**Appendix 2. Call Script for a Patient Needing Screening**

Notes

* Calls can be made between 9am-8pm EST
* Find Patient name, phone number, and preferred language in EMR or the spreadsheet.
* If they require an interpreter, call the interpreter first, then give them the patient’s information, and they will call the patient directly.
	+ Pacific interpreters: 1-800-XXX-XXXX, access code: XXXXX
* When connecting with a patient, make sure to speak with them directly first, before disclosing any medical information, and then if they ask for you to speak with a relative/friend/trusted adult on their behalf you may.
* Confirm the patient’s name and date of birth before speaking with them.
* Do not say the patient’s name in any voicemail messages!
* If anything concerning or emergent arises, have the patient call the clinic number where they will be triaged.

Messages (3 attempts)

* If the patient does not pick up, leave a message on the first call:
	+ **This is \_\_\_\_\_\_\_ calling from New York Presbyterian Farrell Clinic about a screening you are due for. I will try calling later today, please pick up from this number. Thanks!**
* Try calling back at least 30 min later, if they don’t pick up, leave a message on the second call:
	+ **This is \_\_\_\_\_\_\_\_\_\_ calling from New York Presbyterian Farrell Clinic about a screening you are due for. I will try calling again in the next few days, please pick up from this number. Thanks!**
* Leave another message on the 3rd call, the next day:
	+ **This is \_\_\_\_\_ calling from New York Presbyterian Farrell Clinic about Colorectal Cancer Screening. If you are interested please call the Farrell clinic at (212)544-1860 or send a message to your provider on MyChart to ask about Colorectal Cancer Screening.**

Call script

Introduction

* + **Hello. My name is \_\_\_\_\_\_\_\_ and I am a student-volunteer calling from the Farrell Health Center at New York Presbyterian Hospital to talk to you about colorectal cancer screening. May I please speak with \_\_\_\_\_\_\_\_\_\_?**
* Ask if the patient has had screening and confirm info in Epic
	+ **Our records indicate that you had your last screening in \_\_\_\_\_**(year of last screening)**and that means that you are due for colorectal screening. Does that sound right to you?**
		- If incorrect and they have been tested, get as much information from them as possible.
			* **Where did you have the test?**
			* **Do you know when it was?**
			* **Do you remember what the results were and/or did you follow up with a doctor about the results?**
			* **Okay, thank you for that information! We will try to find those results; however, we may need you to sign a medical release form. If we need you to sign a medical release form, we will give you a call back.**
		- If correct, proceed.
* Ask eligibility questions (Can verify by checking on Problem list on EPIC)
	+ **Before we can decide what type of colorectal cancer screening is right for you, I need to ask a few questions. Is that okay?**
		- **Do you have a history of colorectal cancer or precancerous lesions of the colon? Does anyone in your family have a history?**
		- **Do you have a family history of a disease that makes you at higher risk for colon cancer**(familial cancer syndrome)**?**
			* If they ask for examples or if they provide a disease and you aren’t sure, these are some common disqualifiers for Cologuard. In general, if they haven’t heard of it, they haven’t experienced it.
				+ Hereditary non-polyposis colorectal cancer syndrome (HNPCCC or Lynch Syndrome), Peutz-Jeghers Syndrome, MYH-Associated Polyposis (MAP),Gardner’s syndrome, Turcot’s (or Crail’s) syndrome, Cowden’s syndrome, Juvenile Polyposis, Cronkhite-Canada syndrome, Neurofibromatosis, Familial Hyperplastic Polyposis.
		- **To your knowledge do you have any conditions that could put you at higher risk for colon cancer such as... Irritable Bowel Syndrome (IBS), Crohn's Disease, Chronic Ulcerative Colitis or Familial Adenomatous Polyposis (FAP) or any other familial condition that could put you at higher risk?**
			* If unsure
				+ **If none of these sounds familiar to you, you probably do not have them**.
		- **Have you been experiencing any blood in your stool or dark black stools?**
			* If anything seems out of the ordinary or like an urgent concern, or if the patient asks you a medical question
				+ **That could indicate that something else is going on. I am a student, so I do not want to give you misinformation. I am going to provide you with the number of Farrell so you can explain to them what you are experiencing. Are you ready? It is** (XXX)-XXX-XXXX**.**
* If yes to any of the….
	+ **Based on your responses to these questions, it appears that you are ineligible for Cologuard, and therefore a colonoscopy would be the recommended screening method for you.**
		- *Only describe the colonoscopy process (i.e. skip discussion of Cologuard)*

Explanation of Cologuard and Colonoscopy

* **Okay, now that we have answered those questions, we can talk about your options. There are multiple ways to screen for colon cancer. I am going to tell you about the two that we recommend to see which one is best for you. These include colonoscopy and Cologuard.**
	+ **First, Colonoscopy is a common test where they insert a camera into your rectum. This allows them to look directly in your body and if they see anything abnormal they can remove it right away.**
		- **Some of the advantages of colonoscopy are that if your results are normal, you don’t have to have another screening for 10 years. Additionally, if they do find anything abnormal, they can take a sample or remove it during the same procedure.**
		- **Some of the downsides of colonoscopy are that you will need to have an initial video or phone visit with the doctor, and then you will have to come into the clinic for the procedure. You will also have to do some prep before the procedure including drinking a special solution that will cause you to empty your bowels and not eating. You will need to be picked up after the procedure because you get medicine to decrease your pain and awareness during the procedure and it would be unsafe for you to drive.**
	+ **Another option is the Cologuard test. It is equally effective as other tests. The test works by looking for DNA in your stool that could indicate cancer or pre-cancer. You receive a kit by mail, poop into a cup and send the results back.**
		- **The advantage of Cologuard is that it can be done at home. You will not need to change your diet or prepare for it in any other way.**
		- **The downsides to a Cologuard test is that you will have to handle your own poop, you will need to repeat the test every 3 years if your results are normal, and if your results are abnormal you will need to get a colonoscopy.**

Make a Decision

* **Do you have any questions about your choices?**
* **Which screening method do you feel is right for you?**
	+ Cologuard
		- **Great! I will get you signed up to receive a screening kit at your home. The Cologuard company will call you to explain the procedure more. Make sure to answer the phone, the number might be from Wisconsin with the area code (608). Can I just verify the best phone number for them to reach you at?**
			* **Thank you! When the company calls you, they will explain what you need to do next. You will have to collect the sample and send it back to them using a prepaid shipping label, you shouldn’t have to leave your home. They will give you a phone number to call if you have any other questions. If you haven’t received a call from the company within two weeks, you should send your doctor a note in MyChart or call the clinic at (XXX) XXX-XXXX.**
				+ Completer the Cologuard request protocol
	+ Colonoscopy
		- **Great! I will let your doctor know and they will set you up with an appointment to see the gastroenterologist that works with Farrell. It will be a virtual visit and they will help you schedule the colonoscopy procedure. Make sure to answer the phone when the clinic calls. If you haven’t heard from them within 2 weeks, you should send your doctor a message in MyChart or call the clinic at (XXX) XXX-XXXX**
			* Complete the Colonoscopy request protocol
* Questions?
	+ **Do you have any other questions?**
		- Yes
			* Refer to Q and A sheet
		- No
			* **Thank you for speaking with me! Have a good day!**