

Private  
Gross  
Disgusting  
Embarrassing  
Fearful  
Shameful  
Easier

# FINDING THE RIGHT FIT

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Community-led Mixed Methods  
Study of Patient FIT\* kit  
Preferences

\*FIT = Fecal Immunochemical Test

# FINDING THE RIGHT FIT

## Team

- Robyn Pham, BS, Project Manager, Oregon Rural Practice-based Research Network (ORPRN)
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- Bianca Fernandez, BA, Community Health Worker, the Next Door Inc (NDI)
- Kathryn Corson, PhD, Community Consultant
- Kristen Dillon, MD, Director, PacificSource Columbia Gorge Coordinated Care Organization (CCO)
- Coco Yackley, Operations Consultant, CGHC
- Melinda M Davis, PhD, Director of Community Engaged Research, ORPRN

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The findings and conclusions in this study are those of the authors and do not necessarily represent the official position of the funders.



# STUDY OBJECTIVES

- 1) Understand patient preferences for FIT characteristics
- 2) Assess clinician preferences for colorectal cancer (CRC) screening
- 3) Evaluate clinical workflows for fecal testing for CRC

# STUDY PROCESS: “YOU WANT ME TO DO WHAT?!?”

1) Using quantitative data from FIT user testing to measure:

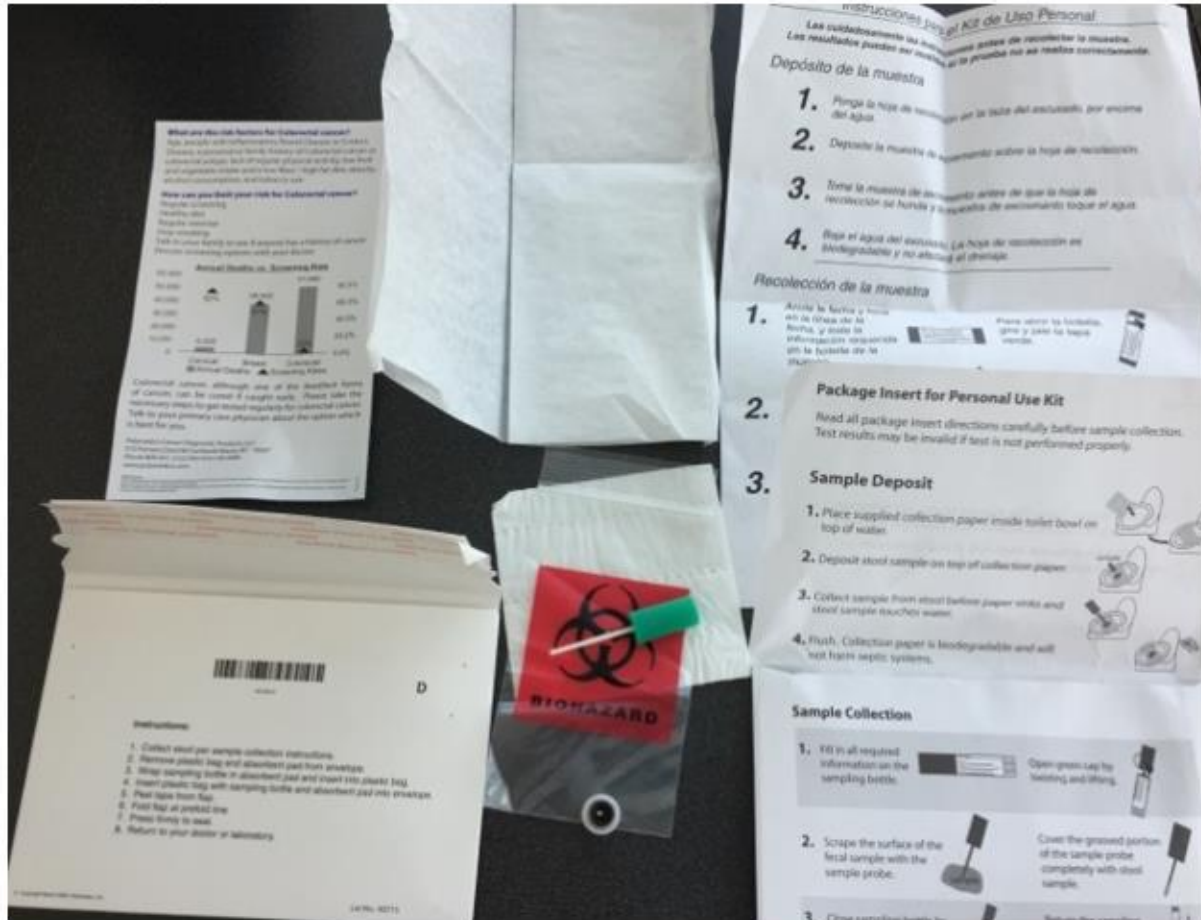
- Acceptability
- Ease of completion
- Specimen packaging
- Adequacy

2) Gather qualitative data from focus groups to:

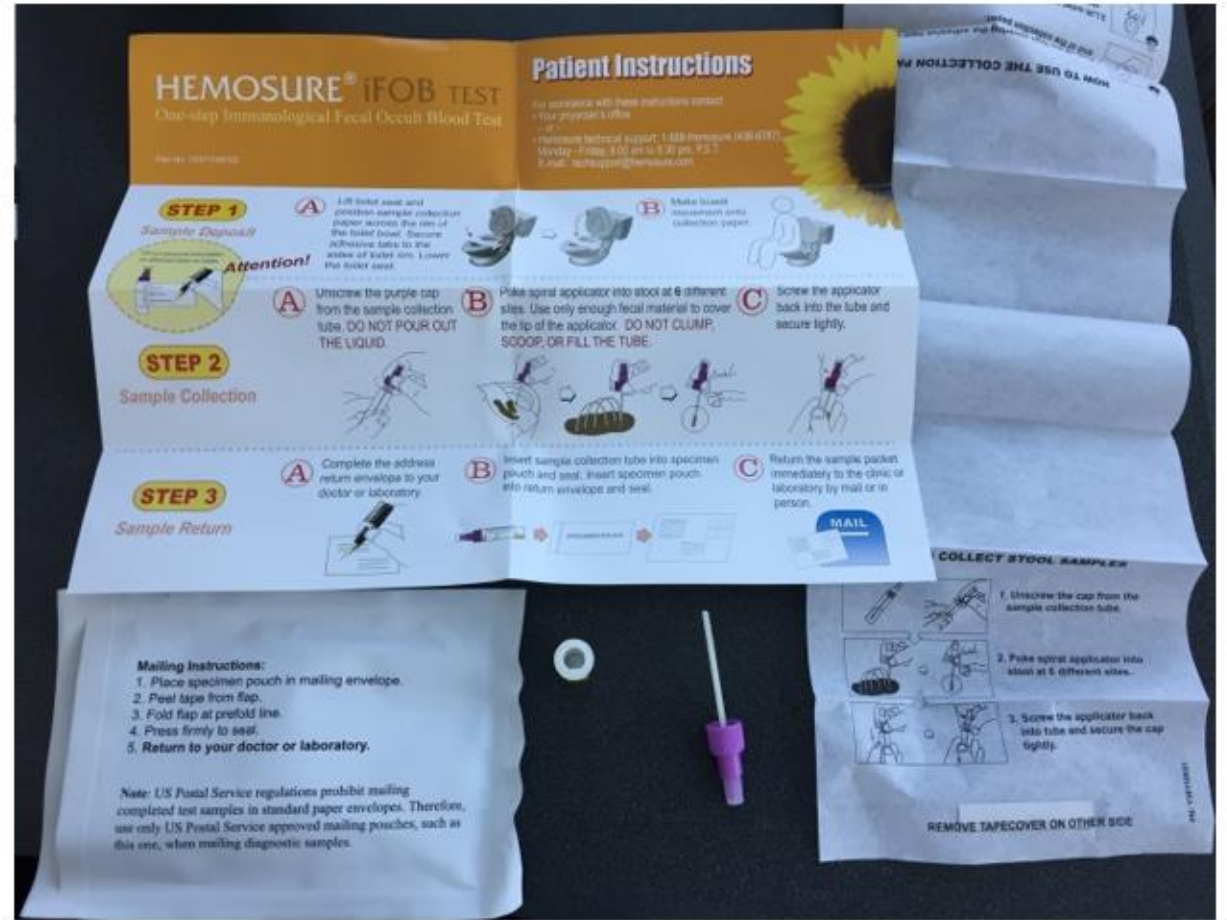
- Refine FIT rankings
- Gain deeper insight into the pros and cons associated with each FIT kit

# FIT KITS USED IN PARTICIPANT TESTING

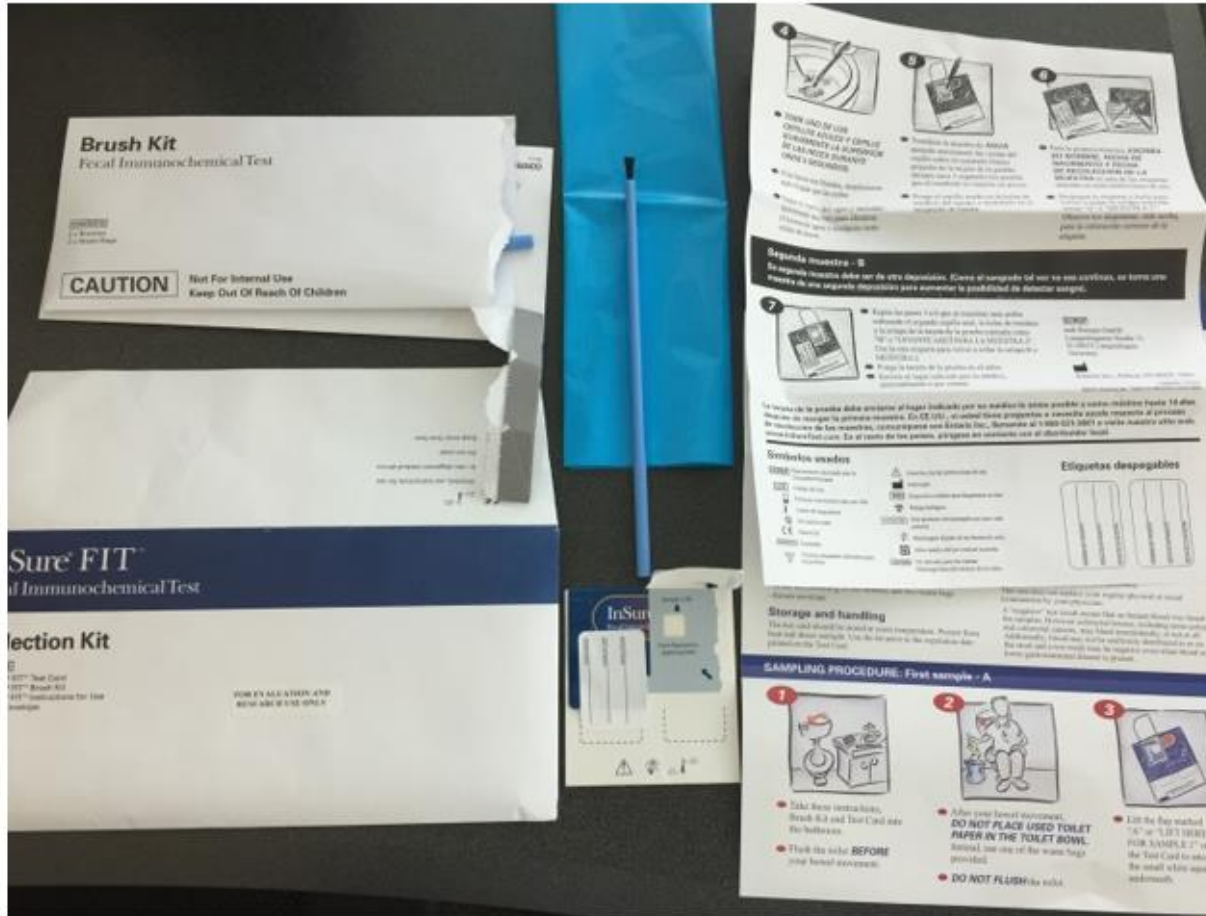
## OC-Light®



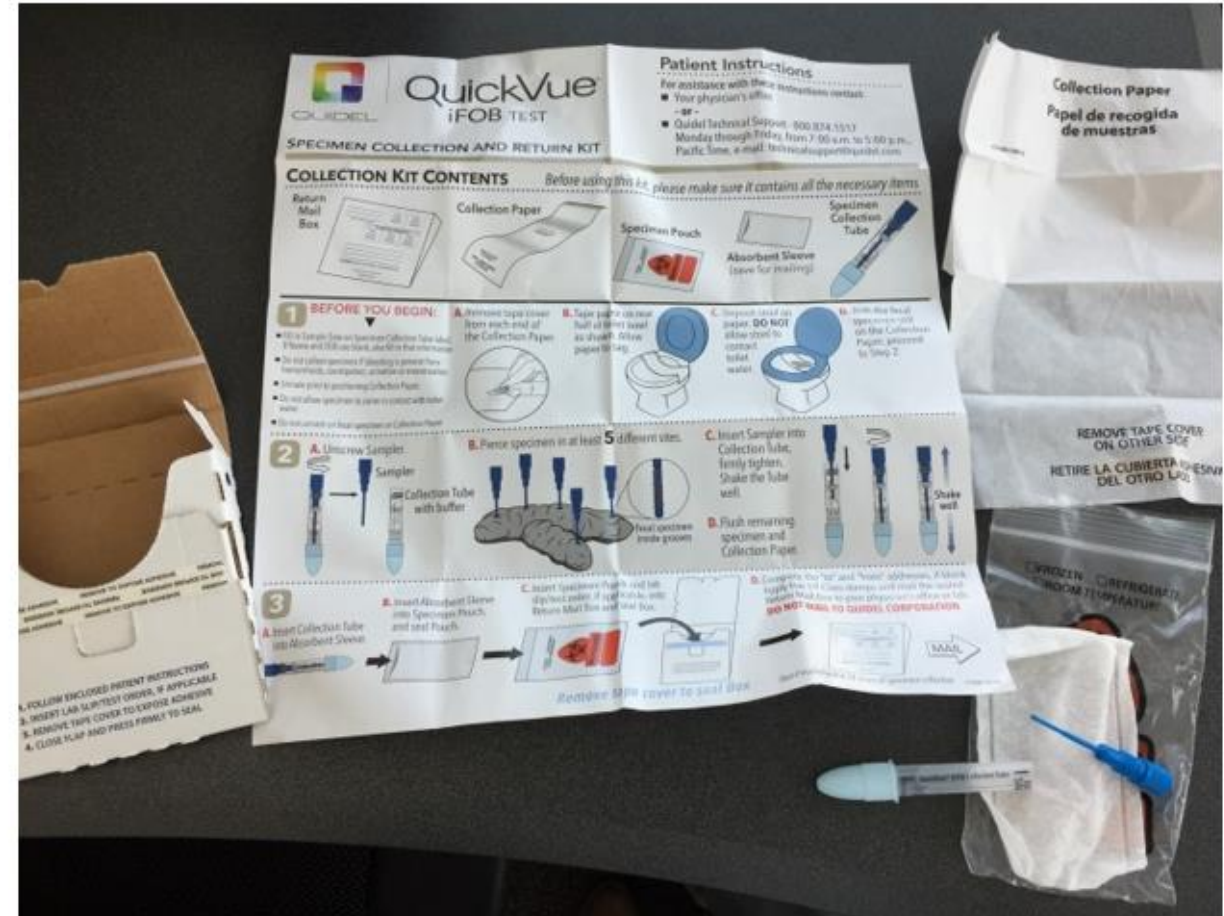
## Hemosure® iFOB Test



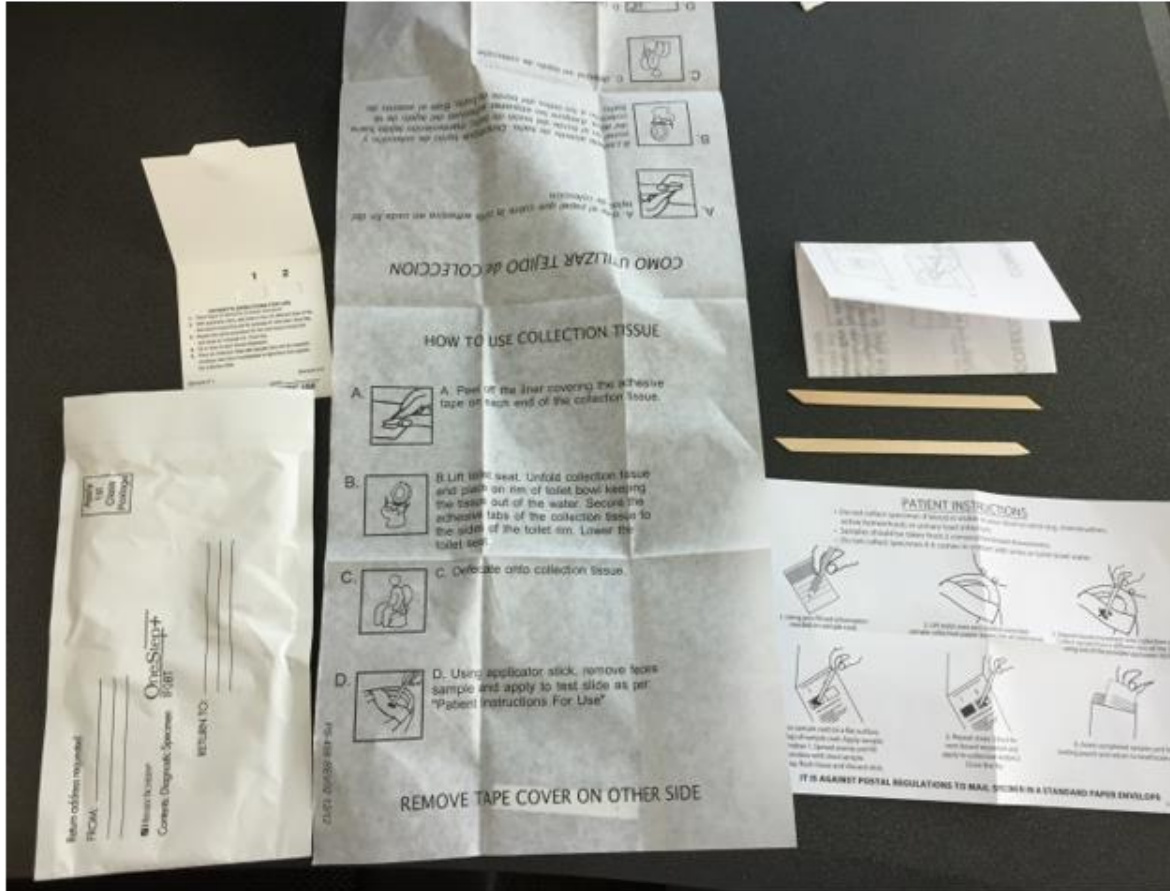
# InSure® FIT



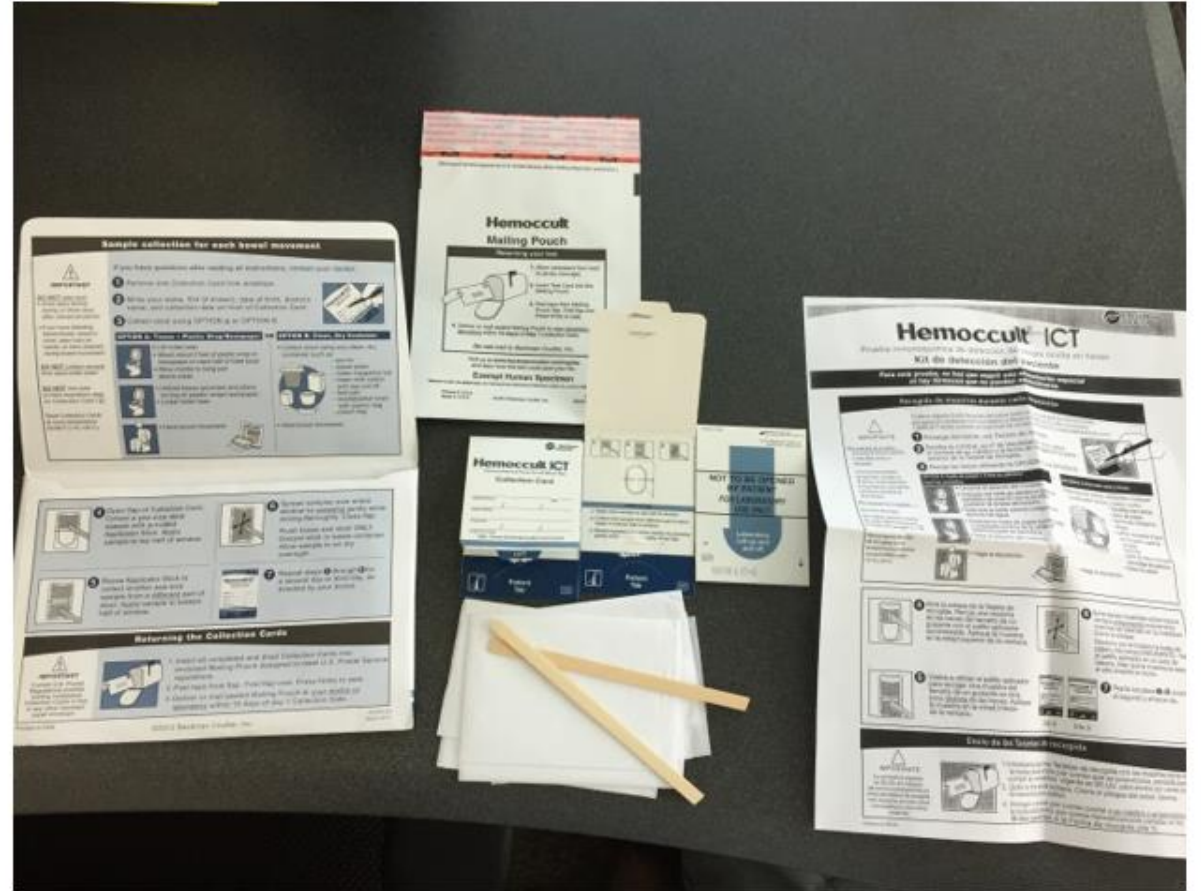
# QuickVue®



# OneStep+



# Hemocult<sup>®</sup> ICT



# TEST CHARACTERISTICS FOR OVERALL FIT KIT RANKING

<i>Kit Ranking</i>	<b>Collection Tool</b>			<b>Instructions</b>		<b># Sampling Days</b>			<b># Cards</b>		
	<i>Probe</i>	<i>Stick</i>	<i>Brush</i>	<i>Colored Pictures</i>	<i>Large Font</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>1</i>	<i>2</i>	<i>3</i>
1. OC-Light®	X				X	X					
2. Hemosure® iFOB Test	X			X	X	X					
3. InSure® FIT™			X	X			X		X		
4. QuickVue®	X			X		X					
5. OneStep+		X			X		X		X		
6. Hemocult® ICT		X					X	X		X	X



# FIT KIT COMPARISON - KEY FINDINGS

- Single sample kits were strongly preferred
- Probe with vial for sample was preferred method of collection
- Instruction characteristics most popular:
  - large font size
  - limited words
  - simple pictures
  - lots of white space

# FIT KIT COLLECTION — KEY FINDINGS

- More errors were made with stool-to-card collection
  - Participants strongly disliked having to apply the stool to the cards
  - Often there wasn't enough sample applied to the card
  - Multiple day sample cards appeared to contain samples from a single stool
- Legibly labelling the vials was challenging when labels were pre-applied

# CLINIC WORKFLOW STUDY - KEY FINDINGS

## Clinic Facilitators:

- Storing Fecal Immunochemical Test (FIT) kits for CRC screening in multiple locations in clinic facilitates dissemination
- MAs scrub charts (all visits, flu shots, lab visits) ahead of visit for colorectal cancer (CRC) screening due
- Patients appreciate and feel more confident when MA/clinic staff actively show and review the contents of the kit and instructions during the visit
- Development of practice standards for documentation and tracking in EMR
- Ability to run **accurate** gap reports from EMR

# CHALLENGES FOR THE CLINICS

- Clinic sites and individual clinicians are not uniformly supportive of fecal testing as an effective screening method for CRC
- Biggest challenges to clinics are:
  - Electronic health record (EHR) tracking and reporting for CRC screening
  - Potential costs for tests to uninsured, or for follow-up colonoscopy on abnormal tests

# RECOMMENDATIONS FOR CLINICS

## **FIT kit selection**

- Choose a single-specimen probe-and-vial kit
- Insure that kits contain clear instructions in English and Spanish and contents are easy to repackage by patients after specimen collection

## **Identification**

- Develop a consistent, multi-tier process for staff to identify patients who need screening. For example, annual recalls, scrubbing charts prior to appointments, and registry searches done 1-4 times a year

# MORE RECOMMENDATIONS

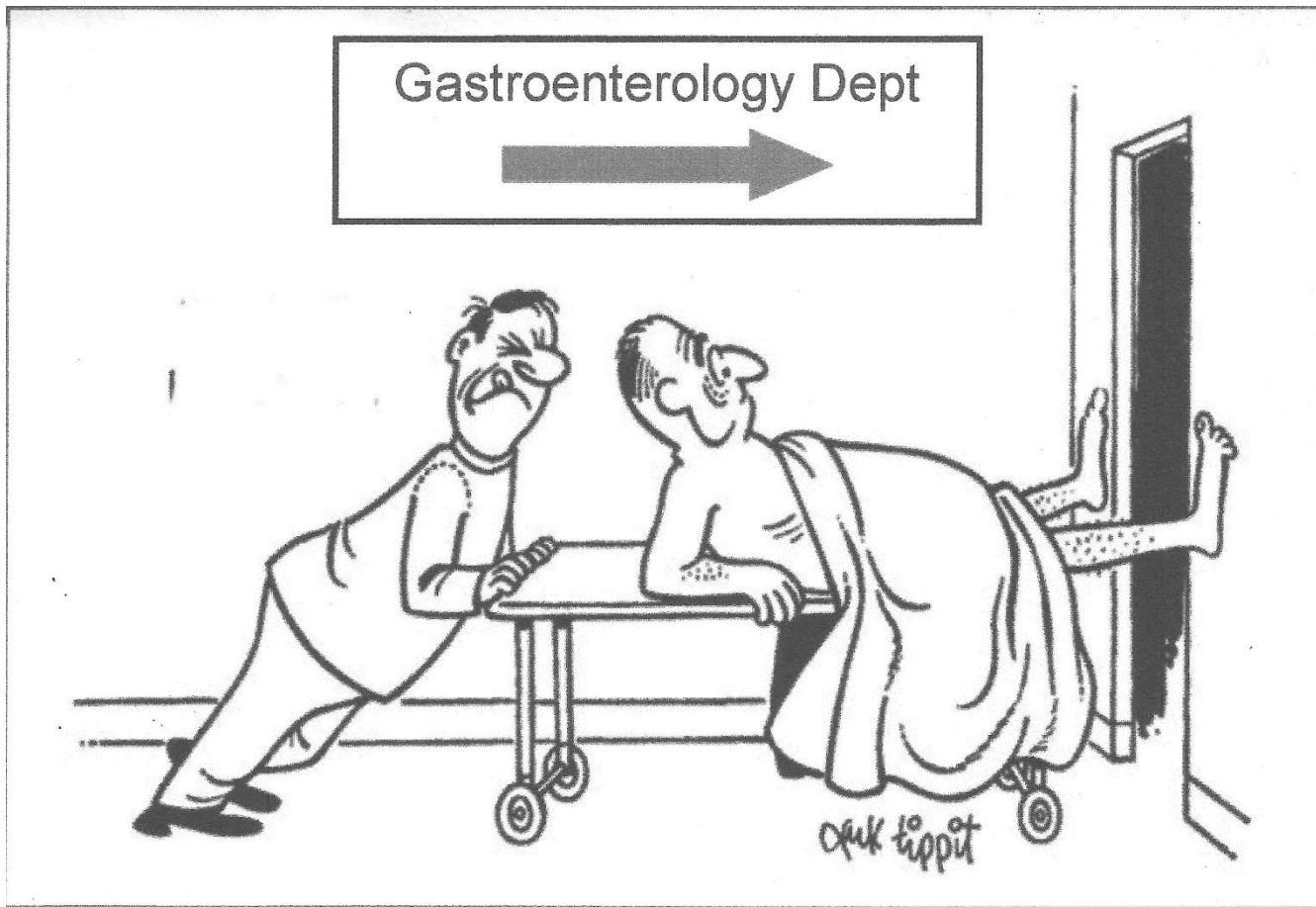


## Facilitate patient completion

- Pre-label vials with patient name and date of birth when dispensing
- Review kit contents and instructions with patients, including where to enter specimen collection date and what and how to repackage and return
- Ensure available FIT instructions that are in English and Spanish, plain language with clear pictures
- Allow patients to return specimens by mail or in-person

## Education

- Explicitly address clinician resistance to fecal testing with FIT kits as a screening option
- Public health education campaign particularly in the Latino communities



Adapted from Jack Tippet, Saturday Evening Post

- Overall, despite being classified as “gross” by most participants, even the least popular FIT kit was preferred to colonoscopy
- More public health education about colorectal cancer is needed to help normalize the subject, especially within the Latino population

## FINDING THE RIGHT FIT

# THANK YOU TO ALL PARTICIPANTS AND PARTNERS

## Participating Clinics:

- Deschutes Rim Clinic
- MCMC Internal Medicine
- One Community Health
- Summit Family Medicine

## Partners:

- Columbia Gorge CCO: Community Advisory Council (CAC) and Clinical Advisory Panel (CAP)
- Columbia Gorge Health Council
- Community Health Advocacy and Research Alliance (CHARA)
- Gloria Coronado, PhD
- Paul Lindberg, Collective Impact Specialist
- Oregon Rural Practice-based Research Network (ORPRN)
- PacificSource Community Solutions
- The Next Door, Inc.