# **Implementation Summary: FIT Kit Distribution in Primary Care**

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Contact the Alberta Colorectal Cancer Screening Program with any questions related to this document or about FIT Screening — ACRCSP@albertahealthservices.ca

## Introduction

This guide provides the tools to implement **key FIT screening practices** in your primary care clinic; it may be used by practice facilitators, physician champions and care teams.

This document is a summary of the *FIT Kit Distribution in Primary Care Implementation Guide;* readers should refer to this document if more detail is needed (included in implementation package).

# Background

Colorectal cancer is a leading cause of cancer-related death in Alberta<sup>1</sup>. Screening can significantly improve treatment outcomes, with over 90% survival rates when detected early<sup>2</sup>.

The Fecal Immunochemical Test (FIT) is the primary screening tool for those aged 50-74 at average risk of developing colorectal cancer. FIT, which detects trace amounts of blood in stool, is both safe and convenient for patients to perform in the comfort of their homes.

In Alberta just over half the target population are up to date with colorectal cancer screening. Several barriers contribute to low screening participation, including inadequate knowledge about the screening process, the inconvenience of obtaining a FIT from a lab, and challenges identifying patients who are due for screening.

Pilot testing in Alberta has shown that the introduction of the following **key practices** has enhanced patient-centered care and lead to an increase in FIT Screening Participation<sup>2</sup>.

#### The key practices are:



**Distribution of FIT tests at Primary Care level**: Clinics provide FIT test to eligible patients during visits, eliminating the need to travel to a lab and increasing uptake.



**Patient Education during Visit**: Educating patients about the importance and simplicity of colorectal cancer screening during their visit bridges knowledge gaps and encourages participation in screening.



**Follow-up Communication**: Implementing a system for personalized follow-up to remind and encourage patients to complete FIT screening.



**Provider Reminders**: Remind providers that patients are due for screening by utilizing electronic health records or ensuring screening recommendations are not overlooked during clinic visits.

<sup>&</sup>lt;sup>1</sup> IARC. Colorectal cancer screening. IARC Handb Cancer Prev. 2019;17:1–300. <u>IARC Publications Website - Colorectal Cancer Screening</u>

<sup>2</sup> Community Preventive Services Task Force. Increasing Colorectal Cancer Screening: Multicomponent Interventions. Finding and Rationale Statement, 2016. CPSTF Finding and Rationale Statement - Increasing Colorectal Cancer Screening: Multicomponent Interventions (thecommunityquide.org)

# Steps to Implementation

The following steps will guide your team through implementing the key practices into your clinic. Each clinic may not be able to implement (or fully implement) each step. The priority is to increase screening participation – how that looks at each clinic may vary.

PLAN TO IMPLEMENT

- Assess readiness

- Develop workflow, roles, and responsibilities

PREPARE TO DISTRIBUTE KITS

- Determine quantity
- Order
- Receive, store, and monitor

**CARRY OUT SCREENING** 

- Provide FIT to eligible patients
- Educate patients
- Complete reminders

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If this initiative is not a good fit for your clinic, providers can continue to give patients a requisition that they take to a lab to get a FIT kit.

Albertans aged 50-74 also have the option to order a FIT test online through screeningforlife.ca. Eligibility is determined through a self-assessment questionnaire. Individuals who meet the criteria will be mailed a test directly to their home.

# STEP ONE: Plan to Implement

#### **Assess Readiness**

Before getting started, clinics should assess their readiness in several key areas:

- ✓ Interest
  - Colorectal cancer (CRC) screening is a priority for the clinic
  - Staff and providers are receptive to implementing new processes
- ✓ Capacity
  - Ability to participate in education and quality improvement activities related to CRC and FIT Screening
  - Space is available to store supply of FIT Kits at room temperature
- ✓ Processes
  - Staff are able to develop plans to manage inventory, identify eligible patients, and provide necessary patient education
  - Current EMR has functionality to identify patients due for screening and notify providers to opportunistically screen patients when they attend appointments
- √ Resources
  - Support for staff and providers
  - · Access to guidelines and best practice resources

Resources are available to help your clinic plan for FIT Kit distribution:

Tools and guides from ACTT website:

- The Patient's Medical Home
- Implementing Change
- Panel and Continuity
- Optimizing your EMR
- Alberta Screening and Prevention (ASaP)

Clinics belonging to a Primary Care Network may have access to additional resources, including:

- Practice Facilitators
- Panel Management Support
- EMR Support

#### Develop Workflow, Roles, and Responsibilities

FIT screening practices may impact multiple roles at your clinic. All affected staff should be aware of and understand the planned changes and have input where appropriate.

- Start by mapping out your current clinic workflow <u>Appendix A</u> shows sample process maps that may be a useful starting point. Use this visual to determine the best points to integrate FIT screening practices.
- > Note: depending on capacity and resources, your team may not be able to implement all of the practices or may need to stagger implementation over time.

# STEP TWO: Prepare to Distribute Kits

Utilize the following steps to ensure sufficient stock of FIT kits, while also avoiding waste:

# 1. Determine quantity

• Estimate the number of kits your clinic will need to order based on the average number of screening-aged patients (50-74) scheduled per month.

#### 2. Order Kits

- Contact your lab partner and follow their instructions to order.
  - o Alberta Precision Laboratories Ordering
- Clinics may need to create an account if one does not already exist.
  - The supplier may require information pertaining to delivery address and contact information, as well as expected volumes and ordering frequency.

### 3. Receive and store shipment

FIT tests will be delivered directly to your clinic.

#### Storage quidelines:

- Store kits at room temperature.
- Avoid placement near heat sources (such as heat registers or radiators).
- Choose a storage location that is visible to providers for an additional reminder to offer screening.

#### 4. Monitor Inventory

There is a cost to produce and distribute FIT Kits. Avoid waste by:

- Conducting regular inventory checks
- Adjusting baseline stock level up or down based on use
  - Utilizing the FIT Tracking spreadsheet (included in implementation package) may be helpful to observe actual numbers and trends within your clinic
- Distribute oldest kits first to prevent kit expiration.
- Return any unused kits to the lab if you do not anticipate giving them to patients within 6 months of the expiry date, so they can be distributed elsewhere.

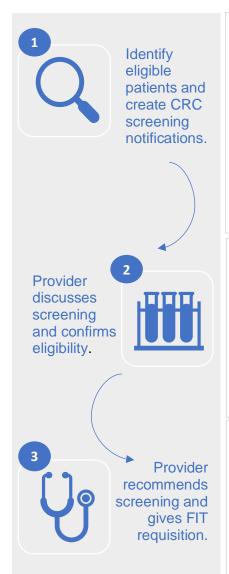


Measuring clinic activity and screening participation can help your team understand if your FIT screening practices are working and what can be improved.

For more information on quality improvement measures related to FIT screening, refer to the full *Implementation Guide* or the <u>Quality Improvement</u> page on ACCT website.

# STEP THREE: Carry out Screening Practices

This pathway details the steps for providing patients with FIT Kits. Specific actions and roles may vary among clinics; decide as a team what aligns best with your clinic's workflow.



Staff identify all patients eligible for CRC screening and create EMR notifications for opportunistic screening.

#### **TIPS**

- An accurate list of active patients (a "clean panel") will help ensure eligible patients are not missed.
- "Opportunistic" screening involves catching a patient during their clinic visit to offer them colorectal cancer screening. Automatic EMR notifications alert team members when a patient meets the criteria for screening, even if their visit is unrelated.
- The ACTT website offers **Electronic Medical Record Supports** for guidance.

# Provider discusses the importance of CRC screening and confirms patient's eligibility for FIT. TIPS

- Providers can utilize <u>Clinical Practice Guidelines</u> or the FIT Screening Algorithm (included in implementation package) to determine eligibility.
- Opportunistic screening can be prompted by an EMR notification. However, these notifications are easy to overlook. Some clinics have found a visual reminder is helpful - such as a laminated card handed to the patient at check-in or a sticky note on the exam room door.
- Visit <u>screeningforlife.ca</u> for information to help guide screening conversations.

#### Provider recommends FIT screening and gives patient the lab requisition.

#### **TIPS**

- Clinics may use a standard lab requisition to order FIT or create a separate requisition just for FIT tests. Creating a separate requisition for FIT can streamline the process and may aid in tracking patients within the EMR.
- Depending on your clinic's workflow, the requisition may also be provided to the patient by front desk or nursing staff.

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#### Staff provide FIT kit and complete patient education:

Review FIT Kit Checklist (Appendix B) with each patient who is provided a FIT Test.

This is also an ideal time to discuss the delivery of results & follow-up care with patients

#### **TIPS**

- The Alberta Colorectal Cancer Screening Program provides patients aged 50-74 with a mailed letter of their test results.
- Explain to the patient if they will hear from your clinic *in addition* to this letter, and under which circumstances (if test is normal or abnormal, if test is inconclusive, etc).
- Explain the clinic's process for abnormal results and who is responsible to schedule an appointment to discuss appropriate follow-up (colonoscopy).
- Patients with an abnormal (positive) FIT result should be referred prompty for colonoscopy.
  The colonoscopy should be completed within 60 days of the result; however, procedural wait times may vary.

#### Staff create a task to check for patient's FIT results:

#### **TIPS**

- Clinics have found it helpful to record the FIT requisition or FIT kit delivery in the EMR for searchability, enabling them to run batched reports on patients who have received kits.
- The interval for checking results and making reminder calls will vary; waiting approximately 4 weeks should allow time for test completion, lab analysis and result availablity in Netcare
- ACTT website offers vendor-specific Electronic Medical Record Supports for guidance.

#### Staff contact patients who haven't completed their test.

Patient reminders are one of the key practices identified to increase FIT screening participation. Using the report generated in the last step, contact patients and remind them to complete their FIT test.

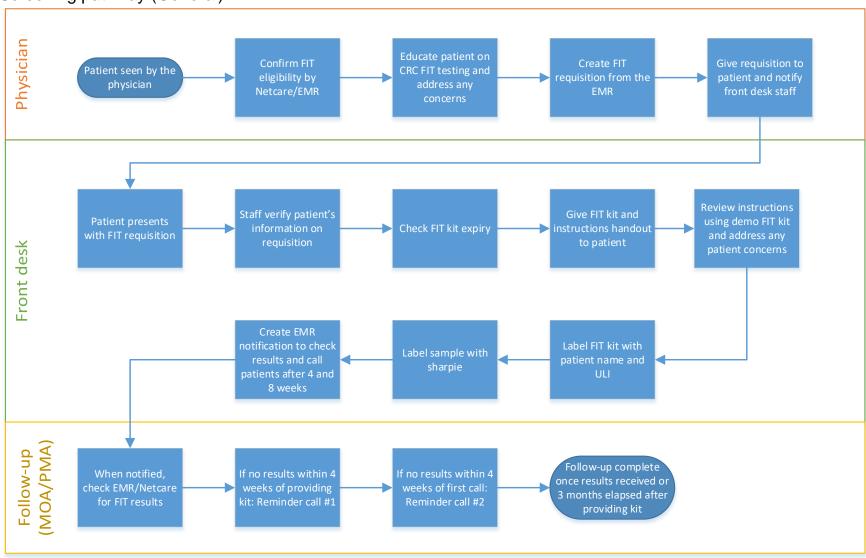
#### **TIPS**

- Depending on clinic workflow and capacity, schedule reminder calls daily or batch them weekly/monthly.
- FIT results should automatically show in the EMR, but check Netcare if results are delayed.
- Phone calls offer a chance to answer patient questions. If patients have consented, secure email or text message offer additional ways to communicate reminders.
- As a team, determine the number and frequency of any subsequent reminder calls.

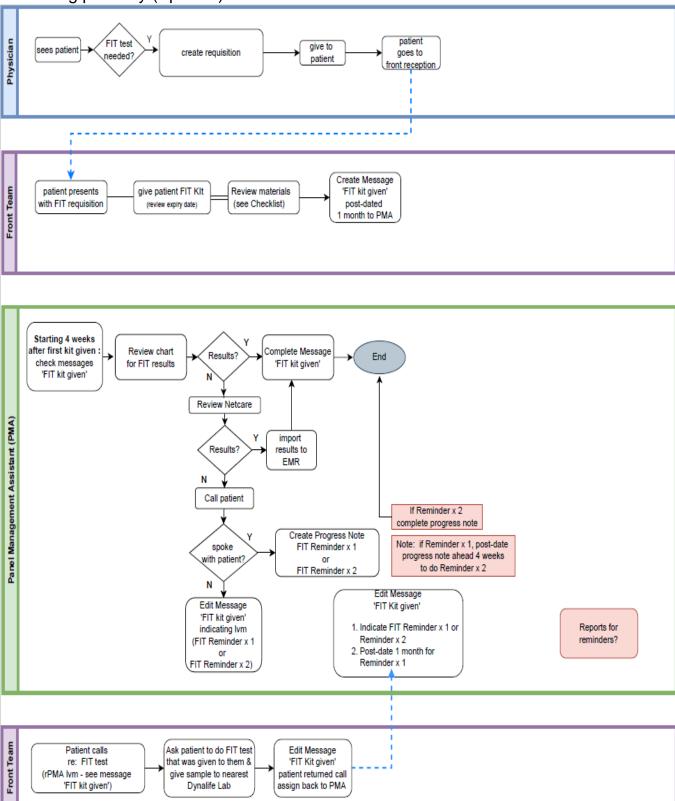
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# Appendix A: Sample clinic process maps

## Screening pathway (General)



# Screening pathway (Specific)



# Appendix B: FIT kit checklist

Complete the following steps with each patient that is provided with a FIT Kit. Your team may choose to print copies of this checklist and the Patient Handout ahead of time.

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	Check FIT test expiry date, ensuring that the test is good for at least 6 months from today's date	
	Review Patient Education Handout with patient and provide them with a copy	
	The handout is included in the implementation package	
	Review collection instructions within the kit	
	Key information to highlight:	
	No diet changes are required prior to collection	
	Do not collect while menstruating	
	Do not let the stool sample contact urine or toilet water	
	• Remind patient that absorbent pad stays in bag and should not be used to wipe or clean themselves. The pad must be in the bag in case the test leaks.	
	Use demo FIT test to demonstrate sample collection.	
	Review labeling instructions (include date and time of collection and PHN)	
	Instruct patient to submit the sample to lab within 7 days, along with the requisition (otherwise the test will need to be repeated).	
No	ote: translated FIT collection instructions are available at www.screeningforlife.ca	