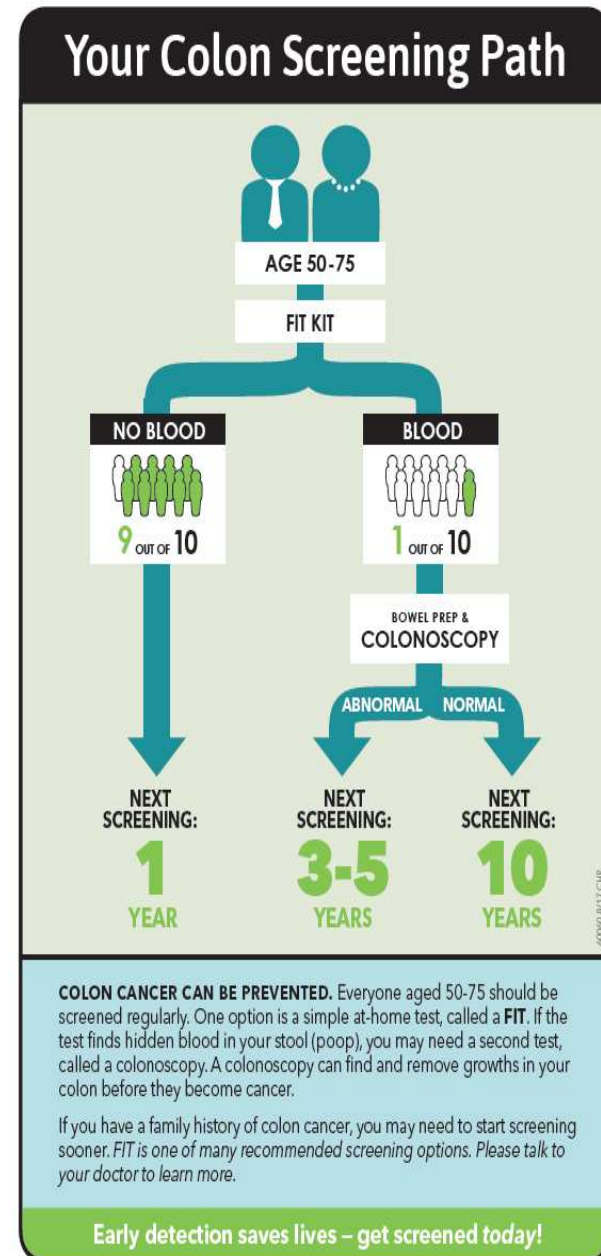# How to Assure Follow-up to a Positive FIT in Safety Net Settings

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The problem

- An estimated 8.7 million individuals complete a fecal test each year.

- Yet, not all individuals who test positive get a follow-up colonoscopy.

- For these patients, the benefit of fecal testing is nullified!

Your Colon Screening Path

AGE 50-75

FIT KIT

NO BLOOD — 9 OUT OF 10

BLOOD — 1 OUT OF 10

BOWEL PREP & COLONOSCOPY

ABNORMAL   NORMAL

NEXT SCREENING: 1 YEAR

NEXT SCREENING: 3-5 YEARS

NEXT SCREENING: 10 YEARS

COLON CANCER CAN BE PREVENTED. Everyone aged 50-75 should be screened regularly. One option is a simple at-home test, called a **FIT**. If the test finds hidden blood in your stool (poop), you may need a second test, called a colonoscopy. A colonoscopy can find and remove growths in your colon before they become cancer.

If you have a family history of colon cancer, you may need to start screening sooner. FIT is one of many recommended screening options. Please talk to your doctor to learn more.

Early detection saves lives – get screened today!

In safety net practices, only **52% - 54%*** of individuals who screen positive on FIT obtain a follow-up colonoscopy.

* Liss et al. 2016; STOP CRC study

Key points

- Patients' experience with follow-up colonoscopy

- Providers' experience with performing colonoscopy

- Selecting patients for patient navigation

Reasons for No Referral or Colonoscopy among Patients with a Positive FIT*

Reason	Not Referred (n = 84) N (%)	Referred, No Colonoscopy (n = 195) N (%)
No reason indicated	26 (32.1)	86 (44.1)
Patient declined	24 (29.6)	54 (27.7)
Unable to contact	4 (5.0)	21 (10.8)
Recent colonoscopy	22 (25.9)	25 (12.8)
Other	5 (5.9)	9 (7.7)

*based on chart abstraction of 613 patients w/positive FIT results

Barriers to CRC Follow-up: Perspectives from Providers (n = 15) and Patients (n = 10)

Colonoscopy Barriers		
Bowel preparation challenges	Providers	Patients
Bowel prep	√	
Logistical issues		
Arranging a ride	√	√
Unable to take time off work	√	√
Delays in getting appointment		√
Insurance/cost-related barriers		
Billing / insurance issues	√	
Cost of colonoscopy	√	√
Psychosocial/other issues		
Patient fears	√	
Confusion about colonoscopy	√	√
Multiple health issues		√

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Follow-up colonoscopy rates, by age

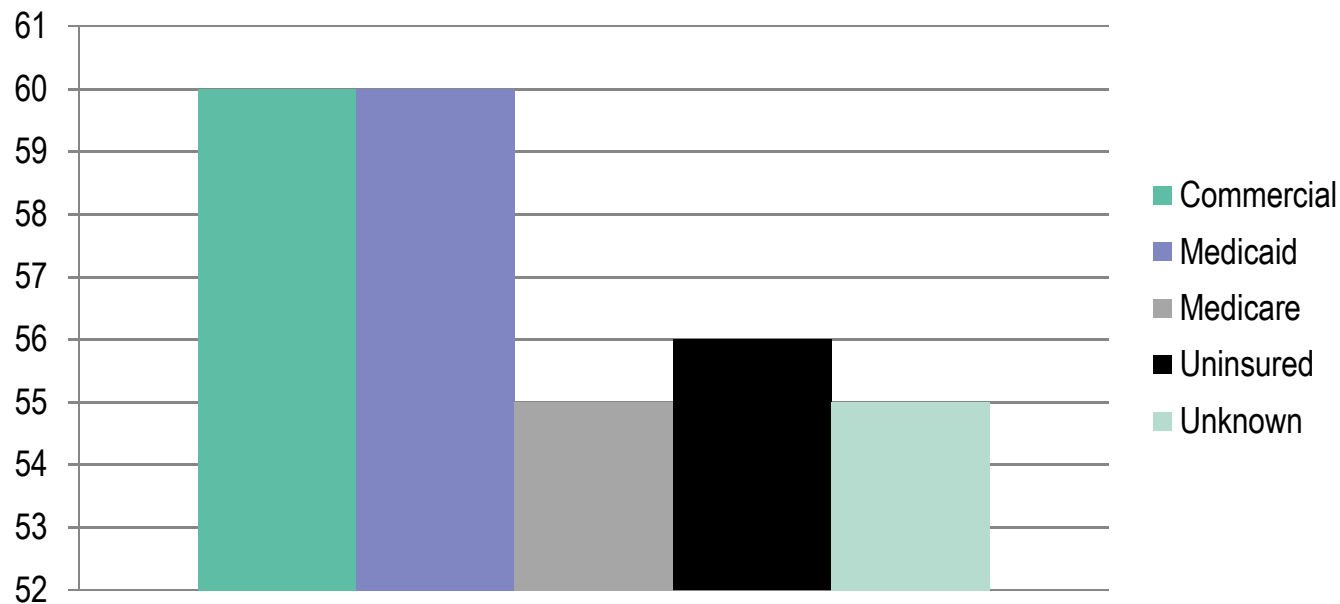Follow-up Colonoscopy completion w/i 12 months of FIT+ result (n = 2165)
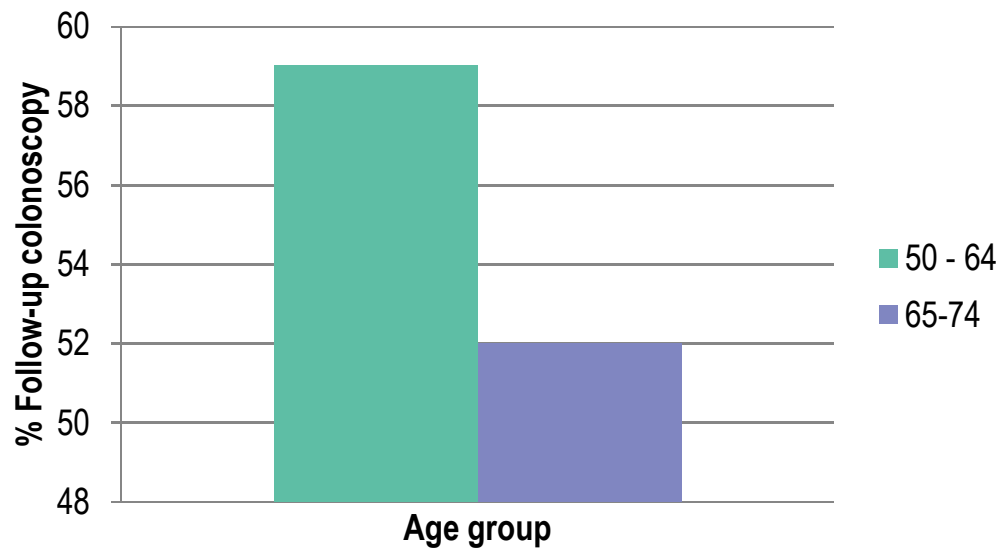
*Based on 1743 patients aged 50-64 and 422 patients aged 65-74

Follow-up colonoscopy rates, by health insurance

Follow-up Colonoscopy completion w/i 12 months of FIT+ result (n = 2165)

*Based on 204 patients with commercial insurance, 1011 with Medicaid, 560 with Medicare, 335 uninsured, and 55 with unknown insurance.

The reality…

Patient navigation is widely endorsed as a way to improve colonoscopy completion rates, yet not everyone needs patient navigation.

Colonoscopy completion in some usual care groups ~50 – 70%.

How to winnow the targets for patient navigation

Candidate best practices:

- Select patients who screen positive on FOBT/FIT
- Select patients who have never had a colonoscopy
- Select patients who have no appointment for a colonoscopy within xx days/weeks of referral
- Use direct provider assessment / referral to navigation
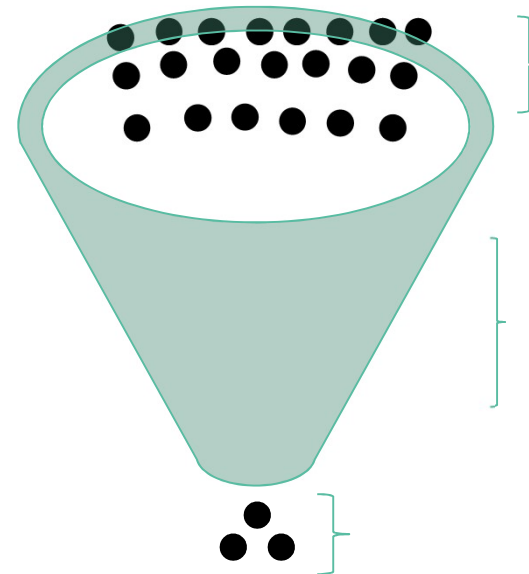- Risk prediction model

Fundamental problem: Follow-up colonoscopy
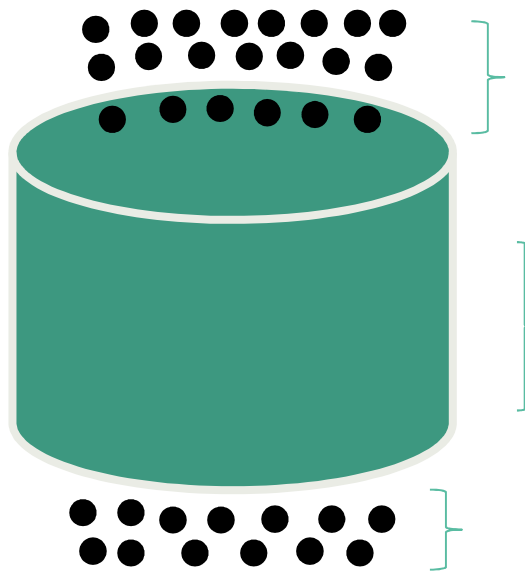
Standard patient navigation

SMART patient navigation

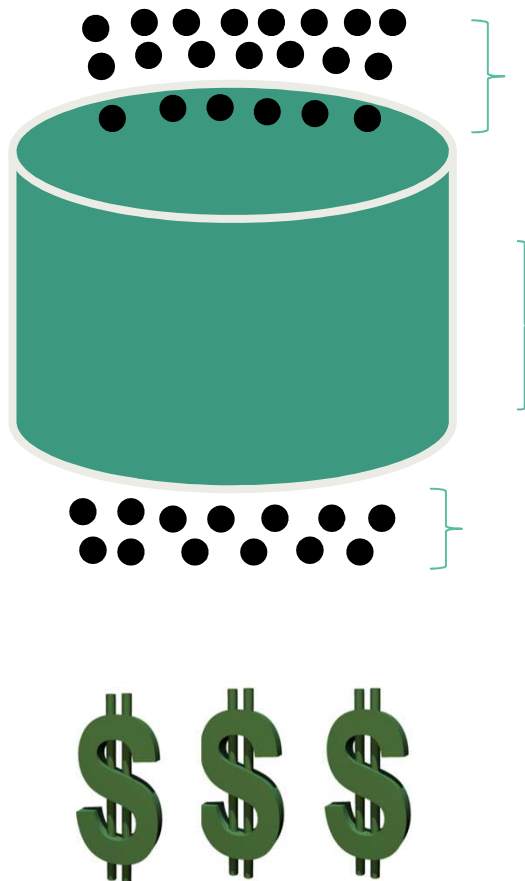All patients are offered navigation, whether they need it or not

Patients are assessed for adherence probability,

Those with low/ moderate probability are offered navigation

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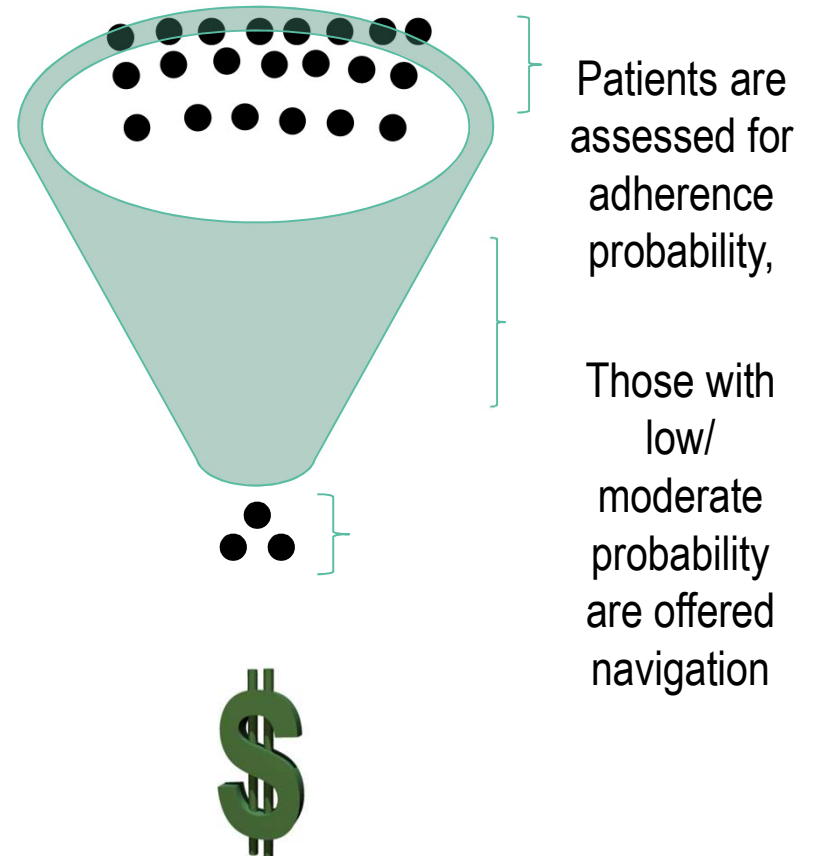Those with low/ moderate probability are offered navigation

Risk prediction model

EHR data in the model:

- age,
- Hispanic ethnicity,
- body mass index,
- number of clinic visits in the past year,
- frequency of missed clinic appointments,
- previous CRC screening,
- receipt of a flu vaccine in the past year, and
- clinic site

A: High probability patients   B: Moderate probability patients   C: Low probability patients
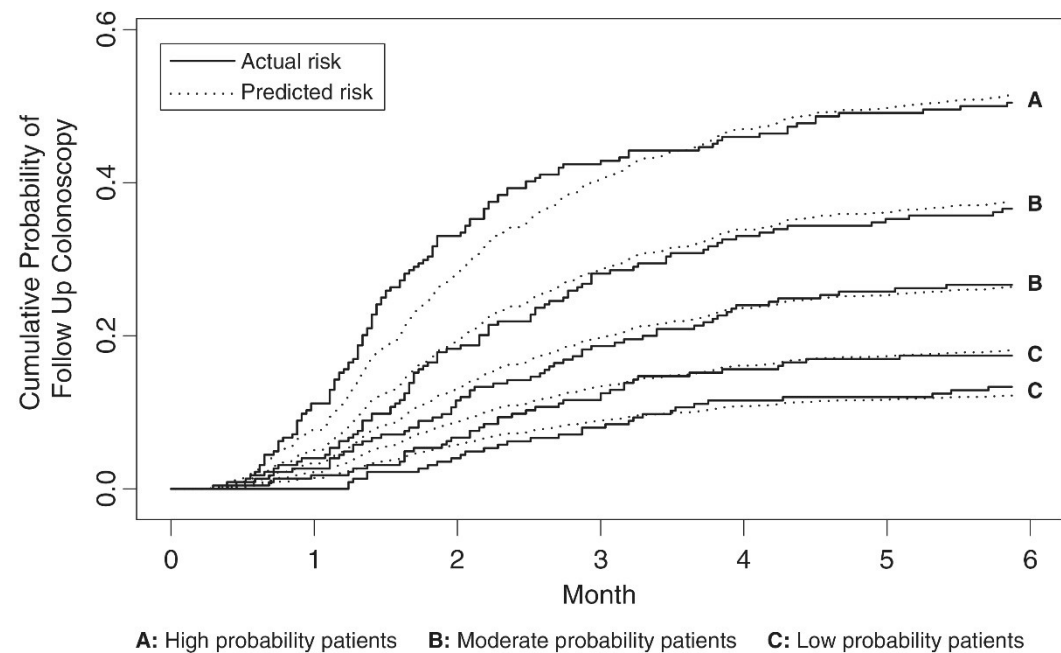
Conclusion

- Low rates of follow-up colonoscopy is a significant problem;

- Several patient- and system-barriers contribute to the problem;

- Patient navigation is widely endorsed, but not needed by everyone;

- Precisely delivering patient navigation to those who need it can save health care costs, and improve the colorectal cancer outcomes.

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