FINDING THE RIGHT FIT
Community-led Mixed Methods Study of Patient FIT* kit Preferences
*SIT = Fecal Immunochemical Test

Suzanne Cross, MPH, CHW
Columbia Gorge Health Council
Team

- Robyn Pham, BS, Project Manager, Oregon Rural Practice-based Research Network (ORPRN)
- Suzanne Cross, MPH, CHW, Senior Project Manager, Columbia Gorge Health Council (CGHC)
- 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

Funding

This study was funded in part through a research grant from the Oregon Health and Science University Knight Cancer Institute Community Partnership Program (ID # CPP.2014.07).

Dr. Davis is partially supported by an Agency for Healthcare Research & Quality patient centered outcomes research (PCOR) K12 award (Award # K12 HS022981 01).

The Community Health Advocacy and Research Alliance (CHARA) was developed through a series of Pipeline to Proposal Awards from the Patient Centered Outcomes Research Institute (ID #7735932, 7735932-A, 7735932B).

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
TEST CHARACTERISTICS FOR OVERALL FIT KIT RANKING

<table>
<thead>
<tr>
<th>Kit Ranking</th>
<th>Collection Tool</th>
<th>Instructions</th>
<th># Sampling Days</th>
<th># Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Probe</td>
<td>Stick</td>
<td>Brush</td>
<td>Colored Pictures</td>
</tr>
<tr>
<td>1. OC-Light®</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Hemosure® iFOB Test</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. InSure® FIT™</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. QuickVue®</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. OneStep+</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Hemoccult® ICT</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Probe**: Indicates the presence of a probe.
- **Stick**: Indicates the presence of a stick.
- **Brush**: Indicates the presence of a brush.
- **Colored Pictures**: Indicates the presence of colored pictures.
- **Large Font**: Indicates the presence of large font.
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 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
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
- Insure 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
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.