Flu/FOBT Program: A Proven Approach to Increase Colorectal Cancer Screening

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BACKGROUND:

Annual flu shot activities are an opportunity to reach many people who need colorectal cancer screening. The Flu/FOBT program is an evidenced based, award winning program originally developed and tested at the University of California with support from the American Cancer Society, the Centers for Disease Control and Prevention and the HMO Cancer Research Network.

These programs were awarded the Annual Prevention Laurel for Innovative Programs by the Prevent Cancer Foundation, the National Colorectal Cancer Roundtable, and the American College of Obstetricians and Gynecologists in 2013. They have recently been recognized as a "Research-Tested Intervention Program" (RTIP) by the National Cancer Institute. This fall the program is featured in the Agency for Healthcare Research and Quality's Innovations Exchange. The American Cancer Society is currently introducing FLU-FIT Programs in several community health centers across the country.

OBJECTIVES:

In Erie St. Clair, the Regional Cancer Program partnered with a Primary Care organization, Windsor Medical Clinics, to implement this innovative, best practice to significantly increase colorectal cancer screening rates: a FLU/FOBT Program and a Cervical Cancer Screening Clinic:

- demonstrate the effectiveness of the Flu/FOBT intervention in an Ontario based setting
- provide relevant, useful and practical ideas that can be implemented in other interprofessional primary care organizations.

METHODS:

Underscreened/neverscreened patients identified through the practice EMR were sent personal invitations and small media materials indicating that they should attend a specialized FLU/FOBT clinic. Clinic flow was optimized and trained nursing students provided significant one on one education to patients, focusing on removing barriers to test completion. Reminder materials and calls were implemented to optimize FOBT completion.

A variety of evidenced based tools and materials were developed/adapted and used, including: implementation manuals, clinical reference guides, staff training modules, patient education materials, program promotional materials and logic models/evaluation plans.

PATIENT INVITATION PACKAGES

PATIENT FOBT TOOL KIT

CLINIC FLOW CHART/ REFERENCE GUIDE

AFTER CLINICS

Reminder mail out + phone call

PROGRAM COMPONENTS

GOAL: Increase colorectal cancer screening rates by offering home FOBT to eligible patients during annual flu shot activities.

Core Functional Component: Standing orders to allow non-physician clinic staff to offer flu shots and FOBT together to any health care client aged 50-74 who is seen during flu shot season.

Program Planning/Promotion
- Designated project leader
- Clinic staff assignments
- Staff training
- Implementation work plan
- Chart review
- Eligibility lists
- Mail out invitations
- Program promotions

Implementation
- FOBT eligibility review
- Arrange for follow up and colonoscopy for high risk
- Prepackaged FOBT kits with Flu Shots
- Log Sheets completed

Tracking and Follow Up
- Flu shots and FOBT dispersed and tracked together
- 2-3 week follow up call to all receiving FOBT

FOBT Completion

FOBT Not Completed
- Postcards and phone call reminders as needed

FOBT Completed
- FOBT mailed to lab by patients
- Check for results

Results Follow Up

Normal Test Results
- Notify patient and primary care provider
- Log as complete
- Book for future clinics

Abnormal Test Results
- Notify patient and primary care provider
- Arrange for follow up apt. and colonoscopy

Program Planning/Promotion
- Mailed FLU-FOBT program announcements/invitations
- Clinic posters
- Algorithm for patient flow
- Eligibility requirements algorithm
- Script to discuss program
- Visual aids
- Prepackaged FOBT instruction kits + FOBT
- Log Sheets
- Follow up phone scripts
- Follow up postcards

Program Indicators
- # invitations sent
- #/type promotions
- # of flu shots
- # assessed for FOBT eligibility
- # provided FOBT
- # follow up attempts
- # FOBT completed

OUTCOMES AND RESULTS/LESSONS LEARNED:

The ongoing program evaluation indicates that the Flu/FOBT program resulted in a **significantly higher completion of FOBT tests**:

FLU/FOBT Screening clinics:

1308 invitations sent to due/overdue individuals identified in EMR

350 attendees

10 FOBT CLINICS

329 FOBT kits handed out

7 direct referrals for colonoscopy for higher risk

Follow Up Results (to date):

8 patients with POSITIVE FOBT All referred for follow up colonoscopy

2 patients had POLYPS REMOVED during colonoscopy

1 patient had A LARGE MASS that was not removable

These results demonstrate:

- there are effective, inexpensive, best practice programs available to Primary Care that can significantly increase cancer screening rates
- organized outreach programs can complement the work of primary care clinicians
- FLU/FOBT programs can be provided with algorithm-driven care by individuals with limited clinical training

These demonstration projects provide relevant, useful and practical ideas that can be easily implemented and sustained in other primary care organizations, and for other prevention initiatives.