



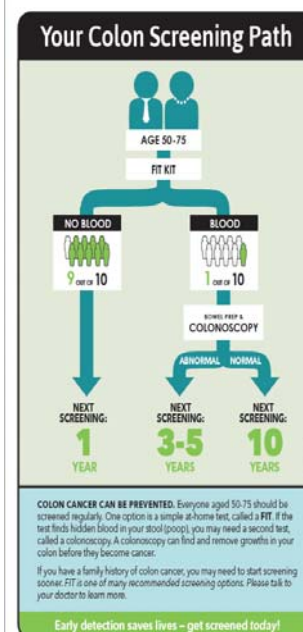
How to Assure Follow-up to a Positive FIT in Safety Net Settings

Gloria D. Coronado, PhD
Kaiser Permanente Center for Health Research

Kaiser Permanente Center for Health Research

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	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

5

© 2016 Kaiser Permanente Center for Health Research

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		√

6

© 2016 Kaiser Permanente Center for Health Research

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

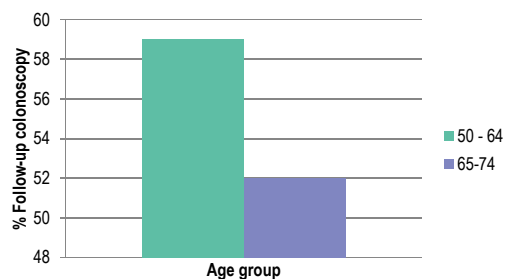
Colonoscopy Barriers		
	Providers	Patients
Bowel preparation challenges		
Bowel prep		
Logistical issues		
Arranging a ride	√	√
Unable to take time off work	√	√
Delays in getting appointment		
Insurance/cost-related barriers		
Billing / insurance issues	√	
Cost of colonoscopy	√	√
Psychosocial/other issues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

7

© 2016 Kaiser Permanente Center for Health Research

Follow-up colonoscopy rates, by age

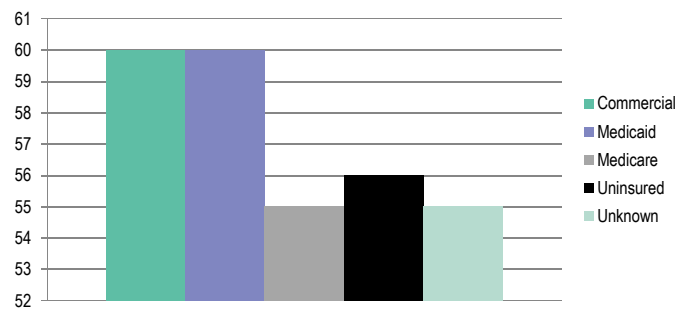
Follow-up Colonoscopy completion w/i 12 months of FIT+ result (n = 2165)



*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%.

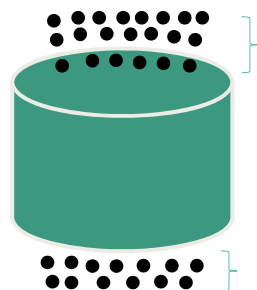
How to winnow the targets for patient navigation

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

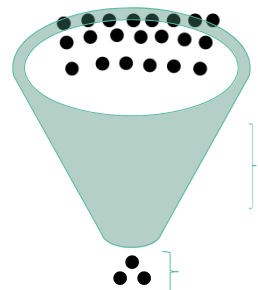
Fundamental problem: Follow-up colonoscopy

Standard patient navigation



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

SMART patient navigation

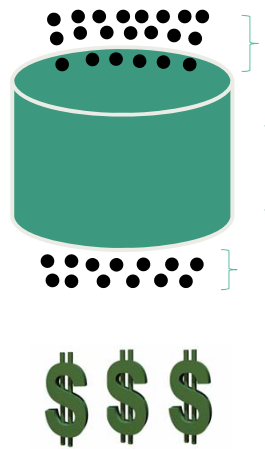


Patients are assessed for adherence probability,

Those with low/moderate probability are offered navigation

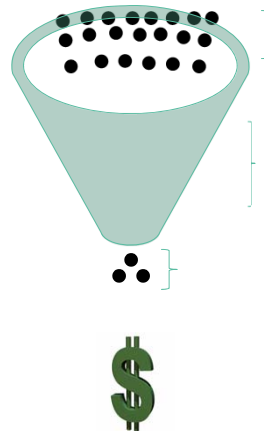
Fundamental problem: Follow-up colonoscopy

Standard patient navigation



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

SMART patient navigation



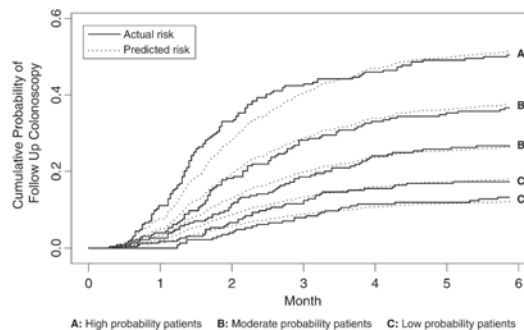
Patients are assessed for adherence probability,

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.



15

© 2016 Kaiser Permanente Center for Health Research

Acknowledgements

It takes a village...

- CHR research team:
 - Bill Vollmer, PhD
 - Amanda Petrik MS
 - Jennifer Rivelli, MA
 - Jennifer Schneider, MA
 - Jamie Thompson, MPH
 - Erin Keast, MS
 - Sally Retecki, MBA
 - Rich Meenan, PhD
- Funding source: NIH Common Fund [UH2AT007782 and 4UH3CA188640-02] and Kaiser Permanente Community Benefit
- OCHIN:
 - Scott Fields, MD
 - Jon Puro, MS
 - Thuy Le, MS
 - Joy Woodall, MA
- Group Health:
 - Beverly Green, MD, MPH
- NIH:
 - Stephen Taplin, MD, MPH
 - Jerry Suls, PhD
 - Nila Geta, PhD
 - Erica Breslau, PhD
- STOP CRC Advisory Board

16

© 2016 Kaiser Permanente Center for Health Research