

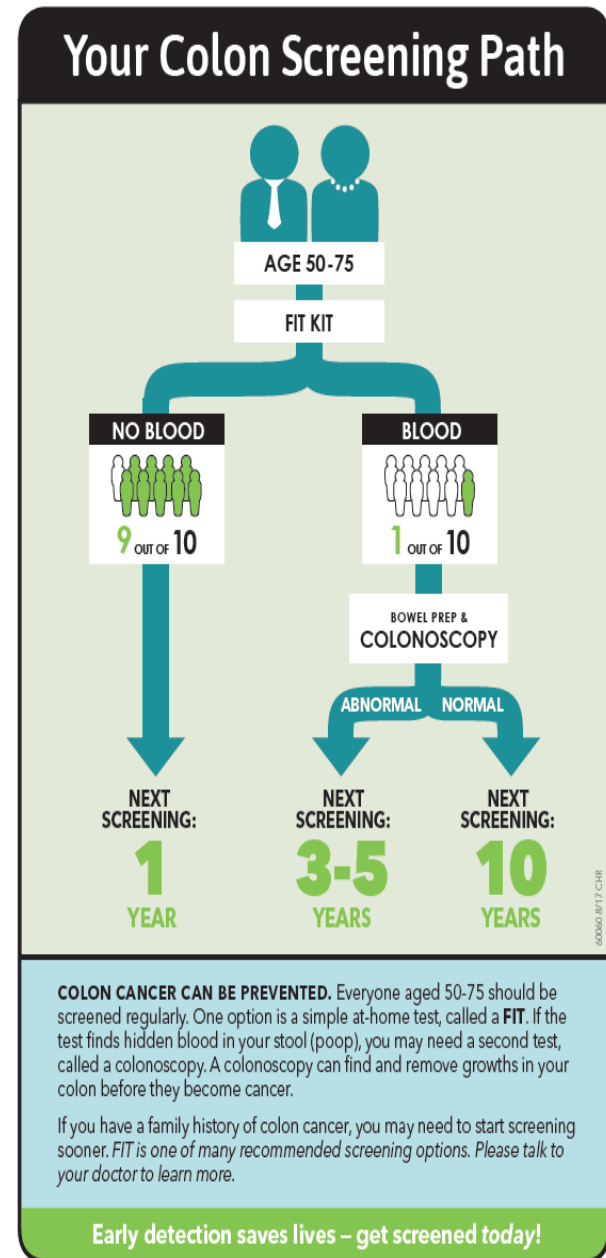


# How to Assure Follow-up to a Positive FIT in Safety Net Settings

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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!



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		
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		

\*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)

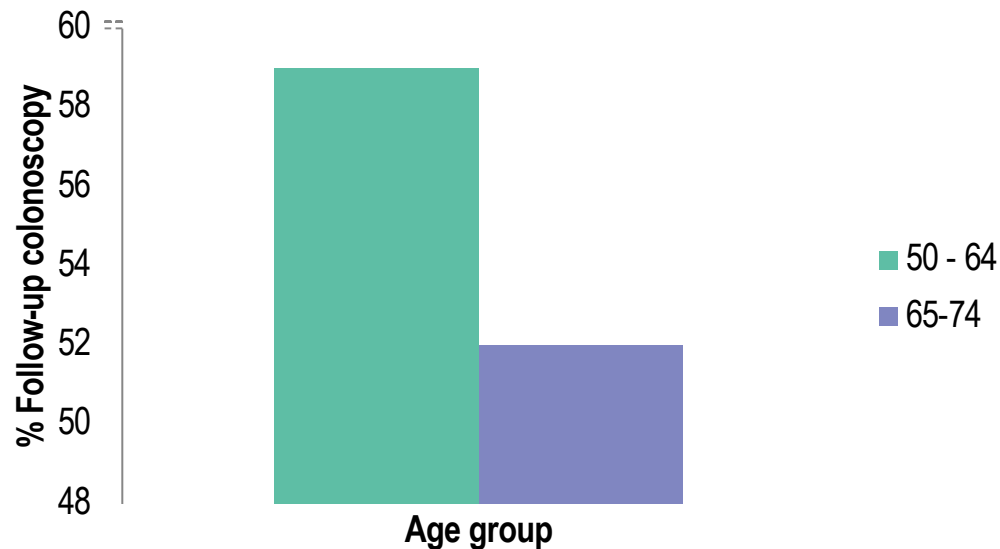
Colonoscopy Barriers		
	Providers	Patients
<b>Bowel preparation challenges</b>		
Bowel prep	√	
<b>Logistical issues</b>		
Arranging a ride	√	√
Unable to take time off work	√	√
Delays in getting appointment		√
<b>Insurance/cost-related barriers</b>		
Billing / insurance issues	√	
Cost of colonoscopy	√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

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

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

# Follow-up colonoscopy rates, by age

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

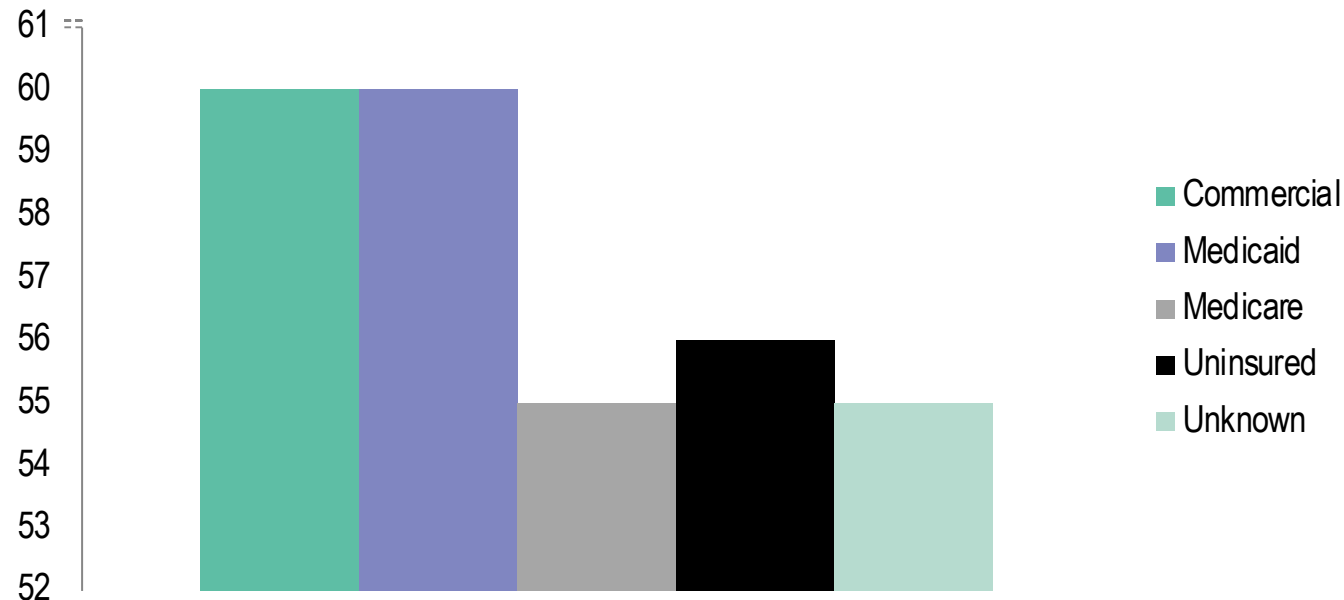


\*Based on 1743 patients aged 50-64 and 422 patients aged 65-74



# 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%.

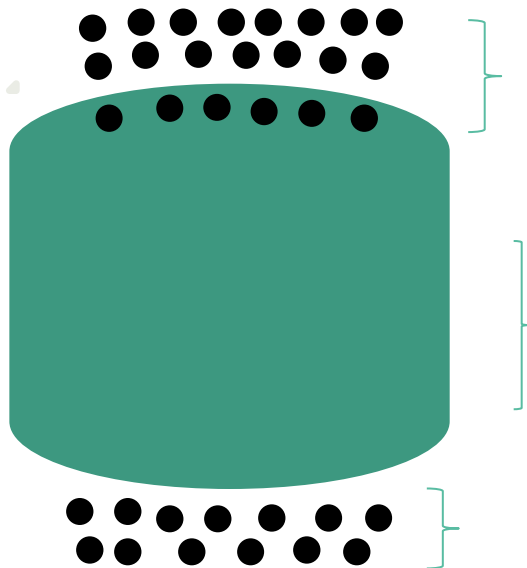
# How to winnow the targets for patient navigation

## **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

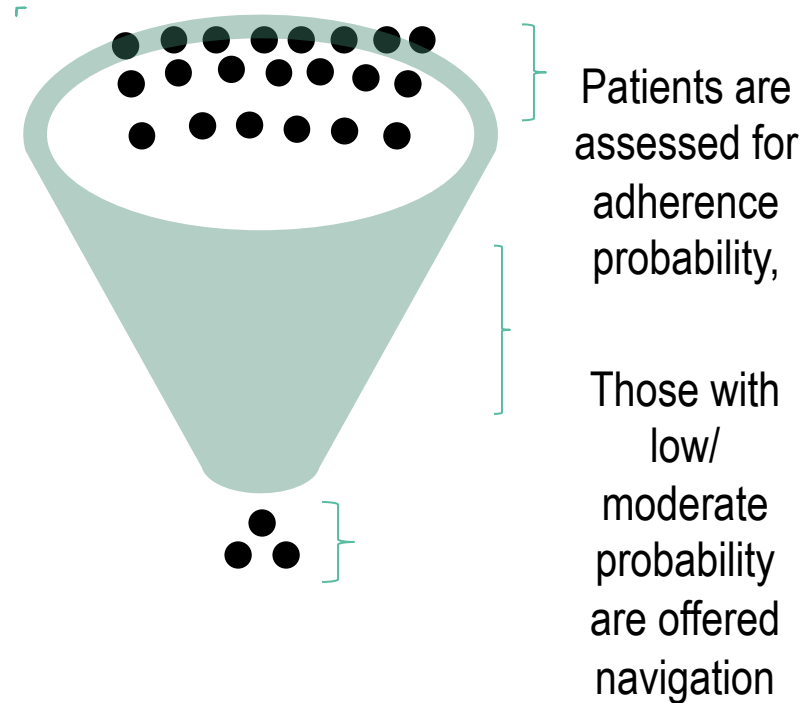
# Fundamental problem: Follow-up colonoscopy

## Standard patient navigation



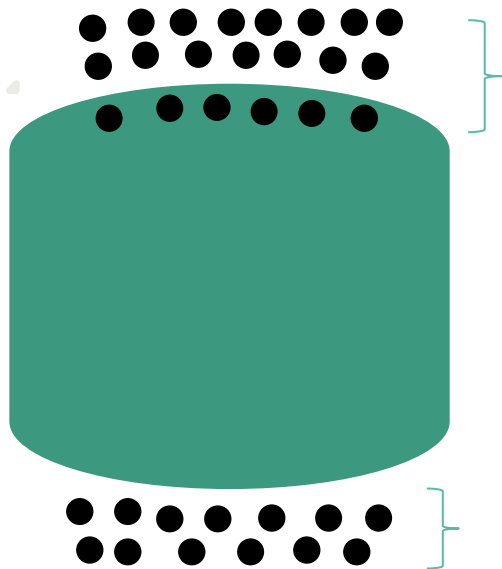
All patients are offered navigation, whether they need it or not

## SMART patient navigation



# Fundamental problem: Follow-up colonoscopy

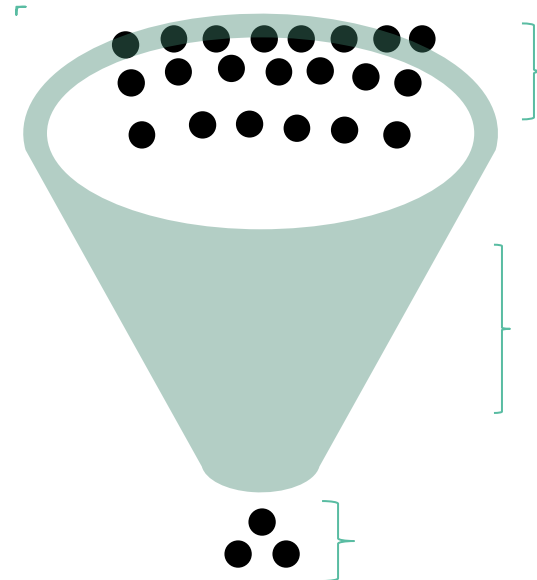
## Standard patient navigation



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



## SMART patient navigation



Patients are assessed for adherence probability,

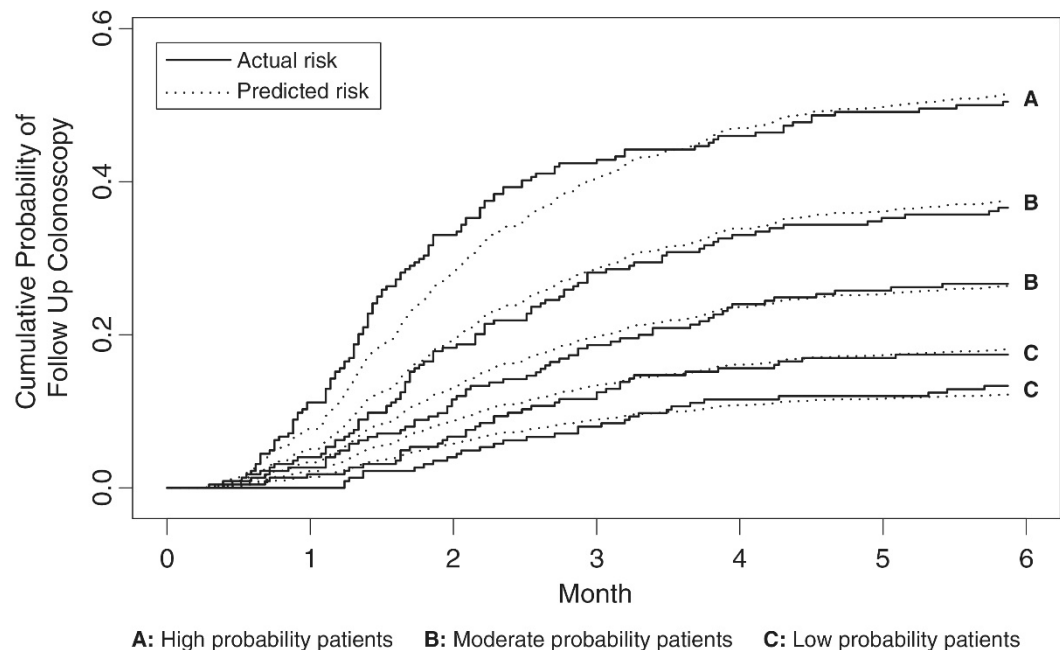
Those with low/moderate probability are offered navigation



# 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



# 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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