



# Offer FIT as an Option to Boost Colorectal Cancer Screening

Nearly 3,000 people are diagnosed with colorectal cancer in Washington State each year. Of these, 1 in 2 people are diagnosed at a regional or distant stage.

—2009 Washington State Cancer Registry

Colorectal cancer screening saves lives, yet a third of Washington residents have never been screened or are not up to date with screening. Offer the **fecal immunochemical test (FIT)**<sup>1</sup> among a choice of screening tests to help close this gap.

## FIT offers an effective, easy to use alternative to colonoscopy.

The U.S. Preventive Services Task Force recommends screening with either FIT, high-sensitivity guaiac-based **fecal occult blood test (FOBT)**, colonoscopy, or sigmoidoscopy in healthy adults age 50 to 75. All screening options are similarly effective,<sup>2</sup> but not all patients are willing to go through the preparation or take the time for an endoscopic test. FIT is an easy, non-invasive option.

## FIT is easier to use than guaiac-based FOBTs:

- Offers high sensitivity for detecting adenomas and cancer.
- Yields fewer false positives.
- Requires no restrictions on medications or diet.
- Often takes only one stool sample.
- The test is more expensive, but reimbursement rates are higher.

Screening by digital rectal exam in office is not an effective method of screening. If screening with FIT or FOBT, instruct patients to complete the test every year at home. Always follow positive test results with colonoscopy.

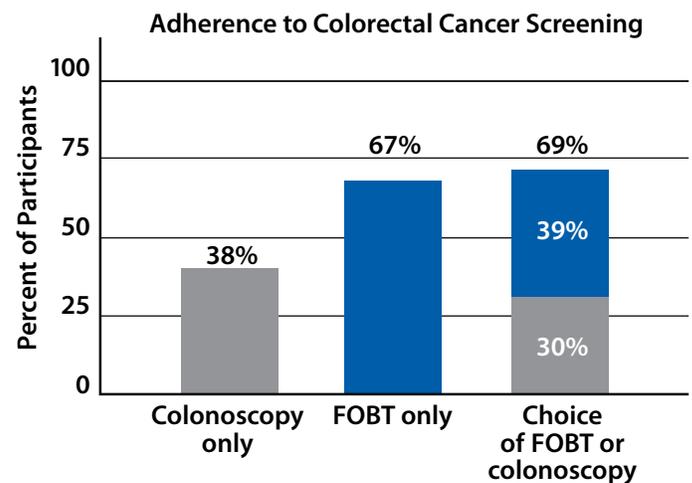
## Screen more patients with innovative strategies.

- Involve nurses, medical assistants, community health workers, and other staff (i.e., a team-based approach) in making the screening recommendation.
- Mail FIT with a prepaid return mailer to a patient's home (i.e., in-home distribution). Create a screening opportunity even without an annual visit.
- Offer FIT at a flu shot clinic.

Learn more about recent successful initiatives on the reverse side of this page.

## More choices mean more patients are screened.

A recent study<sup>3</sup> indicates more patients complete screening when offered a choice of screening options:



## ACTION STEPS

- Switch from guaiac-based FOBT tests to FIT.
- Offer FIT as an option for average risk patients.
- Use innovative FIT distribution strategies to increase the number of patients screened.
- Contact the Washington State Department of Health's Cancer Screening Coach for assistance in finding ways to use FIT in your practice: [cancercoach@doh.wa.gov](mailto:cancercoach@doh.wa.gov) or **253-395-6729**

We can do more to catch colorectal cancer early.

# Examples of Successful FIT Distribution Initiatives

## Team-Based Education

### HealthPoint, King County, Washington

Patient Care Coordinators at each of the seven HealthPoint medical clinics run reports to proactively identify patients eligible or overdue for colorectal cancer screening. Upon identifying appropriate patients, medical assistants provide a FIT with a prepaid mailer, education on how to complete the test, and answer questions. If the FIT is not returned, patients receive a reminder phone call after two weeks. Patients with a positive FIT are also reminded by phone to complete a colonoscopy. FIT processing lab fees are waived for all patients regardless of ability to pay. As of 2011, FIT is the only stool test used in all HealthPoint clinics for colorectal cancer screening because it's easy to use and improves accuracy.

**Results:** In the first year, system-wide colorectal cancer screening increased by six percent among approximately 13,000 patients. This translates to about 780 additional screenings.

#### Lessons learned:

- Provide ongoing staff training.
- Create policies and standard procedures that are sustainable.
- Track screening rates on a routine basis and make these data available to all staff.

## In-Home Distribution

### Kaiser of Northern California<sup>4</sup>

Kaiser mails a FIT with a one-page letter from the primary care provider to every member due for colorectal cancer screening. If tests are not returned, members receive a reminder letter after six weeks. Second reminders are done by phone, secure email, or in an office visit at 10 to 12 weeks. Kaiser now sends postcards letting patients know their FIT is coming.

**Results:** From 2003 to 2008, system-wide colorectal cancer screening increased from 35 to 69 percent.

#### Lessons learned:

- Secure leadership support.
- Set aggressive goals.
- Make it easy for patients to complete the test.
- Involve staff other than the primary care provider.
- Keep instructions clear and simple and not longer than one page.
- Send letter under personal primary care provider's name.
- Maintain up-to-date records.
- Add a human touch wherever possible (e.g., phone calls are more effective than letters).

## FIT Distribution at Flu Shot Clinics

The website [www.fluFIT.org](http://www.fluFIT.org) describes several recent programs that offered FIT and FOBT at seasonal flu clinics to patients eligible or overdue for colorectal cancer screening. These programs define eligibility as being due or overdue for screening as of the last flu season or January 1. They identify eligible patients by electronic medical record on-site or prior to appointment. They train medical assistants, nurses, or non-clinical health workers to provide eligible patients with FIT, a prepaid return envelope, and offer verbal and written instructions in the appropriate language. Reminders are made by phone or postcard.

**Results:** Colorectal cancer screening increased from 49 to 63 percent in a study at Kaiser Permanente of Northern California.<sup>5</sup> Screening increased from 55 to 84 percent in a study at San Francisco General Hospital.<sup>6</sup>

#### Lessons learned:

- Train staff prior to the flu shot clinic.
- Provide an opportunity to role-play recommending FIT to patients.
- Determine screening eligibility with medical records instead of relying on self-report.
- Offer FIT to patients before providing flu shots, rather than after.
- Visit [www.fluFIT.org](http://www.fluFIT.org) for program materials.

1 FIT is also referred to as immunochemical FOBT (iFOBT).

2 Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*. 2008;149:627-637.

3 Inadomi JM, Vijan S, Janz NK, et al. Adherence to colorectal cancer screening: a randomized clinical trial of competing strategies. *Archives of Internal Medicine*. 2012;172(7):575-82.

4 *Integrated System Nearly Doubles Colorectal Cancer Screening Rate Through Distribution of In-home Kit and Followup With Nonresponders*. Agency for Healthcare Research and Quality (AHRQ) Innovations Exchange 2010. Accessed 29 Nov 2012 from: [www.innovations.ahrq.gov/content.aspx?id=2900](http://www.innovations.ahrq.gov/content.aspx?id=2900)

5 Potter MB, Somkin CP, Ackerson LM, et al. The FLU-FIT program: An effective colorectal cancer screening program for high volume flu shot clinics. *The American Journal of Managed Care*. 200;17(8):577-583.

6 Potter MB, Phengrasamy L, Hudes ES, et al. Offering annual fecal occult blood tests at annual flu shot clinics increases colorectal cancer screening rates. *Annals of Family Medicine*. 2009; 7(1):17-23.

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