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/increase-crc-screening-uptake-integrated/56445/

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Improving CRC Screening Uptake: An Integrated Approach

Announcer Introduction

Welcome to *Clinician's Roundtable* on ReachMD. On this episode, Dr. Mallik Greene will be discussing his recent findings on how EHR integration and shared decision making can improve colorectal cancer screening rates. Dr. Greene's background includes a PhD and a Postdoctoral Fellowship in Health Economics and Outcomes Research as well as a Doctorate in Business Administration. Here's Dr. Greene now.

Dr. Greene:

We know colorectal cancer screening works, and we know there are multiple guideline-recommended options available, including mt-sDNA. But even when those options are available, screening can still break down because the workflow is fragmented. Ordering may be manual, follow-up may be inconsistent, and patients may not always get the support or reminders they need to complete the test. So, this study really looked at what happens when you make the process easier on both ends. The idea was that if you reduce operational friction and make the conversation more patient-centered, you'll be able to improve participation in a meaningful way.

This was a retrospective observational study using de-identified data for University of Washington Medicine patients who were 45 years of age and older, and they were new to mt-sDNA testing. We compared a pre-implementation period from December 2022 to December 2023 to a post-implementation period covering the following year.

The main outcome we looked at was adherence. The intervention itself was a bundled implementation. One part was shared decision making during routine care visits, where clinicians used standardized materials to discuss screening options with patients. The other part was Epic Aura, which allowed mt-sDNA orders to be placed directly in Epic and supported electronic order routing, results return, and follow-up actions in a more integrated way.

After implementation, mt-sDNA order volume increased nearly tenfold. That alone tells us the workflow became much easier to use in practice. The second major finding was adherence. Screening completion improved from 64 percent in the pre-implementation period to just over 79 percent in the post-implementation period. Even after adjusting for other factors, the post-implementation period remained significantly associated with higher adherence; patients in the post-implementation period were nearly twice as likely to complete screening.

In terms of what likely drove these improvements, I think it was a combination of operational efficiency and patient engagement. Epic Aura reduced the workflow burden by embedding ordering and results management into the EHR, which helps remove common points of failure. Shared decision making, on the other hand, helped make the screening discussions more meaningful and aligned with patient preference. And digital outreach reinforced that by giving patients timely reminders and clearer next steps.

I think the findings suggest that this is a very scalable direction for health systems because the core components are practical. That said, there are some important caveats. First, this was conducted within a large economic health system with a strong digital infrastructure; the implementation may look different in smaller practices or more resource-constrained settings. Second, the intervention was bundled, which means we can say the overall model worked, but we can't fully isolate how much of the effect came from shared decision making versus workflow automation versus digital outreach alone. The other important point is equity. Even though adherence improved substantially, disparities by income, insurance status, and social vulnerability remain.

So, I don't think the takeaway is that technology alone solves everything. EHR-enabled tools are important, but they need to be paired with patient navigation, culturally appropriate outreach, and support for populations that still face structural barriers to screening. To me, the big message is that this approach is scalable and promising, but health systems should think of it as foundational infrastructure, not

the entire solution.

Announcer Close

That was Dr. Mallik Greene talking about how we can combine shared decision making with operational improvements to increase colorectal cancer screening uptake. 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!