Care team call script – Colon Cancer HRA

This script is part of Unlock Health's care team script library, created to give care teams a consistent, compassionate framework for follow-up calls. Each script aligns with the corresponding HRA's clinical review and risk pathways, helping teams confidently guide participants toward the right next step.

These scripts are designed to be used **alongside your Engagement Queue CTA strategy**. For a full overview of how engagement queue CTAs work — including setup, SLAs, and best practices — see the *Call Engagement Queue CTA Playbook*.

Purpose

The Colon Cancer HRA provides personalized recommendations for colorectal cancer (CRC) screening based on:

- Age and screening status (ACS, USPSTF, ACG guidelines)
- Personal medical history (for example: inflammatory bowel disease, diabetes, polyps, prior abnormal screening, cancer history)
- Family history of CRC or hereditary CRC syndromes (for example: FAP, Lynch syndrome, family colon cancer syndrome X)
- Lifestyle risk factors (for example: smoking, alcohol use, BMI, inactivity)
- Symptoms that may warrant evaluation (for example: blood in stool, chronic constipation or diarrhea, abdominal pain, unexplained weight loss)

Results help care teams recommend:

- Routine screening for average-risk participants
- Diagnostic evaluation for those reporting symptoms
- Specialist or oncology follow-up for participants with prior CRC history or hereditary syndromes
- Lifestyle counseling to address modifiable risk factors

Pre-call checklist

Before calling, care teams can open the participant's risk report from the **Actions** column of the engagement queue dashboard.

Within the report, review:

- Primary result (for example: schedule routine screening now, continue routine screening, discuss symptoms with a doctor, discuss screening schedule with a doctor, personal cancer history – monitoring recommended, above recommended age for screening, below recommended age for screening)
- Personal history (for example: polyps, IBD, prior abnormal tests, cancer history)
- Family history (for example: CRC, pre-cancerous polyps, hereditary syndromes)
- Lifestyle risk factors (for example: alcohol, tobacco, BMI, physical activity)
- Reported symptoms (for example: blood in stool, bowel changes, abdominal pain, weight loss)

Combine this report review with a quick EMR lookup, if available, to ensure the call is informed, compassionate, and action-oriented.

Additional resources
• *Clinical Review Document – Colon Cancer HRA*
• *Follow-up Strategy Guide – Colon Cancer HRA*
• *Sample Colon Cancer HRA Report*
• *Logging Follow-up Calls with Engagement Queue CTAs*

CARE call flow

C – Connect

- "Hello, this is [Name] from [Health System]. Thank you for completing the Colon Cancer Health Risk Assessment. Who do I have the pleasure of speaking with today?"
- Verify identity using date of birth or another approved identifier.

A – Assess

- "I'd like to review your results with you. Based on your responses, here's what we found…"
- Highlight screening status, symptoms, or risk factors. Then ask:
  "Have you ever had a colonoscopy or other screening for colorectal cancer?"

R – Recommend (based on result category)

- **Personal cancer history – monitoring recommended** → "Because of your history of colorectal cancer, ongoing monitoring is important. Would you like me to help you schedule with your provider or oncology?"
- **Discuss symptoms with a doctor** (blood in stool, bowel changes, abdominal pain, weight loss) → "Your reported symptoms may require further evaluation. Please schedule with your doctor as soon as possible. Can I help set up that appointment?"
- **Discuss screening schedule with a doctor** (personal or family history, hereditary risk, IBD, prior abnormal test) → "Your results show risk factors that may require earlier or more frequent screening. A doctor can confirm the right schedule. Can I help you arrange a visit?"
- **Schedule routine screening now** (age 45–74, never screened) → "It's time to begin regular screening. Options include colonoscopy or non-invasive stool tests. Can I help you schedule your screening?"
- **Continue routine screening** (age 45+, screened before, normal results) → "You've had screening before, which is excellent. It's important to stay on schedule. Would you like help confirming your next screening date?"
- **Above recommended age for screening** (age 75+, no additional risk factors) → "At age 75 and older, screening decisions depend on your overall health and prior results. Your doctor can help decide if continued screening is needed. Can I help set up an appointment?"
- **Below recommended age for screening** (under 45, no additional risk factors) → "Routine screening usually begins at age 45, though some groups recommend starting at age 50. It's a good idea to discuss timing with your provider. Would you like resources to prepare for that conversation?"

E – Enable

- Offer to schedule, transfer, or provide resources.
- "Can I help you book an appointment now?"

Documentation guidance

Log each call attempt in the engagement queue dashboard:

- Date and time of call
- Disposition — scheduled appointment, voicemail, no answer, scheduled, callback later, not eligible, referral sent, etc.
- Notes — symptoms discussed, concerns, next steps

Why documentation matters
Consistency in documentation ensures reliable reporting and continuous improvement. It also

guarantees that another care team member can seamlessly continue the conversation if needed.

For detailed steps, see: *How to Log a Call in Engagement Queue*

Voicemail example

“Hello, this is [Name] from [Health System], calling regarding your Colon Cancer Health Risk Assessment. We’d like to review your results and discuss next steps for your health. Please call us back at [Phone Number].”

Need help?

Your Client Success Director can help walk through engagement queue CTAs – from training to overall strategy.

Email: hrasupport@unlockhealthnow.com