost screening for breast, cervical and colorectal cancers

Tailored, multi-modal reminders work best

Videos that deliver health education can be combined with reminders

AI-health educators can complement in-person health education

Community Partnership for Telehealth Solutions to Convey Information & Enhance Care

AltaMed

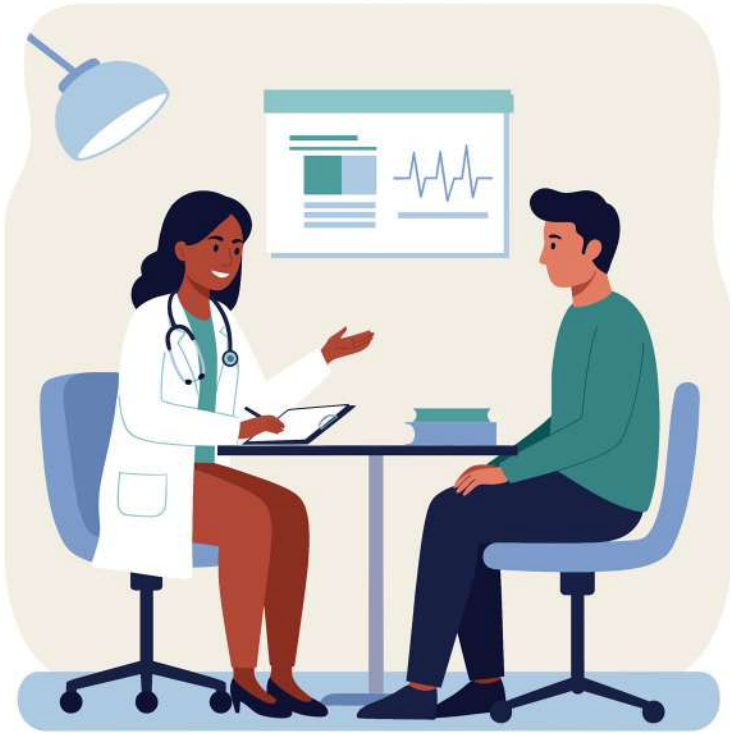
THE UNIVERSITY OF ARIZONA

KAISER PERMANENTE
Center for Health Research

NIH National Institute on Minority Health and Health Disparities

What is PRIME?

- NIH-funded program to increase CRC screening among adults 45–64
- Uses culturally tailored video-text messages, mailed FITs, and social needs navigation
- Focused on patients who receive care in federally qualified health centers
- Co-led by University of Arizona, Kaiser Permanente Center for Health Research and AltaMed Health Services



PRIME Scale-Up:

We are recruiting 20+ health centers interested in using colorectal cancer screening educational videos

Join us!

Program launch (zoom, group)

- Health centers will complete intake form

April – May 2026

Technical assistance (zoom, individual)

- One-on-one meeting with health centers and NavatarHealth *schedule qual interviews

May – Aug 2026

Collaborative learning (3 zoom, group)

- Health centers report on experience

Sept – Nov 2026

Final evaluation (zoom, individual)

- Six-month qualitative interviews on adoption and adaptations

Nov 2026 – Feb 2027

Complete intake form here!

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RESOURCE

EHR Best Practices: Using Reminders and Alerts

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Sample EHR Workflow

Patient is eligible for screening

↓

EHR generates reminder

↓

Provider receives alert during visit

↓

Screening ordered

↓

EHR tracks completion and sends follow-up reminders

Quick Tips for Clinic Teams

1. **Customize Reminders**
   - Set reminders for patients due for screenings and follow-ups.
   - Adjust settings to match NBCCEDP/CRCCP guidelines.
2. **Leverage Alerts at the Point of Care**
   - Enable provider-facing alerts to prompt action during patient visits.
   - Use alerts for overdue screenings or missed follow-ups.
3. **Engage Patients**
   - Send automated reminders via patient portals, calls, or texts.
   - Use clear language about the importance of screening.
4. **Monitor and Improve**
   - Regularly review which reminders/alerts are most effective.
   - Adjust workflows based on clinic feedback and screening rates.
5. **Collaborate with EHR Support**
   - Work with IT/EHR vendors to optimize reminder and alert functions.
   - Stay updated on new EHR features that support population health.

Online Resources & Tools

- The **CDC's NBCCEDP EHR Toolkit** and **CRCCP EHR Integration Resources**, which offer strategies and examples for implementing reminders and alerts within EHRs for cancer screening programs.
- The **National Colorectal Cancer Roundtable (NCCRT) EHR Screening Reminders Toolkit**, which provides actionable steps and case studies related to reminder systems.
- **HealthIT.gov** guidance on clinical decision support, which informs effective use of EHR-based reminders and alerts in clinical settings.

The tips are synthesized and adapted from these resources to ensure they are practical, program-appropriate, and easily implementable for clinic partners working with NBCCEDP and CRCCP. Each tip is consistent with evidence-based recommendations found in the linked toolkits and guides.

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Innovations in Colorectal Testing

Tuesday, May 26, 2026 | 2 pm EDT

SME Webinar

Upcoming Opportunities

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MAY 2026 Call SERIES

Engaging Physicians in Colorectal Cancer Testing Options

NBCCEDP CRCCP

May 27, 2026
1 - 2 PM EDT

West Coast & Pacific Islands

May 27, 2026
7:30 PM EDT
3:30 PM AKDT

NBCCEDP

May 28, 2026
11- 12 PM EDT

CRCCP

May 28, 2026
2 - 3 PM EDT

NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

2026 Business Meeting

Atlanta, Georgia

Monday, August 17, 2026 to Thursday, August 20, 2026

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thank you

Please complete the poll.

We value your feedback to help inform Peer-to-Peer Learning.