

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/epic-aura-for-crc-screening-a-real-world-perspective/56446/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

### Epic Aura for CRC Screening: A Real-World Perspective

#### Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Natalia Usoltseva, who will be discussing the implementation of Epic Aura for colorectal cancer screening in her practice. Dr. Usoltseva is a primary care provider at University of Washington Medicine in Seattle. Let's hear from her now.

#### Dr. Usoltseva:

So, before implementation, ordering the FIT-DNA was very disjointed in our primary care. We knew that it was good screening tool, and we know that it's the most effective preventative tool that we have, but the process itself did not always support that call.

Ordering a test was a hustle in a busy primary care clinic, because providers have to step outside of the main workflow. They need to lock in a separated system, bring the order, fill it out manually, and then fax it, and that creates multiple points where things can break down. Plus, it takes so much time for busy clinicians when they face so many other tasks at the same time.

Follow up is another major challenge. The results will not come in a structural way, so you have to keep certain track of the patients who completed screening, who did not, who had the positive test, who will need a colonoscopy, and if the outreach was done. So it resulted in a lot of manual effort. And in a busy clinic where gaps can happen, patients can fall through the cracks. And it's not because the providers did not care, but because the system was not built to actually be reliable in this situation.

And this is also the disconnect between ordering the test and engaging the patients. So we may recommend the screening during the visit, but what happens after depends only on the patient who can navigate the process on their own.

When we integrated Epic Aura into the shared decision-making, this experience changed dramatically. Ordering became embedded directly in electronic medical records in Epic in our case, and it became just a part of the natural ordering during the visit. There is no extra system and no workaround. You order the test, the test is routed to the third party, the test is done, and the results will come back to you in the discrete data. It's super important for primary care, and overall, for the tracking of the populational health statistics, because when you get it back automatically, it can update your screening status. It's going to flag abnormal results and can trigger the next steps, like a colonoscopy referral or follow up if it's normal test that needs to be done in three years and so on.

So it's removed all of this cognitive and administrative burden that we discussed at the beginning that we faced initially. And eventually, we at University of Washington, with this integration, expanded our portfolio of the colorectal cancer screening tests that we can offer our patients on a large scale with a confidence.

And at the end of it, it feels much more coordinated. Instead of managing the pieces of this fragmented process, we created a connected system that supports both the provider and the patients, and eventually, our primary care populational health in colorectal cancer screening functioned more the way it's supposed to be intended.

#### Announcer:

That was Dr. Natalia Usoltseva talking about the role of Epic Aura in optimizing shared decision-making for colorectal cancer screening. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!