ACS FluFIT Program

A Proven Approach to Increase Colorectal Cancer Screening

Assembling a FluFit Team

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OBJECTIVES

- Background
- Describe the FluFit Champion's role
- Discuss the importance of involving the clinical team in the planning process
- Identify resources for implementing a staff training

- Barriers and how to address
- Putting prevention into practice

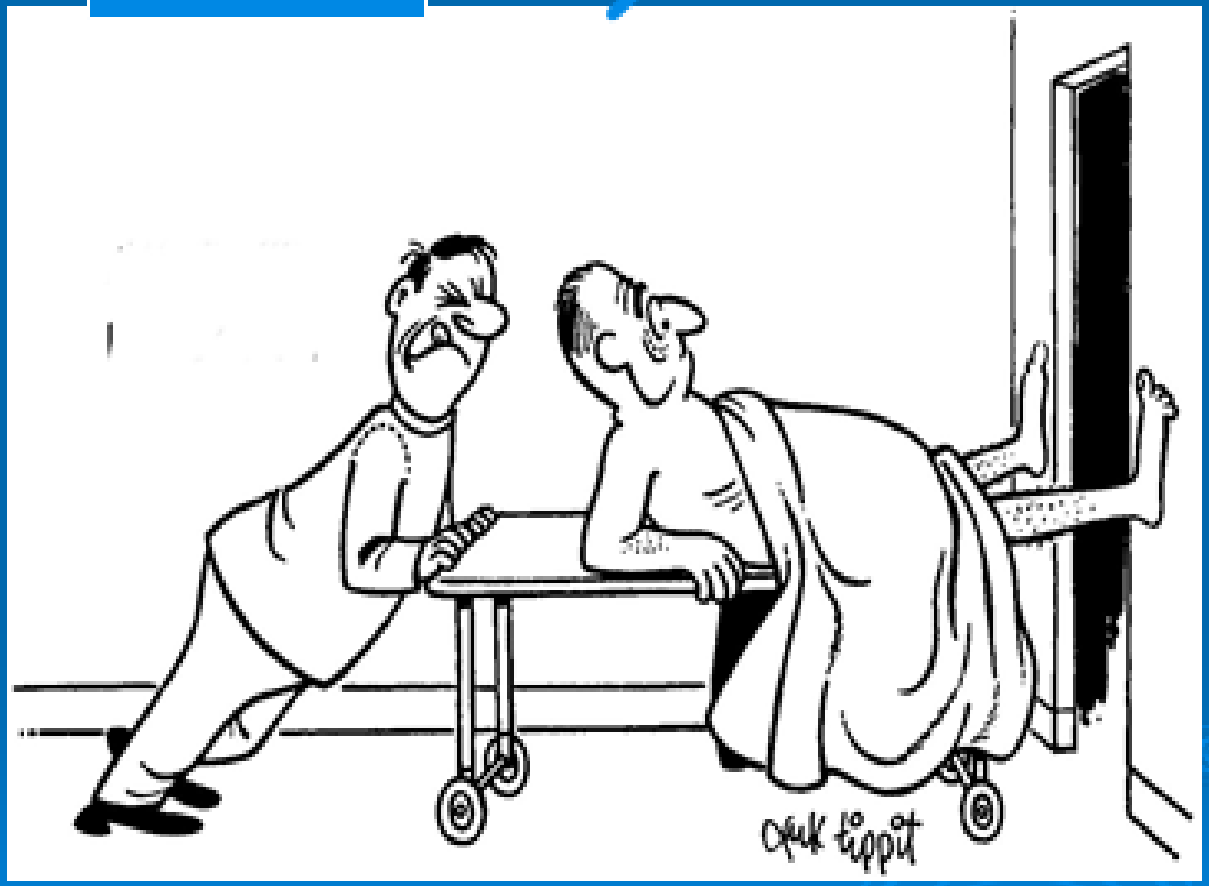
Screening Tests

The best test is the one that gets done

Sydney J Winawer, MD

Why Colonoscopy is NOT gold standard

- Evidence does not support “best test” or “gold standard”
  - Colonoscopy misses ~ 10% of significant lesions in expert settings
  - More costly on a one-time basis
  - Higher potential for patient injury than other tests
  - Measurable outcomes vary widely (i.e. test performance is highly operator dependent)

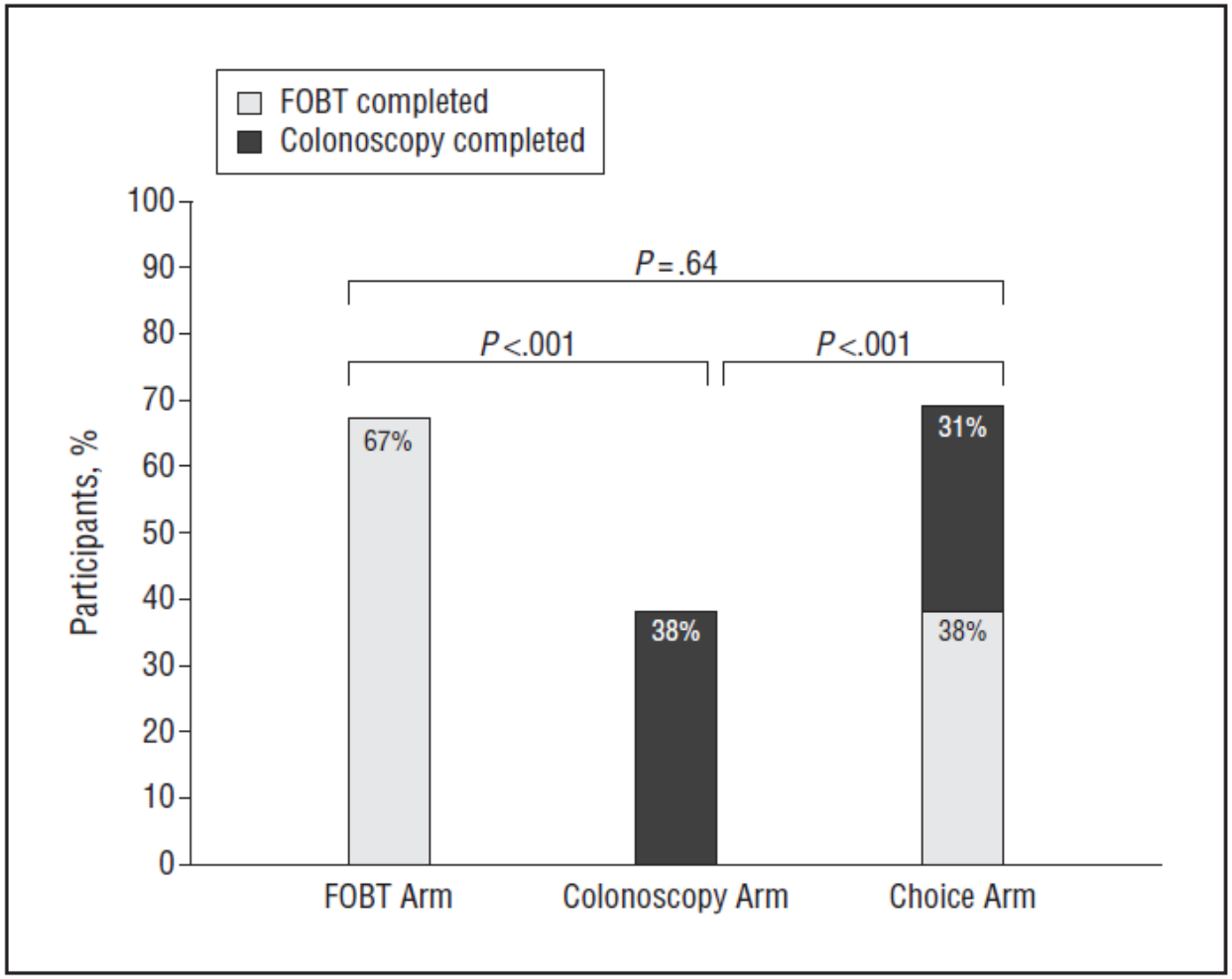


Adapted from Jack Trppit, Saturday Evening Post

MISCONCEPTIONS

- Survey of 180 clinicians
- Colonoscopy: : Highly effective-92%
- FIT: Highly effective-25%
- In addition: colonoscopy was preferred despite the fact that 51% of providers reported it was not readily available
- 82% of those clinicians felt that many of their patients had financial barriers to screening colonoscopy

Patient Preferences



Inadomi, Arch Intern Med 2012

Table 1. Sensitivity and Specificity of the Multitarget Stool DNA Test and the Fecal Immunochemical Test (FIT) for the Most Advanced Findings on Colonoscopy.

Most Advanced Finding	Colonoscopy (N = 9989)	Multitarget DNA Test (N = 9989)		FIT (N = 9989)	
		Positive Results	Sensitivity (95% CI)	Positive Results	Sensitivity (95% CI)
	no.	*no.*	%	*no.*	%
Colorectal cancer					
Any	65	60	92.3 (83.0–97.5)	48	73.8 (61.5–84.0)
Stage I to III*	60	56	93.3 (83.8–98.2)	44	73.3 (60.3–83.9)
Colorectal cancer and high-grade dysplasia	104	87	83.7 (75.1–90.2)	66	63.5 (53.5–72.7)
Advanced precancerous lesions†	757	321	42.4 (38.9–46.0)	180	23.8 (20.8–27.0)
Nonadvanced adenoma	2893	498	17.2 (15.9–18.6)	220	7.6 (6.7–8.6)
			Specificity (95% CI)		Specificity (95% CI)
All nonadvanced adenomas, non-neoplastic findings, and negative results on colonoscopy	9167	1231	86.6 (85.9–87.2)	472	94.9 (94.4–95.3)
Negative results on colonoscopy	4457	455	89.8 (88.9–90.7)	162	96.4 (95.8–96.9)

* These stages of colorectal cancer, as defined by the system recommended by the American Joint Committee on Cancer, are associated with an increased rate of cure.

† Advanced precancerous lesions include advanced adenomas and sessile serrated polyps measuring 1 cm or more.

NEJM 2014

Stool Testing Quality Issues

- In-office FOBT is essentially worthless as a screening tool for CRC and should never be used.
- CRC screening by FOBT should be performed with *high-sensitivity* FOBT - either FIT or a highly sensitive gFOBT (such as Hemoccult SENSA).
  - Older, less sensitive guiaic tests (such as Hemoccult II) should not be used for CRC screening.
- Annual testing
- All positive screening tests should be evaluated by colonoscopy

hqFOBT/FIT ARE EXCELLENT OPTIONS

- There is no evidence from RCT's that one screening test is the "best".
- Based on modeling studies that assume 100% adherence for stool testing and colonoscopy, years of life saved through an annual high quality stool-blood screening program are COMPARABLE to a high-quality colonoscopy-based screening program when positive tests are followed by colonoscopy
- PEOPLE LIKE CHOICES !!!

FluFIT

Why try FluFIT?

- Many sites use FluFOBT 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

GETTING STARTED

- The landscape: #'s of eligible people
- How many will there be?
- Eligible population 50-75yrs. no colonoscopy in the last 10 years…
  - Has not had an FOBT test in the past year…
- Est 3,000; (-)30% (high risk or otherwise not eligible)=2100; Goal rate of flu vaccination at 40% =840
- Who gets flu vaccine in the office? What setting? Provider of staff initiated at time of visit? Flu Clinics run by staff? Consider how to deploy resources
- Local solutions
- Who will be advocates and who will not?

How To Set Up Your Flu-FIT Program

- Put your team together
  - Select a champion to coordinate your efforts
  - Select team members and staffing levels
- Train your team (see ACS FluFOBT Program Implementation Guide)
    - Information about the importance of flu shots and CRC screening
    - Information about how to organize your workflow
    - Assessing eligibility
    - Talking points with patients about FOBT and completing the test
    - Record keeping and follow up with patients provided FOBT kits

CHAMPION QUALITIES

- Respected leader-previous experience is a plus
- Motivator
- Communicator
- Process oriented
- Knows the landscape-all facets of the office
- Understands the conflicting imperatives of modern medical practice
- Able to delegate
- Keeps track of the big picture

CHAMPION QUALITIES

- Innovative
- Flexible/Multi-tasker
- Able to delegate
- Keeps track of the big picture
- Good teacher
- Setting good example

THE TEAM

- Committed to success
- Influential with other office members
- Interdisciplinary
- Patient advocate
- Interacts well with other office staff
- Team player

OFFICE CHARACTERISTICS UNDERSTANDING

- Every practice is unique
- Office culture
- Office staff
- Office leaders
- ONE SIZE DOES NOT FIT ALL !!!
- Must work within the system

Program Set Up (continued)

- Choose times and locations for your program and advertise the fact that FOBT will be offered with flu shots this year. Decide:
  - When to start
  - Where to hold the program
  - How to advertise
- Design a patient flow and management plan

Program Set Up (continued)

- Develop systems to support follow up for those patients who received FIT kits
  - Provide patients with clear instructions
  - Provide a return envelope for kits
  - Reminder phone calls and/or postcards
  - Follow up care (remember: all patients with a positive stool test must have colonoscopy follow up!)
- Get started, implement your FluFIT program

Elements of Successful Program

- Strong leader/champion
- Commitment
- Seamlessness of workflow- Ease of implementation-Can't interfere too much with ongoing care
- Clear goals and opportunities for communication: office-wide- staff and providers
- Ongoing monitoring-documentation and follow-up

Barriers

- Provider and staff engagement
- Overwhelmed providers/staff
- Competing initiatives
- EHR Issues
- Missed opportunities

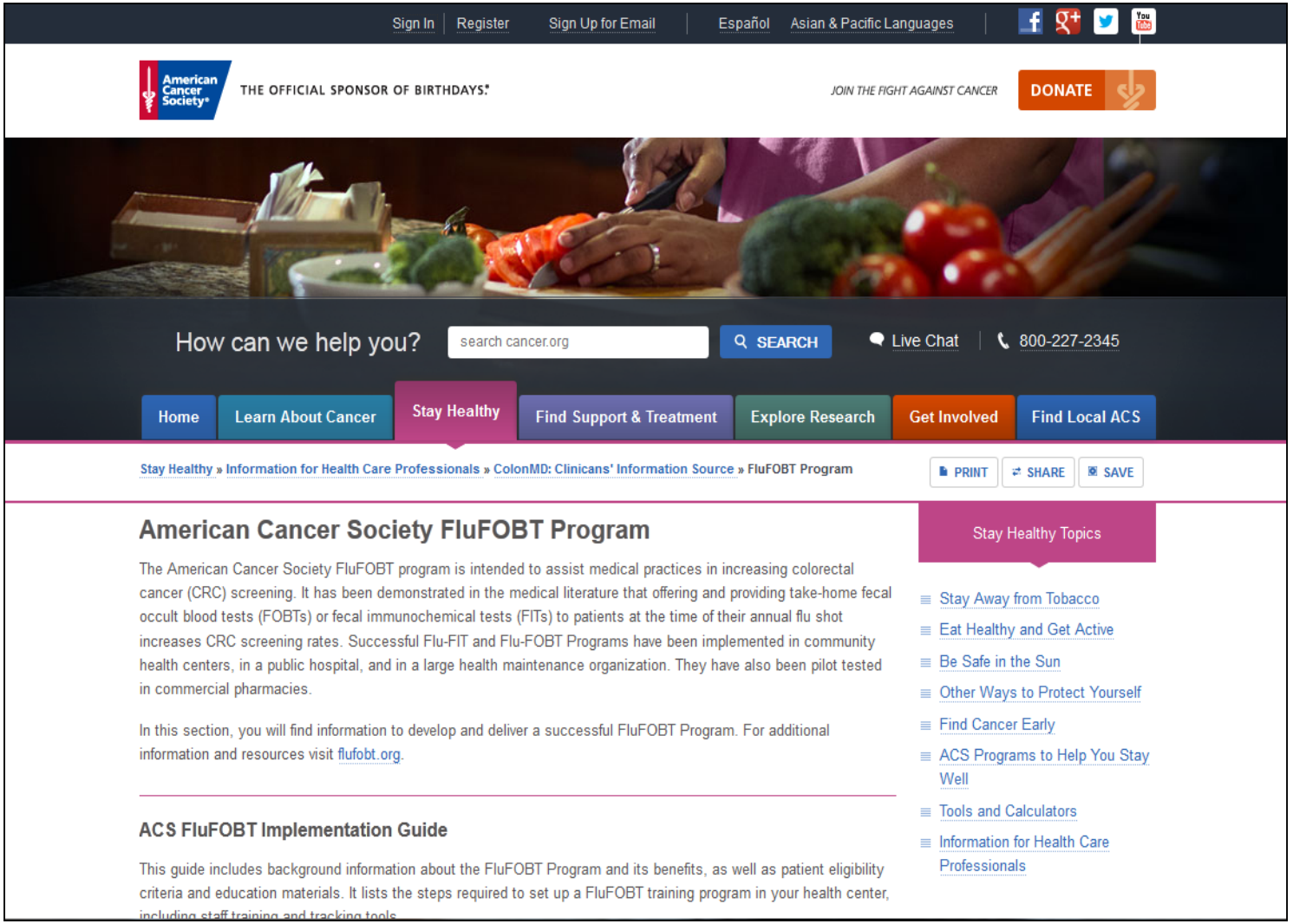
STAGES OF PROVIDER READINESS

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

What's in the ACS FluFOBT Program Implementation Guide?

- Background information on Colorectal Cancer and FluFOBT
- Patient eligibility criteria
- Colorectal cancer screening recommendations
- Patient education
- Guidance on setting up your FluFOBT Program
- Implementation recommendations and resources
- Example advertising and tracking tools

American Cancer Society FluFOBT Program Implementation Guide and Materials



www.cancer.org/flufobt

ACS FluFOBT Program Training

This introduction will help to prepare you to educate the community and start a FluFOBT or FluFIT program. By the end of the training, you will:

- Understand the impact of colorectal cancer and the opportunities around screening for colorectal cancer
- Know the importance of early detection and recommendations for colorectal cancer screening
- Understand how the ACS FluFOBT Program can reduce the risk of colorectal cancer
- Be prepared to further plan implementation of the ACS FluFOBT Program in your health center

Additional Resources: UCSF FluFIT Program

http://flufobt.org

CONCLUSION

- Screening is worth it
- FIT/hqFOBT is an excellent tool
- Linking this with annual flu vaccination in your HC's may significantly improve screening rates
- Provider/staff engagement is challenging but a well planned ,comprehensive program can overcome those barriers and lead to success

How Can We Increase Cancer Screening Rates in Practice?

<u>5 Essentials</u>:

#1 A Recommendation to every patient

#2 An Office Policy

#3 A reminder system

#4 An effective communication system

#5 A reliable data collection and follow-up system

Making Prevention Part of Every Visit

Questions