



# Fast Track to FluFIT: Develop a FluFIT Workflow

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# Develop a FluFIT Workflow:

## Learning Objectives

1. Explain the patient flow for implementing FluFIT.
2. Describe rationale for offering FIT before the flu shot.
3. Discuss clinic-based versus screening event variations.
4. Identify protocols to determine patient eligibility.



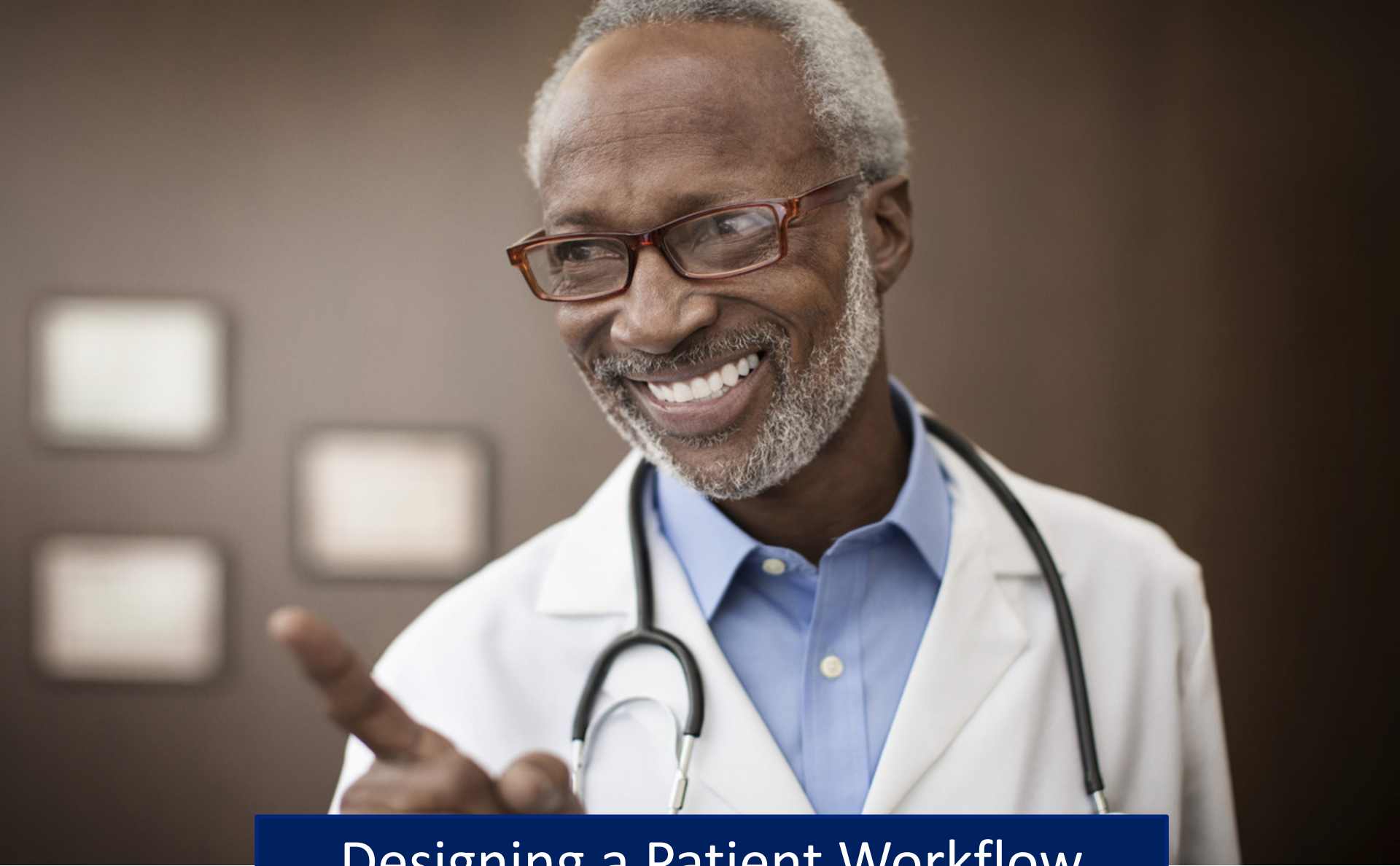
# **QUICK REVIEW**

# Review: Why try FluFIT?

- Many sites use Flu-FIT to begin the process of incorporating CRC screening into routine practice outside of Flu season
- Same Guidelines Apply
  - Like flu shots, CRC screening with stool tests are repeated every year
  - Annual testing is needed to be effective and evidence-based

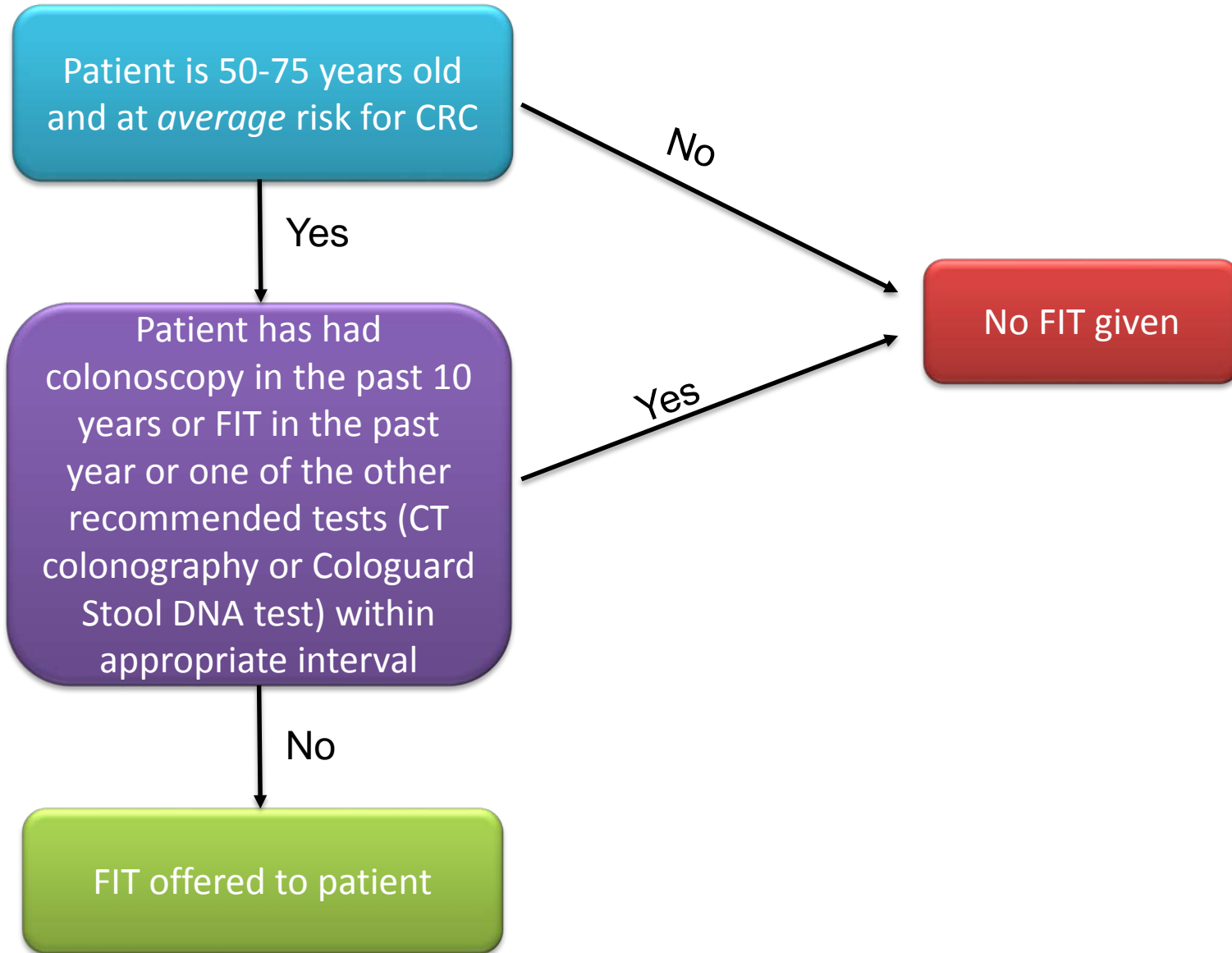
# Review: Setting Up Your FluFIT Program

- Put your team together
  - Select a **champion** to coordinate your efforts
  - Select team members and staffing levels
- Train your team (*see ACS FluFIT Implementation Guide on [www.cancer.org/colonmd](http://www.cancer.org/colonmd)*)
  - Information about the importance of flu shots and CRC screening
  - Information about how to organize your workflow
  - Assessing eligibility
  - Talking points with patients about FIT and completing the test
  - Record keeping and follow up with patients provided FIT kits



Designing a Patient Workflow

# When to Offer FIT



# When NOT to Offer FIT

## 1) Average Risk Patients:

- Less than age 50
- Not currently eligible for screening
  - e.g., colonoscopy within the previous ~9 years or FIT test in the past year



# When NOT to Offer FIT

## 2) High Risk Patients\*:

- Personal history of Crohn's Disease or Ulcerative Colitis
- Personal history of adenomatous polyps or colorectal cancer
- Family history of polyps or colorectal cancer in a first degree, or a history of genetic syndrome like HNPCC or FAP
- Rectal bleeding, blood in stool or other symptoms



*\*Patients with these risk factors should be directed to a clinician for appropriate screening recommendations*

# Remember...

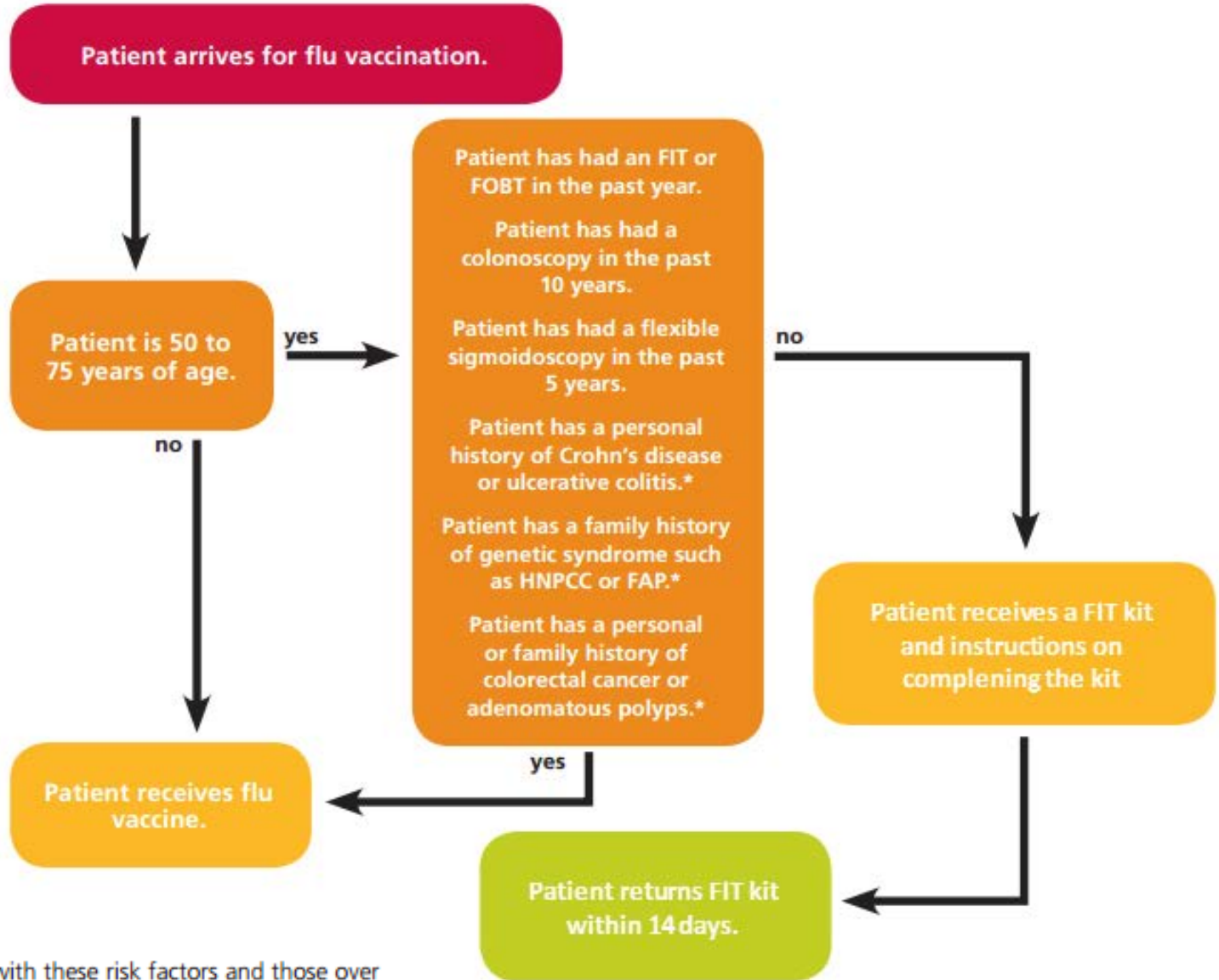
- All screening eligible patients should receive general information about colorectal cancer screening and why it is important
- There are multiple screening options for people at average risk
- Patients can choose to take FIT home today, or be scheduled for one of the other recommended tests

# Offer FIT BEFORE giving the flu shot

- Plan patient flow issues in advance to help your program run smoothly
  - Patients with appointments
  - Patients walking-in
- Offer the test before providing the flu shots
- **Tip:** Print out a list of registered patients who are due for FIT at the beginning of flu season, and use it as a reference to select appropriate patients as they come in for their flu shot

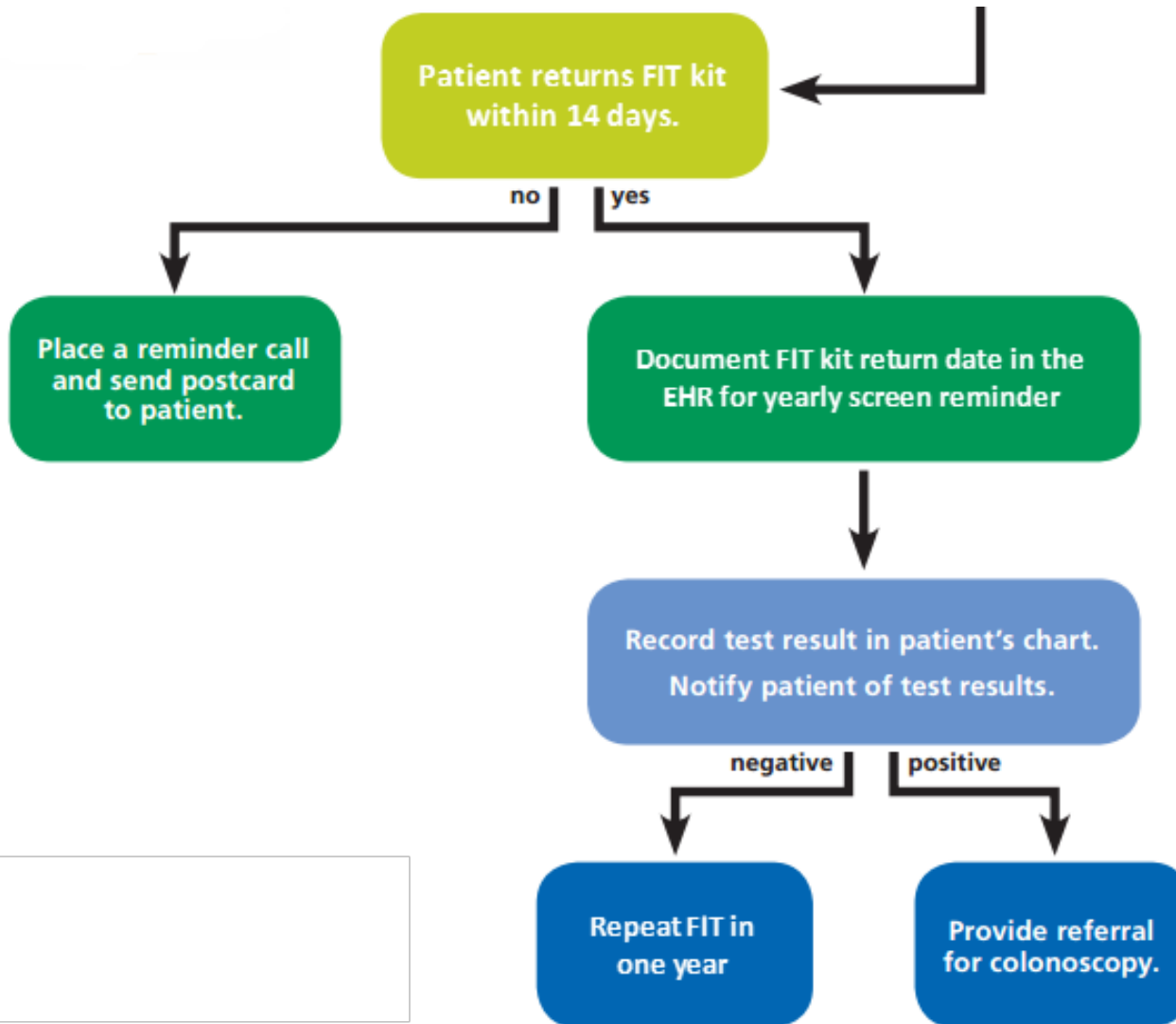
# FluFIT Flow Chart

Patient Eligibility

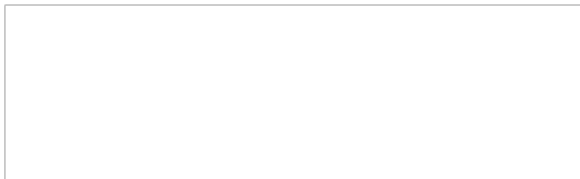


\* Patients with these risk factors and those over 75 years of age should be referred to a clinician to discuss colorectal screening.

# FluFIT Flow Chart



Screening Follow-up



# Clinic-based vs Screening Event Program

- Choose times and locations for your program and advertise the fact that FIT will be offered with flu shots this year
- FluFIT programs are easiest in the healthcare setting with access to documentation about prior screening history
- Decide:
  - When to start
  - Where to hold the program
  - How to advertise

# Organizing Your Workflow

- Consider how your space is organized so that it will be comfortable to patients and staff
- If you have a busy, high-volume setting, have someone dedicated to managing the flu shot line
- May want to set up a separate station for FITs several feet in front of where flu shots are being offered



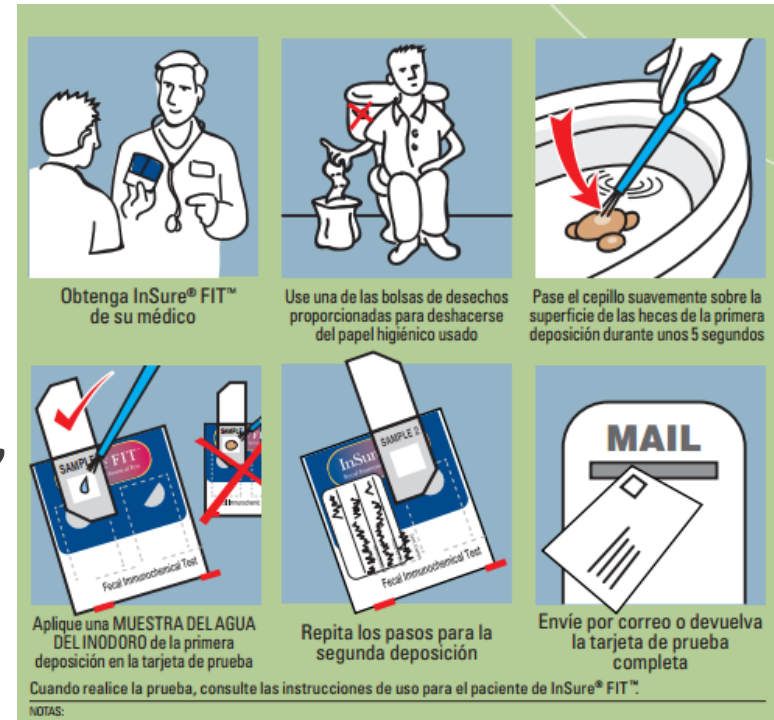
# Organizing Your Workflow

- If it's a primary care visit, provide FITs and flu shots at the same time in the exam room
- Determine if you will be using a mobile clinic, and ways to screen for colorectal cancer
- Have patient education materials ready



# Patient Education

- Emphasize the importance of completing the FIT and returning it
- Explain how to complete it and provide instructions
- Share that just like the flu shot, this test is done *every year!*
- Reference the *ACS FluFIT Implementation Guide* for Talking Points clinic staff can use ([www.cancer.org/colonmd](http://www.cancer.org/colonmd))



# FluFIT Resources



**Like the flu, colorectal cancer can be prevented and treated most successfully when it's found early.**

If you are 50 years of age and older, talk to your health care provider about getting tested for colorectal cancer.

To learn more about colorectal cancer, call 1-800-227-2345.

cancer.org | 1.800.227.2345



- Contact the American Cancer Society for posters/flyers
- Visit [www.flufit.org](http://www.flufit.org) → *Program Materials* for sample posters, talking points, and instructional videos for patients

# American Cancer Society Brochures

**Get Tested for Colon Cancer**

They know how to prevent colon cancer – and you can, too.

Take a look inside

**Get Your Tests!**

*Regular cancer testing can help save your life. Ask your doctor or nurse about these tests.*

**To lower your chances of getting cancer and other diseases:**

- Don't use tobacco. If you do, ask your doctor or nurse about quitting.
- Protect yourself from the sun.
- Eat plenty of fruits, vegetables, and whole grains, and smaller amounts of red and processed meats and high-fat dairy products.
- Get to and stay at a healthy weight.
- Drink less alcohol, if you drink at all.
- Get moving with regular physical activity.

**Women**

**21-29 years of age:**

- Check for breast cancer
- Tell your doctor or nurse right away if you notice any changes in the way your breasts look or feel.
- Check for cervical cancer
- Get a Pap test every 3 years.

**30-39 years of age:**

- Check for breast cancer
- Tell your doctor or nurse right away if you notice any changes in the way your breasts look or feel.
- Check for cervical cancer
- Get a Pap test and an HPV test every 5 years, OR
- Get a Pap test every 3 years.

**40-44 years of age:**

- Check for breast cancer
- Tell your doctor or nurse right away if you notice any changes in the way your breasts look or feel.
- You have the choice for chest breast cancer screening with mammograms or ways of the breasts if you wish to do so.
- Check for cervical cancer
- Get a Pap test and an HPV test every 5 years, OR
- Get a Pap test every 3 years.

**45-54 years of age:**

- Check for breast cancer
- Tell your doctor or nurse right away if you notice any changes in the way your breasts look or feel.
- Get a mammogram every year.

**Men**

**40-49 years of age:**

- Check for prostate cancer
- Ask your doctor, nurse, or family member, friend, or sex partner about prostate cancer at age 40.

**50 years of age and older:**

- Check for prostate cancer
- Ask your doctor about the pros and cons of testing with you or your partner. Your doctor should discuss the pros and cons of testing with you or your partner. If testing is right for you, if you decide to be tested, you should have a PSA blood test with or without a rectal exam. How often you should have a PSA blood test will depend on your PSA level.

American Cancer Society

**Hágase la prueba del cáncer de colon**

Ellos saben cómo prevenir el cáncer de colon. Usted también puede saberlo: descubra cómo.

Get Tested for Colon Cancer

American Cancer Society

**Cancer Facts for Women**

American Cancer Society

**Cancer Facts for Men**

American Cancer Society

# [www.cancer.org/colonmd](http://www.cancer.org/colonmd)

- Resources for clinicians

The screenshot shows the top navigation bar of the American Cancer Society website. It includes a 'Cancer Helpline' button with the number 800.227.2345, a 'Live Chat' button, the American Cancer Society logo, and links for 'Latest News' and 'English'. Below the navigation bar is a horizontal menu with categories: 'CANCER A-Z', 'STAY HEALTHY', 'TREATMENT & SUPPORT', 'OUR RESEARCH PROGRAMS', 'GET INVOLVED', and 'ABOUT'. A circular arrow icon is centered below the menu. The main heading reads 'ColonMD: Clinicians' Information Source'. Below this is a paragraph: 'Health care professionals play the most important role in getting people screened for colorectal cancer. The American Cancer Society offers free materials to help you encourage colorectal cancer screening among your patients to reach the goal of 80% screening rates by 2018.'

## On This Page

[Learn about the National Colorectal Cancer Roundtable \(NCCRT\)](#)

[Review colorectal cancer screening guidelines](#)

[Download tools for your clinical practice](#)

[Get FluFOBT resources](#)



# Colorectal Cancer Screening Continuum

- It is imperative that every patient with an abnormal FIT result gets a colonoscopy to determine the source of the abnormal finding and to rule out cancer
- These patients are considered high-risk!
- This will be covered in Webinar #4

# Dr. Michael Potter

- Thank you to Dr. Michael Potter and his team at UCSF in developing and testing the FluFIT model, and assisting in the development of the ACS FluFIT Implementation Guide
- For additional Flu FIT resources, visit [www.flufit.org](http://www.flufit.org)

# Summary

- Decide which staff will work with flu shot only-patients and FluFIT patients
- Determine how many patients will be guided to the flu shot-only versus FluFIT areas
- Identify eligible patients
- Provide the FITs *before* providing the flu shots
- Develop a system for easy access to patient records/EHR
- Offer FIT if it seems possible that the patient may not have received screening in the recommended intervals
- Follow-up with the patient to return FITs and take next steps *(more will be shared on follow-up and tracking on the next webinar)*

# Questions?

