The American Cancer Society is pleased to provide this webinar series in partnership with these organizations:
Agenda

- FluFIT Program Overview – Dr. Michael Potter
- Field Example – Mallory Koshiol, Director of Quality, Sanford Fargo Region
- Field Example – Jacqui Arpan, Public Health Educator, and Brenda Mills, Community Health Nurse, Indian Health Services Sioux San Hospital
- Q&A
Learning Objectives

• Explain the value of FluFIT/iFOBT as an evidence-based intervention to increase access to colorectal cancer screening
• Understand the key planning steps of a quality FluFIT/iFOBT program
• Identify protocols to determine FluFIT/iFOBT patient eligibility
• Describe the FluFIT.org program materials available to support successful implementation
The FluFIT Program Overview:
A Pathway to Higher CRC Screening Rates in Primary Care and Integrated Health Systems

Michael B. Potter, MD
Director, SF Bay Area Collaborative Research Network
Professor, Department of Family and Community Medicine
University of California, San Francisco

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Overview

- Why use FIT
- Characteristics of a High Quality FIT Program
- Flu-FIT Program Components
- Implementation Examples and Resources
FIT has advantages

- Inexpensive and easily obtainable
- Can be offered by any member of the health team
- Can be done by the patient, in privacy and at home, on a single stool specimen, without any special preparation
- Is non-invasive and has no risk of pain, bleeding, bowel perforation, or other adverse outcomes
- Only requires colonoscopy if abnormal
- If done yearly and followed up correctly when abnormal, it is similarly effective to colonoscopy
- **Many patients prefer it.**
Doing more FIT is especially important in public health settings (2014 NCCRT analysis of UDS data)

Figure 1. Colorectal Cancer Screening Rates in Community Health Centers by State

Data Source: UDS data 2012.
Adults 50-75 years of age who have received any of the following: colonoscopy during reporting year or previous 9 years, flexible sigmoidoscopy conducted during reporting year or previous 4 years, or FOBT or FIT during reporting year.
FQHC’s Are Making Progress

- Significant improvements from 2012 – 2015
- 2016 UDS data is not yet publicly available
- Preliminary 2016 UDS data shows North Dakota at 52.3%, a 20 point improvement over the past 2 years

<table>
<thead>
<tr>
<th>State</th>
<th>2015 UDS CRC Screening Rate</th>
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</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>41.1%</td>
</tr>
<tr>
<td>South Dakota</td>
<td>38.5%</td>
</tr>
<tr>
<td>Nebraska</td>
<td>33.4%</td>
</tr>
<tr>
<td>Iowa</td>
<td>37.9%</td>
</tr>
<tr>
<td>Kansas</td>
<td>29.7%</td>
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</tbody>
</table>
FIT Programs Require That You:

• Select an effective test
• Identify eligible patients
• Train staff to communicate with patients
• Provide appropriate test instructions
• Assure test completion when provided
• Assure high quality test processing
• Follow up abnormal results with colonoscopy
• Follow up normal results with repeat annual testing
So…Before Starting Ask:

• How important is CRC screening within my organization?
• Who will lead the effort and what resources are we able and willing to commit?
• Can we leverage and learn from other activities that we already do well?
• How do we make it easy for patients?
• How do we make it easy for clinicians and staff?
• Will it be sustainable and scalable if it works?
Why FluFIT?

Can be implemented as part of flu shot activities that are organized in most clinics every year.

Creates an opportunity for the whole clinic to gear up for a time-limited campaign.

Lessons learned can be used year-round.

Often feasible with limited resources and sustainable without a lot of outside help.

Adaptable for many different types of clinical settings.
**GOAL:** Increase colorectal cancer screening rates by offering home FIT kits to eligible patients during annual flu shot activities

**Program Planning & Implementation**
- Designate a FluFIT program leader
- Program leader assigns clinic staff to participate
- Clinic staff completes training
- Clinic team approves program plans
- Advertise program to patients with posters and postcards

**Daily Implementation**
- Daily supervision by program leader
- Trained staff offers program every day during flu shot season
- EHR used to assess FIT eligibility when possible
- FIT given to eligible patients before flu shot is given
- FIT kits prepackaged with all selected patient instructions and educational materials
- Use postage paid return envelopes

**Results Follow-up**
- Normal Results
  - Notify patient and primary care provider
  - Reminder to repeat FIT in one year

**Results Follow-up**
- Abnormal Results
  - Notify patient and primary care provider
  - Arrange colonoscopy

**FIT Not Completed**
- Postcards and Phone

**FIT Completed**
- Competed tests mailed to lab for processing
- Clinic checks for results

**Tracking**
- FIT kits are tracked for completion
Where to Do It?
In Theory, Wherever People Get Flu Shots!
The Flu-FIT “Assembly Line”-- Using electronic health records to assess FIT eligibility while patients wait for flu shots
Embedding the Program within a Health System

Endorsed but not required by Kaiser Permanente Leadership

Disseminated through Regional Flu Shot Clinic Coordinators

Hands-on training offered at KP’s Center for Innovation in San Leandro, CA

Webinar for new and experienced flu shot clinic sites

Internal KP website with KP-specific procedures and materials created
FIT ALGORITHM

Patient 50-75 years of age?

- NO ACTION
- YES

Colonoscopy in the last 10 years or FIT in the last year?

- NO ACTION
  - NO
  - YES
    - NO ACTION
    - OFFER FIT
Flu is Preventable! Colon Cancer is Preventable!
• Yearly home stool tests are easy to do.
• Yearly home stool tests could save your life.
• All our doctors and nurses recommend Colon Screening for healthy men and women aged 50 to 79.
• When you should get tested? We will tell you today.

¡La Gripa es prevenible! ¡El cancer del colon es prevenible!
• Es fácil hacerse exámenes anuales de defecación.
• Los exámenes anuales de defecación le pueden salvar la vida.
• Todos nuestros doctores y enfermeras recomiendan un chequeo del colon para hombres y mujeres en buen estado de salud entre los 50 y 79 años.
• Cuando necesita ser chequeado? Nosotros se lo podemos decir hoy.

流 感 是 可 以 預 防 的！結 腸 癌 也 是 可 以 預 防 的！
每年檢查糞便一次，簡單並容易進行。
每年檢查糞便一次，可以保護您的生命。
我們的醫生及護士一致推薦，50 歲至79 歲的健康男仕及女仕們，應接受結腸檢查。
你何時需要測試？我們就今天告訴你。

Có Thế Ngùa Được Cúm!
Có Thế Ngùa Được Ung Thư Ruột Giá!
• Xét nghiệm phân hàng năm làm dễ dàng.
• Xét nghiệm phân hàng năm có thể cứu sinh mạng quý vị.
• Bác sĩ và y tá đề nghị làm xét nghiệm ung thư ruột gia cho những người khỏe mạnh từ 50 đến 79 tuổi.
• “Quý vị nên đi khám lúc nào? Chúng tôi sẽ cho quý vị biết hôm nay!”

Грипп можно предотвратить! Рак толстой кишки можно предотвратить!:
• Проводить ежегодно анализ кала очень просто.
• Проведение анализа кала ежегодно может спасти вам жизнь.
• Обследование с целью предотвращения рака толстой кишки рекомендуется докторами всем женщинам и мужчинам в возрасте от 50 до 79 лет.
• Когда нужно сделать тест? Мы скажем Вам об этом сегодня.
Don’t forget about costs

• Costs influenced by extent to which services provided can be billed or reimbursed.

• Main Components:
  – Program Materials - $
  – Staffing - $$
  – Follow-up Colonoscopy - $$$$ 

• You will need your own local business case
What is the FluFIT Program?

FluFIT is an award-winning and research-tested program that helps health care teams increase colorectal cancer screening rates by offering fecal immunochemical tests (FIT) to eligible patients during annual flu shot campaigns. Successful FluFIT Programs have been implemented in primary health care settings across the United States.

LEARN MORE

Public Website with Sample Program Materials: http://flufit.org
Summary

1. FluFIT Programs are just one of many ways to “kickstart” or “enhance” colorectal cancer screening activities in primary care.

2. FluFIT Programs reinforce the message that “just like a flu shot, we need to offer FIT to our patients every year.”

3. Lessons learned from doing FluFIT programs can be used to improve screening practices throughout your organization.
Summary

4. Keys to success
   – Decide that screening is important.
   – Engage the whole clinic team.
   – Make it feasible.
   – Make it fun and creative.
   – Map effective processes.
   – Learn from mistakes
   – Celebrate small successes
   – Share stories on Facebook
   – Don’t give up!
Summary

• 5. Use Available Resources
  – FluFIT.org website
  – Advertise and share stories about FluFIT on Facebook
  – Ask for help from your local American Cancer Society team – they have experience and may be able to offer technical assistance
  – Check out nccrt.org for helpful resources from the National Colorectal Cancer Roundtable
Collaborators in Flu-FIT Program
Development, Evaluation, and Dissemination
THANK YOU!

michael.potter@ucsf.edu
http://flufit.org
Mallory Koshiol, Director of Quality
Sanford Fargo Region
Jacqui Arpan, Public Health Educator
Brenda Mills, Community Health Nurse

Indian Health Services

Sioux San Hospital