

### 2021 HOLIDAY SCHEDULE

We will be closed  
the following days:

**Good Friday**  
April 2, 2021

**Memorial Day**  
May 31, 2021

**Independence Day**  
Obs. July 5, 2021

**Labor Day**  
September 6, 2021

**Thanksgiving**  
November 25, 2021  
November 26, 2021

**Christmas Day**  
Obs. December 24, 2021

**New Year's Day**  
Obs. December 31, 2021

Office Locations:

- Kernersville
- King
- Tanglewood
- Thomasville
- Winston-Salem

Contact our  
Appointment  
Coordinators:

Marsha (336) 397-5232  
Stacy (336) 397-5255

ApptCoordinator@digestivehealth.ws



## Colorectal Cancer Screenings Lowered to 45

On May 18, 2021, the United States Preventive Services Task Force (USPSTF) changed the guidelines for colorectal cancer screenings. They state that people at average risk should start screening for colorectal cancer at age 45 instead of 50. As gastroenterologists, we were very pleased with this decision because diagnosis in patients under 50 has been steadily increasing. There are 53,000 people projected to die from colorectal cancer in the US in 2021, and this decision will save millions of lives.

Now, what does this mean for you as providers and for your patients? Our July blog covers the most common questions about this decision.

- What do the new guidelines mean for colorectal cancer prevention?

## What Can You Do?

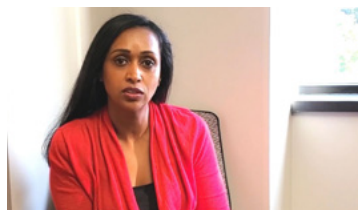
We understand that these types of changes can confuse both patients and staff members. The first step to show support for the changes to the colorectal cancer screening guidelines is education.

When you are seeing patients between the ages of 45-49, who have not yet had their screening colonoscopy, please feel free to inform them that this change has occurred. Please note that when educating patients and staff, it is important to emphasize that many health insurance providers have not made this change to their

- Why are the new colorectal cancer screening guidelines important?
- Why are new colorectal cancer screening guidelines coming now?
- Should the screening age be even lower?
- Why do average risk and high risk mean?

To read the blog, visit the link below:

### [Start Colon Cancer Screenings at 45](#)



[Dr. Prasad comments on the USPSTF decision](#)



[Dr. Ramsay's video will be available later this month.](#)

policies. So a patient will need to reach out to their insurance provider to see if this procedure is covered.

Another way to show support is by asking insurance providers if they are not covering screening at 45, when will they. The Colon Cancer Alliance has an advocacy group to help ensure that all insurance companies make the change. You can get more information, and a phone script at the link below:

### [Lowered Screening Age Advocacy](#)

To get the perspective of our providers, we asked two of our physicians about their thoughts on this decision. You can view their videos at the links below their pictures.

So, the best plan of action for patients if they have questions is to reach out to their gastroenterologist or contact our office. We will be happy to direct them.

We also want to provide you the phone numbers for the most common insurance providers in the state. By reaching out, we can all do our part to make sure everyone is covered at 45!

1. **Blue Cross Blue Shield NC**  
1-888-206-4697
2. **United Healthcare**  
1-866-414-1959 members  
1-877-842-3210 physician
3. **Bright Healthcare**  
1-866-434-0249
4. **Cigna**  
1-800-997-1654
5. **Aetna:** Already covers patients at age 45.

# Digestive Health Specialists, P.A.

Caring for You, Close to Home.

2025 Frontis Plaza Blvd.  
Suite 200 & 210  
Winston-Salem, NC 27103

280 Broad St.  
Suite F & G  
Kernersville, NC 27284

434 Kirby Rd.  
King, NC 27021

137 Mt. Calvary Rd.  
Suite A  
Thomasville, NC 27360

112 Kinderton Blvd.  
Suite 100  
Advance, NC 27006

Main Phone Line: 336-768-6211

Email: [ApptCoordinator@digestivehealth.ws](mailto:ApptCoordinator@digestivehealth.ws)

Access the [Referring Physician's Satisfaction Survey here.](#)

 Colon Cancer Prevention Center

All of our physicians have privileges at: **NH Forsyth Medical Center • NH Kernersville Medical Center • NH Thomasville Medical Center**

Full-service clinics and ASC licensed and AAAHC approved endoscopy center.

GI services in one place!

On-site Procedures:

- Colonoscopy
- Endoscopy
- Esophageal Dilation
- Flexible Sigmoidoscopy
- Hemorrhoid Removal
- Wireless Capsule Endoscopy

Hospital Procedures

- ERCP
- EUS
- Liver Biopsy
- PEG Feeding Tubes

Our clinics treat the following conditions:

- Acid Reflux
- Anemia
- Barrett's Esophagus
- Celiac Disease
- Colorectal Cancer
- Constipation
- Crohn's Disease
- Diarrhea
- GERD
- GI Bleeding
- Hemorrhoids
- Hepatitis
- Irritable Bowel Syndrome
- Liver Cirrhosis
- Ulcerative Colitis

And More

## Colonoscopy vs. Cologuard

Don't forget to download your copy of the flyer "Picking the Right Test" by clicking on the link to the right.

If you would also like to speak directly with one of our physicians or have them discuss the colon cancer screening options available, whether in-person, through video conference, or over the phone, contact us at [marketing@digestivehealth.ws](mailto:marketing@digestivehealth.ws) with a day to connect, or you can fill out the form below:

### Provider Appointment Schedule

PICKING THE RIGHT TEST		
COLON CANCER SCREENING OPTIONS		
	COLONOSCOPY	COLOGUARD
WHAT IS IT?	During the exam, the patient is sedated and a specially trained doctor guides a light and camera through the entire length of the colon. The exam looks for any polyps and signs of cancer growth.	A stool sample is collected by the patient and sent to a lab for testing, which looks for blood or DNA markers associated with colorectal cancer.
HOW MUCH DOES IT COST?	Varies by insurance. SCREENING TEST must be covered, and any non-coverage then DIAGNOSTIC tests.	Varies by insurance. Stool plans cover the test, but others do not.
FREQUENCY	<b>10</b> Every 10 years, if normal	<b>3</b> Every 3 years, if normal
WHERE IS IT PERFORMED?	Outpatient surgical center or hospital	Patient's home
RISKS OR NEGATIVES	Complications are rare, but include bleeding, infections, and bowel wall injury.	No physical risks. A positive test, which includes a false positive (2% of the time), means that a <b>diagnostic colonoscopy</b> is required. A false-negative occurs 5% of the time.
GOOD CANDIDATE	Most people are good candidates. This test is the best way to find and remove polyps early in the colon, which for patients with a personal or family history of colon cancer or polyps.	Average risk patient only. Colonoscopy is the recommended screening test at Digestive Health Specialists unless discussed with your gastroenterologist.

[Click Here to view flyer](#)

## Career Opportunities at Digestive Health Specialists

If you know of someone who you feel would be a good fit or someone who may have lost their job during the pandemic, please share with them the ["Careers"](#) section of our website. We have both clinical and administrative positions.

